

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Quality Council

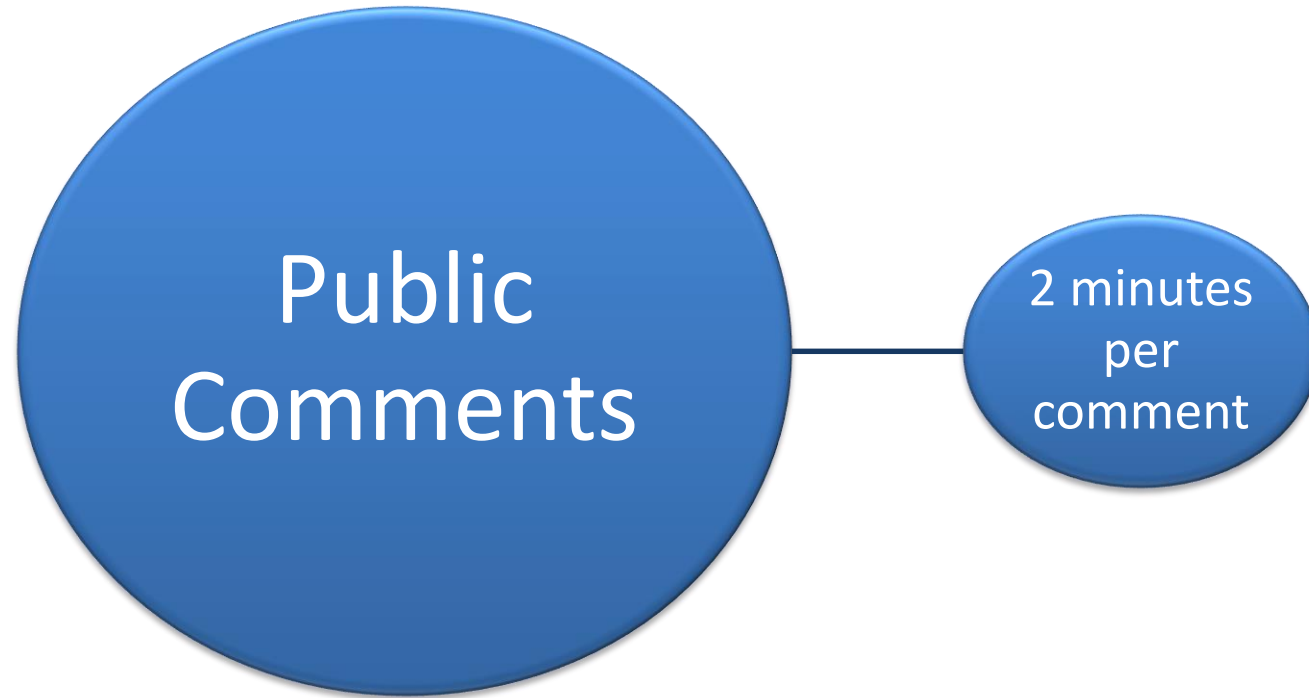
February 14, 2018



"Our next speaker will be speaking on  
other matters of the heart."

# 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. Recap 1/10/18 Meeting	5 min
↓	
7. Reporting Measure Set Review	20 min
↓	
7. Public Scorecard Update	70 min
↓	
8. Next Steps and Adjournment	5 min



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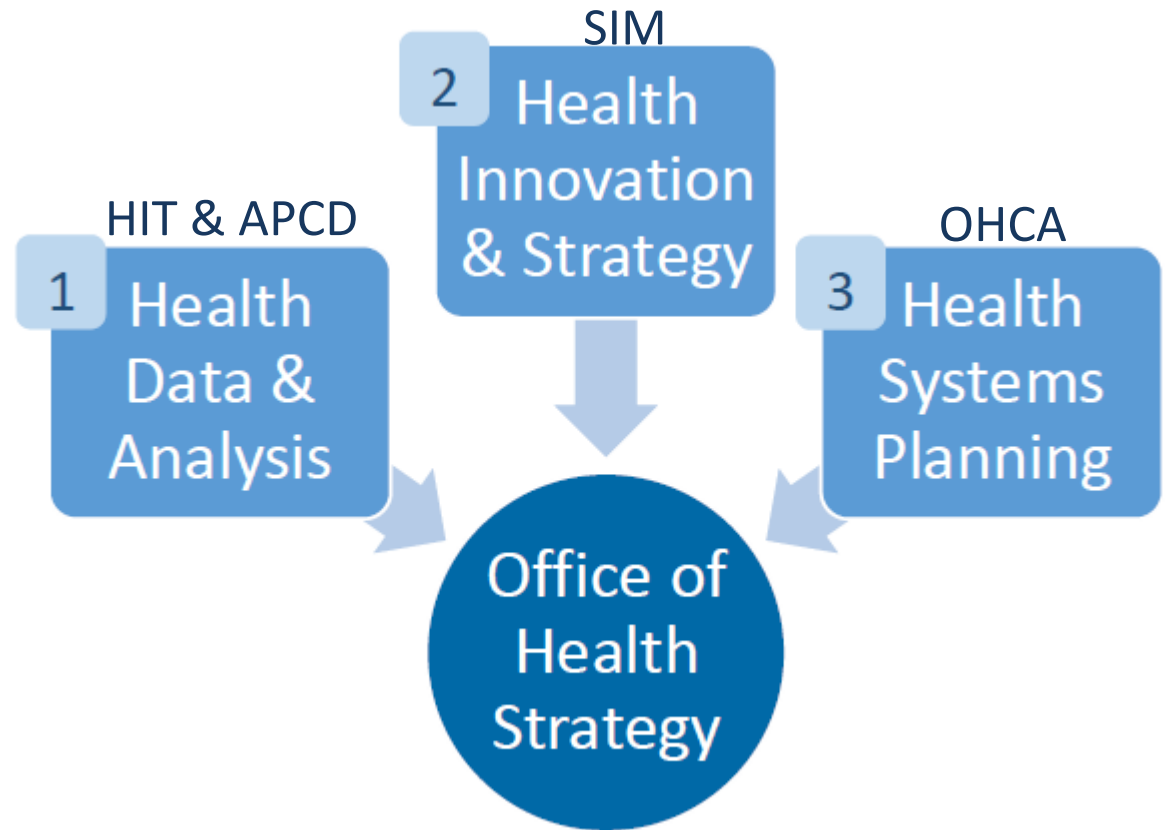
## Approval of the Minutes

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## Purpose of Today's Meeting



- PA 17-2 established Office of Health Strategy
- Effective January 1, 2018
- OHS will develop and support state-led multi-payer healthcare payment and service delivery reforms



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Recap from 1/10/18



# Recap From 1/10/18

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- **Healthcare Cabinet**
  - The Healthcare Cabinet accepted the recommendations from the Quality Council
- **Immunizations for Adolescents (NQF #1407)**
  - The council voted to include in core measure set replacing Female HPV (#1959)
- **Substance Use and Alcohol Screening Measures**
  - The council elected not to adopt substance use measures until more evidence is available and NQF endorsement is achieved
  - Deferred action on Unhealthy Alcohol Use (NQF #2152) reevaluate at a later date
  - Focus on newly endorsed opioid measures and bring findings to the council for further evaluation

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# Reporting Measure Set

# Reporting Measure Set

#	Reporting Only	NQF	Steward	NQF Endorsement Status	Date of Update
Coordination of Care					
1	30 day readmission		MMDLN		
2	% PCPs that meet Meaningful Use		CMS		
Prevention					
3	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA		
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA	✓	9/2/2015
5	Frequency of Ongoing Prenatal Care (FPC)	1391	NCQA	✗	10/25/2016
6	Oral Evaluation, Dental Services (Medicaid only)	2517	ADA	✓	10/3/2017
7	Long Acting Reversible Contraception (LARC)	2904	OPA	✓	10/25/2016
Acute and Chronic Care					
8	Cardiac stress imaging: Testing in asymptomatic low risk patients	0672	ACC	✓	6/29/2015
Behavioral Health					
9	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		APA		
10	Anti-Depressant Medication Management	0105	NCQA	✓	2/28/2014
11	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	NCQA	✓	2/8/2016
12	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	✓	7/28/2017

LARC Measure  
added to  
Reporting Set  
12/13/17

# Reporting Measure Set Quality Payment Program (QPP) Alignment

#	Reporting Only	NQF	Steward	QPP-MIPS
Coordination of Care				
1	30 day readmission		MMDLN	
2	% PCPs that meet Meaningful Use		CMS	
Prevention				
3	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA	✓
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA	
5	Frequency of Ongoing Prenatal Care (FPC)	1391	NCQA	
6	Oral Evaluation, Dental Services (Medicaid only)	2517	ADA	
7	Long Acting Reversible Contraception (LARC)	2904	OPA	
Acute and Chronic Care				
8	Cardiac stress img: Testing in asymptomatic low risk patients	0672	ACC	
Behavioral Health				
9	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		APA	✓
10	Anti-Depressant Medication Management	0105	NCQA	✓
11	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	NCQA	✓
12	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	✓

- 5 of 12 Measures in QPP
- 42% Alignment

Quality Payment  
PROGRAM

# Reporting Measure Set Core Quality Measures Collaborative

#	Reporting Only	NQF	Steward	CQMC
Coordination of Care				
1	30 day readmission		MMDLN	
2	% PCPs that meet Meaningful Use		CMS	
Prevention				
3	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA	✓
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA	✓
5	Frequency of Ongoing Prenatal Care (FPC)	1391	NCQA	✓
6	Oral Evaluation, Dental Services (Medicaid only)	2517	ADA	
7	Long Acting Reversible Contraception (LARC)	2904	OPA	
Acute and Chronic Care				
8	Cardiac stress imaging: Testing in asymptomatic low risk patients	0672	ACC	
Behavioral Health				
9	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions		APA	
10	Anti-Depressant Medication Management	0105	NCQA	
11	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	NCQA	
12	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	

- 3 of 12 Measures in CQMC
- 25% Alignment



# Reporting Measure Set National Quality Forum Alignment

#	Reporting Only	NQF	Steward	NQF Endorsement Status	Date of Update
Coordination of Care					
1	30 day readmission		MMDLN		
2	% PCPs that meet Meaningful Use		CMS		
Prevention					
3	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA		
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA	✓	9/2/2015
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11	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	NCQA	✓	2/8/2016
12	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	✓	7/28/2017

- 7 of 12 Measures NQF Endorsed
- 58% Alignment



# Reporting Measure Set

#	Reporting Only	NQF	Steward	QPP-MIPS	NQF Endorsement Status	CQMC
Coordination of Care						
1	30 day readmission		MMDLN			
2	% PCPs that meet Meaningful Use		CMS			
Prevention						
3	Non-recommended Cervical Cancer Screening in Adolescent Female		NCQA	✓		✓
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516	NCQA		✓	✓
5	Frequency of Ongoing Prenatal Care (FPC)	1391	NCQA		✗	✓
6	Oral Evaluation, Dental Services (Medicaid only)	2517	ADA		✓	
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Acute and Chronic Care						
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Behavioral Health						
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12	Follow up after hospitalization for mental illness, 7 & 30 days	0576	NCQA	✓	✓	

Measure Program  
Alignment

1 or Less Programs

2 out of 3 Programs

3 Programs

# Reporting Measure Set

#	Reporting Only	NQF	Steward	NQF Endorsement Status	Date of Update
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## Measure #2

- Medicare MU program no longer in existence
- Medicaid MU closed to new entrants, phase out 2021

## Measure #5

- No longer endorsed
- Being retired and no longer stewarded



# Reporting Measure Set

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- **Recommendations**

- Remove Measures #2 (PCPs Compliant with MU) and #5 (Frequency of Ongoing Prenatal Care) from the reporting set as they are either no longer applicable and/or not being stewarded
- Retain the remainder of the measure set and include in 2018 Annual Review

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# Public Scorecard Update

# Agenda: Online Healthcare Scorecard

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Status Update



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graph TD; A[Status Update] --> B[Measure Feasibility and Recommendations]; B --> C[Information Source Review]; C --> D[Attribution]; D --> E[User Interface Demonstration]; E --> F[Next Steps];
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Measure Feasibility and Recommendations

Information Source Review

Attribution

User Interface Demonstration

Next Steps

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# Status Update

# Decision Points: Previous Decisions

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## ☒ Data Source

- APCD
- CAHPS

## ☒ Measures:

- Quality Council's Core and Reporting Sets (claims based)
- Consider reporting set review and update

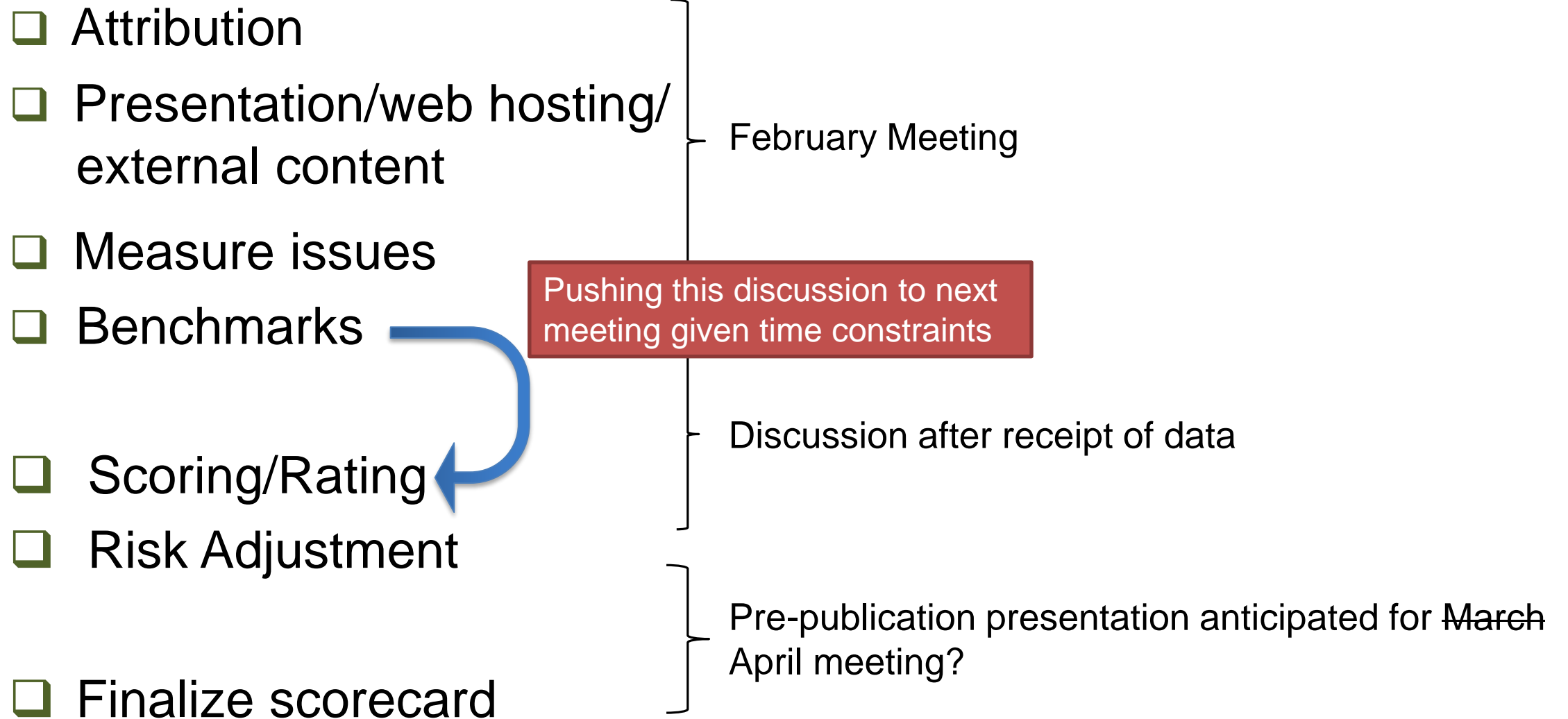
## ☒ Unit of analysis:

- Advanced Networks
- FQHCs

## ☒ Purpose/Use Cases:

- Quality improvement through transparency
- Policy makers assessing performance

# Decision Points: Timing of Pending Decisions

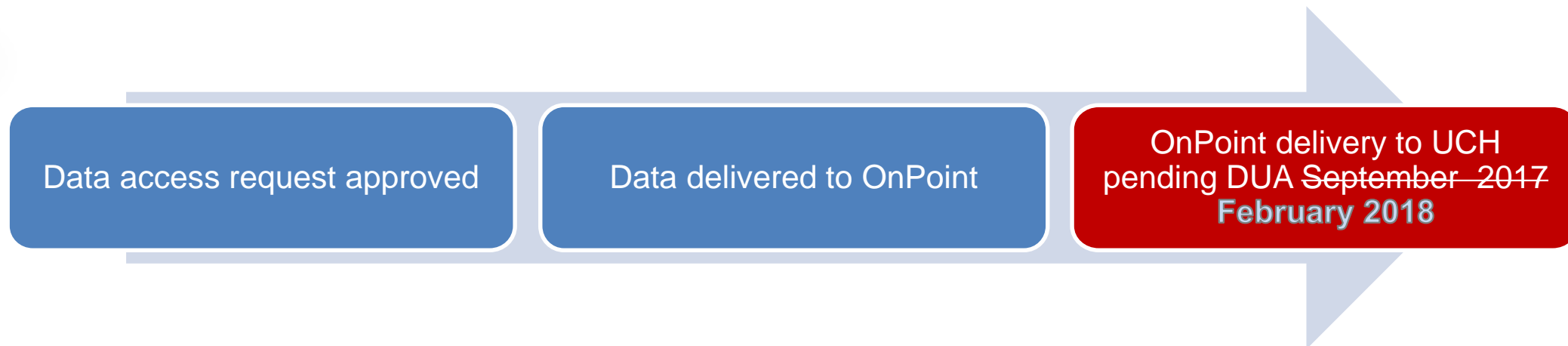


# Data Status Update: Claims Data

## ○ Medicare data



## ○ Non-Medicare APCD data from commercial claims



## ○ Medicaid data – Data release decision pending

# Update on Scorecard Development

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- Demonstration of R Shiny, scorecard functionality and attribution methodology to Office of Health Strategy
- Continued work on development of user interface presentation and functionality
- Continued work on assessment of measure feasibility



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# Measure Feasibility and Recommendations

# Measure Feasibility (1 of 2)

- In depth review of measure specifications has identified issues and recommendations
  1. Measures with anchor dates: require known age at end of measurement period but APCD only releases age in years
    - Recommendation: Use age documented in eligibility file
  2. Measures requiring age in months but APCD only releases age in years
    - Recommendation: Obtain separate APCD data extracts containing only eligible individuals

## Measure Feasibility (2 of 2)

3. Measures with EMR requirements for operationalization: requires information not available in claims data (i.e. laboratory results, clinical notes)
  - Recommendation: Omit the EMR information when calculating the measure
4. Measures with EMR components: have claims and EMR components
  - Recommendation: Present only the claims component
5. Measures with unavailable value sets: contains requirement to identify patients who have “prolonged use of corticosteroids” but do not define “prolonged use”
  - Recommendation: Quality Council decides to utilize 12, 24 or 52 weeks to define “prolonged use”

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# Information Source Review

## ❖ Scorecard Subgroup

- Stacy Beck (Aetna)
- Stephanie Burnham (SIM PMO)
- Elizabeth Courtney (Patient advocate)
- Sandra Czunas (Office of State Comptroller)
- Steve Wolfson (Physician)

# Information source review (2 of 7 )

## ❖ Health topics

Breast Cancer  
Cervical Cancer  
Chlamydia  
Human Papillomavirus

Group 1

Diabetes Mellitus  
Diabetic Nephropathy  
Attention Deficit Hyperactivity Disorder  
Upper Respiratory Infections  
Well Child Visits

Group 2

Acute Bronchitis  
Depression +Comorbidities  
Asthma  
Oral/dental Evaluation Among Children  
Alcohol and Drug Dependence  
Low Back Pain

Group 3

## ❖ Important considerations

- English and Spanish versions
- Reliable information source
- Reading level appropriate for lay audience
- Availability of easy to navigate and detailed information
- Additional graphics like pictures /audio/video
- Phone number for consumers to call for more information
- Online chat for consumers to ask questions regarding more information
- No copyright limitations.

## ❖ Process

- UConn Health Evaluation Team sent 2-5 information links for each health topic
- Independent review/vote
- Group discussion
- Final vote



## Information source review (5 of 7)

Health topic	Source selected
Breast Cancer	American Cancer Society
Cervical Cancer	DHHS Office of Women's Health
Chlamydia	DHHS Office of Population Affairs
Human Papilloma Virus	DHHS Office of Women's Health
Diabetes Mellitus	American Diabetes Association
Diabetic Nephropathy	National Institute for Diabetes and Digestive and Kidney Diseases (NIDDKD)
Attention Deficit Hyperactivity Disorder	National Institute of Mental Health (NIMH)
Upper Respiratory Infections	Stanford Children's Hospital
Well Child Visits	Healthychildren.org (American Association of Pediatrics)

## Information source review (6 of 7)

Health topic	Source selected
Acute Bronchitis	National Heart, Lung and Blood Institute (NHLBI)
Asthma	American Lung Association
Depression	National Alliance of Mental Illness (NAMI)
Depression-Comorbidities	National Institute of Mental Health (NIMH)
Low Back Pain	National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Alcohol and Drug Dependence	National Institute on Drug Abuse (NIDA)
Oral/Dental Evaluation Among Children	Healthychildren.org (AAP)

## ❖ Next steps

- QC Subgroup review of Information links related to tests, drugs, and measures (Summer 2018)

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# Attribution

# Attribution (1 of 5)

- What is attribution?
  - Assigning a provider who will be held accountable for a member based on an analysis of the member's claims data. The attributed provider is deemed to be responsible for the patient's quality of care and cost.
- Why is attribution important for Value-based Payment (VBP) contracts?
  - Attribution determines which patients are assigned to what (groups of) providers, thereby determining the analysis of the outcomes, total costs of care, potential shared savings per VBP arrangement per provider combination.

## Sources:

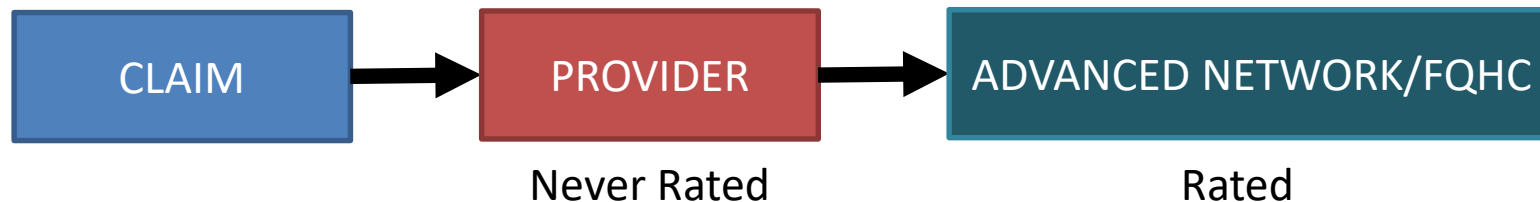
1. Pantely SE. Whose patient is it? Patient attribution in ACOs. Milliman Healthcare Reform Briefing Paper. 2011 Jan.
2. [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/vbp\\_patient\\_attribution.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/vbp_patient_attribution.pdf)

# Attribution (2 of 5)

Entities	Attribution Method	Comments
Other state scorecards	<ul style="list-style-type: none"> <li>Submitting organization attributes patients (CA, WA, Medicaid)</li> </ul>	<ul style="list-style-type: none"> <li>Not feasible for commercial or Medicare claims</li> </ul>
	<ul style="list-style-type: none"> <li>Patient attributed to provider if <math>\geq 2</math> associated claims within previous 2 years and at least 1 claim within previous year (WI)</li> </ul>	<ul style="list-style-type: none"> <li>Patients can be attributed to more than one provider</li> </ul>
	<ul style="list-style-type: none"> <li>Patients attributed to provider with most claims (MN, WA)</li> </ul>	<ul style="list-style-type: none"> <li>Can result in misattribution to non-PCP providers (e.g. radiologists)</li> </ul>
CMS Medicare SSP	<ul style="list-style-type: none"> <li>Patients attributed to PCP provider(s) within entity (ACO) that charged the most for primary care services</li> </ul>	<ul style="list-style-type: none"> <li>Driven by cost of services rather than frequency</li> <li>Prospective attribution not feasible for CT Scorecard.</li> </ul>
Treo Solutions/3M approach	<ul style="list-style-type: none"> <li>Define PCPs/identify physician groups</li> <li>Patient attributed to the group with most E&amp;M services</li> <li>Fine-tuned two-step tie-breaking process</li> </ul>	<ul style="list-style-type: none"> <li>Needs to be adapted for CT scorecard since scorecard is rating ANs/FQHCs, not providers</li> </ul>

## Attribution (3 of 5)

- Recommend Methodology based on 3M/Treo
- Adapted Methodology
  - Attribute patients to providers of qualifying specialties based on preponderance of Emergency & Management (E&M) visits in a set time period
  - Link providers to ANs/FQHCs using billing NPI or site of care.



- Quality Council feedback?

# Attribution (4 of 5)

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- Decision Points:
  - *Define which provider types are eligible for patient attribution.*
  - **Decision Point 1:** Should OB/GYNs, Nurse Practitioners and/or Physician Assistants be included as PCPs?
  - **Decision Point 2:** If no E&M services are found with a PCP in the given time period, should attribution be made to a specialist? If so, which specialties are eligible?



# Attribution (5 of 5)

– *Define the time period for eligible services and the order of preference for specialist attribution:*

- The UConn Health Evaluation Team proposes the time period for attribution be the previous 12 months.
- If a patient has no E&M services with a PCP during the 12 month period then there are two options:

➤ **Decision Point 3:**

- a. The patient is attributed to an eligible specialist if they had at least one E&M visit during the 12 month time period. If the patient has not seen a PCP or eligible specialist for E&M services during the previous 12 months, then the patient is attributed to a PCP seen for an E&M visit during the previous 13 to 24 months
- b. The patient is attributed to a PCP for any E&M visit in the previous 24 month time period. Only in a situation where a patient has no E&M visits with a PCP in the past 24 month period would they be attributed to a specialist.

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# User Interface Demonstration

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Next steps

# Next Steps

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- Begin work on commercial claims from APCD
- Continue User Interface development
  - Convene subgroup on presentation
- QC Review and approve benchmark and risk adjustment strategies (March meeting)

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Next Steps  
Adjourn