

Use of Clinical Risk Groups in the Primary Health Care



Generalitat de Catalunya
Departament de Salut



Institut Català
de la Salut



www.gencat.cat/ics

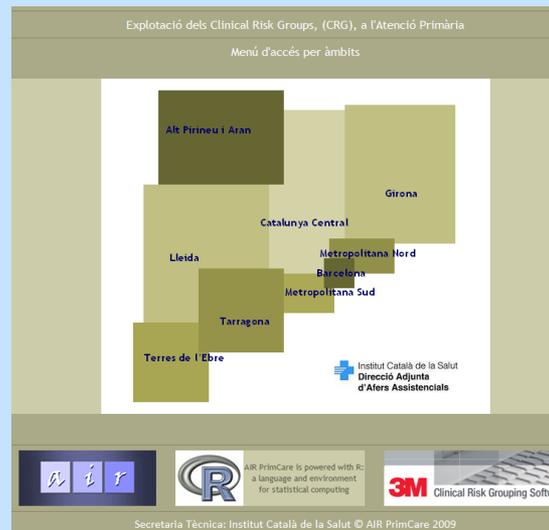
What are CRG?

- Basic Concepts
- Utilities
- CRG logic & Architecture
- CRG weights

Diagnosis Coding

- ICPC, ICD-9, ICD-10
- Which one is used by the CRG?

CRG running: AIR PrimCare



What are 3M Clinical Risk Groups?

Using diagnosis and procedure codes, 3M Clinical Risk Groups (3M CRGs) classify individuals into severity-adjusted homogenous groups for risk adjustment. Depending on the level of granularity desired, 3M CRGs can be aggregated to predefined or user-defined aggregated CRG groups that maintain clinical significance and severity.

3M™ Clinical Risk Grouping Software for payers

- Clinically precise tool for longitudinal disease management
- Ideal for provider profiling, quality measurement, and outcomes improvement
- Aligns payment incentives with clinical goals
- Essential basis for effective chronic disease risk adjustment

What are 3M Clinical Risk Groups?

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The challenge

The prevailing trend in American healthcare finance is to be sure providers are paid appropriately for services delivered. Because a few individuals consume a disproportionate share of resources, existing payment systems often create incentives to provide treatment for individuals who are least likely to generate high medical expenses and to limit services to high-utilization populations.

The result is often reduced services for those who need them the most, with little or no incentive to provide early, less expensive care. Payers place themselves in considerable financial jeopardy if they fail to adequately adjust their payment levels and manage the populations they serve. By correlating payment levels with the predicted level of future medical services required by the population being served (risk adjustment), payers can reduce their risk levels and raise the efficiency of their care management through provider profiling and aligning best practices.

The 3M solution

3M CRGs can be used by payers, researchers, consultants, epidemiologists, government health policy leaders, or others to group data as the basis for effective risk adjustment. Because 3M CRGs are clinically precise, they can be a powerful tool for disease management, provider profiling, as well as measuring and improving quality of care and outcomes. 3M CRGs can help an organization align payment incentives with its clinical goals.

As a management tool, risk adjustment must be able to quantify the future level of risk posed by each individual in the population based on medical history and treatment patterns. The assignment of 3M CRGs leads to the establishment of equitable rates by increasing payments to providers for high-risk individuals and reducing payments for low-risk individuals, thus creating equitable rates for both payers and providers.



3M™ Clinical Risk Grouping Software for payers

Key features and benefits

3M CRGs can provide the basis for a comparative understanding of severity, treatment, best practice patterns, and disease management strategies, which are necessary management tools for payers who want to control costs, maintain quality, and improve outcomes. This can encourage competition between providers based on the quality and efficiency of care delivery, rather than cost avoidance and service restriction.

3M CRG-adjusted payment rates can help:

- Minimize financial incentives for treating low-cost patients
- Provide increased incentives to adequately treat individuals at high risk
- Promote financial and clinical efficiency in care delivery

Strong clinical foundations

With 3M Clinical Risk Grouping Software, you're using a management tool that clinically assigns individuals to meaningful severity-adjusted risk groups. These groups identify individuals with multiple chronic co-morbid conditions and explicitly specify the severity of illness for each individual. The clinical orientation of 3M CRGs maximizes the level of understanding, acceptance, and usefulness of these measures in establishing effective clinical care guidelines, care pathways, provider profiles, and outcomes assessment.

Additionally, the 3M Clinical Risk Grouping Software can help you perform the following functions:

- Determine and track chronic disease prevalence and progress over time
- Analyze clinical efficacy of treatment patterns
- Determine costs associated with medical services and assess the level of risk for particular groups of individuals
- Track quality of care
- Profile utilization patterns and the appropriateness of capitation rates
- Address both chronic and multiple medical conditions and the level of severity

Call today

For more information on how 3M CRGs can help your organization, contact your 3M representative or call us toll-free at 800-367-2447, or visit www.3Mhis.com.

3M Clinical Risk Grouping Software groups individuals into risk groups that can be used as a basis for setting payment rates and then analyzing outcomes. 3M CRGs can be used to analyze medical services and costs according to clinical conditions. Although 3M CRGs are used in many systems, 3M CRGs are used most effectively. 3M CRGs assess a patient's clinical condition, while the 3M CRG grouping process analyzes inpatient, ambulatory, and pharmacy data over a period of time. With the predictive capability of 3M CRGs, payers can set rates that minimize inappropriate incentives, and, at the same time, reward providers who clinically and financially manage high-risk individuals effectively.



Health Information Systems

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Managing care

Whether you provide health care or you pay for it, the challenge, today and into the foreseeable future, is to control costs while delivering quality health care. This no easy task especially at a time when healthcare costs are beginning to rise rapidly again. The news speaks daily of health insurance companies withdrawing from large markets or managed care groups being

by unrealistic projections of the cost of delivering qual

In parts of the country where capitation is common, providers are concerned that they may not be receiving a fair price. Payers are concerned about the quality of care they are purchasing. Enrollees are concerned about access and even the availability of care. The same concerns are present even under discounted fee-for-service medicine where, for example, payers are not interested in contracting with providers who are unable to control their costs.

Your long-term success is your very survival, whether you are payer or provider, depends on rates that are fair and reasonable. These rates must also include an incentive to control costs that promotes the quality of care. Knowing, in advance, the costs of your enrollees is essential for financial success. Controlling these expectations in a meaningful way is the key to delivering quality health care.

Meeting the challenge

The first step in meeting the challenge is to understand the clinical diversity of the population you serve. Some are healthy. Some are very sick. Accounting for clinical diversity requires that you identify enrollees with chronic illnesses. But more than simply identifying them, you

The second step is to identify your problems and your opportunities for improvement. Problems in both cost and quality must be identified and addressed.

Whether you are a payer or provider, you must ask yourself why, for certain illnesses or for certain types of services, you are more expensive than your peers. You must ask yourself why your outcomes are not as good as those of your peers. Only after identifying your weaknesses can you act to address your problems.

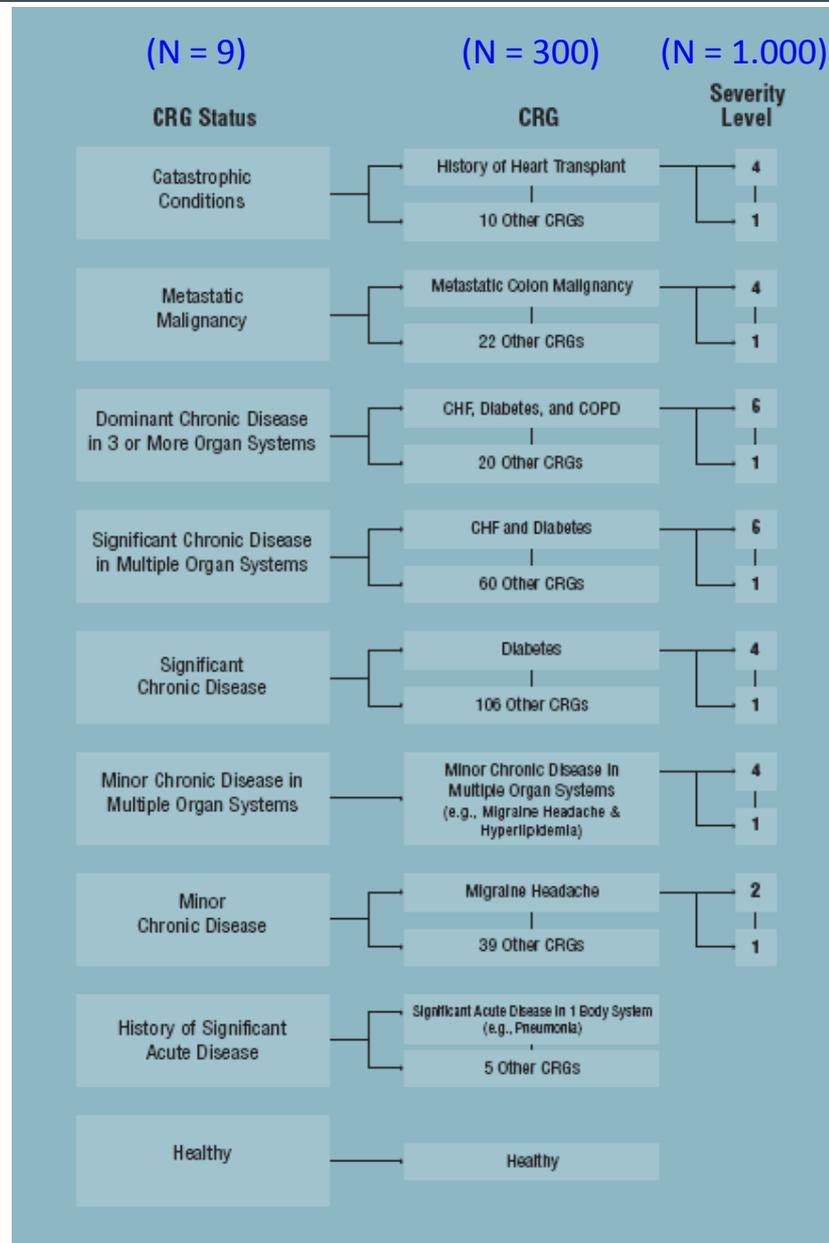
Meeting the challenge of controlling costs while delivering quality health care is not easy. You must make a commitment to integrate risk adjustment, provider profiling, incentives for efficiency, and management's response to a comprehensive continuous effort.

The third step is to produce the management information needed to solve your problems. You need to have tools that can communicate information in a form and at a level of detail that can lead to positive actions. Your management tools must encompass both the clinical and financial aspects of care.

Meeting the challenge of controlling costs while delivering quality health care is not easy. You must make the commitment to integrate risk adjustment, provider profiling, incentives

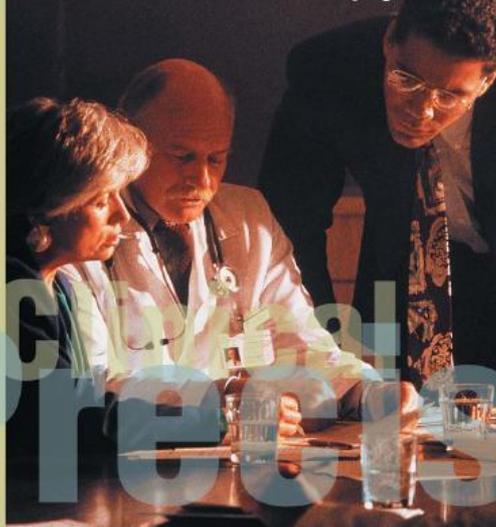
The first step in meeting the challenge is to understand the clinical diversity of the population you serve. Some are healthy. Some are very sick. Accounting for clinical diversity requires that you identify enrollees with chronic illnesses. But more than simply identifying them, you must recognize that some enrollees will have multiple problems and that individuals with the same illness will be at very different stages of that illness. A person with no

CRG architecture



CRG weights, (relative weights, complexity, resource consumption)

Set equitable payment rates with 3M[®] Clinical Risk Grouping Software



Sample report of the relative payment weights for Medicare beneficiaries

CRG	Severity of Illness Levels					
	1	2	3	4	5	6
Diabetes	0.5953	0.7797	0.9246	1.3985		
Diabetes & Congestive Heart Failure	1.0632	1.2664	1.6494	2.0645	2.6528	3.6650
Diabetes & Congestive Heart Failure & Chronic Obstructive Pulmonary Disease	1.4558	2.1968	2.5539	3.2849	4.2358	5.7845

Figure 2

Sample report of the relative payment weights for Medicare beneficiaries

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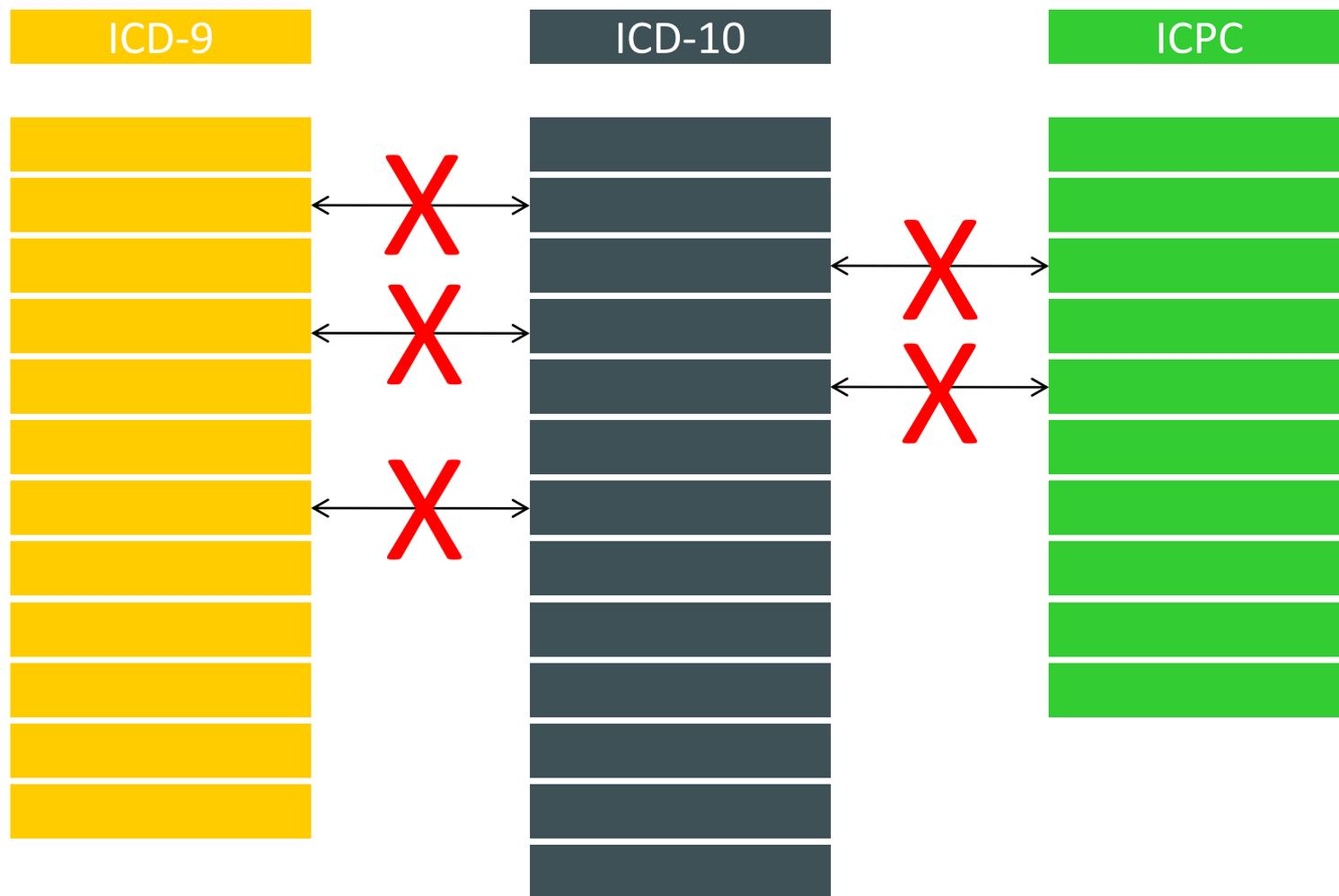
CRGs can help you perform the following tasks:

- Assess the appropriateness of payment levels
- Set and review payment rates
- Profile providers
- Profile utilization patterns
- Track quality of care
- Analyze the clinical efficacy of specific treatment patterns
- Analyze the costs associated with specific medical services for clinically defined groups

Clinical precision allows CRGs to be used as both a clinical management tool and as the basis for negotiating payment rates. For example, an individual with diabetes is assigned to one group if the only chronic diagnosis is diabetes. The same individual would be assigned to another group if he or she also has an additional chronic diagnosis, such as congestive heart failure. The individual is assigned to yet another group if, in addition to the diabetes and congestive heart failure, a third chronic diagnosis, such as chronic obstructive pulmonary disease, is present. These important clinical distinctions have significant implications for the cost of treating individuals with these illnesses. More importantly, these clinical distinctions should be considered if payments are to be fair and equitable. Figure 2 contains the relative payment weights for Medicare beneficiaries for some of the CRGs associated with diabetes. It shows the dramatic difference in cost depending on severity level and the presence of comorbid conditions.

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Diagnosis and Health Problems Coding Versions



Which one is used by the CRG?

CRG assume that diagnosis are coded in ICD-9

ICD-9



+ 10.000 !!!

But the CRG use Episode Diagnosis Categories (EDC) in order to group

EDC

Diabetes

Hipertension

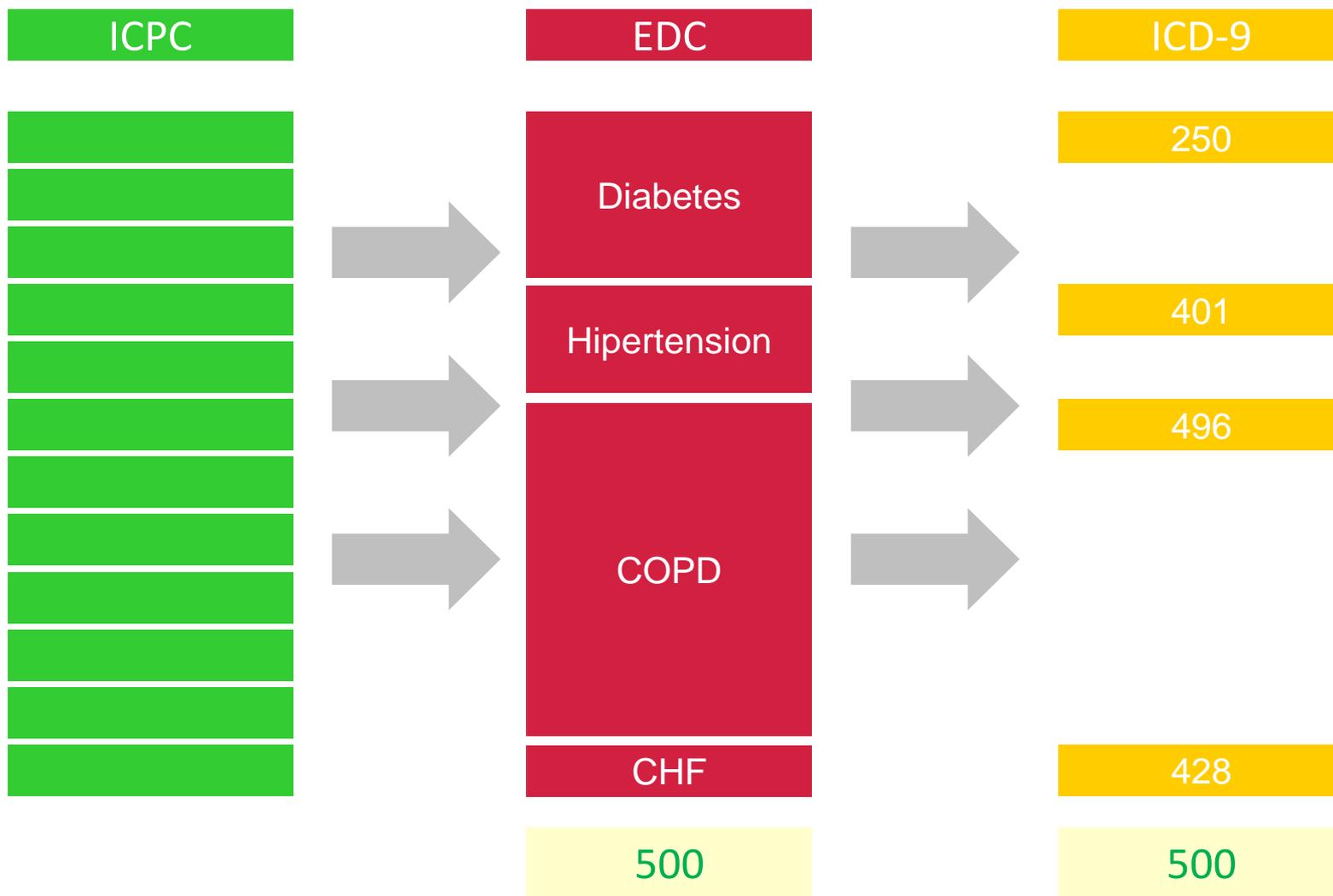
COPD

CHF

500



ICPC to ICD9?



Explotació dels Clinical Risk Groups, (CRG), a l'Atenció Primària

Menú d'accés per àmbits

The map displays the following regions:

- Alt Pirineu i Aran
- Girona
- Catalunya Central
- Lleida
- Metropolitana Nord
- Barcelona
- Metropolitana Sud
- Tarragona
- Terres de l'Ebre

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d'Afers Assistencials

  AIR PrimCare is powered with R:
a language and environment
for statistical computing

  3M Clinical Risk Grouping Software

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Patients
Chronic Disease
Visits
Ambulatory Drug Cost

Age distributions Case-mix

Explotació dels Clinical Risk Groups, (CRG), a l'Atenció Primària

Gerència Territorial de Girona | Any : 2011

Piràmides poblacionals

- Demanda
 - Població assignada
 - Població assignada atesa
 - Cobertura
- Qualitat de les dades
 - Diagnòstics per pacient
 - % Pacients sense diagnòstic
- Activitat
 - Distribució Visites
- Morbiditat
 - Distribució sans
 - Distribució crònics
- Complexitat
 - Distribució Pes Mig
- Despesa
 - Farmàcia

Informes per apartats

- Casuística
 - Distribució dels CRG's
 - Diagnòstics x CRG's
 - Visites x CRG's
 - Despesa Farmàcia x CRG's
 - CRG vs ICD
- Casuística i Farmàcia
- Casuística i Codificació
- Informes Resum



2009 | 2010 | 2011

[Altres Regions](#)



AIR PrimCare is powered with R:
a language and environment
for statistical computing



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CRG Running: AIR PrimCare > Age distributions

Explotació

Gerència

Piràmides poblacionals

Demanda

- Població assignada
- Població assignada atesa
- Cobertura

Qualitat de les dades

- Diagnòstics per pacient
- % Pacients sense diagnòstic

Activitat

- Distribució Visites

Morbiditat

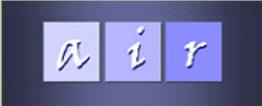
- Distribució sans
- Distribució crònics

Complexitat

- Distribució Pes Mig

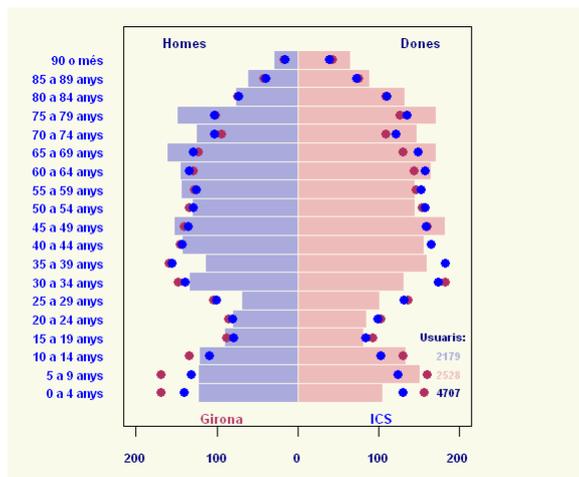
Despesa

- Farmàcia

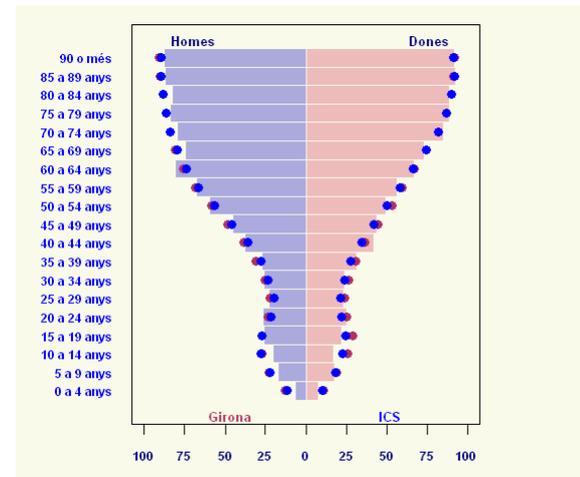


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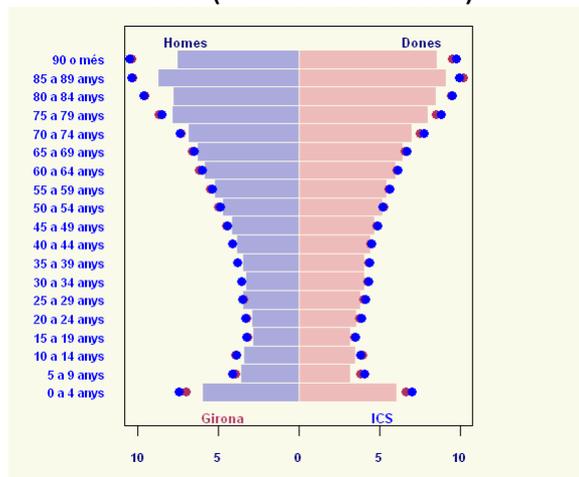
Patients



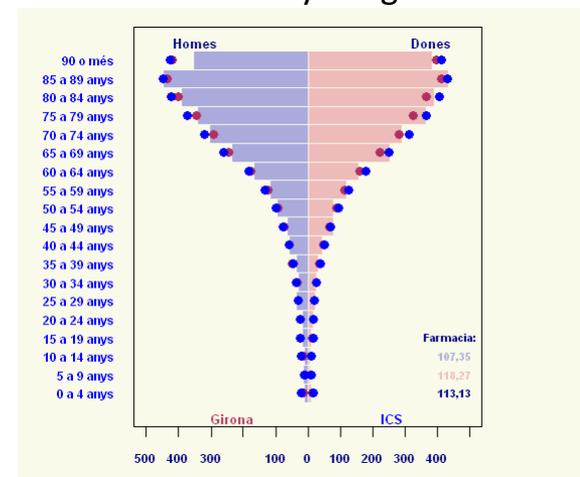
Significant Chronic Disease



Visits (Health Contacts)



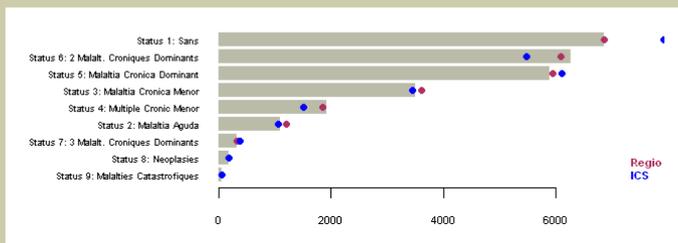
Ambulatory Drug Cost



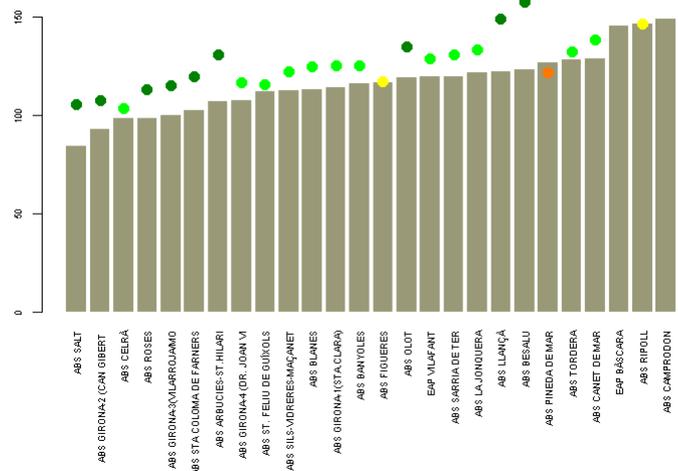
CRG Running: AIR PrimCare > Age distributions

CRG Distributions

Status	n	%	E ₁	Ratio	E ₂	Ratio
Status 1: Sans	6.856	26,23	6.858	1,00	7.923	0,87
Status 2: Malaltia Aguda	1.098	4,20	1.199	0,92	1.072	1,02
Status 3: Malaltia Cronica Menor	3.512	13,44	3.619	0,97	3.442	1,02
Status 4: Multiple Cronic Menor	1.927	7,37	1.845	1,04	1.510	1,28
Status 5: Malaltia Cronica Dominant	5.897	22,56	5.946	0,99	6.097	0,97
Status 6: 2 Malalt. Croniques Dominants	6.267	23,98	6.089	1,03	5.469	1,15
Status 7: 3 Malalt. Croniques Dominants	337	1,29	320	1,05	374	0,90
Status 8: Neoplasies	188	0,72	193	0,98	190	0,99
Status 9: Malalties Catastrofiques	55	0,21	68	0,81	60	0,92



Ambulatory Drug cost, (Observed and Expected values)



Summary Adjusted Indicators

EAP	ND	HoD	Vis	DF	PMf	PMT
ABS SALT	●	●	●	●	●	●
ABS ARBUCIES-ST.HILARI	●	●	●	●	●	●
ABS SILS-VIDRERES-MAÇANET DE LA SELVA	●	●	●	●	●	●
ABS BLAIES	●	●	●	●	●	●
ABS ROSES	●	●	●	●	●	●
ABS TORDERA	●	●	●	●	●	●
ABS GIRONA-3 (VILARROJA/MOHTILIVI)	●	●	●	●	●	●
ABS GIRONA-4 (DR. JOAII VILAPLAHA)	●	●	●	●	●	●
ABS SARRIA DE TER	●	●	●	●	●	●
ABS STA COLOHA DE FARNERS	●	●	●	●	●	●
ABS GIRONA-2 (CAN GIBERT DEL PLÀ)	●	●	●	●	●	●
ABS LLAIÇÀ	●	●	●	●	●	●
EAP BÀSCARA	●	●	●	●	●	●
ABS OLOT	●	●	●	●	●	●
ABS LA JONQUERA	●	●	●	●	●	●
ABS BANYOLES	●	●	●	●	●	●
ABS BESALU	●	●	●	●	●	●
ABS CELRÀ	●	●	●	●	●	●
ABS FIGUERES	●	●	●	●	●	●
ABS GIRONA-1 (STA.CLARA)	●	●	●	●	●	●
EAP VILAFANIT	●	●	●	●	●	●
ABS CAMPRODON	●	●	●	●	●	●
ABS BESALU	●	●	●	●	●	●
ABS TORDERA	●	●	●	●	●	●
ABS CANET DE MAR	●	●	●	●	●	●
EAP BÀSCARA	●	●	●	●	●	●
ABS RIPOLL	●	●	●	●	●	●
ABS CAMPRODON	●	●	●	●	●	●
ABS CANET DE MAR	●	●	●	●	●	●
ABS ST. FELIU DE GUÍXOLS	●	●	●	●	●	●
ABS PIUEDA DE MAR	●	●	●	●	●	●

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Informes per apartats

Casuística

- Distribució dels CRG's
- Diagnòstics x CRG's
- Visites x CRG's
- Despesa Farmàcia x CRG's
- CRG vs ICD

Casuística i Farmàcia

Casuística i Codificació

Informes Resum



AIR PrimCare is powered with R: a language and environment for statistical computing

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Thank you for your attention!!!

I will be glad to serve you:

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