IATRIC systems

Integration is Everything

Visual SmartBoard™ and CMS Regulations

The Centers for Medicare & Medicaid Services (CMS) reimbursement climate is changing from a fee-for-service to value-based care. The quality of care matters not only for your patients but also impacts reimbursements under this new model. Listed below are key quality programs that need attention under this new model and how Iatric Systems Visual SmartBoard (VSB) can assist in improving patient care and patient outcomes.

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Readmission

Rule Name	Readmission Reduction Program (HRRP) tracks readmit rates for AMI, Heart Failure, Pneumonia, Acute COPD, THA, and TKA.
Start Date	HRRP began in 2012 as part of the Affordable Care Act. HRRP is in its third year and levied penalties due to readmit scores to 2,610 hospitals for a total of $935M in 2014.
Purpose of Rule	CMS determines each hospital excess readmission ratio using claims-based data from incoming ICD-9 or ICD-10. Currently, this is not information your team reports to CMS. If the CMS hospital's predicted readmission rate exceeds the expected readmission rate, the hospital will receive a financial penalty. The quality of claims data is therefore extremely important, influencing not only what discharges are to be included in the program but the excess readmission ratio. Examples of claims data that impact program measure performance include: the principal diagnosis, secondary diagnoses, and discharge disposition. The opportunity to improve on your HRRP reporting is before the patient returns. Tracking those critically ill patients for the first two weeks are extremely important to reduce the chance of readmission.
Reference Links	CMS webpage New England Journal article
Visual SmartBoard Assistance	Iatric Systems offers a Visual SmartBoard to track all discharged patients that return within 30 days post discharge. We also offer a Discharge Monitor that caregivers can use to follow patients at discharge to prevent the readmission. You might also do a small audit sample of the principal diagnosis, secondary diagnoses, and discharge disposition. Please read this story from Saratoga Hospital about how they have successfully tracked readmits with VSB.

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Sepsis

Rule Name	Early Management Bundle, Severe Sepsis, and Septic Shock
Start Date	Discharges on or after October 1, 2015. Four major healthcare organizations have urged CMS to suspend the severe sepsis and septic shock management bundle (NQF #0500), but nothing is final. The measure was delayed in 2014 as well.
Purpose of Rule	Sepsis is the leading cause of death in the U.S. hospitals and the mortality rate is between 28-50%. By tracking sepsis, CMS goal is to detect the condition sooner thus improving quality of care for patients and lowering cost associated with care.
Reference Links	QualityNet National Quality Forum National Quality Institute Surviving Sepsis webpage CMS webcast
Visual SmartBoard Assistance	Manually reviewing all the elements that help determine if a patient is changing status and moving towards a sepsis diagnosis would require many hours of evaluation. Collaboration between Iatric Systems and Penn Highlands Healthcare resulted in the creation of a Sepsis VSB. The algorithms built into the Sepsis VSB are the clinical eyes for your patients alerting the caregivers immediately of the status change. Penn Highlands Healthcare implemented the Sepsis VSB in January of 2015 for inpatient and plans to include the ED patients soon – please read this success story. The Sepsis VSB can be augmented with a VSB Notification Engine to alert the clinicians and quality team about the status change as soon as it occurs.

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eCQM and IQR

Rule Name	eCQM stands for Electronic Clinical Quality Measures while IQR represents Inpatient Quality Reporting. eCQM replaced CQM, which was the manual attestation of Clinical Quality Measures. CMS goal is to merge eCQM and IQR into a single reporting method. Penalties for poor scores are just around the corner.
Start Date	Ongoing
Purpose of Rule	eCQM tracking was part of the Core Measure requirement for Stage 1 Meaningful Use. For Stage 2 CQM, there is no longer a Core Measure but attestation is still required. Measuring and reporting CQMs helps to ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. Ongoing, CQM reporting will continue to be required as part of Meaningful Use. IQR was developed as a result of the Medicare Prescription Drug, Improvement and Modernizations Act of 2003. The Hospital IQR Program is intended to equip consumers with the quality-of-care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients. The Hospital IQR Program requires Medicare subsection (d) hospitals to submit data for specific quality measures for health conditions common among people with Medicare that typically result in hospitalization. Patients have access to the quality scores via the Hospital Compare website.
Reference Links	**eCQM:** CMS eCQM Library eCQM Logic and Implementation Guild eCQM Resource Center **IQR:** CMS QualityNet
Visual SmartBoard Assistance	Receiving real-time information about your patients is the best method to improve patient outcomes. Typical reporting tools for CQM and IQR are based upon discharge. To really change patient outcomes you need the information about the patient before discharge occurs. Note for 2016 eCQM reporting: For 2016, CMS will require hospitals to electronically submit performance data on four separate clinical quality measures. Currently, the plan is for hospitals to select eCQM data to submit either on the third quarter of 2016 (July 1-September 30, 2016) or the fourth quarter of 2016 (October 1-December 31, 2016). Click on this link to read the details of the changes.

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Two-Midnight Rule

Rule Name	Two-Midnight rule
Start Date	CMS changed the start date to January 1, 2016.
Purpose of Rule	The Two-Midnight rule calls for Medicare's payment and audit contractors to assume a hospital admission was legitimate if it spans two midnights. Shorter stays are assumed to be more appropriately billed as outpatient observation care. The rule was intended to provide clarity in response to a spike in observation claims widely assumed to be a defensive tactic by hospitals weary of auditors challenging their admissions. Hospitals and physicians, however, have intensely opposed the policy, arguing that it undermines their clinical judgment.
Reference Links	FAQ How to make the Two-Midnight Rule work for you - slides
Visual SmartBoard Assistance	Tracking of the Two-Midnight rule is included with the VSB Quality SmartBoard. This VSB can display the first midnight and monitor and turn red when the time approaches the second midnight. The VSB Notification Engine can alert the team hours before the second midnight. A CDS within VSB can also be utilized to track that the Observation Notice was provided to the patient within 36 hours. **Note:** Under new Federal law, Medicare patients who have been in the hospital for more than 24 hours will be required to be notified of their status within 36 hours of when they start receiving medical services as an outpatient. Under the Notice of Observation Treatment and Implication for Care Eligibility (NOTICE) Act, there are requirements in the notification that the patient must receive. This will start October 1, 2015. Additional information for that change can be found at this link: Notice Act.

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Hospital-Acquired Conditions

Rule Name	Hospital-Acquired Conditions
Start Date	October 1, 2008
Purpose of Rule	Section 5001(c) of Deficit Reduction Act of 2005 requires the Secretary to identify conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence based guidelines. There are fourteen categories of HACs. Some hospitals are exempt from HAC.
Reference Links	CMS Webpage Medicare Learning Network information
Visual SmartBoard Assistance	One of the workflow-ready features of VSB is that a SmartBoard can be created to match what the hospital wants to track for HAC. Multiple SmartBoards can be created to track what is critical for each site.

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