



Washington State
Hospital Association



HAC Reduction Program Analysis

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Hospital-Acquired Condition (HAC) Reduction

- Program Overview
- Reporting Analysis
- Proposed Rule

HAC Program Overview

- Remains whole or receive 1% payment penalty
- DRG base plus add-ons (IME & DSH)
- Affects worst performing quartile
- Contains two domains
 - AHRQ Patient Safety Indicator (PSI)-90
 - CDC chart abstracted measures
- Risk adjusted
- Risk standardized
- FFS Medicare Population and excludes Medicare Advantage

HAC Domain 1

AHRQ Patient Safety Indicator (PSI)-90: Composite Measure

| Patient Safety Indicator Measure ¹ (Combined into PSI-90 Composite Ratio) | Measure Weight |
|---|----------------|
| PSI 15: Accidental Puncture or Laceration | 49.2% |
| PSI 12: Postop PE Or DVT | 25.8% |
| PSI 13: Postop Sepsis | 7.4% |
| PSI 6: Iatrogenic Pneumothorax | 7.1% |
| PSI 7: Central Venous Catheter-Related Blood | 6.5% |
| PSI 3: Decubitus Ulcer | 2.3% |
| PSI 14: Postop Wound Dehiscence | 1.7% |
| PSI 8: Postop Hip Fracture | 0.1% |

Measure Type: Claims Based

Domain Weight: 15%

Performance Period: July 1, 2013 – June 30, 2015

HAC Domain 2

CDC Chart Abstracted Measures

| Domain 2: CDC Chart Abstracted Measures |
|--|
| HAI_1a: Central Line Associated Blood Stream Infection (CLABSI) (ICU-Only) |
| HAI_2a: Catheter Associated Urinary Tract Infection (CAUTI) (ICU-Only) |
| SSI: Pooled Surgical Site Infection (SSI) Standardized Infection Ratio |
| HAI_5: Methicillin-resistant Staphylococcus Aureus (MRSA) |
| HAI_6: Clostridium difficile (C.diff.) |

Measure Type: Abstracted Measures

Domain Weight: 85%

Performance Period: January 1, 2014 – December 31, 2015

FFY 2017 Program Timeline

| | | 2012 | | | | | 2013 | | | | | 2014 | | | | | 2015 | | | | | 2016 | | | | | 2017 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|--|------|---|---|---|---|--------------------------------------|---|---|---|---|--|---|---|---|---|--|---|---|---|---|------|---|---|---|---|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 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 | 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 | D |
| Actual Program | | | | | | | | | | | | Domain 1 - AHRQ Claims Based Measure | | | | | | | | | | | | | | | FFY 2017 Payment Adjustment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | Domain 2 - CDC Chart Abstracted Measures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Analysis | | | | | | | Domain 1 - AHRQ Claims Based Measure | | | | | | | | | | | | | | | | | | | | FFY 2017 Payment Adjustment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Domain 2 - CDC Chart Abstracted Measures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HAC FY 2017 Overview

- **Total HAC Score:** In the FY 2017 HAC Reduction Program, hospitals with a Total HAC Score greater than 6.45 are subject to a payment reduction
- **Payment Adjustment:** October 1, 2016 – September 30, 2017
- **Hospital Compare:** Anticipated December 2016
- **Next Action: Data Correction Mid-July, 2016**

Summary of Analysis

Hospital Acquired Condition (HAC) Reduction Program: Performance Scorecard

Sample Hospital

Measure Performance:

| Domain 1: AHRQ Claims Based Measures | Actual FFY 2015 Performance | | Actual FFY 2016 Performance | | Estimated FFY 2017 Performance | |
|--------------------------------------|-----------------------------|----------------|-----------------------------|----------------|--------------------------------|----------------|
| | Percentile | Measure Points | Percentile | Measure Points | Percentile | Measure Points |
| PSI-90 Composite Measure | 41st-50th | 5 | 81st-90th | 9 ▲ | 71st-80th | 8 ▼ |

| Domain 2: CDC Chart Abstracted Measures | Actual FFY 2015 Performance | | Actual FFY 2016 Performance | | Estimated FFY 2017 Performance | |
|--|-----------------------------|----------------|-----------------------------|----------------|--------------------------------|----------------|
| | Percentile | Measure Points | Percentile | Measure Points | Percentile | Measure Points |
| HAI_1a: Central Line Associated Blood Stream Infection (CLABSI) (ICU-Only) | 61st-70th | 7 | 81st-90th | 9 ▲ | 51st-60th | 6 ▼ |
| HAI_2a: Catheter Associated Urinary Tract Infection (CAUTI) (ICU-Only) | 71st-80th | 8 | 71st-80th | 8 - | 61st-70th | 7 ▼ |
| SSI: Pooled Surgical Site Infection (SSI) Standardized Infection Ratio | Does Not Apply | | 61st-70th | 7 - | 71st-80th | 8 ▲ |
| HAI_5: Methicillin-resistant Staphylococcus Aureus (MRSA) | Does Not Apply | | Does Not Apply | | 61st-70th | 7 - |
| HAI_6: Clostridium difficile (C.diff.) | Does Not Apply | | Does Not Apply | | 91st-100th | 10 - |

-Under the HAC program, hospitals can score 1 to 10 points on each measure, where lower scores are better. Arrows are included to indicate hospital scoring trends over time, where ▼ arrows indicates hospital improvement while ▲ indicates poorer performance.

Domain/Total HAC Score Performance:

| | Actual FFY 2015 Performance | | Actual FFY 2016 Performance | | Estimated FFY 2017 Performance | |
|---|-----------------------------|---------------|-----------------------------|---------------|--------------------------------|---------------|
| | Domain Score | Domain Weight | Domain Score | Domain Weight | Domain Score | Domain Weight |
| Domain 1: AHRQ Claims Based Measures | 5.00 | 35% | 9.00 ▲ | 25% | 8.00 ▼ | 15% |
| Domain 2: CDC Chart Abstracted Measures | 7.50 | 65% | 8.00 ▲ | 75% | 7.60 ▼ | 85% |
| Total HAC Score | 6.63 | | 8.25 ▲ | | 7.66 ▼ | |

Annual Program Impact Estimates:

| | Actual FFY 2015 Performance | Actual FFY 2016 Performance | Estimated FFY 2017 Performance |
|---------------------------------|-----------------------------|-----------------------------|--------------------------------|
| Hospital Total HAC Score | 6.63 | 8.25 | 7.66 |
| 75th Percentile Total HAC Score | 7.00 | 6.75 | 6.45 |
| Payment Penalty Determination | No Payment Penalty | Receives Penalty | Receives Penalty |
| Estimated Annual Impact | \$0 | (\$411,600) | (\$443,200) |

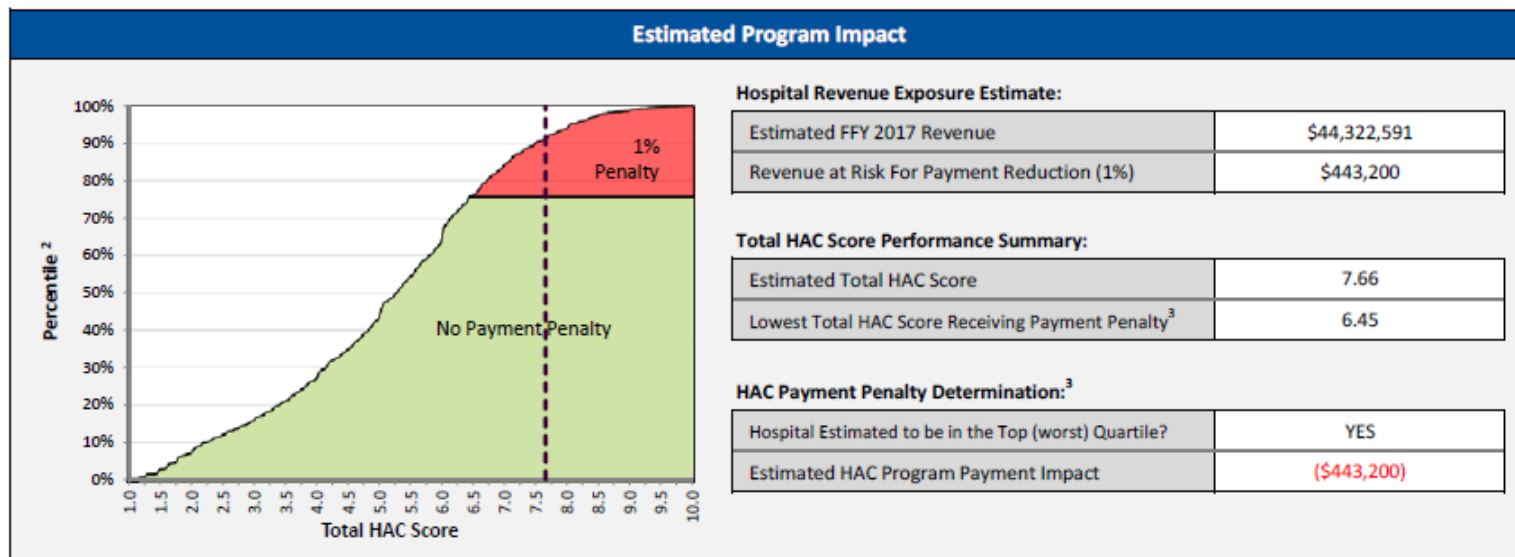
Hospital HAC Penalty Determination

HAC Program Impact Analysis and Data Source Summary

Estimated Federal Fiscal Year (FFY) 2017 Program Performance

Sample Hospital

| Estimated Program Performance | | | | | |
|--|--------------------------|---|-----------------------------|---|--------------------------------------|
| Domain 1 - AHRQ Claims Based Measure | Raw Score 8.00 | X | Domain Weight 15% | = | Weighted Domain Score 1.20 |
| Domain 2 - CDC Chart Abstracted Measures | Raw Score 7.60 | X | Domain Weight 85% | = | Weighted Domain Score 6.46 |
| Total HAC Score (Sum of Weighted Domain Scores)¹ | | | | | 7.66 |



Domain 1 Summary

Domain 1 Summary (AHRQ Claims Based Measures)

Estimated Federal Fiscal Year (FFY) 2017 Program Performance

Sample Hospital

HAC performance ratios for all program-eligible hospitals are separated into deciles for scoring (lowest decile = best performers; highest decile = worst performers). Using publicly available data, the tables and graphs below demonstrate how measures will be assigned to deciles under the 2017 programs.

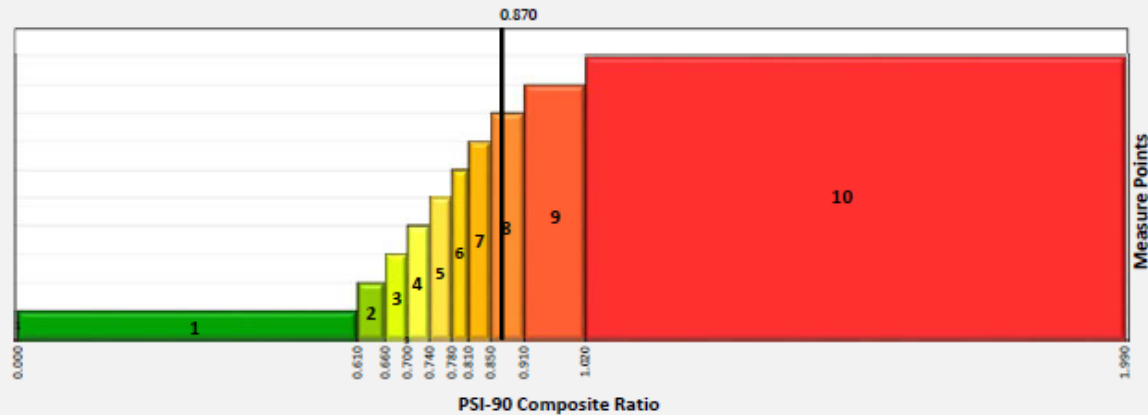
PSI-90: Patient Safety Indicator Composite Performance Detail

| Patient Safety Indicator Measure ¹ (Combined Into PSI-90 Composite Ratio) | Measure Weight |
|---|----------------|
| PSI 15: Accidental Puncture or Laceration | 49.2% |
| PSI 12: Postop PE Or DVT | 25.8% |
| PSI 13: Postop Sepsis | 7.4% |
| PSI 6: Iatrogenic Pneumothorax | 7.1% |
| PSI 7: Central Venous Catheter-Related Blood | 6.5% |
| PSI 3: Decubitus Ulcer | 2.3% |
| PSI 14: Postop Wound Dehiscence | 1.7% |
| PSI 8: Postop Hip Fracture | 0.1% |

| | |
|---|-------|
| PSI-90 Composite Ratio ¹ (Sum of Weighted Performance Ratios) | 0.870 |
|---|-------|

| | |
|--------------------------------------|-----------|
| PSI-90 Composite Decile ² | 71st-80th |
|--------------------------------------|-----------|

| Measure Points (Lower Is Better) ² |
|---|
| 8 |



Domain 2 Summary

Domain 2 Summary (CDC Chart-Abstracted Measures)

Estimated Federal Fiscal Year (FFY) 2017 Program Performance

Sample Hospital

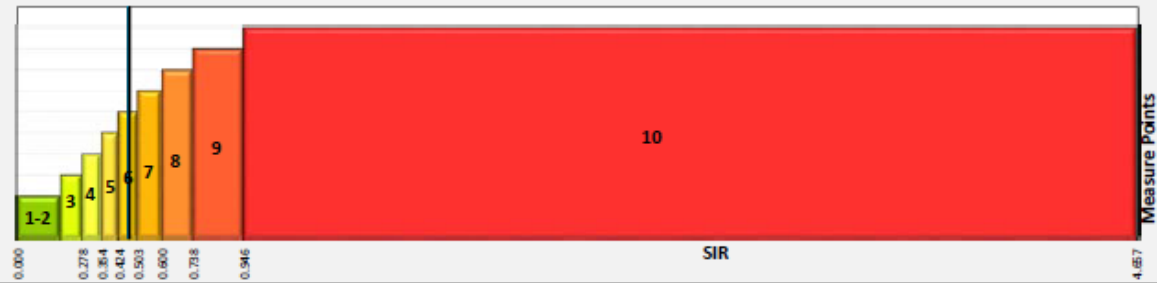
HAC performance ratios for all program-eligible hospitals are separated into deciles for scoring (lowest decile = best performers; highest decile = worst performers). Using publicly available data, the tables and graphs below demonstrate how measures will be assigned to deciles under the 2017 programs.

HAI_1a: Central Line Associated Blood Stream Infection (CLABSI) (ICU-only) Performance Detail

$$\text{Standardized Infection Ratio (SIR)}^1 = \frac{\text{Number of Observed CLABSI Infections}}{\text{Number of Expected CLABSI Infections}} = \frac{3.00}{6.40} = \mathbf{0.469} \quad \text{Decile}^2 \quad \mathbf{51\text{st}-60\text{th}}$$

Measure Points (Lower Is Better)²

6



HAI_2a: Catheter Associated Urinary Tract Infection (CAUTI) (ICU-only) Performance Detail

$$\text{Standardized Infection Ratio (SIR)}^1 = \frac{\text{Number of Observed CAUTI Infections}}{\text{Number of Expected CAUTI Infections}} = \frac{5.00}{4.70} = \mathbf{1.063} \quad \text{Decile}^2 \quad \mathbf{61\text{st}-70\text{th}}$$

Measure Points (Lower Is Better)²

7



Domain 2 Summary

Domain 2 Summary (CDC Chart-Abstracted Measures)

Estimated Federal Fiscal Year (FFY) 2017 Program Performance

Sample Hospital

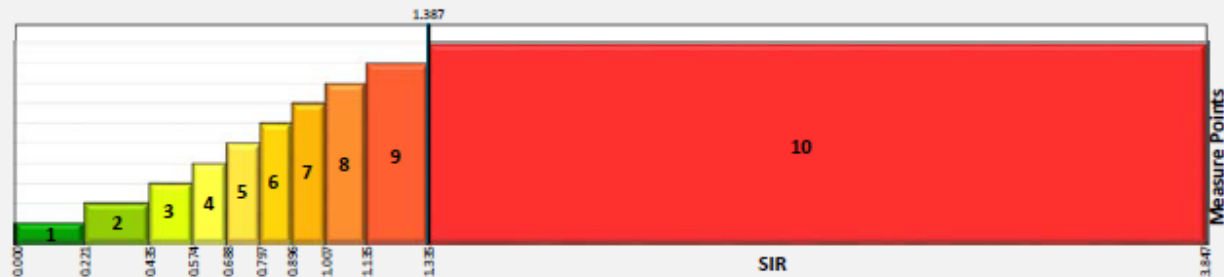
HAC performance ratios for all program-eligible hospitals are separated into deciles for scoring (lowest decile = best performers; highest decile = worst performers). Using publicly available data, the tables and graphs below demonstrate how measures will be assigned to deciles under the 2017 programs.

HAI_6: Clostridium difficile (C.diff.) Performance Detail

$$\text{Standardized Infection Ratio (SIR)}^1 = \frac{\text{Number of Observed C.Diff. Infections}}{\text{Number of Expected C.Diff. Infections}} = \frac{57.00}{41.11} = \boxed{1.387} \quad \text{Decile}^2 \quad \boxed{91\text{st-}100\text{th}}$$

Measure Points (Lower Is Better)²

10



| Domain 2 Scoring Summary ³ | SIR | Decile | Measure Points | Domain 2 Score ³ |
|--|-------|------------|----------------|-----------------------------|
| | | | | FFY 2017 |
| HAI_1a: Central Line Associated Blood Stream Infection (CLABSI) (ICU-only) | 0.469 | 51st-60th | 6 | 7.60 |
| HAI_2a: Catheter Associated Urinary Tract Infection (CAUTI) (ICU-only) | 1.063 | 61st-70th | 7 | |
| Surgical Site Infection (SSI) Pooled Standardized Infection Ratio (SIR) | 1.209 | 71st-80th | 8 | |
| HAI_5: Methicillin-resistant Staphylococcus Aureus (MRSA) | 1.047 | 61st-70th | 7 | |
| HAI_6: Clostridium difficile (C.diff.) | 1.387 | 91st-100th | 10 | |

Proposed: HAC Reduction Program—FFYs 2017-2019

- FFY 2018, CMS is changing PSI-90 composite measure titled “Patient Safety and Adverse Events Composite” comprised of 10 component indicators (up from 8)
 - The addition of—
 - PSI 09: Perioperative Hemorrhage or Hematoma Rate;
 - PSI 10: Physiologic and Metabolic Derangement Rate; and
 - PSI 11: Postoperative Respiratory Failure Rate.
 - The removal of—
 - PSI 07: Central Venous Catheter-Related Blood Stream Infection Rate
 - Changes to—
 - PSI 12: Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate; and
 - PSI 15: Accidental Puncture or Laceration Rate.
 - Weighting of component indicators based on harms associated with the events, in addition to volume.

Proposed: HAC Reduction Program—FFYs 2017-2019

- FFY 2018, CMS is also proposing to utilize a 15-month performance period (July 1, 2014 – Sept. 30, 2015) for the PSI-90 measure
- FY 2019, CMS is 21-month performance period (Oct. 1, 2015 – Sept. 30, 2017) for the PSI-90 measure.
- FY 2018, CMS' proposal would employ a continuous scoring methodology utilizing Winsorized z-scores
Individual HAC Score change

$$Z\text{-Score} = \frac{(\text{Hospital's Measure Performance} - \text{Mean Performance for All Hospitals})}{\text{Standard Deviation for All Hospitals}}$$

- Scoring for domains, Total HAC Scores, and penalty determinations would remain unchanged.

Additional Resources

WSHA contact information

- <http://www.wsha.org/our-members/data-and-decision-support/>

CMS contact information

- HAC questions can be emailed to qnetsupport@hcqis.org, or call (866) [288-8912](tel:288-8912)

CMS' HAC website

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>

QualityNet

- <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166>

Thank you