HOSPITAL QUALITY MEASURES

Overview of QM's

CPAs / ADVISORS

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QUALITY MEASURES FOR HOSPITALS

- The overall rating defined by Hospital Compare summarizes up to 57 quality measures reflecting common conditions that hospitals treat, such as heart attacks or pneumonia. Hospitals may perform more complex services or procedures not reflected in the measures on Hospital Compare. The overall rating shows how well each hospital performed, on average, compared to other hospitals in the U.S.
- The overall rating ranges from one to five stars. The more stars, the better a hospital performed on the available quality measures. The most common overall rating is 3 stars.

HOW THE RATINGS ARE DETERMINED

- Hospitals report data to the Centers for Medicare & Medicaid Services, the federal agency that runs the Medicare program, through the Hospital Inpatient Quality Reporting (IQR) Program and the Hospital Outpatient Quality Reporting (OQR) Program. The Hospital Compare overall rating includes up to 57 of these measures in the overall rating calculation.

USING THE RATING SYSTEM FROM HOSPITAL COMPARE

- The rating system developed by Hospital Compare includes information on many important aspects of quality, such as rates of infection and complications and patients' experiences, based on survey results.
- Choosing a hospital is a complex and personal decision that reflects individual needs and preferences. Multiple varied factors should be used when choosing a hospital, such as physician guidance about your plan of care and other sources of information about hospitals in your area.
- The information available on Hospital Compare may be discussed with your physician or health care provider to decide which hospital best meets your health care needs.
- In an emergency situation the nearest hospital is usually the choice. However, when you are able to plan ahead, the Hospital Compare overall rating can provide a starting point for comparing a hospital to others locally and nationwide.

WHAT DO THE QM'S INCLUDE?

- Some of the measures used to calculate the overall rating are based only on data from Medicare patients.
- Some are based on data from all patients.
- The claims-based measures, which include the mortality, readmission, complications, PSI-90, imaging efficiency, and unplanned hospital visits measures, are calculated using Medicare fee-for-service (FFS) hospital claims data only.
- The process of care, healthcare-associated infection (HAI), and HCAHPS Survey measures include data from all payers.

ARE ALL HOSPITALS INCLUDED IN THE HOSPITAL COMPARE STAR RATING SYSTEM?

- The CMS Hospital Compare website displays an overall rating for about 80% of hospitals on Hospital Compare.
- To be included in the Hospital Compare overall rating system for a hospital, the hospital must have enough data on the individual quality measures used to calculate the overall rating.
- Some hospitals, due to the number and type of patients they treat, may not report data on all measures, and therefore, are not eligible for an overall star rating.
- An example would be, hospitals that are new or small may not have enough patients for the measures used to calculate an overall rating.

HOSPITAL COMPARE OVERALL RATING – QM'S BY CATEGORIES

The overall rating includes 57 of the more than 100 measures reported on Hospital Compare, divided into seven measure groups or categories:

- Mortality
- Safety of care
- Readmission
- Patient experience
- Effectiveness of care
- Timeliness of care
- Efficient use of medical imaging

DATA FOR QM'S

Mortality (7)	Death rate for heart attack patients	7/1/2013	6/30/2016
	Death rate for coronary artery bypass graft (CABG) surgery patients	7/1/2013	6/30/2016
	Death rate for chronic obstructive pulmonary disease (COPD) patients	7/1/2013	6/30/2016
	Death rate for heart failure patients	7/1/2013	6/30/2016
	Death rate for pneumonia patients	7/1/2013	6/30/2016
	Death rate for stroke patients	7/1/2013	6/30/2016
	Deaths among patients with serious treatable complications after surgery	7/1/2014	9/30/2015

DATA FOR QM'S – CATEGORIES CONT'D

Safety of Care (8)	Central line-associated bloodstream infections (CLABSI)	4/1/2016	3/31/2017
	Catheter-associated urinary tract infections (CAUTI)	4/1/2016	3/31/2017
	Surgical site infections from colon surgery (SSI: Colon)	4/1/2016	3/31/2017
	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	4/1/2016	3/31/2017
	Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	4/1/2016	3/31/2017
	Clostridium difficile (C.diff.) Laboratory-identified Events (Intestinal infections)	4/1/2016	3/31/2017
	Rate of complications for hip/knee replacement patients	4/1/2013	3/31/2016
	Serious complications	7/1/2014	9/30/2015

CATEGORIES – CONT'D

Readmission (9)	Hospital Return Days for heart attack patients	7/1/2013	6/30/2016
	Rate of unplanned readmission for coronary artery bypass graft (CABG) surgery patients	7/1/2013	6/30/2016
	Rate of unplanned readmission for chronic obstructive pulmonary disease (COPD) patients	7/1/2013	6/30/2016
	Hospital return days for heart failure patients	7/1/2013	6/30/2016
	Rate of unplanned readmission after hip/knee surgery	7/1/2013	6/30/2016
	Rate of unplanned readmission for pneumonia patients	7/1/2013	6/30/2016
	Rate of unplanned readmission for stroke patients	7/1/2013	6/30/2016
	Rate of unplanned readmission after discharge from hospital (hospital-wide)	7/1/2015	6/30/2016
	Rate of unplanned hospital visits after an outpatient colonoscopy	1/1/2016	12/31/2016

CATEGORIES CONT'D

Patient Experience (11)	Patients who reported that their nurses communicated well	4/1/2016	3/31/2017
	Patients who reported that their doctors communicated well	4/1/2016	3/31/2017
	Patients who reported that they received help as soon as they wanted	4/1/2016	3/31/2017
	Patients who reported that their pain was well controlled	4/1/2016	3/31/2017
	Patients who reported that staff explained about medicines before giving it to them	4/1/2016	3/31/2017
	Patients who reported that their room and bathroom were clean	4/1/2016	3/31/2017
	Patients who reported that the area around their room was quiet at night	4/1/2016	3/31/2017
	Patients who reported that they were given information about what to do during their recovery at home	4/1/2016	3/31/2017
	Patients who understood their care when they left the hospital	4/1/2016	3/31/2017
	Patients who gave their hospital a rating on a scale from 0 (lowest) to 10 (highest)	4/1/2016	3/31/2017
	Patients who would recommend the hospital to their friends and family	4/1/2016	3/31/2017

CATEGORIES CONT'D

Effectiveness of Care (10)	Patients assessed and given influenza vaccination	10/1/2016	3/31/2017
	Healthcare workers given influenza vaccination	10/1/2016	3/31/2017
	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department	4/1/2016	3/31/2017
	Percentage of patients who left the emergency department before being seen	1/1/2016	12/31/2016
	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	4/1/2016	3/31/2017
	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	1/1/2016	12/31/2016
	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	1/1/2016	12/31/2016
	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary	4/1/2016	3/31/2017
	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it	4/1/2016	3/31/2017
	Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone	1/1/2016	12/31/2016

CATEGORIES CONT'D

Timeliness of Care (7)	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	4/1/2016	3/31/2017
	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room	4/1/2016	3/31/2017
	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	4/1/2016	3/31/2017
	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG	4/1/2016	3/31/2017
	Average (median) time patients spent in the emergency department before leaving from the visit	4/1/2016	3/31/2017
	Average (median) time patients spent in the emergency department before they were seen by a healthcare professional	4/1/2016	3/31/2017
	Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication	4/1/2016	3/31/2017

CATEGORIES CONT'D

Efficient Use of Medical Imaging (5)	Outpatients with low-back pain who had an MRI without trying recommended treatments first, such as physical therapy	7/1/2015	6/30/2016
	Outpatient CT scans of the abdomen that were "combination" (double) scans	7/1/2015	6/30/2016
	Outpatient CT scans of the chest that were "combination" (double) scans	7/1/2015	6/30/2016
	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery	7/1/2015	6/30/2016
	Outpatients with brain CT scans who got a sinus CT scan at the same time	7/1/2015	6/30/2016

WEIGHTING OF QM'S

- For each hospital, a hospital summary score is calculated by taking the weighted average of the hospital's scores for each measure group or category.

QM WEIGHTS FOR CATEGORIES

Measure Category	Weight Used in Calculation
Mortality	22%
Safety	22%
Readmission	22%
Patient Experience	22%
Effectiveness of Care	4%
Timeliness of Care	4%
Efficient Use of Medical Imaging	4%

HOW QUALITY IS LINKED TO PAYMENT

- Medicare is changing the way it pays hospitals for services provided to people with Medicare. Instead of only paying for the number of services a hospital provides, Medicare is also paying hospitals for providing high quality services.
- Hospital Readmissions Reduction Program – The Hospital Readmissions Reduction Program is designed to improve quality of care and care transitions by incentivizing the reduction of hospital readmissions

QUALITY PAYMENT LINK (CONT'D)

Hospital Value-Based Purchasing – Based on 4 Domains:

- The clinical care domain
- The patient- and caregiver-centered experience of care/ care coordination domain
- The safety domain
- The efficiency and cost reduction domain.

Each domain is weighted at 25% of the Total Performance Score (TPS).

- Under the Hospital VBP Program, Medicare adjusts a portion of payments to hospitals beginning each fiscal year based on either: How well they perform on each measure compared to all hospitals, or
- How much they improve their own performance on each measure compared to their performance during a prior baseline period.
- The Hospital VBP Program is designed to promote better clinical outcomes for hospitalized patients and improve their experience of care during hospital stays.

HOSPITAL-ACQUIRED CONDITION REDUCTION PROGRAM

- In October 2014, CMS began reducing Medicare payments for subsection (d) hospitals that rank in the worst-performing quartile of subsection (d) hospitals with respect to hospital-acquired conditions (HACs).
- For the FY 2018 HAC Reduction Program, the worst-performing quartile is identified by calculating a Total HAC Score based on hospitals' performance on six quality measures
- The HAC Reduction Program is designed to encourage hospitals to improve patient safety by reducing the incidence of hospital-acquired conditions and adverse patient safety events.