Performance Measurement Work Group

09/16/2016 Meeting

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Health Services Cost Review Commission

Strategic Issues: Short- and Mid-Term

Issues and Topics on the Table for Discussion: Are There Others?

Cross cutting issues to address across all topics

- Patient centered measurement
- Potential options for simplifying the measurement approach
- Measurement alignment across providers
- Proposed staging of measurement changes
- How does Maryland continue to achieve its All-payer Model Targets?

Short-Term: Highest Priority for Measurement Period CY 2017

- Updates to Payment Incentives for Value Based Purchasing Measures Currently Used for Quality-Based Reimbursement in Maryland, that Cross Service/Product Lines
- Incorporating New measures, e.g., Emergency Department (ED) Measures
- Changes to Potentially Avoidable Utilization measurement, i.e., risk adjustment and new measures

Mid-Term: Additional Topics For Measurement Period CY 2017 and Beyond

- Service Line/Care Bundle Value Measurement
- Approach (es) Similar to CMS Star Rating
- High-Need Patients/Chronic Conditions/Care Coordination Measures
- Population Health Measures Expansion (beyond Prevention Quality Indicators)

White Papers Received

- JHH and UMMS Proposal for Service Line/Bundle Measurement and Incentive Approach

- "Value Based Virtual Care Program" for the state – ED encounter referrals "back into network" to reduce avoidable utilization and reduce readmissions and improve care coordination.

Quality Based Reimbursement (QBR)

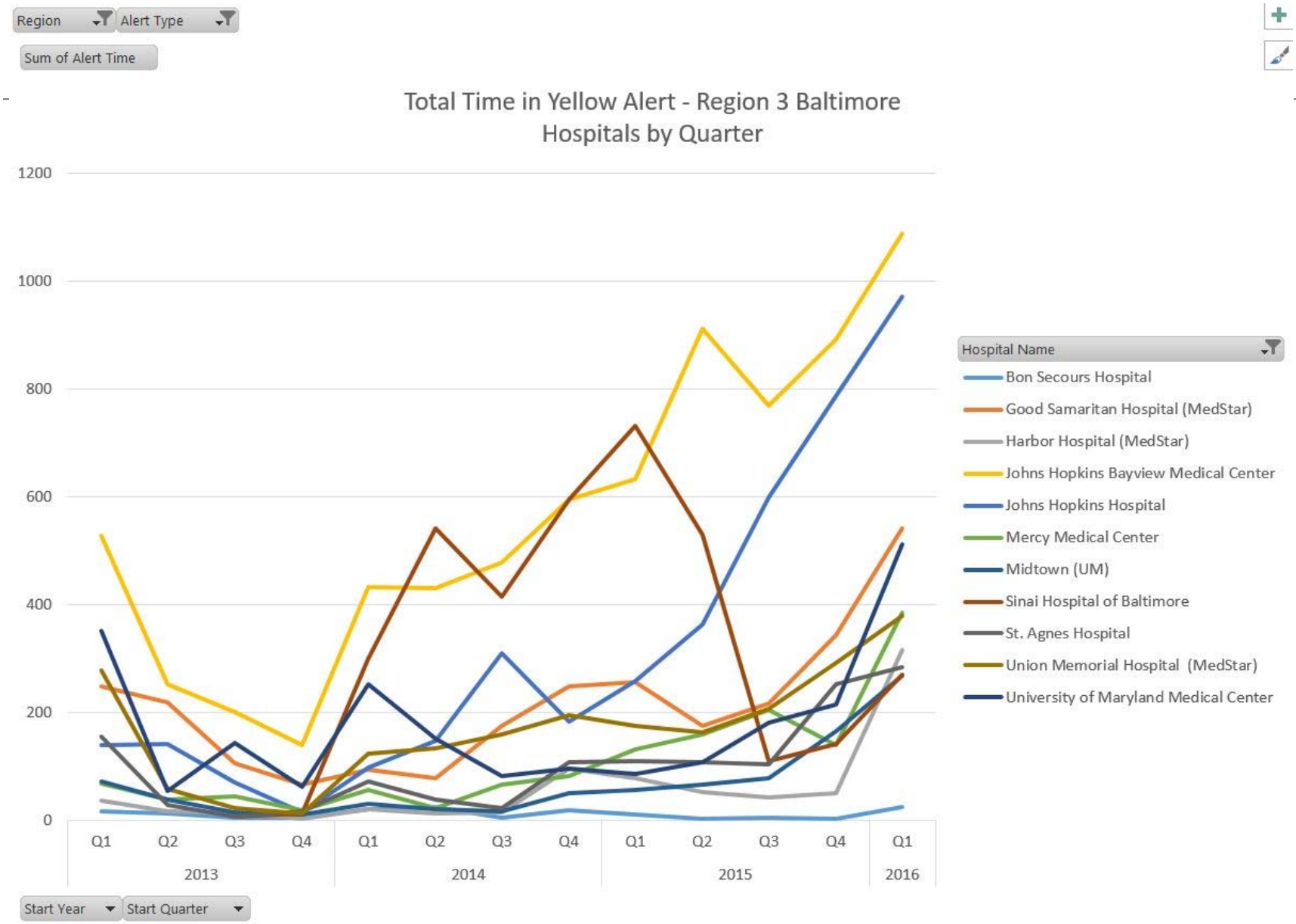
MD vs. National Performance

	MD	US	MD/US Ratio	NOTE:
AMI-7a- Fibrinolytic agent received				
IMM-2 Influenza Immunization	93.24	96.23	-3.11%	www.wntb.org- Q414-Q115
PC-01 Early Elective delivery or caesarean section	2.05	3.22	-36.34%	www.wntb.org- minutes Q214-Q115
CLINICAL CARE-OUTCOME				
30-day mortality, AMI (CMS)	14.1	14.2	-0.70%	www.wntb.org- Q311-Q214
30-day mortality, heart failure (CMS)	10.9	11.6	-6.03%	www.wntb.org- Q311-Q214
30-day mortality, pneumonia (CMS)	10.6	11.5	-7.83%	www.wntb.org- Q311-Q214
SAFETY				
CLABSI	0.498	0.45	10.67%	CDC NHSN SIR (MHCC) CY 2014
CAUTI	1.628	1.155	40.95%	CDC NHSN SIR (MHCC) CY 2014
SSI Colon	0.96	0.97	-1.03%	CDC NHSN SIR (MHCC) CY 2014
SSI Abdominal Hysterectomy	1.2	0.82	46.34%	CDC NHSN SIR (MHCC) CY 2014
MRSA	1.22	0.87	40.23%	CDC NHSN SIR (MHCC) CY 2014
C.diff.	1.2	0.94	27.66%	CDC NHSN SIR (MHCC) CY 2014
AHRQ PSI 90 Composite	0.769	1	-23.10%	AHRQ - Q414-Q315 (MHCC, HSCRC data)

MD vs. National Performance

	MD	US	MD/US Ratio	NOTE:
PATIENT EXPERIENCE OF CARE (PERSON AND COMMUNITY ENGAGEMENT)				
Communication with nurses	76	80	-5.00%	Hospital Compare Q314-Q215
Communication with doctors	79	82	-3.66%	Hospital Compare Q314-Q215
Responsiveness of hospital staff	60	68	-11.76%	Hospital Compare Q314-Q215
Pain management	68	71	-4.23%	Hospital Compare Q314-Q215
Communication about medications	60	65	-7.69%	Hospital Compare Q314-Q215
Cleanliness and quietness	62	68	-8.82%	Hospital Compare Q314-Q215
Discharge information	86	86	0.00%	Hospital Compare Q314-Q215
Overall rating of hospital	65	71	-8.45%	Hospital Compare Q314-Q215
QBR FY 2019 NEW MEASURE				
THA/ TKA Complications after surgery	3.3	3.1	6.45%	CMS (MHCC) Q314-Q215
QBR CY 2017 PERFORMANCE MONITORING MEASURES				
ED 1b- Median time from emergency department arrival to emergency department departure for admitted patient	360	278	29.50%	www.wntb.org- minutes Q214-Q116
ED 2b Admit decision time to emergency department departure time for admitted	136	98	38.78%	www.wntb.org- minutes Q214-Q117

ED Alert Time Rising (MIEMSS Data)



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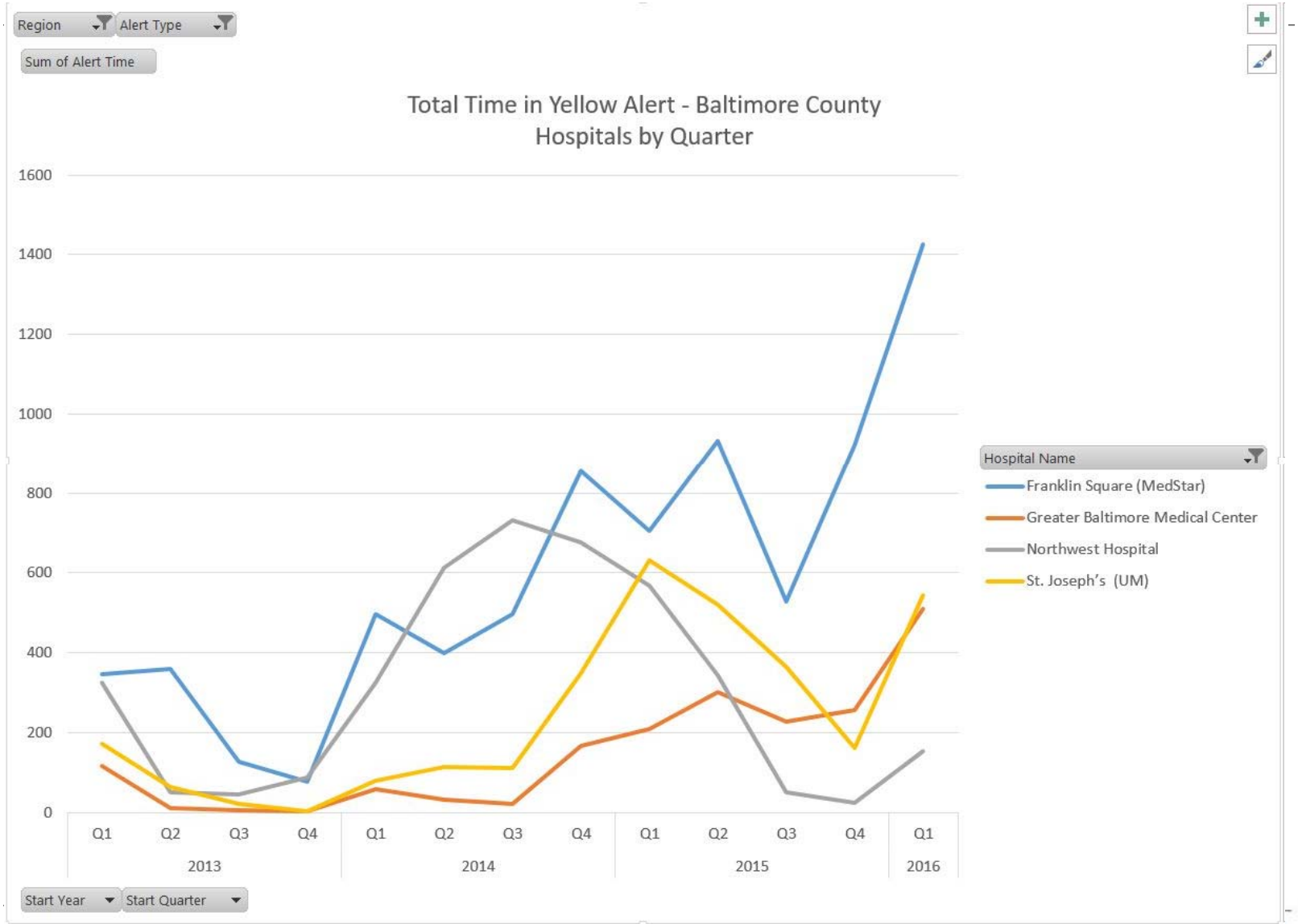

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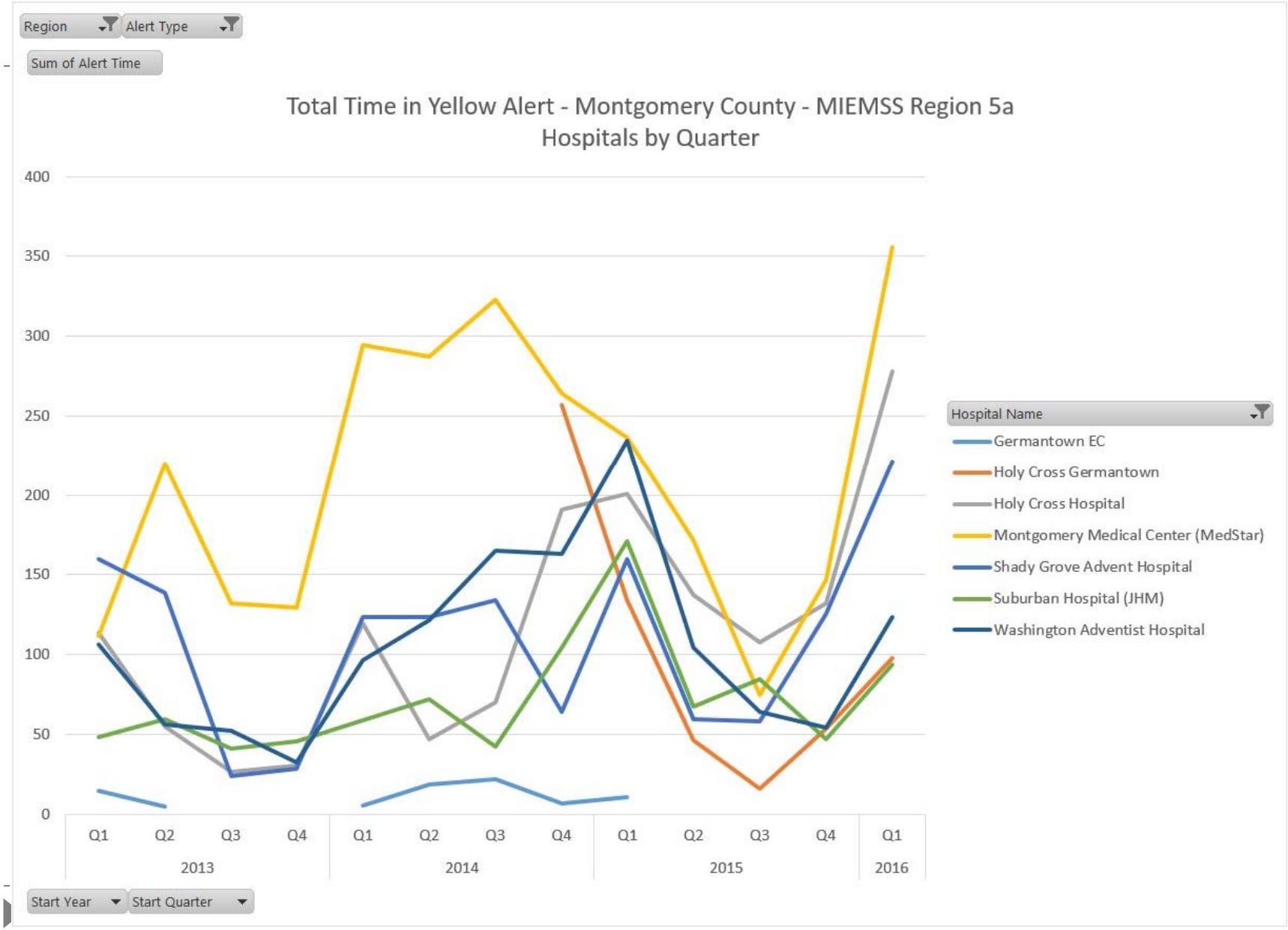

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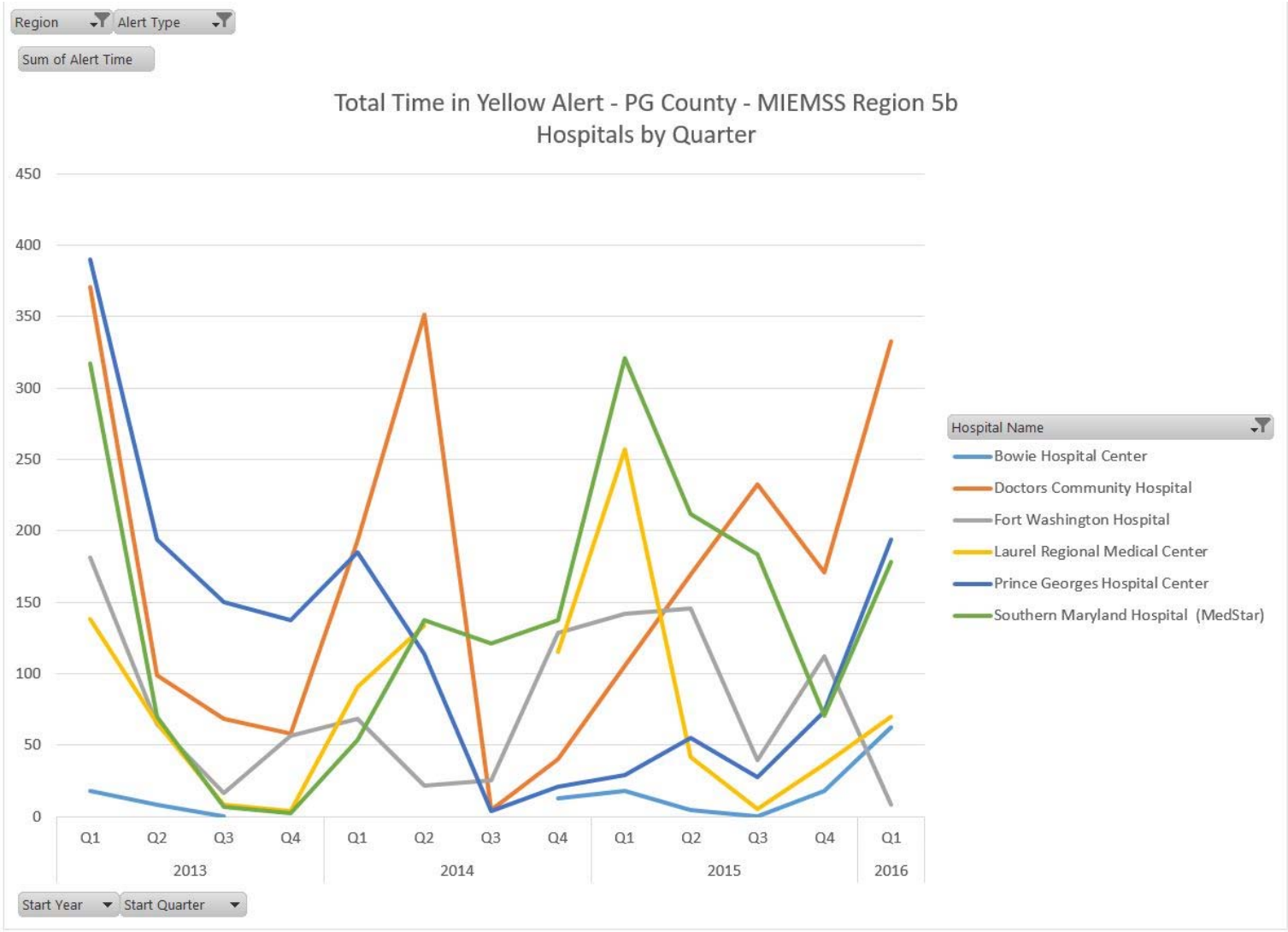

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Maryland **Hospital Compare** Data Suppression Implications

- Concerns submitted to CMS about Medicare claims data inaccuracies with resulting data suppression for all Hospital Compare data
- HSCRC is unable to complete final QBR Program FY 2017 scores calculations with Hospital Compare data unavailable
- Maryland VBP Exemption- Maryland Must Meet or Exceed US Performance on Quality and Cost Measures
  - Performance on HCAHPS is poor relative to the US, and performance on infection measures has been mixed.
  - For condition-specific mortality measures Maryland performs better than the US (used as part of rationale for exemption); claims diagnoses inaccuracies' impact unknown.

Rate Year 2017 QBR Scaling

- Preliminary final results:

RY17 Prelim-Final Scaling Results	Revenue	Number of Hospitals
Penalties	-4,748,063	6
Rewards	31,006,865	38

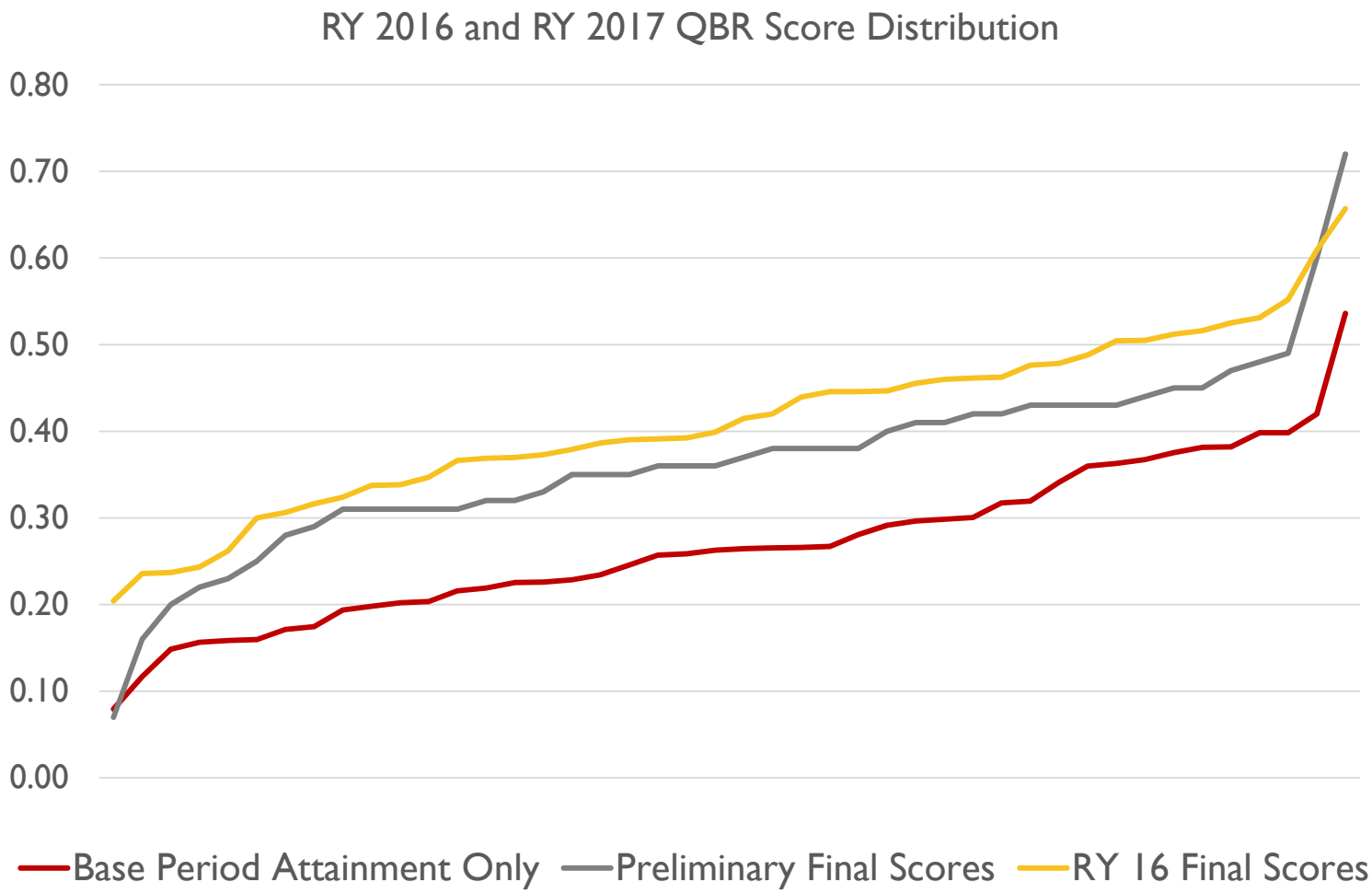
- First year of switching to pre-set scale. Due to major changes in measurement last year the workgroup members suggested to use the attainment only points to set the payment scale.
- Concern that giving $30+ Million in rewards given 5th worst performance on HCAHPS compared to other states (50% of QBR score) and worse performance than US on all but one infection measure

Current RY17 Preset Scale

Final QBR Score		Below State Quality Target
Scores less than or equal:	**0.08**	**-2.00%**
	0.09	-1.89%
	0.10	-1.78%
	0.11	-1.67%
	…	…
	0.24	-0.22%
	0.25	-0.11%
Penalty/Reward Threshold	0.26	0.00%
	0.27	0.04%
	0.28	0.07%
	0.29	0.11%
	…	…
	0.52	0.93%
	0.53	0.96%
Scores greater than or equal to:	**0.54**	**1.00%**

The lower and upper range for the preset scale and the median score for determining penalty/reward threshold were determined by calculating attainment scores for all hospitals using the original FY17 base period data

Concern QBR Preset Scale was based on Attainment Only



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Options for Updating Pre-Set Scale

- Update the preset scale with the FY 2017 scores
- Apply percent improvement to attainment scale
- Use National VBP distribution

	Attainment only	National VBP	Prelim-Final Scores
min	0.08	0.09*	0.07
max	0.54	0.98	0.72
median	0.26	0.39	0.37
95th Percentile	0.41	0.64	0.57
*second lowest score (zero was lowest)			

RY 2017- 2018 Updates

- CAUTI: Due to change in definition used attainment only scores with CY 15 performance period data and recalculated benchmark/threshold
- PSI-90: Shifted performance period back one quarter to have 12-months under ICD-9 for RY 2017 and suspended for RY 2018
- HCAHPS Pain Management: CMS proposed rule to remove (current RY 2017 preliminary scores contain this item)

RY 2019 CMS VBP Updates

PREVIOUSLY ADOPTED MEASURES AND NEWLY FINALIZED MEASURE REFINEMENTS FOR THE FY 2019 PROGRAM YEAR±

Short name	Domain/measure name	NQF #
	Person and Community Engagement Domain*	
HCAHPS	HCAHPS + 3-Item Care Transition Measure	0166 0228
	Clinical Care Domain	
MORT–30–AMI	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization.	0230
MORT–30–HF	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization.	0229
MORT–30–PN	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia Hospitalization.	0468
THA/TKA	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA).	1550

RY 2019 CMS VBP Updates

Safety Domain		
CAUTI**	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure.	0138
CLABSI**	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure.	0139
Colon and Abdominal Hysterectomy SSI	American College of Surgeons—Centers for Disease Control and Prevention (ACS–CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure.	0753
MRSA Bacteremia	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure.	1716
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure.	1717
PSI 90	Patient Safety for Selected Indicators (Composite Measure)	0531
PC–01	Elective Delivery	0469
Efficiency and Cost Reduction Domain		
MSPB	Payment-Standardized Medicare Spending Per Beneficiary (MSPB)	2158

± We are changing some of the short names for measures from previous years' rulemakings to align these names with the usage in the Hospital IQR Program, and we are changing some measure names from previous years' rulemakings to use complete NQF-endorsed measure names.

* In section IV.H.3.b. of the preamble of this final rule, we finalized changing the name of this domain from Patient- and Caregiver-Centered Experience of Care/Care Coordination domain to Person and Community Engagement domain beginning with the FY 2019 program year.

** As discussed in section IV.H.3.c. of the preamble of this final rule, we are finalizing inclusion of selected ward (non-ICU) locations in the measure.

Maryland FY 2019 QBR Proposed Measure Updates

- Continue to keep pace with CMS VBP Program
- Hospital-level risk-standardized complication rate (RSCR) following elective primary THA and/or TKA (Medicare base period July 1, 2010 – June 30, 2013, performance period January 1, 2015-June 30, 2017)
  - Estimate of a hospital-level risk-standardized complication rate (RSCR) associated with elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) in patients 65 years and older.
  - Results derived from Medicare inpatient, outpatient and physician claims data and death records
  - Complications occurring from the date of index admission to 90 days post procedure; counted only if they occur during the index hospital admission or during a readmission*
  - Admission date of the index hospitalization is starting point for all follow-up
  - Hospital that performed the procedure is the one held accountable for the measure outcome (complication or no complication)

The risk-standardized complication rate (RSCR) is calculated as the ratio of the number of "predicted" to the number of "expected" admissions with a complication, multiplied by the national unadjusted complication rate. The numerator of the ratio is the number of admissions with a complication predicted on the basis of the hospital's performance with its observed case-mix

- Add new measures already in the "pipeline" for monitoring, payment consideration after FY 2019:
  - ED 1- Median time from ED arrival to ED departure for admitted patient
  - ED 2- Admit decision time to ED departure time for admitted patient
  - Other ED measures for patients not admitted?
  - Maryland Institute for Emergency Medical Services Systems (MIEMMS) alert status

Maryland FY 2019 QBR Other Proposed Updates

- Continue holding 2% Revenue at Risk for the program

Proposed Measures for consideration (new)

	Clinical Care	Patient & Community Engagement	Safety	Effic-iency
QBR	15% (1 measure- inpatient all cause mortality, and THA/TKA)	50% (9 measures- HCAHPS + CTM)	35% (8 measures- Infection, PSI, PC -01)	N/A
CMS VBP	25% (3 measures- condition specific 30-day mortality, and THA/TKA)	25% (9 measures- HCAHPS + CTM)	25% (8 measures- Infection, PSI, PC -01)	25%

Maryland Hospital Acquired Complications (MHAC) Program

RY 2018 Clinical Logic Modifications

- Based on input from clinicians, 3M has agreed to many clinical modifications to the PPC Grouper Version 34
- HSCRC agreed to make some changes outside of the grouper when feasible
- HSCRC is not making any changes to PPCs included in the program or to the tiering of PPCs as this was determined in collaboration with PMWG last fall (Exception: removing PPC 64 from RY18 payment program because there are over 800+ codes ineligible for POA that may be flagging PPCs under ICD-10)
- See modeling results and handout of proposed RY 2018 clinical modifications

Case-Mix Coding Audits

MARYLAND

HSCRC Routine Hospital Coding Audits

- Commission routinely audits inpatient and outpatient case mix data to evaluate the level of accuracy; ~ 10 hospitals per year
- Upcoming cycle data period is October 2015 through June 2016 (containing ICD-10 diagnoses)
- Reviews will compare the inpatient and outpatient case mix data with the documentation in the corresponding medical record as it was coded originally and re-coded by HSCRC's independent contractor
- HSCRC has contracted with Optum to perform these reviews
- Review will concentrate on the accuracy of clinical information coded for the selected cases.
  - For inpatient discharges, focus on diagnosis and procedure codes and present on admission (POA) indicators for secondary diagnoses
  - For outpatient visits, the focus of the review includes the primary and secondary procedures and UB04 billing codes
  - Source of admission and discharge disposition coding will also be reviewed and validated for both inpatient and outpatient records
- Where discrepancies exist, Optum will follow up to determine the cause of these discrepancies and report its findings as part of its report to the Commission

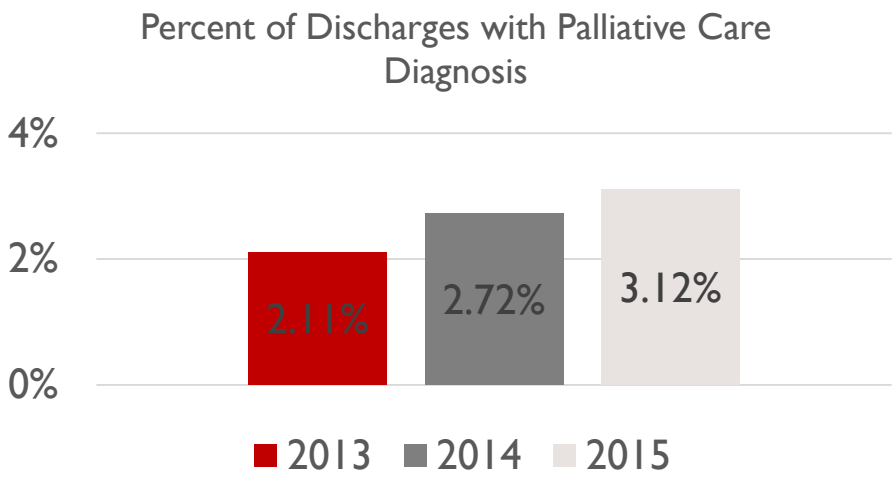
Routine Audit Standards Used by HSCRC

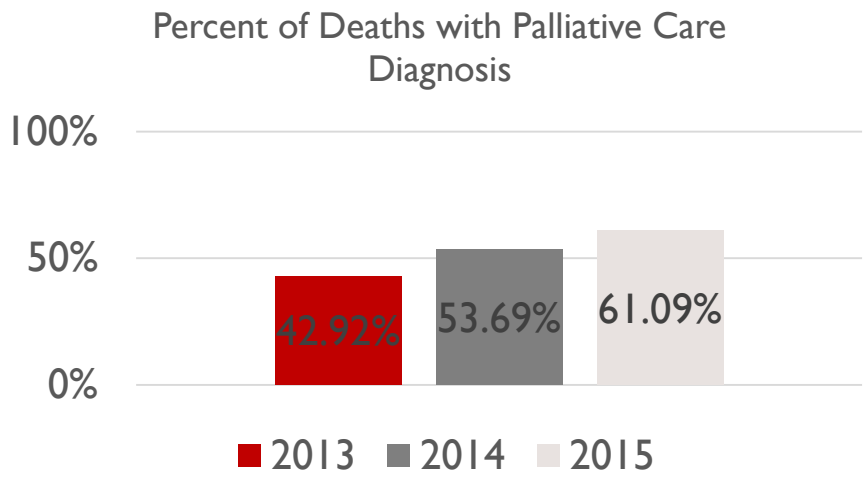
- HSCRC staff applies a 95% AHIMA standard for accuracy of medical records codes

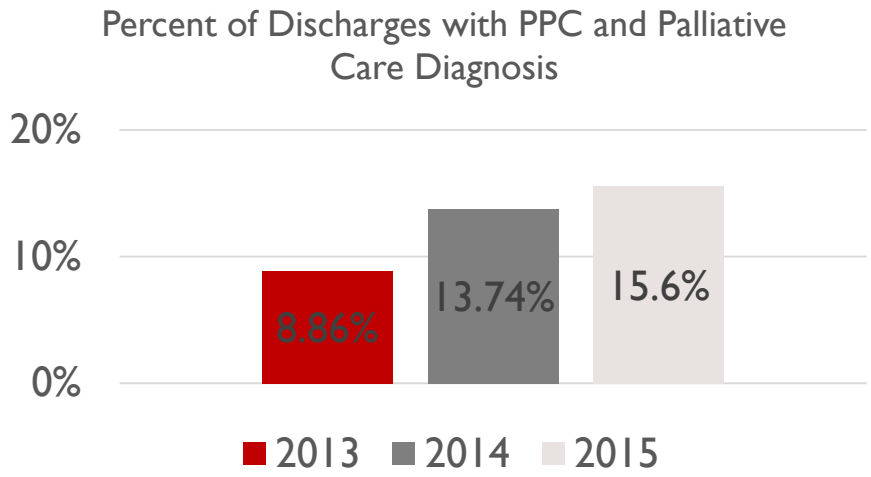
- For POA, HSCRC also applies a 95% accuracy standard at the case level since PPCs are assigned at the case level.
  - PPCs measure a combination of codes at the case level.
  - 95 % accuracy at the code level would produce biased error estimates since the errors that impact the PPC assignment are based on a skewed distribution of codes with POA values of "N", which represents approximately 15 % of all POA codes.
    - For example, if we assume 5 % error happened in cases with POA=N codes, this will produce 33 % error rate for the POA=N codes, which won't be acceptable.

- If data accuracy does not meet the specified standards, hospitals may be subject to fines for inaccurate data submission and for additional penalties under the performance-based payment programs.

Concerns on Increases in Palliative Care Coding







Currently assessing impact of palliative care exclusion on revenue adjustments for MHAC and QBR programs

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Proposed Audit Selection Criteria

- N = 230 cases; 50% General Coding Audit & 50% POA Quality

Audit Criteria #	POA Quality Audit Criteria (new)	% of Cases Audited	# of Cases
1	If case has palliative care diagnosis w/ SOI = 1 or 2 and has a ppc assigned^ (2017 revision)	8%	18
2	If case has palliative care diagnosis SOI = 1 or 2 and patient died (2017 new)	7%	16
3	PPC assignment change from 'yes' to 'no' - preliminary vs. final data	15%	35
4	PPC would have been assigned if POA = N for selected PPCs with higher likelihood of incorrect POA assignment (Optum will select PPCs) (2017 new)	20%	46
		50%	**115**

^These cases should be audited to confirm palliative care documentation and if PPC occurred before or after palliative care dx

*If hospitals do not have % of cases with audit criteria 1 or 2, additional cases should be obtained from audit criteria 3 and/or 4.

- Considerations:
  - Over/under selection of palliative care cases and focus on lower severity cases
  - Focus on most improved PPCs
  - Length of stay requirement
  - Percentage of cases

Audit Results: Valid POA

HOSPITAL AUDITS		%OF CASES W/POA ISSUES
2015	HOSPITAL A	3.5%
	HOSPITAL B	5.2%
	HOSPITAL C	3.5%
	HOSPITAL D	5.2%
	HOSPITAL E	11.3%
	HOSPITAL F	3.5%
	HOSPITAL G	2.6%
	HOSPITAL H	4.3%
2016	HOSPITAL I	0
	HOSPITAL J	1.7%
	HOSPITAL K	3.5%
	HOSPITAL L	4.3%
	HOSPITAL M	0.9%
	HOSPITAL O	3.5%
	HOSPITAL P	2.6%
	HOSPITAL Q	9.6%
	HOSPITAL R	4.3%
	HOSPITAL S	2.6%

- 95% threshold is used for POA accuracy and applied at the case level
- Hospitals have performed consistently above the threshold over time with outlier exceptions.

Contact Information

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