

CAH Participation and Quality Measure Results for Hospital Compare 2006 Discharges: National and Oklahoma Results

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Introduction

This report examines the participation and quality measure results for Critical Access Hospitals (CAHs) in the Centers for Medicare and Medicaid Services (CMS) Hospital Compare public reporting database for 2006. Although CAHs do not face the same financial incentives as hospitals paid under the Medicare Prospective Payment System (PPS) to participate, the Hospital Compare initiative provides an important opportunity for CAHs to assess and improve their performance on national standards of care.

Previous national reports have analyzed CAH participation and Hospital Compare quality measure results for 2004 and 2005.¹⁻²

Approach

This project used data on hospital participation and quality measure results from the Hospital Compare website <http://www.hospitalcompare.hhs.gov/>. The measures are based on data abstracted from patient records for hospital discharges in January through December 2006. These data were linked with data on all CAHs maintained by the Sheps Center at the University of North Carolina as part of its Flex Monitoring Team activities and data from the American Hospital Association Fiscal Year 2006 Annual Survey.

The Hospital Compare measure set for 2006 discharges included 22 measures that reflect recommended treatments for acute myocardial infarction (AMI), heart failure, pneumonia and surgical infection prevention. Because many CAHs had a very small number of patients for several measures, aggregate scores were calculated across all CAHs nationally and by state. The percentages of CAH patients that received recommended care were calculated by dividing the total number of patients in all CAHs in the state and nationally who received the recommended care by the total number of eligible patients in all CAHs in the state and nationally for each measure. The percent of CAH patients receiving recommended care was not calculated when the total number of CAH patients in a state, or nationally, with data on a measure was less than 25.

The number of CAHs reporting and the number of patients for whom data are available may differ by measure for several reasons. Hospitals have had a longer time to become familiar with and report on the initial ten measures. Some measures only apply to a portion of patients (e.g., the smoking cessation advice measures only apply to smokers), and several measures exclude patients with contraindications for receiving that type of medication. Small rural hospitals transfer many AMI patients seen in their emergency departments to larger hospitals, rather than admitting them as inpatients. Consequently, CAHs may have few eligible patients for the AMI measures. The surgical infection prevention measures apply to selected surgeries; some (e.g., hysterectomies) are more commonly provided in CAHs than others (e.g., cardiac procedures).

Participation in Hospital Compare

In Oklahoma, 30 of the 33 Medicare-certified CAHs in 2006 were participating in Hospital Compare (by submitting data on at least one measure for 2006 discharges). The Oklahoma participation rate of 91% was much higher than the national rate of 63%.

Table 1. CAH Participation in Hospital Compare in Oklahoma and Nationally

| | Number of CAHs | Number (%) Participating in Hospital Compare |
|----------|----------------|--|
| Oklahoma | 33 | 30 (90.9%) |
| National | 1286 | 812 (63.1%) |

Data sources: Hospital Compare data for 2006 discharges, downloaded from CMS website September 2007 and University of North Carolina CAH database, December 2007.

Quality Measure Results

Table 2 displays the Hospital Compare quality measure results for 2006 discharges for CAHs in Oklahoma and nationally. Similar to national trends, Oklahoma CAHs were more likely to report data on the pneumonia and heart failure quality measures than on the AMI or surgical infection prevention measures. Caution should be exercised in comparing state and national results on measures with less than 100 CAH patients, since large percentage differences in responses may not reflect meaningful clinical differences.

References

1. Casey, M. and Moscovice, I. *CAH Participation in Hospital Compare and Initial Results*. Flex Monitoring Team Briefing Paper No. 9, February 2006. http://www.flexmonitoring.org/documents/BriefingPaper9_HospitalCompare.pdf
2. Casey, M., Burlew, M. and Moscovice, I. *Critical Access Hospital Year 2 Hospital Compare Participation and Quality Measure Results*. Flex Monitoring Team Briefing Paper No. 16, April 2007. http://www.flexmonitoring.org/documents/BriefingPaper16_HospitalCompare.pdf

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Table 2. Hospital Compare Results for 2006 Discharges for CAHs in Oklahoma and Nationally

| | | Oklahoma (n = 30 reporting CAHs) | | | National (n = 812 reporting CAHs) | | |
|-------------------------------|--|--|--|--|--|--|--|
| | | Number of CAHs reporting data for ≥ 1 patient | Total number of CAH patients with data | Percent of CAH patients receiving recommended care | Number of CAHs reporting data for ≥ 1 patient | Total number of CAH patients with data | Percent of CAH patients receiving recommended care |
| AMI | Aspirin at arrival | 11 | 29 | 79.3% | 509 | 2873 | 88.8% |
| | Aspirin at discharge | * | * | * | 478 | 2060 | 86.0% |
| | ACEI or ARB for LVSD | * | * | * | 240 | 485 | 79.0% |
| | Smoking cessation advice | * | * | * | 155 | 262 | 66.8% |
| | Beta blocker at discharge | * | * | * | 478 | 2173 | 86.8% |
| | Beta blocker at arrival | 10 | 32 | 59.4% | 497 | 2687 | 83.1% |
| | Fibrinolytic w/in 30 minutes of arrival | * | * | * | 114 | 214 | 37.4% |
| | PCI at arrival | * | * | * | ** | ** | ** |
| Heart Failure | Discharge instructions | 29 | 334 | 35.0% | 737 | 15327 | 58.4% |
| | Assessment of LVS | 30 | 539 | 54.5% | 753 | 22310 | 71.4% |
| | ACE inhibitor or ARB for LVSD | 24 | 128 | 61.7% | 657 | 5126 | 80.1% |
| | Smoking cessation advice | 18 | 86 | 57.0% | 608 | 2896 | 72.3% |
| Pneumonia | Oxygenation assessment | 30 | 1066 | 99.4% | 801 | 37769 | 99.3% |
| | Pneumococcal vaccination | 30 | 690 | 61.7% | 798 | 25944 | 72.8% |
| | Blood culture prior to first antibiotic | 26 | 342 | 92.4% | 748 | 17345 | 91.4% |
| | Smoking cessation advice | 29 | 267 | 62.2% | 747 | 7566 | 74.0% |
| | Initial antibiotic(s) within 4 hours | 30 | 827 | 80.9% | 791 | 29771 | 85.2% |
| | Most appropriate initial antibiotic(s) | 29 | 708 | 77.8% | 793 | 23747 | 82.7% |
| | Influenza vaccination | 24 | 218 | 61.5% | 664 | 6252 | 71.6% |
| Surgical Infection Prevention | Preventative antibiotic(s) 1 hour before incision | * | * | * | 331 | 12501 | 79.5% |
| | Received most appropriate preventative antibiotic(s) | * | * | * | 314 | 6339 | 91.3% |
| | Preventative antibiotic(s) stopped within 24 hours after surgery | * | * | * | 330 | 12025 | 77.6% |

Data sources: Hospital Compare data for 2006 discharges, downloaded from CMS website September 2007 and University of North Carolina CAH database, December 2007.

*The total number of CAH patients in the state with data on this measure was less than 25.

** The total number of CAH patients nationally with data on this measure was less than 25.