

Welcome!

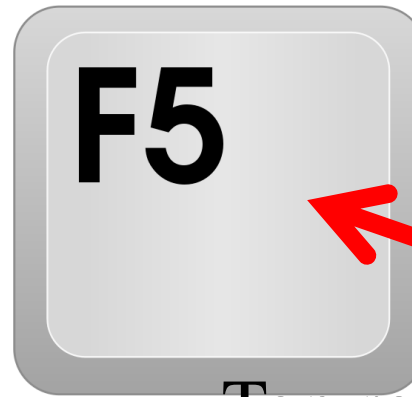
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



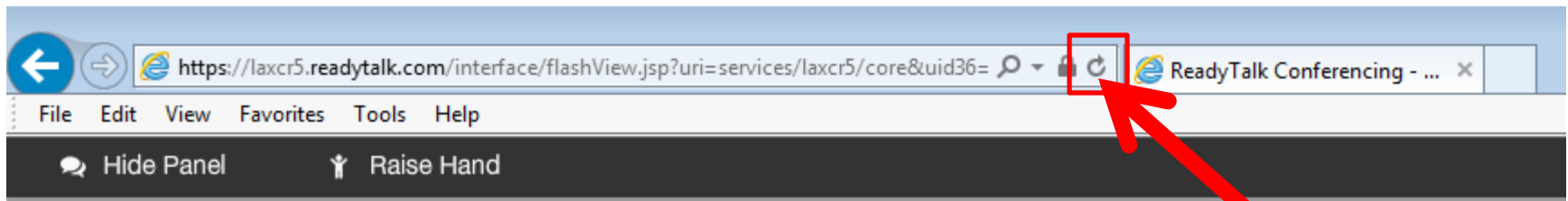
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



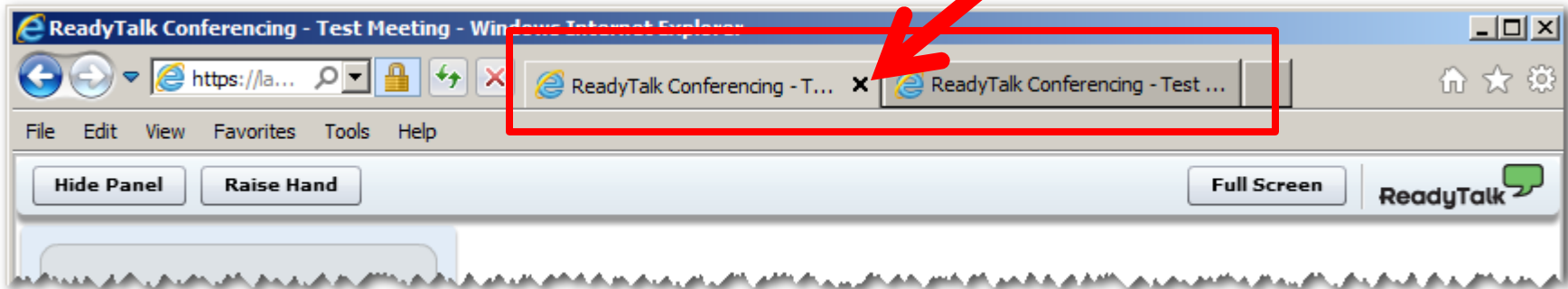
F5 Key
Top row of Keyboard



Location of Buttons Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers Tabs open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a dark border. At the top of this window are buttons for 'Hide Chat' and 'Raise Hand'. The main area of the chat window is empty. At the bottom of the chat window is a text input field with the placeholder text 'Type questions here.' and a 'Send' button. The right section of the interface is a large gray area with a dark border. At the top of this area is the CMS logo, which consists of a blue and yellow swoosh above the letters 'CMS' and the text 'CENTERS FOR MEDICARE & MEDICAID SERVICES' below it. Below the logo, the text 'Welcome to Today's Event' is displayed in a large, bold, gray font. Below this, a horizontal line separates the header from the footer. The footer contains the text 'Thank you for joining us today! Our event will start shortly.' in a smaller, italicized, gray font. At the top right of the entire interface are buttons for 'Full Screen' and 'Reconnect'.



**The HCAHPS Survey, Pain Management, and Opioid Misuse.
The CMS Perspective:
*Clarifying Facts, Myths, and Approaches***



***Lemeneh Tefera MD MSc
Medical Officer***

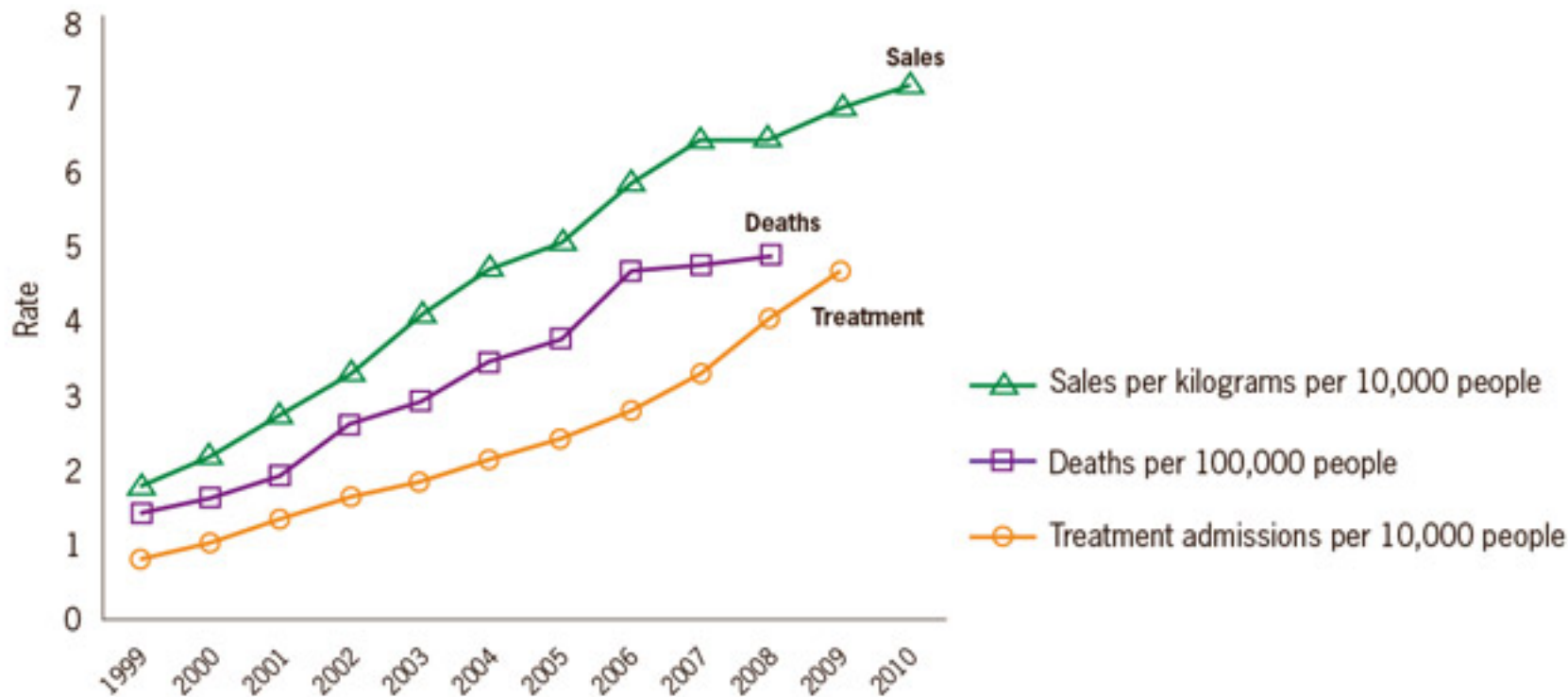
***William G. Lehrman, PhD
Social Science Research Analyst***

January 26th, 2016

Objectives and Overview

- Review history of the prescription opioid epidemic
- Describe methodology of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Rationale for pain management in HCAHPS
- Contribution of the pain management to the HCAHPS score in Hospital Value Based Purchasing
- HHS and CMS policy initiatives that address the prescription opioid epidemic
- Questions & Answers

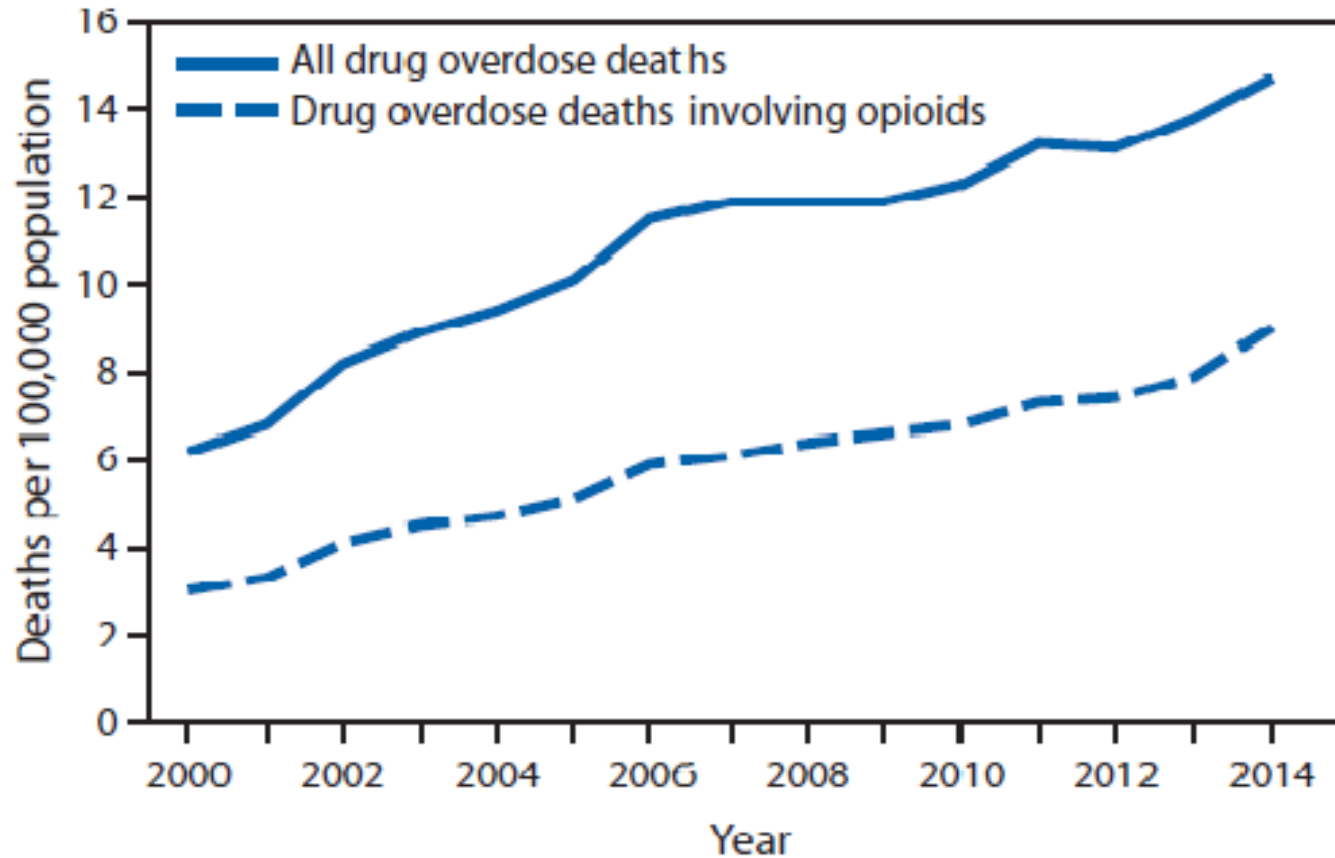
Rates of Prescription Opioid Sales, Death and Substance Abuse Treatment Admissions, 1999-2010



SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids: United States, 2000–2014

FIGURE 1. Age-adjusted rate* of drug overdose deaths† and drug overdose deaths involving opioids^{§,¶} — United States, 2000–2014



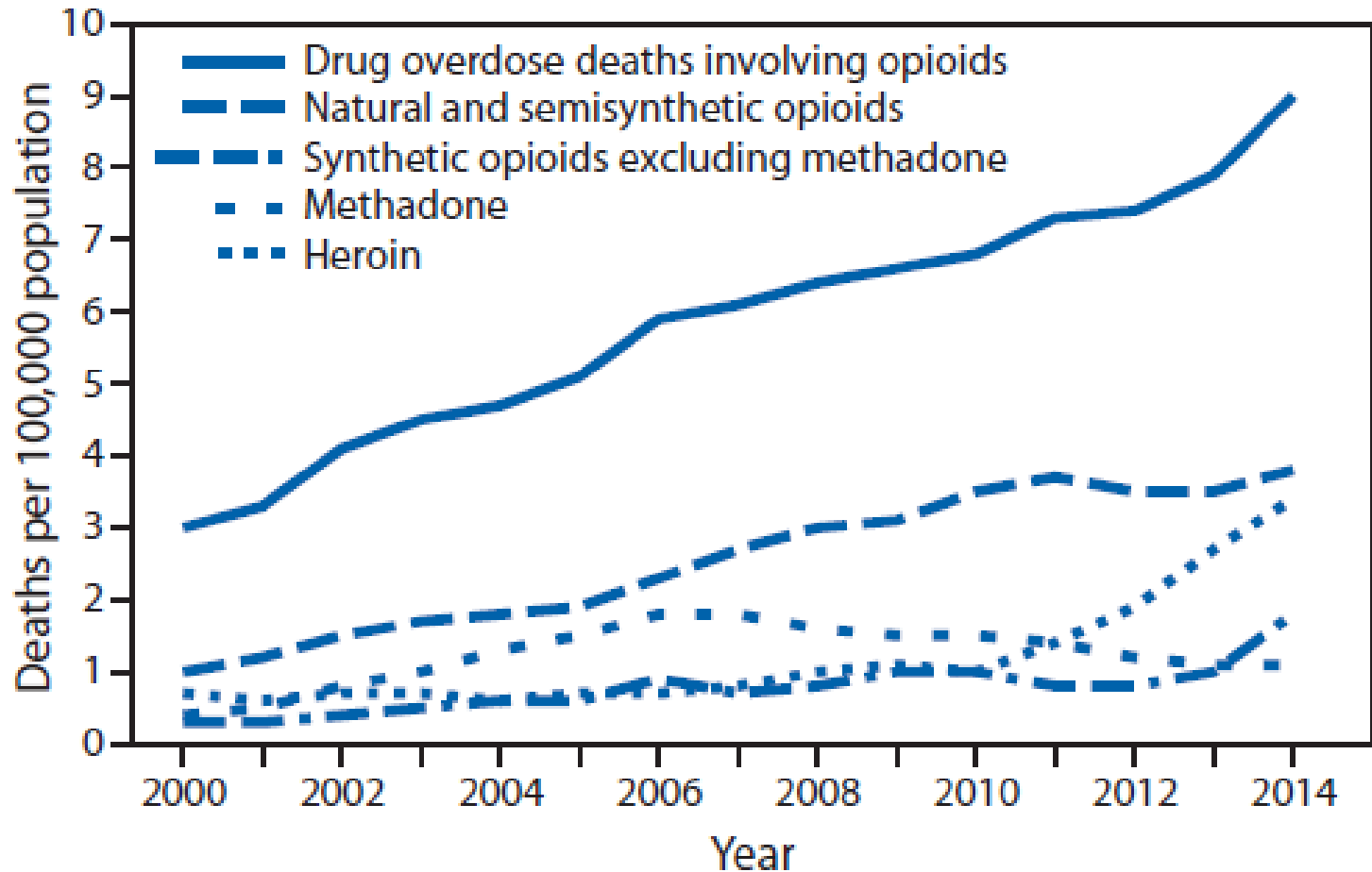
Source: National Vital Statistics System, Mortality file.

CDC (2016). Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014.

Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention. **64**: 1378-1382

Drug overdose deaths involving opioids by type of opioid: United States, 2000–2014

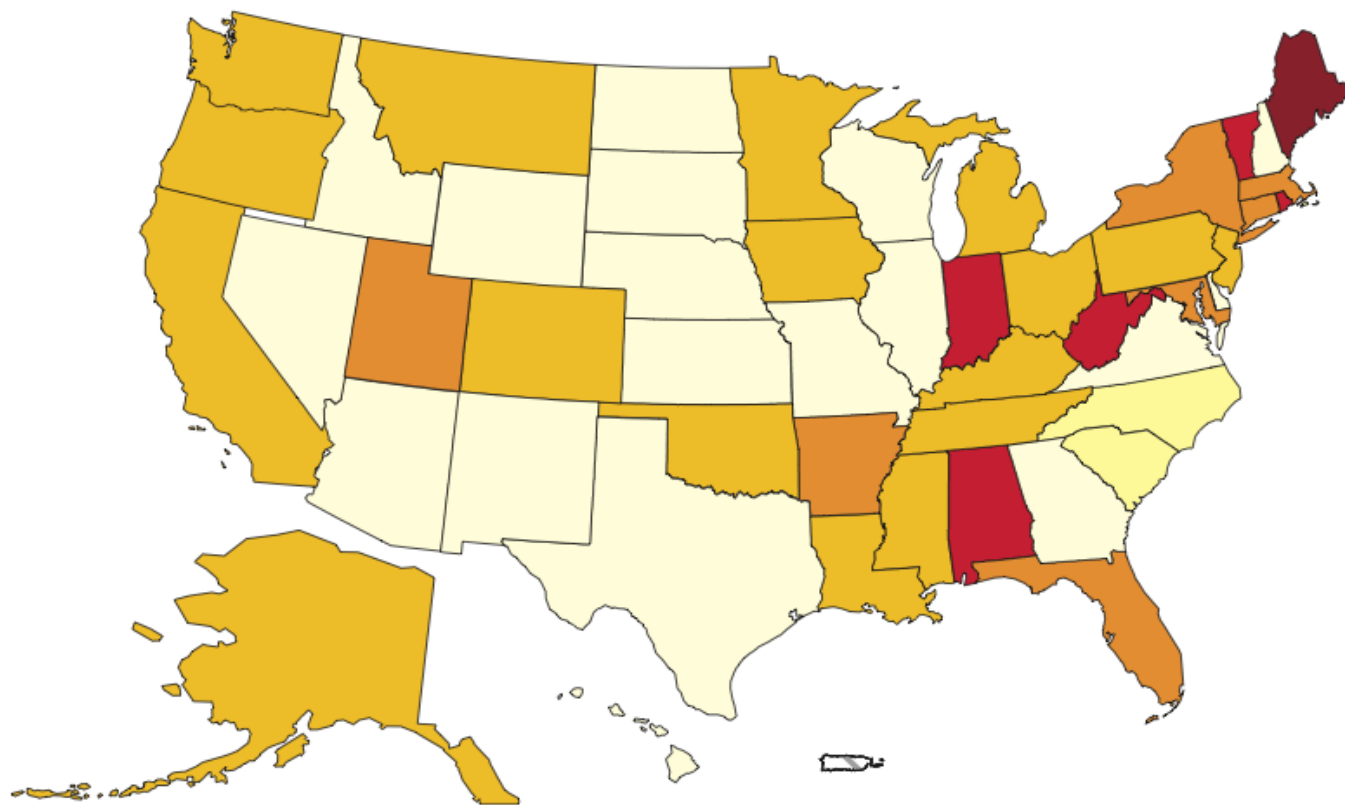
FIGURE 2. Drug overdose deaths* involving opioids,^{†,§} by type of opioid[¶] — United States, 2000–2014



CDC (2016). Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014.

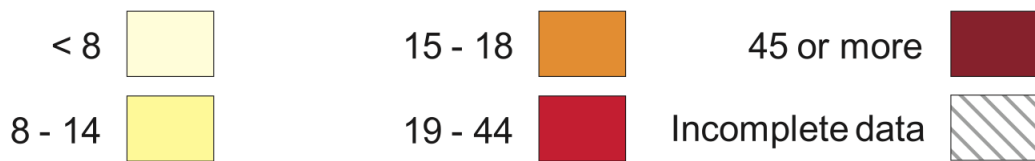
Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention. **64**: 1378-1382

Primary non-heroin opiates/synthetics admission rates, by state (per 100,000 population aged 12 and over)



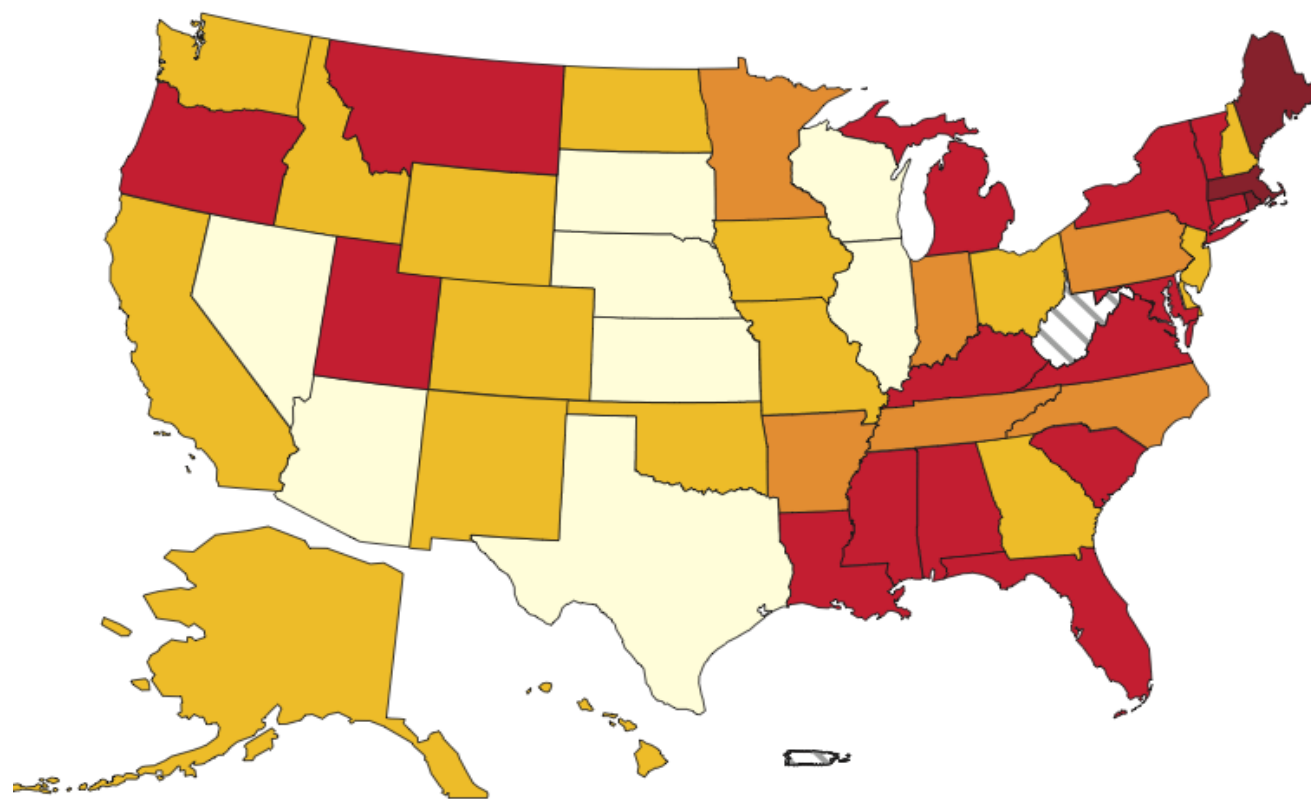
1999

(range 1 - 50)

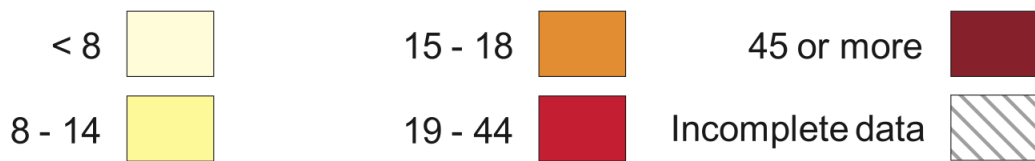


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Primary non-heroin opiates/synthetics admission rates, by state (per 100,000 population aged 12 and over)

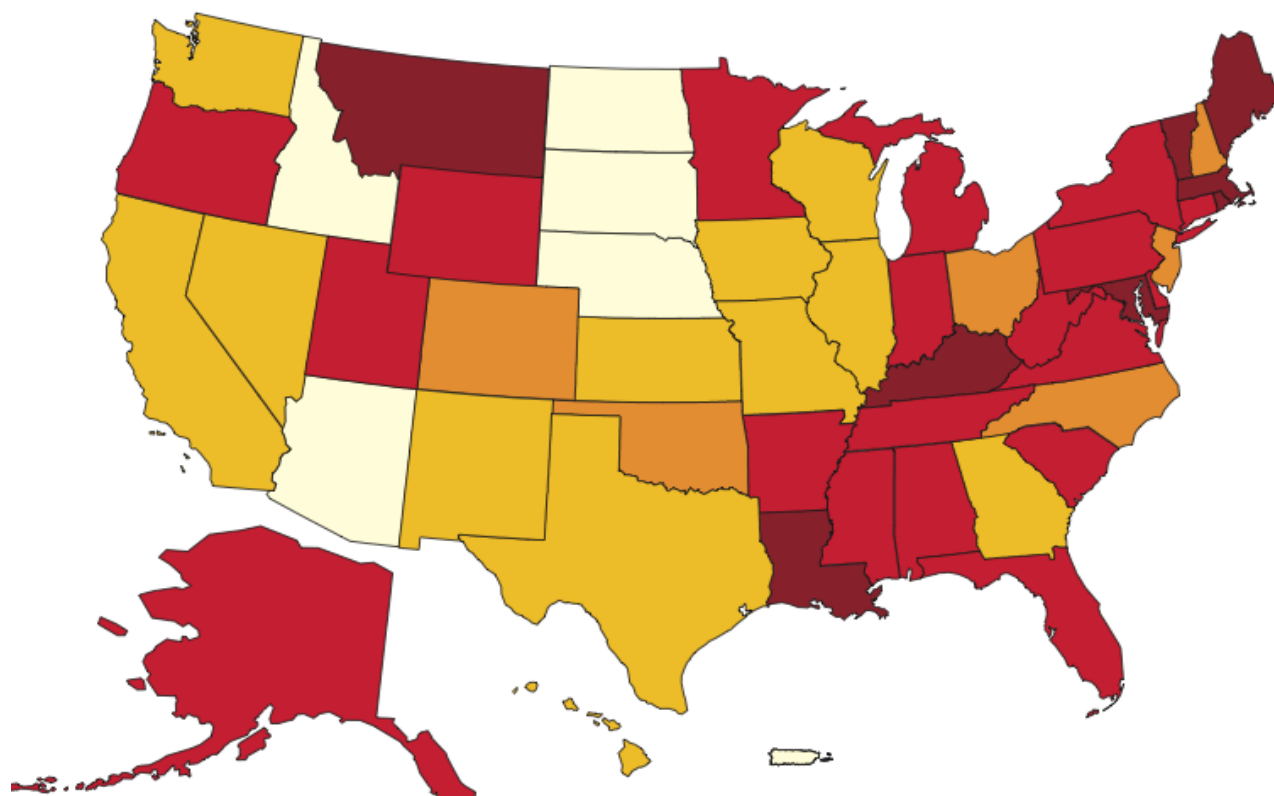


2001
(range 1 – 71)



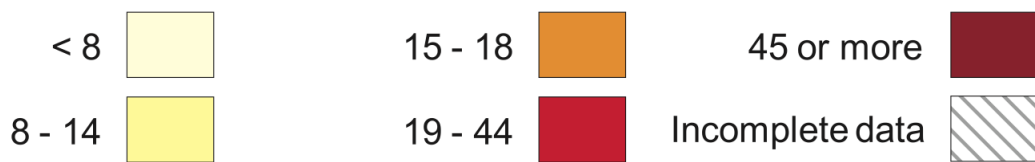
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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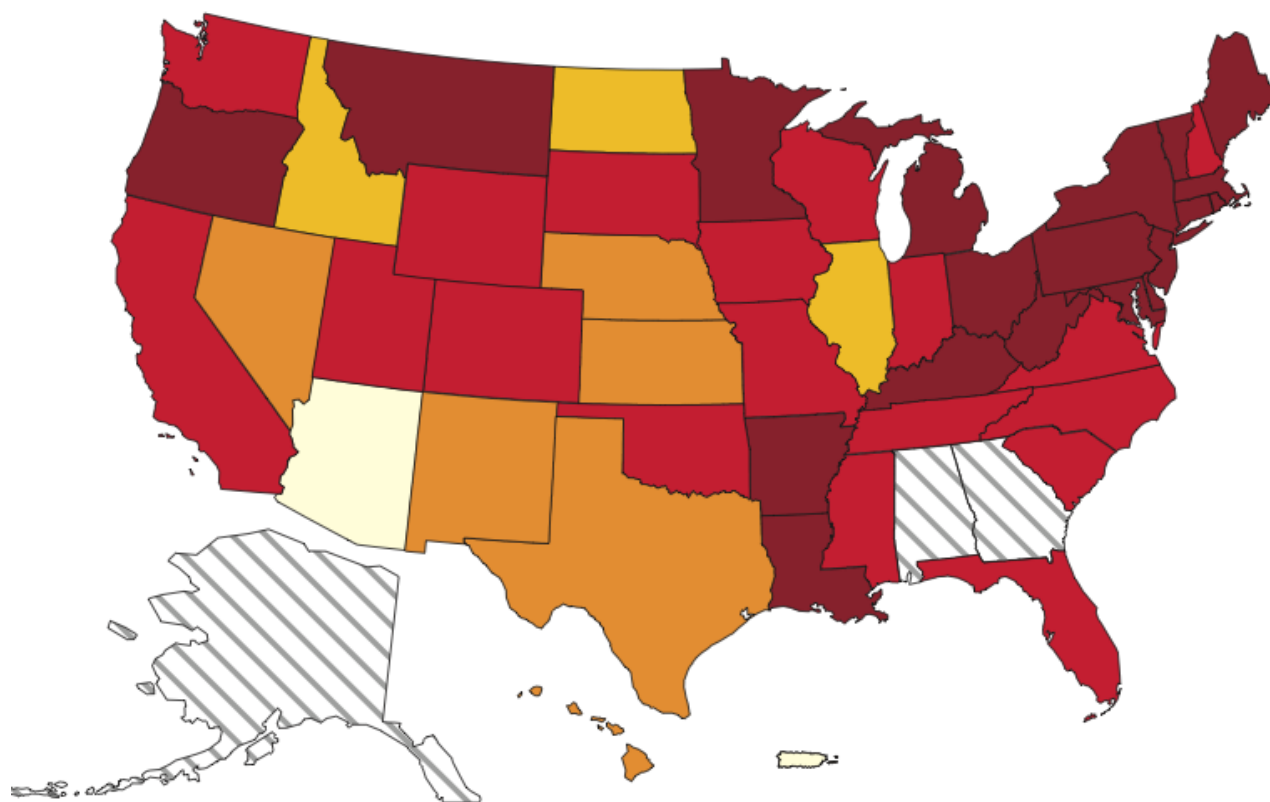
2003

(range 2 – 139)



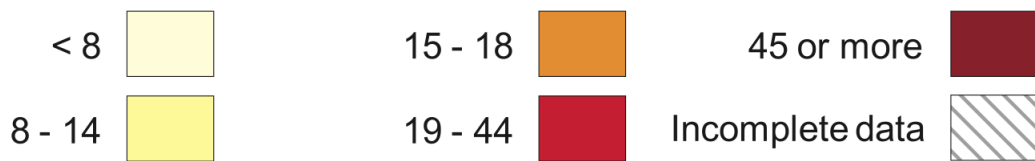
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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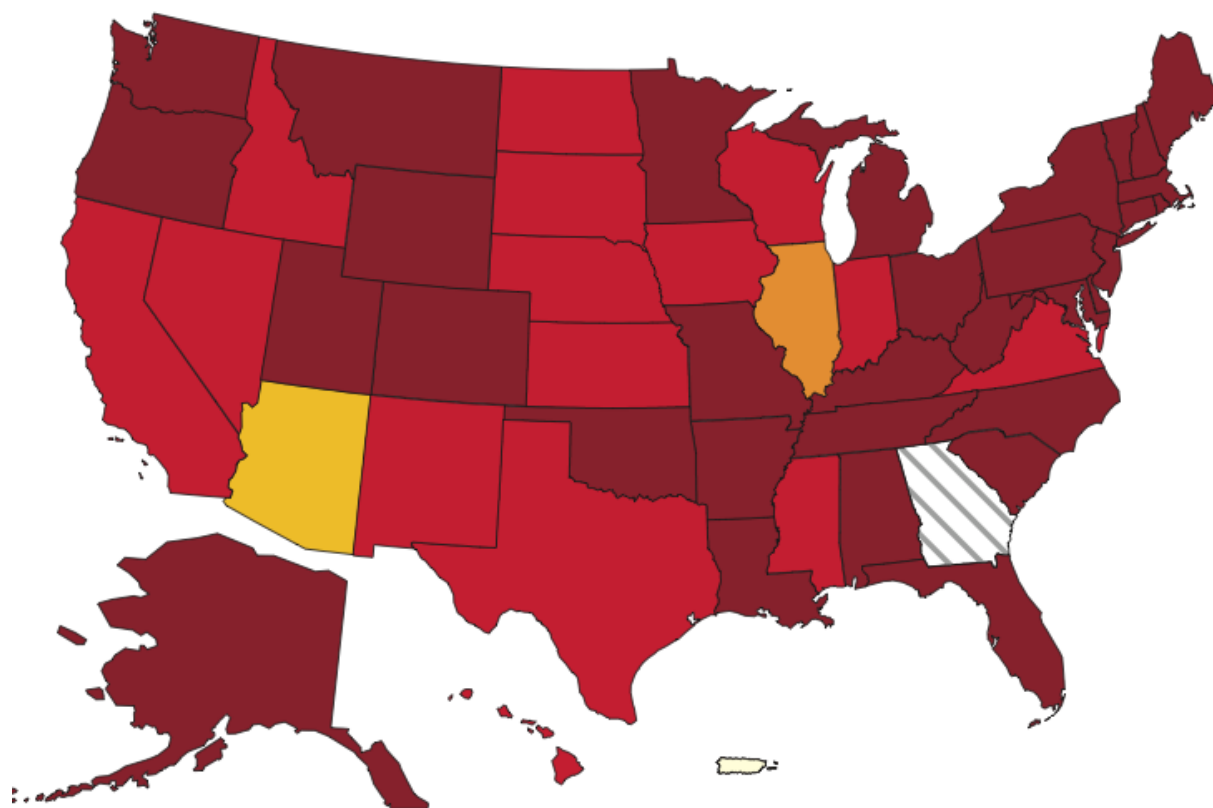
2007

(range 1 – 340)



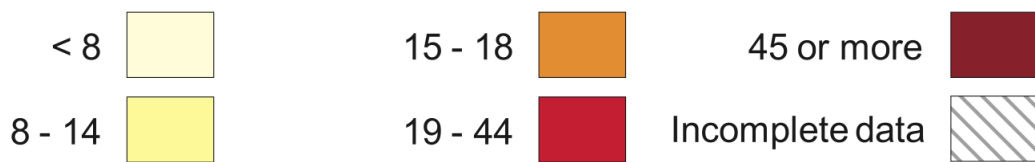
SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Primary non-heroin opiates/synthetics admission rates, by state (per 100,000 population aged 12 and over)



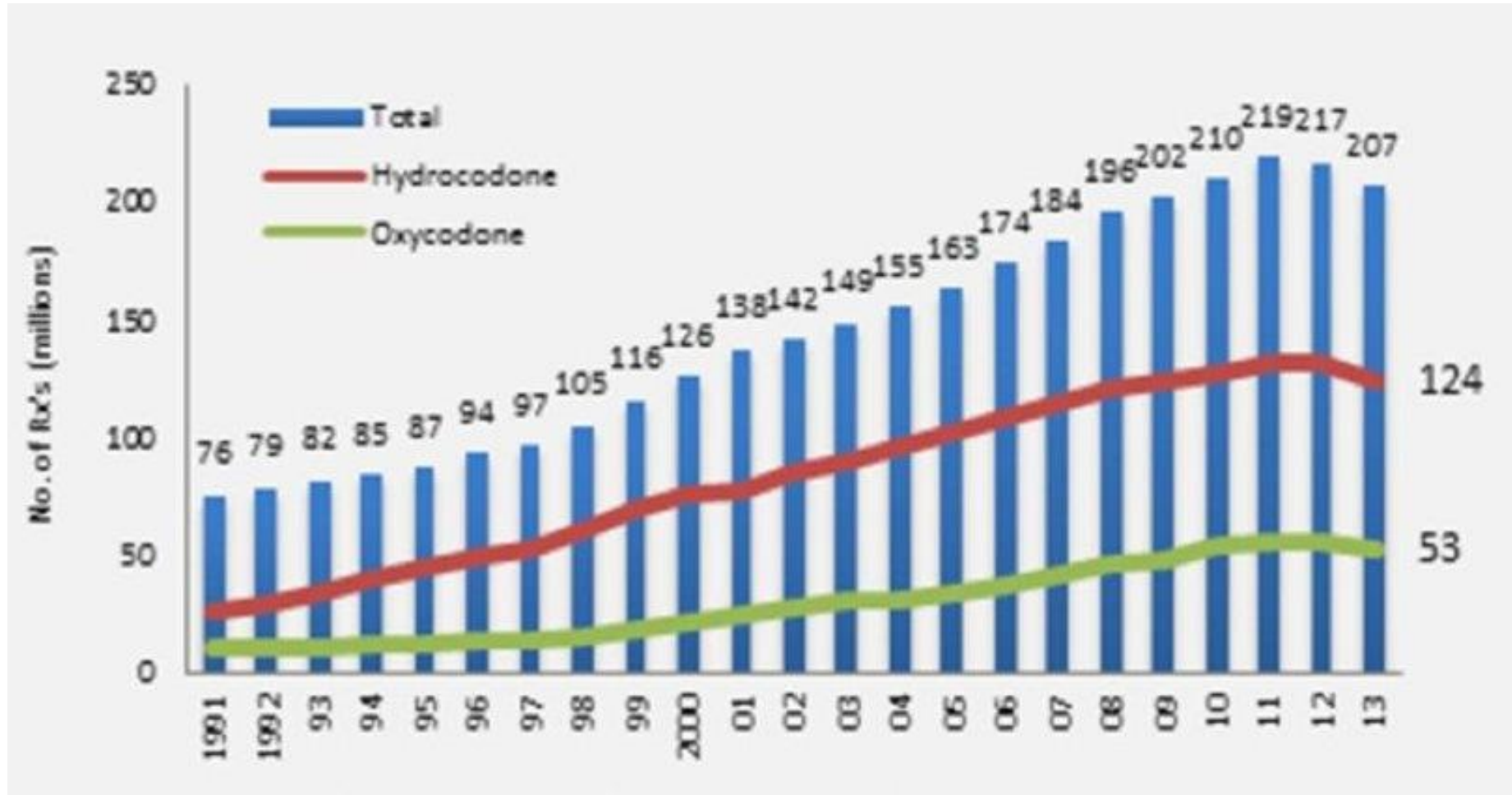
2009

(range 1 – 379)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

Prescription Opioids Dispensed 1991–2013

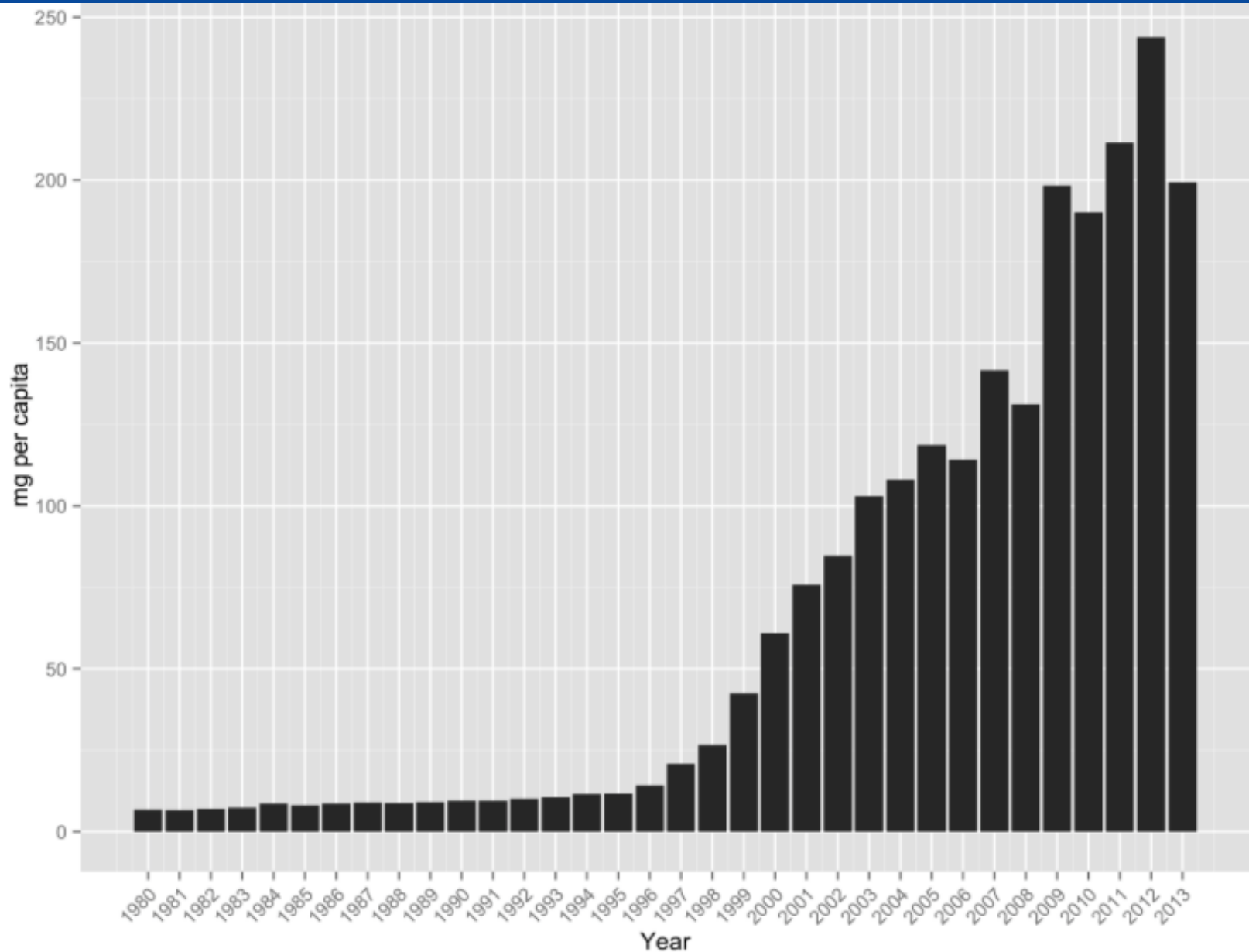


Volkow, N. D. (2014). America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Senate Caucus on International Narcotics Control. National Institutes on Drug Abuse.

Figure 1 - Opioid Prescriptions Dispensed by US Retail Pharmacies IMS Health, Vector One: National, years 1991-1996, Data Extracted 2011.

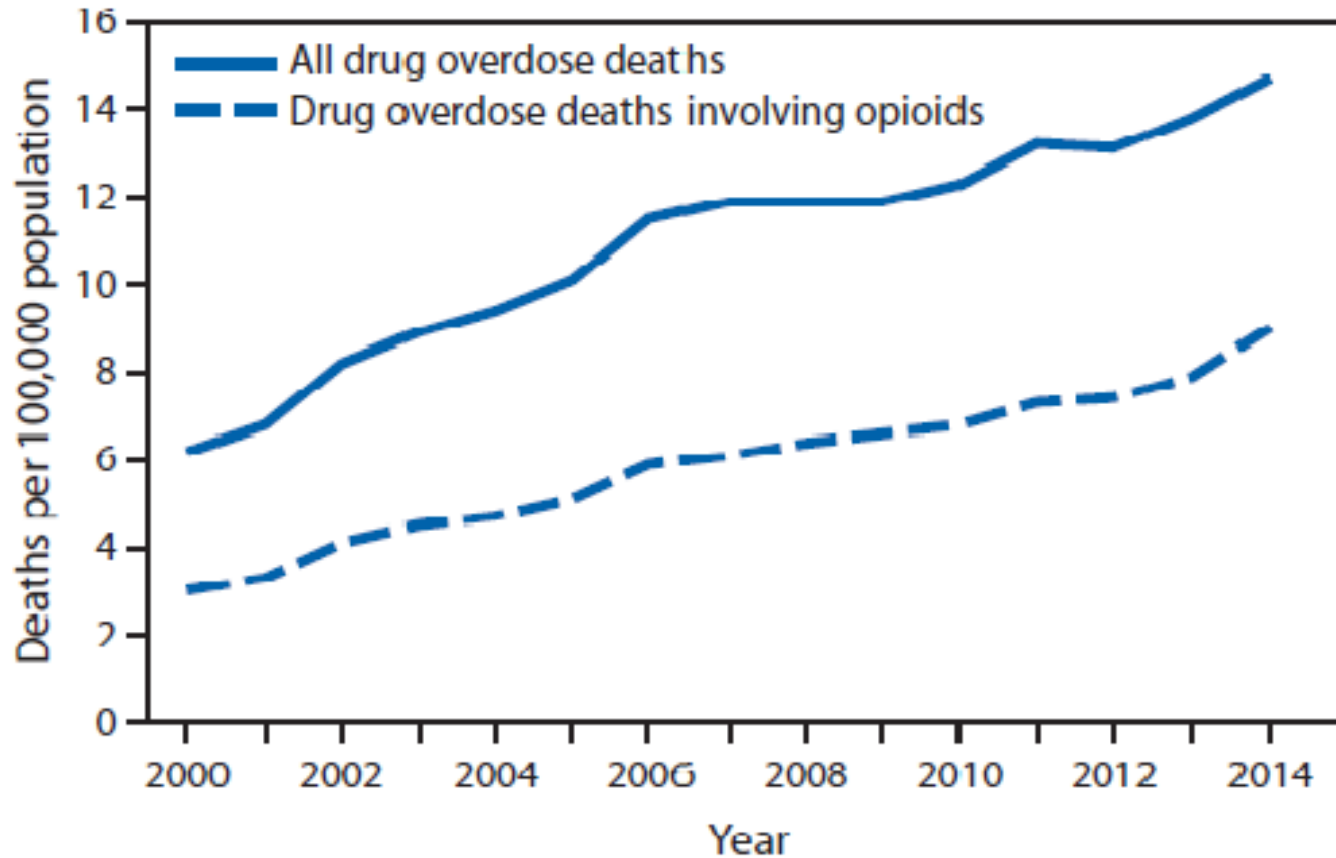
IMS Health, National Prescription Audit, years 1997-2013, Data Extracted 2014.

United States of America: Oxycodone Consumption (mg/capita) 1980-2013



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FIGURE 1. Age-adjusted rate* of drug overdose deaths† and drug overdose deaths involving opioids^{§,¶} — United States, 2000–2014



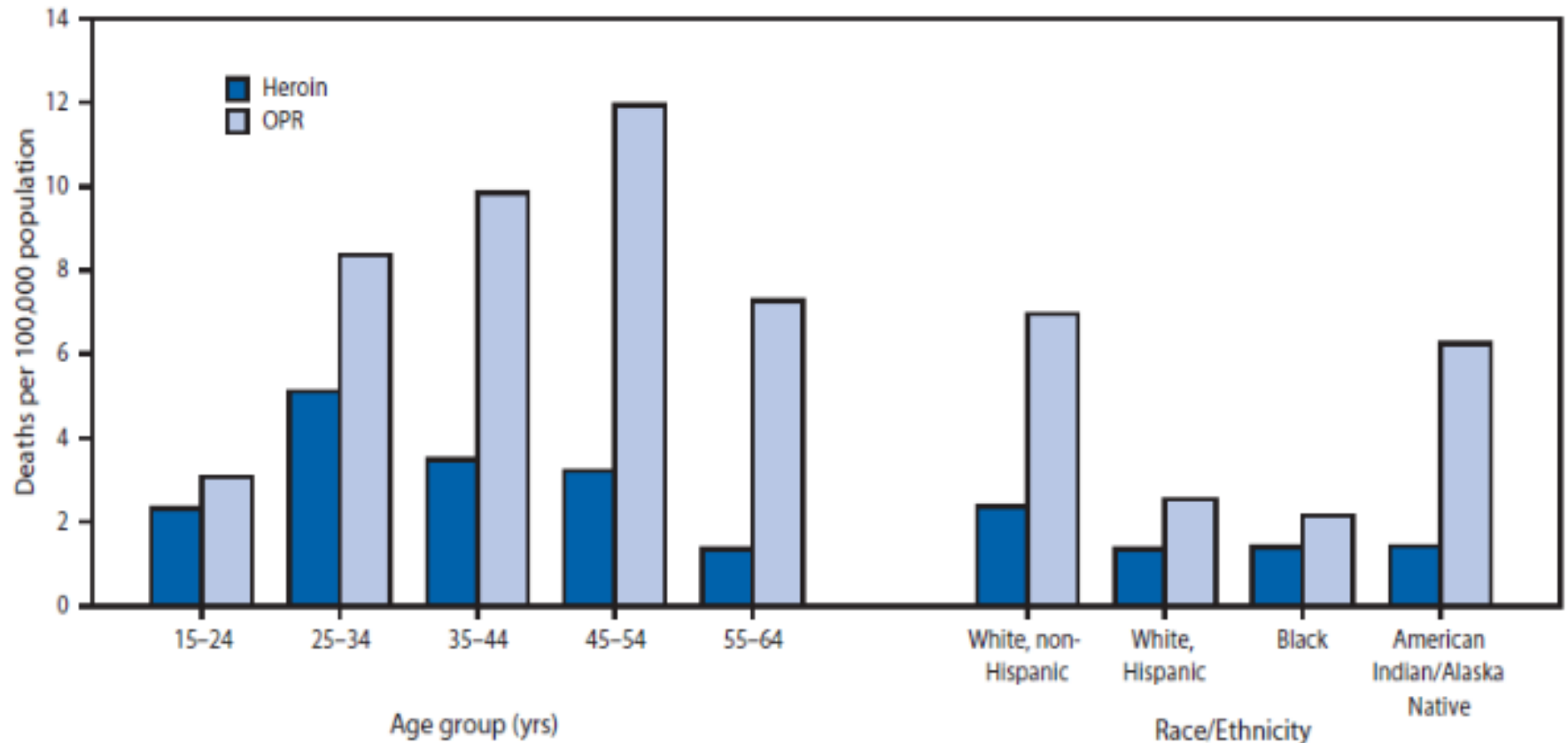
Source: National Vital Statistics System, Mortality file.

CDC (2016). Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014.

Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control and Prevention. **64**: 1378-1382

Death rates from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group & race/ethnicity

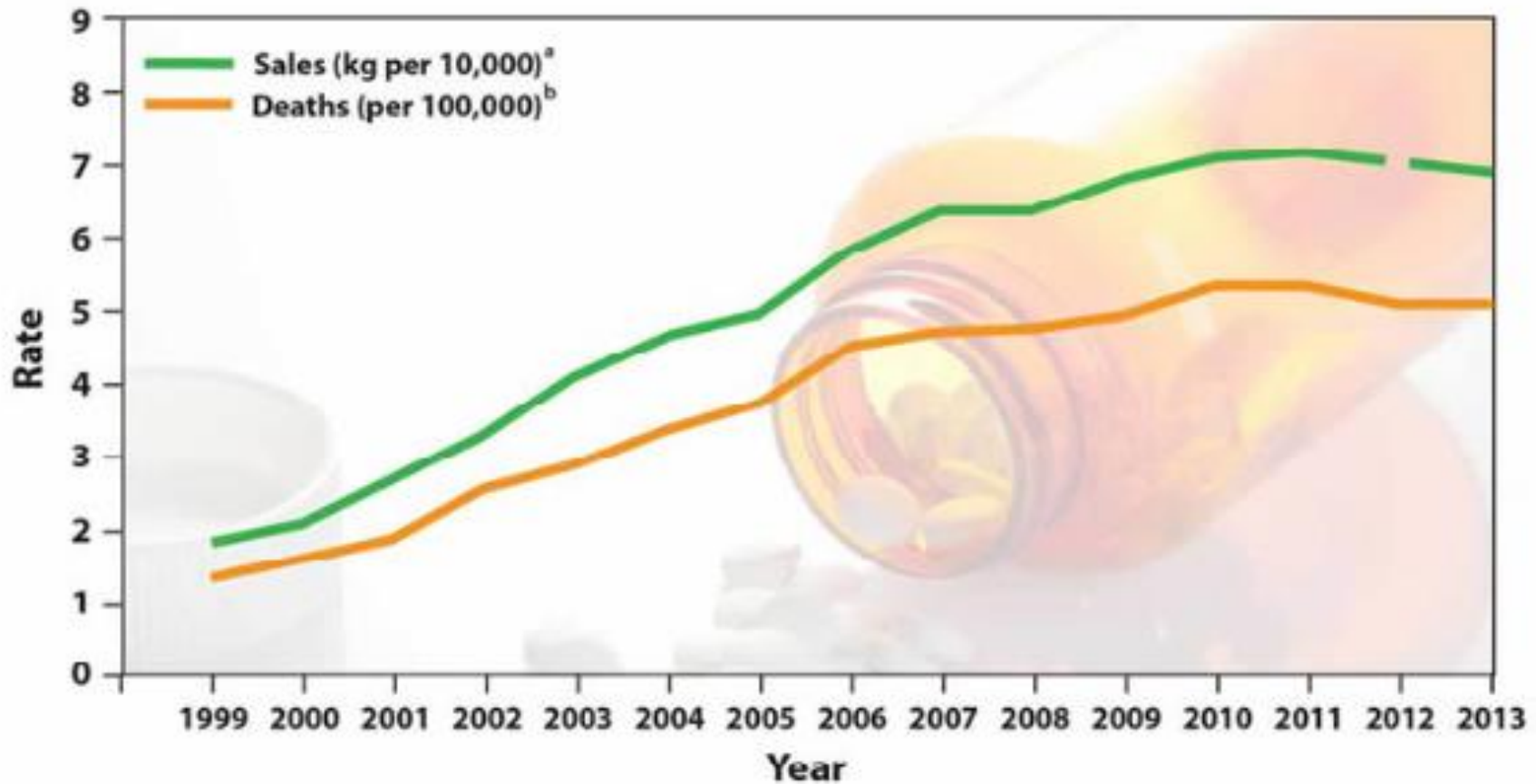
FIGURE 2. Death rates* from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group and race/ethnicity — 28 states, 2012



CDC (2014). Increases in heroin overdose deaths - 28 States, 2010 to 2012. MMWR Morb Mortal Wkly Rep. **63**: 849-854

Prescription Pain Medications Sales and Deaths: 1999-2013

Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

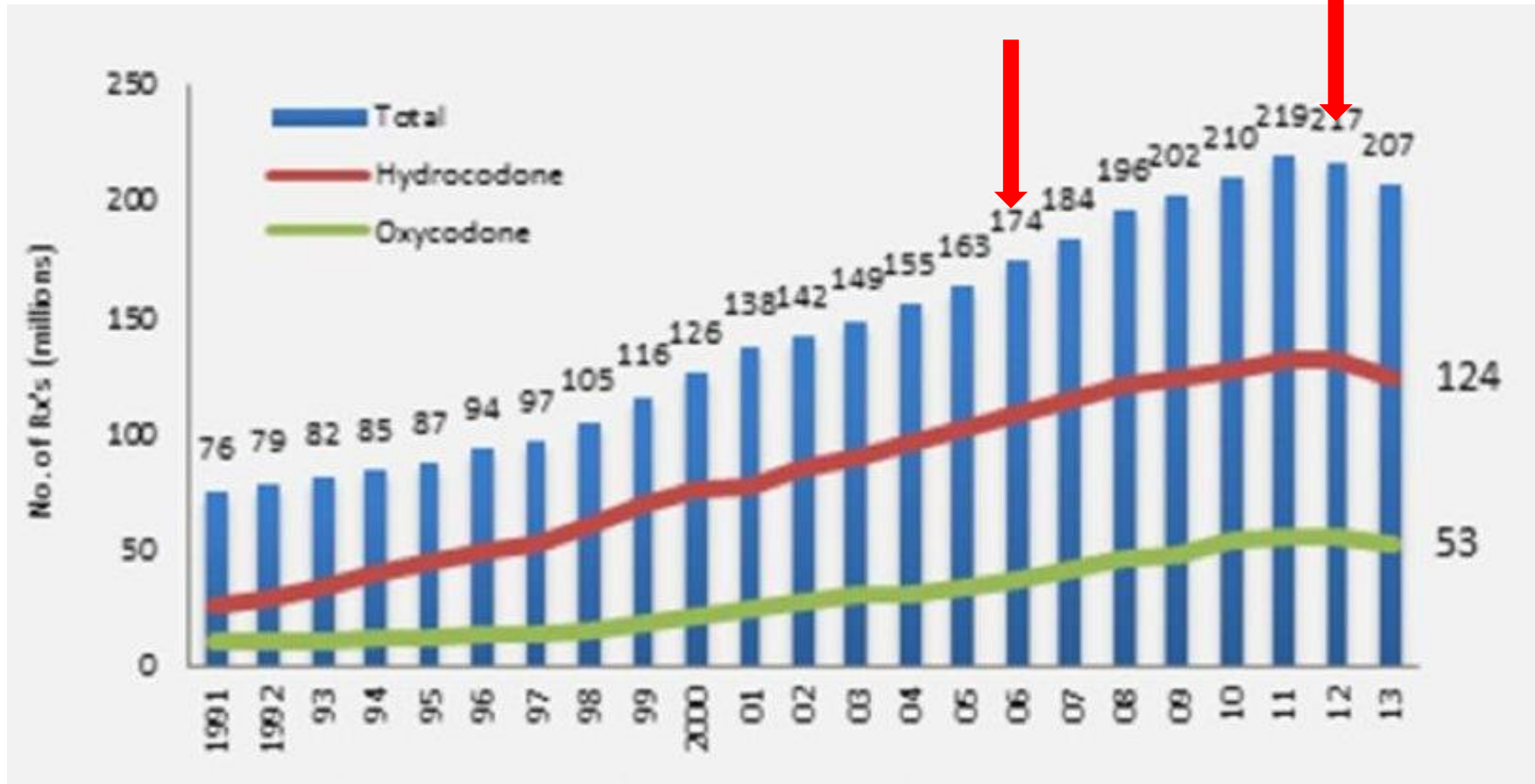
^bCenters for Disease Control and Prevention, National Vital Statistics System mortality data. (2015) Available from UfFL:

<http://www.cdc.gov/nchs/deaths.htm>.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Timeline

- HCAHPS Survey was launched in 2006
- IPPS hospitals required to participate in 2007
- Public reporting of HCAHPS scores began in 2008 on the *Hospital Compare* Web site
- HCAHPS has been included in Hospital Value-Based Purchasing since 2012

Prescription Opioids Dispensed 1991–2013 and HCAHPS Milestones



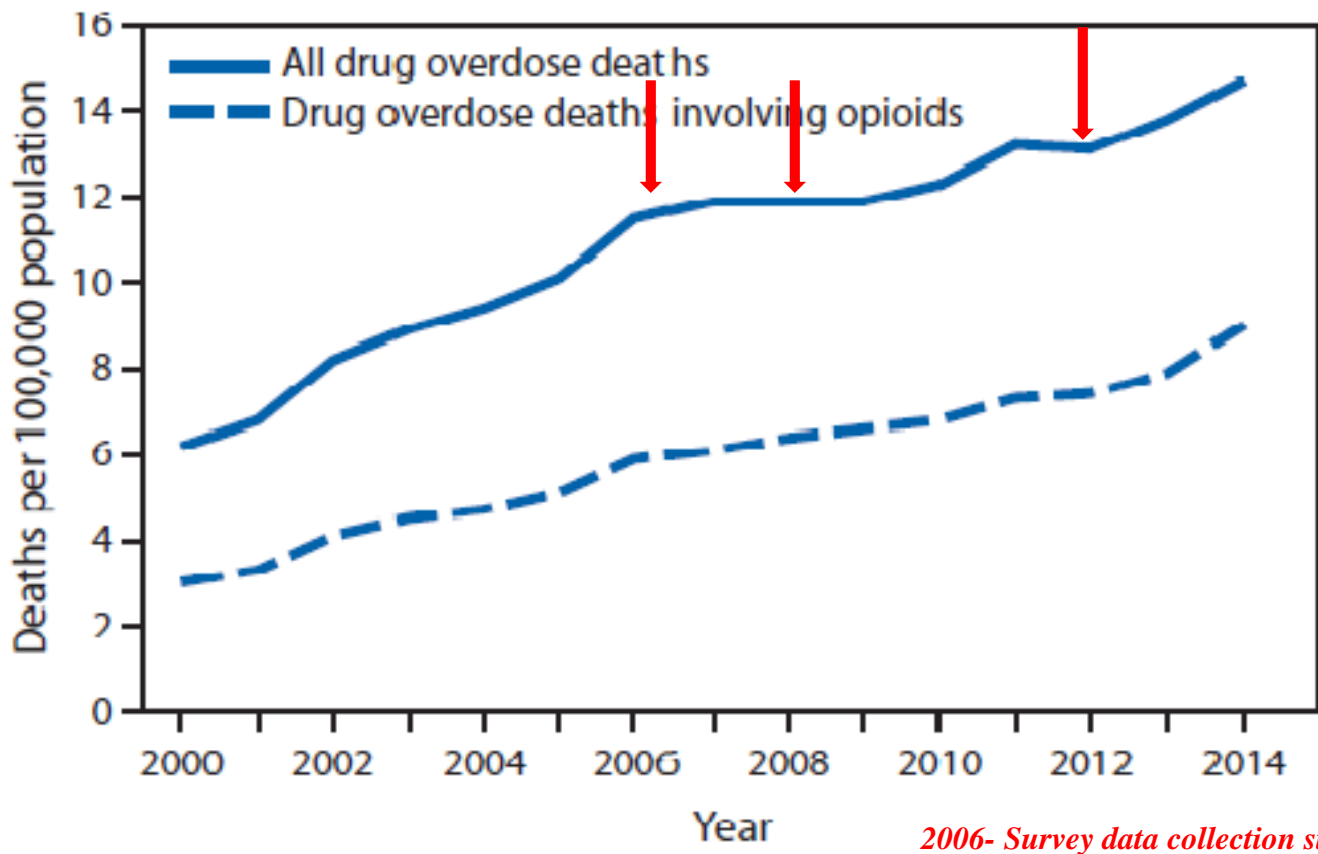
2006- Survey data collection starts

2008- Publicly reporting begins (IQR)

2012- Enters Hospital Value-Based Purchasing Program

Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids: United States, 2000–2014, and HCAHPS Milestones

FIGURE 1. Age-adjusted rate* of drug overdose deaths† and drug overdose deaths involving opioids^{S,¶} — United States, 2000–2014



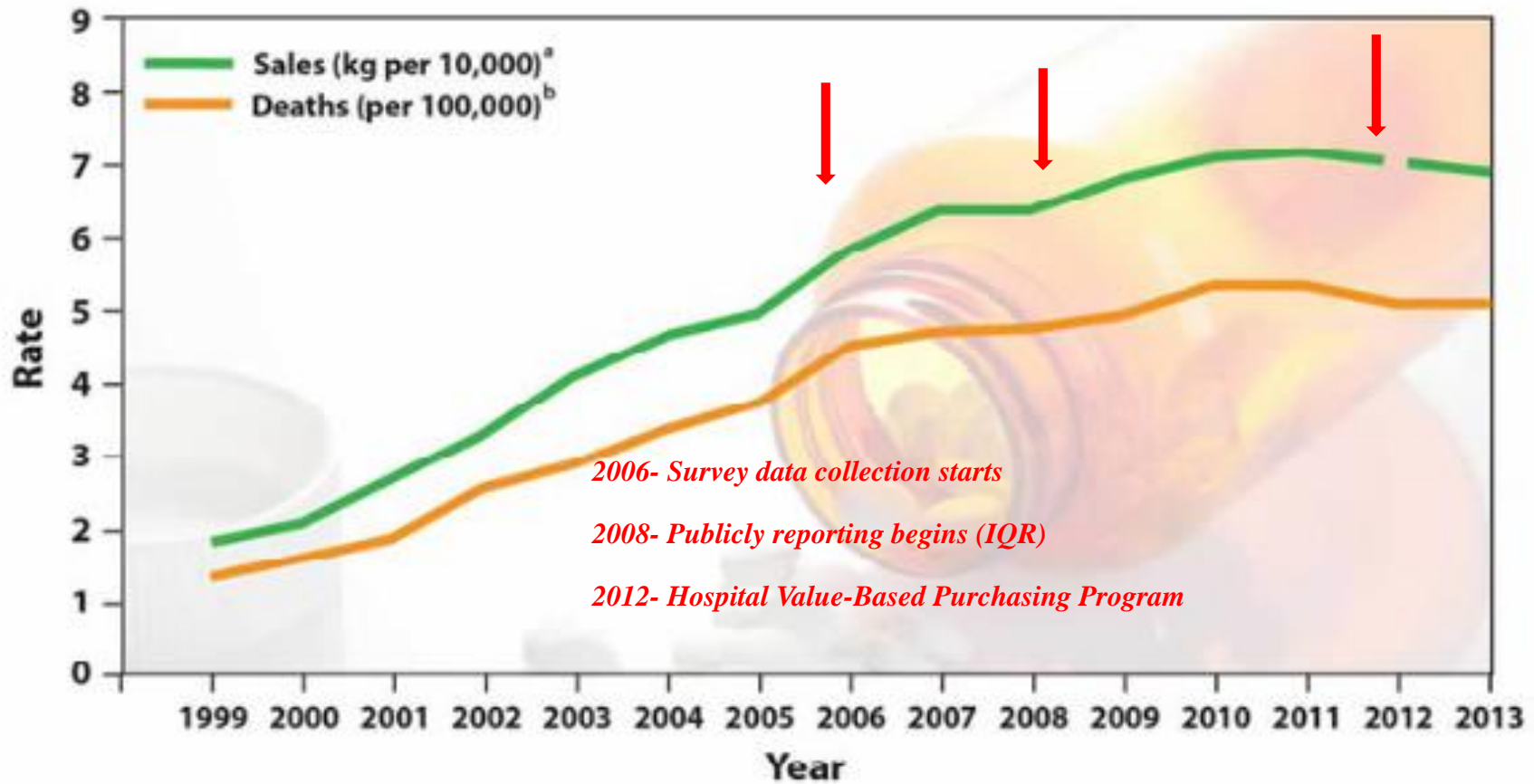
Source: National Vital Statistics System, Mortality file. *2006- Survey data collection starts*

2008- Publicly reporting begins (IQR)

2012- Hospital Value-Based Purchasing Program

Prescription Pain Medications Sales and Deaths 1999-2013 and HCAHPS Milestones

Prescription Painkiller Sales and Deaths



Sources:

^aAutomation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

^bCenters for Disease Control and Prevention, National Vital Statistics System mortality data. (2015) Available from UHIL:

<http://www.cdc.gov/nchs/deaths.htm>.

The Method of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Ask patients (survey)
- Collect in standardized, consistent manner
- Analyze and adjust data
- Publicly report hospital results
- Use to improve hospital quality of care

HCAHPS 101

Participating Hospitals:

- Short-term, acute care hospitals
 - “General Hospitals” (AHA)
 - IPPS and Critical Access Hospitals

Eligible Patients:

- Adult (18+)
- Medical, surgical or maternity care
- Overnight stay, or longer
- Alive at discharge
- HCAHPS encompasses ~80-85% of inpatients
 - Outpatients do not participate in HCAHPS

What is HCAHPS Methodology

- Survey *after* discharge
 - 48 hours to 42 calendar days post-discharge
- **Random** sample
- **Four modes** of administration
- **Standardized** data collection, submission, analysis and reporting

HCAHPS Survey Never Rests

- December 2016 publicly reported scores are based on more than **3.1 million completed surveys** from patients at **4,193 hospitals**
- More than **8,600 patients** complete the Survey daily
- Ongoing data collection throughout the year
- Multiple attempts to contact patients
- No proxy respondents

HCAHPS Designed for Inter-Hospital Comparisons *Not* Intra-Hospital Comparison

- HCAHPS is **designed and intended for *inter-hospital*** (hospital-to-hospital) comparisons
- CMS does not review, endorse or recommend the use of HCAHPS scores for *intra-hospital* comparisons
 - E.g., comparing a ward, floor or staff member to others
 - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level
 - And appropriate patient-mix adjustments applied
 - HCAHPS questions are not tailored for individual physicians, nurses or other staff

HCAHPS and Hospital Value-Based Purchasing

- HCAHPS has been part of Hospital VBP since 2012
- HCAHPS scores are basis for the Patient and Caregiver Centered Experience of Care/Care Coordination (PEC/CC) Domain
- PEC/CC is one of four Domains in Hospital VBP

FY 2016 Hospital Value-Based Purchasing (HVBP) Domains and TPS Weights

<u>DOMAIN</u>	<u>WEIGHT</u>
Patient Experience of Care:	25%
Clinical Process of Care:	10%
Patient outcomes:	40%
<u>Efficiency:</u>	<u>25%</u>
Total Performance Score (TPS):	100%

In FY 2016, TPS affects 1.75% of IPPS hospitals' Base Operating DRG

In FY 2017, TPS will affect 2.0% of IPPS hospitals' Base Operating DRG

HCAHPS Survey Pain Management Questions

There are eight **equally** weighted HCAHPS dimensions in Hospital VBP:

1. Nurse communication
2. Physician communication
3. Staff responsiveness
4. Pain management
5. Communication about medicines
6. Discharge information
7. Cleanliness and quietness of hospital environment
8. Overall rating of the hospital

What are the HCAHPS Pain Management Questions?

12. During this hospital stay, did you need medicine for pain?

1 Yes

2 No → If No, Go to Question 15

13. During this hospital stay, how often was your pain well controlled?

1 Never

2 Sometimes

3 Usually

4 Always

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

1 Never

2 Sometimes

3 Usually

4 Always

Why does Hospital Value-Based Purchasing include Pain Management?

- Pain control is an appropriate part of routine patient care that hospitals should provide
 - 73% of patients report needing medicine for pain during hospital stay
- Proper pain control is expected by patients' families
- Pain management includes communicating with patients about pain-related issues, setting expectations about pain, shared decision-making, and proper prescription practices

What is the Impact of Pain Management on HVBP Score?

- Pain management is 1/8th of the HCAHPS Domain in Hospital VBP
- The HCAHPS Domain is 25% of the Hospital VBP Total Performance Score in FY 2016 and forward
- Hospital VBP affects 1.75% of hospital Base Operating DRG in FY 2016
 - $1/8 * 25\% = 3.125\%$ of Hospital VBP
 - $3.125\% \text{ HVBP} * 1.75\% \text{ Base DRG} = \mathbf{0.055\% \text{ of Base DRG payment}}$

HCAHPS is Designed for Hospital-to-Hospital Comparisons

- Survey is designed to evaluate the **entire** hospital experience
- Survey items reference the whole hospital experience, not interactions with particular physicians or nurses
- CMS calculates and reports hospital-level HCAHPS scores only

HCAHPS is NOT Designed for Comparing Hospital Staff Members

- Survey does **not** identify individual hospital staff (doctors, nurses, other hospital staff)
- Survey is **not** validated for comparison of individual hospital staff
- Analyses that link HCAHPS scores to particular staff may **not** accurately reflect the intent of patient responses
- The amount of survey responses for particular staff may be **insufficient** for reliable measurement or comparisons

If HCAHPS doesn't identify hospital staff, how are surveys responses linked to individual staff?

- Hospitals could disaggregate their survey responses, join with other internal data, and link to individual physicians or nurses
 - For instance, whether a patient was given pain medication
 - And patient responses to HCAHPS pain management items
- Hospitals may add supplemental questions to their surveys
 - Supplemental questions:
 - Are **not** part of the official HCAHPS Survey
 - Are **not** vetted or approved by CMS
 - Are **not** submitted to CMS
- **CMS strongly discourages disaggregation for intra-hospital comparison and evaluation but does not oversee how hospitals use their internal data**

Correcting Myths About HCAHPS

- Survey **does not ask about method** of pain management
- Survey does **not** recommend or encourage either pharmaceutical or non-pharmaceutical analgesia
- Survey does **not** mention opioid analgesia

HCAHPS Does Not Encourage Opioid Prescriptions

- CMS strongly opposes use of the HCAHPS Survey to identify individual providers
- HCAHPS is designed and validated only for INTER-hospital comparison, not comparisons of wards, staff, etc.
- Because HCAHPS is in the public domain, hospitals and private entities use it outside its designed and valid purpose
- CMS can discourage inappropriate use but cannot prevent it

HHS Opioid Policy in Action

SECRETARY'S OPIOID INITIATIVE GOALS:

Decrease opioid overdoses and overdose-related mortality

Decrease prevalence of opioid dependence

PRESCRIPTION OPIOIDS

- 1) Opioid prescribing practices** to reduce opioid use disorders and overdose
 - Improve clinical decision making to reduce inappropriate prescribing
 - Enhance prescription monitoring and health IT to support appropriate pain management
 - Support data sharing to facilitate appropriate prescribing

HEROIN AND PRESCRIPTION OPIOIDS

- 2) Naloxone** development, access, and distribution
 - Accelerate development and availability of new naloxone formulations and products
 - Identify and disseminate best practice naloxone delivery models and strategies
 - Expand utilization of naloxone
- 3) Medication assisted treatment (MAT)** to reduce opioid use disorders and overdose
 - Support research that informs effective use and dissemination of MAT and accelerates development of new treatment medications
 - Increase access to clinically effective MAT services

CMS Opioid Policy in Action

Jan 2013: Overutilization Monitoring System (OMS)

- CMS provides Part D sponsors quarterly reports identifying high opioid utilizers
- Sponsors required to review each case and provide outcome to CMS

Feb 2014: CMS enhanced the Medicare Advantage Prescription System (MARx), which identifies high opioid utilizers

- MARx system alerts a new sponsor when a MARx-flagged beneficiary enrolls in a new Part D plan

CMS Opioid Policy in Action

June 2015: CMS requires Part D prescribers to enroll in Medicare or record of opting out of Medicare

- Empowers CMS to revoke Medicare privileges for abusive prescribing practice and patterns

Nov 2015: CMS rolls out online interactive Part D Opioid Heat Map

- Allows any user to compare national, state, county, and Zip code level percentage of opioid prescription claims
- <http://go.cms.gov/opioidheatmap>

State-based interventions are improving outcomes



2012 Action:

New York required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a **75% drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.



2010 Action:

Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

2012 Result:

Saw more than **50% decrease in overdose deaths** from oxycodone.



2012 Action:

Tennessee required prescribers to check the state's prescription drug monitoring program before prescribing painkillers.

2013 Result:

Saw a **36% drop in patients** who were seeing **multiple prescribers** to obtain the same drugs, which would put them at higher risk of overdose.

Summary

- Pain control is an important concern for patients and an appropriate part of routine patient surgical and medical care that hospitals should provide
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) assesses patient experience
- Survey does not identify individual providers
- Survey is designed to measure overall hospital experience

Summary

- Survey is not validated for individual comparisons
- CMS strongly opposes use of the HCAHPS Survey to identify and evaluate individual physicians and nurses
- CMS can discourage inappropriate use but cannot prevent it
- HCAHPS does not mention opioid analgesia
- Pain Management is <0.055% of HVBP Base Payment
- There is no HVBP incentive to prescribe opioids

References

- QualityNet- Hospital Value Based Purchasing Scoring
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237147> & <http://go.cms.gov/valuebasedprogams>
- Secretary's Opioid Initiative
<http://www.hhs.gov/about/news/2015/03/26/hhs-takes-strong-steps-to-address-opioid-drug-related-overdose-death-and-dependence.html>
- Overutilization Monitoring System
<https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/RxUtilization.html>
- Part D Opioid Heat Map
<http://go.cms.gov/opioidheatmap>

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

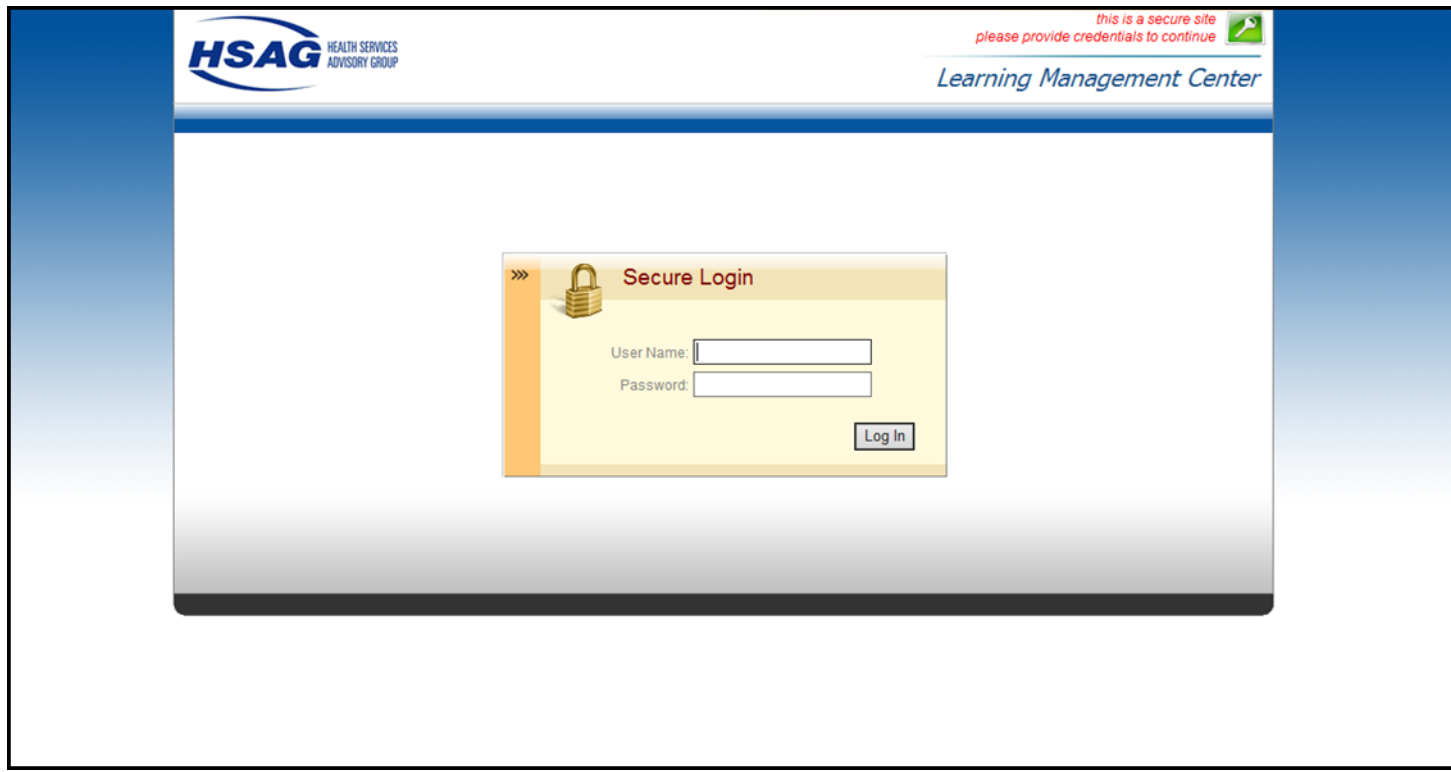
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web registration form for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main heading of the form is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small format guide showing dashes. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

CE Credit Process: Existing User



QUESTIONS?
