Hospital Index Reporting Demo

Step 1: Identify Episodes

A. PY2: Q4: Current State Assessment of Top 5 Episodes Driving the Hospital Index Score

Component of Q4 milestone each PY beginning with PY2 - Required

In the chart below, list the top 5 episodes with the greatest weighted impact on your Hospital Index score and indicate what type of action is needed to achieve the state set benchmark (ie. Maintain performance or improve)?

	Top 5 Episodes	Maintain or Improve Performance?
1		
2		
3		
4		
5		

- Go to "2. Index Score Calculation" dashboard
- Use "Peer Group Index Score Breakdown" and select the highest 5 episodes
- These will be different for each hospital this is just a Demo



Index Score Calculation

Created and maintained by Colorado Department of Health Care Policy and Financing Last Updated: May 24, 2023

Blinded Hospital Name: DEMO HOSPITAL

Risk Adjusted/Unadjusted
Unadjusted

v

Unadjusted Index Score: 101.33

Unadj AAE %: 3.66%

Unadj Episode Count: 5,922

Hospital Name

DEMO HOSPITAL ▼

Adjusted Index Score: 97.36

Adj AAE %: 1.95%

Adj Episode Count: 5,922

Episode Description (Risk Adj. Detail Deliverable)	Total Cost	AAE Cost	AAE %	Peer Group AAE %	Hospital Index Score Breakdown	Peer Group Index Score Breakdown	Episode Count
Bariatric Surgery	\$665,470	\$30,559	4.59%	4.85%	1.84	1.94	66
Breast Biopsy	\$207,920	\$26	0.01%	0.07%	0.00	0.00	132
C-Section	\$4,941,842	\$157,087	3.18%	2.91%	3.29	3.01	697
CABG &/or Valve Procedures	\$1,049,544	\$56,960	5.43%	5.49%	3.60	3.63	24
Cataract Surgery	\$154,215	\$2,385	1.55%	4.12%	0.11	0.30	59
Colonoscopy	\$788,101	\$7,887	1.00%	1.73%	0.07	0.12	656
Colorectal Resection	\$1,197,227	\$166,019	13.87%	12.43%	53.49	1. 47.97	47
Coronary Angioplasty	\$1,334,918	\$142,514	10.68%	7.19%	17.31	2. 11.66	82
Gall Bladder Surgery	\$1,687,452	\$71,080	4.21%	5.39%	5.66	3. 7.24	258
Hip Replacement & Hip Revision	\$790,515	\$24,482	3.10%	4.32%	1.17	1.64	64
Hysterectomy	\$838,811	\$20,989	2.50%	5.50%	1.84	5. 4.04	141
Knee Arthroscopy	\$878,981	\$12,633	1.44%	1.46%	0.07	0.07	144
Knee Replacement & Knee Revision	\$1,340,163	\$47,177	3.52%	4.38%	2.17	2.70	98
Lumbar Laminectomy	\$338,958	\$1,784	0.53%	5.38%	0.17	1.74	37
Lumbar Spine Fusion	\$587,663	\$36,465	6.21%	3.96%	2.04	1.30	24
Lung Resection	\$173,075	\$6,757	3.90%	9.88%	1.82	4.62	7
Mastectomy	\$328,069	\$12,672	3.86%	6.17%	1.20	1.92	36
Pacemaker / Defibrillator	\$648,476	\$22,793	3.51%	2.33%	0.30	0.20	30
Prostatectomy	\$37,112	\$1,206	3.25%	6.57%	0.15	0.31	4
Shoulder Replacement	\$152,129	\$1,423	0.94%	2.10%	0.01	0.03	14
Tonsillectomy	\$962,216	\$42,043	4.37%	3.90%	1.72	1.53	277
Transurethral resection prostate	\$34,133	\$487	1.43%	10.72%	0.19	1.42	6
Upper GI Endoscopy	\$1,892,492	\$70,438	3.72%	3.27%	2.00	1.76	964
Vaginal Delivery	\$9,872,870	\$193,901	1.96%	1.52%	1.11	0.86	2,055
Grand Total	\$30,902,352	\$1,129,767	3.66%	*	*	*	5,922

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In the chart below, list the top 5 episodes with the greatest weighted impact on your Hospital Index score and indicate what type of action is needed to achieve the state set benchmark (ie. Maintain performance or improve)?

	Top 5 Episodes	Maintain or Improve Performance?
1	Colorectal Resection (47.97)	
2	Coronary Angioplasty (11.66)	
3	Gallbladder Surgery (7.24)	
4	Lung Resection (4.62)	
5	Hysterectomy (4.04)	

These will be different for each hospital - this is just a Demo

Step 2: Maintain or Improve

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- Next, use "Hospital Index Score Breakdown" to compare your performance
- If your score is lower than the peer group, your goal is to maintain. If it is higher, your goal is to improve

Index Score Calculation

Created and maintained by Colorado Department of Health Care Policy and Financing Last Updated: May 24, 2023

Blinded Hospital Name: DEMO HOSPITAL Risk Adjusted/Unadjusted

Unadjusted

•

Unadjusted Index Score: 101.33

Unadj AAE %: 3.66%

Unadj Episode Count: 5,922

Hospital Name

□EMO HOSPITAL ▼

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	Top 5 Episodes	Maintain or Improve Performance?
1	Colorectal Resection (47.97)	Improve (53.49)
2	Coronary Angioplasty (11.66)	Improve (17.31)
3	Gallbladder Surgery (7.24)	Maintain (5.66)
4	Lung Resection (4.62)	Maintain (1.82)
5	Hysterectomy (4.04)	Maintain (1.84)

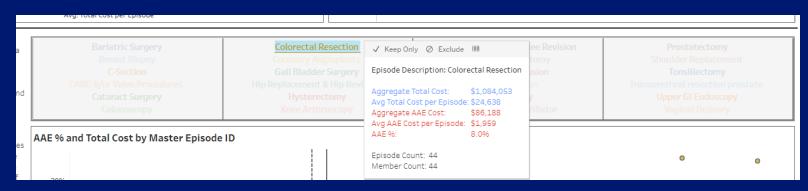
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Step 3: Episode Detail

For each episode, please answer the following questions (Required):

- 1. Number of clients associated with specified episode:
- 2. Top 2 categories of service for each episode:
- 3. Consider factors such as the procedure code or DRG, provider type, service location, and specific rendering/attending providers that drive high/low PAC in this episode to answer the following questions:
 - What is driving PAC?
 - · What is contributing to low PAC?
 - Are there any themes/trends in services used more/less within an episode type that are associated with high/low PAC?
 - Provide demographic stratifications associated with this episode including: age, race, gender, and county.
- Answer all questions for each of the 5 episode types identified in the previous two steps
- Colorectal Resection will be used for demonstration

- Q: "1. Number of clients associated with specified episode:"
- A: 44 clients (sample answer using Demo Data)



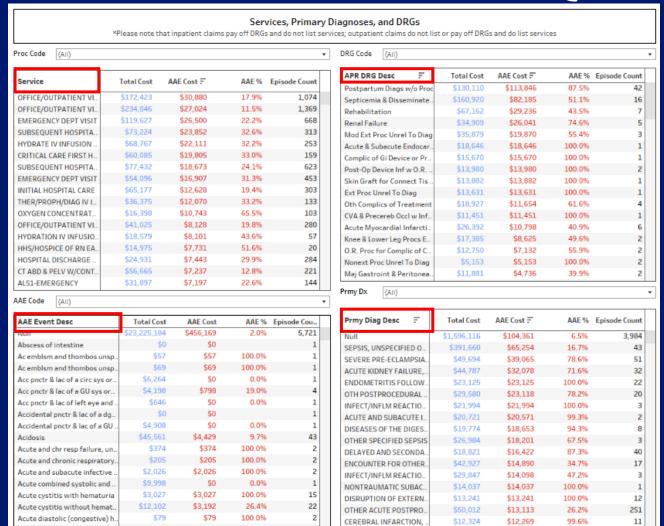
- To Find: Go to "3. Hospital Detail Dashboard," hover over the episode type in the grey box.
- Click on the text (in this case "Colorectal Resection") to filter down the rest of the dashboard

- Q: "Top 2 categories of service for each episode:"
- A: Inpatient, Professional (sample answer using Demo Data)

cos =	Total Cost	AAE Cost	AAE %	Episode Count
Inpatient	\$838,481	\$47,974	5.7%	43
Professional	\$119,699	\$24,002	20.1%	41
Outpatient - ER	\$9,266	\$3,397	36.7%	16
Home Health	\$6,178	\$2,222	36.0%	7
Outpatient - Non	\$11,116	\$2,173	19.5%	26
DME	\$10,734	\$1,816	16.9%	17

- To Find: Stay on "3. Hospital Detail Dashboard." You should have already filtered down to the episode in question.
- Use the "COS" chart near the middle-right of the page, which is sorted by AAE cost by default. <u>List the first two lines on the</u> table in order.

- Q: "Consider factors such as the procedure code or DRG, provider type, service location, and specific rendering/attending providers that drive high/low PAC in this episode to answer the following questions:"
- **To Find:** For this 4-part question, the first 3 answers are found using these 4 tables at the bottom of the Hospital Detail Dashboard: <u>Service</u>, <u>AAE Event Desc</u>, <u>APR DRG Desc</u>, and <u>Prmy Diag Desc</u> (see next slide)
- The demographic stratifications can be found in the Members Dashboard.





- Q: "What is driving PAC?"
- Sample Answer:

Many things are driving PAC (or AAE). Our Highest AAE cost by service is in "Subsequent Hospital Care (99233)," followed by "Critical Care First Hour" and "Subsequent Hospital Care (99232)." We also have high AAE with a "Null" AAE description, which indicates we have high costs from readmissions/reoperations.

Explanation for this answer on next slide - HOWEVER, you can provide additional context here from your own data, experience, policies/procedures, etc.

Q: "What is driving PAC?"

Service 2+	Total Cost	AAE Cost	AAE %	Episode Count
SUBSEQUENT HOSPITA	\$6,907	\$4,662	67.5%	14
CRITICAL CARE FIRST H	\$4,897	\$3,788	77.4%	10
SUBSEQUENT HOSPITA	\$6,658	\$3,746	56.3%	19
HHS/HOSPICE OF RN EA	\$5,485	\$2,222	40.5%	5
INITIAL HOSPITAL CARE	\$3,807	\$1,829	48.1%	14
CT ABD & PELV W/CONT	\$10,856	\$1,757	16.2%	32
EMERGENCY DEPT VISIT	\$4,847	\$1,277	26.3%	21
OFFICE/OUTPATIENT VI	\$2,535	\$962	37.9%	21
OFFICE/OUTPATIENT VI	\$4,549	\$819	18.0%	22
ALS1-EMERGENCY	\$1,601	\$803	50.2%	8
HOSPITAL DISCHARGE	\$740	\$657	88.7%	8
INITIAL HOSPITAL CARE	\$1,687	\$656	38.9%	12
BLOOD CULTURE FOR B	\$595	\$595	100.0%	4
EMERGENCY DEPT VISIT	\$1,469	\$533	36.3%	10
ANESTH SURG UPPER A	\$16,493	\$505	3.1%	25
COMPREHEN METABOL	\$1,541	\$443	28.8%	23
EMERGENCY DEPT VISIT	\$468	\$416	89.0%	4

AAE Event D(⊕: 2+ *	Total Cost	AAE Cost	AAE %	Episode Cou
Null	\$720,706	\$47,974	6.7%	42
Accidental pnctr & lac of a dg	\$0	\$0		1
Acidosis	\$698	\$698	100.0%	5
Acute and chronic respiratory	\$81	\$81	100.0%	1
Acute cystitis with hematuria	\$226	\$226	100.0%	1
Acute cystitis without hemat	\$611	\$611	100.0%	2
Acute embolism and thrombo	\$953	\$953	100.0%	1
Acute kidney failure, unspecif	\$1,483	\$1,483	100.0%	6
Acute respiratory failure wit	\$1,503	\$1,503	100.0%	5
Adverse effect of antineoplas	\$0	\$0		2
Adverse effect of unsp antiep	\$0	\$0		1
Adverse effect of unsp drug/	\$220	\$220	100.0%	1
Atelectasis	\$140	\$140	100.0%	4
Bacteremia	\$560	\$560	100.0%	1
Chronic respiratory failure wi	\$0	\$0		1
Colostomy complication, uns	\$1,975	\$1,975	100.0%	1
Colostomy malfunction	\$79	\$79	100.0%	1

Notes:

- These tables were used due to the clear trend in readmissions/reoperations.
 You should also consider <u>APR DRG Desc</u> and <u>Prmy Diag Desc</u> in your answer.
- The + button can be used on these tables to show Proc and AAE Codes

- Q: "What is contributing to low PAC?"
- Sample Answer:

"For Colorectal Resection, we have higher AAE than our peers. Our index score is 53.49 compared to our peer group, which is at 47.97. However, here is what Demo Hospital is doing that keeps AAE low: ..."

Here, you should provide additional context from your own data, experience, policies/procedures, etc. that are contributing to success (low AAE) in this episode.

- Q: "Are there any themes/trends in services used more/less within an episode type that are associated with high/low PAC?"
- Sample Answer:

"For Colorectal Resection, most of our services are relatively low volume (1-25 episodes per service) and almost all have some AAE%, with most in the 25-75% AAE range. Here are some clinical trends we've noticed:..."

Here, you should provide additional context from your own data, experience, policies/procedures, etc. If you are not a clinician, you may consider consulting with one in your org.

• Q:

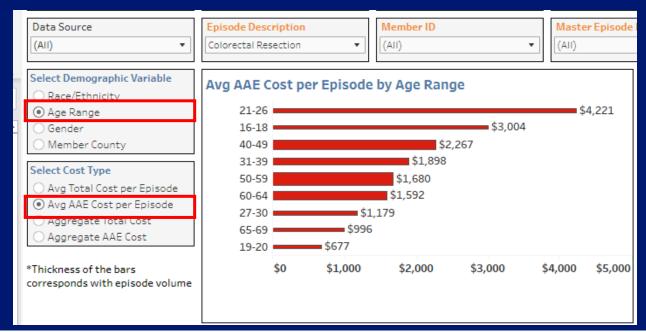
"Provide demographic stratifications associated with this episode including: age, race, gender, and county."

To Find:

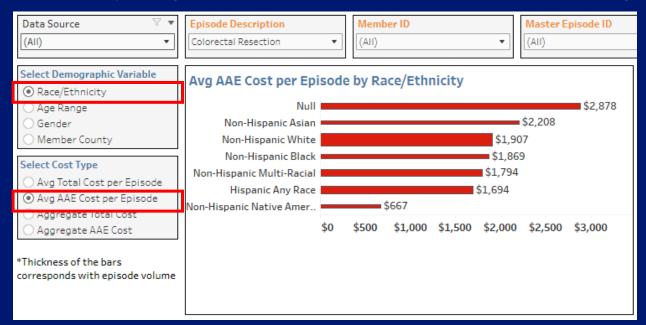
This information is on the Members Dashboard. Use the bar chart at the top of the dashboard by selecting demographic variables. For the purposes of this question, use Avg. AAE Cost per Episode. Note that the thickness of the bars corresponds with episode volume.

Note - <u>Member county data is not present in this Demo but</u> should be included in your report

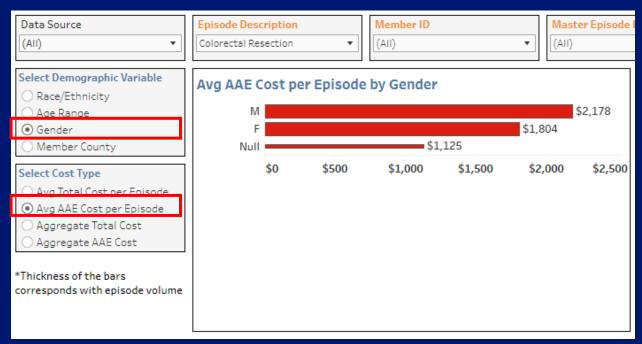
- Q: "Provide demographic stratifications associated with this episode including: age"
- Sample Answer: By age, our member group with the highest average AAE is 21-26-year-old members at \$4,221. However, the bulk of our episodes by volume are for ages 31-64, where there is significant AAE as well.



- Q: "Provide demographic stratifications associated with this episode including: race"
- Sample Answer: Our highest average AAE cost is for members who are Non-Hispanic Asian at \$2,208, followed by members who are Non-Hispanic White at \$1,907. However, we have 293 episodes for Non-Hispanic white members, with only 6 episodes for members who are Non-Hispanic Asian.



- Q: "Provide demographic stratifications associated with this episode including: Gender"
- Sample Answer: Our volume of Colorectal resection episodes is about equal between genders, but Males have a higher average AAE per episode by \$374.





Questions? Email:

HCPF_prometheus@state.co.us

Thank you!