

Friday, April 30, CMS published the proposed FY 2010 IPPS.

This document is for informational purposes only. It is not intended to provide guidance nor does it request any action. It is intended as a summary of information provided by CMS in as it relates to stroke. It is suggested that the reader refer to the full document for further information. Quotes are taken from the CMS proposed FY 2010 IPPS, which CMS refers to as **CMS-1406-P**.

The proposal contains several items important to stroke. This new proposal is based on feedback provided for the FY 2009 proposed rule. These comments fit in with the RHQDAPU program (Reporting Hospital Quality Data for Annual Payment Update).

*The following comments are a synopsis of information relevant to stroke or in some cases, a direct quote from the document. The findings and/or conclusions in this document are those of the author and do not represent the official position of the Centers for Disease Control and Prevention.*

[http://www.federalregister.gov/OFRUpload/OFRData/2009-10458\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-10458_PI.pdf)

1. In the FY 2009 Rule, CMS indicated that future expansions and updates to RHQDAPU would include expanding the types of measures, expanding the scope of hospitals services to which measures would apply, consider hospital burden in data collection, harmonize across other CMS quality programs, seek to use measures already being reported by many hospitals such as clinical data registries, and weighing relevance and utility of measures compared to burden.
2. CMS gave priority to quality measures for conditions that result in great mortality and morbidity in the Medicare population, conditions that are high volume and high cost for the Medicare program, and conditions with wide variation in cost and treatment variation despite established guidelines.
3. “Instead of requiring hospitals to submit the same data to CMS that they are already submitting to registries, we believe that we could collect the data directly from the registries, thereby enabling us to expand the RHQDAPU program measure set without increasing the burden of data collection for those hospitals participating in the registries.”
4. Proposed for RHQDAPU for FY 2011 Payment Determination: **Participation in a Systematic Clinical Database Registry for Stroke Care**. Specifically, participation in a systematic clinical database registry that includes consensus endorsed measures.” “We believe that participation in registries reflects a commitment to assessing the quality of care provided and identifying opportunities for improvement. Many registries also collect outcome data and

provide feedback to hospitals about their performance. Moreover, registries offer a potential future data source from which we can collect quality data. The participation in a systematic clinical database registry for stroke structural measure would require each hospital that participates in the RHQDAPU program to indicate whether it is participating in a systematic quality clinical database registry for inpatient stroke care and if so, to identify the registry.” “*A registry is a collection of clinical data for purposes of assessing clinical performance, quality of care, and opportunities for quality improvement.*”

5. CMS proposes that hospitals report participation in a systematic clinical database registry for stroke care directly onto the Quality Net web site on a quarterly basis starting with 1<sup>st</sup> calendar quarter 2010, with quarterly submission for 1<sup>st</sup> calendar quarter 2010 due August 15, 2010.
6. CMS wants comments on whether a “systematic qualified clinical database registry” is adequately defined. Should registries that do not collect outcome measures and/or do not provide feedback to hospitals about their performance be excluded? Are there other registries that we should consider in future rulemakings, beyond stroke?
7. CMS proposes new quality measures for the FY 2012 Payment Determination and subsequent years. This includes the 8 NQF endorsed stroke measures and in-hospital mortality for stroke. They are inviting public comment on these.
8. CMS is moving forward with testing CMS’ technical ability to accept data from EHRs for stroke as early as July 1, 2010.