

What is in the “Stars” (CMS)? Can We Use it to Guide Us?

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CMS Star Rating & Vizient Quality and Accountability

The overall hospital star rating summarizes up to 60 quality measures on Hospital Compare

CMS STARS Rating

Domain	Weight
Readmission	22%
Mortality	22%
Safety of Care	22%
Patient Experience	22%
Effectiveness of Care	4%
Efficient Use of Medical Imaging	4%
Timeliness of Care	4%

Vizient Quality and Accountability

Domain	2020
Mortality	25%
Safety	25%
Effectiveness	20%
Patient Centeredness	15%
Efficiency	10%
Equity	5%

CMS Stars & Vizient Quality and Accountability

List of Measures by Hospital Quality Program - FY2019	
Measure	Overall Hospital Star Rating (percent weight)
Readmissions: AMI, HF, PN	Not Included
Readmissions: COPD, HK, CABG	22%
Readmissions: Hospital-Wide	
Excess Days in Acute Care: AMI, OP-32: Hospital Visit Rate after Outpatient Colonoscopy	
Mortality: AMI, HF, PN	
Mortality: COPD	22%
Mortality: CABG	
Mortality: STK	
PSI-4	
Hip/Knee Complications	22%
PSI-90	
HAI: CLABSI, CAUTI, SSI, MRSA, HCAHPS	22%
Medicare Spending Per Clinical Episode-Based	Not Included
Elective Delivery (PC-01)	4%
Effectiveness of Care*	4%
Timeliness of Care*	
Efficient Use of Medical	

Domain	Metric
Mortality	Service Line
Safety	PSIs –PSI-03, PSI-06, PSI-09, PSI-11, PSI 13
	CAUTI, CLABSI, C-Diff, SSI-COLO, SSI – HYST
	THK Complication
	Lab Measures: Hypoglycemia in Insulin Use, INR
Effectiveness	Readmissions
	Excess Days
	Core-measures—ED-2B, ED-OP-18b
	Lab measures – Transfusion, Sepsis
Efficiency	7-day Revisits post-outpatient procedures
	LOS & Direct Cost
Patient Centeredness	8 composite question groupings
Equity Domain	Process & outcome measures

Mortality 30 Day vs IP

UPDATED Mortality Measures

July 2015 - June 2018

Acute Myocardial Infarction (AMI)
 Coronary Artery Bypass Graft (CABG)
 Chronic Obstructive Pulmonary Disease (COPD)
 Heart Failure (HF)
 Pneumonia (PN)
 Stroke (STK)

Risk-adjusted mortality rates show how often patients die, for any reason, within 30 days of admission to a hospital. Reported rates are risk-adjusted mortality rates per 100 admissions.

The following measures are included in the payment penalty program (Hospital Value Based Purchasing Program): AMI, HF, PN.

Domain	Measure
Mortality	Mortality O/E - Cardiology
	Mortality O/E - CT Surgery
	Mortality O/E - Gastroenterology
	Mortality O/E - Medicine General
	Mortality O/E - Neurology
	Mortality O/E - Neurosurgery
	Mortality O/E - Oncology
	Mortality O/E - Ortho/Spine
	Mortality O/E - Pulmonary/Critical Care
	Mortality O/E - Solid Organ Transplant
	Mortality O/E - Surgery General
	Mortality O/E - Trauma
Mortality O/E - Vascular Surgery	

Our Challenge

- The challenge is to translate strategic issues, aligned with our enterprise goals, into a workable deployment plan —one that will be not simply accepted, but embraced by employees.
 - Identify and communicate what matters most
 - Manage what matters most
 - Improve what matters most
 - Sustain what matters most

4 Fundamentals

- Alignment
- Discovery
- Diffusion
- Measurement

Alignment

- Translation of our strategic plan to objectives and targeted initiatives
- Using a rational prioritization process and disciplined portfolio management
- Establishes which processes will be prioritized for improvement
- Ensures adequate resources for our strategic priorities
- Must have an approved charter with explicit accountability
- Be allocated appropriate resources
- Have solid methodology and value metrics
- Must be guided with disciplined project management

Discovery

- Understanding the single best way to care for patients
- Identify optimal outcome, safety, service, cost over time
- First and foremost about optimizing and standardizing care with the intent to eliminate waste and reduce variability to improve safety
- Systems engineering is the core work of discovery with multiple tools, disciplines and methodologies like lean six sigma, change management, FMECA, project management, champions
- Team training is “flagship” course
- Involves understanding and then adapting or adopting practices from improvement organizations, medical societies or directly from literature

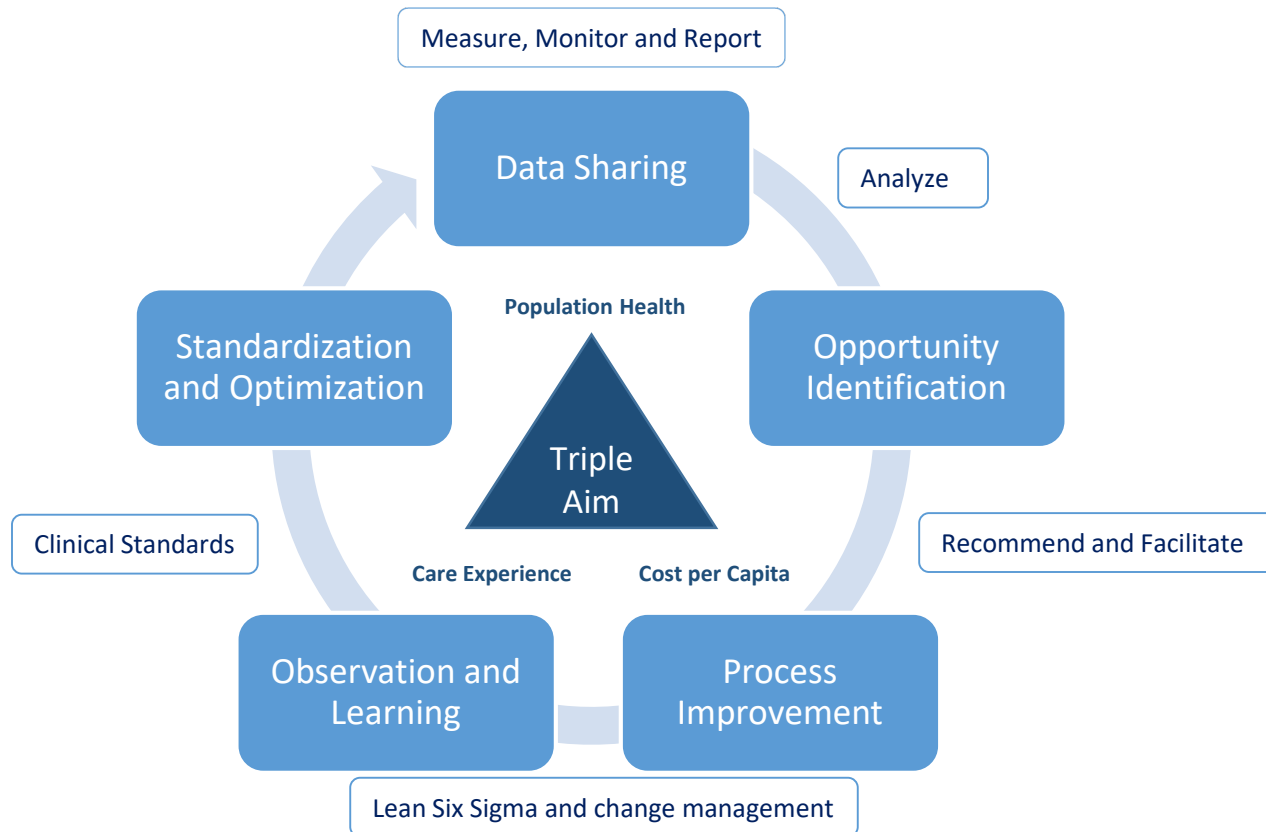
Diffusion

- Reduce clinically unwarranted variation, waste and defects
- Discovery from year before leads to best practices
- These are implemented into the following years diffusion projects to ensure that known best practices are systematically built into all delivery unit protocols

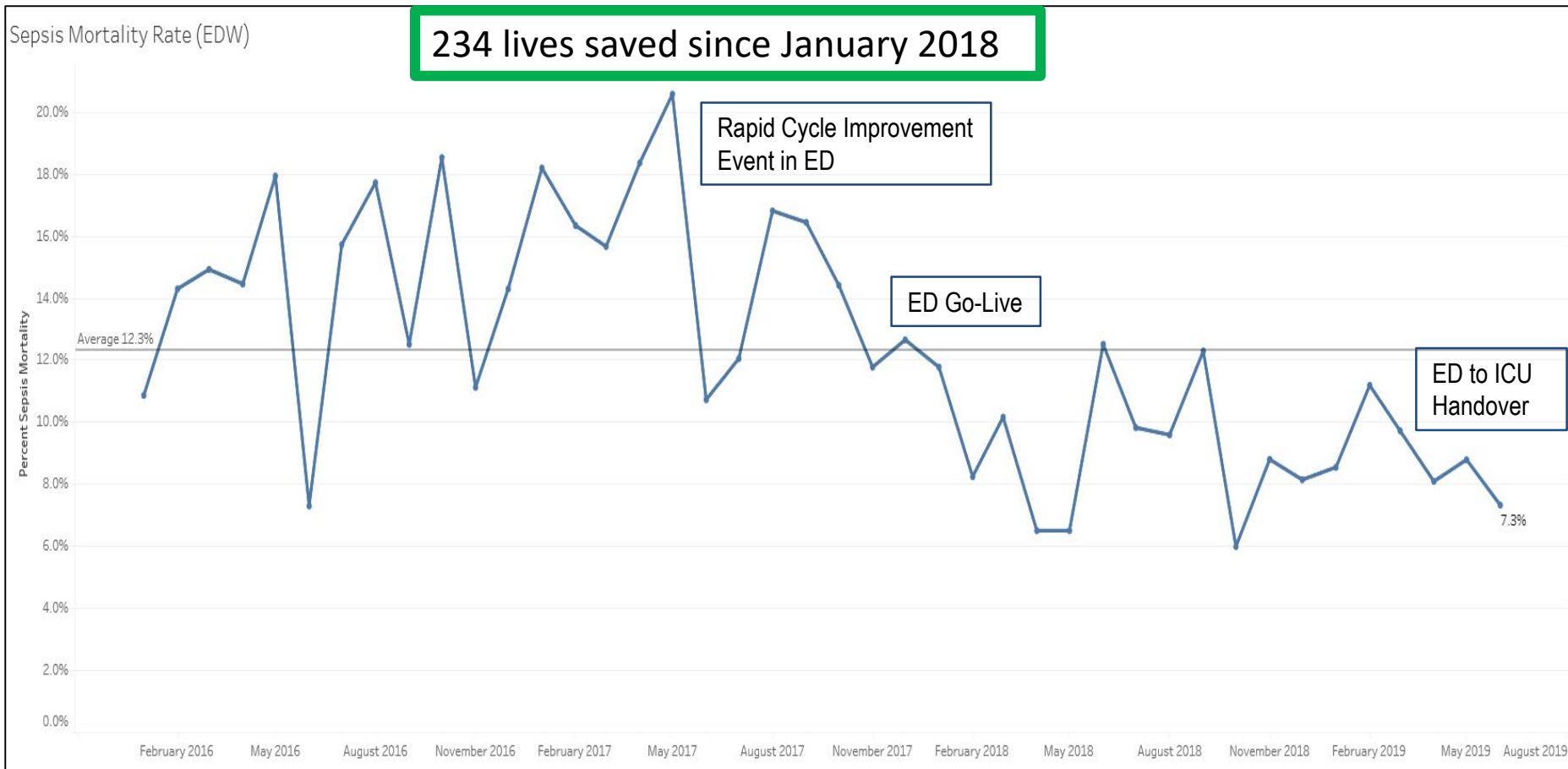
Measurement

- Key to maintenance and control of processes and system improvements
- Informs what work actually created value or not, and by what magnitude
- Includes both processes and outcome
- Requires enterprise information management infrastructure and active monitoring of value metrics
- Standardized reporting tools to generate needed reports
- Wherever possible, metrics are benchmarked
- Track financial return on investment with a structured tool
 - hard dollars equals savings/revenue that have a definite impact on cash flow
 - soft dollars equal cost avoidance and increased efficiency or capacity

Virtuous Cycle

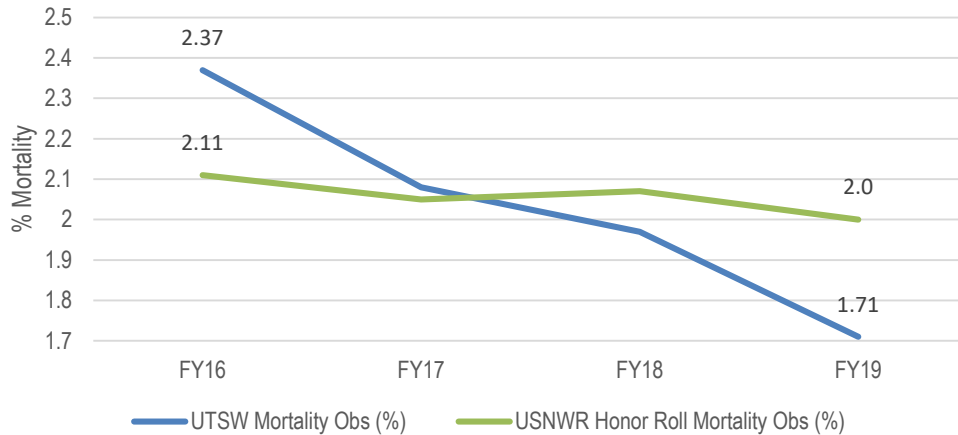


Sepsis Mortality

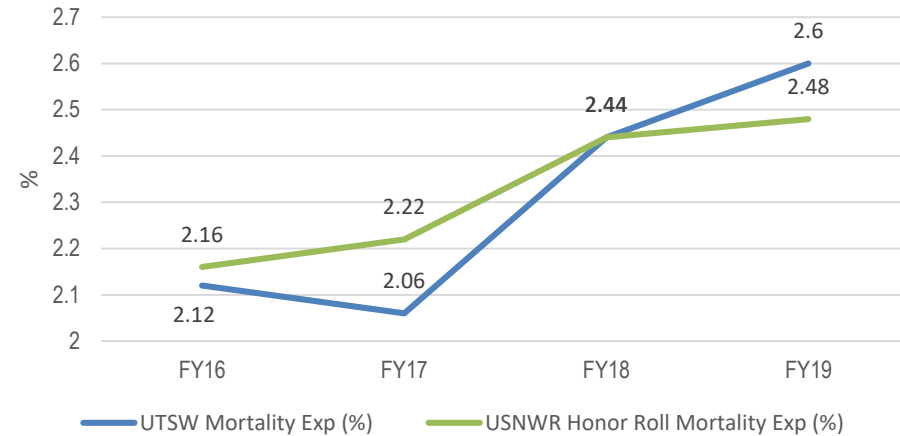


Mortality Observed (%), Expected (%), O:E

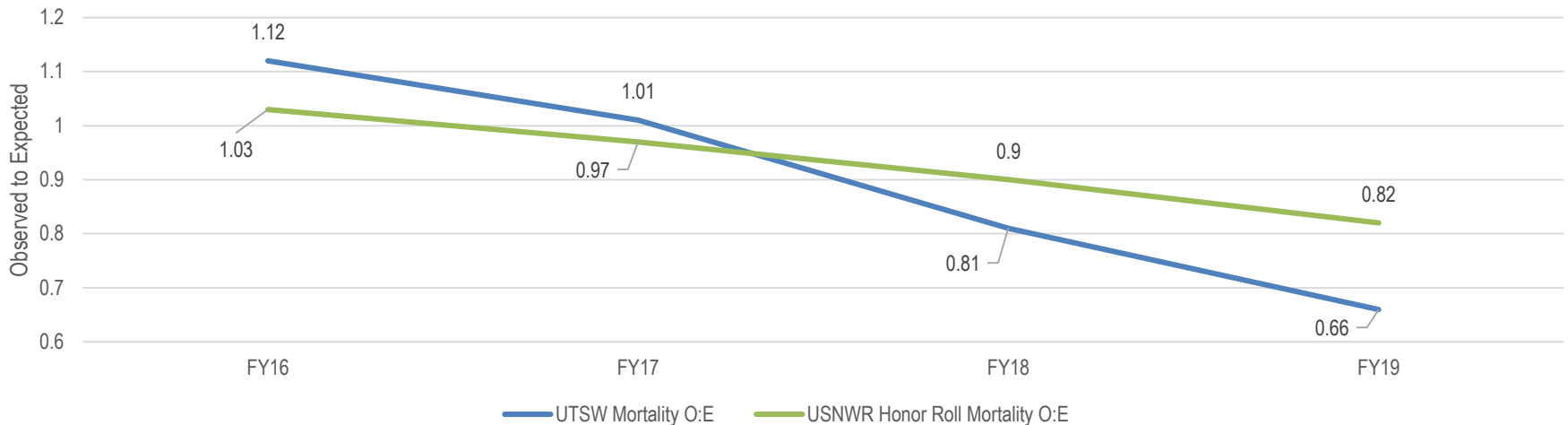
Mortality Obs (%)



Expected Mortality (%)



Mortality O:E



Rating the Raters: An Evaluation of Publicly Reported Hospital Quality Rating Systems

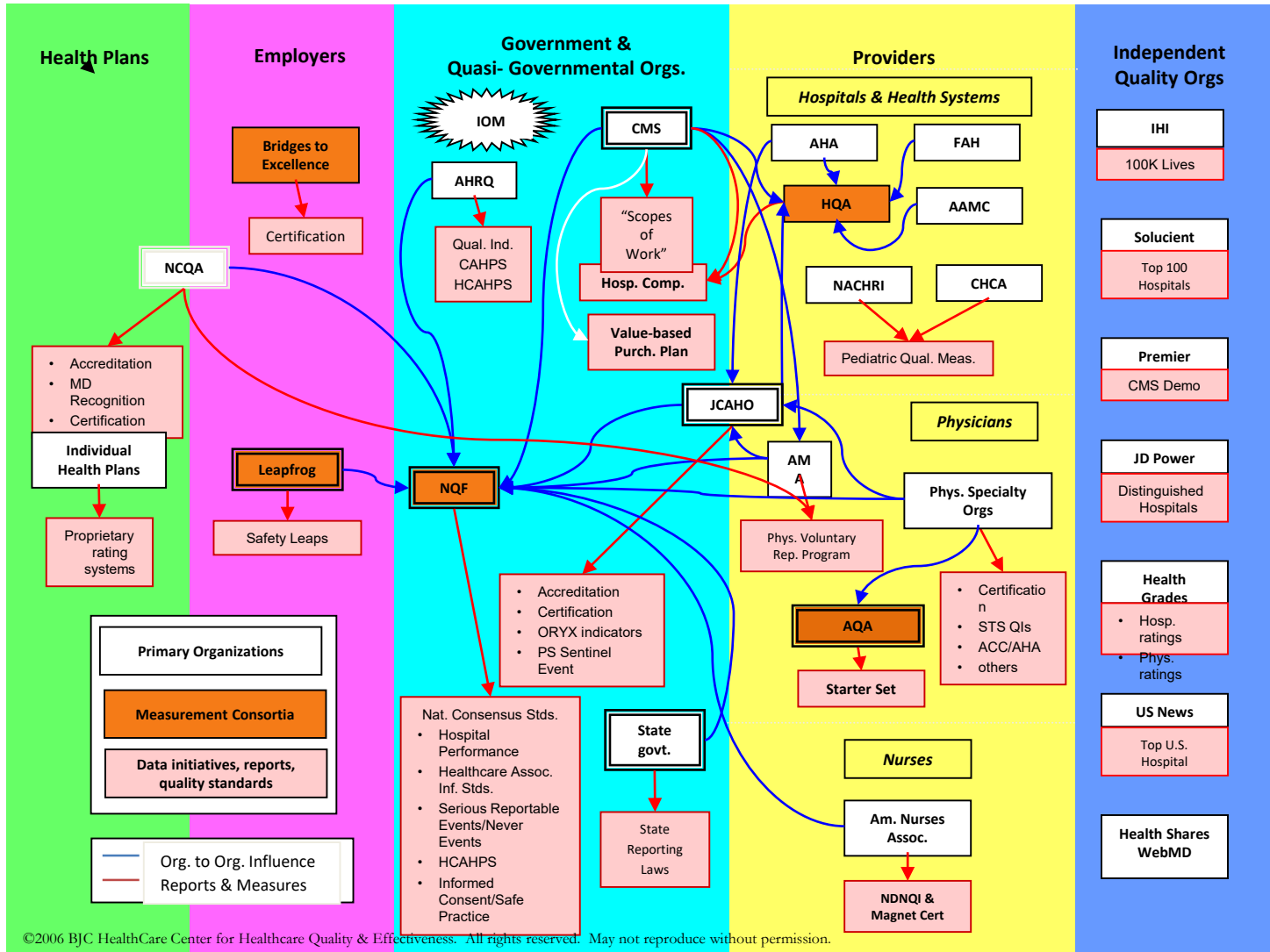
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Overall and Criteria –Specific Grades for the Hospital Quality Rating System

	Average Grade	Grade Range	
		High	Low
CMS Hospital Quality Star Ratings			
Overall Grade	C	B-	C
Potential for Misclassification	D	C	D
Importance/Impact	C+	B	C
Scientific Acceptability	C+	B	C
Iterative Improvement	C-	B	D
Transparency	B	A	B
Usability	B	A	B
Healthgrades Top Hospitals			
Overall Grade	D+	C-	D
Potential for Misclassification	D	C	F
Importance/Impact	B	A	C
Scientific Acceptability	D+	C	D
Iterative Improvement	C	B	D
Transparency	D+	B	D
Usability	C	C	C
U.S. News & World Report Best			
Overall Grade	B	B	B-
Potential for Misclassification	B	B	B
Importance/Impact	B	A	B
Scientific Acceptability	B	B	B
Iterative Improvement	B+	A	B
Transparency	B	A	C
Usability	B	B+	C
Leapfrog Safety Score and Top			
Overall Grade	C-	B-	D
Potential for Misclassification	C-	C	D
Importance/Impact	C+	B	C
Scientific Acceptability	C	B	D
Iterative Improvement	B-	A	C



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