Uniform outcome measures for post-acute care

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MEDPAC

Commission's work on a unified post-acute care prospective payment system

- In response to a Congressional mandate, recommended design features of a PAC-PPS
- Follow-up: Implementation issues
  - Level of payment and transition
  - Approach to increase the equity of payments prior to implementing a PAC PPS
  - Sequential PAC stays
  - Alignment of setting-specific regulations
  - Uniform outcome measures

Rationale for uniform PAC outcome measures and how they would be used

- Compare outcome measures across settings
  - Medicare can evaluate the value of its purchases
  - Beneficiaries and providers can compare outcomes
- Monitor provider performance under the PAC PPS
  - Maintain quality of care
  - Ensure appropriate use of PAC and other services
- Develop measures to include in a value-based purchasing policy for all PAC providers

Outline of presentation

- Review findings on cross-setting measures
  - Readmissions during the PAC stay
  - Readmissions during the 30 days after discharge
  - Resource use
- Discuss approaches to increase the accuracy of measures for low-volume providers
- Consider other potential cross-setting measures

MedPAC's readmission measures

- Uniform, risk-adjusted readmission rates for HHAs, SNFs, and IRFs
  - LTCHs excluded because some readmissions can not be detected due to the interrupted stay policy and there was no patient assessment information at the time of the study
- Readmissions during the PAC stay and during the 30 days after discharge
- Measures differ from those developed by CMS
  - Uniform definitions and risk adjustment

Provider-level risk-adjusted rates of readmission, 2014

Measure		IRF*	SNF	HHA	All
During stay					
	Potentially avoidable	4.1%	11.3%	15.9%	12.4%
	All-cause	12.0	23.9	33.8	26.4
During 30 days after discharge					
	Potentially avoidable	5.1	6.1	5.2	5.7
	All-cause	12.5	13.2	12.0	12.8

* IRFs are licensed as hospitals so they have more infrastructure to avoid rehospitalizations. Their lengths of stay are also typically shorter than stays in HHAs and SNFs.

Note: Lower rates are better.

Source: Analysis of 2014 PAC claims conducted by Providigm for MedPAC.

Data are preliminary and subject to change

Variation in provider-level risk-adjusted readmission rates, 2014

Measure	10th percentile	90th percentile	Ratio 90th to 10th
During stay			
Potentially avoidable	5.1%	19.9%	3.9
All-cause	14.4	38.8	2.7
During 30 days after discharge			
Potentially avoidable	1.7	9.8	5.8
All-cause	6.7	19.0	2.8

Source: Analysis of 2014 PAC claims conducted by Providigm for MedPAC.

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Future uses of uniform readmission measures

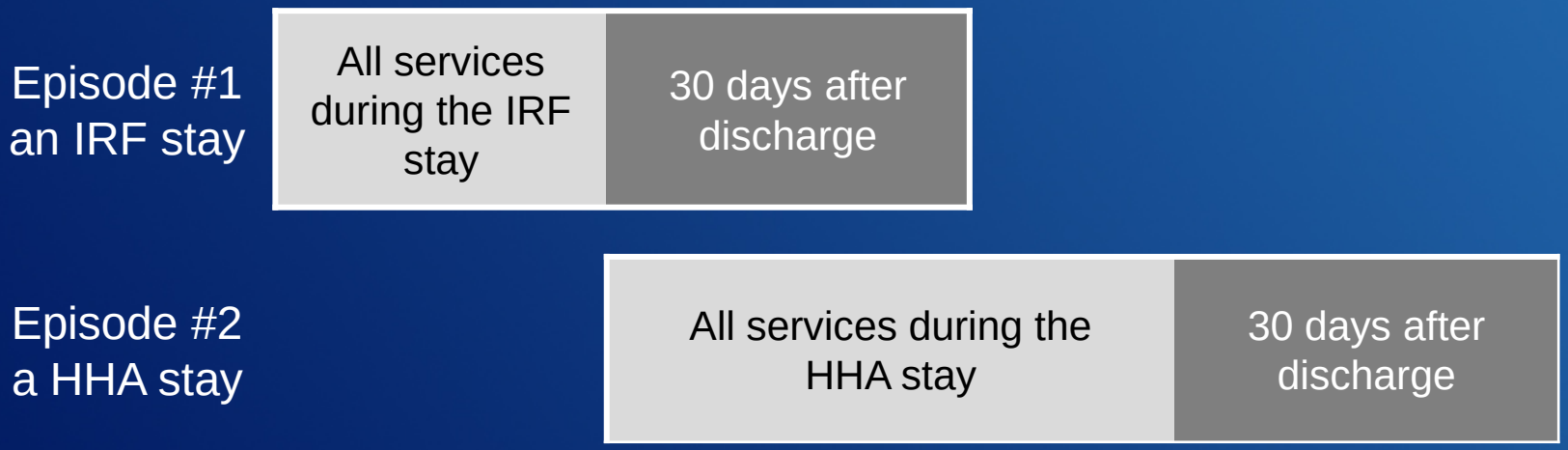
- Include uniform PAC readmission rates in the Commission's annual assessment of the adequacy of Medicare's payments
- Include readmission measures in a value-based purchasing policy for PAC, either under current setting-specific payment systems or under a PAC PPS

Resource use: Medicare spending per beneficiary–post acute care (MSPB–PAC)

- Provider-level measure: Program spending under parts A + B during PAC stay plus 30 days
- Focuses provider's attention on:
  - Avoiding unnecessary hospital use
  - Making referrals to necessary care
  - Ensuring safe transitions
  - Discharging beneficiaries to providers with low readmission rates
- Provider incentives are aligned

Example: Alignment of provider incentives during a beneficiary's episode of care

- A beneficiary is first admitted to an IRF and then discharged to a HHA
- Each PAC stay triggers its own episode

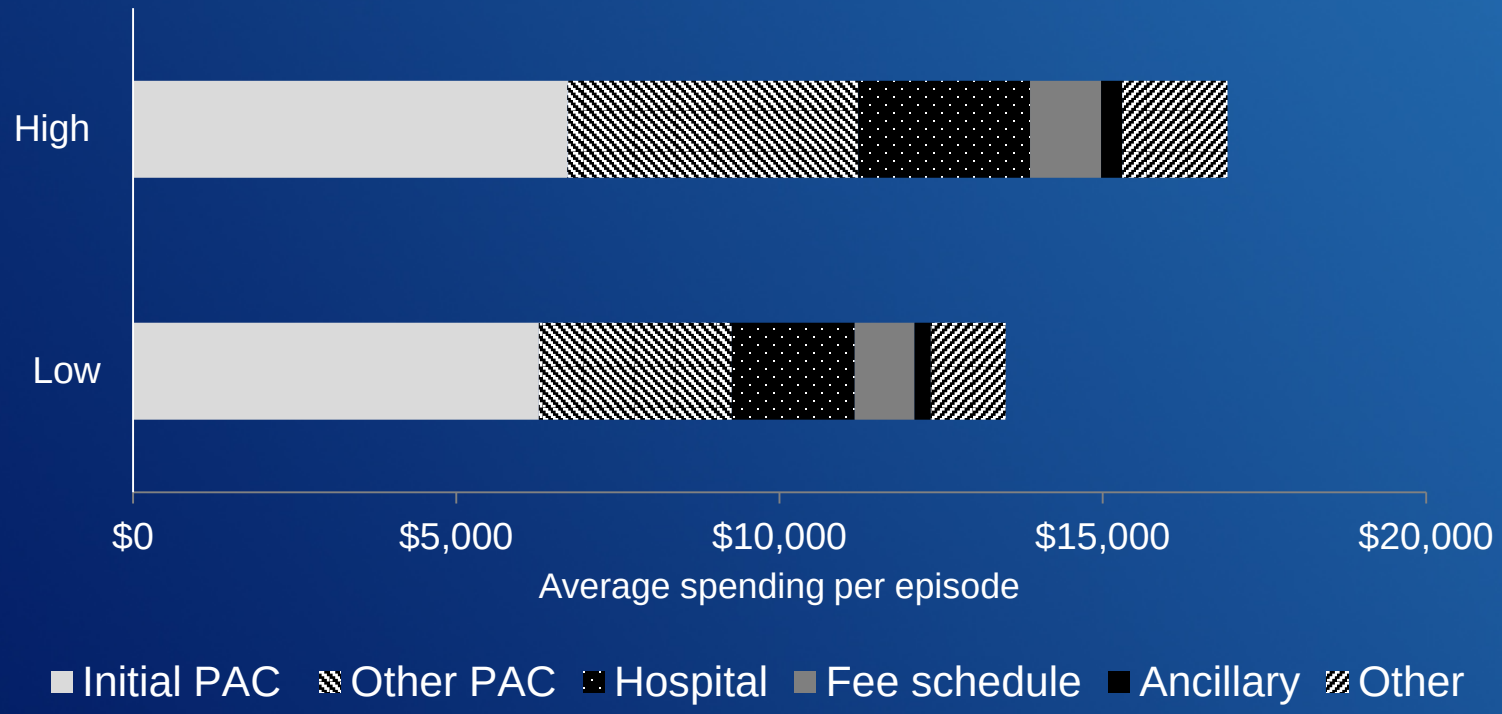


MSPB–PAC by setting

Provider group	10th percentile	90th percentile	Ratio 90th to 10th percentile
All	**0.76**	**1.28**	**1.7**
HH	0.76	1.17	1.5
SNF	0.75	1.37	1.8
IRF	0.88	1.13	1.3
LTCH	0.91	1.13	1.3

Note: Values less than 1.0 indicates better than average performance; values greater than 1.0 indicate worse than average performance. Episodes began with PAC stay between April 1, 2014 through March 31, 2015.
Source: Analysis conducted by the Urban Institute for MedPAC, 2018.
Data are preliminary and subject to change

Spending for providers with high and low MSPB–PAC



Note: Episodes began with PAC stay between April 1, 2014 through March 31, 2015. "Low" and "high" are defined as having a MSPB-PAC in the top or bottom quartile for each setting. Spending was standardized but not risk-adjusted.
Source: Analysis conducted by the Urban Institute for MedPAC, 2018.

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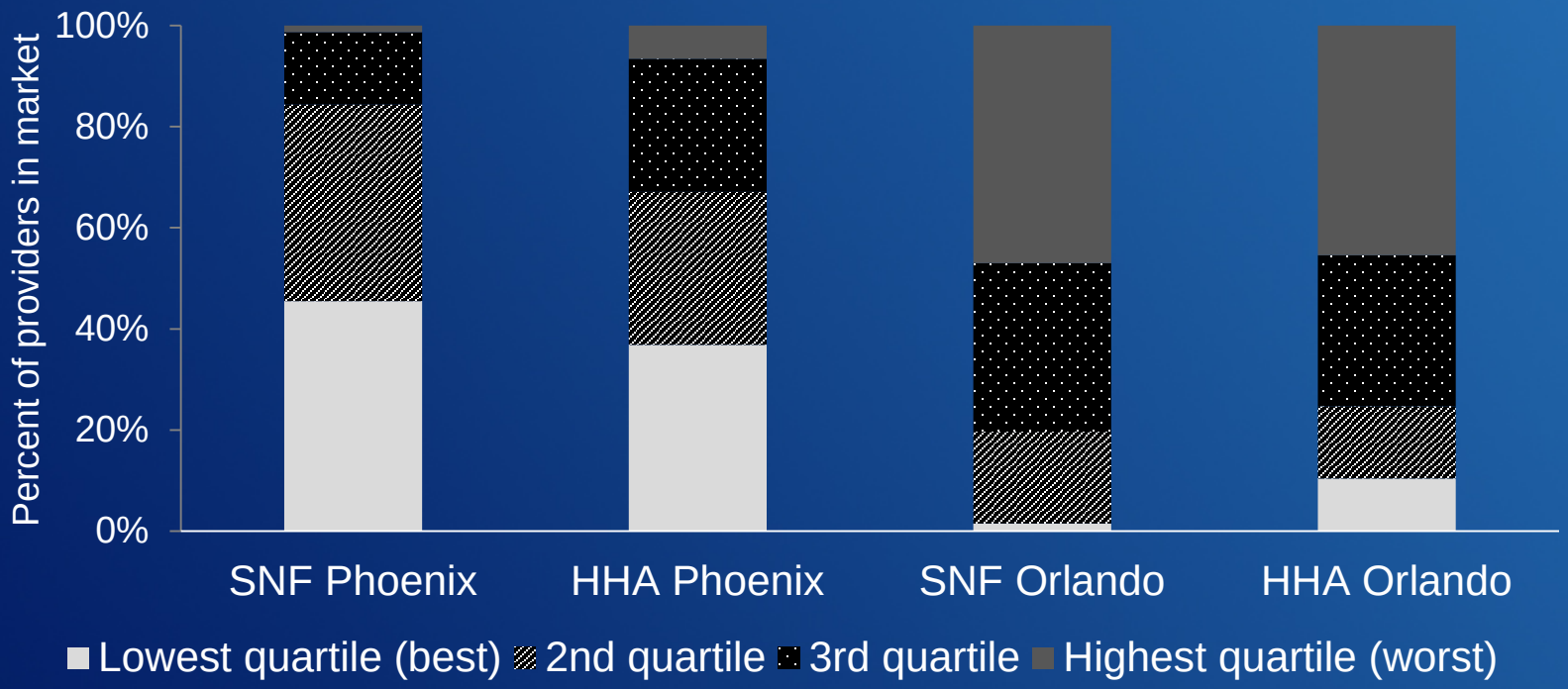
Comparison of national rankings of SNFs and HHA MSPB–PAC in Phoenix and Orlando



Note: Episodes began with PAC stay between April 1, 2014 through March 31, 2015. Quartiles were based on national distribution of MSPB-PAC by setting.
Source: Analysis conducted by the Urban Institute for MedPAC, 2018.
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Ensuring measures are accurate and reliable

- *Accurate*: The reported value is a fair representation of a provider's performance
- *Reliable:* The measure can distinguish *between* providers' performances
- Accuracy and reliability capture different dimensions of a measure and do not necessarily go hand-in-hand. Both increase with more observations.
- Setting minimum observation counts for calculating a measure involves judgement

Strategies to help ensure measures are accurate and reliable

- Before selecting a measure, evaluate if there is enough variation across providers to distinguish them
- Once selected, evaluate the minimum counts to ensure a measure is accurate and reliable
- For small providers:
  - Pool data over multiple years
  - Pool data across providers

Options for other uniform outcome measures for PAC

- Claim-based, risk-adjusted uniform PAC measures:
  - Discharge to community
  - Combined measure of potentially preventable *admissions* and readmissions
  - Number of days between leaving home and returning after a hospitalization and/or PAC
- Patient experience: Explore an instrument to be used by PAC users
- Other?

Discussion

- Strategies to increase accuracy of measures:
  - Pool data across years
  - Pool data across providers
- Possible measures to develop:
  - Discharge to community
  - Avoidable ***admissions*** and readmissions
  - Number of days between leaving home and returning after a hospital stay and/or PAC
  - Patient experience
  - Other?