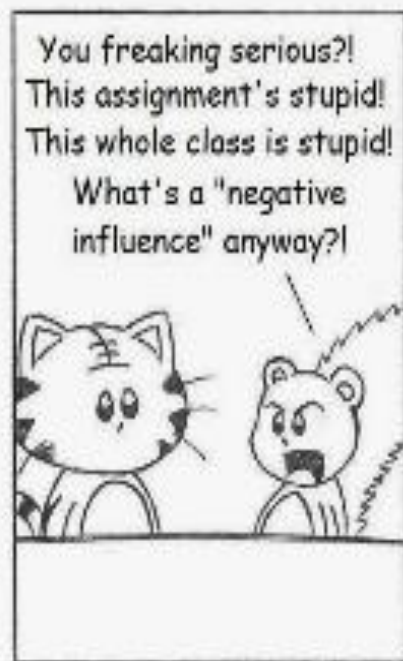

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



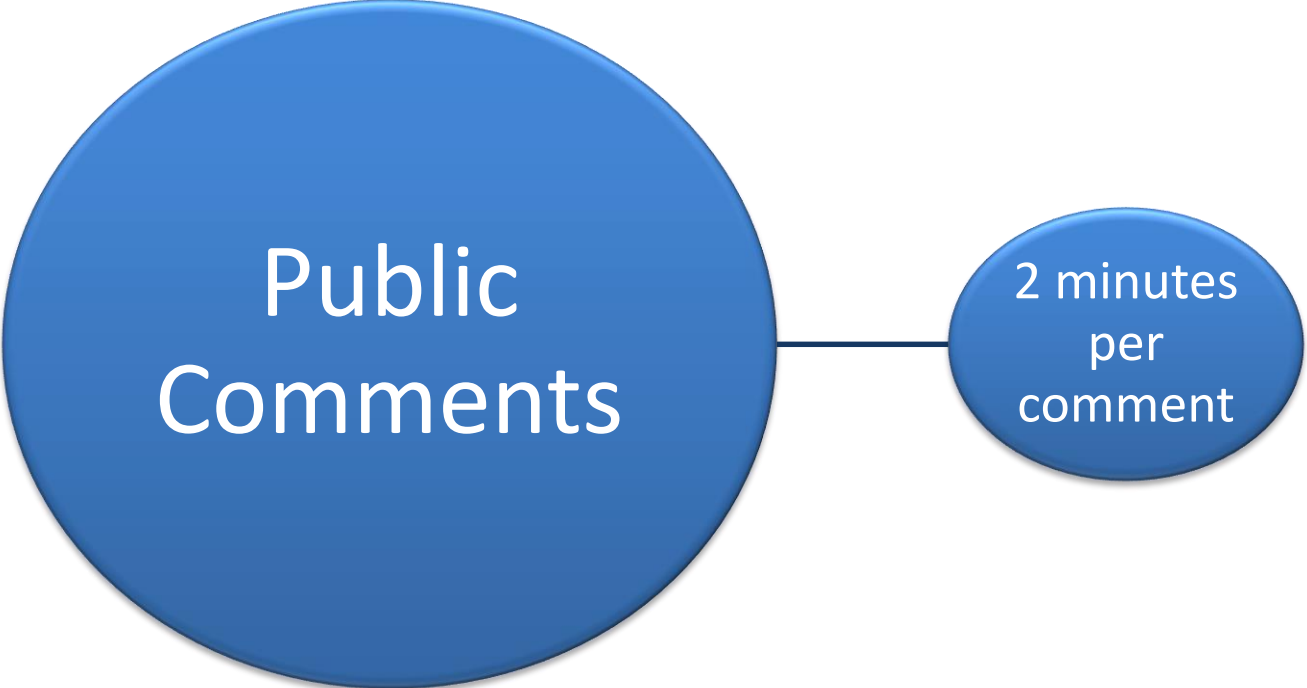
Quality Council

December 13, 2017



Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	5 min
2. Public comment	5 min
3. Approval of the Minutes	5 min
4. Purpose of Today's Meeting	5 min
5. Review Measure Endorsement Status	30 min
6. New Measures for Consideration	15 min
7. Public Scorecard Update	50 min
8. Next Steps and Adjournment	5 min



Approval of the Minutes

Purpose of Today's Meeting

Continued Measure Discussion
from 11/8

Follow Up Items from 11/8/17 Meeting

- Adolescent HPV Discussion
 - PMO found no current measures targeted toward male compliance
 - Immunizations for Adolescents (NQF: 1407) was discussed as an alternative; this measure does not include HPV
 - PMO will continue to monitor and reach out to potential stewards regarding the possibility of including male adolescents in future revisions of this measure



Developmental Screening in the First Three Years of Life (NQF #1448)

- Steward: Oregon Health & Science University
- Recap:
 - Measure no longer NQF endorsed
 - Lost steward according to NQF communication
- Updates since November Meeting:
 - Steward is still going to maintain the measure including updating specifications
 - Main issues with stewardship is cost and resources needed to meet updated NQF requirements
 - SIM PMO spoke with CMS representative from CQMC who confirmed the importance of the measure, and that there is no better alternative. CMS is working with steward to help with resources to support continued endorsement
- Recommendation:
 - Continue to retain in core measure set
 - Monitor progress on stewardship, NQF Endorsement, revisit next annual review



Medication Management for People with Asthma (NQF #1799)

- Steward: NCQA
- Recap:
 - QC Comments: discussion around medication management and medication ratio; they give different and complementary information
- NQF Endorsement Removed 8/3/16:
 - concern over the lack of evidence related to the thresholds (50% and 75%) specified for compliance with the measure, overall evidence, and about this new study, in particular, and did not reach consensus on evidence,
 - did meet the Performance Gap sub-criterion, as well as the Reliability, Validity, Feasibility criteria,
 - raised concern about the potential for an unintended consequence of increasing costs and medication use without improving patient outcomes
 - Committee agreed that data demonstrated gap in performance between Medicaid and commercial plans with opportunities for improvement



Use of Imaging Studies for Low Back Pain (NQF #52)

- Steward: NCQA
- NQF Endorsement Removed 5/1/2017:
 - When last evaluated in 2014, the Musculoskeletal Committee did not recommend continued endorsement, due to a lack of “red flag” exclusions for conditions that potentially indicate a serious health condition. However, the **Consensus Standards Approval Committee (CSAC)** noted that the frequency of occurrence of the exclusions suggested by the Committee was very low and likely would not impact the measure results. The CSAC deferred a final endorsement decision, giving the developer time to address the Committee’s concerns.
 - When re-evaluated in 2017, developer had revised specifications, shortened look-back, expanded exclusions, but was unable to provide updated testing; CSAC did not pass the measure on reliability or validity and did not recommend the measure for endorsement.



NCQA Feedback Regarding Measures with Endorsement Status Change

- SIM PMO queried NCQA regarding the endorsement status :
 - **What impact does receiving no consensus or losing NQF endorsement have on these measures?**
 - “In the short-term, for NCQA, very little: NCQA will continue to collect it, but we would factor this into future conversations about “what to do next”.
 - **What response does NCQA have to NQF feedback?**
 - “Disappointed but we respect the process. The timing of timing of the panel was such that we didn’t have results to show the impact, so it was just problematic to clear that hurdle.”
 - **Are there plans to address concerns to regain endorsement?**
 - “We think we had made changes that addressed their concerns (e.g., added exclusions) and that measure is consistent with what they panel wanted in terms of improvements. So, I think we’re “still considering our options.”
 - **Will NCQA continue to steward, report, and promote these measures?**
 - “Yes. As long as it is in volume 2, we will have structure to maintain and collect the measure.”
- Recommendations for Quality Council Consideration:
 - Continue to retain in measure set until more information is available
 - Remove from Core Set and move to reporting and reassess annually

Prenatal and Postpartum Care (NQF #1517) - CORRECTION

- Recap:
 - Endorsement Removed 10/25/2016 Due to non-consensus
 - Quality Council discussed endorsement status November 2016
 - Decision was made to retain measure as the group determined it worthy to include in scorecard
- Recommendation:
 - Continue retention of measure in Core Measure Set



New Measures for Consideration

Long Acting Reversible Contraception (#2904)

- **Definition:** Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)).
 - Numerator: Women aged 15-44 years of age at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC), i.e., intrauterine device or implant
 - Denominator: All women aged 15-44 years of age who are at risk of unintended pregnancy.
- **Steward:** US Office of Population Affairs, NQF Endorsed 10/2016
- **Data Source:** Claims
- **Endorsements:** NQF, ACOG, CDC, AAP



Long Acting Reversible Contraception (#2904)

- **Why Is this Important?**

- 3 million or 50% of all pregnancies per year are unintended

- Resulting in negative effects on women's health and newborns, and increasing financial burdens
- Half of unintended pregnancies are the result of contraceptive failure ([NEJM](#)) whereas LARC is 99% effective
- 1 in 4 women seeking abortion services cited contraception cost as reason for not using method to prevent pregnancy ([Ineffective Pre-pregnancy Contraception Use](#))

- Cost Savings

- Unintended pregnancies medical cost estimated to be \$4.6B, if 10% women aged 20-29 switched from oral contraception to LARC costs are reduced by \$288 mil ([Burden of Unintended Pregnancies](#))

- Impact as a Social Determinant of Health

- Poor woman 5x more likely to have an unintended birth than an affluent woman (Brookings Institution)



Long Acting Reversible Contraception (#2904)

- **Barriers**

- Cost

- Device cost wholesale is \$718-844, plus office visit and procedure out of pocket expenses
 - Insurance coverage varies – How does LARC work as a covered benefit in CT?
 - HUSKY: Covered Service – Requires patient to obtain device from pharmacy
 - Commercial: Birth Control as a covered service as mandated by ACA, out of pocket costs and device coverage differ by payer and plan

- Provider misunderstanding about indications/contra-indications



Long Acting Reversible Contraception (#2904)

- **Issues/Concerns**

- NQF endorsement – “Level of analysis” does not include integrated delivery system
 - Recommended Use: Public Reporting, Quality Improvement (Internal to the specific organization)
 - Level Analysis: Facility, Health Plan, Population: Regional and State
 - Note: Does not include integrated delivery system
- The measure is designed to address two competing demands: 1) to ensure women have access to LARC methods given the many provider and systems level barriers, 2) ensure that they are offered in a client-centered, non-coercive manner



Long Acting Reversible Contraception (#2904)

- **Issues/Concerns**

- Provider’s measured performance may reflect variations in coverage, rather than whether providers are screening, counseling, and providing LARC
- Establishing benchmarks and tying the achievement of benchmarks to the provision of LARC may be contrary to person centered care and share decision making—worst case, women may be/feel subtly coerced.
 - “..it is **not appropriate** to use the *Contraceptive Care – Access to LARC* measure in a pay-for-performance context” – Office of Population Affairs

- **Recommendation**

- Consider for inclusion in the reporting set/public scorecard



Substance Use Screening and Prevention

- **Behavioral Health Design Group**

- Initially recommended screening tools rather than quality measures (January 2015) in the domains of mental health, substance use, trauma, well-being
- After re-focusing on commonly used quality measures, they ultimately recommended (March 2015):
 - Unhealthy Alcohol Use Screening (# 2152)
 - Did not consider drug use screening measures
 - The United States Prevention Services Task Force (USPSTF) recommendations did not appear to be a consideration in the final recommendation

- **Quality Council**

- Due to newly endorsed broad-based measures of alcohol and drug use screening and uncertainty about whether Unhealthy Alcohol Use Screening is the best and most aligned measure, deferred alcohol/drug screening as a development priority



United States Prevention Services Task Force

- **What is USPSTF?**
 - USPSTF decides on topics and guidelines regarding relevance to prevention and primary care, importance for public health, potential impact of recommendations and whether there is new evidence that may change current recommendations
 - Assigns letter grade based on strength of evidence, balance benefits and harms
 - Does NOT consider costs
 - Evaluates services only offered in primary setting or referred by PCP

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.



- **What does USPSTF have to say about substance use screening?**
 - Currently assigns grade of **B** to unhealthy alcohol use screening (ages 18+)
 - Assigns a grade of **I (Insufficient)** to illicit drug use screening
 - Screening for trauma and anxiety receive no grade in final recommendations



Substance Use Screening and Prevention

Snapshot of Professional Society Recommendations:

Professional Society	Alcohol Use Screening	Drug Use Screening
American Academy of Pediatrics	X	X
American Academy of Family Physicians	X	
American College of Physicians	-	-

Substance Use Screening and Prevention

- **Considerations for Quality Council:**
 - Should Council align with USPSTF – add no drug screening measure at this time and re-consider on annual review?
 - Conduct additional research and deliberate further?
 - If so, what additional information would the Council like to consider:
 - E.g., opinion of AAFP, AAP, ACP
 - Consider other major position takers regarding screening and prevention?
 - Other?



Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Scorecard Platform evaluation

Scorecard Functional Capabilities

Information Source Review

Next steps

Status Update

Decision Points: Previous Decisions

- ☑ Data Source
 - All Payer Claims Database (APCD)
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- ☑ Measures:
 - Quality Council's Core and Reporting Sets (claims based)
 - Consider reporting set review and update
- ☑ Unit of analysis:
 - Advanced Networks (ANs)
 - FQHCs
- ☑ Purpose/Use Cases:
 - Quality improvement through transparency
 - Policy makers assessing performance

Decision Points: Timing of Pending Decisions

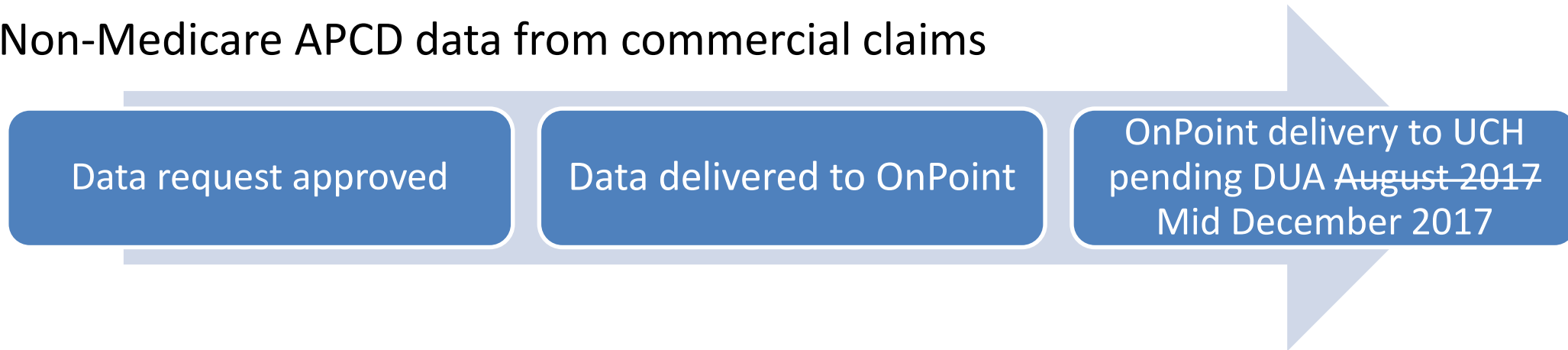
- Scorecard Platform Review
 - Scorecard Functional Capabilities
 - Information Source Overview
- } December meeting
-
- Attribution
 - Scoring
 - Risk Adjustment
 - Benchmarks
- } January meeting
-
- Finalize scorecard
- } Presented pre-publication-anticipated for March meeting?

Data Status Update: Claims Data

Medicare data



Non-Medicare APCD data from commercial claims



Medicaid data – Data release decision pending

Scorecard Platform Review

Scorecard Platform Review (1 of 2)

Partners – UCH Evaluation Team, APCD, Health Information Technology Office (HITO)

Approach

- Identify potential presentation tools in collaboration with APCD
- Review advantages/disadvantages/costs associated with each option

Next steps

- HITO review and approval of proposed presentation tool
- Present scorecard mockup to APCD, HITO
- Finalize functionalities for scorecard

❖ Propose R Shiny package

- Builds upon R statistical package (free)
- Aligns with analytic approach to both SIM dashboard and data processing
- Basic features available be free through R Shiny and java scripts
- Interoperable – can be delivered through any web server
- Uses UConn Health's existing strengths

Scorecard Functional Capabilities

- Quality Council members reviewed online scorecards

California HHS Office of Patient advocate (OPA)

<http://www.opa.ca.gov/Pages/ReportCard.aspx>

Minnesota Community measurement /Minnesota Health Scores (MN)

<http://www.mnhealthscores.org/>

California Healthcare Compare/California Department of Insurance (HC)

<http://www.cahealthcarecompare.org/search.jsp>

- Information

 - Usefulness of data: HC(91.7%)

 - Utility of icons: OPA (90.9%)

 - Documentation: MN (100%)

- ❖ Priorities for the CT scorecard:

 - should present information efficiently manner without clutter
 - at a reading level accessible to most consumers
 - concise, relevant information with options for detailed views
 - useful and interpretable icons

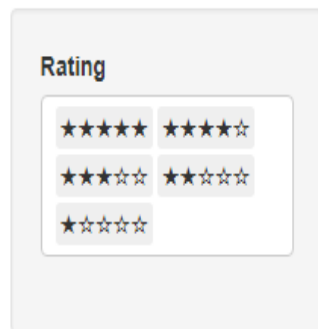
- Navigation (Sorting/Filtering/Advanced Search): MN (90.9%)

❖ Priorities for the CT scorecard:

- a simple and user-friendly interface
- the ability to switch and add measures without a new query

Scorecard Functional Capabilities (4 of 11)

- Information presentation mockup- single measure for all entities



NCQA 0057 Comprehensive diabetes care: Hemoglobin A1c testing

Show 10 entries

Search:

Advanced Networks	Unadjusted Score	Adjusted Score	Benchmark	Rating	Change
CSMS IPA	83.8	80.8	90.5	★★★★★	10.2
Day Kimball Healthcare	88.6	84.8	90.5	★★★★★	2.5
Alliance Medical Group	93.2	96.2	90.5	★★★★★	10.2
Griffin Health	85.2	88.4	90.5	★★★★★	-1.1
Integrated Care Partners	88.6	84.8	90.5	★★★★★	2.5
Middlesex Hospital	83.8	80.8	90.5	★★★★★	-4.5
MPS Medical Professional Services, Inc.	93.2	96.2	90.5	★★★★★	-1.1
CMG Community Medical Group	86.3	90.5	90.5	★★★★★	3.3
ProHealth Physicians	93.2	96.2	90.5	★★★★★	-1.1
Saint Francis Healthcare Partners	88.6	84.8	90.5	★★★★★	2.1

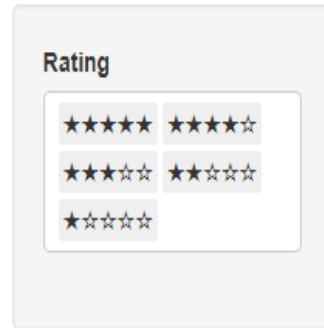
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Scorecard Functional Capabilities (5 of 11)

➤ Sorting capability mockup



NCQA 0057 Comprehensive diabetes care: Hemoglobin A1c testing

Show 10 entries

Search:

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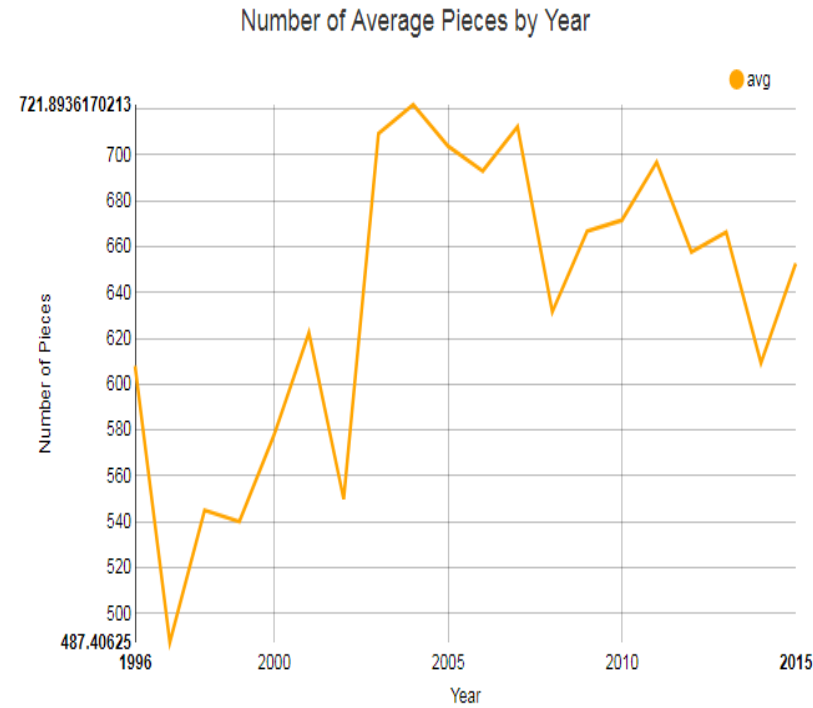
Scorecard Functional Capabilities (6 of 11)

➤ Visual options mockup

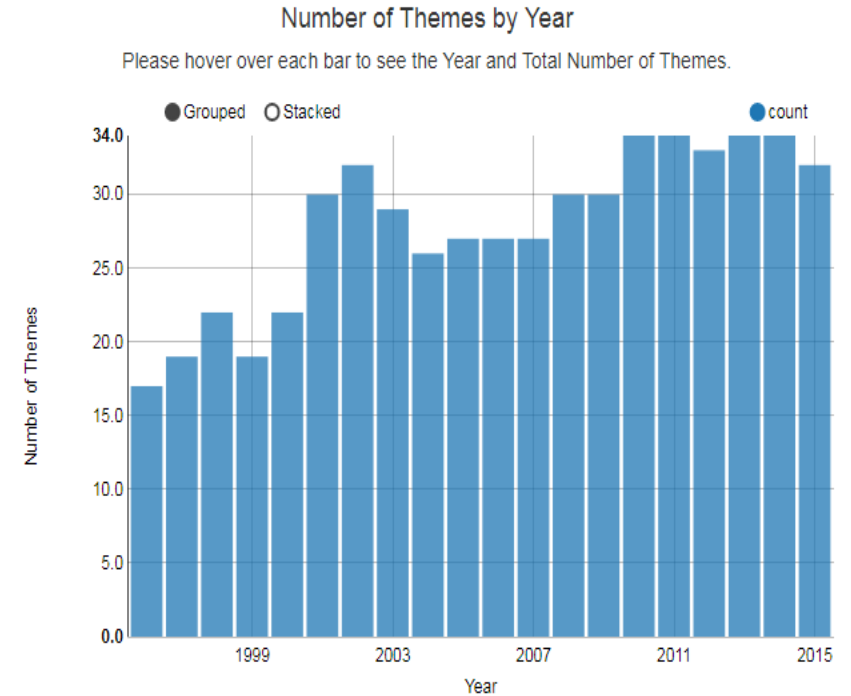
Advanced Networks	Unadjusted Score	Adjusted Score	Benchmark	Rating	Change
 CSMS IPA	83.8	80.8	90.5	★★★★★	10.2
 Day Kimball Healthcare	88.6	84.8	90.5	★★★★★	2.5
 Alliance Medical Group	93.2	96.2	90.5	★★★★★	10.2
Extra information: And any further details here (images etc)...					
 Day Kimball Healthcare	88.6	84.8	90.5	★★★★★	2.5
 Alliance Medical Group	93.2	96.2	90.5	★★★★★	10.2

Scorecard Functional Capabilities (7 of 11)

➤ Interactive plot examples



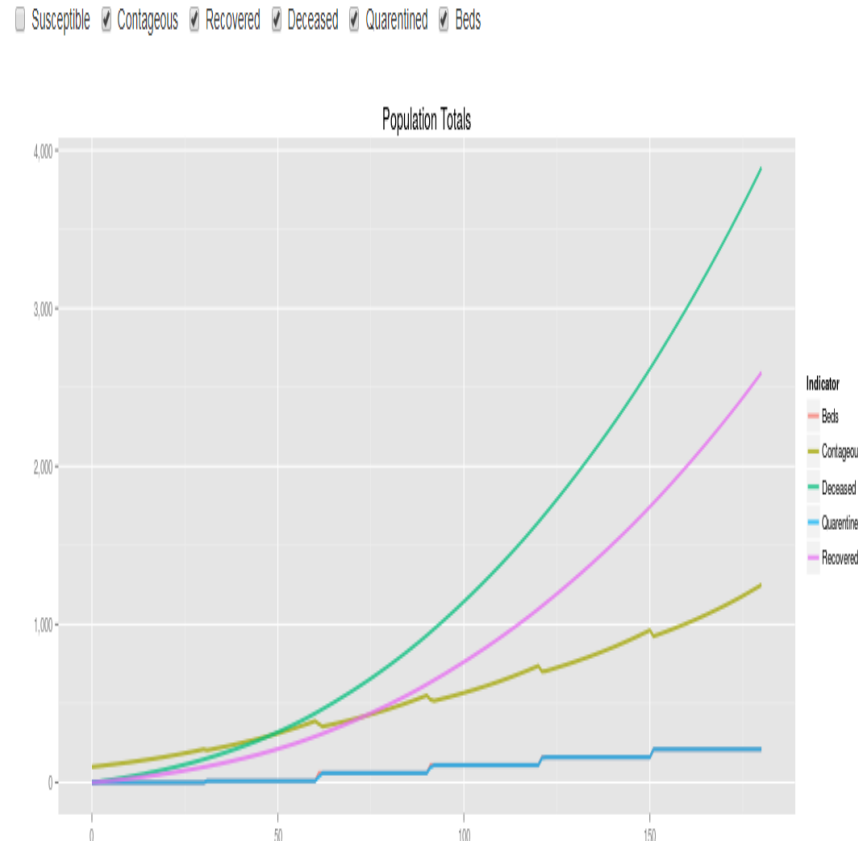
Line graph



Bar chart

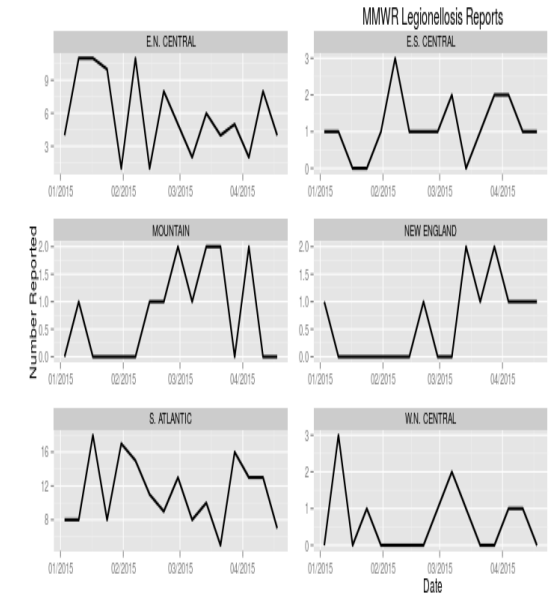
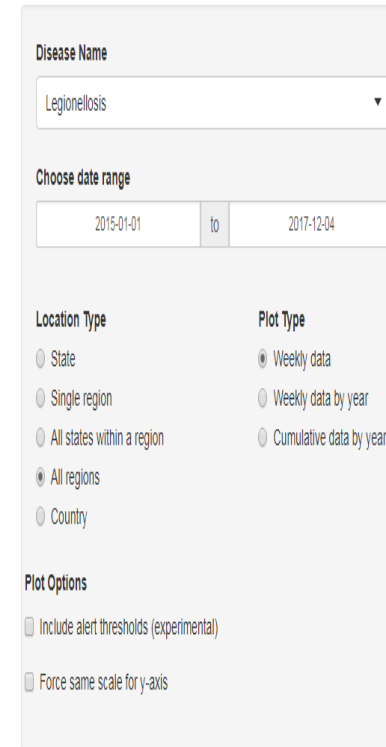
Scorecard Functional Capabilities (8 of 11)

➤ Interactive plot examples



Line graph (multiple entities)

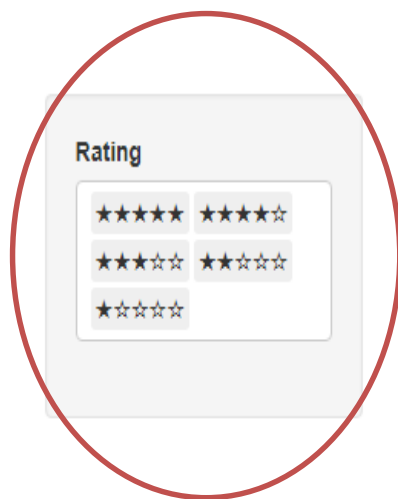
CDC Weekly Case Count



Line graph (multiple graphs side-by-side)

User Interface Functionalities (9 of 11)

➤ Filtering capability mockup



NCQA 0057 Comprehensive diabetes care: Hemoglobin A1c testing

Show 10 entries

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Scorecard Functional Capabilities (10 of 11)

- Advanced search capabilities

Search entities by:

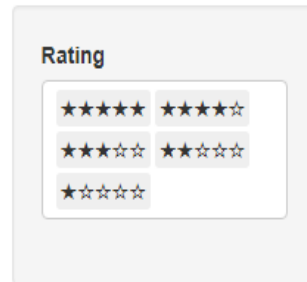
- Advanced Network/Federally Qualified Health Center
- Physician

Search measures by:

- Measure
- Test
- Health condition/disease

Scorecard Functional Capabilities (11 of 11)

➤ Download
and print mockup



NCQA 0057 Comprehensive diabetes care: Hemoglobin A1c testing

Show 10 entries

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Information Source Overview

Information source review (1 of 3)

- Scorecard will include links to external content
 - Measure
 - Tests
 - Health condition/disease
- Potential sources
 - CDC
 - WHO
 - Health domain/disease specific professional authority

Information source review (2 of 3)

Measure	Medication classes measured	Related health conditions
Annual monitoring for persistent medications (roll-up)	ACE inhibitors	High blood pressure, coronary artery diseases, heart failure, diabetes, certain chronic kidney diseases, heart attacks, scleroderma, migraine
	Angiotensin receptor blockers	High blood pressure, heart failure, kidney failure in diabetes, chronic kidney diseases
	Digoxin	Heart failure, atrial fibrillation
	Diuretics	Heart failure, liver failure, tissue swelling (edema), certain kidney disorders, such as kidney stones

- Quality Council Engagement plan
 - Recommend Working Group

- Summary

- Finalized decision for measures with status changes
- Received update on public scorecard progress

- Next Steps

- Next meeting (January 11th)
 - Review Payer Alignment (if available), and discussion on goal setting
 - Complete Review of Reporting Set
 - Public Scorecard Progress Update





The Best Medicine



Next Steps
Adjourn