

Patient Experience

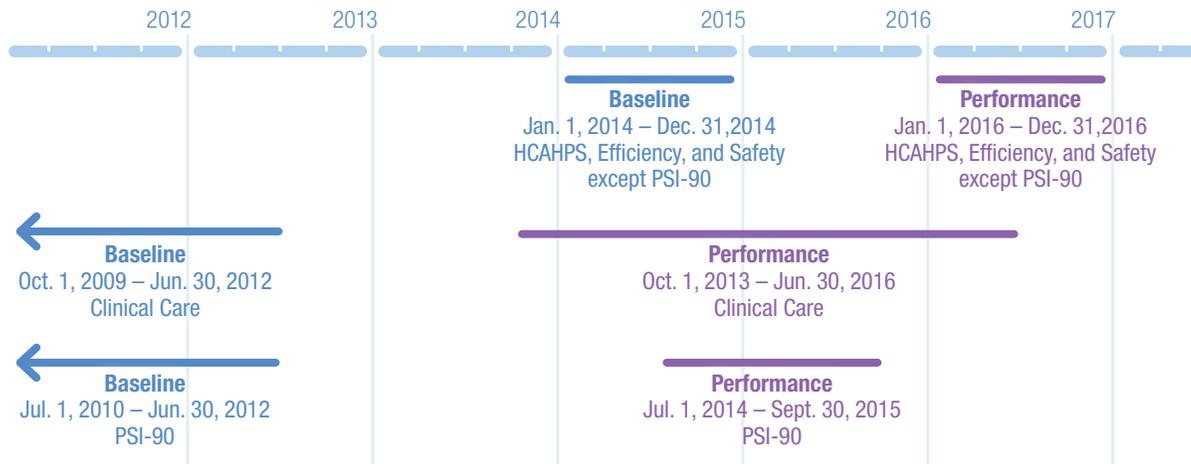


Value-Based Purchasing

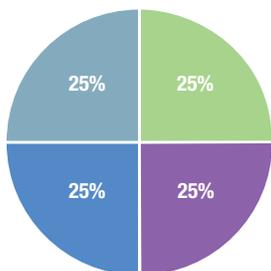
Summary for FFY2018

Value-Based Purchasing (VBP) links Medicare's payment system to value-based performance that improves the quality of healthcare. Evaluating hospital performance depends on measures that reflect safety, outcomes, patient experience, and efficiency.

Finalized FFY 2018 Time Periods



Finalized FFY 2018 Weights



Finalized FFY 2018 Weights	Percentage
Safety	25%
Clinical Care	25%
HCAHPS	25%
Efficiency	25%

- All domains carry the same weight.
- Clinical and outcome measures have been reorganized, see next page.

Achievement Thresholds

HCAHPS Survey Dimension	Floor (%)	Achievement Threshold (%)	Benchmark (%)
Communication with Nurses	55.27	78.52	86.68
Communication with Doctors	57.37	80.44	88.51
Responsiveness of Hospital Staff	38.40	65.08	80.35
Pain Management*	52.19	70.20	78.46
Communication about Medicines	43.43	63.37	73.66
Hospital Cleanliness & Quietness	40.05	65.60	79.00
Discharge Information	62.25	86.60	91.63
Care Transition	25.21	51.45	62.44
Overall Rating of Hospital	37.67	70.23	84.58

Summarized from Federal Register publication on Aug. 17, 2015.

*As proposed on the July 14, 2016, Pain Management will likely be removed from the payment determination of VBP in FFY 2018.

A new survey dimension, Care Transition, debuts in FFY2018.

For the first time, some Survey Dimensions are decreasing:

- Achievement Threshold for Communication with Doctors
- Achievement Threshold for Pain Management
- Communication with Doctors Benchmark
- Hospital Cleanliness & Quietness Benchmark
- Overall Rating of Hospital Benchmark

Discharge Information survey dimension continues to see the greatest increases.

The withhold percentage for FY 2018 is 2.00% of the base Diagnosis Related Groups payment.

Finalized FFY 2018 Measures

To better align with CMS's stated priorities, some measures have been added or removed, and domains have been redefined. Clinical care has been refocused on mortality measures only. In addition, HCAHPS experienced its first change in six years.

Measure ID	Safety
CAUTI	Catheter-Associated Urinary Tract Infection
CLABSI	Central Line-Associated Blood Stream Infection
CDI	Clostridium difficile Infection
MRSA Bacteremia	Methicillin-Resistant Staphylococcus aureus Bacteremia
PSI-90	Patient Safety Composite
SSI	Surgical Site Infection: <ul style="list-style-type: none"> • Colon • Abdominal Hysterectomy
MOVED	PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation
Measure ID	Clinical Care – Outcomes
MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality Rate
MORT-30-HF	Heart Failure 30-Day Mortality Rate
MORT-30-PN	Pneumonia 30-Day Mortality Rate
Measure ID	HCAHPS
HCAHPS	Patient Experience of Care
NEW	CTM-3 Care Transition
Measure ID	Efficiency
MSPB-1	Medicare Spending per Beneficiary

CMS is updating the hospital VBP program, and updates will be provided as information becomes available. For more information, please visit our website at www.PRCCustomResearch.com or contact our HCAHPS Specialists at **1-800-428-7455**.



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Care Transition & HCAHPS

Although the three questions that make up the Care Transition dimension have appeared on the HCAHPS survey since January 2013, this is the first year these measures are being factored into the calculation of the HCAHPS domain within Value-Based Purchasing. With the addition of the Care Transition dimension, there are now nine HCAHPS dimensions.

Here's how CMS explains the revised calculation of the HCAHPS score:

"For purposes of the HCAHPS Base Score, the new CTM-3 dimensions would be calculated in the same manner as the eight existing HCAHPS dimensions. For each of the nine dimensions, Achievement Points (0-10 points) and Improvement Points (0-9 points) would be calculated, the larger of which would be summed across the nine dimensions to create a prenormalized HCAHPS Base Score (0-90 points, as compared to 0-80 points when only eight dimensions were included). The prenormalized HCAHPS Base Score would then be multiplied by 8/9 (0.88888) and rounded according to standard rules (values of 0.5 and higher are rounded up, values below 0.5 are rounded down) to create the normalized HCAHPS Base Score. Each of the nine dimensions would be equal weight, so that, as before, the normalized HCAHPS Base Score would range from 0-80 points. HCAHPS Consistency Points would then be calculated in the same manner as before and would continue to range from 0-20 points."¹

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¹ Department of Health and Human Services, & Centers for Medicare & Medicaid Services. (2015, August 17). Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System Policy Changes and Fiscal Year 2016 Rates; Revisions of Quality Reporting Requirements for Specific Providers, Including Changes Related to the Electronic Health Record Incentive Program; Extensions of the Medicare-Dependent, Small Rural Hospital Program and the Low-Volume Payment Adjustment for Hospitals. Retrieved February 01, 2016, from <https://www.federalregister.gov/articles/2015/08/17/2015-19049/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>



Professional Research Consultants, Inc.®

11326 P Street
1-800-428-7455

Omaha, Nebraska 68137-2316
www.PRCCustomResearch.com

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