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| Area | Notes | Reference |
| Measures | * Good template * How measures are correlated * Very little correlation to be found | [@HuJordanRubinfeldSchreiberWatermanNerenz2016, pp. 1-2]  Hu, Jianhui, Jack Jordan, Ilan Rubinfeld, Michelle Schreiber, Brian Waterman, and David Nerenz. 2016. “Correlations Among Hospital Quality Measures.” American Journal of Medical Quality 0 (0): 1062860616684012.  doi:10.1177/1062860616684012. |
| Measures | Quality measures within hospital compare do not serve as a good indicator for the quality a patient might receive. These measures are not composed of speicific underlying trait. See reason notes. | [@WernerBradlow2006]  RM, Werner, and Bradlow ET. 2006. “Relationship Between Medicare’s Hospital Compare Performance  Measures and Mortality Rates.” JAMA 296 (22): 2694–2702. doi:10.1001/jama.296.22.2694. |
| Measures  HIT Systems | The measures that were chosen and why.  Measures related to specific systems  First, we did not study all of health ITs potential benefits. Second, we did not track important variations in the individual hospitals’ health IT investments. Although we designed ourempirical strategy to mitigate bias stemming from these omitted variables, the topic deservesfurther scrutiny. | [@McCulloughCaseyMoscovicePrasad2010]  McCullough, Jeffrey S., Michelle Casey, Ira Moscovice, and Shailendra Prasad. 2010. “The Effect of Health  Information Technology on Quality in U.S. Hospitals.” Health Affairs 29 (4): 647–54. http://unr.idm.oclc.  org/login?url=http://search.proquest.com.unr.idm.oclc.org/docview/204628452?accountid=452. |
| Measures | Possible calculate revenue reduction  reduce payments by 1%  for hospitals that rank among the lowest-performing  quartile with regard to HACs. The CMS recently released preliminary HAC scores and provisionally assigned penalties to hospitals with a score above 7 | [@MenendezRing2015]  Menendez, David MD, Mariano E. MD; Ring. 2015. “Do Hospital-Acquired Condition Scores Correlate with  Patients’ Perspectives of Care?” Quality Management in Health Care 24 (2): 69–73. http://ovidsp.ovid.com/  ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=ovftq&AN=00019514-201504000-00003. |
| Measures | Additionally, on October 1, 2014 (fiscal year 2015), CMS began  usingAHRQ’sPatientSafetyforSelectedIndicators(PSI-  90)asacoremetricin2ofitspay-for-performanceprograms: the Hospital-Acquired Condition (HAC) Reduction program and the Hospital Value-Based Purchasing  (VBP)program.PSI-90isacompositemeasureconsistingof8weightedcomponentPSImeasures(Table).1In  the HAC Reduction program, PSI-90 is responsible for  35% of the overall score, and the poorest-performing  hospitalquartilewillhavetheirCMSpaymentsreduced  by up to 1% (~$330 million)  Thus,thePSI-90compositemeasurehasbeengivensubstantialweightinattemptingtoalignthefinancialinterestsofhospitalswith  the quality of care they provide  PSI-12 – Surveillance Bias - VTE outcome  metric in PSI-90 may unfairly penalize many hospitals  that have a high VTE event rate due to increased vigilance in detection, not poor quality of care  PSI-03 Same    The component weights of PSI-90 are calculatedusingnumeratorweighting.1Thisapproachisbasedonthefrequency of each component event in the reference population, with  more frequently occurring events receiving higher weighting | [@RajaramBarnardBilimoria2015]  Concerns about using the patient safety indicator-90 composite in pay-for-performance programs |
|  | Quality use rises  GOOD TEMPLATE | Appari, Ajit, M. Eric Johnson, and Denise L. Anthony. "Meaningful use of electronic health record systems and process quality of care: evidence from a panel data analysis of U.S. acute-care hospitals." Health Services Research, April 2013, 354+. Health Reference Center Academic (accessed March 11, 2017). http://go.galegroup.com.unr.idm.oclc.org/ps/i.do?p=HRCA&sw=w&u=reno&v=2.1&it=r&id=GALE%7CA325091572&sid=summon&asid=323c9f8be7346a37a4694d777fc0ffee. |
|  | Hospitals are appropriately skeptical of these conflicting rating systems, and quality improvement planning should not focus unduly on them. The ratings conflict because of different metrics, statistical methods, and weights. Some hospitals seem to refocus their quality goals every couple months whenever one of the many ratings systems releases updated rankings. Hospitals risk spending their scarce resources improving flawed publicly reported metrics rather than improving actual care processes that are important and show evidence of defects.  First, the composite should be based on a smaller number of relevant measures that patients actually find beneficial in decision making (eg, **mortality, serious complications, patient-reported outcomes** | Bilimoria KY, Barnard C. The New CMS Hospital Quality Star RatingsThe Stars Are Not Aligned. JAMA. 2016;316(17):1761-1762. doi:10.1001/jama.2016.13679 |