



Presentation to Senate Health and Human Services Committee – Charge #9

**Dr. Mark Chassay, Deputy Executive Commissioner, HHSC
Dr. Ben Raimer, Chair, Institute for Healthcare Quality and Efficiency
Dr. David Lakey, Commissioner, DSHS
May 8, 2012**

Overview

- Institute for Healthcare Quality and Efficiency
- Studies and Recommendations for Quality and Efficiency
- Public Health-Related Initiatives

Institute for Healthcare Quality and Efficiency

Structure and Administration of the Institute:

- Established by Article 3 of S.B. 7 (82nd Regular Legislature, First Called Session, 2011)
- Governed by a board of 15 directors appointed by the Governor
- Membership on the Board includes health care providers, payors, consumers, experts, and others
- Ex officio, nonvoting board members include:
 - HHSC Executive Commissioner
 - State Medicaid Director
 - DSHS Commissioner
 - TDI Commissioner
- The Institute is administratively attached to HHSC and is housed within the Office of Health Policy and Clinical Services

Institute for Healthcare Quality and Efficiency

General Responsibilities of the Institute:

- Institute is charged with issuing recommendations in three general areas:
 - Improving the quality and efficiency of health care delivery
 - Improving the reporting, organization, and transparency of health care information
 - Supporting the implementation of innovative health care collaborative payment delivery systems

Ben Raimer, MD, Chair
Institute for Healthcare Quality and Efficiency

Institute Work Plan:

- Appointments to the Board of Directors were made in March 2012
- HHSC will host the initial meeting of the Institute Board in Austin, May 24, 2012
- Aggressive initial work plan to complete required reports and recommendations for consideration during the 83th Legislative session
- Possible subsequent meeting dates pending Board direction include: July, October, and December to produce required reports.



Institute for Healthcare Quality and Efficiency Initial Deliverables

1. Maximizing benefits from the current health data and information infrastructure
 - Assess all health-related data collected by the state, its availability, and its benefit
 - Develop a plan for consolidating and enhancing reporting from existing data with the goal of improving the transparency of health care services delivered in the state
 - Conduct the assessment in collaboration with DSHS
 - Issue a report with recommendations to the Legislature by December 2012



Institute for Healthcare Quality and Efficiency Initial Deliverables

2. Building the next generation health data and information infrastructure

- Study the feasibility and desirability of establishing a centralized database of healthcare claims across all payors, known as an all payor claims database
- Consider other additional collection of healthcare information not required under current law
- Consult with DSHS and TDI
- Issue a report with recommendations to the Legislature by December 2012



Institute for Healthcare Quality and Efficiency Initial Deliverables

3. Promoting an efficient and accountable health care system

- Evaluate options for the Legislature to consider to promote a consumer driven health care system
- Examine the issue of providers charging different payors different amounts for the same or similar services (price discrimination)
- Coordinate with TDI to issue a report with recommendations by January 2013



Institute for Healthcare Quality and Efficiency Initial Deliverables

4. Measuring and reporting health care quality and efficiency

- The Institute is charged with determining outcome measures and developing recommendations for measuring quality and cost effectiveness

- Under this charge, the Institute will collaborate with DSHS, with DSHS acting as the lead, on the following projects:
 - Public reporting on potentially preventable readmissions and complications for Texas hospitals
 - Identification of potentially preventable health conditions that occur in long-term care facilities
 - Development of a program to recognize exemplary health care facilities for superior quality performance (recommendations due December 2012)

Public Health-Related Initiatives

- Standardized Patient Risk Identification
- Public Reporting of Healthcare-Associated Infections (HAI)
- Public Reporting of Preventable Adverse Events (PAE)
- Improving Birth Outcomes and Reducing Infant and Maternal Mortality

Patient Risk Identification

- Ad hoc committee created to assist with statewide wristband system
- American Hospital Association advocates use of three colors by all hospitals
 - Red = stop to check medical record for food, medication or treatment allergies
 - Yellow = patient must be assisted when walking or transferring to prevent a fall
 - Purple = check the patient's record for end-of-life patient directives
 - Ad hoc committee adopted the three color requirement, giving hospitals 6 months to implement after the final rule is adopted
- Two additional colors are recommended but optional
 - Green = patient has a latex allergy
 - Pink = restricted extremity, meaning the patient's arm cannot be used for drawing blood or obtaining intravenous access.
- Hospitals should adopt their own standards regarding:
 - Removal of social cause wristbands, such as "Livestrong"
 - Patient's right to refuse a patient risk identifier wristband

HAI Reporting

- Created by 80th Legislature
 - Covers hospitals and ambulatory surgical centers (ASCs)
- SB 7 allowed Texas to require reporting of HAI to National Healthcare Safety Network (NHSN)
- Phased in reporting
 - Required starting October 2011:
 - All facilities reporting central line-associated bloodstream infections
 - General hospitals and ASCs report surgical site infections associated with knee arthroplasties
 - Pediatric hospitals report surgical site infections associated with ventriculoperitoneal shunts
 - Starting January 2012:
 - General hospitals and ASCs report surgical site infections associated with hip arthroplasties and coronary artery bypass grafts
 - Pediatric hospitals report surgical site infections associated with cardiac procedures

HAI Reporting

- Future Steps for Reporting by Facilities
 - Beginning January 2013
 - General hospitals and ASCs report surgical site infections associated with abdominal & vaginal hysterectomies, colon surgeries, and vascular procedures
 - Pediatric hospitals report surgical site infections associated with spinal surgeries with instrumentation

- Future Steps for Reporting to Public
 - Infection rates by hospital and surgery center will be posted on a website available to the public in late November or early December 2012
 - Initial posted rates will reflect HAI between Rates January 1, 2012 through June 30, 2012

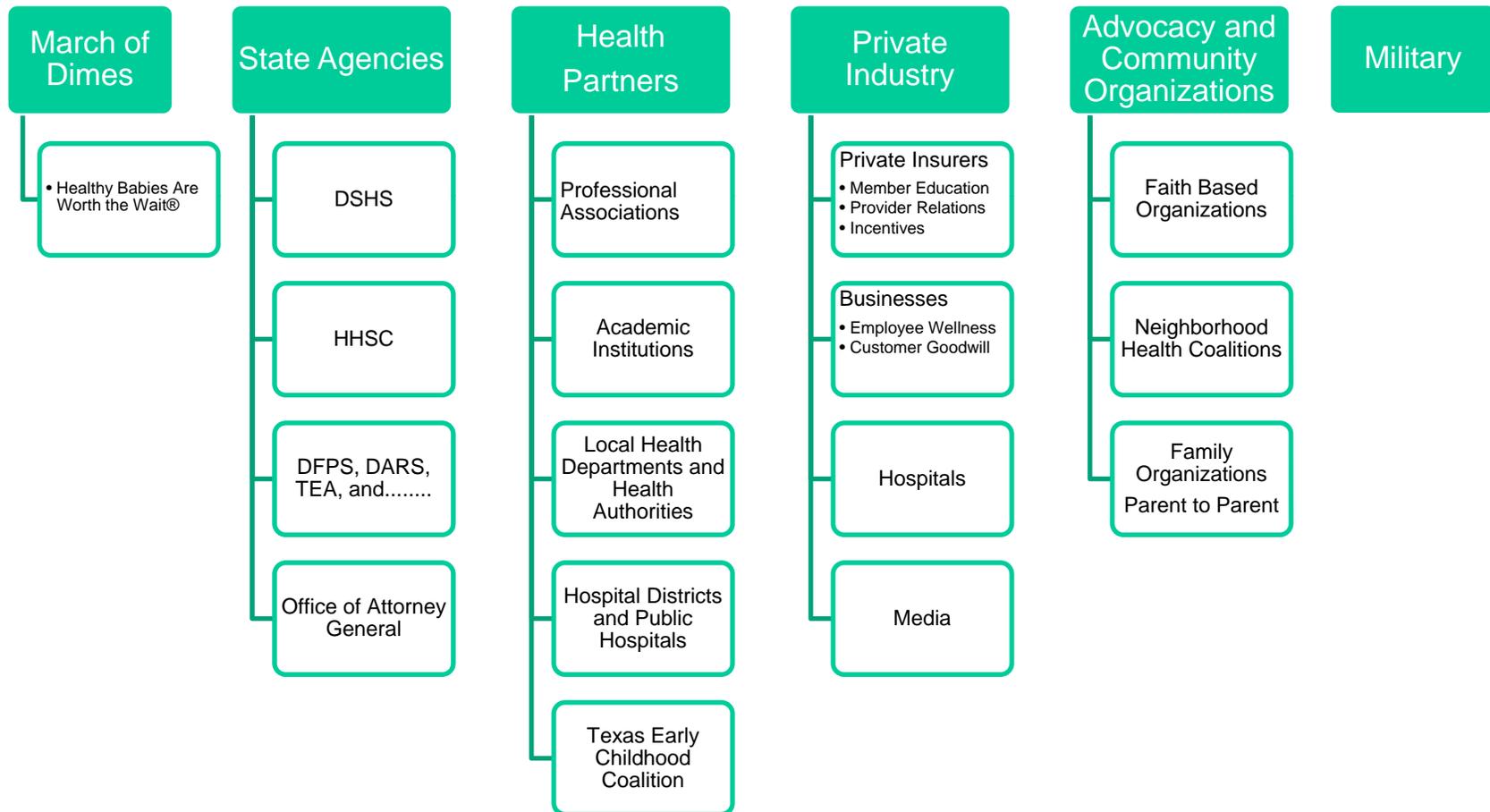
HAI Reporting

- Prevention Collaboratives
 - Contract with Texas Hospital Association Foundation - completed
 - Prevention of central line-associated bloodstream infections – 13 hospitals
 - Prevention of surgical site infections – 8 hospitals
 - Ongoing Efforts

Preventable Adverse Events

- A health care-associated adverse condition or event for which the Medicare program will not make additional payment; and
- An event included in the list of adverse events identified by the National Quality Forum
- Reporting
 - Funded by the 82nd Legislature
 - Some preventable adverse events are HAI and reporting using NHSN can begin in early 2013
 - Reporting of other preventable adverse events will require development of a separate, secure electronic interface
 - Reporting of most preventable adverse events will begin in early 2014

Healthy Texas Babies Expert Panel



Healthy Texas Babies

- An initiative to decrease infant mortality in Texas
- Goals:
 - Provide local partnerships and coalitions with major roles in shaping programs in their communities
 - Use evidence-based interventions
 - Decrease 2008 preterm birth rate by 8% over 2 years
 - Save ~ \$7.2 million in Medicaid costs over 2 years

Healthy Texas Babies

Legislature appropriated \$4.1 million in General Revenue funds to DSHS to fund the Healthy Texas Babies Initiative

Distribution of Information & Funds

- \$200,000 each to 10 local initiatives
 - Led by coalitions of stakeholders and government organizations
- Provider education
 - Community Health Worker/Promotor(a) trainings
 - DSHS Grand Rounds October 26
 - Texas Health Steps modules
 - Conference presentations (Healthy Start, AMCHP, HRSA Infant Mortality Summit)
- DSHS launched Healthy Texas Babies website in January 2012 at www.healthytexasbabies.org

Medicaid Non-Payment for Elective Deliveries Prior to 39 Weeks

- Initiative began with a Medicaid Quality Based Payment Workgroup recommendation in 2010 to prevent preterm births
- HB 1983 (82nd Regular Session)
 - Directed HHSC to achieve cost savings by adopting and implementing qualifying initiatives to reduce the number of elective non-medically indicated induced deliveries or cesarean sections before 39 weeks gestation.
- Initiative resulted in Medicaid payment change and close coordination and partnership with DSHS to support Medicaid and HTB initiatives

Medicaid Non-Payment for Elective Deliveries Prior to 39 Weeks

- Starting October 1, 2011, Medicaid implemented non-payment for elective inductions prior to 39 weeks gestational age.
- Claims submitted for payment must have certain modifiers to indicate one of the following three conditions:
 - Delivery was at 39 weeks gestation or later
 - Delivery was prior to 39 weeks of gestation and medically necessary.
 - Delivery was prior to 39 weeks of gestation and not medically necessary.
- No payment is made for non-medically necessary delivery prior to 39 weeks.
- HHSC uses a retrospective review process based on modifiers and review of medical records.

National Effort

Improve birth outcomes by reducing infant mortality and prematurity in the United States

- Objectives:
 - State Health Officers and state leadership teams work for health and community system changes
 - Create a unified message that builds on the best practices from around the nation
 - Develop clear measurements to evaluate targeted outreach, progress, and return on investment
- S.M.A.R.T. Challenge:
 - Reduce preterm births by 8% by 2014

Maternal Mortality Review

- Maternal mortality rate in Texas increased almost three-fold in past 10 years
 - 8.3 deaths per 100,000 live births in 2000
 - 24.6 deaths per 100,000 live births in 2010
- Rate has doubled over the decade when looking at the U.S. as a whole
- Experts believe rate is underreported; more information needed to determine
- Experts do not yet know causes of increase

Maternal Mortality Review

- Healthy Texas Babies committee developing a plan for a maternal mortality review board
- Office of Title V and Family Health working with committee and stakeholders to help develop and implement related activities, including compilation of data