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Public Reporting of Hospital Quality Measures

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Public Reporting of Hospital Quality Measures

The Centers for Medicare and Medicaid Services (CMS) is pursuing a vision to improve the quality of health care by expanding the information available about quality of care and by rewarding the delivery of superior quality care through direct incentives. One effort toward realizing that vision is the National Voluntary Hospital Reporting Initiative. Launched over a year ago by the hospital industry, this quality initiative informs the public and health care providers on how well individual hospitals adhere to widely accepted evidence-based guidelines for the treatment of heart attacks, heart failure, and pneumonia—priority health conditions identified by the Institute of Medicine. Examples include how often heart attack victims receive aspirin and beta blockers at admission and at discharge and how much time passes before pneumonia patients receive their first antibiotic treatment.

This data is derived from the ORYX data set submitted to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by JCAHO-accredited hospitals. JCAHO's principle objective is to integrate outcomes and other performance measurement data into the accreditation process. The goal is to create a continuous, data-driven accreditation process that focuses on the actual results of care.

The National Voluntary Hospital Reporting Initiative recently yielded its first results, which are posted on the CMS web site (www.cms.hhs.gov/quality/hospital). Many at CMS believe that this initiative marks an important milestone in efforts to provide the public with useful, understandable quality information regarding patient care and outcomes in individual hospitals. The project is part one of a three-part hospital quality initiative, addressing the areas of prevention, inpatient activities and patient safety.

Despite the significances of this accomplishment, Tom Scully, CMS Administrator at the time, said in a statement concerning the site's introduction that he was "extremely disappointed" in the level of hospital participation. Of the 3,424 JCAHO-accredited hospitals eligible for the program, only 1,700 hospitals pledged to participate, and, of those, only 415 submitted at least one of the ten initial measures. Scully warned that "unless participation increases significantly and soon, we will have to consider Plan B": mandatory reporting by hospitals. One method to encourage participation in this program is being addressed by the Medicare Prescription Drug, Improvement, and Modernization Act, which was signed into law on December 8, 2003, by President Bush. This legislation outlines regulation that would financially reward hospitals that participate in the industry's voluntary quality initiative.

In another effort to improve the quality of health care, CMS is overseeing the Premier Hospital Quality Incentive Demonstration, a program that awards bonus payments to hospitals for high quality in several clinical areas. Under the demonstration, top-performing hospitals will receive bonuses based on their performance on evidence-based quality measures for inpatients with heart attack, heart failure, pneumonia, coronary artery bypass graft, and hip and knee replacements. Hospitals in the top decile of hospitals for a given diagnosis will be awarded a bonus of two percent of their Medicare payments for the measured condition, while hospitals in the second decile will be paid a one percent bonus.

Information about hospitals' performance under the demonstration will be made available to professionals and consumers on the CMS web site.

There is strong indication that these financial incentives are necessary as demonstrated by the Leapfrog Group's second major annual survey of hospitals' achievement of patient safety goals. The survey showed that those hospitals reporting fell short of their goals set just one year ago for the implementation of computerized physician order entry (CPOE). In 2002, just 5.2% had CPOE, while 25% of the 496 reporting hospitals stated a commitment for full CPOE implementation before 2004. The 2003 survey of 635 hospitals showed that there were no increases from 2002 in the number of hospitals that had implemented CPOE and that there was a drop to 17% of those hospitals committed to full implementation before 2005. Similar results were demonstrated in the staffing of ICUs with intensivists — again, there was a drop in the number of hospitals committed to implementation.

Still, despite these somewhat negative responses, a handful of hospitals have chosen to participate and implement many of the quality measures discussed here—National Voluntary Hospital Reporting Initiative, Premier Hospital Quality Incentive, Leapfrog CPOE and ICU Intensivists Initiatives. Thomas Jefferson University Hospital has already assumed a leadership position through its participation and implementation of all four of these hospital quality measures. It appears that quality measures have finally caught the attention of at least one consumer of health care, and that consumer is willing to put more dollars in the hands of those willing to play and deliver quality. The fact that CMS is the largest purchaser of health care should bode well for this having a major impact on future outcomes.

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