

Measures Application Partnership (MAP) Ad Hoc Safety Workgroup

Convened by the National Quality Forum

Goal	Provide input to HHS on a coordination strategy for readmission and healthcare-acquired condition (HAC) measurement across public and private payers		
Step 1: Ad Hoc Safety Workgroup June 9-10, 2011	Establish the Dimensions of a Public-Private Payer Coordination Strategy		
	<ul style="list-style-type: none"> • Payer/Provider Collaboration • Program Features • Measure Characteristics 		
Step 2: Ad Hoc Safety Workgroup June 9-10, 2011	Define the Key Elements of a Public-Private Payer Coordination Strategy		
	<p style="text-align: center;"><u>Measure Characteristics</u></p> <p>Measure alignment across public programs and public/private payers is essential</p> <ul style="list-style-type: none"> • Consider statutory requirements for public programs (CMS, AHRQ, CDC, states) • Public/private payer measure alignment complicated by different populations <p>Anticipate and monitor for consequences</p> <ul style="list-style-type: none"> • Beyond unintended consequences, such as cost 	<p style="text-align: center;"><u>Program Features</u></p> <p>Create incentive structures that support better care</p> <ul style="list-style-type: none"> • Alignment of efforts across continuum to send consistent signals • Comprehensive care transition business model costs more than the cost of the readmissions penalty <p>Bridge transition from hospital to community</p> <ul style="list-style-type: none"> • Discharge planning and follow up both essential • Patient education to facilitate self-management • Medication reconciliation 	<p style="text-align: center;"><u>Payer/Provider Collaboration</u></p> <p>Ensure that collaboration extends beyond payers and providers to include purchasers, communities, and patients/families/caregivers</p> <ul style="list-style-type: none"> • Support improvement on the frontlines • Establish organizational cultures that encourage reporting safety issues • Reinforce teamwork and shared accountability • Engage patients in reduction of events (e.g., education using plain language, pharmacist education to prevent adverse drug events) <p>Create joint accountability between hospitals, other providers, and</p>

Measures Application Partnership (MAP) Ad Hoc Safety Workgroup

Convened by the National Quality Forum

	<p>shifting/cherry picking</p> <ul style="list-style-type: none">• Length of stay and observation status as balancing measures• Optimum rate of readmissions may not be zero <p>Attention to disparities</p> <ul style="list-style-type: none">• Risk adjustment vs. stratification• Improvement, as well as achievement; delta measures <p>Measures should promote shared accountability (e.g., hospitals, other providers, community entities)</p> <p>Measures must be meaningful to all stakeholders and actionable</p> <p>Consider pros and cons of different approaches to readmission measurement</p> <ul style="list-style-type: none">• 30 vs. 90 days• All payer vs. segmented• All cause readmissions vs. exclusions• All condition admissions vs. specific conditions <p>Account for burden of data collection on providers</p> <ul style="list-style-type: none">• Volume, reliability, validity	<ul style="list-style-type: none">• Communication/collaboration between provider and community entities• Home visits <p>Transparency is essential to drive improvement</p>	<p>community entities</p> <ul style="list-style-type: none">• Open communication lines between healthcare facilities and community supports• Consider impact of patient's home environment and social determinants on health <p>Share data and information across providers and settings</p> <ul style="list-style-type: none">• Provide real-time data to improve the care process (e.g., track admissions to different facilities, detect HAC post-discharge, notify whether prescriptions are filled, avoid drug-drug interactions and drug allergies)• Identify high risk patients through predictive modeling and share information with providers• Utilize the resources and toolkits of payers to advance improvement on the frontlines• Create a learning community to share promising practices• Provide data to purchasers and consumers to inform decision making
--	---	---	---

Measures Application Partnership (MAP) Ad Hoc Safety Workgroup

Convened by the National Quality Forum

	<p>Measures would ideally be suitable for multiple purposes</p> <ul style="list-style-type: none"> • Driving improvement vs. public reporting vs. payment 		
<p>Step 3: MAP Coordinating Committee June 21-22, 2011</p>	<p>Guidance from the MAP Coordinating Committee</p> <ul style="list-style-type: none"> • Are collaboration with providers, promising program features, and aligned measures the right dimensions of a public/private payer coordination strategy for reducing HACs and readmissions? • Are there other opportunities for alignment beyond those identified by the Ad Hoc Safety Workgroup? 		
<p>Step 4: Ad Hoc Safety Workgroup July 11-12, 2011</p>	<p>Develop a Coordination Strategy for Addressing Readmissions and HACs Across Public and Private Payers</p>		
<p>Step 5: MAP Coordinating Committee August 17-18, 2011</p>	<p>Review and Finalization of the Coordination Strategy by the Coordinating Committee</p>		