

# Quality Advisory

December 19, 2007

## Hospital Quality Reporting Roadmap for 2008

### AT A GLANCE

#### **The Issue:**

The Hospital Quality Alliance (HQA) and Centers for Medicare & Medicaid Services (CMS) continue to expand their quality measure reporting programs. For the first time, information on patients' experiences during care and pneumonia mortality will be publicly reported. Hospitals also will be asked to collect data on quality measures for outpatient and pediatric care. This advisory provides details on the upcoming measures for data collection or public reporting in 2008. It also contains a month-by-month calendar of reporting activities you can use to keep abreast of deadlines. You will receive more detailed information from the American Hospital Association (AHA), Association of American Medical Colleges (AAMC) and the Federation of American Hospitals (FAH) in the coming months when additional action is required.

#### **What You Can Do:**

- ✓ Fill out and return the outpatient reporting program pledge form by January 31.
- ✓ Review the month-by-month action checklist on page 5 and make sure your hospital or health system takes the necessary steps.
- ✓ Share this advisory with your quality improvement team, communications team and other key staff, including physicians, nurses and other caregivers.
- ✓ Watch for further information as data collection or public reporting begins for these measures.

#### **Further Questions:**

Please contact Beth Feldpush, AHA senior associate director, policy, at (202) 626-2963 or [bfeldpush@aha.org](mailto:bfeldpush@aha.org), or Nancy Foster, AHA vice president of quality and patient safety policy, at (202) 626-2337 or [nfoster@aha.org](mailto:nfoster@aha.org); Jennifer Faerberg, AAMC director, at (202) 862-6221 or [jfaerberg@aamc.org](mailto:jfaerberg@aamc.org); or Jayne Chambers, FAH senior vice president, strategic policy and corporate secretary, at (202) 624-1522 or [jchambers@fah.org](mailto:jchambers@fah.org).

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### BACKGROUND

The Hospital Quality Alliance (HQA) was established in 2002 as a public-private partnership to develop a process for hospitals to voluntarily collect and publicly report their performance data. The American Hospital Association (AHA), Association of American Medical Colleges (AAMC) and Federation of American Hospitals (FAH) are among the founding organizations of the HQA, whose membership also includes consumer groups, employers and insurers, federal agencies, oversight bodies and organizations representing physicians and nurses. For a complete list of HQA partners, see Attachment A. The goal of the HQA is to achieve broad-based agreement on the collection, public reporting and use of standardized and easy-to-understand hospital quality measures. Congress, recognizing the importance of this initiative, began linking submission of data requested by the HQA to receipt of the full market basket update for Medicare hospital inpatient prospective payment. Beginning in fiscal year (FY) 2008, the number of measures hospitals are to report to receive their full market-basket update expands to 27 measures.

The HQA publishes hospital quality data on the *Hospital Compare* Web site at <http://www.hospitalcompare.hhs.gov/>. The site also helps patients and families better understand how care is provided by their hospitals. In addition, hospital leaders and clinicians use these data to track their hospitals' performance and identify areas for improvement.

While the HQA continues to support the broad use of existing measures, it also has selected additional quality measures for implementation in 2008 and recommended them to the Centers for Medicare & Medicaid Services (CMS) for regulatory purposes. These new measures seek to include areas of care not currently represented, such as outpatient and pediatric care. This advisory provides information about the new measures and the timelines for data collection and public reporting of them.

## AT ISSUE

### **NEW INPATIENT MEASURES FOR PUBLIC REPORTING IN 2008**

In the upcoming year, there will be several measures reported for the first time on *Hospital Compare*, including pneumonia 30-day mortality rate and measures representing patients' experiences during care.

**Pneumonia Mortality.** Pneumonia 30-day mortality rates will be reported on *Hospital Compare* beginning in June 2008. Rates are calculated from Medicare claims so there is no new data collection required by hospitals for this measure. The methodology to account for differences in hospitals' patient populations is similar to the methodology used for the heart attack and heart failure mortality measures, which are already reported on *Hospital Compare*.

Hospitals' performance on the pneumonia mortality rate will be displayed in a similar fashion to the other mortality data. Hospitals will be categorized into groups with mortality rates better than the national rate; no different than the national rate; or worse than the national rate. Hospitals will have an opportunity to preview their pneumonia mortality rate around the middle of April and before it is posted on *Hospital Compare* in June. Information on how to preview these data will be provided.

**Pneumonia Antibiotic Timing.** The data display for the pneumonia initial antibiotic received within four hours of arrival measure will be changed. To keep up with changing scientific evidence, this measure will now be reported as initial antibiotic received within six hours of arrival. Hospitals do not need to make any changes in data collection; however, they will see the new time frame reported on *Hospital Compare* beginning in March 2008. Additionally, because this change in reporting is occurring outside of the usual rulemaking process, hospitals will have the option to suppress this measure from public reporting and still receive their full annual payment update for 2008. Similar to when the HCAHPS measures were not linked to the annual payment update, after previewing their data, hospitals will have the option to suppress reporting for that calendar quarter. CMS has stated that it will include this reporting change in the FY 2009 inpatient PPS rule. After the FY 2009 inpatient PPS rule is finalized, hospitals would again be required to publicly report on this measure to receive their full annual payment update.

**HCAHPS.** Patients' experiences of care will be measured by the CAHPS Hospital Survey, better known as "HCAHPS." Earlier this year, you may have participated in a dry run for HCAHPS, and hospitals were asked to begin collecting data on HCAHPS in July.

In March 2008, the results of the HCAHPS survey will be released on the *Hospital Compare* Web site. It will show how patients' report on and rate their

experiences of care at your hospital. While this is only one of many aspects of the quality of care you deliver, it is an important one – and one that is very meaningful to health care consumers.

The AHA, AAMC, and FAH are working with the Agency for Healthcare Research and Quality (AHRQ), which developed the HCAHPS survey along with CMS, to develop and share resources that will help hospitals prepare for the public reporting of HCAHPS results. These materials will include executive summaries for CEOs and board members, as well as more detailed information for quality, nursing and other department chiefs charged with interpreting and acting on the results. Look for the first of these resources in early 2008. Questions about national implementation of HCAHPS and public reporting of the survey results should be directed to [Hospitalcahps@cms.hhs.gov](mailto:Hospitalcahps@cms.hhs.gov). The official source of information about HCAHPS is <http://www.hcahponline.org/>.

### **NEW INPATIENT MEASURES FOR DATA COLLECTION IN 2008, PUBLIC REPORTING IN 2009**

The HQA has adopted several new inpatient measures for public reporting in 2009, some of which also have been included in CMS' pay-for-reporting program. These measures are listed in Attachment B, which includes all of the existing HQA inpatient clinical process and outcome measures, new outpatient measures and patient experiences of care measures.

Two new measures of surgical care will broaden what we are learning about surgical site infection prevention. They are surgical patients with appropriate hair removal and cardiac surgery patients with control 6AM postoperative serum glucose. These measures are included in the CMS pay-for-reporting program for FY 2009. The HQA also has adopted two measures of pediatric asthma inpatient care – use of relievers and use of systemic corticosteroids. At this time, there are no plans to include these measures in the pay-for-reporting program.

**Hospitals are asked to begin collecting data on all of these measures for patients discharged on or after January 1, 2008.** These measures will be included on *Hospital Compare* in the future.

### **NEW OUTPATIENT MEASURES FOR DATA COLLECTION IN 2008**

For the first time, the HQA will ask hospitals to report to *Hospital Compare* information about hospital outpatient quality. The HQA has adopted, on a conditional basis, seven performance measures of hospital outpatient quality. These measures include two measures of surgical care and five measures of heart attack care for patients who are treated in the emergency department and then transferred to another hospital. By implementing them for patients who are not admitted to the reporting hospital, the expanded set of measures will provide a broader view of care, particularly in smaller, often rural, hospitals.

The HQA's adoption of these outpatient measures remains conditional because the measures have not yet been fully field-tested to ensure that the data can be collected in a valid and reliable manner. Once further field-testing is completed or experience with the measures ensures that the data are reliable, the HQA will remove the conditional approval.

*The Tax Relief and Health Care Act of 2006* mandated that CMS, which is an HQA partner, establish a program under which hospitals must report data on the quality of hospital outpatient care to receive the full market basket payment update to the Medicare hospital outpatient prospective payment system (OPPS), effective for calendar year (CY) 2009. Hospitals that fail to report outpatient quality data will incur a reduction in their annual payment update factor of 2.0 percentage points.

As stated in the 2008 OPPS final rule, to be eligible for a full OPPS payment update in 2009, hospitals must submit data on seven quality measures effective with hospital outpatient services furnished on or after April 1, 2008. In addition, hospitals must meet administrative, data collection and data submission requirements that are similar to the procedures hospitals already follow to submit inpatient quality data.

To inform CMS of your hospital's intent to participate in the outpatient reporting program, **you must fill out and return a pledge form indicating that your hospital will collect and send** data on the seven measures for patients receiving services on or after April 1. **The pledge form must be received by CMS' support contractor, FMQAI, the Florida quality improvement organization (QIO), by January 31.** Attachment C is a copy of the form, and it is also available at <http://www.qualitynet.org/> under the "Forms" link on the "Hospitals – Outpatient" page.

Hospitals should begin collecting data for patients receiving services on or after April 1. The data submission deadline is four months after the last day of the reporting quarter. For example, data from April through June 2008 will be due November 1. CMS has provided specifications for the measures to assist hospitals in identifying and collecting the precise information required to report these data. These specifications can be found at <http://www.qualitynet.org/> at "Specifications Manual" under the drop-down menu for the "Hospitals – Outpatient" page. Because the specifications have not been fully field-tested, some modifications may be made to the specifications once data collection is underway. You can check for additional information on <http://www.qualitynet.org/> once data collection begins. We also will continue to keep you informed of any changes.

Data collected during the initial quarter of reporting, 2<sup>nd</sup> quarter 2008, will not undergo data validation testing for purposes of the CY 2009 payment updates. However, CMS plans to require data validation for the purposes of the CY 2010 payment update, beginning with 3<sup>rd</sup> quarter 2008 data. We will provide hospitals

with more information on the data validation process when it becomes available. Additionally, these measures will be included on *Hospital Compare* in the future, although a publication date has not yet been established.

### **NEXT STEPS**

Hospitals should use the action checklist on the following page as their roadmap for quality reporting activities in 2008. We will send members more detailed information in the coming months when additional action is required.

## **ACTION CHECKLIST FOR 2008**

### **January**

- ✓ Download the Notice of Participation form for the outpatient reporting program from <http://www.qualitynet.org/>, or use the attached copy, and **return it by January 31**. Mail the form to:  
HOP QDRP  
c/o FMQAI  
5201 W. Kennedy Blvd., Suite 900  
Tampa, FL 33609-1822
- ✓ Begin collecting data on the two new surgical care inpatient measures and two pediatric asthma inpatient care measures.
- ✓ Preview your HCAHPS data when it becomes available in mid-January. Affirm that you are clear on what this survey assesses. Consider how you would discuss your scores and what they mean for your organization and the patients you serve. Begin to look for resources from AHRQ, HQA and your hospital associations for interpreting and using your results. Consider developing your own communications plan in conjunction with your marketing and public relations departments.
- ✓ Check to ensure that your hospital's quality data for the currently reported measures (see Attachment B) continue to be reported accurately to the data warehouse over QNet Exchange.

### **March**

- ✓ Examine your HCAHPS data when it becomes public. Use this opportunity to discuss with your patients, staff, community, board and others about what your scores say about your organization.

### **April**

- ✓ Begin submitting data on the seven outpatient measures for patients receiving services on or after April 1.
- ✓ Preview your pneumonia mortality data.

### **May**

- ✓ Look for AHRQ's release of the updated HCAHPS Chartbook, which presents detailed national results on HCAHPS, broken out by selected hospital characteristics (such as state, region, bed size and teaching status), so you can compare your results to similar hospitals.

### **June**

- ✓ Examine your pneumonia 30-day mortality data when it becomes public. Use this opportunity to discuss with your patients, staff, community, board and others about what the data mean.

## **Attachment A: Hospital Quality Alliance (HQA) Partners**

AARP

AFL-CIO

Agency for Healthcare Research and Quality (AHRQ)

America's Health Insurance Plans (AHIP)

American Hospital Association (AHA)

American Medical Association (AMA)

American Nurses Association (ANA)

Association of American Medical Colleges (AAMC)

Blue Cross Blue Shield Association (BCBSA)

Centers for Medicare & Medicaid Services (CMS)

Consumer-Purchaser Disclosure Project (CPDP)

Federation of American Hospitals (FAH)

The Joint Commission

National Association of Children's Hospitals and Related Institutions (NACHRI)

National Association of Public Hospitals and Health Systems (NAPH)

National Business Coalition on Health (NBCH)

National Quality Forum (NQF)

U.S. Chamber of Commerce

## Attachment B: Hospital Quality Alliance Measures, 2008

Condition	Measure	Setting	Reporting Status
Acute Myocardial Infarction (AMI)/Heart attack	Aspirin at arrival	Inpatient	Reported for HQA since 2003; included for Medicare payment since FY 2005.
	Aspirin at discharge	Inpatient	
	Beta-blocker at arrival	Inpatient	
	Beta-blocker at discharge	Inpatient	
	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) for left ventricular systolic dysfunction (LVSD)	Inpatient	
	Smoking cessation advice/counseling	Inpatient	Reported for HQA since 2004; included for Medicare payment since FY 2007.
	Thrombolytic medication received within 30 minutes of arrival	Inpatient	
	Percutaneous Coronary Intervention (PCI) received within 90 minutes of arrival	Inpatient	
	30 day mortality rate	Inpatient	Will be included for Medicare payment in FY 2008.
	<i><b>New:</b> Aspirin at arrival for patients treated in the emergency department (ED) and then transferred</i>	Outpatient	Reporting requested by HQA beginning 2008; will be included for Medicare payment in FY 2009.
	<i><b>New:</b> Median time from arrival to fibrinolysis for patients treated in the ED and then transferred</i>	Outpatient	
	<i><b>New:</b> Fibrinolytic therapy received within 30 minutes of arrival for patients treated in the ED and then transferred</i>	Outpatient	
	<i><b>New:</b> Median time from arrival to electrocardiogram (ECG) for patients treated in the ED and then transferred</i>	Outpatient	
<i><b>New:</b> Median time from ED arrival to transfer for primary PCI</i>	Outpatient		
Heart Failure	Left ventricular systolic function evaluation	Inpatient	Reported for HQA since 2003; included for Medicare payment since FY 2005.
	ACE inhibitor or ARB for LVSD	Inpatient	
	Discharge instructions received	Inpatient	Reported for HQA since 2004; included for Medicare payment since FY 2007.
	Smoking cessation advice/counseling	Inpatient	
	30 day mortality rate	Inpatient	Will be included for Medicare payment in FY 2008.

Condition	Measure	Setting	Reporting Status	
Pneumonia	<b>Updated:</b> Initial antibiotic(s) received within 6 hours of arrival	Inpatient	Reported for HQA since 2003; included for Medicare payment since FY 2005.	
	Oxygenation assessment	Inpatient		
	Pneumococcal vaccination	Inpatient		
	Pneumonia	Blood culture performed prior to administration of first antibiotic(s)	Inpatient	Reported for HQA since 2004; included for Medicare payment since FY 2007.
		Smoking cessation advice/counseling	Inpatient	
		Received most appropriate antibiotic	Inpatient	
		Influenza vaccination	Inpatient	
		<b>New:</b> 30 day mortality rate	Inpatient	
Surgical Care Improvement	Prophylactic antibiotic(s) one hour before incision	Inpatient	Reported for HQA since 2004; included for Medicare payment since FY 2007.	
	Prophylactic antibiotic(s) stopped within 24 hours after surgery	Inpatient		
	Selection of antibiotic given to surgical patients	Inpatient	Reported for HQA since 2007; will be included for Medicare payment in FY 2008.	
	Prophylaxis to prevent venous thromboembolism ordered	Inpatient		
	Prophylaxis to prevent venous thromboembolism received	Inpatient		
	<b>New:</b> Appropriate hair removal	Inpatient	Reporting requested by HQA beginning 2008; will be included for Medicare payment in FY 2009.	
	<b>New:</b> Cardiac surgery patients with controlled 6AM postoperative serum glucose	Inpatient		
	<b>New:</b> Timing of antibiotic prophylaxis	Outpatient		
<b>New:</b> Selection of prophylactic antibiotic – first or second generation cephalosporin	Outpatient			
Patient Experience of Care	<b>New:</b> HCAHPS survey results on patient interaction with doctors, nurses, and hospital staff; cleanliness of the organization; pain control; communication about medicines; and discharge information	Inpatient	Reported for HQA since 2007; will be included for Medicare payment in FY 2008.	
Pediatric Asthma	<b>New:</b> Use of relievers for inpatient asthma care	Inpatient	Reporting requested by HQA beginning 2008; no plans to include for Medicare payment.	
	<b>New:</b> Use of systemic corticosteroids for inpatient asthma care	Inpatient		

## Attachment C

This information collection request currently under review by the Office of Management and Budget, and has yet to be assigned a valid OMB number. Please be advised that as stated in 5 CFR 1320.5(b)(2)(i), an agency shall not conduct or sponsor a collection of information unless the agency informs the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

### Hospital Outpatient Quality Data Reporting Program (HOPQDRP) Notice of Participation For CY 2009 payment and Forward

We agree to follow the procedures for participating in the Hospital Outpatient Data Reporting Program (HOPQDRP) program as outlined in the Federal Register.

**All hospitals must complete a HOPQDRP Notice of Participation form and send to the designated contractor as outlined in the HOPQDRP Reference Checklist available on QualityNet.org and in the Federal Register. To alleviate the burden associated with submitting a notice of participation form annually, effective with the form submitted for participation in the HOPQDRP affecting CY 2009 payment, a hospital that has previously indicated its intent to participate will be considered an active HOPQDRP participant until such time as the hospital submits a withdrawal form to the Centers for Medicare and Medicaid Services (CMS).**

This information is in compliance with the CMS guidelines for hospitals submitting their quality performance data in accordance with Section 109(a) of the Tax Relief and Health Care Act of 2006. Hospitals that do not follow the guidelines as outlined in the Federal Register may receive a reduction of 2.0 percent in their Medicare Annual Payment Update for the applicable calendar year. In the event that the CMS makes such data available to the public for viewing, to avoid the reduction in their annual payment update factor, hospitals must also continue to display quality information for public viewing as required by section 1833(t)(17)(E) of the Act. Before this information is displayed hospitals will be permitted to review their information as it is recorded. Eligible hospitals must follow the regulations as outlined in the [Federal Register](#) and as summarized in the HOPQDRP Reference Checklist on [QualityNet.org](#).

Hospitals will be provided the opportunity to review their hospital quality performance data to be made available for public viewing before these data are released. All such data will be aggregated as determined by the CMS.

- We agree to participate (complete entire form)
- We do not agree to participate (complete entire form)

**Note:** To improve the transparency and usefulness of publicly available quality performance data, for Calendar Year 2009 and subsequent years, hospitals are required to report the name and address of each hospital that shares the same Medicare Provider Number (MPN). For multiple campuses\* that share the same MPN, submit page 2 of this Pledge form.

Hospital Name: \_\_\_\_\_ Medicare Provider Number: \_\_\_\_\_

Check One: Single Campus\*: \_\_\_\_ Multiple Campuses\*: \_\_\_\_ (If Multiple Campus\* - complete Page two)

National Provider Identifier: (NPI): \_\_\_\_\_ (If more than one NPI, complete Page two)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Hospital CEO (or designee) Name (please print): \_\_\_\_\_

Hospital CEO (or designee) E-mail Address: \_\_\_\_\_

Hospital CEO (or designee) Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CEO/Designee Initials: \_\_\_\_\_

Please identify your hospital's point of contact for hospital reporting activities:

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Hospital Outpatient Quality Data Reporting Program (HOPQDRP)  
Notice of Participation  
For CY 2009 and Forward**

**If additional facilities, please copy this page**

Medicare Provider Number: \_\_\_\_\_

Campus Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_  
\_\_\_\_\_

*\* Campus means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the HCFA regional office, to be part of the provider's campus. (42CFR413.65)*

**Additional NPI Numbers:** This includes independent entities or departments **within** the hospital **not** independent practitioners or individuals.

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