Operationalizing ORYX: An Integrated System's Experience

by Judith A. Miller, MHSA, RRA

A new requirement of the Joint Commission on the Accreditation of Healthcare Organizations requires hospitals and other healthcare entities to forward performance measurement data for use in the accreditation process. The Joint Commission calls this performance measurement initiative ORYX. This article describes the lessons learned within the Advocate Health Care system during selection of a vendor and the early stages of implementation.

Advocate Health, based in Oak Brook, IL, is one of the largest integrated delivery systems in the Chicago area and in the country. It has more than 21,000 employees, 4000 associated physicians, and 200 sites of care, including eight hospitals, with 3100 beds. Advocate has a long-term academic and teaching affiliation with the University of Illinois at Chicago. The system is related to the United Church of Christ and the Evangelical Lutheran Church in America.

The ORYX System

In early 1997 the Joint Commission announced implementation of changes to its accreditation process to make it more data driven and objective. The organization informed hospitals that each facility must enroll in a performance measurement system chosen from a list of approved vendors published by the Joint Commission. Beginning this year, the selected performance measurement system will forward preselected performance measurement data to the Joint Commission. Initially, the selected measures will reflect care rendered to at least 20 percent of the hospital's patient population. The number of indicators and percent of patients measured by them will incrementally increase over the next few years. Hospitals had until December 31, 1997, to choose a vendor with an acceptable performance measurement system. By July 1, 1998, the hospitals were to make final commitments to the Joint Commission as to the vendor and selected performance measures to be forwarded to the Joint Commission. The initial submission of performance measures will be third-quarter 1998 data, which must be received by the Joint Commission no later than March 31, 1999.

To meet the December 1997 deadline, Advocate Health Care formed a systemwide ORYX task force to select one vendor to serve all eight Advocate hospitals. The task force, which came together in the spring of 1997, included representatives from each Advocate hospital, the information systems department, and corporate quality management.

Performance Measurement System Selection Process—Criteria

At initial meetings, the task force received information about the Joint Commission's ORYX requirements as well as information on the initial time line. The group next developed criteria used to select an ORYX vendor.

Each hospital wanted to keep additional costs associated with ORYX to a minimum. The various performance measurement systems under review varied widely in cost, with some systems resulting in thousands of dollars of expense. In addition, there were significant differences in the additional staff resources required to implement measurement systems. The hospitals wished to avoid investing heavily in a system that might be revised or eliminated by the Joint Commission in the future. The task force members were concerned that the Joint Commission could change the initial ORYX requirements in the future, potentially adding more costs to the process. In fact, recent developments are proving this assumption correct. The Joint Commission recently issued a call to approved performance measurement vendors for "core indicators" revolving around specific care areas for hospitals such as critical care, obstetrical services, and so on.

The second criterion dealt with choosing a vendor with the proven track record to meet Joint Commission turnaround time requirements. At the time, the exact technical requirements, data formats, and so on, that the Joint Commission would require

of vendors were unknown. The task force investigated how vendor data turnaround times varied historically. The goal was to select a vendor that could meet relatively short data turnaround times.

Next, the task force decided to only consider vendors with performance measurement systems that used electronic billing data and did not include additional data collection on the part of the hospitals. Advocate had developed its own outcome measurement system for all of its eight hospitals. This system included manual collection of some data elements. The hospitals wanted to maintain the Advocate system indicators for internal benchmarking purposes. It was believed that any requirement to manually collect additional data for ORYX would be unduly burdensome for the hospitals and should be avoided, at least initially.

In addition, the chosen performance measurement system had to include a severity adjustment system that was acceptable to the individual hospitals and medical staffs. Finally, the task force wished to contract with a vendor that had been in the performance measurement business for a relatively long time.

Implementation Issues and Lessons Learned

Once the performance measurement system was chosen, the hospitals' next task was to select certain performance measures to be forwarded to the Joint Commission by the vendor. These measures initially needed to relate to at least 20 percent of the individual hospital's inpatients. Each hospital selected the ORYX indicators based on its own unique needs, but all hospitals followed a similar approach.

First, data on hospital volumes by designated patient categories were obtained. The data collected were based on patients discharged in 1997. Next the percent of patients fell into the categories for which there were performance measurements: obstetrical patients, various patient age categories, and so on. The list of performance measures contained in the system was reviewed with medical staff members and committees to obtain physician input and advice. Once the selected indicators were identified, the hospitals individually informed the Joint Commission of these decisions. All Advocate hospitals accomplished this by the end of first quarter 1998.

Since first quarter 1998, because data submission to the Joint Commission had not yet begun, the most significant activity related to operationalizing ORYX was preparing for data submission.

Advocate had selected a performance measurement system that met Joint Commission screening criteria. That was not a guarantee that everything would automatically proceed smoothly, however. The performance measurement system vendor supplies Advocate Health Care with a product that provides hospitals useful and detailed comparative data that is risk adjusted. This system was not designed specifically to meet ORYX requirements, which has caused some confusion during ORYX implementation. For example, the data used to compute performance measures by the vendor is typically data that hospitals have forwarded previously to the State of Illinois Hospital Cost Containment Council (IHCCC) and from there to the Illinois Hospital and HealthSystems Associa-tion (IHHA). Due to IHCCC and IHHA data processing time lines, this data is not available to the vendor until long past the ORYX submission deadline. For example, full-year 1997 data was available for processing by the performance measurement system vendor in September 1998. While this is an acceptable time frame for the normal uses of the data, it does not meet the time line requirements of the ORYX system.

The ORYX time line requires that the Joint Commission receive the results of designated performance measures within six months of period end. The Joint Commission must receive the initial data submission, from third quarter 1998, no later than March 31, 1999. To give the vendor of the performance measurement system time to process data for submission to the Joint Commission, the hospitals will be submitting data directly to the performance measurement system vendor, rather than awaiting IHHA data. This is not the typical process for the vendor, who normally receives hospital data that has been processed by the IHCCC and the IHHA. In this case, the vendor had to determine new data field criteria and definitions. In addition, details as to the frequency and time line of the data being forwarded to the vendor were still being determined through discussions between Advocate Health Care and the vendor information systems and technical staff when this article was written.

Lessons Learned

While Advocate Health Care is generally satisfied with how the ORYX process has taken place, it is too early to proclaim total success. That can be assessed only after initial data submission from the performance measurement vendor to the Joint Commission has occurred. Afterwards the data submission process will be reassessed and adjustments made as necessary.

Key to the overall success of vendor selection and operationalizing ORYX thus far has been the early decision to select a single vendor for each hospital in the Advocate system. This allowed for early involvement of all interested parties in the vendor selection process and contributed to development of sound selection criteria. Only with that criteria was it possible to properly assess the dozens of Joint Commission-approved performance measurement systems.

Another key point was the early input and advice from the Advocate hospitals' medical staff members. The physicians' advice and interest in the clinical measures as well as the different risk adjustment methods available was extremely helpful. Communication on all fronts, in fact, was key. During the period when data was being prepared for transmission to the vendor for submission to ORYX, repeated and close communication between all parties was essential.

The ORYX process is new to vendors, to the Joint Commission, and to the hospital and information systems staff. The success of the initial ORYX data processing in early 1999 will determine our success.

Joint Commission Changes ORYX Deadlines for Home Care

In December 1998, the Joint Commission published changes in some deadlines for ORYX data collection and transmission deadlines for home care and hospice organizations.

The deadline to begin data collection for home care and hospice organizations with a total annual patient volume greater than or equal to 120 patients has been postponed to January 1, 2000. (Previously, it was July 1, 1999.) In addition, initial receipt of performance data from the performance measurement system to the Joint Commission has been postponed to July 31, 2000 (rather than the previous March 31, 2000 date).

Home care and hospices with fewer than 120 patients annually will be required to select four measures and report them to the Joint Commission by October 1, 1999, rather than June 30, 1999. Surveyors will not begin on-site review of the results of data collection and analysis from these measures until after July 31, 2000.

These changes were made because, as of December 1998, HCFA had not yet published Medicare regulations for OASIS implementation, and many Medicare-certified home care organizations had expressed concern about how measurement requirements for ORYX would correspond with those for OASIS.

An ORYX Time Line for Hospitals and Long Term Care

Notify Joint Commission of measures selected by:	Minimum number of measures to be selected:	Required number of measures or percent of patients monitored:	Initial quarter in which data are to be collected:	Data to be submitted to the Joint Commission by:
March 1998	Two clinical measures	5 measures or 20%	Third quarter 1998	March 31, 1999
December 1998	Two additional clinical measures (total 4)	Eight measures or 25%	First quarter 1999	July 31, 1999
December 31, 1999	Two additional clinical measures (total 6)	10 measures or 30%	First quarter 2000	To be determined
December 31, 2000	Two additional clinical measures (total 8)	12 measures or 35%	First quarter 2001	To be determined

Time line courtesy of the Joint Commission on Accreditation of Healthcare Organizations.

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