

HCAHPS Improvement Action Webinar

Series: Session 1

HCAHPS Overview and Updates

August 28, 2012

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- Qualis Health is one of the nation's leading healthcare consulting organizations, partnering with our clients across the country to improve care for millions of Americans every day
- Serving as the Medicare Quality Improvement Organization (QIO) for Idaho and Washington
- QIOs: the largest federal network dedicated to improving health quality at the community level

HCAHPS Action Series Available

**HCAHPS
Overview &
Updates**
Aug 28, 2012

**Best Practices
to Improve
HCAHPS
Scores**
Sep 11, 2012

**Best Practice
Implementation
& Sustaining
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Sep 25, 2012

**Archived recordings emailed
to participants**



By the end of today's call you will...

- Receive a general overview of the HCAHPS Program including updates
- Understand how HCAHPS scores are linked to Value Based Purchasing (VBP)
- Realize the financial impact of HCAHPS scores
- Receive a brief review of the data & rankings for Washington & Idaho hospitals



Today's Agenda

HCAHPS Overview &
Updates

Hospital VBP

Data Review

Discussion

Save the Date



HCAHPS Overview

- Hospital Consumer Assessment of Healthcare Providers (HCAHPS)
- Standardized survey instrument with common metrics and national standards
- Publicly reported since 2008- consumers can compare locally, regionally, nationally
- Endorsed by CMS, AHRQ, NQF
- IPPS hospitals must collect and submit HCAHPS data in order to receive their full APU (voluntary for CAHs)
- Survey is not restricted to Medicare beneficiaries
- Must achieve at least 300 completed surveys over four calendar quarters
- Expanded survey now in use starting with July 2012 discharges



HCAHPS Expanded Survey

- There are two versions of the HCAHPS survey available:
 - HCAHPS **Standard 27 question survey** (in use since 2006)
 - HCAHPS **Expanded 32 question survey** (optional starting with July 2012 discharges) that includes five new survey items
 - Three “Care Transition” items
 - Two “About You” items
- Hospitals can use Expanded Survey at the start of each new quarter.



HCAHPS Updates

- **The Hospital Compare Website was updated 7/19/12.**
 - HCAHPS scores include October 2010 through September 2011 data collection.
- **October 3, 2012 is the data submission deadline for patients discharged in April, May, and June 2012 (2Q12).**
 - June 2012 Dry Run data must also be submitted by this date.
 - October 4 – 10, 2012 Review and Correct Period
- **October 1, 2012 Discharges and forward is what will comprise Hospital VBP TPS for FY 2013.**



HCAHPS and Hospital VBP

- The Total Performance Score for Hospital VBP in FY 2013 will have two components:
 - the Clinical Process of Care Domain, which accounts for 70% of the Total Performance Score; and
 - the Patient Experience of Care Domain, which accounts for 30% of the Total Performance Score.
 - The HCAHPS survey is the basis for the Patient Experience Domain.



HCAHPS and Hospital VBP

- Eight elements from HCAHPS are used in Hospital VBP
- These are termed “dimensions” in Hospital VBP
- The six HCAHPS composites:
 - Communication with Nurses
 - Communication with Doctors
 - Staff Responsiveness
 - Pain Management
 - Communication about Medicines
 - Discharge Information
- One new composite:
 - Which combines the hospital Cleanliness and Quietness survey items
- One Global item
 - Overall Rating of Hospital



Hospital VBP is a Reality

2007
White
Paper

2010
Enacted
in ACA

2011
Proposed
Rule

2011
Final
Rule



Financial Impact is Real

- **Adjusted Reimbursement**

- Base DRG payment for Medicare discharges on/after 10/1/2012 (a.k.a FY2013) will be adjusted based on hospital performance

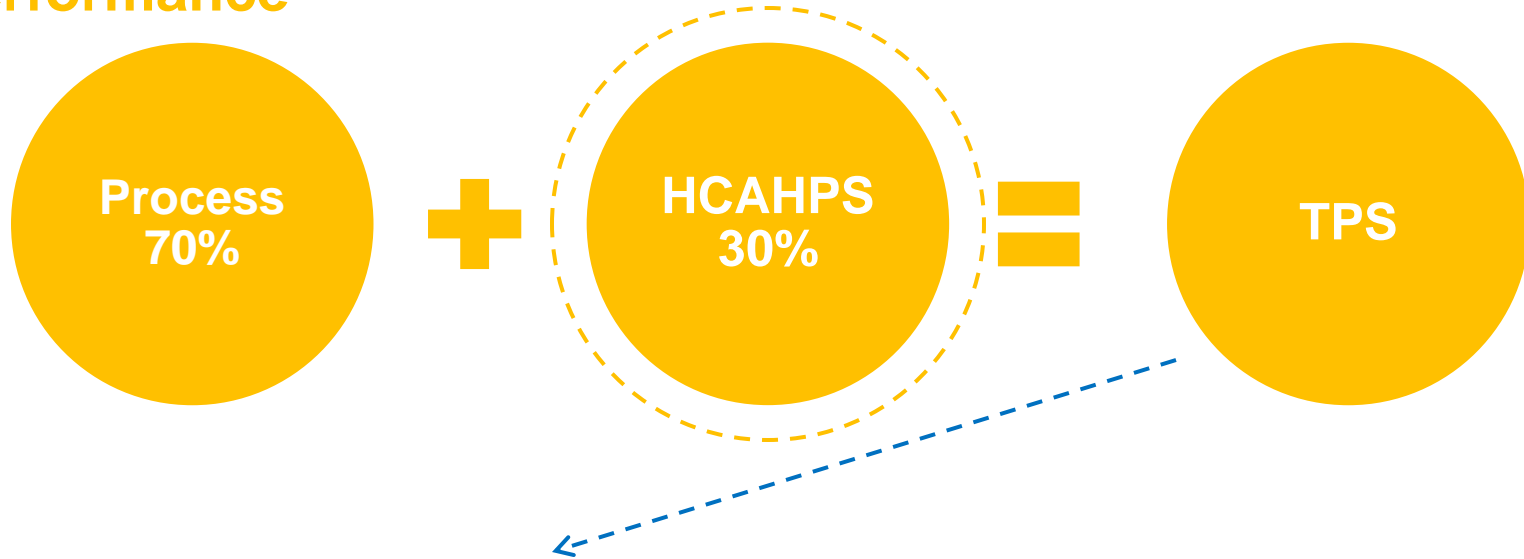
- **Budget Neutral**

- Base DRG payment “reduced” by 1% and redistributed as incentive payment adjustment based on hospital performance
- CMS uses hospitals’ performance and estimated 1% of what annual payments for FY2013 will be to determine a slope that distributes the 1% across all hospitals (no new dollars needed)
- Reduction changes to come
 - 1.25% in FY2014
 - 1.5 % in FY2015
 - 1.75% in Fy2016
 - 2.0% in FY2017



The Basic Math, FY2013

Performance



TPS is then converted into a “Value-based Multiplier” that is applied to every Medicare discharge on/after 10/1/2012

- Multiplier < 1 means you earn back less than the 1% VBP reduction
- Multiplier = 1 means you earn back the 1% VBP reduction (“break even”)
- Multiplier > 1 means you earn back more than the 1% VBP reduction



Converting TPS into Multiplier – CMS Example

Assume: TPS=40, slope=2.0, Base operating DRG reduction=1%

- **Percent of base operating DRG earned back:** $\text{TPS}/100 * \text{Slope} * 1\% = 40/100 * 2.0 * 1\% = 0.8\%$.
- **Estimated net change in base operating DRG amount:** “earned back percent” – “DRG reduction” = $0.8\% - 1.0\% = -0.2\%$.
- **Value-based multiplier** = $1 + \text{“estimated net change”} = 1 + (-0.2\%) = 1 + (-.002) = 0.998$.

According to CMS documentation, slope for FY2013 = 1.91229919



Another CMS Example

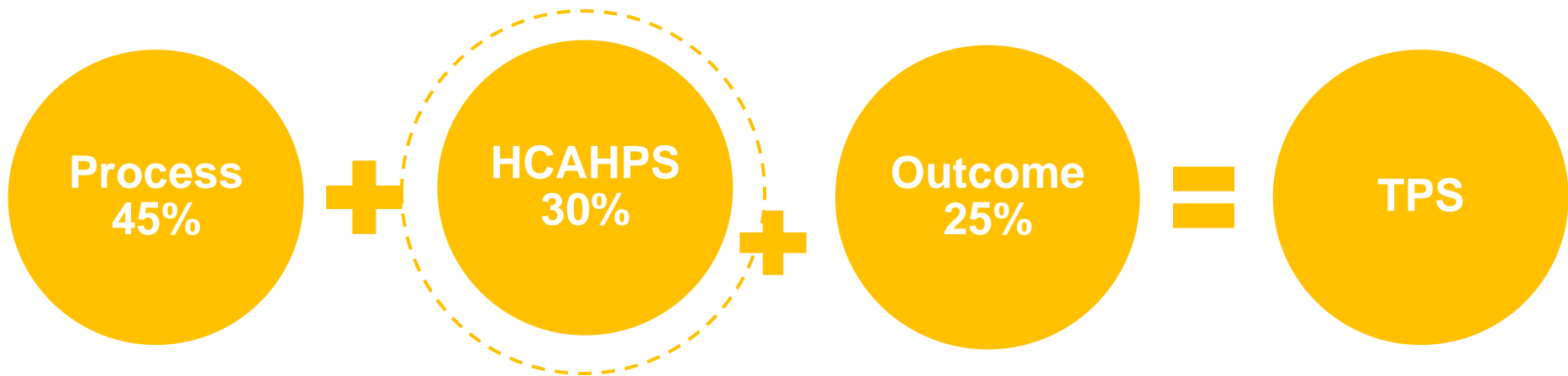
Assume: TPS=32.1727, slope=1.91229919, Base operating DRG reduction=1%

- **Percent of base operating DRG amount earned back:** $(32.1727/100) * (1.91229919) * (1\%) = 0.6152382815\%$.
- **Estimated Net change in base operating DRG amount:** $0.6152382815\% - 1\% = -0.3847617185\%$
- **Value-based Multiplier:** $-0.003847617185 + 1 = 0.9961523828$

Value-based Multiplier also called “VBP Adjustment Factor”



The Basic Math, FY2014



HCAHPS is here to stay

Although each year VBP domains and measures in each domain can change, CMS has repeatedly stated that Outcomes and Patient Experience are essential elements



Focus on TPS

- Your TPS drives the financial impact of VBP on your hospital
- Focus on measures you can improve
- Focus on hard-wiring where you perform well



How are We Doing?

- Based on 8/1 CMS Estimate Summary Reports

FY2013 TPS Estimates

WA	ID	US
50.83	52.62	53.77



Room for Improvement

- Remember, 100 is possible for each Domain

Domain	Un-weighted Scores	
	WA	ID
Process	56.92	56.53
HCAHPS	36.66	43.5

Greater room for improvement with HCAHPS



HCAHPS

- Wide range in performance in both states

Un-weighted HCAHPS Domain Score		
	WA	ID
Max	84	98
Min	12	26
Mean	36.66	43.5



HCAHPS

- Earning improvement & achievement points does not require perfection
 - At or above threshold (Achievement Points)
 - Above your own baseline score (Improvement Points)

HCAHPS Dimensions	Floor	Benchmark	Threshold	HCAHPS Dimensions	Floor	Benchmark	Threshold
Communication with Nurses (% "Always")	38.98	84.70	75.18	Communication About Medications (% "Always")	29.27	70.42	59.28
Communication with Doctors (% "Always")	51.51	88.95	79.42	Cleanliness and Quietness (% "Always")	36.88	77.64	62.80
Responsiveness of Hospital Staff (% "Always")	30.25	77.69	61.82	Discharge Information (% "Yes")	50.47	89.09	81.93
Pain Management (% "Always")	34.76	77.90	68.75	Overall Rating of Hospital (% "9 or 10")	29.32	82.52	66.02



Process Requires Near Perfection

Inpatient Hospital Process Measures	Benchmark	Threshold	Inpatient Hospital Process Measures	Benchmark	Threshold
AMI-7a Fibrinolytic agent received w/in 30' of hospital arrival	91.91	65.48	SCIP-2 Received Prophylactic Abx Consistent w/ Recommendations	100.00	97.66
AMI-8a PCI received w/in 90' of hospital arrival	100.00	91.86	SCIP-3 Prophylactic Abx Discontinued w/in 24hrs of Surgery EndTime or 48 hrs for Cardiac Surgery	99.68	95.07
PN-3b Blood culture Before 1st antibiotic received in hospital	100.00	96.43	SCIP-4 Controlled 6 AM Postoperative Serum Glucose - Cardiac Surgery	99.63	94.28
PN-6 Appropriate antibiotic selection for CAP in Immunocompetant patients	99.58	92.77	SCIP-VTE1 Recommended VTE Prophylaxix Ordered During the Admission	100.00	95.00
HF-1 Discharge instructions	100.00	90.77	SCIP-VTE2 Received VTE Prophylaxix w/in 24 hrs Prior to or After Surgery	99.85	93.07
SCIP-1 Prophylactic antibiotic received w/in 1 hr prior to surgical incision	99.98	97.35	SCIP-CARD2 Pre-Admission Beta-blocker and Perioperative Period Beta-blocker	100.00	93.99



Is HCAHPS More Challenging?

- Unlike Process
 - Dependent on patient perspective
 - Difficult to monitor concurrently
 - To improve may take culture change for many, not just not owners of specific process



POLL:

Which of the eight HCAHPS dimensions in Hospital VBP will be the hardest for your hospital to improve upon?

- Communication with Nurses**
- Communication with Doctors**
- Staff Responsiveness**
- Pain Management**
- Communication about Medicines**
- Discharge Information**
- Hospital Cleanliness and Quietness survey items**
- Overall Rating of Hospital**



Focus.....

- Focus on the patient, not the penalty
- Patient centered care –
 - “The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity and choice in all matters, without exception, related to one’s person, circumstances and relationships in healthcare...”
- Nothing about me, without me



Next Steps

- Ensure Senior Leadership is engaged and understand the link between HCAHPS scores & Hospital VBP
- Review your **Estimated** Percentage Payment Summary Report for the Fiscal Year (FY) 2013 Hospital Value-Based Purchasing (VBP) Program which is available on *My QualityNet*.
- Review your HCAHPS scores and discuss with process owners and front-line staff
- Work with Qualis Health consultants on specific opportunities for improvement
- Attend the next HCAHPS Webinar!




QUESTIONS?



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