

Quality Update 2015: Current and Future Landscape

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Disclosures

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- CMMI: ACEP Support and Alignment Network
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Committees

- ACEP: Co-Chair Quality Measures Technical Expert Panel; Vice-Chair Quality Measures for CEDR

Acknowledgements

- Slides on MIPS & CEDR were created by Stacie Jones, MPH of ACEP

Objectives

- Review quality measurement landscape
- Provider quality measurement
 - MACRA & MIPS
 - CEDR
- Hospital quality measures
 - CMS SEP-1: measuring sepsis quality
 - ED-CAHPS

Quality and Reimbursement Merging



The NEW ENGLAND JOURNAL *of* MEDICINE

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

- 85% of Medicare FFS payments should be tied to quality or value by 2016
- 30% of Medicare payments should be tied to quality or value through alternative payment models by 2016 (50% by 2018).

Report to Congress:

National Strategy for Quality
Improvement in Health Care

March 2011

HealthCare.gov

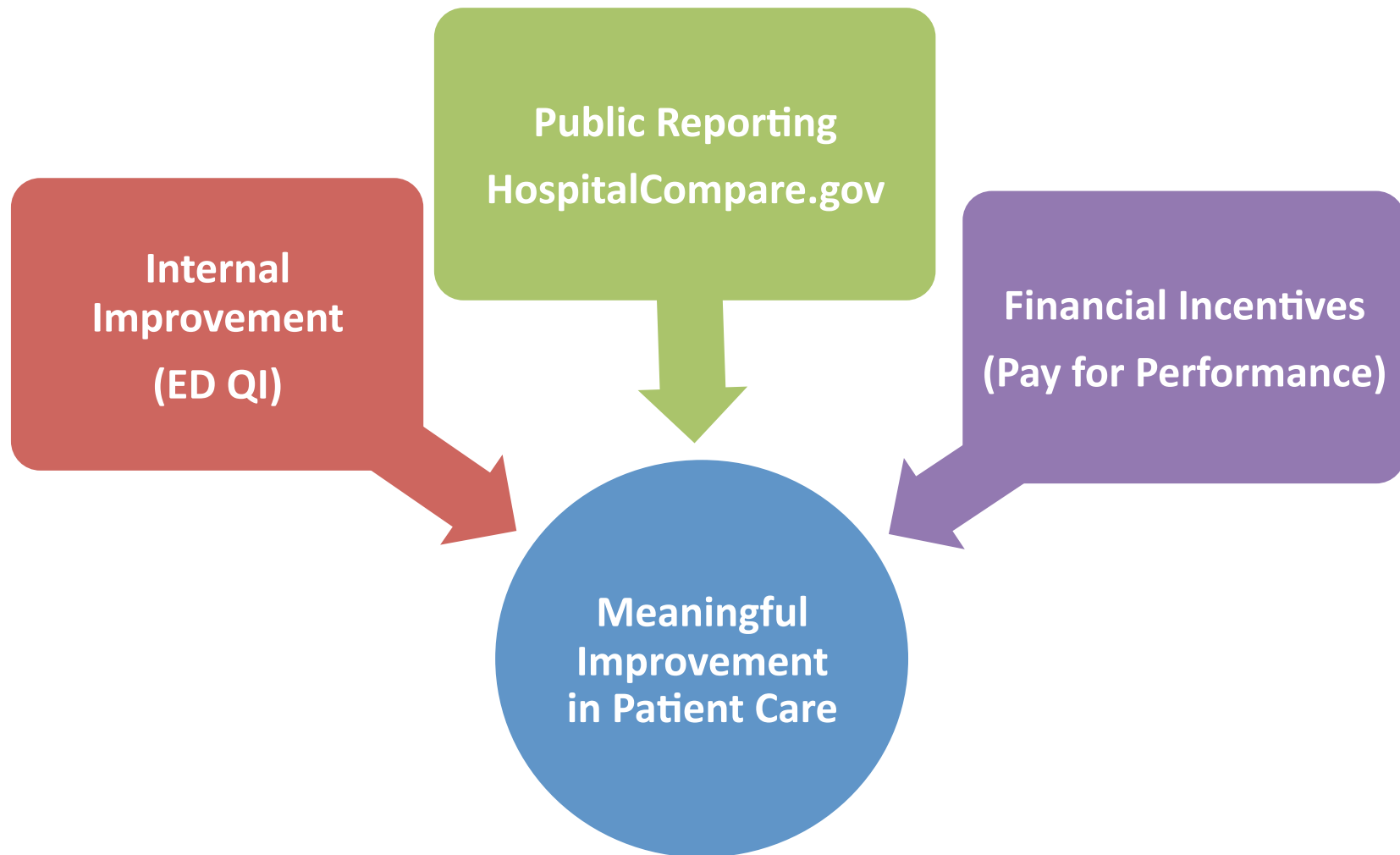
Take health care into your own hands

Triple Aim: *Better Care / Healthy People / Affordable
Care*

National Quality Strategy, 6 priorities:

- | | |
|----------------------|------------------------------|
| 1. Efficiency | 2. Patient/Family Experience |
| 3. Coordinate Care | 4. Clinical Effectiveness |
| 5. Population Health | 6. Patient Safety |

How are Measures Used?





Quality Reports

Provider quality measurement

Total Impact of Participation in the Physician Quality Reporting System (PQRS)

PQRS Programs:

- Traditional PQRS Incentive
- PQRS MOC Incentive

Total Potential PQRS Incentives

- PQRS Penalties For Failure to Report
- Value-based Modifier (VM)* For Failure to Report PQRS*

Total Potential PQRS/ VBPM Penalties

+1.0% in 2015

N/A

-2.0% in 2017

-4.0% in 2016

-6.0% in 2017

Provider Payment Reform

SGR Fix = Medicare Access and
CHIP Reauthorization Act
(**MACRA**)
&
Merit-based Incentive Payment
System (**MIPS**)

Evolution of Federal Quality Programs

	2015	2016	2017	2018
Base Payment Change	0.5%	0.5%	0.5%	0.5%
EHR	Continues under current law			
PQRS	Continues under current law			
VM	Continues under current law			

Evolution of Federal Quality Programs

(continued)

	2015-2018	2019	2020	2021	2022	2023	2024	2025	2026+
Base		0.5%			0.0%				
EHR									
PQRS									
VM									

Traditional PQRS registries

Provide quality data for Medicare patients only

Limited to PQRS measures

Requires new “cross-cutting” measures

Requires groups of 100 or more to report “PQRS-CAHPS”

Less control over quality measures reported

Quality measure data collected will be used to calculate the quality composite of the Value Modifier.

Qualified Clinical Data Registries (QCDRs)

Provides quality data on patients from all payers

Includes PQRS measures plus up to 30 additional specialty specific measures

Does not require “cross-cutting” measure

Does not require CAHPS reporting

More meaningful measures to choose from

CMS will not include first-year QCDR measures in the VM quality composite until such time as CMS has historical data to calculate benchmarks for them.



CEDR
CLINICAL EMERGENCY DATA REGISTRY

CEDR - Clinical Emergency Data Registry

[Overview](#)

[Advantages](#)

[FAQs](#)

[Resources](#)

[Measures](#)

Welcome to ACEP's New Clinical Emergency Data Registry

As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the CEDR registry. This is the first Emergency Medicine specialty-wide registry at a national level, designed to measure and report healthcare quality and outcomes. It will also provide data to identify practice patterns, trends and outcomes in emergency care. CEDR is an evolving registry, which will support emergency physicians' efforts to improve quality and practice in all types of EDs, urban or rural, and



What is CEDR?

- CEDR = Clinical Emergency Data Registry
- EM specialty-wide registry at a national level, designed to measure & report healthcare quality & outcomes
- Will provide data to identify practice patterns, trends and outcomes in emergency care.
- **How to Grow a CEDR: What You Need to Know About ACEP's Qualified Data Registry (WE-358)**
 - Wednesday, October 28; 4:30 PM - 5:30 PM
 - Faculty: Stacie Schilling Jones, MPH; Stephen K. Epstein, MD, MPP, FACEP

CEDR Measures

- 2015:
 - 27 measures across domains
 - Many PQRS measures
- 2016: additional measures

NEW 2016 CEDR Measures

Measure Title	NQS Domain
Sepsis Management: Septic Shock: Lactate Level Measurement Percentage of ED visits for patients aged 18 years and older with <u>septic shock</u> who had a <u>serum lactate level ordered during ED visit</u>	Clinical Effectiveness
Sepsis Management: Septic Shock: Antibiotics Ordered Percentage of ED visits for patients aged 18 years and older with <u>septic shock</u> who had an <u>order for antibiotics during the ED visit</u>	Clinical Effectiveness
Sepsis Management: Septic Shock: Fluid Resuscitation Percentage of ED visits for patients aged 18 years and older with <u>septic shock</u> who had an <u>order for ≥ 1 L of crystalloids during the ED visit</u>	Clinical Effectiveness

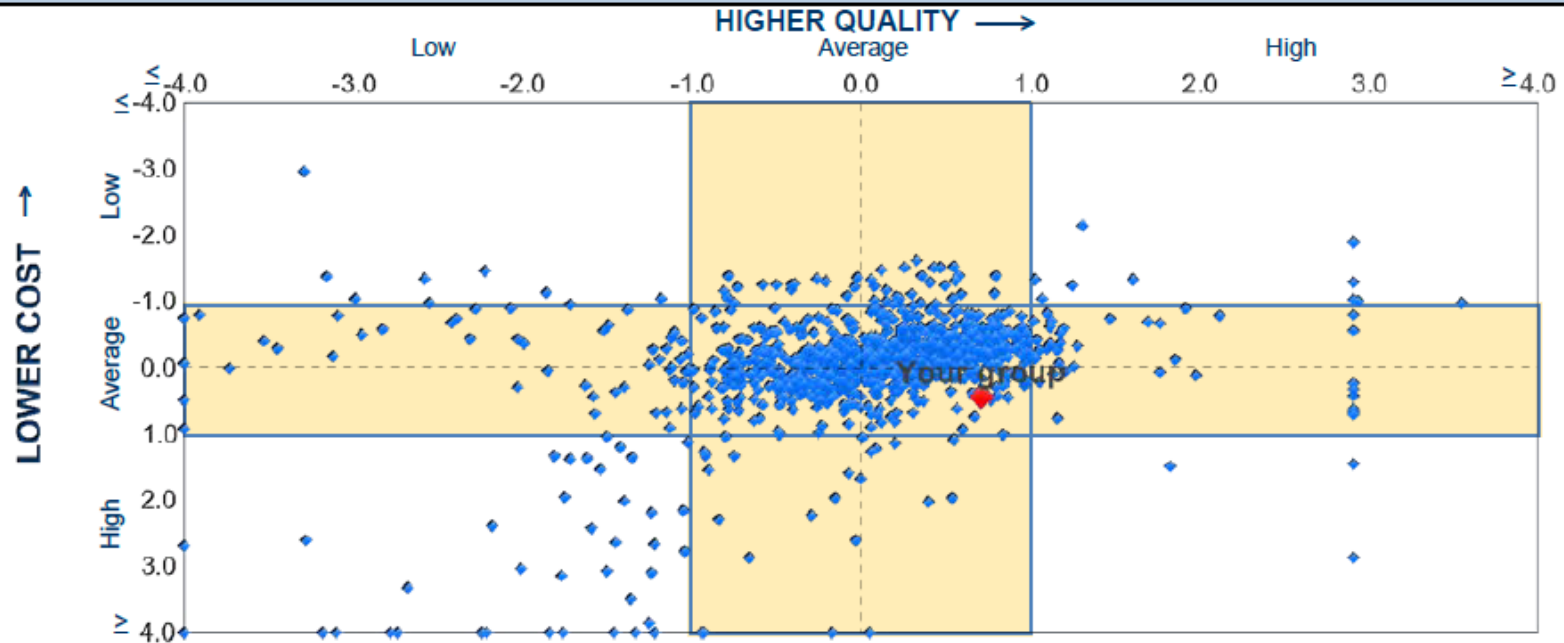
NEW 2016 Measures

Measure Title	NQS Domain
Sepsis Management: Repeat Lactate Level Measurement Percentage of ED visits for patients aged 18 years and older with <u>septic shock</u> and an <u>elevated serum lactate result (>2mmol/L)</u> with a <u>second serum lactate measurement ordered</u> following the elevated serum lactate result during the ED visit	Clinical Effectiveness
Sepsis Management: Lactate Clearance Rate of $\geq 10\%$ Percentage of ED visits for patients aged 18 years and older with <u>septic shock</u> who had an <u>elevated serum lactate result (>2mmol/L)</u> and a second serum lactate level measurement performed following the elevated serum lactate result with a <u>lactate clearance rate of $\geq 10\%$ during the ED visit</u>	<u>Outcome measure</u>
Appropriate Foley catheter use in the ED Percentage of ED visits for admitted patients aged 18 years and older where an indwelling Foley catheter is ordered and the patient had at least one indication for an indwelling Foley catheter	Efficiency & Cost Reduction

Provider Cost

Comparing Groups on Cost & Quality

YOUR QUALITY TIERING PERFORMANCE: AVERAGE QUALITY, AVERAGE COST



Medicare Cost Attribution Method

Cost Categories	Your Medical Group Practice's Performance			Performance of Peer Practices
	Number of Eligible Cases	Per Capita Costs Before Risk Adjustment	Per Capita Costs After Risk Adjustment	Benchmark Per Capita Costs (Risk Adjustment)
Per Capita Costs for All Attributed Beneficiaries (Domestic)				
All Beneficiaries	7,313	\$11,523	\$11,835	\$10,265
Per Capita Costs for Beneficiaries with Specific Conditions				
Diabetes	1,697	\$15,287	\$16,244	\$14,788
COPD	759	\$26,700	\$27,214	\$24,153
Coronary Artery Disease	2,654	\$17,740	\$19,123	\$17,265
Heart Failure	833	\$29,417	\$30,562	\$26,013

Note: Per capita costs are based on payments for Medicare Part A and Part B claims submitted in 2012 by all (inpatient and post-acute care facilities) for Medicare beneficiaries attributed to a medical group practice. Outpatient pro

Physician (Provider) Quality Measurement

Medicare.gov | **Physician Compare**
The Official U.S. Government Site for Medicare

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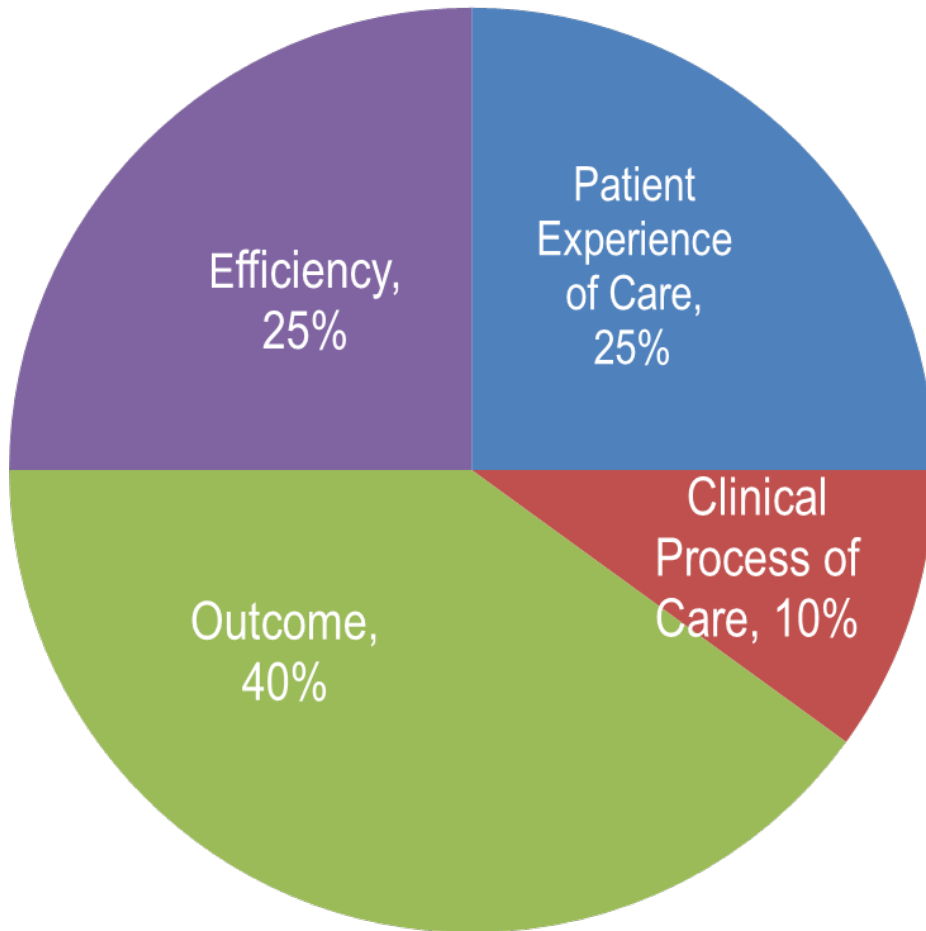
Medicare assignment:  [Accepts Medicare assignment](#) 

Hospital quality measures

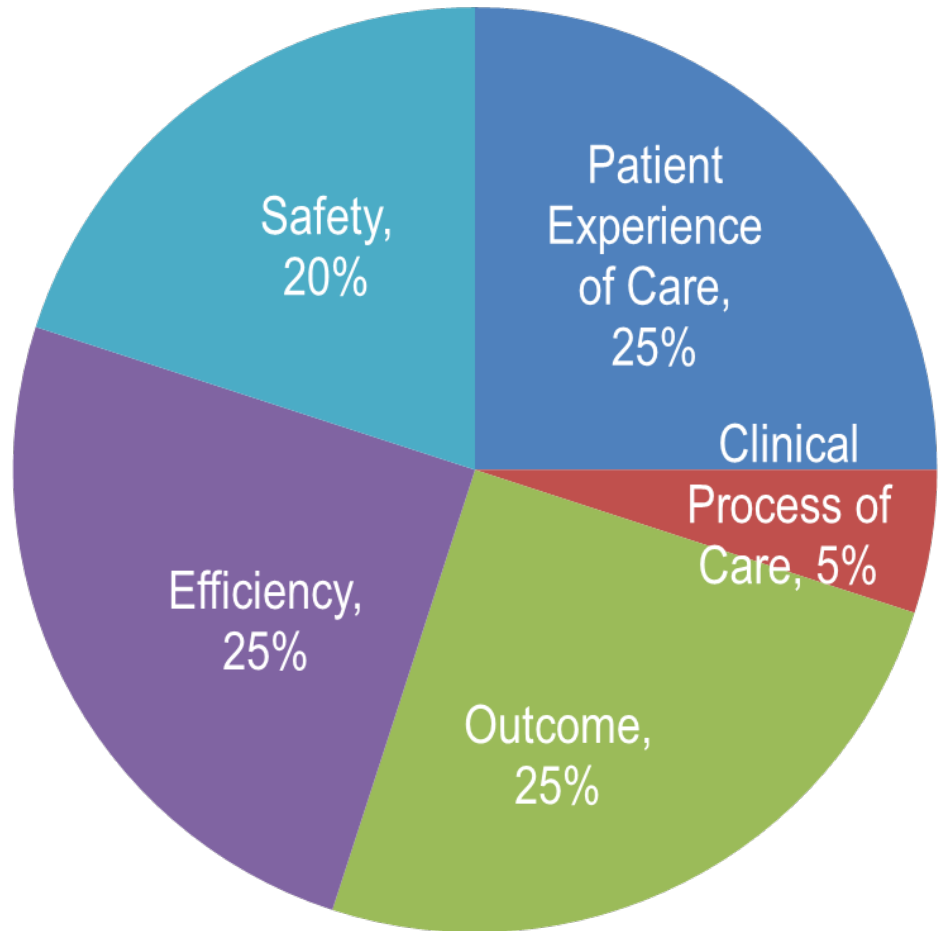
Many Medicare Hospital Quality Measurement Programs

- Inpatient quality
- Outpatient quality
- Hospital acquired conditions
- Spending per Medicare beneficiary
- Readmission reduction
- Mortality
- More ...

**2014 Patient Care =
FY 2016 \$\$**



**2015 Patient Care =
FY 2017 \$\$**



*HVBP based on inpatient care metrics

Inpatient Measures: Emergency Care

- Only change: Sepsis measure
- Processes of Care
 - Fibrinolytic agent received w/in 30min of hospital arrival (AMI 7a)
 - No Pneumonia, No door to balloon
- ED throughput measures
 - LOS: admit, boarding time
 - LWOBS

Overview CMS Sep-1

- Begins with October 1, 2015 discharges
- Derived from Surviving Sepsis Campaign Guidelines
- CMS Reporting Details
 - Pay for Reporting (not performance yet)
 - Cases included based on ICD-10 principal discharge dx
 - Sampling: 20 cases/month, transfers excluded → small n
 - All or Nothing bundles
 - Some elements controversial

Timed Sepsis Bundles

Severe Sepsis

Within 3 hours of onset

- Initial Lactate measurement
- Blood cultures prior to
- Broad Spectrum Antibiotics

Within 6 hours

- Repeat lactate if initial >2

Septic Shock

Within 3 hours of onset

- Resuscitation with 30ml/kg of crystalloid fluids

Within 6 hours

- Vasopressor administration
- Repeating the volume status and tissue perfusion assessment

Sepsis (SEP-1): Controversy

- Definitions are novel (severe sepsis & septic shock)
- Detailed chart review
 - Sepsis start time
 - Clinical Reassessment -complex wording
- Unintended consequences
 - Broad spectrum Abx vs. stewardship
 - Blood cultures...
 - Resuscitation volume vs. fluid overload

Outpatient Measures: Emergency Care

- Publicly reported, but no P4P \$\$\$
- No changes
- Multiple ED throughput measures
 - LOS: discharge, door to provider
 - Left w/out being seen (LWOBS)
- Chest Pain / AMI measures
 - ECG timing for AMI
 - 'Door in door out' for ACS transfers
- Analgesia for long bone fractures
- Timely interpretation of CT for acute stroke (45min)


Other Hospital Programs

- Safety
 - Hospital acquired infections: CAUTI, CLABSI
 - Complication/Patient Safety for Selected Indicators (PSI-90)
- Outcomes = 30 day mortality
 - CHF, AMI, Pneumonia, All-Cause
- Readmissions (CHF, AMI, Pneumonia)




PROPOSED Hospital Measures

- ED visits will be an adverse outcome
 - Readmissions → “post-hospitalization acute care”
 - Include ED visits and observation after discharge
 - “Potentially Avoidable Complication (PAC)”
 - ED visits included for conditions like CHF
- Post-ED care coordination (outpatient)
 - ED visit for asthma or chest pain:
 - ED provider attempted to contact pt’s PCP or specialist
 - Follow-up appt w/in 72 hrs

Emergency Department Patient Experiences with Care (EDPEC) Survey



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Home > Research, Statistics, Data and Systems > Consumer Assessment of Healthcare Providers & Systems (CAHPS) > Emergency Department Patient Experiences with Care (EDPEC) Survey

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

Emergency Department Patient Experiences with Care (EDPEC) Survey

Overview: The emergency department (ED) is a pivotal arena for the provision of acute care services, handling 28 percent of all acute care visits in the U.S. Recognizing the importance of EDs bridging the world of outpatient and inpatient care, the CMS ED Patient Experiences with Care Survey will collect information about patients' experiences of care in EDs. This survey will provide patient experience data that enables comparison of EDs across the nation and promotes effective communication and coordination.

About the survey: Patients who received care at fully hospital-based EDs will be eligible for the survey. There are currently three draft versions of the survey being tested: one for patients discharged to the community, one stand-alone version for patients admitted to the hospital, and a version for patients admitted to the hospital that will be administered as a supplement to the existing HCAHPS survey. The survey will ask patients about their experiences with arriving at the ED, during ED care, and after being admitted to the hospital or discharged from the ED. In the field testing, approximately 18,000 ED patients over the course of a three-month period were sampled from 12 hospitals, with sampled individuals randomized to three modes: mail only, telephone only, and mail with telephone follow-up. The OMB package for field testing including survey instruments and protocol can be found [here](#).

Public reporting and policy relevance: The EDPEC Survey currently is under development. 12 recruited hospitals of different sizes and geographic locations participated in the field test. The 2.0 version instruments have been published [here](#). Please note that these instruments should NOT be considered final instruments that are endorsed by CMS, and they are not ready for use. CMS plans to conduct additional testing on these instruments to determine how they would be implemented with the current HCAHPS survey and to test alternative wording for some items.

For more information, please contact: ED_Survey@cms.hhs.gov

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<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/ed.html>

ACEP's Transforming Clinical Practice Initiative

- What are the quality collaborative's focus areas?
 - Savings lives through improved sepsis care
 - Supporting clinicians and patients in Choosing Wisely™
 - Improving value of ED chest pain testing and hospitalization

ACEP's Transforming Clinical Practice Initiative

- What will ACEP's Transforming Clinical Practice Initiative provide?
 - Best practices from pioneers in their fields
 - Benchmarking data through the ACEP CEDR
 - Tailored eCME and MOC Activities (with ABEM)
 - Social media communities
 - Technical assistance from national thought leaders
- TCPI Resources for More Information:
 - www.acep.org/tcpi
 - tcpi@acep.org

Key Points

- Physician quality measures will determine ↑% of Medicare payments (9% by 2022)
- Resource use (cost) will be more transparent and affect physician payment
- Fewer process measures and more outcomes

Questions?



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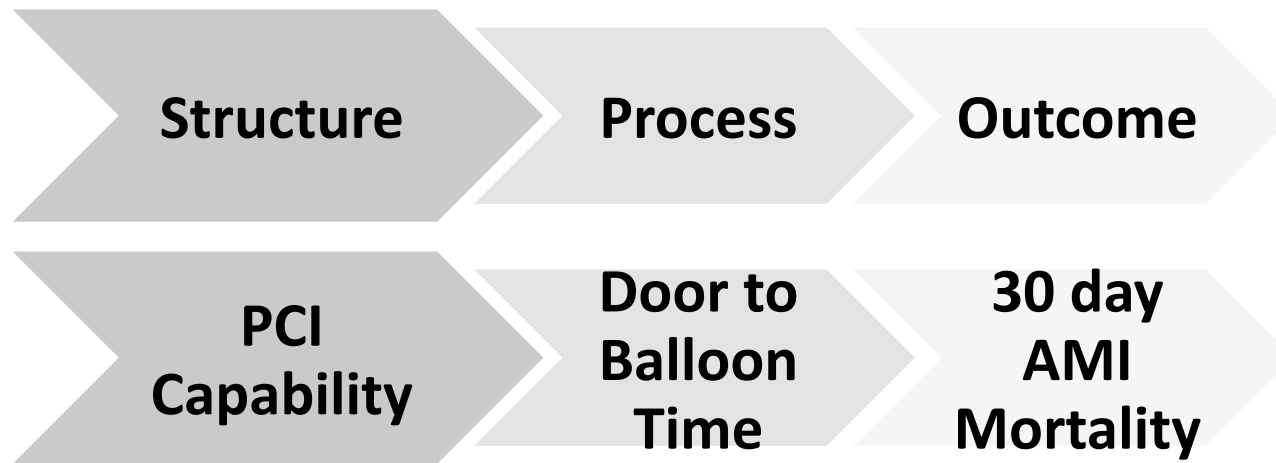
The Goal: Value

3 definitions of value

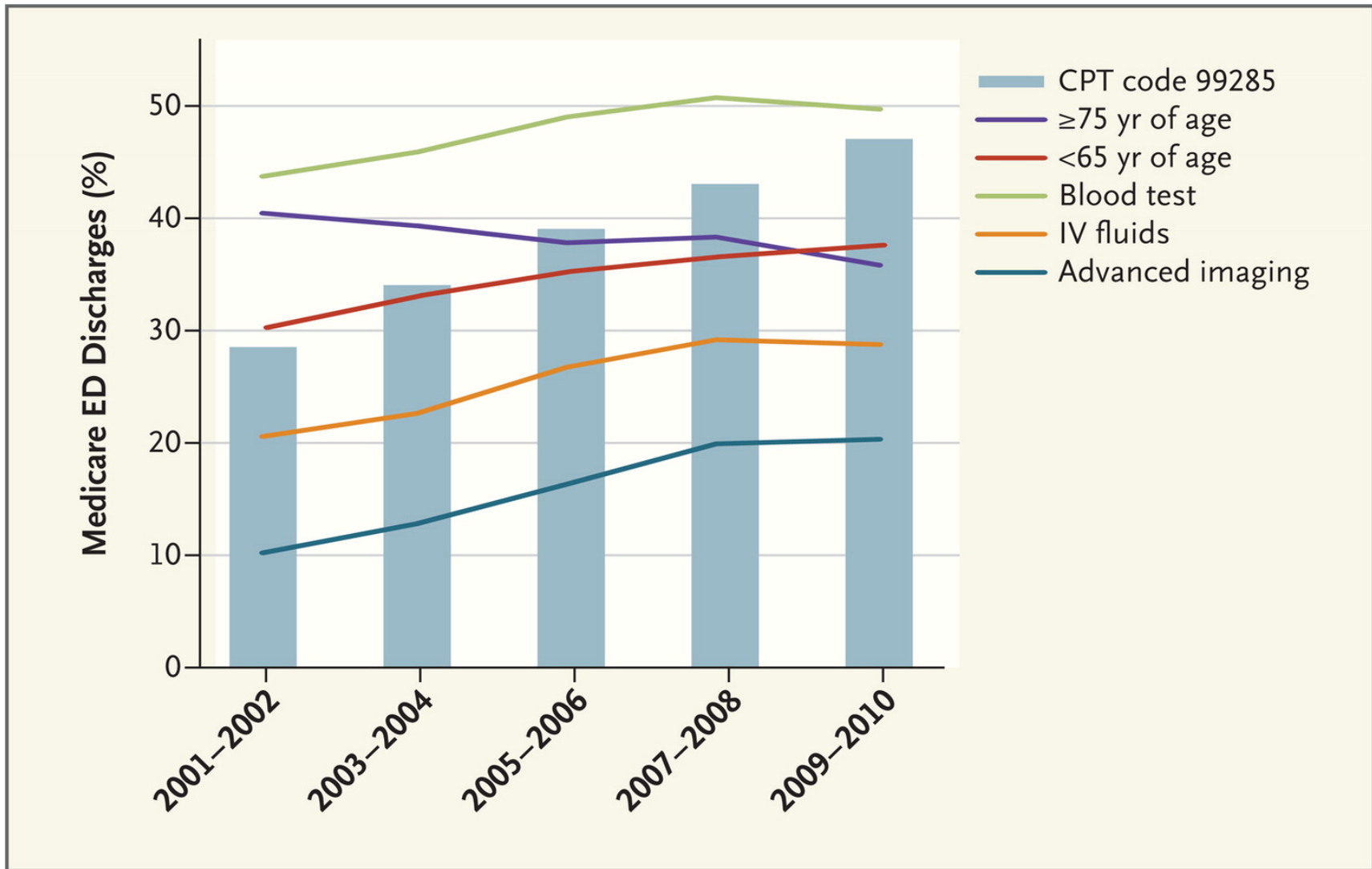
- Health outcomes achieved per dollar spent
- Relative worth, merit, or importance
- Getting the most out of what we can put in

How Do We Measure Quality?

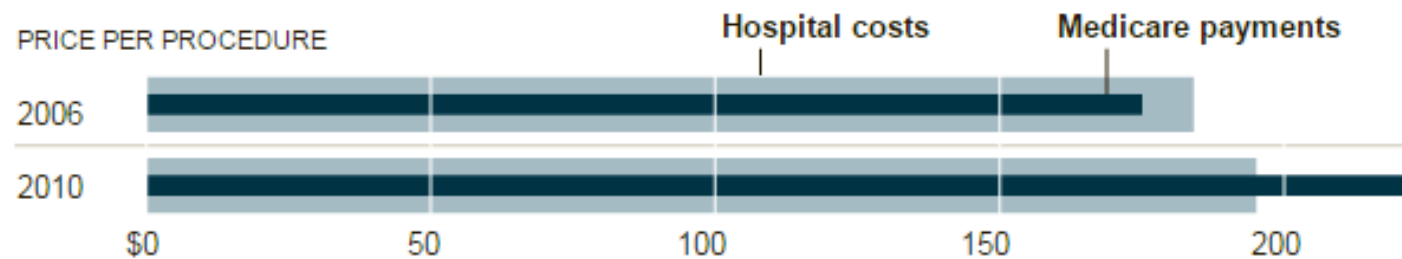
Donabedian Framework of Quality Measurement



Changes in Use of the Billing Code for Level 5 ED Visits, in the Age Range of Medicare Patients Discharged from the ED, and in the Use of Diagnostic Technology and IV Fluids, 2001–2010.

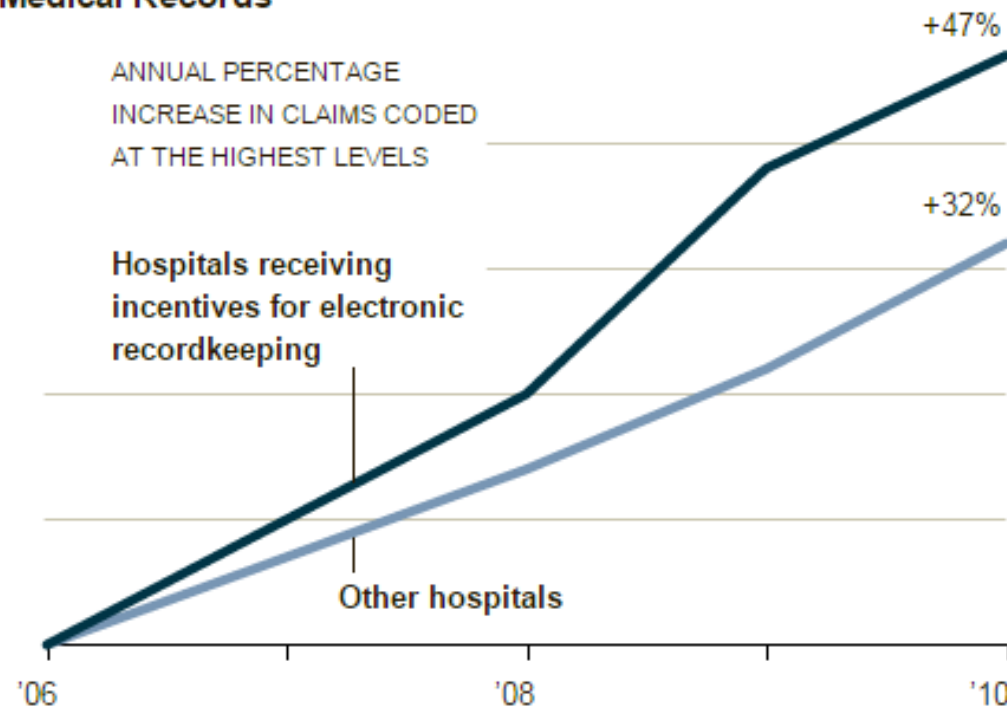


ED Facility Fees ↑



The Role of Electronic Medical Records

Hospitals with electronic medical records are billing Medicare for higher levels of reimbursement for emergency-room care.



2015 PQRS Measures Supported:

PQRS#	Measure Title	NQS Domain
#54	12-Lead ECG Performed for Non-Traumatic Chest Pain	Clinical Effectiveness
#76	Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter Insertion Protocol	Patient Safety
#91	Acute Otitis Externa (AOE): Topical Therapy	Clinical Effectiveness
#93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	Clinical Effectiveness
#187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA); also known as hospital STK-4	Clinical Effectiveness
#254	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	Clinical Effectiveness

2015 PQRS Measures Supported *cont.*:

PQRS#	Measure Title	NQS Domain
#255	Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	Clinical Effectiveness
#317 <i>cross-cutting</i>	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Community-Population Health
#326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (aka STK-3)	Clinical Effectiveness

2015 CEDR Non-PQRS Measures Supported

CEDR#	Measure Title	NQS Domain
#1	ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	Efficiency & Cost Reduction
#2	ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years	Efficiency & Cost Reduction
#3	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	Efficiency & Cost Reduction
#4	Appropriate ED Utilization of CT for Pulmonary Embolism	Efficiency & Cost Reduction

2015 CEDR Non-PQRS Measures Supported *cont.*

CEDR#	Measure Title	NQS Domain
#5	ED LOS for discharged ED patients – Overall Rate	Patient Experience of Care
#6	ED LOS for discharged ED patients – General Rate = (Overall Rate – Psych Pts– Transfer Pts)	Patient Experience of Care
#7	ED LOS for discharged ED patients – Psych Mental Health Patients	Patient Experience of Care
#8	ED LOS for discharged ED patients – Transfer Patients	Patient Experience of Care
#9	Door to Diagnostic Evaluation by a Qualified Medical Personnel	Patient Safety

2015 CEDR Non-PQRS Measures Supported *cont.*

CEDR#	Measure Title	NQS Domain
#10	Anti-coagulation for Acute Pulmonary Embolism Patients	Patient Safety
#11	Pregnancy Test for Female Abdominal Pain Patients	Patient Safety
#12	Three day return rate for ED visits	Communication and Care Coordination
#13	Three day return rate for UC visits	Communication and Care Coordination

2015 CEDR Non-PQRS Measures Supported *cont.*

CEDR#	Measure Title	NQS Domain
#14	Tobacco Screening and Cessation Intervention for Asthma and COPD patients	Effective Clinical Care
#15	tPA Considered	Community-Population Health
#16	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis	Efficiency & Cost Reduction
#17	Adult Sinusitis: Appropriate Choice of Antibiotic	Efficiency & Cost Reduction
#18	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Efficiency & Cost Reduction

2016 QI Measures

Measure Title		NQS Domain
#1	Sepsis Management: Septic Shock: Lactate Level Measurement Measure Description Percentage of ED visits for patients aged 18 years and older with septic shock who had a serum lactate level ordered during the emergency department visit	Clinical Effectiveness
#2	Sepsis Management: Septic Shock: Blood Cultures Ordered <i>This measure is intended for Quality Improvement reporting purposes.</i> Measure Description Percentage of emergency department visits for patients aged 18 years and older with septic shock who had a blood culture ordered during the emergency department visit	Patient Safety