HMS 2028 Value Based Reimbursement (VBR) Scorecard

Hospital Wide Measures and Targets - Hospitalists and Infectious Diseases Physicians

Measure	Target	Points
Increase Use of Appropriate Antibiotic Treatment Duration (3 – 5 days) in Uncomplicated CAP (Community Acquired Pneumonia) Cases*	≥75% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	25
	70- 74% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	15
	≤69% collaborative-wide average of uncomplicated CAP cases receive appropriate duration of antibiotics	0
Reduce Use of Antibiotics in Patients with Asymptomatic Bacteriuria (ASB)*	≤10% of positive urine culture cases treated with an antibiotic are ASB cases	25
	11 - 15% of positive urine culture cases treated with an antibiotic are ASB cases	15
	≥16% of positive urine culture cases treated with an antibiotic are ASB cases	0
Increase Appropriate Antibiotic Treatment for Uncomplicated UTI*	≥58% of uncomplicated UTI cases receive appropriate antibiotic treatment	25
	50 - 57% of uncomplicated UTI cases receive appropriate antibiotic treatment	15
	≤49% of uncomplicated UTI cases receive appropriate antibiotic treatment	0
Increase Discharge/Post-Discharge Coordination (2 of 4) of Care for High-Risk Sepsis Patients*	≥ 74% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordinatio- of-care measures	25
	55 - 73% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	15
	<= 54% of sepsis cases at high risk of readmission received at least 2 of 4 discharge/post-discharge coordination-of-care measures	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100

Hospital Wide Measures and Targets - Critical Care Physicians

Measure	Target	
Increase Use of Balanced Solutions in Patients with Sepsis*	≥60% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	30
	40 – 59% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	20
	≤39% of sepsis cases who have ≥75% of their bolus and/or maintenance fluid as balanced solutions in the first 48 hours of hospital arrival	0
Increase Use of IV Fluids at ≥30 ml/kg within 6 Hours in Patients with Sepsis*	≥65% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	30
	60 – 64% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	20
	≤59% of sepsis cases receive >=30 ml/kg intravenous fluid within 6 hours of hospital arrival	0
Increase Transitions of Care Documentation - ICU to Floor Composite Measure	≥72% of sepsis cases have appropriate documentation at ICU to Floor Transfer	40
1) Temporary CVC removal or documentation of need to keep prior to transfer out of ICU	60-71% of sepsis cases have appropriate documentation at ICU to Floor Transfer	20
2) Urinary catheter removal or documentation of need to keep prior to transfer out of ICU 3) Communication of fluid volume status at ICU transfer 4) Communication of antibiotic plan at ICU transfer	<60% of sepsis cases have appropriate documentation at ICU to Floor Transfer	0
Total Points Earned		/100
VBR Eligibility Scale		
Points Threshold to Meet 102% VBR eligibility		60 - 79
Points Threshold to Meet 103% VBR eligibility		80 - 100