2019

URAC DISEASE MANAGEMENT PERFORMANCE MEASUREMENT:

AGGREGATE SUMMARY PERFORMANCE REPORT

December 2019

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Executive Summary

Presented in this report are the 2018 measurement year (2019 reporting year) results based on URAC's Disease Management (DM) Accreditation program performance measures. The report includes only aggregate summary rates; there are no individual performance results included.

Organizations were required to report data for nine mandatory measures, and they had the option to report data for five exploratory measures. The measures are either cross-cutting (i.e., broadly applicable across multiple clinical settings or specialties) or disease-specific (i.e., applicable to a specific condition). Below is the list of mandatory and exploratory measures for 2019 reporting with indication of whether the measure is cross-cutting or disease-specific:

Mandatory, Cross-Cutting Measures

1. Screening and Cessation Counseling for Tobacco Use (DM2012-02)
2. Unhealthy Alcohol Use: Screening and Brief Counseling (DM2012-03)
3. Screening for Clinical Depression & Follow-Up Plan (DM2012-05)

Mandatory, Disease-Specific Measures

4. Pediatric Asthma Event Rate (DM2012-30)
5. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31)
6. Hypertension Event Rate (DM2012-37)
7. Heart Failure Event Rate (DM2012-38)
8. Diabetes Short-Term Complications Event Rate (DM2012-73)
9. Asthma in Younger Adults Admission Rate (DM2017-01)

Exploratory, Cross-Cutting Measures

10. Patient Activation Measure (DM2012-10)
11. Proportion of Days Covered: Rates by Therapeutic Category (DM2012-12)
12. Drug-Drug Interactions (DM2012-13)
13. Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01)*

Exploratory, Disease-Specific Measures

14. Medication Therapy for Persons with Asthma (DM2012-26)*

*No organization submitted data for this exploratory measure.

The URAC measure specifications are set forth within the 2019 Disease Management Reporting Instructions.

Data Analysis Procedures

Kiser Healthcare Solutions continued use of a relational database management system, Microsoft SQL Server (MSSQL), implemented in 2017, to capture and normalize all accreditation submission data into a consistent format across programs. This allows for a consistent model to be used year over year and allows for trends to build. In addition, MSSQL aids in consolidating all data objects used for aggregations, guaranteeing consistent logic across programs and ease of updates. Kiser Healthcare Solutions also used Microsoft Power BI as the business intelligence tool to develop the data visuals and tables in the report.

This performance report has been prepared for the URAC Quality, Research and Measurement Department by Kiser Healthcare Solutions, LLC. If you have any questions about the results contained herein, please contact us at: ResearchMeasurement@urac.org.

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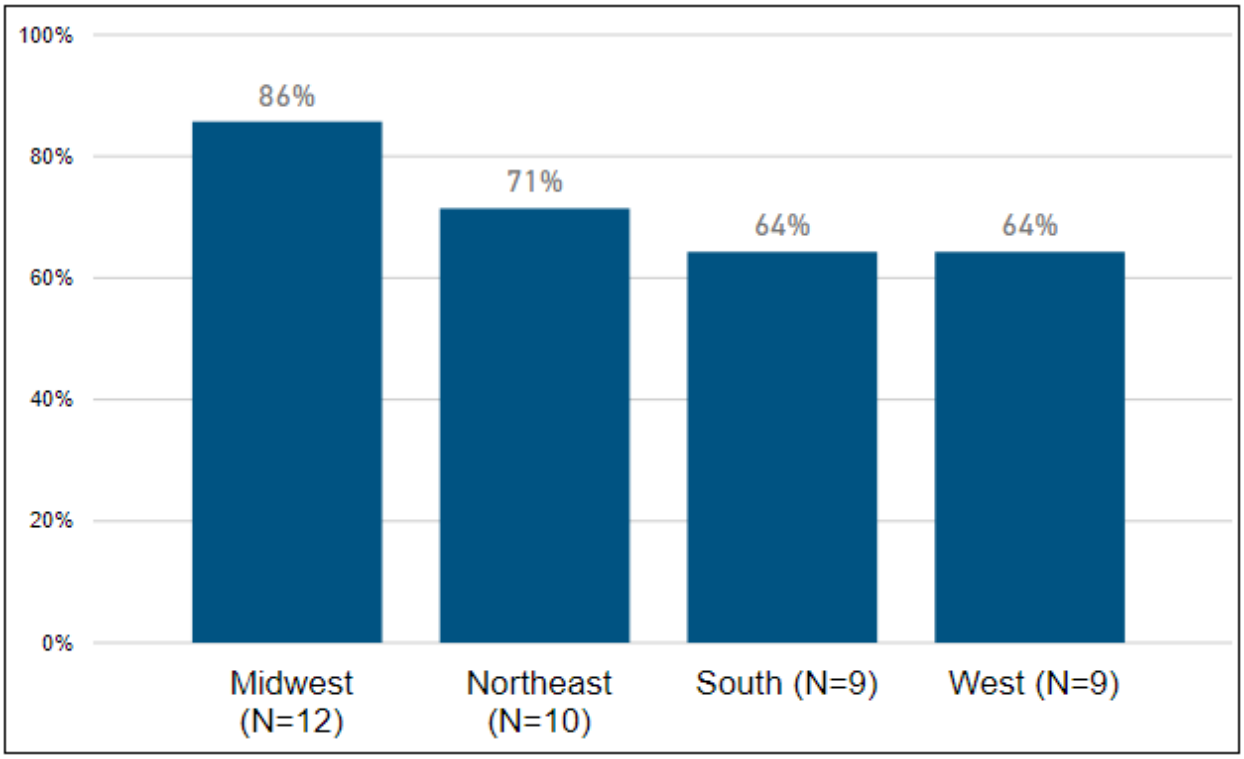
Disease Management Organization Characteristics

A total of 14 URAC accredited Case Management organizations reported 2018 measurement year data for the 2019 reporting year. The Midwest represented the largest number of organizations at 86% (n=12), and 50% (n=7) of organizations served populations in all four regions. The other three regions were distributed relatively evenly ranging from 64% to 71% (Exhibit 1).

The total number of unique individuals eligible for disease management ranges from 790 to 529,692 members across the respondent organizations with a median population of 22,741 (Exhibit 2).

Of the 14 organizations, 11 organizations are classified as Commercial programs; 1 organization is Medicaid; and 3 organizations are All Other Population. There were no Medicare organizations that reported data.

Exhibit 1: Regional Areas Served



Note: Multiple responses accepted.

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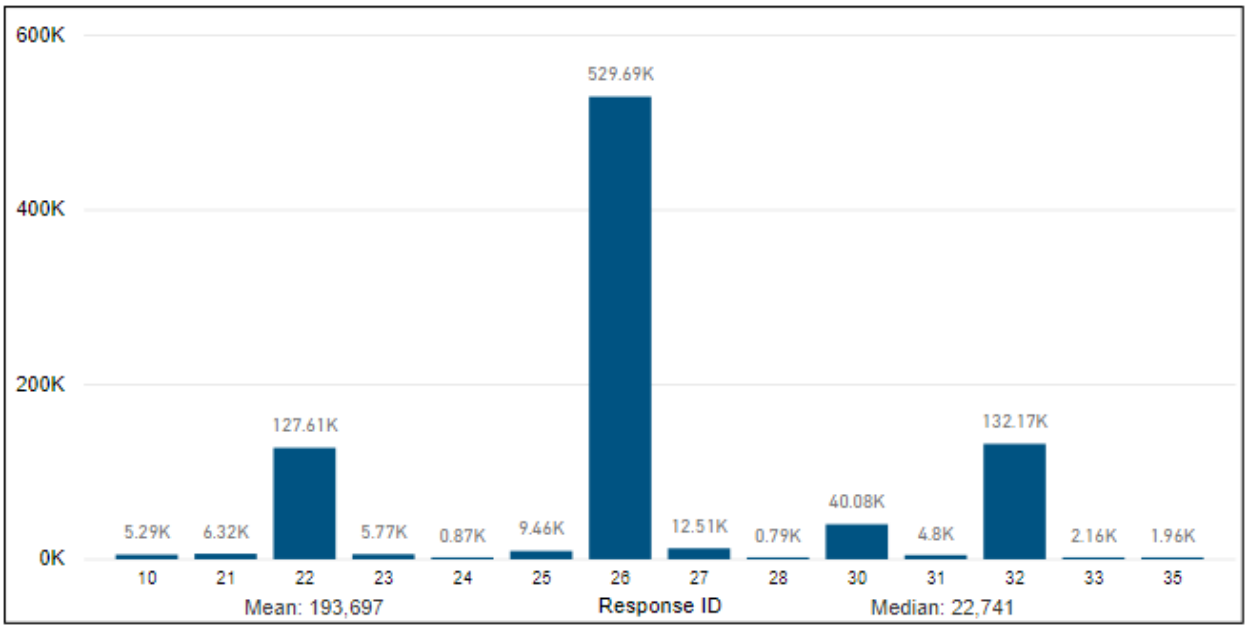
Exhibit 2: Total Number of Unique Individuals Eligible for Any Disease Management Program



Note: Range is from 790 to 529,692 individuals eligible by organization.

Exhibit 3: Eligible Population per Disease Management Measure – Commercial

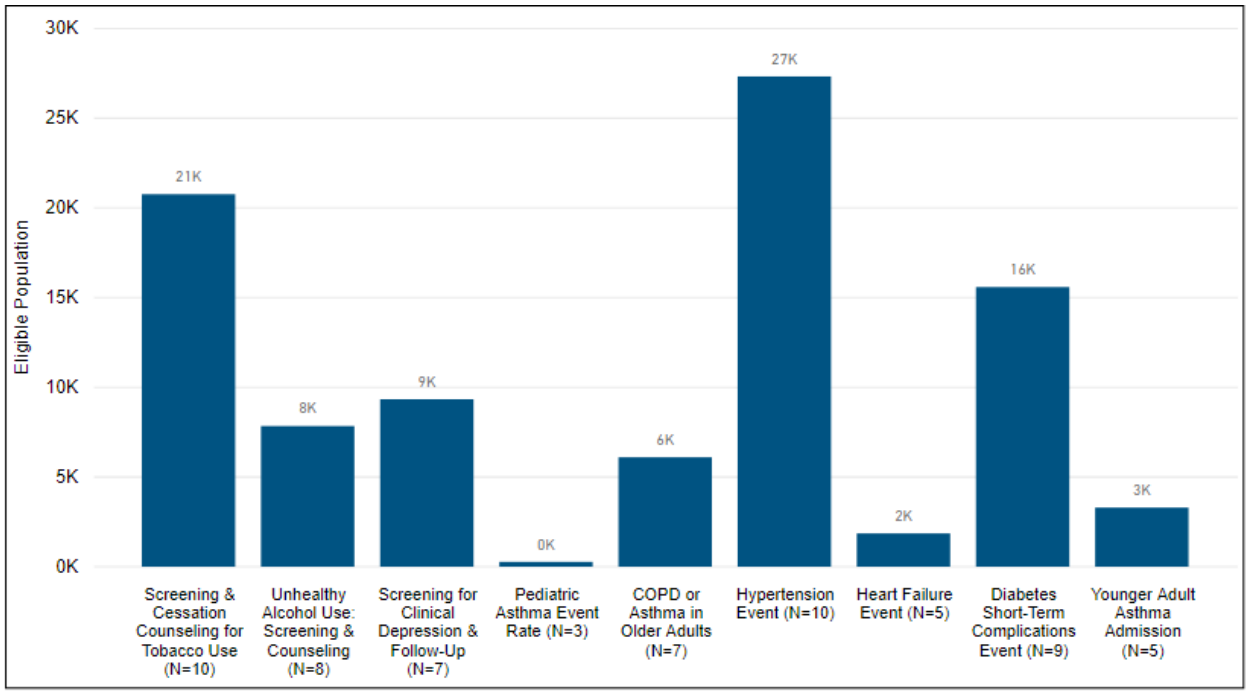


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Exhibit 4: Eligible Population per Disease Management Measure – Medicaid

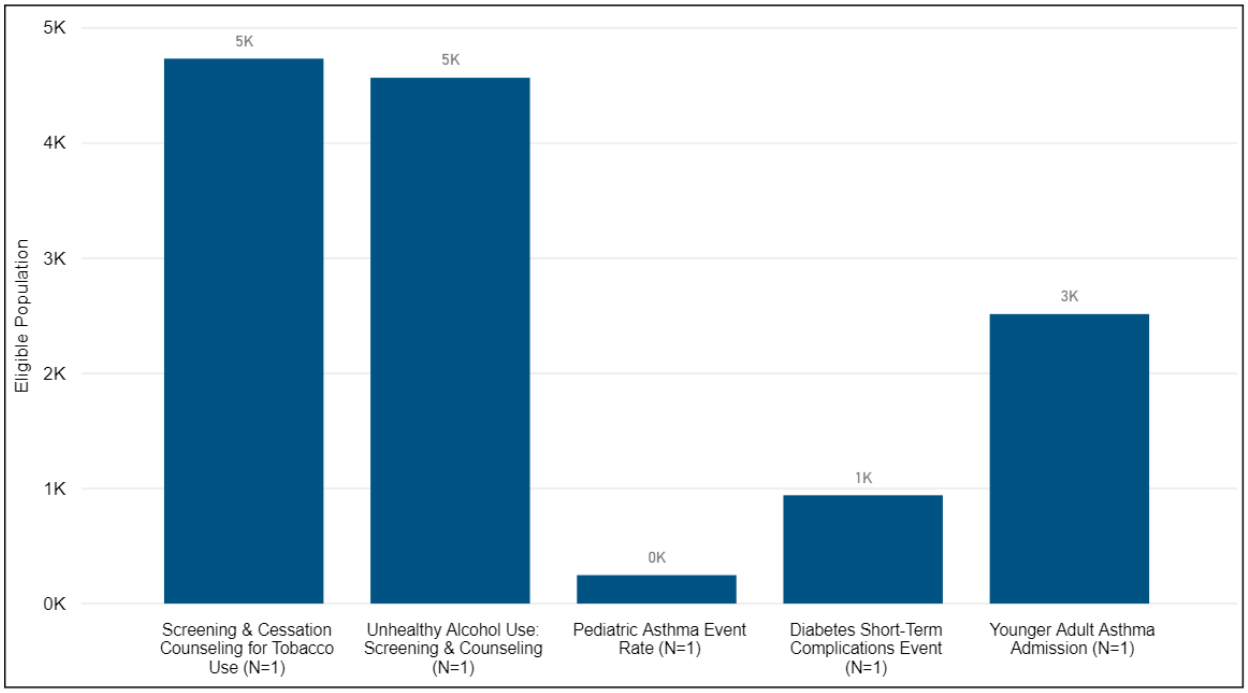
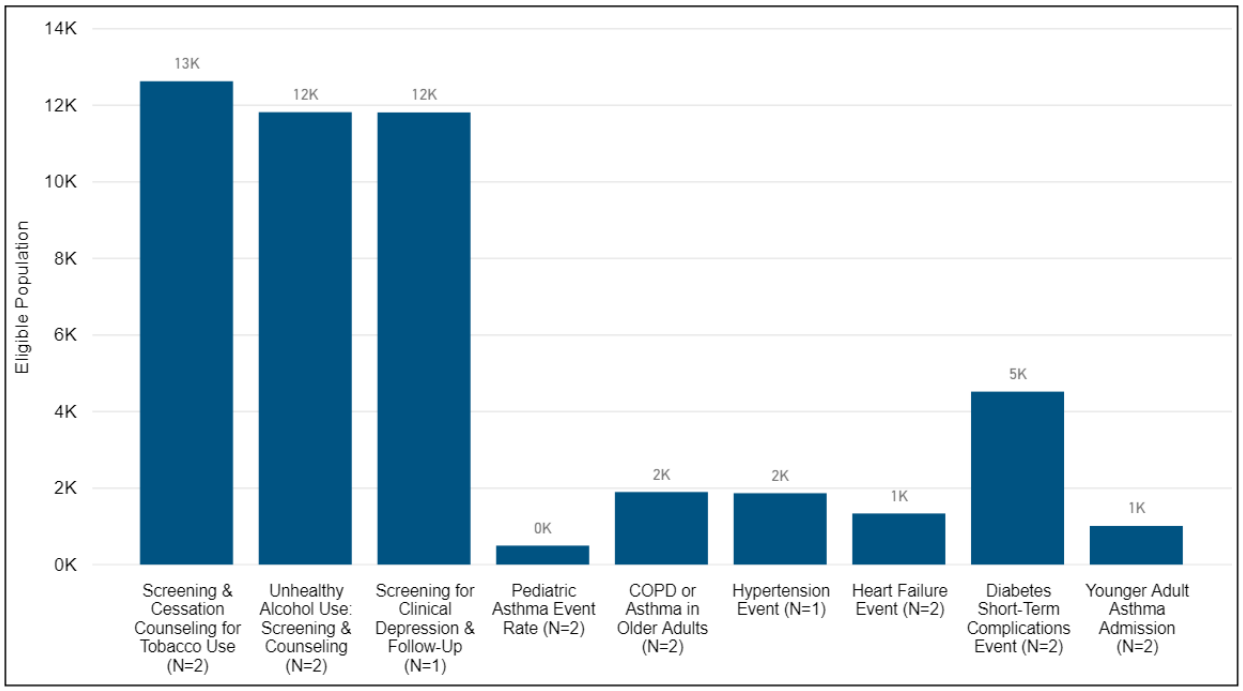


Exhibit 5: Eligible Population per Disease Management Measure – All Other



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Results: Disease Management Measures

All 14 organizations reported data for at least one of the performance measures. Not all mandatory measures were applicable for all reporting organizations. Therefore, sample sizes are noted for organizations where the measure was deemed applicable based on adequate sampling. Analysis and benchmarks were produced for measures with more than five valid data submissions available.

Measure 1 – Screening and Cessation Counseling for Tobacco Use (DM2012-02)

Measure Description

This *mandatory* measure assesses the percentage of patients aged 18 years and older who were screened for tobacco use* one or more times within 24 months and who received cessation counseling intervention** if identified as a tobacco user.

* Includes use of any type of tobacco.

** Cessation counseling intervention includes brief counseling (3 minutes or less) and/or pharmacotherapy.

Summary of Findings

A total of 12 organizations submitted reportable data for this measure. This resulted in the following submissions: 10 Commercial, 1 Medicaid, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 61.41% (n=10, Range: 3.7 - 100%) with a mean rate of 45.65% and a median rate of 35.51%.

Exhibit 6: Screening and Cessation Counseling for Tobacco Use

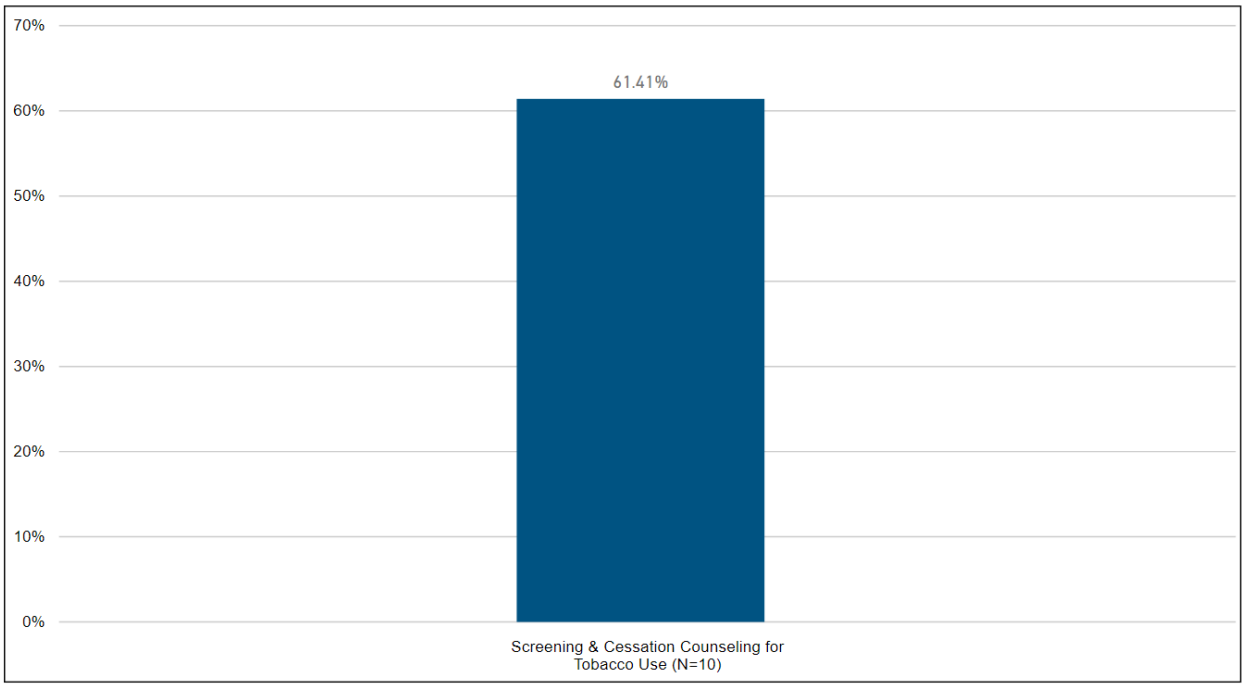

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Exhibit 7: Screening and Cessation Counseling for Tobacco Use (Summary Data)

Measure:	Screening & Cessation Counseling for Tobacco Use				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	12,750	20,762	61.41%	45.65%	10

Exhibit 8: Screening and Cessation Counseling for Tobacco Use (Benchmark Data)

Measure:	Screening & Cessation Counseling for Tobacco Use						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	3.70%	5.19%	7.37%	35.51%	84.57%	99.61%	100.00%

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Measure 2 – Unhealthy Alcohol Use: Screening & Brief Counseling (DM2012-03)

Measure Description

This *mandatory* measure assesses the percentage of patients 18 years or older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months and who received brief counseling if identified as an unhealthy alcohol user.

Summary of Findings

A total of 10 organizations submitted reportable data for this measure. This resulted in the following submissions: 8 Commercial, 1 Medicaid, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 53.21% (n=8, Range: 0 - 100%) with a mean rate of 52.3% and a median rate of 59.3%.

Exhibit 9: Unhealthy Alcohol Use: Screening & Brief Counseling

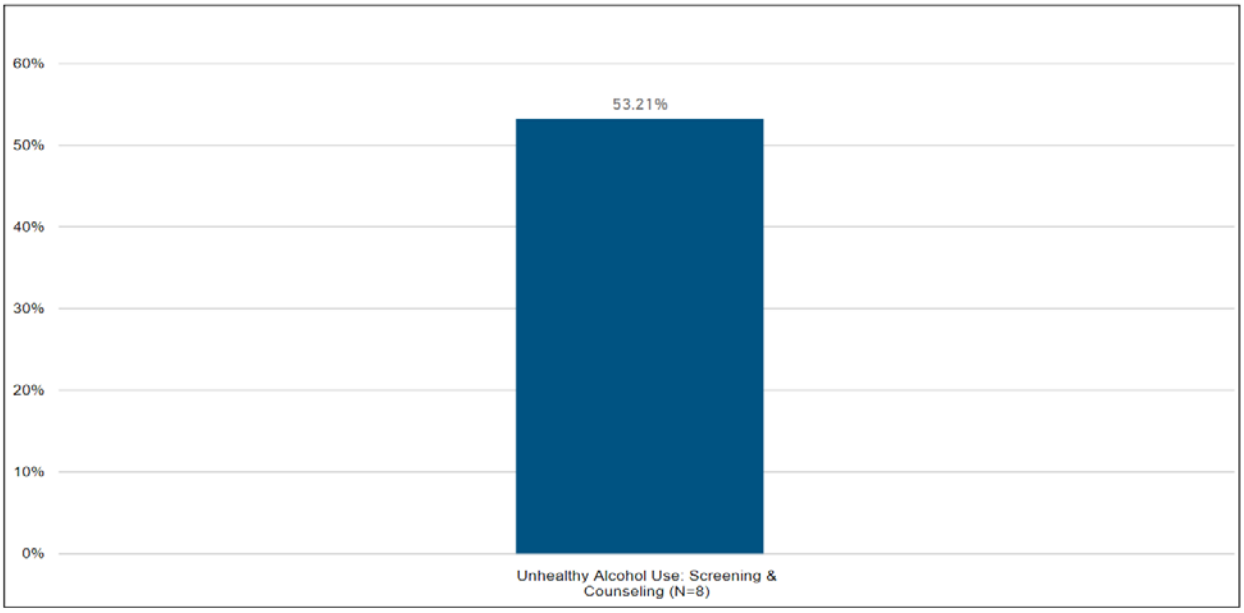

Exhibit 10: Unhealthy Alcohol Use: Screening & Brief Counseling (Summary Data)

Measure:	Unhealthy Alcohol Use: Screening & Counseling				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	4,173	7,842	53.21%	52.30%	8

Exhibit 11: Unhealthy Alcohol Use: Screening & Brief Counseling (Benchmark Data)

Measure:	Unhealthy Alcohol Use: Screening & Counseling						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	0.00%	0.10%	4.19%	59.30%	96.87%	98.21%	100.00%

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Measure 3 – Screening for Clinical Depression & Follow-Up Plan (DM2012-05)

Measure Description

This *mandatory* measure reports the percentage of participants 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool, and, if positive, a follow-up plan is documented on the date of the positive screen.

Summary of Findings

A total of 8 organizations submitted reportable data for this measure. This resulted in the following submissions: 7 Commercial, and 1 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 47.05% (n=7, Range: 2.2 - 100%) with a mean rate of 56.24% and a median rate of 87.28%.

Exhibit 12: Screening for Clinical Depression & Follow-Up Plan

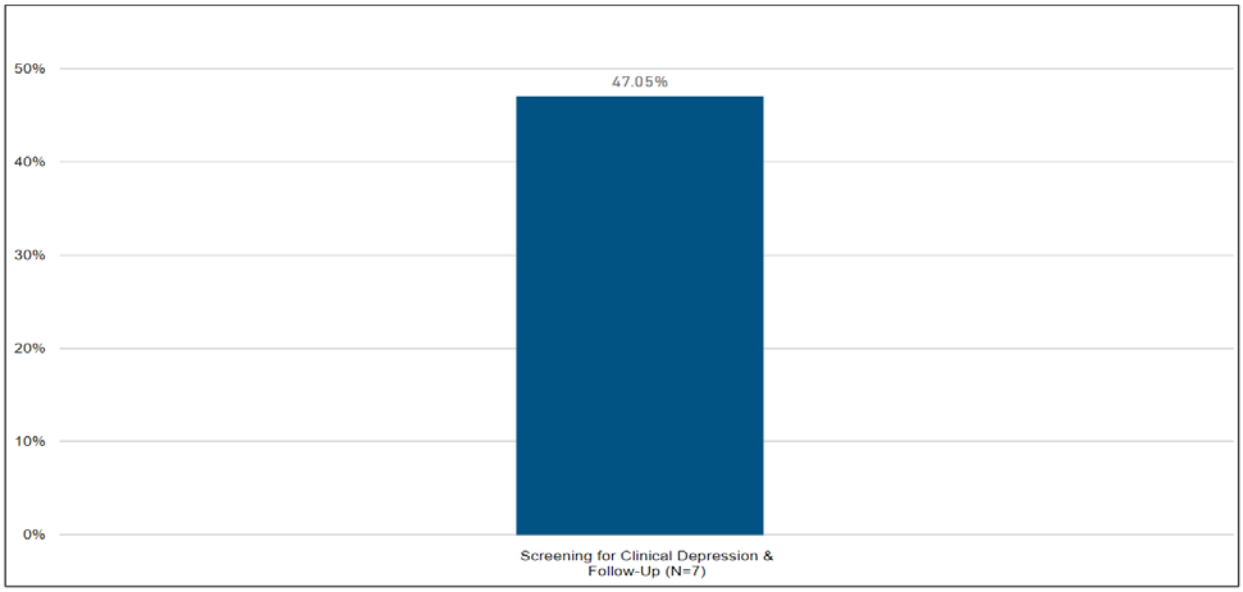

Exhibit 13: Screening for Clinical Depression & Follow-Up Plan (Summary Data)

Measure:	Screening for Clinical Depression & Follow-Up				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	4,393	9,337	47.05%	56.24%	7

Exhibit 14: Screening for Clinical Depression & Follow-Up Plan (Benchmark Data)

Measure:	Screening for Clinical Depression & Follow-Up						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	2.20%	4.48%	8.05%	87.28%	94.04%	98.51%	100.00%

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Measure 4 – Pediatric Asthma Event Rate (DM2012-30)

Measure Description

This *mandatory* measure assesses the number of hospital admissions for a principal diagnosis of asthma per number of members ages 2 to 17 during the measurement period. **A lower rate represents better performance.**

Summary of Findings

A total of 6 organizations submitted reportable data for this measure. This resulted in the following submissions: 3 Commercial, 1 Medicaid, and 2 All Other. Given there were less than 5 valid submissions per payor, analysis and benchmarks were not produced.

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Measure 5 – Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (DM2012-31)

Measure Description

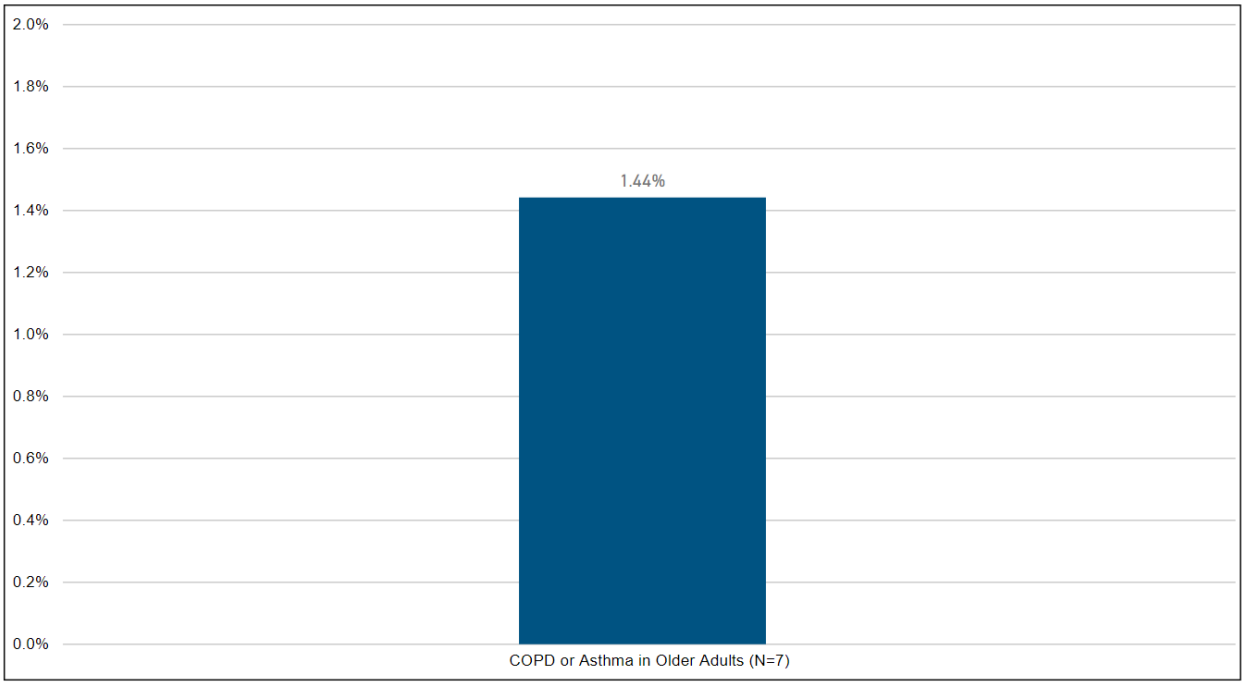
This *mandatory* measure assesses the number of hospital events for asthma or Chronic Obstructive Pulmonary Disease (COPD) per number of adult members age 40 years and older with a chronic diagnosis of asthma or COPD during the measurement period. **A lower rate represents better performance.**

Summary of Findings

A total of 9 organizations submitted reportable data for this measure. This resulted in the following submissions: 7 Commercial, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 1.44% (n=7, Range: 20.59 - 0.21%) with a mean rate of 5.54% and a median rate of 3.51%.

Exhibit 15: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate



Note: Lower rate represents better performance.

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Exhibit 16: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Summary Data)

Measure:	COPD or Asthma in Older Adults				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	88	6,102	1.44%	5.54%	7

Exhibit 17: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Event Rate (Benchmark Data)

Measure:	COPD or Asthma in Older Adults						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	20.59%	12.15%	6.49%	3.51%	0.76%	0.40%	0.21%

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Measure 6 – Hypertension Event Rate (DM2012-37)

Measure Description

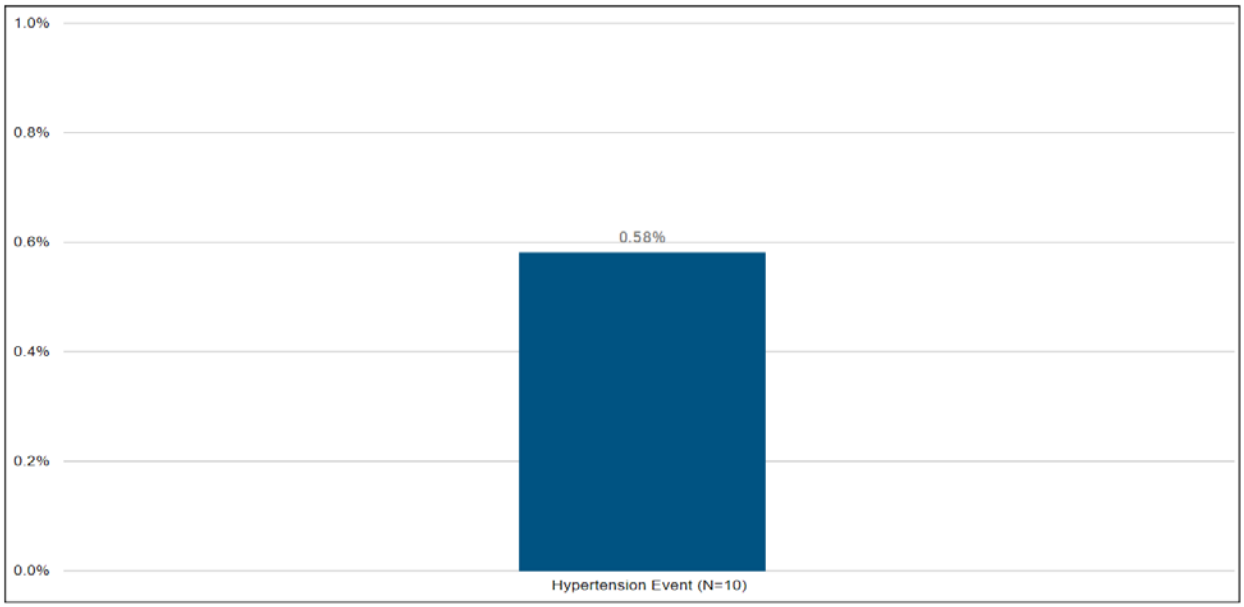
This *mandatory* measure assesses the number of hospital events for hypertension per number of adult members age 18 years or older with chronic hypertension during the measurement period. **A lower rate represents better performance.**

Summary of Findings

A total of 11 organizations submitted reportable data for this measure. This resulted in the following submissions: 10 Commercial, and 1 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 0.58% (n=10, Range: 21.21 - 0%) with a mean rate of 5.13% and a median rate of 1.84%.

Exhibit 18: Hypertension Event Rate



Note: Lower rate represents better performance.

Exhibit 19: Hypertension Event Rate (Summary Data)

Measure:	Hypertension Event				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	159	27,327	0.58%	5.13%	10

Exhibit 20: Hypertension Event Rate (Benchmark Data)

Measure:	Hypertension Event						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	21.21%	16.40%	5.99%	1.84%	0.10%	0.00%	0.00%

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Measure 7 – Heart Failure Event Rate (DM2012-38)

Measure Description

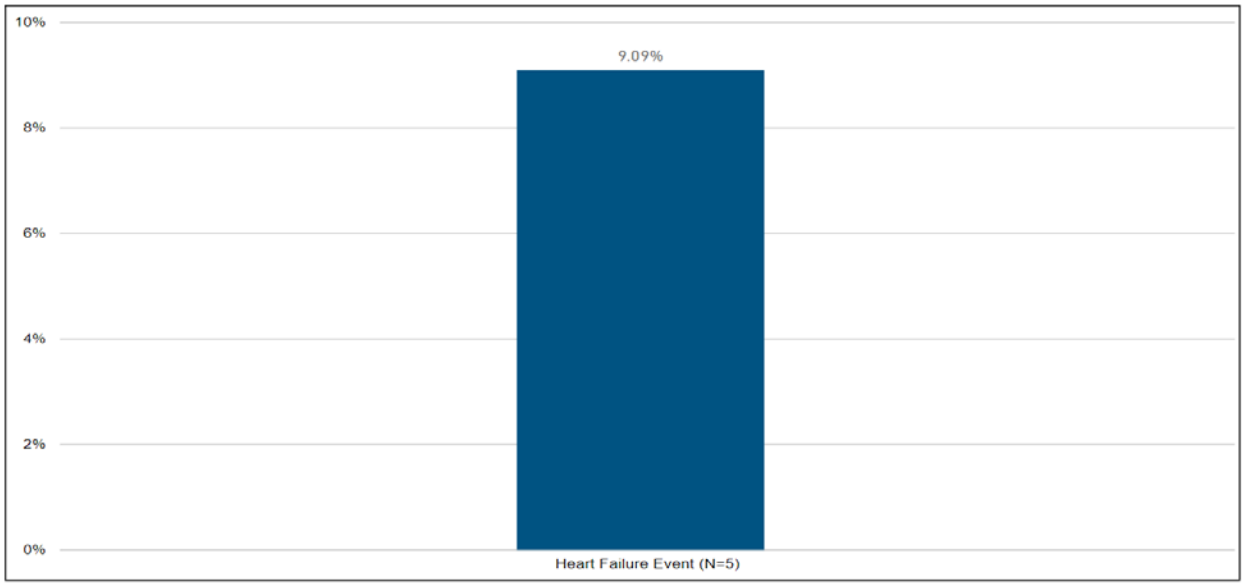
This *mandatory* measure assesses the number of hospital events with a principal diagnosis of heart failure per number of adult members age 18 years and older with diagnosed heart failure. **A lower rate represents better performance.**

Summary of Findings

A total of 7 organizations submitted reportable data for this measure. This resulted in the following submissions: 5 Commercial, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 9.09% (n=5, Range: 47.96 - 0%) with a mean rate of 16.81% and a median rate of 5.24%.

Exhibit 21: Heart Failure Event Rate



Note: Lower rate represents better performance.

Exhibit 22: Heart Failure Event Rate (Summary Data)

Measure:	Heart Failure Event				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	169	1,859	9.09%	16.81%	5

Exhibit 23: Heart Failure Event Rate (Benchmark Data)

Measure:	Heart Failure Event						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	47.96%	39.98%	28.00%	5.24%	2.85%	1.14%	0.00%

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Measure 8 – Diabetes Short-Term Complications Event Rate (DM2012-73)

Measure Description

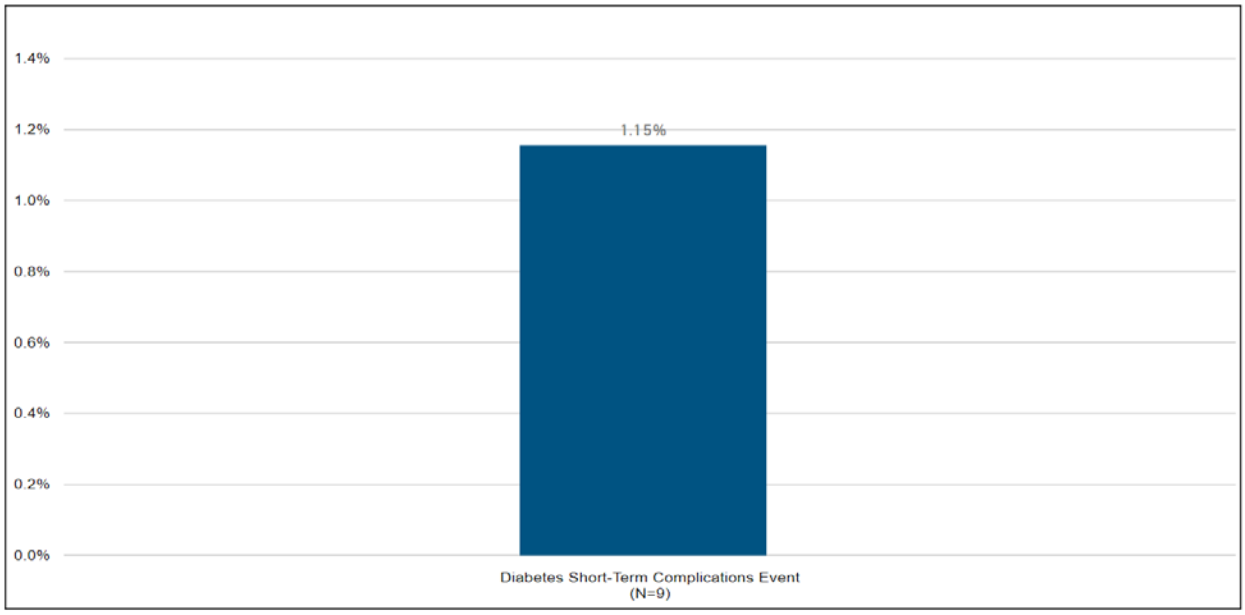
This *mandatory* measure assesses the number short-term diabetes complication events (ketoacidosis, hyperosmolarity, or coma) in adults 18 years and older per number of chronic diabetic adult members as of the end of the measurement period. **A lower rate represents better performance.**

Summary of Findings

A total of 12 organizations submitted reportable data for this measure. This resulted in the following submissions: 9 Commercial, 1 Medicaid, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 1.15% (n=9, Range: 13.26 - 0%) with a mean rate of 2.5% and a median rate of 0.7%.

Exhibit 24: Diabetes Short-Term Complications Event Rate



Note: Lower rate represents better performance.

Exhibit 25: Diabetes Short-Term Complications Event Rate (Summary Data)

Measure:	Diabetes Short-Term Complications Event				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	180	15,587	1.15%	2.50%	9

Exhibit 26: Diabetes Short-Term Complications Event Rate (Benchmark Data)

Measure:	Diabetes Short-Term Complications Event						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	13.26%	5.65%	2.21%	0.70%	0.45%	0.35%	0.00%

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Measure 9 – Asthma in Younger Adults Admission Rate (DM2017-01)

Measure Description

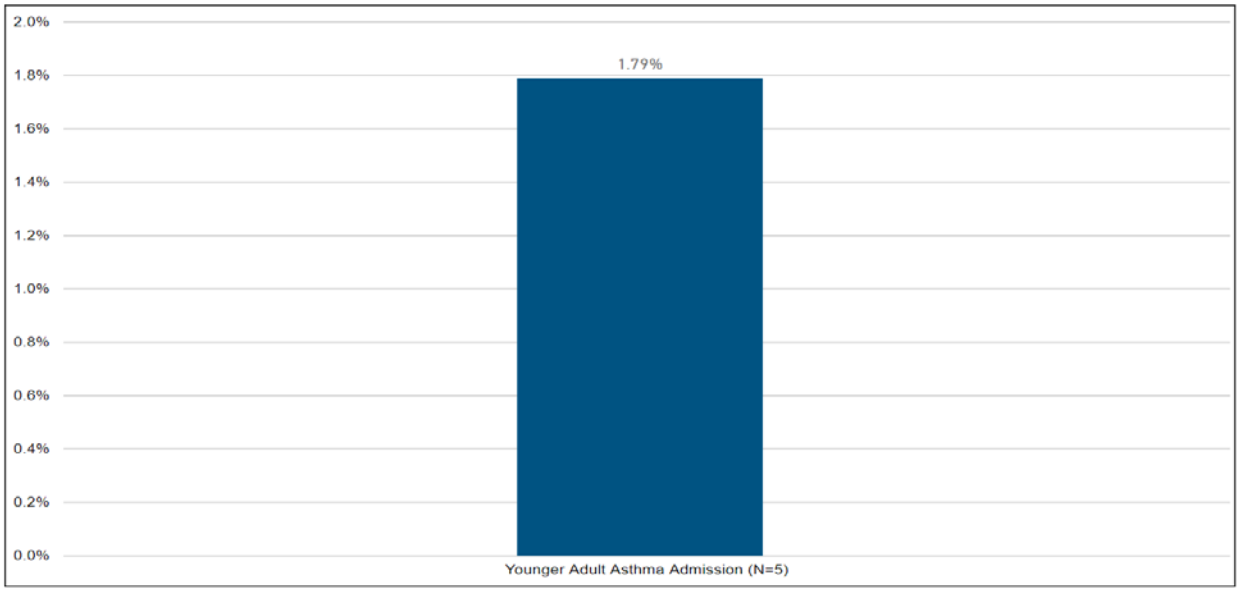
This *mandatory* measure assesses the number of admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years, during the measurement period. **A lower rate represents better performance.**

Summary of Findings

A total of 8 organizations submitted reportable data for this measure. This resulted in the following submissions: 5 Commercial, 1 Medicaid, and 2 All Other. Analysis and benchmarks were produced only for Commercial, which had more than five valid data submissions.

The aggregate summary rate for Commercial is 1.79% (n=5, Range: 37.76 - 0%) with a mean rate of 8.69% and a median rate of 0.81%.

Exhibit 27: Asthma in Younger Adults Admission Rate



Note: Lower rate represents better performance.

Exhibit 28: Asthma in Younger Adults Admission Rate (Summary Data)

Measure:	Younger Adult Asthma Admission				
Line of Business	Total Numerator	Total Denominator	Aggregate Summary Rate	Mean	Submissions
Commercial	59	3,297	1.79%	8.69%	5

Exhibit 29: Asthma in Younger Adults Admission Rate (Benchmark Data)

Measure:	Younger Adult Asthma Admission						
Line of Business	Min	10th	25th	50th	75th	90th	Max
Commercial	37.76%	24.36%	4.26%	0.81%	0.64%	0.25%	0.00%

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Measure 10 – Patient Activation Measure (DM2012-10)

Measure Description

This *exploratory* measure is a survey that assesses the knowledge, skills, and confidence integral to managing one's own health and health care. With the ability to measure activation and uncover related insights into consumer self-management competencies, care support and education can be more effectively tailored to help individuals become more engaged and successful managers of their health. This measure is reported to URAC in four parts: *Part A* measures the total number of responses received to the initial PAM survey; *Part B* measures the stratification of activation levels across respondents; *Part C* measures the total number of responses to a re-assessment PAM survey; *Part D* measures the total number of respondents that moved to a higher activation level at the time of re-assessment from baseline evaluation.

Note: The use of the Patient Activation Measure® (PAM®) requires a license between the submitting organization and Insignia Health (www.insigniahealth.com).

Summary of Findings

Only one Commercial organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

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Measure 11 – Proportion of Days Covered (DM2012-12)

Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement period. A performance rate is calculated separately for the following six medication categories: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Diabetes All Class; Statins; Anti-retrovirals (this measure has a threshold of 90% for at least 2 medications). The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA, Inc.

This measure is reported separately for each of the organization's books of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

Summary of Findings

Only one Commercial organization submitted data for this measure, and specifically for: Beta-blockers (BB); Renin Angiotensin System (RAS) Antagonists; Calcium Channel Blockers (CCB); Diabetes All Class; and Statins.

Analysis and benchmarks were not produced given there were less than five valid data submissions.

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Measure 12 – Drug-Drug Interactions (DM2012-26)

Measure Description

This *exploratory* measure assesses the percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA, Inc.

This measure is reported separately for each of the organization's books of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid). **A lower rate represents better performance.**

Summary of Findings

Only one Commercial organization submitted data for this measure. Analysis and benchmarks were not produced given there were less than five valid data submissions.

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Measure 13 – Adherence to Non-Warfarin Oral Anticoagulants (DM2015-01)

Measure Description

This *exploratory* measure assesses the percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for non-warfarin oral anticoagulants. The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA, Inc.

This measure is reported separately for each of the organization's books of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

Summary of Findings

No organizations submitted data for this measure.

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Measure 14 – Medication Therapy for Persons with Asthma (DM2012-26)

Measure Description

This *exploratory* measure assesses the percentage of participants with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported:

1. **Suboptimal Control.** The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
2. **Absence of Controller Therapy.** The percentage of patients with asthma during the measurement period who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

Summary of Findings

No organizations submitted data for this measure.

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