

Payment

Hospital Quality Measures	What Is This? Why Is It Important?
<p>Medicare Spending Per Beneficiary</p>	<ul style="list-style-type: none"> ◆ Medicare Spending Per Beneficiary (MSPB), also known as the Spending per hospital patient with Medicare, shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare patient treated in a specific inpatient hospital compared nationally. ◆ The payments included in this measure are price-standardized and risk adjusted. The purpose of price standardization is to remove sources of variation that are due to geographic payment differences, while risk adjustment accounts for variation due to patient age and health status. ◆ MSPB is calculated as a ratio, derived by dividing the amount of Medicare spent per patient for an episode of care initiated at the given hospital by the median amount of Medicare spent per episode of care nationally. A lower ratio means that Medicare spent less per patient. ◆ Lower Ratios are Better.
<p>Payment for Heart Attack Patients</p>	<ul style="list-style-type: none"> ◆ These measures include the payments made for Medicare beneficiaries who are 65 years and older. The measures add up payments made for care and supplies starting the day the patient enters the hospital and for the next 30 days or 90 days for hip and/or knee replacement. ◆ This can include payments made to the hospital, doctor’s office, skilled nursing facility, hospice, as well as patient co-pays made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how healthcare providers care for patients. ◆ The measures are meant to reflect differences in the services and supplies provided to patients. They allow the assessment of differences in how the hospital cares for heart attack, heart failure, pneumonia, and hip/knee replacement patients. ◆ Promoting value in healthcare encourages healthcare providers to reduce waste and unnecessary care while maintaining high quality of care. ◆ Lower Payments are Better.
<p>Payment for Heart Failure Patients</p>	
<p>Payment for Pneumonia Patients</p>	
<p>Payment for Hip/Knee Replacement Patients</p>	

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Hospital Quality Measures	* Indicator	Performance Period	Dearborn	Farmington Hills	Grosse Pointe	Royal Oak	Taylor	Trenton	Troy	Wayne	National
Medicare Spending Per Beneficiary <i>(displayed in ratio)</i>	↓	Calendar Year 2016	1.03	1.05	0.96	1	1.06	1	0.98	1	0.98
Payment for Heart Attack Patients	↓	July 2014 - June 2017	\$24,471	\$23,137	\$24,600	\$23,734	\$24,369	\$24,775	\$22,684	\$24,245	\$23,745
Payment for Heart Failure Patients	↓	July 2014 - June 2017	\$18,968	\$18,462	\$17,313	\$17,595	\$19,461	\$16,790	\$16,873	\$18,185	\$16,632
Payment for Pneumonia Patients	↓	July 2014 - June 2017	\$18,565	\$19,035	\$18,330	\$18,394	\$19,890	\$17,969	\$17,848	\$17,859	\$17,415
Payment for Hip/Knee Replacement Patients	↓	April 2014 - March 2017	\$21,888	\$21,504	\$21,275	\$21,229	\$23,055	\$19,305	\$22,218	\$26,273	\$21,953

* Indicator	
↑	Higher Values Signify Better Performance
↓	Lower Values Signify Better Performance

Colors Indicate Beaumont Performance <i>(Based on Confidence Intervals) Against National Performance</i>			
Better Performance	Same Performance	Worse Performance	N/A Not Applicable

We Report All Our Data to CMS and CMS Reports Our Data through Medicare.gov	
Learn More At:	beaumont.org/quality medicare.gov/hospitalcompare