

## Highlights from 2017 Public Reporting

Outcome	Measure	2017 Result	Result Change from 2016	Percent Volume Change from 2016
Mortality	AMI	13.6%	-0.5	Decreased 1.4%
	COPD	8.0%	0.0	Decreased 7.3%
	CABG	3.2%	0.0	Decreased 0.2%
	HF	11.9%	-0.2	Decreased 0.1%
	Pneumonia	15.9%	-0.4	Decreased 3.4%
	Stroke	14.6%	-0.3	Decreased 0.4%
Readmission	AMI	16.3%	-0.5	Decreased 1.1%
	COPD	19.8%	-0.2	Decreased 7.5%
	CABG	13.8%	-0.6	Decreased 0.2%
	HF	21.6%	-0.3	Decreased 0.5%
	Pneumonia	16.9%	-0.2	Decreased 3.3%
	Stroke	12.2%	-0.3	Increased 0.0%
	Hip/Knee	4.4%	-0.2	Increased 3.9%
	Hospital-wide	15.3%	-0.3	Decreased 1.7%
Complications	Hip/Knee	2.8%	-0.2	Increased 3.1%
Payment	AMI	\$23,119	N/A	Decreased 1.3%
	HF	\$16,190	N/A	Increased 0.3%
	Pneumonia	\$17,026	N/A	Increased 42.8%
	Hip/Knee	\$22,567	N/A	Increased 3.5%

Note: Payments are reported in 2015 dollars. Comparison of payment results from year to year should not be made. The payment measure cannot distinguish between charges in payment due to inflation vs. changes in the real cost of care.

### What's New This Year:

#### What impact has the addition of ICD-10 codes had on the measures?

Inclusion of ICD-10 codes has not had a meaningful impact on 2017 national measure results. ICD-10 codes were used for discharges that occurred after October 1, 2015 while ICD-9 codes were used for discharges that occurred prior to this date. Apart from the hospital-wide readmissions measure, the performance period mostly used ICD-9 based claims. CMS ensured that measures captured the same conditions and same outcomes.

#### Does CMS adjust for social risk factors?

CMS does not currently adjust outcome or payment measures for social risk factors. However, it is under consideration and CMS has proposed a rule for stratification. The readmission measures in the Hospital Readmission Reduction Program (HRRP) are risk adjusted for clinical factors that are associated with social risk.

### Other Key Highlights:

#### What is CMS doing to engage persons and families?

Last year, CMS released a national Person and Family Engagement (PFE) Strategy. The PFE Strategy seeks to involve patients, families, and providers in measure development, communication, and implementation. PFE aligned strategies and goals will be incorporated into CMS policies, programs, quality measures, and innovative payment models. PFE aims to create a culture of partnership by incorporating patient and family experience surveys and quality outcome measures to improve health services delivery and promote inclusion of patient and family perspectives.