Clinical Outcomes and Home Infusion—A Way Forward

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Speaker Disclosures

• The speaker(s) for this presentation have no conflicts of interest to disclose.

• Off-label and/or investigational drug uses will not be discussed during this presentation.
Session Objectives

• Define value-based purchasing, and describe how payment incentives are driving the demand for quality data.
• Characterize the patient outcome data elements and quality measures for home and specialty infusion.
• Describe the benefits of participating in industry-wide research and benchmarking programs.
• Name strategies for adopting the NHIA definitions and implementing a data collection program for your organization.
Value-Based Purchasing (VBP)

- A **demand-side strategy** to measure, report, and reward excellence in health care delivery.
- Aligns reimbursement with access, quality and efficiency.
- Goal is to promote quality and value – increasing the return for every healthcare dollar spent.
- *Rewards for high performing health care providers: improved reputations, enhanced payments, and increased market share.*

References: National Business Coalition on Health
How is VBP Changing the Delivery of Healthcare?

**Drivers for VBP**

- Growth of government portion of healthcare expenditures
  
  *(47% of NHE by 2024, CMS)*

- Aging demographics shifting population from high margin payers (private sector) to low margin payers (public sector)

**VBP Impacts**

- Lower margins earned by acute care providers on government funded patients
- Redistribution of payments from low performers to high performers
- Resistance from private payers to cover the financial gaps created by government payment reductions and redistributions

References: CMS Report on NME projections
VBP Components and Metrics

• Quality – assessed through benchmarking on define measures
• Throughputs – organizational focus on process to improve/measure efficiency and reduce costs.
• Readmissions – specific quality measure, the focus of government VBP efforts.
• Patient Satisfaction – measures patient experiences, component of most VBP programs
• Cost per episode – newly added metric to determine Medicare spending per beneficiary to evaluate cost variation between different clinical processes.
VBP Activities by Healthcare Setting

Home Health Compare 5 Star Ratings
  • Published first ratings on Jan 28, 2016

<table>
<thead>
<tr>
<th></th>
<th>Patient survey summary star rating. More stars are better.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME HEALTH SERVICES, INC</td>
<td>★★★★★</td>
</tr>
<tr>
<td>HOSPITAL HOME CARE IN YOUR HOME</td>
<td>★★★★★</td>
</tr>
</tbody>
</table>
IMPACT Act of 2014

• Requires the reporting of standardized patient assessment data with regard to quality measures, resource use, and other measures. It further specifies that the data [elements] “… be standardized so as to allow for the exchange of such data among post-acute care providers...

• IMPACT Domains for Standardization:
  • Skin integrity and changes in skin integrity;
  • Functional status, cognitive function, and changes in function and cognitive function;
  • Medication reconciliation;
  • Incidence of major falls;
  • Transfer of health information and care preferences when an individual transitions;
  • Resource use measures, including total estimated Medicare spending per beneficiary;
  • Discharge to community; and
  • All-condition risk-adjusted potentially preventable hospital readmissions rates.

VBP – Drug Pricing

Express Scripts rolls out value-based pricing for cancer meds

Drugs will cost more in cancer types where they work best

November 19, 2015 | By Tracy Staton

Express Scripts ($ESRX) will put its money behind a new value-based reimbursement model next year, using comparative data and indication-specific pricing to favor "clinically superior" meds. The pharmacy benefits manager will roll out the approach in cancer first, with anti-inflammatory meds close behind.

# VBP in Home Infusion

## Exhibit TBD

**Home Infusion Provider Performance Guarantees**

### (5) Home Infusion Therapy Related Unscheduled Hospitalization Rate

<table>
<thead>
<tr>
<th>Standard</th>
<th>The HIP guarantees a rate of equal to or less than &lt;#&gt; per 1000 days on service for an related unscheduled hospitalization that are directly attributed with the IV medication, IV catheter or the condition being treated with IV therapy.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Performance Guarantee Payment</th>
<th>HIP shall pay the following penalties:</th>
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<tbody>
<tr>
<td></td>
<td>➢ $500 if the standard is not met*</td>
</tr>
<tr>
<td></td>
<td>➢ $500 if the report measuring the standard is inaccurate</td>
</tr>
<tr>
<td></td>
<td>➢ $500 if the report measuring the standard is late or not provided</td>
</tr>
</tbody>
</table>

- Note: if HIP fails to provide spreadsheet/report, the “standard not met penalty” will apply in addition to the timeliness penalty.
- * Reporting of baseline data meets the standard for 2015. If no data is provided- standard is not met.
Patient Outcomes in Home Infusion

2012 – NHIA Data Definitions Survey presented the first standardized definitions for quality data elements.

2015 – NHIA Patient Outcomes Task Force
• Aug. 2015 – opened comment period
• Feb. 2016 – released final definitions for providers to adopt
Definitions vs. Measures

• Standardized definitions ensure events are counted consistently across providers.
• Measures determine how to report the events counted. (Includes population parameters, time frames, risk adjustments for acuity.)
Defined Patient Outcome Data Elements

- Unplanned hospitalization
- Emergency Department Use
- Medication Error
- Adverse Drug Reaction
- Access Device Events
- Discharge Reasons/ Therapy Complete
Outcome Data Elements

• Event Definition – when should an event be counted?
• Reason – why did the event occur?
• Interventions- what actions were taken as a result of the event occurrence?
• Outcome – what was the impact of the event on the infusion episode of care?
• Secondary elements – contextual information to better understand contributing circumstances
Example: Unplanned Hospitalization

**Definition:**
When an active home infusion patient requires an unplanned, inpatient admission to an acute care hospital for any reason.

- Related vs. Unrelated events
- Follows billing claim status change
- Consistent with Medicare definition

**Reasons:**
- Adverse Event - Infused Drug Related
- Adverse Event - Equipment Related
- Adverse Event – Access Device Infection
- Adverse Event – Access Device Related - Other than Infection
- Change in Eligibility
- Insufficient response
- Unknown Reason
- Other: ____________________
Example: Unplanned Hospitalization

Outcomes:

• Resumption of home infusion services with therapy changes
• Resumption of home infusion services without therapy changes
• Home infusion services discontinued
• Pending/ remains hospitalized at time of reporting
Example: Access Device Categories

| Central Venous Catheter (CVC), tunneled, cuffed | Peripheral (PIV) |
| Central Venous Catheter (CVC), non-tunneled | Peripherally inserted central catheter (PICC) |
| Implanted port                                | Midline       |
| Intrathecal                                   | Hemodialysis  |
| Epidural                                      | Apheresis     |
|                                              | Subcutaneous  |
Access Device Interventions

- Provided additional education
- Access device repaired/repositioned
- Access device removed/replaced
- Anti-infectives administered
- De-clotting procedure performed
- Adjunctive treatment administered
- Discontinued home infusion therapy
- Unscheduled nursing visit
- Unplanned hospitalization
- Emergency Department Use
- Cultures drawn
- Additional tests (x-ray, labs)
- Access Device Replaced
Measure Development

• Continue with Task Force approach
• Partner with the National Quality Forum (NQF) to create endorsed measures
• Identify measures that are
  1. Meaningful to providers for quality improvement
  2. Reflect value for stakeholder partners
  3. Useful to consumers to facilitate effective healthcare decisions
Measure Development Considerations

- Comparable populations
  - Report data by therapy type/diagnosis
  - Age (> 65 years)
  - Exclusion criteria

- Numerator/Denominator
  - Reporting parameters (percentages, patient days)

- Consumer Value
  - Meaningful to consumers in selecting a provider?
  - Eg. Patient satisfaction with communication, service delivery, responsiveness
Definition Implementation

• NHIA definitions reflects established industry standards where possible
• Providers may collect additional, more detailed data for internal reporting
• Designed to consolidate data into broader categories to facilitate comparisons across different providers (Eg. Eligibility)
• Strategies for data collection will vary based on software systems and operational processes
Vision without action is a great way to pass the time... but vision with action can change the world.

~Joel A. Barker
More Information

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Visit me at NHIA Central in the Exhibit Hall

Definition documents available on the NHIA website under the “Data Initiative” tab.
http://www.nhia.org/data/index.cfm
One Provider’s Experience

Dana Simonson, PharmD, BCPS
Clinical Pharmacist Supervisor
Fairview Home Infusion
Beginning the Process

Yvonne McDermott BS, RRT-NPS, CPHQ, CPPS
National Director Clinical Quality Management
BioScrip, Inc.
Beginning the Process

• Review Current vs. NHIA definitions
• Develop
• Implement
• Review/Revise
• Align with NHIA

References: National Business Coalition on Health
Clinical Outcomes: Our Experience

Varner Richards, Pharm.D.
Intramed Plus
President / Owner
Intramed Plus Case Study

• Home Infusion Provider in South Carolina over 25 years
• 3 Pharmacy Facilities
  • Columbia - Midlands
  • Charleston - Low Country
  • Greenville - Upstate
• Multiple Referral Organization Sources
  • Varying Data Needs
  • Varying Interests
Intramed Plus

Commercial software system

- Using the custom Assessment Option to collect occurrences

Data Standard: NHIA 2015 Data Definitions

Data Analysis: outsourced
Implementation / Training

• Identify key staff members who are involved with the workflow that would recognize an occurrence and could initiate documentation process.

• Assessment Option – Easy to complete, clearly defined questions, and ability to add comments.

• Data needed to be easily collected and compiled.

• Review data routinely with key staff members

• Developed reporting format
Unplanned Hospitalizations

Reported:
• # Patients with Occurrences
• < 30 days from discharge date
• 81 Patients
Unplanned Hospitalization - # Patients

Medical Center
IV Antibiotics - 2015

Related (1)

Unrelated (4)
Unplanned Hospitalization

Reported as:
- Rate per 1000 ANT Days
- < 30 days from discharge date
- 2156 ANT Days
Unplanned Hospitalizations - IV Antibiotics

ICD 10 Descriptions

- **A40.9**  Streptococcal infection, unspecified site
- **A49.01** Methicillin suscept staph infection, unsp site
- **M86.052** Acute hematogenous osteomyelitis, left femur
- **B95.62** Methicillin resist staph infct causing diseases classd elswhr
- **N39.0**  Urinary tract infection, site not specified
Data Discussion

Unplanned Hospitalization

- Reflection of the Hospital’s patient population
- Notification time before discharge
- Day of the week / Seasonal Issues

- Early involvement – Be part of transitional care process from hospital to home setting
- Patient assessment - Eligibility assessment
- Effectively communicate to Case Managers/ Discharge Planner, and MD the potential for readmission for each patient candidate
Next Steps

Data Review

- Physician Groups
- Payors
- Post acute providers involved with your services

Biggest Need: Benchmarking Data in our Industry
Questions?