

Using the CDC's National Healthcare Safety Network (NHSN) to meet the new CMS reporting requirement

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Medicare Inpatient PPS

FY 2011 Interim Final Rule

- Published in the August 16, *Federal Register*.
- Implements many provision of the Patient Protection and Accountability Act of 2010.
- FY 2011 payment of 2.35% for hospitals reporting quality measures, or 0.35% for those not reporting.
- Finalizes 4-years worth of quality measures to be integrated into the Reporting Quality Data for Annual Payment update (RHQDAPU) program
 - Retires 1 quality measure for payment in FY 2011 (total of 45);
 - Adds 10 administrative quality measures for payment in FY 2012;
 - Adds 2 chart-based quality measures for payment in FY 2013; and
 - Adds 5 measures while retiring 2 for payment in FY 2014.

FFY 2011 RHQDAPU Measure Requirements

- **Retires the claims-based AHRQ Mortality for Selected Surgical Procedures Composite**
 - **AHRQ issued guidance in June 2009 “the measure is not recommended for comparative reporting”**
- RHQDAPU remaining measures:
 - 27 Chart Abstracted measures (AMI, HF, PN and SCIP)
 - 14 Claims-based measures
 - 30-Day Mortality (AMI, HF, PN)
 - 30-Day Risk Standardized Readmission (AMI, HF, PN)
 - AHRQ PSI, IQIs and Composite
 - Nursing Sensitive/PSI Harmonized measure with PSI-4
 - 3 Structural Measures – Participation in a Registry
 - Cardiac Surgery, Stroke and Nursing Sensitive Care

Finalized for FFY 2012 Payment

- Retain the existing FY 2011 measures
- Adopt the proposed 10 claims-based measures
 - 2 AHRQ PSIs
 - PSI-11 Post-Operative Respiratory Failure
 - PSI-12 Post-Operative Pulmonary Embolism or DVT
 - 8 Hospital Acquired Condition (HACs)
 - Foreign Object Retained After Surgery
 - Air Embolism
 - Blood Incompatibility
 - Pressure Ulcer Stages III & IV
 - Falls and Trauma:
 - **Vascular Catheter-Associated Infection**
 - Catheter-Associated Urinary Tract Infection (UTI)
 - Manifestations of Poor Glycemic Control

Finalized for FFY 2013 Payment

- Retain the existing FY 2012 measures
- Add one new chart abstracted measure
 - AMI-10 Statin at Discharge, a chart-based measure
 - Data collection begins with January 1, 2011 discharges
- **Add one new Healthcare-Associated Infection (HAI)**
 - **Central Line Associated Blood Stream Infection (NQF #0139)**
 - **Via National Healthcare Safety Network (NHSN)**
 - **Data collection begins with January 1, 2011 discharges**
- Registry-Based Measures
 - CMS did not finalize, but will revisit the proposal to require hospitals to use registries to report measures in future rule making

Finalized for FY 2014 Payment

- Retain the existing FY 2013 measures
- Add 5 new measures
 - Data collection begins with January 1, 2012 discharges
 1. ED Throughput – Admit Decision Time to ED Departure for admitted patients
 2. ED Throughput – Median time from ED Arrival to ED Departure for admitted patients
 3. Global Flu Immunization
 4. Global Pneumonia Immunization
 - 5. HAI measure – Surgical Site Infection**
 - **Data collection via NHSN**
- Retire PN-2 and PN-7 Pneumonia population specific measures to accommodate Global Immunization measures

EHRs and RHQDAPU

- EHR quality measures reporting for Meaningful Use
 - Per the HITECH Act, CMS finalized an EHR incentive program that uses quality measure reporting to demonstrate meaningful use of a certified EHR
 - HITECH Act requires that preference be given to quality measures used in RHQDAPU
- EHR Incentive Program and RHQDAPU are two separate programs that will overlap with reporting of quality measures
 - If a measure is submitted for EHR and used in RHQDAPU hospitals will submit once for both programs

HAI Provisions of PPACA

Projected Medicare savings – \$1.4B

Provisions

- Federal-level public reporting of HAIs.
- Infection included in Value-Based Purchasing FY 2013 (CLBSI, MRSA, C-Diff, CAUTI, VAP, SSI).
- Hospitals in lowest performing quartile of HACs get a 1% reduction in Medicare inpatient payments in FY 2015.
- Medicaid provision similar to the existing Medicare policy that prevents a HAC from qualifying a case for higher payment.

Implications

You can avoid these cuts

Focus on evidenced-based care

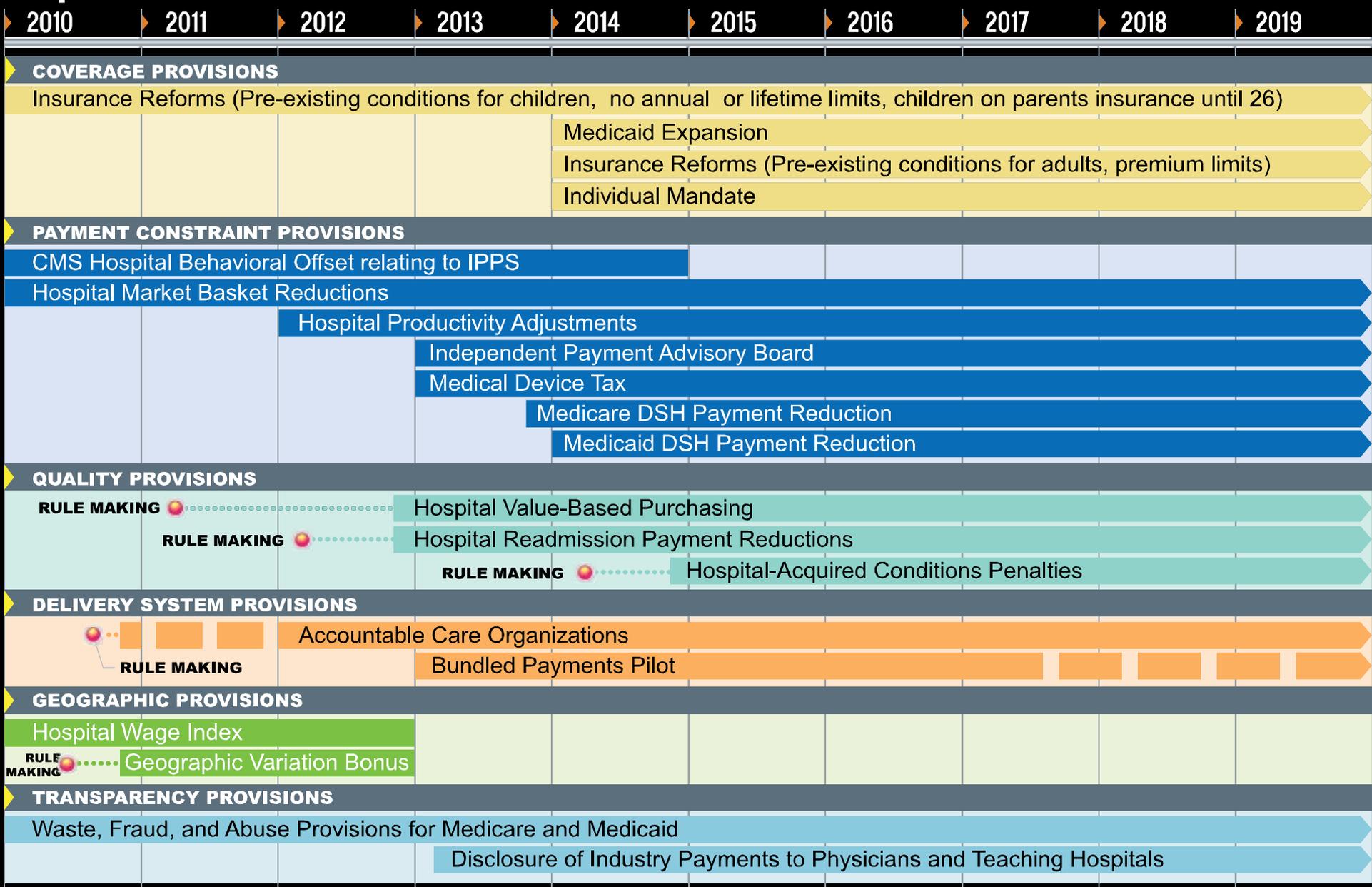
Benchmark against others

Improve physician alignment

Better identify & code POA

Business case for technologies?

Implementation Timeline



Triple Threat

Hospital-acquired conditions (HACs)	Not eligible for higher payment (FY 2008 ongoing)	Value-Based Purchasing	1% Payment Cut
Catheter associated UTI	X	X	?
Surgical Site Infections	X	X	?
Vascular cath-assoc. infections	X	X	?
Foreign object retained after surgery	X		?
Air embolism	X		?
Blood incompatibility	X		?
Pressure ulcer stages III or IV	X		?
Falls and trauma	X		?
DVT/PE after hip/knee replacement	X		?
Manifestations of poor glycemic control	X		?
Ventilator associated pneumonia		X	?
Methicillin resistant Staph. aureus (MRSA)		X	?
Clostridium difficile associated disease (CDAD)		X	?

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Premiere Safety Institute webinar
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NHSN and the IPPS Rule: Overview

1. Inpatient Prospective Payment System (IPPS) hospitals participating in CMS's Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program will be required to submit healthcare-associated infection (HAI) data via CDC's National Healthcare Safety Network (NHSN) beginning January 2011
2. Central line-associated bloodstream infection (CLABSI) reporting for intensive care units and neonatal intensive care units beginning January 2011
3. Surgical site infection (SSI) reporting for select surgical procedure categories beginning January 2012

NHSN in Brief

- Used for surveillance and prevention of healthcare-associated infections and other adverse events among patients and healthcare personnel and for process-of-care measurement and improvement
- Technical design enables manual data entry into web-based application or electronic reporting through file imports or transfers
- Over 3000 healthcare facilities currently enrolled
- Serves multiple uses and users: infection control, quality improvement, prevention research, mandatory public reporting, and public health surveillance
- Data collection from a sample of U.S. healthcare facilities enables valid estimation of events among patients and healthcare workers

NHSN Components and Modules

NHSN

Component Patient Safety

Events Modules

- *Device Associated*
- *Procedure Assoc.*
- *Medication Assoc.*
- *High Risk Inpatient
Influenza*

Vaccination

- *MDRO and CDAD*

*MDRO = Multidrug-resistant
organism*

*CDAD = Clostridium difficile
associated disease*

Component Healthcare Personnel Safety

Modules

- *Blood/Body
Fluid
Exposure*
- *Vaccination*

Component Biovigilance

Modules

- *Hemovigilance*

Component Research and Development

Use of NHSN by 21 States for Mandatory HAI Reporting

NY SC CT CA MD OK VA IL OR
 VT CO TN PA DE MA WA NH NJ WV NV TX

2007

2008

2009

2010

2011

Central line associated bloodstream infections	CA, CO, CT, DE, IL, MA, MD, NH, NJ, NV, NY, OK, OR, PA, SC, TN, TX, VA, VT, WA, WV
Surgical site infections	CO, IL, MA, NH, NJ, NV, NY, OR, PA, SC, TN, TX, VT, WA
Multi-drug resistant organisms & <i>C. difficile</i> associated disease	CA, NJ, NV, NY, TN and other states considering its use
Ventilator associated pneumonias	OK, PA, WA
Catheter associated UTI	NJ, PA
Central line insertion practices	CA, NH
Dialysis events	CO
Healthcare worker influenza vaccination coverage	WV, and other states are considering its use

NHSN and the IPPS Rule: Mandatory HAI Reporting on the Federal Level

- Proposed rule - April 20, 2010
- Public comments due - June 18, 2010
- Final rule announced - August 3, 2010
- Final rule published - August 16, 2010:
<http://edocket.access.gpo.gov/2010/pdf/2010-19092.pdf>
- First reporting quarter - January 1 through March 31, 2011
- First quarterly data due - August 15, 2011



Implementation of HAI reporting via NHSN as part of the IPPS rule is a work in progress - An interagency group is meeting regularly and working on operational plans. However, more work is needed to complete plans and prepare for NHSN to serve as an operational system for quality measure reporting to CMS.

Hospital Agreements to Participate

RHQDAPU Pledge Form is available at:
<http://www.qualitynet.org/>

New NHSN consent form will be available through the NHSN web-based application to currently enrolled health care facilities and newly enrolling facilities

NHSN and the IPPS Rule: Operational Plans

- Hospitals agree to participate by signing:
 - RHQDAPU pledge form
 - NHSN consent agreement
- Hospitals new to NHSN complete enrollment process
- Hospitals enter CMS Certification Number (CCN) into NHSN, if not already entered
- New NHSN users take training prior to using the system
- Hospital reporting via NHSN for RHQDAPU starts January 2011
- CMS provides CDC with a list of CCNs for hospitals participating in RHQDAPU
- CDC adds an NHSN analysis feature that enables quarterly calculation of hospital-specific CLABSI statistics
- CMS uses hospital-specific statistics to pay hospitals that successfully report and for public reporting at the Hospital Compare website: <http://www.hospitalcompare.hhs.gov>

National Quality Forum #0139 – Central line associated bloodstream infections among ICU and NICU patients

Numerator – Laboratory-confirmed primary bloodstream infections that are not secondary to another infection and that occur in Intensive Care Unit (ICU) or Neonatal Intensive Care Unit (NICU) patients in whom a central line or umbilical catheter was in place at the time of, or within 48 hours before, onset of the infection

Denominator – Device days, i.e., number of ICU or NICU patients with one or more central lines or umbilical catheters enumerated daily and summed over the measurement interval

National Quality Forum #0299 – Surgical site infections

Numerator – Deep incisional or organ/space infections occurring within 30 days after an operative procedure* if no implant is in place or within 1 year if an implant is in place

Denominator – Number of operative procedures*

*Procedures in scope for the measure are coronary artery bypass graft and other cardiac surgery, hip or knee arthroplasty, colon surgery, hysterectomy (abdominal or vaginal), and vascular surgery

Federal Government's Incentive Program for Electronic Health Record Systems



- A \$27 billion program, part of the Recovery Act, offering incentives to hospitals and physicians who demonstrate meaningful use of electronic health record systems
- Initial set of requirements for meaningful use was issued by HHS in July 2010
- Incentives are scheduled to take effect in October 2011 and payments will continue through 2014

Meaningful Use of EHRs - *Requirements Focus on Direct Care and Secondary Uses Other Than Billing*



*Examples of Core Requirements for Meaningful Use
(Stage 1)*

NHSN and the IPPS Rule: Additional Operational Considerations

- Hospitals that use a commercial infection control software system can report HAI data electronically to NHSN
- NHSN web page for IPPS participating hospitals is under development and will provide targeted resources for training and reporting using NHSN
- HAI reporting requirements for RHQDAPU do not supercede state HAI reporting requirements
- CLABSI data submitted via NHSN to comply with RHQDAPU reporting requirements in 2011 will not be included in RHQDAPU data validation
- States using NHSN as their operational system for mandatory CLABSI reporting have completed validation studies with more states to follow

Thank You!

Your Questions and Comments are Welcome

**For More Information about NHSN:
<http://www.cdc.gov/nhsn/>**



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Questions



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