End-Stage Renal Disease Quality Incentive Program (QIP)

Payment Year 2019
Calendar Year 2017

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Value-Based Purchasing

- Identify and Require Reporting
- Advance Transparency
- Continually Refine Payment Models
- Stimulate the Meaningful use of IT
- Refine Measurements and Incentives to achieve healthcare equity
ESRD QIP Legislative Drivers

• The ESRD QIP is described in Section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

• Program intent: Promote patient health by providing a financial incentive for renal dialysis facilities (i.e., those submitting 72x claim forms for reimbursement) to deliver high-quality patient care.

• Section 1881(h):
  – Authorizes payment reductions if a facility does not meet or exceed the minimum Total Performance Score (TPS) as set forth by CMS.
  – Allows payment reductions of up to 2%.
Overview of MIPPA Section 153©

- MIPPA requires the Secretary of the Department of Health and Human Services (HHS) to create an ESRD QIP that will:
  - Select measures
    - Anemia management, reflecting Food and Drug Administration (FDA) labeling
    - Dialysis adequacy
    - Patient satisfaction, as specified by the HHS Secretary
    - Iron management, bone mineral metabolism, and vascular access, as specified by the HHS Secretary
  - Establish performance standards that apply to individual measures
  - Specify the performance period for a given PY
  - Develop a methodology for assessing total performance of each facility based on performance standards for measures during a performance period
  - Apply an appropriate payment percentage reduction to facilities that do not meet or exceed established total performance scores
  - Publicly report results through websites and facility posting of performance score certificates (PSC)
Extraordinary Circumstances Exception

CMS finalized in 2014 (79 FR 66189) that, for PY 2017 and beyond, it would exempt a facility from all ESRD QIP requirements during the time that the facility was forced to close temporarily due to a natural disaster or other extraordinary circumstances beyond the facility’s control.
Scoring Facility Performance

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect data</td>
<td>Collect data from Medicare reimbursement claims, National Healthcare Safety Network (NHSN), CROWNWeb, and vendors who report data for the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)</td>
</tr>
<tr>
<td>Release estimated scores</td>
<td>Release estimated scores and payment reduction in a Preview Performance Score Report (PSR) to facilities</td>
</tr>
<tr>
<td>Conduct 30-day Preview Period</td>
<td>Conduct 30-day Preview Period for facility review of calculations and inquiries</td>
</tr>
<tr>
<td>Adjust scores where required</td>
<td>Adjust scores where required; submit payment reductions to Center for Medicare (CM)</td>
</tr>
<tr>
<td>Release final results</td>
<td>Release final results in a Final PSR for facilities and PSCs for patients (posted in English and Spanish in a prominent patient area in each facility)</td>
</tr>
</tbody>
</table>
Clinical Measures Domain - 90% of TPS

- Safety Subdomain - 20%
- Patient and Family Engagement/Care Coordination Subdomain - 30%
- Clinical Care Subdomain - 50%
Safety Subdomain- NHSN Bloodstream Infections

• Numerator: The number of new positive blood cultures per 100 hemodialysis patient-months
  – Includes facility drawn and hospital drawn within 1 calendar day after hospital admission

• Denominator: Number of in-center hemodialysis patients treated in the outpatient hemodialysis unit on the first 2 working days of the month

• Exclusions: Home only, CCN cert after 1/1/17, less than 11 in-center ESRD patients

• Data Source: NHSN
Patient and Family Engagement/Care Coordination Subdomain- ICH CAHPS

- **Overall Rating**: A summation of responses to the rating items grouped into 3 levels.

- **Exclusions**: CCN cert. after 1/1/17, treating fewer than 30 eligible in-center adult patients, Home only facilities.

- **Data Source**: ICH CAPHs
Patient and Family Engagement/Care Coordination Subdomain- Standardized Readmission Ratio

- **Numerator:** Number of unplanned 30-day readmissions

- **Denominator:** The expected number of unplanned 30-day hospital readmissions in each facility. (derived from a model that accounts for patient characteristics, discharge facility, and the acute care or critical access hospital)

- **Data Source:** Medicare Claims
Patient and Family Engagement/Care Coordination Subdomain - Standardized Readmission Ratio

• Exclusions
  – Planned readmissions
  – Occurred within the first three days of discharge
  – End in death or death within 30 days
  – Are against medical advice
  – Primary diagnosis of certain cancers, mental health conditions or rehabilitations
  – Occur after the patient’s 12th admission in the calendar year
  – Facilities with fewer than 11 index hospital discharges in the calendar year
Clinical Care Subdomain-Standardized Transfusion Ratio

• Numerator: Number of observed red blood cell transfusion (including blood products) events among patients dialyzing at the facility

• Denominator: Number of eligible red blood cell transfusions events that would be expected among patients

• Data Sources: Medicare Claims, CROWNWeb, REMIS, 2728
Clinical Care Subdomain - Standardized Transfusion Ratio

• Exclusions:
  – Pediatrics
  – Patients on dialysis less than 90 days
  – Patients at the facility for less than 60 days
  – Transplant patients
  – Patients who have not been treated by any facility for longer than a year
  – Patients with a Medicare claim for various conditions including aplastic anemia, coagulation disorders, various cancers, sickle cell anemia
Clinical Care Subdomain
Kt/V Dialysis Adequacy
Comprehensive Measure

- Numerator: Number of patient months in the denominator for patients whose delivered dose of dialysis met specified ranges:
  - Hemodialysis (all ages): $\geq \text{spKt/V} 1.2$ (last measure of the month)
  - PD Pediatric: $\geq \text{spKt/V} 1.8$ (dialytic + residual, measured within the last 6 months)
  - PD Adults: $\geq \text{spKt/V} 1.7$ (dialytic + residual, measured within the last 4 months)
Clinical Care Subdomain
Kt/V Dialysis Adequacy
Comprehensive Measure

• Denominator:
  – All adult hemodialysis patients who receive dialysis three times a week (no more or less)
  – All pediatric in-center patients who receive dialysis three times a week (no less) and did not indicate frequent dialysis
  – All patients (both HD and PD) who are assigned to the facility for the entire month, and have had ESRD for 90 days or more
Clinical Care Subdomain
Kt/V Dialysis Adequacy
Comprehensive Measure

• Exceptions
  – Patients on ESRD for less than 90 days
  – Patients who were not assigned to the facility for the entire month

• Data Sources: CROWNWeb, Medicare Claims
Clinical Care Subdomain
Vascular Access Type Measure
Topic- AVF

• Numerator: Patient-months in the denominator where an autogenous AV fistula with two needles was the means of access

• Denominator: Number of Medicare patient-months at the facility during the measurement period

• Exceptions:
  – Pediatrics
  – Multiple access claims

• Measure: CROWNWeb, Medicare Claims
Clinical Care Subdomain
Vascular Access Type Measure

Topic- Catheter > 90 Days

- Numerator: Patient-months in the denominator for patients continuously using a catheter for 90 days or longer prior to the last treatment during the month

- Denominator: Number of Medicare patient-months at the facility during the measurement period

- Exceptions:
  - Pediatrics
  - Multiple access claims

- Measure: CROWNWeb, Medicare Claims
Clinical Care Subdomain
Hypercalcemia Clinical Measure

- Numerator: Patient-months in the denominator with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL
- Denominator: Number of patient-months at the facility during the measurement period
- Exceptions:
  - Pediatrics
  - Patients at the facility for less than 30 days
  - Patients on ESRD treatment for fewer than 90 days
  - Patients that have died or been discharged prior to the end of the reporting month
- Measure: CROWNWeb, Medicare Claims
Reporting Measures

- 10% of TPS
Reporting Measures
Mineral Metabolism Reporting Measure

• Number of months for which the facility reports serum or plasma phosphorous values for each Medicare patient

• Exclusions
  – Facilities certified on or after July 1, 2017
  – In-center patients treating fewer than 7 times during the claim month
  – Facilities treating fewer than 11 patients

• Data Sources: CROWNWeb, Medicare Claims
Reporting Measures
Anemia Management Reporting Measure

• Number of months for which the facility reports ESA dosage (as applicable) and hemoglobin/hematocrit for each Medicare patient at least once per month

• Exclusions
  – Facilities certified on or after July 1, 2017
  – In-center patients treating fewer than 7 times during the claim month
  – Facilities treating fewer than 11 patients

• Data Sources: CROWNWeb, Medicare Claims
Reporting Measures
Pain Assessment and Follow-up Measure

- Facility reports in CROWNWeb one of six conditions for each qualifying patient once before August 1, 2017 and February 1, 2018

- Exclusions
  - Pediatrics
  - Facilities certified on or after July 1, 2017
  - Patients treated at the facility for fewer than 90 days
  - Facilities treating fewer than 11 patients

- Data Sources: CROWNWeb
Facility reports in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2018

Exclusions
- Pediatrics who are younger than 12 years
- Facilities certified on or after July 1, 2017
- Patients treated at the facility for fewer than 90 days
- Facilities treating fewer than 11 patients

Data Sources: CROWNWeb
Reporting Measures
Clinical Depression Screening and Follow-up Measure

• Facility reports in CROWNWeb one of six conditions for each qualifying patient once before February 1, 2018

• Exclusions
  – Pediatrics who are younger than 12 years
  – Facilities certified on or after July 1, 2017
  – Patients treated at the facility for fewer than 90 days
  – Facilities treating fewer than 11 patients

• Data Sources: CROWNWeb
Reporting Measures
NHSN Healthcare Personnel Influenza Vaccination Reporting Measure

• Facility submits Healthcare Personnel Influenza Vaccination Summary Report to NHSN by May 15, 2017

• Exclusions
  – Facilities certified on or after January 1, 2017

• Data Sources: NHSN
Benchmarks and Total Performance Score

• Facilities will receive a TPS as long as they receive a score for at least one clinical measure and one reporting measure.

• The minimum Total Performance Score (mTPS) is established at 60 out of 100.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Achievement Threshold</th>
<th>Benchmark</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Access Type</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%Fistula</td>
<td>53.66%</td>
<td>79.62%</td>
<td>65.93%</td>
</tr>
<tr>
<td>%Catheter</td>
<td>17.20%</td>
<td>2.95%</td>
<td>9.19%</td>
</tr>
<tr>
<td>KT/V Composite</td>
<td>86.99%</td>
<td>97.74%</td>
<td>93.08%</td>
</tr>
<tr>
<td>Hypercalcemia</td>
<td>4.24%</td>
<td>0.32%</td>
<td>1.85%</td>
</tr>
<tr>
<td>Standardized Transfusion Ratio</td>
<td>1.488</td>
<td>0.421</td>
<td>0.901</td>
</tr>
<tr>
<td>Standardized Readmission Ratio</td>
<td>1.289</td>
<td>0.624</td>
<td>0.998</td>
</tr>
<tr>
<td>NHSN Bloodstream Infection</td>
<td>1.738</td>
<td>0</td>
<td>0.797</td>
</tr>
<tr>
<td>ICH CAHPS: Nephrologists’ Communication and Caring</td>
<td>56.41%</td>
<td>77.06%</td>
<td>65.89%</td>
</tr>
<tr>
<td>ICH CAHPS: Quality of Dialysis Center Care and Operations</td>
<td>52.88%</td>
<td>71.21%</td>
<td>60.75%</td>
</tr>
<tr>
<td>ICH CAHPS: Providing Information to Patients</td>
<td>72.09%</td>
<td>85.55%</td>
<td>78.59%</td>
</tr>
<tr>
<td>ICH CAHPS: Overall Rating of Nephrologists</td>
<td>49.33%</td>
<td>76.57%</td>
<td>62.22%</td>
</tr>
<tr>
<td>ICH CAHPS: Overall Rating of Dialysis Center Staff</td>
<td>48.84%</td>
<td>77.42%</td>
<td>62.26%</td>
</tr>
<tr>
<td>ICH CAHPS: Overall Rating of the Dialysis Facility</td>
<td>51.18%</td>
<td>80.58%</td>
<td>65.13%</td>
</tr>
</tbody>
</table>
Payment Scale Reduction

Facility Total Performance Score Payment

- Reduction mTPS (60) or greater 0%
- 1 – 10 points below mTPS 0.5%
- 11 – 20 points below mTPS 1.0%
- 21 – 30 points below mTPS 1.5%
- 31 or more points below mTPS 2.0%
Questions/Comments

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