



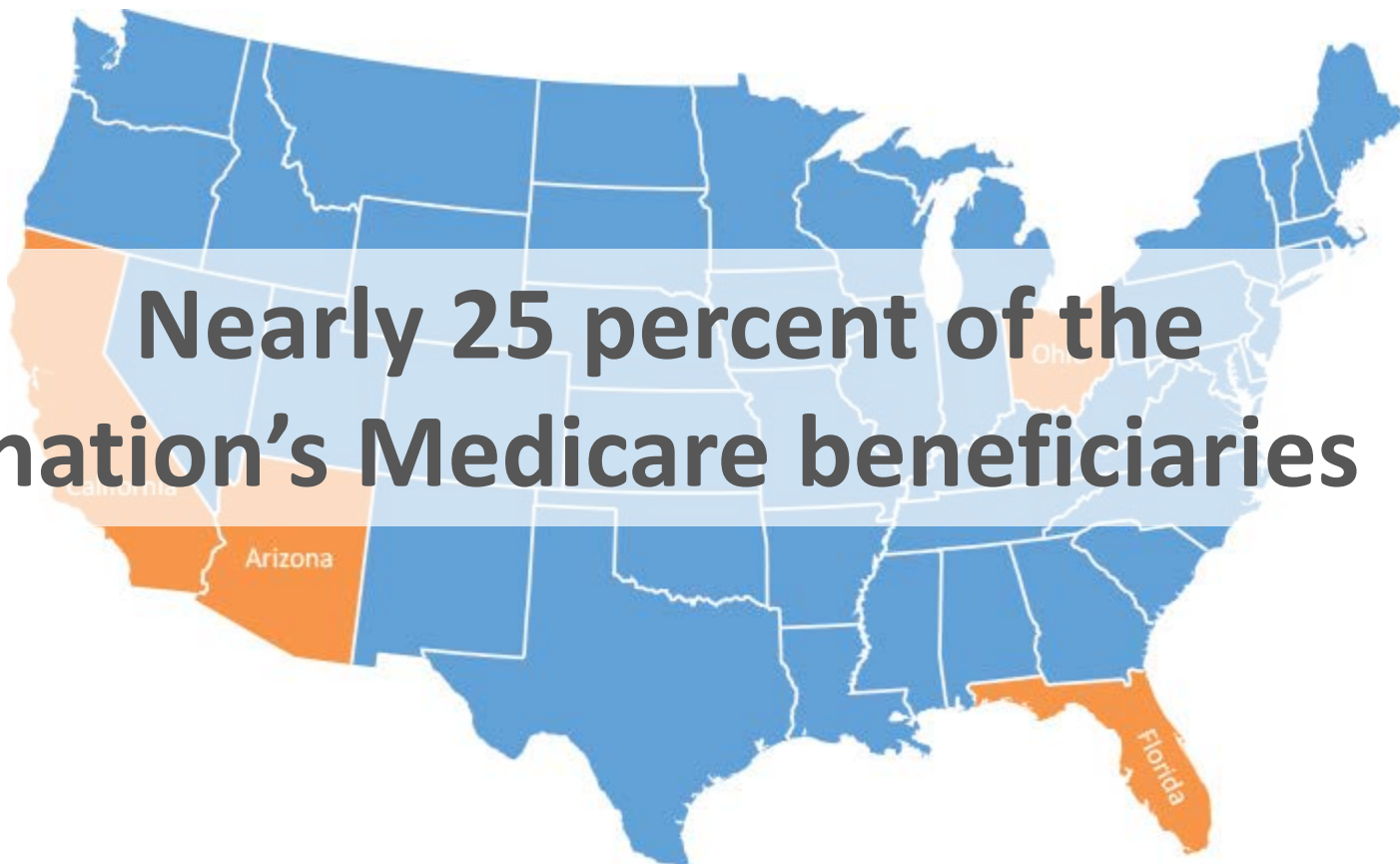
The Clinical and Business Case for Improving Safe Hand Hygiene and Safe Injection Practices in Ambulatory Surgical Centers

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About Health Services Advisory Group (HSAG)

- Committed to improving quality of healthcare for more than 35 years
- Provides quality expertise to those who deliver care and those who receive care
- Engages healthcare providers, stakeholders, Medicare patients, families, and caregivers
- Provides technical assistance, convenes learning and action networks, and analyzes data for improvement



Nearly 25 percent of the nation's Medicare beneficiaries

HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for California, Ohio, Arizona, Florida, and the U.S. Virgin Islands.

**Affordable Care
Act/National
Quality Strategy**

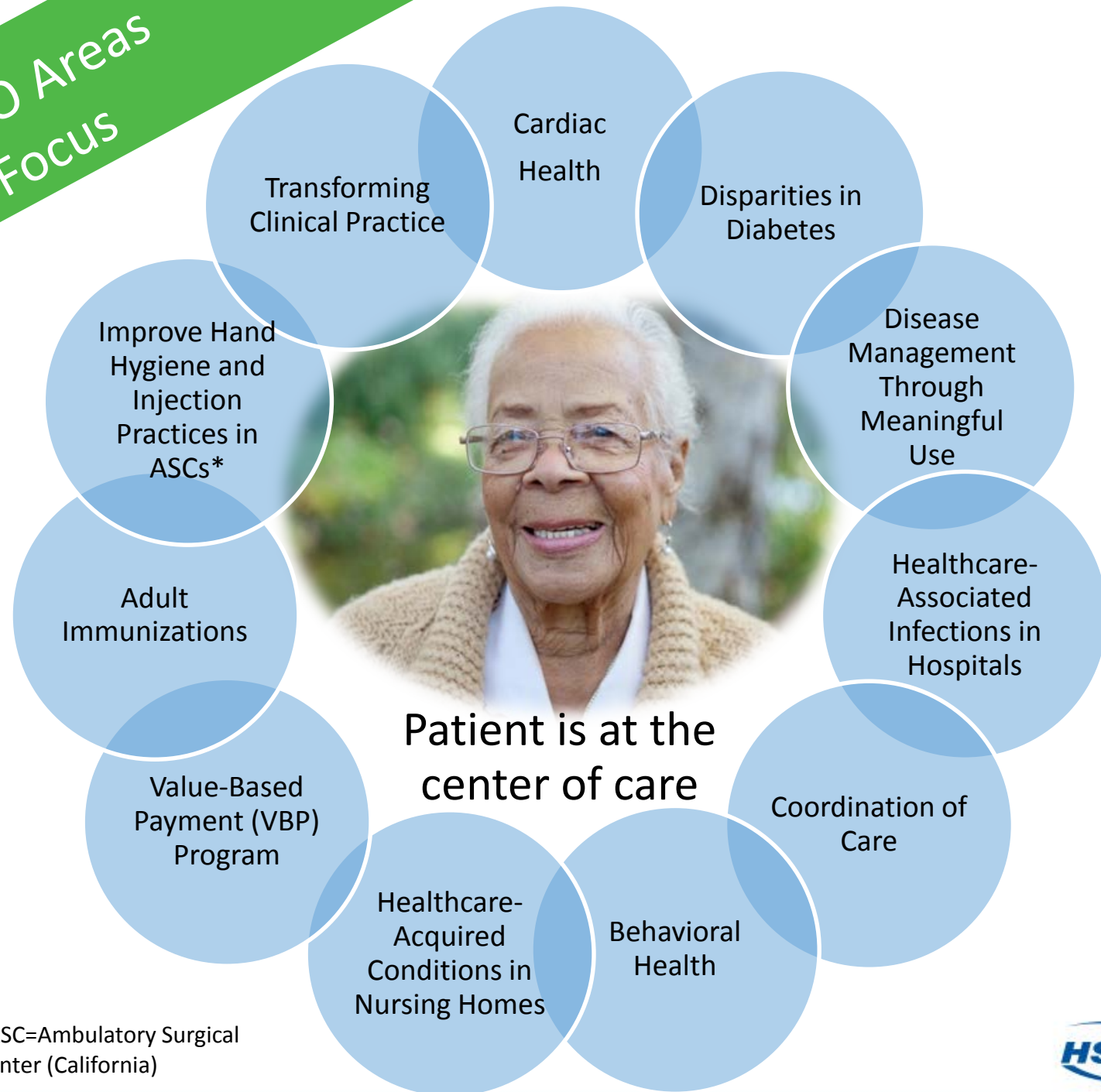
**CMS Quality
Strategy**

**QIN-QIO
Activities**

Goals Are Aligned

1. Make care safer.
2. Strengthen person and family engagement.
3. Promote effective communication and coordination of care.
4. Promote prevention and treatment of chronic disease.
5. Work with communities to promote best practices of healthy living.
6. Make care affordable.

QIN-QIO Areas of Focus



*ASC=Ambulatory Surgical Center (California)

HAIs in ASCs: The Problem

- HAIs* lead to long-term disability, preventable deaths, and additional financial burden on the healthcare system.
- No national estimates regarding the number of HAIs originating in ASCs are available, and little is known about infection control and prevention (ICP) practices in these settings.
- Surveys are infrequent and represent information from only a single snapshot in time.
- ASCs have no standardized mechanism to tie compliance with process measures to improved outcomes or reductions in HAIs.

*HAIs=Hospital-acquired infections

HAIs in ASCs: The Sentinel Injection Practices Event

- In 2008, a large HAI (Hepatitis C) outbreak in two Nevada-based ASCs was specifically linked to poor infection control practices.
 - This egregious safety lapse potentially exposed over 50,000 former ASC patients to Hepatitis C and other infectious diseases.
 - Reportedly, over 100 people developed Hepatitis C as a result of their exposure in the ASCs.
- Federal regulators inspected 28 Nevada ASCs for compliance with Medicare standards.
 - 64% had serious problems, primarily in infection control.

HAIs in ASCs: The Sentinel Injection Practices Event (cont.)

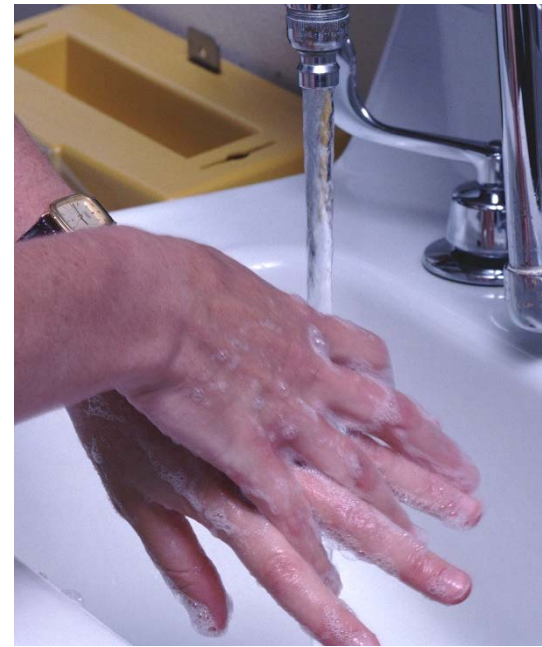
- This event ignited CMS efforts to implement a sustained, nationwide response to improve the agency's ability to detect deficient practices in infection control in ASCs.



- Based on investigations, unsafe injection practices consisted of:
 - Reuse of syringes for individual patients.
 - Reuse of single-use vials of propofol for multiple patients.
 - Poor hand hygiene practices.
- Costs associated with investigation, testing, counseling, and remedial medical care for patients amounted to between \$16.3 million and \$21.9 million.

HAIs in ASCs: Safe Handwashing Practices

- Compliance by healthcare workers with optimal hand hygiene is considered to be less than 40%.
- Several studies of hand washing have found that:
 - As few as 1 in 7 staff members wash their hands between patients.
 - Compliance rates in the range of 15%–35% are typical.
 - Rates above 40% are the exception.



HAIs in ASCs: Safe Handwashing Practices (cont.)

- The hands of healthcare workers are the principal cause of transmission of infection from patient-to-patient.
- Hand hygiene, a very simple action, remains the primary means to reduce HAIs and the spread of antimicrobial-resistant organisms.
- Global research indicates that improvements in hand hygiene activities could potentially reduce HAI rates by up to 50%.

Monitoring and Improving Practices

- Oversight of Medicare-certified ASCs to assure compliance with the Conditions for Coverage (CfCs), which include minimum health and safety standards, falls to:
 - State survey agencies.
 - Any of the four accrediting organizations that have approved Medicare ASC accreditation programs:
 - Accreditation Association for Ambulatory Health Care
 - American Association for Accreditation of Ambulatory Surgery Facilities
 - American Osteopathic Association
 - The Joint Commission

Special Innovation Projects (SIPs)

- CMS awarded 16 two-year SIPs to 10 regional QIN-QIOs
- Address healthcare quality issues
- Purposefully spread evidenced-based practices
- QIN-QIO partnerships at the community, regional, and national levels
- Ensure patients receive the right care, at the right time, every time



Improve Safe Hand Hygiene and Safe Injection Practices



CMS survey and certification data identified that **out of 2,818 ASCs** surveyed nationally, **there were 7,133 cited deficiencies** related to lapses in infection control (primarily hand hygiene) and the safe administration of injectable medications.

Contracted by CMS to Assist ASCs

- Partner with key stakeholders to spread evidence-based best practices for infection prevention:
 - CMS (Surveys and Certification Division)
 - CASA
 - CDPH (Surveys and Certification Division)
 - LACDPH
- Provide technical assistance to individual ASCs.
 - Create/maintain effective infection prevention/control programs.

Contracted by CMS to Assist ASCs (cont.)

- Disseminate and teach evidence-based practices.
 - World Health Organization—*Save Lives: Clean Your Hands* campaign
 - Centers for Disease Control and Prevention—*One & Only* campaign
- Engage and educate patients, families, and caregivers as advocates for safe hand hygiene and injection practices within ASCs.

ASC Infection Control and Prevention

- Understanding where and in what ways risks and hazards associated with infections are embedded in the process and structure of care within ASCs is vital to the development of safe practices for HAI prevention.
- The ASC must maintain an ICP program based on nationally recognized infection control and prevention guidelines.
- The ASC must prevent, identify, and manage HAIs through its ICP program integrated into the ASC's quality assessment and performance improvement program.

Medicare Ambulatory Surgical Center Value-Based Payment Implementation Plan

- Section 3006(f) of the Patient Protection and Affordable Care Act requires the Secretary of Health and Human Services to develop a plan to implement a value-based purchasing (VBP) program for payments under the Medicare program for ambulatory surgical centers (ASCs).
- Under the Affordable Care Act, the Secretary must consider the following issues in developing the plan:
 - 1) Development, selection, and modification for measures of all dimensions of quality and efficiency in ASCs
 - 2) The reporting, collection, and validation of quality data
 - 3) The structure of value-based payment adjustments, including the improvements in quality, the size of such payments, and the sources of funding for the value-based bonus payments
 - 4) Public disclosure of information on ASC performance

ASC Quality Reporting (ASCQR) Program

- Pay-for-reporting, quality data program.
- ASCs report quality of care data for standardized measures to receive the full annual update to their ASC annual payment rate.
- ASC measures should align across Medicare's quality reporting and payment systems Hospital Outpatient Quality Reporting Program.
- Aligning the ASC VBP program with other Medicare quality programs ensures the program coordinates incentives to improve quality and minimize provider burden across delivery systems.

Measures for ASC Quality Data Reporting

ASC-1 Patient Burn

ASC-2 Patient Fall

ASC-3 Wrong Site, Wrong Side, Wrong Patient,
Wrong Procedure, Wrong Implant

ASC-4 Hospital Transfer/Admission

ASC-5 Prophylactic Intravenous (IV) Antibiotic
Timing

ASC-6 Safe Surgery Checklist Use

ASC-7 ASC Facility Volume Data on Selected ASC
Surgical Procedures

ASC-8 Influenza Vaccination Coverage Among
Healthcare Personnel

Measures for ASC Quality Data Reporting (cont.)

- For the 2016 payment determination, CMS adopted an HAI measure—Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
- Possible new quality measures for 2017 may include:
 - Postoperative nausea and vomiting.
 - Toxic anterior segment syndrome.
 - All case hospital admission within two days of discharge.
 - All case emergency department visits within two days of discharge.



What Is MACRA?

Medicare Access and CHIP*
Reauthorization Act of 2015

Bipartisan legislation signed into
law on April 16, 2015

*CHIP=Children's Health Insurance Program

Source: Centers for Medicare & Medicaid Services

What Does MACRA Do?

- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare pays clinicians** and establishes a new framework to reward clinicians for value over volume
- **Streamlines** multiple quality reporting programs into one new merit-based incentive payment system (MIPS)
- **Provides** bonus payments for participation in eligible alternative payment models (APMs)

What Will Determine My MIPS Score?

The MIPS composite performance **score** will factor in **four weighted categories**:



Quality



Resource
use



Clinical
practice
improvement
activities



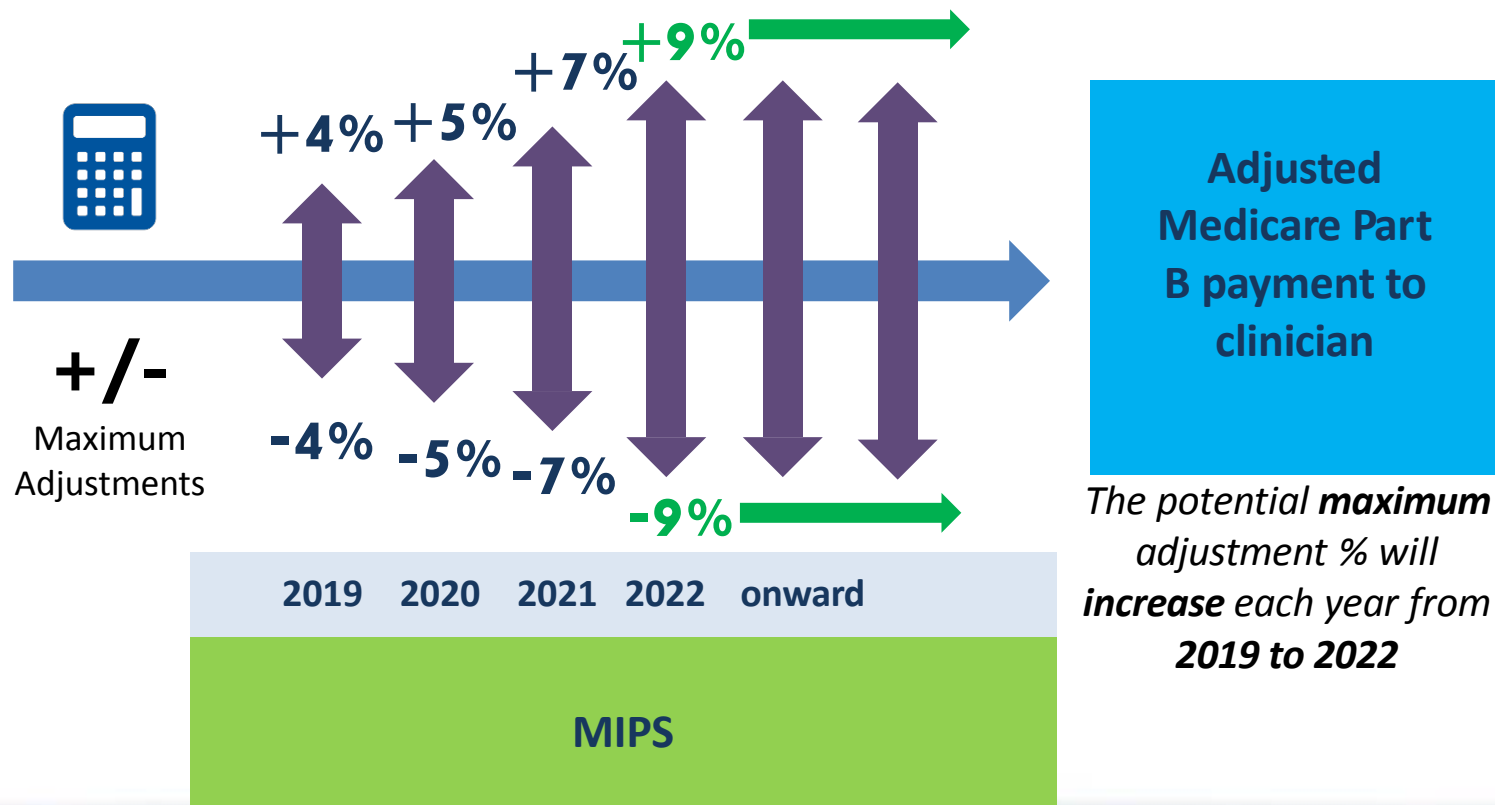
Use of
certified
EHR*
technology



MIPS
Composite
Performance
Score

How Much Can MIPS Adjust Payments?

Based on a composite performance score, clinicians will receive **+/- or neutral** adjustments **up to** the percentages below.



Key Take-Away Points

1. MACRA changes the way Medicare pays clinicians and offers financial incentives for providing high-value care.
2. Medicare Part B clinicians will participate in the MIPS program unless they are in their first year of Part B participation, meet criteria for participation in certain APMs, or have a low volume of patients.
3. Payment adjustments and bonuses begin in 2019.
4. A proposed rule is targeted for spring 2016, with the final rule targeted for fall 2016.

Summary

- Improvements in quality and patient safety can yield:
 - Cost efficiency
 - Real cost reduction
 - Revenue enhancement
 - VBP incentive vs. reduction in reimbursement
 - Balance sheet improvements
 - Intangible improvements



Thank you!

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