Presentation Overview

• Approval of November 12, 2015 Minutes

• CEO/ED Updates -
  ✓ APCD Implementation Timeline
  ✓ Data Submission Status

• Adoption of Policies and Procedures - Discussion of Public Comments
• Discussion of Quality Measures in Healthcare
• APCD Data Connectivity with Other Data Sources
• Designing Cost Transparency Report - An Overview
• Statistics on Consumer Decision Support Tool’s Usage
• Next Steps
• Future Meetings
• Adjournment
APCD Implementation Timeline

- **QTR 1, ‘16**: Infrastructure Build, Security Compliance, Data ETL, APCD Website
- **QTR 2, ‘16**: Data Validation, Historical Data Build, Reporting Analytics, Web Report build
- **QTR 3, ‘16**: Disease Prevalence, Population Coverage, Physician Density, SB-811 Reports
- **QTR 2, ‘17**: 30-Day Readmission, Price Transparency – By Select Procedures, SB-811 Reports
- **QTR 3, ‘17**: Costs of Surgeries by Hospitals, SB-811 Reports
- **QTR 4, ‘17**: Price & Quality Transparency – Physician Services
- **QTR 1, ‘17**: Healthcare Utilization, Population Illness, Total Cost of Care, SB-811 Reports
- **QTR 4, ‘16**: ER Costs, SB-811 Reports, Data Distribution
- **APCD Website**: QTR 1, ‘16, QTR 2, ‘16, QTR 3, ‘16, QTR 4, ‘16
- **Data Validation**: QTR 1, ‘16, QTR 2, ‘16
- **Historical Data Build**: QTR 1, ‘16, QTR 2, ‘16
- **Reporting Analytics**: QTR 1, ‘16, QTR 2, ‘16
- **Web Report build**: QTR 1, ‘16, QTR 2, ‘16
- **Disease Prevalence**: QTR 3, ‘16
- **Population Coverage**: QTR 3, ‘16
- **Physician Density**: QTR 3, ‘16
- **Price Transparency – By Select Procedures**: QTR 2, ‘17
- **30-Day Readmission**: QTR 2, ‘17
- **Costs of Surgeries by Hospitals**: QTR 3, ‘17
- **Price & Quality Transparency – Physician Services**: QTR 4, ‘17
- **Healthcare Utilization**: QTR 1, ‘17
- **Population Illness**: QTR 1, ‘17
- **Total Cost of Care**: QTR 1, ‘17
- **ER Costs**: QTR 4, ‘16
- **Web Report build**: QTR 1, ‘16, QTR 2, ‘16
- **APCD Website**: QTR 1, ‘16, QTR 2, ‘16, QTR 3, ‘16, QTR 4, ‘16
- **Data Distribution**: QTR 4, ‘16
- **ER Costs**: QTR 4, ‘16
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Approval of Policies and Procedures - Discussion of Public Comments
Physician and Clinical Quality Evaluations

All-Payer Claims Database Advisory Group
February 11, 2016

Matthew C. Katz, CSMS EVP/CEO
Clinical Quality: Commercial Health Insurers

- Each health insurer takes a different approach to clinical quality
- Most quality evaluations include clinical performance and efficiency measurers
- Clinical performance measures may include:
  - Claims-based measures (with a minimum case threshold)
  - Recognition by a national body (e.g., NCQA)
  - Use of HIT, including EMR and ePrescribing
Clinical Quality: Commercial Health Insurers

Many insurers use Symmetry® Episode Treatment Groups® (ETGs) as a measure of efficiency

- This methodology is based on episodes of care (EOC) costs, including professional, office, lab, pharmacy, etc.
- Cost of an EOC attributed to the physician who is responsible for the majority of the care
- Peer-to-Peer comparisons can be made
Medicare’s Physician Quality Reporting System

• A pay-for-reporting program that gives eligible professionals (EPs) incentives and payment adjustments for satisfactory reporting of quality measures

• Physician participation in PQRS helps improve the quality of patient care
Clinical Quality: PQRS

• New in 2017: Value-Based Payment Modifier (VM)
• VM is based on 2015 PQRS participation
  - Non-participation or unsatisfactory reporting = downward adjustment
  - Satisfactory reporting = upward adjustment
• Quality tiering incentive
  - Methodology used to evaluate performance on cost and quality measures
  - VM Adjustment Factor based on quality tier
Quality and Resource Use Reports (QRUR) are a component of the VM program

- Provides data on quality of care & resources used to provide that care
- Annual QRUR available for each TIN, includes:
  - Quality and cost measures data
  - VM calculation for groups of 10+ EPs
  - Quality tier designation (high, average, low)
  - Benchmark data for peer comparisons
• **QRUR** costs identified through allowed Medicare Part A and Part B charges.

• Cost data has been
  
  – **Payment standardized** to remove geographic payment differentials
  
  – **Risk adjusted** to account for differences in beneficiary medical history
  
  – **Specialty adjusted** to account for differences in TIN specialty mix
Clinical Quality: Medicaid

Medicaid Quality Improvement & Shared Savings Program

Adolescent Well-Care Visits
Annual Fluoride Treatment Ages Birth to 4
Annual Monitoring for Persistent Medications
Appropriate Treatment for Children with Upper Respiratory Infection
Asthma Medication Ratio
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
Behavioral Health Screening Ages 1-17
Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening in Woman
Developmental Screening in the First 3 Years of Life
Diabetes: Medical Attention for Nephropathy
Emergency Department Usage
Follow-up Care for Children Prescribed ADHD Medication
Frequency of Ongoing Prenatal Care
HPV for Female Adolescents
Medication Management for People with Asthma
Metabolic Monitoring for Children and Adolescents on Antipsychotics
Oral Evaluation Dental Services
PCMH CAHPS
Plan All-Cause Readmission
Post-Hospital Admission Follow-up
Prenatal Care Postpartum Care
Use of Imaging Studies for Low Back Pain
Well-Child Visits in the First Fifteen Months of Life
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
CAHPS: Consumer Assessment of Health Providers and Systems

- Getting Timely Care, Appointments, and Information
- How Well Your Doctors Communicate
- Patients’ Rating of Doctor
- Access to Specialists
- Health Promotion and Education
- Shared Decision Making
- Health Status/Functional Status
- Stewardship of Patient Resources
# Clinical Quality: ACO

## ACO Measures Reported through GPRO

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<td>Influenza Immunization</td>
<td>Beneficiaries with hypertension: % whose BP is controlled to &lt; 140/90</td>
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<td>Pneumococcal Vaccination</td>
<td>Percent of beneficiaries with IVD who use Aspirin or other antithrombotic</td>
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<td>Documentation of Current Medications in the Medical Record*</td>
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<td>Colorectal Cancer Screening</td>
<td>Depression Remission at Twelve Months*</td>
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<td>Mammography Screening</td>
<td>Statin Treatment for the Prevention and Treatment of Cardiovascular Disease (new measure for 2016)</td>
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<td>Proportion of Adults who had blood pressure screened in past 2 years</td>
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<td>Beneficiaries with diabetes: &gt;9% with poor control of hemoglobin A1c (HbA1c)</td>
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CMS Claims Measures

- Risk Standardized, All Condition Readmissions
- Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
- All-Cause Unplanned Admissions:
  - Patients with Diabetes
  - Patients with Heart Failure
  - Patients with Multiple Chronic Conditions: 2+ of the following: Acute myocardial infarction (AMI), Alzheimer’s disease/related disorders or senile dementia, Atrial Fibrillation, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disease (COPD) and Asthma, Depression, Heart Failure, Stroke and Transient Ischemic Attack (TIA)
- ASC Admissions: COPD or Asthma in Older Adults
- ASC Admission: Heart Failure
- % of PCPs who successfully meet MU Requirements
Draft SIM Quality Council Provisional Measure Set: Core Quality Measures

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*Recommend one of the two for health equity, pending public comment
**Continued need for this measure will be re-evaluated after HCP 59 is in production
## Draft SIM Quality Council Provisional Measure Set: Reporting Measures / Development Measures

**PROVISIONAL RECOMMENDATION_PENDING STEERING COMMITTEE REVIEW PUBLIC COMMENT**

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<td>Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions</td>
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<td>ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in elder adults</td>
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<td>Asthma in younger adults admission rate</td>
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<td>Asthma admission rate (child)</td>
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<td>Gap in HIV medical visits</td>
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18
APCD Data Connectivity with Other Data Sources
CONNECTING APCDs TO OTHER DATA SOURCES: OPPORTUNITIES FOR CONNECTICUT

Rob Aseltine, PhD
University of Connecticut
February 11, 2016
APCDs are great, but ...

• Limited to stuff that is captured in clinical settings
  – Problem: lots of really important causes and consequences of poor health happen outside the healthcare system
    • E.g., death, unemployment, incarceration

• Limited to info captured in billing claims
  – Missing: health behavior, key patient information, etc.
Benefits of Connecting APCD Data to Vital Statistics Registries: Examples

1. Using morbidity and mortality data to identify CT school districts with high/low risk of suicide

   ➢ Rationale:
   • Resources for suicide prevention scarce
   • Most youth suicide prevention delivered at the school/school district level
   • Mortality data too sparse to identify at risk areas
     – Need to combine with medically serious attempts
Combining Connecticut’s hospitalization and death data to examine youth suicide risk

- **Hospitalization:** E950-959 codes in the CT Hospital Inpatient Discharge Database (DPH)
- **Death:** Suicides identified by the Office of the Connecticut Medical Examiner

- Drew on US Census data to control for community level advantages/disadvantages
- Examined 10 – 24 year olds to align with GLS
High and Low Risk School Districts: Random Intercept Results

Source: CT HIDD & OCME
Geographic Distribution of High and Low Risk Districts: Adjusted Model

- Green = better than expected
- Red = worse than expected

Legend:
- Region type
  - Green = better than expected
  - Blue = neither better or worse
  - Red = worse than expected
  - Gray = not included
Benefits of Connecting APCD Data to Vital Statistics Registries: Examples

2. Using birth records to provide missing race and ethnicity information in the CT APCD

  Rationale:
  - APCDs largest repositories of health information in US
  - ~3% of claims data include patient’s race and ethnicity
  - This information captured in other databases, e.g. birth records
Combining Connecticut’s APCD with DPH Birth Records

Collaboration involving UConn, Access Health CT, DPH, Onpoint, CSMS

Two step process:

1. Merge birth records with APCD member file
   - ~60% of CT residents born in CT; have child in CT (?)
2. Use multiple imputation to impute race and ethnicity for patients not in birth records
   - Uses patient demographics (address, name, age etc.) to build a predictive model for patients race/ethnicity

Results included in APCD files
Summary

Many benefits of connecting the APCD to other data sources

Potential for far more compelling insights into causes and consequences of access to/utilization/outcomes of care

- e.g., employment (DOL), education (SDE), early intervention (DDS)

Ability to get critical info that is impossible or costly to collect
Questions?
Designing Costs Transparency Report

**Basic Components**

1. Web based delivery
2. Web design simplicity
3. Choices of Services – Elective vs Nonelective, Shoppable vs Non-shoppable
4. Bundling of Services
5. Selection controls
   a. Distance (in miles)
   b. Products (POS, PPO, HMO)
   c. Carriers (health insurance companies)
   d. Comparisons (between facilities and/or providers)
6. Description of the service(s) in layman’s terms
7. Outcomes – costs and quality by facility and/or provider group
8. Outlier suppressions, median values, removal of incomplete encounters
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- Office Visits
- Physical & Occupational Therapy
- Alternative Medicine
- Mental & Behavioral Health Services
- Obstetrics/Gynecological Procedures
- Radiology and Imaging Procedures
- Laboratory Services
- Outpatient Surgical Procedures
- Inpatient Surgical Procedures
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Office Visits

- New Patient Office Visit (10 min.)
- New Patient Office Visit (20 min.)
- New Patient Office Visit (30 min.)
- New Patient Office Visit (45 min.)
- New Patient Office Visit (60 min.)
- Established Patient Office Visit (5 min.)
- Established Patient Office Visit (10 min.)
- Established Patient Office Visit (15 min.)
- Established Patient Office Visit (25 min.)
- Established Patient Office Visit (40 min.)

- Patient office consultation (15 min.)
- Patient office consultation (30 min.)
- Patient office consultation (45 min.)
- Patient office consultation (60 min.)
- Patient office consultation (80 min.)

- Remove tissue from wounds <20 sq. centimeter
- Negative or vacuum pressure wound therapy <50 sq. centimeter

Adult preventative care
- Pediatric/adolescent preventative care
- Office or outpatient visit
- Specialist consultation
- Wound management

- New patient preventative care visit for adult, ages 18-39
- New patient preventative care visit for adult, ages 40-64
- New patient preventative care visit for adult, ages 65 and above
- Preventative care visit for adult, ages 18-40
- Preventative care visit for adult, ages 40-64
- Preventative care visit for adult, ages 65 and above

- New patient preventative care visit for child <1 years age
- New patient preventative care visit for child, ages 1-4
- New patient preventative care visit for child, ages 5-11
- New patient preventative care visit for child, ages 12-17
- Preventative care visit for child <1 years age
- Preventative care visit for child, ages 1-4
- Preventative care visit for child, ages 5-11
- Preventative care visit for child, ages 12-17
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Physical Therapy

- Physical therapy evaluation
- Physical therapy re-evaluation
- Physical med. treatment to one area-- hot or cold packs
- Physical medicine treatment to one area-- traction- mechanical
- Physical medicine treatment to one area-- electrical stimulation
- Physical medicine treatment to one area-- paraffin bath
- Physical medicine treatment to one area-- whirlpool
- Application of a modality to one or more areas; iontophoresis, 15 min.
- Application of a modality to one or more areas; ultrasound, 15 min.
- Physical med. treatment to one area, initial 30 min., each visit; therapeutic exercises
- Physical med. treatment to one area, initial 30 min., each visit; neuromuscular reeducation
- Therapeutic procedure, one or more areas, each 15 min.; aquatic therapy
- Physical med. treatment to one area, initial 30 min., each visit; gait training
- Physical med. treatment to one area, initial 30 min., each visit; massage
- Manual therapy techniques, one or more regions, each 15 min.
- Therapeutic procedure(s), group (2 or more individuals)
- Kinetic activities, strength and/or range of motion, one area, initial 30 min., each visit

Physical Therapy
- Occupational Therapy

Occupational therapy evaluation
- Self care/home management training, direct one on one contact by provider- each 15 minutes
- Orthotic(s) management and training - lower extremity(s) and/or trunk- each 15 minutes
- Checkout for orthotic/prosthetic use- established patient- each 15 minutes
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Alternative Medicine

- Osteopathic manipulative treatment
- Nutrition Services

- Osteopathic manipulative treatment - one to two body regions involved
- Osteopathic manipulative treatment - three to four body regions involved
- Osteopathic manipulative treatment - five to six body regions involved
- Osteopathic manipulative treatment - seven to eight body regions involved
- Osteopathic manipulative treatment - nine to ten body regions involved

- Occupational therapy evaluation
- Self care/home management training, direct one on one contact by provider- each 15 minutes
- Orthotic(s) management and training - lower extremity(s) and/or trunk- each 15 minutes
- Checkout for orthotic/prosthetic use- established patient- each 15 minutes
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Mental & Behavioral Health Services

- Diagnostic Evaluation
- Procedures
- Health & Behavior Assessment
- Therapy

Psychotherapy, 30 min. w/patient and/or family member
- Psychotherapy, 30 min. w/patient and/or family member, with e&m
- Psychotherapy, 30 min. w/patient and/or family member, lasting 45 min.
- Psychotherapy, 30 min. w/patient and/or family member, with e&m, lasting 45 min.
- Psychotherapy, 30 min. w/patient and/or family member, lasting 60 min.
- Family medical psychotherapy (without the patient present)
- Family medical psychotherapy (conjoint psychotherapy) by a physician
- Group medical psychotherapy (other than of a multiple-family group) by a physician

Psychiatric diagnostic evaluation
- Psychiatric diagnostic evaluation w/medical services

Electroconvulsive therapy (includes necessary monitoring) - single seizure

Health and behavior assessment (eg- health-focused clinical interview- behavioral observations- psychophysiological monitoring- health-oriented questionnaires)- each 15 minutes face-to-face with the patient-- initial assessment
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Obstetric / Gynecological Procedures

- Delivery
- Laboratory Services
- Ultrasounds

- Routine obstetric care including antepartum care - vaginal delivery (with or without episiotomy and/or forceps) and postpartum care
- Routine obstetric care including antepartum care - cesarean delivery and postpartum care

- Urine pregnancy test - by visual color comparison methods
- Folic acid - serum

- Echography - pregnant uterus - b-scan and/or real time with image documentation - follow-up or repeat
- Echography - transvaginal
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**Radiology Imaging**

- Echography - breast(s) (unilateral or bilateral) - b-scan and/or real time with image documentation
- Echography - abdominal - b-scan and/or real time with image documentation - complete
- Echography - abdominal - b-scan and/or real time with image documentation - limited (e.g. single organ quadrant - follow-up)
- Echography - pelvic (non-obstetric) - b-scan and/or real time with image documentation - complete

- Radiologic examination - chest - two views - frontal and lateral
- Radiologic examination - spine - lumbosacral - anteroposterior and lateral
- Radiologic examination - shoulder - complete - minimum of two views
- Radiologic examination - wrist - complete - minimum of three views
- Radiologic examination - hand - two views
- Radiologic examination - knee - anteroposterior and lateral - with oblique(s) - minimum of three views
- Radiologic examination - ankle - complete - minimum of three views
- Radiologic examination - foot - anteroposterior and lateral views
- Radiologic examination - foot - complete - minimum of three views

- CT (computed tomography) scans
- MRI (magnetic resonance imaging) scans
- Ultrasounds
- X-rays
- Mammograms
- Other imaging procedures

- CT Scan - head or brain - without contrast material
- CT Scan - maxillofacial area - without contrast material
- CT Scan - thorax - without contrast material
- CT Scan - thorax - with contrast material(s)
- CT Scan - abdomen - without contrast material
- CT Scan - abdomen - with contrast material(s)
- CT Scan - abdomen - without and with contrast
- CT Scan of abdomen and pelvis, with contrast
- CT Scan of abdomen and pelvis, without contrast
- CT Scan of abdomen and pelvis, with and without contrast

- MRI - brain (including brain stem) - without contrast material
- MRI - brain (including brain stem) - without and with contrast material
- MRI - spinal canal and contents - cervical - without contrast material
- MRI - spinal canal and contents - lumbar - without contrast material
- MRI - any joint of upper extremity
- MRI - any joint of lower extremity
- MRI scan of both breasts, with contrast
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Radiology Imaging

- CT (computed tomography) scans
- MRI (Magnetic resonance imaging) scans
- Ultrasounds
- X-rays
- Mammograms
- Other imaging procedures

- Bone density test of spine or hips using dedicated X-ray machine
- Bone and/or joint imaging-- whole body
- Tumor imaging- positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization-- skull base to mid-thigh

- Analog diagnostic mammogram
- Analog screening mammogram
- Analog diagnostic mammogram of one breast
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Laboratory Services

- Blood test
- Urine test
- Fecal test
- Swab test

Electrolyte panel
- Lipid panel this panel
- Renal function panel
- Acute hepatitis panel
- Hepatic function panel
- Albumin-- serum
- Alpha-fetoprotein-- serum
- Amylase
- Calcium-- total
- Carcinoembryonic antigen (cea)
- Cholesterol-- serum-- total
- Cholesterol-- serum-- total
- Cortisol-- total
- Creatine kinase (ck)-- (cpk)-- total
- Cyanocobalamin (vitamin b-12)--
- Cehydroepiandrosterone-sulfate (dhea's)
- Ferritin
- Others

- Urinalysis- by dip stick or tablet reagent for bilirubin-glucose- hemoglobin- ketones- leukocytes- nitrite- ph-protein- specific gravity-urobilinogen- any number of these constituents-- without microscopy- automated
- Protein- total- except by refractometry-- urine
- Culture- bacterial- urine-- quantitative- colony count
- Culture- bacterial- urine-- identification- in addition to quantitative or commercial kit

- Culture- bacterial- definitive-- any other source
- Culture- bacterial- screening only- for single organisms
- Infectious agent antigen detection by enzyme immunoassay technique- qualitative or semiquantitative- multiple step method-- influenza- a or b- each
- Infectious agent antigen detection by enzyme immunoassay technique- qualitative or semiquantitative- multiple step method-- streptococcus- group a
- Infectious agent detection by nucleic acid (dna or rna)-- chlamydia trachomatis- amplified probe technique
- Infectious agent detection by nucleic acid (dna or rna)-- neisseria gonorrhoeae- amplified probe technique
- Infectious agent detection by nucleic acid (dna or rna)-- papillomavirus-human- amplified probe technique

- Blood- occult-- feces screening- 1-3 simultaneous determinations
- Culture- bacterial- definitive-- stool
- Ova and parasites- direct smears- concentration and identification

- Culture- bacterial- definitive-- any other source
- Culture- bacterial- screening only- for single organisms
- Infectious agent antigen detection by enzyme immunoassay technique- qualitative or semiquantitative- multiple step method-- influenza- a or b- each
- Infectious agent antigen detection by enzyme immunoassay technique- qualitative or semiquantitative- multiple step method-- streptococcus- group a
- Infectious agent detection by nucleic acid (dna or rna)-- chlamydia trachomatis- amplified probe technique
- Infectious agent detection by nucleic acid (dna or rna)-- neisseria gonorrhoeae- amplified probe technique
- Infectious agent detection by nucleic acid (dna or rna)-- papillomavirus-human- amplified probe technique
Designing Costs Transparency Report

Outpatient Surgical Procedures
- Knee arthroscopy
- Shoulder arthroscopy
- Hernia repair
- Carpal tunnel release surgery

Common Surgeries & Procedures
- Joint Surgery
- Cardiac

Remove skin growth (premalignant/precancerous)
- Remove up to 14 skin growths (benign/noncancerous)
- Gallbladder removal
- Tonsillectomy & Adenoidectomy
- Endoscopy, upper GI, diagnostic
- Endoscopy, upper GI, with insertion guide wire
- Endoscopy, upper GI, with biopsy
- Colonoscopy, diagnostic
- Colonoscopy, with biopsy
- Colonoscopy, with lesion removal, by hot biopsy forceps or bipolar cautery
- Colonoscopy, with lesion removal, by snare technique
- Laparoscopic cholecystectomy

Hernia repair, inguinal
- Lithotripsy
- Scope Of Bladder And Urethra, For Diagnosis
- Scope Bladder, Insert Tube For Injection
- Csto Calibration Dilat Urtl Strix/stenosis
- Scope Bladder, Simple Removal Stone, Stent
- Scope Bladder & Ureter, Insert Stent Into Ureter
- Scope Bladder & Ureter, Break Up Kidney Stone
- Prostate Needle Biopsy, Any Approach
- Laparoscopic Hysterectomy
Designing Costs Transparency Report

Inpatient Surgical Procedures

- Cesarean Section
- Hysterectomy
- Mastectomy
- Normal Birth
- Prostatectomy
- Weight Loss Surgery

- Hip Replacement Procedure
- Hip Prosthesis Revision
- Revision of Knee Replacement Procedure
- Knee Replacement Procedure
- Dorsal & Lumbar Fusion Procedure for Curvature of Back
- Dorsal & Lumbar Fusion Procedure Exec for Curvature of Back
- Lumbar Procedures for Disc Excisions and Related Procedures
- Total and Partial Shoulder Replacement
- Cervical Fusion for Spondylitis and Disc Disease
- Cervical Fusion for Stenosis

Cardiac
- Digestive
- Common Surgeries & Procedures
- Joint Surgeries

- Percutaneous Carotid Artery Procedures
- Mitral Valve Procedure
- Aortic Valve Procedures
- Coronary Bypass
- PTCA with or without Stent without AMI

- Laparoscopic Procedures for Large Bowel Malignancy
- Resections for Rectal Malignancy
- Bowel Resection Procedures for Non Malignancy
- Laparoscopic Large Bowel Procedures for Diverticula and Vascular Insufficiency
- Laparoscopic Large Bowel Procedures for Intestinal Obstructions and Adhesions
- Major Open Large and Small Bowels Procedures for Malignancy
- Major Open Large Bowel Procedures for Intestinal Obstructions and Adhesions
- Laparoscopic Abdominal Wall Hernia Repair
- Laparoscopic Procedure for Inguinal and Femoral Hernia Procedures
- Open Procedures for Inguinal and Femoral Hernia Repair
- Open Procedures for Cholecystectomy
- Laparoscopic Procedures for Cholecystectomy
CDS Tool - Google Analytics (11/1/15 - 1/31/16)

Sessions – number of instances of anyone using site
Users – number of unique people using site
Pageviews – number of total pages on site loaded
Pages/Session – number of pages loaded per use
Avg. Session Duration – average length of time people spend on site
Bounce Rate – percentage of users viewing one page and then leaving site
% New Sessions – users divided by sessions
Future Meetings

Access Health Analytics

All Payer Claims Database – 2016 Meetings Schedule

All meetings are held on the second Thursday of every third month from 9:00 – 11:00 a.m. ET (unless otherwise indicated)

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<tr>
<td>August 11, 2016</td>
<td>9:00 - 11:00 AM</td>
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<td>November 10, 2016</td>
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