



# Understanding Value-Based Purchasing

Starting in October 2012, Medicare began rewarding hospitals that provide high-quality care for their patients through the new Hospital Value-Based Purchasing (VBP) Program. Hospitals paid under the Inpatient Prospective Payment System (IPPS) are paid for inpatient acute care services based on quality of care—not the volume of services they provide.

As a member of the Lake Superior Quality Innovation Network (QIN), part of the Centers for Medicare & Medicaid Services Quality Improvement Organization (QIO) Program, Stratis Health offers technical assistance and support for Minnesota hospitals to be successful in a value-driven environment.

“Instead of payment that asks, *How much did you do?*, the Affordable Care Act clearly moves us toward payment that asks, *How well did you do?*, and more importantly, *How well did the patient do?*”

Don Berwick



## Measures

The VBP program has 24 measures for FY 2016, and 21 for FY 2017. Measures cannot be selected for VBP until they have been adopted for the hospital Inpatient Quality Reporting Program and posted on the Hospital Compare for one year prior to the start of the VBP performance period.

## Points

Each hospital may earn two scores on each measure—one for achievement and one for improvement. The final score awarded to a hospital for each measure or dimension is the higher of these two scores.

**Achievement Points:** During the **performance period**, these are awarded by comparing an individual hospital’s rates with the **threshold**, which is the median, or 50th percentile of all hospitals’ performance during the baseline period, and the **benchmark**, which is the mean of the top decile, or approximately the 95th percentile during the baseline period.\*

- Hospital rate at or above benchmark (at or below for infection measures): **10 achievement points**
- Hospital rate below achievement threshold (above for infection measures): **0 achievement points**
- Hospital rate at or above the achievement threshold and below the benchmark (at or below the threshold

and above the benchmark for infection measures): **1-9 achievement points**

**Improvement Points:** Awarded by comparing a hospital’s rates during the **performance period** to that same hospital’s rates from the **baseline period**.

- Hospital rate at or above benchmark (at or below for infection measures): **9 improvement points**
- Hospital rate at or below baseline period rate (at or above for infection measures): **0 improvement points**
- Hospital rate between the baseline period rate and the benchmark: **0-9 improvement points**

**Consistency Points:** The consistency points relate only to the Patient Experience of Care domain. The purpose of these points is to reward hospitals that have scores above the national 50th percentile in ALL 8 dimensions of the HCAHPS. If they do, they receive the full 20 points. If they don’t, the LOWEST dimension is compared to the range between the national 0 percentile (floor) and the 50th percentile (threshold) and awarded points proportionately. This formula is to be used for each dimension to determine the lowest dimension from the performance period:

$$\frac{\text{Your hospital performance period score} - \text{floor}}{\text{National achievement threshold} - \text{floor}}$$

\*For the Medicare Spending per Beneficiary measure, the threshold and benchmark are based on all hospitals’ rates in the performance period, rather than the baseline period.

**SSI Points:** There will be one SSI Measure score that will be a weighted average based on predicted infections for both procedures:

$$\frac{(\text{SSI Colon measure score} \times \text{predicted infections}) + (\text{SSI Hysterectomy measure score} \times \text{predicted infections})}{\text{Predicted infections for both procedures}}$$

### Domain Score

VBP measures roll up to a domain. FY 2014 has three domains, the Clinical Process of Care domain, the Patient Experience of Care domain, and the Outcome domain. Measure scores are added and divided by the total possible points x 100 to determine the Clinical Process of Care and Outcome domain scores. Dimension scores are added together to arrive at the HCAPHS base points. Base points plus the consistency score are added together to determine the Patient Experience of Care domain score. An additional domain will be added in FY 2015 (Efficiency domain).

### Domain Weighting

The federal rule defines how much each domain will be weighted to calculate the Total Performance Score for each fiscal year. See pie charts in attached summaries for specific percentages for each domain.

### Total Performance Score

A hospital's performance is assessed on the measures that comprise the domains. The domains are weighted and rolled up to the Total Performance Score. For instance, in FY 2014, the Total Performance Score is computed by multiplying the Clinical Process of Care domain score by 45% (domain weighting), the Patient Experience of Care domain score by 30% (domain weighting), and the Outcome domain score by 25% (domain weighting), then adding those totals. The Total Performance Score is then translated into an incentive payment that makes a portion of the base DRG payment contingent on performance.

### Incentive Payment

In FY 2015, 1.5% of DRG payments to eligible hospitals will be withheld to provide the estimated \$1.4 billion available for the program incentives. Following is the schedule for future withholding:

FY 2013:	1.00 %	FY 2016:	1.75 %
FY 2014:	1.25 %	FY 2017:	2.00 %
FY 2015:	1.50 %	Succeeding years:	2.00 %

Based on performance, hospitals will earn an incentive payment. The law requires the Centers for Medicare & Medicaid Services (CMS) to redistribute the estimated \$1.4 billion across all participating hospitals, based on their performance scores. CMS will use a linear exchange function to distribute the available amount of value-based incentive payments to hospitals, based on hospitals' total performance scores on the hospital VBP measures. To convert the total performance score to a value-based incentive payment factor that is applied to each discharge, there are six steps for each fiscal year:

- Step 1:** Estimate the hospital's total annual base-operating DRG amount.
- Step 2:** Calculate the estimated reduction amount across all eligible hospitals.
- Step 3:** Calculate the linear exchange function slope.
- Step 4:** For each hospital, calculate the value-based incentive payment percentage.
- Step 5:** Compute the net percentage change in the hospital's base operating DRG payment.
- Step 6:** Calculate the value-based incentive payment adjustment factor.

There is a review and correction period as well as an appeals process. This adjustment factor then is applied to the base DRG rate and affects payment for each discharge in the relevant fiscal year (October 1 – September 30).

### Eligibility

Eligible hospitals are paid through the inpatient prospective payment system, so critical access hospitals, children's hospitals, VA hospitals, long term care facilities, psychiatric hospitals, and rehabilitation hospitals are excluded. Eligible hospitals (PPS hospitals) become ineligible if the hospital:

- Is subject to payment reduction for the IQR program
- Has been cited for deficiencies that pose immediate jeopardy the health or safety of patients
- Does not meet the minimum number of cases, measures or domains (See table titled: Case Eligibility Criteria)

PPS hospitals that are ineligible do not have the initial monies withheld, nor do they receive an incentive payment.

## CASE ELIGIBILITY CRITERIA

	Clinical Process of Care	Patient Experience of Care	Outcome	Efficiency
<b>FY2013</b> Requires scores in both domains to receive a Total Performance Score and be eligible for the VBP program	Requires four or more measures, each with at least 10 cases	Requires at least 100 HCAHPS surveys in the performance period		
<b>FY2014</b> Requires scores in all three domains to receive a Total Performance Score and be eligible for the VBP program	Requires four or more measures, each with at least 10 cases	Requires at least 100 HCAHPS surveys in the performance period	30-DAY MORTALITY for AMI, HF, and PN; each requires 10 cases minimum  To receive a domain score, requires meeting the case criteria on two or more 30-day mortality measures	
<b>FY2015-2016</b> Requires scores in at least 2 of the 4 domains to receive a Total Performance Score	Requires four or more measures, each with at least 10 cases	Requires at least 100 HCAHPS surveys in the performance period	30-DAY MORTALITY for AMI, HF, and PN; each requires 25 cases minimum  PSI-90 requires 3 cases as a minimum for any one of the underlying indications  Each NHSN measure requires the hospital to have at least one predicted infection during the applicable period  To receive a domain score, requires meeting the case criteria on two of the five measures	Medicare Spending per Beneficiary measure requires 25 cases

**Reallocation of Domain Percentages**

For hospitals with at least 2 domain scores, the excluded domain weights will be proportionately distributed to the remaining domains

**NOTE: For FY2017, Clinical Process of Care is subdivided into Clinical Care – Process, and Clinical Care – Outcome**

## CASE ELIGIBILITY CRITERIA

FISCAL YEAR	DOMAINS				
	Clinical Care*		Patient Experience of Care	Safety	Efficiency
<b>FY2017</b> Requires scores in at least 3 of the 4 domains to receive a Total Performance Score  Clinical Care – Outcome and Clinical Care – Process are considered one domain*	<b>Clinical Care – Process</b> Requires a minimum of one measure	<b>Clinical Care – Outcome</b> Requires a minimum of two measures  30-DAY MORTALITY for AMI, HF, and PN; each requires 25 cases minimum	Requires at least 100 HCAHPS surveys in the performance period	Requires a minimum of three measures  PSI-90 requires 3 cases as a minimum for any one of the underlying indications  Each NHSN measure requires the hospital to have at least one predicted infection during the applicable period	Medicare Spending per Beneficiary measure requires 25 cases

**Reallocation of Domain Percentages**

For hospitals with at least 3 domain scores, the excluded domain weights will be proportionately distributed to the remaining domains.

\*If a hospital does not have sufficient data for one of the subdomains for the Clinical Care domain score, either the Process or Outcome subdomains can be counted as one domain. The weighting from the missing subdomain will be proportionately reallocated across all domains.

## Public Reporting

Hospital performance information will be posted on Hospital Compare beginning in April 2013. This will include:

- Measure rates
- Condition-specific scores
- Domain-specific scores
- Total Performance Scores (TPS)

Incentive adjustment posting will be addressed in future rulemaking.

## Improvement Resources:

- [Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\)](#) HCAHPS provides a standardized survey and data collection methodology for measuring patients' perspectives on hospital care.
- Minnesota hospital [comparison graphs](#) on VBP measures.
- Stratis Health core measures fact sheets:
  - ❖ [Acute Myocardial Infarction](#)
  - ❖ [Heart Failure](#)
  - ❖ [Pneumonia](#)
  - ❖ [Surgical Care Improvement Project \(SCIP\)](#)
- [The CAHPS Improvement Guide](#) CAHPS surveys ask patients to report on their experiences with a range of health care services at multiple levels of the delivery system.
- [Why Not the Best?](#) Quality improvement resources for health care professionals.

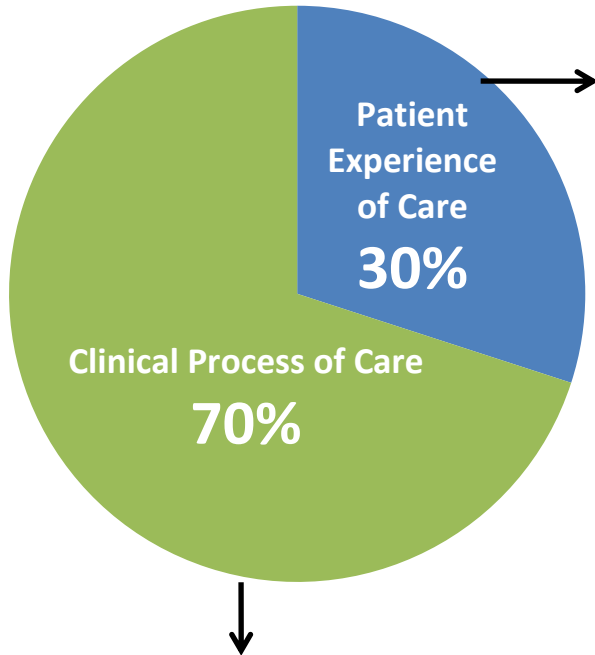
## For more information:

- [Hospital Value-Based Purchasing Program](#)
- [Hospital Compare](#)
- [National Provider Call: Hospital Value-Based Purchasing, Fiscal Year 2013 Overview for Beneficiaries, Providers, and Stakeholders](#), a PowerPoint presentation.
- [National Providers Call: Hospital Value-Based Purchasing, Fiscal Year 2014 Overview for Beneficiaries, Providers and Stakeholders](#), a PowerPoint presentation.
- [National Provider Call: Hospital Value-Based Purchasing, Fiscal Year 2015 Overview for Beneficiaries, Providers, and Stakeholders](#), a PowerPoint presentation.
- [National Provider Call: Hospital Value-Based Purchasing, FY 2014 Actual Percentage Payment Summary Report](#), more information on how the Total Performance Score is converted to incentive payments, a PowerPoint presentation.

If you have questions regarding the Hospital Value-Based Purchasing Program, contact Stratis Health Program Manager, Vicki Olson, RN, MS, 952-853-8554, [volson@stratishealth.org](mailto:volson@stratishealth.org)

# FY 2013 Value-Based Purchasing

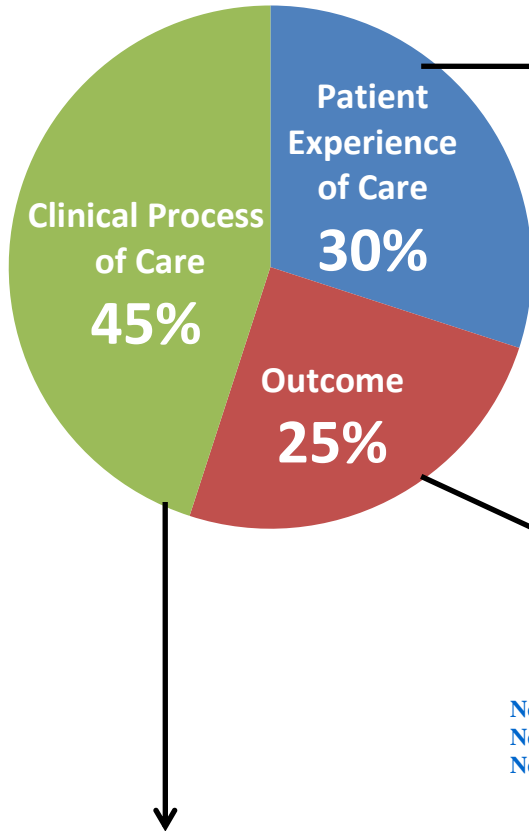
(Discharges from October 1, 2012, to September 30, 2013)



PATIENT EXPERIENCE OF CARE DIMENSIONS			
Baseline Period		Performance Period	
July 1, 2009 – March 31, 2010		July 1, 2011 – March 31, 2012	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	38.98	75.18	84.70
Communication with doctors	51.51	79.42	88.95
Responsiveness of hospital staff	30.25	61.82	77.69
Pain management	34.76	68.75	77.90
Communication about medications	29.27	59.28	70.42
Cleanliness and quietness	36.88	62.80	77.64
Discharge information	50.47	81.93	89.09
Overall rating of hospital	29.32	66.02	82.52

CLINICAL PROCESS OF CARE		
Baseline Period		Performance Period
July 1, 2009 – March 31, 2010		July 1, 2011 – March 31, 2012
MEASURES	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	65.48	91.91
AMI 8a PCI received w/in 90' of hospital arrival	91.86	100.00
HF 1 Discharge instructions	90.77	100.00
PN 3b Blood culture before 1 <sup>st</sup> antibiotic received in hospital	96.43	100.00
PN 6 Initial antibiotic selection for CAP immunocompetent pt	92.77	99.58
SCIP 1 Abx w/in 1 hr before incision or w/in 2 hrs if Vancomycin/ Quinolone is used	97.35	99.98
SCIP 2 Received prophylactic Abx consistent with recommendations	97.66	100.00
SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	95.07	99.68
SCIP 4 Controlled 6 AM postoperative serum glucose – cardiac surgery	94.28	99.63
SCIP-VTE 1 Recommended VTE prophylaxis ordered during admission	95.00	100.00
SCIP VTE2 Received VTE prophylaxis w/in 24 hrs prior to or after surgery	93.07	99.85
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	93.99	100.00

**FY 2014 Value-Based Purchasing  
Domain Weighting**  
(Discharges from October 1, 2013 to September 30, 2014)



PATIENT EXPERIENCE OF CARE			
Baseline Period		Performance Period	
April 1, 2010 – December 31, 2010		April 1, 2012 – December 31, 2012	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	42.84	75.79	84.99
Communication with doctors	55.49	79.57	88.45
Responsiveness of hospital staff	32.15	62.21	78.08
Pain management	40.79	68.99	77.92
Communication about medications	36.01	59.85	71.54
Cleanliness and quietness	38.52	63.54	78.10
Discharge information	54.73	82.72	89.24
Overall rating of hospital	30.91	67.33	82.55

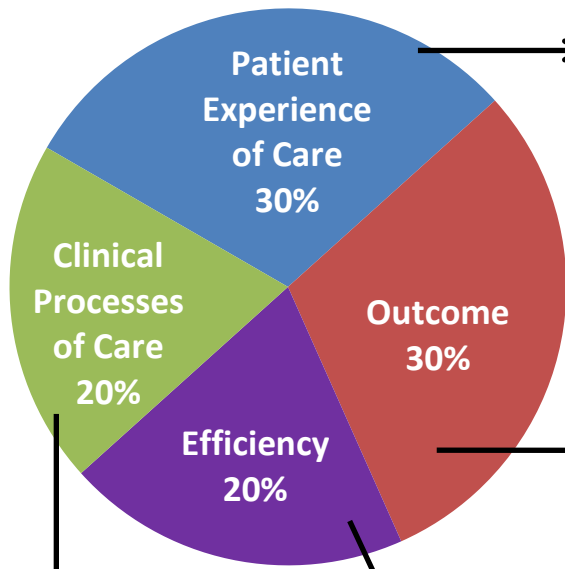
OUTCOME		
Baseline Period		Performance Period
July 1, 2009 – June 30, 2010		July 1, 2011 – June 30, 2012
Measure (Displayed as survival rate)	Threshold (%)	Benchmark (%)
30-day mortality, AMI	84.77	86.73
30-day mortality, heart failure	88.61	90.42
30-day mortality, pneumonia	88.18	90.21

New!  
New!  
New!

CLINICAL PROCESS OF CARE		
Baseline Period		Performance Period
April 1, 2010 – December 31, 2010		April 1, 2012 – December 31, 2012
Measures	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	80.66	96.30
AMI 8a PCI received w/in 90' of hospital arrival	93.44	100.00
HF 1 Discharge instructions	92.66	100.00
PN 3b Blood culture before 1 <sup>st</sup> antibiotic received in hospital	97.30	100.00
PN 6 Initial antibiotic selection for CAP immunocompetent pt	94.46	100.00
SCIP 1 Abx w/in 1 hr before incision or w/in 2 hrs if Vancomycin/Quinolone is used	98.07	100.00
SCIP 2 Received prophylactic Abx consistent with recommendations	98.13	100.00
SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	96.63	99.96
SCIP 4 Controlled 6 AM postoperative serum glucose – cardiac surgery	96.34	100.00
SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	92.86	99.89
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	95.65	100.00
SCIP-VTE 1 Recommended VTE prophylaxis ordered during admission	94.62	100.00
SCIP VTE2 Received VTE prophylaxis w/in 24 hrs prior to or after surgery	94.92	99.83

New!

**FY 2015 Value-Based Purchasing  
Domain Weighting**  
(Discharges from October 1, 2014 to September 30, 2015)



PATIENT EXPERIENCE OF CARE			
Baseline Period		Performance Period	
January 1, 2011 – December 31, 2011		January 1, 2013 – December 31, 2013	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	47.77	76.56	85.70
Communication with doctors	55.62	79.88	88.79
Responsiveness of hospital staff	35.10	63.17	79.06
Pain management	43.58	69.46	78.17
Communication about medications	35.48	60.89	71.85
Cleanliness and quietness	41.94	64.07	78.90
Discharge information	57.67	83.54	89.72
Overall rating of hospital	32.82	67.96	83.44

CLINICAL PROCESS OF CARE		
Baseline Period		Performance Period
January 1, 2011 – December 31, 2011		January 1, 2013 – December 31, 2013
Measures	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	80.00	100
AMI 8a PCI received w/in 90' of hospital arrival	95.349	100
HF 1 Discharge instructions	94.118	100
PN 3b Blood culture before 1 <sup>st</sup> antibiotic received in hospital	97.783	100
PN 6 Initial antibiotic selection for CAP immunocompetent pt	95.918	100
SCIP 1 Abx w/in 1 hr before incision or w/in 2 hrs if Vancomycin/Quinolone is used	98.639	100
SCIP 2 Received prophylactic Abx consistent with recommendations	98.637	100
SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	97.494	100
SCIP 4 Controlled 6 AM postoperative serum glucose – cardiac surgery	95.798	99.767
SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	94.891	99.991
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	97.175	100.00
SCIP VTE2 Received VTE prophylaxis within 24 hrs prior to or after surgery	97.403	99.998
<b>Removed!</b> SCIP VTE-1 Recommended VTE prophylaxis ordered during admission	-----	-----

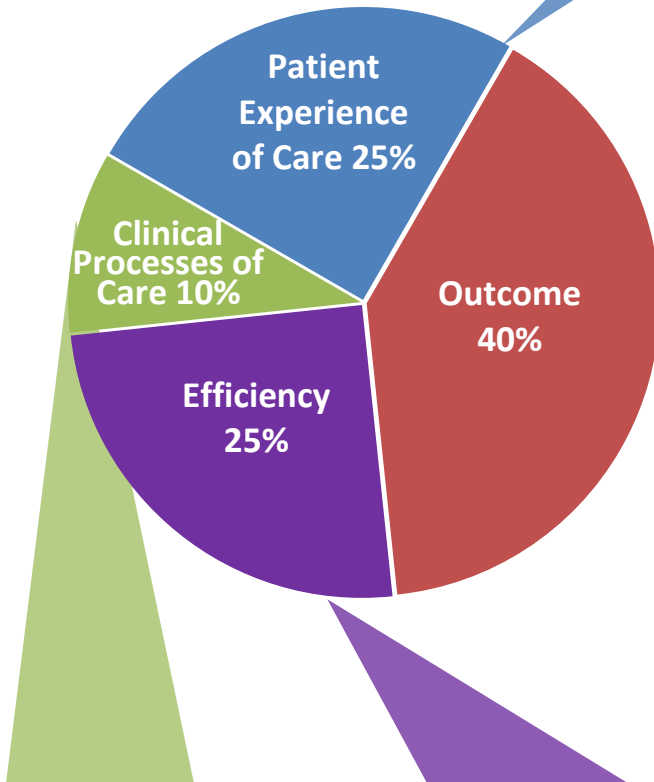
OUTCOME		
Mortality		
Baseline Period		Performance Period
October 1, 2010 – June 30, 2011		October 1, 2012 – June 30, 2013
Measure (Displayed as survival rate)	Threshold (%)	Benchmark (%)
30-day mortality, AMI	84.7472	86.2371
30-day mortality, heart failure	88.1510	90.0315
30-day mortality, pneumonia	88.2651	90.4181
Complication/Patient Safety for Selected Indicators		
Baseline Period		Performance Period
October 15, 2010 – June 30, 2011		October 15, 2012 – June 30, 2013
Measure	Threshold (%)	Benchmark (%)
AHRQ PSI 90 composite <b>New!</b>	.616248	.449988
Central Line associated Blood Stream Infection		
Baseline Period		Performance Period
January 1, 2011 – December 31, 2011		February 1, 2013 – December 31, 2013
Measure	Threshold (%)	Benchmark (%)
CLABSI <b>New!</b>	.4370	0.0000

EFFICIENCY		
Baseline Period		Performance Period
May 1, 2011 – December 31, 2011		May 1, 2013 – December 31, 2013
Measure	Threshold (%)	Benchmark (%)
MSPB-1 Medicare spending per beneficiary <b>New!</b>	Median Medicare spending per beneficiary ratio across all hospitals during performance period.	Mean of lowest decile of Medicare spending per beneficiary ratios across all hospitals during performance period.



# FY 2016 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2015 to September 30, 2016)



CLINICAL PROCESS OF CARE		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	January 1, 2014 – December 31, 2014	
Measures	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	91.154	100
PN 6 Initial antibiotic selection for CAP immunocompetent pt	96.552	100
SCIP 2 Received prophylactic Abx consistent with recommendations	99.074	100
SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	98.086	100
SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	97.059	100
SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	97.727	100
SCIP VTE2 Received VTE prophylaxis within 24 hrs prior to or after surgery	98.225	100
<b>New!</b> IMM-2 Influenza Immunization	90.607	98.875
<b>Removed!</b> AMI 8a PCI received w/in 90' of hospital arrival	-----	-----
<b>Removed!</b> HF 1 Discharge instructions was removed from FY2016 measures	-----	-----
<b>Removed!</b> PN 3b Blood culture before 1 <sup>st</sup> antibiotic received in hospital	-----	-----
<b>Removed!</b> SCIP 1 Abx w/in 1 hr before incision or w/in 2 hrs if Vancomycin/Quinolone is used	-----	-----
<b>Removed!</b> SCIP 4 Controlled 6 AM postoperative serum glucose – cardiac surgery	-----	-----

PATIENT EXPERIENCE OF CARE			
Baseline Period		Performance Period	
January 1, 2012 – December 31, 2012		January 1, 2014 – December 31, 2014	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	53.99	77.67	86.07
Communication with doctors	57.01	80.40	88.56
Responsiveness of hospital staff	38.21	64.71	79.76
Pain management	48.96	70.18	78.16
Communication about medications	34.61	62.33	72.77
Cleanliness and quietness	43.08	64.95	79.10
Discharge information	61.36	84.70	90.39
Overall rating of hospital	34.95	68.32	83.97

OUTCOME		
Mortality		
Baseline Period	Performance Period	
October 1, 2010 – June 30, 2011	October 1, 2012 – June 30, 2014	
Measure (Displayed as survival rate)	Threshold (%)	Benchmark (%)
30-day mortality, AMI	84.7472	86.2371
30-day mortality, heart failure	88.1510	90.0315
30-day mortality, pneumonia	88.2651	90.4181
Complication/Patient Safety for Selected Indicators		
Baseline Period	Performance Period	
October 15, 2010 – June 30, 2011	October 15, 2012 – June 30, 2014	
Measure	Threshold (%)	Benchmark (%)
AHRQ PSI 90 composite	.616248	.449988
Healthcare Associated Infections		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	February 1, 2014 – December 31, 2014	
Measure	Threshold (†)	Benchmark (†)
CLABSI	.465	0.000
<b>New!</b> CAUTI	.801	0.000
<b>New!</b> SSI Colon‡	.668	0.000
<b>SSI Abdominal Hysterectomy‡</b>	.752	0.000

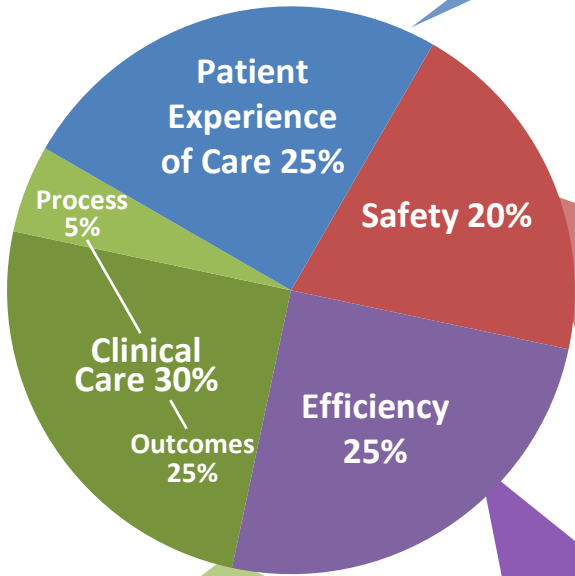
†Standardized infection ratio.  
‡There will be one SSI measure score that will be a weighted average based on predicted infections for both procedures.

EFFICIENCY		
Baseline Period	Performance Period	
January 1, 2012 – December 31, 2012	January 1, 2013 – December 31, 2014	
Measure	Threshold (%)	Benchmark (%)
MSPB-1 Medicare spending per beneficiary	Median Medicare spending per beneficiary ratio across all hospitals during performance period.	Mean of lowest decile of Medicare spending per beneficiary ratios across all hospitals during performance period.



# FY 2017 Value-Based Purchasing Domain Weighting

(Payment adjustment effective for discharges from October 1, 2016 to September 30, 2017)



PATIENT EXPERIENCE OF CARE			
Baseline Period		Performance Period	
January 1, 2013 – December 31, 2013		January 1, 2015 – December 31, 2015	
HCAHPS Survey Dimensions	HCAHPS Performance Standard		
	Floor (%)	Threshold (%)	Benchmark (%)
Communication with nurses	58.14	78.19	86.61
Communication with doctors	63.58	80.51	88.80
Responsiveness of hospital staff	37.29	65.05	80.01
Pain management	49.53	70.28	78.33
Communication about medications	41.42	62.88	73.36
Cleanliness and quietness	44.32	65.30	79.39
Discharge information	64.09	85.91	91.23
Overall rating of hospital	35.99	70.02	84.60

SAFETY		
Complication/Patient Safety for Selected Indicators		
Baseline Period		Performance Period
October 1, 2010 – June 30, 2012		October 1, 2013 – June 30, 2015
Measure	Threshold (%)	Benchmark (%)
AHRQ PSI 90 composite	.777936	.547889

Healthcare Associated Infections		
Baseline Period		Performance Period
January 1, 2013 – December 31, 2013		January 1, 2015 – December 31, 2015
Measure	Threshold (†)	Benchmark (†)
CLABSI	0.457	0.0000
CAUTI	0.845	0.0000
SSI Colon‡	0.751	0.0000
SSI Abdominal Hysterectomy‡	0.698	0.0000
<b>New!</b> C. difficile	<b>0.750</b>	<b>0.0000</b>
<b>New!</b> MRSA	<b>0.799</b>	<b>0.0000</b>

†Standardized infection ratio.  
‡There will be one SSI measure score that will be a weighted average based on predicted infections for both procedures.

CLINICAL CARE PROCESS		
Baseline Period		Performance Period
January 1, 2013 – December 31, 2013		January 1, 2015 – December 31, 2015
Measure	Threshold (%)	Benchmark (%)
AMI 7a Fibrinolytic agent received w/in 30' of hospital arrival	95.4545	100
IMM-2 Influenza Immunization	95.1607	99.7739
<b>New!</b> PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	3.1250	0.00
<b>Removed!</b> PN 6 Initial antibiotic selection for CAP immunocompetent pt	-----	-----
<b>Removed!</b> SCIP 2 Received prophylactic Abx consistent with recommendations	-----	-----
<b>Removed!</b> SCIP 3 Prophylactic Abx discontinued w/in 24 hrs of surgery end time or 48 hrs for cardiac surgery	-----	-----
<b>Removed!</b> SCIP 9 Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2	-----	-----
<b>Removed!</b> SCIP-Card 2 Pre-admission beta-blocker and perioperative period beta blocker	-----	-----
<b>Removed!</b> SCIP VTE2 Received VTE prophylaxis within 24 hrs prior to or after surgery	-----	-----

CLINICAL CARE OUTCOMES		
Baseline Period		Performance Period
October 1, 2010 – June 30, 2012		October 1, 2013 – June 30, 2015
Measure (Displayed as survival rate)	Threshold (%)	Benchmark (%)
30-day mortality, AMI	85.1458	87.1669
30-day mortality, heart failure	88.1794	90.3985
30-day mortality, pneumonia	88.2986	90.8124

EFFICIENCY		
Baseline Period		Performance Period
January 1, 2013 – December 31, 2013		January 1, 2015 – December 31, 2015
Measure	Threshold (%)	Benchmark (%)
MSPB-1 Medicare spending per beneficiary	Median Medicare spending per beneficiary ratio across all hospitals during performance period.	Mean of lowest decile of Medicare spending per beneficiary ratios across all hospitals during performance period.

The Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization.

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