

Michigan Hospital Medicine Safety (HMS) Consortium

Adjusted Performance Measurement Methodology - Prior to 2020 Cohort



Historically, to assess performance, HMS utilized data submitted during the last quarter of a given year to allow sites to improve over the course of the year without impacting their pay for performance payment. With this method, looking at one quarter of data resulted in unstable and unreliable estimates of a hospital’s true performance. To mitigate this issue, the HMS Coordinating Center and the Data, Design, and Publications Committee (DDP) reviewed this approach and discussed potential solutions with other Blue Cross Blue Shield of Michigan (BCBSM) quality collaboratives, statistical/methodologic experts, and reviewed national approaches for performance assessment (i.e., Centers for Medicare & Medicaid Services (CMS)). As an outcome of these discussions, the Coordinating Center developed a new method to assess hospital performance similar to the way in which CMS assesses hospital performance nationally. This method was approved by the HMS DDP subcommittee and BCBSM in 2018.

The method for obtaining each hospital’s adjusted performance measurement utilizes all available data from the most recent 4 quarters. The collaborative-wide average and collaborative-wide improvement rate, as well as the average rate and improvement rate of each individual hospital are incorporated into the final adjusted rate. Each hospital’s adjusted rate reflects both change in performance over time and overall performance relative to the collaborative averages. The adjusted performance is a more stable and reliable estimate of each hospital’s current performance, their performance relative to collaborative as a whole, and better reflects the improvement work each hospital is doing over a given performance year.

Utilizing the adjusted method, there are several ways for hospitals to improve their performance scores over time. These include:

- Continued high performance for hospitals exceeding current performance thresholds
- Improvements over time
- High performance in a majority of quarters

The following table details the method of assessment used for each measure on the 2024 Performance Index scorecard:

Measure #**	Title	2024 Assessment Period	2024 Method of Assessment
5	Increase Use of 5 Days of Antibiotic Treatment in Uncomplicated Community Acquired Pneumonia (CAP)	ABX Discharge Dates: 8/1/24 – 11/6/24	Adjusted
6	Reduce Use of Antibiotics in Patients with Asymptomatic Bacteriuria (ASB) and Questionable Pneumonia	ABX Discharge Dates: 8/1/24 – 11/6/24	Adjusted
7	Increase Antibiotics Delivered within 3 hours of Arrival for Septic Shock Patients	Sepsis Discharge Dates: 6/2/24 – 9/7/24	Raw
8	Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting	Sepsis Discharge Dates: 6/2/24 – 9/7/24	Raw
9 (Active Malignancy)	Reduce Triple Lumen Use and PICCs in for ≤5 Days (excluding deaths) in Active Malignancy Patients	PICC Insertion Dates: 11/9/23 – 11/6/24	Raw
9 (Critical Care)	Reduce Triple Lumen Use in Critical Care Patients	PICC Insertion Dates: 11/9/23 – 11/6/24	Raw
10*	Reduce Use of Inappropriate Empiric Broad-Spectrum Antibiotics for Patients with Uncomplicated CAP	ABX Discharge Dates: 8/1/24 – 11/6/24	Raw Collaborative Average

*Measure 10 is a collaborative wide measure

**Measures 1-4 are participation-based measures and are not adjusted