CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Kansas Healthcare Collaborative Summit on Quality 2019

Jade Perdue, Director

Division of Quality Improvement Innovations Model Testing

Centers for Medicare and Medicaid Services

May 10, 2019

Wichita, Kansas

Thank You…

- For the hard work you are doing to improve and transform our nation's healthcare system
- For your steadfast commitment to improving patient safety
- For your leadership, partnership, participation and results to reduce patient harm & readmissions

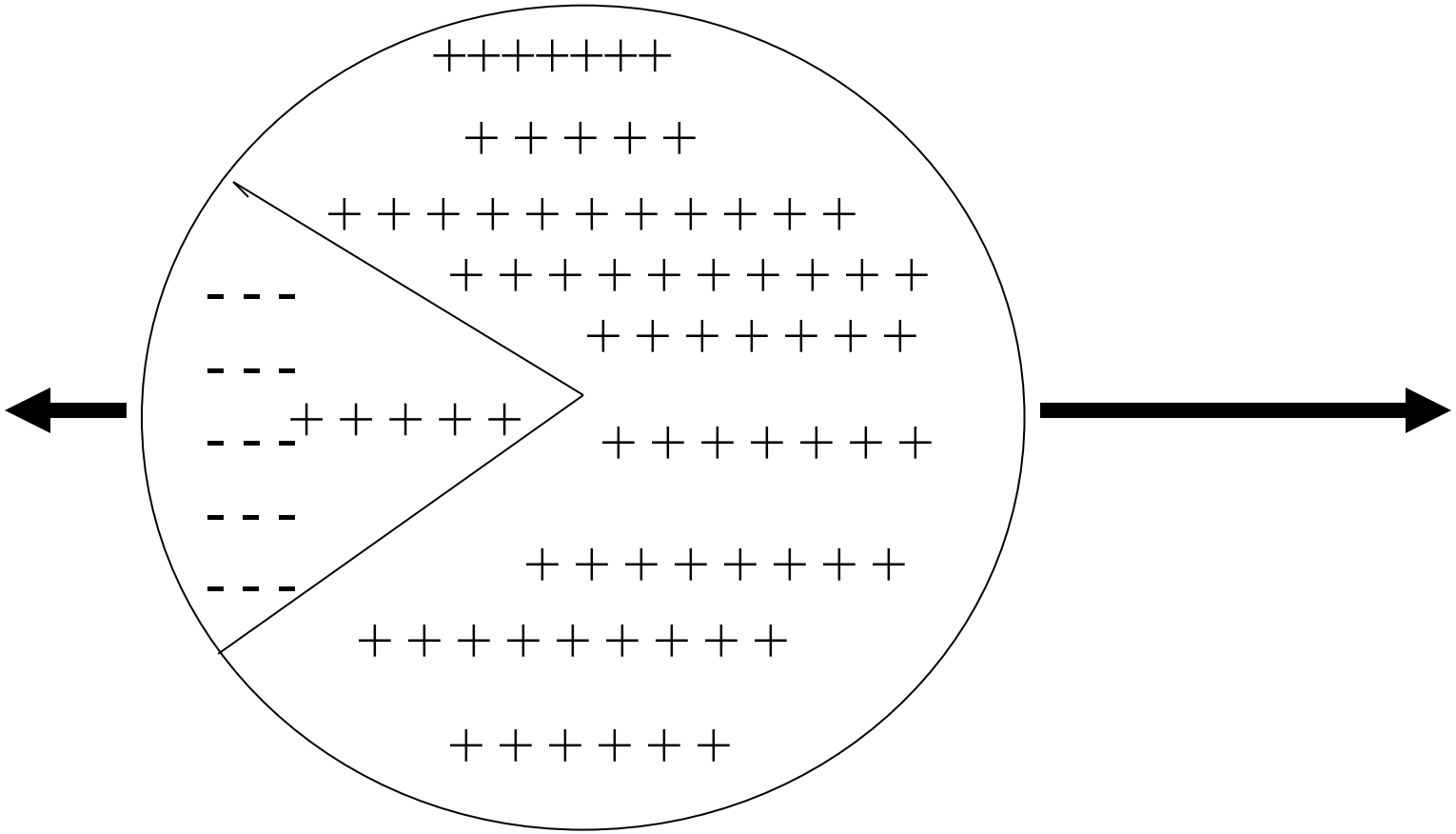
Our Time Together Today

- HHS/CMS Strategic Vision
- Ensuring Safety and Quality
- Hospital Improvement Innovation Network– Getting to the 20/12 X 2019 goal or BEYOND!
- Patient Safety- Where we are going

How to Be

- Interactive
- Focused on what's working WELL
- Telling the good story for replication purposes
- Listening for insight and action
- Celebrating one another

My Request…



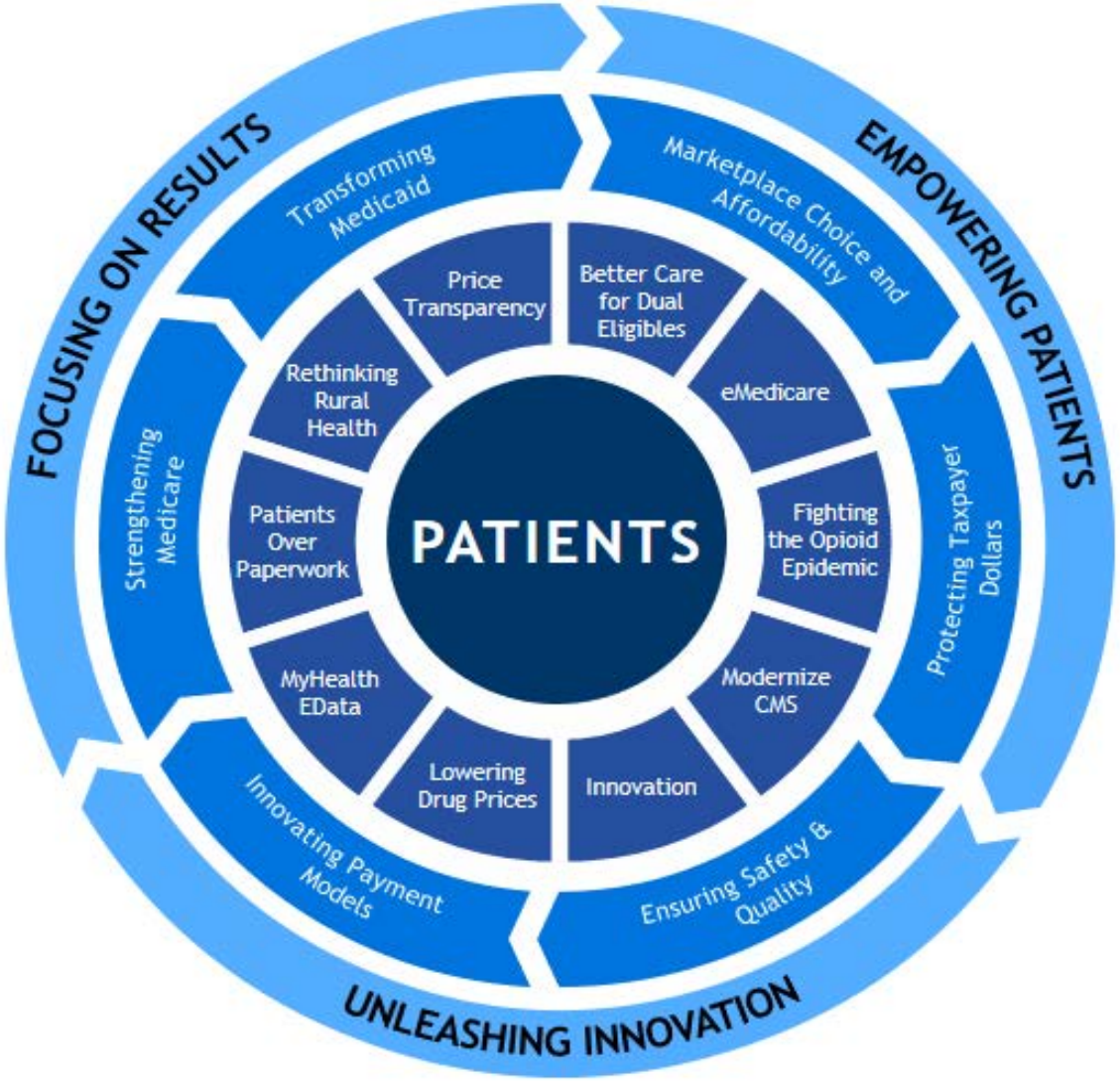
More Positives Than Negatives

Centers for Medicare and Medicaid Strategic Priorities

Secretary of Health and Human Services, Alex Azar
Key Priorities

1. Opioids
2. Health Insurance Affordability & Availability
3. Drug Pricing
4. **Improved Health Outcomes & Value**

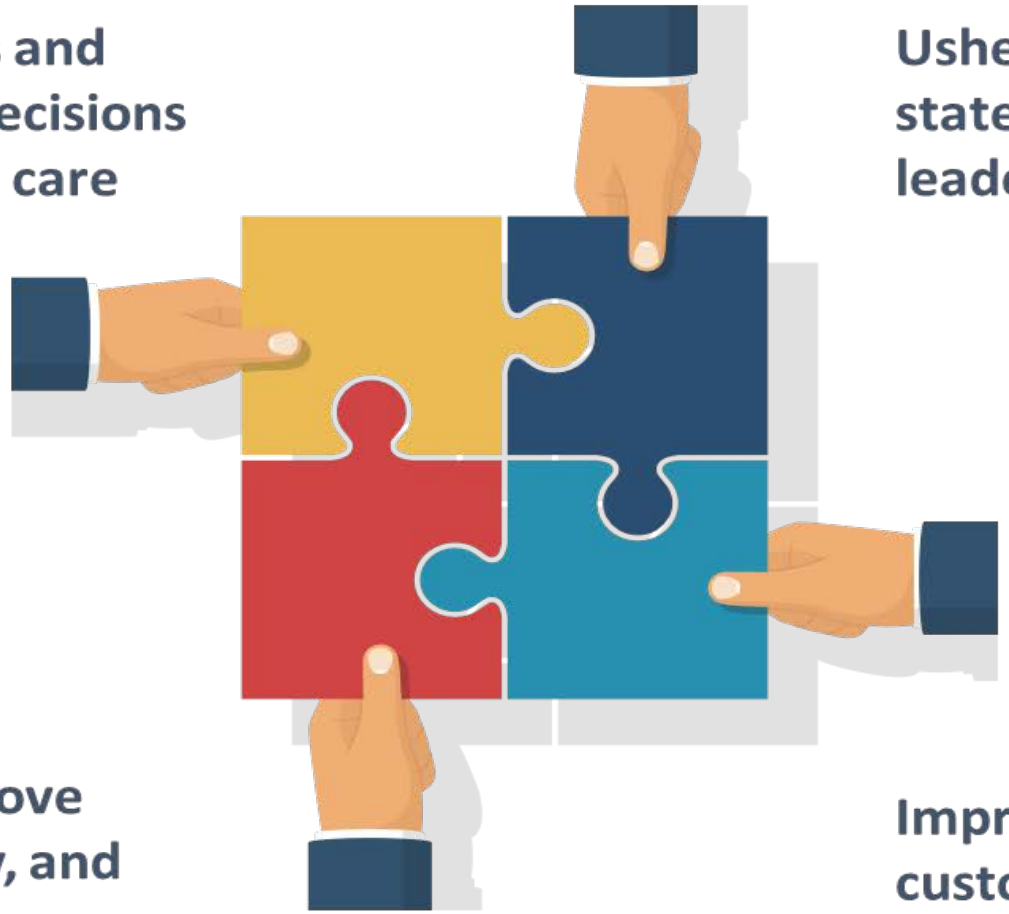
CMS Strategic Priorities for 2019



CMS Goals

Empower patients and doctors to make decisions about their health care

Usher in a new era of state flexibility and local leadership



Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Warming Up….

How do these priorities and goals resonate with your healthcare experience or the work that you do?

Clear Direction

"We are moving away from fee-for-service."

"When there are too many measures, or measures are too complex, then we actually create roadblocks to quality care. This is why we announced the Meaningful Measures initiative."

-- Administrator Seema Verma
CMS Quality Conference, 2018

Weaknesses of Fee for Service Payment

Excessive use of low-value services

Insufficient incentives to improve quality of care

Poor coordination of care

CMS Levers to Improve Quality and Lower Cost

1. **Paying for value** in FFS and through Innovation Center models
2. **Quality Improvement networks** to spread best practices and help health systems transform how they deliver care;
3. **Health and safety regulations**, which hold providers accountable for outcomes;
4. **Enforcement of regulations** with a focus on consistency and standardization; and
5. **Quality Measurement** as a foundational component of an outcomes-focused value driven system.

Meaningful Measures

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

Address high-impact measure areas that safeguard public health

Are patient-centered and meaningful to patients, clinicians and providers

Are outcome-based where possible

Fulfill requirements in programs' statutes

Minimize level of burden for providers

Identify significant opportunity for improvement

Address measure needs for population based payment through alternative payment models

Align across programs and/or with other payers

Meaningful Measures: Progress to Date

- Removed 79 measures overall (nearly 20%); in MIPS we removed 26 measures immediately while adding new outcome and appropriate use measures
- CMS Measure Inventory:
  - 180 outcome
  - 43 patient-reported outcome
  - 96 able to be submitted through electronic means
- Measure alignment internally
  - MA, Medicaid, Exchanges
  - Across Post Acute settings
- Measure alignment with states, MA plans and commercial payers
  - Core Quality Measures Collaborative

Transparency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data

Putting Data in the Hands of Patients

What this means for CMS

- Blue Button 2.0
  - Developer-friendly, standards-based API
  - Developer preview program – open now (over 1200 developers so far)
  - Data security is of the utmost importance
- Overhaul of Meaningful Use and Advancing Care Information in QPP
  - Program alignment
  - Strong emphasis on interoperability and privacy/security
  - Flexibility
  - Lower burden
- 2015 edition Certified EHR Technology
- Prevention of Information Blocking
- Working with Commercial Payers in MA and Exchanges
- Star Ratings

Comparison of Current and Future Promoting Interoperability Requirements

Current Stage 3 Requirements	Future Requirements
• Report 11 measures from 6 objectives and meet required measure thresholds • Scoring is pass/fail • All-or-nothing; report every single measure and meet all requirements or be subject to a payment adjustment	• Report 6 measures from 4 objectives (Query of PDMP and Verify Opioid Treatment Agreement are optional in 2019) • Scoring based on performance (Public Health and Clinical Data Exchange measures are reported using yes/no responses) • Score of 50 points or more would satisfy the reporting requirement. • Flexibility; allows hospitals to focus on the measures that are more appropriate for the ways in which they deliver care to patients and types of services that they provide.

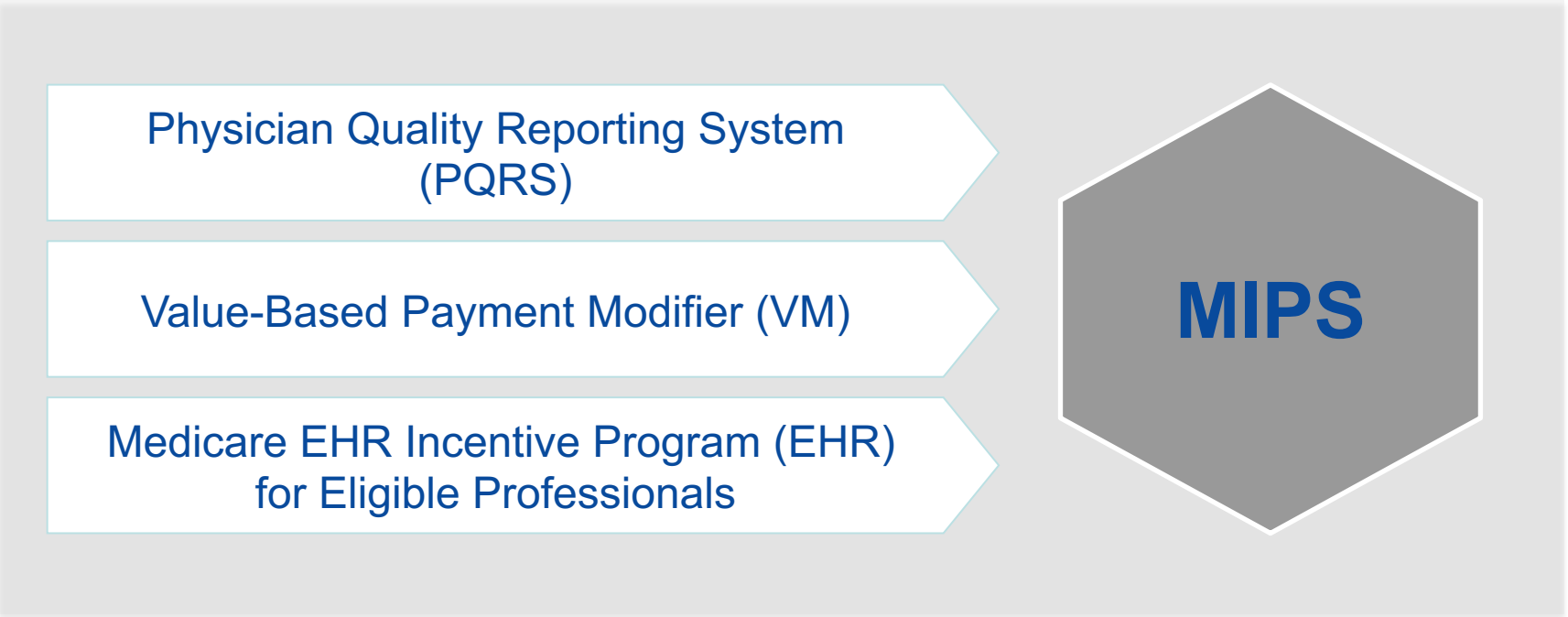
Quality Payment Program

Overview

Merit-based Incentive Payment System (MIPS)

Quick Overview

Combined legacy programs into a single, improved program.



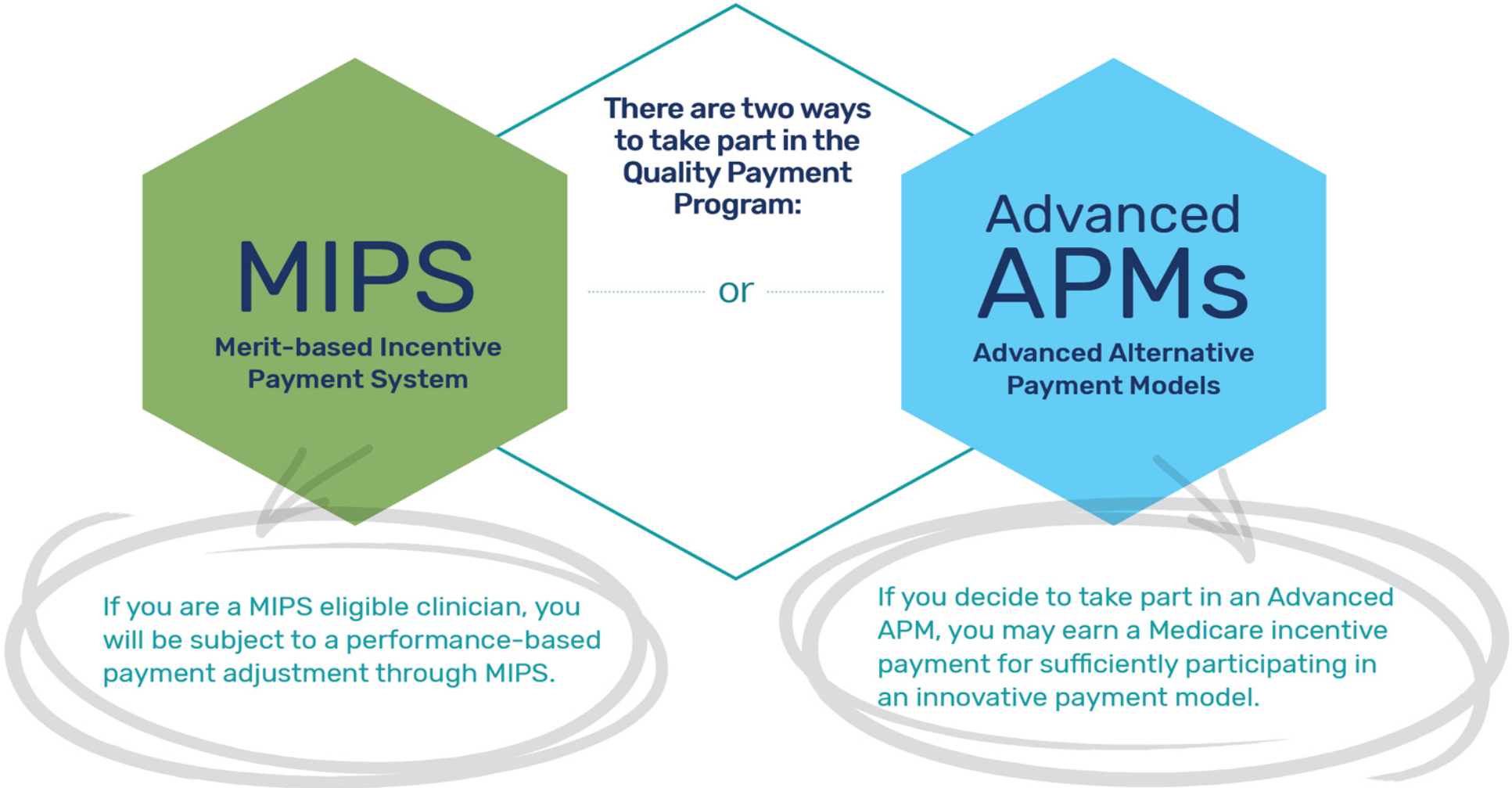
Quality Payment Program

Considerations

- Improve beneficiary outcomes
- Reduce burden on clinicians
- Increase adoption of Advanced APMs
- Maximize participation
- Improve data and information sharing
- Ensure operational excellence in program implementation
- Deliver IT systems capabilities that meet the needs of users

Quick Tip: For additional information on the Quality Payment Program, please visit qpp.cms.gov

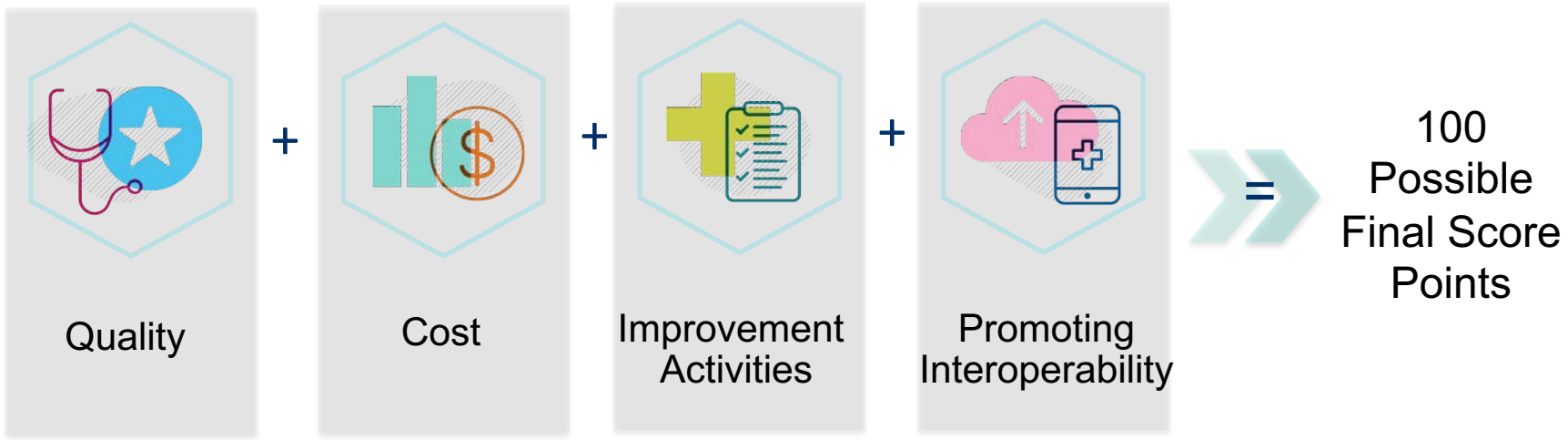
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to implement an incentive program, referred to as the Quality Payment Program:



Merit-based Incentive Payment System (MIPS)

Quick Overview

MIPS Performance Categories



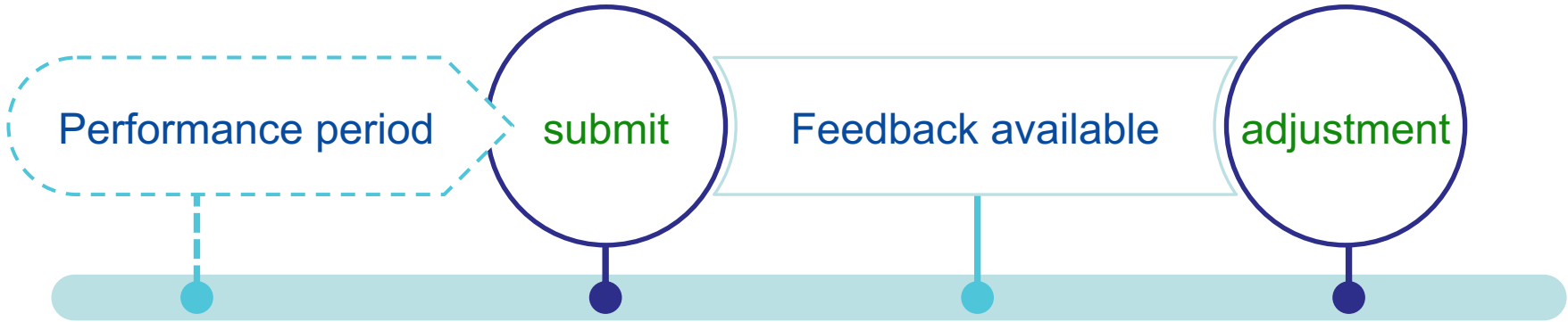
Comprised of **four** performance categories

So what? *The points from each performance category are added together to give you a MIPS Final Score*

The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**

Merit-based Incentive Payment System (MIPS)

Timeline



2019
Performance Year

- Performance period opens January 1, 2019
- Closes December 31, 2019
- Clinicians care for patients and record data during the year

March 31, 2020
Data Submission

- Deadline for submitting data is March 31, 2020
- Clinicians are encouraged to submit data early

Feedback

- CMS provides performance feedback after the data is submitted
- Clinicians will receive feedback before the start of the payment year

January 1, 2021
Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2021

National Coverage of Technical Assistance for Small, Underserved and Rural Clinicians

11 uniquely experienced organizations to provide national coverage to MIPS clinicians in small and rural practices.

For general information or for help getting connected, contact QPPSURS@IMPAQINT.COM

Coverage by Organization

- Healthcentric Advisors
- IPRO
- Quality Insights (WVMI)
- Alliant GMCF
- QSource
- Altarum
- TMF
- HSAG
- Telligen
- NRHI
- Qualis

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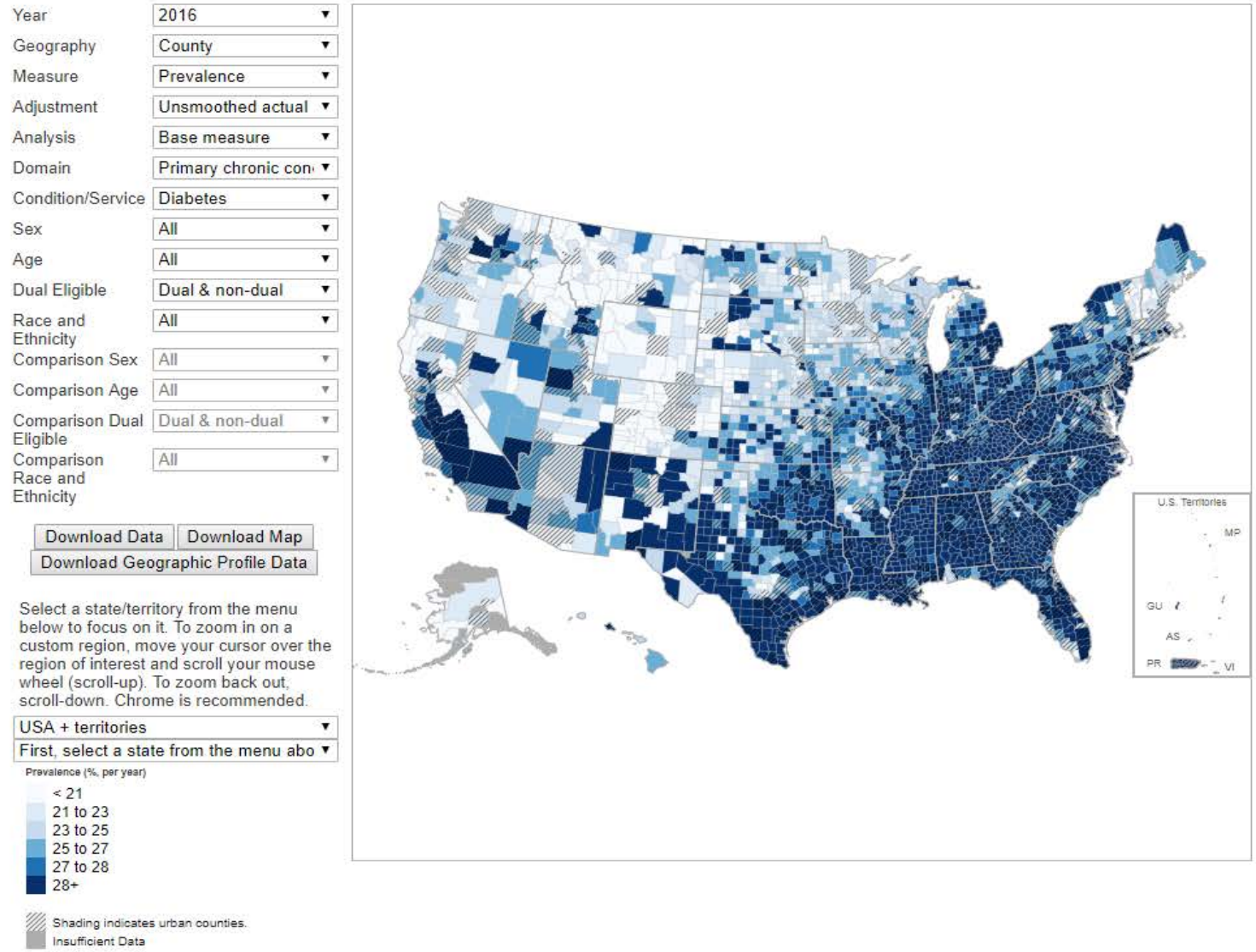
Health Equity

CMS Health Equity Framework

Improving Data Collection, Analysis and Reporting of Health Disparities

- Mapping Medicare Disparities Tool
  - *Includes Hospital Quality Data*
- Partnered with NQF's Disparities Steering Committee
- Social Risk Factors/Social Determinants of Health



Embedding A Focus on Health Equity in CMS Programs

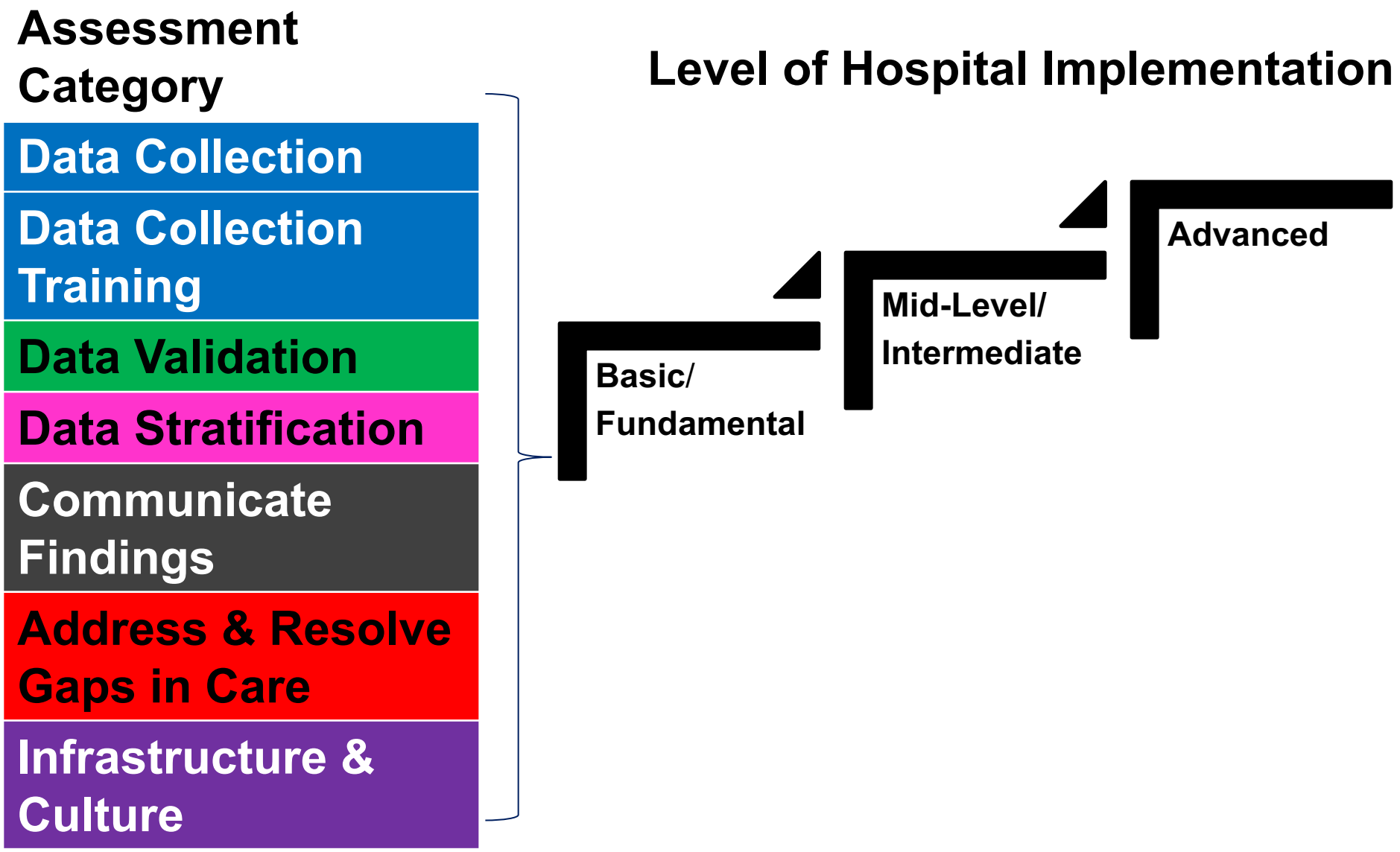
- CMS Equity Plan for Improving Quality in Medicare
- Accountable Health Communities Model
- Transforming Clinical Practice Initiative
- Quality Payment Program – Merit-Based Incentive Program
- Everyone with Diabetes Counts
- End Stage Renal Disease Quality Improvement Program
- **Hospital Innovation Initiative Network**

Health Equity Organizational Assessment (HEOA)

7 Assessment Categories

Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Address & Resolve Gaps in Care	Hospital implements interventions to resolve difference in patient outcomes.
Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Health Equity Organizational Assessment (HEOA)



HIIN Health Equity Efforts: Disparities Impact Statements (DIS)

HIINs have each chosen **4** acute care **harm areas** to impact health disparities.

HIINs are using a quality improvement framework tool called a **Disparities Impact Statement** (DIS) to:

- Use data to identify vulnerable populations and differences between populations (outcomes, prevalence, etc.)
- Engage stakeholders/communities
- Set SMART aims and develop action plans, with targeted interventions, that close identified disparate gaps between populations
- Monitoring and PDSA interventions and outcomes

HIIN Examples:
Disparities Impact Statements with Opioids

- Developed interactive hospital performance dashboards that allows hospitals to stratify opioid related data (i.e. opioid daily average dose) by race, ethnicity, age, payor and other socioeconomic factors.

- Identifying areas with lack of access to Medication Assisted Therapy (MAT) providers (MAT deserts) and increasing provider training and use of MAT with ECHO Model hubs.

- Utilizing the Area of Deprivation Index (ADI) to identify and then target interventions at hospitals where the majority of the opioid incidences are occurring (i.e. 80% of opioid events happen at 20 hospital in the state).

- Examining racial-ethnic disparities with opioid prescriptions given in ED vs. opioid prescriptions given at discharge for both non-definitive conditions (i.e. tooth ache, abdominal pain, back pain) and definitive conditions (i.e. long bone fractures, kidney stones).

Rural Health

Improving Quality in Rural America

In 2018, CMS released the agency's first Rural Health Strategy intended to provide a proactive, but preliminary step in our efforts ensure that individuals who live in rural America have access to high quality, affordable healthcare.

We continue to expand upon our efforts within rural America to promote policies across our programs to better serve individuals in rural areas and avoid unintended consequences of policy and program implementation.

Rural Healthcare and HIINs: By the Numbers

HIIN	Total No. VSRHs & CAHs
Carolinas	3
Dignity Health	2
HealthInsight	36
HRET	574
HSAG	34
Iowa	125
Michigan	114
Minnesota	72
New Jersey	0
New York	52
Ohio	17
Ohio Children's	51
Premier	57
Pennsylvania	12
Vizient	20
Washington	55

- 1224 Very Small Rural Hospitals (VSRHs) & Critical Access Hospitals (CAHs)
- Represents approximately 30% of the HIIN supported hospitals

Source: Program Evaluation Contractor (November 2018)

Zero Harms in VSRH/CAH

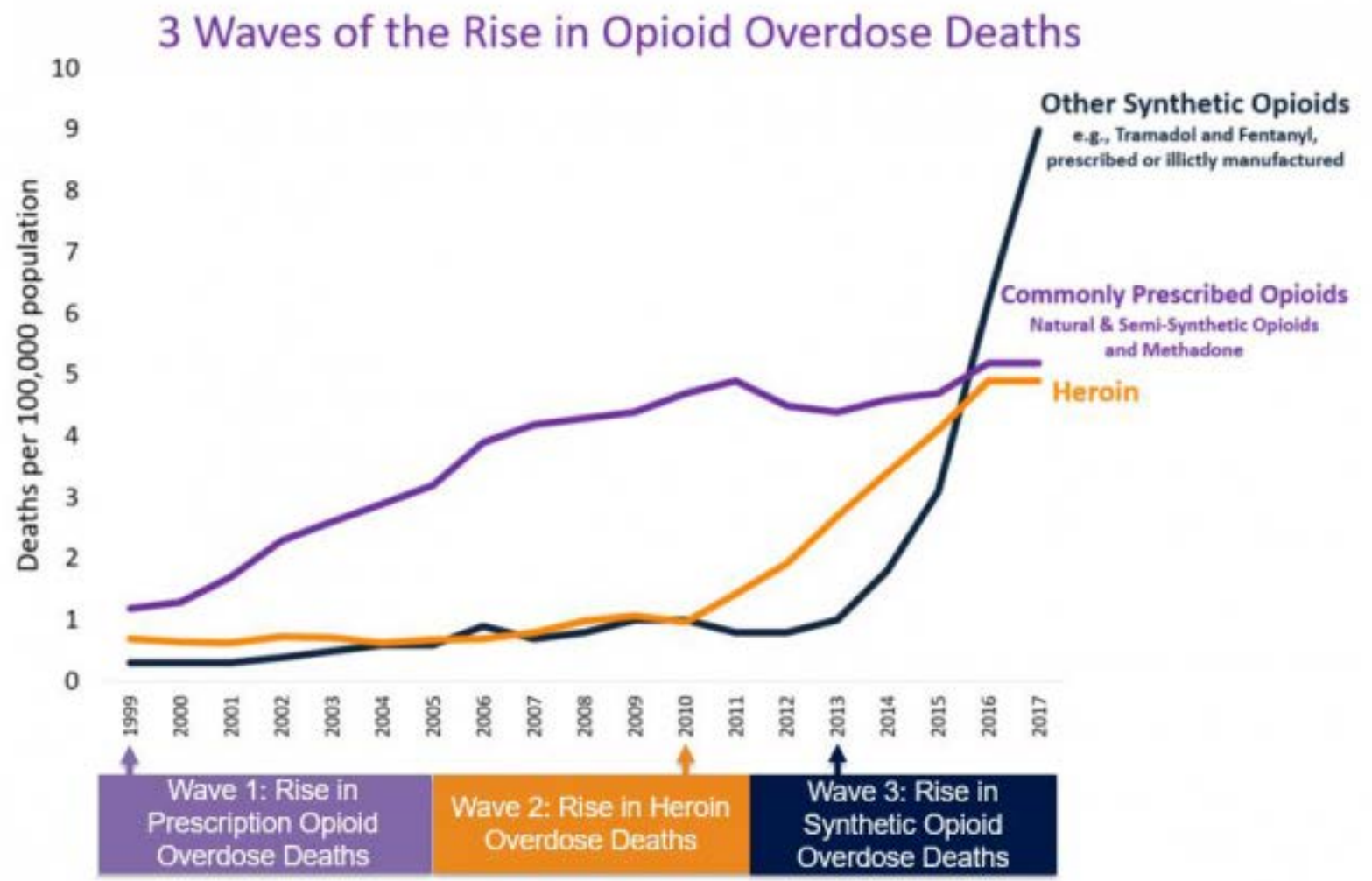
VSRH/CAH with zero harm over previous 12 months

- Catheter-associated Urinary Tract Infection (CAUTI): **804**
- Pressure Injury: **753**
- Catheter-associate Blood Stream Infection (CLABSI): **743**
- *Clostridium difficile (C. diff)*: **588**
- Venous Thromboembolism (VTE): **352**
- Falls: **217**

Source: Program Evaluation Contractor Formative Feedback Report (February 2019)

Opioids

The Problem



SOURCE: National Vital Statistics System Mortality File.

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KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a key role in addressing the opioid epidemic and is focused on three key areas:

PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids

TREATMENT

Expand access to treatment for opioid use disorder

DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

Early Successes

COVERAGE

CMS coverage policies now ensure some form of **medication-assisted treatment across all CMS programs**—Medicare, Medicaid, and Exchanges.

AWARENESS

CMS sent 24,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.

DATA

CMS released data in 2017 and 2018 to show where Medicare opioid prescribing is high to help identify areas for additional interventions.

TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017.**

BEST PRACTICES

CMS activated over 4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.

ACCESS

As of June 2018, CMS approved **12 state Medicaid 1115 demonstrations** to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment while ensuring quality of care.

Future of our Health System

- Alternative Payment Models – all payers
  - Population based payments
  - Bundled Payments
  - Comprehensive Primary Care
  - Physician-focused APMs
- Private payer and CMS collaboration critical – alignment of incentives, payment models and measures
- States and Communities driving innovation and delivery system reform
- Patient-centered, team-based coordinated care is the norm
- System re-design through Lean, continuous improvement is widespread
- **Focus on quality and outcomes**

Action-focused Networks to Support State and Local Quality Improvement for Patients

Hospital Improvement and Innovation Networks

4,042 Hospitals

Transforming Clinical Practices Initiative

140,000+ Clinicians

End Stage Renal Disease Networks

7,000+ Dialysis Facilities

Beneficiary and Family Centered Care (BFCC) Quality Improvement Organizations

~800,000 Reviews Performed

Quality Innovation Networks – Quality Improvement Organizations

250+ Communities

12,000+ Nursing Homes

3,800 Home Health Organizations

300 Hospice

1,700 Pharmacies

MACRA and Quality Payment Program - Small, Underserved, Rural Support (SURS)

Up to 200,000 Clinicians

Hospital Improvement Innovation Network

Latest Available Results

All Cause Harm Aim

20% **Reduction in All-Cause Patient Harm**

12% **Reduction in 30-Day Readmissions**

How We Achieve Results

16 Hospital Improvement Innovation Networks

- **American Hospital Association, HRET**
- Carolinas HealthCare System
- Dignity Healthcare
- Healthcare Association of NY State
- HealthInsight
- Hospital & Healthsystem Association of Pennsylvania
- HSAG
- Iowa Healthcare Collaborative
- Michigan Health & Hospital Association
- Minnesota Hospital Association
- New Jersey Hospital Association, HRET
- Ohio Children's Hospital Solutions for Patient Safety
- Ohio Hospital Association
- Premier
- Vizient
- Washington State Hospital Association

Core Harm Areas

Across 11 Harm Event Areas		Other Topic Areas
• Adverse Drug Events (ADE) • Catheter-Associated Urinary Tract Infections (CAUTI) • Central Line Associated Blood Stream Infections (CLABSI) • *Clostridium difficile* Infections (CDI) and Antibiotic Stewardship	• Injury from Falls • Pressure Ulcers • Preventable Readmissions • Sepsis and Septic Shock • Surgical Site Infections (SSI) • Venous Thromboembolism (VTE) • Ventilator-Associated Events (VAE)	• All Cause Harm • Airway Safety • Methicillin-Resistant Staphylococcus aureus (MRSA) • Person and Family Engagement (PFE) • Health Disparities • Leadership and Safety Culture

National Patient Safety Preliminary Results 2014-2017

- **20,500 lives saved**
- **$7.7B in cost savings**
- **910,000 fewer harms**
- Think about what these means for so many **patients and families**

Source: Agency for Healthcare Research & Quality. https://www.ahrq.gov/professionals/quality-patient-safety/pfp/index.html

Modern Healthcare
The leader in healthcare business news, research & data

Data Points: CMS' quality improvement organizations had far reach in 2017

By Modern Healthcare | September 15, 2018

More than 7,600 outpatient facilities have been involved in an effort to reduce antibiotic-resistant bacteria

48.7% of the outpatient settings have implemented the CDC's Core Elements of Outpatient Antibiotic Stewardship

More than 5,050 practices were recruited to increase the number of alcohol and depression screenings

More than **306,600** alcohol screenings were conducted during primary-care visits

837,800 depression screenings were conducted during primary-care visits

More than 7,450 facilities, clinicians and practices are working with quality improvement organizations to boost medication safety and prevent adverse drug events

More than 2.3 MILLION beneficiaries at high risk for an adverse drug event were screened

More than 15,600 severe adverse drug events were avoided in the Medicare high-risk population

More than 1.4 MILLION medication-related adverse outcomes were identified for opportunities of harm avoidance

More than 47,800 beneficiaries completed a diabetes self-management education and support program

More than **5,300** diabetes educators were trained

Diabetes management programs were taught in **17** different languages

There was a **26%** reduction in anti-psychotic medication use among nursing homes across the nation

About **54,500** fewer nursing home patients received unnecessary anti-psychotic medications

More than 12,200 nursing homes were recruited for an effort to reduce healthcare-acquired conditions and improve patient care

Celebrating Your Success

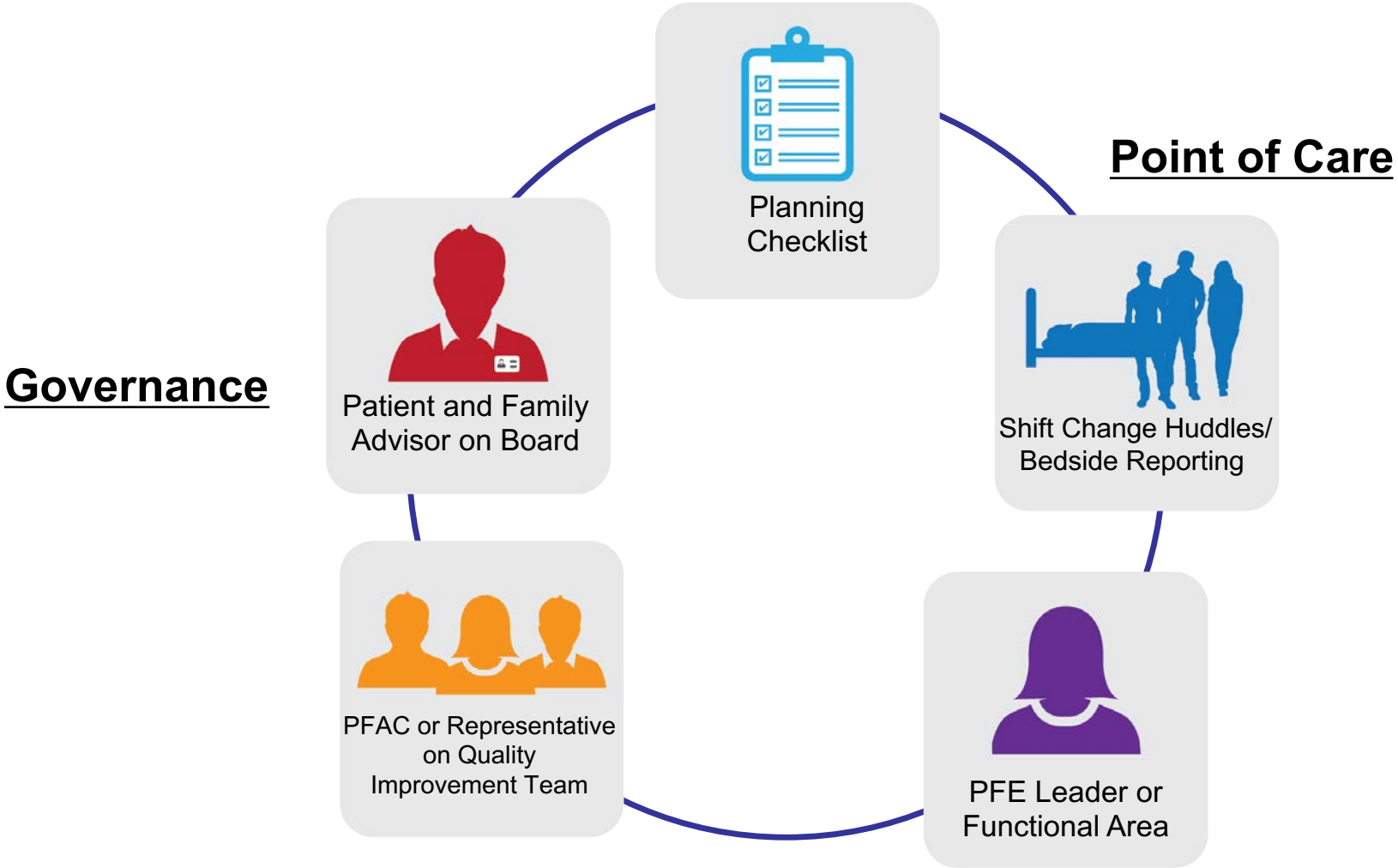
What are YOU most proud of?

Measuring National Progress

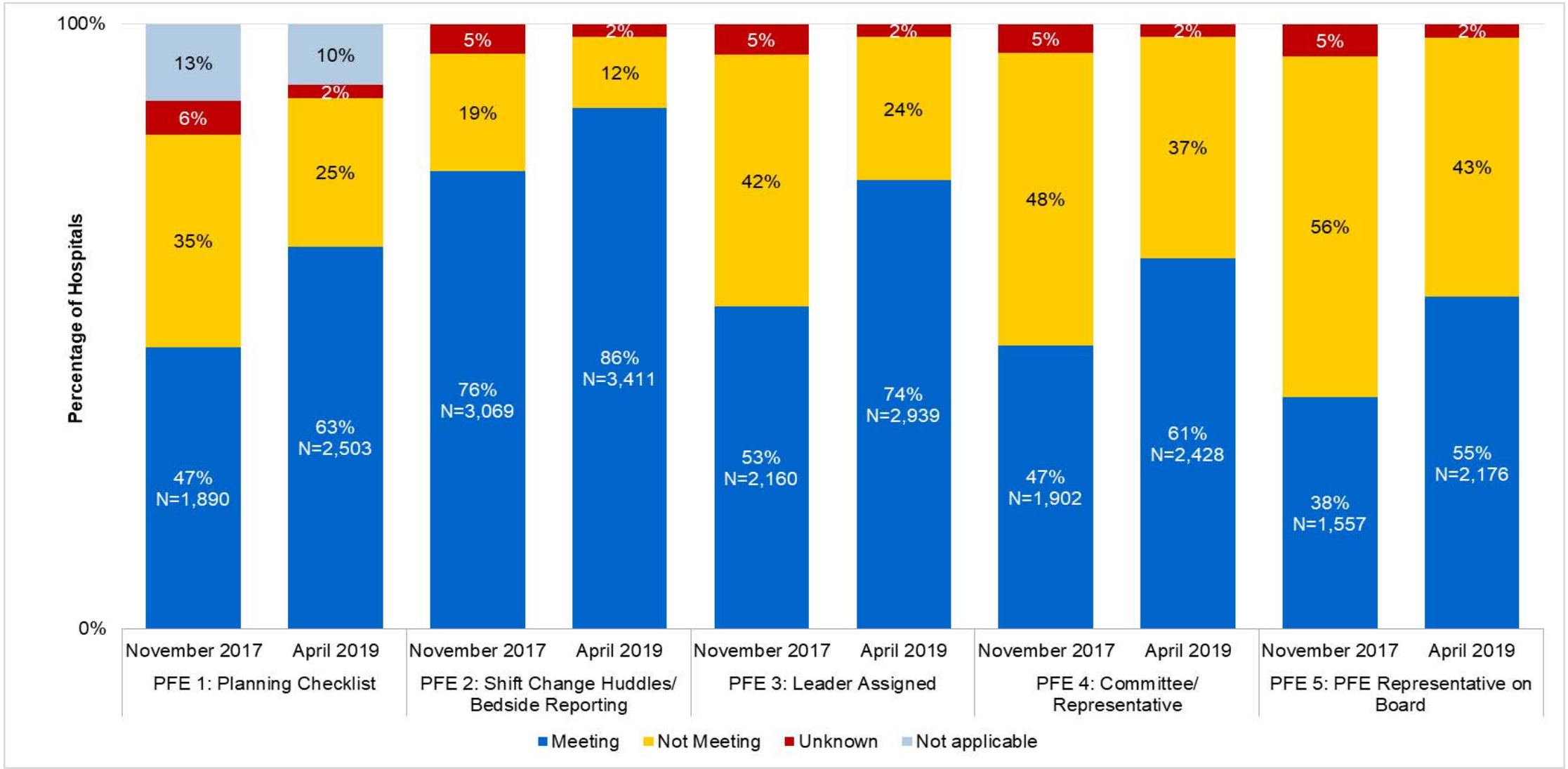
Leading Indicators

Getting to 20/12X 2019 or BEYOND!

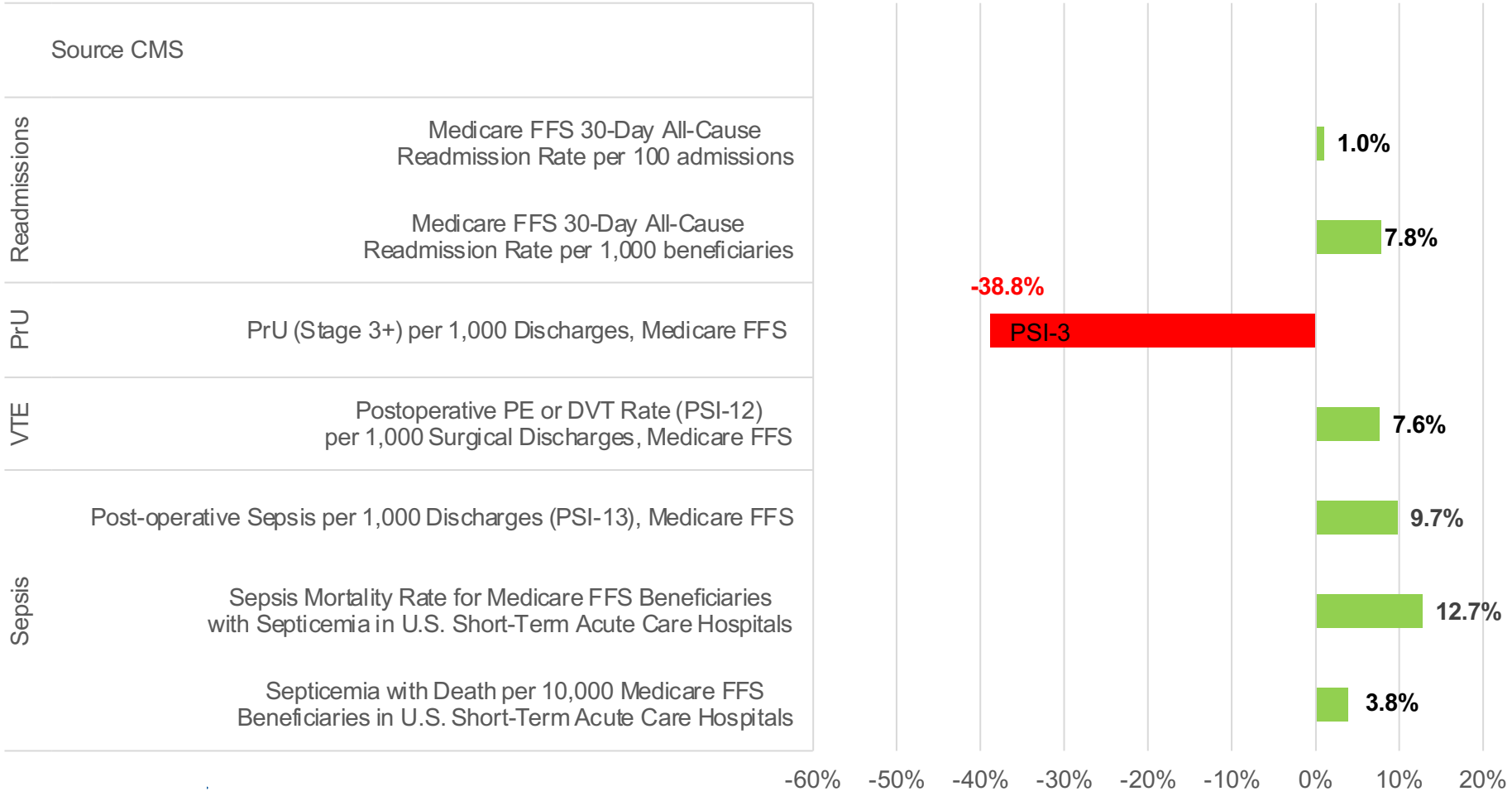
Person & Family Engagement Metrics



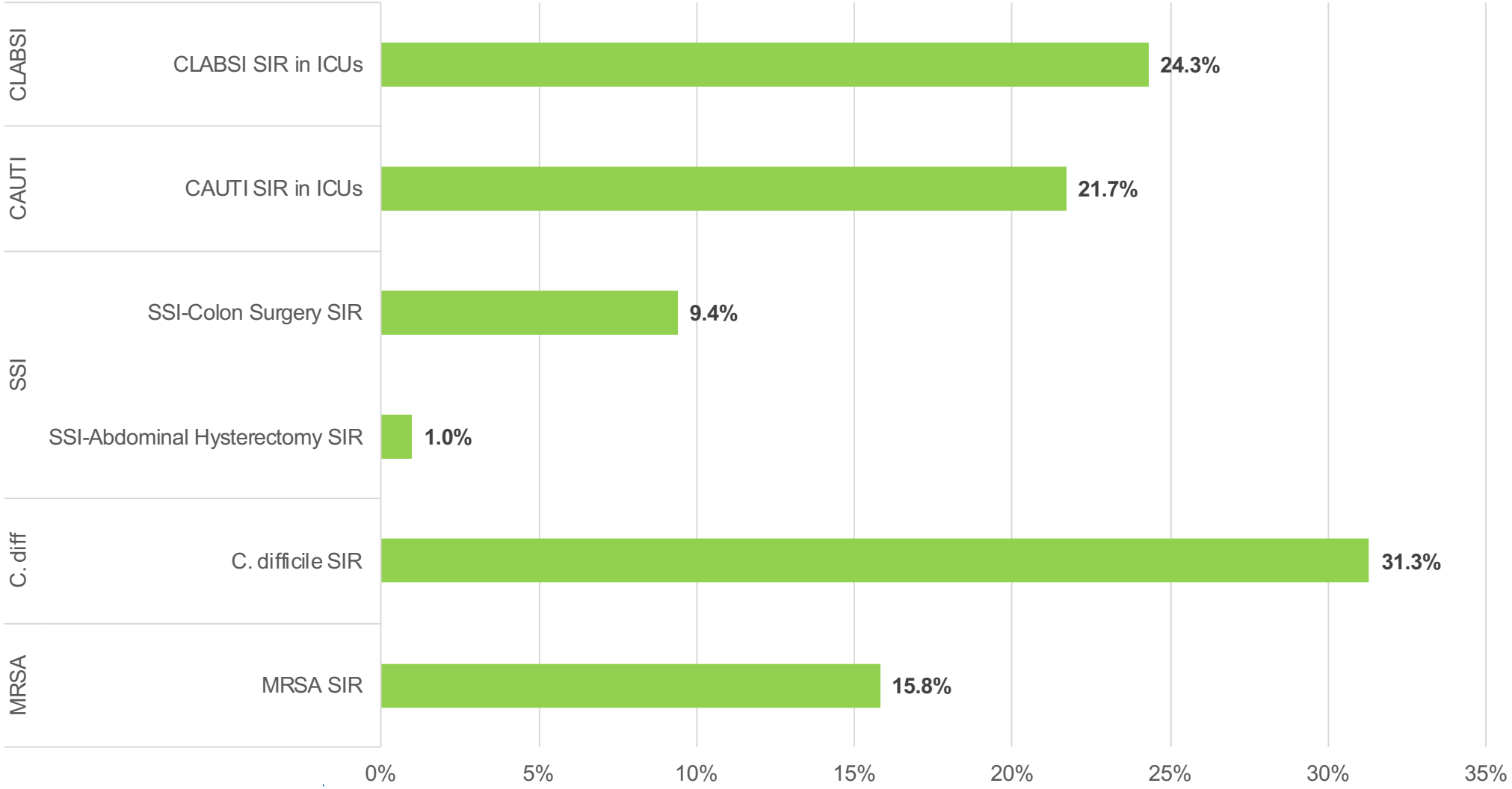
Patient & Family Engagement Metrics



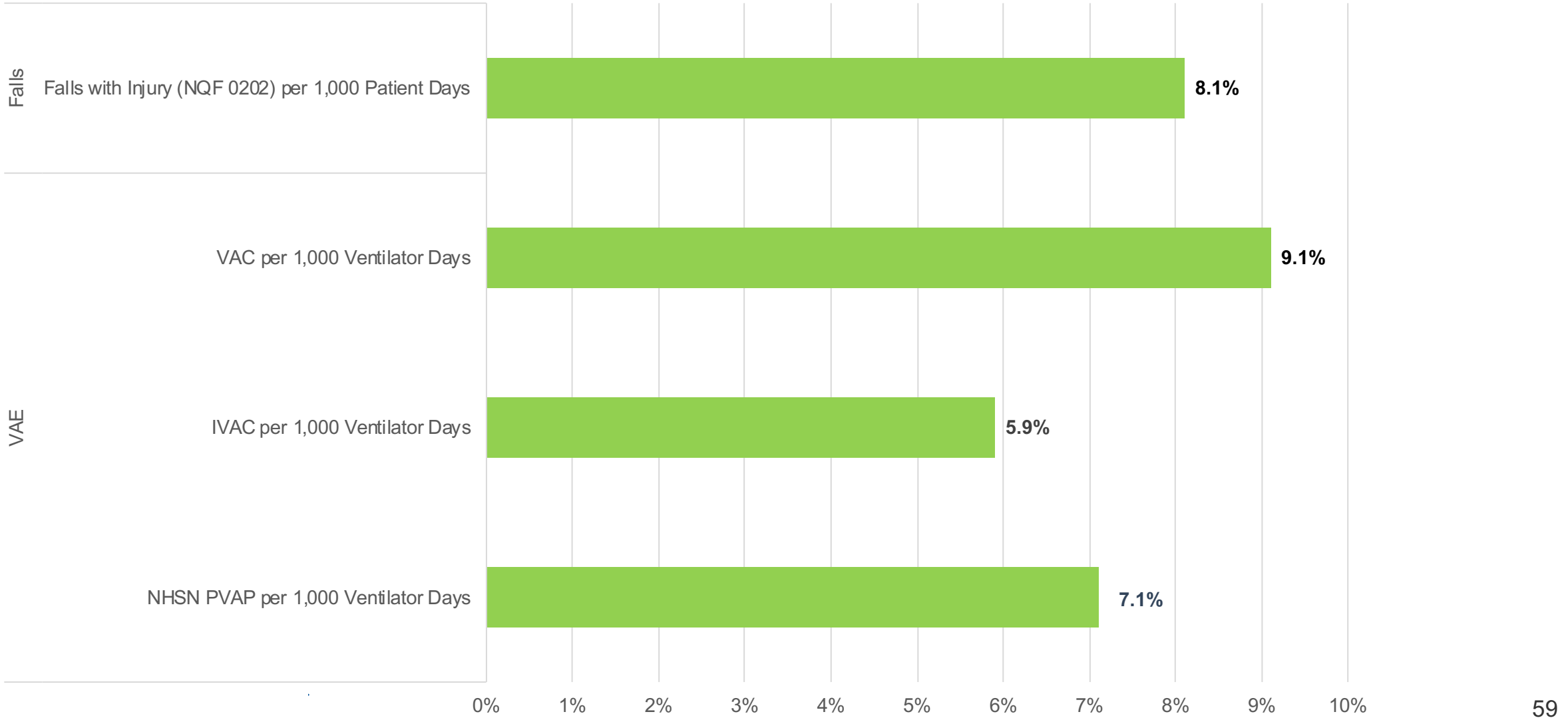
Readmission, Sepsis, VTE, and PrU



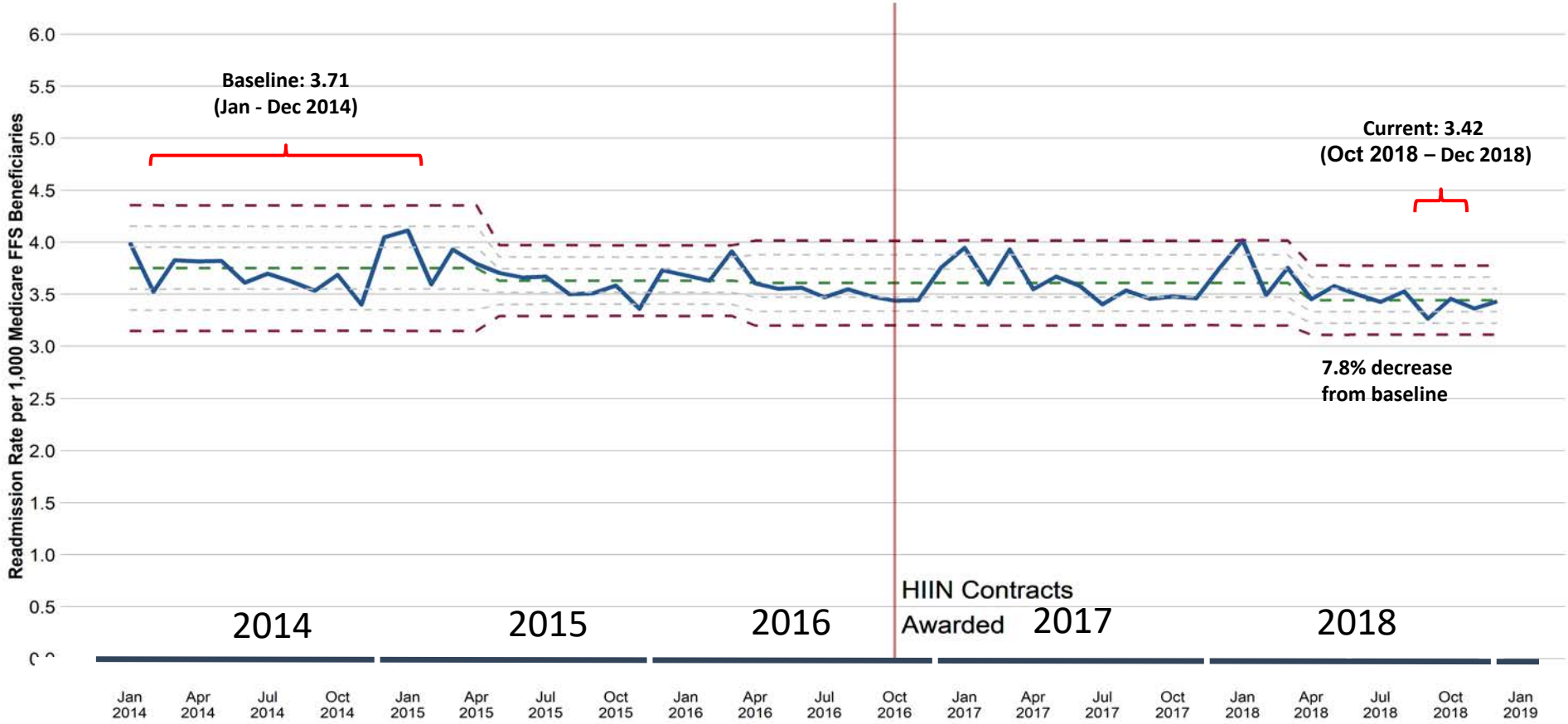
National Healthcare Safety Network (NHSN) Measures



Falls and VAE Measures



Medicare FFS 30-Day All-Cause Readmission Rate per 1,000 Medicare Beneficiaries



Source: Office of Enterprise Data & Analytics at CMS. March 2018 – December 2018 readmission rates were adjusted by a completion factor model to compensate for claims maturity lag. Includes U.S. short-term acute care hospitals.
Note: Phase shifts for the center line (dashed-green) and control limits (upper and lower) dashed lines were determined using guidelines consistent with the consensus of research on calculating U' chart phase shifts.

Processing

What is your #1 insight from these national trends?

How do the results resonate with your experience?

2019 and Beyond

What does the future of the QIO Program & Patient Safety look like?

Using Innovation, Broad Quality Improvement Initiatives, and Data-Driven Methodologies to Achieve Five Broad Aims

1. Improve Behavioral Health Outcomes, focusing on Decreased Opioid Misuse
2. Increase Patient Safety
3. Increase Chronic Disease Self-Management
4. Increase Quality of Care Transitions
5. Improve Long-Term Care Quality

NQIIC Task Orders

TASK ORDER 1

QIN-QIO Focused
12th Scope of Work

TASK ORDER 2

Clinician Quality Improvement Contractor (CQIC) Focused

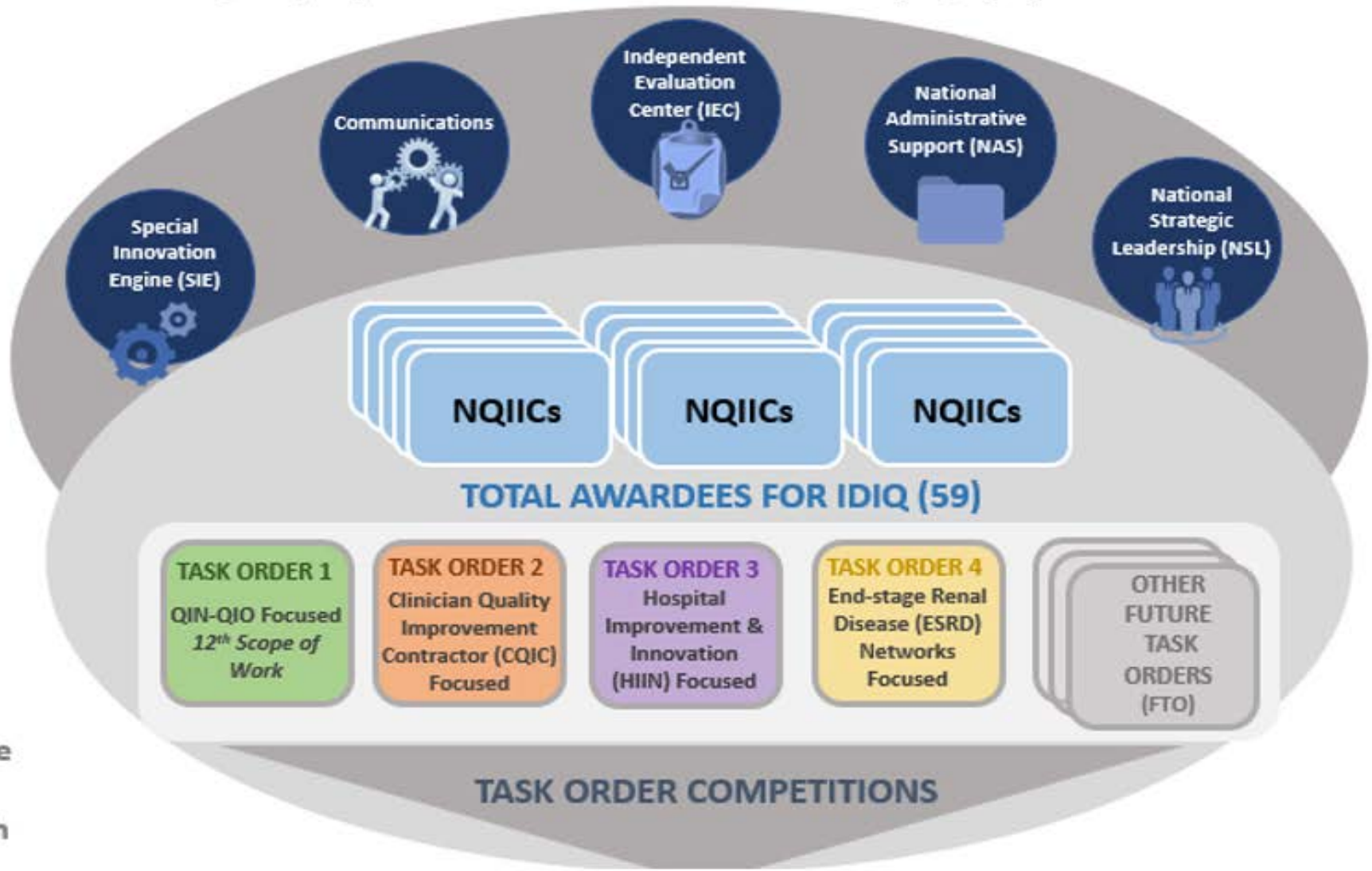
TASK ORDER 3

Hospital Improvement & Innovation (HIIN) Focused

TASK ORDER 4

End-stage Renal Disease (ESRD) Networks Focused

Network of Quality Improvement & Innovation Contractors (NQIIC) Operational Structure



NOTE: NQIICs can compete for any or all task orders with the potential to win one or more task orders. There will be individual task order competitions with multiple awardees for these task orders.

National Targets for Five Aims

Aims	National Targets
1. Improve Behavioral Health Outcomes, focusing on Decreased Opioid Misuse	**Engage 414 communities** and **6.8 million Medicare beneficiaries** to improve access to behavioral care and improve behavioral health outcomes. **Decrease opioid related adverse events**, including deaths by **7%**, with a focus on Medicare beneficiaries using opioids.
2. Increase Patient Safety	Reduce all cause harm in hospitals, community-based facilities, and long-term care settings by 2024, including: **reduce by 10% or higher all cause harm in hospitals** and reducing adverse drug events across all of these settings.

National Targets for Five Aims

Aims	National Targets
3. Increase Chronic Disease Self-Management	By 2024, help millions of people with the prevention and management of chronic diseases by: 1) supporting the Million Hearts Initiative to **prevent 1 million cardiovascular events** by improving aspirin use, blood pressure control, cholesterol management, smoking cessation and cardiac rehabilitation, 2) **supporting 69,000 Medicare beneficiaries** to quit smoking, 3) preventing **25,171 Medicare beneficiaries** from developing diabetes, 4) screen for, diagnose, and manage **238,464 individuals with CKD** to prevent progression of CKD or to ESRD; and 5) improving diabetes management in **at least 238,464 Medicare beneficiaries.**
4. Increase Quality of Care Transitions	Improve community-based care transitions to reduce hospital admissions by **4.1% nationally** and reduce hospital readmissions **by 5.4% nationally**.
5. Improve Long-Term Care Quality	Improve quality and patient safety in long-term care settings by 2024, including: **improve by 11%** the mean total quality score for all nursing homes, **reduce by 41%** the percentage of nursing homes with a **total quality score less than or equal to 1258** (homes with a two-star or lower rating on the “quality measures” domain).


Thank
you

Contact Information

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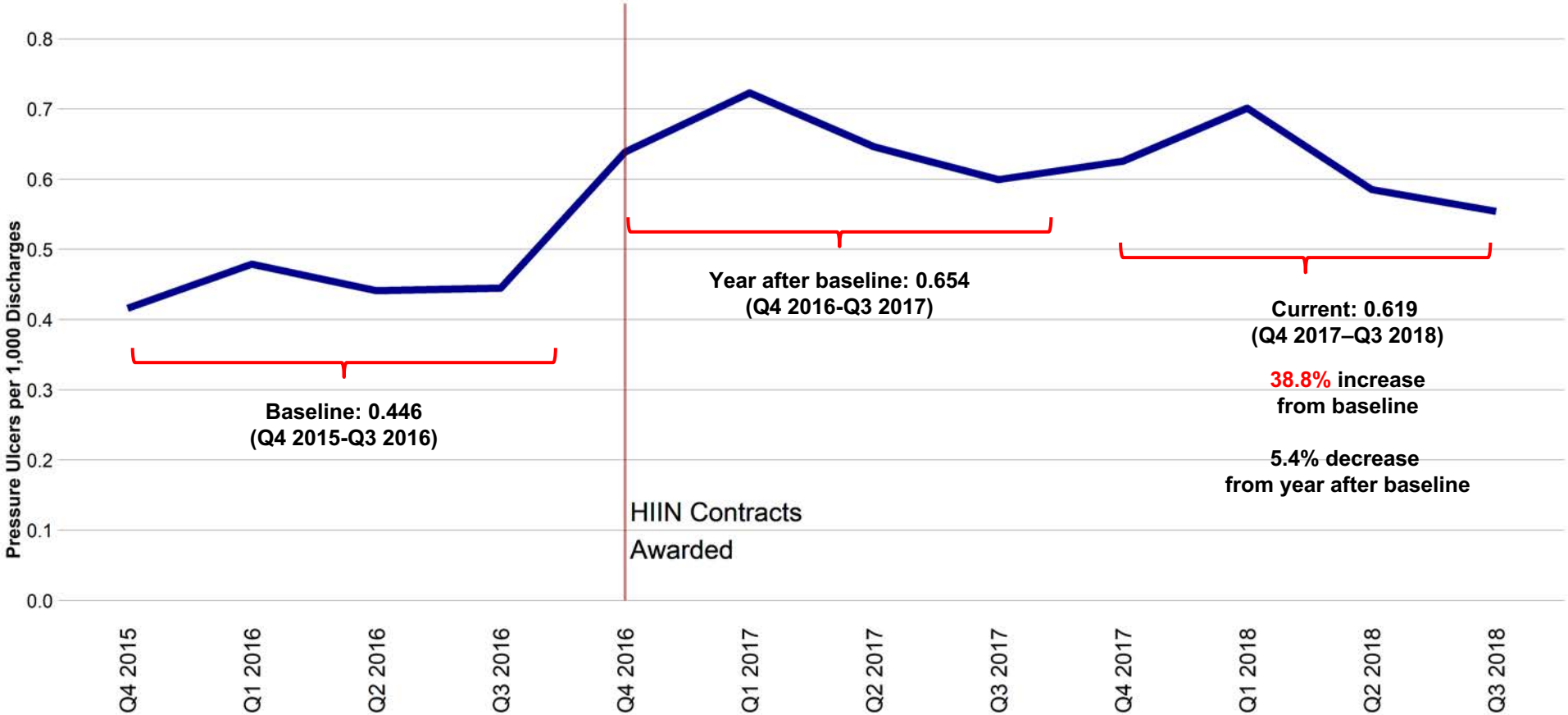
EXTRA Slides

Pressure Ulcers (Stage 3+) per 1,000 Discharges (PSI-03), Medicare FFS, HIIN-Aligned Hospitals



Source: Office of Enterprise Data & Analytics at CMS.