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VALUE IN HEALTH CARE

Summary of Prometheus Episode of Care Reports of Facility Provider Performance for the Department of Health Care Policy and Financing

This document provides a summary of seven Prometheus episode of care reports and is intended to help users understand their content. As you review these reports, please consider these important points:

- PAC is an acronym for Potentially Avoidable Complications. These are complications of care that occur during the episode and are identified by Prometheus based on the presence of one or more pre-defined diagnosis codes. CIVHC has not yet analyzed or validated the complications identified in these reports. The PAC % Allowed is the allowed amount associated with PACs as a percentage of overall episode allowed amounts.
- Before comparing provider performance in these reports, select an episode. If you attempt to compare provider performance across all or a combination of episodes (e.g., colonoscopy and colorectal resection), results will be influenced by differences in the relative proportion or “mix” of episodes for each provider, making it easy to misinterpret the results.
- The last two reports display provider performance based on risk-adjusted or expected values for PAC % Allowed and episode Average Allowed amounts. These reports are included to provide a fairer comparison of performance between providers. You may have concerns about the value of these reports because of concerns about the validity or utility of the Prometheus method adjusting for patient risk. Please refer to the Methodology section to review the results of an evaluation of the Prometheus risk adjustment model, which shows that the model is useful for a number of the procedure-based episodes.

PAC % Allowed vs. Average Allowed (Bubble chart of performance, based on quality and cost)

Select an episode of care and compare the performance of facility providers, based on quality (PAC % Allowed on the y-axis) and average allowed cost per episode (x-axis). Be careful when evaluating provider performance using this report; many providers have very small numbers of episodes (represented by a small circle), which can skew their results.

PAC % Allowed vs Allowed by Line of Business (Bubble chart of performance, based on quality and cost)

This report is similar to the previous one with the exception that provider results are presented separately for Medicaid and Commercial lines of business using different colors

Episode Profiles (Bar graphs comparing selected episode costs by lines of business)

Review this comparison, by episode, of average total episode costs, average PAC allowed amounts and PAC % Allowed for Commercial and Medicaid lines of business. The results show that for every episode, the PAC % Allowed is higher for Medicaid populations. CIVHC will examine the influence of patient risk and will analyze other potential root causes for this finding.

Allowed Amount and Volume Comparisons by Group (Bar graphs comparing user-selected episode costs by lines of business)

Select an episode and compare differences in allowed amounts, PAC allowed amounts and volume between Commercial and Medicaid lines of business by geographic region or provider.

PAC % Allowed Comparison by Group (Bar graph comparing episode PAC % Allowed by lines of business)

Select an episode and compare PAC % Allowed between Commercial, Medicaid and all lines of business by geographic region or provider. Again, some providers may have a high PAC % Allowed because of high patient risk.

Expected PAC % Allowed vs Expected Average Allowed (Bubble chart of performance, based on quality and cost)

This report is like the first, PAC % Allowed vs. Average Allowed, but is based on expected values for PAC % Allowed and Average Allowed amounts. The importance of this report is that it adjusts for differences in the risk of each provider's patient population so that it provides a fairer comparison of performance between providers.

For example, the first report may identify a provider with a high PAC % Allowed value for an episode compared to other providers, indicating they are underperforming in quality of care. But, the provider might be treating a higher risk population and have a higher expected PAC % Allowed compared to the other providers. If a provider's actual PAC % Allowed is less than their expected PAC %, this indicates they are providing better than expected quality.

Again, you may have concerns about the validity or utility of the Prometheus method adjusting for patient risk. Please refer to the Methodology section for an evaluation of this method.

Actual PAC % Allowed vs. Expected PAC % Allowed (Bubble chart of performance, based on actual vs. expected PAC % Allowed amounts)

Select an episode and compare the actual vs. expected PAC % Allowed amounts for facility providers. Providers colored in orange are underperforming compared providers in blue. Again, be careful when evaluating provider performance using this report; many providers have very small numbers of episodes (represented by a small circle), which can skew their results.