
Measuring Hospital Quality

Summary of Policy Discussions for HSCRC Quality Programs

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



Strategic Direction – Measuring Hospital Quality

- ▶ **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

- ▶ **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

