

CMS 30-Day Hospital Mortality Measures Key Messages for QIOs

- CMS, with the support of its partners in the Hospital Quality Alliance, is implementing 30-day risk-standardized hospital mortality measures for heart failure (HF) and acute myocardial infarction (AMI), with public reporting of the measures to begin in June 2007 on the Hospital Compare Web site.
- These outcome measures will complement the process measures that are already reported on Hospital Compare. The addition of the mortality measures will help capture a broader spectrum of the actions hospitals can take to positively influence patient outcomes.
- The hospital mortality measures were created to better inform consumers and health care professionals about health care quality and to provide critical information to assist hospitals in their efforts to improve outcomes of care.
- These measures are designed to be a tool for quality improvement, and are not being used to reprimand or punish hospitals, regardless of their results.
- The new mortality measures will be publicly reported annually on the CMS Hospital Compare Web site in June 2007. The first publicly reported information will be based on hospital admissions between July 2005 and June 2006.
- In December 2006, CMS provided hospitals with sample measurement reports. Hospitals have been asked to review their hospital-specific information during this “dry run” phase. The dry run phase will allow hospitals the opportunity to ask questions and provide comments until January 15, 2007 on the structure and content of the reports. This feedback will help to ensure that the final reports used in June 2007 and thereafter are as informative as possible for hospitals, and that the information will help them to improve quality of care.
- Preview reports of the mortality measures will only be made available to critical access hospitals (CAHs) with active HQA pledges (CAHs without pledge are excluded by default). CAHs will need to pledge to participate in HQA’s public reporting initiative in order for their mortality rates to be publicly reported. After pledging for HQA, CAHs will be allowed to suppress their data during the 30-day report preview period, and will have the same opportunity to opt in or out each subsequent year.
- The measures calculated during the dry run reflect admissions for AMI and HF during CY 2003, rather than more current data. These rates will not be posted on Hospital Compare now or at any time in the future, and will only be used during the dry run phase of the program.
- For almost all patients diagnosed with AMI and HF, the treatment strategy is directed toward helping patients survive the illness episode. Lapses in quality commonly increase the risk of mortality. Since mortality can be reliably measured, it provides a valuable tool for hospitals to review their own performance and sets the stage for focused quality improvement efforts.
- The CMS 30-day mortality measures have been under development for more than two years and are designed to comply with the measurement standards articulated in a scientific statement by the American College of Cardiology and the American Heart Association. The measures have been endorsed by the National Quality Forum (NQF) and approved by the HQA.
- Because the CMS 30-day mortality measures are based on data from past hospital claims, hospitals are not required to do any extra data gathering or reporting in order for CMS to calculate their AMI and HF mortality rates.

- More detailed information about the risk adjustment methodology used for the 30 AMI and HF mortality measures can be found at www.qualitynet.org. This site also houses other related resources including four published articles that more fully describe the measure methodology.
- In addition to AMI and HF, CMS also developed a mortality measure for patients admitted with pneumonia. The pneumonia measure was submitted to the NQF in September 2006 and is currently under review for endorsement in Spring 2007. There will not be a dry run for the pneumonia measure, but assuming NQF endorsement, pneumonia will join AMI and HF as the third 30-day mortality measure publicly reported by CMS beginning June of 2007.
- Multiple admissions for HF patients during the specified time period (one year) are handled by randomly selecting one admission to be included in the mortality calculation. If the patient expired within 30 days from the admission date of the randomly selected hospitalization, that patient's death is assigned to that hospital, regardless of any other subsequent admissions during that 30-day time period.
- Hospitals can also send questions about any aspect of the project to mortalitymeasures@coqio.sdps.org.