

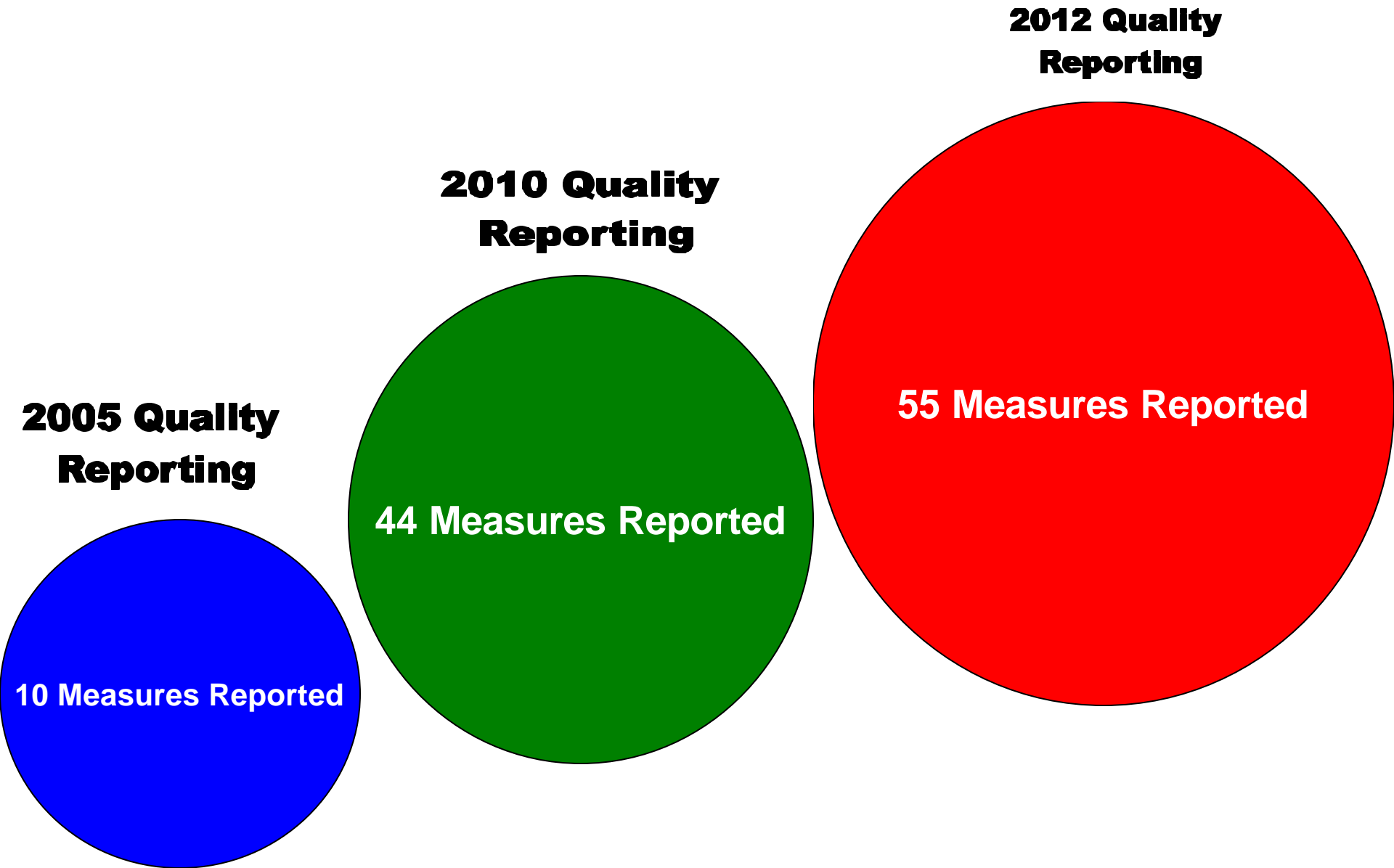
You Really Got Me: Stroke Process, Outcomes and Payment

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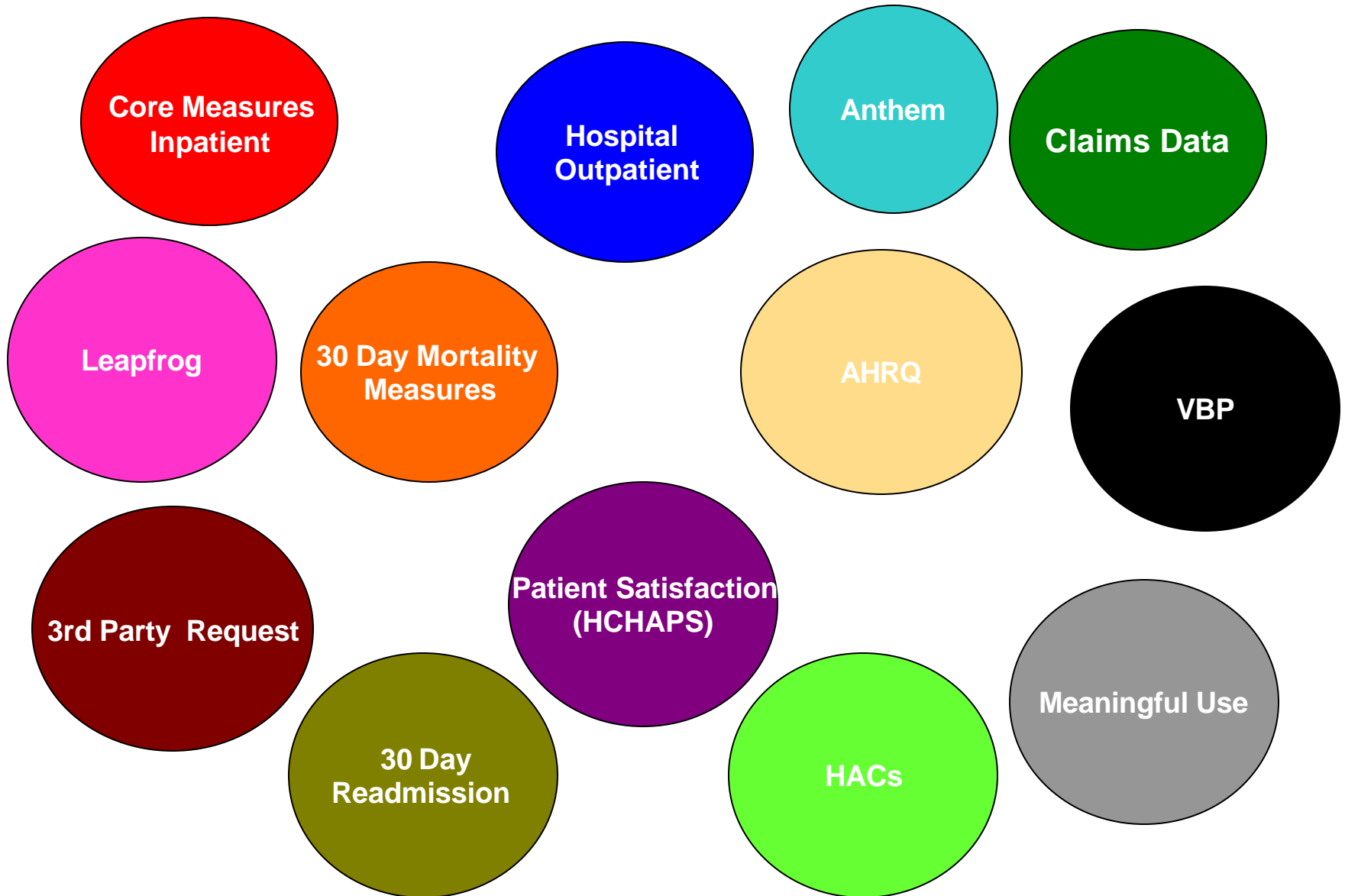
Quality Measures

- Growing in number
- Expanding in scope
- Adopted by all payors
- Built into Healthcare Reform

Quality Program Reporting Measures



Quality Measures & Reporting Agencies



Stroke Quality Measures

Measure	PSC	GWTG	CDC	NQF	PQRS	MU
*tPA for acute ischemic stroke seen < 2h	X	X	X	X	R	X
Anticoagulation for atrial fibrillation	X	X	X	X	R	X
*Antithrombotic therapy within 48 hrs	X	X	X	X		X
*DVT prophylaxis within 24 hr of arrival	X	X	X	X	C, R	X
Dysphagia assessment prior to any PO					C, R	
Smoking cessation counseling				X	C, R	
Stroke Education	X	X	X	X		X
Assessed for Rehabilitation	X	X	X	X	C, R	X
*Discharged on statin therapy (LDL =100)	X	X	X	X		X
Discharged on antithrombotic therapy	X	X	X	X	C, R	X

* measure definition changed over time

Quality Measures

- Hospital Acquired Conditions
- Agency for Healthcare Research and Quality metrics
- Value Based Purchasing
- Meaningful Use

Hospital Acquired Conditions (HACs)

- The Deficit Reduction Act of 2005 requires a quality adjustment in Medicare payments for certain hospital-acquired conditions.
- Hospital-acquired conditions (HACs) are a set of conditions that were high cost or high volume or both and could reasonably have been prevented through the application of evidence-based guidelines
- Beginning in October 2008, hospitals do NOT receive the higher payment for cases when one of the selected conditions is acquired during hospitalization
- Not much financial impact for us as most cases had many other comorbidities/complications

Hospital Acquired Conditions (HACs)

- Foreign body retained after surgery
- Air embolism
- Blood incompatibility
- Poor Glycemic control
- Stage 3 or 4 Pressure Ulcers
- Falls and Trauma
- Surgical site infection for CABG, Bariatric, certain Ortho procedures
- CLABSI
- CA-UTI
- DVT/PE for knee/hip replacement

Hospital Acquired Conditions (HACs)

- Government upped the ante.....
- Now including HACs in MANY Health Care Reform Initiatives and Quality Report Cards
- More stringent financial penalties

Recent Headlines.....

- **Medicaid to reduce hospital pay for preventable conditions**
- **CMS Adds Hospital-Acquired Condition Data to Consumer Website**

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Search type [?]

- General
- Medical Conditions
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Hospital Spotlight

Medicare releases new data on **Hospital Acquired Conditions**. Click [here](#) for more information.

You can now visit **Medicare's Hospital Value Based Purchasing Program** page and learn more about future measures.

You can now get information on Mortality and Readmission Measures for approximately 150 Veterans Administration Hospitals.

Additional Information

- ◆ View a list of Hospital Compare Contacts
- ◆ Download the Hospital Compare Database (Data Last Updated: August 5, 2011)

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Data Last Updated: August 5, 2011

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AHRQ Patient Safety Indicators (PSIs)

- The Patient Safety Indicators (PSIs) are a set of indicators providing information on potential in hospital complications and adverse events following surgeries, procedures, and childbirth.
- The PSIs were developed after a comprehensive literature review, analysis of ICD-9-CM codes, review by a clinician panel, implementation of risk adjustment, and empirical analyses.

AHRQ- Inpatient Quality Indicators (IQIs)

- The Inpatient Quality Indicators (IQIs) are a set of measures that provide a perspective on hospital quality of care using hospital administrative data.
- These indicators reflect quality of care inside hospitals and include inpatient mortality for certain procedures and medical conditions; utilization of procedures for which there are questions of overuse, underuse, and misuse; and volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality.

AHRQ PSI (Patient Safety Indicators) and IQI (Inpatient Quality indicators) in Value Based Purchasing

- Patient Safety Indicators
 - Iatrogenic pneumo
 - Post-op Resp Failure
 - Post-op PE/DVT
 - Post-op wound dehis
 - Accidental puncture/lac
- Complications/patient safety for selected indicators
- Mortality for selected medical conditions
- Inpatient Quality Indicators
 - AAA repair mortality rate
 - Hip fracture mortality rate

Quality Studies that include HAC and AHRQ Measures

- UHConsortium Reports
- Leapfrog
- US News and World Report

US News and World Report Patient Safety Index

- The Patient Safety Indicators were added in 2009
- A composite measure consisting of 7 Patient Safety Indicators from the Agency for Healthcare Research & Quality (AHRQ)
 - Death in Low mortality DRG's
 - Failure to rescue
 - Iatrogenic pneumothorax
 - Post-op hemorrhage or hematoma
 - Post-op respiratory failure
 - Post-op wound dehiscence
 - Accidental puncture or laceration
- Based on administrative data
 - Coded based on physician documentation

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Administration Implements New Health Reform Provision to Improve Care Quality, Lower Costs

- The Affordable Care Act includes a number of policies to help physicians, hospitals, and other caregivers improve the safety and quality of patient care and make health care more affordable.
- Starting in October 2012, Medicare will reward hospitals that provide high quality care for their patients through the new **Hospital Value-Based Purchasing Program**.
 - This program marks the beginning of an historic change in how Medicare pays health care providers and facilities—for the first time, hospitals across the country will be paid for inpatient acute care services based on care quality, not just the quantity of the services they provide.

Rationale

- Quote from Jean Moody-Williams, director of the Quality Improvement Group within CMS' Office of Clinical Standards and Quality "The goal of CMS through the Hospital Value-Based Purchasing Program is to link payments to quality outcomes," Ms. Williams said. "We really are starting to get away from asking, 'How much did you do?' to 'How well did you do and how was it for the patient?'"
- "These steps will encourage health professionals and hospitals to reduce preventable infections and eliminate serious medical errors," said CMS Administrator Donald M. Berwick, MD. "As we reduce the frequency of these conditions, we will improve care for patients and bring down costs at the same time."

Value Based Purchasing

What is it ?

- Transforming Medicare from a passive payer to an active purchaser of higher quality, more efficient health care

TRANSLATION

- Medicare pay for performance program

Value Based Purchasing

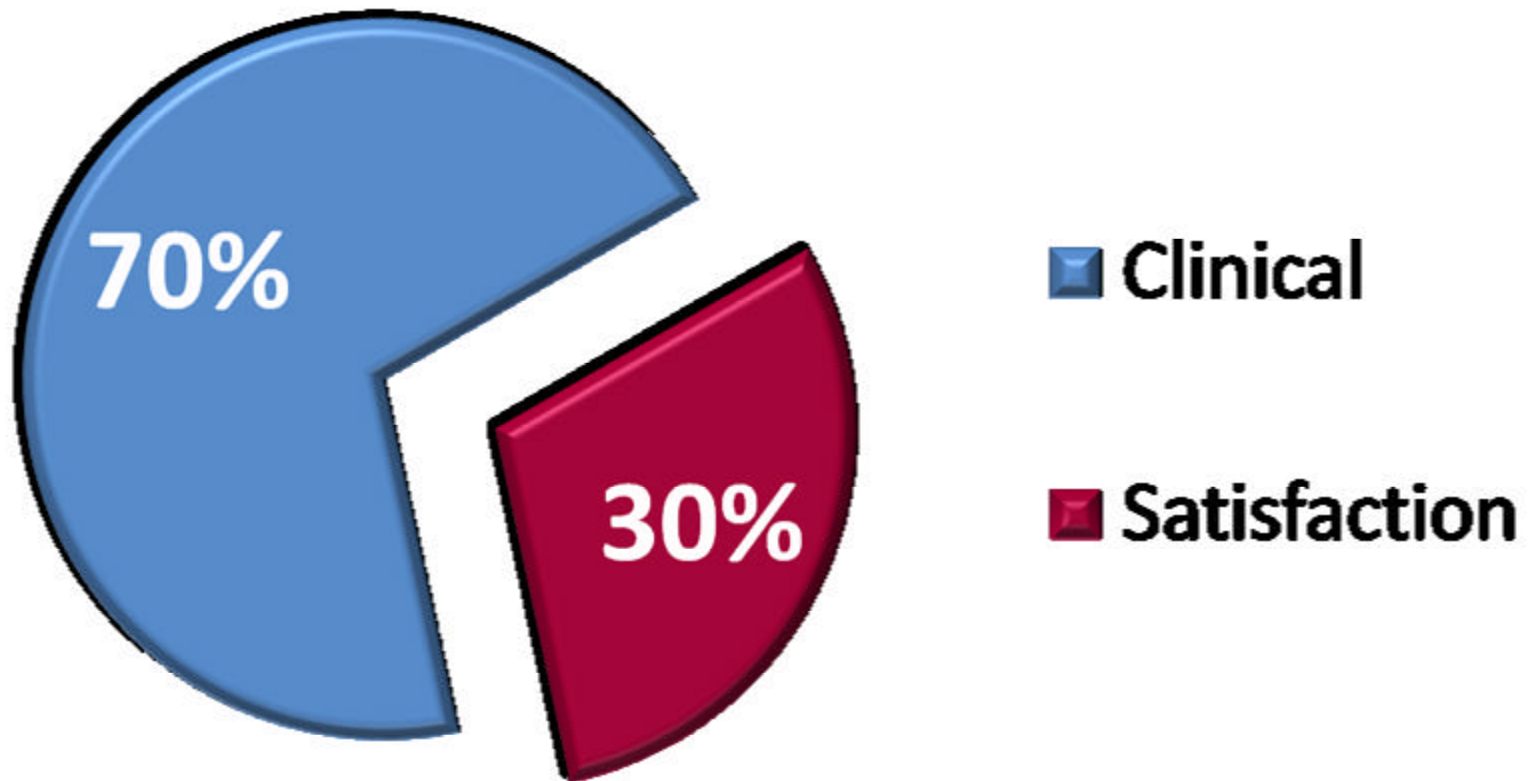
Basics

- Percentage of Medicare payment tied to performance on quality and patient satisfaction measures
- Begin in 2013 and will be phased in
 - 2013 - 1% reduction total Medicare payment (millions of dollars)
 - 2017 - 2% reduction total Medicare payment (millions of dollars)

Value Based Purchasing Components

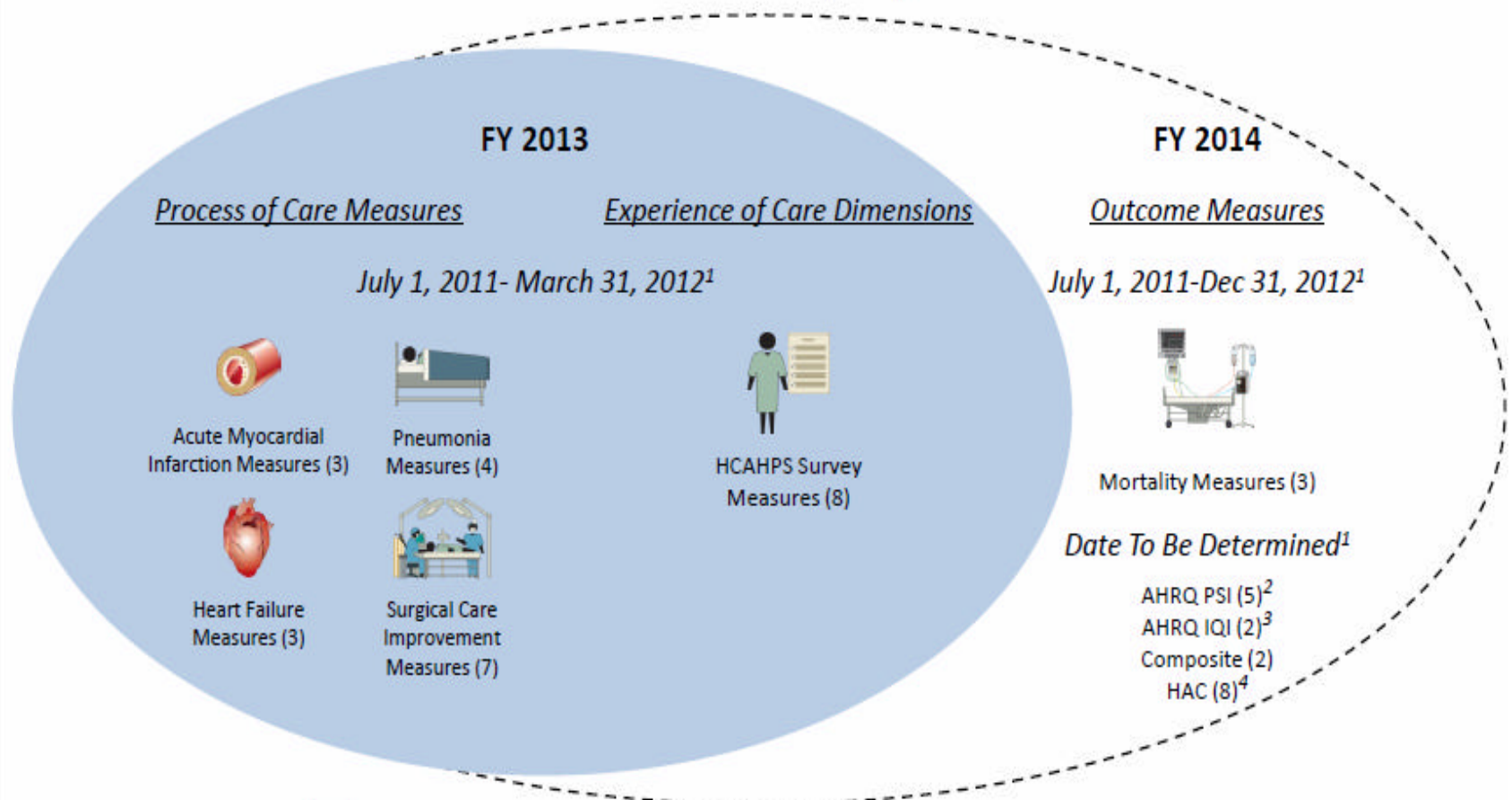


Value Based Purchasing Components



Performance Period Begins July 1st, 2011

Domains Provide Basis For Quality Assessment



- 1 Initial Performance Period
- 2 Patient Safety Indicators
- 3 Inpatient Quality Indicators
- 4 Hospital-Acquired Conditions

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Important Reminder

Though the performance period for outcomes measures commences in July, 2011 it will not affect the FY 2013 payment determination

Source: CMS, Advisory Board analysis.

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Origin of Meaningful Use

- American Recovery and Reinvestment Act of 2009
 - President Obama Addressed Joint Session February 2009
- “Our recovery plan will invest in electronic health records and new technology that will reduce errors, bring down cost, ensure privacy and save lives.”*
- According to current estimates approximately \$27 billion will be spent over the next ten years for the implementation of EHR

Purpose of Meaningful Use Quality Perspective

- Exchange of health information to improve quality of health care
- Submit and improve clinical quality and other measures.
- Structured formats/uniform ways to submit data
- Health Information readily available
- Reduce the burden of manual data collection

Stages of Meaningful Use

Three stages of Meaningful Use

Stage 1

- Data capture, basic functions, measure reporting
- October 1, 2010 (CMS FY 2011)

- ### Stage 2

- Expands stage 1, includes disease management
- October 1, 2012 (CMS FY 2013)

- ### Stage 3

- Promotes population health
- October 1, 2014 (CMS FY 2015)

15 Clinical Quality Measures for Meaningful Use Submission for Payment Year 2011-2012

- ED

- Median time from ED arrival to ED Departure
- Admit to Decision time to ED Departure

- Stroke

- Discharge on Antithrombotics
- Anticoagulation for A-fib/flutter@ discharge
- Thrombolytic therapy for patients arriving w/in 2 hours whom TPA was initiated within 3 hours
- Ischemic stroke patients administered antithrombotic therapy by the end of day 2
- Ischemic stroke patients discharged on statins
- Stroke Education
- Rehabilitation assessment

- Venous Thromboembolism

- VTE prophylaxis w/in 24 hours of arrival
- Intensive Care Unit VTE
- Anticoagulation overlap therapy
- Platelet monitoring or unfractionated heparin
- Discharge Instructions
- Incidence of potentially preventable VTE

- 15 Quality Measures endorsed by the National Quality Form & the Hospital Quality Alliance

- None of the MU Measures are used for Medicare Pay for Reporting

Bottom Line

- Stroke measures are pervasive in quality monitoring programs
- Many other Quality Metrics relate to neurology patients- e.g. VTE measures
- Pay for participation has moved to pay for performance on all fronts
- Pay for performance will affect hospitals and physicians