

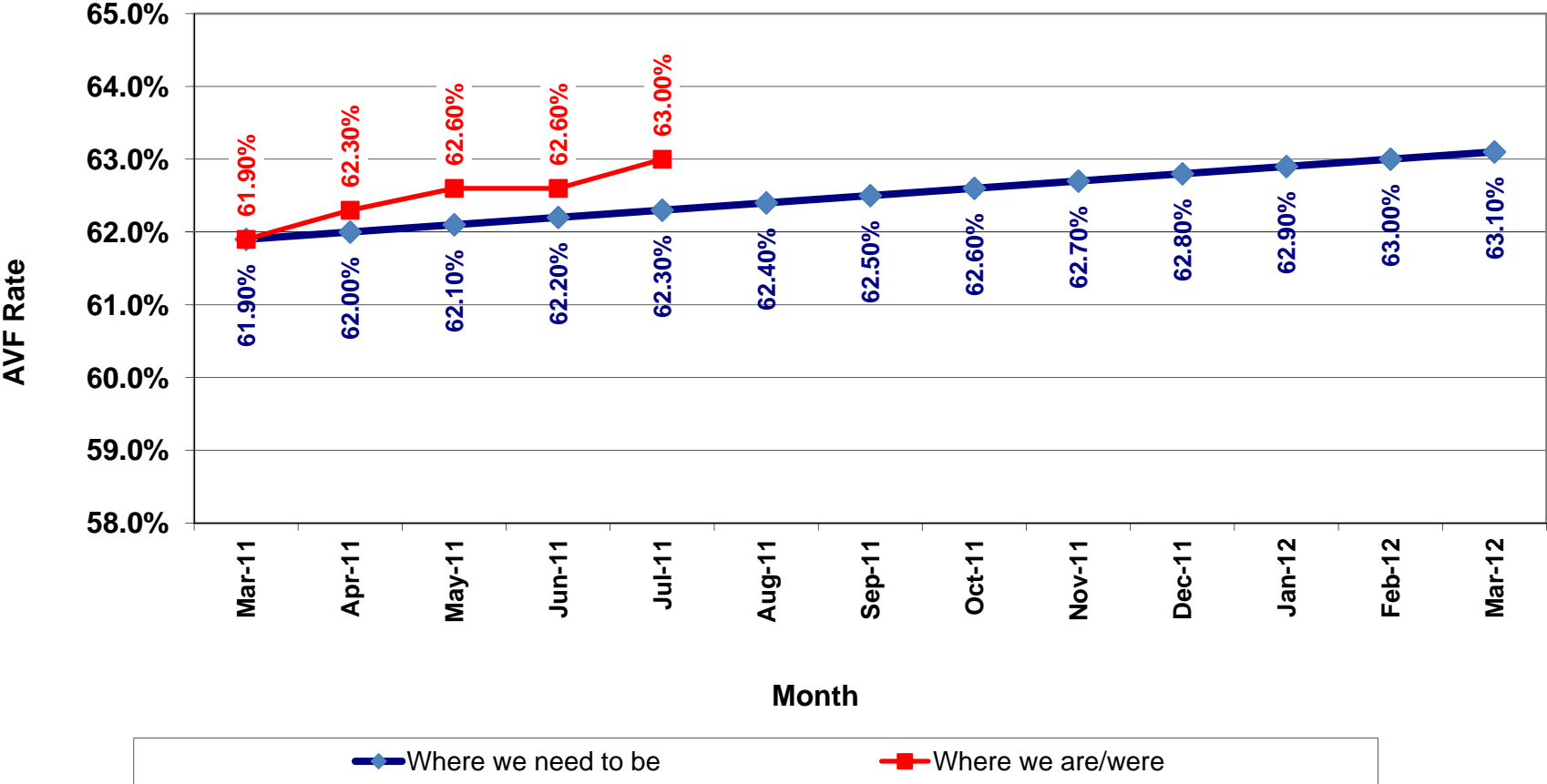
**Don't Let the "QIP" be the
"RIP" of Your Unit:
QA Ain't What it Used to Be**

John D'Avella, MD, FASN
Chairman, Medical Review Board

October 13, 2011

NW 1 AVF Rates: Projections to Achieve Stretch Goal of 63.1% (Actual Goal 62.9%)

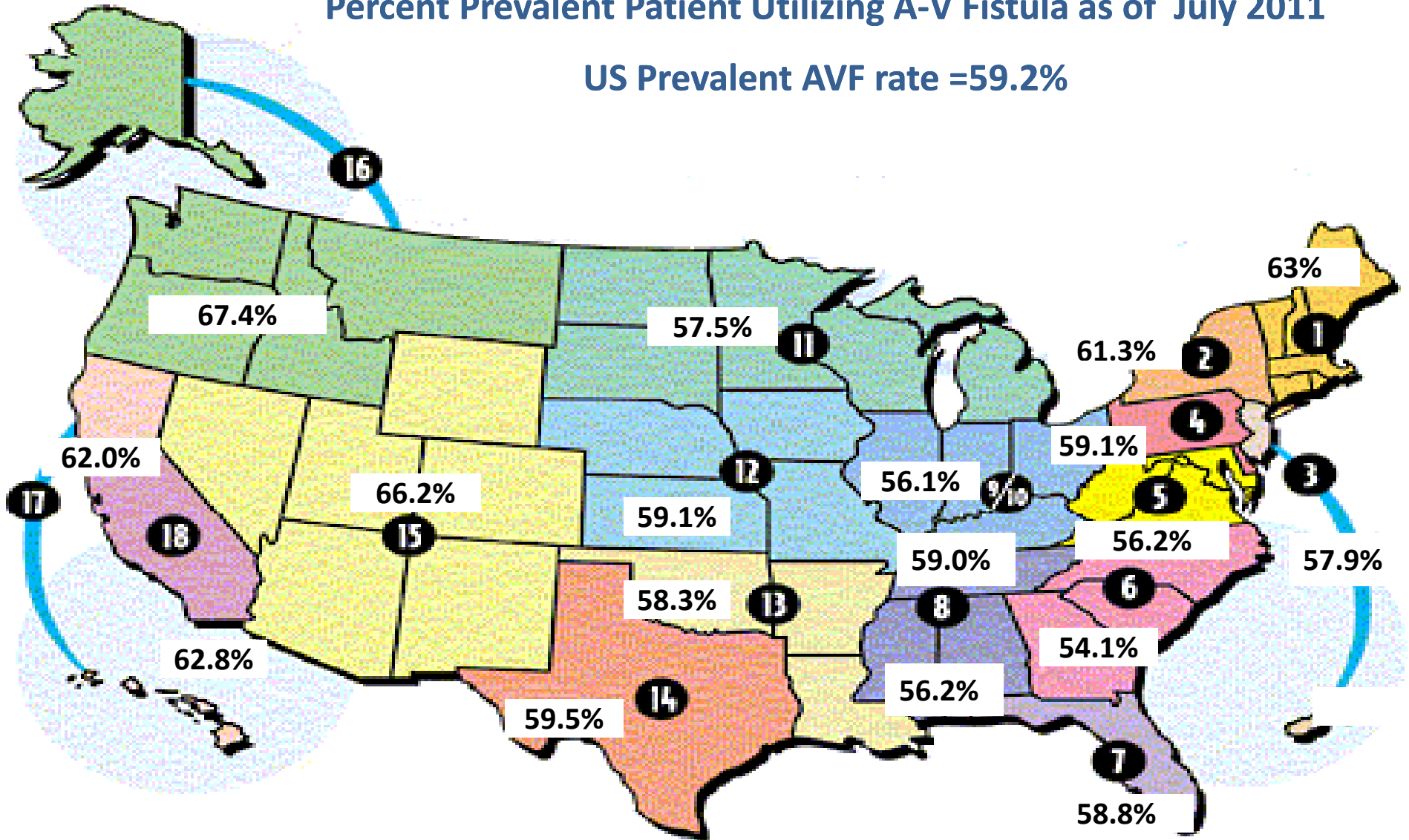
Assuming Equal Growth each Month



End Stage Renal Disease Network Regional Map

Percent Prevalent Patient Utilizing A-V Fistula as of July 2011

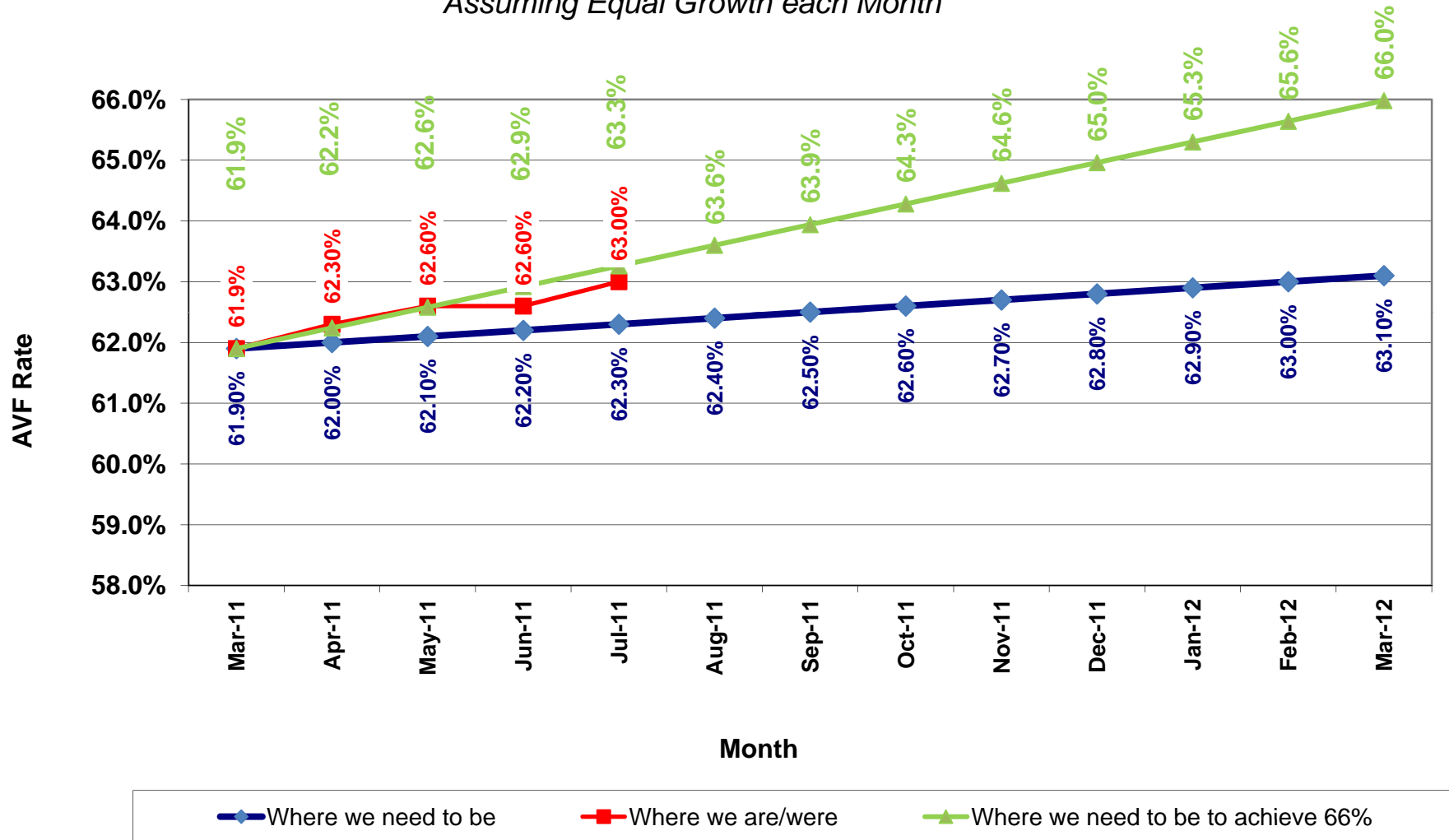
US Prevalent AVF rate = 59.2%



Date Source: Dashboard generated 09/12/2011
100% of facilities may not of reported into each Network

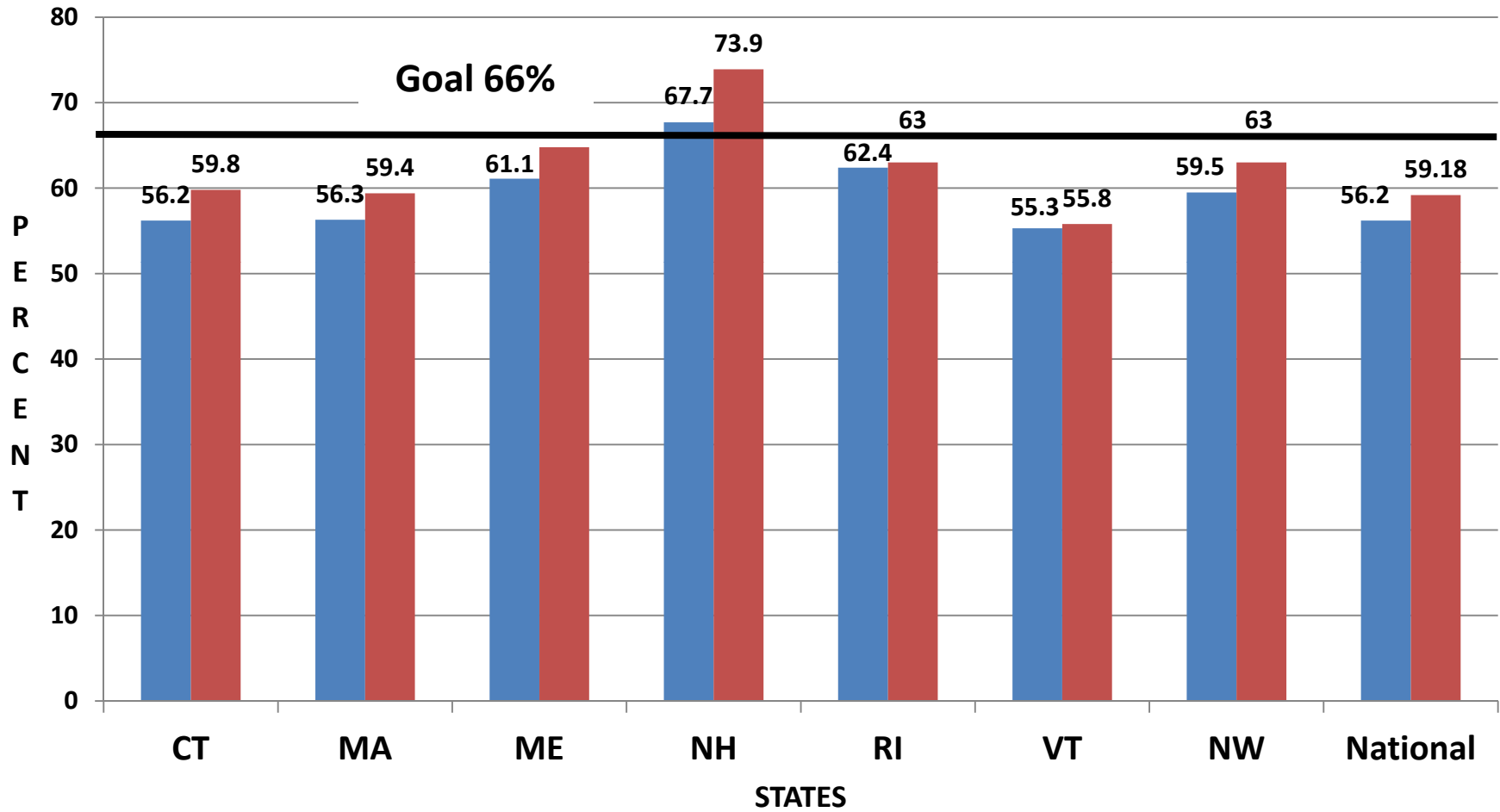
NW 1 AVF Rates: Projections to Achieve 66.0% (Actual Goal 62.9%)

Assuming Equal Growth each Month



PREVALENT FISTULA RATES BY STATE

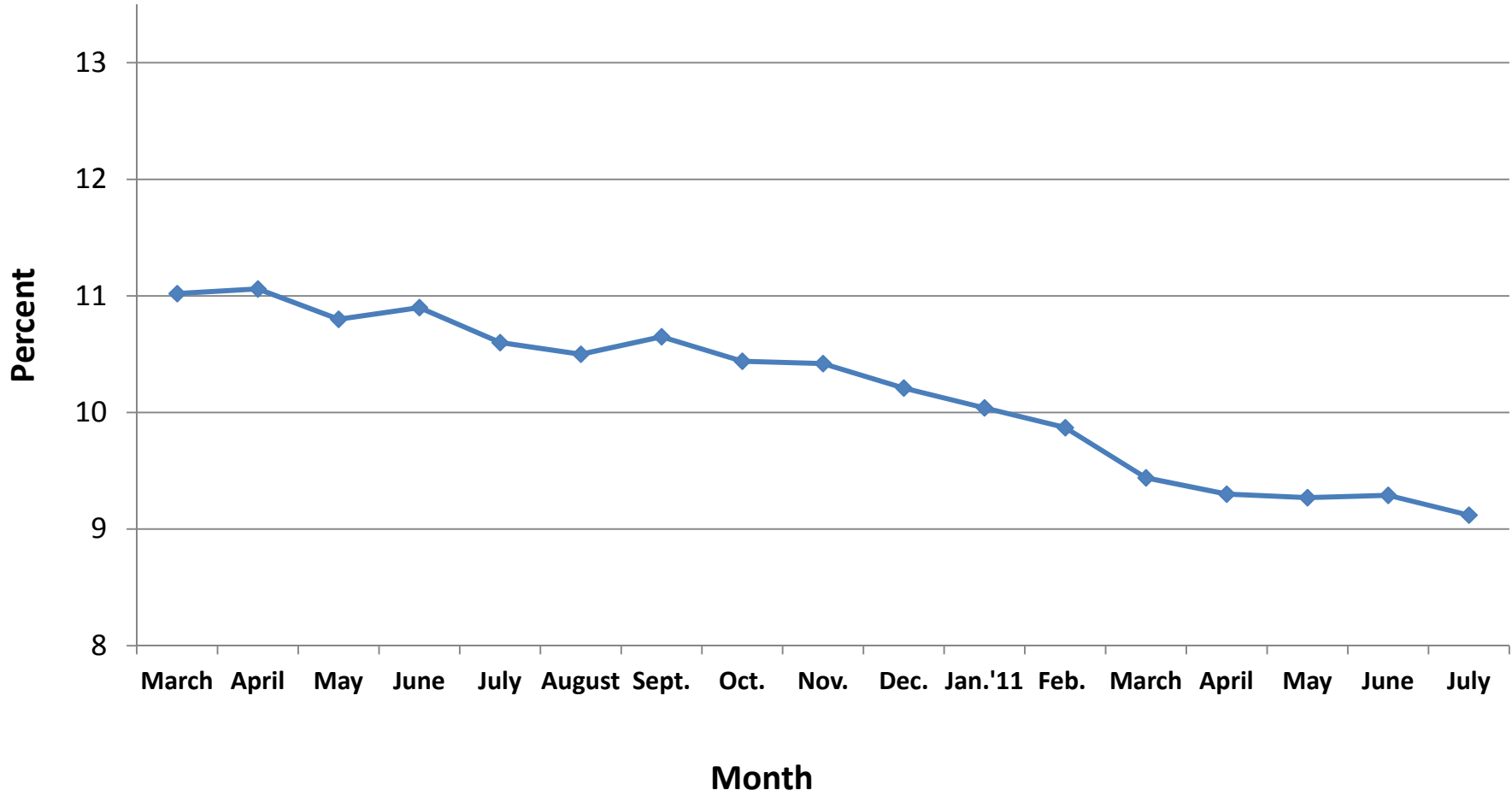
■ Jul-10 ■ Jul-11



16 Providers < 50% Prevalent AVF Rates – March 2011

AVF % Range	CT	MA	ME	NH	RI	VT	Total
20-29%	1	0	0	0	0	1	2
30-39%	0	1	0	0	0	0	1
40-44%	0	1	1	0	0	0	2
45-49%	6	2	0	0	0	1	9
50-59%	14	23	3	0	2	2	44
60-69%	11	25	7	3	9	4	59
>70%	10	14	7	9	4	0	44
Total	42	66	18	12	15	8	161

Network of New England - Percent Catheters > 90 Days
3/10 to 7/11
3/12 Goal <8.3%



National % for July 2011 is 8.08%

Incident & Prevalent Rates for US & Network 1 - July 2011

	% AVF Use	% Graft Use	% CVC > 90 Days	% CVC
Incident US	18.86%	8.19%	1.49%	72.94%
Incident NW 1	22.77%	8.42%	1.98%	68.81%
Prevalent US	59.18%	19.82%	8.08%	20.99%
Prevalent NW 1	63.00%	15.10%	9.30%	21.90%

**ESRD Network of New England Centers of Excellence
Fistula First National Initiative July 2010 to June 2011
Prevalent AV Fistula Rate for every month was =>66%**

Connecticut	Maine	New Hampshire
Danbury Hospital	FMC Damariscotta	FMC NH Kidney Center
DaVita Shelton	FMC Casco Bay	FMC Dover
DaVita New London	FMC Biddeford	FMC Manchester
FMC Southington		DaVita Derry

Massachusetts	
FMC Framingham	FMC Peabody
DCI Boston	FMC Northshore Regional
FMC Quincy	DCI Walden Pond
DaVita Salem Northeast	ARA Fall River
DSI North Andover	FMC Marlboro

Rhode Island	
VA Medical Center-Providence	ARA Pawtucket
ARA West Warwick	ARA Providence
ARA Tiverton	ARA East Providence

Preliminary Elab Comparative Network & National Percents

Indicator	Network Threshold	NATIONAL Q4/10 N=35,4305	Network 1 Q4/10 N=10,819
Mean Kt/V 1.2 or >	96%	95.3%	96%
Mean URR \geq 65%	96%	91.1%	94%
HGB 10-12gm/dL	72%	68.4%	71.9%
HGB <10gm/dL	<5%	6.6%	6.9%
HGB >12gm/dL	26%	22.3%	21.1%
TSAT= \geq 20%	80%	87%	84%
Ferritin 200-800 ng	>50%	57.6%	59.7%
Albumin 3.5/3.2	80%	84.6%	83%
Albumin 4.0/3.7	35%	39.1%	38.2%
Phos. 3.5-5.5	54%	55.3%	54.8%
Ca 8.4-10.2	80%	82.5%	80.8%

*Source: Elab Data – All Patients

ESRD – The Stats

- 1973
 - 11,000 patients
 - \$135 million/year
 - \$13,000 patient/year
- 2010
 - Almost 400,000 patients – 3% growth/year
 - \$20 billion/year
 - \$77,000 patient/year
 - 6% Medicare total budget

Source: Anne Webber, BSN, MHA, RN, CNN Presentation March 1, 2011

“BUSH CARE”

Medicare Improvements for Patients and
Providers Act of 2008

Brought You:

- a. Bundle
- b. QIP (Quality Incentive Program)
- c. RIP
- d. All of the Above

Brief Overview



Quality Incentive Program

- The **ESRD QIP Final Rule** for payment year (PY) 2012 was published January 5, 2011 (available at <http://edocket.access.gpo.gov/2011/pdf/2010-33143.pdf>).
- Calculation for individual **Total Performance Scores** will range from **0 to 30 points** for providers and facilities based on three measures.
- Providers/facilities that meet or exceed a certain Total Performance Score avoid payment reduction. **(WHY NOT A BONUS!)**
- Providers/facilities that do not meet or exceed a certain Total Performance Score would receive a **payment reduction ranging from 0.5% to 2.0%**.

Understanding the Scoring Methodology: Review of Main Points



- **Period of Performance** is all of 2010, with possible payment reductions beginning January 1, 2012
- **Two possible standards** used to evaluate performance on the three measures
- **The standard that provides the best score for the facility for any given measure is the one used:**
 - Facility's own performance in 2007
 - National Performance Standard established in 2008
- **Measures are weighted:**
 - Hgb < 10 g/dL = 50%
 - Hgb > 12 g/dL = 25%
 - URR ≥ 65% = 25%

Money at Risk

13 Treatments x 12 months x # patients at facility x \$265 per treatment x 0.02 (2% withheld)

# Patients in Facility	2% Potential	# Patients in Facility	2% Potential
30	\$29,268	120	\$117,112
40	\$39,037	130	\$126,872
50	\$48,797	140	\$136,631
60	\$58,556	150	\$146,390
70	\$68,316	160	\$156,150
80	\$78,075	170	\$165,909
90	\$87,834	180	\$175,669
100 * KDC	\$97,594	190	\$185,428
110	\$107,394	200	\$195,187

*Kitsen/D'Avella Central

Facility Scoring Example



Kitsen/D'Avella Central
Number of Patients = 100

Measure	2010 Facility Performance Rate
Hgb < 10 g/dL	5%
Hgb > 12 g/dL	40%
URR \geq 65%	97%

Determining which Standard to Apply: Hemoglobin Less than 10 g/dL



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied
Hgb <10 g/dL	5%	3%	2%	Facility

- Choose the standard that provides the **smaller deviation** for 2010 facility performance
 - 2007 Facility Performance Rate = 3% ($5\% - 3\% = 2\%$ deviation)
 - National Performance Standard = 2% ($5\% - 2\% = 3\%$ deviation)
- 2007 Facility Performance provides the least deviation

Determining Weighted Score: Hemoglobin Less than 10 g/dL



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied	Performance Scores	Weight	Multiply by 3	Weighted Score
Hgb < 10 g/dL	5%	3%	2%	Facility	6	50%	→	9

Points Awarded	Proposed Model
10	Performance Standard
8	-1%
6	-2%
4	-3%
2	-4%
0	-5% or greater

- **5% - 3% = 2% deviation from standard**
- **2% variation = 6 points (see table)**
- **Weighting = 6 x 50% = 3**
- **Multiply by 3: 3 x 3 = 9**

Weighted Score for this measure



Determining which Standard to Apply: Hemoglobin Greater than 12

Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied
Hgb > 12 g/dL	40%	44%	26%	Facility

- Choose the standard that provides the **smaller deviation** for 2010 facility performance
 - 2007 Facility Performance Rate = 4% ($44\% - 40\% = 4\%$ deviation)
 - National Performance Standard = 14% ($40\% - 26\% = 14\%$ deviation)
- 2007 Facility Performance provides the least deviation

Determining Weighted Score: Hemoglobin Greater than 12 g/dL



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied	Performance Scores	Weight	Multiply by 3	Weighted Score
Hgb > 12 g/dL	40%	44%	26%	Facility	2	25%	→	7.5

Points Awarded	Proposed Model
10	Performance Standard
8	-1%
6	-2%
4	-3%
2	-4%
0	-5% or greater

- In 2010, the facility beat the standard of its own 2007 score.
- 0% variation = 10 points (see table)
- Weighting = $10 \times 25\% = 2.5$
- Multiply by 3: $3 \times 2.5 = 7.5$

Weighted Score for this measure

Final Exam: URR \geq 65% Which Standard Applies?



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied
URR \geq 65%	97%	98%	96%	??

- Choose the standard that provides the **smaller deviation** for 2010 facility performance of 97%.
 - Remember, with URR, higher numbers are better!
- 2007 Facility Performance Rate = 98% (1% deviation)
- National Performance Standard = 96% (2% deviation)

Final Exam: URR \geq 65%

Determine Weighted Score



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied	Performance Scores	Weight	Multiply by 3	Weighted Score
URR \geq 65%	97%	98%	96%	National	10	25%	→	???

Points Awarded	Proposed Model
10	Performance Standard
8	-1%
6	-2%
4	-3%
2	-4%
0	-5% or greater

- Meets National Performance Standard (0% deviation = ? points (see table))
- Weighting = $10 \times 25\% = 2.5$
- Multiply by 3: $2.5 \times 3 = 7.5$
Weighted Score for this measure

Putting It All Together: Scoring Example



Measure	2010 Facility Performance Rate	2007 Facility Performance Rate	2008 National Performance Standard	Performance Standard Applied	Performance Scores	Weight	Weighted Score
Hgb < 10 g/dL	5%	3%	2%	Facility	6	50%	9
Hgb > 12 g/dL	40%	44%	26%	Facility	10	25%	7.5
URR ≥ 65%	97%	98%	96%	National	10	25%	7.5
Total Performance Score							24
Payment Reduction							0.50%

Total Performance Score	Percent of Payment Reduction
26 to 30 Points	0.00
21 to 25 Points	0.50
16 to 20 Points	1.00
11 to 15 Points	1.50
0 to 10 Points	2.00

- Kitsen/D'Avella Central \$97,594 at risk
- With score 24 Payment Reduction 50%
- Kitsen/D'Avella Central Lost \$48,797
Kitsen/D'Avella Central Profit Margin 1%

SIMPLE MATH

PROFIT	LOSE	LOSS OF PROFIT
10%	2%	= 20%
8%	2%	= 25%
6%	2%	= 33%
4%	2%	= 50%
2%	2%	= Doing dialysis for free
KDC 1%	1%	=Doing dialysis for free!!!

PROFIT MARGIN FOR DIALYSIS

4.9% IN 2007

0.7% IN 2009

Source: Anne Webber, BSN, MHA, RN, CNN Presentation March1, 2011

ESRD QIP Proposed Rule PY 2013

- Proposed rule released 7/1/11
- 2 measures
 - URR \geq 65%, Hgb $>$ 12 g/dL
 - Hgb $<$ 10 g/dL will be “retired”
 - Since this measure encourages providers to keep hemoglobin above 10 g/dL in all patients, the FDA agrees that removing this measure is consistent with the new labeling for erythropoiesis stimulating agents approved by the FDA.
- Weighted 50% each

ESRD QIP Proposed Rule PY 2013

- Facility Comparisons – all CY 2011 data vs.
 - 2007 actual performance or 2009 national data
 - URR \geq 65(96%), Hgb $>$ 12(16%)
- Maximum payment reduction – 2% (30 points)
 - 30 pts (0%)
 - 26-29 pts (1.0%)
 - 21-25 pts (1.5%)
 - \leq 20 pts (2%)
- Payment reduction to begin 1/1/13 and to be applied thru 12/31/13

ESRD QIP Proposed Rule PY 2014

- Proposed rule released 7/1/11
- 8 measures
 - Continue Hgb > 12 g/dL
 - Adequacy: $sKt/V \geq 1.2$
 - Vascular access (*% AVF + % catheters > 90 days*)
 - Vascular access infection (catheters)
 - SHR admissions
 - National Health Safety Network (NHSN) Dialysis Event (DE) (*Y/N*)
 - Patient experience of care (ICH CAHPS) (*Y/N*)
 - Mineral metabolism (*Y/N*)

Tips To Achieve Quality

Since Dialysis Units will Pay the Price for Percent AVF and Catheters > 90 Days

TIP: Good outcomes start pre-admission to dialysis clinics

- 70% of patients start dialysis with a catheter
- Ideas to improve:
 - MD specific incidence fistula rate
 - Vein map patients before admission to clinic
 - In hospital, ask acute units to add % patients vein mapped as part of in-patient unit
- FLOW Patients using nephrologist/access surgeon specific data
- Access nurse
- Access maturation protocol
- Catheters and maturing access reviewed monthly by Med Director and access nurse
- Use peritoneal as bridge to mature fistula especially in patients with heart valve and pacer wires in place. If appropriate, switch patients with catheters greater than 90 days to PD

Tips to Achieve Quality - continued

- Decrease missed treatments
 - Affect: Ca/Phos, Pth, Hgb, Adequacy
 - No treatment, no payment, but overhead continues
 - **Need** missed treatment protocol
- Avoid hospitalizations
 - Early referral for Dx and Rx of access issues (20% hospitalization)
 - Avoid infections – catheters/catheters/catheters
 - Attention to detail – **DRY WEIGHTS**, Ca/Phos, K, HCO₃, PTH, Albumin
 - No treatment, no payment
 - But overhead continues

Tips to Achieve Quality - continued

- Documentation
 - If miss documentation, a GI bleed exceptional co-morbid lose \$1800/month x 4
 - If myelodysplastic disorder, lose \$3600/year
 - If miss documentation of pneumonia co-morbid, lose \$1727/month x 4

Source: Anne Webber, BSN, MHA, RN, CNN Presentation March1, 2011