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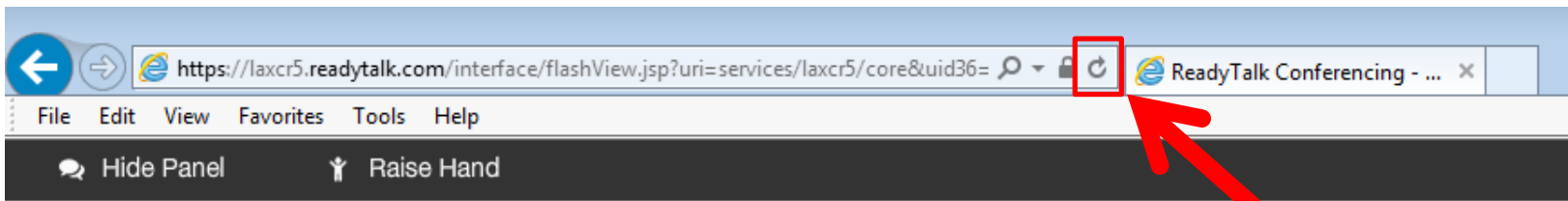
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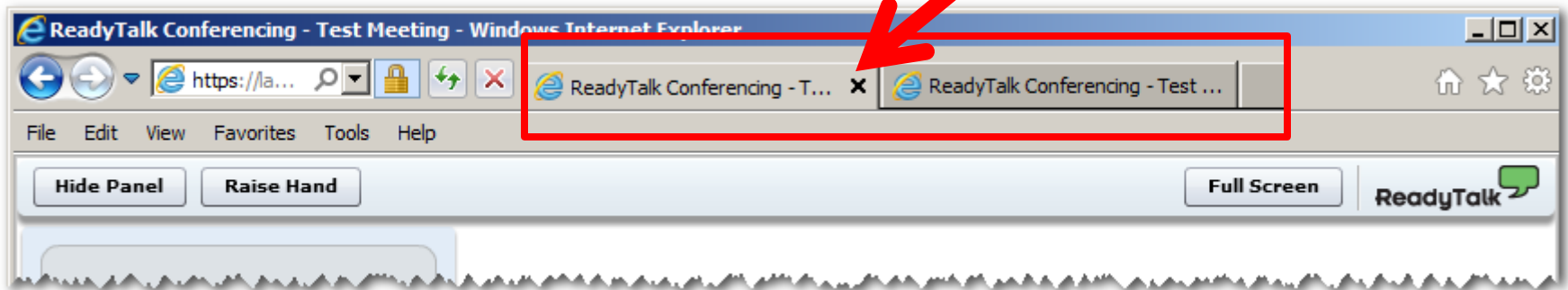
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F5 Key
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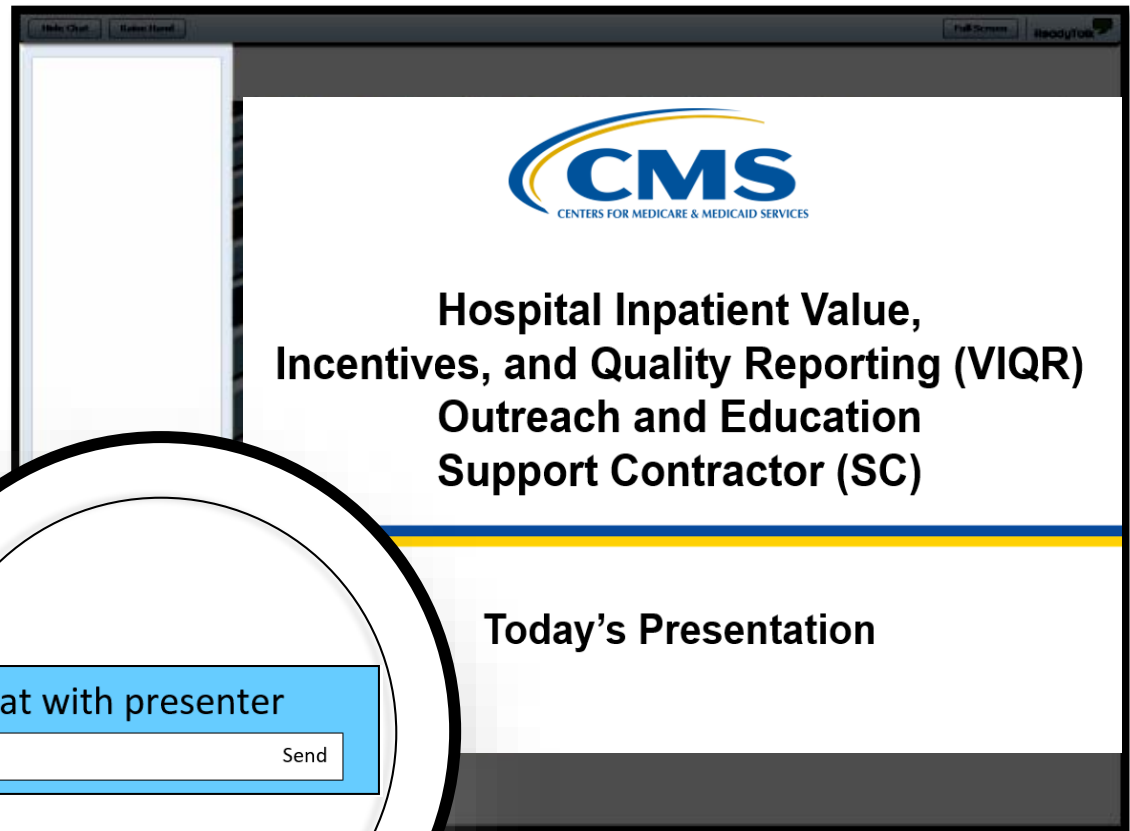
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Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

Today's Presentation

Chat with presenter

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Claims-Based Outcome and Payment Measures – Resources and Use of the NIH Stroke Scale

May 22, 2018

Speakers

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Moderator
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Outreach and Education Support Contractor (SC)

Agenda

- Claims-Based Outcome and Payment Measures – Resources
  - o Presented by Tamara Mohammed, MHA, PMP
- Incorporating the NIH Stroke Scale into the Stroke Mortality Measure
  - o Presented by Kendall Loh, BS

Acronyms

Objectives

Claims-Based Outcome and Payment Measures – Resources

- Introduce all the resource available for the claims-based measures
- Navigate to location of resources on *QualityNet (www.QualityNet.org)*

Acronyms and Abbreviations

AMI	acute myocardial infarction	HWR	Hospital Wide Readmission
CABG	coronary artery bypass graft	ICD	International Classification of Diseases
CE	continuing education	IPPS	inpatient prospective payment system
CMS	Centers for Medicare & Medicaid Services	IQR	Inpatient Quality Reporting
COPD	chronic obstructive pulmonary disease	M	mortality
CORE	Center for Outcomes Research & Evaluation	M Perf	mortality performance
EDAC	excess days of acute care	NIH	National Institutes of Health
FAQ	Frequently Asked Questions	POA	present on admission
FFS	fee for service	SC	support contractor
FY	fiscal year	THA	total hip arthroplasty
HF	heart failure	TKA	total knee arthroplasty
HSR	Hospital-Specific Report	VIQR	Value, Incentives, and Quality Reporting

Back

Tamara Mohammed, MHA, PMP
Yale/Yale New Haven Health
Center for Outcomes Research & Evaluation (CORE)

Claims-Based Outcome and Payment Measures – Resources

22 Inpatient Quality Reporting Outcome and Payment Measures

Measure outcome	Condition/procedure	Outcome follow-up timeframe	Measure abbreviation
Mortality	Acute Myocardial Infarction	30-day	AMI Mortality
	Coronary Artery Bypass Graft	30-day	CABG Mortality
	Chronic Obstructive Pulmonary Disease	30-day	COPD Mortality
	Heart Failure	30-day	HF Mortality
	Pneumonia	30-day	Pneumonia Mortality
	Acute Ischemic Stroke	30-day	Stroke Mortality
Readmission	Acute Myocardial Infarction	30-day	AMI Readmission
	Coronary Artery Bypass Graft	30-day	CABG Readmission
	Chronic Obstructive Pulmonary Disease	30-day	COPD Readmission
	Heart Failure	30-day	HF Readmission
	Hospital-Wide	30-day	HWR
	Pneumonia	30-day	Pneumonia Readmission
	Acute Ischemic Stroke	30-day	Stroke Readmission
	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	30-day	THA/TKA Readmission
Complications	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	90-day	THA/TKA Complication
Payment	Acute Myocardial Infarction	30-day	AMI Payment
	Heart Failure	30-day	HF Payment
	Pneumonia	30-day	Pneumonia Payment
	Primary, Elective Total Hip Arthroplasty and/or Total Knee Arthroplasty	90-day	THA/TKA Payment
Excess Days in Acute Care	Acute Myocardial Infarction	30-day	AMI EDAC
	Heart Failure	30-day	HF EDAC
	Pneumonia	30-day	Pneumonia EDAC

Please note that MPSB and CEBPs aren't covered in this presentation.

Current Resources Available

- ✓ Frequently Asked Questions (FAQ)

- ✓ Fact Sheets

- ✓ Hospital-Specific Reports (HSR) User Guide

- ✓ Mock HSRs

- ✓ Historical Public Reporting Timeline

- ✓ Measure Updates and Specifications Reports

- ✓ Condition Category Crosswalks

- ✓ Find My ICD-10 Code

- ✓ National Distribution of Payments

- ✓ Videos
  - o EDAC Video
  - o HSR Tutorial Video

Navigating to Resource Pages on *QualityNet*

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication or EDAC measures > Resources

[Acronyms](#)

Frequently Asked Questions (FAQs)

- Highlights 2018 measure updates and responds to commonly asked questions
- Intended audience: hospital administrative and clinical staff

Acronyms

Frequently Asked Questions (FAQs)

Identifying an Outcome

Defining a Readmission

1. What is a readmission?

In the CMS readmission and excess days in acute care (EDAC) measures, a patient who had an eligible index admission is considered "readmitted" if he or she has one or more unplanned inpatient admissions at a short-term acute care hospital or critical access hospital within 30 days of discharge from the original index admission (regardless of whether the readmissions occurred at the same or a different hospital). Additionally, the AMI, HF and pneumonia readmission measures consider admissions to short-term acute care Veterans Affairs (VA) hospitals to be a readmission outcome if it is within 30 days of discharge from the original index admission. Please note that the Hospital Readmission Reduction Program (HRRP) does not consider admissions to critical access hospitals to be a readmission outcome.

2. What hospitalizations are *not* readmissions?

The following types of admissions are *not* considered readmissions in the measures:

- Planned readmissions (refer to FAQ 22 for the definition of a planned readmission);
- Same-day readmissions to the same hospital for the same condition. This is because CMS rules already require Prospective Payment System hospitals to combine same-day, same-condition readmissions into a single claim. Thus, such readmissions are considered a continuation of the index admission;
- Observation stays and emergency department visits. These are not inpatient admissions and therefore are not considered potential readmissions (but are included in the EDAC measures);
- Admissions to facilities other than short-term acute care hospitals. Facilities such as rehabilitation centers, psychiatric hospitals, hospice facilities, long-term care or long-term acute care hospitals, and skilled nursing facilities do not meet the definition of a short-term acute hospital; and
- Admissions that occur at eligible short-term acute care hospitals but where the patient is admitted to a separate, non-inpatient unit that bills under a separate CMS Certification Number (CCN), such as separate units for rehabilitation, psychiatric care, hospice care, or long-term care. Such admissions are not inpatient admissions and therefore are not considered as readmissions.

Outcome Timeframes

1. How long after the index admission are measure outcomes observed?

The readmission, mortality, complication, excess days in acute care (EDAC), and payment measures all use standardized timeframes to capture mortality, unplanned readmissions, EDAC outcome events, and eligible complications. Similarly, the payment measures summarize eligible payments during a defined "episode of care" that spans across care settings. The measures assess the outcome (or payment) relative to the qualifying index admission or procedure date for 30 or 90 days, starting from admission, procedure, or discharge date, depending on the measure.

The outcome timeframes are shown in Figure 7 below. Note the differences in the measures' starting points.

Figure 7. Measure Outcome Timeframes

Acronyms
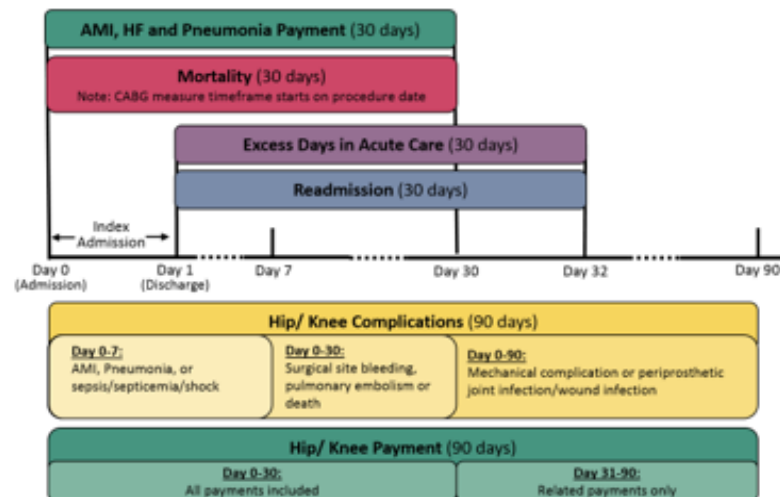
Fact Sheets

- Provides a high-level overview of measures

- Intended audience: hospital administrative and clinical staff

- There are **7** fact sheets for 2018:
  - Mortality
  - Readmission
  - Complication
  - Payment
  - EDAC
  - National Institutes of Health (NIH) Stroke Scale
  - Background

2018 Readmission Measures Facts — CMS's 30-Day Risk-Standardized Readmission Measures

New Infographics

Find My ICD-10 Resource

- Provides an overview of where the measure codes, including ICD-10 codes, can be found
- Intended audience: hospital administrative and clinical staff

Resource Table for Claims-Based Measures

- Identifies all the resources produced for the mortality, readmission, complication, payment, and EDAC measures on *QualityNet*
- Intended audience: hospital administrative and clinical staff

National Distribution of Payments

- Graphic overview of the national distribution of payments across care settings for 2018

- Intended audience: hospital administrative and clinical staff

National Distribution of Payments for
Acute Myocardial Infarction (AMI) 30-Day Episode of Care
Data Period: July 1, 2014 through June 30, 2017

National Distribution of Payments for
Pneumonia 30-Day Episode of Care
Data Period: July 1, 2014 through June 30, 2017

Condition Category Crosswalks

- Maps the ICD-10 and ICD-9 codes included in the condition categories
- Intended audience: hospital administrative and clinical staff

Navigating to Measure Methodology Pages on *QualityNet*

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication, or EDAC measures > Measure Methodology

Acronyms

Measure Updates and Specifications Reports

- Technical reports that detail 2018 measure updates, measure specifications, and measure calculation methodology

- Intended audience: researchers and hospital staff

- Measure Updates and Specifications Reports are accompanied by a supplemental ICD-10 file.

2018 Condition-Specific Measures Updates and Specifications Report
Hospital-Level 30-Day Risk-Standardized Mortality Measures

Acute Myocardial Infarction – Version 12.0
Chronic Obstructive Pulmonary Disease – Version 7.0
Heart Failure – Version 12.0
Pneumonia – Version 12.0
Stroke – Version 7.0

Yale New Haven Hea

Table of Contents

Navigating to HSR Pages

www.QualityNet.org > Hospitals - Inpatient > Claims-Based and Hybrid Measure > Select mortality, readmission, payment, complication or EDAC measures > Hospital Specific Reports

Acronyms

Mock Hospital-Specific Reports

- Sample HSRs that contain real national results and simulated state and hospital results

- Intended audience: hospital administrative and clinical staff
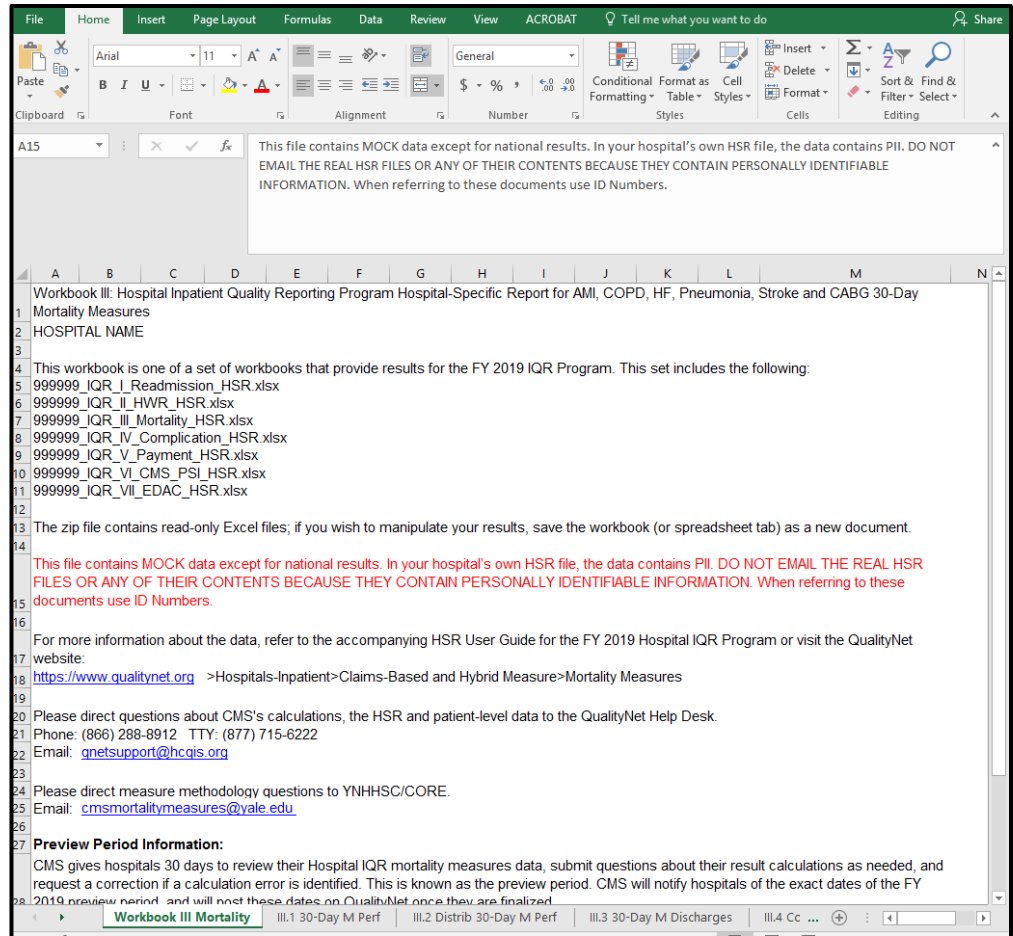
Mock Hospital-Specific Reports

Table III.1 (30-Day M Perf) displays hospital, state, and national results for the 30-day risk-standardized mortality measures (death due to any cause within 30 days from the date of admission of the index hospitalization) for AMI, COPD, HF, pneumonia, stroke, and (death due to any cause within 30 days from the date of surgery) for CABG patients between July 1, 2014, and June 30, 2017.

A25   fx   1. Number of cases too small = Number of cases too small (fewer than 25) to reliably tell how the hospital is performing. Rate will not be publicly reported.

Table III.1: Your Hospital's Performance on 30-Day Risk-Standardized Mortality Measures for AMI, COPD, HF, Pneumonia, Stroke and CABG

HOSPITAL NAME

Hospital Discharge Period: July 1, 2014 through June 30, 2017

Performance Information	AMI 30-Day Mortality	COPD 30-Day Mortality	HF 30-Day Mortality	Pneumonia 30-Day Mortality	Stroke 30-Day Mortality	CABG 30-Day Mortality
Your Hospital's Comparative Performance	Number of cases too small	No different than the national rate	No different than the national rate	No different than the national rate	Number of cases too small	N/A
Total Number of Eligible Discharges (Denominator) at Your Hospital	15	55	49	111	8	N/A
Total Number (and Percentage) of Eligible Discharges with a NIHSS Score at Your Hospital [a]	N/A	N/A	N/A	N/A	1 (25.0%)	N/A
RSMR at Your Hospital	12.3%	8.8%	10.7%	14.9%	14.0%	N/A
Lower Limit of 95% Interval Estimate	9.0%	5.9%	7.3%	11.2%	9.4%	N/A
Upper Limit of 95% Interval Estimate	16.5%	12.6%	15.1%	19.7%	20.4%	N/A
National Observed Mortality Rate (Numerator/Denominator)	13.2%	8.3%	11.7%	15.7%	14.3%	3.1%
Total Number of 30-Day Deaths (Numerator) at Your Hospital [a]	0	6	4	13	0	N/A
Raw Mortality Rate (Numerator/Denominator) at Your Hospital [a]	0.0%	10.9%	8.2%	11.7%	0.0%	N/A
Average RSMR in Your State [a]	12.2%	8.8%	11.6%	15.7%	15.7%	3.2%
Total Number of 30-Day Deaths (Numerator) in Your State [a]	325	292	481	1,065	347	16
Total Number of Eligible Discharges (Denominator) in Your State [a]	2,946	3,249	4,285	7,488	2,221	510
Observed Mortality Rate (Numerator/Denominator) in Your State [a]	11.0%	9.0%	11.2%	14.2%	15.6%	3.1%
Total Number of 30-Day Deaths (Numerator) in the Nation [a]	66,258	61,238	120,820	212,836	73,606	4,315
Total Number of Eligible Discharges (Denominator) in the Nation [a]	500,918	735,020	1,031,883	1,356,298	515,218	137,819

[a] These statistics are not shown on Hospital Compare, but are included here for your reference.

Notes:

1. Number of cases too small = Number of cases too small (fewer than 25) to reliably tell how the hospital is performing. Rate will not be publicly reported.

2. RSMR = Risk-Standardized Mortality Rate; the RSMR presented for the state is the weighted average of all hospitals' risk-standardized mortality rates in the state.

3. N/A = No data are available from the hospital for this measure. No data will be reported on Hospital Compare.

4. AMI = acute myocardial infarction; COPD = chronic obstructive pulmonary disease; HF= heart failure; CABG = coronary artery bypass graft

5. NIHSS = National Institute of Health Stroke Scale

Workbook III Mortality   III.1 30-Day M Perf   III.2 Distrib 30-Day M Perf   III.3 30-Day M Discharges   III.4 Cond M Case Mix Comp   III.5 Proc M Case Mix Comp

Mock Hospital-Specific Reports

Workbook III.3 (30-Day M Discharges) provides discharge-level data. It includes all discharges at your hospital for Medicare FFS patients 65 years or older, with a qualifying diagnosis for AMI, COPD, HF, pneumonia, stroke, or CABG between July 1, 2014, and June 30, 2017.

Hospital-Specific Report User Guide

- **Provides instructions for interpreting each HSR**

- **Intended audience: hospital administrative and clinical staff**

Contents

Figures

Tables

Hospital IQR Program / HSR User Guide / FY 2019 / Published May 2018
2

Videos

- Animated informational videos on select measure topics
- Intended audience: hospital administration, clinical staff, and patients

Introduction to the EDAC Measures

HSR Tutorial Video

Acronyms
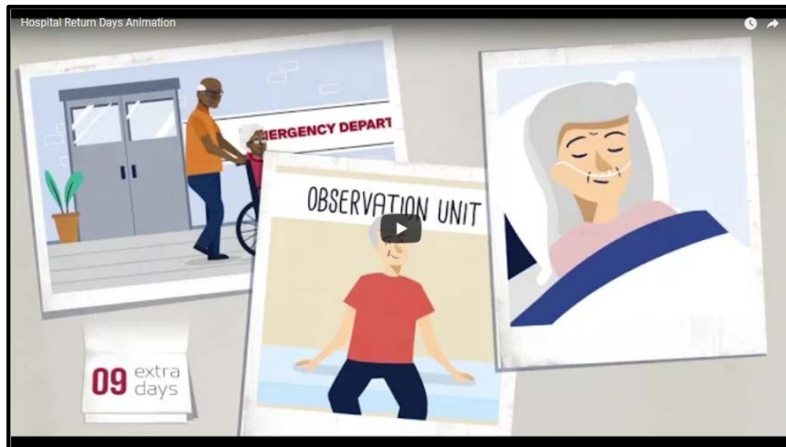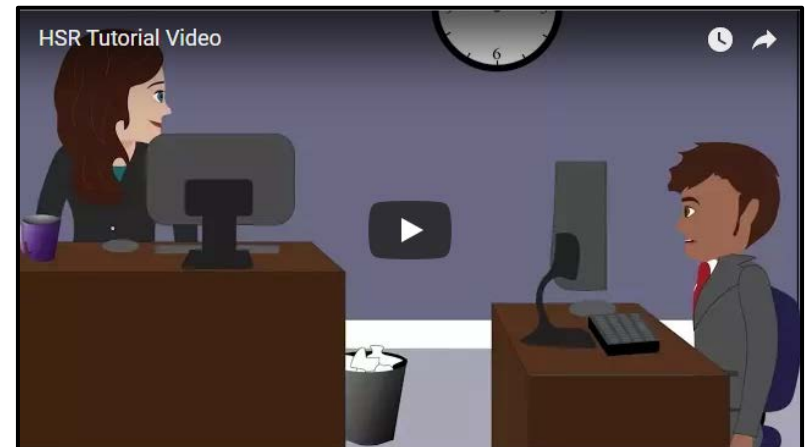
Kendall Loh, BS

Yale/Yale New Haven Health

Center for Outcomes Research & Evaluation (CORE)

Incorporating the NIH Stroke Scale into the Stroke Mortality Measure

Objectives

Overarching Goal

- Ensure the successful implementation of the revised stroke mortality measure

Targeted Objectives

- Encourage consistent use of the NIH Stroke Scale in ICD-10-CM codes

Acronyms

Outline

- Background
- NIH Stroke Scale
- Implementation
- Resources

Background

CMS enhanced the stroke mortality measure to incorporate the stroke severity assessment.

- Revised measure includes the NIH Stroke Scale, which is coded in claims using ICD-10-CM codes.

- Incorporation of the NIH Stroke Scale was completed in response to stakeholder and clinician input.

- The NIH Stroke Scale is the strongest clinical predictor of mortality in ischemic stroke patients.

Acronyms

Rationale

CMS enhanced the stroke mortality measure in response to stakeholders' and clinicians' input.

- Use of the NIH Stroke Scale for assessing stroke severity in ischemic stroke is a clinical guideline.

- Assessing stroke severity should be part of usual clinical care.

- With this enhancement, patient stroke severity will be taken into account when hospital scores are calculated.

History

Currently reported 30-day stroke mortality measure

- CMS finalized reporting of current stroke mortality measure in the 2014 inpatient prospective payment system (IPPS) final rule.

- Current measure was implemented in the FY 2016 Hospital Inpatient Quality Reporting (IQR) Program.

Revised 30-day stroke mortality measure

- In the 2018 IPPS final rule CMS finalized use of the enhanced measure for implementation in the **FY 2023 IQR program.**

- Data for 2023 payment determination includes stroke admissions starting July 2018.

Implementation Timeline

Data Collected

Implementation FY 2023

2017 2019 2021 2023

2018 2020 2022
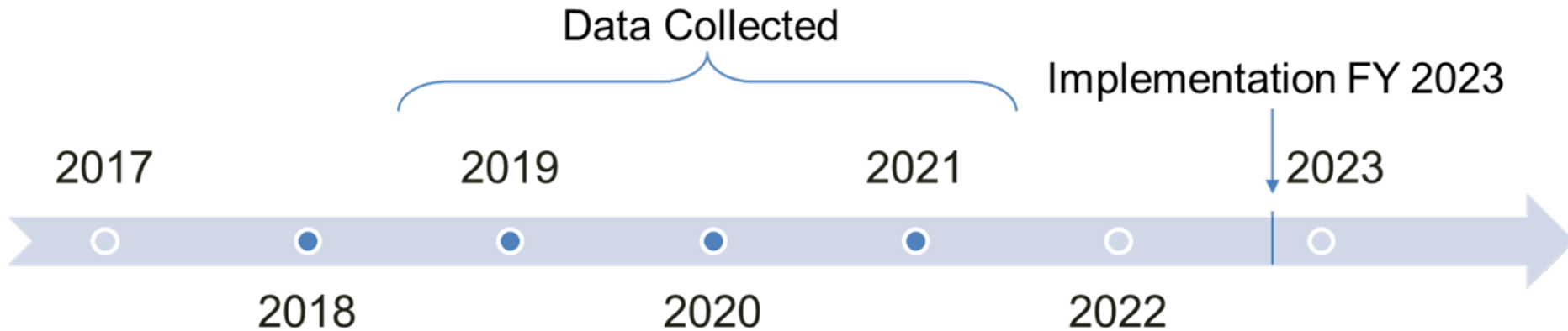
Implementation for FY 2023 payment determination and subsequent years

- Based on claims data from July 2018 to June 2021
- CMS will include measure in the Hospital IQR Program
- Public reporting July 2022 for payment determination FY 2023
- Confidential reporting of results to hospitals CY 2021

Acronyms

Benefits of Incorporating the NIH Stroke Scale

Major improvements for the revised stroke mortality measure

- Aligns with clinical guidelines
- Ensures the quality measure accounts for severity of patient stroke
- Maintains low burden on hospitals
- Improves discrimination of the stroke mortality measure, which allows for more rigorous risk adjustment

Acronyms

NIH Stroke Scale

- A 15-item neurologic examination providing a measure of stroke severity
- Available in ICD-10-CM codes as secondary diagnosis codes since October 2016

Figure 2. National Institutes of Health Stroke Scale

Category	Score		Time	Score
1a. Level of Consciousness (LOC) (Alert, drowsy, etc.)	0 = 1 = 2 = 3 =	Alert Drowsy Stuporous Coma		
1b. LOC Questions (Month, age)	0 = 1 = 2 =	Answers both correctly Answers one correctly Incorrect		
1c. LOC Commands (Open/close eyes, make fist & let go)	0 = 1 = 2 =	Obeys both correctly Obeys one correctly Incorrect		
2. Best Gaze (Eyes open - pt follows examiner's fingers or face)	0 = 1 = 2 =	Normal Partial gaze palsy Forced deviation		
3. Visual (Introduce visual stimulus/threat to pt's visual field quandrants. Cover 1 eye and hold up fingers in all 4 quadrants.)	0 = 1 = 2 = 3 =	No visual loss Partial hemianopsia Complete hemianopsia Bilateral hemianopsia		
4. Facial Palsy (Show teeth, raise eyebrows and squeeze eyes tightly shut.)	0 = 1 = 2 = 3 =	Normal Minor Partial Complete		
5a. Motor Arm - Left (Elevate extremity to 90 degrees and score drift/ movement. Count to 10 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)		
5b. Motor Arm - Right (Elevate extremity to 90 degrees and score drift/ movement. Count to 10 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)		
6a. Motor Leg - Left (Elevate extremity to 30 degrees and score drift/ movement. Count to 5 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion		
6b. Motor Leg - Right (Elevate extremity to 30 degrees and score drift/ movement. Count to 5 out loud and use fingers for visual cue.)	0 = 1 = 2 = 3 = 4 = NT=	No drift Drift Can't resist gravity No effort against gravity No movement Amputation, joint fusion (Explain)		
7. Limb ataxia (Finger to nose, heal down shin)	0 = 1 = 2 =	Absent Present in one limb Present in two limbs		
8. Sensory (Pin prick to face, arms, trunk, and legs -compare sharpness side to side, or no feeling at all.)	0 = 1 = 2 =	Normal Partial loss Severe loss		
9. Best Language (Name items, describe picture, and read sentences. Don't forget glasses if they normally wear them.)	0 = 1 = 2 = 3 =	No aphasia Mild to moderate aphasia Severe aphasia Mute		
10. Dysarthria (Evaluate speech clarity by pt reading or repeating words on list.)	0 = 1 = 2 = NT	Normal articulation Mild to moderate dysarthria Near to unintelligible or worse Intubated or other physical barrier		
11. Extinction and Inattention (Use information from prior testing or double simultaneous stimuli testing to identify neglect. Face, arms, legs and visual fields.)	0 = 1 = 2 =	No neglect Partial neglect Complete neglect		
NT= Not Testable acceptable as noted above				
TOTAL SCORE:				

Reporting the NIH Stroke Scale in ICD-10

- 43 new codes
- Hospitals should report the **initial NIH Stroke Scale** score documented or use POA codes to capture the initial assessment if multiple scores are available

Current Reporting Rate

- Hospitals recently increased the use of NIH Stroke Scale codes, but overall reporting rates are still low.
- Only 10% of hospitals include the NIH Stroke Scale data in claims for at least half of their patients.

% of Ischemic Stroke Admissions with NIHSS

Acronyms
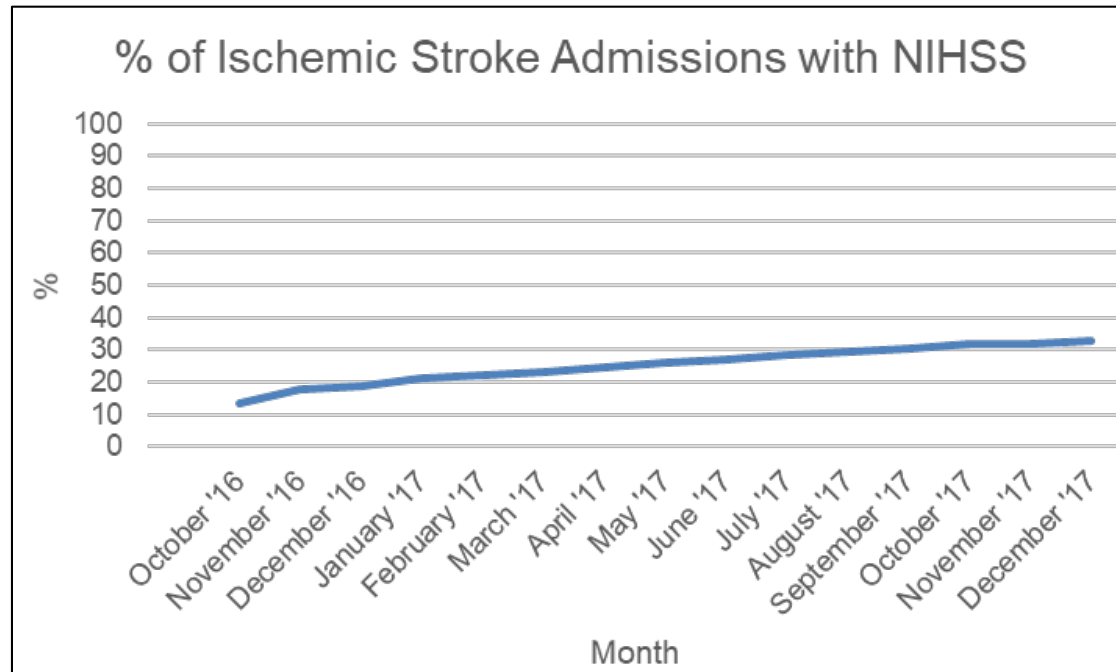
Resources to Support Reporting in Claims

HSRs and HSR User Guides

- Provides hospital- and patient-level information on reporting of the NIH Stroke Scale in claims
- Available in May 2018 on *QualityNet* (*www.QualityNet.org*)

Other Resources

- Email inbox: CMSmortalitymeasures@yale.edu
- ICD-10-CM Official Guidelines for Coding and Reporting – FY 2018
- *QualityNet* resources
  - o Annual Updates and Specification Report
  - o Factsheet on the NIH Stroke Scale

Claims-Based Outcome and Payment Measures – Resources and Use of the NIH Stroke Scale

Questions

Acronyms

Claims-Based Outcome and Payment Measures –
Resources and Use of the NIH Stroke Scale

Continuing Education

Continuing Education Approval

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

- **National**
  - o Board of Registered Nursing (Provider #16578)
- **Florida**
  - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - o Board of Nursing Home Administrators
  - o Board of Dietetics and Nutrition Practice Council
  - o Board of Pharmacy

Please Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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  o Please use your **personal** email so you can receive your certificate.

  o Healthcare facilities have firewalls up that block our certificates.

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- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

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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

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Thank you for completing our survey!

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

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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

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CE Credit Process: New User

CE Credit Process: Existing User

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Claims-Based Outcome and Payment Measures – Resources and Use of the NIH Stroke Scale

Thank You