

Quality Advisory

July 27, 2007

Hospital Quality Alliance Adopts Outpatient Measures

AT A GLANCE

The Issue:

The Hospital Quality Alliance (HQA) has adopted, on a preliminary basis, 10 performance measures of hospital outpatient quality. That is, for the first time, the HQA will ask hospitals to voluntarily report to *Hospital Compare* information about hospital outpatient quality. These measures join the 32 inpatient clinical process and outcome measures, as well as other patient experiences of care measures, already adopted by the HQA. Subsequently, the Centers for Medicare & Medicaid Services (CMS) released the 2008 outpatient prospective payment system (OPPS) proposed rule, in which the agency proposes to use the recently adopted HQA measures for reporting in the upcoming outpatient quality reporting program.

What You Can Do:

- √ Review the 10 preliminary outpatient measures
- √ Share them with your communications team, quality improvement team and other key staff, including physicians, nurses and other caregivers
- √ Watch for more communication on the 2008 OPPS proposed rule and how to participate in the outpatient quality reporting program
- √ Watch for further information as these measures and their data specifications become final, including information on the similarities between these measures and those in the Physician Quality Reporting Initiative

Further Questions:

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BACKGROUND

The Hospital Quality Alliance (HQA) on July 11 adopted, on a preliminary basis, 10 performance measures of hospital outpatient quality. That is, for the first time, the HQA will ask hospitals to voluntarily report to *Hospital Compare* information about hospital outpatient quality. These measures join the 32 inpatient clinical process and outcome measures, as well as other patient experiences of care measures, already adopted by the HQA. Several of the new measures are similar to existing inpatient care measures. By implementing them for patients who are not admitted to the reporting hospital, the expanded set of measures will provide a broader view of care, particularly in smaller, often rural, hospitals.

The HQA was established in 2003 as a public-private partnership to develop a process for hospitals to voluntarily collect and publicly report their performance data. The American Hospital Association (AHA), the Federation of American Hospitals (FAH) and the Association of American Medical Colleges (AAMC) are among the founding organizations of the HQA, whose membership also includes consumer groups, employers and insurers, federal agencies, oversight bodies, and organizations representing physicians and nurses.

Many hospitals have been providing information on quality measures through the HQA initiative since October 2003. The number of measures included for reporting has expanded since the initiative was launched, and the new outpatient measures add another dimension of care for which hospitals can measure their performance and engage in quality improvement efforts.

The 10 HQA-adopted outpatient measures are in the table that follows.

Hospital Quality Alliance Outpatient Measures

Aspect of Care	Measure
Heart Attack	Aspirin at arrival for patients treated in the emergency department and then transferred
	Median time from emergency department arrival to fibrinolysis for patients treated in the emergency department and then transferred
	Fibrinolytic therapy received within 30 minutes of arrival for patients treated in the emergency department and then transferred
	Median time from emergency department arrival to electrocardiogram (ECG) for patients treated in the emergency department and then transferred
	Median time from emergency department arrival to transfer for primary percutaneous coronary intervention (PCI)
Heart Failure	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) for left ventricular systolic dysfunction (LVSD)
Surgical Care Improvement	Timing of antibiotic prophylaxis
	Selection of prophylactic antibiotic – first or second generation cephalosporin
Pneumonia	Appropriate empiric antibiotic prescribed for community-acquired bacterial pneumonia
Diabetes Mellitus	Hemoglobin A1c poor control in type 1 or 2 diabetes mellitus

The Tax Relief and Health Care Act of 2006 mandated that the Centers for Medicare & Medicaid Services (CMS) establish a program under which hospitals must report data on the quality of hospital outpatient care to receive the full annual update to the hospital outpatient prospective payment system (OPPS) payment rate, effective for payments beginning in calendar year 2009. Any hospitals that fail to report outpatient quality data will incur a reduction in their annual payment update factor of 2.0 percentage points.

CMS, an HQA member, on July 16 published the 2008 OPPS proposed rule, which includes CMS' proposed policies to implement a hospital outpatient quality reporting program. In the proposed rule, CMS suggests using the 10 outpatient quality measures adopted by the HQA for implementation in the hospital outpatient quality reporting program. To be eligible for a full OPPS payment update in 2009, CMS proposes that hospitals submit quality data on these 10 measures effective with hospital outpatient services furnished on or after January 1, 2008, and, in addition, meet administrative, data collection, data submission, and data validation requirements that are similar to the procedures hospitals already follow to submit inpatient quality data.

We will provide more information on the 2008 OPPS proposed rule and how to participate in the outpatient quality reporting program in upcoming communications.

NEXT STEPS FOR THE HQA

The outpatient measures are considered preliminary because further work is needed to complete their definitions and specifications, and to finalize National Quality Forum endorsement for some of the measures. As a result, the HQA may refine its recommended list as further information becomes available. We anticipate that participating hospitals will be able to report on these measures on or after January 1, 2008.

Some of these hospital outpatient measures, with the exception of the heart attack transfer measures, are similar to physician quality measures. However, the data for the outpatient measures will be collected from hospital records, a different source than that used to collect physician measures. We will share the hospital data specifications as quickly as possible when they are completed, and we are committed to implementing the new outpatient measures in a manner that minimizes confusion and burden to the field. We understand the importance of aligning the hospital and physician measures and specifications, and we will work with our HQA partners to press for harmonization.