Quality Assurance in Medicare + Medicaid

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Survey & Certification Group
Centers for Medicare & Medicaid Services
Quality Assurance in Medicare + Medicaid

- Overview of Survey + Certification
- Methods Used + Challenges
- New Initiatives
- What is Quality?
- How We Can Think About Quality as a System
Survey & Certification

- Quality Assurance for Medicare + Medicaid

- 81,000 Providers
  - Ambulatory Surgical Centers
  - Clinical Laboratories under CLIA
  - Dialysis Facilities
  - Hospitals
  - Hospital Organ Transplant Centers
  - Home Health Agencies
  - Hospices
  - ICFs-MR
  - Nursing Homes
  - Etc.
  - Plus – Oversight of Accrediting Organizations (e.g. Jt. Commission)

- 104,000 Onsite Reviews Annually - 6,800 surveyors
  - Comprehensive (“Standard”) Surveys
  - Complaint Investigations (focused on areas of the complaint)
Methods Used in S&C System

1. **CMS Contracts with States** – S. 1864 Soc. Security Act

2. **Onsite Reviews**
   a) **Comprehensive** – Periodic onsite reviews by team of trained, objective surveyors of all “Conditions of Participation.”
   b) **Complaint Investigations** – Focused onsite review

3. **Data Analysis** – Use of quality measures & other information to inform onsite surveys, target scarce survey resources.
   Examples:
   a) Quality Indicator Survey – new nursing home survey process being implemented in 9 States – budget limitations preclude further use.
   b) Special Focus Facility (SFF) nursing homes – twice the usual survey frequency, names posted on CMS website (*NH Compare*)
   c) Dialysis Facilities – Outcomes data used to target special surveys

4. **Marketplace Leverage** – publishing information on poor performance – See CMS “Compare” Websites

5. **Quality Checks** – CMS surveyors do validation surveys to check on quality of the State surveys
## Examples of Major Survey & Certification Activities

<table>
<thead>
<tr>
<th>S&amp;C Major Function</th>
<th>Focus</th>
<th>Frequency – CMS Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comprehensive (“Standard”) Surveys</td>
<td>A survey of all the major requirements for quality that are specified in regulation.</td>
<td>Nursing Homes – avg every year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Health – every 3 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospitals – avg every 3 years</td>
</tr>
<tr>
<td>2. Complaint Investigations</td>
<td>An investigation of the requirements relevant to the complaint.</td>
<td>Frequency varies by provider type. Annually about 50,000 nursing home complaints and more than 4,600 hospital complaints are investigated onsite.</td>
</tr>
<tr>
<td>3. Minimum Data Set (Nursing Homes)</td>
<td>Monitoring assessments that nursing homes are required to conduct for every nursing home resident, and education of providers. On-going</td>
<td></td>
</tr>
<tr>
<td>4. Outcome &amp; Assessment Set (Home Health)</td>
<td>Monitoring assessments that home health agencies are required to conduct for every patient, and education of providers. On-going</td>
<td></td>
</tr>
<tr>
<td>5. Validation of State Surveys</td>
<td>Two main types of validation surveys are done: (a) comparative surveys, in which a CMS team or contractor conducts an independent survey within 60 days of the state survey (to compare results), and (b) follow-along surveys, in which a CMS team or contractor accompanies the state team to observe conditions in the provider as well as the process of the state team. Sample size varies with provider type, from 5% in nursing homes, to 1% in most other provider types.</td>
<td></td>
</tr>
<tr>
<td>6. Validation of Accrediting Organizations</td>
<td>Similar to the validation surveys of states, except that nearly all take the form of comparative surveys. Sample size varies according to the budget and provider type. Sample size for accredited hospitals is about 2.5%.</td>
<td></td>
</tr>
<tr>
<td>7. Accrediting Organization Approvals</td>
<td>CMS analyzes the applications of any organization that wishes to be approved and have its surveys “deemed” to meet Medicare requirements. The statute requires that the AO standards be at least equivalent to CMS’ and that the qualifications and conduct of the surveys be adequate.</td>
<td></td>
</tr>
</tbody>
</table>
Challenges to Quality Assurance -
Examples

• **Resource Limitations**
  • CMS Staffing + Information Systems
  • Resources for States

• **Accountability**
  • Provider tendency to obscure ownership
  • Civil Monetary Penalties – Improved system would collect fees prior to exhaustion of legal process, returning funds with interest if legal decision favored provider.
  • Finding the most effective enforcement methods to change provider behavior.
Resource Limitations for States

- Medicare S&C Purchasing Power Reduced
- Medicare S&C Workload Increasing
- Information Demands Increasing
Fig. 2: Inflation-Adjusted S&C Funding - Change FY 2002-07

- Medicare: -11.0%
- Medicaid: -5.9%
Figure 1: S&C Medicare Budget as Percent of Total Medicare Budget

The line graph shows the S&C Medicare Budget as a percent of the total Medicare Budget from 1999 to 2008. The budget increased from 0.05% in 1999 to 0.11% in 2001, reaching a peak in 2002, and then decreased steadily to 0.06% in 2008.
S&C Workload

- More Medicare Providers
- More Complaints (partly a function of better information about ability to file a complaint)
- More Information System Demands
- More Expectations from Congress (e.g. new 2008 MIPPA requirements for oversight of accrediting organizations)
- Better Survey Performance (e.g. statutorily-required surveys now at 99.9% (v. 92% earlier)}
S&C Medicare Facility Growth
### Ambulatory Surgical Centers

#### Medicare S&C ASC Facilities

<table>
<thead>
<tr>
<th>FY</th>
<th>ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 00</td>
<td>2,849</td>
</tr>
<tr>
<td>FY 01</td>
<td>3,094</td>
</tr>
<tr>
<td>FY 02</td>
<td>3,326</td>
</tr>
<tr>
<td>FY 03</td>
<td>3,542</td>
</tr>
<tr>
<td>FY 04</td>
<td>3,824</td>
</tr>
<tr>
<td>FY 05</td>
<td>4,366</td>
</tr>
<tr>
<td>FY 06</td>
<td>4,446</td>
</tr>
<tr>
<td>FY 07</td>
<td>4,625</td>
</tr>
<tr>
<td>FY 08</td>
<td>4,962</td>
</tr>
</tbody>
</table>
Fig. 5: Nursing Home Complaints Received v. Investigated

- FY 2005: 52,362 received, 44,677 investigated
- FY 2006: 55,461 received, 45,735 investigated
- FY 2007: 55,888 received, 50,543 investigated
So What’s New?

- **QIS Nursing Home Surveys: Quality Indicator Surveys**
  - Uses tablet PCs
  - Increases consistency between + within States
  - Makes use of more data to guide survey
  - More time spent with poor performers, less with high quality nursing homes
  - Being implemented in 9 States
  - $20 Million Cost – Resource Limitations Preclude Further Implementation

- **Ambulatory Surgical Centers**
  - Inadequate survey frequencies
  - HealthCare-Acquired Infections (HAIs)

- **Five-Star Quality Rating System for Nursing Homes**
5-Star Nursing Home Rating System
Three Rating Dimensions

Survey results

Staffing

Quality Measures

5 stars
Five-Star Display on NH Compare

NH Comparison Page: 4 Displays

1. Overall Quality Rating (Composite)
2. Survey Rating
3. Staffing Rating
4. Quality Measures

Ability to Sort by Any of the Above
Step 2 - Choose Nursing Home to Compare

Your search resulted in 4 Nursing Homes in Virginia.
Select up to 3 Nursing Homes from the results table below and select the Compare button to compare your selections in more detail.

Five-Star Quality Rating
The number of stars shows how well the nursing homes perform.
- Much Above Average
- Above Average
- Average
- Below Average
- Much Below Average

Your Search Criteria
You have selected the following criteria for your search:
- State: Virginia
- Modify Search
- New Search

Icon Legend
G Special Focus Facilities (SFF) are nursing homes that have a history of persistent poor quality of care. These nursing homes have been selected for more frequent inspections and monitoring. To learn more visit the CMS Certification & Compliance website.

This indicates that the nursing home has had a change of ownership in the past year. This information may be of interest to you when visiting a nursing home.

Refine Your Results:
- Nursing Homes within a Continuing Care Retirement Community
- Nursing Homes within a hospital
- Nursing Homes with Resident & Family Councils

View Nursing Homes Locations on a Map

Choose up to 3 Facilities to Compare

<table>
<thead>
<tr>
<th>Nursing Home Name and General Information</th>
<th>Overall Rating</th>
<th>Health Inspections</th>
<th>Nurse Staffing</th>
<th>Quality Measures</th>
<th>Program Participation</th>
<th>Number of Certifed Beds</th>
<th>Type of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Spring 1720 East Main Street Fairfax, VA 22031 (555) 555-0988 Located in a Hospital Resident &amp; Family Council Caregiver Care Retirement Community</td>
<td>4 stars</td>
<td>5 out of 5 stars</td>
<td>4 out of 5 stars</td>
<td>4 out of 5 stars</td>
<td>Medicare and Medicaid</td>
<td>100</td>
<td>For Profit - Corporation</td>
</tr>
<tr>
<td>Lakefront View 1980 West Pecos Road Fairfax, VA 22031 (555) 555-0988 Resident &amp; Family Council Caregiver Care Retirement Community</td>
<td>4 stars</td>
<td>3 out of 5 stars</td>
<td>4 out of 5 stars</td>
<td>4 out of 5 stars</td>
<td>Medicare and Medicaid</td>
<td>93</td>
<td>Non Profit - Corporation</td>
</tr>
<tr>
<td>Glencrest Gardens 2012 West Southern Ave Fairfax, VA 22031 (555) 555-0988 Resident &amp; Family Council Caregiver Care Retirement Community</td>
<td>3 stars</td>
<td>3 out of 5 stars</td>
<td>3 out of 5 stars</td>
<td>2 out of 5 stars</td>
<td>Medicare and Medicaid</td>
<td>69</td>
<td>Non Profit - Corporation</td>
</tr>
<tr>
<td>Holton Mills 2750 Lee Highway Fairfax, VA 22031 (555) 555-0988 Resident Council (Cola)</td>
<td>Not Available</td>
<td>2 out of 5 stars</td>
<td>Not Available</td>
<td>2 out of 5 stars</td>
<td>Medicare</td>
<td>69</td>
<td>For Profit - Corporation</td>
</tr>
</tbody>
</table>

1 Newly certified nursing home with less than 12-15 months of data available
2 Not enough data available to calculate a star rating

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Centers for Medicare & Medicaid Services: U.S. Department of Health and Human Services
CMS Websites

Begin with CMS Homepage……

• [www.cms.hhs.gov](http://www.cms.hhs.gov)
• Click on Medicare
• Click on Provider Enrollment and Certification
• Check out the “Compare” sites
Survey and Cert Related Websites

- http://www.medicare.gov/NHCompare
- http://www.medicare.gov/HHCompare
Thinking About Quality - What is Quality?

- **Deming**: Meeting or Exceeding Consumer Expectations
- **Public + Taxpayers = Customers**
  - Represented by Congress + President
  - Interests Administered by CMS for Medicare + Medicaid
  - Public = single largest purchaser of health care
Four Principles of Quality

• Design
  • Regulations set forth key expectations
  • Example: “highest practicable well-being” requirement in OBRA 1987 for nursing home care.
  • Example: Providers must have an internal quality assurance + performance improvement (QAPI) system

• Feedback
  • Key feature of “learning systems”

• Accountability
  • “The buck stops here”
  • Consequences must attach to poor performance

• Action at the System Level
  • Action must attach to analysis + poor performance
Role of S&C in Accountability

- Independent, Onsite Review by Trained Surveyors
- Enforcement Powers

- Efforts to Evade Accountability = Major Threat in Complex Systems
  - Ownership Obfuscation
  - Passing on Your Losses
The Cynical Maxim …

“The Art of Living is …

Selling Your Horse Before it Dies”

- Robert Frost
Late 1870s, Sheboygan WI-Why is This Man Sitting on a Dead Horse?
System Action

• We all make Mistakes
• Challenge: Design system processes to prevent mistakes
• In health care – consequences of mistakes are serious.
Man declared dead, says he feels 'pretty good'