

Quality Financial Impact Dashboard Webinar

July 20, 2022



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-\$814,736

43.64%

-\$1,170,251

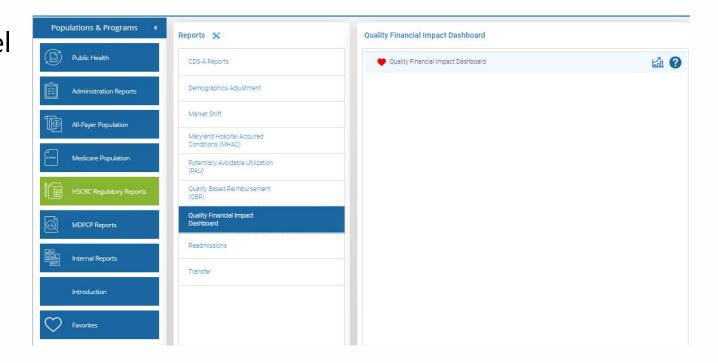
PAU Revenue Adjustment



Background on Quality Financial Impact Dashboard

Purpose of the Dashboard:

 To give executive leadership high-level insight on their year-to-date performance in the quality pay-forperformance programs as it relates to the overall budget in the Global Budget Revenue (GBR) model





Program: Readmissions Reduction Incentive Program (RRIP)

Overview

- Provides incentives for hospitals to improve patient care and value over time
- Incentivizes hospitals to reduce readmissions by linking rewards and penalties to improvements (reductions) in readmissions rates
- For more information on the RRIP Policy, please visit the following HSCRC website page: http://hscrc.maryland.gov/Pages/init-readm-rip.aspx

Program Methodology

- A 30-day, all-payer all hospital (both intra- and inter-hospital) readmission rate with adjustments for patient severity
- Statewide rate for readmissions (i.e., normative value or "norm") is calculated for each diagnosis and severity level
- Performance period is then compared to historical rate during a base period to assess improvement; attainment is also assessed.
- Policy determines a hospital's revenue adjustment for improvement and attainment and takes the better of the two revenue adjustments



Program: Maryland Hospital Acquired Conditions (MHAC)

Overview

- Based on an algorithm developed by 3M Health Information Systems to identify potentially preventable complications (PPCs)
- Program is designed to provide incentives to improve patient care by adjusting hospital budgets based on PPC performance
- For more information on the MHAC policy, please visit the following HSCRC website page: https://hscrc.maryland.gov/Pages/init_qi_MHAC.aspx

Methodology

- The methodology assesses attainment only and is calculated by comparing hospital performance to a statewide threshold and benchmark
- Hospitals are now evaluated on 14 clinically significant PPCs, weighted by 3M cost weights as a proxy for patient harm
- Program uses a point-based system for converting PPC results to standardized scores, and the weighted PPC scores are converted to a revenue adjustment



Future State: Quality Based Reimbursement (QBR)

Overview

- Incentivizes quality improvement across a three quality measurement domains: Person and Community Engagement, Clinical Care, and Patient Safety
- For more information on the QBR policy, please visit the following HSCRC website page: https://hscrc.maryland.gov/Pages/init_qi_qbr.aspx
- Program Methods
 - Calculating hospital QBR scores and associated inpatient revenue adjustments involves:
 - Assessing performance on each measure in each of the three domains
 - Standardizing measure scores relative to performance standards
 - Calculates domain scores by dividing total points earned by the total points possible in each domain
 - Finalizing the total hospital QBR score (0-100%) by weighting the domains based on the overall percentage the Commission has placed on each domain
 - Converting the total hospital QBR scores into revenue adjustments using the preset scale that ranges from 0 to 80%
- The QBR modules for the Quality Financial Impact Dashboard are still under development



Program: Potentially Avoidable Utilization (PAU)

Overview

- Defined as hospital care that is unplanned and may be prevented through improved care, care coordination, or effective community-based care
- A set prospective statewide PAU savings adjustment that limits inflation on revenue related to PAU visits
- PAU Savings policy assumes that hospitals will be able to reduce their potentially avoidable utilization as care transforms in the state under the Total Cost of Care Model

Methodology

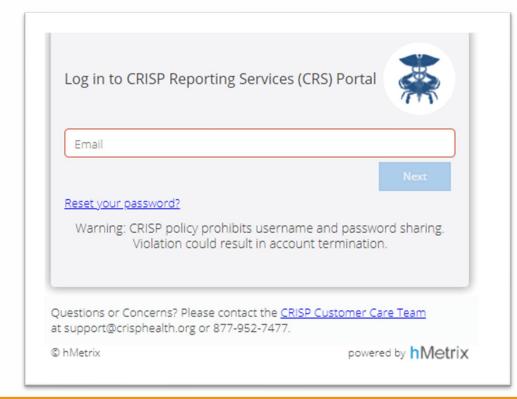
- Define PAU as PQIs, PDIs, and readmissions in inpatient and observation stays greater than or equal to 24 hours
- Inpatient and observation status readmissions: PAU hospital readmissions rates include the number of 30-day all cause inpatient and observation stay readmissions
- Prevention Quality Indicators: The number of admissions with PQI 90 (Overall Composite)
- Pediatric Quality Indicators: The number of admissions with PDI 90 (Overall Composite, PDI 14-18, excluding PDI 17)

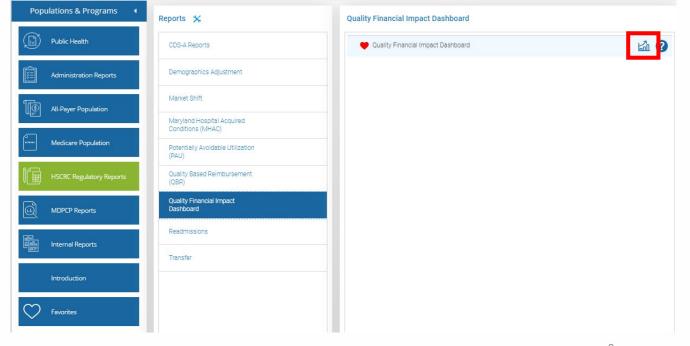


CRS Portal Login Page – reports.crisphealth.org

You can access the CRS Portal at reports.crisphealth.org with your User ID, password, and accepting the Authy two factor authentication notification.

If you do not have access to the CRS Portal, please reach out to support@crisphealth.org, and they will direct you to the right person to gain access.

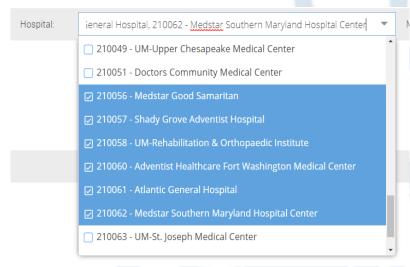






The hospital filter at the top of the screen allows users to select which hospital(s) they want to view in the dashboard. Please select "Apply" after selecting the hospitals.

The green to red bar shows users how close or far they are from the reward/penalty cutpoint. Red indicates performance that would receive a penalty, blue (if applicable) represents a revenue-neutral "hold harmless zone", and green represents performance receiving a reward



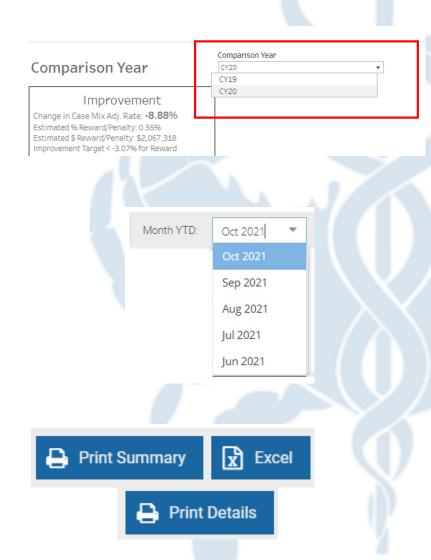




The comparison year on the left half of the screen allows users to change what year they are comparing against the current year. Please note that comparison years will use the current year's rate logic

The "Month YTD" filter allows users to change which data load they are using as the current performance period.

The Excel and Print features allows the users to export the report they are viewing.





- The revenue adjustments in this dashboard are estimates, based on a hospital's last approved global budget
 - These revenue adjustment estimates will be updated to exact totals for the current rate-year through the update factor process at the end of the fiscal year
 - The revenue percentages are also provided, and hospitals are welcome to apply these percentages against their current global budget projections
- Hospital rankings are calculated by sorting on "% Reward/Penalty" from highest percent reward
- Current performance and financial impact are calculated to reflect the performance to-date and resultant financial impact, and will be updated throughout the year as new data become available
- For Calendar year 2021, the report is using the historical norms and will be updated with the final HSCRC policy

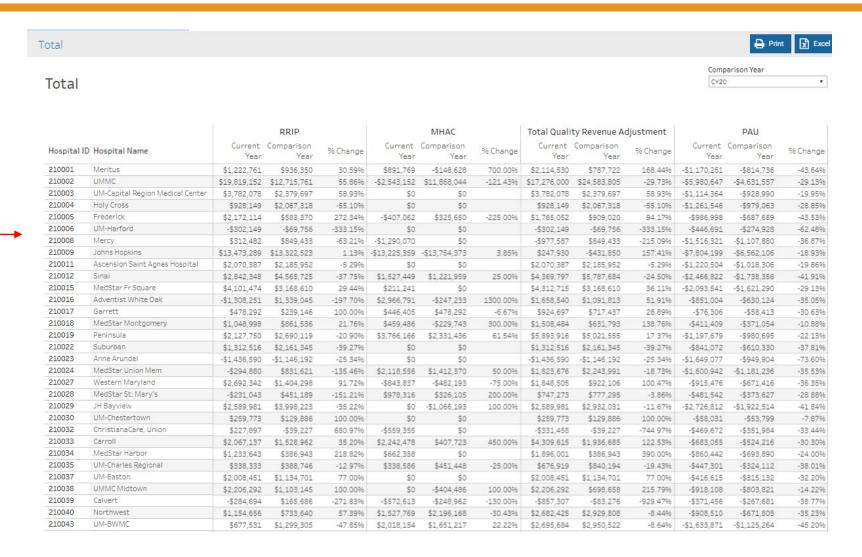


The dashboard tabs display five tabs: one for the total financial impact and one for each of the four quality programs with each program's current performance year financial impact and salient performance metrics. To view a page, the user must click on the box for the tab they want to view

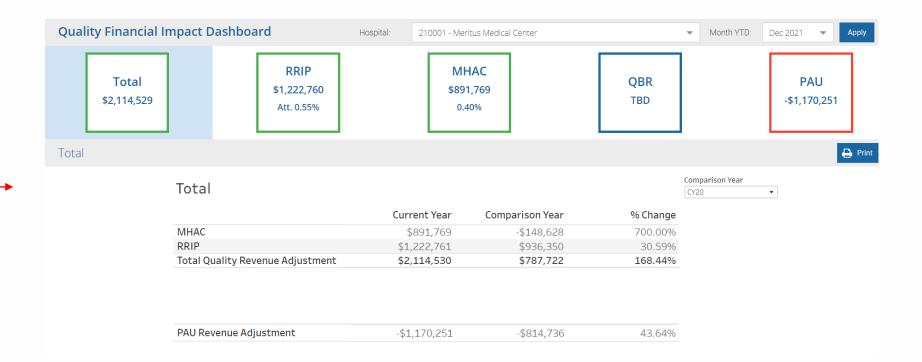




The Total page allows users to view the current and comparison years along with the % change for each of the quality programs and the total quality revenue adjustment.

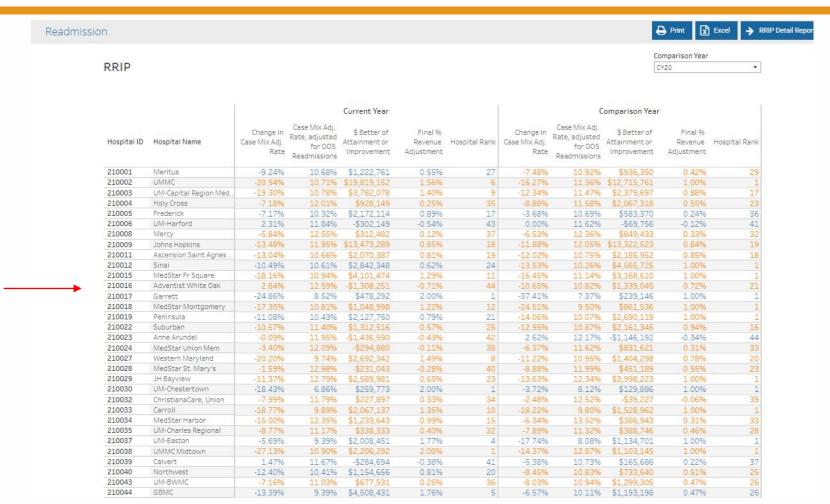


There are separate lines for each quality program. QBR will be added to the page once it is available.



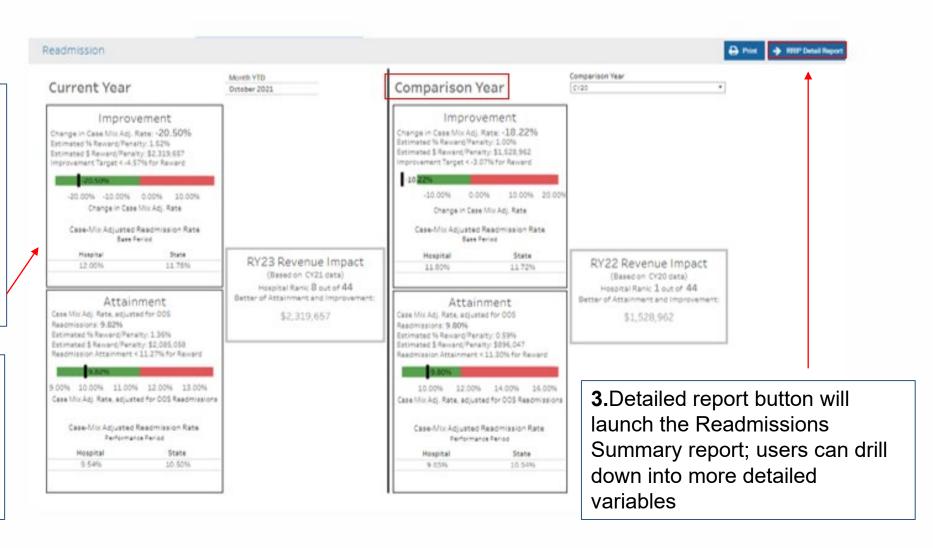


The multi hospital view for RRIP allows users to see their change in case mix adjusted rate, case mix adjusted rated adjusted for out of state admissions, better of attainment or improvement, final percent revenue adjustment and hospital rant. If the values are written in blue text then the attainment measures were best, if the number are written in orange then the improvement measures were best.



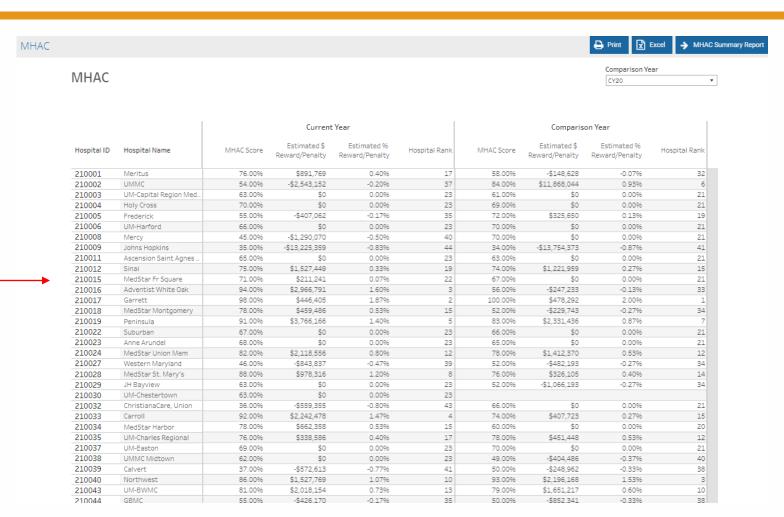
1.RRIP shows both improvement and attainment metrics. The report shows the estimated final reward/penalty for the better of improvement or attainment and uses that to rank the hospital among the other hospitals in the state who participate in this program

2. The same metrics are available for the comparison year on the right half of the screen. Users can select their comparison year by changing the toggle on the right side of the report





The multi hospital view shows the MHAC score, estimated reward/penalty in percent and dollars as well as the hospital rank for the selected hospital(s). The same measures are available for the comparison year.



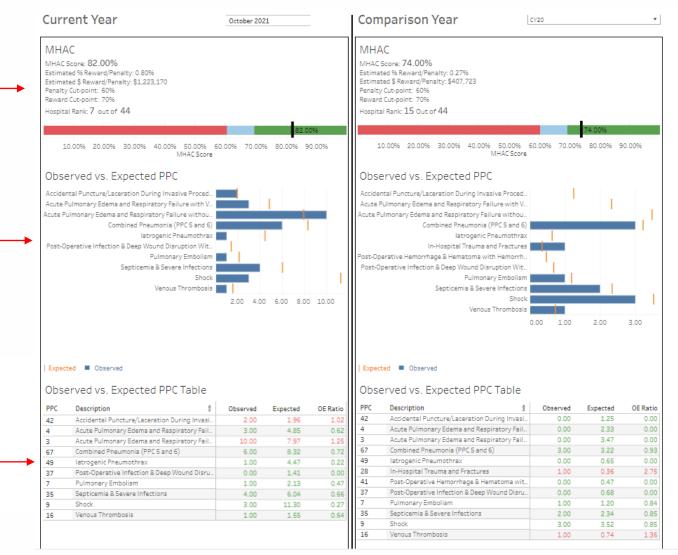


Detail View MHAC Tab

MHAC tab includes: MHAC score, estimated percent reward/penalty, estimated financial reward/penalty, hospital rank for MHAC, and tables for the observed versus expected PPC

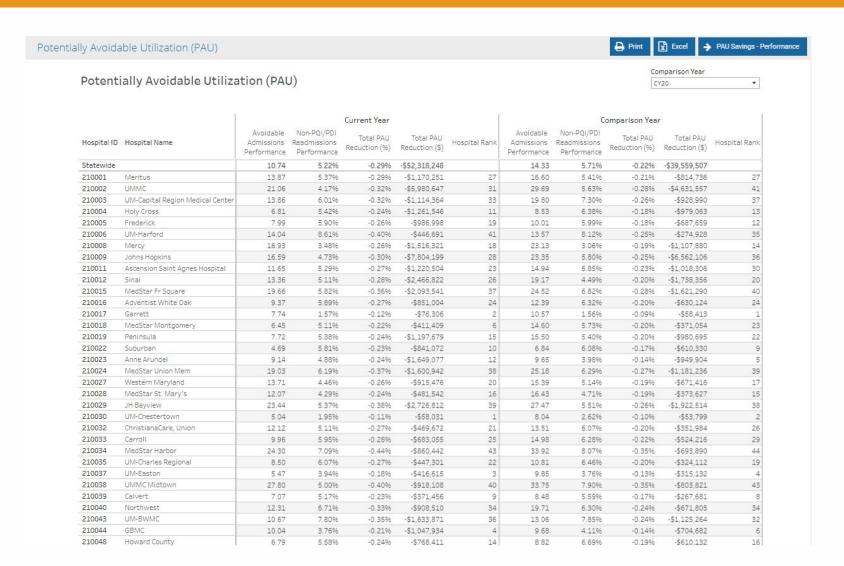
First table shows the PPCs the hospital is being held accountable. The blue bar is the observed PPC occurrence; the orange line is the expected

The second PPC tables the actual values for each PPC and the OE ratio. Red means the observed is higher than expected and green means the observed is lower than expected

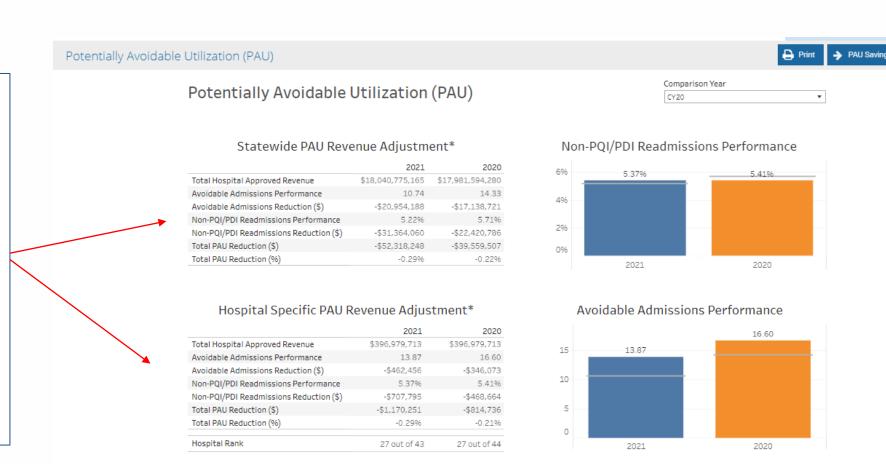




The multi hospital view shows the, avoidable admissions performance, he non-PQI/PDI readmissions performance, and total PAU reduction by percentage and dollar amount. The same measures are available for the comparison year.



The PAU tab begins by listing the statewide revenue adjustments for the PAU program. Theses measures include total hospital approved revenue, avoidable admissions performance, avoidable admissions reduction. non-PQI/PDI readmissions performance and reductions, and total PAU reductions. The same measures are split among the hospitals and the corresponding hospital specific PAU revenue adjustments are listed



The accompanying graphs compare measures from the current year to the previous year. Please note that the black lines on the Annualized observed PDI and PQI cases indicate the expected values. The grey lines on the PQI and PDI risk adjusted rates indicate the statewide values.





Future State: Other Quality Programs

- RY24
- QBR
- Patient Adversity Index
- Non Quality Programs
 - Market Shift

Support/Training

- Please email support@crisphealth.org for questions, comments, or feedback.
- A detailed User Guide for the Quality Financial Impact Dashboard can be found within the CRS Portal.