SIM Quality Council

January 16, 2019

Meeting Agenda

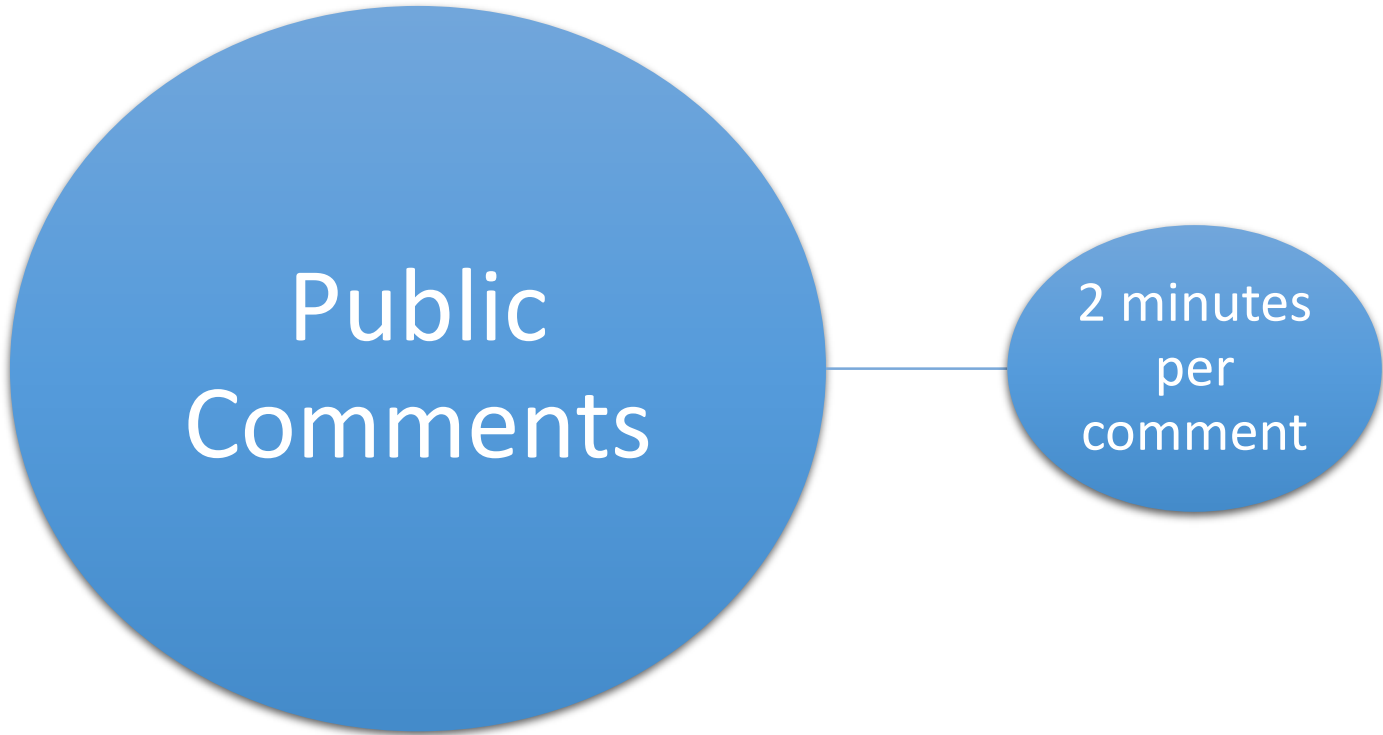| Item	Allotted Time
Introductions/Call to Order	5 min
Public Comment	5 min
Meeting Summary Approval	5 min
Purpose of Today's Meeting	5 min
Public Scorecard	45min
Quality Measures	45 min
Next steps and Adjournment	5 min

OHS CONNECTICUT
Office of Health Strategy

Meeting Summary

Purpose of Today's Meeting

OHS CONNECTICUT Office of Health Strategy

Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Attribution

Provider Overlap

Benchmarks

Next Steps

Status Update (1 of 5)- workflow

Key

- Complete
- In Process
- Not begun

Public Comments Addressed/ Methods Refined

Organization Provider Lists Verified

Analysis Complete

Result Review with Organizations

QC Scorecard Preview

Scorecard Published Winter 2019

Receive 2017 Claims

Organization Profiles/Validation

Website Complete
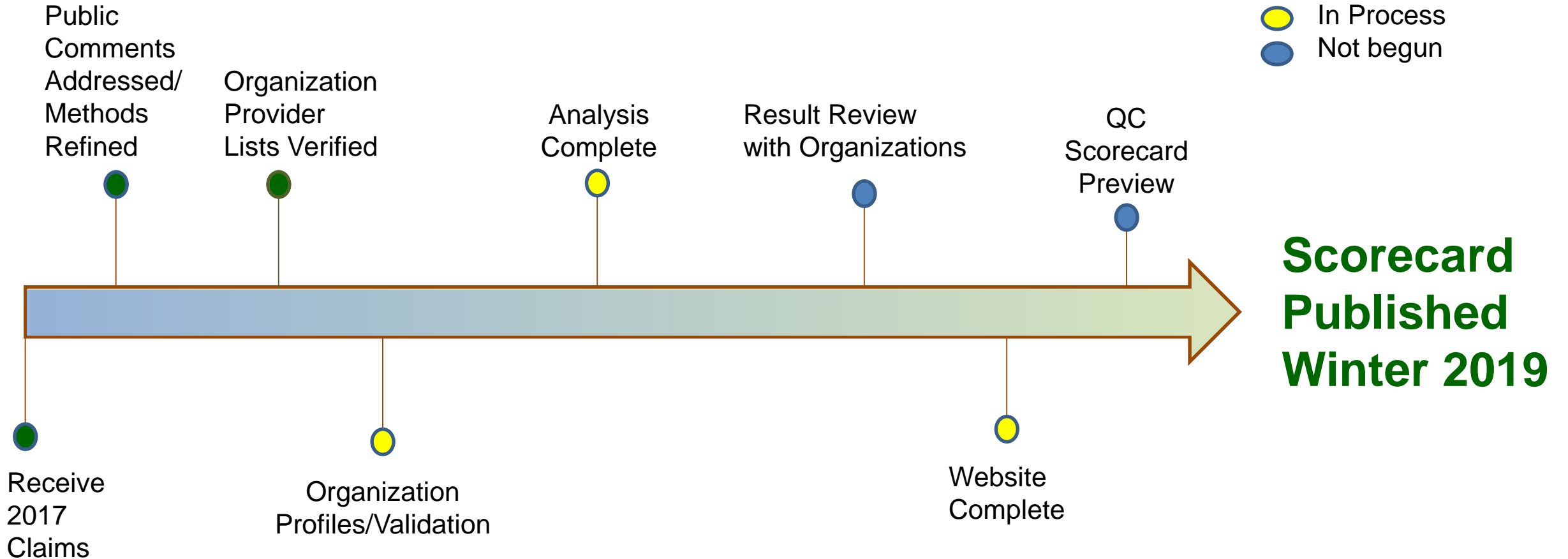
- Continued website development

  - Integration of explanatory content ("about" and "need help" sections, explanatory text for result interpretation)

  - Cascading text integrated to improve layout and navigation

  - Home page alternatives developed

  - Improvement of layout consistency across pages

  - Addition of a website search capability

- Continued work with APCD commercial claims data

  — Complete FY 2017 commercial data delivered last week of Dec.

    - Issue with pharmacy data fields (30_day_equivalent, days_supply and quantity) may be resolved (still exploring)

      ➢ antidepressant medication management measure barrier removed

    - New issue with dates of service found

      ➢ Impacts all measures

  — Medicare data expected in Spring 2019

  — No date provided for Medicaid claims delivery

Measure	Results Status*
Breast cancer screening	Complete
DM: HbA1c Testing	Complete
Cervical cancer screening	Complete
Anti-Depressant Medication Management	Complete
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Validation
Medication management for people w/ asthma	Complete
Avoidance of antibiotic treatment in adults with acute bronchitis	Complete
Follow up after hospitalization for mental illness, 7 and 30 days	Complete
Immunizations for Adolescents	Validation
Follow-up care for children prescribed ADHD medication	Validation
Non-recommended Cervical Cancer Screening in Adolescent Female	Complete
DM: medical attention for nephropathy	Validation
DM: Eye exam	Validation
Plan all-cause readmission	Coding
Chlamydia screening in women	Validation
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: Coordination 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

- Began engagement with FQHCs
- Advanced Network provider lists finalized
  - Three did not submit lists, using lists developed by UConn Health
    - Day Kimball
    - Waterbury
    - Eastern Connecticut Health Network
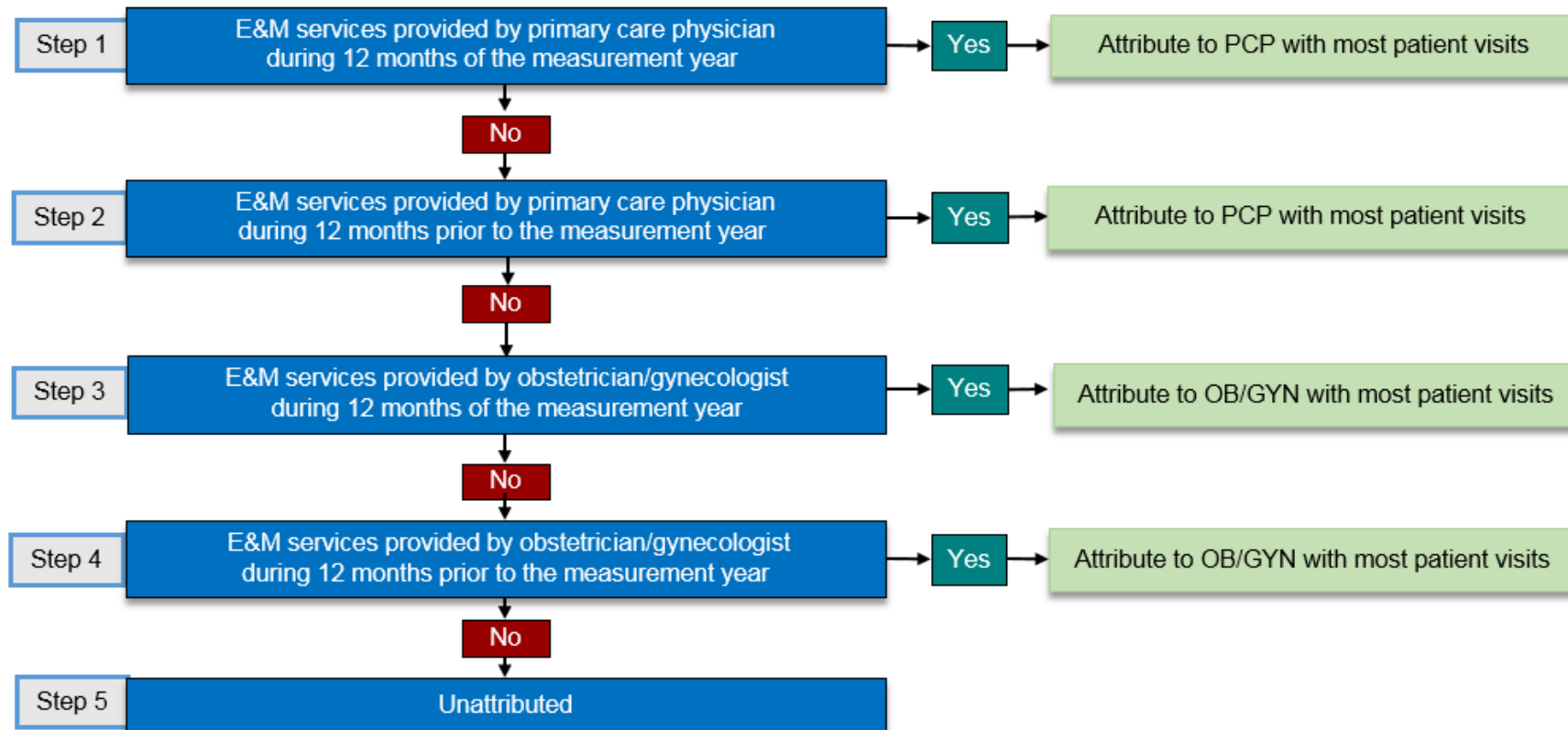 - Engagement continues including assessment of provider overlap

Attribution

- ## Two step attribution
  - **Step One:** Attribute patients to provider

Patient Attribution Flow Chart

|			
Step 1	E&M services provided by primary care physician during 12 months of the measurement year	Yes →	Attribute to PCP with most patient visits
	↓ No		
Step 2	E&M services provided by primary care physician during 12 months prior to the measurement year	Yes →	Attribute to PCP with most patient visits
	↓ No		
Step 3	E&M services provided by obstetrician/gynecologist during 12 months of the measurement year	Yes →	Attribute to OB/GYN with most patient visits
	↓ No		
Step 4	E&M services provided by obstetrician/gynecologist during 12 months prior to the measurement year	Yes →	Attribute to OB/GYN with most patient visits
	↓ No		
Step 5	Unattributed		

Note: Tie breakers as follows- the provider with the most non-E&M services is selected followed by the provider with the most dates of service and then the most recent date of service.

- **Step Two:** Attribute to a healthcare organization. Providers are attributed to a healthcare organization using billing National Provider Identifier (NPI)
  - ➢ An initial list of NPIs produced by UConn Health-rated entities given the opportunity to revise list
  - ➢ Eligible providers are MDs, APRNs, and PAs with specialties of family medicine, internal medicine, general practice, pediatrics, geriatrics or obstetrics/gynecology
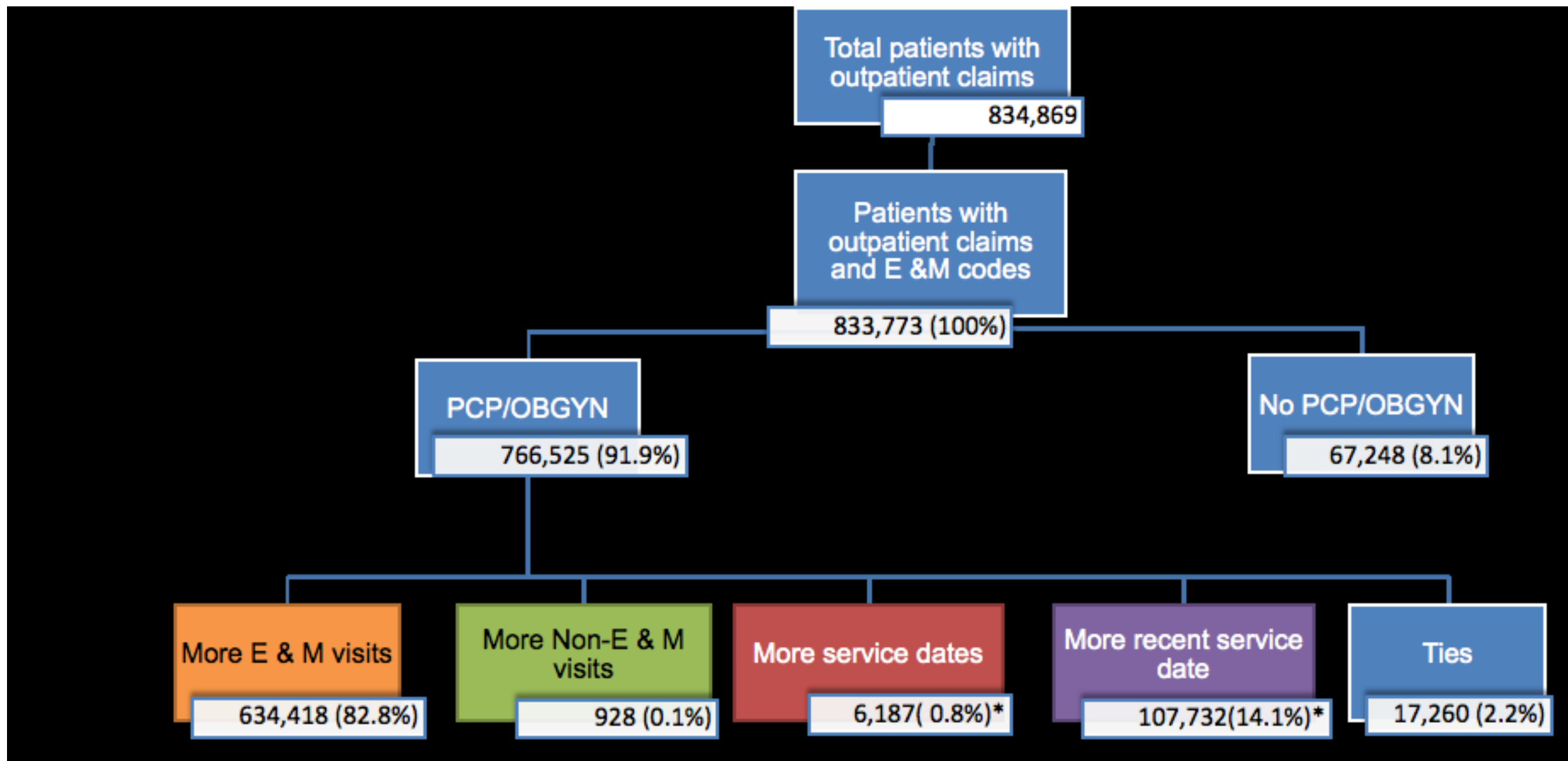
Attribution (4 of 4)

Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	Ob/Gyn	Total
Comm. Medical Group	70,064	4,242	35	3,047	717	78,105
Day Kimball	7,428	924	0	183	99	8,634
Eastern CT Health Network	18,582	0	0	842	822	20,246
Griffin	7,097	519	0	294	195	8,105
Hartford HealthCare	61,504	7,621	32	6,221	1,779	77,157
Middlesex	7,204	1,522	0	931	0	9,657
Pediatric HA	6,227	945	0	7	0	7,179
ProHealth	56,571	12,048	0	9,095	0	77,714
Saint Francis	23,436	3,502	0	442	1,406	28,786
St. Mary	14,288	916	0	663	1,235	17,102
Soundview	4,623	342	0	74	0	5,039
Stamford Health	13,053	0	0	0	655	13,708
Starling	14,410	2,016	0	495	1,097	18,018
St. Vincent	7,996	834	0	308	0	9,138
Waterbury	21,867	0	0	0	1,234	23,101
Western CT Health Network	37,096	0	0	0	0	37,096
West Med	3,403	43	0	52	613	4,111
Yale Medicine	3,415	630	0	409	981	5,435
Yale New Haven	33,073	4,291	0	1,837	0	39,201
Non Attributed	171,387	47,022	287	29,829	17,711	266,236

Provider Overlap

Provider Overlap (1 of 3)

— Initial Analysis Provider overlap summary:

- 93% providers work for only one Advanced Network

- 7% providers work for two Advanced Networks

- <1% providers work for three or more Advanced Networks

Provider Overlap (2 of 3)

Name	Number Patients	CMG	ECHN	HHC	ProHealth	St. Mary	Soundview	Starling	St. Vincent	Waterbury	WCHN	Yale Medicine
Comm. Medical Group	441	441	0	0	0	0	0	0	**9**	2	7	1
Eastern CT Health Network	161	0	161	15	**21**	0	0	0	0	3	0	0
Hartford HealthCare	728	0	15	728	9	1	0	**47**	0	2	1	2
ProHealth Physicians	492	0	21	9	492	2	0	0	0	1	0	0
Saint Mary	110	0	0	1	2	110	0	0	0	**38**	2	0
Soundview	19	0	0	0	0	0	19	0	0	0	**11**	0
Starling Physicians	149	0	0	47	0	0	0	149	0	0	0	0
St Vincent	43	9	0	0	0	0	0	0	43	0	0	0
Waterbury	152	2	3	2	1	38	0	0	0	152	0	12
Western CT Health Network	226	7	0	1	0	2	11	0	0	0	226	1
Yale Medicine	391	1	0	2	0	0	0	0	0	12	1	391

— Resolution of overlap is in process

- Reaching out to organizations via email and phone with request

  ➢ Understand nature of and reasons for overlap

  ➢ Remove overlapping physicians from an entity list if possible

Benchmarks

Reminder:

— Due to cost and time restrictions two benchmark options exist:

- Overall CT result

  ➢ Includes all patients in the APCD, both those attributed to a rated organization and those who are not.

- Rated Organization (commercial= Advanced Network) result

  ➢ Includes only patients attributed to a rated organization

Benchmarks (2 of 3)

State	Quality Targets	NCQA	State	Rated Entities
Minnesota			✓	
Maine			✓	
Washington		✓		
California-UCSF*		✓	✓	
California Hospital Compare	✓			✓
Wisconsin				✓

*Initially planned to use rated entity average but met with resistance

— Decision points:

- Which benchmark to use in scoring

- Whether or not to include other benchmark as display option

Reminder: How benchmark will be used in scoring is topic for later discussion (after more results are in).

— Continued webpage development including

- Development of tutorials and need help topics

- Presentation to design subgroup (home page alternatives, rating symbol/color accessibility, need help sections)

— Data analysis

- Continued measure construction and validation on 2017 data

- Resolution of provider overlap issues

— Next 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 meeting with background and choices

Quality Measures

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

Discussion

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Care Coordination Measures

Ambulatory Care Sensitive Condition Type Indicator (ACSC)

- ACSC type indicators are *not measures of hospital quality*, but rather *measures of potentially avoidable hospitalization* if appropriate outpatient care, other healthcare services or community services were accessed and obtained (i.e., measures of the health care system broadly defined).

- These measures are designed to assess population access to timely, high quality outpatient and public health services in a particular geographic area, for the *purpose of managing chronic disease or diagnosing acute illnesses before progressing to inpatient treatment*.

- These measures are of *most interest* to comprehensive health care delivery systems, such as some health maintenance organizations (HMOs), <u>accountable care organizations (ACOs) or public health agencies.</u>

- ACSC indicators correlate with each other and they may be used in conjunction as an overall examination of outpatient care and access to care at a national, regional or county level.

Source: NQF Measure Specifications

Care Coordination Measures –Chronic Conditions

Measure Title	NQF#	Measure Description
Diabetes Short-Term Complications Admission Rate	0272	Admissions for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Diabetes Long-Term Complications Admission Rate	0274	Admissions for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	0275	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 1,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.
Congestive Heart Failure Admission Rate	0277	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.
Uncontrolled Diabetes Admission Rate	0638	Admissions for a principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Lower-Extremity Amputation among Patients with Diabetes Rate	0285	Admissions for any-listed diagnosis of diabetes and any-listed procedure of lower-extremity amputation per 100,000 population, ages 18 years and older. Excludes any-listed diagnosis of traumatic lower-extremity amputation admissions, toe amputation admission (likely to be traumatic), obstetric admissions, and transfers from other institutions.

Care Coordination Measures – Acute Conditions

Measure Title	NQF#	Measure Description
Dehydration Admission Rate	0280	Admissions with a principal diagnosis of dehydration per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Urinary Tract Infection Admission Rate	0281	Admissions with a principal diagnosis of urinary tract infection per 100,000 population, ages 18 years and older. Excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.
Community Acquired Pneumonia Admission Rate	0279	Admissions with a principal diagnosis of community acquired pneumonia per 100,000 population, ages 18 years and older. Excludes sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions, obstetric admissions, and transfers from other institutions.

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Care Coordination Measures

Ambulatory Care Sensitive Condition Type Indicator (ACSC)

- NQF Endorsed

- Stewarded by AHRQ

- Outcome Measures

- Collected via Claims or EHR

- Measures in the 2019 Medicaid Adult Core Measure Set:

  - Diabetes Short-Term Complications Admission Rate (0272)

  - COPD or Asthma in Older Adults Admission Rate (0275)

  - Congestive Heart Failure Admission Rate (0277) In Medicaid 2019 Adult Core Measure Set

- Acute Composite Included in ACO 2018 Quality Measures

- MSSP 2016 Chronic ACSC Composite Measure

- Composites is part of original SIM test grant measures and displayed on SIM Dashboard

More Information on AHRQ Prevention Quality Indicators can be found here

Adjourn