

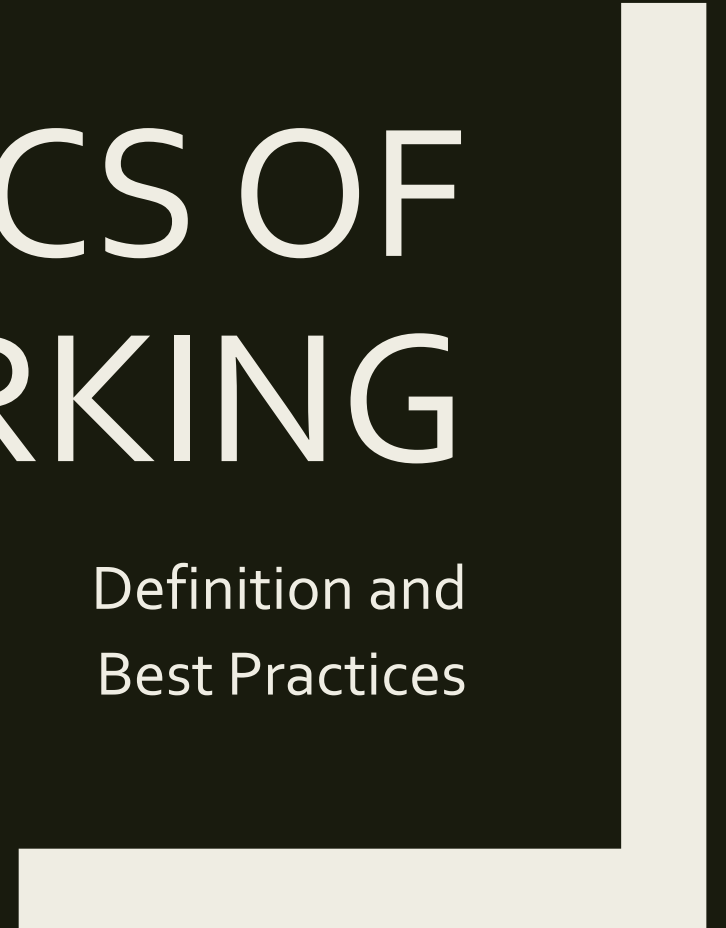
# BASICS OF BENCHMARKING

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Data Group Webinar, April 11, 2017  
Redwood Community Health Coalition



# THE BASICS OF BENCHMARKING

Definition and  
Best Practices



# Most Health Centers Measure Their Performance

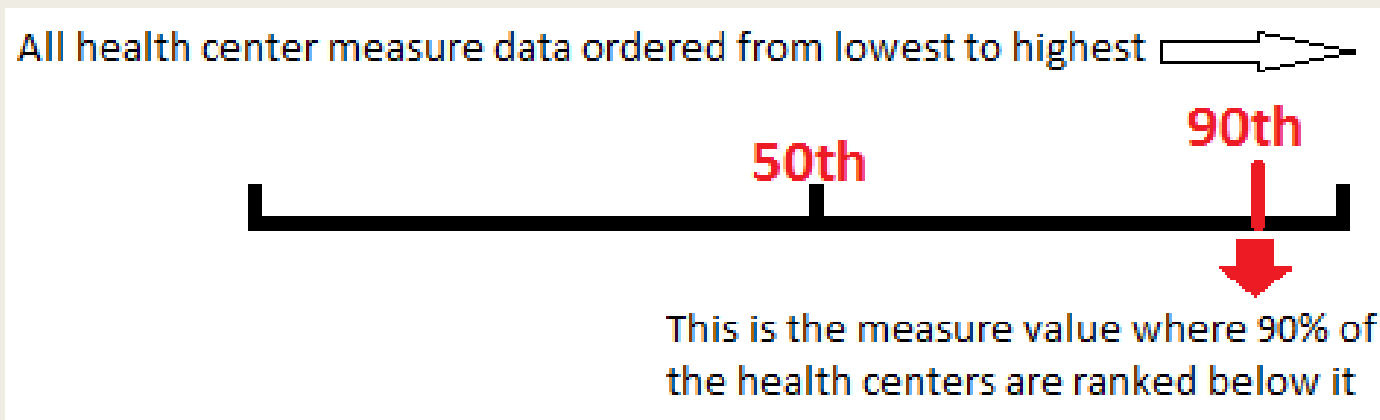
- How do you know if your performance is “good enough?”
- How do you know what areas to focus on for improvement?
- How do you know when to take action on the workflow that leads to the outcomes of a particular measure?

# Definition of a BENCHMARK

- “Something that serves as a standard by which others may be measured or judged” ([www.merriam-webster.com](http://www.merriam-webster.com))

# What is the Right Standard?

- Is it realistic to say that all of your measures should be at 100%?
- Is it realistic to say that all of your measures should be at the 90<sup>th</sup> percentile?



# Health Center Measurements

- **Clinical outcomes**
  - Operations
  - Financial
- 
- Our industry ultimately strives to keep people “healthy”

# Researching Appropriate Comparison Data

- Sometimes you 'get what you get' in terms of available data
- Ideally, you want data that is directly comparable to your own
  1. Same data definitions
  2. Similar population

# Factors Possibly Influencing Clinical Outcome Data

- We are community health centers. Our management as non-profits is different. Our population served is different.
- Patient demographics: lower socioeconomic class, high proportions of minorities, many with issues of access, lack of insurance, etc.
- Health status: poorer health status?
- Region: We operate in northern California



# Comparison Data

- We are fortunate in our industry that we have some comparison data available to us: the clinical measures
- Features:
  1. Standard definitions
  2. All funded facilities must report annually
  3. Limited data quality check

# How Do These Sources Stack Up?

- National health data from the CDC, NIH, Health People 2020, etc. (sometimes this is also given by state or county)
- HEDIS National and California data
- California Health Interview Survey (CHIS)
- Partnership Health Plan (Family Health and Internal Medicine, Medicaid patients)
- California Health Centers- UDS
- RCHC UDS Weighted Average

# Know Your Measure Definitions

- Some measures have similar names, but different denominator and/or numerator definitions
- For example, blood pressure control among patients with hypertension. The numerator has a different definition for the UDS and for the QIP
- Comparison to Healthy People 2020. If you consider those goals, make sure the denominator/numerator definitions are the same.

# RCHC Measure Comparison Document

## Comparison of Measurements Between Different Projects and Funders

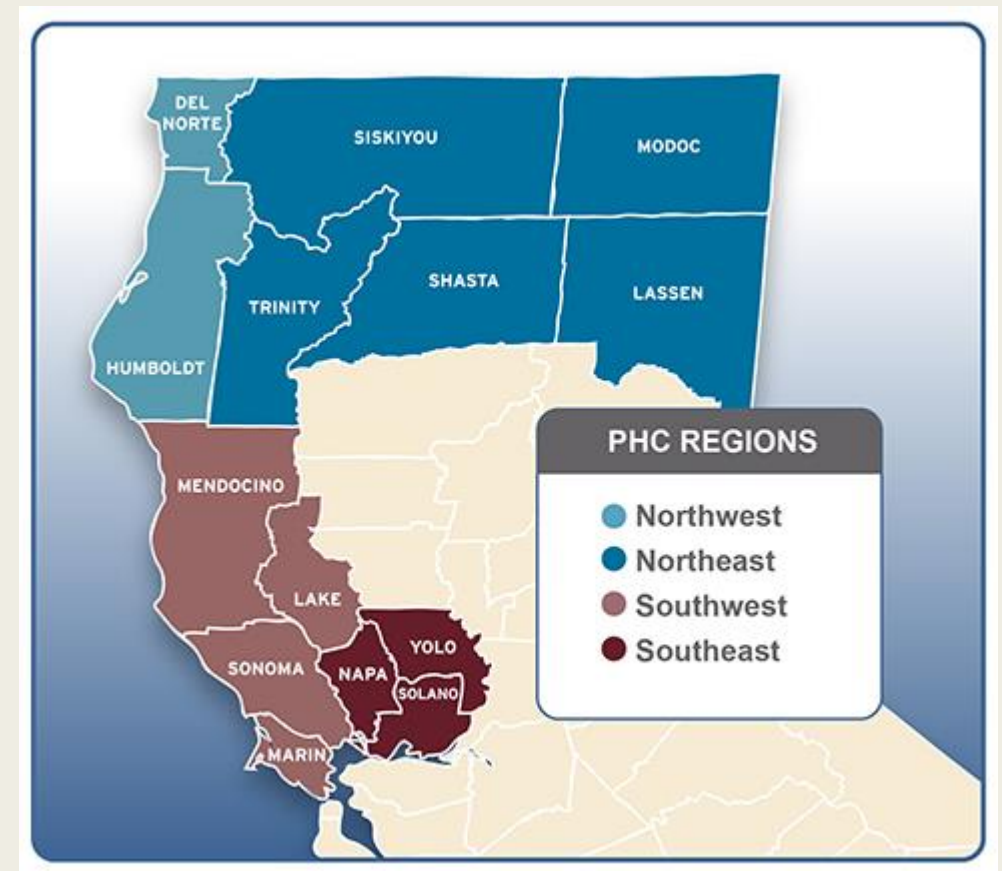
Redwood Community Health, November 2016

Version 13

Measure Name (and Report Name)	UDS/BPHC (2016)		QIP/Partnership (2016-2017)		PIP (2017)		ACO (2016)	
	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator
Cervical Cancer Screening (Cervical Cancer Screening_v8)	<ul style="list-style-type: none"> <li>Between 23 and 64 years of age at the end of the reporting period</li> <li>Had at least one medical visit during reporting period</li> <li>Had a medical visit prior to 65th birthday</li> <li>Female</li> <li>Exclusion: had a hysterectomy and no residual cervix</li> </ul>	Had pap test in the past three years prior to the end of the measurement period	<ul style="list-style-type: none"> <li>Continuously enrolled PHP members between 24 and 64 years at the end of the reporting period</li> <li>Female</li> <li>Exclusion: had a hysterectomy and have no residual cervix</li> </ul>	Had either of the following: <ul style="list-style-type: none"> <li>A pap test in the past three years (age 24 to 64 years)</li> <li>A pap test and an HPV test on the same date of service in the past five years (age 30 to 64 years)</li> </ul>	<ul style="list-style-type: none"> <li>Between 23 and 64 years of age at the end of the reporting period</li> <li>Had at least one medical visit during reporting period</li> <li>Had a medical visit prior to 65th birthday</li> <li>Female</li> <li>Exclusion: had a hysterectomy and no residual cervix</li> </ul>	Had either of the following: <ul style="list-style-type: none"> <li>A pap test in the past three years (age 23 to 64 years)</li> <li>A pap test and an HPV test on the same date of service in the past five years (age 30 to 64 years)</li> </ul>		
Breast Cancer Screening (Breast Cancer Screening_v6)							<ul style="list-style-type: none"> <li>(ACO 20; NQF 0031)</li> <li>Between 52 and 74 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Female</li> <li>Exclusions: had bilateral mastectomy or two unilateral mastectomies</li> </ul>	Had a mammogram during the past 27 months
Colorectal Cancer Screening (ColRect Cancer Screening_v6)	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Continuously enrolled PHP members between 51 and 75 years at the end of the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>	<ul style="list-style-type: none"> <li>(ACO 19; NQF 0034)</li> <li>Between 50 and 75 years during the reporting period</li> <li>Had at least one encounter during the reporting period</li> <li>Exclusions: had colorectal cancer or total colectomy</li> </ul>	Had at least one of the following: <ul style="list-style-type: none"> <li>FOBT or FIT in the past year</li> <li>Sigmoidoscopy in the past 5 years</li> <li>Colonoscopy in the past 10 years</li> </ul>

# Partnership Health Plan Quality Improvement Program (QIP) Data

- Latest data is from the 2015-2016 submission
- QIP data summarized for the Southern Region
- “Southern Region” is Mendocino to Solano
- QIP main webpage:  
<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>



# Bureau of Primary Health Care Uniform Data System (UDS)

- Latest data is from the 2015 submission
- 2016 data should be available soon (please send your final/approved submission to Colleen at RCHC)
- Health Center and Data Reporting: <https://bphc.hrsa.gov/datareporting/index.html>

## Health Center Data

View National, State and Health Center data profiles for:

[Health Center Program Grantee Data](#)

[Health Center Program Look-Alike Data](#)

# Available on the RCHC IHIT Portal

Clinical Measure Name	Partnership Health Plan							UDS (Bureau of Primary Healthcare)					
	National CMS Data (2015)				2015-2016 Submission (Southern)	2016-2017 target		2015 UDS Submission			216 UDS Submission		
	25th	50th	75th	90th		Half points	Full points	National	California	RCHC	National	California	RCHC
Cervical cancer screening			71.3%	76.0%	56.5%	67.9%	73.1%	56.0%	57.3%	68.1%			
Colorectal cancer screening	56.6%				34.3%	60.5%	67.5%	38.3%	41.2%	43.0%			
Adult Weight Screening and Follow Up								59.4%	62.2%	46.6%			
Child Weight Screening and Follow Up								57.9%	56.0%	49.1%			
Tobacco Assessment and Intervention								82.8%	82.1%	68.6%			
Depression Screening and Follow-up								50.6%	48.0%	49.8%			
Diabetes: HbA1c under 9%			63.5%	69.7%	65.7%	65.3%	70.3%	70.2%	70.2%	70.4%			
Diabetes: Retinal eye exam			63.1%	68.0%	53.5%	63.4%	67.9%						
Diabetes: Nephropathy			83.1%	86.9%	86.8%	84.9%	87.7%						
Hypertension: BP Control (QIP)		56.2%	86.8%	69.8%	58.3%	65.3%	70.3%						
Hypertension: BP Control (UDS)								63.8%	64.6%	64.6%			
Asthma: pharmaceutical management								84.1%	82.7%	84.1%			
CAD: Cholesterol Lowering Meds								77.9%	75.1%	72.9%			
IVD: Aspirin or Other								78.0%	78.1%	77.3%			
First Prenatal Visit in First Trimester								73.0%	77.0%	84.5%			
Births With Normal Weight (>= 2500g)								92.4%	93.7%	94.5%			
Childhood Immunization (3-year olds)								77.5%	78.1%	79.2%			
Childhood Immunization: DTaP		80.1%	84.1%	87.9%	76.0%	83.5%	86.1%						
Well-Child Visits			77.3%	82.7%	75.1%	78.5%	83.8%						
Dental Sealants								42.4%	44.2%				
HIV Linkage to Care								74.7%	81.1%				
Opioid Safety: Utox						50.0%	60.0%						
Monitoring Persistent Medications			90.0%	92.0%	84.0%		87.7%						

# Recommended Next Steps (#1)

- Run your clinical reports for the measurement period of a year. Compare to the historical data you submitted to the UDS and QIP over the past 2 to 3 years. Which measures have been going up? Which have been going down? Which have remained generally the same?
- Mark those that are concerning



# Recommended Next Steps (#2)

- For the measures that have goals (i.e., QIP), how close are you to the half-points and full-points goals?
- Mark those that are really below goal

# Recommended Next Steps (#3)

- Look at the most regional benchmark (Southern Region for QIP and RCHC for UDS). How close are your measures to these averages?
- Mark those that are really below the benchmarks

# Recommended Next Steps (#4)

- Have a discussion with your performance improvement team (which will eventually be shared with clinical leadership)
- Prioritize the measures that have a history of going down, are really below the goals for pay-by-performance, or really below the benchmarks
- Perform PDSA cycles to improve performance

# Recommended Next Steps (#5)

- Choose realistic goals for your measures
- Often subjective
- Use the benchmarks as guides
- Time limited (e.g., by next year we will get to...)
- Share with your teams
- Monitor with monthly dashboards

Questions?