

## Frequently Asked Questions

### **What are the findings from this analysis?**

According to Premier's study, which is available online at [www.premierinc.com](http://www.premierinc.com), if all pneumonia, heart bypass, acute myocardial infarction, and hip and knee replacement patients nationally received most of a set of widely accepted care steps – 76 percent or more – outcomes would include 5,700 fewer deaths, 8,100 fewer complications, 10,000 fewer readmissions and 750,000 fewer days in the hospital.

### **Who benefits from these findings?**

Patients will benefit from improved outcomes if hospitals consistently implement the care steps tracked for this study. The findings and care steps are applicable to all hospitals and patients.

### **What is the relationship between Premier and CMS?**

In 2003, CMS approved a three-year demonstration project – the Hospital Quality Incentive Demonstration (HQID) pay-for-performance project – in which Premier collects 33 clinical quality indicators – or care steps - from more than 250 hospitals. The project measures how well hospitals deliver each of the care steps. The hospitals with the highest scores receive additional payment from Medicare at the end of each year of the project. Detailed information about this project is available online at [www.qualitydemo.com](http://www.qualitydemo.com). The CMS Web site has information as well at [http://www.cms.hhs.gov/HospitalQualityInits/35\\_HospitalPremier.asp](http://www.cms.hhs.gov/HospitalQualityInits/35_HospitalPremier.asp). Medicare paid \$8.85 million in first-year incentives to the top-performing hospitals in the project.

### **How did Premier develop its analysis?**

Because the care steps tracked in the analysis are not collected from all hospitals, Premier researchers used the first-year demonstration project clinical data – which has been audited and validated by CMS - and extrapolated national implications using statistical methods. The financial data used in the analysis comes from Premier's databases and is collected directly from hospitals. It is hospital cost data, not Medicare payment data. Because quality of care in demonstration project hospitals has been proven to be higher than the national average, Premier's projections in this national analysis are conservative estimates of the real impact of improved care delivery.

### **What is *Perspective*<sup>TM</sup>?**

Perspective is a national clinical database used by more than 500 hospitals for benchmarking and quality improvement activities. Hospitals submit data to Premier and we validate, analyze, and format the data to make it meaningful for hospitals. Premier researchers used data from Perspective was used in this study.

### **What are the care steps tracked for this study?**

#### **AMI**

1. Aspirin at arrival
2. Aspirin prescribed at discharge
3. Angiotension converting enzyme inhibitor (ACEI) for left ventricular systolic dysfunction (LVSD)
4. Adult smoking cessation advice/counseling
5. Beta blocker prescribed at discharge
6. Beta blocker at arrival
7. Thrombolytic agent received within 30 minutes of hospital arrival

8. Percutaneous coronary intervention (PCI) received within 120 minutes of hospital arrival
9. Inpatient mortality rate

### **CABG**

1. Aspirin prescribed at discharge
2. CABG using internal mammary artery (IMA)
3. Prophylactic antibiotic received within one hour prior to surgical incision
4. Prophylactic antibiotic selection for surgical patients
5. Prophylactic antibiotics discontinued within 24 hours after surgery end time
6. Inpatient mortality rate
7. Post operative hemorrhage or hematoma
8. Post operative physiologic and metabolic derangement

### **Pneumonia**

1. Oxygenation assessment
2. Pneumococcal vaccination
3. Blood culture before first antibiotic
4. Adult smoking cessation counseling
5. Initial antibiotic selection
6. Initial antibiotic within four hours of hospital arrival
7. Flu vaccination

### **Hip and Knee Replacement**

1. Prophylactic antibiotic received within one hour prior to surgical incision
2. Prophylactic antibiotic selection for surgical patients
3. Prophylactic antibiotics discontinued within 24 hours after surgery end time
4. Postoperative hemorrhage or hematoma
5. Postoperative physiologic and metabolic derangement
6. Readmissions 30 days post discharge

### **How was the study conducted?**

The study grouped patients into three categories based on the number of recommended care steps they received. The groups were compared to associated outcomes data collected by Premier. The study determined the opportunity for improvement between the middle group and the top group, then applied that ratio to the total number of discharges nationally in each condition.

### **Do these findings apply in all clinical areas, or only the four that are part of this study?**

Premier continues to analyze the area of heart failure, where study results suggest that the care steps being tracked do not result in a reduction in mortality. Heart failure is the only chronic disease tracked in the project and much of the care for congestive heart failure occurs outside the hospitals, so other factors may be at work.

### **What are the heart failure care steps?**

1. Left ventricular function (LVF) assessment
2. Discharge instructions
3. Angiotension converting enzyme inhibitor (ACEI) for left ventricular systolic dysfunction (LVSD)
4. Adult smoking cessation advice/counseling

### **What is Premier Inc.?**

Premier Inc. is a healthcare alliance owned by 200 not-for-profit hospitals and health systems that has approximately 1,500 member hospitals. One of its services involves collecting data from hospitals and building large data warehouses that hospitals can use for benchmarking and other purposes. Premier's Perspective™ clinical database is the largest in the nation. The FDA uses it for drug surveillance; hundreds of hospitals use it for clinical quality improvement; and the same database provides the foundation for Premier's pay-for-performance demonstration project with the Centers for Medicare and Medicaid Services (CMS).

### **Comments from third parties who have reviewed the detailed analysis:**

- **Maureen Bisognano, COO, Institute for Healthcare Improvement**

"As the first real-world test of these quality measures, this project represents an important step forward in our understanding of the impact of process improvement on patient outcomes. This study clearly identifies the positive results for patients when providers reliably implement a set of evidence-based care practices."

- **Dr. Peter K. Lindenauer, associate medical director, Division of Healthcare Quality at Baystate Health System**

"This study is extremely valuable because it provides empirical evidence supporting the concept of the business case for quality. Not only is it *possible* for hospitals to provide high quality care efficiently, but in fact those institutions that achieve outstanding quality performance appear to benefit from reduced costs and improved outcomes."

- **U.S. Representative Sue Myrick**

"Our nation's current healthcare payment system pays all hospitals the same way regardless of the quality of care delivered. These new findings point the way toward a payment system that rewards hospitals for delivering higher quality care. A common sense, outcomes-based system will hopefully be a better one for both patients and hospitals."

- **Anthony Ferreri, CEO, Staten Island University Hospital**

"We applaud Premier in continuing to find new ways to measure quality in the delivery of healthcare, and for showcasing results to a public eager for information on how hospitals rate in giving care and containing costs."

- **Douglas Hawthorne, chairman of the Premier board of directors and president and CEO of Texas Health Resources**

"It is important for hospital leadership to understand the study findings because the care processes tracked by the project are largely managed and delivered by hospital staff. Premier's study identifies actions hospital staff can take today to improve outcomes, and it indicates that patients could benefit tremendously when hospitals deliver all of these care processes every time."

