Primary Care Practice Reports

Laura Brann
Provider Reporting Specialist
Health Analytics
Maine Health Management Coalition

The Maine Health Management Coalition (MHMC) is a charitable organization whose mission is to bring the people who get care, pay for care, and provide care together in order to measure and improve the quality of health care services in Maine.

In February 2013, the State of Maine received one of six State Innovation Model (SIM) awards from the Centers for Medicare and Medicaid Innovation (CMMI). The award includes four primary objectives aimed at achieving the Triple Aim by 2017. To accomplish these goals, the State of Maine has enlisted the help of the Maine Health Management Coalition Foundation, Maine Quality Counts, and HealthInfoNet. Each organization will assist the State in carrying out specific aspects of the award, such as quality improvement at the practice level, public reporting, and the creation of provider portals.

To support quality improvement at the practice level, the Maine Health Management Coalition Foundation will be distributing Primary Care Practice Reports to primary care practices statewide.
The Primary Care Practice Reports were designed and developed by the Maine Health Management Coalition, with support from MaineCare, and with guidance from Maine’s Primary Care Medical Home Pilot Conveners, the Primary Care Medical Home Working Group, Pathways to Excellence Steering Committees and other stakeholders.

The **goal** of the Primary Care Practice Report is to demonstrate practice pattern variation in cost and quality compared to state benchmarks.

- How does the cost and quality of all healthcare services received by my practice’s patients compare to the cost and quality of all healthcare service received by other primary care practices’ patients?
**Purpose of the Report**

A wide variety of measures are included to give each practice a detailed understanding of how the care their patients receives differs from the average.

- This enables practices to create action plans targeted at improving specific aspects of their patients’ care.

The measures are calculated from the best available data. For the current version of the reports, only healthcare claims from commercial payers and MaineCare have been collected and meet the necessary quality requirements.

- Future versions of reports will be issued for Medicare patients (tbd)
Public Reporting

Although the Primary Care Practice Reports are the property of each primary care practice and owned provider system, key components of these reports may be used to produce cost and quality rankings for hospitals and primary care physicians. These rankings would be available to the public on the www.getbettermaine.org website.

For additional information on these measures and the process guiding public reporting for physicians and systems, please contact PTE@mehmc.org or visit the Pathways to Excellence resource on MHMC’s website (http://www.mehmc.org/providers/pte/pte-overview/).
Key Concepts

Primary Care Practice Reports currently incorporate Commercial Claims and MaineCare data in separate reports.

Almost all rates reported throughout the Primary Care Practice Reports provide reference to a “Peer Benchmark”.

The benchmark is the entire panel of all the patients attributed to practices in the state.

Different benchmarks are used for Adult and Pediatric reports.
Data Sources

Reflects the claims data submitted to the MHDO (Maine Health Data Organization) by all commercial payers who offer full medical coverage.

Commercial data sources with less than full medical coverage (vision, behavioral health, Medicare supplement, etc.) for members with no other medical coverage are excluded.

Reports based on a Calendar or Fiscal Year with 3 months claims run out.
Patient Panel

Patients must have at least 9 months of eligibility within the reporting period and within the specific practice-age population.

The patient is attributed to the Primary Care Practice seen the most for evaluation and management visits for the reporting period.

Separate reports are produced for Pediatric Patients and Adult Patients

• Pediatric: Age <18
• Adult: Age 18-64
Panel Size: Understanding Practice Patterns

If the panel size for your report is below 200, the measure results may not reflect your true practice pattern.

Scores based on smaller subpopulations, such as patients with chronic conditions, can fluctuate even more.

MHMC has released all reports, regardless of panel size, so that practices can become familiar with the layout and take part in conversations with other practices about the measurement process.
Risk Adjustment & HealthPartners® Tools

Risk Adjustment: OptumInsight™ Symmetry® Retrospective Risk
- Retrospective risk evaluates disease burden within a population over a 12-month period to provide a relative measure of expected cost for that period.

Total Cost Index: HealthPartners® (NQF 1604)
- The TCI is the ratio of the PMPM reimbursement for the care provided to the practice's panel during the reporting period to the PMPM reimbursement of the total analyzed population (the benchmark).
- Includes medical & pharmacy costs.
- Demonstrates price sensitive utilization & market-specific variation.

Resource Use Index: HealthPartners® (NQF 1598)
- RUI reflects the amount of healthcare delivered to the practice's panel during the reporting period relative to the benchmark.
- Based on standardized cost for each service across treating providers.
- Includes resource use across inpatient, outpatient, professional, & pharmacy.
## Overall Summary by Service Category

<table>
<thead>
<tr>
<th>Practice</th>
<th>Raw PMPM</th>
<th>Adj PMPM</th>
<th>BM² PMPM</th>
<th>TCI</th>
<th>RUI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Fac.</td>
<td>$70</td>
<td>$73</td>
<td>$67</td>
<td>1.09</td>
<td>1.07</td>
</tr>
<tr>
<td>Outpatient Fac.</td>
<td>$171</td>
<td>$178</td>
<td>$177</td>
<td>1.01</td>
<td>0.99</td>
</tr>
<tr>
<td>Professional</td>
<td>$133</td>
<td>$138</td>
<td>$146</td>
<td>0.95</td>
<td>0.96</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$139</td>
<td>$144</td>
<td>$118</td>
<td>1.22</td>
<td>1.19</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>$513</strong></td>
<td><strong>$533</strong></td>
<td><strong>$508</strong></td>
<td>1.05</td>
<td>1.04</td>
</tr>
</tbody>
</table>

HealthPartner’s Total Cost Index (TCI) & Resource Use Index (RUI):

TCI & RUI provide insight into overall costs, practice efficiency & price competitiveness.

TCI = Practice Adj. PMPM/Benchmark PMPM

RUI is based on standardized cost for procedures

The benchmark for TCI and RUI is 1.0. A practice’s score indicates how much the practice differs from the benchmark.

Example: Inpatient Facility TCI = 0.85 means the practice is 15% more cost-effective than the benchmark.
Evaluate the differences in admission rates versus inpatient days. If admissions are low, but inpatient days are high when compared to the benchmark, this may indicate a population of higher morbidity.
### Emergency Department Utilization

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Visits/1,000</td>
<td>192.9</td>
<td>227.2</td>
</tr>
<tr>
<td>%ACSC ED Visits</td>
<td>6.6%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Count Frequent ED Users (&gt;2)</td>
<td>21</td>
<td>-</td>
</tr>
<tr>
<td>% Frequent Users (&gt;2)</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

### Emergency Department Visits by Quarter

![Emergency Department Visits by Quarter Graph](image-url)
### Pharmacy by Service Category

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Practice</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adj. PMPM</td>
<td>PMPM</td>
</tr>
<tr>
<td>Brand</td>
<td>$99</td>
<td>$76</td>
</tr>
<tr>
<td>Multi-Source Brand</td>
<td>$5</td>
<td>$6</td>
</tr>
<tr>
<td>Generic</td>
<td>$37</td>
<td>$34</td>
</tr>
<tr>
<td>Non-Drug Item</td>
<td>$4</td>
<td>$2</td>
</tr>
<tr>
<td>Unknown</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td><strong>$144</strong></td>
<td><strong>$118</strong></td>
</tr>
</tbody>
</table>

### Pharmacy Utilization

<table>
<thead>
<tr>
<th>Utilization Type</th>
<th>Practice</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Supply/1,000</td>
<td>587,375</td>
<td>562,959</td>
</tr>
<tr>
<td>Scripts/1,000</td>
<td>13,514</td>
<td>13,331</td>
</tr>
<tr>
<td>%Generic Scripts</td>
<td>70%</td>
<td>75%</td>
</tr>
</tbody>
</table>
**High Cost Claimant Overview**

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Patients</td>
<td>12</td>
<td>1,067</td>
</tr>
<tr>
<td>Avg. Raw Allowed/Patient</td>
<td>$171,565</td>
<td>$184,098</td>
</tr>
</tbody>
</table>

**High Cost Claimant Utilization**

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th>BM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>% Total</td>
</tr>
<tr>
<td>Total IP Admits</td>
<td>17</td>
<td>12%</td>
</tr>
<tr>
<td>Total ED Visits</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Total PR Visits</td>
<td>1,036</td>
<td>2%</td>
</tr>
<tr>
<td>Total Rx Scripts</td>
<td>440</td>
<td>2%</td>
</tr>
</tbody>
</table>

1 Allowed/Patient Index: The total cost or resource use for a patient with the condition on the row. Benchmark = 1.0.

2 High Cost Claimant refers to patients with $\geq 100k in medical and/or pharmacy spend in the reporting period.
Cardiovascular Conditions

- LDL-C Test: Practice 100%, Benchmark 81%

Musculoskeletal Conditions

- Low Back Imaging: Practice 73%, Benchmark 83%
- Osteoporosis Mgmt
- DMARD Tx for Rheum. Arth.: Practice 100%, Benchmark 88%
On A Related Note....
Get Better Maine Public Reporting
Compare Practice Ratings

See how your selected Practices compare for Quality ratings:

- Low
- Good
- Better
- Best

Uses Treatments Proven to be Effective

Uses Methods to Make Care Safer

How Patients Have Rated Their Experience

Provides Care at a Reasonable Cost

> Where do these ratings come from?

Adult Care ratings for your selected practices
(Last updated on Fri, 01/08/2016 - 12:58)

<table>
<thead>
<tr>
<th>Practice</th>
<th>Uses Treatments Proven to be Effective</th>
<th>Uses Methods to Make Care Safer</th>
<th>How Patients Have Rated Their Experience</th>
<th>Provides Care at a Reasonable Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best</td>
<td>Best</td>
<td>Best</td>
<td>Best</td>
<td>Good</td>
</tr>
<tr>
<td>Best</td>
<td>Best</td>
<td>Best</td>
<td>Better</td>
<td>Good</td>
</tr>
<tr>
<td>Best</td>
<td>Best</td>
<td>Best</td>
<td>Better</td>
<td>Good</td>
</tr>
<tr>
<td>Good</td>
<td>Unable to Determine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

> See Rating Detail and Practice Info

Coordinated Behavioral Health

Integrated Behavioral Health

> See Rating Detail and Practice Info

PTE Clinicians-GetBetterMaine.org
### Compare Hospital Ratings

**See how your selected Hospitals compare for Quality ratings:**

- Low
- Good
- Better
- Best

**Where do these ratings come from?**

Hospital ratings for your selected hospitals

(Last updated on Mon, 01/04/2016 - 11:41)

#### Uses Treatments Proven to be Effective

**Maternity Care**

- Does Not Apply

#### Uses Methods to Make Care Safer

- Best
- Better
- Best

#### How Patients Have Rated Their Experience

- Best
- Better
- Better

> See Rating Detail and Hospital Info
PTE Clinicians and PTE Systems

Committees Meet, on Average, 5-6x/Year

Roles:

1. Recommend to the MHMC Foundation Board the following:
   • Selection from among measurement sets developed by expert national and state entities
   • Locally develop measurement sets
   • Setting bars and cut points for both high performance and good performance
   • Public reporting formats and contextual language for website and other publications

2. Educate providers in Maine about:
   • Metrics used by the MHMC/PTE
   • Purchasers’ and consumers’ use of information
   • National trends
Role of the MHMC Board to PTE

The MHMC Board secures participation and support of experts to serve on PTE Steering Committees, as well as reviewing and approving steering committee recommendations on the following:

1. Selection of measures from expert national/regional entities that are feasible to collect and report in Maine
2. Designation thresholds of “high performance” and “minimum acceptable quality” to set cut points and bars
3. When the MHMC should be directly involved in local data collection and analysis
4. Public reporting formats
5. Consumer materials and information that support/explain performance reports
Measure Sources

- Adult Primary Care Practice Reporting
  - Clinical Outcomes via NCQA or BTE Recognition (in Diabetes, Heart Disease, and Hypertension)
  - NCQA or BTE Patient Centered Medical Home Ratings
  - Meaningful Use Designation
  - CG-CAHPS Survey Results
  - Commercial Claims from State of Maine All Payer Claims Database (MHDO) for Total Cost of Care Index Measure
Measure Sources

- Pediatric Primary Care Practice Reporting
  - Attested data for immunizations and asthma metrics (run by MHMC PTE Program in collaboration with Maine Quality Counts MECHIP-Maine Child Health Improvement Partnership)
  - NCQA or BTE Patient Centered Medical Home Ratings
  - Meaningful Use Designation
  - CG-CAHPS Survey Results
Measure Sources

- Behavioral Health Outpatient Reporting
  - Attested data on processes related to measurement on continuity and coordination with primary care, measurement of overall well-being, measurement of person-centered care, and measurement of diagnosis specific management (Depression-adults; ADHD-children)

- Hospital reporting
  - Leapfrog Hospital Survey Results
  - CMS Mandated Reporting Data (including clinical and patient experience data)
  - Medication Spotlight Survey (run by MHMC PTE Program)
  - MHDO Nursing Sensitive Indicator Dataset
Questions?
Contact Information

Please direct questions concerning report content and/or measure specifications to

– Maine Health Management Coalition Data Program
  (207) 844-8106  data@mehmc.org