Understanding Variation in Public Report Cards

Mercy Springfield Communities

Mercy Springfield Story

We have previously tended to ignore public report cards, until….

• A major payer for our destination care program for knee and hip replacement called the next week
• We had done our analysis from published methodology but lacked the data and proprietary risk adjustment (Dr. Foster’s)
US News & World Report
Common Conditions

Mercy Springfield

- COPD (High Performing)
- Heart Failure (High Performing)
- Knee Replacement (Average)
- Hip replacement (Below Average) Yikes!
- Coronary Artery Bypass (Average)

Common Conditions Domains

**Unique to Condition/Procedure**

- Survival (aggregated for hip & knee and applied to both)
- Knee/Hip revision
- Readmissions for any reason within 30-days
- Readmission within 30 days specific to condition
- Readmission for any reason within 7-days
- Patient Volume
- Complications

**Hospital Wide (Does not change by procedure)**

- Intensivist on staff
- Cardiac ICU
- Hospital Acquired Infections
- Survival after multiple procedures (16 procedures)
- Nurse staffing
- Nurse Magnet Hospital
30 –Day Mortality Review

2009-2012 USN&WR versus our EHR data
• 10% difference in denominator in data set provided
• ? Difference in numerator – actual number not provided
• 30 day survival all payer 0.998, Medicare 0.995
• M&M reviewed individually
  • Aggregate review suggested case selection, aspiration and post operative pneumonia more so than DVT prophylaxis opportunities

2013-April 2015
• 30 day survival 0.999 all payer Medicare 0.996 all deaths post discharge
• Two home deaths – cause unknown
• Two in SNF – respiratory

Hospital Infections

Standardized Infection Ratio
Healthcare Associated Infections
Public Report from WhyNotTheBest.org

Lower is Better
So Who’s Right?

**US News & World Report 2015**
- Average for knee and below average for hip repair

**Healthgrades 2015**
- “America’s 100 Best Hospitals” for Orthopedic surgery 2013, 2014 and 2015

**Truven 2015** – Top 100 Hospital (large community)

**Carechex 2015** – 1st in Missouri for overall care and surgical care

**Leapfrog 2015** – “A” grade for safety

“Round Up the Usual Suspects!”

- Classes of data
- Weighting of data classes
- Denominator exclusions
- Data timeframes
- Numerator variance
- Data reporting consistency
- “Probably a lot of other factors”………

- Risk adjustment methodology
### Data Source

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>MEDPAR 2009–2012</td>
<td>MEDPAR 2011–2013</td>
<td>Hospital Quality Alliance Hospital Compare</td>
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<td>CDC NHSN</td>
<td>All Payer Database for Appendectomy</td>
<td>All Payer Database for core process measures</td>
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<td>HCAHPS</td>
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<td>AHA Survey</td>
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<td>MEDI PAR for mortality, complications, PSI, IQI mortality rate</td>
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<td>American Nurse Credentialing Center</td>
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<td>Society Thoracic Surgery</td>
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### Metrics

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<tr>
<td>Mortality – 30 day</td>
<td>Mortality Inpatient</td>
<td>Mortality Overall</td>
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<tr>
<td>Readmissions all cause/specific in 30-days</td>
<td>Mortality 30-day (not for Orthopedics)</td>
<td>Complication</td>
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<td>Readmission all cause within 7-days</td>
<td>Complications</td>
<td>Core Processes</td>
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<tr>
<td>Patient Volume</td>
<td>Readmission rates (not for Orthopedics)</td>
<td>Patient Safety (PSI)</td>
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<tr>
<td>Hospital Acquired Infections</td>
<td>Core Process Measures</td>
<td>Patient Satisfaction (HCAHPS)*</td>
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<tr>
<td>Complications</td>
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<td>Inpatient Quality</td>
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<td>Hip Revisions</td>
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<td>Survival in multiple procedures</td>
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<td>Nurse Staffing</td>
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<td>Nurse Magnet recognition</td>
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<td>Intensivists</td>
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<td>Patient Experience</td>
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*Not included for Orthopedic Award

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HANYS Guiding Principles

- Transparent methodology
- Evidence-based measures
- Measure alignment
- Appropriate data source
- Most current data
- Risk-adjusted data
- Data quality
- Consistent date
- Hospital preview

HANYS “Report on Report Cards” Key Findings

Using the defined set of guiding principles, report cards receiving lower scores relied heavily on:

- Administrative claims data and/or unvalidated survey data
- Comparative data points from different sources and time frames to generate a composite score or ranking
- Did not use measures aligned with NQF, CMS, or national accrediting organizations

Credit was given if publicly reported their methodology

- Publicly reported methodology does not necessarily correlate with ability of a provider to replicate
### Lessons Learned

- M&M individual case review may miss aggregate findings
  - Case selection – pre operative risk score
  - Pre-operative medical assessment
  - Pre-operative medication reconciliation
- The value of accurate data in multiple surveys that may be shared (AHA)
- Understand the variation in rating agencies and how to respond to payers
- Calls to the editor US News & World Report
Summary

• Limited value from vendor produced public report cards, but...
• Mercy Springfield’s destination care program, reputation, consumer choice is at stake
• Opportunity for public response is limited
• Understanding the variation in data content, denominator exclusions, weighting of variables and risk adjustment is important
• Advocate for common (CMS?) methodology
• Advocate for the HANY’s principles