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Healthcare Improvement*

# HealthPartners Cost of Care

**Total Cost of Care:** price, service utilization,  
market-specific variation

**Total Resource Use:** resource consumption  
across inpatient,  
outpatient, professional,  
and pharmacy

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**Reliability Tested:** consistent results

**Validity Tested:** performs as intended

**NQF approved:** adoption, benchmarking

# Detailed Report – Total Cost: Adults

This display helps you compare the care quality and cost of care ratings for up to three medical groups. If a medical group has no HealthScore rating for a specific measure, it has no reportable information. This could be due to not offering that type of care; having too few patients who received that care; not submitting information; or recently being renamed or closed.

Use the back button in your browser to return to the full list of medical groups and change your selections to compare.

Don't see a health topic you're looking for? It may be a clinic or hospital measure.

[Go back to Detailed Report](#)



STANDARD VIEW

DETAILS VIEW

LEGEND



SEVEN DAY CLINIC  
MOORHEAD, MN


ST. CLOUD MEDICAL GROUP NW,  
SO., COLD SPRING, CLEAR  
WATER - IHN  
ST. CLOUD, MN

WEST SIDE COMMUNITY  
HEALTH SERVICES  
SAINT PAUL, MN

 TOTAL COST: ADULTS

 LOWER THAN AVERAGE **\$313**

 AVERAGE **\$436**

 HIGHER THAN AVERAGE **\$646**



### Risk Score



The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. Q Corp uses the Johns Hopkins Adjusted Clinical Groupers (ACG) System which measures morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

### Summary by Service Category

	TCI	= RUI	x Price Index
Professional	1.07	0.97	1.10
Outpatient Facility	0.71	0.72	1.00
Inpatient Facility	1.10	0.93	1.19
Pharmacy	0.88	0.89	0.99
Overall	0.95	0.88	1.07

A Total Cost Index, Price Index or Resource Use Index value greater than 1.00 means the clinic's score is higher than the Oregon average score for the measure.  
  
For more information see the Total Cost of Care Definitions page.

### Price vs. Resource Use Comparison

This chart shows your clinic's price and resource use compared to other clinics across Oregon. Clinics that are lower in price and resource use appear in the lower left quadrant.



# Q Corp Clinic Comparison Reports Cost Detail

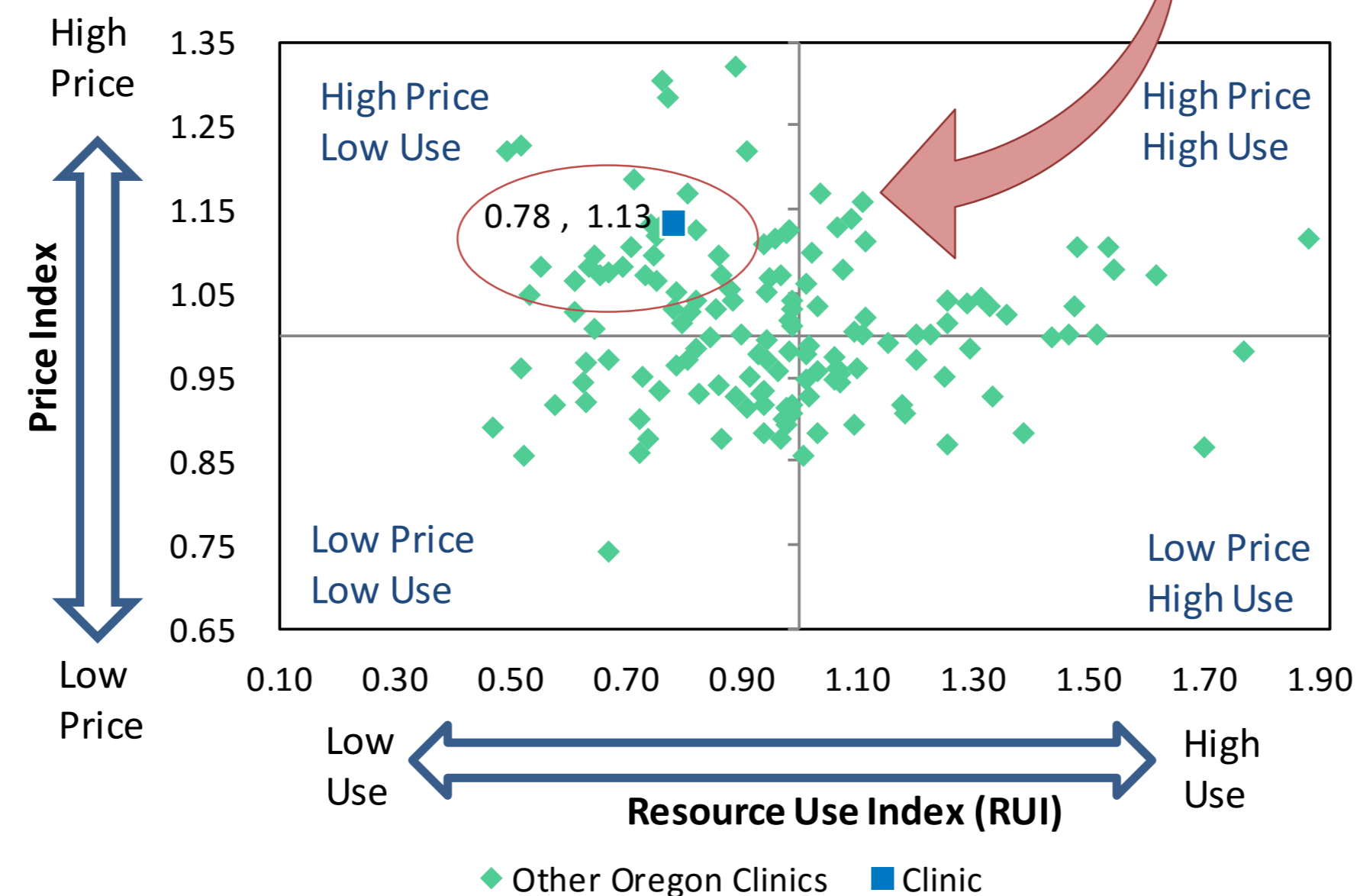
## Overall Summary by Service Category

	Clinic		OR Average	TCI	= RUI	x Index
	Raw	Adj	PMPM			
	PMPM	PMPM				
Professional	\$203.02	\$183.18	\$167.12	1.10	0.99	1.11
Outpatient Facility	\$69.00	\$62.25	\$115.53	0.54	0.60	0.90
Inpatient Facility	\$71.08	\$64.13	\$72.21	0.89	0.78	1.13
Pharmacy	\$73.92	\$66.70	\$69.20	0.96	0.98	0.98
Overall	\$417.03	\$376.26	\$424.06	0.89	0.85	1.05

## Inpatient PMPM by Service Category

	Clinic	OR Average	TCI	= RUI	x Index
	Adj PMPM	PMPM			
Acute Admissions	\$64.13	\$71.93	0.89	0.79	1.13
Surgical	\$46.98	\$46.13	1.02	0.83	1.22
Medical	\$9.55	\$15.77	0.61	0.70	0.87
Maternity	\$4.11	\$8.88	0.46	0.40	1.17
Mental Health	\$3.49	\$1.15	3.04	3.03	1.00
Non-Acute	\$0.00	\$0.27	0.00	0.00	1.00
All Admissions	\$64.13	\$72.21	0.89	0.78	1.13

## Inpatient Price vs. Resource Use Comparison by Clinic

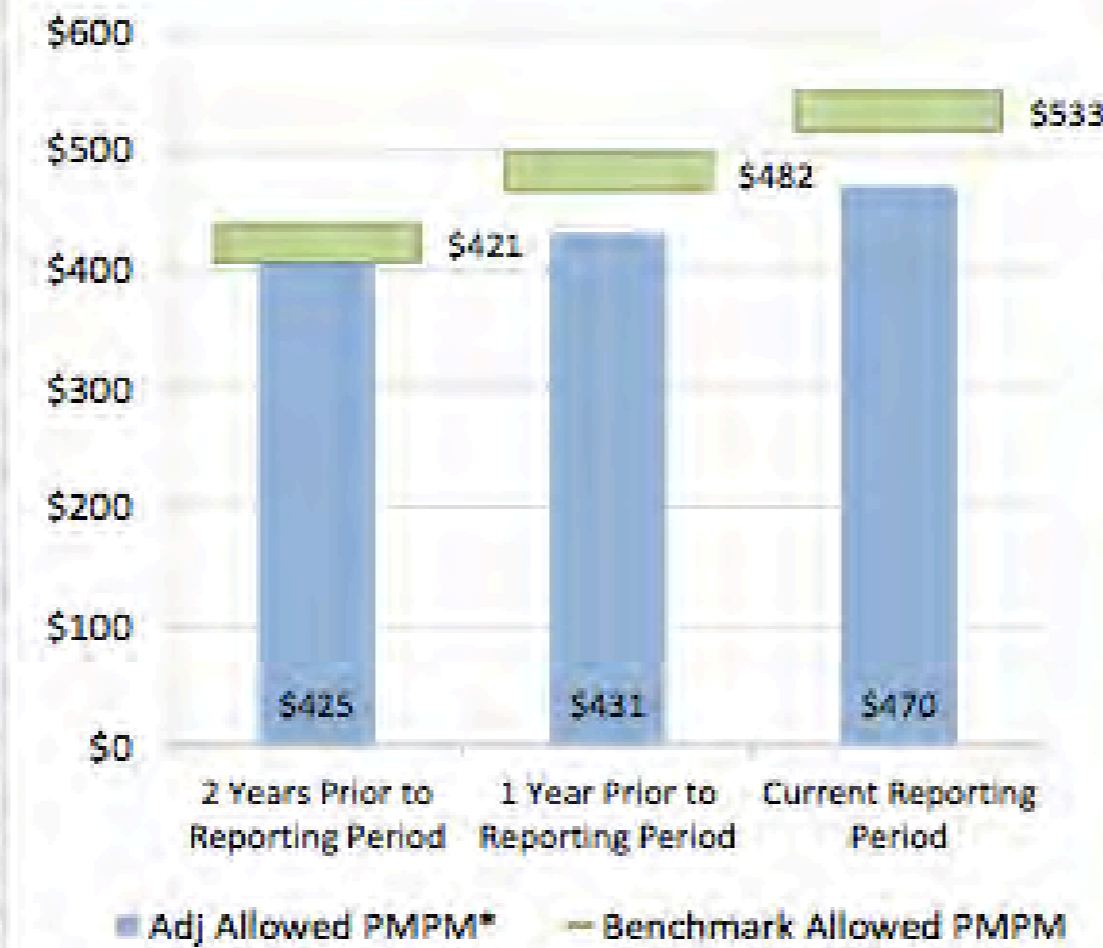




Patient Demographics

	Practice	Benchmark Practice <sup>1</sup>
Attributed Patients	1,351	609
Average Age	44.5	38.2
% Male	39.1%	44.8%
% Female	60.9%	55.2%
% Chronic	39.0%	36.9%
% Asthma	7.3%	7.5%
% CAD	3.8%	2.7%
% COPD	2.1%	1.3%
% Diabetes	8.9%	6.8%
% Heart Failure	0.5%	0.5%
% Hyperlipidemia	12.4%	14.8%
% Hypertension	22.4%	19.4%
% Obesity	5.7%	5.5%
% Back Pain	19.2%	15.4%
% Depression	13.2%	12.7%
Retrospective Risk Score*	1.07	1.00
Age-Gender Index	1.13	1.00

Annual PMPM Trend vs. Benchmark



\*Adj. allowed PMPM and Adj. PMPM indicate retrospective risk adjusted allowed amount, normalized to the Benchmark

Overall Summary by Service Category

	Practice		BM <sup>2</sup>		
	Raw PMPM	Adj PMPM*	PMPM	TCI	RUI
Inpatient Fac.	\$82	\$77	\$98	0.78	0.74
Outpatient Fac.	\$175	\$164	\$196	0.84	0.62
Professional	\$152	\$142	\$146	0.97	0.88
Pharmacy	\$94	\$88	\$93	0.94	0.95
<b>Overall</b>	<b>\$503</b>	<b>\$470</b>	<b>\$533</b>	<b>0.88</b>	<b>0.79</b>

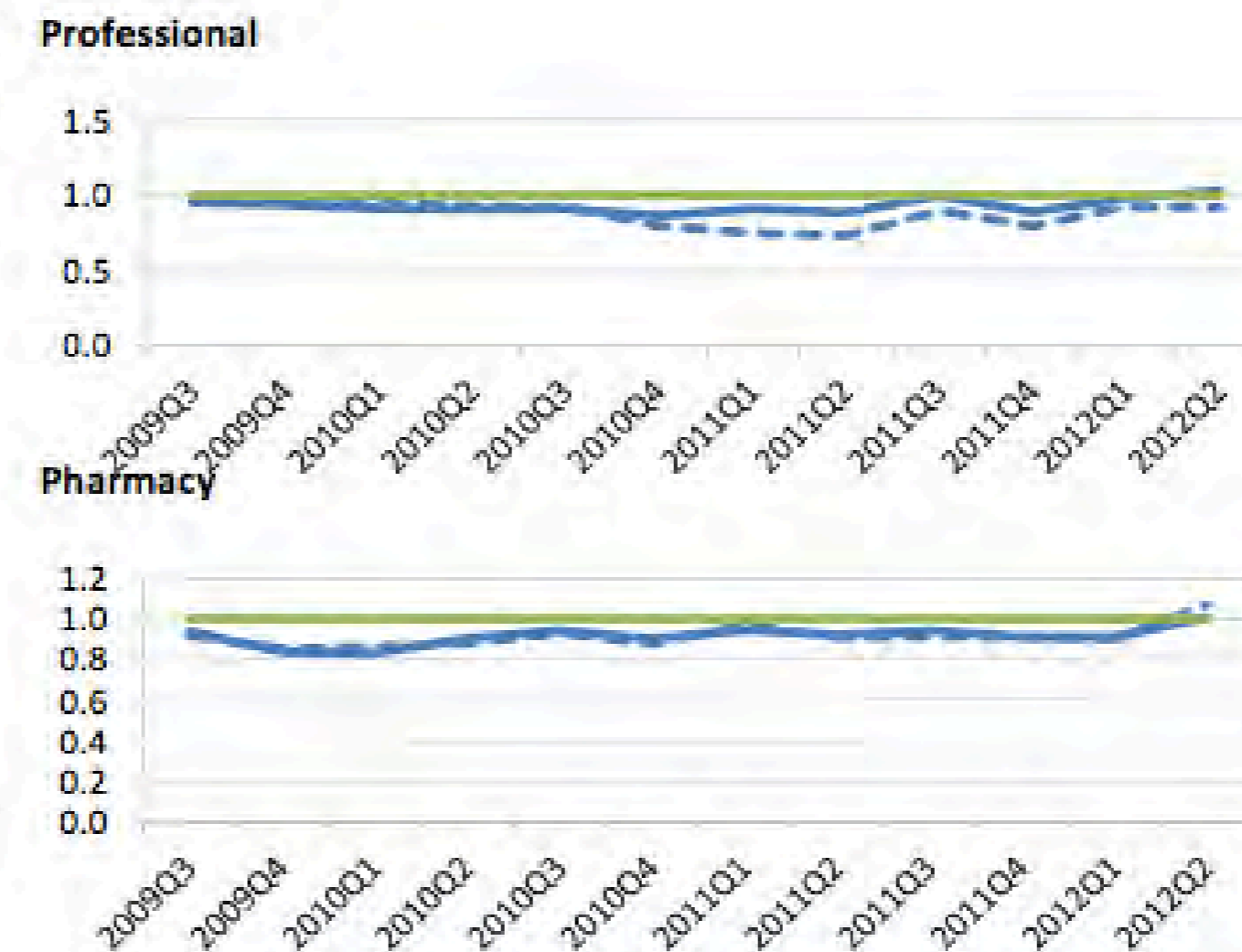
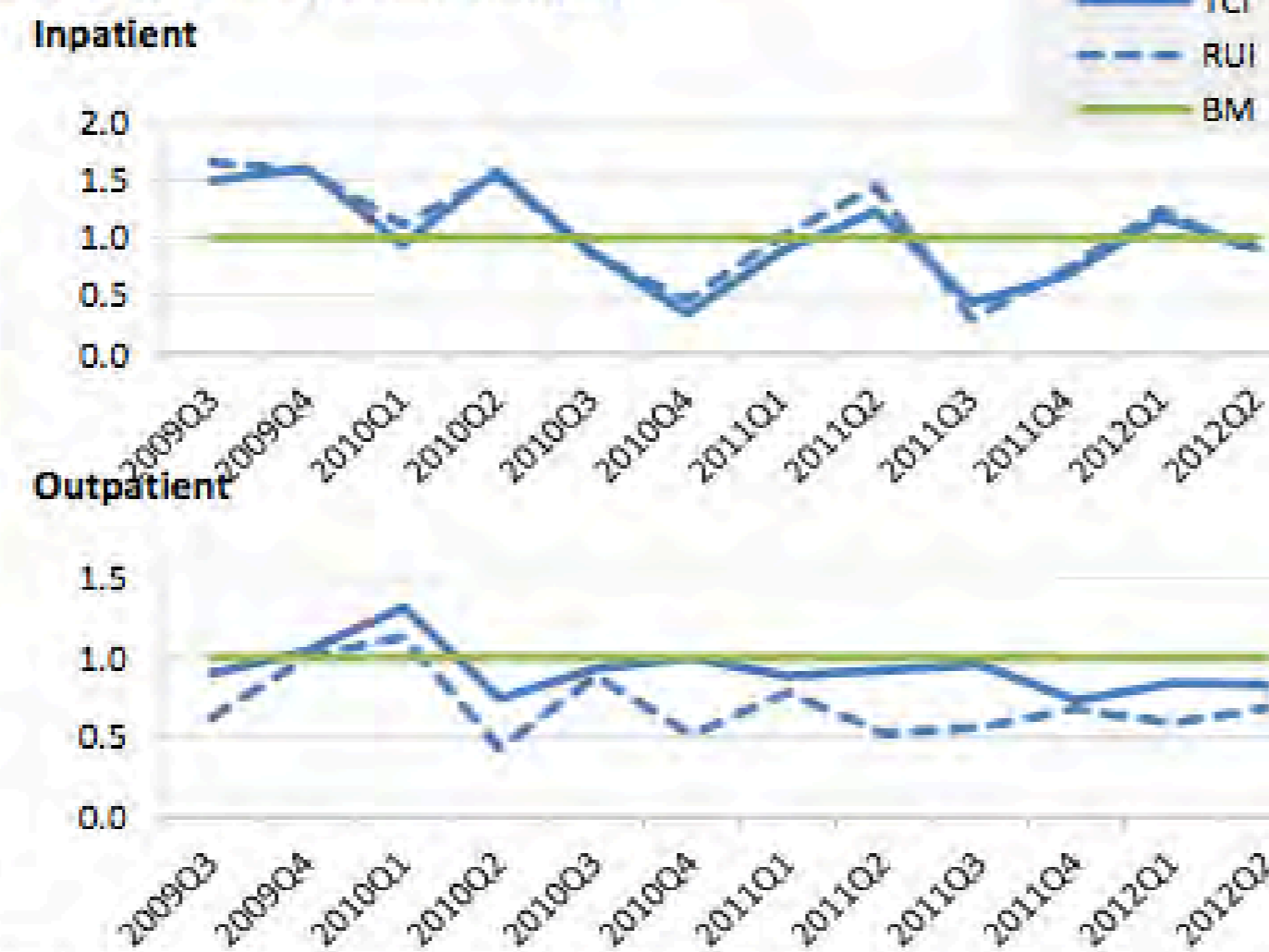
HealthPartner's Total Cost Index (TCI) & Resource Use Index (RUI): TCI & RUI provide insight into overall cost, practice efficiency & price competitiveness.

TCI = Practice Adj. PMPM/Benchmark PMPM  
RUI is based on standardized cost for procedures

The benchmark index for TCI or RUI is 1.0. Index values below 1.0 indicate a practice that is delivering services in a more cost or resource-efficient manner than the benchmark. Example: Inpatient Facility TCI = .85 means the practice is 15% more cost-effective than the benchmark.

Practice Trends in Cost and Resource Use by Service Category

Does it cost more or require more healthcare resources to manage your panel over time?



<sup>1</sup> Benchmark practice reflects all practices receiving report, including your practice.

<sup>2</sup> BM = Benchmark

Please see glossary on Page 7 for details on terminology and calculations

## Compare Practice Ratings

[View on map](#)

[Change My Selections](#)

See how your selected Practices compare for Quality ratings:

**Low** | **Good** | **Better** | **Best**

> Where do these ratings come from?

Adult Care ratings for your selected practices  
(Last updated on Wed, 03/09/2016 - 15:26)

Uses Treatments Proven to be Effective

Uses Methods to Make Care Safer

How Patients Have Rated Their Experience

Provides Care at a Reasonable Cost

Overall Rating

What This Rating Means

What This Rating Means

What This Rating Means

What This P

**InterMed Internal Medicine - Marginal Way**

84 Marginal Way  
Suite 700 & 800  
Portland, ME 04101  
(207) 774-5816

> See Rating Detail and Practice Info

**Best**

**Best**

**Best**

**Go**

**Portland Internal Medicine at Baxter Boulevard**

43 Baxter Boulevard  
Portland, ME 04101  
(207) 771-1717

> See Rating Detail and Practice Info



Did Not Report

**Best**

**Good**

Unable to

**Falmouth Internal Medicine**

75 Clearwater Drive  
Suite 106  
Falmouth, ME 04105  
(207) 400-8570

> See Rating Detail and Practice Info

**Better**

**Best**

**Better**

**Go**

**Low** - This practice's cost per patient are higher than the average cost in Maine.

**Good** - This practice's cost per per patient is about the same as they are in most practices in Maine.

**Best** - This practice's cost per patient are below the average cost for practices in Maine.

**Unable to Determine** - There is not enough consistent data on this practice to assign a rating.

**No Quality Rating** - The value of health care services cannot be understood unless patients have both quality and cost information. Since this practice does not report the minimal amount of quality information requested, we do not provide a cost score for them.

Stay informed

# Public Reporting

- IHA partners with the California Office of the Patient Advocate to publicly report program results
- As of March 2016, Report card release includes, for the first time, physician organization:
  - Total Cost of Care
  - Medicare Advantage star ratings
- Results are based on MY 2014 performance that was reviewed and finalized last summer

MEDICAL GROUP PROVIDES RECOMMENDED CARE 	PATIENTS RATE THEIR MEDICAL GROUP 	AVERAGE PAYMENT BY PATIENT & HEALTH PLAN FOR CARE 
 GOOD	 GOOD	 LOWER PAYMENT
 FAIR	 GOOD	 HIGHER PAYMENT
 POOR	 GOOD	 LOWER PAYMENT
 GOOD	 GOOD	 LOWEST PAYMENT
 GOOD	 EXCELLENT	 HIGHER PAYMENT
Too few patients in sample to report	 EXCELLENT	 HIGHER PAYMENT



# Value Based Pay for Performance



**\$500m**  
paid out



**200**  
Medical Groups  
and IPAs



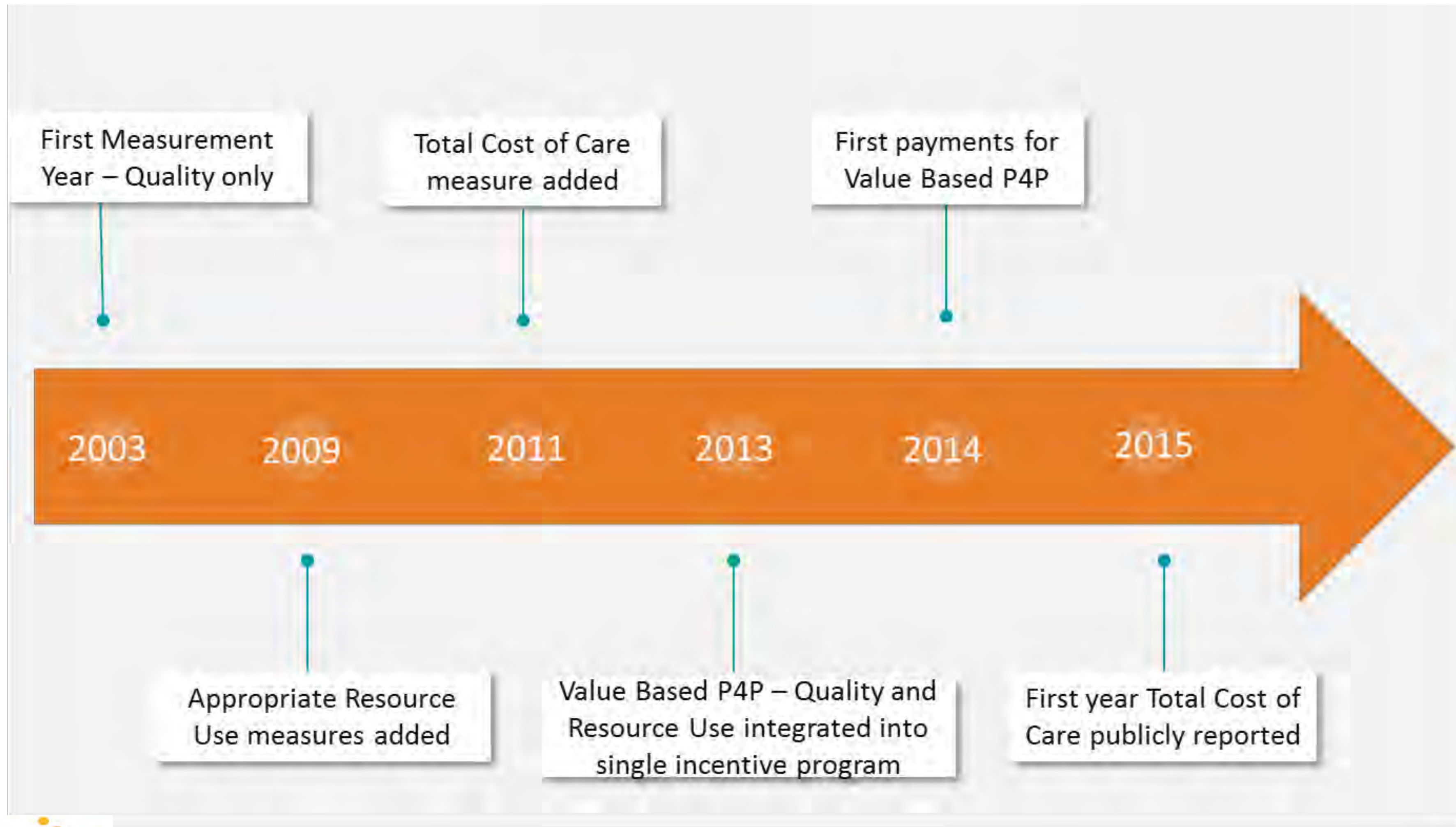
**10**  
Plans



**9 Million Californians**



# Program Evolution



# Core Program Elements

A Common Set of Measures

Health Plan Incentive Payments

A Public Report Card

Public Recognition Awards



# Value Based P4P Measurement

## Clinical (50%)

Process and outcomes measures focused on six priority clinical areas

- Cardiovascular (2)
- Diabetes (7)
- Maternity (0)
- Musculoskeletal (1)
- Prevention (8)
- Respiratory (3)

## Patient Experience (20%)

Patient ratings of six components, including care overall:

- Communicating with Patients
- Coordinating Care
- Health Promotion
- Helpful Office Staff
- Overall Rating of Care
- Timely Care and Service

## Meaningful Use of Health IT (30%)

- Percent of providers meeting intent of CMS Meaningful Use core requirements
- Ability to report selected e-measures (2)

## Appropriate Resource Use

Utilization metrics spanning:

- Inpatient stays
- Readmissions
- ED visits
- Outpatient procedures
- Generic prescribing

## Total Cost of Care

Average health plan and member payments associated with care for a member for the year, adjusted for risk and geography