

**NORTH DAKOTA HEALTH CARE REVIEW, INC.**  
In Search Of Continued Excellence In Health Care

Presentation to the  
North Dakota Legislative Management  
**HEALTH CARE REFORM  
REVIEW COMMITTEE**

July 9, 2013

# Healthcare Quality Improvement in North Dakota

*Past, Present, and Future*

# North Dakota Health Care Review, Inc. (NDHCRI)

- ▶ Private, non-profit corporation
- ▶ Located in Minot, ND, since 1974
- ▶ Mission: To improve health and healthcare for the people of North Dakota
- ▶ CMS-designated Medicare Quality Improvement Organization (QIO) for North Dakota

# Background

2001–2002	Institute of Medicine released reports showing need for improving safety and quality of health care, making recommendations for quality measures, increasing transparency, and factoring quality into payment system
2004–2005	Medicare Modernization Act and Deficit Reduction Act initiated quality data reporting for hospitals, pay for reporting, transparency through Hospital Compare, and development of pay for performance strategy
2008	Affordable Care Act includes continued focus on improving quality and safety, transparency, and P4P/Value-Based Purchasing for Hospitals, Nursing Homes, Physicians, Home Health, Hospice, Acute Long Term Care Hospitals, Rehab Hospitals, and others

# Current Priorities

# Hospital Value-Based Purchasing Program (VBP)

- ▶ Payment strategy that rewards quality vs. volume alone
- ▶ Current VBP program impacts six PPS acute care hospitals in North Dakota
- ▶ Required to be budget neutral
- ▶ Funded by 1% withhold from PPS Hospital DRG payments
- ▶ Hospitals evaluated on two domains
  - Clinical processes of care (12 measures)
  - Patient experience of care (8 measures)

# Hospital VBP (cont.)

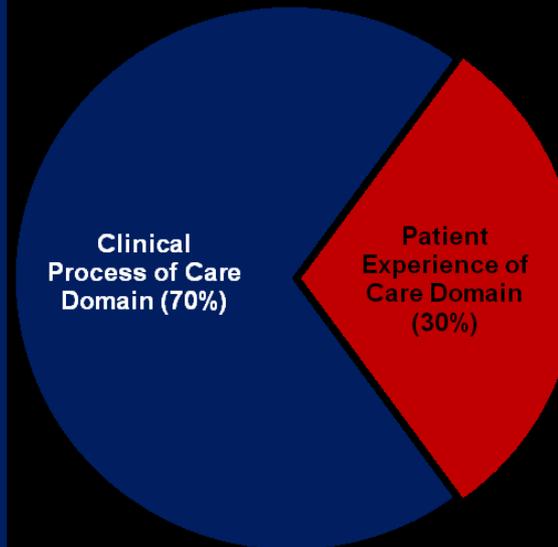
- ▶ Data available on Hospital Compare at [www.medicare.gov](http://www.medicare.gov)
- ▶ Hospital score based on attainment and achievement
- ▶ If a hospital performs better than the national average, it will earn back all of the 1% withhold and more; if the hospital performs worse than the national average, it will earn back less than the 1% withhold
- ▶ The withhold portion increases incrementally each year, to 2% by 2017

# VPB – Domains

## 12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received Within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
10. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
11. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours

## Weighted Value of Each Domain



## 8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

# VPB – Domains

Clinical Process  
Domain Score



+

Patient Experience  
Domain Score

Patient  
Survey



=

Total  
Performance  
Score

70%

30%

# VBP – HCAHPS Performance

FY2013 Payment Period, Data from October 2011 through March 2012

HCAHPS Dimension	Benchmark	Threshold	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6
Communication with Nurses	84.7	75.18	75.32	67.46	81.33	77.27	74.56	77.59
Communication with Doctors	88.95	79.42	76.1	70.24	77.86	75.2	75.42	74.78
Responsiveness of Hospital Staff	77.69	61.82	62.78	60.84	66.18	66.8	59.21	64.18
Pain Management	77.9	68.75	69.7	64.38	68.62	68.25	64.62	67.09
Communication about Medicines	70.42	59.28	57.81	55.14	62.65	66.13	60.38	59.55
Cleanliness and Quietness of Hospital Environment	77.64	62.8	65.4	54.41	62.74	62.21	54.57	67.8
Discharge Information	89.09	81.93	81.97	79.48	86.23	86.34	84.52	84.43
Overall Rating of Hospital	82.52	66.02	69.15	47.96	70.21	68.26	60.14	71.57

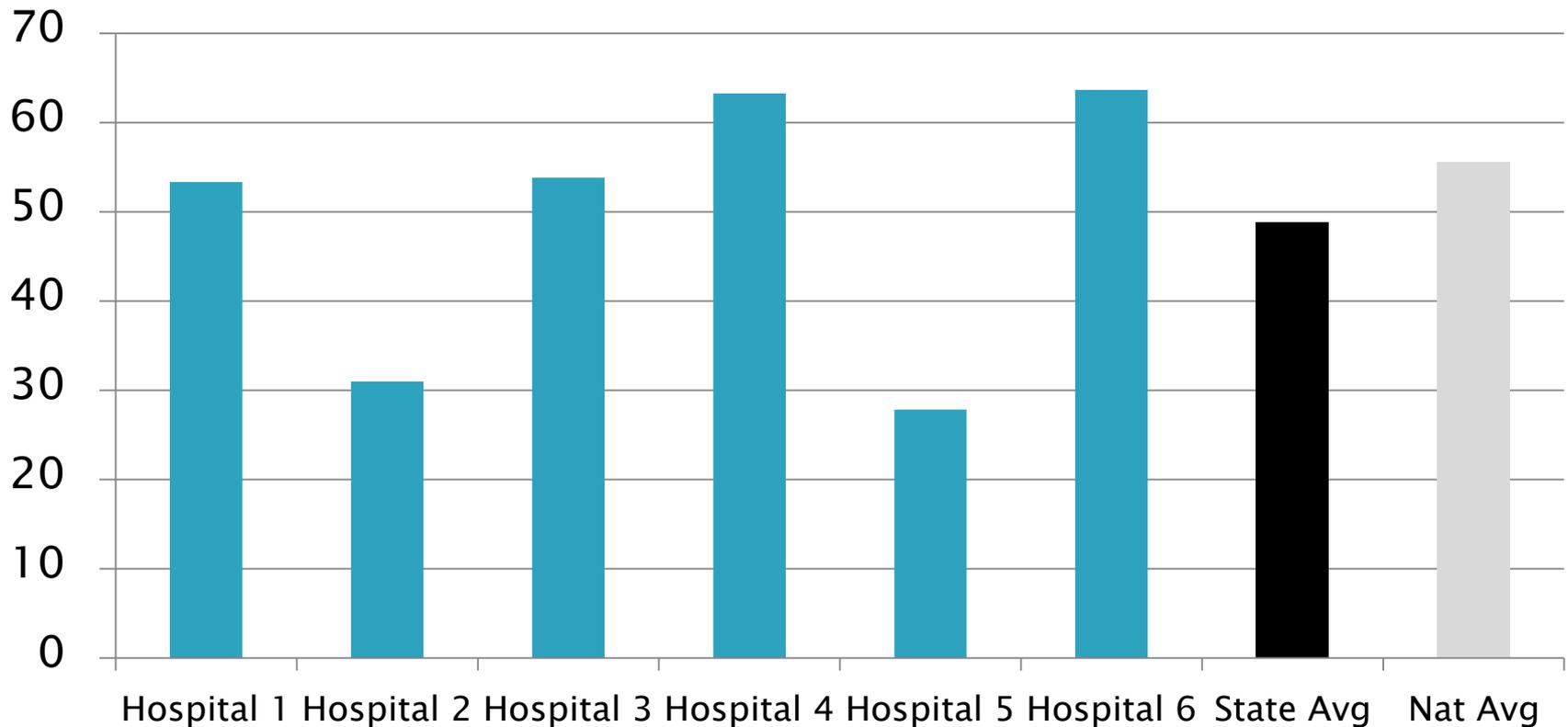
# VBP – Clinical Performance

FY2013 Payment Period, Data from October 2011 through March 2012

Measure ID	Benchmark	Threshold	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6
<b>AMI-8</b> PCI received < 90 minutes	100.0%	91.9%	100.0%	66.7%	92.0%	92.3%	83.3%	100.0%
<b>HF-1</b> Discharge Instructions	100.0%	90.8%	97.4%	93.6%	97.3%	100.0%	100.0%	93.3%
<b>PN-3b</b> Timely Blood Cultures	100.0%	96.4%	100.0%	96.2%	99.4%	98.4%	92.8%	100.0%
<b>PN-6</b> Antibiotic Selection	99.6%	92.8%	95.7%	95.1%	93.5%	98.8%	99.2%	100.0%
<b>SCIP-INF-1</b> Antibiotic <1 Hr prior to surgery	100.0%	97.4%	98.8%	98.8%	99.2%	99.8%	94.1%	99.2%
<b>SCIP-INF-2</b> Appropriate Antibiotic Selection	100.0%	97.7%	99.4%	98.0%	99.2%	98.6%	97.2%	99.2%
<b>SCIP-INF-3</b> Antibiotic stopped < 24 hrs post surg	99.7%	95.1%	97.8%	98.7%	98.5%	98.9%	96.8%	98.8%
<b>SCIP-INF-4</b> Controlled post-op Serum Glucose	99.6%	94.3%	91.7%	83.6%	92.4%	99.0%	90.5%	94.7%
<b>SCIP-VTE-1</b> VTE Ordered	100.0%	95.0%	99.3%	97.9%	98.8%	98.4%	96.0%	99.6%
<b>SCIP-VTE-2</b> VTE Received	99.9%	93.1%	97.2%	97.0%	98.6%	98.7%	91.7%	97.8%
<b>SCIP-CARD-2</b> Beta Blocker Perioperative	100.0%	94.0%	97.5%	97.3%	97.4%	96.5%	88.2%	97.6%

# VBP – Total Performance Score

## Total Performance Score



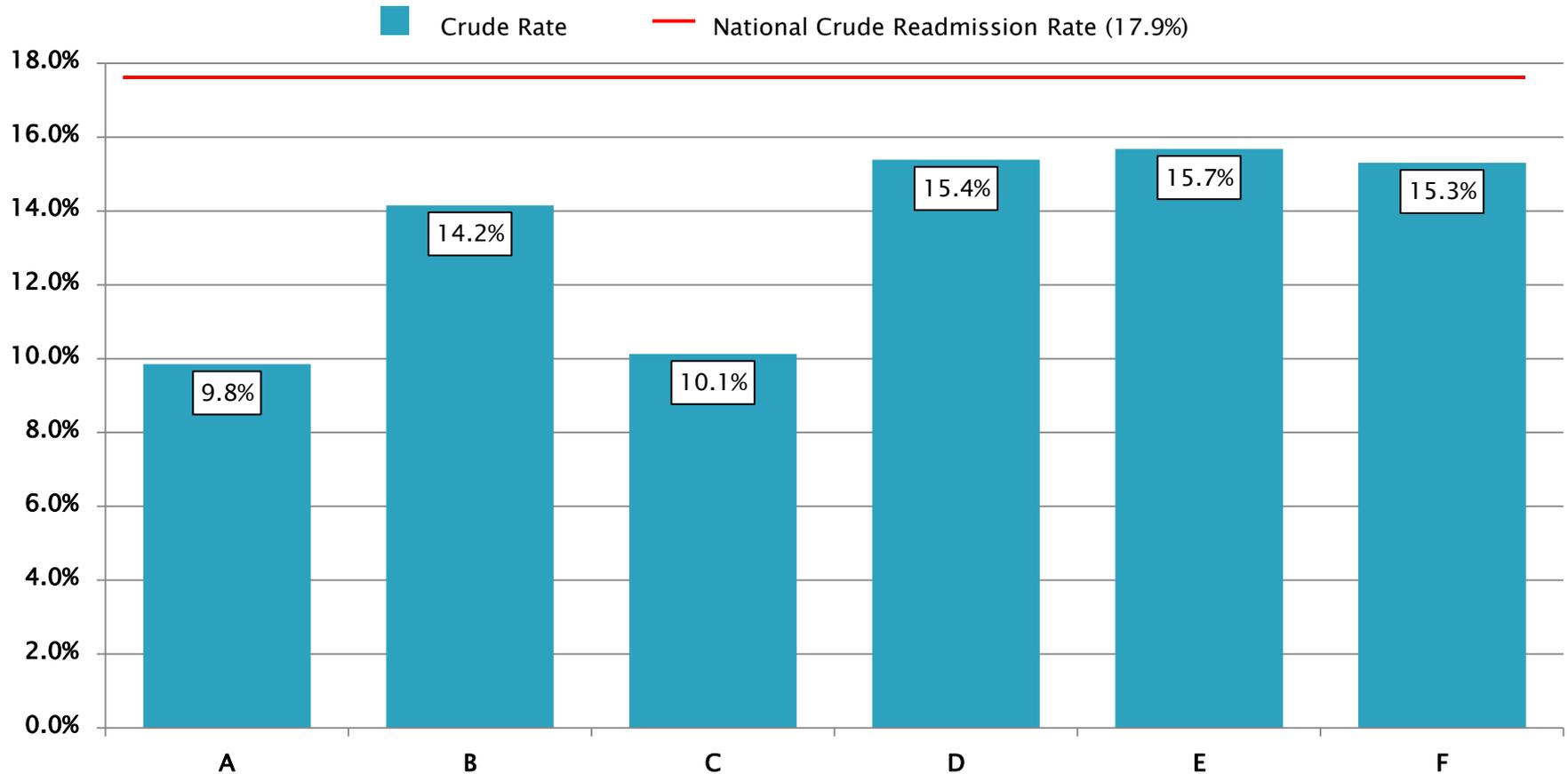
# Hospital Readmission Reduction Program

- ▶ Approximately 20% of hospitalized Medicare patients are readmitted within 30 days
- ▶ Studies indicate that 25% to 75% may be avoidable/preventable
- ▶ Strategies for reducing preventable readmissions include:
  - Delivery of quality care during hospital stay
  - Identifying high risk patients early, begin management, and discharge strategies at admission
  - Medication reconciliation and management
  - Use health information technology to improve communication and care integration
  - Educate and engage patients and families
  - Follow up for high-risk patients post discharge
  - Coordination among hospital and community providers (care coordination)

# Hospital Readmission Reduction Program

- ▶ Began with FY 2012 PPS Hospital Discharges
- ▶ Based on risk-adjusted, 30-day readmission rates for Acute Myocardial Infarction, Heart Failure, and Pneumonia
- ▶ Hospitals will lose a portion of DRG base payment for risk-adjusted rates higher than the national average (1% in FY 2013 and 2% in FY 2014)
- ▶ Added conditions for FY2015 are Chronic Obstructive Pulmonary Disease (COPD) and hip and knee surgeries

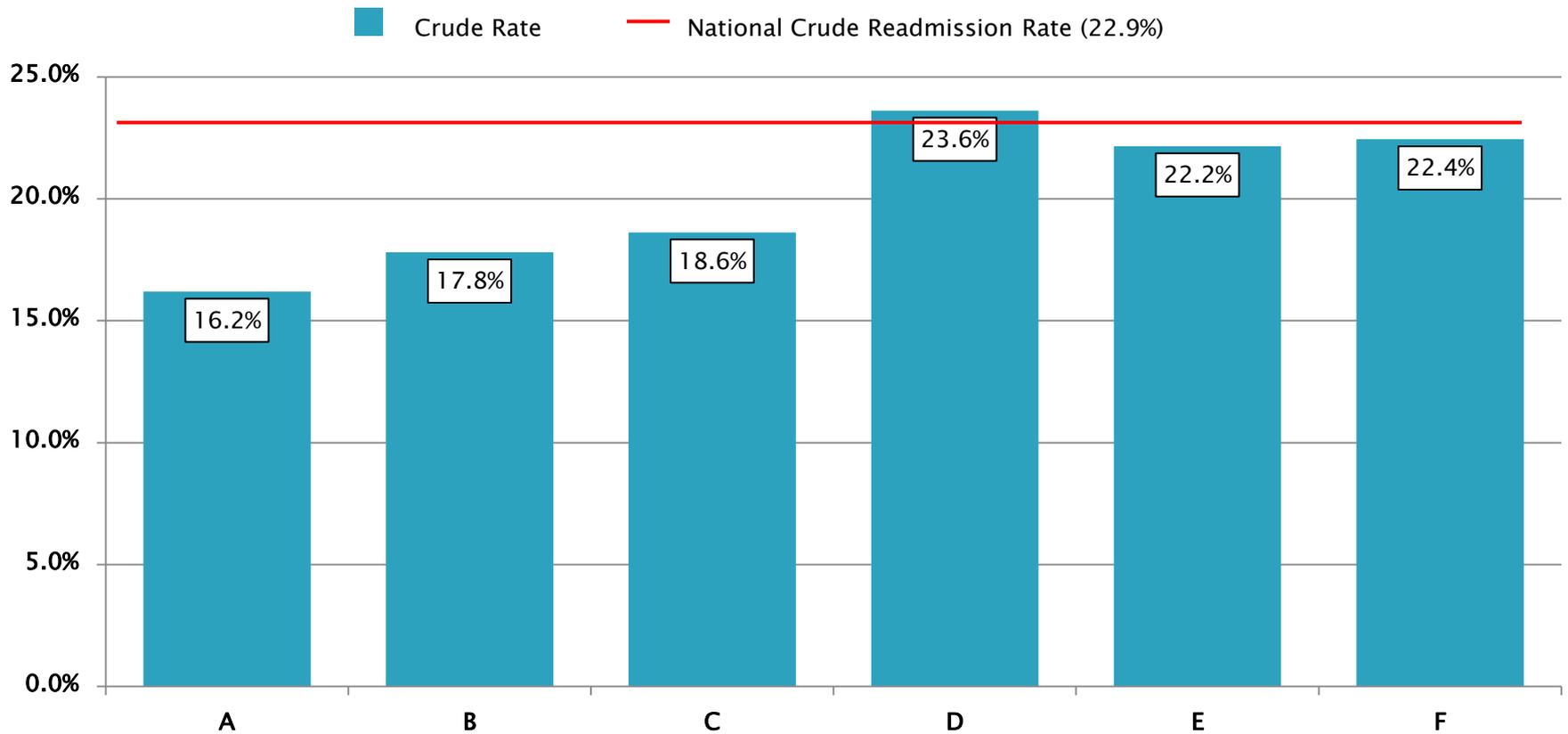
# North Dakota Hospital Readmissions Reduction Program AMI 30-Day Readmissions



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

July 2013

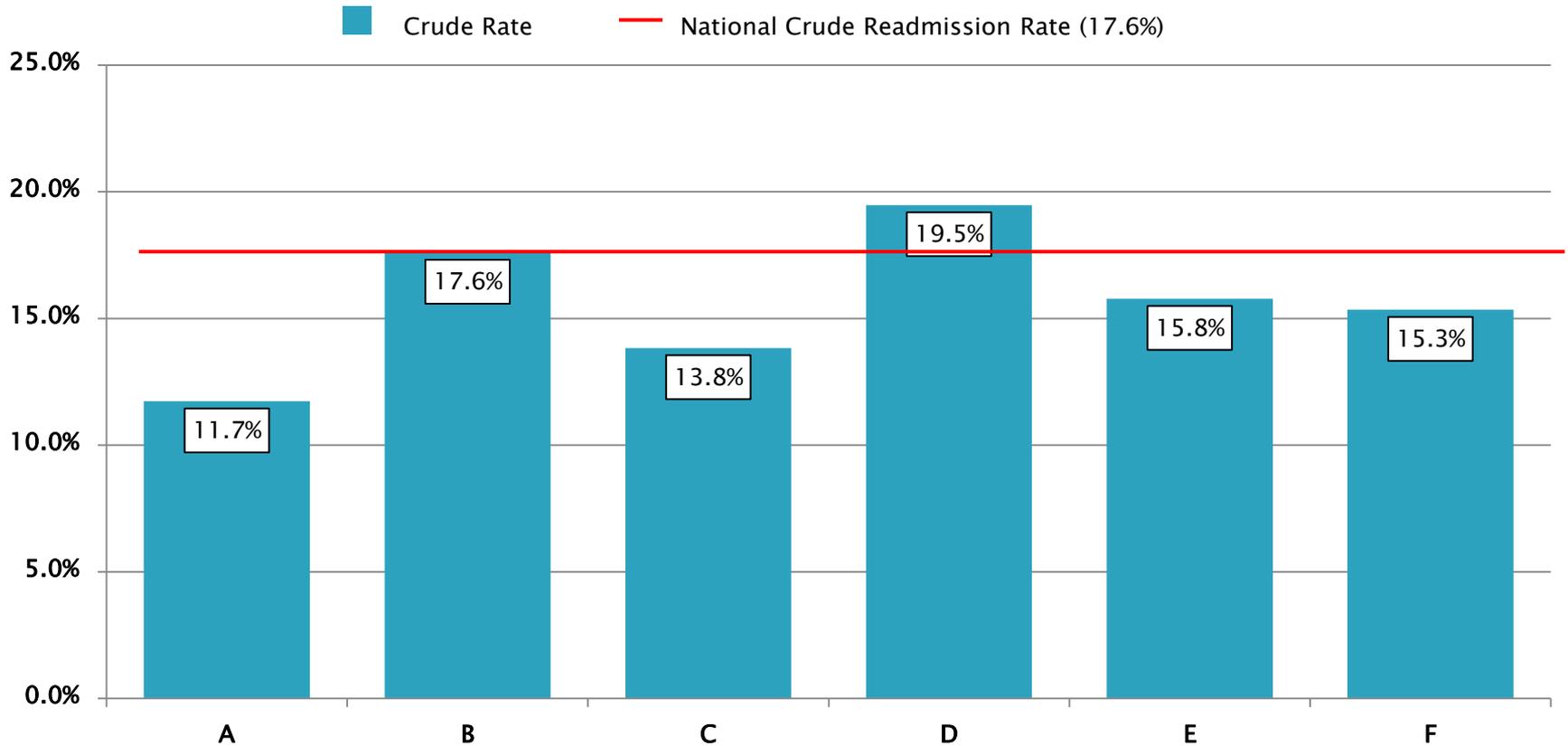
# North Dakota Hospital Readmissions Reduction Program HF 30-Day Readmissions



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

July 2013

# North Dakota Hospital Readmissions Reduction Program PN 30-Day Readmissions



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

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# Standardized Readmission Ratio by Patient Diagnosis

Patient Diagnosis	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6
AMI	0.75	0.97	0.75	0.87	0.97	1.02
Heart Failure	0.87	0.89	0.90	1.08	0.99	0.95
Pneumonia	0.92	1.00	0.92	1.07	1.02	1.06

Standardized Readmission Ratio of less than 1 means the hospital is performing better than the national average.  
A Ratio of greater than one means the hospital is performing worse than the national average.

# ACA Reporting, Transparency, and Value-Based Payment Programs

- ▶ Critical access hospitals
- ▶ Nursing homes
- ▶ Physicians
- ▶ Home health
- ▶ Hospice
- ▶ Acute long-term care hospitals
- ▶ Rehab hospitals
- ▶ Etc.

# Critical Access Hospitals

- ▶ Beginning demonstrations to study VBP options for CAHs
- ▶ Required to be budget neutral
- ▶ CAH participation in quality data reporting programs currently voluntary
- ▶ Hospital Compare quality measures not applicable to all small rural hospitals
- ▶ Significant financial and staffing challenges
- ▶ VBP for CAHs is a matter of when, not if

# Physicians

- ▶ Medicare Physician Quality Reporting System (PQRS) is evolving
- ▶ Began under Tax Relief and Health Care Act of 2006 / Medicare Improvement for Patients and Providers Act of 2008
- ▶ Provided financial incentives for reporting data on quality measures
  - Claims, registries, EHR options
- ▶ Requires creation of Medicare Physician Compare website
- ▶ ACA calls for non-participation reimbursement penalties by 2015
  - 1.5% in 2015; 2% thereafter
- ▶ Currently aligning payment incentives with EHR meaningful use incentives

# Nursing Homes, Home Health, Hospice, Acute Long-Term Care and Rehab Hospitals

- ▶ Developing consensus-based, standardized quality measures for VBP
- ▶ Determination and development of data reporting methods
- ▶ Transparency to empower consumers and encourage performance improvement
- ▶ Testing of budget-neutral VBP strategies

# Ongoing QI/Safety Initiatives

- ▶ Multiple ongoing and new QI initiatives encourage improvement and prepare providers for VBP programs
  - Partnership for Patients—Hospital Engagement Network
  - Medicare Quality Improvement Organization initiatives
  - Medicare FLEX program and CAH Quality Network
  - HIT Regional Extension Centers
  - Others

# Partnership for Patients (P4P)

- ▶ Funded by CMS
- ▶ Goal: Reduce harm (hospital acquired conditions) by 40%
- ▶ Reduce readmissions (avoidable) by 20%



# Partnership for Patients (P4P)

- ▶ Three P4P Strategies
  - Hospital Engagement Networks
  - Community-Based Care Transition Program
  - Patient and Family Engagement

# Hospital Engagement Networks (HENs)

- ▶ 26 local, state, regional organizations funded as HENs
- ▶ All are focusing on 10 topics that support achieving 40/20 goals:
  - Reducing adverse drug events
  - Reducing Catheter–Associated Urinary Tract Infections
  - Reducing Central Line Associated Blood Stream Infections
  - Preventing falls and injuries from falls
  - Reducing obstetrical adverse events with a focus on early elective deliveries
  - Reducing incidence of pressure ulcers
  - Reducing surgical site infections
  - Preventing venous thromboembolism
  - Preventing ventilator–associated pneumonia
  - Reducing preventable readmissions

# Hospital Engagement Networks (HENs)

- ▶ Topics selected based on:
  - Incidence, cost, harm
  - Evidenced-based strategies for improving/preventing
  - Standardized quality measures/data

# North Dakota

- ▶ Approximately 38/44 North Dakota hospitals participating in a Hospital Engagement Network
  - HRET/NDHA Hospital Engagement Network – 30
  - VHA – 5
  - Joint Commission Resources – 3

# North Dakota

- ▶ HRET/NDHA Hospital Engagement Network
  - 30 hospitals are participating, 28 are CAHs
  - NDHA is subcontracting with NDHCRI to lead/facilitate HRET HEN in ND
  - Participating hospitals are collecting and reporting data on topics
  - Technical assistance supplied by HRET and NDHCRI
  - On-line resources, workshops, regional meetings, individualized assistance
- ▶ HEN program scheduled to conclude December 2013

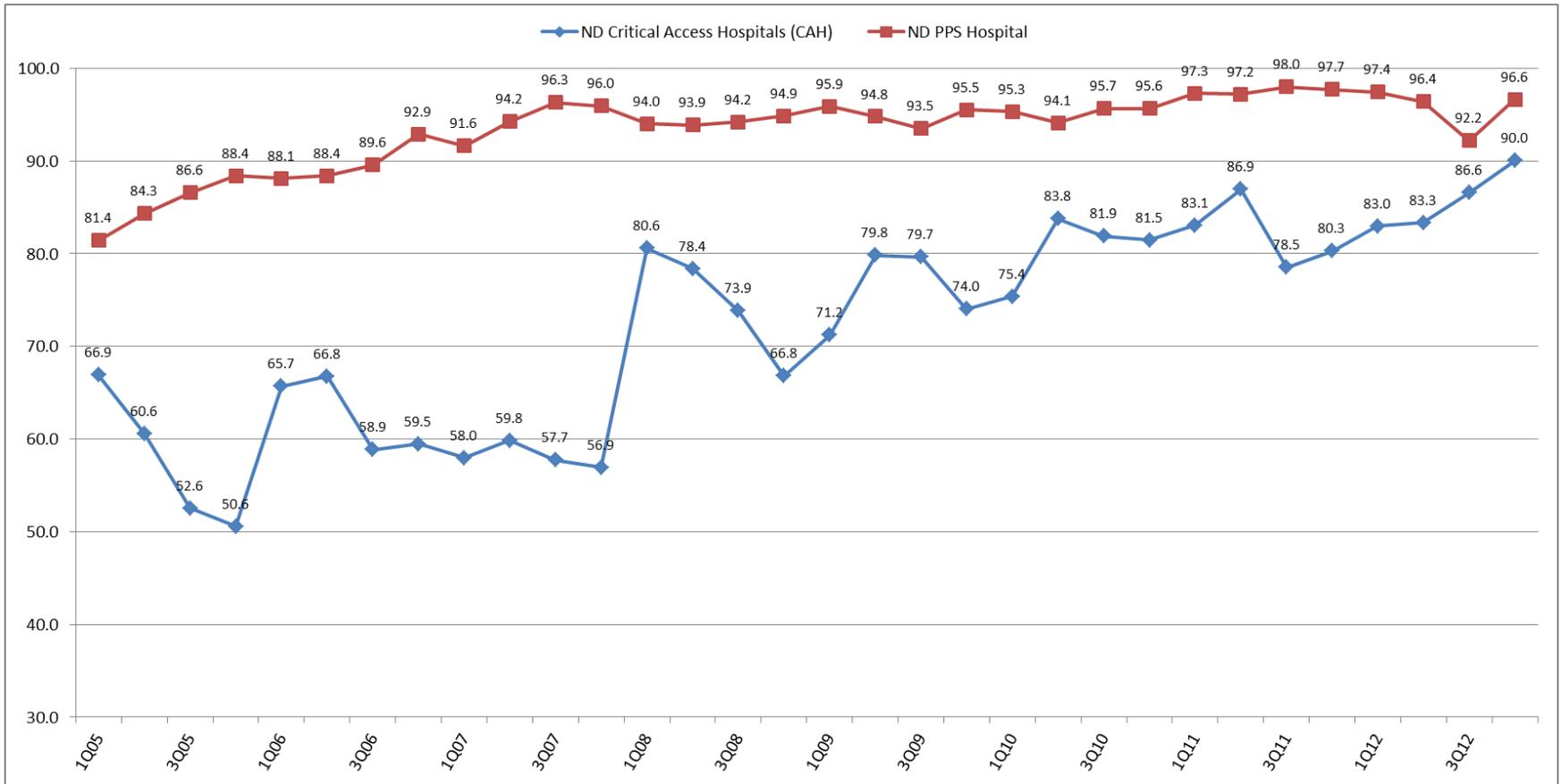
# Medicare Quality Improvement Organization QI and Safety Initiatives

# Hospitals

- ▶ Collecting and reporting quality and hospital acquired infections data
- ▶ NDHCRI provides technical assistance for activities associated with collecting and reporting the data
- ▶ NDHCRI and the FLEX/CAH Quality Network collaborating to support
- ▶ CAH participation in quality data reporting and QI activities

# Heart Failure

## All Payer Data - ND PPS vs. ND CAH



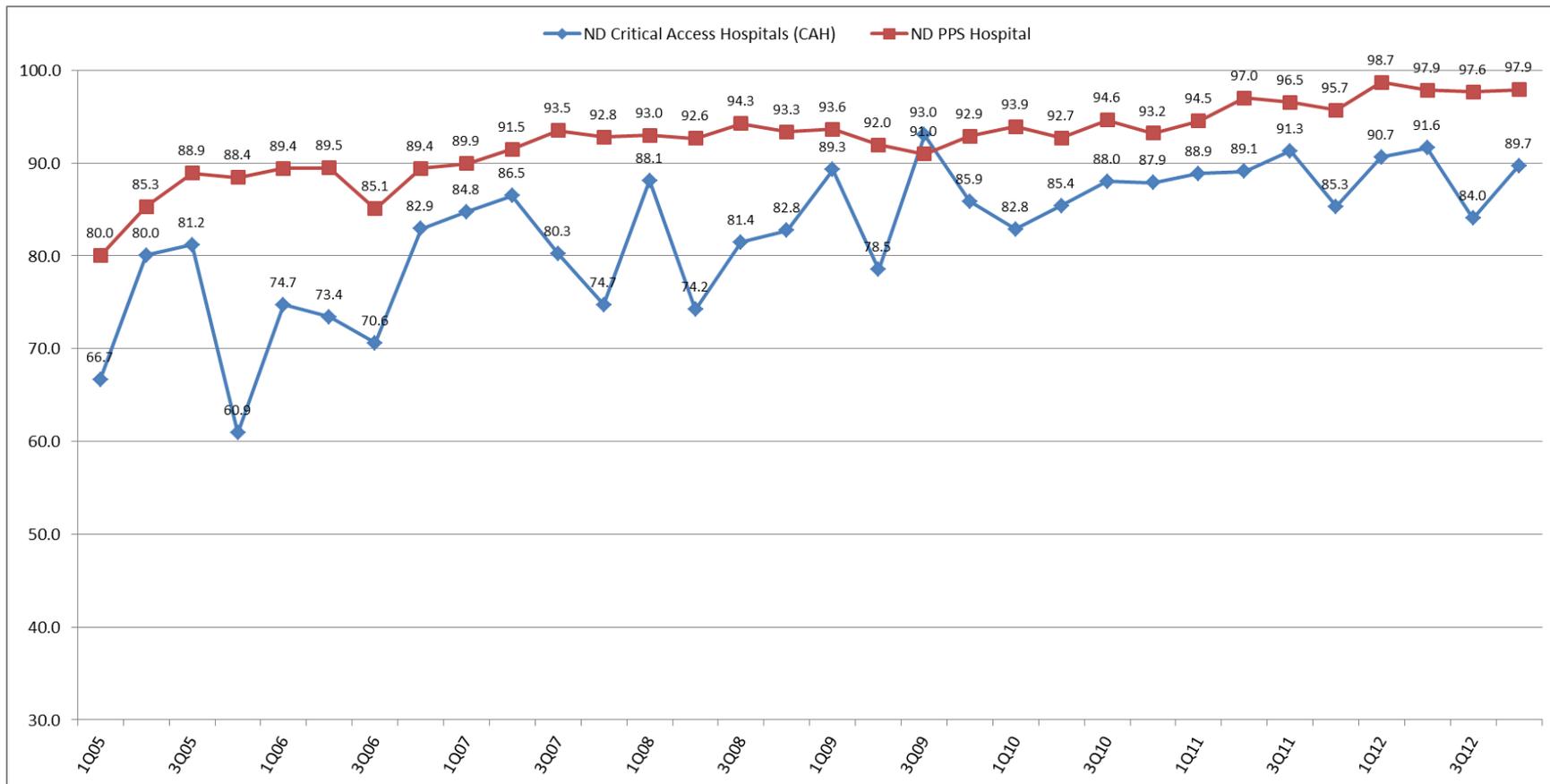
Measures: Discharge instructions; LVF assessment; ACEI or ARB for LVSD; and adult smoking cessation advice/counseling

Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

July 2013

# Pneumonia

## All Payer Data - ND PPS vs. ND CAH



Measures: Pneumococcal vaccination; blood culture before first antibiotic; adult smoking cessation advice/counseling; initial antibiotic received within 6 hours of hospital arrival; initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients; influenza vaccination

Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

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# Nursing Homes

- ▶ 60% of ND nursing homes are participating in the NH Quality of Care Collaborative
- ▶ NDHCRI providing resources, strategies, data analysis, workshops, and technical assistance
- ▶ Goal: Improve quality and performance improvement practices, eliminate healthcare acquired conditions, and improve resident satisfaction
- ▶ Coordinating efforts with NDLTCA, SSA, Partnership to Improve Dementia Care, and Advancing Excellence

# Nursing Homes

- ▶ Primary areas of focus:
  - Appropriate use of antipsychotic medications
  - Reducing falls
  - Pain management
  - Reducing pressure ulcers
  - Reducing urinary tract infections
  - Reducing the use of physical restraints



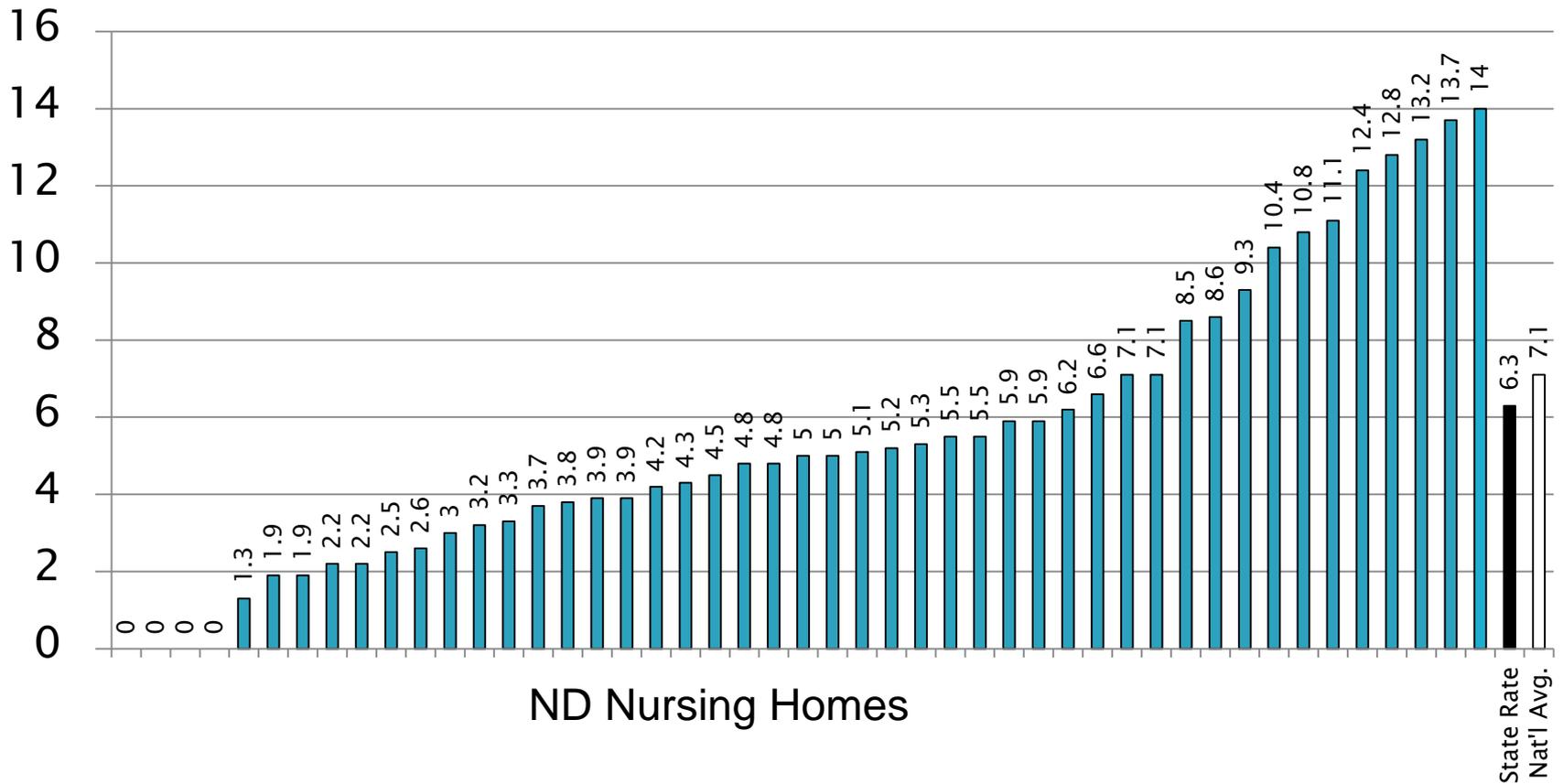
# MDS 3.0 Facility Quality Measure Report

Comparison Group: 10/01/12-03/31/13

Measure	North Dakota State Average	National Average	Variance (10/01/12-03/31/13)	Variance (12/01/11-05/31/12)
Moderate/Severe Pain	11.3%	9.2%	+2.1	+1.0
High-Risk Residents with Pressure Ulcers	5.7%	7.1%	-1.4	-1.9
Physical Restraints	0.8%	1.7%	-0.9	-1.1
Falls	56.9%	44.4%	+12.5	+13.5
Falls with Major Injury	4.7%	3.3%	+1.4	+2.0
Psychoactive Medication Use in Absence of Psychotic or Related Condition	19.4%	21.9%	-2.5	-0.1
Antianxiety/Hypnotic Medication Use	7.9%	11.3%	-3.4	-3.3
Behavior Symptoms Affecting Others	27.3%	25.1%	+2.2	+2.4
Depressive Symptoms	7.9%	7.1%	+0.8	--
Urinary Tract Infection	6.3%	7.1%	-0.8	-1.6
Catheter Inserted and Left in Bladder	4.0%	4.3%	-0.3	--
Low-Risk Residents Who Lose Bowel/Bladder Control	43.4%	43.6%	-0.2	+0.6
Excessive Weight Loss	8.9%	8.9%	---	-0.6
Need for Help with ADLs Has Increased	18.4%	16.8%	+1.6	+2.6

# Urinary Tract Infection

Timeframe: 10/01/12-03/31/13

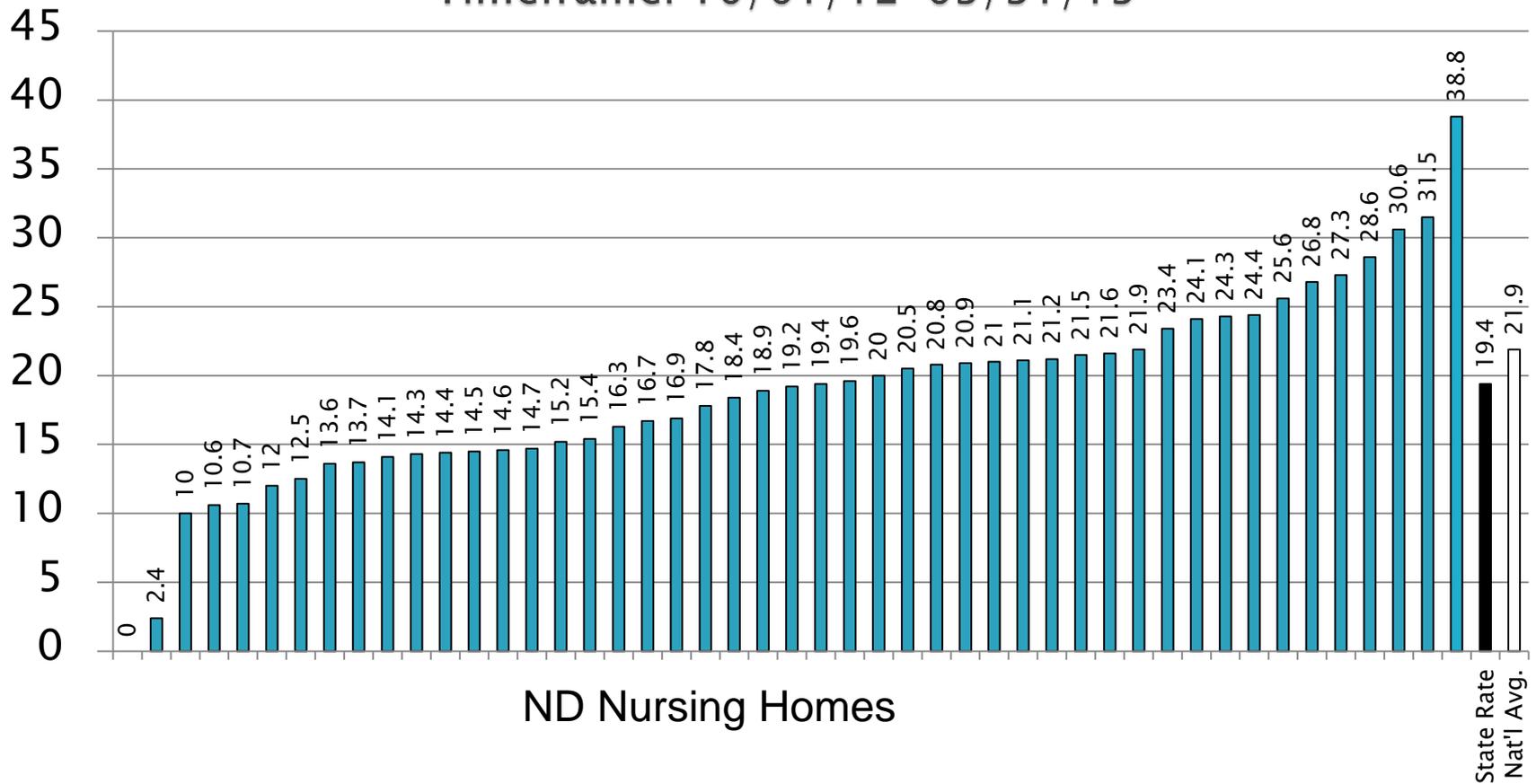


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May 2013

# Psychoactive Medication Use in Absence of Psychotic or Related Condition

Timeframe: 10/01/12-03/31/13

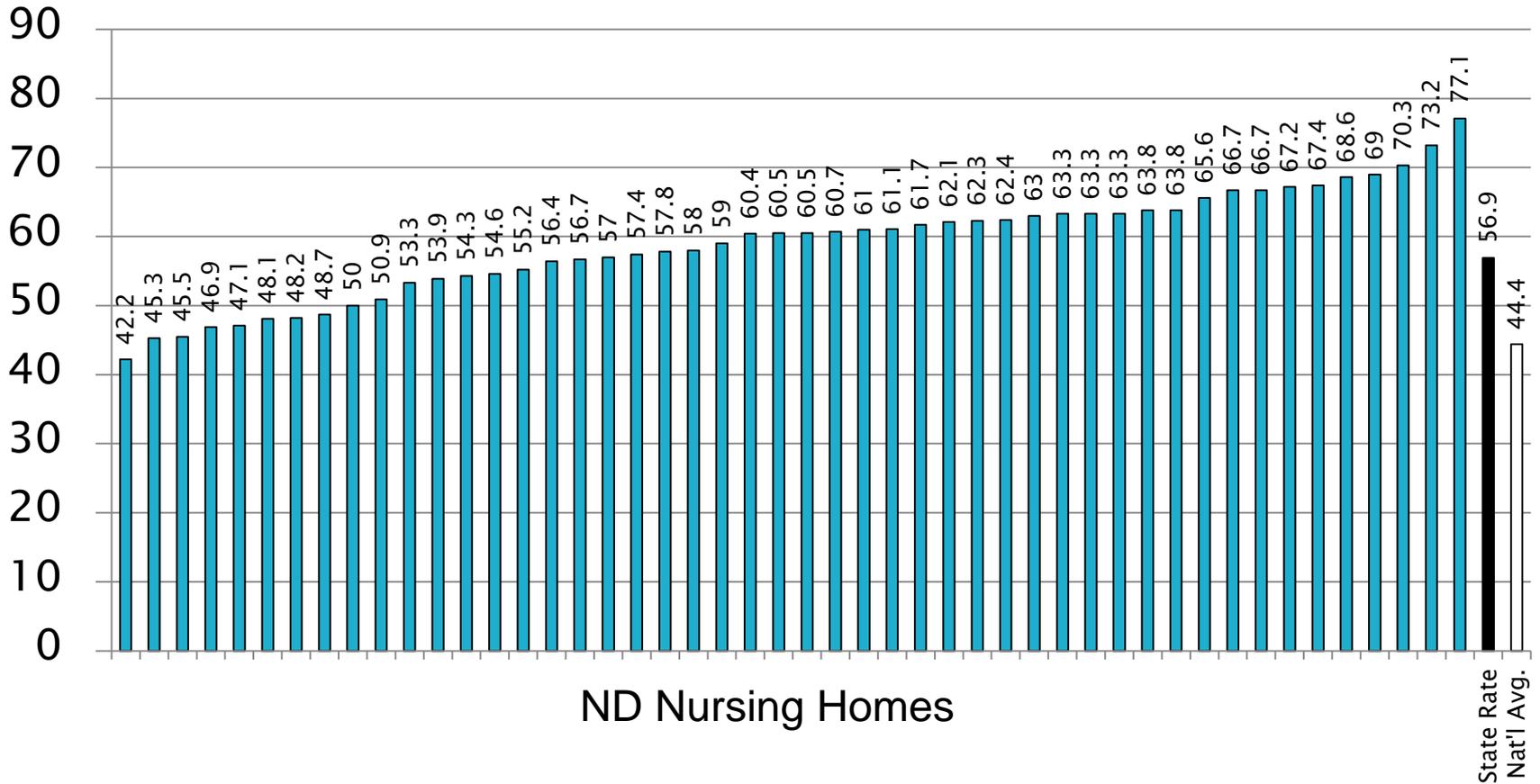


Analysis provided by North Dakota Health Care Review, Inc., Minot, ND

May 2013

# Falls

Timeframe: 10/01/12-03/31/13

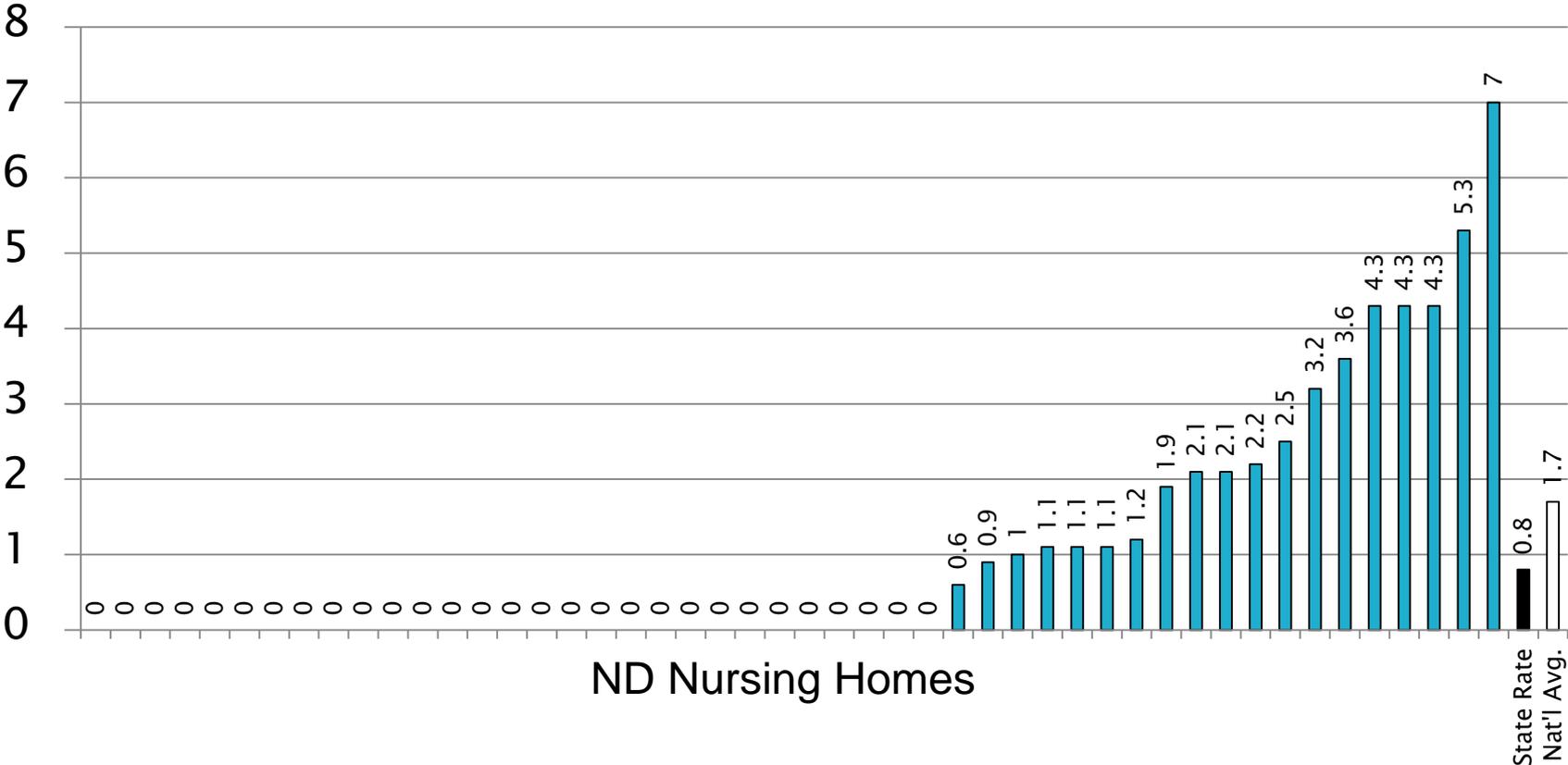


Analysis provided by North Dakota Health Care Review, Inc., Minot, ND

May 2013

# Physical Restraints

Timeframe: 10/01/12-03/31/13

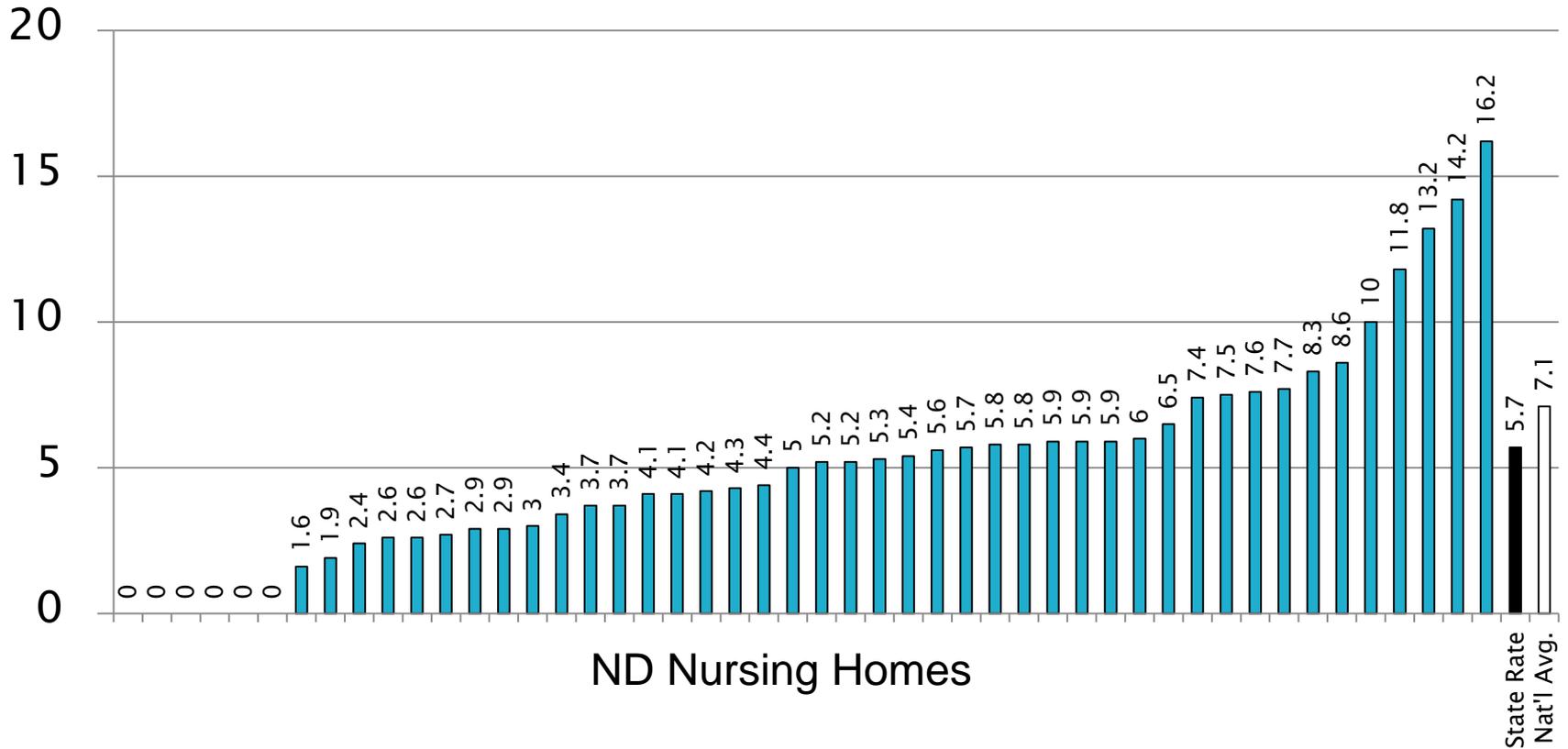


Analysis provided by North Dakota Health Care Review, Inc., Minot, ND

May 2013

# Pressure Ulcers

Timeframe: 10/01/12-03/31/13



Analysis provided by North Dakota Health Care Review, Inc., Minot, ND

May 2013

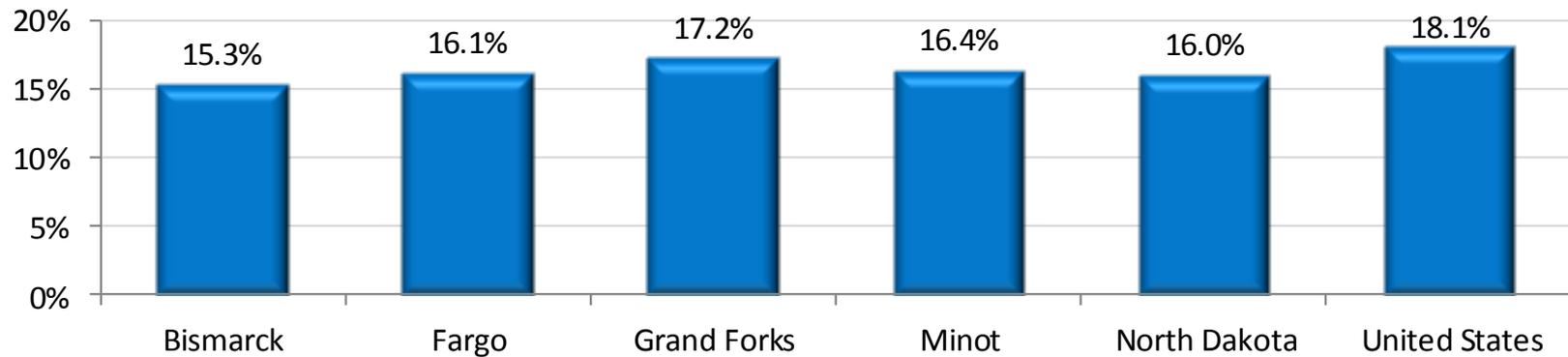
# Care Transitions

- ▶ Improving All Care Transitions in North Dakota (IMPACT-ND)
  - 1 / 5 Medicare beneficiaries are readmitted within 30 days
  - 1 / 3 are readmitted within 90 days
  - 90% of rehospitalizations were unplanned
  - Interventions targeting transitions of care can reduce readmissions by at least 30%
- ▶ NDHCRI providing technical assistance to communities and providers to help them implement improvement plans that coordinate hospital and community based systems of care

# Current Readmission Rates

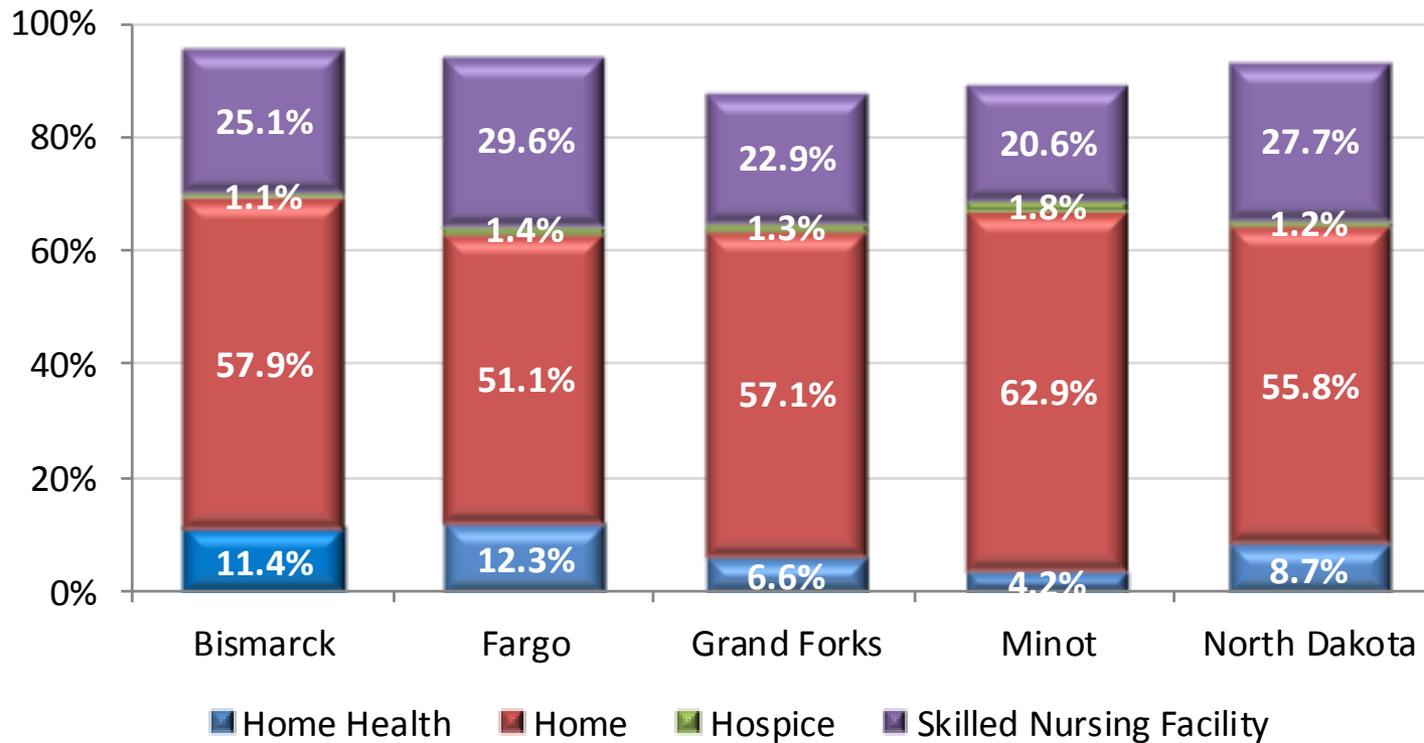
(# of Readmissions within 30 Days / # of Discharges)

10/01/2011-09/30/2012



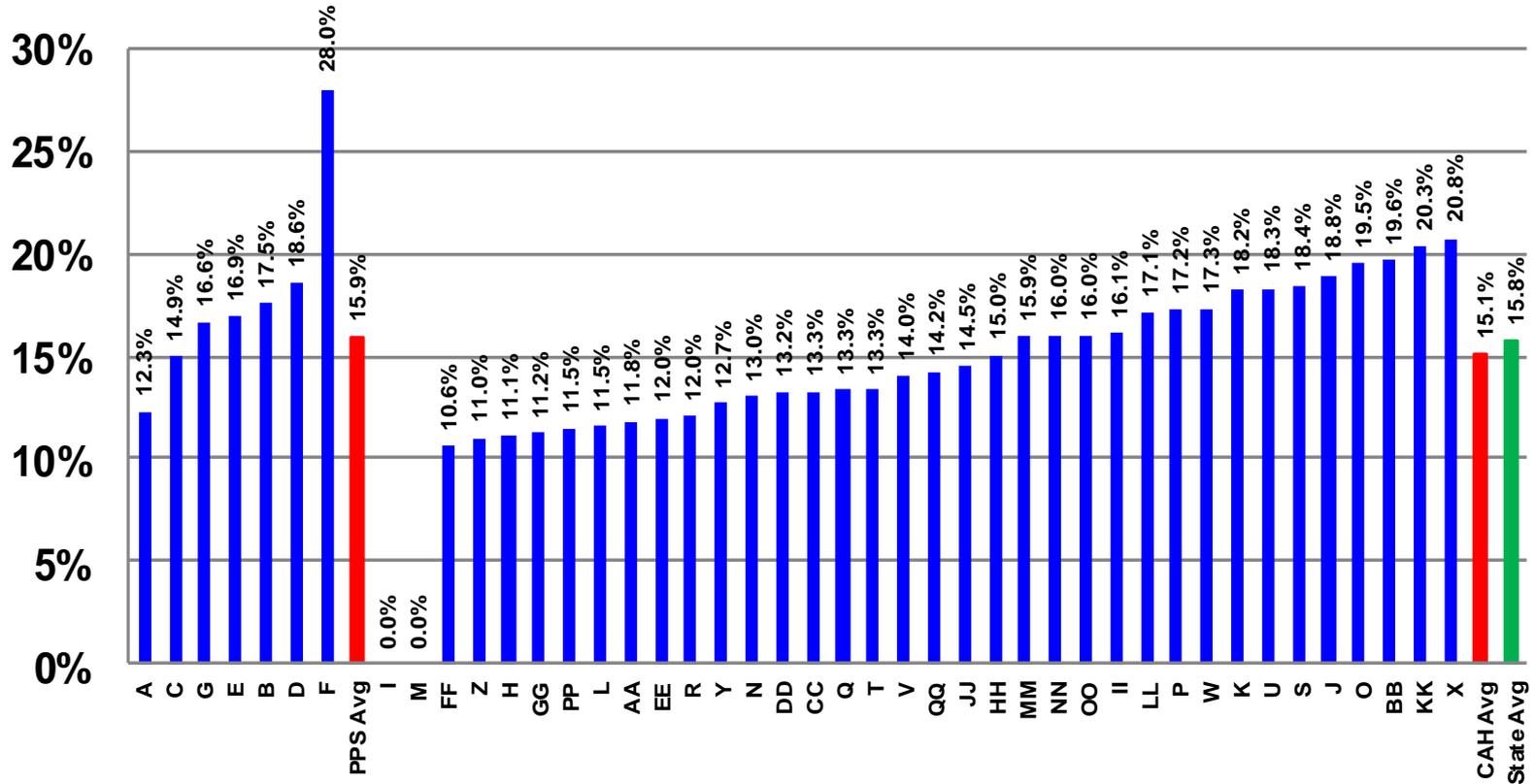
# Discharge Locations

10/01/2011-09/30/2012



# 30-Day Readmission Rates by Hospital

## 01/01/2012 - 12/31/2012



# HIT Regional Extension Centers (HITREC)

- ▶ Funded through the HITECH Act
- ▶ Supports adoption and meaningful use of electronic medical records by CAHs and primary care providers
- ▶ MN/ND Regional Extension Center (REACH)
- ▶ In ND 493 primary care providers and 33 CAHs have participated
- ▶ Close coordination and collaboration with ND Health Information Network (NDHIN)
- ▶ Program ends February 2014

# Quality and Safety Advisory Council

- ▶ Facilitated by NDHCRI
- ▶ Purpose: To provide a forum that supports communication, coordination, and collaboration among organizations and individuals with a common interest in achieving priority health care safety and quality goals in North Dakota
- ▶ Currently has approximately 30 members

# National Quality Strategy

- ▶ Aim: Better care, better health, lower cost
- ▶ Priorities
  - Making care safer by reducing harm caused in the delivery of care
  - Ensuring that each person and family is engaged as partners in their care
  - Promoting effective communication and coordination of care
  - Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
  - Working with communities to promote wide use of best practices to enable healthy living
  - Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models
- ▶ More information available at:  
[www.ahrq.gov/workingforquality](http://www.ahrq.gov/workingforquality)

# QUESTIONS?

# North Dakota Health Care Review, Inc. . . .

*In Search of Continued Excellence in Health Care*

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