




CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN

# Quality Council



June 29, 2015

# Meeting Agenda

| Item   | Allotted Time |
|--|---------------|
| 1. Call to order/Public comment/Minutes  | 15 min        |
|    | 15 min        |
| 2. Implementation Roadmap  | 15 min        |
|    | 15 min        |
| 3. Care Coordination & Patient Safety Measures                                       | 45 min        |
|  | 15 min        |
| 4. 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

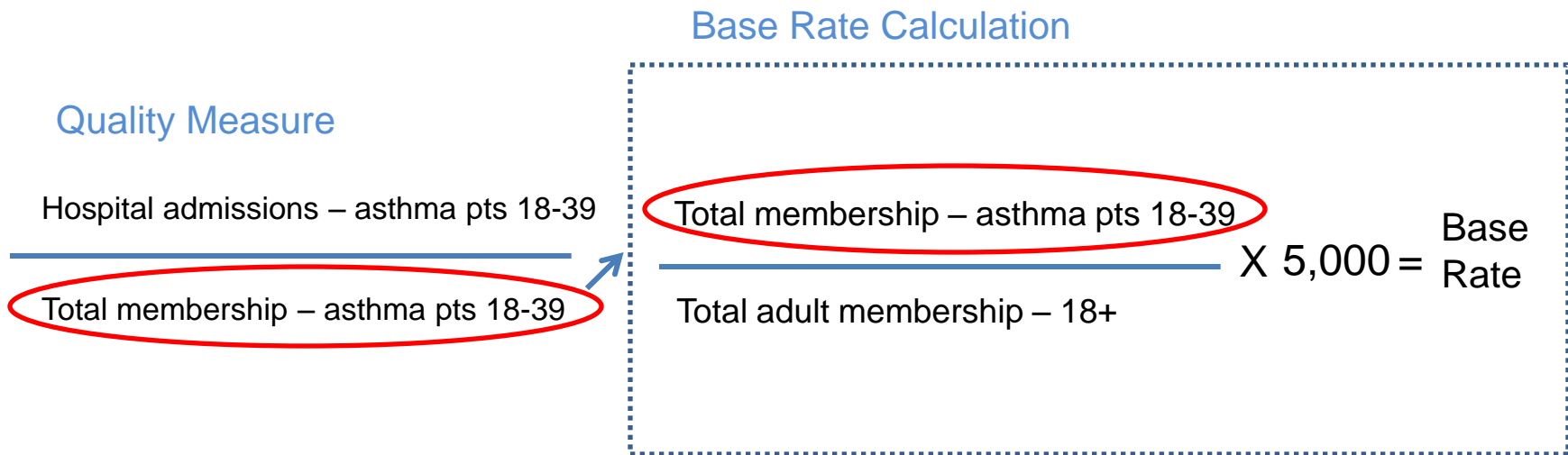
2 minutes  
per  
comment

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# 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**        | >150             | >500               |                        |

\*green if sufficient for both commercial and Medicaid  
 \*\*based on 2014 HEDIS Methodology

Recommendation: Include NQF1768 readmission measure (NCQA version)

# Care Coordination Measures: Base Rate Analysis

| Measure   | Base Rate**<br>Plan A | Base Rate<br>Plan B | Base Rate<br>Medicaid | Base Rate<br>Sufficient? |
|---|-----------------------|---------------------|-----------------------|--------------------------|
| Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM)   | Not Available         | 0-50                | 0-50                  |                          |
| All-cause unplanned admissions for patients with DM   | 250+                  | 200-300             | >300                  |                          |
| All-cause unplanned admissions for patients with heart failure  | 50-150                | <100                | 50-100                |                          |
| All-cause unplanned admission for multiple chronic conditions (MCC)   | 50-150                | Not Available       | Not Available         |                          |
| Ambulatory sensitive condition admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults | Not Available         | 50-150              | Estimated             |                          |
| Ambulatory sensitive conditions admissions: heart failure (HF)  | 50-150                | <100                | 50-100                |                          |
| Hospital admissions for asthma (adults)   | Not available         | <100                | >250                  |                          |
| Ambulatory care sensitive condition composite admissions (adult)  | >250*                 | >250*               | .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          | Not Available    | >250               |                       |
| Pediatric ambulatory care sensitive condition composite admissions | 150-250*         | Not Available    | >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)

Recommendation (preceding page): Include new NCQA ASC composite, at such time as appropriate risk standardization can be established

Recommendation: Include pediatric hospital admission measure – NQF 728



# 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<br><u>Subcategory</u> – Ambulatory services:<br>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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# Meeting Schedule

# Meeting Schedule/Next Steps

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- June 29 – Care coordination and patient safety measures
- Two meetings before August HISC
  - Wed July 15, Thu July 30? or
  - Alternative dates pending review of member schedules?
  - Longer sessions?
- Presentation to HISC – 8/13

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Adjourn

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# Appendix



# 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 by the Council, which recommended further review of current reporting requirements under Ryan White and the availability of corresponding data and benchmark information
- These measures remain under consideration pending completion of a review of above by DPH and PMO; target date for completion 9/30/15

## 3. Data sources

- Data source information is available for Council review in a separate document on the SIM website [here](#).
- Members should submit comments to the PMO, if any, by July 15; PMO will continue to update proposed source data based on Council member input and any additional information that becomes available.