

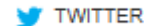
Part 1 of 4: A Detailed Review of the Final CMS FY 2014 IPPS Rule



Welcome and Introductions



Vicky Mahn DiNicola RN, MS, CPHQ
VP Research and Market Insights
Midas+ Xerox



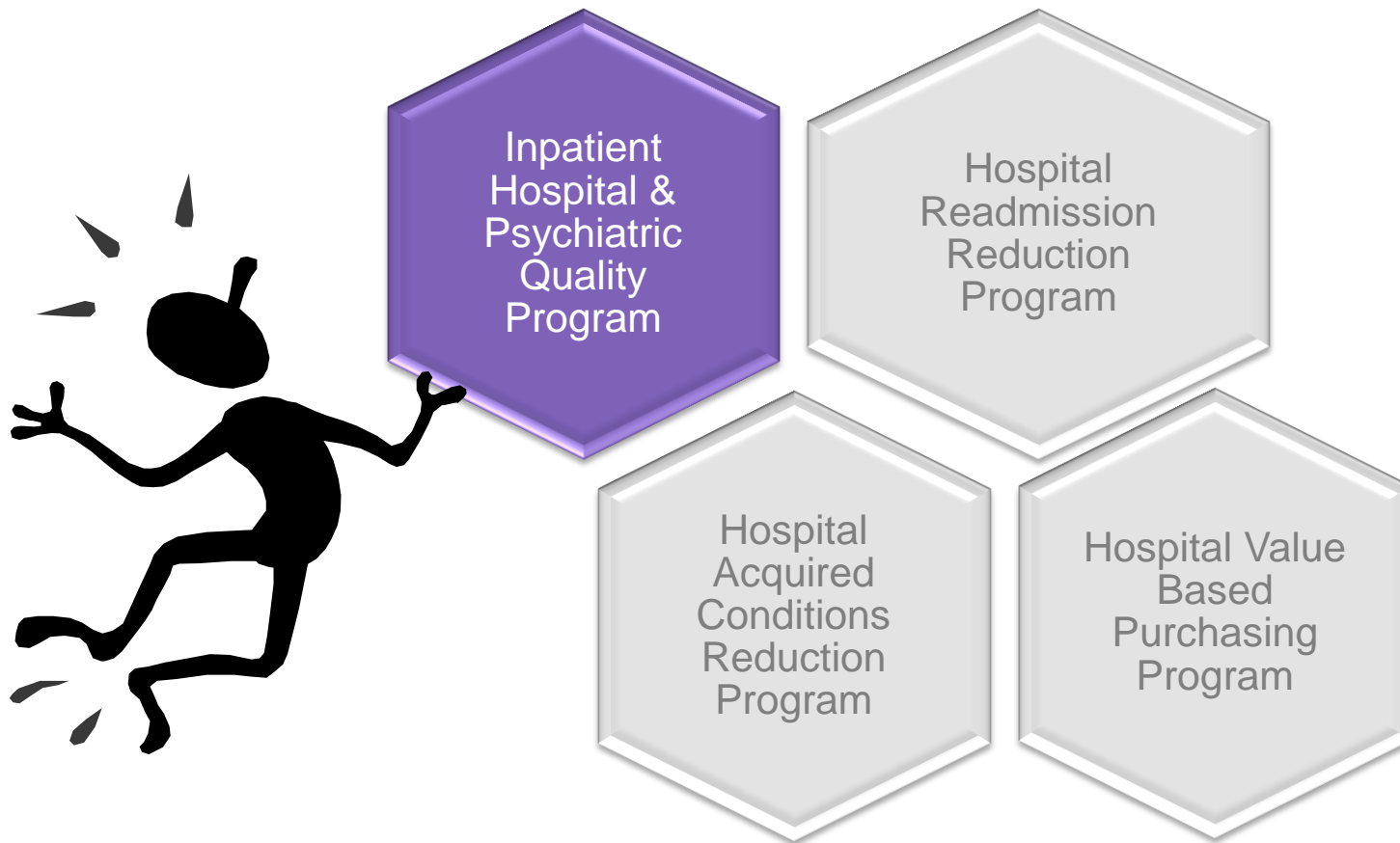
TWITTER

Follow me at <https://twitter.com/MidasXerox> to keep up with
Regulatory Changes Impacting Quality Reporting Requirements!

Questions regarding this briefing may be submitted directly to me
in a private email simply by clicking on the comment bubble in the
tool bar at the bottom right of your presentation screen, or you
may contact me directly by sending me an email to
vicky.mahn@xerox.com

Hospital Inpatient Quality Reporting Program

IPPS 2014 Final Rule



Review of
Final IPPS
Rule for
FY 2014
CMS-1599-F
CMS-1455-F
*Posted to
Federal Registry
August 19, 2013*

[http://www.gpo.gov/fdsys/
pkg/FR-2013-08-
19/pdf/2013-18956.pdf](http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf)



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Book 2 of 2 Books
Pages 50495–51040

Part II

Department of Health and Human Services

Center for Medicare & Medicaid Services

42 CFR Parts 412, 413, 414, et al.
Medicare Program; Hospital Inpatient Prospective Payment Systems for
Acute Care Hospitals and the Long Term Care; Hospital Prospective
Payment System and Fiscal Year 2014 Rates; Quality Reporting
Requirements for Specific Providers; Hospital Conditions of Participation;
Payment Policies Related to Patient Status; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, 414, 419, 424,
482, 485, and 489

[CMS–1599–F; CMS–1455–F]

RINs 0938–AR53 and 0938–AR73

Medicare Program; Hospital Inpatient
Prospective Payment Systems for
Acute Care Hospitals and the Long-
Term Care Hospital Prospective
Payment System and Fiscal Year 2014
Rates; Quality Reporting Requirements
for Specific Providers; Hospital
Conditions of Participation; Payment
Policies Related to Patient Status

AGENCY: Centers for Medicare and
Medicaid Services (CMS), HHS.

ACTION: Final rules.

Timelines for Updated Technical Specifications Manual for Inpatient Hospital Quality Reporting Program

Manual Version	Applicable Discharge Dates	Scheduled Release
4.3	1/1-/014 – 9/30/2014	7/1/2013
4.4	10/1/2014 – 6/30/2015	4/1/2014

Note: Addendum to Specifications Manual for Hospital Inpatient Quality Measures 4.3a applicable with 1/2014 discharges to be posted late September 2013



Comparing the old with the new



17 Measures Removed from HIQR Program in Previous Rulings for FY 2015 Payment Determination

CMS will continue calculations for the “claims based” measures through December 31, 2014 discharges

Hospital Acquired Conditions

Foreign Object Retained After Surgery

Air Embolism

Blood Incompatibility

Pressure Ulcer Stages III & IV

Falls and Trauma

Vascular Catheter-Associated Infection

Catheter-Associated Urinary Tract Infection

Manifestations of Poor Glycemic Control

AHRQ Patient Safety Measures

PSI 06: Iatrogenic Pneumothorax

PSI 11: Post operative Respiratory Failure

PSI 12 Post operative PE or DVT

PSI 14 Post op wound dehiscence

PSI 15 Accidental puncture or laceration

AHRQ Inpatient Quality Indicators

IQI 11 AAA mortality rate *(with or without volume)*

IQI 19 Hip fracture mortality rate

IQI 91 Mortality composite for selected conditions

Surgical Care Improvement

SCIP Inf-VTE-1 Surgery patients with recommended VTE prophylaxis ordered

Removal of 7 Measures for FY 2016 HIQR Program

for FY 2016 Payment Determination

Acute Myocardial Infarction

- AMI-2 Aspirin prescribed at discharge **
- AMI-10 Statin prescribed at discharge**

Pneumonia

- PN-3b: Blood Culture Performed in ED prior to First Antibiotic Received in Hospital **

Heart Failure

- HF-1 Discharge Instructions **
- HF-3 ACEI or ARB for LVSD **

Surgical Care Improvement

- SCIP-Inf-10 Surgery patients with perioperative temperature management **

Structural Measure

- Systematic Clinical Database Registry for Stroke Care



**** Note that these measures may still be reported “voluntarily” beginning with 1/1/14 discharges**

Five Measures in Suspension



CMS reserves the right to reactive these with a 3 month notice prior to resuming data collection if and when they have evidence that performance is declining....

- **IMM-1: Immunization for Pneumonia** *(beginning with FY 2016 payment determination)*
- AMI-1 Aspirin at Arrival
- AMI-3 ACEI/ARB for LVSD
- AMI-5 Beta-blockers at discharge
- SCIP Inf-6 Appropriate Hair Removal

Measures remain in suspension (data collection ended 1-1-12) from previous rules beginning with FY 2014 Payment Determination

Summary of 29 Chart Abstracted Measures to be collected January 1st to December 31st 2014 for FY 2016 Payment

No new chart abstracted measures required (SCIP Inf-4 modifications)

Hospital Inpatient Quality Reporting

Acute MI

- AMI-7a Fibrinolytic agent 30 minutes of arrival
- AMI-8a Timing of PCI Intervention

Heart Failure

- HF-2 Evaluation of LVSF

Pneumonia

- PN-6 Appropriate initial antibiotic selection

Surgical Care Improvement Project (SCIP)

- SCIP Inf-1 Antibiotic 1 hour prior to incision
- SCIP Inf-2 Prophylactic antibiotic selection
- SCIP Inf-3 Antibiotics discontinued 24 hrs postop
- **SCIP Inf-4 Cardiac surgery controlled glucose**
- SCIP Inf-9 Postop urinary cath removed day 1 or 2
- SCIP-Card-2 Surgery patients on beta-blocker prior to surgery receive during periop period
- SCIP-VTE-2 Appropriate VTE prophylaxis within 24 hours pre/post surgery

Global Immunization Measures

- IMM-2 Immunization for Influenza

Hospital Inpatient Quality Reporting

VTE

- VTE-1 VTE Prophylaxis
- VTE-2 ICU VTE Prophylaxis
- VTE-3 VTE anticoagulation overlap therapy
- VTE-4 Unfractionated heparin monitored by protocol
- VTE-5 VTE discharge instructions
- VTE-6 Incidence of potentially preventable VTE

Stroke

- STK-1 VTE Prophylaxis
- STK-2 Antithrombotic therapy
- STK-3 Anticoagulation for Afib/flutter
- STK-4 Thrombolytic therapy
- STK-5 Antithrombotic therapy hospital day 2
- STK-6 Discharged on Statin
- STK-8 Stroke education
- STK-10 Assessed for Rehab

Emergency Department Throughput

- ED-1 Median time from arrival to departure
- ED-2 Median time from admit decision to departure

Perinatal Care

- PC-01 Elective delivery prior 39 completed weeks gestation

All Measures above to be validated for Discharges CY Q3 and Q4 2013 and Q1 and Q2 2014 for FY 2016 Payment Determination

SCIP-Inf-4 Measure Refinements

Beginning January 1, 2014

- Changing SCIP-Inf-4 Controlled 6am Glucose for Cardiac Surgery Patients to “controlled glucose 18-24 hours post cardiac surgery”
- Must demonstrate that a corrective action was taken for patients with a glucose > 180 mg/dl) in order to pass the measure
- **HOWEVER** the technical specifications for the measure appear to be lagging behind the final rule, as they do not yet indicate what corrective action a hospital must take; the allowable values only reflect blood glucose levels, timing and exclusion criteria



*Midas+ clients will receive
updated software in
November*

12 Chart Abstracted HIQR Measures to be Validated for FY 2016 and Beyond

Hospital Inpatient Quality Reporting

Acute MI

- ✓ AMI-7a Fibrinolytic agent 30 minutes of arrival
- ✓ AMI-8a Timing of PCI Intervention

Heart Failure

- ✓ HF-2 Evaluation of LVSF

Pneumonia

- ✓ PN-6 Appropriate initial antibiotic selection

Surgical Care Improvement Project (SCIP)

- ✓ SCIP Inf-1 Antibiotic 1 hour prior to incision
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- ✓ SCIP-VTE-2 Appropriate VTE prophylaxis within 24 hours pre/post surgery

Global Immunization Measures

- ✓ IMM-2 Immunization for Influenza

- CY Q3 and Q4 2013
CY Q1 and Q2 2014
- 3 charts per quarter
 - Acute MI
 - Heart Failure
 - Pneumonia
 - SCIP
 - Influenza Immunization (for patients NOT also in above populations)
- Up to 12 additional charts for influenza immunization if patients from AMI, HF, PN and SCIP qualify
- No validation required for VTE, Stroke, ED or Perinatal

Options for Electronic Reporting in CY 2014 Lieu of Chart Abstraction

Hospital Inpatient Quality Reporting

Acute MI

- AMI-7a Fibrinolytic agent 30 minutes of arrival
- AMI-8a Timing of PCI Intervention

Heart Failure

- HF-2 Evaluation of LVSE

Pneumonia

- PN-6 Appropriate

Surgical Care Impro

- SCIP Inf-1 Antibiotic
- SCIP Inf-2 Prophylaxis
- SCIP Inf-3 Antibiotic
- **SCIP Inf-4 Cardiac**
- SCIP Inf-9 Postop urinary cath removed day 1 or 2
- SCIP- Card-2 Surgery patients on beta-blocker prior to surgery receive during periop period
- SCIP-VTE-2 Appropriate VTE prophylaxis within 24 hours pre/post surgery

Global Immunization Measures

- IMM-2 Immunization for Influenza



Hospital Inpatient Quality Reporting

VTE

- VTE-1 VTE Prophylaxis
- VTE-2 ICU VTE Prophylaxis
- VTE-3 VTE anticoagulation overlap therapy
- VTE-4 Unfractionated heparin monitored by protocol
- VTE-5 VTE discharge instructions
- VTE-6 Incidence of potentially preventable VTE

Stroke

- **STK-1 VTE Prophylaxis (STK-1 not included)**
- STK-2 Antithrombotic therapy
- STK-3 Anticoagulation for Afib/flutter
- STK-4 Thrombolytic therapy
- STK-5 Antithrombotic therapy hospital day 2
- STK-6 Discharged on Statin
- STK-8 Stroke education
- STK-10 Assessed for Rehab

Emergency Department Throughput

- ED-1 Median time from arrival to departure
- ED-2 Median time from admit decision to departure

Perinatal Care

- PC-01 Elective delivery prior 39 completed weeks gestation

Option to Submit CQM eMeasures instead of paper-based “core measures” FY 2016 Payment Determination

- Submit at least one quarter of data for one or more of the four eMeasure Sets defined by Meaningful Use Specifications for Stroke (not including STK-1), VTE, ED and Perinatal Care **instead of or in addition to** paper-based “core measures” for these same topics
- Must continue submission of all other paper-based topics for all quarters to meet HIQR requirements
- No data validation and no public reporting for the initial year
- CMS estimates a savings of 800 hours per year in data abstraction for hospitals electing this option



Timelines for Electronic Submission



Submission for Both EMR and HIQR

Reporting Periods	Submission Deadline
For eligible hospitals in 1 st year of MU Attestation – CY Q1 2014	July 1, 2014
For eligible hospitals that are beyond their first year of MU program, CY Q1, Q2 or Q3 2014. Submission of Q4 2014 data is NOT an option for the HIQR program	Nov 30, 2014

Hospitals that are voluntarily submitting eMeasure data are highly encouraged to submit the same data via chart-abstraction

Overview of EHR Incentive Program

Beginning 2014

Stage 1 (In First Year)

- Electronically report or attest on 16 clinical quality measures (CQMs) out of 29 CQMs
- Selected CQMs must cover at least 3 of the 6 National Quality Strategy domains
- Must submit either CY Q4 2013 or CY Q1 2014 by July 1st 2014 for EHR incentive payment **BUT** must submit CY Q1 2014 Stroke, VTE, ED and PC data by July 1st 2014 to meet requirements for **BOTH** EHR and HIQR reporting programs

AND

- 13 required core objectives
- 5 objectives chosen from a list of 10 menu set objectives

















Stage 2 (Not In First Year)

- Electronically report 16 out of 29 CQMs
- Selected CQMs must cover at least 3 of the 6 National Quality Strategy domains
- May submit electronic data for any CY quarter in 2014 for EHR incentive payment **BUT** must submit CY Q1, 2 or 3 data by November 30, 2014 to meet requirements for **BOTH** EHR and HIQR reporting programs
- Quarter 4 data submission too late for HIQR program!

AND

- 16 required core objectives
- 3 objectives chosen from a list of 6 menu set objectives

Option to Continue All Paper Submissions for Hospital Inpatient Quality Reporting Program






	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (8 measures)				
VTE (6 measures)				
ED (2 measures)				
Perinatal (1 measure)				
Chart Abstracted Submission Deadlines	Aug 15th 2014	Nov 15th 2014	Feb 15th 2015	May 15th 2015

HIQR Program



Hospitals in the First Year of Meaningful Use May Submit Electronic Submissions for Meaningful Use but Q4 2013 data will NOT meet HIQR Requirements

Hospitals in First Year of Meaningful Use

	Q4	Q1	Q2	Q3	Q4
	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **		 Submit electronically to QNET by July 1, 2014			
VTE (6 measures)					
ED (2 measures)					
Perinatal (1 measure)					
Chart Abstracted Submission Deadlines		N/A	N/A	N/A	N/A








HIQR Program 

MU EHR Program 

** No electronic submission of STK-1 for CY 2014

Hospitals in the First Year of Meaningful Use May Submit Electronic Submissions for Q1 2014 to Meet Both Program Requirements

Hospitals in First Year of Meaningful Use

	Q4	Q1	Q2	Q3	Q4
	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **			  		
VTE (6 measures)					
ED (2 measures)					
Perinatal (1 measure)					
Chart Abstracted Submission Deadlines	N/A	N/A	N/A	N/A	N/A

Submit electronically to QNET by July 1, 2014

HIQR Program







MU EHR Program



** No electronic submission of STK-1 for CY 2014

Hospitals in the First Year of Meaningful Use May Submit Electronic Submissions for Meaningful Use but Data Too Late for HIQR Requirements

Hospitals in First Year of Meaningful Use

	Q4	Q1	Q2	Q3	Q4
	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **				Submit electronically to QNET by July 1, 2014	
VTE (6 measures)					
ED (2 measures)					
Perinatal (1 measure)					
Chart Abstracted Submission Deadlines	N/A	N/A	N/A	N/A	N/A










HIQR Program 

MU EHR Program 

** No electronic submission of STK-1 for CY 2014

Submission of Electronic Data for Some Topics and Paper Submissions for All Other Topics

Hospitals in either First Year or Beyond Year One of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **		Submit electronically to QNET by July 1, 2014		
VTE (6 measures)				
ED (2 measures)				
Perinatal (1 measure)				
Chart Abstracted Submission Deadlines	Aug 15th 2014	Nov 15th 2014	Feb 15th 2015	May 15th 2015

HIQR Program 










MU EHR Program 

- Sixteen clinical quality measures in three domains must be submitted to satisfy the clinical quality measure reporting component of the Medicare EHR Incentive Program
- Three additional measures must be submitted to satisfy the clinical quality measure requirement in this example

** No electronic submission of STK-1 for CY 2014

Submit Electronic Submission for Some Topics and Continue Paper Submissions for All Other Topics

Hospitals Beyond Year One of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **			Submit electronically to QNET by November 30, 2014	
VTE (6 measures)				
ED (2 measures)				
Perinatal (1 measure)				
Chart Abstracted Submission Deadlines	Aug 15th 2014	Nov 15th 2014	Feb 15th 2015	May 15th 2015

HIQR Program 








MU EHR Program 

- Sixteen clinical quality measures in three domains must be submitted to satisfy the clinical quality measure reporting component of the Medicare EHR Incentive Program
- Three additional measures must be submitted to satisfy the clinical quality measure requirement in this example

** No electronic submission of STK-1 for CY 2014

Submit Partial Electronic and Continue Paper Submissions for All Other Topics

Hospitals in either First Year or Beyond Year One of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **		Submit electronically to QNET by July 1, 2014		
VTE (6 measures)				
ED (2 measures)				
Perinatal (1 measure)				
Submission Deadlines	Aug 15th 2014	Nov 15th 2014	Feb 15th 2015	May 15th 2015

HIQR Program



- Must submit a full year of data for chart abstracted topics

MU EHR Program















- Sixteen clinical quality measures in three domains must be submitted to satisfy the clinical quality measure reporting component of the Medicare EHR Incentive Program
- Three additional measures must be submitted to satisfy the clinical quality measure requirement in this example

** No electronic submission of STK-1 for CY 2014

Hospitals Beyond the First Year of Meaningful Use May Submit All Electronic Submissions Later

Hospitals Beyond the First Year of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures)				Submit electronically to QNET by November 30, 2014
VTE (6 measures)				
ED (2 measures)		OR 	OR 	
Perinatal (1 measure)				
Paper Submission Deadlines	N/A	N/A	N/A	N/A

HIQR Program




MU EHR Program



Note that if a hospital submits more than one quarter of data electronically, only the first quarter submitted will be considered

Submission of Data in Q4 2014 too late for FY 2015

Hospitals in either first year or beyond the first year of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **				
VTE (6 measures)	TOO LATE			
ED (2 measures)				
Perinatal (1 measure)				
Paper Submission Deadlines	N/A	N/A	N/A	N/A

Submission
dates to be
determined


MU EHR Program

HIQR Program



Submit BOTH Electronic Data AND Abstracted Data When Possible to Support Testing and Validation of CQM Measure Specifications by CMS

Hospitals in either First Year or Beyond Year One of Meaningful Use

	Q1	Q2	Q3	Q4
	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014
Stroke (7 measures) **		Submit electronically to QNET by July 1, 2014		
VTE (6 measures)				
ED (2 measures)				
Perinatal (1 measure)				
Submission Deadlines	Aug 15 th 2014	N/A	N/A	N/A

HIQR Program 

MU EHR Program 

** No electronic submission of STK-1 for CY 2014



Midas+ Live Clients

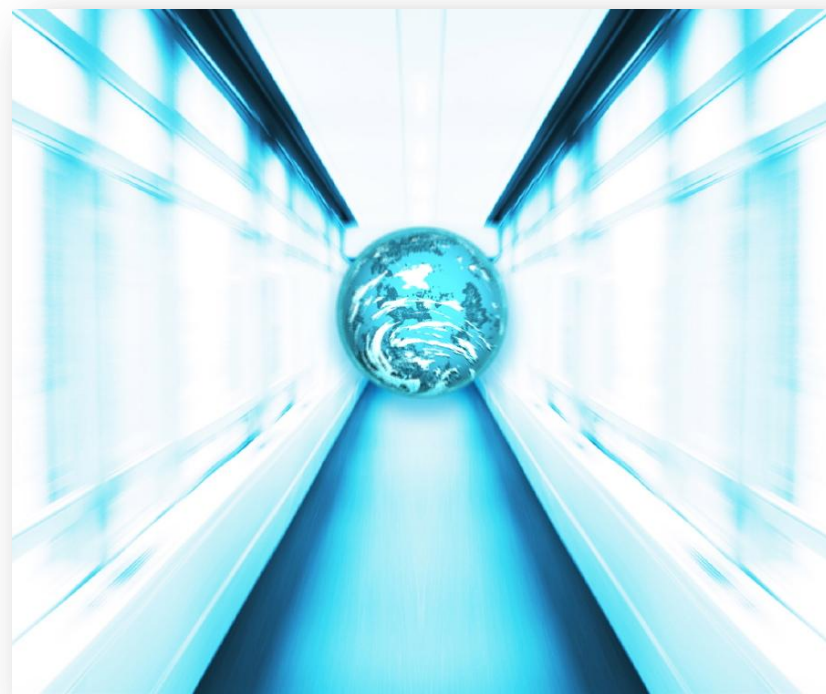
You must be a Midas+ Live client for us to submit eMeasure data for you

- **Stage 1:** Hospitals that want to use their data for BOTH HIQR and MU Stage 1, should report data electronically, rather than through attestation. If you use attestation, it does not fulfill the HIQR requirements. The deadline for submission for TWO BIRDS WITH ONE STONE is **July 1, 2014**.
- **Stage 2:** Hospitals that want to use their data for BOTH HIQR and MU Stage 2, will submit 1 or more quarters of data (CY Q1, Q2 or Q3 discharges) by **November 30, 2014** (as opposed to the Q3 2014 HIQR paper based deadline of February 15, 2015)

For clients that have other vendors for MU Clinical Quality Measures but use Midas+ CPMS or DataVision for paper core measures you will have to let us know if you do not wish us to submit your paper based measures for Stroke, VTE, ED and Perinatal Care.

Future eMeasures Being Considered

- Expect to see a proposal in FY 2015 rule to make electronic reporting of selected quality measures mandatory for HIQR
- Rumors that CMS will propose that CQM eMeasures to be used for VBP by 2017
- Five new electronic measures proposed for “future” years
 - Severe sepsis and septic shock management bundle
 - Cesarean Section
 - Exclusive breast milk feeding
 - Healthy term newborn
 - Hearing screening prior to hospital discharge



Not yet approved in any final rule

Healthcare Associated Infections Measures

Hospital Quality Reporting Program for FY 2016

Healthcare Associated Infections

Central Line Associated Bloodstream Infection

- ICU
- Medical (beginning 1-1-2015)
- Surgical (beginning 1-1-2015)

Catheter- Associated Urinary Tract Infection

- ICU
- Medical (beginning 1-1-2015)
- Surgical (beginning 1-1-2015)

Surgical Site Infection *(combined total of 10 or more per CY)*

- SSI following Colon Surgery
- SSI following Abdominal Hysterectomy

MRSA Bacteremia

Clostridium difficile (*C. difficile*)

Healthcare Personnel Influenza Vaccinations

(Provided October 1st through March 31st)

(Date of collection on or before May 15th)



No new measures
added except for additional
stratification groups in CLABSI and
CAUTI starting in 2015 and new date
for reporting Healthcare Personnel
Influenza Vaccination

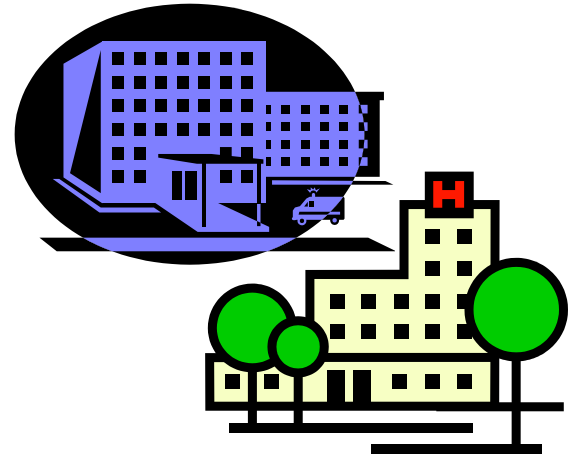
FY 2016 Changes with Validation Templates for CLABSI, CAUTI, MRSA and CDI

- Validation to evaluate and score each case only for the infection for which it was sampled (note a case could have more than one of same infection)
- Beginning with Validation Templates submitted May 1, 2014 forward, hospitals may NOT modify the format of the validation templates
- Excluding patients with a LOS > 120 days from validation
- CMS is testing a secure file transfer product called Axway so hospitals can more easily upload larger files thru a web-based portal or direct from a client using secure file transfer protocol (FTP)
- Collection for FY 2016 payment determination will only be 3 quarters (CY Q4 2013, and Q1 and Q2 2014)
- Annual validation sample includes 400 randomly selected hospitals
- Plus up to 200 hospitals sampled based on targeting criteria
- 12 cases per quarter will be sampled
 - 2 SSI
 - 5 MRSA or 5 CLABSI
 - 5 CDI or 5 CAUTI
- FY 2017 payment determination will be based on 4 quarters (CY Q3 and Q4 2014 and Q1 and Q2 2015) therefore only 9 cases will be sampled per quarter

Changes to Quarterly HAI Validation for FY 2016 PD starting with October 2013 Events



- Half the hospitals (300) report on:
 - **SSI** (2 records for FY 2016, 1 for FY 2017 and beyond)
 - **MRSA** (5 records for FY 2016, 3 for FY 2017 and beyond)
 - **C.Difficile** (5 records for FY 2016, 3 for FY 2017 and beyond)



- Half the hospitals (300) report on:
 - **SSI** (2 records for FY 2016, 1 for FY 2017 and beyond)
 - **CLABSI** (5 records for FY 2016, 3 for FY 2017 and beyond)
 - **CAUTI** (5 records for FY 2016, 3 for FY 2017 and beyond)

Validation Templates - continued

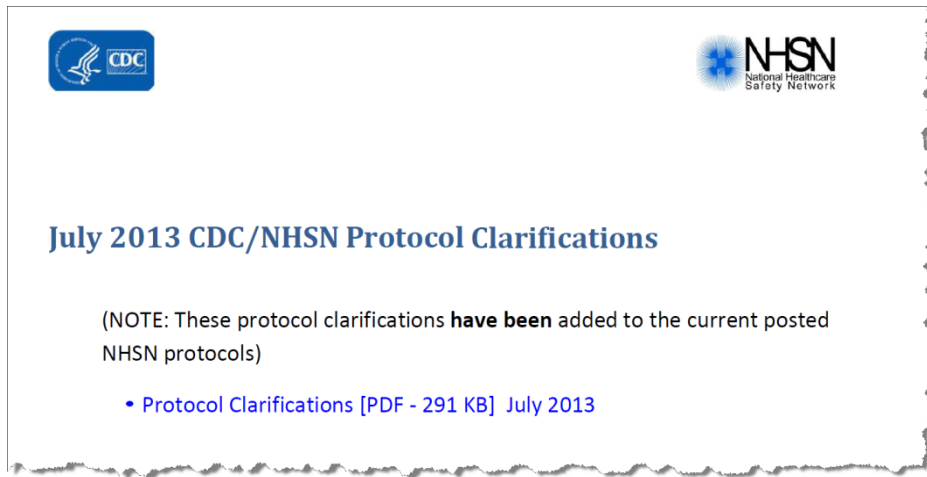
MRSA and CDI

- Sampled hospitals must provide CMS with a list of all MRSA positive blood cultures and CDI positive stool specimens (both hospital and community onset)
- Only hospital onset cases will be publically reported
- Both community and hospital onset cases will be used in validation
- Community onset cases occurring 28 days post hospital discharge shall not be distinguished at this time (likely in future rule making)

CLABSI and CAUTI

- New for FY 2016: Hospitals must exclude from CAUTI Validation Templates urine cultures with more than 2 organisms even if they have $\geq 1,000$ colony forming units/ml (because multiple organisms often indicate contamination)
- Updated list of Common Commensals (skin contaminants) that should be reported on the CLABSI Validation Template
- <http://www.cdc.gov/nhsn/XLS/master-organism-Com-Commensals-Lists.xlsx>

Validation and Scoring for CLABSI and CAUTI for FY 2016 Payment



http://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf

Scoring for CLABSI and CAUTI

- Agreement between CDAC and hospital = score of 1
- Disagreement between CDAC and hospital = score of 0
- If one record has two of the same infections that qualified it for the sample e.g. two CLABSI events, the case may receive separate scores for each event so denominators may not match the number of records submitted for validation

Validation and Scoring for MRSA and CDI for FY 2016 Payment

- Two components used for scoring each laboratory event
 1. Whether it was reported to NHSN when it should have been reported
 2. Whether the correct dates of admission and event were reported such that NHSN correctly classified the event as hospital or community onset
- Must have CDAC agreement with BOTH data components to get a score = 1
- The maximum number of events that would be validated for any episode of care is 4
- Maximum possible score per case = 4

Mandatory Submission of HIC Numbers for all Healthcare Associated Infection Events

- Hospitals to submit only parts of the Medical Record Relevant to these infections
- Final rule requires hospitals to report the Medicare Beneficiary ID numbers (HIC Numbers) to NHSN for all HAI events reported for Medicare Beneficiaries (currently this is voluntary) **beginning with October 2013 Discharges** (for FY 2016 payment determination)
- Also required to submit laboratory accession number, collection date and location, gender, date of birth, patient admission and discharge dates, NHSN Facility ID, Provider ID/CCN, Hospital Name, State and Contact Information of the person completing the template



Additional Claims Based Measures

FY 2016 Payment Determination

Stroke

- 30-day risk standardized Ischemic Stroke Readmission Rate
- 30-day risk standardized Ischemic Stroke Mortality Rate
 - ✓ Hemorrhagic strokes and TIAs are excluded
 - ✓ Both measures not yet endorsed by NQF

COPD

- 30-day risk standardized COPD Readmission Rate
- 30-day risk standardized COPD Mortality Rate
 - ✓ COPD as a principal diagnosis
 - ✓ Respiratory Failure as principal diagnosis with a secondary diagnosis of COPD
 - ✓ Patients transferred from another acute care facility excluded
 - ✓ Patients enrolled in Medicare Hospice Program any time in 12 months prior to index hospitalization are excluded from measure population

Claims Based Outcome Measures FY 2016

Mortality Measures (Medicare Patients Only)

- Acute MI 30-day mortality rate
- Heart Failure 30-day mortality rate
- Pneumonia 30-day mortality rate
- Acute Ischemic Stroke 30-day mortality rate
- Acute Exacerbation COPD 30-day mortality rate

Four new measures added
for FY 2016 Payment
Determination....

Readmission Measures (Medicare Patients Only)

- Acute MI 30-day Readmission Rate
- Heart Failure 30-day Readmission Rate
- Pneumonia 30-day Readmission Rate
- Total Hip/Knee Arthroplasty 30-day Readmission Rate
- Hospital-wide All Cause Unplanned Readmission
- Acute Ischemic Stroke 30-day Readmission Rate
- Acute Exacerbation COPD 30-day Readmission Rate

AHRQ Patient Safety Indicators

- PSI-90 Complication patient safety composite **
- PSI-4 Death among surgical inpatients with serious treatable complications (Nursing Sensitive Care)

Surgical Complications

- Hip/Knee Complication: Hospital-level Risk Standardized Complication Rate (RSCR) following Elective Primary Total Joint Arthroplasty

HCAHPS Patient Experience Survey Domains

No Measure Modifications Proposed for FY 2016 HIQR Program

Dimensions
Communication with Nurses
Communication with Doctors
Responsiveness of Hospital Staff
Pain Management
Communication about Medicines
Cleanliness and Quietness of Environment
Discharge Information
Overall Rating of Hospital

- Adult (18+)
- Medical, surgical or maternity care
- Overnight stay or longer
- Alive at discharge
- Excludes hospice discharge, prisoner, foreign address, “no-publicity patients, patients excluded due to state regulations, patients discharged to nursing homes or SNF

AHRQ Patient Safety Measures



Previous FY 2013 Rule

- AHRQ PSI-90 Composite Measure is published on Hospital Compare and will be included in Value-based Purchasing Program beginning with FY 2015 discharges
- **Remove** the individual measures making up the composite measures from Hospital Compare (removed in the FY 2013 final rule)

FY 2014 Final Rule

- **Restore** the individual measures that make up the PSI-90 Composite Measure in Hospital Compare
 - ✓ PSI 03 Adult pressure ulcer per 1000
 - ✓ PSI 06 Adult iatrogenic pneumothorax per 1000
 - ✓ PSI 07 Adult CV BSIs per 1000
 - ✓ PSI 08 Adult postoperative hip fracture per 1000
 - ✓ PSI 12 Adult postoperative PE or DVT per 1000
 - ✓ PSI 13 Adult postoperative sepsis per 1000
 - ✓ PSI 14 Adult postop wound dehiscence per 1000
 - ✓ PSI 15 Adult accidental puncture or laceration per 1000

Changes to Structure of Care Measures and Reporting Timelines for HIQ Reporting Program

Structural Measures FY 2016
Participation in a Systematic Database for Cardiac Surgery
Participation in a Systematic Database Registry for Nursing Sensitive Care
Participation in a Systematic Database Registry for General Surgery
Safe Surgery Checklist Use <i>(previously adopted in prior rule making but effective for the first time with the FY 2016 Payment Determination)</i>
Participation in a Systematic Clinical Database Registry for Stroke Care *

** Removed for FY 2016*

CMS Fiscal Year	QNET Reporting Deadlines	Applicable Time Periods
FY 2014	April 1 to May 15, 2013	January 1 to December 31, 2012
FY 2015	April 1 to May 15, 2014	January 1 to December 31, 2013
FY 2016	April 1 to May 15, 2015	January 1, 2014 to December 31, 2014

Annual submission deadlines remain unchanged

Changes to Cost Efficiency Measures for FY 2016



** Railroad Beneficiaries to be added*

Cost Efficiency Measures FY 2016

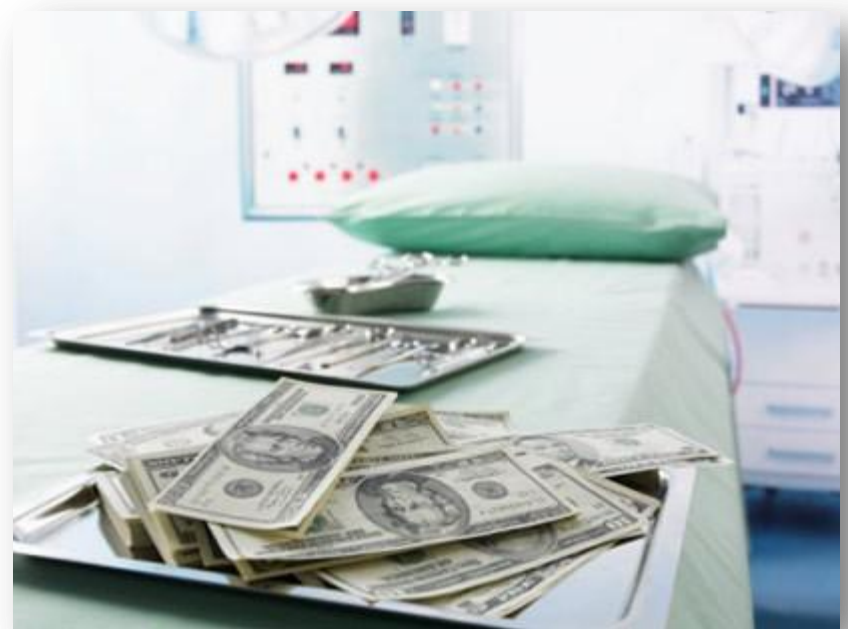
Medicare Spending per Beneficiary

Hospital Risk-Standardized Payment
Associated with 30-day Episode of Care for
Acute Myocardial Infarction *



Mean 30-day Risk Standardized Payment Among Medicare FFS Patients Age 65 or older Hospitalized with Acute MI Beginning with January 1, 2014 discharges

- Evidence of variation in payments at hospitals for Acute MI
- Range \$15,521 to \$27,317 across 1,846 hospitals in 2008
- Necessary to understand cost variations in relation to quality outcomes
- Reporting will be triangulated with AMI 30-day mortality and readmission metrics



See measure methodology report at:

<http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>

Mean 30-day Risk Standardized Payment Among Medicare FFS Patients Age 65 or older Hospitalized with Acute MI

Inclusion Criteria

- 65 years or older at time of index admission
- Complete 12 months of FFS enrollment to allow adequate risk adjustment



Exclusion Criteria

- Fewer than 30 days post admission enrollment in Medicare
- Principal diagnosis of Acute MI during index hospitalization who were transferred FROM another acute care facility
- Discharged on same day as index admission and did not die or get transferred
- Enrolled in Medicare Hospice program any time in the 12 months prior to index hospitalization
- Discharged AMA
- Transfers to or from Veterans Administration hospitals

Planned Readmission Exclusions to be Adopted by HIQR Program



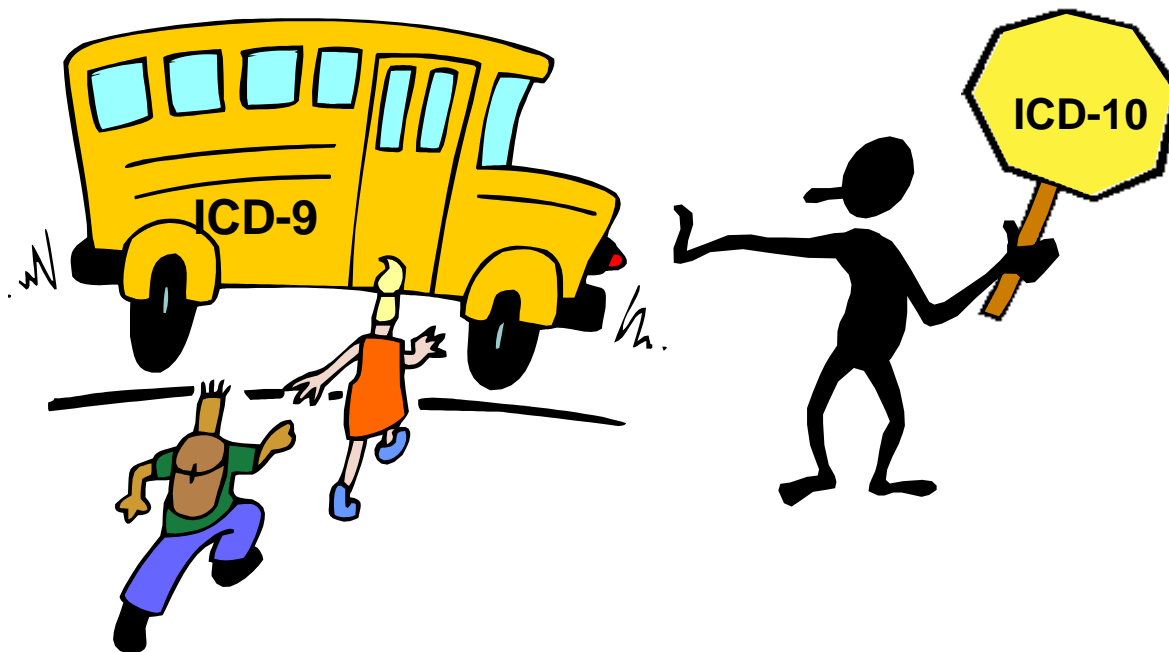
- Incorporation of planned readmission algorithms in 30-day readmission measures for:
- Hospital-Wide Readmissions
- Acute MI
- Heart Failure
- Pneumonia
- Total Hip and Knee
- COPD
- Stroke

Changes to HIQR Validation Process

- In order to align with Value-based Purchasing, change FY 2015 validation periods from 4 quarters (Q4 2012 through Q3 2013) to 3 quarters (Q4 2012 through Q2 2013)
- Change FY 2016 back to 4 quarters (Q3 2013 through Q2 2014)
- CDACs will accept electronic copies of medical records selected for validation (on CD, DVD or flash drive shipped via FedEx) starting with Q4 2013 discharges
- Suspend validation of ED measures (no method to validate electronic data)
- No validation required for Stroke and VTE data abstraction
- IMM measures will be validated on 3 global records and any additional diagnosis-specific measure sets for up to 15 total IMM validations per quarter
- Discontinue quarterly appeals process through QIOs

ICD-9 to ICD-10 Crosswalks

- ICD-9 to ICD-10 crosswalks for measure specifications available for preview and comment in the July 2013 Specifications Manual available to <https://www.QualityNet.org>
- Midas+ to begin programming ICD-10 based measures in May 2014 and complete roll out of all measures in November 2014



Final Rules for Inpatient Psychiatric Facilities

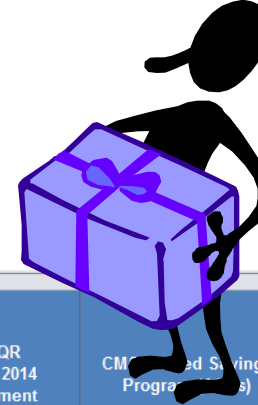
FY 2014 Reporting Q4 2012 & Q1 2013 Submission by 8-15-13 Public Display April 2014	FY 2015 Reporting Q2 – Q4 2013 Submission by 8-15-14 Public Display April 2015	FY 2016 Reporting Q1-Q4 2014 Submission by 8-15-15 Public Display April 2016	Measure
✓	✓	✓	HBIPS-2 Hours of Physical Restraint
✓	✓	✓	HBIPS-3 Hours of Seclusion Use
✓	✓	✓	HBIPS-4 Patients Discharged on Multiple Antipsychotic Medications
✓	✓	✓	HBIPS-5 Discharged on Multiple Antipsychotic Medications
✓	✓	✓	HBIPS-6 Post-Discharge Continuing Care Plan Created
✓	✓	✓	HBIPS-7 Post-discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge
		✓	SUB-1 Alcohol Use Screening
		✓ Reporting Period July 1, 2013 – June 30, 2014	FUH-Follow-Up After Hospitalization for Mental Illness (claims based measure)
		Voluntary	Inpatient Consumer Survey of Inpatient Behavioral Health Services (Yes/No answer)

Shared Learning

- Submit questions or comments to vicky.mahn@xerox.com
- Download a copy of this presentation to share with others at your organization!
- Midas+ Clients can download copy of the CMS Measure Matrix



CMS Measure Matrix



	A	B	C	D	E	F	G	AB
	NQF Measure No.	PQRS Measure No.	NQF Measure Title	Measure Set Domain or Setting	CMS Hospital Inpatient Quality Reporting (IQR) Program Starting Jan 2012 for Federal Fiscal Year (FFY) 2014 Payment	CMS Hospital IQR Starting January 2013 for FFY 2015 Payment	CMS Hospital IQR Starting January 2014 for FFY 2016 Payment	Total National Initiatives That Use the Measure
1								
2	0139		Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients	Healthcare Associated Infections	✓	✓	✓	8
3	0136		HF-1 Discharge Instructions	Heart Failure	✓	✓	✓	7
4	0138		Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients	Healthcare Associated Infections	✓	✓	✓	7
5	0147		PN-6 Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients	Pneumonia	✓	✓	✓	7
6	0148		PN-3b Blood cultures performed in the emergency department prior to initial antibiotic received in	Pneumonia	✓	✓	✓	7
7	0163		AMI-8a Primary PCI received within 90 minutes of Hospital Arrival	Acute Myocardial Infarction	✓	✓	✓	7
8	0164		AMI-7a Fibrinolytic Therapy received within 30 minutes of hospital arrival	Acute Myocardial Infarction	✓	✓	✓	7
9	0300		SCIP-Inf-4 Cardiac patients with controlled 6 AM postoperative serum glucose	SCIP	✓	✓	✓	7
10	0527		SCIP-Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision	SCIP	✓	✓	✓	7
11	0528		SCIP-Inf-2 Prophylactic antibiotic selection for surgical patients	SCIP	✓	✓	✓	7
12	0529		SCIP-Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time	SCIP	✓	✓	✓	7
13	0166		HCAHPS (including proposed 3-Item Care Transition Measures (CTM-3) see and 2 new "About You" measures	Patient Experience of Care	✓	✓	✓	6
			SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous					

Midas+ Clients Only Website



The screenshot shows the Midas+ website interface. At the top is the Midas+ logo, consisting of a stylized 'M' with a yellow arc above it and the text 'Midas+' in purple. Below the logo is a dark purple navigation bar with white text links: Home, Support (circled in red), Training, User Documentation, Webinars/Education, Logout, and Administration. The main content area is divided into two columns. The left column contains a list of links: Support Overview, Main Page, Core Measures, FAQ Search, CDSS Communications, Release Notes, Supporting Documentation, Midas+ Measures (highlighted in yellow), Behavioral Health, Data Management, and Office Hours. The right column features the heading 'Midas+ Measures' in bold. Below this heading are three sections: 'Midas+ Measure Directory' with a description of the complete list of measures; 'Midas+ Measure Definition Portfolio' with a description of the set of all DataVision, CPMS, and core measures; and 'Midas+ CMS Measure Matrix' (highlighted in yellow) with a description of a Microsoft Excel spreadsheet listing quality measures required by CMS. Below the matrix section is a link to the 'Custom Bundle Definition Form' with a description of how to create custom bundles. At the bottom of the page, there is a footer with a timeout notice '29:47 until timeout' on the left, the copyright notice '©2013 MidasPlus, Inc.' in the center, and the Xerox logo on the right.

Midas+

Home **Support** Training User Documentation Webinars/Education Logout Administration

Support Overview
Main Page
Core Measures
FAQ Search
CDSS Communications
Release Notes
Supporting Documentation
Midas+ Measures
Behavioral Health
Data Management
Office Hours

Midas+ Measures

[Midas+ Measure Directory](#)
The complete list of Midas+ measures, including measure number, title, Clinical Topic, and Profile.

[Midas+ Measure Definition Portfolio](#)
The complete set of all DataVision, CPMS, and core measures. To view this portfolio, you need Adobe Reader 9 or later.

Midas+ CMS Measure Matrix
This Microsoft Excel spreadsheet lists the quality measures that are required by various Centers for Medicare and Medicaid Services (CMS) regulatory programs.

[Custom Bundle Definition Form](#)
To create custom bundles of Appropriateness of Care core measure Indicators on your Midas+ server, please complete and submit this form.

29:47 until timeout

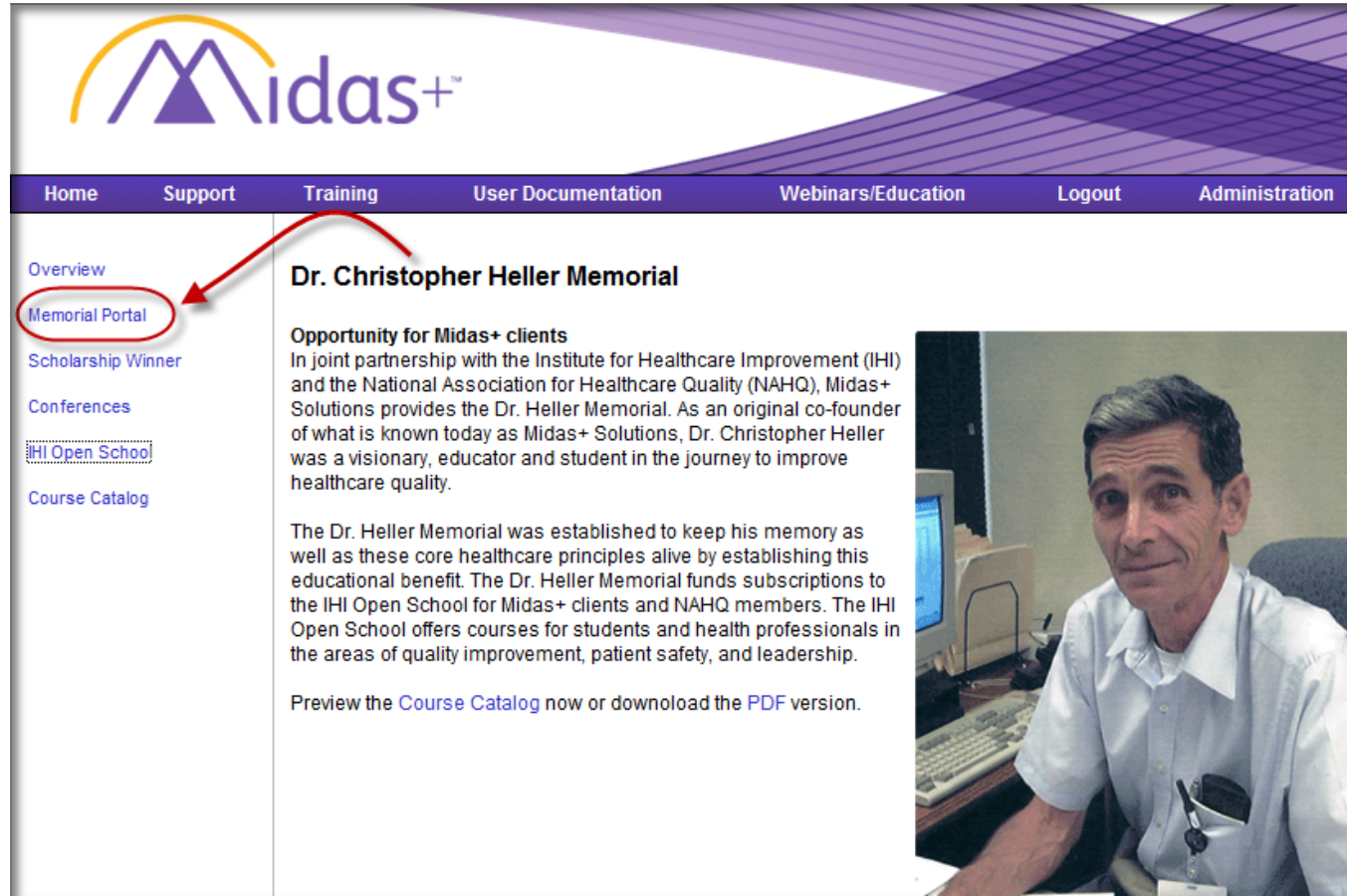
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More Shared Learning for Midas+ Clients and NAHQ Members

•“Make it a meritorious act to question why we do things in a certain way. Ask how it is value added and think about doing it in a different way”.

Dr. Christopher Heller
MD, FACS
July 8, 2010



The screenshot displays the Midas+ website interface. The top navigation bar includes links for Home, Support, Training, User Documentation, Webinars/Education, Logout, and Administration. The left sidebar contains a list of links: Overview, Memorial Portal (circled in red), Scholarship Winner, Conferences, IHI Open School, and Course Catalog. A red arrow points from the 'Memorial Portal' link to the main content area. The main content area features the title 'Dr. Christopher Heller Memorial' and a section titled 'Opportunity for Midas+ clients'. This section describes a joint partnership with the Institute for Healthcare Improvement (IHI) and the National Association for Healthcare Quality (NAHQ) to provide the Dr. Heller Memorial. It mentions that Midas+ Solutions, co-founded by Dr. Christopher Heller, was a visionary in improving healthcare quality. Below this, a paragraph states that the Dr. Heller Memorial was established to keep his memory and healthcare principles alive by funding subscriptions to the IHI Open School for Midas+ clients and NAHQ members. The IHI Open School offers courses in quality improvement, patient safety, and leadership. At the bottom, there is a link to preview the Course Catalog or download the PDF version. A photograph of Dr. Christopher Heller is visible in the bottom right corner.

Midas+™

Home Support Training User Documentation Webinars/Education Logout Administration

Overview
Memorial Portal
Scholarship Winner
Conferences
IHI Open School
Course Catalog

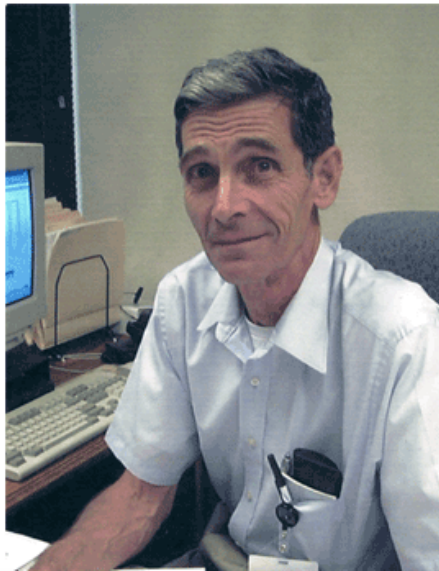
Dr. Christopher Heller Memorial

Opportunity for Midas+ clients

In joint partnership with the Institute for Healthcare Improvement (IHI) and the National Association for Healthcare Quality (NAHQ), Midas+ Solutions provides the Dr. Heller Memorial. As an original co-founder of what is known today as Midas+ Solutions, Dr. Christopher Heller was a visionary, educator and student in the journey to improve healthcare quality.

The Dr. Heller Memorial was established to keep his memory as well as these core healthcare principles alive by establishing this educational benefit. The Dr. Heller Memorial funds subscriptions to the IHI Open School for Midas+ clients and NAHQ members. The IHI Open School offers courses for students and health professionals in the areas of quality improvement, patient safety, and leadership.

Preview the [Course Catalog](#) now or download the [PDF](#) version.



HOME

ONLINE LEARNING

MY LEARNING



Welcome to the IHI Open School for Health Professions online courses!

In memory of Dr. Christopher Jonas Heller, Midas+ is pleased to offer you the IHI Open School's unique integrated educational community for students and health professionals across multiple disciplines. A range of online courses are currently offered in the areas of improvement capability, patient safety, triple aim for populations, person- and family-centered care, leadership, and quality, cost, and value. Each course takes roughly an hour to two hours to complete and consists of several lessons taking 15-30 minutes each. NAHQ members have special access due to Dr. Heller's strong commitment to the Healthcare Quality Profession.

You'll take a quiz at the end of each lesson. To pass, you need to answer at least 75% of the questions correctly.

Enroll NowAfter you have enrolled, [Click here to begin Taking Courses](#)

It is important that you always access the courses using the link www.ihl.org/NAHQ or www.ihl.org/Midas
Please bookmark this link for future visits.

[Receive Continuing Education Credits](#)www.IHI.org/nahqwww.IHI.org/midas

Dr. Heller Memorial Scholarship: The National Association for Healthcare Quality (NAHQ) and the Institute for Healthcare Improvement (IHI) have collaborated with Midas+ to award the Dr. Heller Memorial Scholarship to a NAHQ member or Midas+ client who is currently involved in or has recently completed a major quality improvement project in their facility or organization as a result of taking an IHI Open School course through the Dr. Heller Memorial. [Click here to learn more and apply for the scholarship.](#)



Open School

[IHI Open School](#)
[Overview](#)
[Courses & Certificates](#)
[School Resources](#)
[Chapters & Communities](#)
[Blog](#)

Free to Midas+ Clients and NAHQ Members

Scholarships to attend IHI and NAHQ are awarded to applicants who complete at least one IHI Open School Course and submit an essay and poster that demonstrates learning the resulted from participation.

Available Courses

Patient Safety

- PS 100: Introduction to Patient Safety
- PS 101: Fundamentals of Patient Safety
- PS 102: Human Factors and Safety
- PS 103: Teamwork and Communication
- PS 104: Root Cause and Systems Analysis
- PS 105: Communicating with Patients after Adverse Events
- PS 106: Introduction to the Culture of Safety
- PS 201: Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
- PS 202: Preventing Pressure Ulcers (professional catalog only)

Improvement Capability

- QI 101: Fundamentals of Improvement
- QI 102: The Model for Improvement: Your Engine for Change
- QI 103: Measuring for Improvement
- QI 104: Putting It All Together
- QI 105: The Human Side of Quality Improvement
- QI 106: Level 100 Tools
- QI 201: Guide to the IHI Open School QI Practicum (BETA) (student catalog only)

Quality, Cost, and Value

- QCV 101: Achieving Breakthrough Quality, Access, and Affordability

Person- and Family-Centered Care

- PFC 101: Dignity and Respect

Triple Aim for Populations

- TA 101: Introduction to Population Health

Leadership

- L 101: Becoming a Leader in Health Care

