May 27, 2025

Rod Freeman, Quality Strategy Analyst
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Dear Mr. Freeman:

Thank you for the opportunity to provide feedback on HEALTHII quality metrics. We greatly appreciate the opportunity to periodically review the HEALTHII measures and reconsider if they can be improved. While the Arizona Hospital and Healthcare Association has filled out the survey, we wanted to take some time to provide additional insight and recommendations that were too lengthy to be incorporated into the survey responses. Below are some additional insights and recommendations.

Assemble an Ongoing Quality Workgroup

As we have mentioned previously, AzHHA strongly encourages AHCCCS to assemble an ongoing quality workgroup, comprised of quality experts from the healthcare delivery system. Such a group could provide expertise for HEALTHII, differential adjustment payments, and any other hospital-related programs. AHCCCS could work with these subject matter experts to develop a long-term strategic plan that is specific to Arizona Medicaid enrollees and addresses potential gaps in Arizona-specific care. We once again reiterate this request.

An ongoing quality workgroup would have a number of benefits, including:

- Aligning measures across quality improvement programs and reducing administrative burden. Currently, hospitals are required to track an abundance of quality measures, and each program (and sometimes each health plan) has its own unique measures. For reference, one Arizona critical access hospital reports that they are currently collecting 124 separate measures that are either required or tied to reimbursement.
- Providing AHCCCS with additional insights into how metrics are collected, how meaningful they are, and which ones should be re-evaluated based on changing circumstances.
- Providing quick, detailed feedback. When AHCCCS is considering new measures, the workgroup could provide feedback, such as whether specific hospital characteristics are related to performance, and therefore, high variability among results would be expected.

AzHHA's own experience suggests that conversations, as opposed to surveys, lead to better suggestions as individuals can bounce ideas off one another and improve initial suggestions. For these reasons and others, AzHHA strongly encourages AHCCCS to convene an ongoing quality workgroup.

Influenza Vaccination among Healthcare Personnel

AzHHA elected not to respond to the survey regarding the influenza vaccination among healthcare personnel measure since we received mixed feedback.

Acute Care Hospital Feedback

- Many appreciated that this is a measure they already track and would not create an additional administrative burden.
- These hospitals recognize the importance of the vaccine report challenges in achieving high vaccination rates due to growing vaccine hesitancy.
- This measure is also tracked under CMS and MBQIP (Medicare Beneficiary Quality Improvement Project) programs, so hospitals would not have an extra administrative burden.
- Hospitals strongly recommended that if this vaccine is maintained, **it should remain a pay-for-reporting measure – not tied to performance—**since further education is unlikely to persuade individuals who are hesitant to receive vaccines.

Post-Acute and Behavioral Health Hospital Feedback

- These hospitals were more likely to suggest **removing the measure altogether.**

Additional Considerations

- Concerns were raised about the clinical value of the measure, especially if the numerator components are combined, which may obscure meaningful insights.

AzHHA recommends that AHCCCS **review responses by hospital type,** as feedback varied significantly between acute and post-acute settings.

OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients

This measure received significant feedback from Critical Access Hospitals (CAHs), who expressed concerns about its relevance and fairness if tied to performance.

- **Concerns**
  - CAHs emphasized that this measure includes **many factors outside their control**, such as:
    - Staffing shortages in rural areas
    - Delays in lab, radiology, and ambulance services
    - Availability and acceptance times from transfer facilities

- There's a concern that emphasis on quick ED discharge may pressure providers and potentially harm patients (e.g., discharging cardiac patients prematurely or discharging patients who need oxygen when DME companies are not always available 24/7, and potentially increase readmissions).
- **Hospitals should not be penalized for providing high-quality care** when longer stays are clinically justified.
- If maintained, **this metric should be used for reporting purposes only**, not performance evaluation.

- **Suggestions for Improvement**
  - **Consider replacing or supplementing this measure with one that reflects average time to transfer to a higher level of care**, which may provide better insight into operational delays.
  - Break down transfer-related metrics into components such as:
    - Time from decision to transfer to ambulance arrival
    - Time from decision to transfer to acceptance by the receiving facility
  - This measure is also tracked under MBQIP (Medicare Beneficiary Quality Improvement Project), so CAHs would also not have an extra administrative burden.
  - AzHHA recommends **further vetting this metric with all CAHs** before AHCCCS includes it in their measurement list.
  - If this measure is considered, we recommend using it for **reporting purposes only**, as once again, there are many factors outside the control of the hospital.

Recommendations for Future Measures

To ensure fair and actionable performance measurements across all hospitals, including CAHs, AzHHA recommends focusing on **process-based quality measures** that reflect timely and evidence-based care delivery.

- **Why Process Measures Work**
  - These metrics are often under direct hospital control.
  - They are less impacted by small sample sizes, which is a common challenge for CAHs.
  - They provide actionable insights into care quality and can more accurately reflect areas for improvement.

- **Examples of Process Measures**
  While AzHHA has not had time to vet the measures with a larger group of hospitals, below are some examples of process measures that AHCCCS may consider further vetting with hospitals.
  - Safe Use of Opioids (General Acute Care Hospitals and CAHs)

- Time to hypertension treatment for OB patients (General Acute Care Hospitals)
- Door-to-treatment time for: (General Acute Care Hospital and CAHs)
  - Stroke
  - Sepsis
  - Myocardial infarction
- Time to diagnostic results (All Hospitals)
- Door-to-evaluation time (All Hospitals)
- Pressure ulcers (LTACHs and Rehabilitation Hospitals)
- Catheter-Associated Urinary Tract Infection (LTACHs and Rehabilitation Hospitals)
- Central Line-Associated Bloodstream Infection (LTACHs and Rehabilitation Hospitals)
- Clinical Improvement from Admission to Discharge (Behavioral Health Hospitals)

Regardless of which new measures are chosen, **we strongly recommend that AHCCCS provide at least six months' notice to hospitals before the reporting period starts if new measures are tied to performance.** This will allow hospitals sufficient time to implement meaningful changes. Choosing measures after the start date begins penalizes hospitals for focusing on other quality measures. This is particularly problematic when hospitals are assessed but not given an appropriate opportunity to receive payments.

We look forward to ongoing conversations on the HEALTHII quality measures. Once again, we thank you for considering this request. Please do not hesitate to contact me if you have any questions or would like to discuss this in more detail.

Sincerely,

Amy Upston
Director of Financial Policy and Reimbursement

cc:
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