

# **FACT SHEET**

## **CMS 30-Day Hospital Mortality Measures**

### **Project Overview**

In response to the requirements of the Deficit Reduction Act of 2005, the Centers for Medicare & Medicaid Services (CMS), with the support of its partners in the Hospital Quality Alliance (HQA), is in the process of rolling out its first set of outcome measures - 30-day risk-standardized mortality measures for Medicare patients with hospital discharge diagnosis of acute myocardial infarction (AMI) or heart failure (HF) for all acute care hospitals in the nation. The measures – based on hospital claims data from July 2005 to June 2006 – will be publicly reported on the Hospital Compare website ([www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)) beginning in June 2007.

### **Goals of the Project**

This effort to publicly report outcome measures and to provide hospitals with detailed information related to AMI and HF patients is part of the CMS and HQA goal to improve the quality and transparency of hospital care by giving the American public and healthcare professionals better access to important hospital data. The mortality measures will complement the process measures already being reported on Hospital Compare to promote increased scrutiny by hospitals of patient outcomes in the service of providing the right care for every patient, every time.

### **Input from Hospitals**

In mid-December 2006 CMS provided hospitals with confidential mortality measure reports based on claims data from 2003 during a “Dry Run” phase to test the measures and model. Hospitals were asked to review their individualized reports, giving the hospitals the opportunity to ask questions and provide comments on the structure and content of the reports through January 15, 2007. Critical access hospitals, as well as hospitals without claims data for 2003, were given access to mock reports to allow them to participate in the dry run. Hospital feedback gathered in this phase will help to ensure that the final reports used in June 2007 and thereafter are as informative as possible for the hospitals, and that the information will help them to effectively analyze and improve their quality of care.

### **Measure Development and Methodology**

The CMS mortality measures and associated risk adjustment methodology were developed by a team of clinical and statistical experts from Yale and Harvard universities under the direction of CMS. The National Quality Forum (NQF) endorsed the HF and AMI measures following a rigorous review process involving providers, consumers, purchasers, and researchers. The model CMS uses to assess hospital mortality rates is based on administrative claims data and has been validated by models based on clinical data. It takes into account medical care received during the year prior to each patient’s hospital admission, as well as the number of AMI and HF admissions at each hospital. The model uses this information to adjust for differences in each hospital’s patient mix, so that hospitals who care for older, sicker patients are on a “level playing field” with those whose patients would be expected to be at less risk of dying within 30 days of admission.

### **More Information about CMS Mortality Measures**

Detailed information about the measures is available at [www.qualitynet.org](http://www.qualitynet.org). (From the Hospitals drop-down menu, select Mortality Measures).