

Hospital Performance Reporting in the United States

**Opportunities and Challenges of Performance
Public Reporting at the National Level:
International Experiences and Future
Perspectives**

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U.S. Department of Health and Human Services

Operating Divisions

- **Administration for Children and Families (ACF)**
- **Administration for Community Living (ACL)**
- **Agency for Healthcare Research and Quality (AHRQ)**
- **Agency for Toxic Substances and Disease Registry (ATSDR)**
- **Centers for Disease Control and Prevention (CDC)**
 - **National Center for Health Statistics (NCHS)**
- **Centers for Medicare and Medicaid Services (CMS)**
- **Food and Drug Administration (FDA)**
- **Health Resources and Services Administration (SAMHSA)**
- **National Institutes for Health (NIH)**
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

DHHS OpDivs contribute to quality measurement in a variety of ways

With respect to hospitals, what is reported, to whom, and who has access to the data are influenced by factors such as...

- **Mandates at the federal, state and local level**
 - **Accreditation**
 - **Surveillance**
 - **Payment**
 - **Regulation**
- **Programmatic reporting requirements and opportunities**
 - **Mandatory and/or voluntary reporting**
 - **Program operation, accountability, evaluation, or research**
- **Business and competitive considerations**
 - **Performance, volume, quality and efficiency**
 - **Outcomes, including satisfaction:**
- **Public considerations**
 - **Facilitating consumer choice**
 - **Balancing access to information with privacy concerns**

Hospital data are reported to different players and for different purposes (Selected examples)

Information	Player(s)	Purpose(s)
Reportable diseases	States, CDC	Legislative mandate; surveillance
Infrastructure	Accreditors, specialty societies	Accreditation
Uses of electronic health records	States, CMS, NCHS	Payment; research
Vaccination of health care workers	States, CDC	Legislative mandate; Surveillance
Utilization	CMS, AHRQ, CDC, HRSA, SAMHSA	Reimbursement; program operations; research
Performance of/failure to perform recommended actions	CMS, CDC, AHRQ	Reimbursement; research
Adverse effects of medication	FDA, CMS, CDC, AHRQ	Regulation; quality assurance; research
Health care-associated infections	CDC, CMS	Surveillance; reimbursement; research
Patient experience	CMS, AHRQ	Quality monitoring; reimbursement

**Data collected for these and other purposes
are used for national monitoring efforts**



Health, United States National Center for Health Statistics, CDC

Since 1975 presents national trends on:

Birth and death rates

Infant mortality

Life expectancy

Morbidity and disability

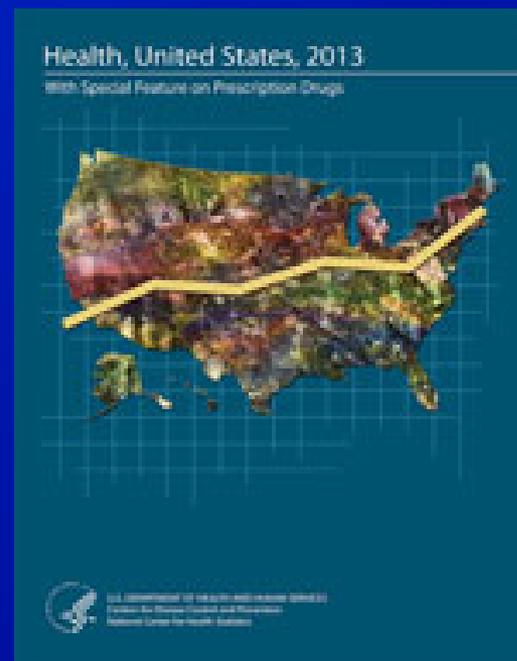
Risk factors

Use of ambulatory and inpatient care

Health personnel and facilities

Financing of health care

Health insurance



The National Healthcare Quality Report Agency for Healthcare Research and Quality

The screenshot shows the AHRQ website interface. At the top, there is a navigation bar for the U.S. Department of Health & Human Services with the URL www.hhs.gov. Below that is the AHRQ logo and the text "Agency for Healthcare Research and Quality" with the tagline "Advancing Excellence in Health Care" and the URL www.ahrq.gov. A secondary navigation bar includes links for "National Guideline Clearinghouse", "National Quality Measures Clearinghouse", "AHRQ Home", "Sign Up for E-mail Updates", and accessibility icons. A third navigation bar features "AHRQ HEALTH CARE INNOVATIONS EXCHANGE" with a search bar and "Search Help". A menu bar below contains categories like "Innovations & QualityTools", "Browse by Subject", "Events & Podcasts", "Videos", "Learn & Network", "Articles & Guides", "Stay Connected", "Funding Opportunities", and "My Innovations". Social sharing options for "E-mail", "Print", and "Share" are also present.

QualityTool

2013 National Healthcare Quality Report

Description

The key function of the National Healthcare Quality Report (NHQR) is to summarize the state of health care quality and access for the Nation and report on progress and opportunities for improving health care quality, as mandated by the U.S. Congress. This report measures trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care.

The theme of the 2013 report highlights one of AHRQ's priority populations, individuals with disabilities, including children with special health care needs. The report continues to align measures with the National Quality Strategy in an effort to inform policymakers, the public, and other stakeholders of the Nation's progress in achieving National Quality Strategy aims.

The report includes the following sections:

- Highlights
- Introduction and methods
- Effectiveness of care for common clinical conditions
 - Cancer
 - Cardiovascular disease
 - Chronic kidney disease
 - Diabetes
 - HIV and AIDS
 - Mental health and substance abuse
 - Musculoskeletal diseases
 - Respiratory diseases
- Effectiveness of care across the lifespan
 - Maternal and child health
 - Lifestyle modification
 - Functional status preservation and rehabilitation
 - Supportive and palliative care

Related QualityTool:
2013 National Healthcare Disparities Report

Priority and agenda setting

Healthy People U.S. Department of Health and Human Services

Target Year	1990	2000	2010	2020
				
Overarching Goals	<ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	<ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	<ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	<ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# Topic Areas	15	22	28	42
# Objectives	226	319	575	1,225

**975 measurable
250 developmental**

National Healthcare Safety Network, CDC

The screenshot shows the NHSN website homepage. At the top, there is a navigation bar with the CDC logo and the text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People.™". To the right, there are radio buttons for "NHSN" (selected) and "All CDC Topics", and a search box with the text "Choose a topic above" and a "SEARCH" button. Below the navigation bar is a horizontal menu with letters A through Z and a hash symbol. The main content area features a large banner for "Hospital Infections: Some Progress, but More Work Needed" with a "Learn More" link. To the right of the banner is a "Print page" button and a "NHSN Login" button. Below the banner, there are several informational boxes: "About NHSN" (CDC's NHSN is the largest HAI reporting system in the U.S.), "Data & Reports" (See national and state reports using NHSN data), "Guidelines and Recommendations" (Review CDC HAI prevention guidelines), "New to NHSN? Enroll Facility Here." (For first time facility enrollment), "Reporting & Surveillance Resources for Enrolled Facilities" (Training, protocols, forms, support materials, analysis resources, and FAQs), and "Group Users" (View resources for group users here.). At the bottom, there is a "LEARNING" section with icons for "Training / Demo", "Newsletters / Members Meeting Updates", "E-mail Updates", "State-based HAI Prevention Activities", and "HIPAA Privacy Rule". Social media sharing buttons for "Recommend", "Tweet", and "Share" are also visible.

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Thursday 6:41 CST, September 18, 2014

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Your hospital survival guide

Here's our advice on how to prevent infections, drug mix-ups, unnecessary tests, and other common hospital errors

Last updated: October 2012

Before you are admitted + | When you check in + | During your stay + | When you leave + | Have you been harmed in the hospital? +

Hospital Compare

Centers for Medicare and Medicaid Services

Print Medicare.gov | Hospital Compare Home | Close

medicare.gov | Hospital Compare
Official U.S. Government Site for Medicare

About Hospital Compare

About the data

About Hospital Compare data

Measures displayed on Hospital Compare

How measures are selected

➤ Data sources

Current data collection periods

Footnotes

Downloading the data

Timely and effective care measures

Measures of readmissions, complications, and deaths

Use of medical imaging

Survey of patients' experiences

Number of Medicare patients treated

Medicare payment

Linking quality to payment

Resources

Help

Data sources

Measure set	Data sources
Hospital characteristics and inspection information	Data submitted by hospitals through the CMS Certification And Survey Provider Enhanced Reporting (CASPER) system
Structural (e.g., registry measures)	An online data entry tool made available to hospitals and their vendors
Timely and effective care: heart attack, heart failure, pneumonia, surgical care, stroke, blood clot, pregnancy and delivery	Data submitted by hospitals to the QIO Clinical Data Warehouse through the CMS Abstraction and Reporting Tool (CART) ^{PDF} or vendors
Timely and effective care: children's asthma	The Joint Commission
Readmissions, complications, & deaths: 30-day mortality and readmission	Medicare enrollment and claims data
Readmissions, complications, & deaths: Surgical complications	Medicare enrollment and claims data
Readmissions, complications, & deaths: Healthcare-associated infections	The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN) tool
Outpatient imaging efficiency	Medicare enrollment and claims data
Patients' survey	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey conducted by hospitals
Number of Medicare patients	Medicare enrollment and claims data
Spending per hospital patient with Medicare	Medicare enrollment and claims data

Print Medicare.gov | Hospital Compare Home | Close Window

medicare.gov | Hospital Compare
Official U.S. Government Site for Medicare

About Hospital Compare

➤ What is Hospital Compare?

What information can I get about hospitals?

About the data

Resources

Help

What is Hospital Compare?

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country. You can use Hospital Compare to find hospitals and compare the quality of their care.

The information on Hospital Compare:

- ◆ Can help you make decisions about where you get your health care
- ◆ Encourages hospitals to improve the quality of care they provide

In an emergency, you should go to the nearest hospital. When you can plan ahead, discuss the information you find here with your health care provider to decide which hospital will best meet your health care needs.

Learn more in the [Guide to Choosing a Hospital](#).

Hospital Compare was created through the efforts of the Centers for Medicare & Medicaid Services (CMS), in collaboration with organizations representing consumers, hospitals, doctors, employers, accrediting organizations, and other Federal agencies.

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Congress speaks on the issue of public reporting:

Selected statutory provisions related to hospital reporting of quality for the Medicare program

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) PL 108-173: Revision of acute care hospital payment based on voluntary submission of quality data

The Deficit Reduction Act of 2005 (DRA) PL 109-171: Expansion of quality measures; Reduction in payment for inpatient services for failure to report; Development of value based purchasing program for Medicare Program.

Tax Relief and Health Care Act of 2006 (TRHCA) PL 109-432: New quality reporting of outpatient hospital services provided by hospitals and ambulatory surgical centers; Decrease in OPD fee schedule increase factor.

Patient Protection and Affordable Care Act of 2010 (PPACA) PL111-148: Value based incentive payments beginning in 2012; adjustments in FY2013; Efficiency measures FY2014

With respect to quality of care, the ACA...

- **Codifies provisions which together comprise a national level approach to the improvement of health care quality, quality measurement, and use of quality data**
- **Supports quality improvement and patient safety activities through research support, grants to implement research findings, and educational efforts**
- **Incentivizes the development or implementation of, or facilitates health service delivery reforms (such as care coordination through medical homes or other approaches), including those that target quality improvement reforms across the spectrum of payers, including private health insurers, Medicare, and Medicaid**

The National Quality Strategy

The Affordable Care Act (ACA) requires the Secretary of the Department of Health and Human Services (HHS) to establish a *national* strategy that will improve:

- The delivery of health care services
- Patient health outcomes
- Population health



NQS Focuses on 6 priorities



Making care safer by reducing harm caused in the delivery of care.



Ensuring that each person and family are engaged as partners in their care.



Promoting effective communication and coordination of care.



Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.



Working with communities to promote wide use of best practices to enable healthy living.



Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.



NQS measures by priority area

* Hospital based and reported

** Hospitalization related, patient reported

Priority	Measures	Data Sources
1 Safety	Incidence of measureable hospital acquired conditions* All payer, 30 day hospital readmission rates*	AHRQ; CDC; CMS
2 Engagement	Timely Care: Adults who needed care right away, who sometimes or never got care as soon as he or she wanted Decision making: Percent with usual source of care whose health care providers sometimes or never discuss decisions with them	AHRQ
3 Communication and Coordination	Patient centered medical home: Percentage of children needing care coordination who receive it Care transition: 3 items: preferences taken into account; understanding of care management; purpose of medications**	HRSA; NCHS; CMS
4 Effective prevention, treatment, esp. CVD	Aspirin use (prescribed at outpatient visits) Blood pressure control (health examination) Cholesterol management (health examination) Tobacco cessation counseling (outpatient visits)	NCHS
5 Community best practices for healthy living	Treatment for depressive episode Proportion of adults who are obese	SAMHSA NCHS
6. Affordability through new delivery models	Out of pocket expense > 10% of income Annual all payer spending per person	AHRQ; CMS

**Does public reporting work
and for whom?**