

Park Nicollet Health Services Accountable Care Organization (ACO) Quality Performance Report

About This Report

<p>Who should read this?</p>	<p>Any patient who is interested in Park Nicollet’s performance during their participation in Medicare’s Pioneer ACO program. <i>(January, 2012- December, 2014)</i></p>
<p>What does this report cover?</p>	<p>This report highlights 11 specific measures that CMS describes as “claims based and administrative measures.” These are measures derived by patient survey or directly from claims data.</p> <p>The 11 measures are:</p> <p>Patient/Caregiver Experience measures:</p> <ol style="list-style-type: none"> 1. Getting timely care, appointments, and information 2. How well your doctors communicate 3. Patient ratings of doctors 4. Access to specialists 5. Health promotion and education 6. Shared decision making 7. Health status/functional status <ol style="list-style-type: none"> 8. Risk-Standardized, All Condition Readmission 9. Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults 10. Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure 11. Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment <p>Brief descriptions of these measures are provided below.</p>
<p>Why would this report be important to you?</p>	<p>As a patient receiving care from us, you may find interest in the quality elements that Medicare is measuring for all Accountable Care Organizations (ACO).</p> <p>For additional Park Nicollet’s ACO performance measures, you can refer to Medicare’s Physician Compare website. (https://data.medicare.gov/Physician-Compare/Accountable-Care-Organization-ACO-Quality-Data/ytf2-4ept).</p>

Park Nicollet Health Services, Pioneer ACO #043
 Claims Based and Administrative Measure Performance

Measure		Measure Description	2012		2013**		2014	
			%	Percentile	%	Percentile	%	Percentile
1	Getting Timely Care, Appointments, and Information	CMS will use the Clinician and Group Consumer Assessment of Health Care Providers and Systems (CG CAHPS) to assess patient and caregiver experience of care. CMS plans to use the adult 12 month base survey and certain of the supplemental modules for the adult survey.	80.52	80 th				
2	How Well Your Doctors Communicate		92.71	90 th				
3	Patients' Rating of Doctor		90.72	90 th				
4	Access to Specialists		85.39	80 th				
5	Health Promotion and Education		58.26	70 th				
6	Shared Decision Making		76.71	90 th				
7	Health Status/Functional Status		71.50	NA*				
8	Risk-Standardized, All Condition Readmission	Risk-adjusted percentage of Accountable Care Organization (ACO) patients who were hospitalized and readmitted to a hospital within 30 days following discharge.	15.00	90 th				
9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	All discharges with a principal diagnosis code for COPD or Asthma, in adults ages 40 years and older, <i>per 1,000 ACO assigned beneficiaries.</i>	.95	40 th				
10	Ambulatory Sensitive Conditions Admissions: Congestive Heart Failure	All discharges, age 18 years and older, with a principal diagnosis code for CHF, <i>per 1,000 ACO assigned beneficiaries.</i>	1.27	<30 th				
11	Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Incentive Program incentive payment.	74.23%	60 th				

*Health Status / Functional Status measures does not have a percentile range. This is due to the fact that all ACO's are required to report, not necessarily perform in the first three years of the Pioneer Program (2012, 2013, 2014).

**2013 performance results will be available in May of 2014.