

Healthcare Political and Economic Environment - Part 2

1. Healthcare Political and Economic Environment - Part 2


1.1 Title



Notes:

No Audio

1.2 Learning Objectives



Learning Objectives

1. Describe the history and goals of the Centers for Medicare and Medicaid's (CMS) program for establishing and maintaining a quality-reporting program.
2. Identify the current clinical health care entities involved in the quality-reporting program of CMS.
3. Explain the current Hospital Compare Website to include the history, current quality indicators and function.

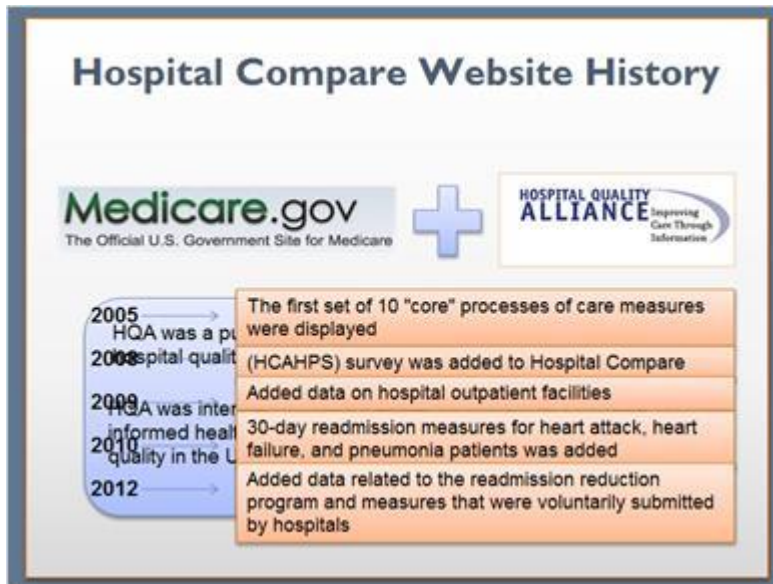
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Notes:

Let's continue our investigation of the impact of the US political and economic environment on healthcare organizations, access to care, and care delivery. We will review the Hospital Compare, Physician Compare, and Home Health Compare websites. Finally, we will take a tour of the Hospital Compare website to explore the information available there for consumers and providers.

Please take a moment to review the learning objectives for this presentation.

1.3 Hospital Compare Website History



Notes:

Hospital Compare was created through the efforts of Medicare and the Hospital Quality Alliance. The Hospital Quality Alliance (HQA): Improving Care Through Information was created in December 2002.

HQA was a public-private collaboration established in December 2002 to promote reporting on hospital quality of care. HQA consisted of organizations that represented consumers, hospitals, doctors, employers, accrediting organizations, and federal agencies.

The HQA effort was intended to make it easier for consumers to make informed health care decisions and to support efforts to improve quality in U.S. hospitals.

In 2005, the first set of 10 "core" processes of care measures were displayed on such topics as heart attack, heart failure, pneumonia and surgical care.

In March 2008, data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, also known as the CAHPS Hospital Survey, was added to Hospital Compare. HCAHPS provides a standardized instrument and data collection methodology for measuring patient's perspectives on hospital care. Also in 2008, data on hospital 30-day mortality for heart attack and heart failure was displayed. Later in 2008, mortality rates for pneumonia were added.

In 2009, CMS added data on hospital outpatient facilities, which included outpatient imaging efficiency data as well as emergency department and surgical process of care measures.

In 2010 the 30-day readmission measures for heart attack, heart failure, and pneumonia patients was added.

In 2012, CMS added data related to the readmission reduction program and measures that were voluntarily submitted by hospitals participating the American College of Surgeons National Surgical Quality Improvement Program.

The three measures are:

- Lower Extremity Bypass surgical outcomes
- Outcomes in Surgeries for Patients 65 Years of Age or Older
- Colon Surgery Outcomes

Hospital Compare will continue to evolve and will include data on the new Hospital Value Based Purchasing program.

1.4 Hospital Compare Website



Notes:

Hospital Compare is a consumer -oriented website that provides information on how well hospitals provide recommended care to their patients. This information can assist consumers in making informed decisions about healthcare services.

Hospital Compare allows consumers to identify multiple hospitals, three (3) hospitals at a time, and directly compare a variety hospital facts and performance measures.

The performance measures are related to heart attack, heart failure, pneumonia, surgery and other conditions.

These results are organized by:

- Patient Survey Results
- Timely and Effective Care
- Readmissions, Complications, and Deaths
- Use of Medical Imaging
- Linking Quality to Payment
- Medicare Volume

Access the Hospital Compare Web site at www.hospitalcompare.hhs.gov.

1.5 Physician Compare Website



Notes:

The Centers for Medicare and Medicaid Services (CMS) was required by Section 10331 of the Patient Protection and Affordable Care Act (ACA) of 2010 to establish the Physician Compare website. As a result, the site was launched on December 30, 2010. In its first iteration, Physician Compare utilized the existing Healthcare Provider Directory already part of Medicare.gov. Since that time, CMS has been working continually to enhance the site and its functionality, improve the information available, and include more and increasingly useful information about physicians and other healthcare professionals who take part in Medicare. This effort, along with the eventual addition of quality measures on the site, will help it serve its two-fold purpose:

- To provide information for consumers to encourage informed healthcare decisions; and
- To create explicit incentives for physicians to maximize performance.

Information is available on Physician Compare

Currently, Physician Compare is a website that allows consumers to search for physicians and other healthcare professionals who provide Medicare services. Some of the information on the site includes:

- Physicians' and other healthcare professionals' names, addresses, phone numbers, specialties, clinical training, and genders

- Languages spoken other than English
- Hospital Affiliation
- If physicians and other healthcare professionals accept the Medicare-approved amount (patient will not be billed for any more than the Medicare deductible and coinsurance)
- Group practice information including their location addresses, phone numbers, maps and directions, specialties, as well as a list of physicians and other healthcare professionals within that practice.

Plans for public reporting of quality of care data on Physician Compare

The Affordable Care Act (ACA) required the plan to make quality data available be established by January 1, 2013. According to this plan, CMS will post the first set of measure data on the site in calendar year 2014, reflecting data collected no sooner than program year 2012. These data will include Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) measures for group practices and Accountable Care Organizations (ACOs).

The plan for Physician Compare also includes publicly reporting patient experience data, such as the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS) measures, for ACOs and group practices of 100 or more eligible professionals participating in the 2013 PQRS GPRO as soon as technically feasible, but not before calendar year 2014.

1.6 Home Health Compare Website



Notes:

Quality health care for people with Medicare is a high priority for the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services (CMS).

CMS has adopted the mission of The Institute of Medicine (IOM), which has defined quality as having the following properties or domains:

- **Effectiveness** Relates to providing care processes and achieving outcomes as supported by scientific evidence.
- **Efficiency** Relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.
- **Equity** Relates to providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.
- **Patient Centeredness** Relates to meeting patients' needs and preferences and providing education and support.

- **Safety** Relates to actual or potential bodily harm.
- **Timeliness** Relates to obtaining needed care while minimizing delays.

The instrument/data collection tool used to collect and report performance data by home health agencies is called the Outcome and Assessment Information Set (OASIS). OASIS-C includes data items supporting measurement of rates for use of specific evidence-based care processes. From a national policy perspective, CMS anticipates that these process measures will promote the use of best practices across the home health industry.

Since fall 2003, CMS has posted a subset of OASIS-based quality performance information on the Medicare.gov website “Home Health Compare”.

These publicly-reported measures include outcome measures which indicate how well home health agencies assist their patients in regaining or maintaining their ability to function and process measures which evaluate the rate of home health agency use of specific evidence-based processes of care.

1.7 Website Tour



Notes:

Let's go to the Hospital Compare Website and explore what it there and what information it available to consumers and providers at the website.

www.hospitalcompare.hhs.gov

Let's review the website:

Helpful informational links are provided at the top to the right side of the site.

There is a drop down menu where information about Hospital Compare and the home site, as well as information about the data and other resources can be found.

In the middle of the page is the *Find a Hospital* Section

At the Bottom of the page are three Broad sections with valuable information.

The first is *Spotlight*, followed by *Additional Information* and followed by the *Tools and Tips* section.

Each contains a great deal of information about the website and the data.

Let's return to the *Find a Hospital* Section to access data about hospitals. You can search for a hospital(s) by sip code, town, or state.

Let's type in Baltimore, MD

Now you can either enter a specific hospital name or just hit the search key,

which will lead to all hospitals in that local.

Let's click on return

There is a list of 19 hospitals located in the Baltimore, MD

Place a check next to the 1, 2 or 3 hospitals interested in comparing. The website only allows up to 3 hospitals to be selected at one time.

Let's check Johns Hopkins and click the Green *Compare* link at the top or bottom of the page.

There are tabs across the top of the page. The first tab shows the hospitals location, address and telephone. It also identifies the hospital by type and provides other general information.

The next tab is the Survey of Patients' Experiences this is where the HCAHPS survey results can be found.

Scroll down the page to see the 10 HCAHPS categories on the vertical axis and the hospital, Maryland Average and the National Average horizontally across the top.

The data compares how Hopkins did in comparison to the other state and national averages.

The data is available in the table; there is additional data available about the data by selecting *View More Details*

By selecting *Show Graphs* each indicator will be displayed graphically.

Return to the table by selecting *Show Tables*

Next Select *Timely and Effective Care*. There are a number of indicators listed. Select one for example Heart Failure. There are detailed indicators identifying specific quality areas. The hospital and the state and national data is presented.

You can explore all of the quality indicators.

Next click on the *Readmissions, complications & deaths* tab. As you scroll down the data will compare the hospital data to national data.

Additional data can be viewed by clicking on the *Show Graphs* link

The next tab is Medical Imaging. The indicators, as well as the hospital, state and national results are on display. Once again the data can be reviewed in a graph format.

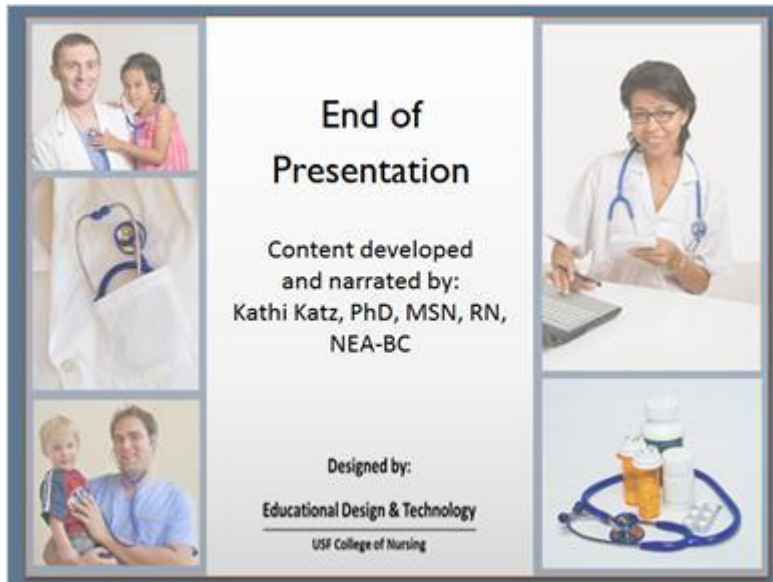
The next tab is the *Medicare Payment* link. The "Spending per Hospital Patient with Medicare" measure shows whether Medicare spends more, less or about the same per Medicare patient treated in a specific hospital, compared to how much Medicare spends per patient nationally.

The final link is the *Number of Medicare Patients* link. After selecting Medical or surgical patient category then select a condition and click *Update Results*. The number of Medicare patient s treatment in that category will be displayed.

Now try a new search by clicking on *Back to Home* link and begin a new search by entering a hospital(s) of your choice.

The end.

1.8 End of Presentation



Notes:

No Audio