# The Case for Claims-based Quality Measures

CIVHC

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

- Few easily available metrics, outside of screening rates, describe the health of defined populations.

- EMR incompatibility hampers large-scale or collective use of clinical outcomes to evaluate effectiveness of health care practices for providers, systems, or regions.

- Claims data is accessible, broadly applicable, and consistently available for trend analysis and benchmarking.

Developing Population Health Quality Measures
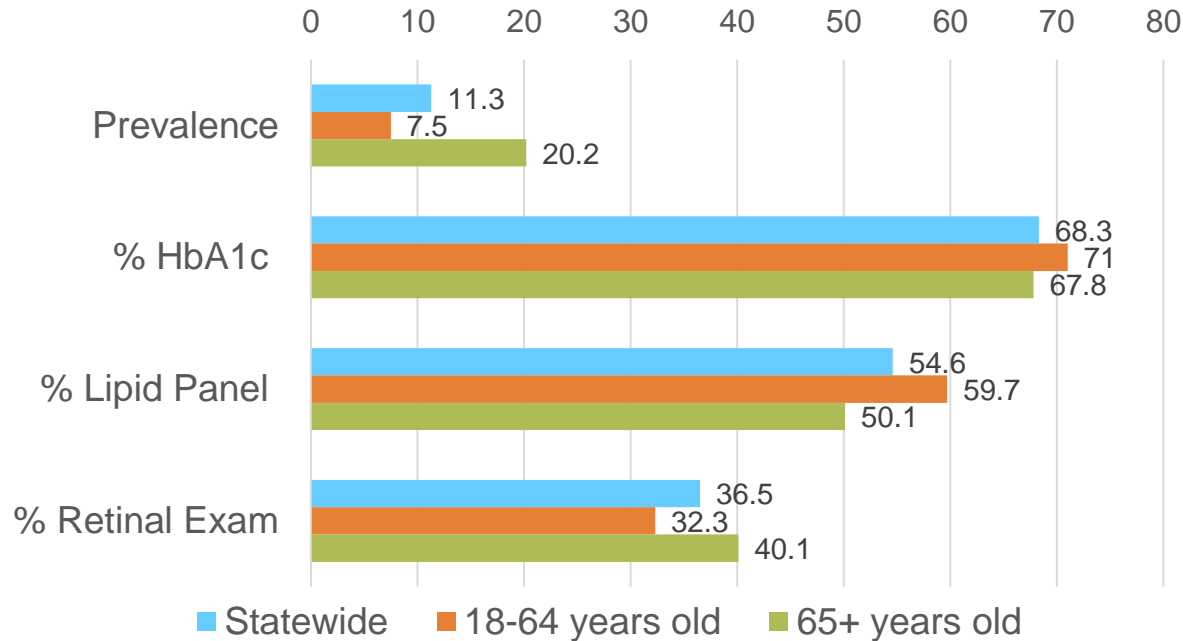
Example: Diabetes

A1c →
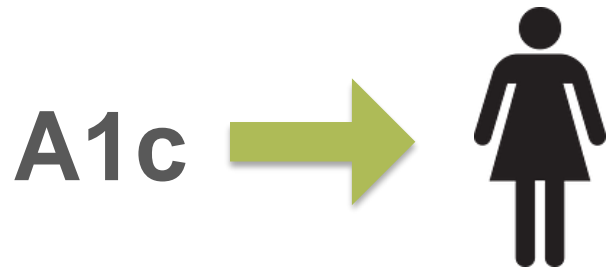
- Good blood sugar control
- Good nutrition
- Good adherence to treatment plan
- Predicted positive outcomes

A1c →
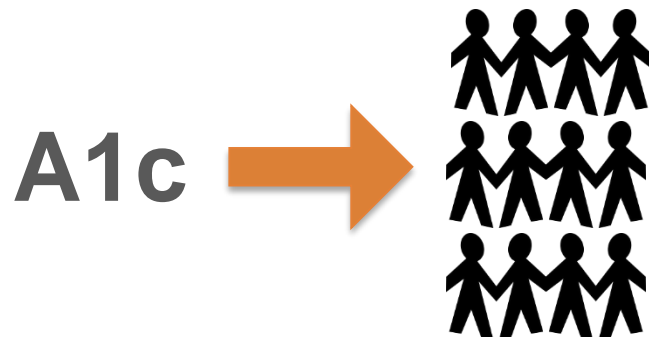
- How many patients are represented?
- What is the spread of scores?
- What is the mean, median, distribution?
- Outcomes unknown

Results

Diabetes I & II: Comprehensive Care

Bar chart showing percentages by category:

Category	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

Legend: ■ Statewide ■ 18-64 years old ■ 65+ years old

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%