

Utah Health Status Update:

Comparing Clinics' Quality of Care Using the Utah All Payer Claims Database

September 2018

Introduction

All Payer Claims Databases (APCDs) are datasets of healthcare claims coupled with insurance enrollment information. Across the nation, 18 states currently operate APCDs or APCD-like databases, with several more under development or consideration.¹ In Utah, the Office of Health Care Statistics (OHCS) housed in the Utah Department of Health (UDOH) operates the Utah All Payer Claims Database (APCD), collecting data from millions of medical, pharmacy, and dental claims on a monthly basis from both private and government payers.² There are approximately 40 APCD data suppliers, representing roughly 70% of the Utah population.

KEY FINDINGS

- A good portion of Utah clinics were performing well-above the 2016 national commercial insurance averages (national averages) for three measures: avoidance of antibiotic treatment in adults with acute bronchitis (33.3%), asthma medication ratio (13.3%), and medical attention for nephropathy (20.6%).
- Very few Utah clinics were performing better than the national averages for breast cancer screening (4.4%).
- While only a few Utah clinics were performing better than the national averages for HbA1c testing (7.6%), most clinics were achieving more than 90% compliance.
- For antidepressant medication management, no Utah clinics were performing better than the national averages for effective acute phase treatment, and only a few Utah clinics (4.0%) were performing better than the national averages for effective continuation phase treatment.
- Nearly half of Utah clinics (48.4%) were performing worse than the national averages for chlamydia screening in women.

Utah APCD use is focused on promoting healthcare cost, utilization, and quality transparency. In July 2016, the OHCS began using APCD data to produce and publish publicly-available quality measures comparing identified medical clinics.³ Since then, the OHCS has updated and expanded the comparison data on an annual basis.⁴

Clinics⁵ with five or more physicians were identified by name in public data and clinics with fewer than five physicians were aggregated into small health areas and reported by geography only. Identified clinics reviewed their data prior to publication.

Quality Measures

In July 2018, the OHCS published results covering calendar year 2016 for the following seven quality measures. For more information about the measure specifications, visit the National Quality Forum at <http://www.qualityforum.org>.

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB, NQF #0058)
- Breast Cancer Screening (BCS, NQF #2372)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (CDC, NQF #0057)
- Asthma Medication Ratio (AMR, NQF #1800)
- Antidepressant Medication Management (AMM, NQF #0105)
- Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC, NQF #0062)
- Chlamydia Screening in Women (CHL, NQF# 0033)

Notable Findings

Jeffreys credible intervals were used to determine whether a clinic's result exceeded 2016 national commercial insurance averages tabulated by the National Committee for Quality Assurance (NCQA).⁶ Table 1 shows the number of reported clinics with measures falling below, at, and above

Utah Clinics Compared to National Averages

Table 1. Utah clinic performance relative to national commercial averages, 2016

Measure Description	Below National Range Clinic Count	Within National Range Clinic Count	Above National Range Clinic Count	Total Number of Clinics Measured
Antidepressant Medication Management - Acute Phase Treatment (AMM)	18 (18.2%)	81 (81.8%)	0 (0.0%)	99 (100.0%)
Antidepressant Medication Management - Continuation Phase Treatment (AMM)	13 (13.1%)	82 (82.8%)	4 (4.0%)	99 (100.0%)
Asthma Medication Ratio (AMR)	5 (6.7%)	60 (80.0%)	10 (13.3%)	75 (100.0%)
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	2 (4.4%)	28 (62.2%)	15 (33.3%)	45 (100.0%)
Breast Cancer Screening (BCS)	31 (23.0%)	98 (72.6%)	6 (4.4%)	135 (100.0%)
Chlamydia Screening (CHL)	62 (48.4%)	65 (50.8%)	1 (0.8%)	128 (100.0%)
Diabetes Care Hemoglobin Testing (CDC)	21 (16.0%)	100 (76.3%)	10 (7.6%)	131 (100.0%)
Diabetes Medical Attention for Nephropathy (CDC)	14 (10.7%)	90 (68.7%)	27 (20.6%)	131 (100.0%)

Source: 2016 Clinic Quality Comparison Data, opendata.utah.gov

national averages. In most cases, Utah clinics appeared to be performing in line with national figures.

Table 2 lists high-performing Utah clinics, along with their above-average measures and rates. In a few cases, a clinic achieved nearly 100% compliance on a measure, far exceeding their local and national peers. Several notable clinics attained above-average results for more than one measure.

To access the 2016 publicly-available, fully-identified clinic quality comparison data, visit <https://opendata.utah.gov/Health/2016-2015-Clinic-Quality-Comparisons-for-Clinics-w/35s3-nmpm>.

1. Ario, Joel; McAvey, Kevin, "Transparency In Health Care: Where We Stand And What Policy Makers Can Do Now", Health Affairs Blog, July 11, 2018. <https://www.healthaffairs.org/doi/10.1377/hblog20180703.549221/full>.
2. In addition to private payers, the Utah APCD includes healthcare claims and enrollment information for Medicaid and some Medicare Advantage, Medicare Supplemental, Medicare Part D, and federal employee health plans.
3. <https://opendata.utah.gov/Health/2014-Clinic-Quality-Comparisons-for-Clinics-with-F/8bjv-5y8z>.
4. <https://opendata.utah.gov/Health/2016-2015-Clinic-Quality-Comparisons-for-Clinics-w/35s3-nmpm>.
5. For our purposes, a "clinic" is a physician or group of physicians practicing at a specific location.
6. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents>.

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UDOH ANNOUNCEMENT:

House Bill 127 states that the Division of Occupational and Professional Licensing (DOPL) shall offer education to a prescriber who has a pattern of prescribing opioids not in accordance with CDC Clinical Guidelines for Prescribing Opioids for Chronic Pain or the Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain. The prescriber may voluntarily accept or not accept the education by DOPL. The education will also be available to all interested controlled substance prescribers. For more information, please review the [Utah Controlled Substance Database Act](#) or visit <https://ucoop.utah.gov/healthcare/healthcare-resources/>.

Clinics with Measures Above National Averages

Table 2. Utah clinics with at least one above-commercial-national-averages measure of those assessed, 2016

Clinic Name	Above-commercial-national-average Measures (Clinic Rate)	Count of Above-average Measures (out of 7)
Avenues Specialty Clinic	CDC Nephropathy (100.0%)	1
Basin Medical Clinic, LLC	AAB (56.3%)	1
Bear Lake Community Health Center	AAB (90.0%)	1
Castle Country Family Medicine	BCS (85.5%); CDC HbA1c Testing (100.0%)	2
CopperView Medical Center, LLC	AAB (77.8%)	1
Cottontree Family Practice	AAB (57.7%)	1
Cottonwood Family Medicine	AMR (100.0%); CDC HbA1c Testing (97.9%)	2
Cottonwood Internal Medicine	CDC Nephropathy (98.0%)	1
Foothill Family Clinic	CDC HbA1c Testing (96.8%); CDC Nephropathy (98.8%)	2
Futura Medical Clinic	AAB (72.7%); CDC HbA1c Testing (97.4%); CDC Nephropathy (95.6%)	3
Granger Medical Clinic Inc	CDC Nephropathy (92.6%)	1
Granger Medical Riverton	CDC Nephropathy (100.0%)	1
Granger Medical West Jordan	AMR (92.0%)	1
Health Clinics of Utah	CDC Nephropathy (100.0%)	1
Herefordshire Clinic	CDC Nephropathy (100.0%)	1
Holladay Clinic	BCS (88.9%); CDC Nephropathy (100.0%)	2
IMED Physicians Billing	CDC Nephropathy (95.4%)	1
Intermountain Central Orem Clinic	CDC Nephropathy (95.5%)	1
Intermountain Manti Clinic	CDC Nephropathy (100.0%)	1
Intermountain North Canyon Family Practice	AAB (75.0%); CDC HbA1c Testing (96.7%); CDC Nephropathy (99.1%)	3
Internal Medicine Associates	CDC Nephropathy (98.8%)	1
Internal Medicine at St. Marks Hospital	BCS (80.9%); CDC Nephropathy (95.8%)	2
Jordan Meadows Medical Center	CDC Nephropathy (100.0%)	1
Lakeview Family Medicine	CDC Nephropathy (100.0%)	1
Layton Clinic	CDC Nephropathy (100.0%)	1
Logan Clinic	CDC HbA1c Testing (100.0%)	1
McKay-Dee Internal Medicine	BCS (88.9%); CDC HbA1c Testing (98.1%)	2
McKay Physicians Billing	CDC Nephropathy (100.0%)	1
Medallus Medical	AAB (35.9%)	1
Montezuma Creek Community Health Center	AMR (100.0%); AAB (87.0%)	2
Nephi Medical Clinic	AMM Continuation (69.7%)	1
North Temple Urgent Care Clinic	CDC Nephropathy (100.0%)	1
Northeastern Utah Medical Group	AMR (91.1%)	1
Premier Family Medical	AMM Continuation (67.4%)	1
Primary Children's Hospital Specialty Clinicians Group	AAB (75.0%)	1
Revere Health	AMR (83.9%); CDC Nephropathy (91.6%)	2
Rose Canyon Clinic	AAB (87.1%)	1
Salt Lake Clinic	AMM Continuation (69.6%); CDC HbA1c Testing (94.5%); CDC Nephropathy (95.7%)	3
Sandy Clinic	BCS (85.0%)	1
South Jordan Clinic	AAB (100.0%)	1
South Ogden Clinic	BCS (84.4%); CDC Nephropathy (100.0%)	2
South Sandy Clinic	AAB (94.4%); CDC Nephropathy (100.0%)	2
Southwest Internal Medicine, P. C.	CDC HbA1c Testing (97.3%)	1
Spanish Fork Clinic	CDC Nephropathy (97.6%)	1
Tanner Memorial Clinic	CDC HbA1c Testing (94.6%)	1
Taylorville Clinic	AMR (100.0%); CDC Nephropathy (96.1%)	2
The Magna Center For Family Medicine	AAB (69.2%)	1
University of Utah Community Physicians Group	AAB (49.1%); CHL (60.3%); CDC Nephropathy (92.0%)	3
Utah Valley Pediatrics L.L.C.	AMR (89.1%)	1
Wee Care Pediatrics	AMR (93.2%)	1
West Jordan Clinic	AAB (96.6%)	1
West Jordan KidsCare	AMR (100.0%)	1

Source: 2016 Clinic Quality Comparison Data, opendata.utah.gov

Breaking News, September 2018

Medicaid Migrates to Web-Based Platform for Provider Training

In June 2018, the Utah Medicaid program initiated a series of facilitated webinars designed to provide education and training to Medicaid panel providers. The migration to technology was driven by a desire to improve efficiency in delivering relevant and effective training content, while judiciously utilizing allocated funds.

In the past, Medicaid staff spent considerable time, energy, and resources to organize and facilitate statewide in-person training meetings with Medicaid provider partners. These group sessions were held at multiple locations throughout the state and training was conducted by Medicaid staff and representatives of the Utah Office of Inspector General (UOIG).

The 2018 webinar content mirrored topics discussed during the in-person meetings. Medicaid experts presented correct coding and billing practices, electronic data interchange, and prior authorization protocols. Representatives of the UOIG addressed Medicaid Program Integrity.

The webinar/web-based platform for provider training shows great promise for the future. Training content can be updated or modified quickly, and the webinar can be replicated throughout the year as needed. The webinar can be facilitated for a single office or multiple providers at once, adding an element of flexibility.

Community Health Spotlight, September 2018

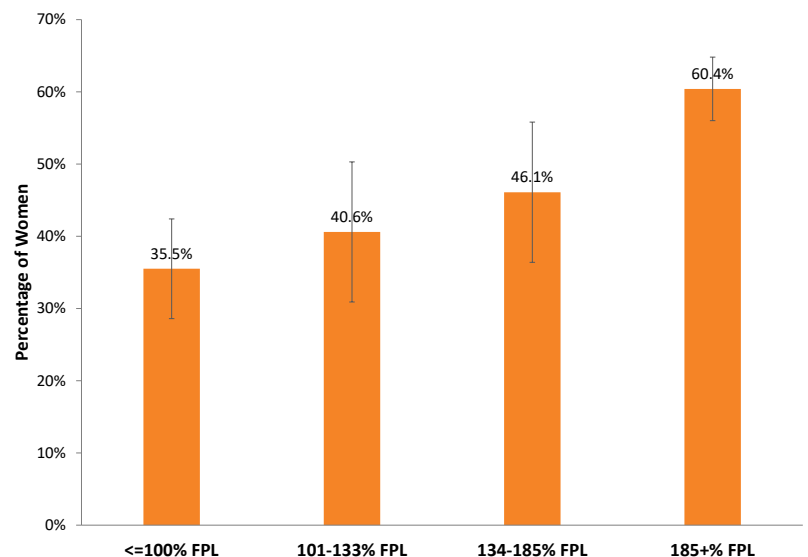
Oral Health Care and Pregnancy

Physiologic changes during pregnancy may result in noticeable changes in oral health. These changes include pregnancy gingivitis, benign oral gingival lesions, tooth mobility, tooth erosion, dental caries, and periodontitis. However, pregnant women often do not seek or receive care even when there are obvious signs of oral disease. Financial constraints and lack of dental insurance are barriers to dental care and the highest burden of oral disease is found among disadvantaged populations.

According to postpartum survey data from the 2016 Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 20% of Utah women did not have insurance to cover dental care during pregnancy and 16% said they could not afford to go to the dentist during pregnancy. Access to dental care is related to income level as indicated in the accompanying figure which shows the percentage of women who had their teeth cleaned during pregnancy by federal poverty level.

The American College of Obstetricians and Gynecologists (ACOG) recommends that along with reinforcing routine oral health maintenance, healthcare providers should be aware of patients' dental health coverage during pregnancy so that referrals to the appropriate dental provider can be made. In addition, they should advocate for broader oral health coverage of women before, during, and after pregnancy.

Percentage of Women Who Had Their Teeth Cleaned During Pregnancy by Federal Poverty Level, Utah, 2016



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

Monthly Health Indicators Report

(Data Through July 2018)

Monthly Report of Notifiable Diseases, July 2018	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (<i>Campylobacter</i>)	54	64	325	313	1.0
Shiga toxin-producing <i>Escherichia coli</i> (<i>E. coli</i>)	21	21	109	53	2.1
Hepatitis A (infectious hepatitis)	8	3	121	9	13.8
Hepatitis B, acute infections (serum hepatitis)	2	1	13	5	2.7
Meningococcal Disease	1	0	2	2	0.9
Pertussis (Whooping Cough)	18	66	192	465	0.4
Salmonellosis (<i>Salmonella</i>)	44	39	199	219	0.9
Shigellosis (<i>Shigella</i>)	5	3	29	24	1.2
Varicella (Chickenpox)	3	9	83	139	0.6
West Nile (Human cases)	0	0	0	0	--

Quarterly Report of Notifiable Diseases, 2nd Qtr 2018	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	22	29	59	60	1.0
Chlamydia	2,568	2,099	5,196	4,354	1.2
Gonorrhea	729	387	1,397	770	1.8
Syphilis	31	22	61	42	1.5
Tuberculosis	2	8	10	14	0.7

Medicaid Expenditures (in Millions) for the Month of July 2018‡	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Mental Health Services§	\$ (2.3)	\$ 2.1	\$ 169.0	\$ 174.8	\$ (5.8)
Inpatient Hospital Services	\$ 10.8	\$ 9.9	\$ 237.3	\$ 238.3	\$ (1.0)
Outpatient Hospital Services	\$ 4.6	\$ 4.8	\$ 50.4	\$ 52.9	\$ (2.5)
Nursing Home Services	\$ 25.7	\$ 23.7	\$ 264.9	\$ 265.9	\$ (1.0)
Pharmacy Services	\$ 0.7	\$ 0.1	\$ 124.2	\$ 125.1	\$ (0.8)
Physician/Osteo Services	\$ 5.7	\$ 4.8	\$ 73.9	\$ 74.8	\$ (0.8)
Medicaid Expansion Services	\$ 0.7	\$ 0.3	\$ 49.9	\$ 50.9	\$ (0.9)
TOTAL MEDICAID#	\$ 39.0	\$ 39.9	\$ 2,667.2	\$ 2,670.4	\$ (3.2)

Program Enrollment for the Month of July 2018	Current Month	Previous Month	% Change** From Previous Month	1 Year Ago	% Change** From 1 Year Ago
Medicaid	273,946	275,743	-0.7%	283,595	-3.4%
PCN (Primary Care Network)	13,222	13,850	-4.5%	11,342	+16.6%
CHIP (Children's Health Ins. Plan)	18,959	19,148	-1.0%	19,253	-1.5%

Health Care System Measures (Year)	Annual Visits			Annual Charges	
	Number of Events	Visits per 1,000 Utahns	% Change** From Previous Year	Total Charges in Millions	% Change** From Previous Year
Overall Hospitalizations (2016)	297,106	97.4	+3.0%	\$ 8,638.0	+8.4%
Non-maternity Hospitalizations (2016)	198,257	65.0	+2.0%	\$ 7,466.1	+9.2%
Emergency Department Encounters†† (2016)	756,376	247.9	+7.6%	\$ 2,286.3	+21.7%
Outpatient Surgery (2016)	491,566	161.1	+4.9%	\$ 3,000.6	-0.3%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change** From Previous Year	State Rank** (1 is best)
Obesity (Adults 18+)	2016	538,700	25.3%	+3.3%	10 (2016)
Cigarette Smoking (Adults 18+)	2016	187,400	8.8%	-3.3%	1 (2016)
Influenza Immunization (Adults 65+)	2016	176,300	54.9%	-6.9%	41 (2016)
Health Insurance Coverage (Uninsured)	2016	265,500	8.7%	-1.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2016	257	8.4 / 100,000	+2.0%	16 (2016)
Poisoning Deaths	2016	703	23.0 / 100,000	-1.1%	33 (2016)
Suicide Deaths	2016	612	20.1 / 100,000	-1.5%	47 (2016)
Diabetes Prevalence (Adults 18+)	2016	153,300	7.2%	+2.9%	8 (2016)
Poor Mental Health (Adults 18+)	2016	362,000	17.0%	+6.3%	21 (2016)
Coronary Heart Disease Deaths	2016	1,631	53.5 / 100,000	-1.3%	4 (2016)
All Cancer Deaths	2016	3,114	102.1 / 100,000	-1.3%	1 (2016)
Stroke Deaths	2016	927	30.4 / 100,000	+2.4%	32 (2016)
Births to Adolescents (Ages 15-17)	2016	447	6.2 / 1,000	-11.1%	11 (2016)
Early Prenatal Care	2016	38,003	75.3%	-1.5%	n/a
Infant Mortality	2016	274	5.4 / 1,000	+7.2%	12 (2015)
Childhood Immunization (4:3:1:3:3:1)	2016	37,100	73.6%	0.0%	26 (2016)

† Diagnosed HIV infections, regardless of AIDS diagnosis.
 †† Treat and release only.
 ‡ State rank based on age-adjusted rates where applicable.
 § The SFY 2018 Medicaid Forecast Budget includes Mental Health and Substance Abuse services together while this report only accounts for Mental Health services. This is to stay consistent with the previous years reports.
 # Medicaid Expansion Services was added to the Medicaid program in SFY 2018. Total Medicaid costs exclude the Prism Project.
 ** Relative percent change. Percent change could be due to random variation.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the 2018–2019 season.