



Quality
Insights

Renal Network 4



Review of ESRD QIP Clinical Measures for Pediatric Patients – June 1, 2017

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What is the QIP?

CMS Quality Incentive Program

- Known as “pay-for-performance” or “value-based purchasing”
- Sets minimum goals across a selected group of measures
- Allows for up to a 2% payment reduction for dialysis facilities that do not meet or exceed the minimum Total Performance Score (TPS)

The intent of the QIP is to promote patient health by providing a financial incentive for outpatient renal dialysis facilities to deliver high-quality patient care.

Performance Score Report



U.S. Department of Health & Human Services



Centers for Medicare & Medicaid Services

Payment Year 2016
End-Stage Renal Disease
Quality Incentive Program
Preview Performance Score Report

July 15, 2015

Payment Year 2016 ESRD QIP Preview Performance Score Report

SOME DIALYSIS FACILITY

CMS Certification Number: 99999

CCN Certification Date: 12311999

#	Calculation Definition	Value
Weighted Score Calculations: Clinical Measures		
Hemoglobin > 12 g/dL		
17d	Measure score (from 3s)	10
17e	Weighted measure score (multiply 17d by 17a)	1.6070
Kt/V Dialysis Adequacy Measure Topic		
17f	Measure Topic score (from 7l)	1
17g	Weighted measure score (multiply 17f by 17a)	0.1607
Vascular Access Type Measure Topic		
17h	Measure Topic score (from 10i)	2
17i	Weighted measure score (multiply 17h by 17a)	0.3214
NHSN Bloodstream Infection in Hemodialysis Outpatients		
17j	Measure score (from 11n)	4
17k	Weighted measure score (multiply 17j by 17a)	0.6428
Hypercalcemia		
17l	Measure score (from 12s)	10
17m	Weighted measure score (multiply 17l by 17b)	1.0710
Weighted Score Calculations: Reporting Measures		
Anemia Management Reporting		
17n	Measure score (from 13f)	10
17o	Weighted measure score (multiply 17n by 17c)	0.8330
Patient Experience of Care Survey Reporting		
17p	Measure score (from 14d)	10
17q	Weighted measure score (multiply 17p by 17c)	0.8330
Mineral Metabolism Reporting		
17r	Measure score (from 15f)	8
17s	Weighted measure score (multiply 17r by 17c)	0.6664
Total Performance Score		
17t	Sum of weighted measure scores Add 17e + 17g + 17i + 17k + 17m + 17o + 17q + 17s	6.1353
17u	Scale weighted score to 0 – 100 scale Multiply 17t by 10, then round.	61
17v	Total Performance Score (from 17u)	61
17w	Payment reduction at this facility (compare 17v to Table 2)	NO REDUCTION

How does the QIP affect me?

Low QIP Scores Can:

- Negatively Affect Profit
- Reduce Staffing
- Lower Morale
- Cause Patients to go Elsewhere
- Affect Yearly Monetary Rewards

What Does the QIP Measure?

- The measurements taken each calendar year (CY) will affect Medicare reimbursements for the payment year (PY) that will follow two years later.

Ex. CY 2017  PY 2019

NOTE: The most current version of the ESRD QIP Payment Year (PY)2019 Clinical Measures has revision dates of May 2, 2017 at the bottom of the page

Overview of PY 2019 Revisions

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/Care Coordination Subdomain – 42% of Clinical Measure Domain score

1. ICH CAHPS
2. Standardized Readmission Ratio (SRR)

Clinical Care Subdomain – 58% of Clinical Measure Domain score

1. Standardized Transfusion Ratio (STrR)
2. Kt/V Dialysis Adequacy (comprehensive)
3. Vascular Access Type (VAT) Measure Topic – Arteriovenous Fistula (AVF)
4. VAT Measure Topic – Catheter \geq 90 days
5. Hypercalcemia

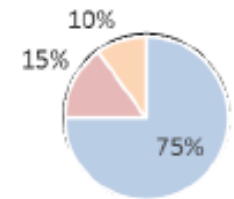
★ Safety Measure Domain – 15% of TPS

1. NHSN Bloodstream Infection (BSI) Measure Topic – NHSN Bloodstream Infection Clinical
2. NHSN BSI Measure Topic – NHSN Dialysis Event Reporting

Reporting Measure Domain – 10% of TPS

1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

★ new measure for PY 2019

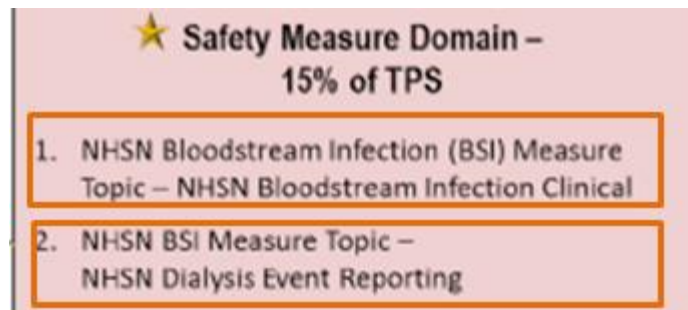


■ Clinical
■ Safety
■ Reporting

Indicates measure includes pediatric patients

Safety Domain – 15% of Total Performance Score

- Infection Monitoring: National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients Clinical Measure (p.1)
- **[NEW]** NHSN Dialysis Event Reporting Measure (p.21)



Page numbers refer to the **Technical Specifications pdf** located on the CMS website - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html

Infection Monitoring: National Healthcare Safety Network (NHSN) Bloodstream Infection in Hemodialysis Patients Clinical Measure

- Lower rate desired
- Minimum Data Reported to NHSN (12 months)
 - Facilities that do not submit 12 months of data will receive ZERO points for the measure
- **All** patients are reported; NO minimum # of patients
- Facilities are required to meet enrollment and training requirements

NHSN Dialysis Event Reporting Measure – **NEW!**

- Dialysis Event Definition – 3 types events: IV antimicrobial start; positive blood cultures and pus, redness or increased swelling at the vascular access site.
- Minimum Patient Requirement – 11 or more in-center hemodialysis patients treated during the calendar year
- Scoring Distribution
 - 10 points for reporting 12 months
 - 2 points for reporting 6-11 months
 - 0 points for reporting 0-5 months
- Data from this measure will be used to score the NHSN clinical measure

Pt and Family Engagement/ Care Coordination Domain

Standardized Readmission Ratio (SRR) Clinical Measure (p.5)

Clinical Measure Domain – 75% of TPS

Patient and Family Engagement/Care
Coordination Subdomain –
42% of Clinical Measure Domain score

1. ICH CAHPS

2. Standardized Readmission Ratio (SRR)

- Minimum Requirement – 11 or more index hospital discharges in the calendar year
- Lower rate desired
- Ratio of the number of actual unplanned 30-day hospital readmissions to the number of expected unplanned 30-day hospital readmissions.

What You Can Do

- Start by tracking hospital admissions internally.
 - A hospitalization is counted as an event if it occurred within 4-30 days of an index hospital discharge and was not a 'planned' readmission
- Review medical records of patients recently hospitalized during QAPI meetings

Clinical Care Subdomain

Clinical Care Subdomain – 58% of Clinical Measure Domain score	
1.	Standardized Transfusion Ratio (STR)
★ 2.	Kt/V Dialysis Adequacy (comprehensive)
3.	Vascular Access Time (VAT) Measure Topic

Kt/V Dialysis Adequacy Comprehensive Clinical Measure (p.9)

- Higher rate desired
- There are 3 specific thresholds for the numerator; 2 of them apply to pediatric patients
 - **Hemodialysis (all ages):** Percentage of hemodialysis patient-months with spKt/V greater than or equal to 1.2.
 - EXCLUDED: Pediatric in-center HD patients receiving dialysis less than or equal to 2 OR greater than or equal to 4 times weekly
 - EXCLUDED: Pediatric home hemodialysis patients are EXCLUDED
 - For other exclusions which apply to all ages , please refer to the technical measure specification
 - **PD for pediatric < 18 years:** Percentage of PD patient-months with Kt/V greater than or equal to 1.8
 - PD for adults

What You Can Do

- Measure your performance monthly.
- Evaluate potential reasons for low scores.
 - Dialysis prescription: time, blood, and dialysate flow rates, dialyzer, needle size
 - Patient vascular access issues
 - Address errors in blood sampling
 - Address MISSED LABS when possible
- Re-educate staff when indicated.
- Monitor staff practices.

Reporting Measures

- There are 5 Reporting Measures

- NHSN Dialysis Event – reviewed earlier
- Mineral Metabolism (p.16)
- Anemia Management (p.17)
- Clinical Depression Screening and Follow-up (.19)
- NHSN Healthcare Personnel Influenza Vaccination (p.20)

Reporting Measure Domain – 10% of TPS

1. Mineral Metabolism
2. Anemia Management
3. Pain Assessment and Follow-Up
4. Clinical Depression Screening and Follow-Up
5. NHSN Healthcare Personnel Influenza Vaccination

Mineral Metabolism Reporting Measure

- Percentage of months facilities successfully report serum or plasma phosphorus values for Medicare patients
- There are 5 exclusions for this measure, among them:
 - Facilities treating less than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home dialysis Medicare patients for whom the facility submits a claim during the reporting month.
- Refer to the technical specification for more details

Anemia Management Reporting Measure

- Percentage of months facilities successfully report ESA dosage, as applicable, and H/H for each Medicare patient at least once a month
- There are 5 exclusions for this measure, among them:
 - Facilities treating less than 11 patients during the performance period who are (i) in-center Medicare patients who have been treated at least 7 times by the facility during the reporting month; or (ii) home dialysis Medicare patients for whom the facility submits a claim during the reporting month.
- Refer to the technical specification for more details

Clinical Depression Screening and Follow-up


- Pediatric patients 12 and older are eligible for this measure
- Must report 1 of 6 conditions for each qualifying patient once before 2/1/18

Documentation of Screening	Documentation of Follow-up
Positive	Positive
Positive	Negative/ not eligible
Positive	Negative/ no reason documented
Negative	Not required
Not documented	Patient is not eligible
Not documented	No reason documented

NHSN Healthcare Personnel Influenza Vaccination

- Facility submits the Healthcare Personnel Influenza Vaccination Summary Report according to the Healthcare Personnel Safety Component of NHSN
- The reporting deadline for the CY 2017 has passed (May 15th, 2017). This reported data counts towards PY 2019
- CY 2018 Reporting Measure – EXACTLY the same as CY 2017 but with an updated reporting deadline of May 15th 2018

Resources

- For Questions and comments on ESRD QIP Clinical Measures:
 - ESRD QIP support: ESRDQIP@cms.hhs.gov – best choice if you do not need an urgent reply
 - Network Support: Jshrift@NW4.esrd.net or 610-265-2418 ext 2821
- Guide to the PY 2017 ESRD QIP Performance Score Report
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier1&cid=1138115987358>
- Frequently Asked Questions (FAQs) for PY 2017
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier1&cid=1138115987358>
-  CMS ESRD Measures Manual for the 2017 Performance Period Version 2.0
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/CMS-ESED-Measures-Manual-2017-v2-5-2-17.pdf>

- For information on reports and the procedures for submitting formal inquiries and clarification questions, see the ESRD QIP PY 2017 Facility UM:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier1&cid=1138115987358>
- PY 2019 /CY 2017 Technical Measures Specifications:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/061_TechnicalSpecifications.html

Current Technical Specifications of Record

The following files contain the most recent finalized technical specifications for the ESRD QIP.

- [PY 2017 Technical Measure Specifications](#)
- [PY 2018 Technical Measure Specifications](#)
- [PY 2019 Technical Measure Specifications](#)
- [PY 2020 Technical Measure Specifications](#)

Centers for Medicare & Medicaid Services (CMS)
End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)
Payment Year (PY) 2019 Final Measure Technical Specifications

Last Revised: October 5, 2016

Rule of Record: Calendar Year (CY) 2016 ESRD Prospective Payment System (PPS)
Final Rule (2015)

Contact Information

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 - 610-265-2418 ext. 2821
 - <http://www.qirn4.org/Providers/WebEx-Training.aspx>
Presentation slides