

CAH involvement in CMS' campaign to implement risk-standardized, 30-day mortality measures

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On November 6th, the Centers for Medicare & Medicaid Services (CMS) and its Hospital Quality Alliance (HQA) partners announced their upcoming plans for public reporting of risk-standardized, 30-day mortality measures on the *Hospital Compare* website in June 2007. The data includes all Medicare hospitalizations between July 1, 2005 and June 30, 2006 with a principal hospital discharge diagnosis of acute myocardial infarction (AMI) or heart failure (HF) for all acute care and critical access hospitals (CAHs) in the nation. A plan to add a 30-day mortality measure for pneumonia to the public reporting process is contingent upon National Quality Forum (NQF) endorsement of that measure.

CMS and its HQA partners stated they will begin reporting the risk-standardized mortality measures "in the interest of high-quality, patient centered care and accountability" and in compliance with the Deficit Reduction Act (DRA) of 2005. Publicly reporting mortality measures, the two groups said, can illustrate the variation in patient outcomes across the country and create a visible incentive for hospitals to find ways to improve patient short-term survival.

The CMS 30-day, risk-standardized AMI and HF mortality measures were developed by a team of clinical and statistical experts from Yale and Harvard universities. The HQA has approved these measures as appropriate for public reporting. The measures have also been endorsed by the NQF, a voluntary standard-setting, consensus-building organization representing providers, consumers, purchasers, and researchers.

The 30-day mortality measures will be calculated by CMS using the administrative claims data already submitted by hospitals under the Medicare program. Thus, hospitals will not need to submit new or additional information to CMS or to the QIO Clinical Data Warehouse.

Prior to the national implementation of mortality measures public reporting in June 2007, CMS is conducting a "dry run" of the process to familiarize hospitals with the measures and allow them to submit comments and questions on the resulting reports. The dry run will include the issuance of reports containing hospital data from 2003 for acute care hospitals with applicable data from that period. All other hospitals – including CAHs – will receive access to a mock report. This is because the data used to generate mortality rates for the dry run reports did not include CAHs. However, CMS plans to include data from CAHs in the June 2007 reporting.

Involvement of CAHs in the Mortality Measures Dry Run:

- Beginning on December 11th, CAHs across the nation can receive mock reports that are based on simulated data. Use of simulated data will allow CAHs the opportunity to participate in the dry run by previewing the content and format of the reports, asking questions, and providing comments about the reports to CMS. The question and comment period started December 15, and will run thru January 15, 2007.
- The reports will be made available on the secure *QualityNet Exchange* website for CAHs that are registered to *QNet Exchange*. Otherwise, a copy of the mock report can be accessed via the public QualityNet.org website at:
<http://www.qualitynet.org/dcs/ContentServer?cid=1163010473428&pagename=OnePublic%2FPage%2FQnetTier3&c=Page>
- CMS encouraged hospitals that converted to a CAH status during or after 2003 to request a report that features their actual claims if they suspect that they had eligible AMI or HF patients during 2003. Requests for these reports should be sent to mortalitymeasures@coqio.sdps.org. In the process of obtaining its report, a CAH should expect to provide its old Medicare Provider Number and to register for *QNet Exchange* in order to facilitate secure transmission of its hospital-specific report. To register for *QNet Exchange*, CAHs can request a "QualityNet Exchange Security Administrator Registration Packet" from their respective state QIOs or access registration information at:
<http://www.qualitynet.org/dcs/ContentServer?cid=1138115987954&pagename=OnePublic%2FPage%2FQnetBasic&c=Page>.

Involvement of CAHs in the 2007 Public Reporting of Mortality Measures:

- For purposes of the full implementation of public reporting of the 30-day risk-standardized mortality measures for AMI & HF beginning in June 2007, CAHs will need to pledge to participate in HQA's public reporting initiative in order for their mortality rates to be publicly reported. Preview reports of the mortality measures will only be made available to CAHs with active HQA pledges.
- After pledging for HQA, CAHs will be allowed to suppress their data during the 30-day report preview period, and will have the same opportunity to opt in or out each subsequent year.

In order to implement these measures, CMS has contracted with Colorado Foundation for Medical Care (CFMC), Colorado's Quality Improvement Organization (QIO). Questions about the public reporting of mortality measures may be sent to CFMC at: mortalitymeasures@coqio.sdps.org.