Montana
Winter CAH Meeting

Medicare Beneficiary Quality Improvement Project
(and a myriad other projects!)

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Why does measuring clinical performance matter?

We tend to measure what we value...
We tend to improve what we measure.

Observations

“High performer” characteristics:

- Quality: Not just a department… the highest organizational priority
- Data: Real time collection, fix problems as they occur, not just for inspection
- Culture: The norm is 100% success, failures trigger investigation

Observations

“Low performer” characteristics:

- Quality: “Here we go again…”
- Data: Batched collection, periodic review
- Culture: Failures are expected… and accepted.
Flex Medicare Beneficiary Quality Improvement Project

- Pilot Project under Quality Improvement
- Common Metrics
- Demonstrating Improvements
- Sharing Best Practices
- Started: Sept 2011

MBQIP
(AN OVERVIEW)

http://www.hrsa.gov/ruralhealth/about/video/index.html
Or
www.Youtube.com [MBQIP]

Phase 1
(Sept. 2011)

Reporting data...
Finding and using value...
(best practices / best methods)

So... what shall we measure?

42% of all 2009 IP CAH claims that were submitted to Medicare were for pneumonia.*

* Source: Ted Fraser, MS, Dir. Of Evaluation and Planning, CIMRO of Nebraska
Pneumonia and Heart Failure
Process of Care Measures

Percent Pneumonia Patients:
• Whose Initial Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics
• Given the Most Appropriate Initial Antibiotic(s)

Percent Heart Failure Patients:
• Given Discharge Instructions
• Given an Evaluation of Left Ventricular Systolic Function
• Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)

Why does measuring clinical performance matter?

Patient care...

Data show that priorities result in improvement!

Patient care... (it makes a difference!)

Pneumococcal Vaccination
• 40% reduction in pneumococcal pneumonia

Blood Culture Prior to First Antibiotic
• 40% of cases of severe pneumonia antibiotic selection are adjusted based on blood culture results

Patient care... (it makes a difference!)

• Smoking Cessation Advice
  • 50% reduction in individual’s risk of developing pneumonia

• Influenza Vaccination
  • 50% reduction in pneumonia, hospitalization or death
**Phase 1**

2010: 32/48 Montana CAHs reported to HC (66%)
2011: 44 Montana CAHs participating in MBQIP (92% of your 48 CAHs)

*but...*

7 of these did not submit data for 4th Qtr 2011
10 of these did not submit data for 1st Qtr 2012
5 hospitals did not submit data either Qtr.

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**Phase 1**

so...what are the issues?

NO HF or PNE patients?
Data exclusions / suppression?
Technical Assistance - CART Training?
Human Resources?
Leadership Priority?

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**Why else could measuring clinical performance matter?**

Possible future link to payment?

Shared Savings Programs?

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**PPS Payment Changes**

- CMS is shifting from payment for Volume to payment for Value...
  - Value Based Purchasing
  - Readmission Penalties
Value Based Purchasing for CAHs?

*Who knows?*

But what we do know….*CHANGE*

“Survival of the most *adaptable*”

Darwin

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Value Based Purchasing

**How it works...**

- 70% clinical process measures
- 30% HCAHPS
- 10 point scales
- Scored twice – Attainment & Improvement
- Keep higher score
- Revenue neutral (winners & losers)

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Value Based Purchasing

- 10 points available if scores are above the mean of the top 10% (benchmark)
- 0 points available if scores are below the median (threshold)

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Value Based Purchasing

The “no brainer” for CAHs….

**HCAHPS**

Accounts for 30%
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- 34% of CAHs reported HCAHPS patient assessment of care survey data in 2008.
- On average, CAHs have significantly higher ratings on HCAHPS measures than all US hospitals.

Policy Brief #15 March 2010
Critical Access Hospital Year 5 Hospital Compare Participation and Quality Measure Results
Michelle Casey, MS, Michele Burlew, MS, Ira Moscovice, PhD
University of Minnesota Rural Health Research Center

Phase 2
(Sept. 2012)

HCAHPS
(Benchmarking IP Measures)

HCAHPS Survey Topics
- Communication with doctors and nurses
- Responsiveness of hospital staff
- Cleanliness and quietness of hospital environment
- Pain management
- Communication about medications
- Discharge information
- Overall rating of the hospital
- Rating of willingness to recommend hospital

Phase 2
2010: 13 (27%) Montana CAHs reported HCAHPS. [cf. 44 (92%) MBQIP]

So what are the issues?

Any good HCAHPS solutions?
Phase 2
(Sept. 2012)

**Added Out-Patient Measures**
*Benchmarking IP Measures*

- OP-1 Median Time to Fibrinolysis
- OP-2 Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-4 Aspirin at Arrival
- OP-5 Median Time to ECG
- OP-6 Timing of Antibiotic Prophylaxis (Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision)
- OP-7 Prophylactic Antibiotic Selection for Surgical Patients

Phase 3
(Sept. 2013)

**ED Patient Transfer Communication Measure**

- NQF Endorsed Measure...
- CMS Special QIO Pilot Project (11 States)
- Data Collection and Reporting Manual
- Simple Excel Spreadsheet Format
- Part of the CMMI-FMBHP

**Out-Patient Measures**

- OP-1 Median Time to Fibrinolysis
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Phase 3

**ED Patient Transfer Communication Measure**

*So... how are we rolling this out...?*

- CMS – QIO Special Pilot Project
- QIO and Hospital Training
- Data Gathering and Reporting
ED Patient Transfer Communication*

- Pre-Transfer Communication Information (0-2)
- Patient Identification (0-6)
- Vital Signs (0-6)
- Medication-Related Information (0-3)
- Physician or Practitioner Generated Information (0-2)
- Nurse Generated Information (0-6)
- Procedures and Tests (0-2)

* NFQ Endorsed

Phase 3
(Sept. 2013)

Pharmacist Order Entry or Verification of Medication Orders within 24 hours

WHY?

“...a hospital patient can expect on average to be subjected to more than one medication error each day.”

Prevalence of Evidenced-Based Safe Medication Practices in Small Rural Hospitals

“Approximately one in five of the nation’s smallest hospitals have... (1) a pharmacist review of orders within 24 hours...” 2008
“One of every seven Medicare beneficiaries who is hospitalized is harmed...
...Added at least $4.4 billion a year to costs...
...Contributed to the deaths of about 180,000 patients a year...
...44 percent... preventable.”

The most frequent problems....
...were those related to medication...
“the study highlighted the importance of improving procedures to prevent medication errors...”

Alignment with PARTNERSHIP FOR PATIENTS

1. Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010.

2. Help patients heal without complication. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010.

Key component to other work ongoing in Montana...

- Adverse Drug Events
- Catheter-Associated Urinary Tract Infections
- Pressure Ulcers
- Injuries from Falls and Immobility
- Central Line Associated Blood Stream Infections
- Obstetrical Adverse Events
- Surgical Site Infections
- Venous Thromboembolism
- Ventilator-Associated Pneumonia
Partnership for Patients

**Phase 3**

It’s not just about a “double-check”...

Pharmacist Order Entry or Verification of Medication Orders within 24 hours

...it’s about patient safety and medication management... by the medication experts!

**Phase 3**

(Sept. 2013)

Pharmacist Order Entry or Verification of Medication Orders within 24 hours

So… how do we get ready?

- Computerized medication order entry
- Coordination w software vendors for reports
- Cost efficient access to pharmacists
- Utilization of technology

**Phase 3**

(Sept. 2013)

Pharmacist Order Entry or Verification of Medication Orders within 24 hours

Measurement and Reporting

- Inclusion and Exclusion criteria
- Computerized generated report data (n/d)
- Submission to Q-Net warehouse.
MBQIP

- Across Multiple States
- Involving significant number of CAHs
- Aggregating the data – national benchmarking.
- Rural Appropriate Measures & Processes
  - Heart Failure, Pneumonia, (30 Day Re-admissions)
  - OP Measures, HCAHPS
  - Ed OP Transfer Measure, Med Orders Reviewed within 24 hours

http://www.hrsa.gov/ruralhealth/about/video/index.html

MBQIP is about....

Leveraging Resources and Relationships....

Measuring and Reporting data...

Finding and using value...
(best practices / best methods)

MBQIP...

...is about making a difference!

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