Medicare Value Based Purchasing Overview





Washington State Hospital Association <u>Apprise Health Insights /</u> Oregon Association of Hospitals and Health Systems

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Today's Objectives

• Overview of Medicare Value Based Purchasing Program

• Review Methodologies

• Review Washington and Oregon's VBP Reports



Medicare Quality Based Payment Reform (QBPR) Programs

- Mandated by the ACA of 2010
 - VBP Program (redistributive w/ winners and losers)
 - Readmissions Reduction Program (remain whole or lose)
 - HAC Reduction Program (remain whole or lose)
- National pay-for-performance programs

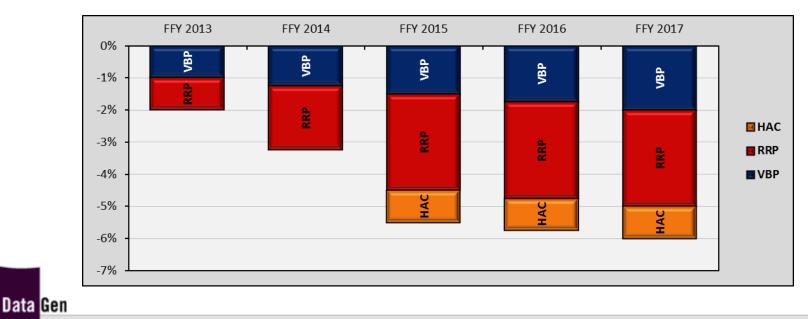


• Most acute care hospitals must participate; CAHs excluded

 Program rules, measures, and methodologies adopted well in advance (2013-2021)

Medicare Quality Programs

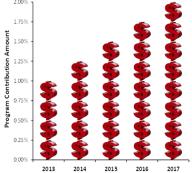
- Payment adjustments based on <u>facility-specific</u> performance compared to <u>national</u> standards
- Performance metrics are determined using historical data
- Program components change every year
- Financial exposure increases every year



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Medicare Value Based Purchasing (VBP) Program

- Program became effective FFY 2013 (October 1, 2012)
- The only Medicare quality program that provides rewards and penalties (redistributive)
- The only Medicare quality program to recognize improvement as well as achievement
- Funded by IPPS payment "contribution" (1.75% in FFY 2016)
- \$1.5 Billion program (for FFY 2016)
- Contribution increases by 0.25% per year (2% in FFY 2017 is the cap)





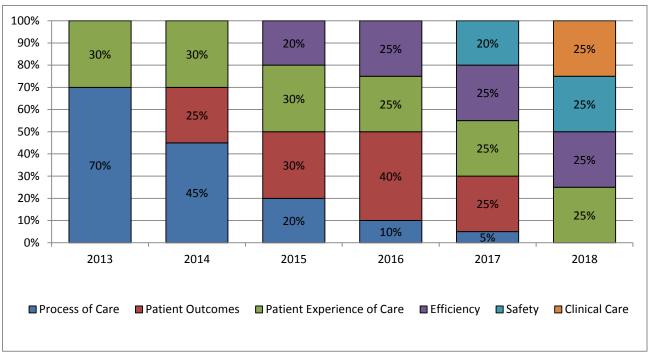
Value Based Purchasing: Program Overview



- Performance is evaluated on a measure-by-measure basis
 - Quality achievement and improvement are both recognized
 - Hospital performance is compared to national performance standards
- Measures are grouped into domains
 - Process of Care
 - Patient Experience of Care
 - Outcomes of Care
 - Efficiency
- Domain scores are combined to calculate a Total Performance Score (TPS)
- Total Performance Score is converted to an Adjustment Factor

VBP Program Trends

- Continually evolving
 - Program rules established in advance
 - The final 2016 IPPS rule establishes parameters through 2021
 - Increasing emphasis on outcomes and efficiency



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• Moving targets

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VBP Performance Standards

- National Benchmarks
 - High achievement levels (average performance score for top 10% of hospitals nationwide)
- National Thresholds
 - Minimum achievement levels (median performance score for hospitals nationwide)
- National Floors (HCAHPS only; lowest scores nationwide)

Measure Name	National Performance Standards Established by CMS (3)			
	Floor	Threshold	Benchmark	
Communication with Nurses	53.99%	77.67%	86.07%	
Communication with Doctors	57.01%	80.40%	88.56%	
Responsiveness of Hospital Staff	38.21%	64.71%	79.76%	
Pain Management	48.96%	70.18%	78.16%	

VBP Measure Scoring: Achievement Points

		Performance Period Analyzed (1)			e Period zed (2)	National Performance Standards Established by CMS (3)		Achievement Points	Improvement Points	Final Points		
Measure ID	Measure Name	Hospital Pe	erformance	Hospital Pe	erformance	by civits (5)		by citil (3)		Earned (4)	Earned (5)	Earned (6)
Weasure ID		Case Count	Measure Score	Case Count	Measure Score	Threshold	Threshold Benchmark					
						1		[
IMM_2	Immunization for influenza	464	99%	492	99%	95.161%	99.774%	8	0	8		

$$\left[9 \times \left(\frac{\text{Hospital Performance Score - National Achievement Threshold}}{\text{National Benchmark Score - National Achievement Threshold}}\right)\right] + 0.50 = Achievement Points$$

$$\left[9 \times \left(\frac{99.0\% - 95.161\%}{99.774\% - 95.161\%}\right)\right] + 0.50 = Achievement Points$$

8 = Achievement Points

VBP Measure Scoring: Improvement Points

		Performance Period Analyzed (1)			Baseline Period Analyzed (2)		National Performance Standards Established by CMS (3)		Standards Established		Improvement Points	Final Points
Measure ID	Measure Name	Hospital Pe	erformance	Hospital Performance		2, 2.10 (0)		Points Earned (4)	Earned (5)	Earned (6)		
weasure iD		Case Count	Measure Score	Case Count	Measure Score	Threshold	Benchmark					
IMM_2	Immunization for influenza	464	99%	492	99%	95.161%	99.774%	8	0	8		

$$\left[10 \times \left(\frac{\text{Hospital Performance Score } - \text{Hospital Baseline Score}}{\text{National Benchmark Score } - \text{Hospital Baseline Score}}\right)\right] - 0.50 = Improvement Points$$

$$\left[10 \times \left(\frac{99.0\% - 99.0\%}{99.774\% - 99.0\%}\right)\right] - 0.50 = ImprovementPoints$$

0 = Improvement Points*

For each individual measure, the hospital receives the higher point value of achievement or improvement. In this example, a score of 8 is assigned to the IMM_2 measure.

Domain Score and TPS Calculation

Oin C	Sum of Final Points Earned on Each Scored Measure				
overall Domain Score =	Maximum Possible Points on Each Scored Measure				
Proportionally Reweighted Domain Weight (FFY 2015+) =	Original Weight of Domain				
Proportionally Reweighted Domain Weight (FFY 2015+) =	Sum of Original Weights for all Scored Domains				

 $\mathbf{Total Performance Score} (\mathbf{TPS}) = [\mathbf{Domain}_1 \mathbf{Score} \times \mathbf{Domain}_1 \mathbf{Weight} + \mathbf{Domain}_2 \mathbf{Score} \times \mathbf{Domain}_2 \mathbf{Weight} \dots \mathbf{Domain}_N \mathbf{Score} \times \mathbf{Domain}_N \mathbf{Weight}]$



VBP Total Performance Score

	Unweighted Domain Score	Original Domain Weight	Proportionally Reweighted Domain Weight *	Weighted Score (Unweighted Domain Score X Reweighted Domain Weight)
Process Domain	68.57%	10.00%	10.00%	6.86%
Patient Experience Domain	58.00%	25.00%	25.00%	14.50%
Patient Outcomes Domain	24.29%	40.00%	40.00%	9.71%
Efficiency Domain	20.00%	25.00%	25.00%	5.00%
Total VBP Performance Score (TPS) (Sum of weighted scores)				36.07%

- Each domain score is calculated separately by adding measure components and taking percentage
- Domain scores are then weighted together



Slope Calculation

VBP Linear Function (Payout Percentage) = [Total Performance Score x VBP Slope]

VBP Adjustment Factor = [1 + (Program Contribution Percentage x Payout Percentage) – Program Contribution Percentage]

Annual Program Impact = [IPPS Base Operating Dollars x VBP Adjustment Factor – IPPS Base Operating Dollars]



VBP Impact Analysis Worksheet

Sample Hospital

		Update Based on Hospital Compare's December 20	015 (4th quarter 2015) Data R	elease
			Unweighted Domain Score	Original Domain Weight Proportionally Weighted Score Reweighted Domain Weight * Weighted Domain Weigh
	А	Clinical Care: Process Domain	40.00%	5.00% 5.00% 2.00%
	в	Patient Experience of Care Domain	14.00%	25.00% 25.00% 3.50%
VBP Score	с	Clinical Care: Outcomes Domain	23.33%	25.00% 25.00% 5.83%
Estimates	D	Safety of Care Domain	13.33%	20.00% 20.00% 2.67%
	Е	Efficiency Domain	50.00%	25.00% 25.00% 12.50%
	F	Total VBP Performance Score (TPS) (Sum of weighted scores)		26.50%
	G	Estimated Total IPPS Operating Payments	\$30,060,300	Linear Exchange Function Graph
VBP Contribution	н	Program Contribution Percentage	2.00%	300%
Amount	I.	Program Contribution (G X H)	\$601,200	280% - 8 260% - 8 240% -
	1	Linear Payout Function Factor (slope of solid line in chart - based on U.S. distribution of hospital TPS)	3.3391254609	8 220% t 220% 200%
	к	VBP Payment Percentage (F X J)	88.49%	180%
VBP Program Impact	L	VBP Payout (I X K)	\$532,000	160% 140% 120%
(Current Estimate)	м	Net Gain/Loss (L-I)	(\$69,200)	d 100%
	N	Estimated Payment Adjustment Factor (1+ ((H X K) - H)	0.9977	40% 20%
	0	Linear Payout Function Factor (slope of dashed line in chart set at 2.0)	2.00	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100
	Р	VBP Payment Percentage (F X O)	53.00%	Total Performance Score (TPS)
VBP Program Impact	Q	VBP Payout (I X P)	\$318,600	Hospital's TPS and Corresponding VBP Payment Percentage
Conservative Estimate) **	R	Net Gain/Loss (Q-I)	(\$282,600)	Breakeven Score Payment Conversion Line (Current Estimate)
	s	Estimated Payment Adjustment Factor (1+ ((H X P) - H)	0.9906	Payment Conversion Line (Conservative Estimate)

Hospital Compare's Sept. 2015 Update

(\$80,400)

Hospital Compare's Dec. 2015 Update

(\$69,200

Calculation of Total Performance score from domain scores

Adjustment Factor calculation and estimated program impacts

	VBP Trends (Based on Cur	rent Estimate)	(3Q2015)	(4Q2015)
	Clinical Care: Process	Raw Score	40.00%	40.00%
	Domain	Rank within U.S.	1856 of 3113	2050 of 3113
	Domain	Rank within State	60 of 96	65 of 96
	Patient Experience of	Raw Score	13.00%	14.00%
	Care Domain	Rank within U.S.	2729 of 3073	2676 of 3073
		Rank within State	88 of 96	86 of 96
	Clinical Care: Outcomes Domain	Raw Score	23.33%	23.33%
		Rank within U.S.	1944 of 2801	1942 of 2799
		Rank within State	57 of 89	57 of 89
		Raw Score	10.00%	13.33%
	Safety of Care Domain	Rank within U.S.	2210 of 2401	2117 of 2409
		Rank within State	64 of 71	62 of 70
		Raw Score	50.00%	50.00%
	Efficiency Domain	Rank within U.S.	359 of 3069	361 of 3069
		Rank within State	21 of 96	21 of 96
_		TPS *	25.58%	26.50%
		Rank within U.S.	2205 of 3113	2134 of 3113
	Total Performance	Rank within State	66 of 96	65 of 96
0		Linear Payout Function Factor	3.39	3.34
Gen	Score (TPS)	VBP Payment Percentage	86.62%	88.49%
		VBP Payment Adjustment Factor	0.9977	0.9980

Net Gain/Loss

Quarterly Performance Trends Comparison to nation

VBP Payment Adjustment Calculation

	G	Estimated Total IPPS Operating Payments	\$96,326,500	Linear Exchange Function Graph
VBP Contribution	н	Program Contribution Percentage	2.00%	300%
Amount	1	Program Contribution (G X H)	\$1,926,500	280% - 260% - 260% - 240% - 22
	J	Linear Payout Function Factor (slope of solid line in chart - based on U.S. distribution of hospital TPS)	3.3391254609	200% -
	к	VBP Payment Percentage (F X J)	77.91%	2 180%
VBP Program Impact	L	VBP Payout (I X K)	\$1,501,000	u 140% 120% 4 100%
(Current Estimate)	м	Net Gain/Loss (L-I)	(\$425,500)	a 100% b
	N	Estimated Payment Adjustment Factor (1+ ((H X K) - H)	0.9956	
	0	Linear Payout Function Factor (slope of dashed line in chart set at 2.0)	2.00	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100
	Р	VBP Payment Percentage (F X O)	46.67%	Total Performance Score (TPS)
VBP Program Impact	Q	VBP Payout (I X P)	\$899,000	Hospital's TPS and Corresponding VBP Payment Percentage
(Conservative Estimate) **	R	Net Gain/Loss (Q-I)	(\$1,027,500)	Breakeven Score Payment Conversion Line (Current Estimate)
	S	Estimated Payment Adjustment Factor (1+ ((H X P) - H)	0.9893	Payment Conversion Line (Conservative Estimate)

VBP Performance Scorecard Worksheet

			FFY	7 2015 Program <u>ACTUAL</u> Perfor	mance	FF	Y 2016 Program <u>ACTUAL</u> Perform	ance	FFY	2017 Program <u>ESTIMATED</u> Perfor	mance	
	Me	easure and Domain Score Comparison	Hospital Performance VBP Measure Score Estimated Impact Hospital Performance VBP Measure Score		VBP Measure Score	Estimated Impact	Hospital Performance	VBP Measure Score	Estimated Impact			
	Program Eligibility			Eligible			Eligible		Projected to be Eligible			
		AMI-7a	N/A	N/A		N/A	N/A		N/A	N/A		
		AMI-8a	98.4%	8	\$ 9,500							
		HF-1	96.9%	7	\$ 7,200		Measure Not Evaluated for VBP 2016					
		PN-3b	97.8%	1	\$ (6,600)							
		PN-6	99.5%	9	\$ 11,800	96.9% 🔻	2	\$ (3,300)				
		SCIP-Inf-1	100.0%	10	\$ 14,100		Measure Not Evaluated for VBP 2016					
	(2017)	SCIP-Inf-2	100.0%	10	\$ 14,100	98.1% 🔻	0	\$ (7,500)		Measure Not Evaluated for VBP 2017		
Drocece of Care	Process (FFY 2017)	SCIP-Inf-3	99.4%	7	\$ 7,200	98.0% 🔻	0	\$ (7,500)				
1 3301	e: Proc	SCIP-Inf-4	N/A	N/A			Measure Not Evaluated for VBP 2016					
Dro	Clinical Care:	SCIP-Inf-9	98.7%	8	\$ 9,500	98.0% 🔻	3	\$ (1,300)				
	Ē	SCIP-Card-2	98.6%	8	\$ 9,500	93.0% 🔻	0	\$ (7,500)				
		SCIP-VTE-2	97.5%	4	\$ 300	100.0%	10	\$ 13,200				
		IMM-2		Measure Not Evaluated for VBP 20	15	98.7%	9	\$ 11,200	99.0%	8	\$ 25,100	
		PC-01					Measure Not Evaluated for VBP 2016		4.0%	0	\$ (15,000)	
		Unweighted Domain Score			72.0%			34.3% 🔻			40.0%	

- <u>Actual</u> VBP scores and <u>estimated</u> scores
- Year-to-year improvement in performance on a measure does not guarantee improved score

VBP Impact Analysis: Domain Distribution

				FFY 2	017 Progra	FFY 2017 Program <u>ESTIMATED</u> Performance						
	TPS and Payment Impa	Domain Score	х	Domain Weight	=	Weighted Score		Estimated Impact				
Pr	ocess of Care Domain (Clinical Care: Proce	ss)	50.0%	Х	5.0%	=	2.5%	\$	44,800			
Pa	tient Experience of Care Domain		20.0%	Х	25.0%	=	5.0%	\$	(111,200)			
Da	atient Outcomes Domain	Clinical Care: Outcomes	43.3%	Х	25.0%	=	10.8%	\$	149,600			
Pa	ttent Outcomes Domain	Safety of Care	41.7%	Х	20.0%	=	8.3%	\$	104,800			
Ef	ficiency Domain		0.0%	Х	25.0%	=	0.0%	\$	(334,800)			
Tot	tal Performance Score (TPS)					26.7	7%					
•	A VBP Contribution			2.00% \$								
А	VBP Contribution				2.00%	6		\$	1,339,200			
B	VBP Contribution VBP Slope					6 .33912	54609	\$	1,339,200			
						.33912	54609	\$	1,339,200 1,192,500			
B	VBP Slope			0.99	3 89.049	.33912	54609					



VBP Impact Analysis: Measure Distribution

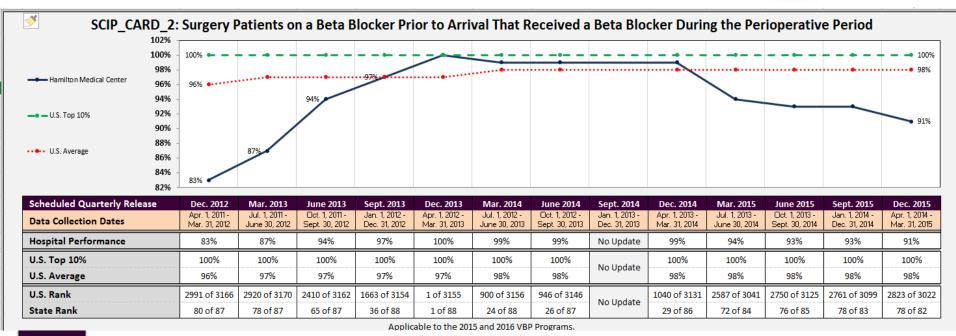
			FF	Y 20	17 Progra	am <u>ESTIMATED</u> Perfe	ormance		
	<u>Mea</u>	asure and Domain Score Comparison	Hospital Performance	Hospital VBP Measure Score Performance					
		PSI-90	0.610		7		▼ \$	59,700	
		HAI_1	0.000	•	10		▲ \$	104,400	
		HAI_2	1.189	•	2		\$	(14,800)	
mes	U	HAI_SSI	N/A		2				
Itcol	of Care 2017)	HAI_SSI Submeasure: HAI_3	1.386		3		\$	(14,800)	
t Ou	afety of (FFY 201	HAI_SSI Submeasure: HAI_4	1.386	•	0				
Patient Outcomes	Safety (FFY :	HAI_5	1.089		0		\$	(44,600)	
Pa		HAI_6	0.627		4		\$	15,000	
		Unweighted Domain Score					41.	7% 🔻	
А	VBP Cont	tribution			2.009	%	\$	1,339,200	
в	VBP Slop	e			3	3.3391254609			
С	VBP Payr	ment (TPS X B)			89.04	%	\$	1,192,500	
VBP	Adjustmen	nt Factor [1+((CxA)-A)]	0).997	78		\$	(146 700)	
Imp	act on IPPS	Operating Payments	-	0.22	%		Ş	(146,700)	

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Value Based Purchasing Program Trends

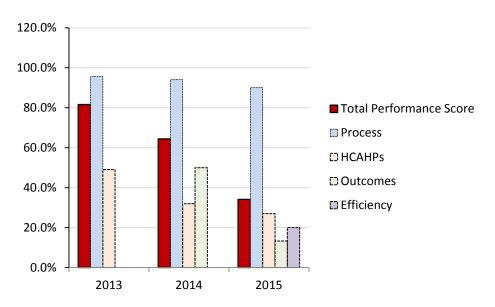
- Chasing a moving target
 - Measures/Domains
 - National Improvement Trends
 - Performance Standards





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Value Based Purchasing: Hospital Case Study



	2013	2014	2015
Process	95.6%	94.0%	90.0%
HCAHPs	49.0%	32.0%	27.0%
Outcomes	N/A	50.0%	13.3%
Efficiency	N/A	N/A	20.0%
Total Performance Score	81.6%	64.4%	34.1%
VBP Slope	1.8374	2.0962	2.5801
Adjustment Factor	1.0050	1.0044	0.9982

149.9%

135.0%

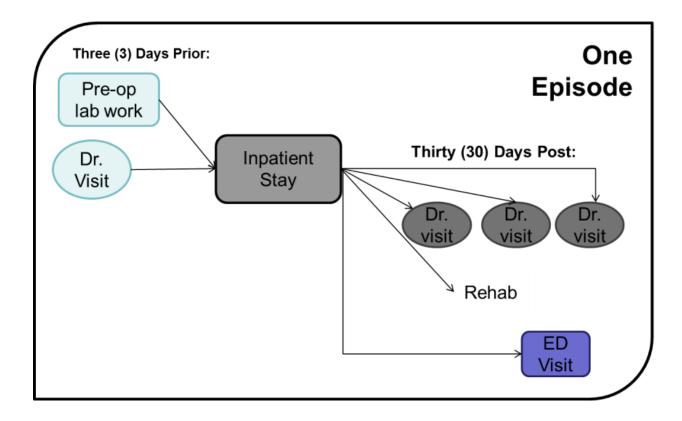
- Total Performance Score drops from 81.6% to 34.1% due to its poorer performance in HCAPHPs, and the addition of Outcomes/Efficiency and increased domain weight
- Hospital Payout Percentage drops from <u>149.9%</u> to <u>88.0%</u> from FFY 2013 to 2015
- As CMS shifts more and more weight towards these Outcomes/Efficiency domains, this hospital may experience larger losses in future program years

Payout Percentage

88.0%

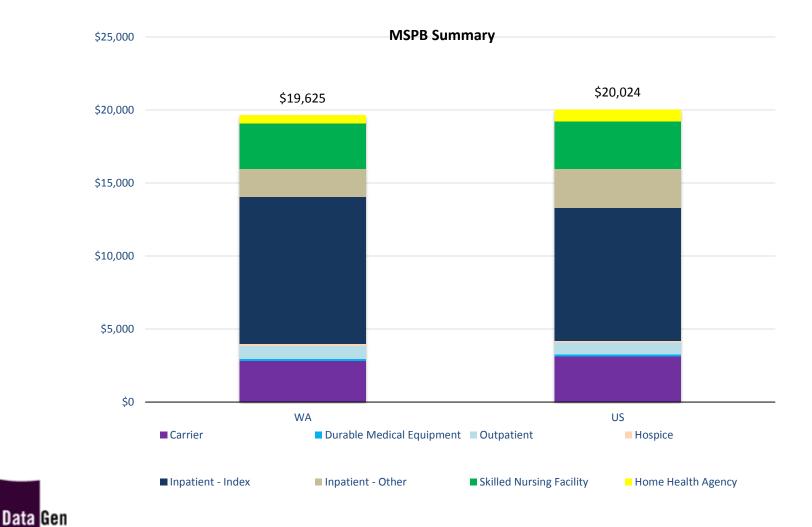
VBP Efficiency Measure

Medicare Spending per Beneficiary:



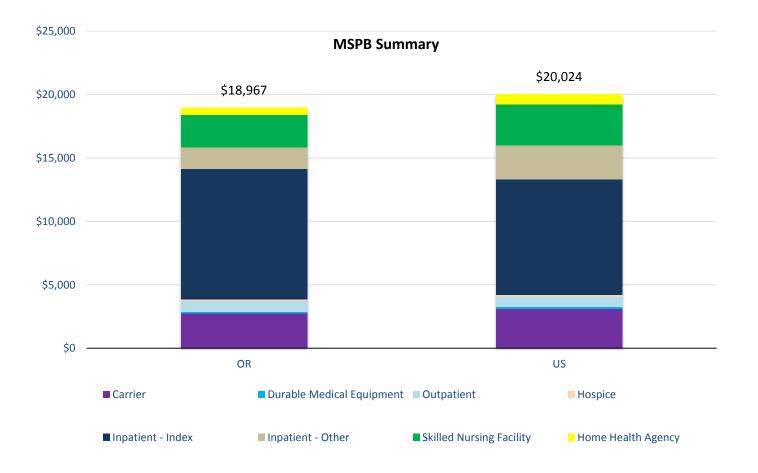


Washington State's 2014 Medicare Spending per Beneficiary



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Oregon's 2014 Medicare Spending per Beneficiary



Washington State's Performance Trends

Domain Ranking	2013	2014		2015		2016	
Process of Care	33 of 50	44 of 50		32 of 50	▼	31 of 50	▼
Patient Experience of Care	31 of 50	36 of 50		39 of 50		42 of 50	
Outcomes of Care	n/a	41 of 50	-	44 of 50		43 of 50	▼
Efficiency	n/a	n/a	-	7 of 50	-	6 of 50	▼
Total Performance Score	35 of 50	47 of 50		33 of 50	▼	22 of 50	▼

Key Drivers of Statewide Performance:

- New Domains
 - FFY 2014: Outcomes Domain
 - FFY 2015: Efficiency Domain

New/Removed Measures

- FFY 2014: <u>Added</u> SCIP-9, AMI, Heart Failure, and Pneumonia Mortality Measures
- FFY 2015: <u>Added</u> PSI-90, CLABSI, Medicare Spending Per Beneficiary; <u>Removed</u> SCIP-VTE-1
- FFY2016: <u>Removed</u> IMM-2: Influenza Immunization (2018+) and AMI-7A: Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival (2018+); <u>Removed</u> - process domain (2018+) with remaining PC-01 measure to move to Safety Domain
- Changing Eligibility
- Update performance periods/standards
 - Nationwide Improvement
- Changing Domain Weights with increased weight towards Outcomes/Efficiency

Oregon's Performance Trends

Domain Ranking	2013	2014	2015	2016
Process of Care	44 of 50	46 of 50 🔺	31 of 50 ▼	30 of 50 🔻
Patient Experience of Care	30 of 50	33 of 50 🔺	36 of 50 🔺	37 of 50 🔺
Outcomes of Care	n/a	39 of 50 -	46 of 50 🔺	44 of 50 🔻
Efficiency	n/a	n/a -	3 of 50 -	3 of 50 -
Total Performance Score	42 of 50	43 of 50 🔺	11 of 50 🔻	6 of 50 🔻

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Washington State's Top/Bottom 5 Measures

Domain	Domain Measure							
Process	Elective Delivery Prior to 39 Completed Weeks Gestation	50.0%						
Outcomes	Outcomes Acute Myocardial Infarction (AMI) 30- Day Mortality Rate							
HCAHPS	Discharge Information	43.5%						
Safety	Central Line-Associated Blood Stream Infection (CLABSI)	34.5%						
Safety	Catheter-Associated Urinary Tract Infection (CAUTI)	32.0%						

	Bottom 5 Measures									
Domain	Measure	Score								
HCAHPS	Cleanliness and Quietness of Hospital Environment	6.2%								
HCAHPS	Responsiveness of Hospital Staff	6.9%								
HCAHPS	Communication with Nurses	7.8%								
HCAHPS	Pain Management	8.5%								
HCAHPS	Communication about Medicines	9.0%								

Measures ranked by aggregate statewide VBP score, weighted by hospital contribution amounts. As VBP scores are used, this ranking accounts for the VBP program's improvement and scoring methodologies. Scores are calculated by applying the FFY 2017 VBP scoring methodology to data available with the 4th quarter 2015 update of Hospital Compare. Revenues were estimated using the FFY 2016 IPPS Final Rule.

As the performance period for the FFY 2017 VBP program is over (CY 2015 for most measures), in order to allow hospitals to focus on those measures that stay in the program, these rankings exclude those measures not included in the program in FFY 2018 and future years (AMI-7a, IMM-2). Additionally, the HCAHPS Consistency measure is excluded as it is more of a subscore for the Patient Experience of Care domain rather than a real measure.

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Oregon's Top/Bottom 5 Measures

	Top 5 Measures			Bottom 5 Measures
Domain	Measure	Score	Domain	Measure
Process	Elective Delivery Prior to 39 Completed Weeks Gestation	55.2%	HCAHPS	Cleanliness and Quietness of Hospital Environment
Outcomes	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	52.1%	HCAHPS	Pain Management
Efficiency	Spending Per Hospital Patient With Medicare	44.8%	HCAHPS	Communication with Doctors
HCAHPS	Discharge Information	42.4%	HCAHPS	Responsiveness of Hospital Staff
Safety	Central Line-Associated Blood Stream Infection (CLABSI)	41.5%	HCAHPS	Communication with Nurses

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Score

4.6%

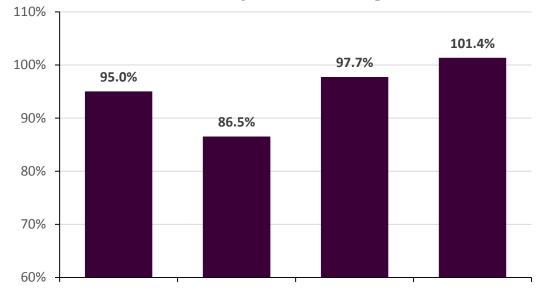
7.8%

8.0%

8.6%

11.1%

Washington State's VBP Performance Trends



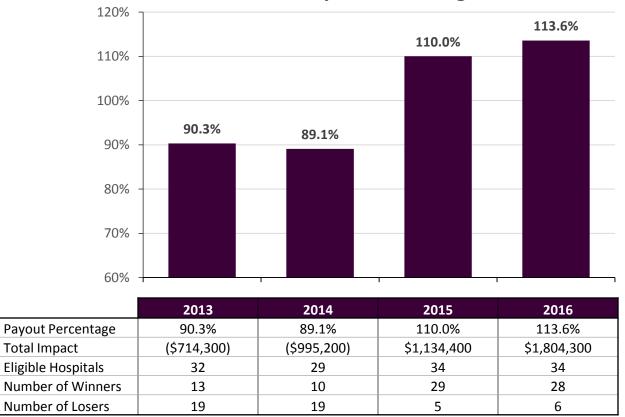
Statewide Payback Percentage

	2013	2014	2015	2016
Payout Percentage	95.0%	86.5%	97.7%	101.4%
Total Impact	(\$797,200)	(\$2,706,900)	(\$551,900)	\$387,600
Eligible Hospitals	48	47	48	48
Number of Winners	19	13	20	25
Number of Losers	29	34	28	23



Eligible providers and their characteristics are based on the FFY 2016 IPPS Final Rule.

Oregon's VBP Performance Trends



Statewide Payback Percentage

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Eligible providers and their characteristics are based on the FFY 2016 IPPS Final Rule.

VBP Program Timeframes

FFY 2016 VBP Program Timeframes

2010	20	11	2012	2013	201	14	2015	
J F M A M J J A S O N D	J F M A M J	J A S O N D	J F M A M J J A S O	D N D J F M A M J J A S O N	D J F M A M J	J A S O N D	J F M A M J J A S	O N
			Process of Care:		Process	of Care:		
			Baseline Period ⁶		Performan	œ Period ⁷		
			Patient Experience of Ca	are:	Patient Experi	ence of Care:		
			Baseline Period ⁶		Performan	œ Period ⁷		
			Outcomes of Care		Outcome	s of Care		
			(HAI Measures):		- (HAI Mea	asures):		
			Baseline Period ⁶		Performan	œ Period ⁷		Pa
Outo	omes of Care			Outcomes of Care				
(Morta	ality & PSI-90):			(Mortality & PSI-90):				
Base	eline Period ⁶			Performance Period ⁷				
			Efficiency of Care:		Efficiency	of Care:		
			Baseline Period ⁶		Performan	œ Period ⁷		

VBP Program Timeframes

FFY 2017 VBP Program Timeframes

J F M A M J J A S	O N D	J F M A M J J A S O N D	ZC	12 J A S O N D	J F M A M J J A S O Clinical Care - Process Baseline Period	N D	2014 J F M A M J J A S O N D	J F M A M J Clinical Car	115 J A S O N D e - Process: nce Period	ZO16 J F M A M J J A S
					Patient Experience of Ca Baseline Period	are:			ience of Care: nce Period	
		Clinical Care - Outcomes Baseline Period					Clinical Care - Outcomes: Performance Period			
		Safety of Care (PSI-90): Baseline Period					Safety of Care (PSI-90): Performance Period			
					Safety of Care (All othe Baseline Period	er):			e (All other): nce Period	
					Efficiency and Cost Reduc Baseline Period	tion:			Cost Reduction: nce Period	

QBPR Reference Guide

Quality Based Payment Reform (QBPR) Reference Guide

Value Based Purchasing (VBP) Overview: FFY 2018 Program

Measures, Performance Standards, Evaluation Periods, and Other Program Details for the FFY 2018 VBP Program

	Measure ID	Measure Description			Minimum Standards 4
	HAI_1*	Central Line-Associated Blood Stream Infection (CLABSI)	0.3690	0.0000	
Safety of Care	HAI_2*	Catheter-Associated Urinary Tract Infection (CAUTI)	0.9060	0.0000	1
	HAI_5*	Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events	0.7670	0.0000	Predicted Infection
۲ ol	HAI_6*	Clostridium difficile (C.diff.)	0.7940	0.0020	
Safet	PSI-90*	Patient Safety Indicator Composite (FFY 2016 IPPS final rule standards used AHRQ v4.4)	TBD (v4.5a)	TBD (v4.5a)	3 Cases
	PC-01* (MOVED)	Elective Delivery Prior to 39 completed Weeks Gestation	2.0408%	0.0000%	10 Cases
	Pooled Surgical Site Infection (SSI) Measure**:				
	HAI-3 *	Surgical Site Infection - Colon	0.8240	0.0000	1
	HAI-4 *	Surgical Site Infection - Abdominal Hysterectomy	0.7100	0.0000	Predicted Infection

Outcomes	Measure ID	Measure Description			Minimum Standards 4
Care: O	MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate (converted to survival rate for VBP)	85.1458%	87.1669%	
	MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate (converted to survival rate for VBP)	88.1794%	90.3985%	25 Cases
Clinical	MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate (converted to survival rate for VBP)	88.2986%	90.8124%	

e	Measure ID	Measure Description	National Floor ³			Minimum Standards 4
Care		1			-	
ď		Communication with Nurses	55.27%	78.52%	86.68%	
		Communication with Doctors	57.39%	80.44%	88.51%	
Experience		Responsiveness of Hospital Staff	38.40%	65.08%	80.35%	
(pe		Pain Management	52.19%	70.20%	78.46%	
		Communication about Medicines	43.43%	63.37%	73.66%	100 Surveys
Patient		Hospital Cleanliness & Quietness	40.05%	65.60%	79.00%	Surveys
Pat		Discharge Information	62.25%	86.60%	91.63%	
		Overall Rating of Hospital	37.67%	70.23%	84.58%	
	CTM-3 (NEW)	3-Item Care Transitions Measure	25.21%	51.45%	62.44%	

and Cost Reduction	Measure ID	Measure Description			Minimum Standards 4
Efficiency and Cost	SPP-1* (MSPB-1)		Median Ratio Across All Hospitals	Mean Ratio of Lowest Decile of Hospitals	25 Cases

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Data Gen

Additional Quality Webinar

- Monday, June 27th @ noon (Pacific Time):
 - Readmission Reduction Program
 - Hospital Acquired Condition Program

Questions?

