







# Meeting Agenda

Item	Allotted Time
1. Call to order/Public comment/Minutes	10 min
	
2. Conflict of interest safeguards	15 min
	
3. Updates	15 min
	
4. Readmission Measures	15 min
	
5. Other Care Coordination & Patient Safety Measures	45 min
	
6. Level 3 Review	15 min
	
7. Meeting schedule/ Next Steps	5 min

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graph LR; A((Public Comments)) --- B((2 minutes per comment))
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Public  
Comments

2 minutes  
per  
comment

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# Conflict of Interest Safeguards

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Updates

# Updates

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## 1. Oral health measures

- Annual use/preventive visit measures previously recommended for Medicaid only
- Recommend DSS review and recommendation for QC consideration

## 2. HIV measures

- Previously reviewed, Council recommended further review of current reporting requirements and availability of data
- These measures remain under consideration, pending completion of review, and the examination of available information.

## 3. Data sources

- Data source information is available for council review in a separate document on the SIM website. Members should submit comments to the PMO, if any, by July 1; PMO will continue to update sources based on further research and Council member input.

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# Readmission Measures

# Under Review - Readmission

Domain: care coordination/patient safety		NQF	Steward
ACO-8	Risk standardized all condition readmission	1789 (adapted)	CMS
	Plan All-cause Readmissions	1768	NCQA

# Hospital Admission Measures: Base Rate Analysis

Measure	Base Rate Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Plan all-cause readmission		>150		



# Under Review - Readmission

	CMS readmission NQF 1789	NCQA readmission NQF 1768
Pros	Medicare SSP aligned Risk standardization can apply to commercial and Medicaid	Harmonized with CMS measure on index admission and planned exclusions Includes BH admissions National benchmark data <i>Appears</i> to be the standard adopted in other SIM states
Cons	Excludes BH admissions No national benchmark	No risk adjustment for Medicaid Excludes births

# Under Review – Readmission - Options

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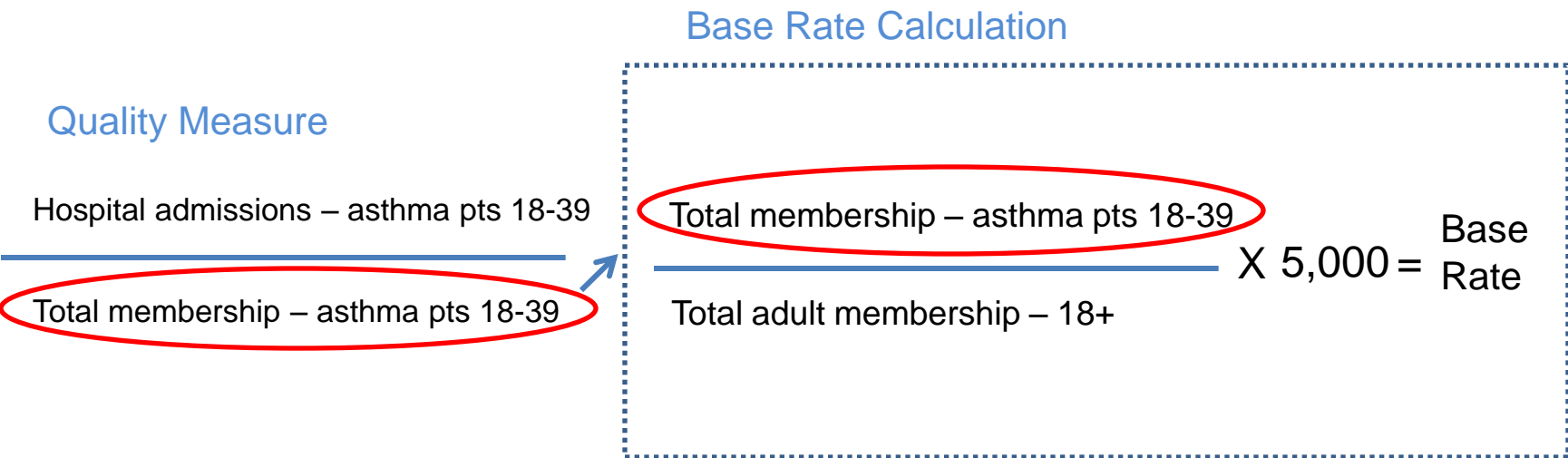
- NCQA (1768)
  - Use for commercial, no readmission measure for Medicaid scorecard for payment purposes
  - CT /other SIM states steward risk standardization for Medicaid
- CMS (1789)
  - CT stewards addition of BH component to CMS measure
  - Establish CT benchmark

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Other Care  
Coordination &  
Patient Safety  
Measures

# Sample Base Rate Calculation – Ambulatory Care Sensitive Condition

## Hospital Admission Young Adults with Asthma



# Hospital Admission Measures: Base Rate Analysis

Measure	Base Rate Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Plan all-cause readmission	150-250*			

\*based on 2014 HEDIS Methodology

# Care Coordination Measures: Base Rate Analysis

Measure	Base Rate** Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM)	Not Available			
All-cause unplanned admissions for patients with DM	250+			
All-cause unplanned admissions for patients with heart failure	50-150			
All-cause unplanned admission for multiple chronic conditions (MCC)	50-150			
Ambulatory sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults	Not Available			
Ambulatory sensitive conditions admissions: heart failure (HF)	50-150			
Hospital admissions for asthma (adults)	150-250			
Ambulatory care sensitive condition composite admissions (adult)	250+*			

\*Inferred based on combined prevalence of asthma and diabetes, two of the conditions that comprise this measure

\*\*Base rate means number of cases in the denominator per 5,000 general members (adult)

# Care Coordination Measures: Base Rate Analysis

Measure	Base Rate Plan A	Base Rate Plan B	Base Rate Medicaid	Base Rate Sufficient?
Hospital admissions for asthma (pediatric)	150-250			
Pediatric ambulatory care sensitive condition composite admissions	150-250*			

\*Inferred based on prevalence of asthma which is one of the conditions that would comprise the composite.

\*\*Base rate means number of cases in the denominator per 5,000 general members (children under 18)

# Emergency Department Measures

Domain: care coordination/patient safety		NQF	Steward	Source
	Annual % of asthma patients (ages 2-20) with one or more asthma-related emergency department visits	<del>1381</del>	Alabama	Claims
	Relative Resource Use for People w/ Asthma <u>Subcategory</u> – Ambulatory services: Emergency Department	1560	NCQA	

- Comment on asthma ED measure:
  - Asthma ED possible strong indicator of effective asthma management; however, NQF endorsement removed and AL will no longer steward
  - NCQA recommends CT consider using risk-standardized asthma ED observed/expected ratio that is one component of their relative resource utilization measure
  - NCQA measure is risk standardized, age stratified, results in observed to expected ratio; can do all ages or limit to pediatric; use of this measure for scorecard and payment appears to be without precedent.

Recommendation: Either asthma hospital admissions or ED use but not both



# Emergency Department Measures

Domain: care coordination/patient safety		NQF	Steward	Source
	Potentially avoidable ER rate	-	Anthem	Claims
	ED Utilization: number of emergency department (ED) visits during measurement year (observed) and predicted probability of ED visits (expected) for members 18 years of age and older. Age, gender and co-morbid conditions are considered to calculate the expected number of ED discharges (Medicare only)	-	NCQA (new)	Claims

# Emergency Department Measures

- Comment on avoidable ED measure:
  - Avoidable ED use is difficult to measure accurately
  - Yale CORE advises not a clear dichotomy
  - VT reports effort to use NYU algorithm (Anthem also uses adaptation of NYU algorithm); providers concerned about lack of national benchmarks, difficulty categorizing visits reliably/accurately...some admissions are part avoidable/part un-avoidable, and measure does not give clear guidance as to which cases should have different follow-up; neither payment nor reporting ; they use for monitoring only

Recommendation: Implement new NCQA measure, reporting only

# Other Measures Under Review

Domain: care coordination/patient safety		NQF	Steward
	Post-Admission Follow-up: Percentage of adults w/ inpatient “medicine” admissions with post-admission follow-up within 7 days of discharge	?	DSS
Domain: Behavioral Health		NQF	Steward
	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Co-morbid Conditions	N/A	CMS

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## Level 3 Criteria

# Three Level Review

## Level 3 (for all measures that pass level 2)

- Culling
  - Is the measure a process measure for which an available outcome measure would better serve?
  - Is there an opportunity for improvement or does the measure represent an area where the state is already performing well (consider for significant sub-populations if known)
  - Is there likely to be sufficient variation among provider organizations?
  - Does measure meet feasibility, usability, accuracy and reliability standards (e.g., can the measure be reliably produced with available or SIM proposed technology?, is the data sufficiently complete and accurate to be tied to payment?, will the measure be useful for quality improvement?, are base rates likely to be sufficient?)
  - Is there a national benchmark?
  - Is risk standardization needed? Is appropriate risk standardization available?
  - If the number of performance areas or measures (e.g., diabetes care, epilepsy care) is too high, such that organizational focus and improvement would be compromised, Council will rank and retain the highest ranked areas.
- Check for conflicts w guiding principles
- Reconsider previously rejected measures if necessary
- [Check whether there is benchmark data available.]

*Action:* Accept those that remain.

# Three Level Review

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- RWJF Buying Value Tool
- Used by states for quality measure alignment
- Potential vehicle for applying our Level 3 criteria
- PMO will further review - if recommended, will distribute in advance for comment

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# Meeting Schedule

# Meeting Schedule/Next Steps

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- June 29 – Level 3 Review
- Presentation to HISC – 7/16
- Roadmap for implementation



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Adjourn