

Using Information to Encourage Quality Care

Stuart Guterman

**Director, Office of Research,
Development, and Information
Centers for Medicare & Medicaid Services**

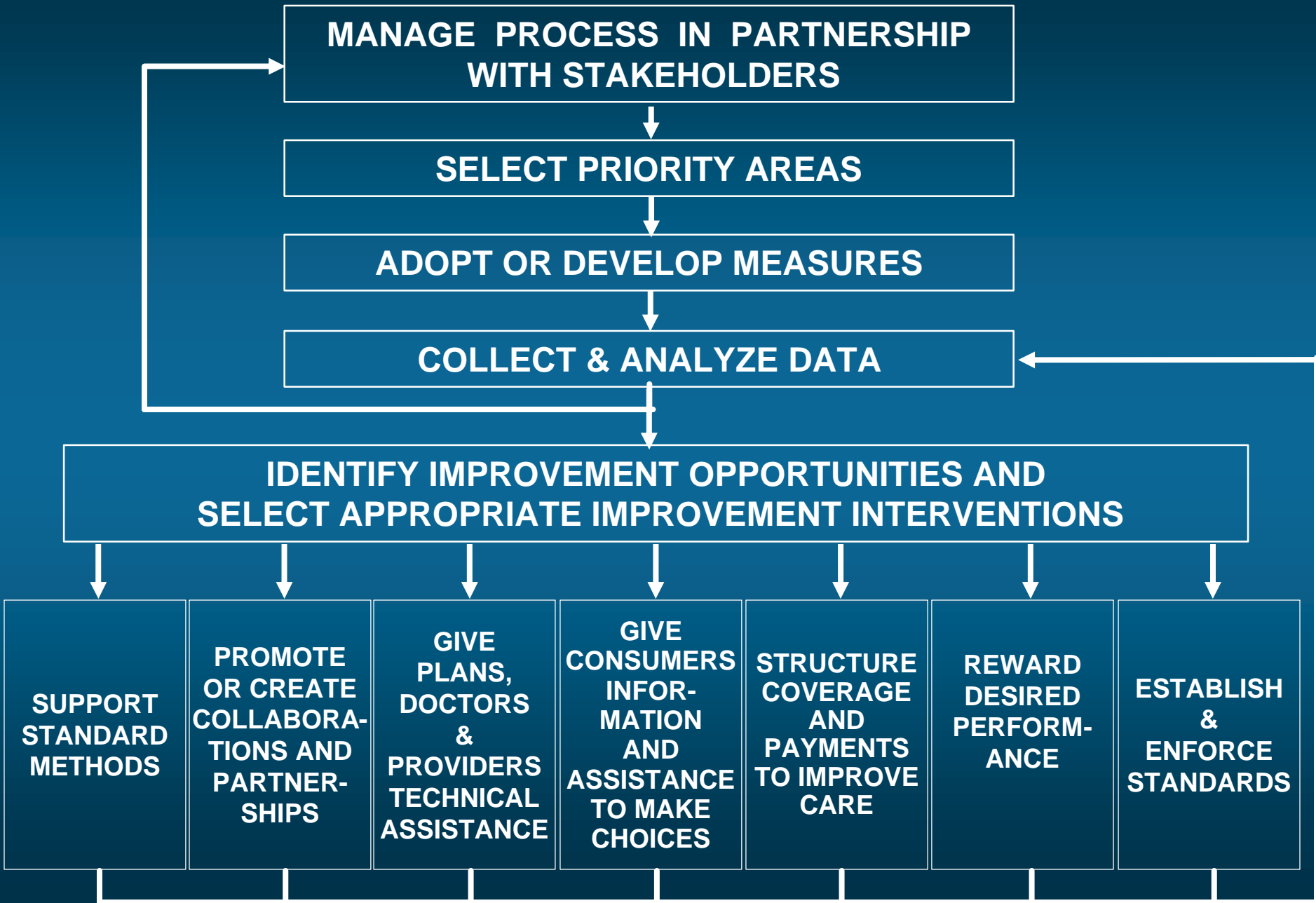
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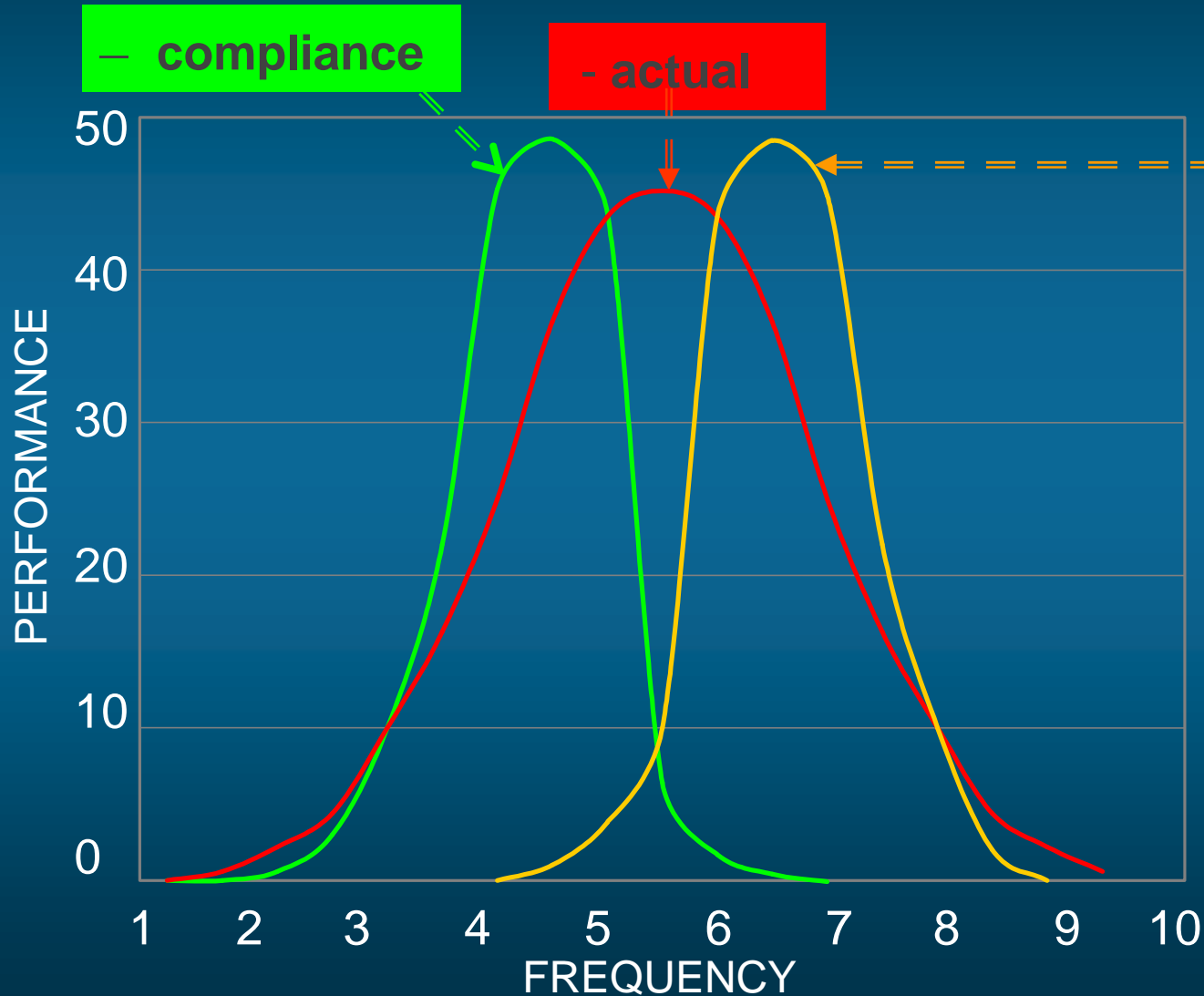
Overview of Today's Presentation

- **Strategies available to CMS to improve quality**
- **Focus on public reporting and consumer information**
- **Current Hospital Quality Initiatives**

WHAT WE CAN DO TO IMPROVE QUALITY



Improving the Distribution



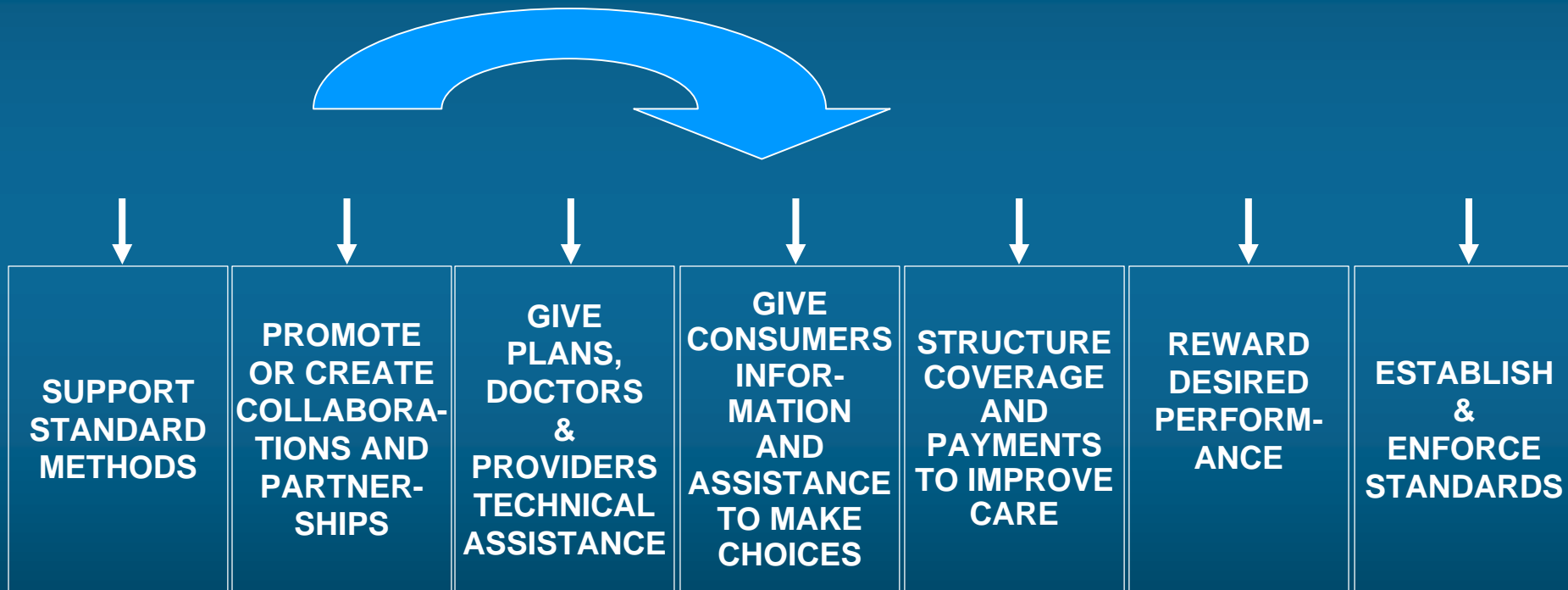
- system change & technical assistance
- consumer information
- non-economic incentives
- economic incentives

CMS Approach to Quality

- Announced November 2001 by Secretary Thompson:
 - Empower consumers to make more informed decisions regarding their healthcare
 - Stimulate / support providers & clinicians to improve the quality of health care
- More info www.cms.hhs.gov/quality



A focus on consumer information, complemented by additional tactics



Comparative Quality Information on www.medicare.gov

- Medicare Health Plan Compare - 1999
- Dialysis Facility Compare - 2001
- Nursing Home Compare - 2002
- Home Health Compare – 2003
- Hospital Compare – 2004



Hospital Quality Initiatives

- Hospital Quality Information Initiative
- 3-state pilot
- Patient experience of care survey - HCAHPS
- ‘Task 2b’ in current work of QIOs
- Developmental: payment for highest quality

Hospital Quality Initiatives

Where are these going, and how do they fit together?

- All serve as laboratories to answer certain questions
- Will ultimately knit together
- All will help inform ‘end game’

End game: one robust and prioritized set of measures reported by every hospital in the country, accepted by all purchasers



Purpose of Hospital Quality Initiatives

- Useful and valid information to the public;
- Predictability for hospitals;
- Standardize data collection mechanisms;
- Support to physicians and other clinicians;
- Stimulate and support hospitals to improve the care they deliver.

HCAHPS

- Standardized survey questions to provide information on the patient experience
- Current: draft survey being tested in 3-State Pilot
- Final: will be shorter, and will be different
- Builds on input from science, and from 9 different vendors
- Aim for core set of questions to be added to existing vendor products, so that existing vendor relationships can continue
- Multiple opportunities for input

Hospital Quality Information Initiative (HQII)

- A voluntary public reporting initiative of the AHA, FAH, AAMC
- Support from AHRQ, CMS, JCAHO, NQF and others.
- CMS: technical underpinnings; validate info; post on www.cms.hhs.gov first, www.medicare.gov later; work w stakeholders to expand measure set;
- Hospitals: start w initial set of 10 measures, report ‘patient experience of care’ survey once available; expand reporting over time;



3-State Hospital Pilot

- Maryland, New York, Arizona
- Testing environment for elements of the HQII: (technical underpinnings for public reporting; report the same 10 measures; pilot test HCAHPS - the patient experience of care survey);
- Focus groups with consumers, clinicians and providers
 - **analyze how information can be optimally used;**
 - **Preparation for “Hospital Compare” on www.medicare.gov;**
- Evaluation of project will inform national public reporting strategy.



Starter Set of Clinical Measures

- **Heart Failure**
 - » **Left ventricular function assessment**
 - » **ACE Inhibitor for LVSD**
- **AMI (heart attack)**
 - » **Aspirin at arrival and at discharge**
 - » **Beta-Blocker at arrival and at discharge**
 - » **ACE Inhibitor for LVSD**
- **Pneumonia**
 - » **Initial antibiotic timing**
 - » **Pneumococcal vaccination**
 - » **Oxygenation assessment**

Rewarding Desired Performance

- Current: M+C extra payment for higher quality Heart Failure care
- Developmental: Working on one or two hospital payment demonstrations
 - Would provide modest bonus payment to hospitals providing highest quality care
 - Test: more measures, cost, role of payment as stimulus to higher quality, more.

For More Information

- <http://www.cms.hhs.gov/quality/hospital/>
Fact sheets on: Hospital Quality Information Initiative; 3 State Hospital Pilot; H-CAHPS; more

Thank you

Stuart Guterman

410-786-0948

sguterman@cms.hhs.gov

