

November 20, 2006

Update: HCAHPS, Quality Measure Reporting for Full FY 2008 Medicare Market Basket Update

AT A GLANCE

The Issue:

The Centers for Medicare & Medicaid Services' (CMS) Medicare outpatient prospective payment system (PPS) final rule includes quality measures that hospitals must submit to qualify for a full market basket update for the fiscal year (FY) 2008 inpatient PPS. These additional measures for full payment in 2008 were adopted previously by the Hospital Quality Alliance as appropriate for public reporting on hospital inpatient care quality. The new measures include: patients' experience of care (measured with the HCAHPS survey); 30-day mortality rates for heart attack and heart failure; and care for surgical patients. Hospitals that fail to report these quality measures face a penalty of 2 percentage points from their inpatient update for 2008. As originally proposed, the rule sought to link submission of inpatient measures in 2007 and 2008 to receipt of the full outpatient PPS update as well. However, the AHA and others opposed this proposal, and it was eliminated from the final rule, which was released November 1. This advisory provides detailed information on the measures, as well as actions that hospitals need to take in the near future in order to comply.

What You Can Do:

- √ Check to ensure your hospital's quality data on the currently required heart attack, heart failure and pneumonia measures (Attachment A) continue to be reported accurately to the quality improvement organization (QIO) data warehouse via Q-Net Exchange.
- √ Determine if your organization is fully prepared and already submitting HCAHPS data to the data warehouse, or if more work needs to be done. If more work is needed, consider contacting a certified HCAHPS surveyor (a list is available at <http://www.hcahponline.org/>).
- √ For additional information on HCAHPS, plan to take part in one of two AHA conference calls scheduled for November 30 at 3 p.m. ET and December 5 at 4 p.m. ET. A fax-back registration form is at the end of this advisory.
- √ Prepare for publication of the mortality data by reviewing the mortality data methodology that was sent to your hospital via Q-Net Exchange in early November and your hospital-specific data that will be transmitted in early December.
- √ Ensure that your hospital is able to expand its abstraction of the surgical care measures to include the new ones described in Attachment A.

Further Questions:

Contact Nancy Foster, AHA vice president of quality and patient safety policy, at nfoster@aha.org or call 1-800-424-4301.

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NEW MEASURES

The Deficit Reduction Act of 2005 (DRA) requires the Secretary of Health and Human Services (HHS) to expand information available to the public about hospital quality, and to do so by drawing on the work of multi-stakeholder organizations like the Hospital Quality Alliance (HQA). The HQA is a public-private collaboration to improve the quality of care provided by the nation's hospitals by measuring and publicly reporting on that care. It was launched when the American Hospital Association (AHA), the Association of American Medical Colleges and the Federation of American Hospitals brought together other national health care stakeholders in an effort to reduce the "measurement babble" that had occurred after substantial interest in health care quality led to the rapid proliferation of quality measures.

In the Medicare Modernization Act of 2004, and then in the DRA, Congress emphasized the importance of sharing quality data by linking full Medicare inpatient payment update to the data submission of the measures. More than 4,000 hospitals – including nearly all acute-care hospitals paid under the inpatient prospective payment system (PPS) – are voluntarily submitting the requested quality information. Yet, one concern hospitals have raised is a lack of time between the announcement of which measures would be required to be reported to receive a full update and the deadline for data reporting. The AHA has urged the Centers for Medicare & Medicaid Services (CMS) to publish the measures required for a full inpatient update in the fall of the year before they are to be implemented, rather than waiting until spring, when the proposed inpatient payment rule is published. Thus, we are pleased that CMS has specified the measures for fiscal year (FY) 2008 inpatient payment this fall. Because the agency proposed measures already selected by the HQA for public reporting, the AHA supports this set of measures for inpatient quality measurement.

We did, however, raise serious concerns about their application to the outpatient setting in our comment letter on the outpatient PPS proposed rule. (See <http://www.aha.org/aha/letter/2006/061010-cl-1506p4125p.pdf> for our letter to CMS.)

The additional measures for full inpatient payment in FY 2008 include:

- a survey of patients' experience (HCAHPS);
- steps taken to prevent blood clots in surgical patients; and
- risk-adjusted mortality for heart attack and heart failure patients.

HCAHPS

Specific actions must be taken now for hospitals to be prepared for the data submission and publication next year. Because there has been some confusion about this, the AHA will host two conference calls to identify the steps that hospitals must take to be ready to submit HCAHPS data and qualify for a full FY 2008 inpatient PPS update. Those steps include:

- identify a vendor who is certified to collect the HCAHPS data as prescribed or have staff trained so that the hospital can administer its own surveys.
- indicate to the Q-Net Exchange (the organization aggregating all of the data for the Hospital Compare Web site) that you will submit data or authorize the Q-Net Exchange to accept your data from your survey vendor.
- participate in a dry run that tests the entire process, from selection of patients to be surveyed through successful submission of data to the data warehouse.

These and other key steps will be outlined on the call by the team who oversees implementation of HCAHPS. Many hospitals have taken these steps already, including successful submission during a dry run, but some hospitals have taken just one or two steps. Completion of all three will be necessary if a hospital is to qualify to send data for public display, and thus qualify for a full update.

If your hospital has not begun to use the HCAHPS survey, contact your survey vendor now or take advantage of the training opportunity in January that may enable you to collect and submit your own data. If you have not yet participated in a dry run, there will be another opportunity in March. If you have any concerns about your hospital's status to submit HCAHPS data, please check with the AHA at 1-800-424-4301.

MORTALITY DATA

At the beginning of November, CMS sent every hospital information on the methodology for calculating the heart attack and heart failure mortality information that will be displayed in 2008 (Attachment B). This will require no new reporting by hospitals. Rather, in December, CMS will send each hospital its own mortality data as calculated from 2004-2005 Medicare data and Social Security tapes. The hospital also will receive information on which patients are included in the mortality rates calculated for their hospitals. To prevent patient identifiable information from being transmitted, each hospital will have access only to their own data at that time. In December, each hospital can review its data and alert CMS, the AHA and other HQA partners to any methodological problems discovered. The AHA will be hosting two member calls about the mortality data. More information will follow on these calls.

ACTION CHECKLIST

To ensure you receive your full Medicare payment update for FY 2008:

- √ Check to ensure your hospital's quality data on the currently required heart attack, heart failure and pneumonia measures (Attachment A) continue to be reported accurately to the quality improvement organization (QIO) data warehouse over Q-Net Exchange.
- √ Determine if your organization is fully prepared and already submitting HCAHPS data to the data warehouse, or if more work needs to be done. If more work is needed, consider contacting a certified HCAHPS surveyor (a list is available at <http://www.hcahponline.org/>).
- √ For additional information on HCAHPS, plan to take part in one of the two conference calls – November 30 at 3 p.m. ET or December 5 at 4 p.m. ET. A fax-back registration form is at the end of this advisory.
- √ Prepare for publication of the mortality data for heart attack and heart failure patients by reviewing the mortality data methodology that was sent to your hospital via Q-Net Exchange in early November and your hospital-specific data that will be transmitted in early December.
- √ Ensure that your hospital is able to expand its abstraction of the surgical care measures to include the new ones described in Attachment A.

Attachment A

Hospital Quality Measures for HQA and Medicare Payment
Updated November 14, 2006

Aspect of Care	Reporting Status	Measure	Comments
Heart Attack	Reporting requested by HQA since 2003; linked to full Medicare payment for hospitals paid under the inpatient prospective payment system since FY 2005.	Aspirin at arrival	
		Aspirin at discharge	
		Beta blocker at arrival	
		Beta blocker at discharge	
		ACE or ARB for left ventricular systolic dysfunction	
	Reporting requested by HQA since 2004; linked to full Medicare payment for inpatient prospective payment system hospitals beginning October 1, 2006. To get full Medicare update, hospitals must pledge to send in data for patients beginning no later than with patients discharged on or after July 1, 2006.	Anti - thrombolytic within 30 minutes of arrival	
		Percutaneous coronary intervention within 120 minutes of arrival	
		Smoking cessation counseling given	
	<i>Reporting requested by HQA beginning 2007; linked to payment in 2008.</i>	<i>30-day post-admission mortality for heart attack patients</i>	<i>Data comes from Medicare and Social Security Administration data files; hospitals have no data to collect for this measure.</i>
Heart Failure	Reporting requested by HQA since 2003; linked to full Medicare payment for hospitals paid under the inpatient prospective payment system since FY 2005.	Assess left ventricular systolic function	
		ACE or ARB for left ventricular systolic dysfunction	

	Reporting requested by HQA since 2004; linked to full Medicare payment for inpatient prospective payment system hospitals beginning October 1, 2006. To get full Medicare update, hospitals must pledge to send in data for patients beginning no later than with patients discharged on or after July 1, 2006.	Appropriate discharge instructions given	
		Smoking cessation counseling given	
	<i>Reporting requested by HQA beginning 2007; linked to payment in 2008.</i>	<i>30-day post-admission mortality for heart failure patients</i>	<i>Data comes from Medicare and Social Security Administration data files; hospitals have no data to collect for this measure.</i>
Pneumonia (community acquired)	Reporting requested by HQA since 2003; linked to full Medicare payment for hospitals paid under the inpatient prospective payment system since FY 2005.	Oxygenation assessment done	
		Initial antibiotic given with four hours of arrival	
		Pneumonia vaccination status checked	
	Reporting requested by HQA since 2004; linked to full Medicare payment for inpatient prospective payment system hospitals beginning October 1, 2006. To get full Medicare update, hospitals must pledge to send in data for patients beginning no later than with patients discharged on or after July 1, 2006.	Blood cultured prior to first antibiotic	
		Smoking cessation counseling given	
		Right antibiotic chosen	
	<i>Reporting requested by HQA beginning 2007; NOT YET LINKED TO PAYMENT.</i>	<i>30-day post-admission mortality for pneumonia patients.</i>	<i>Data comes from Medicare and Social Security Administration data files; hospitals have no data to collect for this measure.</i>

Surgical Care (All derived from Surgical Care Improvement Project - SCIP)	Reporting requested by HQA since 2004; linked to full Medicare payment for inpatient prospective payment system hospitals beginning October 1, 2006. To get full Medicare update, hospitals must pledge to send in data for patients beginning no later than with patients discharged on or after July 1, 2006.	Prophylactic antibiotic within an hour prior to incision	
		Prophylactic antibiotic discontinued within 24 hours (or 48 for specified surgeries)	
	Reporting requested by HQA since 2004. Not yet linked to full Medicare payment for inpatient prospective payment system hospitals.	Right prophylactic antibiotic chosen	Measure not being publicly displayed now while revisions in specifications are made to recognize changes in evidence about effectiveness of different antibiotics. Expect display to resume in Dec. 2006.
	<i>Reporting requested by HQA beginning 2007; linked to payment in 2008.</i>	<i>Venous thromboembolism prevention ordered</i>	
		<i>Venous thromboembolism prevention provided within 24 hours pre/post surgery</i>	
	<i>Reporting requested by HQA beginning 2008 - assuming NQF endorses in next few months; linked to payment in 2008.</i>	<i>Cardiac patients with controlled perioperative serum glucose</i>	
		<i>Appropriate hair removal</i>	
		<i>Colorectal patients with postoperative normal body temperature maintained</i>	
		<i>Weaning protocol used for ventilator patients</i>	<i>Same as 100K Lives Campaign step.</i>

Patient Perceptions	<i>Reporting requested by HQA beginning no later than January 2007; linked to payment in 2008.</i>	<i>HCAHPS patient care survey</i>	<i>Must be conducted by organization certified to administer HCAHPS survey. Hospitals and their data collection vendors must complete a dry run before beginning actual participation. Dry run including nearly 3,000 hospitals completed. Second dry run will begin in March 2007.</i>
<i>The following measures are not yet linked to payment</i>			
ICU/Critical Care Unit Patients	<i>Reporting requested by HQA beginning 2008 – assuming NQF endorses in next few months; not yet linked to payment.</i>	<i>Venous thromboembolism prevention</i>	
		<i>Central line-associated blood stream infection rate</i>	
		<i>Prevention of stress ulcers</i>	
		<i>Urinary catheter-associated urinary tract infections</i>	
		<i>Ventilator-associated pneumonia rate by ICU location</i>	
Pediatric Asthma	<i>Reporting requested by HQA beginning 2008 – not yet linked to payment.</i>	<i>Use of relievers</i>	<i>This measure will undergo NQF review in the next few months. Implementation contingent on NQF endorsement.</i>
		<i>Use of systemic corticosteroids</i>	
		<i>Home care plan given.</i>	

CMS Mortality Memo as Distributed through Q-Net Exchange

In the interest of high quality patient-centered care and accountability, and in compliance with the Deficit Reduction Act (DRA) of 2005, the Centers for Medicare & Medicaid Services (CMS) and its Hospital Quality Alliance (HQA) partners will begin publicly reporting risk adjusted 30-day mortality rates on the Hospital Compare Web site beginning June 2007. These measures will include all patients with a principal discharge diagnosis of acute myocardial infarction (AMI) or heart failure (HF) from every acute care hospital in the nation.

Publicly reporting risk-adjusted mortality measures can illuminate the variation in outcomes across the country and create a visible incentive for hospitals to improve patient short-term survival. The 30-day risk adjusted AMI and HF mortality measures were developed by a team of clinical and statistical experts from Yale and Harvard Universities. The HQA has approved these measures as appropriate for public reporting; additionally, the measures were endorsed by the National Quality Forum (NQF), a voluntary standard-setting, consensus-building organization representing providers, consumers, purchasers, and researchers.

The 30-day measures will be calculated by CMS for Medicare patients using the administrative claims data already submitted by hospitals under the Medicare program. Thus, there is no need for hospitals to submit any new or additional information to CMS or the QIO Clinical Data Warehouse.

To familiarize hospitals with the background of the measures and their own mortality rates, CMS will conduct a dry run and provide hospital-specific reports based on 2003 Medicare claims by early December 2006. The rates contained in these initial reports will NOT be posted publicly on the Hospital Compare Web site.

In order to implement these measures more efficiently, CMS has contracted with Colorado Foundation for Medical Care (CFMC), Colorado's Quality Improvement Organization (QIO). CFMC will accept and respond to any comments or questions regarding the hospital-specific reports through December 30, 2006 via mortalitymeasures@coqio.sdps.org.

Below is a timeline for major milestones between now and the public reporting on Hospital Compare. CMS will post additional information, along with documentation regarding the development of the mortality models, and frequently asked questions throughout the month of November 2006.

**CMS PROCESS for PUBLIC REPORTING of
MORTALITY MEASURES ACUTE MYOCARDIAL
INFARCTION (AMI) and HEART FAILURE (HF)**

IMPORTANT DATES

November 2006:

- **Announcement of dry run.**
- **FAQs, timeline, and articles that are relevant to the development of the models will all be posted on QualityNet.org**

By early December of 2006:

- **Confidential hospital-specific reports will be distributed as a dry run to HQA contact via QualityNet Exchange with mortality measures calculated from 2003 AMI/HF admissions.**

December 30, 2006:

- **Last day to submit questions and comments about hospital-specific reports to the Colorado QIO via mortalitymeasures@coqio.sdps.org.**

Spring of 2007:

- **Incorporation of comments received from hospitals during the dry run into the final hospital-specific report that will be posted on QualityNet for all hospitals to review.**

May 2007:

- **30-day preview of mortality measures with 30-day preview of process measures.**
- **Coinciding with the 30-day preview, hospital-specific reports will be distributed to HQA contact via QualityNet Exchange.**

June 2007:

- **Mortality measures, along with current process measures, will be posted to Hospital Compare.**
- **Coinciding with the 30-day preview, hospital-specific reports will be distributed to HQA contact via QualityNet Exchange.**

All questions and comments should be e-mailed to mortalitymeasures@coqio.sdps.org.

Questions about the hospital-specific reports must be received by December 30, 2006.



**American Hospital
Association**

**Fax Back Form
AHA Conference Call
*HCAHPS***

*Dial-In Number: 1-866-710-0179
Security Code: 5060*

To help us plan an appropriate number of lines for the call, please return this form if you are interested in participating.

- Thursday, Nov. 30 at 3 pm Eastern (2 pm CT, 1 pm MT, noon PT)**

- Tuesday, Dec. 5 at 4 pm Eastern (3 pm CT, 2 pm MT, 1 pm PT)**



Name: _____

Title: _____

Organization: _____

City, State: _____

Phone: _____ Fax: _____

E-Mail: _____

Please return this form via fax to
Elisa Arespachaga at (312) 422-4590



**American Hospital
Association**

AHA Conference Call HCAHPS

Nov. 30 and Dec. 5, 2006

CONFERENCE CALL FOLLOW-UP

1. Request for additional information:

2. Questions or comments:

3. Evaluation:

	<u>Strongly Agree</u>		<u>Strongly Disagree</u>		
A. The information provided on the call was useful.	5	4	3	2	1
B. My questions were addressed on the call.	5	4	3	2	1
C. There was ample time on the call to ask questions or make comments.	5	4	3	2	1

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Please return this form via fax to
Elisa Arespachaga at **(312) 422-4590**