

Transforming Hospital Care

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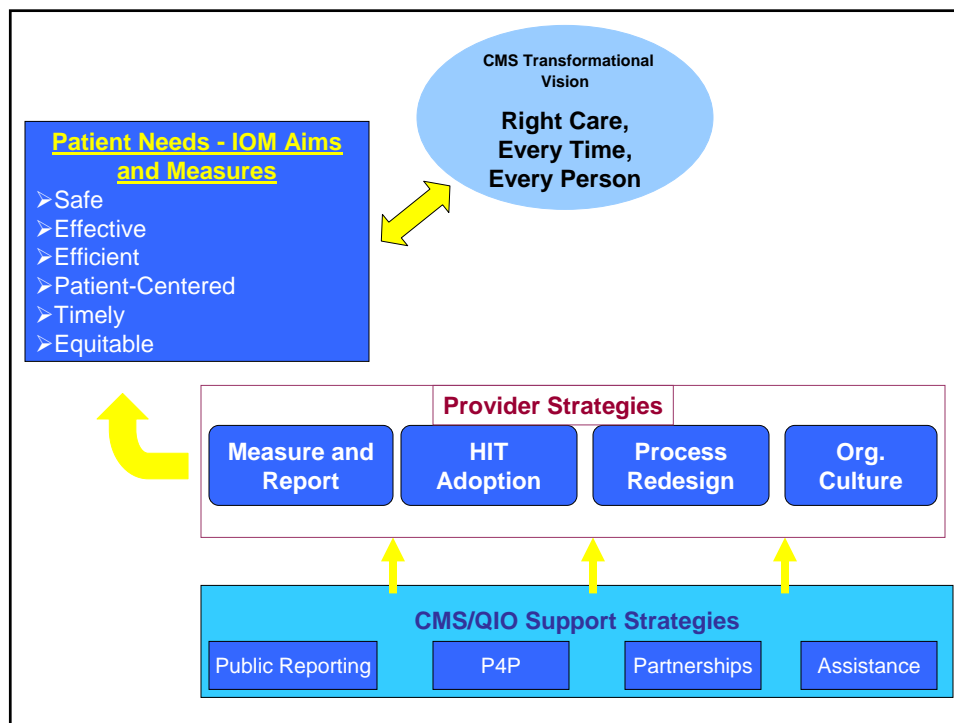
CMS Quality Council Vision

- The right care for every person every time, where the right care corresponds to the six IOM aims
 - Safe
 - Effective
 - Efficient
 - Timely
 - Patient-centered
 - Equitable

Transforming Hospital Care

Transformational Change Is Needed to Achieve This Vision

- Patient- rather than provider-focused care
- Four strategies
 - Measure and report performance
 - Use health information technology
 - Redesign care process
 - Transform organizational culture



What Can CMS Do?

- Support development and use of consistent set of performance measures
- Offer infrastructure for reporting and use of performance data
- Have appropriate payment policy and pay for performance
- Convene and support partnerships with stakeholders
- Offer assistance to providers who want to improve performance

Hospital Measures

- Current
 - APU set: pneumonia, AMI, HF
 - Appropriateness of care measure—ACM
 - Surgical Complications set
- Developmental – e.g.:
 - Patient experience
 - Effectiveness – mortality, etc
 - ED
 - Other safety
 - Efficiency – e.g., avoidable hospitalization

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Reporting

- Public reporting
- Move to measures generation from electronic data sources within hospitals
 - HCN study

Validation

2004 Q3 discharges

Measure	Description	CMS	HCN
AMI-1	Aspirin at arrival	95% (84)	81% (68)
AMI-2	Aspirin at discharge	98% (102)	86% (96)
AMI-3	ACEI for LVSD at discharge	70% (33)	54% (109)
AMI-5	Beta blocker at discharge	95% (98)	81% (101)
AMI-6	Beta blocker at arrival	89% (73)	81% (31)
HF-2	LVF assessment	93% (360)	13% (356)
HF-3	ACEI for LVSD at discharge	73% (100)	51% (247)
PN-1	Oxygenation assessment	100% (158)	16% (233)
PN-2	Pneumococcal vaccination	34% (104)	7% (154)
PN-5b	Initial antibiotic within 4 hours of arrival	70% (123)	65% (174)

Transforming Hospital Care

P4P

- Premier demonstration
- 646 demonstration
- Future p4p

Premier Hospital Quality Incentive Demonstration

- CMS demonstration with 278 hospitals in the Premier system
- Uses financial incentives to encourage high quality inpatient care
- Report quality measurement data on CMS website, include process and outcomes

Premier Clinical Conditions

Expands on 10-measure set in 501(b) - 34 clinical measures / 5 conditions

- Acute Myocardial Infarction
- Heart Failure
- Community Acquired Pneumonia
- Coronary Artery Bypass Graft (CABG)
- Hip and Knee Replacement

Premier Hospital Scoring

- Hospitals scored on quality measures related to each condition
- “Roll-up” individual measures into overall score for each condition
- Categorized into deciles by condition to determine top performers

Premier Recognition & Rewards

- Bonuses to top hospitals for each condition
 - Top decile given 2% bonus of their Medicare DRG payments for that condition
 - Second decile given a 1% bonus
- Top 50% of hospitals in each clinical area publicly acknowledged on CMS website

Premier Year 3 Quality Score Must Exceed Baseline

- Demonstration baseline
 - Clinical thresholds set at year one threshold scores
 - Lower 9th and 10th deciles
- If performance in year 3 does not exceed baseline, hospital will receive payment penalty
 - 1% lower DRG payment for conditions below 9th decile baseline level
 - 2% lower DRG payment for conditions below 10th decile baseline level
- We hope that NO hospitals will be penalized

646 Demonstration

- Goals
 - Improve patient safety
 - Enhance quality
 - Increase efficiency
- Eligible organizations
 - Physician groups
 - Integrated delivery systems
 - Regional health care consortia
- Payment
 - May involve modifications to the Medicare payment system

Assistance

- Help providers improve using the four strategies
 - Information, tools, networking
 - Direct assistance

Measure and Report Performance

- Measure performance
 - To identify opportunities for improvement and to track progress in doing so
 - Measures are based on clinical outcomes or evidence-based practices, systems and process implementation, patient experience, staff experience, cost, etc.
- Report results
 - To create comparative data for use in quality improvement, public reporting, pay-for-performance, and accreditation with appropriate provider consent
 - Reporting creates the motivation for achieving transformational levels of performance

Adopt HIT and Use It Effectively

- Health information technology supports performance measurement, population management, point-of-care decision-making, personal health management, and provider/patient interaction
- Adoption of HIT must be accompanied by use of its functionalities to transform performance
- Relevant technologies include full electronic health records or personal health record systems, or components such as e-prescribing, computerized physician order entry, medication bar-coding, and telehealth

Redesign Care Processes

- Redesign of process results in fundamental, rather than simply additive, changes to a process, and/or changes which are not specific to a clinical condition
- Examples include care and patient self-management, human factors design (redundancy, desired outcome as default, etc.), lean redesign, patient-controlled processes, flow-based design, etc.

Transform Organizational Culture

- A transformed culture is one in which
 - Senior leadership orients the organization to quality through goals that drive resource allocation and performance assessment, and engages staff on quality
 - Staff are empowered to identify quality issues, fix mistakes as they occur so as to prevent defects, and improve process
 - Management recruits effectively, promotes effective teamwork through role clarity and communication that plans for actions, makes information known during actions, and results in learning after actions