



Summary of Changes to the 2016-17 Edition of the OPA Health Care Quality Report Cards

This document summarizes the key changes to the OPA Health Plan and Medical Group Report Cards

HMO and PPO Report Cards – 2016-17 Edition

1. CAHPS Methodology - Overall Star Rating

Background

The current summary star ratings on the HMO and PPO Report Cards include a single composite rating for clinical measures, HMO/PPO Provides Recommended Care, and three star ratings for patient experience, Rate Their HMO/PPO, Getting Care Easily and HMO/PPO Helps Members Get Answers. There is concern that the difference in the number of ratings may be confusing to consumers, and consumers may put more weight on the patient experience ratings because there are more of them.

Change:

We will create a single overall patient experience star rating comprised of three topic ratings that will be displayed on subsequent pages, similar to the health condition topics displayed for clinical data. ***One category-level star rating will be displayed for the clinical composite and one for the patient experience composite.*** The measures included in the CAHPS composite star rating are below. Please note that most of the measures that are part of the current methodology will remain in the new methodology, with the addition of two measures Rating of Doctor and Rating of Specialist. The new methodology will be part of the 2016-17 Edition of the Medical Group Report Card.

One Category-level Rating (composite of 3 topics)

Getting Care Easily (Topic 1)

- Getting Appointments and Care Quickly
- Getting Doctors and Care Easily

Satisfaction w/ Plan Services (Topic 2)

- Paying Claims
- Rate Their HMO/PPO
- Customer Service
- Plan Information on What You Pay

Satisfaction w/ Plan Physicians (Topic 3)

- Rating of Doctor
- Rating of Specialist
- Health Care Highly Rated
- Coordinated Care
- Health Promotion

Additional Patient Ratings (stand-alone measure, not included in star ratings)

- Answer Customer Phone Calls Quickly
- Doctor Communicates with Patients
- Patients and Doctor Share Decisions



Medical Group Report Card – 2016-17 Edition

1. Removal of outlier criteria for Controlling Blood Pressure for People with Diabetes

Background

In previous reporting years, an outlier rule was applied to this measure. Scores below 35% were designated as an extreme outlier and are excluded from the score calculation because they represented deficient information systems and not true performance. Groups with scores of zero (0) were labeled as “Not willing to report” and scores of 0.1-34.9 were labeled as “Not enough data to score reliably.”

Change:

The outlier criteria was removed from the 2016-17 edition and these scores will now be used to calculate the rate for this measure. The Value Based P4P (VBP4P) Committees discussed this decision and determined that the measure has been implemented for several years, giving medical groups time to improve their data systems and processes.

2. New measure: Controlling Blood Pressure for People with Hypertension (CBPH)

Background

Controlling Blood Pressure for People with Hypertension (CBPH) was tested in the VBP4P program in measurement year (MY) 2013 and added to the measure set in MY 2014. In an effort to align with the Joint National Committee (JNC) 8 panel guidelines, the definition of “adequate control” was updated to include two different BP thresholds based on age and diagnosis.

- Age 18-59, BP <140/90 mm Hg
- Age 60-85, BP <150/90 mm Hg

Change:

The total rate (ages 18-85) will be reported on the Medical Group Report Card starting with the 2016-17 Edition. This measure will be a stand-alone measure and not included in any star ratings at this time.

3. Measure change: Testing Blood Sugar for People with Diabetes

Background: The VBP4P program adopted an Optimal Diabetes Care (ODC) combination rate that uses two HbA1c screening tests per year. Therefore, the VBP4P program will retire the current “Hba1C Test” indicator and add the adopted indicator “Two HbA1c Tests.”

Change: The Testing Blood Sugar for People with Diabetes measure that includes the “two HbA1c tests” indicator will be reported on the 2016-17 Edition of the Medical Group Report Card; the measure description will be updated to reflect this change.

4. Measure addition: Successfully Controlling Diabetes

Background: Due to changes in the JNC 8 guidelines and retirement of some related measures, the VBP4P program retired the old ODC combination rate and adopted a new ODC combination rate. The new combination rate measure was not available to report for MY14 and was removed from the Medical Group Report Card.



Office of the Patient Advocate

Change: The Successfully Controlling Diabetes measure will be reported on the 2016-17 Edition of the Medical Group Report Card, using the new VBP4P ODC combination rate. The measure description will be updated to reflect this change. This measure will be a stand-alone measure and not included in any star ratings at this time.

Future Editions – Items Under Consideration

1. Public Reporting of Cervical Cancer Screening (CCS) and Cervical Cancer Overscreening (CCO) on the Medical Group Report Cards

Background

In October 2014, the TMC approved the adoption of CCS and CCO as measurement year (MY) 2014 testing measures for IHA's Value Based P4P program (VBP4P). They are baseline measures in MY 2015, and approved for payment and public reporting for MY 2016. This timing corresponds to the 2017-18 Edition of the OPA Report Cards that will be released in fall 2017 (MY 2016).

OPA will be considering how best to display these two new measures and incorporate them into star ratings.