

Quality and Patient Experience Results

This information is being provided to inform MaineHealth ACO participants, employers, payers and consumers of the quality of care provided to the patients we serve. The MaineHealth ACO will publish quality and patient experience information for practices as part of an ongoing commitment to deliver high quality healthcare. The Quality & Patient Experience Dashboards below show results across the MHACO regions for 10 important quality measures and key patient experience measures. Each of the entries in these tables sum the performance of the practices that make up each region. Performance data is current through the end of November 2018. The targets set for each measure help to establish goals that continue to push performance higher.

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

(December 1, 2017 through November 30, 2018)

Measure	Prevention							Disease Management		
	Falls Screening	Depression Screening	Colorectal Cancer Screening	Breast Cancer Screening	Tobacco	Peds BMI 5210	Adolescent Well Visit	HbA1c > 9% <small>(Lower is better)</small>	DM Eye Exam	HTN Control
Target	92.00%	82.00%	80.00%	80.00%	96.00%	84.00%	50.00%	17.50%	62.00%	75.00%
MMC/MMP	92.9%	84.3%	77.5%	76.6%	96.2%	81.0%	61.1%	17.3%	61.1%	74.3%
MidCoast	92.8%	85.2%	73.2%	68.6%	98.5%	na	na	15.2%	60.3%	63.9%
Pen Bay	92.3%	86.0%	72.3%	79.9%	98.2%	81.7%	54.1%	16.4%	63.7%	77.6%
St Mary's	87.5%	85.0%	81.0%	82.4%	97.1%	79.4%	na	18.3%	68.6%	76.9%
LincolnHealth	93.6%	90.0%	80.6%	82.4%	98.2%	88.5%	59.6%	14.2%	66.8%	76.6%
WMHC	91.2%	83.8%	78.1%	84.4%	98.6%	81.3%	66.3%	17.8%	58.3%	72.8%
SMHC	90.7%	79.4%	75.8%	82.3%	97.2%	80.8%	63.9%	16.5%	58.7%	72.1%
WCHC	92.2%	83.8%	71.1%	79.8%	97.7%	69.0%	38.0%	13.4%	62.4%	75.4%
Memorial	92.6%	49.3%	60.3%	63.0%	87.7%	23.7%	60.8%	14.6%	45.6%	75.1%
Franklin	87.6%	70.5%	86.6%	84.9%	86.8%	81.2%	72.4%	15.3%	68.4%	76.6%
MHACO	92.6%	85.2%	76.3%	79.4%	97.2%	81.6%	59.8%	16.4%	62.0%	75.1%

2018 Year-to-Date

extracted December 11, 2018

Survey Question	NRC 50th	Pen Bay	St. Mary's	Franklin	Lincoln	MMP	SMHC	MidCoast	WMHC	Waldo	Memorial
<i>Patient's Rating of Provider</i>	83.80%	83.0	81.2	83.5	84.4	87.7	83.7	86.2	87.6	83.9	82.5
<i>Getting Timely Care, Appointments & Information</i>	67.30%	74.0	58.6	67.9	69.7	67.3	68.2	69	77.0	73.2	57
Office Followed up with Results	76.80%	79.1	68.5	76.8	79.2	78.2	75.5	79.3	81.3	76.0	73.6
<i>How Well Your Providers Communicate</i>	88.30%	88.8	77.1	89.1	90.1	90.1	87.5	90.0	91.0	89.9	87.1
Provider explained things understandably	87.70%	87.1	78.6	89.9	89.5	89.8	86.9	90.7	90.3	89.1	86.7
Provider listened carefully	88.90%	88.9	79.7	90.5	89.8	90.7	87.6	90.1	91.5	89.8	88.1
Provider showed respect for what patient said	91.40%	92.0	77.9	90.5	92.6	92.6	90.9	93	93.6	91.8	93.3

MHACO Quality Measure Descriptions

General Information:	<p>~~ Age is calculated as of the beginning of the measurement period (based on 12 month rolling period [i.e. February 1, 2016 through January 31st, 2017] the patient would need to be age 18 by the end of January 2016).</p> <p>~~ Measure Criteria attempts to follow MSSP measure criteria; however, is limited by what is tracked in the CIR.</p> <p>NOTE: if inactive providers continue to have patients attributed to them, those providers will appear in reports. Clean-up must be done by the practices in order to maintain clean panels in the CIR.</p>
Falls Screening	<p>Numerator: Number of patients in the denominator with documentation of both falls assessment questions (falls injury in the last year and 2 or more falls in the last year) in the last 12 months.</p> <p>Denominator: Number of patients ages 65+ at the beginning of the measurement period with an office visit in the last 12 months.</p> <p>Exclusions: None</p>
Depression Screening	<p>Numerator: Number of patients in the denominator with a PHQ2 or PHQ9 documented in the last 12 months.</p> <p>Denominator: Number of patients ages 18+ at the beginning of the measurement period without a diagnosis of Depression or Bipolar Disorder and an office visit in the last 12 months.</p> <p>Exclusions: Bipolar Disorder and Depression</p>
Colorectal Cancer Screening	<p>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.</p> <p>Denominator: Number of patients ages 50-75 at the beginning of the measurement period with an office visit in the last 12 months.</p> <p>Exclusions: None</p>
Breast Cancer Screening	<p>Numerator: Number of patients in the denominator with a breast cancer screening documented in the last 27 months.</p> <p>Denominator: Number of female patients ages 50-74 at the beginning of the measurement period with an office visit in the last 12 months.</p>

	Exclusions: None
HbA1c > 9	<p>Numerator: Number of patients in the denominator whose most recent Hba1c in the last 12 months is > 9 or no Hba1c test was completed.</p> <p>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.</p> <p>Exclusions: None</p>
HTN Control	<p>Numerator: Number of patients in the denominator whose most recent BP in the last 12 months is < 140/90.</p> <p>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.</p> <p>Exclusions: ESRD</p>
DM - Eye Exam	<p>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.</p> <p>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.</p> <p>Exclusions: None</p>
Tobacco	<p>Numerator: Number of patients in the denominator with a tobacco assessment documented in the last 24 months and if a smoker cessation counseling documented in the last 24 months [last tobacco assessment completed and last cessation counseling document - do not have to occur on same encounter but must occur during the 24 month look-back period].</p> <p>Denominator: Number of patients ages 18+ at the beginning of the measurement period with at least 1 office visit in the last 24 months.</p> <p>Exclusions: None</p>
Peds BMI 5210	<p>Numerator: Number of patients in the denominator with a BMI calculated <u>and</u> 5210 documented in the last 12 months.</p>

	Denominator: Number of patients ages <u>3-17</u> at the beginning of the measurement period with an office visit in the last 12 months.
	Exclusions: None
Adolescent Well Visit (12-20)	Numerator: Number of patients with at least one comprehensive well-care visit with a PCP during the measurement period.
	Denominator: Number of patients who are 12-20 years old <u>at the end</u> of the measurement period.
	Exclusions: None

Patient Experience Measurement

General Information:	<ul style="list-style-type: none"> • 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.
-----------------------------	---