
Readmissions State Target and Performance Measurement

Performance Measurement 3/2/2015

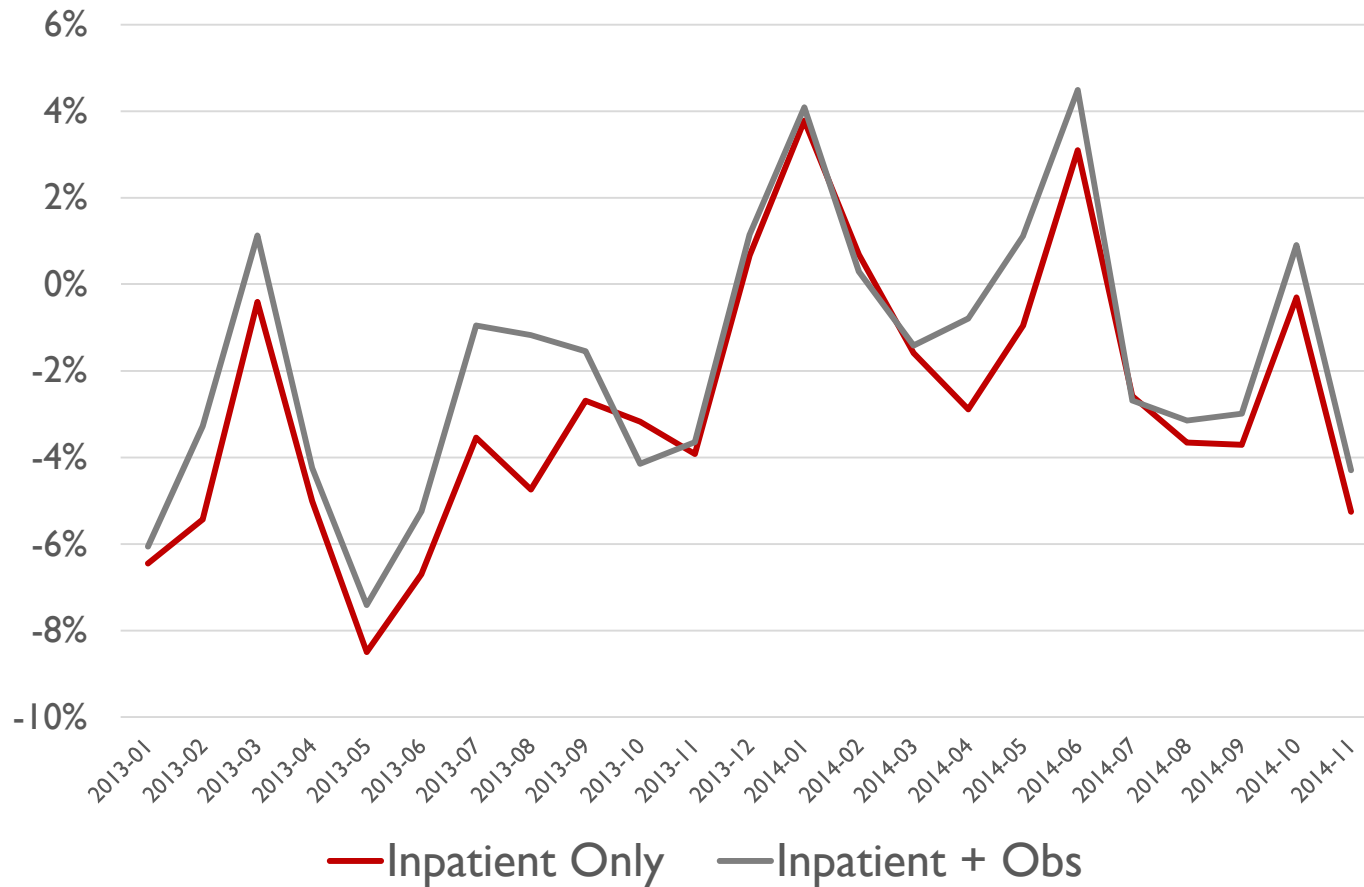


MD vs National Readmission Trends

	Nation		MD		MD- US Difference
	% Readmissions	Percent Change in Rate of Readmits	% Readmissions	Percent Change in Rate of Readmits	% Readmits
CY2011	16.68%		18.60%		11.51%
CY2012	16.16%	-3.10%	17.82%	-4.20%	10.24%
CY2013	15.78%	-2.34%	17.08%	-4.14%	8.21%
CY2014*	15.73%	-0.35%	16.94%	-0.80%	7.72%
CY 2014 Target			16.76%	-1.86%	6.57%

MD Trend with Observation Cases

HSCRC Medicare Unadjusted Monthly Trends for Inpatient Only vs. Inpatient + Observation Stays



CMMI Medicare Readmission Target

	National		MD		MD- US Difference
	% Readmissions	Percent Change in Rate of Readmits	% Readmissions	Percent Change in Rate of Readmits	% Readmits
CY2011	16.68%		18.60%		
CY2012	16.16%	-3.10%	17.82%	-4.20%	10.2%
CY2013	15.78%	-2.34%	17.08%	-4.14%	8.2%
CY2014*	15.73%	-0.35%	16.94%	-0.80%	7.7%
CY2015	15.52%	-1.34%	16.28%	-3.90%	4.9%
CY2016	15.31%	-1.34%	15.81%	-2.89%	3.3%
CY2017	15.10%	-1.34%	15.35%	-2.91%	1.6%
CY2018	14.90%	-1.34%	14.90%	-2.94%	0.0%

Adjustments for HSCRC Data: Medicare Unadjusted vs. All-Payer Case-mix Adjusted

	Medicare FFS Unadjusted		Medicare FFS Case-mix Adjusted		All Payer Unadjusted		All Payer Case-mix Adjusted		Medicare-All Payer
	% Readmits	Percent Change in Rate of Readmits	% Readmits	Percent Change in Rate of Readmits	% Readmits	Percent Change in Rate of Readmits	% Readmits	Percent Change in Rate of Readmits	
2012	18.65%		13.86%		12.85%		12.94%		
2013	17.86%	-4.21%	13.25%	-4.42%	12.51%	-2.63%	12.52%	-3.21%	-1.0%
2014	17.72%	-0.80%	13.07%	-1.37%	12.05%	-3.70%	12.05%	-3.76%	3.0%
2012-2014		-5.0%		-5.7%		-6.2%		-6.8%	1.9%

HSCRC Medicare and All-Payer Target

CMMI Medicare Unadjusted Targets

% Readmission Rate Reduction

CY14 Actual	A	-0.80%
CY15	B	-3.90%
Cumulative	$C=(1+A)*(1+B)-1$	-4.67%

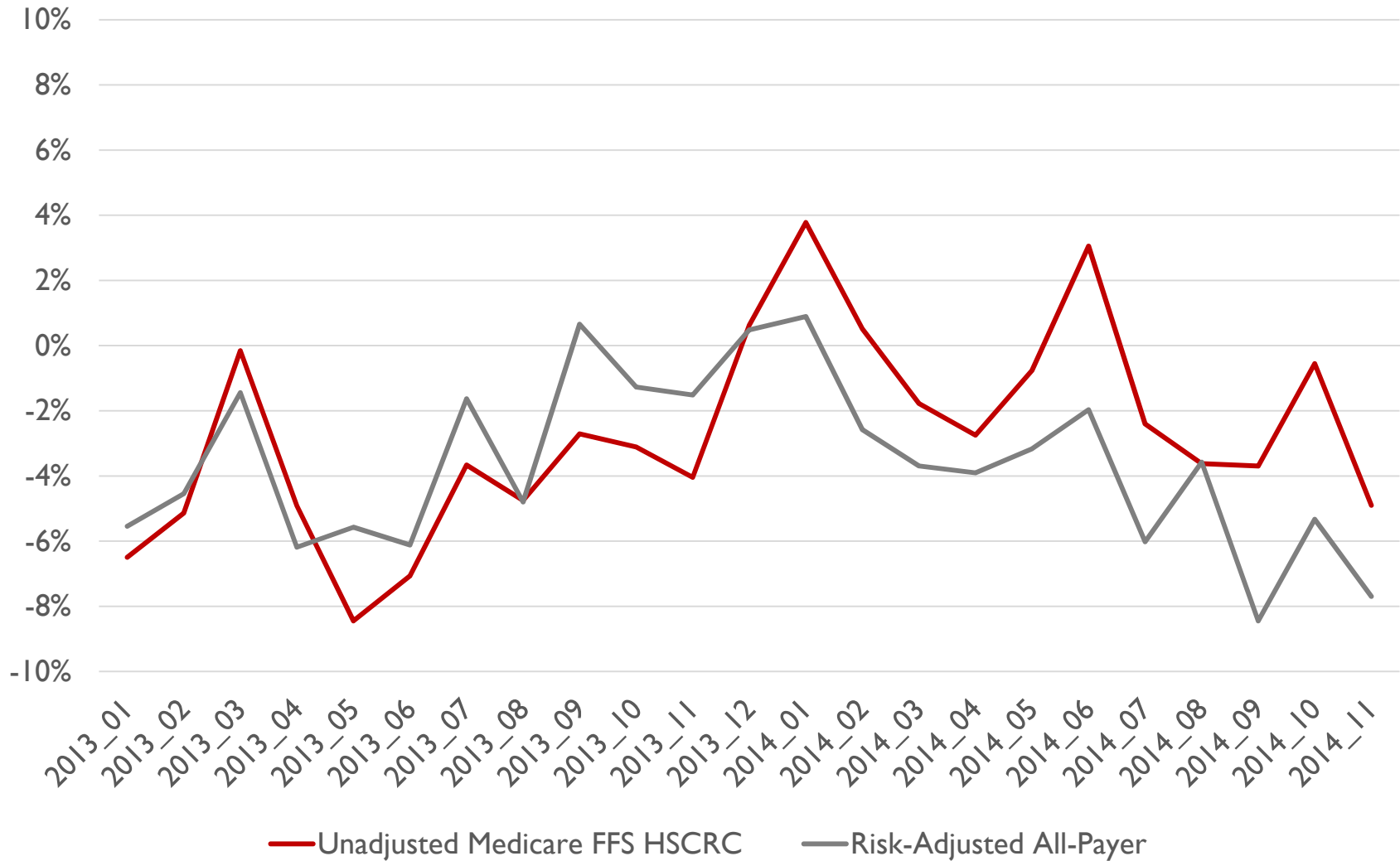
HSCRC Medicare Casemix Adjusted Target

CY14 Actual	D	-1.37%
CY15	$E = B-0.57\%$	-4.47%
Cumulative	$F = (1+D)*(1+E)-1$	-5.78%

HSCRC All Payer Casemix Adjusted Target

CY14 Actual	G	-3.76%
CY15	$H = B-1.91\%$	-5.77%
Cumulative	$I = (1+G)*(1+H)-1$	-9.31%

HSCRC MEDICARE AND ALL PAYER MONTHLY TRENDS (ANNUAL CHANGE)

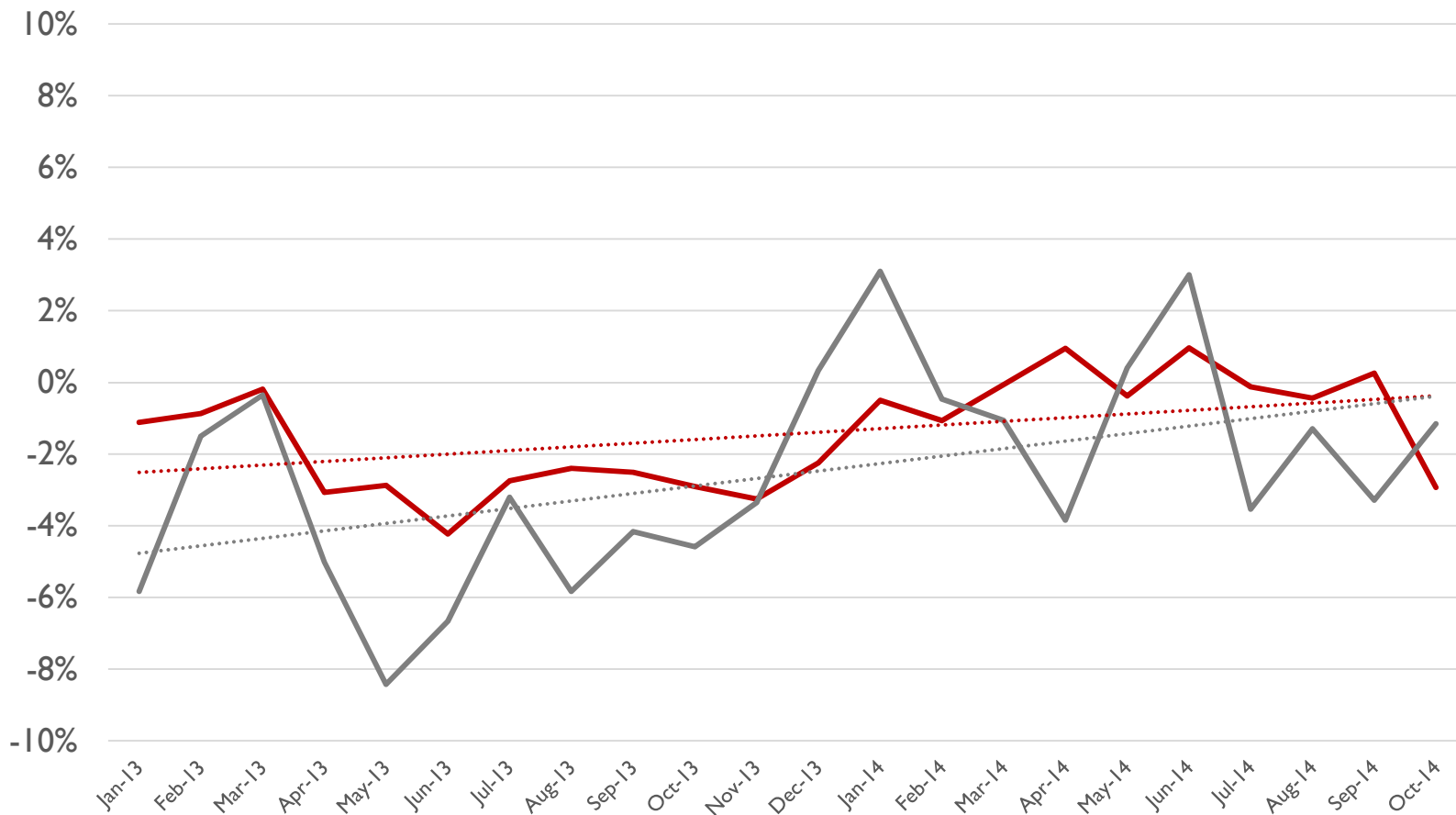


National Readmission Trend in CY2015?

	Lowest Improvement	2 Year Average	3 Year Average	Highest Improvement
National Trend CY12-14	-0.35%	-1.34%	-1.93%	-3.10%
CMMI Medicare Unadjusted Targets				
CY14 Actual	-0.8%	-0.8%	-0.8%	-0.8%
CY15 Target	-2.9%	-3.9%	-4.5%	-5.6%
Cumulative	-3.71%	-4.67%	-5.24%	-6.36%
HSCRC Medicare Casemix Adjusted Target				
CY14 Actual	-1.4%	-1.4%	-1.4%	-1.4%
CY2015	-3.5%	-4.5%	-5.0%	-6.2%
Cumulative	-4.83%	-5.78%	-6.34%	-7.46%
HSCRC All Payer Casemix Adjusted Target				
CY14 Actual	-3.8%	-3.8%	-3.8%	-3.8%
CY2015	-4.8%	-5.8%	-6.3%	-7.5%
Cumulative	-8.38%	-9.31%	-9.86%	-10.96%

CMMI NATIONAL vs. MD MEDICARE REDMISSION RATE CHANGE

Unadjusted Readmission Rate Improvement by Month Compared to Previous Year



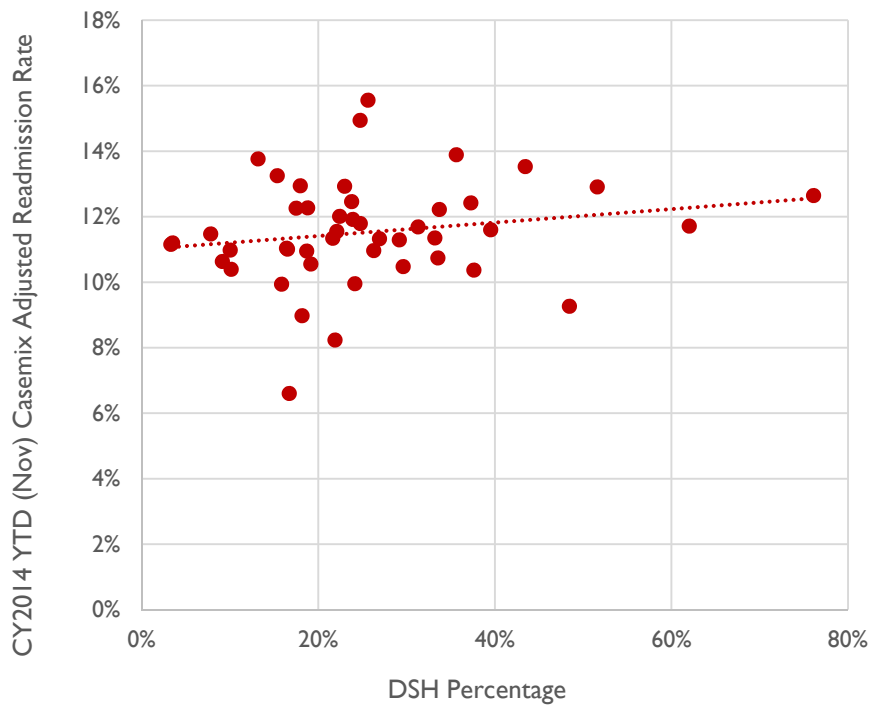
DENOMINATOR IMPACT CASEMIX ADJUSTMENT

Base Period						Performance Period					
ACTUAL TOTAL ADMITS	ACTUAL PRIMARY ADMITS	ACTUAL READMITS	ACTUAL READMITS/ ACTUAL TOTAL ADMITS	ACTUAL READMITS / ACTUAL PRIMARY ADMITS	RISK-ADJUSTED READMISSION RATE	ACTUAL TOTAL ADMITS	ACTUAL PRIMARY ADMITS	ACTUAL READMITS	ACTUAL READMITS / ACTUAL TOTAL ADMITS	ACTUAL READMITS/ ACTUAL PRIMARY ADMITS	RISK-ADJUSTED READMISSION RATE
1,000	861	139	13.90%	16.14%	13.66%	855	736	119	13.92%	16.17%	13.44%
Absolute Difference						-145	-125	-20	0.02%	0.02%	-0.22%
Percent Difference						-14.50%	-14.52%	-14.39%	0.13%	0.15%	-1.62%

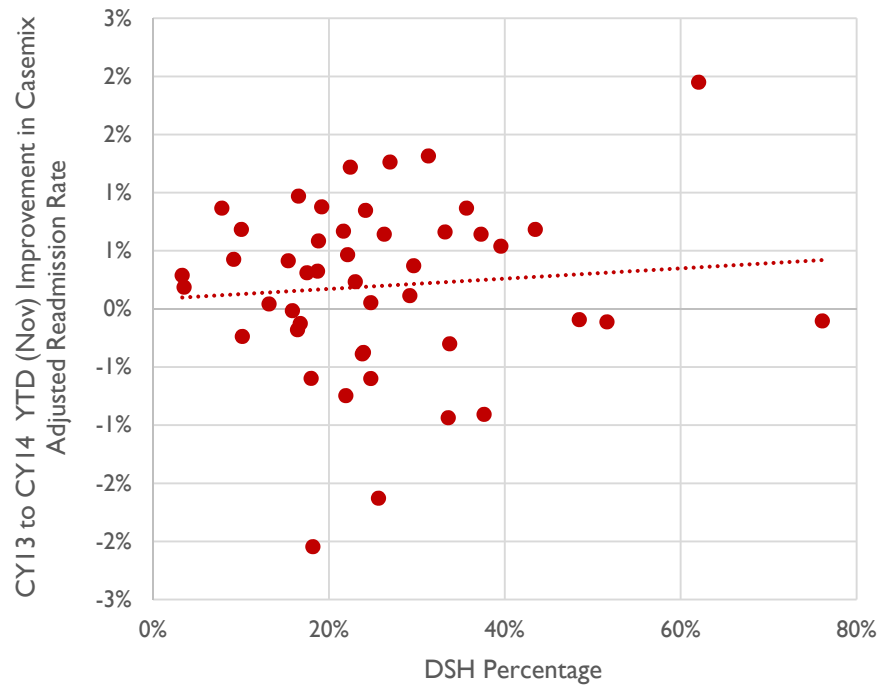
APR DRGs (BY SOI)	Base Period						Performance Period					
	ACTUAL TOTAL ADMITS	EXPECTED READMITS / ADMITS	EXPECTED READMITS	ACTUAL READMITS	ACTUAL READMITS/ ACTUAL TOTAL ADMITS	ACTUAL READMITS/ ACTUAL PRIMARY ADMITS	ACTUAL TOTAL ADMITS	EXPECTED READMITS/ ADMITS	EXPECTED READMITS	ACTUAL READMITS	ACTUAL READMITS/ ACTUAL TOTAL ADMITS	ACTUAL READMITS/ ACTUAL PRIMARY ADMITS
APR DRG 1	160	17.00%	27.20	27	16.88%	20.30%	150	17.00%	25.50	25	16.67%	20.00%
APR DRG 2	155	12.00%	18.60	12	7.74%	8.39%	110	12.00%	13.20	13	11.82%	13.40%
APR DRG 3	260	0.00%	0.00	0	0.00%	0.00%	220	0.00%	0.00	1	0.45%	0.46%
APR DRG 4	425	22.50%	95.63	100	23.53%	30.77%	375	22.50%	84.38	80	21.33%	27.12%
TOTALS	1,000	14.14%	141.43	139	13.90%	16.14%	855	14.39%	123.08	119	13.92%	16.17%

Socio-economic Adjustment

DSH Percentage and Casemix Adjusted Rate by Hospital



DSH Percentage and Improvement in Casemix Adjusted Readmission Rate by Hospital



Hold Harmless/Reduce Penalties for Performance

- ▶ **Hospitals who prove:**
 - ▶ Denominator changes impacting casemix adjusted rates negatively
 - ▶ High performance on attainment
 - ▶ Performed better on Medicare risk adjusted rates

Overview of Maryland's QBR FY2017 Measures and Reporting

Performance Measurement 3/2/2015



Guiding Principles

- ▶ Measurement used for performance linked with payment must include all patients regardless of payer.
- ▶ Measurement must be fair to hospitals and allow the ability to track progress.
- ▶ **Measures and targets(benchmarks and thresholds) used should be consistent with those used by the CMS VBP program to the extent possible.**
- ▶ Emphasis on outcomes should increase going forward.
- ▶ The new Model contract requires participation in all Inpatient and Outpatient Quality Reporting requirements, and reporting to CMMI to maintain exemption from the VBP program.

Domain Weights

Measures	MD QBR Weights	CMS VBP Weights
Safety	35%	20%
Clinical Care	20%	30%
Process	5%	5%
Outcome	15%	25%
HCAHPS	45%	25%
Efficiency	NA	25%

FY2017 Measures

FY2017 Comparison of Measures between CMS VBP and Maryland QBR				
FY2017 List of Measures		Definitions of Measures	CMS VBP	MD QBR
Safety Measures				
	PSI-90	Complication/patient safety for selected indicators (composite)	Yes	Yes
	CLABSI	Central Line-Associated Blood Stream Infection	Yes	Yes
	CAUTI	Catheter-Associated Urinary Tract Infection	Yes	Yes
	SSI - Colon	Surgical Site Infection - Colon	Yes	Yes
	SSI - Abdominal Hysterectomy	Surgical Site Infection - Abdominal Hysterectomy	Yes	Yes
	C. Difficile	Clostridium difficile Infection	Yes	
	MRSA bacteremia	Methicillin-Resistant Staphylococcus aureus Bacteremia	Yes	
Clinical Care - Outcomes Measures				
	30-Day Mortality - AMI	Acute Myocardial Infarction (AMI) 30-day mortality rate	Yes	
	30-Day Mortality - HF	Heart Failure (HF) 30-day mortality rate	Yes	
	30-Day Mortality - PN	Pneumonia (PN) 30-day mortality rate	Yes	
	All cause , inpatient Mortality	All Cause, 3M-Risk of Mortality (inpatient)		Yes
Clinical Care - Process Measures				
	AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	Yes	
	IMM-2	Influenza Immunization	Yes	Yes
	PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation	Yes	
HCAHPS				
		Hospital Consumer Assessment of Healthcare Providers and Systems	Yes	Yes

Issues – Safety Measures

CLABSI

- ▶ Data from Hospital Compare is incomplete (10 hospitals not reporting)
- ▶ MHCC also receives CLABSI data from NHSN, however for CY2013 the data is slightly different than the CMS CY2013 data.
- ▶ **Recommendation:** Since majority of hospitals have data on Hospital Compare, we will use CMS data for both FY2016 and FY2017. Hospitals with missing data will be contacted to obtain the data submitted to NHSN or MHCC data will be used to supplement.

Issues – Safety Measures

CAUTI, SSI-colon, & SSI-abdominal hysterectomy

- Because data collection began CY2014, no base period CY2013 data available.
- MHCC can provide CY2014 data but data will not be available for thresholds/benchmarks until May 2015 at the earliest.
- **Recommendation:** Because very few hospitals have data on Hospital Compare, we will use MHCC for an additional year. However benchmarks and thresholds will be set based on FY2017 VBP (CY2013) so that hospitals have that information now, and can use internal data until base period data is available.

Issues – Clinical Care Process Measures

AMI-7a

- Not required by MHCC / HSCRC.
- No data collected by MD hospitals, so this measure cannot be included to the list of QBR measures.

PC-01

- Because data collection began CY2014, no base period CY2013 data available
- Delay in data so will not be included

IMM-2

- CMS data not posted yet for base period CY13,Q4 – CY14,Q1.

On-Going QBR Monitoring

- HSCRC will provide a calculation sheet for hospitals to calculate their own QBR scores.

- Data sources for the calculation sheet:
 - NHSN Safety Measures and HCAHPS – Hospitals can use internal data or data available on NHSN/Hospital compare.
 - Mortality and PSI-90 –Quarterly reports will be provided by HSCRC CY2015.