Transparency Advisory Group
March 15, 2016

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Welcome and Introductions

TAG Goals

1. TAG to approve a process by March 30, 2016 for office based medical provider data review and feedback for anticipated publication of quality data to be published starting Summer 2016.
2. Ensure the dissemination of maternity data by facility to public facing entities that can use the data to inform care decisions by June 30, 2016.
3. Ensure 6 key groups are aware of and actively soliciting use of APCD data; we are seeing more data requests and assessing gaps in the utility to these groups: Payers, Researchers, Employers, Providers, Quality Improvement entities, and Public Health.
4. Advance the breadth of Utah APCD submission data , adding uninsured patient data with FQHC pilot clinics and UHIN as well as successful advancement of Medicare Data in the APCD: evaluate all options for accessing Medicare A & B data and developing a plan to make that information available to users of the APCD by December 31,2016 .
5. TAG to review and develop use cases for dental data for patient information on dental prices for common procedures for insured patients by December 31, 2016
6. TAG to inform the use of APCD data on public health strategies on controlled substance overprescribing and harm by August 30, 2016.

Update from Medical Provider Subcommittee

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APCD Attribution Audit Preliminary Results – March 2016

Antibiotic Avoidance in Patients with Acute Bronchitis
Diabetes HbA1c Screening

- Patient to clinic attribution
- Patient to diagnosis attribution
- Patient to procedure, screening or medication

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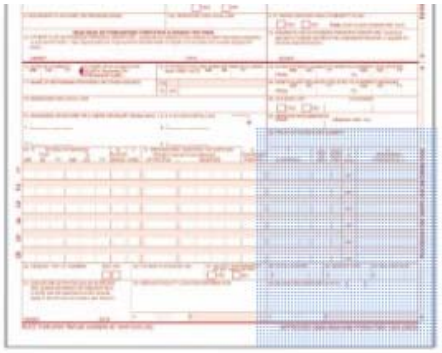
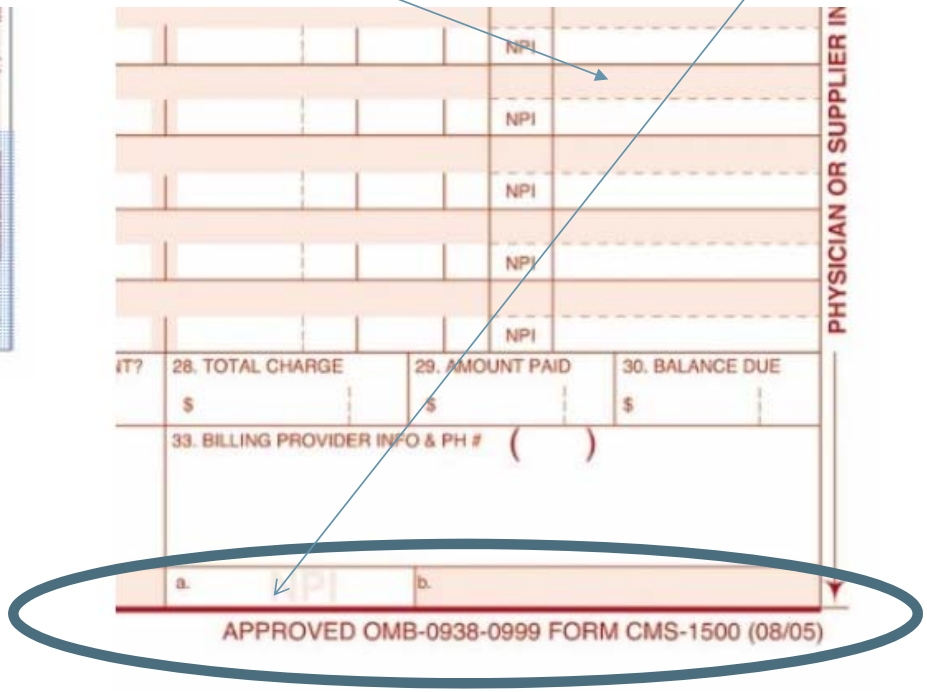
OHCS' latest diabetes patient attribution method uses Group NPI filtered for primary care Rendering Provider individual NPI



Click to open expanded view



Diabetes measure also filters out urgent care claims:

Place_of_Service_Cd: 20
Rev_Cd: 456,516,526
CPT4_ID: S9083,S9088

Name Matching process Steps

List of patients who meet quality measure criteria is generated by OHCS

Sample of 20 OHCS patients looked up in EHR -name match rate noted

Sample of 20 OHCS patients looked up in EHR diagnosis match rate noted

Of those diagnosis matches, how many had matching procedure or screening info in the clinic's system

HbA1c Screening – Two Attribution Methods

Clinic name	Method 1* Patient seen at clinic	Method 2** Patient seen at clinic	Method 1* Dx match	Method 2** Dx match
Memorial Clinic	100%	100%	79%	100%
Logan Clinic	100%	100%	90%	95%
Salt Lake Clinic	100%	100%	40%	95%
Wayne	100%	86%	100%	83%
Herefordshire	100%	100%	69%	95%
Redwood	50%	N/A	7%	24%
Granger	100%	100%	50%	75%

* Names compared to registry/report run by clinic / OHCS attributes patients regardless of provider specialty

** Chart review of random sample of 20 patients / OHCS limits attribution to PCP specialties – excludes urgent care visits

Method 2 details

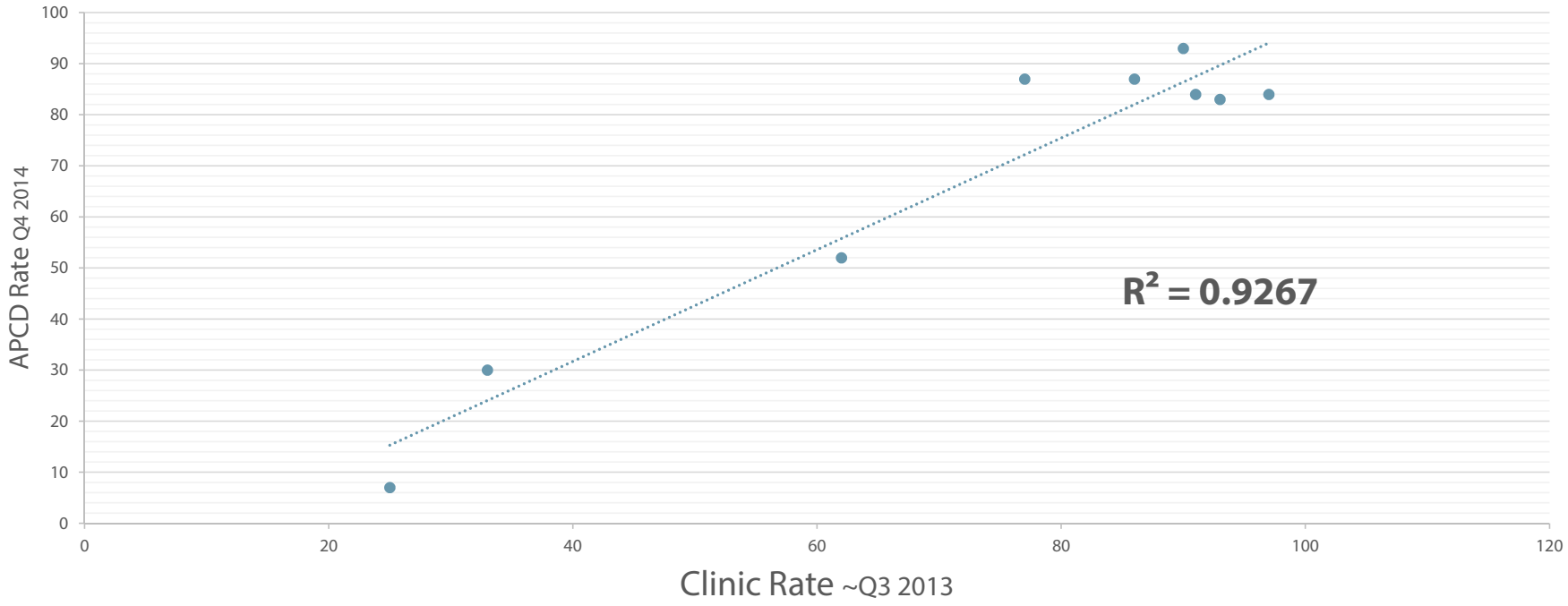
Diabetes HbA1c Screening (adult) – PCP only attribution method			
Clinic name	Patient seen at clinic	Dx match	Procedure/Rx match
Memorial Clinic	20/20 100%	20/20 100%	18/20 90%
Logan Clinic	20/20 100%	19/20 95%	19/19 100%
Salt Lake Clinic	20/20 100%	18/19 95%	15/18 83%
Herefordshire	20/20 100%	19/20 95%	18/20 90%
Wayne	6/7 86%	5/6 83%	4/5 80%
Redwood	N/A	52/684 8% *	N/A
Granger	20/20 100%	11/20 55% **	11/11 100%

Method 2 details

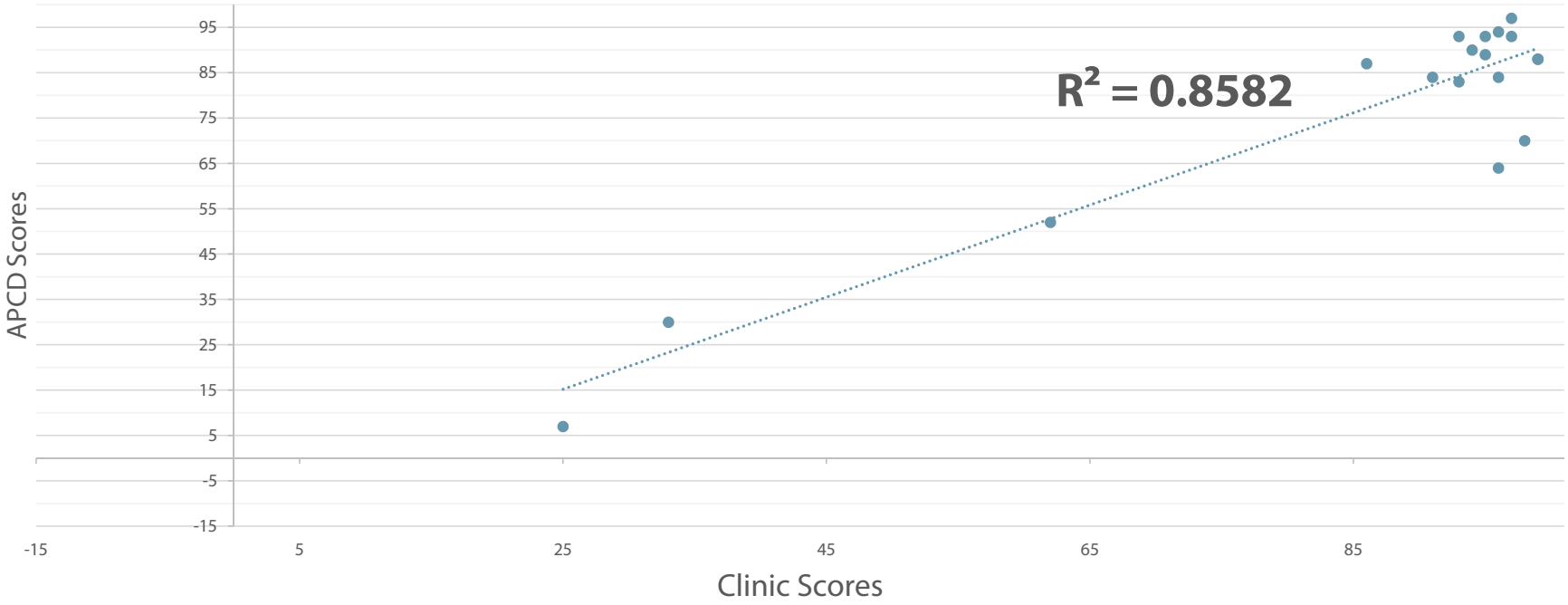
Antibiotic Avoidance in Adult Patients with Acute Bronchitis

Clinic name	Patient seen at clinic	Dx match	Procedure/Rx match
Memorial Clinic	19/20 95%	15/19 79%	11/15 73%
Logan Clinic	18/18 100%	18/18 100%	11/18 61%
Salt Lake Clinic	21/21 100%	18/21 86%	14/18 78%
Herefordshire	19/20 95%	18/19 95%	17/18 95%
Wayne (Escalante and Bicknell)	4/4 100%	2/4 50%	1/2 50%
Redwood	N/A	102/419 24% *	N/A
Granger	20/20 100%	15/20 75% **	10/15 67%

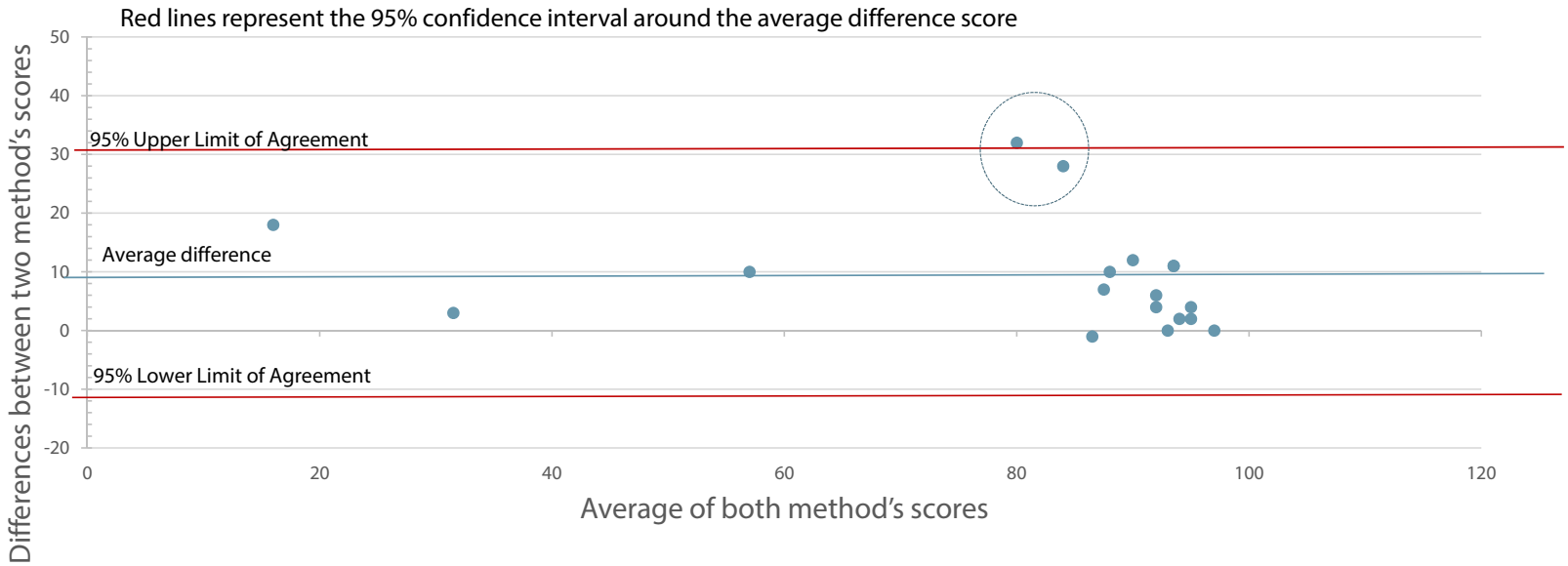
Correlation of Clinic and APCD Rates



Correlation of APCD to Clinic Scores – with Additional Beacon and HealthInsight Physician Office Quality Award Application Scores



Bland – Altman plot: A Scatterplot of the Average of Two Methods by the Difference of the Two Method's Scores – with 'Limits of Agreement'



This approach helps determine if the correlated scores are actually in agreement. Note that method A's scores could be double the value of method B's scores and the correlation would remain the same – but there would be no agreement. Look for scores clustered around the average and within the limits of agreement.

Next steps:

- Add more specialty taxonomy codes to filter for primary care.

  Currently using:

  207Q00000X --Family Medicine
  207QA0000X --Family Medicine - Adolescent Medicine
  207QA0505X --Family Medicine - Adult Medicine
  207QG0300X --Family Medicine - Geriatric Medicine
  208D00000X --General Practice
  207R00000X --Internal Medicine
  207RA0000X --Internal Medicine - Adolescent Medicine
  207RG0300X --Internal Medicine - Geriatric Medicine
  207V00000X --Obstetrics & Gynecology
  207VG0400X --Obstetrics & Gynecology - Gynecology
  207VM0101X --Obstetrics & Gynecology - Maternal & Fetal Medicine
  207VX0000X --Obstetrics & Gynecology - Obstetrics
  208000000X --Pediatrics
  2080A0000X --Pediatrics - Adolescent Medicine

  Which specialties need to be added? Geriatrics, Midlevels, Endocrinology, …?
- Determine which practices share group NPIs and must be reported on as a system.
- Use address and suite or address and clinic name rather than Group NPI or Clinic Name

Thanks to:

Linsey Hsieh – Intermountain Healthcare

Phoebe Haglund – Intermountain Healthcare

Bethanne Karren – Granger Medical Clinic

Gregory McFarlane – University of Utah Medical Group

Kelly Dowland – St Mark's Family Practice

Sterling Peterson – Office of Healthcare Statistics

Holly Woolsey – Wayne Community Health Center

Appendix

-Measure specs

Diabetes Care Hemoglobin Testing

Eligibility:

- Age at end of reporting period between 18 and 75
- Continuous enrollment - minimum of 11 months eligibility of primary medical coverage in current reporting period

Denominator:

- **Identification of diabetes requires one of the following (Using two year look back):**
  - At least two visits in outpatient, observation or non-acute inpatient setting on separate dates, within the report period or the prior report period with a diabetes diagnosis code. Note: need two visits in any combination of settings over two year look back.
  - One visit in an acute inpatient or emergency room setting , with in the report period or prior report period with a diabetes diagnosis
  - A pharmacy claim for insulin or hypoglycemic/anti-hyperglycemic with in the report period or prior report period

  Exclusions

  - No claim history with a diagnosis of polycystic ovaries, period induced or gestational diabetes in the current report period or prior report period

Numerator:

- Enrollee is included in denominator
- A visit for that enrollee is tagged with HbA1c test and visit service start date is in current period

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Eligibility:

- Age at end of report period between 20 and 64
- Continuous enrollment for 12 months prior to index event and seven days after (inclusive). No more than one month gap in coverage during this time.

Denominator:

- Must have one outpatient, observation or emergency department visit Jan. 1 thru Dec. 24 of the current reporting year with a diagnosis of acute bronchitis ***AND NONE*** of the following:
  - Any claim/encounter within 12 months prior to the index event with a comorbid condition: HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, comorbid conditions
  - Antibiotic medication with filled-date within 30 days prior to the index event OR filled- date + days supply is equal to or greater than index event date
  - Pharyngitis or competing diagnosis within 30 days prior to index event or seven days after.

Numerator:

- Person has RX claim for antibiotic prescription with filled date between index event date and three days after the index event date. Index event is described as the first occurrence of the OP/ED/Observation visit.

Measure uses a inverted rate: 1-(numerator/denominator).

This calculation will need to be done in the reporting layer.

Reporting Timeline Update for 106.5 Measures

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Timeline

- March 15th share masked data and provider feedback with HDC and TAG
- By March 17th send clinics notification of reporting and request contact information (90 days before June 15th)
  - OHCS will respond with individual clinic reports, provider IDs, supporting documentation, policies and timelines immediately after receiving contact information.
- By March 31st major changes to methodologies programmed
- April 15th documentation drafted and any changes resubmitted to providers
- May 6th deadline for clinics to request raw data files for review. All raw data files submitted to providers before May 20th.
- May 10th HDC review and approval to move forward publishing data
- Jun 10th review and comment period closes
- **June 15th data made public**
- By Jun 30th report to Legislature to comply with July 1 deadline
- November 2016 begin processing 2015 quality comparisons
- December 31st annual quality comparisons posted

Goal 3 Benchmarking

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APCD 2.0 Data Requests

- Researchers
  - University of Utah
    - Pharmacotherapy Outcomes Research Center
    - Utah Cancer Registry
    - Department of Family and Preventive Medicine
    - Cardiovascular Genetics
  - Lewin Group
  - Susan G. Komen Foundation
  - Utah Legislative Fiscal Analyst's Office
  - FairCare, Inc.
- Quality Improvement Entity
  - HealthInsight
- Public Health
  - Utah Department o f Health
    - Health Informatics Program
    - Office of Public Health Assessment

Legislative Update

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Wrap Up & Next Steps

Next TAG Meeting: April 19, 2016

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