SIM
Quality Council

September 14, 2016

DRAFT

Agenda

- Public Comment & Minutes
- Quality Council Report – Public Comment (60 min)
- Draft Alignment Strategy for SIM Initiatives (15 min)
- Public Scorecard (15 min)
- Next Steps

Quality Council Report – Public Comment

General Principles

- Comment #6: All metrics should be recommended for use at the level for which they have been validate
- Comment #7: To be used for a payment model, measures should have absolute targets of success available
  - For example, metrics for vaccination rates typically do have absolute targets whereas a metric like avoiding the emergency department for patients with asthma lacks an absolute target

Health Equity Measures

- Comment #15: Commenter concurs that measures of health equity should be included as part of the program and suggests they be included in the Development or Reporting Measure Set.
- Until validity can be determined, however, they should not be included in the Core Measure Set.
- Recommends PMO develop a sampling methodology in advance of reporting and data collection and test it for reliability and validity in advance of scorecard development or inclusion in the payment program

Annual monitoring for persistent medications (roll-up) (2371)

- Comment #28: This has become a standard metric for patients >65 but less prevalent for the younger population

Chlamydia Screening (0033)

- Comment #30: This is a very controversial measure for PCP for two key reasons: similar to the cervical cancer screening, the chlamydia screenings are being performed outside the primary care office. Secondly, the HEDIS definition makes this measure difficult to track. There are nuances around how they define an eligible population (i.e., use of birth control as an indication that the patient is sexually active) that raise concern about documentation and whether the patient will provide a truthful response

Adolescent female immunizations HPV (1959)

- Comment #31: This metric went to our Clinical Council for consideration in 2015 and was unanimously voted down. Concerns include minimum age and parental influence

Measure Description:
Percentage of female adolescents 13 years of age who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

Numerator Statement:
Female adolescents who had at least three doses of the human papillomavirus (HPV) vaccine with different dates of service between their 9th and 13th birthdays.

Denominator Statement:
Female adolescents who turned 13 years of age during the measurement year.

Prenatal Care & Postpartum care (1517)

- See Comment #60 in favor of retaining this measure
- See Comment #11 noting that NQF Perinatal and Reproductive Health Project 2015-2016 includes this measure. It is under review and possible revision at this time. … recommends either eliminating this measure from the Core Measure Set or moving it to the Development or Reporting Measure Set until the review is complete
- See Comment #21 recommending adoption of 1517 as a health equity measure

Avoidance of antibiotic tx in adults w/acute bronchitis (0058)

- Comment #39: Another popular commercial metric that is difficult to truly evaluate based on claims data. There are other considerations that might influence whether an antibiotic is prescribed and those nuances can't be captured in claims

Measure Description:

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Numerator Statement:

Patients who were dispensed antibiotic medication on or three days after the index episode start date (a higher rate is better). The measure is reported as an inverted rate (i.e. 1- numerator/denominator) to reflect the number of people that were not dispensed an antibiotic.

Denominator Statement:

All patients 18 years of age as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year with an outpatient or ED visit with any diagnosis of acute bronchitis during the Intake Period (January 1–December 24 of the measurement year).

Appr. treatment for children with upper respiratory infection (0069)

- Comment #40: Concerns same as 0058

Measure Description:
Percentage of children 3 months to 18 years of age with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic medication.

Numerator Statement:
Patients who were dispensed antibiotic medication on or within 3 days after an outpatient or ED encounter for upper respiratory infection (URI) during the intake period (a higher rate is better). The measure is reported as an inverted rate (i.e. 1-numerator/denominator) to reflect the number of children that were not dispensed an antibiotic.

Denominator Statement:
All children age 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who had an ED or outpatient visit with only a diagnosis of nonspecific upper respiratory infection (URI) during the intake period (July 1st of the year prior to the measurement year to June 30th of the measurement year).

Appr. treatment for children with upper respiratory infection (0069)

- Comment #44: Similar to developmental screening, the instrument/tool and billing codes must be clear and standardized across payors

Recommend moving Unhealthy Alcohol Use to the development site where this non-NQF endorsed measure can be compared with NQF endorsed alternatives including 2152, 1661, 1663, and 2597.

Oral health: Primary Caries Prevention (1419)

- Recommend that we move to Core Measure Set for Medicaid and reporting only for Commercial
- The USPSTF offers a grade B recommendation for all children (does not specify high risk)
- However, it seems that in practice pediatricians are focused on those who are at risk
- The measure no longer has a steward and endorsement is long since removed
- Moreover, the measure description is specified for Medicaid (a population which by definition is high risk). PMO has serious concerns about applying a non-stewarded, Medicaid only measure to commercial

Measure Description:

The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination and b) track the degree to which each billing entity's use of the EPSDT with FV codes increases from year to year (more children varnished and more children receiving FV four times a year according to ADA recommendations for high-risk children).

Numerator Statement:

The number of EPSDT examinations done with FV.

Denominator Statement:

All high-risk children (Medicaid/CHIP-eligible) who receive an EPSDT examination from a provider (PCMP or clinic).

Draft 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

SIM connecticut state innovation model

$5.8M

Population Health

$8.8M

Payment Reform

$13.5M

Transform Care Delivery

$650K

Empower Consumers

Health Information Technology $10M

Evaluation $3.5M

CMMI feedback on SIM Operational Plan

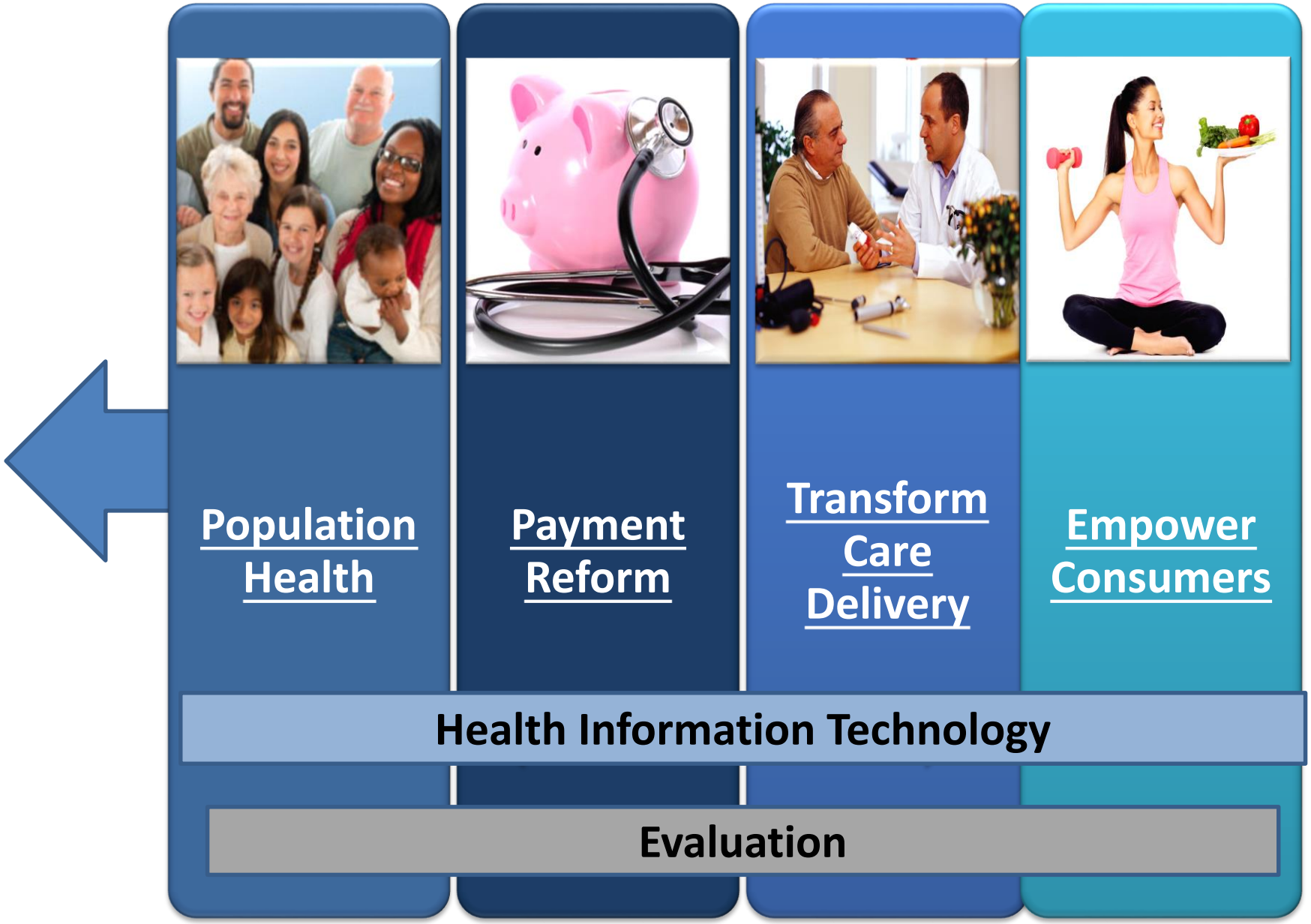
- *Enhance focus*
- *Improve coordination and alignment*
- *Simplify*

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*
- *Asthma*
- *Depression*



Public Scorecard

Next Steps

Adjourn