SIM Quality Council

*October 16, 2019*

"It's a simple stress test—I do your blood work, send it to the lab, and never get back to you with the results."

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 Measure Set Review	30 min
Public Scorecard	30 min
Post-SIM Strategy	20 min
Next steps and Adjournment	5 min

Public Comments

2 minutes per comment

OHS CONNECTICUT Office of Health Strategy
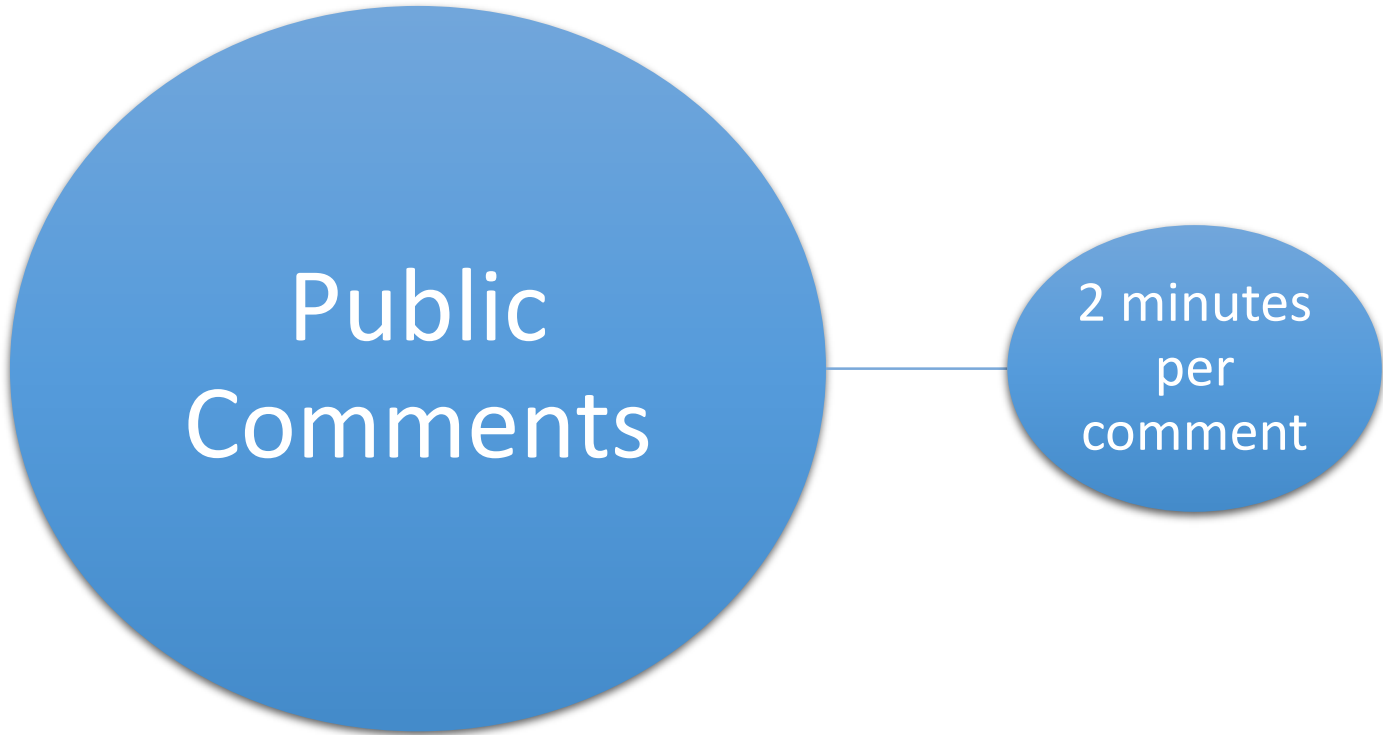
Meeting Summary

Purpose of Today's Meeting

OHS CONNECTICUT Office of Health Strategy

Quality Measure Set Review

Core Measures Alignment – NQF Endorsement Status

Changes from 2018:

(+) Immunizations for Adolescents

#	Core Measure Set	NQF	Steward	NQF Status	Date of Update
	Consumer Engagement				
1	PCMH – CAHPS measure	0005	NCQA	✓	1/7/15
	Care Coordination				
2	Plan all-cause readmission	1768	NCQA	✓	12/23/14
	Prevention				
4	Breast cancer screening	2372	NCQA	✓	10/25/18
5	Cervical cancer screening	0032	NCQA	✓	1/17/17
6	Chlamydia screening in women	0033	NCQA	✓	1/9/19
7	Colorectal Cancer Screening	0034	NCQA	✓	6/6/18
8	Immunizations for Adolescents	1407	NCQA	✓	6/7/19
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	NCQA	✓	6/6/18
10	Preventative care and screening: BMI screening and follow up	0421	CMMC	✓	3/29/18
12	Well-child visits in the first 15 months of life	1392	NCQA	✓	6/7/19
14	Tobacco use screening and cessation intervention	0028e	AMA/ PCPI	✓	5/22/19
16	Screening for clinical depression and follow-up plan	418	CMS	✓	1/16/19
17	Behavioral health screening (pediatric, Medicaid only, custom measure)		Custom		
	Acute & Chronic Care				
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	NCQA	✓	3/28/17
20	DM: HbA1c Testing**	0057	NCQA	✓	10/25/18
21	DM: Diabetes eye exam	0055	NCQA	✓	10/25/18
22	DM: Diabetes: medical attention for nephropathy	0062	NCQA	✓	10/25/18
23	HTN: Controlling high blood pressure	0018	NCQA	✓	4/3/13
25	Avoidance of antibiotic treatment in adults with acute bronchitis (AAB)	0058	NCQA	✓	4/4/16
26	Appr. treatment for children with upper respiratory infection (URI)	0069	NCQA	✓	3/3/16
	Behavioral Health				
27	Follow-up care for children prescribed ADHD medication	0108	NCQA	✓	6/28/17
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	2800	NCQA	✓	5/4/16
29	Depression Remission at 12 Twelve Months	0710e	MNCM	✓	3/16/15
30	Depression Response at 12 months – Progress Towards Remission	1885	MNCM	✓	10/26/16
31	Child & Adolescent MDD: Suicide Risk Assessment	1365e	AMA/ PCPI	✓	10/29/18

Core Measures Alignment – NQF Endorsement Status

#	Core Measure Set	NQF	Steward	NQF Status	Date of Update
	Care Coordination				
3	Annual monitoring for persistent medications (roll-up)	2371	NCQA	☒	6/6/18
	Prevention				
11	Developmental screening in the first three years of life	1448	OHSU	☒	5/31/17
13	Adolescent well-care visits		NCQA	◎	
15	Prenatal Care & Postpartum care***	1517	NCQA	☒	10/25/16
17	Behavioral health screening (pediatric, Medicaid only, custom measure)		Custom	◎	
	Acute & Chronic Care				
18	Medication management for people w/ asthma	1799	NCQA	☒	8/3/16
24	Use of imaging studies for low back pain	0052	NCQA	☒	5/1/17

Changes from 2018:

- NONE

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Reporting Measure Set Alignment – NQF Endorsement Status

#	Measure	NQF	Steward	NQF Status	Date of Update
	Consumer Engagement				
1	30 day readmission		MMDLN		
	Prevention				
2	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA		
3	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA	✓	6/7/2019
4	Oral Evaluation, Dental Services (Medicaid only)	2517	ADA	✓	6/6/2018
5	Long Acting Reversible Contraception (LARC)	2904	OPA	✓	1/28/2018
	Acute and Chronic Care				
6	Cardiac strss img: Testing in asymptomatic low risk patients	0672	ACC	✓	6/29/2015
	Behavioral Health				
7	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		APA		
8	Anti-Depressant Medication Management	0105	NCQA	✓	10/26/2018
9	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	NCQA	✓	6/10/2019
10	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	✓	7/28/2017

Changes from 2018:

- NONE

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Core Measures Alignment – CQMC

The Core Measures Quality Collaborative (CQMC) :

- Broad-based coalition of health care leaders convened by America's Health Insurance Plans (AHIP) starting in 2015.
- The membership includes CMS, health insurance providers, medical associations, consumer groups, purchasers and other quality collaboratives
- Recommend core sets of measures by clinical area to assess the quality of American health care.
- Source used by the Quality Council to measure alignment
- Has recently been taken over by NQF
- Has not updated measure sets since 2016

Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Commercial Result Review

Medicare Scorecard

Medicare Attribution

Next Steps

Status Update

- Results for second commercial scorecard are in final review

  - Sent to organizations with review period ending 10/25

  - Readmissions measure

- Medicare provider lists have been received from 12 Advanced Networks

  - 1 organization directed us to use commercial provider list

  - 5 non-responders

    - Contacted each six times over 3 months

    - Will use commercial provider lists

Status Update (2 of 2)

- Medicare measures being coded (fiscal year 2016)

- Expected delivery date for Medicaid data is 10/23
  - ➢ 12/1/2016-12/31/2018

Commercial Result Review

- Two measures not included due to low denominators
  - ➤ Reminder: Minimum of 30 required for publication
    1. Follow up for children prescribed ADHD medication
       - Measure only includes children newly prescribed medication
         - ➤ 6 organizations for 30 days
         - ➤ 4 organizations for 10 months

    2. Follow up after hospitalization for mental illness
       - ➤ 9 organizations for 7 and 30 days

  - Methods and Measures subgroup decision:
    - Minimum of 50% (9) of organizations with publishable scores
    - ➤ Reminder: Ratings are calculated using mean of attributed population and standard deviation of organization scores.

Preliminary Organizational Ratings (2 of 2) 5=5 Stars, 1=1 Star

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- Total	Diabetes: Eye Exam	Immunizations for Adolescents
A	1	1	3	4	3	1	3	4	3	3
B			2	2	1	4	1	1	3	3
C	4	4	3	3	3	3	3	5	5	5
D			2	1	3	2	3	4	3	
E	5	5	3	3	3	3	2	3	4	4
F			1	3	3	3	1	5	5	
G	3	4	3	5	5	1	4	5	4	3
H	5	5	2	3	4	2	3	3	5	5
I			3	4	4	1	3	3	3	1
J			4	1	3	3	4	5	1	
K	4	4	4	3	3	3	5	3	1	
L			5	3	5	3	4	5	3	2
M			3	3	3	2	3	3	2	1
N	3	5	3	3	1	1	3	3	3	2
O	3	3	4	4	2	1	2	3	3	5
P			1	4	4	1	4	5	1	
Q			1	1	2	5	3	3	2	
R	3	3	3	3	4	3	3	3	3	3

Medicare Scorecard

- # Measures being coded
  - ## No new data expected
    - ➢ Fiscal year 2016 (10/1/2015-9/30/2016)
    - ➢ Pharmacy data for 2016 not included

- # Measures included are those that do not include pharmacy data
  - ➢ Plan All Cause Readmission
  - ➢ Breast Cancer Screening
  - ➢ Follow up after Hospitalization for Mental Illness (7 and 30 days)
  - ➢ Cervical Cancer Screening

- Examining denominators of measures with age exclusively <65
  - ➢ Min. 30 individuals per entity and 50% of entities reportable

Measure Name	Measure Age Range	Denominator (Overall)
Non Recommended Cervical Cancer Screening	16-20 Years	5
Immunizations in Adolescents	13 Years	0
Adolescent Well Care Visits	12-21 Years	93
Cervical Cancer Screening	21-64 Years	35,694

- Absence of Medicaid data leaves incomplete view of pre-Medicare claims history

  ➢ Must be covered by Medicare for entire measurement and look back periods for inclusion in a measure

Measure	Measurement Period	Look Back Period
Breast Cancer Screening	Fiscal year 2016	2 years prior
Cervical Cancer Screening	Fiscal year 2016	2 years prior
Readmissions	Date of hospitalization and 30 days following	365 days prior to index hospitalization
Follow up after Hospitalization for Mental Illness	Date of discharge and 30 days following	None

Quality Council Thoughts?

Medicare Attribution

Medicare Attribution (1 of 2)

- Attribution Flow Chart Place Holder

Measure Attribution (2 of 2)

Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	OB/GYN	Total	% OB/GYN
Community Medical Group							
Day Kimball							
Eastern CT Health Network							
Griffin							
Hartford HealthCare							
Middlesex							
ProHealth							
Saint Francis							
Saint Mary							
Soundview							
Stamford Health							
Starling							
Saint Vincent							
Waterbury							
Western CT Health Network							
West Med							
Yale Medicine							
TOTAL							

Next Steps

Next Steps

- Finalize second set of commercial measures and Publish

- Complete Medicare measures and distribute to organizations for review

- Receive new data extract and evaluate

Scorecard in the Press

OHS: New Website Allows Consumers to Compare Healthcare Quality Ratings and Cost

Shopping for Healthcare Made Easier with Healthscore CT

(HARTFORD, CT) – The Connecticut Office of Health Strategy (OHS), joined by Lieutenant Governor Susan Bysiewicz, announced today that it has launched Healthscore CT, an online tool to help consumers, businesses, and healthcare providers compare the cost and quality of medical care at Connecticut hospitals and provider networks. The website has interactive tables and graphs that allow consumers to search, sort, and filter by entity, quality measure, health topic, and rating.

OHS Executive Director Vicki Veltri said, "Healthscore CT brings transparency to two priorities in healthcare—quality and cost. As healthcare changes, quality is becoming even more important. Healthcare isn't just about tests, it's about what makes people better and more productive in their lives; what improves outcomes; what reduces health disparities; and what makes our communities healthier. We are all healthcare consumers at one point or another in our lives. Healthscore CT gives people the resources to make better healthcare decisions and gives providers an opportunity to improve the cost and quality of the care they deliver."
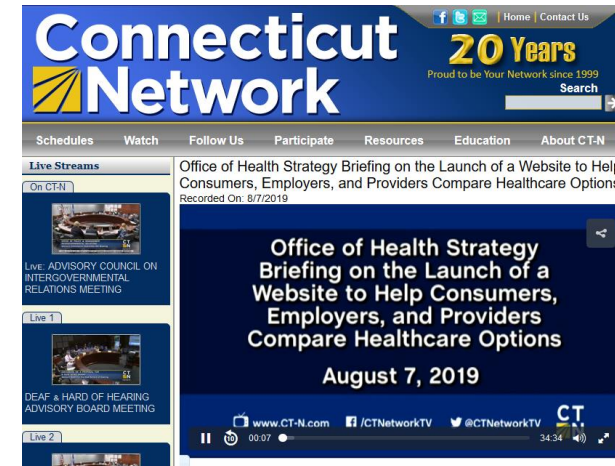
Scorecard in the Press

HBJ HARTFORD BUSINESS

August 7, 2019

OHS launches healthcare quality website

By Matt Pilon

The state Office of Health Strategy on Wednesday launched a new web tool that helps consumers and others assess the quality of hospitals and provider networks in Connecticut.

USA TODAY

Connecticut

Hartford: Consumers, businesses and health care providers in the state will be able to compare the cost and quality of medical care at hospitals and provider networks online. The Connecticut Office of Health Strategy has launched HealthscoreCT.com, which includes a quality scorecard and a cost estimator that is scheduled to be released at the end of September. OHS Executive Director Vicki Veltri says the website, which includes interactive tables and graphs, "gives people the resources to make better health care decisions" and gives providers an opportunity to improve on the cost and quality of the care they give patients. Once fully implemented, the free service will help consumers determine if the high cost charged by a particular network means good quality.

Connecticut Network
20 Years

Office of Health Strategy Briefing on the Launch of a Website to Help Consumers, Employers, and Providers Compare Healthcare Options
Recorded On: 8/7/2019

Office of Health Strategy Briefing on the Launch of a Website to Help Consumers, Employers, and Providers Compare Healthcare Options

August 7, 2019

KHN Morning Briefing

Summaries of health policy coverage from major news organizations

The Associated Press: Site Allows Consumers To Compare Health Care Cost, Quality

Consumers, businesses and health care providers will be able to compare the cost and quality of medical care at Connecticut hospitals and provider networks online. The Connecticut Office of Health Strategy has launched HealthscoreCT.com , which includes a quality scorecard and a cost estimator that is scheduled to be released at the end of September. (8/11)

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SIM connecticut state innovation model

Scorecard Activities Since Launch

Outreach and Marketing:

- Presented to Health Advisory IT Council

- SIM Steering Committee

- Healthcare

- Have been asked to present to outside organizations and departments

Feedback:

- Organizations not rated asking to be included

- Formatting and layout recommendations

Scorecard Milestones

Accountability Metric	Total Target	AY3 Measure	AY4 To Date	AY4 Anticipated
Number of measures publicly reported	40	0	15	25
Number of views to public scorecard	3,000	0	10k*	3,000
Number of organizations/entities that have self-attested to using data from scorecard	60	0	?	60
Number of public scorecard visitors	NA	0	2,300**	NA

*3 pages per session, 2 min on each page

**82% are new visitors

Scorecard Sustainability Efforts

OHS has dedicated state-funded staff to support the Quality Council in recommending quality measures and the production of the scorecard. Additionally, OHS leadership envisions expanding the role of the Quality Council to establish cost and quality benchmarks to be included in future iterations of the scorecard.

There is broad support from payers, healthcare organizations, and consumers for the scorecard and its associated activities. We do not anticipate continued access to CAHPS funding without payer support so this element of the scorecard may be retired

OHS is seeking funding to continue production of the scorecard, potentially through the legislature, we also are seeking to reduce costs by folding scorecard production into the CDAS

Healthscore CT - Demonstration

https://healthscorect.com/

Post SIM Strategy

Post-SIM Strategy

- Quality Measure Alignment and the Quality Council
- Other SIM Sustainability Efforts

OHS CONNECTICUT Office of Health Strategy

SIM connecticut state innovation model

Adjourn