






CONNECTICUT
HEALTHCARE
INNOVATION PLAN

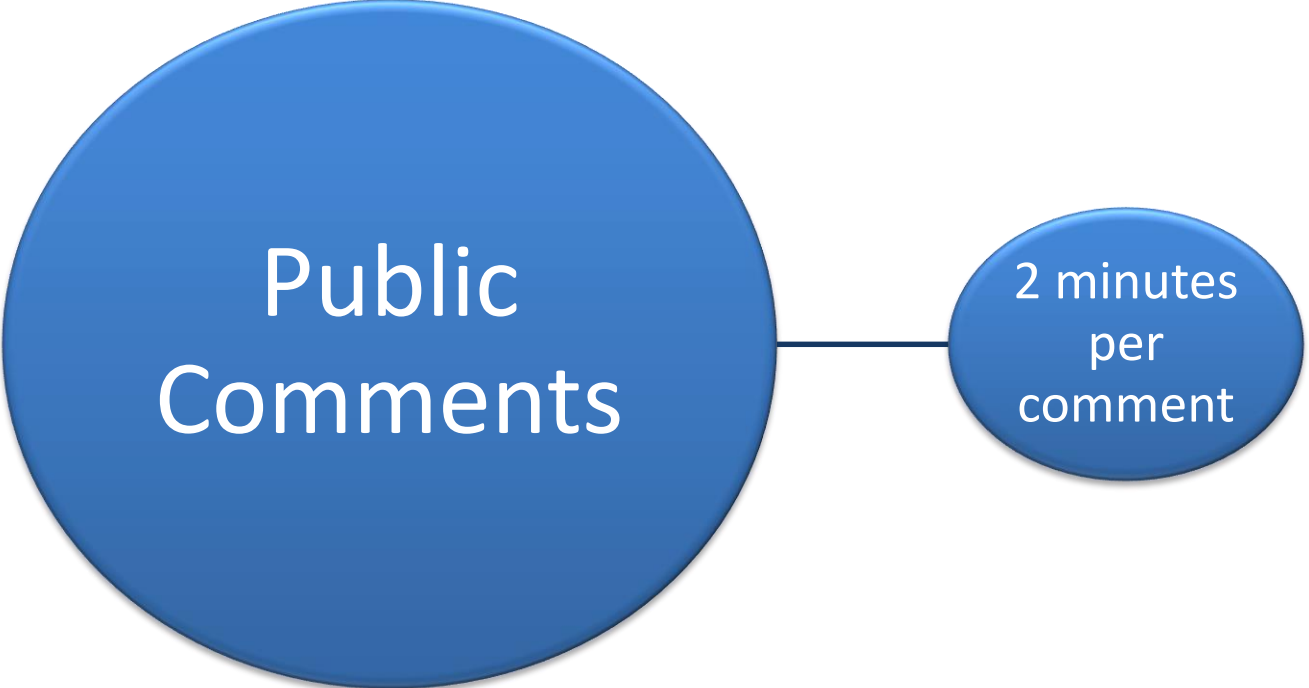


Quality Council

August 30, 2017

Meeting Agenda

Item	Allotted Time
1. Introductions/Public Comment	5 min
	
2. Purpose of the Meeting	5 min
	
3. Background on Health Equity Measures Project	5 min
	
4. Measure Selection Process Steps	15 min
	
5. Quality Council Discussion	20 min
	
6. Next Steps	5 min



Purpose of the meeting

- To provide background on the Health Equity Measures Project
- To describe our process of selecting the most appropriate quality measures to use as disparities measures
 - For some measures, a focus on disparities may not be appropriate
- To solicit feedback from the Quality Council about which quality measures to prioritize as disparities measures
 - Are there additional measures that can be used to assess disparities in our initial analysis of CT Medicaid data?
 - Do you have concerns that any of the measures we have included might not be appropriate for assessing disparities?

Measurement and Transparency Drive Improvement

- The Quality Council recommended the use of health equity quality measures as part of their core quality measure set recommendation.
- No quality measure scorecard or incentive models incorporate improving health disparities as a potential performance target.
- The Quality Council recommendation around health equity quality measures could not be implemented because no methodology existed.
- Connecticut State Innovation Model (SIM) Program Management Office (PMO) enlisted the Yale Center for Outcomes Research and Evaluation (CORE), with the help of a Connecticut Health Foundation grant, to progress this effort.



We are working to ensure health equity is incorporated into healthcare value based payment model incentive systems

Health Equity Quality Measures Project

- Connecticut State Innovation Model (SIM) Program Management Office (PMO)
- Yale Center for Outcomes Research and Evaluation (CORE)
- Department of Social Services, Medicaid
- SIM Quality Council

Goal: Use data to propose a disparity measure methodology that can be incorporated into alternative payment models, in order to promote racial and ethnic health equity in healthcare delivery and outcomes

Project Background and Aims

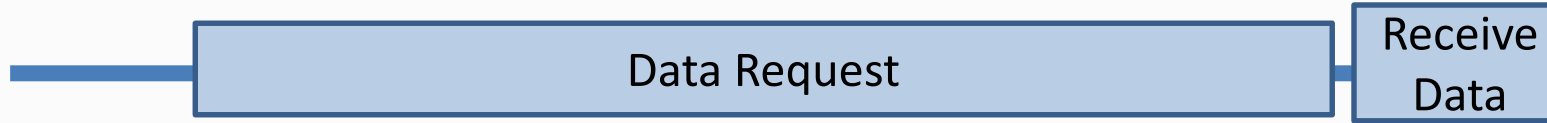
- There are persistent disparities in health outcomes and quality of care.
- There are few quality measurement initiatives to directly illuminate disparities in healthcare and incentivize improvement in equity.
- Project Aims:
 - Select measures appropriate for assessing disparities
 - Develop a methodology for measure calculation
 - Consider how a measure of disparities could be incorporated into programs to assess and reward providers' efforts to reduce these disparities (for example, the Person-Centered Medical Home-Plus [PCMH+] program)
- The initial methodology will focus on disparities among patients based on race and/or ethnicity, and may look at other indicators (for example, zip code).

Project Process

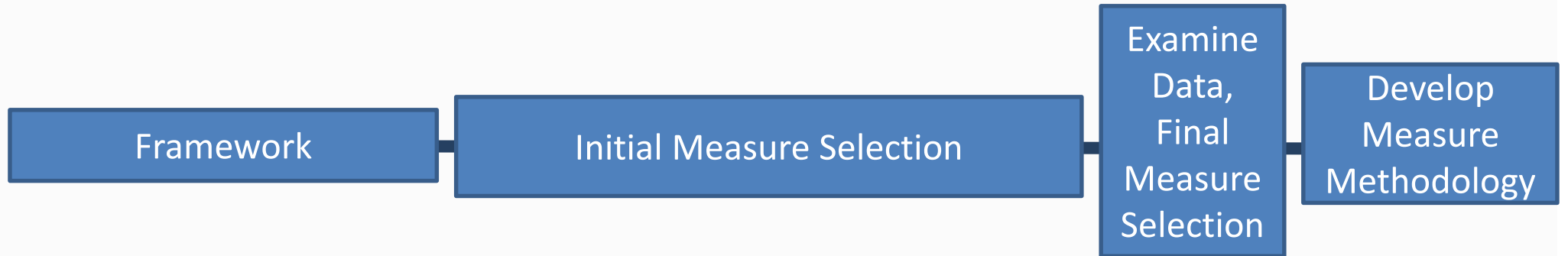
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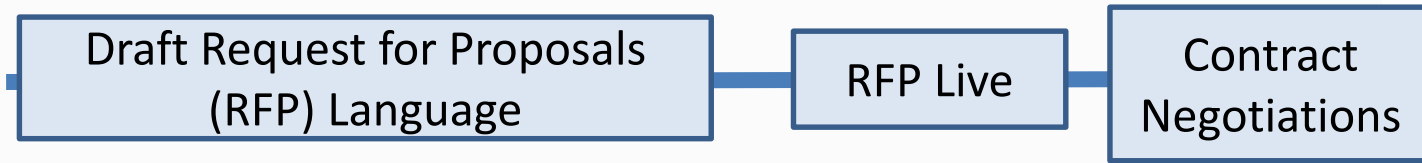
Data Acquisition



Measure Development



PCMH+ Program*



Key Challenges

- Current race and ethnicity variables are not reliable in the data that will be used for measure methodology development (2015 CT Medicaid data).
 - Reliability of Medicaid race and ethnicity data was affected in the process of implementing the integrated eligibility process with Access Health. As a default, individuals who did not provide a response were identified as Caucasian.
 - In the new protocol, beginning in 2016 and moving forward, non-responses are not assigned to any race or ethnicity.
 - On a rolling basis, as individuals' eligibility is re-determined, the accuracy of the race and ethnicity data will improve. However, this improvement of data quality will require many cycles of eligibility re-determinations and may not be self-actualizing.
 - We may see frequently missing values because race and ethnicity are not required fields, which could cause methodological issues.
 - We recommend re-testing the methodology with updated CT Medicaid data in the future.
- Patients are distributed among providers.
 - Providers vary in proportion of patients from different racial and ethnic groups.
 - Some providers may not have adequate sample size if patients for measurement.

Responses to Key Challenges

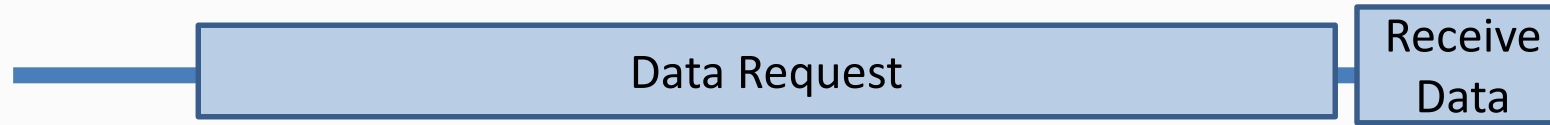
- Step-by-step approach to assess success of measure development process.
- Valuable to begin process by working with current CT Medicaid data to select initial measures and build preliminary methodology.
- We will need to re-assess as race and ethnicity data becomes more accurate.
- Note that successful measure implementation does not require perfect and complete data for every patient but measure needs to be scientifically valid and provider community must believe data is adequate.

Project Process

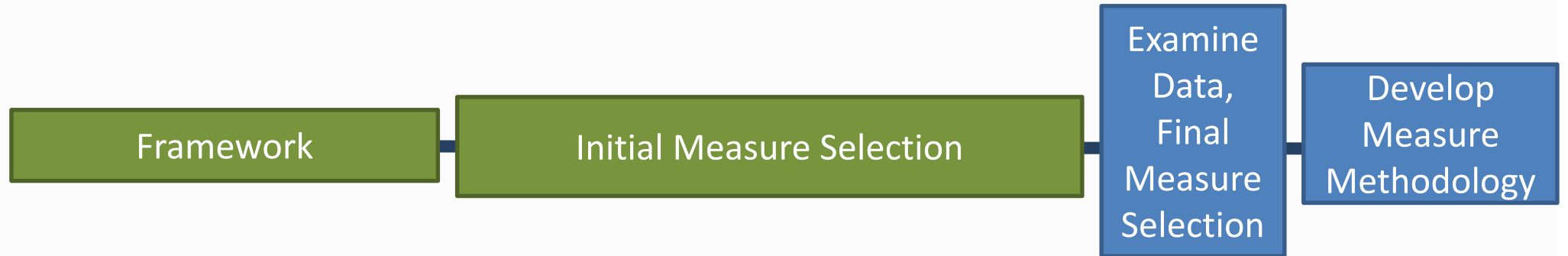
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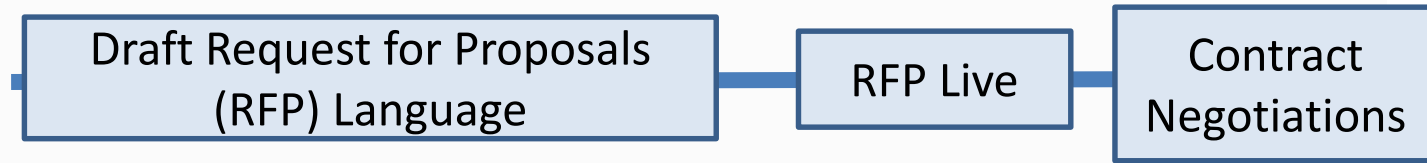
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Measure Development



PCMH+ Program*



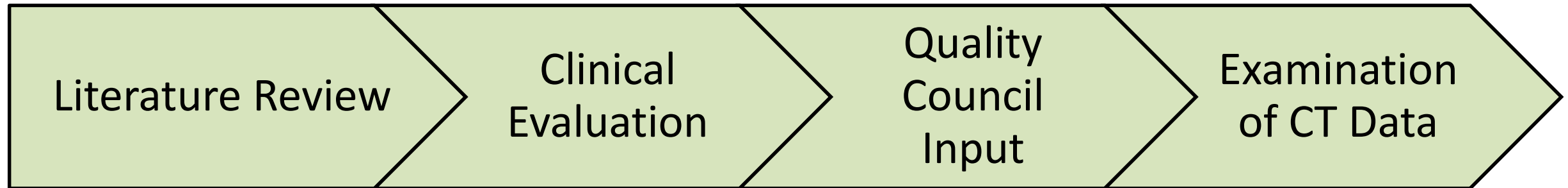
Measure Selection

- Not every quality measure is appropriate for highlighting disparities.
 - Some quality measures show no evidence of systemic bias or unequal delivery of care.
 - Other measures focus on narrowly defined and small populations where there is an insufficient number of patients to measure disparities.
- We created a framework to determine which quality measures are most appropriate to use as disparity measures.

Measure Selection Framework

- Evidence of Disparity
 - Examination of national literature on disparities in health care quality
 - Examination of CT Medicaid Data to identify disparities (more work needed regarding generalizability to all payers)
- Clinical Considerations
 - Assessment of clinical relevance
 - Population affected
- Quality Council Input
- Measurement Considerations
 - Denominator size and measurement performance rates
 - Evidence of disparities in CT Medicaid data
 - Use of measure in other settings/payers

Measure Selection Steps



Measure Selection

1. Literature Review

- We reviewed evidence of disparities in the U.S. on key measures.
- We decided measures were lower priority if we found:
 - No evidence of racial disparities
 - Unclear or inconsistent relationship between race and the measure score

2. Clinical Evaluation

- Three clinicians reviewed the measures based on potential clinical importance for the CT Medicaid population.
- We decided measures were higher priority if the clinicians determined that:
 - They apply to a large proportion of Medicaid population
 - Evidence of disparities in this clinical area would have important health consequences

Measure Selection Continued

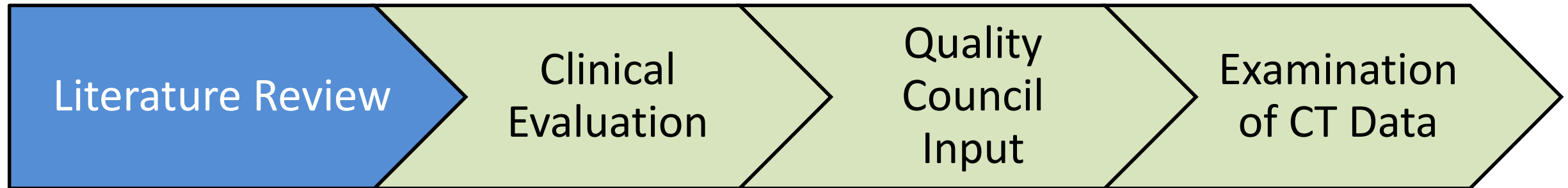
3. Quality Council Input

- We are asking the Quality Council to provide input on our preliminary list of priority measures to use for measuring disparities and the direction of analyses (though, changes to data request are not possible)

4. Examination of CT Data

- We will conduct analyses in the CT Medicaid data to evaluate existing disparities in the measures that we determine are high and moderate priority

Measure Selection Steps



Data analysis: Measures in the Medicaid data request

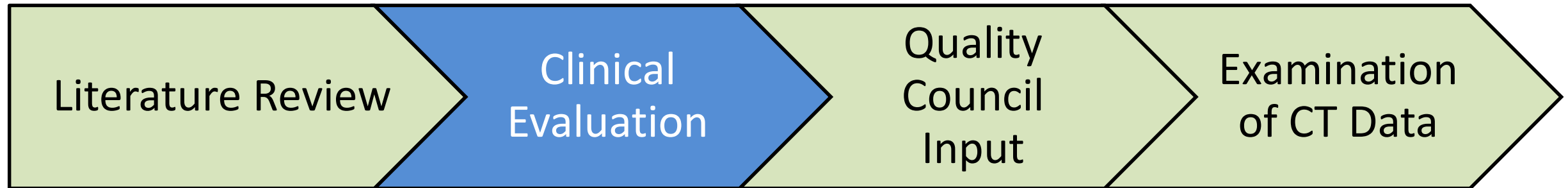
- Adolescent well-care visits
- Annual fluoride treatment 0<4
- Annual monitoring for persistent medications
- Appropriate treatment for children with upper respiratory infection
- Asthma Medication Ratio
- Avoidance of antibiotic treatment in adults with acute bronchitis
- Behavioral Health Screening 1-17
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening in women
- Developmental screening in the first three years of life
- Diabetes eye exam
- Diabetes HbA1c Screening
- Diabetes: medical attention for nephropathy
- ED Usage
- Follow-up care for children prescribed ADHD medication
- Human Papillomavirus Vaccine for Adolescents (HPV)
- Medication management for people with asthma
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Post-Hospital Admission Follow-up
- Prenatal care & Postpartum care
- Readmission
- Use of imaging studies for low back pain
- Well-child visits in the first 15 months of life
- Well-child visits in the 3rd, 4th, 5th & 6th years of life

Measure Selection

- Results of the Literature Review:

Strongest evidence of a racial/ethnic disparity	Evidence was mixed or did not support a clear conclusion about racial/ethnic disparities	Evidence that rates in racial/ethnic minority groups were better than those in the white majority group	No evidence related to racial/ethnic disparities
<ul style="list-style-type: none"> Comprehensive Diabetes Care: Eye Exam Comprehensive Diabetes Care: Hemoglobin A1c Testing HPV Vaccine for Female Adolescents Medication Management for People with Asthma 	<ul style="list-style-type: none"> Breast cancer screening Cervical cancer screening Medical attention for nephropathy Follow-Up Care for Children Prescribed ADHD Medication Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life Prenatal and Postpartum Care 	<ul style="list-style-type: none"> Appropriate Treatment for Children with Upper Respiratory Infection Chlamydia Screening Adolescent well-care visits Use of Imaging for Low Back Pain 	<ul style="list-style-type: none"> Annual Monitoring for Patients on Persistent Medications Asthma Medication Ratio Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis Metabolic Monitoring for Children and Adolescents on Antipsychotics Behavioral Screening 1-17 Annual Fluoride Treatment Ages 0>4

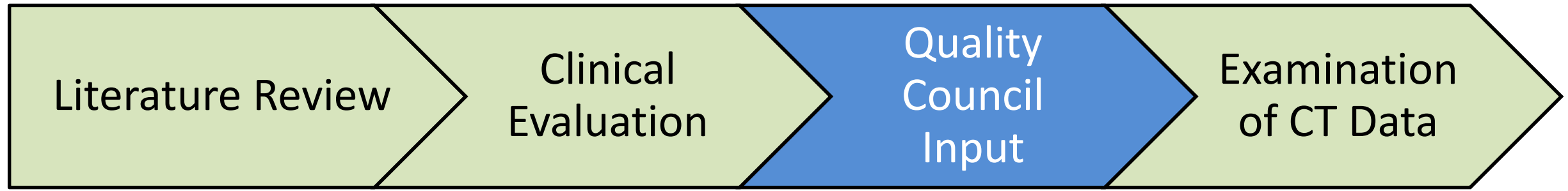
Measure Selection



Measure Selection

High Priority based on Literature and Clinical Review	Measures to Reconsider if CT Data Shows a Disparity
<ul style="list-style-type: none">• Comprehensive Diabetes Care: Eye Exam• Comprehensive Diabetes Care: Hemoglobin A1c Testing• HPV Vaccine for Female Adolescents• Medication Management for People with Asthma	<ul style="list-style-type: none">• Cervical Cancer Screening• Comprehensive Diabetes Care: Medical Attention for Nephropathy• Follow-up Care for Children Prescribed ADHD Medication• Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life• Prenatal and Postpartum Care

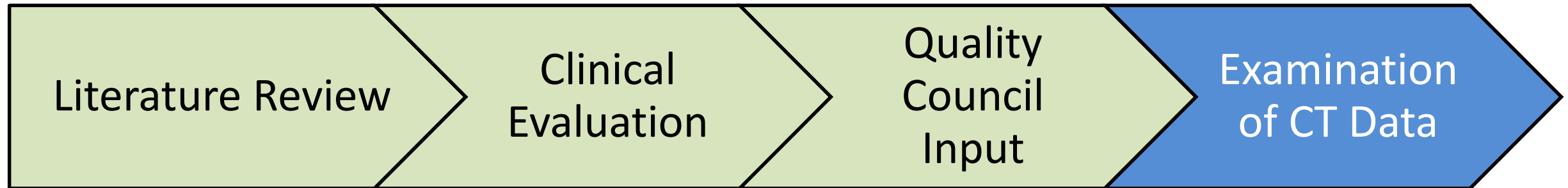
Measure Selection



Questions for The Quality Council

- We are seeking the Quality Council's input on the measures we identified as high and moderate priority for disparities measurement:
 - Are there additional measures that can be used to assess disparities in our initial analysis of CT Medicaid data?
 - Do you have concerns that any of the measures we have included might not be appropriate for assessing disparities?

Measure Selection



Next Steps

Project Process

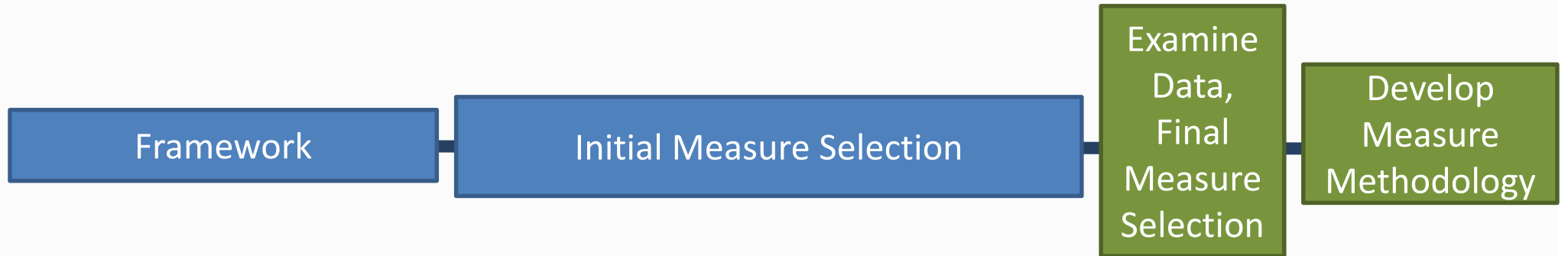
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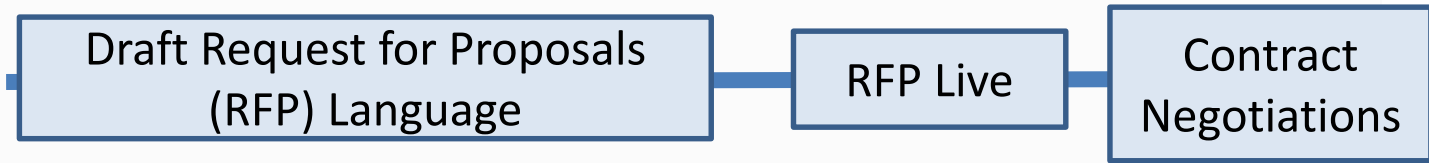
Data Acquisition



Measure Development



PCMH+ Program*



Methodology Development Steps

1. Assess the quality of race data received
2. Assess presence of disparity for prioritized measures
3. Determine minimum sample size (measure and provider data)
4. Evaluate data adequacy at provider/taxpayer identification number (TIN) level
5. Test methodologies for disparity calculation

Key Concepts: Methodology Development

- Examine within provider disparity:
 - Examine rate of performance for each racial and ethnic group.
 - Base the measure methodology on relative or absolute difference in rates for each provider.
 - We will first need to finalize patient groups with adequate sample size.
 - We will then determine which groups have adequate numbers of beneficiaries to calculate an accurate measure result.
- Alternative: Report provider's performance on the measure for minority populations compared to other providers' or benchmark performance.
- Later iterations of methodology could evaluate providers' improvement