Managed health care and health quality assessment road map: “CMS perspective”
Contents

• Methodological considerations
• Definition of value
• Other CMS processes
• Way forward
• Conclusion
Methodological considerations

• Clinical (Interventions: Before and after)
• Economic (value for money, downstream costs, etc.)
• Humanistic (quality of live and patient satisfaction)

“Health outcomes is of value when determining the value of disease management programmes”

HIV Example:

\[ H_0 : \text{CD4 count at diagnosis} = \text{CD4 count at six months} \]
\[ H_1 : \text{CD4 count at diagnosis} < \text{CD4 count at six months} \]

Statistical testing: Paired-test
Outcome: p-value
Value: Improvement in the health status of the patients

Outcomes: Survival analysis, trend analysis, paired tests, control charts, admission rates, etc.
Methodological considerations

• Assessing quality health outcomes is a complex process requiring availability of accurate, standardised data across all units of analysis.

• Obtaining, such data can be a difficult and expensive process.
Methodological considerations

• Methods used should be scientific enough to avoid any errors.

• For most quality health outcomes measurements to be relevant, data collection must include the identification of patients with the specified disease and evaluation of the severity of their condition over time.
Methodological considerations

• Quality health outcomes measurement also requires a **multiple disciplinary approach** within the **demand-side and supply-side** of the market.

• Comprehensive measurement of quality health outcomes often includes: **structure**, **process**, and **outcome indicators** (Donabedian, 1966; Campbell et al., 2000; Parchman et al., 2002).
Methodological considerations

• These quality measures cover a range of indicators, from crude measures such as unadjusted mortality rates to more refined measures such as re-admission rates etc.
Managed care is concerned with efficiencies and associated costs, as well as with the broader goal of achieving quality outcomes.

Value can be defined as:

**Value = Quality / Cost** (reflecting efficiency)

**Quality:** What and how? (improvement over time very important; process indicator measurement will focus on “what” and “improvement “ in ratios over time)

**Cost:** Managed care cost or claims cost of prevalence beneficiaries?

A high level of quality at low cost therefore derives the highest value, while low quality at high cost produces low value. On-going value improvement can be achieved by identifying, acknowledging and widely implementing best practice in all aspects of care.

Quality is the degree to which health services for the individuals and populations increases the likelihood of desired health outcomes and is consistent with current professional knowledge.
Defining “Value”

• How to measure the value of managed healthcare?

• A Donabedian Conceptual Framework: impact of quality health outcomes?
  - Indicators: inputs (structure)/processes/outputs
  - Service *input* dimensions:
    - Facilities
    - Equipment, supplies
    - Staff training
    - Provider knowledge, attitudes
    - Supervision
    - Facility amenities
Defining “Value”

• How to measure the value of managed healthcare?

• A Donabedian Conceptual Framework: impact of quality health outcomes

• Service process dimensions
  • Services offered
  • Technical quality of services
  • Counselling quality
  • Quality of interpersonal relations
  • Access
  • Safety
  • Promotion of continuity of care
Defining “Value”

• How to measure the value of managed healthcare?

• A Donabedian Conceptual Framework: impact of quality health outcomes

• Service output dimensions
  - Client satisfaction
  - Client perception of quality
  - Client knowledge, attitudes
  - Client behaviours
  - Efficiency
Other CMS processes include:

- Minimum data set:
  - Focus on **CDL conditions** with clear link to the disease programs
  - Selection of CDL conditions linked to the top 10 prevalent chronic conditions
  - First step is to focus on **process indicators**
Other CMS processes

- Literature review on best practice models on managed care and assessment of quality health outcomes within managed care settings.
  - UK, Australia, US & Germany

**Important notes:** managed healthcare models and health quality assessment domains used in each country cover the supply and demand side of the market.
Other CMS processes

6. Qualitative analysis:
   » Clinical protocols
   » Disease programs
   » Managed care arrangements

– The review of clinical protocols will enable unpacking of the basket of care required for each disease program and a review of treatment care pathway defined within each clinical protocol.
Way-forward

- CMS will continue to **work with the industry** to collect relevant data and we must improve our systems to collect the data.

- CMS will also continue with its process of designing **minimum data spec** for each CDL / disease management program.
Way-forward

• Collect incidence rates per CDL per benefit option through the **SR system** (admission rates to hospital for prevalence specific beneficiaries)

• Collect process indicator information per CDL per benefit option through the SR system
• Adjust current value-added template by Accreditation Unit over time.

• MCO’s will be requested to demonstrate the value of their programs (through CMS accreditation process)
Conclusion

• CMS seeks to also link managed healthcare services and arrangements per benefit option and split aggregated managed healthcare cost per service at benefit option level.

• And adjust for differences in risk profiles before we compare.
Thank you