The ESRD Quality Incentive Program (QIP)

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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

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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
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
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
  – January 5, 2011 FR 3206-F

• QIP Years 2 & 3
  – November 10, 2011 FR 1577-F
## Comparing the PY 2012 ESRD QIP and the PY 2013 ESRD QIP

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Adult</th>
<th>Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-center HD 3x/week</td>
<td>PD</td>
</tr>
<tr>
<td>URR</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>VAT</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NHSN</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CAHPS</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Mineral Metabolism</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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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
• What is coming next?
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

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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
First, a Question for Discussion

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

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The Role of ESRD Networks

• Communication
• Education
• Technical Support
• Alignment
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
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
Session Feedback

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