Agenda

Public Comment & Minutes

Updates/ Recap

Purpose of Today’s Meeting

Public Scorecard (75 min)

Alignment Grid (10 min)
Updates

• 10/31/2016: Quality Council meeting via conference call regarding **prenatal/post-partum quality measure**. Decision was to retain the measure

• **Quality Council Report**: Steering Committee meeting 11/10

• **Health equity quality measure**: Yale CORE submitted grant proposal to work with DSS and SIM PMO on health equity measurement methods for value-based payment

• **PMO** considering options for supporting annual review and update of core measure set and work on development set
Purpose of Today’s Meeting
Online Healthcare Scorecard
Agenda: Online Healthcare Scorecard

- Status Update
- Decision Points
- Timeline
Status Update
Status Update: Information Gathering

• States
  – Washington
  – Minnesota
  – Wisconsin
  – Maine
  – California (3 scorecards)

• Discussion Points
  – Initial planning
  – Methods: scoring, data validation, risk adjustment, attribution
  – Post-Publication: publicity, analytics, user questions
  – Staffing and budget
<table>
<thead>
<tr>
<th>State</th>
<th>Who are they rating?</th>
<th>What are they rating?</th>
<th>What data are they using?</th>
<th>How are they getting their data?</th>
<th>What is their scoring method?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MN</td>
<td>Hospital Medical Group</td>
<td>Quality Pat. Exp. Cost</td>
<td>EHR CAHPS</td>
<td>Providers submit data in three waves each year</td>
<td>State average (actual and expected)</td>
</tr>
<tr>
<td>WI</td>
<td>Hospital Clinic Medical Group</td>
<td>Quality</td>
<td>EHR Claims</td>
<td>Provider Submission</td>
<td>National benchmark</td>
</tr>
<tr>
<td>WA</td>
<td>State County Health Plan Hospital Clinic</td>
<td>Quality Pat. Exp. Survey Registries</td>
<td>Payers submit data into associated APCD</td>
<td>National benchmark</td>
<td></td>
</tr>
<tr>
<td>ME</td>
<td>Hospital Clinic Lab</td>
<td>Cost Quality</td>
<td>Claims CMS</td>
<td>Payers submit data into associated APCD</td>
<td>State average (cost) National and State benchmark (quality)</td>
</tr>
</tbody>
</table>
## Status Update: Findings (2 of 2)

<table>
<thead>
<tr>
<th>State</th>
<th>Who are they rating?</th>
<th>What are they rating?</th>
<th>Data Sources</th>
<th>How are they getting their data?</th>
<th>Scoring Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CA (Pt Adv.)</strong></td>
<td>Medical Group, PPO, HMO</td>
<td>Quality Pat Exp. Cost</td>
<td>EHR Public data</td>
<td>Publicly available HHS data &amp; provider submission as flat file</td>
<td>State Average</td>
</tr>
<tr>
<td><strong>CA (Dept. Ins.)</strong></td>
<td>Hospital, Medical Group</td>
<td>Quality Pat Exp. Cost</td>
<td>CDC CMMI, etc.</td>
<td>Aggregate data/publically available reports</td>
<td>State Average</td>
</tr>
<tr>
<td><strong>CA (UCSF)</strong></td>
<td>Hospital, Nursing Home, Assisted Living Hospice</td>
<td>Quality Pat Exp. Cost</td>
<td>Publically available data</td>
<td>Aggregate data/publically available reports</td>
<td>State Average</td>
</tr>
</tbody>
</table>
• What we learned about process
  – Users varied, consumers not main users
  – Relationship building critical
  – Data validation important
  – Takes time, staff and budget

• What we learned about building a scorecard
  – Scoring: two options
  – Risk adjustment - opportunity for innovation
  – Attribution methods
    » Few states able to de-duplicate patient data
CT Scorecard Decision Points
Decision Points

☑ Data Source: APCD and CAHPS
☑ Measures:
  • Quality Council’s Core and Reporting Sets (claims based)
  • Consider reporting set review and update
☑ Unit of analysis: Advanced Networks and FQHCs
☐ Purpose/Use Cases
☐ Attribution method
☐ Risk adjustment
☐ Scoring
☐ Presentation
Other states’ health care scorecard use cases:

- Health care providers: Transparency drives healthcare quality
- Health care consumers:
  - Choosing a physician/provider/facility/medical group
  - Choosing a health system/network
- Physicians: Selecting providers for referrals
- Payers: Use for pay for performance reimbursement
- Employers: Inform purchasing decisions
- Policymakers: Assessing State performance and informing policy

Discussion

- What are our priorities regarding use cases?
- Can we rank our priorities
  - Will drive design and functionality
Decision Points: Scoring

- **Level of reporting**
  - Other states present measure, domain, and/or overall

  Proposal: Provide measure, domain, and overall scores

- **Rating System**
  - Most states scored against averages
  - WA and WI scored against benchmarks

  Proposal: Score against benchmarks
• One state (MN) Performed risk adjustment
  – Presented adjusted and non-adjusted scores
  – Used clinical risk adjustment and socio-demographic risk adjustment
  – Opportunity for CT innovation

Proposal: Use risk adjustment (3M CRG) in the APCD
& explore socio-demographic adjusters
Decision Points: Attribution

• Attribution methods
  – Patients claimed to be attributed by rated entities
  – Patients attributed to physician seen most frequently

• Most states could not de-duplicate patients

• Data may restrict our choice

Proposal: Table this pending review of APCD data
Decision Points: Presentation

• Search options
  — Advanced Network/FQHC name
  — Location (proximity to)
  — Measure/Domain

• Interactivity
  — Drill down
  — Search
  — Compare
  — Sort
  — Filter

Proposal: Send Quality Council members links to other states’ scorecard sites and a survey to provide feedback on preferred site attributes
Timeline
Roadmap

- Finalize Plan
- Analysis: APCD
- Analysis: CAHPS
- Website Development
- Online Publication
Next Steps
Scorecard Next Steps

• UConn Health SIM Evaluation Team will:
  – Send links and survey
  – Present summary of results to Quality Council at January meeting
  – Develop RFI for information from vendors related to design/hosting/maintenance of website
Alignment Strategy for SIM Initiatives
SIM Aims

**Healthier People and Communities and Improved Health Equity**
Reduce the statewide rates of diabetes, obesity, and tobacco use

**Better Care and Improved Health Equity**
Improve performance on key quality measures, including preventative care and care experience

**Smarter Spending**
Achieve a 1-2% reduction in the annual rate of healthcare growth
CT SIM: Primary Drivers to achieve Our Aims

Population Health: $5.8M
Payment Reform: $8.8M
Transform Care Delivery: $13.5M
Empower Consumers: $650K

Health Information Technology: $10M
Evaluation: $3.5M
CMMI feedback on SIM Operational Plan

- Enhance focus
- Improve coordination and alignment
- Simplify
SIM Priority Alignment Areas

- Individuals with Complex Health Needs
- Diabetes: prevention and control
- Hypertension (HTN): prevention and control
- Asthma
- Depression
CT SIM: Alignment Priority Areas and Primary Drivers

- Individuals with Complex Health Needs
- Diabetes: prevention and control
- Hypertension (HTN): prevention and control
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Health Information Technology

Evaluation
Adjourn