

Quality Alliance Steering Committee – Episodes of Care Workgroup
Meeting Notes – May 7, 2010

Workgroup co-chair Chuck Cutler provided opening remarks for the meeting and walked through the call's agenda. He then turned the call over to Mary Gordon of the Wisconsin Collaborative for Healthcare Quality (WCHQ) and Devorah Rich of Greater Detroit Area Health Council (GDAHC) and Save Lives Save Dollars Detroit (SLSD), who provided overviews of efforts to date pilot-testing readmission measures.

Mary Gordon informed the workgroup about the origins of WCHQ and identified its key stakeholders, staff, activities, and data processes. She walked through a high-level timeline of WCHQ's key activities over the last year relative to the testing of an all-cause readmission measure. She discussed plans for reporting the measures to the participating hospitals and health care systems as well as publicly. In subsequent iterations, WCHQ will also pursue more specific and sophisticated versions of readmission measures highlighting patients with particular conditions such as AMI, pneumonia, CHF, and COPD, and they will seek to report readmission rates cutting the data by hospital, by various periods of time (e.g., 7-day readmission rates versus 14-day readmission rates). WCHQ will also work to implement the CMS readmission measure specifications more precisely for their commercially insured population. Mary also presented preliminary results not yet validated – WCHQ is currently receiving data from some of its pilot's participating hospitals, and so further results will be validated and then published within the next few months. Mary commented on the challenges of getting a readmission rate evaluation process up and running, noting that other organizations seeking to implement a similar process should expect the process to take a similar amount of time.

- One workgroup member asked for clarification regarding WCHQ's intent to publish their readmission rates publicly. Mary Gordon clarified that certainly it is the intent to report readmission rates publicly soon, those results, like WCHQ's other quality measures, would not be reported at the individual physician level. They would be reported at the physician group level and, for the readmission measures only, the hospital level. They may also report at the individual site or clinic level, but for now, these results are being reported internally only. Mary also noted that WCHQ's other measurement processes have very strong physician participation.
- Another workgroup member drew attention to a limitation of the readmission rates as calculated – that because of limited access to unique patient identifiers, readmissions are only tracked within the same hospital or, in some cases, within the small collection of hospitals associated with the same physician group practice. WCHQ had made efforts to work with the Wisconsin Hospital Association, who does have such unique patient identifiers, to address this issue, but nothing has come of those discussions to date.
- This workgroup member also suggested that the readmission rates reported would be of greater value for quality improvement purposes if they were tied to additional information regarding the services provided at discharge (e.g., discharge planning), follow-up care, etc. Mary Gordon noted that since WCHQ has access to additional information along these lines, they will look forward to incorporating this kind of

information into their quality improvement reports to the participating physician groups down the road.

Devorah Rich discussed multiple ongoing readmission measurement efforts in Michigan, including Michigan State Action on Avoidable Re-hospitalizations (MI STA*AR) and Better Outcomes for Older Adults through Safe Transitions (BOOST), which came to light not long after Brookings approached SLSD regarding similar readmission pilot-testing activities. MI STA*AR, working with two hospitals in SE Michigan and one in Western Michigan as well as the state's commercial HMO health plans, are looking to calculate readmission measures later this month. Hospitals will review their results in June, and then the project may expand further in subsequent months. BOOST is a collaborative with the University of Michigan and Blue Cross Blue Shield of Michigan to develop a "toolset" by which hospitals can identify high-risk patients, intervene (e.g., through discharge planning programs) to prevent readmissions, and measure the impact of select intervention tools. This project is in its initial stages, with initial readmission rate reporting likely to take place in 2011. GDAHC is working with both efforts as a convening organization and to develop public reports for these efforts' computed results. In part because of the complicating factors of the MI STA*AR and BOOST initiatives happening concurrently, Devorah echoed Mary's comments about expectations regarding the amount of time other organizations might expect it would take to implement a similar measurement process.

- One workgroup member asked whether GDAHC's planned public reports would draw upon the lessons of public reporting efforts of readmission measures in other states like Massachusetts (which has plans to test three different readmission measures) and Florida. Working with state discharge databases like these can be useful because of their unique patient identifiers and, in many cases, their straightforward processes permitting public access. Also, in the states where reporting this information is mandatory, more robust datasets and more robust evaluations using those datasets are possible. Devorah Rich indicated that she would look more into these other efforts for Michigan and in other states.
- Mary Gordon noted that interest in the state discharge database and its unique patient identifiers prompted the early discussions with the WHA. In Wisconsin, the state discharge database is a proprietary system, and so access to its data is not as straightforward there.

Kevin Weiss of the American Board of Medical Specialties provided general updates regarding the status of the cost-of-care measure development project. Project staff are now in the final stages of initially testing and validating the project's 22 episode-based cost-of-care measures using a large commercial claims dataset. Staff are also now beginning to prepare materials that will be used to submit the measures to the National Quality Forum for endorsement when the NQF issues its anticipated Call for Measures, likely to take place later in 2010. Plans are also under discussion to pilot-test the project's measures working with organizations like the Integrated Healthcare Association in California, the Wisconsin Health Information Organization, and one or two Aligning Forces for Quality communities – these pilot-testing efforts would be likely to kick off later this year.

Because of the limited time remaining on the call, Chuck Cutler reminded the workgroup that workgroup members can provide feedback on specific measures and analyses via e-mail to Adam Wilk of Brookings. Also, the final slide of the analytic presentation included a list of measures and analyses that were not discussed during the call. Should workgroup members wish to review these analyses, they could contact Adam Wilk to receive them.

- In response to Chuck's comments, Kevin Weiss noted his agreement and also commented that the measures under development are still undergoing revisions by their respective condition-specific workgroups. As such, it can be expected that the final measures to be submitted to NQF will incorporate both those workgroups' input and any input provided by Episodes workgroup members input as well.
- In response to a question from a workgroup member, Kevin Weiss clarified that at this time, the call's materials should not be shared widely even within the workgroup members' organizations because of the analyses preliminary nature and because of the importance of ensuring results are not misinterpreted by individuals who have not been intimately familiar with the project and its established processes.

Comments or questions regarding the content of this meeting may be sent to Adam Wilk (awilk@brookings.edu).