

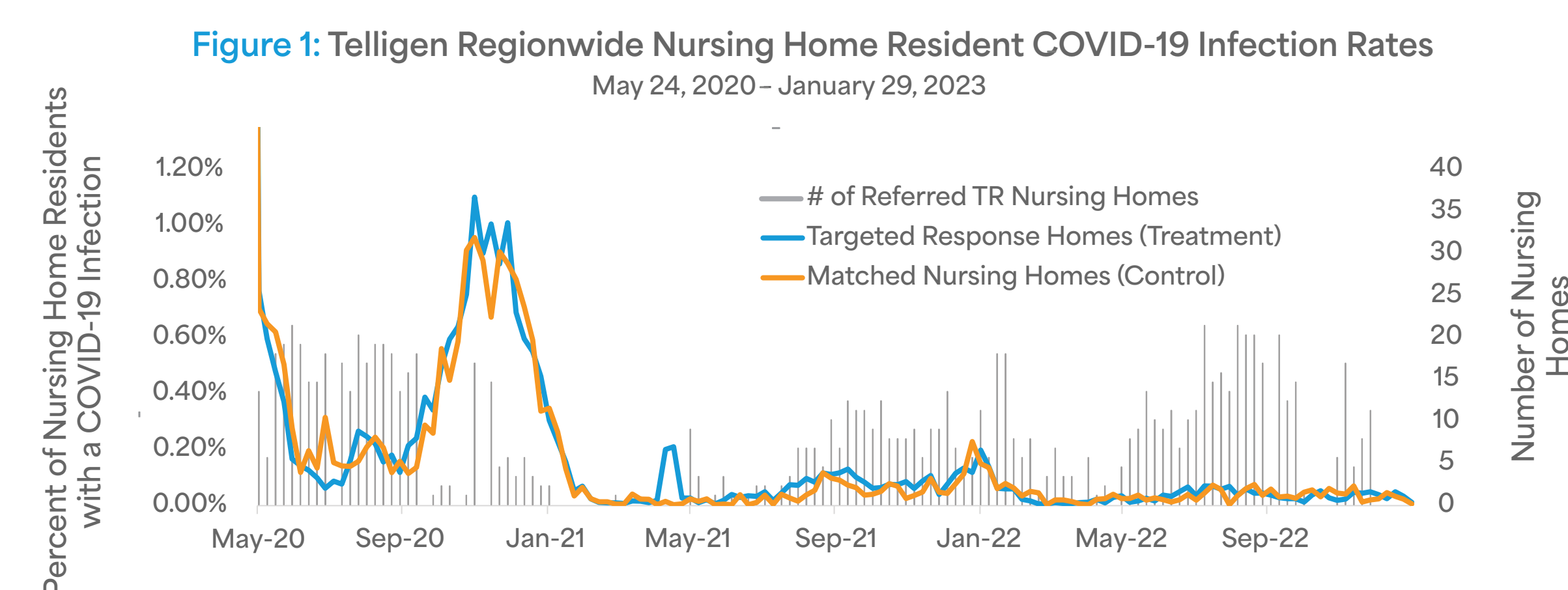
APPLYING COST-BENEFIT ANALYSES TO QUALITY IMPROVEMENT INITIATIVES



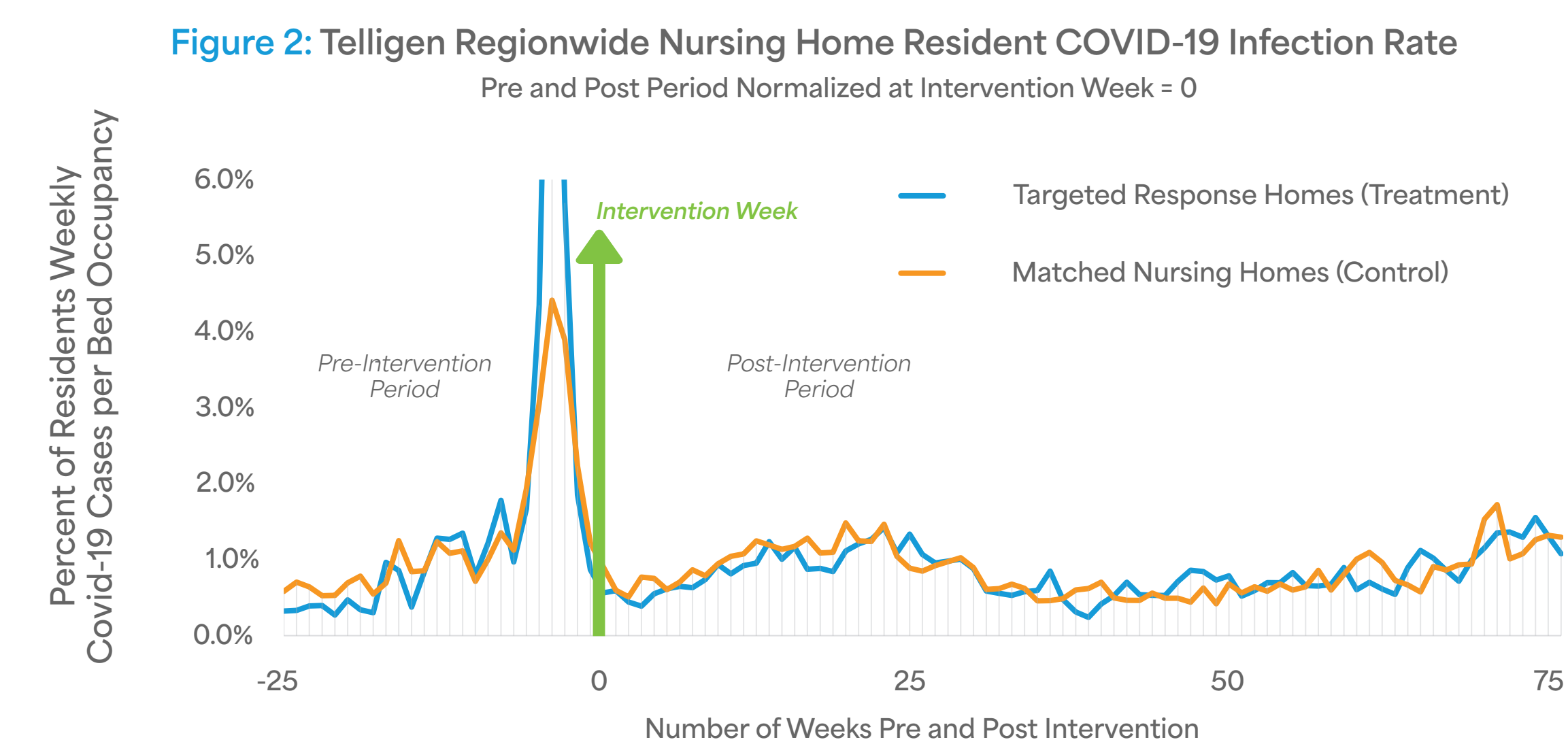
Across the states of Colorado, Illinois, Iowa and Oklahoma, Centers for Medicare & Medicaid Services (CMS) has referred 916 nursing homes to Telligen for COVID-19-related interventions. Stakeholders interested in understanding the costs and benefits of quality improvement initiatives (QIIs) should harness appropriate data and evaluation methods to develop quantifiable estimates of intervention value. We present Telligen's evaluation methods and identify implications for the accuracy and conclusions stemming from return on investment (ROI) and cost-benefit analyses.

Methods

We evaluate the effects of the targeted response (TR) intervention by tracking resident infection rates in nursing homes with a completed quality improvement plan (QIP) over the study period. We compare performance of TR nursing homes to a propensity score matched control group. As a robustness check, we also use mean rates of all non-TR nursing homes as a control group.



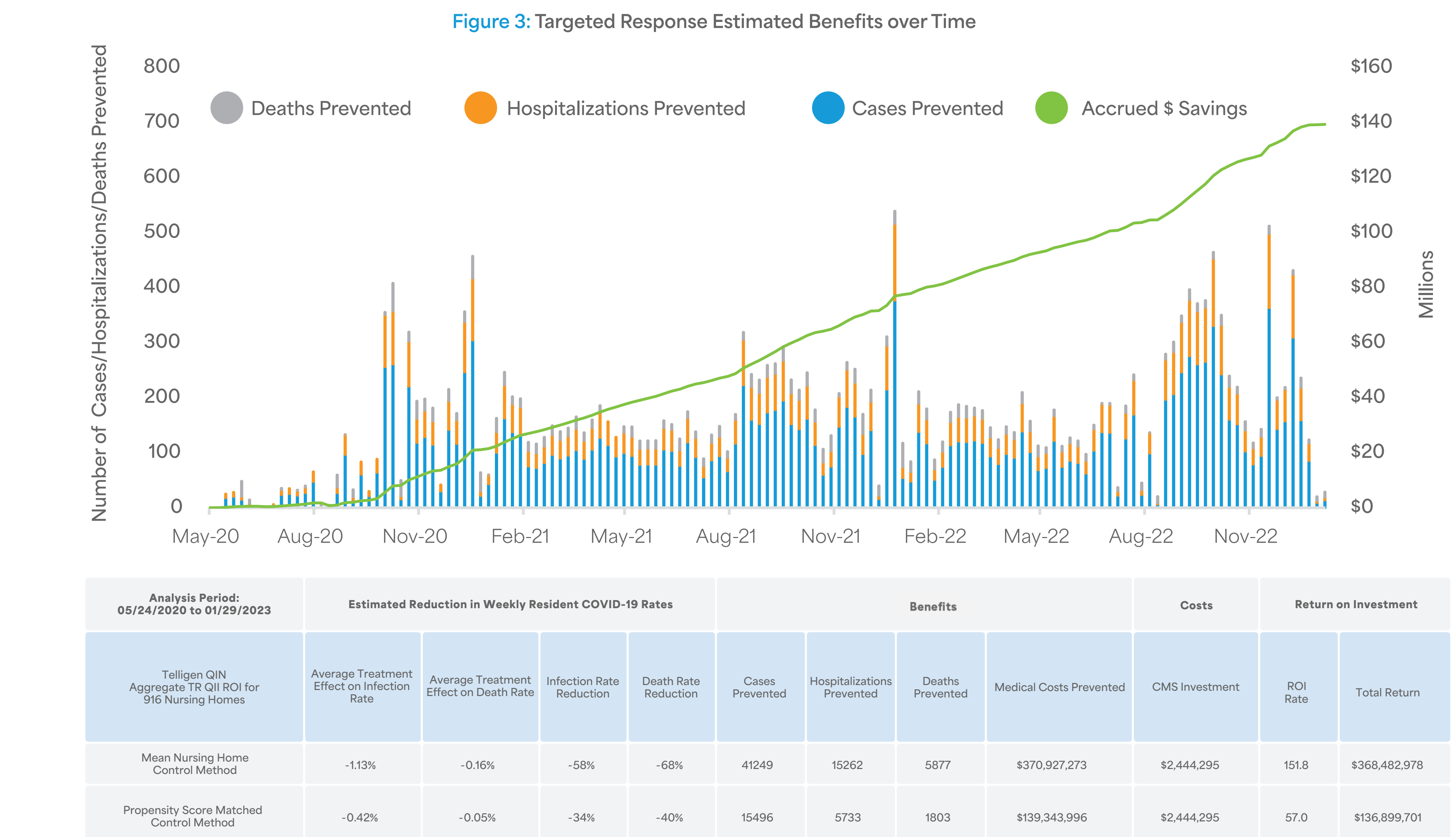
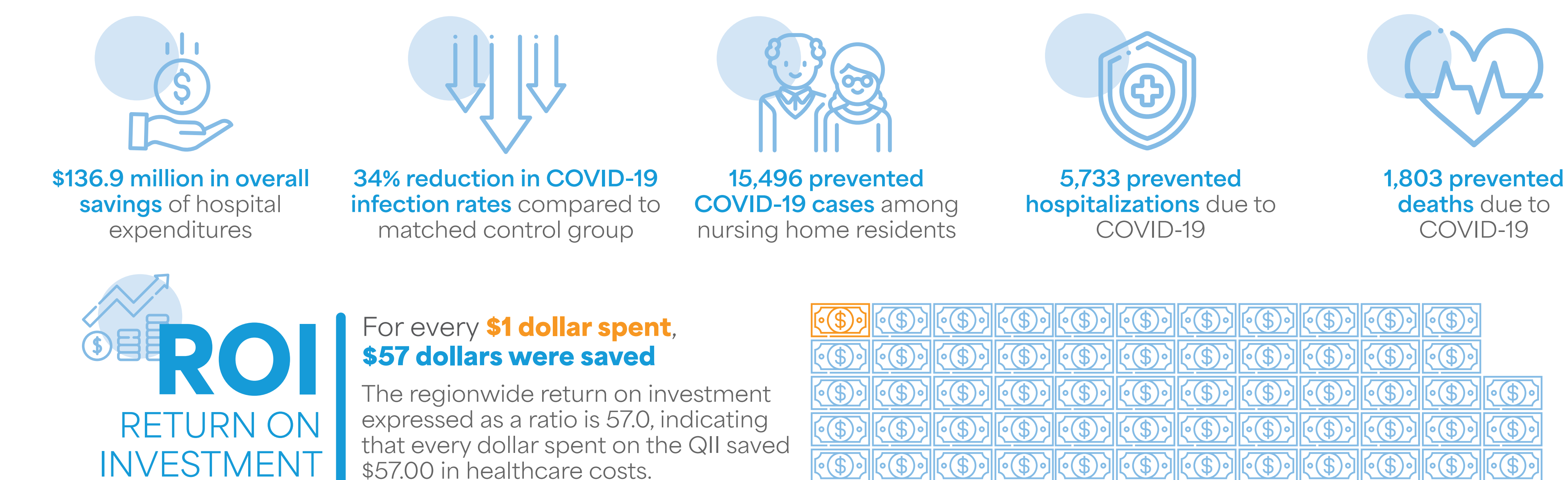
Each TR nursing home has a unique date of QIP completion which defines their 100-week analysis window separated into 25 weeks prior to and 75 weeks following the completion of the intervention. **Figure 2** illustrates the comparison of rates between the TR and matched control group homes with pre- and post-period normalized at intervention week.



The benefits are measured in the post-intervention period using the difference-in-difference method to calculate average treatment effect. The result is used to estimate prevented COVID-19 cases, deaths, hospitalizations and avoided hospital expenditures based on published literature. Costs are based solely on CMS investment in the intervention.

Results

Targeted response interventions led by Telligen in 916 nursing homes resulted in:



Conclusions

916 NURSING HOMES CMS referred 916 nursing homes from CO, IA, IL and OK to Telligen for COVID-19 related interventions.

Telligen's delivery of targeted response support to these nursing homes for COVID-19-related initiatives yielded demonstrable benefits.

Although control groups help in accounting for time elements affecting the outcomes, the results are still highly sensitive to how those groups are selected and how the study is designed.

As illustrated in the **Figure 3** table, using only pre-post (i.e., before and after) calculations, or a mean or median control group, may lead to inaccurate estimates of the intervention benefits.

The estimated benefits are also highly sensitive to assumptions and the methodological decisions, such as:

- The length of pre- and post-intervention time window
- The baseline matching in the propensity score model using closest month COVID-19 trends, vaccination data and community rates
- Control group considerations, such as small sample size, same state restriction and cross contamination / spread of the intervention to the control group
- Inclusion or exclusion of outlier rates
- Data accuracy and limitations related to different variants of the virus and their impact on hospitalization rates