



# Quality Advisory

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## **The Quality Initiative: A Public Resource on Hospital Performance Update on Collaborative Effort**

July 18, 2003

### **Overview**

The American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), and the Federation of American Hospitals (FAH) are pleased to report to date that nearly 1,300 hospitals have agreed to participate in the Quality Initiative: a Public Resource on Hospital Performance. For those hospitals that have already volunteered, we commend your leadership and thank you for the time and effort you have chosen to invest in this important and growing endeavor. For those hospitals considering participation in the Quality Initiative, please note that the pledge form can be faxed to the AHA at any time; there is no deadline.

This advisory provides an update on the Quality Initiative, including actions for you to take to verify your hospital's data, understand the format for the initial display of the information, and comment on the proposed patient perspectives of care survey.

Your to-do list on this advisory is to share it with:

- ✓ Your medical director
- ✓ Your medical executive committee
- ✓ Your medical staff
- ✓ The hospital's governing board
- ✓ The director of nursing services
- ✓ The head of media relations
- ✓ The leaders of your quality improvement activities
- ✓ Your risk manager

## **Background**

On December 12, 2002, hospitals' efforts to create a more unified approach to collecting hospital performance data and sharing that information with the public were announced by the leaders of the AHA, AAMC and FAH, with the support of the U.S. Department of Health and Human Services, particularly the Centers for Medicare & Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the AFL-CIO and AARP. Since then, several additional organizations have joined in support of the initiative.

Previous *Quality Advisories* are available at [www.aha.org](http://www.aha.org) under "Quality and Patient Safety;" at [www.fah.org](http://www.fah.org), under "Issues/Advisories;" and at [www.aamc.org](http://www.aamc.org) under "Government Affairs," "Teaching Hospitals," and "Quality."

The most recent *Quality Advisory*, dated May 2, asked hospitals to commit to reporting the results of their performance on 10 quality measures for three medical conditions – acute myocardial infarction, heart failure and pneumonia. The 10 measures are common to JCAHO's ORYX program and CMS' 7<sup>th</sup> statement of work. The measures also have been endorsed by the NQF as national standards of hospital quality measurement. Since the initial measure sets are largely focused on adult general acute care, hospitals that predominantly serve children, pregnant women, or psychiatric or rehabilitation patients were not asked to submit data for the first phase of the initiative.

The initiative's next phase will add information on patients' perspectives of their care. Subsequent phases will add measures on selected new conditions and aspects of care. These conditions and aspects of care will be added in a process that enables input from a broad array of interested parties, including consumers, purchasers and health care providers. The measures will be selected from those that have been endorsed by the NQF.

## **Update on Preparations to Go Public**

Hospitals' response to the request for participation in the Quality Initiative has been extremely positive. As of July 15, we have 1,294 hospitals pledged to participate. This includes nearly 180 hospitals in a three-state pilot project in Arizona, Maryland and New York. It also includes every acute care general hospital in Connecticut, Maryland and Rhode Island. Thirteen of the largest health care systems in the country have pledged to participate. In addition, 28 state hospital associations and the District of Columbia have formally adopted resolutions supporting the initiative and are encouraging member hospitals to participate in the effort.

In mid-June, the leadership of the organizations involved in the Quality Initiative met and reached several important decisions. These include:

- The initial posting of quality data will be delayed two months and occur in September of this year. (Delaying the launch of the Web site will allow us to accommodate the significant number of pledges that were sent to the AHA after the original May 31 deadline.) There was universal agreement that launching the first report of hospital quality data would be better served by including the maximum number of hospitals, even if it meant postponing the launch.

- CMS will use this two-month extension to improve its [www.cms.hhs.gov](http://www.cms.hhs.gov) Web site. The improvements will allow users to search for hospitals by state, city or zip code. Within each state, users will be able to select by city or county, and will be able to look at one or more measures for the hospitals selected. The primary audience for the initial Web site remains health care professionals, but these changes will allow them to use data in ways that were not possible under the old design.
- The CMS/AHRQ hospital patient perspectives of care survey (commonly referred to as HCAHPS) will not be required by the government, but will be a component of the voluntary Quality Initiative. Hospitals participating in the voluntary Quality Initiative will be expected to conduct the HCAHPS survey and report their results. (For more on HCAHPS, see below.)

### **Hospital Preview Opportunity**

Hospitals that have pledged to report third- and/or fourth-quarter 2002 data for the first round of information sharing on [www.cms.hhs.gov](http://www.cms.hhs.gov) should expect to receive a preview of their individual hospital data. During this preview period, the data of other hospitals will not be shared with you, but you will have a sense of how your hospital's performance compares to that of other hospitals. In addition to your own performance rates, you will be given the national average (median) performance rate for all hospitals submitting data to JCAHO and the 90<sup>th</sup> percentile of performance for all hospitals participating in JCAHO core measure data collection. If your hospital has registered on Q-NET Exchange, which is a system developed by CMS to enable communication with hospitals working with their Quality Improvement Organizations (QIOs), please check your Q-NET Exchange in-box where the data were posted on July 15. If you are not registered on Q-NET Exchange, your Quality Initiative contact received an e-mail from the AHA with your performance information on July 15. You have 30 days – until August 13 – to review the information. Upon reviewing your report, you have the following options:

- If the data appear acceptable to you and you have no questions, you do not need to take any action. The Web site will incorporate your hospital data as they appear on this report.
- If you have questions about any of the information presented, you must contact your QIO as quickly as possible so that any problem or issue can be resolved before the August 13 deadline. The QIOs will work with JCAHO, CMS and others to address any issues you have identified.
- If you cannot resolve the problems you have identified, you must notify your QIO by close of business on August 13. If you need contact information for your QIO, you may find it at <http://www.medqic.org/content/qio/qio>.

If your hospital has not already registered for Q-Net Exchange, you may wish to register. Q-Net Exchange provides secure, real-time communications and data exchange between two or more organizations, including hospitals and QIOs. The Q-Net Exchange is sponsored by CMS and is free to hospitals. Using Q-Net Exchange, QIOs and hospitals can exchange medical record requests and abstractions; exchange data; view comparative clinical measurement reports, that is, state and national level benchmarks; and register and manage Q-Net Exchange users at their location.

Quality Initiative participants registered with Q-Net Exchange will also be able to generate comparative reports. For more information, a hospital can visit [www.qnetexchange.org](http://www.qnetexchange.org). To actually register, contact your QIO.

## **Status of HCAHPS**

As indicated above, the Quality Initiative will be expanded to include results from the hospital patient perspectives of care survey being developed by CMS and AHRQ. (The survey is commonly referred to as HCAHPS or Hospital CAHPS.)

On June 27, CMS posted a notice in the *Federal Register* allowing for a 30-day public comment period on the survey instrument and on the implementation process hospitals should use to administer the survey. To view the *Federal Register* notice, go to [www.archives.gov/federal\\_register](http://www.archives.gov/federal_register). The AHA, AAMC and FAH plan to submit formal comments on behalf of their members, and will be seeking your guidance. We also plan to seek input from patient survey vendors. We encourage you to submit your own comments as well. Comments are due July 28.

The draft survey tool is being tested in the three state pilot programs in Arizona, Maryland and New York. Based on the results of this testing and comments received during the public comment period, the survey tool will be revised. CMS will offer a second 30-day comment period sometime this fall to solicit comments on the revised survey and the proposed method for administering the survey. A final survey tool, along with implementation instructions is expected in late fall 2003.

## **Next Steps**

The objective of the Quality Initiative is one set of commonly agreed upon measures that provide a broad picture of hospital quality and that are used by purchasers, oversight organizations, health care providers and consumer organizations. We continue to work toward this goal, but to achieve it we need and encourage your participation. As we have said in the past, hospitals should be leaders in sharing quality information with the public – it's the right thing to do in an era when we must do everything we can to underscore public trust and confidence in us.

## **Contact Information**

We will continue to update you on the Quality Initiative via periodic *Quality Advisories*. If you have questions about the pledge form or have other administrative questions, please call AHA member relations at (800) 424-4301.

If you have technical or policy-related questions, please call:

- At AHA: Nancy Foster, senior associate director for policy, (202) 626-2337.
- At AAMC: Jennifer Grosky, health care quality liaison, at (202) 862-6221.
- At FAH: Susan Van Gelder, senior vice president, strategic policy at (202) 624-1528.