

Your Guide to the Data on Care Compare

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Outreach and Education Support Contractor

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Purpose

The purpose of this event is to provide an overview of the publicly reported data found on Care Compare for Centers for Medicare & Medicaid Services (CMS) inpatient hospital quality programs.

Objectives

You will be able to:

- Access and locate hospitals on the Care Compare website.
- Understand the different topics and measures that are on Care Compare.
- Locate the different resources on Care Compare.

Acronyms and Abbreviations

ACS	Ambulatory Surgical Center	DoD	Department of Defense	N/A	not applicable
CABG	Coronary Artery Bypass Graph	FY	fiscal year	OAS	Outpatient and Ambulatory Surgery
CAHPS	Consumer Assessment of Healthcare Providers and Systems	HVBP	Hospital Value-Based Purchasing	PDF	portable document format
CAUTI	Catheter-Associated Urinary Tract Infections	ICU	Intensive care unit	PPS	prospective payment system
CCSQ	CMS Center for Clinical Standards & Quality	IPPS	inpatient prospective payment system	Q	quarter
CLABSI	central line-associated bloodstream infection	IQR	Inpatient Quality Reporting	SSI	surgical site infection
CMS	Centers for Medicare & Medicaid Services	LTCH	long-term care hospital	TPS	total performance score
COPD	Chronic Obstructive Pulmonary Disease	MB	megabyte	VA	Veterans Administration
CSV	comma-separated values	MRI	magnetic resonance imaging	VBP	value-based purchasing
СТ	computerized tomography	MSBP	Medicare Spending Per Beneficiary	VIQR	Value, Incentives, and Quality Reporting

03/13/2022

Webinar Questions

If we do not get to your question during the webinar, please submit your question to the **QualityNet** Inpatient Questions and Answers Tool:

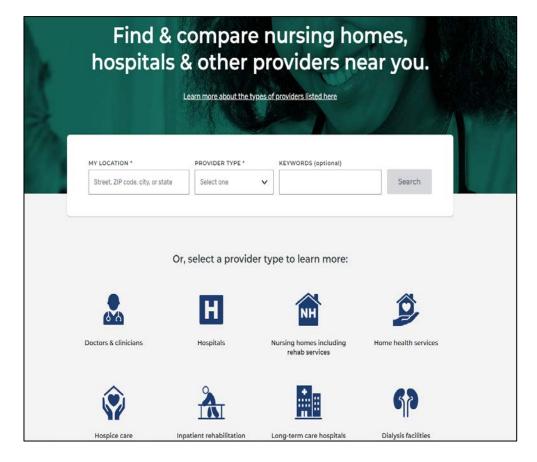
https://cmsqualitysupport.servicenowservices.com/qnet_qa

- If your question is about a specific slide, please include the slide number.
- If you have a question unrelated to this webinar topic, we recommend that you first search for the question in the QualityNet Inpatient Questions and Answers Tool.
 If you do not find an answer, then submit your question to us via the same tool.

06/15/2022

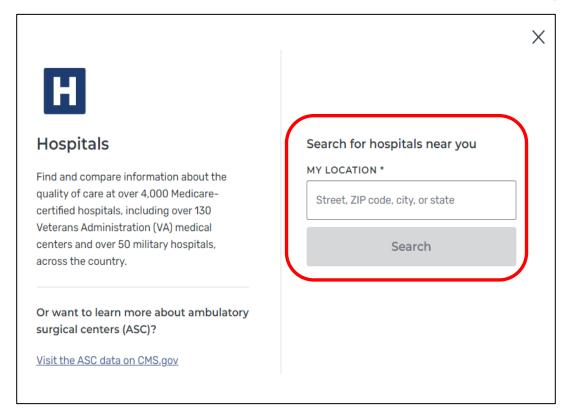
Accessing Care Compare

Care Compare: https://www.medicare.gov/care-compare/
Enter information into the search box or select Hospitals.

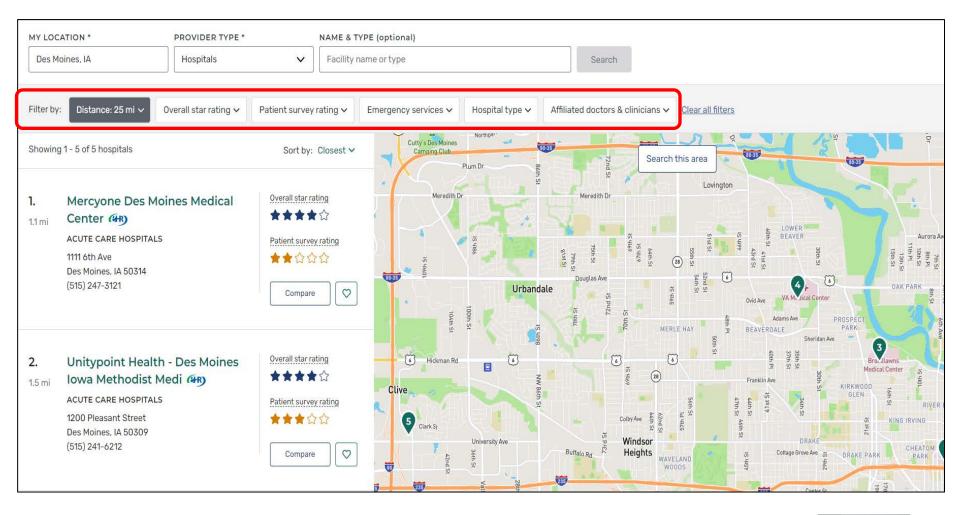


Selecting Provider Type

- An additional screen will display when selecting a provider type.
- Enter location information and click on Search.

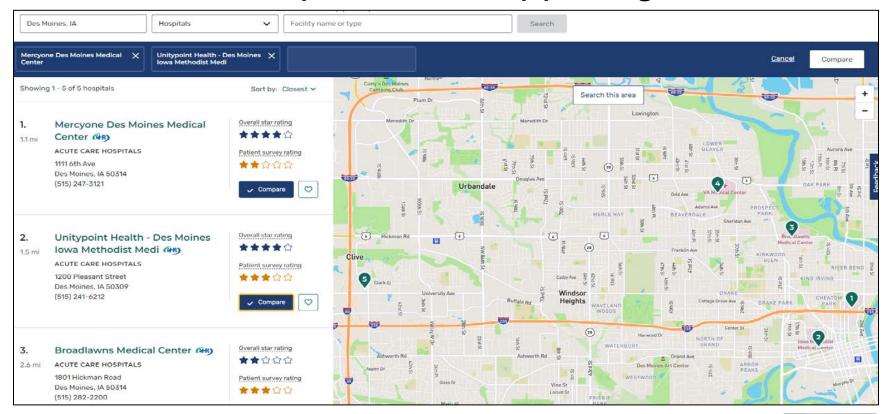


Locate Hospitals to Compare

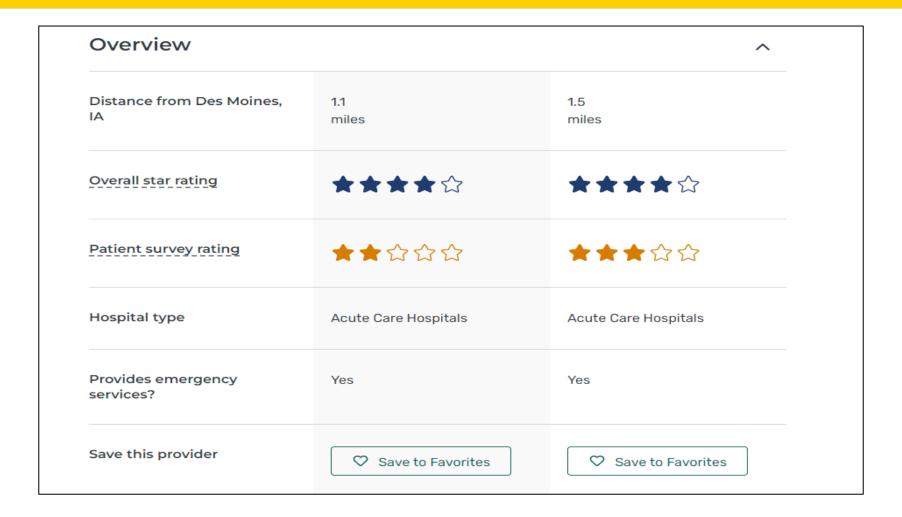


Compare Hospitals

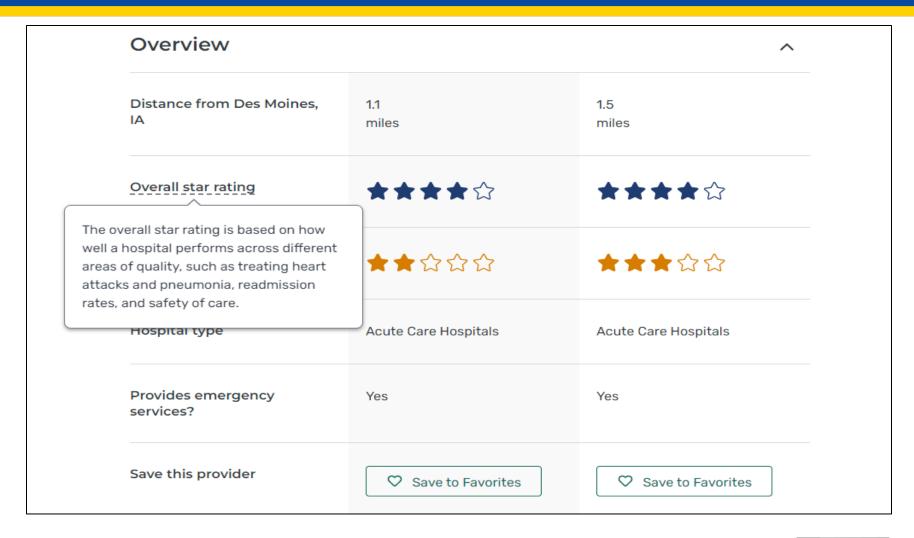
- Select hospitals to compare.
- Click on Compare in the upper right corner.



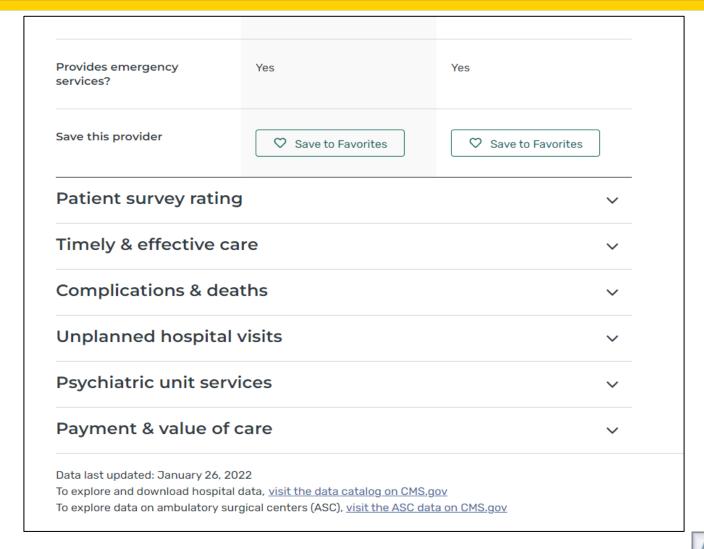
Compare Overview



Compare Overview



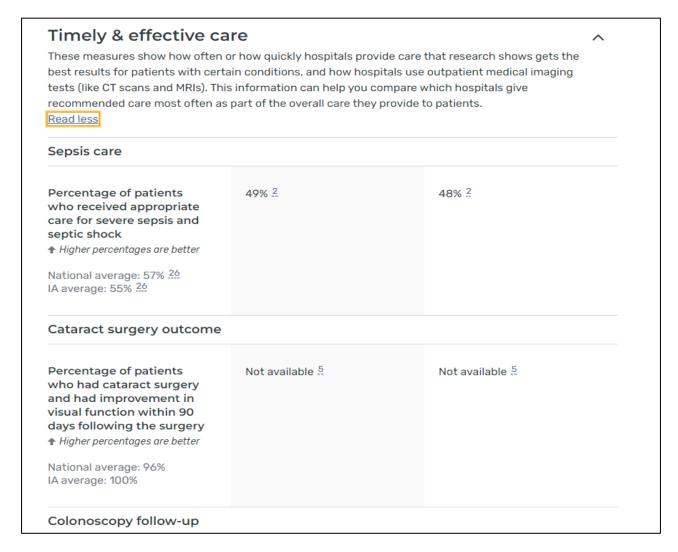
Compare Categories



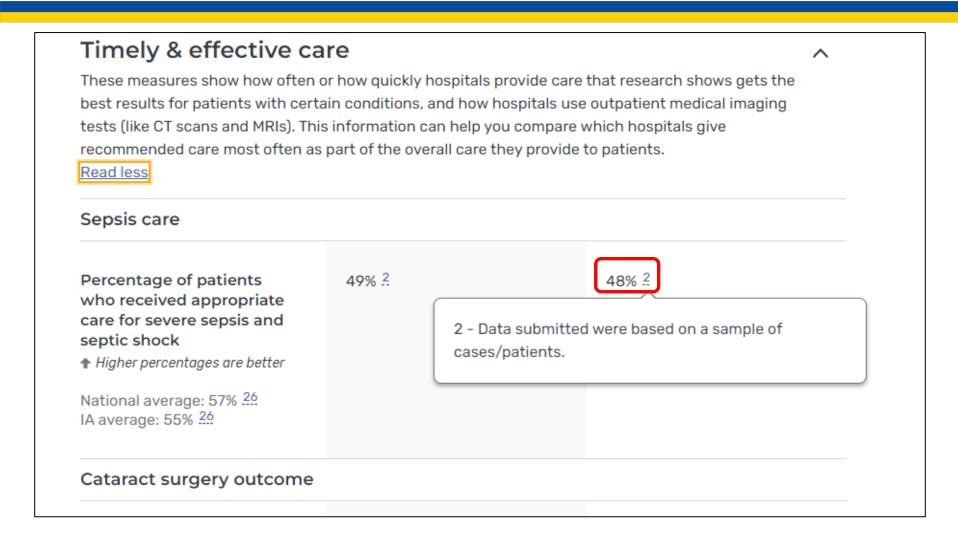
Patient Survey Rating

The HCAHPS star ratings summar the star ratings along with other of hospital. Read less		one aspect of hospital quality. Use g decisions about choosing a
Patient survey rating	★★☆☆☆	★★★☆☆
Patients who reported that their nurses "Always" communicated well. National average: 80% IA average: 83%	72%	79%
Patients who reported that their doctors "Always" communicated well. National average: 81% IA average: 84%	72%	79%
Patients who reported that they "Always" received help as soon as they wanted.	47%	57%
National average: 67% IA average: 72%		

Timely & Effective Care



Compare Footnotes



Compare Legends

Emergency department volume	Very High 60,000+ patients annually	Very High 60,000+ patients annually			
Average (median) time patients spent in the emergency department before leaving from the visit A lower number of minutes is better	205 minutes Other Very High volume hospita Nation: 173 minutes 25,26 lowa: 192 minutes 25,26	Volume legend (patients annually): Low: 0 - 19,999			
Preventive care		High	dium: 20,000 - 39,999 h: 40,000 - 59,999 y High: 60,000+		
Percentage of healthcare workers given influenza vaccination † Higher percentages are better	93%		99%		

Complications & Deaths: Complication Measures

aths	^
hospital for treatment of medical prob conditions, and may even die. Some p charged and need to be admitted to the hospitals follow best practices for trea	patients may experience e hospital again. These
3% No different than the national rate	2.1% No different than the national rate
0.94 No different than the national value	0.92 No different than the national value
178.37 No different than the national rate	180.48 No different than the national rate
	conditions, and may even die. Some penarged and need to be admitted to the hospitals follow best practices for treating and interest of the hospitals follow best practices for treating and follows best practices for the follow

Complications & Deaths: Healthcare-Associated Infection Measures

Infections		
Central line-associated bloodstream infections (CLABSI) in ICUs and select wards * Lower numbers are better National benchmark: 1.000	0.824 No different than national benchmark	0.984 No different than national benchmark
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards Lower numbers are better National benchmark: 1.000	0.508 Better than the national benchmark	0.831 No different than national benchmark
Surgical site infections (SSI) from colon surgery Lower numbers are better National benchmark: 1.000	0.405 No different than national benchmark	0.645 No different than national benchmark
Surgical site infections (SSI) from abdominal hysterectomy **Lower numbers are better	O.000 No different than national benchmark	0.746 No different than national benchmark

Complications & Deaths: Mortality Measures

Death rate for COPD patients National result: 8.1%	9% No different than the national rate	9.9% No different than the national rate			
Death rate for heart attack patients National result: 12.3%	12.9% No different than the national rate	12.5% No different than the national rate			
Death rate for heart failure patients National result: 11.2%	11.5% No different than the national rate	15.3% Worse than the national rate			
Death rate for pneumonia patients National result: 15.3%	15.4% No different than the national rate	16.6% No different than the national rate			
Death rate for stroke patients National result: 13.5%	14% No different than the national rate	12.7% No different than the national rate			

Unplanned Hospital Visits: Medical Condition Readmission Measures

Unplanned hospital v	visits	^							
Returning to the hospital for unplanned care disrupts patients' lives, increases their risk of harmful events like healthcare-associated infections, and costs more money. Hospitals that give high quality care can keep patients from returning to the hospital and reduce their stay if they have to come back. Read less									
Rate of readmission after discharge from hospital (hospital-wide)	15% No different than the national rate	15.2% No different than the national rate							
By medical condition									
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients National result: 19.7%	20.2% No different than the national rate	18.8% No different than the national rate							
Rate of readmission for heart attack patients National result: 15.8%	14.5% No different than the national rate	15.9% No different than the national rate							
Hospital return days for heart attack patients	-15.1 days Fewer days than average per 100 discharges	8.7 days Average days per 100 discharges							

Unplanned Hospital Visits:Procedure Readmission Measures

By procedure					
Rate of readmission for coronary artery bypass graft (CABG) surgery patients National result: 12.6%	10% No different than the national rate	10.6% No different than the national rate			
Rate of readmission after hip/knee replacement National result: 4%	4.8% No different than the national rate	3.5% No different than the national rate			
Rate of unplanned hospital visits after an outpatient colonoscopy National result: 13.9 per 1,000 colonoscopies	14.5 per 1,000 colonoscopies No different than the national rate	14.9 per 1,000 colonoscopies No different than the national rate			
Rate of inpatient admissions for patients receiving outpatient chemotherapy (per 100 chemotherapy patients) National result: 6%	5.8% No different than the national rate	6.8% No different than the national rate			

Psychiatric Unit Services

Psychiatric unit services These quality measures show how often or how quickly inpatient psychiatric facilities give recommended treatments and services known to get the best results for people with mental health conditions, substance abuse, and other health conditions. Some measures also describe whether these facilities have certain processes and procedures in place. This information can help you compare the quality of care inpatient psychiatric facilities provide to patients. Note that an N/A will be displayed where a hospital doesn't have an inpatient psychiatric unit. An N/A is also used to indicate the hospital doesn't have psychiatric measure data to report. Read less Preventive care & screening Patients discharged on 89% 35% antipsychotic medications who had body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year ♠ Higher percentages are better National average: 77% IA average: 88%

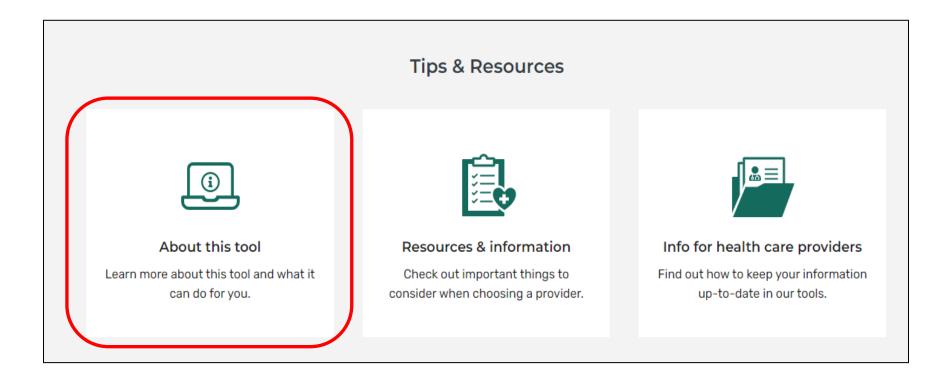
Payment & Value of Care

Payment & value of care The payment for heart attack, heart failure, and pneumonia measures add up all payments made for care starting the day the patient enters the hospital and continuing for the next 30 days. The payment for hip/knee replacement measure adds up payments starting the day the patient enters the hospital and continuing for the next 90 days. This can include payments made to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient copayments made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how hospitals and other healthcare providers care for patients. Read less Medicare Spending per Beneficiary Medicare Spending per 1.01 0.95 Beneficiary (displayed in ratio) National average: 0.99 IA average: 0.96 **Payment** Payment for heart attack \$26,681 \$24,626 patients No different than the national Less than the national average

Payment & Value of Care

Value of care					
Death rate for heart attack patients National result: 12.3%	12.9% No different than the national rate	12.5% No different than the national rate			
Payment for heart attack patients National average payment: \$26,304	\$26,681 No different than the national average payment	\$24,626 Less than the national average payment			
Death rate for heart failure patients National result: 11.2%	11.5% No different than the national rate	15.3% Worse than the national rate			
Payment for heart failure patients National average payment: \$18,060	\$18,454 No different than the national average payment	\$18,508 No different than the national average payment			
Rate of complications for hip/knee replacement patients	3% No different than the national rate	2.1% No different than the national rate			

Tips & Resources: About This Tool



Downloadable Data

About using government data

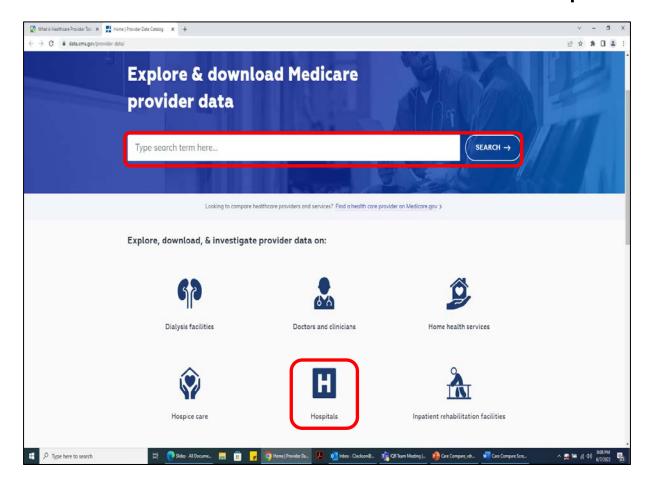
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The star ratings and all data on this tool are provided as a service to the public, and are not intended to grant rights or impose obligations. Star ratings are limited in scope to the data sources they are derived from. A provider's star rating on an individual measure or domain may not be reflective of that provider's overall star rating.

Get the downloadable data

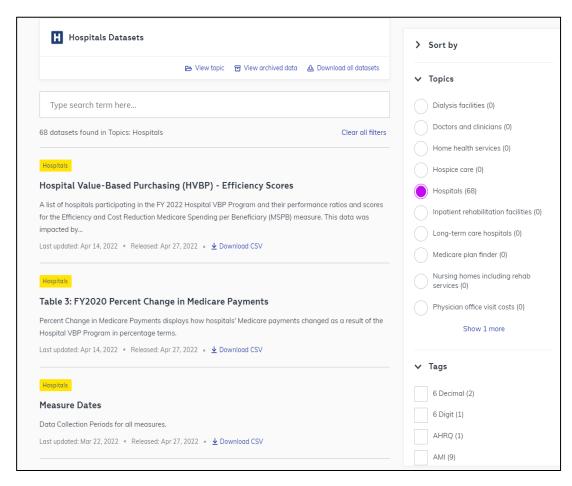
Downloading Data

Enter information into search box or select Hospitals.

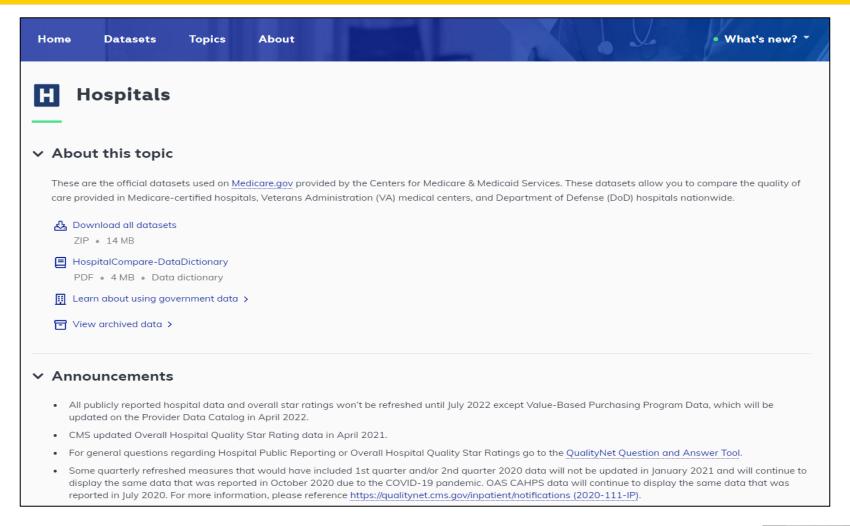


Hospital Datasets

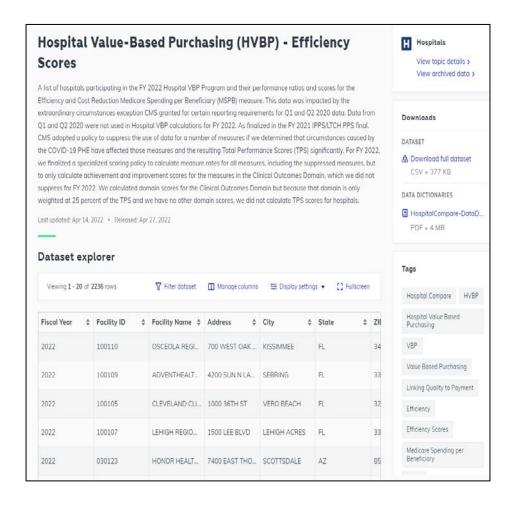
For more information, select Hospitals. To view the data, click on the topic. To download click on Download CSV.



"Hospitals" Information



"Topic" Information



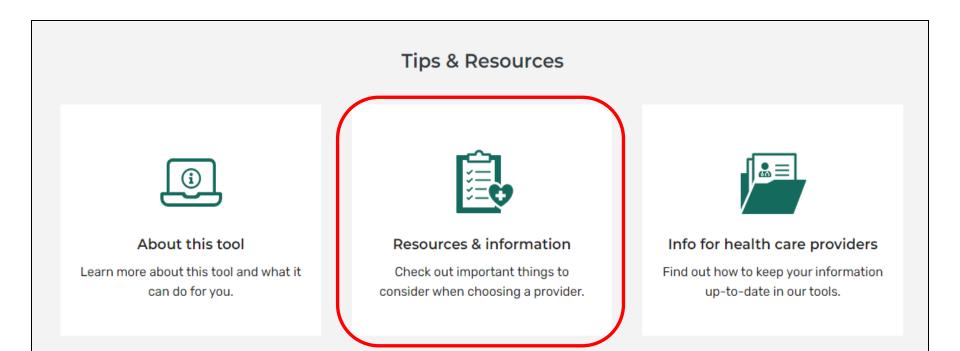
"Topic" Information: Full Screen View

Dataset Explorer → Hospital Value-Based Purchasing (HVBP) - Efficiency Scores A list of hospitals participating in the FY 2022 Hospital VBP Program and their performance ratios and scores for the Efficiency and Cost Reduction Medicare Spending per Beneficiary (MSPB) measure. This data was impacted by the extraordinary circumstances exception CMS granted for certain reporting requirements for Q1 and Q2 2020 data. Data from Q1 and Q2 2020 were not used in Hospital VBP calculations for FY 2022. As finalized in the FY 2021 IPPS/LTCH PPS final, CMS adopted a policy to suppress the use of data for a number of measures if we determined that circumstances caused by the COVID-19 PHE have affected those measures and the resulting Total Performance Scores (TPS) significantly. For FY 2022, we finalized a specialized scoring policy to calculate measure rates for all measures, including the suppressed measures, but to only calculate achievement and improvement scores for the measures in the Clinical Outcomes Domain, which we did not suppress for FY 2022. We calculated domain scores for the Clinical Outcomes Domain but because that domain is only weighted at 25 percent of the TPS and we have no other domain scores, we did not calculate TPS scores for hospitals. Last updated: Apr 14, 2022 • Released: Apr 27, 2022 Viewing 1 - 20 of 2236 rows ■ Manage columns □ Display settings **♦ ZIP Code** MSPB-1 Perf... MSPB-1 MSP Fiscal Year City State 2022 100110 OSCEOLA REGI... 700 WEST OAK ... KISSIMMEE 34741 **OSCEOLA** 0.993095 0.854866 1.009206 1.049550 Not 2022 100109 ADVENTHEALT... 4200 SUN N LA... SEBRING 33872 **HIGHLANDS** 0.993095 0.854866 1.001477 1.042474 Not 100105 INDIAN RIVER 1.054662 2022 CLEVELAND CLI... 1000 36TH ST VERO BEACH 32960 0.993095 0.854866 0.938859 Not 2022 100107 LEHIGH REGIO... 1500 LEE BLVD LEHIGH ACRES 33936 LEE 0.993095 0.854866 0.914736 0.968181 Not 2022 030123 HONOR HEALT... 7400 EAST THO ... 85255 MARICOPA 0.993095 0.854866 0.958624 0.990250 SCOTTSDALE Not 2022 030122 BANNER GATE... 1900 NORTH HI... GILBERT 85234 MARICOPA 0.993095 0.854866 0.979494 0.993304 Not 2022 030121 ΑZ MOUNTAIN VIS... 1301 SOUTH C... 85209 MARICOPA 0.993095 0.854866 0.990123 0.950317 Not

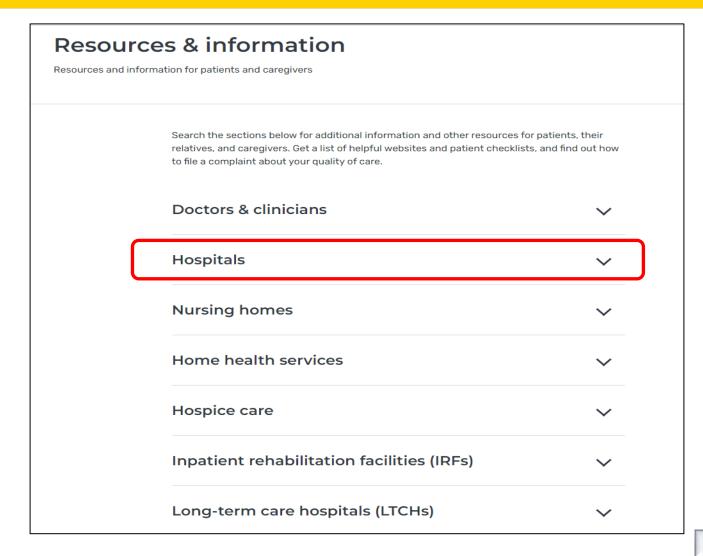
"Topic" Information: CSV Report

4	Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	P	C
1	Fiscal Yea	Facility ID	Facility Na	Address	City	State	ZIP Code	County Na	MSPB-1 Ach	MSPB-1 Be	MSPB-1 Ba	MSPB-1 Pe	MSPB-1 A	MSPB-1	n MSPB-1	Measure Sco	re
2	2022	100110	OSCEOLA	700 WEST	KISSIMME	FL	34741	OSCEOLA	0.993095	0.854866	1.009206	1.04955	Not Availa	Not Avai	la Not Ava	ilable	
3	2022	100109	ADVENTH	4200 SUN	SEBRING	FL	33872	HIGHLAND	0.993095	0.854866	1.001477	1.042474	Not Availa	Not Avai	la Not Ava	ilable	
4	2022	100105	CLEVELAN	1000 36TH	VERO BEA	FL	32960	INDIAN RI	0.993095	0.854866	1.054662	0.938859	Not Availa	Not Avai	la Not Ava	ilable	
5	2022	100107	LEHIGH RE	1500 LEE E	LEHIGH AC	FL	33936	LEE	0.993095	0.854866	0.914736	0.968181	Not Availa	Not Avai	la Not Ava	ilable	
6	2022	30123	HONOR H	7400 EAST	SCOTTSDA	AZ	85255	MARICOPA	0.993095	0.854866	0.958624	0.99025	Not Availa	Not Avai	la Not Ava	ilable	
7	2022	30122	BANNER (1900 NOR	GILBERT	AZ	85234	MARICOPA	0.993095	0.854866	0.979494	0.993304	Not Availa	Not Avai	la Not Ava	ilable	
В	2022	30121	MOUNTAI	1301 SOU	MESA	AZ	85209	MARICOPA	0.993095	0.854866	0.990123	0.950317	Not Availa	Not Avai	la Not Ava	ilable	
9	2022	100319	ADVENTH	2600 BRU	WESLEY C	FL	33544	PASCO	0.993095	0.854866	0.989727	0.858028	Not Availa	Not Avai	la Not Ava	ilable	
0	2022	100314	WEST KEN	9555 SW 1	MIAMI	FL	33196	MIAMI-DA	0.993095	0.854866	0.966169	1.00524	Not Availa	Not Avai	la Not Ava	ilable	
1	2022	100315	VIERA HO	8745 N W	MELBOUR	FL	32940	BREVARD	0.993095	0.854866	1.00959	0.950656	Not Availa	Not Avai	la Not Ava	ilable	
2	2022	100316	PALM BAY	1425 MAL	PALM BAY	FL	32907	BREVARD	0.993095	0.854866	1.02297	1.072048	Not Availa	Not Avai	la Not Ava	ilable	
3	2022	30137	SANTA CR	4455 SOU	GREEN VA	AZ	85614	PIMA	0.993095	0.854866	0.867122	0.976805	Not Availa	Not Avai	la Not Ava	ilable	
4	2022	30130	BANNER I	37000 NO	QUEEN CR	AZ	85140	PINAL	0.993095	0.854866	0.907178	1.016807	Not Availa	Not Avai	la Not Ava	ilable	
5	2022	100329	OVIEDO N	8300 RED	OVIEDO	FL	32765	SEMINOLE	0.993095	0.854866	1.045015	0.959745	Not Availa	Not Avai	la Not Ava	ilable	
6	2022	100320	POINCIAN	325 CYPRE	KISSIMME	FL	34758	OSCEOLA	0.993095	0.854866	0.961516	0.896499	Not Availa	Not Avai	la Not Ava	ilable	
7	2022	100321	ASCENSIC	1670 ST V	MIDDLEBU	FL	32068	CLAY	0.993095	0.854866	0.950714	0.926103	Not Availa	Not Avai	la Not Ava	ilable	
8	2022	100140	BAPTIST N	1250 S 187	FERNAND	FL	32034	NASSAU	0.993095	0.854866	0.963651	0.959826	Not Availa	Not Avai	la Not Ava	ilable	
9	2022	30105	BANNER H	6750 EAST	MESA	AZ	85206	MARICOPA	0.993095	0.854866	0.988609	Not Availa	Not Availa	Not Avai	la Not Ava	ilable	
0	2022	100142	JACKSON	4250 HOS	MARIANN	FL	32446	JACKSON	0.993095	0.854866	1.073184	0.915085	Not Availa	Not Avai	la Not Ava	ilable	
1	2022	50195	WASHING	2000 MOV	FREMONT	CA	94538	ALAMEDA	0.993095	0.854866	0.966917	0.990546	Not Availa	Not Avai	la Not Ava	ilable	
2	2022	30101	WESTERN	2735 SILV	BULLHEAD	AZ	86442	MOHAVE	0.993095	0.854866	0.92492	0.916295	Not Availa	Not Avai	la Not Ava	ilable	
3	2022	30103	MAYO CLI	5777 EAST	PHOENIX	AZ	85054	MARICOPA	0.993095	0.854866	0.936104	0.938706	Not Availa	Not Avai	la Not Ava	ilable	
4	2022	90011	MEDSTAR	110 IRVIN	WASHING	DC	20010	THE DISTR	0.993095	0.854866	1.01247	1.004441	Not Availa	Not Avai	la Not Ava	ilable	
5	2022	50197	SEQUOIA	170 ALAM	REDWOOL	CA	94062	SAN MATE	0.993095	0.854866	0.961712	0.927736	Not Availa	Not Avai	la Not Ava	ilable	
6	2022	100135	TALLAHAS	1300 MIC	TALLAHAS	FL	32308	LEON	0.993095	0.854866	1.04592	0.958929	Not Availa	Not Avai	la Not Ava	ilable	
7	2022	30119	MERCY GI	3555 SOU	GILBERT	AZ	85297	MARICOPA	0.993095	0.854866	0.980455	0.966473	Not Availa	Not Avai	la Not Ava	ilable	
8	2022	100150	LOWER KE	5900 COL	KEY WEST	FL	33040	MONROE	0.993095	0.854866	0.992933	0.939256	Not Availa	Not Avai	la Not Ava	ilable	
9	2022	100151	MAYO CLI	4500 SAN	JACKSON	FL	32224	DUVAL	0.993095	0.854866	0.967632	0.962415	Not Availa	Not Avai	la Not Ava	ilable	
0	2022	30115	BANNER E	9201 WES	PHOENIX	AZ	85037	MARICOPA	0.993095	0.854866	0.921758	0.974803	Not Availa	Not Avai	la Not Ava	ilable	
1	2022	100154	SOUTH MI	6200 SW 7	SOUTH MI	FL	33143	MIAMI-DA	0.993095	0.854866	1.078384	1.004914	Not Availa	Not Avai	la Not Ava	ilable	
2	2022	30117	VALLEY VI	5330 SOU	FORT MOI	AZ	86426	MOHAVE	0.993095	0.854866	0.915475	0.934965	Not Availa	Not Avai	la Not Ava	ilable	
3	2022	30111	BANNER-	2800 EAST	TUCSON	AZ	85713	PIMA	0.993095	0.854866	0.931039	0.898116	Not Availa	Not Avai	la Not Ava	ilable	
4	2022	30114	ORO VALL	1551 EAST	ORO VALL	AZ	85755	PIMA	0.993095	0.854866	0.943971	1.003743	Not Availa	Not Avai	la Not Ava	ilable	
5	2022	90005	SIBLEY ME	5255 LOU	WASHING	DC	20016	THE DISTR	0.993095	0.854866	0.94753	0.93957	Not Availa	Not Avai	la Not Ava	ilable	
6	2022	90003	HOWARD	2041 GEO	WASHING	DC	20060	THE DISTR	0.993095	0.854866	0.947761	1.015891	Not Availa	Not Avai	la Not Ava	ilable	
7	2022	30110	ABRAZO V	13677 WE	GOODYEA	AZ	85395	MARICOPA	0.993095	0.854866	1.018021	0.993472	Not Availa	Not Avai	la Not Ava	ilable	
8	2022	90004	MEDSTAR	3800 RESE	WASHING	DC	20007	THE DISTR	0.993095	0.854866	1.024564	0.991713	Not Availa	Not Avai	la Not Ava	ilable	
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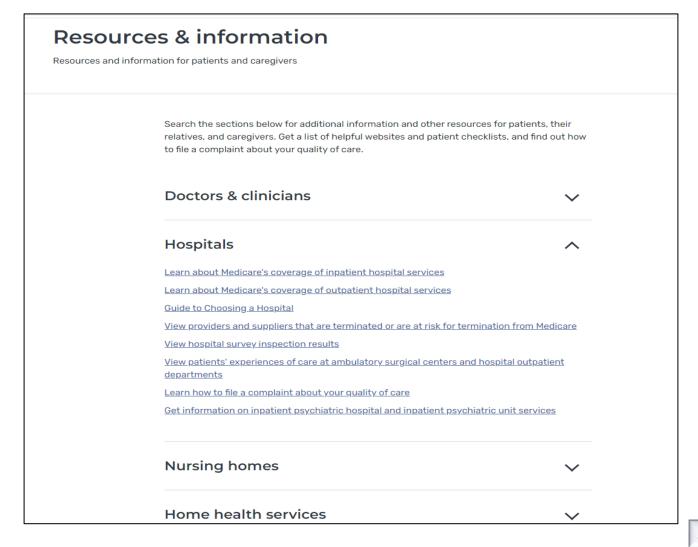
Tips & Resources: Resources & Information



Hospital Resources



Hospital Resources



Your Guide to the Data on Care Compare

Contact Information and Resources

Hospital IQR Program Resources

- Hospital IQR Program Website:
 - https://www.qualityreportingcenter.com/en/inpatient-quality-reportingprograms/hospital-inpatient-quality-reporting-iqr-program/
 - QualityReportingCenter.com > Inpatient >
 Hospital Inpatient Quality Reporting (IQR) Program
- Inpatient Value, Incentives, and Quality Reporting (VIQR)
 Outreach and Education Support Contractor
 - Phone: (844) 472-4477 or (866) 800-8765
 (8 a.m.-8 p.m. Eastern Time, Monday-Friday)
 - Email: https://cmsqualitysupport.servicenowservices.com/qnet_qa
 - Live Chat: QualityReportingCenter.com > Inpatient > Talk to Us
- Hospital Inpatient <u>Question and Answer Tool</u>

Additional Resources

- QualityNet Website: https://qualitynet.cms.gov/
 - QualityNet Training Page
 - HQR Support Video Playlist
- Center for Clinical Standards and Quality (CCSQ) Service Center
 - o Phone Number: (866) 288-8912
 - Fax Number: (888) 329-7377
 - Email: <u>qnetsupport@hcqis.org</u>



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