Surviving Value Based Purchasing

Ram Yeleti, MD, FACC, FSCAI
Interventional Cardiologist
President
Community Physician Network

Background

- Focusing on pay for performance
- "Value"
- Funded through a reduction in base DRG operating payments starting in 2013
- These funds will be used to redistribute payment from lower performers to higher performers

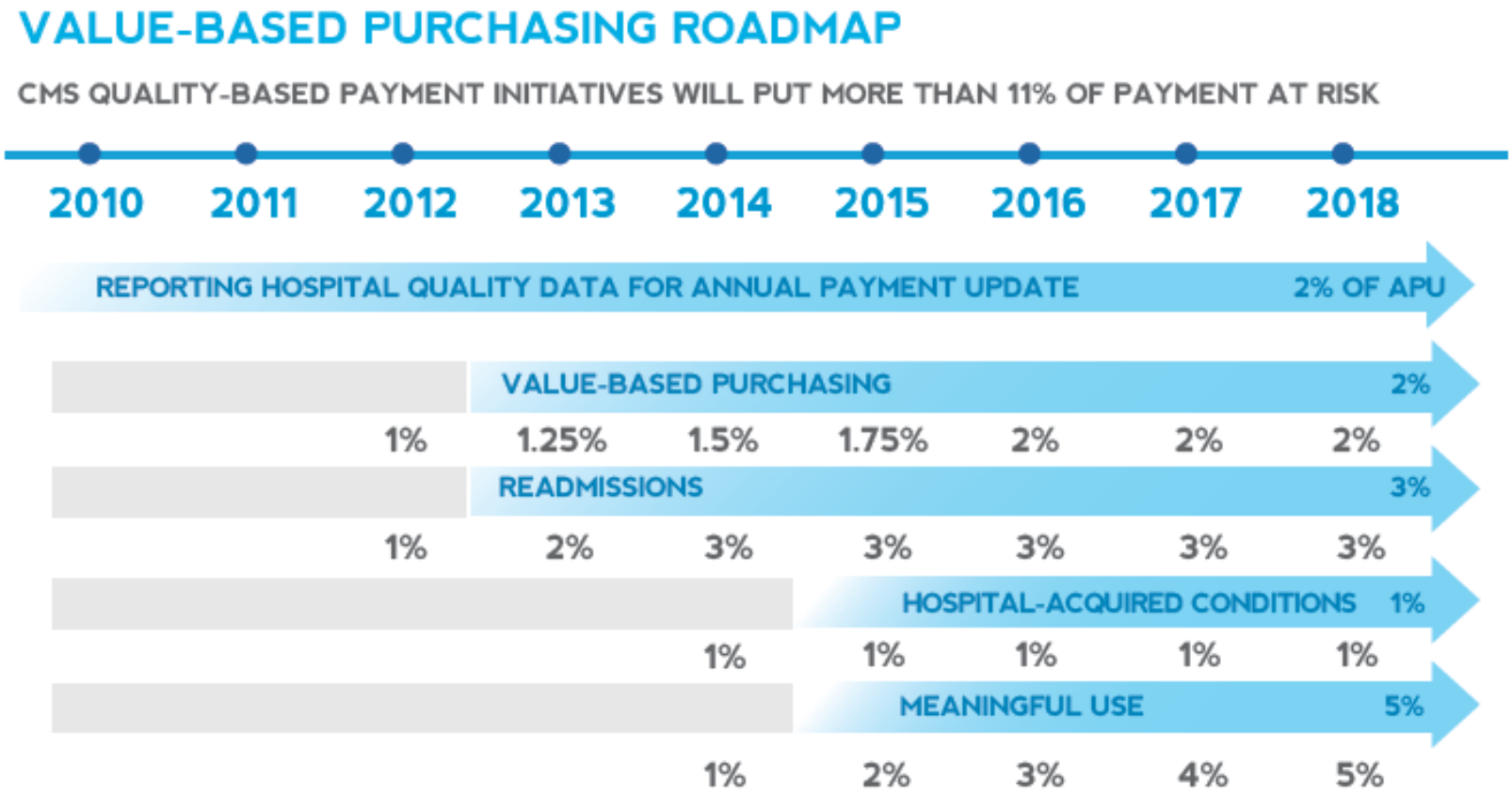
Background

- Have to stay ahead of the game:
  - Payments for 2014 have already be decided based on performance in 2012
  - What you do in 2014 will affect payments in FY 2016

Background

- Four domains:
  - Clinical Process of Care
  - Patient Experience
  - Outcomes
  - Efficiency Measure
- Hospitals awarded points for Achievement and Improvement
- Points added across all measures and all dimensions

Reimbursement changes



*From HealthCatylst.com

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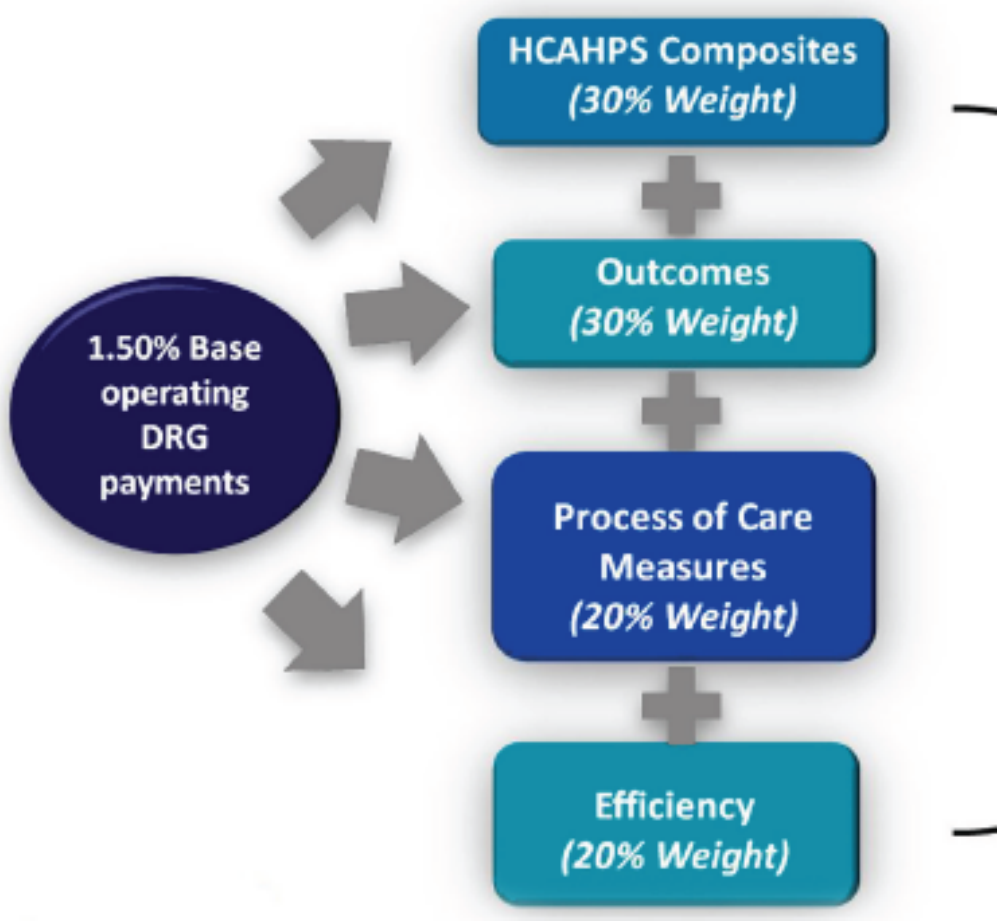
VALUE BASED PURCHASING FUTURE

Reimbursement weightings- Four Buckets



VBP Clinical Measures

		FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	■	■	■	■	■
AMI-8a	Primary Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival	■	■	■		
HF-1	Discharge Instructions	■	■	■		
IMM-2	Influenza Immunization					■
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	■	■	■		
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patient	■	■	■	■	■
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	■	■	■		
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	■	■	■	■	■
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	■	■	■	■	■
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6:00 a.m. Postoperative Serum Glucose	■	■	■		
SCIP-Card-2	Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	■	■	■	■	■
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism (VTE) Prophylaxis Ordered	■	■	■		
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	■	■	■	■	■
SCIP-Inf-9	Postoperative urinary catheter removal on postoperative day 1 or2		■	■	■	■

Key: ■ Active | Inactive

Clinical Process Measures: Measured 2014 for FY 2016

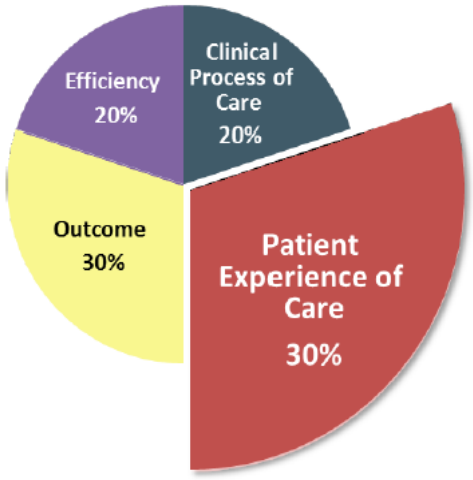
Clinical measures- CV

- AMI – Fibrinolytic Therapy Received within 30 minutes of arrival
- SCIP – Prophylactic Antibiotic Selection for Surgical Patients
- SCIP – Prophylactic Antibiotic Discontinued within 24 hours after surgery end time (48 hours of OHS)
- SCIP Card 2 - Surgery Patients on a beta blocker prior to arrival that received a beta blocker during the periop period
- SCIP VTE 2 – Surgery patients who received appropriate venous thromboembolism (VTE) prophylaxis within 24 hours prior to or after surgery
- SCIP Inf 9 – Postoperative urinary catheter removal on POD 1 or 2

- Don't forget, D2B performance still measured by Commercial payers

2. Patient Experience Measures

FY 2015 Patient Experience of Care Dimensions



Patient Experience of Care Dimensions for FY 2015
1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Pain Management
5. Communication about Medicines
6. Cleanliness and Quietness of Hospital Environment
7. Discharge Information
8. Overall Rating of Hospital

3. Outcome Measures – LOOK AT FY 2016

Focus on FY 2016, as payments in 2016 are based on performance in 2014

	Outcome Measures	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Mort-30-AMI	AMI 30 day mortality rate					
Mort-30-HF	HF 30 day mortality rate					
Mort-30-PN	Pneumonia 30 day mortality rate					
AHRQ PSI comp	Composite for patient safety					
CLABSI	Cental line blood associated infection					
CAUTI	Catheter-Associated Urinary Tract Infection					
SSI	Surgical site infection- colon and abdominal hysterectomy					
	Efficiency Measures	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
MSPB-1	Medicare spending per beneficiary					

Outcome Measures

2015 OUTCOME MEASURES

Measure ID	Measure	2014 National Threshold	2015 National Threshold	2014 National Benchmark	2015 National Benchmark
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (shown as survival rate)	84.77%	84.74% ↓	86.73%	86.23% ↓
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate (shown as survival rate)	88.61%	88.15% ↓	90.42%	90.03% ↓

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4. Efficiency: Medicare Spend per Beneficiary

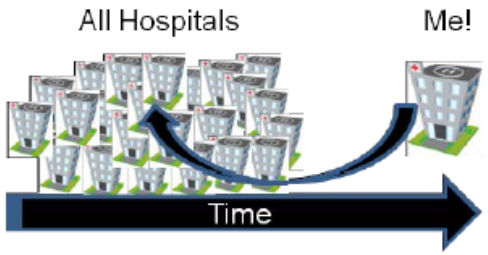
- MSPB intends to evaluate hospitals' efficiency in caring for the Medicare patient
- Episode of time measured is 3 days prior to a hospital admission (index admission) and 30 days post hospitalization
- Data is obtained from **Medicare claims;** services billed to Medicare would be measured during designated time frame (outpatient services such as labs; post-acute care - rehab, home care, etc.)
- Data is to be risk adjusted (severity of illness, age – risk variables, additional chronic illnesses are included when assessing risk)

Efficiency

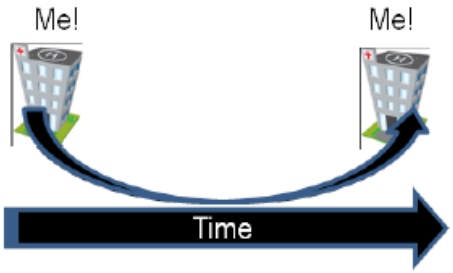
- Baseline Period – January 1, 2012 through December 31, 2012
- Inclusive of 3 days prior to hospitalization and 30 days post discharge
- Average cost per Medicare patient during measured period
- State Average: $18,920.00 per beneficiary
- National Average: $18,340.91 per beneficiary

How CMS Measures

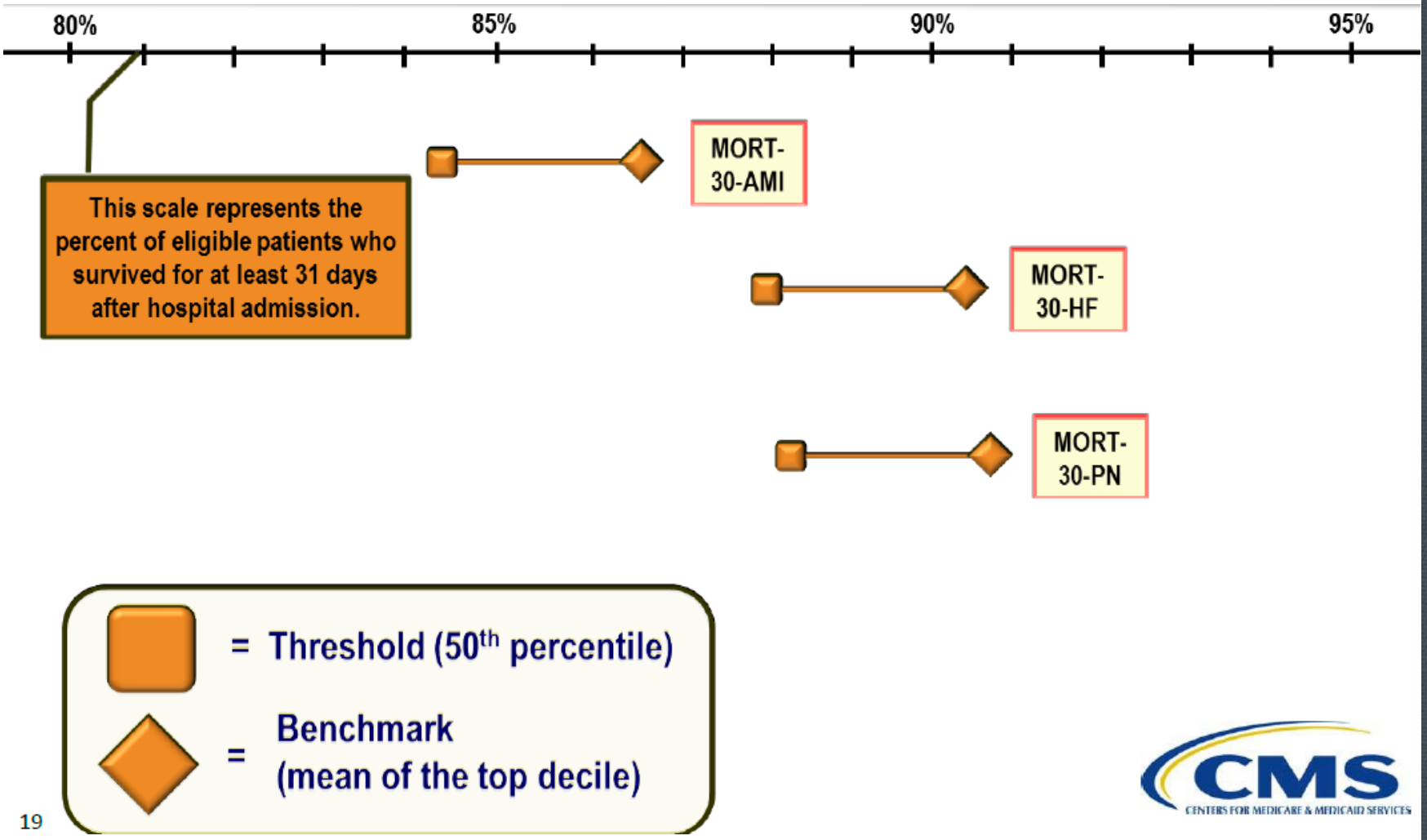
- **Achievement Points:**
  Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period
  - Rate at or above the Benchmark: 10 points
  - Rate less than the Achievement Threshold: 0 points
  - Rate equal to or greater than the Achievement
  - Threshold and less than the Benchmark: 1–10 points



- **Improvement Points:**
  Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period
  - Rate at or above the Benchmark: 9 points
  - Rate less than or equal to Baseline Period Rate: 0 points
  - Rate between the Baseline Period Rate and the Benchmark: 0–9 points



How CMS measures "Outcomes"



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VALUE BASED PURCHASING 2014

How CMS measures "Outcomes"

The achievement range "is a scale between the achievement threshold (the minimum level of hospital performance required to receive achievement points) and the benchmark (the mean of the top decile of hospital performance during the baseline period)."

= Threshold (50th percentile)

= Benchmark (mean of the top decile)

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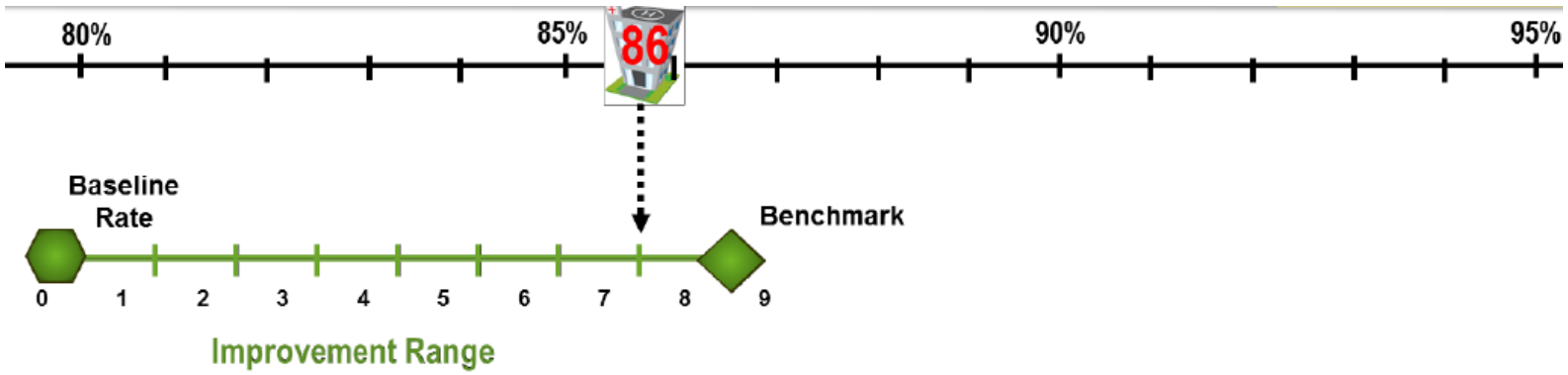
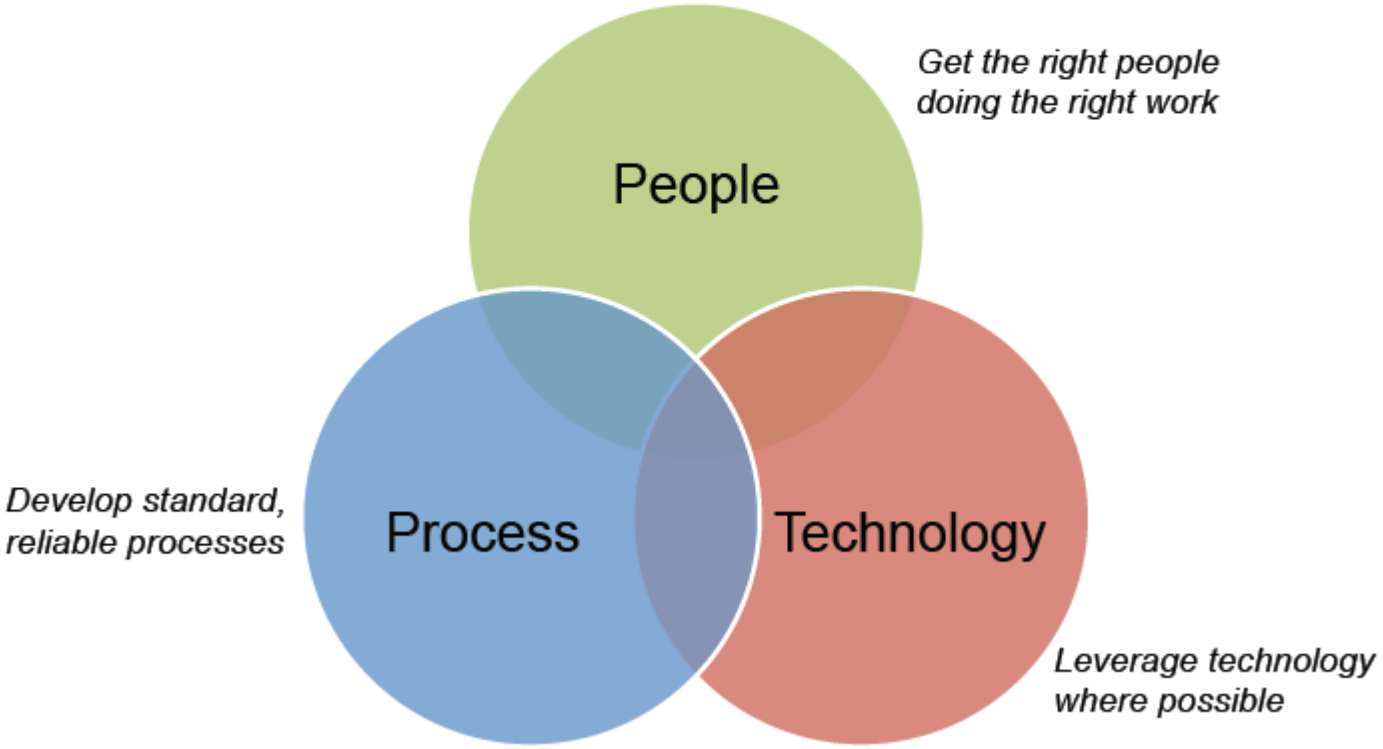
How CMS measures "Outcomes"



Key Fundamentals for Improvement

Ingredients for Success



Key Fundamentals For Improvement

1. Assess current performance
   - Have you had past quality-improvement strategies? What were the results?
   - How do you compare to peers and national benchmarks?
   - What are your top three areas for clinical and financial improvement?

Key Fundamentals For Improvement

2. Implement Education Strategies
   - With physicians and staff

3. Need an analytics strategy
   - "Data warehouse"

4. Identify areas of greatest variance in cost and quality
   - Not revenue based

Specific tips – for the institution

1. Have Core Measure Clinical Work Groups -meet at least monthly to review every missed opportunity
   - AMI
   - HF
   - SCIP

2. Must have Concurrent Abstracting Model

3. Purposeful Rounding by RNs
   1. Rounding on patients
   2. Rounding on staff
   3. Purposeful Rounding Task Force

4. Discharge Call Backs

Specific tips – for the physician

1. Make sure you know all exclusion criteria
2. Use your EMR for all discharges
3. For AMI pts:
   - Documentation of contraindications to beta blockers remains important.
4. For CABG pts:
   - Removal of urinary catheters within 48 hours of insertion is important or documentation of reason to keep it in (not for convenience or incontinence) - Urinary retention is okay.

Efficiency – How do you affect it?

- Are the appropriate tests ordered?
- Do we complete these in a timely fashion?
- Are we converting to PO meds rather than IV timely?
- Are we discharging patients when they are ready and are we preparing them for discharge to avoid readmissions?

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Thank you.