

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Hospital Value-Based Purchasing Program

Introduction

The Hospital Value-Based Purchasing (VBP) Program is a Centers for Medicare & Medicaid Services (CMS) initiative that rewards acute-care hospitals with incentive payments for the quality of care they provide to people with Medicare. This fact sheet explains how the VBP Program works, how hospital performance is measured and scored, and provides a preview of changes in future VBP Program years.

“Changing the way we pay hospitals will improve the quality of care for seniors and save money. Under this initiative, Medicare will reward hospitals that provide high quality care and keep their patients healthy. It’s an important part of our work to improve the health of our nation and drive down costs.”

How Does Hospital Value-Based Purchasing Work?

CMS rewards hospitals based on the **quality** of care provided to Medicare patients, how closely best clinical practices are followed, and how well hospitals enhance patients’ experiences of care during hospital stays. Hospitals are no longer paid solely based on the **quantity** of services they provide.



Kathleen Sebelius,
Secretary of the
U.S. Department of
Health and Human
Services (HHS)

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The Affordable Care Act of 2010 established the Hospital VBP Program, which applies to payments beginning in Fiscal Year (FY) 2013, on or after October 1, 2012, and affects payment for inpatient stays in 2,985 hospitals across the country.

Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on either:

- 1) How well they perform on each measure, or
- 2) How much they improve their performance on each measure compared to their performance during a baseline period.

How Is Hospital Performance Measured?

CMS bases hospital performance on an approved set of **measures** and **dimensions**, grouped into specific quality **domains**. Different domains apply depending on the FY 2013 – 2015. Table 1 provides the applicable domains for FY 2013 – 2015.

Table 1. Applicable Domains, FY 2013 – 2015

Fiscal Year	Applicable Domains
2013	Clinical Process of Care Domain Patient Experience of Care Domain
2014	Clinical Process of Care Domain Patient Experience of Care Domain Outcome Domain
2015	Clinical Process of Care Domain Patient Experience of Care Domain Outcome Domain Efficiency Domain

Clinical Process of Care Domain

Table 2 lists the Clinical Process of Care domain measures for FY 2013 – 2015.

Table 2. Clinical Process of Care Measures, FY 2013 – 2015

Measure ID	Measure Description
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
HF-1	Discharge Instructions
PN-3b	Blood Cultures Performed in the Emergency Department (ED) Prior to Initial Antibiotic Received in Hospital
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients
SCIP-Inf-1	Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients

Table 2. Clinical Process of Care Measures, FY 2013 – 2015 (cont.)

Measure ID	Measure Description
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time
SCIP-Inf-4	Cardiac Surgery Patients with Controlled 6:00 a.m. Postoperative Serum Glucose
SCIP-Inf-9 (for FY 2014 – 2015 only)	Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2
SCIP-Card-2	Surgery Patients on a Beta-Blocker Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period
SCIP-VTE-1 (for FY 2013 – 2014 only)	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery

Patient Experience of Care Domain

The dimensions of the Patient Experience of Care domain for FY 2013 – 2015 are listed below.

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

