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national trends in hospital quality measures

First published in October 2003, the acute care quality data of the Hospital Quality Alliance (HQA) have been used to evaluate process of care measures of care for heart attack, heart failure, pneumonia, and surgical care. Since inception, these measures have been expanded several times to include additional process of care conditions, patient experience, and outcome measures such as mortality rates and readmission rates.

Although participation is voluntary, the Centers for Medicare & Medicaid Services (CMS) offers favorable reimbursement updates to providers that participate in the program. At this time, participation is the sole factor to receive the reimbursement incentive. No incentive is tied to how well a facility scores (although this may change as a result of policy changes, including national healthcare reform legislation).

As hospitals as a whole improve on scores, measures may be omitted from future samplings because of the prevalence of the practice evaluated.

The quality measures are published on the Hospital Compare web site at www.hospitalcompare.hhs.gov. They also are often subsequently published through numerous news and other outlets, and many providers choose to post them on their own web sites to promote their quality of care. Often, the provider displays the state average score or scores of nearby facilities alongside its own score to highlight its exemplary performance as compared with other providers.

For this study, national scores for 16 of the HQA measures were captured from the collection periods ending on Dec. 31 of 2005, 2006, and 2007, and on Sept. 30, 2008. Because several measures were added after the Dec. 31, 2005, period, and one measure was excluded, only 16 of the current measures are present throughout the entire trend period studied.

The data show considerable improvement for many measures and no declines over the study period. Despite reimbursement not being tied to hospital performance on these measures, providers are clearly striving to improve their standings. Of considerable note are improvements in the measures for "Pneumonia patients assessed and given pneumococcal vaccination" (24 percent increase) as well as "Heart failure patients given discharge instructions" (20 percent increase). The only measure not yielding an improvement is "Pneumonia patients given oxygenation assessment," which remained at 99 percent over the study period. As hospitals as a whole improve on these scores, such measures may be omitted from future samplings because of the prevalence of the practice evaluated.

Hospitals are well advised to closely monitor the collection and reporting of their data. The importance of these data will only increase as new measures are added and the public becomes increasingly aware of comparative information. Hospitals therefore should monitor their scores and be prepared to explain any changes or unexpected rates for the measures being collected. ●

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