

# CON Process, MQF Participation

- Commissioner must determine that the project:
  - Ensures high quality outcomes and does not negatively affect the quality of care delivered by existing service providers
  - Does not result in inappropriate increases in service utilization
  - Applicant is fit and able....whether the quality of any health care provided in the past by the applicant or a related party..... meets industry standards

# MQF and MQF-AC

- Define quality and safety
- Define required attributes of quality metrics
- Describe utilization in the language of effective care, patient centered care and supply sensitive care.

# MQF Consults on each application

- Adds specific information requests for each applicant where appropriate
- Analyzes each applicants evidence of quality
- Analyzes issues of utilization usually on a population basis
- Recommends other metrics
- Provides medical view point to CON staff
- Does not render opinion of approval or disapproval

# Voluntary Practice Assessment

- Infrastructure and staff in place
- Metrics chosen
- 100 target physicians have volunteered.

# *In a Heart beat*

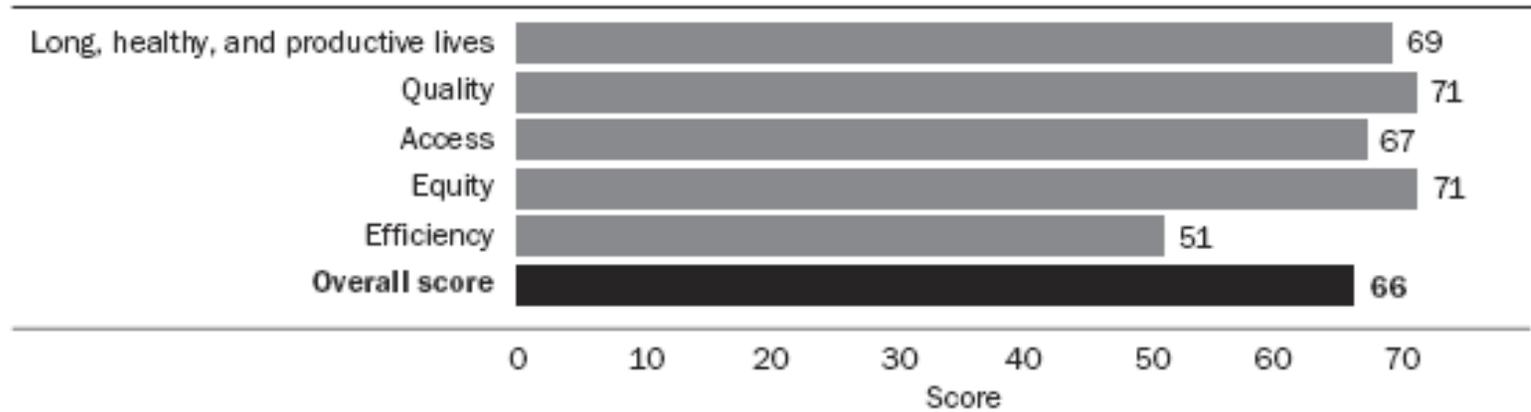
- Care guide of harmonized care of STEMI agreed upon
- Metrics and definitions in place
- RFP for data collection (in approval process)
- Community engagement program supported by heart centers, close
- November 9<sup>th</sup> state wide implementation meeting occurring in Augusta and 4 remote sites

# Key Questions

- What is healthcare quality?
- What is complex systems theory?
- What is the role of state government in improving healthcare quality?
- What is the value of our investment in MQF? (The business case for MQF)

## EXHIBIT 7

### Summary Of Scores: Dimensions Of A High-Performance Health Care System



**SOURCE:** Authors' calculations based on scores in Exhibits 1-6. Quality: average of (1) right care, (2) coordinated care, (3) safe care, and (4) patient-centered, timely care. Equity: average of income, insurance, black, and Hispanic.

# SELECTED EFFICIENCY INDICATORS FOR U.S. HEALTH CARE SYSTEM

<u>Dimension and Indicator</u>	<u>MQF Activity</u>	<u>MQF Statutory Task</u>
<b>Overuse or Waste</b> Duplicate tests Results or records not at appointment Imaging for back pain not indicated CON process	HealthInfoNet  HealthInfoNet  Advanced imaging variation Documenting supply sensitive care issues	Promote HIT   Comparative performance best practice
<b>Ambulatory care sensitive conditions admissions</b>	Practice Assessment Program Planned care implementation Quality Counts !	Promote and measure best practice Promote best practice
<b>Medicare annual costs of care chronic conditions</b>	Planned care implementation	Promote best practice
<b>Physician use emr</b>	Practice assessment Planned care Information supporting P4P	Promote HIT Comparative performance best practice

# COSTS OF COMPLICATIONS AND REWORK

Healthcare Associated Infections	Quality data set Central line BSI Ventilator bundle Central line bundle	Promote best practice
Endorsed Safety Practices	Safety Star Recognition Program Introduction of quality and safety metrics to CON process	Promote best practice
Provider level metrics of quality and safety	AHRQ Patient Safety Indicators Inpatient Quality Indicators	Comparative performance best practice