Preview of the 2017-18 Edition of the Health Care Quality Report Cards

Industry Briefing
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Conference ID: 51752885

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Outline

- OPA’s Charge
- California Health Care Quality Report Cards
  - Partners
  - Two Report Cards:
    - 1) Commercial Health Plan and
    - 2) Commercial Medical Group
  - Who uses the Report Cards
  - Advisory Process
  - Data and Displays
  - Methodology Standards and Thresholds
- 2017-18 Edition
  - Changes to Report Cards
  - New Health Plan Report Card
  - New and Revised Measures
- 2018 and Beyond
Other OPA Activities

- Timely Access to Care
- Medical Group Medicare Report Card
- Complaints Data Report
The Health Plan and Medical Group Report Cards are produced annually in partnership with:

- Integrated Healthcare Association
- California Healthcare Performance Information System, Inc.
- California Dept. of Managed Health Care
- California Dept. of Insurance
- National Committee for Quality Assurance
- American Institutes for Research
Who Uses Report Cards?

- Consumers
  - Selecting a health plan and medical group
  - Using benefits and making other health care decisions

- Employers/Purchasers
  - Selecting plans and provider networks

- Health Care Industry
  - Improving health care quality
  - Stimulating competition

- Media/ Press
- Researchers
• 2017-18 Edition Report Cards:
  ✓ Health plan report card will contain MY 2016 clinical performance and patient experience scores and ratings displayed in more than 3,000 charts
  ✓ Commercial Medical Group report card will contain MY 2016 clinical performance, patient experience and total cost of care scores and ratings
  ✓ Updated profile pages for 16 health plans and over 200 medical groups
  ✓ Represent care for 16 million commercially-covered residents

• To be released in Fall 2017
• Accessible to millions of Californians during Fall 2017 open enrollment
Data Sources

OPA Report Cards use five data sets – Measurement Year 2016

Clinical Care Data:
1. Health Plans: Healthcare Effectiveness Data and Information Set (HEDIS® from NCQA’s Quality Compass)
2. Medical Groups: clinical performance measures (from Integrated Healthcare Association’s VBP4P Program)

Patient Experience Data:
3. Consumer Assessment Health Plan Survey (CAHPS® from NCQA’s Quality Compass)
4. Patient Assessment Survey (PAS from California Healthcare Performance Information System)

Total Cost of Care Rating:
5. Total cost of care ratings from the Integrated Healthcare Association’s VBP4P Program
Advisory Process

Transparency • Collaboration • Alignment

1. IHA’s Technical Measurement Committee reviews and advises on HEDIS, non-HEDIS, CAHPS and Total Cost of Care methodology changes during its three meetings each year. Member roster online.

2. OPA works with CHPI and their independent decision-making process related to medical group PAS patient experience data.

3. OPA consults with independent academic and clinical experts.

4. Medical group and health plan representatives annually review their star ratings and organization information as part of quality assurance. A preview will be held in Fall 2017. We will provide more details in the coming weeks.

5. OPA works to align Report Cards with Covered CA where appropriate.
Quality health care is getting the right care at the right time.

Both quality and cost of care are important to consider when choosing a medical group. Look at the star ratings in all three columns below. More stars are better.

**LEARN MORE ABOUT THESE RATINGs**

The Report Card also provides other helpful information on each medical group. Click on each medical group name to find its consumer assistance number, service area, website and more.

<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Quality of Medical Care</th>
<th>Patients Rate Overall Experience</th>
<th>Total Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hedwig Medical Foundation - Hedwig Medical Group</td>
<td>GOOD</td>
<td>EXCELLENT</td>
<td>LOWER PAYMENT</td>
</tr>
<tr>
<td>Kappa Peterson The Peterson Medical Group - South Sacramento Medical Center</td>
<td>GOOD</td>
<td>EXCELLENT</td>
<td>HIGHEST PAYMENT</td>
</tr>
<tr>
<td>Ministry Medical Group/NCV: Health Medical Foundation</td>
<td>FAIR</td>
<td>POOR</td>
<td>LOWER PAYMENT</td>
</tr>
<tr>
<td>Westmeade Healthcare</td>
<td>FAIR</td>
<td>GOOD</td>
<td>HIGHER PAYMENT</td>
</tr>
</tbody>
</table>

**Data Disclaimer**

Why isn't my health plan listed?

**Related links**

- About the Medical Group Ratings
- Directory of HMOs, PPOs and Medical Groups
- What is a Medical Group?
- Integrated Healthcare Association (IHA)
- California Healthcare Performance Information System (CHPI)

**Related links (beneath the chart)**

- Select a topic for more ratings:
  - Aetna Care
  - Checking for Cancer
  - Cystic Fibrosis Care
  - Diabetes Care
  - Traveling Children Getting the Right Care
  - Traveling Bronchiolitis Getting the Right Care
  - Giving Lab Tests for Patients Receiving Medications for a Long Time
  - Testing for Causes of Back Pain
  - Preventing Hospital Readmission After Discharge
  - Controlling High Blood Pressure

Higher cost care does not necessarily mean higher quality care. Medical groups may actually help to keep costs lower by providing better care.

Learn more...
Quality health care is getting the right care at the right time.

This Report Card shows the quality of health care for millions of Californians who get their care through Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs). The 10 largest HMOs and 5 largest PPOs in the state are included in this Report.

Click on each health plan name to find its consumer assistance number, service area, website and more.
Asthma and Lung Disease Care Summary 2016-17 Edition

Learn more about these ratings.

Why is it important to get good care for asthma and lung disease?

Highly rated HMOs make sure that patients with asthma or other lung diseases get the right medicines and know when and how to take their medicine. If you have asthma or lung disease, you can experience difficulty breathing. These attacks are frightening and weaken your body’s defenses. Getting the right medicines can relieve these attacks and prevent repeat attacks. HMOs and their doctors should make sure you get medicines that work.

What do the scores mean?
The stars tell you how successful each HMO was at helping patients get the care they needed. More stars are better.

ASTHMA AND LUNG DISEASE CARE

Aetna Health of California, Inc.

Anthem Blue Cross - HMO

Blue Shield of California - HMO

Cigna HMO

Health Net of California, Inc.

Kaiser Permanente - Northern California

Kaiser Permanente - Southern California

Sharp Health Plan
Asthma Medicine for Adults/Adolescents 2016-17 Edition

When comparing plans, small differences between scores are expected. The larger differences are important.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente - Southern California</td>
<td>87%</td>
</tr>
<tr>
<td>Kaiser Permanente - Northern California</td>
<td>86%</td>
</tr>
<tr>
<td>Health Net of California, Inc.</td>
<td>77%</td>
</tr>
<tr>
<td>Blue Shield of California - HMO</td>
<td>76%</td>
</tr>
<tr>
<td>Western Health Advantage</td>
<td>75%</td>
</tr>
<tr>
<td>Anthem Blue Cross - HMO</td>
<td>74%</td>
</tr>
<tr>
<td>Cigna HMO</td>
<td>73%</td>
</tr>
<tr>
<td>Sharp Health Plan</td>
<td>72%</td>
</tr>
<tr>
<td>UnitedHealthcare of California</td>
<td>71%</td>
</tr>
<tr>
<td>Aetna Health of California, Inc.</td>
<td>70%</td>
</tr>
</tbody>
</table>

Why isn't my health plan listed?
Why is it important to get the right types and amounts of asthma medicines?

Asthma is a lifelong disease that causes wheezing, shortness of breath, chest tightness, and coughing. Asthma attacks can be painful and frightening. To prevent these attacks, your doctor should make sure that you get the right combination of medications for your asthma and that you know when and how to use them properly.

How should doctors treat asthma?

If you have asthma, you and your doctor should develop an asthma action plan that includes a combination of prescription medicines. Your doctor will prescribe medicines—called anti-inflammatories or controller drugs—that help reduce swelling in your lungs that may lead to asthma attacks. You should also be prescribed reliever drugs to use when you are having an asthma attack. Relievers help reduce wheezing, coughing, and shortness of breath. The plan should also help you learn how to avoid triggers that can bring on an asthma attack such as tobacco smoke, mold, pet dander, and outdoor air pollution.

Talk with your doctor and health plan to find out about what other services are available. Many health plans offer additional support and resources for patients with asthma. These additional services may be educational materials (online and in print), classes or support groups, or phone counseling.

What do the scores mean?

The scores show how well each health plan did at making sure members, ages 12 through 64 who experienced frequent asthma symptoms, got the right combination of medicines—called controllers and relievers—for their asthma and knew when and how to use them properly. The higher score means more patients got the right care at the right time.

The scores are based on information from at least 30 PPO member administrative records in 2015.
• OPA sets a high standard for quality star ratings by using national all lines of business percentile cutpoints for health plans and all California participating provider groups for medical groups:

- 90th percentile for 4 stars or Excellent
- 50th percentile for 3 stars or Good
- 25th percentile for 2 stars or Fair (per CHPI – 10th percentile for Medical Group Patient Experience Ratings)
- Below 25th percentile for 1 star or Poor (CHPI uses below 10th percentile for Medical Group Patient Experience Ratings)
• Reporting Year data are compared to All Lines of Business data, and all Medical Groups compared to the previous Reporting Year data.

• Typically, when a measure has major changes that results in a break in trending, same year data is used for comparison.

• See 2016-17 Edition Methodology descriptions for details:

  ✓ Medical Group:  
  http://reportcard.opa.ca.gov/rc/medicalgroupabout.aspx

  ✓ HMO: http://reportcard.opa.ca.gov/rc/hmoabout.aspx

  ✓ PPO: http://reportcard.opa.ca.gov/rc/ppoabout.aspx

• 2017-18 Edition Methodology documents will be updated and shared prior to the star-rating preview period.
Display of star ratings and individual measures

- **Clinical Care Ratings**
  - 1 overall summary star rating for each Report Card (Health Plan & Medical Group)
  - Nine topic (condition-specific) ratings for health plans, and five topic ratings for medical groups
    - 41 measure displays (Health Plans)
    - 22 measure displays (Medical Groups)

- **Patient Experience Ratings**
  - 1 overall summary star rating for each Report Card (Health Plan & Medical Group)
  - Three topic ratings for health plans, and five topic ratings for medical groups
    - 11 measure displays (Health Plans)

- **Total Cost of Care Rating**
  - 1 overall summary star rating for the Medical Group Report Card
Changes to 2017-18 Ed. Health Plan Report Card

• A combined ‘Health Plan Report Card’ to display HMOs and PPOs together
• Doctor Advises Patient to Quit Smoking methodology update
• Retirement of Aspirin Use Counseling measure
• Immunizations for Children update
Changes to 2017-18 Ed. Medical Group Report Card

- Evidence-based Cervical Cancer Screening retired, replaced with Cervical Cancer Screening & Cervical Cancer Overscreening
- Patient Experience Ratings Update
  - Patients Rate Overall Experience – composite of five topic ratings
  - Rating of Doctor & Care topic – composite of Overall Rating of Provider and Overall Rating of Care
- Immunizations for Children update
2018 and Forward

1. Investigating a potential transition to a 5-star rating system
2. Sustain efforts towards continued alignment with IHA (VBP4P) and other external partners
3. Continued redesign of the OPA website to increase functionality and improve the user experience
Important Key Dates

- Solicitation for Profile Updates – send updates to OPAReportCard@ncqa.org by 8/14/2017

- 2017-18 Edition Report Card launch is currently planned for Fall 2017

- Health Plan and Medical Group star rating and profile page preview planned prior to the fall launch.
  - A preview will be scheduled for Fall 2017. You will receive a notice with more details in the coming weeks.
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Closing Remarks

Questions?