



Tomorrow's Doctors, Tomorrow's Cures

ACO Program: Quality Reporting Requirements

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Association of
American Medical Colleges

Agenda for Today's Call

- Overview
- Quality Reporting Requirements
- Benchmarks/Thresholds
- Scoring Model
- Scoring Methodology
- Data Collection
- Performance Measures

Proposed Rule Overview

- Released March 31; published in Federal Register on April 7 (76 Fed. Reg. 19528)
- Comments due June 6
- OIG, DOJ/FTC and IRS released companion documents same day (limited waivers and antitrust “safety zones”)
 - OIG will accept comments through June 6
 - DOJ/FTC will accept comments through May 31
 - IRS will accept comments through May 31
- Documents available on AAMC website:
www.aamc.org/aco/

Proposed Rule Overview (Cont.)

- ACOs would enter into 3 year agreements as early as January 1, 2012
- Applies only to Medicare FFS population, not Medicare Advantage (MA)
- Participants continue to receive FFS payments through agreement period
- Must meet cost and quality benchmarks to be eligible for savings
 - Quality scores determine percent of shared savings/losses

Reporting Requirements

Quality Reporting Requirements

- Must report on all quality measures to be eligible for shared savings
- Initially report on 65 measures (more in future years)
- 5 care domains
 - Patient/caregiver experience (CG-CAHPS)
 - Care coordination (MU, eRx)
 - Patient safety (HACs)
 - Preventive health
 - At-risk population/frail elderly health

Quality Measures

- Measures primarily physician focused
- Align with Physician and Hospital Reporting Programs (PQRS, IQR, eRx) and Meaningful Use
- Data submitted via claims, survey and modified PQRS group practice reporting option (GPRO) tool

Measuring Performance

- Initial year reporting only – no performance thresholds
- Years 2 and 3 based on performance
 - Must meet minimum threshold for ALL measures
 - Not all measures in current reporting programs

Benchmarks/Thresholds

Benchmarks/Thresholds

- Each measure has a minimum attainment threshold and performance benchmark
- Minimum threshold proposed at 30th percentile
- CMS will determine benchmarks based on Medicare FFS, Medicare Advantage or ACO performance dependent upon data availability
- Benchmarks available prior to start of the ACO

Scoring Models/Methodology

Scoring Models

- Performance based (proposed model)
 - Ability to score higher percentage based on performance
 - Minimum threshold (30th percentile)
- Minimum threshold
 - Minimum threshold higher (50th percentile)
 - Full savings if minimum threshold met
 - Fixed quality percentage
- Hybrid
 - Start with threshold and move to performance

Measuring Performance

- Measures will be scored similar to hospital value-based purchasing model
 - Receive points for each measure on sliding scale
 - NO points awarded for performance below minimum threshold (30th percentile)
 - Measures aggregated by domain
 - Domains weighted equally
 - All measures and domains must meet minimum threshold to be eligible for savings
- **Total performance score determines eligible % of shared savings**

Measure Scoring

ACO Performance Level	Quality Points
90+ percentile FFS/MA Rate or 90+ percent	2 points
80+ percentile FFS/MA Rate or 80+ percent	1.85 points
70+ percentile FFS/MA Rate or 70+ percent	1.7 points
60+ percentile FFS/MA Rate or 60+ percent	1.55 points
50+ percentile FFS/MA Rate or 50+ percent	1.4 points
40+ percentile FFS/MA Rate or 40+ percent	1.25 points
30+ percentile FFS/MA Rate or 30+ percent	1.10 point
<30 percentile FFS/MA Rate or <30 percent	No points

Source pg. 19595

Total Points Per Domain

Domain	# Measures	1-sided model: Max Potential Pts Per Domain	2-sided model: Max Potential Pts Per Domain
Patient/Caregiver Experience	7	14	14
Care Coordination	16	32	32
Patient Safety	2	4	4
Preventive Health	9	18	18
At-Risk Pop/Frail Elderly Health	31	62	62
Total Quality Pts Available		130	130
Max Potential Shared Savings		50% of savings generated	60% of savings generated

Quality Scoring and Shared Savings Calculation Example



Eligible savings:

1-sided model = 50%

2-sided model = 60%

Examples for 1-sided model*

90th percentile = 100% * eligible savings (50%) = 50% savings

30th percentile = 55% * eligible savings (50%) = 27.5% savings

Timelines



Issues/Concerns

- Minimum thresholds on measures for eligibility
 - Determination of benchmarks
 - Appropriate scoring model
-
- Shared savings threshold needs to be raised to account for difficulty in achieving maximum quality score in years 2 and 3

Data Collection

Data Collection

- Three main mechanisms for data collection
 - Surveys
 - Claims analysis
 - Group Practice Reporting Option (GPRO) Reporting Tool

GPRO Tool - Background

- Builds off group reporting option for large group practices:
 - Physician Group Practice (PGP) Demo
 - Physician Quality Reporting System group practice reporting option 1 (PQRS GPRO 1)
- Report on a sample of patients seen by the practice.
 - CMS determines samples for each set of measures
 - Pre-populates a database using claims information

GPRO Reporting Tool for ACOs

- **Sample Patients**

- **Patients attributed to the ACO:** plurality of E/M primary care services by *primary care physicians*
- **Sample size:** 411 consecutive patients per measure set/domain. If sample less than 411, ACO must report on all patients.

- **Tool**

- CMS pre-populates a database with patient demographics and utilization
- ACO fills out remaining information

Data Collection by Domain

Domain	# Measures	Primary data collection
Patient/Caregiver Experience	7	Survey
Care Coordination	16	Claims analysis, GPRO
Patient Safety	2	Claims or CDC National Healthcare Safety Network
Preventive Health	9	GPRO
At-Risk Pop/Frail Elderly Health <ul style="list-style-type: none"> • Diabetes (10 measures) • Heart Failure (7) • Coronary Artery Disease (6) • Hypertension (2) • COPD (3) • Frail Elderly (3) 	31	GPRO and Claims analysis

Aligning with PQRS

- ACOs that meet quality requirements can receive PQRS Group incentive payment
 - 0.5% incentive for 2012-2014
 - Applies to all TINs in the ACO
- CMS does not propose to incorporate other incentive programs (Medicare EHR Reporting or E-Prescribing (eRx) Incentive Program)

Measures

New Items

- Ambulatory patient satisfaction surveys
- New composites
- New populations/measure sets added to the GPRO reporting tool

Domain 1: Patient Caregiver Experience

Measures (Data collection):

Clinician/Group CAHPS (Survey):

1. Getting Timely Care, Appointments, and Information
2. How Well Your Doctors Communicate
3. Helpful, Courteous, Respectful Office Staff
4. Patients' Rating of Doctor
5. Health Promotion and Education
6. Shared Decision Making

Medicare Advantage CAHPS (Survey):

7. Health Status/Functional Status

Domain 2: Care Coordination

Measures (Data collection):

Transitions

8. Risk-standardized all condition readmission* (claims)
9. 30-Day Post Discharge Physician Visit* (GPRO)
10. Medication Reconciliation (GPRO)
11. Care Transition Measure (GPRO or Survey)

* Measure not NQF-endorsed

All measures new to pay-for-performance programs

Domain 2: Care Coordination (cont.)

Measures (Data collection):

AHRQ Prevention Quality Indicators* (claims)

- 12. Diabetes, short-term complications
- 13. Uncontrolled Diabetes
- 14. Chronic obstructive pulmonary disease
- 15. Congestive Heart Failure
- 16. Dehydration
- 17. Bacterial pneumonia
- 18. Urinary infections

* The Prevention Quality Indicators (PQIs) are a set of measures that use hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions."

Domain 2: Care Coordination (cont.)

Measures (Data collection):

Information Systems (GPRO)*

- 19. % *All Physicians* Meeting Stage 1 HITECH Meaningful Use Requirements
- 20. % of *PCPs* Meeting Stage 1 HITECH Meaningful Use Requirements

By start of year 2, ACOs must have at least 50% of PCPs meeting this requirement

- 21. % of PCPs Using Clinical Decision Support
- 22. % of PCPs who are Successful Electronic Prescribers Under the eRx Incentive Program
- 23. Patient Registry Use

* CMS to validate GPRO attestation through EHR Incentive data and eRx Incentive Program

Domain 3: Patient Safety

Measures (Data collection):

24. Hospital Acquired Condition Composite (claims or CDC) - **NEW**

- Foreign Object Retained After Surgery
- Air Embolism
- Blood Incompatibility
- Pressure Ulcer, Stages III and IV
- Falls and Trauma
- Catheter-Associated UTI
- Manifestations of Poor Glycemic Control
- Central Line Associated Blood Stream Infection (CLABSI)
- Surgical Site Infection
- AHRQ Patient Safety Indicator (PSI) 90
Complication/Patient Safety for Selected Indicators
(composite)

25. Health Care Acquired Conditions: CLABSI Bundle (claims or CDC)

Domain 4: Preventative Health

All measures collected through GPRO tool:

- 26. Influenza Immunization
- 27. Pneumococcal Vaccination
- 28. Mammography Screening
- 29. Colorectal Cancer Screening
- 30. Cholesterol Management for Patients with Cardiovascular Conditions*
- 31. Adult Weight Screening and Follow-up*
- 32. Blood Pressure Measurement
- 33. Tobacco Use Assessment & Cessation Intervention*
- 34. Depression Screening**

* Measure not in PQRS GPRO, but is in Medicare EHR incentive program

** Measure in PQRS, but not PQRS GPRO

Domain 5a: At-Risk Diabetes

All measures collected through GPRO tool:

35. Diabetes Composite (All or Nothing Scoring): **NEW**

- Hemoglobin A1c Control (<8%)
- Low Density Lipoprotein (<100)
- Blood Pressure <140/90
- Tobacco Non Use
- Aspirin Use

36. Hemoglobin A1c Control (<8%)*

37. Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus

38. Tobacco Non Use*

39. Aspirin Use**

* Measure not in PQRS GPRO, but is in Medicare EHR incentive program

** Measure not in PQRS GPRO and measure not NQF-endorsed

Domain 5a: At-Risk Diabetes (cont.)

All measures collected through GPRO tool:

- 40. Hemoglobin A1c Poor Control (>9%)
- 41. High Blood Pressure Control in Diabetes Mellitus
- 42. Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
- 43. Dilated Eye Exam in Diabetic Patients
- 44. Foot Exam

Domain 5b: At-Risk Heart Failure

All measures collected through GPRO tool:

- 45. Left Ventricular Function (LVF) Assessment
- 46. Left Ventricular Function (LVF) Testing
- 47. Weight Measurement
- 48. Patient Education
- 49. Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 50. ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- 51. Warfarin Therapy for Patients with Atrial Fibrillation

Domain 5c: At-Risk CAD

All measures collected through GPRO tool:

52. Coronary Artery Disease (CAD) Composite: All or Nothing Scoring **NEW**

- Oral Antiplatelet Therapy Prescribed
- Drug Therapy for Lowering LDL-Cholesterol
- Beta-Blocker Therapy for Patients with Prior MI
- LDL Level <100 mg/dl
- ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

Domain 5c: At-Risk CAD (cont.)

All measures collected through GPRO tool:

- 53. Oral Antiplatelet Therapy Prescribed for Patients with CAD
- 54. Drug Therapy for Lowering LDL-Cholesterol
- 55. Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
- 56. LDL level < 100 mg/dl*
- 57. ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

* Measure not in PQRS GPRO and measure not NQF-endorsed

Domain 5d and 5e: At-Risk Hypertension and COPD

All measures collected through GPRO tool:

Hypertension

58. Blood Pressure Control

59. Plan of Care

Chronic Obstructive Pulmonary Disease (COPD)*

60. Spirometry Evaluation

61. Smoking Cessation Counseling Received**

62. Bronchodilator Therapy based on FEV1

* Population not in PQRS GPRO

** Measure not NQF-endorsed

Domain 5f: At Risk Frail/Elderly*

- 63. Falls: Screening for Fall Risk (GPRO)
- 64. Osteoporosis Management in Women Who had a Fracture (GPRO)
- 65. Monthly INR for Beneficiaries on Warfarin (Claims)

* Population not in PQRS GPRO

Measures Summary

Positives:

- Align with PQRS GPRO reporting
- Builds on previous group reporting
- Framework to measure systems

Measures Summary

Concerns:

- Total number of measures
- Double count effect
 - HAC, readmission, meaningful use, e-prescribing all reported twice
- 50% of PCPs reach meaningful use by year 2
- New composite measures
- New measures not previously included in pay-for-performance programs
- Time needed to complete new GPRO modules

Upcoming Calls

- Thursday, May 5, 2:00 p.m. Eastern
 - Legal (in-house counsel only)
- Thursday, May 12, 2:00 p.m. Eastern
 - Beneficiary Attribution and Payment

Resources

www.aamc.org/aco

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