

Considerations for Performance Measurement: A Primer for Hospitalists

Performance measurement is widespread throughout the healthcare system. Whether it be for federal or other payer programs, state programs, accreditation bodies, hospital efforts, or local quality and performance improvement efforts, there are numerous measures that may be used by hospitalist medicine groups to determine a hospitalist's performance.

This primer highlights three areas to consider when establishing performance measurement criteria:

1. Types of Measures: What are the common types of measures used in healthcare?
2. Key Factors to Consider for Measure Selection
3. Creating a Culture of Engagement around Measures

SHM's Performance Measurement and Reporting Committee assembled these considerations for performance measurement as a starting point for conversations within groups and with hospital leadership around the development of measurement programs and selection of measures.

Types Of Measures

Measure Type	Definition	Examples	Factors to Consider
Process	Assesses whether an action or certain steps in care were completed. The action should have evidence that shows completing it improves patient care.	VTE prophylaxis in hip fracture Medication Reconciliation Advance Care Plan	<ul style="list-style-type: none"> • Watch for "check the box" impact factor • Ideally, should be linked to meaningful outcome measures • Should be evidence-based
Outcome	Shows the results of the care delivered to patients. Can be intermediate outcomes, which are indicators of long-term outcomes.	Postoperative VTE in hip fracture	<ul style="list-style-type: none"> • How much does an individual or group have ability to influence outcome? • Consider the impact of patient and system factors
Structure	Indicates the characteristics or features of a healthcare system or provider, such as equipment, personnel, or policies.	Presence of an EHR alert system	<ul style="list-style-type: none"> • Tend to be binary (yes/no) • Does not necessarily indicate quality of the feature or process or direct impacts on quality of care
Cost/Resource Use	Indicates the costs or amount of resources associated with an episode of care.	Medicare spending per beneficiary	<ul style="list-style-type: none"> • Typically, claims-based measures • Ideally, linked to process or outcome quality measures
Patient Experience	Measures that include patients' perspectives and experiences with care.	HCAHPS	<ul style="list-style-type: none"> • Uses information directly from the patient, such as through surveys • Data collection can be challenging

Key Factors to Consider for Measure Selection

Attribution

- Group versus individual: consideration for best construct
- Accuracy of individual assignment in the Electronic Health Record
- Example: Discharge summary accountable by individual; readmissions accountable by group

Ability to Impact

- Assess whether a hospitalist can directly influence performance
- Control of/ability to affect system factors
- Example: Overall length of stay (LOS) given other variables affecting outcome

Measurability

- Is the desired result clearly and reliably measurable?
- Identify the measurement time period and cadence
- Burden of data collection and source of data
- Is metric already measured?
- Can the data be validated? How difficult is validation of data?
- Will you have enough cases for valid measurement?

Alignment Across Stakeholders

- Priorities and requirements of public reporting programs/ insurance plans
- Hospital or system priorities
- Group priorities

Balancing Measures

- Understand unintended consequences– and how or if these can be mitigated
- Alternate measure to monitor impact of program measure
- Example: LOS target balanced with readmissions

Evidence

- Is there data to support the desired outcome or the impact of a process?
- What resources/processes are used to achieve the result? Can this be replicated at your group?

Creating a Culture of Engagement Around Measures

Equally as important as the measures themselves is ensuring the entire hospital medicine group is engaged with performance measurement and feels like they can contribute to and provide feedback on the measures applied to them.

Understand and be able to communicate the “why” with the entire team.

- Why are we measuring certain things?
- “Just because” is never an acceptable answer.

Create a respectful, transparent environment for discussion and innovation among all team members.

- Open communication is key to a successful performance measurement program.
- Be open to hear questions and even criticism of a particular measure or element of a dashboard.

Emphasize collaborative improvement; de-emphasize blaming and shaming around performance.

- The end goal will always be improving patient care. Never lose sight of that.
- Seek opportunities to share and learn from the entire team.

Identify tools and resources to aid in improving performance.

- Ensure your hospitalists have the tools and resources to be able to meet the goals of the measure.
- Incorporate feedback and prioritize resource development on what is needed to improve performance on the measure.

If pairing measures with incentives, establish trust in the support and delivery of the incentives.

- Match incentives with the investment and resources required for participation.
- Ensure the measure can be fairly attributed to an individual or team when tying performance to incentives.

Ensure timely and consistent feedback and reporting of measure results.

- Balance the need to accrue sufficient data for validity with reporting results quickly to drive changes in practice and behavior.
- Different measures may be on different timetables– make sure this is clearly articulated.

Other Helpful Resources Around Quality and Performance Measurement

- National Quality Forum Field Guide to NQF Resources: https://www.qualityforum.org/Field_Guide/
- CMS Measures Management System: Educational Resources: <https://mmshub.cms.gov/educational-resources>
- CMSS The Measurement of Health Care Performance: A Primer from the Council of Medical Specialty Societies (links to PDF, 2014): https://cmss.org/wp-content/uploads/2015/07/CMSS-Quality-Primer-layout.final_-1.pdf