

Hospital-Acquired Condition Reduction Program



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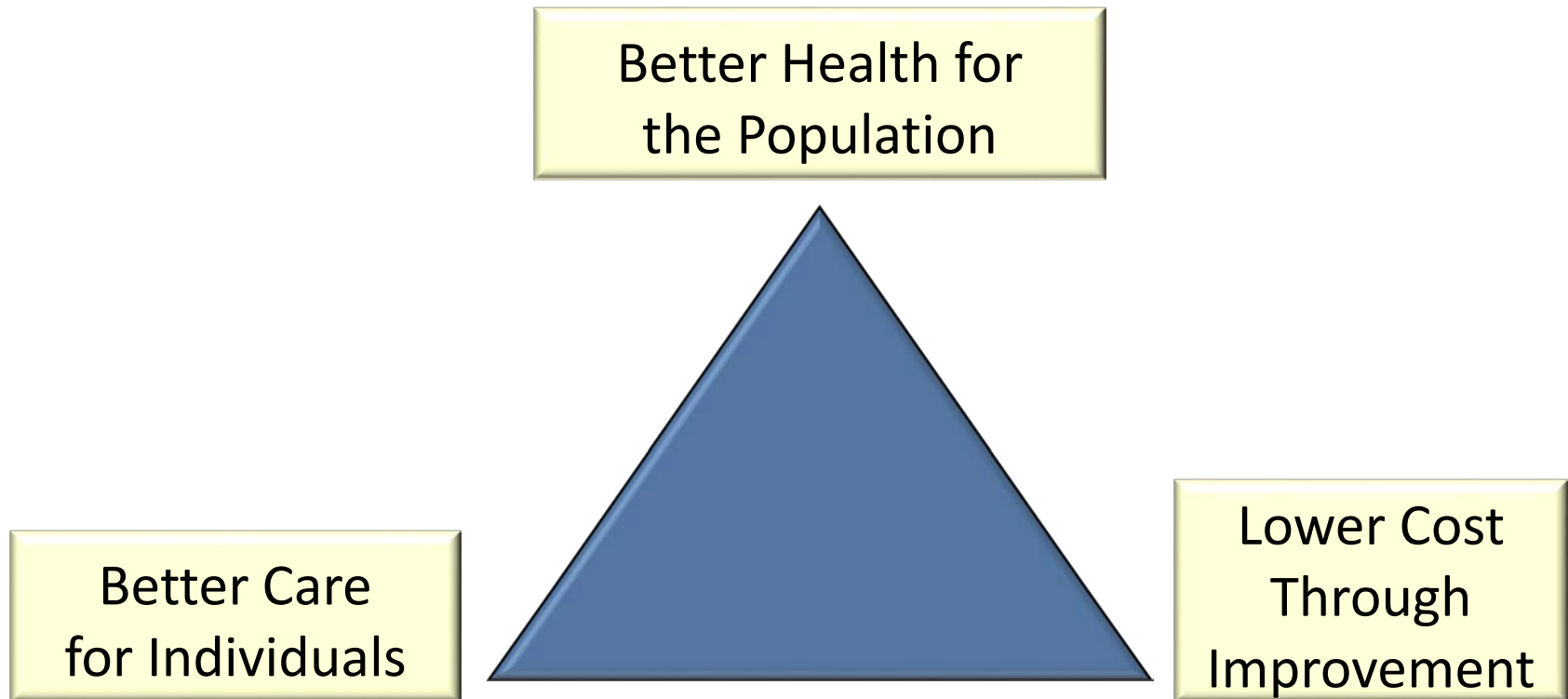
Overview

- The Context: CMS' Quality Strategy
- What is the HAC Reduction Program (HACRP)?
- HACRP vs. DRA HAC
- HACRP specifics
 - Measures
 - Domains
 - Scoring Methodology
 - Review and Corrections
 - Public Reporting
- Resources for more information

CMS Quality Strategy: Our Vision

***TO OPTIMIZE HEALTH OUTCOMES BY
IMPROVING CLINICAL QUALITY AND
TRANSFORMING THE HEALTH SYSTEM.***

Our Three Aims



The Six Goals of the National Quality Strategy

- 1 Make care safer by reducing harm caused in the delivery of care
- 2 Strengthen person and family engagement as partners in their care
- 3 Promote effective communication and coordination of care
- 4 Promote effective prevention and treatment of chronic disease
- 5 Work with communities to promote healthy living
- 6 Make care affordable

The Six Priorities Have Become the Goals for the CMS Quality Strategy

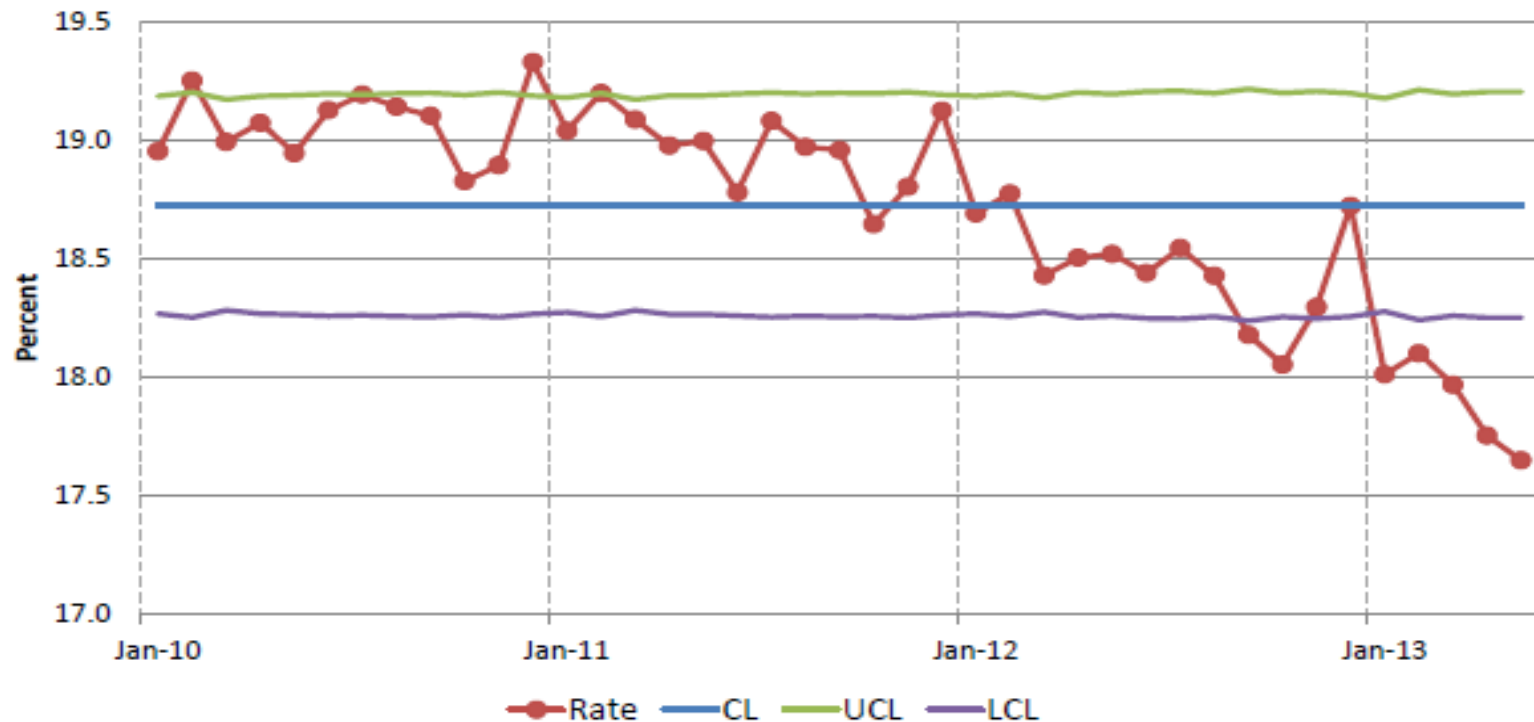


CMS' Quality Reporting and Performance Programs

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	"Population" Quality Reporting
<ul style="list-style-type: none">• Medicare and Medicaid EHR Incentive Program• PPS-Exempt Cancer Hospitals• Inpatient Psychiatric Facilities• Inpatient Quality Reporting• HAC payment reduction program• Readmission reduction program• Outpatient Quality Reporting• Ambulatory Surgical Centers	<ul style="list-style-type: none">• Medicare and Medicaid EHR Incentive Program• PQRS• eRx quality reporting	<ul style="list-style-type: none">• Inpatient Rehabilitation Facility• Nursing Home Compare Measures• LTCH Quality Reporting• ESRD QIP• Hospice Quality Reporting• Home Health Quality Reporting	<ul style="list-style-type: none">• Medicare Shared Savings Program• Hospital Value-based Purchasing• Physician Feedback/Value-based Modifier	<ul style="list-style-type: none">• Medicaid Adult Quality Reporting• CHIPRA Quality Reporting• Health Insurance Exchange Quality Reporting• Medicare Part C• Medicare Part D

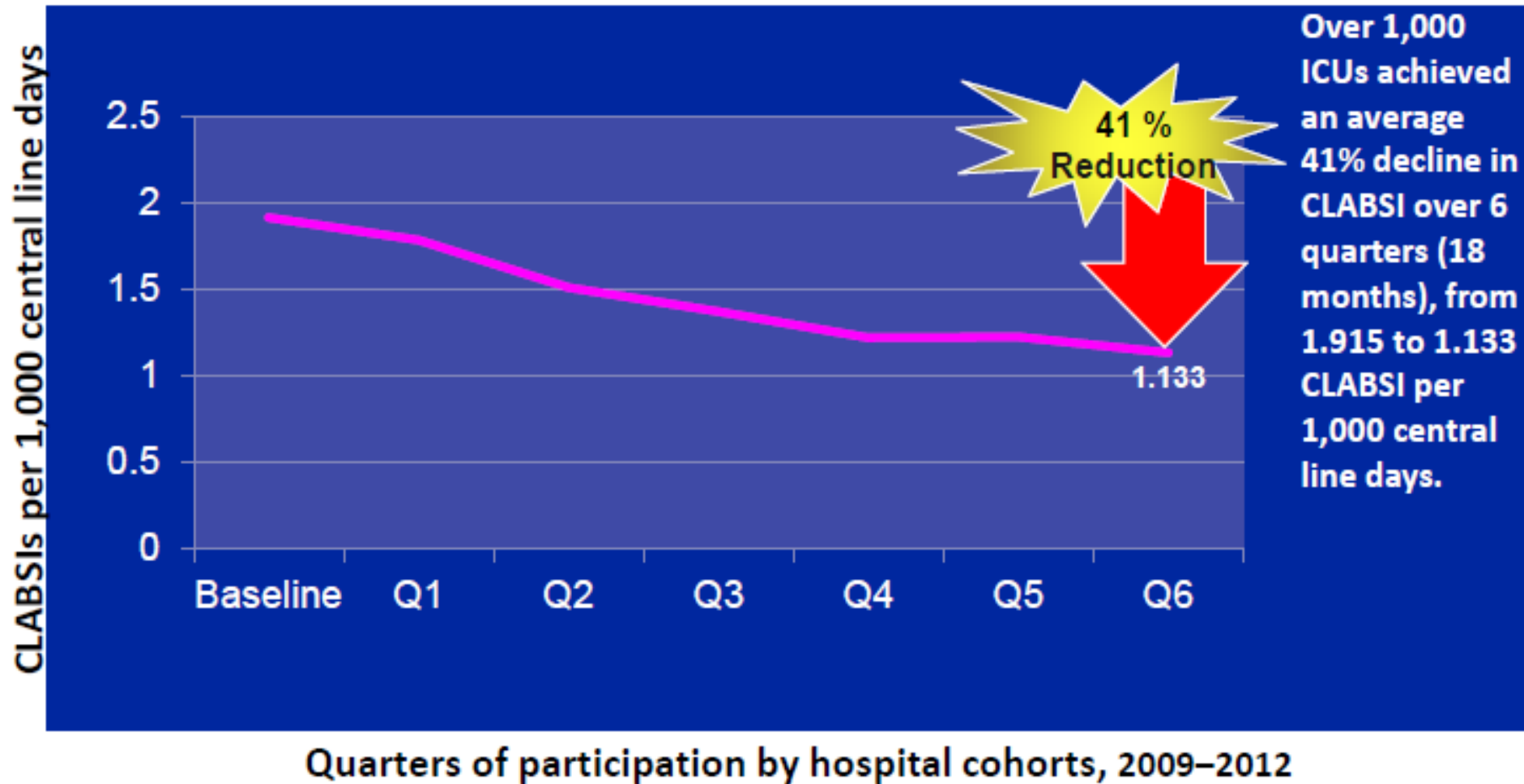
Encouraging Results: Hospital Readmissions

Medicare All Cause, 30 Day Hospital Readmission Rate



Source: Office of Information Products and Data Analytics, CMS

Encouraging Results: CLABSIs*



* Central line-associated bloodstream infections

Affordable Care Act (ACA)

Section 3008

- Establishes the Hospital-Acquired Condition Reduction Program (HACRP)
- Begins fiscal year 2015 (October 1, 2014)
- Purpose: provide an incentive for hospitals to reduce HACs
- Method: Adjust payments to hospitals that rank in the lowest performing quartile with respect to HACs
 - Medicare reimbursement is reduced to 99 percent of what would otherwise have been paid
 - Apply an appropriate risk adjustment methodology

HACRP vs. DRA HACs

HACRP

- Section 3008 of the ACA
- Pay for performance quality program for hospital inpatients
 - Subsection (d) hospitals
 - Comprises risk adjusted quality measures
 - Scoring methodology
 - Public reporting of performance
- Payment reduction for hospitals in the lowest performing quartile
 - Affects all Medicare discharges during that fiscal year

DRA HACs

- Section 5001 of the DRA of 2005
- Conditions among hospital inpatients that are
 - High volume and/or high cost
 - Not present on admission
 - Result in a higher DRG
 - Preventable through evidence based guidelines
 - Identified based on coding
 - 11 categories for FY 2015
- Hospitals are paid as if this condition was not present
 - Affects the specific discharge that had the HAC

HACRP Measures: Overview

- Measures through FY 2017 were finalized in the FY2014 IPPS/LTCH PPS rule

Measure	FY 2015	FY 2016	FY 2017
Patient Safety Indicator 90	X	X	X
Central line-associated bloodstream infection	X	X	X
Catheter associated urinary tract infection	X	X	X
Surgical site infection		X	X
MRSA bacteremia			X
<i>C. difficile</i>			X

HACRP Measures: PSI 90

- Composite of 8 distinct measures
 - Pressure ulcer (PSI 3); Iatrogenic Pneumothorax (PSI 6); Central venous catheter-related blood stream infection (PSI 7); Postoperative hip fracture (PSI 8); Postoperative pulmonary embolism (PE) or deep vein thrombosis(DVT) (PSI 12); Postoperative sepsis (PSI 13); Wound dehiscence (PSI 14); Accidental puncture and laceration (PSI 15)

Characteristic	PSI 90 Specifics
Measure Steward	AHRQ
Implementation Start Date	FY 2015
Data Source	Administrative Claims
Applicable Period for FY15	July 1, 2011 – June 30, 2013
Measure Result	weighted average of the observed to expected ratios for each component

HACRP Measures: CLABSI and CAUTI

- BSI or UTI in patient having a central line or urinary catheter for >48 hours

Characteristic	CLABSI/CAUTI Specifics
Measure Steward	CDC
Implementation Start Date	FY 2015
Applicable Period for FY15	January 1, 2012 – December 31, 2013
Data Source	Chart abstracted; reported via NHSN
Measure Result	Standardized infection ratio (SIR) SIR = Reported infections/Predicted infections Predicted infections = device days x national infection rate

HACRP Measures: SSI

- Infections following abdominal hysterectomy or colon procedures




Characteristic	CLABSI/CAUTI Specifics
Measure Steward	CDC
Implementation Start Date	FY 2016
Applicable Period for FY16	January 1, 2013 – December 31, 2014
Data Source	Chart abstracted; reported via NHSN
Measure Result	$\frac{\text{Pooled Standardized infection ratio (SIR)}}{\text{(Predicted colon infections + predicted hysterectomy infections)}}$ (Colon infections + hysterectomy infections)

HACRP Measures: MRSA and *C. difficile*

- MRSA bacteremia or *C. difficile* infection

Characteristic	CLABSI/CAUTI Specifics
Measure Steward	CDC
Implementation Start Date	FY 2017
Applicable Period for FY17	January 1, 2014 – December 31, 2015
Data Source	Laboratory identification; reported via NHSN
Measure Result	Standardized infection ratio (SIR) SIR = Reported infections/Predicted infections

HACRP Scoring Methodology (FY2015)

- Statute requires payment adjustment for hospitals that rank in the lowest performing quartile of subsection (d) hospitals with respect to HACs.
- Lowest performing quartile is determined based on the Total HAC Score
- Multiple steps to determine the Total HAC score
 - Measure results  Measure scores
 - Measure scores  Domain scores
 - Domain scores  Total HAC score



FY15 Scoring Methodology: Measure Scores

- Measure results transformed into measure scores
 - Measure results for all hospitals are listed from lowest to highest and divided into deciles
 - Points are assigned to each measure result based on the decile
 - Lowest decile = 1 point
 - Highest decile = 10 points
 - If there are ties such that hospitals with the same measure result span multiple deciles, all hospitals with that result will be given the score of the lower decile

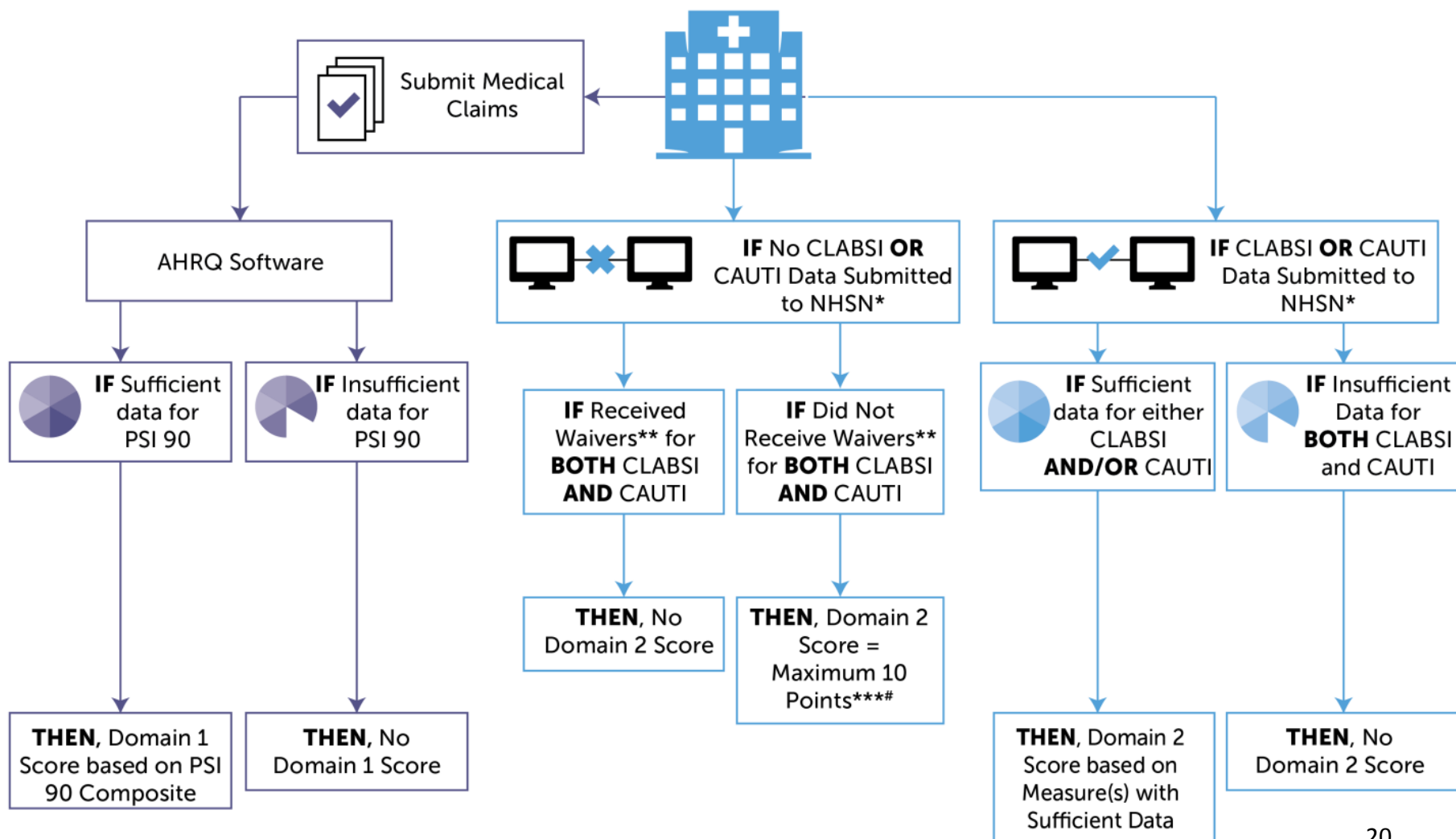
FY15 Scoring Methodology:

Domain Scores

- Measure scores transformed into domain scores
- Domain 1 – patient safety; PSI 90 measure
- Domain 2 – hospital-acquired infections; CLABSI and CAUTI measures

Measure Score	Domain Score
PSI 90 measure score	Domain 1 score IS the PSI 90 measure score.
CLABSI measure score	CLABSI score + CAUTI score/2
CAUTI measure score	

FY15 Scoring Methodology: Handling Missing Data



FY15 Scoring Methodology:

Total HAC Score

- If both domains have a score
 - Total HAC score = $(D1 \times 35\%) + (D2 \times 65\%)$
- If only 1 domain has a score
 - Total HAC score = score of the domain with data
- If neither domain has a score
 - Total HAC score is not calculated

Payment Adjustment

- Affects hospitals with a Total HAC Score in the lowest performing quartile
- Payment adjustment is 99% of what would otherwise have been paid for a Medicare discharge

Public Reporting

- HAC Reduction Program data will be publicly reported
 - Measure scores
 - Domain scores
 - Total HAC score
- Anticipated posting: Hospital Compare in mid-December 2014

Review and Correction

- Statutory provision
- Purpose
 - Allow hospitals to review their data and ensure information for payment determination and public reporting is accurate
- Process Overview
 - Hospital accesses Quality Net Secure Portal
 - View/Download/Review Hospital Specific Report
 - Contact CMS to request a review and correction if they believe there is an error in the score calculations

Review and Correction (cont.)

- Hospital Specific Reports: Excel workbook
 - Table 1: Hospital's Domain Scores
 - Table 2: Hospital's AHRQ PSI 90 subcomponent measure results and related data.
 - Table 3: Hospital's Discharge-Level Information for the AHRQ PSI Measures for the FY 2015 HAC Reduction Program.
 - Table 4: Hospital's Performance on CDC CAUTI and CLABSI Measures
- [Mock HSR](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298662)

Review and Correction (cont.)

- HSRs are posted to Quality Net Secure Portal
 - Must have an account
 - FY 2015: Available between 23 July – 21 August 2014.
 - Supporting documents also available
- Have 30 days to submit a request for review and correction
 - All requests must be submitted to the *QualityNet* helpdesk at qnetsupport@hcgis.org
 - Deadline is 11:59 PM PDT on August 21, 2014
 - Can request review/correction for measure scores, domain scores or Total HAC score

Additional Resources (1)

- HAC Reduction Program
 - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166>
 - qnetsupport@hcqis.org
 - IPPS/LTCH PPS Rules
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY-2014-IPPS-Proposed-Rule-Home-Page.html>
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2014-IPPS-Final-Rule-Home-Page.html>
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2015-IPPS-Proposed-Rule-Home-Page.html>

Additional Resources (2)

- PSI 90
 - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695321101>
 - <http://www.qualityindicators.ahrq.gov/>
 - Qlsupport@ahrq.hhs.gov
- CLABSI, CAUTI, SSI, MRSA and *C. difficile*
 - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021>
 - <http://www.cdc.gov/nhsn/>
 - nhsn@cdc.gov

Thank-you!



Any Questions?



Back-up slides

Scoring Methodology (cont.)

Item to calculate	Rules	Corresponding Sections in Prior rules
Measure Results	Minimum # of cases HAIs: expected cases ≥ 1 . PSI 90: ≥ 3 eligible discharges	<ol style="list-style-type: none"> 1. CDC HAIs: FY 2014IPPS/LTCH proposed rule (vol. 78; 27628). 2. AHRQ PSI 90: FY 2014 IPPS/LTCH proposed rule (vol. 78; 27628).
Measure Score	ICU waiver IQR exception: SSI	Criteria for Applicable Hospitals and Performance Scoring: FY IPPS/LTCH 2014 final rule (vol. 78 50722-50723).
Domain 1 & 2 score	Domain 2 criterion	Criteria for Applicable Hospitals and Performance Scoring: FY IPPS/LTCH 2014 final rule (vol. 78 50722-50723).
Total HAC Score	AHRQ Criterion	Criteria for Applicable Hospitals and Performance Scoring: FY IPPS/LTCH 2014 final rule (vol. 78 50722-50723).

Scoring Methodology (cont.)

Item	Description	Impact
Data source	Hospital IQR program for Domain 2 CDC HAIs	Measures look at ICU HAIs. IQR has a waiver for: -hospitals without ICUs -hospitals with fewer than 10 SSIs
ICU waiver	Hospitals submit waiver quarterly indicating lack of ICU.	Domain 2 score takes into account presence of ICU waiver for each measure. Rules described FY IPPS/LTCH 2014 final rule (vol. 78 50723).
IQR exception: SSI	Hospitals submit waiver indicating if during the prior year they had < 10 SSIs.	Domain 2 score takes into account presence of SSI waiver. Not specifically described in FY IPPS/LTCH 2014 final rule (vol. 78 50723).
Domain 2 criterion	Domain 2 score will be based on “complete” data submitted for at least one HAI.	Encourages hospitals to report via CDC NHSN. See FY IPPS/LTCH 2014 final rule (78 50723). Not clearly stated as the “Domain 2 criterion”.
AHRQ Criterion	If a hospital lacks complete data to calculate a PSI 90 measure and domain score OR any HAI measure, no Total HAC score will be assigned.	If no Total HAC score assigned no payment adjustment occurs (see FY IPPS/LTCH 2014 final rule, vol. 78 50725).