



maryland
health services
cost review commission

EQIP Subgroup

January Meeting

01/17/2025

Agenda

- Introductions
- Evaluation of the Maryland EQIP Performance Year 1 Results
 - Dobson & DaVanzo Health Economics Consulting
- PY4 Enrollment Administrative Updates
- PY3 & PY4 Data Release Schedule
- PY5 Episodes Development
- EQIP Practice Transformation Grant
- **Rebasing Discussion**

Evaluation of the Maryland Episode Quality Improvement Program (EQIP)

PRESENTED TO: Maryland Health Services Cost Review Commission (HSCRC) EQIP
Subgroup Meeting

01/17/2025

PRESENTED BY: Dobson DaVanzo and Associates, LLC (Dobson | DaVanzo)

PREPARED BY: Al Dobson, Ph.D., Sandra Agik, M.S., Michael Beins, M.S., and Seung
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Presentation Overview

- **Introduction**
- **Methodology**
- **Key Findings**
- **Conclusions and Next Steps**
- **Questions**

Introduction

Introduction

- **Study Objectives**
 - Dobson | DaVanzo was commissioned to review and present the results for the first performance year (PY1) of the Episode Quality Improvement Program (EQIP)
 - We conducted analyses to replicate results calculated by HSCRC and conducted a literature review to compare EQIP results to the other bundled payment programs and assess how the choice of methodology may impact findings

Key Features of EQIP

Participation	<ul style="list-style-type: none">• Voluntary participation for general and specialist physicians• Entities must meet minimum episode volumes to be eligible*
Spending Targets	<ul style="list-style-type: none">• Based on same entity's 2019 data trended forward using CMS PPS market basket and HSCRC update factors
Risk Adjustment	<ul style="list-style-type: none">• No risk adjustment
Episodes	<ul style="list-style-type: none">• Performance Year 1 included 15 Prometheus clinical episode categories across three clinical specialty categories: Orthopedics, Cardiology, and Gastroenterology
Risk Sharing	<ul style="list-style-type: none">• Upside only risk• Entities held accountable for dissavings by requirement to offset dissavings with future savings and program removal following two consecutive years of dissavings• Participants must attain a minimum savings threshold of 3 percent before receiving shared savings
Shared Savings	<ul style="list-style-type: none">• Portion of savings earned by entity is tiered based on historical performance on specific clinical episodes across the entire state• Additional incentive payments based on performance on 3 quality measures

* To be eligible to participate in EQIP, the entity must be attributed 11 or more clinical episodes within each clinical episode category OR 50 or more episodes across all clinical episode categories in which they elect and are eligible to participate.

Methodology

Data and Approach

- **Data**

- We obtained episode level data on Medicare spending and utilization for the baseline and PY 1 periods from HMetrix



- **Approach**

- Dobson | DaVanzo replicated the methodology that HSCRC used to derive program savings
- We also conducted a literature review to compare EQIP PY1 results to other similar bundled payment programs

Analytic Methodology

- HCRC's methodology compared an entity's PY 1 spending to target costs set using 2019 baseline data trended forward
- Analytic steps are outline below:

- Step 1: Calculate the Episode Target Price

$$\text{Episode Target Price}_{\text{Category}} = \frac{\text{Total Episode Costs at Baseline trended to PY 1 Prices}}{\text{Number of Episodes at Baseline}}$$

- Step 2: Calculate the Aggregate Target Price (ATP)

$$\text{Aggregate Target Price} = \text{Sum} (\text{Episode Target Price}_{\text{Category}} \times \text{Volume of Episodes in PY}_{\text{Category}})$$

- Step 3: Determine Performance Year Costs

$$\text{Performance Year Costs} = \text{Sum} (\text{Episode Costs for all Episodes in Performance Year})$$

- Step 4: Determine Performance Year Savings

$$\text{Performance Year Savings} = \text{Performance Year Costs} - \text{Aggregate Target Price (by entity)}$$

Key Findings

Overall Savings

- **EQIP results:**
 - Entities with positive savings saved approximately \$20 million , approximately 7.7% of target costs for entities showing positive savings (or 5.1% of total target costs)
 - Savings for all entities totaled \$12 million (or 3% of total target costs)

Performance Year 1 Results Overall¹

Clinical Episode Categories	Number of Entities	Volume of Episodes	Aggregate Target Price	PY 1 Episode Payments	Total Savings	Savings Rate	Savings Per Episode
All Entities	50	37,758	\$397,464,832	\$385,701,806	\$11,763,026	3.0%	
Entities with Positive Savings	19	29,557	\$260,925,858	\$240,774,722	\$20,151,136	7.7%	\$682

- **Comparison to other programs:**
 - Formal evaluations of CMS’ bundled payment initiatives have shown overall cost savings ranging from 3 to 5 percent²
 - For example, hospitals under BPCI Model 2 showed savings of 3.1%, while physician group practices achieved 4.9% savings

Distribution of Savings by Episode Category

- EQIP Results:**

- Orthopedics represented the largest share of episodes by percent of baseline spending and appeared to generate the largest savings
- In aggregate, in PY 1 only orthopedics episodes generated savings

- Comparison to other programs:**

- Consistent with studies evaluating BPCI, procedural (surgical) episodes were more likely to generate savings^{1,2}
- One study showed that savings for medical episodes increased over time as hospitals continued participation in bundled payments—suggesting that with experience they may be increase savings³

Distribution of Savings by Clinical Episode Category⁴

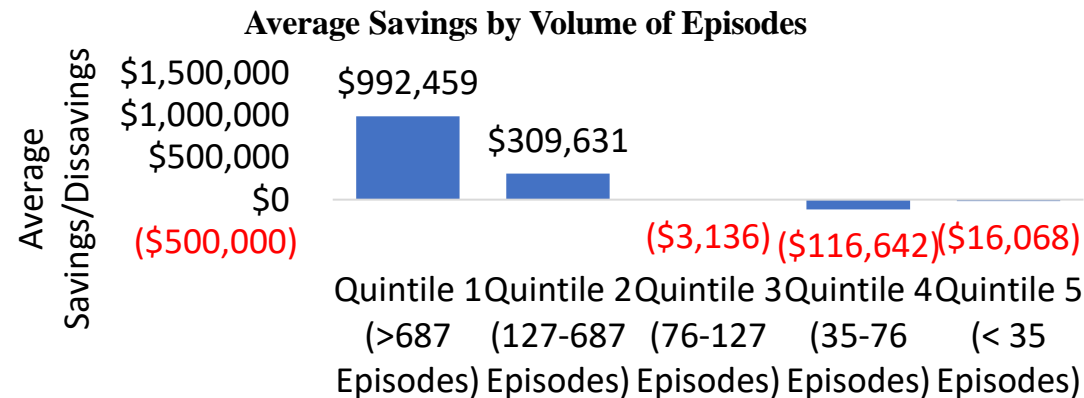
Episode Name	Savings Rate	Average Savings Per Episode
Acute Myocardial Infarction	-1.70%	(\$529)
CABG &/or Valve Procedures	-4.60%	(\$3,006)
Coronary Angioplasty	1.00%	\$267
Pacemaker / Defibrillator	3.90%	\$1,216
Total Cardiology	-0.30%	(\$105)
Colonoscopy	1.80%	\$20
Colorectal Resection	-13.20%	(\$4,532)
Gall Bladder Surgery	-6.30%	(\$961)
Upper GI Endoscopy	3.60%	\$59
Total Gastroenterology	-1.80%	(\$35)
Hip Replacement & Hip Revision	7.90%	\$1,784
Hip/Pelvic Fracture	-8.60%	(\$2,935)
Knee Arthroscopy	8.50%	\$322
Knee Replacement & Knee Revision	9.40%	\$2,105
Lumbar Laminectomy	0.60%	\$88
Lumbar Spine Fusion	8.90%	\$4,642
Shoulder Replacement	-6.90%	(\$1,647)
Total Orthopedics	5.90%	\$1,419

- CMS. (2022) Synthesis of Evaluation Results across 21 Medicare Models, 2012-2020.
- Finkelstein, A., Ji, Y., Mahoney, N., & Skinner, J. (2018). Mandatory Medicare bundled payment program for lower extremity joint replacement and discharge to institutional postacute care: interim analysis of the first year of a 5-year randomized trial. *Jama*, 320(9), 892-900.
- Rolnick, J. A., Liao, J. M., Emanuel, E. J., Huang, Q., Ma, X., Shan, E. Z., ... & Navathe, A. S. (2020). Spending and quality after three years of Medicare's bundled payments for medical conditions: quasi-experimental difference-in-differences study. *bmj*, 369.
- Savings do not reflect exclusion of episodes below MSR, as that is applied at an entity level

Distribution of Savings by Entity Size

- EQIP Results:**

- Practices with a higher volume of episodes (Quintile 1 and 2) were more likely to achieve positive savings compared to practices with lower volume of episodes that were less likely to generate positive savings (Quintile 4, and 5)



- Comparison to other programs:**

- Studies in the literature show similar trends. Under CJR, for example, hospitals that achieved savings tended to be larger (with more than 400 beds), with a higher volume of Medicare procedures¹

Post-Acute Care Utilization

- **EQIP program results:**
 - PY1 beneficiaries tended to use less SNF care, use slightly more home health and returned to the community (home) more often

Comparison of Percent of Discharges to Post-Acute Care in the Baseline Year vs. PY 1, by Setting

	Cardiology		Gastroenterology		Orthopedics	
	Baseline Year	PY 1	Baseline Year	PY 1	Baseline Year	PY 1
Community	73.30%	73.30%	99.00%	98.90%	50.00%	54.20%
Home Health	15.30%	18.30%	0.80%	1.00%	32.30%	36.80%
Hospice	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%
Inpatient Hospital	3.60%	4.10%	0.00%	0.00%	2.80%	2.70%
Skilled Nursing Facility	7.70%	4.30%	0.20%	0.10%	14.80%	6.30%

- **Comparison to other programs:**
 - Studies have shown that bundled payment savings are likely due to reductions in post-acute care costs
 - One study found that approximately half of hospitals' savings stemmed from changes in the utilization of post-acute care¹

1. Glickman, A., Dinh, C., & Navathe, A. S. (2018). The current state of evidence on bundled payments. LDI issue brief, 22(3), 1-5.

Impact of Analytic Methodology on Estimated Savings

- 1. Savings calculated using target prices may be subject to bias due to self selection and other confounding factors—leading to savings that are over or understated**
 - Quasi-experimental methods, such as differences-in-differences analyses that compare the spending of program participants pre- and post-implementation of the program to a comparison group of non-participants can lead to more accurate results
- 2. Lack of risk adjustment is less likely to impact savings given that EQIP uses the same entity's historical episode spend to calculate target price**
 - A study found that risk adjustment may not be necessary when target episode prices were set using hospital historical spending but may be important when regional episode spending was used to calculate benchmarks¹

Impact of analytic methodology on Estimated savings (continued)

3. No indication of selective participation despite voluntary nature of EQIP

- Selective participation could bias program evaluation results if for example, participating providers are more efficient and thus more likely to generate savings
- In the first phase of this project, we conducted analyses to compare EQIP participating and non-participating provider and patient characteristics in 2019 (the baseline year)
 - Results showed that participating providers were not any different in from non-participating providers both based on the provider characteristics and patient characteristics

4. Using 2019 data to calculate the target price, may not accurately reflect the case-mix increases and spend post-COVID-19 PHE

Questions

Dobson DaVanzo & Associates, LLC (Dobson | DaVanzo) is a health economics and policy consulting firm based in the Washington, D.C. metropolitan area

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PY 4: Administrative and Enrollment Updates

PY4 Enrollment Summary

EQIP entities enrolled: 128
Total Care Partners: 3,362
Specialties represented: 38
Smallest Entity: 1 CP
Largest Entity: 244 CPs

Clinical Episode Categories	Number of EQIP Entities
Allergy	26
Behavioral	13
Cardiology	20
Dermatology	9
Emergency Care	21
Gastroenterology	23
Ophthalmology	8
Orthopedics	70
Pulmonology	24
Rheumatology	10
Urology	18

PY4 Enrollment: CPA Compliance and Probation Status

- Care Partner Arrangement: As per the State and UMMC's Agreement with CMS, Infrastructure Payments may not be distributed to an "individual or entity other than a Care Partner with whom the Hospital has a fully executed written Care Partner Arrangement."
 - Care Partners who did not submit CPAs have been removed
- PY3 Care Partner Eligibility: Care Partners on Probation in PY3, who did not touch a claim during PY3 Q1-2 are no longer be eligible for PY4. Care Partners can re-enroll for PY5.
 - Email notifications were sent out on Friday 1/10/2025 to all the Entity POCs alerting them to which Care Partner is no longer eligible.

Please refer to the EQIP Entity Portal (EEP) for current Care Partner list including finalized care partner agreement status

Final Eligibility Audit and Probation Status

- Volume Thresholds: Due to the composite of final Care Partner lists, some entities may fall below threshold for certain episodes. For a single episode, threshold = 11 episodes in the baseline and across all episodes of participation, threshold = 50 episodes in the baseline
- Care Partner Probation: Care Partners who do NOT touch a claim in baseline are considered on probation and must touch a claim in PY4 q1-2 to be eligible for PY5.
- Quality Metrics: Entities will be notified if baseline quality metrics fall in the lowest decile in the state. Entities who do NOT meet minimum quality performance during PY4 q1-2 will be placed on quality probation for PY5.

Entities will be notified via email on their final status by Friday, January 24th



Data Release Schedule

EQIP Data Release

- All data in EEP and used for EQIP analyses derive from the Claim and Claim Line Feed (CCLF) file
- The EQIP Suite (EEP) publishes Final Completed Episode Data only
 - *Final Completed Episode Data*: Data for episode that has completed episode timeline and finalized after claims run out (approx. 90 days)
- PY3 uses the Prometheus Grouper which is run by Change Healthcare and released quarterly.
- Starting in PY4, the PACES grouper will be used and allows HSCRC/CRISP to release data monthly.
 - New Preliminary Trigger Beneficiary List will be available in the EQIP Portal

EEP - Tentative Release Date Schedule

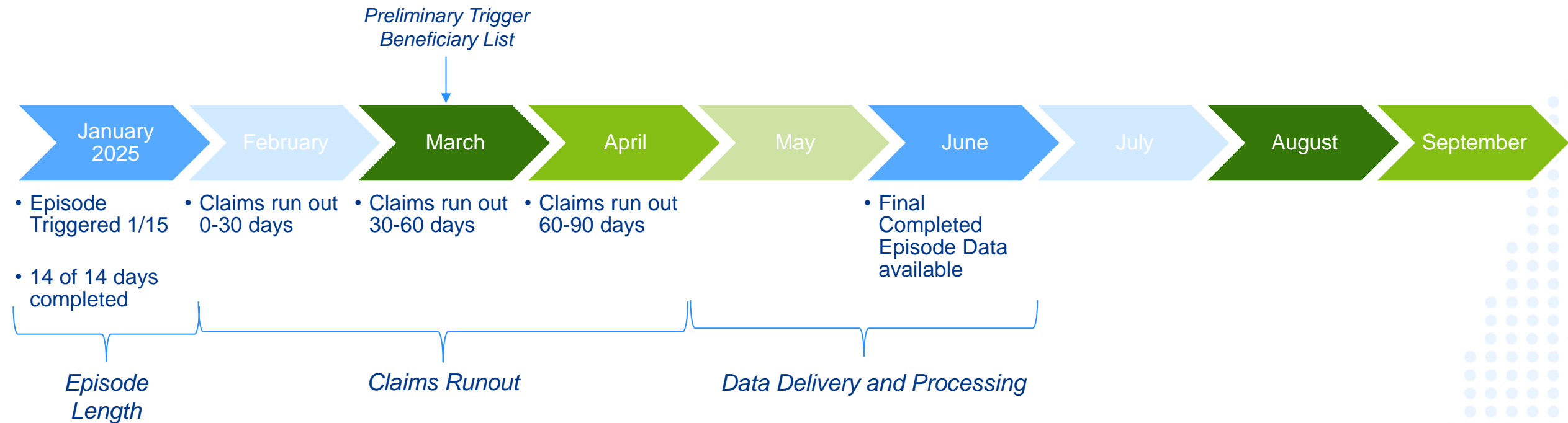
PY3 Data (Prometheus)	Proposed Release Date
Episodes Ending Q3	March 2025
Episodes Ending Q4	June 2025

PY4 Data (PACES)	Proposed Release Date
Baseline PY4	February 2025
PY4 – Episodes Ending January	June 2025
PY4 – Episodes Ending February	July 2025
PY4 – Episodes Ending March	Aug 2025
PY4 – Episodes Ending April	Sep 2025
....
PY4 – Episodes Ending December	February 2026

Note: All release dates are proposed and subject to change

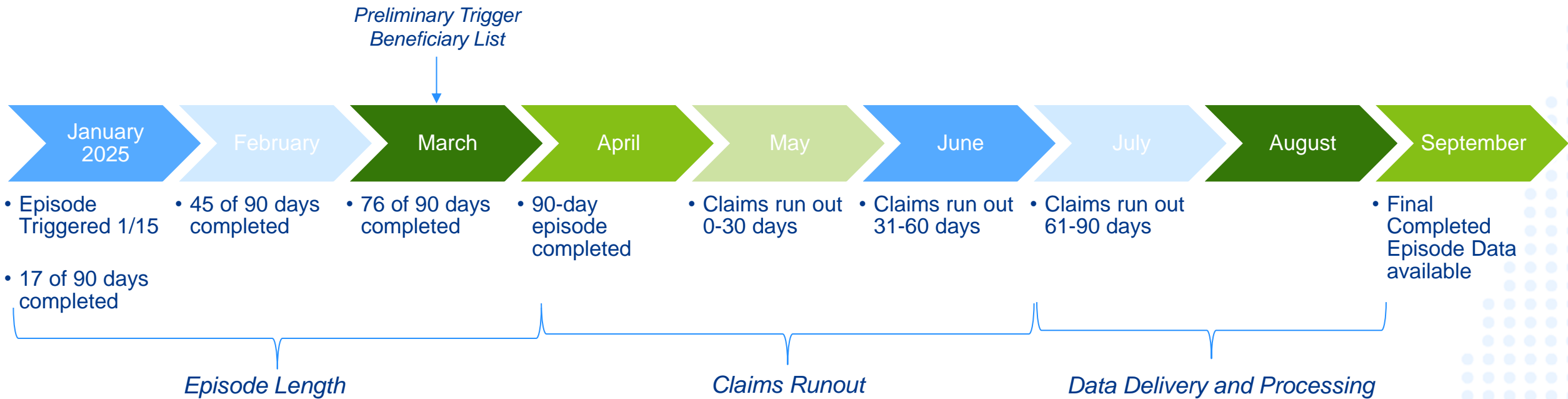
EQIP Data Timeline – PY4 Performance Data (sample 14-day episode)

Sample 14-day episode:



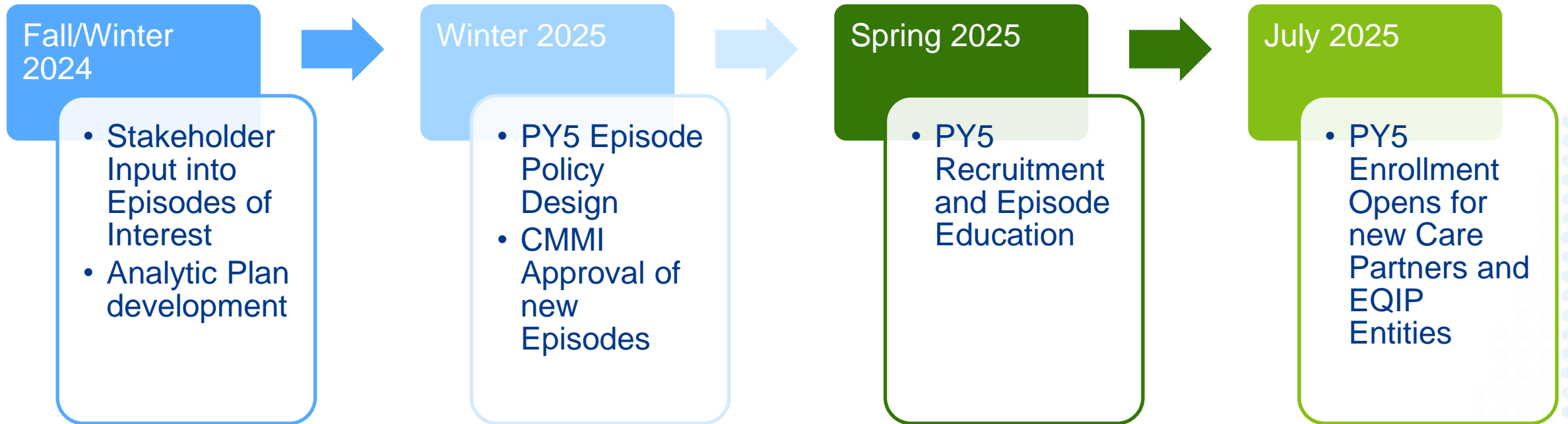
EQIP Data Timeline – PY4 Performance Data (sample 90-day episode)

Sample 90-day episode:



PY5 Episode Development

Performance Year Five (CY2026) Episode Development Process



Finalized PACES Episodes

Clinical Category	Episode Name	Clinical Category	Episode Name	Clinical Category	Episode Name				
Alcohol Drug Use or Induced Men	substance abuse alcohol substance abuse other	Digestive System, Hepatobiliary	anal/rectal fissur/ulcer Bariatric surgery Cholecystectomy cholecystitis (acute) cholecystitis (chronic) Colectomy Colonoscopy crohn's disease diverticulitis of colon diverticulosis of intestine(chronic) EGD endoscopy ERCP	Endocr, Nutritional & Metabolic	diabetes diabetic circulatory complications diabetic ketoacidosis dka (acute) diabetic neuropathy diabetic retinopathy diabetic skin complications ds of lipoid metabolism hemochromatosis hypermolarity non-ketotic coma (acute) Hypoglycemia (acute) Obesity hypoventilation syndrome osteoporosis				
Blood and Blood Forming Organs	anemia chronic aplastic anemia neutropenia neutropenia (acute)		esophageal varices(chronic) esophagitis (chronic) GERD Surgery hepatitis b (acute) hepatitis b (chronic) intestine perforation liver abscess pancreas transplant complications peptic ulcer(acute) peptic ulcer(chronic) Proctoscopy/Anoscopy Sigmoidoscopy small bowel resection upper gi bleeding - other(acute)		Eye	Cataract surgery IOL Cataract surgery sec mem combined retina and vitreous procedures conjunctivities chronic Conjunctivitis acute endophthalmitis eyelid neoplasm malignant (not melanoma) floaters Glaucoma surgery macular degeneration macular edema macular hole macular pucker post-cataract ds retina procedures Retina/choroid destructive therapy retinal detachment retinal tear vitrectomy vitrious hemorrhage			
Burns	1st/2nd degree burn deep 3rd degree burn, whole body nos		Ear, Nose, Mouth & Throat			abscess, furuncle and carbuncle acquired deformity of nose cavernous sinus thrombosis CSF rhinorrhea deviated nasal septum diplopia disorders of cranial nerve epistaxis facial abscess Laryngitis chronic loss of vision, one eye nasal encephalocele nasal septum hematoma nasolacrimal duct injury optic neuritis oral thrush orbital trauma other disorders of vocal cords or larynx sinus surgery sinusitis acute sinusitis chronic	Mental Behavioral Health	anxiety ds (chronic) attention deficit hyperactivity disorder electroconvulsive shock treatment intentional self-harm major depression acute - single episode obsessive compulsive disorder other transient organic mental ds post-traumatic stress disorder (PTSD) psychotic ds schizophrenia acute psychotic ds schizophrenia chronic (chronic) recurrent depression single manic episode stress ds transient organic psychosis/delirium	
Circulatory System	abdominal aortic aneurysm acute DVT extremity/NOS acute myocardial infarction atrial fibrillation/flutter (chronic) AV fistula creation and revision CABG Cardiac catheterization cor pulmonale (acute) heart failure (acute) heart failure (chronic) hypertension complic, malig acute hypertension essential (chronic) hypertension secondary (chronic) Insertion of permanent pacemaker/AICD ischemic heart disease Leg revascularization Leg vein ablation Leg vein angioplasty neck artery dissection/aneurysm Open heart valve surgery Percutaneous cardiac intervention pericarditis, inflammatory peripheral asvd post-op hemorrhage/hematoma pulmonary valve ds (chronic) thoracic aortic aneurysm transcatheter (percutaneous) tricuspid valve repair transcatheter aortic valve repair transcatheter aortic valve replacement transcatheter mitral valve repair transcatheter mitral valve replacement transcatheter tricuspid valve repair venous insufficiency varicosities								
	Newborn					developmental delay			
	Transplant					Liver transplant			

Finalized PACES Episodes (cont.)

Clinical Category	Episode Name	Clinical Category	Episode Name	Clinical Category	Episode Name
Female Reproductive System	abnormal uterine bleeding	Infectious Disease	candida infection nos	Neoplasms and Myeloproliferativ	airway lung neoplasm malignant
	breast biopsy		c-difficile colitis		benign neoplasm of uterus
	breast cyst		cellulitis, trunk and extremities		breast neoplasm malignant
	Breast reconstruction		human papilloma virus		carcinoma in situ cervix
	Colpopexy		intracranial and/or intraspinal abscess		colorectal neoplasm malignant
	Colporrhaphy		long COVID-19 (chronic)		ds of the spleen, neoplasm
	dysplasia of cervix		meningitis		graft vs. host
	menopausal sx		oropharynx cellulitis/abscess		leukemia acute
	neoplasm of uncertain behavior of uterus		amputation		leukemia chronic
	other conditions of the breast		aseptic necrosis		malignant neoplasm of uterus
	pelvic inflammatory disease/chronic pelvic pain	bone nos fx	Mastectomy		
	pid & related	carpal tunnel surgery	neoplasm of uncertain behavior of ovary		
	pre-menopausal	Cervical Fusion	acute ischemic stroke		
unspecified breast lumps	Cervical Replacement	Carotid Revascularization			
vaginal bleeding	Fracture/dislocation treatment arm/wrist/hand	cerebral edema/compression			
General	Appendectomy	Musculoskeletal System & Connec	Fracture/dislocation treatment knee	Nervous System	cerebrovascular disease, occlusive/nos
	hernia other abdominal		Fracture/dislocation treatment lower leg/ankle/foot		dementia
	nos foreign body		HIP Replacement		head trauma nos w intracranial inj
	repair diaphragmatic hernia		hip/femur/pelvis fracture repair		head trauma nos w/hemorrhg w/o intracranial inj
	repair femoral hernia		joint nos ganglion/cyst		parkinsons ds
	repair hernia other abdominal		Knee arthroscopy		quadriplegia
	Repair inguinal hernia		knee jnt internal derangement (acute)		sleep apnea
	repair umbilical or ventral hernia		knee jnt internal derangmnt		surgical cns complctn
	Repair ventral hernia		Knee replacement		transient ischemic attack
	acute kidney failure		low back pain		C-section
bladder ds nec/nos	Lumbar and sacral spine surgery OTHER	ectopic pregnancy/related poc			
bladder outlet obstruction	lumbar decompression	indications of pregnancy prior to delivery			
chronic kidney disease - dialysis dependent	lumbar fusion	Newborn			
chronic kidney disease - not dialysis dependent	osteoarthritis	newborn complications			
dialysis	osteomyelitis nos	ob/l&d complications			
kidney anomaly	osteomyelitis nos (acute)	perinatal grwth ds - over 2500 grams			
kidney inj	paraplegia	post-natal maternal complications			
Peyronie's disease	rheumatoid arthritis	prenatal maternal cmplctns			
Prostatectomy	Shoulder Arthroscopy/Tendon Repair	termination of pregnancy prior to delivery			
renal dial graft complication	trunk anomolies	Vaginal Delivery			
renal vascular ds	cutaneous abscee, furuncle or carbuncle of foot	acute pulmonary embolism			
retrograde ejaculation	decubitus ulcer, unspecified	acute uri simple			
TURP	insect bite	asthma (chronic)			
Urinary endoscopy	mohs surgery	chronic bronchitis			
uti	non-healing surgical wound	copd			
	nos superficial abrasion	Idiopathic pulmonary fibrosis			
	nos superficial blister	Lung resection			
	nos superficial contusion	resp distress syndrome			
	superficial injury nos				

PY5 Episode Development

- We plan to leverage the extensive PACES catalogue to continue to add episodes for future performance years
 - A list of finalized PACES episodes was distributed in Nov
 - Stakeholders feedback requested to gauge episode interest and determine new development needs
- 88 PACES Episodes of Interest
- 9 New Episode Development Requests

Requested PACES Episodes

Clinical Category	short_name	Clinical Category	short_name	Clinical Category	short_name
Alcohol Drug Use or Induced Men	substance abuse alcohol	Endocr, Nutritional & Metabolic	diabetes	Musculoskeletal System & Connec	amputation
	substance abuse other		diabetic circulatory complications		aseptic necrosis
Blood and Blood Forming Organs	anemia chronic		diabetic ketoacidosis dka (acute)		bone nos fx
	aplastic anemia		diabetic neuropathy		carpal tunnel surgery
	neutropenia		diabetic retinopathy		Cervical Fusion
Burns	neutropenia (acute)		diabetic skin complications		Cervical Replacement
	1st/2nd degree burn		ds of lipid metabolism		Fracture/dislocation treatment arm/wrist/hand
Circulatory System	atrial fibrillation/flutter (chronic)		hemochromatosis		Fracture/dislocation treatment knee
	heart failure (chronic)		hyperosmolarity non-ketotic coma (acute)		Fracture/dislocation treatment lower leg/ankle/foot
	hypertension essential (chronic)		Hypoglycemia (acute)		joint nos ganglion/cyst
	pericarditis, inflammatory	Obesity hypoventilation syndrome	knee jnt internal derangement (acute)		
	AV fistula creation and revision	osteoporosis	knee jnt internal derangmnt		
	hypertension complic, malig acute	Eye	osteomyelitis nos		
hypertension secondary (chronic)	macular degeneration		osteomyelitis nos (acute)		
Leg vein angioplasty	macular hole		Lumbar and sacral spine surgery OTHER		
Digestive System, Hepatobiliary	anal/rectal fissur/ulcer		macular pucker	Neoplasms and Myeloproliferativ	airway lung neoplasm malignant
	crohn's disease		retinal tear		benign neoplasm of uterus
	diverticulitis of colon	vitrectomy	breast neoplasm malignant		
	diverticulosis of intestine(chronic)	Glaucoma surgery	carcinoma in situ cervix		
	esophageal varices(chronic)	Female Reproductive System	breast biopsy		colorectal neoplasm malignant
	esophagitis (chronic)		Breast reconstruction		ds of the spleen, neoplasm
	Bariatric surgery	General	Appendectomy		graft vs. host
small bowel resection	Repair inguinal hernia		leukemia acute		
ERCP	repair umbilical or ventral hernia		leukemia chronic		
Ear, Nose, Mouth & Throat	epistaxis	Repair ventral hernia	malignant neoplasm of uterus		
	sinusitis acute	acute kidney failure	neoplasm of uncertain behavior of ovary		
Pregnancy, Childbirth and Puerp	C-section	chronic kidney disease - dialysis dependent	Mastectomy		
	Vaginal Delivery	chronic kidney disease - not dialysis dependent	Nervous System	dementia	
Mental Behavioral Health	single manic episode	Respiratory System		parkinsons ds	
	acute uri simple			acute ischemic stroke	
			transient ischemic attack		

Requested PACES Episodes

- HSCRC to do initial review of requests
- In certain cases, either program methodology or data file will not align with episode definition
 - CCLF contains Medicare claims for all Part A and Part B
 - The data does not include certain substance abuse claims
- Episode playbooks to be made available to requesting stakeholders

New Episode Development

Specialty	Episode(s) of Interest
Allergy/Immunology	Urticaria
Dermatology	Alopecia
	Atypical nevus (Abnormal mole check)
	Psoriasis
	Skin Cancer
	Vitiligo
Digestive System, Hepatobiliary	inflamm bowel ds ulcerative colitis
Kidney and Urinary Tract Disease	Kidney Stones/nephrolithiasis
Palliative Medicine	Sickle Cell Disease

- HSCRC sent new episode development list to PACES team to determine if any are in the PACES catalogue
 - All but two conditions have PACES episodes constructed, but may require validation
 - The remaining two will need to be build and will require input from 2-3 clinical experts
- CRISP to pull together a kickoff meeting with clinical experts to meet the PACES team to begin episode development

EQIP Practice Transformation Grant Program

EQIP Practice Transformation Grant (PTG) - Vendor Collaboration

- **Selected Vendors:** Carefully chosen based on expertise in practice transformation, data analytics, and value-based care models.
- **Vendor Roles:**
 - Provide tailored support for practices in the PTG Program.
 - Assist with data analytics, performance tracking, and reporting.
 - Offer training and resources for staff and operational improvements.
 - Guide practices through the transition to value-based care.
- **Collaboration Goals:**
 - Help practices enhance patient outcomes and operational efficiency.
 - Equip entities with tools and knowledge for long-term sustainability in the evolving healthcare landscape.
- **Ongoing Support:** Continuous vendor engagement to monitor progress, offer feedback, and refine transformation strategies.

Practice Transformation Grant Update

Vendor Selections:

- Finalized last week.
 - 29 Entities with 69 Practices will be participating.
- Communicating with selected vendors to finalize contracts.

Next Steps:

- Schedule kick-off meetings in alignment with baseline data release, late **February 2025**.

Consideration of Rebasing

HSCRC considering options for updating the EQIP baseline

- **A change, if made, would apply to 2026**
- **Could be voluntary or mandatory; could apply to all episodes or only some specialties**
- **Current EQIP Baseline Period is 2019**
- **HSCRC working on modeling the impact, will share thinking and discuss in next subgroup.**
- **Reasons to Consider Updating the Baseline**
 - **Outdated:** Baseline period will be 7 years old for performance year 5 (PY5).
 - **Provider churn:** Influx of new providers
 - EQIP requires that 75% of the providers participating have data from the baseline period.
 - There are other policy changes that could address this issue.
 - **Availability of post pandemic data:**
 - Data from 2022 onwards reflects the current healthcare delivery system, especially regarding service location mix.
 - **Program design:**
 - Reduce payments relative to site of service mix changes where there has been considerable change outside the program.
 - Ensure performance under Total Cost of Care (TCOC) model.
 - Evaluation results with matched cases and controls may highlight challenges with using outdated baseline.
 - **AHEAD** uses 2023 baseline

HSCRC recognizes that this is a potentially significant change and won't make any changes without substantial stakeholder input



Thank you!