

HOSPITAL CHARACTERISTICS

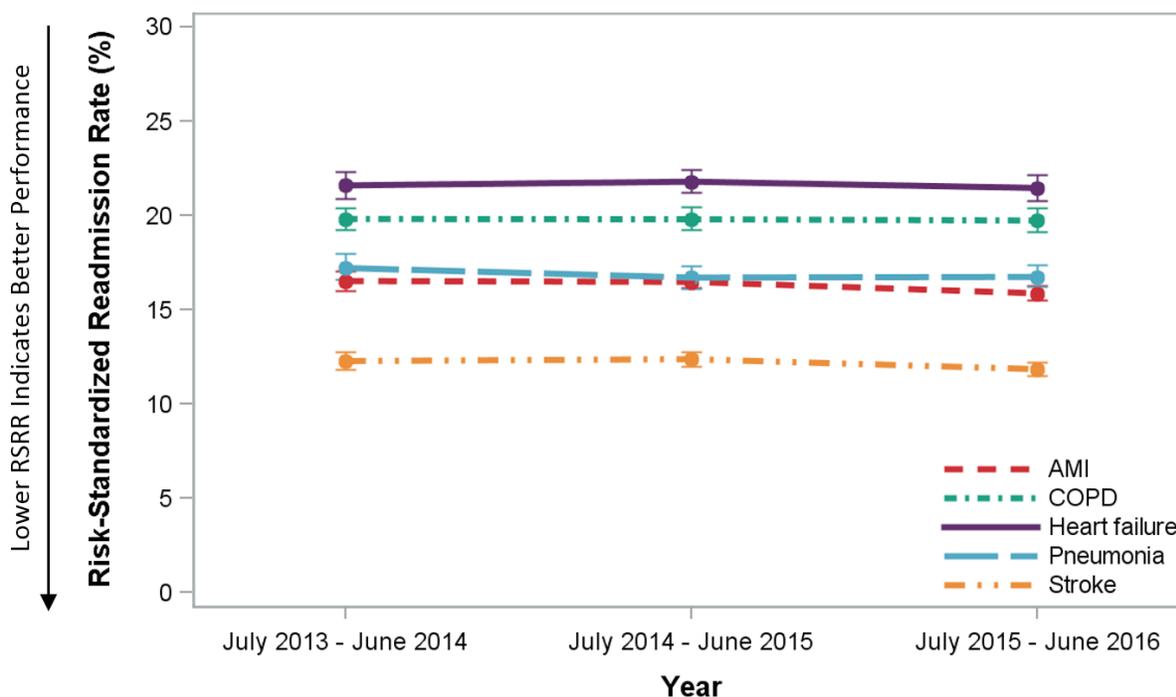
► Trends in readmission rates following hospitalizations for acute myocardial infarction, chronic obstructive pulmonary disease, heart failure, pneumonia, and acute ischemic stroke.

The Centers for Medicare & Medicaid Services (CMS) evaluates the trends in measure results over time in order to monitor patterns, changes, and potential unintended consequences in the measure results. This information allows CMS to better understand the current state of care within U.S. hospitals.

The condition-specific readmission measures assess unplanned readmissions for any reason within 30 days of the date of discharge from hospitalizations for acute myocardial infarction (AMI), chronic obstructive pulmonary disease (COPD), heart failure, pneumonia, or acute ischemic stroke [1]. Patients can be readmitted to the same hospital or to a different hospital. The measures include Medicare fee-for-service (FFS) beneficiaries aged 65 or older.

CMS began publicly reporting 30-day risk-standardized readmission rates (RSRRs) following hospitalizations for AMI, heart failure, and pneumonia in 2009; and for COPD and stroke in 2014 [2]. Publicly reported measure results are updated annually on the [Hospital Compare](#) website. The AMI, heart failure, and pneumonia readmission measures have been included in the Hospital Readmissions Reduction Program (HRRP) since October 2012, and the COPD readmission measure has been included in HRRP since 2015 [3].

FIGURE I. Trends in the median hospital RSRRs (%) for AMI, COPD, heart failure, pneumonia, and stroke, July 2013-June 2016.



Examining trends in hospital performance on the condition-specific readmission measures provides insight into whether hospital quality varies from year to year. To determine the trends in national performance on these measures, we examined hospitals' RSRRs for each year of the July 2013-June 2016 reporting period. We included hospitals with 25 or more qualifying cases. To ensure accurate assessment of each hospital, the measures use a statistical model to adjust for key differences in patient risk factors that are clinically relevant and that have strong relationships with the readmission outcome [1].

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TABLE I. Trends in the median hospital RSRRs (%) for AMI, COPD, heart failure, pneumonia, and stroke, July 2013-June 2016.

	Median (IQR) of Hospital RSRRs (%)		
	July 2013-June 2014	July 2014-June 2015	July 2015-June 2016
AMI	16.5 (16.0, 17.0) (1579 hospitals)	16.5 (16.2, 16.8) (1607 hospitals)	15.8 (15.5, 16.2) (1589 hospitals)
COPD	19.8 (19.2, 20.4) (2732 hospitals)	19.8 (19.2, 20.4) (2743 hospitals)	19.7 (19.1, 20.4) (2585 hospitals)
Heart Failure	21.6 (20.9, 22.3) (2820 hospitals)	21.8 (21.2, 22.4) (2782 hospitals)	21.4 (20.8, 22.1) (2721 hospitals)
Pneumonia	17.2 (16.6, 18.0) (3417 hospitals)	16.7 (16.1, 17.3) (3426 hospitals)	16.7 (16.2, 17.4) (3307 hospitals)
Stroke	12.3 (11.8, 12.7) (1793 hospitals)	12.4 (12.0, 12.8) (1775 hospitals)	11.8 (11.5, 12.2) (1733 hospitals)

The median hospital RSRR for AMI declined by 0.7 percentage points between June 2014 and June 2016 (Figure 1 and Table 1). Over this three-year period, the median hospital RSRR for COPD declined by 0.1 percentage points; the median hospital RSRR for heart failure rose by 0.2 percentage points between June 2014 and June 2015 and then declined by 0.4 percentage points by June 2016; the median hospital RSRR for pneumonia declined by 0.5 percentage points; and the median hospital RSRR for stroke rose by 0.1 percentage points between June 2014 and June 2015 and then declined by 0.6 percentage points by June 2016 (Figure 1 and Table 1). The bars on the graph in Figure 1 represent the interquartile range (IQR).

Hospital RSRRs for AMI, COPD, and pneumonia declined by 0.7, 0.1, and 0.5 percentage points, respectively, between June 2014 and June 2016. Heart failure and stroke rose by 0.2 and 0.1 percentage points, respectively, between June 2014 and June 2015 and then declined by 0.4 and 0.6 percentage points, respectively, by June 2016.

1. Jaymie Simoes, Jacqueline N. Grady, Jo DeBuhr, et al. 2017 Condition-Specific Measures Updates and Specifications Report Hospital-Level 30-Day Risk-Standardized Readmission Measures: Acute Myocardial Infarction – Version 10.0 Chronic Obstructive Pulmonary Disease – Version 6.0 Heart Failure – Version 10.0 Pneumonia – Version 10.0 Stroke – Version 6.0. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1219069855841>. Available as of April 4, 2017.

2. Hospital Inpatient Quality Reporting (IQR) Program Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>. Accessed March 1, 2017.

3. Hospital Readmissions Reduction Program Overview. QualityNet website. <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772412458>. Accessed March 1, 2017.