



**Flex
Monitoring
Team**

University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

*The Flex Program at 10 Years:
Quality Improvement and Measurement Lessons
Learned and Future Directions*

Ira Moscovice, Ph.D.
Professor and Director
University of Minnesota Rural Health Research Center

Presented at the Annual NRHA Meeting
New Orleans, LA
May 8, 2008



The Rural Health Quality Imperative

The rural hospitals that survive will be the institutions that demonstrate they are able to provide good quality of care.

- IOM Reports
- CMS Medicare Hospital Compare Database
- Pay for Performance/Value-Based Purchasing



CAH Participation in CMS Hospital Compare

- Nationally, 63% of CAHs participated in Hospital Compare as of December 2006, up from 53% in December 2005 and 41% in September 2004.
- CAH participation varies widely by state from a low of 7.7% to 100% participation in 7 states.



CAH Participation in CMS Hospital Compare (cont.)

- Another 10-15% of CAHs are submitting data to QIOs, but no publicly reporting to Hospital Compare.
- Approximately one-fourth of CAHs submitted data on all 20 measures.
- Volume is an issue, particularly for AMI measures.



CMS Hospital Compare Data Summary

- CAHs improve over time on all but 1 measure but the gap in performance compared to urban hospitals has not been reduced for the majority of measures.
- Why are some rural hospitals able to “learn” over time and improve their performance and others are not?



CMS Hospital Compare Data Summary (cont.)

- What are the reasons for the above results?
 - Availability of specialists and technology
 - Nurse staffing
 - Organizational culture
 - Lack of linkages with external entities
 - Use of clinical and administrative guidelines/
protocols
 - QI/continuing education programs
 - Patient volume
 - Documentation issues

Quality Reporting in Future

- New Hospital Compare measures in FY 2008
 - HCAHPS – survey of patient experiences
 - Additional surgical care measures
 - Heart attack and heart failure 30 day mortality rates
- Proposed new measures for FY 2009
 - Pneumonia 30 day mortality rate
 - Additional surgical care measures
 - Possible measures include ICU/critical care; 30 day readmission rates for heart attack, heart failure and pneumonia; cancer care; nursing sensitive measures
- Use in CMS Value-Based Purchasing



Additional Measurement Areas

- Develop quality measures for core rural hospital functions not considered in existing measurement sets
 - Emergency department (timeliness of care for AMI including aspirin at arrival, median time to: fibrinanalysis, ECG, transfer for primary PCI)
 - Transfer communication (i.e. administrative information, patient information, vital signs, medication communication, physician documentation, nursing documentation, tests and procedures)
 - Outpatient care



Conclusion from Field Tests

- Relevant quality measures can be systematically collected from small rural hospitals who receive appropriate training and support from QIOs, networks and other entities.
- The transfer communication and ED timeliness of care measures have been endorsed by NQF. The ED timeliness of care measures are currently being used by CMS as hospital outpatient quality measures.



Next Steps on Quality Measurement

- Measuring quality of episodes of care (across time and locations, particularly for chronically ill)
 - Appropriate handoffs between settings of care, including communications and hospital discharge performance
 - See doctor within 30 days of hospital discharge
 - Coordination/reevaluation of drug treatment plans
 - Preventable re-hospitalizations
 - Complications
 - AHRQ patient safety measures

- Link to reimbursement is a challenge (e.g. bundling payments)



Issues for Medicare Hospital Value-Based Purchasing (VBP) Plan

- Hospital-wide composite score metric vs. individual diagnostic metrics
- Are there enough dollars on the table to change behavior?
- Expansion to physician practices
- Exclusion of patients from physician panel
- Who is responsible for performance?

QI and Measurement Issues for CAHs

- Should CAHs participate in public reporting initiatives?
- What are relevant quality measures for CAHs?
- How can CAHs address the small volume issue?
- How can CAHs become “learning” hospitals?
- Should CAHs participate in pay-for-performance/
value-based purchasing initiatives?