



Tomorrow's Doctors, Tomorrow's Cures

FY 2016 Inpatient PPS Proposed Rule – Quality Issues

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Learn

Serve

Lead



Association of
American Medical Colleges

Agenda

- Summary of key quality and payment IPPS provisions
- Cross-cutting Issues
- Inpatient Quality Reporting (IQR)
- Value-based Purchasing (VBP)
- Hospital-Acquired Conditions (HAC)
- Hospital Readmissions Reduction Program (HRRP)
- Measure by Measure Summary

Payment Topics for Today's Teleconference

Topic	FR Pages (April 30, 2015)
Hospital Acquired Conditions Program	24509-24514
Hospital Readmissions Reduction Program	24488-24498
Inpatient Quality Reporting Program	24555-24588
Value Based Purchasing Program	24498-24509

For more complete information about IPPS proposal, see slides for AAMC 5/12 webinar at <https://www.aamc.org/hospitalpaymentandquality>

Overview of IPPS

In *Federal Register* on April 30 – available at <http://www.gpo.gov/fdsys/pkg/FR-2015-04-30/pdf/2015-09245.pdf>

- Comments due **June 16, 2015**

AAMC Resources

Individual Institution Reports

- AAMC Hospital Medicare Inpatient Impact Report (mbaker@aamc.org)
- AAMC Hospital Compare Benchmark Report (swetzel@aamc.org)
- AAMC Report on Medicare Inpatient Quality Programs (*In development*)

General Resources

- AAMC IPPS & OPSS Regulatory Page - Contains previous IPPS webinars and comment letters (www.AAMC.org/hospitalpaymentandquality)
- AAMC Quality Spreadsheet (<https://www.aamc.org/download/412838/data/aamcqualitymeasurespreadsheet.xlsx>)

FY 2016 IPPS Proposed Rule

Key Takeaways (Payment Issues)

- 1.1% hospital payment update (overall impact on all hospitals is 0.3%, and impact on major teaching hospitals is also 0.3%)
- Documentation and Coding: -0.8% reduction for ATRA
Recoupment Updated occupational mix adjustment using new data
- **NO** GME changes
- Two-Midnight rule and payment for short inpatient hospital stays, long observation stays, and the -0.2% IPPS payment adjustment will be addressed during OPSS rulemaking
- UC DSH: To continue to implement ACA DSH cuts, CMS proposes a \$1.28 billion decrease in total UC DSH payments (16.7% reduction)
- Bundled Payments for Care Improvement Initiative: For planning, CMS seeks comments on potential future expansion of BPCI

FY 2016 IPPS Proposed Rule Key Takeaways (Quality)

Inpatient Quality Reporting Program

- Mandatory electronic measure reporting for core measures
- Seven new claims measures added (episodes of payment, excessive days in acute care, patient safety culture survey)
- Expansion in denominator for pneumonia readmissions and mortality measures
- CMS requests feedback on EHR derived clinical data

Readmissions Reduction Program

- Expansion in denominator for pneumonia readmissions measure starting FY 2017 (also proposed for IQR in FY 2017)
- No proposals related to SES
- Proposed extraordinary circumstance waiver

FY 2016 IPPS Proposed Rule Key Takeaways (Quality), continued

Hospital Acquired Condition Reduction Program

- No new measures proposed
- Proposed Increase in weighting for Domain 2 (CDC NHSN) to 85 percent starting FY 2017
- Medical/Surgical ward CLABSI and CAUTI data inclusion and “new standard population data” starting FY 2018
- Proposed extraordinary circumstance waiver

Value Based Purchasing Program

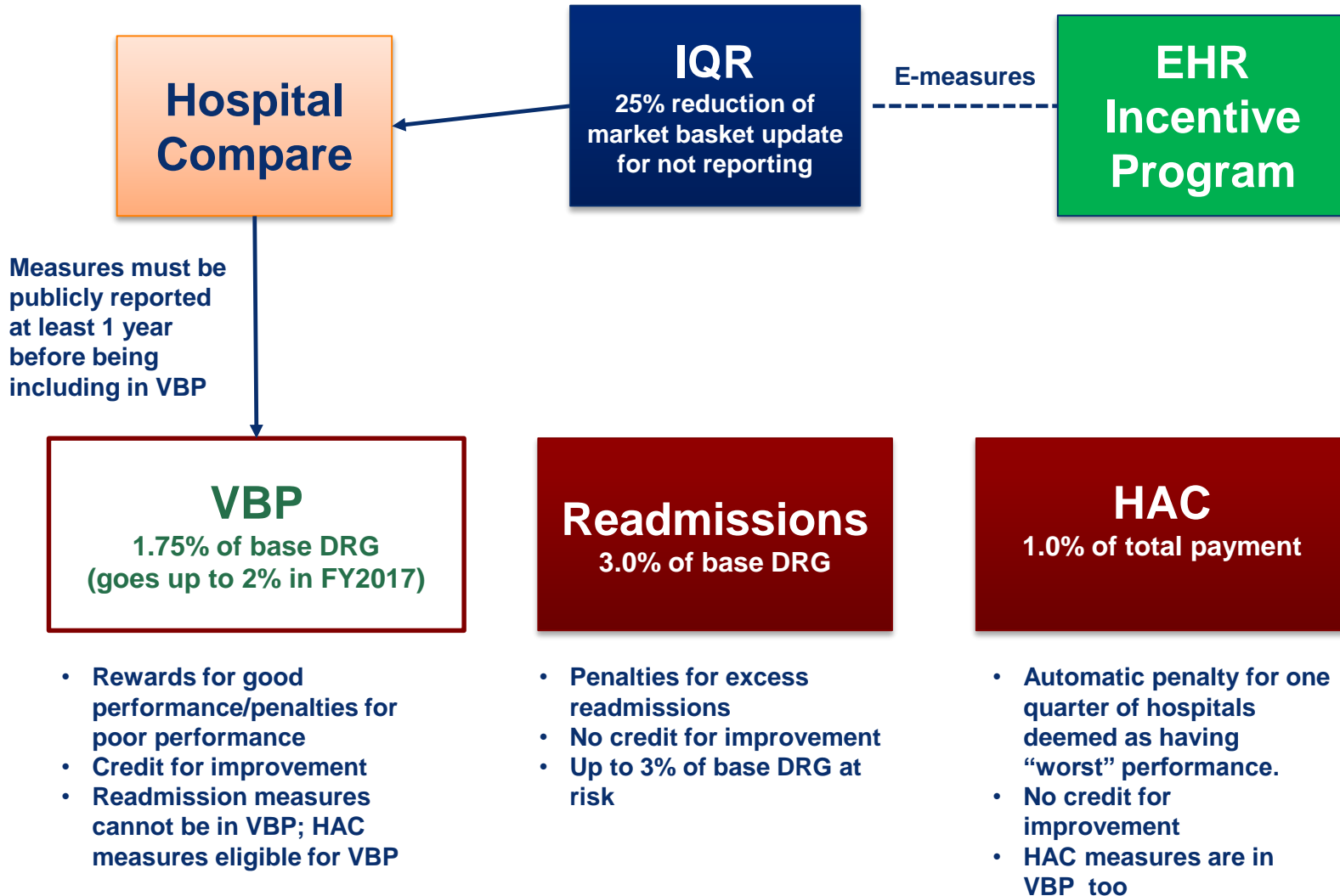
- Addition of one new measure in FY 2018 and one new measure in FY 2021
- Removal of two measures in FY 2018
- Removal of Clinical Care – Process measure domain
- Medical/Surgical ward CLABSI and CAUTI data inclusion and “new standard population data” starting FY 2019
- No discussion of ICD-10 transition

Agenda

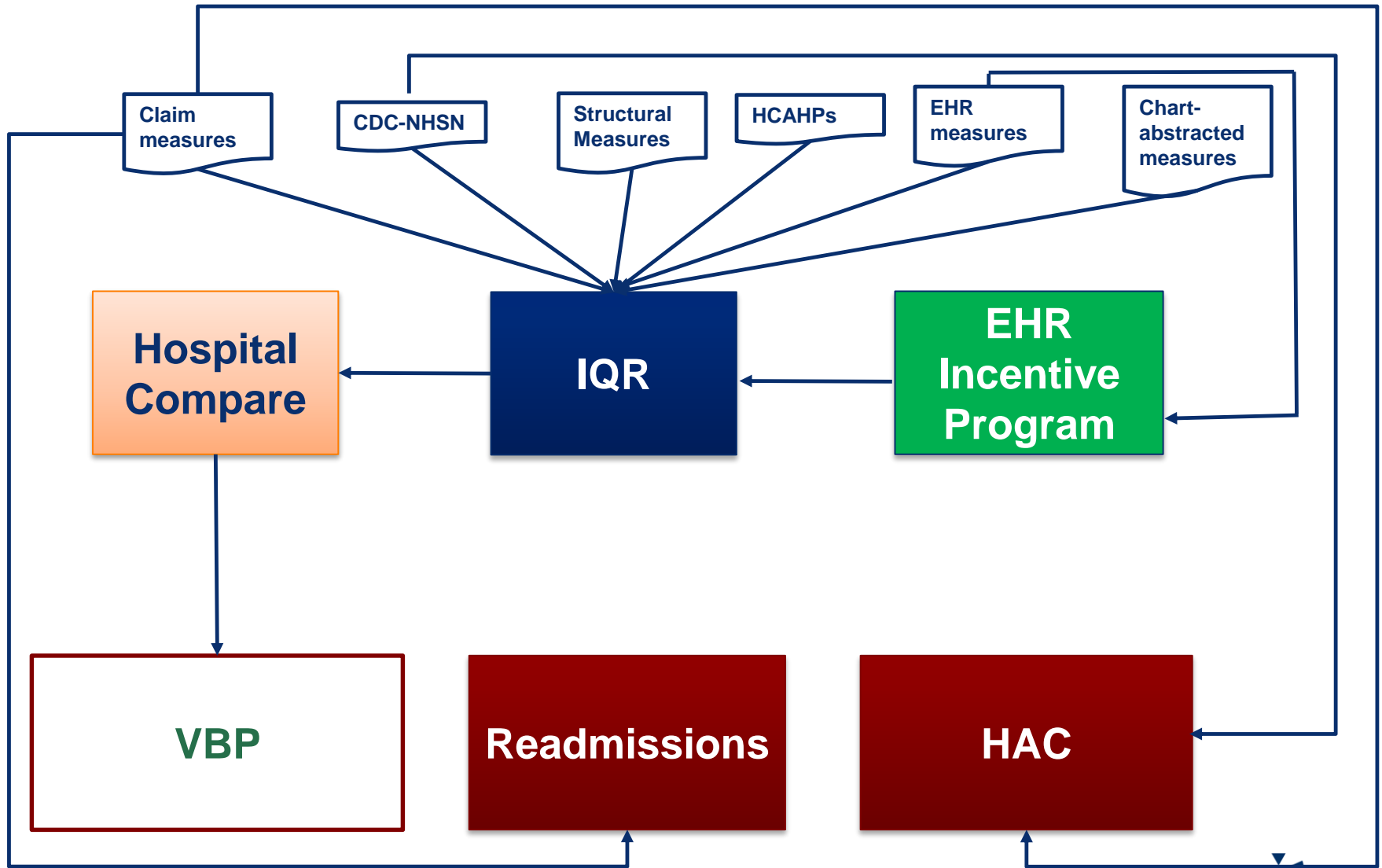
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Quality Summary- FY 2016

5.75% at risk in FY 2016 for performance



Multiple Data Sources Feed Into Measurement



CDC NHSN Measure Updates

Expansion of CLABSI and CAUTI Beyond ICU

- Expansion to Med/Surg wards
- For IQR Program, NHSN definitional changes started January 2015

Change in SIR Baselines

- CDC is updating the HAI national baselines (referred to as “standard population data”) to ensure that the number of predicted infections more accurately reflects national infection levels today.
- Updated baselines will affect how your standardized infection ratios (SIR) are calculated
- Current and new NHSN measure baselines are below. We will discuss how this affects VBP and HACRP during the webinar

	Calculation for “Current Standard Population Data” Based on Collection Period:	Calculation for “New Standard Population Data” will be Based on Collection Period:
CAUTI	CY 2009	CY 2015
CLABSI	CYs 2006 – 2008	CY 2015
SSI	CYs 2006 – 2008	CY 2015
MRSA	CYs 2010 – 2011	CY 2015
C. diff	CYs 2010 – 2011	CY 2015

Proposals to Incorporate CDC Changes

- FY 2019 will be the first year that CAUTI and CLABSI non-ICU data (Medical/Surgical wards) and new CDC population will be used for VBP payment determination

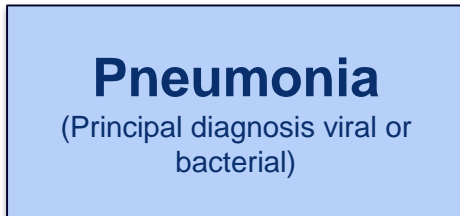
VBP Payment Year	FY 2017	FY 2018	FY 2019
	↓	↓	↓
Performance Year	CY 2015 Current Standard Population data	CY 2016 Current Standard Population data	CY 2017 New Standard Population data
Baseline Year	CY 2013 Current Standard Population data	CY 2014 Current Standard Population data	CY 2015 New Standard Population data

- FY 2018 will be the first year new CDC data will be used for HACRP payment determination

HACRP Payment Year	FY 2017	FY 2018 (expected)	FY 2019 (expected)
Domain 2 performance period (CDC-NHSN Measures)	CYs 2014 - 2015	CYs 2015 – 2016	CYs 2016 – 2017

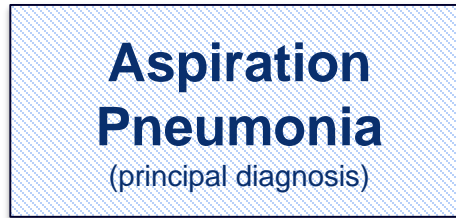
Proposed Expansion of the PN Readmissions and Mortality Measures

Current Pneumonia Cohort



OR

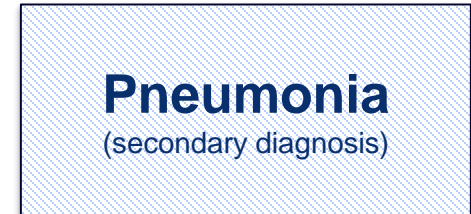
Proposed Expansion of Pneumonia Cohort



OR



AND



HRRP

- Proposed starting payment year FY 2017
- CMS predicts the inclusion of these diagnosis codes could expand the measure denominator by over 630,000 patients (from 976k to 1.6 million -- a 65% increase)
- Expanded measure has **not** been NQF reviewed and does **not** adjust for SES

IQR

- Expanded PN readmissions and mortality measures are expected to be reported on Hospital Compare in CY 2016

Cross Cutting Issues Discussion

- Seeking clinical feedback on the new pneumonia expansion criteria
- CDC-NHSN
 - New changes implemented
 - FY2018 HACRP payments
 - FY2019 VBP payments
 - Beneficial to start both programs at the same time?

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IQR Program Proposals

- Required electronic reporting starting in CY2016 for FY 2018
- Updated CDC measures (with new baselines) starting CY 2016
- Significant expansion of the pneumonia readmissions and mortality measures would be publicly reported on Hospital Compare in 2016
- CMS requesting feedback on EHR derived core clinical data elements
- Changes to measures for FY 2018:
 - CMS proposes removal of nine measures, while retaining six for electronic reporting
 - Proposed addition of eight measures (seven claims based measures, and one structural measure)

New Measures Proposed for IQR Starting FY 2018

Required Measures			
Measure	Data Collection	MAP Recommended?	NQF Endorsed?
THA/TKA payment per episode of care	Claims	Conditional support (NQF endorsement)	No
Kidney/UTI clinical episode based payment	Claims	Conditional support (NQF endorsement)	No
Spine fusion/refusion episode based payment	Claims	Conditional support (NQF endorsement)	No
Cellulitis clinical episode based payment	Claims	Conditional support (NQF endorsement)	No
Gastrointestinal hemorrhage clinical episode based payment	Claims	Conditional support (NQF endorsement)	No
Excess days in acute care after hospitalization for AMI	Claims	Conditional support (NQF endorsement and considered for SDS adjustment)	No
Excess days in acute care after hospitalization for HF	Claims	Conditional support (NQF endorsement and considered for SDS adjustment)	No
Patient Safety Culture	Structural	Yes	No

Feedback on measures? Thoughts on confidential reporting?



Proposed Removal of Measures From IQR Starting FY 2018

6 Chart Abstracted Specified Measures Proposed for Removal, but Retained as Electronic Clinical Quality Measures

STK-06: Discharged on Statin Medication

STK-08: Stroke Education

VTE-1: VTE Prophylaxis

VTE-2: ICU VTE Prophylaxis

VTE-3: VTE Patients with Anticoagulation Overlap Therapy

AMI-7a: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival

3 Measures Proposed for Removal

STK-01: VTE Prophylaxis

IMM-1: Pneumococcal Immunization

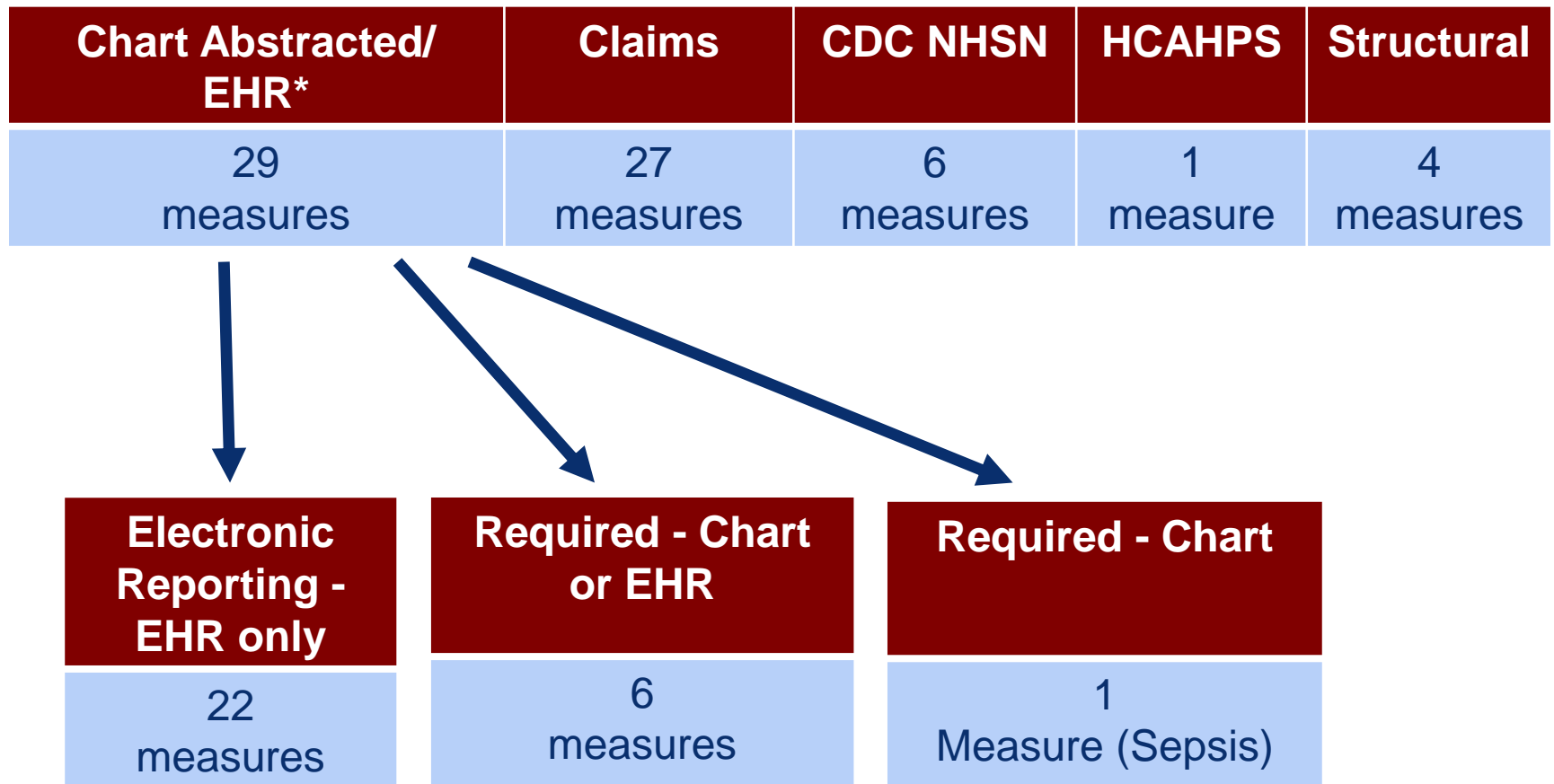
SCIP-Inf-4: Cardiac Surgery Patients with Controlled Postoperative Blood Glucose

Feedback on removal proposals?

Electronic Reporting Proposed for FY 2018

- CMS proposes to require electronic reporting of quality measures in the IQR Program starting FY 2018 payment determination
- Hospitals would be required to submit 16 of 28 e-measures that cover three national quality strategy domains (NQS)
- For FY 2018 payment purposes, hospitals would be required to submit Q3 and Q4 data in 2016
- Greater alignment with CQM requirements in the EHR incentive program

Breakdown of Finalized and Proposed IQR Measures for FY 2018



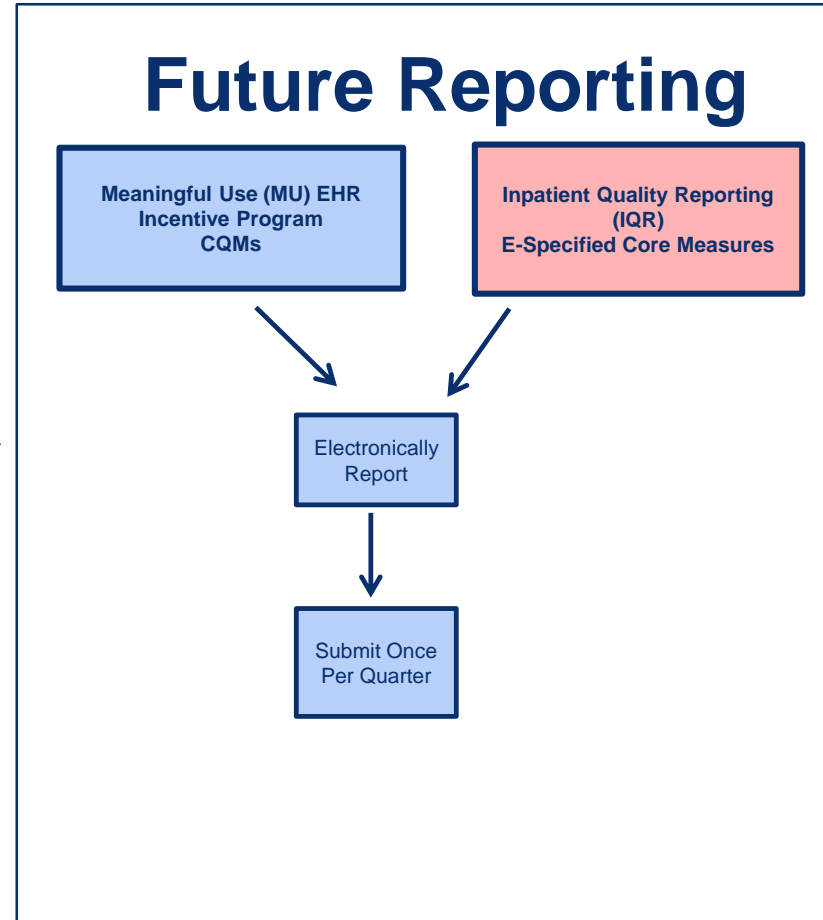
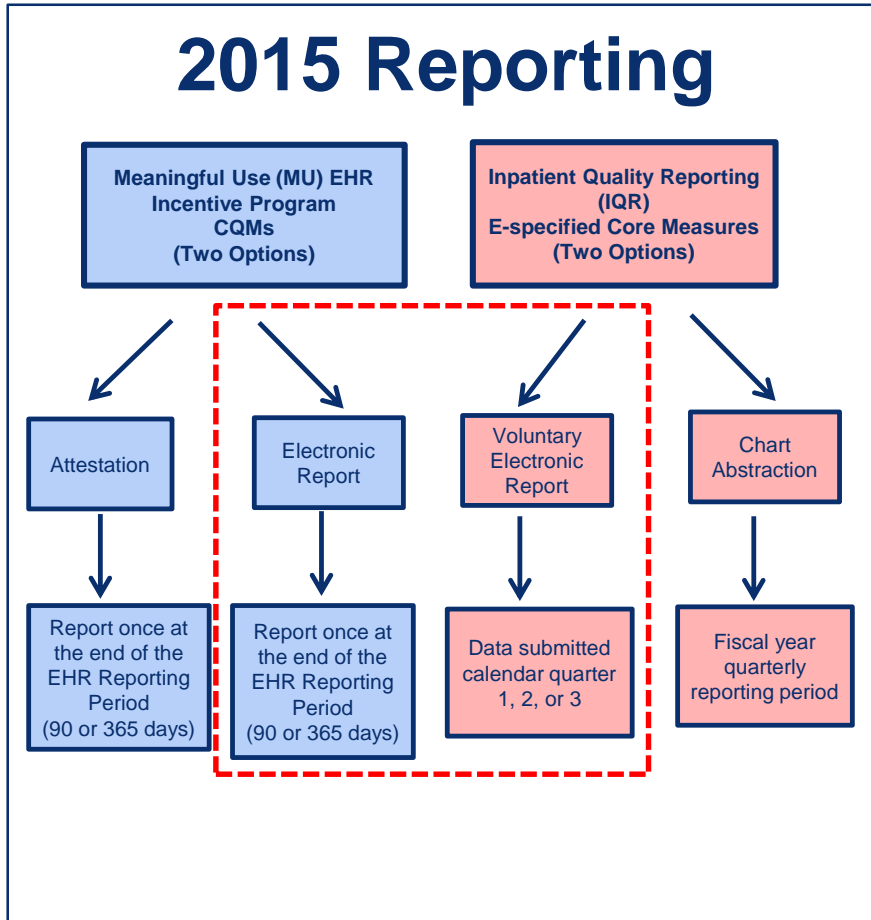
*Starting FY 2018, CMS has proposed a requirement that hospitals submit 16 of 28 E-CQMs across 3 domains (Data submission starting Q3 and Q4 of 2016)

E-Measure Breakdown by NQS Domain

Clinical Process/ Effectiveness	Clinical Process/ Effectiveness, Continued	Patient Safety	Patient and Family Engagement	Efficient Use of Healthcare Resources	Care Coordination
AMI-2	STK-5	VTE-1	ED-1	PN-6	STK-10
AMI-7A	STK-6	VTE-6	ED-2	SCIP-Inf-2a	ED-3*
AMI-8A	EHDI-1a	VTE-2	STK-8		
AMI-10	VTE-3	SCIP-Inf-9	CAC-3		
STK-2	VTE-4	HTN	VTE-5		
STK-3	PC-05	SCIP-Inf-1a			
STK-4	PC-01				

*ED-3 is an outpatient measure

Hospital IQR CQM and MU EHR Data Submission



EHR Core Clinical Data

- CMS seeks feedback on use of EHR derived data elements for risk adjustment of outcome measures
- CMS envisions a system where hospitals forward EHR extracted data, and CMS would perform the measure calculations.
- CMS previously identified a set of 21 core data elements consisting of **patient characteristics, first-captured vital signs, and first captured laboratory results** that can feasibly be extracted from EHRs, such as:
 - **Age, gender, blood pressure, hemoglobin levels**
- Any requirements for using EHR derived data elements would only be for specific “hybrid” measures that are proposed through rulemaking

IQR Discussion- E-measures

- What has your experience been with electronic reporting of measures?
 - Feasibility?
 - Accuracy of data?
- Thoughts on using EHR data for outcome measure risk adjustment purposes?

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Updates to VBP Program

FY 2016 Payments

- Reduction in base DRGs increased from 1.5% to 1.75% to fund incentive pool
- Amount at risk is \$1.49 billion
- CMS expects to release final FY 2016 VBP payment adjustment factors in October (Table 16B)
- CMS did not discuss how the transition to ICD-10 will affect the VBP Program in this rule

Proposed Changes to Measures in VBP Program

2 Chart Abstracted Specified Measures Proposed for Removal from VBP

FY 2018

- IMM-2: Influenza Immunization
- AMI-7a: Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival

2 Measures Proposed to be Added to VBP

FY 2018

- CTM-3: 3 Item Care Transition Measure

FY 2021

- Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease

Comments about measure proposals?



VBP Domain Weighting FYs 2017 - 2018

- CMS Proposes to Increase Safety Domain and Remove Clinical Care – Process Domain Starting FY 2018

	FY 2017 (Finalized)	FY 2018 (Proposed)
Safety	20%	25%*
Clinical Care	30% (Outcomes = 25%, Process = 5%)	25% (Outcomes = 25%, Process removed)
Efficiency and Cost Reduction	25%	25%
Patient Experience	25%	25%

* Includes PC01: Elective Delivery measure (proposed for Safety Domain starting FY 2018)

Comments about domain weights? Removal of process domain?

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HAC Reduction Program FYs 2016 – 2018 Updates

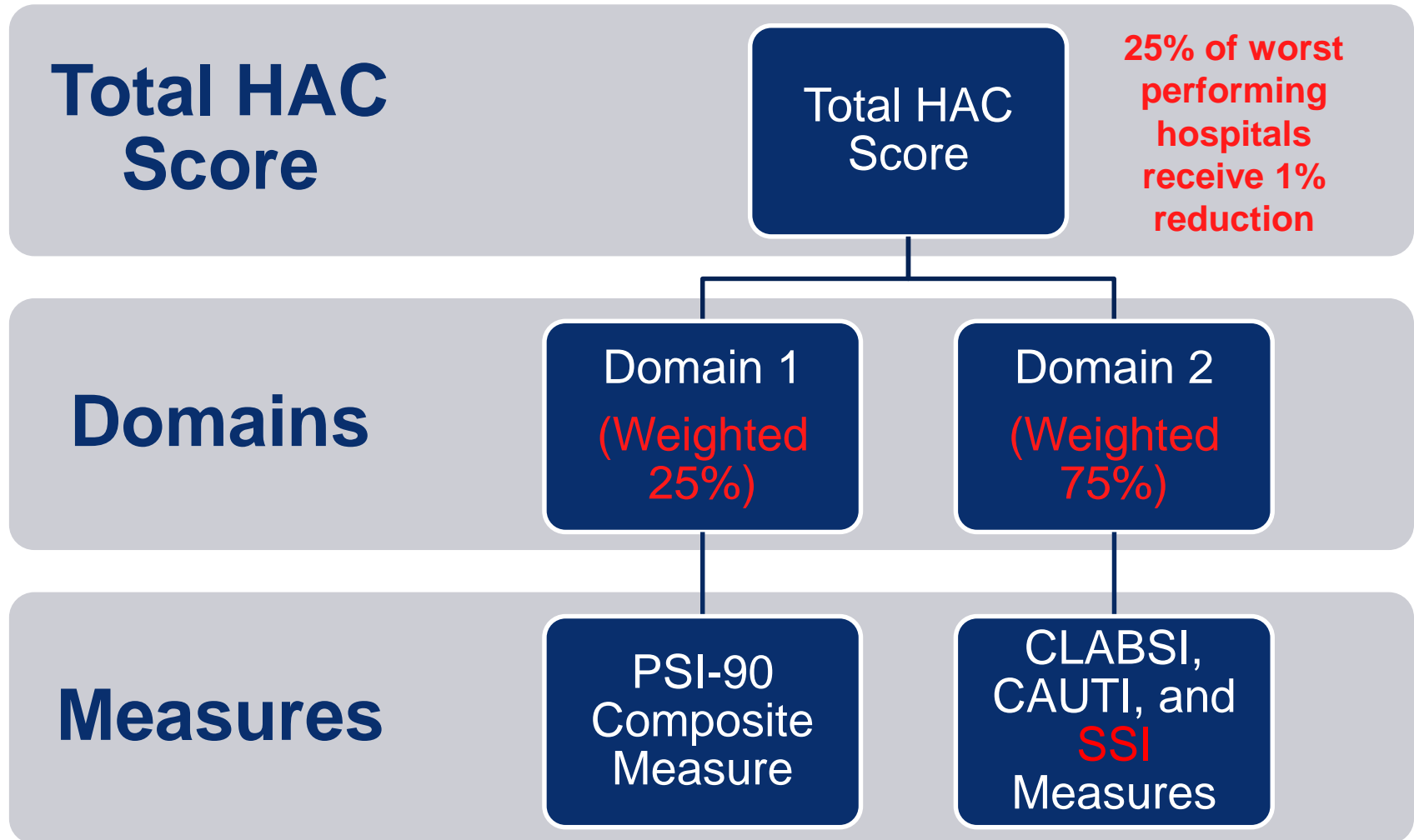
FY 2016

- Second year of the HAC Reduction Program
- First year that SSIs included for payment determination (MRSA and C. diff will start FY 2017)
- PSI-90 is undergoing NQF review. Current measure still used for Domain 1
- Proposed inclusion of extraordinary circumstance waiver

FYs 2017 & 2018

- Proposed changes:
 - Requirement to submit data for all Domain 2 measures starting FY 2017
 - Increase in Domain 2 weight to 85%; decrease in Domain 1 to 15% starting FY 2017
 - CLABSI and CAUTI data collection beyond ICU used for payment determination starting FY 2018
 - New CDC measure infection baselines will be incorporated into the HACRP starting FY 2018
- CMS predicts that 42.3 percent of major teaching hospitals will be penalized in FY 2016.
- FY 2016 HACRP Hospital Specific Reports expected to be available in late Summer 2015

HAC Reduction Program Framework for FY 2016

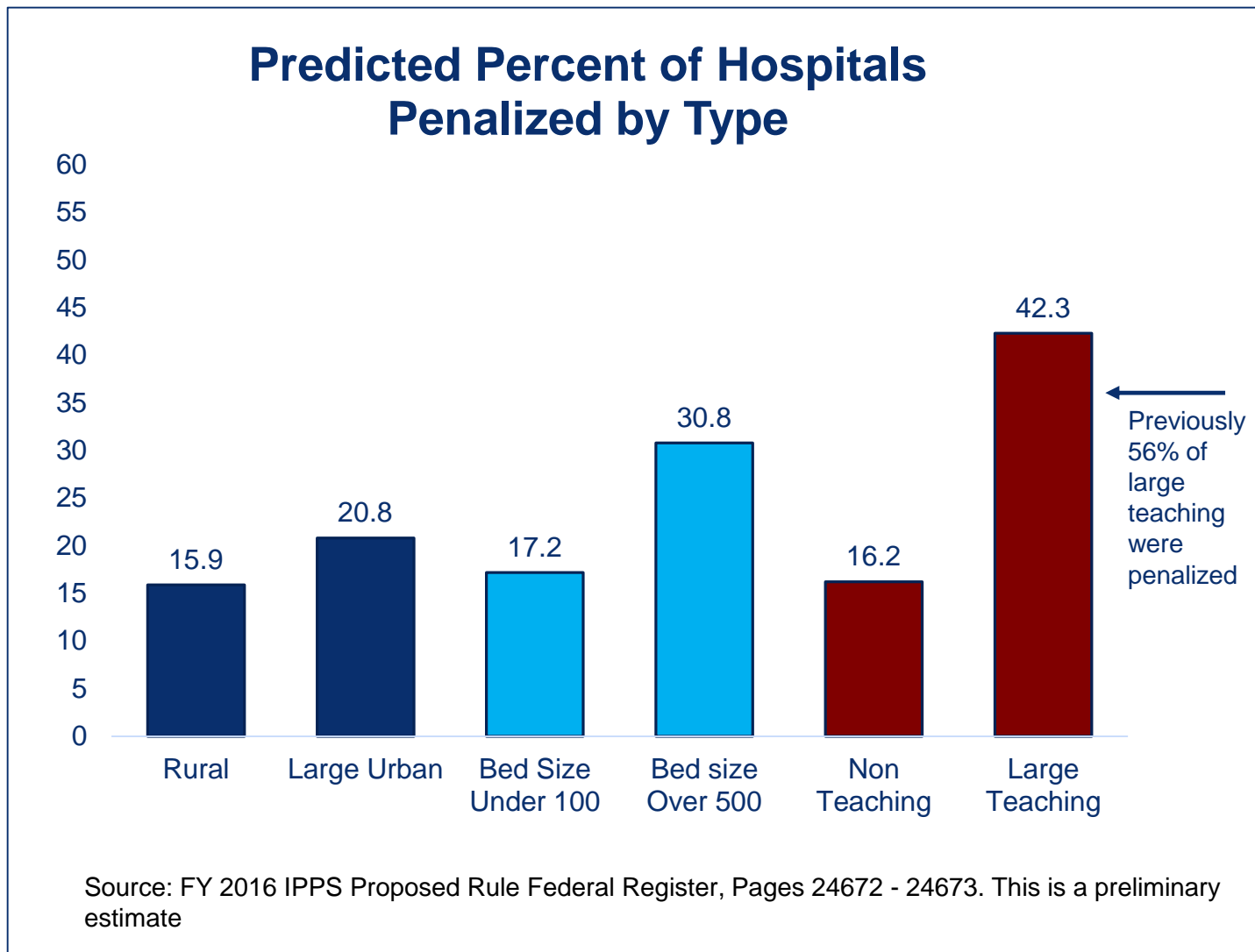


HACRP Measures and Domain Weights Through FY 2017

	FY 2015	FY 2016	FY 2017
Domain 1 performance period	July 2011 – June 2013	July 2012 – June 2014	July 2013 – June 2015
Domain 2 performance period	CYs 2012 – 2013	CYs 2013 – 2014	CYs 2014 - 2015
Domain 1 Weight	35%	25%	15% <i>(Proposed)</i>
• PSI 90*	x	x	x
Domain 2 Weight	65%	75%	85% <i>(Proposed)</i>
• CLABSI	x	x	x
• CAUTI	x	x	x
• SSI <i>(New for FY 2016)</i>		x	x
• MRSA			x
• C. diff			x

*PSI-90 Composite could expand (currently under NQF review). Any changes to the measure would go through rulemaking before it is used in a reporting or performance program

Breakdown of Hospitals Affected By HAC Reduction Program for FY 2016



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Hospital Readmissions Reduction Program Updates

- No new measures proposed for HRRP
 - Proposed a significant expansion of the pneumonia readmissions measure for FY 2017 HRRP payment adjustment
- No proposals relating to SES in the rule
- Proposed extraordinary circumstance waiver
- Proposed Performance period for FY 2016: July 1, 2011 through June 30, 2014

HRRP Measures FYs 2013 - 2017

	FY 2013 (July 1, 2008 – June 30, 2011)	FY 2014 (July 1, 2009 – June 30, 2012)	FY 2015 (July 1, 2010 – June 30, 2013)	FY 2016 (July 1, 2011 – June 30, 2014)	FY 2017 TBD**
AMI	X	X	X	X	X
HF	X	X	X	X	X
PN	X	X	X	X	X <i>(Expanded Population)*</i>
CODP			X	X	X
THA/TKA			X	X	X

*Proposed

**FY 2017 HRRP data collection time period has not yet been proposed

HACRP and HRRP Discussion

- Any concerns regarding the proposed changes to these two programs?

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Measure Summary Available

Measure	Payment Year IQR Program			FY 2019 (Oct 1 2018 - Sept 30 2019)
	FY 2016 (Oct 1 2015 - Sept 30 2016)	FY 2017 (Oct 1 2016 - Sept 30 2017)	FY 2018 (Oct 1 2017 - Sept 30 2018)	
Acute Myocardial Infarction (AMI) Measures (Chart Abstraction)				
AMI-2: Aspirin at Discharge	Removed	V	E	
AMI-7a Fibrinolytic therapy received within 30 minutes of hospital arrival	X	X	E	
AMI-8a : Primary PCI received within 90 minutes of hospital arrival	X	V	E	Re
AMI 10: Statin at discharge		V	E	
Heart Failure (HF) Measure (Chart Abstraction)				
HF-2 Evaluation of left ventricular systolic function	X	Removed		
Stroke (STK) Measure Set (Chart Abstraction)				
STK-1 Venous thromboembolism (VTE) prophylaxis	X	X	<i>Proposed for Removal</i>	
STK-2 Discharged on antithrombotic therapy	X	V	E	
STK-3 Anticoagulation therapy for atrial fibrillation/flutter	X	V	E	
STK-4 Thrombolytic therapy	X	X	X,E	
STK-5 Antithrombotic therapy by the end of hospital day two	X	V	E	
STK-6 Discharged on statin medication	X	X	E	
STK-8 Stroke education	X	X	E	
STK-10 Assessed for rehabilitation	X	V	E	

<https://www.aamc.org/download/412838/data/aamcqualitymeasurespreadsheet.xlsx>



New Measures Proposed with Measure Specifications

IQR Measures	
Measure	Measure Specifications Location/Details
THA/TKA payment per episode of care	Under “Hip and Knee Arthroplasty Payment” in the downloads section: http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html
Kidney/UTI clinical episode based payment	Under “proposed episodic payment measures” in the top right corner of the page: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228763452133
Lumbar Spine fusion/refusion episode based payment	Under “proposed episodic payment measures” in the top right corner of the page: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228763452133
Cellulitis clinical episode based payment	Under “proposed episodic payment measures” in the top right corner of the page: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228763452133
Gastrointestinal hemorrhage clinical episode based payment	Under “proposed episodic payment measures” in the top right corner of the page: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228763452133
Excess days in acute care after hospitalization for AMI	TBD
Excess days in acute care after hospitalization for HF	TBD
Patient Safety Culture	No specific survey is endorsed. Hospitals would need to report measure responses via a web based tool on qualitynet

New Measures Proposed with Measure Specifications, Continued

VBP Measures

Measure	Measure Specifications Location/Details
CTM-3: 3 Item Care Transition Measure	http://www.caretransitions.org/documents/CTM3Specs0807.pdf
Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate Following Chronic Obstructive Pulmonary Disease	Under “Chronic Obstructive Pulmonary Disease (COPD) Mortality Updates” in the downloads section: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html

Expanded Pneumonia Measures

Measure	Measure Details
30 Day All-Cause PN Readmissions Measure	Under “AMI-HF-PN-COPD-and-Stroke-Readmissions-Updates” under the downloads section: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html
30 Day All-Cause PN Mortality Measure	Under “AMI-HF-PN-COPD-and-Stroke-Readmissions-Updates” under the downloads section: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html

Thank You!

AAMC Staff

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Bundled Payments for Care Improvement (BPCI) Issues

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