Hello and welcome to the Health Care Home benchmarking recorded webinar presentation. My name is Nathan Hunkins and I will be the host of this webinar.
And I am going to be covering materials that describe the background of the health care home measurement in Minnesota, in particular how benchmarks will be used for health care home measurement and also an approach to the benchmarking guidelines and rules and then I will also give a brief demonstration of the health care home data portal which is where you will be able to access the health care home benchmarking reports. And then lastly we will cover the benchmarking and recertification process as benchmarking is tied to health care home recertification.
The Health Care Home Measurement supported by the rule listed at the bottom of the slide. The rule states that health care homes must submit data to the statewide measurement reporting system. The quality measures are based on a clinic’s total population and so, one particular example would be, for our optimal vascular care measure which is a health care home measure, the entire patient population that qualifies for the measure would then be, that clinic would then be submitting data for that measure, on all of the patients who qualify. Not just those patients that are care coordination or health care home specific. Each year the commissioner announces the health care home quality measures and additionally the rule states that benchmarks must be used for health care home to demonstrate the progress for recertification.
Approved measures currently for health care homes are, the optimal vascular care measure, the optimal asthma care measure, the optimal diabetes measure, the depression remission at six months measure, and the colorectal Cancer screening measure. These are the measures that are currently approved for health care home data submission and also will be the initial starter set for the health care home benchmarking process.
Additionally, health care home has approved a functional status measure, which will be using the question from the CG:CAHPS survey that asks, in general, how would you rate your overall health? Excellent, Very Good, Good, Fair, or Poor.

Patient Experience: CG:CAHPS or PCMH: CAHPS

30-day, All Cause Hospital Readmission (on hold due to lack of sufficient data source)

Additionally, health care home has approved a functional status measure, which will be using the question from the CG:CAHPS survey that asks, in general, how would you rate your overall health? Excellent, Very Good, Good, Fair, or Poor. And also a patient experience from either the CG:CAHPS survey or the PCMH:CAHPS survey. The other measure is a 30 day all cause hospital readmission measure. And currently these measures are not part of the health care home benchmarking process, because the CAHPS data is not quite available yet, and the all cause hospital readmission measure has got issues with data sources. And so that measure is not fully developed and in use yet.
Future HCH Measures

<table>
<thead>
<tr>
<th>Measures in development:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Care Coordination (HCH)</td>
</tr>
<tr>
<td>✓ Pediatric Preventive Care (MNCM)</td>
</tr>
</tbody>
</table>

May be added once data calculations are available:

| ✓ Depression 6-month follow-up |
| ✓ Claims-based measures from PPG clinic-level attribution methodology for 6 HEDIS measures |

Future measures for health care homes will be a care coordination measure that Minnesota Community Measurement, and the Department of Health are working on a community consensus process to decide which measure or measures for care coordination will be used and additionally the health care home pediatric preventive care measure is part of the overall statewide quality reporting system however health care homes will look to adopt that measure as it becomes available. Additionally, there is a six month follow up measure for depression, and there is also a claims based measures that the Minnesota Department of Health is exploring the use of being able to obtain clinic level results for HEDIS measures. Those measures are currently not in production yet if you will, however they are something for 2013 and beyond.
Additionally the community transformation grant has called for the development of measures around BMI, blood pressure, blood glucose, tobacco use assessment, and also tobacco cessation intervention. And those measures are also currently in development however there is no requirement for data submission at this time for health care homes. Some other measures that are on the radar of health care homes are frail and elderly measures, and also, beginning to use that provider peer grouping data in ways that can evaluate health care homes.
Health Care Homes

BENCHMARKING USING HCH QUALITY MEASURES
Health care homes benchmarking is developed, is a requirement through the health care home rule, and the rule states that the commissioner should announce the benchmarks with the basic principles and standards of looking at improvement over time allowing comparisons between different health care home clinics using our established state or federal standards, and when possible, using best practices, and outcome based measures. Additionally, this gives the department then, the ability to recertify clinics using data, instead of using the similar process that they have used in the past where the first year of recertification which is around (Inaudible) and system wide changes. And so this benchmarking system will establish framework for quality improvement for clinics but also provide the Department of Health with a standardized way to evaluate health care homes during their recertification process.
Developing the HCH Benchmarks

- Health Care Home Technical Workgroup
  - Cautious approach when using quality data for benchmarking
  - Easy to grasp
  - Flexible to allow for future adjustments
  - Fair and consistent

The health care home benchmarks were developed initially through the health care home technical workgroup. The workgroup had four main goals when they were approaching the benchmarking system. They wanted to be cautious because using quality data for benchmarking is a first step for using data for recertification. They wanted to be easy to grasp so that the benchmarks could be understood by all clinics, all clinic managers, quality and data analysts, as well as management and administration. They also should also be flexible to allow for future adjustments, and also fair and consistent. So these were the guiding principles for the health care home technical worker who went through the process of developing the initial recommendation for the benchmarks.
Two types of benchmarks

- **Performance**: Allows for comparison to other health care homes
- **Annual Improvement**: recognizes a clinic’s improvement over time

*Rationale*: The hierarchy approach aims to establish a higher overall standard of care, along with a consideration of the annual percentage change of a clinic’s performance rate. This benchmarking approach is similar to those used in the SQRMS and the Bridges to Excellence program.

So what the technical workgroup came up with, was two types of benchmarks. One that allows for comparison to other health care homes, in addition to an annual improvement which recognizes a clinic’s improvement over time. And this hierarchy approach aims to establish a higher overall standard of care, along with consideration of the annual percentage change for a clinic's performance rate. This benchmarking approach is similar to those used in the SQRMS and the Bridges to Excellence program. The framework of using a comparison benchmark and improvement benchmark won't be completely new to clinics in Minnesota, however the actual calculation or methodology for health care homes is a little bit different to meet the needs of the department for recertification purposes.
The performance benchmark is a comparison of health care home clinics to other health care home clinics. And so, the performance benchmarks uses the statewide average and the health care home average to create a range of low, medium-low, medium-high, and high performance goals. These ranges were tested using the Optimal vascular care, Diabetes, Asthma, and Depression screening measures to make sure that ranges that were established would be consistent throughout each measure.
The performance benchmark for high performance is greater than or equal to 10 percentage points above the current year’s HCH average.

Medium-High Performance: the range between the high performance threshold and the statewide average.

Medium-Low Performance: the range between the statewide average and the low performance threshold.

Low Performance: less than or equal to 10 percentage points below the current year's statewide average.
And here is a visual demonstrate how exactly this works. On the left hand side of the screen, or on the Y axis, you will see the performance rate. This is not for any particular measure, this is just as an example to demonstrate the performance benchmark. On the left side you will see the performance rate going up the Y axis. On the X axis is the eligible patients or how many patients that that clinic had in the denominator for a measure. And so you will see then beginning with the statewide average if you go 10 percentage points below the statewide average you will see the red line, which is the performance lower bound, and anything then below the lower bound, is then considered low performance represented by the red box. The yellow box represents medium-low performance. Which is anywhere between the statewide average and the performance lower bound represented by the yellow box. Medium-high performance is above the statewide average but below the performance upper bound represented in the orange box. High performance is then, of anywhere 10 percentage points above the health care home average represented by the performance upper bound in the black line. And you will see that in the green box above there, would be any clinics that land in a performance rate that’s above that performance upper bound.
Now in order to calculate that visual, or demonstrate that visual, with the scatter plot, clinics must understand how the statewide average and the health care home averages are calculated. The statewide average is calculated by taking the total number of patients in the state, that qualify for the measure, the total number of optimal patients, divided by the total number of eligible patients. For health care homes, the numerator is the total number of optimal patients at HCH clinic sites divided by the total number of eligible patients at HCH clinic sites.

(see example on next slide)
So, in the example here, you will see the blue and the red columns. The blue column is represented by the total eligible patients at a site. And what this means is that for example, for the optimal vascular care measure, this would be the total number of patients that qualified for the measure. So the patients that have vascular disease and meet the visit criteria at a particular clinic site. Then the red box, are the number of patients out of those optimal patients or out of those eligible patients that were considered optimally managed. Based on the numerator criteria. So 13 in the first row, you will see 13 out of 23 total patients were optimal. Giving that first clinic a rate of 56.5 percent. So, in order to calculate the statewide average, we add up the total of the blue column which would be all of the patients who qualify for the measure in the state, in this example 1,178. We would take that as the denominator, and we would look at the number of optimal patients who are managed throughout the state. So the optimal patients then in this example are 574. And in order then to get the statewide average, you divide 574 by 1,178. In this example it would be 48 percent. I want to highlight here the yellow row, which is a row indicated that this clinic submitted a sample of patients rather than submitting on every patient that qualifies. So in this particular case, Minnesota Community Measurement calculates what would be their total optimal patients if they submitted full population, this is called a weighted average. And so, Minnesota Community Measurement asks the clinics “How many total patients at your clinic site are eligible for this measure?” And if you see in this example, it would be 200. Minnesota Community Measurement then collects the information from the group on how many are eligible, however, when they submit data, because the clinic was submitting a sample of patients, they have submitted 60 total patients, and out of those
60 patients, 46 would be considered the weighted optimal, and the way they we got to this weighted optimal is because the clinic's performance rate was 23 percent. So, out of those 60 patients that they submitted 23 percent of them were considered optimal. And so in this example we multiply the total number of eligible patients by their performance rate. So we would be 200 times 23. And that gives us the weighted optimal patients which would be 46 in this example. And those numbers are used then to calculate the statewide average. Minnesota Community Measurement for the health care home average will do the same process how ever we will only use the health care home clinic sites as the clinics are in this example each row is represented by a clinic. For the health care home average we just use the clinics that are certified.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Sample or Total Population</th>
<th>Example Clinic</th>
<th>Rate</th>
<th>Total Eligible Vascular Patients at Site (*)</th>
<th>Total Vascular Patients Submitting</th>
<th>Weighted Optimal Patients (@)</th>
<th>Statewide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Vascular Care</td>
<td>Full Population</td>
<td>C1</td>
<td>56.5%</td>
<td>23</td>
<td>23</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Optimal Vascular Care</td>
<td>Full Population</td>
<td>C2</td>
<td>49.29%</td>
<td>351</td>
<td>351</td>
<td>173</td>
<td></td>
</tr>
<tr>
<td>Optimal Vascular Care</td>
<td>Full Population</td>
<td>C3</td>
<td>56.62%</td>
<td>604</td>
<td>604</td>
<td>342</td>
<td></td>
</tr>
<tr>
<td>Optimal Vascular Care</td>
<td>Sample</td>
<td>C4</td>
<td>23.00%</td>
<td>200</td>
<td>60</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>TOTAL</td>
<td>TOTAL</td>
<td>TOTAL</td>
<td>1,178 (*)</td>
<td>574 (@)</td>
<td>48%</td>
<td></td>
</tr>
</tbody>
</table>

STATEWIDE AVERAGE: TOTAL NUMBER OF STATEWIDE WEIGHTED OPTIMAL OVC PATIENTS (@) / TOTAL NUMBER OF STATEWIDE ELIGIBLE OVC PATIENTS (*). 574 (@) / 1178 (*) = 48%
The improvement benchmark, now moving on, is if a clinic's rate is less than the statewide average then MDH will review the relative percent change from the previous year. Factors to consider when reviewing the relative percent change from the previous year are

- **High improvement** can be considered a 10 % change or greater from the previous year.
- **Stable performance** can be considered a change in performance between (-9.9% to 9.9%) from the previous year.
- **Reduced performance** can be considered a change greater than 10 % from the previous year.
If a clinic’s rate falls into the “low performance” range then MDH will review the change in performance from the previous year AND work directly with the clinic to determine if an action plan and variance is needed to meet the health care home standard.
In order to calculate the percent change, Minnesota Community Measurements uses the following equation. We take the performance rate from the current year, and divide it by the previous year's performance rate, subtract it by 1, and multiply it by 100. So in this example, if we had 34 percent was the current year divided by 28 percent, if that was the clinic's previous year's rate, minus 1 times 100 equals a 21 percent increase. Now I just want to point out the difference between a percent change and an absolute change. An absolute change is a performance rate minus the previous year's performance rate. So in the example above this would be 34 percent minus 28 percent equals, increased by 6 percentage points. So you can see the difference there between a percent change and an absolute change. Minnesota Community Measurement and the Minnesota Department of Health for looking at annual improvement benchmarks are using a percentage change using the example in the first example.
Establishing the Baseline

- Review baseline data at the time clinics are certified that are already submitting measure data to SQRMS.

- Review year one baseline data or benchmarking results at the year one recertification, along with the new HCH standards.

- Review year two benchmarking results as a major component of recertification at year two and there after.

In order to establish the baseline Minnesota Community Measurement and the Department of Health will look at data from the time that clinics are certified to use as their baseline. And then when year one baseline or benchmarking results will be used at the end of year one for their year one certification. Additionally, the Department of Health will review the year two benchmarking results as a major component of recertification for year 2 and 3 of your recertification and there after. That's important because clinics then are establishing the baseline of their data during the year of, or the year prior to their recertification. Giving them ample time to implement health care home standards and system wide change to help improve over time.
The unit of benchmarking analysis will be established at the clinic site level. One of the main reasons for this is the availability of reliable clinic level data. Minnesota Community Measurement and health care home technical workgroup both agreed that the clinic site level data is the most reliable because measures were developed to be reported at the clinic site level. And when you think of health care homes the whole concept of providing coordinated care for patients really does come down to systems change and clinic level changes. However there are instances where just a certain amount of clinicians will be certified at a clinic. And it may be more appropriate to look at just the data from those certified providers. If that's the case, if there is a pediatric department certified and its not appropriate to look at the diabetes measure or the vascular measure because they wouldn't have patients that would qualify, in this particular example then the Department of Health can segment out those providers and just look at the measures that pertain to them. In this case it would be the asthma measure. So there is some flexibility here around really what the unit analysis is but in general the standard will be at the clinic site level.
Also, in order for a performance benchmark to be established the "n" size would be greater then or equal to 30. Measures that have an "n" size or denominator of less than 30 for each clinic will be displayed and calculated, however that data will be discussed with the clinic as the size of 30 is, provides an adequate confidence interval and makes the data more reliable so the health care home technical worker recommended that when applying benchmarks to a clinic you use 30 as a standard threshold for using the data. Now the Department of Health has allowed some flexibility here to say that if a clinic wants to use their data, if they have patients, or denominator patients less than 30, then they can meet with the department to discuss what would be the best way to proceed.
The health care home benchmarking reports will be available in the health care home data portal. And I will give a brief demonstration of the health care home, where the health care home benchmarking reports will be located. The portal build is currently in process so they are not available at this time, but should be available within the next month or two. So beginning in November 2012. So now I will give a brief demonstration of the health care home data portal.

Ok, this is the initial page that you see when you log into the health care homes data portal. You will see a results tab, health care homes, measures, data, and well in this case you see an admin tab just because I am logged in as an admin. In the future portal users will be able to see a benchmarking tab here and from there you will be able to access the benchmarking reports in regards to the comparison benchmark and the health care homes annual improvement benchmark.

Currently if users use the health care homes data portal, you will be able to go in and select a particular measure and look at the results for your certified health care home clinics. Now if we use optimal vascular care as an example here, you will see that we have different clinic sites who show up here. In this example I can then explode the medical group down to the clinic site level. Now if I then click further down, I can explode that to then see health care home patients versus non health care home patients.
And so this is where if the department chooses or thinks that it is more appropriate along with the clinic to use just the health care home data this is where that data would be coming from, is just the health care home patients. And furthermore, if a group really wants to they can then explode this and see individual physician level results. However I won't be showing you this for this demonstration, because it is protected information.

So when the health care home benchmarking becomes available the Minnesota Department of Health and Community Measurement will send out an email to groups giving them information about how to log in and access your health care home benchmarking information in addition to asking clinics to send user information for those who need access to the home healthcare data portal.

Next we will go to what each user will then see in the health care home data portal will see as a final report or overall summary.
This is an example of the overall benchmarking analysis report that groups will have access to in the health care homes data portal. In this example, you will see the different measures represented in the columns going across. And going down the rows are the performance benchmark and the improvement benchmark. And if you will see here, this performance level display is where your clinic site would land according to that scatter plot that I showed you earlier with the orange, green, yellow, and red examples. And so, the clinic will be able to easily see how they are performing on all of the different measures along with their current year performance rate for each measure. Additionally they will be able to see the improvement benchmark, which as I described before the percent change from the previous year. Now, in this example you will also see the previous year's performance rate to help you understand what the percent change was and also just for more information the absolute change will be available as well. In the future Minnesota Department of Health expects to incorporate an overall benchmarking score which will calculate or take into consideration the clinic's performance on all of these measures and obviously if a clinic does not submit data for a particular measure because they don't have patients then it will say no data available and the department will work with the clinic to determine how that will affect their recertification.
### Overall Benchmarking Analysis

<table>
<thead>
<tr>
<th>HEALTH CARE HOME BENCHMARKING</th>
<th>MDH Health Care Home Measure Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC NAME: St. Paul</td>
<td>Diabetes</td>
</tr>
<tr>
<td><strong>Performance Benchmark:</strong></td>
<td>High</td>
</tr>
<tr>
<td>Performance Level</td>
<td>Performance Rate: 64%</td>
</tr>
<tr>
<td>Improvement Benchmark</td>
<td>High</td>
</tr>
<tr>
<td>% change from previous year*</td>
<td>+ 14%</td>
</tr>
<tr>
<td>Previous Year's Rate</td>
<td>56%</td>
</tr>
<tr>
<td>Absolute change from previous year*</td>
<td>+ 8</td>
</tr>
<tr>
<td>Overall Benchmarking Score</td>
<td>TBD by MDH</td>
</tr>
</tbody>
</table>

**Benchmark Action**

(based on performance & change from previous year)

1) Eligible clinics submit a variance for Superior Performance.
2) Stable (no action required), meets standard
3) Action Plan Only, meets standard
4) Clinics submit a variance for low performance and an action plan. Substantially meets standard with a variance.

\[
\% \text{ change from previous year} = ((\text{performance rate/ previous year's performance rate}) - 1) \times 100
\]

**Absolute Change** = (performance rate – previous year’s performance rate)
Comparison to other HCH sites

- The Health Care Home portal will provide scatter plots to each medical group that will highlight their clinic sites in comparison to other certified health care home clinics.
- The scatter plots will also show each clinic’s performance rate in comparison to the health care home average, the statewide average, the lower benchmark limit, and the upper benchmark limit.

Another example of a report that will be available in the health care home data portal, this is an example, on the left hand side you will see again the performance rate similar to earlier example that I showed, but for each medical group you will be able to see where their clinic sites land on that scatter plot according to the benchmarks, and according to the other certified health care home clinics. This will be, this is an exciting report that will be available to all medical groups and clinics on the data portal for quality improvement purposes as well as for understanding how the health care home benchmarks are determined for each of their clinic sites.
As I said before, the health care home benchmarking tab within the portal should be available in early November, also, send an email to Minnesota Community Measurement, or the Department of Health, for access to the health care home data portal if you are an eligible user.
Next Steps & Recertification

- HCH Measure Set Report will have scores for each clinic in a health system.
- MDH is exploring a numerical scoring system that will allow us to have one final score per clinic and an aggregated numerical score for the health system.
- We will use a variety of variances to address low performance.
- Variances may be clinic specific in addition to system specific, depending on the number of clinics that need improvement.
- We will use other quality data from the clinic to confirm benchmarking results such as from PDSA cycles.
- We will use annual action plans and quarterly corrective action plans to support improvement.

The next steps in recertification for healthcare around health care homes is really to have the healthcare home benchmarking tab completed in the health care home portal and then also develop that overall score for the benchmarking for health care homes and clinics. The Department of Health will also use a variety of variances to address low performance as well as high performance. It has in the health care home rules that clinics that achieve high performance can submit a variance for recertification. And also, the variances will be clinic specific in addition to system specific depending on the number of clinics that need improvement. The Minnesota Department of Health will also use other quality data from clinics to confirm benchmarking results such as from PDSA cycles or quality improvement initiatives within clinics. Minnesota Department of Health will use annual action plans and quarterly corrective action plans to support improvement for clinics that are demonstrating slow progress or perhaps reduced performance but may still be meeting the benchmarks.
You can contact Minnesota Community Measurement, my name is Nate Hunkins and that's my email (hunks@mncm.org), otherwise if you have questions related to recertification please contact Marie Maes-Voreis (Marie.Maes-Voreis@state.mn.us) at the Minnesota Department of Health, and thank you all for listening to the presentation and please feel free to contact with any questions you may have.