



Tomorrow's Doctors, Tomorrow's Cures

FY 2014 Inpatient PPS Proposed Rule Quality Provisions Webinar

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Learn

Serve

Lead



Association of
American Medical Colleges

Important Info on Proposed Rule

- In *Federal Register* on May 10 – available at <http://www.gpo.gov/fdsys/pkg/FR-2013-05-10/pdf/2013-10234.pdf>
- Comments due **June 25, 2013**
- **Slides Posted:**
www.aamc.org/hospitalpaymentandquality

Key Proposals

- **Hospital Acquired Condition (HAC) Reduction Program**
 - Starts in 2015, disproportionately affects teaching hospitals
 - 1% reduction affects Base DRG, IME, DSH
- **Value Based Purchasing (VBP)**
 - Domain weights shift from process to outcome measures starting in FY2016
- **Readmissions**
 - Inclusion of planned readmission algorithm starting in FY 2014
 - Add COPD, Total Hip/Knee Arthroplasty in FY 2015
- **IQR**
 - Voluntary EHR reporting for some IQR measures – also meets MU CQM criteria
 - New COPD and stroke mortality and readmission measure
 - New AMI efficiency measure

Page Numbers in Federal Register

Program	Starting Page in Federal Register
HACS	Pg. 27622
VBP	Pg. 27606
Readmissions	Pg. 27594
IQR	Pg. 27677

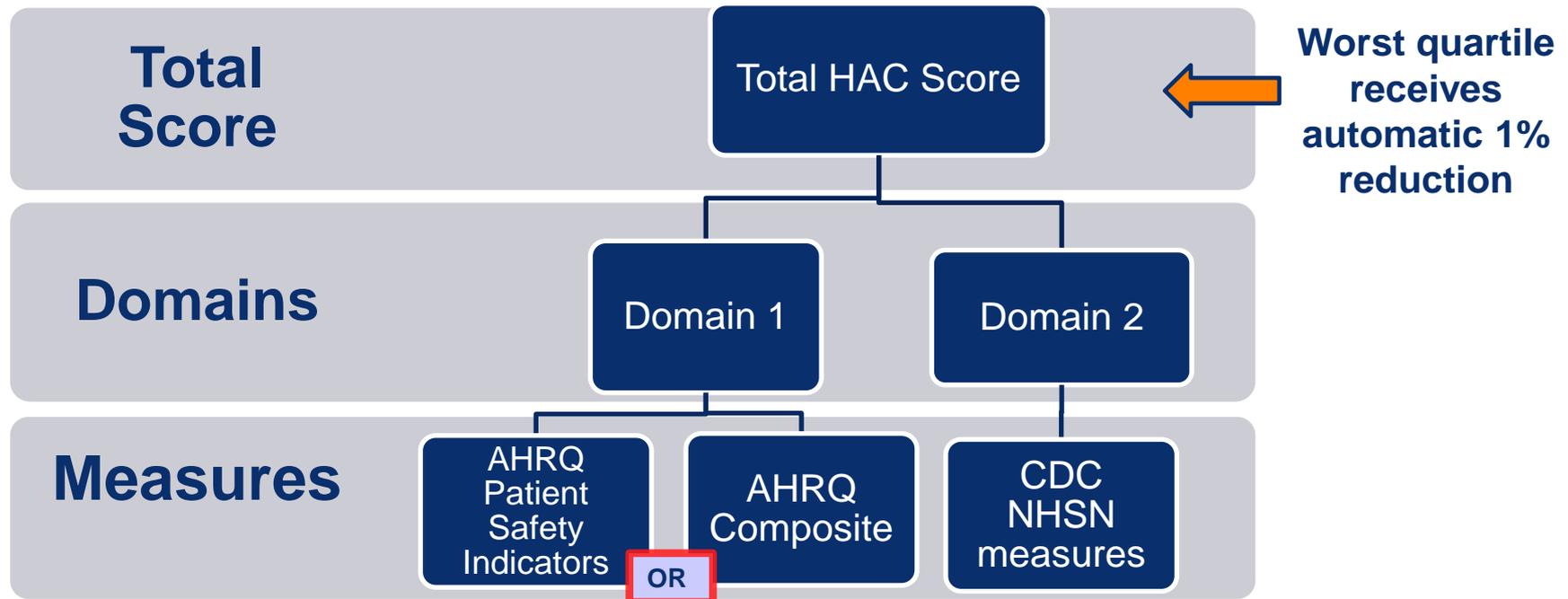
Hospital Acquired Condition (HAC) Reduction Program

Section 3008 of ACA Requirements

- HHS Secretary must establish a HAC payment adjustment (reduction of 1 percent for affected hospitals) for all inpatient hospital payments
 - Appears to include IME and DSH
- Applies to a quarter of all hospitals (those with lowest performance)
- “Hospital acquired condition” definition – look to the HAC Nonpayment Program and any other condition determined appropriate by the Secretary.
 - This HAC program is in addition to the HAC Non-Payment Program
- Reductions will be applied after adjustments for the VBP and the readmissions programs
- HAC program starts FY 2015

HAC Reduction Program Framework

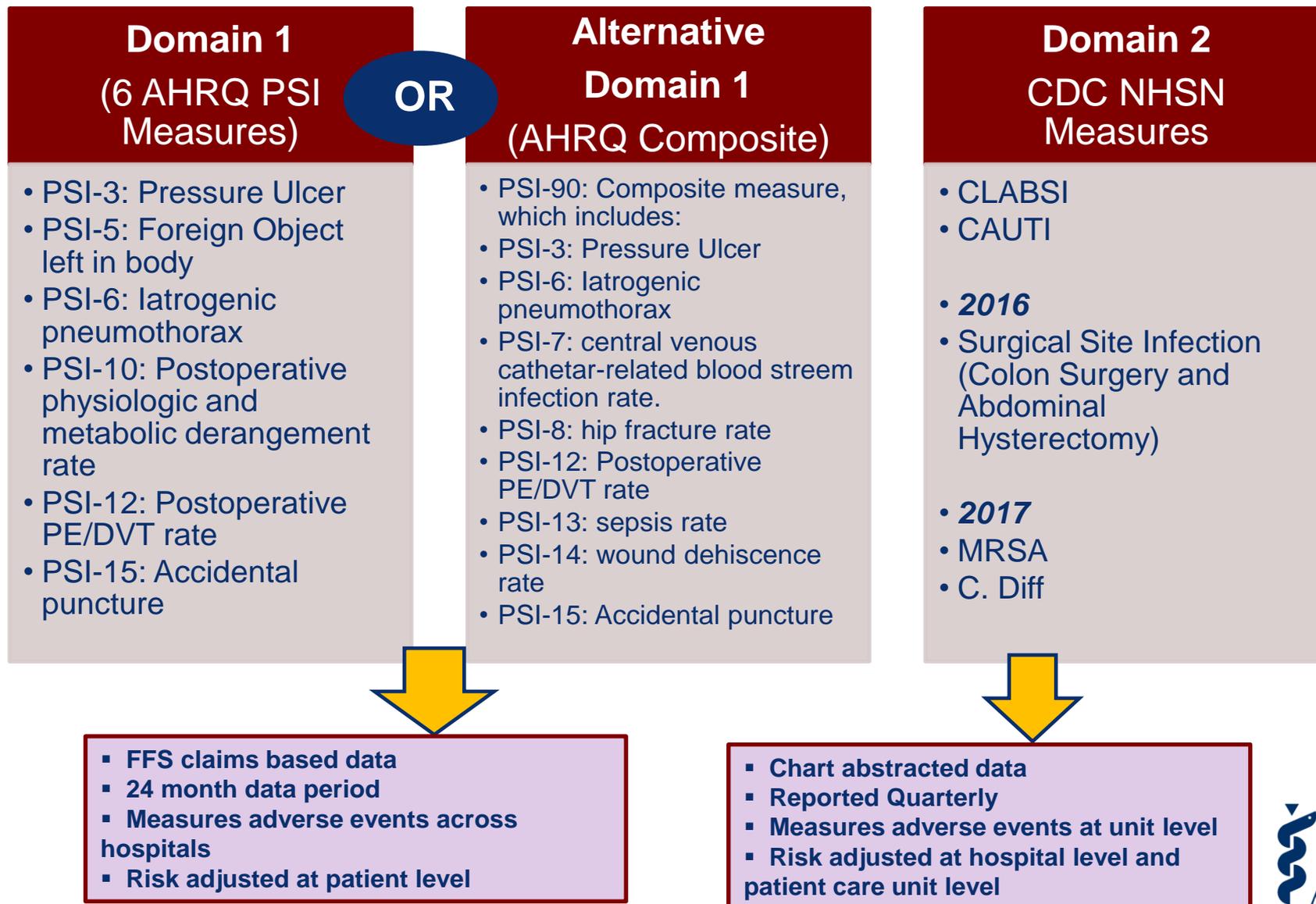
Similar to VBP:



However:

- Different methodology to assign points
- Worse performance = more points
- Most hospitals receive zero points for each measure
- No improvement points

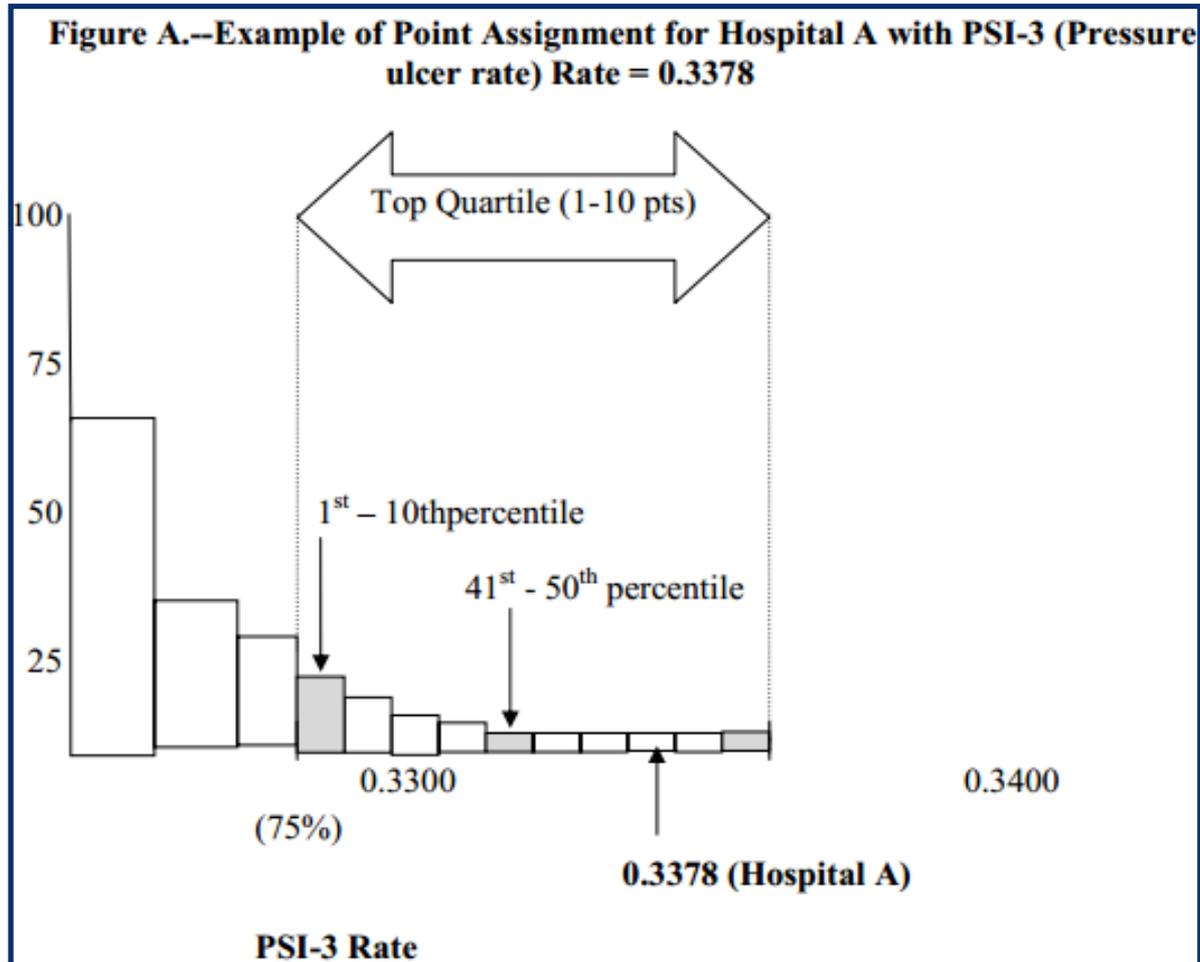
Measures and Domains FY 2015



Proposed Measure Scoring

- Hospitals only receive points if measure performance is in lowest quartile
 - Hospitals in top three quartiles for each measure will receive 0 points
 - EXCEPTION: Any incidence of PSI-5 (foreign object left in body) over 2 years = automatic 10 points.
- Hospitals in lowest quartile: measures scored on sliding scale between 1 and 10 points
 - Lowest quartile is divided into 10 percentiles for each measure
- Each measure weighted equally in the domain

Example of Measure Scoring (PSI-3)



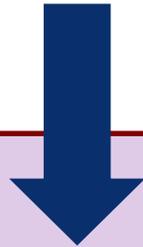
- Performance in worse quartile for PSI-3 ranges from .3300 to .3400
- Hospital A scored .3378, placing them in the 8th percentile range
- Hospital A receives a total of 8 points on this measure

Proposed Domain Weighting/Scoring

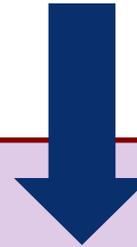
Domain 1



Domain 2



50%



50%

Exceptions:

- Hospitals reporting fewer than 3 measures in Domain 1, no Domain 1 score will be calculated
- Hospitals reporting 3-5 measures in Domain 1 will be calculated with completed measures
- If SIR cannot be calculated for at least 1 measure in Domain 2, only domain 1 measures will be used
- If ICU waiver, then calculate total HAC score only using Domain 1
- If you do not have an ICU, but do not receive an ICU waiver = 10 pts for domain 2

CMS Estimates Teaching Hospitals will be Disproportionately Affected

CMS Analysis of Total HAC Scores under Proposed Rule, by type of hospital				
Hospital Type	Number of Hospitals In Analysis	Number of Hospitals in Worst Performing Quartile (Total = 858)	Percent of Hospital Type	Percent of Hospitals in Worst Performing Quartile
Urban	2461	731	29.7%	85.2%
Rural	964	127	13.2%	14.8%
Teaching	270	153	56.7%	17.8%
Nonteaching	3037	691	22.8%	80.5%

- 56% of teaching hospitals estimated to be affected
- Calculation is based on CMS data, which has not been verified

Additional Issues

- 30 day review and correction period
 - Claims cannot be corrected or submitted during review and correction period
- Data Collection periods:
 - Domain 1: July 2011 – June 2013
 - Domain 2: CYs 2012 and 2013

AAMC Questions for the Group

HAC Reduction Program

- Reactions to the proposed HAC measures
 - For domain 1, is there a preference for a domain of 6 PSI indicators or the AHRQ composite?
- Are there concerns with the measure scoring methodology and/or the domain weighting?
- Suggestions to remove overlap between measures in HAC reductions program and VBP
 - AHRQ PSI-90 Composite
 - CDC NHSN measures
- Other concerns?

Value Based Purchasing (VBP) Program

Updates to VBP Program for FY 2014

- Base DRGs increased from 1% to 1.25% to fund incentive pool
- Approximately \$1.1 billion will be available for incentive payments
- This is the first year of outcome measures

Measures Proposed for Removal Starting FY 2016

- Primary PCI received within 90 minutes of arrival
- Blood cultures performed in ED prior to Initial Antibiotic
- Heart failure discharge instructions

Proposed Additional Measures Starting FY 2016

- Three new measures
 - Influenza Immunization
 - CAUTI
 - SSI (colon and hysterectomy)
- CLABSI readopted for FY 2016 (NQF still reviewing reliability adjustment)

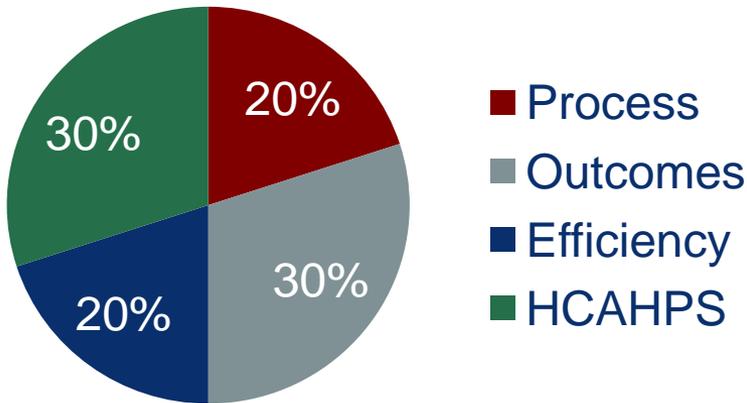
(The full list of proposed/finalized measures in the VBP program can be found on page 27611)

Proposed Performance Periods: POC, HCAHPS, Efficiency, Mortality, and AHRQ measures

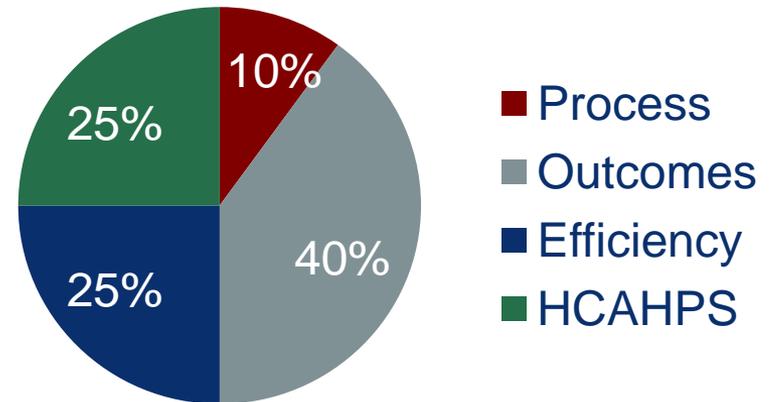
FY 2016		
Domain	Baseline Period	Performance Period
Clinical Process of Care	January 1, 2012 – December 31, 2012	January 1, 2014 – December 31, 2014
Patient Experience	January 1, 2012 – December 31, 2012	January 1, 2014 – December 31, 2014
Efficiency	January 1, 2012 – December 31, 2012	January 1, 2014 – December 31, 2014
FY 2017		
Outcome <ul style="list-style-type: none"> • Mortality • AHRQ PSI 	<ul style="list-style-type: none"> • October 1, 2010 – June 30, 2012 • October 1, 2010 – June 30, 2012 	<ul style="list-style-type: none"> • October 1, 2013 – June 30, 2015 • October 1, 2013 – June 30, 2015
FY 2018		
Outcome <ul style="list-style-type: none"> • Mortality • AHRQ PSI 	<ul style="list-style-type: none"> • October 1, 2009 – June 30, 2012 • July 1, 2010 – June 30, 2012 	<ul style="list-style-type: none"> • October 1, 2013 – June 30, 2016 • July 1, 2014 – June 30, 2016
FY 2019		
Outcome <ul style="list-style-type: none"> • Mortality • AHRQ PSI 	<ul style="list-style-type: none"> • July 1, 2009 – June 30, 2012 • July 1, 2010 – June 30, 2012 	<ul style="list-style-type: none"> • July 1, 2014 – June 30, 2017 • July 1, 2015 – June 30, 2017

Proposed VBP Domains for FY 2016

Finalized Domain Weighting FY 2015



Proposed Domain Weighting FY 2016

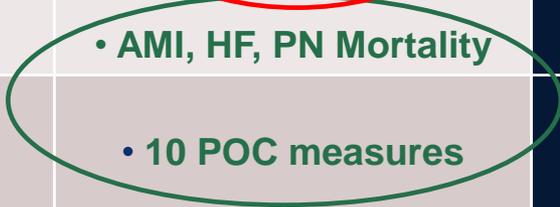


FY 2016 Domains

FY 2016	
Domain/Weight	Measures
Outcomes 40%	<ul style="list-style-type: none">• CAUTI• CLABSI• AHRQ Composite• SSI <ul style="list-style-type: none">• AMI, HF, PN Mortality
Process of Care (POC) 10%	<ul style="list-style-type: none">• 10 POC measures
Patient Experience 25%	<ul style="list-style-type: none">• HCAHPS
Efficiency 25%	<ul style="list-style-type: none">• MSPB

Reclassifying 2017 Domain Weights to NQS

FY 2016		FY 2017	
Domain/Weight	Measures	Domain/Weight	Measures
Outcomes 40%	<ul style="list-style-type: none"> • CAUTI • CLABSI • AHRQ Composite • SSI 	Safety 15%	<ul style="list-style-type: none"> • CAUTI • CLABSI • AHRQ Composite • SSI
Process of Care (POC) 10%	<ul style="list-style-type: none"> • AMI, HF, PN Mortality • 10 POC measures 	Clinical Care 35% <ul style="list-style-type: none"> • Outcomes (25%) • Process (10%) 	<ul style="list-style-type: none"> • AMI, HF, PN Mortality • 10 POC measures
Patient Experience 25%	• HCAHPS	Patient Experience/ Care Coordination 25%	• HCAHPS
Efficiency 25%	• MSPB	Efficiency and Cost Reduction 25%	• MSPB



Proposed VBP Disaster Waiver

- Similar to IQR disaster waiver program.
- Hospitals that face extraordinary circumstances may apply for a waiver that will effectively exclude them from the VBP program for a fiscal year
- Application must be filed within 30 days of occurrence
- Few hospitals likely to receive waivers

Readmissions Reduction Program

Changes to Readmissions Reduction Program

- Maximum penalty increased to 2%
- Projected \$175 million less in payments
- Added planned readmissions logic
- Two new measures to program starting in FY2015
- Applicable time period for FY2014
 - July 1, 2009 through June 30, 2012

Planned Readmissions

- Incorporation of planned readmissions algorithm (Version 2.1)
 - Applied to AMI, HF, and PN measure starting FY 2014
- CMS will not count unplanned readmissions that follow a planned readmission within 30 days of the initial index admission.

New Measures for FY 2015

- ACA stated that CMS had to expand readmissions program starting in FY2015
- COPD (suggested by MedPAC)
- Elective THA/TKA
- CMS indicated other MedPAC-suggested measures (CABG, PCI, and Other Vascular) were not feasible to add

Inpatient Quality Reporting (IQR) Program

Removal/Suspension of Measures For FY 2016

Measure	CMS Reasons for Proposed Removal
PN-3b: Blood culture performed in the emergency department prior to first antibiotic received in hospital.	No longer NQF endorsed, MAP recommended removal; MAP believes it is topped out, and there is inadequate link to patient outcomes.
HF-1: Discharge planning.	No longer NQF endorsed, MAP recommended removal, challenges in validating efficacy.
IMM-1: Immunization for pneumonia	Cannot feasibly implement the measure to incorporate new Advisory Committee on Immunization Practices guidelines on pneumococcal vaccination
Participation in Stroke Registry	Stroke measure set more meaningful
AMI-2: Aspirin prescribed at discharge	Either recommended for removal by MAP or "topped out"
AMI-10: Statin prescribed at discharge	Either recommended for removal by MAP or "topped out"
HF-3: ACEI or ARB for LVSD	Either recommended for removal by MAP or "topped out"
SCIP-Inf-10: Surgery Patients with perioperative temperature	Either recommended for removal by MAP or "topped out"

Continued suspension:

AMI-1, AMI-3, AMI-5, SCIP Inf-6

Proposed Refinements to Existing Measures for FYs 2015 and 2016

- Adding planned readmission algorithm for HF, AMI, PN, THA/TKA, and hospital-wide readmissions
- Expansion of CLABSI and CAUTI to select non-ICU locations
- Updates to SCIP Inf-4 to incorporate NQF changes
- Update to MSPB to include Railroad Retirement Board (RRB) beneficiaries

Proposed Addition of 5 claims based measures for FY 2016

- 30-day risk standardized COPD readmissions
- 30- day risk standardized COPD mortality
- 30- day risk standardized stroke mortality
- 30- day risk standardized stroke readmission
- AMI payment per episode of care

Voluntary EHR Submission that Aligns IQR and Meaningful Use

Proposed data submission requirements:

- Hospitals have the ability to electronically report 16 measures across four measure sets (STK, VTE, ED, and PC)
- Hospitals must electronically report at least one quarter of CY 2014 quality measure data for each measure in the four measure sets
- CMS intends to use the electronically reported data to determine whether the hospital has satisfied the MU reporting requirement.
- Must use MU reporting process for submitting quality measures finalized in stage 2
- Data that is electronically reported will not be publicly displayed for CY 2014.

Proposed Data Validation Changes for Chart Abstracted Measures

New data validation time periods/measure selections proposed:

FY 2015

- Validation period would be October 1, 2012 through June 30, 2013
- 12 process of care measures and 2 HAI measures would be validated
- Validation would be suspended for 9 measures

FY 2016

- Validation period would be July 1, 2013 through June 30, 2014.

Additional Issues

- Data submission requirements for chart abstracted measures
 - Still 4.5 months quarterly submission deadline. However, deadline is set at midnight Pacific Time
- Star rating for Hospital Compare

AAMC Questions for the Group

Readmissions

- Questions/concerns regarding new measures (COPD, THA/TKA)

VBP

- Proposed domain weight changes for the FY 2016 and 2017
 - Increased outcome, increased efficiency, decreased process
 - Moving to new domains (i.e. safety and clinical care)

IQR

- Are there specific concerns with electronically reporting the IQR data?
- New mortality, readmissions and AMI episode of care measure

Thank You!