Development of Quality Measures and Practice Evaluation Using Claims Data

NAHDO Annual Meeting
October 26, 2016

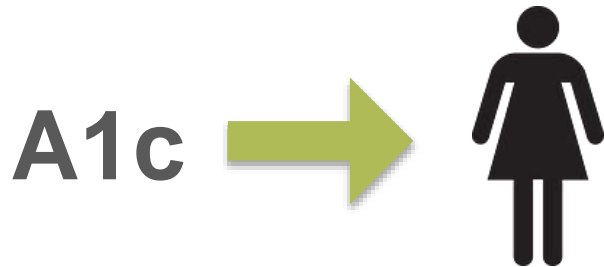# The Case for Claims-based Quality Measures

- Value-based payment models are pushing providers to focus on population health and preventive health services, requiring new ways of measuring outcomes.

- There are few available metrics, outside of screening rates, that describe the health of defined populations.

- EMR incompatibility hampers large-scale or collective use of clinical outcomes to evaluate effectiveness of provider/system/region health care practices.

- With APCD access, claims data is accessible, broadly applicable, and consistently available for trend analysis.
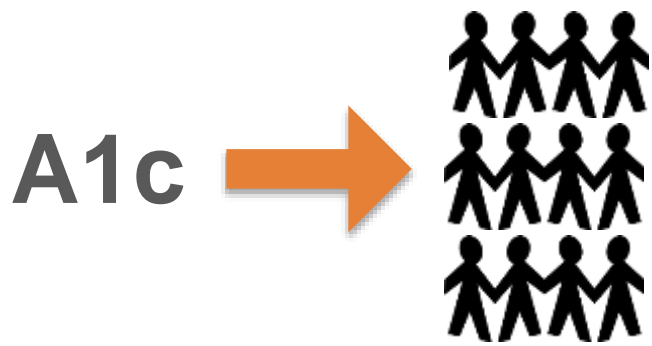
Developing Population Health Quality Measures
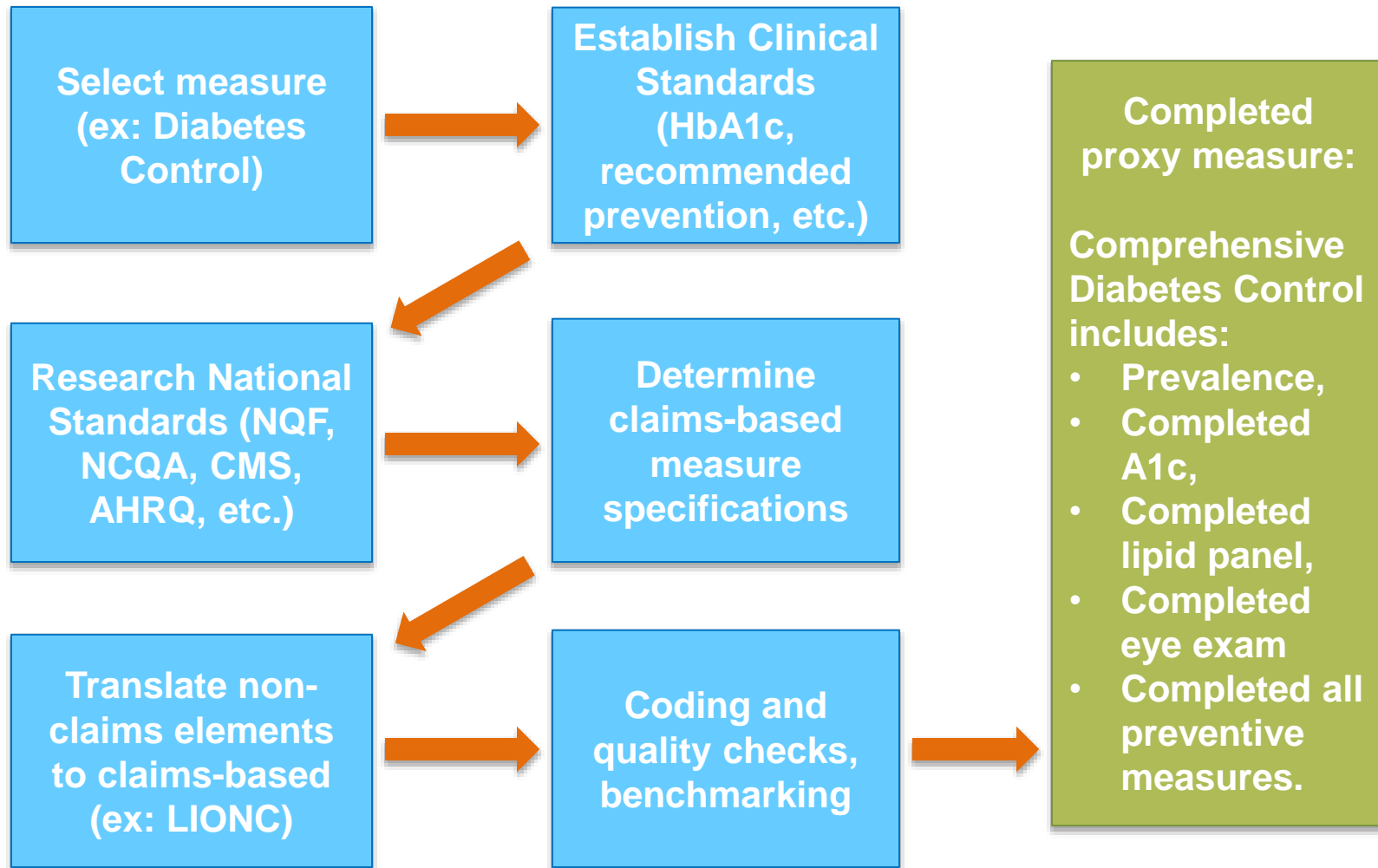
Example: Diabetes

A1c ➡️ 👤

- Good blood sugar control
- Good nutrition
- Good adherence to treatment plan
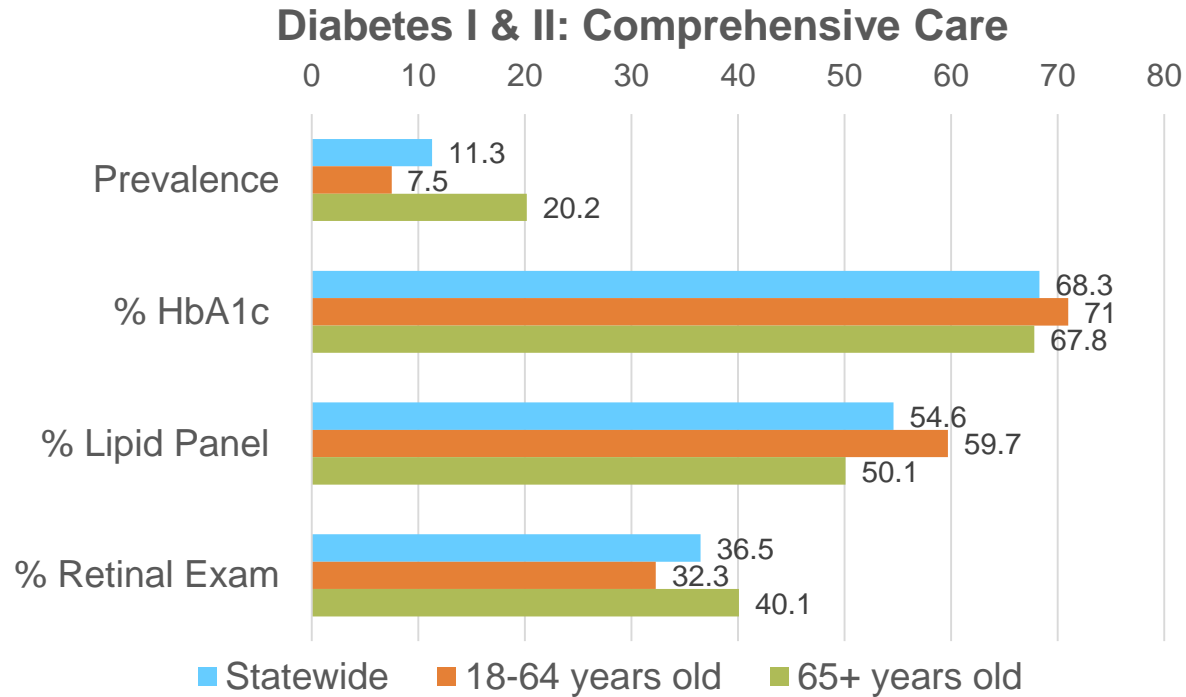- Predicted positive outcomes

A1c ➡️ 👥

- How many patients are represented?
- What is the spread of scores?
- What is the mean, median, distribution?
- Outcomes unknown

Claims-based Quality Development Process

CIVHC

Select measure (ex: Diabetes Control)

Establish Clinical Standards (HbA1c, recommended prevention, etc.)

Research National Standards (NQF, NCQA, CMS, AHRQ, etc.)

Determine claims-based measure specifications

Translate non-claims elements to claims-based (ex: LIONC)

Coding and quality checks, benchmarking

Completed proxy measure:

Comprehensive Diabetes Control includes:
- **Prevalence,**
- **Completed A1c,**
- **Completed lipid panel,**
- **Completed eye exam**
- **Completed all preventive measures.**

Results

Diabetes I & II: Comprehensive Care

	Statewide	18-64 years old	65+ years old
Prevalence	11.3	7.5	20.2
% HbA1c	68.3	71	67.8
% Lipid Panel	54.6	59.7	50.1
% Retinal Exam	36.5	32.3	40.1

Diabetes Completion of Care by insurance line-of-business, 2014			
	% with 1 of 3	% with 2 of 3	% with 3 of 3
Medicare	80.70%	54.85%	20.83%
Medicaid	80.18%	54.57%	15.27%
Commercial	88.82%	68.70%	22.04%
Statewide	82.42%	57.90%	19.99%