

Executive Summary of National Summary Report Findings

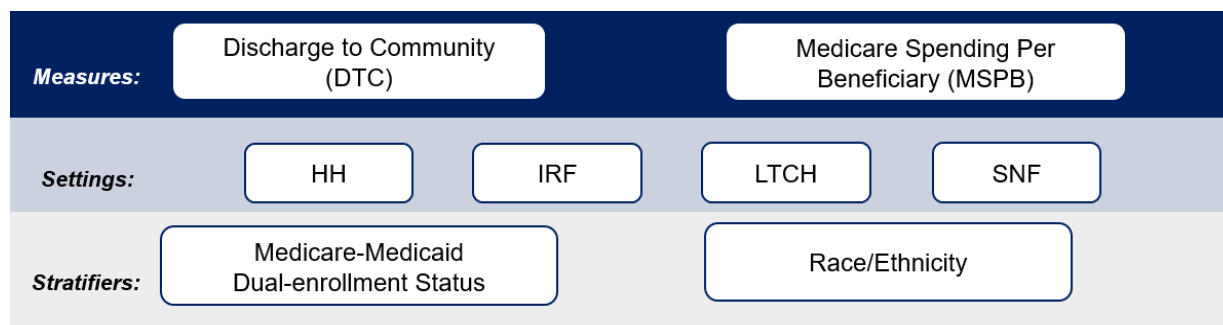
Health Equity Confidential Feedback Reports for Post-Acute Care Quality Reporting Programs (August 2024)

Background

The [National Summary Report](#) is a part of the Centers for Medicare & Medicaid Services (CMS) Division of Chronic and Post-Acute Care (DCPAC) effort to expand the collection, reporting, and analysis of standardized data. It provides national summary statistics on results from the 2023 Discharge to Community (DTC) and Medicare Spending Per Beneficiary (MSPB) Health Equity Confidential Feedback Reports, which were released to Home Health Agencies (HHAs), Inpatient Rehabilitation Facilities (IRFs), Long Term Care Hospitals (LTCHs), and Skilled Nursing Facilities (SNFs). This document serves as an executive summary of the findings from the National Summary Report, which can be located in each PAC QRP's Training & Education page.¹

The Health Equity Confidential Feedback Reports showed provider performance on the DTC and MSPB measures stratified by beneficiaries' dual-enrollment (dual) status, and separately by beneficiaries' race/ethnicity ([Figure 1](#) below). The stratified results provide data on the extent to which performance differences in measure outcomes exist between patients with and without social risk factors (SRFs) at PAC agencies and facilities. By sharing these insights directly to providers, the Health Equity Confidential Feedback Reports empower providers with the data necessary to develop strategies that reduce the impacts of SRFs for their patients.

Figure 1. 2023 Health Equity Confidential Feedback Reports: Measures, Settings, and Stratifiers



The 2023 Health Equity Confidential Feedback Reports included two comparisons which we highlight in this document. First, the **across-provider comparison** to the national performance among all patients compares outcomes for a given population at a given provider to the national performance across all patients in their same care setting (e.g., an LTCH's duals' DTC rate compared to the national DTC rate across all LTCH patients). Second, the **within-provider comparison** compares stratified patient populations within the individual provider's care (e.g., a single LTCH's duals' DTC rate compared to the same LTCH's non-duals' DTC rate). [Figure 2](#) and [Figure 3](#) below depict the across- and provider- comparisons. The reports also provided results organized by patient composition (e.g., proportion of duals at the facility/agency).² Key

¹ [HH QRP Training page](#), [IRF QRP Training page](#), [LTCH QRP Training page](#), and [SNF QRP Training page](#).

² The 2023 Health Equity Confidential Feedback Reports also included (i) the across-provider comparison to the national performance among same population and (ii) results organized by geographic location (e.g., urban/rural). Methodological details are available in the "Health Equity Confidential Feedback Reports Methodology Report," which is located in each PAC QRP's Training & Education page.

findings from these comparisons are summarized in this document.

Figure 2. Across-Provider Comparison to the National Performance Among All Patients

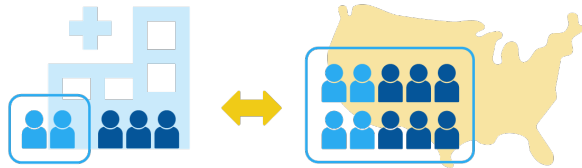


Figure 3. Within-Provider Comparison

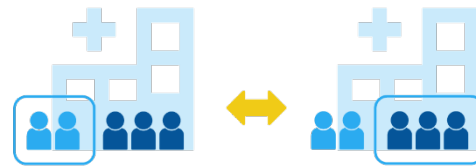


Figure Legend



= Your Facility/Agency (e.g., your LTCH)



= All Facilities/Agencies nationwide in your care setting (e.g., all LTCHs)



= One stratified patient population (e.g., dual)



= Another stratified patient population (e.g., non-duals)

Overall Summary of National Summary Report Findings

National average DTC and MSPB outcomes were worse for duals and Non-White patients than their counterparts (non-duals, White patients), across most PAC settings. Over half of providers in each setting had DTC and MSPB outcomes that were worse for their dual patients than for their non-dual patients. Across- and within-provider disparities were generally more often statistically significant in the SNF setting than other PAC settings. Furthermore, among SNFs, DTC and MSPB outcomes progressively worsened for duals and non-duals as the proportion of duals increased. Similarly, DTC and MSPB outcomes tended to progressively worsen for both White and Non-White patients as the proportion of Non-White patients increased among SNFs, LTCHs, and (for DTC) HHAs.

Summary of DTC Measure-Specific Findings

Interpretation of DTC: Lower rates indicate worse performance on the DTC measure, which captures the rate of successful discharge to the community.



Across-Provider Comparison to the National Performance Among All Patients

- The DTC rate for **duals** and **Non-White patients** at the median facility/agency was **worse** than the national DTC rate among all patients, across most PAC settings.
- **Over 37% of SNFs** had a statistically significantly **worse** DTC rate for their duals compared to the national rate.

Within-Provider Comparison

- The DTC rate for **duals** at the median facility/agency was **worse** than for non-duals. The DTC rate was the **same** or **better** for their **Non-White patients** compared to their White patients at the median facility/agency.

- **24% of SNFs** had a DTC rate that was statistically significantly **worse** for **duals** compared to non-duals.

Stratified National Rate by Provider Patient Composition

- When comparing national DTC rates between facilities/agencies with different proportions of duals, we observe a **progressive reduction in DTC rates** for **both dual and non-dual SNF patients** as the **proportion of duals** increased.
- Among HHAs, LTCHs, and SNFs, we also observe a **progressive reduction in DTC rates** for **White and Non-White** patients as the **proportion of Non-White patients** increased.

Summary of MSPB Measure-Specific Findings

Interpretation of MSPB: Higher amounts indicate worse performance on the MSPB measure, which captures Medicare spending during a PAC treatment period and 30 days after.



Across-Provider Comparison to the National Performance Among All Patients

- For PAC settings, except for SNF, the average MSPB Amount for **duals** and **Non-White** patients at the median facility was **better** than the national average MSPB Amount across all patients.
- However, in the **SNF** setting, the average MSPB Amount for **duals** and **Non-White** patients at the median facility was **worse** than the national average MSPB Amount across all patients.
- Over **25%** of **SNFs** had a statistically significant worse average MSPB Amount for their duals and Non-White patients compared to the national average.

Within-Provider Comparison

- In all PAC settings, the median facility/agency had **worse** MSPB measure performance for their **duals** compared to their non-duals, but had **similar or better** performance for their **Non-White** patients compared to their White patients.
- **85% to 94%** of PAC facilities/agencies had an average MSPB Amount for their **dual** and **Non-White** patients that were **not statistically significantly different** from their non-dual and White patients, respectively.

Stratified National Average Amount by Provider Patient Composition

- When comparing national average MSPB outcomes between facilities/agencies with different proportions of **duals**, we observe a **progressive increase** in MSPB Amounts for both **dual and non-dual SNF patients** as the proportion of **duals** increased.
- Among **LTCHs** and **SNFs**, we also observe a **progressive increase** in MSPB Amounts for both **White and Non-White patients** as the proportion of **Non-White patients** increased.