



SEP-1 and Value-Based Purchasing: What You Need to Know to Prepare

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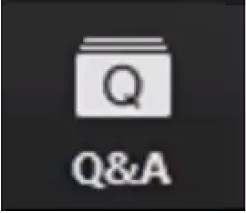
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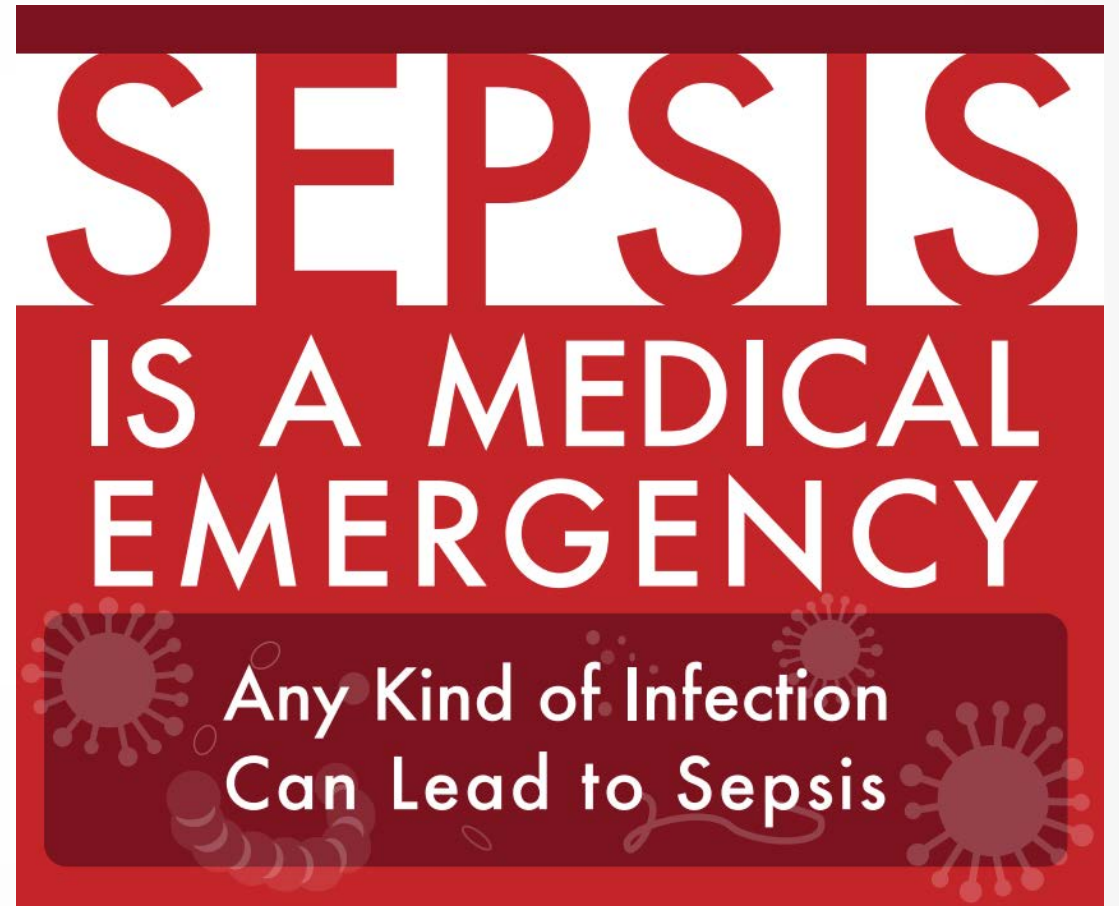
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Presenters



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We will discuss

- The fundamentals of Value-Based Purchasing.
- The implications of CMS adding SEP-1 quality measure to its VBP program
- What you need to do to achieve and sustain SEP-1 compliance, including overcoming key challenges
- Explore best practices to engage your leadership team to champion and invest in the tools, people, and processes required to meet sepsis performance goals.

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Poll Question: How familiar are you with Value-based purchasing?

- Very familiar
- Somewhat familiar
- Somewhat unfamiliar
- Very unfamiliar

Peer reviewed studies have concluded that compliance with the sepsis protocol produces better patient and financial outcomes



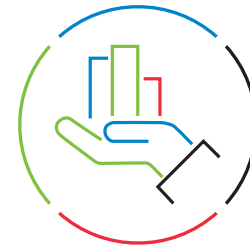
17%

Shorter median length of stay when care was compliant¹



6%

Reduction in 30-day mortality¹



5%

Decrease in readmissions for patients who receive SEP-1 bundle²



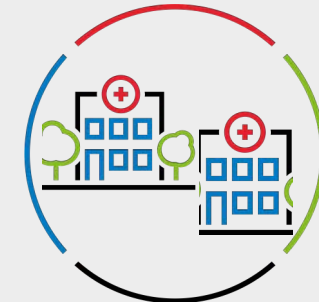
Value-Based Purchasing Performance



2022 v. 2023

Benchmark against
previous year's
performance

or



Hospital A v. Hospital B

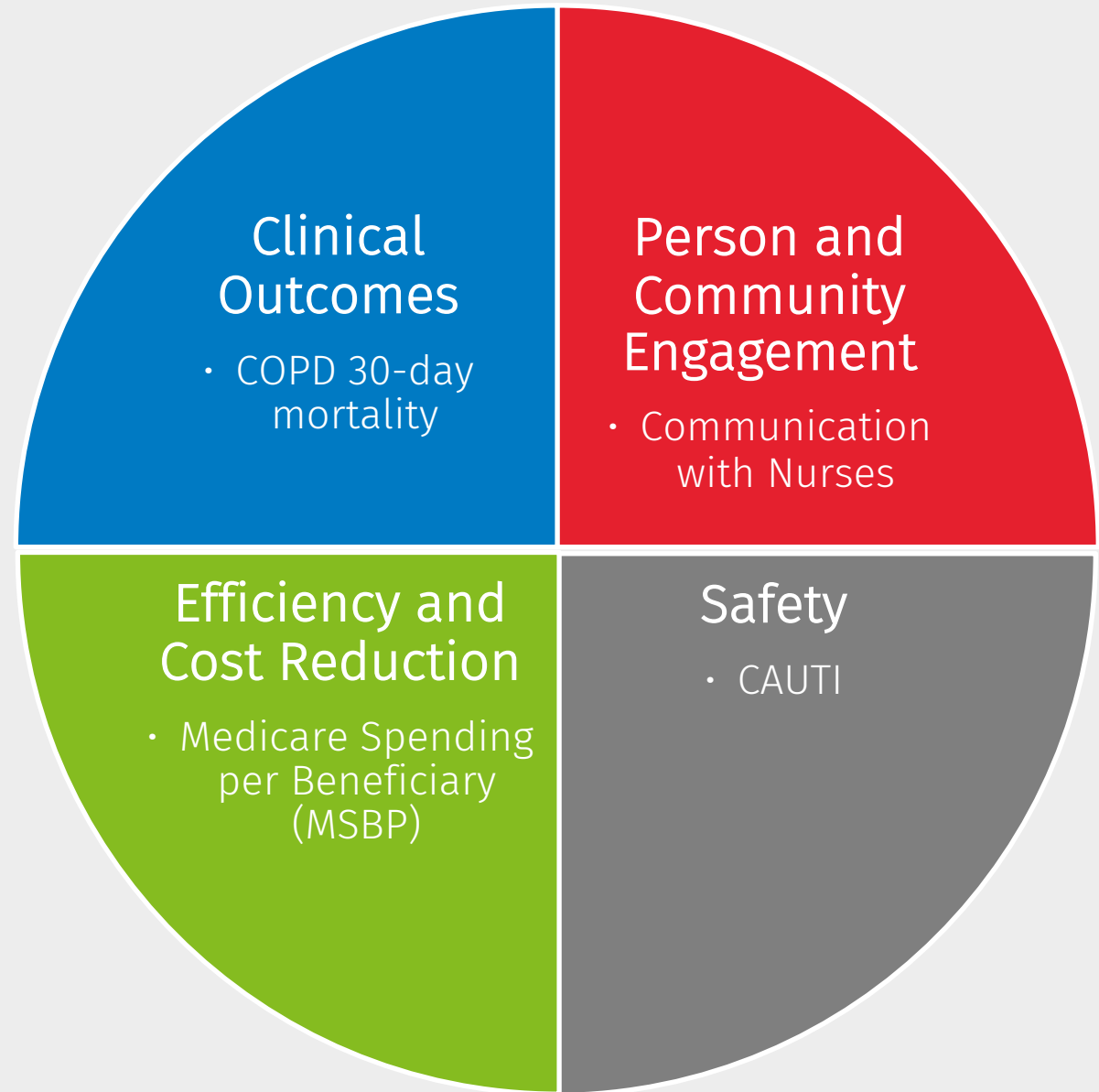
Compare to other
hospitals

(whichever one is higher)

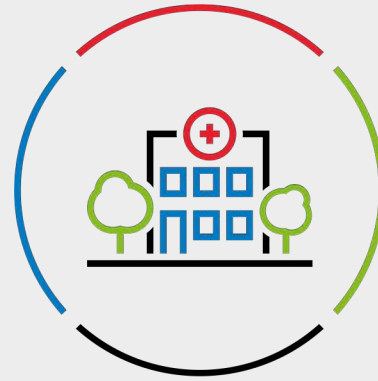
Performance score determines VBP modifier

+2.8% to **-2%**

Value-Based Purchasing Domains



Value-Based Purchasing Performance



Small CAH

\$5M



Large Academic
Medical Center

\$40M

Performance score determines VBP modifier

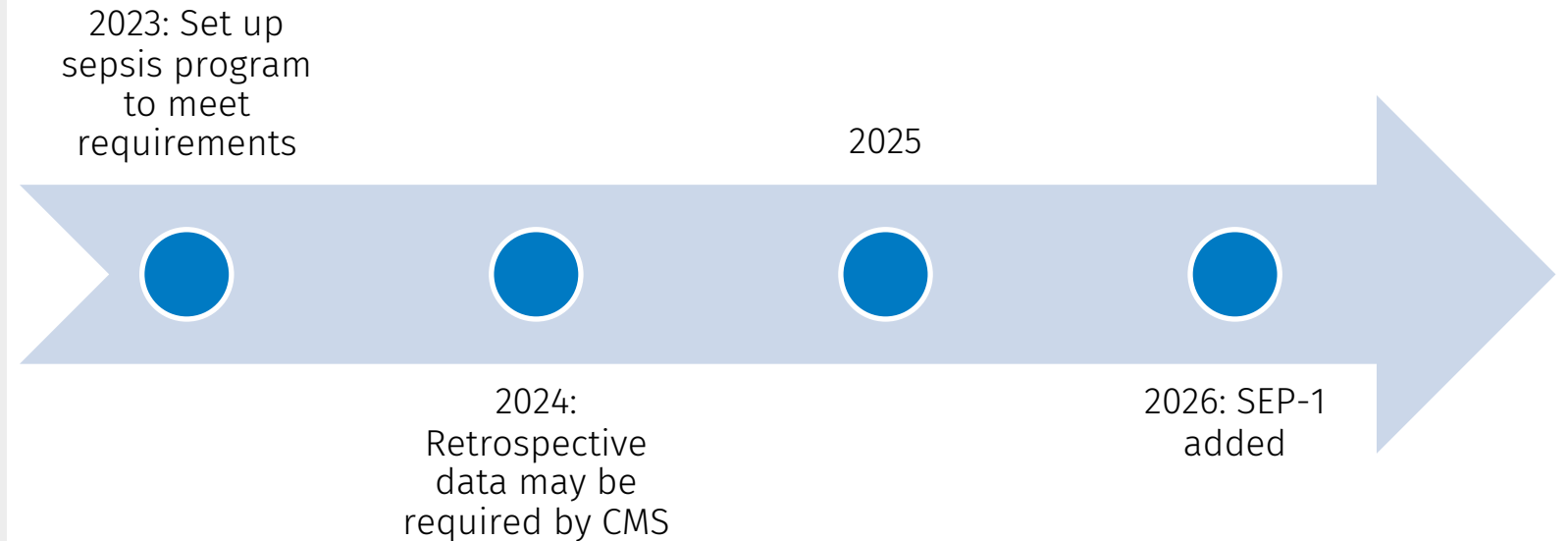
+2.8% to **-2%**

CMS has proposed a SEP-1 quality measure for its Hospital Value-based Purchasing (VBP) Program

SEP-1 as a VBP measure will increase the financial impact. CMS SEP-1 Quality measure improvements can help hospitals avoid penalties and even qualify for bonus payments.

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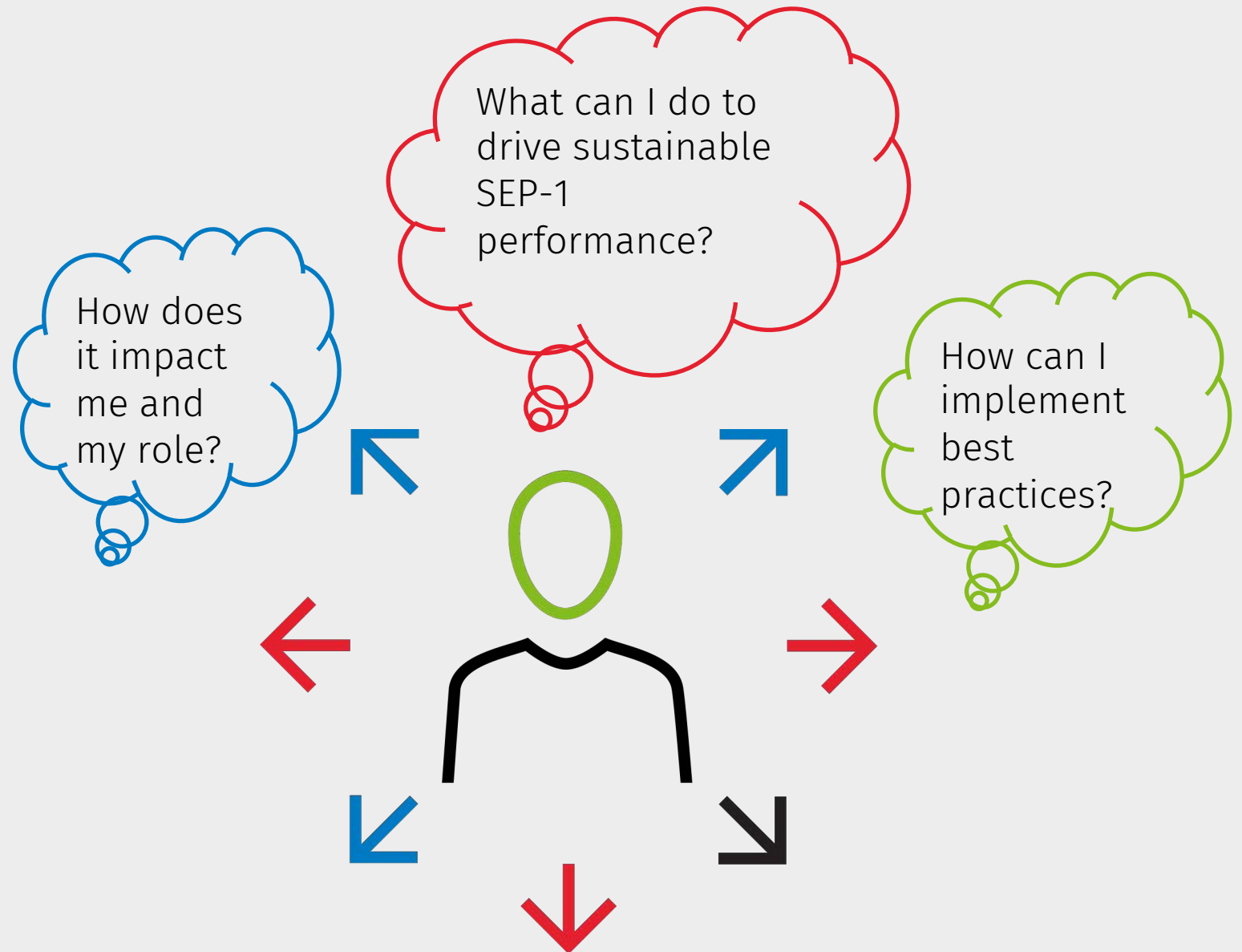
With this change to VBP, there would be financial implications for your hospital's sepsis performance.



Medicare's VBP Program participation is mandatory

Your quality results can affect hospital payments. VBP measures hospital performance across clinical, safety, efficiency, cost reduction, and personal and community engagement. Hospitals that perform well receive a bonus funded by the hospitals that do poorly. [Results are publicly reported via Medicare.gov](#)

Value-Based Purchasing and SEP-1



Sepsis bundle is complex, and teams need help to consistently get it right

According to public reporting, bundle compliance among hospitals reporting SEP-1 data is 50% nationally



Where hospitals fail:

- Identifying sepsis patients early and accurately
- Delivering evidence-based protocols on time
- Supporting care teams with management tools

Poll Question: What is the biggest hurdle to improving sepsis performance?

- Lack of leadership support
- Lack of ability to prove financial justification
- Lack of technology to support sepsis program
- Lack of people to support the program (sepsis coordinator)
- Lack of procedures/processes
- All of the above
- Other

High-performing sepsis programs include three key pillars



People

- Senior leadership that creates focus and accountability for high quality sepsis care
- Hospital staff in the right roles with the right support



Process

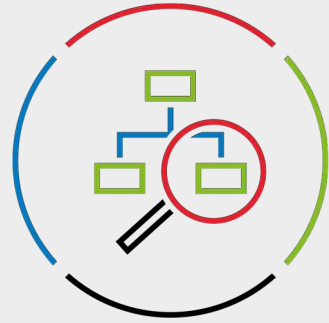
- Policies and standard processes that deliver evidence-based case consistently



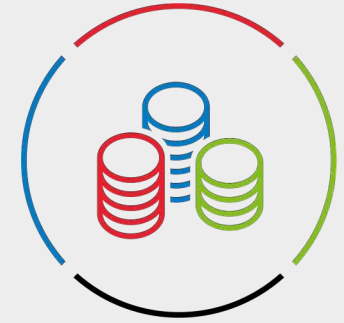
Technology

- Investment in technology that has proven benefits, fits the team's workflow and provides a clear return on investment.

How to get your leadership to invest in your sepsis program



Identify gaps



Invest in people,
process, and
technology



Build a business case



Construct a ROI

Technology considerations

Healthcare IT News

ANZ ASIA EMEA Global Edition

Global Edition Analytics

Research suggests Epic Sepsis Model is lacking in predictive power

A retrospective study in *JAMA Internal Medicine* finds that the model did not identify two-thirds of sepsis patients and frequently issued false alarms.

By [Kat Jercich](#) | June 22, 2021 | 12:44 PM

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Photo: Luis Alvarez/Getty Images

A new study in *JAMA Internal Medicine* found that a sepsis prediction model included as part of Epic's electronic health record may poorly predict sepsis.

Using retrospective data, University of Michigan Medical School researchers found that the predictor did not identify two-thirds of sepsis patients.

- Accurate and precise alerting
- Improve productivity, support workflow
- Transparent, no “black box” AI

Review



Invest in people,
process, and
technology



Start now



Significant financial
impact



Build a business
case/ROI

Questions?

References

1. Townsend, S.R., et al. "[Effects of Compliance With the Early Management Bundle \(SEP-1\) on Mortality Changes Among Medicare Beneficiaries With Sepsis: A Propensity Score Matched Cohort Study](#)," Chest 2022 Feb;161(2):392-406. doi: 10.1016/j.chest.2021.07.2167. Epub 2021 Aug 6
2. Mayr FB., et al. "[Proportion and cost of unplanned 30-day readmissions after sepsis compared with other medical conditions.](#)" JAMA. 2017;317(5):530-531. doi:10.1001/jama.2016.20468.
3. <https://www.medicare.gov/care-compare>

Value-Based Purchasing and SEP-1

Payment adjustment effective for discharges from October 1, 2024, to September 30, 2025

Mortality Measures				
Clinical Outcomes	Baseline Period		Performance Period	
	July 1, 2015–June 30, 2018		July 1, 2020–June 30, 2023*	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	MORT-30-AMI	Acute Myocardial Infarction 30-Day Mortality	0.872624	0.889994
	MORT-30-CABG	Coronary Artery Bypass Graft Surgery 30-Day Mortality	0.970100	0.979775
	MORT-30-COPD	Chronic Obstructive Pulmonary Disease 30-Day Mortality	0.915127	0.932236
MORT-30-HF	Heart Failure 30-Day Mortality	0.883990	0.910344	
MORT-30-PN	Pneumonia 30-Day Mortality	0.841475	0.874425	
25%				
Complication Measure				
Clinical Outcomes	Baseline Period		Performance Period	
	April 1, 2015–March 31, 2018		April 1, 2020–March 31, 2023*	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	↓ COMP-HIP-KNEE	Total Hip Arthroplasty/Total Knee Arthroplasty Complication	0.025332	0.017946
Person and Community Engagement				
Person and Community Engagement	Baseline Period		Performance Period	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023	
	HCAHPS Survey Dimensions	Floor (%)	Achievement Threshold (%)	Benchmark (%)
	Communication with Nurses	53.50	79.42	87.71
	Communication with Doctors	62.41	79.83	87.97
	Responsiveness of Hospital Staff	40.40	65.52	81.22
	Communication about Medicines	39.82	63.11	74.05
	Hospital Cleanliness and Quietness	45.94	65.63	79.64
	Discharge Information	66.92	87.23	92.21
	Care Transition	25.64	51.84	63.57
Overall Rating of Hospital	36.31	71.66	85.39	
25%				
Healthcare-Associated Infections				
Safety	Baseline Period		Performance Period	
	Jan. 1, 2019–Dec. 31, 2019		Jan. 1, 2023–Dec. 31, 2023	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
	CAUTI	Catheter-Associated Urinary Tract Infection	0.650	0.000
	↓ CDI	Clostridium difficile Infection	0.520	0.014
	↓ CLABSI	Central Line-Associated Bloodstream Infection	0.589	0.000
	MRSA	Methicillin-Resistant Staphylococcus aureus	0.726	0.000
SSI	Colon Surgery Abdominal Hysterectomy	0.717 0.738	0.000 0.000	
25%				
Efficiency and Cost Reduction				
Efficiency and Cost Reduction	Baseline Period		Performance Period	
	Jan. 1, 2021–Dec. 31, 2021		Jan. 1, 2023–Dec. 31, 2023	
	Measure ID	Measure Name	Achievement Threshold	Benchmark
↓ MSPB	Medicare Spending per Beneficiary	Median MSPB ratio across all hospitals during the performance period	Mean of lowest decile of MSPB ratios across all hospitals during the performance period	
25%				

Questions

Upcoming Webinars



Lessons Learned: A Roundtable Discussion on Sepsis Coordination and Care

July 27, 2023 | 11:00 am – 12:30 pm ET



Prehospital Sepsis Care Research Update, 2023

August 24, 2023 | 2:00 – 3:00 pm ET





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