

Cal Hospital Compare Board of Directors Meeting

December 7, 2018

10:00am-2:00pm Pacific Time

Phone: 1-646-876-9923

Access code: 118 187 338

Webinar link: <https://zoom.us/j/118187338>

Proposed agenda

- ▶ Welcome
 - Approval of past meeting minutes
- ▶ Organizational updates
- ▶ TAC and analytic updates (Part I)
- ▶ Business plan
- ▶ TAC and analytic updates (Part II)
- ▶ Adjourn

Cal Hospital Compare

Board of Directors - Meeting Agenda
Friday, December 7th from 10:00am – 2:00pm PT

Meeting Location

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

Web-Conference

Phone: 1-646-558-8656 / Access Code: 118 187 338

Webinar link: <https://zoom.us/j/118187338>

Time	Agenda Item	Presenters and Documents
10:00-10:10 10 min.	Welcome and call to order – Approval of past meeting summary	Ken Stuart, Board Chair
10:10-11:10 60 min.	Organizational updates – Consumer outreach and activation project – Proposed data use fees – Physician compare data	Bruce Spurlock, Executive Director
11:10-12:00 50 min.	TAC analytic updates (Part I) – Hospital patient safety honor roll <ul style="list-style-type: none"> ▪ Leapfrog collaboration ▪ Poor performing outliers ▪ Maximizing eligible hospitals 	Mahil Senathirajah, Truven/IBM Frank Yoon, Truven/IBM
12:00-12:30 30 min.	Open forum discussion <i>Lunch will be provided</i>	
12:30-12:50 20 min.	Business plan – Financial report – Annual budget (2019)	Bruce Spurlock, Executive Director
12:50-1:45 55 min.	TAC analytic updates (Part II) – Website data refresh – CMQCC's active track data <ul style="list-style-type: none"> ▪ New measures ▪ Tentative timeline 	Mahil Senathirajah, Truven/IBM Jennifer Stockey, CHC

Time	Agenda Item	Presenters and Documents
1:45-2:00 15 min.	Wrap-up items Adjourn – Next meeting: February 14, 2019 from 10:00am- 12:00pm PT (virtual meeting)	Bruce Spurlock, Executive Director Ken Stuart, Board Chair

Cal Hospital Compare Board Meeting Summary

October 17, 2018

Attendees: Bruce Spurlock, Chris Krawczyk, Celia Ryan, David Hopkins, Frank Yoon, Helen Macfie, Jennifer Stockey, Libby Hoy, Lance Lang, Lindsey Petersen, Mahil Senathirajah, Scott Masten, and Tracy Fisk

Summary of Discussion:

Agenda Items	Action
Call to Order/Board Items	<ul style="list-style-type: none"> The meeting was called to order at 10:05 am Pacific Time. The Cal Hospital Compare Board Meeting Summary of August 16, 2018 was approved.
Discussion	
Organizational Updates	<p>Consumer activation project</p> <ul style="list-style-type: none"> Bruce provided an overview of a short-term CHCF-funded project titled, Understanding and Promoting Consumer Activation through Cal Hospital Compare. The primary objectives include: (1) Finalize a working theory of consumer activation; (2) Categorize prior promotional efforts and impact; and (3) Creating and prioritizing pilot tests to increase consumer activation. Upcoming advisory group meeting dates were shared, and the board was encouraged to participate, if interested in the project. <p>Patient safety honor roll</p> <ul style="list-style-type: none"> CHC team recently met with stakeholders regarding the release and announcement of the NTSV c-section honor roll, as well as the new patient safety honor roll. Stakeholders agreed that the honor rolls should be announced separately, since releasing them at the same time could be confusing to consumers and hospitals. <u>Action item:</u> CHC is in the process of scheduling a meeting with the Secretary to discuss options for announcing the patient safety honor roll. <p>Covered California's request</p> <ul style="list-style-type: none"> Covered California requested that Cal Hospital Compare develop an approach to identify poorly performing (outlier) hospitals. The intent would be to mirror the methodology developed for the patient safety honor roll. The results of this analysis would not be available to the public, but instead could be made available to contracted plans, in an effort to provide more focused quality improvement support to struggling hospitals. <u>Action item:</u> The board agreed to support this effort to identify poor performing hospitals. The CHC team will develop and present methods to the Board for approval at the December meeting. <p>Data use fees</p> <ul style="list-style-type: none"> The CHC team provided an overview of the current data use patterns. For example, which organizations requested data recently, and which measure domains they were interested in securing.

	<ul style="list-style-type: none"> • At the board’s request, the CHC team conducted a scan for similar data use structures and fees. Most information found online was for commercial datasets (e.g., MarketScan). • One exception found in the scan were state-based all-payer claims databases (APCDs). The APCDs includes aggregated data from a variety of sources and are usually collected for public benefit. The CHC team provided an overview of how some stat APCDs have structured their data use fees. • <u>Action item</u>: The CHC team will draft a proposed data use fee schedule for the Board’s review at the December meeting.
Business plan	<p>Financial report</p> <ul style="list-style-type: none"> • The board reviewed and approved the recent financials.
Data analytic updates	<p>Hospital patient safety honor roll</p> <ul style="list-style-type: none"> • Bruce thanked the board for their input on refining the patient safety honor roll methods. Revised methods were circulated as a memo (via email) to board members. Key changes included streamlining honor roll criteria so that they are more consistent across tiers. This will also aid in messaging the honor roll to consumers, hospitals, and other stakeholders. • In preparation for the next iteration of the patient safety honor roll, the CHC team provided recommendations for increasing the number of hospitals eligible for the honor roll. The CHC team provided an overview of the recommended options: <ul style="list-style-type: none"> ○ Change eligibility criteria ○ Develop a patient safety composite measure ○ Impute missing measure results ○ Latent class modeling (e.g., CMS Hospital Compare Star Ratings) • The board review recommendations from the TAC and agreed that options to add additional measures (e.g., HCAHPS, SEP1). The board generally agreed with the TAC, that imputing data was not an ideal approach not should not be explored further for the patient safety honor roll. • <u>Action item</u>: The CHC team will conduct an exploratory analysis to determine the impact of the various recommended approaches on the number of eligible hospitals <p>New sepsis process measure</p> <ul style="list-style-type: none"> • The CHC team provided an overview of a new measure that was implemented by CMS in 2015, a sepsis process measures referred to as “SEP1.” Measure results were recently made publicly available through CMS Hospital Compare (measurement period = Jan. 1, 2017 to Oct. 1, 2017). • In addition, IBM Watson Health presented key analytics to help support the board’s decision, including the statewide distribution of SEP1 scores, percentile cut-points for scores (e.g., 10th percentile, 90th percentile, etc.). Overall, there was a relatively large number of hospitals with available scores, and wide variation in the reported rates. • The board agreed that sepsis was a leading cause of hospital deaths, and that this was an important topic for CHC to include on the website. Although the SEP1 measure is not “perfect,” it is CMS required measure and should be included on the CHC website. • <u>Action item</u>: CHC will include this measure on the CHC website with the next CMS Hospital Compare data update.

	<p>Maternity data</p> <ul style="list-style-type: none"> • The CHC team provided an overview of statewide trends for the recent calendar year 2017 maternity data refresh. • High-level observations included: (1) Continued, gradual improvement in NTSV C-Section, Episiotomy and VBAC Rates; (2) Some shifting in and out of the NTSV C-Section Honor Roll; and (3) Continued wide variation in performance across hospitals. • Mahil presented highlights in the c-section honor roll counts, including the change from 2016 (n=112) to 2017 (n=124), and count of hospitals that left the honor roll and that joined the honor roll in 2017. • The board asked about slight differences to the CMQCC reported averages. CHC confirmed that it suppressed VBAC rates for any hospitals that did not have a VBAC policy, which impacts the overall statewide average. CHC publicly reports statewide averages that align with CMQCC’s reported averages for consistency. • This section of the meeting concluded with an update on the collaboration for the maternity data honor roll, and expected press release date (October 23, 2018). • <u>Action item</u>: CHC will follow-up with CMQCC (Cathie) to confirm honor roll counts.
<p>Next Meeting/Meeting Adjournment</p>	<ul style="list-style-type: none"> • The next Cal Hospital Compare Board of Directors Meeting (in person) is scheduled for December 7, 2018 in Oakland, California. • The meeting formally adjourned at 12:00pm Pacific Time.

Organizational Updates

Consumer Activation Project

- ▶ Understanding and Promoting Consumer Activation through Cal Hospital Compare
- ▶ Short-term project funded by CHCF
- ▶ Primary objectives
 - Finalize a working theory of consumer activation
 - Categorize prior promotional efforts and impact
 - Prioritizing pilot tests to increase consumer activation
- ▶ Advisory group meeting
 - December 14th at 10:00 am PT/12:00 pm CT

Data Use Fees



Data value

- Data aggregation
- Data validation
- Analytic-ready datasets
- Timely measures
- Novel measures
- Performance categories

CAL HOSPITAL COMPARE

DATA USE FEES (2019)

For more than a decade, Cal Hospital Compare has been providing Californians with objective hospital performance ratings. Cal Hospital Compare is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. Prior to 2016, Cal Hospital Compare was known as the California Hospital Assessment Task Force (CHART). CHART was first established in 2004 for the purposes of developing a statewide hospital performance reporting system using a multi-stakeholder collaborative process. We use an open and collaborative process to aggregate multiple sources of public data, and to establish relevant measures and scoring.

Industry Collaboration

- California Department of Public Health
- California Health Care Foundation
- California Maternal Quality Care Collaborative
- California Office of Statewide Health Planning and Development
- Centers for Medicare and Medicaid Services
- Covered California
- Leapfrog Hospital Safety Grades
- SmartCare California
- Yelp

Trusted Data

- The website is always free to use and offers fully open access
- The information is objective and unbiased
- Users will never see advertising or promotion of one provider over others
- Our partnership with IBM Watson Health provides rich analytics and reliable data

Contact

Bruce Spurlock, MD
Executive Director, Cal Hospital Compare
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www.calhospitalcompare.org

Option 1: Unlimited data and analytics subscription

Unlimited data access.

- Quarterly data files including all measures in a usable format; memos outlining measurement updates, trends, and implications.
- Patient safety and maternity honor roll preview, including poor performing outlier hospitals not publicly available.
- Honor roll methods are aligned with and useful for assessing Covered California network requirements.
- Access to all technical advisory committee (TAC) exploratory analyses produced with IBM Watson Health.
- Unlimited subscribers can submit custom query requests for TAC review (pending resource availability).
- Up to 10 hours annually of clinical and technical assistance provided by Bruce Spurlock, MD, Cal Hospital Compare's Executive Director.

\$50,000/year

Option 2: Maternity data subscription

Maternity data only, updated twice annually.

- Measures include NTSV C-section rates, episiotomy rates, VBAC rates, VBAC policies, and certified nurse midwife deliveries.
- Some measures not publicly reported elsewhere, such as certified nurse midwife deliveries.
- More timely measures through data partnerships with CMQCC and HQI.
- Analytic files included with the subscription contain data that are not available on the website, such as denominator counts, hospital county and service area.

\$20,000/year

Option 3: Custom data request

Customized data request, supported by the Cal Hospital Compare and IBM Watson Health teams.

- Initial consultation with both Cal Hospital Compare and IBM Watson Health team members/
- Analytic-ready data file(s) designed to meet your specifications.

Starting at \$5,000

Physician Compare Data

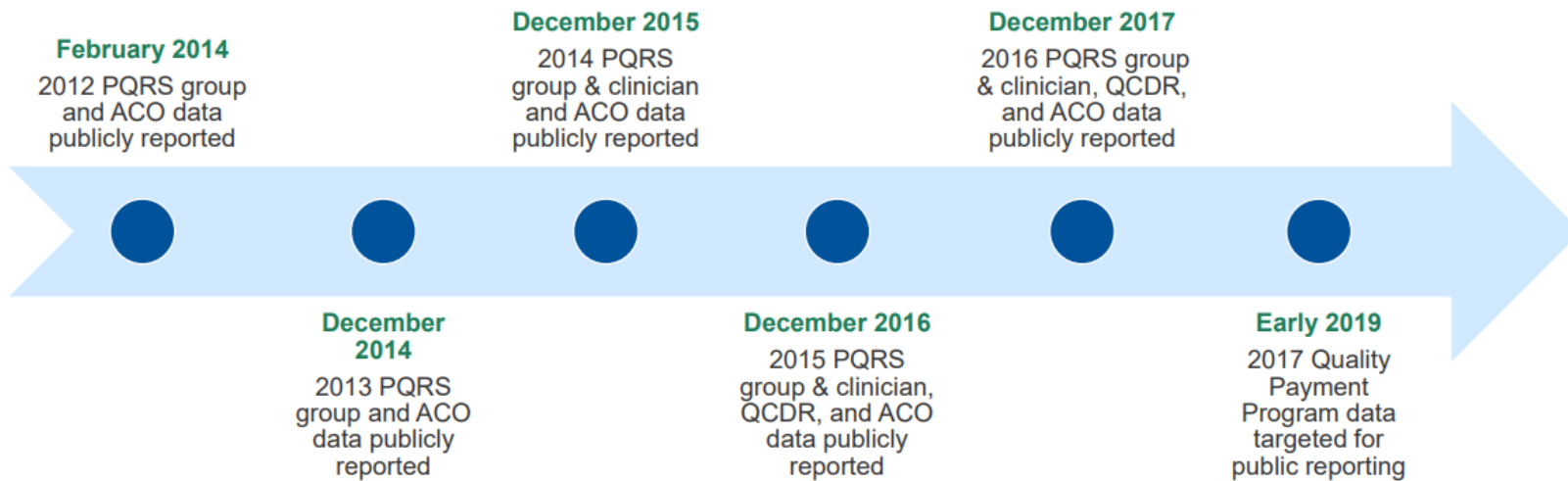
Physician Compare Overview

- ▶ Web address
<https://www.medicare.gov/physiciancompare/>
- ▶ Goals
 - Help Medicare beneficiaries make informed decisions
 - Incentive clinicians to maximize performance



Public Reporting Timeline

- ▶ Physician Compare is preparing to publicly report 108 clinician MIPS quality measures as percent performance scores in the Downloadable Database (see following slide for details).



Data Targeted for Public Reporting

Performance Information	Profile Pages	Downloadable Database
2017 MIPS Performance Information		
Quality measures	✓	✓
Quality performance category score	--	✓
Improvement activities ¹	n/a	n/a
Improvement activities performance category score	--	✓
Advancing care information measures & attestations	--	✓
Advancing care information performance category score	--	✓
Cost (measures and performance category score) ²	n/a	n/a
Final score	--	✓
2016 Utilization Data	--	✓

Helpful Resources

- ▶ Physician Compare Initiative page
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/>
- ▶ Clinician Performance Information (2017 Performance Year Preview)
<https://go.cms.gov/2EglBB4>
- ▶ Physician Compare: Preview Period and Public Reporting Webcast Presentation
<https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2018-10-30-Physician-Compare-Presentation.pdf>

Board Discussion

- ▶ What are your thoughts about reporting physician data?
- ▶ Are there additional details needed to support future discussions?
- ▶ Are there similar efforts we should review?



TAC Analytic Updates (Part I)

Patient Safety Honor Roll (PSHR)

PSHR Methods: 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 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).

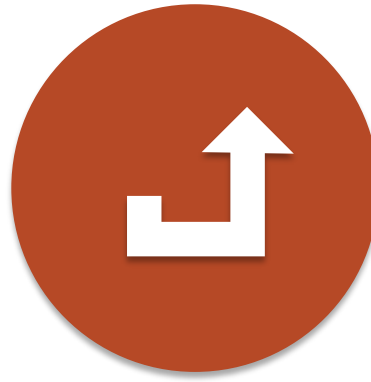
Tier 2

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).

Leapfrog Collaboration



**CAL HOSPITAL COMPARE'S
METHODS APPROVED**



**DATA USE AGREEMENT IN
THE WORKS**



**ONGOING SUPPORT AND
COLLABORATION**

Poor Performing Outlier Hospitals

Overview



Mirror patient safety honor roll methods (where possible)



Outreach to hospitals to provide support



Potential contracting implications

Honor Roll “Inverse” Method

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

Algorithm	Honor Roll		Poor Performance	
	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	<u>At least one</u> measure result <u>above</u> 75th percentile (not applied)

OR

Leapfrog	Honor Roll		Poor Performance	
	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	

Poorly Performing Outliers Preview

- ▶ Three ways to identify poor performing hospitals
 1. Algorithm
 2. Leapfrog
 3. Algorithm **and** Leapfrog
- ▶ Results
 - Total Poor Performers = 44
 - Algorithm Only = 40 (17% of the 233 hospitals with 4+ measures)
 - Leapfrog Only = 3 (1.6% of the 244 graded hospitals)
 - Both = 1

Hospital Name	ADC	Alg	Leap	HACRP
Adventist Health Glendale	200	◇		
Adventist Health Hanford	114	◇		◇
Adventist Health Rideout Memorial Hospital	140	◇		◇
Adventist Health St. Helena	59	◇		
Alvarado Hospital Medical Center	71	◇		◇
Anaheim Global Medical Center	38	◇		
Beverly Hospital	102	◇		
California Pacific Medical Center - Davies Campus	48	◇		◇
California Pacific Medical Center - Mission Bernal Campus	44	◇		◇
Community Regional Medical Center	613	◇		◇
Good Samaritan Hospital - San Jose	197	◇		◇
Harbor - UCLA Medical Center	264	◇		
Hemet Valley Medical Center	129		◇	◇
Hollywood Community Hospital of Hollywood	227	◇		◇
Huntington Beach Hospital	31	◇		◇
JFK Memorial Hospital	53	◇		
Lakewood Regional Medical Center	109	◇		
Los Alamitos Medical Center	102	◇		◇
Memorial Hospital of Gardena	67		◇	
Monterey Park Hospital	54	◇		◇
Northridge Hospital Medical Center	135	◇		◇
Olive View - UCLA Medical Center	143	◇		◇

Hospital Name	ADC	Alg	Leap	HACRP
Olympia Medical Center	77	◇		◇
Palomar Medical Center	238	◇		
Parkview Community Hospital Medical Center	115	◇	◇	◇
PIH Health Hospital - Downey	82		◇	◇
Pioneers Memorial Healthcare District	52	◇		◇
Providence Holy Cross Medical Center	204	◇		◇
Providence Saint John's Health Center	142	◇		
Queen of the Valley Medical Center	77	◇		◇
Regional Medical Center of San Jose	198	◇		◇
Saddleback Memorial Medical Center - San Clemente Campus	146	◇		
San Geronio Memorial Hospital	44	◇		◇
San Ramon Regional Medical Center	51	◇		
Santa Clara Valley Medical Center	281	◇		◇
Santa Rosa Memorial Hospital	168	◇		◇
Scripps Memorial Hospital - Encinitas	98	◇		◇
Seton Medical Center	78	◇		
Shasta Regional Medical Center	87	◇		◇
St. Mary Medical Center - Apple Valley	169	◇		
Stanford Health Care	395	◇		◇
UCSF Medical Center - Moffitt/Long	570	◇		◇
USC Verdugo Hills Hospital	50	◇		◇
Victor Valley Global Medical Center	58	◇		

ADC = Average Daily Census (CMS); **Alg** = Identified by PSHR Algorithm as Poor Performer; **Leap** = Identified by Leapfrog as Poor Performer; **HACRP** = Payment Reduction Determined by CMS HAC Reduction Program

Outcome of TAC Discussion

- ▶ In general, TAC members thought the approach was reasonable
- ▶ They questioned the distribution of Leapfrog scores across the lower grade categories that led to the relatively few number of hospitals contributed by the Leapfrog criteria

Maximizing Eligible Hospitals

Previous Guidance

Enhance methods to promote transparency and maximize eligible hospitals

- Treat hospitals equally
- Do not impute missing data
- TAC reviewed possible approaches

Improve methods so all hospitals can achieve honor roll status over time

- The TAC will discuss at a future meeting

Timeframe

- PSHR “version 2.0” expected late 2019

Possible Approaches

1

Adding
measures

2

Using multiple
years of data

3

Creating a
composite
measure

TAC Feedback

- ▶ TAC reviewed analytics related to possible revision to algorithmic approach related to adding measures
- ▶ TAC briefly discussed the composite measure and multiple years of data approaches
- ▶ TAC will continue its review of possible approaches in subsequent meetings and bring forward recommendations to the Board

Measure Reporting and PSHR Eligibility

- ▶ For the CHC approach, the eligibility criterion for the honor roll may systematically exclude hospitals of certain types (e.g., smaller hospitals that don't report at least 4 measures).

Minimum Number of Reported Measures	Number of PSHR-Eligible Hospitals (total N=327 for 2018 3Q)
1	306
2	290
3	250
4	233
5	200
6	134

Potential solutions

- Adding measures
- Using multiple years of data
- Creating a composite measure

Adding Measures

▶ HCAHPS Composite Topics

- ▶ Nurse Communication
- ▶ Doctor Communication
- ▶ Responsiveness of Hospital Staff
- ▶ Communication about Medicines
- ▶ Discharge Information

▶ Component measures from PSI-90

▶ Sepsis process measure (SEP-1)

- PSI 03 – Pressure Ulcer Rate
- PSI 06 – Iatrogenic Pneumothorax Rate
- PSI 08 – In-Hospital Fall with Hip Fracture Rate
- PSI 09 – Perioperative Hemorrhage or Hematoma Rate
- PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI 11 – Postoperative Respiratory Failure Rate
- PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 – Postoperative Sepsis Rate
- PSI 14 – Postoperative Wound Dehiscence Rate
- PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

Adding Measures Increases Inclusivity...

Minimum Number of Reported Measures	Number of PSHR-Eligible Hospitals (total N=327 for 2018 3Q)
1	318
2 or 3	317
4 or 5	315
6	305
7	298
8	294
9	292
10 or 11	290
12	288
13	275
14	272
15	264
16	257
17	250
18	234
19	222
20	195
21	130

- Currently for algorithmic methods, hospitals must have scores for at least 4 of 6 measures. **233 hospitals are eligible.**
- If similar criteria are applied (i.e., at least 11 of 21 measures), then **290 hospitals would be eligible.**
- This will require analysis to understand their distributions, i.e., variation and covariation.

TAC Analytic Updates (Part II)

Website Data Refresh

Pending data refresh

- ▶ Extensive website refresh with data from multiple sources - federal and statewide
- ▶ Expected posting in late December 2018 - early January 2019
- ▶ Microsoft excel analytic files will be available

Data Source	Measures	Measurement Period
CMS Hospital Compare	Various website measures, including HAIs	1/1/2017 - 12/31/2017
CDPH	Breastfeeding rates	1/1/2017 - 12/31/2017
	Surgical site infections	1/1/2017 - 12/31/2017
	VRE	1/1/2017 - 12/31/2017
OSHPD	CABG	1/1/2015-12/31/2015
	Cancer surgery volume	1/1/2017 - 12/31/2017
	Inpatient mortality	1/1/2015 - 12/31/2015

CMQCC Active Track Data

- ▶ CMQCC's Executive Committee and Cal Hospital Compare's Board of Directors approved a proposal to use hospitals' direct data submissions to CMQCC's Maternal Data Center (MDC).
- ▶ Starting with CY 2018 data, metrics to be publicly reported on Cal Hospital Compare include:
 - NTSV C-Section Rate
 - Episiotomy Rate
 - VBAC Rate and Policy
 - Percent of Deliveries by Certified Nurse Midwives (CNMs)

CMQCC Active Track Data

Tentative schedule

- ▶ **March 15, 2019** Hospital completes the Discharge Data file submissions to the CMQCC MDC and their review of the resulting metrics
- ▶ **March 21, 2019** CMQCC notifies the hospital's departmental leadership of the rates to be reported
- ▶ **May 21, 2019** CMQCC sends final results to Cal Hospital Compare
- ▶ **June 2019** CY 2018 results reported on Cal Hospital Compare

CHC Board Meeting Schedule - 2019

- ▶ Thursday, February 14, 2019 - 10:00am to 12:00pm Pacific Time (Call)
- ▶ Wednesday, April 3, 2019 - 10:00am to 2:00pm Pacific Time (In Person - Oakland)
- ▶ Wednesday, June 5, 2019 - 10:00am to 12:00pm Pacific Time (Call)
- ▶ Wednesday, August 7, 2019 - 10:00am to 2:00pm Pacific Time (In Person - Oakland)
- ▶ Wednesday, October 2, 2019 - 10:00am to 12:00pm Pacific Time (Call)
- ▶ Wednesday, December 4, 2019 - 10:00am to 2:00pm Pacific Time (In Person - Oakland)