

CMS-Premier Hospital Quality Incentive Demonstration Project

Historical Public Reporting

Frequently Asked Questions

What is the historical public reporting for the CMS-Premier Hospital Quality Incentive Demonstration Project?

As part of the Terms and Conditions for this demonstration project, CMS and Premier are making reports available based on historical data gathered for the year ended September 2003 to provide a “snapshot” to help the public and other stakeholders to understand the project.

Which clinical conditions are included in the historical public reporting?

Acute Myocardial Infarction, Community Acquired Pneumonia, and Heart Failure.

What is the case minimum by clinical condition to be included in the public reporting?

A minimum of 30 cases per year in each focus area is the criterion for being included in the historical public reporting.

What is the time period for the data in the historical public reporting?

Patients discharged from October 1, 2002 – September 30, 2003. If the hospital did not submit data for the entire twelve month period, any data the hospital submitted in that timeframe will be included in the reports if the 30 case per year minimum is met.

Will there be incentive payments made with the historical public reporting?

No. The incentive payments are not made with this historical data.

Will the payment adjustment threshold be calculated with the historical data?

No. The payment adjustment thresholds will be calculated with first year project data, October 2003 – September 2004 patient discharges, and applied to the third year project data.

Which hospital participants are included in the historical public reporting?

The hospitals that submitted data for the clinical focus areas to Premier for the October 2002 – September 2003 data are included in the historical public reporting process. However, only the top 50% by clinical condition are publicly reported.

Could a hospital look different in the next report due to the number of hospitals in the actual project versus the historical data reporting?

Yes. It is important to know that the deciles created from the composite quality scoring methodology will be different based on participation of the entire population of hospitals involved in the project. A hospital’s performance may be scored in a different decile based on the entire participant population because not all of the hospitals in the project submitted data during this historical period.

The number of hospitals in the historical data population by clinical condition is stated below:

<u>Clinical Condition</u>	<u>Number of Hospitals in Population</u>
Acute Myocardial Infarction	108
Community Acquired Pneumonia	134
Heart Failure	154

What does the term “low sample” mean on the public reporting?

The term “low sample” indicates that the hospital offers the services associated with the measure, but had ten eligible patients or less during the time period or did not submit data for the indicator.

What does the term “not performed” mean on the public reporting?

The term “not performed” indicates that the hospital does not offer a particular procedure or service.

Are all the measures within each of the three clinical conditions being reported in the historical public reporting?

All the measures within acute myocardial infarction and heart failure are being reported. In community acquired pneumonia, two measures -- initial antibiotic consistent with current recommendations and influenza screening/vaccination -- are not reported based on the fact that many hospitals did not collect data for those measures during the October 2002 – September 2003 period.

Is there documentation on the Composite Quality Scoring Methodology which is used to determine the decile calculations?

Yes. The documentation explaining the composite quality scoring methodology may be found at www.qualitydemo.com under the project resources section and then under the category labeled Composite Quality Scoring Methodology. Alternatively, one may send an email request to qualitydemo@premierinc.com.

How is the acute myocardial infarction mortality rate measure reported as a survival index?

The calculation of a *composite outcome score* used in the HQI composite quality score starts with each hospital’s actual mortality rate and expected mortality rate derived from adjusting the actual rate for the presence of various risk factors. Risk of mortality is assigned to each eligible patient using probability-of-death coefficients for each risk factor that a patient exhibits using the Joint Commission on Accreditation of Healthcare Organization’s logistic regression adjustment model. These coefficients are then summed for each patient. The resulting coefficients are averaged to create a risk adjusted mortality rate for each hospital. The next step in the process is to create an *actual survival rate* and an *expected survival rate* by using the formulas below:

$$\text{Actual survival rate} = (1 - \text{actual mortality rate})$$

e.g. Actual survival rate = (1 - 0.0476) = 0.9524

$$\text{Expected survival rate} = (1 - \text{expected mortality rate})$$

e.g. Expected survival rate = (1 - 0.1161) = 0.8839

Then, the *survival index* is calculated by dividing the *actual survival rate* by the *expected survival rate*:

$$\text{Survival index} = (\text{actual survival rate} / \text{expected survival rate})$$

e.g. Survival index = (0.9524 / 0.8839) = 1.0775

The survival index is then multiplied by 100 to report the indicator by rate consistent with the other indicator rates:

$$\text{Survival index} = (1.0775 * 100) = 107.75$$