

Quality Gap Analysis – Summary and Recommendations

To be reviewed at 08 Dec 2010 Quality Workgroup meeting

The sub-committee focused on gaps in data and provider education, but also identified other significant gap areas for specific provisions. For each provision and gap area, we identified initiatives in place and a recommendation for a primary “responsible party”. We also identified areas for which legislation might be helpful.

Specific provisions and *draft recommendations* for responsible parties:

- Payment adjustment for health-care acquired conditions (2702) (01Jul2011):
 - Hospitals: Education needed on “present on admission indicator”.
 - Responsible party: NCHA
- Public availability of quality and efficiency measures (3014, 10305) (Measures to be published on 12/1/2011)
 - Hospitals: No gap for hospitals. NCHA and NCMS will share responsibility for reaching in-hospital physicians.
 - Gap: Physician awareness: NCMS and AHEC will develop a plan to disseminate information.
- Physician Compare website: public reporting of physician quality data (10331) (01Jan2012)
 - Gap: Education of the public on understanding how to interpret information.
 - Responsible party: AHEC with NCHQA and CCME
 - Gap: Education of physicians on possible impact on income.
 - Responsible party: State of NC. Partners: NCMS, healthcare system advocates (e.g., AARP)
- Standardized reporting format (2701) (01Jan2012)
 - Gap: Should we align our measures to match the Federal measures so we can single reporting for practices?
 - Responsible party: CCNC or NC DMA
 - Gap: Education of providers
 - Responsible party: CCNC with AHEC, NCHQA, REC, HIE Board
- Improving health outcomes through quality reporting, case management, prevention of readmissions, reduction of medical errors (2717) (01Mar2012)
 - Gap?
- Quality measure development (3013, 10303) (02Mar2012)
 - Education of physicians:
 - Primary care: AHEC
 - Specialty groups: NCMS
 - Data storage: Should data be simply pushed to the Federal level for reporting, or stored at the state level for research and quality initiatives?
 - Responsible party: HIE Board
- Penalties for not reporting quality measures. (3002) (01Oct2012)
 - Gap: Provider education
 - Responsible party: AHEC, NCMS

- Hospital value-based purchasing (3001, 10335) (01Oct2012)
 - Hospital: No gap. NCHA sends out mock VBP reports. 100% hospital participation.
- Hospital readmission reduction program (3025, 10309) (02Oct2012)
 - Definitions not final
 - Gaps (Responsible party):
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 - Unique identifiers – to link records to see if patients are readmitted (NCHQA, NCHIE)
 - Patient-centered medical homes
 - High risk care management, medication management
 - Health literacy
 - SNFs – support to keep patients out of Emergency Departments (safe harbor that protects algorithmic evidence-based care; reimbursement for nurse practitioner services in SNFs)
 - Access to care in medical homes
 - Shared savings model
 - Forging of relationships between providers of care: need summit to discuss mechanisms to achieve relationships, communication (NCHQA with NCHA, CCNC)
 - IT support
- Reporting of physician pattern of resource use (Medicare only) (3003) (02Oct2012)
 - Gaps in data: What are data elements? How will efficiency be assessed?
 - Gaps in education: How to use data (AHEC, NCMS)
 - Gap in safe harbor that protects algorithmic evidence-based care
- Quality reporting for PPS-exempt cancer hospitals (3005) (01Oct2013)
 - Working on identifying NC PPS-exempt cancer hospitals
 - Gap: Education of hospital administrators (AHC of NC. Potential partner: Carolina Center for End of Life Care)
- Quality reporting. Non-participation results in reduction of annual market-basket update (3004, 10322) (01Oct2013)
 - Hospice
 - Education: provided through AHC of NC, Palliative Care organization, Carolina Center for End of Life Care. 98% penetration.
 - Inpatient psychiatric hospitals
 - Gap: education (NCHA?)
 - Inpatient rehabilitation hospitals
 - Gap: education (NCHA?)
 - LTC hospitals
 - Possible gap: education (working on determining who is working on this)
- Providers in HBE shall be accredited with respect to local performance on clinical quality measures (e.g., HEDIS), and shall implement a quality improvement strategy. (1311) (01Jan2014)
 - Gap in education of physicians – 100% gap (NCMS and specialty societies).
 - Gap in education of insurers: Still working to define.

- May contract with a hospital > 50 beds only if hospital utilizes a patient safety evaluation system; May contract with a health care provider only if provider implements mechanisms to improve health care quality (1311) (01Jan2014)
 - Gap: need to educate insurers on requirement
- Incentives for improving health outcomes thru quality reporting, preventing readmissions, reduce medical errors (1311) (01Jan2014)
 - Possible gap in education of insurers.
- Medicaid Quality Measurement Program: development, testing, validation grants
 - Grant tracking: NC Network of Grantmakers (2701) (30Sep2014)
- Medicaid quality measures: published by HHS Secretary - applicable to Medicaid-eligible adults (Jan 2012). Data must be submitted by State annually beginning in Sep 2014. (2701)
 - Responsible parties: DHHS with NC HIE
- Public availability of state's adult health quality measures (2701) (30Sep2014)
 - Gap in education: Consumers (DHHS)
- Payment adjustment under Medicare for hospital-acquired conditions (FY 2015). Report to Congress due on appropriateness of policy to other Medicare providers due 1/1/2012. (3008) (01Oct2014)
 - Hospitals: Gap in education: meaning and implication of quartiles (NCHA)
 - Ambulatory surgery centers (free standing): Gap in education – still working to determine.
 - Health clinics: Gap in education?
 - Inpatient rehabilitation hospitals: Gap in education?
 - LTC hospitals: Gap in education?
 - SNFs: Gap in education?
- Integration of physician quality reporting and EHR reporting - meaningful use; Payment adjustment if quality data not reported. (3002) (01Jan2015)
 - Gap in physician education (NC-REC, AHEC)
- Value-based payment modifier for physician fee schedule. 2015 for physicians the HHS Secretary determines appropriate and 2017 for all physicians. Measures published in Jan 2012. (3007)
 - Gap: Physician education (AHEC)
- Pilot testing pay-for-performance programs for certain Medicare providers (10326) (01Jan2016)
 - Hospice: Gap in education
 - Inpatient psychiatric hospitals : Gap in education
 - Inpatient rehabilitation hospitals : Gap in education
 - LTC hospitals: Gap in education?