



CalHospitalCompare.org Enables Easy Comparison of Inpatient Care

IN CALIFORNIA, AS IN OTHER STATES, THE quality of inpatient care varies considerably from hospital to hospital and even from one department to another within the same institution. A facility known for its top-notch cardiac care, for instance, may perform poorly in preventing hospital-acquired infections. To provide information about hospital care, a variety of government and private entities have undertaken initiatives to measure and/or report on quality indicators. Most California hospitals, as a result, have responded to myriad requests for performance data focusing on disparate areas of care and often requiring separate tracking programs.

To create a standardized “report card” on hospital quality that would better meet the needs of all stakeholders, the California Hospital Assessment and Reporting Taskforce (CHART) was convened in 2004 with funding from the California HealthCare Foundation. The broad-based initiative involved active participation from all stakeholder groups: hospitals, government entities, insurers and health plans, clinicians, employers and the business community, labor unions, and consumers.

Because a variety of hospital-performance initiatives already existed, the CHART taskforce was able to learn from that experience and incorporate the best ideas in their planning. In particular, the stakeholders wanted the report card to:

- Serve as a “one-stop shop” for consumers that would combine comprehensive information from many sources;

- Be a user-friendly tool that is easy to understand and navigate;
- Follow a single, standardized protocol for reporting data;
- Help hospitals improve their outcomes by focusing on measures for common conditions where performance varied;
- Equitably account for differing patient mix and morbidity; and
- Meet the needs of all stakeholder groups.

Working on a consensus basis, the taskforce adopted 50 hospital performance measures that they agreed were indicative of quality and aligned with national initiatives of the Joint Commission and the National Quality Forum. The California Office of Statewide Health Planning and Development and the Joint Commission are among the regulatory and accrediting agencies that support CHART. Nearly 220 hospitals—representing 86 percent of the average daily hospital census in the state—participate in the reporting program, which is funded by health plans and hospitals.

The CHART public report card, which is updated quarterly, was introduced two years ago, on March 7, 2007 on a specially created Web site. The site, CalHospitalCompare.org, is maintained by the California HealthCare Foundation. The CHART measures are grouped into several clinical, patient safety, and patient experience categories, including::

- Cardiac care

- Maternity care
- Pneumonia treatment
- Intensive care unit (ICU)
- Pressure-ulcer rates
- Patient safety
- Surgical infection prevention
- Patient experience

Across these categories, a total of 71 performance measures are further stratified and reported on the Web site. Five performance ratings—superior, above average, average, below average, and poor—are displayed for each measure in color codes that facilitate easy comparison. Consumers can compare up to five hospitals simultaneously on various measures. Site visitors can also see the percentage of patients who would recommend a particular hospital to friends or family members.

The participating CHART hospitals receive additional detailed data on their performance beyond what is reported publicly. For many of the measures, breakdowns of the data are available so that hospitals can identify specific problem areas and determine where to target their improvement efforts. In the area of surgical infection, for example, hospitals receive data on specific types of surgery. In the patient experience category, hospitals receive details on patients’ perceptions of care coordination. Results include patients’ views on whether tests were done in a timely manner and whether the doctors and nurses treating them told them the same thing regarding diagnosis, treatment, and prognosis.

The data-collection and analysis system is designed and operated independently by the University of California at San Francisco Philip R. Lee Institute for Health Policy Studies, with assistance from experts at other California universities and RAND Corporation. Hospitals participating in CHART receive training on

CHART Board of Directors

CHART is governed by a broad-based board of directors whose members meet frequently and also participate actively on one or more committees. Under CHART’s governance structure, voting privileges are weighted equally among the five stakeholder groups: health plans, hospitals, purchasers, consumers, and health professionals and foundations. The CHART board includes representatives from the following organizations:

- Aetna West Region*
- Anthem Blue Cross*
- Association of California Nurse Leaders
- Blue Shield of California*
- California Health Care Coalition
- California HealthCare Foundation*
- California Hospital Association
- California Medical Association
- California Office of Statewide Health Planning and Development
- California Pan Ethnic Health Network
- CalPERS
- Catholic Healthcare West
- CIGNA HealthCare of California*
- Community Health Councils
- Health Net*
- Hospital Association of Southern California
- Kaiser Foundation Health Plan*
- Kaiser Foundation Hospitals
- Pacific Business Group on Health
- Sacramento Healthcare Decisions
- San Mateo Legal Aid Society
- St. Joseph’s Health System
- Sutter Health
- Tenet

*Funding organizations

implementing the measures and gathering data; they have online access to the training materials as well as experts who provide guidance as needed.

Since the launch of CalHospitalCompare.org, many health plans operating in California adopted its methodology as their own rating system, including use of the CHART ratings to determine their centers of excellence designations and to support pay-for-performance programs.

Some data have emerged showing quality benefits for participating hospitals compared to national averages, as well as to non-CHART institutions, suggesting that transparency is an important factor in improving quality. For example, at the time of CHART's launch, participating hospitals performed above the national average on 15 of the 19 measures for which national benchmarks were available; by November 2008, that increased to 20 of 22 measures. Currently, CHART hospitals outperform national benchmarks in a number of areas including administering the right drugs for pneumonia and for heart attacks, and prevention of surgical infection. Furthermore, hospitals that have been in CHART since its launch provide the appropriate heart failure diagnoses and treatments 85 percent of the time, while those that have never joined do so only 75 percent of the time. Likewise, pneumonia prevention measures have been provided 78 percent of the time at these CHART hospitals, compared to only 59 percent of the time in non-CHART hospitals.

As CHART evolves, measures are adjusted and new ones added to fill gaps in information needed to improve quality. Additions in the area of patient outcomes and readmissions are planned, and measure sets for children's hospitals and for rural and critical access hospitals are under discussion.

Ongoing issues include maintaining the right balance between differing stakeholders' needs. While health plans seek more measures of hospital efficiency, for example, consumers would like to see additional "shoppable" measures such as hospital performance on elective procedures. Because all stakeholder groups actively

participate in policy formation, the resulting decisions tend to have strong backing from all parties. A common goal is to increase awareness of CalHospitalCompare.org so that patients will have the pertinent quality information at hand when they are choosing a provider for inpatient care.

ABOUT THE FOUNDATION

The California HealthCare Foundation is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, our goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford. For more information, visit www.chcf.org.