

Charge and Parameters of a Subcommittee to the HSCRC's Initiation Work Group

Charge

To assist the HSCRC's Initiation Work Group to fulfill its charge to develop a Quality-based Reimbursement Methodology within the Mission and Vision of the HSCRC Steering Committee.¹ In order to enhance transparency and to provide for broader and more detailed input from key stakeholders, the Subcommittee may evaluate methodologies, and provide observations and suggestions to the Initiation Work Group.

Parameters

Subcommittee membership shall include a balanced representation of key stakeholders including hospitals, payers, and the Department of Health and Mental Hygiene staff. The subcommittee size should not exceed six members excluding the chair person and HSCRC staff.

The subcommittee shall be chaired by HSCRC staff. The subcommittee may select its meeting times at HSCRC, which preferably should be between Initiation Work Group meeting dates for timely project progress.

Any access and use of QIO Clinical Warehouse quality measures data must be in compliance with the confidentiality requirements of HSCRC's Data Use Agreement with the Maryland QIO.

Subcommittee work must not impede the progress of the full Initiation Work Group.

The Subcommittee may request alternative scenario modeling from HSCRC's Technical Consultants within the resource constraints of HSCRC and the consultants' staff. Requests for alternative modeling must be provided to HSCRC staff within a minimum of two weeks prior to the Subcommittee meetings and should be well reasoned with a supporting rationale. HSCRC executive staff retains the right to approve requests for alternative modeling or scenarios. Patient-level data may be used by the Technical Consultant in requested alternative modeling but will not be available for distribution to the Subcommittee, as mandated by HSCRC's Data Use Agreement.

¹ Refer to Addendum for Steering Committee Mission and Vision, and charge to Initiation Work Group

Addendum

Steering Committee Mission, Vision and Goals

The Committee recommends that the Commission adopt the following as the mission, vision and goals of the HSCRC Quality Initiative:

- **The mission of the HSCRC Quality Initiative is to use the Commission's authority over hospital rates and revenue to improve the quality of patient care and the efficiency and effectiveness of services provided at Maryland hospitals by providing financial support and rewards/incentives.**
- **The vision of the HSCRC Quality Initiative is a health care environment where Maryland hospitals provide high quality patient care in an efficient manner.**
- **The goals of the HSCRC Quality Initiative are:**
 - **to work with Maryland hospitals to enhance the quality of patient care by providing financial support and rewards/incentives consistent with evidence-based health services research;**
 - **to select and maintain a set of measures that appropriately reflect the delivery of quality health care services provided at Maryland hospitals;**
 - **to collect data that will support the generation of accurate and reliable quality measures;**
 - **to better understand the relationship between quality and cost; and**
 - **to become a model for enhancing health care quality in the hospital setting while being consistent with broader quality initiatives.**

Charge to Initiation Work Group

The Initiation Work Group should be charged with making recommendations to the Commission on, at least, the following objectives:

- **whether or not it would be appropriate to begin the HSCRC Quality Initiative as a pilot project and, if deemed appropriate, details on how such a pilot project should be administered;**
- **selecting the initial set of measures for the Initiative;**
- **addressing data and reporting needs and requirements for the initial set of measures including internal auditing;**
- **implementing a composite scoring system that appropriately weighs the measures and addresses outlier and sample size issues;**
- **determining which measures shall be subject to rewards/incentives;**
- **establishing a rewarding mechanism that both rewards hospitals with high scores as well as those which improve the most from year to year; and**
- **if the Commission so directs, establishing the process and system standards (which would be one of the standards) in determining eligibility for financial infrastructure support.**