

Pursuing the best health for all people in the Columbus region

Central Ohio providers continue to share with and learn from one another about how they perform on specific clinical quality measures with an eye towards improving health and healthcare delivery across the region. HCGC is pleased to release our second Quality Transparency report of 2020 with data on nine clinical quality measures from 13 healthcare organizations representing over 223 primary care, federally qualified health centers, and behavioral health practice sites that are caring for more than 881,234 patients across Central Ohio. Our Quality Improvement Learning Group (QILG) hosts quarterly work sessions for provider and quality improvement system leaders to evaluate regional performance, set goals, and align improvement activities at a system and practice level.

Since 2014, the report has been released twice a year, providing benchmarking, trends and important insights to help as practices strive for continuous improvement. HCGC has increased the number of participating practices from just over 80 reporting in 2014, to 223 in the most current iteration of the report. The number of quality measures has also increased as a result of the collaborative work of the QILG.

For the first time, and amidst a global pandemic, contributors reported data on telehealth services provided by their practices. While several of our measures saw a decrease in performance this report demonstrates that central Ohio providers rose to the challenge--using innovation to provide access to care at the height of the COVID-19 pandemic. On average, practices performed over 1,000 telehealth appointments with patients during this reporting period. The rapid and widespread implementation of telehealth shown in the report demonstrates that providers in the region prioritize the safety and healthcare of their patients. Providing telehealth services to Central Ohio patients allows for a continuum of care, while ensuring they are safe from preventable exposure to the coronavirus.

HCGC has decided not to include social determinant of health (SDOH) data as it has done in the past two QT reports. Over the last year, HCGC has been working with a data analytics firm to combine our SDOH and clinical quality data in a more comprehensive way that highlights regional trends and improvement activities going forward. We look forward to sharing our progress with partners in 2021.

HCGC and the QILG are grateful to our contributing practices for their continued commitment to transparency and innovation to meet the needs of their patients. If you are interested in joining the QILG, or contributing data to the report please contact HCGC President & CEO, Carrie Baker at carrie@hcgc.org.



Quality Transparency

Regional Healthcare Quality Report – November 2020

We are pleased to provide the regional summary report of clinical quality performance for data period **July 1, 2019 – June 30, 2020**. The purpose of this report is to promote healthcare quality transparency and improvement in the Greater Columbus region.

REGIONAL PERFORMANCE SNAPSHOT

Aggregated data represent **223 practices** serving a total of **881,234 patients**. Based on information shared by the organizations, we estimate the payer mix for all patients to be: Commercial = 61%, Medicare = 21%, Medicaid = 12%, Self-Pay/Other = 6%.

| Quality Measure | Aggregate performance ¹ | Total practices reporting | Total patients in denominator | 2018 target ⁴ | # of Practices at Target |
|--|------------------------------------|---------------------------|-------------------------------|--------------------------|--------------------------|
| Controlling High Blood Pressure | 71.5% ↓ | 217 | 174,313 | 75% | 38 |
| Colorectal Cancer Screening | 62.0% ↓ | 217 | 313,759 | 71% | 26 |
| Diabetes Care: Hemoglobin A1c Control ² | 74.7% ↓ | 216 | 68,562 | 91% | 7 |
| Diabetes Care: Medical Attention for Nephropathy | 73.2% ↓ | 104 | 63,398 | 90% | 15 |
| Tobacco Use: Screening & Cessation Intervention | 85.7% ↓ | 214 | 520,753 | 95% | 41 |
| Depression: Utilization of PHQ-9 | 48.5% ↑ | 23 | 27,759 | 30% | 8 |
| Depression: Remission at Twelve Months | 27.4% ↓ | 51 | 5,722 | 2.20% | 39 |
| Depression: Response at Twelve Months | .9% ↓ | 8 | 10,529 | - | - |
| Screening for Clinical Depression and Follow-Up Plan | 86.9% ↑ | 49 | 156,824 | - | - |

Green – aggregate of reporting practices is above 2018 target; *Red* – aggregate of reporting practices is below 2018 target - ¹Aggregate performance is calculated as the total numerator divided by total denominator of all practices reporting; ²Reported as inverse of definition (in control); ⁴ 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.
 ↓↑ indicates performance relative to previous reporting period.

ABOUT THE PARTICIPANTS

The following **13 healthcare organizations** contributed data for this performance period:

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

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.

REGIONAL PERFORMANCE DETAIL

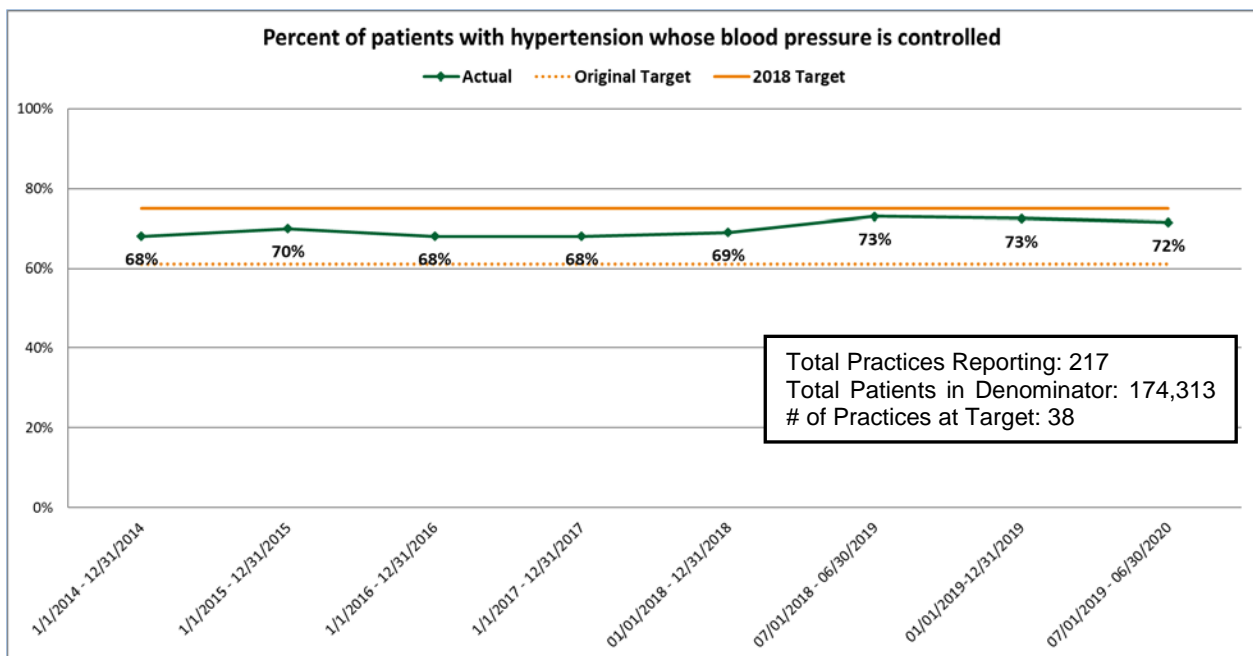
Controlling High Blood Pressure

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 = 71.5%

Observations about regional performance:

- Performance decreased by 1 percentage point from last period.
- We did not meet the regional target of 75%.
- Performance across all practices ranged from 38.5% to 88.5%.



The top performing practice was **MCMG Taylor Station** at 88.5%.

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

Amy R Kelley Md
 Arlington Mill Run
 COPC Internal Medicine Group
 COPC Westerville
 Family Medicine North
 Granville Pike Family Physicians
 Jasonway Internal Medicine
 Lahue Gramann Boezi and Coss
 MCMG Grove City Broadway
 MCMG Taylor Station

MCMG Wedgewood
 MCMG Worthington
 Michael R Ports Md
 Northside Internal Medicine
 Scioto View Family Practice
 Suburban Internal Medicine
 Upper Arlington Preventative Primary Care
 Worthington Internal Medicine

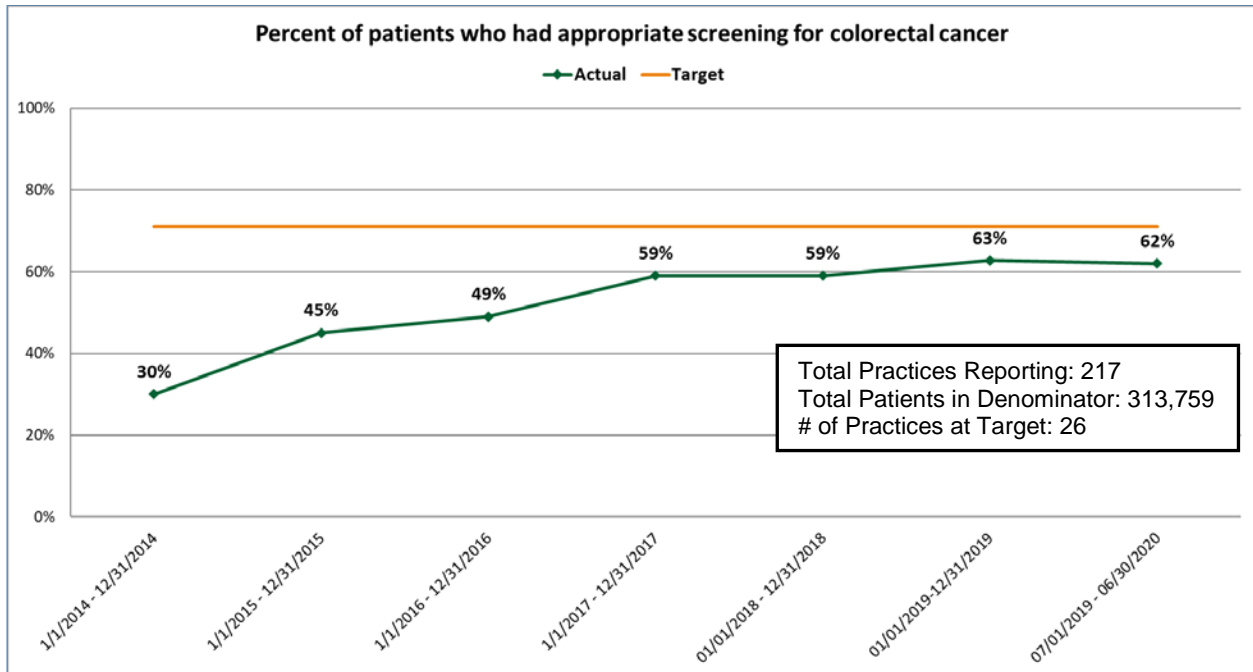
Colorectal Cancer Screening

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

Regional performance for the current period = 62.0%

Observations about regional performance:

- Performance decreased by .7 percentage points from last period.
- We did not meet the regional target of 71%.
- Performance across all practices ranged from 23.7% to 85.7%.



The top performing practice was **COPC Amico and Associates** at 85.7%.

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

Amico And Associates
 Arlington Mill Run
 COPC Westerville
 Granville Pike Family Physicians
 Internal Medicine and Pediatrics at
 Hilliard: General Internal
 Medicine and Pediatrics
 Martha Morehouse Medical Plaza:
 Primary Care – General Internal Medicine
 MCMG Taylor Station
 MCMG Trivillage

MCMG Wedgewood
 Northside Internal Medicine
 Northwest Family Physicians
 Ohio State Outpatient Care Upper
 Arlington: Family Medicine
 Outpatient Care East – General Internal Medicine
 Primary Care Dublin
 Stonegate Family Health
 Stoneridge Medical Services: Primary Care-
 General Internal Medicine
 Worthington Internal Medicine

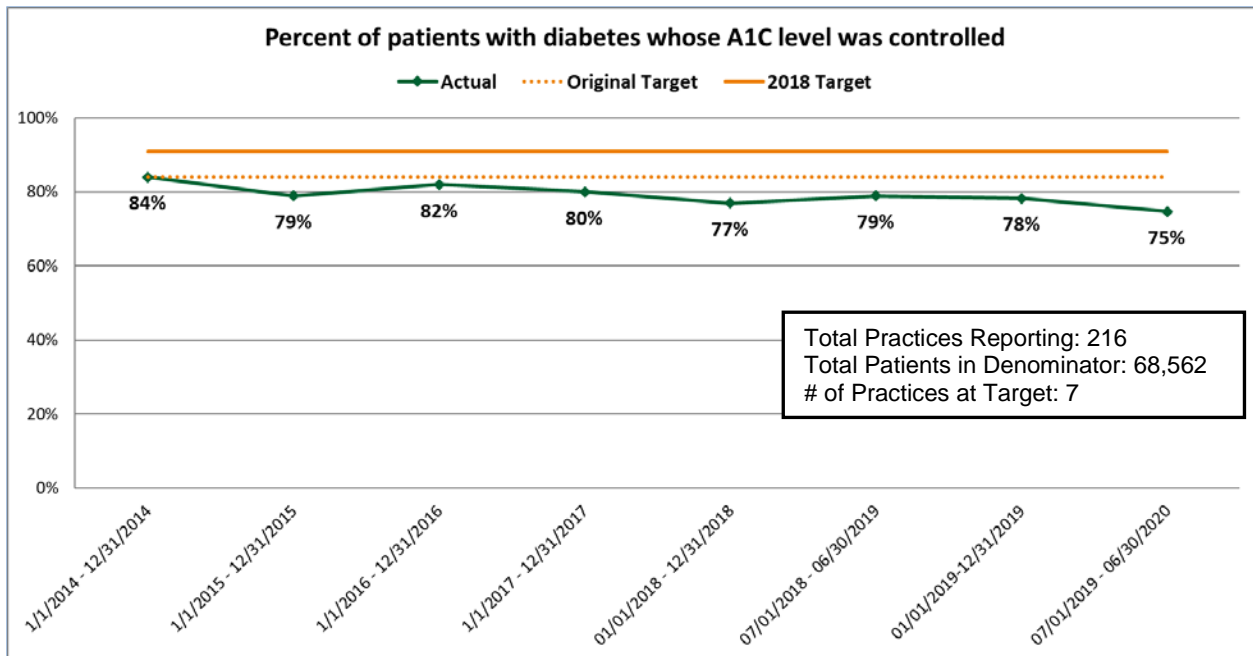
Diabetes Care: Hemoglobin A1c Control

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 = 74.7%

Observations about regional performance:

- Performance decreased by 3.6 percentage points from last period.
- We did not meet the 2018 target of 91%.
- Performance across all practices ranged from 40.9% to 95.1%.



The top practice, performing at 95.1%, was **Stoneridge Medical Services: Primary Care-General Internal Medicine.**

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

Family Medicine at Worthington
 Granville Pike Family Physicians
 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 Outpatient Care Gahanna: Family Medicine

Ohio State Outpatient Care Lewis Center: Primary Care
 Ohio State Outpatient Care Upper Arlington: Family
 Medicine
 Ohio State Outpatient Care Upper Arlington: General
 Internal Medicine
 Ohio State Primary Care at New Albany
 Outpatient Care East – Family Medicine
 Outpatient Care East – General Internal Medicine
 Philip Heit Center for Healthy New Albany: Primary Care

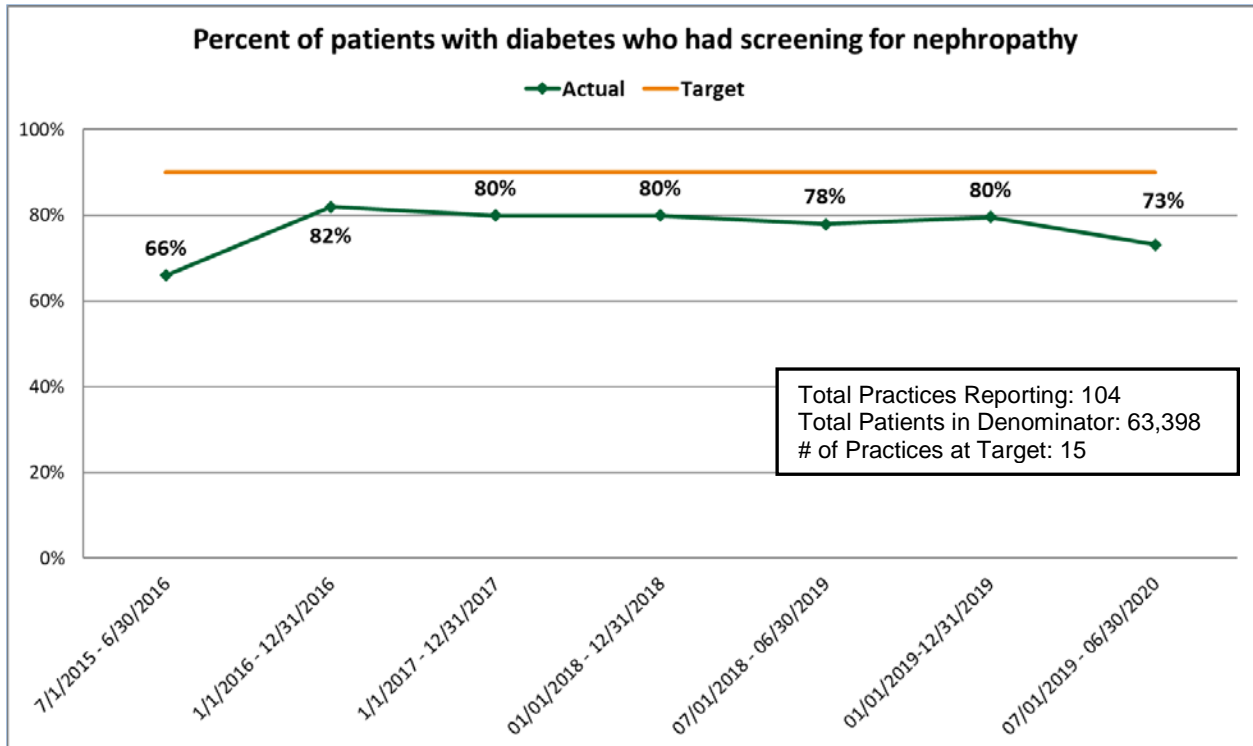
Diabetes Care: Medical Attention for Nephropathy

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 = 73.2%

Observations about regional performance:

- Performance decreased by 6.4 percentage points from last period.
- We did not meet the regional target of 90%.
- Performance across all practices ranged from 26.3% to 95.2%.



The top performing practice was **MCMG Grove City Broadway** at 95.2%.

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

- MCMG Big Run
- MCMG Grove City Broadway
- MCMG North
- MCMG Reynoldsburg
- MCMG Sedalia
- MCMG Taylor Station
- MCMG Victorian Village
- MCMG West
- Mount Carmel Health Station Refugee

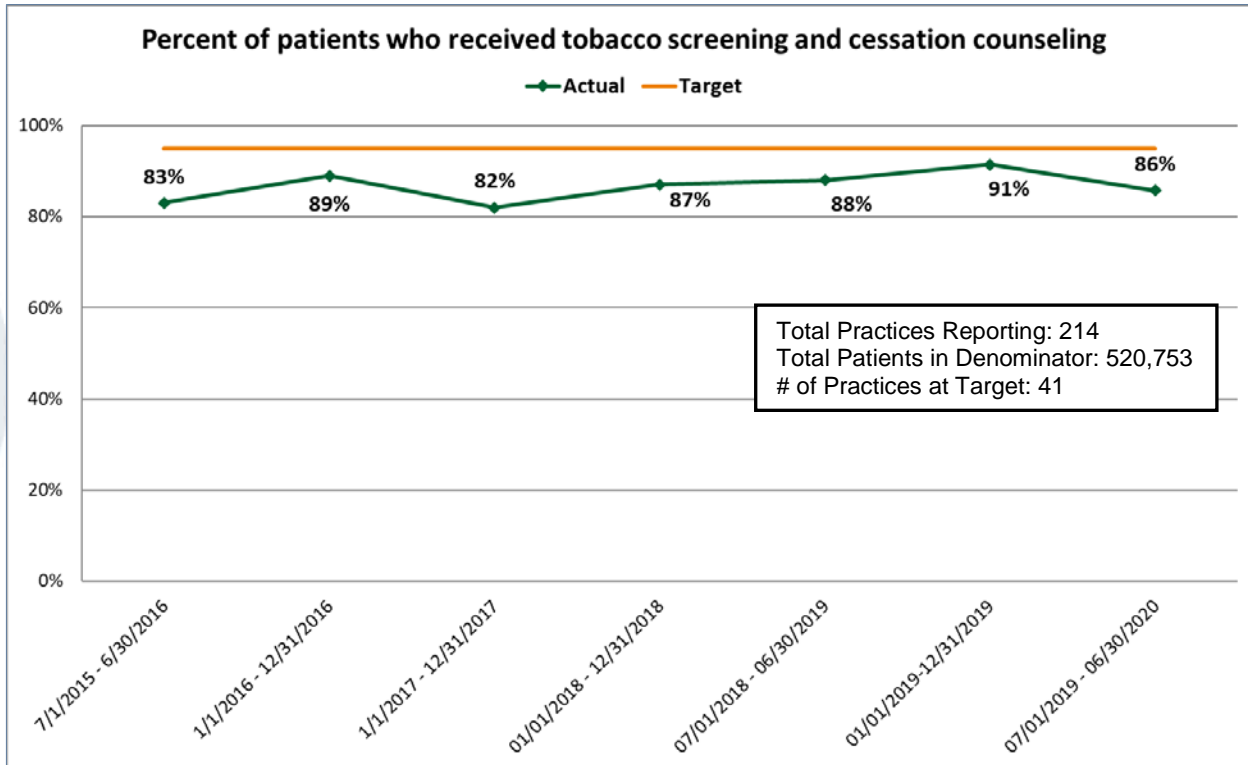
Tobacco Use: Screening & Cessation Intervention

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 = 85.7%

Observations about regional performance:

- Performance decreased by 5.1% percentage point from last period.
- We did not meet the regional target of 95%.
- Performance across all practices ranged from 8% to 99.8%.



The top performing practice at 99.8% was **Ajay Chawla MD**.

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

Arlington Mill Run
 COPC Westerville
 Family Medicine at Worthington
 Granville Pike Family Physicians
 Internal Medicine and Pediatrics at Grandview
 Jasonway Internal Medicine
 Lahue Gramann Boezi and Coss
 McConnell Family Practice
 Mount Carmel Health Station Reynoldsburg

Ohio State Family Medicine at Thomas Rardin
 Ohio State Outpatient Care Gahanna: Family Medicine
 Ohio State Outpatient Care Lewis Center: Primary Care
 Ohio State Outpatient Care Upper Arlington: Family
 Medicine
 Stonegate Family Health
 Suburban Internal Medicine
 Upper Arlington Preventative Primary Care
 Westerville Internal Medicine
 Worthington Internal Medicine

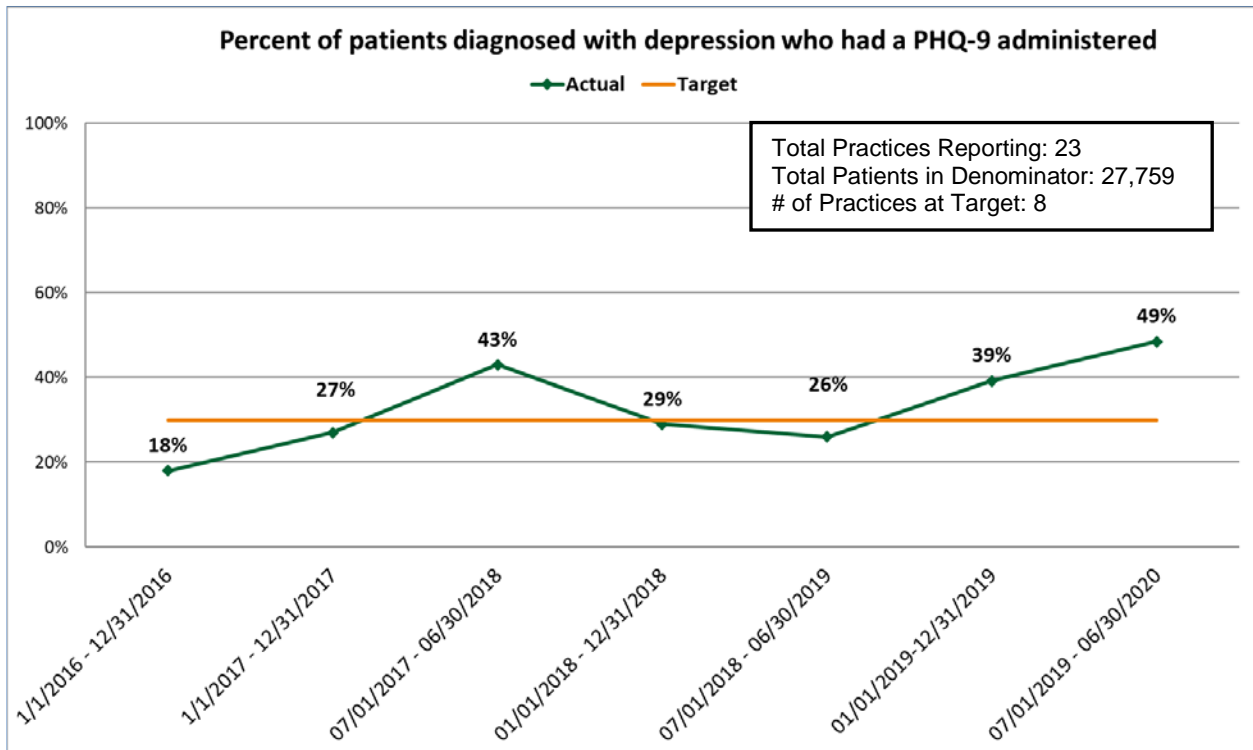
Depression: Utilization of the PHQ-9 Tool

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 = 48.5%

Observations about regional performance:

- Performance increased by 9.3 percentage points from last period.
- We performed 18.5 percentage points above the regional target of 30%.
- Performance across all practices ranged from 3% to 100%.



The top performing practice was **Heart of Ohio Family Health Centers - Chantry** at 100%.

The following practices (listed alphabetically) performed at >85% on this reporting measure:

Ajay Chawla MD
Heart of Ohio Family Health Centers - Chantry
Heart of Ohio Family Health Centers - Hamilton
Heart of Ohio Family Health Centers - Innis

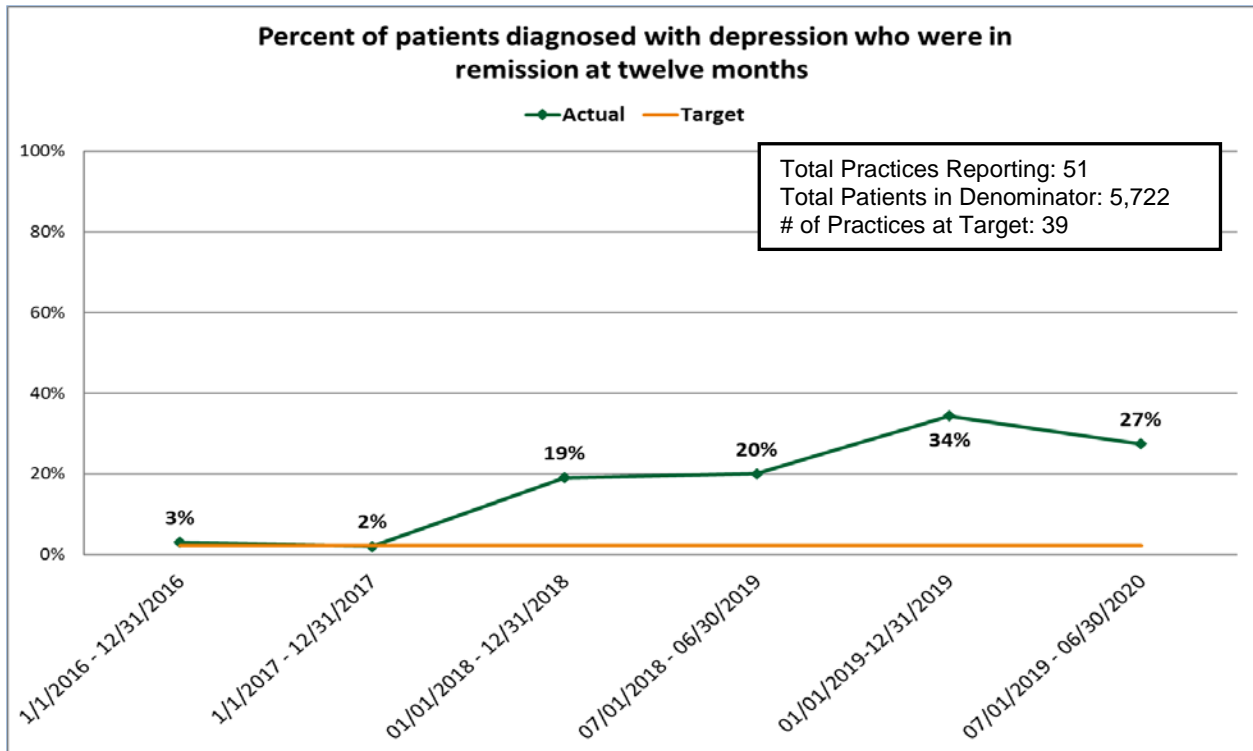
Depression: Remission at Twelve Months

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 = 27.4%

Observations about regional performance:

- Performance decreased by 6.9 percentage point from last period.
- We exceeded the regional target of 2.2%
- Performance across all practices ranged from 0% to 49.1%.



The top performing practice was **MCMG Reynoldsburg** at 49.1%.

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

MCMG Big Run
MCMG West

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 #1885)

Regional performance for the current period = 0.9%

Observations about regional performance:

- Performance decreased by 4.4 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 0% to 19.2%.
- Total Practices Reporting: 8
- Total Patients in Denominator: 10,529

The top performing practice was **PrimaryOne Health East Broad Street** at 19.2%.

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

PrimaryOne Health East Broad Street

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 = 86.9%

Observations about regional performance:

- Performance decreased by 2.4 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 5.4% to 97.9%.
- Total Practices Reporting: 49
- Total Patients in Denominator: 156,824

The top performing practice was **MCMG West** at 97.9%.

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

MCMG Big Run
MCMG Grove City Stringtown
MCMG Taylor Station
MCMG West
Mount Carmel Health Station Reynoldsburg

Number of Telehealth (Phone & Video) Visits Completed 3/1/2020 - 6/30/2020

CMS requires most telehealth services to be furnished using telecommunications technology that has audio and video capabilities that are used for two-way, real-time interactive communication. For example, to the extent that many mobile computing devices have audio and video capabilities that may be used for two-way, real-time interactive communication, they may be used to furnish Medicare telehealth services. CMS has used its waiver authority to allow, beginning on March 1, 2020, telephone evaluation and management codes and certain counseling behavioral health care and educational services, to be furnished as telehealth services using audio-only communications technology (telephones or other audio-only devices).

Total # of telehealth visits completed for the current period = 203,529

Observations about regional performance:

- Number of sites reporting at least one-hundred telehealth visits: 194
- Highest Number of Telehealth Visits at a single practice: 5,289
- Average Number of Telehealth Visits per reporting practice: 1,043
- Total Patients in Denominator: 156,824
- Range of Average # of Telehealth Visits per Patient: .01 to 2.98

The practice that completed the most total telehealth visits and had the highest average of telehealth visits per patient was **CompDrug** with 5,829 visits and 2.98 average telehealth visits per patient.

The following practices (listed alphabetically) performed, on average, 1 or more telehealth visits per patient of all practices reporting this measure:

CompDrug
Southeast Healthcare
Lower Lights UnionStar
Lower Lights Nursing Center
Concord Counseling Services
Lower Lights German Village

COLLABORATIVE TERMS OF USE

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

| Collaborative Terms of Use | |
|---|--|
| <i>Participating Organizations</i> | <ul style="list-style-type: none"> • Use reports to improve quality of care provided by your organization • Share lessons learned to help improve healthcare transparency in Greater Columbus • Will not use content to promote or publicize physician practices |
| <i>Healthcare Collaborative of Greater Columbus</i> | <ul style="list-style-type: none"> • Maintain safe-space to enable the sharing of learning with participants • Apply learning to catalyze best practices to improve transparency in Greater Columbus • Will not use content to promote or publicize physician practices |

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.

| Measures | Reporting Year | | | | | | |
|---|-----------------------|------------|------------|------------|------------|------------|------------|
| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| Controlling High Blood Pressure (ages 18-85) | X | X | X | X | X | X | X |
| Colorectal Cancer Screening (ages 50-75 years) | X | X | X | X | X | X | X |
| Diabetes Care: Hemoglobin A1c Control (reported as in control) (Ages 18-75) | X | X | X | X | X | X | X |
| Diabetes Care: Medical Attention for Nephropathy (Ages 18-75) | | X | X | X | X | X | X |
| Tobacco Use: Screening & Cessation Intervention (Ages 18+) | | X | X | X | X | X | X |
| Depression: Utilization of PHQ-9 Tool (Ages 18+) | | | X | X | X | X | X |
| Depression: Remission at Twelve Months (Ages 18+) | | | X | X | X | X | X |
| Depression: Response at Twelve Months (Ages 18+) | | | X | X | X | X | X |
| Screening for Clinical Depression and Follow-Up Plan (Ages 12+) | | | | | X | X | X |
| Total Number of Practice Sites Reporting At Least One Measure | 107 | 131 | 145 | 157 | 159 | 109 | 223 |

Notes: Southeast, Inc (3) and OhioHealth Physician Group (106) reported at the organization level.