

NATIONAL VOLUNTARY HOSPITAL REPORTING INITIATIVE

CENTERS FOR MEDICARE & MEDICAID SERVICES

FACT SHEET

February 18, 2004

Quality health care for people with Medicare is a high priority for President Bush, the Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS). In November 2001, HHS Secretary Tommy G. Thompson announced the Quality Initiative, his commitment to assure quality health care for all Americans through published consumer information coupled with health care quality improvement support through Medicare's Quality Improvement Organizations.

The CMS Hospital Quality Initiative, launched in 2003, uses a variety of tools to stimulate and support a significant improvement in the quality of hospital care. The initiative aims to refine and standardize hospital data, data transmission, and performance measures in order to construct a single robust, prioritized and standard quality measure set for hospitals. The ultimate goal is that all private and public purchasers, oversight and accrediting entities, payers and providers of hospital care would use the same measures in their public reporting activities. Among the tools we will use to achieve this objective are collaborations with providers, purchasers and consumers, technical support from Quality Improvement Organizations, research and development of standardized measures, and commitment to assuring compliance with our conditions of participation.

Overview

The National Voluntary Hospital Reporting Initiative (NVHRI) is one of many efforts in CMS's overall Hospital Quality Initiative. In December 2002, the American Hospital Association (AHA), Federation of American Hospitals (FAH), and Association of American Medical Colleges (AAMC) launched the NVHRI, a national voluntary initiative to collect and report hospital quality performance information. This effort is intended to make critical information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. Voluntary reporting is an essential first step to realize this goal.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Quality Forum (NQF), Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), American Medical Association (AMA), Consumer-Purchaser Disclosure Project, AFL-CIO, AARP, and others support this initiative as the beginning of an ongoing effort to make hospital performance information more accessible to the public, payers, and providers of care. NQF, JCAHO, CMS, and AHRQ are providing the technical assistance in developing and/or identifying quality measures; and in making the information accessible, understandable and relevant to the

public. This project builds upon previous CMS and QIO strategies to identify illnesses and/or clinical conditions that affect Medicare beneficiaries in order to: promote the best medical practices associated with the targeted clinical disorders; prevent or reduce further instances of these selected clinical disorders; and prevent related complications.

CMS Support for the NVHRI

CMS supports the NVHRI in a variety of ways:

- Creating and maintaining a secure data warehouse to which hospitals using an ORYX contractor can submit data;
- For hospitals not using ORYX, providing free software (called “CART,” the CMS Abstraction and Reporting Tool) that hospitals can use to collect and submit data to the data warehouse; and training on how to use that software;
- Validating the data submitted through ORYX or CART by re-abstracting a sample of records;
- Aggregating the data submitted by hospitals and displaying it on the www.cms.hhs.gov website, beginning in 2003;
- Utilizing the same process it has used in the other public reporting efforts for ESRD, Nursing Homes, and Home Health Agencies to develop website language and formats with input from stakeholders and conduct consumer testing;
- Developing the consumer –oriented “Hospital Compare,” to move hospital performance information to the www.medicare.gov website by early 2005;
- Through its Medicare Quality Improvement Organizations (QIOs), providing support for individual hospitals and groups of hospitals that seek to improve their performance;
- Identifying and managing an open, transparent, balanced process for adding to the measure set over time, to assure that a robust and meaningful set of measures is reported by hospitals; and,
- As a next step in building out this measure set beyond the initial ‘starter set’ of 10 clinical measures, to work with AHRQ to develop a standardized patient perspectives on care survey for national use, HCAHPS.

Need

There is growing consensus among a broad array of federal, state, industry, union, employer and consumer stakeholders around the importance of public reporting of hospital quality measures, including those that measure clinical outcomes and the patient’s perspectives on care. Over time, public reporting will give consumers needed information about the health care system that may help them make more informed decisions about their care. Valid, reliable, comparable and salient quality measures have been shown to provide a potent stimulus for clinicians and providers to improve the quality of the care they provide. This voluntary reporting initiative is a significant step toward a more informed public and sustained health care quality improvement.

Intent

The National Voluntary Hospital Reporting Initiative was established to:

- Provide useful and valid information about hospital quality to the public;
- Give providers a sense of predictability about public reporting expectations;

- Standardize data collection priorities and mechanisms;
- Support physicians and other clinicians in their ability to provide quality care to patients; and
- Enhance hospitals' efforts to improve the care they deliver.

Collaboration

These national private sector organizations have stepped forward to collaborate with government to align their quality measurement and improvement efforts to be more effective and efficient as they work to improve health care. In collaboration, health care providers and government will be more effective in promoting improvements in care and in helping the public become better informed. Further, this voluntary reporting collaboration will provide a strong foundation for the identification and use of a standard set of valid, reliable, comparable, salient measures across federal, state and private sector quality improvement efforts.

First Steps

To get started quickly, hospitals identified three conditions and, for these, selected 10 JCAHO/CMS–developed and NQF–endorsed measures that are feasible to be publicly reported immediately.

Acute Myocardial Infarction Measures: Aspirin at arrival, Aspirin at discharge, Beta blocker at arrival, Beta blocker at discharge, ACE inhibitor for left ventricular systolic dysfunction

Heart Failure

Measures: Left ventricular function assessment, ACE inhibitor for left ventricular systolic dysfunction

Pneumonia

Measures: Initial antibiotic timing, Pneumococcal vaccination, Oxygenation assessment

The collaboration is currently working to add additional measures in these three conditions, as well as measures for surgical infection prevention later in 2004 or in 2005. Hospitals in the NVHRI will also work with CMS to collect and report HCAHPS patient perceptions on care data as soon as that survey instrument is ready for implementation.

Three-State Pilot

CMS has implemented a complementary effort, a three-state pilot project to test and refine the standardized 'Patient Perspectives on Care' survey (HCAHPS) instrument for national use. In addition, this pilot project will test and refine consumer messages about hospital quality, allowing CMS to create "Hospital Compare" on www.medicare.gov. Pilot states include New York, Maryland, and Arizona (see CMS Hospital 3 State Pilot Project at www.cms.hhs.gov/quality/hospital).

Subsequent Steps

Expanding the NVHRI Measurement Set

CMS is beginning to engage the broader stakeholder community to identify its wishes for what should be included in an expanded, robust set of measures for hospital public reporting. With input from both the public and private sector and consumers, CMS will identify a robust and prioritized set of measures. CMS anticipates that the process will identify some measures ready for the immediate next phase of public reporting and others needing refinement or final testing, as well as areas where additional measure development will be necessary to adequately address priority areas identified by the IOM and others. After reviewing the set of measures determined to be appropriate for public reporting, CMS will ask the NQF to formally consider any measures that it has not yet endorsed. The initial public consultations will be conducted through a series of sessions around the county that will commence in April 2004 in Boston.

Intersection of NVHRI and Section 501(b) of the Medicare Modernization Act of 2003

The reporting of the ten ‘starter set’ measures comprises the first phase of the National Voluntary Hospital Reporting Initiative. Section 501b of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) effectively supercedes this phase. Section 501(b) of the MMA stipulates that eligible hospitals (‘subsection d hospitals’) that do not submit data to CMS using the ten measure starter set will be subject to reduction in their FY2005 payment by 0.4%.

Data submitted for the purpose of obtaining the full payment update will be made public and will be posted at the same CMS website that now houses this data for the early volunteers in the NVHRI. Eligible hospitals must begin data submission by July 1, 2004, and complete all data submission by August 1, 2004. For further information, see “Reporting Data for Annual Payment Update “ at: www.cms.hhs.gov/quality/hospital.

Section 501b only requires the reporting of the starter set of 10 measures, and sunsets after three years. In contrast, the NHVRI looks to expand well beyond the ten-measure starter set to have hospitals reporting a robust and comprehensive set of hospital performance measures. CMS is continuing to work actively with the hospital industry, as well as purchaser and consumer representatives, and is pleased to support the Voluntary Initiative as it turns its attention to the collection and reporting of additional clinical measures and information on patient perspectives on care.