Our Hospital’s Value Based Purchasing (VBP) Journey

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Presentation Outline

• Hospital overview
• VBP calculations
• Performance improvement
• Next steps
About Maple Grove Hospital

History
- Joint partnership between North Memorial and Fairview
- Opened December 30, 2009

About
- Maple Grove, MN: Located off of I-94 about 25 miles NW of downtown Minneapolis
- Key Service Lines: Orthopedic (total joints), spine, general surgery and medical patients, GYN, Family Birth Center, Level II B Special Care Nursery, Emergency Care Center
- Intentional focus around technology improving the way patients experience care and employees deliver care

2012 Statistics
- 32,216 emergency visits
- 3,662 babies delivered
- 3,362 Med-Surg/ICU admissions - ALOS 2.5
- 3,258 Surgeries

About Clinical Effectiveness

- Clinical Effectiveness Department reports to Director for Acute Care Services
- 1 Manager, 2 Clinical Effectiveness Specialists, 1 Data Management Specialist
  - Clinical Outcomes/Core Measures
  - Patient Satisfaction/Surveys
  - Patient Safety Initiatives
  - Safety/Incident Reporting (AHEs/Stop the Line)
  - Language Services
  - Case Management
  - Social Services
  - Hospital Flow
  - Care Coordination
  - Regulatory / Accreditation
  - Risk Management
  - Process Improvement support for entire hospital/most committees
Value Based Purchasing - From the Beginning

- Started focus early in May/June 2011
- First learned of VBP from vendors:
  - Patient satisfaction survey vendor - NRC Picker
  - Core Measures vendor - Press Ganey
- Participated in external webinars
- Studied CMS Final Rule
- Dedicated Clinical Effectiveness Resources to Own Measures
  - Core Measures data project manager
  - Patient Satisfaction data project manager
- Clinical Effectiveness helped hospital understand VBP
- Presented the VBP basics to Leadership, PI Teams, MEC, Staff
  - CMS withholding 1%
  - Reimbursed based on performance
  - High performing hospitals may make money
  - Low performing hospitals may lose money

Calculating and Tracking our Results Real Time

- NRC Picker offered VBP dashboard
  - Only shows small slice of entire VBP picture
- Press Ganey: Cost for VBP calculator with core measures
- Needed to monitor and calculate estimated VBP points
  - Tied performance to financial incentive, goal was to be above 50 points, which was an estimated break even point
- MGH had no baseline data for VBP FY2013, as hospital opened in December of the baseline period
  - Automatically obtain points from the achievement score
  - No opportunity to achieve improvement points
- No tool available to do that (Stratis tool came out much later)
  - Created spreadsheet and calculations that would enable our data to be populated
  - Estimated the total VBP points for the performance period
### Core Measures Calculation - VBP FY2013

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
<th>Benchmark* (Mean of Top Decile)</th>
<th>Performance Standard - Achievement Threshold (50th Percentile)</th>
<th>MGH Performance Period Score</th>
<th>MGH Improvement Score</th>
<th>Points (Higher of the Achievement or Improvement Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-7a</td>
<td>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</td>
<td>0.9141</td>
<td>-</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>AMI-8a</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>1</td>
<td>-</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>HF-1</td>
<td>Discharge Instructions</td>
<td>1</td>
<td>-</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>PN-2b</td>
<td>Blood Cultures Performed In the Emergency Department Prior to Initial Antibiotic</td>
<td>1</td>
<td>0.9663</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>PN-4c</td>
<td>Initial Antibiotic Selection for CAP In Immuno-compromised Patient</td>
<td>0.968</td>
<td>-</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-Inf-1</td>
<td>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</td>
<td>0.9088</td>
<td>0.9735</td>
<td>3</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-Inf-2</td>
<td>Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>1</td>
<td>0.9766</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-Inf-3</td>
<td>Prophylactic Antibiotic Discontinued Within 24 Hours After Surgery End Time</td>
<td>0.9346</td>
<td>0.9807</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-VTE-1</td>
<td>Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose</td>
<td>0.9737</td>
<td>-</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-VTE-2</td>
<td>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</td>
<td>1</td>
<td>0.95</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCP-VTE-3</td>
<td>Surgery Patients who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</td>
<td>0.965</td>
<td>0.9807</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<tr>
<td>SCIP-Ca++</td>
<td>Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period</td>
<td>0.969</td>
<td>-</td>
<td>n/a</td>
<td>10</td>
<td>10</td>
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</tbody>
</table>

Total Potential Points: 90
Performance Period Points: 73

Total Score for Process of Care VBP: 81.1% (81 pts)

### HCAHPS Calculation - VBP FY2013

**Part 1: HCAHPS**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Performance Period</th>
<th>Score</th>
<th>Floor Minimum</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Dimension Index</th>
<th>%ile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with Nurses</td>
<td>Jul 1, 2012 - Mar 31, 2013</td>
<td>38.98</td>
<td>75.18</td>
<td>84.7</td>
<td>1.056</td>
<td>63</td>
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<tr>
<td>Communication with Doctors</td>
<td></td>
<td>51.52</td>
<td>79.42</td>
<td>88.55</td>
<td>0.843</td>
<td>13</td>
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<tr>
<td>Responsiveness of Staff</td>
<td></td>
<td>70.23</td>
<td>61.82</td>
<td>77.69</td>
<td>0.980</td>
<td>42</td>
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<tr>
<td>Pain Management</td>
<td></td>
<td>34.76</td>
<td>68.75</td>
<td>77.9</td>
<td>0.937</td>
<td>36</td>
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<tr>
<td>Communication about Meds</td>
<td></td>
<td>29.27</td>
<td>59.28</td>
<td>70.42</td>
<td>0.961</td>
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<tr>
<td>Discharge Information</td>
<td></td>
<td>36.88</td>
<td>62.8</td>
<td>77.64</td>
<td>1.525</td>
<td>99</td>
<td></td>
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<tr>
<td>Overall Rating</td>
<td></td>
<td>30.47</td>
<td>81.93</td>
<td>89.09</td>
<td>1.101</td>
<td>79</td>
<td></td>
</tr>
</tbody>
</table>

Scores: 35 29 28 44

- Took the weighted average of the two components to estimate our total performance score
- Calculations may not have been perfect, but with so many unknowns of the first round of VBP, it was a start to keep leadership engaged and focus improvements

A partnership of North Memorial and Fairview
Financial Calculations for Incentive Payment

- In October received Actual Percent Payment Report for VBP FY2013
- Worked with finance to show impact of performance on our reimbursement
  - Translating VBP so people in all areas other than clinical can get excited about it
- Calculated the Medicare dollars at risk (1%)
- Used value-based multiplier from the final report and determined additional money we “earned” due to high performance

**Scenario**
- Hospital Collection rate is 32%
- Charges a Medicare patient $10,000 for a visit
- Expected $3200 payment
- CMS "withheld" 1% ($32)
- CMS pays 1.38% (multiplier) back ($44.16)
- On a $10,000 charge you earned an extra $12.16.

VBP FY2014

- Using Model VBP worksheet from Stratis for calculations
- Attention to Domain Waiting
  - Clinical Process Measures Reduction to 45% weight and addition of SCIP-9
  - Outcome Measures Added, 25%
  - Patient Experience weight remained 30%, baseline data available
- Presentations to Director Team and Quarterly Hospital Board meetings
  - Board has both Fairview and NMMC representatives
Process Improvement and Communication of Performance

- Improvement initiatives and assigned leadership owners

- Monitoring everything that is a part of VBP
  - Focused improvement efforts to lower performing areas
  - HCAHPS: communications with MD, pain management
  - Core Measures - SCIP

- Transparency of data
  - VBP Points not on hospital quality scorecard
    - However, each component of VBP is individually represented (HCAHPS, Core Measures, Outcomes)
  - Monthly VBP HCAHPS Dashboard is pushed to leadership from our Patient Satisfaction Vendor (NRC Picker)
  - Closely work with finance to provide updates to MGH director team, medical executive committee, and board

Core Measures Performance Improvement

- PI committees for each core measure
  - Admin champion, physician champion, pharmacy, nurse managers, frontline nurses, clinical effectiveness
  - Review & communicate every missed measure since we opened for improvement opportunities
  - Monitor performance with scorecards for each core measure set

- Utilize/trained floor RN for abstraction of all Core Measures
  - High ability to understand and affect change in nursing documentation
  - Become unit experts on core measures

- Core Measure Checklists
  - Identification of patient population occurs in daily interdisciplinary morning rounds
  - Patient Care Facilitators initiate core measures checklists when patient falls into a “core measure” category
  - Checklist allows real time monitoring of core measures
  - All surgical patients treated as SCIP with SCIP checklist
  - Staff “know” about core measures and the significance of 100%
HCAHPS Performance Improvement

- Patient Satisfaction scores are incorporated into clinical process improvement teams
  - Medication Improvement Team responsible for the Communication About Meds Domain
  - FBC Care Coordination Teams focus on the Discharge Information and MD Communication Domains
    - White boards
    - Partnered rounding

- HCAHPS are also regular agenda items at monthly Patient Experience Advisory Team (PEAT), department Staff Meetings, hospital leadership meetings, and weekly director team meetings on a Quality Dashboard

- Success is a combination of Process Improvement and Culture
  - Example: Pain Management HCAHPS is discussed at the clinical comfort Committee with physician champions, pharmacy and actual patient case study reviews, focus on “RUC: Are you comfortable?” at PEAT to engage non-clinical employees.
  - Patient and Family comfort becomes everyone’s responsibility.

- MGH Employee monetary incentives tied to HCAHPS key indicators for 2012:
  - Rewarded based on quarterly achievements, weighting: 75% Clinical Measure, 25% Rating
  - Pain Management: “During this hospital stay, how often was your pain well controlled.”
  - Overall Rating: “Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?”

Getting Ready for VBP FY2015

- Awaiting final reports for VBP FY2014

- 1 month into the performance time period

- The VBP “pie” looks different
  - Additional intention to reduce Medicare Cost per beneficiary with the Efficiency Measures (20%)
  - Core Measures, reduction of weight to 20%
  - Outcomes increased weighting to 30%, added CLABSI and AHRQ composite
  - Patient Experience of Care remained at 30%

- Evaluate performance from previous years
  - Set MGH HCAHPS goals for 2013 based on the FY2015 VBP benchmarks and thresholds
    - Red, yellow, green scoring system.
  - Core Measure goal is always 100%
Learnings and Resources

• Used Stratis handouts as an informational tool for leaders, physicians

• Listening to CMS National Provider Calls for updates

• Asking questions and learning new things all the time
  – Always listen to webinars, you never know what you’ll find out
    • Acknowledge, “We haven’t done everything perfect” where do we need to shift focus, where have others had success.
    – Baseline data report on QualityNet

• It’s getting more complex and we won’t be able to as easily predict performance as more pieces get added to the VBP pie

Questions?

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