Committee meeting notes

Committee Name: Health Economics Committee

Recent Meeting Date(s):   **September 1, 2022**

Achievements/Decisions:

- Members walked through two use cases showing how Total Cost of Care data organized by medical group and clinic might be of help to providers and purchasers.
- An update of extensions to Total Cost work touched on reports specific to data suppliers, graphs and tables that show cost in tandem with quality, and Board-level discussions about reporting utilization and price drivers of total cost statistics.
- Member reviewed and reacted to preliminary and embargoed Community Checkup quality measures stratified by Area Deprivation Index (ADI) deciles.
- There was a recap of discussions at the Quality Improvement Committee of how to handle measures with very high and consistent adherence scores.

Issues/Risks/Concerns:

Total Cost of Care use cases for medical groups and clinics
- Consider showing the number of attributed patients for each reported medical group and clinic.
- Consider some kind of geographic assignment or grouping feature so the user is more aware of when total cost statistics might be influenced by local market differences.

ADI-stratification of Community Checkup measures
- A number of possible contributing factors to the variation in avoidable ER use across ADI deciles were discussed. These point to reporting refinements or further studies. Examples: how often ER visits are for children, the proximity of urgent care centers, day-of-week analysis, and the ratio of primary care visits to ER visits.
- Regarding timely post-partum care, the role of maternal case management services for Medicaid enrollees was hypothesized for why less advantaged neighborhoods show higher performance compared to commercially insured neighbors.
- It was suggested that results for two or more measures might be presented together for greater insight. An example is overlaying well child visit results with post-partum care results.
- Obstacles to access might be more easily identified if patient age were introduced as a stratifying dimension. The example postulated involved work-age adults experiencing poorer access to care in more disadvantaged neighborhoods.
- The Purchaser Affinity Group may be interested in ADI-stratification for screening services.

Handling of topped-out performance measures
- Develop thorough communications on the rationale for removing any topped-out measures so providers fully understand why the Alliance is doing this.

Upcoming Activities:

- Work is underway for stratifying Total Cost of Care statistics by ADI deciles, and preliminary findings might be ready for committee reaction at the November HEC meeting.