

HCAHPS AND VALUE BASED PURCHASING... WHAT'S THAT?

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OBJECTIVES

- Introduce HCAHPS and Value Based Purchasing (VBP)
 - Origins and impact on hospitals
- How CMS scores hospitals and collects data for HCAHPS and VBP
- How scores equate to payment for hospitals
- What hospitals can do to maximize reimbursement

Hospital Consumer Assessment of Healthcare Providers and Systems

HCAHPS - WHAT'S THAT?

HCAHPS

- ◉ CAHPS®
- ◉ Standardized survey
- ◉ Centers for Medicare & Medicaid Services (CMS) & Agency for Healthcare Research and Quality (AHRQ)
- ◉ Allows consumers to make an apples to apples comparison of hospitals nationwide
- ◉ Initially piloted in three states beginning in 2002
- ◉ By October 2006, the first survey was conducted.

HCAHPS CONTINUED

- Results publically reported on the web
 - www.hospitalcompare.hhs.gov



HOSPITAL COMPARE

HHS.gov

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Medicare.gov > Hospital Compare Home

About Hospital Compare | About the Data | Resources | Help

Hospital Compare

Find a Hospital

Location - ZIP Code or City, State (required)

Example: 21244 or Baltimore, MD

27892

Williamston, NC 27892, USA

Hospital Name - Full or Partial (optional)

Show Hospitals



Hospital Spotlight

Learn about the new organization of the Hospital Compare measures.

There are two new measures under the Use of Medical Imaging tab.

Medicare now has information about Emergency Department Wait Times.

Beginning October 2012, Hospital Compare will include new surgical outcomes measures submitted on a voluntary basis by hospitals participating in the American College of Surgeon's National Surgical Quality Improvement

DISCOVER THE SURVEY

- Hospitals are compared to hospitals in the same state and within the nation
- Questions are asked between 48 hours and 6 weeks post discharge
- Responses
 - Based on frequency
 - Always (always is better)
 - Usually
 - Sometimes
 - Never
 - Rated on a numerical scale 0-10 (10 is better)
 - Yes/No
 - Collected by one of four ways
 - Phone
 - Written survey
 - Combination of both
 - Voice recognition software

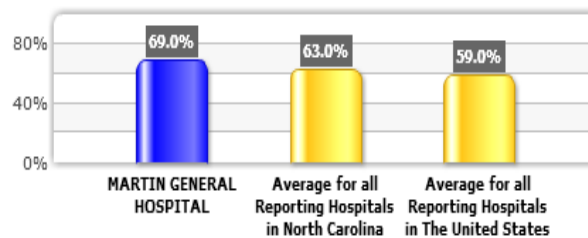
EXAMPLE GRAPH

Patients who reported that the area around their room was "Always" quiet at night.

[Hide Graph](#)

Patients who reported that the area around their room was "Always" quiet at night.

[Why is this important?](#)



MORE THAN THE SURVEY

The screenshot displays the 'Hospital Compare' website interface. At the top, there are navigation links: 'About Hospital Compare', 'About the Data', 'Resources', and 'Help', along with a 'PRINT ALL TABS' button. The main heading is 'Hospital Compare'. Below this is a 'Return to Previous Page' button and a row of category tabs: 'General Information', 'Patient Survey Results' (which is selected), 'Timely & Effective Care', 'Readmissions, Complications & Deaths', 'Use of Medical Imaging', 'Medicare Payment', and 'Number of Medicare Patients'. The 'Patient Survey Results' section is expanded, showing a description of HCAHPS and two bullet points: 'More information about patient survey results.' and 'Current data collection period.'

GOALS OF HCAHPS

- To compare hospitals on topics important to consumers
- Public reporting creates new incentives for hospitals to improve quality care
- Enhances accountability in health care by increasing transparency of the quality of care provided

EIGHT COMPOSITES

- ◉ Communication with **Doctors**
- ◉ Communication with **Nurses**
- ◉ **Responsiveness** of Hospital Staff
- ◉ **Pain Management**
- ◉ Communication about **Medicines**
- ◉ **Discharge** Information
- ◉ **Cleanliness & Quietness** of the Hospital Environment
- ◉ **Overall Hospital Experience** (Global)
- ◉ The survey also includes four screener questions and five demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes. The survey is 27 questions in length.
- ◉ Beginning 2013 - 5 new questions are to be added
 - "About You"
 - Emergency Room Admission
 - Mental or emotional health

WE ARE NOT ALONE

- ◉ HCAHPS
 - ◉ Home Health CAHPS
 - ◉ Medicare Health Plan CAHPS
 - ◉ Prescription Drug Plan CAHPS
 - ◉ Clinician & Group CAHPS
 - ◉ ESRD CAHPS
 - ◉ Nursing Home CAHPS
 - ◉ Dental CAHPS
- (Exclusions - pediatrics, psychiatric and specialty hospitals)



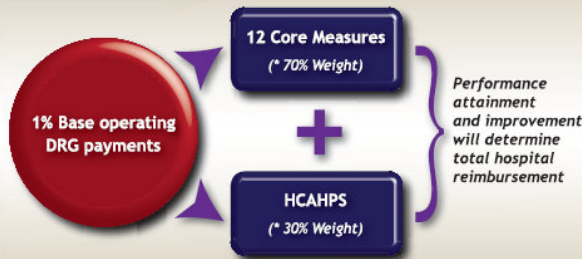
EVOLUTION OF HCAHPS

- ◉ Initially voluntary (2006)
- ◉ Then included in Pay-for-reporting for Inpatient Prospective Payment System (IPPS) hospitals (2007)
- ◉ Then included (2010) in pay-for-performance

PAY-FOR-PERFORMANCE; OK - SO WHAT'S THAT?

- ◉ Value Based Purchasing (VBP)
 - Authorized by the Affordable Care Act which added Section 1886(o) to the Social Security Act
 - Starting in October 2012, Medicare will reward hospitals that provide high quality care for their patients through the new VBP program.
 - A Pay-for-performance approach for over 3,500 hospitals
 - Two magic things!

Value-Based Purchasing FY 2013



Notes:
 • Implementation FY 2013 (October 2012)
 *Source: Value-Based Purchasing Program Final Rule 4.29.11

**APRIL 29,
2011 CMS
RELEASED
ITS FINAL
RULE (195
PAGES)**

A performance score will be calculated based on achievement and improvement ranges and a consistency score will be added.

30% WEIGHT

HCAHPS Composites and Baselines

Composite	Question Summary	Floor Minimum	Achievement Threshold 50th Percentile	Benchmark Mean of Top Decile
Nursing Communication	Nurse courtesy and respect	38.98	75.18	84.70
	Nurses listen carefully			
	Nurse explanations are clear			
Doctor Communication	Doctor courtesy and respect	51.51	79.42	88.95
	Doctors listen carefully			
	Doctor explanations are clear			
Responsiveness of Staff	Did you need help in getting to bathroom? ¹	30.25	61.82	77.69
	Staff helped with bathroom needs			
	Call button answered			
Pain Management	Did you need medicine for pain? ²	34.76	68.75	77.90
	Pain well controlled			
	Staff helped patient with pain			
Communication of Medications	Were you given any new meds? ³	29.27	59.28	70.42
	Staff explained medicine			
	Staff clearly described side effects			
Discharge Information	Did you go home, someone else's home, or to another facility? ²	50.47	81.93	89.09
	Staff discussed help needed after discharge			
	Written symptom/health info provided			
Cleanliness and Quietness of Hospital Environment	Area around room kept quiet at night	36.88	62.80	77.64
	Room and bathroom kept clean			
Overall Rating	Hospital Rating Question	29.32	66.02	82.52

Willingness to Recommend will continue to be reported but not included in VBP formula.

70% WEIGHT - CORE MEASURE HISTORY

- 1999
- May 2001 - TJC
- July 1, 2002 - reporting
- November 2003 - Specs. Manual



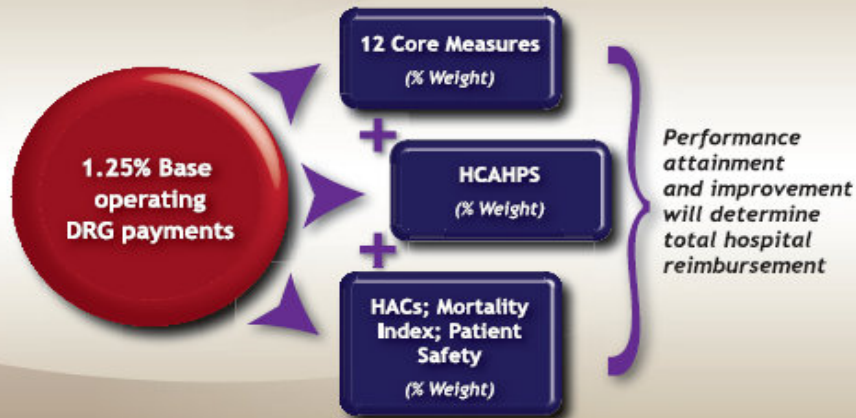
CORE MEASURES

- SCIP
- Substance Use
- Tobacco Treatment
- Venous Thromboembolism
- Pneumonia
- Immunization
- AMI
- Children's Asthma Care
- Heart Failure
- Hospital Based Inpatient Psychiatric Services
- Perinatal Care
- Stroke
- Hospital Outpatient Department

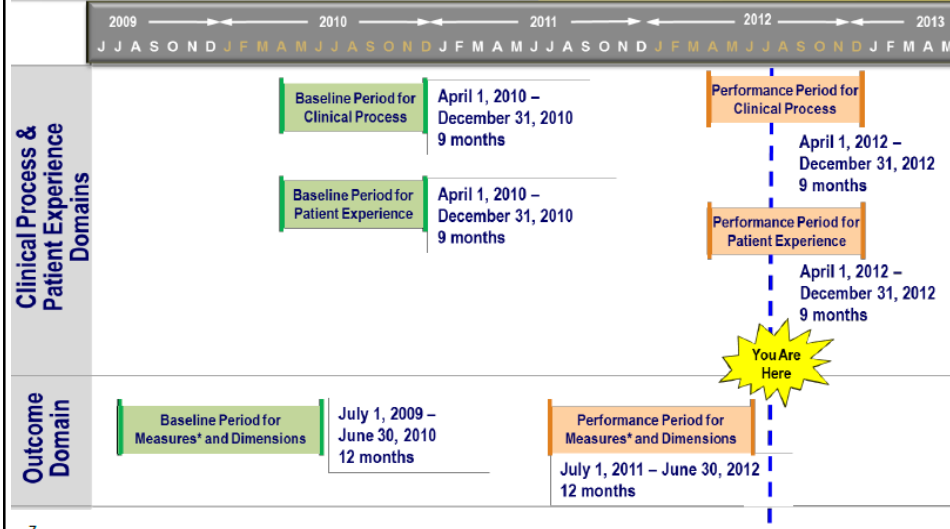


1.25% WITHHELD AND ADDITIONAL METRICS

Value-Based Purchasing FY 2014



FY 2014 Baseline and Performance Periods

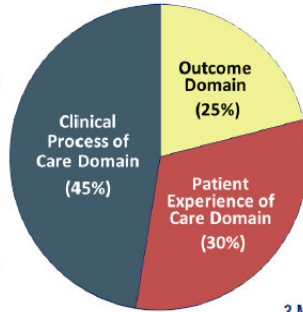


FY 2014 Finalized Domains and Measures/Dimensions

13 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6 a.m. Postoperative Serum Glucose
- ★ 10. SCIP-Inf-9 Postoperative Urinary Catheter Removal on Postoperative Day 1 or 2.
11. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
12. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
13. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis within 24 Hours

Domain Weights



8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness and Quietness
7. Discharge Information
8. Overall Hospital Rating

3 Mortality Measures★

1. MORT-30-AMI Acute Myocardial Infarction (AMI) 30-day mortality rate
2. MORT-30-HF Heart Failure (HF) 30-day mortality rate
3. MORT-30-PN Pneumonia (PN) 30-day mortality rate

★ Represents a new measure for the FY 2014 Program not in the FY 2013 Program.

HOW DO WE KEEP UP TO MAXIMIZE REIMBURSEMENT!?!



#1 CORE MEASURES

- Core Measures
 - Formed Interdisciplinary Core Measure Team
 - Weekly meetings
 - Physician order sets for each measure
 - Concurrent review of all core measure charts daily
 - Concurrent review sheets on the charts
 - Yellow is our core measure color! (charts are yellow, reminders are yellow)
 - Reporting concurrently, monthly and quarterly at all forums
 - Double nurse review prior to discharge
 - Focused immunization protocols

Heart Failure Review Sheet				
Data Elements	Staff Responsible	Yes	No	Nurse Initials/Comments
Smoking history documented on "Nurse Admission Assessment" under "Welfare Tab"	RN			
Adult "Smoking Cessation Education" documented if patient has smoked cigarettes within past 12 months	RN/URN			
ECHO ordered	Physician			
7 prior to HC's transfer, copy of the chart, Call Respiratory Department to determine availability of services ECHO	RN/URN/Unit Secretary			
ACE I or ARB by LVEF of < 40%	Physician			
ACE I or ARB prescribed at discharge	Physician			
HF discharge instruction sheet completed and copy given to the patient <input type="checkbox"/> Diet <input type="checkbox"/> Activity <input type="checkbox"/> Weight <input type="checkbox"/> Follow Up Appointment <input type="checkbox"/> Signs/Symptoms of Worsening Condition documented ALL MEDS RECONCILED Medication Reconciliation completed	Discharge Nurse			
Reviewed for accuracy/compliance by two nurses prior to discharge	RN			
		GRN	YMS	RUCPH
		GRN	YMS	RNLPH

Revised 1/08/09/10/11/12/13/14

Patient Label

#2 HCAHPS

- Patients' experience
 - HCAHPS team
 - Concurrent review of scores
 - Standardized staff meetings to report scores
 - Posting of scores in all units
 - Sept./Oct of 2011 Hospital wide HCAHPS training for all employees - MANDATORY
 - Did further hospital wide training in the summer/fall of 2012 - MANDATORY
 - Nursing Skills Labs
 - HCAHPS Bulletin Board
 - Incorporate HCAHPS expectations into job descriptions
 - Nurse leader validation rounds
 - Weekly reports to CNO
 - Administrative team rounding
 - Scripting, Key Words at Key Times
 - Straight A Leadership Book club for all senior leaders.
 - All new hires read this book.
 - Installation of white boards in all patient rooms, staff trained on use,
 - Discharge Folders/discharge teaching tools
 - Patient guide
 - Patient teaching/teach it back
 - Restructured hospital orientation.
 - 30 day standards review for all new hires
 - ED waiting room rounding3
 - Staff accountability





QUESTIONS?

Questions.....

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