

findings brief

Reducing the Administrative Burden of Health Care Quality Reporting

key findings

- While quality performance measurement and reporting have the potential to improve the quality of health care and reduce costs, these activities can pose a significant administrative and financial burden on participating hospitals.
- Hospitals are adopting a variety of strategies to manage quality measurement and reporting demands.
- Better coordination may be the key to successful quality reporting.

Hospitals have been facing growing demands to participate in clinical quality and performance measurement and reporting programs. These programs are increasingly being linked to payments and financial incentives, and there is pressure to demonstrate high-quality and cost-effective performance.

Quality measurement and reporting have the potential to improve quality of care and reduce health care costs, but can also cause administrative burden on hospitals. Activities attendant to measuring and reporting quality improvements take both time and money. The growing number of different quality-reporting programs, the use of distinct performance measures by each, and the periodic adjustments to these measures causes further burden and coordination challenges.

In a HCFO-funded study, Paul Ginsburg, Ph.D., Debra Draper, Ph.D., and colleagues at the Center for Studying Health Systems Change (HSC) examined the impact of quality measurement and reporting activities on hospitals and the strategies hospitals use to manage the demands associated with reporting.

Methodology

The researchers used a case study approach grounded in HSC's ongoing tracking of local health care markets across the country. This study focused on four communities, Boston, Indianapolis, Seattle, and Orange County, Calif., which were selected for their high level of quality measurement and reporting activity. Each community has extensive provider participation in a wide variety of quality measurement and reporting programs. Additionally, hospitals in all four communities participate in the Medicare Health Quality Improvement reporting program, and physicians in Boston, Seattle, and Orange County participate in one of two new Medicare demonstration pay-for-performance programs.

Data were collected from approximately 45 semi-structured phone interviews conducted by two person interview teams between April and July of 2006. The interview respondents included representatives of quality-reporting programs and other organizations knowledgeable about hospitals' quality measurement and reporting activities,



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as well as quality improvement leadership from at least two of the largest hospitals in each study market. The interviews focused on the following domains: 1) hospitals' quality reporting activities; 2) strategies hospitals use to manage the demands associated with quality-reporting activities; and 3) the role of external stakeholders in streamlining quality-reporting demands.

Findings

Hospitals in the four study sites participate in a wide range of both mandatory and voluntary quality-reporting programs, with a growing demand for even more participation. In addition to the number of programs, the number of conditions measured and data elements that must be gathered within the programs also is expanding. Measure sets, definitions, and requirements vary across the different programs, and there are limited coordination efforts, which contribute to the growing administrative burden on hospitals.

The hospital respondents noted that while some programs are required for regulatory and accreditation purposes, and some are linked to payment, participation also is driven by pressure from employers and the need to preserve professional standing among peers and the community. Interviews also revealed that there is a significant lack of coordination between national, state, and local reporting programs. This can lead to both confusion and redundancy for hospitals, as often they must report similar measures in different ways because of unique specifications by the various programs. While some progress has been made toward coordination, including an agreement between JCAHO and CMS to adopt a core measure set, there is still wide variation among the requirements of different programs, partly due to varying priorities on what needs to be measured.

In order to cope with the growing quality measurement and reporting demands, hospitals have adopted a variety of approaches to manage quality-reporting activities. The variety of activities, along with their asso-

ciated challenges, suggests that hospitals are not consistent in which strategies they choose to implement, and which are successful. This is likely influenced by the individual characteristics of the hospitals, and the resources available to them. Different approaches that were identified include:

Utilizing Health Information Technology

Leveraging HIT has been an important strategy for reducing reliance on manual chart review, decreasing staff burden, and eliminating redundancies in quality-reporting tasks. Respondents indicated that electronic health records (EHRs) help ease reporting demands for hospitals. However, ongoing challenges include varying sophistication of HIT within hospitals, the fact that HIT systems are not typically designed with quality reporting in mind, and the difficulty associated with integrating quality reporting into established features of EHRs. Additionally, the expense of technology can be cost-prohibitive for many hospitals. Thus, while HIT has helped ease reporting for some hospitals, there are still challenges that prevent widespread use of HIT to reduce reporting burdens.

Integrating quality-reporting activities into the patient care routine

Researchers found that hospitals have increasingly moved responsibility for data collection from quality improvement (QI) staff to patient care staff, and are increasing computer access for front line staff. Another strategy used to manage requirements is concurrent review – performing data collection and abstraction in real time while the patient is still in the hospital – which also allows staff to be more proactive with quality enhancing patient care interventions. Techniques such as these, which integrate data collection tasks into the daily workflow of clinicians, were identified as both sophisticated and successful ways to manage quality reporting.

Standardizing and centralizing quality-reporting work

While some hospitals found shifting quality-reporting tasks to patient staff a useful strategy, a number of hospitals found

that administering quality programs in a single department and centralizing data aggregation, analysis, and reporting was more effective for them. Some respondents felt that this strategy was useful in understanding how various requirements relate to each other and ensures reports are standardized. Variation in the way clinicians record information and the forms used remains a challenge with this strategy, which can make it difficult for QI staff to extract the necessary information.

Increasing emphasis on quality improvement and resources dedicated to quality activities

A hallmark of successful quality reporting is support by the hospital leadership and staff. Many respondents noted that hospital staff dedicated to quality reporting have as much as doubled during the past two years. Respondents also observed that hospitals that have staff who understand the importance of quality work are better able to affect change in reporting. This includes understanding how quality reporting is integral to the overall mission of the hospital, how it is helpful in the patient care decision-making process, and the role it plays in accreditation and financial incentives.

Relying on outside vendors to provide needed expertise and capacity

Some respondents shared that using vendors and outside contractors has helped reduce the burden of quality measurement and reporting on hospitals. However, these services often represent a significant expenditure for the hospital. Therefore, similar to the adoption of HIT, the use of outside vendors may be less widespread because of its associated costs.

Respondents agreed that external stakeholders play an important role in diminishing hospitals' burden of quality reporting. However, they recognize stakeholders may have distinct motives, priorities, and opinions on quality measurement, as well as competing strategies. During the interviews, respondents identified various solutions to alleviate some of the quality reporting burden. One potential solution

proffered, for example, was the creation of a central repository into which hospitals report standardized data and from which interested parties could pull necessary information. In addition, the need for clear, evidence-based national standards was emphasized, along with the need for clearer definitions of measures.

A continuing challenge for hospitals is balancing a desire to be responsive to increasing reporting requirements while working within the limitations of resources available to meet demands. As hospitals continue to develop and adopt strategies such as those identified above, respondents also identified changes that external entities could consider to ease the burden on hospitals, such as:

- Prioritizing measures
- Requiring hospitals to review only a sampling of charts each quarter

- Allowing hospitals to drop measures that reach 100 percent
- Less frequent adjustments to definitions and new measures

Recognizing these needs and challenges, respondents were enthusiastic about the creation of the National Quality Forum (NQF) and their work to date. NQF was created in 1999 as part of an integrated national quality improvement agenda, and promotes a common approach to measure health care quality and foster a system-wide capacity for quality improvement. Additionally, the NQF mission has expanded to include working in partnership with other leadership organizations to establish national priorities and goals for performance measurement and public reporting¹.

However, reducing the burden for hospitals needs to be balanced with the desire for more complete data, for more accurate and stable measures, and for consistent data over time, thereby creating a greater

likelihood that the data will be used in quality improvement activities by hospitals.

Conclusion

While hospitals are at the center of a positive national drive toward improved health care quality, they are facing growing demands and pressures of quality reporting programs. If quality improvement is to remain a key issue in the dialogue on improving health care and reducing costs, better coordination of quality reporting requirements is essential. Without that coordination, the burden may become too great for our hospitals.

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Endnotes

- ¹ National Quality Forum. Available at: <http://www.qualityforum.org/>.

