



Performance Measurement Workgroup  
Balanced Scorecard Discussion  
*May 9, 2014*

HSCRC Staff

# All-Payer Model Mission: A System that Achieves the Triple Aim

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## Better Care

- Enhance care transitions
- Sustain high physician participation
- Broaden engagement in innovative model of care
- Improve quality of care
- Increase patient satisfaction

## Better Health

- Reduce unnecessary admissions and ED visits
- Reduce health disparities
- Increase sharing of data through state HIE
- Improve health status

## Reduced Costs

- Reduce overuse of diagnostic testing
- Reduction in rate of growth of health care costs on a per capita basis
- Meaningful savings for all payers

# Better Care

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- ▶ **Improve Care Quality**
  - ▶ Patient experience- HCAHPS
  - ▶ Maryland Hospital Acquired Condition scores
- ▶ **Improve care transitions**
  - ▶ Readmissions rates (CMS methodology with exclusions)
- ▶ **Broaden engagement in innovative care models?**
- ▶ **Sustain high physician participation?**

# Better Health

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- ▶ Reduce unnecessary admissions and ED visits
  - ▶ Rates of Acute Composite AHRQ Prevention Quality Indicators
  - ▶ Rates of Chronic Composite AHRQ Prevention Quality Indicators
  - ▶ Rates ED or Observation visits within 30 days
- ▶ Increase sharing of data through HIE ?
- ▶ Improve health status
  - ▶ State Health Improvement Measures (SHIP) (see Appendix A)

# Better Health- Composite Includes

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- ▶ Reduce unnecessary admissions and ED visits
  - ▶ AHRQ Prevention Quality Indicators
    - ▶ [PQI 01 Diabetes Short-term Complications Admission Rate](#)
    - ▶ [PQI 02 Perforated Appendix Admission Rate](#)
    - ▶ [PQI 03 Diabetes Long-term Complications Admission Rate](#)
    - ▶ [PQI 05 Chronic Obstructive Pulmonary Disease \(COPD\) or Asthma in Older Adults Admission Rate](#)
    - ▶ [PQI 07 Hypertension Admission Rate](#)
    - ▶ [PQI 08 Heart Failure Admission Rate](#)
    - ▶ [PQI 09 Low Birth Weight Rate](#)
    - ▶ [PQI 10 Dehydration Admission Rate](#)
    - ▶ [PQI 11 Bacterial Pneumonia Admission Rate](#)
    - ▶ [PQI 12 Urinary Tract Infection Admission Rate](#)
    - ▶ [PQI 13 Angina Without Procedure Admission Rate](#)
    - ▶ [PQI 14 Uncontrolled Diabetes Admission Rate](#)
    - ▶ [PQI 15 Asthma in Younger Adults Admission Rate](#)
    - ▶ [PQI 16 Lower-Extremity Amputation among Patients with Diabetes Rate](#)
    - ▶ [PQI 90 Prevention Quality Overall Composite](#)
    - ▶ [PQI 91 Prevention Quality Acute Composite](#)
    - ▶ [PQI 92 Prevention Quality Chronic Composite](#)

# Reduced Costs

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- ▶ Total Revenue and Volume Trends (Reduce per capita rate of health care costs, Achieve meaningful payer savings)
  - ▶ Total Revenue, Medicare and Non-Medicare, Resident and Non-Resident
  - ▶ Revenue performance against targets (All-Payer Cap, Medicare Savings, Budgets)
  - ▶ Total Volume, Medicare and Non-Medicare, Resident and Non-Resident
- ▶ Potentially Avoidable Utilization- excess cost attributed to:
  - ▶ Re-hospitalization
    - ▶ Inpatient- All Hospital, All Cause 30 Day Readmissions using CMS methodology with adjustment for planned admissions
    - ▶ ED – any visit within 30 days of an inpatient admission
    - ▶ Observation- any observation within 30 days of an inpatient admission
  - ▶ Potentially Avoidable Admissions/Visits
    - ▶ Inpatient- Agency for Health Care Quality (AHRQ) Prevention Quality Indicators (PQIs) eke. Ambulatory care sensitive admissions
  - ▶ Hospital Acquired Conditions as measured by Potentially Preventable Complications (PPCs)
- ▶ PMPM Efficiency Measures (later)

# Reduce Disparities

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- ▶ Hospital race, ethnicity, language mix, (including collection/capture of data)
- ▶ Break down all statewide measures by black/white if available:
  - ▶ All quality measures from HSCRC casemix data
  - ▶ All cost measures from HSCRC data set
  - ▶ SHIP measures?
  - ▶ HCAHPS?