

The Quality Incentive Program (QIP)

Donna Bednarski, MSN, RN, ANP-BC, CNN, CNP
Nurse Practitioner
Dialysis Access Center
Harper University Hospital



Objectives

- Review MIPPA: Where it began
- What is the QIP all about
- Avoiding payment penalty



What is MIPPPA?

Medicare Improvements for Patients and Providers Act Of 2008

- Became law on July 15, 2008
 - Launched January 1, 2012
- Required the implementation of an ESRD bundled payment system and quality incentive program effective January 2011



PPS: Prospective Payment System

- Composite rate includes all items and services under:
 - Medications
 - Diagnostic laboratory tests
 - Home and self-dialysis training
 - All supplies, equipment, and support services
- Per treatment basis

QIP: Quality Incentive Program

- Center for Medicare & Medicaid Services (CMS) goal for ESRD QIP measures:
 - Promote high-quality care
 - Strengthen the goals of the National Quality Strategy
- Linking a portion of payment to facilities performance on quality
- First of it's kind in Medicare
 - Pay for performance / value based purchasing



QIP: Quality Incentive Program

- **Definitions / Timeline:**

- **Payment Year (PY):**

- The year reductions will be applied to all services performed by a facility
 - Has distinct measures, scoring methodology and payment reduction scale

- **Comparison Period:**

- Designated time during which data is gathered on all dialysis facilities
 - Used to evaluate a facility's future performance and create performance standards

- **Performance Period (PP) or Calendar Year (CY):**

- The time a facility meet/exceed quality measures from previous PP
 - To prevent future reductions

- **Following PP: CMS Assesses Performance**

- based on comparison period
 - Calculates a score for each measure and combined to get Total Performance Score

- **If the Total Performance Score (TPS) does not meet or exceed the performance standards (PSs):**

- Payment reduction for services within that PY (0.5 – 2%)
 - Makes it a penalty program



Performance Period vs. Payment Year

Performance Period (PP)	Payment Year (PY)
CY 2010	2012
CY 2011	2013
CY 2012	2014
CY 2013	2015
CY 2014	2016
CY 2015	2017
CY 2016*	2018



Lets talk about the measures

How are Measures Developed?

- MIPPA requirement: Use National Quality Forum (NQF) endorsed measures *when available*
- CMS may add measures if NQF endorsed measures do not exist or are not sufficient for the topic area
- The law *requires* measures on anemia & adequacy

Two Kinds of Measures

Clinical Measures:

- Your facility gets a numerical score
- Facility target scores include:
 - Thresholds (15th percentile)
 - Performance standards (Median)
 - Benchmarks (90th percentile)

Two Kinds of Measures

Reporting Measures:

- Report data
 - Some percentages may apply
 - Report specific information
- Attest that your facility complied with requirement

Total Performance Score (TPS)

- To be eligible to receive a TPS:
 - Need at least one clinical measure AND one reporting measure
 - Need to meet minimal criteria for each measure
 - Example: A facility must treat at least 11 pts who are eligible for a measure
 - Varies for each measure
 - If did not receive a TPS does not mean poor quality care
- Clinical Measures:
 - Receive either an achievement or improvement score, **whichever is higher**
- Reporting Measures:
 - Score by satisfying requirements



How do you get a score?

Achievement Score

vs.

Improvement Score



- Achievement score:
based on performance of ALL facilities

- Improvement score:
based on performance of the INDIVIDUAL
facility

Clinical Measures Scoring?

What are

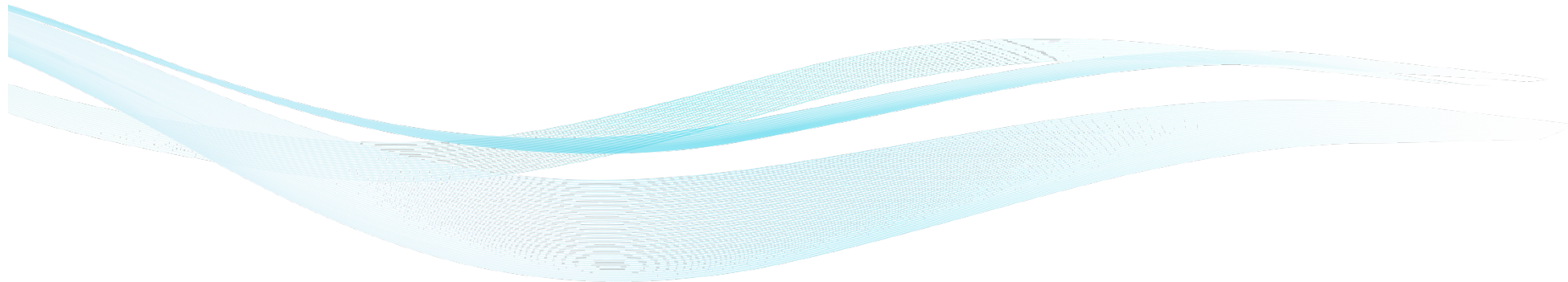
- Achievement Thresholds?
- Benchmarks?
- Performance Standards?

Threshold: the 15th percentile of scores on a measure for all facilities in the US. Scoring below the threshold = no points for that measure

Performance Standard: the 50th percentile of scores on a measure for all facilities in the US. Scoring at or above the performance standard = no risk of payment penalty for that measure

Benchmark: the 90th percentile of scores on a measure for all facilities in the US. Scoring at or above the benchmark = full points for that measure

Let's Get to Some
Nitty-Gritty...



Lets start with PY 2019

- Why?
- PP 2016



Clinical Care Domain Score = 75%

- **Patient & Family Engagement/Care Coordination Subdomain: 42%**

- ICH CAHPS measures
- Standardizes Readmission Ratio (SRR)

- **Clinical Care Subdomain: 58%**

- Standardized Transfusion Ratio (STrR)
- Kt/V Dialysis Adequacy
- Vascular Access
 - Fistula
 - Catheter
- Hypercalcemia

Safety Measure Domain Score = 15%

New this payment year

Clinical Measure

- National Healthcare Safety Network (NHSN)
Bloodstream Infection

Reporting Measure

- NHSN Dialysis Event reporting



Reporting Measure Domain = 10%

- Hgb or Hct values and ESA dosage
- Serum PO4 levels
- Conditions RT patient experience of pain
- Conditions RT patient clinical depression
- Healthcare Personnel (HCP) Influenza Vaccination Summary Report to NHSN

To Avoid a Payment Penalty for PY 2019: Must Score 60 or Above

Total Performance Score	Reduction
100-60 points	0%
59-50 points	0.5%
49-40 points	1.0%
39-30 points	1.5%
29-0 points	2.0%

CLINICAL

Subdomain	Measures
Patient and Family Engagement/ Care Coordination (42%)	ICH CAHPS Survey SRR
Clinical Care (58%)	STrR
	★ Kt/V Dialysis Adequacy
	VAT Measure Topic { Access via AVF Access via catheter
	Hypercalcemia

SAFETY

NHSN BSI Measure Topic	{ NHSN BSI Clinical ★ NHSN Dialysis Event Reporting
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REPORTING

- Mineral Metabolism
- Anemia Management
- Pain Assessment and Follow-Up
- Clinical Depression Screening and Follow-Up
- NHSN Healthcare Personnel Influenza Vaccination

Total Category Weight

75%

15%

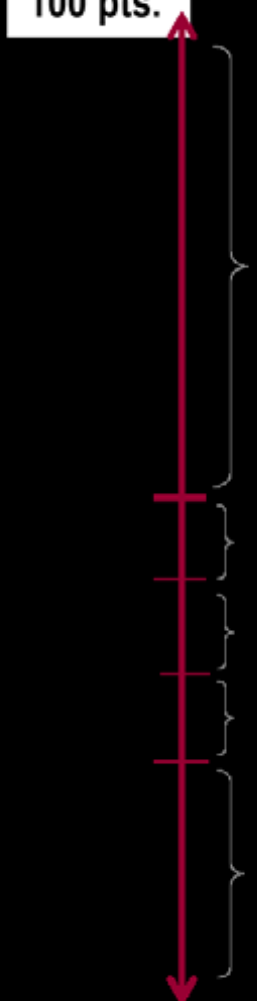
10%

Total Performance Score (TPS) is the sum of the weighted totals from both measure categories

Payment Reduction Percentage

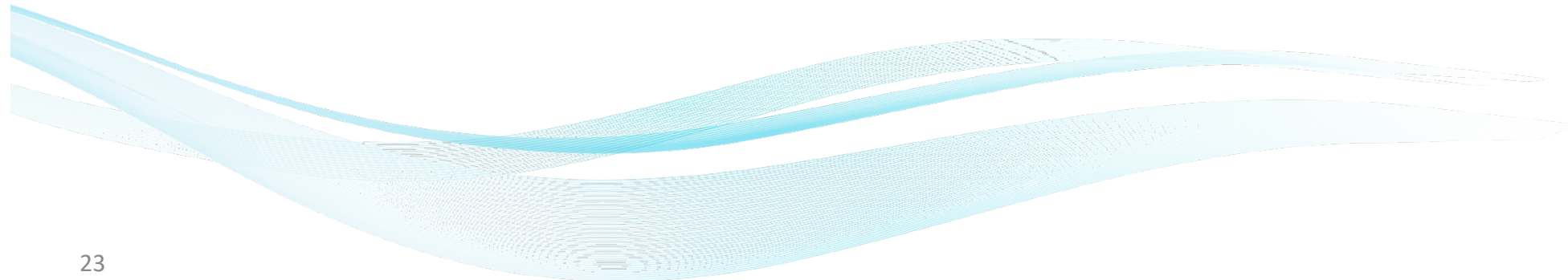
100 pts.

0 pts.



Where does the data come from?

- CROWNWeb
- National Claims History Standard Analytical Files
 - Medicare claims data



What is CROWNWeb?

- Consolidated Renal Operations in a Web-Enabled Network
- Considered the 'backbone' of CMS's ESRD information
- ESRD networks and dialysis facilities enter and submit patient and clinical quality of care data to CMS

Publicly Reporting

- Each facility is required to display their PS Certificate
 - Lists TPS
 - Performance on each measure
 - Facilities are responsible for obtaining, printing and posting
- By the end of January, PS data for previous year will be made available to the public on

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/esrdqip/08_reportandcert.html



ESRD Quality Incentive Program

[Current Status](#)[How ESRD QIP Affects Patients](#)[How ESRD QIP Affects Dialysis Facilities](#)[Laws & Regulations](#)[Measuring Quality](#)[Technical Specifications for ESRD QIP Measures](#)[Payment Adjustments](#)[Public Reporting & Certificates](#)[Monitoring & Evaluation](#)[Educational Resources](#)[Partners in ESRD Care](#)[ESRD QIP Glossary of Terms](#)

Public Reporting & Certificates

[MIPPA](#) requires that CMS and facilities inform beneficiaries about facility performance under the ESRD QIP. CMS does this in two primary ways:

1. Posting information to the [Dialysis Facility Compare](#) website and elsewhere
2. Requiring dialysis facilities to post a Performance Score Certificate (PSC) that outlines how well it performed under the ESRD QIP

Dialysis Facility Compare

CMS posts each facility's Total Performance Score and scores on each individual measure through its Dialysis Facility Compare website.

Performance Score Summary Reports

CMS also posts a Performance Score Summary Report (PSSR) data file, a sizeable spreadsheet containing the performance values of each facility for the given Payment Year.

- [PY 2019 PSSR](#)
- [PY 2018 PSSR](#)
- [PY 2017 PSSR](#)
- [PY 2016 PSSR](#)
- [PY 2015 PSSR](#)
- [PY 2014 PSSR](#)
- [PY 2013 PSSR](#)
- [PY 2012 PSSR](#)

Public Use Data Files





U.S. DEPARTMENT of HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES



End-Stage Renal Disease Quality Incentive Program

2015 Certificate – Dialysis Facility Performance Score – Part 1

Facility CMS Certification Number: 999999

** To obtain scores and rates, CMS compares data from 2011 and 2012 to data from 2013. **

Example Only

SAMPLE FACILITY

TOTAL PERFORMANCE SCORE: 78 out of 100

National Average: 81 out of 100

Clinical Measures of Quality	Facility Percent in 2013	National Median in 2011	Facility Percent in 2012	Facility Score
Hemoglobin > 12g/dL <i>(Shows how well a facility keeps red blood cell counts at an acceptable level – lower score desirable)</i>	0%	1%	0%	10 of 10
Kt/V Dialysis Adequacy – Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	94%	93%	87%	7 of 10
Kt/V Dialysis Adequacy – Peritoneal Dialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	91%	84%	73%	9 of 10
Kt/V Dialysis Adequacy – Pediatric Hemodialysis <i>(Shows how well a facility cleans blood during a dialysis treatment – higher score desirable)</i>	N/A	93%	N/A	N/A
Vascular Access Type – Fistula <i>(Compares access to a patient's bloodstream via fistula – higher score desirable)</i>	51%	60%	49%	2 of 10
Vascular Access Type – Catheter <i>(Compares access to a patient's bloodstream via catheter – lower score desirable)</i>	11%	13%	10%	6 of 10

Quality Reporting Measures	Facility Performance in 2013	Facility Score
Did the facility report the required anemia management information?	12 of 12 months	10 of 10
Did the facility report infection information to the Centers for Disease Control and Prevention?	N/A	10 of 10
Did the facility report the required patient calcium and phosphorus levels?	12 of 12 months	10 of 10
Was the patient experience of care survey administered?	Yes	10 of 10

Facility Name
Street Address
City, State ZIP

Facility Medical Director

/s/ Patrick Conway
CMS Chief Medical Officer
Director, Center for Clinical Standards and Quality

Publicly Reporting

- CMS publicly reports ESRD QIP scores on Dialysis Facility Compare



What is Dialysis Facility Compare?

- A service of CMS
- For public to find detailed information about dialysis facilities
- Compare the services and the quality of care that facilities provide
- Provides resources for patients / family who want to learn more about CKD and dialysis



http://www.medicare.gov/dialysisfacilitycompare/

Dialysis Facility
Compare Home

About Dialysis
Facility Compare

About the Data

Resources

Help

Home

+ Share

Find a dialysis facility

A field with an asterisk (*) is required.

*** Location**

Example: 45802 or Lima, OH or Ohio

Dialysis Facility Name (optional)

Search



Talk to your dialysis team about Medicare's star ratings and other quality of care scores



Viewing 1 - 20 of 65 results

Dialysis facility information	Quality of patient care star rating	Patient survey star rating	Distance	Shifts starting after 5PM	Peritoneal dialysis	Home hemodialysis training
	★★★★●	Not Available ¹	3.5 Miles	No	Yes	Yes
 In-center hemodialysis/ No. of stations: Yes/ 30	Add to Compare					
Add to my Favorites						
	★★★●●	★★★★●	4.0 Miles	No	Yes	Yes
 In-center hemodialysis/ No. of stations: Yes/ 46	Add to Compare					
Add to my Favorites						
	★★★★●	★★★★●	4.1 Miles	No	Yes	No
 In-center hemodialysis/ No. of stations: Yes/ 20	Add to Compare					

Dialysis Facility Characteristics

Shifts starting after 5PM

In-center hemodialysis

Peritoneal dialysis

Home hemodialysis training

Want to start a new search?

[Start New Search](#)



What is the 5 Star Program?

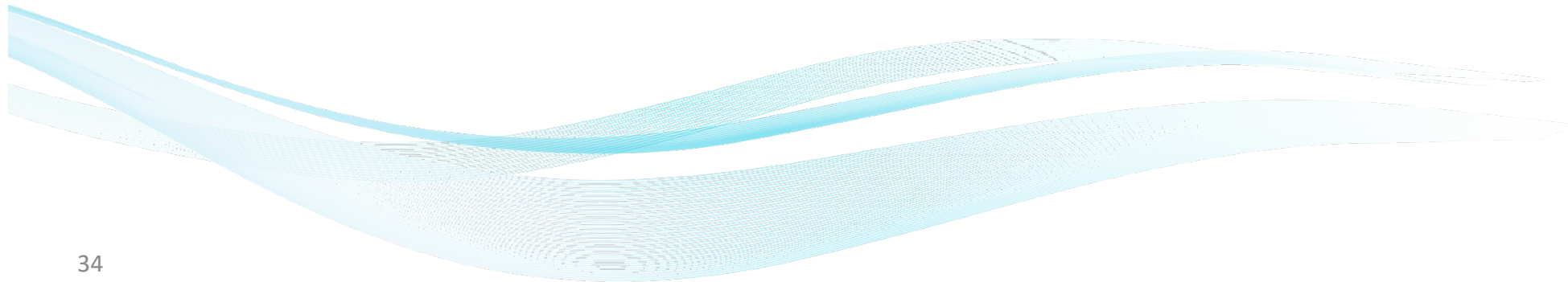
- Began January 2015
- Currently established in nursing home compare and physician compare – with many more to come
- Designed to:
 - Help consumers make more informed health decisions
 - More patient/consumer centric content

Why the 5 Star Program?

- Release more transparent, easily understandable, and widely available public reporting through the ACA
- Continue to use and expand existing methods for providing quality measure and performance information
- Better understand how consumers use publicly reported quality measures data which will service as a key driver of health care system improvement



Are there other quality programs?



Alternative Payment Models?

- Accountable Care Organizations (ACAs)
- ESRD Seamless Care Organizations (ESCOs)
- Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (MACRA) Legislation:
 - Quality Payment Programs (QPP)
 - Merit-Based Incentive Payment System (MIPS)



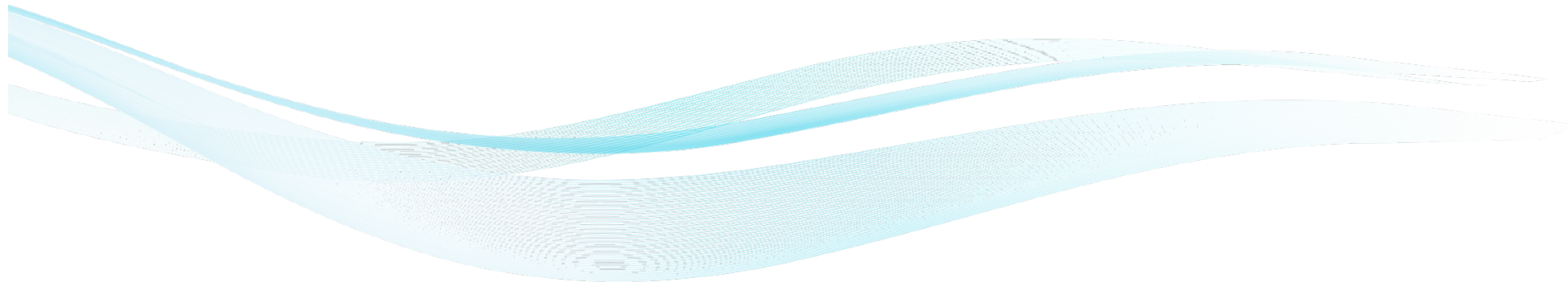
What Are Some Strategies to Improve Patient Care, Maximize Reimbursement, Improve QIP Scores

Knowledge Is Key

- “You can’t use knowledge you don’t have”
- Review measure requirements with your team
- Be prepared for annual updates
- Stay current with the QIP measures
- Be sure ALL team members (PCT, MSW, RD, RNs and providers) are aware of QIP and the implications for payment

Knowledge Is Key

- Remember you must meet the PS to avoid payment reduction: aim for much higher!



PP 2019: Clinical Measures

Safety

- Infection Monitoring: National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients
The # of new + BC events drawn as an outpt or within 1 calendar day after hospital admission

Patient and Family Engagement

- Patient Experience of Care: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) (twice a year)
 - Nephrologists' Communication and Caring
 - Quality of Dialysis Center Care and Operations
 - Providing Information to Patients

ICH CAHPS Clinical Measure

<https://ichcahps.org/>

- Know your most recent scores
- Identify low performing areas
- Participate in developing and implement an action plan to address those areas
- Remember: patient-centeredness can make a difference!
- Be sure to encourage patient completion!



PP 2019: Clinical Measures

Care Coordination

- Standardized Readmission Ratio (SRR)
Ratio of # of observed unplanned 30-day hospital readmissions to the # of expected unplanned 30-day hospital readmissions
- Standardized Hospitalization Ratio (SHR)
Ratios of the # of observed hospitalizations to the # of expected hospitalizations

Hospitalization Readmissions

- Verify any changes in care following hospital stay
- Ensure team is aware of patient's condition



PP 2019: Clinical Measures

Clinical Care

- Kt/V Dialysis Adequacy

% of all pt-months for pts whose delivered dose of dialysis met the specified threshold during the reporting period

- Hemodialysis Vascular Access: Standardized Fistula Rate (SFR)

% of adult hemodialysis patient-months using a AV fistula as the sole means of vascular access

- Hemodialysis Vascular Access: Long-Term Catheter Rate

% of adult hemodialysis patient-months using a catheter continuously for 3 months or longer for vascular access

Adherence to Prescribed Plan

- Adherence, adherence, adherence
 - Patient Centered Care has been shown to improve adherence
- On time, full runs
- New Access:
 - Make sure appointments are made for evaluations / post op visits
 - Encourage attendance to appointments
- Access Releases:
 - Ensure timely advancement of needle sizes
 - Ensure timely appointments for catheter removals
- Monitor for failing dialysis access
 - Plan for new access before catheter is required
- Keep in contact with access center!



PP 2019: Clinical Measures

Clinical Care

- Standardized Transfusion Ratio (STrR)
Ratio of # of observed eligible RBC transfusion events occurring in dialyzing to # of eligible transfusion events
- Hypercalcemia
Proportion of all adult pt-months with 3 month rolling average of total uncorrected serum or plasma calcium greater than 10.2 mg/dL

PP 2019: Reporting Measures

Clinical Care

- Ultrafiltration Rate (UFR)
% of pt-months for which a facility reports required date for UFR for each eligible pt

Care Coordination

- Clinical Depression Screening and Follow-Up
% of eligible pts for which a facility reports in CROWNWeb one of the 6 conditions related to clinical depression screening and follow-up

PP 2019: Reporting Measures

Safety

- NHSN Dialysis Event Reporting

of months for which facility reports NHSN Dialysis Event Data to the CDC's system

3 types of dialysis events are report:

1. IV antimicrobial start
2. + BC
3. pus, redness or increased swelling at the vascular access site

Additional details:

<http://www.cdc.gov/nhsn/Training/dialysis/index.html>

<https://www.cdc.gov/nhsn/dialysis/event/index.html>



National Healthcare Safety Network (NHSN) Training

CDC > NHSN Home



Home NHSN Home

NHSN Training

NHSN Demo +

Resources for Users New to NHSN +

NHSN Educational Roadmaps +

NHSN Analysis

Biovigilance Component

Dialysis Component

Healthcare Personnel Safety Component

Long-term Care Facility Component

Outpatient Procedure Component

Patient Safety Component

Dialysis Component Training

Open All

Close All

Dialysis Event (DE) Surveillance -

Training Videos




Introduction to the NHSN Dialysis Event Surveillance Protocol


• [YouTube Link \[Video - 59 min\]](#)

Self-paced Interactive Training

 [Dialysis Event Surveillance Annual Training](#) [CBT - 60 min]

- **Required annually** for all users participating in Dialysis Event Surveillance.
- [Free Continuing Education Course # WB2961](#)  [PDF - 22 KB]

Other Resources

- [2018 Dialysis Event Protocol](#)  [PDF - 1 MB]
Reading the Dialysis Event Protocol is a required part of training.
- [NHSN Dialysis Event Surveillance homepage](#)



Patient-Centered Care

Take a Look At Your Culture:

- Are patients engaged in their care?
- Do patients actively participate in their plans of care?
- Are their personal goals considered the most important?



Consider a Culture Change

- Do patients feel comfortable expressing concerns?
- Is the patient's voice valued in all aspects: care delivery, the plan of care, facility policies?
- If not, start now to make changes!



Clinical Measure	Achievement Threshold	Benchmark	Performance Standard
Safety Subdomain			
<ul style="list-style-type: none"> NHSN Bloodstream Infection 			
Pt & Family Engagement/Care Coordination			
<ul style="list-style-type: none"> ICH CAHPS 			
<ul style="list-style-type: none"> SRR 			
<ul style="list-style-type: none"> SHR 			
Clinical Care Subdomain			
<ul style="list-style-type: none"> STrR 			
<ul style="list-style-type: none"> Dialysis_Adequacy 			
<ul style="list-style-type: none"> Vasc Access: SFR 			
<ul style="list-style-type: none"> Vasc Access: Catheter Rate 			
<ul style="list-style-type: none"> Hypercalcemia 			



Questions?

Thank you for your attention!

Helpful Websites:

ICH CAHPS information: <https://ichcahps.org/>

Measures Specifications: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html

Thank you for all you do!

