

Maryland Health Services Cost Review Commission (HSCRC)

Quality Based Reimbursement Program Redesign Subgroup to the Performance Measurement Workgroup

Updated December 2020

Background

Maryland has had a long-standing Medicare waiver for its all-payer hospital rate-setting system. Now under the Total Cost of Care Model (TCOC Model) agreement with CMS beginning in 2019, the Health Services Cost Review Commission (“HSCRC” or “Commission”) is continuing its work to modernize Maryland’s unique all-payer rate-setting system for hospital services to achieve better care with improved health outcomes, while simultaneously slowing the growth of health spending.

To date, the HSCRC has worked collaboratively with broad groups of public stakeholders – e.g., Performance Measurement Workgroup (PMWG), Payment Models Work Group, Consumer standing Advisory Committee (CSAC), etc. – to plan and implement policy initiatives to support attainment of the overall transformation goals. Under the TCOC Model, Maryland is exempt from the Medicare hospital quality programs as long as our cost and quality outcomes meet or exceed those of the national programs. Maryland’s Quality Based Reimbursement (QBR) program, in place since July 2009, employs measures that are similar to those in the federal Medicare Value-Based Purchasing (VBP) program, in place since October 2012. A redesign of the QBR program was originally planned by the HSCRC for CY 2020, however due to COVID this subgroup has been delayed to 2021.

In response to the CMS correspondence of September 29, 2020, this document provides a high-level work plan to address CMS’ concerns related to QBR and other program performance into our annual progress report. Consistent with CMS’ request, this includes the QBR redesign subgroup objectives, detail outlining the actionable strategies required to accomplish each objective, and an associated project milestone timeline. Upon conclusion of the QBR Re-Design Subgroup work during 2021, CMS requests the receipt of a more comprehensive report detailing QBR redesign subgroup findings and formalized plans to improve quality performance that will be incorporated into the QBR RY 2024 staff recommendation, which will be brought to the Commission for approval in the fall of 2021. The state understands that this report and subsequent QBR policy changes will be heavily considered in evaluating the State’s national hospital quality and value-based payment programs exemption request for FFY 2022.

Purpose

The HSCRC is convening a QBR Redesign Subgroup of the PMWG during 2021 comprising key stakeholders. The Subgroup will consider options for overhauling the program to meet or exceed the cost and quality outcomes of the national VBP program, to exploit opportunities through innovations in the hospital quality arena, and to ensure the state achieves the goals of the TCOC Model.

Members of the Subgroup are appointed based upon their expertise and potential contribution to the defined scope of work.

Goals

The goals of the Subgroup are established to help ensure success under the TCOC Model and, as such, will target quality/safety areas where Maryland underperforms (relative to the national VBP program or to national or historic performance in other measurement areas), and where there is hospital measurement and improvement innovation opportunity, as outlined under the Objectives section; they include:

1. Review and suggest options for updating in the QBR program
2. Review and suggest options for updating the scoring and incentives
3. Review and suggest options for measurement data sources

Objectives

Objective 1. Consideration of options for targeting HCAHPS improvement

- Discuss findings of HCAHPS Literature review and determine additional analytic steps, e.g., correlated Outcome/Process Measures to reinforce focus
- Examine patient-level HCAHPS data for impact of Patient Mix Adjustment and other issues impacting poor performances such as of disparities (contingent upon receipt of patient-level HCAHPS results from CMS)
- Model data with revised incentives to improve performance, e.g.:
 - Greater evaluations of gradations in performance beyond “top box” scores
 - Added at risk

Objective 2. Consider options for improving CDC NHSN HAI measure performance

- Discuss NHSN performance and determine additional analytics needed to assess opportunities for improvement
- Assess risk-adjustment or surveillance bias concerns

Objective 3. Consideration of ED wait time measurement issues

- Consider options for data sources or data development such as eCQM ED-2b measure
- Measure alignment with incentives of Model
- Need and options for potential additional risk adjustment

Objective 4. Explore complementary measures and data sources that align with State Integrated Health Improvement Strategy (SIHIS) & RTI Maryland Model evaluation report, e.g.:

- Follow-up after discharge expansion to all-payer population
- Other care coordination elements that can leverage the use of data captured by Chesapeake Regional Information System for our Patients (CRISP)

Objective 5. Refinement of existing measures/domains

- Mortality: Shift from current all-payer, all-condition inpatient measure to all-payer, all-condition 30-day mortality

- Total Hip/Total Knee complications (THA-TKA): Consider feasibility of implementing all-payer measure using HSCRC case mix data or other payers' data

Objective 6. Evaluate feasibility of expanding quality measurement in QBR to include outpatient hospital/ambulatory surgery, e.g.:

- New measures such as return to hospital after colonoscopy or surgery at ambulatory surgery center
- THA-TKA complications after outpatient hospital surgery

Objective 7. Consideration of alternative measurement topic or domain options for needed improvement areas in Maryland, e.g.:

- Sepsis bundles
- Maternal health care
- Incentives for improving disparities
- Palliative Care

Subgroup Meetings:

- Meetings are anticipated to be ~2 hours in duration and to be convened monthly in 2021 from February to August.
- Meeting participation options include in-person at the HSCRC office, or via conference call and webinar.
- If an appointed member is unable to attend a meeting, HSCRC requests prior notification if possible; if an alternative representative is identified, they will be welcome to participate.

Subgroup Proposed Timeline with Milestones

(NOTE: The order of Objectives and Milestones addressed in each meeting may be shifted during the course of the workgroup)

Responsible Person/ Meeting	Meeting Objective and Milestones
January 2021	
HSCRC Staff	OBJ: Project Management (PM) Milestones: PM.1 Confirm final workgroup membership list Deadline: mid-January PM. 2. Establish workgroup meeting dates and send out invitations Deadline: mid-January
Date TBD	

<p>Work Group Meeting #1</p>	<p>OBJ: Project Management (PM) Milestones PM 3. Level set: Overview and Agreement on Subgroup Workplan 1. Why QBR? (High-level overview) a. Purpose b. How does QBR fit within the larger context of Quality Programs c. How does QBR fit within the larger context of TCOC model d. Maryland hospital performance status if they were in the VBP program. 2. How is it implemented (Methodology) a. Scaling (remains the same) 1) Explanation of scaling a) Distribution of scores 0-80% b) Reward/Penalty cut point 41% c) Max reward and penalty 2% b. Explanation of domain weights c. Explanation of measurement period 3. Scope of Objectives a. Strengths and expectation of members b. Challenges with QBR Program re-design c. Feasibility of implementing ideas 4. Review subgroup meeting agenda/workplan 5. OBJ 1. HCAHPS Improvement Discussion Milestones 1.1 Review HCAHPS Improvement Literature Review findings 1.2 Review hospital pilots and interventions to improve HCAHPS 1.3 Review modeled data alternative scoring approaches 1.4 Hospital survey of HCAHPS data use</p>
<p>DATE TBD</p>	
<p>Work Group Meeting #2</p>	<p>OBJ 2. CDC NHSN HAI measure performance improvement Milestones 2.1. Discuss NHSN performance and determine additional analytics needed to assess opportunities for improvement 2.2. Assess risk-adjustment or surveillance bias concerns OBJ 3. Consideration of ED wait time measurement and readoption. Milestones 3.1. Consider options for data sources or data development such as eCQM ED-2b measure 3.2. Measure alignment with incentives of Model 3.3. Need and options for potential additional risk adjustment</p>
<p>DATE TBD</p>	

<p>Work Group Meeting #3</p>	<p>OBJ 4. Explore complementary measures and data sources that align with State Integrated Health Improvement Strategy (SIHIS) & RTI Maryland Model evaluation report.</p> <p>Milestones</p> <p>4.1 Consider options for follow-up after discharge expansion to all-payer population</p> <p>4.2. Discuss other care coordination elements that can leverage the reinforce use of data captured by Chesapeake Regional Information System for our Patients (CRISP) data</p> <p>OBJ 5. Refinement of existing measures/domains</p> <p>Milestones</p> <p>5.1. Mortality: Provide data and analytics of all-condition inpatient measure to all-payer, all-condition 30-day mortality</p> <p>5.2. Present and discuss Total Hip/Total Knee complications (THA-TKA) modeled to consider feasibility of implementing an all-payer measure using HSCRC case mix data or other payers' data.</p>
<p>DATE TBD</p>	
<p>Work Group Meeting #4</p>	<p>OBJ 6. Evaluate feasibility of expanding quality measurement in QBR to include outpatient hospital/ambulatory surgery.</p> <p>Milestones</p> <p>6.1. Present and discuss modeling on new measures such as return to hospital after colonoscopy or surgery at ambulatory surgery center</p> <p>6.2. THA-TKA complications after outpatient hospital surgery</p> <p>OBJ 7. Discussion of other potential domains/topics</p> <p>Milestones</p> <p>7.1 Sepsis bundles- review of Maryland versus national data</p> <p>7.2 Maternal/Child health- review Maryland Severe Maternal Morbidity and national comparison data if available.</p> <p>7.3 Palliative Care review available measures and measure sources</p>
<p>DATE TBD</p>	
<p>Work Group Meeting #5</p>	<p>Review and finalize subgroup suggestions for updates to the QBR RY 2024 program and for future years.</p> <p>Finalize Project Deliverable: Subgroup Report to Performance Measurement Workgroup</p>