



Outpatient Quality Measure Trends Analysis

Update Based on Care Compare's 2nd Quarter 2024 Data Release | Version 1

Analysis Description

The Outpatient Quality Measure Trends Analysis (2nd quarter 2024 update) is designed to provide hospitals with a comparative review of the quality data collected over time by the Centers for Medicare & Medicaid Services (CMS) which is published on the Care Compare website at <https://www.medicare.gov/care-compare/>.

The measures analyzed represent several commonly used outpatient quality measures divided into categories:

- Process;
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Outpatient Survey;
- Imaging and Efficiency; and
- Readmissions.

Performance periods vary in the 2nd quarter 2021 through 4th quarter 2021 releases of Care Compare due to the COVID-19 exclusion of data from January 1, 2020 through June 30, 2020. CMS did not update measures with the 1st quarter 2022 Care Compare release due to the COVID-19 extraordinary circumstances exception.

Hospital performance levels are shown in graphical form with relevant comparisons to national standards. National performance comparison groups can be toggled on and off by users. Multiple measures in each domain can be viewed using the scroll bar at the bottom of the graph or by selecting/deselecting measures in the "Measures" filter section on the left.

The graphs in this analysis are set to display hospital performance relative to national performance (average, 25th, 50th, 75th, and 90th percentiles). As a result, the axis for each chart varies. The peer group selection allows Critical Access Hospitals (CAH) and small rural hospitals to be compared to all hospitals or just to other CAHs/small rural hospitals. The start period drop down indicates the oldest Care Compare release of data shown in charts/reports throughout the analysis and can be used to filter out older periods of data from inclusion in those charts/reports. Changing any filter in the controls on the left will reset all filter options below it.

Hospital performance levels are also shown in tabular form, including rankings within the nation and the state to show how hospital performance is changing relative to performance across the country (a hospital with performance levels that are not improving at a rate comparable to or better than the nation may have performance levels that are improving but will have a national ranking that is falling).

Z-scores are calculated with respect to the measure and data period, with higher z-scores being better. A z-score is the distance from the national mean in units of standard deviation and allows measures on different scales to be compared. There is also a "Bottom Measures" tab in the analysis where measures are ordered by z-score. This tab only reflects the

'ALL' peer group and does not rank CAHs against solely CAHs. Z-scores are compared for the most recent data period for each measure (up to 5 Care Compare release quarters back). No measures will be ranked if a hospital does not have any data in the last 5 Care Compare releases and these charts will read "No Data to Graph". Z-scores are not compared for those measures that do not meet case count requirements.

This analysis evaluates performance for all prospective payment system and CAHs included in CMS' Care Compare database. Therefore, in some cases, there may be multiple measures that are unavailable for a hospital for all quarters.

Data is not shown for releases where data was incomplete or where the measures were not yet being reported. If no data exists for a measure within the chosen timeframe there will be no option in the filters to select the measure.

Sources, Time Periods, and Measures Analyzed

The following describes the sources, time periods, and measures evaluated in this analysis by measure category. The measure collection dates related to these database updates are listed directly in the analysis.

Process Measures:

Hospital performances are from the quarterly updates (except for the annual measures of Leave ED [OP-22], Colonoscopy Follow-up [OP-29], and Cataract Surg. Success [OP-31]) to the CMS Care Compare quality database from 1st quarter 2020 through 2nd quarter 2024 where complete data are available. National performance standards are calculated based on hospital performance when not available on Care Compare.

The 7 process measures analyzed include:

- ED Cardiac Response [OP-2]: Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
- ED Stroke Response [OP-23]: Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
- Colonoscopy Follow-up [OP-29]: Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy
- Cataract Surg. Success [OP-31]: Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery
- Time in ED [OP-18b]: Average (median) time patients spent in the emergency department before leaving from the visit
- Leave ED [OP-22]: Percentage of patients who left the emergency department before being seen
- Cardiac Transfer [OP-3b]: Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital

Outpatient CAHPS Measures:

Hospital performances are from the updates to the CMS Care Compare quality database from 1st quarter 2020 through 1st quarter 2024. National performance standards are calculated based on hospital performance when not available on Care Compare.

The 4 Outpatient CAHPS survey measures analyzed include:

- Staff Care: Staff Professional and Facility Clean
- Staff Comm.: Staff Communication
- Facility Rating: Facility Rating of 9 or 10
- Facility Recommend: Would Recommend Facility

Outpatient CAHPS Measures (Linear):

The linear mean score for each Outpatient CAHPS measure. Hospital performances are from the quarterly updates to the CMS Care Compare quality database from 1st quarter 2020 through 1st quarter 2024. National performance standards are calculated based on hospital performance when not available on Care Compare.

Imaging Measures:

Hospital performance levels are from the annual updates to the CMS Care Compare quality database from 2nd quarter 2020 through 2nd quarter 2024 updates to the CMS Care Compare quality database for data that are complete. National performance standards are calculated based on hospital performance when not available on Care Compare.

The 3 imaging measures analyzed include:

- Abdomen CT [OP-10]: Percentage of outpatient CT scans of the abdomen that were combination (double) scans
- MRI Lumbar Spine [OP-8]: Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first
- Cardiac Imaging [OP-13]: Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery

Readmission Measures:

Hospital performances are from the annual updates to the CMS Care Compare quality database from 4th quarter 2020 through 4th quarter 2023 where complete data are available. National performance standards are calculated based on hospital performance when not available on Care Compare.

The 4 readmissions measures analyzed include:

- Post Colonoscopy Rate [OP-32]: Rate of unplanned hospital visits after an outpatient colonoscopy
- Chemo Adm. [OP-35-ADM]: Rate of inpatient admissions for patients receiving outpatient chemotherapy
- Chemo ED Visits [OP-35-ED]: Rate of emergency department visits for patients receiving outpatient chemotherapy
- Post Surg. Visits [OP-36]: Ratio of unplanned hospital visits after hospital outpatient surgery