

Introduction

The History of CMS/JCAHO Measure Alignment

In early 1999, the Joint Commission solicited input from a wide variety of stakeholders (e.g., clinical professionals, healthcare provider organizations, state hospital associations, healthcare consumers, performance measurement experts and others) about potential focus areas for core measures for hospitals. In May 2001, the Joint Commission announced the four initial core measurement areas for hospitals, which were acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), and pregnancy and related conditions (PR).

Simultaneously the Joint Commission worked with the Centers for Medicare & Medicaid Services (CMS) on the AMI, HF and PN sets that were common to both organizations. CMS and the Joint Commission worked together to align the measure specifications for the Quality Improvement Organizations (QIO) contracts and for Joint Commission accredited hospitals that began collecting these measures for patient discharges beginning July 1, 2002 and were subsequently followed by the Surgical Infection Prevention (SIP) set. The SIP set is being transitioned to the Surgical Care Improvement Project (SCIP) beginning July 1, 2006.

Since November of 2003, CMS and the Joint Commission have worked to precisely and completely align these common measures so that they are identical. This resulted in the creation of one common set of measure specifications documentation known as the *Specifications Manual for National Hospital Quality Measures* to be used by both CMS and the Joint Commission with common (i.e., identical) data dictionary, measure information forms, algorithms, etc. The goal is to minimize data collection efforts for these common measures and focus efforts on the use of data to improve the healthcare delivery process.

CMS Quality Initiatives

Background

In November 2001, Health & Human Services (HHS) Secretary Tommy G. Thompson announced The Quality Initiative, his commitment to assure quality healthcare for all Americans through published consumer information coupled with healthcare quality improvement support through Medicare's Quality Improvement Organizations (QIOs). The Quality Initiative was launched nationally in 2002 as the Nursing Home Quality Initiative (NHQI) and expanded in 2003 with the Home Health Quality Initiative (HHQI) and the Hospital Quality Initiative (HQI). These initiatives are part of a comprehensive look at quality of care that includes the Doctor's Office Quality (DOQ) project and End-Stage Renal Disease quality work.

Objective

The Hospital Quality Initiative uses a variety of tools to stimulate and support a significant improvement in the quality of hospital care. The initiative aims to refine and standardize hospital data, data transmission and performance measures in order to construct one robust, prioritized and standard quality measure set for hospitals. The goal is for all private and public purchasers, oversight and accrediting entities, payers and providers of hospital care to use these same measures in their national public reporting activities. Quality improvement support, collaborations, standardization and assuring compliance with Medicare conditions of participation are important additional tools in achieving this objective.

Data Challenge

The Hospital Quality Initiative features the following two types of hospital quality information for consumers:

1. Quality measures of hospital care derived from clinical data – The Hospital Quality Initiative is more complex and consists of more developmental parts than the Nursing Home Quality Initiative and Home Health Quality Initiative. For the previous initiatives, CMS had well-studied and validated clinical data sets and a standardized data transmission infrastructure from which to draw a number of pertinent quality measures for public reporting. Hospitals do not have a similar comprehensive data set from which to develop the pertinent quality measures, nor are hospitals mandated to submit clinical performance data to CMS. Therefore, CMS has worked with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the QIOs to align their hospital quality measures. CMS contracted with the National Quality Forum (NQF) to establish a consensus-derived set of hospital quality measures appropriate for public reporting. CMS selected 10 measures as the starter set from the NQF consensus-derived set of 39 for several quality improvement efforts. In addition to the 10 starter set measures, there are 11 additional measures for a total of 21 measures from the set for a quality incentive demonstration.
2. Information on patient perspectives of their hospital care – Although many hospitals already collect information regarding their patients' satisfaction with care, there currently is no national standard for measuring and collecting such information that would allow consumers to compare patient perspectives at different hospitals. CMS worked with the Agency for Healthcare Research and Quality (AHRQ) to develop a standardized Hospital Patient Perspectives on Care Survey, known as HCAHPS. The HCAHPS survey will build on AHRQ's success in establishing surveys measuring patient perspectives on care in the United States healthcare system through the development of HCAHPS for health plans. The hospital patient perspectives data will be published to help consumers make more informed hospital choices, and to create incentives for hospitals to improve quality of care.

Components of the Hospital Quality Initiative (HQI)

HQI creates an expanded, robust, and uniform measures set for national hospital public reporting through the implementation of a structured public process to select the quality measures that builds upon the existing quality measure set.

The HQI consists of a number of developmental components.

- The Hospital Quality Alliance (HQA), a public-private collaboration, collects and reports hospital quality performance information and makes it available to consumers through CMS information channels. Participating hospitals voluntarily report on a starter set of 10 hospital quality measures that were expanded, in addition to collecting information on patient perspectives of hospital care. The American Hospital Association (AHA), Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) are working closely with CMS, the Joint Commission, NQF, AHRQ and other stakeholders to implement this national public reporting initiative.
- Section 501(b) of the Medicare Modernization Prescription Drug, Improvement and Modernization Act (MMA) of 2003 stipulated that inpatient prospective payment system (IPPS) hospitals submit 10 quality “starter set” measures to CMS during fiscal year (FY) 2005-2007 on the quality of inpatient care provided to their patients. For this purpose, the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) initiative was developed.
- Section 5001(a) of the Deficit Reduction Act of 2005, Pub. L. 109-171 (DRA) superseded the MMA of 2003 and set new requirements for the RHQDAPU program. The act requires IPPS hospitals to submit the additional quality measures for FY 2007 and each subsequent fiscal year. Hospitals that meet the requirements specified in the final regulation CMS-1488-F will receive their full annual payment update. Those hospitals that do not submit data for all required quality measures to the QIO Clinical Data Warehouse will receive a reduction of 2.0 percent in their Medicare Annual Payment Update for the applicable fiscal year.
- The Premier Hospital Quality Incentive Demonstration recognizes and provides financial rewards to top performing hospitals in a number of areas of acute care. The CMS demonstration is with Premier Inc., a nationwide organization of not-for-profit hospitals, and rewards participating top performing hospitals by increasing their payment for Medicare patients. Each participating hospital’s performance is posted under the Hospital Quality Initiatives section of www.cms.hhs.gov, information for the Premier Hospital Quality Incentive Demonstration.
- A hospital patient survey (HCAHPS), designed to develop a national standard for collecting information on patient perspectives of hospital care, was tested by hospitals in Arizona, Maryland and New York as part of a CMS hospital pilot. The survey will be used by the hospitals participating in the national voluntary reporting effort, and in the special partnership with the Connecticut Department of Public Health.
 - o The CMS Hospital 3-State Pilot included hospitals in Arizona, Maryland and New York that volunteered to report the starter set of 10 hospital quality measures through the same reporting mechanism as the national voluntary reporting effort. The pilot tested and assessed the most effective ways to communicate hospital performance information to consumers. On February 2, 2004, hospital-specific feedback reports were distributed to

each of the hospitals that participated in the HCAHPS pilot project.

- o A special partnership with the Connecticut Department of Public Health, where the state legislature has mandated public reporting of hospital data by April 2004, aligned Connecticut hospital public reporting with the CMS and national voluntary reporting initiatives. The Connecticut effort is reporting the same measures of clinical performance and patient perspectives on care as the other hospital public reporting initiatives noted above.

Quality Strategy

HQI uses a multi-prong approach to support, provide incentives, and drive systems and facilities (including clinicians and professionals in those settings) toward superior care through:

- Ongoing regulation and enforcement conducted by State survey agencies and CMS
- New professional and consumer hospital quality information on CMS websites (i.e., www.cms.hhs.gov and www.medicare.gov), and at 1-800-MEDICARE
- The testing of rewards for superior performance on certain measures of quality
- Continual, community-based quality improvement programs through QIOs
- Collaboration and partnership to leverage knowledge and resources
- Evaluation of the impact of this national voluntary reporting effort

JCAHO Quality Initiatives

In 1987, the Joint Commission announced its *Agenda for Change*, which outlined a series of major steps designed to modernize the accreditation process. A key component of the *Agenda for Change* was the eventual introduction of standardized core performance measures into the accreditation process. As the vision to integrate performance measurement into accreditation became more focused, the name ORYX[®] was chosen for the entire initiative.

In 1995, the Joint Commission appointed a quasi-independent advisory committee (Advisory Council on Performance Measurement) to identify specific criteria against which performance measurement systems could be evaluated for potential use in the accreditation process. Today this committee serves as an advisory body to the Joint Commission on issues related to:

- enhanced understanding of the state of performance measurement nationally through the evaluation of current performance measurement methods
- uses of performance measurement data as part of the accreditation process (i.e., Shared Visions – New Pathways)
- identification of future performance measurement priorities
- impact of accreditation on healthcare quality

The ORYX initiative became operational in March of 1999, when performance measurement systems began transmitting data to the Joint Commission on behalf of accredited hospitals and long term care organizations. Since that time, home care and behavioral healthcare organizations were included in the ORYX initiative, and the Joint Commission has continued to receive aggregated healthcare organization level measures data on a quarterly basis.

The initial phase of the ORYX initiative provided healthcare organizations a great degree of flexibility, offering greater than 100 measurement systems capable of meeting an accredited organization's internal measurement goals and the Joint Commission's ORYX requirements. This flexibility, however, also presented certain challenges. The most significant challenge was the lack of standardization of measure specifications across systems.

Although many ORYX measures appeared to be similar, valid comparisons could only be made between healthcare organizations using the same measures that were designed and collected based on standard specifications. The availability of over 8,000 disparate ORYX measures also limited the size of some comparison groups and hindered statistically valid data analyses. To address these challenges, standardized sets of valid, reliable, and evidence-based quality measures have been implemented by the Joint Commission for use within the ORYX initiative.

Related Joint Commission Activities

Research Project

To demonstrate the impact of evidence-based performance measurement on healthcare quality, the Joint Commission is conducting a research project designed in two phases; Phase I) assess the completeness and accuracy of data flowing into the national comparative hospital quality (core) measures database, and Phase II) evaluate improvement actions taken by healthcare

organizations. The first task in Phase I was conducted during the first half of 2003 when abstractors visited 30 test hospitals that were identified through a stratified random selection process. At each facility, reabstraction of a randomly selected sample of up to 30 medical records for the acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN) and pregnancy and related conditions (PR) measure sets was conducted. The results of the reabstractions were compared, data element by data element, to the original abstractions completed by the hospitals. The second task of Phase I entails the self-reabstraction of measure data by up to 90 hospitals. In addition, telephone interviews were conducted to discuss any abstraction discrepancies and to identify any systemic issues in the data collection process. Phase II, which began in late 2003, focuses on assessing the perception, action and impact of the national hospital quality (core) measures.

Accreditation Process

In January 2000, Joint Commission surveyors began using organization-specific *ORYX Pre-Survey Reports*, effectively commencing the use of performance measure data in the survey process.

In fall 2002, the Joint Commission announced significant changes to the accreditation process for healthcare organizations that were implemented in January 2004. The Shared Visions – New Pathways initiative is progressively sharpening the focus of the accreditation process on operational systems critical to the safety and quality of patient care. Shared Visions represents a vision that Joint Commission has with healthcare organizations, as well as with healthcare oversight bodies and the public, to bridge what has been called a gap or chasm between the current state of healthcare and the potential for safer, higher quality care. New Pathways represents a new set of approaches or pathways through the accreditation process that will support fulfillment of the shared visions. Among its new approaches, New Pathways includes a focused on-site survey that is of particular importance to measures. The survey is directed by a priority focus process (PFP) that aggregates organization-specific information through an automated, rules-based tool. Input information includes ORYX[®] measure data, previous recommendations, demographic data related to clinical service groups and diagnostic-related groups, complaints, sentinel event information, and MedPar data. The process identifies systems and processes that are relevant to patient safety and healthcare quality.

Quality Check[®]

In July 2004, the Joint Commission launched a new generation of reporting healthcare information about the quality and safety of care provided in its accredited healthcare organizations across the country.

The Joint Commission's Quality Check[®] provides clear, objective data to individuals for the purpose of comparing the performance of local hospitals, home care agencies, nursing homes, laboratories, and ambulatory care organizations with others on state and national levels. Additionally, the Joint Commission will, for the first time, provide hospital-specific information about clinical performance in the care of patients with the following four major conditions: acute myocardial infarction, heart failure, pneumonia, and pregnancy and related conditions.

Individuals will also be able to determine how healthcare organizations compare with others in meeting national requirements that help them prevent devastating medical accidents. The requirements specifically seek to avoid misidentification of patients, surgery on the wrong body part, miscommunication among caregivers, unsafe use of infusion pumps, medication mix-ups, problems with equipment alarm systems, and infections acquired in the healthcare setting.

Consumers can access Quality Check at www.qualitycheck.org and search for healthcare organizations by name, type, and/or location. Interactive links to information are designed to help individuals better understand how to use and interpret the information presented.

Related National Activities

National Quality Forum

The NQF has approved a set of national voluntary consensus standards for measuring the quality of hospital care. These measures will permit consumers, providers, purchasers, and quality improvement professionals to evaluate and compare the quality of care in general acute care hospitals across the nation using a standard set of measures. The majority of the CMS and Joint Commission's measures are endorsed by NQF and are denoted on the measure information forms.

The Hospital Quality Alliance

The AHA, FAH, and AAMC have launched a national voluntary initiative to collect and report hospital quality performance information. This effort is intended to make critical information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. The Joint Commission, NQF, CMS, AHRQ and others support this initiative to identify a robust set of standardized and easy-to-understand hospital quality measures that would be used by all stakeholders in the healthcare system in order to improve quality of care and the ability of consumers to make informed healthcare choices. The twenty-one measures currently reported on Hospital Compare include the ten "starter set" measures, and additional measures on which hospitals also voluntarily report. The measures reflect recommended treatments for acute myocardial infarction, heart failure, pneumonia and surgical care.

National Quality Measures Clearinghouse

The National Quality Measures Clearinghouse (NQMC™), sponsored by AHRQ U.S. Department of HHS has included both CMS and Joint Commission measures in its public database for evidence-based quality measures and measure sets. NQMC is sponsored by AHRQ to promote widespread access to quality measures by the healthcare community and other interested individuals.

Measures Management System

The Measures management System (MMS) is a set of processes and decision criteria used by CMS to oversee the development, implementation, and maintenance of healthcare quality measures. The Quality Measures Management Information System (QMIS) is a comprehensive,

web-based, electronic tool to support the Measures Management System. It will be the repository of all of the quality measures used by CMS and the electronic tool to track the development and maintenance of those measures. Information includes the quality measures technical specifications, justification and history. Quality measures are currently used for managed care plans, dialysis centers, hospitals, nursing homes, home health agencies and physician offices.