



Health Care Homes (HCH) Benchmarking

Reviewed June 28, 2018

HCH Outcomes Measurement

- HCHs must submit data to the [statewide quality reporting and measurement system \(SQRMS\)](#)
- Quality measures are based on the clinic's total population
- The Commissioner announces annually:
 - HCH Quality Measures
 - Benchmarks to determine whether a HCH has demonstrated sufficient progress for recertification

HCH Rule 4764.0030 Subpart 6

- Improvement over time
- Comparison between HCH clinics
- Follow established state or federal standards
- Use best practices, outcome-based measures
- Allows for recertification with accountability
- Establish a statewide framework for quality improvement

The HCH Technical Workgroup

- Cautious approach when using quality data for benchmarking
- Easy to grasp
- Flexible to allow for future adjustments
- Fair and consistent

HCH Benchmarking Framework: Performance and Improvement

Two types of benchmarks

- **Performance:** Allows for comparison to other HCH
- **Annual Improvement:** Recognizes a clinic's improvement over time

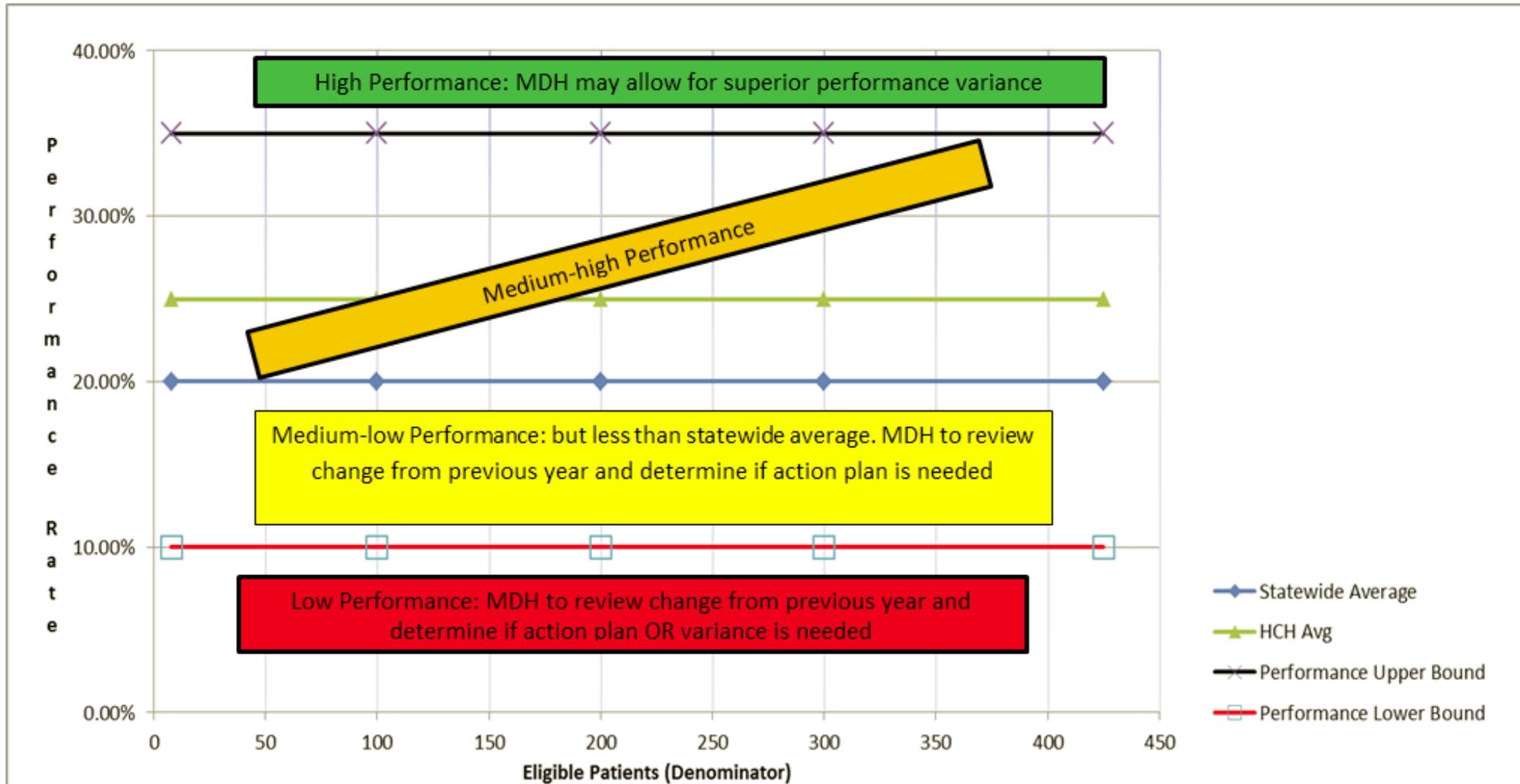
Rationale: The hierarchy approach aims to establish a higher overall standard of care, along with a consideration of the annual percentage change of a clinic's performance rate. This benchmarking approach is similar to those used in SQRMS and the Bridges to Excellence program.

Performance Benchmarks

- Use the statewide average and the HCH average to create a range of low, medium-low, medium-high, and high performance goals.
- Tested using ranges with the Optimal Vascular Care, Optimal Diabetes Care, Optimal Asthma Care, and Depression Screening 6-month remission measures to make sure that established ranges would be consistent throughout each measure.

- **High Performance:** 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

Performance Benchmarks cont. 2



*hover over the graphic for more information

Statewide and HCH Averages

The statewide average is calculated by taking the total number of optimal patients (numerator) in the state, divided by the total number of eligible patients (denominator).

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.

Please see an example on the next slide.

Statewide and HCH Averages cont.

Example: Calculating the Statewide averages

| Measure | Sample or Total Population | Example Clinic | Rate | Total Eligible Vascular Patients at Site | Total Vascular Patients Submitting | Weighted Optimal Patients | Statewide average |
|-----------------------|----------------------------|----------------|--------|--|------------------------------------|---------------------------|-------------------|
| Optimal Vascular Care | Full Population | C1 | 56.5% | 23 | 23 | 13 | |
| Optimal Vascular Care | Full Population | C2 | 49.29% | 351 | 351 | 173 | |
| Optimal Vascular Care | Full Population | C3 | 56.62% | 604 | 604 | 342 | |
| Optimal Vascular Care | Sample | C4 | 23.00% | 200 | 60 | 46 | |
| TOTAL | TOTAL | TOTAL | TOTAL | 1,178 | | 574 | |

STATEWIDE AVERAGE: **TOTAL NUMBER OF STATEWIDE WEIGHTED OPTIMAL OVC PATIENTS / TOTAL NUMBER OF STATEWIDE ELIGIBLE OVC PATIENTS. 574/1178 = 48%**

*hover over the graphic for more information

Improvement Benchmark

If a clinic's rate is less than the statewide average then the Minnesota Department of Health (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 HCH standard.

Calculating the percent change:

% change from the previous year = ((performance rate / previous year's performance rate) – 1) * 100

- Example: % change = ((34% / 28%) – 1) * 100 = **21% increase**

Vs.

Absolute Change = (performance rate – previous year's performance rate)

- Example: Absolute change = 34% - 28% = **increased by 6 percentage points**

- Review baseline data at the time clinics are certified that are already submitting measure data to SQRMS.
- Review baseline data or benchmarking results at one year post initial certification.
- Review benchmarking results as a major component at two years post initial certification.

Benchmarks are established at the clinic level.

- Availability of reliable clinic level data
- For clinics that are certifying by clinician, where it is appropriate, such as a pediatric department only, MDH or the clinic may choose to use the performance rate of only the certified providers.

Denominator Threshold

- Apply performance benchmark to measures with an established 'n' size of ≥ 30 .
- Measures that are < 30 will be displayed and considered as discussed with the clinic.

Rationale: Based on several NCQA studies, MNMCM has determined that a minimum reporting population sample size of 30 provides an adequately narrow confidence interval within acceptable resource expenditure for all MNMCM Direct Data Submission measures and administrative HEDIS measures.

- View the HCH Benchmarking Report at <https://hch-data.org/login>
- Scores for each clinic in a health system may be accessed.
- The [MNCM HCH Data Portal User Manual](#) contains instructions on accessing the Benchmarking Report.

Recertification – Quality Data continued

- MDH HCH will review the HCH Benchmarking Report.
- MDH HCH will also 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.
 - other quality data from the clinic to confirm benchmarking results such as from PDSA cycles.
 - action plans to support improvement.

Contact Information

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