



MVC Data in Action

Health Outcome Variation Measure

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Points We'll Cover



Defining the Measure &
Key Insights



Unblinded Data
Presentation



Using the Data to
Take Action

Defining the Measure

Methods and Key Insights

Evaluating Patient Gaps in Care

1. Defining the Measure: All-Cause Readmissions
2. Defining Comparison Groups:

Race

Low case counts would
necessitate grouping



Sex

No significant
variation found



Payer Groups

Inclusive of most patient groups,
sufficient case counts, lots of
variation within and across hospitals



Measure Details

Using administrative claims data, MVC will calculate an *index of variation* that indicates the **extent of differences in risk-adjusted all-cause readmission rates by payer** within a hospital

THE TARGET:

A lower index of variation represents a smaller spread of risk-adjusted all-cause readmission rates for non-surgical admissions across payers.

THE PAYER GROUPS:

- BCBSM and BCN Commercial
- BCBSM and BCN Medicare Advantage
- Medicare FFS
- Medicaid
- Dual-Eligible (*these individuals are pulled out of Medicare and Medicaid*)

Benefits of this Measure



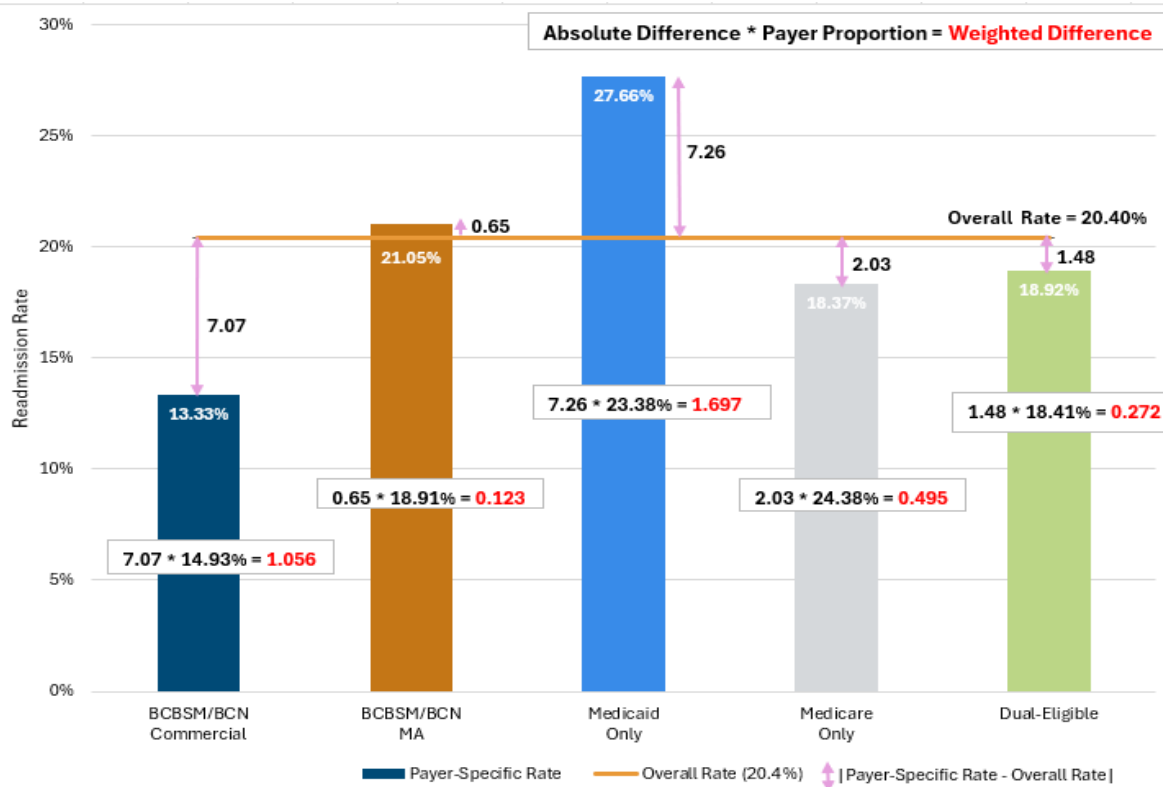
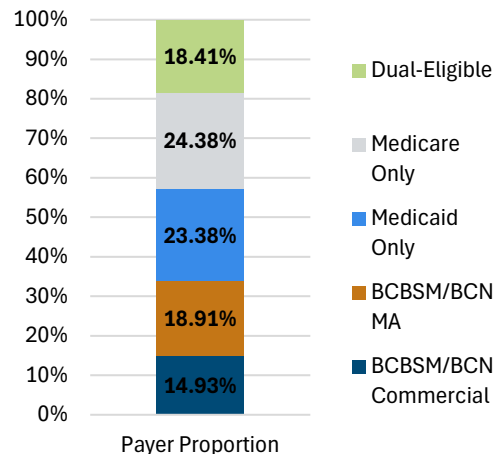
Accounts for the impact of social risk factors on clinical outcomes in the risk-adjustment methodology

All types of hospitals (e.g., size, system, payer makeup) can succeed on this measure

Hospitals' efforts to reduce gaps in readmissions for subgroups of patients will likely benefit all patients

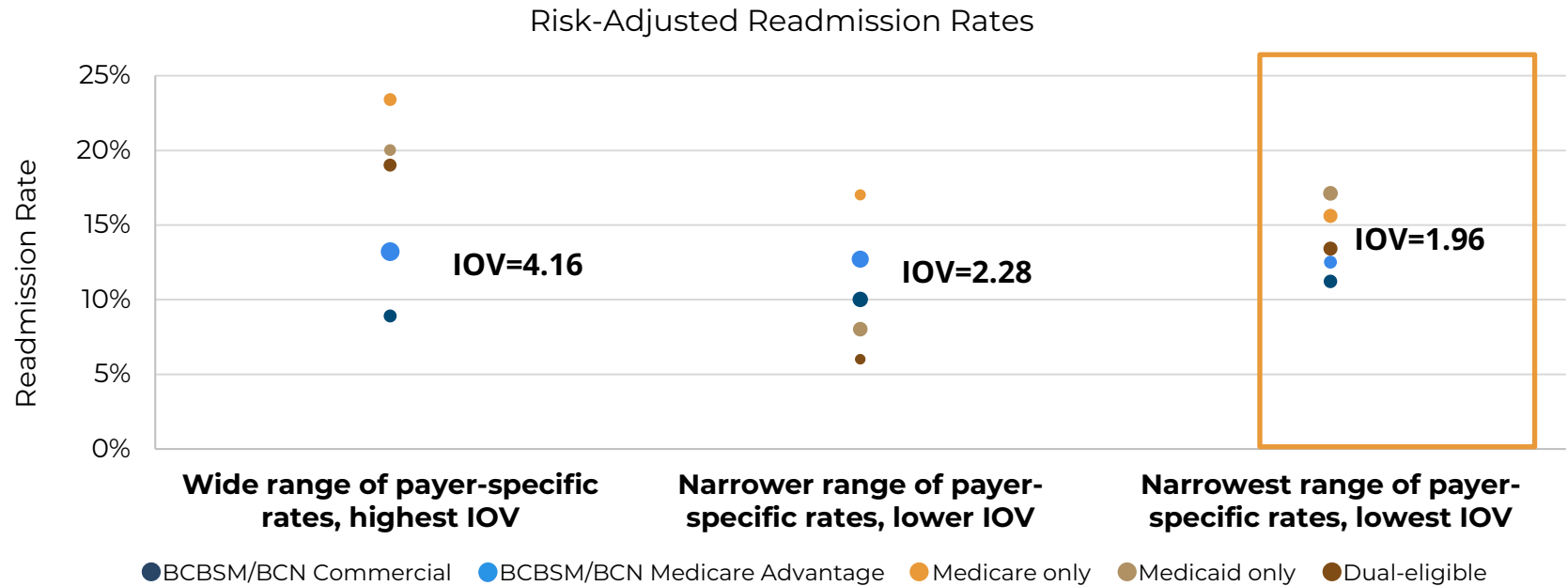
Evaluates readmissions in a new way tailored to your hospital's patient population

Calculating the Index of Variation



IOV = 3.643 (1.056 + 0.123 + 1.697 + 0.495 + 0.272)

What is a “Good” Index of Variation?



Data Presentation

All-Cause Readmission Rate & Index of Variation

Analytic Cohort

Denominator for today's data

- 30-day inpatient MVC episodes
- MVC-defined admissions for AMI, atrial fibrillation, CHF, COPD, pneumonia, sepsis, small bowel obstruction, and stroke
- Exclusions:
 - Episodes with inpatient transfers
 - Inpatient death or discharge to hospice
 - Potentially planned index admissions
- Index events 1/1/23-12/31/23 for five categories:
 - BCBSM & BCN Commercial, BCBSM & BCN MA, Medicaid, Medicare FFS, and Dual-Eligible

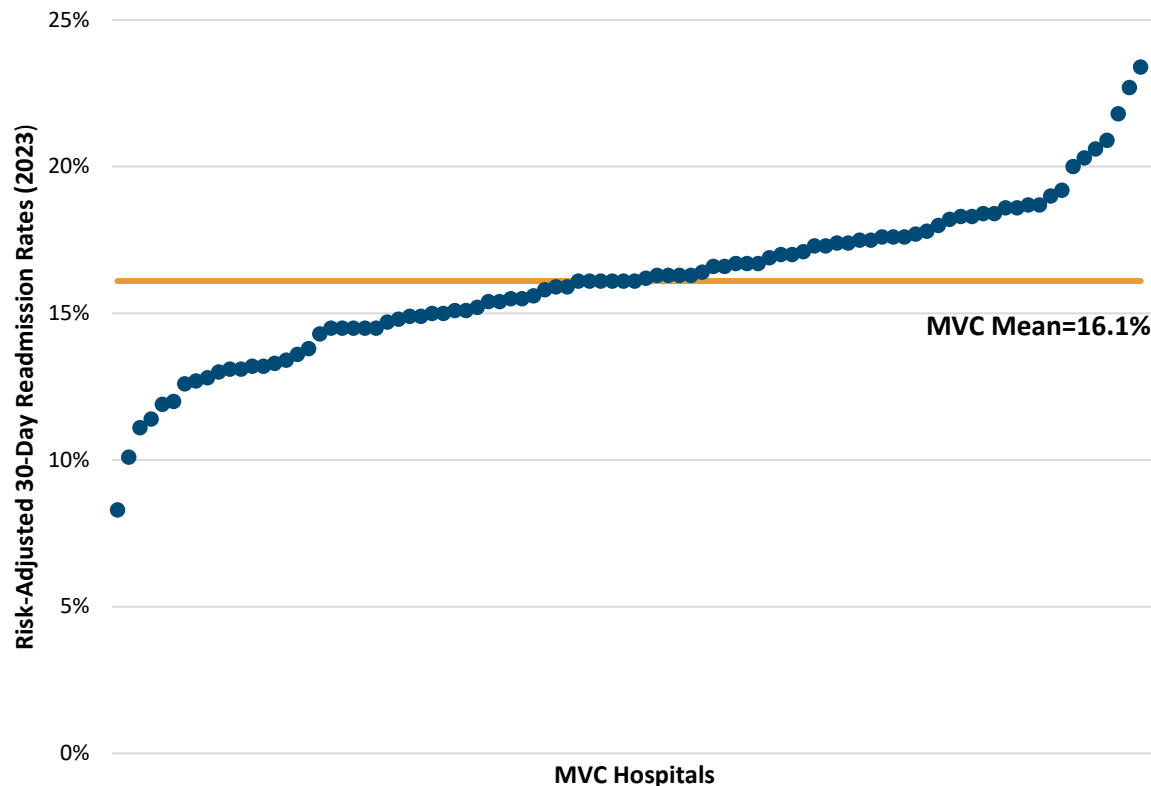
Numerator for today's data

- All-cause readmissions

Case count requirements

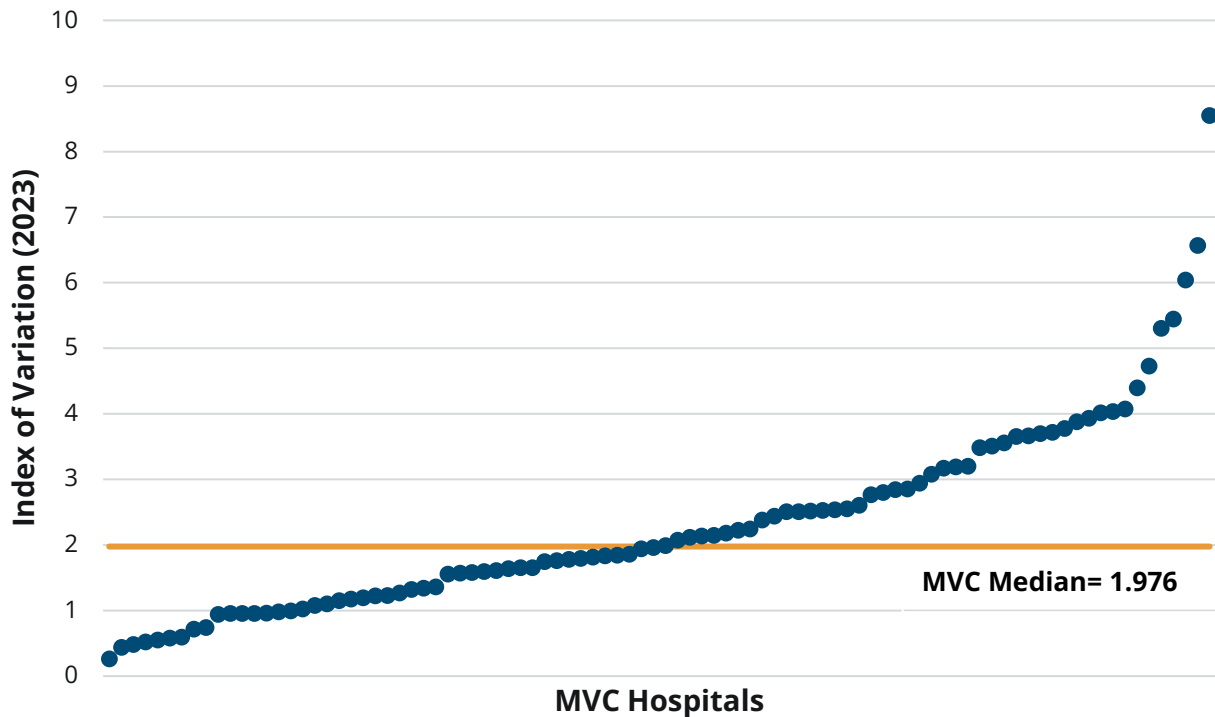
- At least 11 episodes per payer category for at least 3 out of 5 payer categories (same as the recent HOV push report)

Risk-Adjusted 30-Day Readmission Rates



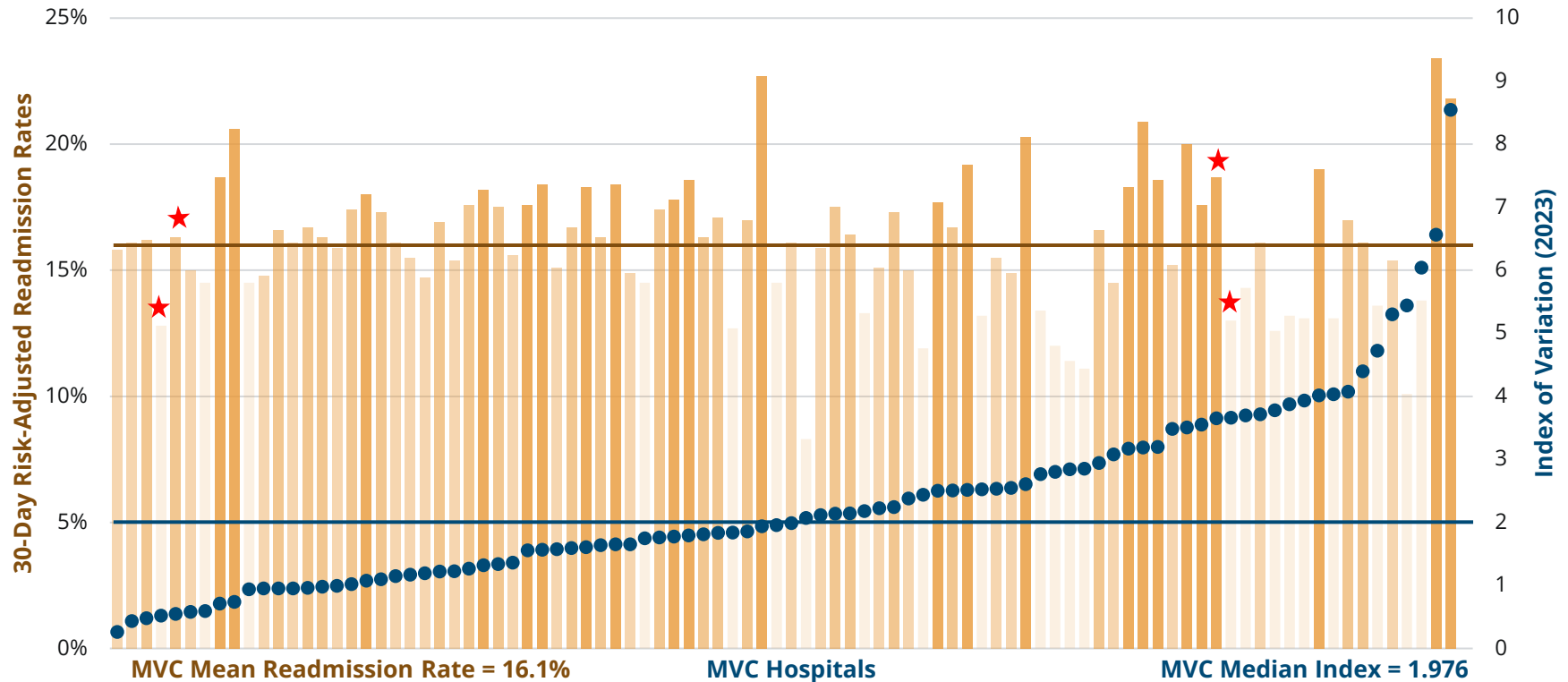
**Hospital-Level Range in Average
Readmission Rate: 8.3% - 23.4%**

Index of Variation

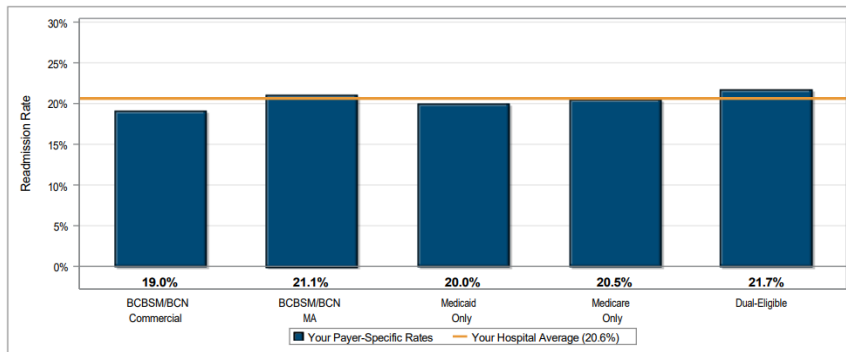


**Hospital-Level Range in Index of Variation:
0.262 – 8.548**

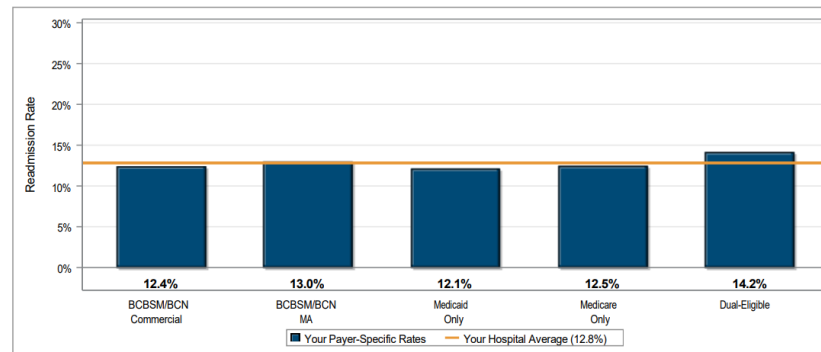
Hospital-Level Index of Variation (2023) Plotted with Corresponding Mean 30-Day Risk-Adjusted Readmission Rate



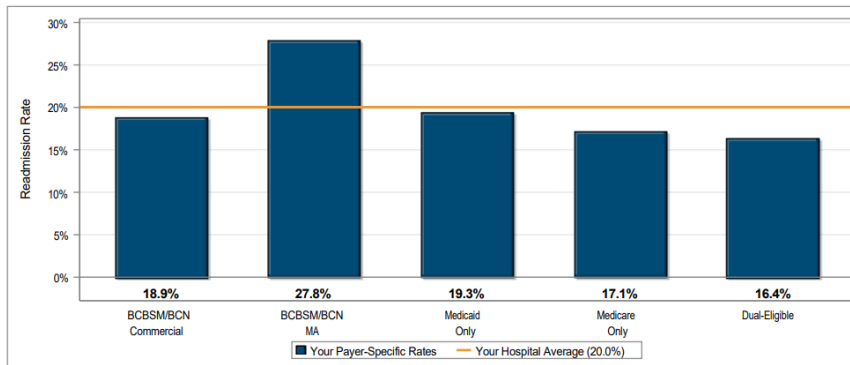
**Case 1: Lower Index (0.742),
Higher Readmission (20.6%)**



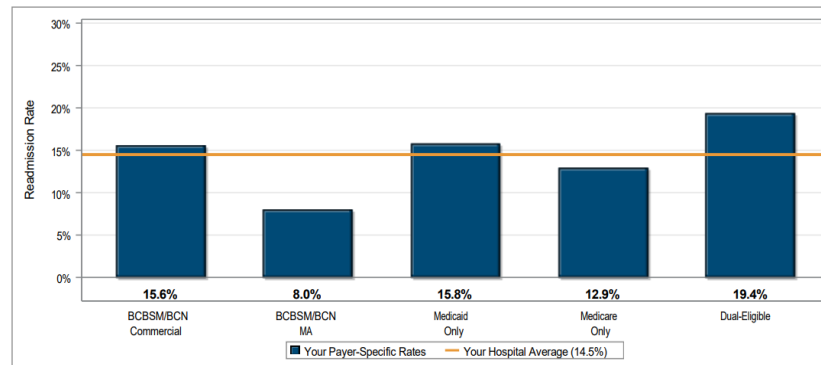
**Case 2: Lower Index (0.523),
Lower Readmission (12.8%)**



**Case 3: Higher Index (3.509)
Higher Readmission (20%)**



**Case 4: Higher Index (3.078)
Lower Readmission (14.5%)**

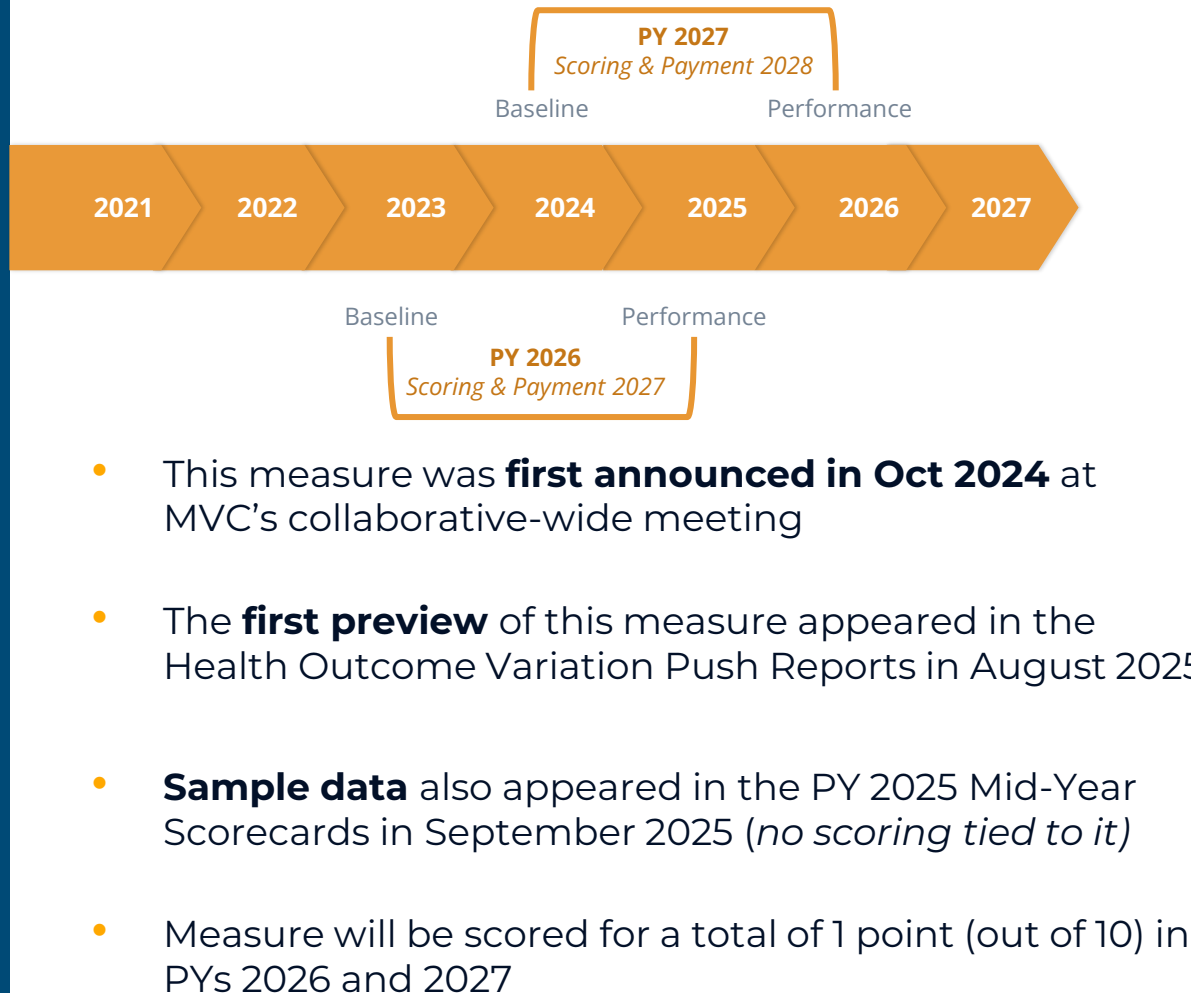


Driving Change Through Data

**Next Steps and Ideas for
Closing the Gaps**

Measure Rollout

When was this measure introduced and when will it be implemented?



Closing the Gaps

Via Comprehensive Discharge Planning

1. Identify patients with higher relative readmissions

2. Post-discharge planning and safety nets:

- Comparing to internal data
- Engaging family and community support systems
- Optimize comorbid conditions
- Med reconciliation
- Judicious use of PAC services
- Patient-friendly f/u (e.g., nurse phone calls, telehealth)
- Consider alternatives to readmission





**What questions
do you have?**