



CONNECTICUT
Office of Health Strategy

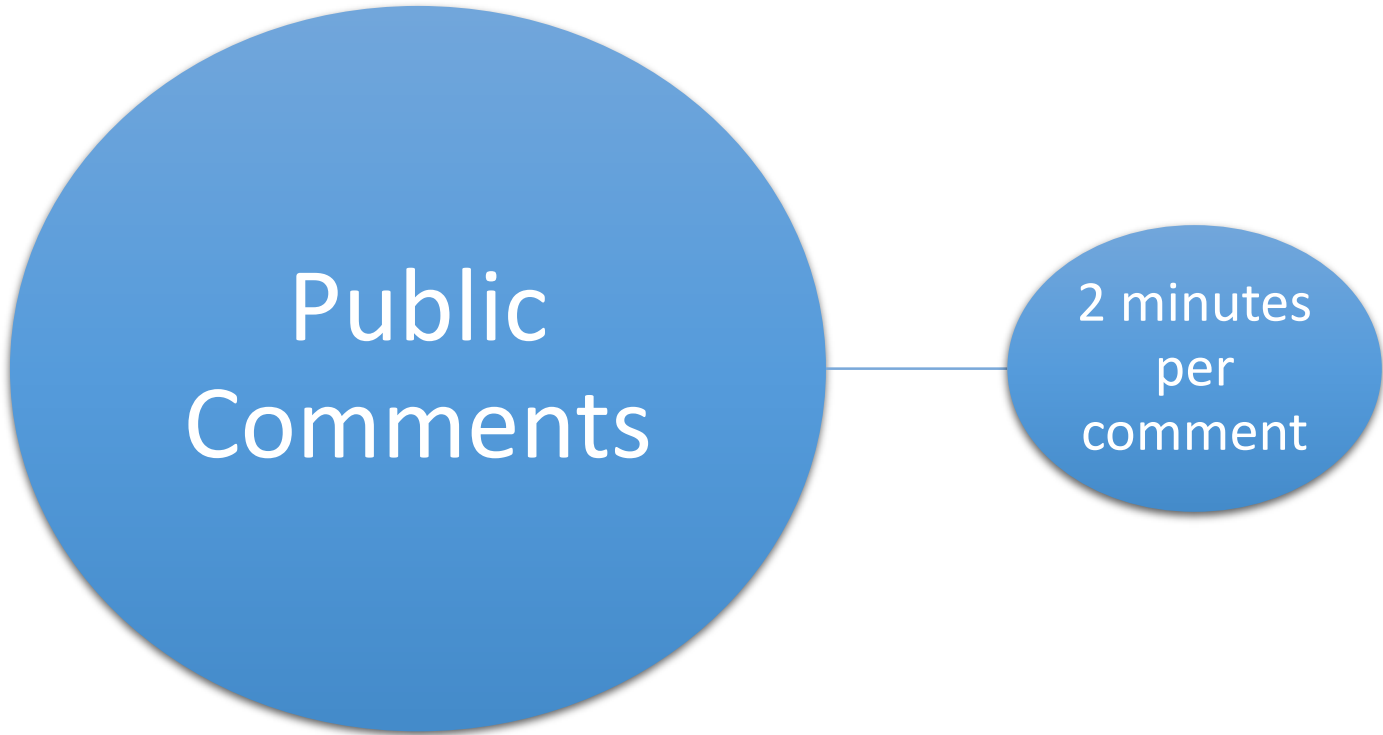
SIM Quality Council

December 19, 2018



Meeting Agenda

Item	Allotted Time
Introductions/Call to Order	5 min
Public Comment	5 min
Purpose of Today's Meeting	5 min
Public Scorecard	60 min
Follow Up	5 min
Looking Ahead	5 min
Next steps and Adjournment	5 min



Purpose of Today's Meeting

Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Provider Engagement and Overlap

Benchmarks

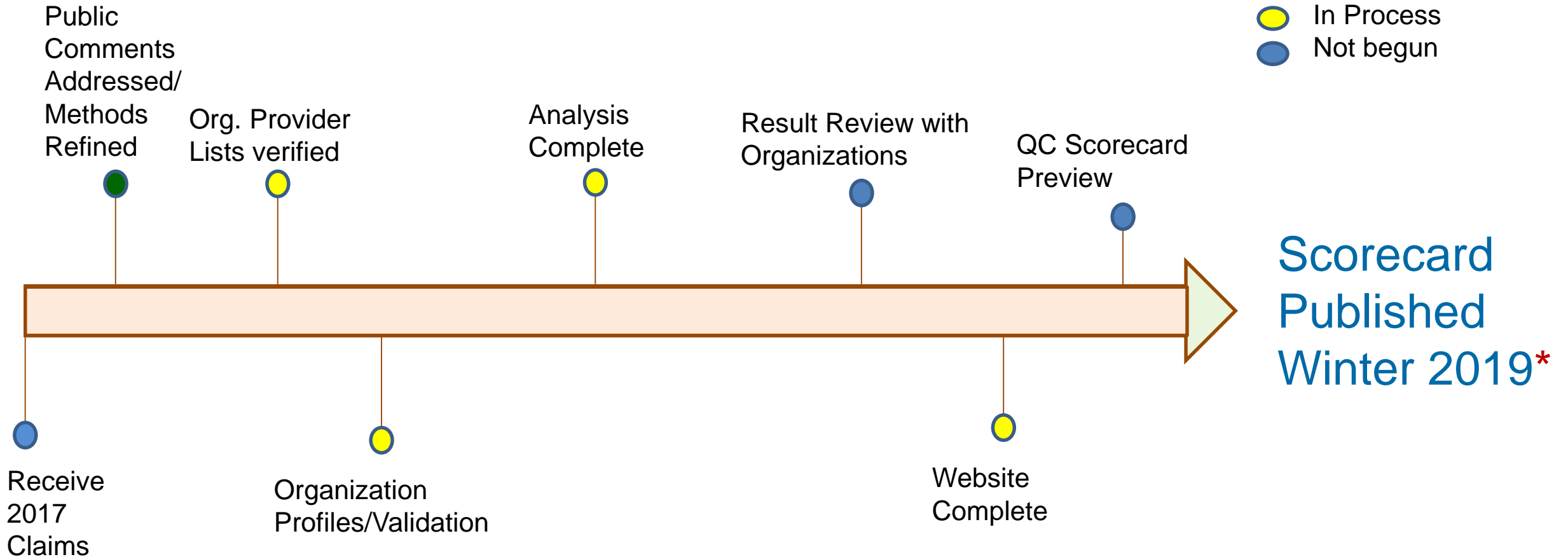
Next Steps

Status Update

Status Update (1 of 4)- workflow

Key

- Complete
- In Process
- Not begun



* Dependent upon receipt of remaining 2017 claims from APCD

Status Update (2 of 4)

- Continued work with APCD commercial claims data
 - Complete 2017 commercial data not yet received
 - Masking of dates creates extended time to finalization of data
 - Rob Blundo indicated that extract will be delivered this week
 - Encountered an issue with pharmacy data fields (30_day_equivalent, days_supply and quantity) that needs to be resolved
 - Impacts antidepressant medication management measure
 - Medicare data expected in Spring 2019
 - No date provided for Medicaid claims delivery

Status Update (3 of 4)

Measure	Results Status*
Breast cancer screening	Complete
DM: HbA1c Testing	Complete
Cervical cancer screening	Validation
Anti-Depressant Medication Management	Validation (Needs Data Update)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Validation
Medication management for people w/ asthma	Validation
Avoidance of antibiotic treatment in adults with acute bronchitis	Validation
Follow up after hospitalization for mental illness, 7 & 30 days	Validation
Immunizations for Adolescents	Validation
Follow-up care for children prescribed ADHD medication	Validation
Non-recommended Cervical Cancer Screening in Adolescent Female	Validation
DM: medical attention for nephropathy	Validation
DM: Eye exam	Validation
Plan all-cause readmission	Coding
Chlamydia screening in women	Coding
Adolescent well-care visits	Validation
Annual monitoring for persistent medications (roll-up)	Validation
Use of imaging studies for low back pain	Coding
Adult major depressive disorder: Coord. of care of patients with specific co-morbid conds.	Coding (needs alt. numerator codes)
Long acting reversible contraceptive	Validation

*2016 Results. Final completion dependent upon receipt and processing of 2017 claims data

Status Update (4 of 4)

- Continued website development
 - Driven by website design subgroup
 - Functionality improvements (banner navigation, filter options, etc.)
 - Development and integration of explanatory content (“about” and “need help” sections, explanatory text for result interpretation)
 - Development of a “color-blind accessible” display for summary results
 - Developing systems for streamlining updates to content

Entity Engagement and Provider Overlap

Entity Engagement (1 of 3)

ORGANIZATIONS	National Provider Identifier Lists Returned	National Provider Identifier Lists Finalized	
	List Returned	List Finalized	Comment
Community Medical Group	Yes	Yes	
Day Kimball Healthcare	No		Using UCH generated list
Eastern Connecticut Health Network	No		Using UCH generated list
Griffin Health	Yes	Yes	
Hartford Healthcare	Yes	Yes	
Middlesex	Yes	Yes	
New Haven Community Medical Group	Yes	Yes	
ProHealth Physicians	Yes	Yes	
Saint Francis Care Partners	Yes	Yes	
Soundview Medical Associates	Yes	Yes	
St. Vincents Health Partners	Yes	Yes	
Stamford Health	Yes	Yes	
Starling Physicians	Yes	Yes	
Valley Health Alliance- St. Mary's	Yes	Yes	
Waterbury Health / Alliance/Prospect Medical	No		Using UCH generated list
Western Connecticut Health Network	Yes	Yes	
WESTMED Medical Group, PC	Yes	Yes	
Yale New Haven Health	Yes	Yes	
Yale Medicine	Yes	Yes	

Entity Engagement (2 of 3)

- Conversations with contacts has been very positive
 - Entities willing to engage in the scorecard process
 - Methodology widely understood and supported
 - Most entities have confirmed provider lists

Entity Engagement (3 of 3)

Advanced Network	Total # of Providers	# Primary Care Providers	# OB/GYN Providers
CMG	443	434	9
Day Kimball	58	54	4
ECHN	129	109	20
Griffin	71	66	5
Hartford Health	1,024	919	105
Middlesex	157	145	12
ProHealth	398	398	0
St. Francis	334	283	51
St. Mary	193	163	30
Soundview*	15	15	0
Stamford Health	212	179	33
Starling	116	99	17
St. Vincent	184	162	22
Waterbury	127	104	23
WCHN	340	293	47
WestMed	177	148	29
Yale Medicine	222	188	34
Yale New Haven	1,042	899	143

* Verifying provider taxonomies and reconciling with NPPES database

Preliminary Provider Overlap

- Initial Analysis Provider overlap summary:
 - 81% providers work for only one Advanced Network
 - 17% providers work for two Advanced Networks
 - 2% providers work for three to five Advanced Networks
- Working to understand the patterns of the overlap

Benchmarks

Benchmarks

Reminder- Quality Council previously decided that:

- Entity ratings will utilize the overall CT result to build rating categories (below avg., avg., and above avg.)
 - Overall CT result includes all patients in the APCD, both those attributed to a rated organization and those who are not.
- Default view of measure results will display overall CT result
- Advanced view options were to display all Advanced Network result and a national benchmark
 - CT cannot reuse published NCQA benchmarks without a fee (20-35k)

Next steps

Next Steps (1 of 2)

- Continued communications with entities and finalization of provider lists
- Continue measure construction - integrate attribution with measure results once 2017 commercial claims are received
- Continue user interface development including technical methods section

Next Steps (1 of 2)

- January Council Decision Points:
 - Minimum sample size for result publication
 - Rating category definitions (below avg., avg., above avg.)
- UConn Health team will provide documentation before the January meeting with background and choices

Recap Follow Up

Recap Follow Up

Core Measures Quality Collaborative:

- Reviewed alignment with Core, Reporting and Development sets
- Council requested research to determine import of CQMC given that they have not updated their recommendations since 2016
- On 12/4 communication came out that CQMC will be reconvening with support from NQF to update measure sets reiterating commitment to promote harmonization and alignment
- More information can be found [here](#)



Annual Monitoring for Persistent Medications– NQF Endorsement Status

Measure Description: This measure assesses the percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. **Complete description can be found [here](#)**

NCQA: NCQA voluntarily retired #2371: Annual Monitoring for Patients on Persistent Medications (MPM) from NQF endorsement. This measure is based on the HEDIS version of the measure, and we are currently considering a range of options related to this measurement area.

Follow up Response: NCQA withdrew the measure due to the consistently high performance seen across plans reporting the measure for HEDIS. As such, we retired the measure from HEDIS for Medicare reporting in 2017 and are proceeding with full retirement from HEDIS in 2020, pending approval from our Committee of Performance Measurement

Looking Ahead...



Updates:

- HITO eCQM pilot progress
- HIE Status Update
- CAHPS Results
- Review rationale from previous measure discussions

Explore Specialty Measure Sets

- Cardiology
- Rheumatology
- Orthopedics
- Opioids
- Ambulatory Care Sensitive Admission Measures



From Everyone at OHS!

Adjourn