

Communicating Quality: Strategies and Tools for Responding to Public Reporting of Hospital Quality Data

1. Introduction

Nearly two years ago, on December 12, 2002, three national organizations representing the hospital field – the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), and the Federation of American Hospitals (FAH) – stepped forward to announce a landmark public-private partnership to create a shared national strategy to provide hospital performance information to the public, using a common set of measures. Joining the hospital organizations in this ambitious effort were the U.S. Department of Health and Human Services (HHS) and its Centers for Medicare and Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the American Medical Association (AMA), the Consumer-Purchaser Disclosure Project, AARP, the AFL-CIO, and the National Association of Children's Hospitals and Related Institutions (NACHRI).

The goals of the Quality Initiative, as it was then known, were to give the public useful, valid, and easily accessible information about hospital quality; to foster efforts by hospitals and physicians to improve quality while easing duplicative and burdensome hospital reporting requirements; to begin to standardize data collection priorities and mechanisms; and to give hospitals a sense of predictability about public reporting expectations.

The hospital community's embrace of the Quality Initiative was an acknowledgment that the public expects hospitals to exercise leadership in making more and better information available about the quality of hospital care. The issue was no longer whether quality data were to be made public – that already was happening – but how hospitals could play a leadership role in working with others to develop a common framework for the public disclosure of measures of hospital quality. It wasn't enough for hospitals to be reluctant responders; they had to be proactive in offering information about quality to the public.

In early 2005, the partnership, now known as the Hospital Quality Alliance: Improving Care through Information, will mark an important milestone with the first posting of hospital quality data on CMS' public website, www.Medicare.gov. In addition, November 2004 will mark the fifth anniversary of the release of the Institute of Medicine's groundbreaking report on patient safety, *To Err Is Human: Building a Safer Health System*. Both events are likely to prompt calls from reporters and questions from the general public.

The Society and AHA have prepared these materials and tools to help hospital public and media relations practitioners take advantage of the public data release and the increased emphasis on patient safety to define their institutions as providers of quality care and to emphasize their accountability to the public.

1. **Calendar:** Unless otherwise noted, dates refer to the public reporting of hospital quality data by CMS.

Oct. 2003	Data available to clinicians and media on 400+ hospitals on www.cms.hhs.gov
Feb. 2004	Data updated, with more than 1,400 hospitals reporting
May 2004	Data updated, with 1,952 hospitals reporting (667 with measures on all three conditions)
July 2004	Hospitals requested to begin submitting additional information on heart attack, heart failure, and pneumonia measures
July 2004	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) releases organization-specific performance information on www.jcaho.org
Sept. 2004	CMS announces that 3,839 hospitals (98.3% of those eligible) have begun reporting data on all three conditions and consequently will receive a full inpatient update in 2005
Sept. 2004	CMS and JCAHO announce an agreement to fully align current and future common hospital quality measures, making it easier and less costly for hospitals to comply with data collection and reporting requirements
Oct. 2004	Hospitals requested to begin collecting and submitting information on surgical infection prevention measures
Nov. 2004	Fifth anniversary of release of Institute of Medicine report on patient safety, <i>To Err Is Human: Building a Safer Health System</i>
Nov.- Dec. 2004	Planned update of data of hospitals submitting for a full inpatient update
Nov.- Dec. 2004	Hospitals able to report identical quality measures to JCAHO and CMS for discharges beginning this month
Jan.- Feb. 2005	Consumer-friendly version of CMS site available on www.Medicare.gov
Jan.- Apr. 2005	Possible period of pilot testing for HCAHPS (patient experience) survey
Mar.- Apr. 2005	First display of additional measures for heart attack, heart failure, and pneumonia
June- July 2005	First display of surgical infection prevention measures
June 2005	First collection of HCAHPS (patient experience) data for public display

4. Key Messages

General:

- Healthcare providers support providing information about the quality of care we provide because it makes the public better consumers. Public reporting also helps us identify needed quality improvements.
- Our hospital takes great pride in the quality of care we provide and constantly strives to improve the quality of care for our patients. We make every effort to provide the highest-quality healthcare to everyone who enters our doors.
- It is very difficult to measure the quality of healthcare. One method is to measure how often healthcare providers make use of treatments that have been shown to be most effective. The ten medical services measures reported on www.Medicare.gov help patients understand the effectiveness of the care they receive in our hospital compared with care that research indicates will lead to the best outcome.
- Since the Institute of Medicine's report on patient safety came out in 1999, we have stepped up our efforts to improve the culture of safety in our hospital and to make patient care safer. (Name steps your institution has taken.)
- Reports such as the quality data on www.Medicare.gov are just one of the many sources that patients and families can use to choose a hospital. They can also gain valuable insights from talking with their physicians, nurses, friends, and family members. Just as standardized test scores do not stand alone as an assessment of the quality of a school, numbers alone cannot convey all there is to know about the quality of a hospital.
- Patients and families should use the reported quality measures as a springboard for questions to ask about the hospital. Our hospital strongly encourages patients to discuss any reports or information about their care with their physicians.

Specific:

- If your quality scores are good: We are pleased with our performance as reported on www.Medicare.gov. These findings reflect our dedication to the care and comfort of our patients.
 - These data represent only a snapshot in time. Achieving a high level of performance is a daily priority that must constantly be monitored.
 - If your quality scores are mixed: We are pleased with our positive performance as reported on www.Medicare.gov and will examine those areas where our scores fell below our own high standards.
 - If your quality scores are poor: We are dedicated to the care and comfort of our patients and are deeply disappointed with these scores. We will take all necessary action to ensure quality of care at our facility.
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5. Q&A

Q: What are the initial hospital measures selected by the Hospital Quality Alliance for reporting to CMS?

A: The “starter set” of ten measures are for three serious medical conditions that are common among the Medicare population: acute myocardial infarction (heart attack), heart failure, and pneumonia. The measures, nine of which are expressed as the percentage of patients who receive the recommended measure, are:

Heart attack

1. Aspirin at arrival
2. Aspirin at discharge
3. Beta-blocker at arrival
4. Beta-blocker at discharge
5. ACE inhibitor for left ventricular systolic dysfunction (LVSD)

Congestive heart failure

6. Left ventricular function (LVF) assessment
7. ACE inhibitor for left ventricular systolic dysfunction (LVSD)

Pneumonia

8. Mean time to first antibiotic dose
9. Pneumococcal screening and/or vaccination
10. Oxygen assessment

Q: Why were these particular measures selected?

A: Scientific evidence indicates that these measures represent the best standard of care for treatment of some of the most common and costly conditions resulting in hospitalization.

Q: Are there plans to expand the reporting initiative?

A: Yes. It is expected that public reporting under the aegis of the Hospital Quality Alliance will be expanded in early 2005 to add new measures for the three initial conditions (heart attack, heart failure, and pneumonia). First-time measures on prevention of surgical infections may be posted publicly in Summer 2005. Information about patients’ perspectives on their care may be added in late 2005.

Q: What is being done to gather information on patient satisfaction?

A: The partners in the Hospital Quality Alliance, including the AHA and other organizations representing patients and providers, are supporting CMS’s and AHRQ’s efforts to develop a survey instrument and reporting tools designed to measure patients’ satisfaction with their hospital care and to report that experience back to other patients on www.Medicare.gov. Currently there is no national standard for collecting such information that would allow “apples to apples” comparisons between hospitals. The effort to develop a survey on hospital patients’ perspectives on their care, known as Hospital CAHPS or HCAHPS (pronounced H-caps), will create such a standard. (CAHPS, formerly the Consumer Assessment of Health Plans, is a set of survey and report tools

providing reliable and valid information to help patients and purchasers assess and choose among health plans.)

As part of the HCAHPS development process, a draft survey instrument has been pilot-tested in Arizona, Maryland, New York, and Connecticut. A final version will be published in November 2004 and sent to the National Quality Forum to be put through its consensus process. The goal of the HCAHPS development process is a standardized instrument and well-defined methodology for measuring patient perspectives on hospital care.

Q: How should patients and families use the quality measures?

A: Patients and families should use the quality measures in conjunction with other evaluative methods when choosing a hospital, such as talking with friends and family and consulting physicians, nurses, and other healthcare providers.

Q: It looks as if there are some quality problems in your hospital. What are you doing to remedy them?

A: *[Address any specific concerns that are raised by your hospital's report. If the rates reported for a particular quality measure are out of line because of case-mix differences or specialized programs, explain how these affect your rates. If the rates are out of line because there is a legitimate quality issue, explain what your hospital is doing to address the problem and improve quality on that measure.]*

Hospitals that are approved to participate in Medicare and Medicaid and thus receive federal and state funds are required to meet quality standards set by federal regulations. The standards are developed by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services. Regular inspections are conducted to confirm that hospitals are in compliance with regulations. If an inspection finds that a hospital is not in compliance with one or more standards, the hospital has to submit a written plan telling how it plans to remedy the problem and a target date for compliance. State survey agencies follow up to ensure that the needed correction has taken place.

In addition, hospitals are licensed by the state, and many of them are also accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association, two organizations that provide additional standards for quality.

Q: When patients go to www.Medicare.gov, they will find that of the five hospitals in our city, two look pretty good compared to the national and state averages, but the other three look pretty bad. If someone is looking for a hospital, shouldn't they choose one of the "good" facilities?

A: We are just at the beginning of providing data on hospital quality. The data that are soon to be available on www.Medicare.gov are for just six months' worth of patients on a relatively small set of measures. These data should not be overinterpreted. As the project is developed further, patients will see information on a broader array of measures, and data will be collected over a longer time period. This will serve to present a more complete and accurate picture of hospital quality.

One of the most important things in choosing a hospital is matching the services and specializations of the facility with your needs. You can get this information by talking with your physician, nurses, and other healthcare providers. The new quality measures are one important source of information about a facility, but they should not be the only source.

6. Suggestions for Communicating with Internal and External Audiences

Communicating with your governing board, medical staff, and volunteers

- Inform members of your hospital's governing board and medical staff in advance as the date of the public reporting of your hospital's quality scores approaches.
- Prepare information to share with governing board and medical staff members in advance of media coverage.
- Devote an agenda item at an upcoming governing board meeting to a discussion of the Hospital Quality Alliance, your hospital's scores, and any plans for improvement.
- Consider asking for a spot on a medical staff meeting agenda to talk about your hospital's scores and any plans for improvement.
- Consider addressing the hospital auxiliary at an upcoming meeting. Auxiliaries and volunteers are often leaders in their communities and should be informed in advance about the public data release.

Communicating with employees

- Keep employees informed. Let them know what is happening and how it may affect them – for example, newspaper ads listing your hospitals' quality scores, questions from patients and families, and media inquiries. Employees at all levels may be concerned about what they read in the newspaper or hear in other media. Make sure they get information directly from you to be certain they are fully and accurately informed.
- Prepare information to share with employees about your hospital's report in advance of media coverage. Run an article in the employee newsletter.
- Considering convening meetings with employees to give them an opportunity to ask questions.

Communicating with patients and families

- Consider sending a letter to current and former patients making some or all of the points below. Be sure to post the letter on your hospital's website.
 - Our hospital takes great pride in the care and services we provide and is always looking for new ways to improve quality of care for our patients.

- If you look up our hospital on www.Medicare.gov, you are likely to find that our experience is consistent with other hospitals in our state on some quality measures and outpaces the state average on others.
- We will be happy to discuss anything you see on www.Medicare.gov or in the news about hospital quality in our state or facility. Numbers don't paint the entire picture, so it is important to ask questions if you have any concerns.
- Our dedicated caregivers work very hard to see that our patients get the best possible care. We know, however, that there is always room for improvement, so we look forward to working with [name of your state's Quality Improvement Organization] on projects to make our hospital's quality of care even better.

Communicating with local media

- Meet with local media representatives in advance of the public data release to do a background briefing on the Hospital Quality Alliance. Emphasize your hospital's commitment to giving the public useful and valid information about hospital quality. (See "Getting Ready" and "Key Messages.") The public reporting of hospital quality information gives hospitals an important opportunity to get out in front of the quality issue. Think of ways to stay ahead of the story and have an impact on the resulting coverage.
- When the data are released, consider conducting a press briefing for local reporters. Invite representatives of other healthcare organizations and associations and your state's Quality Improvement Organization (QIO) to participate in a panel discussion.
- Consider cosigning a letter to the editor or op-ed piece with representatives of other healthcare organizations and associations, consumer groups, or your state's QIO.

7. Using Quality Data in Hospital Communications and Marketing

The partner organizations in the Hospital Quality Alliance are strongly committed to informing the public about what the information is and is not to prevent its misuses and misinterpretation. The cooperation of participating hospitals will be crucial to ensuring the credibility of this information as a public resource on hospital performance instead of a tool for competition among providers.

The partner organizations in the Hospital Quality Alliance urge participating hospitals and health systems to be guided by the following recommendations:

- Hospitals are encouraged to publicize their participation in this groundbreaking effort. Both internal and external audiences should be aware of your hospital's commitment to being part of a voluntary program of performance disclosure.
- Participating hospitals should feel free to share their own data with their staffs and employees and their local communities at any time and to release other evidence-based indicators of their performance.
- When the information is posted on the public website in early 2005, the partner organizations and CMS will mount a joint communications campaign

on its content and availability. Participants should plan their own communications accordingly.

- The Washington State Hospital Association and Qualis Health will work together on a joint communications campaign in Washington State. Local hospitals will be included in the campaign.
- Participating hospitals are strongly discouraged from using the information to compare themselves with competing hospitals at any stage in the initiative's evolution. Although comparison to national average or statewide averages will be appropriate, the credibility of the initiative and its voluntary nature could be severely undermined if the public sees participants using it as a promotional or marketing tool rather than as a vehicle for public accountability.
- In Washington State, the Board of Trustees of the Washington State Hospital Association passed a resolution "Affirm[ing] their intention not to use any information generated through The Quality Initiative for competitive marketing purposes." All hospitals in Washington State should stand by this agreement.

The Hospital Quality Alliance is intended to grow and evolve as a public resource. It is a symbol of hospitals' commitment to build trust and confidence with their communities. The return on hospitals' investment in this initiative will be the long-term pride of public accountability.

8. Related Quality Links

- [AHA advisories](#) [Free registration required.]
- [CMS clinical website](#)
- [CMS public website](#)
- Cross, J. [Communicating quality](#). *Spectrum*. July/August 2003, pp. 6-9.
- Keckley, P. [Evidence-based medicine poses challenges, opportunities for hospital marketers](#). *Spectrum*. November/December 2004, pp. 1-3.
- Mehrotra, A., Bodenheimer, T., and Dudley, R.A. Employers' efforts to measure and improve hospital quality: determinants of success. *Health Affairs*. 22(2): 60-71. March/April 2003. Available [online](#) to subscribers only.

9. Glossary of Quality Initiatives and Players

Agency for Healthcare Research and Quality (AHRQ) – the lead federal agency charged with supporting research to improve the quality of healthcare, reduce its cost, improve patient safety, decrease medical errors, and broaden access to essential services. AHRQ, a part of the U.S. Department of Health and Human Services, sponsors and conducts research that provides evidence-based information on healthcare outcomes; quality; and cost, use, and access. The information helps healthcare decision makers – patients and clinicians, health system leaders, and policymakers – make more informed decisions and improve the quality of healthcare services.

Centers for Medicare and Medicaid Services (CMS) – a federal agency within the U.S. Department of Health and Human Services that is responsible for programs

such as Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and the Health Insurance Portability and Accountability Act (HIPAA). CMS supports the Hospital Quality Alliance by, among other things, maintaining a data warehouse to which hospitals can submit quality data; providing free data reporting software and training; developing website language and formats for public reporting; and, through its Medicare Quality Improvement Organizations (QIOs), providing support for individual hospitals and hospital groups that seek to improve their performance.

Hospital Quality Alliance: Improving Care Through Information – a groundbreaking, voluntary public-private partnership launched in 2002 by three hospital advocacy organizations (the American Hospital Association, the Association of American Medical Colleges, and the Federation of American Hospitals). The Alliance's goals are to give the public useful, valid, and easily accessible information about hospital quality; to foster efforts by hospitals and physicians to improve quality while easing duplicative and burdensome hospital reporting requirements; to begin to standardize data collection priorities and mechanisms; and to give hospitals a sense of predictability about public reporting expectations. Partner organizations include the U.S. Department of Health and Human Services, principally through the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ); and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the American Medical Association (AMA), the Consumer-Purchaser Disclosure Project, AARP, the AFL-CIO, and the National Association of Children's Hospitals and Related Institutions (NACHRI).

Hospital "report cards" – evaluations that traditionally have graded and compared a community's hospitals on the basis of factors such as hospital deaths and the average length of hospital stays, although some report cards may measure a hospital's adherence to evidence-based treatment guidelines. Among the best-known report cards are those produced by Solucient, HealthGrades, and the Leapfrog Group.

Hospitals have been critical of some report cards created by employer groups, suspecting that the quality initiatives recommended are really efforts to cut costs. The most successful hospital report cards, according to a study by Mehrotra et al. in the March-April 2003 issue of *Health Affairs*, prompt or increase the hospital's interest in quality improvements and use information other than billing data in their analysis.

Institute for Safe Medication Practices (ISMP) – a not-for-profit organization that works closely with healthcare practitioners and institutions, regulatory agencies, professional organizations and the pharmaceutical industry to provide education about adverse drug events and their prevention.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) – an independent, not-for-profit organization that seeks to improve the safety and quality of care by providing accreditation and related services that support performance improvement in the more than 15,000 healthcare organizations and programs it evaluates and accredits. Since July 2004, the Joint Commission has posted organization-specific performance information about hospitals on www.jcaho.org.

Leapfrog Group – a coalition, founded by the Business Roundtable, of more than 150 public and private organizations that provide healthcare benefits. The Leapfrog

Group's mission is to help save lives and reduce preventable medical mistakes by mobilizing employer purchasing power to initiate breakthrough improvements in healthcare safety and by giving consumers information to make more informed hospital choices. The four quality and safety practices that are the focus of the Leapfrog Group's provider performance comparisons are (1) computer physician order entry, (2) evidence-based hospital referral, (3) ICU staffing by physicians experienced in critical care medicine, and (4) the Leapfrog Quality Index, covering a range of 30 safe practices endorsed by the National Quality Forum.

National Quality Forum (NQF) – a private, not-for-profit membership organization established during the Clinton Administration to develop and implement a national strategy for healthcare quality measurement and reporting. Its mission is to improve American healthcare through endorsement of consensus-based national standards for measurement and public reporting of healthcare performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient.

Quality Improvement Organization (QIO) – usually, a not-for-profit, community-based organization under contract with CMS to work with patients and families, physicians, hospitals, and other caregivers to refine care delivery systems to make sure patients get the right care at the right time, particularly among underserved populations. The QIO program also safeguards the integrity of the Medicare trust fund by ensuring that payment is made only for medically necessary services, and investigates beneficiary complaints about quality of care. The 53 QIOs analyze national and state-level quality performance, communicate with professional and provider communities about performance measures and their use in quality improvement projects, and design and collaborate on quality improvement projects that emphasize improving systems of care. In Washington State, Qualis Health is the QIO.

Thanks to the the American Hospital Association's Society for Healthcare Strategy and Market Development (SHSMD) for developing this guide. To find out more about SHSMD or to join, go to www.shsmd.org.

For more information about Washington State activities, contact Cassie Sauer at the Washington State Hospital Association at 206/216-2538 or cassies@wsha.org or Robert Miskimon at Qualis Health at 206/364-9700 or robertm@qualishealth.org.