



Cal Healthcare Compare Board of Directors Meeting

WEDNESDAY, APRIL 26, 2023

10:00AM PT

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Proposed Agenda

- Welcome, Introductions & Announcements
- Consent Agenda
- Cal Hospital Compare
- Cal Long Term Care Compare
- Wrap Up



Cal Healthcare Compare
Board of Directors Meeting Agenda
Wednesday, April 26, 2023, 10:00am PDT

In Person Location

Center for Healthy Communities Oakland at The California Endowment – Eastmont Room
2000 Franklin Street | Oakland, CA

Virtual Participation via Zoom

Webinar link: <https://zoom.us/j/4437895416> | Phone: 1-669-900-6833, Passcode: **cyno#**

Time	Agenda Item	Presenters
10:00 - 10:30 30 min.	Welcome and call to order <ul style="list-style-type: none">- Introductions & Announcements- Approval of past meeting minutes- Consent Agenda<ul style="list-style-type: none">o Opioid Care Honor Roll – preliminary resultso Retiring measures	<ul style="list-style-type: none">- Ken Stuart Board Chair, Cal Healthcare Compare- Bruce Spurlock Executive Director, Cal Healthcare Compare
10:30 – 11:50 1 hour, 20 min.	Cal Hospital Compare <ul style="list-style-type: none">- Measuring & Recognizing Hospital Performance<ul style="list-style-type: none">o Additional hospital designations- Patient Safety Honor Roll results- Patient Safety Poor Performers results<ul style="list-style-type: none">o Tier 1 hospitals- Psychiatric Measures<ul style="list-style-type: none">o Psych demoo Board insights and feedback- Exploratory System Analysis- Opioid ED Analysis Update	<ul style="list-style-type: none">- Alex Stack Director, Cal Healthcare Compare- Jack Jordan Principal Researcher, AIR
11:50– 12:20 30 min.	Lunch	
12:20 – 1:50 1 hour, 30 min.	Cal Long Term Care Compare <ul style="list-style-type: none">- 2023 Nursing Home Recognition Update- Website Expansion - Home Health and Hospice<ul style="list-style-type: none">o Discuss LTAC feedbacko Review proposed measureso Summary for Board- Website Redesign Workgroup	<ul style="list-style-type: none">- Deb Bakerjian Clinical Professor, UC Davis Health- Patrick Romano Professor, UC Davis Health- Alex Stack Director, CHC
1:50 –1:55 5 min.	Financials <ul style="list-style-type: none">- Current Reports	<ul style="list-style-type: none">- Bruce Spurlock Executive Director, CHC
1:55 – close 5 min.	Wrap Up/Meeting Adjourn <ul style="list-style-type: none">- Next meeting: Tuesday, July 25th at 12:00pm PDT	<ul style="list-style-type: none">- Ken Stuart Board Chair, CHC



Welcome, Introductions & Announcements

Approval of Past Meeting Minutes



Cal Healthcare Compare
Board of Directors Meeting Minutes
Tuesday, February 7, 2023, 12:00pm PST
Virtual Meeting

Attendees

Board Members: Bruce Spurlock, Ken Stuart, Lisa Albers, Gretchen Alkema, Ash Amarnath, Patty Atkins, Rachel Brodie, Rochelle, Ereman, Terry Hill, Libby Hoy, Kathryn Kietzman, Chris Krawczyk, Albert Lam, Helen Macfie, Joan Maxwell, Kevin Worth

CHC Staff: Tracy Fisk, Alex Stack

UC Davis Team: Deb Bakerjian, Kristen Bettega, Dominique Ritley, Patrick Romano

AIR Team: Jack Jordan

Agenda Item	Discussion
Welcome and call to order	<ul style="list-style-type: none">The meeting was called to order at 12:03pm PST.The minutes from the December 13, 2022 meeting were motioned, moved, seconded and approved as written.
Introductions and Announcements	<ul style="list-style-type: none">Introduced new Board members Rochelle Ereman, Albert Lam, Kathryn Kietzman, Amber Theel and Nicole Howell.
General Updates <ul style="list-style-type: none">2023 Opioid Care Honor RollHospital Community Health Needs Index (HCHNI)	<p>The 2023 Opioid Care Honor Roll application period is open until March 31, 2023. All California hospitals are encouraged to submit their self-assessment and be recognized for their efforts to address and prevent Opioid Use Disorder.</p> <p>The Hospital Community Health Needs Index website is now live. Targeted outreach with additional information including pricing structure has been circulated to the TAC, BOD and data use subscribers.</p>
Operations <ul style="list-style-type: none">Board Executive CommitteeFinancials	<p>A workgroup of select Board members met to discuss the structure of the newly formed Executive Committee of the Board. The Executive Committee comprised of 5 to 7 Board members including the Board Chair and Executive Director will convene twice annually for a general check-in and meet on an ad hoc basis to review and decide on time sensitive issues. The Board of Directors will be notified of subsequent decisions and actions. Action: The Board motioned, moved, seconded and approved of the Executive Committee structure and authority to make decisions on behalf of the Board of Directors.</p> <p>The Board will purchase DNO insurance coverage for Board officers and members. A recommendation was made to elect Board officers to the Board of Directors. This topic was deferred for discussion at the next meeting.</p>

Agenda Item	Discussion
	<p>Bruce Spurlock reviewed the year end financial reports – January – December 2022. Action: The Board motioned, moved, seconded and approved the financial statements.</p>
<p>Cal Hospital Compare</p> <ul style="list-style-type: none"> - Psychiatric and Childrens Measures - eCQM - Covered CA Analysis 	<p>Measures Update - AIR gave an overview of the Inpatient Psychiatric Facility Reporting (IPFQR) and transition of select measures to electronic Clinical Quality Measures (eCQM) that CMS is planning to migrate – refer to CY2022/FY2024 Available eCQMs. Availability of data for collection could pose a potential challenge with the transition. PC-05a (Exclusive Breast Milk Feeding) will be an option with the new eCQM logic. There may be an opportunity to gain additional perspective on the PC-005a measure. Nursing/hospital staff greatly influence the patient’s breastfeeding experience. HQI scores statistically showed the highest correlation to breast milk feeding. CMQCC has offered to share their breastfeeding data with CHC.</p> <p>The Board did not strongly opine CHC publishing the Excess Days in Acute Care (EDAC) measure. The patient reported measure for hips/knees is voluntary this year and will become mandatory in 2025.</p> <p>Covered CA Analysis – AIR is revising the reporting format for the annual analysis to include a more user-friendly Excel pivot graph to select by service area and condition. The BOD suggested incorporating a feature to compare previous years and potentially layer in social determinants of health/HCHNI scores. The final analysis will be sent to the Board, TAC and data subscribers in March.</p>
<p>Cal Long Term Care Compare</p> <ul style="list-style-type: none"> - Summary of SNF Refresh Measures - Update on Nursing Home Recognition/SNF Ongoing Analysis - Expansion of the CLTCC website 	<p>Summary of Measures - Four new measures will be published on the website at the time of the bi-annual refresh in February: Nursing home administrator turnover, Resident-centered councils, Safety inspections and Percent of short-stay residents with NH-acquired infections requiring hospitalization.</p> <p>Reporting of COVID-19 Vaccination Update – the Board supported the LTAC recommendation to report the up to date COVID-19 booster data as defined in the Q4 2022 updated definition on a quarterly basis.</p> <p>Update on Nursing Home Recognition – UC Davis is continuing to explore alternative options (mobility measures and a combination of high impact measures) for a recognition program and will report back to the LTAC and Board with updates on obtaining the required data.</p>

Agenda Item	Discussion
	<p>Website Expansion – Deb Bakerjian gave a high level overview of CA home health and hospice domains. Will further explore reasons behind the missing hospice data. UCD has the ability to identify those organizations that are both home health and hospice certified. Hospice is a particularly sensitive service line that has drawn much attention. https://www.latimes.com/opinion/story/2023-02-05/hospice-agency-for-profit-nonprofit. It may be beneficial to compare quality of hospice care received in custodial care versus hospice facilities.</p> <p>A smaller workgroup will convene to discuss ideas on redesigning the website to include the addition of home health and hospice providers and how to best display information on choosing a facility.</p>
Next Meeting/Meeting Adjournment	<p>Next meeting: April 26, 2023, from 10:00am to 2:00pm PDT at the California Endowment in Oakland, CA.</p> <p>The meeting adjourned at 1:58pm PST.</p>

Consent Agenda

- 2023 Opioid Care Honor Roll – preliminary results
- Retiring hospital measures

2023 Opioid Care Honor Roll

4 Domains of Care

Safe &
effective
opioid use

Identification
& treatment

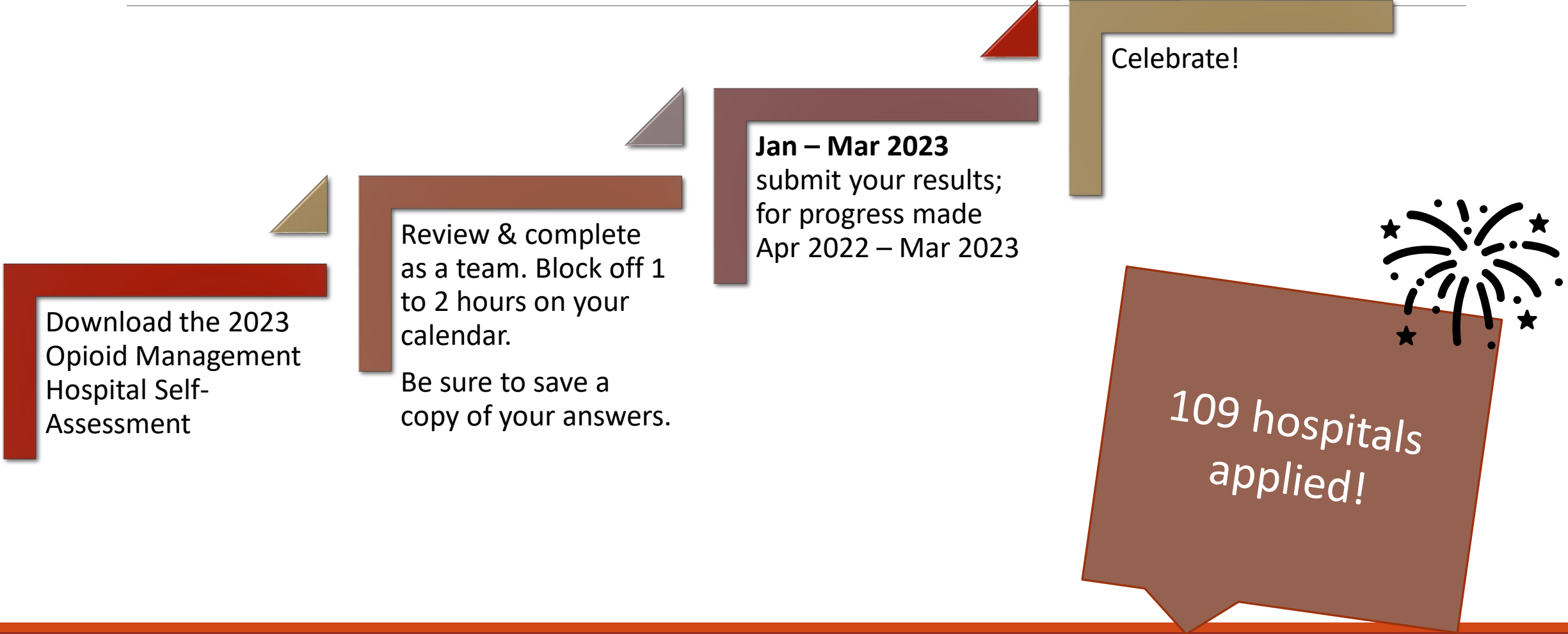
Overdose
prevention

Cross cutting
organizational
best practices

Opioid Management Hospital Self-Assessment

Measure	Level 1 <i>Basic Mgmt.</i> (1 pt)	Level 2 <i>Hospital Wide Standards</i> (2 pts)	Level 3 <i>Integration & Innovation</i> (3 pts)	Level 4 <i>Practice Improvement</i> (4 pts)	Level 5 <i>Sustainability</i> (5 pts)
Safe & Effective Opioid Use <ul style="list-style-type: none">• Appropriate opioid discharge prescribing guidelines• Alternatives to opioids for pain management			Overdose Prevention <ul style="list-style-type: none">• Naloxone education & distribution program• <i>Extra credit</i> for other harm reduction services		
Identification & Treatment <ul style="list-style-type: none">• Medication Assisted Treatment (MAT)• Timely follow up care			Cross-cutting Opioid Management Best Practices <ul style="list-style-type: none">• Organizational infrastructure• Address stigma with physicians & staff• Patient & family engagement		
Extra credit for “hon-rolling” a friend					

2023 Application Process (Jan – Mar 2023)



Download the 2023
Opioid Management
Hospital Self-
Assessment

Review & complete
as a team. Block off 1
to 2 hours on your
calendar.

Be sure to save a
copy of your answers.

Jan – Mar 2023
submit your results;
for progress made
Apr 2022 – Mar 2023

Celebrate!



*109 hospitals
applied!*

Preliminary Results

Superior Performance → 40 hospitals

- ≥Hospital scores at least **34 points**

Excellent progress → 34 hospitals

- Hospital scores **between 26 and 33 points**

Most Improved *TBD*

- ≥ 5-point difference between 2023 and 2021

Sustained Improvement *TBD*

- Superior performance two years in a row

Retiring Hospital Measures

California Joint Replacement Registry (CJRR) data stopped in 2016. Removed two measures:

- Number of Primary and Revision Hip Surgeries : HIP_V
- Number of Primary and Revision Knee Surgeries: KNEE_V

HCAI dropped Esophageal Resection in 2018. No longer updating data.

Cal Hospital Compare

Hospital Performance

MEASUREMENT & RECOGNITION

Additional Hospital Designations



Baby Friendly

- Infant feeding
- Support mothers with breastfeeding
- Monitoring & data management
- Staff competency
- Care right after birth
- Rooming in
- Discharge



Age Friendly

- Age-Friendly Health Systems is an initiative of [The John A. Hartford Foundation](#) and the Institute for Healthcare Improvement, in partnership with the [American Hospital Association](#) and the [Catholic Health Association of the United States](#)
 - What Matters
 - Medication
 - Mentation
 - Mobility

Patient Safety

2023 HONOR ROLL & POOR PERFORMER REPORT

2023 Report Out

CHC released its fourth Patient Safety Honor Roll in March 2023 recognizing hospitals with high safety profiles in comparison to other California hospitals.

Out of 347 acute care hospitals considered for the honor roll:

- 82 hospitals achieved honor roll status compared to 86 (out of 323 hospitals) in 2022
- 70 hospitals were on the Poor Performer list compared to 71 in 2022
- Visit the [CHC website](#) for a complete list of honor roll recipients and more info on the methodology

Honor Roll Criteria

- Tier 1: Met Algorithmic and Leapfrog Criteria
 - 6 hospitals
- Tier 2: Met Algorithmic or Leapfrog Criteria
 - 76 hospitals

Algorithm

- **Benchmark**
2/3 of measure results above 50th percentile
- **Failure**
No measure results below 10th percentile

Leapfrog

- **Grades for Fall 2021, Spring 2022, Fall 2022**
Three As

Poor Performer Criteria

- Tier 1: Met Algorithmic and Leapfrog Criteria
 - 14 hospitals
- Tier 2: Met Algorithmic or Leapfrog Criteria
 - 56 hospitals

Algorithm

- **Benchmark**
2/3 of measure results below 40th percentile
- **Failure**
None

Leapfrog

- Average GPA < 2.67 Across last 3 reporting periods

Tier 1 (14)						
Hospital Name	City	LF	Alg	CDPH HAIs	Total Signals	PP 2021, 2022 & 2023
Barstow Community Hospital	Barstow	◇	◇		2	
Community Hospital of Huntington Park	Huntington Park	◇	◇		2	
Community Regional Medical Center	Fresno	◇	◇		2	
El Centro Regional Medical Center	El Centro	◇	◇		2	
Inland Valley Medical Center	Wildomar	◇	◇		2	
Los Alamitos Medical Center	Los Alamitos	◇	◇		2	
Madera Community Hospital	Madera	◇	◇		2	
Mission Community Hospital	Panorama City	◇	◇		2	
Pacifica Hospital of the Valley	Sun Valley	◇	◇		2	
Pioneers Memorial Healthcare District	Brawley	◇	◇		2	X
San Joaquin General Hospital	French Camp	◇	◇	◇	3	X
Santa Paula Hospital	Santa Paula	◇	◇		2	
Ventura County Medical Center	Ventura	◇	◇		2	
Watsonville Community Hospital	Watsonville	◇	◇		2	

Tier 1 Poor Performing Hospitals

Psychiatric Measures

Update on Psych Measures

Complete:

- Psych Measures pulled for all California facilities that provide psych care
- Demo file built

In Process:

- Adding Psych hospitals including stand alone facilities to data system
- Add new section with measures to the website

Measures from CMS

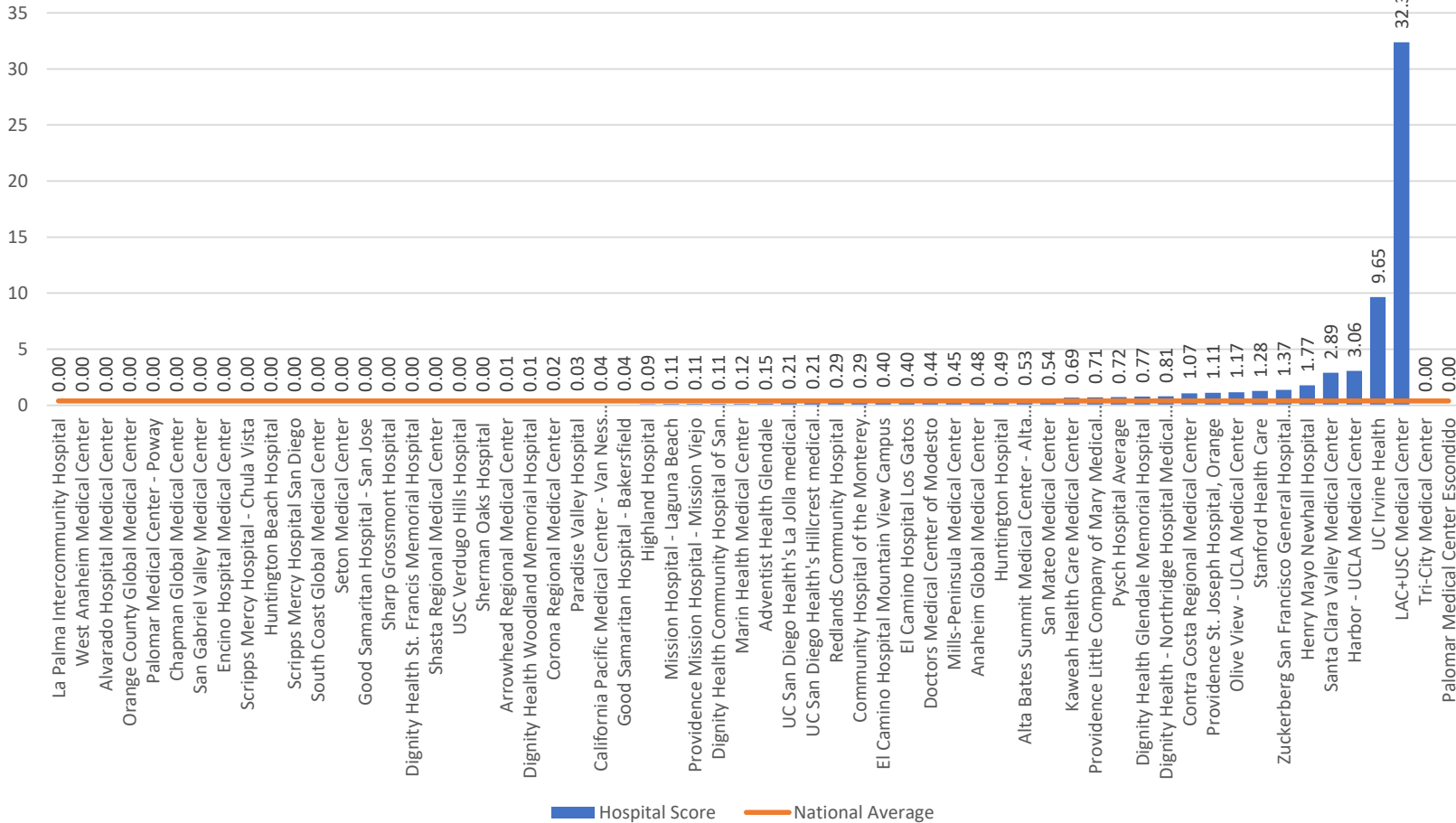
Alcohol and other drug use disorder treatment offered at discharge
Alcohol and other drug use disorder treatment provided at discharge
Alcohol use brief intervention offered
Alcohol use brief intervention provided
Hours of physical-restraint use
Hours of seclusion use
Influenza immunization (IPFQR-IMM-2)
Medication Continuation Following Inpatient Psychiatric Discharge
Patients discharged on multiple antipsychotic medications with appropriate justification
Percent of patients receiving follow-up care within 30 days (FUH-30) after hospitalization for mental illness
Percent of patients receiving follow-up care within 7 days (FUH-7) after hospitalization for mental illness
Screening for metabolic disorders (SMD)
Timely transmission of transition record (TR2)
Tobacco use treatment offered
Tobacco use treatment offered at discharge
Tobacco use treatment provided
Tobacco use treatment provided at discharge
Transition record with specified elements received by discharged patients (TR1)

Psych Measures Opportunities

Outliers

- Seclusion and Restraints
- Follow up care in 7 days or even 30 days
- Timely transmission of records

Hours of physical-restraint use per 100 Hours



Demo of Psych Data

Board Feedback on Psychiatric Measures

What are the best strategies for addressing outlier performance ?

How do we improve standards related to performance or prioritize specific measures?

Should the website segregate Psychiatric care into a separate section?

Exploratory System Analysis

NEXT STEPS

System Comparisons

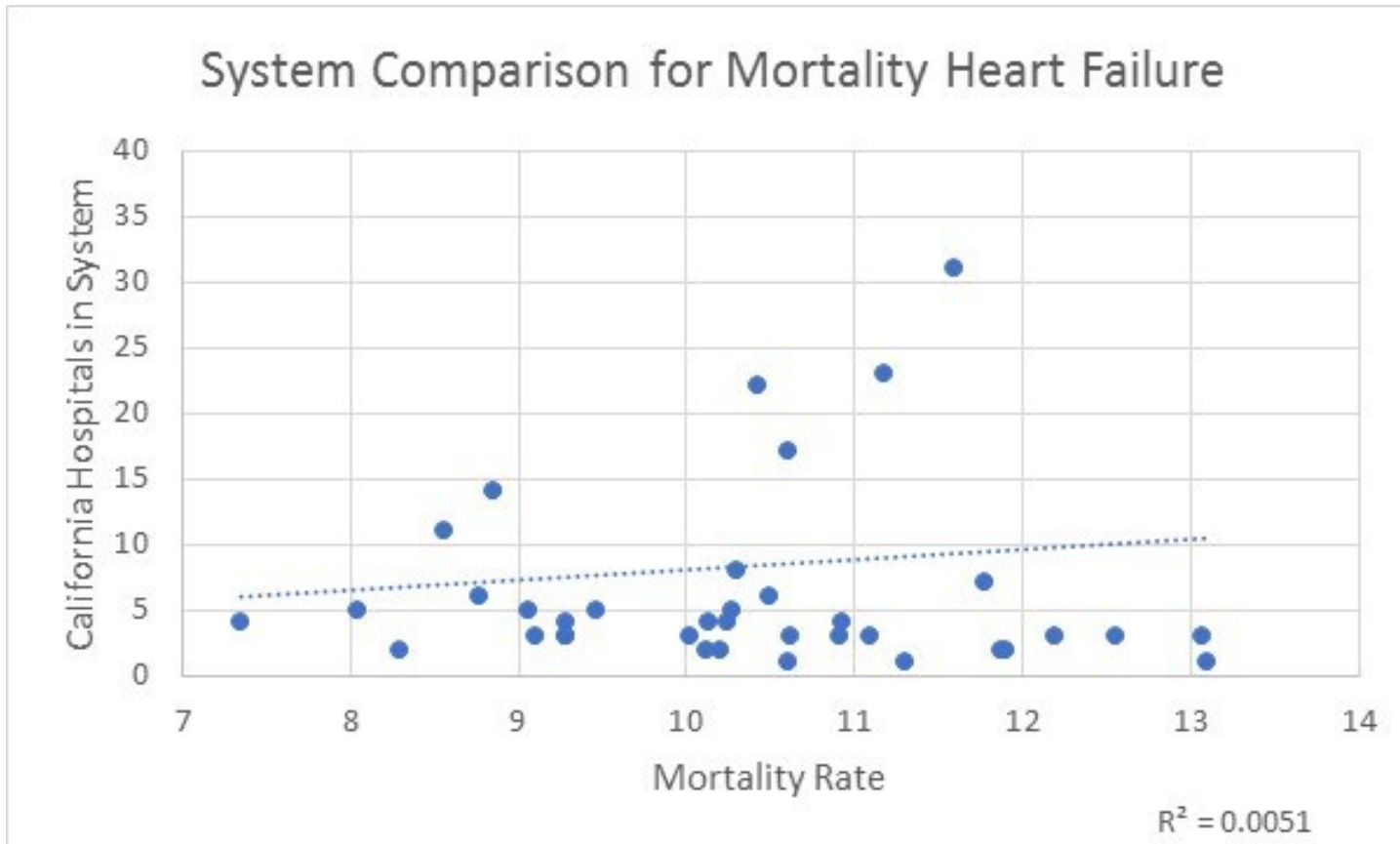
Data for Patient Safety measures, HCAHPS, and Maternity measures split out by system.

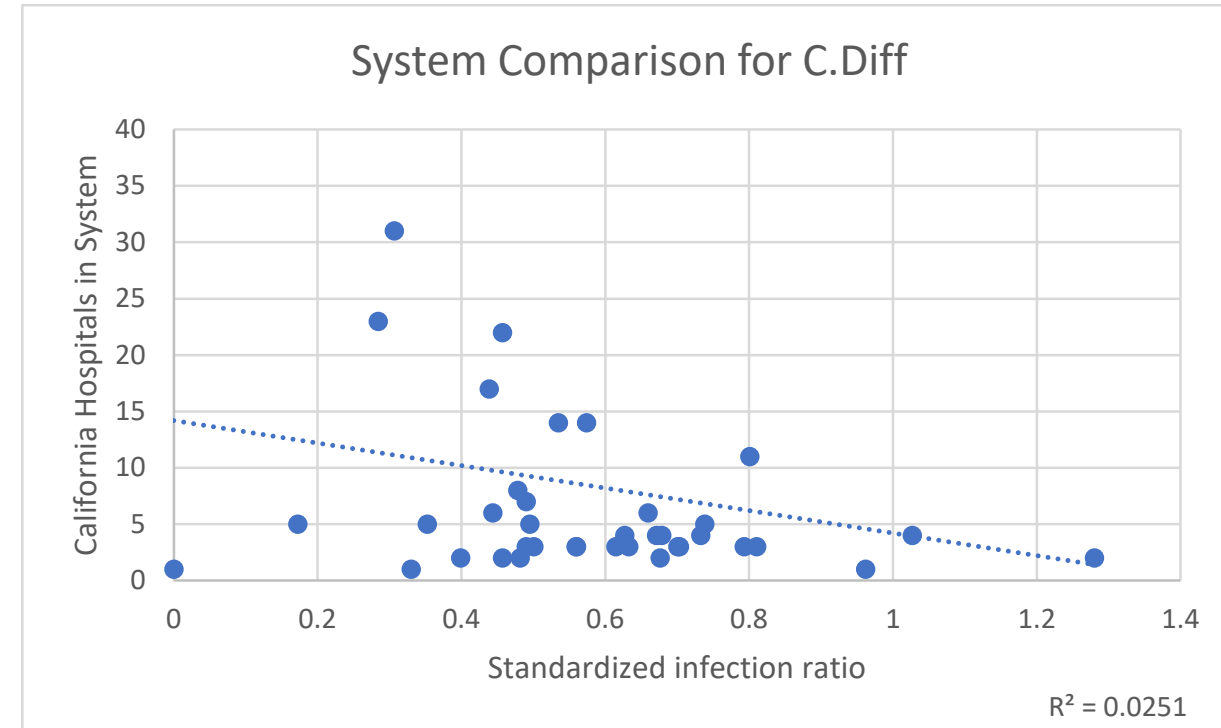
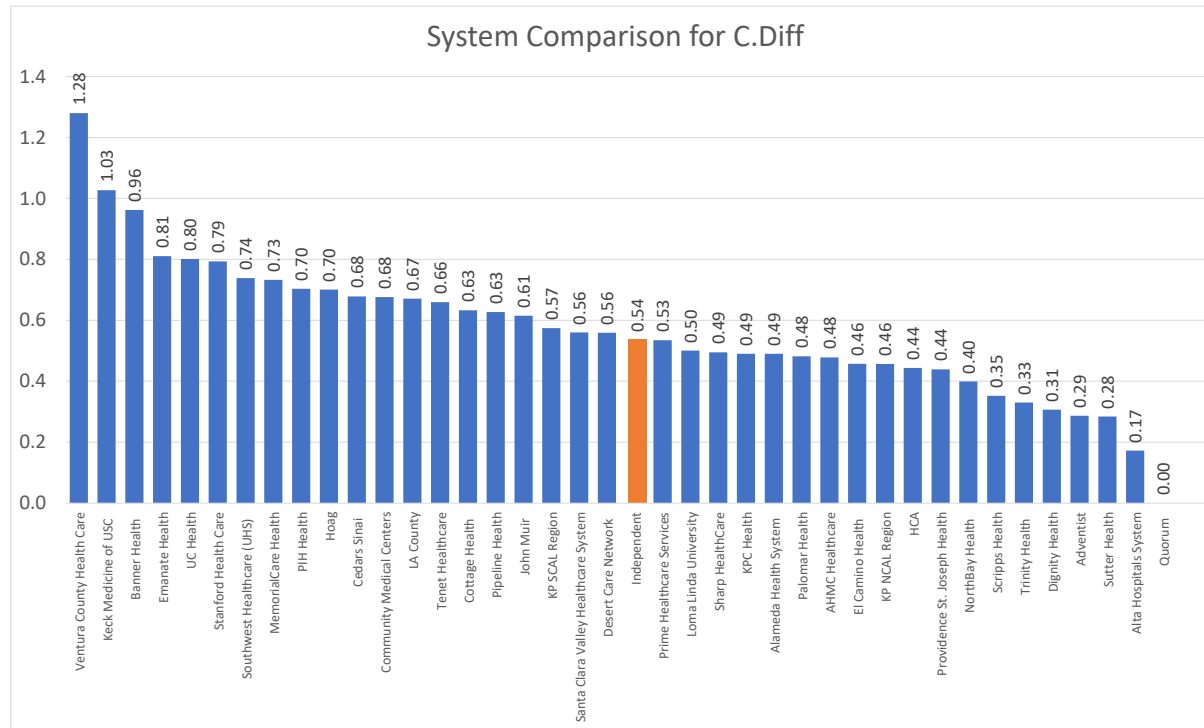
Tool shows systems from top to bottom and scatter plot of system size and outcome.

Significant differences in outcomes between systems but few consistent patterns.

No measure shows a relationship between system size and outcome.

- Number of hospitals





Side by Side Comparisons and Network Size

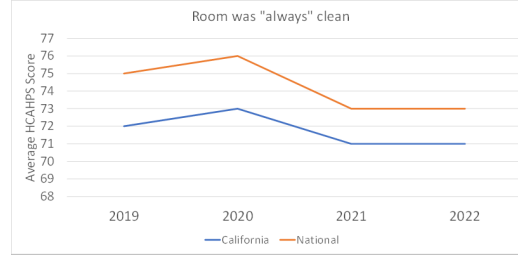
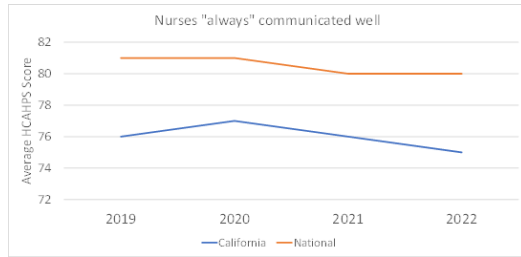
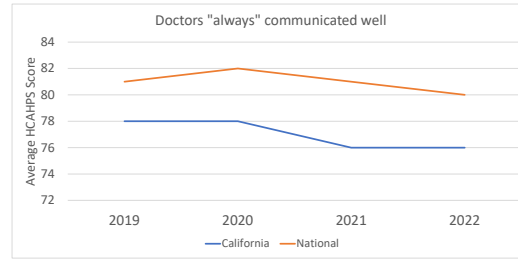
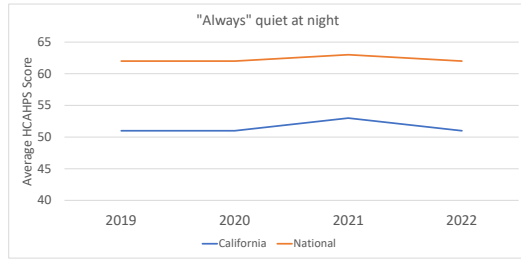
California vs National Trends

Consistent gap in most HCAHPS areas

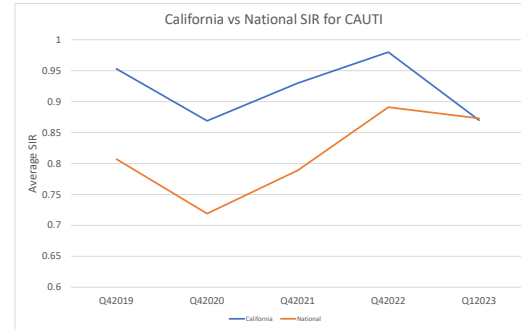
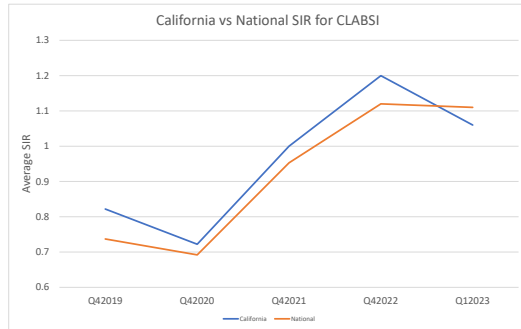
- Patients understood care favorable gap
- All others gap in negative

Infections trends in California match with national trends

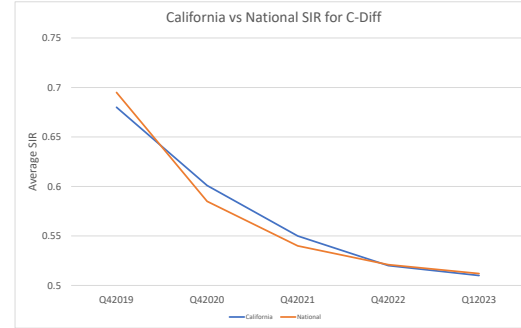
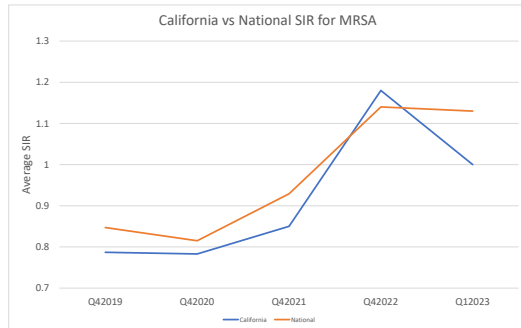
- CAUTI gap closed
- Other measures track each other



Persistent Gap Quiet, Cleanliness, Communication



CAUTI gap for California was closed in latest data



Other infection rates in California track national rates over time

Opioid ED Analysis Update



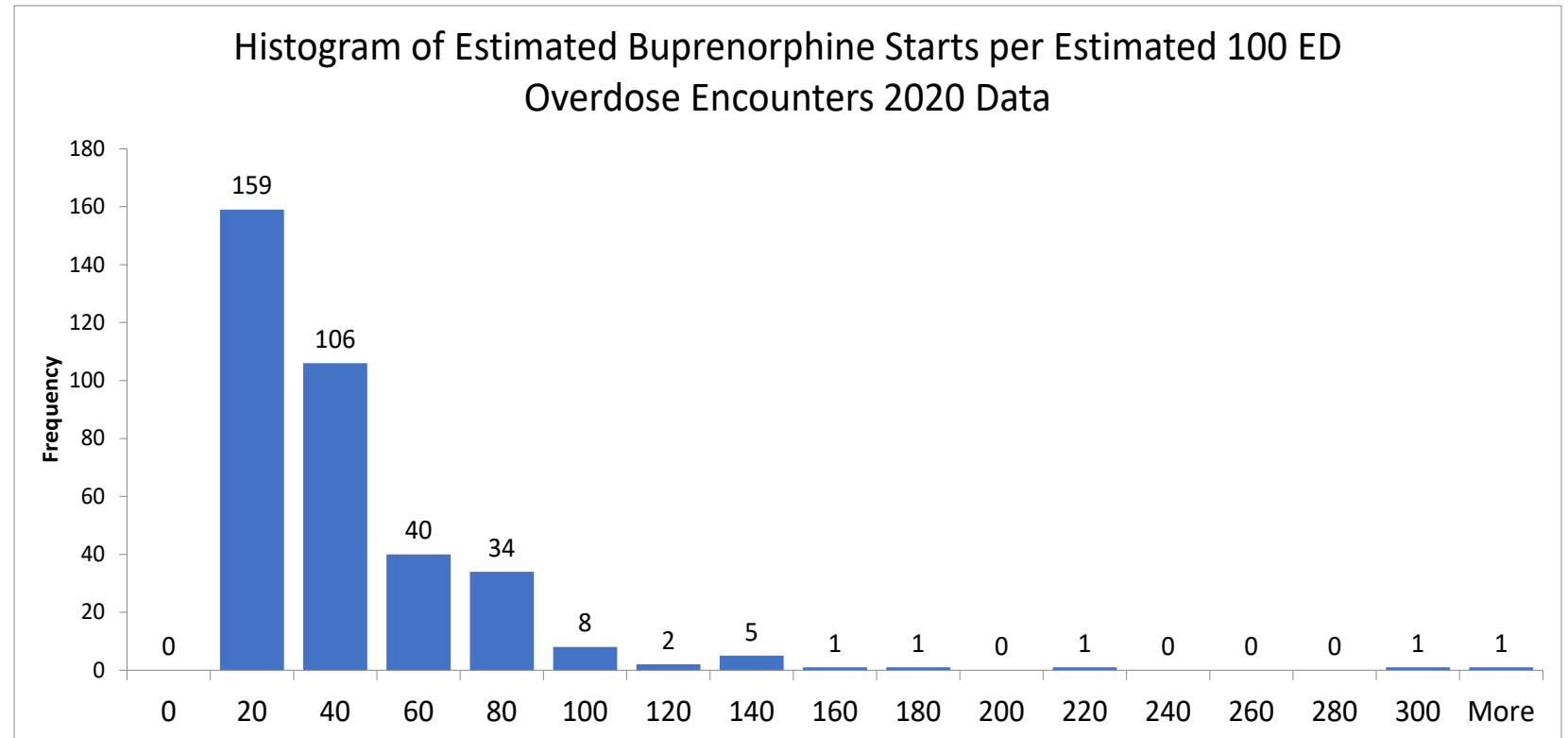
Review of Methodology

Inputs

- Rate of Overdose ED visits per county
- Rate of Buprenorphine starts per county
- Hospital Inpatient catchment by county
- Population of each county
- Map back estimated ED visits and Buprenorphine starts to each hospital based on the data

2021 Updated Data on ED Visits & Buprenorphine Starts

- Results are not as tightly grouped as 2017-2019 data
- Some outliers with higher Buprenorphine starts



Outliers

Name	Rate	BUP Est	ED Estimate
Providence St. Joseph Hospital Eureka	122	168	138
Oroville Hospital	134	86	64
Enloe Medical Center - Esplanade Campus	143	150	105
Marshall Medical Center	135	58	43
Adventist Health Sonora	129	41	32
Barton Memorial Hospital	139	7.99	5.76
John C. Fremont Healthcare District	522	1.39	0.27
Providence Redwood Memorial Hospital	164	9.06	5.52
Adventist Health Mendocino	213	9.95	4.67
Seneca Healthcare District	300	0.51	0.21



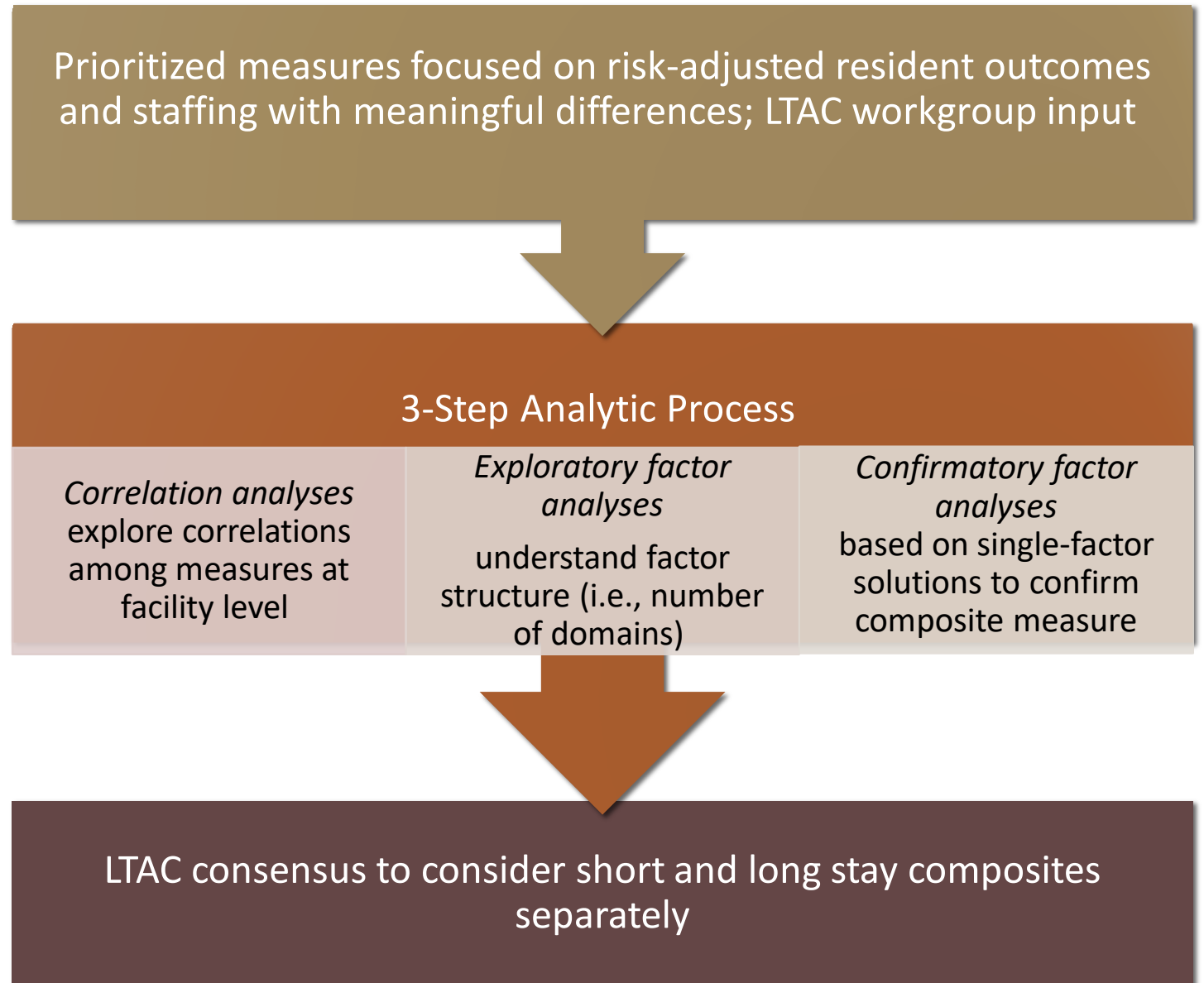
Cal Long Term Care Compare

Recognition Program for Skilled Nursing Home Facilities

TWO COMPOSITE MEASURES PROPOSED:

- SHORT STAY MOBILITY AND FUNCTION
- LONG STAY MOBILITY AND FUNCTION

SNF Recognition Program: Creating Composites



SNF Recognition Program:

Short Stay Mobility and Function Composite (5 CMS measures)

Change in short stay residents'...

1. ability to care for themselves at discharge
2. ability to move around at discharge

And percent of short stay residents who...

3. are at or above an expected ability to care for themselves at discharge
4. are at or above an expected ability to move around at discharge
5. improved in their ability to move around on their own at discharge

SNF Recognition Program:

Long Stay Mobility and Function Composite (8 CMS measures)

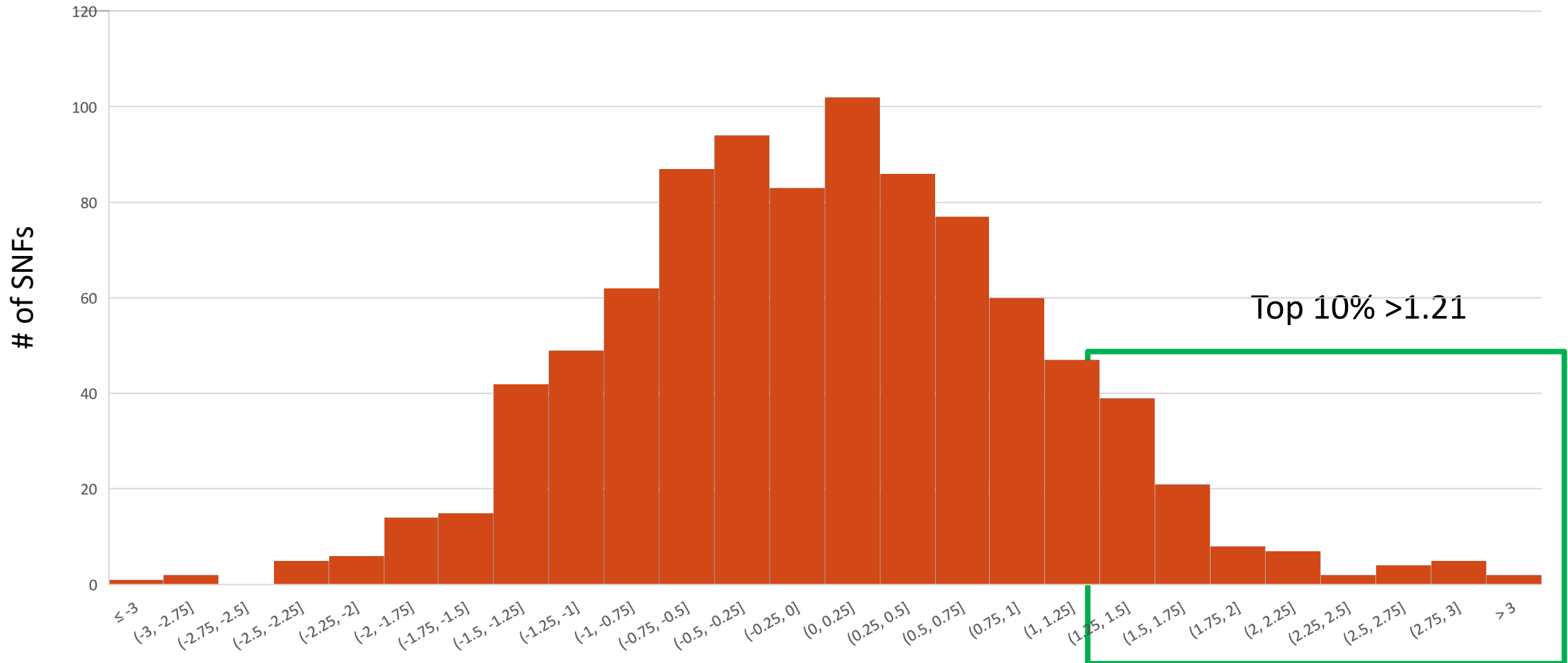
Percent of long-stay residents...

1. whose need for help with activities of daily living increased
2. who lose too much weight
3. who lose control of their bowels or bladder
4. who have or had a catheter inserted & left in their bladder
5. with a urinary tract infection
6. experiencing one or more falls with major injury
7. whose ability to move independently worsened

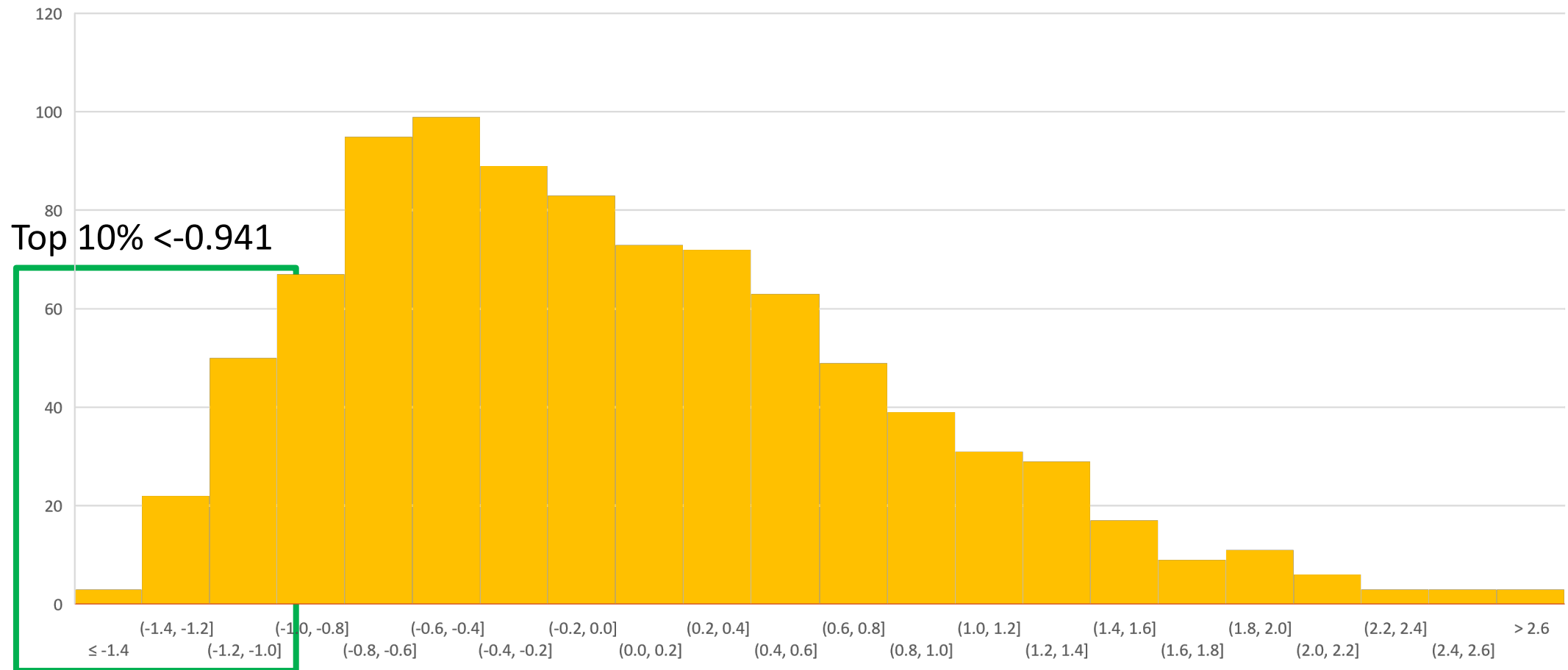
And...

1. Number of outpatient emergency department visits/1,000 long-stay resident days

Distribution of short stay composite scores across facilities



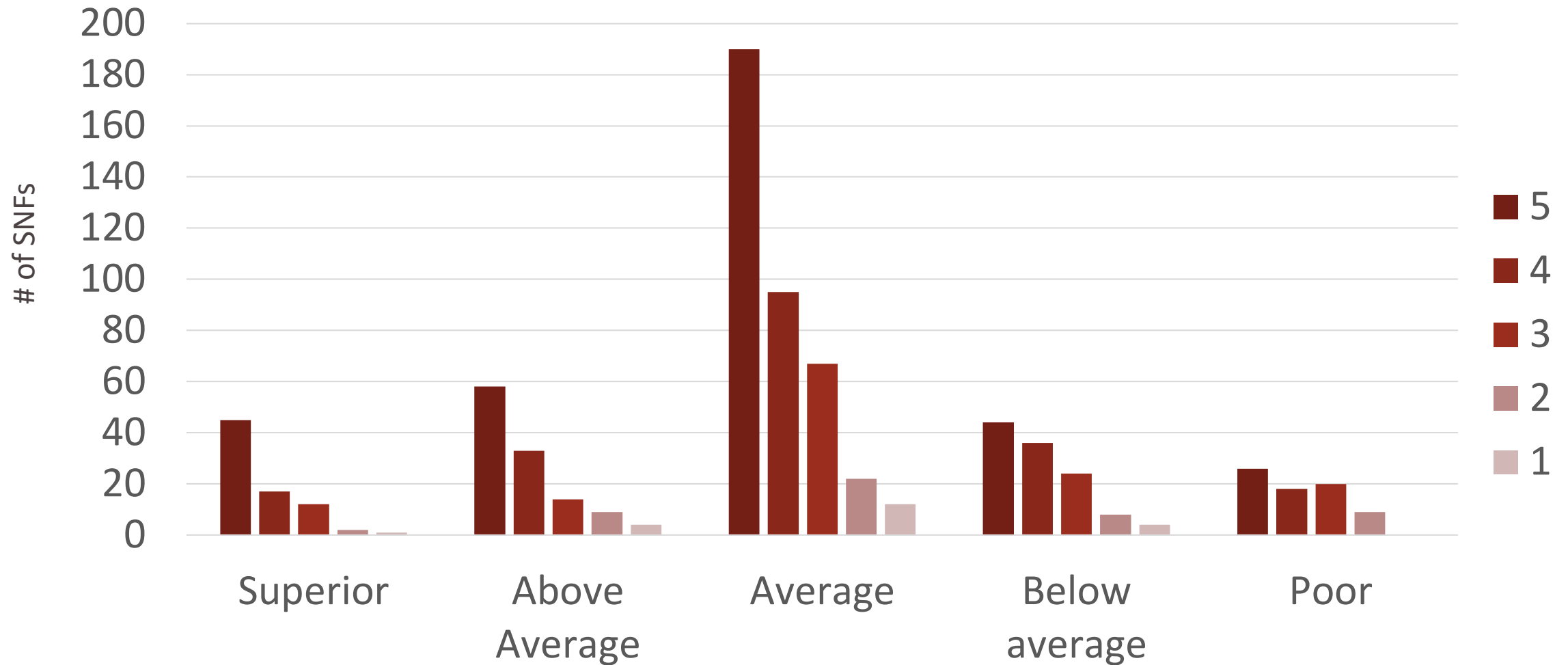
Distribution of long stay composite scores across facilities



Comparison of SS & LS Composite Scores

		Short stay					
		Superior (top 10%)	Above average (next 15%)	Average	Below average (next 15%)	Poor (bottom 10%)	Grand Total
Long stay	Superior (top 10%)	8	11	36	11	12	78
	Above average (next 15%)	5	13	54	32	13	117
	Average	44	56	202	51	36	389
	Below average (next 15%)	14	23	57	14	9	117
	Poor (bottom 10%)	6	15	40	10	7	78
	Grand Total	77	118	389	118	77	779

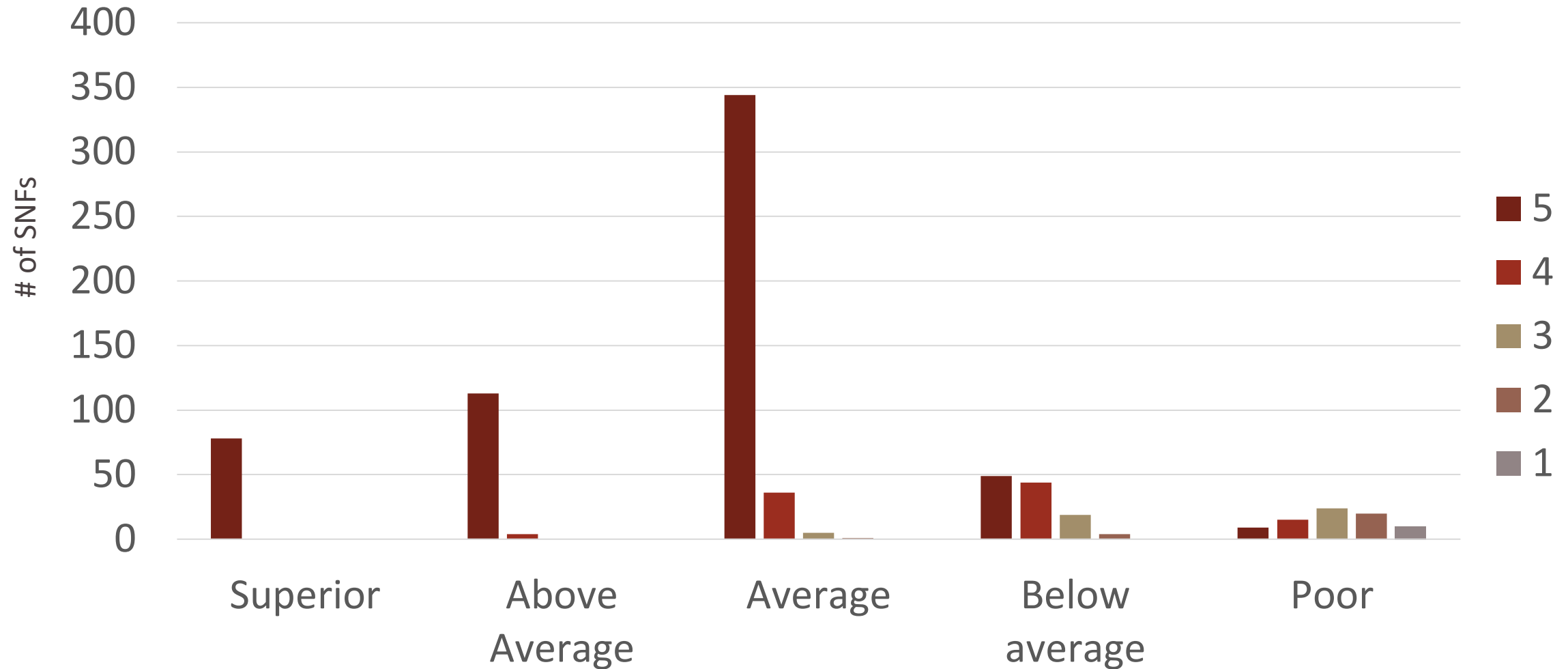
CMS SS 5-Star Rating Compared with Short Stay Mobility and Function Composite



Short Stay Composite Results by Region

Percent of SNFs	Region	Superior (top 10%)	Above Average (next 15%)	Grand Total
	Northern CA	12%	16%	15%
	Bay Area	22%	25%	17%
	Central CA	6%	7%	11%
	Los Angeles	25%	31%	31%
	Southern CA (excluding LA)	35%	21%	26%
	Grand Total	100%	100%	100%
Number of SNFs	Region	Superior (top 10%)	Above Average (next 15%)	Grand Total
	Northern CA	9	19	117
	Bay Area	17	29	131
	Central CA	5	8	89
	Los Angeles	19	37	240
	Southern CA (excluding LA)	27	25	198
	Grand Total	77	118	775

CMS LS 5-Star Rating Compared with LS Mobility and Function Composite



Long Stay Composite Results by Region

Percent of SNFs

Region	Superior (top 10%)	Above Average (next 15%)	Grand Total
Northern CA	4%	7%	15%
Bay Area	14%	8%	17%
Central CA	3%	5%	11%
Los Angeles	42%	47%	31%
Southern CA (excluding LA)	37%	33%	26%
Grand Total	100%	100%	100%

Number of SNFs

Region	Superior (top 10%)	Above Average (next 15%)	Grand Total
Northern CA	3	8	117
Bay Area	11	9	131
Central CA	2	6	89
Los Angeles	33	55	240
Southern CA (excluding LA)	29	39	198
Grand Total	78	117	775

SNF Recognition Program: Key Takeaways

Proposed approach allows CHC to recognize superior quality in a specific, clearly defined, face-valid domain for both short-stay and long-stay facilities.

Proposed approach allows CHC to recognize whatever percentage of facilities it deems appropriate, and potentially also to flag poorer performing facilities.

Additional domains (e.g., nurse staffing, patient safety events) can potentially be added to recognition program in future years.

LTAC agreed that this is a reasonable place to start but expressed some concerns about unintended consequences from focusing on specific domains, such as mobility and function.

LTAC agreed with "guardrails" to avoid recognizing facilities that have serious problems in other domains (e.g., complaints, staffing).

Recommendations to Board

1. CLTCC should adopt Short Stay Mobility and Function Composite for the SNF Recognition Program.
2. CLTCC should adopt Long Stay Mobility and Function Composite for the SNF Recognition Program.

Discussion items:

- a. Should the cutoff be at the top 10%, the top 25%, or somewhere between (noting geographic implications)?
- b. Should the "guardrail" exclude SNFs with:
 - i. CMS overall 1–star rating
 - ii. Special Focus Facility designation (and candidate list)

Website Expansion

HOME HEALTH AND HOSPICE PROVIDERS

LTAC Feedback on Hospice/Home Health

- LTAC agreed measure list is reasonable place to start
- LTAC expressed concerns about some measures that are not useful for consumers (e.g., spending), susceptible to variation in agency reporting practices (e.g., baseline function), or poorly explained (e.g., Burdensome Transitions).
- LTAC expressed different views on (1) adding value to CMS by scoring individual measures, vs. (2) being entirely consistent with what is currently publicly reported.

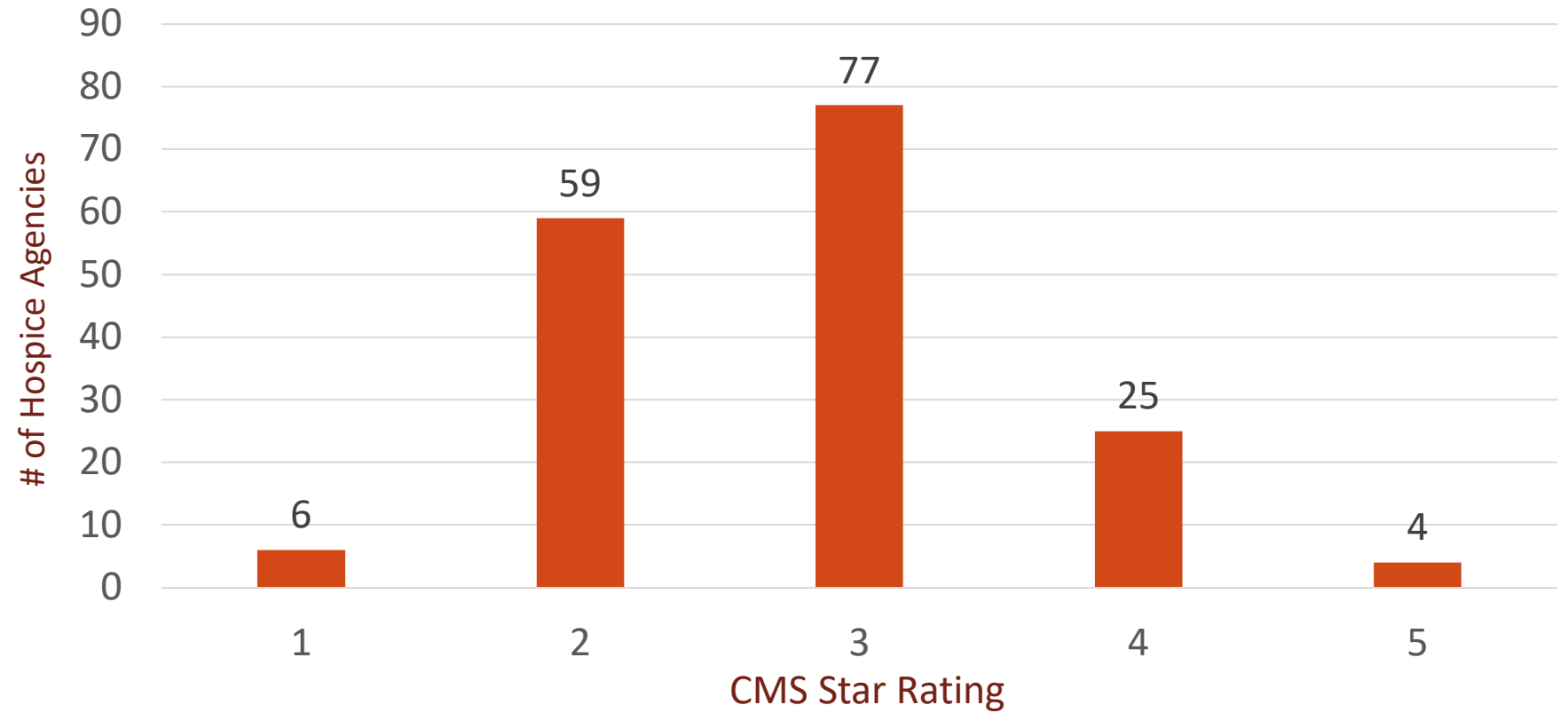
Goal: Seeking Board approval of recommended measure packages for Hospice and for Home Health (July 2023 publication)

CLTCC Website Expansion: Hospice Indicators

Proposed Hospice Webpage Domains	Measure
Hospice Services Description (3)	Treated conditions (e.g., cancer, dementia, stroke) & list percent of pt w/ condition
	Locations of care provided (home, SNF, ALF, etc.)
	Level of care provided (home, inpatient, respite)
Family Caregiver Experience (8 CAHPS measures + composite)	Summary rating (5-star rating IF participating in Medicare/Medicaid)
	8 CAHPS survey questions (communication, respect, help for pain, etc)
Hospice Quality of Care (3) (*no CMS summary rating)	1) Composite score of 7 quality measures for patients assessed at the beginning of hospice care
	2) Percentage of patients who received visits from a registered nurse or medical social worker on at least 2 of the final 3 days of their life
	3) Modification to the Hospice Care Index score (0-10)
Other	Address, ownership type, owner, avg daily census, Medicare certification date, served at least one dual eligible pt, at least one pt in Medicare Advantage (y/n)

Website will also include tips on choosing a hospice provider and other consumer education tools.

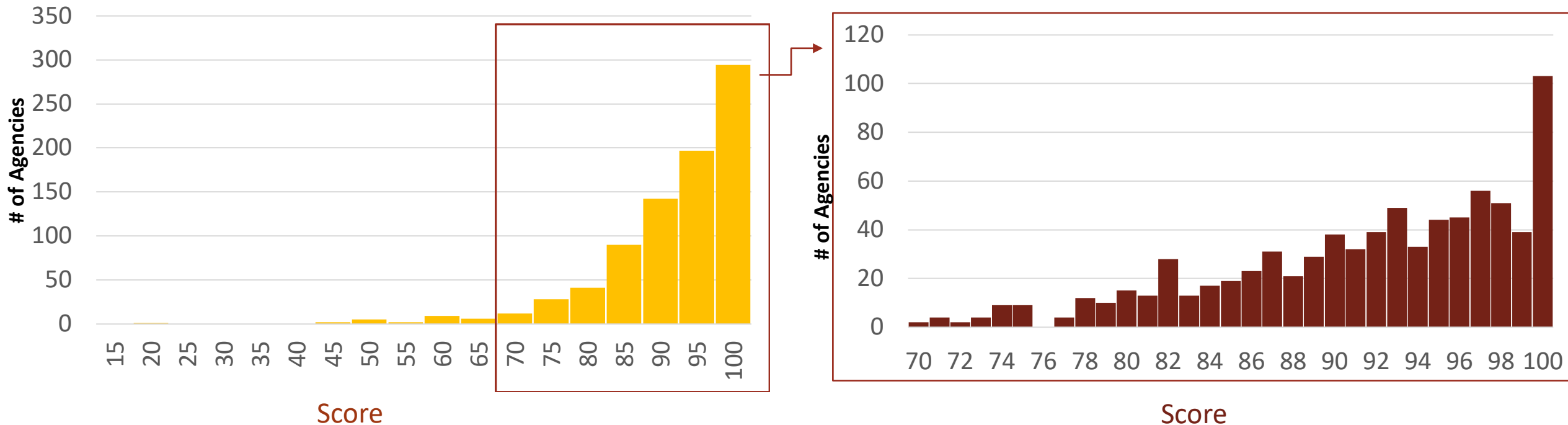
3,075 Hospice agencies in CA
• 1,639 agencies licensed and CMS certified



Distribution of CMS 5 Star CAHPS Rating

Hospice Quality of Care: Recommend reporting HIS the same as CMS for July

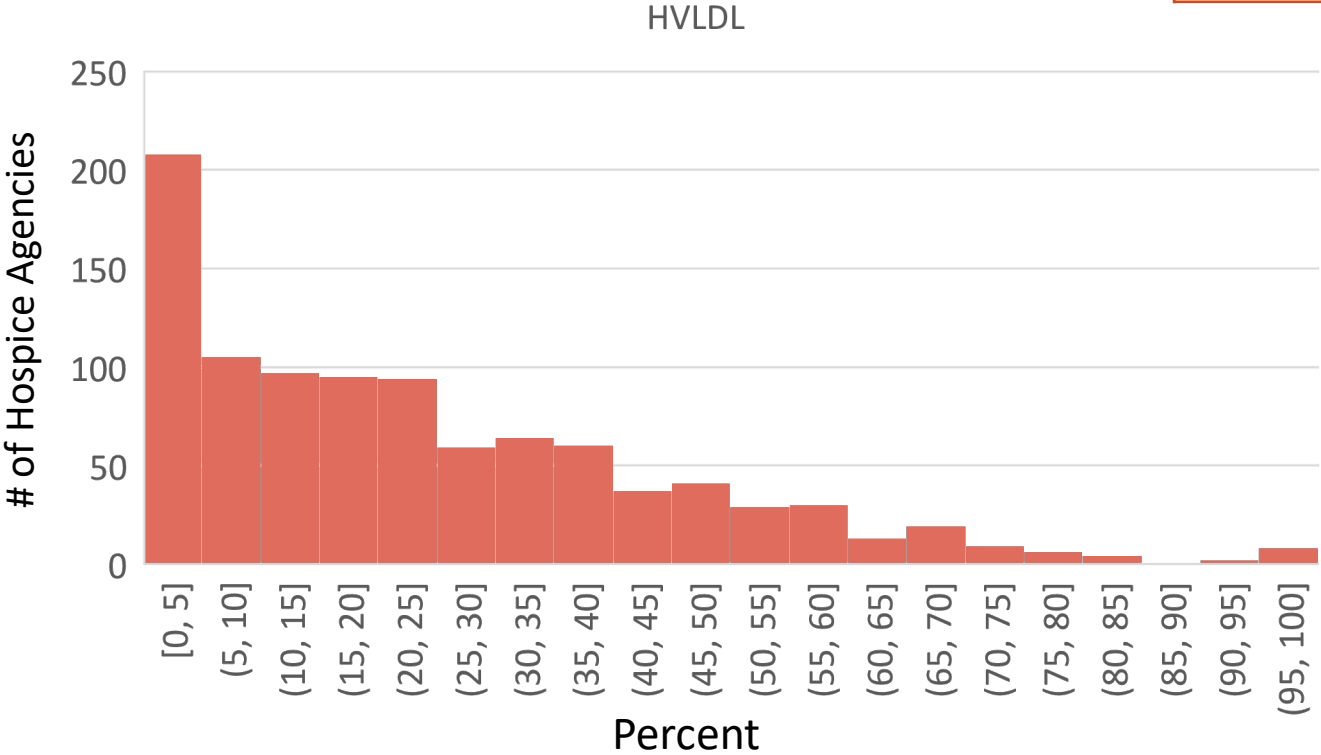
1. Hospice Item Set (HIS) Comprehensive Assessment at Admission: Composite Results



Hospice Quality of Care: Recommend reporting HVLDL the same as CMS for July

Hospice Visits in Last Days of Life (HVLDL):.

	Percentile						
	0	10	25	50	75	90	100
mean							
HVLDL(%)	0.00	0.00	7.10	20.00	36.80	53.60	100.00



Hospice Quality of Care: Recommend Changes to CMS HCI for July

3. Hospice Care Index:

Captures 10 care processes occurring throughout the hospice stay, between admission and discharge.

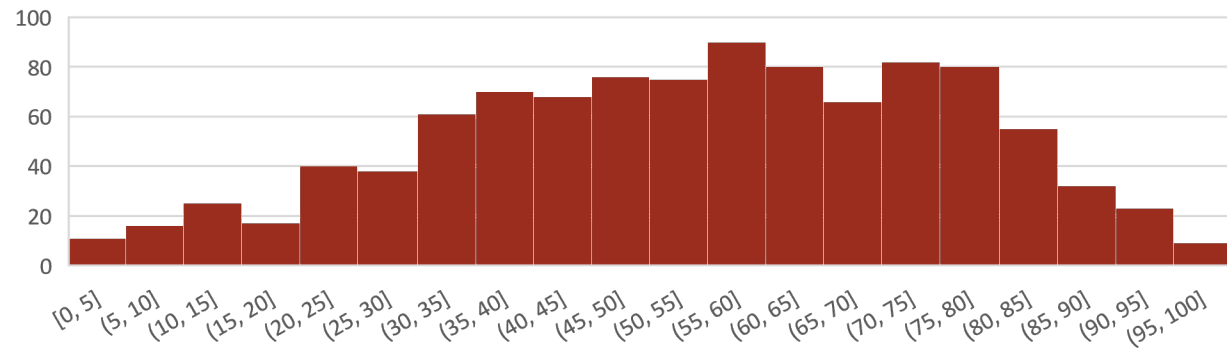


- 1001 of 1720 agencies
- Reporting period: 8 quarters, updated annually
- Numerators and denominators vary by measure, but all are derived from claims of Medicare hospice enrollees within the reporting period
- Agencies with fewer than 20 claims during the reporting period are excluded from reporting (“too small”)

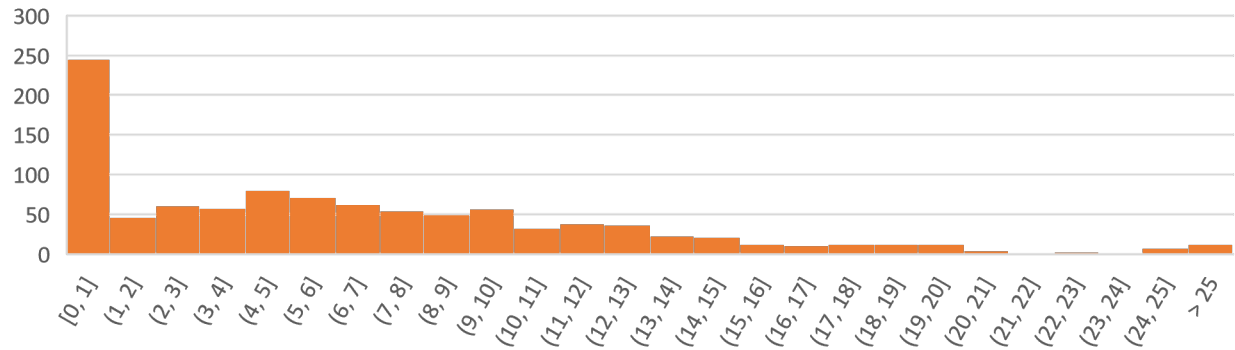
10 Indicators

- ~~1. Continuous Home Care (CHC) or General Inpatient (GIP) Provided (any vs. 0)~~
2. Gaps in Skilled Nursing Visits (>7 days)*
3. Early Live Discharges (within 7 days)*
- ~~4. Late Live Discharges (on or after 180 days)*~~
5. Burdensome Transitions (Type 1)=Live D/C from hospice followed by hospitalization w/in 2 days & subsequent hospice readmit w/in 2 days after discharge
6. Burdensome Transitions (Type 2)=Live D/C from hospice followed by hospitalization w/in 2 days & death in hospital
- ~~7. Per-beneficiary Medicare Spending*~~
8. Skilled Nursing Care Minutes per Routine Home Care (RHC) Day^
9. Skilled Nursing Minutes on Weekend (as proportion of 8)^
10. Visits Near Death (last 3 days)^

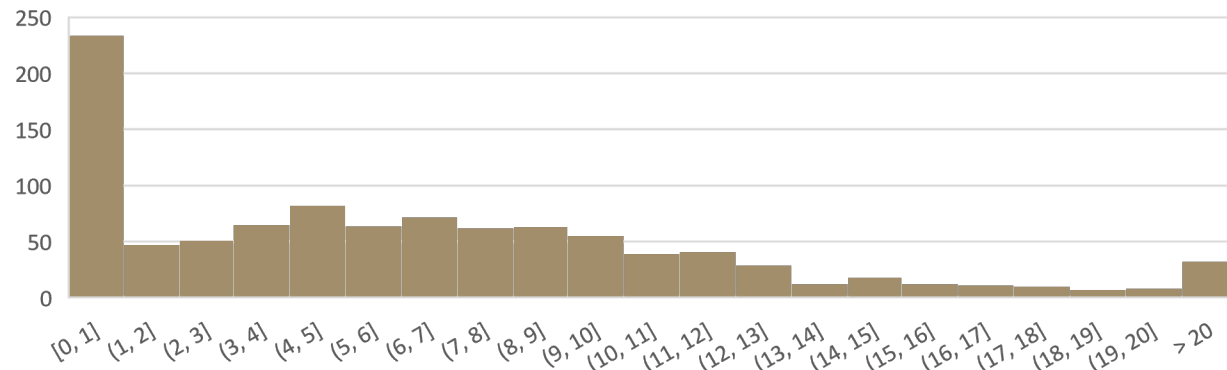
Gaps in Skilled Nursing Visits



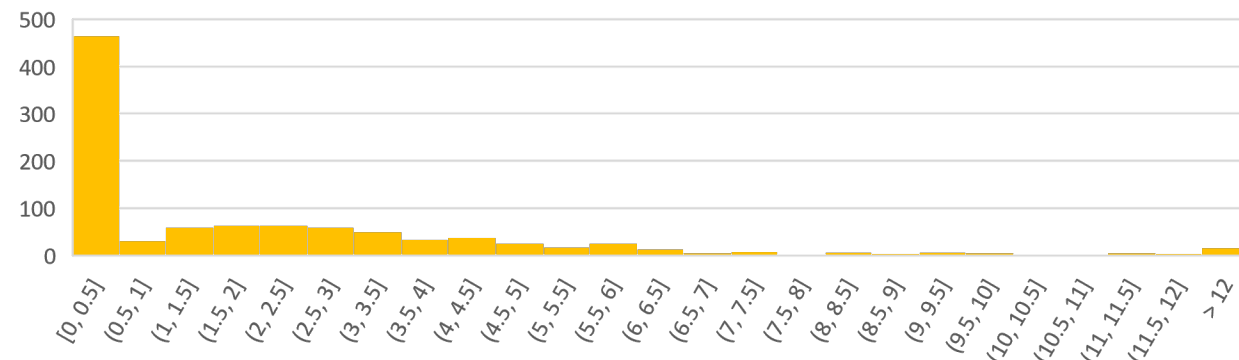
Transition to Hospital to Hospice



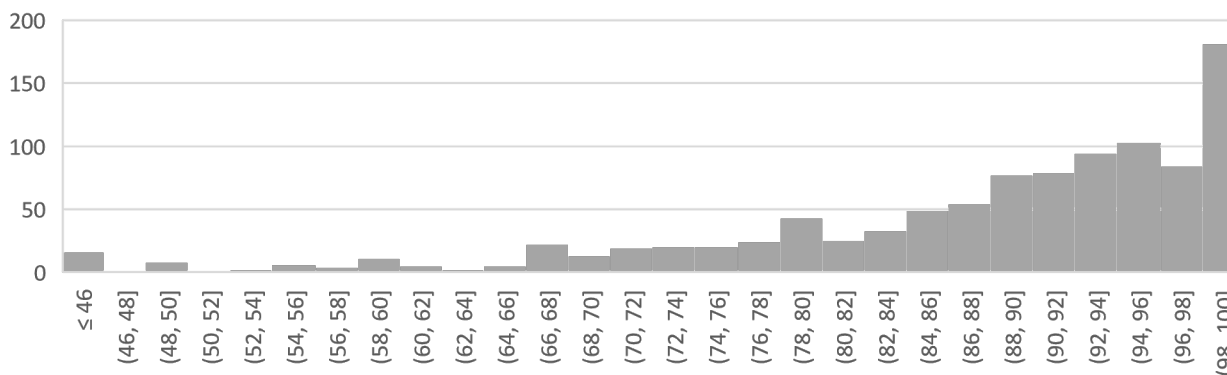
Early Live Discharges



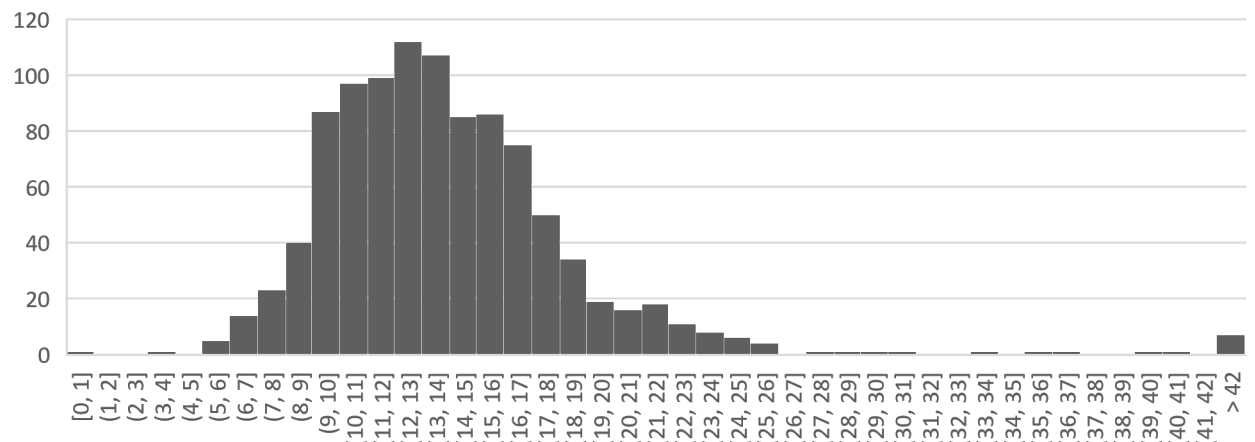
Transition to Hospital to Death



Visit in Last 3 Days of Life



Skilled Nursing Care Minutes per RHC Day



Summary Recommendation for Hospice Measures for Website Expansion

A. Hospice Description:
(Conditions treated, location of care, level of care, etc.)

B. Family Caregiver Experience:
(8 CAHPS measures + composite)

C. Hospice Quality of Care:

1 composite process measure

(Hospice Item Set: Patients assessed for 7 quality measures at the beginning of hospice care)

1 claims-based measure

Percentage of patients who received visits from a registered nurse or medical social worker on at least 2 of the final 3 days of their life

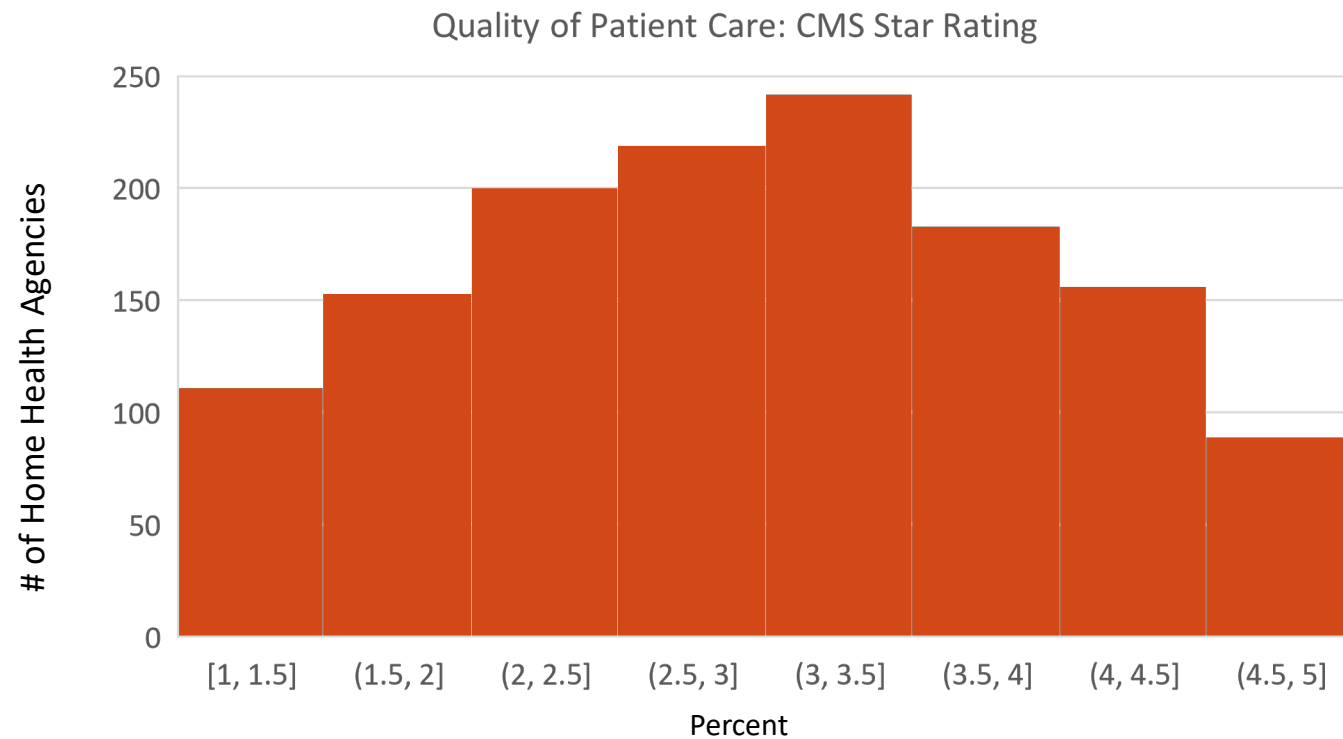
5 measures from Hospice Care Index, but no CMS HCI composite score:

- Gaps in Skilled Nursing Visits (>7 days);
- Early Live Discharges (within 7 days);
- Live D/C from hospice followed by hospitalization w/in 2 days & subsequent hospice readmit w/in 2 days after discharge OR death in hospital;
- Skilled Nursing Care Minutes per Routine Home Care (RHC) Day;
- Visits Near Death (last 3 days)

CLTCC Website Expansion: Home Health Indicators

Proposed Home Health Webpage Domains	Measure
Provider Service Description	Services offered (6 types Y/N)
Patient Survey (6 measures)	Summary rating
	5 measures (plus survey response rate/# completed surveys)
Home Health Quality of Care (16 quality + 1 financial measure)	Summary rating
Managing daily activities	4 measures
Treating symptoms	2 measures
Preventing Harm	6 measures
Preventing unplanned hospital care	4 measures
Payment and value of care	How much Medicare spends on an episode of care at this agency, compared to Medicare spending across all agencies nationally (e.g., 0.97/nat'l ave=1.00)
Other	Address, ownership type, owner, avg daily census, Medicare certification date

Home Health Quality of Care Star Rating

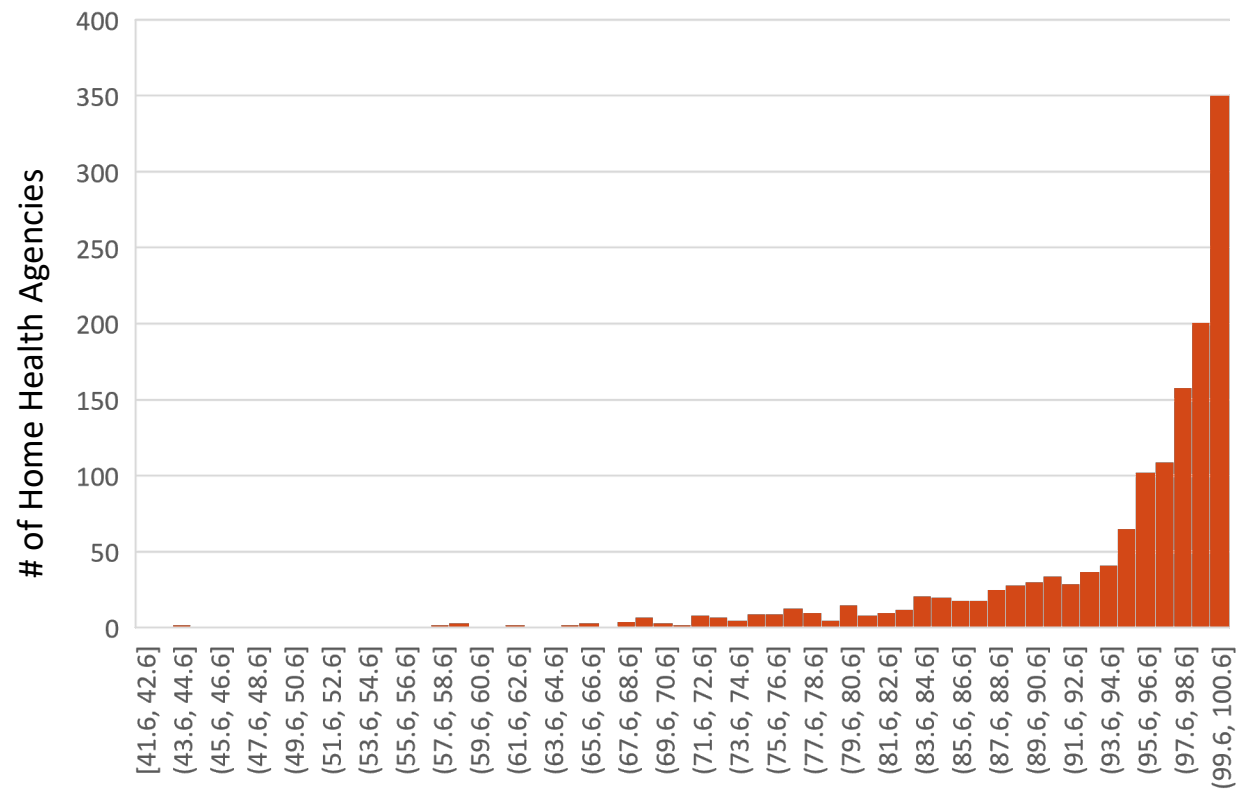


3,163 Home Health agencies in CA

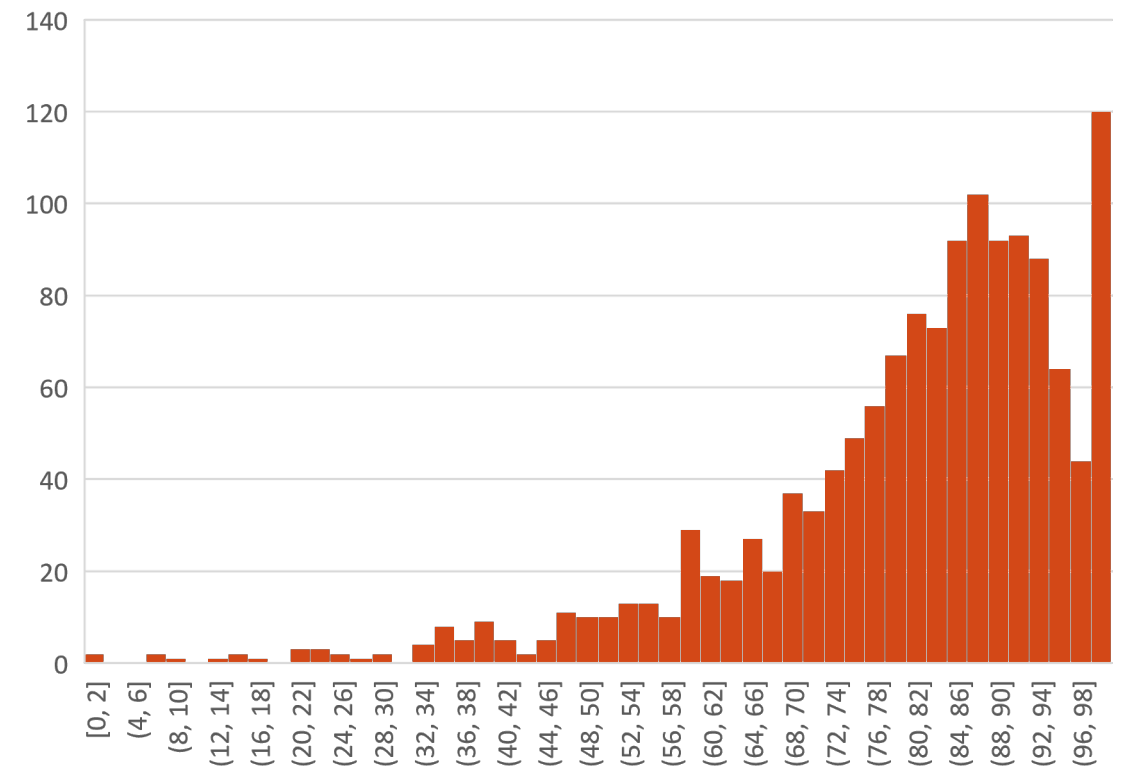
- 1,864 agencies licensed and CMS certified

Timely Care

How often the HH team began their patients' care in a timely manner?

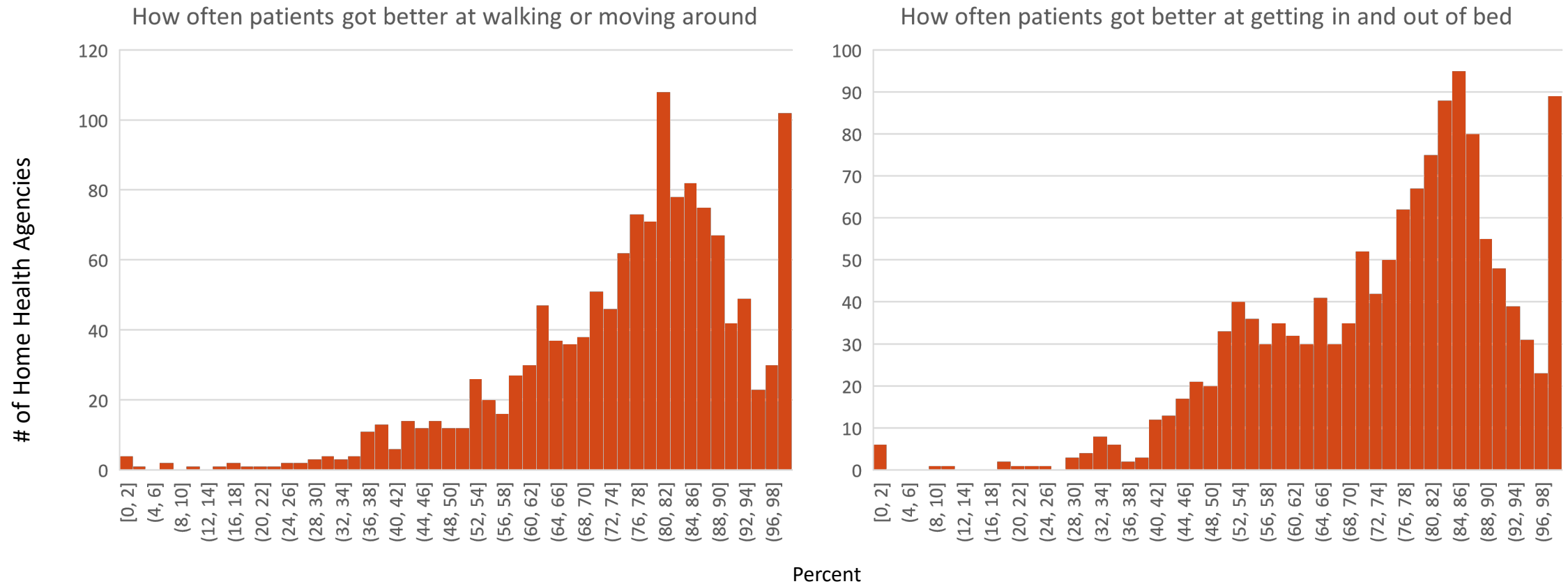


How often patients got better at bathing



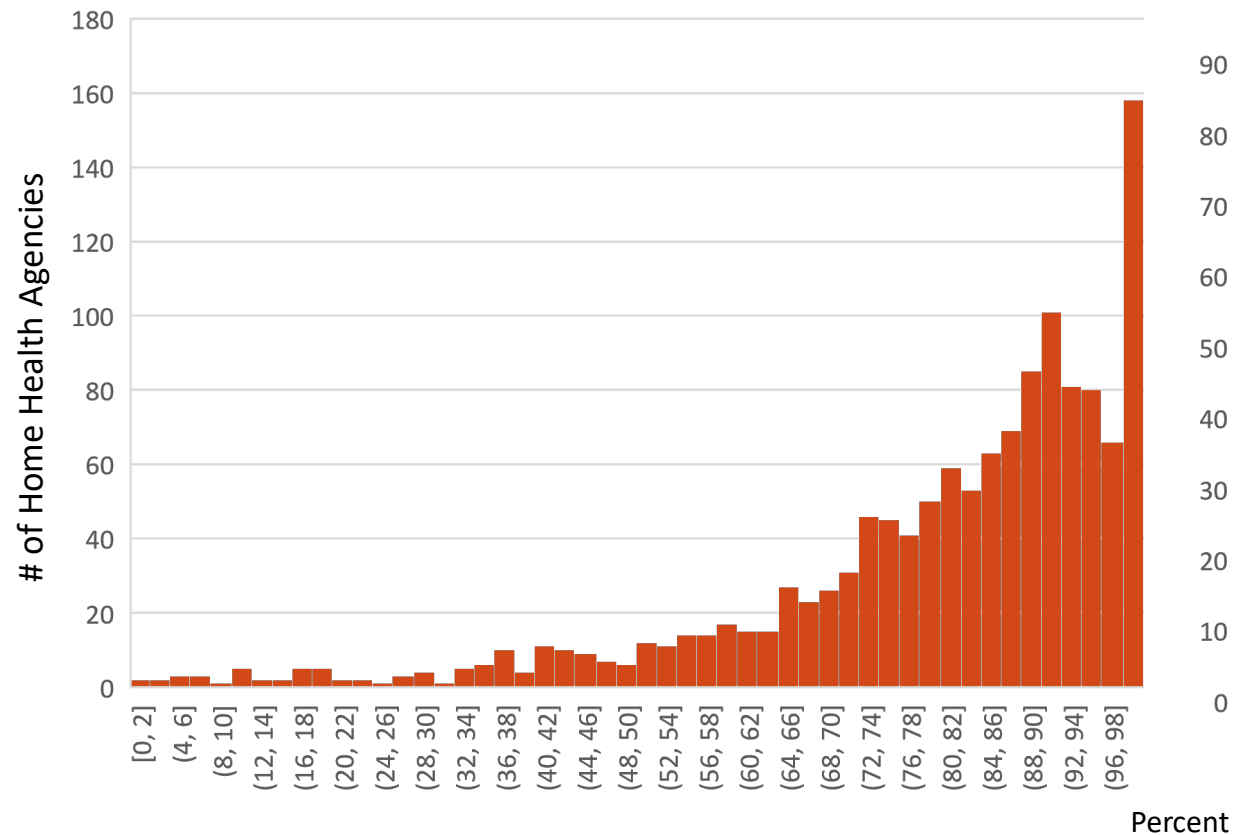
Percent

Home Health Improved Moving

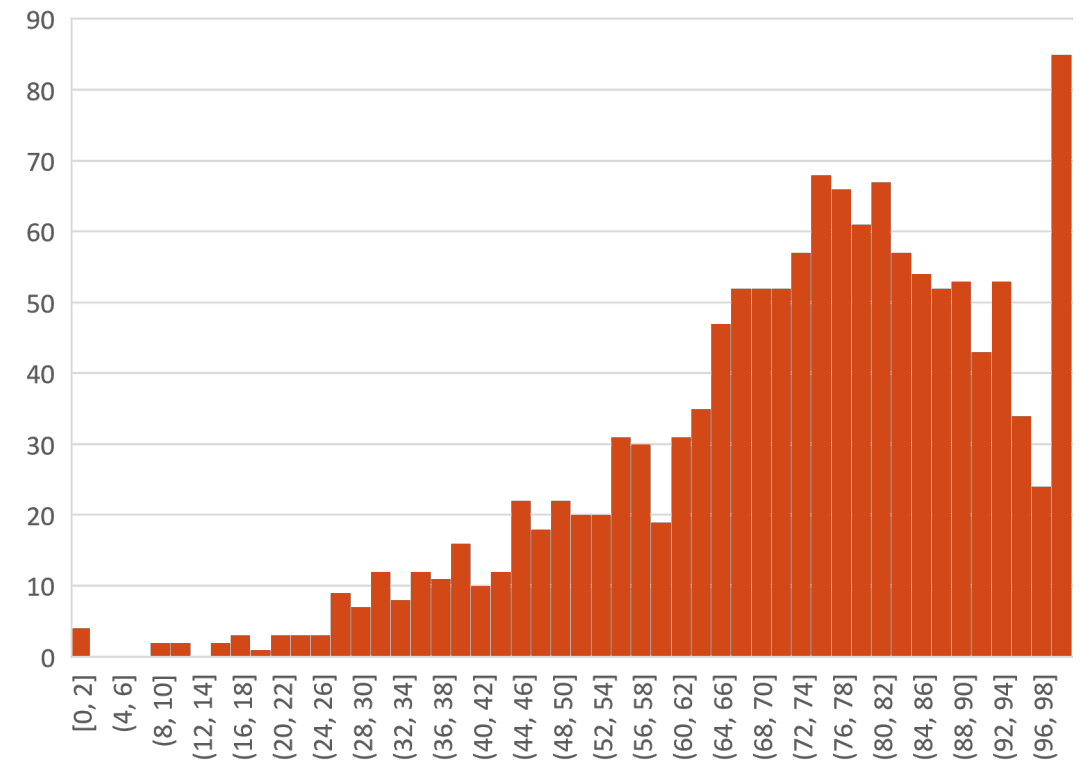


Improvements in Care

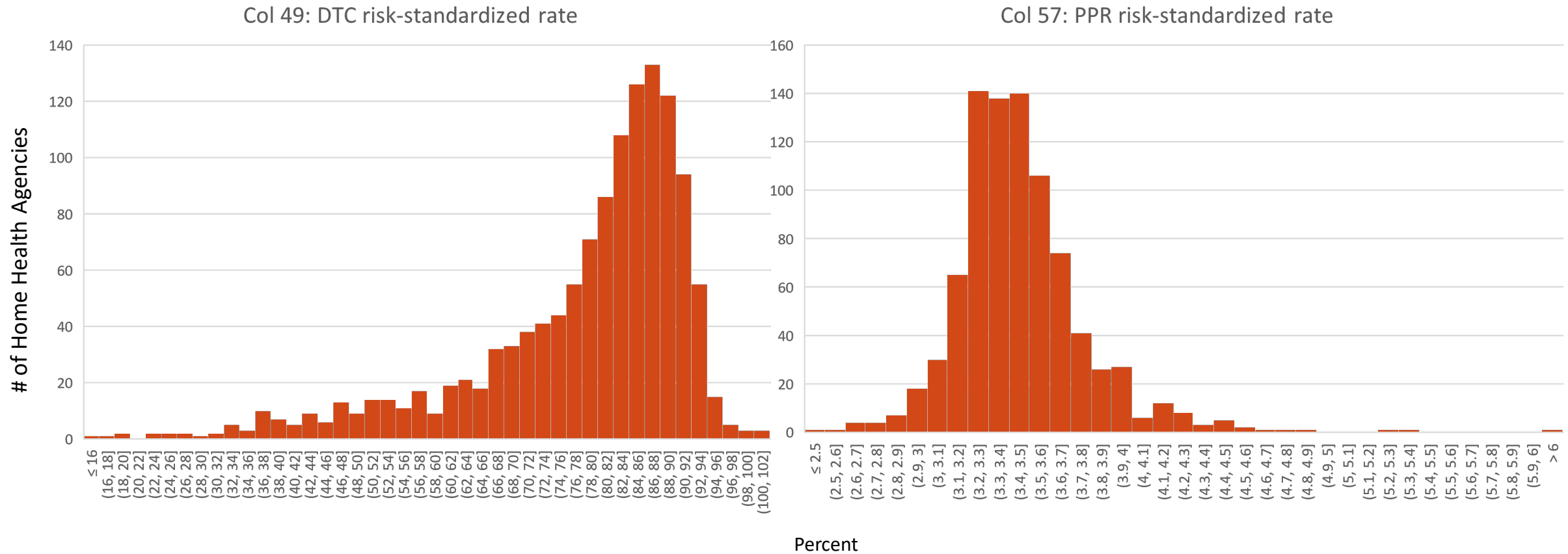
Col 30: How often patients' breathing improved



Col 32: How often patients got better at taking their drugs correctly by mouth

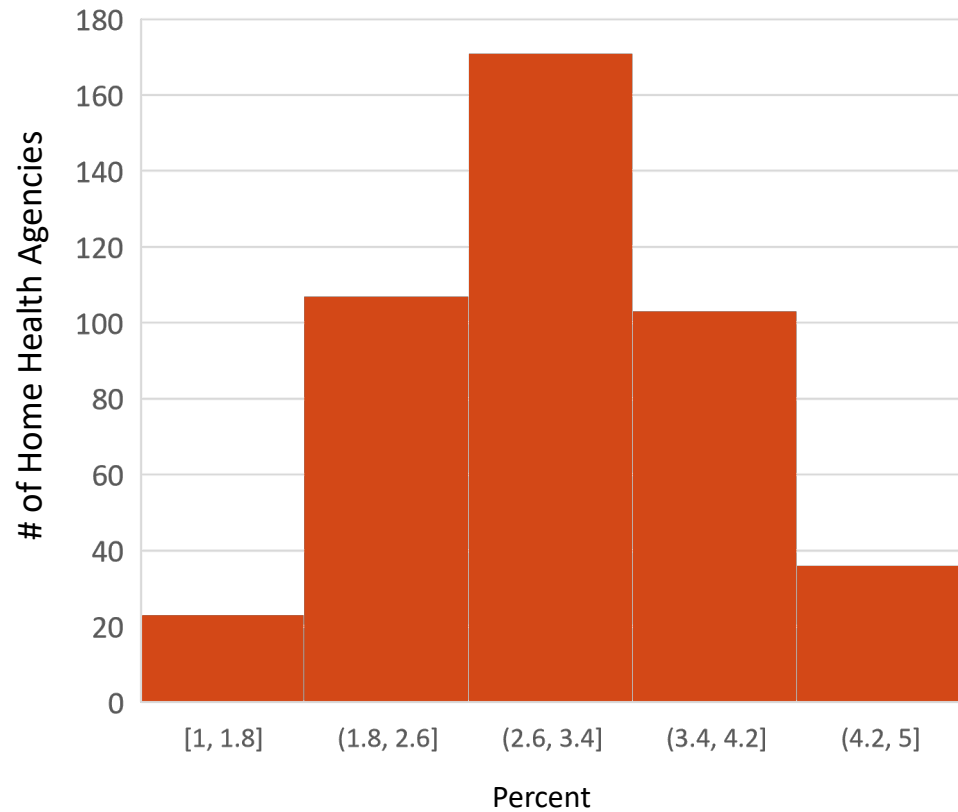


Home Health Unplanned ED, Hospital

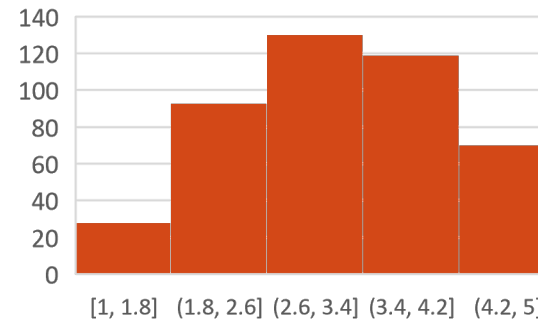


Home Health CAHPS

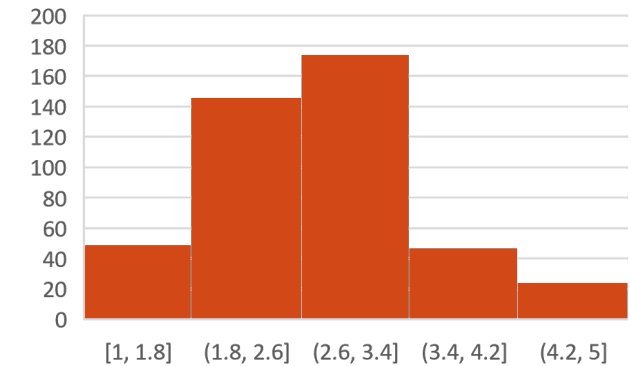
HHCAHPS Survey Summary Star Rating



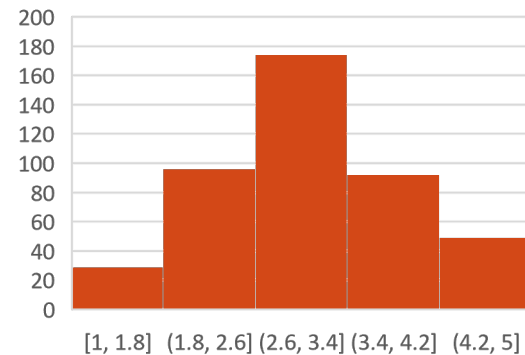
Indicator 1: Star Rating for health team gave care in a professional way



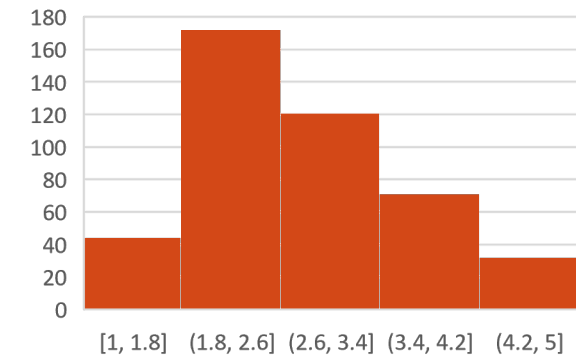
Indicator 2: Star Rating for health team communicated well with them



Indicator 3: Star Rating for team discussed medicines, pain, and home safety



Indicator 4: Star Rating for how patients rated overall care from agency



Summary Recommendation for Home Health Measures for Website Expansion

A. Hospice Description
(Conditions treated,
location of care, level
of care, etc.)

**B. Family Caregiver
Experience:**
(5 CAHPS measures +
composite)

C. Home Health Quality of Care
(16 quality measures)

Managing daily activities (4 measures)

Treating symptoms (2 measures)

Preventing Harm (6 measures)

Preventing unplanned hospital care (4 measures)

◀ Back to Search Results

 Export PDF

 Print

 Share this

At-A-
Glance

Facility
Description

Newport Nursing and Rehabilitation Center

1555 Superior Ave
Newport Beach, CA 92663 (949) 646-7764

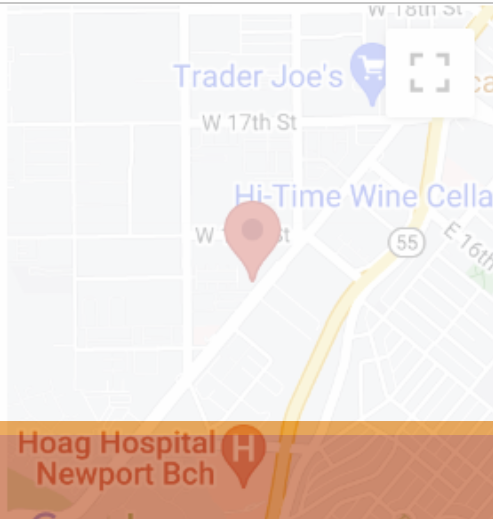
[Read More ▾](#)

Staffing

Quality
Measures

Health
Inspections

[View All](#)



[Email This
Provider](#)

Provider Type:
Nursing Facility

Owner Name:
GHC of Newport
Beach, LLC

Ownership Date:
10/1/77


Parent Company:
Life Generations
Healthcare

Ownership Type:
For profit


License Number:
60000116

[SAVE & COMPARE PROVIDER](#)

Tools & Resources:
Long Term Care

 [Choosing a Nursing
Home](#)

 [Evaluating a Care
Facility](#)

 [About Ratings and
Data](#)

CLTCC Website: Expansion Schedule

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024
Skilled Nursing Facilities	Feb.		July		Feb.		July	
Home Health Agencies†			June/July	Nov/Dec		May		Nov.
Hospice Agencies†			June/July	Nov/Dec		May		Nov.
Adult Residential Care Programs†				Nov/Dec				Nov.
Adult Day Health Centers				Nov/Dec				Nov.
Other Licensed LTC Providers					TBD			

†The first round of reporting will occur June/July 2023 followed thereafter by a May-November refresh cadence.

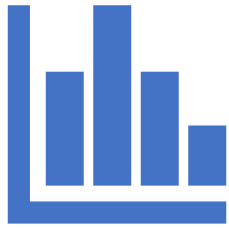


What should I look for
in a nursing home?

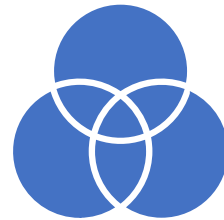
What is the
difference between
home health and
hospice? Both are
provided in the
home...

Is a nursing home
the same thing as a
skilled nursing
facility?

Design Scope



Data



Differentiation



Decision making

Workgroup Discussion – Key Themes

Be clear about who we are, and what makes us different

Explain upfront the data we do and don't have

Use the homepage to engage the user; representation matters

Explaining the various long term care providers is a must

Create a story around how to USE data

Link to trusted partners, resources and live support

Tailor experience based on user needs - I am looking for myself, my family member, etc.

Create and place CLTCC in the decision-making journey

Pages

- **Homepage**
 - Directs people where to go
- **About us**
 - Our team
 - Ratings and data
- **How to choose (this will be cross cutting)**
 - Info on long term care providers
 - How to navigate our website & use data to inform decision making >> Direct users to connect to a live person and/or conduct a site visit to validate initial assumptions
 - Focus users on “At a Glance” feature
- **More resources**
 - Trusted partners (payment, live help, etc.)

*Testimonials,
infographic,
interactive tools*

****search bar is at the top of all pages for easy access****

Bottom of the page: Contact, privacy policy, terms of use at the bottom of the page

Financials

CURRENT REPORTS

Wrap Up

Cal Healthcare Compare BOD Meeting Schedule - 2023

(all times are Pacific Time Zone)

- **Tues. July 25** **12:00 to 2:00pm –virtual**
- **Tues. October 24** **12:00 to 2:00pm – virtual**

2023 Meeting Cadence

[illegible]

Thank you!

Appendix

Covered California Network Analysis

Analysis sent
to data
subscribers

Purpose: Tool allows rapid production of graphs for a variety of measures
on the fly

Three sections:

Patient Safety

Maternity

Patient Experience

Any suggestions or requests for further refinement?

Google Analytics

Cal Hospital Compare	Cal Long Term Care Compare
New Users: 12,751 Returning Users: 60	New Users: 2,400 Returning Users: 388
Average time on website: 2 minutes	Average time on website: 2 minutes, 30 seconds
Pages per session: 3.34	Pages per session: 4.34
Top 3 pages visited: Homepage, Opioid Care Honor Roll, Choosing Hospitals – Why Quality Matters	Top 3 pages visited: Find Nursing Homes, Homepage, Choosing a Nursing Home – Overview

CAL HEALTHCARE COMPARE GOOGLE ANALYTICS: OCT 2022 – APR 2023

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