



**Blue Cross Blue Shield of Michigan  
Peer Group 1 – 4  
Hospital Pay-for-Performance Program**

**2011 Clinical Quality Indicators  
Weights, Scoring Thresholds and Reporting Requirements**

This document provides detailed information on the quality indicator weights, scoring methodology and performance thresholds for the 2011 Hospital P4P Program.

The program evaluates hospital performance on the following sets of quality indicators:

- Acute myocardial infarction - percutaneous coronary intervention (AMI-8a)
- Acute myocardial infarction (AMI 1, 2, 3 and 5)
- Pneumonia (PN-2, 6b)
- Surgical infection prevention 1 – (SCIP-INF1a and 3a)
  - Separate indicator for each of four selected surgeries
- Surgical infection prevention 2 – (SCIP-INF1a and 3a combined with SCIP-CARD-2, VTE-1 and VTE-2) - A new indicator in 2011
  - Separate indicator for each of four selected surgeries
- Elective induction of labor between 37 and 39 weeks – A new indicator in 2011
- Central-line associated blood stream infection rates (CLA-BSI)

## **New Indicators**

As the above list indicates, in 2011 there are two separate categories of SCIP indicators. The first includes just two measures: SCIP-INF 1a and 3a. These two measures have been part of the P4P program for several years and are scored on a perfect-care basis (described below). The second category is new to the program in 2011 and includes the two existing measures (SCIP-INF1a and 3a) plus three new measures (SCIP-CARD-2, SCIP VTE-1 and 2). It is expected in subsequent program years the first SCIP indicator (with only two measures) will be replaced by the more comprehensive indicator (with all five measures).

There is also a change in how the SCIP indicator is weighted. In previous years, it was weighted as one combined indicator for all selected surgery types (CABG, cardiovascular, hip/knee, colon and hysterectomy). In 2011 both SCIP indicators will be scored and weighted separately for each of the four surgery types. For example, SCIP-CABG is weighted and scored as one indicator and SCIP-colon is weighted and scored as a separate indicator.

There is also a new indicator in 2011 for elective delivery between 37 and 39 weeks of pregnancy. The specifications for this indicator are attached on Page 8 of this document.

Finally, following two indicators have been eliminated from the program in 2011.

- Heart failure (HF-1, 2 and 3)
- AMI-PCI *eligibility* (Note: the AMI-PCI timing measure (AMI-8a) remains in place)

## Indicator Categories and Weights

Beginning in 2011, the P4P quality indicators are not weighted equally. Instead, each quality indicator is classified into one of the following three categories and weighted accordingly.

- Category 1: New test indicators

Indicators new to the program in 2011 are considered “test” indicators. As such, hospitals will receive 100 percent for reporting on each indicator and no thresholds will apply. Performance on the indicators in this category determines 5 percent of a hospital’s total quality indicator score.

In 2011 this category includes elective induction of labor and the new expanded SCIP indicator.

- Category 2: Active indicators

Established indicators with a relatively high opportunity for continued improvement are considered “active” indicators. Performance on the indicators in this category determines 80 percent of a hospital’s total quality indicator score.

In 2011 this category includes AMI-PCI, pneumonia and the SCIP indicators that was in place in 2010.

- Category 3: Sustained indicators

Established indicators for which a large number of hospitals have achieved high performance (for example, greater than 95 percent) or with limited opportunity for continued improvement are considered “sustained” indicators. Once an indicator is placed in this category it is likely to be retired from the program in the near future. Performance on indicators in this category determines 15 percent of a hospital’s total quality indicator score.

In 2011 this category includes the indicators for CLA-BSI and AMI perfect care.

Indicators are classified into each of the above categories by the P4P Hospital Workgroup. The following table summarizes what indicators are in each category and the overall weight of each category in 2011.

	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>
	<b>Test/new indicators</b>	<b>Active indicators</b>	<b>Sustained indicators</b>
<b>Description</b>	New to the program in 2011	Continued high opportunity for improvement	Limited opportunity for improvement and likely to be retired in a subsequent year
<b>Relative weight of each category</b>	5%	80%	15%
<b>Indicators</b>	<ul style="list-style-type: none"> <li>• Elective induction of labor</li> <li>• SCIP (INF, CARD, VTE)               <ul style="list-style-type: none"> <li>- CABG/cardio</li> <li>- Hip/knee</li> <li>- Colon</li> <li>- Hysterectomy</li> </ul> </li> </ul> <p>Each surgery type measured as a separate indicator.</p>	<ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• AMI-PCI</li> <li>• SCIP (INF only)               <ul style="list-style-type: none"> <li>- CABG/cardio</li> <li>- Hip/knee</li> <li>- Colon</li> <li>- Hysterectomy</li> </ul> </li> </ul> <p>Each surgery type measured as a separate indicator.</p>	<ul style="list-style-type: none"> <li>• CLA-BSI</li> <li>• AMI</li> </ul>

## Scoring Methodology, Sampling and Reporting Periods

### Scoring Methodology

Most indicators are scored using a threshold range. For these indicators:

- Facilities that score below the established threshold range will not receive credit for that indicator.
- Facilities that score within the range will receive partial credit for that indicator.
- Facilities that score at the top of the range or higher will receive full credit (100 percent) for that indicator.

Some indicators are scored on a “pass or fail” basis. For these indicators:

- Facilities that score below the established threshold will not receive credit for that indicator.
- Facilities that score at or above the threshold will receive full credit (100 percent) for that indicator.

### Perfect Care Scoring

Several indicators are scored at the patient level on a “perfect-care” basis. This is often referred to as the “all or none” methodology because it requires a hospital meet the requirement for *all* applicable measures within the indicator for each patient. If one or more of the measures is not met, and the measure was not contraindicated, the hospital will not receive credit for that patient.

### Sampling

Hospitals may report on all cases or use the Joint Commission on Accreditation of Healthcare Organization’s current sampling methodology.

If a hospital does not provide the services associated with a particular quality indicator or has fewer than 20 cases it will not be scored on that indicator and its weight will be reallocated across the remaining quality indicators in that category. For example, if a hospital does not have enough cases for the new SCIP indicator for colon surgery, the weight of this indicator will be reallocated equally to the other indicators within the new/test category.

If a hospital does not have enough cases to score *any* indicators within a category, the weight of the entire category will be reallocated equally among the remaining categories. For instance, if a hospital does not have enough cases for any of the new/test indicators the 5% weight for that category will be reallocated equally to the other two categories.

Beginning in 2011, hospitals that do not contribute CLA-BSI performance rates to the MHA: Keystone Hospital Associated Infections initiative will not be scored on the CLA-BSI indicator.

**Reporting period**

Unless otherwise indicated, the reporting period for all quality measures will be the first through third quarter of 2011. If additional cases are needed to meet the minimum required number of cases in the denominator (20) for a measure to be scored, patients from the fourth quarter of 2010 may be included.

## 2011 Quality Indicator Scoring Thresholds

Acute myocardial infarction - percutaneous coronary intervention (PCI)	2011 scoring range
Percent of patients receiving PCI within 90 minutes (AMI-8a)	85% - 93%%
<b>Note:</b> This measure is scored on a “hospital-specific basis”. There was a typo in the 2011 program description document that stated “scored on a statewide basis” (page 35, Appendix E).	
Acute Myocardial Infarction	
Perfect care indicator includes the following four measures: <ul style="list-style-type: none"> <li>• Aspirin on Arrival (AMI 1)</li> <li>• Aspirin at Discharge (AMI 2)</li> <li>• ACEI or ARB for LVSD (AMI 3)</li> <li>• Beta Blocker at Discharge (AMI 5)</li> </ul>	95% (pass or fail)
Pneumonia	
Perfect care indicator includes the following measures: <ul style="list-style-type: none"> <li>• Pneumococcal vaccine screening (PN 2)</li> <li>• Non-ICU appropriate antibiotic (PN 6b)</li> </ul>	90% - 95%
Surgical Infection Prevention	
Perfect care indicator includes the following measures: <ul style="list-style-type: none"> <li>• SCIP-INF-1a - start antibiotic</li> <li>• SCIP-INF-3a - discontinue antibiotic within appropriate time</li> </ul>	
SCIP - CABG, cardiac	95% (pass or fail)
SCIP - Hip and knee	92% - 95%
SCIP - Colon	80% - 95%
SCIP - Hysterectomy	93% - 95%
<b>Note:</b> In 2010 SCIP all four surgery types were combined into one SCIP indicator. In 2011, SCIP is scored as a separate indicator for each of the four surgery types listed.	

<b>Surgical Infection Prevention 2 – new indicator in 2011</b>																													
<p>Perfect care indicator includes the following measures:</p> <ul style="list-style-type: none"> <li>• SCIP-INF-1a - start antibiotic</li> <li>• SCIP-INF-3a - discontinue antibiotic within appropriate time</li> <li>• SCIP-CARD-2 –beta-blocker during the preoperative period</li> <li>• SCIP-VTE-1 – venous thromboembolism prophylaxis orderd</li> <li>• SCIP-VTE-2 – VTE received with 24 hours before or after surgery</li> </ul> <p>This is a separate indicator for each of the following types of surgery:</p> <ul style="list-style-type: none"> <li>- CABG, cardiac</li> <li>- Hip and knee</li> <li>- Colon</li> <li>- Hysterectomy</li> </ul>	<p>This is a new indicator in 2011. Hospitals will receive 100 percent for reporting and no thresholds will apply.</p>																												
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<b>2. Central line-associated blood stream infection</b>																													
<p>The aggregate BSI rate of Michigan participants in the MHA Keystone ICU project for January 2011 through November 2011. In 2010 this rate was 90%.</p>																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: right;"><u>Statewide BSI Rate</u></th> <th style="text-align: right;"><u>2011 Score</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">Less than or equal to 0.88</td> <td style="text-align: right;">100%</td> </tr> <tr> <td style="text-align: right;">0.89</td> <td style="text-align: right;">92%</td> </tr> <tr> <td style="text-align: right;">0.90</td> <td style="text-align: right;">84%</td> </tr> <tr> <td style="text-align: right;">0.91</td> <td style="text-align: right;">76%</td> </tr> <tr> <td style="text-align: right;">0.92</td> <td style="text-align: right;">68%</td> </tr> <tr> <td style="text-align: right;">0.93</td> <td style="text-align: right;">60%</td> </tr> <tr> <td style="text-align: right;">0.94</td> <td style="text-align: right;">52%</td> </tr> <tr> <td style="text-align: right;">0.95</td> <td style="text-align: right;">44%</td> </tr> <tr> <td style="text-align: right;">0.96</td> <td style="text-align: right;">36%</td> </tr> <tr> <td style="text-align: right;">0.97</td> <td style="text-align: right;">28%</td> </tr> <tr> <td style="text-align: right;">0.98</td> <td style="text-align: right;">20%</td> </tr> <tr> <td style="text-align: right;">0.99</td> <td style="text-align: right;">12%</td> </tr> <tr> <td style="text-align: right;">1.00 or higher</td> <td style="text-align: right;">None</td> </tr> </tbody> </table>	<u>Statewide BSI Rate</u>	<u>2011 Score</u>	Less than or equal to 0.88	100%	0.89	92%	0.90	84%	0.91	76%	0.92	68%	0.93	60%	0.94	52%	0.95	44%	0.96	36%	0.97	28%	0.98	20%	0.99	12%	1.00 or higher	None	
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## Overview of the Elective Induction of Delivery

The Joint Commission has established five measures under perinatal care. BCBSM has elected to add the first measure (PC-01 Elective Delivery) as a new test indicator to the 2011 Hospital P4P Program. The goal is to reduce inductions that are not medically necessary.

During the test period hospitals are asked to report on the measure using the Joint Commission guidelines listed below. Hospitals will earn full credit on this measure just for reporting and no performance thresholds will apply. If a performance threshold is established in a subsequent program year it will reflect the fact the Joint Commission guidelines do not recognize the presence of some relevant conditions, such as chronic diabetes, cancer or previous surgery on the uterus.

Core Options offers the ability to capture the PC indicator for discharges on or after October 1, 2010. there are also two alternative options for reporting your performance on this measure:

1. Submission by MHA Keystone: Hospitals reporting to Keystone on this measure may elect to have their performance data forwarded to BCBSM by the MHA Keystone Center. If you choose this option you will need to sign a release form to allow Keystone to submit your hospital's data.
2. Submission directly to BCBSM: As with the other P4P quality indicators, your hospital may submit its performance data directly to BCBSM. Hospitals choosing this option will also need to submit a signed CEO attestation certifying the information reported is accurate.

### Specifications of the elective induction of delivery measure

The numerator represents patients with elective deliveries. Included populations are:

- Medical inductions of delivery defined in Joint Commission Table 11.05
- Cesarean section as defined in Joint Commission Table 11.06 while not in active labor or experiencing spontaneous rupture of membranes

The denominator represents patients delivering newborns with  $\geq 37$  and  $< 39$  weeks of gestation completed. Populations excluded from the denominator include the following:

- ICD-9 CM Principle Diagnostic Code or ICD-9 Other Diagnostic Codes for conditions justifying elective delivery as defined in the Joint Commission Table 11.07
- Less than 8 years of age
- Greater than or equal to 65 years of age
- Length of stay >120 days
- Enrolled in clinical trials

Data Elements needed to determine the population:

- Admission date
- Birth date
- Clinical trial
- Discharge date
- Gestational age
- ICD-9-CM other diagnosis codes
- ICD-9-CM principle diagnosis codes

Random sample size requirements on a monthly basis, established by Core Options:

- ≤ 25 cases - sample size all
- 26-130 cases - minimum sample size 26
- 131-515 cases - sample size 20 percent of cases
- > 515 cases - sample size 104

Due to the frequency of changes made to the measure requirements, please refer to the Joint Commission's website (<https://manual.jointcommission.org/bin/view/Manual/WebHome>) for the most current sampling rules and other criteria specifications.