

Preliminary Staff Recommendations - for Discussion

A. Indicators and Index Construction

1	Utilize current set of 19 indicators	Indicators are uniformly vetted and accepted
2	Include topped-off measures	Inclusion doesn't harm; want as broad a set as possible; special treatment Still used in limited way to encourage hospitals in the tail to improve
3	Adjust thresholds for topped-off measures	Limited use of topped off - establish hard threshold and benchmark values (0.60 for threshold and 0.90 for boundary)
4	Equal weighting of indicators	Not enough evidence or consensus to determine more appropriate weighting
5	Equal weighting of domains	Not enough evidence or consensus to determine more appropriate weighting
6	Report on each domain performance but combine scores into a single index	Reporting on performance on separate domains provides transparency

B. Model and Evaluation Structure

1	Use of Opportunity Model	Preference for a model that is more transparent and provides partial credit vs. an "all or nothing approach"
2	No use of peer grouping	Not indicated at present
3	Threshold/Benchmarks	Attainment: 50% percentile; Benchmark: 95% percentile
4	Scores for both Attainment and Improvement	10 point scale for each. Scoring as suggested by consultants - reflecting both improvement and attainment - but reporting the "higher of both"
5	Benchmarks and Attainments based on prior year experience	Hospitals should see and understand targets
6	Lowest number of patients = 10	10 has been used consistently