Learn. Act.
Improve. Spread.

Accelerating Large-scale Improvement in Health Care Quality.

The ESRD Quality Incentive Program (QIP)

Teresa Casey

Director, Division of Quality Improvement Policy for Chronic and Ambulatory Care, Office of Clinical Standards and Quality, CMS

QualityNet Conference | Baltimore, MD
December 13 – 15, 2011

Follow us on Twitter:
@QualityNet11
Tweet with our conference hashtag:
#QualityNet11

Conversation Flow

- Introduction and Overview
- QIP Evolution
- QIP Year 1 Results
- Monitoring and Evaluation
- Network Role
- Lessons Learned
- Future Directions
- Beneficiary Feedback Request
- Session Feedback and Closing

Introduction and Overview

Follow us on Twitter:
@QualityNet11
Tweet with our conference hashtag:
#QualityNet11

CMS Presenters

- Jean Moody-Williams: Director, Quality Improvement Group (QIG), Office of Clinical Standards and Quality (OCSQ)
- Teresa Casey: Director, Division of Quality Improvement Policy for Chronic and Ambulatory Care, QIG/OCSQ
- Kim Smith, MD, MS: Medical Advisor, QIG/OCSQ
- Jordan Vanlare: Value-based Purchasing Senior Advisor, QIG/OCSQ

Overview of Value-based Purchasing Programs

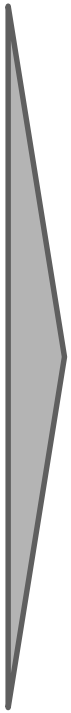
Purpose statement for Value-Based Purchasing

CMS views value-based purchasing as an important driver in revamping how care and services are paid for, moving increasingly toward rewarding better value, outcomes, and innovations instead of volume

Objectives for Value-Based Purchasing at CMS

CMS Value-Based Purchasing Programs seek to improve the quality of healthcare delivered in the United States

- Identify, and require reporting of, evidence based measures that promote the adoption of best practice clinical care
- Advance transparency of performance across all sites of care to drive improvement and facilitate patient decision making around quality
- Implement, and continually refine, payment models that drive high standards of achievement, and improvement, in the quality of healthcare provision
- Stimulate the meaningful use of information technology to improve care coordination, decision support, and availability of quality improvement data
- Refine measurements and incentives to achieve healthcare equity, to eliminate healthcare disparities and to address/reduce unintended consequences



- **Paying for quality healthcare is no longer the payment system of the future, it's the payment system of today**
- **The Quality Incentive Program is the leading edge of payment reform and can serve as an example to the healthcare system**

Beneficiary Impacts

- Facilities financially driven to ensure delivery of high quality patient care
- Facilities compete to provide the best care
- Patients can use publically reported data to make the best decisions for their own care
  - Dialysis facility performance scores publicly available on web
  - Certificate of performance prominently displayed in dialysis facilities
- Appropriate resource usage encouraged
- Shift from payment based on quantity of services provided toward payment based on results achieved

Learn. Act. Improve. Spread.

CMS Quality Levers – Alignment & Synergy

- Continuous Quality Improvement
- Transparency/Public Reporting
- Coverage and Payment Decisions
- Provider/Supplier Payment Incentives
- Conditions for Coverage/Surveys
- Grants, Demonstrations, Pilots and Research

Brief Overview of the ESRD QIP

- Legislative drivers
- Payment Years 2012 and 2013
- Payment Year 2014: an Evolutionary Step

ESRD QIP Legislative Drivers

- The ESRD QIP is described in Section 1881(h) of the Social Security Act, as amended by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).
  - Program intent:
    - Promote patient health by encouraging renal dialysis providers/facilities to deliver high-quality patient care.
  - Section 1881(h):
    - Imposes payment reductions if a facility/provider does not meet or exceed the minimum Total Performance Score as set forth by CMS.
    - Allows payment reductions of up to 2%.

ESRD QIP Rulemaking

- QIP Year 1
  - August 12, 2010 FR 1418-F

    http://edocket.access.gpo.gov/2010/pdf/2010-18466.pdf
  - January 5, 2011 FR 3206-F

    http://edocket.access.gpo.gov/2011/pdf/2010-33143.pdf

- QIP Years 2 & 3
  - November 10, 2011 FR 1577-F

    http://www.gpo.gov/fdsys/pkg/FR-2011-11-10/pdf/2011-28606.pdf

Comparing the PY 2012 ESRD QIP and the PY 2013 ESRD QIP

	2012	2013
Measures	3 Total: 2 Anemia + 1 Dialysis Adequacy	2 Total: 1 Anemia + 1 Dialysis Adequacy
Performance Period	CY 2010	CY 2011
Weighting	50% for hg less than 10 g/dl 25% for hg greater than 12 g/dl 25% for URR of at least 65%	50% for each measure
Payment Reductions: Scale	Sliding Scale: 0.50 - 2.0 percent if under minimum score	Sliding Scale: 1 – 2.0 percent if under minimum score
Payment Reductions: Minimum Score	Payment reduction applied for any score under 26	Payment reduction applied for any score under 30

Payment Year 2014 ESRD QIP

- One new clinical measure (total of 3)
  - Hemoglobin greater than 12 g/dL
  - Urea Reduction Ratio of at least 65%
  - Vascular Access Type (Composed of two sub-measures)
- Three reporting measures (all new)
  - Dialysis event data to CDC (NHSN System)
  - Patient experience of care (ICH CAHPS)
  - Mineral metabolism (Monitoring Serum Calcium/Phosphorus levels)
- Performance Period: CY 2012

Measure Application PY 2014

	Adult				Pediatric				
Measure	**In-center HD 3x/week**	**PD**	**Home HD 3x/week**	**Frequent HD (In-center or home)**	**In-center HD 3x/week**	**PD**	**Home HD 3x/week**	**Frequent HD (In-center or home)**	**Small facility**
URR	X								
Hemoglobin	X	X	X	X					
VAT	X		X	X					
NHSN	X		X	X	X		X	X	X
CAHPS	X								
Mineral Metabolism	X	X	X	X	X	X	X	X	X

Payment Year 2014 ESRD QIP

- Clinical Measure scoring is based upon a provider's/facility's achievement and improvement on a measure

- Open Door Forum scheduled for **February 2, 2012!**
  - Overview of ESRD QIP 2013 and 2014 FR
  - Review of baseline data released in December 2011

QIP Year 1 PY 2012

- Performance Period CY 2010
- Provider Score Preview and Inquiry Period July 15 – August 15, 2011
- CMS Response to clarification questions and inquiries by October 1, 2011
- Certificates to be posted in dialysis facilities available online / Performance information posted to the web December 15, 2011
- Payment reductions applied starting January 1, 2012

PY 2012 Results

QIP PY 2015

- What is coming next?

Learn. Act.
Improve. Spread.

Where Is the ESRD QIP Headed?

- Increased alignment with national quality initiatives and other value-based purchasing programs
- More clinical measures to provide a more comprehensive perspective
  - Measure development TEPs
  - Increased focus on patient-reported measures
- More timely data and provider feedback

Monitoring Quality and Access to Care

Follow us on Twitter:
@QualityNet11
Tweet with our conference hashtag:
#QualityNet11

Key Stakeholder Interviews

- Nationally, over 70 participants were interviewed, including Network Executive Directors, Medical Directors, Quality Improvement (QI) Directors, Patient Care Coordinators, and Patient Advocacy Stakeholder Organizations
- One of the predominant areas of concern:

  "Access to care seems to be getting worse for vulnerable populations."

  - Newly diagnosed ESRD patients and those requiring extended hospitalizations
  - Medically complex, Erythropoietin-Stimulating Agent (ESA)-resistant patients, and those with catheters
  - Patients involuntary discharged (IVD) due to "non-compliance"
  - Suggestion that facilities are "off-loading" patients by providing inflexible and undesirable dialysis times, etc.
  - Concern about expansion of large dialysis organizations (LDO) with perceived stricter admission criteria
- Interviewees also suggest that more dialysis is taking place in emergency rooms and hospitals

Monitoring Flow

- Qualitative Information leads into Quantitative Data
- Findings
- Action Steps

Monitoring and Evaluation Support

- Learning Action Network - Network 9

- Data and Analysis - Acumen

Learn. Act.
Improve. Spread.

First, a Question for Discussion

What are the challenges in monitoring quality and access to care for the ESRD population?

Learn. Act. Improve. Spread.

Challenges to Monitoring Access and Quality

- Data Limitations/Lack of data
- Lack of Real Time Data
- Tracking of patients with access to care challenges
- Identification of potential care disparities for vulnerable populations
- Information gaps

Data that is available

- ESRD Network Data – Elab, FF Dashboard, Complaints/Grievances, Administrative Forms
- Claims
- Survey and Cert
- Qualitative Information
- Other

Network Role

Follow us on Twitter:
@QualityNet11
Tweet with our conference hashtag:
#QualityNet11

The Role of ESRD Networks

- Communication
- Education
- Technical Support
- Alignment

Learn. Act.
Improve. Spread.

Question for Discussion

- How can the Networks help to provide leadership in the monitoring effort?

Summary

- Evolution of the Quality Incentive Program
- First Year of Implementation
- Monitoring effects of new payment incentives
- Goal – to encourage better care for dialysis patients

Beneficiary Feedback Sought on the Payment Year 2014 Performance Score Certificate

Follow us on Twitter:
@QualityNet11
Tweet with our conference hashtag:
#QualityNet11

CMS Seeks Your Help!

- To ensure that the Performance Score Certificate continues to clearly communicate the necessary data to beneficiaries
- To seek feedback from beneficiaries on a draft version
  - Identify 3 beneficiaries to review draft
  - Use the assessment guide provided with suggested questions
- Feedback can be emailed to CMS per the instructions included prior to January 17, 2012

Contact Information

- **We welcome your feedback. Please feel free to contact us at ESRDQIP@cms.hhs.gov**

Learn. Act. Improve. Spread.

Session Feedback

- Please take a moment to write down your main take-away message(s) from this session using the supplied file cards!

Learn. Act. Improve. Spread.