Completing the Quality Puzzle: The Impact of Medicare FFS Data on Provider Performance Results in Oregon and Central New Mexico

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Under the ACA-mandated CMS Qualified Entity (QE) Medicare Data Sharing Program, for the first time, organizations are permitted to incorporate Medicare FFS data into their existing Commercial and Medicaid-only public provider performance reporting initiatives.

RESEARCH OBJECTIVES

- To analyze the impact of Medicare FFS data on provider performance in Oregon and central New Mexico, the first two regions represented in public reports released by QEs under the QE program.
- To understand whether inclusion of Medicare FFS data supports existing industry understanding that the inclusion of Medicare FFS data significantly decreases providers' performance measurement results.

METHODS

- This study analyzes public provider performance measurement trends for two certified QEs one year prior and two years after the inclusion of Medicare FFS data.
- For the QE reporting in Oregon we examine publicly reported[1,2,3] statewide mean clinic performance results for six quality measures:
  - breast cancer screening,
  - blood sugar screening for diabetics,
  - cholesterol testing for diabetics,
  - eye exams for diabetics,
  - kidney disease monitoring for diabetics, and
  - cholesterol screening for people with heart disease.
- For the QE reporting in central New Mexico we examine publicly reported community performance results for two quality measures:
  - breast cancer screening[4,5,6] and
  - blood sugar screening for diabetics.[7,8,9]

REFERENCES

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*The data currently displayed on these websites have been refreshed for 2015 and no longer reflects the publicly reported measures from 2013 and 2014.

For hyperlinks to all references and more information about this poster, please visit:
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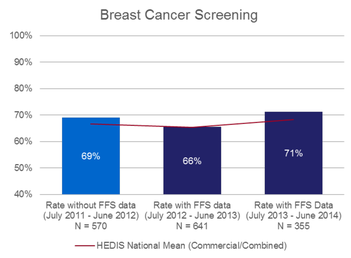
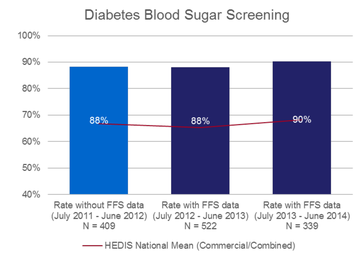
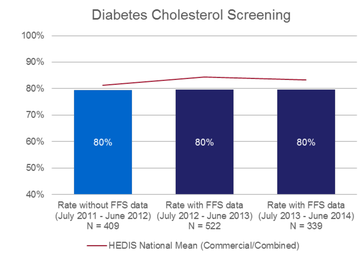
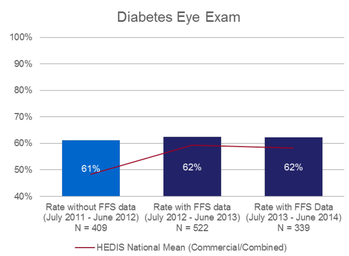
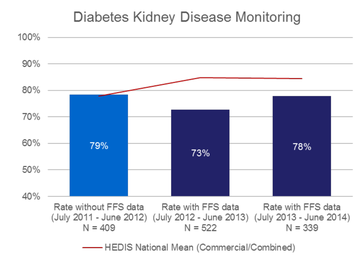
PROVIDER PERFORMANCE RESULTS OREGON

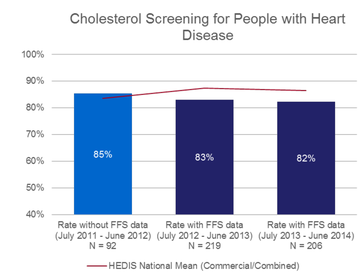




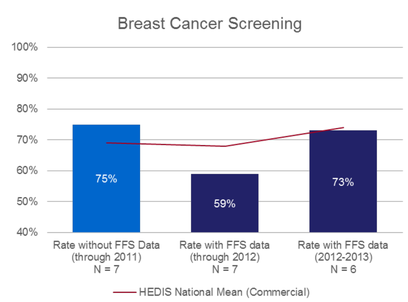


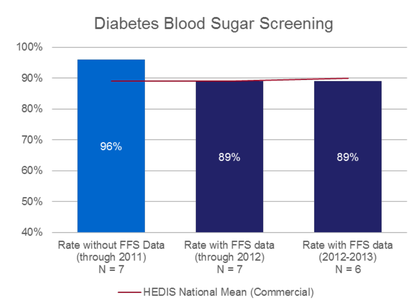






PROVIDER PERFORMANCE RESULTS CENTRAL NEW MEXICO





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FINDINGS

Oregon Clinic Performance

- In Oregon, the first year after incorporating Medicare FFS data, the mean clinic measure rate for 3 of 6 quality measures (breast cancer screening, diabetes kidney disease monitoring, and cholesterol screening for people with heart disease) dropped below the previous year's mean clinic measure rate. However, during the second year of public reporting with Medicare FFS data, mean clinic measure rates for 2 of these 3 measures (breast cancer screening and diabetes kidney diseases monitoring) rebounded close to or beyond their pre-Medicare FFS inclusion rates.
- In Oregon, mean clinic measure rates for 3 of 6 quality measures (diabetes blood sugar screening, diabetes cholesterol screening, and diabetes eye exam) have remained unchanged since inclusion of Medicare FFS data.

Comparing Oregon Clinic Performance Against National Performance

- Prior to Medicare FFS data inclusion, Oregon clinics performed at or substantially above the HEDIS national mean for 5 of 6 quality measures. After inclusion of Medicare FFS data, Oregon clinics are performing at or above the HEDIS national mean for only 3 of 6 quality measures.

Central New Mexico Medical Group Performance

- In central New Mexico, after incorporating Medicare FFS data, mean provider performance results for both quality measures (breast cancer screening and diabetes blood sugar screening) decreased. The most significant was a decrease from 75% to 59% in the participating medical groups' mean overall score for breast cancer screening from 2011 to 2012. However, in 2013, the second year of public reporting with Medicare FFS data, the breast cancer screening measure rebounded to 73%.

Comparing Central New Mexico Medical Group Performance Against National Performance

- Prior to Medicare FFS data inclusion, central New Mexico medical groups performed substantially above the HEDIS national mean for both quality measures. After inclusion of Medicare FFS data, central New Mexico medical groups are performing slightly below the national mean for both quality measures.

CONCLUSIONS

- The inclusion of Medicare FFS data in QE's existing public provider performance reporting initiatives does not definitively support industry understanding that inclusion of Medicare FFS data significantly reduces providers' measure results. Though this understanding is supported when analyzing provider performance trends in central New Mexico, it is not supported when analyzing provider performance trends in Oregon.
- Our results suggest that there is a continued need for public provider performance reporting initiatives in other regions of the US that integrate Medicare FFS data. Our results also suggest a need for these initiatives to report additional measures of cost and quality from which health care consumers can make more informed, value-based, health care decisions.
- While it is still too early to determine whether the inclusion of Medicare FFS data in public reports released under the QE program has led to improved quality of care for the FFS population, the QE program's transparency affords a new measurement baseline from which consumers, policymakers, and health care providers can collaborate.

IMPLICATIONS

Consumers

- Including Medicare FFS data in provider-level public reporting programs benefits consumers by providing a more complete picture of provider performance.
- All consumers benefit from the inclusion of Medicare FFS data in public reports, but particularly Medicare FFS beneficiaries, the population contributing to the largest percentage of federal health care spending.

Providers

- When quality measures are tracked, and include a mix of patients that more accurately represents the provider's patient population, providers are fully informed and better motivated to address quality of care performance gaps across insurance types.