

HMS Pay for Performance & Value Based Reimbursement Q & A Sessions

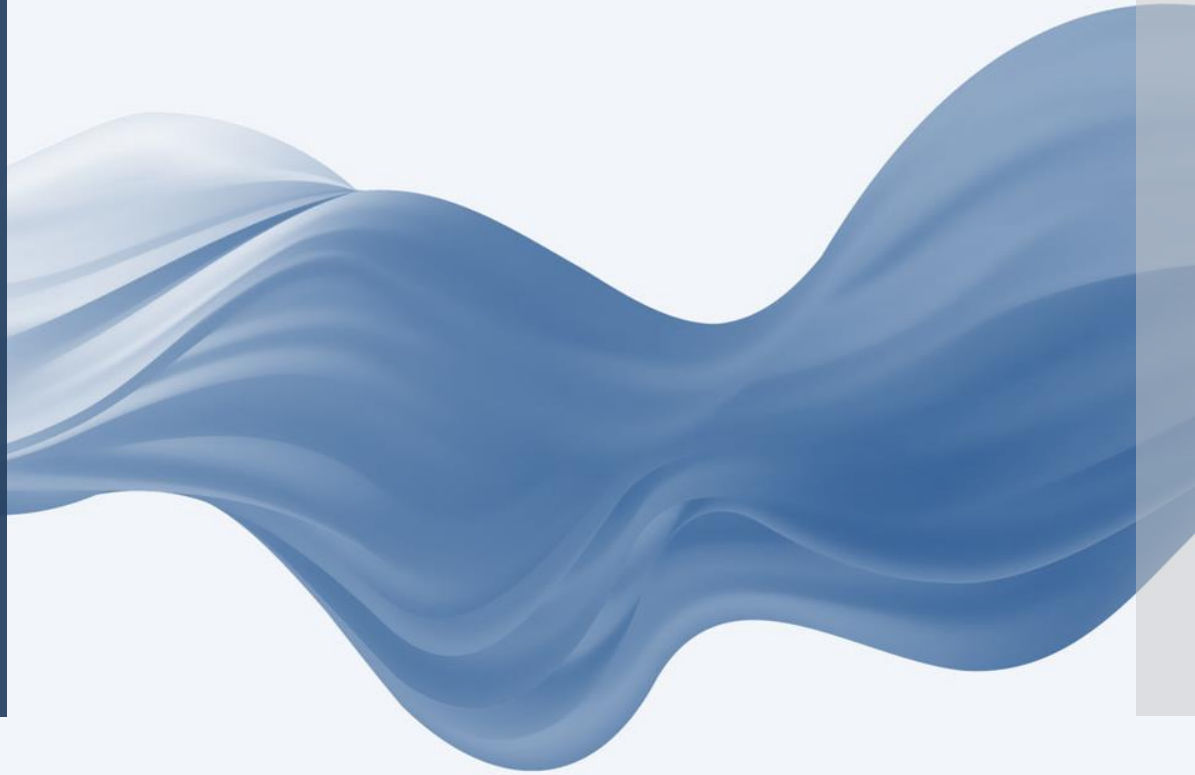
Elizabeth McLaughlin, MS, RN

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- HMS will have 2 incentive programs
 - Pay for Performance (P₄P)
 - Value Based Reimbursement (VBR)
- P₄P is our HMS Performance Index
- This will be the 2nd year HMS offers a VBR incentive for participating physicians that aligns with our HMS quality goals
 - Incentive is structured by physician specialties
 - Hospitalists/Infectious Diseases Physicians who participate in Antimicrobial Stewardship
 - Critical Care Physicians

2024 Pay for Performance



2024 HMS Performance Index



- 30/70 split between participation & performance
- Collaborative performance measure required
 - Everyone gets or loses points based on collaborative average
- Performance targets must continue to be a stretch
 - BCBSM does not expect all hospitals to achieve full points
 - Cut-offs based on the adjusted model
- 2 Pay for Performance (P₄P) Indices
 - Hospitals who joined prior to 2020
 - Hospitals who joined in 2020, 2021 & 2022

- Antimicrobial – All hospitals now
 - Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP
 - Full point threshold: $\geq 65\%$ -> $\geq 70\%$ (top $\frac{1}{4}$ of hospitals)
 - Reduce Use of Inappropriate Empiric Broad-Spectrum Antibiotics for Patients with Uncomplicated CAP
 - Transitioned to a Collaborative Wide Measure – replaced PICC Catheter to Vein Ratio Measure
 - Full point threshold: $\leq 10\%$
 - Current Collaborative Wide Average = 12.4%
 - New Diagnostic Excellence Measure – 2 components
 - Reduce Use of Antibiotics in Patients with ASB
 - Full point threshold: $\leq 13\%$
 - Reduce Use of Antibiotics in Patients with Questionable PNA
 - Full point threshold: $\leq 11\%$

- 2 New Sepsis Measures

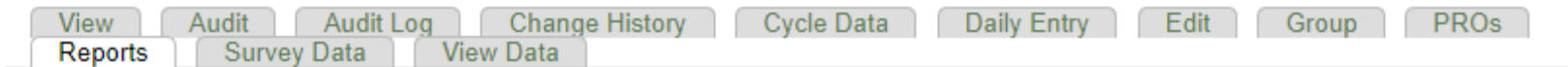
Increase Antibiotics Delivered within 3 hours of Arrival for Septic Shock Patients^{11,21}	
≥ 67% septic shock cases ¹¹ receive antibiotics within 3 hours of arrival	15
55 – 66% septic shock cases ¹¹ receive antibiotics within 3 hours of arrival	10
< 55% septic shock cases ¹¹ receive antibiotics within 3 hours of arrival	0

Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting^{12,13,21}	
≥ 65% sepsis cases discharged to home-like setting ¹² received at least 1 of 3 discharge/post-discharge coordination of care measures ¹³	15
45 – 64% sepsis cases discharged to home-like setting ¹² received at least 1 of 3 discharge/post-discharge coordination of care measures ¹³	10
< 45% sepsis cases discharged to home-like setting ¹² received at least 1 of 3 discharge/post-discharge coordination of care measures ¹³	0

Performance Index Updates – New Sepsis Measures



- Do you want to know your site-specific data?



In the HMS Sepsis registry, select 'SEP – Bundle Details Report'

- SEP - Bundle Details Report
- SEP - Cycle Report
- SEP - Data Checker
- SEP - Demographics
- SEP - Patients Who Still Need Followup
- SEP - PROs Follow-Up
- SEP - Required Forms Missing

Antibiotic Delivered within 3 hours of Hospital/ED Arrival (among hypotensive)					
Numerator (Cases where antibiotics delivered within 3 hours)	16	10	7	1	34
Denominator (All Pneumonia, Sepsis, and Respiratory Failure cases)	18	14	12	1	45
Rate(%)	88.9%	71.4%	58.3%	100.0%	75.6%

Antibiotic Delivery within 3 Hours for Hypotensive Patients

Hypotension: Vasopressors initiated within two hours of arrival OR systolic blood pressure < 90 mmHg in the first two hours OR calculated MAP < 65 in the first two hours

Eligibility	Passing
All Pneumonia, Sepsis, and Respiratory Failure cases	Antibiotics delivered within 3 hours of hospital/ED arrival

HMS ID	Cycle	Quarter	Primary Discharge Diagnosis	Presentation Date/Time	Name of Antibiotic	Antibiotic Order Date/Time	Antibiotic Administration Date/Time	Vasopressors Initiated	Lowest SBP in First Hour	Lowest SBP in Second Hour	First Hour Calculated MAP	Second Hour Calculated MAP
115211	2171	Q3 2023	Sepsis	5/10/23 10:31	Piperacillin	5/11/23 02:35	5/11/23 04:38		94	Unknown	62	Unknown

Performance Index Updates – New Sepsis Measures

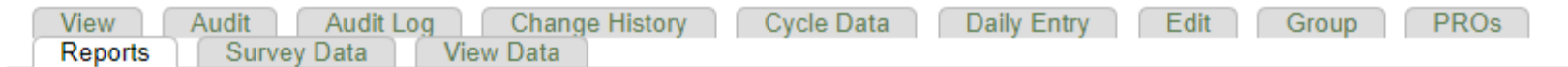


- Cohort: Discharge disposition was a home-like setting
 - home (with or without home services)
 - assisted living
 - custodial nursing
 - temporary shelter
- Passing:
 - 1 of 3 are true:
 - Hospital contact information provided
 - Scheduled with PCP within 2 weeks (at time of discharge)
 - Post discharge telephone call or PCP visit/home health services within 3 calendar days

Performance Index Updates – New Sepsis Measures



- Do you want to know your site-specific data?



In the HMS Sepsis registry, select 'SEP – Bundle Details Report'

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- SEP - Required Forms Missing

Contact Information Provided for Issues Post-Discharge					
Numerator (Cases where hospital contact provided on discharge)	9	18	14		41
Denominator (Cases discharged to specific locations)	28	25	16	0	69
Rate(%)	32.1%	72.0%	87.5%		59.4%
Scheduled for PCP follow-up within 2 week					
Numerator (Cases where follow-up scheduled within 2 weeks of discharge)	6	9	7		22
Denominator (Cases discharged to specific locations)	28	25	16	0	69
Rate(%)	21.4%	36.0%	43.8%		31.9%

In Development - Post discharge telephone call or PCP visit/home health services within 3 calendar days

Stratified PICC Quality Improvement Strategy



- **Situation**

- The majority of the hospitals who joined HMS prior to 2020 have plateaued in improvements in our existing PICC measures
 - PICC \leq 5 Days
 - Increasing single lumens (non-ICU)
 - Avoiding PICCs in patients with chronic kidney disease
- Driving more appropriate PICC selection/use varies across all hospitals using a one size fits all approach is not ideal
- Over the last 3 years, we have brought on 3 cohorts of hospitals where improvement in the above in our existing PICC measures is appropriate

- **Goal**

- Identify a strategic plan for our original cohort of hospitals that is meaningful to all hospitals while also maintaining the existing measures for our newer cohorts



- For Hospitals who joined HMS prior to 2020, they are assigned to **one** PICC measure with two possible routes
 - Hematology/Oncology (i.e. Active Malignancy)
 - Reduce triple lumens and reduce short term use (< 5 days)
 - Participate in workgroup to determine appropriate vascular access device, including PICCs, for hematology/oncology patients
 - Critical Care
 - Reduce triple lumens
 - Participate in workgroup to determine appropriate vascular access device, including PICCs, for critical care patients
- For Hospitals who joined HMS in 2020, 2021 & 2022
 - Reducing PICC short term dwells (≤ 5 Days)
 - Increasing single lumen PICCs in non-ICU
 - Reducing PICC use in patients with chronic kidney disease (CKD)

New Stratified PICC Quality Improvement Strategy Hematology/Oncology & Critical Care



Hospitals who joined HMS prior to 2020 only

9	15	Reduce Inappropriate PICC Placements in Special Populations – Active Malignancy¹⁴ or Critical Care¹⁵	
		<i>Active Malignancy¹⁴</i>	
		≤ 25% of PICCs placed in active malignancy cases ¹⁴ are triple lumens and in for ≤5 Days AND participation in special population workgroup ^{16,17,18}	15
		≤ 25% of PICCs placed in active malignancy cases ¹⁴ are triple lumens and in for ≤5 Days OR participation in special population workgroup ^{16,17,18}	10
		> 25% of PICCs placed in active malignancy cases ¹⁴ are triple lumens and in for ≤5 Days AND No participation in special population workgroup ^{16,17,18}	0
		OR	
		<i>Critical Care (ICU)¹⁵</i>	
		≤ 30% of PICCs placed in critical care cases ¹⁵ are triple lumens AND Participation in special population workgroup ^{16,17,18}	15
		≤ 30% of PICCs placed in critical care cases ¹⁵ are triple lumens OR Participation in special population workgroup ^{16,17,18}	10
> 30% of PICCs placed in critical care cases ¹⁵ are triple lumens AND No Participation in special population workgroup ^{16,17,18}	0		

Workgroups will take place virtually 3 times during the year and each group must have 3 attendees – 1) Quality Professional, 2) Physician (1 of 3 must be specialist), 3) Vascular Access Team Member or Interventional Radiology

BONUS POINTS!



- The 2024 Performance Index will have several options for 5 bonus points
- Ways to receive the 5-point bonus
 - All hospitals
 - Emergency Medicine Physician attendance at the 2 in-person collaborative wide meetings convened during the calendar year (July & November)
 - Hospitals who joined HMS prior to 2020
 - Specialist attends all 3 special population workgroup meetings within assigned workgroup area
 - Specialist attends 1 or more special population workgroup meetings that is not within assigned workgroup area
 - Hospitals who joined HMS in 2020, 2021 or 2022
 - Specialist attends 1 or more special population workgroup meeting

Summary – Pay for Performance – PICC/Midline Measures



Pay for Performance (P4P) – PICC /Midline Measures

	Reduce triple lumen PICCs and < 5-day dwell times in heme/onc patients and participate in special population workgroup	Reduce triple lumen PICCs placed in critical care patients and participate in special population workgroup	Reduce eGFR	PICC < 5 Days	Single Lumen use in Non-ICU
Assessment Period	Q1 – Q4 2024	Q1 – Q4 2024	Q4 2024 ²	Q4 2024 ²	Q4 2024 ²
PICC Insertions	11/09/23 - 11/06/24	11/09/23 - 11/06/24	08/01/24 – 11/06/24	08/01/24 – 11/06/24	08/01/24 – 11/06/24
Method	Raw Hospital Specific Average ¹	Raw Hospital Specific Average ¹	Adjusted Hospital Specific	Adjusted Hospital Specific	Adjusted Hospital Specific
Hospitals	Hospitals in Oncology Cohort – Prior to 2020	Hospitals in Critical Care Cohort – Prior to 2020	2020,2021 & 2022 Cohorts	2020,2021 & 2022 Cohorts	2020,2021 & 2022 Cohorts

1. Except for those with hospital pairings
2. Adjusted model uses improvement over 1 year to inform the fourth quarter score

Summary – Pay for Performance – ABX Measures



Pay for Performance (P4P) – ABX Measures

	Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP	Reduce Use of Inappropriate Empiric Broad-Spectrum Antibiotics for Patients with Uncomplicated CAP	Diagnostic Excellence	
			Reduce Use of Antibiotics in Patients with ASB	Reduce Use of Antibiotics in Patients with Questionable Pneumonia
Assessment Period	Q4 2024 ¹	Q4 2024 ¹	Q4 2024 ¹	Q4 2024 ¹
Patient Discharges	08/01/24 – 11/06/24	08/01/24 – 11/06/24	08/01/24 – 11/06/24	08/01/24 – 11/06/24
Method	Adjusted Hospital Specific	Collaborative Wide Measure	Adjusted Hospital Specific	Adjusted Hospital Specific
Hospitals	All Cohorts	All Cohorts	All Cohorts	All Cohorts

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

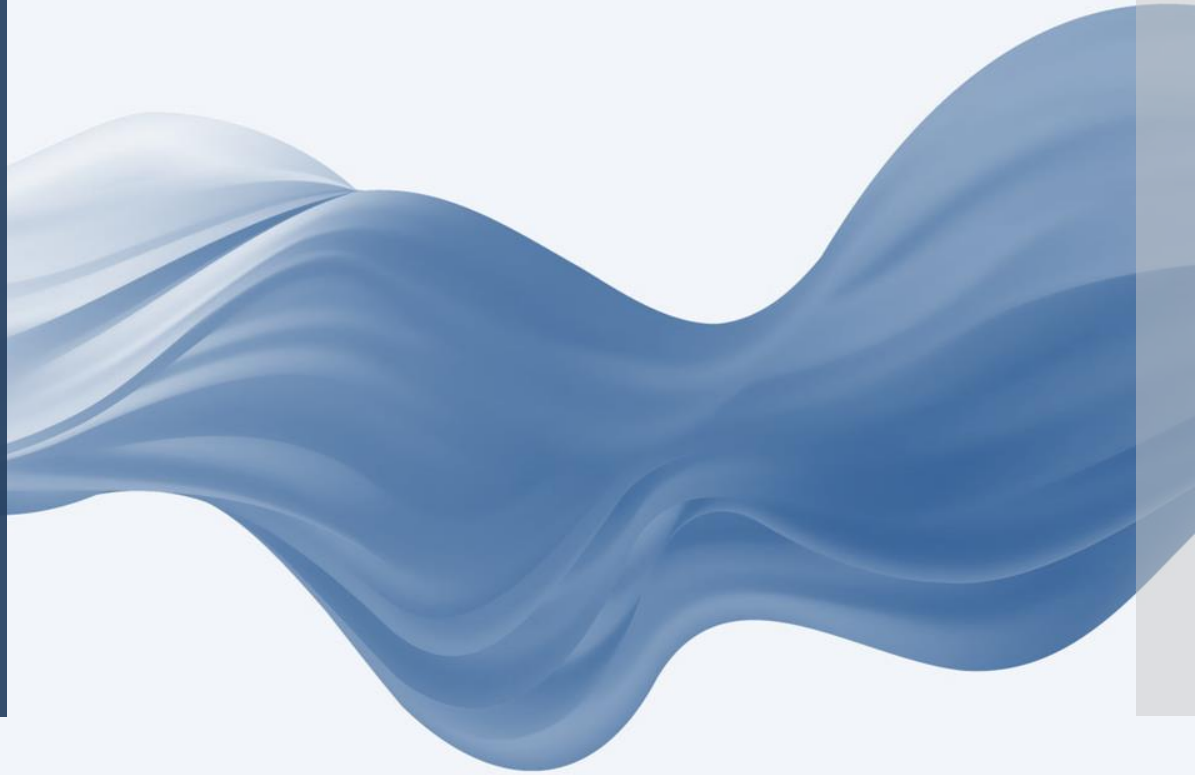
Summary – Pay for Performance – Sepsis Measures



Pay for Performance (P4P) – Sepsis Measures

	Increase Antibiotics Delivered within 3 hours of Arrival for Septic Shock Patients	Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting
Assessment Period	Q4 2024	Q4 2024
Patient Discharges	06/02/24 – 9/07/24	06/02/24 – 9/07/24
Method	Raw Hospital Specific	Raw Hospital Specific
Hospitals	All Cohorts	All Cohorts

2025 Value Based Reimbursement (VBR)



What is Value-Based Reimbursement (VBR)?



- The Value Partnerships Program at Blue Cross Blue Shield Michigan (BCBSM) develops and maintains quality programs to align practitioner reimbursement with quality-of-care standards, improved health outcomes and controlled health care costs.
- Practitioner reimbursement earned through these quality programs is referred to as value-based reimbursement, or VBR.
- The VBR Fee Schedule sets fees at greater than 100% (maximum of 103%) of the Standard Fee Schedule.
- HMS will be continuing for a second year an optional VBR program based on performance and participation in HMS initiatives for physicians in select specialties

2025 VBR Timeline



Present -
Oct
2023

Measure
Planning

Oct
2023

Notify CQI
Participants

Jan -
Nov
2024

2024 Measurement
Period

Dec
2024

Submit Physician
Eligibility to BCBSM

2025
3/1/25 -
2/28/26

3% VBR via
claims – *if Eligible*

Hospitalists and Infectious Diseases Physicians*

Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP

Hospital Specific Measure

≥ 70% uncomplicated CAP cases receive 5 days of antibiotics

Critical Care

Reduce triple lumen PICCs placed in critical care patients and participate in special population workgroup

Hospital Specific Measure

- ≤ 30% of PICCs placed in critical care patients are triple lumens **AND**
- If one critical care physician attends all 3 virtual meetings special population workgroup meetings during 2024 calendar year entire all eligible critical care physicians are eligible for incentive

*Infectious diseases physicians involved in stewardship programs at local hospital

- 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 NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

Value Based Reimbursement (VBR)

	Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated CAP	Reduce triple lumen PICCs placed in critical care patients and participate in special population workgroup
Specialists	Hospitalists and Infectious Diseases Physicians ¹	Critical Care
Assessment Period	Q3 2024	Q1 – Q3 2024
Discharge Dates/PICC Insertions	05/9/24 – 07/31/24	11/09/23 – 07/31/24
Method	Adjusted – Hospital Specific	Raw- Hospital Specific
Hospitals	All	All

1. Infectious diseases physicians involved in stewardship programs at local hospital

Key Concept: Hospital Specific Funding Structure



- 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
- Example
 - At Michigan Medicine, the hospitalists are employed by the hospital and incentive payments would be distributed to the hospital as opposed to the Michigan Medicine Hospitalists specifically

Key Concept: How will the physicians be identified?



- HMS does not collect physician specific data in our registries so 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
 - Hospitalists and Infectious Diseases Physicians
 - Critical Care
- The NPI's will be collected in the Fall 2024 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

Key Concept: Critical Care Participation in Workgroup



- For the Critical Care participation measure, if one critical care physician (can be different physician each meeting) from your hospital attends all 3 meetings during the year, the **entire** critical care physician team at your hospital would be eligible for the incentive

FAQ



Q & A : Why the New PICC QI Strategy?



- **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 main 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, 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.

Q & A : P₄P & VBR Oncology



- **Question:** Is there reimbursement attached to this oncology PICC initiative?
- **Answer:** Yes, for the Performance Index (P₄P) there is a reimbursement associated with hematologist/oncologist participation. For Value Based Reimbursement (VBR) for hematologist/oncologists physicians, there is no reimbursement incentive given logistics and overlapping with other CQI's.

Q & A: P₄P & VBR Critical Care/Hematology/Oncology Hospital Pairings



- **Question:** Please provide more detail about the hospital pairing. Does it mean our score will 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 smaller hospitals. Yes, the scores will be combined for assessment purposes for the performance index.

Q & A : P₄P & VBR Workgroup Participation



- **Question:** Please confirm the guidelines for the oncology PICC initiative. 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. (see 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

If they attend all 3 of the work group meetings, they will receive the bonus points (total of 5 points)

Q & A : VBR & Funding



- **Question:** For a physician who practices at my hospital but does not officially work at my hospital, how will they receive the funds? For example, several of our physicians technically work for Wayne State University Medical. Will the funds go to Wayne and then directly to them? Our physician champion was wondering how the money is dispersed and who it goes to.
- **Answer:**
 - The VBR is a fee schedule increase that is applied to the physicians billing for BCBSM commercial PPO claims. The VBR you earned will show up on each claim billed and will look like an increase in reimbursement. For instance, if the doctor (or the doctor's agency that handles billing), bills for a consult code that would pay out at \$100. If that physician earns a 3% VBR, then the reimbursement would show up at \$103. The VBR is tied to the physician billing and nothing else. It's not tied to facility billing.
 - But, if the physician is employed by a hospital or large group, the physician will not necessarily see the increase. If the physician in this case is employed by a hospitalist group but not your hospital, whoever manages and administers the PHYSICIAN billing will see this increase in reimbursement on each claim (with the exception on certain claims related lab, rad, diagnostics, DME, ambulance/air transport).
 - The VBR is primarily applied to Relative Value Unit based codes (which include your E&M, consult, and procedure codes). If the doctor wants to know who's aware of their VBR, it would be the PO, but the PO doesn't get the VBR and they don't disburse the VBR. The only thing the PO does with VBR is they know who received it and they get reports from BCBSM on how much the total VBR earned was for the period.

- **Question:** Is it a system wide reimbursement? Are all providers eligible for reimbursement or just those involved with HMS work?
- **Answer:** All hospitalists, and separately Infectious Diseases Physicians who are part of the antimicrobial stewardship teams at the individual hospital, who have practiced over the last 1 year at the individual hospital being assessed. I want to clarify that we assess the data at a local hospital level (not at the system level) who meet the eligibility requirements below.

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 NPI number to the HMS Coordinating Center via the HMS Semi-Annual Fall QI Survey

Q & A : VBR & the Role of the Abstractor



- **Question:** I would like to know, if I as the abstractor have any role to play in the VBR measures.
- **Answer:** Your role is to help share the opportunity that is available. VBR is optional and not required. If your hospital is looking to obtain the incentive, your role (and your physician champion) will need to help obtain the NPI's and attest that those individuals have practiced at your hospital within the last year.



General Q & A