Quality Reporting Update

Presenter  Vicki Tang Olson, RN, MS

Event: Core Measures Meeting for CAH Hospitals
Date: July 24, 2014
Objectives

• Describe measures changes for Statewide Quality Reporting Measurement System
• Discuss new measures due August 2014
• Network with other critical access hospitals on hot topics
SQRMS
2015 Recommendations

Measures to remove for critical access hospitals (CAH):

• AMI 7a Fibrinolytic therapy received within 30 minutes of hospital arrival

• AMI 8a Timing of receipt of primary Percutaneous Coronary Intervention (PCI)
Changes to Process

- Steering committee members have committed to participating through Dec 2015
- 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

1. **MDH focus**
2. **Identify potential measures**
3. **Convene team**
4. **Request feedback from expert groups**
5. **Preliminary Slate of Measures**
6. **Final Slate of Measures**

**Added step**

**Enhanced step**
Suggested topic areas for new measures

• Readmissions
• Mental/Behavioral Health
• Patient Safety
• CMS Measure alignment
• Medicare Beneficiary Quality Improvement Project (MBQIP) alignment
Hospital Quality Reporting Structure

With clinical expert groups

MN Alliance for Patient Safety (MAPS)?
or MHA patient safety committee?
- Nursing Sensitive measure (PSI 04)
- CMS Hip/Knee Complication Rate
- CMS VTE measure set
- Patient Safety Culture Structural measure
- Falls, Pressure ulcers, adverse drug events, PSI 3

Stroke Registry Advisory Committee
- Stroke Measure set

MHA OB Group
- PSI 18 & 19 OB Trauma
- PC-02 C-section rate

MHA Pediatric Group
- PDI 6 & 7, 19 Pediatric heart surgery, Complications

Collaborative for Reducing HAs Network (CHAIN)
- CMS NHSN Infection measures

RARE Readmissions Measurement Committee
- Readmissions measure

New Committees?
- CAH Low volume AMI, HF, PN, SCIP
- Mortality CMS 30 day stroke, CMS 30 day COPD, IQR 12 (CABG), IQR 30 (PTCA)
- Spending Medicare Spending per Beneficiary(MSPB), AMI payment, Outpatient efficiency
- Time Critical Care – sudden cardiac arrest, STEMI, Stroke, Trauma, Sepsis
- Pt Engagement Structural measures
- Duplicate procedures for transferred patient

End of Life Care Hospice utilization, % advance directives,

Key
- Committee/Ad hoc workgroup
- Established measure
- New development measure
- Italics = not currently part of SQRMS

Stroke Measure set
HCAHPS Medication Communication
Safe Roadmap Meetings

• Regional meetings for CAH
• MHA/Stratis
• August 5-7
• Share strategies/successes/barriers for increasing medication communication
HCAHPS and Patient Safety Culture
Correlation Results

- Higher HSOPS scores (12 out of 15 measures) were related to a higher HCAHPS overall composite average
  \[ r = 0.30 \text{ to } 0.47 \]

- No HSOPS measures were related to
  - HCAHPS Willingness to Recommend
  - HCAHPS Hospital Rating
Higher patient safety culture scores associated with better patient experience scores

$r = 0.41$
HSOPS Measures Related to Overall HCAHPS Composite Average

1. Communication openness
2. Feedback & communication about error
3. Frequency of event reporting
4. Handoffs & transitions
5. Management support for patient safety
6. Non-punitive response to error
7. Organizational learning--continuous improvement
8. Overall perceptions of patient safety
9. Staffing
10. Supv/mgr expectations & actions promoting patient safety
11. Teamwork across units
12. Teamwork within units
   - Number of events reported in past 12 months
   - Patient safety “grade” (Excellent to Poor)
   - HSOPS Composite Average
Measures due
August 15, 2014
CMS 11th SOW
Program Contract Structure
as of 8/1/2014

Program Collaboration Center

Independent Evaluation Center

Value Incentives and Quality Reporting Centers
- O&I Hospital Inpatient Psych-Cancer
- O&I ASC and Outpatient
- M&E/Analytics
- Validation Support
- Appeals

QIN NCC

QIN - QIOs
- QIO AREAS TBD
# and distribution of awards based on results of full-and-open competition

BFCC = Beneficiary and Family Centered Care
M&E = Monitoring and Evaluation
NCC = National Coordinating Center
O&E = Outreach and Education
QIN = Quality Innovation Network
AIM: Healthy People, Healthy Communities

Goal 1: Promote Effective Prevention and Treatment of Chronic Disease

• Improving Cardiac Health and Reducing Cardiac Healthcare Disparities
• Reducing Disparities in Diabetes Care: Everyone with Diabetes Counts (EDC)
• Using Immunization Information Systems to Improve Prevention Coordination
• Improving Prevention Coordination through Meaningful Use of HIT and Collaborating with Regional Extension Centers
AIM: Better Healthcare for Communities

Goal 2: Make Care Safer by Reducing Harm Caused in the Delivery of Care
- Reducing Healthcare-Associated Infections
- Reducing Healthcare-Acquired Conditions in Nursing Homes

Goal 3: Promote Effective Communication and Coordination of Care
- Coordination of Care
AIM: Better Care at Lower Cost

Goal 4: Make Care More Affordable

• Quality Improvement through Physician Value-Based Modifier and the Physician Feedback Reporting Program

• QIN-QIO proposed Projects that Advance Efforts for Better Care at Lower Cost

Other Technical Assistance Projects

• Quality Improvement Initiatives
Clinical Review Change

Beginning Friday, August 1, 2014
Two QIO structure

- Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)
- Quality Innovation Network QIOs (QIN-QIO)
Change August 1, 2014

KEPRO
5201 W. Kennedy Blvd,
Suite 900
Tampa, FL 33609

1-855-408-8557 or
TTY 1-855-843-4776
www.ohiokepro.com
Steps needed

• Update “Important Message from Medicare”
• For hospitals with swing beds, update Notice of Medicare Non-coverage forms
• Replace all print and electronic copies of beneficiary resources with QIO contact info
• Update policies and procedures that reference to contact Stratis Health
Value Incentives and Quality Reporting Centers
Program Contract Structure
as of 8/1/2014

Program Collaboration Center

BFCC Oversight & Review Center

BFCC NCC

BFCC – QIOs

BFCC-QIO Area 1
BFCC-QIO Area 2
BFCC-QIO Area 3
BFCC-QIO Area 4
BFCC-QIO Area 5

Independent Evaluation Center

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
VIQR Hospital Inpatient, Psychiatric Facility and PPS-Exempt Cancer Hospitals

Award: 6/16/14 to FMQAI

This contractor provides national outreach, education, and technical assistance to subsection (d) hospital inpatient departments, CAH’s, PPS-exempt cancer hospitals, and inpatient psychiatric facilities to report quality data to CMS. The contractor also educates hospitals and QIN’s on CMS Hospital Value Based Purchasing (VBP) program requirements, performance scores, and other Hospital VBP information linking payment to quality. Supports CMS to administer the following programs:

• Hospital VBP Program
• Hospital Inpatient Quality Reporting Program
• PPS-Exempt Cancer Hospital Quality Reporting Program
• Inpatient Psychiatric Facility Quality Reporting Program
VIQR Hospital Outpatient and Ambulatory Surgical Centers (ASC)

Award: to FMQAI

This contractor provides national outreach, education, and technical assistance to subsection (d) hospital outpatient departments, CAH’s, and ambulatory surgical centers to report quality data to CMS. Supports CMS to administer the following programs:

- Hospital Outpatient Quality Reporting Program
- Ambulatory Surgical Center Quality Reporting Program
VIQR Hospital Quality Reporting Validation Support Center

Award: To Be Announced

The contractor supports the Hospital Inpatient and Outpatient Quality Reporting programs to verify accuracy and completeness of quality data reported by hospitals. Assists CMS to collect healthcare associated infection lab culture and Intensive Care Unit information from providers to improve sampling efficiency. Partners with CMS measures maintenance contractor and CDC to educate CMS Clinical Data Abstraction Center on validation methodology and abstraction instructions, and provides technical assistance to CMS in updating validation processes to align with new measures and technologies.
VIQR Appeals Center

Award: To Be Announced

This contractor assists CMS to administer our appeals, reconsideration, provider reimbursement review board cases, and other post-payment determination reviews. This contract provides outreach and education to affected providers and ASC’s, and assists CMS to collect and review necessary appeals information from providers, CMS and Federal partners collecting data on behalf of our quality programs.
VIQR Monitoring and Evaluation Center

Award: To Be Announced

This contractor supports CMS to monitor and evaluate the Hospital VBP program and CMS quality reporting programs relative to supporting CMS three-part aim of lowering cost, improving patient care, and improving population health. Assesses both positive impact of programs and potential unintended consequences to beneficiaries and the health delivery system. The contractor also provides ad-hoc analytic data reports to CMS upon request.
Reporting change discussion
Questions?

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