

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

Quality Council



April 15th, 2015

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Public Comments

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Consumer Experience

Under Review – Consumer Experience

Domain: consumer experience		NQF	Steward
ACO-1-7, 34	ACO-CAHPS	0005 (adapted)	CMS
	PCMH CAHPS	0005 (adapted)	NCQA

Note: Design group is recommending some version of CAHPS; Council has not yet deliberated on the choice of consumer experience survey.

Under Review – Consumer Experience

	ACO CAHPS	PCMH CAHPS
Pros	<ul style="list-style-type: none">• Medicare SSP aligned	<ul style="list-style-type: none">• National benchmark data is being developed by NCQA<ul style="list-style-type: none">• Aligned with CT Medicaid• CMMI is seeking to use PCMH CAHPS across their innovation programs; working with senior research leadership to develop the most appropriate version etc.
Cons	<ul style="list-style-type: none">• No national benchmark data for commercial and Medicaid populations	<ul style="list-style-type: none">• Not aligned w/Medicare• Focus on practice team rather than neighborhood team• Does not assess specialty access, shared decision making, health promotion

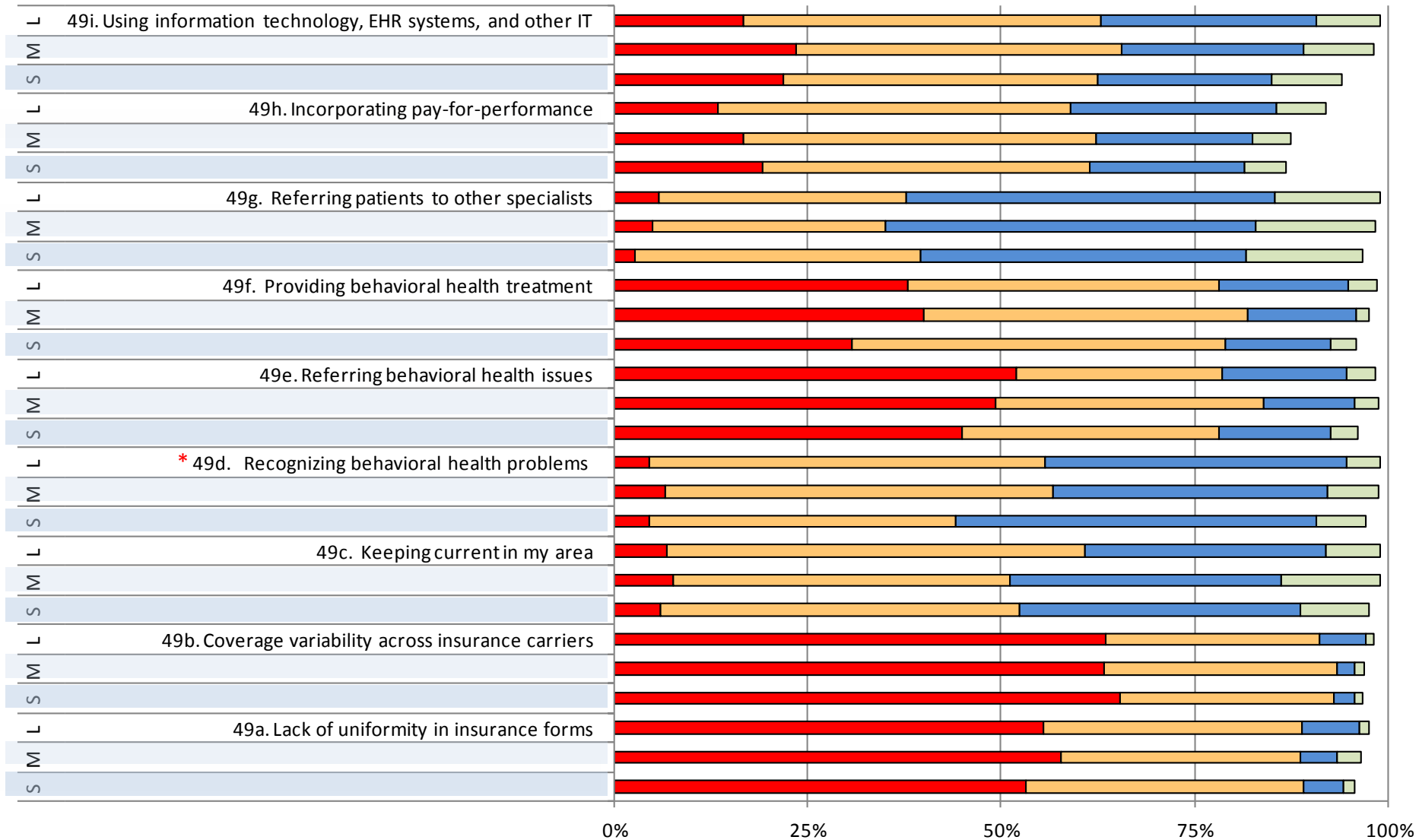
Challenges by Practice Size

L = 20+ physicians

M = 6-19 physicians

S = 1 to 5 physicians

Very Challenging Somewhat Challenging Not Very Challenging Not Challenging At All



* $p < 0.05$ between practice groups

Under Review – Consumer Experience

- Recommend use of PCMH CAHPS
- Reserve final recommendations re: domains and items until after AHRQ finalizes its proposed changes to the PCMH CAHPS later in 2015
- Ensure inclusion of questions about:
 - Ease of access to medical specialty care
 - Ease of access to behavioral health specialty care
- Regardless of instrument, pay special attention to methods that maximize response rate among vulnerable populations

HIV measures

HIV Measures

Measure Title	NQF#	eCQM
Annual cervical cancer screening or follow-up in high-risk women	0579	
Family Evaluation of Hospice Care	0208	
Gap in HIV medical visits	2080	
HIV/AIDS: Medical Visit		eCQM
HIV medical visit frequency	2079	
HIV viral load suppression	2082	
HIV/AIDS: CD4 Cell Count or Percentage Performed	0404	
HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	0405	eCQM
HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea,	0409	
HIV/AIDS: Tuberculosis (TB) Screening	0408	
Late HIV diagnosis	1999	
Prescription of HIV Antiretroviral Therapy	2083	
HIV/AIDS: RNA Control for Patients with HIV		eCQM

Measures considered include all NQF endorsed measures as of 4/1/15 as well as eCQM measures

Acute and chronic care – HIV management

Domain: Acute and Chronic Care		NQF	Steward
Gap in HIV medical visits	Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year.	2080	HRSA
HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection	0409	NCQA
HIV viral load suppression	Percentage of patients, regardless of age, with a diagnosis of HIV and at least one medical visit in the measurement year with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	2082	HRSA

Viral Load Suppression

- Consider CMS sponsored measure as an alternative.

Domain: Acute and Chronic Care		NQF	Steward
HIV/AIDS: RNA Control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.	None	CMS, eCQM

Acute and chronic care – HIV management

Measure	Rationale
Gap in HIV medical visits	This is the most up-to-date measure of engagement in care. It is a prerequisite to achieving other process measures such as performance of CD4 cell count
HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis	This is considered an important measure of behavioral change (cessation of high risk behavior), which is important in reducing incidence of new cases
HIV viral load suppression	This is the gold standard outcome measure for effective management of HIV

Proof of Solution

Stage 1

- The Council request for the first stage of this initiative is the production of measures of provider performance that can be used by all payers as the basis for shared savings distribution. At a minimum this requires measurement of the provider's performance (advanced network or FQHC) for all patients attributed to that provider by each payer, in aggregate and stratified by race/ethnicity.

Stage 1

- Assumes that:
 - all measures **collected via EHR** are eCQM measures that can be produced by any ONC certified EHR
 - providers are responsible for developing their own analytic methods to inform continuous quality improvement, and
 - all measures and any associated data are de-identified from point of extraction.

Stage 1 - End User Requirements

- End users for stage 1 will include:
 - PMO – generates the aggregated reports and posts appropriate information to inform a consumer view of provider quality
 - Payer – reliable and valid performance data for use by all payers in value-based payment scorecard and shared savings distribution
 - Provider – performance information for use in monitoring progress over time and informing areas for focused improvement

Stage 1 - End User Requirements – For discussion

- Payers will not require patient level detail, there will need to be a robust audit process whereby an auditor is provided access to patient level data in order to certify the accuracy/validity of the reported measures

Or

- Payers will require identifiable data so that they can audit directly and so that they limit the measure to specific accounts/contracts...e.g., fully insured, individual self-funded accounts, exchange products

Questions

CAHPS Overview

CAHPS Survey Tools

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care

Survey Types

- Agency for Healthcare Research and Quality (AHRQ) project which began 1995
- Originally focused on health care plans, expanded to address range of health care services
 - Hospital (inpatient)
 - Health Plan Survey (commercial, Medicaid, Children's Health Insurance Program (CHIP), Medicare)
 - Clinician and Group (primary or specialty care providers and staff)

Survey Types

- Additional surveys
 - Home Health Care
 - Nursing Home
 - Surgical
 - Dental
 - ECHO (Mental health/substance abuse)
 - Dialysis

Survey Tools Versions related to SIM



- Medicare SSP to assess and reward ACO performance
- Aligns with guiding principles to maximize alignment with the Medicare Shared Savings Program (SSP)



- NCQA version to assess PCMH performance
- CAHPS-CG (clinician/group) version for PCMH which contains core items from CAHPS-CG plus supplemental items for key medical home performance

CAHPS Background

- Standardized surveys of patients' experiences
- Patients to report on and evaluate their experiences with health care
- Cover topics that are important to consumers and focus on aspects of quality, such as the communication skills of providers and ease of access to health care services

CAHPS Users

- CMS: Centers for Medicare & Medicaid Services
- The National Committee for Quality Assurance (NCQA)
- Veterans Health Administration (VHA) and Department of Defense (DOD)
- Multi-stakeholder organizations
- Health systems, physician practices, hospitals, and other health care providers
- Patients and consumers, quality monitors and regulators, provider organizations, health plans, community collaboratives, and public and private purchasers of health care

CAHPS Assumptions (AHRQ)

- Advancing patient-centered care by giving patients effective surveys and information to help them make better health care decisions
- CAHPS surveys ask patients for both overall ratings as well as reports about specific aspects of care, providers, and systems
- Capture information on patients' experiences rather than their satisfaction

CAHPS Research Organizations

The CAHPS Consortium refers to the research organizations involved in the development, dissemination, and support:

- AHRQ
- CMS
- RAND, the
- Yale School of Public Health
- Westat

“RAND and the Yale School of Public Health work with AHRQ and other Federal agencies to develop, test, and maintain the surveys and to produce resources that support and evaluate their use in reports and improvement initiatives”

Context of CAHPS surveys, the term "consumers"

- Those who could take a survey about their experience with health care, including patients, parents and guardians of children, nursing home residents and their families, and health plan enrollees.
- Those who could use the results of the survey to inform themselves about their options and choose among providers or plans.

Examples of CAHPS Domains

- Access
- Communication
- Coordination of care
- Office staff courtesy, helpfulness, and respect
- Customer service

Certain core items must be included in domains or functions of CAHPS surveys

Medicare ACO Performance Measures

- 8 domain questionnaire (69 questions) or 12 domain questionnaire (80 questions)
- Looks back over 6 month period through a survey mailing and a follow-up phone call to non-respondents
- Determines whether an ACO qualifies for shared savings
- Administered by approved CAHPS ACO survey vendors

Medicare ACO Performance Measures

- Only the first 7 domains are used to reward performance
- Beginning in 2015, Medicare will add domain 12 to the list of domains that are tied to quality performance.

Medicare ACO Domain List

- 1) Getting Timely Care
- 2) Provider Communication
- 3) Rating of Provider
- 4) Access to Specialists
- 5) Health Promotion and Education
- 6) Shared Decision-making
- 7) Health Status/Functional Status
- 8) Courteous/Helpful Office Staff**
- 9) Care Coordination
- 10) Between Visit Communication
- 11) Education About Medication Adherence
- 12) Stewardship of Patient Resources***

- 1-8 required for Shared Savings in the final rule
- 8 also in CG-CAHPS survey**
- 9-12 supplemental
- 12 -2015*** to be added

NCQA Performance Measures: PCMH

- NCQA worked with AHRQ to develop a special version of the CAHPS-CG (clinician/group) for PCMH
- PCMH CAHPS contains core items from CAHPS-CG plus supplemental items that pertain to key medical home performance areas
- Connecticut Medicaid program is currently using the PCMH CAHPS

NCQA Performance Measures: PCMH

- Recognizes practices, or practices applying for recognition to earn distinction by submitting results to NCQA
- Submitted data will be used to develop a benchmarking database that will allow comparison across practices
- Practices must use an NCQA Certified Survey Vendor

NCQA Performance Measures: PCMH

- Survey captures patients' experiences of care in the last 12 months
- PCMH CAHPS Survey can be implemented in five modes of data collection: mail, telephone, Interactive Voice Response [IVR], Internet or mixed communication channels.
- The survey lays the groundwork for measuring and improving a practice's delivery of care and assessing how well the practice is achieving the goals of the patient-centered medical home

CAHPS PCMH Survey Domains

- Access
- Information
- Communication
- Coordination of care
- Comprehensiveness
- Self-management support and shared decision making

Acronyms

Acronym	
ACO	Accountable care organization
AHCT	Access Health Connecticut
AMH	Advanced Medical Home
ASC	Ambulatory Care Sensitive Conditons
BEST	Bureau of Enterprise Systems and Technology
CID	Connecticut Insurance Department
DAS	Department of Administrative Services
DCF	Department of Children and Families
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health
DSS	Department of Social Services
HEC	Health Enhancement Community
HIT	Health Information Technology

Acronyms

Acronym	
HIT	Health Information Technology
MCC	Multiple Chronic Conditions
MOA	Memorandum of Agreement (contract between state agencies)
MQISSP	Medicaid Quality Improvement & Shared Savings Program
OSC	Office of the State Comptroller
OHA	Office of the Healthcare Advocate
PCMH	Patient Centered Medical Home
PMO	Program Management Office
RFP	Request for Proposals