

TRENDWATCH

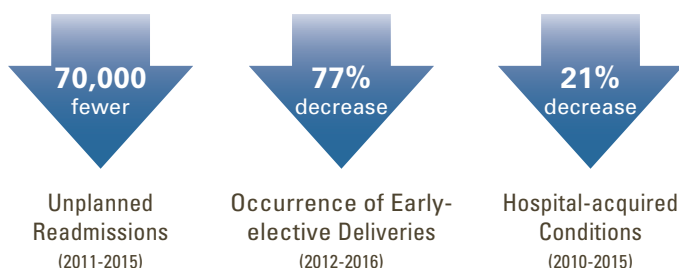
Executive Summary: Aligning Efforts to Improve Quality

Hospitals and health systems use quality measurement, quality improvement (QI) and adoption of hospital field standards and best practices to continuously improve patient care. Public policies around quality — especially the Centers for Medicare & Medicaid Services' (CMS) quality reporting and pay-for-performance programs, Medicare and Medicaid Conditions of Participation (CoPs) and accrediting organizations' evaluations and efforts to support process improvement — are critical to shaping and accelerating the field's efforts to make care better and safer.

Substantial Advances Have Been Made in Care Quality

Over the past decade, hospitals and health systems have significantly reduced the incidence of many hospital-acquired conditions (HACs) and healthcare-associated infections (HAIs), reduced avoidable readmissions, dramatically reduced early-elective deliveries and improved outcomes for patients. Further, patients have reported more favorable experiences with their hospitals.

Significant strides in patient care.



Safe, high-quality care requires alignment of federal quality policies.



Significant Policy Challenges Remain

As hospitals and health systems look to further improve care, they face significant challenges as a result of the burden imposed by current requirements and confusion because the policies are not aligned. A dizzying array of quality measures, inconsistencies in reporting requirements, and concerns about the validity of electronic clinical quality measures (eCQMs) threaten progress and, in some cases, can have a negative impact on quality of care. In addition, CoPs outline foundational requirements that ensure that patient care is appropriate and safe; however, significant work is necessary to ensure CoPs are evidence-based and place rigorous but realistic expectations on providers. Lastly, policymakers have implemented quality measurement, quality improvement and CoPs in a siloed fashion. Advancing quality requires a more cohesive framework that aligns all three of these core elements.

Recommendations for Advancing a Strategic Vision

To sustain and accelerate progress policy, changes are needed to alleviate complexity, burden and lack of alignment. The AHA makes the following recommendations for policymakers to consider.

Implement Measures that Matter. Quality measurement is essential but when the measures are too numerous, duplicative or unnecessarily complex, data collection activities can overwhelm hospital staff and shift resources away from improving patient care and outcomes.

Policymakers must identify the priority measurement areas that will most effectively promote better care, better outcomes, and implement measures that address these priorities. The AHA is working with a variety of stakeholders to advance quality reporting requirements to help CMS and other programs focus on the “measures that matter” most to improving health and outcomes.

Make Quality Report Cards More Meaningful and Accurate. Patients, families and communities want clear, accurate and meaningful information about hospital quality. Publicly available quality report cards on hospital performance are widespread. Yet, these report cards provide consumers with conflicting and sometimes inaccurate comparisons of hospital quality. Quality report cards, including CMS Hospital Star Ratings, must be improved so they demonstrate transparency and validity in methodology.

Enhance Infrastructure Supporting eQMs.

eQMs have the potential to reduce the burden of data collection for quality measurement and serve as useful tools to drive continuous quality improvement. Yet, eQMs do not currently meet the standard of being complete, accurate, reliable and collected in a standardized manner. The promise of eQMs will only be fully realized through a long-term eQm Quality Strategy based on input from key stakeholders. Until then, eQm policies should

offer greater reporting flexibility, with voluntary reporting requirements for eQMs.

Implement Meaningful, Effective and Up-to-Date Medicare CoPs and Standards. Medicare’s CoPs provide a foundation to ensure care is appropriate and safe. The guidelines that underpin the CoPs change frequently. Yet, many CoPs and standards are outdated or are not aligned with measurement, QI and federal program goals. Such standards add burden on providers and do not benefit patients. Policymakers should conduct a comprehensive review of Medicare CoPs and standards to ensure they promote safety and align with the changing health care environment.

Conclusion

Hospitals and health systems have made great strides in improving quality of care. In order to support continuous improvement, policymakers should embrace a strategic focus on:

- “Measures that matter” the most to improving outcomes and health in measurement and pay-for-performance programs.
- Continuous quality improvement that makes care safer and more effective.
- Standards that enable innovation and require adherence to fundamental principles necessary to protect patients.
- Alignment of the three core components of hospital quality — quality measurement, quality improvement, and CoPs and standards.

This excerpt is from the AHA *TrendWatch* report, *Aligning Efforts to Improve Quality*, available at www.aha.org/quality.