

# COMMONWEALTH OF MASSACHUSETTS HEALTH POLICY COMMISSION

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## TECHNICAL APPENDIX B10 DASHBOARD

ADDENDUM TO 2016 COST TRENDS REPORT

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## 1 Summary

This appendix lays out the data sources and notes used by the Health Policy Commission (HPC) for the dashboard metrics.

## 2 Metrics

### 2.1 Measure 1-MA: Growth of THCE per capita (performance assessed relative to 3.6% benchmark)

Source: Centers for Health Information and Analysis 2016 Annual Report

### 2.2 Measure 1-U.S.: Growth of THCE per capita (performance assessed relative to 3.6% benchmark)

Source: Centers for Medicare and Medicaid Services National Health Expenditure Accounts, Personal Health Expenditures Data, 2015

### 2.3 Measure 2-MA: Growth in commercial premiums

Source: Center for Health Information and Analysis 2016 Annual Report Private Commercial Enrollment Databook

### 2.4 Measure 2-U.S.: Growth in commercial premiums

Source: Centers for Medicare and Medicaid National Health Expenditure Data, 2016

### 2.5 Measure 2a: Level of commercial premiums

Note: Premiums are for employees enrolled at a private-sector establishment that offers health insurance.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Insurance Component, 2013-2015

### 2.6 Measure 3: Individuals with high out-of-pocket medical spending relative to income

Note: High out-of-pocket medical spending is defined by cases in which out-of-pocket medical expenses equaled 10 percent or more of income, or five percent or more of income if low-income (under 200% of Federal Poverty Level), not including health insurance premiums.

Source: Hayes SL, et al. A Long Way in a Short Time: States' Progress on Health Care Coverage and Access, 2013–2015. The Commonwealth Fund. 2016 Dec.

### 2.7 Measure 4: Readmission rate (Medicare 65+)

Note: 30-day hospital-wide, all-cause, risk-standardized readmission rate.

Source: Centers for Medicare and Medicaid Services Geographic Variation Data Files, 2016

## 2.8 Measure 4a: Readmission rate (All payer)

Note: 30-day hospital-wide, all-cause, risk-standardized readmission rate.

Source: Center for Health Information and Analysis Hospital-Wide Adult All-Payer Readmissions in Massachusetts: SFY 2011-2015 (Report)

## 2.9 Measures 5-MA, 5a-MA: ED utilization (per 1,000 persons), Behavioral health ED utilization (per 1,000 persons)

Note: The HPC used New York University's Emergency Department Billings Algorithm to calculate this measure. For further information, see **Technical Appendix B5: "Hospital Utilization."**

Behavioral health rates were based on the Emergency Department Algorithm's classification of mental health, alcohol and substance abuse diagnoses. All classifications are based on primary diagnosis. For further information, see **Technical Appendix B5: "Hospital Utilization."**

Source: HPC analysis of Center for Health Information and Analysis Emergency Department Data Base, 2011-2015

## 2.10 Measure 5-U.S.: ED utilization (per 1,000 persons)

Source: Kaiser Family Foundation State Health Facts, 2016

## 2.11 Measure 5a-U.S.: Behavioral health ED utilization (per 1,000 persons)

Note: Behavioral health patients were identified using the Billing's algorithm and were patients with a primary diagnosis code related to mental health, alcohol or substance abuse. See **Technical Appendix B5: "Hospital Utilization"** for more information.

Source: HPC analysis of Healthcare Cost and Utilization Project (HCUP) Emergency Department Database, 2013

## 2.12 Measure 6-MA: Percentage of inpatient cases discharged to institutional PAC

Note: Institutional PAC is defined as discharges to "long-term care hospital"/"rehabilitation facility or hospital" and "rehabilitation hospital"/"skill nursing facility." For further information, see **Technical Appendix B6: "Post-Acute Care."**

Source: HPC analysis of Center for Health Information and Analysis Hospital Discharge Database, 2014-2015

### **2.13 Measure 6-MA and U.S. comparison: Percentage of inpatient cases discharged to institutional PAC**

Note: Institutional post-acute care (PAC) is defined as discharges to “skill nursing facility (SNF),” “intermediate care facility (ICF),” and “short-term hospital.” For further information, see **Technical Appendix B6: “Post-Acute Care.”**

Source: HPC analysis of Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample Survey and Massachusetts State Inpatient Database, 2013

### **2.14 Measure 7: At-risk adults without a routine doctor visit**

Note: Measure defined as percentage of adults age 50 or older, or in fair or poor health, or ever told they have diabetes or pre-diabetes, acute myocardial infarction, heart disease, stroke, or asthma who did not visit a doctor for a routine checkup in the past two years.

Source: Hayes SL, et al. A Long Way in a Short Time: States’ Progress on Health Care Coverage and Access, 2013–2015. The Commonwealth Fund. 2016 Dec.

### **2.15 Measure 8: Percentage of PCPs practicing in certified PCMHs**

Notes: The numerator is all Massachusetts physicians (with clinician credentials of “MD” or “DO”) practicing within a NCQA-recognized PCMH. The denominator is based on primary care physicians (PCPs) estimated by the American Association of Medical Colleges. The U.S. measure does not include Massachusetts.

Source: HPC analysis of National Commission on Quality Assurance Clinician Directory, 2016, and of American Association of Medical Colleges State Physician Workforce Database, 2014–2015

### **2.16 Measure 9: Hospital inpatient days in last 6 months of life (Medicare 65+)**

Notes: The numerator is any inpatient days within six months of the death date in the MedPAR file. The denominator is the Medicare enrollees ages 65–99 who died during the measurement year with full Part A entitlement and no HMO enrollment during the measurement period.

Source: The Dartmouth Atlas, 2012

### **2.17 Measure 10-MA: Of decedents who used hospice, percent who used hospice for 7 days or less**

Note: Massachusetts measure includes only Medicare decedents, 65 years or older.

Source: HPC analysis of Massachusetts All-Payer Claims Database, 2012

## 2.18 Measure 10-U.S.: Of decedents who used hospice, percent who used hospice for 7 days or less

Note: U.S. measure includes all payers and decedents of all ages.

Source: National Hospice and Palliative Care Organization, Facts and Figures Hospice Care in America, 2013

## 2.19 Measure 11: Percentage of original Medicare members in APMs

Note: Original Medicare enrollment is based on Massachusetts enrollment data for the Medicare Shared Savings Program and Pioneer ACO programs. For further information, see **Technical Appendix B8: “Alternative Payment Methods.”**

Source: HPC analysis of Centers for Medicare and Medicaid Services ACO performance data, 2013-2015

## 2.20 Measures 12, 13, and 14: Percentage of commercial HMO/PPO/MassHealth members in APMs

Note: Data for commercial payers, including MassHealth MCOs, is collected by Center for Health Information and Analysis. MassHealth PCC data is provided to the HPC by MassHealth. **See Technical Appendix B8: “Alternative Payment Methods.”**

Source: HPC analysis of Center for Health Information and Analysis 2016 Annual Report Alternative Payment Methods Databook

## 2.21 Measure 15: Enrollment in tiered and limited network products

Note: Tiered networks are defined by CHIA as “plans that segment provider networks into tiers, with tiers typically based on differences in the quality and/or the cost of care provided.” A limited network plan is defined by CHIA as “a health insurance plan that offers members access to a reduced or selective provider network, which is smaller than the payer’s most comprehensive provider network within a defined geographic area and from which the payer may choose to exclude from participation other providers who participate in the payer’s general or regional provider network.” These measures include fully and self-insured members for both tiered and limited products.

Source: HPC analysis of Center for Health Information and Analysis 2016 Annual Report Private Commercial Enrollment Databook

## 2.22 Measure 16: Percentage of discharges in top 5 networks

Note: Figures include only Massachusetts residents enrolled in commercial plans. See **Technical Appendix B3: “The Massachusetts Provider Market”** for details.

Source: HPC analysis of Center for Health Information and Analysis Hospital Discharge Database, 2012-2015

### 2.23 **Measure 17: Percentage of community appropriate discharges from community hospitals**

Note: See **Technical Appendix B5: “Hospital Utilization.”**

Source: HPC analysis of Center for Health Information and Analysis Hospital Inpatient Discharge Database, 2014-2015