Performance Measurement Workgroup
Balanced Scorecard Discussion
May 9, 2014

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

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

- **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

- 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

- 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

- 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) e.g. Ambulatory care sensitive admissions
    - Hospital Acquired Conditions as measured by Potentially Preventable Complications (PPCs)
  - PMPM Efficiency Measures (later)
Reduce Disparities

- 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?