

# Welcome!

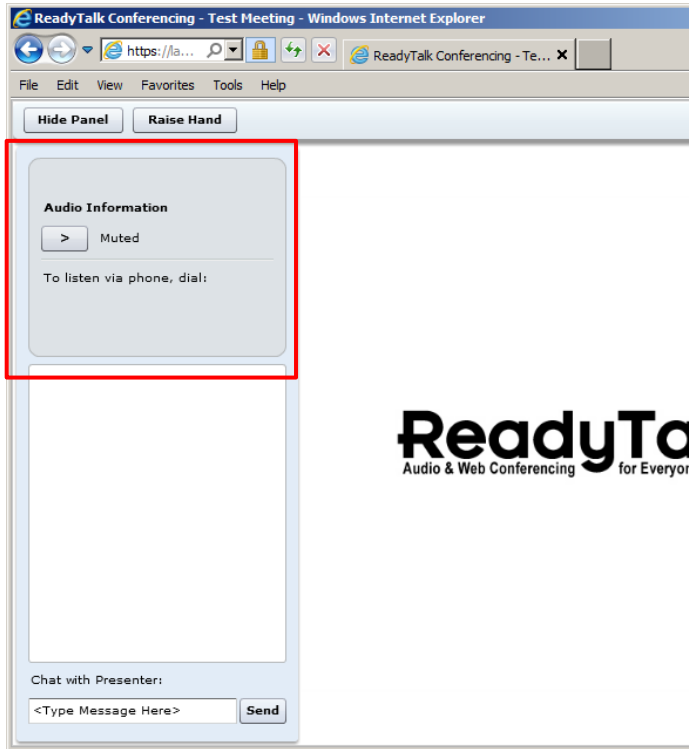
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



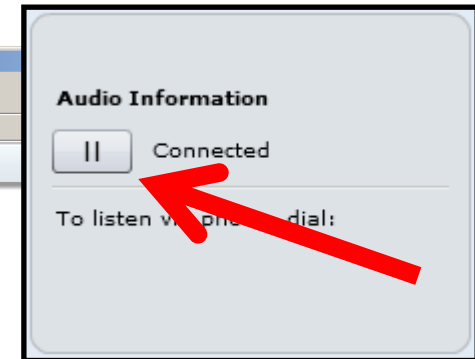
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

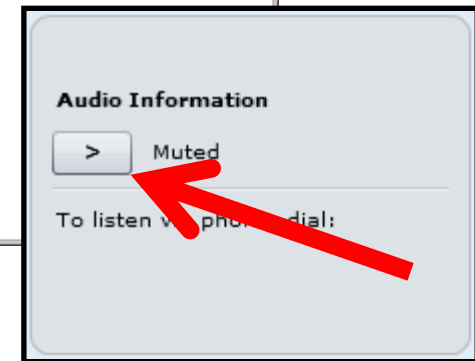
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



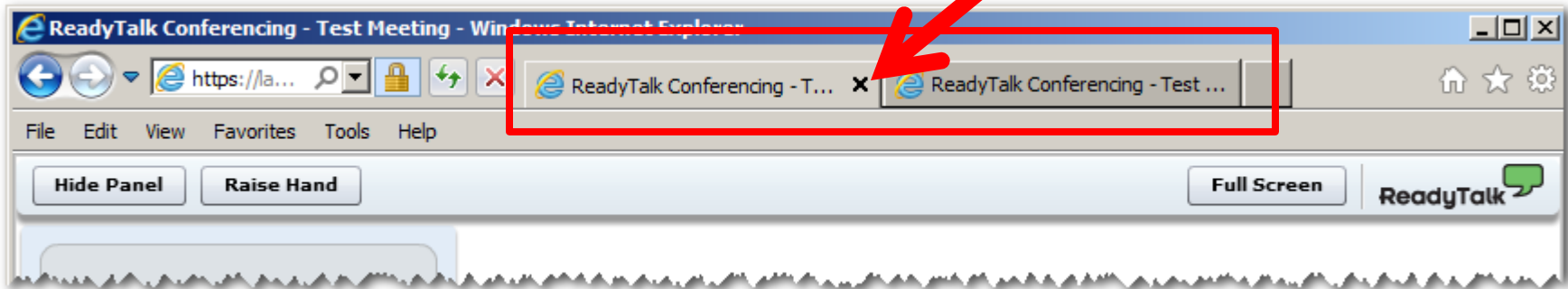
Step 1



Step 2

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to 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 CMS presentation window. The window has a dark grey header with the CMS logo and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES". Below the header is a yellow banner with the text "Specifications Manual, Version 4.4a, Changes & Hospital VBP Program Improvement Series: MSPB". Underneath the banner is the date and time "November 18, 2014, 10 a.m. & 2 p.m. ET". The main content area is divided into two columns of text, each listing a name and title. On the left side of the window, there is a white chat area with a "Chat with Presenter" label and a "Type questions here." input field with a "Send" button. The window also has "Hide Chat" and "Return Home" buttons in the top left and "Full Screen" and "Reopen" buttons in the top right.

Hide Chat Return Home Full Screen Reopen

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Specifications Manual, Version 4.4a,  
Changes & Hospital VBP Program  
Improvement Series: MSPB

November 18, 2014, 10 a.m. & 2 p.m. ET

*Candace Jackson, RN, Hospital  
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*Donna Isgett, Sr. Vice President  
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Contract Lead*

Chat with Presenter  
Type questions here. Send



# HCAHPS and Hospital Value-Based Purchasing

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**August 2015**

# Introduction to Hospital Value-Based Purchasing (VBP)

Hospital VBP links a portion of CMS' payments to hospitals to their performance on a set of quality measures.

## The Hospital VBP Program:

- Applies to Inpatient Prospective Payment System (IPPS) subsection (d) hospitals only
  - Some types of hospitals are excluded
- Was established by the *Patient Protection and Affordable Care Act of 2010* (Public Law 111-148), Section 3001(a)
- Affects payment for patients discharged October 1, 2012 (FY 2013) and forward

# Purpose of Hospital VBP

The Hospital VBP Program encourages hospitals to improve the safety and quality of care inpatients receive during acute care stays



By re-engineering hospital processes that improve patients' experience of care



Thus, rewarding hospitals for the quality of care they provide, not just quantity of services

# Value-Based Incentive Payment Percentage by Program Fiscal Year

Fiscal Year	Percent Reduction
2013	1.00
2014	1.25
2015	1.50
2016	1.75
<b>2017</b>	<b>2.00</b>



# Hospital VBP Scoring for FY 2017: Total Performance Score (TPS)

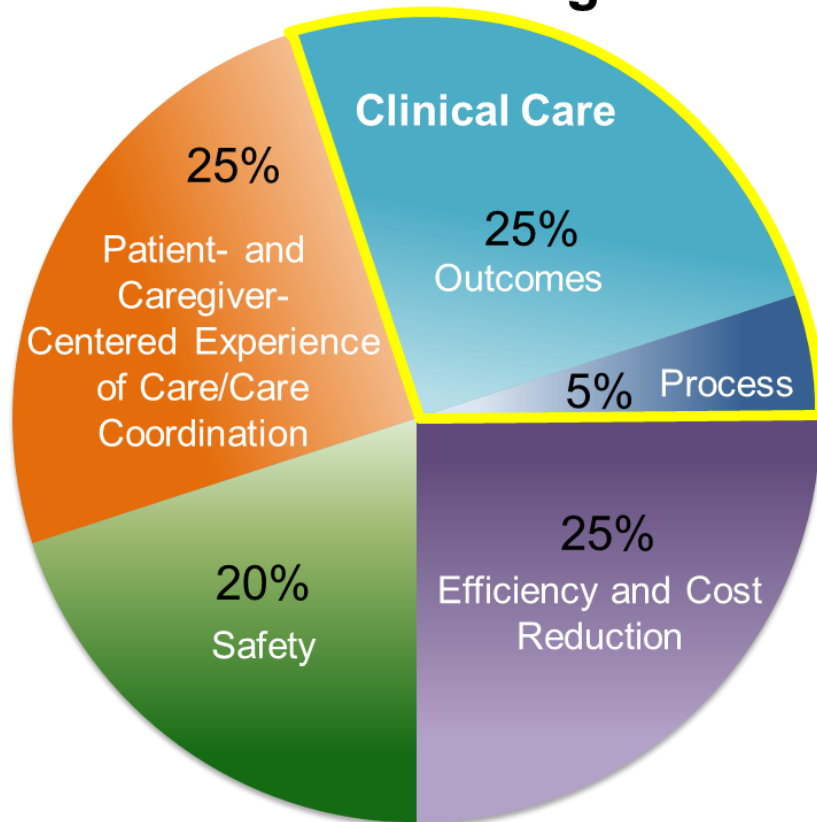
## Five Hospital VBP Domains for FY 2017

Domain	Percent of TPS
Clinical Care – Process	5%
Clinical Care – Outcomes	25%
Safety	20%
Efficiency and Cost Reduction	25%
<b>Patient- and Caregiver-Centered Experience of Care/Care Coordination (HCAHPS)</b>	<b>25%</b>

- HCAHPS data from the Hospital IQR Program is used in Hospital VBP.
- ***NO additional data collection or submission is required.***

# FY 2017 Domain Weights and Measures

## Domain Weights



## Patient- and Caregiver-Centered Experience of Care/Care Coordination

### Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

#### Clinical Care

##### Outcomes

MORT-30-AMI  
MORT-30-HF  
MORT-30-PN

##### Process

AMI-7a  
IMM-2  
PC-01\*

#### Efficiency and Cost Reduction

MSPB-1

#### Safety

CLABSI  
CAUTI

SSI: Colon & Abdominal Hysterectomy  
MRSA Infections\*  
C-difficile Infections\*  
AHRQ PSI-90

An asterisk (\*) indicates a newly adopted measure for the Hospital VBP Program.

# Patient Experience Domain Score

- The Patient- and Caregiver-Centered Experience of Care/Care Coordination (Patient Experience) Domain Score ranges from 0-100 points
- It is the sum of:
  - **HCAHPS Base Score (0 – 80 points)**
  - + PLUS +**
  - **HCAHPS Consistency Points (0 – 20 points)**
- It comprises 25% of the Hospital VBP Total Performance Score in FY 2017

# HCAHPS and Hospital VBP Scoring

	Eight HCAHPS Dimensions in Hospital VBP
1.	Communication with <b>Nurses</b>
2.	Communication with <b>Doctors</b>
3.	<b>Staff Responsiveness</b>
4.	<b>Pain</b> Management
5.	Communication about <b>Medicines</b>
6.	<b>Discharge</b> Information
7.	<b>Cleanliness &amp; Quietness</b> of Hospital Environment ( <i>combined</i> )
8.	<b>Overall</b> Rating of Hospital

- These same measures are reported on *Hospital Compare*
  - With the exception of #7, “Cleanliness & Quietness,” included in VBP and not on *Hospital Compare* and “Recommend,” included on *Hospital Compare* and not in VBP
- **Percent of patients who chose the “Top-box” response**

# HCAHPS and Hospital VBP Scoring Change for FY 2018

For FY 2018, a ninth HCAHPS dimension will be added to the Patient Experience Domain for Hospital VBP scoring:

- **Care Transition Measure (CTM)**
  - Added to the HCAHPS Survey in 2013
  - Publicly reported on *Hospital Compare* since 2014
  - FY 2018 Baseline Period: 2014
  - FY 2018 Performance Period: 2016

In FY 2018, each of the nine HCAHPS dimensions will account for approximately 1/9 of the Patient Experience Domain.

# Hospital VBP Time Periods: FY 2017 Program

Two time periods in Hospital VBP

Period	Timeframe
FY 2017 <b>Baseline</b> Period	January–December 2013
FY 2017 <b>Performance</b> Period*	January–December 2015

\* IPPS hospitals must have at least 100 completed HCAHPS surveys in the Performance Period to be included in Hospital VBP

# HCAHPS and Hospital VBP Scoring

For each HCAHPS Dimension, **both** Improvement and Achievement points are calculated.

- **Improvement Points (0-9 for each Dimension):**
  - Amount of change from Baseline to Performance Period
    - » Must have 100+ completed surveys in Baseline Period to compute Improvement Points
- **Achievement Points (0-10 for each Dimension):**
  - Difference between a Hospital's Dimension score and the national median score in the Performance Period

*The larger of Improvement or Achievement Points is used in score calculation.*

# First Component of the Patient Experience Domain

## HCAHPS Base Score

For **each** of the **eight** HCAHPS Dimensions, the following process is followed to achieve the HCAHPS Base Score:

1. Both Improvement Points (0-9) and/or Achievement Points (0-10) are calculated
2. The **larger** of the Improvement Points or Achievement Points for each Dimension is retained
3. Points are summed across the **eight** HCAHPS Dimensions to form the **HCAHPS Base Score**
4. The HCAHPS Base Score is **0 to 80 points**



# Second Component of the Patient Experience Domain

## HCAHPS Consistency Points

- Range from 0 to 20 points
- Target a hospital's *lowest performing* HCAHPS Dimension
  - *Focuses attention on the Dimension on which the hospital is weakest*
  - During the Performance Period
- Are unique to the Patient Experience Domain

# HCAHPS Consistency Points *(cont.)*

- Consistency Points are derived from the *lowest performing* Dimension.
  - **If** a hospital's lowest scoring HCAHPS Dimension is **at or above** the *national median*\*, **then** the hospital earns the maximum 20 Consistency Points.
- \* If the lowest HCAHPS Dimension Scores is at or above the national median, that means that all eight HCAHPS Dimensions are at or above the national median.

# HCAHPS Consistency Points *(cont.)*

- **If** the lowest scoring Dimension is **below** the national median, **then** the hospital earns between 0 and 19 Consistency Points.
- Calculation of Consistency Points is explained on the CMS Hospital VBP Web site

# HCAHPS Consistency Points *(cont.)*

- **If a hospital has more than one Dimension below the national median, then a calculation is made to determine which Dimension is actually the lowest.**
- **The lowest Dimension is used for the calculation of Consistency Points.**

# Patient Experience Domain Score Re-cap

Patient Experience Domain Score:

- Is the sum of
  - **HCAHPS Base Score** (0 – 80 points)  
**+ PLUS +**
  - **HCAHPS Consistency Points** (0 – 20 points)
- Is a total of **0 to 100** points
- Comprises **25%** of Hospital VBP Total Performance Score in FY 2017

# Key Differences: Hospital IQR vs. Hospital VBP

## Hospital IQR

- Current HCAHPS Performance
- Eleven HCAHPS measures are publicly reported
- IPPS and non-IPPS hospitals participate (~4,100)

vs.

## Hospital VBP

vs.

- HCAHPS performance, Improvement and Consistency

vs.

- Eight HCAHPS Dimensions
  - “Cleanliness” and “Quietness” combined
  - No “Recommend”
  - CTM will be added in FY 2018

vs.

- Only IPPS hospitals participate (~3,100)

vs.

- Minimum of 100 completed surveys in Performance Period

# Summary

- Hospital VBP links hospital payment to Patient Experience of Care (HCAHPS)
- HCAHPS has been part of Hospital VBP since VBP began (2012)
- No additional HCAHPS data collection is necessary for Hospital VBP
- Only IPPS hospitals with 100+ completed HCAHPS surveys receive a Patient Experience Domain score

# Resources:

## HCAHPS and Hospital VBP

- CMS.gov Website, Hospital VBP pages
  - <http://www.cms.gov/Hospital-Value-Based-Purchasing/>
- Hospital VBP slides
  - Can be found at [http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP\\_ODF\\_072711.pdf](http://www.cms.gov/Hospital-Value-Based-Purchasing/Downloads/HospVBP_ODF_072711.pdf)
  - Summary of the *Patient Experience of Care* Domain (HCAHPS) and its score calculation is on slides 35-61
- *QualityNet* Website, Hospital VBP pages
  - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>





## Sentara Healthcare Patient Satisfaction Update

**Genemarie McGee, BSN, MS, RN, NEA-BC**  
Chief Nursing Officer

**Melinda Montgomery, Ph.D.**  
Director, Organizational Development

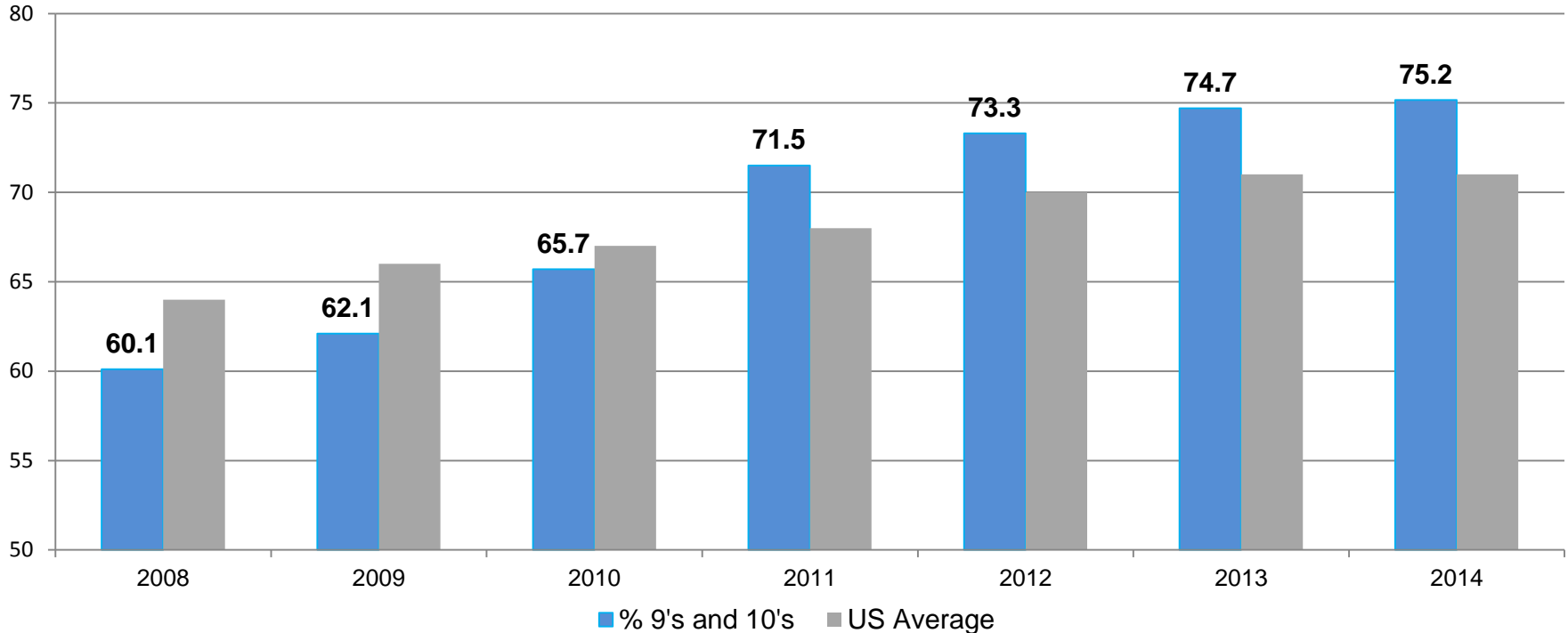
**August 10<sup>th</sup>, 2015**

# Sentara Healthcare

<b>Located in Virginia/North Carolina; 127-year not-for profit mission</b>	<b>12 hospitals (4 Magnet® Designated); 2,727 beds; 3,800 physicians</b>
182,000 inpatient and 703,000 outpatient visits	5 medical groups (~900 employed providers)
8 Home Health branches	12 long term care/assisted living/PACE centers
450,000 member Health Plan	Sentara College of Health Sciences
28,000+ members of the team	\$4.6B total operating revenues

# “Rate Hospital”

## All Sentara Hospitals Rolled Up



25% improvement between 2008 and 2014  
42nd percentile in 2008 to 66th percentile in 2014

# Our Patient Satisfaction Journey

## 2009-2011

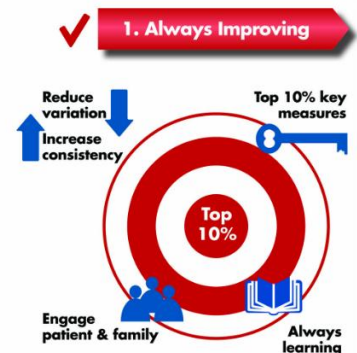
System Wide Goals  
Unit Level Reporting  
Leader Owned Data  
Regular Reporting  
Summits  
RN Bundles  
Recognition

## 2012-2014

Accountability Training  
Centralize D/C Calls  
Physician reporting  
Pt Experience Group  
PFACs  
Aligned w/Strategic Plan

## 2015 & Beyond

Focus on EDs  
Deep Dives  
Outsource D/C Calls  
Electronic Manager  
Rounding  
System Wide Retreat  
Regular Messaging  
Consistency & Patient Ease



# Keys to Success

- Leaders own the data
- Bundles
- Accountability
  - Regular reporting
  - Tied to compensation
  - Part of our strategic plan



## Top 10% Key Measures

- Patient Safety
- Clinical Quality
- Customer Satisfaction
- Members of the Team
- Strong Financial Performance benchmarked to national standards

# Challenges

- Consistency
  - Processes and people are not as patient- and family-friendly as we want
- Staffing variances
- Competing priorities
- Not fully embedded in our culture



# **Mena Regional Health System's Patient Satisfaction Survey Success**

**Amy Phelps RN, MSN**  
Director of Quality Services

**August 10, 2015**



# Mena Regional Health System Demographics

- Rural, IPPS, 65 Bed Hospital
- Non-profit, City-owned
- No tax support
- Services: ED, ICU, Medical/Surgical Unit, Surgery, OB, Acute Inpatient Rehab, Senior Behavioral Health Unit
- Serves an 85-mile radius, about 50,000 people
- Next Tertiary Hospital is 1.5 hours away





# HCAHPS Survey Scores Comparison Analysis

Domain Elements	Q4 2012 –Q3 2013	Q2 2013 – Q3 2014	Percentage Change
Communication with Nurses	77	85	10%
Communication with Doctors	82	84	+2%
Responsiveness of Staff	66	79	+20%
Pain Management	65	74	+14%
Communication on Medications	58	74	+14%
Cleanliness of Hospital	69	72	+1%
Quietness of Hospital	64	63	-1%
Overall Rating of Hospital	67	71	+6%
Willingness to Recommend this Hospital	53	68	+28%

# Steps to Success

- Educated Nursing Staff on HCAHPs and chose two elements to target
- Began the **iCare** Program
- Performance Bonus to all employees based on quality scores and performance
- Celebrated small successes



# Little Things that make a Big Difference

- Thank you cards sent to patients from individual units signed by nursing staff
- Reminders to the patient that they will be getting a survey in the mail and how important it is to us to know how we did

# Challenges Ahead

- Working with housekeeping to engage with patients and families
- Quietness
- Physician communication
- **Maintaining and continuing our success...**

# Thank You

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## Contact info:

- [amyp@menaregional.com](mailto:amyp@menaregional.com)
- 479.243.2299

# 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<sup>®</sup> 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 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>

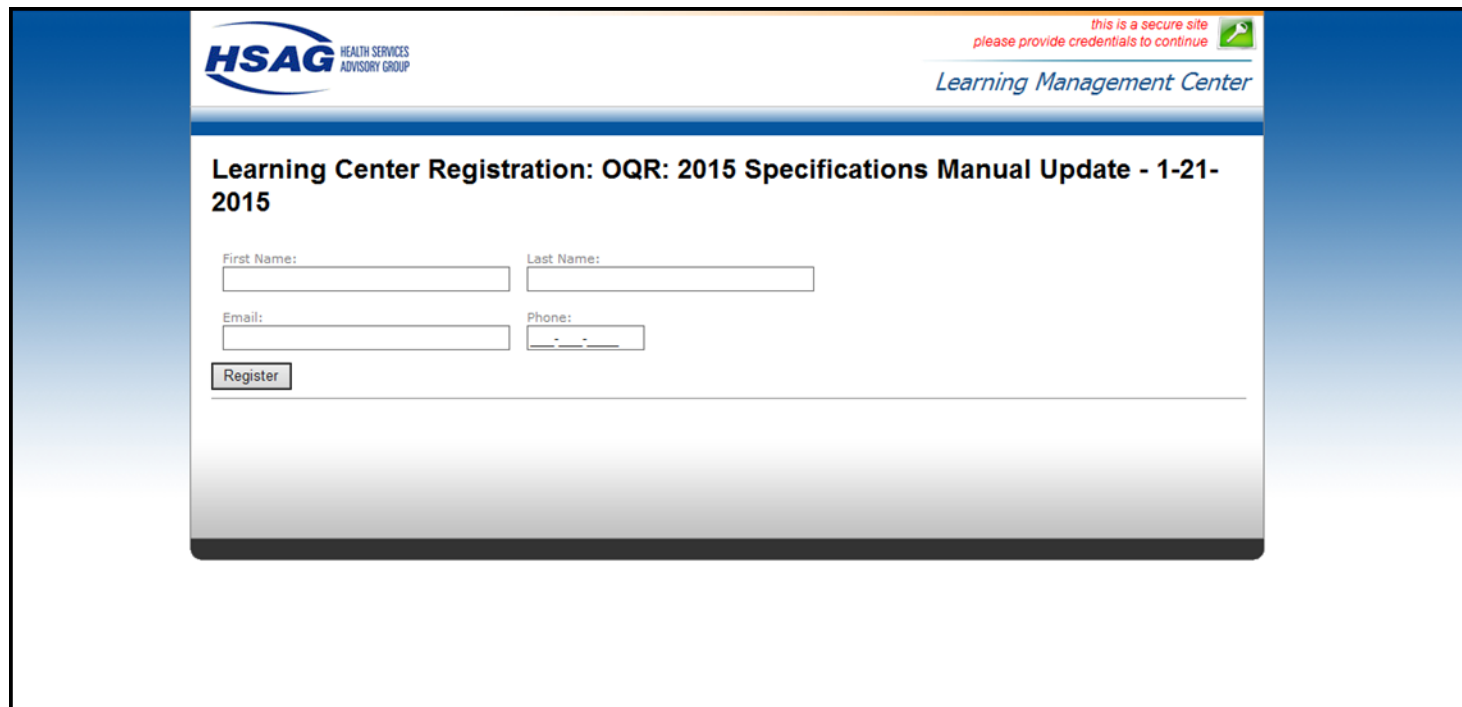
**Existing User Link:**

<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.

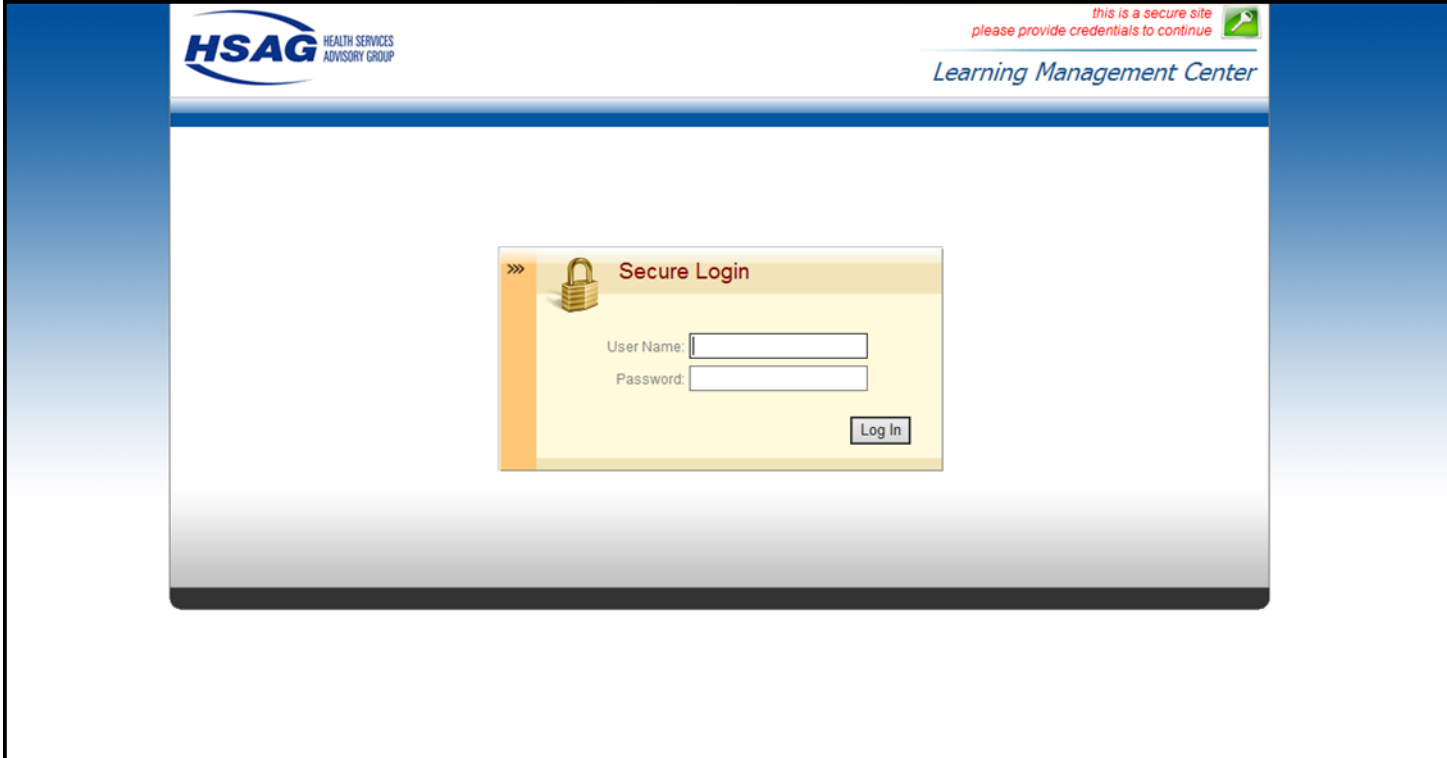
Done

# CE Credit Process: New User



The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the page title is "Learning Management Center". The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

# CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

# QUESTIONS?

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# Resources

## Contact Us



### Q & A Tool

<https://cms-ip.custhelp.com>



### Email Support

[InpatientSupport@viqrc1.HCQIS.org](mailto:InpatientSupport@viqrc1.HCQIS.org)



### Phone Support

844.472.4477 or  
866.800.8765



### Inpatient Live Chat

[www.qualityreportingcenter.com/inpatient](http://www.qualityreportingcenter.com/inpatient)



### Monthly Web Conferences

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)



### Secure Fax

877.789.4443



### ListServes

Sign up on  
[www.QualityNet.org](http://www.QualityNet.org)



### Website

[www.QualityReportingCenter.com](http://www.QualityReportingCenter.com)