

## SUMMER 2011

For Medical Staff members  
at CCH, HRMC, PBH, and VH

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Health First medical quality initiatives



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Chief Quality Officer Jim Palermo, MD

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Core Measures performance, with the announcement  
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*Physician e-Xcellence* is published by Health First  
for physicians on the Medical Staffs at Cape Canaveral Hospital (CCH),  
Holmes Regional Medical Center (HRMC), Palm Bay Hospital (PBH),  
and Viera Hospital (VH).

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Contributing departments include Risk Management, Corporate Compliance, HIPAA,  
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(e-Health Strategy), Continuing Medical Education, and the Medical Staff Offices.

## Quality Leads:

### The CMS Value-Based Purchasing (VBP) Rule has arrived



By HF Chief Medical Officer/ Chief Quality Officer Jim Palermo, MD

“Under the Patient Protection and Affordable Care Act, the new VBP program will pay hospitals based on their actual performance on Quality Measures, rather than just for the reporting of Quality Measures—beginning in fiscal year (FY) 2013.”

July 1<sup>st</sup> marked the start of a new era in Core Measures performance, with the announcement of the key treatment indicators that will directly impact hospital reimbursement.

Just a couple of months earlier, on April 29<sup>th</sup>, the Centers for Medicare & Medicaid Services (CMS) issued its **Final Rule** setting forth policies for the new **Value-Based Purchasing (VBP) program**. Under the **Patient Protection and Affordable Care Act**, The VBP program will pay hospitals based on *their actual performance* on Quality Measures, rather *than just for the reporting of Quality Measures*—beginning in fiscal year (FY) 2013.

#### Quality Measures selected (see chart on following page)

For this first year of the VBP program pay-for-performance formula, CMS selected **12 Core Measures**, plus the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, which measures patient experience. Although CMS is starting out with 12 selected Core Measures, all of the existing 33 measures being reported for AMI, heart failure, pneumonia, and the Surgical Care Improvement Project (SCIP) will continue to be reported and, over time will be integrated into the VBP formula. The clinical measures will account for 70 percent of a hospital's VBP score and the HCAHPS Survey for 30 percent. For FY2014, CMS will add the heart attack, heart failure, and pneumonia mortality measures to the VBP program, as well as eight measures of hospital-acquired conditions and two

composite patient safety and inpatient quality indicators developed by the Agency for Healthcare Research & Quality (AHRQ).

#### Withholding and allocating VBP payment incentives

Funding for the program will be generated by reducing all Inpatient Prospective Payment System (IPPS) Medicare-severity diagnosis-related group (MS-DRG) operating payments to participating hospitals using a phased-in approach. Payments will be cut by 1 percent in FY2013; 1.25 percent in FY2014; 1.5 percent in FY2015; 1.75 percent in FY2016; and 2 percent in FY2017 and beyond. The VBP program is budget neutral, and all funds withheld must be paid to hospitals as an incentive payment, with a hospital's overall VBP score determining its payments from the VBP incentive pool.

#### Implementation dates

To calculate FY2013 payments for both the clinical process and HCAHPS measures CMS will use a baseline period of July 1, 2009 through March 31, 2010, and a performance period of July 1, 2011 through March 31, 2012. Scores will be based on either a compliance score for each Core Measure and HCAHPS scores in each category during the performance period, or an improvement score based on increases as compared to the baseline period, *whichever is highest*. With respect to FY2014, CMS will use a 12-month performance period of July 1, 2011 through June 30, 2012 for the three 30-day mortality measures. The agency notes that it intends to move to a full year of performance data for all measures in future years.

#### Our “new” hospitals—in Palm Bay (PBH) and Viera (VH)

Both PBH, and VH were recently CMS-certified in April and therefore don't have comparative baselines. Their VBP score will be based exclusively on the levels they achieve during this first performance period,

#### Benchmarks and thresholds for FY2013

The **Benchmarks** represent the *highest average achievement levels on Quality Measures among the top 10 percent of the*

nation's hospitals; and **thresholds** represent the minimum achievement levels and are based on the median performance score (50th percentile) for all hospitals during the baseline period. Hospitals' performance on individual Quality Measures will be compared to these national performance standards to calculate VBP "achievement" and "improvement" scores.

## Our role as physicians in the VBP process

It's estimated that by 2015 as high as **9 percent** of hospital Medicare reimbursement will be tied to public reporting of errors, and the provision of safer, more reliable and satisfactory care.

Traditionally, hospitals delegate the responsibility and accountability for monitoring and maintaining high-quality care to an independent medical staff, and have borne the financial risk for the cost of care ordered by the physicians. Unfortunately, some doctors may still be practicing and promoting a traditional autonomous, highly variable model of care, which does not support the clinical quality and service expectations established by VBP or the hospital's responsibility to comply.

To sustain financial viability under this new pay-for-performance environment, and ensure the highest quality care hospitals must work collaboratively with the Medical Staff to modify bylaws so that patient safety and satisfaction best-practice and quality metrics are required as a condition of privileges. As we track our performance during this first year of VBP's implementation, we'll be working closely with you, our physician leaders, to make adjustments where needed. With your help we'll continue improving our performance on both Core Measure reporting and HCAHPS results—with the ultimate goal of consistently providing measureable clinical value and the highest quality care for our mutual patients.

Key Core Measure Description	Performance Benchmark %	Achievement Threshold %
1. AMI -7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	92	65
2. AMI - 8a Primary PCI Received Within 90 Minutes of Hospital Arrival	100	92
3. HF-1 Discharge Instructions	100	91
4. PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	100	96
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient	99	93
6. SCIP -Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	99	97
7. SCIP -Inf-2 Prophylactic Antibiotic Selection for Surgical Patients	100	98
8. SCIP -Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	99	95
9. SCIP -Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose	99	94
10. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	100	95
11. SCIP-VTE -2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	99	93
12. SCIP-Card -2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period	100	94
HCAHPS Patient Experience Category	Benchmark %	Threshold %
<b>Communication with Nurses</b>	85	75
<b>Communication with Doctors</b>	89	79
<b>Responsiveness of Hospital Staff</b>	78	62
<b>Pain Management</b>	78	69
<b>Communication about Medicines</b>	70	59
<b>Cleanliness and Quietness of Hospital Environment</b>	78	63
<b>Discharge Information</b>	89	82
<b>Overall Rating of Hospital</b>	82	66

**Note:** In the above chart, "Benchmark %" represents the highest average achievement levels on Quality Measures among the top 10 percent of the nation's hospitals, and "Threshold %" represents minimum achievement levels based on the median performances (50th percentile) for all hospitals during the baseline period.

## CRIMSON: An important new tool for physicians

By HF Chief Medical Officer/ Chief  
Quality Officer Jim Palermo, MD



Health First recently implemented a Web-based clinical and business intelligence platform known as *CRIMSON* — a tool designed by physicians especially for physicians and which provides individual and physician specialty-specific clinical and utilization performance data. The *CRIMSON* platform has the unique capability of integrating physician quality and utilization data to afford a severity-adjusted view of your practice at our facilities. By extracting existing data from many disparate internal systems, *CRIMSON* provides a single, integrated source that produces clear and useful performance profiles for all physicians who practice at Health First hospitals.

The goal for *CRIMSON* at Health First is to bring physicians and the organization together to educate, discuss, and respond to key focus areas while improving quality and outcomes. Our role is to provide physicians with a tool that makes performance data easily accessible and understandable, and where appropriate, to work with you to determine what action steps you and the organization can take to improve overall performance related to the quality and efficiency of care. *CRIMSON* allows you compare yourself to others in your own specialty and adjust data to account for differences in patient acuity so it can be analyzed on a level playing field. The displays are elegant, but simple; flexible; and easy to understand. As you probably know, Medicare and various commercial payers are looking at similar data as part of their “Pay for Performance” initiatives. There are now also several healthcare consumer comparative websites such as HealthGrades.com, WhyNottheBest.com, UCompareHealthcare.com and PhysicianCompare.com, all of which have access to some of your data. It’s our goal to help you understand your data so that you’ll be better prepared to stay ahead of these changes.

A physician pilot group at each of our hospitals has been trained, and each physician taking part in this test phase has access to his or her own data and can navigate through the application, becoming familiar with features and functionality — and also bringing issues, concerns, and comments to our attention as we ensure data integrity. So far the response has been very positive. We’re also working with this beta-user group to identify best practice opportunities

# Physician e-Xcellence

“The goal for *CRIMSON* at Health First is to bring physicians and the organization together to educate, discuss, and respond to key focus areas...”

related to performance data presentation and physician collaboration. While we acknowledge that no data system is perfect, we believe that *CRIMSON* is the best source for understanding not only our internal data, but also the measures that various outside agencies and payers are using. *CRIMSON* has proven successful in improving both the quality and efficiency of patient care in the other large, complex organizations in which it has been used. Meaningful acuity adjusted performance data is accessible via the secure *CRIMSON* site on the Internet with a unique log-in and password, and across the nation, physician satisfaction with ease of access and navigation has been very high.



The *CRIMSON* physician performance platform will be used as the primary data source for ongoing professional performance evaluation and reappointment at all Health First hospitals. All members of our Medical Staffs will have the opportunity to learn how to use the *CRIMSON* system and access their own data. We expect that individual physician access will begin later this year. The exact timing depends on the progress of the pilot phase, but the time frame should be late Summer or early Fall. For more information, please feel free to contact me or your respective hospital’s VP of Medical Affairs.



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Health First medical quality initiatives*

## New Health Sciences Library and Patient & Family Library at HRMC

HRMC is proud to announce that our new Health Sciences and Patient & Family Libraries are now open. The new Health Sciences Library contains a wide array of print and electronic resources which are available for use by physicians, associates, and allied health professionals. In addition to improved aesthetics and the creation of reading and sitting areas, the Health Sciences Library provides new and upgraded computers for online searches, an online catalog, document delivery (for articles not available within HF resources), as well as professional onsite librarian services.



Another new addition to our existing library services is our brand-new Patient & Family Library. This new library offers a broad range of health information for patients and families, visitors, and members of the community. The Patient & Family Library provides:

- Computers with quick and easy access to reliable health websites
- Collection of print titles and other resources covering health, disease, wellness, and nutrition topics
- Knowledgeable staff to assist users with their particular information needs
- Free information available in pamphlets, brochures, and other takeaways



Physicians and other caregivers are encouraged to refer their patients to the new Patient & Family Library for disease or educational reference purposes where they will be given individualized assistance. The librarian will also deliver information to hospital units and waiting areas upon request.

These library projects were made possible by generous donations for Health First associates through EAGLES and benefactors Warren and Evelyn Foster. Please take a moment to stop by or, if needed, contact Medical Librarian Carol Crawford at [Carol.Crawford@Health-First.org](mailto:Carol.Crawford@Health-First.org) or 321-434-8512.



From left at the dedication of the new HF Health Sciences Library at HRMC are: Mark Clemens (EAGLES Steering Committee), Dee Rogers (EAGLES Chairman), HF President & CEO Mike Means, Evelyn Foster (Foundation Benefactor & Board Member), Pam Bridges (EAGLES Steering Committee), Dr. Joseph McClure (Medical Staff CME Chairman), Joanne Delgado (EAGLES Steering Committee), HF Executive VP & COO Larry Garrison, Kay Ives (EAGLES Steering Committee), and Yuri Mykoo (EAGLES Steering Committee).

# Do a checkup on your calendar!

# Calendar

## August 2011

- 5** CME — “Legionnaires Disease” by William Barry Inman, BS, Medical Director with Brevard County Health Department (11:30 am to 1:30 pm, HRMC Auditorium)\*
- 12** CME — “Clarifying Oral Anti-Platelet Therapy: A Straightforward Approach for today’s Practitioners” by Fadi A. Matar, MD, from University of South Florida (11:30 am to 1:30 pm, HRMC Auditorium)\*
- 18** CME — “The Need for Leprosy Awareness in the United States: Special Two-Hour Program” (5:30 to 7:30 pm, HRMC Auditorium)\*
- 19** CME — “The Need for Leprosy Awareness in the United States: One-Hour Program” by James L. Krahenbuhl, MD, with HRSA-National Hansen’s Disease Programs (11:30 am to 1:30 pm, HRMC Auditorium)\*
- 20** CME — “Rheumatoid Arthritis: Practical Strategies for Early Diagnosis and Tight Control” by Timothy B. Niewold, MD, FACR, University of Chicago (11:30 am to 1:30 pm, HRMC Auditorium)\*

## September 2011

- 2** Labor Day Weekend — No CME Program
- 6** PBH Department of Medicine Meeting, 6 pm (dinner served), PBH Private Dining Room
- 9** CME — “Update on the Medication Management of Pain” by Norman Tomaka, B.Pharm., CPh, HRMC (11:30 am to 1:30 pm, HRMC Auditorium)\*

- 12** PBH Department of Surgery Meeting, Noon (lunch served), PBH Auditorium
- 16** CME — “Alcohol and Drug Abuse Management and Treatment” by Vineet Mehta, MD, HRMC (11:30 am to 1:30 pm, HRMC Auditorium)\*
- 20** CCH General Medical Staff Meeting, 6:30 pm, CCH Medical Plaza Conference Center
- 23** CME — “Florida Rules and Regulations and Federal and State Laws Related to Prescribing Controlled Substances” by Judy Rivenbark, MD, Medical Director for Professionals Resource Network (PRN) (11:30 am to 1:30 pm, HRMC Auditorium)\*
- 27** HRMC General Medical Staff/Department Meeting, General Medical Staff starting at 6 pm, Department meetings at 7 pm, Melbourne Hilton Rialto
- 30** CME — “Optimal Antithrombotic Care for Patients with Acute Coronary Syndromes Across the Continuum of Angina, NSTEMI, and STEMI” by Ron Waksman, MD, FACC, Georgetown University (11:30 am to 1:30 pm, HRMC Auditorium)\*

\*For all CME sessions, lunch is from 11:30 am to 12:30pm (except the August 18<sup>th</sup> 2-hour teleconference), and the presentation is from 12:30 to 1:30 pm. For information and CME records, call **Dee Rogers** at 434-1966.

\*\*CME sessions at the HRMC Auditorium are video-conferenced into the PBH Community Room and Medical Plaza Conference Room B at CCH; video-conferenced sessions will also be available at Viera Hospital in the near future.