



HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING - WITH REAL-WORLD PERSPECTIVE.

Profiling Strategies to Improve Health System Performance

March 27, 2014

Profiling Strategies

- Health care claims support numerous strategies to create profile the care coordination effectiveness of responsible entities
 - Medicaid --→ MCO
 - Medicaid MCO -→ PCP
 - Unmanaged FFS -→ ?

Provider Profiling Strategies

- Health care claims can be used to develop numerous metrics to support provider profiles
- The following metrics can be used to evaluate efficiency
 - Risk adjusted efficiency score
 - PCP visits per 1,000 PY
 - ER visits per 1,000 PY
- Care coordination metrics
 - % of members seen by PCP or group
 - % of only seen in the ER
 - % of members with care opportunities

Care Coordination Report

Contract	# Members	No OPD Svcs		PCP Visits		Group Visits		Other Gen.		Other Spec.		ER Only		Other OPD	
Capitated	1,560	267	17.1%	1,158	74.2%	1	0.1%	9	0.6%	45	2.9%	56	3.6%	24	1.5%
Capitated	1,379	78	5.7%	1,218	88.3%	15	1.1%	10	0.7%	15	1.1%	40	2.9%	3	0.2%
Capitated	1,372	201	14.7%	351	25.6%	632	46.1%	68	5.0%	43	3.1%	65	4.7%	12	0.9%
Capitated	1,262	194	15.4%	854	67.7%	2	0.2%	49	3.9%	69	5.5%	90	7.1%	4	0.3%
Capitated	1,261	184	14.6%	70	5.6%	860	68.2%	27	2.1%	17	1.3%	98	7.8%	5	0.4%
Capitated	1,239	137	11.1%	425	34.3%	552	44.6%	29	2.3%	34	2.7%	59	4.8%	3	0.2%
Capitated	1,193	157	13.2%	334	28.0%	586	49.1%	35	2.9%	16	1.3%	53	4.4%	12	1.0%
Capitated	1,177	178	15.1%	37	3.1%	761	64.7%	79	6.7%	63	5.4%	48	4.1%	11	0.9%
Capitated	1,142	98	8.6%	919	80.5%	11	1.0%	26	2.3%	30	2.6%	52	4.6%	6	0.5%
Capitated	1,014	207	20.4%	20	2.0%	426	42.0%	66	6.5%	145	14.3%	136	13.4%	14	1.4%
Capitated	945	113	12.0%	672	71.1%	69	7.3%	16	1.7%	22	2.3%	48	5.1%	5	0.5%
Capitated	877	80	9.1%	517	59.0%	130	14.8%	62	7.1%	26	3.0%	57	6.5%	5	0.6%
FFS	873	135	15.5%	368	42.2%	273	31.3%	15	1.7%	13	1.5%	67	7.7%	2	0.2%
Capitated	850	119	14.0%	585	68.8%			19	2.2%	36	4.2%	69	8.1%	22	2.6%
Capitated	834	101	12.1%	401	48.1%	260	31.2%	26	3.1%	16	1.9%	28	3.4%	2	0.2%
Capitated	830	72	8.7%	694	83.6%	4	0.5%	23	2.8%	10	1.2%	26	3.1%	1	0.1%
Capitated	793	86	10.8%	395	49.8%	233	29.4%	34	4.3%	11	1.4%	33	4.2%	1	0.1%
Capitated	790	158	20.0%	66	8.4%	429	54.3%	23	2.9%	35	4.4%	74	9.4%	5	0.6%
Capitated	780	68	8.7%	624	80.0%	22	2.8%	28	3.6%	18	2.3%	15	1.9%	5	0.6%
Capitated	766	92	12.0%	531	69.3%	6	0.8%	40	5.2%	41	5.4%	53	6.9%	3	0.4%
Capitated	756	150	19.8%	78	10.3%	424	56.1%	7	0.9%	28	3.7%	58	7.7%	11	1.5%
FFS	738	78	10.6%	393	53.3%	118	16.0%	35	4.7%	49	6.6%	61	8.3%	4	0.5%

High Performing Providers

Contract Type	Panel Size	EI	PCP Util	Grp Util	Oth Phy Util	ER Util	ER 9-5	%	IP Util
FFS	3,695	0.876	322	3,871	1,526	747	198	27%	84
Capitated	3,487	0.798	2,536	3,228	1,893	692	179	26%	89
FFS	3,392	0.839	371	3,145	764	711	223	31%	74
Capitated	3,283	0.886	1,740	3,937	775	453	154	34%	55
Capitated	2,163	0.705	594	3,057	1,049	738	294	40%	55
Capitated	1,905	0.531	743	3,376	617	743	183	25%	76
Capitated	1,875	0.794	2,579	3,488	582	621	173	28%	45
Capitated	1,689	0.628	114	3,766	817	597	85	14%	36
Capitated	1,545	0.899	1,188	3,487	1,188	606	241	40%	117
Capitated	1,469	1.122	3,415	3,415	2,116	621	139	22%	74
Capitated	1,447	0.689	1,493	3,301	1,244	581	174	30%	124
FFS	1,296	0.953	2,676	3,083	1,519	620	194	31%	148
FFS	1,291	0.854	3,662	3,662	995	511	167	33%	56
Capitated	1,218	0.778	1,685	3,596	128	660	217	33%	30
Capitated	1,217	0.810	848	3,500	730	562	217	39%	99
Capitated	1,114	0.662	1,993	3,102	646	496	97	20%	65
Capitated	1,079	0.766	2,124	3,325	1,657	478	100	21%	33
Capitated	1,073	1.199	3,120	4,977	1,733	492	179	36%	123
Capitated	1,004	0.869	2,104	3,610	825	633	167	26%	84
Capitated	969	0.794	582	3,108	1,065	495	124	25%	74
Capitated	917	0.587	1,884	3,716	118	707	262	37%	65
Capitated	862	0.603	2,353	3,592	1,016	543	139	26%	28
Capitated	844	0.632	455	3,057	626	498	114	23%	0
Capitated	842	0.720	827	3,933	1,012	684	257	38%	143

Poor Performing Providers

Contract Type	Panel Size	EI	PCP Util	Grp Util	Oth Phy Util	ER Util	ER 9-5	%	IP Util
Capitated	3,041	1.718	0	414	1,665	1,101	402	37%	134
FFS	1,287	1.671	811	998	1,287	2,061	466	23%	186
Capitated	10,156	1.474	261	261	2,039	1,144	380	33%	240
Capitated	9,804	1.320	508	531	1,738	838	306	36%	149
Capitated	8,128	1.462	282	282	2,076	1,438	568	40%	182
Capitated	7,406	1.279	381	381	2,200	1,184	416	35%	201
Capitated	6,292	1.106	620	620	1,356	1,175	404	34%	252
Capitated	5,797	1.485	93	760	2,145	1,333	507	38%	263
Capitated	4,908	1.029	567	567	1,142	1,037	411	40%	108
Capitated	4,636	1.726	0	378	1,939	934	422	45%	202
Capitated	4,581	3.451	437	440	1,648	961	348	36%	202
FFS	2,134	1.152	658	658	2,109	799	343	43%	118
FFS	2,081	1.422	444	554	1,874	1,113	456	41%	138
Capitated	2,060	1.306	699	699	2,144	1,183	338	29%	274
Capitated	1,804	1.661	399	399	2,029	878	279	32%	419
Capitated	1,661	1.101	0	527	1,589	1,048	405	39%	159
Capitated	1,537	1.175	929	929	4,146	1,132	461	41%	265
FFS	1,533	1.311	603	603	2,708	751	329	44%	125
Capitated	1,494	1.269	145	289	1,406	940	418	44%	80
Capitated	1,421	1.037	0	287	1,385	996	405	41%	59
Capitated	1,353	1.479	0	0	2,856	807	417	52%	186
Capitated	1,337	1.526	781	808	2,352	951	431	45%	224
FFS	1,155	1.568	769	769	3,304	1,309	488	37%	374
Capitated	1,142	1.149	0	515	1,923	977	378	39%	105

Measuring System Performance to Improve Care Coordination

- The Symmetry EBM Connect software contains several measures that can be evaluate the care coordination efforts of providers in the community
 - Access to Care
 - Preventative Care
 - Screening
 - Avoidable Utilization
- This measures can be used to evaluate performance of those providers responsible for overseeing the coordiation of care for members
 - PCPs, MCOs, Health Care System/Program

Measuring System Performance to Improve Care Coordination

Measure Domain	Proposed EBM Connect Measures
Access to Care	Patient(s) 12 - 24 months of age that had a PCP visit during the report period. Patient(s) 25 months to 6 years of age that had a PCP visit during the report period Patient(s) 7-11 years of age that had a PCP visit during the report period Patient(s) 7-11 years of age that had a PCP visit during the report period Patient(s) 20 years of age and older that had a preventive or ambulatory care visit during the report period. Patient(s) 2 - 21 years of age that had a dental visit during the report period.
Preventative Screening	Patient(s) that had a cervical cancer screening test in last 36 reported months. Patient(s) 42 - 69 years of age that had a screening mammogram in last 24 reported months. Patient(s) 2 years old at the end of the report period that had at least one capillary or venous blood test on or before their 2nd birthday Patient(s) 16 - 24 years of age that had a chlamydia screening test in last 12 reported months.
Follow-up Care	Patient(s) hospitalized for mental illness that had a follow-up encounter with a mental health practitioner within 7 days after discharge. Patient(s) hospitalized for mental illness that had a follow-up encounter with a mental health practitioner within 30 days after discharge. Patient(s) with a new episode of alcohol and other drug dependence (AOD) who initiated treatment and had two or more follow-up visits within 30 days of the initiation visit (i.e. engaged in AOD treatment) Patient(s) with an outpatient, intensive outpatient or partial hospitalization follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription
Avoidable Utilization	Patient(s) hospitalized for uncontrolled diabetes. Patient(s) hospitalized for long-term complications of diabetes. Patient(s) hospitalized for short-term complications of diabetes. Patient(s) with uncomplicated low back pain that did not have imaging studies. Patient(s) with a diagnosis of upper respiratory infection (URI) that did not have a prescription for an antibiotic on or three days after the initiating visit. Patient(s) with a diagnosis of acute bronchitis that did not have a prescription for an antibiotic on or three days after the initiating visit. Patient(s) with chronic conditions that had ancillary tests Patient(s) adherence with prescribed medications

Measuring System Performance to Improve Care Coordination

- Additional quality measures included in EBM are beneficial to identify members with gaps in care that could potentially lead to hospitalizations and ED visits
 - Adherence with ancillary testing for chronic conditions
 - Medication possession ratios

Measuring System Performance to Improve Care Coordination

Adherence with Recommended Medications

Congestive Heart Failure	Patient(s) currently taking an ACE inhibitor or acceptable alternative.
Congestive Heart Failure	Patient(s) currently taking a beta-blocker.
Hyperlipidemia	Patient(s) compliant with prescribed statin-containing medications (minimum compliance 80%).

Adherence with Recommended Ancillary Testing

Hyperlipidemia	Patient(s) with a HDL cholesterol test in last 12 reported months.
Hyperlipidemia	Patient(s) with a triglyceride test in last 12 reported months.
Diabetes Mellitus	Patient(s) that had at least 2 HbA1c tests in last 12 reported months.