Beth Israel Deaconess Care Organization, Pioneer ACO
Quality performance report, September 2015
About this Report

| Who is included? | Beth Israel Deaconess Care Organization (BIDCO) is one of 19 participating organizations across the country selected by the Centers for Medicare and Medicaid Services (CMS) to be a Pioneer Accountable Care Organization (ACO), an ACO designation under the CMS Innovation Center. ACOs are groups of doctors, hospitals and other health care providers, who come together voluntarily to provide coordinated, high-quality care to the Medicare patients they serve. The data in this report are the quality metrics for the first two years of the program and only reflect care for patients insured by Medicare and treated by doctors who are part of the BIDCO Pioneer ACO. |
| :---: | :---: |
| What time period is included? | The data represents performance for calendar years 2012, 2013 and 2014 and provides a comparison of how we are doing compared to the mean performance scores of participating Pioneer ACO organizations. |
| Who should read this and why? | Any person interested in reviewing BIDCO's performance on Medicare quality measures can review the following report. <br> BIDCO is sharing our quality measure results to demonstrate our commitment to transparency and excellence in patient care. This report provides BIDCO's annual performance on the ACO quality measures and our performance goals. CMS makes available the Pioneer ACO quality metrics on their website (innovation.cms.gov). |
| What is our goal? | BIDCO strives to be a top performer in quality nationally; this means that our doctors are delivering consistently high-quality care. We aim to be above the mean performance of all Pioneer ACOs. |
| What is BIDCO's quality commitment? | Every year we analyze current performance, examine trends from the previous year and determine ways to ensure that our patients' medical experience is safe, effective, patient-centered, timely, efficient and equitable. BIDCO physicians and hospitals are continuously engaging in new initiatives and campaigns for quality improvement. |

- Consider this report one of many ways to be informed of BIDCO doctor's and hospital's results on quality of care
- Be an active participant in your healthcare by keeping appointments


## What you can do?

- Make appointments for preventive care services, including cancer screenings such as colonoscopies and mammograms
- Talk to your doctor about your health care issues, such as medications you take or changes in symptoms
- Visit medicare.gov for more information

Beth Israel Deaconess Care Organization, Pioneer ACO
September 2015 Quality performance report

|  | 2012 |  | 2013 |  | 2014 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Measure | BIDCO | Pioneer mean | BIDCO | Pioneer mean | BIDCO | Pioneer mean |
| Patient/Caregiver Experience |  |  |  |  |  |  |
| Getting Timely Care, Appointments, and Information | 82.4\% | 81.0\% | 84.2\% | 81.6\% | 83.5\% | 82.0\% |
| How Well Your Doctors Communicate | 93.3\% | 92.6\% | 94.2\% | 93.0\% | 94.0\% | 93.0\% |
| Patients' Rating of Doctor | 91.9\% | 91.7\% | 93.4\% | 92.5\% | 93.2\% | 92.4\% |
| Access to Specialists | 84.4\% | 84.7\% | 82.3\% | 84.9\% | 83.3\% | 83.9\% |
| Health Promotion and Education | 59.9\% | 57.1\% | 65.9\% | 59.6\% | 66.1\% | 60.2\% |
| Shared Decision Making | 75.1\% | 74.4\% | 72.8\% | 74.0\% | 76.7\% | 74.6\% |
| Health Status/Functional Status | 72.5\% | 70.3\% | 72.9\% | 71.6\% | 74.7\% | 72.3\% |
| Care Coordination/Patient Safety |  |  |  |  |  |  |
| Risk standardized percentage of patients readmitted to a hospital within 30 days of a hospital stay (Lower percentage rate is better.) * | 16.11 | 15.48 | 15.32 | 14.96 | 16.12 | 15.30 |
| Index measure for COPD or Asthma hospital stays for older adults. (Lower index is better. )* | 1.15 | 1.07 | 1.24 | 1.11 | 1.2 | 1.06 |
| Index measure for heart failure hospital stays for all adults. (Lower index is better.) * | 1.07 | 1.03 | 1.22 | 1.16 | 1.30 | 1.11 |
| Percent of PCP doctors who successfully attested for the electronic health record (EHR) in medicare's Incentive Program | 74.6\% | 63.6\% | 81.5\% | 77.0\% | 86.1\% | 86.1\% |
| Hospital stay medications reconciled with a patient's home medications, if they had an office visit within 30 days of discharge | 73.0\% | 70.6\% | 72.8\% | 70.4\% | 69.6\% | 83.6\% |
| Fall risk screening (age 65+) in past year | 28.6\% | 35.6\% | 55.6\% | 59.5\% | 72.3\% | 64.6\% |
| Preventive Health |  |  |  |  |  |  |
| Influenza Immunization | 57.1\% | 53.4\% | 72.0\% | 69.0\% | 76.4\% | 70.6\% |
| Pneumococcal Vaccination | 61.8\% | 57.3\% | 75.5\% | 72.1\% | 76.3\% | 77.0\% |
| Adult Weight Screening and Follow-up | 60.6\% | 53.1\% | 61.2\% | 65.1\% | 72.2\% | 67.9\% |
| Tobacco Use Assessment and Cessation Intervention | 86.9\% | 77.8\% | 94.6\% | 90.1\% | 95.9\% | 93.7\% |
| Depression Screening | 8.8\% | 23.6\% | 30.1\% | 49.8\% | 64.1\% | 59.7\% |
| Colorectal Cancer Screening | 68.0\% | 58.1\% | 80.8\% | 72.0\% | 78.4\% | 74.5\% |
| Mammography Screening | 74.3\% | 64.8\% | 76.0\% | 71.7\% | 76.6\% | 76.0\% |
| Proportion of adults with blood pressure screened in past 2 years | 68.4\% | 63.2\% | 48.3\% | 61.8\% | 44.8\% | 56.2\% |
| At Risk Populations |  |  |  |  |  |  |
| Diabetes Composite-- Percent of patients with diabetes who met of all the following five criteria: | 23.6\% | 25.5\% | 30.9\% | 33.3\% | 31.4\% | 36.8\% |
| Blood glucose in control (HbA1c below 8 percent) | 70.4\% | 64.7\% | 77.8\% | 75.4\% | 73.2\% | 75.2\% |
| Normal cholesterol (LDL below $100 \mathrm{mg} / \mathrm{dL}$ ) | 61.9\% | 55.1\% | 64.4\% | 63.8\% | 65.2\% | 67.2\% |
| Normal blood pressure (below 140 over 90) | 66.5\% | 67.1\% | 71.7\% | 77.2\% | 68.1\% | 78.6\% |
| Non-user of tobacco | 78.8\% | 66.6\% | 80.0\% | 75.4\% | 82.0\% | 82.3\% |
| Aspirin (if have diabetes and ischemic vascular disease) | 85.6\% | 78.5\% | 89.1\% | 83.9\% | 89.7\% | 88.2\% |
| Percent of patients with diabetes whose blood glucose is in poor control (HbA1c above 9 percent) (Lower percentage rate is better.) * | 16.9\% | 27.1\% | 13.0\% | 16.1\% | 12.2\% | 14.1\% |
| Percent of patients with high blood pressure (hypertension) whose blood pressure is now in control (below 140 over 90). | 61.8\% | 63.9\% | 68.6\% | 74.2\% | 69.2\% | 75.0\% |
| Percent of patients with ischemic vascular disease that have complete lipid (cholesterol) labs done and with good results (LDL < $100 \mathrm{mg} / \mathrm{dll}$ ) | 66.2\% | 54.0\% | 72.4\% | 62.5\% | 64.9\% | 65.4\% |
| Percent of patients using aspirin or other antithrombotic medication if they have diabetes and ischemic vascular disease | 85.6\% | 76.1\% | 90.8\% | 84.3\% | 89.1\% | 87.7\% |
| Percent of patients using beta-blocker medication therapy if they have a heart condition left ventricular systolic dysfunction (LVSD) | 80.5\% | 82.1\% | 83.7\% | 85.1\% | 83.5\% | 88.8\% |
| Percent of patients with Coronary Artery Disease (CAD) who have medication therapy (statin) for cholesterol and have medication therapy (ACE inhibitor or ARB) if needed for (CAD and diabetes) or (CAD and certain heart conditions-LVSD). | 72.1\% | 62.9\% | 76.6\% | 68.7\% | 71.8\% | 73.6\% |
| Percent of beneficiaries with CAD who met all of the following criteria: Drug Therapy for Lowering LDL-Cholesterol | 79.8\% | 69.4\% | 83.7\% | 76.5\% | 78.5\% | 78.7\% |
| Percent of beneficiaries with CAD who met all of the following criteria: (ACE) Inhibitor or (ARB) Therapy for Patients with CAD and Diabetes and/or (LVSD) | 75.1\% | 71.1\% | 81.9\% | 74.9\% | 80.8\% | 81.0\% |

* Higher percentage rates are better for all listed measures except: readmissions
rate, index measures, and blood glucose in poor control.

