

Quality News



A Publication of the Nassau-Suffolk Hospital Council, Inc.

Nov. 2011 Vol. 1 No. 1

Hospital Value-Based Purchasing Options Finalized

The Centers for Medicare and Medicaid Services released this week a Final Rule with Comment on Hospital Outpatient Prospective Payment; Ambulatory Surgical Center Payment; and Hospital Value-Based Purchasing (HVBP).

Based upon prior rules, value based purchasing affects a hospital's funding for Federal Fiscal Year 2013 and beyond. For FFY 2013, beginning Oct. 1, 2012, 1% of a hospital's annual payment update will be set aside for a HVBP pool. These monies will be used to fund the program which will have winners and losers. Hospitals will be reviewed on how well they perform on 12 clinical process of care measures and 8 patient experience of care dimensions. The clinical process of care domain will be weighted 70%; the patient experience of care domain weighted 30% for the hospital's score for FFY 2013.

This final rule sets in place the HVBP program for FFY 2014. It finalizes 13 clinical of process of care measures, adding a new measure for postoperative urinary catheter removal on postoperative day 1 or 2. The same 8 patient experience of care dimensions will comprise that domain. The rule finalized 3 outcome measures looking at 30 day mortality rates for acute myocardial infection, pneumonia and heart failure. The rule suspended for the value based purchasing program for payment for FFY 2014 the other proposed outcome of care measures including hospital acquired conditions and the Medicare spending per beneficiary measure. For 2014, the clinical process of care domain will be weighted 45%; the patient experience of care domain 30%; the outcome domain 25%.

Exclusions from the Program

The HVBP program excludes hospitals that: 1) for the same program year are subject to the payment reduction due to not reporting Hospital Inpatient Quality Reporting measures or for the same year were cited for "immediate jeopardy" deficiencies and 2) hospitals with an insufficient number of cases or number of measures for the HVBP program.

Hospitals are required to have at least 10 cases for each individual clinical process of care measure. Hospitals with fewer than 4 clinical process of care measures can not participate in the HVBP. Hospitals need to report on a minimum of 10 cases for a mortality measure to be reliable. Hospitals must report on at least two of the three mortality measures in order to participate in the HVBP program. Hospitals must have at least 100 patient surveys in order to have a sufficient number to comprise the patient experience of care domain.

Baseline and Performance Measures

The following table includes all finalized baseline and performance periods for the FY 2013 and FY 2014 program years.

FY 2013 Hospital Value Based Purchasing Program Baseline and Performance Periods		
DOMAIN	BASELINE PERIOD	PERFORMANCE PERIOD
Clinical Process of Care	July 1, 2009-March 31, 2010	July 1, 2011-March 31, 2012
Patient Experience of Care	July 1, 2009-March 31, 2010	July 1, 2011-March 31, 2012

FY 2014 Hospital Value Based Purchasing Program Baseline and Performance Periods		
DOMAIN	BASELINE PERIOD	PERFORMANCE PERIOD
Clinical Process of Care	April 1, 2010-Dec. 31, 2010	April 1, 2012-Dec. 31, 2012
Patient Experience of Care	April 1, 2010-Dec. 31, 2010	April 1, 2012-Dec. 31, 2012
Outcome Domain: Mortality Measures	July 1, 2009-June 30, 2010	July 1, 2011-June 30, 2012

For more information contact: Mary Jane Milano, Director of Quality, Nassau Suffolk Hospital Council, at mmilano@seagatealliance.com.

Hospital Outpatient Quality Measures

Also contained in the Final Rule with Comment on Hospital Outpatient Prospective Payment; Ambulatory Surgical Center Payment; and Hospital Value-Based Purchasing (HVBP) was information about changes to the Hospital Outpatient Quality Reporting Program. The Centers for Medicaid and Medicare Services added three quality measures to the current list of 23 measures to be reported for CY 2013 payment determination by Hospital Outpatient Departments, bringing the total number of measures to 26 that are to be reported for purposes of both CY 2014 and CY 2015 payment determination. These new measures include one chart abstracted measure about cardiac rehabilitation patient referral; one structural measure about the use of a safe surgery checklist and one structural measure collecting hospital outpatient department volume for selected surgical procedures.

Ambulatory Surgical Centers and Quality Measures

The final rule implemented a new quality reporting program for Ambulatory Surgical Centers. The Rule adopted measures for three subsequent payment determinations. CMS is adopting five quality measures to be reported by ASC beginning October 1, 2012 for CY 2014 payment determination. These measures include four outcome and one surgical infection control measure to be reported on Medicare claims using quality codes. CMS is adding two structural measures: safe surgical checklist use and ASC facility volume data on selected ASC surgical procedures for the CY 2015 payment determination and one infection control measure: Influenza Vaccination Coverage among Healthcare Personnel, for CY 2016 payment determination, bringing the total number of ASC measures to eight at that time.

ASC Program Measurement Set: CYs 2014 –CY 2016

SC-1: Patient Burn*
ASC-2: Patient Fall*
ASC-3: Wrong site, Wrong side, wrong patient, wrong procedure, wrong implant*
ASC-4: Hospital Transfer/Admission*
ASC-5: Prophylactic Intravenous IV Antibiotic Testing*
ASC-6: Safety Surgery Checklist Use**
ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures**
ASC-11: Influenza Vaccination Coverage among Healthcare Personnel***

*New for CY 2014 payment determination
 **New for CY 2015 payment determination
 ***New for CY 2016 payment determination

Outpatient Quality Measures

CARDIAC CARE (AMI and CP Measures)
OP-1 Median Time to Fibrinolysis
OP-2 Fibrinolytic Therapy Received Within 30 minutes
OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
OP-4 Aspirin at Arrival
OP-5 Median Time to ECG
SURGICAL CARE MEASURES
OP-6: Timing of Antibiotic Prophylaxis
OP-7 Prophylactic Antibiotic Selection for Surgical Patients
IMAGING EFFICIENCY MEASURES
OP-8: MRI Lumbar Spine for Low Back Pain
OP-9: Mammography Follow-Up Rates
OP-10: Abdomen CT- Use of Contrast Material
OP-11: Thorax CT- Use of Contrast Material
STRUCTURAL MEASURE
OP-12: Ability for Providers with HIT to Receive Lab Data Electronically Directly into their Certified EHR System as Discrete Searchable Data
IMAGING EFFICIENCY MEASURES
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery †
OP-14: Simultaneous Use of Brain CT and Sinus CT †
OP-15: Use of Brain CT in the Emergency Dept. for Atraumatic Headache †
OP-16: Troponin Results for ED AMI patients or chest pain pts (probably cardiac) received w/i 60 minutes of arrival ‡
OP-17: Tracking Clinical Results between Visits ‡
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients ‡
OP-19: Transition Record with Specified Elements Received by Discharged Patients ‡
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional ‡
OP-21: ED- Median Time to Pain Management for Long Bone Fracture ‡
OP-22: ED-Patient 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-24: Cardiac Rehabilitation Patient Referral from Outpatient Setting*
OP-25: Safe Surgery Checklist Use*
OP-26: Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures*

†New Measure for CY 2012 payment determination

‡ New measure for CY 2013 payment determination

*New for CY 2014 payment determination

For CY 2015 payment determination, CMS finalized all of the above measures.

For more information contact: Mary Jane Milano, Director of Quality, NSHC, mmilano@seagatealliance.com.