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1/26/2016
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Example of Two Browsers Tabs open in Same Event
Welcome to Today’s Event

Thank you for joining us today!
Our event will start shortly.

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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

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

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

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

1999
(range 1 - 50)

< 8  15 - 18  45 or more  8 - 14  19 - 44  Incomplete data

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

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

**2005**
(range 0 – 214)

- < 8
- 8 - 14
- 15 - 18
- 19 - 44
- 45 or more
- Incomplete data

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)

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.
Prescription Opioids Dispensed 1991–2013


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

Sources: International Narcotics Control Board; World Health Organization population data
Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids: United States, 2000–2014

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

Prescription Pain Medications Sales and Deaths: 1999-2013

**Prescription Painkiller Sales and Deaths**

- **Sales (kg per 10,000)**
- **Deaths (per 100,000)**

**Sources:**
- Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.
  - [http://www.cdc.gov/nchs/deaths.htm](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


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

2006 - Survey data collection starts
2008 - Publicly reporting begins (IQR)
2012 - Hospital Value-Based Purchasing Program

Sources:
\(^{a}\) Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.
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
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
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

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience of Care:</td>
<td>25%</td>
</tr>
<tr>
<td>Clinical Process of Care:</td>
<td>10%</td>
</tr>
<tr>
<td>Patient outcomes:</td>
<td>40%</td>
</tr>
<tr>
<td>Efficiency:</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total Performance Score (TPS):</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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.
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 $\frac{1}{8}$th 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
  – $\frac{1}{8} \times 25\% = 3.125\%$ of Hospital VBP
  – $3.125\% \times HVBP \times 1.75\% \times Base \text{ DRG} = 0.055\%$ 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
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
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
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](http://go.cms.gov/opioidheatmap)
State-based interventions are improving outcomes

**New York** 75%

**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.

**Florida** 50%

**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.

**Tennessee** 36%

**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.

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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

• Secretary’s Opioid Initiative

• Overutilization Monitoring System
  https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html

• Part D Opioid Heat Map
  http://go.cms.gov/opioidheatmap
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)
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– 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.
CE Credit Process: Survey

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.

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Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-40f6-b429-d5f6b9cc1ae

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
CE Credit Process: Existing User
QUESTIONS?