

Centers for Medicare & Medicaid Services

Building on the Foundation: Performance Measures for Public Reporting on the Quality of Hospital Care

Holiday Inn Universal, Orlando, Florida
May 17, 2004

1:00 p.m. **Welcome**

Rose Crum-Johnson, Regional Administrator, Atlanta Regional Office
Centers for Medicare & Medicaid Services

1:05 p.m. **Introduction: The CMS Hospital Quality Initiative**

Trent Haywood, M.D., J.D., Acting Director
Quality Measurement and Health Assessment Group
Centers for Medicare & Medicaid Services

1:30 p.m. **Panel Discussion: Local Perspectives**

Mary Casey, Chairperson
Orlando Mayor's Committee on Aging

Becky Cherney, Chief Executive Officer
Florida Health Care Coalition

Matt Davies, Chief Executive Officer
UnitedHealthcare Plans of Florida

Steve Harr, Senior Vice President
Orlando Regional Healthcare

Krishan Nagda, M.D., President
Central Florida Inpatient Medicine

Moderator:
Rose Crum-Johnson

2:45 p.m. **Refreshment Break**

3:00 p.m. **Small Group Discussions**

I. Measuring Quality in Small and Rural Hospitals

Small hospitals generally offer a more limited array of services than larger community or teaching hospitals, and their smaller annual caseloads present practical measurement problems, especially when assessing care for a particular condition or disease. What special considerations, if any, should be given to small and rural hospitals in reporting on their quality of care?

II. Patient Safety Measures

Of the Institute of Medicine's six aims for improvement for the nation's health care system, safety was identified as the first such aim. What aspects of safe care are most important to the public? How should we measure the relative safety of hospitals in a manner that is fair, valid and reliable?

III. Coordination of Care Measures

The most common current indicators of quality of care are disease or condition-specific. What indicators of a facility's ability to coordinate care over the course of a patient's inpatient stay would be of greatest interest and use to consumers, providers and purchasers?

IV. Public Accountability or Quality Improvement?

The information needs of providers for feedback are not necessarily identical with the information needs of consumers, purchasers and those with public oversight responsibilities. Which quality measures are more appropriate for consumers, and which for providers? What can be learned from the debate over the requirements for consumer information in the recently enacted Affordable Health Care Act (Florida-H1629)?

4:00 p.m. **Small Group Discussion Reports**

4:15 p.m. **Audience Discussion**

Discussion Leader:
Becky Cherney

The Centers for Medicare & Medicaid Services wishes to thank the following organizations for their support of this initiative and for serving as co-hosts for today's meeting:

Florida Health Care Coalition
American Hospital Association
Association of American Medical Colleges
Consumer-Purchaser Disclosure Project
Consumers Union
Federation of American Hospitals
Florida Hospital Association
Health First
National Partnership for Women & Families
Orlando Regional Healthcare
UnitedHealthcare
Winter Park Health Foundation

Proceedings:

A recording of the meeting will be available in approximately one week, with a written summary to follow shortly thereafter, at www.cms.hhs.gov/quality/hospital.

Written comments:

Send written comments, questions, or other statements by July 30, 2004 to Lisa Lang, Centers for Medicare & Medicaid Services, Quality Measurement and Health Assessment Group, Mailstop S3-24-14, 7500 Security Boulevard, Baltimore, Maryland 21244-1850; or via email to llang@cms.hhs.gov, with a subject line "Listening Session."