

Transcript of the 11th Scope of Work: Ambulatory Surgical Center Collaboration with Quality Insights Quality Innovation Network Webinar, held November 12, 2014

Krista: Good afternoon and welcome to today's presentation of the 11th Scope of Work: Ambulatory Surgical Center Collaboration with the Quality Insights Quality Innovation Network. In just a moment I'll turn our events over to the topic experts from Healthcare Quality Strategies Inc., but first just a few housekeeping items.

First all of you have been placed in listen-only mode. If you should have a question, we invite you to please type it into either your chat box or the Q&A box to the right of your screen. We will collect the questions and adjust all of them at the end of the presentation. If you would please complete the evaluation that will pop up in a box when you close out of the webinar at the end, we would best appreciate it. Your answers to those questions will help us to formulate future programs and make them the most valuable use of your time. This presentation is being recorded for future access. It will be posted on our website along with the transcript very shortly. As soon as the conclusion of the webinar, the slides that you will be seeing today will also be posted on our website.

And now I'd like to turn our presentation over to the first speaker, Gail Bondar. Gail?

Gail: Thank you, Krista. Hi, everyone. Thank you for taking the time out from your very busy schedules to participate in our webinar today. Suzanne and I will introduce you to the Centers for Medicare & Medicaid Services' new approach to the quality improvement organization program which will span over the next five years.

Today we will provide you with the goals of CMS's value based initiatives for Ambulatory Surgery Center, the benefits of participation with Quality Insights quality innovation network, and how Tomorrow's Healthcare can help develop, implement and sustain quality improvement projects.

For those of you who are not already familiar with QIOs I will begin with the short introduction to the Centers for Medicare and Medicaid CMS QIO program. The QIO program is one of the largest federal programs dedicated to improving health quality at the local level and is the cornerstone of Medicare's efforts to improve the quality and value of healthcare for its beneficiaries.

The QIO program has a longstanding history of helping thousands of healthcare providers deliver care that meets evidence-based standards for safe and effective care. Originally developed by the institute for healthcare improvement, IHI the Triple Aim is a framework that describes an approach to optimizing health system performance. Adopted by the Centers for Medicare and Medicaid, the goals of the Triple Aim are defined as improving the patient experience of care including quality and satisfaction, improving the health of population, reducing the per capita cost of healthcare.

The QIO program also aligns with the six CMS quality strategy goals by making care safer, by reducing harm caused in the delivery of care, ensuring that each person and family are engaged as partners in their care, promote effective communication and coordination of care. Promote the most effective prevention and treatment practices for the leading causes of mortality, work with communities to promote wide use of successful interventions to enable healthy living, and make quality care more

affordable for individuals, families, employers and government by developing and spreading new healthcare delivery models.

In the past CMS has awarded 53 contracts in which each QIO performed both case review and quality improvement support for each state or territory. Under the new structure or the 11th Statement of Work which began August 1st of this year, case review and quality improvement functions are performed by different contractors; the contract periods were extended from three to five years and an enhanced focused on learning collaboration and dissemination of best practices.

There are now 14 regional quality improvement or innovation networks which serve all 53 contracts as you can see colorized on the map. The circled states are those that are included in the quality insights quality innovation network which are New Jersey, Pennsylvania, West Virginia, Delaware, and Louisiana. This is a new and exciting time for us as we can now share and spread knowledge and strength as we work together to improve care across all of our states and beyond.

There are four key roles of the quality innovation network quality improvement organization.

The first role is to champion at the local level results-oriented change making sure that change is data-driven, that there is active engagement of patients and other partners and also champion proactive, intentional innovation and spread best practices that stick.

The second role is to facilitate learning and action networks also known as LAN, creating an all teach, all learn environment and placing the motivation and drive for improvement at the bedside level.

The third role of the network is to teach and advice as technical experts through consultation and education and manage knowledge so learning is never lost.

The fourth key role is to communicate effectively for optimal learning, patient activation and sustained behavior change.

So now let's talk about the QIN-QIO learning and action network. Our network will serve as the hub for regional quality improvement across our five states. This improvement work will be provided through many different ways. I am including technical assistance, the sharing of best practices, knowledge transfer, provider-focused data portals, sharing of tools and resources for technical quality improvement assistance with data that's available. We will also have recorded events as this one is. Videos and podcasts and discussion forums and several resource libraries.

Our network; the quality insights quality innovation network is the new regional QIN-QIO that will focus on quality improvement and technical assistance in the five state partnership as already mentioned earlier, including again the states are West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana.

Each of our five state-based QIOs in the network have served as state-based QIOs in prior statements of work. We offer decades of experience with serving as QIOs for the Centers for Medicare and Medicaid, and we'll coordinate network activities in their states and provide local support or boots on the ground.

So in New Jersey you are going to go local with us. We will be providing our assistance through Healthcare Quality Strategies Incorporated as well through the network. With more than 30 years of improving health in New Jersey, HQSI is committed to improving patient outcomes by accelerating

healthcare quality improvement. Through quality improvement consultation and coaching dissemination of best practice change packages and facilitation of collaborative learning sessions, our services will be tailored to meet your unique needs.

As part of the quality insights innovation network, we are committed to local collaboration and assistance in support of better care, better health and lower costs. We here at HQSI are excited to work as a partner in this new realm by promoting the sharing of best practices and allowing the spread of quality improvement to providers and beneficiaries more than ever before.

As a network, the quality insights learning and action network or LAN will encourage providers and stakeholders in improvement initiatives through web based LAN. We will provide targeted technical assistance to providers, stakeholders and communities for CMS quality improvement initiatives and provide an online portal which you will see shortly for sharing, spreading and sustaining quality improvement work through healthcare education, training modules and collaboration tools in partnership with the Pittsburgh Regional Health Initiative.

PRHI is a nationally recognized leader in adapting industrial quality improvement processes such as Lean for health care (Perfecting Patient Care) and embedding these processes into health information technology platform. Participants in our LAN will be allowed to access the PRHI Tomorrow's Healthcare website through the Quality Insight's homepage or by going to the website directly. This website contains a number of resources.

Again Tomorrow's Healthcare is an online lean organizational transformational platform that brings together professionals towards all healthcare settings from the frontline to senior executives and empowers improvement teams to reach quality targets and to promote collaboration anywhere the internet is available. As a resource in the quality improvement arena, you will be able to sustain and manage quality improvement projects. In that arena it also contains a lean library of resources, tools and templates and it's designed to support attainment of quality indicators and targets.

The educational resource includes educational modules allowing learners to digest content just in time at all times and as their time permits, which reduces the need for offsite training. Tailored course offerings will be available to support the diffusion of training, throughout an organization there will be accredited and nonaccredited courses available and these will include pre and post tests.

Another resource area is the community which will spread best practices and lessons learned and promote the sharing of tools and resources. So how do you get involved? That will be discussed a bit later in this presentation. But now I'd like to turn the presentation over to Suzanne Zolldan who will provide information on quality improvement through quality reporting and the value-based program for ambulatory surgery centers. Suzanne?

Suzanne: Thanks, Gail. So now that Gail has given you a broad overview of the changes to the CMS quality improvement organization program as well as the specifics about the QIN-QIO network, let's explore quality improvements versus data reporting and through value-based payment. Our exploration will include comments relating to CMS's vision of working with all providers across the continuum of care in a pay for performance system.

First, let's talk about the specifics for the ASC population, what this all means to you and what's in it for you. You already know that you are working in the Ambulatory Surgery Center Quality Reporting

Program, the measures which I am sure you are all familiar with are displayed on the board. And actually the measures fall into three domains for CMS purposes, one which is patient safety and that really relates to ASC measures 1, 2, 3 and 6. Then there is the clinical quality of care measures, ASC 5, 7 and 8, and then care coordination which are really talking about for ASC 4, 9, 10 and 11. And you'll see as we talk further how they will cross test.

Specifically in care coordination, the measures you have relate to the ASC reporting program but CMS also has another theme which is targeted at reducing admissions or readmissions and improving the quality of care and communications amongst providers. So somebody may already be working on this theme by your participation in a very small specific community that HQSI has been facilitating in our last contract and will continue to facilitate in this contract. We are also looking to add more communities, so once again more providers will be involved during the course of this five year contract.

But readmissions as you know to acute care hospitals carries financial payment even though it's "outside the realm of value-based purchasing it is all part of pay for performance and all providers can impact that measure".

You also know that CMS has provided you with one national support contractor to assist you in meeting the ASC quality reporting requirements. So I am sure you've all are familiar with FMQAI which serves as a support contractor for the past scope of work and this scope of work and they provide technical assistance and feedback in this program for you. They'll also support hospital outpatient, hospital inpatient. They are supporting inpatient psychiatric facilities. So their support really rest with responsibilities on both education and outreach and the monitoring of facilities for compliance to the program requirements and the deadlines. We do put up the resource for you, for questions, meaning you can call or you could directly use the link to ask questions to FMQAI.

In this scope of work the support contractor has also provided a new support for assistance besides quality net [phonetic] [00:16:39], and specifically that's a new website called www.qualityreportingcenters.com. They will provide you with seminars as they've done in the past about requirements or highlighting changes to the measures or the manual for abstraction. They will continue to maintain this new website in addition to maintaining the quality net that we are all familiar with and the section which is circled that has to do with frequently asked questions or Q&As as it relates to the various provider settings.

So what's really new in this new contract? In addition to the National Coordinating Center as a contract, CMS has also designated the QIN, the quality improvement network to provide additional support to the ASCs in improving the quality of care, patient experience, health outcomes, the efficiency and reduction of costs on the measures which are included in value-based purchasing and the quality reporting program. So in other words you have the great privilege of being double teamed in quality data reporting, one through the requirements of the reporting program which rests with Florida and one with the QIN network to focus on quality improvement methodologies.

So the local QIO HQSI is part of the QIN will assist you in those activities to better position you to improve processes that may need improvement in order to optimize or at least maintain your current reimbursement levels. To achieve this positive outcome our state will begin working with the ASC's with targeted activities over the course of the next five years. So the first step is looking at three measures for either sustainability purposes or for improvement purposes. And those three measures you will see

are ASC - 5, prophylactic IV antibiotic timing; ASC - 6 the safe surgery checklist; and ASC - 8 influenza vaccination coverage among healthcare personnel.

So we were lucky enough to be able to access the ASC quality and collaboration website and took a look at the rates that are reported there for some of these measures. The antibiotic timing according to the website has very high rates, like 98, 99% compliance which is terrific and therefore we are not necessarily looking to improve that measure but certainly sustain it at the level that we are currently at over five years. Sustainability is difficult for maintaining for any period of time and I think Gail used the work stick, this is all without making the good interventions and the good processes stick in normal activities for you to maintain those rates.

We are also going to look at the use of the safe surgery checklist not that everyone, I should say everyone is basically using one but we really want to look at the processes that go along with either the who or AORN checklist and those critical transition during that perioperative period and the steps that really involve communication pre-intra and post surgery. Acute care hospitals say yes they use the safe surgery checklist, they certainly do but when you really “audit” that meaning, look and talk to people about those three critical steps, there are improvement areas to make sure that care really is safer for the patient etcetera. So we are going to focus and chat with you about those kinds of processes.

And lastly we are going to focus on the influenza vaccination for healthcare workers. And really encourage and help break them some of the barriers to increase those rates. We know this measure is new to you however what we are going to provide you with is some data that we pulled off MMRW as it relates to the acute care hospitals which I think is the second year that they had to mandatorily do it.

I want to show you on this graph which hopefully is easier for you to read than it is for me to read that Maryland has the highest vaccination rates which are 98.4%. Right below that is New Jersey which has an overall rate of 62.4%. If you look at the United States average that average is 81.8% so your range goes from the bottom of the barrel, 62.4 not probably held by the state of New Jersey to the highest achiever of Maryland at the 98.4%. So acute care hospitals certainly can do better. You can see that this slide breaks it down by employees versus licensed practitioners versus student, volunteers’ etcetera.

Our understanding is moving forward NHSN is going to make it easier that you will not have to breakdown categories of people that you would be entering data. So you all are beginning this healthcare worker immunization for this flu season which is officially October 1st to March 31st and you need to input that data into NHSN by May. Hopefully, your rates will look better than the acute care setting and we are anxious to see how New Jersey maximizes or improves the rates over last year. You are also not alone, the inpatient site facilities, the rehab facilities tax [phonetic] [00:23:50] exempt hospitals are all joining you in making this a measure for CMS.

The data here is the same data displayed differently so on your left you see Maryland by category and overall rate in the middle, the lowest bars. You see New Jersey and then the United States average on the other side. Now we are fortunate in New Jersey under the auspices of the American Academy of Pediatrics there is an organization called the New Jersey Immunization Network, and Gail and I have started working them over the past year and they have targeted healthcare immunizations as state priority and really want to reach a minimum of 90% across all providers within the next few years.

So ASC’s have a perfect opportunity for successful implementation of this measure and help push the state rates higher than what they currently are. So back to participation with the network.

Move your work with HQSI we all want to achieve the following goals in order to make care safer and better. When you participate in the network, you will receive technical assistance at both the local and network level and educational opportunities. When we were at the ASC annual meeting a few weeks ago, people were amazed that our consultate [phonetic] [00:25:32] of services are free. So everything that we are talking about here is free, no charge. Besides the technical assistance and education you will also have access to quality improvement tools and methodologies that practices data monitoring port, benchmark data all have been achieved [phonetic] [00:25:51] improved outcomes. And basically as a result of the involvement and participation in your intervention, this also produced improved quality metrics. Conservation of your reimbursement, so get involved and commit to working on improving your patient outcome. The New Jersey Association of Ambulatory Surgery Centers is participating with HQSI as part of quality insights innovation network and has been a strong partner in even planning for have this WebEx.

Last scope of work the ASC association and very specifically Joan and Larry at that point of time were involved in learning [indiscernible] [00:26:50] to network to prevent healthcare acquired infections. Again another source of readmissions perhaps, you guys have reportedly good rates for low infection rates but now that CMS is expanding the domain and using NHSN, and again CMS doesn't have measures in NHSN for infection free but we do know how you are reporting to New Jersey Department of Health for breath [phonetic] [00:27:21] and backs and hip. So the bottom line here is we have the privilege of working with the state association and hopefully will be able to support you all at the local provider level to make this a very successful product.

During the startup time, and again this contract started August 1st there're all the pieces in place, yes, moving in the direction we are not a 100% operational with everything yet but the first thing that you can do is really stay informed by signing up for the network newsletters that will be task-specific and also network wide. And we gave you the website in order to do that.

When New Jersey Acute Care Hospital first began the CMS Quality Data reporting many years ago unfortunately I do remember that. The New Jersey Measure Rates ranked 49th of 53 states and territories in the nation. Everyone in New Jersey was very concerned about New Jersey being ranked fourth from the bottom for quality throughout the nation and has worked over the years to move upwards very quickly. So what we want to do over the next five years is to have you with us celebrate your many successes. We can do this together, your baseline is not known yet but at the same point of time, you have an advantage here of being able to start the project at a much higher level than perhaps the acute care did because CMS is now into measures and more familiar with the program and has made it easier to phase people in.

But by working together patient outcomes should improve thereby there would be higher patient and family experience. Happy patients make for happy task and there is nothing more happy for Mr. Finance or for administration than to have full reimbursement preserved or have additional reimbursement because of the success on the measures.

This slide shows you our contact information, for New Jersey the network contact is besides myself and Gail, Marian Gabra is our administrative assistant. So you know where to find. Gail and I really look forward to individually chatting with you about your facility strengths and successes to-date and really to discuss areas that you see have opportunities to improve with the ways that you want to make that happen. Together we really want to show how New Jersey excels in the quality of care provided to

patients using the ambulatory surgery centers in the state. With all that being said, we are now ready to open up the lines for questions or comments that you may have as we begin this journey together. Once again we want New Jersey to be a beater in patient outcomes and satisfaction as it relates to pay for performance within the ambulatory surgery center arena. Krista, would be kind enough to open up the lines for questions or to monitor the chat box.

Krista: Certainly. Once again, if you should have a question, please type it into either the chat box or the Q&A box on the screen to your right. Our first question is, is there a financial or other type of penalty if we don't participate.

Gail: Hi. At this time, no, there is no financial or other penalty if you don't choose to participate but we highly encourage you to participate with us so that you can benefit from improved outcomes and all the resources that we can provide you.

Krista: Our next question is what is the targeted improvement rate?

Gail: As Suzanne said before, there is no baseline but there is no targeted improvement rate right now that CMS has described for us, we are seeking clarification and we will make you aware of that improvement rate as soon as we get those answers from CMS

Suzanne: At the same point of time, on the slide that listed three measures that we are targeting, we did put some stretch goals there for you when you work at a project of CMS as we want 8%, you know, we are going to put stretch goals that make it 10 or 15% in order to make that happen. So we are asking that as we worked together every year we can increase the rate or I should say maybe decrease the failure rates by 15%. So if you are at 90% and your failure rate is 10%, you know, 15% or 10% is really like 1 to 2%.

We really would love to see that 15% for each year over five years in at least one of those three measures and eventually all the measures.

Krista: In a related question, we are already at 98% compliance on the three measures you mentioned, why should we participate with these high rates.

Gail: That's wonderful that you are at 98 or 92% compliance, if you participate that will help you sustain your current rates. We would love to see you get to 100% and also participating will again offer resources through Tomorrow's Healthcare, we would also love for you to become mentors for low performers. So we would, even if you are at a 100% we want you to continue and we would love for you to work with us.

Krista: Our next question is, is there a need for additional data collection above what we are currently reporting to CMS?

Gail: No, all the data will be coming out of NHSN, so there would be no need for additional data collection at this time now.

Suzanne: That's for healthcare worker immunizations the patient safety months the wrong-site surgery etcetera is coming on some claims, and again you know, structural measures for safety there. So all the

measures that we had up there are the measures that we are talking about, there is no additional one, there is no additional way of doing that.

I just want to also back up for one minute about participating, really for high performers, and I think that's also one of the positives about belonging to a network, you know, "everybody says New Jersey is unique" and it certainly is much between Philadelphia and New York city, but by being in a five state network, we want to showcase the great work that New Jersey is doing within the network to the other four state and put you into national highlight for things like sustainability, and once again sustainability is hard so all the great work that you are doing to get your rates as high as they appear to be for some measures would be terrific, and I know the network would be real excited to be able to showcase some best practices out of New Jersey who remember when this all started whereas the bottom of the barrel so wouldn't it be nice to show off ambulatory surgery in a real positive achievement [Technical Glitch] [00:36:02] Krista, are you there?

Krista: I am here.

Suzanne: Okay, I am sorry.

Krista: Sorry. Our next question is, when do we report data for measure CMS ASC - 9 and 10.

Suzanne: That is a terrific question, and if you look at the new OPPS rule that was just announced November 2nd, I think and I could be wrong because I haven't read the whole thing but I think that those are still yet to be determined date. You certainly know that your data goes into the warehouse at a particular point of time, we know that the summer deadline was pushed back because of problems with the portal etcetera and that you do basically answer it annually. So as soon as we get clarification we will let you know, in the meantime as we chat with you, I mean, we know that you know your data will be free a year. And so whatever the deadlines are for CMS are the same deadlines for this project.

Krista: Our next question is, how long is this project and what is the time commitment for the project?

Gail: The contract runs for five years, the time commitment for the project depends on you. What interventions you need to put into place, how much you want to participate in Tomorrow's Healthcare, what resources, again from Tomorrow's Healthcare you'd like to use, so there is no time commitment outlined, again it depends on you, it is though a five year contract, so whatever health and assistance that you need over that five years we can give and you can ask for.

In addition, part of that time commitment would be participation in the LAN events, WebEx's online discussion groups, and again whatever time you would like to put into this project based on your needs.

Krista: Again if you have any questions, please type them into the chat or Q&A boxes to the right. Our next question is, what if we don't improve on these measures or only improve on one of the three?

Suzanne: I am going to answer that in two ways, we are moving into pay for performance, you want your measures to be as high as they can be in order for you to recoup the highest amount of monies that you can have. So by not improving in the measures and you don't have to improve on all three of them at the time but not improving on the measures may produce a financial burden with you as pay for performance continues to ramp up for providers.

You know ACOs are around, ACOs are looking for partners. ACOs are becoming more of an entity that also has incentives and disincentives within it. I think you know in New Jersey hospitals have kind of taken back some of the ambulatory surgery business but if you are a high quality organization and have great measures that helps you from a marketing perspective as well. So nobody is going to come out and beat up, CMS is not, is this little voluntary, so HQSI is not going to do anything to you as long as you are doing quality, data reporting for CMS that's what CMS wants for you. But at the same point of time to ready for yourself for pay for performance, you really do want to get to the -- or to have high measure rates.

Krista: Our next question is, how and when do we join?

Suzanne: Great question, great question. You joined right now? Again as I – we've met with Chris and Joan from the association, they as an organization have stated, they've joined, they are going to be part of the LAN, they are going to be part of this whole initiative. They also want their members to participate so you can email Gail and I starting in 20 minutes to say, yes, we really are on board, we are behind Gail and Suzanne Marian and Chris, Joan whatever. And I am saying that because we really do want you to be motivated and jump on the bandwagon right away.

Krista: And it appears that there are no further questions in the chat and Q&A, I'll give you all one final opportunity to ask your question, and while you do that I just want to point your attention once more to the screen, Gail just mentioned the contacting her or Suzanne via email I have put their email addresses and phone numbers back up on the screen, please take note and once again these slides will be posted to our website shortly after the conclusion of this program, the link is in your chat box.

And I see no further questions.

Suzanne: Krista, thanks for your assistance today. And thanks to everybody who joined on the line. Again we'll round for any questions or additional comments that you have, email addresses etcetera. If you would be kind enough Krista to close out this. We wish you all a good evening. And again thanks to everybody for being here.