

AHRQ Quality Indicators Case Study: Missouri Hospital Association

Key Findings

- In support of the Missouri Hospital Association’s (MHA’s) statewide Triple Aim quality agenda—better health, better care, and lower costs—MHA and its members have reported on AHRQ Quality Indicators (QIs) since 2000.
- In 2016, MHA launched a public reporting website that uses a range of AHRQ QIs to support greater statewide transparency on hospital quality and cost. Initially a voluntary effort, the state legislature now mandates that all Missouri hospitals report pricing data for the 100 most common Diagnostic-Related Groups.

AHRQ QIs Support Broad, Statewide Quality Agenda

MHA first began using the AHRQ QIs in 2000 to support a broad quality agenda aimed at improving overall health outcomes across the state. This initiative focused on reporting the results for select Inpatient Quality Indicators (IQIs) and Patient Safety Indicators (PSIs). In 2016, MHA leveraged this experience to launch a quality and price transparency report. By being transparent with price and quality data, hospitals are working together to improve the quality and safety of the care they provide. This initiative provides both statewide as well as hospital-specific information to consumers via a public website, [Focus on Hospitals](#). Under MHA’s leadership, hospitals across Missouri use this website to publicly report data on a quarterly basis for select quality and price (“charges”) indicators, including many of the AHRQ QIs.

Missouri Hospital Association: At a Glance

- As a not-for-profit membership association, MHA represents every acute care hospital in Missouri, as well as most federal (VA, military) facilities, state psychiatric care and private rehabilitation facilities.
- Since its creation in 1922 with 50 hospital members, MHA has grown to 145 members representing hospitals from across Missouri.

Launched as a voluntary effort in 2016, the website caught the attention of the state legislature which, one year later, mandated that all Missouri hospitals report pricing data for the 100 most common DRGs.

“Using the AHRQ QIs made it easier for hospitals to consider and agree to participate in the Focus on Hospitals public reporting initiative.”

Leslie Porth, Senior Vice President of Strategic Quality Initiatives, MHA

Today, the public reporting website is the platform that hospitals have selected to share quality data and legislatively mandated price data. This site includes data on all Missouri hospitals, in addition to certain hospitals in the neighboring states of Illinois and Kansas. To maintain a trusted and credible reporting site,

MHA established data use agreements with participating hospitals. MHA works with hospitals to review and validate the data for each reporting period.

MHA Website Publicly Reports AHRQ QIs to Support Prevention and Patient Safety Efforts

MHA's reporting website, [Focus on Hospitals](http://www.focusonhospitals.com), provides hospital price and quality information for use by consumers and payers. All of the information is readily available, and does not require a password.

- Quality Information:** MHA's reporting website shows results for a variety of AHRQ QIs to support the efforts of a range of stakeholders—hospitals, purchasers, consumers and others in the community—to improve the management of chronic diseases and prevent infections. The website reports results for 23 claims-based and chart abstracted measures across four domains: (1) managing chronic diseases, (2) preventing readmissions, (3) preventing infection, and (4) reducing harm. The chronic disease data are reported by county-of-residence versus hospital, to reflect population health status.
- Price Information:** The website reports low, median and high hospital “prices” or charges for the top 100 DRGs statewide, and five levels of emergency department services.

MHA works also with hospitals to use the publicly reported data to identify opportunities for improved access to care, and for better coordination between primary care and acute care services. The PQIs provide hospitals meaningful information about tertiary prevention services in their communities. For example, identifying a positive trend—a decrease of preventable hospitalizations for diabetes-related conditions—suggests improved access to primary care services and better diabetes care management. Since public reporting began in 2016, measure results have generally improved, suggesting that public reporting—alongside MHA's many strategies to improve quality outcomes—are contributing to better quality of care for patients across the state. Current statewide rates are listed below.

Missouri Quality Outcome Measures – Statewide Results (adjusted for age, gender and medical condition) <i>Publicly reported at www.focusonhospitals.com</i>		
Managing Chronic Diseases		
<i>PQI</i>	<i>What is Measured – Chronic Conditions Per Population</i>	<i>Statewide Rate per 100,000 (Oct15 – Sept16)</i>
PQI 01	Diabetes Short-Term Complications Admission Rate	88.8
PQI 03	Diabetes Long-Term Complications Admission Rate	104.9
PQI 05	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	544.8
PQI 07	Hypertension Admission Rate	57.4
PQI 08	Heart Failure Admission Rate	383.6
PQI 14	Uncontrolled Diabetes Admission Rate	16.0
Preventing Infections and Harm		
<i>PSI</i>	<i>What is Measured – Infections and Harms per Hospital</i>	<i>Statewide Rate per 1,000 patients (Apr16-March17)</i>

Missouri Quality Outcome Measures – Statewide Results (adjusted for age, gender and medical condition) <i>Publicly reported at www.focusonhospitals.com</i>		
PSI 02	Death Rate in Low-Mortality DRGs	.2
PSI 03	Pressure Ulcer Rate	0.3
PSI 12	Deep Vein Thrombosis Rate	4.1
PSI 13	Postoperative Sepsis Rate	9.0

Working with members, committees and the Board of Trustees, MHA continuously refines the public reporting initiative and is considering possible expansion of quality measures reported. Measure results are publicly reported on a quarterly basis, although hospitals may report and access their data monthly. The data are reported on a rolling, four-quarter basis, except for readmissions which extend to a three-year reporting period. The minimum threshold for reporting quality data is 25 cases per four-quarter reporting period.

Interview Participants

Missouri Hospital Association: Leslie Porth, Ph.D., Senior Vice President of Strategic Quality Initiatives

StollenWerks, Inc.: Margaret Trinity, Suzanne Sherif

About the AHRQ Quality Indicators (QIs)

The AHRQ QIs include four sets of measures—Patient Safety Indicators, Inpatient Quality Indicators, Prevention Quality Indicators, and Pediatric Quality Indicators—which address quality of care for patients hospitalized for a broad range of procedures or conditions that are high risk, problem prone, and/or high volume. The AHRQ QIs represent a national standard and are publicly available at no cost to the user. Many of the indicators are endorsed by the National Quality Forum (NQF), suggesting that stakeholders across the healthcare enterprise view the measures as “best in class.” They can be used to support quality improvement efforts, public reporting, and accountability programs, and ultimately to help provide safe, effective care to patients. Many of the AHRQ QIs are used by the Centers for Medicare and Medicaid Services (CMS) and other payers for quality monitoring, pay-for-performance, and value-based purchasing initiatives. Hospitals and health systems can use AHRQ QIs as part of an overall performance initiative to improve the quality of care. For more information about the AHRQ QIs visit <http://www.qualityindicators.ahrq.gov/>.