

Hospital Quality More than a matter of price

Hospital care represents the most expensive single component of health care costs, consuming nearly one-third of the health care dollars spent in America. One of the keys to reducing the cost of hospital care is to improve the quality of care. Higher quality care can mean less time spent in the hospital, fewer complications, faster recovery, and employees who can go back to work sooner. Assessing hospital quality is important, particularly in Wichita with the recent changes in the marketplace.

Historically in Wichita, the hospital you went to was determined by your health insurance. As of January 2010, this connection between the health plan and the choice of hospital has dramatically changed. Most of the region's hospitals now contract with all of the major health plans here. But what does that really mean for employers and patients? It should mean that consumers have more choice when it comes to seeking hospital care. But when we are choosing a hospital do we have the same kinds of information that we do for other goods and services? Do we assume that all hospital care is of the same quality? Is hospital care something we should purchase based strictly on price?

This Data Brief is the first in a series of publications planned to provide information about our region's health, health care, and quality performance. This issue will provide an overview of publicly available information about hospital performance. It is not expected that you should choose a hospital solely from the information in this publication. But, hopefully, these Data Briefs will lead to further questions and exploration about the cost and quality of care provided in our community, and encourage employers and consumers to look beyond price when evaluating options for hospital care.



Figure 1 is similar to one you would find on WhyNotTheBest.org. "Overall Recommended Care" represents the composite score for a hospital across all four of the "Core Measures" (Heart Failure, Heart Attack, Pneumonia and Surgical Care -- see Page 2).

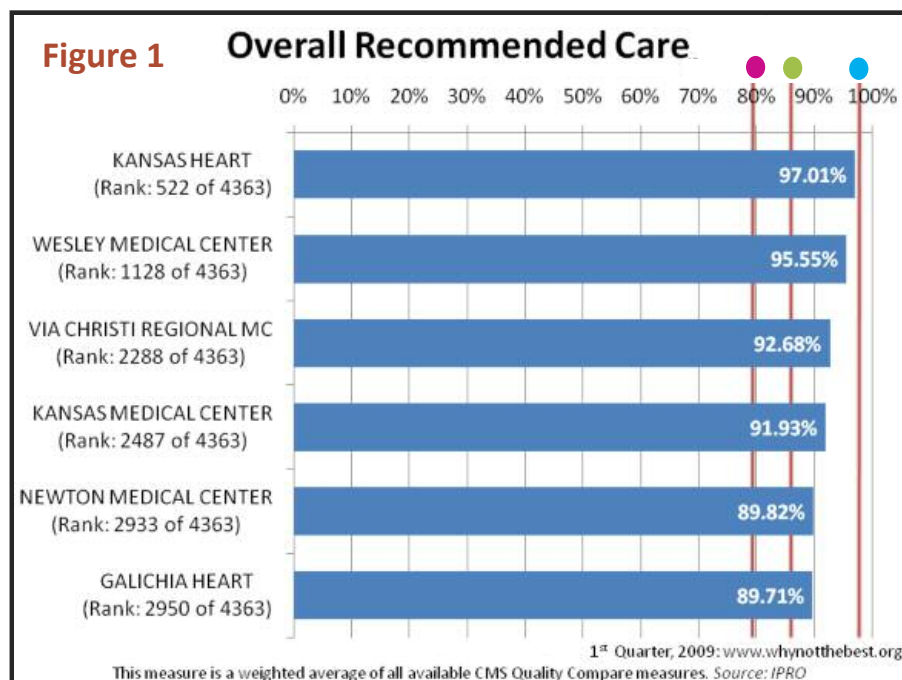


Figure 1 compares each of the chosen Wichita area hospitals (1st Quarter 2009 data) to the average hospital scores for the top 10% of best performing hospital nationally (National Top 10%), the average for all reporting hospitals in Kansas (Kansas State Average), and the average for the hospitals in the referral region for Wichita (Wichita Healthcare Referral Region, which includes 86 hospitals in Central and Southern Kansas).

- Kansas State Average
- Wichita Referral Region Average
- National Top 10%

Why not the best care?

Comparable data on hospital performance

So how do we find out about hospital performance? Often we ask family and friends or just go where your family doctor prefers to practice. We might assume that all of our hospitals are about the same and not bother to look at any data. Or we may not even know that performance data is easily available.

It is becoming increasingly clear that regions which publically report data about hospital performance see improvements in overall quality of care provided across the community. As we continue to see health care premiums rise and health benefits decline, purchasing health care based on value and quality and not just price becomes even more important.

With the recognition of the importance of public reporting, a number of resources have been developed to make it easier for employers and consumers to access quality data. Perhaps the most widely recognized source of process and outcomes data for hospitals comes from the Center for Medicare and Medicaid services (CMS). CMS has implemented a program which has tied hospital payments to quality reporting. CMS provides this information to the public through the Hospital Compare Web site at www.hospitalcompare.hhs.gov.

Hospital Compare provides three types of data: "process-of-care" – how often a health care provider gives recommended care, "outcome-of-care" – what happens after patients received care; and patient's hospital experiences – standardized survey about a recent hospital stay. These patient satisfaction scores will be the subject of the next Data Brief published in this series.

This Data Brief will focus on the data provided by CMS through the Hospital Quality Alliance, primarily focusing on the "process-of-care" measures, which are commonly referred to as the "Core Measures."

Perfect Measures of Performance?

Health care is exceedingly complex. Determining the most appropriate measures of performance is difficult. Developing these measures of performance has been a painstaking and lengthy process involving many national stakeholders.

The CMS Core Measures provide a standardized and widely used set of indicators of overall hospital performance in key clinical areas. The main focus of the Core Measures is on processes related to four clinical areas:

1. Heart Attack
2. Heart Failure
3. Surgical Care
4. Pneumonia

Each clinical area has four to eight specific process measures related to the most appropriate and evidence-based care that patients should receive. Identifying and defining measures of performance is a difficult task. The Core Measures have been under development for over 15 years, and have been in widespread use since 2004.

These measures are continually reviewed. Several of the measures have been revised based on experience, further research, and interaction with physicians and hospitals. While not perfect, research has shown that hospitals that consistently perform better on the core measures tend to have lower mortality rates.

It is clear that public reporting of performance improves care. The experiences of states such as Wisconsin and Pennsylvania, who have established robust quality reporting programs, is instructive, as they are widely regarded as resulting in across the board improvements in care in their communities.

Whynotthebest.org

Why not the best? This is the fundamental question asked by a resource developed by the Commonwealth Fund to promote the CMS data as a tool for performance improvement. Why Not the Best? (whynotthebest.org) provides easy-to-use tools for comparing hospitals not only to each other, but to the best performing hospitals in the country.

Why Not the Best? also provides case studies and examples of how hospitals have worked to improve their performance. This concept of comparing to the "best" is particularly important and powerful. It is hard to imagine a reason that any hospital should not be striving to provide the best care possible, not simply trying to provide better care than a competitor. Don't you want your hospital to be the best? Data on this site is available for almost all U.S. hospitals.

The data source for this resource includes the 23 Hospital Quality Alliance measures publicly reported for all payers to the Centers for Medicare and Medicaid Services. Additionally, Why Not the Best? has created overall summary scores on four conditions (heart attack, heart failure, pneumonia and surgical care) and allows comparisons to national, state and health care referral region benchmarks. Since these are appropriateness-of-care process measures (vs. outcome measures), no risk adjustment was applied. This site also includes rates for readmission, mortality and reimbursement, which are risk adjusted, but are reported for Medicare patients only. For more information on methodology, please see page 5 of this Data Brief.

Information is available on these South Central Kansas hospitals (in alphabetical order): Galichia Heart Hospital, Kansas Heart Hospital, Kansas Medical Center, Kansas Spine Hospital, Kansas Surgery & Recovery Center, Newton Medical Center, Susan B Allen Memorial Hospital, Robert J. Dole Veterans Affairs Medical Center, Via Christi Regional Medical Center, and Wesley Medical Center.



How Wichita scores

Overall Surgical Care scores are shown in Figure 2. These include measures related to the use of antibiotics, appropriate preparation for surgery and steps to prevent complications from surgery.

The performance of Wichita's hospitals ranges from 90 percent to 96.87 percent compliance with these measures for patients who are eligible. The top 10 percent of hospitals in the nation perform these important processes over 98 percent of the time for eligible patients.

It is important to note this variation between the highest performing hospital in Wichita and the lowest, as well as the gap between Wichita hospitals' performance and the top 10 percent of best performing hospitals nationally on this measure.

Some of these variations may not seem like much, but consider that for a hospital that sees 500 patients for surgical care, a score of 90 percent versus 100 percent means that 50 patients didn't receive the recommended care.

Figure 2

Overall Surgical Care

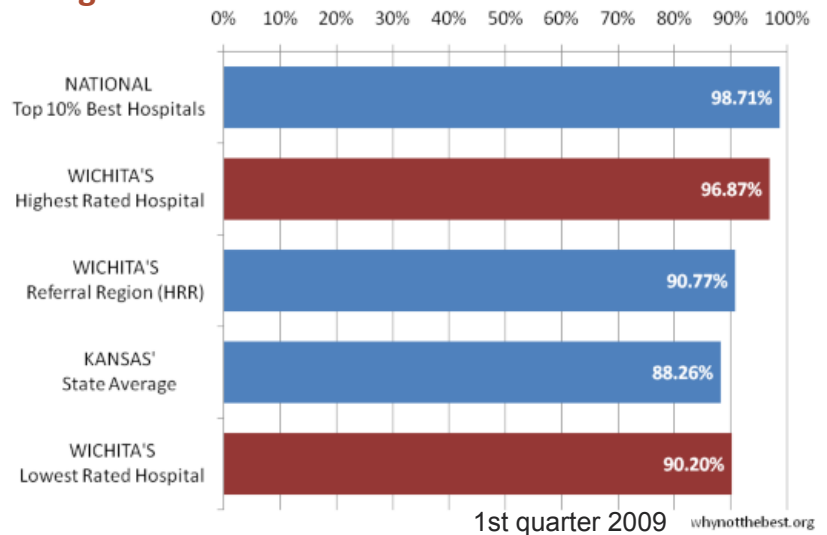
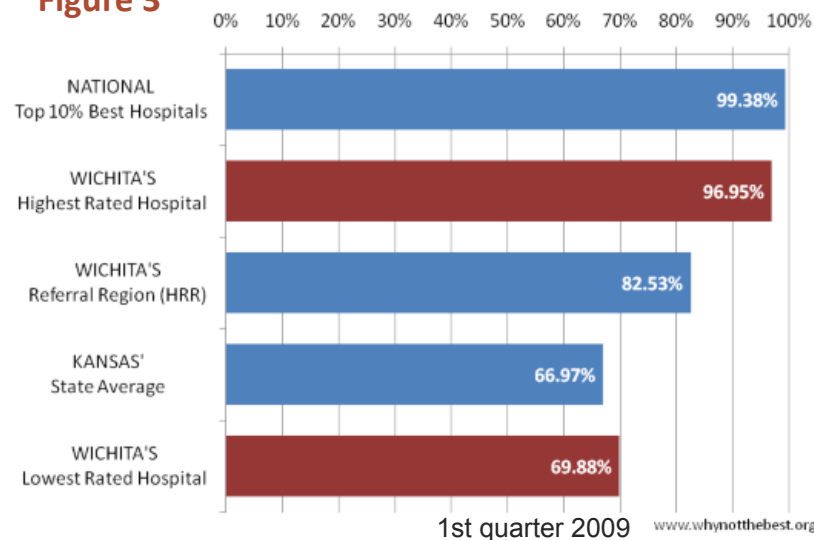


Figure 3

Overall Heart Failure Care



Overall Heart Failure Care scores are shown in Figure 3. Four measures are included related to important steps hospitals should take to care for patients with heart failure.

These include providing smoking cessation counseling, appropriate evaluation and administration of therapies proven to improve patients' outcomes, as well as ensuring that patients are provided written discharge instructions when they leave the hospital.

The performance of Wichita's hospitals ranges from 69.88 percent to 96.95 percent compliance with the overall measure. Wichita's hospitals also vary greatly on percent compliance for each of the individual measures.

The top 10 percent of hospitals in the nation perform all these important processes more than 99 percent of the time for eligible patients.

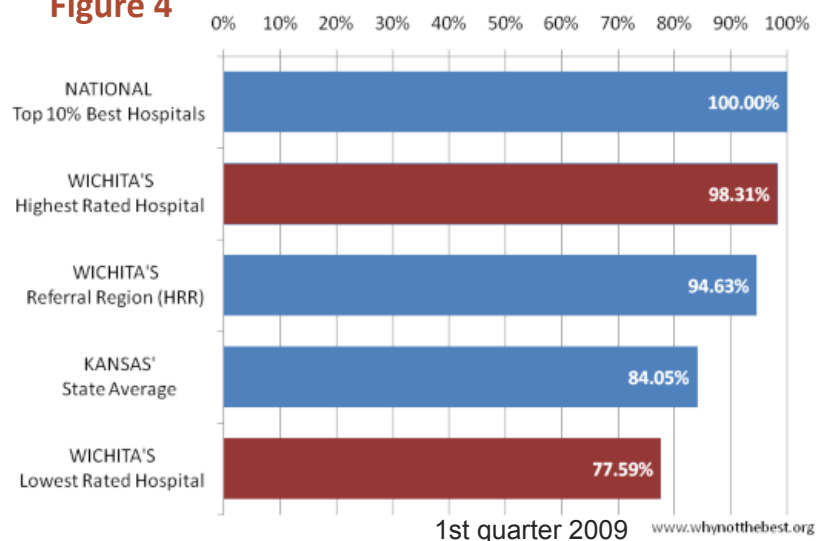
Overall Heart Attack Care scores are shown in Figure 4. This overall score is comprised of eight measures related to the administration of aspirin and beta blockers, and appropriate and timely treatment given after hospital arrival for adult heart attack patients who were eligible.

The performance of Wichita's hospitals on the overall measure ranges from 77.59 percent to 98.31 percent compliance. Wichita's hospitals also vary greatly on percent compliance for each of the individual measures of heart attack care.

The top 10 percent of hospitals in the nation have 100 percent compliance on this overall measure for eligible patients.

Figure 4

Overall Heart Attack Care



Overall Pneumonia Care scores are shown in Figure 5. Eight measures are included for appropriate care of patients with pneumonia, such as receiving vaccinations, appropriate and timely use of antibiotics, and smoking cessation counseling.

Several treatments have been proven to give the best results to most adults with pneumonia; the measures show how often a hospital gave these treatments to their patients who are eligible.

Wichita's hospital performance on this overall measure ranges from 80.89 percent to 96.43 percent compliance. Wichita's hospitals also vary greatly on percent compliance for each of the individual measures.

The top 10 percent of hospitals are compliant with the overall measure more than 98 percent of the time for eligible pneumonia patients.

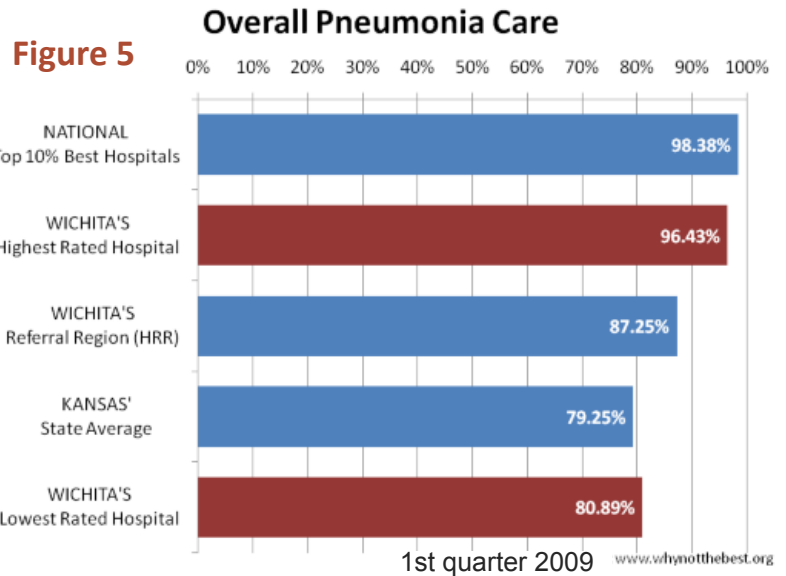


Figure 6 Overall Recommended Care: Improved Performance

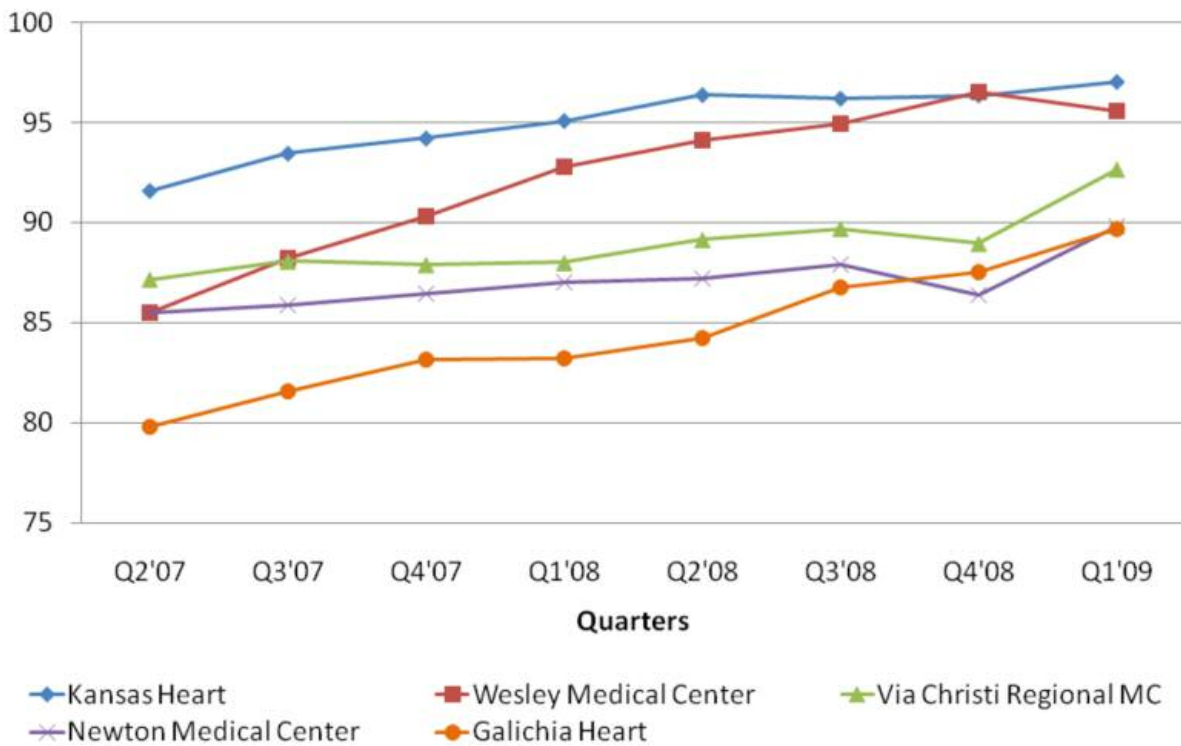


Figure 6 demonstrates the performance of the region's acute care hospitals over time on the overall composite measure of performance. This graph shows that the region's hospitals have generally improved their performances on the core measures over the last two years. This trend of continuous improvement is consistent with the experience of hospitals nationally who have begun to use the measures as a performance improvement tool. Even with the trend of continuous improvement, the graph also illustrates the variations in performance that continue to exist between hospitals.

Why it matters

Why are these measures important?

Comparing hospital quality may become more important as “value-based purchasing” develops into the new standard for reimbursements.

For hospitals, this data may help them assess their performance and display areas in which improvements should be made. For consumers, these measures may reveal a provider who can offer the highest quality of care at the best value.

Making these data sources available to the public should empower patients to make the best decisions about the health care performance they can expect and may reward the better-performing hospitals with more business.

The hospital quality measures used in this report show recommended treatments for some of the most common and costly conditions that hospitals treat. Research has shown that these treatments provide the best results for most patients with those conditions and are an important part of the patients' overall care.

Hospitals, doctors, scientists and other health care professionals agree that these quality measures give a good snapshot of the quality of care that hospitals give. Hospitals should try to give all of their patients the recommended care when it is appropriate. The

goal for each measure is 100 percent.

It should be noted, however, that a hospital's quality is more than just its scores on these measures. Hospitals provide care for other illnesses and conditions for which measures are still under development. A hospital should be able to tell the patient or potential patient what steps it is taking to improve its care.

The information used in this report is intended to help patients when they talk with their physician or hospital about how they can best get the care they need.



More on methodology

Creating Summary Performance Measures

In addition to reporting performance for each process-of-care measure, WhyNotTheBest.org presents summary performance scores for each hospital for each of the four conditions:

- ▶ Heart Attack Summary Rate (composite of 7 process-of-care measures for this condition)
- ▶ Heart Failure Summary Rate (composite of 4 process-of-care measures for this condition)
- ▶ Pneumonia Summary Rate (composite of 6 process-of-care measures for this condition)
- ▶ Surgical Care Improvement Summary Rate (composite of 7 care processes used to prevent surgical infections)

To create summary scores for each condition, the site uses a methodology prescribed by the Joint Commission. This approach suggests that the summary score be the number of times a hospital performed the appropriate action across all measures for that condition, divided by the number of opportunities the hospital had to provide appropriate care for that condition. Summary scores were not calculated if a hospital did not report on all the measures for each condition and did not have at least 30 patients for at least one of the measures for each condition.

Scores are not weighed, but measures with larger denominators do contribute more weight to the calculation of the mean for that measure. None of the measures is risk adjusted.

Best Practices: Data that Transforms Quality

How one hospital used data to improve

Quality improvement projects have been started around the country by hospitals that have chosen to focus their efforts on initiatives to improve the care they offer. One such hospital, Gaston Memorial Hospital near Charlotte, N.C., first joined a hospital quality improvement demonstration project in 2003 and was ranked one of the top 1 percent of hospitals nationally by 2006.

Gaston credits its success to many factors, including its emphasis on data analysis, comparing benchmarks to national and state data, providing real-time data directly to physicians and establishing a peer-review processes for evidence-based standards. Adherence to evidence-based practice guidelines, performance benchmarking and feedback, multidisciplinary committees engaged in root-cause analysis, and strong leadership combined to produce near-perfect compliance with evidence-based process-of-care (“core”) measures in four clinical areas.

Hospital leaders also stressed the importance of working closely with the Institute for Healthcare Improvement participating in a demonstration program led by the Centers for Medicare and Medicaid Services (CMS), and identifying physician champions in reducing variance in practice patterns and adhering to best practices.

The main quality improvement goal at Gaston Memorial Hospital is to reduce variance in provider practice patterns. Gaston officials believe that achieving full or close to complete compliance with these process-of-care measures has the potential to improve the quality of care and save lives.

However, a lesson to be learned is that achieving excellence does not come quickly or easily and may require changes in attitudes, investments in information technology, participating in quality improvement programs, and the meaningful use of quality measures as the data becomes available.

More sources

Why Not The BEST?

A health care quality improvement resource

Why Not The Best.org offers many more case studies that illustrate a hospital's serious approach to quality, measurement, and performance improvements that can have dramatic results in terms of better patient care.

U.S. Department of Health & Human Services

HHS.gov

Hospital Quality Compare - A quality tool provided by Medicare

www.hospitalcompare.hhs.gov

The Centers for Medicaid and Medicare (CMS), part of the U.S. Department of Health and Human Services, provides the most widely used and comprehensive set of quality measures available to the public. The Web site uses data collected from hospitals for all of the patients care for (not just Medicare and Medicaid patients).

The tool on this Web site uses data reported from hospitals for three types of data measurements: process-of-care (how often a health care provider gives recommended care), outcome-of-care (what happens after patients received care), and patient's hospital experiences (standardized survey about a recent hospital stay). The information can be used to help patients to make health care decisions with their providers and best get the care they need.

THE LEAPFROG GROUP

Informing Choices. Rewarding Excellence.
Getting Health Care Right.

www.leapfroggroup.org

The Leapfrog Group is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and customer value will be recognized and rewarded.

Other Web resources

Hospital VALUE INDEX™

www.hospitalvalueindex.com

The Data Advantage Hospital Value Index is a resource for comparing more than 4,500 general acute-care hospital using publicly available data (available as of July 20, 2000).

This site attempts to provide a comprehensive view of hospital value in the areas of quality, efficiency, and affordability. The goal of this Web site is to provide a toolset for patients to be able to make informed decisions about their health care so they may receive appropriate and efficient care.

Additionally, this site offers benchmarks such as the 100 Best Hospitals, Best in Value, Friendliest Hospitals, and Most Improved.

The site includes information on these Wichita Area hospitals (in alphabetical order): Galichia Heart Hospital, Kansas Heart Hospital, Newton Medical Center, Susan B Allen Memorial Hospital, Via Christi Regional Medical Center and Wesley Medical Center.

THOMSON REUTERS TOP HOSPITALS

www.100tophospitals.com

By combining publicly available data sets and the site's empirical, time-tested methodologies, the 100 Top Hospitals® program objectively identifies the highest performers in the nation. By highlighting what these leaders do best, program organizers say they have raised the bar for hospital performance each year.

The Vision of the Wichita Business Coalition on Health Care is to achieve substantive and sustainable improvement in the value received for the health care dollars spent by the region's employers, to enhance the health of employees and their families, and to increase the quality of health care for the community. The Coalition carries out this mandate by promoting value-based decision-making, including through this Data Brief series.

This Data Brief was published by the Wichita Business Coalition on Health Care in collaboration with the University of Kansas School of Medicine-Wichita's Department of Preventive Medicine and Public Health. For more information about this Data Brief (2010, Issue 1), please contact Ron Whiting, Executive Director for the Coalition at ron@wbchc.com. To download this publication and learn about others as they become available, visit us online at www.WBCHC.com and register to receive e-Alerts.