

To: Hospital CFOs

Cc: Case Mix Liaisons, Hospital Quality Contacts

From: HSCRC Quality Team

Date: October 21, 2022

Re: CY 2021 Timely Follow-Up Performance

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This memorandum summarizes the statewide performance and statewide racial and sociodemographic disparities in Timely Follow-Up After Acute Exacerbation of Chronic Conditions (TFU) for CY 2021.

The Timely Follow-Up measure is a NQF-endorsed health plan measure that looks at the percentage of emergency department visits, observation stays, and inpatient admissions for six conditions- Asthma, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Hypertension, and Heart Failure (HF)- that received a follow-up visit within the time frame recommended by clinical practice

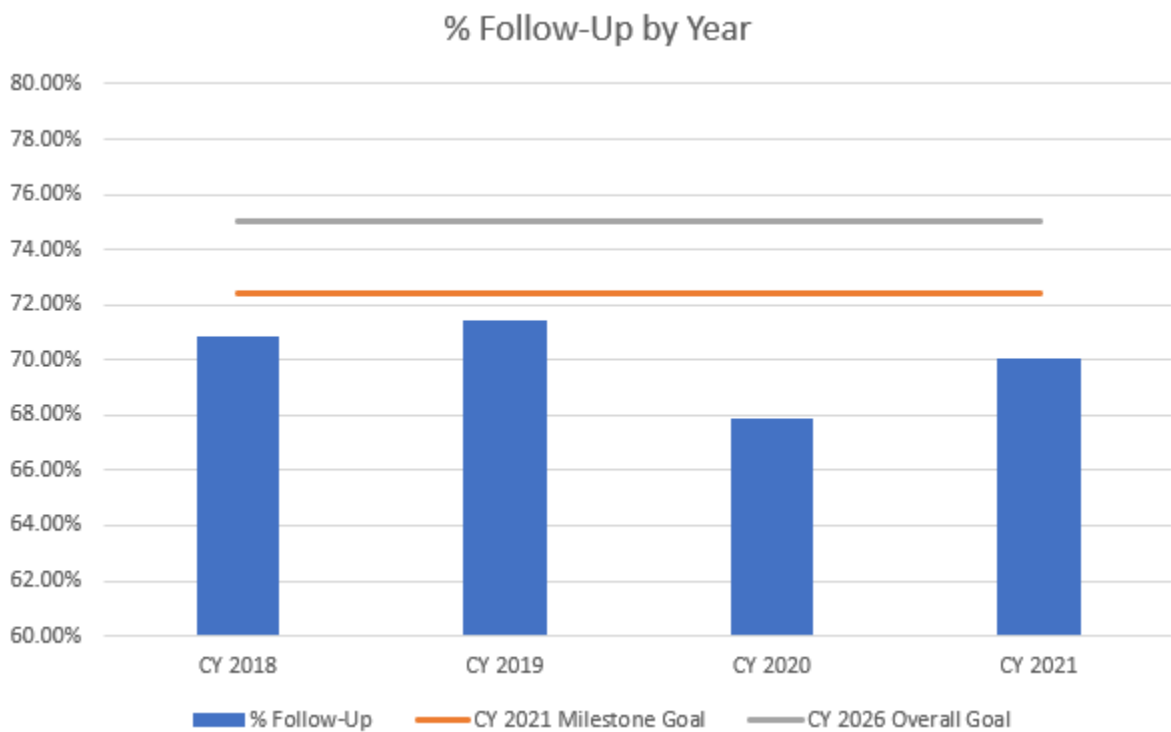
The TFU measure is included in the Statewide Integrated Health Improvement Strategy (SIHIS), which is part of the Total Cost of Care (TCOC) model through a memorandum of understanding with CMMI¹. The goal is to achieve a Medicare follow-up rate of 75 percent or 0.5 percent better than the nation, whichever is higher, by the end of CY 2026 (TCOC model year 8). To achieve this goal, the state set interim targets for CY2021 and CY2023. With a baseline performance of 70.85% in 2018, the CY 2021 interim target was 72.38 percent. Figure 1 shows the TFU rates for CY 2018 through CY 2021, along with the CY 2021 milestone and CY 2026 overall goal. **This indicates that the CY 2021 statewide TFU milestone goal of 72.38% was not met, with hospitals instead achieving a TFU rate of 70.07%.** This is 0.78 percentage points

¹ Additional information about the Statewide Integrated Health Improvement Strategy that was developed during 2019 and 2020, and approved by CMMI in March of 2021 can be found here:

<https://hscrc.maryland.gov/Pages/Statewide-Integrated-Health-Improvement-Strategy-.aspx>

lower than the baseline TFU rate in 2018, and reflects the significant impact of the COVID-19 public health emergency on healthcare utilization. However, data on TFU for July 2021-June 2022 shows the statewide rate is 69.90 percent, which indicates that there is still much work to be done to improve TFU. As part of the annual report to CMMI that is due at the end of December, staff must address the missed SIHIS target and provide CMMI with information on how the state will work to still achieve the final goal of 75 percent.

Figure 1: TFU Rates CY 2018- CY 2021



In accordance with the Commission’s commitment to health equity, HSCRC staff conducted analyses to glean disparities in the HSCRC’s hospital quality programs. These analyses provided evidence of significant TFU disparities by race, dual eligibility, and neighborhood deprivation as measured by the Area Deprivation Index (ADI)² (see Appendix A). The analyses cover CY 2018- CY 2021 and risk-adjusts for age and sex.

² ADI includes factors for the theoretical domains of income, education, employment, and housing quality to rank neighborhoods by socioeconomic disadvantage at the national level.

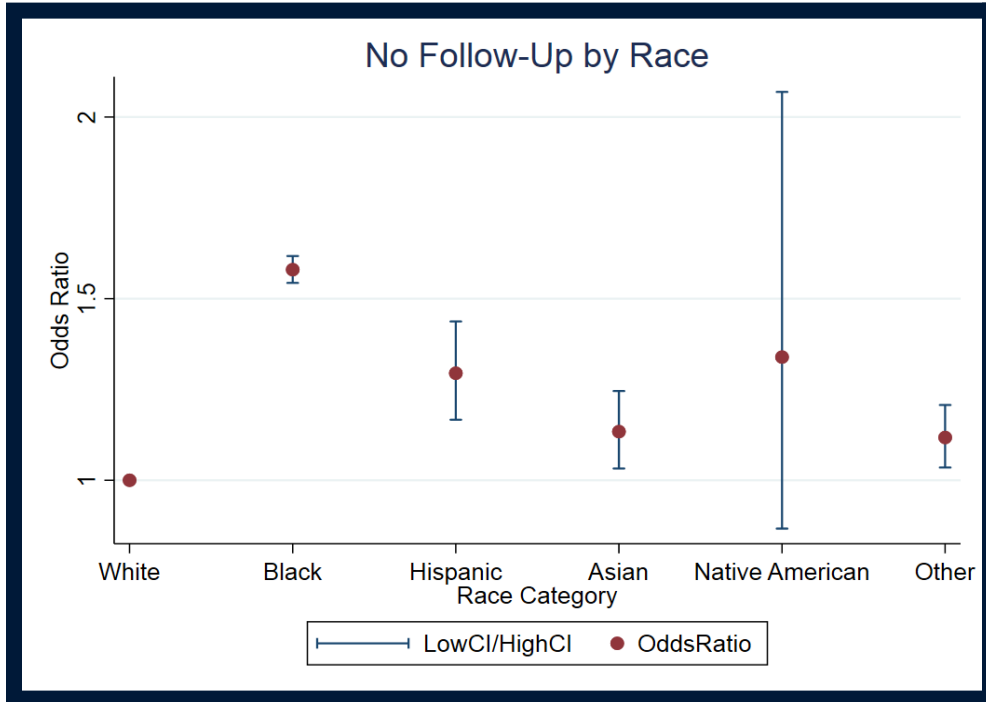
Addressing the disparities uncovered by these analyses should improve the overall TFU rate and will likely help the state to meet its CY 2026 goal. For example, **in CY 2021, if all races received the same TFU rate as Whites (73.67%), the state would have surpassed the CY 2021 milestone.** Instead, in CY 2021, all non-White groups (except those classified as Other) had a lower TFU rate than Whites (see Appendix B). Further, the risk-adjusted analyses showed that Blacks have a 58 percent higher odds of not receiving follow-up compared to Whites. Similar trends were seen where people dually eligible for Medicare and Medicaid and those with higher area deprivation had a higher odds of not receiving follow-up.

In the RY 2024 QBR Program, TFU rates are 5% of the overall QBR score and, due to previous data constraints, are based solely on TFU rates for the Medicare population. Beginning in CY 2022, with the assistance of CRISP and Maryland Medicaid, hospitals are now able to access their Medicaid TFU rates on the CRS portal. Staff found that Medicaid patients have lower timely follow-up visit rates compared to the Medicare population (see Appendix C). To drive improvement, staff is recommending that Medicaid be added to the QBR payment program by dividing the 5% currently designated to the TFU measure evenly between the Medicaid and Medicare populations beginning in RY 2025 (i.e., Medicaid TFU rates and Medicare TFU rates will each comprise 2.5% of the QBR program). As with the Medicare data, staff plans to analyze whether there are disparities in TFU for the Medicaid population.

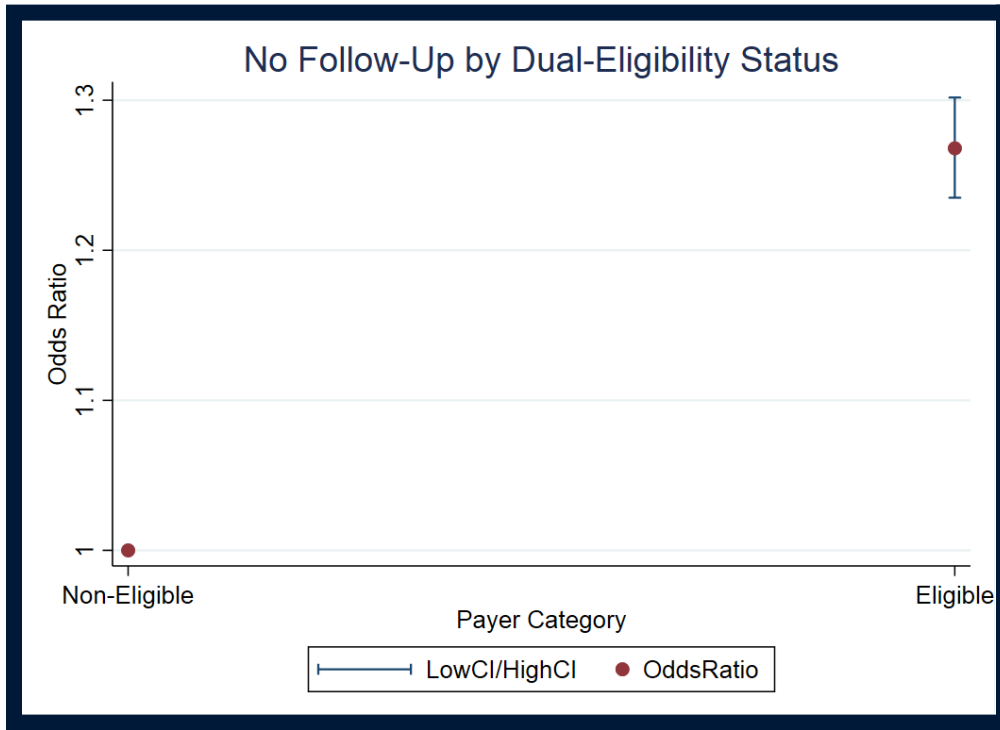
To improve the state's TFU rates and meet the CY 2023 milestone (72.42 percent) and CY 2026 overall goal, the HSCRC urges hospitals to understand the disparities found in their patient populations. Eliminating disparities is an opportunity to improve the hospital's overall quality of care provided to their patients. For disparities on the SIHIS measures, the SIHIS Dashboard on the [CRS portal](#) provides hospital-level and statewide measure performance by race and other factors relevant to the specific measure.

Please contact the HSCRC quality team with any questions or concerns hscrc.quality@maryland.gov.

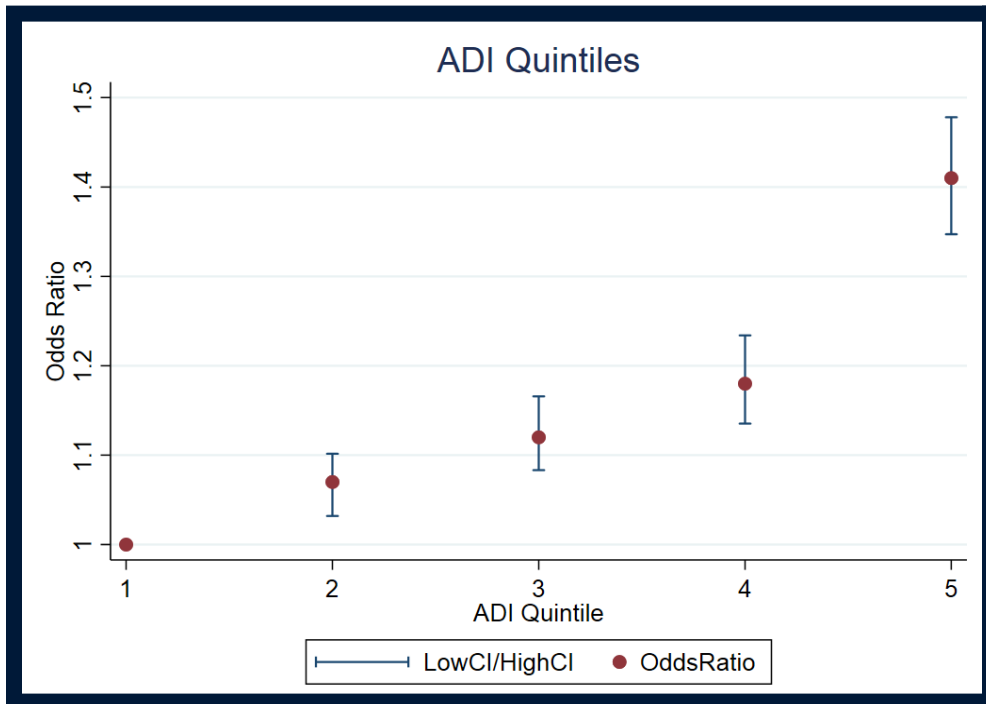
Appendix A: Disparity Analysis Results



Black, Hispanic, Asian, Native American, and Other race beneficiaries have 58%, 29%, 13%, 34%, and 12% higher odds of not receiving follow-up compared to white beneficiaries, respectively. These disparities are all statistically significant, except for Native Americans which is likely due to the small sample size.



Patients insured by both Medicaid and Medicare have a 27% higher odds of not receiving follow-up compared to patients not insured by Medicaid.



Patients who live in an area that was assigned an Area Deprivation Index (ADI) score of 21-40, 41-60, 61-80, and 81-100 have 7%, 12%, 18%, and 41% higher odds of not receiving follow-up compared to patients who live in an area that was assigned an ADI score of 1-20, respectively.

Appendix B: Statewide TFU Rates by Race

2021 TFU by Race	No Follow-Up	Follow-Up	Total	% Follow-Up
Asian	130	328	458	71.62%
Black	3998	7183	11181	64.24%
Hispanic	118	221	339	65.19%
North Native	9	18	27	66.67%
Other	95	275	370	74.32%
Unknown	137	331	468	70.73%
White	4700	13147	17847	73.67%
Total	9187	21503	30690	70.07%

2018-2021 TFU by Race	No Follow- Up	Follow-Up	Total	% Follow-Up
Asian	627	1595	2222	71.78%
Black	20657	36843	57500	64.07%
Hispanic	535	1144	1679	68.14%
North Native American	30	64	94	68.09%
Other	442	1148	1590	72.20%
Unknown	510	1308	1818	71.95%
White	22524	64893	87417	74.23%
Total	45325	106995	152320	70.24%

The “Other” population has a relatively small sample size and also may not comprise the same individuals over time.

Appendix C: Statewide TFU Rates for Medicaid vs Medicare

