

Medicare hospital gain-sharing model



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This program is aimed at improving the efficiency and quality of care offered to patients by testing and evaluating arrangements between physicians and hospitals. Under this model, hospitals gain-share payments with physicians accrued from savings incurred due to collaborative efforts between the two in improving overall efficiency and quality. This program aligns incentives between physicians and hospitals with the purpose of improving the efficiency and quality of inpatient care, as well as the financial and operational performance of hospitals.

Physician Group Practice Model

This model provides incentives for cost efficiencies and quality improvements in physician group practices. The aims of this model are to encourage coordination of health care under Medicare, investment in administrative processes and structures for efficiency in service delivery and reward physician for improving health care processes and outcomes (Cromwell et al, 2011). This model has 32 quality measures for addressing various diseases including coronary artery disease, heart failure, hypertension, diabetes mellitus as well as preventive care. The program utilizes patient-physician relationships thereby strengthening the capabilities of health care providers in managing and improving care for patients. In this model, each physician group share savings accrued from caring for patients assigned within Medicare, such that higher performance translates to higher savings. It incorporates various technology including patient monitoring systems, patient disease registries, and electronic medical records to enhance efficiency in practice and quality of patient care (Cromwell et al, 2011).

Premier Hospital Quality Incentive model

This model provides financial rewards to hospitals demonstrating high quality performance in acute care. Consequently, top-performing hospitals in acute care delivery get high payments for Medicaid patients. This model has 33 quality indicators for various clinical conditions including knee and hip replacement, bypass surgery, pneumonia, acute myocardial infarction and heart failure (Cromwell et al, 2011). According to Lindenauer et al (2007), for each clinical condition, a hospital with the highest performance in the top decile on a composite measure of a given quality per year received a 2 percent payment together with the usual Medicare reimbursement rate. This program has indicated improved outcomes in quality of care for patients with the above-mentioned clinical conditions (Lindenauer et al, 2007).

Role of Health Information Management Staff in Value Based Purchasing

Value based purchasing is a reimbursement strategy linking payments to performance. It provides rewards to suppliers and providers for high quality and efficient services as well as for public reporting of the performance. Value based purchasing in healthcare will be guided by use of information technology, especially electronic health records in provision of well-coordinated, efficient and quality healthcare to patients. Therefore, health informatics managers will have to ensure that information technology is used in supporting best practice in clinical pathways and guidelines, thereby reducing medical errors. It is suggested that health information technology enables providers and physicians to collaborate and coordinate on patient care, which improves health care outcomes and enables providers to achieve

performance standards, thereby earning their value based purchasing bonus payments (Center for Medicaid and Medicare Services, 2011). Hence, health information management staff has the responsibility of establishing of electronic support for identifying and tracking patients, supporting clinical decisions, and documenting patient information for delivery of quality care. Patient controlled health records are an essential element of quality outcomes as they enable individuals to make health decisions and share information with healthcare providers. Therefore, health information management staff has the responsibility of adopting such technology to provide patients with summaries of medical and health history information to support decision making for quality health outcomes (Center for Medicaid and Medicare Services, 2011). In line with this, health informatics staff has to ensure security and privacy of such information for realization of quality standards established under the value based purchasing. Hence, health informatics staff should put in place the technological infrastructure needed for value-based purchasing.

There are various models in operation under the pay-for-performance program. This paper analyses three models including Medicare hospital gain sharing, physician group practice, and Premier hospital quality incentive models