



How Should We Measure System Quality?

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Disclosure

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No conflicts of interest



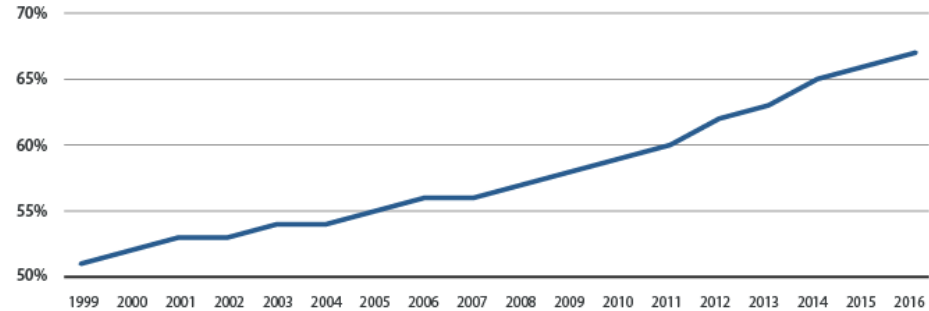
Rapid Pace of Hospital Consolidation

Drivers of consolidation

- Market share
- Economies of scale
- Leverage with insurers
- Alternative payment models
- Population health management

Fewer hospitals are independent of health systems

Percent of community hospitals belonging to health systems, 1999–2016



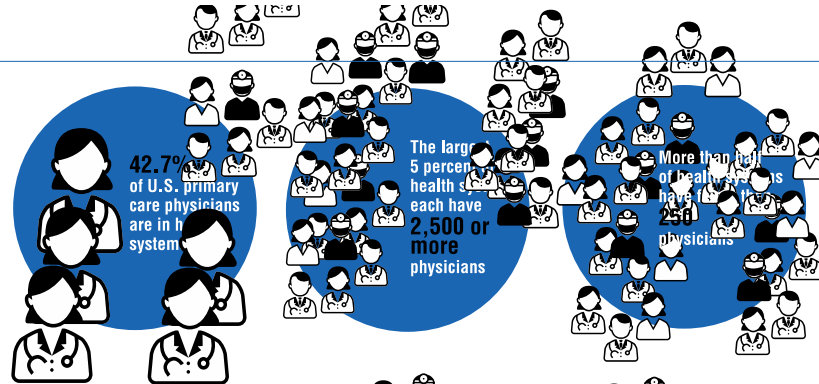
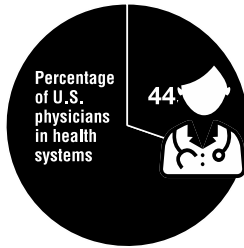
Source: American Hospital Association, "Trendwatch Chartbook 2018" (2018), Table 2.1: Number of Community Hospitals, 1995–2016, available at <https://www.aha.org/system/files/2018-05/2018-chartbook-table-2-1.pdf>.

CAP

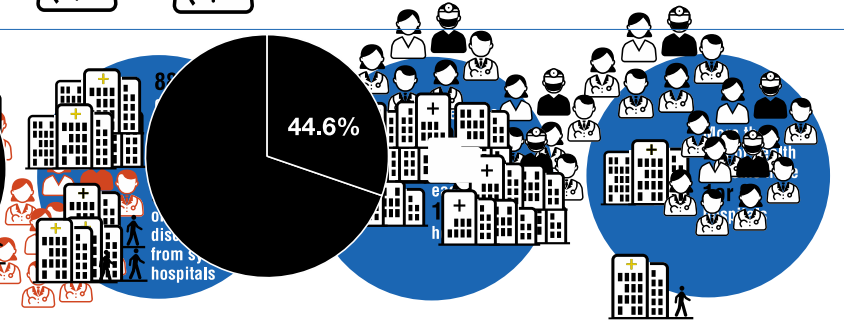
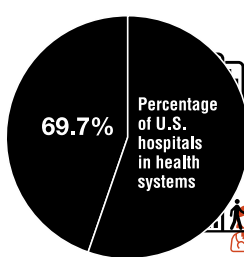
Over 90% of Medicare discharges occur from hospital systems

Heterogeneity of Systems: An Opportunity to Learn What Works

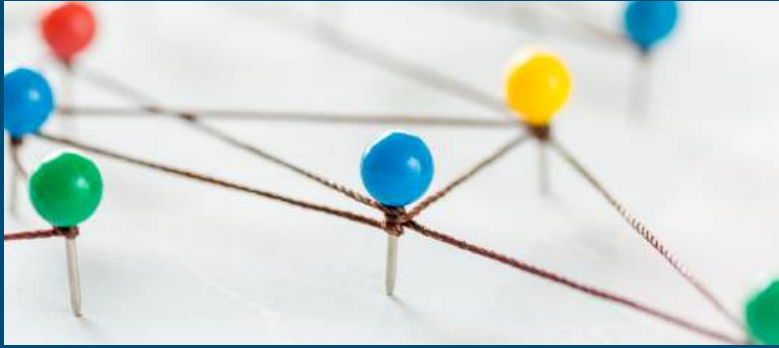
PHYSICIANS



HOSPITALS



Advantages of hospital systems



Rationalization of sites of care

Internal selective referral

Avoid low-volume surgery

Create “focused factories”

Disseminate best practices

Attributed population

Systems Can Address Barriers to Care Optimization



Care coordination infrastructure



Improving EHR integration/interoperability, telehealth



Attribution of patients



Population health model evolution



Skin in the game from referring docs



Referring docs within system or tightly related



Hospital competition



Hospitals in same system



Inequities in social risk and access to care



Bundled payments



Appropriateness



This one is hard

Consolidation Has Not Improved Care

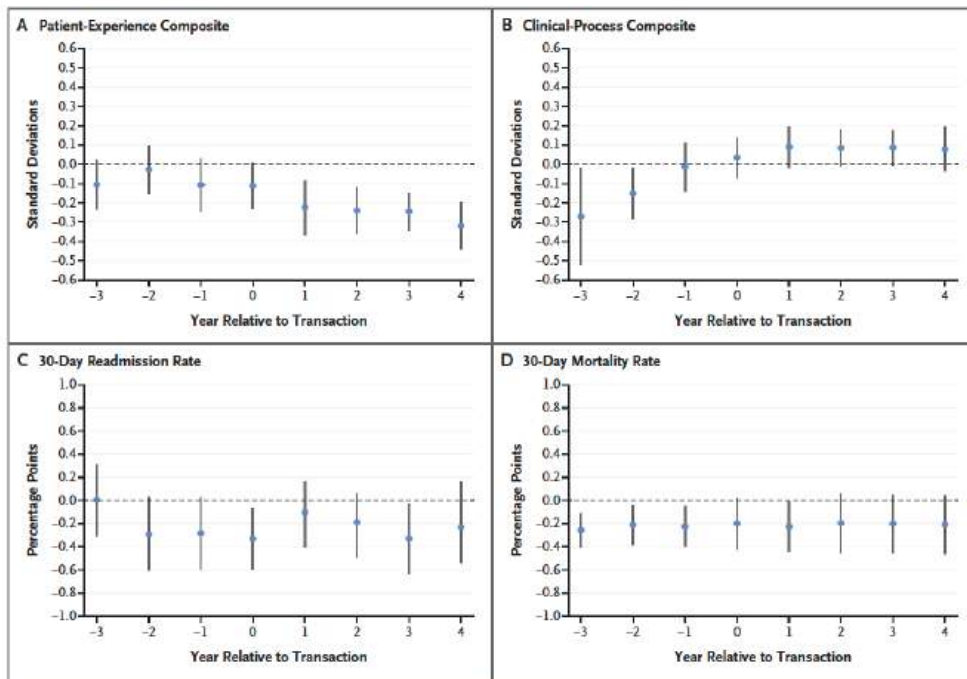


Figure 1. Differences in Performance between Acquired Hospitals and Control Hospitals before and after Acquisition.

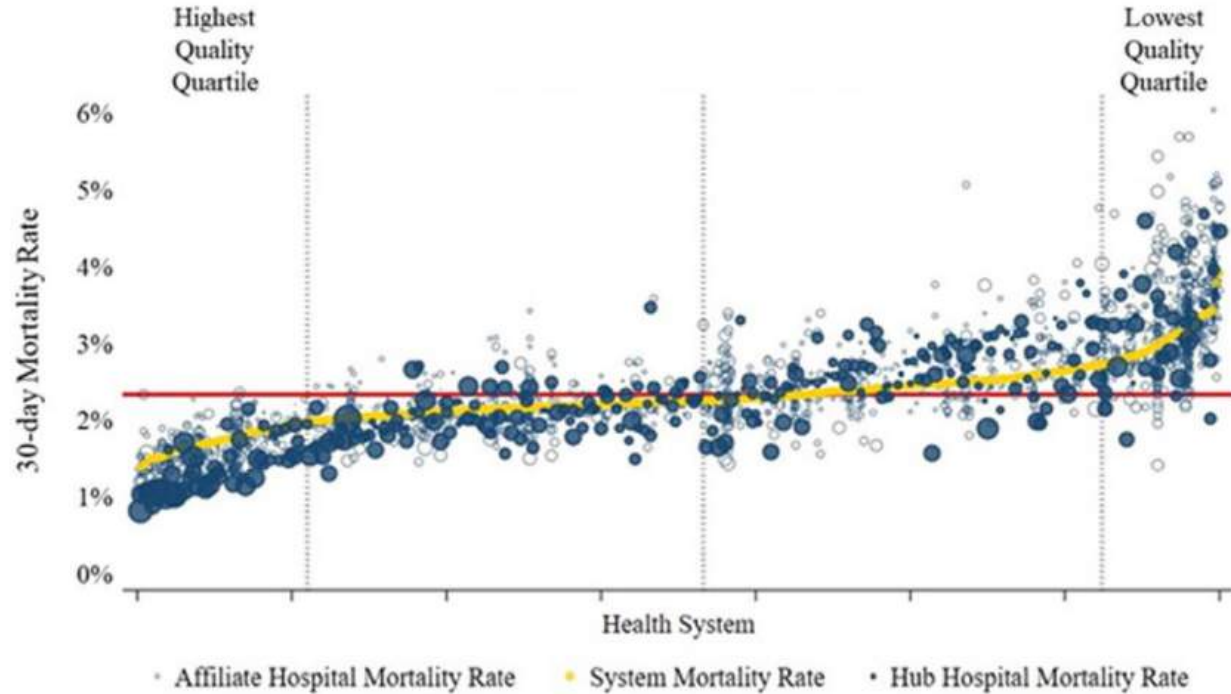
The difference in adjusted performance between acquired hospitals and control hospitals is plotted for each year relative to the transaction year, with error bars denoting 95% confidence intervals.

- M&A 2009-2013
- Data through 2016
- No change in readmissions, mortality, or clinical process measures
- Worse patient experience

Beaulieu ND et al, NEJM 2020.

What Makes a High-Quality System?

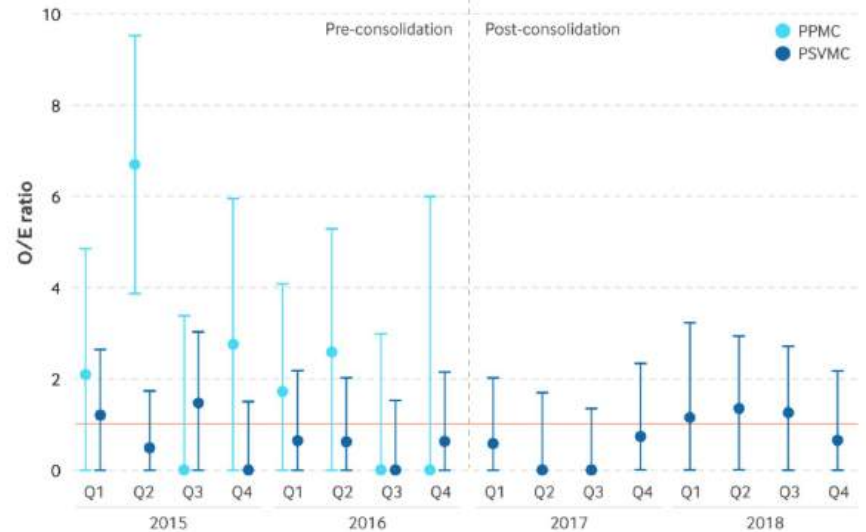
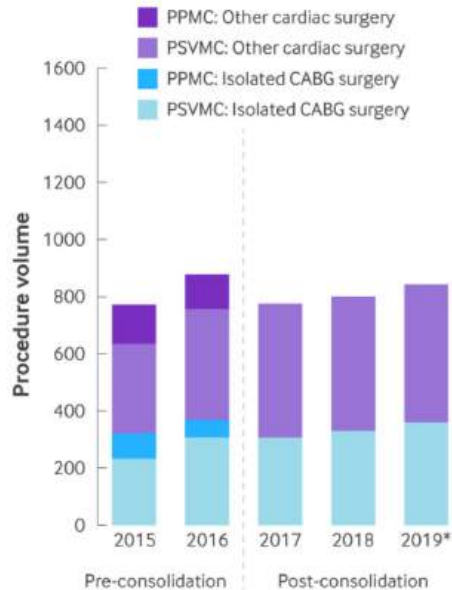
- Highest-quality systems
 - Fewer hospitals
 - Geographically concentrated hospitals
 - More procedures per hospital
- Diverse structural phenotypes



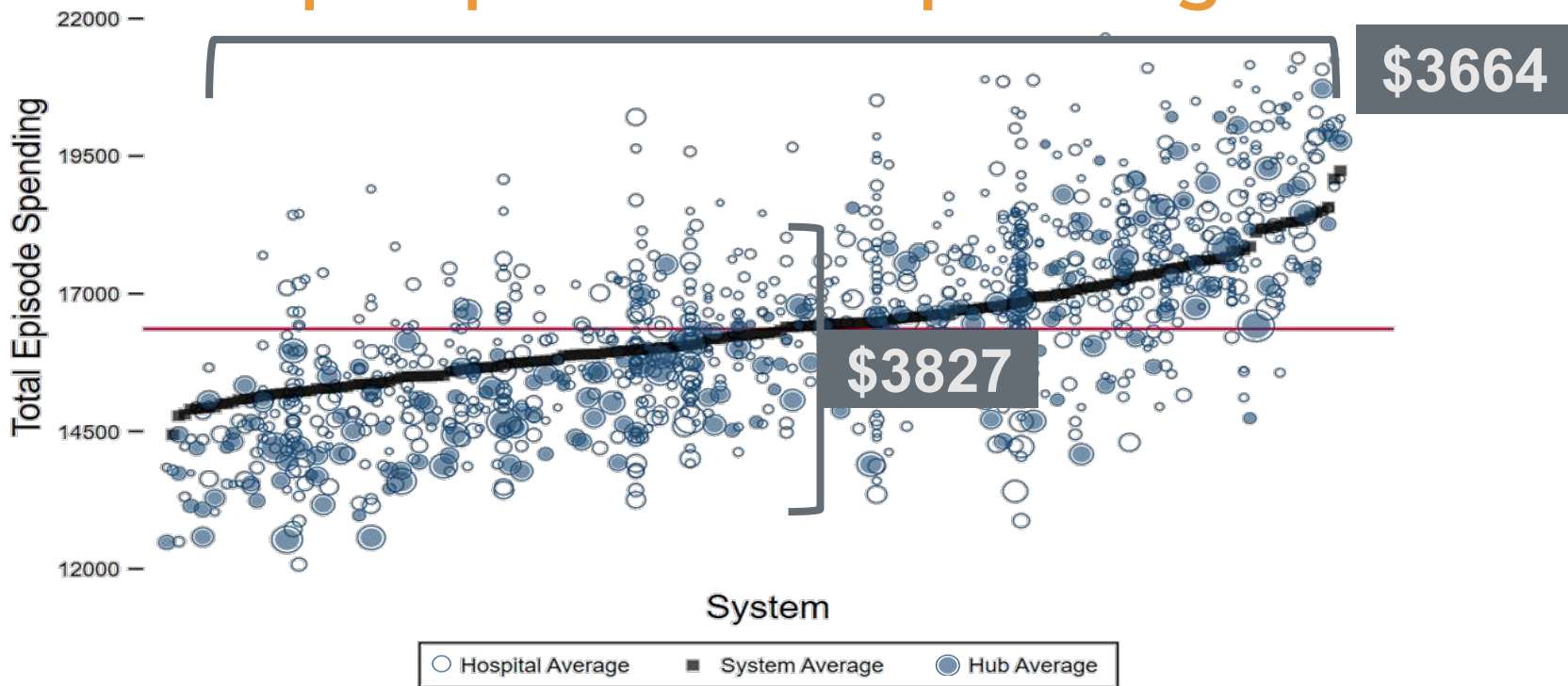
Learning From Success Stories

Providence St. Joseph Health System (Oregon)

- 2 hospitals
- 40% of local cardiac surgery market
- 9 miles apart



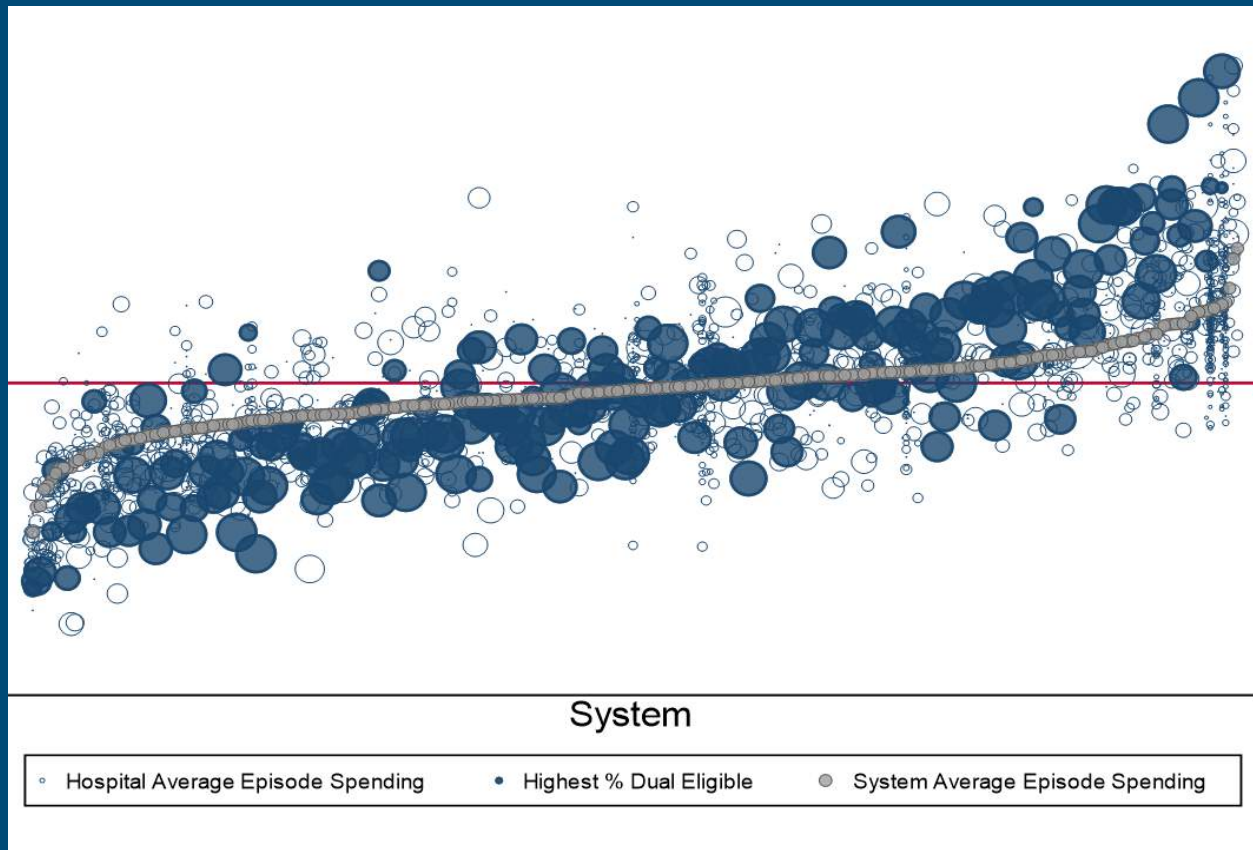
System Variation in Hip Replacement Spending



Systems Can Mitigate Social Risk

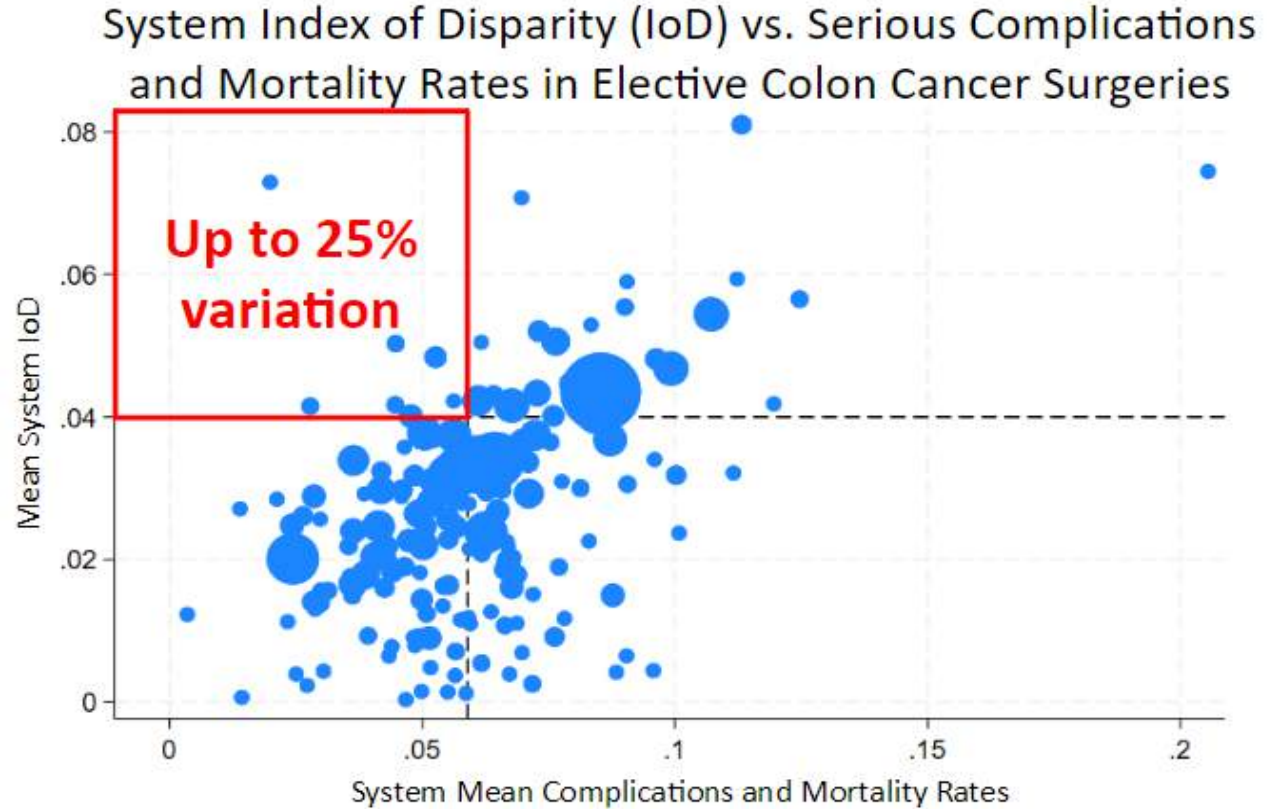
Lowest spending systems

- Lower spending for DE patients
- Less variation in spending between DE and Medicare
- More concentrated volume

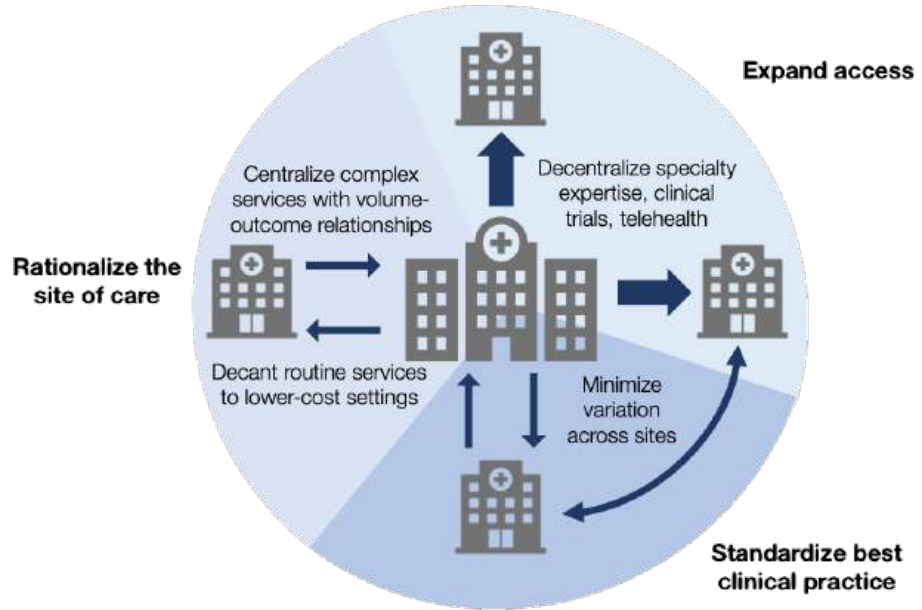


Measuring “Systemness”: Consistency is Key

- What is “Systemness?”
- Index of Disparity: how different are hospital outcomes in the same system?
- Summary measure of consistency of outcomes
- Track over time



A Vision for Hospital System Optimization



Future Directions



What can we learn from high-performing systems?



How do we create the right incentives for hospital systems to improve quality and costs?



How should we measure hospital system performance?



How can systems ensure equity in care delivery?



Discussion Questions

What is your organization doing at a system-level that you would want to be measured on and/or receive credit for improving?

What are some opportunities that you would like to see incentivized to increase support and progress on the initiative?

What metrics/measures would you want to monitor for variation across the system?

Enter your group's responses at
www.menti.com
code 2970 3111

