Getting to Safe, Affordable, Effective, Patient-Centered Care: Good Data Are Only the Beginning

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A health care system that provides safe, timely, effective, affordable, patient-centered care for everyone in Massachusetts.
Advancing Quality, Outcomes and Affordability: Role of Performance Measurement and Reporting Programs
Health care spending per capita is projected to nearly double over the next 10 years.

BCBSMA’s medical cost trend is growing five times faster than workers’ earnings, and nearly four times the rate of inflation.

Source: CMS, Office of the Actuary, National Health Statistics Group

Sources: BCBSMA, Bureau of Labor Statistics
Key components of the Alternative Contract Model

**Unique contract model:**
- Physicians & hospital contracted together as a “system” – accountable for cost & quality across full care continuum
- Long-term (5-years)

**Controls cost growth:**
- Global payment for care across the continuum
- Annual inflation tied to CPI
- Incentive to eliminate clinically wasteful care (“overuse”)

**Improved quality, safety and outcomes:**
- Robust performance measure set creates accountability for quality, safety and outcomes across continuum
- Substantial financial incentives for high performance (up to 10% upside)
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**Weighted Ambulatory Score**: 2.2

**Weighted Hospital Score**: 2.3

**Aggregate Score**: 2.3
Performance Achievement Model

Performance Payment Model

Performance Score

% Payout

2.0% 3.0% 5.0% 9.0% 10.0%

0% 2% 4% 6% 8% 10%
Key Components of the Alternative Contract Model

Performance Improvement: Cost and Efficiency

- Expanded Margin Opportunity
- Initial Global Payment Level
- Savings Opportunity
- Trend
- Quality Performance

Year 1, Year 2, Year 3, Year 4, Year 5
Geography is Destiny: Practice Pattern Variation

**FSP: Abdominal & Vaginal Hysterectomy (BCBSMA, 2005-2007)**

State Average of Abdominal & Vaginal Hysterectomy Rate:
- 4.09 (per 1,000 membership yr)

**Legend**
- CTAHE Boundary
- State Boundary
- Coastline
- Ratio of Abdominal & Vaginal Hysterectomy Rate
- State Average Rate (Natural Born)
- 0.63 - 0.73
- 0.74 - 1.05
- 1.06 - 1.29
- 1.30 - 1.64

**Label**
1. Community Health Network of Berkshire County
2. Upper Valley Health Care
3. Partnership for Health in Hampshire County
4. Community Health Connections
5. Community Health Network of Northern Berkshire County
6. Community Partners for Health
7. Community Health Network of Greater Metro West
8. Common Pathways
9. Community Health Network of Central Massachusetts
10. Greater Lowell Community Health Network
11. Greater Lawrence Community Health Network
12. Greater Newbury Community Health Network
13. Greater Beverly/Peabody Community Health Network
14. North Shore Community Health Network
15. Northeast Suburban Health Alliance
16. North Suburban Health Alliance
17. Greater Cambridge/Charlestown Community Health Network
18. West Suburban Health Network
19. Alliance for Community Health
20. Blue Hills Community Health Alliance
22. Greater Brockton Community Health Network
23. South Shore Community Health Network
24. Greater Milford/Rehoboth Health Education
25. Partners for Healthier Communities
26. Greater North-Shore Community Health Network
27. Cape Cod and Islands Health Network
Practice Pattern Variation Analysis (PPVA)

Unpacking differences in the treatment components of specific episodes across clinicians in a single, defined medical specialty.

The results are highly actionable because they get to the root of variations in treatment costs for a defined and highly-specific clinical circumstance among physicians of the same specialty.

Source: Greene RA, et al. Health Affairs 2008; w250-259
1304 Primary Care Physicians (41%) have rates for ARB use that are above the network average. (N=3178)

The average count of ‘Benign Hypertension, with and without comorbidity’ episodes per physician in this analysis is 41.

Physicians with rates above network average have an average episode load of 44.
Benign Hypertension, With and Without Comorbidity
Primary Care Physicians by Group
Rate of ARB Use per 100 Episodes with ACE-I and/or ARB
2007

Rate = Episodes with ARB / Episodes with ACE-I and/or ARB

- The highlighted group utilizes ARB in 29% of their episodes where ACE-I and/or ARB is prescribed.
- The total episode load of this group is 469.
- There are 12 primary care physicians in the group for this analysis.
The 12 primary care physicians in this group have rates of ARB use ranging from 13% to 55%.

- 9 physicians have rates above the network average.
Variations in PCP Referral for Low Back Pain

Low Back Pain as subset of Joint Degeneration of the Neck & Back, with & without surgery
Med Grp XYZ PCP Groups
Rate of Referral to Orthopedic Surgeon or Neurosurgeon per 100 Episodes
2006 - 2007

Rate = Episodes with at least 1 Referral to Ortho. Surg. or Neurosurg. / Total Episodes per PCP Group

- The 21 PCP groups associated with NEQCA have referral rates to orthopedic surgeons and neurosurgeons ranging from 0 to 35 per 100 episodes.
- 3 groups have a rate of 0.
- 9 groups have rates at or above the network average.
Variations in Days-to-MRI for Low Back Pain

Low Back Pain as subset of Joint Degeneration of the Neck & Back, with & without surgery
Medical Group XYZ's PCP Groups
Average # of Days from Initial Visit to MRI
2006 - 2007

Rate = Sum of Days from Initial Visit to MRI / # of Episodes with MRI per PCP Group

- The 21 PCP groups associated with Medical Group XYZ have average days between initial visit and MRI ranging from 0 to 311 days.
- 12 PCP groups have average days less than the network average.
- The same 12 PCP groups also have average days less than 6 weeks or 42 days (below dashed line).
# Select PPVA Topics Provided to AQC Groups

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<td>Joint Degeneration of Knee</td>
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<td>Migraine</td>
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<td>Inflammation of Skin</td>
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<td>Arthritis</td>
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<table>
<thead>
<tr>
<th>Avoidable Use of Hospital Resources</th>
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<tr>
<td>Ambulatory Care Sensitive Admissions</td>
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<tr>
<td>Non-Urgent Emergency Department Utilization</td>
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<tr>
<td>30 Day All-cause Readmissions</td>
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30-day all-cause readmissions rate
CY2008 admissions excluding maternity and newborn HMO/POS
and Medicare HMO members with in-state referral circle PCPs state
average = 9.26% with patients from 121 referral circles
116 referral circles have >+5 initial admissions 12 of them have
readmission rates significantly higher than state average

Variation in 30-Day Readmission Rates by PCP Group
Group X has a total of 647 ED visits in Q4 2009 for its HMO/POS members.

Group X visit probability/1000 is 139.6.

Group X has a total of 31 primary care providers for this analysis with approximately 2600 members in their HMO/POS panel.
Within-Group Variation in ED Visits for Otitis Media

Otitis Media
Rate of ED use per 100 episodes
CY2008
Group X
PCPs and their Panel of HMO/POS Patients
Rate = Episodes with an ED Visit / Total ETG Episodes

There are 87 PCPs in this analysis for Group X with 35 having rates of ED use above the network average.
Rates of ED use for Group X physicians range from 0 to 33%.
The average count of ETG episodes per Group X physician in this analysis is 48.
Summary

- Without measurement, we don’t know where we are on the journey
- But imprecise measurement used in “high stakes” ways undermines our collective efforts
- Rapid and substantial performance improvement appears to follow when the stage is set with:
  - Substantial financial incentives for improvement on measures that are well accepted, widely validated and clinically important
  - Ongoing and timely data to inform improvement efforts
  - Organizational structure and leadership commitment to the goals
- Under a payment model that creates accountability for resource use (e.g., global budget), cost and efficiency measures do not need to meet criteria for “high stakes” use.
  - Incentives for improvement on this domain is built into the payment model
  - Measurement is needed to support accountability and success – but not for high stakes
- Clinically-specific, specialty-specific approach to displaying practice pattern variations appears powerful to engaging physician leaders and front line in (passionately) addressing clinical waste.
For More Information

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