

Performance Measurement Future Strategy Key Considerations

As of October 21, 2015

At its core, the All-payer Model in Maryland has the goal of achieving the “Triple Aim” of: (1) improving the patient experience, including quality and satisfaction; (2) improving health of populations; and (3) reducing the per capita cost of health care.

To achieve the Triple Aim, the incentive-based performance measurement system must evolve to one that is comprehensive/statewide, extends beyond the hospital walls to additional care/services categories and care settings, and supports true patient centered care. Key measurement areas identified through broad stakeholder input thus far that address all aspects of the Triple Aim are outlined below.

Improving the Patient Experience, including Quality and Satisfaction

Quality of hospital care -

- Current measures include, hospital acquired conditions (measured by 3M Potentially Avoidable Complications (PPCs), CDC National Health Safety Network infection measures, early elective delivery, AHRQ Patient Safety Indicator 90, and inpatient “all cause” mortality, all cause 30 day readmissions, and patient experience (measured by Hospital Consumer Assessment Surveys HCAPS)
- Mortality measure(s) need to extend to 30 days
- Measures of outpatient hospital care should be adopted (e.g., ED visit 7 days after a colonoscopy or outpatient procedure, Outpatient measures reported in Hospital Compare website)

Chronic care focus-

- Chronically ill people often have multiple conditions
- Care coordination/ Medical homes/ should not be an afterthought and should be measured
- Provider notified of hospitalization is measured by CRISP
- Physician follow up after hospitalization requires out patient data
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- Care planning measures that indicate shared decision making are important (e.g., discussions about advanced directives, use of the Medical Order of Life Sustaining Treatment (MOLST))
- Consider outcome measures that are important for chronic conditions- e.g., functional status, patient reported outcomes, quality of life
- Medication management is critical to managing chronic conditions

Risk adjustment is important for measuring readmissions

- A readmission attainment measure must include risk adjustment and measurement of out of state readmissions
- Adjustments may include such things as age, Area Deprivation Index (ADI)

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Improving Health of Populations

- Current measures include Prevention Quality Indicators of hospitalizations for ambulatory sensitive conditions,
- Opiate prescribing was identified as of concern
- What other measures are most important for/indicative of population health? Infant mortality, other?

Reducing Per Capita Cost of Health Care

- Current measures include cost of potentially avoidable utilization (PAUs, which include PQIs, PPCs, 30 day readmissions for inpatient stays and observation stays >23 hours
- Episode focused costs are appropriate and informative to consumers for specific conditions/procedures (e.g., hip and knee replacements)
- Total Cost of Care per capita measures must be developed
- For these cost measures, stakeholders indicated we need better cost data including all payer claims.

Issues Potentially Impacting Measures for All Three Aims

- Consider comprehensive measure sets that address specific conditions that are common and substantial in cost- e.g., knee replacement, hip replacement
- Consider available measures (e.g., HEDIS, CAHPS, EHR measures)
- The evidence-based, chronic care model illustrates that there is a crucial connection between patient engagement and desirable patient outcomes. For example, engaged patients have better health outcomes and better health care experiences, and likely use fewer health care services and cost less.
- Patient engagement is critical, and must include multicultural engagement consumer; engagement surveys may be useful (e.g., patient confidence survey measure)
- A pilot of patient centered measures should be considered
- Choose relatively few meaningful, actionable measures; it is important to prioritize; what measures drive value and will consumers act upon?
- Attribution is difficult
- Investment in infrastructure is needed to link domains, e.g., cost and functional status
- Geographic boundaries are “artificial”
- Behavioral health primary or secondary have impact on performance
- Focus measurement on all payer
- Data quality and validation is important
- Leverage IT tools

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Facilitated discussion Questions

1. What should hospital pay for performance programs look like in 5 years?
2. What do the measurement strategy look like?
 - a. Is it specific to the domain, i.e., mortality, complications, readmission, etc.?
 - b. Is it specific to clinical areas: orthopedic surgery (mortality, complications, readmissions)
 - c. Is it a composite measure or separated by measurement domains?
3. How do we engage stakeholders in the discussions?