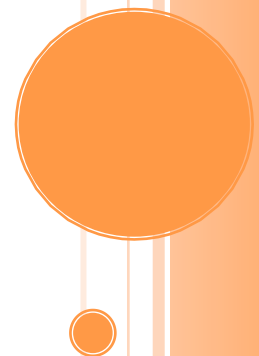


REQUIREMENTS AND DELIVERABLES FOR CONNECTICUT HEALTHCARE QUALITY SCORECARD

UConn Health SIM Evaluation Team

6/19/2017



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OVERVIEW

The Connecticut State Innovation Model Test Grant aims to increase transparency and improve access to information about provider performance by disseminating quality information through a public common scorecard. This scorecard will collect data from payers and consumers to assess the performance of Advanced Networks and FQHCs in Connecticut on a set of measures identified by the SIM Quality Council. The Scorecard will present this information on a web-based platform in a form that is accessible to a broad set of stakeholders that include patients, providers, and policymakers. The following use cases identified in the SIM Test Grant and refined in consultation with the SIM Quality Council have informed our proposal for the Scorecard:

1. Provide consumers access to healthcare quality information
2. Allow providers access to information on their performance relative to peers to drive quality improvement through transparency
3. Provide CT policy makers with information to assess CT healthcare performance

This document describes the methodology, functional requirements, and deliverables for each of the following task domains. **Note that tasks associated with the design, construction, testing, and maintenance of an online hosting platform and user interface are not included in this proposal and will be included as part of an expanded scope of work.**

Data hosting	Data processing	Reporting and validation	Development of web components
<ul style="list-style-type: none"> • Data import • Data storage • Data security • Data transfer 	<ul style="list-style-type: none"> • Data cleaning • Data validation • Analytics 	<ul style="list-style-type: none"> • Scoring • Benchmarking • Report validation • Upload and publish data 	<ul style="list-style-type: none"> • Website development • Scorecard development • Maintenance and updates

SCORECARD METHODS

Approach to design and implementation

Research done by the UConn Health Evaluation Team indicates that the success of public scorecards is contingent upon achieving the buy in and confidence of the entities being rated and the partnership of multiple stakeholders. To build confidence in this initiative, UConn Health will develop and implement the scorecard in close communication with the Quality Council, Access Health CT, Yale University, the SIM PMO, the Healthcare Steering Committee and other groups and organizations as appropriate. Additionally, UConn Health will engage with Advanced Network and FQHC leadership especially as it concerns data processing procedures to create confidence in the results published on the scorecard.

UConn Health will be responsible for working with the CT SIM Project Management office (PMO) to create the scorecard design, in consultation with the Quality Council. UConn Health will present plans and decision points for review by the Quality Council at regular intervals. UConn Health will also present regular updates on the scorecard project to the Health Innovation Steering Committee as appropriate.

DATA HOSTING

Data acquisition and storage

The CT Scorecard will utilize two sources of data: Claims data reported to the All Payer Claims Database (APCD) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. All data will be obtained on an annual basis. APCD data will be provided by Access Health CT and CAHPS surveys will be administered by contractors for Yale University (Commercial beneficiaries) and the SIM PMO (Medicaid beneficiaries) and funded by CT SIM.

Key data acquisition deliverables are:

- Execute MOAs, Data Use Agreements, and IRB applications to acquire data
- Provide secure data transfer mechanism
- Acquire APCD data annually. Data request will be submitted with Access Health CT within 30 days of calendar year availability
- Acquire CAHPS data as available

Data storage and security

UConn has access to a HIPAA compliant high performance computing facility with other safeguards in place for protection of privacy and confidentiality.

Key data storage security deliverables are:

- Configure HIPAA compliant servers within the UConn high performance computing facility
- Maintain an initial capacity 2 TB of storage with expansion in subsequent years as necessary
- Set permissions to restrict data access to UConn Health Scorecard team members
- Perform weekly, monthly and annual server maintenance, and comply with all processes and procedures required for HIPAA compliance

DATA PROCESSING

Data cleaning and validation

Data obtained from the CT APCD will consist of separate files for medical claims, pharmacy claims, member eligibility, and provider information. The CT APCD, through its vendor OnPoint LLC, will provide basic data cleaning and standardization; however more detailed, measure and rating specific data cleaning and validation will be performed by UConn Health for every update to the scorecard. CAHPS data will also require cleaning and coding to produce the final measure sets. The cleaning and validation protocols will be developed by the UConn evaluation team.

Key data processing and validation deliverables are:

- Creation of data cleaning and validation protocols
- Annual execution of data cleaning and validation protocols
- Exchange of data with Advance Network and FQHC leadership as necessary to create confidence in data validation protocols and results

Data analysis

For optimum security, analysis will be conducted within the secure environment of the HIPAA-compliant high performance computing facility.

Data analysis will consist of the annual calculation of CAHPS and claims based measures from the Quality Council's Core and Reporting sets (see Appendix A) for each Advanced Network and FQHC identified by the PMO 90 days prior to the anticipated scorecard publication. Results will be presented on the scorecard in multiple ways: raw numeric results for each measure; risk-adjusted results for each measure; and aggregated scores within measure domains. In subsequent years, changes in scores since the previous year will also be reported. Raw and risk-adjusted results will be provided by demographic category (gender, race, ethnicity, geographic location) to the extent permitted by the data.

Key data analysis deliverables are:

- Annual calculation of raw and risk-adjusted results for each measure and for each measure domain; demographic breakdowns for each measure and measure domain; change since previous year for each measure/measure domain; each separately by Advanced Network/FQHC.

Attribution

To analyze entity specific performance patients in the APCD and CAHPS datasets will be attributed to a particular Advanced Network or FQHC. To support Use Case #2 described above, attribution methods should align to the greatest extent possible with attribution methods used by payers for quality based payments to providers. Since the available data may restrict our attribution method options, final decisions regarding attribution will be made after data has been received, cleaned and validated. Decisions regarding attribution will incorporate input from payers, rated entities and the Quality Council.

Key data analysis deliverables are:

- Determine attribution method options after receipt of data and consultation with the CT APCD leadership
- Discuss attribution method options with Quality Council, payers, and representatives of Advanced Networks and FQHCs

Risk Adjustment

Advanced Networks and FQHCs potentially have differences in patient populations that may impact their performance on scorecard measures. To adjust for this UConn Health will provide risk-adjusted results for each measure and measure set using standard risk adjustment tools, which will be selected in consultation with the leadership of the CT APCD. Because the available data may restrict our risk adjustment options, final decisions regarding risk adjustment will be made after data has been received, cleaned and validated.

Key risk adjustment deliverables are:

- In consultation with the APCD, evaluate 3M CRG and other risk adjustment methods after receipt of data
- Present risk adjustment option(s) to Quality Council
- Finalize risk adjustment method after input from Quality Council
- Apply risk adjustment in data analysis

Benchmarking

The scores of Advanced Networks and FQHCs will be displayed relative to benchmarks that will serve as standards for performance. Benchmarking will involve obtaining comparable metrics at the state and/or national level. In the event that no benchmarks exist, UConn Health will work with the Quality Council to set an appropriate benchmark. These benchmarks will be updated annually.

Key benchmarking deliverables are:

- Research and obtain benchmarks for each scorecard measure
- Review proposed benchmarks with Quality Council
- Set benchmarks as necessary

Review and Validation

UConn Health will present a preview of scorecard results to the Quality Council and to the rated entities prior to their release to the public. A protocol will be developed through which ratings will be presented to Advanced Networks and Federally Qualified Health Centers for

review and comment. Rated entities will be given a four week period to review results and present concerns to the evaluation team.

Key review and validation deliverables are:

- Develop a rating validation protocol to get the input from entities about entity specific performance reports
- Provide results to rated entities at least eight weeks prior to public release.
- Work with entity representatives following the four week review and comment period to address entity concerns as appropriate.

PUBLIC PRESENTATION OF RESULTS

Website development

The design and implementation of a web-hosting platform will be determined in collaboration with the state's Health Information Technology Officer and the Executive Director of the APCD. UConn Health will select a technology and approach that provides the required functionality for the scorecard while also capitalizing on existing state investments in similar technologies.

Platform development deliverables are:

- In collaboration with the HITO and the APCD, review available technologies and select approach for consideration by the PMO and the Quality Council.

Development of online scorecard

The scorecard will be an open access, interactive, user-friendly tool that can be accessed on the web. The scorecard will present overall, domain, and measure-related raw and risk adjusted scores for Advanced Networks and FQHCs via interactive tables and graphs. These scores will be updated on an annual basis. In subsequent years, the annual change in score will be presented. The dashboard will have capabilities for searching, sorting and filtering by entity, measure, demographic characteristics and fiscal year.

UConn Health has already collected feedback from the Quality Council on presentation preferences via a survey and discussion. This feedback will be utilized when finalizing presentation options. Additionally, the Quality Council will be given the opportunity to review and comment on the final scorecard design.

Key scorecard development deliverables are:

- Develop interactive, user friendly scorecard with searching and filtering capabilities supported by the data
- Perform user testing on proposed scorecard
- Present proposed scorecard to Quality Council
- Refine and finalize scorecard design and functionality based on feedback

Development of supporting information

To facilitate user understanding of the results and ratings presented via the scorecard, explanatory text and notes will be provided. As recommended by the Quality Council, text should be brief but informative and should be written at a 5th grade level when possible and provided in both English and Spanish. Supporting text should cover data sources; measure and score definitions; descriptions of attribution, risk adjustment and scoring methods; and directions on how to use the site. Supporting text will be reviewed by the Quality Council prior to finalization and publication.

Key supporting information deliverables are:

- Develop user friendly explanations to facilitate user understanding of the scorecard including methodology and user directions
- Present proposed text to quality Council
- Refine and finalize text based on feedback

Publication

Upon report validation, measures and documentation will be uploaded to the website. The website will have capabilities for tracking user access and receiving input from users.

APPENDIX A: SCORECARD MEASURES

#	Provisional Core Measure Set	NQF#	ACO#
Consumer Engagement			
1	PCMH – CAHPS measure	0005	
Care Coordination			
2	Plan all-cause readmission	1768	
3	Annual monitoring for persistent medications (roll-up)	2371	
Prevention			
4	Breast cancer screening	2372	20
5	Cervical cancer screening	0032	
6	Chlamydia screening in women	0033	
7	Colorectal cancer screening	0034	19
8	Adolescent female immunizations HPV	1959	
12	Well-child visits in the first 15 months of life	1392	
13	Adolescent well-care visits		
17	Behavioral health screening (pediatric, Medicaid only, custom measure)		
Acute & Chronic Care			
18	Medication management for people w/ asthma	1799	
20	DM: HbA1c Testing**	0057	
22	DM: Diabetes: medical attention for nephropathy	0062	

24	Use of imaging studies for low back pain	0052
25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058
26	Appr. treatment for children with upper respiratory infection	0069
Behavioral Health		
27	Follow-up care for children prescribed ADHD medication	0108
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	

#	Reporting Only	NQF	ACO	Steward	Source	Equity
Coordination of Care						
1	30 day readmission			MMDLN	Claims	
2	% PCPs that meet Meaningful Use		11	CMS	EHR	
Prevention						
3	Non-recommended Cervical Cancer Screening in Adolescent Female			NCQA	Claims	
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516		NCQA	Claims	
5	Frequency of Ongoing Prenatal Care (FPC)	1391		NCQA	EHR	
6	Oral Evaluation, Dental Services (Medicaid only)	2517		ADA	Claims	✓
Acute and Chronic Care						
7	Cardiac stress img: Testing in asymptomatic low risk patients	0672		ACC	EHR	
Behavioral Health						
8	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions			APA	EHR	
9	Anti-Depressant Medication Management	0105		NCQA	Claims	
10	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004		NCQA	Claims	
11	Follow up after hospitalization for mental illness, 7 & 30 days			NCQA	Claims	

Quality Scorecard Tasks and Timeline

	Year 1 8/1 - 12/31/17		Year 2 1/1/18 - 12/31/18				Year 3 1/1/19 - 12/31/19			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Prepare and maintain analytic environment at UConn										
Quarterly meetings with Quality Council										
UI/display tool review and assessment										
Acquire APCD data										
Acquire CAHPS data										
Review risk adjustment and patient attribution strategy with APCD										
Clean & standardize APCD/CAHPS data										
Initial validation with ANs/FQHCs – patient attribution										
Measure construction and risk adjustment										
Measure review and validation with ANs/FQHCs										
Review of measures/results with Quality Council										
Measure documentation and incorporation of external content										
User support										
Publish scorecard										

Bold shading indicates period of activity for particular tasks.