

State of California – Health and Human Services Agency

Office of the Patient Advocate

Summary of Changes to the 2017-18 Edition of the OPA Health Care Quality Report Cards 8/1/2017

This document summarizes the key changes to the OPA Health Plan and Medical Group Report Cards, effective for the 2017-18 Edition.



Changes to the HMO and PPO Report Cards – 2017-18 Edition

1) Combination of HMO and PPO Report Cards into a single Health Plan Report Card

Background

Since 2003, OPA has produced a report card for HMO plans that rated them on quality of care its members receive and what members say about their care. In 2007, a report card for PPO plans was added. Over the years, OPA has sought to align the two report cards; both report cards include the same measures, and HMOs and PPOs are scored against the same thresholds (prior-year national percentiles from Quality Compass^{®1} all-lines-of-business).

Change

To simplify the report cards and ease comparison across both plan types, the HMO and PPO Report Cards will be combined into one Health Plan Report Card. Both HMO and PPO plans will be displayed on a single page, with options to filter by plan type and select individual plans for comparison. The scoring methodology remains unchanged, with all plans subject to the same thresholds and cutpoints for receiving star ratings; this is a change to the display only.

2) Change the ‘Doctor Advises Patient to Quit Smoking’ measure to stand-alone status

Background

The measure ‘Doctor Advises Patient to Quit Smoking’ is currently displayed under the ‘Treating Adults: Getting the Right Care’ topic rating. Due to a large number of plans with denominators too small to report this measure, the measure has not met the 50% reporting requirement; this rule requires that at least half of plans must report the minimum sample size in order for a measure to be included in the scoring composite. Per the scoring methodology, in these cases the measure is still displayed, but does not roll up in to the composite rating for ‘Treating Adults: Getting the Right Care’ for either the HMO and PPO Report Cards.

Change

Because the measure has failed to meet the 50% threshold for several years in a row, the methodology for this specific measure is being updated so that it is explicitly no longer included in the composite scoring. This measure will continue to be reported, and rates will be displayed for those plans that report the minimum required sample. For those plans that do not meet the minimum sample size, the text “Too few patients in sample to report” will be displayed, as in previous years.

3) Retirement of Aspirin Use Counseling measure

Background

In previous editions of the OPA Report Card, ‘Aspirin Use Counseling’ has been a measure displayed under the ‘Heart Care’ topic, though not rolled up into the composite scoring of that topic. With the

¹ Quality Compass[®] is a registered trademark of the national Committee for Quality Assurance (NCQA).

State of California – Health and Human Services Agency

Office of the Patient Advocate

publication of *HEDIS*^{®2} 2017: *Technical Specifications of Health Plans*, this measure has been retired from HEDIS[®].

Change

With its retirement, OPA will no longer collect or display data for ‘Aspirin Use Counseling’ in future versions of the Report Card.

Changes to the Medical Group Report Card – 2017-18 Edition

4) *Replace ‘Evidence-Based Cervical Cancer Screening’ (ECS) measure with ‘Cervical Cancer Screening’ (CCS) and ‘Cervical Cancer Overscreening’ (CCO)*

Background

For the past several years, OPA has reported the ‘Evidenced-based Cervical Cancer Screening’ measure. This measure included three rates: overscreened, underscreened, and appropriately screened; the appropriately screened rate was displayed on the Report Card. Due to the complexity of the clinical guidelines and the measure specifications, the Value Based P4P program retired this measure, replacing it with two measures: ‘Cervical Cancer Screening’ (representing underscreened) and ‘Cervical Cancer Overscreening’.

Change

The OPA Report Card will include the ‘Cervical Cancer Screening’ (CCS) and ‘Cervical Cancer Overscreening’³ (CCO) measures starting with the 2017-18 Edition. The CCS measure will be included in the composite scoring for the ‘Checking for Cancer’ topic and displayed with that topic; the CCO measure will be displayed as a standalone measure and not rolled up into the composite rating, similar to other standalone measures, like ‘Testing for Cause of Back Pain’.

5) *Patient Experience Overall Rating and Topic Composites*

Background

In previous years, the Report Card has included multiple patient experience topic composites and an overall category level rating. The category level rating for patient experience (Patients Rate Their Medical Group) was based on the scoring of a single question (Overall Rating of Care); this was referred to as the summary indicator.

Change

In order to align the Report Card ratings with the methodology use in the Value Based P4P program, the overall category level rating display on OPA will be a super-composite of the individual topic composite ratings.

- This super-composite will be the summary indicator rating, titled ‘Patients Rate Overall Experience’.
- In addition, a two-question composite will be calculated from the measures ‘Overall Rating of Provider’ and ‘Overall Rating of Care’; this composite will be labeled ‘Rating of Doctor and Care’.

Note that the Report Card will also include a ‘Health Promotion’ topic composite; this is a stand-alone topic rating that is not rolled up into the super-composite and is not used in the Value Based P4P program.

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³ The label ‘Cervical Cancer Overscreening’ may be updated prior to the Fall 2017 launch.

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Changes Across both the Health Plan and Medical Group Report Cards

6) Immunizations for Children Update

Background

The OPA Report Cards currently display a seven-immunization combination for the ‘Immunizations for Children’ measure. Both the Value Based P4P program and HEDIS Health Plan Accreditation have moved to using the ten-immunization combination. This combination includes the addition of hepatitis A, rotavirus and influenza vaccinations

Change

In the interests of alignment and data availability, OPA will now report the ten-immunization combination on both the Health Plan Report Card and Medical Group Report Card. There is no trending break in this case, because prior-year baseline data is available for assigning cutpoints.

7) Visual Redesign of Report Card

Based on recommendations provided by the American Institute for Research after extensive consumer testing of the functionality and layout of the website, OPA is making some general updates to the visual design of the Report Card web site. Updates include increased white space for better visual clarity, filtering and comparing functionality in order to sort health plans in different ways, and a more streamlined design for ease of navigation.