

ACI
Comprehensive Stroke Centers of Excellence

Demystifying Stroke Measure Reporting

Debbie Lombardi Hill
October 7, 2010

FOCUSED HEALTHCARE STRATEGY

Presenter Disclosure Information

Debbie Lombardi Hill
Demystifying Stroke Measure Reporting

FINANCIAL DISCLOSURE
Consulting Affiliation: NeuStrategy, Inc.

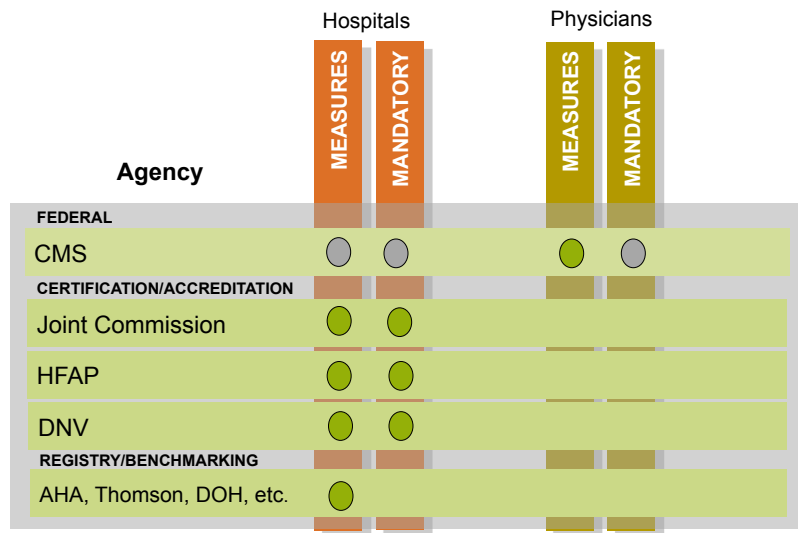
Agenda

- I. **CMS (Medicare) Quality Reporting Initiatives**
 - CMS – Hospital Inpatient Quality Reporting Program
 - CMS – Physician Quality Reporting Initiative
 - CMS – Meaningful Use
- II. **Measure Reporting for Certification/Accreditation**
 - The Joint Commission, HFAP, DNV
- III. **Registry/Benchmarking Organizations**
- IV. **The Future**
 - Stroke Measures Going Forward
- V. **Resources & Questions**



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Stroke Measure Reporting



● Current ○ Future (1-2 Years)



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Inpatient Hospital Quality Measures

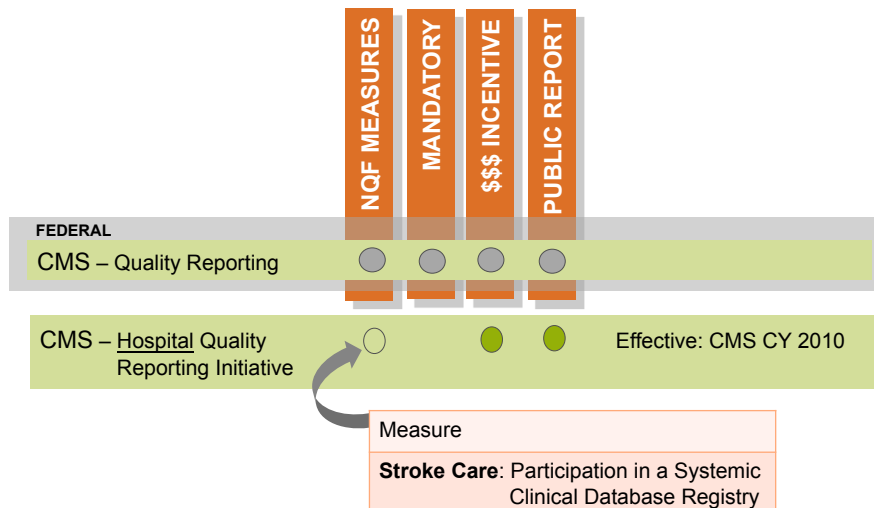
• National Quality Forum (NQF) “endorsed” eight (8) stroke measures

“Harmonized” Stroke Measures	Measure Population	
	Ischemic Stroke	Hemorrhagic Stroke
STK-1 Venous Thromboembolism (VTE) Prophylaxis	✓	✓
STK-2 Discharged on Antithrombotic Therapy	✓	
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	
STK-4 Thrombolytic Therapy	✓	
STK-5 Antithrombotic Therapy by End of Hospital Day Two	✓	
STK-6 Discharged on Statin Medication	✓	
STK-8 Stroke Education	✓	✓
STK-10 Assessed for Rehabilitation	✓	✓



Source: www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Current+NHQM+Manual.htm
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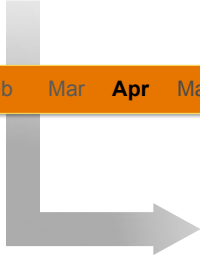
CMS Hospital Quality Reporting Initiative



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CMS Annual Update Cycle for Hospitals


Hospital Inpatient
Prospective Payment
System (IPPS)



Fiscal Year (FY)	October - September
Proposed Update	April 19, 2010
Comment Period	June 18, 2010
Final Rule	August 16, 2010
Effective Date	October 1, 2010⁽¹⁾

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
-----	-----	-----	-----	-----	-----	-----	-----	------	-----	-----	-----

Payment Rate Changes
MS-DRG Changes
Hospital Quality Reporting Changes



⁽¹⁾ Unless otherwise indicated
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CMS Hospital Quality Reporting Initiative


✿ **Stroke Measure for CMS FY 2011**

Measure
Stroke Care: Participation in a Systemic Clinical Database Registry

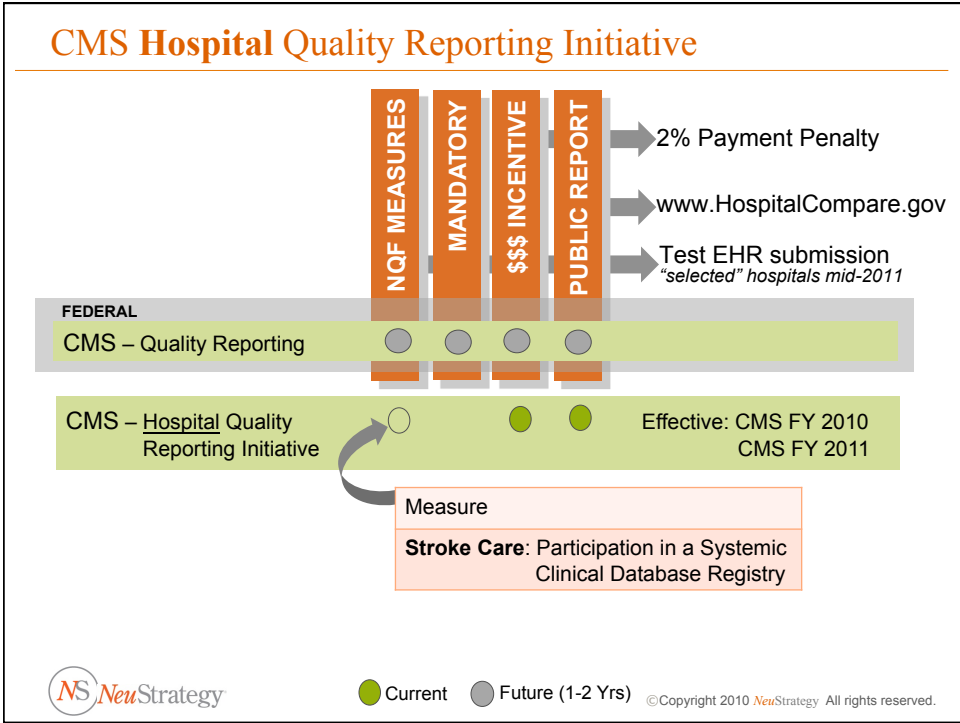
- ✦ Time period July 1, 2010 and December 31, 2010
- ✦ Report once July 1, 2011 and August 15, 2011
- ✦ Submitted via web-based tool (www.qualitynet.org)
- ✦ Applicable to **all** hospitals

NOTE *Participation in a stroke registry is **not required**.*

- ✦ Report **“Yes/No”** whether your hospital participates in a **“qualified”** registry
 - If yes, the registry used must be identified



Source: www.cms.hhs.gov/hospitalqualityinit
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www.HospitalCompare.HHS.gov

* Participation in a Stroke Registry – December 2010 Release

U.S. Department of Health & Human Services
HHS.gov

Hospital Quality Compare - A quality tool provided by Medicare

Compare Hospitals

Below are the hospital(s) you selected with their related information.

Your Selected Hospitals	NORTHWEST HOSPITAL 1550 NORTH 115TH STREET SEATTLE, WA 98133 (206) 364-9500	SWEDISH MEDICAL CENTER 747 BROADWAY SEATTLE, WA 98122 (206) 386-6000	SWEDISH MEDICAL CENTER/CHERRY HILL 500 17TH AVENUE SEATTLE, WA 98122 (206) 328-2000
	Acute Care Mapping & Directions	Acute Care Mapping & Directions	Acute Care Mapping & Directions

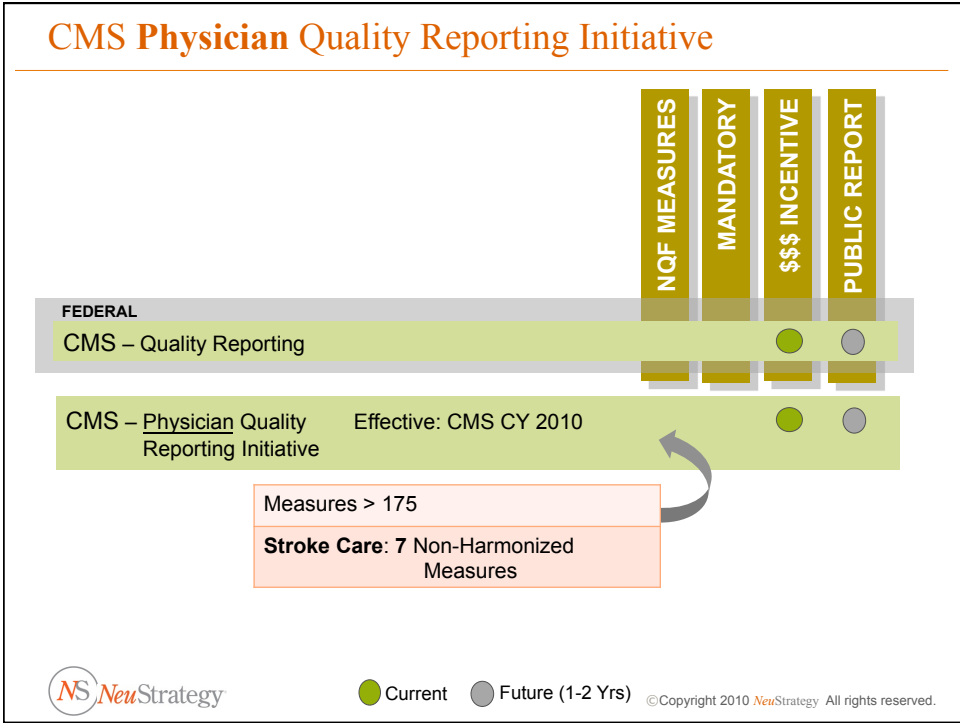
Heart Attack Process of Care Measures

A heart attack (also called AMI or acute myocardial infarction) happens when the arteries leading to the heart become blocked and the blood supply is slowed or stopped. These measures show some of the standards of care provided, if appropriate for most adults who have had a heart attack. [Read more information about heart attack care.](#) [Learn why Heart Attack Process of Care Measures are Important.](#)

Check the boxes next to the topics for which you would like to view correlating graphs or tables.

Percent of Heart Attack Patients Given Aspirin at Arrival	99%	92% ¹	99%
Percent of Heart Attack Patients Given Aspirin at Discharge	99%	89% ¹	98%
Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	100% ¹	100% ¹	88%
Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling	100%	100% ¹	100%
Percent of Heart Attack Patients Given Beta Blocker at Discharge	100%	91% ¹	95%
Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	0 patients [†]	0 patients [†]	0 patients [†]
Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival	93%	0 patients [†]	79%

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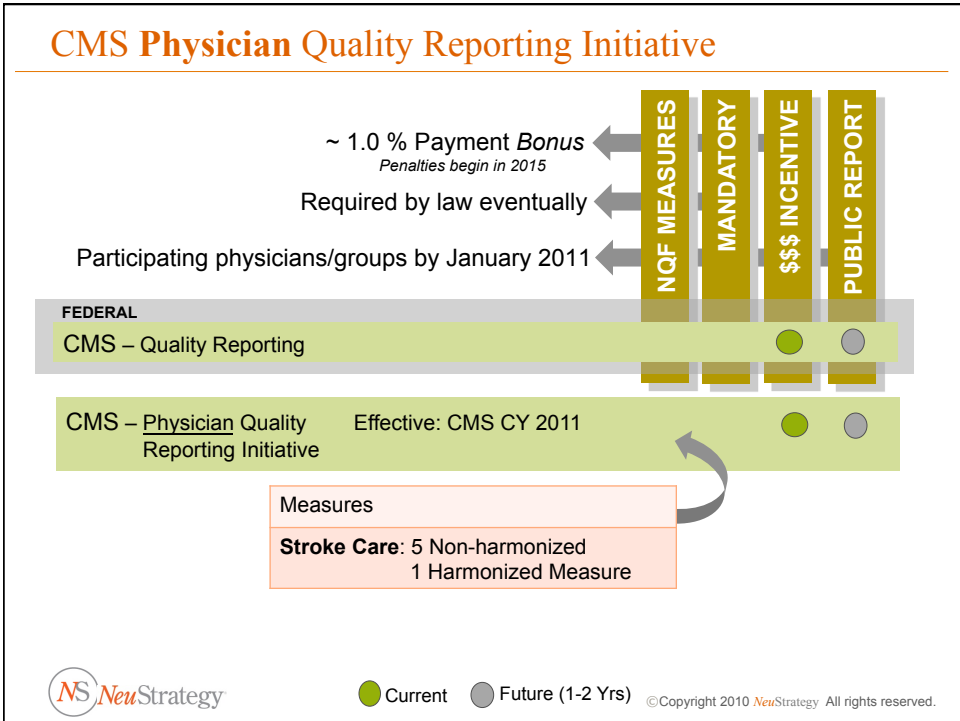
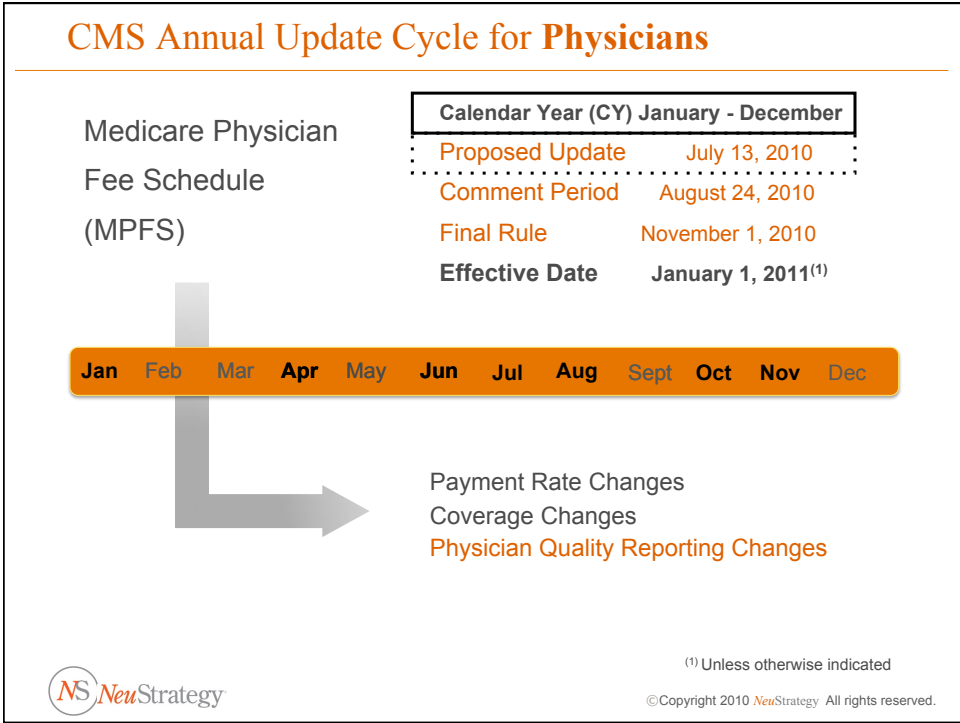
CMS Physician Quality Reporting Initiative

✿ **Non-Harmonized Physician Quality Measures**
✦ **7 in 2010; 6 in 2011**

Stroke Measures	Measure Population		
	Ischemic Stroke	Intracranial Hemorrhage	TIA
10. Brain CT or MRI within 24 hrs of admission or in OP imaging center	✓	✓	✓
31. DVT prophylaxis received by end of hospital day 2	✓	✓	
32. Discharged on antiplatelet therapy	✓		✓
33. Anticoagulant therapy prescribed for Afib at discharge	✓		✓
35. Screen for dysphagia	✓	✓	
36. Consideration for rehab services is documented	✓	✓	
145. Advising smokers to quit			
187. Thrombolytic Therapy New in 2011	✓		

*Registry-based reporting only

Source: www.cms.hhs.gov/pqri/
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CMS Electronic Health Record (EHR) Incentives

The American Recovery and Reinvestment Act (ARRA)

2009 Economic Stimulus Package



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CMS EHR Incentive Program

✿ “Meaningful Use”

- ◆ Use certified EHR technology:
 - In a “meaningful way”
 - Improve quality, safety, efficiency and reduce disparities
 - Engage patients
 - For electronic exchange of health information
 - Improve coordination of care
 - Improve population health
 - To submit clinical quality and other measures

- ◆ Registration begins in **January 2011**

- ◆ \$20 billion in incentives payments over 5 years
 - Beginning **May 2011**



Source: www.cms.gov/EHRIncentivePrograms/
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CMS EHR Incentive Program

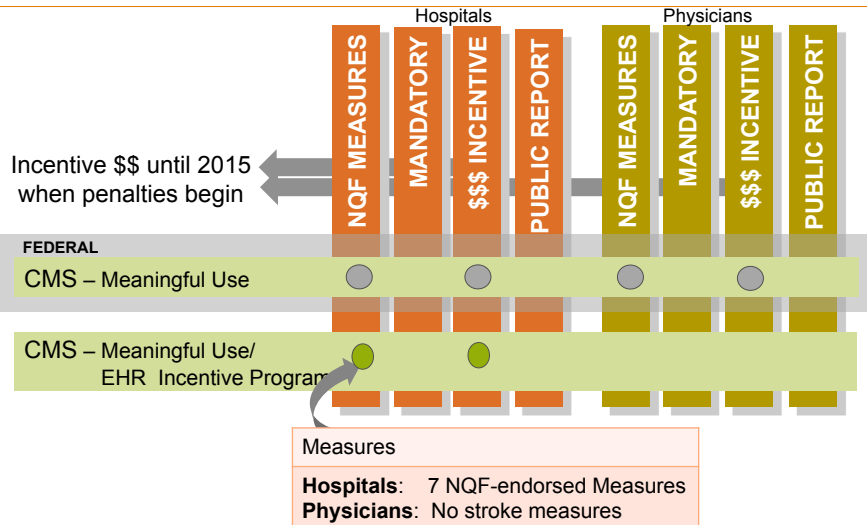


It looks easy!



Source: www.cms.gov/EHRIncentivePrograms/
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CMS EHR Incentive Program



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Inpatient Hospital Quality Measures

✿ National Quality Forum (NQF) “endorsed” eight (8) stroke measures

“Harmonized” Stroke Measures	Measure Population	
	Ischemic Stroke	Hemorrhagic Stroke
STK-1 Venous Thromboembolism (VTE) Prophylaxis	✓	✓
STK-2 Discharged on Antithrombotic Therapy	✓	
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	✓	
STK-4 Thrombolytic Therapy	✓	
STK-5 Antithrombotic Therapy by End of Hospital Day Two	✓	
STK-6 Discharged on Statin Medication	✓	
STK-8 Stroke Education	✓	✓
STK-10 Assessed for Rehabilitation	✓	✓



Source: www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Current+NHQM+Manual.htm
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CMS EHR Incentive Program

✿ Entry into Incentive Program

◆ First year

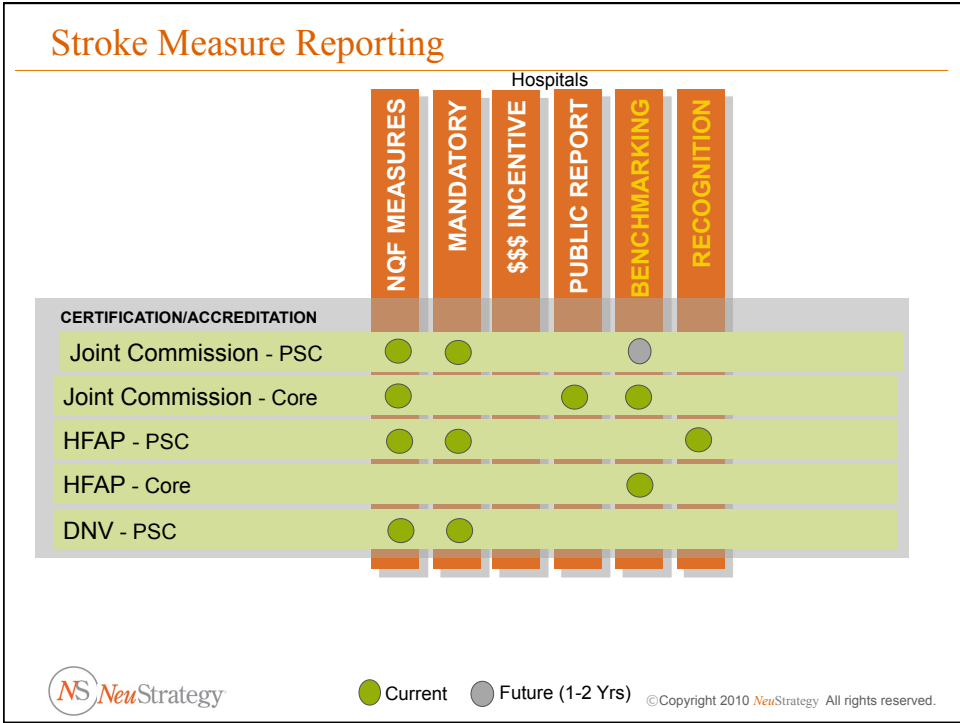
- Attestation of “EHR meaningful use”
 - using “certified” EHR technology to capture data elements and calculate results of quality measures
- 90 days of data collection
- Aggregate data submission


◆ Second, third, fourth year

- Data submission for all patients (regardless of payer)
- 12 months of data electronically submitted



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- ### 2010 Joint Commission Core Measure Sets
- ◆ **Joint Commission Accredited Hospitals**
 - ◆ Must choose four (4) measure sets and report quality data
 - Acute Myocardial Infarction
 - Heart Failure
 - Pneumonia
 - Pregnancy
 - Surgical Infection Prophylaxis (SCIP)
 - Outpatient Measures
 - Children's Asthma
 - Stroke - **NEW**
 - VTE - **NEW**
 - ◆ **Measure Results are available to the public**
- 
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www.QualityCheck.org

Core Measure Public Report

	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
2007 National Patient Safety Goals See Data	✓	⊖*
2007 National Patient Safety Goals See Data	✓	⊖*
National Quality Improvement Goals:		
Heart Attack Care See Data	✓	⊖
Heart Failure Care See Data	⊖	⊖
Pneumonia Care See Data	✓	⊖
Surgical Care Improvement Project (SCIP) See Data		
SCIP - Cardiac See Data	⊖	⊖
SCIP - Infection Prevention For All Reported Procedures: See Data	+	+
• Blood Vessel Surgery See Data	⊖	⊖
• Colon/Large Intestine Surgery See Data	⊖	⊖
• Hip Joint Replacement See Data	⊖	⊖
• Hysterectomy See Data	⊖	⊖
• Knee Replacement See Data	⊖	⊖
• SCIP - Venous Thromboembolism (VTE) See Data	⊖	⊖

Quality Report
Highline Medical Center
Org ID: 9613

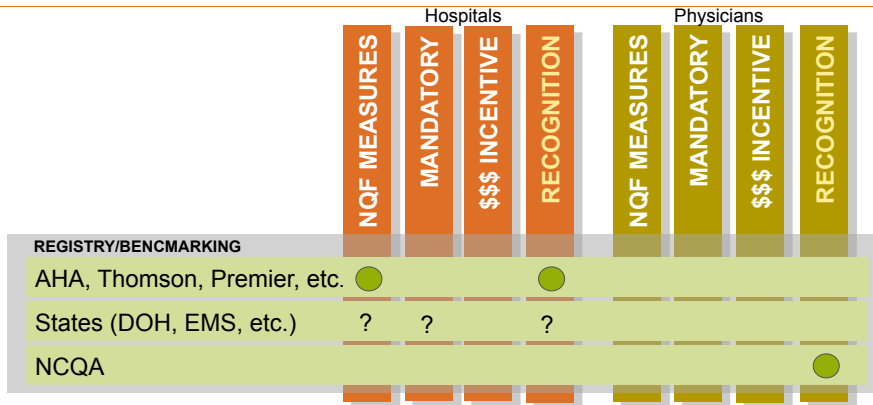
National Quality Improvement Goals: Heart Attack Care
Reporting Period: July 2008 - June 2009

Measure	Hospital Results	Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
ACE inhibitor or ARB for LVSD*	3 of 12 eligible Patients	100%	95%
Adult smoking cessation advice/counseling*	3 of 24 eligible Patients	100%	99%
Aspirin at arrival*	96% of 103 eligible Patients	100%	98%
Aspirin prescribed at discharge*	86% of 87 eligible Patients	100%	98%
Beta blocker prescribed at discharge*	85% of 85 eligible Patients	100%	98%
Fibrinolytic therapy received within 30 minutes of hospital arrival*	3	100%	50%



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Stroke Measure Reporting




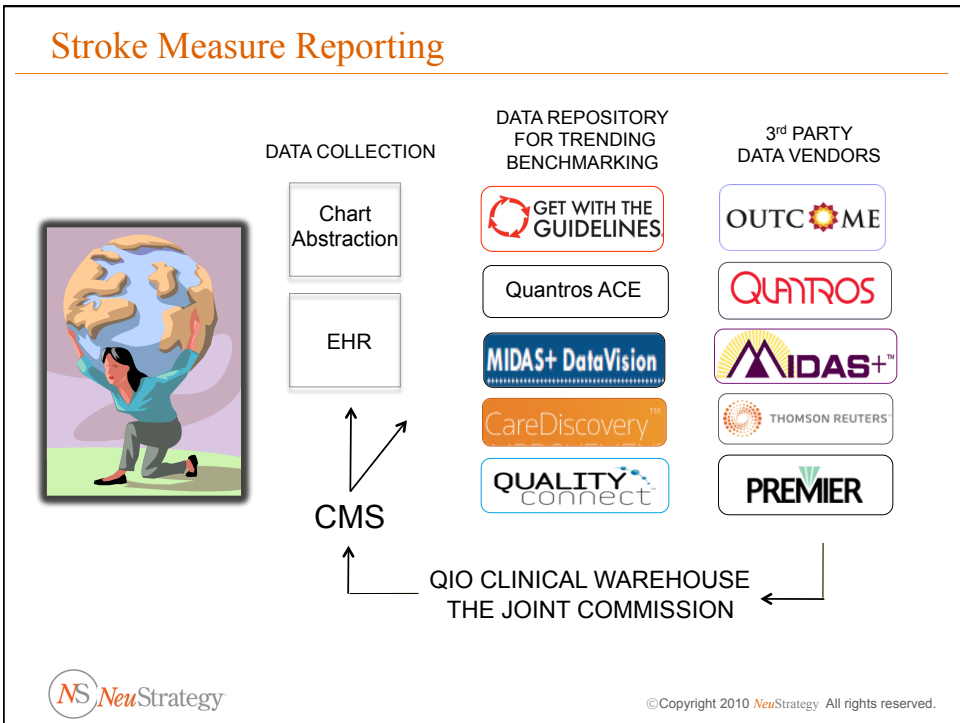
● Current ● Future

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Stroke Measure Reporting

Agency	Hospitals				Physicians			
	NQF MEASURES	MANDATORY	\$\$\$ INCENTIVE	PUBLIC REPORT	NQF MEASURES	MANDATORY	\$\$\$ INCENTIVE	PUBLIC REPORT
FEDERAL								
CMS – Quality Reporting	●	●	●	●	●	●	●	●
CMS – Meaningful Use	●		●		●		●	●
CERTIFICATION/ACCREDITATION								
Joint Commission - PSC	●	●						
Joint Commission - Core	●			●				
HFAP - PSC	●	●						
HFAP - Core								
DNV - PSC	●	●						

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The Future

✿ STK-4 Thrombolytic Therapy

- ✦ Focuses on treatment
 - **Numerator:** : Acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours of time “last known well”
 - **Denominator:** Acute ischemic stroke patients whose time of arrival is within 2 hours of time “last known well”

NOTE

No change to this measure based on recent AHA/ASA 5/28/09 science advisory expanding the timeframe for IV-tPA from 3-4.5 hours.

The Future

✿ Acute Stroke Mortality Rate

- ✦ IQI measure published by the Agency for Healthcare Research and Quality (AHRQ)
 - **Numerator:** Number of deaths for principal diagnosis code of stroke
 - **Denominator:** All discharges, ≥ 18 years of age, with a principal diagnosis code of stroke
- ✦ For internal assessment
- ✦ Is not a designated CMS stroke measure in 2011

Inpatient Hospital Quality Measures
(Calendar Year 2010 Discharges)

Measure Information Obtained from Claims-Based Data

30-Day Risk-Standardized Mortality Rates***	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
MORT-30-AMI Acute Myocardial Infarction (AMI) 30-Day Mortality Rate ³	N/A ¹	CMS	Yes	Yes	Yes	Yes
MORT-30-HF Heart Failure (HF) 30-Day Mortality Rate ³	N/A ¹	CMS	Yes	Yes	Yes	Yes
MORT-30-PN Pneumonia (PN) 30-Day Mortality Rate ⁴	N/A ¹	CMS	Yes	Yes	Yes	Yes

30-Day Risk-Standardized Readmission Rates***	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
READM-30-AMI Acute Myocardial Infarction (AMI) 30-Day Readmission Rate ⁷	N/A ¹	CMS	Yes	Yes	Yes	Yes
READM-30-HF Heart Failure (HF) 30-Day Readmission Rate ⁶	N/A ¹	CMS	Yes	Yes	Yes	Yes
READM-30-PN Pneumonia (PN) 30-Day Readmission Rate ⁷	N/A ¹	CMS	Yes	Yes	Yes	Yes

Agency for Healthcare Research and Quality (AHRQ) Measures***	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
PSI 4 Death Among Surgical Patients with Serious, Treatable Complications ^{8,8} (harmonized with NSC measure)	N/A ¹	CMS	No	Yes	Yes	Yes
PSI 6 Iatrogenic Pneumothorax, Adult ⁴	N/A ¹	CMS	No	Yes	Yes	Yes
PSI 14 Postoperative Wound Dehiscence ⁸	N/A ¹	CMS	No	Yes	Yes	Yes
PSI 15 Accidental Puncture or Laceration ⁸	N/A ¹	CMS	No	Yes	Yes	Yes
PSI 90 Complication/Patient Safety for Selected Indicators (composite) ⁹	N/A ¹	CMS	No	Yes	Yes	Yes
IQI 11 Abdominal Aortic Aneurysm (AAA) Mortality Rate with volume ⁸	N/A ¹	CMS	No	Yes	Yes	Yes
IQI 19 Hip Fracture Morality Rate ⁸	N/A ¹	CMS	No	Yes	Yes	Yes
IQI 90 Mortality for Selected Surgical Procedures (composite) ⁸	N/A ¹	CMS	No	No	No	No
IQI 91 Mortality for Selected Medical Conditions (composite) ⁸	N/A ¹	CMS	No	Yes	Yes	Yes



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Inpatient Hospital Quality Measures
(Calendar Year 2010 Discharges)

Measures Requiring Abstraction and Submission by the Hospital or its Vendor (continued)

Stroke (STK)	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
STK-1 Venous Thromboembolism (VTE) Prophylaxis	N/A	TJC	No	No	No	No
STK-2 Discharged on Antithrombotic Therapy	N/A	TJC	No	No	No	No
STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter	N/A	TJC	No	No	No	No
STK-4 Thrombolytic Therapy	N/A	TJC	No	No	No	No
STK-5 Antithrombotic Therapy By End of Hospital Day 2	N/A	TJC	No	No	No	No
STK-6 Discharged on Statin Medication	N/A	TJC	No	No	No	No
STK-8 Stroke Education	N/A	TJC	No	No	No	No
STK-10 Assessed for Rehabilitation	N/A	TJC	No	No	No	No

Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)**	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
HCAHPS Hospital Consumer Assessment of Healthcare Providers and Systems Survey ³	3Q 2007	CMS	Yes	Yes	Yes	Yes

Measures Requiring Web-based Hospital Data Entry	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
Structural Measures References January 1, 2010 through June 30, 2010 Submission from July 1, 2010 through August 15, 2010						
Participation in a Systematic Database for Cardiac Surgery ⁴	FY 2010	CMS	Yes	Yes	Yes	Yes
Participation in a Systematic clinical database Registry for Stroke Care ⁵	FY 2011	CMS	No	No	No	Yes
Participation in a systematic clinical Database Registry for Nursing Sensitive Care ⁶	FY 2011	CMS	No	No	No	Yes

Data Accuracy and Completeness Acknowledgement	*Required Submission	Collected For	**HC Release Mar-10	**HC Release Jun-10	**HC Release Sep-10	**HC Release Dec-10
Electronic acknowledgment for FY 2011 payment Submission from July 1, 2010 through August 15, 2010						
Data Accuracy and Completeness Acknowledgement ⁷	FY 2011	CMS	No	No	No	No



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Stroke Measure Resources

- * Specifications Manual for National Hospital Inpatient Quality Measures, Version 3.0a (April 1, 2010-September 30, 2010)
 - www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Current+NHQM+Manual.htm
- * The Joint Commission Core Measure Public Report
 - www.qualitycheck.org/consumer/searchQCR.aspx
- * Stroke Measure Requirement Information
 - www.qualitynet.org
 - Select: Hospitals – Inpatient, Reporting Hospital Quality Data for Annual Update (RHQDAPU), Measures Comparison



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Stroke Measures Going Forward

- * Closing
 - ♦ *Be prepared!*
 - Meaningful Use
 - Registry-based reporting
 - EHR-based reporting
 - ♦ *Document!*
 - ♦ *Document!*
 - ♦ *Document!*



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The top section of the slide features a graphic with a puzzle theme. On the left, the letters 'MS' are prominently displayed in orange and grey, with 'NeuStrategy®' written below them in a smaller font. To the right, a cluster of white puzzle pieces is shown, with one piece in the foreground being a vibrant orange color. The word 'EXCELLENCE' is printed in orange capital letters on the white puzzle pieces above the orange one.

Questions

Email: dlombardihill@neustrategy.com

FOCUSED HEALTHCARE STRATEGY