

# CMS Quality Program- Outcome Measures

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# Philosophy



- The Centers for Medicare and Medicaid Services (CMS) has changed 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 such complications and readmissions. It is the expectation that evidenced-based care will be provided to each patient.



# The Current Programs

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- Today the CMS and other private insurer's performance improvement programs have moved away from financial rewards for reporting data for measure results to rewarding improvement in patient outcomes as the result of implemented PI efforts. This process is often referred to as the **Pay for Performance Program**.



# The Medicare *Pay for Performance* Program Outcome Measures

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- Value Based Purchasing (VBP)
- Hospital Acquired Conditions (HAC)
- Readmissions within 30 Days

## What is Value Based Purchasing

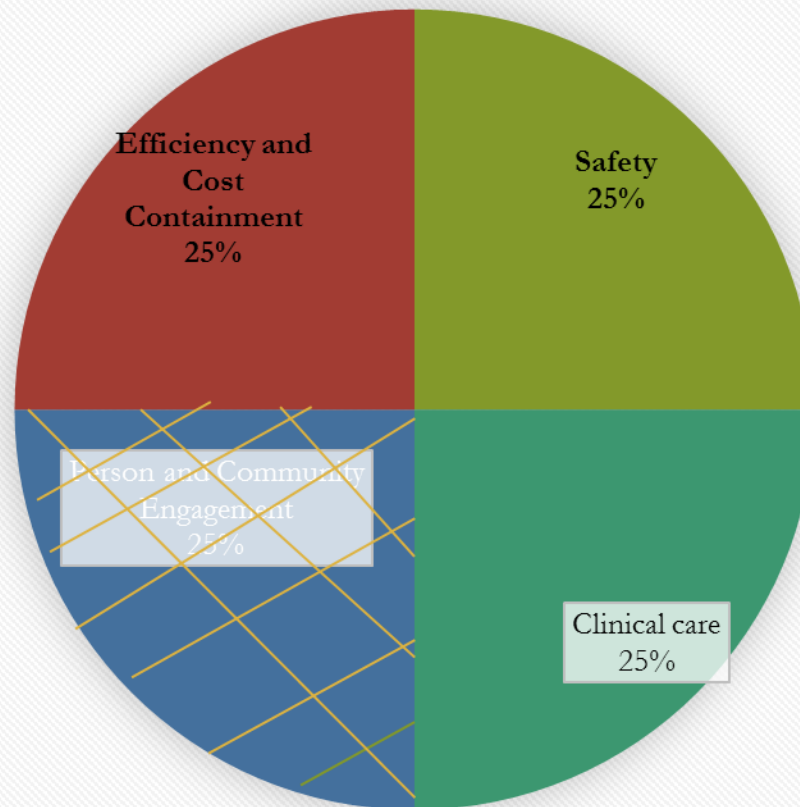
- ▶ **Value-Based Purchasing (VBP)** is the process of “Linking provider payments to improved performance by health care providers. This form of payment holds health care providers accountable for both the cost and quality of care they provide. It attempts to reduce inappropriate care and to identify and reward the best-performing providers.”

<https://www.healthcare.gov/glossary/value-based-purchasing-vbp/>



# Value Based Purchasing Domain Weights

Domains



# What is the financial impact of the outcome measures?

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- 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

# The Medicare *Pay for Performance* Program Outcome Measures

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- The 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

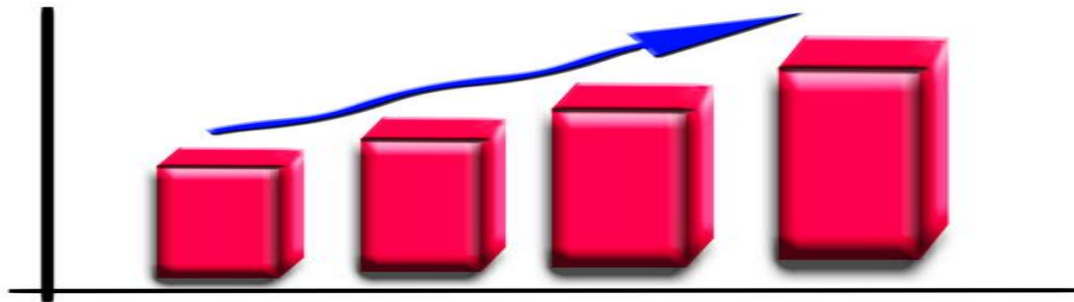
The Hospital Readmission Reduction Program that has a payment penalty of up to 3% for poor performing facilities.



## Financial Impact cont.

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- Patient outcome results account for 100% of the data utilized in determining the financial impact for the HAC and Hospital Readmission programs.



# Total potential loss from the Medicare pay for performance programs

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Value based purchasing	2%
Hospital acquired conditions	1%
<u>30 day readmissions</u>	<u>3%</u>
Total	6%

This would be \$60,000 loss on every \$1,000,000 Medicare pays the hospital.

# What Measures Are Included?

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# Patient Safety Indicators included in the VBP Program

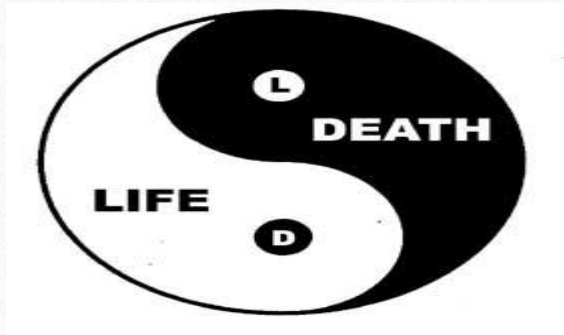
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- CMS has made dramatic changes to the quality measurements that are included in Value Based Purchasing over the years. The most recent change is that the only Patient Safety Indicator remaining in the program is PSI 4 Death among Surgical Inpatients with Serious, Treatable Complications.
- These complications include: pneumonia, pulmonary emboli (PE), deep vein thrombosis (VTE), severe sepsis, post-operative septic shock or GI hemorrhage.

# The Mortality Measures are included in the Clinical Care Outcomes Domain

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- These measures include 30-day **all cause** mortality rate for hospital inpatients following Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Bypass Graft (CABG), 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.



# \$The Cost of Sickness

## Payment Measures

- 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.

# Medicare Spending per Beneficiary (MSPB) is the main component of the Efficiency and Cost Reduction Domain of the VBP

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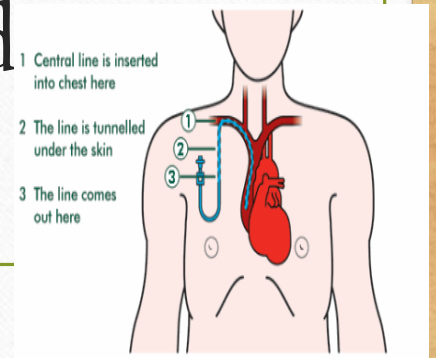
- This is an efficiency measure that evaluates the cost of care from 3 days prior to inpatient admission through 30 days after discharge. These costs include hospital inpatient charges, home health charges, skilled nursing facility charges, outpatient services charges, physician provider charges, hospice charges and durable medical equipment charges





# Included in the Healthcare Associated Conditions (HAC) Program

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





## 30-day Readmission Measures Determine the Readmission Penalty that can be up to a 3 % reduction in CMS Payment.

- 1. 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.
- 2. 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.

# 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

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



# Test your knowledge

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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

# Test your knowledge

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3. An unanticipated outcome such as a Central Line associated Bloodstream Infection can impact more than one of the outcome measures, therefore impacting the penalty a hospital incurs from CMS.
- A. True
  - B. False

The End

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