Appendix A

CHA Quality Measure Survey 2016 — Definition of Terms

**Accountability programs** are programs that use performance results to make judgments and decisions as a consequence of performance, such as reward, recognition, punishment, payment, or selection. Accountability programs may or may not involve any type of payment or monetary incentive; other incentives or levers may be used to encourage or necessitate participation in an accountability program (e.g., obtaining recognition for excellence, or a state mandate). Examples of accountability programs include: The Joint Commission hospital accreditation, US News Best Children’s Hospital Ranking and other publicly released report cards, a value-based payment arrangements with a payer, or measure score cards regularly reviewed by the hospital executives.

**Quality measures** are the measures used in these programs to assess performance. Quality measures assess performance in any of the six domains identified by the Institutes of Medicine: measures of safety, effectiveness, patient-centeredness/experience, timeliness, efficiency, and equity. More and more, accountability programs seek to assess the value of health services; value often includes measures within the efficiency domain (cost) along with measures from any of the other five domains (e.g., effectiveness).

**Types of Accountability Programs**

**Public Reporting programs** are programs where data are made publicly available to all, or to a broad audience free of charge or at a nominal cost, about a health care structure, process, or outcome. These data may be reported at multiple levels within your hospital or system (e.g., hospital, program, or individual clinician). Examples of public reporting programs include U.S. News Best Children’s Hospitals rankings, Medicare Hospital Compare, or a registry that publicly reports results.

**Value-based Purchasing (VBP) programs** include a broad set of performance-based delivery and payment strategies that link financial incentives to performance. These programs adjust payments based on performance that reflect quality performance, for example, clinical process, patient experience, health outcomes, or efficiency, in an effort to achieve better value. Public (Medicaid, Medicare) and private payers (health plans, employers) are using VBP strategies in an effort to increase the value of health care. Types of VBP models include, but are not limited to: pay-for-performance programs, Accountable Care Organizations (ACOs) at risk for cost and quality, Patient Centered Medical Homes (PCMHs) at risk for cost and quality, and bundled payments. Further, some VBP programs focus on specific conditions or services, e.g., a pediatric diabetes shared savings program, pharmacy shared savings program, or an appendectomy bundled payment.

Accreditation programs evaluate a health care organization’s systems, processes, and performance to ensure it is meeting predetermined criteria, including health and safety standards, and are conducted by an impartial external organization. Accreditation programs include those that evaluate and accredit hospitals, health plans, ACOS, and more. In general, hospital accreditation will be conducted by one of the five CMS-deemed entities that can accredit hospitals on the behalf of CMS in the United States: The Joint Commission, The Healthcare Facilities Accreditation Program (HFAP), Det Norske Veritas Healthcare-GL (DNV), Center for Improvement in Healthcare Quality (CIHQ), and Accreditation Association for Hospitals/Health Systems Inc. (AAHHS). Other accrediting organizations that accredit organizations or systems in addition to or beyond hospital accreditation include the Joint Commission (TJC), Det Norske Veritas-GL (DNV), the National Committee for Quality Assurance (NCQA), and Utilization Review Accreditation Commission (URAC).

Certification, Designation, or Award/Recognition programs are earned by your hospital or by programs (or services) based within or associated with your hospital.

Certification is generally earned by programs or services based within or associated with your hospital and often are awarded by accrediting organizations (e.g., TJC and NCQA). Examples of certification include TJC’s Perinatal Care Certification or NCQA’s Physician and Hospital Quality (PHQ) certification.

A Center of Excellence Designation is generally given to a program or service from a payer and indicates that a hospital or its program has met certain outcomes. For example, Optum’s Pediatric Transplant Centers of Excellence.

Award/Recognition programs are typically meant to demonstrate that the hospital’s provider, practice, or clinician values encompass quality health care delivery and use the latest clinical protocols to ensure that patients receive the best care at the right time – For example, the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program.

Network Inclusion/Exclusion or Distinction/Differentiation criteria can use quality measures as part of the criteria that payers, employers, or provider-owned networks use, and may include the use of quality measures, in addition to cost/utilization measures as part of their network adequacy or inclusion decision-making. For example, a payer may decide not to contract with a clinical practice that is consistently not performing well on select quality measures. Quality and cost measures can also be used to tier certain providers within a network; this tiering can be used to differentiate providers for certain conditions or procedures and are meant to encourage members to select one provider over the other (e.g., by setting different member co-pay amounts for different tiers).

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   The Accreditation Association for Hospitals/Health Systems was deemed at a later date (website: 2/13/2016)
   https://www.facilitycare.com/regs-resources/key-differences-between-accreditation-programs
5 https://www.jointcommission.org/certification/certification_main.aspx
7 https://www.myoptumhealthcomplexmedical.com/gateway/public/transplants/providers.jsp
8 http://www.nursecredentialing.org/Magnet/ProgramOverview
**A Measure Scorecard** is used to help executives track strategic and long-term objectives of the organization. For example, an executive scorecard may be used to track staffing vacancy rates or adverse events, and typically include baseline, target figures, and trends.

**Related Terms**

**Alignment Activities** are C-suite executive led or sponsored efforts at your hospital designed to improve performance in an accountability programs. For example, the use of Key Performance Indicators (KPIs) to indicate progress toward improving your ranking in the US News Best Children’s Hospital ranking. Core principles of these alignment efforts is the translation of hospital-wide or system-wide goals for the external accountability program(s) to the hospital’s units, departments, support departments and aligning accountability and performance within with the units, departments, support departments with the hospital-wide or system-wide goals. In order to reach or exceed these targets, the hospital may implement cascading balanced scorecards that focus all levels (horizontally and vertically) of the hospital creating line-of-sight between the work people do and the desired results designed to improve performance of your hospital in external accountability programs. Examples include financial incentivizes for employed hospital staff to meet certain quality goals that will improve the results of measures used in a VBP or public report program.

**Pediatric Clinical Registries:** Patient registries have been defined as “an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves a predetermined scientific, clinical, or policy purpose(s).” Thus, a patient registry is a collection—for one or more purposes—of standardized information about a group of patients who share a condition or experience. We are interested in those that are collecting information on pediatric patients.

Terms such as clinical registries, clinical data registries, disease registries, and outcomes registries are also used to describe the same data collection method. Clinical, or patient, registries can be used for clinical practice assessment, effectiveness, natural history of disease, payment/certification, post marketing commitment, public health surveillance, quality improvement, safety and harm. Examples include: Society of Thoracic Surgeons Congenital Heart Surgery Database and Cystic Fibrosis Patient Registry.

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Types of Quality Measures

Donabedian defines three types of quality measures: structure, process and outcome measures, and expand on these definitions.\textsuperscript{12}

Structure measures refer to tools and resources available to providers for patient care. They are a “feature of a health care organization or clinician related to the capacity to provide high quality health care.” Structure measures include measures of the human and material resources available to the health care system, as well as organizational factors such as staff deployment and protocols. Examples of structure measures include: hospital teaching status, ownership, hospital volume, and qualifications of health care providers.\textsuperscript{13}

Process measures refer to provider behavior and the interaction between them and their patients. Most process measures assess the activities carried out by health care professionals to deliver services. These activities are often guided by evidence-based clinical guidelines. The evidence supporting guidelines varies in strength. Users of measures may wish to carefully judge the evidence linking process measures with health outcomes. Examples of procedure measures include:\textsuperscript{14} Home Management Plan of Care (HMPC) Document Given to Caregiver: Children’s Asthma Care, or Follow-up after hospitalization for mental illness: percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge.

Intermediate Outcome measures refer to a change in physiologic state that leads to a longer-term health outcome. An example of this measure is Hemoglobin A1c management \textit{[A1c > 9], or the percent of people with diabetes who are in control}. This is an intermediate outcome measure because A1c control for people with diabetes leads to a certain desired health outcome like the prevention of renal disease and amputation.\textsuperscript{15}

Outcome measures refer to changes in a “patient’s current and future health status.”\textsuperscript{16} We include health outcome measures, patient reported outcome measures, and cost and utilization outcome measures in this category. For patients to identify the available range of measures. Examples of existing outcome measures include: Standardized Pediatric Intensive Care Unit (PICU) Mortality, Accidental puncture or laceration: percentage of accidental punctures or lacerations during a procedure per 1,000 discharges for patients ages 17 years and younger.

Patient Reported Outcome Measures (PROMS), also outcome measures, capture the patients’ perspectives about how illness or care impacts on their health and well-being. Standardized and validated tools are available to measure patient outcomes. For example, a good example of a PRO is a


\textsuperscript{13} https://www.qualitymeasures.ahrq.gov/tutorial/StructureMeasure.aspx

\textsuperscript{14} https://www.qualitymeasures.ahrq.gov/tutorial/ProcessMeasure.aspx


\textsuperscript{16} Healthcare Quality: The Clinician’s Primer, David Nash, et al.
stress index (SI) that examines “overall life satisfaction, worries about health, relationships, sexuality, body image, recreation and psychosomatic symptomatology.”¹⁷

Cost and utilization outcome measures examine different aspects of a health care organization’s cost and efficiency work flows and processes related to the delivery of care for certain populations or sub populations. Examples of cost measures include cost per patient day, total per member per month (PMPM) costs, total PMPM for high-risk patients and total cost of care (TCOC). Examples of utilization measures include number of ED visits, cost per patient day, acute inpatient admissions, and readmissions within 30 days.¹⁸

Patient experience measures assess the patient’s experience and perception of their health care — these are completed anonymously by the patients. This information can provide a more realistic gauge of patient satisfaction as well as real-time information for local service improvement and to enable a more rapid response to identified issues. An example measure from the Child Hospital CAHPS survey is: Hospital inpatients’ experiences: percentage of parents who reported how often their child's doctors communicated well with the parent.