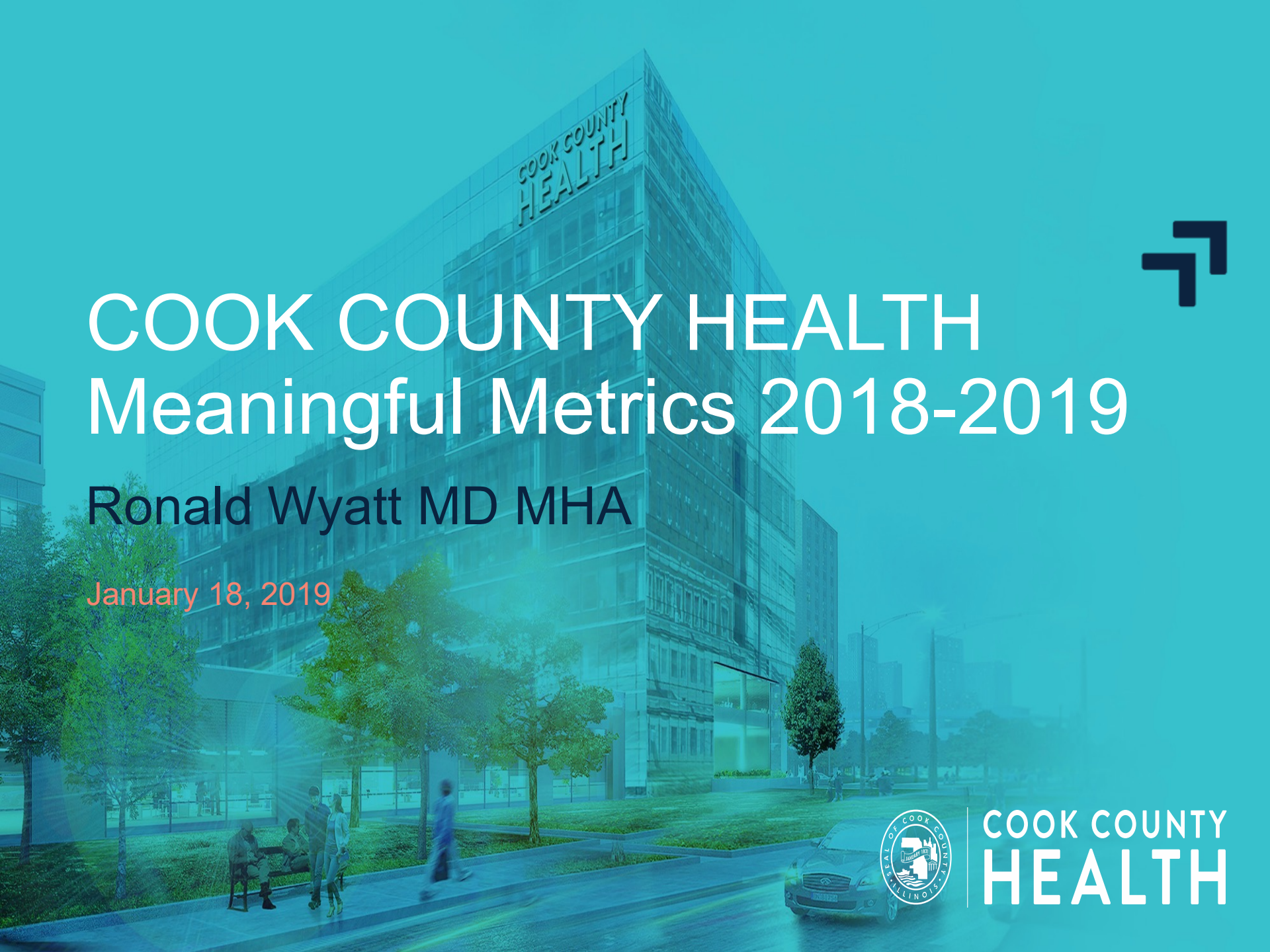


COOK COUNTY HEALTH Meaningful Metrics 2018-2019

Ronald Wyatt MD MHA

January 18, 2019

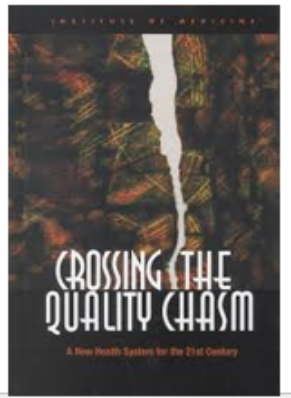
COOK COUNTY HEALTH

Definition of Health Care Quality

" the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge" (IOM, 2001, p. 44).

The six dimensions of quality are:

- **Safety**: Avoiding injuries to patients from the care that is intended to help them.
- **Effectiveness**: Providing services based on scientific knowledge to all who could benefit and refraining from services to those not likely to benefit.
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timeliness**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficiency**: Avoiding waste of equipment, supplies, ideas, and energy.
- **Equity**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.



Source: IOM, 2001. p. 5-6; NASEM, 2018, p. 36.

Meaningful Measures

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- **Health Care Payment Learning and Action Network**
- **National Quality Forum – *High Impact Outcomes***
- **National Academies of Medicine – *IOM Vital Signs Core Metrics***

Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality

Quality Measures

COOK COUNTY HEALTH

Pierre.Yong@cms.hhs.gov
Theodore.Long@cms.hhs.gov

Meaningful Measures

COOK COUNTY HEALTH

Source: CMS

Meaningful Measures Goals

Empower patients and doctors to make decisions about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

COOK COUNTY HEALTH

Meaningful Measures Objectives

Address high-impact measure areas that safeguard public health

Are patient-centered and meaningful to patients, clinicians and providers

Are outcome-based where possible

Fulfill requirements in programs' statutes

Minimize level of burden for providers

Identify significant opportunity for improvement

Address measure needs for population based payment through alternative payment models

Align across programs and/or with other payers

COOK COUNTY HEALTH

Source: AHIMA/CMS

The Most Critical Measures Areas

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work With Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas

- Healthcare-Associated Infections
- Preventable Healthcare Harm

COOK COUNTY HEALTH

Source: AHIMA/CMS

Aim: Promote Effective Prevention and Treatment of Chronic Disease

Prevention and Treatment of Chronic Disease

Preventive Care

Management of Chronic Conditions

Prevention, Treatment, and Management of Mental Health

Prevention and Treatment of Opioid and Substance Use Disorders

Risk Adjusted Mortality

Meaningful Measure Areas

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

Measures

- Influenza Immunization Received for Current Flu Season — HH QRP
- Timeliness of Prenatal Care (PPC) — Medicaid & CHIP
- Well-Child Visits in the First 15 Months of Life (6 or More Visits) — Medicaid & CHIP
- Osteoporosis Management in Women Who Had a Fracture — QPP
- Hemoglobin A1c Test for Pediatric Patients (eCQM) — Medicaid & CHIP
- Follow-up after Hospitalization for Mental Illness — IPFQR
- Alcohol Use Screening — IPFQR
- Use of Opioids at High Dosage — Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization — HVBP

Source: CMS

CMS STAR RATINGS

COOK COUNTY HEALTH

Star Ratings Development Steps

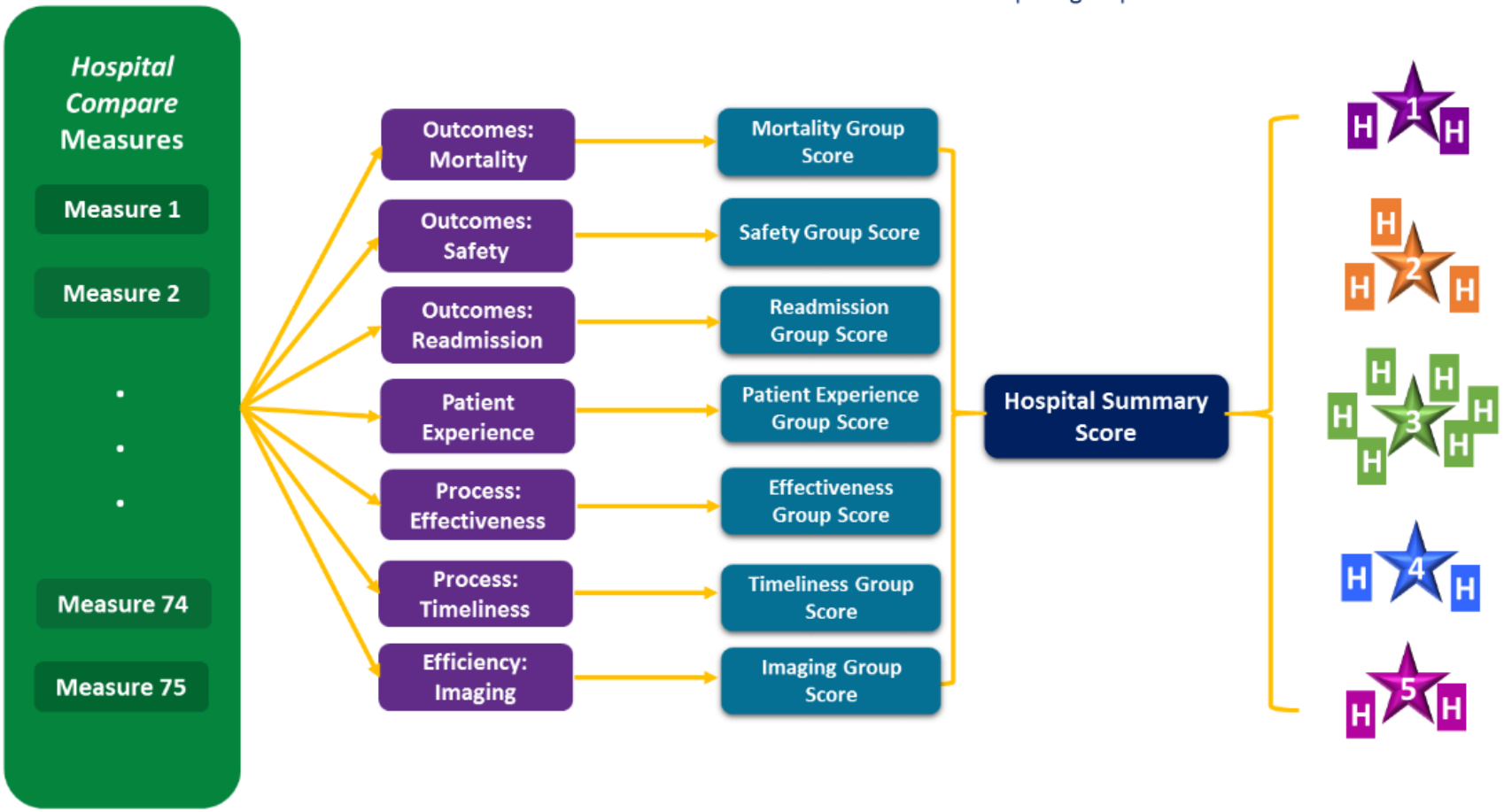
Step 1: Select Measures
Apply measure selection criteria each quarter

Step 2: Group Measures
Similar to HVBP and existing *Hospital Compare* display

Step 3: Calculate Group Score
Use 7 latent variable models

Step 4: Generate Summary Score
Policy-based weighted average of available hospital group scores

Step 5: Assign Star Ratings
Categorize hospitals using k-means Cluster Analysis



COOK COUNTY HEALTH

HVBP=Hospital Value-Based Purchasing

Source: CMS

Measure Group Score Results and Weights for the Overall Hospital Quality Star Rating
JOHN H STROGER JR HOSPITAL

Measure Group	Number of Potential Measures within Each Group [a]	Number of Measures for Your Hospital [b]	Your Hospital's Measure Group Weight [c]	Standard Measure Group Weight
Mortality	7	6	22.0%	22.0%
Readmission	9	7	22.0%	22.0%
Safety of Care	8	7	22.0%	22.0%
Patient Experience	10	10	22.0%	22.0%
Efficient Use of Medical Imaging	5	4	4.0%	4.0%
Timeliness of Care	7	5	4.0%	4.0%
Effectiveness of Care	11	8	4.0%	4.0%

Mortality

Measure ID	Measure Name	Stroger Result on Hospital Compare	National Mean	Comparison to National Mean
MORT-30-AMI	Myocardial Infarction	11.9%	13.2%	Better
MORT-30-COPD	Chronic Lung Disease	7.7%	8.4%	Better
MORT-30-HF	Heart Failure	10.8%	11.8%	Better
MORT-30-PN	Pneumonia	13.4%	15.9%	Better
MORT-30-STK	Stroke	12.8%	14.3%	Better
PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	197.00	161.78	Worse
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	N/A	3.2%	--

Safety of Care

Measure ID	Measure Name	Stroger Result on Hospital Compare	National Mean	Comparison to National Mean
HAI-1	Central Line Associated Blood Stream Infection	0.84	0.783	Worse
HAI-2	Catheter Associated Urinary Tract Infection	0.538	0.857	Better
HAI-3	Surgical Site Infection from Colon Surgery (SSI-colon)	0.204	0.856	Better
HAI-4	Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)	1.643	0.896	Worse
HAI-5	MRSA Bacteremia	0.841	0.886	Better
HAI-6	*Clostridium difficile (C.difficile)*	0.745	0.772	Better
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)[1]	N/A	2.6	----------
PSI-90	Patient Safety and Adverse Events Composite	1.32	0.99	Worse

Readmissions

Measure ID	Measure Name	Stroger Result on Hospital Compare	National Mean	Comparison To National Mean
EDAC*-30-AMI	Myocardial Infarction	31.3	7.1	Worse
READM-30-COPD	Chronic Lung Disease	20.4%	19.6%	Worse
EDAC-30-HF	Heart Failure	3.3	4.5	Better
EDAC-30-PN	Pneumonia	39.9	4.7	Worse
READM-30-STK	Stroke	11.7%	11.9%	Same
READM-30-HOSP	Hospital-wide, all cause	16.9%	15.3%	Worse
OP-32	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	15.5%	14.8%	Worse

*Excess days in acute care

Patient Experience

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare	National Mean of Scores	Comparison To National Mean
H-CLEAN-HOSP	Cleanliness of Hospital	76	88	Worse
H-COMP1	Nurse Communication	85	91	Worse
H-COMP-2	Physician Communication	91	91	Same
H-COMP-3	Responsiveness of Hospital Staff	75	86	Worse
H-COMP-5	Communication about Medicines	71	79	Worse
H-COMP-6	Discharge Information	80	87	Worse
H-HSP-RATING	Overall Hospital Rating	86	88	Worse
H-QUIET-HOSP	Quietness Of Hospital Environment	77	82	Worse
H-COMP-7	Care Transitions	79	82	Worse
H-RECMND	Willingness To Recommend Hospital	86	88	Worse

Efficient Use of Medical Imaging

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare (%)	National Mean (%)	Comparison to National Mean
OP-8	MRI Lumbar Spine for Low Back Pain	53.8	40.4	Worse
OP-10	Abdomen CT – Use of Contrast[1]	8.6	7.8	Worse
OP-11	Thorax CT – Use of Contrast[1]	0.1	2.2	Better
OP-13	Pre-operative Cardiac Imaging[2]	2.0	4.4	Better
OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT[3]	N/A	0.9	------

COOK COUNTY HEALTH

1– Indicator is use of contrast and non-contrast imaging during the same study
2– Imaging which is not indicated in low risk patients
3- Performance category not assigned due to not meeting the minimum measure threshold

Timeliness of Care

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare (min)	National Mean (min)	Comparison to National Mean
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	453	273	Worse
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	160	101	Worse
OP-1	Median Time to Fibrinolysis	TFH	TFH	
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival	TFH	TFH	
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A	62	----
OP-5	Median Time to ECG	N/A	8	----
OP-18b/ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	241	142	Worse
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional	53	22	Worse
OP-21	ED-Median Time to Pain Management for Long Bone Fracture	32	50	Better

1: Too Few Hospitals to Count

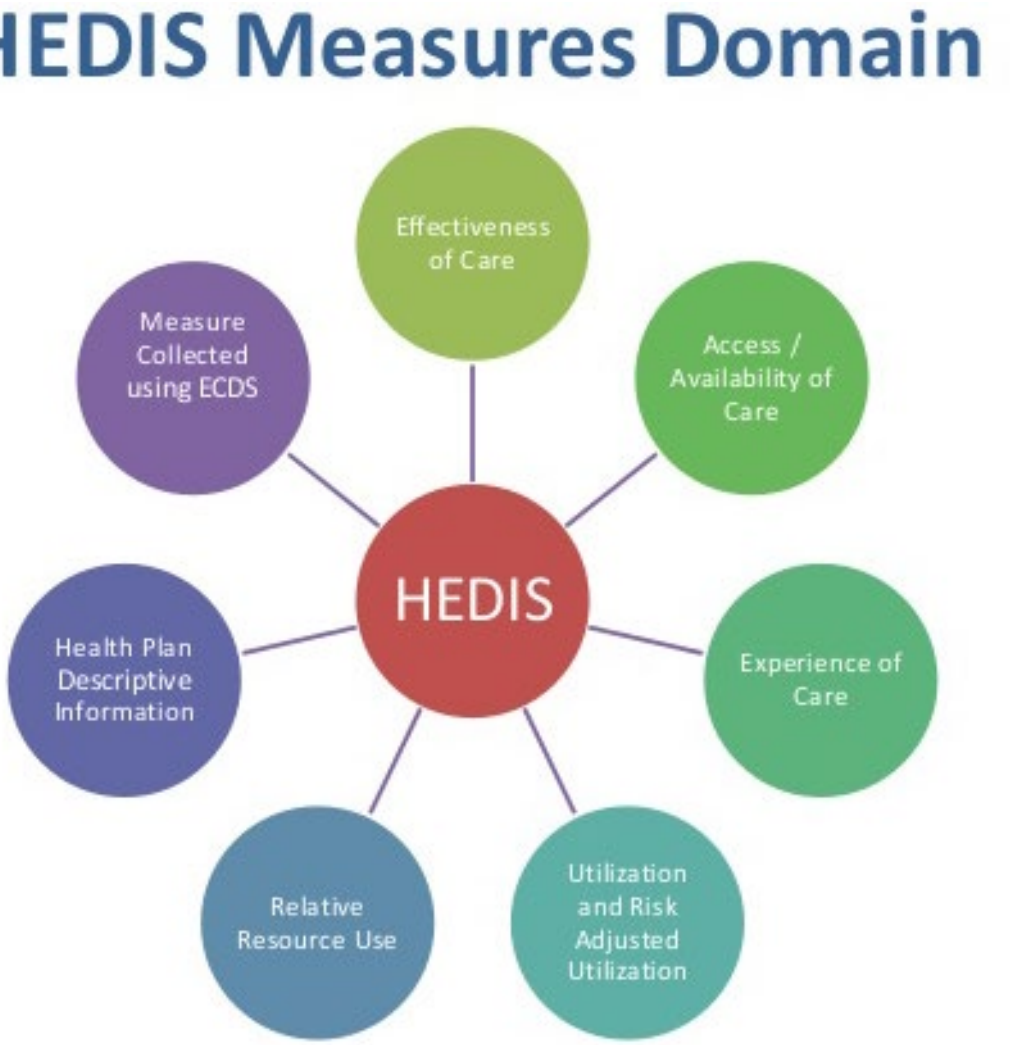
Effectiveness of Care

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare	National Mean	Comparison to National Mean
OP-4	Aspirin on Arrival	N/A	95%	----
IMM-3/OP-27	Healthcare Personnel Influenza Vaccination	94%	87%	Better
OP-22	ED-Patient Left Without Being Seen	5%	2%	Worse
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	N/A	74%	----
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	84%	87%	Worse
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	100%	91%	Better
OP-33	External Beam Radiotherapy for Bone Metastases	N/A	86%	----
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	0%	2%	Better
SEP-1	Severe Sepsis and Septic Shock	68%	51%	Worse
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	2%	3%	Better

Measure Group Scores Summary

Measure Group	Number of Measures within Each Group	Number of Measures for Stroger	Stroger Measure Group Score	National Group Score	Comparison to National Average
Mortality	7	6	0.53	0.0005	Same
Readmission	9	7	-2.10	-0.06	Worse
Safety of Care	8	7	-2.05	-0.04	Worse
Patient Experience	10	10	-1.53	-0.001	Worse
Efficient Use of Medical Imaging	5	4	-0.12	0.005	Same
Timeliness of Care	7	5	-1.85	-0.02	Worse
Effectiveness of Care	11	6	-1.17	0.03	Worse

Outpatient Measurements



COOK COUNTY HEALTH

Safety and Quality Balanced Scorecard

Population Health

- Efficiency
- Access
- HEDIS
- Medical Home Network Connect

Patient Experience

- Willingness to recommend
- Communication
- Cleanliness
- Equity

Continual Readiness

- TJC
- IDPH
- CMS

Safety and Performance Improvement

- Mortality
- Readmissions
- Venous Thromboembolism
- Falls
- Pressure Ulcers
- Hospital Acquired Infections
- Diabetes mellitus type 2

COOK COUNTY HEALTH

QUALITY ACTION PLAN

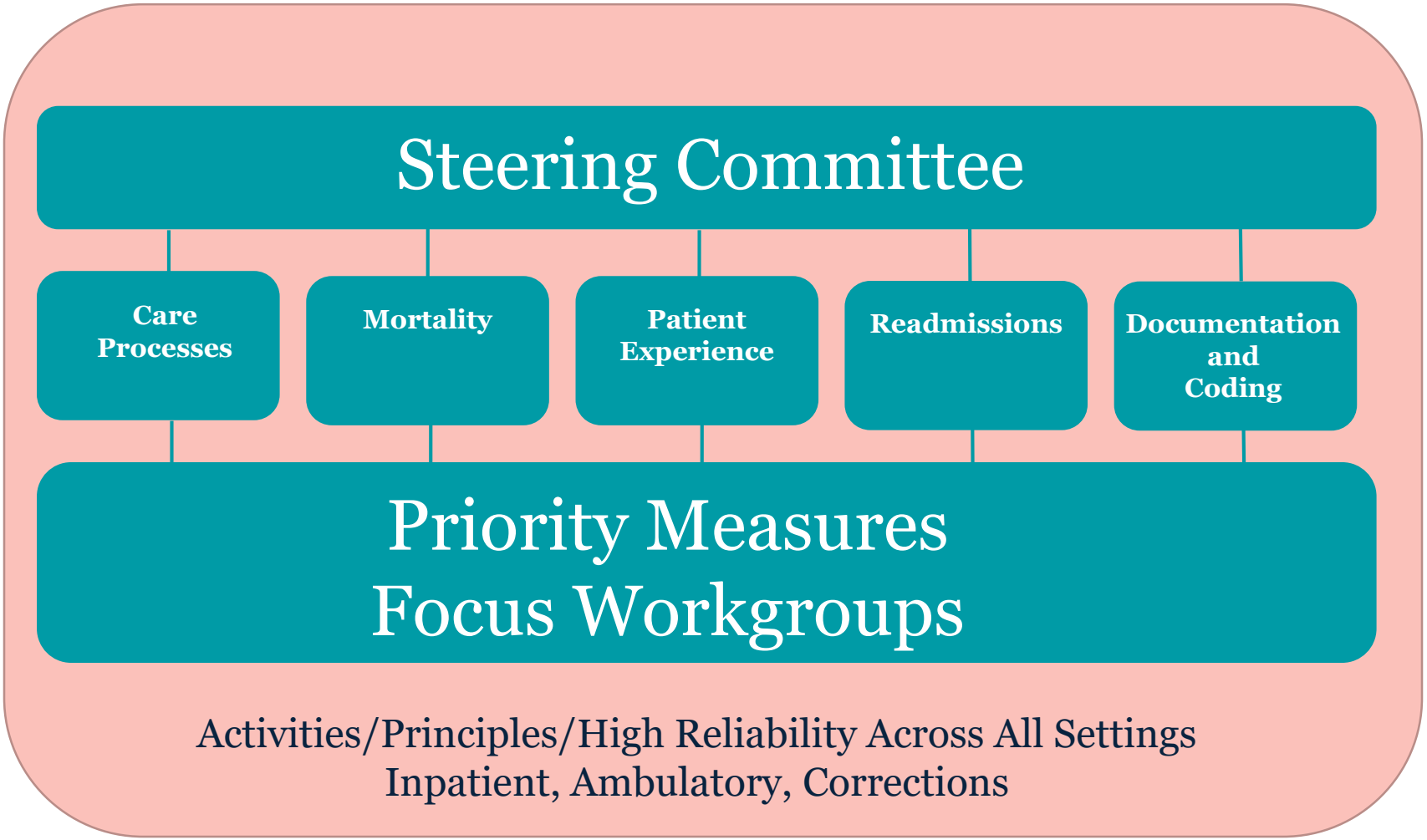
Debra Carey, MS, FACHE

Deputy CEO, Operations

January 18, 2019

COOK COUNTY HEALTH

Quality Action Plan



QUALITY STEERING COMMITTEE

Provides oversight for organizational success and drives accountability

Recommended MEMBERS:	COOs(5), CQO, CMO, CNO, CFO, CLINICAL CHAIRS (3-4)

PRIORITIZE SPECIFIC MEASURES IN EACH DOMAIN FOR FOCUS WORKGROUP

IDENTIFY MD/RN/ADMIN LEAD FOR FOCUS WORKGROUP

APPROVES CHARTER FOR EACH FOCUS WORKGROUP

DESIGNATES THE REPORTING TOOL TO BE USED BY WORKGROUPS

Quality Measure Focused Finding Workgroup

Led by MD, RN, Administrator

Facilitated by MD, RN, Administrator

- Participants will be selected *OR* Existing
  - Committee(s) may be used
- Engage functional areas as required

Charter Defines Scope of Work

- Corrective Actions Identified
- Metrics / Measures Identified
- Timeline Developed
- Completes Reporting Tool

COOK COUNTY HEALTH

Quality Measure Focused Finding Workgroup

Led by MD, RN, Administrator

WORKGROUP APPROACH

- Use PDSA Methodology
- Balanced Scorecards w/ Reliable Data
- Uniform Process Across System

WORKGROUP TASKS

- Review / Change Policies
- Change Process / Practices
- Train Staff
- Track Progress for Measures of Success

COOK COUNTY HEALTH

Proposed Structure

COOK COUNTY HEALTH

NEXT STEPS

STEERING COMMITTEE

TEAMS NAMED BY *JANUARY 29, 2019*

FIRST MEETINGS WEEK OF *FEBRUARY 4, 2019*

ASSESS NEED FOR PROJECT MANAGEMENT SUPPORT

ASSESS DATA NEEDS AND DATA SOURCES

Questions

COOK COUNTY HEALTH