CMS Quality Program-Outcome Measures

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Philosophy

• The Centers for Medicare and Medicaid Services (CMS) is changing its focus from looking at the processes hospitals use while providing patient care to collecting data and reporting the patient outcomes of the care provided.

• Having fewer untoward outcomes demonstrates higher quality of care and reduces the cost of health care for these complications and readmissions therefore evidenced-based care must be provided to each patient.
What is the financial impact of the outcome measures?

• The Outcome measures can impact the Medicare payments for inpatient acute care hospitals in several ways. In the Value Based Payment (VBP) program the outcome measures account for 75% of the data used for determining the payment reward or penalty.
Additional Impact

• CMS also has a Hospital-Acquired Condition (HAC) Reduction Program that includes the patient safety measures and the several of the infection prevention measures. The hospitals whose scores are in the lowest 25% of the scores will be subjected to a 1% payment reduction.

AND

The Hospital Readmission Reduction Program that has a payment penalty of up to 3% for poor performing facilities.
What Measures Are Included?
Patient Safety and Infection Prevention and

- The Patient Safety and Infection Prevention measure outcomes impact both the VBP and HAC scores and their corresponding penalties.
Patient Safety

- The outcomes that CMS has included in this measure set include death among surgical inpatients with serious, treatable complications and
- The Composite Measure for Patient Safety (PSI#90) is a single score that include the hospital rate of occurrence for the followings:
  - Stage II or IV Pressure Ulcers that are not present on admission
  - Post operative Physiological and Metabolic Derangement
  - Iatrogenic Pneumothorax
  - Postoperative Respiratory Failure
  - Central Venous Catheter Related Blood Stream Infections *
  - Postoperative Sepsis
  - Postoperative Hip Fracture
  - Perioperative Pulmonary Embolism or Deep Vein Thrombosis
  - Perioperative Hemorrhage or Hematoma
  - Postoperative Wound Dehiscence
  - Accidental Puncture or Laceration
Infection Prevention Outcomes

- Central Line associated Bloodstream Infections (CLABSI)*
- Catheter associated Urinary Tract infections (CAUTI)
- Specific Surgical Site Infections (SSI) for colon and hysterectomy procedures
- Facility wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia
- Facility wide Inpatient Hospital-onset Clostridium difficile Infection (CDI)
- Influenza Vaccination compliance among health care providers

* Please note CLABSI rate impacts the facility results twice (once in the Patient Safety and again in the Infection Prevention) outcome measures
The Mortality Measures are included in the Clinical Care Outcomes Domain

- These measures include 30-day all cause mortality rate for hospital inpatients following Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Bypass Graft (CABG), Heart Failure (HF), Pneumonia or Stroke.
The Complication Measures are part of the Clinical Care Outcomes Domain for VBP

These complication rates following elective primary total hip (THA) and/or total knee (TKA) arthroplasty which include patients having:

- An acute myocardial infarction (AMI), pneumonia, or sepsis/septicemia/shock during the index admission or within 7 days of admission;
- Surgical site bleeding, pulmonary embolism, or death during the index admission or within 30 days of admission; or
- Mechanical complications or periprosthetic joint infection/wound infection during the index admission or within 90 days of admission.
Medicare Spending per Beneficiary (MSPB) is the main component of the Efficiency and Cost Reduction Domain of the VBP

- This is an efficiency measure that evaluates the cost of care from 3 days prior to inpatient admission through 30 days after discharge. These costs include hospital inpatient charges, home health charges, skilled nursing facility charges, outpatient services charges, physician provider charges, hospice charges and durable medical equipment charges
The Hospital Inpatient Quality Reporting (IQR) Program now includes the Clinical Episode-Based Payment (CEBP) Measures

• The clinical episode–based payment measures assess the payment for services **clinically related** to the episode condition provided by hospitals and other healthcare providers during the period 3 days before admission to 30 days following the patient’s hospital stay.
The Conditions Included Are:

- Aortic Aneurysm Procedure
- Cellulitis
- Cholecystectomy and common duct exploration
- Gastrointestinal hemorrhage
- Kidney/urinary tract infection
- Spinal Fusion
- The first hospital results will be made public in December 2018.
- The impact of the results will be included in future year payment determinations.
30-day Readmission Measures Determine the Readmission Penalty that can be up to a 3% reduction in CMS Payment.

- 30-day all cause readmission rate for patients diagnosed as an Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), unplanned readmission Coronary Artery Bypass Graft (CABG), Heart Failure (HF), Pneumonia or following elective primary total hip (THA) and/or total knee (TKA) arthroplasty.

- Currently facilities can voluntarily report their Hospital-wide all-cause unplanned 30 day readmissions. This information will not impact CMS payment nor will it be made available to the public.
As part of the efforts to provide transparency in health care, CMS reports payment for care for 30-day episodes of care or several hospital inpatient diagnosis. Reporting the cost along with the outcomes allows the public to see a cost/benefit view of a facility. As with other commodities, patients want the best care for the lowest cost.

The 30-day episode of care payment measure includes patients discharged with an Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia, and following elective primary total hip (THA) and/or total knee (TKA) arthroplasty.
In Summary

• The movement from process to outcomes to demonstrate high quality patient care requires each facility to develop their care plans using the guidelines recommended by evidence-based medicine reports.

• For example: the results from the process measure “Appropriate antibiotic given within one hour of surgery” that was initially collected and reported by CMS has demonstrated a reduction in surgical wound infections. Since specific surgical wound infections impact the Patient Safety, Infection Prevention, MSPB and Complications and potentially impact the Mortality, 30-day readmission and payment measure sets, hospitals must be diligent in assuring every patient receives the most appropriate care throughout his or her stay.
Test your knowledge

1. The outcome measures include only include patient safety, infection prevention and mortality data.
   A. True
   B. False
Test your knowledge

2. Medicare Spending Per Beneficiary (MSPB) is an efficiency measure that includes the charges from __________ day prior to inpatient admission through _____ days following discharge.

A. 10 20
B. 1 30
C. 3 30
3. An unanticipated outcome such as a Central Line associated Bloodstream Infection can impact more that one of the outcome measures, therefore impacting the penalty a hospital incurs from CMS.

A. True

B. False
The End