Accountable Care Organization (ACO) Performance Information on Medicare Care Compare Performance Year 2018

Overview

The Medicare Access and CHIP Re-authorization Act (MACRA) of 2015 amends section 1848(q)(9)(A)(ii) of the Social Security Act (the Act) to make available the names of eligible clinicians in Advanced Alternative Payment Models (APMs) and, to the extent feasible, the names and performance of Advanced APMs. In the Calendar Year (CY) 2017 Quality Payment Program final rule, the Centers for Medicare & Medicaid Services finalized linking eligible clinicians and groups to their Alternative Payment Model's data, as relevant and possible.

As part of fulfilling this mandate, <u>Medicare Care Compare</u> and the <u>Provider Data Catalog</u>¹ are publicly reporting 2018 Quality Payment Program performance information for Next Generation and Medicare Shared Savings Program Accountable Care Organizations (ACOs). This document includes the plain language measure titles and descriptions for the ACO performance information publicly reported on Care Compare. Plain language measure titles and descriptions are used on Care Compare profile pages to allow Medicare patients and caregivers to more easily understand the information.

For questions about public reporting for ACOs, visit the <u>Physician Compare Initiative page</u> or contact us at <u>PhysicianCompare-Helpdesk@AcumenLLC.com</u>.

¹ Previously known as Physician Compare and the Downloadable Database



ACO Quality Measures

Care Compare is publicly reporting 12 quality measures on ACO profile pages. These measures are reported as percent performance scores.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
			A higher score is better because it means clinicians in this ACO compared patients' new and old medicines after they came home from a hospital, nursing home, or other inpatient facility.
ACO-12	Medication Reconciliation Post Discharge	Reviewing patient medicine lists after inpatient care.	Reviewing and comparing patient medicine lists is important because it can help avoid medical errors.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients who had their medicine list from discharge compared to their current medical record medicine list within 30 days after coming home from an inpatient facility.
ACO-13	Falls: Screening for Future Fall Risk	Screening older patients' risk of falling.	A higher score is better because it means clinicians in this ACO checked more older patients for their risk of falling.
			Older patients can have a higher risk of falling and seriously injuring themselves. Clinicians can check patients' vision, muscle strength, and balance to determine if they are at risk of falling. If patients know they have a high risk of falling, they can take preventive steps to avoid future falls.
			To give this ACO a score, Medicare looked at the percentage of this ACO's older patients who were checked for risk of falling.
ACO-14	Preventive Care and Screening: Influenza Immunization	Getting a flu shot during flu season.	A higher score is better because it means more of this ACO's patients got a flu shot during flu season (October 1 to March 31) when appropriate.
			Getting a flu shot during flu season can help prevent the flu and the problems the flu causes.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients seen during flu season who could get the flu shot and either got one from a clinician in this ACO or from someone else.
ACO-15	Pneumonia Vaccination Status for Older Adults	Making sure older adults have gotten a pneumonia vaccine.	A higher score is better because it means more of this ACO's older patients got a pneumonia vaccine when appropriate.
			Pneumonia is a common cause of illness and death in older adults and people with certain health conditions. A pneumonia vaccine helps prevent pneumonia and problems pneumonia causes.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients who had ever gotten a pneumonia vaccine.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-16	Preventive Care and Screening: Body Mass Index Screening and Follow-Up	Screening for an unhealthy body weight and developing a follow- up plan.	A higher score is better because it means clinicians in this ACO checked more patients' weight and created a follow-up plan if their weight was not in the normal range for their body type and height.
			When patients have a higher or lower than normal weight for their body type and height, they are at risk for certain health conditions such as heart disease, diabetes, or malnourishment.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients who had their weight checked at least once in the last twelve months. And, if the patient's weight was higher or lower than normal for his or her body type and height, had a follow-up plan documented.
ACO-18	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Screening for depression and developing a follow- up plan.	A higher score is better because it means clinicians in this ACO screened more patients for depression and created a follow-up plan for patients with depression.
			Managing depression can lead to better coping and outcomes for patients.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients who were checked for depression and, if they have depression, received a follow- up plan.
ACO-19	Colorectal Cancer Screening	Screening for colorectal (colon or rectum) cancer.	A higher score is better because it means clinicians in this ACO screened more older patients for colorectal cancer.
			All patients ages 50 to 75 should be checked for colorectal cancer.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients who were appropriately screened for colorectal cancer.
ACO-20	Breast Cancer Screening	Screening for breast cancer.	A higher score is better because it means more of this ACO's female patients had a mammogram to check for breast cancer.
			Mammograms can help find breast cancer early, when treatment works best. All women ages 50 and older should get a mammogram at least every two years.
			To give this ACO a score, Medicare looked at the percentage of this ACO's female patients who got a mammogram within a 27 month period.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Giving blood thinners to patients with ischemic vascular disease or heart problems.	A higher score is better because it means clinicians in this ACO gave aspirin or other blood thinning medicine when appropriate to patients with ischemic vascular disease or heart problems.
			Blood thinners include both anticoagulants and antiplatelet drugs such as aspirin. These medicines are often used to prevent stroke, heart attack, and other heart problems.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients with ischemic vascular disease or who had a heart attack, CABG surgery, or percutaneous coronary intervention in the last year who got blood thinning medicine to reduce their risk of heart attack or stroke.
ACO-40	Depression Remission at Twelve Months	Improving depression and dysthymia.	A higher score is better because it means more of this ACO's patients with depression or dysthymia achieved remission (a return to normal function without depression).
			Dysthymia is a condition characterized by mild depression lasting more than two years. Patients who are diagnosed with depression or dysthymia are more likely to be physically unhealthy. Treating depression so that it no longer affects daily living is important for achieving better health.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients diagnosed with depression or dysthymia who achieved remission at 12 months.
ACO-41	Diabetes: Eye Exam	Giving patients with diabetes an eye exam.	A higher score is better because it means clinicians in this ACO gave an eye exam to more patients with diabetes.
			Diabetes can cause many problems, including eye damage, vision loss, and blindness. Retinal or dilated eye exams are recommended yearly for patients with both type 1 and type 2 diabetes.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients with diabetes who received a retinal or dilated eye exam.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Giving statin therapy to patients at risk for cardiovascular problems.	A higher score is better because it means clinicians in this ACO prescribed statin therapy to more patients at risk for cardiovascular problems when appropriate.
			Statin therapy can lower cholesterol and decrease the risk of cardiovascular events such as heart attack or heart failure in at-risk patients.
			To give this ACO a score, Medicare looked at the percentage of this ACO's patients with clinical atherosclerotic cardiovascular disease (ASCVD), high cholesterol, or diabetes who were prescribed statin therapy.

CAHPS for ACOs Measures

Care Compare publicly reports five CAHPS for ACOs measures on ACO profile pages. These measures are reported as performance scores on a 0-100 scale.

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-1	CAHPS: Getting Timely Care, Appointments, and Information	Getting timely care, appointments, and information.	A higher score is better because it means that more patients got care, appointments, and information when they needed it.
			Getting care, appointments, and information when you need it is an important part of having access to health care that you deserve.
			 To give this ACO a score, Medicare looked at patient ratings for getting timely care including: Getting an urgent care appointment as soon as needed. Getting answers to medical questions on the same day when calling during regular office hours.
ACO-2	CAHPS: How Well Your Providers Communicate	How well clinicians communicate.	A higher score is better because it means that more patients found it easier to communicate with their clinicians.
			An important part of high quality health care is having a clinician listen to you and talk to you about your health in a way that is easy for you to understand.
			 To give this ACO a score, Medicare looked at patient ratings for how well clinicians communicated including: Explaining things in a way that was easy to understand. Listening carefully. Showing respect for what patients had to say. Spending enough time with patients.
ACO-3	CAHPS: Patient's Rating of Provider	Patients' rating of clinicians.	A higher score is better because it means that more patients gave a high rating to their clinician. To give this ACO a score, Medicare looked at the average rating patients gave their clinicians on a

Measure #	Technical Measure Title	Plain Language Measure Title	Plain Language Description
ACO-5	CAHPS: Health Promotion and Education	Health promotion and education.	A higher score is better because it means that more patients got information about how to stay healthy.
			A part of high quality care is having your care team give you information about things you can do every day to stay healthy. This includes talking with you about a healthy diet and healthy eating habits, and the exercise or physical activity you get. To give this ACO a score, Medicare looked at the
			percentage of patients that said their care team talked with them about what they can do to stay healthy.
ACO-34	CAHPS: Stewardship of Patient Resources	Attention to patient medicine cost.	A higher score is better because it means that clinicians were aware of reasons why patients may not be able to purchase their medicine.
			When your clinicians discuss medicine costs with you, they can be sure that you will be able to afford to follow your care plan.
			To give this ACO a score, Medicare looked at the percentage of patients that said the care team talked with them about the cost of their prescription medicine.