Nassau-Suffolk Hospital Council, Inc.

Quality News

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Simulated Hospital Value-Based Purchasing Reports

Hospital value-based purchasing (HVBP) or pay for performance will affect the Federal Fiscal Year 2013 payment determination which begins Oct. 1, 2012. HVBP calls for a 1% withhold from a hospital's Diagnosis-Related Group payment. The amount of money a hospital receives back from the Centers for Medicare and Medicaid Services (CMS) will depend upon how high its HVBP total performance score is. There will be winners and losers in HVBP; the total amount of funding for the program will equal the total amount of withhold monies.

CMS conducted a national provider call on Feb. 28th during which time information about HVBP was reviewed. CMS is currently conducting a dry run of the HVBP and has created hospital-specific performance reports for each hospital to review. The simulated reports will employ hospital data from prior years to construct each hospital's baseline period and performance period scores. The Simulated HVBP Performance Report is now accessible through your QualityNet account. A feedback form has been made available for 30 days on QualityNet for hospitals to submit questions about their dry run report. CMS reviewed these dry run reports in its presentation. On this call, CMS would not comment on the most that a hospital could gain since it depends on the distribution of the total performance scores of all hospitals.

CMS reviewed their timeline on the call. On August 1, 2012 hospitals will be provided with their estimated FY 2013 value-based incentive payment. On November 1, 2012 hospitals will be notified of the exact amount of their FY 2013 value-based incentive payment. Hospitals will be provided with 30 days to review and correct the data. On January 1, 2013 CMS will adjust the claims systems to accommodate the value-based purchasing system.

You can obtain a copy of the overheads for this CMS presentation on HVBP here. In 2-4 weeks, CMS will make a transcript and replay available here.

Specifications Manuals for Quality Measures

Inpatient quality reporting specifications manuals are released twice annually, 180 days prior to the implementation dates, then updated as needed. Here is where you can gain access to the inpatient quality reporting specifications manual.

The Joint Commission Increases Accountability Measures

On February 14th, the Hospital Association of New York State (HANYS) sponsored a webinar where The Joint Commission (TJC) staff discussed new accountability measures and provided an update on other JC issues. Effective January 1, 2012, TJC implemented a new standard which requires hospitals to achieve a composite performance rate of at least 85% on all of the ORYX accountability measures transmitted to TJC. Composite rates are calculated based on the most recently available four consecutive quarters of data for accountability measures. Failure to reach 85% will result in an issuance of a Request for Information.

TJC added 22 accountability measures to its prior list of 22 measures. The new accountability measures include additional measures for AMI, pneumonia and surgical care as well as sets of measures related to psychiatric care, care for stroke patients and care for VTE patients. Data on newly implemented accountability measures (or accountability measures newly added by the hospital) will be collected for 12 months before data are included in the composite calculation.

To hear a replay of the HANYS February 14th webinar on accountability measures and obtain a copy of the handouts click here.

The Road to a Patient-Centered Medical Home

The road to becoming a patient-centered medical home starts by focusing on improving management of services provided to chronic care patients. To help hospital-based physician practices focus on this, HANYS is continuing to provide free technical support for primary care sites to participate in the National Committee on Quality Assurance's Diabetes Recognition Program (NCQU DPR). HANYS will provide chart abstraction assistance and cover the NCQA DRP costs.

HANYS also provides, in partnership with IPRO, the Medicare Quality Improvement Organization, technical assistance for achieving NCQA patient-centered medical home status including completion of a readiness assessment survey, gap analysis and project plan. To learn more about both of these resources, participate in the HANYS March 13th webinar by registering here.

You can read about changes most medical practices will need to become a patient-centered medical home in a new Commonwealth Fund report, written by Ed Wagner, MD, MPH and other researchers from the MacColl Institute for Healthcare Innovation. Click here.

Potentially Preventable Negative Outcomes

On February 1, 2012 New York State adopted a regulation implementing the potentially preventable negative outcomes program effective for discharges occurring on or after July 1, 2011.

These potentially preventable negative outcomes include the following:

- Foreign object retained within a patient's body post surgery
- Air embolisms
- Blood transfusion with incompatible blood
- Stage III or Stage IV pressure ulcers
- Injuries resulting from accidental falls and other trauma
- Manifestation of poor glycemic control
- Catheter-associated UTIs
- Vascular associated infections
- Surgical site infections following CABG; bariatric surgery; orthopedic procedures
- Deep vein thrombosis or pulmonary embolism with total knee or hip replacements, excluding pediatric and obstetric patients

Hospitals will not be paid for costs incurred related to these events – a policy that New York State also has for previously designated serious adverse events.

Palliative Care

More and more hospitals are examining ways to strengthen their palliative care programs. To do so, many have availed themselves of the resources of the Palliative Care Leadership Centers™, a network of leading palliative care programs that provide the curriculum, tools and expertise to address the specific needs of each palliative care team. The Palliative Care Leadership Centers™ include leaders providing the full spectrum of palliative care services from consultation services to hospice care and representing varying types of health systems/hospitals.

Here is more information about upcoming training dates offered by the Palliative Care Leadership Centers™. Here is a useful article on triggers for palliative care. The Center to Advance Palliative Care provides many other useful tools for enhancing palliative care programs.

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

Proposed Meaningful Use Stage 2 Quality Measures

The Federal Register issued its proposed rule on Stage 2 of Meaningful Use on February 23. The rule proposes that to receive EHR incentive payments for Stage 2 of meaningful use hospitals electronically generate and report on 24 clinical quality measures from a menu of 49. Of the 49 measures, 15 are clinical quality measures for Stage 1 of meaningful use. Most of the 49 are hospital inpatient quality reporting measures (pay for reporting), several of which are HVBP measures. One is an outpatient quality reporting measure; and 11 are quality measures used by some of the states. The 49 measures are organized into six measure domains and hospitals would be required to report a minimum of one measure from each domain.

The domains are:

- *Patient and Family Engagement*: eight measures including measures related to ED throughput, stroke, VTE, heart failure and home care discharge instruction/education
- *Clinical Process/Effectiveness* with 24 measures including VTE, AMI, stroke and surgical care measures
- *Care Coordination* with two measures: assessment of stroke patients for rehabilitation and an ED throughput measure
- *Population/Public Health* with two measures: pneumococcal and influenza immunization
- *Patient Safety* with nine measures including VTE prophylaxis, incidence of potentially preventable VTE, prophylactic antibiotic prior to surgery and other surgical care measures
- *Efficient Use of Healthcare Resources* with four measures including several pneumonia measures and surgical care measures

The 10 inpatient measures that are not inpatient quality reporting measures are:

- Home management plan of care document given to patient/caregiver
- First temperature measured within 1 hr of a NICU admission
- First NICU temperature < 36 degrees C
- Proportion of infants 22-29 weeks gestation treated with surfactant who are treated within 2 hours of birth
- Healthy term newborns
- Hearing screening of newborns prior to hospital discharge Exclusive breastfeeding at hospital discharge
- PICU pain assessment on admission
- PICU periodic pain assessment
- Use of relievers for inpatient asthma for pediatric patients
- Use of systemic corticosteroids for inpatient asthma for pediatric patients

The outpatient measure included in the proposed list of stage 2 clinical quality measures is an ED measure: Median time from ED arrival to ED departure for discharged ED patients.

HANYS will offer a webinar on stage 2 meaningful use measures on March 13th. Click here for more information.