



CONNECTICUT  
*Office of Health Strategy*

# SIM Quality Council

*July 17, 2019*

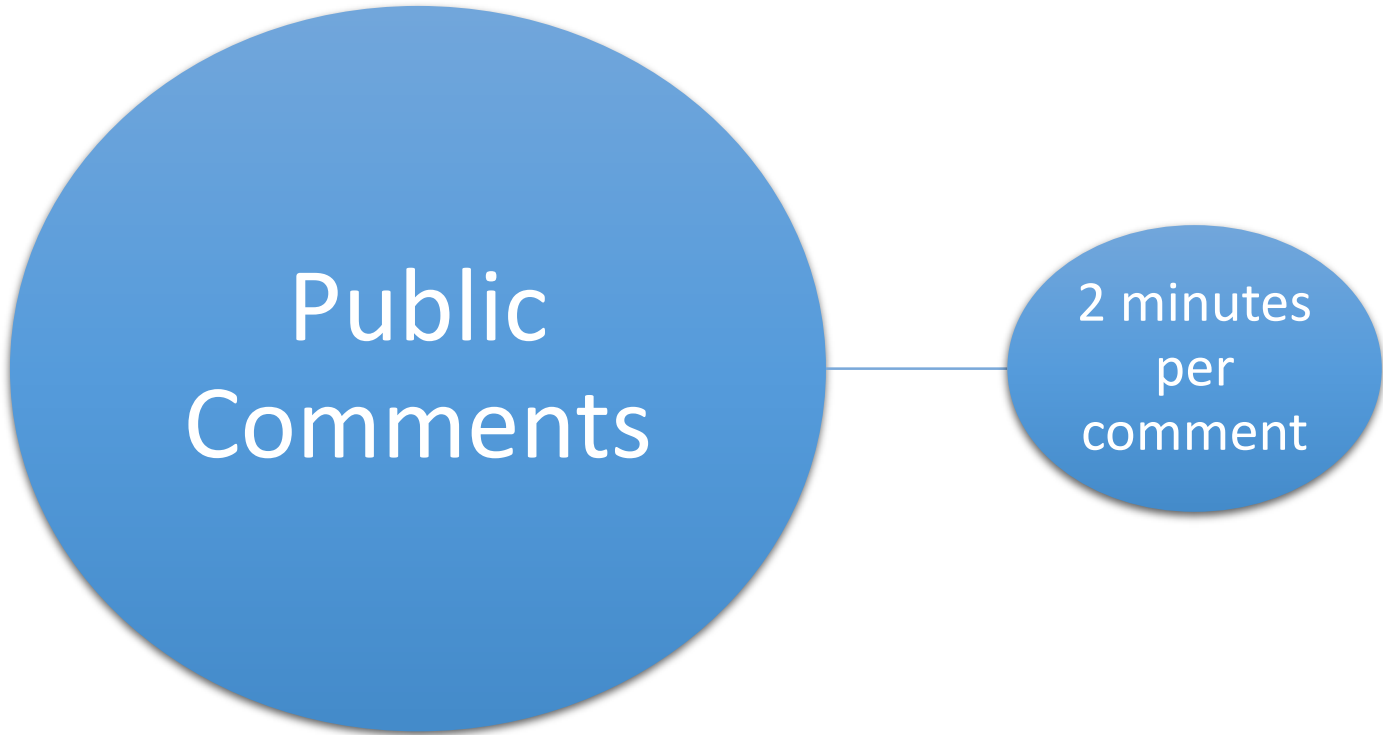
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**"Good news.  
Your cholesterol has stayed the same,  
but the research findings have changed."**

# 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	60 min
Upcoming Activities	5 min
Next steps and Adjournment	5 min



# Meeting Summary

# Purpose of Today's Meeting

# Public Scorecard

# Agenda: Online Healthcare Scorecard

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**Status Update**



**Medicare Provider Question**



**Readmissions Risk Adjustment**



**Preliminary Result Preview**



**Next Steps**



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Status Update

# Status Update (1 of 2)

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- Results for first commercial scorecard are finalized
  - Organizations have been notified
  - Publication date not yet determined
- Validation for the second commercial scorecard is almost complete
  - A few more providers may be removed for second scorecard
  - Results soon sent to organizations for their review

## Status Update (2 of 2)

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- No delivery date for Medicare or Medicaid data
- Began Medicare provider list collection with organizations
  - Requested list of primary care providers who were included in their Medicare ACOs as of 12/31/16
    - 10 organizations have returned lists
  - Requesting list of ACO providers through ResDAC
    - Compare with returned lists
    - Use for non-responders

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# Medicare Provider Question

## Measure Provider Question (1 of 2)

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- Question from organization:  
Include OB/GYNs on organization provider list?
  - No OB/GYN providers in their ACO (no signed agreements)
  - Some Medicare attributed lives see OB/GYNs within the organization

# Measure Provider Question (2 of 2)

Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	OB/GYN	Total	% OB/GYN
Community Medical Group	76,516	4,653	39	3,197	724	85,129	0.85%
Day Kimball	6,801	932	0	195	91	8,019	1.13%
Eastern CT Health Network	19,583	0	0	884	833	21,300	3.91%
Griffin	5,224	519	0	311	203	6,257	3.24%
Hartford HealthCare	60,849	7,495	25	5,829	1,343	75,541	1.78%
Middlesex	7,539	1,591	0	996	0	10,126	0.00%
ProHealth	60,926	12,801	0	9,634	0	83,361	0.00%
Saint Francis	24,780	3,637	0	471	1,481	30,369	4.88%
Saint Mary	14,676	941	0	738	1,258	17,613	7.14%
Soundview	4,989	369	0	80	0	5,438	0.00%
Stamford Health	14,115	0	0	0	660	14,775	4.47%
Starling	13,853	2,090	0	445	672	17,060	3.94%
Saint Vincent	8,540	890	0	331	0	9,761	0.00%
Waterbury	22,968	0	0	0	1,232	24,200	5.09%
Western CT Health Network	35,284	0	0	0	0	35,284	0.00%
West Med	3,583	41	0	53	664	4,341	15.30%
Yale Medicine	2,961	604	0	398	955	4,918	19.42%
<b>TOTAL</b>	<b>383,187</b>	<b>36,563</b>	<b>64</b>	<b>23,562</b>	<b>10,116</b>	<b>453,492</b>	<b>2.23%</b>

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# Readmissions Risk Adjustment

# Readmissions Risk Adjustment (1 of 2)

- ❖ Plan All-Cause Readmissions: Number of acute inpatient stays for members 18 years of age or older followed by an unplanned acute readmission for any diagnosis within 30 days
  - Measure calls for risk adjustment via indirect standardization
    - Uses predicted probabilities of readmission estimated through logistic regression
    - Assigns weight to each index hospital stay based on:
      - Presence of surgeries
      - Discharge Condition
      - Comorbidities
      - Age
      - Gender



# Readmissions Risk Adjustment (1 of 2)

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- Create an expected rate of readmission to compare to the actual rate
  - Good performance: The actual rate of readmissions is lower than expected
  - Poor performance: The actual rate of readmissions is higher than expected

[http://www.populationhealthwebcastarchives.com/assets/223/resources/223teigland\\_cs1.pdf](http://www.populationhealthwebcastarchives.com/assets/223/resources/223teigland_cs1.pdf)

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# Preliminary Result Preview

# Preliminary Organizational Ratings

Org	Follow-Up after Hosp. for Mental Illness- 7 days	Follow-Up after Hosp. for Mental Illness- 30 days	Use of Imaging Studies for Low Back Pain	Adolescent Well Care Visits	Diabetes: Attention for Nephropathy	Long Acting Reversible Contraceptive	Chlamydia Screening	Annual Monitoring for Persistent Meds- ACE/ARB	Annual Monitoring for Persistent Meds-Diuretics	Annual Monitoring for Persistent Meds- Total
A	5	5	3	4	3	1	3	4	3	4
B			4	2	1	4	1	1	1	1
C	3	2	4	3	3	3	3	5	5	5
D			4	1	3	2	3	5	3	4
E	4	5	3	3	3	3	2	3	3	3
F			5	3	3	3	1	5	4	5
G	3	3	3	5	5	1	4	5	5	5
H	5	5	4	3	4	2	3	3	3	3
I			3	4	4	1	3	4	3	3
J			2	1	3	3	4	5	5	5
K	3	4	2	3	3	3	5	3	2	3
L			1	3	5	3	4	5	5	5
M			4	3	3	2	3	3	4	3
N	2	3	3	3	1	1	3	3	3	3
O	3	3	2	4	2	1	2	3	3	3
P			5	4	4	1	4	5	5	5
Q			5	1	2	5	3	3	4	3
R	3	3	3	3	4	3	3	3	4	3

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Next Steps

# Next Steps

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- Finalize second set of commercial measures
  - After organization review period
- Publish commercial measures
  - Publicize
- Begin Medicare measure analysis
  - Receive remaining Medicare data
  - Update measure specifications
  - Obtain updated provider lists from organizations

# Upcoming Activities

- Publishing of the scorecard
- Core Measure set examination and update
- Planning for post-SIM



Adjourn