Medical scheme measurement of doctor’s quality
- how have we come to this?

JANE BALL – HEAD OF POPULATION HEALTH MANAGEMENT
Healthcare landscape

Doctors under increasing pressure
Healthcare affordability under threat
System not designed around patients
Poor coordination; waste; variation in quality of care

Shared value partnership

Improving value – the only real solution that can unite the interests of all participants and reform healthcare.
Value-based healthcare agenda

- Better overall health
- Reduced healthcare spending
- Higher patient satisfaction rates
- Rewards for higher value

Quality is a fundamental component of value-based healthcare
Measurement – a key step in quality improvement

Types of Quality Measures

1. Structure - how care is organised
2. Process - what is done
3. Outcomes - the end result of care
4. Patient experience - perception of care received

No single measure gives a complete picture of the quality of care provided and received.
Developing and applying quality measures

- Clinical guidelines / standard of care
- Standardised, validated

- Evidence base
- Measure development

- Administrative data (claims and authorizations)
- Clinical results
- Medical records
- Qualitative data (surveys)
Applying quality measures

- Informed judgements can be made on the performance of the health system
- Identify focus areas for improvement – both structural and behavioural
- Absence of quality and health outcomes creates a gap in understanding health financing and the provision of healthcare
Applying quality measures

- Performance of the health system can be evaluated for specific cohorts
- Sub-populations may be based on demographic factors, geography, make-up of the healthcare team, level of healthcare funding
- Valuable learnings where variation in quality is identified for different cohorts
Applying quality measures

**Patient Allocation**
- Accountable Care Organisation (ACO) methodology
- Hierarchy of rules using patient visit data over a 2 year period
- Used to fairly represent the doctor’s patient population (strongly allocated)
- Strength of allocation calculated based on whether there are competing primary care providers

**Risk Adjustment**
- Adjusted clinical grouper (clinical, diagnostic and demographic information)
- Segmentation (based on clinical experience over past 12 months)
- Type of plan cover
Supporting quality improvement through feedback

4. Chronic disease management

Should you wish to understand the methodology and principles behind the calculations and results presented in this section, you can find more detail in Appendix D.

4.1 Premier DiabetesCare

Your practice has 62 allocated Diabetes patient(s) that are eligible for enrolment on the Premier DiabetesCare Programme, of these, 37 are enrolled. Your practice therefore has the potential to enrol 25 patient(s).

Your practice has 42 enrolled patient(s) as per your Premier Management Fee Report.

Premier Doctors that belong to your billing practice:

4.2 Diabetes

Number of patients in your practice with Diabetes - 69

<table>
<thead>
<tr>
<th>Measure name</th>
<th>Minimum number of tests expected</th>
<th>Percentage of patients having tests</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Your peers</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>1 per 12 month period</td>
<td>16%</td>
</tr>
<tr>
<td>Proportion of patients on statins</td>
<td>1 per 12 month period</td>
<td>62%</td>
</tr>
<tr>
<td>Diabetes control</td>
<td>2 per 12 month period</td>
<td>48%</td>
</tr>
<tr>
<td>= 2 HBA1c tests in the last 12 months</td>
<td>2 per 12 month period</td>
<td>30%</td>
</tr>
<tr>
<td>Diabetes Kidney Disease</td>
<td>1 per 12 month period</td>
<td>61%</td>
</tr>
<tr>
<td>Diabetic Retinopathy</td>
<td>1 per 24 month period</td>
<td>13%</td>
</tr>
<tr>
<td>Foot care</td>
<td>1 per 24 month period</td>
<td>0%</td>
</tr>
</tbody>
</table>

4.2.1 Prevention Quality Indicator for Diabetes

The table below shows all admissions for your diabetic population.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count of all admissions for your diabetic population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>29</td>
</tr>
</tbody>
</table>

Continuity of care

- Never/Sometimes: 7%
- Usually: 15%
- Always: 78%

Doctors discuss medication

- Never/Sometimes: 40%
- Usually: 23%
- Always: 37%

Professionalism of office staff

- Never/Sometimes: 6%
- Usually: 20%
- Always: 73%

Doctor’s communication with patient

- Never/Sometimes: 0%
- Usually: 9%
- Always: 88%

Doctor availability

- Never/Sometimes: 6%
- Usually: 23%
- Always: 71%
Improving quality is a partnership

Shared value partnership

Patients

Healthcare professionals

Sustainable partnership

Funder
Improving quality is a partnership

Member

- Access an experienced doctor within network
- Unlock special doctor-specific benefits
- Track compliance and progress of Diabetes Management Score via member app
- Earns rewards to achieving health goals

Doctor

- Unlock additional risk benefits
- Track patients’ compliance via Discovery’s HealthID EHR
- Track patients’ management score via Dashboard
- Reimbursed for spending time with the patient

Vitality
Effective partnerships result in quality improvements

A toolkit to improve chronic disease outcomes

- Cardio Care
- Mental Health Care
- Diabetes Care

- HBA1c
  - Non-Diabetes Care: 58%
  - Diabetes Care: 77%

- GP Visits
  - Non-Diabetes Care: 77%
  - Diabetes Care: 97%

- Lipogram
  - Non-Diabetes Care: 36%
  - Diabetes Care: 57%

- Admissions
  - Non-Diabetes Care: 64%
  - Diabetes Care: 57%
Improving quality is a partnership

Shared value partnership

Patients

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