Improving CAH Performance on the ED AMI/Chest Pain and Outpatient Surgical Quality Measures

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Overview

• Why should CAHs report data on the ED AMI/Chest Pain and Outpatient Surgical Care measures?
• How are CAHs performing on these measures?
• How can State Flex Programs help CAHs improve performance on these measures?
AMI/CP and Outpatient Surgery Measures

• AMI/Chest Pain
  – OP-1 Median Time to Fibrinolysis
  – OP-2 Fibrinolytic Therapy Received Within 30 Minutes
  – OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
  – OP-4 Aspirin at Arrival
  – OP-5 Median Time to ECG

• Outpatient Surgical Care
  – OP-6 Timing of Antibiotic Prophylaxis
  – OP-7 Appropriate Antibiotic Selection
AMI/CP and Outpatient Surgery Measures

• Why should CAHs report data on these measures?
  – There is strong scientific evidence that compliance with the measures improves patient outcomes
  – Measures are relevant for CAHs
Compliance Improves Patient Outcomes

- CMS Outpatient Quality Reporting Specifications Manual at www.qualitynet.org summarizes rationale for individual measures
  - “Early use of aspirin in patients with AMI results in a significant reduction in adverse events and subsequent mortality.”
  - “There is clear evidence supporting the use of antibiotic prophylaxis, administered in a timely manner, to prevent surgical site infections.”
Compliance Improves Patient Outcomes

• Additional Evidence
  – Oklahoma Foundation for Medical Quality, Inc. Heart Care Literature Review at www.qualitynet.org
Measures are relevant to CAHs

<table>
<thead>
<tr>
<th>Measures</th>
<th>CAHs with ≥ 1 Medicare claim in 2008</th>
<th>Avg. annual claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI (OP 1-3)</td>
<td>79%</td>
<td>5.4</td>
</tr>
<tr>
<td>AMI/Chest Pain (OP 4-5)</td>
<td>91%</td>
<td>21.8</td>
</tr>
<tr>
<td>Outpatient Surgery (OP 6-7)</td>
<td>49%</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Note: Claims data do not have all data elements needed to determine precisely how many Medicare patients would qualify for each measure. Non-Medicare adult patients also qualify for these measures.
Measures are relevant to CAHs

- Small volume is not a valid reason for not reporting; it is important to provide evidence-based care to each patient.

- AMI/Chest Pain ED measures were developed for small rural hospitals, and have been successfully field-tested in small rural hospitals in several states.

- Many rural hospitals, including CAHs, have successfully participated in Surgical Care Improvement initiatives.
CAH National Reporting of Outpatient Measures

Percent of CAHs Reporting Data on at Least One Patient for At Least One Outpatient Measure

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>15.9%</td>
</tr>
<tr>
<td>2010</td>
<td>21.2%</td>
</tr>
<tr>
<td>2011</td>
<td>27.3%</td>
</tr>
<tr>
<td>2012</td>
<td>57.3%</td>
</tr>
</tbody>
</table>
The Top Ten: Outpatient Measure Reporting

<table>
<thead>
<tr>
<th>% CAHs Reporting Data on at least 1 Outpatient Measure, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) New York</td>
</tr>
<tr>
<td>2) Michigan</td>
</tr>
<tr>
<td>3) Minnesota</td>
</tr>
<tr>
<td>4) Arkansas</td>
</tr>
<tr>
<td>5) Nebraska</td>
</tr>
<tr>
<td>6) Wyoming</td>
</tr>
<tr>
<td>7) Washington</td>
</tr>
<tr>
<td>8) North Dakota</td>
</tr>
<tr>
<td>9) Tennessee</td>
</tr>
<tr>
<td>10) Oklahoma</td>
</tr>
</tbody>
</table>
Percent of CAHs Reporting AMI/CP Median Time Measures

- **Transfer**
  - Missing Data: 60.9%
  - Reported zero patients: 8.3%
  - 1 or more patients: 30.8%

- **ECG**
  - Missing Data: 41.9%
  - Reported zero patients: 0.5%
  - 1 or more patients: 57.5%

- **Fibrinolysis**
  - Missing Data: 47.4%
  - Reported zero patients: 25.7%
  - 1 or more patients: 26.9%
AMI: Fibrinolytic Therapy within 30 mins. of Arrival

*Note: An additional 340 CAHs reported zero patients for this measure.
AMI: Aspirin at Arrival

<table>
<thead>
<tr>
<th>Region</th>
<th>% Patients Received Recommended Care</th>
<th>% CAHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>95.9%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Region A</td>
<td>97.4%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Region B</td>
<td>94.1%</td>
<td>57.6%</td>
</tr>
<tr>
<td>Region C</td>
<td>96.6%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Region D</td>
<td>92.4%</td>
<td>44.1%</td>
</tr>
<tr>
<td>Region E</td>
<td>97.4%</td>
<td>55.9%</td>
</tr>
</tbody>
</table>

Note: AMI: Aspirin at Arrival

- % CAHs Reporting: Percentage of hospitals reporting the given metric.
- % Patients Received Recommended Care: Percentage of patients receiving the recommended care.
Outpatient Surgery: Antibiotic 1 Hour Before Incision

- All: 90.8%
- Region A: 89.7%
- Region B: 92.7%
- Region C: 90.2%
- Region D: 93.0%
- Region E: 91.3%

Legend:
- % CAHs Reporting
- % Patients Received Recommended Care
Outpatient Surgery: Appropriate Antibiotic Selection

- **All**: 94.1%
- **Region A**: 90.8%
- **Region B**: 95.2%
- **Region C**: 93.5%
- **Region D**: 99.5%
- **Region E**: 95.2%

- % CAHs Reporting
- % Patients Received Recommended Care
National Comparisons and Benchmarks: OP AMI/CP

(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)
National Comparisons and Benchmarks: OP Surgical Care

Appropriate Antibiotic Selection
- National Benchmark (Top 10th Percentile): 99.9%
- All Hospitals in Hospital Compare: 97.4%
- CAHs in MBQIP: 94.1%

Timing of Antibiotic Prophylaxis
- National Benchmark: 99.9%
- All Hospitals in Hospital Compare: 97.3%
- CAHs in MBQIP: 90.8%

(National Benchmark and Hospital Compare data courtesy of Oklahoma Foundation for Medical Quality, 2012)
State Flex Programs Can Help CAHs Improve Performance

- Compare performance with other CAHs and national benchmarks to identify opportunities for improvement
- Implement evidence-based QI programs and strategies that have been successfully used by CAHs or can be adapted for CAHs
  - Flex Monitoring Team policy briefs
    - Surgical Care: August 2012
    - AMI: August 2012
    - Regional STEMI Systems of Care: October 2011
Contact Information

- Flex Monitoring Team website [www.flexmonitoring.org](http://www.flexmonitoring.org)
- Michelle Casey [mcasey@umn.edu](mailto:mcasey@umn.edu)