



Advising the Congress on Medicare issues

Improving Medicare's Quality Infrastructure

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Overview

- Targeting technical assistance
 - Low-performers and those facing particular challenges?
- Conditions of participation
 - Could they be strengthened to encourage providers to improve their quality faster?

Example of variation in quality of care

Heart Attack 30-day Readmission and Mortality Rates, 2005-2008



Targeting technical assistance to reduce quality variation

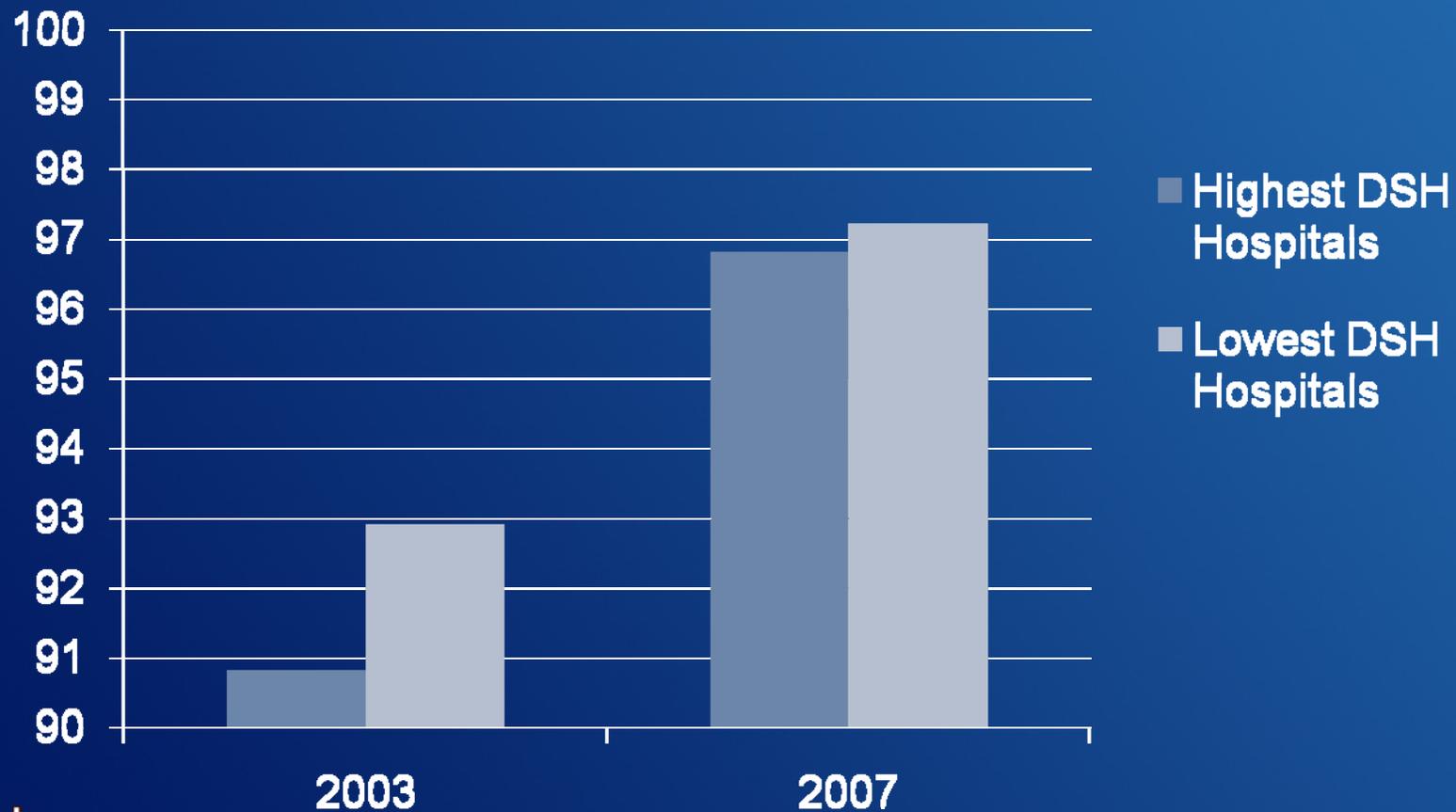
- Assume single set of risk-adjusted benchmarks for all providers
- Assist low performers, providers facing challenges to increase pace of quality improvement

Literature on disparities in quality of care

- Health care for minorities and low-income populations is concentrated
- These providers tend to have lower scores on most quality measures
- Increasing quality of low performers may reduce racial/ethnic, SES disparities
- Providers face barriers, but some evidence they can rapidly adopt quality innovations

Rapid improvement of hospitals serving low-income patients

AMI Scores in Premier HQID Hospitals, 2003-2007



Characteristics of hospitals with high readmission rates - Methodology

- Identified ~400 hospitals with the highest risk-adjusted readmission rates from 2005-2007
- Compared them to hospitals with lower readmission rates
- Used administrative data to compare the racial and socioeconomic patient mix

Characteristics of hospitals with high readmission rates - Results

- Hospitals with the highest readmission rates:
 - Admitted a greater percentage of minority Medicare beneficiaries
 - Appeared to be serving a lower-income population
- Targeting assistance towards low performers may reduce disparities

Conditions of Participation

- Minimum standards for participation in Medicare
- Tailored to provider type
- Standards are more structural and management
 - Quality improvement requirement
- Transplant center COPs more outcomes oriented

Enforcement of COPs

- Hospitals are surveyed by either private accreditors or state agencies
- Both types of entities conduct unannounced surveys and use tracer patients
- Accreditation surveys are more frequent, require adherence to national patient safety goals, and charge for their services
- Failing the survey/accreditation prevents participation in Medicare

Effectiveness of COPs and oversight

- Mixed evidence on the effectiveness of accreditation
- Wide variation in quality combined with high rates of accreditation suggests process seeks to be inclusive, ideally allowing for providers to be educated and correct deficiencies

Policy options

- Make survey findings more transparent
- Update specific COP standards
- Expand COPs to promote efficiency
- Create voluntary high standards
- Mandatory higher standards for select services or organizations

Make survey findings more transparent

- Precedent established by CMS in providing information about nursing home quality
 - CMS reports the number of infractions by severity level and discloses the nature of infractions, how many patients were affected and when they were corrected.
- Findings of hospital surveys are not publicly available. Only the ultimate accreditation status is available.

Update specific COP standards

- Discharge process
 - For example, could require that patients have an accurate list of medications and an appointment with community physician upon discharge
- Role of board of directors
 - Require boards to document they are aware of hospital's relative performance

Expand COPs to promote efficiency

- Could require setting waste reduction target and conduct projects similar to quality improvement projects
- IHI offers this vision and provides assistance to providers in identifying waste reduction opportunities

Create voluntary higher standards that earn additional designation

- Could include outcomes standards and evaluation of adherence to best practices
 - If designation is desirable, more providers might strive to meet qualifications

Strengthen mandatory standards for select services or organizations

- Incorporate outcomes and volume criteria for select high cost, complicated services, akin to transplant centers
- Incorporate higher standards for integrated organizations (e.g., ACOs) that have more control over the spectrum of care.

Discussion

- Targeting technical assistance resources to low performers and providers with challenges
- Policy options for strengthening the conditions of participation and their oversight