

**Cal Hospital Compare
Board of Directors Meeting Agenda**

Wednesday, August 7, 2019

10:00am – 2:00pm PT

Meeting Location

California Health Care Foundation
1438 Webster Street #400
Oakland, CA 94612

Webinar Information

Webinar link: <https://zoom.us/j/767322045>

Phone: 1-669-900-6833

Access code: Code: 767 322 045

Time	Agenda Item	Presenters and Documents
10:00-10:10 <i>10 min.</i>	Welcome and call to order - Approval of past meeting summary	- Ken Stuart Board Chair
10:10-11:10 <i>60 min.</i>	Organizational updates - Welcome Robert Imhoff, HQI - Honor roll announcements - Cal Hospital Compare website updates - 2020 BOD meeting schedule	- Bruce Spurlock Executive Director, CHC - Alex Stack Director, CHC
11:10-12:00 <i>50 min.</i>	Patient Safety Honor Roll - Compare & contrast the Leapfrog approach - TAC discussion - Next steps	- Mahil Senathirajah IBM Watson Health - Frank Yoon IBM Watson Health
12:00-12:30 <i>30 min.</i>	Open forum discussion <i>Lunch will be provided</i>	
12:30-1:10 <i>40 min.</i>	TAC analytic updates - Q3 CMS data refresh - Maternity measures	- Mahil Senathirajah IBM Watson Health - Frank Yoon IBM Watson Health
1:10-1:25 <i>15 min.</i>	Opioid Safe Hospital Designation - Programmatic update - Learnings to date	- Alex Stack Director, CHC
1:25-1:45 <i>20 min.</i>	Business plan - Financial report - Data use fees	- Bruce Spurlock Executive Director, CHC
1:45-2:00 <i>15 min.</i>	Wrap-up Adjourn - Next meeting: Wed., Oct. 2, 2019 from 9:00am-11:00am PT (virtual meeting)	- Ken Stuart Board Chair - Bruce Spurlock Executive Director, CHC

Cal Hospital Compare
 Board of Directors Meeting Summary
 Wednesday, June 5, 2019
 10:00am – 12:00pm PDT

Attendees: Bruce Spurlock, Alex Stack, Mahil Senathirajah, Ken Stuart, Libby Hoy, Chris Krawczyk, Lance Lang, Helen Macfie, Frank Yoon, David Hopkins, Thai Lee, Kevin Worth

Summary of Discussion:

Agenda Items	Discussion
Welcome & call to order	<ul style="list-style-type: none"> • The meeting commenced at 10:00am Pacific Time. The meeting attendees formally introduced themselves. • The Cal Hospital Compare Board meeting summary of April 3, 2019 was motioned and approved.
Organizational Updates	<ul style="list-style-type: none"> • Thai Lee with Covered CA has formally joined the CHC TAC and Board of Directors • Covered CA report on Poor Performers <ul style="list-style-type: none"> ○ Letter sent to all QHPs ○ Hospital notification in process ○ Two hospitals made both the PSHR 1.0, due to LF score, & the Poor Performer Report. BOD agreed to remove hospitals from the PSHR 1.0 but notate on the Poor Performer Report that these hospitals received high LF scores for the same time period.
TAC Analytic Updates	<ul style="list-style-type: none"> • Patient Safety Honor Roll <ul style="list-style-type: none"> ○ Current State – Secretary announcement in progress; meeting scheduled for Jun 28, 2019 ○ Version 2.0 <ul style="list-style-type: none"> ▪ TAC continues to debate how to define patient safety, whether to include process/structural measures &/or the number of clinical measures. ▪ TAC considered the value of using a composite methodology &/or an alternative algorithmic approach to up-weigh or down-weigh certain domains or measures. A conclusion was not reached. ▪ BOD discussed whether there is value in having a CHC PSHR. Agreed to circle back with Leapfrog to understand their scoring methodology and whether alignment is possible. Acknowledged CHC PSHR heavily weighted toward infections. ▪ Further CHC PSHR analysis on hold until discussion with Leapfrog. • ED as a performance category <ul style="list-style-type: none"> ○ Mahil reviewed the <i>ED Wait Time Measures Scoring Summary</i>. It was concluded that applying the rigorous methodology is not possible without a standard deviation. The possible alternative approach is to apply performance categorization without consideration of statistical uncertainty. ○ BOD asked IBM Watson Health to model various cut points to illustrate the impact of a non-statistical, performance category approach. Agreed this measure holds value to consumers. • General Updates <ul style="list-style-type: none"> • CMS data refresh - The CHC website was updated with the Q2 data on May 29th. No new measures were added.

	<ul style="list-style-type: none"> • Maternity measures - The maternity data refresh is scheduled for June and will include one new measure: Percent Deliveries by Certified Nurse Midwives. CY2018 reflects the new CMQCC active track data submission process.
Opioid Safe Hospital Designation	<ul style="list-style-type: none"> • Alex Stack provided an update on the program and webinar series. <ul style="list-style-type: none"> ○ The first webinar of a five-part, no cost opioid webinar series took place on May 9th. A special thank you to Patty Atkins for serving on the panel as a guest speaker. ○ Additional resources including access to the self-assessment tool can be found on the CHC website on the Opioid Safe Hospital Designation page. ○ Project Trajectory – funding confirmed for the next 3 years. Announcement of the opioid safe hospitals will take place in the fall.
Business Plan	<ul style="list-style-type: none"> • Bruce reviewed the current financial report with the board members.
Next Meeting/Meeting Adjournment	<ul style="list-style-type: none"> • The next CHC Board Meeting will be held on August 7, 2019 from 10:00am-2:00pm PT at the California Health Care Foundation in Oakland. • The meeting formally adjourned at 12:00pm Pacific Time

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Cal Hospital Compare Board of Directors

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Proposed Agenda

- ▶ Welcome & call to order
- ▶ Organizational updates
- ▶ Patient safety honor roll
- ▶ Opioid Safe Hospital Designation
- ▶ TAC analytic updates
- ▶ Business plan
- ▶ Wrap up

Organizational Updates

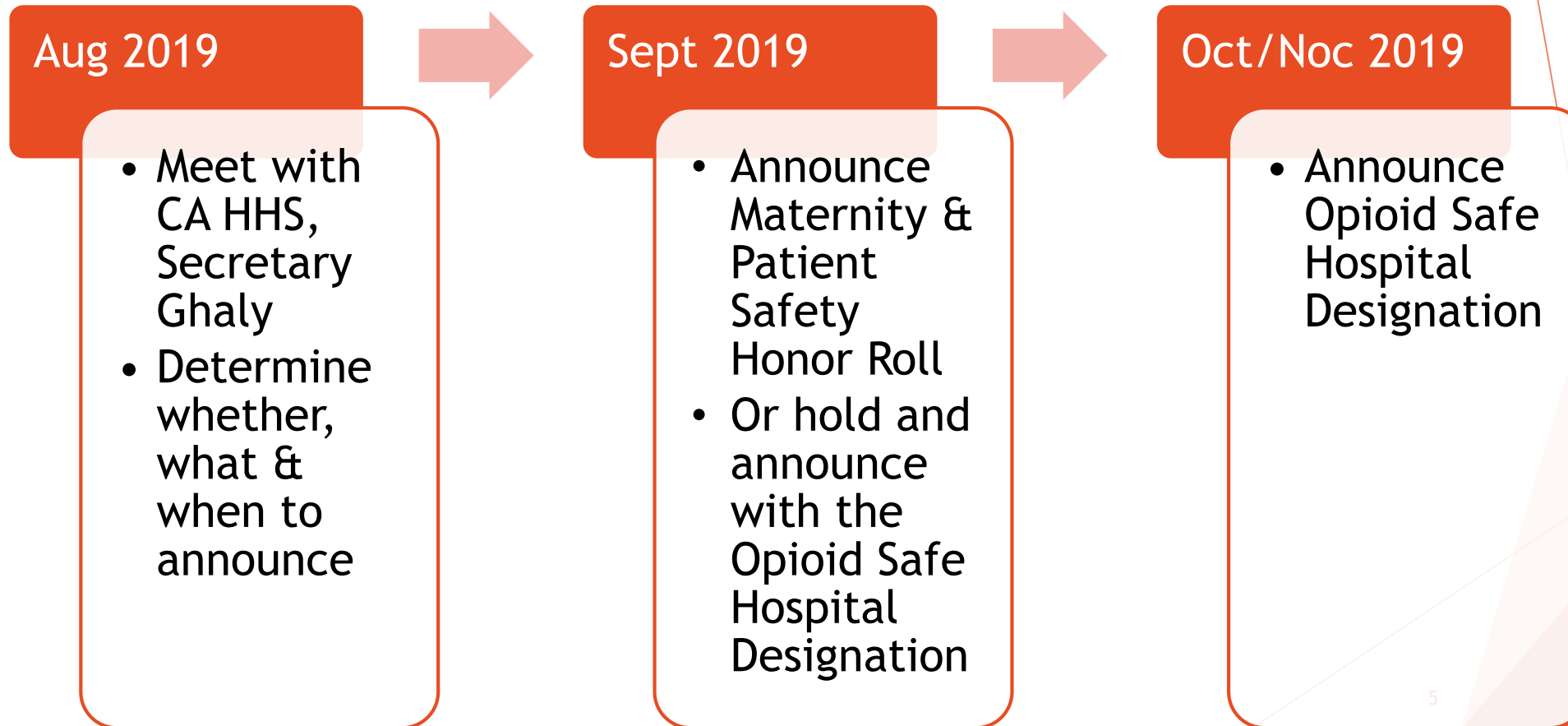
Welcome to the Board



Robert Imhoff
President
Hospital Quality Institute

Public Announcements

*Maternity Honor Roll, Patient Safety Honor Roll,
Opioid Safe Hospital Designation*



Maternity Honor Roll Preview

CA Maternity Hospitals with Cesarean Birth Rate \leq 23.9%

- ▶ 123 out of 237 hospitals (51.9%) -
Hospitals w/ CY2018 data only
- ▶ 133 out of 237 hospitals (56.1%) -
Hospitals w/ CY 2018 & CY2017 data

Note: 25 out of 237 eligible hospitals did not submit active track data to CMQCC Maternal Data Base so their CY2017 results were used

State of California HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN
JR.
GOVERNOR

FOR IMMEDIATE RELEASE
October 23, 2018

Contact: Rodger Butler
(916) 654 - 3780



MICHAEL WILKENING
SECRETARY

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Smart Care California Announces Third Annual C-Section Honor Roll Over half of the hospitals that offer maternity services in the state made the list

Sacramento – [Smart Care California](#), a coalition of public and private health care purchasers that collectively purchase or manage care for more than 16 million people statewide, released the third annual C-Section Honor Roll. The Honor Roll recognizes 122 hospitals that met or surpassed a federal target aimed at reducing births via Cesarean section (C-section) in first-time mothers with low-risk pregnancies.

[View the complete list of hospitals.](#)

The U.S. Department of Health and Human Services adopted the [Healthy People 2020](#) target of reducing nationwide C-section rates for low-risk, first-births to 23.9 percent, in part to respond to a rapid rise in medically unnecessary C-sections across the United States.

The California Health and Human Services Agency (CHHS) announced the awards, which reflect 2017 hospital discharge and birth certificate data from 240 California hospitals that offer maternity services. The 122 hospitals represent more than half of all hospitals that offer maternity services in California. By comparison, 111 hospitals made the 2017 Honor Roll.

"I congratulate these hospitals and providers for their work in reducing medically unnecessary C-sections," said Michael Wilkening, CHHS Secretary. "The data shows that we are heading in the right direction, but we have more work to do."

Evidence suggests that the chance of having a C-section delivery largely depends on aspects such as where a woman delivers and the practice patterns of her obstetric care team. Even for low-risk, first-birth pregnancies, huge variations are noted in rates of C-sections at individual hospitals. In California hospitals, these rates range from less than 15 percent to more than 70 percent.

Overuse of C-sections matters. For mothers, it can result in higher rates of complications like hemorrhage, transfusions, infection, and blood clots. Once a mother has had a C-section, she has a greater than 90 percent chance of having one again for subsequent births, leading to higher risks of additional major complications. The surgery also brings risks for babies, including higher rates of infection, respiratory complications, and neonatal intensive care unit stays.

Website Updates



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Tracy Fisk

Our Team

Board of Directors



2020 Board of Directors Meeting Schedule

- ▶ Wednesday, January 23, 2020 - 10:00am to 12:00pm PST (Zoom Call)
- ▶ Thursday, March 20, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Thursday, May 14, 2020 - 11:00am to 1:00pm PST (Zoom Call)
- ▶ Tuesday, July 9, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Thursday, September 3, 2020 - 11:00am to 1:00pm PST (Zoom Call)
- ▶ Thursday, October 29, 2020 - 10:00am to 2:00pm PST (Oakland)
- ▶ Wednesday, December 16, 2020 - 9:00am to 11:00am PST (Zoom call)

Patient Safety Honor Roll

Current State

Version 1.0 (HAI & PSI90)

- Ready to go!

Version 2.0

- Expand eligible hospitals
- Identify relevant measures & process
- Consider fixed threshold

Patient Safety Honor Roll Version 2.0

Alternative approaches

Summary of TAC Discussion To Date

Goal: Expand eligible hospitals & accurately identify hospitals for inclusion on the Patient Safety Honor Roll

Q1 2019

- Added measures: HCAHPS, Sepsis, PSI component measure → 233 to 303 hospitals
- Considered fixed threshold
- Questioned correlation between new measures & patient safety

Q2 2019

- Considered an alternative approach by which TAC could up-weight or down-weight measures using a composite or revised algorithmic approach
- Add in structural measures?
- Value of a CHC PSHR?

July 2019

- Build off Leapfrog survey and infrastructure?
- Leapfrog is not willing to change approach

Analysis of Expansion of Eligible Hospitals

Analysis of Expansion of Eligible Hospitals

- ▶ As noted earlier, IBM Watson Health generated 15 different algorithmic scenarios using different measure sets
- ▶ Overall, Scenario 2 was generally favored (criteria shown below)

Total CalHospitalCompare Hospitals = 327 (Current)

Scenario	Summary				Use HAls? (5)	Use PSI 90? (1)	Use PSI Component Measures? (10)	Use SEP-1? (1)	Use Patient Experience? (5)	Total Number of Measures in Scenario	Honor Roll Criteria (for hospitals meeting Minimum Measures)
	Eligible Hospitals	Percent of Total CHC Hospitals	Honor Roll Status	Percent of Eligible Hospitals							
PSHR 1.0	233	71%	40	17%	Y	Y	N	N	N	6	At least 2/3 of measure results above 50th percentile. No measure result below 25th percentile
PSHR Honor Roll 2.0 Scenarios											
2	303	93%	38	13%	Y	Y	N	Y	Y	12	At least 2/3 of measure results above 50th percentile. No measure result below 10th percentile

- ▶ Outcome: by expanding the number of measures from 6 to 12, the number of eligible hospitals increased from 233 to 303 (list in Appendix A)
- ▶ However, 50% of these hospitals do not have a Leapfrog score
 - ▶ Implementing Leapfrog criteria not possible

Newly Added Hospitals

Hospital Name	Leap
Alameda Hospital	3
Barton Memorial Hospital	3
California Pacific Medical Center - California Campus	3
El Camino Hospital Los Gatos	3
El Centro Regional Medical Center	3
Hazel Hawkins Memorial Hospital	3
Hi-Desert Medical Center	3
Hoag Memorial Hospital Presbyterian	3
Hoag Orthopedic Institute	3
Kaiser Permanente Fontana Medical Center	3
Kaiser Permanente Oakland Medical Center	3
Kaiser Permanente Orange County - Anaheim Medical Center	3
La Palma Intercommunity Hospital	3
Lompoc Valley Medical Center	3
Mission Hospital - Mission Viejo	3
NorthBay Medical Center	3
Novato Community Hospital	3
Palomar Medical Center - Downtown Escondido	3

Hospital Name	Leap
Petaluma Valley Hospital	3
Saddleback Medical Center - Laguna Hills	3
Scripps Mercy Hospital - Chula Vista	3
Sierra View Medical Center	3
St. Elizabeth Community Hospital	3
Sutter Davis Hospital	3
Sutter Tracy Community Hospital	3
Twin Cities Community Hospital	3
UC San Diego Health - La Jolla	3
Chinese Hospital	2
Martin Luther King, Jr. Community Hospital	2
Paradise Valley Hospital	2
San Mateo Medical Center	2
Sharp Coronado Hospital and Healthcare Center	2
Sonoma Valley Hospital	2
Sutter Coast Hospital	2
Ventura County Medical Center	2
Adventist Health Clear Lake	0

Newly Added Hospitals

Hospital Name

Adventist Health Howard Memorial

Adventist Health Reedley

Banner Lassen Medical Center

Barstow Community Hospital

Chapman Medical Center

Chino Valley Medical Center

Coast Plaza Doctors Hospital

Community and Mission Hospital of Huntington Park–
Slauson

Delano Regional Medical Center

East Valley Hospital Medical Center

Encino Hospital Medical Center

Fairchild Medical Center

George L. Mee Memorial Hospital

Goleta Valley Cottage Hospital

Good Samaritan Hospital - Bakersfield

Huntington Beach Hospital

Kern Valley Healthcare District

Leap

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Hospital Name

Los Angeles Community Hospital - Norwalk

Mad River Community Hospital

Mark Twain St. Joseph's Hospital

Memorial Hospital Los Banos

Mendocino Coast District Hospital

Mercy Medical Center Mount Shasta

Montclair Hospital Medical Center

Northern Inyo Hospital

Oak Valley District Hospital

Palo Verde Hospital

Redwood Memorial Hospital

Santa Ynez Valley Cottage Hospital

Stanislaus Surgical Hospital

Sutter Lakeside Hospital

Sutter Maternity & Surgery Center of Santa Cruz

Sutter Surgical Hospital - North Valley

Tahoe Forest Hospital

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Leapfrog Analysis

Using Leapfrog Grade Point Averages

Using Leapfrog GPAs in CHC PSHR

- ▶ To support CHC analysis, Leapfrog recently provided the grade point averages and the cut points that determine the letter grade
- ▶ Leapfrog Hospital Safety Grade-Point Averages
 - ▶ The GPA is a *z-score*, calculated as a composited measure result
 - ▶ GPA cut points are used to determine letter grades (A, B, C, D, F)
 - ▶ Performance periods: Spring 2018, Fall 2018, and Spring 2019
- ▶ Analysis goals
 1. Count hospitals eligible for PSHR using Leapfrog GPAs
 2. Determine GPA cut points for PSHR determinations
 3. Assess concordance of PSHR determinations between Leapfrog GPAs and CHC Algorithm

Note: Analysis based on comparison to PSHR 2.0 Scenario 2

Leapfrog and CHC Measure Sets

Measurement Domain	Leapfrog	CHC PSHR
Healthcare-Associated Infections (HAI)	CLABSI, CAUTI, SSI Colon, MRSA, C. Diff.	CLABSI, CAUTI, SSI Colon, MRSA, C. Diff.
Patient Safety Indicator (PSI) 90 Composite and Component Indicators	PSIs 3, 4, 6, 11, 12, 14, 15	PSI 3, 6, 8, 9, 10, 11, 12, 13, 14, 15; or PSI 90
Consumer Assessment of Health Plans and Services (CAHPS)	H-COMP-1, H-COMP-2, H-COMP-3, H-COMP-5, H-COMP-6	H-COMP-1, H-COMP-2, H-COMP-3, H-COMP-5, H-COMP-7
Clinical and Claims-Based Inpatient Safety (CMS Inpatient Quality Reporting)	Foreign Object Retained Air Embolism Falls and Trauma	Sepsis Care
Organizational Structure and Process of Care (Leapfrog Hospital Survey)	<ul style="list-style-type: none"> • Computerized Physician Order Entry • Bar Code Rx Administration • ICU Physician Staffing • Leadership Structures/Systems • Culture Measurement, Feedback & Intervention • Risks/Hazards Identification & Mitigation • Nursing Workforce • Hand Hygiene 	NA

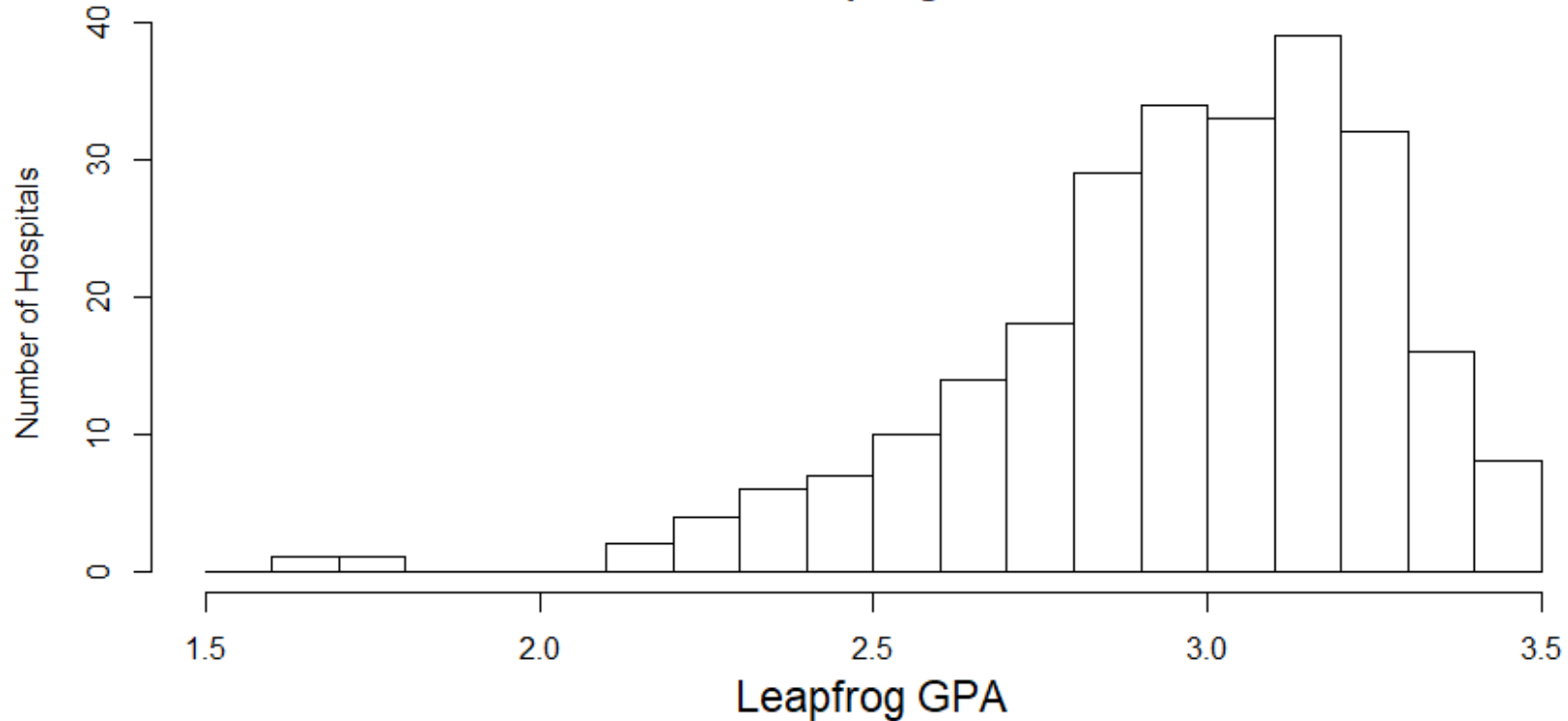
Leapfrog and CHC Performance Periods

Measurement Domain	Leapfrog			CHC PSHR
	Spring 2018	Fall 2018	Spring 2019	
Healthcare-Associated Infections (HAI)	7/1/16-6/30/17	1/1/17-12/31/17	7/1/17-6/30/18	1/1/17-12/31/17
Patient Safety Indicator (PSI) 90 Composite and Component Indicators	7/1/14-9/30/15	10/1/15-6/30/17	10/1/15-6/30/17	10/1/15-6/30/17
Consumer Assessment of Health Plans and Services (CAHPS)	4/1/16-3/31/17	10/1/16-9/30/17	4/1/17-3/31/18	1/1/17-12/31/17
Clinical and Claims-Based Inpatient Safety (CMS Inpatient Quality Reporting)	7/1/14-9/30/15	10/1/15-6/30/17	10/1/15-6/30/17	1/1/17-12/31/17
Organizational Structure and Process of Care (Leapfrog Hospital Survey)	7/1/16-6/30/17	1/1/17-12/31/17	7/1/17-6/30/18	NA

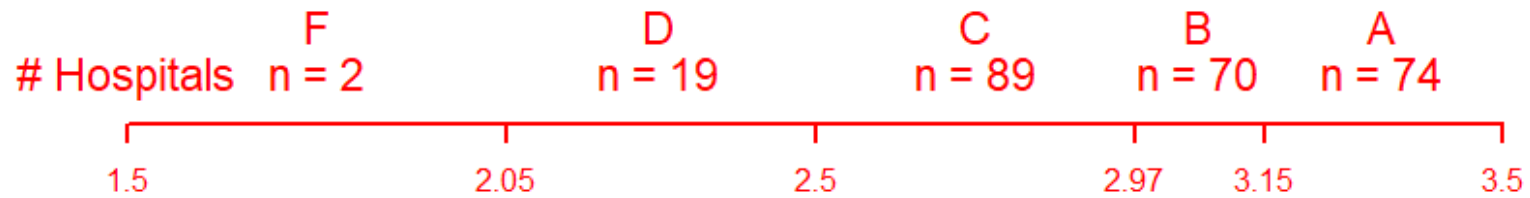
NA = Not Applicable
Bold = Complete Overlap
Italic = Partial Overlap

Leapfrog GPAs and Grades

Distribution of Leapfrog GPA and Grade



Letter Grade



Leapfrog Analysis

Identifying Poorly Performing Outlier Hospitals Using Leapfrog

Reminder of Approach: Honor Roll “Inverse” Method

- ▶ Target hospitals must report at least 4 of 6 measures

	Honor Roll		Poor Performance	
Algorithm	Benchmark	Failure	Benchmark	Exemption
	2/3 of measure results <u>above</u> 50th percentiles	<u>No</u> measure result <u>below</u> 25th percentile	2/3 of measure results <u>below</u> 50th percentile	None

OR

	Honor Roll	Poor Performance
Leapfrog	Grades for Spring 2017, Fall 2017, and Spring 2018 (<i>any order</i>)	
	Two A's and a B	Two D's and an F

45 hospitals identified; only 4 from Leapfrog criteria alone

Hospital Name	Alg	Leap	Hospital Name	Alg	Leap
San Ramon Regional Medical Center	◇		Los Alamitos Medical Center	◇	
Community Regional Medical Center	◇		Saddleback Memorial - San Clemente Campus	◇	
Pioneers Memorial Healthcare District	◇		Hemet Valley Medical Center		◇
Adventist Health Hanford	◇		JFK Memorial Hospital	◇	
Beverly Hospital	◇		Parkview Community Hospital Medical Center	◇	◇
Lakewood Regional Medical Center	◇		San Geronimo Memorial Hospital	◇	
PIH Health Hospital - Downey		◇	St. Mary Medical Center - Apple Valley	◇	
Adventist Health Glendale	◇		Victor Valley Global Medical Center	◇	
Hollywood Community Hospital of Hollywood	◇		Alvarado Hospital Medical Center	◇	
Providence Holy Cross Medical Center	◇		Scripps Memorial Hospital - Encinitas	◇	
Memorial Hospital of Gardena		◇	Palomar Medical Center	◇	
Olympia Medical Center	◇		California Pacific Medical Center - Davies	◇	
Monterey Park Hospital	◇		California Pacific Medical Center - Mission Bernal	◇	
Northridge Hospital Medical Center	◇		UCSF Medical Center - Moffitt/Long	◇	
Providence Saint John's Health Center	◇		Seton Medical Center	◇	
USC Verdugo Hills Hospital	◇		Regional Medical Center of San Jose	◇	
Harbor - UCLA Medical Center	◇		Good Samaritan Hospital - San Jose	◇	
Olive View - UCLA Medical Center	◇		Santa Clara Valley Medical Center	◇	
Queen of the Valley Medical Center	◇		Stanford Health Care	◇	
Adventist Health St. Helena	◇		Shasta Regional Medical Center	◇	
Anaheim Global Medical Center	◇		Santa Rosa Memorial Hospital	◇	
Huntington Beach Hospital	◇		Adventist Health Rideout Memorial Hospital	◇	

Alg = Identified by PSHR Algorithm as Poor Performer; **Leap** = Identified by Leapfrog as Poor Performer

Leapfrog Poor Performers

- ▶ Poorly performing hospitals can be identified by Leapfrog GPA thresholds
- ▶ For example:
 - ▶ Proposed threshold could be set at **GPA < 2.5** (i.e., grade D or lower), whereby n=21 hospitals would be identified for quality improvement outreach
 - ▶ Alternative threshold could be **GPA < 2.67** (“perhaps equivalent to a C minus”) whereby n = 41 hospitals matches the number from PSHR Algorithm

Leapfrog Poor Performer and Other Grade Frequencies				
Hospitals with Leapfrog Result (n = 254)	<i>Poor Performer</i> GPA < 2.5	C <i>GPA ≥ 2.50</i>	B <i>GPA ≥ 2.97</i>	A <i>GPA ≥ 3.15</i>
	21	89	70	74
	<i>Poor Performer</i> GPA < 2.67	C+ <i>GPA ≥ 2.67</i>	B <i>GPA ≥ 2.97</i>	A <i>GPA ≥ 3.15</i>
	41	69	70	74

Poor Performers - Concordance Analysis

- ▶ Little concordance between PSHR algorithm and Leapfrog determinations
- ▶ But no apparent, systematic differences; one algorithm is not favored over the other
- ▶ Observations:
 - ▶ 7 hospitals are identified through both approaches
 - ▶ 22 hospitals would be added by the Leapfrog approach

Leapfrog: Poorly Performing GPA < 2.67	CHC Algorithm			Row Total
	<i>Poor Performer</i>	<i>Not Poorly Performing</i>	<i>Ineligible or Not Available</i>	
<i>Poor Performer</i>	7	22	12	41
<i>Not Poor Performer</i>	27	122	64	213
<i>GPA Not Available</i>	7	48	18	73
Column Total	41	192	94	327

Leapfrog Analysis

Examining High Performance

PSHR Determinations Using Leapfrog GPAs

- ▶ **Possible Approach:** Apply cut points on Leapfrog GPAs to determine high performers (PSHR honorees)
- ▶ Cut points can be determined in several ways
 1. Set thresholds for each measure (i.e., values below/above which hospitals fail/pass on a patient safety measure) and calculate a Leapfrog GPA threshold; or
 2. Set target percentage of hospitals for PSHR determinations - e.g., for PSHR set target percentage to twenty-five percent (25%)

PSHR Honorees - Concordance Analysis

- ▶ Some hospitals (n=10) receive Leapfrog Grade “C” but achieve PSHR honoree status through the algorithmic methodology (**scenario 2**)
- ▶ All hospitals with grade “D” or “F” are determined to be non-honorees
- ▶ A large number (n=125) receive grade “A” or “B” but do not achieve PSHR honoree status

Leapfrog Grade Frequencies					
<i>PSHR Status (via Algorithm)</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>F</i>
Honoree	9	10	10	0	0
Non-Honoree	60	55	71	19	2
Ineligible	5	5	8	0	0

Summary of TAC Discussion

- ▶ TAC generally supported the continued use of Leapfrog in the Patient Safety Honor Roll:
 - ▶ Provides a second signal
 - ▶ Includes structural measures
- ▶ TAC supported the use of the Leapfrog GPA to identify poor performers
- ▶ TAC discussed the tradeoffs regarding options for other aspects of the methodology:
 - ▶ Measure set
 - ▶ Measure weighting
 - ▶ Establishing performance thresholds
 - ▶ Composite creation

Proposed Next Steps

- ▶ Staff reviewed the options and TAC and Board feedback and makes the following proposal for Board consideration:
 - ▶ Continue to use both the Algorithmic Method and Leapfrog
 - ▶ Continue with two tiers:
 - ▶ Tier 1: hospital meets both Algorithmic and Leapfrog criteria
 - ▶ Tier 2: hospital meets either Algorithmic or Leapfrog criteria
 - ▶ Expand the measure set supporting the Algorithmic method (which both extends the definition of patient safety and increases the number of hospitals eligible under the Algorithmic method):
 - ▶ HCAHPS measures
 - ▶ SEP - 1

Proposed Next Steps *cont.*

- ▶ Do not establish fixed performance thresholds or create a composite measure for this version of the PSHR but consider it for future versions
- ▶ Use the Leapfrog GPA and Algorithmic approach to identify poor performers
- ▶ Identify and assess alternative performance thresholds for both poor and high performers (for both Leapfrog and Algorithmic approaches)
 - ▶ Staff to model over summer
- ▶ Update Algorithmic results with most recent measure data
- ▶ Finalize Honor Roll in fall

Data Analytic Updates

Updates

CMS Q3 Data

- Data refresh ~ Aug. 2019
- No new measures

ED Wait Times as a Performance Category

- Non-statistical approach
- Value to consumers?

Maternity Measures

- New measure - % Deliveries by Certified Nurse Midwife
- 2019 Honor Roll Considerations

Maternity Measures

CY2018

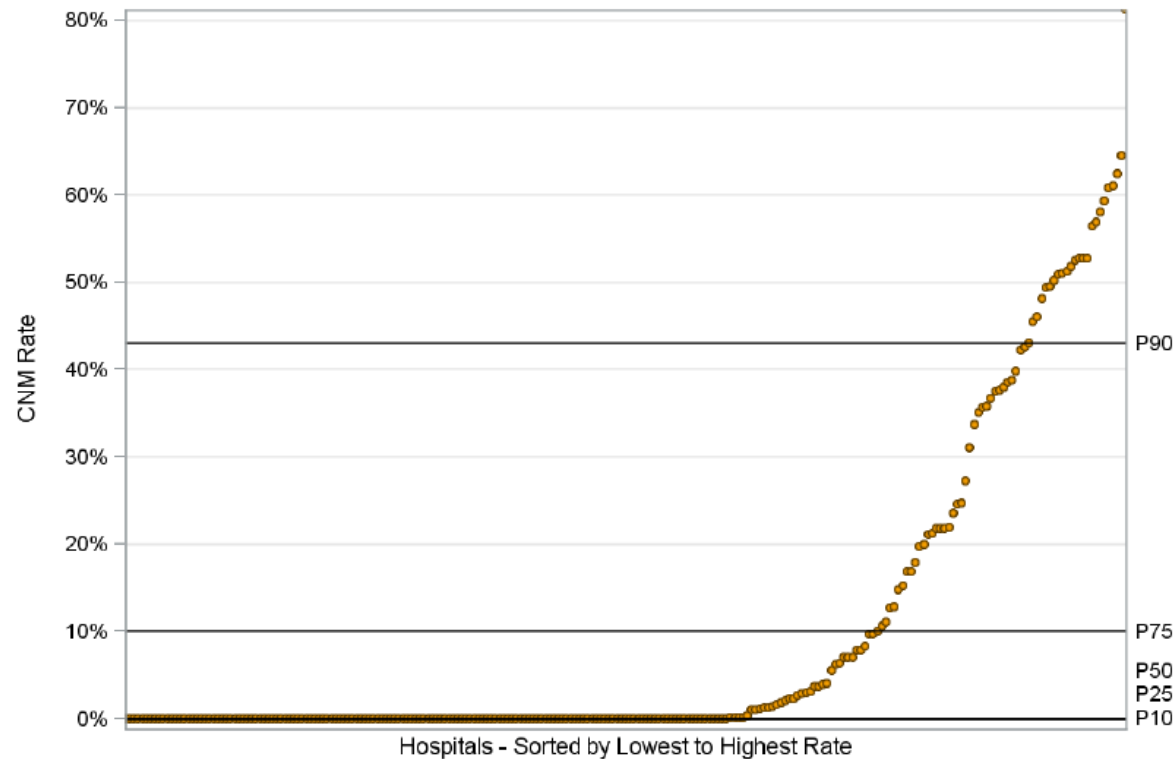
Reporting of Certified Nurse Midwife (CNM) Measure

- ▶ For the first time, CMQCC provided hospital-level CNM results and measure is being reported on calhospitalcompare.org
- ▶ New type of preference measure
 - ▶ No performance categories assigned
- ▶ **CNM Measure Definition:** The percent of births at each hospital that were attended by Certified Nurse Midwives (CNMs). The statistic is based on the provider type (e.g. physician, CNM, nurse) listed as the “Attending Provider” on all California Birth Certificates.
- ▶ Text from CHC Website:
 - ▶ Some women have a personal preference to be attended by a CNM. Reporting each hospital’s CNM Delivery Rate can help women identify which hospitals have integrated CNMs into their maternity care unit. If you are interested in having your labor and birth attended by a nurse-midwife, contact the maternity unit at your preferred hospital(s) to identify the provider groups with CNMs.
- ▶ Observation: Wide range in CNM rates

...Reporting of Certified Nurse Midwife (CNM) Measure

Distribution of Certified Nurse Midwife Rate Among California Hospitals:
2017 & 2018

(Source: California Maternal Quality Care Collaborative)



	N	AVG	SD	MIN	P10	P25	P50	P75	P90	MAX
CNM_DEL	239	9.9%	18.1%	0.0%	0.0%	0.0%	0.0%	10.1%	43.0%	81.3%

Opioid Safe Hospital Designation

Program Update

Self-Assessment

- Survey window May 13 - Sept 18, 2019
- 6 responses to date

5-Part Webinar Series (May - Sept 2019)

- Introducing the Opioid Safe Hospital Designation
- Beyond adopting prescribing guidelines
- Initiating MAT in the hospital
- The nuts and bolts of dispensing Naloxone
- Emerging measures in the hospital setting

Resources & Follow Up Materials



Resources:

[About the Opioid Safe Hospital Designation](#)

[Frequently Asked Questions](#)

[Opioid Safe Hospital Self Assessment](#)

To further accelerate hospital progress, CHC will offer a no cost, 5-part webinar series, with peer-to-peer support, starting May 2019 with the kick-off webinar. The webinar series is designed for Chief Medical Officers, Chief Nursing Officers, Chief Quality Officers, Quality and Emergency Department leadership, and other individuals involved in improving opioid safety. CHC will actively work with Opioid Safe Hospital Program participants to select relevant topics for the webinar series. Registration links below (*please note all webinars are scheduled for 11am PST*):

[Webinar #1](#) (May 9): Addressing California's Opioid Epidemic – Introducing the Opioid Safe Hospital Program

[Webinar #1 Recording](#)

[Webinar #1 Slide Presentation](#)

Source: [Cal Hospital Compare Website - About - Opioid Safe Hospital Designation](#)

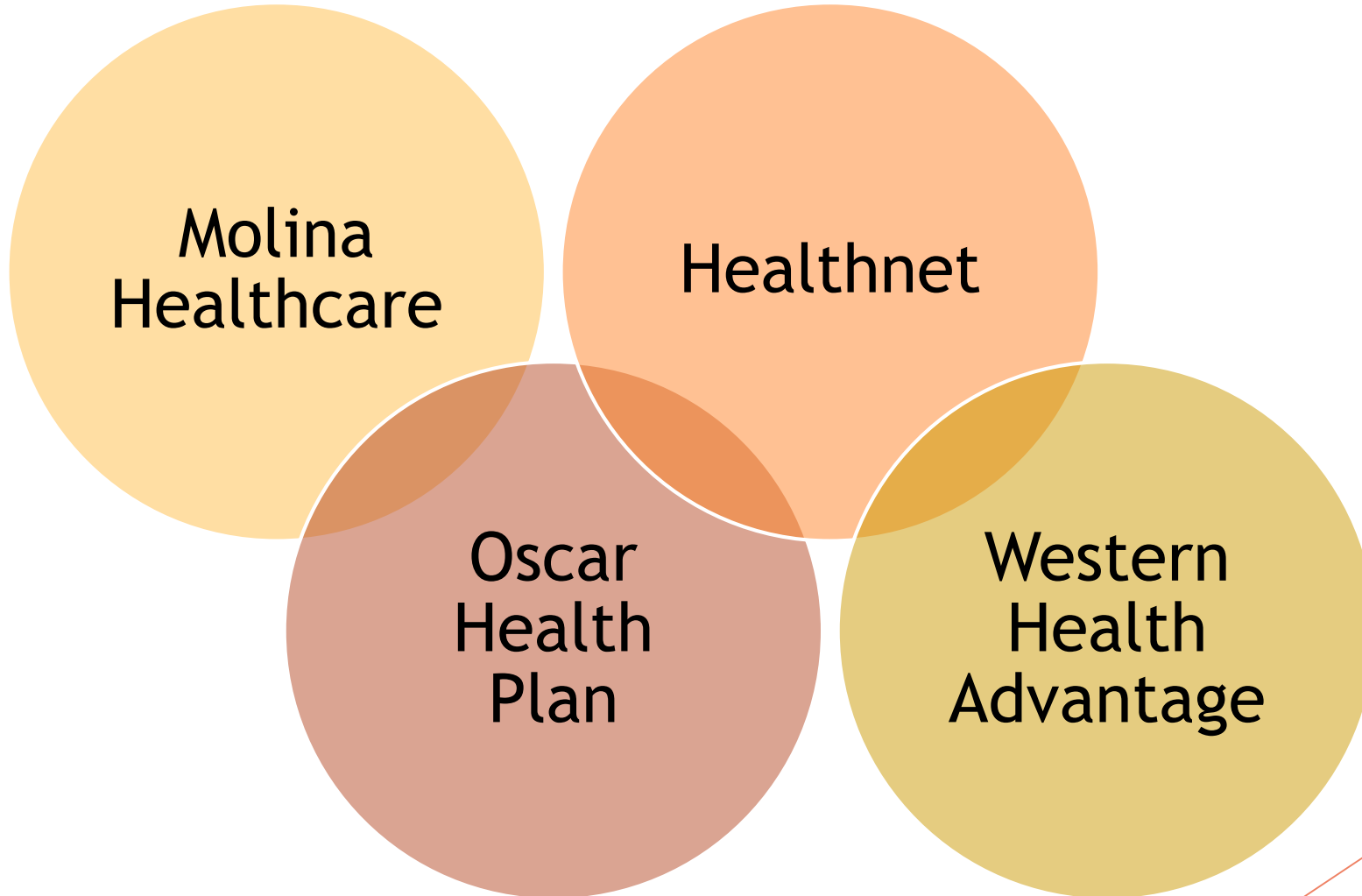
Next Steps

- ▶ Encourage hospitals to apply for the designation
- ▶ Spot “audit” hospital responses
- ▶ Develop relevant threshold
- ▶ Announce Opioid Safe Hospitals Fall 2019



Business Plan

Data Use Fees



General Updates

Thank you!

Board Meeting Schedule - 2019

**Schedule is in Pacific Time*

- ▶ **Wednesday, October 2, 2019 - 10:00am to 12:00pm (Call)**
- ▶ Wednesday, December 4, 2019 - 10:00am to 2:00pm (In Person - Oakland)

Appendix A

Concordance Analysis

Concordance Analysis

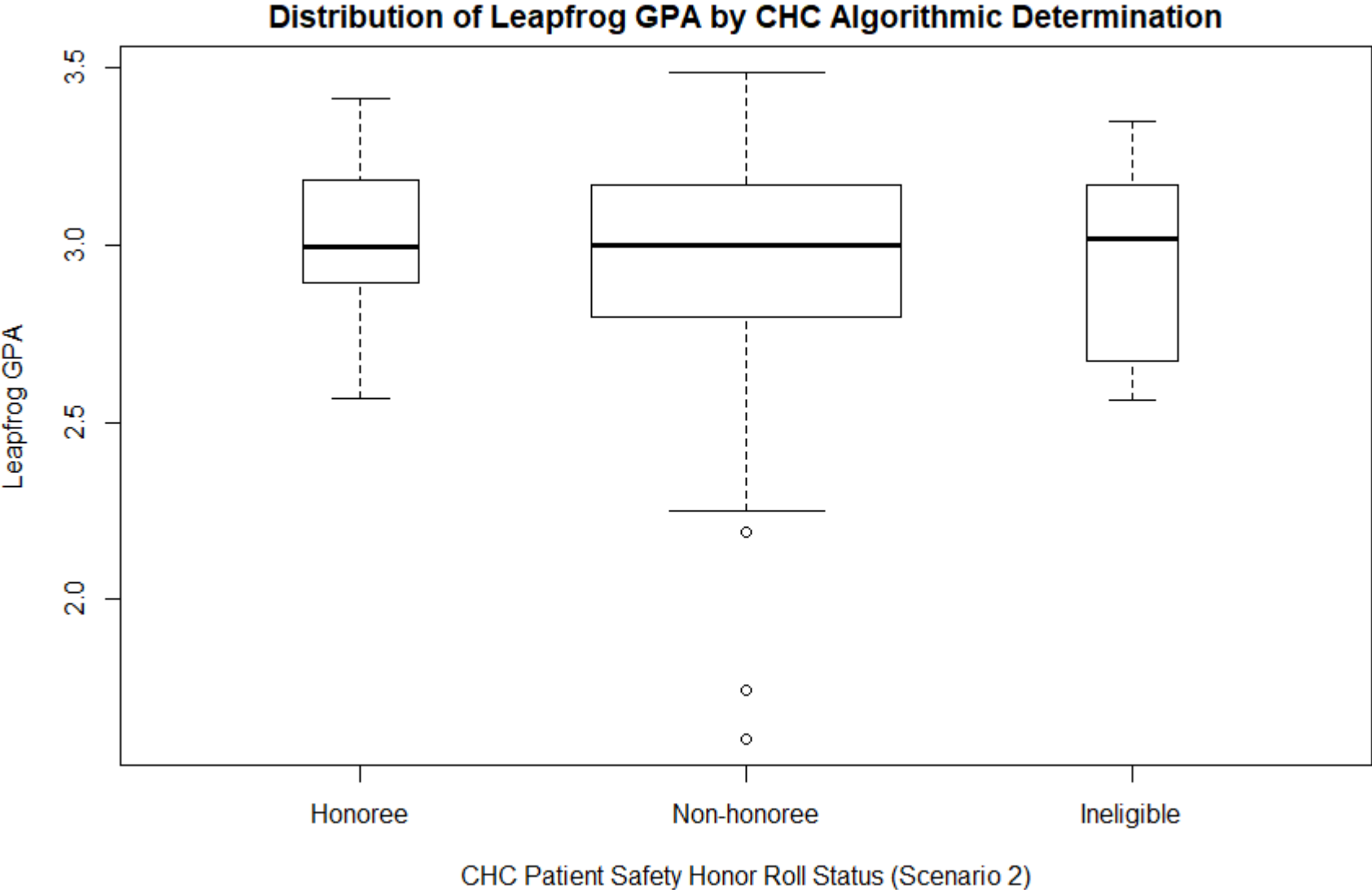
1. Calculate average Leapfrog GPAs across three performance periods
2. Apply cut points to determine Leapfrog Hospital Safety Grade (letter grade)
3. Tabulate grades and CHC PSHR algorithmic results

PSHR Honorees - Concordance Analysis

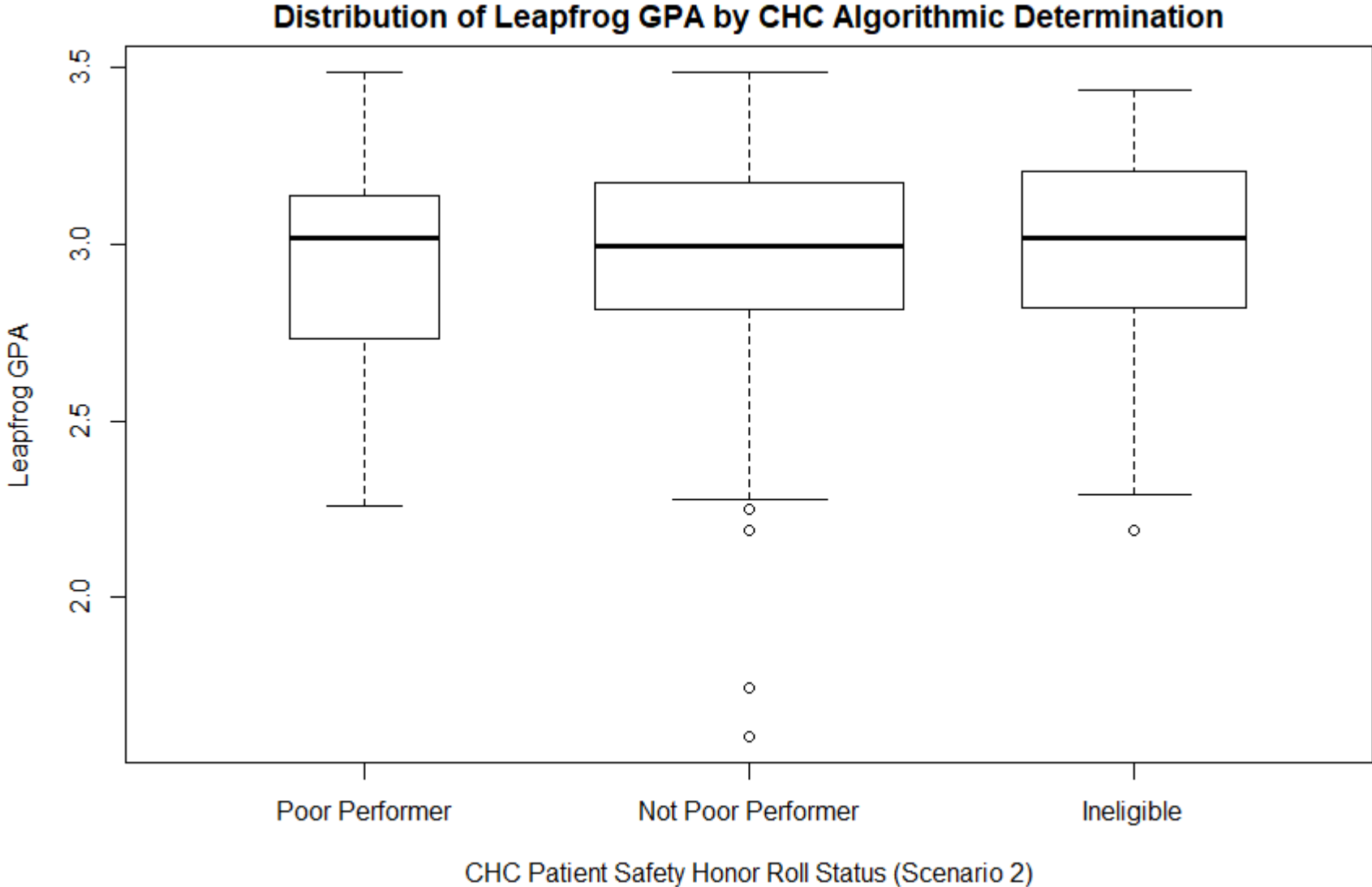
- ▶ Some hospitals (n=10) receive Leapfrog Grade “C” but achieve PSHR honoree status through the algorithmic methodology (**scenario 2**)
- ▶ All hospitals with grade “D” or “F” are determined to be non-honorees
- ▶ A large number (n=125) receive grade “A” or “B” but do not achieve PSHR honoree status

Leapfrog Grade Frequencies					
<i>PSHR Status (via Algorithm)</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>F</i>
Honoree	9	10	10	0	0
Non-Honoree	60	55	71	19	2
Ineligible	5	5	8	0	0

PSHR Honorees - Concordance Analysis



Poor Performers - Concordance Analysis



Appendix B

Typical Composite Measure Development Steps

PSHR 1.0 Methods - A Reminder: Six Selected Measures and Leapfrog Grade

- ▶ Healthcare-Associated Infections (Source: CMS Hospital Compare Jan 2017 - Dec 2017 measurement period)
 - ▶ CLABSI
 - ▶ CAUTI
 - ▶ SSI Colon Surgery
 - ▶ MRSA
 - ▶ CDI
- ▶ AHRQ PSI 90 Composite (Source: CMS Hospital Compare October 2015 to June 2017 measurement period)
- ▶ Leapfrog Hospital Safety Grade (Source: Leapfrog Grades for Spring 2017, Fall 2017, and Spring 2018)

PSHR 1.0 Methods (cont.)

To be included in the algorithmic method, hospitals must have scores for at least 4 of the 6 measures.

Tier 1

The hospital meets the algorithm approach with two-thirds of their measures above the 50th percentile (and none below the 25th percentile) **AND** has Leapfrog Grades of at least an A, A, B for the last three reporting periods. 19 hospitals (8% of eligible hospitals).

Tier 2

The hospital meets the algorithm approach with two-thirds of their measures above the 50th percentile (and none below the 25th percentile) **OR** has Leapfrog Grades of at least an A, A, B for the last three reporting periods. 54 hospitals (23% of eligible hospitals).

⇒ *40 hospitals met algorithmic criteria alone*

Typical Steps in Developing a Composite

In considering right approach to PSHR 2.0, review of key steps in typical composite development might be useful

- ▶ **TAC Question: Which of these steps should we adopt, maximizing PSHR value within project resources?**
 1. Identify and review available measures
 2. Select measures
 - ▶ Typical Considerations: clinical importance/impact, availability, performance gaps, external target, risk adjustment, harmonization, evidence-base, reliability, validity, feasibility, usability
 3. Optional: Assign measures to domains
 - ▶ Example domains: HAIs, PSIs, HCAHPS

...Typical Steps in Developing a Composite

4. Standardize measure scores (e.g., z-scores)
5. Weight domains and/or measures

Options include:

1. Policy-based (consensus of CHC TAC and Board)
 - ▶ Consider same type of factors as for measure selection
2. Reliability weighted
 - ▶ Determined by empirical characteristics of component measures, e.g., their correlations, reliability
3. Opportunity weighted
 - ▶ Weighted by size of denominator populations
4. Equal weighting

...Typical Steps in Developing a Composite

6. Establish standards and adjustments for missing data
 - ▶ Minimum denominator sizes
 - ▶ Re-distribute weights
7. Calculate single hospital-wide composite score
8. Establish threshold for PSHR qualification
 - ▶ Based on composite score
 - ▶ Necessary to consider relative scoring thresholds (e.g., 75th percentile and above of composite score)
9. Compare hospital composite score to threshold to determine PSHR status
10. Option: establish fixed performance threshold to apply to future years

Illustrative Example of Key Composite Step - Domain Weighting

- ▶ Previous work identified four domains
- ▶ Questions:
 - ▶ Does TAC wish to identify and weight domains or, alternatively, move directly to simply weighting individual measures?
 - ▶ Are there other domains to be considered?
 - ▶ What information would TAC need to support domain policy weighting decisions?

	Domain	Number of Measures	Policy Weight Assigned by TAC - Example
1	HAI	5	40%
2	PSI	10	35%
3	HCAHPS	5	20%
4	SEP-1	1	5%
	Total		100%

...Illustrative Example of Key Composite Step - Measure Weighting

- ▶ For policy weighting, consider the following measure attributes: clinical importance/impact, availability, performance gaps, external target, risk adjustment, harmonization, evidence-base
- ▶ Illustrative example using HAIs on next slide
- ▶ For clinical importance/impact and evidence-base, IBM Watson Health would obtain information from NQF reports and conduct a mini-literature review to bring to TAC
 - ▶ For example, Archives of Surgery article shows trauma patients with HAIs had mortality odds ratio 1.5 to 1.9 times higher than control
 - ▶ IBM Watson Health analysis showed excess LOS and higher costs for admissions with CAUTI

...Illustrative Example of Key Composite Steps - Measure Weighting

Measure	Impact - Total California Infections	Availability - # Reporting Hospitals	Performance Gap			Percent Of Hospitals with Rate < 1.0	External Target - National Target SIR by 2020*	Risk Adjusted?	Harmonization - Used by Leapfrog?	Harmonization - NQF Endorsed?	TAC Decision to Include?	TAC Assigned Policy Weight
			P25	P50	P75							
CLABSI	1,331	225	0.41	0.71	1.10	70%	0.50	Yes	Yes	Yes	Yes	30%
CAUTI	2,037	248	0.46	0.85	1.39	60%	0.75	Yes	Yes	Yes	Yes	10%
Colon: SSI	667	190	0.26	0.80	1.36	59%	0.70	Yes	Yes	Yes	No	N/A
MRSA	620	182	0.40	0.75	1.20	65%	0.5	Yes	Yes	Yes	Yes	40%
C. Diff.	6,724	285	0.54	0.74	0.98	78%	0.7	Yes	Yes	Yes	Yes	20%

* from HHS Office of Disease Prevention and Health Promotion

Alternative Algorithmic Approach

- ▶ Simplified alternative to full composite measure development
- ▶ Maintain approach of assessing performance of each measure against target
 - ▶ E.g., measure rate must be better than 50th percentile of CalHospitalCompare hospitals
- ▶ TAC assigns points to measures to reflect their policy weights
- ▶ Establish minimum measure criteria
 - ▶ E.g., hospital must have available rates for measures that account for 50% or more of total possible points
- ▶ Establish minimum point threshold for PSHR qualification
 - ▶ E.g., hospital must achieve at least 75% of available points
 - ▶ Necessary to consider relative scoring thresholds
- ▶ Table on following slide illustrates approach

Example of Alternative Algorithmic Calculation

Example for Hospital XX

Measure	Threshold Criteria	Threshold (SIR)	Hospital Rate (SIR)	Did Hospital Pass Threshold?	Measure Points (Assigned by TAC)	Points Achieved by Hospital	
CLABSI	Better than 50th percentile	1.00	0.99	Yes	10	10	
CAUTI	Better than 50th percentile	0.80	0.70	Yes	15	15	
Colon: SSI	Better than 50th percentile	0.90	1.00	No	5	0	
MRSA	Better than 50th percentile	1.10	1.00	Yes	5	5	
C. Diff.	Better than 50th percentile	0.80	N/A	N/A	15	N/A	
Total Available Points (based on available hospital measures) =						35	A
Total Possible Points (All Measures)						50	B
Percent Available Points of Total Possible						70%	=A/B
Does Hospital Meet Minimum Measure Criteria (rates available for more than 50% of Total Possible Points)						Yes	
Total Points Achieved by Hospital =						30	C
Percent Points Achieved of Available						86%	=C/A
Min. Percent of Available Points Required to Qualify for PSHR =						75%	
Does hospital qualify for Honor Roll?						Yes	

PSHR Determinations Using Leapfrog GPAs

- ▶ **Possible Approach:** Apply cut points on Leapfrog GPAs to determine high performers (PSHR honorees) and poor performers (for quality improvement outreach)
- ▶ Cut points can be determined in several ways
 1. Set thresholds for each measure (i.e., values below/above which hospitals fail/pass on a patient safety measure) and calculate a Leapfrog GPA threshold; or
 2. Set target percentage of hospitals for PSHR determinations - e.g., for PSHR set target percentage to twenty-five percent (25%)