Better Patient Care with the Patient Protection and Affordable Care Act
Better Patient Care with the Patient Protection and Affordable Care Act

Learning Objectives:

1. Gain knowledge of the ACA provisions that impact quality of care and nurse staffing

2. Explore how we can use this knowledge to advocate for patients.
The Patient Protection and Affordable Care Act

- Law passed in March 2010
- No more annual or lifetime limits
- Expanded insurance coverage for dependents up to age 26
- No cost preventative care for seniors, and everyone!
- Eliminated pre-existing conditions, and you can’t be dropped if you get sick
- Requires insurance companies to spend 80-85% of premiums on healthcare
- Women’s Health Initiatives – no cost contraceptives, prenatal care, breast feeding support, mammograms, Pap smears
- Healthcare Exchanges and Medicaid Expansion
The Patient Protection and Affordable Care Act

- Need to Improve Hospital Quality and Reduce Costs

- In 2009, 7M Medicare patients had 12.4M hospitalizations*

- 1 in every 20 patients has a hospital-acquired infection*

- 1 out of 5 Medicare patients (2.6 million seniors) are readmitted with 30 days of discharge, and these readmissions are an expensive portion of Medicare payments.*

- Healthcare-acquired conditions and preventable hospital admissions costs billions $$$. In 2009, $4.4B for patients harmed in hospitals; readmissions cost $26B*

*HHS.gov/Healthcare/facts
The Patient Protection and Affordable Care Act

- IOM 1999 “To Err is Human” – 98,000 deaths a year from medical errors.
- 2013 Journal of Patient Safety: 210,000 to 400,000 deaths from preventable harm*
- 1/6 of all deaths in U.S.
- Epidemic of patient harm in hospitals
- Errors of commission, omission, communication, context, diagnostic
- “Wall of Silence”

The Patient Protection and Affordable Care Act

Tacoma

200,000
The Patient Protection and Affordable Care Act

Ellensburg

18,000
The Patient Protection and Affordable Care Act

Pasco
65,000
The Patient Protection and Affordable Care Act

Bellevue

127,000
The Patient Protection and Affordable Care Act

100,000 Lives Campaign – 6 Focus Areas

- Rapid Response Team
- Central Line Infection Protocols
- Surgical Site Infection Prevention
- Acute Myocardial Infarction
- Prevention of Adverse Drug Events
- Ventilator Associated Pneumonia
The Patient Protection and Affordable Care Act

- October 2012

- Linking Payment to Quality Outcomes

- Hospital Value Based Purchasing Program
The Patient Protection and Affordable Care Act

- Changing how Medicare pays will help everyone
- Shift from payments based on volume to payment based on performance.
- Hospitals scored on their performance relative to other hospitals and how they have improved over time
- Significant savings to Medicare and enrollees
Financial Impact of Hospital Quality Measures

- Some Value-Based Purchasing (VBP) payments are “budget-neutral” – the program is funded through reductions in hospital Medicare base payments.
- Funds are then redistributed based on score, either receiving a positive or negative payment adjustment.
- 2013 VBP net payment adjustments ranged from -0.89% to +0.83%
Total Medicare Financial Impacts by 2017

- Additional negative-only programs are added. A hospital could potentially lose up to 6% by 2017.

<table>
<thead>
<tr>
<th>Potential Gain/Loss under key Medicare “quality” payment reform by 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>VBP</td>
</tr>
<tr>
<td>Up to + or - 2%</td>
</tr>
</tbody>
</table>

- Medicare/managed care and private insurers are adopting same/similar measures, so these will become even more significant to bottom line.
The Patient Protection and Affordable Care Act

Types of Value-Based Purchasing Incentives:

- **Transparency** – public reporting on quality measures
- **Financial Incentives**
  - **Penalties** –
    - lower payment for individuals who acquire a Hospital Acquired Condition (HAC)
    - Readmission within 30 days – reduction of Medicare payments to hospitals with high rates by 1% in 2013, 2% in 2014, 3% in 2015
  - **Rewards** – entire fee schedule for all services for bundled payments (DRG system)
How important is each measure? Changes to weighting over time:

<table>
<thead>
<tr>
<th>FY</th>
<th>Clinical Process of Care</th>
<th>Patient Experience of Care/HCAHPS</th>
<th>Outcomes (Mortality, patient safety/HACs, HAIs)</th>
<th>Efficiency (Medicare Spending per Beneficiary measure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>70%</td>
<td>30%</td>
<td>(reporting only)</td>
<td>N/A</td>
</tr>
<tr>
<td>2014</td>
<td>45%</td>
<td>30%</td>
<td>25%</td>
<td>N/A</td>
</tr>
<tr>
<td>2015</td>
<td>20%</td>
<td>30%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>2016</td>
<td>10%</td>
<td>25%</td>
<td>40%</td>
<td>25%</td>
</tr>
</tbody>
</table>
The Patient Protection and Affordable Care Act

**Nursing-Sensitive Value-Based Purchasing**
Kavenagh and Cimiotti, *Journal of Nursing Scholarship*, September 2012

“Nursing as an indispensable key component of a quality healthcare system”
The Patient Protection and Affordable Care Act

Studies show:

- Nurses intercept 85% of medical errors before there is harm to the patient.
- As nurse staffing levels increase patient risk of nosocomial complications decrease.
- Higher levels of nursing skill and nurses providing more hours of care are correlated with better care, shorter hospital stays, fewer infections and lower rates of failure to rescue.
<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>NQF-Endorsed Measure</th>
<th>NDNQI Indicator</th>
<th>CMS VBP</th>
<th>Annual Cost of Adverse Events (Billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$3.45 – 10 B</td>
</tr>
<tr>
<td>VAP</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$1 - 1.5 B</td>
</tr>
<tr>
<td>CLABSI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$0.7 - 2.7 B</td>
</tr>
<tr>
<td>CAUTI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$0.4 – 0.45 B</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>$38-47 B</td>
</tr>
<tr>
<td>Decubitus Ulcers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$11+ B</td>
</tr>
<tr>
<td>Falls /Falls with Injury</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$6.56 B</td>
</tr>
<tr>
<td>Readmissions</td>
<td>X</td>
<td></td>
<td>X</td>
<td>$15 B</td>
</tr>
</tbody>
</table>
The Patient Protection and Affordable Care Act

*Higher Nurse Staffing Levels Associated with Lower Odds of Readmission Penalties*

McHugh, *Health Affairs*, October, 2013

Findings: Higher nurse staffing = 25% lower odds of being penalized for 30-day readmissions for heart attacks, heart failure or pneumonia.
The Patient Protection and Affordable Care Act

“Nurse staffing, burnout, and health care-associated infection”

American Journal of Infection Control, August 2012

Authors: Cimiotti, Aiken, Sloane, Wu
The Patient Protection and Affordable Care Act

- Examined urinary tract and surgical site infections
  - UTI cost $749-$832
  - Surgical Site Infection cost $11,087-$29,443

- Significant association between patient-to-nurse ratios and these infections.
“All men make mistakes, but a good man yields when he knows his course is wrong, and repairs the evil. The only crime is pride.”

Sophocles
<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>NQF-Endorsed Measure</th>
<th>NDNQI Indicator</th>
<th>CMS VBP</th>
<th>Annual Cost of Adverse Events (Billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infections</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$3.45 – 10 B</td>
</tr>
<tr>
<td>VAP</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$1 - 1.5 B</td>
</tr>
<tr>
<td>CLABSI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$0.7 - 2.7 B</td>
</tr>
<tr>
<td>CAUTI</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$0.4 – 0.45 B</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>$38-47 B</td>
</tr>
<tr>
<td>Decubitus Ulcers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$11+ B</td>
</tr>
<tr>
<td>Falls /Falls with Injury</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>$6.56 B</td>
</tr>
<tr>
<td>Readmissions</td>
<td>X</td>
<td></td>
<td>X</td>
<td>$15 B</td>
</tr>
</tbody>
</table>