



Development and Implementation of a Pay-for-Performance System in Maryland
February 2009

LIFESPAN POSITION

- LifeSpan supports the development and implementation of a pay-for-performance program. Given economic uncertainty, LifeSpan will support a three-year phase-in of the program rather than full implementation beginning July 1, 2009.
- A three-year phase-in will: 1) provide an incentive for facilities to improve their performance; 2) award facilities for their performance; 3) allow DHMH to collect benchmark data; and 4) assist DHMH and the industry in evaluating the program to determine what changes may be needed to measure and enhance quality of care.

HISTORY

- Session 2006 - Budget language required the Health Facilities of Maryland and LifeSpan to jointly develop a proposal linking payment to quality of care measures. DHMH required to develop its own proposal. Both proposals submitted to the General Assembly for review.
- Session 2007 – Senate Bill 101/House Bill 130 required that, beginning July 1, 2008, a portion of the revenues from the quality assessment be distributed to nursing facilities based on accountability measures that indicate quality of care or a commitment to quality of care. DHMH instructed to develop the measures with representatives of the nursing facilities and other stakeholders.
- Session 2008 – Senate Bill 677/House Bill 809, at the request of the nursing home industry, delayed implementation of a pay-for-performance program until July 1, 2009 to allow additional time to develop the measures. DHMH convened a workgroup to develop measures and sent a report to the General Assembly in December 2008. LifeSpan and HFAM both participated on the workgroup along with several consumer groups.

ACCOUNTABILITY MEASURES

Category and Assigned Points	Rating Criteria
Family Satisfaction Survey (40 points)	Overall Experience <ul style="list-style-type: none"> ▪ Would you recommend this nursing home? ▪ How would you rate the care in this nursing home? Five Domains <ul style="list-style-type: none"> ▪ Staff and Administration of the Nursing Home ▪ Physical Aspects of the Nursing Home ▪ Autonomy and Resident Rights ▪ Care Provided to Residents ▪ Food and Meals
Nursing Staffing and Retention (40 points)	Staffing – 20 points <ul style="list-style-type: none"> ▪ Nursing Facility Wage Survey ▪ 4.13 hours of nursing per resident benchmark based on CMS Study. Hours will be adjusted for resident acuity. Retention – 20 points <ul style="list-style-type: none"> ▪ Nursing Facility Wage Survey ▪ Two years in a position articulated by the nursing facility wage survey
MDS Outcomes (16 points)	<ul style="list-style-type: none"> ▪ Percent of High-Risk Residents Who Have Pressure Sores ▪ Percent of Residents Who Were Physically Restrained ▪ Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder ▪ Percent of Residents with a Urinary Tract Infection ▪ Percent of Long-Stay Residents Given Influenza Vaccination During the Flu Season ▪ Percent of Long-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination
Employment of An Infection Control Coordinator (2 points)	Per COMAR.
Staff Vaccinations Against Influenza (2 points)	The benchmark will be 80 percent, which is based on an epidemiological threshold necessary to achieve herd-immunity. Nursing facilities reaching the benchmark of 80 percent will receive the full 2 points.

