CMS

Wednesday, September 13, 2017

CMS Authorized Programs & Activities

Long-term care facilities Requirements of Participation
Hospital Proposed Conditions of Participation

Interpretive Guidance
Long-term care Pilot Surveys
Quality Assurance Performance Improvement
CLIA

Hospital Inpatient Quality Reporting (IQR)
Hospital Outpatient
In-patient psychiatric hospitals
Cancer hospitals
Nursing homes
Home Health Agencies
Long-term Care Acute Hospitals
In-patient rehabilitation facilities
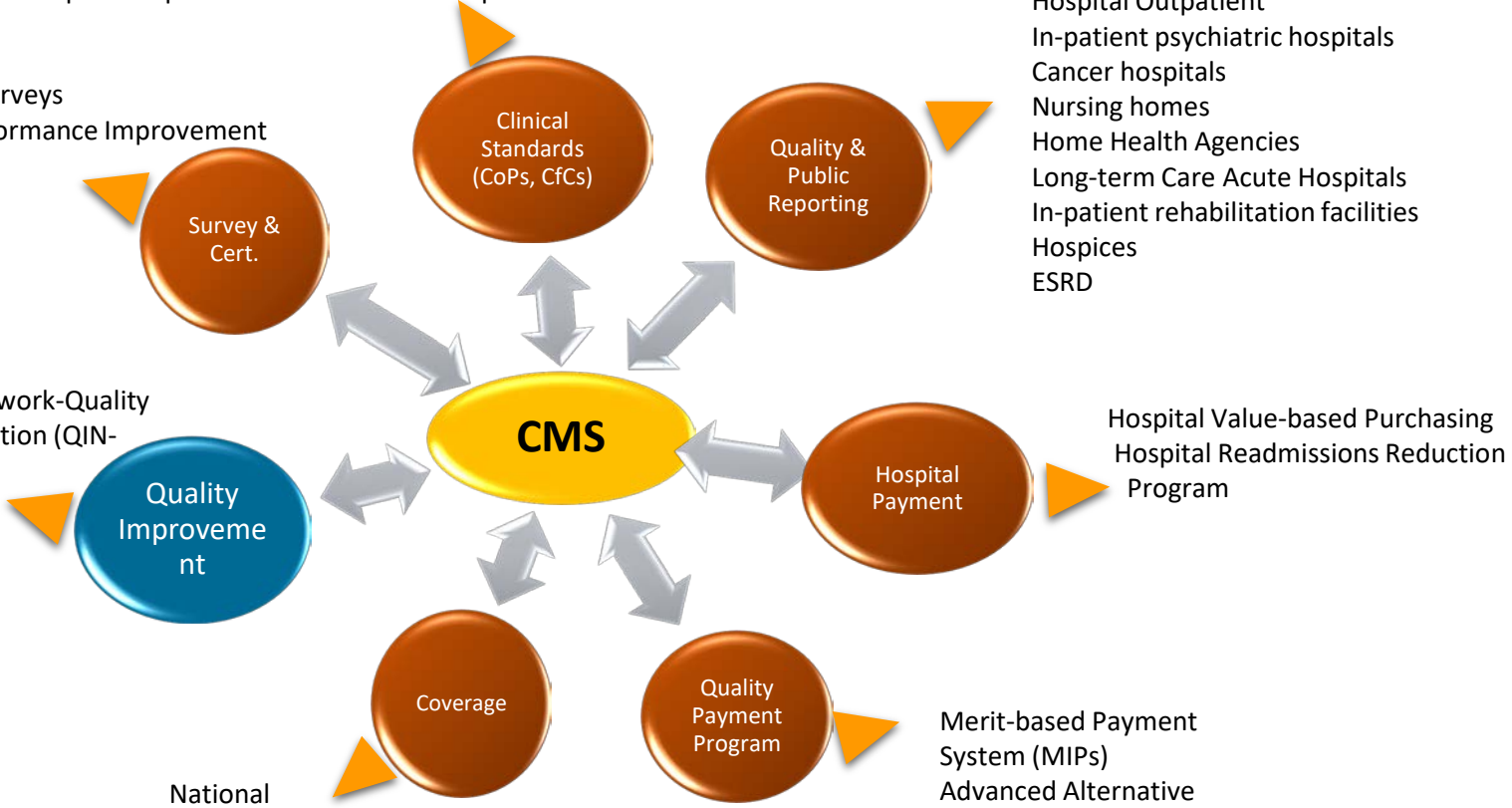Hospices
ESRD

Survey & Cert.

Clinical Standards (CoPs, CfCs)

Quality & Public Reporting

CMS

Quality Innovation Network-Quality
Improvement Organization (QIN-QIO)
Hospital Improvement
Innovation Networks
(HIIN)

Quality Improvement

Hospital Payment

Hospital Value-based Purchasing
Hospital Readmissions Reduction Program

Coverage

Quality Payment Program

National
Local
Coverage with evidence development
Parallel review with FDA

Merit-based Payment
System (MIPs)
Advanced Alternative
Payment Models (AAPM)

Antibiotics per 1,000 Medicare Beneficiaries

ZIP Code Level Rate for Antibiotics Prescribed per 1,000 FFS Medicare Beneficiaries with Part D Coverage (CY 2016)

Antibiotics Prescribed per 1,000 Beneficiaries
1 Dot = 100 Beneficiaries

0.00 - 1,113.72	1,569.80 - 1,664.78
1,113.73 - 1,271.87	1,664.79 - 1,769.30
1,271.88 - 1,383.53	1,769.31 - 1,899.99
1,383.54 - 1,477.54	1,900.00 - 2,116.17
1,477.55 - 1,569.79	>= 2,116.18

HI

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PR

VI

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

QIN NCC Quality Innovation Network National Coordinating Center

0 150 300 Miles

This material was prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. [11SOW-QINNCC-01415-04/25/17]

Hospital Improvement Innovation Networks (HIIN)

- Healthcare experts contracted through CMS working at national, regional, state and/or hospital system level to sustain and accelerate national progress toward reduction of patient harms.
  - Provide a wide array of clinical quality improvement support, activities and initiatives to improve patient safety;
    - Intensive trainings
    - Technical assistance around quality measurement
    - Collaborative learning opportunities
    - Simulation lab support
    - Among others…

  - Collaborate with other stakeholders, including other CMS quality contractors, local health care systems, federal and state-based partners, private organizations and academia to collect and share data and other elements necessary to implement and operationalize quality improvement aims.

HIIN Contributions to Antibiotic Stewardship and Infection Prevention
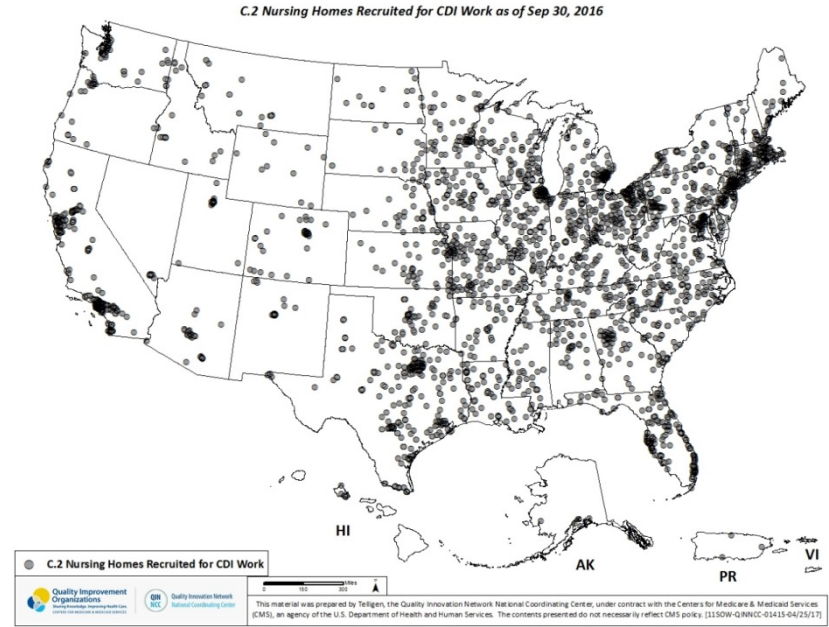
- As of May 2017, over 4,000 hospitals working with HIINs contributing toward 100% of hospitals with ASPs conforming to all 7 Core Elements
  - 20% reduction in overall patient harms
  - 12% reduction in 30-day hospital readmissions
- Directed assistance to reduce infections associated with antibiotic misuse and/or overuse like C. difficile
- Over half of HIIN-recruited hospitals focused on reducing MDROs like MRSA

Antibiotic Stewardship: Following the patient into the community

- Quality Innovation Networks-Quality Improvement Organizations (QIN-QIOs)
  - Network of quality improvement experts contracted by CMS to use data-driven initiatives and best practices to improve care at the **community level**
  - 14 QIN-QIOs cover all 50 states, DC and U.S. territories
  - Partner with local, state, federal and other stakeholders to promote and spread foundational principles of quality improvement and safer care
  - Engage patients and families
  - Work with 2-6 states each for rapid and large-scale spread of data-driven practices which accommodate local conditions and cultural norms

QIN-QIO: C. difficile reduction in Nursing Homes

- QIN-QIOs recruited 2,403 NHs to report C. difficile data into NHSN

- Represents 15% of all NHs nationally depicted on map.

- Allows for CDC to calculate a baseline for C. difficile infections in NHs

- 12,217 NHs also receiving training on AS and infection control via QIN-QIO led National NH Quality Care Collaborative; represents 75% of all NHs nationally.

C.2 Nursing Homes Recruited for CDI Work as of Sep 30, 2016

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○ C.2 Nursing Homes Recruited for CDI Work

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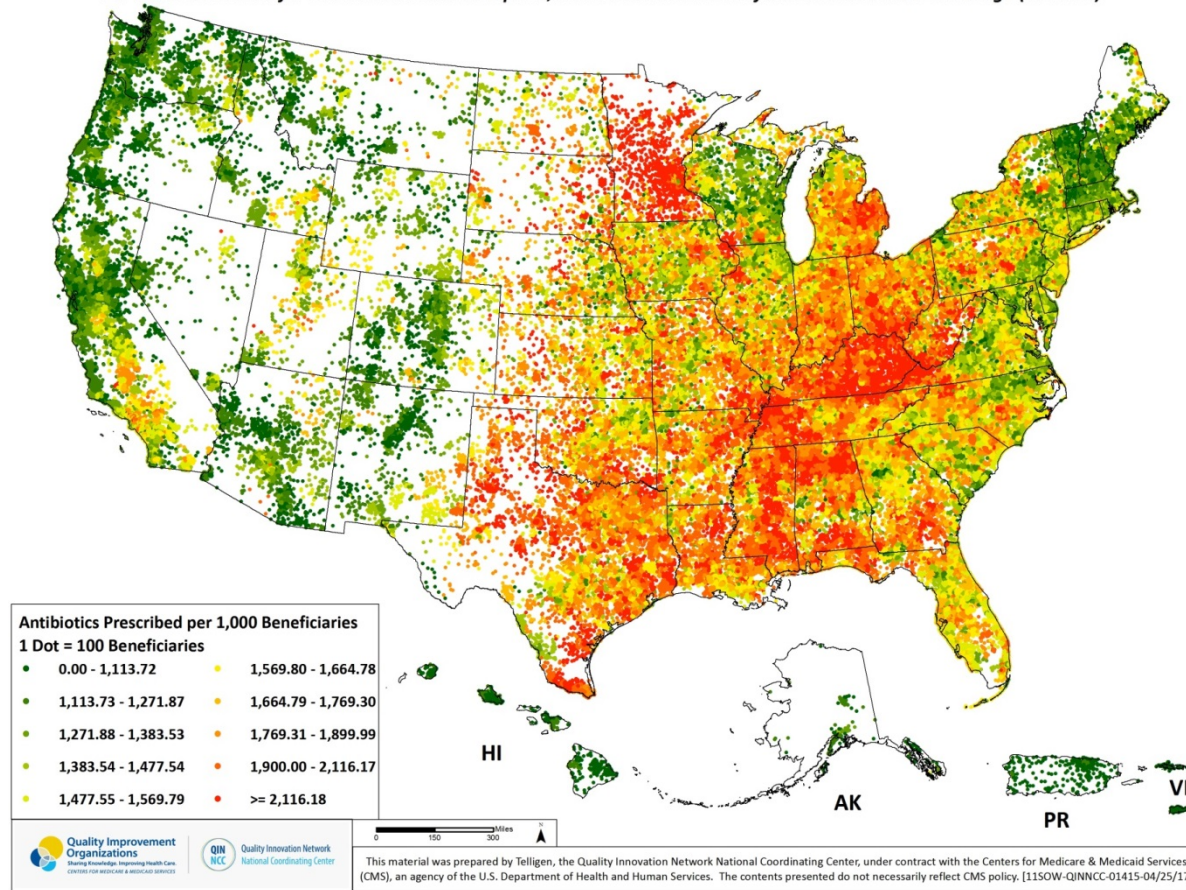
Outpatient Settings Recruited to work on Antibiotic Stewardship

- Nationally, there are over 7,600 outpatient settings recruited to work with the QIN-QIOs on Antibiotic Stewardship

  - Physician practices: 5,954
  - Hospital Emergency Departments: 703
  - Standalone Emergency Room/Urgent Care: 499
  - Pharmacies: 303
  - ESRD facilities: 92
  - ASCs: 18
  - Other: 57

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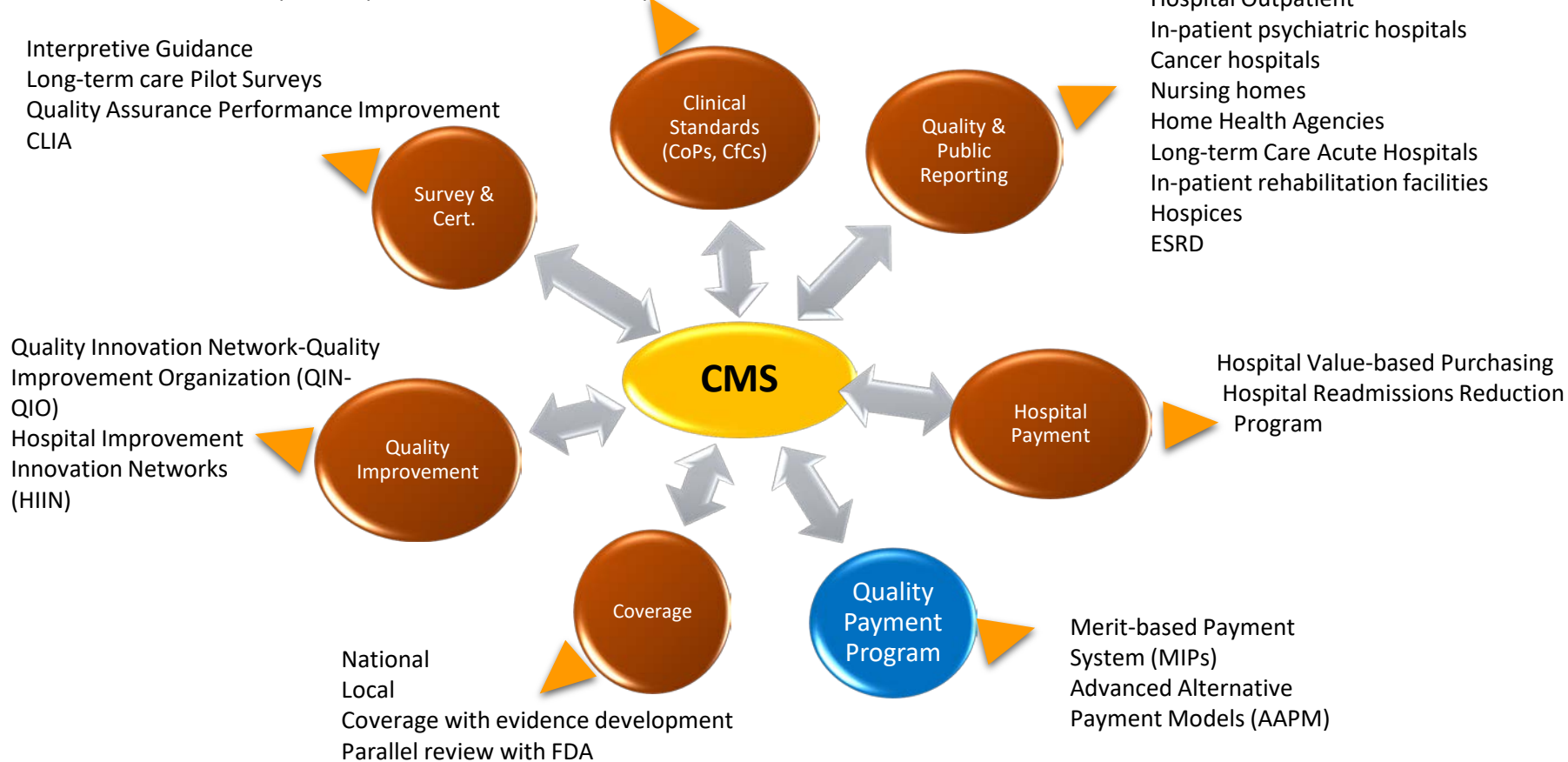Quality Assurance Performance Improvement
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Quality Measures for Inappropriate Antibiotic Use

- Expanding quality measures that discourage inappropriate antibiotic use and prescribing

- Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 established the Quality Payment Program

- As of January 2017, two tracks for eligible provides: Merit-based Payment System (MIPs), Advanced Alternate Payment Models (AAPMs)

- MIPs replaces PQRS, Value-based Modifier and Meaningful Use

Quality Measures for Inappropriate Antibiotic Use (continued)

- MIPS: Implementation of antibiotic stewardship was finalized as a Clinical Practice Improvement Activity for 2017
    - This activity measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.

- Transforming Clinical Practice Initiative is designed to help clinicians achieve large-scale health transformation. The initiative is designed to support more than 140,000 clinician practices including use of data for prescribing practice improvement.

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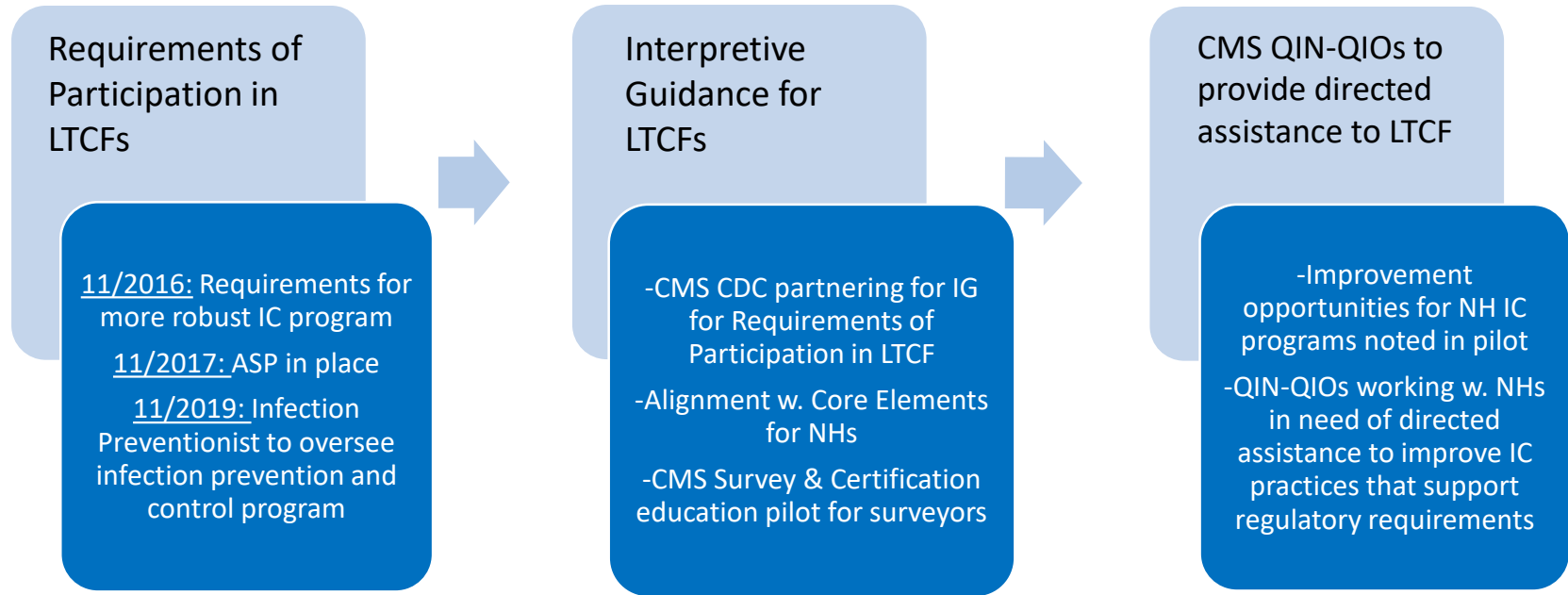Innovation Networks
(HIIN)

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Central node: CMS

Surrounding nodes:
- Clinical Standards (CoPs, CfCs)
- Survey & Cert.
- Quality & Public Reporting
- Quality Improvement
- Hospital Payment
- Coverage
- Quality Payment Program

Regulatory Levers: Requirements of Participation for Long-term care facilities

Requirements of Participation in LTCFs

11/2016: Requirements for more robust IC program

11/2017: ASP in place

11/2019: Infection Preventionist to oversee infection prevention and control program

Interpretive Guidance for LTCFs

-CMS CDC partnering for IG for Requirements of Participation in LTCF

-Alignment w. Core Elements for NHs

-CMS Survey & Certification education pilot for surveyors

CMS QIN-QIOs to provide directed assistance to LTCF

-Improvement opportunities for NH IC programs noted in pilot

-QIN-QIOs working w. NHs in need of directed assistance to improve IC practices that support regulatory requirements

Hospital Conditions of Participation

June 2016: CMS proposed hospital Conditions of Participation (CoPs)

60-day Public comment for hospital CoPs

Hospital CoPs are in the rulemaking process

Antibiotics per 1,000 Medicare Beneficiaries (Slides 3- text only)

This is a density plot on a US map representing antibiotics per 1,000 Medicare beneficiaries titled "ZIP Code Level Rate for Antibiotics Prescribed per 1,000 FFS Medicare Beneficiaries with Part D Coverage (CY 2016)". It is an example of CMS's data driven approach, which uses data to drive action and improvements. The data source reflects administrative claims. There are red dots spread across the East Coast region representing hot spots or higher rates of antibiotic use, and green dots spread lightly around the map and heavily on the boarders of the West coast which represent lower rates of antibiotic use. Each dot represents 100 Medicare beneficiaries.

This map is available on Google search by searching "IMS pharmacy data as a displayable source". The map is coded by ZIP code and illustrates the variability across the country and within ZIP codes.

QIN-QIO: C. difficile reduction in Nursing Homes (Slide 7 map- text only)

This is a plot map of the US titled "C.2 Nursing Home Recruited for CDI Work as of Sep 30, 2016". Each gray dot on the map indicates a nursing home that reports its C. diff data to NHSN. The dots are spread across the United States and Puerto Rico with the largest amounts occurring in the eastern half of the United States and several densely populated clusters on the west coast.

Antibiotics per 1,000 Medicare Beneficiaries (Slides 8- text only)

This is the same map from Slide 3 of Ling's presentation.

This is a density plot on a US map representing antibiotics per 1000 Medicare beneficiaries titled "ZIP Code Level Rate for Antibiotics Prescribed per 1,000 FFS Medicare Beneficiaries with Part D Coverage (CY 2016)". It is an example of CMS's data driven approach using data to drive action and improvements. The data source reflects administrative claims. There are red dots spread across the East Coast region representing hot, and green dots spread lightly around the map representing lower rates of antibiotic use.

Each dot represents 100 Medicare beneficiaries. There are hot spots where it reflects opportunity to improve. This map is available on Google search by searching "IMS pharmacy data as a displayable source". The map is coded by ZIP code and illustrates the variability across the country but even within ZIP codes.