

<http://www.mass.gov/hqcc/docs/meetings/08may21-council-briefing.ppt>

Health Care Quality and Cost Council Website Issues

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Overview

- Health Care Claims Dataset
- Council Principles for Displaying Quality and Cost Data
- Selection of Quality and Cost Data for Display
- Data, Analysis and Reporting Issues
- Website Design and Supporting Text

Health Care Claims Dataset (1 of 2)

3rd Party Payer Claims Database

- Governed by Regulation 129 CMR 2.00
- Data collection vendor - Maine Health Information Center
- Dataset is 99% complete for dates of service
7/1/06 – 6/30/07 (includes claims paid thru 12/31/07)
- Includes data for 2.8 million covered lives,
approximately 2/3 of the privately insured population

Health Care Claims Dataset (2 of 2)

Health insurance carriers are required to submit member eligibility data and claims data for all services for:

- Fully insured business. Carriers MAY submit claims for self-insured business if their contract arrangements permit. Dataset includes BCBSMA self-insured claims and all GIC claims
- Does not include data from most Third Party Administrators (yet)
- Does not include Medicare or Medicaid (yet)
- Massachusetts residents who receive services under a policy issued in Massachusetts

Principles for Selecting Quality Measures for Public Reporting (1 of 2)

The Council shall use the following principles to select quality measures for public reporting through its website and other media.

1. Wherever possible, measures should be drawn from nationally accepted standard measure sets.
2. The measure must reflect something broadly accepted as meaningful to providers or patients.
3. There must be empirical evidence that the measure provides stable and reliable information, and that the data sources and sample sizes are sufficient for accurate reporting at the level chosen.
4. There must be sufficient variability or insufficient performance on the measure to merit attention.

Principles for Selecting Quality Measures for Public Reporting (2 of 2)

5.a. There must be empirical evidence that the measured entity (clinician, site, group, institution) is associated with a significant amount of the variance in the measure. The measures offered for providers should, in totality, be representative of a significant proportion of their practices.

OR

5.b. The measure is important for patients or communities, even though a clear consensus on accountability for performance has not been determined.

6. Providers should be informed about the development and validation of the measures and given the opportunity to view their own performance, ideally for one measurement cycle, before the data are used for public reporting. Where feasible, providers should be permitted to verify data and offer corrections.

Principles for Selecting Cost Measures for Public Reporting (1 of 2)

1. The Council should publish a comprehensive and inclusive set of cost measures that reflect sufficient volume and relevance to be useful to an intended audience: consumers, employers, providers, insurers or policy-makers.
2. Cost measures should be accurate and reliable, and should be as timely as is feasible.
3. Cost measures should include the range of costs per procedure for an individual provider, as well as the most likely cost (median, mean or mode).
4. The Council should make efforts to display cost measures, to the extent possible, in ways that minimize harmful unintended consequences such as increased health care costs, collusion, introducing barriers to market entry, and other anti-competitive behavior.

Principles for Selecting Cost Measures for Public Reporting (2 of 2)

5. The Council should display:

- cost and quality measures that are closely aligned on the same page;
- cost measures that do not closely align with quality measures on separate pages; and
- quality measures that do not closely align with cost measures on separate pages.

In situations where either cost or quality information is displayed alone, the measures will be accompanied by clear, concise text that cautions users not to infer quality from cost, or vice-versa.

Selection of Quality Measures for Display in June 2008

At its initial launch in June 2008, include quality data already publicly available from:

www.hospitalcompare.hhs.gov

www.mass.gov/healthcareqc

www.leapfroggroup.org

www.Mass-DAC.org

The Council will use DHCFP's updated calculations of the AHRQ measures. Hospitals reviewed their updated data in February, 2008.

Selection of Inpatient and Outpatient Services for Initial Cost Reporting

Factors used to select conditions & procedures:

- Top conditions and procedures in terms of total spending in state Group Insurance Commission dataset
- Top conditions and procedures in terms of total charges in Hospital Discharge Dataset
- Well defined, common, generally understood by consumers
- Outpatient radiology selected because claims usually include modifiers indicating whether the claim includes professional fee, facility fee, or both

Cost Data

For common inpatient procedures, display:

- Median cost per discharge, adjusted for severity (facility fee only)

- High cost (85th percentile)

- Low cost (15th percentile)

For common outpatient diagnostic procedures, display:

- Median cost per visit (facility and professional fee)

- High cost (85th percentile)

- Low cost (15th percentile)

Percentiles are consistent with display of quality data

Source: HCQCC claims dataset

Other Data: Volume and Severity

For common inpatient conditions and procedures, display:

- Number of discharges

- Percentage of patients with major or extreme severity of illness

Source: Division of Health Care Finance and Policy Hospital Discharge Dataset

Severity Adjusted Inpatient Median Payment

Use 3M's APR-DRGs and 3M's Methodology.

Goal: Adjust each hospital's median to reflect statewide severity levels, so that hospitals' costs do not look high because of high severity patients or low because of low severity patients

Indirect severity adjustment method allows for adjustment of small number of discharges

Hospital's severity adjusted median =
(hospital actual median payment
x statewide median payment)
/ (hospital expected median payment)

Severity Adjustment Example

(A) Severity Level	(B) Hospital's Actual Median Payment	(C) Hospital Discharges	(D) Distribution of Hospital Discharges	(E) Statewide Median Payment	(F) Expected Median Payment (D) x (E)	(G) Severity Adjusted Median (B) * (E) / (F)
1	\$8,000	70	20%	\$7,000	\$1,400	
2	\$9,000	175	50%	\$8,000	\$4,000	
3	\$12,000	74	21%	\$11,000	\$2,310	
4	\$25,000	32	9%	\$23,000	\$2,070	
Total/ Median	\$10,800	350	100%	\$9,200	\$9,780	\$10,160

Exclusions from Analysis

The Council will exclude from cost measure calculations:

- Claims with \$0 or negative paid balance
- Small cell sizes:
 - Claims for a hospital for a severity level within a DRG where there are fewer than 5 discharges

Exclusions from Reporting (1 of 2)

Small cell sizes:

- Hospitals for which there are fewer than 40 discharges in the DRG (inpatient admission)
 - No inpatient cost data will be displayed for approx. 15 hospitals
- Hospitals for which there are fewer than 30 visits in a CPT (outpatient procedure)
- Where fewer than 10 hospitals meet minimum, do not display \$\$\$ ratings (but adjusted costs will be displayed); for future release explore additional options
 - Affects: Heart attack, valve surgery, COPD, Stroke, Back surgery (fusion), Hip Fracture, Gall Bladder

Exclusions from Reporting (2 of 2)

- Display scheduled angioplasty only. Do not display emergency angioplasty with heart attack to avoid confusing visitors; more useful to provide info on the elective procedure.
- Do not display of Length of Stay to avoid confusing consumers – difficult to explain that both high and low lengths of stay could indicate poor quality

Displaying Quality and Cost Information on the Same Page (1 of 2)

- Measures may be calculated on different populations.
 - HospitalCompare calculates quality measures using Medicare population and HCQCC database includes only commercial data
- Recommendation is to display data from different populations on the same page for ease of use by visitors. A disclaimer would still be required whether results shown on one page or two.

Displaying Quality and Cost Information on the Same Page (2 of 2)

- Where possible, limit cost data to same age restrictions as quality data
 - Age 18 and over for hearts, strokes, hips, pneumonia, COPD (same restriction as AHRQ quality measures in these areas)

Important Caveats

Text pages will include these caveats in consumer-friendly language:

- Cost data includes the hospital facility fee only, not the physician (“professional”) fee.
- Death rates for conditions such as heart attack and stroke may include patients who had a “Do Not Resuscitate” order upon admission.

Other Data Issues

- Ambulatory facilities
 - Only hospital facility data is included in this release
- Low variability in quality measure
 - Do not show *** ratings (applies to CABG and hip replacement)
 - Detailed quality results will be displayed
- Merged hospitals are paid as one unit but there are separate quality scores for each campus
 - Display cost data uniformly across the hospital system; display individual quality scores for each hospital campus

Payment Data Uniformity Issues

- Transfer cases between hospitals are included in cost data
- Plan paid amount may include fees (professional fees, or fees for services provided before or after the date(s) of service) in addition to the facility fee for the service
 - Exclude data if hospital documents that the difference in median payment is $> 20\%$
- Payer differential rates between self-insured and fully-insured
- Median payment for the service from HCQCC claims dataset may differ significantly from the hospital's median payment amount for the service for all commercially insured patients
 - Exclude data if hospital documents that the difference in median payment is $> 20\%$
- Payer supplemental payments to hospitals

Higher level issues

- Hospital review
 - Limited in time and scope
 - Delay will address time but not scope
- Database size – is it sufficient?
 - 2.8 million lives, ~2/3 of commercial covered lives in MA
 - Is HCQCC dataset representative of total commercial book of business?
 - Language for TPA and self-insured would secure the remainder of commercial claims
 - Whether and how to integrate Medicare and Medicaid data
- Percentile ratings
 - To some degree arbitrary and not based on statistical differences
 - Easily understood and useful to visitors
- Severity-adjusted costs
 - Adjusted cost differ from actual costs, generally by a small amount, but may differ by as much as 58%

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Choose your healthcare
with confidence.

Want to take charge of your health care?

You can find accurate and reliable information about the quality and cost of medical care in Massachusetts on this site.

What do you need?

- Do you need to know the benefits and risks of a complicated, high-cost procedure?
- Do you need to find a hospital?
- Do you need a specialist or second opinion?
- Do you need to choose a Primary Care Physician?

Find and compare quality and costs at Massachusetts hospitals

Your Location

Health Care Provider

Medical Condition or Procedure

Learn more about a hospital or physician group by entering a city, county, or ZIP code below. You can narrow your search by selecting a search area.

Your City, County, or Zip:

Ex: 02139; Cambridge, MA;

Search Within:

find

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[Home](#) > [Search Results](#)

Search Results

Your search for hospitals, health centers, and physicians' offices **within 5 miles** of **02445** returned **19 results**. Click on the name of a provider to see details or select up to five providers to compare them.

Sort or Filter the Results

Sort by Show

Refine Your Search

Provider name:

Medical conditions and procedures:

City, County, or Zip:

Ex: 02139; Cambridge, MA;

Within:



Providers that match the requested search, sort order, and filter:

Provider Name	City/Town	Distance	Type	compare
Alpha Medical Center	Newton	2.3 miles from 02445	Hospital	<input type="checkbox"/>
Bravo Hospital	Boston	1.5 miles from 02445	Hospital	<input type="checkbox"/>
Beta Hospital	Boston	1.9 miles from 02445	Hospital	<input type="checkbox"/>
Delta Community Hospital	Brookline	Within 02445	Hospital	<input checked="" type="checkbox"/>
Echo Teaching Hospital	Boston	1.8 miles from 02445	Hospital	<input checked="" type="checkbox"/>
Foxtrot Hospital	Brookline	Within 02445	Hospital	<input type="checkbox"/>
Golf Ambulatory Care Center	Newton	2.6 miles from 02445	Hospital	<input checked="" type="checkbox"/>
Hotel Teaching Hospital	Boston	1.2 miles from 02445	Hospital	<input type="checkbox"/>
India & Eastman Hospital	Chestnut Hill	2.2 miles from 02445	Hospital	<input type="checkbox"/>
Kilo Emergency Clinic	Newton	2.5 miles from 02445	Hospital	<input checked="" type="checkbox"/>
Lima Medical Center	Boston	1.2 miles from 02445	Hospital	<input checked="" type="checkbox"/>
Massachusetts General Hospital	Brookline	Within 02445	Hospital	<input type="checkbox"/>
Orange Hospital	Boston	1.9 miles from 02445	Hospital	<input type="checkbox"/>
Oscar Hospital	Boston	1.3 miles from 02445	Hospital	<input type="checkbox"/>
Panda Hospital	Boston	1.8 miles from 02445	Hospital	<input type="checkbox"/>
Roman Hospital	Boston	1.4 miles from 02445	Hospital	<input type="checkbox"/>
Smith Hospital	Brookline	Within 02445	Hospital	<input type="checkbox"/>
Sunshine Hospital	Boston	1.2 miles from 02445	Hospital	<input type="checkbox"/>
Young Adults Hospital	Boston	1.8 miles from 02445	Hospital	<input type="checkbox"/>
Zulu Hospital	Chestnut Hill	3 miles from 02445	Hospital	<input type="checkbox"/>

Results 1-20 of 56 | Page 1 2 3 Next Page >



Comparison of Providers



Summary Information

- About the Provider
- Patient Safety
- Patient Experience
- Surgical Safety

Heart Care

- Angioplasty
- Bypass Surgery
- Cardiac Valve Surgery
- Heart Attack
- Heart Failure
- Stroke

Digestive System

- Gall Bladder
- Intestinal Surgery
- Weight-loss Surgery

Joint Care

- Back Procedure
- Hip Fracture
- Hip Replacement
- Knee Replacement

Heart Care: Angioplasty

Quality and cost of angioplasty varies by hospital. The reason to know about this is that someday you, or someone you care about, may need to decide which hospital to go to for angioplasty. You can make a more informed choice when you know about quality and cost and then discuss this with your doctor. [\(more\)](#)

Diagnostic classification: Percutaneous cardiovascular proc without ami, heart failure or shock (APR-DRG 175)

Quality of Care [\(show detail\)](#)

Delta Community Hospital	Echo Teaching Hospital	Golf Ambulatory Care Center	Kilo Emergency Clinic	Lima Medical Center
★★★★	★★	★	★★★	★★★★

Legend:

- ★ Hospitals have a mortality rate in the bottom 15%. Their mortality rate is worse than 85% of all hospitals in the state.
- ★★ Hospitals are below average, but not in bottom 15%. Their mortality rate is above 15% but below 50% of all hospitals in the state.
- ★★★ Hospitals perform better than average but are not in the top 15%. Their mortality rate is above 50% but below 85% of all hospitals in the state.
- ★★★★ Hospitals have a mortality rate in the top 15%. Their mortality rate is better than 85% of all hospitals in the state.
- N/A Not enough information was reported

Cost of Care [\(show detail\)](#)

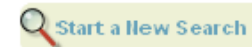
Delta Community Hospital	Echo Teaching Hospital	Golf Ambulatory Care Center	Kilo Emergency Clinic	Lima Medical Center
\$	\$\$\$\$	\$\$\$	\$\$	\$\$\$\$

Rankings based on median amount paid per patient, adjusted for severity of patient illness

Legend:

- \$ The hospital is among the least costly. This cost is lower than 85% of all hospitals in the state.
- \$\$ The hospital cost is below average. This cost is above 15% but below 50% of all hospitals in the state.
- \$\$\$ The hospital cost is above average. This cost is above 50% but below 85% of all hospitals in the state.
- \$\$\$\$ The hospital is among the most costly. This cost is higher than 85% of all hospitals in the state.

Comparison of Providers



Summary Information

[About the Provider](#)

[Patient Safety](#)

[Patient Experience](#)

Heart Care

[Heart Attack](#)

[Heart Failure](#)

[Stroke](#)

Joint Care

[Hip Fracture](#)

[Hip Replacement](#)

[Knee Replacement](#)

Heart Care: Angioplasty

Quality and cost of angioplasty varies by hospital. The reason to know about this is that someday you, or someone you care about, may need to decide which hospital to go to for angioplasty. You can make a more informed choice when you know about quality and cost and then discuss this with your doctor. ([more](#))

Diagnostic classification: Percutaneous cardiovascular proc without ami, heart failure or shock (APR-DRG 175)

Quality of Care ([hide detail](#))

	Delta Community Hospital	Echo Teaching Hospital	Golf Ambulatory Care Center	Kilo Emergency Clinic	Lima Medical Center	State-wide Average
Death rate (lower is better)	0.7	1.1	1.3	0.9	0.8	1.0

MA Division of Health Care Finance and Policy and the US Agency for Healthcare Research and Quality, 2006

Cost of Care ([hide detail](#))

	Delta Community Hospital	Echo Teaching Hospital	Golf Ambulatory Care Center	Kilo Emergency Clinic	Lima Medical Center	State-wide Average
Median cost (lower is better)	\$6,000	\$10,000	\$8,000	\$7,000	\$9,500	\$8,000
High cost (seventy-fifth percentile)	\$9,000	\$15,000	\$12,000	\$10,500	\$14,250	\$12,000
Low cost (twenty-fifth percentile)	\$5,100	\$8,500	\$6,800	\$5,950	\$8,075	\$7,000

Massachusetts Health Care Quality and Cost Council health care claims dataset, 2007

Other Important Factors

	Delta Community Hospital	Echo Teaching Hospital	Golf Ambulatory Care Center	Kilo Emergency Clinic	Lima Medical Center	State-wide Average
Total number of patients (higher is better)	280	350	45	130	675	170
Percent of patients whose severity of						

Angioplasty (PCI)

21 hospitals in Massachusetts perform a medical procedure called angioplasty (also called “percutaneous cardiovascular intervention” or “PCI.”) Doctors do this by inserting a small tube into blood vessels that go to the heart. This procedure helps re-open any blocked blood vessels. Angioplasty can help save heart muscle and reduce the severity of a heart attack.

Quality and cost of angioplasty varies by hospital. The reason to know about this is that someday you, or someone you care about, may need to decide which hospital to go to for angioplasty. You can make a more informed choice when you know about quality and cost and then discuss this with your doctor.

Higher cost does not mean better quality. Cost and quality are independent of each other. It is important to know about both no matter whether you or your health plan pays for your angioplasty.

You can find more information about angioplasty at [federal government site] (hyperlink).

Angioplasty (PCI) (continued)

How is quality measured?

For angioplasty, quality is measured by mortality (death) rates. This looks at the number of patients who die in the hospital after having angioplasty. A lower mortality rate means fewer patients died.

How is cost measured?

Cost is based on the actual price that health plans pay hospitals for angioplasty. These are median dollar amounts meaning that half of the cases at this hospital cost more and half cost less. To make a fair comparison, costs are adjusted for severity of illness (how sick patients are).

Angioplasty (PCI) (continued)

Other important factors to know:

Volume. This refers to the total number of patients treated for stroke at each hospital in one year. Volume matters because patients may have better results when treated by doctors and hospitals with a lot of experience treating patients with strokes.

Severity. If your doctor has said that your condition is serious or complicated then you may wish to get treated at a hospital experienced in treating sicker patients who have strokes. For this measure, a higher number means that hospitals treat more patients who are very sick and also have strokes.

Comments from Hospitals

1. Hospitals may submit a comment of up to 400 words for display on the website (one comment per hospital)
2. Hospitals may submit comments on specific data elements intended for display. **The Council will not display data that a hospital demonstrates is wrong.** Hospitals must submit evidence of an error, such as:
 - Correct data from quality website
 - Correct median payment and volume

Timeline for Hospital Review

Friday, May 23:

Council will send data to hospitals for review

Friday, June 6:

Hospital comments due to Council

Tuesday, June 24: **Website launch**