

Determining healthcare value is dependent on the ability to evaluate and measure both cost and quality of care. While cost and utilization have been traditional measures examined by payers, providers, and purchasers of care, the metrics for value haven't been as clear cut. Because there are hundreds, if not thousands of process-oriented or disease-specific quality measures, it is challenging to have a comprehensive, easy-to-view measure or score that offers a broad understanding of the value of care and performance of a provider or health system.

In support of our work to help clients build the bridge to Accountable Care, Treo Solutions researched and developed a population-based composite score which offers a top line view of value.

The Treo Value Index Score, a composite score of key domains, takes into account patient conditions, processes of care, and outcomes of care. Each domain includes well-researched measures that can be influenced by changes in provider behavior. While each domain can be viewed on its own, the Value Index offers an overall score that can be used to rank provider performance and to compare a provider's score to the overall average score for the system or network—this helps to pinpoint areas that may require more scrutiny for performance improvement.

Because clients have different goals and objectives for analyzing provider performance, Treo has developed the Value Index to be flexible. There are seven core domains.

The full Treo Value Index Score is based on the following domains.

DOMAIN ONE: MEMBER EXPERIENCE.

Recent studies have shown that patient experience has an impact on clinical outcomes. As a result, payers are looking closely at patient experience as a value-based purchasing (VBP) metric. For example, the Centers for Medicare and Medicaid Services is now using patient experience as measured through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) for Medicare VBP. This marks the movement towards new and growing financial incentives to strengthen

patient experiences with care. In order to account for this emerging focus, Treo included a domain that evaluates patient perception of care within the Value Index. This domain of the Value Index, the only one that does not rely on claims data, has four core measures drawn from the HowsYourHealth survey developed by John Wasson, MD Professor of Community and Family Medicine, and Medicine at Dartmouth Medical School.

THE MEMBER EXPERIENCE DOMAIN INCORPORATES:

- PATIENT CONFIDENCE
- CONTINUITY OF CARE
- OFFICE EFFICIENCY
- ACCESS TO CARE

DOMAIN TWO: PRIMARY AND SECONDARY PREVENTION.

This domain measures the provider's performance on screening services designed for early detection or prevention of disease. These measures are drawn from the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), a tool used by more than 90 percent of America's health plans to measure performance.

THE PRIMARY PREVENTION DOMAIN INCLUDES SCORES FOR:

- PERCENT OF THE PROVIDER'S PEDIATRIC WELL-VISITS FOR CHILDREN 30 DAYS TO 15 MONTHS, AND 3 YEARS TO 6 YEARS
- PERCENT OF THE PROVIDER'S MAMMOGRAM SCREENING TO APPLICABLE PATIENT POPULATIONS
- PERCENT OF THE PROVIDER'S COLORECTAL CANCER SCREENING TO ELIGIBLE PATIENT POPULATION

THE TREO VALUE INDEX SCORE:

- > Computes "a number" that provides a holistic overview of the value of care
- > Identifies key measures that compliment cost measures
- > Enables the ability to drill down behind the composite score to find specific opportunities for improvement
- > Uses current claims data and patient experience (when available)

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DOMAIN THREE: TERTIARY PREVENTION.

In addition to primary and secondary prevention to help keep the population healthy, the Treo Value Index Score has a Tertiary Prevention Domain that evaluates the effectiveness of a provider in addressing “sick” care. This domain incorporates two measures: potentially preventable hospital admissions and hospital emergency room visits.

THE TERTIARY PREVENTION DOMAIN INCLUDES:

- PERCENT DIFFERENCE BETWEEN THE EXPECTED NUMBER OF HOSPITAL ADMISSIONS THAT ARE POTENTIALLY PREVENTABLE AND THE ACTUAL RATE OF THE PROVIDER’S POPULATION
- PERCENT DIFFERENCE BETWEEN THE EXPECTED NUMBER OF HOSPITAL EMERGENCY ROOM VISITS THAT ARE POTENTIALLY PREVENTABLE AND THE RATE OF THE PROVIDER’S POPULATION

DOMAIN FOUR: POPULATION HEALTH STATUS.

One measure for determining providers’ ability to deliver quality care is their ability to manage the health status of their patient panel from one time period to another. This domain of the Treo Value Index uses a risk-adjusted assessment of the percent difference between the expected rate of disease progression and the actual rate of the disease progression in the provider’s patient panel.

THE POPULATION HEALTH STATUS DOMAIN USES TWO METRICS OF DISEASE PROGRESSION:

- CHANGE IN THE NUMBER OF CHRONIC CONDITIONS
- CHANGE IN THE SEVERITY WITHIN THE CHRONIC CONDITIONS

DOMAIN FIVE: CONTINUITY OF CARE.

This domain measures the concentration and continuity of physician visits. The Continuity of Care Domain is associated with a number of positive outcomes, such as lower rates of hospitalization and readmissions, more efficient medical care, and higher patient satisfaction.

SPECIFICALLY, THE CONTINUITY OF CARE DOMAIN INCLUDES:

- PERCENT DIFFERENCE BETWEEN THE EXPECTED CONTINUITY OF CARE SCORE FOR PROVIDERS SERVING SIMILAR POPULATIONS AND THE ACTUAL SCORE FOR THE PROVIDER’S PANEL (AS PUBLISHED BY BICE, T. W., & BOXERMAN, S. B. (1977). A QUANTITATIVE MEASURE OF CONTINUITY OF CARE. MEDICAL CARE, 15(4), 347-349)
- PERCENT OF THE PROVIDER’S PANEL VISITING A PRIMARY CARE PROVIDER (PCP)
- PERCENT OF PROVIDER’S PANEL THAT VISIT A PHYSICIAN DURING EVALUATION YEAR

DOMAIN SIX: CHRONIC AND FOLLOW-UP CARE.

For members of the population who have chronic conditions, the Treo Value Index measures the processes and impact Chronic and Follow-Up Care.

THE CHRONIC AND FOLLOW-UP CARE DOMAIN INCLUDES THE FOLLOWING THREE MEASURES:

- PERCENT DIFFERENCE BETWEEN THE NUMBER OF EXPECTED HOSPITAL READMISSIONS THAT ARE POTENTIALLY PREVENTABLE AND THE PROVIDER’S ACTUAL NUMBER OF POTENTIALLY PREVENTABLE READMISSIONS
- PERCENT OF THE PROVIDER’S PANEL THAT VISITED A PHYSICIAN OFFICE WITHIN 30 DAYS POST-DISCHARGE
- PERCENT OF THE PROVIDER’S PANEL WITH CHRONIC DISEASE THAT HAVE THREE OR MORE PHYSICIAN VISITS

DOMAIN SEVEN: EFFICIENCY.

The Efficiency Domain examines the risk-adjusted rate of prescribing generic medications and the appropriate use of outpatient services for a physician’s panel. The analysis of outpatient services examines potentially preventable ancillary services, such as high cost imaging, ordered by primary care physicians or specialists that may not typically provide useful information for diagnosis and treatment.

SPECIFICALLY, THE EFFICIENCY DOMAIN EXAMINES:

- PERCENT DIFFERENCE BETWEEN A PHYSICIAN’S RISK-ADJUSTED PERFORMANCE ON POTENTIALLY PREVENTABLE SERVICES AND THE EXPECTED RATE FOR A COMPARABLE POPULATION
- PERCENT DIFFERENCE BETWEEN A PHYSICIAN’S RISK-ADJUSTED RATE OF PRESCRIBING GENERIC DRUGS AND THE EXPECTED RATE FOR A COMPARABLE POPULATION

THE TREO VALUE INDEX IS A FIRST STEP IN EXAMINING THE OVERALL VALUE OF CARE PROVIDED TO A PROVIDER’S PATIENT POPULATION. IT OFFERS A ROAD MAP FOR AREAS WHERE ATTENTION AND INTERVENTIONS MAY BE NECESSARY. IT IS ONE RESOURCE THAT CAN BE USED BY ALL PARTIES ENGAGED IN STRENGTHENING HEALTHCARE VALUE AND IN ESTABLISHING NEW APPROACHES TO CARE DELIVERY AND PAYMENTS, SUCH AS MEDICAL HOMES AND ACOs.

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