BASICS OF BENCHMARKING

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Redwood Community Health Coalition
THE BASICS OF BENCHMARKING

Definition and Best Practices
Most Health Centers Measure Their Performance

- How do you know if your performance is “good enough?”
- How do you know what areas to focus on for improvement?
- How do you know when to take action on the workflow that leads to the outcomes of a particular measure?
Definition of a BENCHMARK

- “Something that serves as a standard by which others may be measured or judged” (www.merriam-webster.com)
What is the Right Standard?

■ Is it realistic to say that all of your measures should be at 100%?
■ Is it realistic to say that all of your measures should be at the 90th percentile?

All health center measure data ordered from lowest to highest

50th 90th

This is the measure value where 90% of the health centers are ranked below it
Health Center Measurements

- Clinical outcomes
- Operations
- Financial

- Our industry ultimately strives to keep people “healthy”
Researching Appropriate Comparison Data

■ Sometimes you ‘get what you get’ in terms of available data
■ Ideally, you want data that is directly comparable to your own
  1. Same data definitions
  2. Similar population
Factors Possibly Influencing Clinical Outcome Data

- We are community health centers. Our management as non-profits is different. Our population served is different.
- Patient demographics: lower socioeconomic class, high proportions of minorities, many with issues of access, lack of insurance, etc.
- Health status: poorer health status?
- Region: We operate in northern California
Comparison Data

- We are fortunate in our industry that we have some comparison data available to us: the clinical measures
- Features:
  1. Standard definitions
  2. All funded facilities must report annually
  3. Limited data quality check
How Do These Sources Stack Up?

- National health data from the CDC, NIH, Health People 2020, etc. (sometimes this is also given by state or county)
- HEDIS National and California data
- California Health Interview Survey (CHIS)
- Partnership Health Plan (Family Health and Internal Medicine, Medicaid patients)
- California Health Centers- UDS
- RCHC UDS Weighted Average
Know Your Measure Definitions

- Some measures have similar names, but different denominator and/or numerator definitions
- For example, blood pressure control among patients with hypertension. The numerator has a different definition for the UDS and for the QIP
- Comparison to Healthy People 2020. If you consider those goals, make sure the denominator/numerator definitions are the same.
## Comparison of Measurements Between Different Projects and Funders

### Version 23

**Redwood Community Health, November 2016**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Cervical Cancer Screening</strong></td>
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</tbody>
</table>
| (Cervical Cancer Screening – v0) | Between 23 and 64 years of age at the end of the reporting period | Had a pap test in the past three years prior to the end of the measurement period | Had either of the following:  
  - A pap test in the past three years  
  - A pap test and an HPV test on the same date of service in the past five years (age 20 to 64 years) | Had either of the following:  
  - A pap test in the past three years  
  - A pap test and an HPV test on the same date of service in the past five years (age 20 to 64 years) |
| **Breast Cancer Screening**    |                 |                            |            |            |
| (Breast Cancer Screening – v0) |                 |                            |            |            |
| **Colorectal Cancer Screening**|                 |                            |            |            |
| (Colorectal Cancer Screening – v0) | Between 50 and 75 years of age at the end of the reporting period | Had at least one of the following:  
  - FOBT or FIT in the past year  
  - Colonoscopy in the past 5 years  
  - Colonoscopy in the past 10 years | Had at least one of the following:  
  - FOBT or FIT in the past year  
  - Colonoscopy in the past 5 years  
  - Colonoscopy in the past 10 years | Had at least one of the following:  
  - FOBT or FIT in the past year  
  - Colonoscopy in the past 5 years  
  - Colonoscopy in the past 10 years |

### Notes
- (FOBT: Fecal Occult Blood Test, FIT: Fecal Immunochemical Test)
Partnership Health Plan Quality Improvement Program (QIP) Data

- Latest data is from the 2015-2016 submission
- QIP data summarized for the Southern Region
- “Southern Region” is Mendocino to Solano
- QIP main webpage: http://www.partnershipphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx
Bureau of Primary Health Care Uniform Data System (UDS)

- Latest data is from the 2015 submission
- 2016 data should be available soon (please send your final/approved submission to Colleen at RCHC)
- Health Center and Data Reporting: https://bphc.hrsa.gov/datereporting/index.html
Available on the RCHC IHIT Portal

<table>
<thead>
<tr>
<th>Clinical Measure Name</th>
<th>Partnership Health Plan</th>
<th>UDS (Bureau of Primary Healthcare)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25th</td>
<td>50th</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>71.3%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>56.6%</td>
<td>56.5%</td>
</tr>
<tr>
<td>Adult Weight Screening and Follow Up</td>
<td>59.4%</td>
<td>62.2%</td>
</tr>
<tr>
<td>Child Weight Screening and Follow Up</td>
<td>57.9%</td>
<td>55.0%</td>
</tr>
<tr>
<td>Tobacco Assessment and Intervention</td>
<td>82.6%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Depression Screening and Follow-up</td>
<td>50.6%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Diabetes: HbA1c under 9%</td>
<td>63.5%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Diabetes: Retinal eye exam</td>
<td>63.1%</td>
<td>68.0%</td>
</tr>
<tr>
<td>Diabetes: Nephropathy</td>
<td>83.1%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Hypertension: BP Control (QIF)</td>
<td>56.2%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Hypertension: BP Control (UDS)</td>
<td>84.1%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Asthma: pharmaceutical management</td>
<td>77.9%</td>
<td>75.1%</td>
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<tr>
<td>CAD: Cholesterol Lowering Meds</td>
<td>78.0%</td>
<td>73.1%</td>
</tr>
<tr>
<td>IVD: Aspirin or Other</td>
<td>73.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>First Prenatal Visit in First Trimester</td>
<td>92.4%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Births With Normal Weight (&gt;2500g)</td>
<td>77.5%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Childhood Immunization (3-year olds)</td>
<td>80.1%</td>
<td>84.1%</td>
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<tr>
<td>Childhood Immunization: DTaP</td>
<td>77.3%</td>
<td>82.7%</td>
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<tr>
<td>Well-Child Visits</td>
<td>50.0%</td>
<td>60.0%</td>
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<tr>
<td>Dental Sealants</td>
<td>50.0%</td>
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<tr>
<td>HIV Linkage to Care</td>
<td>50.0%</td>
<td>60.0%</td>
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<tr>
<td>Opioid Safety: Utox</td>
<td>50.0%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Monitoring Persistent Medications</td>
<td>90.0%</td>
<td>92.0%</td>
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Recommended Next Steps (#1)

- Run your clinical reports for the measurement period of a year. Compare to the historical data you submitted to the UDS and QIP over the past 2 to 3 years. Which measures have been going up? Which have been going down? Which have remained generally the same?
- Mark those that are concerning
Recommended Next Steps (#2)

■ For the measures that have goals (i.e., QIP), how close are you to the half-points and full-points goals?
■ Mark those that are really below goal
Recommended Next Steps (#3)

- Look at the most regional benchmark (Southern Region for QIP and RCHC for UDS). How close are your measures to these averages?
- Mark those that are really below the benchmarks
Recommended Next Steps (#4)

- Have a discussion with your performance improvement team (which will eventually be shared with clinical leadership)
- Prioritize the measures that have a history of going down, are really below the goals for pay-by-performance, or really below the benchmarks
- Perform PDSA cycles to improve performance
Recommended Next Steps (#5)

- Choose realistic goals for your measures
- Often subjective
- Use the benchmarks as guides
- Time limited (e.g., by next year we will get to...)
- Share with your teams
- Monitor with monthly dashboards
Questions?