

Quality and Patient Experience Results

This information is being provided to inform MaineHealth ACO participants, employers, payers and consumers of the quality of care provided to the patients we serve. The MaineHealth ACO will publish quality and patient experience information for practices as part of an ongoing commitment to deliver high quality healthcare. The Quality & Patient Experience Dashboards below show results across the MHACO regions for 10 important quality measures and key patient experience measures. Each of the entries in these tables sums the performance of the practices that make up each region. Performance data is current through the end of June 2019. The targets set for each measure help to establish goals that continue to push performance higher.

This information will be updated quarterly. Please send any comments or questions to [Tracy Callahan](#), RN, MSN, Sr. Director, ACO Performance.

Report Data: 07/01/2018 - 06/30/2019											
Measure	Prevention						Disease Management				
	Falls Screening	Depression Screening	Colorectal Cancer Screening	Breast Cancer Screening	Peds BMI 5210	Well Child 0 - 15 Mo.	HbA1c > 9% (Lower is better)	DM Eye Exam	DM Nephro - pathy Screening	HTN Control	
Target	92.00%	84.00%	80.00%	82.00%	82.00%	85.00%	17.50%	62.00%	93.00%	75.00%	
MMC/MMP	93.66%	85.21%	79.23%	79.32%	83.83%	89.25%	17.82%	63.52%	89.80%	76.14%	
MidCoast	91.30%	89.15%	74.09%	69.17%	na	na	15.92%	60.60%	83.49%	64.78%	
Pen Bay	93.92%	87.88%	76.35%	81.33%	83.88%	88.54%	15.87%	65.47%	90.85%	79.31%	
St Mary's	90.87%	86.93%	81.05%	82.91%	81.86%	na	17.89%	69.62%	na	77.04%	
LincolnHealth	93.32%	89.39%	82.40%	83.64%	87.69%	72.22%	18.51%	65.54%	87.33%	75.16%	
WMHC	90.91%	82.86%	78.49%	86.13%	82.43%	93.08%	19.20%	55.39%	91.58%	72.76%	
SMHC	91.19%	80.77%	78.02%	84.26%	82.42%	88.96%	16.60%	60.80%	87.44%	73.99%	
WCHC	97.02%	89.35%	73.98%	81.80%	69.27%	67.57%	14.81%	63.53%	90.69%	76.64%	
Memorial	92.25%	47.05%	60.25%	62.91%	22.12%	na	17.38%	44.39%	na	74.00%	
Franklin	87.98%	70.36%	87.63%	85.21%	81.53%	na	15.54%	73.07%	na	75.85%	
MHACO	92.94%	84.55%	78.29%	82.29%	83.38%	88.72%	17.14%	62.24%	89.17%	75.48%	

2019 Year-to-Date											
extracted June 25,2019											
Survey Question	NRC 50th	Pen Bay	St. Mary's	Frank- lin	Lincoln	MMP	SMHC	Mid Coast	WMHC	Waldo	Mem- orial
<i>Patient's Rating of Provider</i>	83.8%	85.0	81.2	82.3	87.6	88.9	82.9	86	86.3	83.9	81.7
<i>Getting Timely Care, Appointments & Information</i>	67.3%	73.2	58.6	70.2	68.6	69.7	68.9	71.6	70.3	77.3	51.3
Office Followed up with Results	76.8%	81.3	68.5	79.8	73	79.4	73.3	80.8	80.6	74.4	76.7
<i>How Well Your Providers Communicate</i>	88.3%	91.1	77.1	88.2	91.9	91.1	87.6	90.2	89.8	89.3	88.5
Provider explained things understandably	87.7%	90.6	78.6	86	91.7	90.7	86.7	90	88.7	88.5	88.2
Provider listened carefully	88.9%	91.3	79.7	89.5	91.3	91.3	88.1	90.7	89.6	89.5	88.9
Provider showed respect for what patient said	91.4%	93.7	77.9	92.3	94.1	93.8	90.9	93.3	91.9	91.4	94.9

MHACO Quality Heat Map Measure Descriptions	
General Information:	<p>~~ Age is calculated as of the beginning of the measurement period.</p> <p>~~ Measure Criteria attempts to follow MSSP measure criteria.</p> <p>NOTE: if inactive providers continue to have patients attributed to them, those providers will appear in reports. Clean-up must be done by the practices in order to maintain clean panels in EPIC.</p>
Falls Screening	<p>Numerator: Number of patients in the denominator with documentation of both falls assessment questions (falls injury in the last year and 2 or more falls in the last year) in the last 12 months.</p> <p>Denominator: Number of patients ages 65+ at the beginning of the measurement period, with an office visit in the last 12 months.</p> <p>Exclusions: None</p>
Depression Screening	<p>Numerator: Number of patients in the denominator with a PHQ2 or PHQ9 documented in the last 12 months.</p> <p>Denominator: Number of patients ages 18+ at the beginning of the measurement period, with an office visit in the last 12 months.</p> <p>Exclusions: Bipolar Disorder and Depression</p>
Colorectal Cancer Screening	<p>Numerator: Number of patients with one or more screenings documented for colorectal cancer: colonoscopy in the last 10 years; flexible sigmoidoscopy in the last 5 years; computed tomography (CT) colonography in the last 5 years; fecal immunochemical DNA test (FIT-DNA) in the last 3 years; fecal occult blood test (FOBT) during the measurement period.</p> <p>Denominator: Number of patients ages 50-75 at the beginning of the measurement period, with an office visit in the last 12 months.</p> <p>Exclusions: A diagnosis or past history of total colectomy or colorectal cancer.</p>
Breast Cancer Screening	<p>Numerator: Number of patients in the denominator with a breast cancer screening documented in the last 27 months.</p> <p>Denominator: Number of female patients ages 50-74 at the beginning of the measurement period, with an office visit in the last 12 months.</p> <p>Exclusions: A history of bilateral mastectomy or a right and a left unilateral mastectomy.</p>

DM - HbA1c > 9	Numerator: Number of patients in the denominator whose most recent Hba1c in the last 12 months is > 9 or no Hba1c test was completed.
	Denominator: Number of patients with Diabetes (Type 1 or Type 2), ages 18-75 at the beginning of the measurement period diagnosed, and having an office visit during the measurement period.
	Exclusions: None
DM - Eye Exam	Numerator: Number of patients in the denominator with documentation of a retinal or dilated eye exam in the last 24 months or last 12 months for patients with retinopathy.
	Denominator: Number of patients with Diabetes (Type 1 or Type 2), ages 18-75 at the beginning of the measurement period diagnosed, and having an office visit during the measurement period.
	Exclusions: None
DM - Nephropathy Screening	Numerator: Patients in the denominator that are on an ACE/ARB or diagnosed with nephropathy for “evidence” or have a nephropathy screening (micro albumin creatinine ratio) for “screening.”
	Denominator: Number of patients with Diabetes (Type 1 or Type 2), ages 18-75 at the beginning of the measurement period diagnosed, and having an office visit during the measurement period.
	Exclusions: Patients whose hospice care overlaps the measurement period.
HTN Control	Numerator: Number of patients in the denominator whose most recent and lowest of BP reading of the day in the last 12 months is < 140/90.
	Denominator: Number of patients with Hypertension, ages 18-85 at the beginning of the measurement period diagnosed, with an office visit in the last 12 months.
	Exclusions: ESRD
Peds BMI 5210	Numerator: Number of patients in the denominator with a BMI calculated <u>and</u> 5210 documented in the last 12 months.
	Denominator: Number of patients ages <u>3-17</u> at the beginning of the measurement period, with an office visit in the last 12 months.
	Exclusions: None

Well-Child Visits (First 15 Months of Life)	Numerator: Number of patients in the denominator who had at least 6 well child visits by their 15 month birthday with a 1 month grace period.
	Denominator: Number of patients who turned 15 months old in the measurement period with at least one visit to their PCP's department(s) both in the measurement period and year prior.
	Exclusions: None

Patient Experience Measurement	
General Information:	<p>*Survey questions in the Patient Experience Heat Map capture positive scores from questions from four dimensions in the CG-CAHPS survey tool.</p> <p>*These dimensions are Patients' Rating of the Provider (or Doctor), How well Providers Communicate with Patients, Getting Timely Care, Appointments and Information and Providers' Use of Information to Coordinate Patient Care.</p> <p>*The survey queries individuals who had at least one office visit in the past six months.</p> <p>*The survey questions have a 4 pt. response scale (always, usually, sometimes, never) and the positive score only reflects the top box score, always</p> <p>*The rate provider question is a 0-10 scale and the positive score reflects 9 or 10</p>