



Provider Leadership Consortium
March 14, 2017
Content from Breakout Sessions

The Three Questions:

1. If we are going to pay for performance, what measurements should we use?
2. What do you use to measure the quality of service for your consumers?
3. What types of outcomes do you use to convince consumers to choose your services?

Breakout Session Responses

Hospital Providers Group:

Question #1- If we are going to pay for performance, what measurements should we use?

1. **Transition of Care:** setting up aftercare, forwarding documentation (ambulatory follow up); linkage; housing or custodial issues (note or evidence documentation has been sent; fax transmittal to prove it has been sent)
2. **ED Usage:** LOS, recidivism; How long are people getting held, is treatment getting started there
3. **Readmission/Recidivism Rates:** for first hospital and any hospital; by complexity or diagnoses

Question #2- What do you use to measure the quality of service for your consumers?

1. **Patient satisfaction surveys (voluntary),** at discharge; ED consumers gets it by email, might have company aggregating and sending back to hospital
2. **Follow Up calls** (72 hours after discharge) experience, likes, what we could do better, aftercare linkage & meds
3. **HBIPS:** tobacco cessation, SUD, flu assessment, psychiatric advance directives (PAD); seclusion and restraint; health screening (A1C, glucose) from National Quality Forum to CMS

Question #3-- What types of outcomes do you use to convince consumers to choose your services?

1. **HBIPS** (public under Freedom of Info Act)
2. **Freestanding psychiatrics** may need to market more, as there is no ED there; Payers accepted, quickness to process referral, service lines (primary SUD, ECT, gero or child/adolescent; MAT or Suboxone); screeners available 24/7
3. **Psych Hospitals** don't need to market (full almost all the time); patient satisfaction

Corporate Office
901 South New Hope Rd.
Gastonia, NC 28054

Elkin Region Office
200 Elkin Business Park Dr.
Elkin, NC 28621

Hickory Region Office
1985 Tate Blvd. SE, Suite 529
Hickory, NC 28602

IDD Providers Group 1:

Question #1- If we are going to pay for performance, what measurements should we use?

1. Measuring movement towards the individual's independence and movement towards a meaningful life, based on individual preferences and quality of life.
2. Accreditation/Surveys/Audits/Licensing
3. Financial stability

Question #2- What do you use to measure the quality of service for your consumers?

1. The degree to which individuals and families participate in choosing direct care workers.
2. Length of stay in services.
3. Health and safety.

Question #3-- What types of outcomes do you use to convince consumers to choose your services?

1. The degree to which services provided match personal requests.
2. Testimonials.
3. Meaningful day and community connections.

IDD Providers Group 2:

Question #1- If we are going to pay for performance, what measurements should we use?

1. Community outcomes (person is integrated into activities in the community and hold value as a contributing member)
2. Accreditation standards (domains of the standards)
3. Quality of Life (medical, social, living arrangements, continuity of staff)

Question #2- What do you use to measure the quality of service for your consumers?

1. Quarterly Progress reports
2. Satisfaction surveys
3. Utilization of the service units as it relates to Medical Necessity

Question #3-- What types of outcomes do you use to convince consumers to choose your services?

1. History of Provider's reputation of providing quality services
2. Provider provides a safe and trusting environment while providing a continuum of services.
3. Provider places an emphasis on family supports, and keeping individuals in their natural and community environments.

MH-SUD Providers Group 1:

Question #1- If we are going to pay for performance, what measurements should we use?

1. If we are going to pay MORE for performance – the service and all that encompasses must match the rate
2. Matching the outcomes to the services/treatment
3. Use Outcomes Measures already in place and align with other funders (Service Definitions as approved by CMS) (EBPs) (National trends)

Question #2- What do you use to measure the quality of service for your consumers?

1. Standardization of tools and between MCOs
2. Fidelity tools
3. Tools that connect consumer to treatment and to the clinician and motivation to treatment

Question #3-- What types of outcomes do you use to convince consumers to choose your services?

1. Quality of Life (who defines this)
2. Access – user friendly
3. We help people to feel better – other people said we helped them

MH-SUD Providers Group 2

Question #1- If we are going to pay for performance, what measurements should we use?

1. Meaningful use and PQRS measures (use choice of established measures to reach outcome: diagnosis/service/population based)
2. Symptom improvement as evidenced by consumer, guardian, clinician and stakeholder satisfaction and objective measures (health metrics)
3. Planned vs unplanned discharge (percentage of) (benchmark must be realistic to allow for severity of illness for some consumers)

Question #2- What do you use to measure the quality of service for your consumers?

1. Client satisfaction surveys: include questions regarding functioning level and discharge follow-up
2. Post treatment monitoring and follow-up care
3. Level of engagement while in treatment (standardized measures, internally created tools, medical metrics/patient safety, and health indicators)

Question #3-- What types of outcomes do you use to convince consumers to choose your services?

1. Broad array of services and/or coordination of care
2. Individualized care with symptom management and improved functioning
3. Engagement, avoid disruptions in care and retention until EOC complete for individualized care