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# Measuring Hospital Quality

# Summary of Policy Discussions for HSCRC Quality Programs

	<b>RY 2020</b>	<b>Enhanced Model</b>
<b>Overall</b>	<ul style="list-style-type: none"> <li>- Meet goals of current model</li> <li>- Refine quality programs only when necessary</li> </ul>	<ul style="list-style-type: none"> <li>-Establish goals in conjunction with stakeholders given that goals are not prescribed in the term sheet</li> <li>-Align measures across quality programs and ensure programs are comparable to federal programs.</li> </ul>
<b>QBR</b>	<ul style="list-style-type: none"> <li>- Consider adding ED wait times to QBR program</li> <li>- Discuss continued lack of HCAHPS improvement</li> </ul>	<ul style="list-style-type: none"> <li>-Remodel based on direction of MHAC program</li> </ul>
<b>RRIP</b>	<ul style="list-style-type: none"> <li>- Develop an appropriate, aggressive, and progressive annual target</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a new appropriate,aggressive and progressive 5 year model target</li> <li>- Consider implementing readmission measure for freestanding psych hospitals</li> <li>-Consider socioeconomic risk-adjustment</li> </ul>
<b>PAU</b>	<ul style="list-style-type: none"> <li>-Consider extending to 90-day readmissions</li> </ul>	<ul style="list-style-type: none"> <li>- Consider further expanding PAU categories/definition</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>- Develop the methodology for evaluating population health so Maryland receives credit from CMS on the Enhanced Model's Total Cost of Care test.</li> </ul>	<ul style="list-style-type: none"> <li>-Develop plan for incorporating population health measures into value-based hospital payments.</li> </ul>
<b>MHAC</b>	<ul style="list-style-type: none"> <li>-Move certain PPCs to monitoring-only status</li> </ul>	<ul style="list-style-type: none"> <li>- Consider different measurements of complications (PPCs vs HACRP, or other?)</li> </ul>
<b>Service Line</b>	<ul style="list-style-type: none"> <li>-Consider developing and testing a service line approach</li> </ul>	<ul style="list-style-type: none"> <li>-Consider utilizing based on Commissioner feedback and remodeling of other quality programs</li> </ul>



# Strategic Direction – Measuring Hospital Quality

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- ▶ **Updating Quality measures and programs under TCOC All-Payer Model**
  - ▶ Expand measure definitions in some cases; retire measures in other cases; incentivize improvement under new measures in other cases
- ▶ **Align with other MDH Programs under TCOC All-Payer Model to incentivize improved Population Health**



# Updates on HCAHPS and ED Wait Times

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- ▶ **HCAHPS:** HSCRC will maintain high emphasis on HCAHPS measure score improvement.
  - ▶ **Next Steps:** Draft QBR Policy (which provides pay-for-performance incentives to improve HCAHPS) will be presented to Commission in November
- ▶ **ED Wait Times:** HSCRC will continue to monitor ED Wait Times and incentivize improvement.
  - ▶ **Next Steps:**
    - ▶ Propose including 2 ED Wait Time measures in pay-for-performance program (QBR) – needs Commission approval
    - ▶ Request a subset of Maryland hospitals to submit to a Corrective Action Plan – accelerated timeline for improvement
    - ▶ Continue to present data on ED Efficiency to Commission; partners

