Quality Transparency
Regional Healthcare Quality Report – May 2019

We are pleased to provide the regional summary report of clinical quality performance for data period January 1, 2018 – December 31, 2018. The purpose of this report is to promote healthcare quality transparency and improvement in the Greater Columbus region.

REGIONAL PERFORMANCE SNAPSHOT

Aggregated data represent 159 practices serving a total of 821,012 patients. Based on information shared by the organizations, we estimate the payer mix for all patients to be: Commercial = 55%, Medicare = 26%, Medicaid = 14%, Self-Pay/Other = 5%

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Aggregate performance</th>
<th>2018 Target</th>
<th>Total practices reporting</th>
<th>Percent of practices ≥ target</th>
<th>Total patients in denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling High Blood Pressure</td>
<td>69%</td>
<td>75%</td>
<td>152</td>
<td>29%</td>
<td>218,904</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>59%</td>
<td>71%</td>
<td>152</td>
<td>20%</td>
<td>294,852</td>
</tr>
<tr>
<td>Diabetes Care: Hemoglobin A1c Control†</td>
<td>77%</td>
<td>91%</td>
<td>152</td>
<td>5%</td>
<td>94,546</td>
</tr>
<tr>
<td>Diabetes Care: Medical Attention for Nephropathy</td>
<td>80%</td>
<td>90%</td>
<td>111</td>
<td>26%</td>
<td>70,052</td>
</tr>
<tr>
<td>Tobacco Use: Screening &amp; Cessation Intervention</td>
<td>87%</td>
<td>95%</td>
<td>148</td>
<td>23%</td>
<td>483,348</td>
</tr>
<tr>
<td>Depression: Utilization of PHQ-9</td>
<td>29%</td>
<td>30%</td>
<td>22</td>
<td>39%</td>
<td>13,966</td>
</tr>
<tr>
<td>Depression: Remission at Twelve Months</td>
<td>19%</td>
<td>2.2%</td>
<td>37</td>
<td>84%</td>
<td>2,701</td>
</tr>
<tr>
<td>Depression: Response at Twelve Months</td>
<td>13%</td>
<td>-</td>
<td>6</td>
<td>N/A</td>
<td>874</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan</td>
<td>81%</td>
<td></td>
<td>54</td>
<td>N/A</td>
<td>156,453</td>
</tr>
</tbody>
</table>

Green – aggregate of reporting practices is above 2018 target; Red – aggregate of reporting practices is below 2018 target
† Aggregate performance is calculated as the total numerator divided by total denominator of all practices reporting; ‡Reported as inverse of definition (in control); Regional targets were collaboratively agreed upon in 2018 by project partners based on past regional performance and alignment with Comprehensive Primary Care Plus (CPC+) and other quality targets and benchmarks identified over the course of the project.

ABOUT THE PARTICIPANTS

The following 16 healthcare organizations contributed data for this performance period:

Ajay Chawla, MD                                      Holzer Health System
Berger Health Partners                                Lower Lights Christian Health Center
Central Ohio Primary Care                             Mount Carmel Medical Group
CompDrug                                              OhioHealth Physician Group
Concord Counseling Services                           The Ohio State University Wexner Medical Center
Heart of Ohio Family Health Centers                  PrimaryOne Health
Hilliard Family Medicine                              Southeast, Inc.
Holmes Family Medicine                                Syntero

Heart of Ohio Family Health Centers, Lower Lights Christian Health Center, PrimaryOne Health, and Southeast, Inc. are Federally Qualified Health Centers (FQHCs). They provide healthcare services to citizens and non-citizens who are medically underserved, underinsured, or uninsured. Southeast, Inc. serves homeless, most with mental health or substance use disorders.
**REGионаl Performance Detail**

**Controlling High Blood Pressure**

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. (NQF#0018)

**Regional performance for the current period = 69%**

Observations about regional performance:
- There was no change from last period’s performance.
- We did not meet the regional target of 75%.
- Performance across all practices ranged from 37% to 91%.

The top performing practice was Berger Health Partners Walnut Street at 91%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

- Amy R Kelley MD
- Berger Health Partners Northridge Rd.
- Berger Health Partners Walnut Street
- Berger Health Partners West Main Street
- COPC Westerville
- Dublin Internal Medicine
- Family Medicine North
- Family Practice Center of Westerville
- Granville Pike Family Physicians
- Jasonway Internal Medicine
- Northside Internal Medicine
- Suburban Internal Medicine
- Upper Arlington Preventative Primary Care
- Worthington Internal Medicine
Colorectal Cancer Screening

The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer. (NQF#0034)

Regional performance for the current period = 59%

Observations about regional performance:
- There was no change from last period’s performance.
- We did not meet the regional target of 71%.
- Performance across all practices ranged from 24% to 94%.

The top performing practice was Amico and Associates at 94%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

- Amico And Associates
- Arlington Mill Run
- Central Ohio Medicine
- COPC Westerville
- Family Practice Center of Westerville
- Granville Pike Family Physicians
- Jasonway Internal Medicine
- MCMG Worthington
- Northside Internal Medicine
- Northwest Family Physicians
- Ohio State Family Medicine at Thomas Rardin
- OhioHealth Pickerington Medical Campus Refugee Rd.
- Stoneridge Medical Services: Primary Care-General Internal Medicine
- Worthington Internal Medicine
Diabetes Care: Hemoglobin A1c Control

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year. (NQF#0059) (reported as in control)

Regional performance for the current period = 77%

Observations about regional performance:
• Performance decreased by 1 percentage point from last period.
• We did not meet the new target of 91%.
• Performance across all practices ranged from 41% to 93%.

The top practices, performing at 93%, were Internal Medicine and Pediatrics at Hilliard: General Internal Medicine and Pediatrics, Ohio State Primary Care at New Albany, and Stoneridge Medical Services: Primary Care-General Internal Medicine.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

Berger Health Partners West Main Street
COPC Westerville
Internal Medicine and Pediatrics at Grandview
Internal Medicine and Pediatrics at Hilliard: General Internal Medicine and Pediatrics
Jasonway Internal Medicine
Martha Morehouse Medical Plaza: Primary Care – General Internal Medicine
Ohio State Family Medicine at Thomas Rardin
Ohio State Family Medicine at Worthington
Ohio State Outpatient Care Gahanna: Family Medicine
Ohio State Outpatient Care Lewis Center: General Internal Medicine and Pediatrics
Ohio State Primary Care at New Albany
Philip Heit Center for Healthy New Albany: Primary Care
Stoneridge Medical Services: Primary Care-General Internal Medicine
Worthington Internal Medicine
Diabetes Care: Medical Attention for Nephropathy

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year. (NQF#0062)

Regional performance for the current period = 80%

Observations about regional performance:
- Performance increased by 1 percentage point from last period.
- We did not meet the regional target of 90%.
- Performance across all practices ranged from 23% to 98%.

The top performing practice was Berger Health Partners West Main Street at 98%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

Berger Health Partners North Court Street
Berger Health Partners West Main Street
Holmes Family Medicine
MCMG Big Run
MCMG Hilliard Britton Parkway
MCMG North
MCMG Taylor Station
MCMG TriVillage
MCMG Victorian Village
MCMG Wedgewood
Tobacco Use: Screening & Cessation Intervention

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. (NQF#0028)

Regional performance for the current period = 87%

Observations about regional performance:
- There was no change from last period’s performance.
- We did not meet the regional target of 95%.
- Performance across all practices ranged from 52% to 99%.

The top practices performing at 99% were Arlington Mill Run, Granville Pike Family Physicians, McConnell Family Practice, Ohio State Outpatient Care Upper Arlington: Family Medicine and Primary Care, Stonegate Family Health, and Stoneridge Medical Services: Primary Care-General Internal Medicine.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

- Arlington Mill Run
- Berger Health Partners West Main Street
- COPC Internal Medicine Group
- COPC Physicians of Chillicothe
- Granville Pike Family Physicians
- McConnell Family Practice
- Ohio State Family Medicine at Thomas Rardin
- Ohio State Family Medicine at Worthington
- Ohio State Outpatient Care Gahanna: Family Medicine
- Ohio State Outpatient Care Upper Arlington: Family Medicine and Primary Care
- Stonegate Family Health
- Stoneridge Medical Services: Primary Care-General Internal Medicine
- Upper Arlington Preventative Primary Care
Depression: Utilization of the PHQ-9 Tool

Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four-month measurement period. (NQF#0712)

Regional performance for the current period = 29%

Observations about regional performance:
- Performance decreased by 14 percentage points from last period.
- We performed just one percentage point below the regional target of 30%.
- Performance across all practices ranged from 9% to 75%.

The top performing practice was Southeast, Inc. Community Health Center at 75%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

Southeast, Inc. Community Health Center
Depression: Remission at Twelve Months

Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. (NQF#0710)

Regional performance for the current period = 19%

Observations about regional performance:
- Performance increased by 3 percentage point from last period.
- We exceeded the regional target of 2.2%
- Performance across all practices ranged from 0% to 54%.

The top performing practice was MCMG Hilliard Britton Parkway at 54%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

MCMG Hilliard Britton Parkway
MCMG Polaris
MCMG Worthington
Depression: Response at Twelve months

Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five (NQF #0710)

Regional performance for the current period = 13%

Observations about regional performance:
- Performance increased by 5 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 4% to 35%.

The top performing practice was Holmes Family Medicine at 35%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:
Holmes Family Medicine

Screening for Clinical Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen (NQF #0418)

Regional performance for the current period = 81%

Observations about regional performance:
- Performance increased by 28 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 12% to 98%.

The top performing practice was MCMG Big Run at 98%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:
MCMG Big Run
MCMG Grove City Stringtown
MCMG Worthington
Mount Carmel Health Stations (3 practice sites)
COLLABORATIVE TERMS OF USE

The project partners participate under the following collaborative terms of use:

<table>
<thead>
<tr>
<th>Participating Organizations</th>
<th>Collaborative Terms of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Use reports to improve quality of care provided by your organization</td>
</tr>
<tr>
<td></td>
<td>• Share lessons learned to help improve healthcare transparency in Greater Columbus</td>
</tr>
<tr>
<td></td>
<td>• Will not use content to promote or publicize physician practices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Collaborative of Greater Columbus</th>
<th>Collaborative Terms of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Maintain safe-space to enable the sharing of learning with participants</td>
</tr>
<tr>
<td></td>
<td>• Apply learning to catalyze best practices to improve transparency in Greater Columbus</td>
</tr>
<tr>
<td></td>
<td>• Will not use content to promote or publicize physician practices</td>
</tr>
</tbody>
</table>

ABOUT THE MEASURES AND DATA

Through collaborative agreement, project partners have selected measures that are meaningful in helping them improve quality for their patients and the region and align with quality improvement initiatives they are currently focused on. Organizations provide practice site-level data from their electronic health records and performance is then calculated for their practice site and the region. Data represent all patients and all payers for each practice site, which is based on the unique practice address.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Reporting Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Controlling High Blood Pressure (ages 18-85)</td>
<td>X</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (ages 50-75 years)</td>
<td>X</td>
</tr>
<tr>
<td>Diabetes Care: Hemoglobin A1c Control (reported as in control) (Ages 18-75)</td>
<td>X</td>
</tr>
<tr>
<td>Diabetes Care: Medical Attention for Nephropathy (Ages 18-75)</td>
<td>X</td>
</tr>
<tr>
<td>Tobacco Use: Screening &amp; Cessation Intervention (Ages 18+)</td>
<td>X</td>
</tr>
<tr>
<td>Depression: Utilization of PHQ-9 Tool (Ages 18+)</td>
<td>X</td>
</tr>
<tr>
<td>Depression: Remission at Twelve Months (Ages 18+)</td>
<td>X</td>
</tr>
<tr>
<td>Depression: Response at Twelve Months (Ages 18+)</td>
<td>X</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan (Ages 12+)</td>
<td>X</td>
</tr>
<tr>
<td><strong>Total Number of Practice Sites Reporting At Least One Measure</strong></td>
<td><strong>107</strong></td>
</tr>
</tbody>
</table>

Notes:
Heart of Ohio Family Health Centers: 3 practice sites reported at the organization level; Lower Lights Christian Health Center: 7 practice sites reported at the organization level; Southeast, Inc.: 3 practice sites reported at the organization level; Syntero: 4 practice sites reported at the organization level