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Tomorrow's Doctors, Tomorrow's Cures

FY 2015 Inpatient PPS Proposed Rule Quality Provisions Webinar

Learn
Serve
Lead

June 2, 2014

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The AAMC has moved. New Address: 655 K Street, Washington DC

Association of
American Medical Colleges

Agenda

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

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Important Info on Proposed Rule

- In *Federal Register* on May – available at http://www.gpo.gov/fdsys/pkg/FR-2014-05-15/pdf/2014-10067.pdf

  Comments due **June 30, 2014**

AAMC Resources Posted:

- **www.aamc.org/hospitalpaymentandquality**
- **May 27 webinar on Payment issues**
- **Jun 2 webinar on Quality issues**

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Quality Summary- FY 2015

5.5% at risk in FY 2015 for performance

Hospital Compare

IQR
25% reduction of market basket update for not reporting

Measures must be publicly reported at least 1 year before proposing for VBP

Readmission and HAC measures do not need to be publicly reported or included in IQR in advance, but they typically are

VBP
1.5% of base DRG
(goes up to 2% by FY2017)

- Rewards for good performance/penalties for poor performance
- Credit for improvement
- Readmission measures cannot be in VBP; HAC measures eligible for VBP

Readmissions
3.0% of base DRG

- Penalties for excess readmissions
- No credit for improvement
- Up to 3% of base DRG at risk

HAC
1.0% of total payment

- Automatic penalty for one quarter of hospitals deemed as having "worst" performance.
- No credit for improvement
- HAC measures are in VBP too

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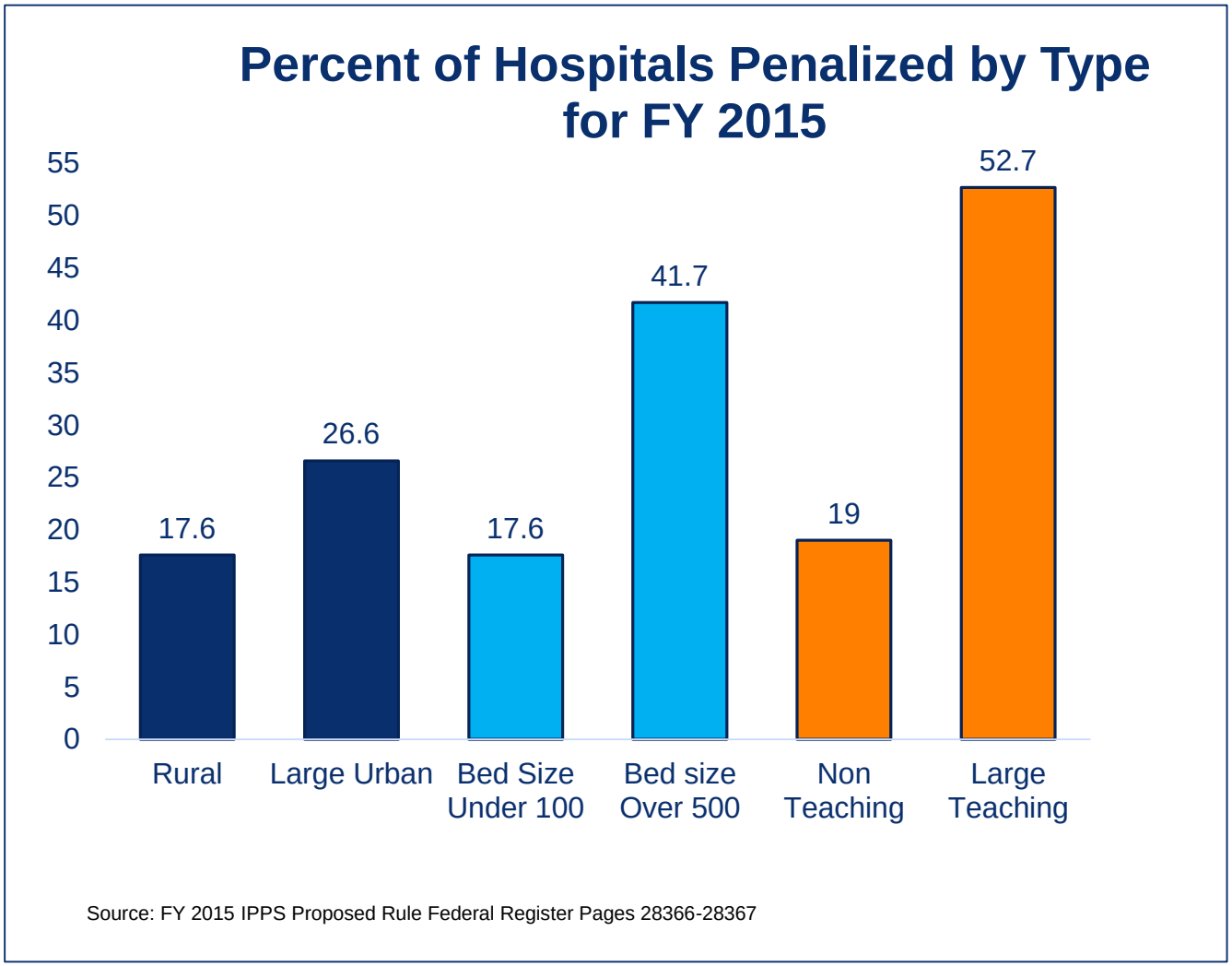
Breakdown of Hospitals Affected By HAC Reduction Program



Source: FY 2015 IPPS Proposed Rule Federal Register Pages 28366-28367

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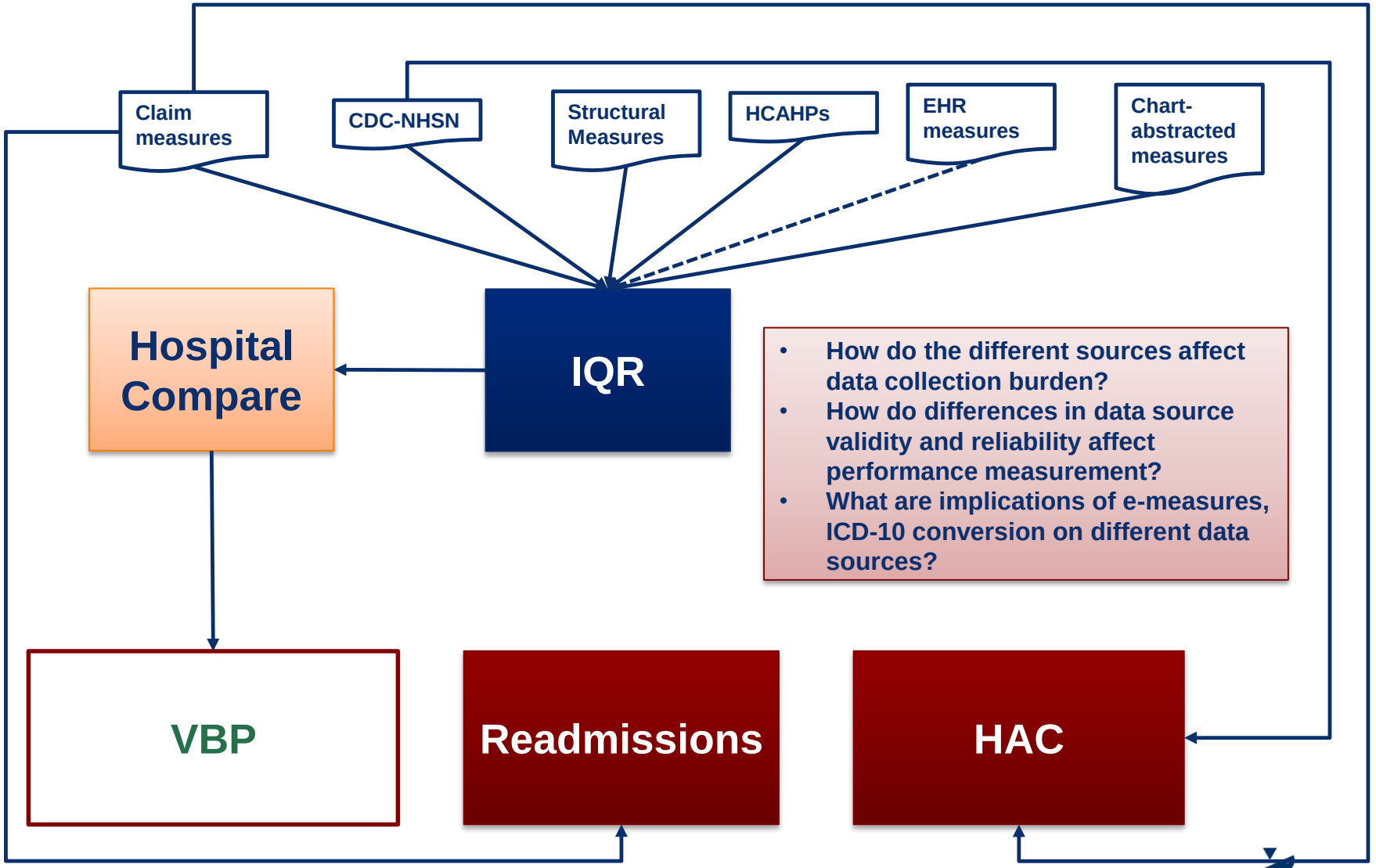
Multiple Data Sources Feed Into Measurement



- How do the different sources affect data collection burden?
- How do differences in data source validity and reliability affect performance measurement?
- What are implications of e-measures, ICD-10 conversion on different data sources?

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FY 2015 IPPS Proposed Rule – Key Takeaways (Quality Issues)

Value Based Purchasing Program

- Proposal to remove several process of care measures in FY 2017
  - Corresponding proposed shift in domain weights for FY 2017
- Feedback on ICD-10 transition
- Future episode of care measures

Hospital Acquired Condition Reduction Program

- Starts FY 2015, disproportionately penalizes teaching hospitals
- 1% reduction affects Base DRGs, and add-on payments IME, DSH
- Feedback on feasibility of EHR all-cause harm measure
- Proposed increase in weighting for Domain 2 (CDC NHSN) to 75 percent starting FY 2016
- Proposed single Surgical Site Infection (SSI) Standard Infection Ratio (SIR) calculation

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FY 2015 IPPS Proposed Rule – Key Takeaways (Quality Issues), continued

Readmissions Reduction Program

- CABG proposed starting FY 2017 (also proposed for IQR in FY 2017)
- Update of planned readmission algorithm (Version 3.0)

Inpatient Quality Reporting Program

- Single reporting of healthcare personnel influenza measure
- Expansion of CLABSI and CAUTI to non-ICU locations starting CY 2015– previously finalized
- New episode of care, complication, and readmission measures proposed starting FY 2017
- Voluntary electronic measure reporting

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FY 2015 IPPS Proposed Rule – Key Takeaways (Payment Issues)

- 1.3% hospital payment update (overall impact on all hospitals is 0.8%, but impact on major teaching hospitals is -1.3%)
- Documentation and Coding: -0.8% reduction for ATRA Recoupment (defers -0.55% prospective adjustment)
- Update labor market areas (based on most recent Census)
- Mostly technical GME changes
- Hospital Price Transparency: ACA requirement to make charges public

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FY 2015 IPPS Proposed Rule – Key Takeaways (Payment Issues) Continued

- 2 Midnight Rule: open for comments on how CMS should pay for “short stays”
- Medicare DSH: proposals related to the new labor market areas and the ACA DSH payment changes continue
- CMS will release separate interim final rule on ICD-10 with new compliance date (October 1, 2015)

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Federal Register Pages

Topic	FR Pages (May 15, 2014)
Value Based Purchasing Program	**28117-28134**
Hospital Acquired Conditions Program	**28134-28144**
Hospital Readmissions Reduction Program	**28105-28117**
Inpatient Quality Reporting Program	**28218-28253**
Payment Updates	28086-28088
Documentation & Coding	27995-27996
Wage Index & Occupational Mix Adjustment	28054-28070
GME Provisions	28144-28164
Medicare DSH ACA Changes	28094-28105
2 Midnight Rule and Short Stays	28169-28170
Outliers	28321-28324
New Technology	28028- 28054

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Updates to VBP Program for FY 2015

- Reduction in base DRGs increased from 1.25% to 1.5% to fund incentive pool
- Amount at risk is $1.4 billion
- First year of the efficiency domain (20% of the total VBP score). Domain contains one measure: Medicare Spending Per Beneficiary (MSPB)

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Proposed Removal and Addition of Measures

Six Topped Out Process of Care Measures Proposed for Removal (FY 2017)
• PN-6: Initial Antibiotic Selection for CAP in Immunocompetent Patient
• SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients
• SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
• SCIP-INF-9: Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2
• SCIP-Card-2: Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
• SCIP-VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Six Measures Proposed to be Added (FY 2017 & 2019)
2017
• Hospital-onset Methicillin-Resistant Staphylococcus Aureas (MRSA) Bacteremia
• *Clostridium Difficile* (C.Diff) Infection
• Early Elective Deliveries (PC-01)
• Re-adoption of CLABSI (Current Measure, not the Reliability-adjusted Measure)
2019
• Hospital-level Risk-standardized Complication Rate (RSCR) Following Elective Hip and Knee Arthroplasty
• Re-adoption of PSI-90

CMS removing several process of care measures and adding safety and outcome measures

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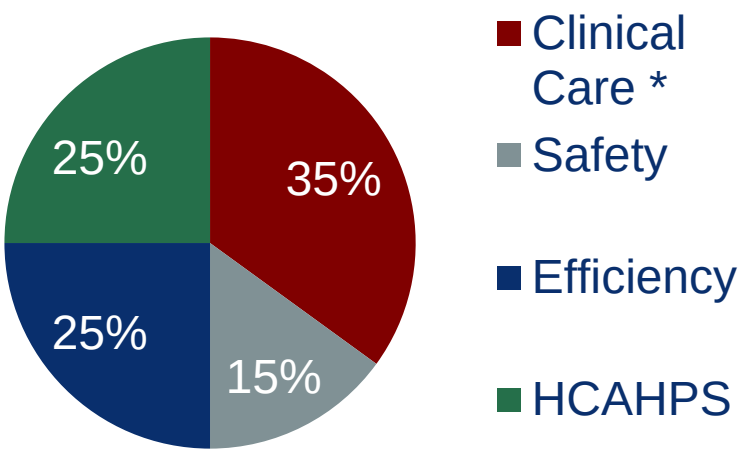
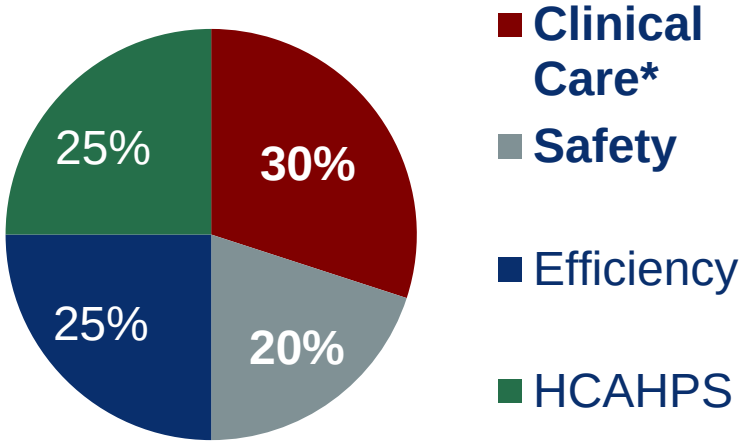
Proposed VBP Domains for FY 2017

Previously Finalized Domain Weighting FY 2017



Proposed Domain Weighting FY 2017



FY 2017 Proposal

- **Process of Care measures (Clinical Care Domain) would be reduced 5%**
- **Safety Measure Domain would be increased 5%**

*** Clinical care includes process of care measures and other outcome measures (mortality)**

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Proposed Performance Periods FY 2017-2020

Domain/Measures	Baseline Period	Performance Period
FY 2017 (Proposed, except as noted)		
Safety AHRQ PSI-90 NHSN (CLABSI, CAUTI, SSI, C.Diff, MRSA)	Oct. 1, 2010 – June 30, 2012 Jan. 1, 2013– Dec. 31, 2013	Oct. 1, 2013 – June 30, 2015 Jan. 1, 2015– Dec. 31, 2015
Clinical Care – Outcomes •Mortality*	Oct. 1, 2010 – June 30, 2012	Oct. 1, 2013 – June 30, 2015
Efficiency (Medicare spending per beneficiary)	Jan. 1, 2013 – Dec. 31, 2013	Jan.1, 2015 – Dec. 31, 2015
Patient Experience of Care (HCAHPS)	Jan. 1, 2013 – Dec. 31, 2013	Jan.1, 2015 – Dec. 31, 2015
*Previously finalized.		

Outcome Measure	Baseline Period	Performance Period
FY 2018		
Mortality*	Oct. 1, 2009– June 30, 2012	Oct. 1 2013 – June 30, 2016
AHRQ PSI*	July 1, 2010 – June 30, 2012	July 1, 2014 - June 30, 2016
FY 2019		
Mortality*	July 1, 2009 – June 30, 2012	July 1, 2014 - June 30, 2017
AHRQ PSI	July 1, 2011- June 30, 2013	July 1, 2015 -June 30, 2017
THA/TKA	July 1, 2010- June 30, 2013	January 1, 2015 - June 30, 2017
FY 2020		
Mortality	July 1, 2010-June 30, 2013	July 1, 2015- June 30, 2018
AHRQ PSI	No proposal	No proposal
THA/TKA	July 1, 2010-June 30, 2013	July 1, 2015- June 30, 2018
* Previously finalized.		

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Possible Future Measure Topics

Patient Experience

- Care Transition Measure (CTM-3) as part of the HCAHPS survey (In IQR--Scheduled to be reported on Hospital Compare in October 2014; Being considered for FY2018)

Medical Episodes (Not in IQR)

- 30-day Episode: Kidney/urinary tract infection
- 30-day Episode: Cellulitis
- 30-day Episode: Gastrointestinal hemorrhage

Surgical Episodes (Not in IQR)

- Surgical 30-day Episode: Hip replacement/revision
- Surgical 30-day Episode: Knee replacement/revision
- Surgical 30-day Episode: Lumbar spine fusion/refusion

Measures must be publicly reported for one year before being proposed for VBP

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Impact of ICD-10

Background

- Transition to ICD-10 now scheduled to start October 1, 2015
- Could result in disconnect between performance and benchmark periods– impacting achievement and improvement scoring

Feedback Requested

- CMS asking for feedback on how performance scoring should be adjusted under VBP. Possible options:
  - If measure performance results are substantially different, CMS could retrospectively adjust performance standards
    - CMS could also perform similar adjustments to hospitals' measure rates, scores, or TPSs.
  - CMS could only score measures on achievement

CMS Analyzing Impact of ICD-10 Transition With the Following Actions:

- Assess impact on measure denominators after ICD-10 measure specifications are released
- Solicit feedback from maximum 9 hospitals to estimate impact of ICD-10 on their hospital VBP measure rates and denominator counts

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VBP Discussion

- Suggestions or recommendations to address ICD-10
  - Have organizations tested performance measures with ICD-10?
  - Any lessons learned from your organizations with ICD-10 testing?
    - Implications for claims analyses
    - Implications for historical benchmarking

- Feedback on measure changes for FY 2017 (slide 14)
  - Concerns with transitioning away from the process of care measures?
  - Concerns with new measures?

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HAC Reduction Program Recap

- HAC Reduction Program starting FY 2015
- Hospitals in the worst performance quartile of HACs will face a 1 percent reduction in all payments (including IME and DSH)
- HAC reductions will be applied after adjustments for the VBP and the Readmission Reduction Programs
- CMS plans to report HAC Reduction Program data on Hospital Compare in December 2014
- HAC Reduction Program has two domains:
  - Domain 1 – Claims measure
  - Domain 2 – CDC NHSN Measures
- Teaching hospitals disproportionately affected by HAC Program

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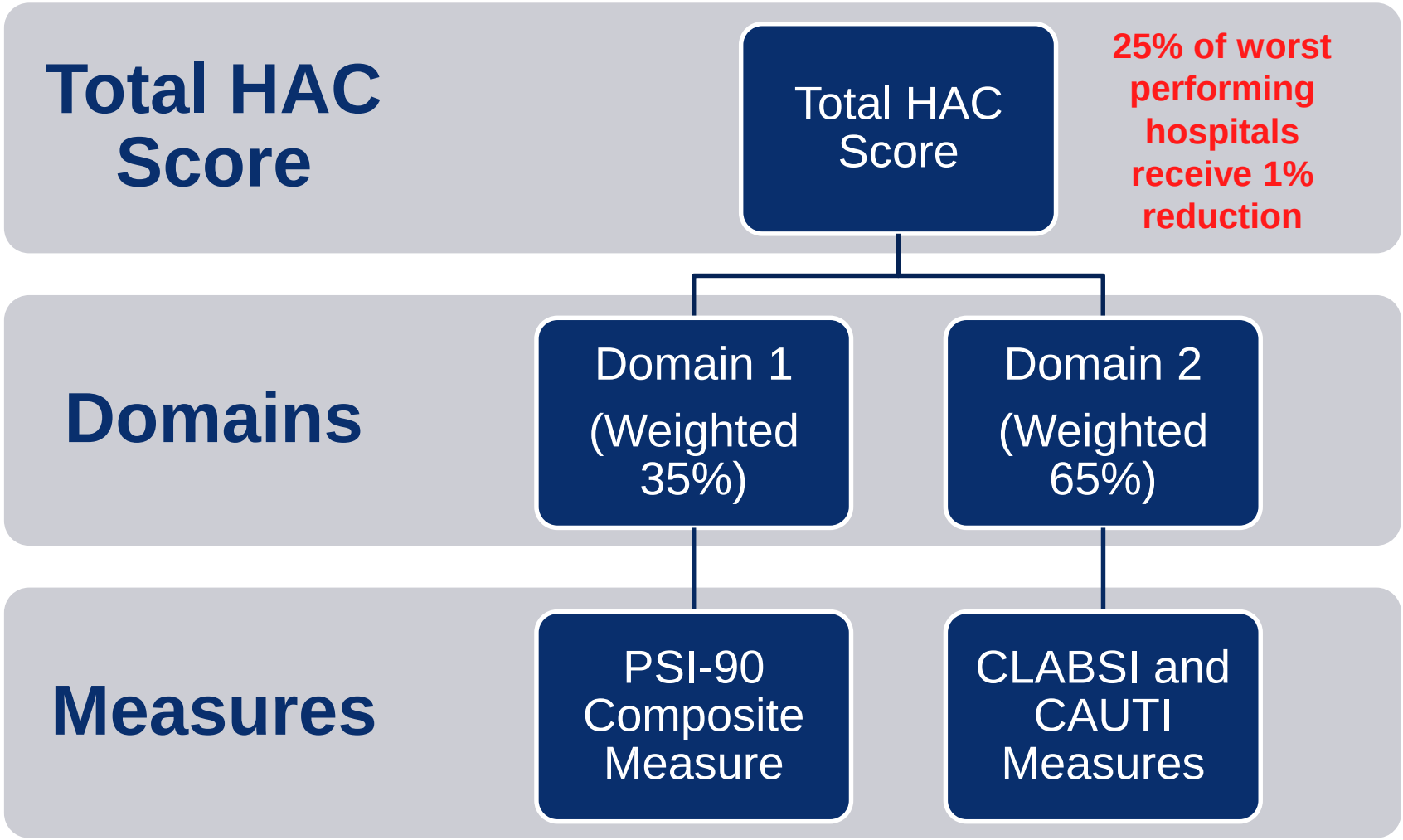
HAC Reduction Program Framework Finalized for FY 2015



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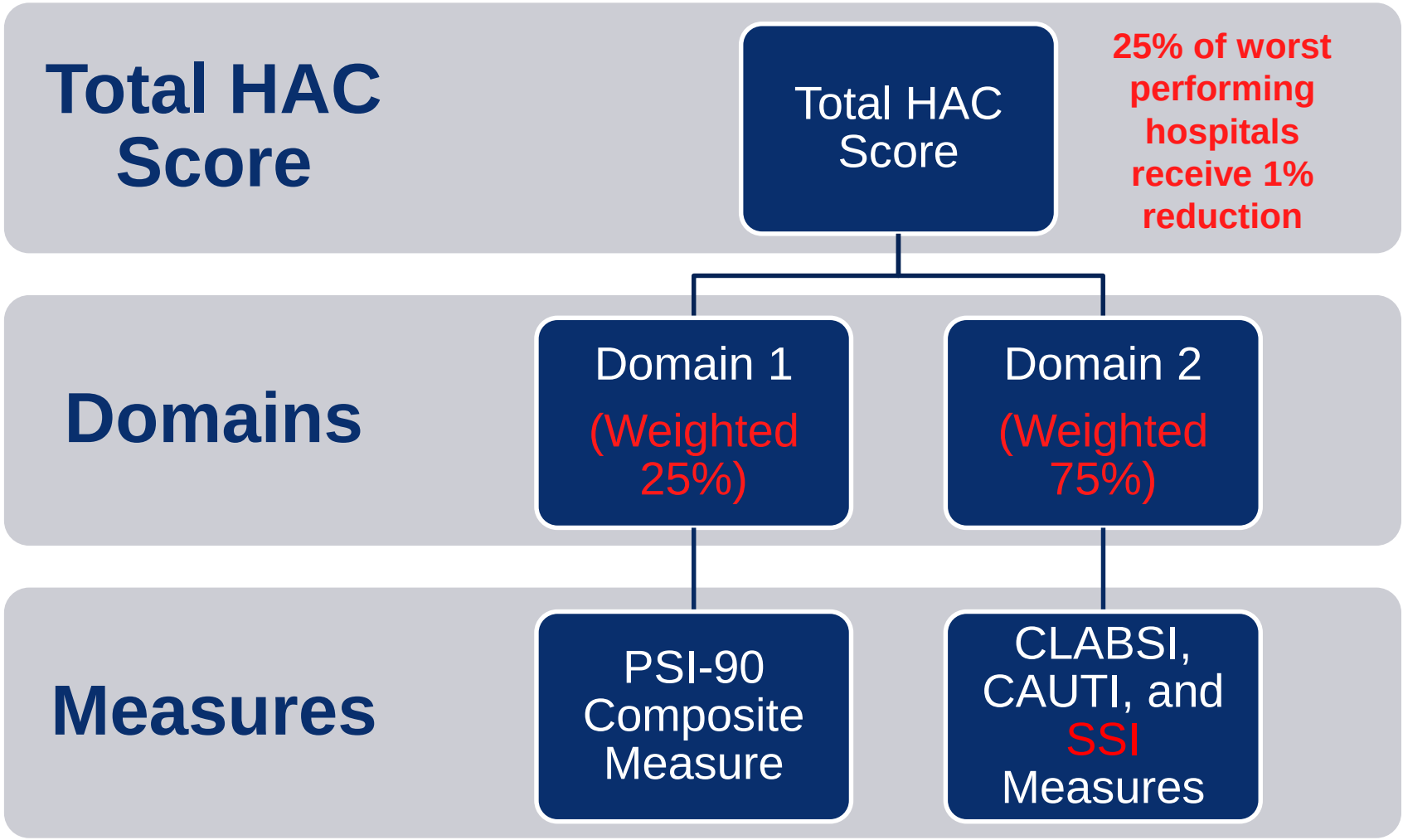
HAC Reduction Program Framework Proposed for FY 2016



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HAC Domains and Measures (Finalized)

Domain 1
(AHRQ PSI-90 Composite)

- The PSI-90 Composite consists of:
- PSI-3: pressure Ulcer
- PSI-6: latrogenic pneumothorax
- PSI-7: central venous catheter-related blood stream infection rate.
- PSI-8: hip fracture rate
- PSI-12: postoperative PE/DVT rate
- PSI-13: sepsis rate
- PSI-14: wound dehiscence rate
- PSI-15: accidental puncture

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

Domain 2
(CDC Measures)

- **2015 (2 measures)**
  - CAUTI
  - CLABSI
- **2016 (1 additional measure)**
  - Surgical Site Infection (Colon Surgery and Abdominal Hysterectomy)
- **2017 (2 additional measures)**
  - MRSA
  - C Diff

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HAC Program: Additional Issues

- 30 day review and correction period before data is reported on Hospital Compare
- CMS requested feedback on inclusion of a extraordinary circumstance/disaster waiver exemption
- Data Collection Periods for FY 2015 & 2016
  - FY 2015
    - Domain 1: July 2011 – June 2013
    - Domain 2: CYs 2012 & 2013
  - FY 2016
    - Domain 1: July 2012 – June 2014
    - Domain 2: CYs 2013 & 2014

HAC Measure Scoring Methodology

- The performance range for each of the measures will be divided into 10 deciles. All hospitals will receive between 1 and 10 points for each measure
- CMS will handle “ties” by assigning all hospitals with the same result the same number of points based on the lowest appropriate percentile (i.e. if 13% of hospitals score a zero on a measure, all 13% would receive 1 point)
- CMS states that the worse quartile is defined by a score > 7 points. HPA analysis of the CMS file of hospital-specific scores shows that 23% of hospitals will be penalized
- **CMS list of hospital level HAC information can be found here (table 17):** http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Proposed-Rule-Home-Page-Items/FY2015-IPPS-Proposed-Rule-Tables.html?DLPage=1&DLSort=0&DLSortDir=ascending

To Calculate HAC Score (FY 2015):

(Domain 1 Score x 35%) + (Domain 2 Score x 65%) =Total HAC Score*

*Hospitals reporting measures in 2 domains

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Surgical Site Infection (SSI) Scoring Methodology (FY 2016)

- CMS proposes to pool SSI for abdominal hysterectomies and colon procedures into a single standardized infection ratio (SIR) for each hospital

Potential Addition to HAC: Electronic All-Cause Harm Measure

- CMS is considering inclusion of an all-cause harm electronic measure
- CMS states some hospitals have already developed/adopted methodology to track and respond to all-cause harm through their EHR
- CMS requesting feedback on whether a standardized electronic composite measure should be used in conjunction, or instead of, PSI-90.
  - CMS seeking examples of an electronic all-cause harm measures

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HAC Discussion

HAC

- Any questions/concerns with consolidating the two surgical site infections?
- Feedback on EHR all-cause harm measure
  - Are there examples of this type of measure?
  - Are there other ways to better measure HAC?
- Other questions/comments?

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Updates to Hospital Readmissions Reduction Program

- Maximum penalty increases to 3% in FY 2015
- CMS proposes to add 1 new measure in FY 2017: CABG
- Proposed changes to Planned Readmissions Algorithm (Version 3.0) and to Total Hip/Total Knee Arthroplasty methodology
- Performance period July 1, 2010 through June 30, 2013

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New Measure Proposed Starting FY 2017

- **Coronary Artery Bypass Graft (CABG)**
  - Recommended by MedPAC
  - CABG also proposed for IQR starting FY 2017

Measures Currently in HRRP Program

- 30 day readmissions for:
  - HF (Started FY 2013)
  - AMI (Started FY 2013)
  - PN (Started FY 2013)
  - COPD (Starting FY 2015)
  - THA/TKA (Starting FY 2015)

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Changes to Planned Readmissions Algorithm

- CMS proposes to apply a revised Planned Readmissions Algorithm (Version 3.0) to finalized measures starting FY 2015 and to CABG starting FY 2017.
- The Algorithm would no longer count the following procedures as planned readmissions:
  - Therapeutic Radiation (AHRQ CCS 211)
  - Cancer Chemotherapy (AHRQ CCS 224) – when the principle diagnosis is not “Maintenance Chemotherapy”
- Additions to principal diagnoses that are always unplanned
  - Hypertension with complications (AHRQ CCS 99)
  - Acute pancreatitis (ICD-9 577.0)
  - Certain Biliary Tract Disease diagnoses

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Refinement of THA/TKA 30-Day Readmission Cohort

- CMS is proposing to refine the measure methodology to exclude patients with hip fracture as the principal or secondary diagnosis.

HRRP Discussion

- Feedback on proposed change to planned readmission algorithm.
- Feedback on the THA/TKA readmissions measure changes
- AAMC will comment on the need to have CABG results published before including readmission rates in HRRP.
  - Any other considerations related to measuring CABG readmissions?

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Overview of Measures in IQR

Proposed for FY 2017: Counts of Required IQR Measures and Measures for Voluntary EHR Reporting	
IQR measures required for 2016 payment	57
2016 measures removed for 2017[1]	-16
New measures required for 2017[2]	+5
Total IQR measures required for 2017 payment	46
Total voluntary EHR measures in 2017	28
Required IQR measures	12
Voluntary EHR measures only	16

[1] The proposed rule lists 20 measures removed from the IQR for 2017; of these, 4 had previously been suspended and were not required in 2016.
[2] The proposed rule counts 11 new measures for 2017. Of these, 6 are voluntary EHR reporting only.

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CMS Proposal to Removal IQR Measures Starting FY 2017

10 Measures Proposed for Removal from the IQR Program
AMI-1: Aspirin at Arrival (Previously Suspended)
AMI-3: ACEI or ARB for Left Ventricular Systolic Dysfunction- Acute Myocardial Infarction (AMI) Patients (NQF #0137)
AMI-5: Beta-Blocker Prescribed at Discharge for AMI (NQF#0160) (Previously Suspended)
HF-2: Evaluation of Left Ventricular Systolic Function (NQF #0135)
SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (48 Hours for Cardiac Surgery) (NQF #0529)
SCIP-Inf-4: Cardiac Surgery Patients with Controlled Postoperative Blood Glucose (NQF #03
SCIP-Inf-6: Surgery Patients with Appropriate Hair Removal (NQF #030) (Previously Suspended)
SCIP-Card-2: Surgery Patients on Beta Blocker Therapy Prior to Arrival Who Received a Beta Blocker During the Perioperative Period (NQF #0284)
SCIP-VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery (NQF #0218)
Participation in a Systematic Database for Cardiac Surgery (NQF #0113)

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CMS Proposal to Remove/Retain IQR Measures Starting FY 2017

10 Measures Proposed to be Removed from IQR, but Retained as a Voluntary Electronic Clinical Quality Measure
AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival (NQF #0163)
PN-6: Initial Antibiotic Selection for Community-acquired Pneumonia (CAP) in Immunocompetent Patients (NQF #0147)
SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (NQF #0527)
SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients (NQF #0528)
SCIP-Inf-9: Urinary Catheter Removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) With Day of Surgery Being Day Zero (NQF #0453)
STK-2: Discharged on Antithrombotic Therapy (NQF #0435)
STK-3: Anticoagulation Therapy for Atrial Fibrillation/flutter (NQF #0436)
STK-5: Antithrombotic Therapy by the End of Hospital Day Two (NQF #0438)
STK-10: Assessed for Rehabilitation (NQF #0441)
VTE-4: Patients Receiving un-fractionated Heparin with Doses/labs Monitored by Protocol

CMS Proposal for New IQR Measures

5 Measures Proposed as IQR Required Measures

Measure	Data Collection	NQF-Endorsed?
Hospital 30-day, all-cause, unplanned, risk-standardized readmission rate (RSRR) following coronary artery bypass graft (CABG) surgery	Claims	No
Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following coronary artery bypass graft (CABG) surgery	Claims	No
Hospital-level, risk-standardized 30-day episode-of-care payment measure for pneumonia	Claims	No
Hospital-level, risk-standardized 30-day episode-of-care payment measure for heart failure	Claims	No
Severe Sepsis and Septic Shock: Management Bundle (NQF# 500)	Chart-abstracted	Yes

6 Measures Proposed for Voluntary Electronic Health Reporting

Hearing Screening Prior to Hospital Discharge (NQF #1354)
PC-05 Exclusive Breast Milk Feeding and the subset 1042 measure PC-05a Exclusive Breast Milk Feeding Considering Mother's Choice (NQF #0480)
CAC-3 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
Healthy Term Newborn (NQF #0716)
AMI-2 Aspirin Prescribed at Discharge for AMI (NQF #0142)
AMI-10 Statin Prescribed at Discharge (NQF #0639)

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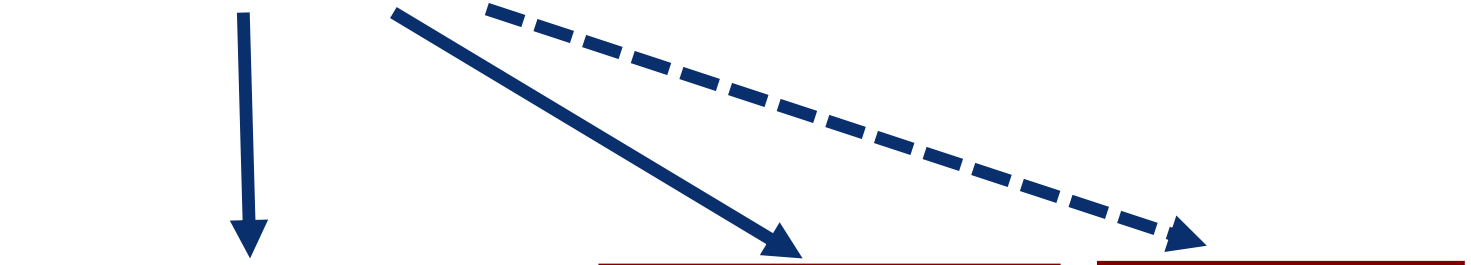
Breakdown of Finalized and Proposed IQR Measures for FY 2017

Chart Abstracted/ EHR	Claims	CDC NHSN	HCAHPS	Structural
15 required measures	21 measures	6 measures	1 measure	3 measures



Required - Chart only (EHR specs not available)	Required - Chart or EHR	Voluntary - EHR only
3 measures	12 measures	16 measures

2014 CEHRT eCQM requires reporting of 16 measures of 29 (28 inpatient) across 3 domains

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Proposals for Electronically Submitted Measures Starting FY 2017

- Providers may voluntarily report 16 of 28 measures that align with EHR Incentive Program
- Must electronically report data for a full year
- EHR Incentive reporting period is modified to quarterly submission to match IQR
  - See page 28245 of Fed Register
- Hospitals that successfully submit electronic measures would not need to submit chart abstracted data for validation purposes
- CMS had finalized a policy that electronic data would only be reported if it is “accurate enough”
  - CMS now intends to publicly report this data (without being validated) when submitted for FY 2016 payment determination
  - Data submitted for FY 2017 payment determination will also be publicly reported, but hospitals will have a preview period
- CMS intends to propose required electronic reporting for some IQR measures in next year’s rule.

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Additional Updates

- Expansion of CLABSI and CAUTI to select non-ICU locations will start January 1, 2015– already finalized by CMS
- CMS proposes to update the planned readmission algorithm methodology and the THA/TKA measure
- Under the proposed rule, hospitals selected for data validation would submit 18 patient charts per quarter (for a total of 72 charts per year). The majority of these charts would be to validate HAI measures.
  - For validation purposes, CMS would also allow digital images of the charts to be submitted through qualitynet.
- CMS clarifies that for the healthcare personnel vaccination measure (adopted for IQR and OQR), hospitals should only report a single vaccination count by CMS Certification Number (CCN).

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IQR Discussion

- Are members submitting electronic measures?
  - Have you noticed differences in performance?
  - Do you prefer certain e-measures to chart-abstracted measures? (or vice versa?)

- AAMC has commented on validity issues and comparability of EHR and chart abstracted measures. Are there other concerns?

- Feedback on new required measures (slide 40)

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Individual Proposed Measure

VBP

- Concerns with the proposed measures (CDC measures or elective delivery measure)
- Concerns with the “future measures”
  - Care transition measure
  - Medical and surgical episode of care measures

Readmissions

- Concerns with the addition of (CABG)

IQR

- Concerns with sepsis bundle measure
- Concerns with the claims measures
- Concerns with electronic measures

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Thank You!

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