Meeting the Challenge of the IRF Quality Reporting Program and Getting the Most from QRP Data

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UDSMR is a trademark of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

HealthSouth: A Leading Provider of Post-Acute Care

Inpatient Rehabilitation

Portfolio - As of December 31, 2015

121 Inpatient Rehabilitation Hospitals
33 operate as JV's with Acute Care Hospitals
29 Number of States (plus Puerto Rico)
~ 27,100 Employees

59% of HealthSouth’s IRFs are located within a 30-mile radius of an Encompass location.

Encompass Home Health and Hospice

Portfolio - As of December 31, 2015

179 Adult Home Health Locations
7 Pediatric Home Health Locations
27 Hospice Locations
23 Number of States
~ 7,000 Employees

Note: One of the 121 IRFs and two of the 179 adult home health locations are nonconsolidated. These locations are accounted for using the equity method of accounting.
Quality Reporting Program for IRFs

**Established by ACA Section 3004(a). CMS seeks to:**
- **promote** higher quality and more efficient health care for Medicare beneficiaries.
- provide a **comprehensive assessment** of the quality of healthcare delivered.
- provide **transparency** about the quality and safety of IRFs

**Impact Act of 2014**

Bipartisan bill introduced in March and signed into law by President Obama on October 6, 2014

- **The Act requires the submission of standardized assessment data by:**
  - Long-Term Care Hospitals (LTCs): LCDS
  - Skilled Nursing Facilities (SNFs): MDS
  - Home Health Agencies (HHAs): OASIS
  - Inpatient Rehabilitation Facilities (IRFs): IRF-PAI

- **The Act requires that CMS make interoperable standardized patient assessment and quality measures data, and data on resource use and other measures** to allow for the exchange of data among PAC and other providers to facilitate coordinated care and improved outcomes
**CMS IRF Quality Reporting Program (QRP)**

1. NQF 0678: new or worsened pressure ulcers and
2. NQF 0138: catheter acquired urinary tract infections (CAUTIs)

**Completeness Thresholds**
- 95% of IRF-PAIs submitted must not have blanks for required QRP pressure ulcer data.
- Hospitals must submit NHSN data monthly for every calendar month, 100% compliance.

**Pay-for-Reporting**
- 2% reduction to the CMS update can be over $200,000 for an average 40-bed freestanding IRF.
- All or nothing – failing to submit any of the QRP measures accurately and completely will result in full payment reduction.

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**How is IRF QRP Reported?**

- **Reported through IRF-PAI**
  - Based on Fiscal Year (CY beginning 2017)
  - Pressure Ulcers
  - Patient Influenza Vaccination Rates*
  - Fall Rates
  - Functional Outcome Measures

- **Reported through the NHSN**
  - Based on Calendar Year
  - CAUTIs
  - MRSA outcome measure
  - CDIs
  - Personnel Influenza Vaccination Rates*

- **Collected via Claims Data**
  - 30-Day Acute Readmission Rates
  - Discharge to Community
  - MSPB
  - Potentially Preventable Readmissions

*reported on fiscal year basis to align with flu season
Standardized PAC Data

The IMPACT Act requires PAC providers to report standardized assessment data for the following Quality Measure Domains by the following dates:

<table>
<thead>
<tr>
<th>Quality Measure Domains of the IMPACT Act*</th>
<th>LTCH</th>
<th>IRF</th>
<th>SNF</th>
<th>IHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional status/ cognitive function</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>1/1/19</td>
</tr>
<tr>
<td>Skin integrity</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Incidence of major falls</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Discharge to Community/MSBP/PPR Readmissions</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>10/1/18</td>
<td><strong>10/1/18</strong></td>
<td>10/1/18</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Communicating the existence of and providing for the transfer of health information and care preferences</td>
<td>10/1/18</td>
<td><strong>10/1/18</strong></td>
<td>10/1/18</td>
<td>1/1/19</td>
</tr>
</tbody>
</table>

So what else could be coming?

- Potentially Preventable within-stay readmissions 2016?
- Patient Experience of Care (CAHPs) 2018?
- Venous Thromboembolism Prophylaxis ?
- Percent of Patients with Moderate to Severe Pain ?
Public Reporting

- Beginning October 1, 2016 on a hospital website such as Hospital Compare
- Initial display of 3 measures:
  - Pressure ulcers
  - CAUTI
  - 30-day, all-cause unplanned readmissions
- 5-star methodology, TBD

Existing measures:

INFECTIONS
**NHSN Measures**

**CAUTI Outcome Measure (NQF #0138)**
- Document catheter days and CAUTIs in medical record
- Review CAUTI reports
- NHSN Submission (monthly)
- Must report:
  - Catheter days
  - Patient days
  - Infections, including no events

**MRSA and CDI Outcome Measure* (NQFs #1716 and 1717)**
- Document MRSA and CDI lab events in medical record
- Review infection data/reports
- NHSN Submission (monthly)
- Must report:
  - Total Patient Days
  - Total Admissions
  - MRSA/CDI infections, including no events

*Measures are technically “Hospital-Onset” (specimens collected on or after Day 4) but NHSN requires all positive LabID events to be reported.

Existing measures:

**FLU**
Reporting Timeline for Flu

• Flu Season
  – Flu season: October 1 to March 31 (unless vaccine is made available at an earlier date)
  – Annual flu season starts over on July 1 each year

Submission Deadlines
• Healthcare Personnel Vaccination Rates
  – Single, annual submission in the NHSN - May 15
  – Reported only for staff employed Oct 1-March 31
• Patient Vaccination Rates
  – Collected on the IRF-PAI for each patient year round (select “not in flu season” April 1 – Sept 30)
Flu Vaccination among Healthcare Personnel
(NQF #0431)

<table>
<thead>
<tr>
<th>Numerators</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1st and March 31st</td>
<td>Number of HCP who worked at this healthcare facility for at least 1 day between October 1st and March 31st</td>
</tr>
<tr>
<td>2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season</td>
<td>Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season</td>
</tr>
<tr>
<td>3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</td>
<td>Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</td>
</tr>
<tr>
<td>4. Number of HCP who have a medical contraindication to the influenza vaccine</td>
<td>Number of HCP who have a medical contraindication to the influenza vaccine</td>
</tr>
<tr>
<td>5. Number of HCP who declined to receive the influenza vaccine</td>
<td>Number of HCP who declined to receive the influenza vaccine</td>
</tr>
<tr>
<td>6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</td>
<td>Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</td>
</tr>
</tbody>
</table>

existing measures:

PRESSURE ULCERS
% of Patients with Pressure Ulcers That Are New or Worsened  
(NQF #0678)

Assess wounds on admission  
Assess wounds on discharge  
Complete QDCT  
Report on IRF-PAI

Must report:
• # of pressure ulcers at admission and discharge
• # of healed/worsened pressure ulcers

existing measures:
ALL CAUSE READMISSIONS
All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502)

Determined through Medicare claims data

*No data beyond the bills submitted in the normal course of business are required from the providers.

Measure Specs

**INCLUDED**
- IRF Medicare FFS patients
- 18 or older
- Patient survived
- Discharged 2012-2013
- Discharged from IRF to non-hospital post-acute levels of care or the community

**EXCLUDED**
- Patient transferred to another IRF, acute care hospital, or LTCH on the day of or the day following discharge
- Patient not continuously enrolled in Part A FFS Medicare for the 12 months prior to admission and at least 30 days after discharge
- No acute care stay within 30 days prior to the IRF stay
- Discharged AMA
- Prior acute care stay was for nonsurgical treatment of cancer
- IRF stays with data that are problematic (e.g., anomalous records)

Includes patients discharged from IRF to nursing homes, home health care, or the community.
Risk Adjustment

This measure is risk-adjusted to account for differences in patient demographics and a statistical estimate of the facility effect. Risk-adjustment variables include:

- Age/sex categories
- Original reason for Medicare entitlement (age, disability, or ESRD)
- Surgery category if present (e.g., cardiothoracic, orthopedic), defined as in the HWR model software; the procedures are grouped using the Clinical Classification Software (CCS) classes for ICD-9 procedures developed by AHRQ
- Receiving dialysis in short-term stay, defined by presence of revenue code
- Principal diagnosis on prior short-term bill. As in the HWR, the ICD-9 codes are grouped clinically using the CCS for ICD-9 diagnoses developed by AHRQ
- IRF PPS case-mix groups which also capture motor function at admission
- Comorbidities from secondary diagnoses on the prior short-term bill and diagnoses from earlier short-term stays up to 1 year before IRF admission (these are clustered using the Hierarchical Condition Categories [HCC] grouped used by CMS)
- Length of stay in the prior short-term hospital stay (categorical to account for nonlinearity)
- Prior acute ICU/CCU utilization (days) (categorical)
- Count of prior short-term discharges in the 365 days before IRF admission (categorical)

Dry Run Reports

Posted to CASPER reports in QIESnet

- reflect performance during calendar years 2012-2013, are published for provider education only, and are not publicly released
- allow hospitals to become familiar with the measures and their own performance prior to public reporting
- What’s considered “planned”? Appendix to NQF measure lists what is always, sometimes and never planned.
Understanding the SRR

Standardized Risk Ratio =

\[
\frac{\text{predicted # of readmissions at the facility}}{\text{expected # of readmissions for the same patients if treated at the average facility}}
\]

- Ratio < 1, facility readmits less than average
- Ratio = 1, facility readmits are average
- Ratio > 1, facility readmits more than average

*The measure does not use an “observed” numerator and denominator. The numerator is the risk-adjusted estimate of the # of unplanned readmissions, to adjust for patient characteristics.

Risk-Standardized Readmission Rate (RSRR)

The entire RSRR CI is below national rate = Better
National rate falls within RSRR CI = Same
The entire RSRR CI is above national rate = Worse
NEW MEASURES:
BEGINNING DISCHARGES ON OR AFTER OCTOBER 1, 2016

FALLS
New Fall Measure

An application of NQF #0674 – Percent of Residents Experiencing One or More Falls with Major Injury

History of Falls

J 1750- Health Conditions

Risk adjustor data for functional measures. Also includes:

- Patient functioning prior to the current illness, exacerbations, or injury
- Bladder and bowel continence
- Communication ability
- Cognitive function
- Prior surgery
- Swallowing/nutritional status
- Comorbidities
- Pressure ulcers
So, what exactly is a fall?

Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be:

- witnessed,
- reported by the patient or an observer,
- or identified when a patient is found on the floor or ground.

Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).

An intercepted fall occurs when the patient would have fallen if he or she had not caught him/herself or had not been intercepted by another person—this is still considered a fall.

<table>
<thead>
<tr>
<th>Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Injury</strong></td>
</tr>
<tr>
<td>No evidence of any injury noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient’s behavior is noted after the fall</td>
</tr>
<tr>
<td><strong>Injury (except major)</strong></td>
</tr>
<tr>
<td>Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.</td>
</tr>
<tr>
<td><strong>Major Injury</strong></td>
</tr>
<tr>
<td>Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.</td>
</tr>
</tbody>
</table>

For each category of injury, code number of falls since admissions:

0. None
1. One
2. Two or More
Example Case – J1800

An incident report describes an event in which Mr. S. was walking down the hall and appeared to slip on a wet spot on the floor. He lost his balance and bumped into the wall, but was able to grab onto the handrail and steady himself.

CARE FUNCTIONAL MEASURES
New CARE Functional Measures

2631 • IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients

2633 • Change in Self-Care Score for Medical Rehabilitation Patients

2634 • Change in Mobility Score for Medical Rehabilitation Patients

2635 • Discharge Self-Care Score for Medical Rehabilitation Patients

2636 • Discharge Mobility Score for Medical Rehabilitation Patients

CARE Measures, NQF #2631, 2633-36

• 10 new IRF-PAI pages, many added components
• CARE scale (6-level) for self-care and mobility
Provide Ongoing Feedback to NQF

**Measure Description:**
Standardized Infection Ratio (SIR) of health care-acquired urinary tract infection (UTI) among inpatients in bed. This includes acute care general hospitals.

**Numerator Statement:**
Total number of observed healthcare-associated UTIs.

**Denominator Statement:**
Total number of indwelling urinary catheters.

**Exclusions:**
The following are not considered indwelling catheters by NQI definitions:
1. Urinary tract catheters
2. Condom catheters
3. "Y" and "U" catheterizations
4. Nephrostomy tubes

Note: If a patient has either a nephrostomy tube or a suprapubic catheter and also has an indwelling urinary catheter, the indwelling urinary catheter will be included in the UTI surveillance.

**Risk Adjustment:**
Yes

**Status:**
Enforced
Last Update:
Oct 10, 2014

**Measure Title:**
0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure

**Found in Portfolio(s):**
- (redacted)

**Keywords:**
- UTI
- Catheter
- Healthcare

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**PRESSURE ULCERS**
Modification to Pressure Ulcers

Current

New

Worsening Wounds

Now includes unstageables

Consult IRF-PAI Training Manual, Section M, for complete information

• If a previous Stage 1 or 2 pu deteriorates and becomes unstageable due to slough or eschar, it should be coded as worsened.

• If a previous Stage 3 or 4 pu is unstageable due to slough or eschar on discharge, do not code as worsened. However, if a previously numerically staged pu becomes unstageable and is debrided sufficiently to be numerically restaged by discharge, compare its stage before and after it was deemed unstageable to determine if it should be coded as worsened.

• PU was unstageable on admission, and is able to be numerically staged only at discharge, code the appropriate stage in M0300 but do not code this ulcer as worsened because it will be the first time that the pu was numerically staged.

• If two pu’s merge, do not code as worsened. Although two merged pu’s might increase the overall surface area of the ulcer, the ulcer would need to have increased in numerical staging in order for it to be considered as worsened.
Additional Measures for Oct, 2016

- **Medicare Spending per Beneficiary**
  - 30-day episode window, risk ratio

- **Discharge to Community**
  - discharged to community and do not have an unplanned readmission or die in the 31 days post-discharge

- **Potentially Preventable Readmissions**
  - risk-adjusted potentially preventable (as defined by CMS) 30-day readmissions

CHALLENGES
Only **reportable events** should be **reported**

- Physician diagnosis
- Clinical treatment
- Billing codes

**Clinical Care**

**Reportable Events**

Meet all criteria and timelines

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**Struggles so far...**

- **Documentation**
  - Accurate, complete and consistent
- **Continued changes**
  - Changes to QRP, IRF-PAI, NHSN definitions
- **Complexity**
  - Multiple systems
  - Different submission deadlines
  - Complicated definitions for low-incidence measures
- **Turnover in wound care/ICP positions**
Know your QRP data

- CMS has released limited QRP reports through QIESnet, but data can be monitored via IRF-PAI submissions, UDSMR® reports, and NHSN reports.

- Strive to improve QRP compliance and clinical quality. QRP will eventually roll into value-based purchasing.
CAUTI Benchmark - SIRs

The SIR is a value based on the ratio of infections reported by each hospital to NHSN (referred to as observed infections) to the number of infections predicted to occur at that hospital (referred to as predicted infections).

\[
\text{SIR} = \frac{\text{Observed \ # \ of \ infections}}{\text{Expected \ # \ of \ infections}}
\]
### UDSMr® Pressure Ulcer Report

<table>
<thead>
<tr>
<th>Patient</th>
<th>Stage 1 Pressure Ulcer</th>
<th>Stage 2 Pressure Ulcer</th>
<th>Stage 3 Pressure Ulcer</th>
<th>Stage 4 Pressure Ulcer</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIC 01</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NIC 02</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NIC 03</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NIC 04</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NIC 05</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NIC 06</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### CASPER Error Reports

Check for IRF-PAI QRP errors
IRF Provider Preliminary Review Report

- Reported to CASPER reporting in QIESnet
- Typically released in first quarter
- Contain 6-9 months of data from previous year
- Allow you to validate QRP information at system level

QRP Help Desk

- Prior to each submission period, typically 4.5 months after the close of the quarter, CMS contractor (Comac) receives noncompliance reports.
- “QRP Help Desk” will email or call hospitals to warn them of the specific noncompliant measure(s).
- Will rerun data ONCE prior to final deadline.
Patient Safety Impact

- Engage staff in QRP measures with a focus on the patient
- Share the data regarding events, vaccination rates, or the lack thereof!
- Stabilize processes for assessments and documentation in the medical record to allow staff to enhance clinical practice - not just documentation.

Who is Involved?

- **Chief Nursing Officer and Quality Director** ultimately responsible for documentation and reporting
- Infection Control/Wound Care, Employee Health, Human Resources have role in gathering and reporting QRP data
- HIMS staff enter data into IRF-PAI
- Medical staff have oversight for clinical care and medical documentation
Report your QRP Data

- Find reports or make your own:
  - Provide data related to QRP measures
- Find relevant benchmarks
- Be transparent with the data
  - Monthly, Quarterly, Annually
- Appreciate the interdisciplinary nature of IRF QRP