

Value of Care

Hospital Quality Measures	What Is This? Why Is It Important?
Medicare Spending Per Beneficiary	<ul style="list-style-type: none"> ● Medicare Spending Per Beneficiary (MSPB), also known as the Spending per Hospital Patient with Medicare, shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare patient treated in a specific inpatient hospital compared nationally. ● The payments included in this measure are price-standardized and risk adjusted. The purpose of price standardization is to remove sources of variation that are due to geographic payment differences, while risk adjustment accounts for variation due to patient age and health status. ● MSPB is calculated as a ratio, derived by dividing the amount of Medicare spent per patient for an episode of care initiated at the given hospital by the median amount of Medicare spent per episode of care nationally. A lower ratio means that Medicare spent less per patient. ● Lower Ratios are Better .
Payment for Heart Attack Patients	<ul style="list-style-type: none"> ● These measures include the payments made for Medicare beneficiaries who are 65 years and older. The measures add up payments made for care and supplies starting the day the patient enters the hospital and for the next 30 days or 90 days for hip and/or knee replacement.
Payment for Heart Failure Patients	<ul style="list-style-type: none"> ● This can include payments made to the hospital, doctor’s office, skilled nursing facility, hospice, as well as patient co-pays made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how healthcare providers care for patients.
Payment for Pneumonia Patients	<ul style="list-style-type: none"> ● The measures are meant to reflect differences in the services and supplies provided to patients. They allow the assessment of differences in how the hospital cares for heart attack, heart failure, pneumonia, and hip/knee replacement patients. Promoting value in healthcare encourages healthcare providers to reduce waste and unnecessary care while maintaining high quality of care.
Payment for Hip/Knee Replacement Patients	<ul style="list-style-type: none"> ● The <u>combination</u> of death or complication rates and payment results (<i>viewed together</i>) allows the assessment of a hospital’s value of care. Improving value of care reduces health care costs while maintaining high quality of care. ● Lower Payments are Better.