

# Could the efficacy of Medicare's quality infrastructure be improved?

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# Overview

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- Recommended payment changes to encourage quality and efficiency (e.g., readmissions, bundling, medical home)
- Can other Medicare policies/programs be leveraged to better complement payment changes?
  - Technical assistance
    - What technical assistance is needed?
    - To whom should assistance be targeted?
    - Who provides the assistance? And who decides?

# What technical assistance is needed?

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- Knowledge of strategies
- Help to identify which strategy is a good fit
- Mentoring (e.g., cheerleading, train the trainer)
- Data on care partners and patterns
- Convening providers/stakeholders in a community
- Provider collaboratives
- Short-term financial assistance

# Responses from expert panel

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- Need better data; “it’s foundational”
- Assistance needs to be tailored to local needs
- Any one approach is not enough; need a combination of types of technical assistance
- The assistance should not reinforce payment silos; need to work across providers

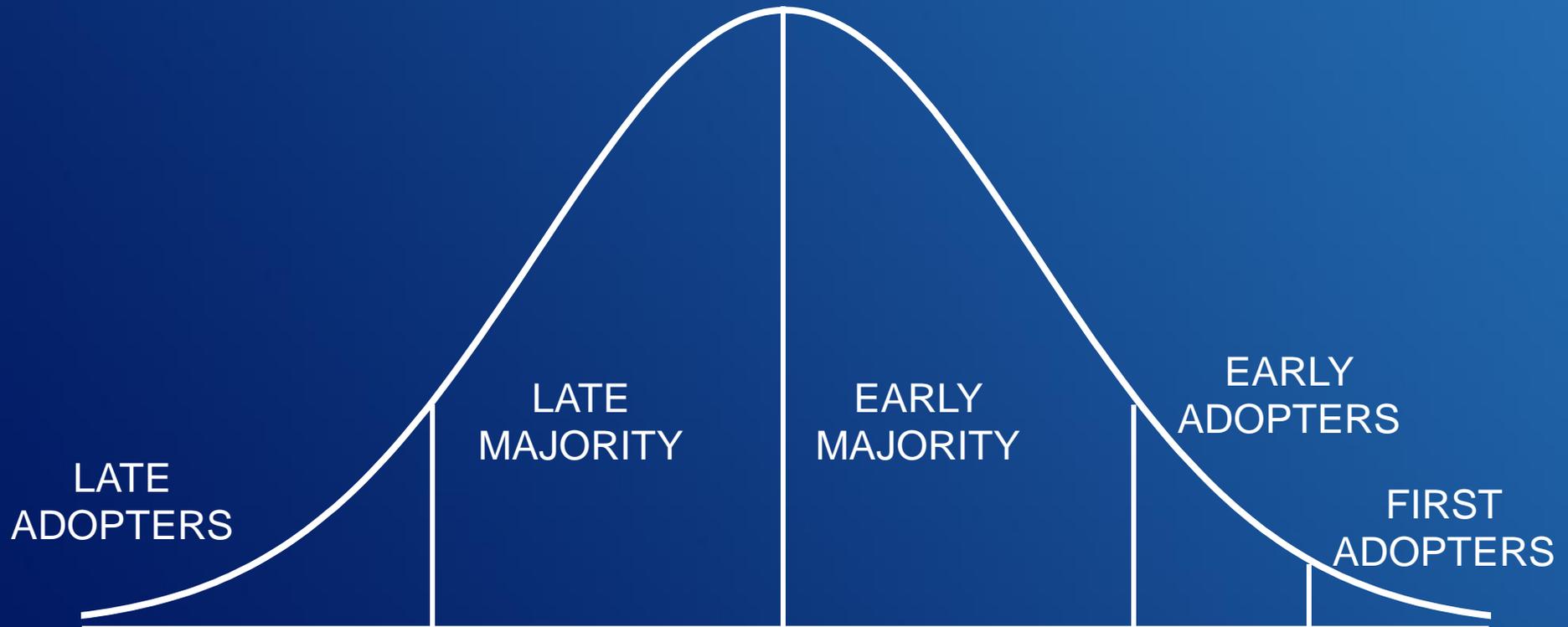
# To whom should assistance be targeted?

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- Limited resources
- Variation in provider performance
  - Risk-adjusted spending on readmissions for CHF patients varies nearly fourfold
  - Hospital mortality rates vary twofold for surgical patients
  - Literature (e.g., Rogers)

# Diffusion of quality innovation

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# Targeting low performers may address disparities

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- Existing research on race and hospital readmission is limited
- Care for minorities is concentrated in a relatively small proportion of facilities – that provide poorer quality care
- We are currently examining the correlation between hospitals with high readmission rates and hospitals with disproportionately high minority populations
- Low performing hospitals face barriers, but research suggests that quality improvement is possible.

# To whom should assistance be targeted? (cont.)

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- Low performers
- Providers that face challenges  
(e.g., serve low income population, lack of capital)
- High performers
- All providers

# Targeting may depend on the type of assistance

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	Target challenged or low performers	Target all providers	Target high performers
Access to Data		x	
Mentoring	x		x
Short-term financial assistance	x		
Identifying Strategies	x		

# Organizations currently offering technical assistance

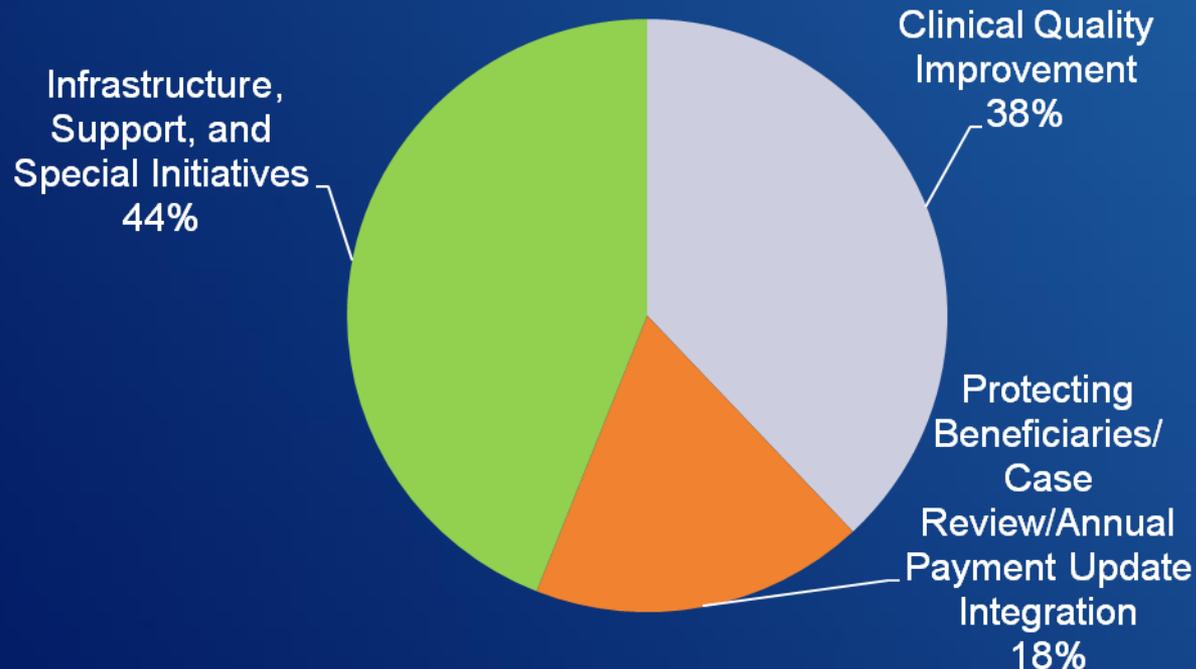
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- Quality Improvement Organizations (QIOs)
- Public sector funding sources and technical assistance, including
  - AHRQ
  - ARRA
- Private sector
  - National organizations: IHI, Joint Commission
  - Trade associations/professional societies
  - Provider consortiums
  - Health plans

# QIO background

- 3 year contracts -- Scopes of Work (SOW)
- Focus in 9<sup>th</sup> SOW: prevention (including addressing disparities), patient safety, care transitions

**Allocation of spending in the QIO budget  
\$1.2 billion over 3 years**



# IOM review of QIOs in 2006

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- No conclusive evidence QIOs are effective
- Recommended various changes, including
  - Focus on technical assistance; no longer address beneficiary complaints
  - Focus on providers facing challenges if resources are constrained
  - Improve management, data sharing, and organization requirements of QIOs;
  - Extend contract cycle to 5 years
- Concluded QIOs have potential

# Who should provide technical assistance and who should decide which assistance?

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- Current QIOs exclusively, as directed by national contracts?
- Allow more types of organizations to contract with CMS to participate as technical assistance agents?
- Grants given to targeted providers to purchase services from certified sources?

# Issues for discussion

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- Are there specific aspects of technical assistance you are particularly interested in?
  - What assistance?
  - To whom?
  - From whom?
- Are there other questions you would like us to consider?