Hospital Value-Based Purchasing (VBP) Quality Reporting Program

Support Contractor

HCAHPS® and Hospital Value-Based Purchasing

Questions & Answers

Moderator:
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Speaker(s):

William G. Lehrman, PhD
Social Science Research Analyst, Division of Consumer Assessment & Plan Performance
Centers for Medicare & Medicaid Services (CMS)

Genemarie McGee, BSN, MS, RN, NEA-BD
Chief Nursing Officer, Sentara Healthcare

Melinda Montgomery, PhD
Director, Organizational Development, Sentara Healthcare

Amy Phelps, RN, MSN
Director of Quality Services at Mena Regional Health System

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Question 1: Please clarify when FY 2017 begins.

Answer 1: The FY 2017 VBP Program will impact payments from October 1, 2016 – September 30, 2017. The performance period for the HCAHPS® Survey for FY 2017 is January 1, 2015 – December 31, 2015, and the baseline period is January 1, 2013 – December 31, 2013.

Question 2: What is IPPS?

Answer 2: Inpatient Prospective Payment System

Question 3: Maybe I misunderstand: how could someone have an improvement that is greater than those on achievement points?

Answer 3: Improvement scores and achievements scores are calculated for each dimension. The greater of improvement points or achievement points is then awarded as the measure score. A hospital that did not meet the achievement threshold (the minimum for achievement points) may still be able to receive improvement points if it improved from the baseline period. Improvement points could still be greater than the achievement points awarded even if the hospital scores are between the achievement threshold and benchmark. If you have more questions on the scoring, please enter your question to the Inpatient Q&A tool on *QualityNet*, and the VBP team would be more than happy to assist you.

Question 4: Do facilities receive a report of actual data calculations for all of the dimensions? If so, when does this occur?

Answer 4: The Percentage Payment Summary Reports display a hospital's baseline period rate, performance period rate, achievement points, improvement points, dimension score, base score, and consistency score. The FY 2016 Percentage Payment Summary Reports are available through the *QualityNet Secure Portal* now.

Question 5: Please explain the difference between Hospital IQR and Hospital VBP - is Hospital IQR what is reported on *Hospital Compare* and Hospital VBP is the "penalty program"?

Answer 5: Hospital Inpatient Quality Reporting (IQR) data are provided in the Inpatient Public Reporting Preview Reports and are reported on the compare pages of *Hospital Compare*. Generally, the Hospital IQR Program data are refreshed on a quarterly basis. The Hospital VBP Program utilizes the HCAHPS® data collected through the Hospital IQR Program. The Hospital VBP Program is a pay-for-performance program that is incentive/reduction based. Approximately half of all hospitals in the Hospital VBP Program receive net increases in payments due to the Hospital VBP Program, whereas approximately half incur net decreases. The Hospital VBP Program data including Patient Experience of Care is also reported on *Hospital Compare*; however, the data are posted in the Linking Quality to Payment section.

Question 6: From your perspective, what discipline has the greatest impact on patient experience scores?

Answer 6: So, this is Genemarie McGee, and I think both Melinda and I agree that nurses probably have the greatest impact because they are with the patient typically 24 hours a day. However, we have also found you cannot underestimate sort of the loudness or powerfulness of the physician's interaction also. So, I think that's how we would answer that question. Melinda, would you add anything?

No, I think you're right on with that. It's the nurses and the physician.

Question 7: I'm only recently on *QualityNet Secure Portal*. I don't have this Percentage Payment Summary Report available in my portal. How do I have that report re-sent to me through the portal?

Answer 7: The report is available through the "Reports" interface. If you would like someone to help walk you through downloading the report, please submit your request through the Inpatient Q&A tool on the qualitynet.org website.

Question: How do you attribute data to individual hospitalists?

Answer 8: Actually – this is Melinda, and we did not attribute it to individual hospitalists. We attributed it to hospitalist groups, and so we do not blind the groups, and so each of our hospitals groups, you can see their performance on the scores, the questions.

Question 9: In the hospitalist reports where they could compare their performance, was their identity blinded?

Answer 9: This is William Lehrman from CMS. I just want to add one point about that. The HCAHPS® survey was designed to compare hospitals to each other. We know a lot of hospitals use it in a more granular way to compare wards or floors or groups, even individuals. But, it was not designed for that purpose. You'd have to have a lot of data for those smaller subunits to make appropriate reliable comparisons. So, that's something we are emphasizing more so than in the past.

Question 10: How have you made the physicians accountable and helped them achieve their goals?

Answer 10: So this is Genemarie. I think number one, sharing their data, and although we don't have it on individual physicians, we do share it with the hospitalist group. If we get letters that are either complimentary or letters that point out issues, particularly if it involves physicians, nurses, you know, our housekeeping staff, we involve all those folks in that conversation and that response that we may have tracked back to a patient. We also involve our vice presidents of medical affairs, and they meet with our physicians. And, at all their meetings, we share scores with how each hospital is doing and they also know that our staff's compensation, parts of it, is tied to that. And, that we have found is a real leverage with our physicians because they worked with our staff and they want our staff to do well.

Question 11: Also, when will the Percentage Payment Summary Report be available for FY 2017?

Answer 11: The FY 2017 Percentage Payment Summary Reports will be available by August 1, 2016**.**

Question 12: How did you calculate your percentage change?

Answer 12: We just calculated the percentage difference of the top box answer.

Question 13: Can you please define the iCare acronym again?

Answer 13: The iCARE acronym is i for integrity, C for compassion, A is accountability, R is respect, and E is excellence. And so, these are the characteristics that we expect every employee to exhibit in all their actions every day. Thank you.

Question 14: Amy - how did you track performance for quality scores and bonuses?

Answer 14: We had not had any bonuses previously; the bonus was the same for every employee hospital wide even administration.

Question 15: What was Amy's email address?

Answer 15: amyp@menaregional.com

Question 16: I've completed two previous CE for recent seminars, but these seminars are not showing up on the HSAG website (I'm an existing user and already have about 8 seminars listed). Is there a limit to how many you can have listed on HSAG website? Thanks!

Answer 16: No, you can get as many credits as you want. If you are not getting the automatic email from HSAG to get your CE, you need to register as a new user, with a personal email like Yahoo or Gmail. Healthcare facilities' computers are constantly updating their firewalls**.**

Question 17: How did Mena increase the number of surveys returned? We are a new facility that just opened and opted for telephone surveys but are not on target to achieve 100 surveys.

Answer 17: OK. We started by making sure that to start, we use an outsource, we outsource our survey. [...] We made sure that our questions were short. There was a bunch of extra questions; different units wanted to know what was in there [was] with the HCAHPS®. And so, we shortened that. The other thing is we did an article in the newspaper to stress to patients staying in the community how important it was to fill out the survey and to let us know how they were doing. And then, there is a reminder on the bottom of the discharge instructions that says you'll be receiving a survey in the mail and your opinion is always important to us. And so, there's just little reminders that they'll be getting a survey and how important it is for

us to hear from them. And so, it really has increased it; I mean we're still working on that because we always worry, you know, our system, it has a large hospital. And so, we may only have 600 admissions for the year, and so it is a job. Thank you.

Question 18: Please repeat CEU code if there is one. Thanks.

Answer 18: 16578

Question 19: For the HCAHPS® question about staff responsiveness, do we track the survey data that only pertains to pt's health concern or the totality of patient request?

Answer 19: Thank you for your question. We would like more information regarding your question in order to give you the most accurate response possible. Please submit your question to the Inpatient Q&A tool on *QualityNet* for a response.

Question 20: Does Sentara have patients as members of their hospital committees; specifically, do they have them on the Patient Experience Group for VPs and above?

Answer 20: They are not currently on the Patient Experience Group for VPs and above, but they are on hospital-based committees such as: Falls, Hospital Partnership Council, Ethics, Patient Experience, Quality and Safety, Cancer Committee, and the system wide customer service committee.

Question 21: For Sentara Hospital: How do you improve your "Always Quiet At Night" scores?

Answer 21: Reminders to staff about the importance of being quiet at night, sharing of complaints, review of equipment, doors, etc. that create a lot of noise and then taking action to correct; [also,] manager presence on night shift periodically for observation [and installation of a] noise “stop light” on unit (available at teacher/education stores).

Question 22: What will be involved in transition of care?

Answer 22: The 3-Item Care Transition Measure (CTM–3) is an NQF-endorsed measure. We adopted this measure in the Hospital IQR Program in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53513 through 53516). Initial measure data were posted on *Hospital Compare* in December 2014, and the full measure specifications are available at: http://www.caretransitions.org/documents/CTM3Specs0807.pdf. Specifications for the Care Transition Measure as used in the HCAHPS Survey can be found in the current HCAHPS® Quality Assurance Guidelines, http://www.hcahpsonline.org/qaguidelines.aspx.

Question 23: Why does the top box measure get used instead HCAHPS® linear scores for each domain and dimension? It drops a lot of people who give answers like Sometimes.

Answer 23: The linear mean score that you're talking about was developed for the HCAHPS® star ratings, which just debuted this year in April on *Hospital Compare*. When the VBP Program was being developed and designed, there's actually a report to congress back in 2007 where CMS proposed the program. It was decided that we wanted to focus on the most positive experience and reward based upon the most positive experience the patient had. So, that's why the score is based upon the percentage of patients who chose the top box or the most positive response, such as Nurses always treated me with courtesy and respect. So, it was, it's part of the design of the program. I didn't know whether we're going to consider using linear mean scores as something like that that rolls across all measures. You could suggest that to us either directly or when we, every year, the IPPS Rule is put into the *Federal Register* as an open comment period where suggestions, such as that one, could be submitted to CMS.