MARYLAND HEALTH CARE COMMISSION

**Summary of the Healthcare-Associated Infections (HAI)
Advisory Committee Meeting**

April 22, 2015

Committee Members Present
Anthony Harris, MD, MPH (conference call)
Emily Heil, PharmD (conference call)
Debra Illig, RN, MBA, CLNC (conference call)
Brenda Roup, Ph.D, RN, CIC
Jack Schwartz, JD
Renee Webster, RS
Lucy Wilson, MD, ScM

Committee Members Absent
Sara E. Cosgrove, MD, MS
Maria E. Eckart, RN, BSN, CIC
Andrea Hyatt, CASC
Robert Imhoff
Lynne V. Karanfil, RN, MA, CIC
Peggy A. Pass, RN, BSN, MS, CIC
Michael Anne Preas, RN, BSN, CIC
Patricia Swartz, MPH, MS
Kerri Thom, MD

Public Attendance
Mary Clance (conference call)
Dianne Feeney, HSCRC
Julia Gardner (conference call)
Lillian Regel, AGS (conference call)
Deb Smith, VHQC (conference call)
Karen Smith, AGS
Polly Trexler (conference call)
Justin Ziombra (conference call)

Commission Staff
Theressa Lee
Evanson Mukira
Eileen Witherspoon

1. **Call to Order**

   Theressa Lee, Director, Center for Quality Measurement and Reporting, called the meeting to order at 1:00 p.m.

2. **Review of Previous Meeting Summary**

   The minutes of the previous meeting on January 28, 2015 were accepted by the committee with no corrections.

3. **Review of CDI Data on Health Care Quality Reports Website**

Ms. Lee stated the website was recently updated with new HAI data as well as updated top 25 medical conditions and charges. She discussed some of the functionality available including sorting by average charge and length of stay. She noted there was wide variability across hospitals in terms of average charges for each medical condition.

Ms. Witherspoon reviewed the CDI data highlighting that 6 hospitals did better than expected, but Maryland as a whole did worse than the national benchmark. She mentioned that the most recent CDC HAI Progress report noted that Maryland is one of only 20 states with a CDI reporting mandate and only one of 23 states validating the data. However, Maryland is in the bottom in the nation with only 2 states performing worse. She stated that MHCC is in the process of auditing the data with their contractor, AGS. MHCC is also looking to collaborate with other stakeholders including VHQC and DHMH to address the issue. Mr. Schwartz asked if there were any theories to explain the high rate of infections. Dr. Wilson noted that the test type can affect positive results. Ms. Witherspoon noted that the majority of hospitals are using PCR which is a more sensitive test than others.

Mr. Mukira reviewed the updated CLABSI data on the website. He noted that Maryland continues to perform better than the national benchmark but the reduction in the number of infections appears to be leveling off.

4. **Update on Severe Sepsis Bundle**

Ms. Lee stated that CMS will be requiring the Severe Sepsis and Septic Shock Management Bundle as of Q4 2015 for the IQR Program for Fiscal Year 2017. A handout was provided.

5. **Discussion on Hospital Quality-Based Reimbursement Policy: HAI Measures**

Ms. Feeney from HSCRC presented information on the Hospital Quality Based Reimbursement Policy. She reviewed the background of the program and how it compared to CMS Value Based Purchasing. She discussed the measure domains and the engagement of stakeholders in regards to the revenue at risk based on different quality measures. She stated that Maryland is doing better than the national average in several clinical process of care measures, but not all. She noted that Maryland is doing better than the national benchmark for CLABSI, colon SSIs, and MRSA. However the state is doing worse for CAUTI, abdominal hysterectomy SSIs, and CDI. She did note that the data included earlier years before the HAIs were required by Maryland. She noted Maryland is doing better than the national average for 30-day mortality for Medicare patients. However Maryland is below on HCAHPS or patient experience. The group discussed the validity of the HCAHPS data as it related to quality care. Ms. Feeney was going to share documents with the group.

The group discussed the impact of patients' socio-economic status on quality of care. Dr. Clance offered to send an article to the group on the pros of cons of risk adjusting by this grouping.

Ms. Feeney described that 2% of revenue is at risk for QBR FY2017. She showed how this compared to CMS VBP. She noted HSCRC is working on the development of an efficiency measure for use after FY2017. She said in previous years, the bottom performer had the most revenue taken away from them. The hospitals that did well received that extra money. The hospitals did not like this since they did not know how they were doing until the end of the year and it was too late to change anything. For FY2017, a benchmark and threshold were set. If the hospitals were below, they had revenue taken. A scale is established, so in theory every hospital could get a reward if they increased their QBR points. The scale is no longer dependent on where hospitals rank compared to each other. Ms. Feeney reviewed a model of the revenue at risk for QBR2017 which was shared with hospitals so they were aware where they currently stood.

Dr. Roup asked if the revenue at risk actually helps the hospitals improve. Ms. Feeney said it can help hospitals identify problem areas. Ms. Feeney said budgets are set for the hospitals by HSCRC and money will be given to high performers and taken from low performers. She said most hospitals do well in some areas and worse in others so they do not get the maximum penalty of 2% reduced revenue. Ms. Webster asked how often the revenue at risk would be calculated. Ms. Feeney said it would be done annually. Dr. Roup asked how consistent poor performers were handled. Ms. Feeney said they will meet with hospitals, but the hospitals are responsible for their performance. She said HSCRC provides the incentives.

6. **Update on HAI Data Audit: CDI and MRSA, CLABSI, CAUTI, and SSI**

Ms. Lee stated that the amount of HAI data to be audited each year is becoming unwieldy. She said strategies going forward need to be discussed such as targeting hospitals or targeting HAIs. Ms. Karen Smith discussed the current audit. She said in the past, one HAI was audited each year. This year all HAIs were to be audited. She said external data (HSCRC administrative data) had been used to validate the NHSN data in the past. She noted that using a specific set of ICD-9 codes, they were able to identify all under-reported SSIs. She said by the beginning of next week, cases will be identified as potential over or under-reported SSIs. She noted coding issues were also identified last year. Ms. Feeney asked if over or under-reporting procedures would impact the performance. Ms. Smith said it would impact the performance as the procedures make up the denominator.

Ms. Smith said they were also reviewing LabID data for CDI and MRSA. Ms. Regel noted that NHSN definitions have already changed for 2015, so the 2014 data errors are no longer relevant. She said there were logistical and quality issues in the data collection. She said with the next data collection, a webinar should be held beforehand to answer questions from the hospitals. Some hospitals did not have all the data in one system or had to manually extract the data. Three subsets of data are being used in the audit: NHSN data, hospital lab submitted data, and HSCRC administrative data. She said about 25% of hospitals did not provide complete lab data which will lead to a larger subset of cases to review. They discussed the limit of the sample sizes across the HAIs. Ms. Smith noted that the audit is meant to be educational and helpful. Last year, process issues at the hospitals were identified. Ms. Lee said hospitals are required to update their data in NHSN based on the audit findings. Ms. Lee said many hospitals appear to be having lab data issues and there is a need to verify the quality of the data that is going into NHSN. Ms. Regel said a lot of hospitals had challenges obtaining the lab data for the audit which poses the

question of how they are obtaining the data to submit to NHSN. Ms. Lee said the lab data issues need to be worked through before the actual review of cases takes place. Ms. Smith said processes at the hospitals will be reviewed and there is a need to figure out how to work through any issues identified. Ms. Lee said currently the focus is on CDI and the processes for identifying cases. Ms. Lee said strategies may be brought back to the group for feedback in the future. Ms. Feeney said CRISP is adding lab data and that may be easier to access than requesting the lab data directly from the hospitals.

7. <u>Update on Annual Survey of IPC Programs</u>

Ms. Witherspoon stated four committee members sent in comments concerning the survey. She said if anyone had additional feedback to please send it in. The survey will be finalized in May and sent to the hospitals in June/July.

8. <u>Other Business</u>

Dr. Wilson mentioned as part of CDC's Emerging Infections Program, DHMH performed an HAI prevalence and antibiotic use survey in 2011 and the survey will be repeated this year with Katie Richards heading up the project. She noted there were 21 hospitals in the state that participated in 2011, Ms. Richards is currently reaching out to eligible hospitals to participate this year. She said this survey will also be looking at appropriateness of antibiotics. Dr. Wilson will send the previous publication on the 2011 survey to the group.

Dr. Wilson said Ebola funding was made available and DHMH was awarded funding to assess infection control in hospitals. This is not exclusive to Ebola but to infection control and preparedness in a broader sense. This may include training surveyors as well as improving infection control in the hospitals. Ms. Lee asked that the information be shared with Ms. Fran Phillips.

9. <u>Adjournment: Next Meeting Date- May 20, 2015</u>

Ms. Lee adjourned the meeting at 2:45 pm.