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INSIDE

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Focus Daily on Accreditation Issues to Ease Surveys

The best accreditation experience comes from a steady approach to standards and compliance rather than focusing on surveys, says … everyone on the other side of the clipboard.

While that may be true, hospital quality leaders still have to worry about the surveys and prepare for them, and there are ways to make that process better.

Accrediting bodies would rather have healthcare organizations strive for optimal compliance every day and not try to put on a good face when surveyors show up, but the reality is that everyone wants to look their best for surveyors, says **Patrick Horine**, president of DNV GL Healthcare in Milford, OH, the second-largest hospital accrediting body in the U.S. behind The Joint Commission, accrediting more than 500 hospitals in 49 states. DNV has been expanding rapidly in recent years.

With that in mind, Horine says the first word of advice is to thoroughly understand the standards.

"Not everyone needs to be an expert on the standards, but everyone should know what the standard is and how your hospital is applying it. This can be especially important for validation or complaint surveys when the state comes in," he says.

> SHOWING OFF YOUR GOOD WORK, WITH LITTLE ATTENTION TO WHAT YOU'RE TRYING TO IMPROVE, COULD BACKFIRE WITH SURVEYORS.

"A lot of hospitals concentrate more on the accreditor and less on CMS, but so much of what surveyors are looking for has to do with the CMS Conditions of Participation. It's odd how some hospitals don't even know they're

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responsible for that as well." It is particularly important to understand the standards when your method of compliance is unusual in any way, Horine notes.

DNV conducts annual surveys, as opposed to TJC's surveys every three years, and the facility's internal audits are always a major focus. The internal audits should demonstrate that the hospital has a methodology for continually assessing its compliance and progress in addressing deficiencies identified in the previous survey, Horine says.

Show Your Work

Hospital leaders sometimes misdirect their resources when it comes to accreditation, he says.

A hospital that is generally doing well with accreditation will sometimes continue devoting resources to compliance areas that do not need so much attention, he says. It is important to not neglect areas in which compliance is good, lest those areas go awry, but the bulk of a hospital's attention and resources should be devoted to the accreditation issues that are not as solid, he says.

That applies to the actual survey as well, he adds.

"If you have areas in which you have a lot of variation from what should be happening ideally, that's where your attention should be. If you're focusing on areas that are working well because that's easier and more pleasant to deal with, change that and focus on areas where you're not," he says.

"People want to show off their good work and demonstrate what they're doing well, but we want to see stuff that is not working well and how you're focusing your improvements there. It's nice to see your successes, but we want to see how you're addressing your problem areas."

Showing off your good work, with little attention to what you're trying to improve, could backfire with surveyors, Horine cautions. He compares it to the trend in education in which so much emphasis is put on standardized test scores that the teachers "teach to the test" by drilling students in how to get the best score rather than truly educating them in the topic. Hospitals that focus too much on getting the highest points for compliance are missing the point of the accreditation process, he says.

"They're trying to pass the test and not looking at all they do every day to improve quality of care," Horine says.

"We don't want to see what you look like when you're all dressed up for the party, but rather what you look like day to day," he adds. "When you have issues that you're dealing with, we want to see how you've written the standards into your policies and procedures, and how you're following those."

That is another common problem: having policies and procedures that look good on paper, but not actually following them on a day-to-day basis.

"A lot of noncompliance is associated with things they say they're going to do but don't, or the opposite in which they're doing great in practice, but it's not reflected in the policy," Horine says.

"They sometimes focus a lot on writing a policy that is perfectly in line with the standard, but they don't spend much time making

sure people are actually following that policy. We're going to look for both."

Congress Looks at Accreditors

Horine notes that healthcare accrediting organizations (AOs) are under scrutiny themselves, with the House and Energy Commerce Committee recently sending letters to CMS and four hospital accreditation organizations, including DNV GL and TJC, asking for more information on how they conduct surveys. In particular, the committee said it is interested in why their survey results often are different from state survey findings. *(The letters are available online at: https://bit.ly/2J5VVtm.)*

The committee was prompted by a 2017 *Wall Street Journal* story about how 350 Joint Commission-accredited hospitals were found in violation of Medicare requirements in 2014, but less than 1% had an accreditation violation. *(The story is available online at: https://on.wsj.com/2jaIpYY.* Hospital Peer Review*'s coverage of that issue is available online at: https://bit.ly/2so9YQW.)* Some retained their "Gold Seal of Approval" from TJC despite serious patient safety issues.

Committee members Reps. Greg Walden, R-Ore.; Gregg Harper, R-Miss.; and Michael Burgess, MD, R-Texas, questioned whether the survey results accurately reflect quality and patient safety.

"Although CMS has worked to strengthen its oversight of AOs, the committee is concerned about the adequacy of CMS' oversight as well as the rigor of the AO survey process," they wrote. "For example, according to CMS' most recent annual report to Congress, in (fiscal year) 2015, AOs conducting hospital surveys did not report 39% of 'condition level' deficiencies that were subsequently reported following validation surveys conducted by State Survey Agencies no later than 60 days following the AO survey."

Physical Environment Can Be at Issue

The committee is seeking assurance that the survey process is a valid way to assess compliance with accreditation standards, Horine says, and that depends on hospitals respecting the survey process. Looking at accreditation surveys as an annual or every-three-years test to pass is the wrong approach, Horine says.

When hospitals focus too much on putting their best foot forward for the few days the surveyors are in house, that's when the survey results can end up being a poor reflection of the hospital's true performance, he says.

"Congress is looking into the disparity between what the AOs are finding and what the state agencies are finding. Where that seems to be an issue most is in the physical environment. We and the other AOs are looking at a bigger scope of safety and security, whereas state surveyors are looking more directly at Life Safety Code and NFPA requirements," Horine says.

"They will open up numerous doors and ceiling tiles looking at fire safety, whereas that is only a component of everything we look at in terms of safety — how you incorporate the Life Safety Code and fire protection in your rounds, how you educate people, how you handle drills, and what people's roles are. We want to see how that is part of your daily operations rather than just a focus of the survey."

Don't Focus on Survey

It is not uncommon for the accreditation process and compliance to rest on the shoulders of one or two people within a hospital, Horine says, and that is a mistake.

Those people most likely are overworked, which encourages an attitude of looking at the survey as just an ordeal to get through and preserve your job, he says.

"We wanted to do annual surveys because a lot happens in 36 months between surveys," Horine says.

"You can identify an issue and then not really start addressing it for 18 months if you know your survey isn't coming again for three years," he adds. "We want to encourage people to address corrective action plans immediately and have a good monitoring system in place to make it sustainable."

Hospitals tend to fall short by not understanding why they're missing a standard, Horine says.

"It's one thing to recognize or be told that you're not in compliance with a standard, but the response needs to be more than simply fixing it so you pass the next survey. You have to understand why you fell short. Are you not communicating standards and policies well?" he says.

"There should be more than a checklist that you checked off to show you met the standard. What did you learn about why you

missed it in the first place, and how does that information apply to other accreditation issues?"

Strive for Constant Readiness

Readiness for accreditation surveys should be ingrained in your everyday activities, says **Thomas J. Linhares**, a consultant with ECG Management Consultants in Boston, who previously worked in hospitals. That's how you prevent problems during the actual surveys, he says.

While accreditation and compliance should involve many hospital leaders and frontline staff, Linhares says there should be one person who owns the readiness piece of it.

"Their entire job should be watching for issues that will cause problems with the accrediting body. It's no secret what they're looking for, so this person should be focusing on those issues all the time," Linhares says.

"If you build this into your day-to-day operations, it's not going to be as big a deal when the surveyors come," he adds.

A key goal for this person should be making the entire staff familiar and comfortable with the survey process so that when that event happens it is not a new or intimidating process, he says. This is best accomplished with mock reviews, Linhares says.

Mock reviews can be conducted in-house by the accreditation and compliance leaders, or by others within the hospital to give the staff a better sense of someone looking at accreditation issues with different eyes, he says.

Department managers might conduct their own mock surveys, and outside consultants also can conduct mock reviews. "I worked with one hospital where we hired actual Joint Commission surveyors on their own time to conduct mock reviews every year," he says.

"A lot of things they found were things that the facility just overlooked, simple things like making sure oxygen tanks are dated and timed, that code carts are reviewed every day. Humidity and temperature gauges are a huge thing now with The Joint Commission, so making sure those are set to correct levels and working properly [is important]."

Hospitals also build accreditation issues into their routine rounding, Linhares notes.

These questions can address the common questions surveyors pose to staff members, such as the procedures for fire evacuations or a missing infant, during daily or weekly rounds by hospital leaders.

Policies, Competencies Targeted

Like DNV GL, TJC also dings hospitals for not following their own policies and procedures, Linhares says. "In many situations, they don't care as much what your routine is as long you actually do what you say your routine is. That often is where you'll be caught by the reviewer," he says.

"How often you review policies is another issue where they don't tell you exactly when or how to do it, but whatever you say you do, you'd better do. If you say you review policies every three years, there'd better be evidence dated and signed showing that you reviewed them every three years."

Employee competencies are another big issue for TJC surveyors, Linhares cautions. Whatever your policy is on how you confirm credentials and how often you review employee competency, the records must reflect that you are following that policy, he says.

"They will go through employee files for hours, making sure that all the registered nurses were cleared before they were hired. That is one of the biggest things that hospitals are hit with during surveys," Linhares says.

"The credentialing is supposed to happen before the employee is hired, and a lot of times they find that the review date is after the nurse has already started working. That's an automatic ding."

Other common problems include cluttered hallways and dated materials. Surveyors often home in on practices that staff use to make their jobs more convenient and efficient, but which violate health and safety standards.

"An example is in the emergency room where staff are in the habit of connecting the suction tube and having it ready for use, rather than the sealed package there waiting to be opened. Once it's open it's no longer sterile," Linhares says.

"A lot of these things get lost in the internal reviews because it's routine for the staff and nobody notes it as a deviation from protocols. But surveyors are looking for those things."

(See story on page 77 for common failings under the Hospital Facilities Accreditation Program.)

Isolation, Handwashing

Open and undated medications are another common citation, as

well as IV bags that are not labeled quickly enough. Isolation protocols are another common source of citations, Linhares says.

"They'll stand in the hallway and watch people going in and out of an isolation room, taking notes on how people follow protocols," he says.

"Another huge one is when they see inconsistent washing of hands. If the majority of people are washing their hands and they see one or two that don't, you're fine, but if they see a majority of people consistently not washing their hands when they walk in and out of rooms, that will be a huge problem."

Hospital leaders and staff should get in the habit of looking at their surroundings in the same way a surveyor does, Linhares says, and that means looking for small, seemingly insignificant problems like a frayed call light cord.

Staff should understand how to interact with surveyors, he notes. They need to understand that during a survey, the shortest answer usually is the best.

"They should simply answer the question that was asked of them. Don't elaborate," he says.

"The surveyor won't want to hear just 'yes' or 'no,' but employees should keep their answers simple and direct. Answer the question that is asked, but don't go into other issues." ■

SOURCES

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- **Thomas J. Linhares**, ECG Management Consultants, Boston. Email: tjlinhares@ecgmc.com.

HFAP Offers Tips on Top Survey Deficiencies

Accreditation standards requiring detailed policies, procedures, and assessments pose the most problems for hospitals under the Hospital Facilities Accreditation Program (HFAP) based in Chicago.

HFAP recently released its 2018 Quality Review, which analyzes trends from surveyors' ratings of compliance during 2017 onsite surveys of acute care hospitals, critical access hospitals (CAH), laboratories, and ambulatory surgery centers (ASCs). The report says most 2017 deficiencies were traced to lack of consistency, proper documentation, and procedural review.

Meg Gravesmill, CEO of HFAP, said in a statement accompanying the report that when preparing for accreditation, "healthcare organizations need to know the ins and outs of each standard to better understand how to reach full compliance and incorporate best practices into daily routines. When the steps become second nature, it is easier for different teams to work synergistically and strengthen consistency, efficiency, and overall organizational performance."

These excerpts from the HFAP report highlight the most common deficiencies in 2017:

• Physical Environment: Deficiencies surrounding the physical environment were significant in acute care hospitals, CAHs, and ASCs, related to standards involving how the management of the built environment can impact patient, staff, and visitor safety. HFAP surveyors most frequently cited cumulative deficiencies in Life Safety and Physical Environment standards. Examples include insufficient emergency supplies, untested fire alarm and sprinkler systems, incomplete risk assessments of building services, and failure to comply with National Fire Protection Association (NFPA) codes.

In response, HFAP suggests reviewing the requirements of Life Safety, Physical Environment, and Emergency Management standards and ensuring proper assessments and checklists are in place. Engineering teams need to collaborate with clinical care supervisors.

• Patient Care and Safety: HFAP found that ASCs often fail to develop a comprehensive credentialing and privileging process that includes the appropriate documentation and reappraisal procedures. "ASC medical records may leave patient history and physical updates incomplete," the report says. "Infection prevention and control protocols including hand hygiene continue to be inconsistently implemented. These deficiencies can be remedied with improvements to internal procedures and oversight to document each step in the process."

Infection prevention and control risk assessments are more of a concern in the acute care and CAH settings, the report says. Problems

in this area often are traced to conflicting internal policies that impact the assessment and maintenance of the facilities, HFAP says. "Many hospitals fail to meet the informed consent requirement that calls for use of simple language to ensure the patient understands his or her treatment plan when discussing it with a provider," HFAP says.

"Informed consent is necessary to demonstrate engagement between patient and provider, and confirms that an explanation of options was presented that the patient can comprehend and repeat."

• **Analytic Systems:** Laboratory facilities most often had issues related to analytic systems. HFAP requires that all laboratory procedures be approved by the laboratory director with regular reviews to ensure they are supporting best practices, but many facilities fail to demonstrate due to lack of documentation or incomplete processes, the report says.

"In addition, many laboratories struggle to fully comply with manufacturers' instructions for use of tests and equipment, as well as implement consistent maintenance and assessment policies for ongoing quality control," HFAP reports.

"Creating a detailed checklist and regular assessment schedule can help create a uniformed process for quality control. Missing or incomplete policies on reagent kit components also is a top concern for laboratories, and can be corrected with stronger processes and oversight."

• **Emergency Management:** HFAP provides best practices for tracking patients and staff, and ensuring a shelter in place option during an emergency event, which the group says should help accredited facilities comply with CMS requirements.

The HFAP best practices emphasize the need to create procedures that clearly identify everyone's roles and collect up-to-date information to support decision-making.

The HFAP 2018 quality report is available online at: https://bit.ly/2x5cNv3. ■

Health System Reduces Opioids, Navigates Data Challenges

As the healthcare industry grapples with prescription opioid abuse, Intermountain Healthcare in Salt Lake City is focusing on ways to avoid prescribing the medications in the first place. The health system is seeing impressive results, but the data analysis is challenging.

In August 2017, Intermountain committed to cutting "the number of opioids prescribed for acute pain across its entire system by 40% by the end of [2018]" and has already achieved a 20% reduction of prescriptions, says **David Hasleton**, MD, Intermountain's associate chief medical officer.

The plan also aims to increase the medication-assisted treatment of patients who are addicted to opioids by 10%, and to decrease the amount of co-prescribing of benzodiazepines with opioids. The co-prescribing is known to increase the risk of mortality, Hasleton says.

The Intermountain initiative involves physician training and education regarding prescribing and payer limits, as well as public education to help patients understand why opioids are usually not the right choice. Intermountain's not-for-profit health plan, SelectHealth, won't fill or pay for opioid prescriptions that exceed seven days.

Reliable Data Required

One of the biggest challenges so far has been obtaining the most accurate data, Hasleton says. The health system's recent transition to a new electronic health record complicated matters, and physicians were reluctant to change prescribing habits without reliable data, he explains.

"Physicians are typically skeptical of data, and so we had to provide data that providers would actually trust. It took a long time — months of prep work to understand how physicians in different specialties think about this kind of data," Hasleton says. "It seemed like it should be an easy thing to figure how much we were prescribing these drugs and how, but the data had to be analyzed and taken to different prescribers who were going to look at it with a skeptical eye before accepting what we said."

Hasleton recalls presenting

data to one physician showing his prescription history, which included two prescriptions for methadone. That drug is not provided for acute pain, and the physician had not prescribed it for that reason, so Hasleton's team had to go back and figure out why methadone had made it into the acute data set.

"Once the physicians have buy-in and can trust the data, then they're ready to make changes," he says. "But not until then."

The data also included information on how much opioids were used appropriately by patients, which helped convince physicians that they could decrease their prescriptions without causing patients to suffer. Intermountain conducted a survey earlier that asked postoperative patients how many pills they actually took from the prescription they were provided.

"Our takeaway from that survey data was that we could reduce the number of pills prescribed by 40%, because that's what patients were telling us," Hasleton says. "They're taking less than half of what they were given. Each hospital or health system will need to determine that figure for themselves and what you can achieve in a reasonable time."

Involve Specialty Physicians

The program relies on buy-in from top leadership at Intermountain to make resources available, but physician leadership also is key to reaching the goals, Hasleton says. But there must be physician leadership from all specialties, he says.

"There needs to be a physician lead on the whole program and that's my role, but I'm an emergency physician and I understand this issue from looking through that lens. I'm not a spinal surgeon or a knee surgeon or general surgeon, so we need leaders from those fields to buy in also so that when we talk to those providers they hear one of their own talking in favor of this appropriate reduction," he says.

"Relationships are key because otherwise this looks like something being pushed down on physicians and your goals will never be achieved," he adds.

Intermountain also relies on its continuous quality improvement team, data analysts, pharmacists, and nursing leadership to move the program forward. Education and uniformity are particularly important, Hasleton says, because problems arise if the nurse tells a patient that 30 days of opioids will be needed after surgery and the doctor says otherwise.

Updated data on the opioid reduction effort is posted on huddle boards throughout the hospitals, clinics, and executive meeting rooms.

"This is not something that makes us money, but that's not our goal here. Our mission is providing the best health we can to our community, so that makes this an easy choice," Hasleton says. "It's the right thing to do." ■

SOURCE

- David Hasleton, MD, Associate Chief Medical Officer, Intermountain Healthcare, Salt Lake City. Phone: (801) 442-2000.

'Exceptional Every Day' Program Improves Quality and Safety

White Plains (NY) Hospital Center has embraced its "Exceptional Every Day" motto to create a culture aimed at constantly improving the patient experience. Staff who sometimes are considered "behind the scenes" support are encouraged to feel more like part of the care team.

Such a cultural change has to be nurtured by senior leadership until everyone sees that the effort is sincere and produces measurable results, says **Leigh Anne McMahon**, DNP, MHA, RN, NEA-BC, vice president and chief nursing officer.

"Slowly, we saw the staff start using 'exceptional every day' when they talked about their own work, their units, and then we began seeing patients using those words when they talked about their experience here," she says.

"That's when we realized the brand was real. We feel passionate about being exceptional every day, and as new employees come in we want them to feel privileged to work here because they're going

to be exceptional every day," McMahon adds.

The culture change included a number of initiatives to improve quality at the hospital, and one focus was environmental services, which typically did not score as well on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey as White Plains expected, given their superior performance by other measures.

Encouraging Teamwork

Inculcating the "exceptional every day" philosophy helped the housekeeping staff achieve some of the organization's best HCAHPS results, McMahon notes.

Responding to the question "How often were your room and bathroom kept clean?" in 2015, 72.1% of surveyed patients said "always," but that figure climbed to 79.4% in 2016 and now is at 85%.

That improvement came after the hospital addressed poor morale, caused partly by union disputes, by focusing on the valuable role environmental services plays in quality and the overall patient experience.

The hospital emphasized the education of housekeeping management and staff, including the development of interpersonal and communication skills, team accountability, and respect.

"They were working very hard every day but they weren't feeling exceptional. The key problem was that they weren't connected to the idea that they were taking care of patients," McMahon explains.

"We began to address that and I told them that they were all patient safety officers first, [and] that if the OR wasn't clean it didn't matter how good the surgeon was. We saw them get more interactive with the staff, feeling more a part of the care team, speaking up when they saw something that needed attention."

When HCAHPS improvement goals were added to the contract for an environmental services contactor, it participated in the effort by providing outside training resources for managers and staff, as well as sharing industry best practices.

Hospital leaders tracked the progress of the housekeeping staff and recognized their achievements with quarterly celebrations for all three shifts, which McMahon says helped them embrace the idea of patient-centered care and see their value as part of the care team.

More Patient Interaction

The housekeeping staff also received new red uniform tops that made them stand out from other staff, helping patients and co-workers recognize their contribution, McMahon says.

Housekeeping staff typically are assigned to units and work with the same rooms and clinicians every day, helping them feel a part of the team, she says. They are included in all unit recognition, awards, and celebrations.

"We helped them understand more what it was like to be a patient in the hospital, and as they began to feel more like part of the team caring for that person, they started interacting more in a positive way," McMahon says.

"They started knocking on doors before entering, talking with the patient, feeling more like they were helping that person rather than performing an environmental function and nothing else," she says.

"We started hearing from patients who named the staff members and complimented them on making their stay a better experience."

The hospital's patient and family advisory council also advised that patients are not always aware that their rooms and bathrooms were cleaned each day, so White Plains changed the note cards that housekeepers left in the room when the patient was not present during the cleaning.

The cards previously said "Sorry we missed you," but that was sometimes interpreted as meaning housekeepers came by but did not clean the room. The new card says "It was a pleasure to serve you."

Housekeeping staff also began writing personal notes on the card, sometimes just a name and smiley face but sometimes a note of encouragement for the patient, McMahon says.

That prompted patients to write thank you notes to the housekeeping staff — particularly when they knew the names of individuals — which sometimes included suggestions for how to improve a patient's experience.

(More information on the housekeeping experience can be found in a journal article authored by White Plains CEO Susan Fox. An abstract is available online at: https://bit.ly/2J1dxTb.)

The department leader who led the effort with the housekeeping staff was promoted and is now transforming the food service staff in the same way, McMahon says, helping them better understand their role in the patient experience.

"We've seen the courtesy

scores of our hosts and hostesses in food service go up into the 80th percentile," she says. "We're seeing another group that did not feel very engaged start to feel important and like a valuable part of the care team. Now if they're worried because this is the second tray they've picked up for this patient and she hasn't eaten, they understand that they should say something to the nurse, that their concerns matter and people want to hear from them." ■

SOURCE

- **Leigh Anne McMahon**, DNP, MHA, RN, NEA-BC, Vice President and Chief Nursing Officer, White Plains (NY) Hospital Center. Phone: (914) 681-1075. Email: lmcmahon@wphospital.org.

Orthopedics Prove Especially Suited to BPCI Program

Hospitals are finding success with the CMS effort to promote value-based care through bundled payments, and orthopedic procedures are proving especially well-suited to the program. But standardized protocols do not have to be part of the strategy.

The Bundled Payments for Care Improvement (BPCI) Advanced program from CMS works well with joint replacements because the procedures are selected and scheduled ahead of time, unlike some other surgeries, says **Stephen Barry Murphy**, MD, an orthopedic surgeon at New England Baptist Hospital (NEBH) in Boston and associate professor of orthopedic surgery at Tufts University School of Medicine.

That allows the team to assess carefully and adjust for any risk factors, Murphy says.

With physician-led bundles, the doctor has the potential for both the increased and decreased revenue depending on the outcome, which is a strong motivator for quality care, Murphy says.

His hospital has found that BPCI results are strongest when physicians act on that incentive, rather than following narrowly defined protocols for orthopedic procedures.

They've seen as high as 18% increase in revenue per episode, with 10% on average.

"The nice thing about the program is that we don't have formal protocols and put people in little pens of behavior. The knee-jerk approach to improving care is to standardize care, and I think generally that is a mistake," Murphy says.

"People confuse standardization with improvement, when all you really want is the net result and how you get there should be open. Making things the same doesn't necessarily improve anything, and can make it worse."

Orthopedic surgeons at Murphy's hospital use a variety of implants, anti-coagulation protocols, and other variables.

Surgeons typically resist standardized protocols, he says, especially when they are handed down by people who don't care for patients.

"Some of these programs get so specific that they tell you what kind of dressing to use and what suture to use for closing the wound. I think that's really the wrong approach," Murphy says.

"We just incentivize people to want to do better and they communicate with the colleagues to find the things that work best for them and their practice. People tend to improve pretty rapidly, which leads to great savings for Medicare and the providers."

Upside and Downside

The BPCI Advanced bundled payment program covers services within a 90-day clinical episode, with a clinical episode defined as beginning with an inpatient admission for an inpatient procedure or the start of the outpatient procedure, and continues for 90 days after discharge or the procedure.

The program offers the chance for increased revenue (the "upside" of the program) and limits on how much money can be lost if goals are not met (the "downside").

BPCI Advanced also is considered an Advanced Alternative Payment Model (APM) under the Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015.

Physicians can earn MACRA's Advanced APM incentive payments because they take on financial risk with BPCI Advanced.

Healthcare providers can

choose to participate in up to 29 inpatient clinical episodes and three outpatient clinical episodes.

(More information on BPCI Advanced is available on the CMS website at: https://bit.ly/2mcB3me.)

Hospital or Physician Leads

The potential benefits can be highly motivating, but the BPCI program still can be challenging. The clinical episodes can be led by either the hospital or the physician, and Murphy notes that there can be some political tension when one disagrees with the other about the best course of treatment under BPCI.

The improvements also are harder to come by as the program continues, he says.

"At the beginning there are the things that are easy to spot and easy to address, like utilization that could be decreased, but then upstream you have to get into more complex matters that are harder to address," Murphy says.

"These are things like better pre-op engagement, communicating better with the patient, assessing the home situation in advance and looking at how to deal with that after surgery, [and] improving communication channels postoperatively so you can deal with problems while they're small and not waiting for them to get bigger."

BPCI is very data-driven, and specialists often have little experience looking at data in the way Medicare releases it, notes **Dave Terry**, chief executive officer with Archway Health, a company in Watertown, MA, that helps hospitals with bundled payments. The average cost of a joint replacement across a 90-day episode might be $25,000, but there is about a 40% variation, Terry says.

"When you sit down with surgeons to talk about this, they don't understand that they're managing a $25,000 procedure with such variation or where all the dollars are going. They also don't have a good understanding of how options available to them, the choices they make for their patients, can change that number so much," Terry adds.

"In fee-for-service there is no incentive to understand it at that level, and they have not had the data historically to look at it that way."

BPCI Lowers Costs

Murphy and colleagues recently analyzed all primary elective total hip arthroplasties (THAs) that found significant savings under BPCI.

The procedures were performed in the United States (except Maryland) between January 2013 and March 2016 on patients insured by Medicare, totaling more than $7.1 billion in healthcare costs.

Episodes were grouped into hospital-initiated BPCI (43,922), physician group practice (PGP)-initiated BPCI (44,662), and THA performed outside of BPCI (284,002).

When controlling for age, sex, race, background trend, geographic variation in spending, and total comorbidities, initiation of BPCI was associated with a 4.44% cost decrease for all participants while odds ratios (OR) for 90-day mortality and readmission were unchanged in elective, DRG 470 THA episodes, according to a paper by Murphy and colleagues that will be published soon.

"This reflected an observed $1.24k decrease from the base price of $18.8k per episode over the time of study for BPCI participants. When controlling for the same variables, PGP groups achieved a 4.81% decrease in cost after enrolling in BPCI," the paper says.

"Hospital groups achieved a 4.04% decrease in cost. The decrease in PGP cost was significantly greater than hospital cost. This reflected an observed decrease of $1.33k from a baseline of $17.84k for BPCI episodes run by PGPs, and an observed decrease of $1.14k from a baseline of $19.8k for BPCI episodes run by hospitals."

The OR for 90-day mortality and 90-day readmission did not change after BPCI for PGP or hospital BPCI programs, the researchers found.

"Even when controlling for lowering costs in traditional fee-for-service care, the BPCI initiative has led to further cost reduction without an increased incidence in readmission or mortality. Physician-initiated bundled episodes had a significantly greater decrease in cost compared to hospital-initiated bundled episodes," they concluded.

"There was no change in either group with respect to 90-day readmission or mortality. BPCI programs do not lead to patient selection in terms of age or lower Elixhauser comorbidity index. Further, this study demonstrated that physicians-at-risk, as opposed to hospitals, more effectively reduce costs without an increase in patient risk and may be a more logical group in which to entrust further healthcare reform." ■

SOURCES

- **Stephen Barry Murphy**, MD, New England Baptist Hospital, Boston; Associate Professor of Orthopedic Surgery, Tufts University School of Medicine. Phone: (617) 232-3040.
- **Dave Terry**, Chief Executive Officer, Archway Health, Watertown, MA. Phone: (617) 209-7985.

Operational Silos Interfere With Quality Efforts, Report Says

Silos are among the biggest impediments to improving quality and patient satisfaction, according to Press Ganey's annual Strategic Insights report, which offers recommendations for improving performance on numerous quality metrics.

Hospital leaders must break down the operational silos that separate the four pillars of care: quality, safety, patient experience, and workforce engagement, Press Ganey advises.

Those areas often are thought of as independent of each other, but a growing body of evidence suggests that they are, in fact, interdependent with each other and linked to quality and financial performance, says **Jim Merlino**, president and chief medical officer of Press Ganey's strategic consulting division.

"We found that when employee engagement is high, quality and safety are improved and so is the overall patient experience," Merlino says.

"How we perform on any one of those measures is going to be affected by the others. We have to talk about these factors in an integrated fashion."

The report provides guidance on how to assess your own hospital's performance on these measures and how to address deficiencies, derived from Press Ganey's work with hospitals of all sizes. *(The report is available online at: https://bit.ly/2ssiNbk.)*

Breaking down operational silos is not always easy, Merlino notes.

"The barriers are real and we see it all the time in how different silos will run with their own strategies for how to do things better, with safety and quality using one strategy and patient experience using something different. They're in parallel but they don't connect," he says.

"Patient experience may have a strategy that's all about service, and while that is clearly important, there are high-value tactics that can affect safety and quality while also driving the patient experience. Good communication is an example, because it improves safety and quality but also results in a better patient experience overall."

> "THIS IS ABOUT STEPPING BACK AND THINKING HOLISTICALLY ABOUT HOW YOU CAN MEET PATIENTS' NEEDS."

Hospital leaders should think more strategically about how to work toward goals that affect the different pillars, Merlino says. Prioritize efforts that promise improvement across more than one pillar, and preferably several, he says.

"For those that benefit only one pillar, you might ask if you really should be doing it and take that off the list," he says.

"Patients don't live in the verticals. They are affected by all of this, so this is about stepping back and thinking more holistically about how you can meet patients' needs." ■

SOURCE

- **Jim Merlino**, President and Chief Medical Officer, Press Ganey, South Bend, IN. Phone: (800) 232-8032.

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CE QUESTIONS

1. **What does Patrick Horine, president of DNV GL Healthcare in Milford, OH, say is a common problem found in accreditation surveys?**
   a. Not following your own policies and procedures
   b. Having overly complex and detailed policies and procedures
   c. Using policies and procedures too similar to those from another facility
   d. Having policies and procedures not required by the accrediting body

2. **How does Thomas J. Linhares, a consultant with ECG Management Consultants in Boston, recommend staff answer surveyor questions?**
   a. Briefly, answering only question asked
   b. By offering additional information that might be of interest to surveyor
   c. In writing, when surveyor will allow
   d. After consulting with employee's supervisor

3. **How did Intermountain Healthcare set a goal of reducing opioid prescriptions by 40%?**
   a. It used a standard figure from CMS.
   b. It used the same goal set by the Veterans Administration.
   c. An internal survey determined that patients were taking less than half of what they were given.
   d. A review of medical literature determined that patients can get by with 40% less medication.

4. **What strategy does Stephen Barry Murphy, MD, an orthopedic surgeon at New England Baptist Hospital in Boston, recommend for best results under the CMS bundled payments program?**
   a. Standardize orthopedic procedures as much as possible.
   b. Do not standardize procedures — rely instead on incentivizing surgeons.
   c. Allow only the most experienced surgeons to participate in the program.
   d. Make sure all care episodes are hospital-led.

CE OBJECTIVES

Upon completion of this educational activity, participants should be able to:

1. Identify a particular clinical, legal, or educational issue related to quality improvement and performance outcomes.
2. Describe how clinical, legal, or educational issues related to quality improvement and performance outcomes affect nurses, healthcare workers, hospitals, or the healthcare industry in general.
3. Cite solutions to the problems associated with quality improvement and performance outcomes based on guidelines from relevant authorities and/or independent recommendations from clinicians at individual institutions.