QUALITY MEASUREMENT
TRENDS AND OPPORTUNITIES
FOR COLORADO

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Presentation Overview

- Value Based Payment and the Federal Environment
- Hospital Performance Measurement
- Colorado’s Quality Initiatives
- Medicaid National Measures and Best Practices
- Steps to Drive Quality Payment Models
VALUE BASED PAYMENTS AND THE FEDERAL ENVIRONMENT

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The IHI Triple Aim

Population Health

Experience of Care

Per Capita Cost

The Triple Aim Goals of CMS

Better Care
- Patient Safety
- Quality
- Patient Experience

More Efficient Care: (Reduce Per Capita Cost through improvement in care)
- Reduce unnecessary and unjustified medical cost
- Reduce administrative cost thru process simplification

Improve Population Health
- Decrease health disparities
- Improve chronic care management and outcome
- Improve community health status
Getting to the Triple Aim Through Value

Value in Health Care

“In health care, value is defined as the patient health outcomes achieved per dollar spent.”

What are value-based programs?
Value-based programs reward health care providers with incentive payments for the quality of care they give to people.

## Changing Focus from Volume to Value

<table>
<thead>
<tr>
<th>Volume</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment linked to volume of care</td>
<td>Payment linked to provider performance and payment outcomes</td>
</tr>
<tr>
<td>Providing and paying for interventions that address an individual’s</td>
<td>Paying for outcomes, including prevention and wellness of populations</td>
</tr>
<tr>
<td>medical needs</td>
<td>in addition to care of individuals</td>
</tr>
<tr>
<td>Creates incentives for duplicative capacity and unnecessary care</td>
<td>Reward efficiency</td>
</tr>
<tr>
<td>Gatekeeper model lead to denied claims and denied or delayed care</td>
<td>Incentivizes improved access, use of evidence based practices and</td>
</tr>
<tr>
<td>as a utilization management tool</td>
<td>performance against quality metrics that generate cost savings and</td>
</tr>
<tr>
<td></td>
<td>improved patient outcomes</td>
</tr>
<tr>
<td>Pits payers and providers as adversaries</td>
<td>Aligns payer and provider partners</td>
</tr>
</tbody>
</table>
Quality based payment models - DHHS/CMS

**VALUE-BASED PROGRAMS**

**LEGISLATION PASSED**
- MIPPA
- ACA
- PAMA
- MACRA

**PROGRAM IMPLEMENTED**
- ESRD-QIP
- HVBPs
- HRRPs
- HAC
- VM
- SNF-VBP
- APMs
- MIPS

**LEGISLATION**
- ACA: Affordable Care Act
- MIPPA: Medicare Improvements for Patients & Providers Act
- PAMA: Protecting Access to Medicare Act

**PROGRAM**
- APMs: Alternative Payment Models
- ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
- HACRP: Hospital-Acquired Condition Reduction Program
- HRRP: Hospital Readmissions Reduction Program
- HVBPs: Hospital Value-Based Purchasing Program
- MIPS: Merit-Based Incentive Payment System
- VM: Value Modifier or Physician Value-Based Modifier (PVBM)
- SNF-VBP: Skilled Nursing Facility Value-Based Purchasing Program
HOSPITAL PERFORMANCE MEASURES
Basics of Quality Measurement

- Minimal data collection burden
- Aligned quality improvement priorities
- Validated, reliable
- Relevant to the care provided
- Responsive to local improvement efforts
- Low risk of unintended consequences
<table>
<thead>
<tr>
<th>Category</th>
<th>IQR</th>
<th>VBP</th>
<th>HAC</th>
<th>RRC</th>
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<tbody>
<tr>
<td>Mortality</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Experience</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process Measures</td>
<td></td>
<td></td>
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<tr>
<td>Safety Indicators</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Readmissions</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>Structural Measures</td>
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<td></td>
<td>X</td>
</tr>
<tr>
<td>HAIs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Surgical Complications</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td>ED Throughput</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>X</td>
<td></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>Cost Efficiency</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Perinatal Care</td>
<td>X</td>
<td>X</td>
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COLORADO’S QUALITY INITIATIVES
HCPF Hospital Quality Incentive Program

- *Culture of Safety*
- Active Participation in RCCOs
- Cesarean Sections
- *Patient Satisfaction (HCAHPS)*
- 30-day All Cause Readmissions*
- Emergency Department Process
- Advanced Care Planning
- Tobacco Screening and Follow-up
- *Central Line Associated Blood Stream Infection (CLABSI)*
- *Postoperative Pulmonary Embolism / Deep Venous Thrombosis*
- *Early Elective Deliveries*  

*Measure used in Federal Initiative(s)
## Colorado Hospital Engagement in Clinical Improvement via CHA Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Focus</th>
<th>Participation</th>
<th>Sponsor</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Innovation and Improvement Network</td>
<td>Reduce harm and costs: 1. Clinical: sepsis, readmissions, falls 2. Safety topics</td>
<td>50 hospitals (32 critical access or rural)</td>
<td>CMS contract to AHA/HRET</td>
<td>Ongoing (ending year 1 of 2 or 3)</td>
</tr>
<tr>
<td>CHA Opioid Safety Collaborative</td>
<td>Implement CO ACEP Opioid Prescribing Guidelines for Alternatives to Opioids</td>
<td>8 hospitals/11 EDs Phase 2: statewide rollout</td>
<td>CHA</td>
<td>Pilot 6/17-11/17 Statewide rollout 1/18</td>
</tr>
<tr>
<td>CHA Antimicrobial Stewardship Collaborative</td>
<td>Improve prescribing for UTI and SSTI; reduce C diff</td>
<td>26 hospitals</td>
<td>CHA</td>
<td>Phase 1: Phase 2: Planning</td>
</tr>
<tr>
<td>Safe Deliveries</td>
<td>Targeting preterm birth and low birth rate</td>
<td>19 hospitals</td>
<td>Anthem</td>
<td>3rd of 3 years</td>
</tr>
</tbody>
</table>
MEDICAID NATIONAL MEASURES AND BEST PRACTICES

Nancy Kohler, MHSA, CPHQ, RHIA
Consultant, Sellers Dorsey
Value Based Payment Expert
Medicaid Core Set Measure

• There are six Medicaid Core-Set-Measures (CSM)
  • Primary Care Access and Preventive Care
  • Maternal Health and Perinatal Health
  • Care of Acute and Chronic Conditions
  • Behavioral Health Care
  • Dental and Oral Health Care (applicable to Children only)
  • Experience of Care
Maternal and Perinatal Health

**Adults**
- PC-01: Elective Delivery (PC01-AD)
- PC-03: Antenatal Steroids (PC03-AD)
- Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)*
- Prenatal and Postpartum Care: Postpartum Care (PPC-AD)

**Children**
- Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
- PC-02: Cesarean Section (PC02-CH)
- Audiological Evaluation No Later Than 3 Months of Age (AUD-CH)
- Live Births Weighing Less Than 2,500 Grams (LBW-CH)
- Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)*
- Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH)
- Frequency of Ongoing Prenatal Care (FPC-CH)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
Care of Acute and Chronic Conditions

**Adults**

- Controlling High Blood Pressure (CBP-AD)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
- PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
- PQI 08: Heart Failure Admission Rate (PQI08-AD)
- PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
- Plan All-Cause Readmissions (PCR-AD)
- HIV Viral Load Suppression (HVL-AD)
- Annual Monitoring for Patients on Persistent Medications (MPM-AD)

**Children**

- Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
- Medication Management for People with Asthma (MMA-CH)
### Behavioral Health Care

<table>
<thead>
<tr>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)</td>
<td>• Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)</td>
</tr>
<tr>
<td>• Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)</td>
<td>• Follow-Up After Hospitalization for Mental Illness: Ages 6–20 (FUH-CH)</td>
</tr>
<tr>
<td>• Antidepressant Medication Management (AMM-AD)</td>
<td>• Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH)</td>
</tr>
<tr>
<td>• Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD)</td>
<td>• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)*</td>
</tr>
<tr>
<td>• Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)</td>
<td>• Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)</td>
</tr>
<tr>
<td>• Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence (FUA-AD)*</td>
<td></td>
</tr>
<tr>
<td>• Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPCMI-AD)*</td>
<td></td>
</tr>
<tr>
<td>• Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)</td>
<td></td>
</tr>
<tr>
<td>• Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD)</td>
<td></td>
</tr>
</tbody>
</table>
Experience of Care

Adults

• Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)

Children

• Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)
Rural Hospitals and Value Based Payment
Rural IPPS Hospital Performance

- Clinical Outcomes (30%): Rural 10.1, Urban 11.1
- Processes of Care (20%): Rural 10.9, Urban 12.0
- Efficiency & Costs (20%): Rural 7.5, Urban 3.4
- Patient Experience (30%): Rural 15.6, Urban 11.9
- TOTAL performance score: Rural 44.5, Urban 40.5

Significance levels: p=NS, p<0.001
Key Considerations for Rural Hospitals

- Relevance of measure
- Number of measures
- Impacts to or limits of existing Infrastructure
- Impact to staff
- Administrative and operational burden
- Current hospital experience
- Alignment of measures and data collection
- Peer group and comparison standards
Measure Development Opportunities for Rural Hospitals

- Transitions
- ETOH and drug screening
- Telehealth
- Access to care
- Cost
- Population health
- Advanced care planning
Monitoring Considerations

• Engage and independent assessor to determine progress toward Board goals
• Impartial and transparent review of hospital quality incentive program and payments
• Focus on rewarding enhanced quality, health outcomes and cost effectiveness
STEPS TO DRIVE QUALITY IMPROVEMENT
Best Practices

• Leadership and commitment is required at all levels
• Focus on safe, effective, patient-centered, timely, efficient, and equitable care
• Focus the triple aim priorities for population health - better health, better care and per capita cost
• Focus on improvement in health outcomes
• Bring stakeholders into the planning and design process
• Partner with providers across the care continuum
• Identify the top performer (high quality, low cost) and use their insights
Best Practices

• Understand your population
• Ensure that quality measures are appropriate for the population served
• Define the measures that matter most
• Address social determinants of health
• Align quality measures across payment initiative and payers
Best Practices

• Establish metrics that can be captured electronically
• Provide appropriate and meaningful levels of transformation support to advance providers along their spectrum of readiness
• Use external benchmarks when available
• Perform a critical analysis of the results of your current program - the Colorado Health Care Affordability Act Annual Report
Considerations

• Be mindful of unintended impacts on providers
• Ensure that high-quality actionable outcomes and financial data is available
• Determine if resources and skill sets are appropriate
• Define and address the differences in urban and rural populations
QUESTIONS?