

ACCOUNTABILITY FOR QUALITY IN HEALTHCARE

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GREATER NEW YORK HOSPITAL ASSOCIATION & UNITED HOSPITAL FUND

CLINICAL QUALITY FELLOWSHIP PROGRAM

Disclosure



- ❑ Erin DuPree has no conflicts to report, financial or otherwise.

Objectives



- ❑ At the conclusion of this educational presentation, the participant will be able to:
 - ❑ List examples of oversight bodies for quality in healthcare
 - ❑ Describe accountability for healthcare organizations at the state and federal levels
 - ❑ Contrast a systems approach to quality and individual accountability



ACCOUNTABLE

WHAT



□ Quality:

Safety

Equity

Efficiency

Effectiveness

Timely

Patient-centered

ACCOUNTABILITY

Systems vs Individual

Physicians



- ❑ Education/training; Examination and licensure
- ❑ Specialty: Board certification and maintenance of certification
- ❑ Institutional evaluation
 - ❑ Credentialing and privileging
 - ❑ Health plan provider networks
 - ❑ Peer review
 - ❑ OPPE, FPPE
- ❑ Malpractice
- ❑ Web
 - ❑ Ratings systems
 - ❑ Public comments
- ❑ Payment and measurement

Nurses



- ❑ Education and Training
 - ❑ Increasing degree emphasis: e.g., BSN
 - ❑ Specialty certification-NP, Clinical Nurse Specialist
- ❑ Licensing
- ❑ Examination
- ❑ Institutional Evaluation
 - ❑ Preceptorship
 - ❑ Competencies


WHO To Hold Accountable

- ❑ Providers
- ❑ Management
- ❑ Organizations
- ❑ Suppliers
- ❑ Health plans



HOW: Levers for Accountability




 Measurement

 Public reporting

 Payment

 Regulation

 Accreditation

 Certification

 Legal

Measurement examples



- Hospital 30-day, all cause, risk-standardized mortality rate following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure
- Heart failure (HF) 30-day readmission rate



*“The quality-measurement movement began more than 20 years ago and has resulted in transparent quality-performance information, **accountability**, and improvements. At the same time, proliferation of quality measures has caused confusion, increased reporting burden, and misalignment of approaches for common clinical scenarios.”*



The Universal Foundation

Douglas B. Jacobs, M.D., M.P.H., Michelle Schreiber, M.D., Meena Seshamani, M.D., Ph.D., Daniel Tsai, B.A., Elizabeth Fowler, Ph.D., J.D., and Lee A. Fleisher, M.D. Aligning Quality Measures across CMS — The Universal Foundation. *N Engl J Med*, February 1, 2023.

Public Reporting



Care Compare



Doctors & clinicians



Hospitals



Nursing homes including rehab services



Home health services



Hospice care



Inpatient rehabilitation facilities



Long-term care hospitals



Dialysis facilities

5. Trinity Health Oakland Hospital

13.1 mi



ACUTE CARE HOSPITALS

44405 Woodward Ave
Pontiac, MI 48341
(248) 858-3000

Overall star rating



Patient survey rating



Compare



6. Ascension Genesys Hospital

13.5 mi



ACUTE CARE HOSPITALS

One Genesys Parkway
Grand Blanc, MI 48439
(810) 606-5000

Overall star rating



Patient survey rating



Compare



7. Henry Ford Health West Bloomfield Hospital

14.8 mi



ACUTE CARE HOSPITALS

6777 West Maple Road
West Bloomfield, MI 48322
(248) 325-1000

Overall star rating



Patient survey rating



Compare



Complications

This section shows serious complications that patients experienced during a hospital stay or after having certain inpatient surgical procedures. These complications can often be prevented if hospitals follow procedures based on [Read more](#)

Rate of complications for hip/knee replacement patients

2.5%

No different than the national rate

National result: 2.4%

Number of included patients: 480

Serious complications

0.79

No different than the national value

National result: 1.00

Deaths among patients with serious treatable complications after surgery

147.91

No different than the national rate

National result: 143.04

Payment Examples



Bundled Payment Accountable Care Organizations

For hospitals, CMS programs:

- Hospital Value-Based Purchasing ([VBP](#)) Hospital
- Readmission Reduction ([HRRP](#))
- Hospital Acquired Conditions ([HAC](#)) Reduction

Regulation



- Protects the public from risk
- Developed and implemented by all levels of government

Licensure



- ❑ A process where an individual or organization is determined to have met essential requirements and is granted permission to deliver services
- ❑ Typically, mandatory
- ❑ Often refers to individual professions, e.g.
 - ❑ New York State Dept of Education, Office of the Professions
 - ❑ Physicians and Nurses

Accreditation



- ❑ Process by which an organization is verified as meeting a group of standards
- ❑ Voluntary or Mandatory
- ❑ Examples:
 - ❑ Hospital: The Joint Commission
 - ❑ Residency programs: Accreditation Council for Graduate Medical Education (ACGME)
 - ❑ Health plan: National Committee for Quality Assurance


Certification




- ❑ Process by which an authorized entity evaluates and verifies that an individual or organization meets established standards or requirements
- ❑ Typically, voluntary
- ❑ Examples:
 - ❑ Physician: American Board of Medical Specialties
 - ❑ Hospital: American Heart Association for cardiac care

HOW: Levers for Accountability




 Measurement

 Public reporting

 Payment

 Regulation

 Accreditation

 Certification

 Legal

Oversight Examples



	Providers	Facilities	Health Plans
Certification, Accreditation	American Medical Specialty Boards		
Federal government	Drug Enforcement Administration		
State government	NYS Dept of Education		
Legal	Plaintiffs bar		
Independent	Health Grades		
Public/Internet ratings	Yelp		

Physician Specific Information



Medicare.gov Physician Compare Home About Resources

- Physician Compare
- Home Health Compare
- Hospital Compare
- Nursing Home Compare
- Dialysis Facility Compare
- Inpatient Rehabilitation Facility (IRF) Compare
- Long-Term Care Hospital (LTCH) Compare
- Supplier Directory
- Hospice Compare

Medicare physicians & other clinicians

Search for a name, specialty, group, body part, or condition

Search

Examples: Dr. Smith, heart, allergies, cardiology, Baltimore Family Practice

Other ways to search

Not sure where to start? Consider these two ways to help you find Medicare clinicians.

[Browse by specialty from A to Z](#)

[Search by body part](#)

How to use Physician Compare

Learn how to use Physician Compare to help you find Medicare clinicians in your area.



Play video

Physician Compare Patient Story

Watch Washington D.C. couple Mike and Ann explain why Physician Compare is a valuable tool in searching for Medicare clinicians.



Play video



Oversight Examples



	Providers	Facilities	Health Plans
Certification, Accreditation		Joint Commission	
Federal government		Centers for Medicare and Medicaid Services (CMS)	
State government		State Dept of Health (DOH)	
Legal		Medicaid Inspector General	
Independent		Leapfrog, US News World Report	
Public/Internet ratings		Yelp	

U.S. Department of Health and Human Services (HHS)

Xavier Becerra

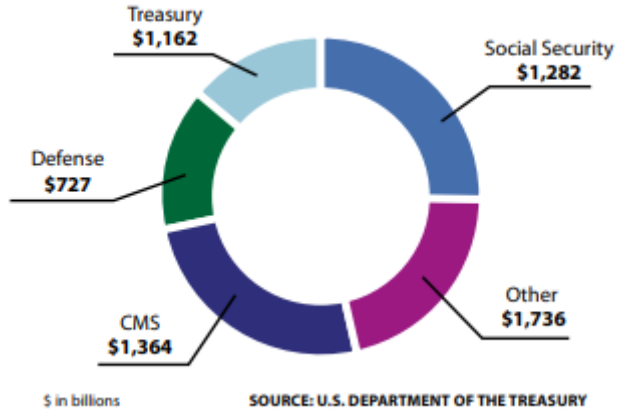
- HHS secretary
- FY 2023 budget: 2.6 trillion



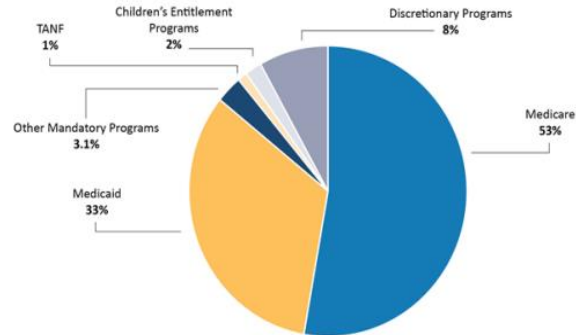
Centers for Medicare and Medicaid Services (CMS)

Chiquita Brooks-LaSure

- Administrator
- FY 2023 1.36 trillion



COMPOSITION OF THE FY 2021 BUDGET \$1,370 BILLION IN OUTLAYS



Oversight Examples



	Providers	Facilities	Health Plans
Certification, Accreditation	American Medical Specialty Boards	Joint Commission	National Committee for Quality Assurance
Federal government	Drug Enforcement Administration	Centers for Medicare and Medicaid Services (CMS)	Employee Retirement Income Security Act
State government	NYS Dept of Education	NYS Dept of Health (DOH)	NYS Dept of Financial Services
Legal	Plaintiffs bar	Medicaid Inspector General	NYS Attorney General
Independent	Health Grades	Leapfrog	JD Power and Associates
Public/Internet ratings, comments	Yelp	Yelp, Social Media	Consumer Watchdog

Accountability Summary



- Healthcare is highly “regulated”
- Levers of influence are diverse
- Many levers now aligned with payment
- Forces are driving towards even greater accountability
 - More public
 - More intertwined with value
 - More quantitative
 - More aligned with delivery system change



ACCOUNTABLE

THE STATE'S ROLE IN QUALITY

Lorraine Ryan, Esq.



GREATER NEW YORK HOSPITAL ASSOCIATION & UNITED HOSPITAL FUND

CLINICAL QUALITY FELLOWSHIP PROGRAM

What drives States to prioritize health care?



DOH's duty to the public

Health care as a proportion of total State budget (24%)

Increasing cost of Medicaid

Increasing cost to cover public employees

Pressure from employers and public about rising costs

Public concerns about health care quality and patient experience

The State's Role in Health Care



Public Health Entity

- ❑ Accountability for most essential public health functions, such as assessing population-level health risks and health status
 - ❑ Examples: response emerging health threats like opioids, vaping, infections

- ❑ Sets policies for regional planning, environmental health, education, and economic development that influence social determinants of health

- ❑ Brings together stakeholders to align efforts for impact
 - ❑ Examples: prevention agenda, grants, support to local health departments



The State's Role in Health Care



Health Care Purchaser

- ❑ Medicaid with over 6 million members
 - ❑ Involved in benefit design
 - ❑ Contractual requirements (network, access, services)
 - ❑ Quality reporting and improvement activities
 - ❑ Quality incentive payments to MCOs; primary care (PCMH)
 - ❑ DSRIP/PPS/VBP – accountable provider/insurer relationships with payment support and incentives

- ❑ Over 1 million public employees and retirees



The State's Role in Health Care



Regulator

- State insurance/benefit mandates; premium approvals and pressure for payer participation in health care transformation
- Provider and facility designation/licensure that support system improvements, workforce competency and adequacy
 - Examples: CON, volume requirements, stroke center, professional licensure
- Mandated quality reporting
 - Examples: cardiac, stroke, sepsis, infections, managed care, adverse events



NYS DOH as Regulator: *Hospital Oversight*



Investigates hospitals in response to

- Patient or other complaints
- Serious Adverse Event Reports (NYPORTS)
 - patients' deaths or impairments
 - disruption in services caused by fire, termination of any services, anticipated or actual (i.e., telephone, electric, gas, fuel, water, heat, air) cyber attacks
 - equipment malfunction which did or could have affected patients, staff
 - strikes
 - disasters or other emergency situations which affect operations



Compliance with **NYS Hospital Regulations**

NYS Hospital Regulations: *Part 405*

Hospitals--Minimum Standards



Part 405 - Hospitals--Minimum Standards

- Section 405.1 - Introduction
- Section 405.2 - Governing body
- Section 405.3 - Administration
- Section 405.4 - Medical staff
- Section 405.5 - Nursing services
- Section 405.6 - Quality assurance program
- Section 405.7 - Patients' rights
- Section 405.8 - Adverse Event Reporting
- Section 405.9 - Admission/discharge
- Section 405.10 - Medical records
- Section 405.11 - Infection control
- Section 405.12 - Surgical services
- Section 405.13 - Anesthesia services
- Section 405.14 - Respiratory care services
- Section 405.15 - Radiologic and nuclear medicine services
- Section 405.16 - Laboratory services
- Section 405.17 - Pharmaceutical services
- Section 405.18 - Rehabilitation services
- Section 405.19 - Emergency services
- Section 405.20 - Outpatient services
- Section 405.21 - Perinatal services
- Section 405.22 - Critical care and special care services
- Section 405.23 - Food and dietetic services
- Section 405.24 - Environmental health
- Section 405.25 - Organ and tissue donation (anatomical gifts)
- Section 405.26 - Utilization review
- Section 405.27 - Information, policy and other reporting requirements
- Section 405.28 - Social services
- Section 405.29 - Cardiac Services
- Section 405.30 - Organ and Vascularized Composite Allograft Transplant Services/Programs
- Section 405.31 - Living donor transplantation services
- Section 405.32 - Observation services
- Section 405.33 Screening mammography services
- Section 405.34 Stroke services
- Section 405.35 - 405.42 Reserved
- Section 405.43 REPEALED
- Section 405.44 - Validity
- Section 405.45 - Trauma Centers

Source: <https://regs.health.ny.gov/volume-c-title-10/content/part-405-hospitals-minimum-standards> (effective date 11/19/19)

CT Hospital Regulations: *Chapter 368v*

Health Care Institutions



CHAPTER 368v* HEALTH CARE INSTITUTIONS

Sec. 19a-485. Home for the aged deemed to mean residential care home.

Sec. 19a-486. Sale of nonprofit hospitals: Definitions.

Sec. 19a-486a. Sale of nonprofit hospitals: Certificate of need determination letter. Hearing. Application for approval.

Sec. 19a-486b. Sale of nonprofit hospitals: Approval by executive director and Attorney General.

Sec. 19a-486c. Sale of nonprofit hospitals: Powers of Attorney General. Grounds for disapproval by Attorney General.

Sec. 19a-486d. Sale of nonprofit hospitals: Disapproval by executive director. Powers of executive director.

Sec. 19a-486e. Sale of nonprofit hospitals: Public hearings.

Sec. 19a-486f. Sale of nonprofit hospitals: Appeal.

Sec. 19a-486g. Sale of nonprofit hospitals: Denial of license.

Sec. 19a-486h. Sale of nonprofit hospitals: Construction of governing law.

Sec. 19a-486i. Definitions. Notice to Attorney General and executive director of certain mergers, acquisitions and other transactions. Reports.

Sec. 19a-487. Mobile field hospital: Defined, board of directors.

Sec. 19a-487a. Mobile field hospital: Certificate of need exemption for hospital beds and related equipment.

Sec. 19a-487b. Mobile field hospital: Regulations.

Secs. 19a-488 and 19a-489. Reserved

Sec. 19a-490. (Formerly Sec. 19-576). Licensing of institutions. Definitions.

Sec. 19a-490a. "Community health center" defined.

Sec. 19a-490b. Furnishing of health records and veterans' information. Access to tissue slides or blocks. Certified document re storage of and access to health records upon cessation of operations.

Sec. 19a-490c. Moratorium on licensing of family care homes.

Sec. 19a-490d. Prevention of accidental needlestick injuries in health care facilities and institutions.

Sec. 19a-490e. Use of E-codes by hospitals, outpatient surgical facilities and outpatient clinics.

Sec. 19a-490f. Requirements for reports of treatment of wounds from firearms and stab wounds.

Sec. 19a-490g. Bilingual consumer guide.

Sec. 19a-490h. Emergency room screening of trauma patients for substance abuse. Assistance by Department of Mental Health and Addiction Services.

Sec. 19a-490i. Interpreter services and linguistic access in acute care hospitals.

Sec. 19a-490j. Hospital plans for remediation of medical and surgical errors.

Sec. 19a-490k. Administration of care and vaccinations to patients by hospital without physician's order. Permitted activities. Regulations.

Sec. 19a-490l. Mandatory limits on overtime for nurses working in hospitals. Exceptions.

Sec. 19a-490m. Development of surgery protocols by hospitals and outpatient surgical facilities.

Sec. 19a-490n. Advisory committee on Healthcare Associated Infections and Antimicrobial Resistance. Members. Duties.

Sec. 19a-490o. Establishment of mandatory reporting system for healthcare associated infections and microbial resistance. Posting of information on web site.

Sec. 19a-490p. Development of plans by hospitals to reduce incidence of methicillin-resistant staphylococcus aureus infections.

Sec. 19a-490q. Health care employer: Work place safety committee; risk assessment; workplace violence prevention and response plan; adjustment to patient care assignment. Regulations.

Sec. 19a-490r. Health care employer: Records and report re incidents of workplace violence.

Sec. 19a-490s. Health care employer: Report of assault or related offense to local law enforcement agency.

Sec. 19a-490t. Community health centers. Program to provide financial assistance. Report.

Sec. 19a-490u. Training in symptoms of dementia for hospital direct care staff.

Sec. 19a-490v. Removal of a delivered placenta from a hospital.

Sec. 19a-490w. Certification of hospital as comprehensive stroke center, primary stroke center or acute stroke-ready hospital. Posting of list by department. Removal from list.

NJ Hospital Regulations: *Chapter 8 Health Facilities*



Statutes, Rules and Rule Proposals

Hospital and Ambulatory Care Rules

The citations for the hospital and ambulatory care regulations are:

- N.J.A.C. 8:33 - Certificate of Need, Application and Review Process
- N.J.A.C. 8:33C - Certificate of Need and Licensure: Regionalized Perinatal Services and Maternal and Child Health Consortia
- N.J.A.C. 8:33E - Cardiac Diagnostic Facilities And Cardiac Surgery Centers
- N.J.A.C. 8:33F - Certificate of Need: Long Term Acute Care Services
- N.J.A.C. 8:33H - Certificate of Need: Policy Manual for Long Term Care Services
- N.J.A.C. 8:33Q - Transplantation Services
- N.J.A.C. 8:42 - Home Health Agency Licensing Standards
- N.J.A.C. 8:42C - Hospice Licensing Standards
- N.J.A.C. 8:43A - Standards for Licensure of Ambulatory Care Facilities
- N.J.A.C. 8:43D - Standards for Licensure of Pediatric Transitional Homes
- N.J.A.C. 8:43E - General Licensure Procedures And Enforcement of Licensure Regulations
- N.J.A.C. 8:43G - Hospital Licensing Standards
- N.J.A.C. 8:43H - Licensing Standards for Rehabilitation Hospitals

The citations for the State Long Term Care rules are:

- N.J.A.C. 8:43F = Standards for Licensure of Adult and Pediatric Day Health Services
- N.J.A.C. 8:34 - Rules for Licensing Nursing Home Administrators and Rules Regulating the Nursing Home Administrators Licensing Board
- N.J.A.C. 8:43I - Criminal Background Investigations: Nurse Aides, Personal Care Assistants and Assisted Living Administrators
- N.J.A.C. 8:36 - Standards For Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs
- N.J.A.C. 8:39 - Standards For Licensure of Long-term Care Facilities
- N.J.A.C. 8:43 - Standards For Licensure of Residential Health Care Facilities
- N.J.A.C. 8:43E - General Licensure Procedures and Enforcement of Licensure Regulations
- N.J.A.C. 8:86 - Adult and Pediatric Day Health Services

Federal

Electronic Code of Federal Regulations (e-CFR) - updated 05/07/

- [Publication # 100-07 - State Operations Manual](#)

State Operations Manual

- [Appendix PP - Guidance to Surveyors for Long Term Care Facilities](#)
- [Centers for Medicare & Medicaid Services \(CMS\) site on federal enforcements](#)

Source : <https://www.nj.gov/health/healthfacilities/rules.shtml>

NYS DOH as Regulator: *Hospital Oversight, cont'd*



Serves as CMS agent for surveillance of hospitals in response to

- Patient complaints; routine (accreditation) validation surveys; CON surveys (rare)
- Validation surveys: conducted within 60 days of accrediting organization (AO) survey to evaluate whether the AO has performed a thorough evaluation based on the **CMS CoPs**
- AOs must meet or exceed CMS (Medicare) health and safety standards to maintain “deeming” authority from CMS



NYS DOH as Regulator: *Statement of Deficiencies and Enforcement*



State Level

- Statement of deficiencies (SOD) requires a plan of correction (POC) *disclosable to public*
- Enforcement and authorization of \$\$ fines for systemic, repeated failure to comply
 - \$2,000 per citation, \$5,000 for repeat citations, \$10,000 for harm
 - Enforcement leads to “taint” on Hospital Boards’ character and competence; can negatively impact approval of future Certificates of Need



Federal level

- SOD issued within 10 working days on both standard and condition level findings
- POC due within 10 calendar days of receipt of SOD
- Condition level findings can result in Immediate Jeopardy *the most serious finding*
- IJ threatens loss of deemed status to receive Medicare reimbursement \$\$\$\$\$
- Often sited for IJ:
 - Life Safety Code Violations
 - Physical environment
 - Patients Rights
 - Infection control
 - Nursing

DOH as Regulator: *Survey Results Available to Public*



Search

Provider Reports

Active Provider and Supplier Counts
New Provider and Supplier Counts
Terminated Provider Counts

Survey Reports

Overdue Recertification Surveys
Recertification Survey Counts
Survey Activity Report
Frequency of Data Entry (F4)

Deficiency Reports

Deficiency Count
Average Number of Deficiencies
Citation Frequency

Hospital Provider Reports

Deficiency Count

Displays number and percent of citations by level of deficiency.

Sample:

Region	Total Deficiencies				Total
	Standard Survey		Complaint Survey		
	Standard	COP	Standard	COP	
(1) Boston	30	3	0	0	33
Connecticut	18	2	0	0	20
Maine	2	0	0	0	2
Massachusetts	6	0	0	0	6
BROCKTON VNA	4	0	0	0	4
POINTECARE HOME HEALTH AGENCY	2	0	0	0	2
New Hampshire	1	0	0	0	1
Rhode Island	3	1	0	0	4
(11) New York	71	2	7	0	80

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.
[For More Information](#)

Source: CASPER (03/05/2023)

[Accessibility Information](#) [Privacy & Security](#)

Go To: [S&C QCOR Start Page](#)

Source: https://qcor.cms.gov/report_select.jsp?which=3



Thank you!