



Overall Hospital Quality Star Ratings on Hospital Compare Overview for Flex Programs and Rural Stakeholders

Prepared by Stratis Health

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Overview: For the first time, CMS has released Overall Hospital Quality Star Ratings on the Hospital Compare Website. For the July 2016 release, 20% of hospitals (937 facilities) do not meet the minimum data requirements to have a star rating calculatedⁱ. The majority (671) of the facilities with no star rating calculated are critical access hospitals (CAHs)ⁱⁱ. On Hospital Compare the listing for those hospitals without a star rating calculated indicates: “*Not available*” with a note that indicates “*there are too few measures or measure groups reported to calculate a star rating or measure group score.*”

Background: In recent years, CMS has been systematically rolling out Star Rating Programs across different health care provider types including nursing homes, home health, dialysis providers and some physician groups. The objective of the Overall Hospital Quality Star Rating project is to summarize information from existing measures on Hospital Compare in a way that is useful and easy to interpret for patients and consumers.

CMS released the Patient Experience/HCAHPS Star Rating program for hospitals in April 2015ⁱⁱⁱ. They have indicated the launch of the new Overall Hospital Quality Star Rating will be complementary to the HCAHPS Star Rating Program, and will not replace reporting of any individual hospital quality measures, including Hospital Compare.

Initial roll-out of the Overall Hospital Quality Star Ratings on Hospital Compare was initially planned for April 2016, but was delayed due to congressional pressure^{iv}. CMS has worked to allay some of the industry concerns, and the roll-out was rescheduled for July 2016.

Summary of Methodologyⁱ: The Overall Hospital Quality Star Rating methodology uses a sub-set of acute care hospital measures already available on Hospital Compare. CMS excluded measures that have been suspended, retired, or delayed; measures with no more than 100 hospitals reporting publicly; structural measures; and duplicative measures (i.e., individual measures that make up a composite measure). Sixty-four measures are currently included in the star rating calculation. CMS organizes measures into groups by measure type (see table); outcomes measures comprise 66% of the measure weighting.

CMS Hospital Measure Groups (number of measures per group, % weight for summary calculation)

Outcome Measures	Process of Care Measures
<ul style="list-style-type: none">Mortality (N=7, 22% weight)Safety of Care (N=8, 22% weight)Readmissions (N=8, 22% weight)	<ul style="list-style-type: none">Effectiveness of Care (N= 18, 4% weight)Timeliness of Care (N=7 , 4% weight)Patient Experience (N=11, 22% weight)Efficient Use of Medical Imaging (N=5, 4% weight)

To meet the minimum threshold to have a star rating calculated hospitals must have at least three measures, in at least three groups, with at least one outcome group.

For hospitals that meet the minimum threshold, all available measures are utilized in calculating a summary score. Measure groups are weighted, and weighting is re-proportioned for hospitals that do not have measures available in a particular category.

For the July 2016 Hospital Compare release, the frequency of star ratings are listed belowⁱⁱ:

Star Rating	Number of hospitals (percent of hospitals rated)
One Star	133 (4%)
Two Star	723 (20 %)
Three Star	1770 (48%)
Four Star	934 (25%)
Five Star	102 (3%)

Total Hospitals in *Hospital Compare* Data Set as of July 2016: 4,599

Met Reporting Threshold: 3,662 (80%)

Did not meet reporting threshold: 937 (20%)

Of the 540 CAHs that did have a Star Rating calculated, CMS found a higher average Star Rating among CAHs (mean = 3.31) in comparison to the average Star Rating among non-CAHs (mean = 2.99). The range among CAHs was more narrowly distributed, from 2 to 4 stars, while the range of Star Ratings among non-CAHs was more broadly distributed, from 1 to 5 starsⁱⁱ.

Discussion/Talking Points:

- Although we applaud the continued effort of CMS in driving towards improved quality and transparency, it is disappointing to see a Star Rating program rolled out that excludes over 900 (or a fifth) of the nation's hospitals.
- Many of the measures included in the ranking methodology are specific to a particular diagnosis or procedure. Small and rural hospitals often don't have enough volume of any specific diagnosis to have measures calculated, or the procedures measured are not part of the services they provide. Low volume is not a statement about the quality of care.
- Although 'no rating' does not inherently imply low quality, it may be frustrating for CAHs that have been voluntarily reporting relevant measures to be excluded from the rating system, and challenging to explain the rationale to the local press and/or public and their patients.
- The use of this methodology reinforces the need for action to better address quality reporting and measurement for rural and low volume facilities. The [National Quality Forum Rural Report](#) released in September 2015 identified several recommendations to address these and other challenges of healthcare performance measurement for rural providers. We strongly encourage CMS consider those recommendations to enhance and support inclusion of rural providers in quality reporting and value-based purchasing strategies.

ⁱ The full methodology can be found in the July 2016 Methodology and Specifications report, found [here](#). Appendix B lists the measures in each group.

ⁱⁱ [Data Brief: Evaluation of National Distributions of Overall Hospital Quality Star Ratings](#), CMS Fact Sheet. July 21, 2016.

ⁱⁱⁱ For the most recent data period available (Q2 2014 – Q1 2015), of the 653 CAHs that reported HCAHPS data, 226 CAHs did not have the minimum threshold of 100 surveys needed to calculate a HCAHPS Star Rating. <http://www.flexmonitoring.org/wp-content/uploads/2016/02/ds17-2.pdf>

^{iv} Kaiser Health News, [Medicare Delays Plans for New Star Ratings on Hospitals After Congressional Pressure](#). Published April 20, 2016.