

APCD Advisory Group Meeting

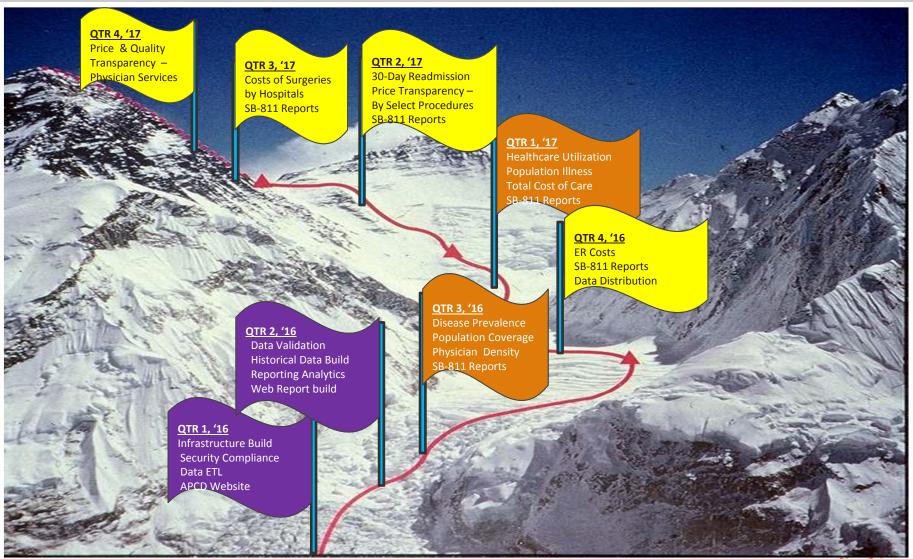
February 11, 2016

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



Data Submission Status

	Data Type				Member	P/F	Prelim
Submitters	Eligibility	Medical	Pharmacy	Provider	Count	L/F	Load f
Aetna Health Insurance HMO FI	D/H	L/F	L/F	L/F	53,459	D/H	DQ Ho
Aetna Health Insurance HMO on ACAS FI	L/F	L/F	L/F	N/A	29,333	D/P	DQ Pa
Aetna Life Insurance Company Aetna Student Health	L/F	L/F	N/A	P/F	50,575	N/A	Not A
Aetna Life Insurance Company HMO Medicare	D/H	L/F	P/F	N/A	20,611		
Aetna Life Insurance Company HMO SI	N/A	L/F	L/F	N/A			
Aetna Life Insurance Company Traditional	D/H	L/F	P/F	L/F	548,986		
Anthem Health Plans, Inc	N/A	N/A	P/F	N/A			
Caremark, LLC		N/A		N/A			
Cigna Behavioral Health			N/A				
Cigna Health and Life Insurance Company - East	L/F	L/F	D/P	D/P	147,357		
Cigna Health and Life Insurance Company - West	D/P	D/H	D/P	D/P	240		
ConnectiCare, Inc	P/F	P/F	P/F	L/F	220,229		
ConnectiCare, Inc - Medicare Advantage							
Express Scripts Administrators, L.L.C. d/b/a Express Scripts		N/A		N/A			
First Health Life and Health Insurance Company (Cov Part D)	D/H	N/A	L/F	N/A	21,151		
Golden Rule Insurance Company	P/F	P/F	P/F	P/F	5,040		
Harvard Pilgrim Health Care of Connecticut, Inc	L/F	L/F	L/F	L/F	4,965		
HealthyCT Inc							
Medco Containment Life		N/A		N/A			
OptumHealth (UHC)		D/H	N/A	D/P			
Oxford Health Insurance Inc, (UHC)			N/A				
UnitedHealthcare - OrthoNet (Oxford)	N/A	L/F	N/A	N/A			
UnitedHealthcare Insurance - Medicare & Retirement							
UnitedHealthcare Insurance Company							
WellCare Of Connecticut, Inc		L/F	P/F	D/P			
ALL	ALL						11.1
	1,101,946 acce	ess he	alth				

P/F	Prelim fail.
L/F	Load fail.
D/H	DQ Hold.
D/P	DQ Pass.
N/A	Not Applicable.

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



- New in 2017: Value-Based Payment Modifier (VM)
- VM is based on 2015 PQRS participation
 - Non-participation **or** unsatisfactory reporting = downward adjustment
 - TSatisfactory 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 Like

Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life



Clinical Quality: ACO

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

Falls: Screening for Fall Risk

Influenza Immunization

Pneumococcal Vaccination

Adult Weight Screening and Follow-up

Tobacco Use Assessment & Cessation Intervention

Depression Screening

Colorectal Cancer Screening

Mammography Screening

Proportion of Adults who had blood pressure screened in past 2 years

Beneficiaries with diabetes: >9% with poor control of hemoglobin A1c (HbA1c)

Diabetes—Eye Exam*

Beneficiaries with hypertension: % whose BP is controlled to < 140/90

Percent of beneficiaries with IVD who use Aspirin or other antithrombotic

Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD

Documentation of Current Medications in the Medical Record*

Depression Remission at Twelve Months*

Statin Treatment for the Prevention and Treatment of Cardiovascular Disease (new measure for 2016)



Clinical Quality: ACO

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



Clinical Quality: CT SIM

Draft SIM Quality Council Provisional Measure Set: Core Quality Measures
PROVISIONAL RECOMMENDATION_PENDING STEERING COMMITTEE REVIEW PUBLIC COMMENT

#	Core Measures	-	_	and the latest designation of the latest des	_	
	Consumer Engagement	NQF#	ACO #	Steward	Data Source	Health Equity Focus
	PCMH – CAHPS measure Care Coordination	0005		NCQA		1
2	Plan all-cause readmission	1700		NCOA		
		1768		NCQA	Claims	*
4	Emergency Department Usage per 1000			NCQA	Claims	✓
-	Annual monitoring for persistent medications Prevention	2371		NCQA	Claims	
5	Breast cancer screening					Service Control
	Cervical cancer screening	2372	20	NCQA	Claims	
	Chlamydia screening in women	0032		NCQA	Claims	
	Colorectal cancer screening	0033		NCQA	Claims	
	Adolescent female immunizations HPV	0034	19	NCQA	EHR	✓
	Weight assessment and counseling for nutrition	1959		NCQA	Claims	
10	and physical activity for children/adolescents	0024		NCQA	EHR	
11	Preventative care and screening: BMI screening and follow up	0421	16	CMMC	EHR	
12						
	Developmental screening in first 3 years of life Well-child visits in the first 15 months of life	1448		OHSU	EHR	
	Adolescent well-care visits	1392		NCQA	Claims	
14	Addiescent Well-care Visits			NCQA	Claims	
15	Tobacco use screening and cessation intervention	0028	17	AMA/	EHR	
				PCPI		
	Prenatal Care & Postpartum care	1517		NCQA	EHR	
17	Screening for clinical depression and follow-up	0418	18	CMS	EHR	
••	plan		20			/
	Behavioral health screening (Medicaid only)			Custom	Claims	
_	Acute & Chronic Care					
	Medication management for people w/ asthma*	1799		NCQA	Claims	✓
	Asthma Medication Ratio*	1800		NCQA	Claims	✓
	DM: Hemoglobin A1c Poor Control (>9%)	0059	27	NCQA	EHR	✓
	DM: HbA1c Testing**	0057		NCQA	Claims	✓
23	DM: Diabetes eye exam	0055	41	NCQA	EHR	
24	DM: Diabetes: medical attention for nephropathy	0062		NCQA	Claims	
		0002		HCQA	Ciduris	
	HTN: Controlling high blood pressure	0018	28	NCQA	EHR	✓
26	Use of imaging studies for low back pain	0052		NCQA	Claims	
27	Avoidance of antibiotic treatment in adults with	0058		NCQA	Claims	
	acute bronchitis	0036		HCQA	Ciaims	
	Appropriate treatment for children with upper	0069		NCOA	Cinima	
	respiratory infection	0009		HCUA	Claims	
	Behavioral Health				The same of	
29	Follow-up care for children prescribed ADHD	0108		NICOA	Claire	
	medication	2100		NCQA	Claims	
	Metabolic Monitoring for Children and					
	Adolescents on Antipsychotics (Medicaid only,				Claims	
	custom measure)					
21	Depression Remission at 12 Twelve Months	0710	40	MNCM	EHR	
	Child & Adolescent Major Depressive Disorder:			AMA/		
					EHR	
32	Sulcide Risk Assessment	1365		PCPI	Cint	
32		1365		PCPI AMA/	EHR	

^{*}Recommend one of the two for health equity, pending public comment

^{**}Continued need for this measure will be re-evaluated after NQF 59 is in production



Clinical Quality: CT SIM

Draft SIM Quality Council Provisional Measure Set: Reporting Measures / Development Measures PROVISIONAL RECOMMENDATION_PENDING STEERING COMMITTEE REVIEW PUBLIC COMMENT

Reporting Measures	NQF#	ACO#	Steward	Data Source	Health Equity Focus
Care Coordination					
30 day readmission			MMDLN	Claims	
% PCPs that meet Meaningful Use		11	CMS	EHR	
Prevention		0234	200	1978	1. J 10 pol - 15 c
Well-child visits in the third, fourth, fifth and sixth years of life (Medicald only)	1516		NCQA	Claims	
Frequency of Ongoing Prenatal Care (FPC)	1391		NCQA	EHR	
Oral Evaluation, Dental Services (Medicald only)	2517		ADA	Claims	1
Acute and Chronic Care	250	3.4			
Cardiac stress img: Testing in asymptomatic low risk patients	0672		ACC	EHR	
Behavioral Health	220	48.00	7. Jan. 17.	STATE OF	THE PURE NAME OF STREET
Anti-Depressant Medication Management	0105		NCQA	Claims	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004		NCQA	Claims	
Follow up after hospitalization for mental illness, 7 & 30 days			NCQA	Claims	
Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions			APA	EHR	

Development Measures	NQF#	ACO#	Steward	Data Source	Health Equity Focus
Care Coordination					Treatmy Equity 1000
ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults	0275	9	AHRQ	Claims	
ASC: heart failure (HF)	0277	10	AHRQ	Claims	
All-cause unplanned admission for MCC		38	CMS	Claims	
All-cause unplanned admissions for patients with heart		37	CMS	Claims	
All-cause unplanned admissions for patients with DM		36	CMS	Claims	
Asthma in younger adults admission rate	0283		AHRQ	Claims	/
Preventable hospitalization composite (NCQA)/Ambulatory Care Sensitive Condition composite (AHRQ) (adult)			NCQA / AHRQ	Claims	,
Asthma admission rate (child)	0728		AHRQ	Claims	/
Pediatric ambulatory care sensitive condition admission composite			Anthem	Claims	1
ED Use (observed to expected) – New NCQA			NCQA	Claims	/
Annual % asthma patients (2-20) with 1 or more asthma- related ED visits			None	Claims	
Prevention				77000	AND THE PERSONS NAMED IN
Oral health: Primary Caries Prevention	1419		None	Claims	_
Acute and Chronic Care					
Gap in HIV medical visits	2080		HRSA	EHR	
HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis	0409		NCQA	EHR	
HIV viral load suppression	2082		HRSA	EHR	
DM: Diabetes foot exam	0056		NCQA	EHR	

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.

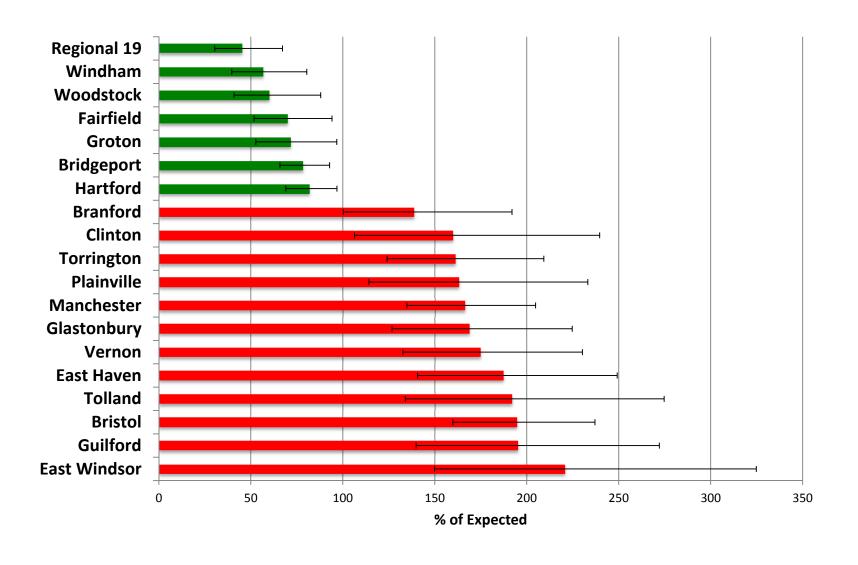
Benefits of Connecting APCD Data to Vital Statistics Registries: Examples

- 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

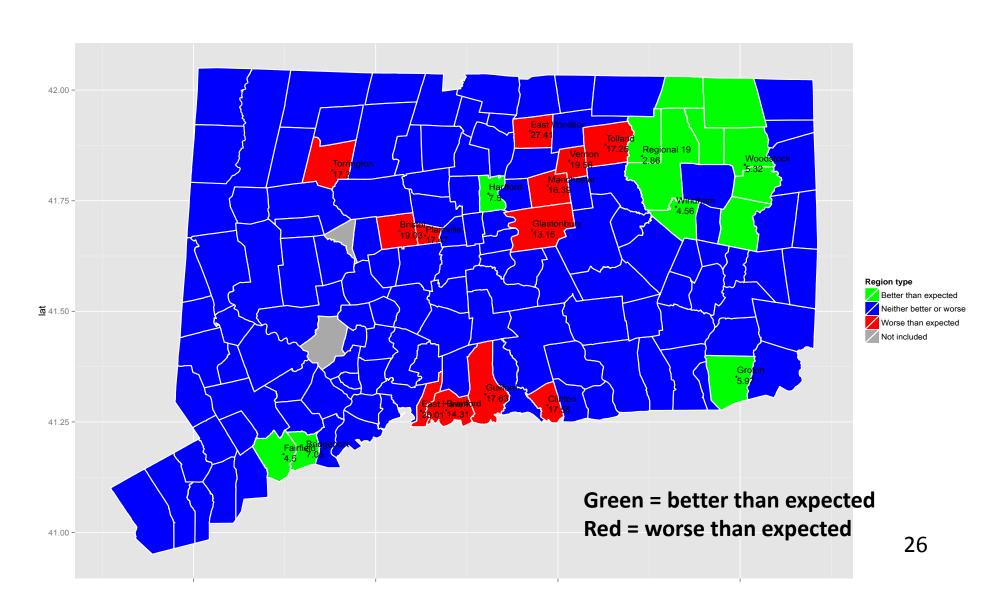
Combining Connecticut's hospitalization and death data to examine youth suicide risk

- ➤ 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



Geographic Distribution of High and Low Risk Districts: Adjusted Model



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?

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

Office Visits

Physical & Occupational Therapy

Alternative Medicine

Mental & Behavioral Health Services

Obstetrics/Gynecological Procedures

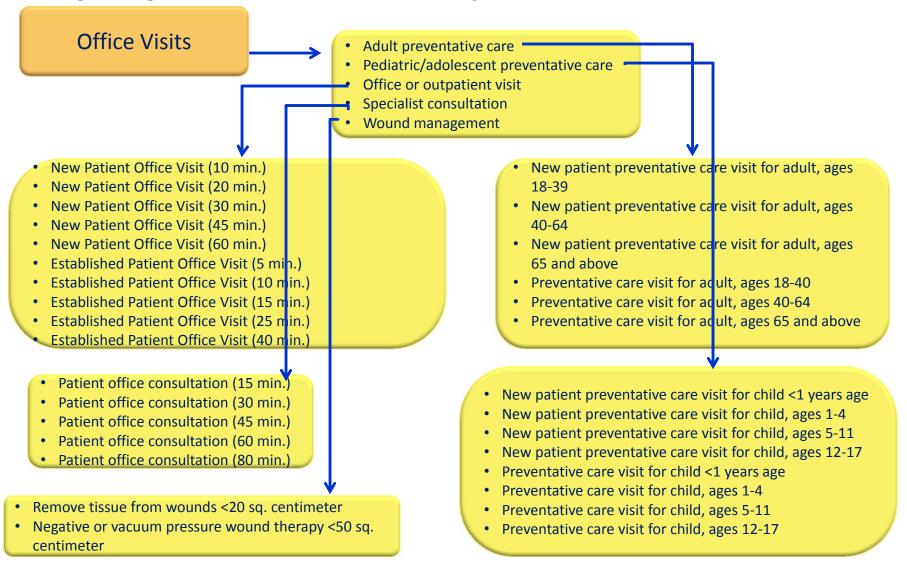
Radiology and Imaging Procedures

Laboratory Services

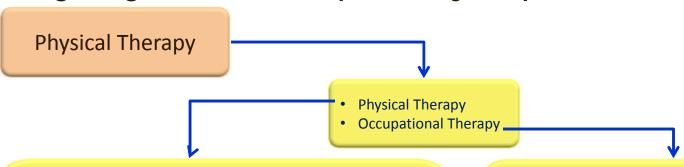
Outpatient Surgical Procedures

Inpatient Surgical Procedures









- 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

- 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



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

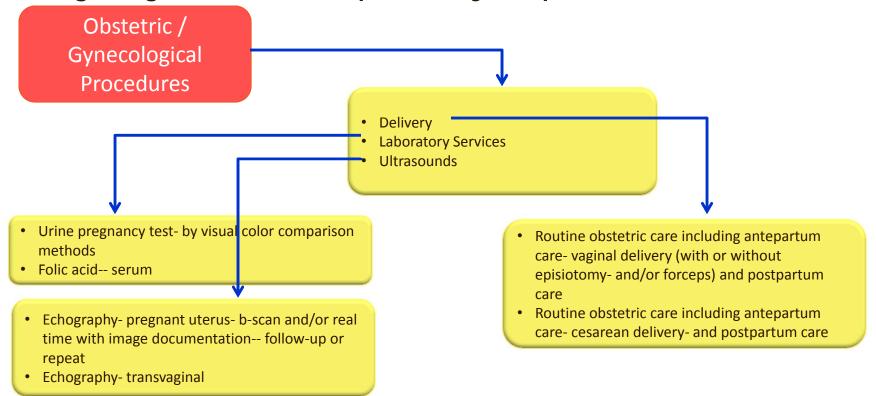


Mental & Behavioral Health Services

- 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/me dical services
- Electroconvulsive therapy (includes necessary monitoring) single seizure
- Health and behavior assessment (eg- healthfocused clinical interview- behavioral observations- psychophysicological monitoringhealth-oriented questionnaires)- each 15 minutes face-to-face with the patient-- initial assessment







Radiology Imaging

- Echography- breast(s) (unilateral or bilateral 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 organquadrant- 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- lumbosacralanteroposterior and lateral
- Radiologic examination- shoulder-- completeminimum 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

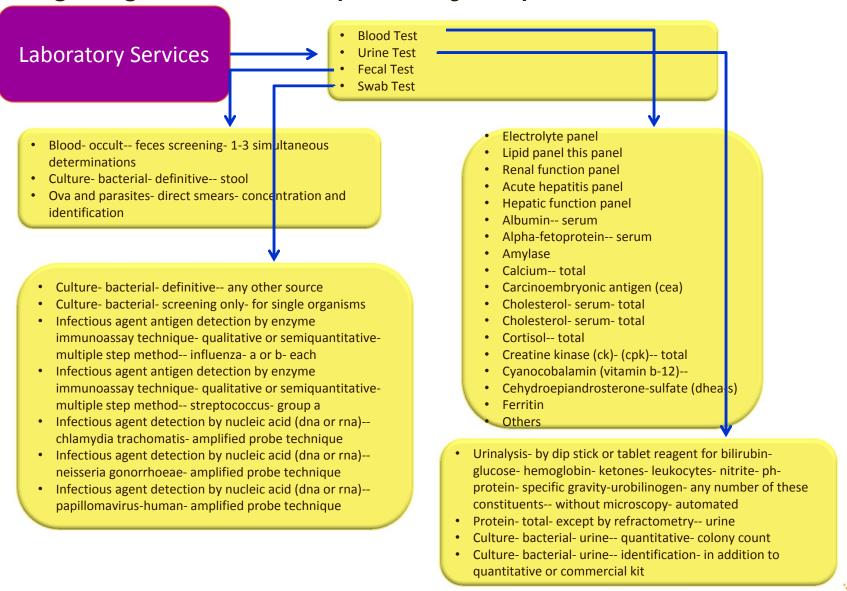
- CT (computed tomography) scans
- MRI (magnetic resonance imaging) scans
- Ultrasounds
- X-rays
- Mammograms
- Other imaging procedures
 - CT Scan- head or brain-- without contrast material
 - CT Scan- maxillofacial area-- without contrast material
 - CT Scan- thorax-- without contrast material
 - CT Scan- thorax-- with contrast material(s)
 - CT Scan- pelvis-- 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

Radiology Imaging

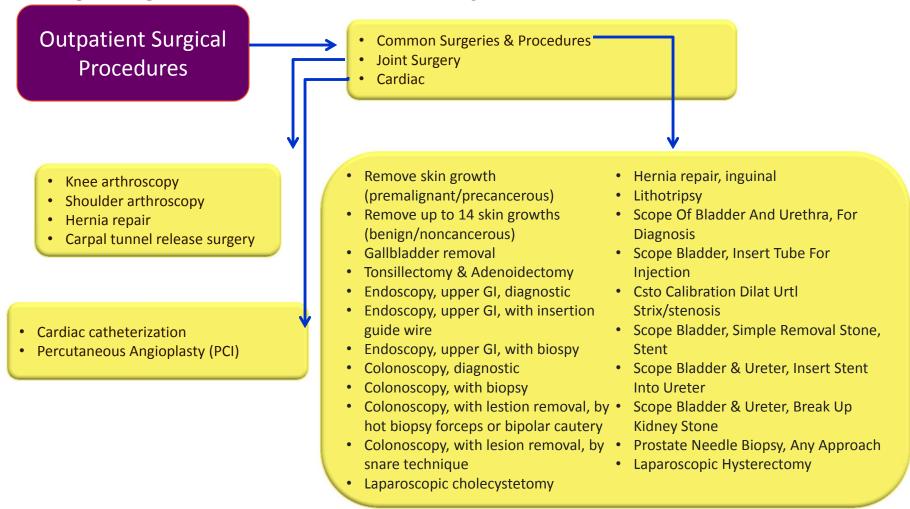
- CT (computed tomography) scans
- MRI (Magnetic resonance imaging) scans
- Ultrasounds
- X-rays
- Mammograms
- Other imaging procedures

- 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 midthigh
- Analog diagnostic mammogram
- Analog screening mammogram
- Analog diagnostic mammogram of one breast





access health





Inpatient Surgical Digestive **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

- Cardiac
- **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

Curvature of Back

Related Procedures

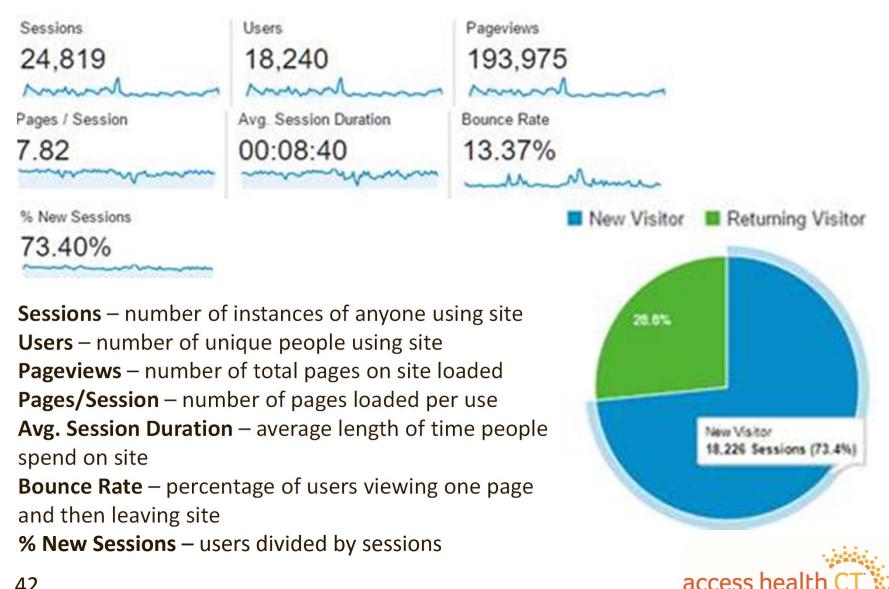
Cervical Fusion for Stenosis

Lumbar Procedures for Disc Excisions and

• Total and Partial Shoulder Replacement

Cervical Fusion for Spondylosis and Disc Disease

CDS Tool - Google Analytics (11/1/15 - 1/31/16)



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)

Date	Time	Venue
May 12, 2016	9:00 - 11:00 AM	TBD
August 11, 2016	9:00 - 11:00 AM	TBD
November 10, 2016	9:00 - 11:00 AM	TBD

