



2023 PAY FOR PERFORMANCE (P4P) & VALUE BASED REIMBURSEMENT (VBR) FREQUENTLY ASKED QUESTIONS (FAQ)

BACKGROUND

Starting in 2023, HMS will have 2 incentive programs. The first incentive program is our Performance Index or Pay for Performance (P4P). The second incentive program (new for 2023) is an **optional** value-based reimbursement (VBR) program for specialty **physicians**. The VBR funding is separate and goes to specific physician specialties (depending on how the specialists are funded at your hospital). Additionally, starting in 2023, HMS is launching a new PICC quality improvement strategy for hospitals that joined HMS prior to 2020 while maintaining our existing PICC measures for hospitals that joined in 2020 and 2021. Cohort 2022 will have PICC/Midline-related Quality Improvement measures on their 2023 Performance Index. Part of the new PICC quality improvement strategy for hospitals that joined HMS prior to 2020 is participation in specialty workgroups (either Oncology/Hematology or Critical Care, depending on your site's assigned specialty population workgroup). These workgroups will take place at the three Collaborative Wide Meetings that HMS will host during the 2023 Performance Year.

During the month of December, HMS Program Manager, Elizabeth McLaughlin held informational sessions to review this program in more detail and answer member questions. This document summarizes the questions and answers from those sessions and via email.

PAY FOR PERFORMANCE (P4P)

Question: I have reviewed the 2023 scorecard. Regarding the optional 5 points for cohort 2021: can you only receive these points if you are lacking in another area? Meaning, you cannot exceed 100% on the scorecard, correct?

Answer: You are correct, the optional 5 bonus points would take place of an area where your site is behind in points. Sites cannot receive above 100% for the 2023 Performance Index. We do encourage sites to participate within these workgroups as we want to gain as much information regarding the patient populations as we can, however, this is an optional measure that your hospital does not have to participate in.

Question: Is there official guidance about what to do when a case is complete but awaiting feedback on a ticket sent in?

Answer: When a case is completed yet you are awaiting feedback from the Coordinating Center, we ask that you leave the question blank, submit all forms and complete the case. Once you have received the response from the Coordinating Center you can then go back and answer that question.

Question: For Measure 8/9 (Critical Care), what if a hospital has <30% of PICCs placed in critical care patients are triple lumens but do not meet the participation criteria of attending the special population workgroup in that content area?

Answer: If a hospital meets the threshold but not the participation criteria, they would be eligible for partial points (i.e., 10 points).

Question: For measure 8/9 (Critical Care) in the Prior to 2020 Cohort, is the measure about reducing triple lumen usage in PICCs only or Midlines as well?

Answer: Below is a screenshot of the goal the hospitals that joined prior to 2020 will be working on. Although the official measure is specific to reducing triple lumen PICCs in the ICU patient, the special population workgroup meeting will likely be

discussing all devices. Part of the goal of the workgroups is to be fluid throughout the year as we want to see where the conversation/discussion takes us. We will be discussing specific cases and sites will be doing presentations.

| | |
|---|----|
| Critical Care (ICU) | |
| ≤ 30% of PICCs placed in critical care patients ¹⁶ are triple lumens AND Participation in special population workgroup ^{13,14,15} | 15 |

Question: Please clarify the statement: "AND in for ≤ 5 days". Is "≤5 days" referring to triple lumen catheters only or ALL PICC catheters placed?

| Reduce Triple Lumen PICCs in Special Populations – Oncology or Critical Care | |
|--|----|
| Oncology | |
| ≤ 25% of PICCs placed in oncology patients ¹⁷ are triple lumens and in for ≤5 Days AND participation in special population workgroup ^{13,14,15} | 15 |
| ≤ 25% of PICCs placed in oncology patients ¹⁷ are triple lumens and in for ≤5 Days OR participation in special population workgroup ^{13,14,15} | 10 |
| > 25% of PICCs placed in oncology patients ¹⁷ are triple lumens and in for ≤5 Days AND No participation in special population workgroup ^{13,14,15} | 0 |

Answer: For the Oncology section in the Performance Measure, the "and in for ≤ 5 Days" it is calculated by the following:

$$\text{Measure 8/9 (Oncology)} = \frac{\text{Triple lumen PICCs and / or PICCs in for } \leq 5 \text{ days in oncology cases}}{\text{Total number of PICCs placed in oncology cases}}$$

Note: The definition of oncology =

- Chemotherapy was delivered through the PICC
- Documented placement indication was for chemotherapy
- If the medical record reflects a cancer diagnosis AND the PICC was placed for a cancer-related admission
- If the medical record indicates the PICC was placed for infusion of chemotherapy

Question: Does the HMS Pay for Performance Calendar run Jan to Dec or July to June?

Question: What quarter of data are the HMS measures assessed on?

Answer: The period of assessment specifically depends on the measure. Please see below for the list of measures and their respective assessment periods by initiative.

| Pay for Performance (P4P) – PICC/Midline Measures | | | |
|--|--------------------------|-----------------------------|--|
| Measure | Assessment Period | Line Insertion Dates | Cohort |
| Increase catheter to vein ratio documentation for PICCs and Midlines | Q4 2023 | 8/3/23 – 11/8/23 | Prior to 2020 Cohort, Cohort 2020, & Cohort 2021 |
| Reduce triple lumen PICCs and ≤ 5-day dwell times in Heme/Onc patients and participate in special population workgroup | Q1 2023 – Q4 2023 | 11/24/22 – 11/8/23 | Prior to 2020 |
| Reduce triple lumen PICCs placed in Critical Care patients and participate in special population workgroup | Q1 2023 – Q4 2023 | 11/24/22 – 11/8/23 | Prior to 2020 |
| Reduce PICCs placed in patients with eGFR < 45 without nephrology approval | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Cohorts 2020 & 2021 |
| Reduce PICCs in ≤ 5 Days | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Cohorts 2020 & 2021 |
| Increase use of single lumen PICCs in Non-ICU cases | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Cohorts 2020 & 2021 |

1. Adjusted model uses improvement over 1 year to inform the fourth quarter score

| Pay for Performance (P4P) – Antimicrobial Measures | | | |
|--|----------------------|------------------|--|
| Measure | Assessment Period | Discharge Dates | Cohort |
| Increase use of 5 Days of Antibiotic Treatment in Uncomplicated CAP | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Prior to 2020 Cohort, Cohort 2020, & Cohort 2021 |
| Reduce Use of Inappropriate Empiric Broad Spectrum Antibiotics for Patients with Uncomplicated CAP | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Prior to 2020 Cohort, Cohort 2020, & Cohort 2021 |
| Reduce Use of Antibiotics in Patients with Asymptomatic Bacteriuria | Q4 2023 ¹ | 8/3/23 – 11/8/23 | Prior to 2020 Cohort, Cohort 2020, & Cohort 2021 |

1. Adjusted model uses improvement over 1 year to inform the fourth quarter score

VALUE BASED REIMBURSEMENT (VBR)

Question: What are the eligibility requirements for the HMS VBR Measures?

Answer: To be eligible for 2024 CQI VBR, the practitioner must:

- Meet the performance targets set by the collaborative
- Be a member of a PGIP physician organization for at least one year
- Submit National Provider Identifier (NPI) number to the HMS Coordinating Center via the HMS 2023 Semi-Annual Fall QI Survey

Question: What is PGIP?

Answer: PGIP stands for [Physician Group Incentive Program \(PGIP\)](#). Launched in 2005 by Blue Cross Blue Shield of Michigan (BCBSM), the Physician Group Incentive Program includes over 20,000 primary care and specialist physicians throughout Michigan in provider-led clinical quality improvement efforts. The program connects approximately 40 physician organizations (representing these 20,000 physicians) statewide to collect data, share best practices and collaborate on initiatives that improve the health care system in Michigan.

Question: How does an individual physician know if they are part of PGIP?

Answer: To confirm if you are a member of the Physician Group Incentive Program (PGIP) through Blue Cross Blue Shield of Michigan (BCBSM), the most accurate and up to date method is to contact your physician organization. If you have any additional questions, please contact Elizabeth McLaughlin, MS, RN at emcnair@med.umich.edu.

Question: How will the physicians be identified?

Answer: HMS does not collect physician specific data in our registries, therefore, all VBR assessments will be based at the hospital or collaborative level. For those hospitals/physicians that are eligible for the VBR incentive, HMS will be collecting the National Provider Identifier (NPI) number for each specialty at your hospital. The NPIs will be collected in the Fall 2023 Semi-Annual QI Survey. Each hospital will be responsible for obtaining the list of NPI numbers and the Physician Champion must approve of the final list.

Question: Will physicians be enrolled automatically in the Value Based Reimbursement program through HMS?

Answer: No, physicians will not be automatically enrolled to be eligible for a given HMS VBR measure. To be considered, your hospital will need to provide the NPI numbers of the eligible physicians who represent each specialty at your hospital in the Fall 2023 QI Survey.

Question: How will the Physician NPIs for each provider specialty be obtained?

Answer: HMS collects data on a sample of patients at each hospital and therefore do not collect provider specific data. Each Fall in our HMS semi-annual quality improvement (QI) survey, we will ask for the list of NPIs for each specialty provider who has practiced (or billed) at your hospital within the last year. Additionally, we will require that the physician champion for each

hospital attest to the list of names provided in the survey. If a hospital does not provide the NPIs, even if the hospital meets the measure, they will not be eligible for the incentive.

Question: My hospital is NOT in the 2020 Cohort, are the physicians at my hospital eligible to participate in the VBR measures?

Answer: Yes, irrespective of when your hospital joined in HMS, the specialty physicians at your hospital are eligible to participate in the HMS VBR measures as they long as they meet the other eligibility requirements.

Question: Do the HMS value-based reimbursement measures run January to December or July to June?

Answer: The period of assessment specifically depends on the measure. Please see below for the list of measures and their respective assessment periods by initiative.

| Value Based Reimbursement (VBR) Measures | | | |
|--|---|--|--|
| Measure | Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP | Increase Catheter to Vein Ratio Documentation for PICCs/Midlines | Reduce triple lumen PICCs placed in Critical Care patients and participate in special population workgroup |
| Specialist | Hospitalists and Infectious Diseases Physicians ¹ | Interventional Radiology | Critical Care |
| Assessment Period | Q3 2023 | Q3 2023 | Q1 2023 - Q3 2023 |
| Discharge Dates/ Line Insertions | 5/11/23 – 8/2/23 | 5/11/23 – 8/2/23 | 11/24/22 – 8/2/23 |
| Method | Adjusted – Hospital Specific | Raw – Collaborative Average | Raw – Hospital Specific ² |
| Cohort | All | All | All |

¹ Infectious Diseases Physicians involved in antibiotic stewardship programs at local hospital

² Except for those with hospital pairings

Question: Does the hospital specific structure of how physicians are funded impact the VBR incentive?

Answer: Each hospital is unique in terms of funding structure (i.e., physicians employed by the hospital vs. privately funded). The incentive will be distributed through the Physician Organization (PO). Engagement in VBR (by the participating physicians) may depend on how your hospital is structured.

Question: For the hospitalist VBR measure, does it apply to the entire hospitalist team working at one specific hospital?

Answer: Yes, the hospitalist VBR measure on increasing use of 5 days of antibiotic treatment in Uncomplicated Community-Acquired Pneumonia (CAP) applies to the entire team of hospitalists working at each hospital. Of note, the hospitalist must be a member of a PGIP physician organization for at least 1 year.

Question: Who is responsible for collecting, tracking, and submitting the information for the VBR?

Answer: The collection of data and tracking will be on the part of us here at the Coordinating Center of HMS. We will provide your hospital's data in terms of performance for each of these measures. It is your hospital's responsibility to communicate that data out to the stakeholders. For example, for the Interventional Radiology (IR) VBR measure, we do not have a mechanism to contact each hospital's IR team to make them aware. This would be something your hospital would need to communicate to them in terms of the opportunity. Some hospitals may use this to increase engagement. In terms of submitting the information for VBR, in the Fall 2023 QI survey we will ask for the NPIs of the physicians that represent each specialty at your hospital which will then need to be approved by your physician champion. Then, we at the Coordinating Center will communicate who is eligible to BCBSM.

Question: At my hospital, our Hospitalists are also our Critical Care providers as they all rotate to cover the ICU. With the VBR model, will they receive double buckets for both CAP 5 Day and Critical Care metrics?

Answer: A given provider can only receive the VBR incentive for one measure, even if they count as a provider in multiple specialty measures and the targets are met. Their VBR incentive is capped at a maximum percentage. The good thing is if they fall into 2 or more measures, they have a higher chance of getting the incentive.

Question: Can you tell me if there will be a minimum number of PICCs/Midlines that we need to capture to qualify for the VBR for the measure related to Increasing Catheter to Vein Ratio Documentation for PICCs/Midlines?

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Answer: To be considered for this measure, 1 or more PICCs/Midlines must be inserted by an interventional radiologist(s) at your hospital during the previous 1-year period. All PICCs/Midlines inserted by IR across the collaborative will be aggregated into one score. This measure will be a collaborative measure which means all IR physicians will either be eligible for the VBR incentive (if the collective group meets the measure) or not be eligible for the VBR incentive (if the collective group does not meet the measure).

Question: For more information about HMS VBR, who should I direct the physicians at my hospital to for questions/concerns?

Answer: For detailed information regarding the HMS CQI and specific details to the measures and methodology of HMS VBR, please contact Elizabeth McLaughlin, MS, RN at emcnair@med.umich.edu. If you would like to know more information about the program in general through Blue Cross Blue Shield of Michigan, please contact Marc Cohen at mcohen@bcbsm.com.

PICC SPECIAL POPULATION WORKGROUP

Question: After reviewing the slides from the collaborative wide meeting, can you please elaborate on the rationale for the format of the workgroup to meet the PICC metric?

Answer: The new PICC strategy related to PICC use in hematology/oncology patients and critical care patients was developed over the last year based on feedback from our participating hospitals on further areas for improvement. These patient populations have been identified by HMS hospitals as challenging to determine the best approach. The focus of this new strategy is to identify, as a Collaborative, the best approach to device use in these specific patient populations. This is why the workgroups are so important and include the multidisciplinary providers that are key thought leaders in this area (i.e., quality staff and the specialist physician [i.e., hematologist/oncologist or Critical Care Physician, Vascular Access, or Interventional Radiology]). The goal is to (try!) to come to a consensus that our Collaborative can use for decision making – similar to how we developed the MAGIC guidelines.

Question: I would like to reach out to one of our critical care physicians to inquire about attending one of the special population workgroup meetings next year. What is the best way to communicate the goal/purpose?

Answer: Please see some sample wording below to use in your communication:

“[Hospital Name] participates in the Michigan Hospital Medicine Safety (HMS) Consortium, a Quality Collaborative funded by Blue Cross Blue Shield of Michigan (BCBSM). Each year, [Hospital Name] is assessed on our performance related to appropriate antimicrobial use, care of patients with Sepsis, and appropriate use of PICC and Midline devices. For the PICC work specifically, the Collaborative has largely focused on improving vascular device use in the general medical patient. Over the last several years, the collaborative has begun to assess device use in the critically ill patient and separately oncology patients. Starting in 2023, the collaborative will be convening 2 special population workgroup meetings to discuss appropriate device decision making in these groups with the goal of identifying a list of standards/principles for device decision making (i.e., clinical scenarios warranting triple lumens, etc.). Although the Collaborative’s focus to date has largely been on PICC/Midline use, we anticipate the focus of the workgroups will be more all-encompassing. Given when [Hospital Name] started with HMS, we are not officially assessed on our use of triple lumen PICCs in the ICU for reimbursement purposes, we have the opportunity to achieve bonus points to help offset some of our other measures we are assessed on. To receive bonus points, a specialist in critical care, must attend 1 workgroup meeting throughout the year. “

Question: Can you also clarify how many times the workgroup will be meeting and detail how meeting the metric will be assessed?

Answer: The workgroup will be meeting 3 times during the calendar year on the day of each Collaborative Wide Meeting (immediately following or prior to the main meeting). We anticipate the meetings to be 1-2 hours at most. The goal is to keep these limited to one hour but we do anticipate case reviews/site presentations, therefore, we cannot promise 1 hour. To track attendance at our March Meeting (which is 100% virtual), we will be tracking participation via Zoom registration/attendance tracking. Zoom will report who attended and the time frame they attended. During the registration process, we will ask the for the specific specialty to be able to track this. For the July and November meetings (which will be hybrid virtual/in-person workgroup meetings), we will be tracking attendance via Zoom (for those joining virtually) and through a mechanism in person that our administrative team is still finalizing. Either way, during the registration process we will be asking for the name and specialty they represent.

Question: This looks like the three individuals (QI staff, physician, and Vascular Access/IR physician) are required to attend all three workgroup meetings, but it was originally said in our meeting that only the March meeting would be virtual. How will

folks attend the workgroups in July and November if they are predominantly in person? Also, as the vascular access team representative, do I need to attend all 3 meetings? In person or virtual?

Answer: You are correct, our March meeting will ONLY be virtual for everyone, including the special population workgroups. For July and November, the special population workgroup only (not the regular HMS Collaborative Wide Meeting), we will be allowing both in person and virtual attendance to count towards participation. Of note, for our July and November Collaborative Meetings (the main meeting – not the workgroup) will only be in person. We are only making this virtual exception for the special population workgroups.

Question: For specialist attendance at the special population workgroup meetings, does it need to be the same specialist at every workgroup? Like if 2 different oncologists attend?

Answer: For specialist attendance at the special population workgroup, it **does not** have to be the same specialist that attends each meeting. For example, if critical care physician #1 attends the March meeting, critical care physician #2 can attend the July meeting, etc. Of note, if there are different specialists attending different meetings, we will be asking them to review some information in advance of the July and/or November meeting to give them background on HMS and our PICC work as we will not give the high-level overview at each meeting like we will during our March 2023 kick off workgroup.

Question: Can an infectious diseases physician attend one of the special population workgroups for bonus points?

Answer: No, for bonus points related to the specialist attending at the special population workgroup meetings, an infectious diseases (ID) physician does not count. For the critical care workgroup, the specialist must be a critical care physician. For the hematology/oncology workgroup, the specialist must be an oncologist or hematologist.

Question: We are in the 2021 cohort. Are the Pay for Performance (P4P) bonus points tied to attendance at the special population workgroup by critical care and oncology/heme? Would it count if just an Interventional Radiologist from my site attended?

Answer: For hospitals that joined HMS in 2020, 2021 or 2022, you are eligible for bonus points. To receive bonus points, a critical care physician could attend 1 critical care special population workgroup meeting, or a hematologist/oncologist could attend 1 oncology special population workgroup meeting during the performance year to meet the requirement. No, an Interventional Radiologist (IR) would not count towards the specialist participation in either of the workgroups.

Question: Please confirm the guidelines for the oncology PICC initiative for the Prior to 2020 Cohort. I thought I understood that the specialist would need to attend 1 of the 3 meetings to receive points. If they attended all 3 then there would be bonus points?

Answer: Yes, if you are specifically speaking of the Performance Index for HMS (or P4P), then the specialist only needs to attend 1 of 3 meetings to receive the main points (non-bonus). Please note that for the oncology piece, there is also a second component which is meeting the threshold below for triple lumens and those in for < 5 Days. If they attend all 3 of the workgroup meetings, they will receive the bonus points (total of 5 points). See screenshots below.

| | | |
|---|--|----|
| <i>Oncology</i> | | |
| ≤ 25% of PICCs placed in oncology patients ¹⁷ are triple lumens AND in for ≤5 Days AND participation in special population workgroup ^{13,14,15} | | 15 |

| Optional Bonus | | |
|----------------|---|---|
| Optional | 5 | Specialist ¹⁵ attendance at 3 of the special population workgroup meetings ^{13,14} during the calendar year in the hospital's pre-determined workgroup area OR Specialist ¹⁵ attendance at 1 or more of the special population workgroup meetings ¹⁴ that is not the hospital's pre-determined workgroup area during the calendar year |
| | | 5 |

Question: For critical care specialists and hematologist/oncologist specialties, would a Nurse Practitioner or Advanced Practice Provider (APP) count?

Answer: No, for the specialist component for the workgroups (critical care and hematology/oncology), an advanced practice provider (APP) will not be accepted. It must be a physician.

Question: For VAST and IR attendance, does an Advanced Practice Provider on either the Vascular Access team or an IR Advanced Practice Provider count?

Answer: Yes, for the Vascular Access Team Member or Interventional Radiologist component of the P4P workgroup participation requirements, an advanced practice provider (APP) will be accepted. Note: screenshot below from the supporting documentation of the 2023 HMS Performance Index – Prior to 2020.

¹³ Participation in Special Population Workgroup

- At least 3 individuals representing the following roles must attend 3 of the 3 tri-annual initiative specific work group meetings
 - 1 Quality Professional
 - 1 Physician (at least 1 of the 3 meetings per year the specialist must attend)
 - 1 Vascular Access Team Member or Interventional Radiologist Representative

Question: In the Performance Index (P4P), the directions for the workgroup states that a Quality Professional must attend. Do abstractors count as Quality Professionals, or does this need to be more of a Quality Improvement Specialist?

¹³ Participation in Special Population Workgroup

- At least 3 individuals representing the following roles must attend 3 of the 3 tri-annual initiative specific work group meetings
 - 1 Quality Professional
 - 1 Physician (at least 1 of the 3 meetings per year the specialist must attend)
 - 1 Vascular Access Team Member or Interventional Radiologist Representative

Answer: Yes, an abstractor counts toward the “Quality Professional”. See above screenshot.

Question: My hospital doesn’t insert any triple lumen PICCs. Should we participate in the special population workgroup?

Answer: Yes, every hospital that joined HMS prior to 2020 will be in one of the PICC workgroups, critical care, or hematology/oncology, irrespective of performance. If your hospital does not insert any triple lumen PICCs in these populations, your guidance/expertise will be valued during the discussions.

Question: My hospital is assigned to 'Oncology'.

If our Critical Care physicians participate in the **VBR** and participated in ALL three workgroups:

1. Would they be assigned to the Oncology specialty workgroups or Critical Care specialty workgroups?

Answer: All Critical Care physicians will be assigned to the Critical Care specialty workgroup, irrespective of which group the hospital has been assigned to.

2. If Critical Care were to attend all three Workgroups in either Critical Care OR Oncology, would that make us eligible for the P4P bonus points or would they need to participate in at least one meeting of the other specialty workgroup?

Answer: Good question, for **P4P**, since your hospital is assigned to the Oncology cohort, you could receive bonus points 1 of 2 ways:

1. Your Critical Care physician attends 1 or more Critical Care special population workgroup meeting
2. Your Oncologist/hematologist attends 3 of the Oncology special population workgroup meetings

If your hospital is also going for the **Critical Care VBR incentive**, a Critical Care physician would need to attend all 3 special population workgroup meetings.

Question: Can you tell me what the data for the Special Population Workgroups will look like. For example, will the elements of the Oncology workgroup be reported separately: $\leq 25\%$ of PICCs placed in oncology patients are triple lumen, then a report for triple lumens in for ≤ 5 days, and another report for participation.

Answer: Yes, we are in the process of updating our reports to reflect the new measures for 2023. For the oncology measure, since it is a combined measure of 2 key components (lumens and dwell time), we will be providing the data combined (since the measure is combined) and separately to be able to see which component caused the fallout to be able to act on for quality

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improvement purposes. In terms of participation, we have not discussed a report for tracking participation at workgroups but will confer as a team to discuss the options for this.

PICC MEASURES – ONCOLOGY AND CRITICAL CARE PATIENTS – HOSPITAL PAIRINGS

Question: For hospitals paired together, will our score be combined with the paired hospital?

Answer: The hospital pairing is for data aggregation purposes. For hospitals that have small numbers of patients, we combined hospitals who have larger volumes within their system or with other small hospitals. Yes, the scores will be combined for assessment purposes. We will be updating our reports to include hospital pairings for these specific measures as appropriate.

Question: Since the score is combined, will we need participation from only 1 critical specialist for both hospitals to meet the measure?

Answer: The scores are combined only for data purposes for the dwell time and/or lumens portion of the measure (i.e., determining the threshold for the <30%). This does not include the participation component in the population workgroup. So even though the hospitals are paired together, 2 critical care specialists would need to attend – 1 from each hospital.

Question: When you say the scores are combined for data purposes, will the P4P scorecard reflect the combined scores, or will each site be scored individually for P4P purposes?

Answer: Yes, the P4P scorecard (and data reports) distributed in 2023 will reflect the combined score (as well as the site-specific score). Please note, this is just for this measure and not the other measures.

SEPSIS

Question: Will there be a scorecard dedicated to the Sepsis initiative?

Answer: HMS only has one Performance Index which includes all of our initiatives (Antimicrobial, PICC/Midline and Sepsis). The Sepsis specific measure on the 2023 index is related to case abstraction submission (measure #1) and completeness and accuracy (measure #2). Our goal is to have our first Sepsis specific performance measure in 2024.

Question: Will the HMS Collaborative Wide Meetings and the new HMS Sepsis initiative be combined and on the same days in 2023? If so, can you confirm dates and locations of the March and November meetings and let me know the date and location of the July meeting?

Answer: The HMS Sepsis initiative is part of our broader HMS Collaborative, and all Sepsis specific sessions will take place at our main Collaborative Wide Meeting. The dates/locations are below:

March 15, 2023- Virtual Via Zoom Meeting

July 12, 2023 – Frederik Meijer Gardens, Grand Rapids, MI

November 1, 2023 - U-M Flint Riverfront Conference Center, Flint, MI

March 2024 - Virtual

ANTIMICROBIAL

Question: How do you determine appropriateness of empiric broad spectrum therapy?

Answer: To determine appropriateness of empiric broad spectrum therapy, we are looking at the following:

- Respiratory/blood cultures from the prior year, including MRSA in culture or swab or Pseudomonas (or other gram negative) in culture
 - If MRSA is found – anti-MRSA coverage is appropriate
 - If PSA or other gram negative is found – anti-PSA coverage is appropriate
- If cultures do not provide information as noted above, we are looking to see if the patient had an inpatient hospitalization in the prior 90 days + IV antibiotics in the prior 90 days + severe CAP on days 1/2 of the hospital encounter
 - If they have all of these items, we will not consider the empiric start of broad spectrum coverage to be inappropriate on day 2

Question: Which antibiotics are considered broad spectrum? Vancomycin +/- cefepime?

Answer: For broad-spectrum antibiotics, we are looking at any antibiotics that are either considered to be anti-MRSA or anti-Pseudomonal/Gram Negative Coverage.

Anti-MRSA:

- Vancomycin
- Linezolid
- Ceftaroline

Anti-PSA or Gram Negative:

- Ceftazidime or Ceftazidime-avibactam
- Piperacillin-tazobactam
- Cefepime
- Meropenem, meropenem vaborbactam, imipenem, or doripenem
- Aztreonam
- Ceftolozane-tazobactam
- Cefiderocol
- Ciprofloxacin