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WSHA CQIP Peer Review and
Quality Improvement Information

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Washington State Hospital Association



Driving Revenue & Public Image Through Patient Safety

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Washington State Hospital Association



Is Patience Running Out?

Increased Coverage in the Press

Public Concern Over Harm

Rising Hospital Costs

Adverse Events Known for a While

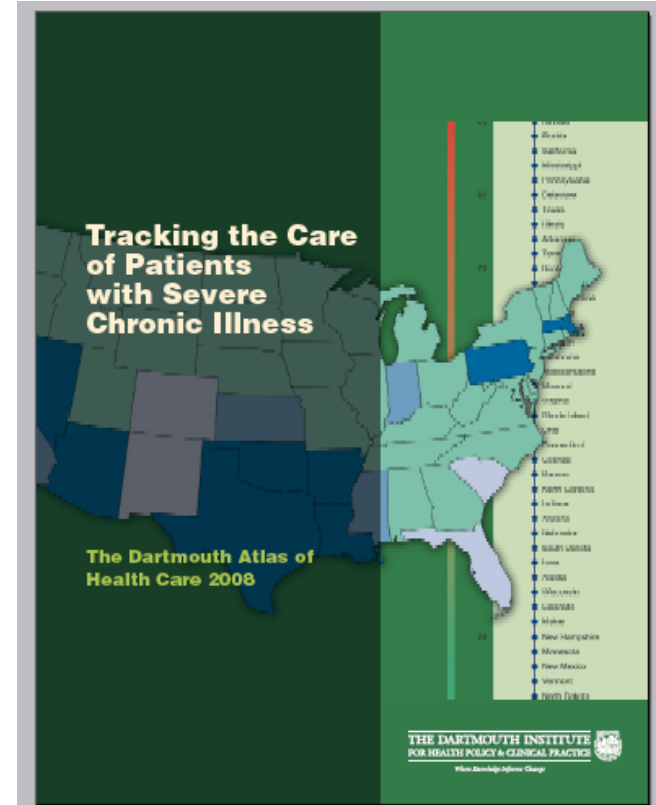
Growing Focus on Hospitals

Growing Concern with Over-Treatment

More is not better...

Higher spending and greater use is not associated with better care.

Large variation in care



Washington fourth lowest in spending and physician intensity of services

Growing Concern with Over-Treatment

Table 1.1. Dartmouth Studies Comparing Regional Differences in Spending and the Content, Quality, and Outcomes of Care

	<i>Higher spending regions compared to lower spending*</i>
Health care resources ²	<ul style="list-style-type: none"> • Per capita supply of hospital beds 32% higher. • Per capita supply of physicians 31% higher overall: 65% more medical specialists, 75% more general internists, 29% more surgeons, and 26% fewer family practitioners.
Content and quality of care ^{2,3,4}	<ul style="list-style-type: none"> • Adherence to process-based measures of quality lower (quality worse). • Little difference in rates of major elective surgery. • More hospital stays, physician visits, specialist referrals, imaging, and minor tests and procedures.
Health outcomes ^{5,6}	<ul style="list-style-type: none"> • Mortality over a period of up to five years slightly higher following acute myocardial infarction, hip fracture, and colorectal cancer diagnosis. • No difference in functional status.
Physician perceptions of quality ⁷	<ul style="list-style-type: none"> • More likely to report poor communication among physicians. • More likely to report inadequate continuity of patient care. • Greater difficulty obtaining inpatient admissions or high quality specialist referrals.
Patient-reported quality of care ⁵	<ul style="list-style-type: none"> • Worse access to care and greater waiting times. • No difference in patient-reported satisfaction with care.
Trends over time ⁸	<ul style="list-style-type: none"> • Although all U.S. regions experienced improvements in acute myocardial infarction survival between 1986 and 2002, regions with greater growth in spending had smaller gains in survival than those with lower growth in spending.

* High and low spending regions were defined as the U.S. hospital referral regions in the highest and lowest quintiles of per capita Medicare spending as in Fisher, 2003.²



Focus on Cost Reduction

No payment for:

- Poor care
- Complications
- “Unnecessary” care

Reporting

Transparency

Future is increasing pressures to reduce costs.....



From Discussion to Reality...

News Release

Office of Governor Chris Gregoire
FOR IMMEDIATE RELEASE - January 29, 2008
Contact: Governor's Office, 360-902-4111

Adverse Events

Gov. Gregoire Announces Agreement to Improve Patient Safety and Reduce Costs

SEATTLE – Gov. Chris Gregoire today announced the adoption of a resolution by three major state medical associations to help ensure that patients are treated fairly by the health care system.

At her request, the Washington State Hospital Association (WSHA), Washington State Medical Association (WSMA) and the Washington Ambulatory Surgery Center Association (WASCA) adopted the voluntary agreement to not ask patients to pay for care related to serious medical errors.



Medicare Implements Quality Payments

Center for Medicare & Medicaid Services (CMS) plans many changes for non-critical access hospitals.

Might impact critical access hospitals in the future.



CMS – Present on Admission

- No additional Medicare payment after October 1, 2008 for:
 - Object Left in Surgery;
 - Air Embolism;
 - Blood Incompatibility;
 - Catheter-Associated Urinary Tract Infections;
 - Pressure Ulcers (Decubitus Ulcers);
 - Vascular Catheter-Associated Infection;
 - Mediastinitis after Coronary Artery Bypass Surgery;
 - Falls

List may be expanded by nine measures in 2009



CMS – Readmissions



CMS seeking public comment on approach

- How to incentivize hospitals to reduce claims on avoidable readmissions

CMS plans public reporting in 2010

CMS – Value Based Purchasing



- CMS plans on hospital value-based purchasing for Medicare (aka pay for performance) beginning October 1, 2008
- To get full/enhanced payment, hospitals must:
 - Publicly report complete, accurate, quality data; AND
 - Show high scores/rapid improvement;
 - Measures include:
 - AMI
 - Pneumonia
 - Heart Failure
 - Surgical Infection (SCIP)
- **Risk may be loss of 3-5 percent of payment**

A vertical stack of US dollar bills, including a \$100 bill and a \$20 bill, is visible on the left side of the slide. The bills are slightly overlapping and show the portrait of Benjamin Franklin on the \$100 bill.

CMS- Quality Reporting



- For October 1, 2009, CMS proposes 43 new measures (for a total of 72)
- New measures include:
 - Surgical care (1)
 - Nurse-sensitive quality (4)
 - Readmission (3)
 - Venous thromboembolism
 - Stroke (5)
 - Patient safety/quality AHRQ (9)
 - Cardiac surgery (15)



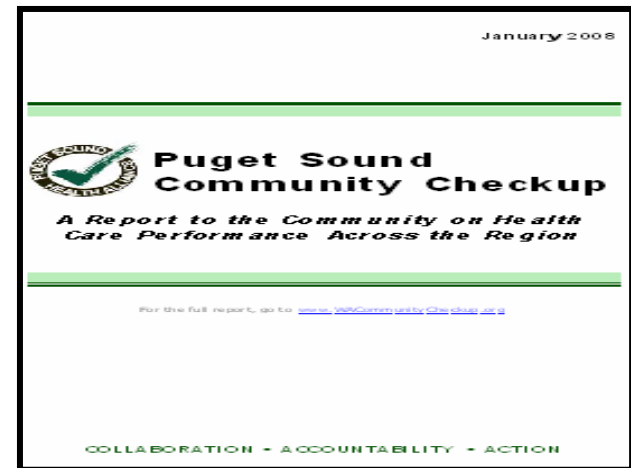
CMS - Transparency



- CMS gives public access to comparative measures on website:
 - Heart Attack
 - Pneumonia
 - Heart Failure
 - Surgical Infection (SCIP)
 - New: Patient Perception (HCAHPS)

In Washington State....

- Puget Sound Health Alliance and private payers are:
 - Releasing physician specific data
 - Pay-for-performance after first few reports
 - Releasing hospital reports this summer
 - Pay-for-performance likely in the future



Category	Board FINAL ACTION # of Measures
Acute Coronary Syndrome	10
Heart Failure	5
Pneumonia	7
Surgical Care Improvement Project (SCIP)	7
Hospital-Acquired Infections	5
Never Events	See below*
2008 Leapfrog:	
• CPOE	1
• Use of Intensivists/ICU	1
• Evidence-Based Hospital Referral	1
Patient Experience***	9
Total:	46+

So What Should Hospitals be Paying Attention to?



Are You Up to the Challenge? Patient Safety Goals 2008 - 2010

Washington - Safest Care in the Nation!

Hospitals in Washington are working to provide care with “zero errors that affect patient health.” As a step towards this goal, the following state-wide initiatives were proposed by the WSHA Patient Safety Committee. These goals were created at the request of the WSHA Board with input from many members. They are designed to accelerate and measure progress in patient safety. **These goals were adopted at the WSHA Board meeting in December 2007.** Many local and national organizations are collaborating with WSHA to support hospitals in accomplishing this work.

Excellent Care - Evidence Based Practice

Goal: Washington hospitals lead the nation in excellent care on national quality transparency measures.

1. **Hospital Compare** - Washington hospitals' state-wide average will rank in the top 10 states.
2. **5 Million Lives Campaign** - Washington hospitals will implement all applicable interventions to reduce mortality, complications, and injuries.

Safe Care - Preventing Hospital Acquired Infections



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