Performance and Quality of Care: The New Trend for Reimbursement of Dialysis Services

Dr. Lisandro Montalvo-Burke
QIRN 3 Medical Review Board Member
Objectives

• Brief introduction to how performance/quality is tied to reimbursement of dialysis facilities.

• Dialysis facilities = Quality Incentive Program (QIP).

• QIP
  • What parameters are measured?
  • What can each of us contribute to improving quality and at the same time improve our QIP?
• “For most of the past 50 years, Medicare was primarily a fee-for-service payment system that paid healthcare providers on the volume of services they delivered. In the last few years, we have made tremendous progress to transform our nation’s healthcare system into one that works better for everyone and rewards value over volume.”
What is the QIP?

CMS Quality Incentive Program

- Known as “pay-for-performance” or “value-based purchasing”
- Sets minimum goals across a selected group of measures
- Allows for up to a 2% payment reduction for dialysis facilities that do not meet or exceed the minimum Total Performance Score (TPS)

The intent of the QIP is to promote patient health by providing a financial incentive for renal dialysis facilities to deliver high-quality patient care.
What Does the QIP Measure?

• The measurements taken each calendar year (CY) will affect Medicare reimbursements for the payment year (PY) that will follow two years later.

Ex. CY 2016 ➔ PY 2018
PY 2018 Final Measures: Overview

Safety Subdomain – 20% of Clinical Measure Domain score
1. NHSN Bloodstream Infection

Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score
1. ICH CAHPS
2. Standardized Readmission Ratio

Clinical Care Subdomain – 50% of Clinical Measure Domain score
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Reporting Measures
1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

PY 2018 Scoring and Payment Reduction Methodology

**Clinical Measures**

- Safety (20%)
  - NHSN Bloodstream Infection

- Patient and Family Engagement/Care Coordination (30%)
  - ICH CAHPS Survey SRR
  - STR
  - Kt/V Dialysis Adequacy Measure Topic
  - Hemodialysis
  - Peritoneal Dialysis
  - Pediatric Dialysis
  - Pediatric Peritoneal Dialysis
  - Access via AVF
  - Access via catheter

- Clinical Care (50%)
  - VAT Measure Topic
  - Hypercalcemia

**Reporting**

- New measure for PY 2018
  - Mineral Metabolism
  - Anemia Management
  - Pain Assessment and Follow-Up
  - Clinical Depression Screening and Follow-Up
  - NHSN HCP

**Total Category Weight**

- 100 pts.

**Payment Reduction Percentage**

- 90%
- 10%

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

# Payment Reduction Scale

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<td>More than 30 points below Minimum TPS</td>
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## Preliminary QIP Penalties

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## Comparison

### PY 2015 National Average 81

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### PY 2016 National Average 73

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How does the QIP affect me?

Poor QIP Scores Can:

• Negatively Affect Profit
• Reduce Staffing
• Lower Morale
• Cause Patients to go Elsewhere
• Affect Yearly Monetary Rewards
Example of a Renal Care Coordinated Network

Capabilities

Fresenius Health Partners
ESRD Risk Management
Care Navigation Unit
Predictive Risk Modeling
Real-time Clinical Data
$235.00 per each patient treatment

13 (avg # of treatments each month)

$3,055 per patient each month

Average unit size of 70 patients

$213,850 per month

2% payment reduction

$4,277.00 per month

12 months

$51,324.00 per year

*Credit for the figures: Nephrology Clinical Solutions

Source: ESRD Network of Texas, Spring 2015 QIP Newsletter
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Infection Monitoring: National Healthcare Safety Network (NHSN)
Bloodstream Infection in Hemodialysis Patients Clinical Measure

- Lower rate desired
- Minimum Data Reported to NHSN (12 months)
- Facilities are required to meet enrollment and training requirements
What You Can Do

• Promote infection prevention practices such as hand hygiene, aseptic access care and cannulation procedures and promote immunizations.
• Review the dialysis event protocol at least annually.
• Complete NHSN trainings available on the CDC website (http://www.cdc.gov/nhsn/training).
BSI Trends

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Results (preliminary)

Median Adherence to CDC Best Practices
Across 9 New Jersey Hemodialysis Facilities — October 2015

- **Hand Hygiene**: 91%, Range: 82% - 98%
- **Catheter Connection**: 43%, Range: 0% - 100%
- **Catheter Disconnection**: 40%, Range: 0% - 100%
- **Catheter Exit Site Care**: 100%, Range: 50% - 100%
- **Cannulation**: 67%, Range: 17% - 93%
- **Decannulation**: 61%, Range: 26% - 93%
- **Injectable Med Prep**: 79%, Range: 50% - 100%
- **Injectable Med Admin**: 60%, Range: 40% - 86%
- **Station Disinfection**: 36%, Range: 12% - 77%

Graph courtesy of Patty Barrett (NJDOH)
Results (preliminary)

Station Disinfection (36% Median Overall Success)

- All supplies removed from station and prime bucket emptied: 81%
- Gloves removed, hand hygiene performed: 89%
- Station is empty before disinfection initiated: 70%
- New, clean gloves worn: 90%
- Disinfectant applied to all surfaces and prime bucket: 72%
- All surfaces are wet with disinfectant: 80%
- All surfaces are allowed to dry: 96%
- Gloves removed, hand hygiene performed: 97%
- No supplies or patient brought to station until disinfection complete: 76%

Graph courtesy of Patty Barrett (NJDOH)
Results (preliminary)

Catheter Connection (43% Median Overall Success)

- Mask worn properly: 100%
- Staff hand hygiene performed: 91%
- New gloves worn by staff: 94%
- Catheter hub scrubbed correctly: 89%
- Hub antiseptic allowed to dry: 68%
- Catheter connected to blood lines aseptically: 61%
- Staff gloves removed: 93%
- Staff hand hygiene performed: 93%

Graph courtesy of Patty Barrett (NJDOH)
Results (preliminary)

Catheter Exit Site Care (100% Median Overall Success)

Note: The step “antimicrobial ointment applied” was not observed because it is against policy in the facilities assessed. However, it is considered a CDC best practice.

Graph courtesy of Patty Barrett (NJDOH)
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Patient Experience of Care: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Clinical Measure

• Higher rate desired

• Composites include:
  • Nephrologists’ Communication and Caring,
  • Quality of Dialysis Center Care and Operations,
  • Providing Information to Patients

• Overall Rating: a summation of responses to the rating items grouped into 3 levels
What can you do to contribute?

• Provide quality care and attention to your patients
• Educate patients vs. hand out papers with info
• Revisit patients that “refuse” or “decline”
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Standardized Readmission Ratio (SRR) Clinical Measure

• Lower rate desired
• Ratio of the number of observed unplanned 30-day hospital readmissions to the number of expected unplanned 30-day hospital readmissions.
What You Can Do

• TRACK hospital admissions internally
• Communication with hospital, patients and family members
• Medication reconciliation
• Confirmation of coordination of home services
  • Ulcer care, Physical therapy, Home IV antibiotics, Follow up visits
• Review medical records for patients recently hospitalized during QAPI meetings.
• Inpatient care coordination programs for dialysis patients
  • Hospital Auxilio Mutuo example
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Standardized Transfusion Ratio (STrR) Clinical Measure

- Lower rate desired
- Risk adjusted facility level transfusion ratio (STrR) for all adult Medicare dialysis patients.
- Exclusions apply for certain medical conditions

STrR is a ratio of number of observed eligible red blood cell transfusion events occurring in patients dialyzing at a facility to the number of eligible transfusions that would be expected from a predictive model that accounts for patient characteristics within each facility.
What can you contribute?

• Collaborate and communicate with anemia managers
  • Notification of in center bleeding episodes
    • Bleeding after disconnection,
    • Arterial and venous infiltrations
    • Recurrent coagulation of dialysis system
  • Notification of missed iron and ESA doses in order to reschedule
  • Ask patients regarding bleeding episodes at home
    • Gastrointestinal
    • Abnormal uterine bleeding
What can you contribute?

Ensure comorbid conditions entered in Medicare claims

- Hemolytic and aplastic anemias
- Solid organ cancers, carcinoma in situ, metastatic cancer
- Lymphoma
- Coagulation disorders
- Multiple myeloma, Myelodysplastic syndromes
- Sickle cell anemia
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Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis Clinical Measure

• Higher rate desired
• Percentage of hemodialysis patient-months with spKt/V greater than or equal to 1.2.

Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis Clinical Measure

• Higher rate desired
• Percentage of peritoneal dialysis patient-months with Kt/V greater than or equal to 1.7 Kt/V
Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis Clinical Measure

• Higher rate desired

• Percentage of pediatric in-center hemodialysis patient-months with spKt/V greater than or equal to 1.2

Kt/V Dialysis Adequacy Measure Topic – Pediatric Peritoneal Dialysis Clinical Measure

• Higher rate desired

• Percentage of pediatric peritoneal dialysis patient-months with Kt/V greater than or equal to 1.8 (dialytic + residual)
Interventions to reduce risk factors for adequacy problems

Prescribed versus delivered dialysis

• Evaluate if prescribed $Q_b$, $Q_d$, Time, Dialyzer = delivered $Q_b$, $Q_d$, Time, Dialyzer
Risk factors for adequacy problems

Optimization of dialysis prescription

• New patient
  • \( \leq 100 \text{ Kg.} \) : 4 Hrs.
  • 100-115 Kg. : 4.25 Hrs
  • \( > 115 \text{ Kg.} \) : 4.5 Hrs.

• Dialysis time
  • If \( eKt/V < 1.15 \), dialysis time will be extended by 30 min.
  • If \( eKt/V \) is 1.15 to 1.19, dialysis time will be extended 15 min.
Optimization of dialysis prescription

- **Optimization of BFR**
  - Optimize BFR to maximal tolerated by vascular access and patient.

- **Optimization of DFR**
  - Start every patient in auto flow 1.5 and optimize as necessary.

- **Optimization of Dialyzer**
  - Consider after previous dialysis prescription parameters optimized.
  - Increase to F-180 or F-200 if necessary
Risk factors for adequacy problems

• **Vascular access issues**
  • Type of access
  • Evaluation of blood flow monitoring studies
  • Needle selection
    • Ensure adequate needle size (gauge)
    • Ensure distance between needles > 2 inches (5 cm)
    • Evaluate if arterial and venous needles are with or against flow
    • Verify flow direction in graft.
  • Evaluation for access problems last 3 months
Risk factors for adequacy problems

• **Heparinization**
  • Start all new patients heparin 100 units/kg
  • Monitor if KCEN <200 or if 15% fall during treatments.
    • Increase heparin dosing
    • Add extra heparin dosing
    • Consider hourly heparin doses/constant infusion.
  • Monitor that heparin is allowed to recirculate for 3-5 minutes.
  • If heparin cannot be given due to bleeding, allergy or heparin induced thrombocytopenia.
    • Implement frequent saline flush administration (i.e. every 15 min.)
Risk factors for adequacy problems

• **Patient related issues**
  • Check compliance issues
    • Missed treatments
    • Shortened treatment times – AMA
    • Request different dialysis prescription
    • Late arrival
    • Special circumstances compromising compliance
      • Work demands, transportation issues, death in family, travel, etc...
  • Ensure proper patient education regarding importance of compliance with dialysis prescription.
  • Review intradialytic complications
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Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF) Clinical Measure

- Higher rate desired
- Percentage of patient-months on hemodialysis during the last hemodialysis treatment of the month using an autogenous AV fistula with two needles.

Vascular Access Type (VAT) Measure Topic – Catheter > 90 Days Clinical Measure

- Lower rate desired
- Percentage of patient-months for patients on hemodialysis during the last hemodialysis treatment of month with a catheter continuously for 90 days or longer prior to the last hemodialysis session.
Vascular access complex life cycle

- Pre ESRD AVF/G Creation
- Access creation <90, >90 days
- Adequate maturation and cannulation
- Quick creation of new access in case of failure
- Monitoring and maintenance of access
Barriers to AVF creation → Patients

• Pre ESRD/ESRD Access creation <90, >90 days
  • Poor coordination/compliance with appointments
  • Lack of transportation
  • Insurance issues
    • Referrals/ Prior authorizations/ Coverage issues
  • Lack of sense of urgency
  • Education
Barriers to AVF creation → HD units

• Pre ESRD AVF/AVG Creation
  • CKD clinics?

• ESRD Access creation <90, >90 days
  • Lack of “sense of urgency” by all staff
  • Lack of time and resources, also social workers.
  • All work deferred to vascular access managers
  • Not using all components of vascular access reduction program
  • LOGISTICS!!!!!
Barriers to AVF creation → HD units

• Adequate maturation and cannulation
  • Lack of involvement/defer to vascular access manager
  • Lack of expertise/training

• Monitoring and maintenance of access
  • Issue deferred to vascular access manager

• Quick creation of new access in case of failure
  • All of the above
Barriers to AVF creation ➔ Nephrologist

• Pre ESRD AVF/AVG Creation
  • Late referrals
  • Lack of discussion/TOPS

• ESRD Access creation <90, >90 days
  • Lack of flexibility regarding choice of surgeon/hospital.
  • Poor cooperation with vascular access programs.
  • Lack of “sense of urgency”
Barriers to AVF creation ➔ Nephrologist

• Adequate maturation and cannulation
  • Lack of involvement/defer to nursing staff or surgeon

• Monitoring and maintenance of access
  • Do not believe in access flow monitoring
  • Defer process to unit staff entirely

• Quick creation of new access in case of failure
  • All of the above
Track 1: Merit-Based Incentive Payments System (MIPS) Goal is to Drive Provider Behavior & Accountability

**Key elements of MIPS**

- Consolidates existing P4P\(^1\) programs (Meaningful Use, Value-Based Modifier, and Physician Quality Reporting System) into one single program as of 2018

- Ties payments to performance beginning in 2019 – with significant **bonuses & penalties**

- Applies to physicians, NPs, clinical nurse specialists, physician assistants, and certified RN anesthetists

**MIPS Performance Category Weights**

- Advancing Care Information (Meaningful Use) 25%
- Quality (PQRS) 30%
- Clinical Improvement (care coordination & patient satisfaction) 30%
- Resource Use\(^2\) 15%

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(1) Pay-for-Performance

(2) Resource Use measures would be weighted less during first two years of MIPS program, reaching 30 percent in the third year of the program. Quality measures would be weighted more than 30 percent during the first two years to make up the difference.

*Source: The Medicare Access and CHIP Reauthorization Act of 2015; Advisory Board analysis.*
MIPS Bonus & Penalty Formula is a Zero Sum Mechanism

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Note:
The bottom quartile performers will all be assessed the maximum penalty. And, since it is a zero-sum formula, the maximum bonus payouts will be limited to a precious few.
What You Can Do

• It requires a team effort, collaboration, and trust.
• The nephrologist must play a central role.
• Complete a vascular access plan for each patient.
• Educate patients and their families.
• Start early and have a continuous education plan in place with specific “educator” roles by position (social worker, techs, nurse, dietitian, etc.).
• Use simple terms and visuals/pictures.
• Coach staff to properly cannulate fistula.
• Assign a “Vascular Access Coordinator.”
• Measure and monitor rates to encourage changes in practice.
Celebrating Success

Keeping the Score
Toward Catheter Freedom

Hemodialysis Catheter Only Patients

- Process not started
  - Step 1: Develop access plan
  - Step 2: Refer for vessel mapping
  - Step 3: Coordinate surgeon appointment
  - Step 4: Access surgery and PDU

# Patients

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Reporting Month &amp; Year:</th>
</tr>
</thead>
</table>

Patients with a Hemodialysis Catheter Who Have a Maturing AVF

- Step 5: AVF maturation
- Step 6: Cannulation protocol
- Step 7: Catheter freedom
- Step 8: Access monitoring

# Patients

- Weeks 1-6
- Weeks 7-10
- Weeks 11-12
- On-going

Total # pts

Patients with a Hemodialysis Catheter Who Have a Maturing AVG

- Step 5: AVF healing and readiness
- Step 6: Cannulation protocol
- Step 7: Catheter freedom
- Step 8: Access monitoring

# Patients

- Weeks 1-2
- Week 3
- Week 4
- On-going

Total # pts
PY 2018 Final Measures: Overview

Safety Subdomain – 20% of Clinical Measure Domain score
1. NHSN Bloodstream Infection

Patient and Family Engagement/Care Coordination Subdomain – 30% of Clinical Measure Domain score
1. ICH CAHPS
2. Standardized Readmission Ratio

Clinical Care Subdomain – 50% of Clinical Measure Domain score
1. Standardized Transfusion Ratio
2. Kt/V Dialysis Adequacy Measure Topic – Adult Hemodialysis
3. Kt/V Dialysis Adequacy Measure Topic – Adult Peritoneal Dialysis
4. Kt/V Dialysis Adequacy Measure Topic – Pediatric Hemodialysis
5. Kt/V Dialysis Adequacy Measure Topic – Pediatric Peritoneal Dialysis
6. Vascular Access Type Measure Topic – AVF
7. Vascular Access Type Measure Topic – Catheter > 90 days
8. Hypercalcemia

Reporting Measures
1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

Hypercalcemia Clinical Measure

• Lower rate desired
• Proportion of patient-months with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL.
How can you contribute?

• Report the serum calcium value monthly in CROWNWeb.
• Ensure missed lab draws are rescheduled
• Attend the afternoon session dedicated to this topic!!!!
# PY 2018 Final Measures: Overview

**New measure for PY 2018**

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### Reporting Measures
1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

Reporting Measures = Under our control = Free points towards TPS

• Mineral Metabolism
  • Get phosphorous value monthly and report

• Anemia Management
  • Get Hgb/ESA dosage value monthly and report

• Pain Assessment and Follow-Up Reporting Measure
  • Measure 2 times in year and report

• Clinical Depression Screening and Follow-Up
  • Screen once before February 1, 2017

• NHSN Healthcare Personnel Influenza Vaccination Reporting Measure
  • Submit CDC vaccination summary before May 15, 2016