Designing the Quality Bonus System (QBS) for Children's Hospital GME: Aligning Payment with Workforce Needs

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The Council on Graduate Medical Education

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THE GEORGE WASHINGTON UNIVERSITY

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The Children's Hospital GME Support Reauthorization Act of 2013 established the Quality Bonus System (QBS)

"…whereby the Secretary distributes bonus payments to hospitals participating in the[CHGME] program…that meet standards specified by the Secretary, which may include a focus on quality measurement and improvement, interpersonal and communications skills, delivering patient-centered care, and practicing in integrated health systems, including training in community-based settings."

The HRSA FY 2020 CHGME Program Funding Opportunity

"…the goal of the QBS is to recognize and incentivize CHGME Payment Program awardees with high quality training to meet the pediatric workforce needs of the nation."

Current QBS funding around $3 million per year

Goals of the GW Mullan Institute Contract

- To identify potential measures and metrics for the QBS
- To identify potential payment methodologies for the QBS
- In consultation with stakeholders, make recommendations to HRSA for the metrics and payment methodology for the CHGME QBS program

Desirable Characteristics of the QBS

- Transparent criteria and process for distribution of dollars
- Do not favor larger children's hospitals with extensive resources
- Low administrative burden
- Criteria for awards are updated/revised every 4 to 5 years

Timeline

- September 2019: HRSA awards contract to GW Mullan Institute
- October 2019 to February 2020: Key informant interviews, literature review, analysis of 2019 QBS reports
- February 5/6: Expert Advisory Panel (EAP) meeting
- Mid-March: Submission of first draft w options to HRSA and stakeholders
- April 29: Meet with stakeholders to review first draft
- May 20: Second meeting of EAP; review and respond to stakeholder comments
- June 23: Revised draft/status report to HRSA
- July 7: Meeting with HRSA
- July 13: Meet with EAP
- July 23: Submit draft final recommendations to HRSA
- August: Submit revised draft
- September: Submit final report with recommendations to HRSA

Section 1: Goals, Objectives, Measures and Metrics

Domains

- Workforce Distribution and Diversity
- Workforce Training and Education
- Community Health Workforce

Workforce Distribution & Diversity	Address access problems due to general shortage and maldistribution of generalists and specialists, including in rural and urban underserved areas
Workforce Distribution & Diversity	Assure a diverse and inclusive pediatric workforce
Workforce Education & Training	Assure the competency of all new pediatric physicians to address critical pediatric health priorities: mental health, substance abuse, and obesity
Workforce Education & Training	Prepare all pediatricians to practice as part of a care team
Community Health Workforce	Assure all pediatricians are competent to recognize and respond to social determinants of health with potential to impact the health and well-being of their patients
Community Health Workforce	Prepare all pediatricians to practice competently in community-based settings

Specific Goals

Logic Model

Assumptions

- HRSA proposes a quality bonus system that will initially recognize high-level engagement of CHGME hospitals in state and regional health care transformation, as well as engagement of resident trainees in these activities.
- Desire to receive QBS Payments will change CHGME recipient's practices

Resources/Inputs

- Faculty
- Trainees
- Hospitals
- QBS dollars

Activities

- Educational/curricular activities
- Quality Improvement activities
- Community informed engagement
- Workforce informed recruitment
- Incentives to practice in high needs locations/fields
- Innovative care models
- Data collection infrastructure
- Rotations in high needs locations
- Rotations with disparity populations

Outputs

- Competence of graduates in high needs topics
- Data available to determine graduate practice choices
- Resident experience in high needs settings/topics
- Increased number and quality of innovative care models

Outcomes

- Graduates choose to practice in high needs fields
- Graduates choose to practice in high needs locations
- Graduates provide care needed for special populations/disease processes

Impact/Desired Results

- Access to high quality care for all children
- Enhanced health equity

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Measure Compendium

- Goal
- Measure Objective
- Logic Model Relevance
- Importance to Measure and Report
- Type of Measure
- Timeframe for Implementation
- Type of Hospital
- Type of Trainee
- Data Source
- Additional Data to Collect
- Feasibility/Administrative Burden
- Payment Structure
- Alignment with QBS Program Goals
- Required as part of ACGME or ABP

Goal 1 Measures and Timeline

Goal	Measure Objective	Measure Description	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Addressing access problems due to general shortage and maldistribution of generalists and subspecialists, including in rural and urban underserved areas	Increase trainees working with underserved populations/shortage areas	Percentage (%) of trainees from the past year with a required experience providing care in medically underserved rural and/or urban areas						
		FUTURE: Measure on assessment of trainee experience in providing care in medically underserved rural and/or urban areas						
	Increase graduates working with underserved populations/shortage areas	Percentage (%) of general pediatric residency graduates from the past three years practicing in general pediatrics in high needs settings including any of the following: HPSAs (population and geographic), NHSC, Rural Health Centers, FQHCs						
		Percentage (%) of all graduates from the past three years practicing in high needs settings including any of the following: HPSAs (population and geographic), NHSC, Rural Health Centers, FQHCs						
		Percentage (%) of graduates from the past three years providing care to medicaid patients						
	Increase graduates in needed specialties/subspecialties	Presence of training program in high needs pediatric specialty/subspecialty (Y/N)						
		Percent (%) increase in number of trainees in high needs pediatric specialty/subspecialty						

Section 2: Payment Methodology: Linking Payment to Performance

Payment Methodology – Principles

- Reward performance and improvement; provide incentive or improvement
- Three-tiered payment method based on annual payment amounts established by CHGME program formula
- Hospitals compete for bonus payments among other hospitals of a similar size and payment level
- QBS Metric Development and Phase in: In general, metrics for structure and process in Years 1 and 2; move to outcomes in Year 3 and beyond. Allow for development of more refined metrics
- Inform CHGME grantees of criteria ahead of time for awards to provide incentive for change; update about every 5 years based on societal needs and performance patterns

Additional Payment Considerations

- To provide a greater incentive, limit number of available awards (10 to 15)
- Limit the number of measures, goals and metrics to top priorities to more narrowly focus the incentives
- Option to separate bonus payments (or a separate pot of money) for each goal so that hospitals can compete for bonus payments tied to specific activities rather than payments for overall performance
- Set aside a specific share of the available funds, such as 10% for awards based on quantitative and qualitative assessment; this might include awards for innovation/IT and/or community service

Section 3: Challenges and Lessons Learned

Challenges

- Developing appropriate measures for wide variety of types of trainees (general pediatrics, pediatric sub-specialties, and non-pediatric) and time at a CHGME hospital
- Applying measures to variety of hospital sizes and types (sponsoring institutions and rotation-site only hospitals)
- In regard to competencies, lack of accepted measures of competencies during or post training
- Lack of evidence to support linking structure/process to outcomes in competency areas
- Difficulty translating performance into payment methodology
- Incentivizing continued participation in the QBS over time

Lessons Learned

- The complexity of the training process creates challenges to linking payment with outcomes; for example, many hospitals are rotation sites for residents/fellows in programs sponsored by other organizations
- An effective and fair GME payment system must be based on extensive, accurate data and evidence of the relationship between process/structure and outcomes; much of the needed data and evidence does not yet exist
- Recognize the need for additional data collection to develop and refine measures over time
- A longitudinal timeline is needed to implement meaningful outcome measures and incentives
- Need to balance financial incentives to participate with administrative burden
- The need for an administrative infrastructure to assess, refine and update the metrics based on evolving needs and to assess the link between training process/structure and outcomes

Questions? Comments?

SEND COMMENTS TO:

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