

FACT SHEET: Hospital Inpatient Quality Reporting (IQR) Program

WHY THE PROGRAM IS IMPORANT

- Since 2003, the Hospital Inpatient Quality Reporting Program has been integral to making important quality information available to consumers, as well as encouraging hospitals to improve the quality of care they provide.¹
- Approximately 4,000 acute care hospitals (99%) participate in the IQR Program.^{2,3}
- Evaluation of the program in previous years has shown substantial positive impact. For example, in 2012, 39 of the 43 measures (91%) evaluated within the Hospital IQR Program showed positive or steady trends.⁴
- Results from the program are reported on *Hospital Compare*.

HOW THE PROGRAM WORKS

- Hospitals participating in this program must report their performance on all of the measures in the IQR Program (45 measures, see Table 1), with the exception of voluntary measures for electronic reporting (16 measures, see Table 2).⁵
- Hospitals have approximately 3 years from when CMS releases a final rule including a given measure in the program until they may be subject to a reduction in their annual Medicare payment update for not reporting (see Figure 1).
- Beginning with fiscal year 2015, hospitals that do not participate in this program will lose one-quarter of the percentage increase in their payment updates.

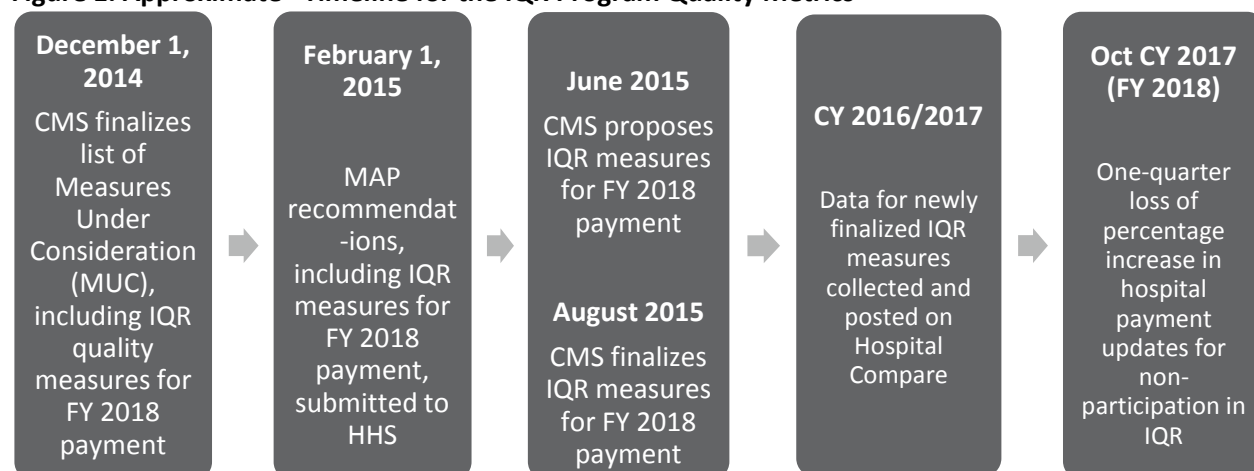
WHERE WE WANT THE PROGRAM TO GO

The most recent additions to the program include an increased focus on outcome measures, particularly those relevant to CABG surgery and episode-of-care payments. Important gaps in measurement persist, such as:

- High-impact outcome measures focused on patient safety and care coordination
- Measures addressing the treatment of cancer patients and behavioral health
- Measures that leverage all-payer data to address system wide quality issues (e.g., healthy moms and babies)

Moreover, it is important that measures included in this program enable consumers to distinguish provider performance and make informed decisions about their health care.

Figure 1. Approximate* Timeline for the IQR Program Quality Metrics



*Note that the exact timeline for when measures are first reported and how often they are updated varies.⁶

Table 1. Required Measures for the FY 2017 Payment Determination and Subsequent Years⁷

Topic	Number of Measures
Acute Myocardial Infarction Process Measure	1
Stroke Process Measures	4
Surgery Safety Process Measures	2
Structural Measures: Registry Participation	2
Venous Thromboembolism Process Measures	5
Emergency Department (ED) Throughput Measures	2
Immunization Measures	2
Hospital-Acquired Condition Outcome Measures	8
Mortality Measures*	6
Patient Experience of Care Measure	1
Readmissions Measures*	8
Cost Efficiency Measures*	4
Perinatal Care (PC)*	1
Total	45

*Asterisk denotes categories with new measures for FY 2017

Table 2. Voluntary Electronic Clinical Quality Measures for FY 2017 and Subsequent Years⁸

Topic	Number of Measures
Acute Myocardial Infarction Process Measures	3
Stroke Process Measures	4
Venous Thromboembolism Process Measures	1
Community-Acquired Pneumonia Process Measure	1
Surgical Care Process Measures	3
Perinatal Outcome Measures*	2
Perinatal/Pediatric Process Measures*	2
Total	16

*Asterisk denotes categories with new measures for FY 2017

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- 1 Centers for Medicare & Medicaid Services. "Hospital Inpatient Quality Reporting Program." September 2013. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalRHQDAPU.html> (accessed July 2014)
 - 2 Centers for Medicare & Medicaid Services. "Fact sheets: CMS final rule to improve quality of care during hospital inpatient stays." August 2013. <http://www.cms.gov/newsroom/mediareleasedatabase/fact-sheets/2013-fact-sheets-items/2013-08-02-3.html> (accessed July 2014)
 - 3 79 Federal Register 163 (22 August 2014), pg. 50052
 - 4 Centers for Medicare & Medicaid Services. "National Impact Assessment of Medicare Quality Measures." March 2012. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/downloads/NationalImpactAssessmentofQualityMeasuresFINAL.pdf> (accessed July 2014)
 - 5 79 Federal Register 94 (15 May 2014), pg. 28240-28242
 - 6 Hospitals now need up to three years of data for several Mortality Measures (AMI, HF, PN, Stroke, COPD), Readmission Measures (AMI, HF, PN, Total Hip/Knee, Stroke, COPD) and the Hip/Knee Complication Measure
 - 7 See 79 Federal Register 163 (22 August 2014), pg. 50246-50249 for a full list of all measures included in this program. Note that FY 2017 measures list is inclusive of measures finalized for payment determinations prior to FY 2017.
 - 8 In choosing to report these voluntary measures, hospitals may receive "credit" for the EHR Incentive Program.