

How Evidence-Based Care Plans Drive Value-Based Purchasing Excellence

For nursing and clinical staff, achieving excellence under the Centers for Medicare and Medicaid Services' (CMS's) Hospital Value-Based Purchasing (VBP) Program carries a heavy burden. That is because under the 2014 VBP guidelines, 8 of the 24 quality reporting measures are tied directly to patients' perceived experience of care, the quality of which depends largely on the success of nursing staff.

Organizations face many challenges in achieving excellence in this area, including inefficient and ineffective processes and a lack of standardized care across nursing and allied health professionals. To overcome these challenges, a growing number of organizations are utilizing third-party, evidence-based care plan templates and associated content management systems to streamline the creation of standardized interdisciplinary care plans and improve care coordination across disciplines.

Issue: Value-Based Purchasing

Designed by CMS to promote higher-quality care for Medicare beneficiaries, the VBP program rewards or penalizes acute-care hospitals based on their performance in three domains: clinical process of care, patient experience of care and outcomeⁱ.

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Program funding is made possible by reducing all base Medicare diagnosis-related group (DRG) payments, which began with a 1% reduction in 2013 and will increase up to a 2% reduction as the program continues. Under the VBP program, hospitals are eligible to recoup this percentage, on top of an additional percentage of equal value, as determined by their achievement and improvement in the defined measuresⁱⁱ.

As the VBP program continues, this increase in reimbursements will be accompanied by an increase in the number of measures that will be judged, ranging from 20 in FY 2013 to 26 in FY 2015. There were 24 measures for FY 2014, 13 tied to clinical process of care, 8 tied to patient experience of care and 3 tied to outcomes, or mortalityⁱⁱⁱ.

For nursing and clinical staff, measures tied to patient experience of care will be of the utmost importance, as achieving excellence in this area will largely depend on their performance. Measures include:

- Nurse communication
- Doctor communication
- Hospital staff responsiveness
- Pain management
- Medicine communication
- Hospital cleanliness and quietness
- Discharge information
- Overall hospital rating

As a result, ensuring consistency and standardization of care across all disciplines, including nursing, should be a top priority for hospitals and health systems, as this will directly impact Medicare reimbursement dollars for FY 2014 and beyond.

Challenge: Inefficient Processes, Lack of Standardized Care

The challenge for many organizations is that patient satisfaction is largely subjective. What's more, organizations are rarely made aware of issues until after the patient has been discharged, when the Hospital Consumer Assessment of Healthcare Provider and Systems (HCAHPS) survey is completed. In addition, accountability for these measures is often bundled with the performance of physicians, clinicians, nurses and pharmacists, who all play a critical role in ensuring satisfaction related to responsiveness, pain management and even the hospital environment.

Take for instance a patient who is two days post-op. For physicians and nurses, rapidly identifying potential problems or complications can drastically improve recovery time and thus length of stay and patient satisfaction. However, many organizations do not have the evidence-based interdisciplinary care plans needed to define the interventions and goals that ensure consistent, standardized care across the patient encounter.

Patient education is also a challenge and can affect a number of measures under the VBP program, including nurse, doctor and medication communication, as well as discharge information. However, without appropriate care plans to direct nurses during patient discharge, for example, many will fail to complete proper protocol and will send patients away without the information and education they need to successfully manage their health at home.

Recommendation: Standardized, Interdisciplinary Care Plans

Partnering with a third-party vendor that provides evidence-based care plan templates and a sophisticated content management system can overcome these challenges and alleviate the burden on the nursing and informatics staff.

By streamlining the traditionally time-consuming process of drafting and customizing interdisciplinary care plan templates, these systems drive the establishment of strict standards of care and provide nurses and interdisciplinary teams with clear parameters for effective patient care, thus improving consistency of care and accountability of bundled measures.

The result is increased patient satisfaction, enhanced patient care and improved quality scores, all of which are key to achieving excellence under the VBP program. In addition, these solutions improve the processes by which care plan templates are reassessed and updated based on the latest evidence. This ensures that guidelines are current with the latest evidence and care standards, a hindrance that has kept many from realizing the full potential of evidence-based care plans.

The best solutions will also provide access to patient education content, as well as procedures and guidelines for multiple clinical disciplines. Such solutions go a long way toward improving quality scores tied to nurse and doctor communication and discharge information.

Conclusion

For hospitals and health systems, achieving excellence under the VBP program will not be easy. Challenges will only increase as the program continues, with new measures being added each year, increasing organizations' risk and reward. Implementing standardized interdisciplinary care plans will address these challenges and ease the burden placed on nursing staff by enhancing care coordination and improving standards of care across the organization.

References

¹Centers for Medicare and Medicaid Services (CMS). National provider call: hospital value-based purchasing [audio presentation]. July 11, 2012. <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/Downloads/NPCSlides071112.pdf>.

²Centers for Medicare and Medicaid Services. Is your hospital ready for value-based purchasing? http://www.hsag.com/App_Resources/Documents/VBP_factsheet_FLCA_508.pdf.

³CMS. National provider call.

