Quality Improvement Alignment Across the Hospital and Clinic(s): A Key to Value-based Payment Success

RHPTP HELP Webinar

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety and serves as a trusted expert in facilitating improvement for people and communities.

Presenters

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Objectives

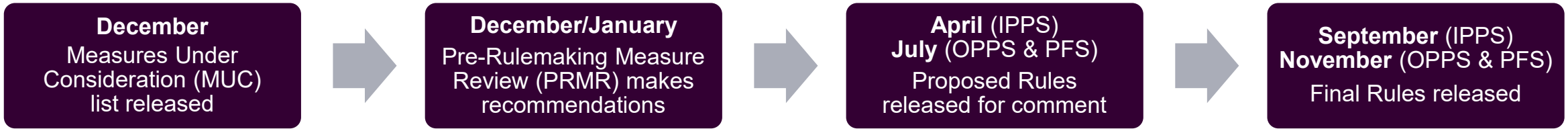
Upon completion of this webinar, participants will be able to:

- Identify key quality measures utilized in Value-based Payment (VBP) programs.
- Recognize opportunities that will ensure structure and processes for quality improvement activities are aligned across the hospital and clinic(s).
- Apply strategies that will help support the sustainability of quality improvement efforts across the organization.

Quality Measures and VBP

CMS Quality Measures Process

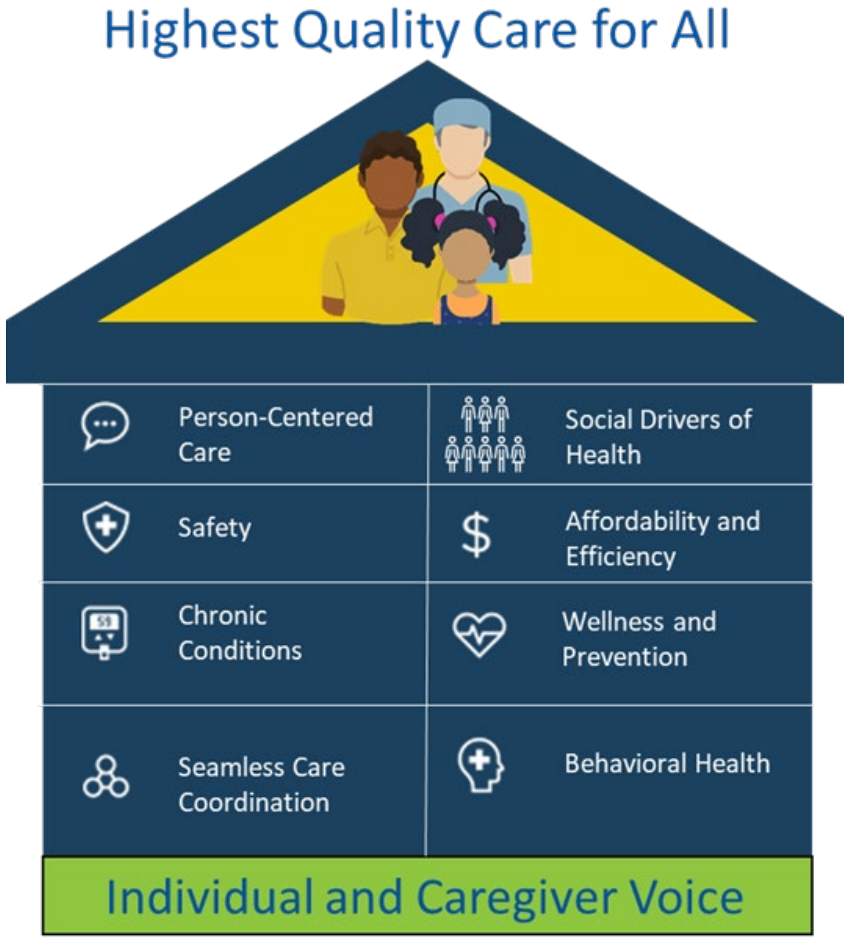
- CMS quality programs and measures are regularly added and removed from CMS programs through the annual rule-making process:
  - Inpatient Prospective Payment System (IPPS) Rule for the Inpatient Quality Reporting Program (IQR) and the Medicare Promoting Interoperability Program
  - Outpatient Prospective Payment System (OPPS) Rule for the Outpatient Quality Reporting Program (OQR)
  - Physician Fee Schedule (PFS) Rule for the Quality Payment Program and Shared Savings Program requirements
- Before inclusion in CMS programs, measures are vetted through a public pre-rulemaking process.*



*The Battelle Partnership for Quality Measurement replaced National Quality Forum (NQF) as the CMS consensus-based entity in 2023. They now manage the Pre-Rulemaking Measure Review (PRMR) and the Endorsement and Maintenance (E&M) process

CMS Meaningful Measures 2.0

- Address measurement gaps, reduce burden, and increase efficiency by:
  - Aligning measures across value-based programs and across partners, including CMS, federal, and private entities.
  - Transforming measures to fully digital and incorporate all-payer data.
  - Utilizing only quality measures of highest value and impact, focused on key quality domains.
  - Prioritizing outcome and patient-reported measures.



Source: [Meaningful Measures 2.0: Moving from Measure Reduction to Modernization | CMS]

CMS Universal Foundation

- Aligned set of Adult and Pediatric measures for use across all CMS Programs:
  - Wellness and prevention (e.g., cancer screening, immunizations, well-child visits)
  - Chronic conditions (e.g., Diabetes, Hypertension, and Asthma management
  - Behavioral Health (e.g., screening and management of depression and substance use disorder, follow-up for children on antipsychotics or ADHD medications
  - Social Drivers of Health (screening for social drivers of health)
  - Person Centered Care (e.g., CAHPs)
- Additional Universal Measure sets for specific populations and settings:
  - Hospital
  - Post-acute care
  - Maternity care

For more information, including the full set of measures and measure identification numbers:
https://www.cms.gov/medicare/quality/cms-national-quality-strategy/aligning-quality-measures-across-cms-universal-foundation

2025 Medicare Shared Savings Quality Measures

- Diabetes: Glycemic Status Assessment Greater Than 9%*
- Breast Cancer Screening*
- Screening for Depression and Follow-up Plan*
- Controlling High Blood Pressure*
- CAHPS for MIPS survey
- Hospital-Wide, 30-Day, All-Cause Unplanned Readmission Rate

*CY 2025 requirement to use eCQM methodology for the ACO population
Source: Quality Measures: APP Requirements - QPP

Quality Improvement Alignment Across Clinic and Hospital

Quality Improvement Measures Across Clinics and Hospitals

Patient Outcomes:	Patient Satisfaction	Regulatory and Compliance	Preventative and Evidence-Based Care	Performance Measurement for Improvement
• Infection Rates • Chronic Disease Management • Preventive Care • Readmissions	• HCAHPS/CAHPS • Communication • Care Coordination • Overall experience	• CMS • Joint Commission • NCQA	• Vaccinations • Chronic Disease Prevention • Cancer Screenings	• Benchmarking • Quality Dashboards

Key Structure Components for Alignment

- Leadership
- Culture of Continuous Improvement
- Standardize Process/Data Sharing
- Collaborative Training for Staff
- Accountability

Leadership


Vision and Strategy
Collaboration and Communication
Resource Allocation

Creating a Culture of Continuous Improvement

Quality Improvement is everyone's responsibility.

Standardized Process and Data Sharing

Collaborative Staff Education and Training

Accountability

Sustainability

Putting collaboration into action

- Hospital and clinic collaborate in developing shared goals and action plans
- Joint planning meetings to discuss shared opportunities and review progress
- Shared skills and consistent processes for QI:
  - Standardized QI process/model and common training
  - Structured process and support for workflow mapping
  - Identification of key team members, roles, and responsibilities for QI
  - Shared Analytic/IT support

Chronic Care Management Collaboration

- **Aim**:
  - Reduce hospital readmissions and improve clinical outcomes for patients with chronic conditions (e.g., diabetes, heart failure, COPD) by enhancing care coordination between the hospital and the outpatient clinic.
- **Goals**:
  - Reduction of 30-day readmission by 15% in 12 months.
  - Increase patient engagement in chronic care follow-ups by 20% within 12 months.
- **Team**: Hospital and clinic representatives.

Chronic Care Management Collaboration (2)

- **Interventions:**
  - Post-Discharge referral: Use designated referral protocol for hospital discharge of patient with eligible diagnosis
    - Schedule follow-up appointment prior to discharge and have printed on discharge instructions
  - Patient follow up after discharge by designated coordinator from discharge until follow up appointment
    - Set up electronic referrals for CCM
- **Monitor and Report Progress**
  - Meet regularly as a team to review data, identify success and barriers, and adjust plans as needed

Wrap-up and Call to Action

Key Points

Identify

- Focus on key quality measures used in Value-Based Payment (VBP) programs
- Use data to prioritize high-impact improvements

Align

- Build structures and processes that unify hospital and clinic QI efforts
- Ensure cross-team collaboration and shared accountability

Apply

- Implement strategies that support the long-term sustainability of QI work
- Embed quality into daily workflows, not just reports

For More Information:

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Learn more about Stratis Health at www.stratishealth.org

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