

New York State Department of Health Hospital Quality Rating Stakeholder Workgroup

Final Recommendations

January 21, 2020



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Introduction

Despite calls for greater transparency and continued public and private investment in publishing provider quality and cost information, online report cards have largely fallen short on delivering timely and meaningful information that can help drive consumer decisions about where to seek health care.¹ To tackle this challenge, the New York State Department of Health (NYSDOH) plans to empower consumers by making it easier for them to find, understand, and compare the quality of health care delivered by providers in the state. This will be achieved by expanding, reorganizing, and curating the existing information the NYSDOH provides online to allow easier use by consumers.²

In 2015, NYSDOH received a State Innovation Model (SIM) award from CMMI to implement a state health innovation plan to improve health, provide better health care quality and consumer experience and lower costs. Empowering consumers with information and engaging them in their health care decisions is a foundational driver of the model. By expanding the information currently available on its websites, NYSDOH is committed to making meaningful information about quality of health care more readily available to consumers, supporting SIM improvement goals.

Early in 2019, the NYSDOH Office of Quality and Patient Safety engaged the United Hospital Fund (UHF) to organize, co-lead, and support two multi-stakeholder Workgroups – one for hospitals and one for primary care. To help solicit a broad range of perspectives and input, participants were selected from consumer advocacy groups, providers, payers, and professional and trade organizations. Both Workgroups were charged with making recommendations to NYSDOH for designing more user-friendly and meaningful provider profiles that could help inform health care decisions that New Yorkers commonly face.

The remainder of this report outlines the recommendations and related deliberations of the Hospital Quality Stakeholder Workgroup, chaired by Anne Schettine, Director of the NYSDOH Office of Quality and Patient Safety, and Dr. Anthony Shih, UHF President.³ A separate report outlines the recommendations of the Primary Care Quality Rating Stakeholder Workgroup.

¹ Bhandari N, DP Scanlon, Y Shi, and RA Smith. Why Do So Few Consumers Use Health Care Quality Report Cards? A Framework for Understanding the Limited Consumer Impact of Comparative Quality Information, *Medical Care Research and Review*, 2018, p. 1.

² NYSDOH currently operates several websites containing provider quality and cost data including NYS Health Profiles, NYS Physician Profiles, and NYS Health Connector. The Connector website provides access to the data being assembled for the state's All Payer Database.

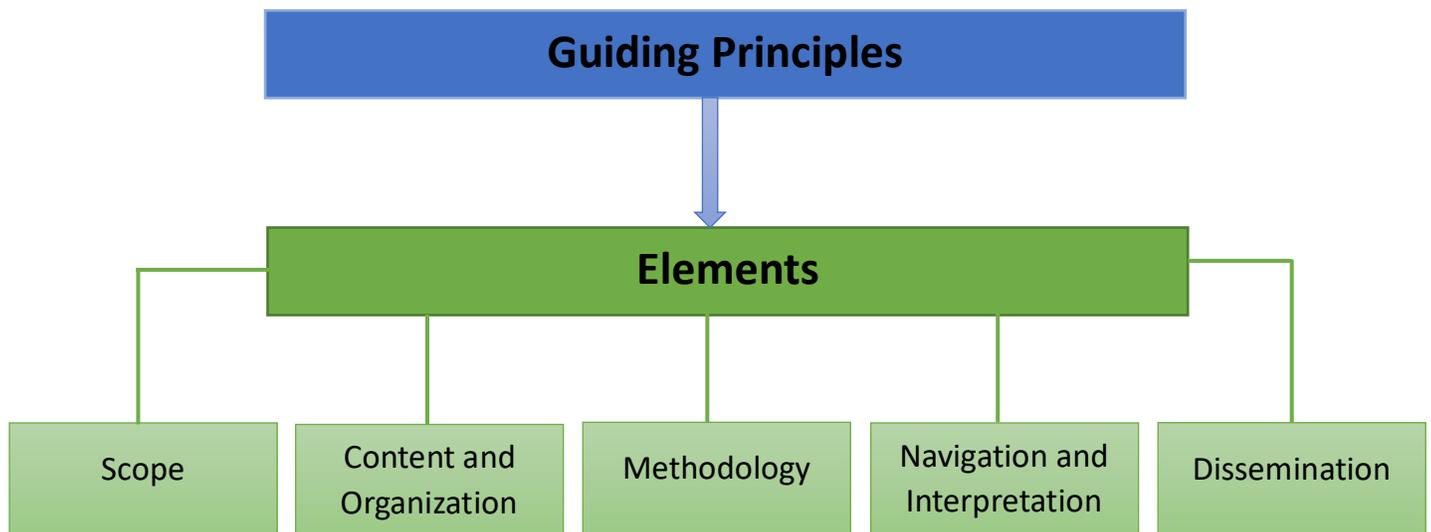
³ A list of the Workgroup's participants appears in the Appendix.

Approach

Five meetings of the Hospital Workgroup were convened over a 7-month period from April through November 2019.⁴ Throughout the process, the Workgroup shared diverse views and engaged in rich discussions of components and characteristics deemed central to developing a consumer-friendly website. Although two other goals of public reporting emerged frequently in the Workgroup’s deliberations – driving quality improvement and enhancing provider understanding of performance relative to peers – the primary focus was on quality information that could inform New Yorkers’ choices about where to seek hospital care for such needs as elective surgery, exacerbation of chronic illness, maternity care, and medical emergencies. Between meetings, Workgroup participants were encouraged to seek the input of others within their organizations.

Organizing Framework

To organize the Workgroup’s discussions and recommendations around the range of input that would be helpful to NYSDOH for developing hospital quality profiles for a consumer audience, the Workgroup agreed to a framework of five categories or “elements” that are important for building a new website.⁵ These include: (1) scope, (2) content and organization, (3) methodology, (4) navigation and interpretation, and (5) dissemination, all of which would be informed by the Guiding Principles.



⁴ Webinars were held on April 3, July 25 and November 13. In-person meetings were held at UHF on May 17 and September 11.

⁵ The Workgroup recognized that the five organizing elements contained some overlap and were not mutually exclusive.

Recommendations – Guiding Principles

The recommendations from the Workgroup begin with a set of guiding principles which should inform NYSDOH as they develop a consumer-facing website for hospital quality. **The Workgroup reached consensus on five broad guiding principles – the website should: be meaningful and relevant to all New Yorkers; be flexible; be easy to use and understand; evolve in response to user needs and advances in measurement science; and recognize unintended consequences.** Further detail is provided below:

Meaningful and relevant:

- Contains accurate and timely information that the evidence shows matters to patients, families, and consumers when making health care decisions
- Incorporates transparent and actionable quality information that is important for understanding and improving hospital performance including safety, effectiveness, and patient-centeredness
- Includes structural information or characteristics that help provide a fuller picture for consumers of hospital services
- Promotes informed use of the health care system

Flexible:

- Recognizes that consumer decisions are highly individualized and is responsive to user preferences

Easy to use and understand:

- Recognizes cognitive burden and leverages principles of effective web design
- Uses plain language to describe quality measures and their meaning for consumers; applies best practices to address limitations in literacy, numeracy, and English proficiency

Evolves:

- Responds to feedback from users and input from other key stakeholders
- Responds to advances in measuring performance, value, equity, or other concerns about quality, disparities, or the effects of social factors on health

Recognizes unintended consequences:

- Is mindful of choice constraints (e.g. narrow provider networks) and the language used to describe them
- Is mindful of potential reluctance to treat high-risk, high-need patients or of incentivizing performance metrics over appropriate clinical judgment or response to patient/family treatment preferences

Recommendations – Framework Elements

Within each element, while the Workgroup was able to help shape, and reach consensus on, many recommendations, not surprisingly, consensus was not reached on all topics where input was sought. The following section outlines the Workgroup’s recommendations by element as well as remaining issues and information gaps that may require further consideration by NYSDOH and/or consultation with additional experts. Of note, the Workgroup did not consider or recommend specific quality measures, which was beyond the scope of its charge.

1. Scope

The Workgroup recommended that information about hospital quality should be the primary focus of the new website. There was consensus that the Institute of Medicine’s (IOM) six specific aims for health care system improvement – care that is safe, effective, patient-centered, timely, efficient and equitable⁶ – provide a useful model for informing the website’s current and future scope. While there was agreement that measures selected for the website should address these six aims, the Workgroup acknowledged that, at present, there is a lack of standardized measures to address them all.

The Workgroup also recommended that NYSDOH include structural information and other characteristics **that consumers find meaningful for decision-making.** Examples include state program designations, results of inspections, number and type of beds and services – all currently available on NYS Hospital Profiles. It was noted that existing information on hospital inspection results and complaint investigations should be expanded to include details about the nature of complaints or deficiencies. In addition, the Workgroup recommended, where feasible, including a hospital’s health system affiliation, health plan participation, teaching status, and language access services, which are not currently available on NYS Hospital Profiles.

The Workgroup could not reach consensus on posting currently available hospital charge or cost data. While the primary purpose of the website is to make available accurate, valid, reliable, and meaningful quality information to consumers, the Workgroup noted mounting evidence documenting consumer concerns about the high cost and affordability of hospital care, their desire for greater price transparency, and the real barriers to finding useful information.^{7,8} Gaps in meaningful data on cost and affordability for consumers received much attention by the Workgroup. (Making prices more transparent for items and services provided by hospitals has also been prioritized by the federal

⁶ Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academies Press, 2001.

⁷ Kaiser Family Foundation. *Kaiser Family Foundation/LA Times Survey of Adults with Employer Sponsored Insurance, May 2, 2019, section 6*. <http://files.kff.org/attachment/Report-KFF-LA-Times-Survey-of-Adults-with-Employer-Sponsored-Health-Insurance>

⁸ Mehrotra A, KM Dean, AD Sinaiko, and N Sood. Americans Support Price Shopping for Health Care, But Few Actually Seek Out Price Information. *Health Affairs* 36, no. 8 (2017): 1392-1400.

government.)⁹ Although including available hospital charge data as a proxy for cost to consumers was debated, there was a lack of consensus that this information would be helpful to most consumers.¹⁰ Most of the Workgroup's consumer representatives strongly supported publishing hospital charge data on the website as a way to advance progress on better pricing information and felt that it would be useful to consumers, especially those who lack health insurance. Other participants believed that charge data would be confusing or even possibly misleading.

Timely and accurate data that could enable consumers to estimate out-of-pocket expenses in advance of receiving care was prioritized by the Workgroup as a critical gap area that should be addressed.

Until better information becomes available, some participants suggested that NYSDOH consider directing consumers to health plans for questions about out-of-pocket costs and to health systems for questions about financial aid.

2. Content and Organization

The Workgroup recommended that the website's content should be shaped by quality information that consumers find meaningful for decision making. They agreed that the following categories provided options for organizing such content: type of measure (e.g., structure, process, outcome, patient reported outcomes,¹¹ utilization); quality domain (e.g., patient experience, safety, timeliness, effectiveness); service (e.g., maternity, emergency department); and condition-specific (e.g., cardiac, hip/knee replacement measures).

Recognizing that consumers' needs and desire for information varies, the Workgroup agreed that the website should be customizable and flexible to be able to respond to different information preferences and decision-making contexts. For example, to the extent possible, a patient deciding where to go for maternity care should be able to focus on those quality domains and measures that are most relevant to that hospital service along with her own personal preferences and priorities about that care.

The Workgroup agreed that consumers need easily accessible and understandable information about their rights as a hospital patient and resources that are available for assistance, including financial assistance and point of contact for billing questions. It was proposed that NYSDOH consider ways to post hospital financial aid policies and sources of available financial assistance, which would be helpful to consumers. Several Workgroup participants recommended that NYSDOH consider posting simple checklists or other educational resources useful to patients and families anticipating a hospital stay on topics such as how to: prepare for a hospital stay, raise concerns about your care, reduce your risk of infection while hospitalized, prepare for discharge, or appeal a discharge decision. While easy access to

⁹ CMS published a Final Rule in the Federal Register on Nov. 15, 2019 with an effective date of Jan. 1, 2021 requiring hospitals to publish charges and negotiated rates for all items and services and for 300 shoppable services. For more information, see <https://www.cms.gov/newsroom/fact-sheets/cy-2020-hospital-outpatient-prospective-payment-system-opps-policy-changes-hospital-price>

¹⁰ Due to varying insurance coverage, benefits, and plan design, in most cases, charges do not accurately reflect a patient's out-of-pocket costs for services received during a hospitalization.

¹¹ Patient-reported outcomes assess symptom status and physical, social, and emotional health.

this type of information would be beneficial to consumers, the best way to provide it was not clear – e.g., by posting it on the new website or through links to another NYSDOH website that offers more comprehensive information on related consumer, patient, and family rights. Consumer representatives also recommended easy access to the phone numbers for submitting complaints about hospital care to NYSDOH and to Community Health Advocates, the state’s Independent Consumer Assistance Program.

The Workgroup agreed that the website’s content should aim to meet the information needs of all New Yorkers, including those who are elderly, have limited English proficiency and/or literacy skills, have health literacy challenges, or have specific health care needs (e.g., physical or mental disabilities,¹² LGBTQ, or HIV/AIDs, or other chronic illnesses). Prior to rolling out the website, the Workgroup recommended that NYSDOH test it with diverse consumer audiences (e.g., age, race, ethnicity, gender, education level, socioeconomic background, and physical ability). In addition, the Workgroup recommended developing processes to solicit consumer input about information priorities and ensure that the site remains relevant to users.

There was also interest, especially among consumer representatives, in quality information that is disaggregated to reflect the diversity of the NYS patient population (e.g. race, ethnicity, gender, age, disability, geographic distribution, LGBTQ status). **The Workgroup strongly recommended that the website provide information about hospital results on achieving greater health equity¹³ as measurement in this important area advances and becomes adopted.** The Workgroup encouraged NYSDOH to take an active role in promoting the development and use of such measures.

Other Issues

Accreditations, Designations, and Certifications

While the Workgroup acknowledged the value and importance of hospital accreditation (e.g., The Joint Commission) and consumer interest in certain other well-recognized, non-governmental designations and certifications (e.g., Magnet Recognition, disease-specific certifications, Planetree), the Workgroup did not reach consensus on which ones to include for profiling hospital quality. The Workgroup did agree that if NYSDOH wanted to include more information of this type (in addition to hospital accreditation), there would need to be a better understanding of associated requirements, processes, and costs given varied resources among hospitals. Additional expertise may be useful to help NYSDOH further explore what has become a rapidly expanding market in recognitions and to develop potential criteria to determine whether to include them or provide links.

¹² In 2003, the Department of Justice issued a technical assistance document addressing website accessibility entitled, “Accessibility of State and Local Government Websites to People with Disabilities.” This technical assistance document can be accessed at <https://www.ada.gov/websites2.htm>

¹³ For example, differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. AHRQ’s 2018 *National Healthcare Quality Disparities Report* highlights racial and ethnic differences among New York patients who reported lack of good communication during a hospital stay about medications received and discharge information. There were also disparities among patients who reported that hospital staff did not take their and their family/caregiver preferences into account during discharge planning. For more information, visit <https://nhqrnet.ahrq.gov/inhqdr/reports/qdr>

Patient Narratives

The Workgroup was divided on NYSDOH’s role in providing access to patient narratives. Research has shown that consumers value the opinions of family, friends, other patients, and health care professionals they know when searching for providers.¹⁴ Patient comments and narratives are now widely available on websites like Google, Yelp, Facebook, Healthgrades, ZocDoc, and many others. The consumer representatives on the Workgroup strongly favored the inclusion of narratives of this type on the website. However, due to risks of inherent bias and potential defamation associated with posting patient comments, other Workgroup participants had mixed opinions about whether and how to approach posting patient narratives on a state-sponsored website. Participants asked whether NYSDOH could collect, curate, audit, and display patient comments, but it was not clear whether such an approach would be feasible, desirable, or appropriate. Although there was general recognition of the importance to consumers of the opinions of “patients like them,” the Workgroup did not reach consensus on whether NYSDOH should display patient narratives on a quality website or on whether to refer users to other websites that provide them.

Patient-Centeredness

The Workgroup acknowledged that patient-centeredness is an important attribute of a hospital that is meaningful to consumers and that the best existing tool, the [HCAHPS survey](#), provides useful and standardized information for understanding and comparing overall hospital performance on patient experience. At the same time, there is a lack of information that can help consumers understand how responsive hospitals are to the needs and values of the patients and families they serve, and the degree to which their priorities are respected. The Workgroup identified patient-centeredness as a gap area in hospital performance that NYSDOH should actively explore filling as measurement science evolves.

3. Methodology

The Workgroup was not charged with the development of a specific methodology for profiling hospital quality, rather, to make recommendations about considerations that could inform the selection of indicators, data, and methods for profiling and comparing hospital performance.

The Workgroup unanimously agreed that all sources and methods used to compile and present data should be transparent, easy to find on the website, and described in simple terms that are clear and understandable to a consumer. Equally important, appropriate methods should be utilized to minimize the likelihood of performance misclassification (e.g., random error, case mix differences, over-sensitivity to data updates) and ensure that scores or ratings¹⁵ reflect a provider’s “true”

¹⁴ Kaiser Family Foundation, *Trends in the Use of Hospital and Provider Quality Ratings*, April 2, 2011, <http://kff.org/health-reform/poll-finding/data-note-trends-in-the-use-of>

¹⁵ For the purpose of this document, we use the terms scores and ratings interchangeably.

performance.¹⁶ Workgroup members cited problems that have plagued the CMS star ratings for hospitals, including data updates that led to rating changes that were not reflective of meaningful performance differences over time, and recommended that NYSDOH periodically assess performance reporting methods to avoid this.

The Workgroup spent considerable time discussing the pros and cons of composite measures, global scores, and rankings. **The Workgroup agreed that a composite measure¹⁷ for each quality category be made available, but were sharply divided on the value of a global or overall score.¹⁸ While the Workgroup acknowledged the importance of composite measures to simplify information and avoid overload, they agreed that consumers should be able to easily “drill down” on a composite’s individual components, so that those who want more specific performance information on individual quality measures can access it.** Furthermore, in developing composites, NYSDOH should use methods that minimize misclassification and ensure that composite scores are a transparent reflection of performance on the individual measures.

While the group agreed on including composite measures for quality domains (or categories), they remained divided on the benefits of including a single global score (e.g., the CMS overall star rating) or ranking. Proponents of a global score, including consumer representatives, cited its appeal to consumers as a clear and simple measure of quality. But other members of the Workgroup noted that hospital quality may vary across different services (e.g., excellent performance in the Emergency Department but average in maternity services) or domains (e.g., high patient experience scores but high readmission rates), and felt that a global score or ranking was not sufficiently informative or could perhaps be misleading.¹⁹ Further, complex statistical methods are required to calculate a global score (e.g., for addressing sample size and missing data), including assigning weights to composite measures, which can lead to over-emphasizing some domains or measures. When performance reporting methodologies are not easy to understand, consumers may not trust them.

The Workgroup agreed that the site should enable the user to compare a hospital’s results to statewide and national performance benchmarks. Where possible, the Workgroup recommended that NYSDOH explore the feasibility of providing performance benchmarks for regions within the state. For comparison purposes, the user should be able to stratify or filter hospitals by selected characteristics/peer groups of interest to them (e.g., type or teaching status, bed size, geography, payer mix).

Although there was considerable discussion about how to risk adjust for outcome measures and/or account for non-clinical differences in patient populations (e.g., stratification by social risk factors or

¹⁶ Friedberg MW and CL Damberg, *Methodological Considerations in Generating Provider Performance Scores for Use in Public Reporting: A Guide for Community Quality Collaboratives*, Agency for Healthcare Research and Quality, September 2011.

¹⁷ Composite measures integrate scores on multiple measures that are highly related, conceptually and possible statistically. (Sofaer S, E Humphrey, L Koester, and M Mannon. *Best Practices in Transparency and Public Reporting for Wisconsin Public Employees*. American Institutes for Research, May 2015).

¹⁸ Global or overall scores, also known as a summary scores or indices, combine measures that can be quite different, coming from distinct domains. (Sofaer S, E Humphrey, L Koester, and M Mannon. *Best Practices in Transparency and Public Reporting for Wisconsin Public Employees*. American Institutes for Research, May 2015.)

¹⁹ It was also noted that hospitals vary in the range of clinical services they provide.

other characteristics), no consensus was reached. This remains an area that may require further exploration by NYSDOH.

4. Navigation and Interpretation

To ensure that information displayed on the website is easy for consumers to find and understand, the Workgroup recommended that the website clearly explain and provide reference materials about the purpose of quality reporting, why quality is important to consider, what specific quality categories and measures mean, and how a consumer can use them to assess and compare provider performance. The Workgroup emphasized the importance of considering literacy, numeracy, health literacy, and limited English proficiency and also recommended that principles of effective web design²⁰ be used to facilitate navigation and reduce cognitive burden (i.e., information overload) including:

- Intuitive structure – making the website feel familiar and easy to use
- Size and content hierarchy – bringing attention to the most important information (via fonts, colors, headings, lists)
- Using plain language and common words, icons, symbols
- Engaging users by making the site interactive; enabling users to customize search results
- Easing navigation through multiple search functions and filters
- Optimizing for mobile devices

5. Dissemination

Over the past 10 years, many studies have shown that consumers prefer information from family and friends and use search engines as sources of information when they are choosing a health care provider. But a few recent studies have found that New Yorkers believe that state government and insurers should play a role in monitoring hospitals' quality, holding them accountable for the quality of their care, and publishing information about every provider.²¹ Research has also pointed to consumers' desire to obtain hospital quality information in one easily accessible place from an unbiased source whose priority is the interest of the consumer, and that the NYSDOH may be viewed as a trusted source.²²

To assure that quality information and related educational resources reach New York consumers, the Workgroup recommended that NYSDOH create a public awareness campaign to promote the

²⁰ American Institutes for Research, *How to Display Comparative Information That People Can Understand and Use*, 2010, <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf69342>

²¹ Schleifer D and Grisham K. *WE CAN DO BETTER: New York State Residents Weigh In on Health Care Quality, Public Agenda*, November 2019. <https://www.publicagenda.org/wp-content/uploads/2019/11/We-Can-Do-Better-New-York-State-Residents-Weigh-In-on-Health-Care-Quality.pdf>

²² Weiss L, M Scherer, and A Shih. *Consumer Perspectives on Health Care Decision-Making: Quality, Cost and Access to Information*. New York Academy of Medicine, April 2016, https://www.nyam.org/media/filer_public/14/33/1433a8fa-21bd-4bd4-8e25-e2655cdcf5ff/phiopfogrconsumerpersfinalrevised8-25-16.pdf

importance of understanding and using quality data in decisions about where to seek care. The Workgroup also noted that it would be important for NYSDOH to use search engine optimization techniques to help make the website easier to find in an internet search.

To further promote use of the website and its information resources, NYSDOH should consider using social marketing strategies to target specific populations; e.g., consumers shopping for health plans on [NY State of Health](#) could be referred to the website or to [Community Health Advocates](#) to review the quality ratings of hospitals included in the networks of health plans they are considering. NYSDOH should also explore leveraging existing distribution channels to promote uptake of the website by partnering with provider, payer, and consumer advocacy organizations or by linking to other related websites widely used by consumers.

Conclusion and Future Directions

The Workgroup welcomed the opportunity to provide input to the NYSDOH Office of Quality and Patient Safety, and its deliberations underscore the urgent need for user-friendly approaches to public reporting that consider the aspects of quality that matter to consumers and promote greater transparency. NYSDOH's commitment to engaging stakeholders early in a planning process for providing quality information targeted to New York consumers and for enhancing existing online resources to help them identify providers who can best meet their needs are indeed important steps. As the next phase of development and design begins, gaps in quality and cost information that New York consumers, patients, and families prioritize will need continued attention and evidence-based approaches to resolving methodological issues, including data quality, will need further exploration.

Appendix – Hospital Quality Rating Stakeholder Workgroup Participants

Susan Beane, Vice President and Medical Director, Healthfirst

Chuck Bell, Programs Director, Advocacy, Consumer Reports

Elisabeth Benjamin, Vice President, Health Initiatives, Community Service Society of New York

Laura Brosen, Clinical Quality Program Director, Anthem/Empire Blue Cross Blue Shield

Laura Eldon, Former Program Officer, New York State Health Foundation (*until Nov. 2019*)

Foster Gesten, Former Chief Medical Advisor, Quality and Health Care Delivery, Greater New York Hospital Association (*until Aug. 2019*)

Maria Hale, Vice President, Patient Advocacy & Service Excellence, Northern Westchester Hospital

Avital Havusha, Vice President for Programs, New York State Health Foundation (*as of Nov. 2019*)

Marla Koroly, Chair, Quality and Patient Safety Committee, New York Chapter American College of Physicians and Chief Medical Officer and Senior Vice President, Medical Affairs, Northern Westchester Hospital

Sarah Krüg, CEO, Cancer101, Founder, Health Collaboratory, and Executive Director, Society for Participatory Medicine

Trudy Lieberman, Contributing Editor, Columbia Journalism Review

Eric Linzer, President and CEO, New York Health Plan Association

Robert LoNigro, Executive Vice President, Health Care Operations, Heritage Provider Network/HealthCare Partners

Robert Panzer, Chief Quality Officer and Associate Vice President, Patient Care Quality and Safety, Professor of Medicine, and of Community Medicine, University of Rochester Medical Center

Frederic Riccardi, President, Medicare Rights Center

Lorraine Ryan, Senior Vice President, Greater New York Hospital Association (*as of Aug. 2019*)

Eric Schneider, Senior Vice President for Policy and Research, Commonwealth Fund

Candice Sherman, CEO, Northeast Business Group on Health

Lois Uttley, Program Director, Women's Health Program, Community Catalyst

Eric Wei, Vice President and Chief Quality Officer, NYC Health + Hospitals

Loretta Willis, Vice President of Quality, Healthcare Association of New York State

New York State Department of Health: Anne Schettine (Co-chair), Lindsay Cogan, Natalie Helbig, Tatiana Ledneva, Dorothy Persico (*as of Nov. 2019*), Radek Staniek, Linda Tripoli (*until Nov. 2019*)

United Hospital Fund: Anthony Shih (Co-chair), Anne-Marie Audet, Joan Guzik, Pooja Kothari, Kevin Mallon, Kristina Ramos-Callan, Lynn Rogut

NOTE: The recommendations and areas of agreement set forth in this report may not fully align with each individual participant's views or with the views of the organizations represented on this list.