

Quality Advisory

June 29, 2009

Hospital Compare: New Readmission Rates; Change in Heart Attack, Heart Failure and Pneumonia Mortality Information

AT A GLANCE

The Issue:

In the near future, information on 30-day readmission rates for Medicare patients experiencing heart attack, heart failure or pneumonia will be publicly available for the first time on the public-private Web site, *Hospital Compare*. Additionally, current 30-day mortality information for heart attack, heart failure and pneumonia patients will be updated to reflect a change to the methodology for calculating those rates. The release of the readmission and mortality information may generate interest from patients, your community and the media about the meaning of the new information and your hospital's performance. **While the Centers for Medicare & Medicaid Services (CMS) has not set a release date, in the past the agency has shared information on updates to *Hospital Compare* with reporters in advance.**

The data release provides an important opportunity to talk with your patients and the media about your hospital's activities to improve quality of care in your hospital. This advisory is intended to help you prepare for the publication of the readmission information. It also shares some highlights of upcoming quality reporting activities.

What You Can Do:

- ✓ Share this advisory with your communications team, quality improvement team, physician and nursing leaders, and trustees to prepare them to respond to questions from patients and the community.
- ✓ Talk with your staff now about your hospital's 30-day readmission and mortality information, which was available during the recent preview period in April and May.
- ✓ Develop strategies to help staff respond to inquiries from their patients and the community about your hospital's information on *Hospital Compare*.
- ✓ Identify quality improvement efforts that you can highlight with the media and the public.

Further Questions:

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BACKGROUND

Hospital Compare

Hospitals first began publicly reporting quality of care information on heart attack, heart failure and pneumonia on the Hospital Quality Alliance's (HQA) *Hospital Compare* Web site in 2004. Since then, the amount of information available to the public has expanded to include additional measures of steps to prevent surgical infections; 30-day Medicare patient mortality for heart attack, heart failure and pneumonia patients; and information on patients' experience of their hospital care.

AT ISSUE

30-Day Readmission Rates

In the near future, new information will be added to *Hospital Compare* on 30-day readmission rates for heart attack, heart failure and pneumonia patients. The information will be displayed similarly to the current 30-day mortality data displays on the Web site. Each hospital's readmission rates for these three specific conditions will be compared to their state average readmission rate and the U.S. national readmission rate.

To create fairer comparisons, the rates are calculated using a state-of-the-art risk-adjustment, which takes into account clinical and demographic information for each patient. While the risk adjustment method used is state-of-the-art, no risk adjustment method is perfect. Further, the Centers for Medicare & Medicaid Services (CMS) based the calculations on three years of data for each hospital. Using multiple years of data increases the number of patients included in the measure, which can improve the reliability of the data. However, averaging three years of data instead of using just one year of data can make it difficult to see any improvement in readmission rates that a hospital has achieved over the same period.

To avoid having to explain complicated statistical methodologies to the general public, **each hospital will be placed in one of three categories for each condition, indicating if their readmission rate is better than, worse than or no different than the U.S. national rate.** Most hospitals will be placed in the category “no different than the U.S. national rate.” Additionally, even with multiple years of data, some hospitals may have too few heart attack, heart failure and/or pneumonia patients to reliably ascertain into which category the hospital falls.

30-Day Mortality Data

Information already available on the 30-day mortality rates for heart attack, heart failure and pneumonia patients will change, as well. Currently, 30-day mortality information is based on one year of data. The updated information will be based on three years of data. Consequently, some hospitals may see their categorization change. Additionally, a higher percentage of hospitals will fall into the “worse than” and “better than” categories, rather than the “no different than” the national rate category.

Why this Information

The 30-day heart attack, heart failure and pneumonia readmission rate measures were endorsed by the National Quality Form and adopted by the HQA. Why readmission rates for these three conditions? Hospitals currently report on treatment measures on these conditions. Readmission is potentially the next step in the continuum of patient care. Currently, there is no broadly available, reliable information on whether or not a patient is readmitted to a hospital after he or she has been discharged. The new information will help hospitals understand the factors that could lead to a patient being readmitted, which will give hospitals a fuller view of the care provided and can help determine how to improve that care.

What the New Information Means for Hospitals

The readmission rate information is unique and adds a new dimension to public discussion about quality of care in our nation’s hospitals. At a national level, Congress and the Administration’s health care reform plans have focused on readmission rates. We have drafted the action checklist below and attached key themes to help hospitals prepare for inquiries from patients, the community and the media about the new information.

ACTION CHECKLIST

- Identify a spokesperson to handle media calls. This could be a physician, nurse or other frontline caregiver, or a patient safety officer.

- Work with your quality information officer to understand what your hospital's data says. Be aware of how it is determined and what it means for your patients.
- Be aware of how your hospital is doing on the clinical process steps for heart attack, heart failure and pneumonia patients. For instance, if a hospital is labeled as "worse than expected" on heart attack readmissions and has a lower percent of compliance on the heart attack measures, the public may infer there is a connection.
- Examine the availability of other forms of health care in your community. For example, the availability of primary care or post-acute care may have a substantial influence on whether patients recover well at home or need to be readmitted to a hospital. These factors are not included in the risk-adjustment process. Be prepared to discuss how community health issues and other factors may relate to your hospital's readmission rates.
- Examine the role your hospital plays in providing care to heart attack, heart failure and pneumonia patients after they have been discharged from your hospital and be prepared to discuss how your hospital may be involved in follow-up care.
- If you have had a patient safety or quality concern at your hospital, especially a well-publicized one, be prepared to answer specific questions about the changes your organization has made as a result.

KEY THEMES

Below are some main messages you can tailor to help explain what the information is, what the categories mean and what the information means for patient care. Please tailor to reflect your organization.

- **Discuss your hospital's commitment to improving quality of care and involving patients as full partners in decisions about their care.** Talk about why your hospital is committed to sharing this information and how you intend to help your patients understand what it means for their care.
- **Talk about how the new information will help your hospital, patients and communities more fully understand about the care you provide and how you plan to use the information to improve that care.** Given the complexity of health care, hospitals have not had reliable information about how patients fare after being discharged. Let patients know how the new information on 30-day readmission rates and the updated 30-day mortality information will provide a fuller view of how the care a patient receives in a hospital and the care received after leaving the hospital are

connected. Understanding this connection will help improve how care is delivered to patients.

- **Explain how the new information is presented and that it reflects some of the multiple factors that go into a patient's care and outcome during his or her stay and after leaving a hospital.** The new information will describe hospitals' 30-day readmission rates for heart attack, heart failure and pneumonia patients as "expected," "better than expected" and "worse than expected". There are so many variables related to a patient's care after he or she is discharged that sometimes, despite caregivers' best efforts, the outcome is not what we want or would expect. Explain that the new information takes some of these factors into account and talk about your commitment to providing patients with the right care at the right time in the right setting.
**** Address any specific concerns that are raised by your hospital's report.*
- **Encourage patients to use this information to start a conversation with their physicians, nurses and other caregivers about their care.** Talk with your patients and communities about the many factors relevant to choosing a hospital in addition to this information. These include what their insurance will cover, where their physician practices and what hospitals have all the services that will meet their needs. Let them know that you are just at the beginning of providing this information and it should not be over interpreted.

NEXT STEPS

Upcoming Quality Reporting Activities

There are several upcoming *Hospital Compare* activities for which your hospital may want to prepare.

Reporting of Cardiac Surgery Database Measure: CMS adopted a quality measure of participation in a systematic database for cardiac surgery as part of the fiscal year 2009 Medicare inpatient prospective payment system final rule. To fulfill their annual payment update requirements for this measure, hospitals will need to respond whether or not they participate in a cardiac surgery registry, and, if so, which one. CMS will collect this information via a Web-based tool made available on the QualityNet Web site. The first time hospitals will have to report data for this measure is between July 1 through August 15, and they can choose to report the information themselves or have their quality data vendor do it for them. During this time, hospitals or their vendors will need to log onto the QNet Exchange and complete their responses to this measure. On July 1, CMS plans to post to the My QualityNet Web site instructions for hospitals and vendors submitting data on the measure. This measure will be reported on *Hospital Compare* in the future, but the exact date has not been determined.

Future Measures Posted on Hospital Compare: In December, new measures are expected to be posted on *Hospital Compare*. These include initial data for the measure Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker during the Perioperative Period, for which hospital began collecting data in January.