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From: Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor

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To: ListServe Recipient List

Subject: Care Compare and Provider Data Catalog January 2023 Data Refresh for Hospitals

The Centers for Medicare & Medicaid Services (CMS) [Care Compare](#) website provides consumers with information on over 100 quality measures for over 4,000 hospitals nationwide, including Veterans Administration (VA) medical centers and Department of Defense (DoD) military hospitals. The Overall Hospital Quality Star Rating summarizes data from existing measures on Care Compare for each hospital to allow users to easily compare hospitals. Patients and caregivers can also compare hospitals' performance for many common conditions.

With the [Provider Data Catalog](#) (PDC), users can explore and download hospital data, as well as data on ambulatory surgical centers, inpatient psychiatric facilities, and some cancer hospitals. Publicly displaying quality information encourages hospitals and other health care facilities to make continued improvements in care.

CMS updates the data on [Care Compare](#) and the [Provider Data Catalog](#) websites quarterly, though not all data are updated each quarter.

Data Updates

On January 25, 2023, CMS updated data on the [Care Compare](#) website and on the [Provider Data Catalog](#) for the following measures, measure groups, quality reporting programs and payment programs:

- Timely and effective care
- Healthcare associated infections
- Maternal health
- Unplanned hospital visits
- Complications and deaths
- Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey (includes data on Medicare-certified hospitals, VA medical centers, and Department of Defense [DoD] hospitals)
- Hospital Acquired Conditions Reduction Program (HACRP)
- Hospital Readmission Reduction Program (HRRP)
- Hospital Value-Based Purchasing Program (HVBP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Payment & value of care- Medicare Spending Per Beneficiary (MSBP)
- Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Beginning in January, CMS will begin reporting data for the following new measures and will only be provided on the Provider Data Catalog:

- Ambulatory Surgical Center Quality (ASCQ) Program

- ASC-20; COVID-19 Vaccination Coverage Among HCP
- Electronic Clinical Quality Measures:
 - ED-2; Admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status
 - PC-05; Percent of newborns that were exclusively fed breast milk during the entire hospitalization
 - STK-02; Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge
 - STK-03; Ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge
 - STK-05; Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2
 - STK-06; Ischemic stroke patients who are prescribed or continuing to take statin medication at hospital discharge
 - VTE-1; Percent of patients that received VTE prophylaxis after hospital admission or surgery
 - VTE-2; Intensive Care Unit Venous Thromboembolism Prophylaxis
 - Safe Use of Opioids

Beginning in January, CMS will begin reporting data for the following measures on the Provider Data Catalog and Care Compare:

- Outpatient HCP COVID-19; COVID-19 Vaccination Coverage Among HCP

VA medical centers will begin to publicly report:

- OP-29; Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Beginning in January, VA medical centers will no longer report:

- OP-2; Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
- OP-3b; Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital

For the January 2023 public reporting release, CMS is updating the Pneumonia mortality measure results and CMS PSI Measure results that were delayed from the July 2022 public reporting refresh, including VA medical centers:

- MORT-30-PN; 30 day death rate for pneumonia patients
- READM-30-PN; 30 day rate of readmission for pneumonia patients
- CMS PSI Outcome Measures
 - PSI 03; Pressure sores (PDC only)
 - PSI 04; Death Rate Among Surgical Inpatients with Serious Treatable Complications
 - PSI 06; Iatrogenic Pneumothorax Rate (PDC only)
 - PSI 08; In-hospital fall with hip fracture rate (PDC only)
 - PSI 09; Perioperative Hemorrhage or Hematoma Rate (PDC only)
 - PSI 10; Postoperative Acute Kidney Injury Requiring Dialysis Rate (PDC only)
 - PSI 11; Postoperative respiratory failure rate (PDC only)
 - PSI 12; Blood clots, in the lung or a large vein, after surgery (PDC only)
 - PSI 13; Blood stream infection after surgery (PDC only)

- PSI 14; A wound that splits open after surgery on the abdomen or pelvis (PDC only)
- PSI 15; Accidental puncture or laceration (PDC only)
- PSI 90; Patient Safety and Adverse Events Composite

More Information

For more information on Care Compare, please visit: <https://www.medicare.gov/care-compare/>.

For general questions regarding Hospital Public Reporting, measures and data reported on Care Compare and the Provider Data Catalog, go to the [QualityNet Question and Answer Tool](#).