2016 Hospital Measures

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Statewide Quality Reporting and Measurement System (SQRMS) Annual Forum

June 22, 2015
Objectives

• Share the process used for 2016 hospital measures recommendations
• Review recommended changes to the 2016 hospital slate of measures
2016 Hospital Measures Recommendation Process
Changes to Process

• Steering committee will convene throughout the year and will consider feedback from expert groups

• Preliminary slate of measures will be developed by April 15 each year to match the clinic measures recommendation process
Recommendations Process

- MDH focus
- Identify potential measures
- Convene team
- Request feedback from expert groups
- Team discussion
- Preliminary Slate of Measures
- Final Slate of Measures

Added step

Enhanced step
Process after Recommendations

Final Recommendations → Public Forum → Proposed Rule → Formal Comment Period → Final Rule
2016 Hospital Slate of Measure Changes
Topic areas for potential new/added measures

• Federal alignment – CMS and HRSA
  - Cost/Spending
  - Readmissions

• End of Life
• Patient Safety
• Mental/Behavioral Health
Alignment
Alignment

• Historically looked at every measure that was part of the CMS inpatient and outpatient programs

• Over time there has been variation between the SQRMS slate of measures for PPS hospitals and Critical Access Hospital (CAH) measures
Current Slate of Measures

- PPS Hospital Slate of Measures
- Inpatient Quality Reporting Program (IQR)
- Outpatient Quality Reporting Program (OQR)
- CAH Hospital Slate of Measures
- Additional Measures for MN
Relationship of National Programs

- Medicare Beneficiary Quality Improvement Program (MBQIP)
- Readmission Reduction (RRP) Program
- Inpatient Quality Reporting Program (IQR)
- Value- Based Purchasing (VBP) Program
- Outpatient Quality Reporting Program (OQR)
- Hospital Acquired Condition (HAC) Program
- ED Transfer Communication
- Additional Measures for MN
Future Slate of Measures

- Medicare Beneficiary Quality Improvement Program (MBQIP)
- Readmission Reduction (RRP) Program
- Value-Based Purchasing (VBP) Program
- Hospital Acquired Condition (HAC) Program
- PPS Hospitals
- CAH Hospitals
- Additional Measures for MN

Future Slate of Measures
Value-based Purchasing

• FY2016
  ➢ Total Performance Score
  ➢ Unweighted and weighted domain score for clinical process of care, patient experience of care, outcome and efficiency
  ➢ Measure scores
Hospital Acquired Conditions Program Score

• FY2016
  - Total HAC score
  - Domain 1 score
  - Domain 2 score
  - Measure scores
Readmissions Reduction Program Composite Score

• FY2016

➢ Total Readmissions score (*Number of 30 day readmission measures with excess readmissions*)
  ➢ Excess readmissions for AMI
  ➢ Excess readmissions for Heart Failure
  ➢ Excess readmissions for Pneumonia
  ➢ Excess readmission for total knee/total hip arthroplasty
  ➢ Excess readmission for Chronic Obstructive Pulmonary Disease
Composite MBQIP score

- Does not currently exist
- Recommendation that we develop a methodology to report one score for CAH
Alignment of Individual Measures
Measures Added - PPS

- **PN-6** Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients
Measures Added - PPS

- **SCIPInf-2a** Prophylactic antibiotic selection for surgical patients
- **SCIP-Inf-3a** Prophylactic antibiotics discontinued within 24 hours after surgery end time * (SCIP-Inf-3a)
- **SCIP-Inf-9** Urinary catheter removed on postoperative day 1 or postoperative day 2 with day surgery being day zero
Measures Added - PPS

- **SCIP- Card-2** Surgery patients on beta-blocker therapy prior to arrival who 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
Measures Added - PPS

- Central line-associated bloodstream infection (CLABSI) event
- Catheter associated Urinary Tract Infection (CAUTI) event
- Surgical Site infections (SSI) event following colon surgery
- Surgical Site infections (SSI) event following abdominal hysterectomy surgery
- Medicare Spending per Beneficiary outcome measure for applicable hospital discharge dates
Measures Removed - PPS

• ED-1a Median time from ED arrival to ED departure for admitted ED patients
• ED-2a Median time from admit decision time to ED departure time for admitted patients
• PC-01 Early Elective Deliveries
• All outpatient measures
Measures Added - CAH

• VTE-1  Venous Thromboembolism prophylaxis
• ED-1a  Median time from ED arrival to ED departure for admitted ED patients
• ED-2a  Median time from admit decision time to ED departure time for admitted patients
• Catheter associated Urinary Tract Infection (CAUTI) event
• Healthcare personnel influenza immunization and OP-27 (inpatient and outpatient combined)
Measures Added - CAH

• OP-1 Median time to fibrinolysis
• OP-18 Median time from ED arrival to ED departure for discharged ED patients
• OP-20 Door to diagnostic evaluation by a qualified medical professional
• OP-21 ED-median time to pain management for long bone fracture
Measures Added - CAH

• OP-22 ED-patient left without being seen
• OP-23 ED-head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival.
• OP-25 Safe surgery checklist
• OP-27 Influenza Vaccination Coverage among Healthcare Personal (combined with HCP)
Measures Removed - CAH

• Mortality measures
  - Acute myocardial infarction
  - Heart failure
  - Pneumonia

• PSI-90
30 Day Readmissions

• Acute Myocardial Infarction $PPS$
• Heart Failure $PPS$ CAH
• Pneumonia $PPS$ CAH
• Total Hip /Total Knee Arthroplasty $PPS$
• Chronic Obstructive Pulmonary Disease $PPS$ CAH
Current readmissions workgroup

• Looking at what we can learn from All payor claims database
• Work continues
Measures Removed
All adult - PPS & CAH

• MN stroke registry measures
• AHRQ measures
• Children’s measures
Measures Removed PPS/CAH
MN Stroke Registry

• Door-to-imaging performed time
• Door-to-needle time to intravenous thrombolytic therapy
Measures Removed PPS/CAH
AHRQ measures

- Mortality for selected conditions composite measure (IQI-91)
- Death among surgical inpatients with serious treatable complications (PSI 4)
- Obstetric trauma – vaginal delivery with instrument (PSI 18)
- Obstetric trauma – vaginal delivery without instrument (PSI 19)
Measures Removed PPS/CAH

AHRQ measures

- Pediatric Heart Surgery Mortality Rate measure (PDI 6)
- Pediatric Heart Surgery Volume measure (PDI 7)
- Pediatric patient safety for selected indicators composite measure. (PDI-19)
Measures for Children’s hospitals - removed

- Peds AHRQ measures
- Late Sepsis or Meningitis in Neonates (Vermont Oxford Network)
- Central line-associated bloodstream infection (CLABSI) event in NICU/PICU
Data Submission of VBP, RRP and HAC results

- Results in summer
- Final results in October
- Hospital Compare in December
- Required for MN in January
FY2016 VBP Fact Sheet
FY2016 Readmissions

Readmissions Measures
FY2013 & FY2014 (*added algorithm to exclude planned admissions*)
- 30 day Readmissions Acute Myocardial Infarction (AMI),
- 30 day Readmissions Heart Failure (HF)
- 30 day Readmissions Pneumonia (PN);

FY 2015 Additions
- 30 day Readmissions chronic obstructive pulmonary disease (COPD)
- 30 day Readmissions elective total hip arthroplasty (THA) and total knee arthroplasty (TKA)

FY 2016 No Additions

FY 2017 Additions
- 30 day Readmissions coronary artery bypass graft (CABG) surgery
FY2016 HAC Fact Sheet

FY 2016 HAC Reduction Program
Domain Weighting and Measures
(Payment adjustment effective for discharges from October 1, 2015 – September 30, 2016)

Domain 1 (AHRQ Patient Safety Indicators) 25%

Domain 2 (CDC NHSN Measures) 75%

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<tr>
<th>DOMAIN 1</th>
<th>Performance Period</th>
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<tr>
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<td>July 1, 2013 – June 30, 2014</td>
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<tr>
<th>Measure</th>
<th>Score 1-10</th>
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<tr>
<td>AHRQ* PSI 30 Measure</td>
<td>Score 1-10</td>
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<tr>
<td>PSI 3 Pressure ulcer rate</td>
<td>Score 1-10</td>
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<td>PSI 6 Inotrope use rate</td>
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<td>PSI 7 Central venous catheter-related bloodstream infection rate</td>
<td>Score 1-10</td>
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<td>PSI 8 Postoperative hip fracture rate</td>
<td>Score 1-10</td>
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<tr>
<td>PSI 12 Postoperative pulmonary embolism (PE) or deep vein thrombosis rate (DVT)</td>
<td>Score 1-10</td>
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<tr>
<td>PSI 13 Postoperative sepsis rate</td>
<td>Score 1-10</td>
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<td>PSI 14 Wound dehiscence rate</td>
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<tr>
<td>PSI 15 Accidental puncture and laceration rate</td>
<td>Score 1-10</td>
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The Agency for Healthcare Research and Quality

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<th>DOMAIN 2</th>
<th>Performance Period</th>
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<tr>
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<td>January 1, 2013 – December 31, 2014</td>
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<tr>
<th>CDC NHSN* Measure</th>
<th>Average Score 1-10</th>
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<tr>
<td>CLABSI SIR rate</td>
<td>1-10</td>
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<tr>
<td>CAUTI SIR rate</td>
<td>1-10</td>
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<tr>
<td>SSI Colon Abdominal hysterectomy</td>
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*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.

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<th>DOMAIN 2</th>
<th>Future Measures for FY2017</th>
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<td>MRSA</td>
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<td>CDI</td>
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CAH Inpatient (IQR) Data Submission

- Third Quarter, 2015: July 1 – September 30; February 15, 2016
- Fourth Quarter, 2015: October 1 – December 31; May 15, 2016
- First Quarter, 2016: January 1 – March 31; August 15, 2016
- Second Quarter, 2016: April 1 – June 30; November 15, 2016
CAH Outpatient (OQR) Data Submission

• Third Quarter, 2015: July 1 – September 30; February 1, 2016
• Fourth Quarter, 2015: October 1 – December 31; May 1, 2016
• First Quarter, 2016: January 1 – March 31; August 1, 2016
• Second Quarter, 2016: April 1 – June 30; November 1, 2016
CAH ED Transfer Communication Data Submission

- Fourth Quarter, 2015: January 31, 2016
- First Quarter, 2016: April 20, 2016
- Second Quarter, 2016: July 31, 2016
- Third Quarter, 2016: October 31, 2016
End of Life
End of Life Measure

• Stage 3 meaningful use Advance Directives measure

More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data

• Reported through question on Health Information Technology (HIT)
Future Measures
Topic areas for potential new/added measures

• Federal alignment – CMS and HRSA
  ➢ Cost/Spending
  ➢ Readmissions

• End of Life

• Patient Safety

• Mental/Behavioral Health
Patient Safety

• Recommended development of a composite measure for PPS and CAH hospitals
• Focus would be on cultural/structural areas as well as patient harm
• Next steps would be for MNCM to convene a workgroup
Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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