Updates on CHiR Study

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With credit to: Gevork Harootunian
Why AACHC Started the Study

- To better understand how FQHCs compared to other AHCCCS primary care providers in:
  - Cost
  - Quality of Care
  - Clinical Outcomes

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For Community Health Centers
Primary Healthcare for All
CHiR Report Utilization

Reports

- Quality and Cost Comparison between AHCCCS patients that visited an FQHC to those that didn’t.
- Cost
  - Calendar year analysis of all paid AHCCCS claims/encounters for patient across all settings including dental and pharmacy.
- Quality
  - 120+ HEDIS quality measures.
- Longitudinal
  - Cost and utilization over time.
CHiR Report Progression

- Removed Medicare-Medicaid enrollees.
- Increased enrollment requirements to 335 days in calendar year.
- Quantified attrition.
- Analyzed categories of spend.
- Linked disease categories between cost and quality report.
- Added risk scores (RAF Community Model and Optum ERG Model)
- Implemented more accurate longitudinal match.
Average is quantified by three concepts:

- **Mode**: The most frequent event
- **Median**: The 50th percentile
- **Mean**: The sum of all events divided by the number of events
80% of patients fall into similar cost range.
<table>
<thead>
<tr>
<th>Status</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>FQHC Cost Study</td>
<td></td>
<td></td>
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<tr>
<td>All FQHC</td>
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<tr>
<td>FQHC: 1-2 Visits</td>
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<tr>
<td>FQHC: High Utilizers</td>
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<tr>
<td>Non-FQHC: Received Care</td>
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<tr>
<td>Everyone Seeking Care</td>
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</tbody>
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CHiR Cost Report
CHiR Longitudinal Study

Inclusion:
- Patients that have had 335 days of enrollment in 80% of years from 2011 – 2016
- Patients with only AHCCCS acute health plans

Exclusion:
- Dual enrollees
- Patients with LTC or Integrated plans

Definitions:
- FQHC: Patient was seen at an FQHC each year for 80% of years from 2011 – 2016
- Non-FQHC: Patient was seen at a Non-FQHC each year for 80% of years from 2011 – 2016 AND was NEVER seen at an FQHC.
CHiR Longitudinal Study

Cost

2011 2012 2013 2014 2015

$3,500 $4,500 $5,500 $6,500 $7,500 $8,500

FQHC  Non-FQHC

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Comparing Difference Between FQHC and Non-FQHC

2014 HEDIS Measures

- No Difference
- FQHC Better
- Non-FQHC Better

2016 HEDIS Measures
2016 Adjusted HEDIS Measures

- No Difference
- FQHC Better
- Non-FQHC Better
- Non-FQHC Better
CHiR Quality Report 2014

ARIZONA MEDICAID (AHCCCS) 2014 DATA

Patients 12 - 24 months of age - PCP visit during the report period


2014 AHCCCS Minimum Performance Standard
2014 AHCCCS Goal
CHiR Quality Report 2014

Patients 18 - 75 years of age - HbA1c test in last 12 reported months

[Bar chart showing HbA1c test rates by health center, with icons indicating performance levels and a purple line indicating the 2014 goal.]
<table>
<thead>
<tr>
<th>Condition</th>
<th>Quality Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Care (NS)</td>
<td>Women with deliveries of live births that received a prenatal care visit in the first trimester.</td>
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<tr>
<td>Postpartum Care (NS)</td>
<td>Women with deliveries of live births that received postpartum care.</td>
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<tr>
<td>Well-Child 15 Mo (NS)</td>
<td>Patient(s) that had six or more well-child visits with a PCP during the first 15 months of life.</td>
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<tr>
<td>Well-Child 3-6 Yr (NS)</td>
<td>Patient(s) 3 - 6 years of age that had one well-child visit with a PCP in the last 12 reported months.</td>
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<tr>
<td>Adolescent Well-Care (NS)</td>
<td>Patient(s) 12 - 21 years of age that had one comprehensive well-care visit with a PCP or an OB/GYN in the last 12 reported months.</td>
</tr>
<tr>
<td>Child Access to PCP (NS)</td>
<td>Patient(s) 12 - 24 months of age that had a PCP visit during the report period.</td>
</tr>
</tbody>
</table>
Future Development

- Extend/share results to the complete FQHC level of data to the individual center level.
- Strengthen relationship between cost and quality. Establish comparative models to quantify the monetary effects of quality.
- Incorporate quality into the longitudinal model.
- Begin segmenting the population into homogenous groups i.e. High Risk, High Cost, etc. This will act as a primer to predictive modeling.
Questions

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