

Quality and Patient Experience Results

The MaineHealth ACO publishes quality and patient experience information for MaineHealth practices as part of an ongoing commitment to deliver high value healthcare. The Quality & Patient Experience Dashboards below show results across the MaineHealth hospital regions for five important quality measures and key patient experience measures. Each of the entries in these tables aggregate the performance of the practices that make up each region.

Performance data is current through the end of June 2017.

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

DASHBOARD 1: QUALITY

MaineHealth ACO Quality Results (July 1, 2016 – June 30, 2017)			MaineHealth ACO (total)	LincolnHealth	Maine Medical Center & Maine Medical Partners	Pen Bay Medical Center	Southern Maine Health Care	Waldo County General Hospital	Western Maine Health
	Measure	Target							
Prevention	Colorectal Cancer Screening	75.0%	71.8	72.6	71.2	69.2	73.7	65.0	73.6
	Blood Pressure Control	73.5%	72.3	73.9	74.9	71.3	67.2	72.0	70.4
	Pediatric Body Mass Index <i>“Healthy Weight”</i>	88.5%	87.7	89.3	88.8	86.5	90.0	77.4	89.1
Diabetes Management	Hemoglobin A1c > 9% 3-month Average Blood Sugar (Lower is better)	17.5%	19.6	21.1	18.8	19.8	22.3	17.4	20.0
	Dilated Eye Exam	58.0%	56.6	65.9	62.2	58.0	47.6	58.2	61.6

DASHBOARD 2: PATIENT EXPERIENCE

MaineHealth ACO Patient Experience Results (Jan 1 – April 20, 2017)		Franklin Community Health Network	LincolnHealth	Memorial Hospital	Maine Medical Center & Maine Medical Partners	Pen Bay Medical Center	Southern Maine Health Care	Waldo County General Hospital	Western Maine Health
Survey Question	NRC Picker 50 th Percentile								
Percent of patients who rated their provider as the best provider.	83.8%	79.5	82.8	84.9	86.5	83.8	79.8	83.1	86.4
Percent of patients who received appointments for care as soon as needed and timely answers to questions when they called the office.	67.3%	73.7	71.8	53.2	70.2	73.7	66.0	72.2	72.8
Percent of patients who received results from the provider office for blood tests, x-rays, or other tests.	76.8%	79.7	78.9	69.3	78.9	79.7	73.6	81.2	76.4
Percent of patients who reported their provider explained things in a way that was easy to understand.	87.7%	84.5	88.2	90.0	88.6	89.6	84.0	91.9	88.4
Percent of patients who reported their provider listened carefully to them during their visit.	88.9%	86.8	88.7	88.3	89.9	90.1	84.4	90.8	89.5
Percent of patients who reported their provider showed respect for what they had to say.	91.4%	88.7	91.4	92.0	92.6	92.3	88.7	92.9	92.0
Percent of patients who reported their provider explained things in a way that was easy to understand, and listened carefully to them and showed respect for what they had to say.	88.3%	85.4	88.9	87.2	89.5	90.4	84.7	91.3	89.3

	Quality Measure Descriptions
Colorectal Cancer Screening	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.
	Denominator: Number of patients ages 50-75 at the beginning of the measurement period with an office visit in the last 12 months.
Hemoglobin A1c > 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 ages 18-75 at the beginning of the measurement period diagnosed with Diabetes (Type 1 or Type 2), with an office visit during the measurement period.
Blood Pressure Control	Numerator: Number of patients in the denominator whose most recent BP in the last 12 months is < 140/90.
	Denominator: Number of patients ages 18-85 at the beginning of the measurement period diagnosed with Hypertension and an office visit in the last 12 months. Exclusions: ESRD
Dilated 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: Patients ages 18-75 at the beginning of the measurement period diagnosed with Diabetes (Type 1 or Type 2), with an office visit during the measurement period.
Pediatric BMI 5210	Numerator: Number of patients in the denominator with a BMI documented in the last 12 months and if the BMI is outside of normal parameters a 5210 survey documented in the last 12 months [last BMI completed and last 5210 survey completed - do not have to occur on same encounter but must occur during the measurement period].
	Denominator: Number of patients ages 2-17 at the beginning of the measurement period with an office visit in the last 12 months.
General Information	<ul style="list-style-type: none"> • Age is calculated as of the beginning of the measurement period (the beginning of the month prior to the report creation). • Measure Criteria attempts to follow MSSP measure criteria; however, is limited by what is tracked in the Clinical Improvement Registry (CIR). • CIR tracks diagnosis and medication categories - not specific diagnosis and medications; and also does not provide start date of dx and medications. <p>Most measures require an office visit in the past 12 months unless otherwise indicated. This process ensures that patients who may be inactive in the practice will not appear in the denominator.</p>

Patient Experience Measurement General Information

- The survey queries individuals who had at least one office visit in the past six months.
- Each has a 4 point response scale (always, usually, sometimes, never) and the positive score only reflects the top score “always”.
- The rate provider question is a 0-10 scale and the positive score reflects patients who responded with a rating of 9 or 10.