

# Final Recommendations for 2016 SQRMS Hospital Measures Reporting

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**Hospital Quality Reporting Steering Committee  
Summary of Recommendations for 2016 Hospital Measures**

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# Hospital Quality Reporting Steering Committee Summary of Recommendations for 2016 Hospital Measures

## I. 2016 Hospital Measures Recommendation Process

Based on the changes approved during the 2015 hospital measures recommendation process, the Hospital Quality Reporting Steering Committee (HQRSC) met throughout the year for this recommendation cycle instead of the previous 2-3 month recommendations process. The committee charter and membership from 2014 stayed the same which allowed for continuity from year-to-year (Appendix A)

There were four steering committee meetings from October 2014 through March 2015 (Appendix B) supported by the following subgroup meetings:

- Input on priorities from the MHA patient safety registry advisory group
- Development of a guidance document through four Safer Care Subgroup meetings
- Input from PPS and CAH representative members on three subgroup calls regarding alignment with federal measures
- Exploratory call with a national expert regarding diagnostic error
- Exploratory outreach to the HIT survey developer to test out possibility of using HIT survey to submit advance directive measure
- Discussion regarding spending measures at a meeting with representatives from Stratis Health and the Minnesota Hospital Association
- Updates from the RARE Readmissions analysis through the all payer claims database
- Exploratory call with MDH, MNMCM, Stratis Health to discuss measure development needs in key areas and subsequent development of a brief

The October HQRSC set the stage in identifying the measurement priorities of:

1. Care Transitions and readmissions
2. Safer Care and Avoiding Harm
3. Cost/Spending
4. End of Life
5. Behavioral Health
6. End of Life care

### Care Transitions and Readmissions

Currently, there is a RARE readmissions measurement group looking at how the all payer claims database can support learning about patterns of readmissions and providing improvement guidance. Currently MHA is providing avoidable readmissions data to hospitals for all payers but it does not include readmissions to other hospitals. The CMS readmissions measures includes readmissions to other hospitals but only for Medicare patients. The group continues their work but there is not a plan to create a SQRMS measure using the APCD. As part of the work to align the PPS measures to the CMS incentive programs, all the CMS readmission measures that are included in the Readmission Reduction program will be added to SQRMS for PPS hospitals. Three of the CMS readmissions measures related to chronic conditions: heart failure, pneumonia and

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chronic obstructive pulmonary disease are recommended to be added to the SQRMS measures for CAH.

### Safer Care and Avoiding Harm

The MHA patient safety registry advisory committee was asked for their prioritization of patient safety topics. The NQF patient safety family of measures was used to identify the topic areas. These results were brought to the October HQRSC and the group reviewed. A Safer Care Subgroup was convened and over the course of four meetings developed a document to give direction to future development of a patient safety composite measure (Appendix C) Diagnostic error was identified as a an emerging patient safety issue and currently there is an IOM group that is meeting with an anticipated report date of September 2015. An initial call was held with Mark Graber, MD who is a national leader in this area and some exploratory discussion about measures.

### Cost/Spending

A subgroup of MHA and Stratis Health representatives did some initial brainstorming about spending measures. The Medicare spending per beneficiary is an outcome measure for PPS hospitals. For CAH, MHA is involved in developing some financial models which may be helpful for future measurement discussion.

### End of Life

There was consensus that end of life is an important and cross-cutting topic. The first step is to have conversations about end of life wishes and so a starting measure is determining if advance directives are available in the hospital electronic chart. The stage 3 meaningful use advance directive measure was approved and there was outreach to the coordinators of the annual HIT survey to test the feasibility of incorporating this question on the 2016 survey.

### Behavioral Health

Access was previously identified as the major challenge facing healthcare facilities. The steering committee did not identify an expert group to provide input into this topic. There continues to be high interest and are current and future initiatives focusing on depression and other mental health topics. This priority will be further explored in the next measurement cycle.

### Alignment of SQRMS measures with federal requirements

Usually the group reviews changes in the inpatient and outpatient quality reporting programs and recommends measures to be added or deleted into SQRMS. There were two prep meetings with committee members representing CAH and PPS hospitals and those recommendation were brought to a HQRSC call in February. A follow-up call was held with CAH subgroup to discuss the recently released MBQIP measures. Recognizing the complexity and wondering if this time intensive activity was adding value to SQRMS, Stratis Health initiated a discussion with MNCM and MDH to test out a potential idea of simplifying this alignment while meeting other goals to support consumer use of public reporting by

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focusing on composite measures. Based on a positive response, a plan was proposed and approved at the March HQRSC to align SQRMS with the measures contained in the value-based purchasing program, readmission reduction program, hospital acquired condition program for PPS hospitals with a composite measure for each program. For CAH, the measures would align with the required measures for the Medicare beneficiary quality improvement program (MBQIP)

### **II. 2015 Hospital Measures Recommendations for 2016 Reporting**

#### PPS Hospitals

The steering committee voted to align the SQRMS hospital measures with the measures included in the value-based purchasing program, readmission reduction program, hospital acquired condition program along with a composite measure for each program. Measures not meeting this criteria were recommended for removal with the exception of the “all hospital” measures listed below.

#### CAH Hospitals

The steering Committee voted to align the required measures with the Medicare beneficiary quality improvement program (MBQIP) and to develop a roll-up measure in next year’s recommendation process. Measures not meeting this criteria were recommended for removal with the exception of the “all hospital” measures listed below.

#### All Hospitals

The steering committee voted to add the stage 2 meaningful use advance directive measure to support a focus on end of life care. Data submission would occur through the annual HIT survey which would continue as a SQRMS measure.

#### Measure summaries

To support communication and understanding of the measure changes outlined above, the following views of the changes were developed:

##### 2016 Hospital Measure Recommendations (Appendix D)

- The changes are summarized in the format used for the MN rule appendices.

##### 2016 CMS and State Measures proposed (Appendix F)

- The changes from 2015 are in red – either a “r” will be added or deleted “f” in the PPS, CAH or Children’s columns

##### 2016 SQRMS PPS measures proposed (Appendix G)

- A summary of proposed state measures for PPS hospitals with all payer/Medicare information

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2016 SQRMS CAH measures proposed (Appendix G)

- A summary of proposed state measures for CAH with all payer/Medicare information

2016 Hospital Measure Recommendations (Appendix E)

- An excel file with two tabs – one for PPS, one for CAH – that shows what measures are added, continued, or are removed

### Future direction

Several recommendations will drive the work for the 2017 measurement cycle:

- Develop a composite measure for all the MBQIP measures included in SQRMS for critical access hospitals.
- Develop a display for the PPS composite measures for VBP, RRP and HAC programs
- Develop and test a patient safety composite measure
- Look at measures that cross settings that would drive improvement (Appendix H)
- Continue to focus on the five priorities and look at opportunities with behavioral health, cost/spending and readmissions/care transitions.
- Continue to monitor diagnostic errors as an emerging patient safety issue/national priority.