

CMS Update

CMS Update: 9th Scope of Work

Brenda Darling, RN, BS, CPHQ
Executive Director, Federal Operations
Health Services Advisory Group

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1

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Background

2

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The Health Care Quality Challenge

- We spend more per capita on health care than any other country in the world.
- In spite of those expenditures, U.S. health care quality is often inferior to other nations and often doesn't meet expected evidence-based guidelines.
- There are significant variations in quality and cost across the nation and increasing evidence that there may be an inverse relation between quality and cost.

3

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The Health Care Quality Challenge

- CMS is responsible for a growing number of persons (expected to double in the next decade).
- CMS, in partnership/collaboration with other health care leaders, must take leadership in addressing these issues.

4

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Congressional & Employer Interests

- Many opportunities for improving the quality of health care services, outcomes, and efficiency
- Increasing reimbursement for health care services leads to:
 - No uniform or widespread improvement in quality.
 - Increased utilization of some services.
 - Net increase in overall health care expenditures.
- Need to demonstrate ability to improve quality, avoid unnecessary complications and costs

5

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A Little History

- March 2006 IOM Report—Pathways to Quality Health Care Series
- August 2006—President Bush issued Executive Order calling for federal government to lead transformation of the marketplace in how it purchases and contracts for health care services
- November 2006—the U.S. Department of Health and Human Services challenged the private sector to implement the Four Cornerstones of value-driven health care

6

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What Is Value-Driven Health Care Anyway?

- Value-driven health care means that providers, health plans, and other health care professionals are rewarded—and procedures and products are encouraged and utilized—based upon the true value they bring to the consumer.
- This means critiquing every aspect of the delivery of care, defining its true value by knowing its cost and quality. This formula works in every other market, and it is the foundation of future health care.

7

HHS Four Cornerstones of Value-Driven Health Care

- Transparency of Quality
- Transparency of Price
- Incentives for High-Value Health Care
- Health Information Technology Interoperability

8

Incentives for High-Value Health Care – P4P

- In our current system, hospitals and providers that deliver better care are reimbursed, for the most part, at the exact same rate as those who provide poorer care. This approach is changing so that better performers are rewarded.

9

Transparency, Quality, and Price

- Today it is nearly impossible to determine, in any reliable way, who delivers the best quality care and at what cost. Government and industry are working to standardize common measures to enable us to gather and measure performance and cost in a common way, so we can compare apples to apples.

10

HIT Interoperability

- We must get information technology into the hands of health care providers if we want to deliver better quality, eliminate waste, and improve efficiency. And the technology must be **interconnected, or interoperable**, so that every information technology system, no matter where it is, can deliver the right information on the right person at the right time.

11

Proposed QIO 9th SoW

DISCLAIMER

- Not Approved
- Subject to change

12

Proposed QIO 9th SOW

Aerial View

13

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**Proposed QIO 9th SoW
50,000-Foot Level**

- Aligned with HHS National Priorities—Four Cornerstones
- Focus on Performance Measurement and Quality Improvement
- Case review devolution to an alternate system (MACs & RACs or MPROs?—Grassly Baucus Bill)

14

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Four Themes

- Prevention
- Patient Safety
- Care Coordination (a.k.a. Patient Pathways)
- Beneficiary Protection

15

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Cross-Cutting Priorities

- Value-Driven Health Care
- Health Information Technology (HIT) adoption and use for system re-design
- Health Disparities
- Regional and other variation prioritization
- Outcomes focused, attribution of interventions to outcomes

16

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CMS Quality Roadmap

- **VISION: *The right care for every person every time***
 - *Make care:*
 - *Safe*
 - *Effective*
 - *Efficient*
 - *Patient-centered*
 - *Timely*
 - *Equitable*

17

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CMS Quality Roadmap Strategies

1. Work through partnerships to achieve specific quality goals.
2. Publish quality and cost measurements and information as a basis for supporting more effective quality improvement efforts.
3. Pay in a way that expresses their commitment to quality, and that helps providers and patients to take steps to improve health and avoid unnecessary costs.

18

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CMS Quality Roadmap

4. Assist practitioners in making care more effective and less costly, especially by promoting the adoption of HIT.
5. Bring effective new treatments to patients more rapidly through coverage and payment policies, and help develop better evidence so that doctors and patients can use medical technologies and treatments more effectively, improve quality, and avoid unnecessary complications and costs.

19

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Proposed 9th SoW Content

Goal: To help providers
Prevent illness, decrease harm to patients, and reduce waste in health care.

20

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Proposed 9th SoW Content 30,000-Foot Level

- 4 Themes (Prevention, Patient Safety, Care Coordination, Beneficiary Protection)
- 10 Components
- 31 Final Measures

21

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Proposed 9th SoW Content 20,000-Foot Level: 10 Components

- Prevention (3) Core measures, CKD, Focused Disparities
- Patient Safety (5) Pressure Ulcers, Physical Restraints, SCIP, MRSA, Drug Safety
- Care Coordination (1) Unified theme
- Beneficiary Protection (1) Unified theme

22

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Proposed 9th SoW Content 10,000 Foot-Level: Measures

Prevention—10 measures

1. Core
 - a) Mammography
 - b) CRC Screening
 - c) Influenza Vaccination
 - d) Pneumococcal Pneumonia Vaccination
2. CKD
 - a) Screening for nephropathy
 - b) ACE/ARB therapy to prevent progression
 - c) AV fistula rate (new dialysis pts)
3. Focused Disparities
 - a) HbA1c rates
 - b) Lipid examination rates
 - c) Eye Exam rates

23

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Proposed 9th SoW Content 10,000-Foot Level: Measures

Patient Safety—14 measures

1. MRSA 1 (infection rate)
2. MRSA 2 (transmission rate)
3. PrU1 (High-risk NH)
4. PrU3 (hospital-acquired)
5. Physical Restraints (NH)
6. SCIP Infection 1,2,3,4,6,7
7. SCIP VTE 1,2
8. SCIP Cardiology 2

24


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Proposed 9th SoW Content
10,000-Foot Level: Measures

Care Coordination—3 measures

1. Global Re-hospitalization rate
2. Patient assessment of hospital discharge performance (H-CAHPS items 17, 19, 20)
3. Physician-visit post-discharge, before re-admission (within 30 days)

25


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Proposed 9th SoW Content
10,000-Foot Level: Measures

Beneficiary Protection—4 measures

1. Timely completion of case reviews
2. Beneficiary satisfaction with complaint process
3. Completion of satisfaction survey
4. Percent Quality Improvement Activity (QIA) completion


26

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Proposed 9th SoW Content

This is as close to the ground as we can get at this time...

27


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28

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Contact Information

- Brenda Darling, RN, BS, CPHQ
Executive Director, Federal Operations
Health Services Advisory Group
- Phone: (602) 665-6110
- Fax: (602) 241-0757
- E-mail: bdarling@azqio.sdps.org

29

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*All Medicare beneficiaries **have the right to appeal their discharge** from a hospital, skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility. For more information, go to <http://www.hsag.com/azmedicare> or call **1.800.359.9909**.*


www.hsag.com

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30

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