Hospital Performance Reporting in the United States

Opportunities and Challenges of Performance Public Reporting at the National Level: International Experiences and Future Perspectives
Italian Ministry of Health, AGENAS
September 25-26, 2014

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National Center for Health Statistics
Centers for Disease Control and Prevention
US Department of Health and Human Services
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)

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

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

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 modifications
  - Functional status preservation and rehabilitation
  - Supportive and palliative care

Related QualityTool:
2013 National Healthcare Disparities Report
## Healthy People
U.S. Department of Health and Human Services

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overarching Goals</td>
<td>• Decrease mortality: infants–adults</td>
<td>• Increase span of healthy life</td>
<td>• Increase quality and years of healthy life</td>
<td>• Attain high-quality, longer lives free of preventable disease</td>
</tr>
<tr>
<td></td>
<td>• Increase independence among older adults</td>
<td>• Reduce health disparities</td>
<td>• Eliminate health disparities</td>
<td>• Achieve health equity; eliminate disparities</td>
</tr>
<tr>
<td></td>
<td>• Achieve access to preventive services for all</td>
<td>• Achieve access to preventive services for all</td>
<td>• Create social and physical environments that promote good health</td>
<td>• Promote quality of life, healthy development, healthy behaviors across life stages</td>
</tr>
<tr>
<td># Topic Areas</td>
<td>15</td>
<td>22</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td># Objectives</td>
<td>226</td>
<td>319</td>
<td>969</td>
<td>1,225</td>
</tr>
</tbody>
</table>
For clinical improvement

National Healthcare Safety Network, CDC

Hospital Infections: Some Progress, but More Work Needed

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

Group Users
View resources for group users here.

e-LEARNING

Newsletters / Members Meeting Updates

E-mail Updates

State-based HAI Prevention Activities

HIPAA Privacy Rule

Contact NHSN:
Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-P244
1600 Clifton Rd
Atlanta, GA 30333

Contact
NHSN@cdc.gov

Contact Us:
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

800-CDC-INFo
(800) 232-4636
TTY:
(888) 232-6348

New Hours of Operation
8:30am-8pm ET/Monday–Friday
Closed Holidays

Print page

NHSN Login
Tips for navigating new NHSN website
[PDF - 1.6 MB]

Page last updated: August 5, 2022

Terms of Use
Privacy

A CDC website, 24/7: Saving Lives. Protecting People.

Choose a topic above

SEARCH
Welcome

Whether or not you visited us before, you'll only see this page once. Choose a path below for more information.

Resources for Achieving Hospital Accreditation

Achieve the Gold Seal

Resources for Maintaining Hospital Accreditation

Maintain

Search Hospitals

From multi-hospital systems to community hospitals; from major teaching institutions to regional medical centers. Hospitals across the US are choosing DNV Healthcare for a new approach to accreditation. One that focuses on quality, innovation and continual improvement.

DNV Accreditation requires an annual survey and the organization's continual compliance with the DNV accreditation process.

SEARCH HOSPITALS

FILTER BY CERTIFICATION

FILTER BY STATE

SEARCH
Hospital Compare
Centers for Medicare and Medicaid Services

Data sources

<table>
<thead>
<tr>
<th>Measure set</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital characteristics and inspection information</td>
<td>Data submitted by hospitals through the CMS Certification And Survey Provider Enhanced Reporting (CASPER) system</td>
</tr>
<tr>
<td>Structural (e.g., registry measures)</td>
<td>An online data entry tool made available to hospitals and their vendors</td>
</tr>
<tr>
<td>Timely and effective care: heart attack, heart failure, pneumonia, surgical care, stroke, bloodstream infections, and pregnancy and delivery</td>
<td>Data submitted by hospitals to the Quality Clinical Data Warehouse through the CMS Abstraction and Reporting Tool (CART) for vendors</td>
</tr>
<tr>
<td>The Joint Commission</td>
<td></td>
</tr>
<tr>
<td>Readmissions, complications, &amp; deaths: 30-day mortality and readmission</td>
<td>Medicare enrollment and claims data</td>
</tr>
<tr>
<td>Readmissions, complications, &amp; deaths: Surgical complications</td>
<td>Medicare enrollment and claims data</td>
</tr>
<tr>
<td>Readmissions, complications, &amp; deaths: Healthcare-associated infections</td>
<td>The Centers for Disease Control and Prevention (CDC) collects data from hospitals via the National Healthcare Safety Network (NHSN) to</td>
</tr>
<tr>
<td>Outpatient imaging efficiency</td>
<td>Medicare enrollment and claims data</td>
</tr>
<tr>
<td>Patients' survey</td>
<td>Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey conducted by hospitals</td>
</tr>
<tr>
<td>Number of Medicare patients</td>
<td>Medicare enrollment and claims data</td>
</tr>
<tr>
<td>Spending per hospital patient with Medicare</td>
<td>Medicare enrollment and claims data</td>
</tr>
</tbody>
</table>

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.
Congress speaks on the issue of public reporting:
Selected statutory provisions related to hospital reporting of quality for the Medicare program


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 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

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family are engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Measures</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safety</td>
<td>Incidence of measureable hospital acquired conditions*</td>
<td>AHRQ; CDC; CMS</td>
</tr>
<tr>
<td></td>
<td>All payer, 30 day hospital readmission rates*</td>
<td></td>
</tr>
<tr>
<td>2 Engagement</td>
<td>Timely Care: Adults who needed care right away, who sometimes or never got care as soon as he or she wanted</td>
<td>AHRQ</td>
</tr>
<tr>
<td></td>
<td>Decision making: Percent with usual source of care whose health care providers sometimes or never discuss decisions with them</td>
<td></td>
</tr>
<tr>
<td>3 Communication and Coordination</td>
<td>Patient centered medical home: Percentage of children needing care coordination who receive it</td>
<td>HRSA; NCHS; CMS</td>
</tr>
<tr>
<td></td>
<td>Care transition: 3 items: preferences taken into account; understanding of care management; purpose of medications**</td>
<td></td>
</tr>
<tr>
<td>4 Effective prevention, treatment, esp. CVD</td>
<td>Aspirin use (prescribed at outpatient visits)</td>
<td>NCHS</td>
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<tr>
<td></td>
<td>Blood pressure control (health examination)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cholesterol management (health examination)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tobacco cessation counseling (outpatient visits)</td>
<td></td>
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<tr>
<td>5 Community best practices for healthy living</td>
<td>Treatment for depressive episode</td>
<td>SAMHSA NCHS</td>
</tr>
<tr>
<td></td>
<td>Proportion of adults who are obese</td>
<td></td>
</tr>
<tr>
<td>6. Affordability through new delivery models</td>
<td>Out of pocket expense &gt; 10% of income</td>
<td>AHRQ; CMS</td>
</tr>
<tr>
<td></td>
<td>Annual all payer spending per person</td>
<td></td>
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</tbody>
</table>
Does public reporting work and for whom?