



Quality Advisory

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Hospitals and Quality Measurement A Time for Leadership

Update on Collaborative Effort

January 22, 2003

Background

This advisory is being sent jointly to the members of the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) to bring you up to date on our efforts to develop a common framework for the public disclosure of quality measures of hospital care. Please share it with key members of your management, medical staff and governance. It provides additional information about the important voluntary initiative to provide publicly disclosed quality data that we first described to you in a November 21, 2002 Quality Advisory.

Initiative Launched – Key Steps

Hospitals' efforts to create a more unified approach to collecting hospital performance data and sharing that information with the public were officially launched on December 15, 2002. Secretary Tommy Thompson has pledged the continued support of the U.S. Department of Health and Human Services (HHS), particularly the Centers for Medicare and 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, AARP, and the AFL-CIO have also pledged to work with us.

Here is the latest on the five critical components of this initiative that we are actively working on:

- **Getting Started.** We are moving to make the initial 10 measures of heart attack, heart failure, and pneumonia care available and helpful to the public. We are also encouraging AHRQ and CMS, as part of their ongoing efforts, to develop a patient experience of care measure.

- **Honing in on Priorities.** We must identify the key aspects of hospital care that are associated with the priority areas identified by the Institute of Medicine (IOM), which were recently announced.
- **Choosing Measures.** We will seek to develop consensus on the clinically meaningful, scientifically sound, and generally understandable measures of the key aspects of hospital quality we are measuring, and ask hospitals to voluntarily report on those measures.
- **Creating Information.** We will work with clinical and communication experts to determine the best way to turn the raw data into meaningful information for the public, hospitals, and clinicians.
- **Promoting Improvement.** We will make available on a Web site information from research studies and from successful hospital improvement to help you provide better care.

Developments

There have been several developments in the past few weeks, and we welcome your help in responding. AHRQ delivered to CMS the initial patient experience of care survey instrument. This is the survey tool that will be used in the three-state pilot project that CMS is running. You can view this survey at www.hospitalconnect.com/aha/members_only/member/content/hcalps_instrument_011503.doc. There will be a formal opportunity in the next few weeks for all of us to comment on this draft survey through the usual formal Federal Register notice. We will be sure to let you know when that opportunity arises. Meanwhile, there may be opportunities for hospitals or hospital systems to help test aspects of the survey or its administration; if you're interested in participating in these small pilot tests, contact one of the association staffers below.

Also, the 20 IOM priorities are listed below; a full copy of the IOM report is at www.iom.edu under “recent reports.” Among the conditions are some for which hospital care quality is clearly important, some which are more predominantly ambulatory care issues, and some that span several delivery settings. Over the next few weeks we will bring together a small group of clinical experts and others to develop a preliminary list of the key hospital quality issues for these priority areas, and then will share their list broadly to get feedback from you and others.

More to Come

Finally, we are working out how to describe to you exactly how the data will flow from your hospital, through a process for checking and validation, and to CMS to be readied for the Web site. That information should be on its way to you soon. Additional advisories will be sent as the parties involved – hospitals, government and accreditors – work out the details.

While progress is being made on this Quality Initiative, we know that many of you are moving ahead with your own quality and safety improvement efforts. Many hospitals have indicated that they are considering implementation of computerized physician order entry (CPOE) systems to reduce medication errors. To support your efforts, the AHA and the FAH commissioned a study by First Consulting Group (FCG) that delineates the potential benefits of such systems, and provides new insights on the necessary investment of capital and human resources. You can access the full report at www.hospitalconnect.com/aha/members_only/member/content/AHA_FAH_CPOE_Full_Report.pdf or the executive summary at www.hospitalconnect.com/aha/members_only/member/content/AHA_FAH_CPOE_Executive_Summary.doc.

If you have questions, feel free to contact these association staffers.

- At the AHA: Nancy Foster, Senior Associate Director for Policy, 202-626-2337.
- At the AAMC: Robert Dickler, Senior Vice President, 202-828-0490.
- At the FAH: Susan Van Gelder, Senior Vice President, Strategic Policy, 202-624-1528.

IOM Priority Conditions

1. Asthma
2. Care coordination (a cross-cutting area)
3. Children with special health care needs
4. Diabetes
5. End of life with advance organ system failure
6. Evidence-based cancer screening
7. Frailty associated with old age
8. Hypertension
9. Immunization
10. Ischemic heart disease
11. Major depression
12. Medication management
13. Nosocomial infections
14. Obesity (an emerging area)
15. Pain control in advanced cancer
16. Pregnancy and childbirth
17. Self-management/health literacy
18. Severe and persistent mental illness
19. Stroke
20. Tobacco-dependence treatment in adults