

MVC CASE STUDY

Custom Analytics for MyMichigan Provide System-Wide Insights into Health Equity Trends



AT A GLANCE

Resources Shared

- Hospital-level health equity reports
- Custom report with system-level health equity comparisons

Outcomes

- MyMichigan hospitals received individualized reports on health equity measures
- System-level report shared with population health team and service line leaders



"We often review not at a hospital but system level, which is easier to compare and trend progress all on one report. The MVC team has good insights and is willing to understand our organization in order to assist most effectively."

Mary Greeley, MS, RD

President,
MyMichigan Health Network

INITIAL OUTREACH & MEETINGS

In August 2021, the Michigan Value Collaborative (MVC) responded to a custom request from MyMichigan Health regarding their health equity performance. Earlier that month, MVC distributed hospital health equity reports that showed measures for Medicare beneficiaries by dual-eligibility status (i.e., patients eligible for both Medicaid and Medicare) with one report distributed per hospital. MyMichigan leadership was interested in a system-level report to more easily compare performance across all five of their MVC member hospitals and identify trends within the MyMichigan system. The MVC team met with MyMichigan to ask questions and define the scope of the work. This resulted in a system-level custom report, which was sent in early September 2021.

SYSTEM-LEVEL CUSTOM REPORT COMPONENTS

MVC prepared a custom report that showed the distribution of Medicare Fee-for-Service (FFS) beneficiaries for all hospitals in the MyMichigan system by dual-eligibility status for the following measures: 30-day price-standardized total episode payments, index length of stay, 30-day readmission rates, post-discharge emergency department (ED) utilization rates, post-discharge office visit utilization rates, post-discharge outpatient procedure rates, and post-discharge skilled nursing facility (SNF) utilization rates. The original push reports provided trend graphs for these measures from 2017 through the second quarter of 2020; to accommodate the system-level focus of this request, measures on the original hospital health equity report were modified so that the system-level report showed overall rates across the time period rather than trends over time. Therefore, the custom analysis presented each hospital's overall performance in 2017-2020 for dual-eligible versus non-dual-eligible patients through a series of bar graphs clustered by hospital. The custom report also incorporated an "MVC All" comparison group, which was not originally included in the push reports since patient populations vary significantly across the state.

Figure 1. 30-Day Total Episode Payment by Dual-Eligibility Status (Medical Conditions)

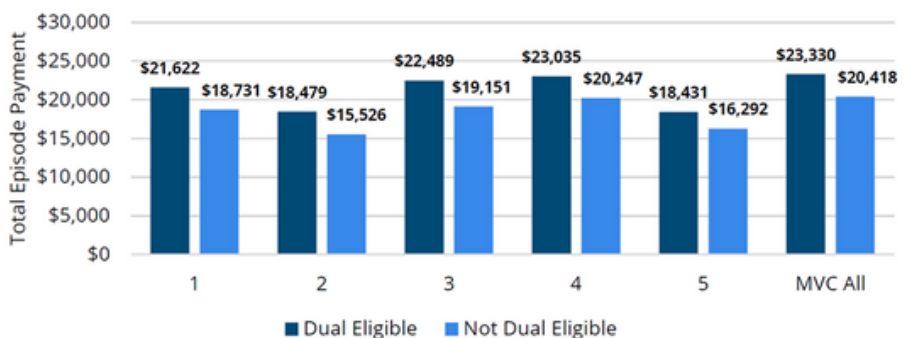


Figure 2. Index Length of Stay by Dual-Eligibility Status (Medical Conditions)

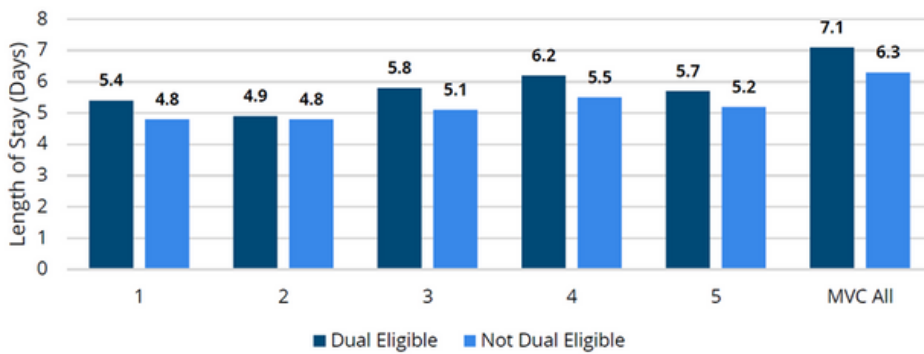


Figure 3. 30-Day Readmission Rate by Dual-Eligibility Status (Medical Conditions)

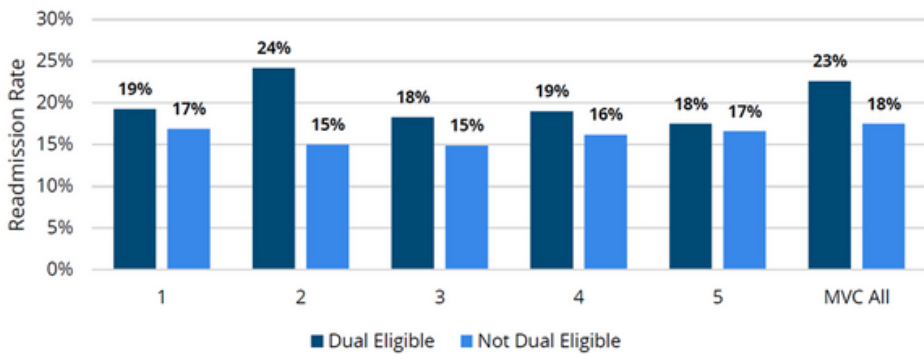


Figure 4. Post-Acute Care Utilization for SNFs by Dual-Eligibility Status (Medical Conditions)

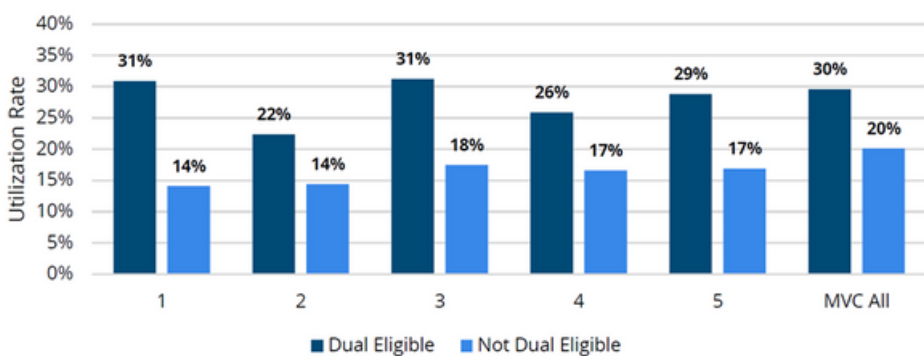
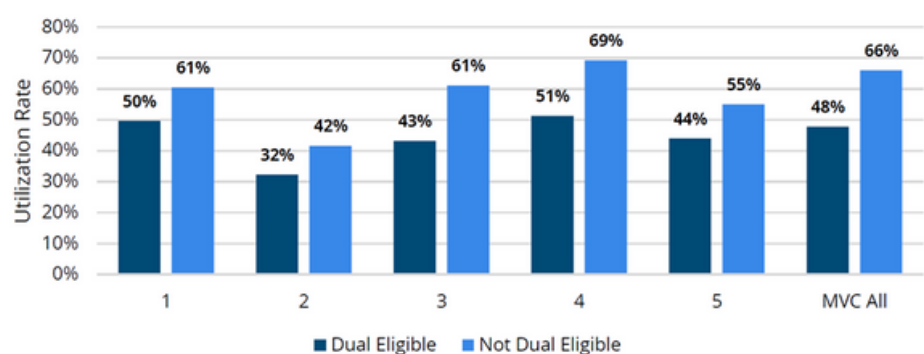


Figure 5. Post-Acute Care Utilization for Office Visits by Dual-Eligibility Status (Medical Conditions)



CUSTOM REPORT FINDINGS

The system-level report was comprised of 30-day Medicare FFS episodes with index admissions between 1/1/2017 and 6/30/2020 for beneficiaries aged 65 and older. Information was presented separately for medical conditions and for surgical procedures. Differences between dual-eligible and non dual-eligible patients were inconsistent across MyMichigan hospitals for surgical procedures, whereas MVC identified a consistent disparity in outcomes for medical condition episodes by dual-eligibility status.

At each of the five hospitals, dual-eligibility was more prevalent among medical condition episodes than among surgical procedure episodes. Within medical conditions episodes, the percentage attributed to dual-eligible beneficiaries at each MyMichigan hospital ranged from 21.8% at MyMichigan Medical Center - Midland to 34.0% at MyMichigan Medical Center - Clare. At each hospital site, the average price-standardized 30-day total episode payment was higher for dual-eligible beneficiaries being treated for a medical condition than for non dual-eligible beneficiaries (Figure 1). Index length of stay was similarly longer for dual-eligible patients (see Figure 2) receiving care for medical conditions. These findings regarding total episode payments and index length of stay held true for surgical procedures as well.

Readmission rates (see Figure 3), post-discharge emergency department utilization rates, and SNF utilization rates (see Figure 4) were consistently higher among dual-eligible medical condition episodes than among other medical condition episodes. In addition, non dual-eligible patients treated for a medical condition were less likely to utilize a post-discharge office visit than dual-eligible patients (see Figure 5).

CONTINUED COLLABORATION

The complete custom analysis was shared with MyMichigan's population health, service line, and value enhancement teams, who used it to identify trends across their sites. Since then, MVC has modified its reporting practices to include system-wide versions of many MVC push reports.