Healthcare quality initiatives

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**Pay for Performance in Medicare Part A and B**

In healthcare organizations and institutions, pay for Performance encompasses compensation models that attribute financial motivations/impediments to worker performance. It is a measure of the performance of a worker working in a healthcare organization. It is implemented in healthcare organizations in Medicare part A and B to assess performance and would facilitate workers based on his/her performance. In the case of good facilitation services pay for performance models will encourage workers by providing incentives (Roberts, Zaslavsky, & McWilliams, 2018). In the case of poor services pay for performance model will discourage in terms of deductions of impediments. In other words, it aligns the worker's performance with the quantity of payment.

Medicare part A usually asylums inpatient hospital visits, expert nursing maintenance, hospital care, and partial home-based health-care facilities. Pay for performance would encourage nurses and healthcare providers to facilitate in terms of financial motivation if received the best healthcare facilities delivered to the patients (Roberts, Zaslavsky, & McWilliams, 2018). Medicare part b usually covers health insurance, home-based physical therapies, rehabilitation services, chemotherapies, and mental health therapies. Pay for performance will encourage workers by providing financial incentives in case of the best service delivery and healthcare provision. Some studies have shown that the healthcare providers and their services are not been improved or there is not sufficient improvement by the inauguration of this pay for performance system in healthcare organizations.

**Screening Tests**

Screening tests are the examination tests to detect an asymptomatic person for having an unobserved illness or disorder. Screening is presently utilized in numerous settings, counting cancers. Inappropriately many screening tests lack sensitivity and specificity (Park et al., 2018). These are the characteristics that made a screening test good and valid.

**Characteristics of a screening test**

1. Good and cost-effective
2. Reliable
3. Sensitive
4. Specific
5. Valid

**Sensitivity**

Sensitivity is often described as the correct positive degree of a screening test. It is a probability of an individual with a positive test outcome that has the disease. If the screening test is sensitive, it means that it can accurately identify and detect true positive cases (Park et al., 2018). As sensitivity increases, this shows that the individuals with not having disease identified by the screening test would decrease.

**Specificity**

Specificity is often described as the correct negative degree of a screening test. It is a probability that an individual with a negative test outcome does not have the disease. Patients should be informed that a negative outcome does not depict that the individual does not have a disease.

**Validity**

The validity of a screening test is defined as the ability of a test to identify individuals with disease accurately. It would further classify the screening test as specific and sensitive (Park et al., 2018).

**Screening tests in private and community health**

Screening tests can identify diseased cases at the onset of the disease or the earlier stages of the disease, ultimately earlier diagnosis which leads to early cure and management of the disease. It involves cost but certain governmental and state-level programs offer to screen at community levels at minimum costs (Park et al., 2018). It is a part of interventional or preventive programs that help identify diseased cases vs non-diseased cases.

**CMS Hospital Compare**

The Hospital compare data is a measure of general hospital score sum up into a range of measures through 7 zones of quality. This would result in a solitary star evaluation for individual hospitals or organizations providing healthcare facilities. These measures include mortality, the safety of care, readmission score, patient experience, effectiveness of care, timeliness of care and efficient use of MI. these measures will identify based on hospital scores. After measuring hospital measures from Mayo clinic it has been identified that the mortality rate was low, readmission was high and effectiveness was also scoring low on an average. Timeliness of care and efficient use of MI was high. These scores then summarize the analysis of a hospital or organization.

References

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