



Acute Care Hospital Incentive Programs

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Presentation Objectives

- Quality Care
- Inpatient Quality Reporting Program Overview
- Nursing Economics 101
- Value Based Purchasing Program Overview
- Electronic Health Record (EHR) Incentive Program -eCQMs
- Hospital Acquired Conditions
- Hospital Readmissions
- Hospital Star Rating (NEW)
- Other Entities Following CMS Incentive Models
- If 99.9% Were Good Enough
- How is this Relevant to the Pediatric Population?
- Center of Excellence High Priority Areas
- What Can You Do?
- FUN Quiz
- Summary
- Q&A

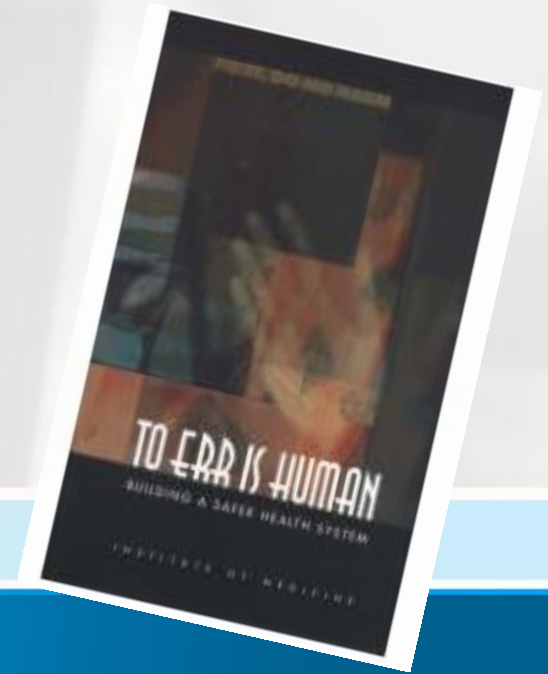
Quality Care

- Errors in healthcare cause harm to patients in all settings of care. Best recognized are hospital errors: approximately 1 in 10 patients in hospitals experience errors that cause harm.
- Healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- 1.5 million preventable drug events occur each year due to drug mix-ups and unintentional overdoses.
- Up to 10% of hospitalized patients suffer from an infection acquired while they are in the hospital

Source: National Quality Forum

Quality Care

- Care provided in a way that leads to avoidable complications/deaths
- **Institute of Medicine (IOM) 1999: “To Err is Human”:** Mistakes/OUTDATED care: **#3** cause of death in US
- **Response:**
 - Evidenced-Based Practice
 - Value-Based Purchasing
- ALL surveyors are on board
 - TJC
 - CMS
 - CDPH

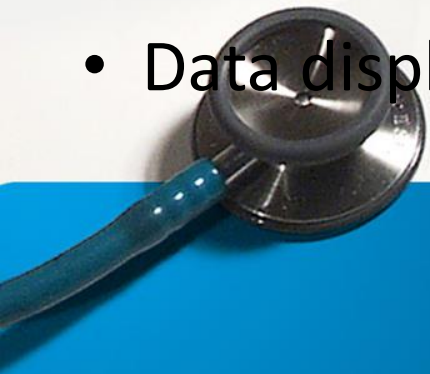


Paying for “Good” Quality - NOT Paying for “Poor” Quality

- Hospital Inpatient Quality Reporting Program (25% reduction of market basket update for not reporting ~0.5% in 2015)
- Hospital Value-Based Purchasing Program (2% in 2015)
- Hospital Acquired Condition Reduction Program (1% in 2015)
- Hospital Readmissions Reduction Program (3% in 2015)
- Hospital Outpatient Quality Reporting Program (25% reduction of market basket update for not reporting ~0.5% in 2015)

Inpatient Quality Reporting Program Overview

- Developed as a Result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003
- Hospital IQR Program; built on the voluntary Hospital Quality Initiative.
- Third party vendor submits data
- Data displayed in Hospital compare



Inpatient Quality Reporting Program Overview

- **Chart-abstract and submit complete data on quarterly core measure sets:**

AMI, ED/IMM, STK , VTE , Sepsis (as of Q4 2015 discharges)

- eCQM

- **Submit HAI data and HCP data to the CDC via NHSN**

CLABSI

CAUTI

SSI (Hysterectomy and Colon surgery)

MRSA

CDI

HCP Influenza Vaccination



Validation:

Random and targeted provider selection of hospitals participating in the IQR on an annual basis

Inpatient Quality Reporting Program Overview

AMI: EBP*

Reducing morbidity/mortality

- ASA
- Cardiac Intervention

Reducing atherosclerotic disease

- ASA
- Statin

Reducing complications

- B-blocker (lol)
- ACE/ARB (Angiotensin Converting Enzyme Inhibitor/Angiotensin Receptor Blocker)
 - “-pril” “-sartan”

Peri-Operative MI

- B-blocker (lol)



Stroke: EBP*

Reducing morbidity/mortality

- ASA
- DVT/VTE Prevention
 - Chemical
 - Mechanical

Reducing Atherosclerotic disease

- ASA
- Statin

Reducing other causes

- Anticoagulation for Atrial fibrillation
- Interventions/Surgery

Reducing complications

- Dysphagia screen (swallow screen)
- Assessment by Rehab services (OT/PT/SLP)



*EBP: Evidence Based Practice

Inpatient Quality Reporting Program Overview

Heart Failure

Reducing morbidity/mortality

- Identifying type/cause

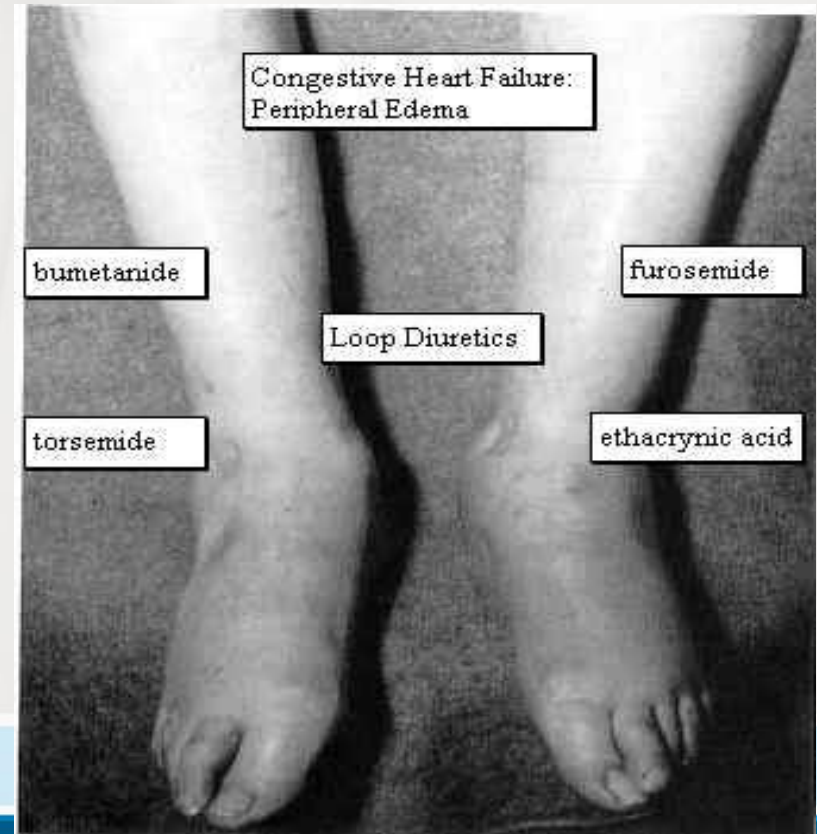
ACE/ARB (Angiotensin Converting Enzyme Inhibitor/Angiotensin Receptor Blocker)

- “-pril” “-sartan”

Prepare for discharge to home

- MEDICATION
- Daily weight
- Diet
- EARLY identification of recurrence
- Provider follow up

PALLIATIVE CARE



Inpatient Quality Reporting Program

Overview

Sepsis (NEW)

Reducing morbidity/mortality

- Reduction in overall organ failure
- ALL or NONE bundle

3 HOUR COUNTER

To be completed within 3 hour of Sepsis Presentation

- Measure lactate level
- Obtain blood culture before administration of antibiotics
- Administer broad spectrum antibiotics

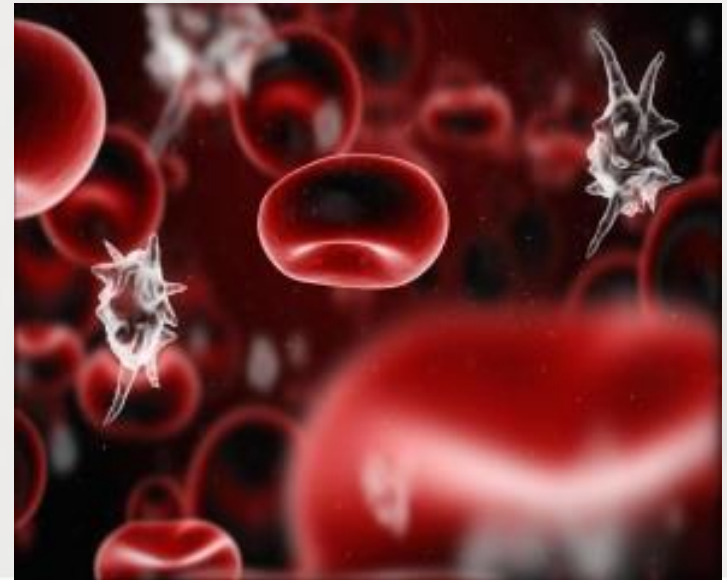
If Severe Sepsis with hypotension, OR lactate ≥ 4 mmol/l OR physician documentation of Septic Shock

- Administer 30ml/kg crystalloid fluid (Initial hypotension(SBP<90) or lactate ≥ 4 mmol/L.)

6 HOUR COUNTER

To be completed within 6 hour of Sepsis Presentation

- Apply vasopressor (for hypotension that **DOES NOT** respond to initial fluid resuscitation)
- IF persistent hypotension after initial fluid administration (MAP < 65 mmhg) or initial lactate was ≥ 4 mmol/L, reassess volume status and tissue perfusion and document findings (**to be done by Physician**)
- Repeat lactate level drawn within 6 hours (if initial lactate is greater than 2)



Nursing Economics 101

Forces Driving Hospital Reimbursement

- Third Party reimbursement
 - Medicare (Largest payer)
 - Private Insurance (Anthem, Cigna etc.)
 - Medical (now HMO)
- Acute care costs of total Medicare spending @ 23% in 2015
- Hospital budget
 - System budget

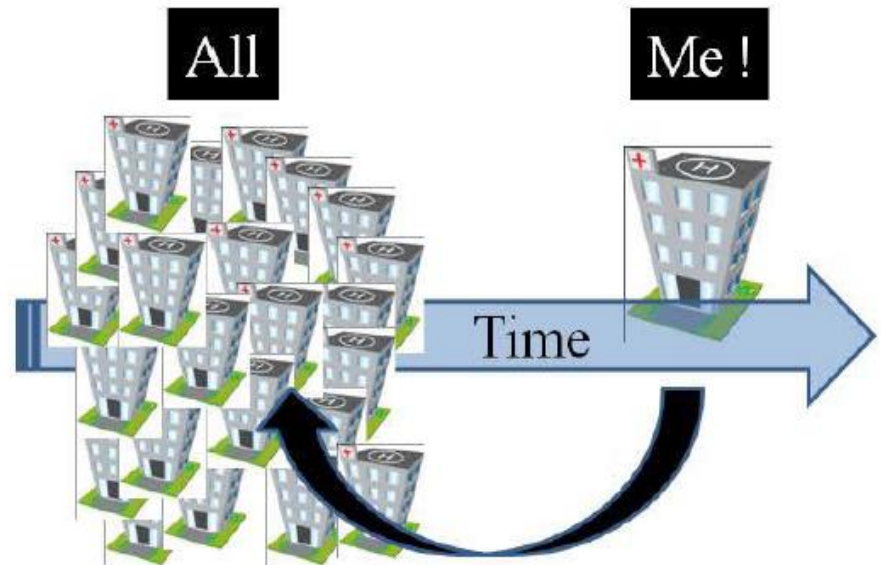
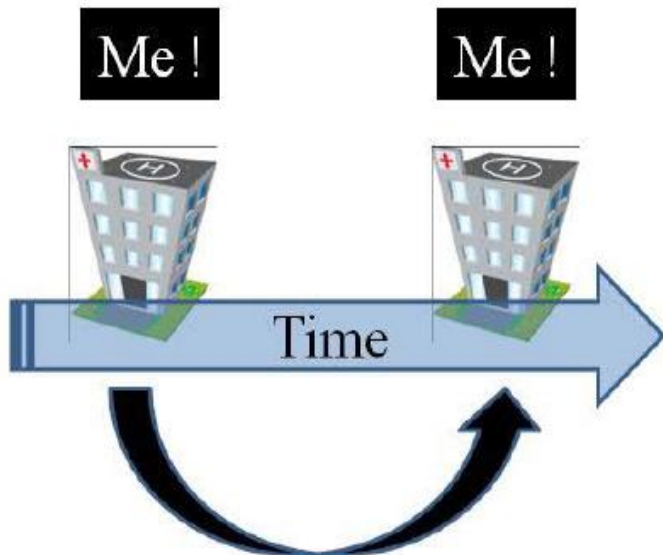


Value Based Purchasing Overview

- Required by Section 3001(a) of the Affordable Care Act, which also added section(0) to the Social Security Act
- Quality incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Next step in promoting higher quality care for Medicare; pays for care that requires better value and patient outcomes, instead of just volume services
- Funded by a 2.0% reduction from participating hospitals base operating diagnosis related groups (DRG) payment FY 2017 forward
- Uses measures that have been specified under the Hospital IQR Program and results published on Hospital Compare for at least one year

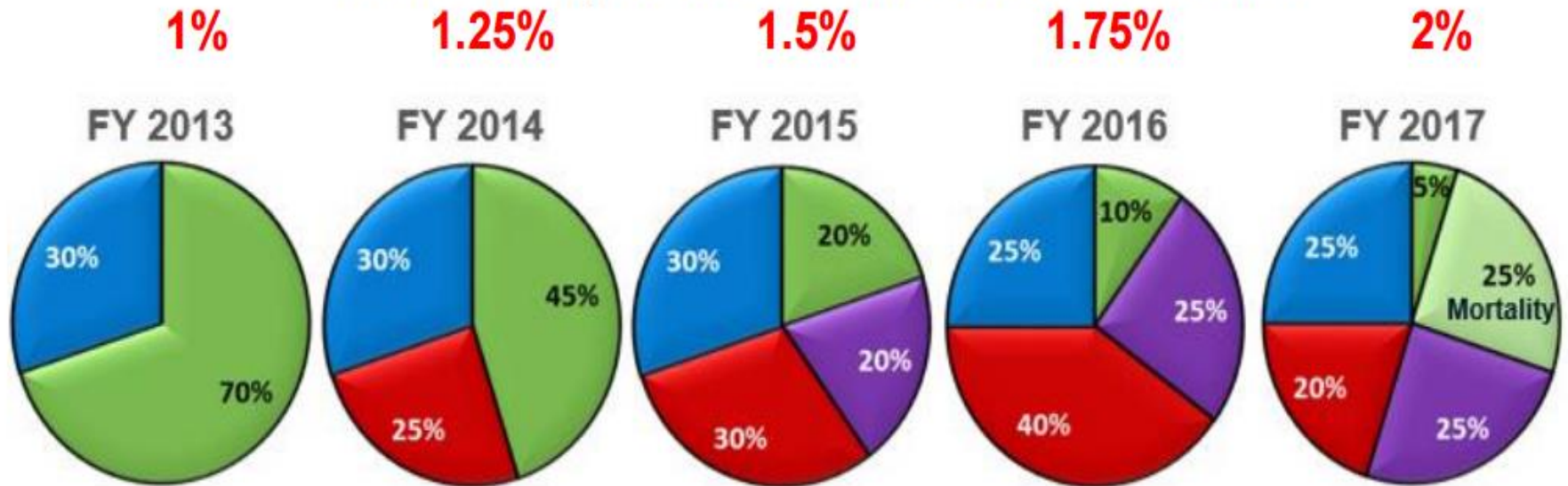
Value Based Purchasing Overview

How are Hospitals Evaluated?



Value Based Purchasing Overview

Medicare Inpatient % Reimbursement At Risk



- **Clinical Care**
- **Patient Experience**

- **Safety - Outcomes**
- **Efficiency (MSPB)**

Value Based Purchasing Overview

Domains Weights and Measures FY 2018 (2016 Discharges)

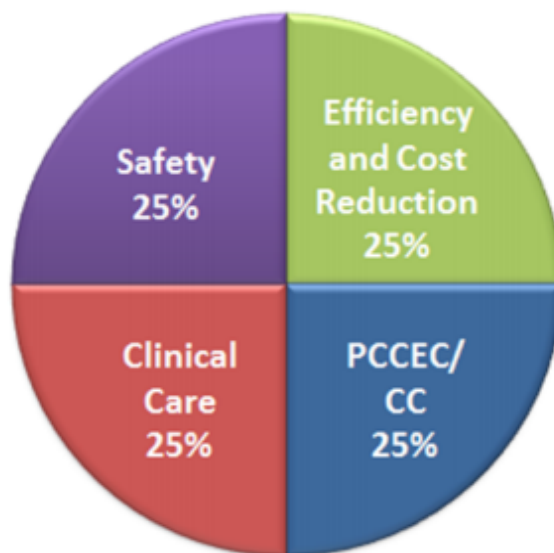
SAFETY

1. **AHRQ PSI-90:** Complication/patient safety for selected indicators (composite)
2. **CDI:** Clostridium difficile Infection
3. **CAUTI:** Catheter-Associated Urinary Tract Infection
4. **CLABSI:** Central Line-Associated Blood Stream Infection
5. **MRSA:** Methicillin-Resistant Staphylococcus aureus Bacteremia
6. **SSI:** Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
7. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

EFFICIENCY AND COST REDUCTION

1. **MSPB-1:** Medicare Spending per Beneficiary (MSPB)

PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/ CARE COORDINATION (PCCEC/CC)

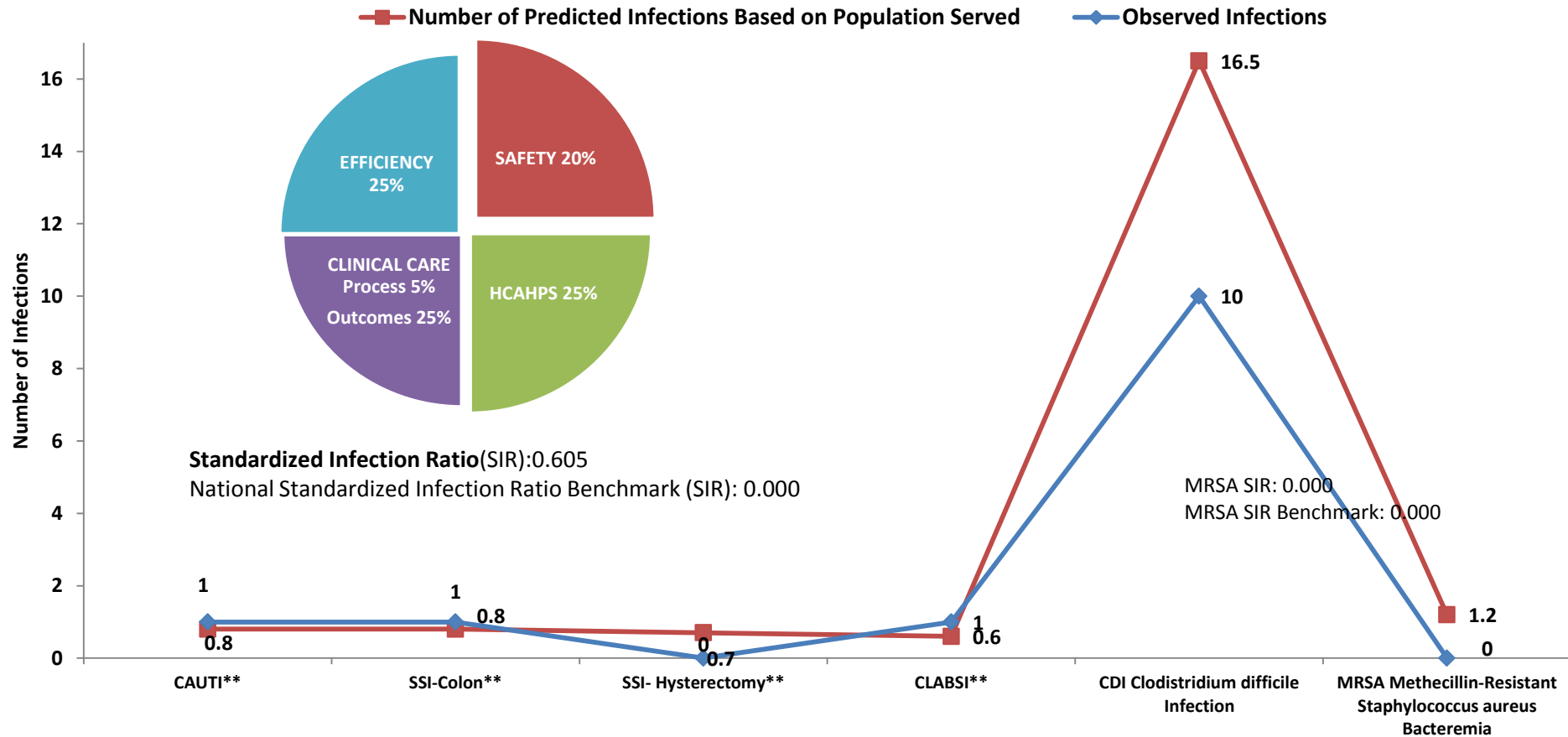
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. 3-Item Care Transition*
9. Overall Rating of Hospital

Value Based Purchasing Overview

Sample of a VBP Scorecard

Complications Healthcare Associated Infections (Safety): CY2015



** Did not qualify for SIR to be generated for the baseline period
 Lower numbers are better. A score of zero (0)—meaning no HAIs—is best

Electronic Health Record Incentive Program

Improve Interoperability

Facilitate Data Access and Exchange

Ensure Privacy and Security Capabilities

Improve Patient Safety

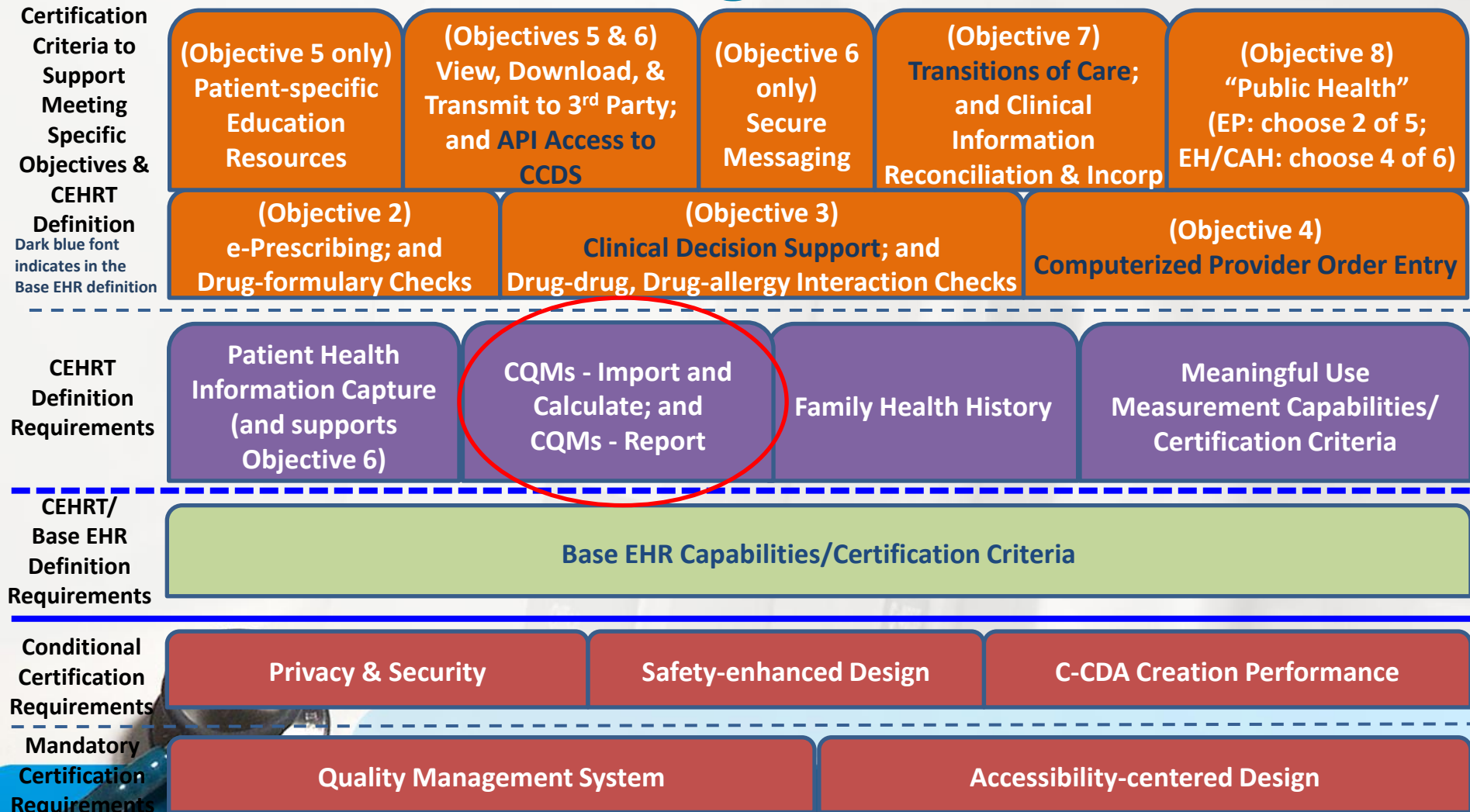
Reduce Health Disparities

Improve the Reliability and Transparency of Certified Health IT

Use the ONC Health IT Certification Program to Support the Care Continuum

Support Stage 3 of the EHR Incentive Programs

Electronic Health Record Incentive Program



Support Stage 3 of the EHR Incentive Programs

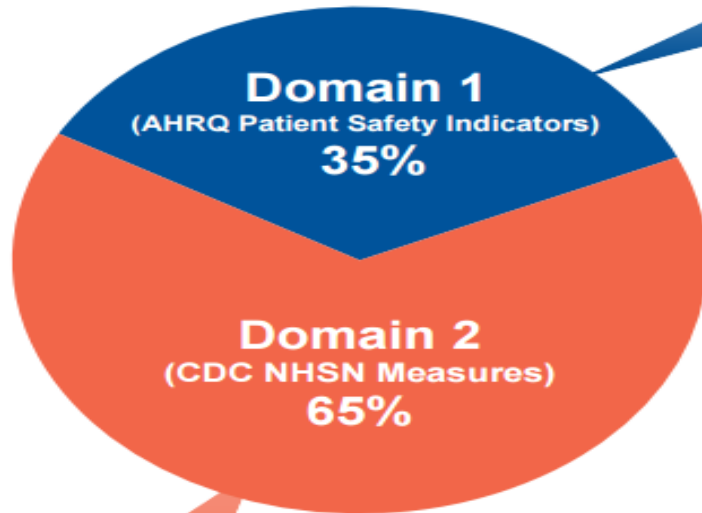
Electronic Health Record Incentive Program

Electronic Clinical Quality Measures (eCQM)

ED-1 CMS55v5 <i>Median Time from ED Arrival to ED Departure for Admitted ED Patients</i>	ED-2 CMS111v5 <i>Admit Decision Time to ED Departure Time for Admitted Patients</i>	ED-3* CMS32v6 <i>Median Time from ED Arrival to ED Departure for Discharged ED Patients</i>	STK -2 CMS104v5 <i>Discharged on Antithrombotic Therapy</i>	STK-3 CMS71v6 <i>Anticoagulation Therapy for Atrial Fibrillation/Flutter</i>	STK-5 CMS72v5 <i>Antithrombotic Therapy by the End of Hospital Day Two</i>
STK-6 CMS105v5 <i>Discharged on Statin Medication</i>	STK-8 CMS107v5 <i>Stroke Education</i>	STK-10 CMS102v5 <i>Assessed for Rehabilitation</i>	AMI-8a CMS53v5 <i>Primary PCI Received Within 90 Minutes of Hospital Arrival</i>	VTE-1 CMS108v5 <i>Venous Thromboembolism Prophylaxis</i>	VTE-2 CMS190v5 <i>Intensive Care Unit Venous Thromboembolism Prophylaxis</i>
PC-01 CMS113v5 <i>Elective Delivery</i>	PC-05 CMS9v5 <i>Exclusive Breast Milk Feeding</i>	CAC-3 CMS26v4 <i>Home Management Plan of Care Document Given to Patient/Caregiver</i>	EHDI-1a CMS31v5 <i>Hearing Screening Prior to Hospital Discharge</i>	* ED-3 is an Outpatient measure and is not applicable for IQR aligned credit.	

Hospital Acquired Conditions

**FY 2015 HAC Reduction Program
Domain Weighting and Measures**
(Payment adjustment effective for discharges
from October 1, 2014 –September 30, 2015)



DOMAIN 1	
	Performance Period July 1, 2011 – June 30, 2013
AHRQ* PSI 90 Measure	Score 1-10
PSI 3 Pressure ulcer rate	
PSI 6 Iatrogenic pneumothorax rate	
PSI 7 Central venous catheter-related blood stream infection rate	
PSI 8 Postoperative hip fracture rate	
PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis rate (DVT)	
PSI 13 Postoperative sepsis rate	
PSI 14 Wound dehiscence rate	
PSI 15 Accidental puncture and laceration rate	

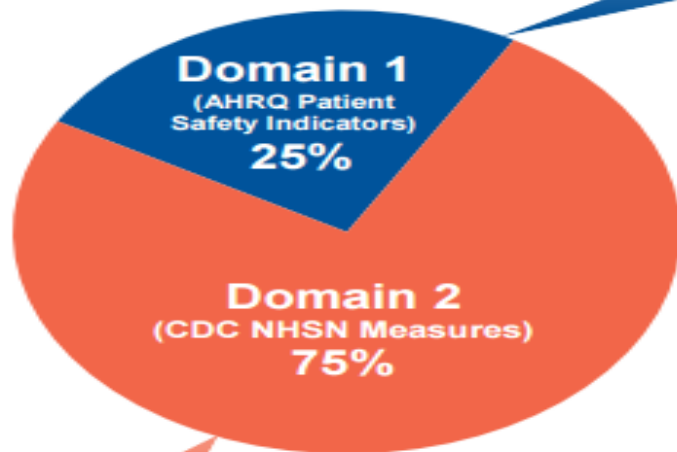
*The Agency for Healthcare Research and Quality

DOMAIN 2	
	Performance Period January 1, 2012 – December 31, 2013
CDC NHSN* Measures	Average Score 1-10
CLABSI SIR rate	1-10
CAUTI SIR rate	1-10

*Centers for Disease Control and Prevention National Healthcare Safety Network

Hospital Acquired Conditions

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DOMAIN 1	
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AHRQ* PSI 90 Measure	Score 1-10
PSI 3 Pressure ulcer rate	
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PSI 13 Postoperative sepsis rate	
PSI 14 Wound dehiscence rate	
PSI 15 Accidental puncture and laceration rate	

*The Agency for Healthcare Research and Quality

DOMAIN 2	
	Performance Period January 1, 2013 – December 31, 2014
CDC NHSN* Measures	Average Score 1-10
CLABSI SIR rate	1-10
CAUTI SIR rate	1-10
SSI Colon Abdominal Hysterectomy	1-10†

*Centers for Disease Control and Prevention
National Healthcare Safety Network

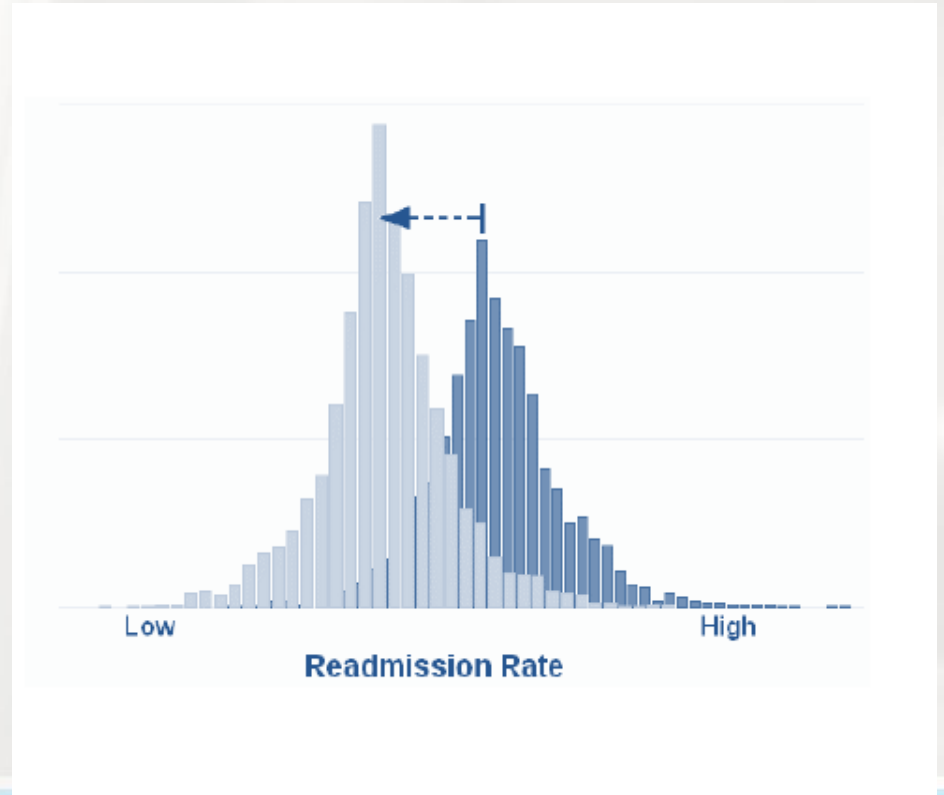
†There will be one SSI measure score that will be a weighted average based on predicted infections for both procedures.

DOMAIN 2	
Future Measures for FY2017	
MRSA	
CDI	

Hospital Readmissions Program

Goal: Shift and Narrow the Curve

- Improve performance of all hospitals, not just those that perform poorly.
- Reduce variation of hospital performance by reducing the gap between the good performers and the poor performers



Hospital Readmissions Program

BIG Deal: Patient Outcomes/\$\$\$

- Penalty is currently 3% for “Excessive” Readmissions in AMI, HF, PN, Hip/Knee arthroplasty CABG patients
- Nationally @ 2 million Medicare patient readmitted within 30 days
 - \$17.5 BILLION dollars in expenses
- WHO is readmitted?
 - 1) AMI
 - 2) CHF
 - 3) COPD
 - 4) Pneumonia
 - 5) Hip/Knee Arthroplasty
 - 6) Coronary artery bypass graft surgery(Newly added)



Hospital Readmissions Program

BIG Deal Patient Outcomes/\$\$\$

Fiscal Year (FY)	Number of Hospitals Subject to Adjustment	Estimated Savings for Medicare
FY 2013	2,214	\$280 million
FY 2014	2,225	\$227 million
FY 2015*	2,638	\$424 million
FY 2016	2,666	\$420 million

* Two additional readmission measures were added for FY 2015.



Hospital Star Rating

The measures are organized into seven groups:

- 1. Mortality (Outcomes: Mortality)
- 2. Safety of Care (Outcomes: Safety)
- 3. Readmissions (Outcomes: Readmission)
- 4. Patient Experience
- 5. Effectiveness of Care (Process: Effectiveness)
- 6. Timeliness of Care (Process: Timeliness)
- 7. Efficient Use of Medical Imaging (Efficiency: Imaging)



Other Entities Following CMS Incentive Models



If 99.9% Were Good Enough

Every Year there would be

- 20,000 prescription errors made
- 158,000 newborn babies dropped during delivery

Every week there would be:

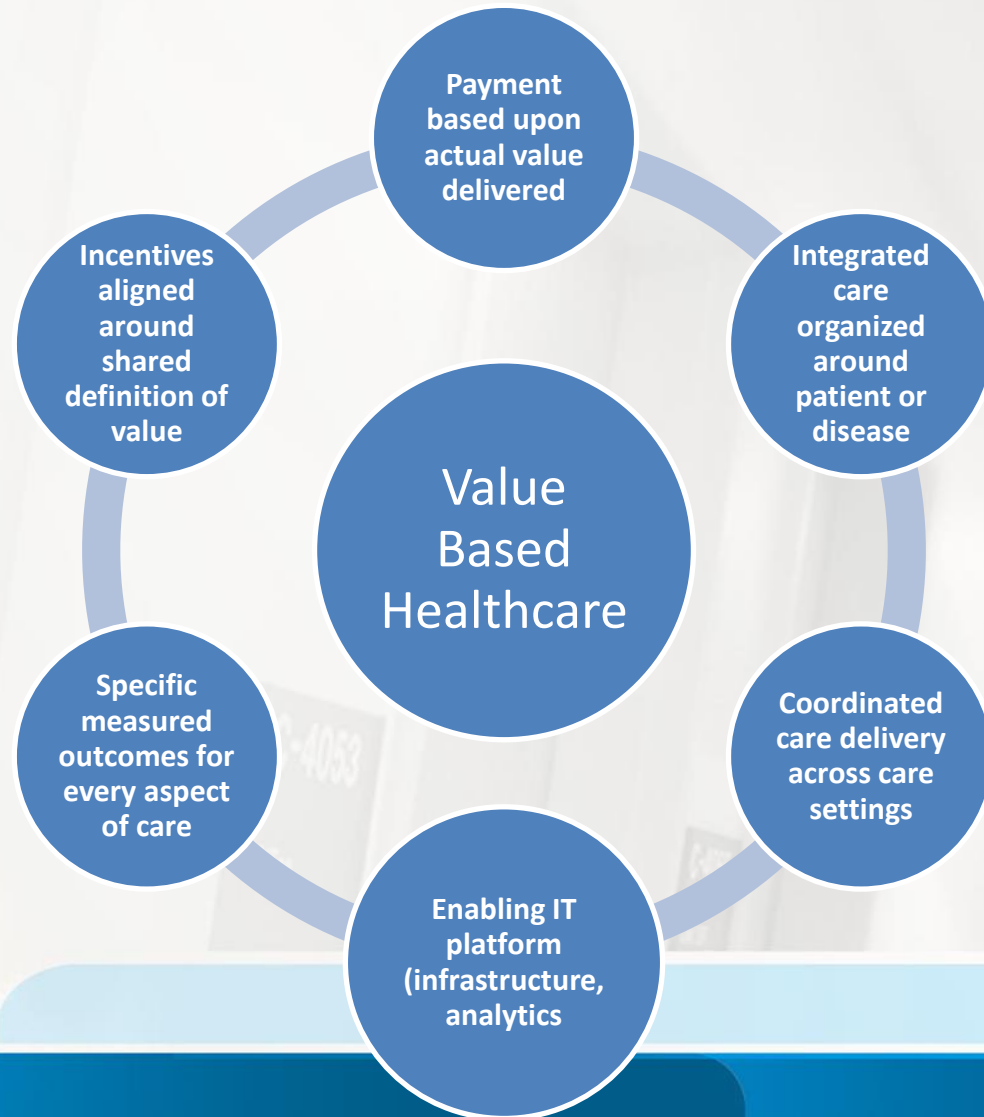
- 500 incorrect surgical procedures performed

Every hour there would be:

- 16,000 pieces of mail lost by the US postal service



Summary



Summary

eHR(MU)

1%

HAC

1%

VBP

2%

RRP

3%

Total of 7% at risk

RRP=Readmission Reduction Program



How is this Relevant to the Pediatric Population?

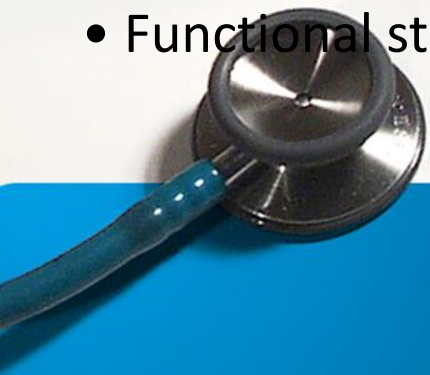
- There are about 75 million children under 18 years of age in the United States.
- Representing 23.3% of the population.
- Understanding the health-related needs of children is central to selecting appropriate measures to improve quality across the continuum of child healthcare.



Center of Excellence High Priority Areas?

NQF-endorsed measures specific to the pediatric population include:

- Assessment and screening measures (Health and Well-Being/Behavioral Health projects)
- Ear infection measures (Eye Ear Nose Throat [EENT] project)
- Cardiovascular care measures (Cardiovascular/Surgery project)
- Sepsis measures (Patient Safety project)
- Complications and outcomes measures (Health and Well-Being/Surgery projects)
- Low birth weight measures (Perinatal and Reproductive Health project)
- Functional status measures (Person- and Family-Centered Care project)



What Can You Do?

Follow your Facility Antibiotic Stewardship Program



Antibiotic overuse has contributed to the growing problem of *C. difficile* infection and antibiotic resistance. Although progress has been made, more work is needed to address *Clostridium difficile* infection and CAUTI.



What Can You Do?

Patient Safety Events—What Gets Reported?

- **Incidents:** patient safety events that reached the patient, whether or not there was harm involved.
- **Near Misses (or close calls):** patient safety events that did not reach the patient.
- **Unsafe Conditions:** circumstances that increase the probability of a patient safety event occurring.



What Can You Do?

PDSA

What changes
are we going to
make based on
our findings?

What exactly are
we going to do?



What were
the results?

When and how
did we do it?

What Can You Do?

What do we want? **Value Based Care!**

When do we want it? **Now!**





Perfection is not attainable, but if we chase
perfection we can catch excellence.

(Vince Lombardi)



Fun Quiz

A blue stethoscope is positioned on the left side of the slide, partially overlapping a blue vertical bar.

Kahoot!

Game PIN

Enter

Q&A



References

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- www.qualitycheck.org
- www.healthit.gov/policy-researchers-implementers/health-it-regulations
- ww.stratishealth.org
- [http://www.nhfca.org/psf/Materials3/9-10-14/six sigma applications in healthcare9-13 0\[1\].pdf](http://www.nhfca.org/psf/Materials3/9-10-14/six%20sigma%20applications%20in%20healthcare9-13%200[1].pdf)
- www.qualityforum.org



