DSRIP 2.0: Measure Challenges and Potential Transition Plan Solutions

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Challenges

- High performance baseline
- Low performance baseline
- Attribution issue



Example: High Performance Baseline

- D1-212: Appropriate Testing for Children With Pharyngitis
 - Baseline: 98.29%
 - Prior system initiatives contributed to high performance baseline; thus:
 - Difficult to improve
 - No threshold of excellence alternatives



Potential Solutions: High Performance Baseline

- Allow for hospitals to substitute high performing baseline measures with other measures
- Allow for high performance payment based on maintenance achievement with remaining percent balance based other reporting requirement



Example: Low Performance Baseline

- D1-301: Maternal Depression Screening
 - Baseline: 7.10%
 - Accepted with shortened baseline period after Technical Assistance (TA) flag
 - Previously 5.91% with full baseline period
 - No procedures and/or processes in place prior to measure selection



Potential Solutions: Low Performance Baseline

- Consider allowing for "true low baselines" without baseline measurement period realignment requirements
 - Reflects actual system reform
- If CMS requires low baseline thresholds be set on average group performance within the DSRIP performing provider population, consider publishing performing provider peer lists with data
 - Promotes collaboration requirements
 - Increases collaboration relevance



Example: Attribution Issue

- D1-237: Well-Child Visits in the First 15
 Months of Life (6 or more visits)
 - Baseline: 24.36%
 - Goal: 55.53% (QISMC)
 - Measure population not limited to outpatient primary care clinic visits



Potential Solution: Attribution Issue

- Review measure exclusions to ensure measure is driving true system reform
- Allow for additional DSRIP Specific Modifications that adapt measures to a performing provider's system of care



Questions

Thank you!

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