LEARNING OBJECTIVES

- To recognize the 1 voluntary measure and 2 outcomes included in the Heart Failure pay for performance program.
- To identify the need for documentation of measure compliance or reasons for non-compliance.
The Center for Medicare and Medicaid (CMS) is moving away from collecting data on the process of care and focusing more on the outcomes of the care provided. You will note there are fewer core measure indicators included in this presentation.

The Joint Commission (TJC) no longer includes the heart failure measures in their ORYX program.
The outcome measures that CMS has selected as part of their pay for performance program include readmissions within 30 days and mortality for patients with heart failure.

They have included occurrence of specific Hospital Acquired Conditions (HAC) in their program.
It has been recognized that following evidence based medicine recommendations such as those included in the CMS Core Measure Program have led to reducing the number of negative outcomes.

While the number of indicators required for submission to CMS has been reduced, hospitals must assure that the care provided to the patients leads to the best outcomes possible.
INTRODUCTION

- While there are no mandatory measures remaining in the CHF measure. HF-2, the evaluation of LVS function, can voluntarily be submitted to CMS, if the facility wishes.
- TJC has three options for measure selection therefore you will have to become familiar with your hospital's quality measure program.
- Theses changes starting January 1, 2015.
EVALUATION OF LVS FUNCTION

- National guidelines advocate the evaluation of left ventricular systolic function as the single most important diagnostic test in the management of all patients with heart failure.

Jessup. 2009 and HFSA, 2006
This measure is a practitioner driven indicator. There must be documentation in the medical record that the LVSF has been evaluated. This evaluation can be done prior to admission, during the hospital stay or planned for after discharge.

This evaluation can be documented in the H&P, progress note, consult note, discharge summary or if the actual diagnostic test results are on the chart.

If the evaluation is not done, the practitioner must clearly state why not. Examples include: life expectancy < 1 month, patient refuses test or technically poor test due to patient inability to cooperate.
1. After reviewing the chart, remind the physician that the documentation is missing.
2. Place a copy of the most recent diagnostic test on the chart if it is not already there.
As CMS focuses on patient outcomes rather than the process of care, heart failure patient 
mortality and readmission within 30 days of discharge are publically reported and included in their pay for performance program.
ADDITIONAL ITEM

- Smoking Cessation
The Smoking Cessation indicator has been retired from the CHF measure set starting January 1, 2012.

TJC has a tobacco treatment measure that includes all patients 18 years of age or older.

If your facility chooses to continue to offer smoking cessation the requirements are on the next slides.
This is a nursing driven measure.

CMS defines a smoker as anyone who has smoked cigarettes anytime during the year prior to admission.

With this definition in mind it is important to get the most accurate smoking history possible. Ask very specific questions such as:

- Have you smoked cigarettes within the past year?
- Do you still smoke? If not when did you quit (month/year if possible)?
- Would you like information or help to quit smoking?
Our role as healthcare providers is to offer help to all smokers. The patient has the right to refuse, just be sure that the refusal is clearly documented.
Heart failure is one of the leading causes for admission and readmission to hospitals in the USA. By providing care as established through evidence based medicine research and great patient teaching the experts feel these patients will be able to handle their health issues better and improve their quality of life therefore reducing the number of hospital stays.
1. It isn’t important to evaluate the Left Ventricular Systolic function of patients with heart failure.
   A. True
   B. False
2. CMS is focusing on Heart Failure patient outcomes which include:
   A. Discharge instructions
   B. Mortality within 30 days
   C. Readmission within 30 days
   D. B & C
The End!!!