



CONNECTICUT
Office of Health Strategy

SIM Quality Council

February 20, 2019

CARDIOLOGIST CONVENTION

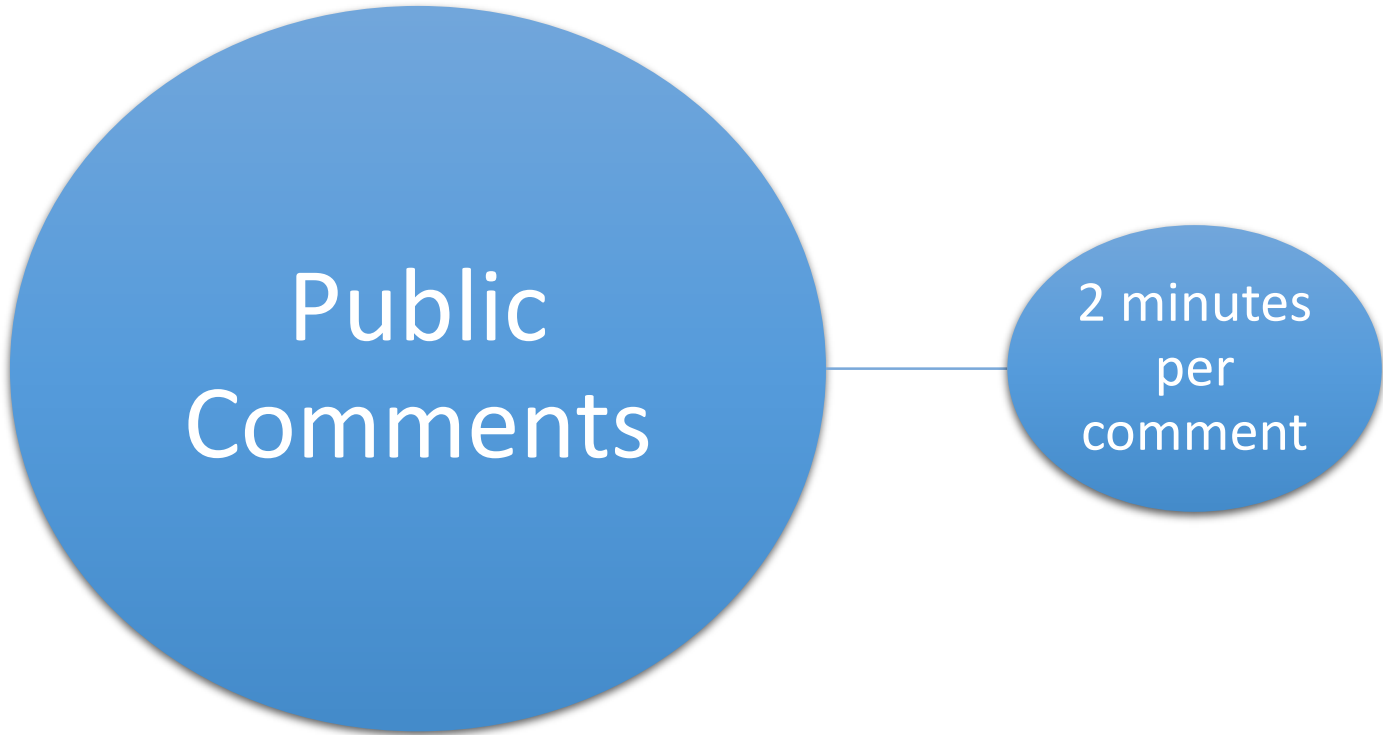


"Our next speaker will be speaking on
other matters of the heart."

400 x 560

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
Quality Council Membership	20 min
Public Scorecard	30 min
Next steps and Adjournment	5 min



Meeting Summary

Purpose of Today's Meeting

Quality Council Composition and Participation

Quality Council Membership

◆ State Representatives (4 seats)

- Mehul Dalal, MD – DPH (Executive Team Member)
- Karin Haberlin – DMHAS
- Sandra Czunas– OSC
- Robert Zavoski, MD - DSS

◆ Provider Representatives (6 seats)

- Mark DeFrancesco, MD – Westwood Women’s Health
- Robert Nardino, MD -American College of Physicians CT Chapter
- Andrew Selinger, MD – ProHealth Physicians
- Steve Wolfson, MD – (Executive Committee Member)
- **2 open seats**

◆ FQHC (1 seat)

- **Open Seat**

◆ Hospital (1 seat)

- Rohit Bhalla, MD – Stamford Hospital

◆ Payer Representatives (5 seats)

- Stacy Beck – Anthem (Executive Committee Member)
- Leigh Anne Neal – ConnectiCare
- Tiffany Pierce, MD – Cigna
- Nettie Rose Cooley– United Healthcare
- Aetna –

◆ Consumer and Advocate Representatives (6 seats)

- Amy Chepaitis
- Elizabeth Courtney
- Tiffany Donelson
- Susan Kelly
- Arlene Murphy
- Jaquel Patterson

◆ MAPOC (2 seats)

- Amy Gagliardi – Community Health Center, Inc.
- Steve Frayne, MD – Connecticut Hospital Association

Quality Council Membership

Next Steps:

- Recruit for Open Seats
- What constituency are we missing?

Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Timeline

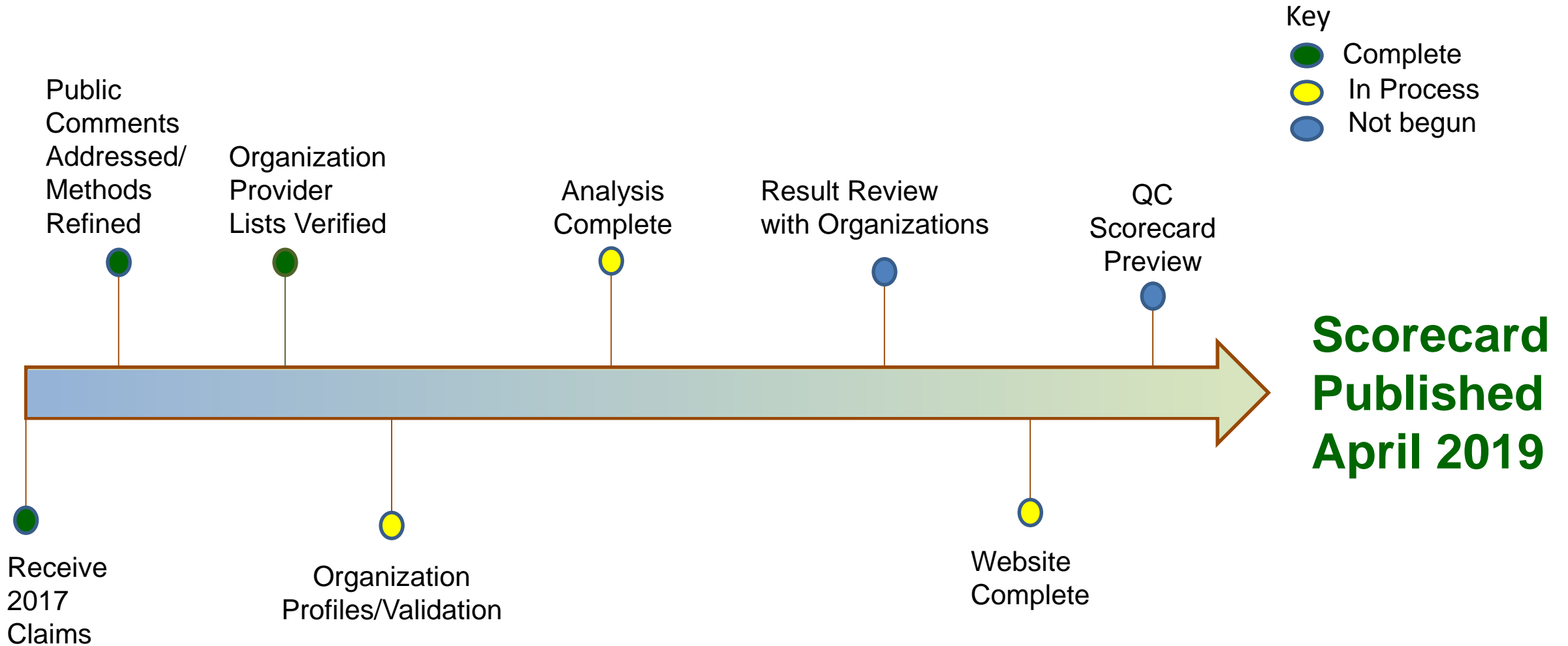
Attribution Decision Points

Benchmarks

Next Steps

Status Update

Status Update (1 of 5)- workflow



Status Update (2 of 5)

- Continued website development
 - Integrated all functionality and basic content
 - Added additional content for measure specifications, technical document, need help tutorial
 - Shared review tasks with the design subgroup
 - Testing and troubleshooting user experience across browsers and devices

Status Update (3 of 5)

- Continued work with APCD commercial claims data
 - Complete FY 2017 commercial data delivered last week of Dec.
 - Issue with dates of service found which impacts all measures
 - New FY 2017 data extract received on 2/12- data is being reviewed
 - Medicare and Medicaid expected in Spring 2019
 - Medicaid request documents submitted

Status Update (4 of 5)

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	Complete
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
Non-recommended Cervical Cancer Screening in Adolescent Female	Complete
Follow-up care for children prescribed ADHD medication	Validation
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

Status Update (4 of 5)

- Began engagement with FQHCs
 - Provider lists received from all FQHCs, review underway
 - Beginning communications about timeline, process and methods
- Advanced Network provider lists finalized
 - Reminder: three ANs did not submit lists, using lists developed by UConn Health (Day Kimball, Waterbury, Eastern CT Health Network)
 - Provider overlap investigated and minimized

Timeline

Timeline (1 of 4)

	February 2019				March 2019				April 2019			
	4-8	11-15	18-22	25-1	4-8	11-15	18-22	25-29	1-5	8-12	15-19	22-26
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
UConn Health Analysis and Website												
Receive corrected 2017 data	X											
Clean and process corrected data												
Attribution code review												
Attribution result validation												
Validation of initial measures												
Adjustments and run initial measures on corrected 2017 data				X								
Entity results calculated					X							
Technical documentation completed and uploaded												
Finalize website functionality and presentation												
Results loaded into website											X	
Quality Council Responsibilities												
Provider list finalization: Provider Overlap Decision		X										
Provider list finalization: Provider Tie Decision		X										
Select benchmark		X										
Measures and Methods subgroup recommends rating category definitions						X						
Finalize rating category definitions							X					
Measures and methods subgroup recommends minimum sample size						X						
Finalize minimum sample size							X					
Design subgroup meetings			X	X								
Design subgroup final review and approval								X				
Determine and implement announcement publicity strategy							X	X	X	X	X	
Final review and signoff on final results and presentation										X	X	
Advanced Network Participation												
Review results												
Resolve result issues with UConn Health								X	X	X		
Publication of website with initial measures												

Timeline (2 of 4)

Initial publication will include the following measures

- Breast cancer screening
- DM: HbA1c Testing
- Follow up after hospitalization for mental illness, 7 & 30 days
- Anti-Depressant Medication Management
- Initiation and Engagement of AOD Dependence Treatment
- Cervical cancer screening
- Medication management for people w/ asthma
- Avoidance of antibiotic treatment in adults with acute bronchitis
- Non-recommended Cervical Cancer Screening in Adolescent. Female
- Immunizations for Adolescents
- CAHPS

Timeline (3 of 4)

Timeline requires that certain deliverables be met:

- Feb 8
 - OHS delivers corrected data
- Feb 20
 - Council decides on provider overlap and ties
 - Council selects benchmark selected
- March 20
 - Council determines minimum sample size
 - Council defines rating categories

Timeline (4 of 4)

- April 8
 - ANs review of results complete and all issues resolved
- April 17
 - Quality Council provides final approval for publication of website

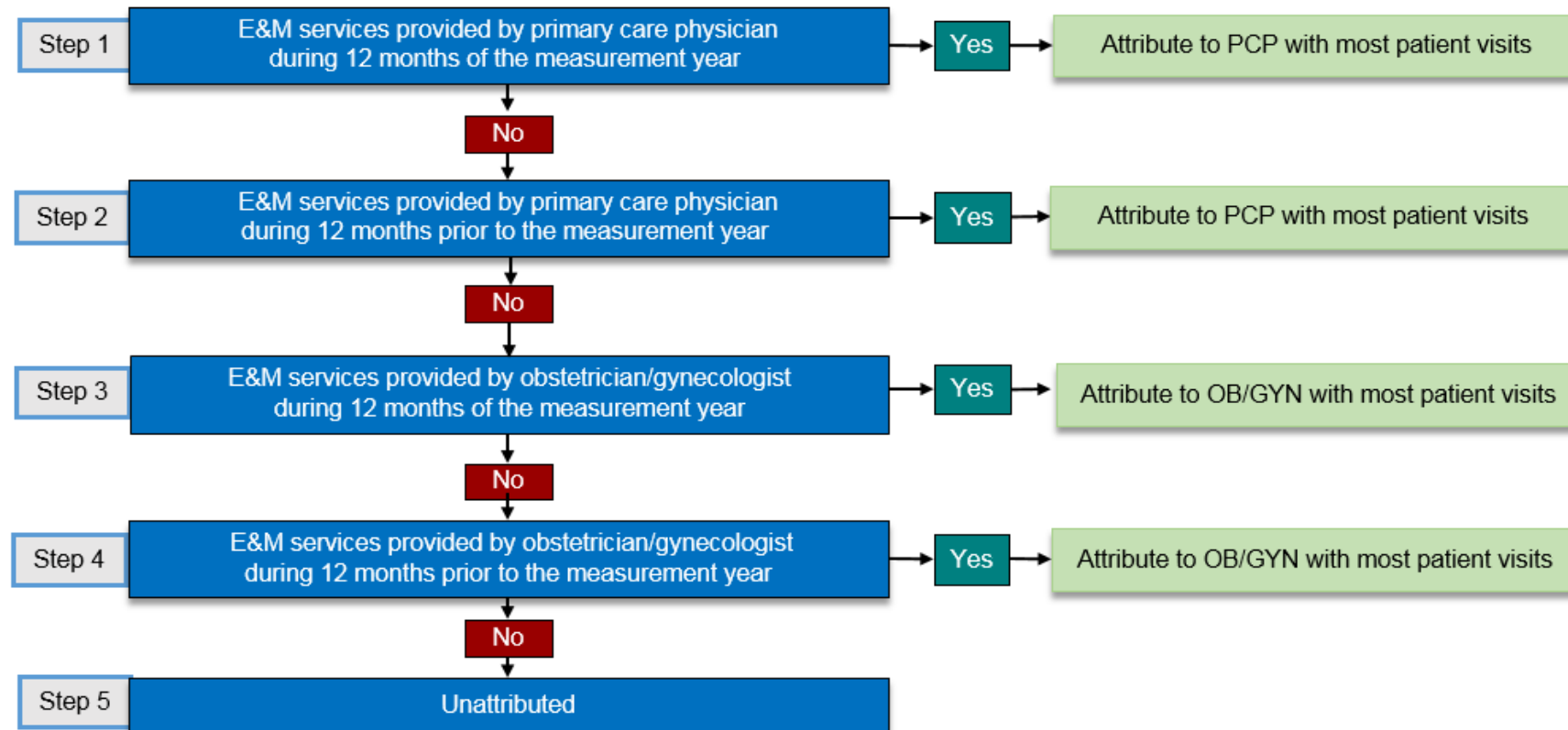
Attribution Decision Points

Attribution (1 of 2)

- **Two step attribution**

- **Step One: Attribute patients to provider**

Patient Attribution Flow Chart



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.

Attribution (2 of 2)

- **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 Decision Points (1 of 3)

- Decisions needed in how to handle situations where no 1:1:1 relationship exists in patient to provider to AN
 - Scope of this issue is small in our data
 - Most other state scorecards do not have this issue
 - Do not use individual level data (CA Insurance Dept.)
 - Use data processed by others with attribution done (CA Patient Advocate)
 - Allow medical groups to self-attribute (WI)
 - Allowed patients to be attributed to more than one provider- hospital, medical group etc. (WI)
 - No other scorecards are at the level of the AN

Attribution Decision Points (2 of 3)

- **Decision Point One: Provider ties**

- In cases where patients can be attributed to more than one provider a series of tie breakers are used
 1. most non-E&M services
 2. most dates of service
 3. most recent date of service
- This leaves a small percentage (**less than .05%**) of cases where ties remain
 - Date errors in data might be contributing
 - In some cases the remaining ties will not affect attribution (where providers in the same AN)

Attribution Decision Points (3 of 3)

Decision: what to do with any ties that do remain?

❖ Recommendation:

Allow attribution to both organizations in cases where a tie remains among providers of different organization.

➤ Alternative: Exclude all patient data that can be attributed exclusively attributed to a single provider or to multiple providers in a single organization.

- **Decision Point Two: Provider overlap**

Before communications with ANs

- 7% providers work for two Advanced Networks
- <1% providers work for three or more Advanced Networks

Attribution Decision Points (5 of 4)

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

Attribution Decision Points (6 of 7)

- Communications with ANs clarified reasons for most instances of overlap
 - Confusion about definition of PCP
 - Complexity around provider contracts and employment
 - Reconfiguration of ANs
 - CMG has overlap with other ANs by design
- Most overlap has been resolved
 - More than **97%** of providers are in one network
 - Largest area of overlap is between CMG and other ANs

Attribution Decision Points (7 of 4)

Decision: What to do with data associated with providers who are in more than one AN?

❖ Recommendation:

Include all patient data attributed to a provider in multiple organizations to each organization

➤ Alternative: exclude all patient data attributed to providers in more than one organization

Benchmark Decision Point

Benchmarks (1 of 4)

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

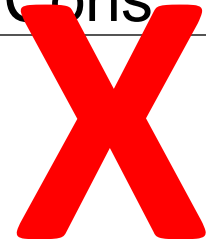

NOTE: Discuss LARC now or later?

Benchmarks (2 of 4)

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

Benchmarks (2 of 3)

Benchmark Type	Pros	Cons
Quality Targets	<ul style="list-style-type: none">• Absolute rating- no organization can be rated poorly (or favorably) due to performance of peers• Sets quality standard for CT• Large data set provides wide comparison range	<ul style="list-style-type: none">• Not Available 
NCQA		<ul style="list-style-type: none">• Relatively poor fit with CT measures, data source.• Cost and processing time is prohibitive 
State	<ul style="list-style-type: none">• Part of existing analysis process- no extra time or cost• Used by other state scorecards	<ul style="list-style-type: none">• APCD does not contain all state data• Rating is relative to state
Rated Entities	<ul style="list-style-type: none">• Minimal extra time to calculate	<ul style="list-style-type: none">• Only used by other state scorecards that are not comparable to CT scorecard• Rating is relative to peers

Benchmarks (4 of 4)

❖ Recommendation:

- Use state average
 - For rating
 - As default benchmark on website
- Use AN average
 - As optional benchmark on website

Reminder: Definition of rating categories is topic for March (after more results are in)

Next steps

Next Steps (1 of 2)

- Webpage development
 - Design subgroup meetings in Feb 22 and 27
 - Color-blind friendly rating color scheme options
 - Review for ease of navigation, visual appeal, usefulness of data presentation, customization options and explanations
- Data analysis
 - Continued measure construction and validation on 2017 data
 - Begin result review process (ANs, Quality Council, APCD staff)

Next Steps (1 of 2)

- Next Council Decision Points (March) to allow April Publication:
 - 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
 - First to measures and methods subgroup
 - Then to entire council

Next Steps

Next Steps

- Continue examination of Ambulatory Care Sensitive Conditions measures
- Recruit for open seats
- Public Scorecard decision points

Adjourn