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Radiology Trends

1,800 Hospitals Will See Value-Based Purchasing Bonuses in Fiscal 2016

Medicare will reward more hospitals than it will penalize in fiscal 2016 under its value-based purchasing program. About 1,800 hospitals will see positive payment adjustments CMS said.

The changes in base DRG payments will be very small--between -0.4% and 0.4%--for about half of the more than 3,000 hospitals that are subject to the program. Under the value-based purchasing program, CMS imposed an across-the-board 1.75% reduction in Medicare payments (up from 1.5% for fiscal 2015) for most inpatient acute-care hospitals.

The reduction created a budget-neutral bonus pool of about \$1.5 billion to reward hospitals that perform well on certain metrics and patient surveys. The hospitals that performed the worst won't see any of the reduction restored. Nearly 160 more hospitals will see positive adjustments in fiscal 2016 than in fiscal 2015. In addition, 475 hospitals managed to swing from a penalty to bonus, while 317 moved from positive to negative territory.

Did You Know?

Immune cells in the brain (microglia) are more active in individuals with schizophrenia and those at a very high risk for the disorder.

ACS: Breast Cancer Screening Should Begin at Age 45

The American Cancer Society (ACS) has released new breast cancer screening guidelines that raise its recommendation to age 45 for when women should start screening. The revision was published in the *Journal of the American Medical Association*. Before this revision, ACS had followed with groups including the American College of Radiology (ACR) and the Society of Breast Imaging (SBI) in advocating that screening start at age 40. ACR and SBI are pointing to the fact that the

new guidelines still support annual screening for women ages 40 to 44 who want it. To address the ongoing questions about mammography and to include the new research, ACS organized a guideline development group that included clinicians, biostatisticians, epidemiologists, an economist and patient representatives. The updated ACS guidelines are now consistent with those of the U.S. Preventive Services Task Force

(USPSTF), in that both statements agree that the harms of mammography likely outweigh the benefits for average-risk women younger than 45. The society is currently developing a breast cancer screening guideline for women at higher risk of the disease, Robert Smith, director of cancer screening at ACS, said.

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Medicare ACOs Lost \$41 Million To Poor Quality Performance

Medicare reduced the financial awards for 65 ACOs by \$41 million based on quality performance, according to an analysis by the consulting firm Leavitt Partners. Medicare ties ACO financial performance to zero measures in year one; 19 measures in year two and all 33 measures in the final year. The biggest contributor to a drop of quality ratings was a measure of avoidable initial hospitalizations for patients with congestive heart failure, which accounted for \$5.6 million, or about 13% of the total reduction to ACO awards. Another measure of preventable initial hospitalizations—for patients with chronic obstructive pulmonary disease or asthma—dragged down the awards by another \$3.6 million.

The top financial performers did so poorly that none of them ranked in the top 90th percentile nationally, said David Muhlestein, senior director of research and development for Leavitt Partners. That was true also for the other roughly 260 ACOs that reported performance on the measure for 2014. ACOs must rank in the top 90th percentile to receive full credit for a measure, which is indicated by 2 or 4 points. Points decrease as ACOs performance drops below the 90th percentile. Those that score in the 30th percentile or below get no points.

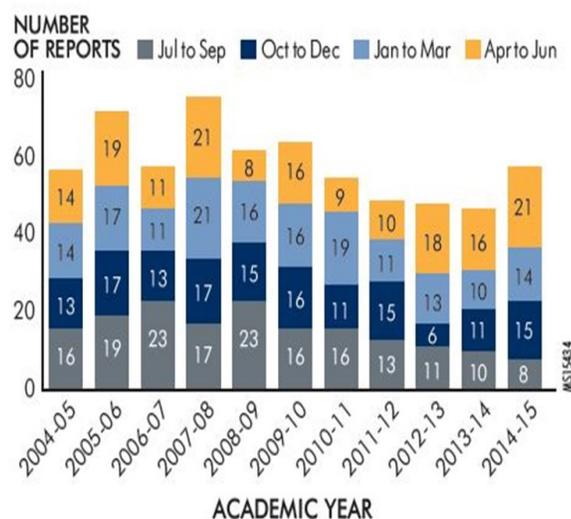
Jeffery Spight, who oversees Universal American's ACOs, said the performance largely reflected the challenges ACOs faced collecting data and documenting heart failure patients appropriately. The two dozen ACOs under Universal American's joint ventures operate across 340 electronic medical records and all but one are made up entirely of physician practices that range from solo operators to multispecialty groups, he said. That presents significant obstacles gathering necessary data to meet Medicare reporting standards.

Coding and Compliance Tips by Lori Shore, CPC, RCC

Pennsylvania Safety To Begin Tracking Interventional Radiology

I recently spoke at the Pittsburgh Area Radiology Managers' 2015 Consortium. The speaker before me was from the Pennsylvania Patient Safety Authority, and I was shocked to learn that in Pennsylvania there have been 646 wrong-site surgery events since July 2004. There were 58 events reported in academic year 2014-2015 with 21 of those events occurring in the last quarter alone. The 3 most common types of events reported in the operating room were wrong-site anesthesia blocks (50%), wrong-level spinal procedures (12.7%) and wrong-side pain management procedures (4.8). I also learned that the Patient Safety Authority is beginning to track interventional radiologists and that 4 wrong-side events had occurred in a matter of months. Time out protocols are important and should be followed. No one thinks it's going to happen to them, until it does.

Figure. Pennsylvania Patient Safety Authority Wrong-Site Surgery Reports by Academic Year



To learn more about this topic please visit:
patientsafetyauthority.org