

PERFORMANCE MEASUREMENT

MOVING FROM
MEASURING CARE
PROCESSES TO
MEASURING OVERALL
HEALTH OUTCOMES



Under population-based payment models, providers assume accountability for patients across the full continuum of care. This includes everything from preventive care to end-of-life care. For the long-term success and sustainability of these models, performance must be evaluated based on the outcomes achieved for patient populations, rather than by the delivery of individual services that contribute to those outcomes.

OUTCOME MEASURES

Outcomes-oriented measures assess the results that the health system is producing rather than the processes by which the results are produced. Two levels of outcome-oriented measures can be employed.

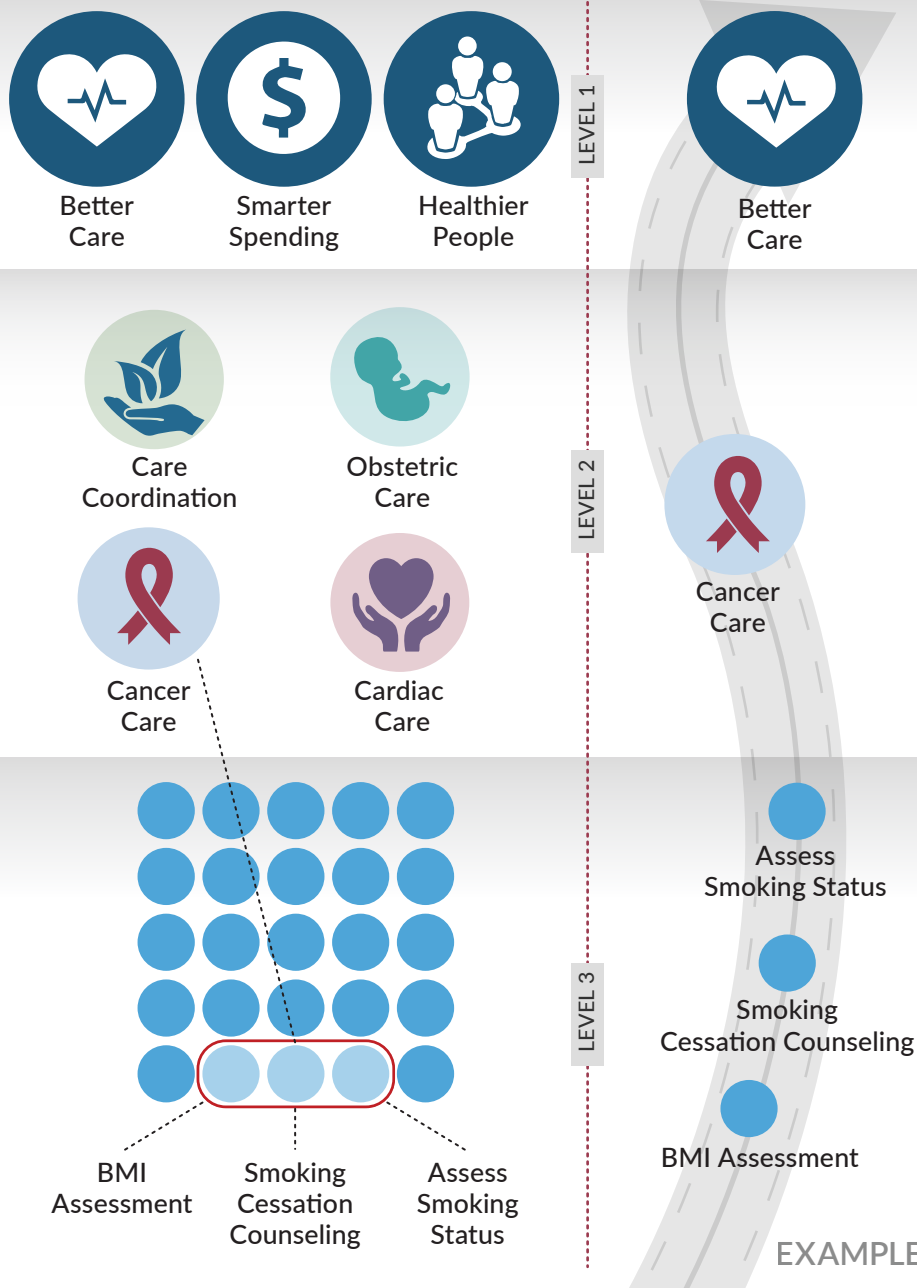
Level 1 measures represent the most highly aggregated summary view of performance on cost, quality, and population health.

Level 2 measures will include condition- and specialty-specific outcomes achieved for patient populations, for example, outcomes of cardiac care, cancer care, or obstetric care. Level 2 will also include cross-cutting outcome measures such as coordination of care settings and care that is consistent with patients' values and preferences.

PROCESS-ORIENTED MEASURES

Process-oriented measures (**Level 3**) are the individual activities that collectively contribute to positive health outcomes. These include assessing a patient's tobacco use, assessing body mass index in a person who is obese, and ensuring stroke patients receive aspirin upon arrival in the emergency department.

GRANULARITY



Read the White Paper.
For a full list of recommendations and
to read the full white paper go to:
<https://hcp-lan.org/groups/pbp/pm-final-whitepaper/>