

September 2010 Inpatient Hospital Compare Release Overview

Preview Report Content

- **Structural Measure** - based on hospital participation in a systematic cardiac database registry during 1Q09 and 2Q09. Structural measure data is updated annually, in December.
- **Clinical Process Measures** - (AMI, HF, PN and SCIP) - discharge data accepted into the QIO Clinical Warehouse for 1Q09 through 4Q09. Clinical process measures data is updated quarterly.
- **Outcome Measures (Claims-Based)**
 - 30-Day Risk-Standardized Mortality and Readmission Measures for AMI, HF and PN are based on 3 years of administrative data from hospitalized, fee-for-service Medicare beneficiaries discharged from 3Q06 through 2Q09. Hospitals are not required to submit any data; CMS calculates these measures from claims and enrollment data. Outcome measures data is updated annually, in June.
- **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Measure** - based on hospital discharges from 1Q09 through 4Q09. HCAHPS data is updated quarterly.

Hospital Compare website titles are:

- **Hospital Process of Care Measures** - Clinical Process Measures and Children's Asthma Care Clinical Process Measures
- **Hospital Outcome of Care Measures** - 30-Day Risk-Standardized Mortality and 30-Day Risk-Standardized Readmission Measures for AMI, HF and PN
- **Survey of Patients' Hospital Experiences** - HCAHPS Measures
- **Medicare Payment and Volume**
- **Hospital Structural Measure** – Participation in a Systematic Database for Cardiac Surgery

Anticipated Timeline

Preview Period: **7/12/2010 through 8/10/2010**

New pledge/pledge modifications and suppression(s) deadline: **8/10/2010**

Hospital Compare refresh: **9/2010**

Suppression of the Public Release of Data

If a hospital elects to suppress (withhold) their data from public reporting, a completed "Hospital Compare Request for Withholding Data from Public Reporting" form must be received by your QIO Hospital Public Reporting contact no later than the suppression deadline. Suppressions do not carry forward from one release to the next. If faxing your Withholding form, notify your QIO contact so they are aware you are faxing the request. Forms received after the preview period will not be considered for the September 2010 release.

A list of the **QIO Hospital Public Reporting contacts** is located at the website/link provided below:

<http://www.qualitynet.org/dcs/ContentServer?cid=1138900288004&pagename=QnetPublic%2FPage%2FQnetTier3&c=Page>.

Measure Display and Suppression Options

The Clinical Process Measures no longer display the hospitals' quarterly rates. The measure rates display as an aggregate rate of the four quarters of data. This change, effective with the December 2009 Hospital Compare release, was to be consistent with the other measures displayed on the Preview Report and the rates displayed on Hospital Compare.

Hospitals with No RHQDAPU or HQA Pledge will display only the CCN and hospital name along with the following message:

“You do not have an active pledge status for Annual Payment Update (APU) nor Hospital Quality Alliance (HQA) for the preview report period. If you think this is an error, contact your QIO Hospital Public Reporting contact prior to the preview period closing date.”

If this message is received in error, the hospital must contact its QIO Hospital Public Reporting contact **no later than QIO COB 8/10/2010**.

All measures on the preview report will display according to the hospital's pledge status as follows:

- Hospitals with only an HQA pledge may suppress any measure
- Hospitals with a RHQDAPU and an HQA pledge may not suppress RHQDAPU measures
- Hospitals with only a RHQDAPU pledge may not suppress RHQDAPU measures

Select Measure Highlights

The select measures listed below have special circumstances that affect the display of the preview report or the suppression options available to a hospital based on their pledge. If a pledge is received and entered in PRS by the QIO prior to the last day of the preview period, the hospital will be able to preview their data.

Structural Measure - Participation in a Systematic Database for Cardiac Surgery

- Data collected from 7/1/09 through 8/15/09
- Participation during 1Q09 and 2Q09
- RHQDAPU-pledged hospitals may not suppress

PN-5c

- Became part of RHQDAPU effective 1Q09

PN-7

- Aggregate rate will only include 4Q09 data to avoid combining multiple flu seasons
- RHQDAPU-pledged hospitals may not suppress

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30-Day Risk-Standardized Mortality and Readmission Measures for AMI, HF and PN

- Displays data for 3Q06 through 2Q09
- Hospitals with less than 25 cases will not display risk-standardized mortality rates (RSMR) or risk-standardized readmission rates (RSRR)
- RHQDAPU-pledged hospitals may not suppress

HCAHPS

- RHQDAPU-pledged hospitals may not suppress

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