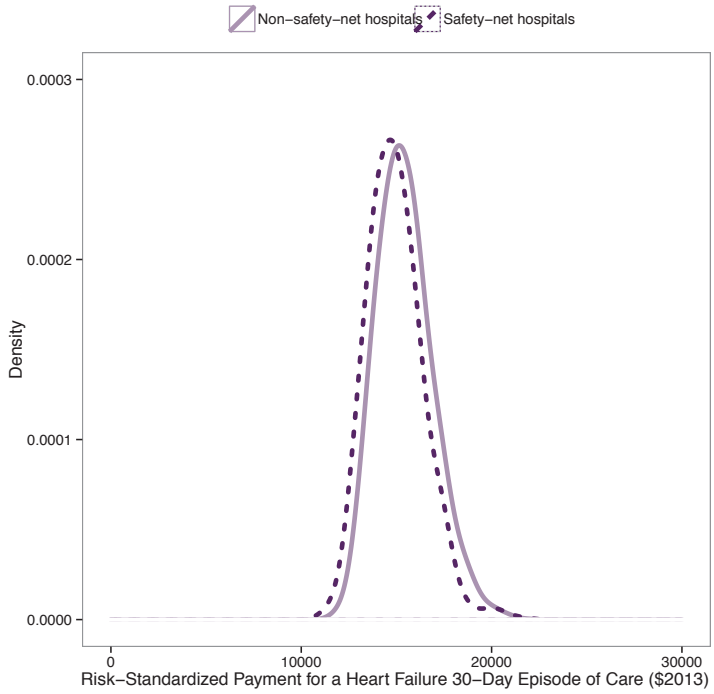
Results from the heart failure payment measure by hospital characteristics: **safety-net status, teaching status, and urban or rural location.**

In 2015, the Centers for Medicare & Medicaid Services (CMS) began publicly reporting the following payment measure on Hospital Compare: hospital-level risk-standardized payment (RSP) associated with a 30-day episode of care for heart failure [1]. The heart failure payment measure includes admissions for Medicare fee-for-service (FFS) beneficiaries aged 65 or older [2]. The heart failure payment measure captures payments across multiple care settings, services, and supplies (this includes inpatient, outpatient, skilled nursing facility, home health, hospice, physician/clinical laboratory/ambulance services, and durable medical equipment, prosthetics/orthotics, and supplies) [2]. To isolate payment variation that reflects practice patterns rather than factors unrelated to clinical care, geographic differences and policy adjustments in payment rates for individual services are removed from the total payment for that service [2]. Standardizing the payment allows for comparison across hospitals based solely on payments for decisions related to clinical care. However, it's important to note that the heart failure payment measure results alone are not an indication of quality.

FIGURE I *Distributions of hospital RSPs ($2013) for heart failure by safety-net status, July 2011-June 2014.*



Variation in heart failure RSPs reflects differences in care decisions and resource utilization (for example, treatment, supplies, or services) among hospitals for a hospital's patients both at the hospital and after they leave. To understand the impact of hospital safety-net status, teaching status, and urban or rural location, we examined payments among hospitals with these characteristics with 25 or more qualifying admissions. Therefore, we evaluated the RSPs for a 30-day episode of heart failure care for a total of 3,642 hospitals by comparing 921 safety net hospitals against 2,721 non-safety-net hospitals, 1,079 teaching hospitals against 2,563 non-teaching hospitals, and 2,974 urban hospitals against 668 rural hospitals.

Safety-net hospitals are defined as those committed to caring for populations without stable access to care, specifically public hospitals or private hospitals with a Medicaid caseload greater than one standard deviation above their respective state's mean private hospital Medicaid caseload [3]. Teaching Hospitals provide post-graduate education for physicians completing residency and fellowship [3].

To ensure accurate assessment of each hospital, the heart failure payment measure uses a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have a strong relationship with the payment outcome [2]. Additionally, all payments were inflation-adjusted to 2013 dollars.

FIGURE 2 *Distributions of hospital RSPs ($2013) for heart failure by teaching status, July 2011-June 2014.*

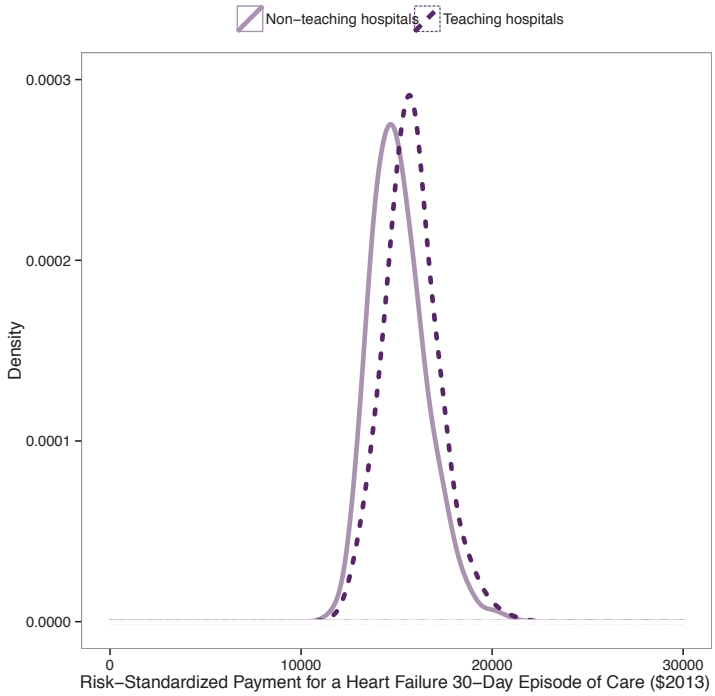
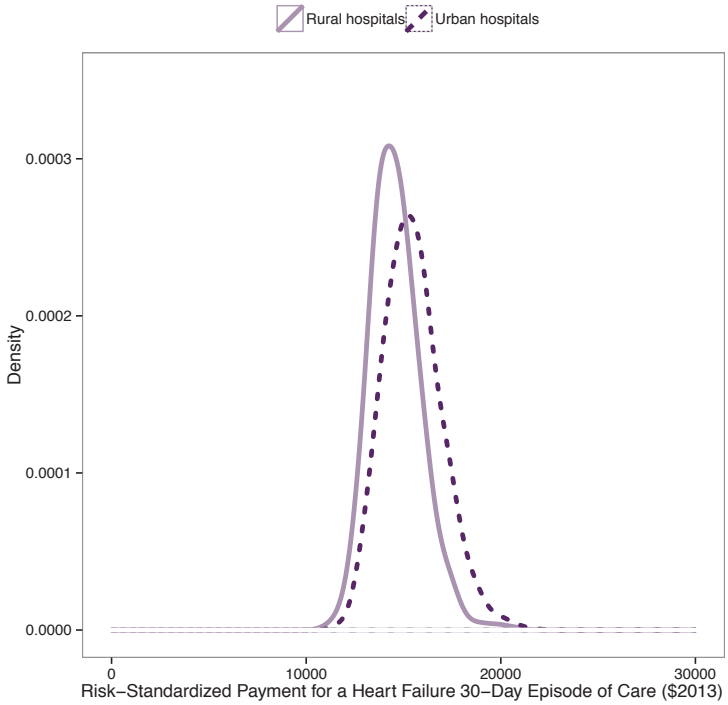


TABLE I *Distributions of hospital RSPs ($2013) for heart failure overall, by safety-net status, teaching status, and urban or rural location, July 2011-June 2014.*

	Heart failure RSP ($2013)						
	Overall; n=3642	Safety-net hospitals; n=921	Non-safety-net hospitals; n=2721	Teaching hospitals; n=1079	Non-teaching hospitals; n=2563	Urban hospitals; n=2974	Rural hospitals; n=668
Maximum	21,867	21,659	21,867	21,659	21,867	21,867	20,788
90%	17,292	16,928	17,421	17,613	17,152	17,460	16,253
75%	16,216	15,809	16,347	16,641	16,001	16,394	15,365
Median (50%)	15,194	14,814	15,327	15,742	14,942	15,373	14,479
25%	14,239	13,887	14,375	14,826	14,046	14,419	13,710
10%	13,503	13,159	13,643	13,955	13,392	13,663	13,128
Minimum	11,806	11,086	11,603	11,479	11,806	11,479	11,086

The median heart failure RSP for all hospitals was $15,194 (interquartile range [IQR]: $14,239-$16,216; Table 1). The median heart failure RSP for safety-net hospitals was $14,814 (IQR: $13,887-$15,809) and for non-safety-net hospitals was $15,327 (IQR: $14,375-$16,347; Figure 1 and Table 1). The median heart failure RSP for teaching hospitals was $15,742 (IQR: $14,826-$16,641) and for non-teaching hospitals was $14,942 (IQR: $14,046-$16,001; Figure 2 and Table 1). The median heart failure RSP for urban hospitals was $15,373 (IQR: $14,419-$16,394) and for rural hospitals was $14,479 (IQR: $13,710-$15,365; Figure 3 and Table 1).

FIGURE 3 *Distributions of hospital RSPs ($2013) for heart failure by urban or rural location, July 2011-June 2014.*



Safety-net hospitals had a median heart failure RSP that was $513 less than non-safety-net hospitals, teaching hospitals had a median heart failure RSP that was $800 greater than non-teaching hospitals, and urban hospitals had a median heart failure RSP that was $894 greater than rural hospitals. Payment results alone are not an indication of quality.

1. "Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals, Final Rule." Federal Register / 22 August 2014; http://federalregister.gov/a/2014-18545. Accessed 16 June 2015.

2. Kim N, Ott L, Hsieh A, et al. 2015 Condition-Specific Measure Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Payment Measures: Acute Myocardial Infarction – Version 4.0, Heart Failure – Version 2.0, Pneumonia – Version 2.0; https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228774267858. Accessed 26 June 2015.

3. AHA Annual Survey Database Fiscal Year 2013; http://www.ahadataviewer.com/book-cd-products/aha-survey/. Accessed 26 June 2015.