


Wisconsin Collaborative for Healthcare Quality

WCHQ's Use of STS and ACC Data in Public Reports



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Presentation Overview

The following points will be covered:


- Brief background on who WCHQ is
- Registry measures that WCHQ publicly reports
 - STS and ACC
- Why WCHQ chose to report these measures and the data collection and reporting process
- Lessons learned for CVE's considering reporting registry measures

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WCHQ Background

Wisconsin Collaborative for Healthcare Quality



Founded in 2003, the Wisconsin Collaborative for Healthcare Quality (WCHQ) is a voluntary, non-profit consortium of organizations committed to using the public reporting of comparative measures of performance to catalyze improvements in the quality and affordability of health care in our state, and the health status of individuals and communities. In addition, WCHQ designs and facilitates collaborative learning sessions to promote the active sharing of “best practices” among its provider member organizations in an effort to elevate and accelerate improvement across Wisconsin.



National Registry Measures Publicly Reported by WCHQ

Specialty Registry Measures currently reported on www.wchq.org

Cardiac Surgery Measures	Cardiovascular Specialty Care Measures
CABG Deep Sternal Wound Infection	PCI In-Hospital Risk Adjusted Mortality
CABG Operative Mortality	STEMI with PCI within 90 Minutes
CABG Post-Operative Permanent Stroke	

Data provided by the **Society of Thoracic Surgeons** for participating WCHQ member organizations.

Measures from the National Cardiology Data Registry (NCDR) of the American College of Cardiology Foundation.

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Cardiac Surgery Measures

Cardiac Surgery (STS) Measures Background

- As part of an ongoing effort to continue to promote transparency in clinical practice and outcomes through public reporting the WCHQ Board of Directors explored opportunities around the reporting of existing specialty registry measures. Until this time WCHQ had reported clinical quality primary care measures on the public website and the desire was to expand our current portfolio with the addition of specialty measures that were already developed and the data readily available.
- In October of 2009 WCHQ entered into a data sharing license agreement with STS to allow the development of reports based on the data elements already submitted by WCHQ participating member organizations through the STS national database registry

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Cardiac Surgery Measures

Cardiac Surgery (STS) Measures Background, continued

- Three measures were selected based on WCHQ member feedback with the decision to report publicly at the facility level using data from July 1, 2008-June 30, 2009. This data was publicly reported in early 2010.
- Data Sharing/Consent Release forms were provided by STS with written consent required from both an administrative and physician representative from each reporting member organization. If multiple physician groups are involved additional consents are needed.
- WCHQ established a primary contact from each member organization to work with to obtain the consents.

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Cardiac Surgery Measures

Cardiac Surgery (STS) Measures Background, continued

- Signed consents are sent to STS and the requested data results are sent to WCHQ for public reporting.
- There is a cost associated with obtaining the results based on number of measures and number of participating sites.
- Data is available in approximately May-June of each year. WCHQ has moved from a split year to a calendar year starting with 2010 data.
- Each year prior to requesting the data from STS WCHQ checks with new members and members who had not reported the measures previously to see if they would like to participate.

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Cardiovascular Specialty Care Measures

Cardiovascular Specialty Care (NCDR-ACC) Measures Background

- In mid 2011 the WCHQ Board of Directors requested that we continue to explore reporting of additional specialty measures derived from existing specialty registries.
- The WCHQ staff polled all existing members to determine the most commonly used registries and it was determined that it was the American College of Cardiology Cath-PCI registry.
- The WCHQ Hospital Work Group then reviewed each of the measures within the Cath-PCI registry for those that would be considered the most helpful to publicly report.
- Based on these steps the Hospital Work Group recommended WCHQ implement reporting of the following two measures:
 - PCI in-hospital risk adjusted mortality (all patients)
 - Proportion of STEMI patients receiving immediate PCI within 90 minutes

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Cardiovascular Specialty Care Measures

Cardiovascular Specialty Care (NCDR-ACC) Measures Background, continued

- A Letter of Commitment between ACCF and WCHQ was written and signed outlining the provisions of the public reporting of the two measures.
- As outlined in the Letter of Commitment the data for the measures would come to WCHQ directly from the participating member organizations.
- There is no cost associated with reporting these measures.
- An Intent to Participate document was sent to all Cath-PCI registry reporting members to obtain their signature. Consent to participate is at the discretion of each site.

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Cardiovascular Specialty Care Measures

Cardiovascular Specialty Care (NCDR-ACC) Measures Background, continued

- WCHQ established a primary contact for obtaining the data for these measures and the data was requested in the form of a copy of those measures from their Executive Summary.
- Data was publicly reported initially in late 2012 using the 2011 calendar year. Data is available in approximately August of each year.
- Each year prior to requesting the data from the members WCHQ checks with new members and members who had not reported the measures previously to see if they would like to participate.

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Key Considerations

Lessons Learned from WCHQ's Specialty Registry Reporting Experience

- National registries can be an excellent data source for a variety of measures.
- Selection of a registry that a large enough number of member organizations participate in and that they find value in publicly reporting measures from are important considerations.
- The reporting burden on members with using existing registry data is minimal
- Obtaining consent from every member for whom the measures are applicable for public reporting is desirable but may not be realistic.

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Key Considerations

Lessons Learned from WCHQ's Specialty Registry Reporting Experience, continued

- If there are differences in a measure that is publicly reported compared to the internal report received from the registry, this must be clarified to the members and on the website. WCHQ excludes Pre-Operative CVA's from the CABG Post-op Permanent Stroke measure in order to align with the NQF measure.
- A process needs to be established for the annual data collection and reporting process requiring allotment of CVE staff time.
- Ensure that public reporting efforts are not duplicative in your region or state. WCHQ works with our Wisconsin Hospital Association to ensure that we do not report similar measures that they have on their public reporting site, www.wicheckpoint.org

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