

Population-based outcome measures: Avoidable hospitalizations and emergency department visits

ISSUE: Ideally, Medicare quality incentive programs would use a small set of population-based measures to assess the quality of care across different populations, such as beneficiaries enrolled in Medicare Advantage (MA) plans, accountable care organizations (ACOs), and fee-for-service (FFS) in defined market areas, as well as those cared for by specified hospitals, groups of clinicians, and other providers.

KEY POINTS: The Commission has discussed the use of two population-based outcome measures, avoidable hospitalizations and emergency department (ED) visits, as concepts that could be translated into claims-based outcome measures to compare quality of care within and across different populations, given the adverse patient impact and high cost of these events.

ACTION: Commissioners will discuss the two population-based outcome measure definitions, market-area level FFS results, and future analysis with the measures.