### Rating & Provider Analysis by P A V Prasad

Background – CMS Star Rating Methodology and Provider Analysis

CMS rates providers on a scale of 1 to 5. The objectives of the analysis are to:

- Understand the star rating methodology and identify the important variables affecting star ratings
- Recommending ways for Evanston Hospital to improve their current star rating of 3 to 4 at-least

The analysis is divided into four parts:

- 1. Data Understanding Groups and Measures
- 2. Identifying important measures affecting star ratings
- 3. Predictive modelling of star ratings
- 4. Provider analysis: Recommending ways for Evanston Hospital to improve their rating

### 1. Data Understanding – Groups and Measures

- Identifying important measures affecting star ratings
- Predictive modelling of star ratings
- Provider analysis

### - 7 Groups, 62 Measures

CMS included 62 measures (or variables) classified under 7 groups having a certain weightage as follows:

# 1. Groups

- Mortality, Readmission, Safety of Care, Patient Experience (22% weightage groups)
- Timeliness of care, Effectiveness of care, Medical Imaging Efficiency (4% weightage groups)

### 2. Measures (some examples)

- Positive measures: Patients given appropriate vaccines, Patients given timely treatment etc.
- Negative measures: All mortality measures, readmission measures, timeliness measures (avg. time taken to provide emergency care etc.)

## - Quality Issues: Format, Standardization and Missing Values

The three main data quality issues in the raw data provided by hospital compare are:

### 1. Data format

The original data is in 'wide-format' in approx. 55 files which was converted into one 'long' master file such that each row represents a provider and each column a measure, each cell is a numeric score of a measure

### 2. <u>Standardization of Measures</u>

Measures need to be standardized such that 'higher value indicates better performance'

### 3. Missing values

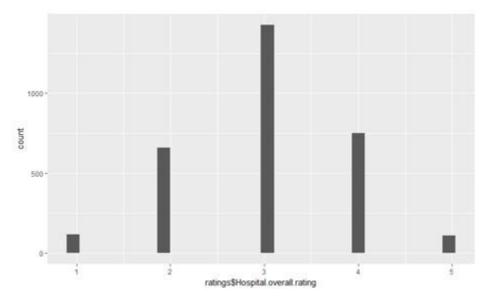
About 50% measures have a large number of missing values – they have been imputed as per the guidelines provided by CMS

# - Distribution of Star Ratings

Table – Provider Rating Distribution

Rating	Number of providers	
1	117 (3.4%)	
2	659 (19.5%)	
3	1426 (42.2%)	
4	749 (22.1%)	
5	110 (3.3%)	
NA	321 (9.5%)	

Plot - Provider Rating Distribution

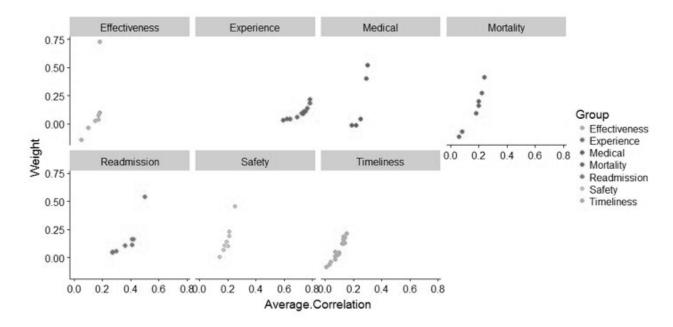


- Approx. 42% providers have 3 star rating
- Approx. 20% have 2 and 4 each; 3.5% have 1 and 5 each

# 2. Identifying important measures affecting star ratings

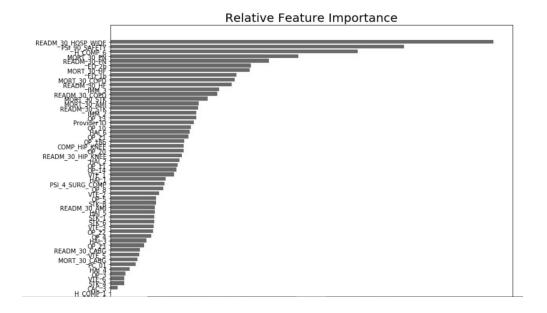
# <u>Correlated measures carry higher weightage</u>

Within each group, measure weights are proportional to the correlation of the measure within the group.



# - Top 10 measures carry approx. 80% weight

Measures	Group	
READM_30_HOSP_WIDE	Readmission	
READM_30_PN		
READM_30_HF		
PSI_90_SAFETY	Safety	
H_COMP_6	Patient Experience	
MORT_30_PN	Mortality	
MORT_30_HF		
MORT_30_COPD		
ED_2b	Timeliness of Care	
ED_1b		



## 3. Predictive modelling of star ratings

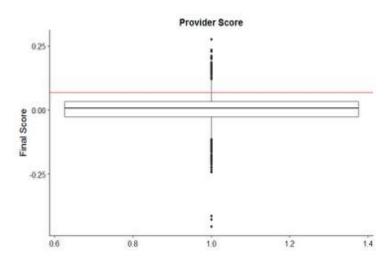
- Overall Accuracy of approx. 65% with Random Forest
- Overall Accuracy of 54% using Factor Analysis and Clustering Model

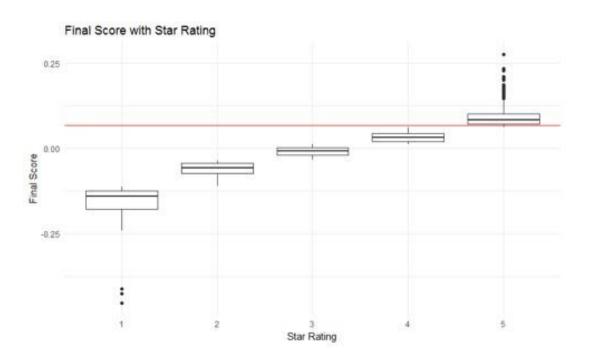
## - Process

- Using the measure weights calculated using factor analysis, each group's score is calculated
- The group scores are multiplied by the weight of group (22% or 4%) to calculate the final score
- Based on the final score, 5 clusters are created

### - Results

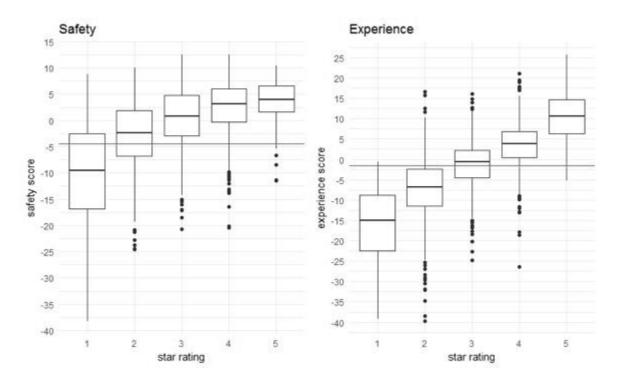
- Logistic regression predicts star ratings with an overall accuracy of approx. 67%.
- Linear regression with OLS is 38%
- K Means clustering as n=3
- 4. Provider analysis: Recommending ways for Evanston Hospital to improve their rating
- <u>Final (Predicted) Provider Score is comparable to 4/5 rated hospitals</u>





Safety and Patient Experience scores are lower than national average

Group	Score Compared to National Average	
Mortality (22%)	Above	
Safety (22%)	Below	
Readmission (22%)	Above	
Experience (22%)	Below	
Effectiveness (4%)	Above	
Timeliness (4%)	Same	
Medical (4%)	Above	



Surgical Site and MRSA Infections and Overall Patient Experience are key areas of improvement in Safety and Experience

**In Safety**, *HAI\_4* and *HAI\_5* scores are lower than average:

• HAI\_4: Surgical Site Infection from abdominal hysterectomy (SSI: Hysterectomy)

HAI\_5: Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events (Bloodstream infections)

In Experience, H\_HSP\_RATING\_LINEAR\_SCORE,

*H\_RECMND\_LINEAR\_SCORE* and *H\_CLEAN\_LINEAR\_SCORE* are lower than average:

- H\_HSP\_RATING\_LINEAR\_SCORE: Patients who gave their hospital a rating of 9 or 10
- H RECMND LINEAR SCORE: Patients who reported they would recommend the hospital
- H CLEAN LINEAR SCORE: Patients who reported that their room and bathroom were "Always" clean
- 11 low scoring measures in 3 groups carry approx. 30% weight

Low scoring measures:

- Readmission measures comprise about 20% weight
- Experience measures comprise about 6% weight
- Safety measures comprise about 4% weight

## **Recommendations for Evanston Hospital**

The key measures of improvement are:

- 1. Readmission: Hospital-wide readmissions, readmission due to heart failure, pneumonia
- 2. **Patient Experience:** Discharge Information
- 3. Safety: PSI
- 4. **Timeliness of Care:** Median Time from ED arrival to ED departure and Admit decision time to ED departure time for admitted patients
- 5. **Mortality:** Pneumonia, Heart failure and chronic obstructive pulmonary disease.