



Integrated Health Care: Setting Metrics and Measuring Outcomes

OVERVIEW

The 1115 Medicaid Transformation Waiver requires that regional health partnerships (RHPs) demonstrate improved outcomes, decreased costs and improved consumer experience. It is critical that RHPs define appropriate metrics and measure the right outcomes to ensure that they are reaching the triple aim through their integrated health care projects. Metrics and outcomes will be unique to each specific region and project. As these projects launch in 2013, it is critically important that outcome measurement be included in the design of each new program. It is much harder to implement a system for evaluation retroactively. Additionally, for the most robust picture, RHPs should include both qualitative (patient perspective) and quantitative (information from health records) data. While there is a great deal of research in the field, there is currently no agreed-upon set of measures for evaluating integrated health care programs. Below is a recommended set of performance measures for a program serving the dually eligible (Medicaid and Medicare) population adapted from *Integrated Care Program: Performance Measures Recommendations (2006, Center for Health Care Strategies)*.

Example: Recommendations for Performance Measures

Domain	Measure	Definition	Source	Data Format
Behavioral Health	Ability to get behavioral health services quickly	In the last 12 months: -Did you need counseling or treatment right away? -When you needed counseling/treatment right away, how often did you see someone as soon as you wanted? -Not counting the times you needed counseling or treatment right away, did you make any appointments for counseling or treatment? -Not counting the times you needed counseling or treatment right away, did you make an appointment for counseling or treatment as soon as you wanted?	Experience of Care and Health Outcomes Survey (ECHO)	Consumer Survey
	Effectiveness of behavioral health services	Rate of readmission to psychiatric hospitals within 30 days and 180 days.	National Outcomes Measurements Set (NOMS)	Utilization Data
Care Coordination	Effectiveness of care coordination services	Proportion of people reporting that service coordinators help them get what they need.	Health Services Research Institute (HSRI)	Consumer Survey
	Effectiveness of care coordination services	Percent of people who feel it is a problem to receive advice/assistance from more than one case manager or care coordinator.	Indiana Medicaid Select	Consumer Survey
Care Transitions	Quality of preparation for post-hospital care from the patient's perspective	-The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital. -When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. -When I left the hospital, I clearly understood the purpose for taking each of my medications.	Care Transitions Measures-Core Set (CTM-3)	Consumer Survey
Functional Status	Rate of consumer functional assessment	Percentage of members screened to identify impairments in physical and cognitive functioning annually.	National Health Policy Group (NHPG)	Utilization Data
	Activities of daily living/instrumental activities of daily living	Functional Assessment Tool	Outcome & Assessment Information Set (OASIS)	Provider Survey