



Quality Advisory

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Hospitals and Quality Measurement: A Public Responsibility, A Time for Leadership

November 25, 2002

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. The information contained in this advisory is embargoed for public release until December 12 at noon eastern. Please read it carefully and share it with key members of your management, medical staff and governance. It outlines an important voluntary initiative around publicly disclosed quality data that is being pursued by our organizations.

Imperative – A Time for Hospital Leadership

Every hospital leader in America knows firsthand that pressure for more and better publicly available information about the quality of hospital care is coming from every direction.

State and federal governments have been moving steadily ahead in this direction for years, going back to the 1980s and the disclosure of Medicare mortality data by what was then the Health Care Financing Administration. The same agency, now the Centers for Medicare & Medicaid Services (CMS) is making available to the public data on the quality of the nation's nursing homes. CMS also has announced plans to measure hospital patients' perception of care and make that information public as early as 2004.

Today, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), insurers and other payors, the business community, consumer organizations, commercial enterprises that compile and sell "report cards," and the media all are offering the public different sets of "quality" data. The potential for confusing the public with incomplete, poorly analyzed, conflicting and even misleading information is enormous. A recent Institute of Medicine (IOM) report

points out that quality measurement efforts today are disparate and disorganized, and that more coordination and cooperation is desperately needed. Moreover, all of these varied attempts are creating expensive, burdensome and changing requirements for hospitals.

What do patients, the communities we serve and the general public expect of the people and organizations they rely on for hospital care when it comes to quality information? The AHA, AAMC and FAH believe they expect leadership, candor about the care provided and the assurance that the information they get is accurate and helpful.

To keep this promise, hospitals must continue to improve quality internally and be publicly proactive, rather than reluctant responders. The issue no longer is whether quality data are to be made public. That already is occurring. For hospitals, the issue is finding a way to work in a leadership position with others to forge a shared national strategy for quality measurement and public accountability.

The AHA-AAMC-FAH Approach

Following discussions with our boards and policymaking panels, our organizations took the lead by convening a meeting that brought us together with CMS and the Agency for Healthcare Research and Quality (AHRQ) from government, the American Medical Association, the JCAHO and the NQF. Could all of us agree on an initial set of quality measures? Could we construct a voluntary mechanism to collect data while minimizing the additional burden on hospitals? Could we create an ongoing process that gives hospitals a sense of predictability about public reporting expectations over time? Could we create a framework to interpret those data and create balanced, useful information to help improve quality and inform the public?

Making Progress – An Agreement is Near

These discussions are moving toward agreement on a framework that could be made public in the next few weeks. Many, many details still are being discussed and negotiated. You will be receiving additional advisories from us as details emerge and we have more concrete information. Here are the major elements of that framework:

- The creation of a voluntary initiative centered on collecting hospital quality measurement data and housing it within CMS.
- The collection of data will be derived from priorities that have been identified in IOM studies, with additional input from the public.
- The data initially will focus on three medical conditions – acute myocardial infarction, congestive heart failure and pneumonia. The measures will involve a limited number of aspects or treatments connected with these conditions. In addition, the organizations involved also are committed to the development, testing and use of measures of the patient’s experience during their care.
- A technical expert panel will be created to select additional measures. Only measures identified through a process of voluntary consensus building and supported by solid scientific evidence

would be selected. All national-level hospital reporting activities by the participating organizations would utilize this common set of measures.

- The parties involved will work together to develop a process to interpret the data and translate it into information helpful to the public and useful to hospitals for quality improvement.
- The AHA, AAMC and FAH will make a strong commitment to encouraging their members to participate in this voluntary effort both initially and for the long-term.
- This initiative is likely to be announced publicly in the next few weeks with the goal of making the first data public some time next summer.

This project will begin with a limited number of participants and a limited number of conditions and quality measurements. All involved want to test and refine the process before expanding its scope and bringing others into the process. And because it is voluntary in nature, rather than a mandated, regulatory burden, the AHA, AAMC and FAH believe our members will respond to this pilot effort to deal with one of the most significant challenges we face in maintaining the trust and confidence of the public.

A list of contacts at each organization follows. Again, additional advisories will be sent to you as the parties involved – hospitals, physicians, government and accreditors – work out the details.

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