

Medicare's role in motivating and supporting quality improvement

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February 24, 2011

Commission consideration of quality infrastructure

- Internal technical advisory panel meeting in October 2009 with stakeholders and experts
- First presentation in November 2009
- Panel discussion with leaders from Denver Health and Parkland Hospital about quality in March 2010
- Chapter in June 2010 Report to Congress
- Panel discussion with Chris Queram and Bob Wachter, M.D., in November 2010

Package of policy options

- Focus technical assistance on low performers
- Improve engagement of providers by giving them choice of who assists them
- Increase number and variety of technical assistance agents
- Increase accountability – create intermediate sanctions
- Improve public recognition of high performers

Could target majority of quality improvement resources to low performers

- Complements payment policy
- Impact on disparities
 - Minorities disproportionately receive care from low-performers
- Minimizes displacement of private resources

Considerations in targeting quality improvement resources

- Low performers may be resistant to improving
- Research also needed to uncover new strategies
- Mid-level performers may be more responsive to technical assistance
- A balanced approach may allow for some flexibility

Chairman's draft recommendation 1

The Secretary should target a substantial majority of technical assistance funding for quality improvement to low performing providers and the remainder should be targeted to community-level quality improvement.

Spending implications: budget neutral

Beneficiary and provider implications: improved quality of care for patients of low performing providers; redistributes quality improvement funds among providers

Improve engagement of providers in quality improvement

- Currently funds go to the technical assistance agent (i.e., the QIO)
- Could instead go to provider as a grant; provider selects technical assistance agent
- Focus of assistance tailored to needs of community the provider serves
- CMS could create on-line marketplace to provide some structure and protections

Chairman's draft recommendation 2

The Congress should allow the Secretary to provide funding for time-limited technical assistance to providers. The Congress should require the Secretary to develop an accountability structure to ensure these funds are used appropriately.

Spending implications: budget neutral

Beneficiary and provider implications: improved quality of care for patients; providers have greater control over quality improvement funds

Current barriers to competition

- Requirement to serve an entire state
- “Physician-sponsored” or “physician-access” requirements
- Regulatory responsibilities, including fielding beneficiary complaints

Chairman's draft recommendation 3

The Congress should authorize the Secretary to define technical assistance agents so that a variety can compete to assist providers and to provide community-level quality improvement. The Congress should remove requirements that the agents be physician-sponsored, serve a specific state, and have regulatory responsibilities.

Spending implications: budget neutral

Beneficiary and provider implications: improved quality of care for patients

Updating the Conditions of Participation (COPs)

- COPs could build-in process requirements that likely improve outcomes, such as
 - Compliance with hand washing protocols and transmission of discharge instructions
 - Compliance with the Joint Commission's National Patient Safety Goals
 - Physician involvement in patient safety activities
 - Improvement on measures

Increase accountability

- The consequence for failing the survey is exclusion from the program
 - Rarely used
- Intermediate sanctions could be created, for example
 - Public disclosure
 - Corrective action plans that involve board or management changes
 - Prohibit elective procedures for some period

Chairman's draft recommendation 4

The Congress should require the Secretary to develop and impose intermediate sanctions for persistently low performing providers.

Spending implications: budget neutral

Beneficiary and provider implications: should improve quality; some providers adversely affected

Improve recognition of high performing providers

- CMS could publicly highlight for beneficiaries which providers are high performing
- The measure of this achievement could be based on existing measures (e.g., on Hospital Compare), but could also include broader indicators

Chairman's draft recommendation 5

The Secretary should establish criteria for high performance to publicly recognize those providers demonstrating superior quality.

Spending implications: budget neutral
Beneficiary and provider implications:
should improve quality

Summary of draft recommendations

- Focus technical assistance on low performers
- Improve engagement of providers by giving them choice of who assists them
- Increase number and variety of technical assistance agents
- Increase accountability – create intermediate sanctions
- Improve public recognition of high performers