

Performance Measurement to Demonstrate Value



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KEYWORDS

- Performance measurement • Quality metrics • Perioperative value
- Reliability adjustment • Risk adjustment • National quality forum

KEY POINTS

- Performance measures are used within and across institutions to compare the quality and efficiency of care and determine payment. Different measures matter to different stakeholders.
- Performance measures include structure, process, outcome, and efficiency measure types, each with characteristic advantages and disadvantages as tools for value demonstration.
- The Centers for Medicare and Medicaid Services and the National Quality Forum have libraries of performance measures used to compare and encourage high-value care, but these measures have important limitations.
- In addition to externally reported measures, internally designed and reported performance measures can be used to demonstrate and encourage high-value care.

MATCHING MESSAGE TO MEASURES: WHO IS DEMONSTRATING VALUE TO WHOM?

Perioperative care has numerous stakeholders—surgeons, nurses, hospitals, private and public payers, our own anesthesia colleagues, and, of course, patients. Which performance measures are invoked as the best evidence of high-value care will vary according to who is asking whom for the evidence (**Table 1**). Definitions of perioperative value and emphasis on different measures will be specific to the organizational structure of a care delivery system (integrated or not), the nature of payment (such as bundled or fee for service), and the extent to which patients are centered in the perioperative process. Articles in this issue emphasize, implicitly or explicitly, different performance measures as evidence of high-value care. As anesthesiologists, we are responsible to all stakeholders to demonstrate the value of the care we provide.

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Table 1 Who is demonstrating value to whom? The anesthesiologist's turn to demonstrate value	
Anesthesiologists Demonstrating Value to Whom	General Example
Surgeons	Operating room efficiency Case cancellations On-time starts Rapid turnover Patient satisfaction and medical outcomes
Hospitals	Timely service across all service lines Service for undercompensated service lines Ability to compete for payer incentives
Payers	Resource utilization Predetermined measures
Patients	Patient satisfaction and medical outcome Costs of care

One aim of health care innovation is to improve the clarity and alignment of care goals so that all stakeholders share the same concept of value and can strive to achieve complementary, if not identical, empirical definitions of value.

In this article, we describe the basics of performance measures as they are used to demonstrate perioperative value care. We address the approach used by the Centers for Medicare and Medicaid Services (CMS) in which performance measures are externally reported and linked to payment in an effort to drive value. We then present an example of internally reported performance measurement from a large, multispecialty group practice. For all examples, performance measurement as strategy for demonstrating value will require a tailored approach for changes in measures, employment models, and payment systems.

HOW IS VALUE MEASURED IN HEALTH CARE? INTRODUCTION TO STRUCTURE, PROCESS, OUTCOME AND EFFICIENCY MEASURES

Performance measures in health care are commonly placed into 1 of 3 categories—structure, process, and outcome. These categories were described in 1966 in the Donabedian Model used to assess the quality of medical care.¹ Over time, the quality movement, which invented these categories, evolved into the patient safety movement and, more recently, into a business case for quality improvement (ie, value improvement)² with a customer-commodity orientation called *patient-centered care*. The nature of the structure-process-outcome categories has similarly evolved to include a new category commonly referred to as *efficiency*.³ Some of the demarcations among measure types have blurred, as we will see, but the categories remain important. These measure types have important advantages and shortcoming as tools to demonstrate and improve value.

STRUCTURAL MEASURES: LARGELY A RELIC OF THE PAST

Structural performance measures may include participation in a data registry, 24-hour in-house coverage or board certification by physicians. Although they often have the advantages of ease of measurement and the ring of significance, structural measures may be the least useful markers of quality or value. These measures have become less common among measures used by the CMS or the National Quality Forum (NQF).

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