SIM Quality Council

May 16, 2018
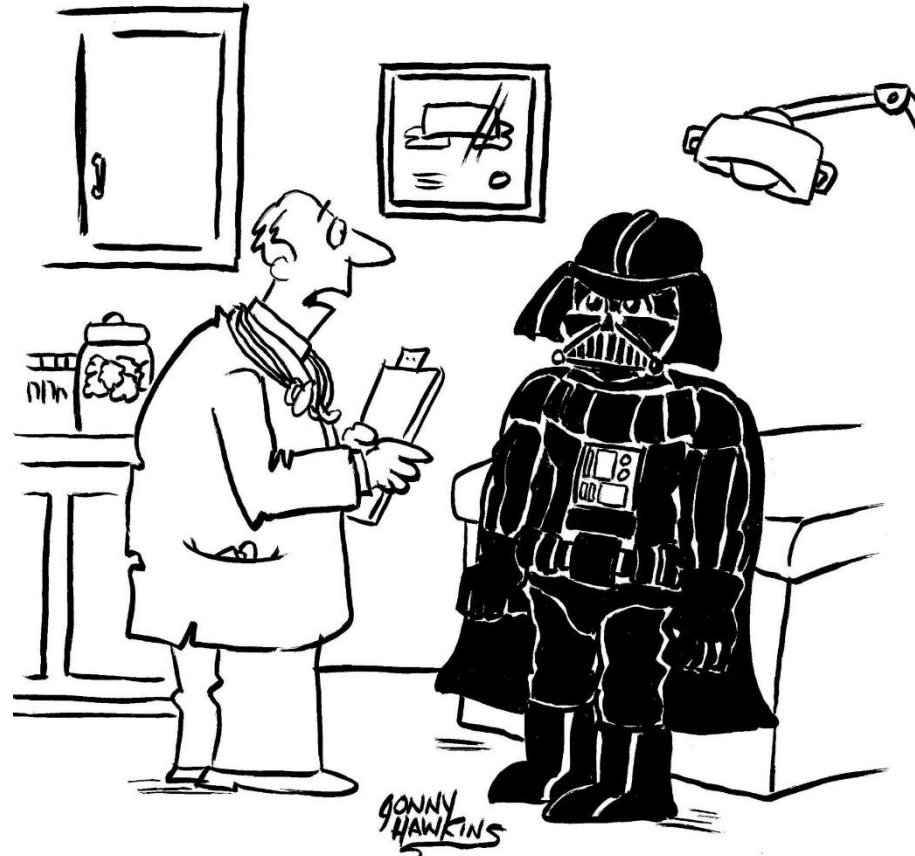
"I'm worried about your breathing.
How much exercise are you getting?"

© 2013 Jonny Hawkins

Meeting Agenda

Item	Allotted Time
Introductions/Call to Order	5 min
Public Comment	5 min
Approval of Minutes	5 min
Purpose of Today's Meeting	5 min
Recap of 4/11/18 Meeting	5 min
Steering Committee Update	5 min
Public Scorecard Update	90 min
Next steps and Adjournment	5 min

OHS CONNECTICUT Office of Health Strategy
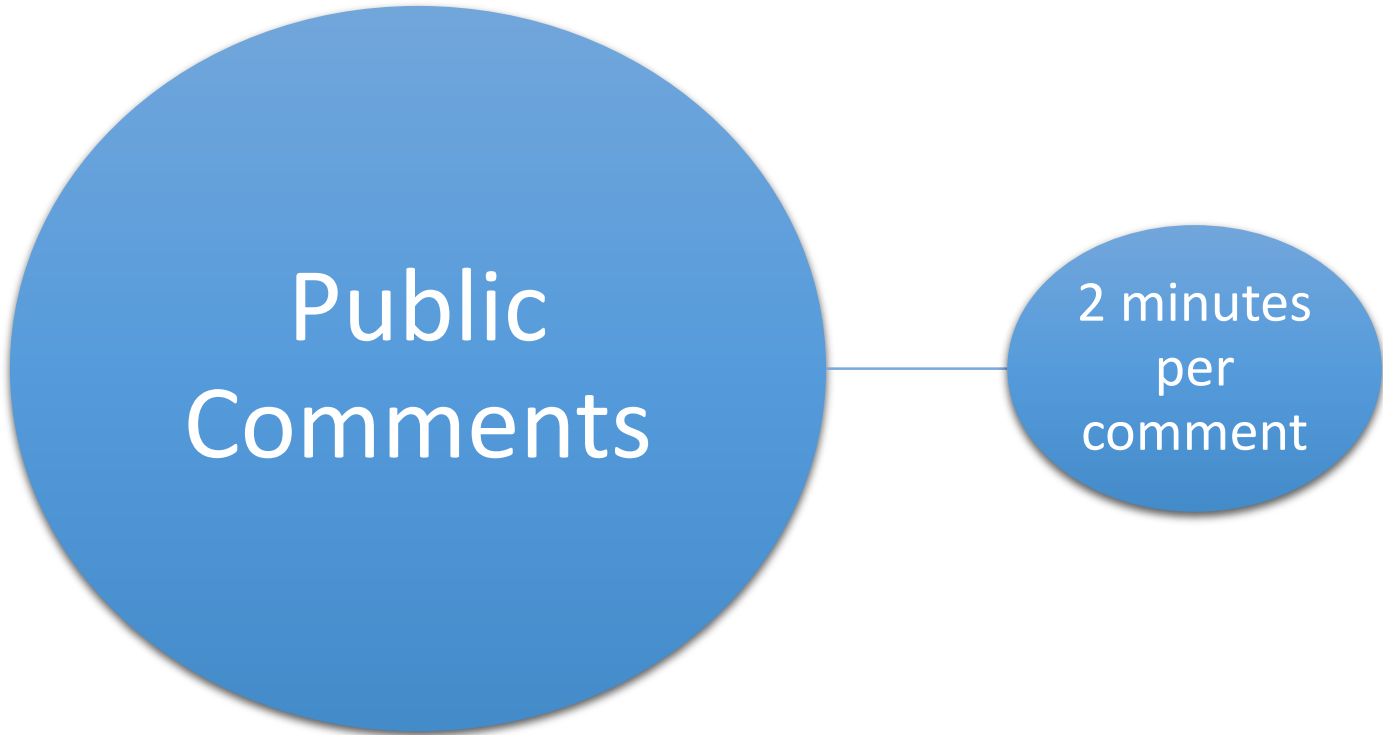
Approval of the Minutes

Purpose of Today's Meeting

OHS CONNECTICUT
Office *of* Health Strategy

Recap from 4/11/18 Meeting

Recap and Follow Up from 4/11/18 Meeting

- **<u>Yale Health Equity Project:</u>**
  - Provide a brief update on the Health Equity Measures Project
  - Described process of selecting the most appropriate methodology for a disparity measure
  - Solicited feedback from the Quality Council about final measure selection and methodologic decisions

- **<u>Public Scorecard:</u>**
  - Addressed Risk Adjustment and Benchmarking
  - Established a workgroup to review the user interface

Steering Committee Update

Steering Committee Quality Council Update

- Provided status of alignment

- Reviewed options for promoting and increasing alignment

Public Scorecard Update

Agenda: Online Healthcare Scorecard

Status Update

Organization Definitions

Benchmarks

Rating

Risk Adjustment

Next Steps

- Continued development of user interface

  – Scheduling request out to Council subgroup

- Continued work with APCD commercial claims data

  – Medicare data and remaining commercial claims from APCD expected soon

- Public comment documents prepared for review

  – Detail scorecard project and methods to provide transparency

  – Three separate documents planned for ease of review:

    ► Description and purpose - complete

    ► Attribution - complete

    ► Benchmarks, rating and risk adjustment - pending Quality Council discussion

- Process

  – Quality Council reviews drafts

  – Approved documents posted for public comment- 3 week review period

  – Comments addressed and documents (methods) adjusted if appropriate

  – Finalized versions document the scorecard methods for scorecard development, transparency to the healthcare community and wider public, and for reporting to CCMI

Entity Definition

- Attribution to Organizations

  – Billing NPIs will be used to link claims to FQHCs and ANs

  – UConn Health has identified billing NPIs for each of the FQHCs and ANs

  – List will be finalized by each organization

- Previous decision regarding changes in organizations:
  – Use cut-off date organization as it existed during the measurement year

  – Cut-off date is 12/31/17

## **Challenge**: operationalizing the definition of the Adv. Network

- Emerging from our discussions with PMO this week:
  - ➢ Define network in terms of how they present themselves to the public = "branding"

- Several decisions needed to do this

- Note that we need to focus is on where E&M codes would be generated within an entity

| Advanced Networks: Highest Organizational Level	
Community Medical Group	Soundview Medical Associates
Day Kimball Healthcare	St. Vincent's Medical Center
Griffin Health	Stamford Health
Fairfield Pediatric Healthcare Associates	Starling Physicians
Hartford Health Care	Trinity
Medical Professional Services	Western Connecticut Health Network
Middlesex Hospital	Westmed Medical Group
ProHealth Physicians	Yale Medicine
Prospect Medical	Yale New Haven Medical Group
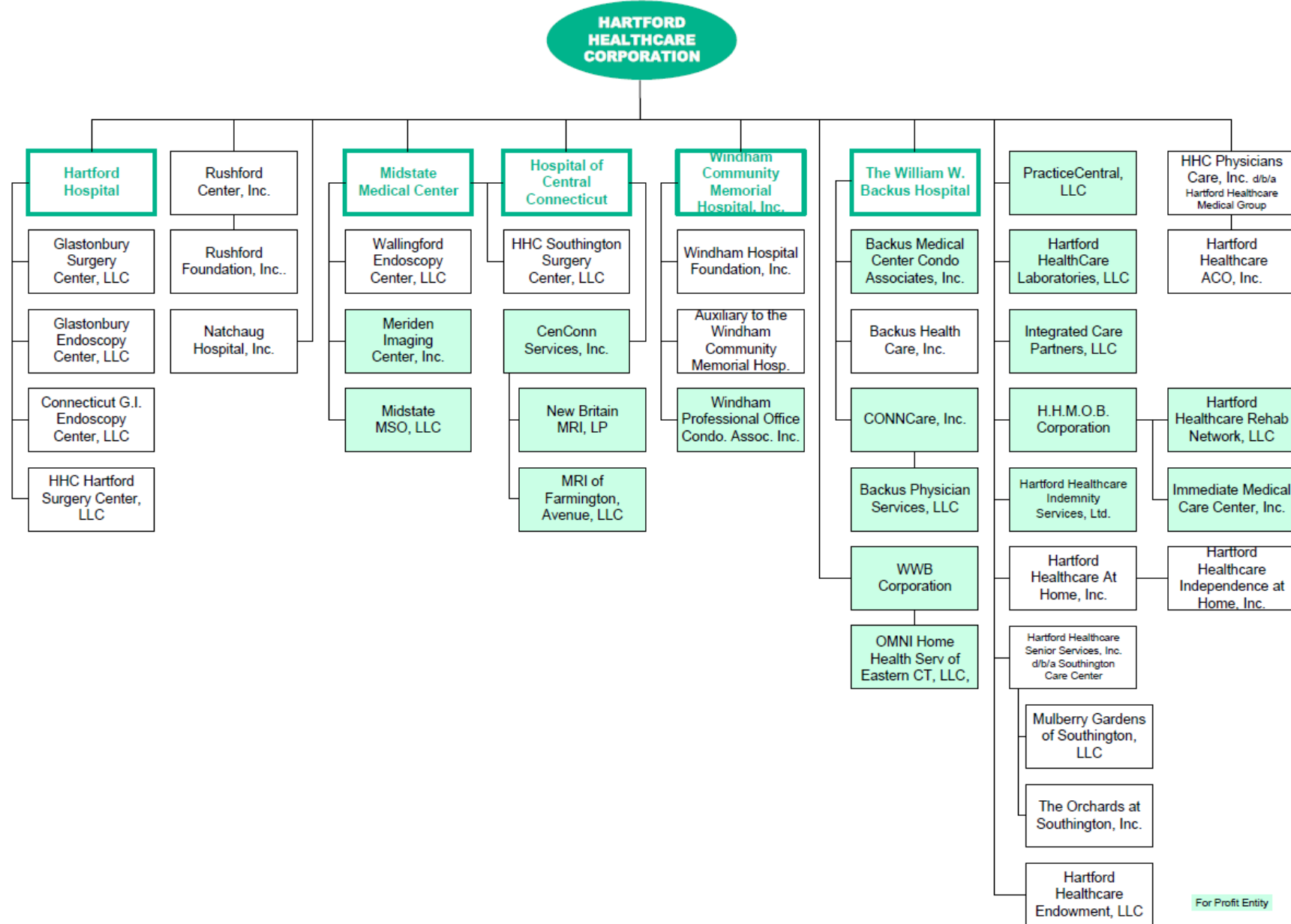
Hartford HealthCare:

- ICP is where outpatient care organized within HHC

- 2/3 of ICP physicians are in freestanding practices with no HHC branding
  - No way to determine who is in ICP without HHC giving us the billing NPIs – ICP has no NPI

- Hartford Healthcare Medical Group is a more branded entity, but contains only a subset of physicians under HHC network contracts

- Decision: what is included under HHC umbrella?
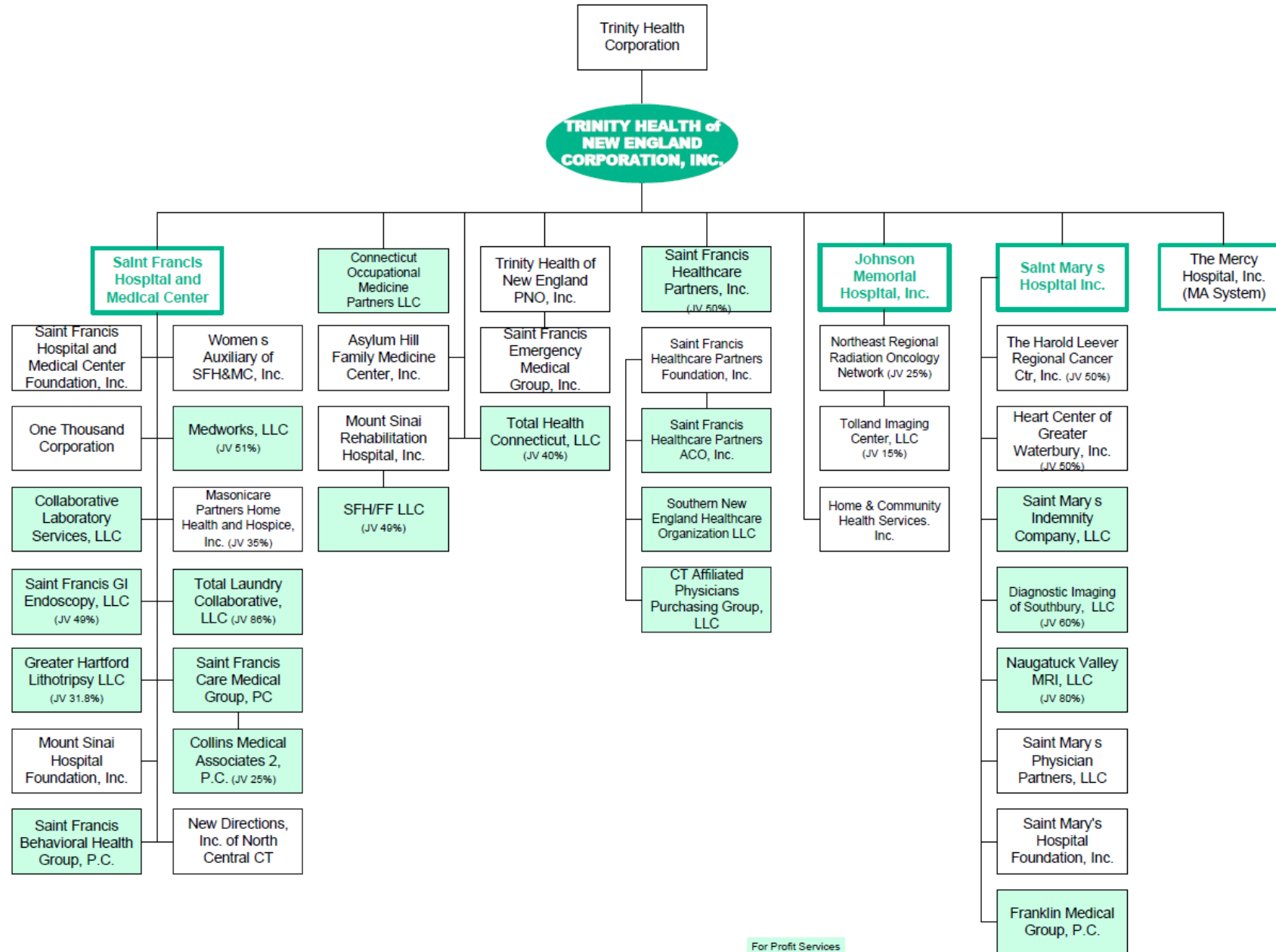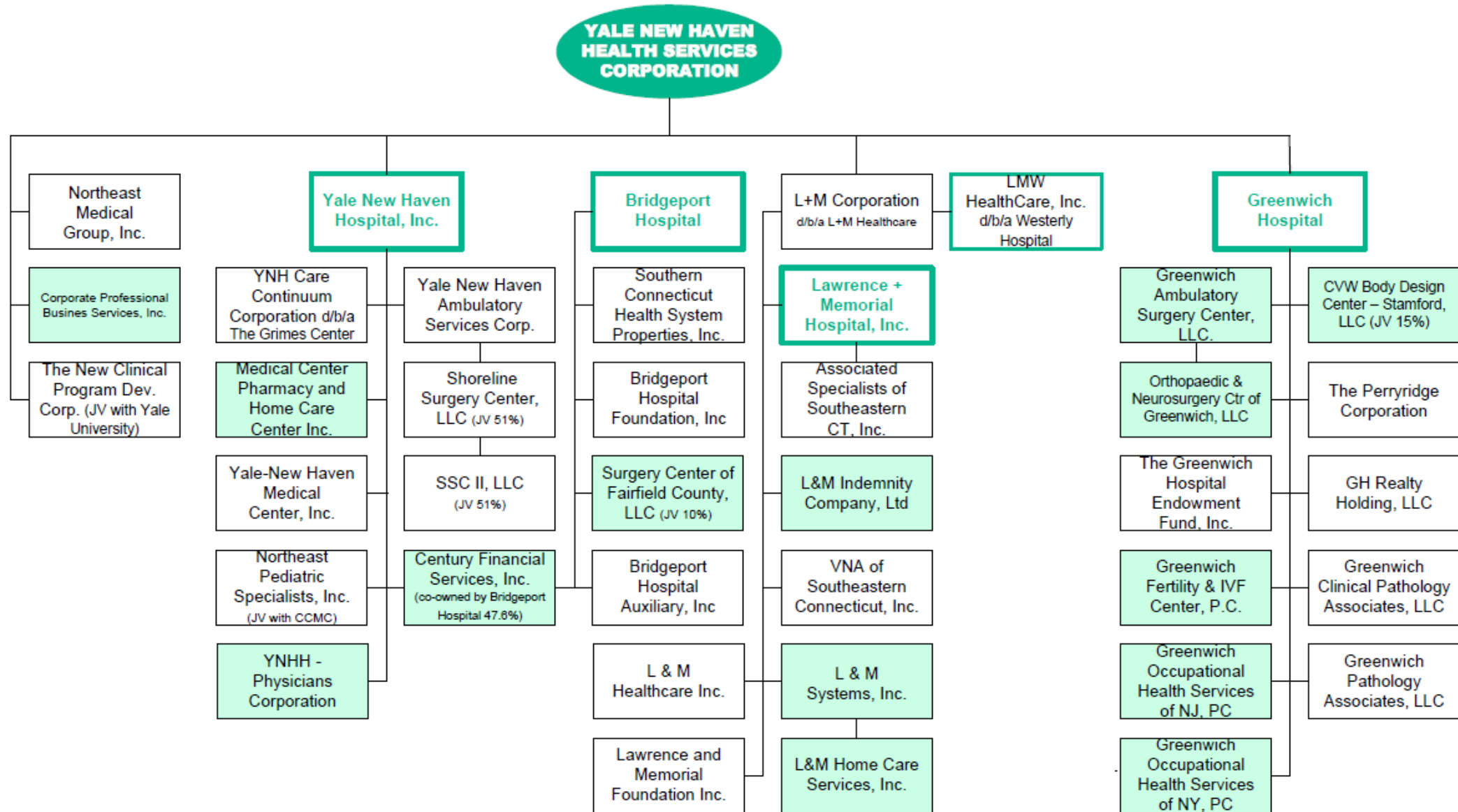
Trinity:

- Two distinct brands
  - ➢ St. Mary's
  - ➢ St. Francis

  Johnson Memorial absorbed – only hospital based specialists remain

- Problem: plan to become one brand under Trinity New England
  - – Hired new CEO, each hospital now has only a president
  - – So, current snapshot of 2 brands may not exist next year at this time
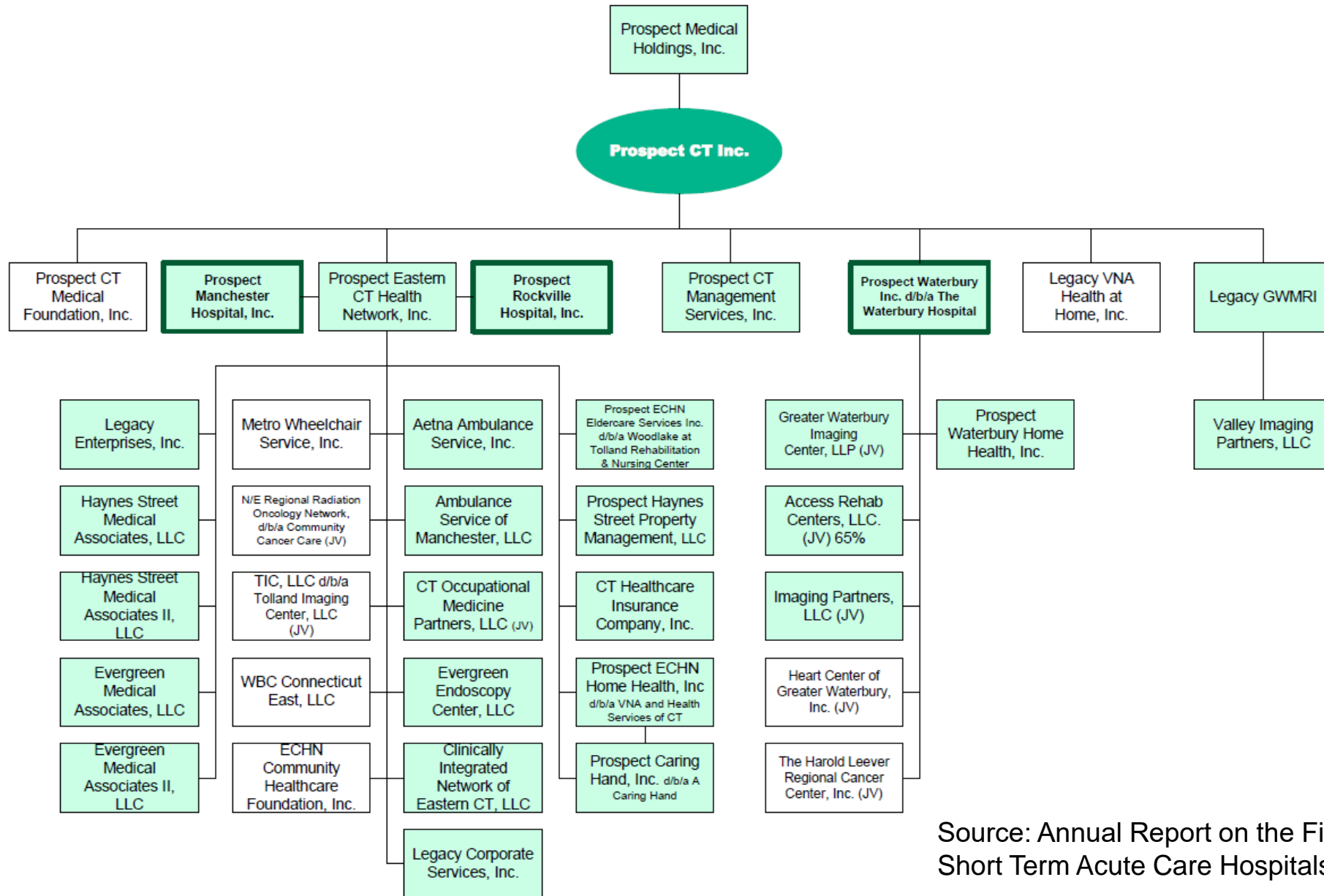
- Decision: continue with 2 entities?

Yale New Haven Health:

- Northeast Medical Group/Yale New Haven Hospital/Lawrence & Memorial all one entity

- Yale Medicine distinct entity
    - Has shared savings contracts with at least one insurer
    - Large (337 internal medicine physicians)

- Decision: rate both Yale New Haven Health System and Yale Medicine?

Source: Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2016

Prospect CT:

- We have historically considered as one entity, but branded as two:
  - ➢ Alliance Medical Group/Waterbury
  - ➢ Eastern CT Health Network/Prospect Medical

- Concern: sampling for CAHPS measures included Prospect as single entity

- Decision: split Prospect into 2 entities?

Benchmarks

- ## **Performance levels against which organizations will be compared**
    - Comparative benchmarking is most common and available for CT scorecard
    - Will be utilized in scoring

- ## **Comparative group options**
    1. **National:**
        - Two sources exist (NCQA and Medicaid Core Set)
            - ➢ Neither provides benchmarks for all measures
        - Separate benchmarks exist for Medicare, Medicaid, commercial PPO, and commercial HMO
            - ➢ No combined commercial benchmark
            - ➢ No separate benchmarks for FQHCs versus ANs.
        - Used by many other states, facilitates comparison
    2. **State:**
        - Would need to calculate
        - Provides more control over comparison groups (insurance and/or entity type)
    3. **Rated Entities:**
        - Similar to above but more sensitive to high and low performers

Proposal

- Benchmarks for scoring

  – presented on default view

    ➢ State comparison level by payer type

- Benchmarks for additional comparisons

  – presented on advanced view

    ➢ National and rated entity level

Discussion?

Rating

- **Performance scored against benchmark**
  - By payer type (commercial, Medicare, Medicaid)
  - At measure level
  - Present:
    - Score (i.e. 51.4% of women receive mammograms)
    - Rating (below average, average, above average) - categories determined statistically

Single Organization- All Measures

Results Table | Results Graph

⚙ Benchmark Comparison Options ▾

Search Table

Show [All ▾] entries

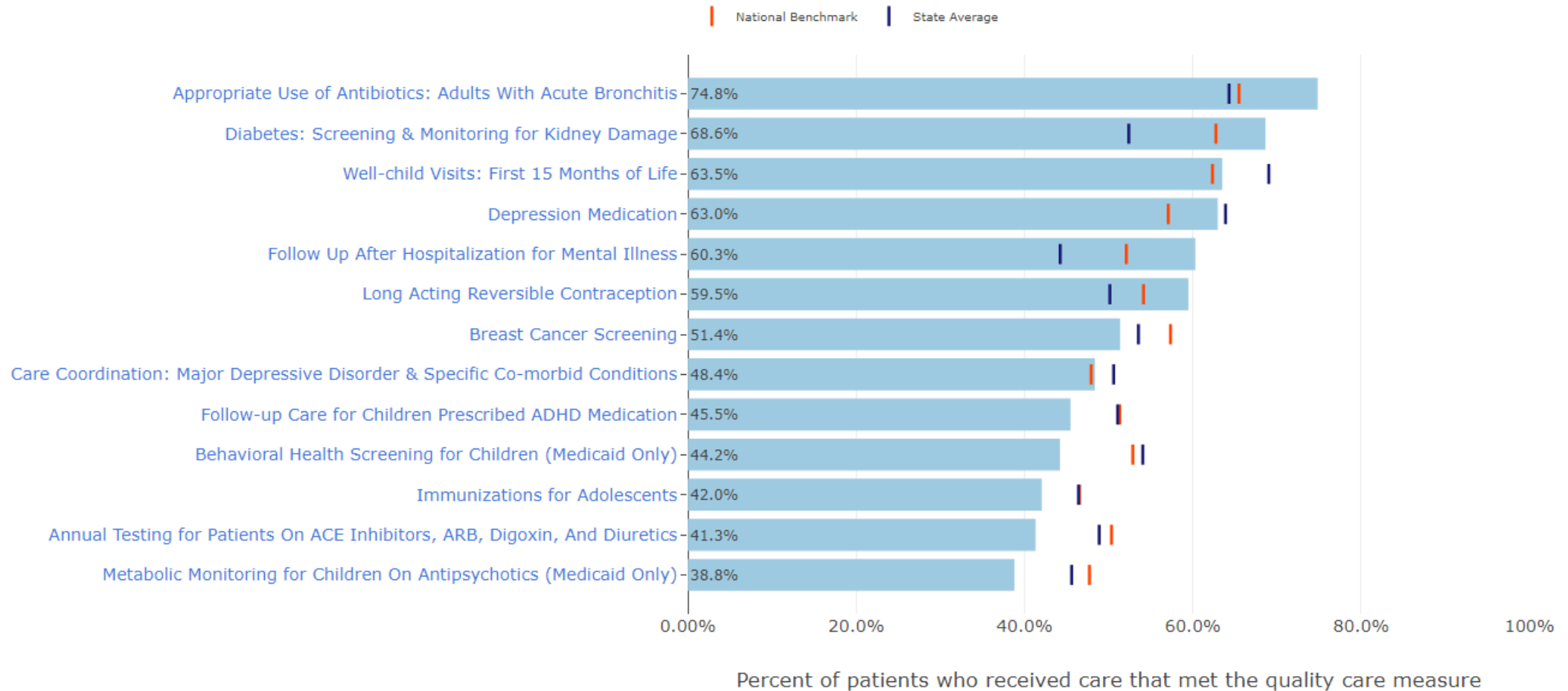| Type of Care	Quality Care Rating ❓	Score ❓
30 Day Readmissions	🟠 Average	39.8%
Annual Testing for Patients On ACE Inhibitors, ARB, Digoxin, And Diuretics	🔺 Above average	61.4%
Appropriate Use of Antibiotics: Adults With Acute Bronchitis	🔺 Above average	83.0%
Appropriate Use of Antibiotics: Children With Upper Respiratory Infections	🟠 Average	57.9%
Appropriate Use of X-ray, MRI And CT Scan for Low Back Pain	🟠 Average	62.7%
Asthma Medication	🔺 Above average	66.5%
Behavioral Health Screening for Children (Medicaid Only)	🔺 Above average	70.8%
Breast Cancer Screening	🟠 Average	54.4%
Care Coordination: Major Depressive Disorder & Specific Co-morbid Conditions	🔻 Below average	33.3%
Cervical Cancer Screening	🔺 Above average	75.5%

Single Organization- All Measures

Percent of patients who received care that met the quality care measure

35

Diabetes: Screening & Monitoring for Kidney Damage

– Summary page for each healthcare organization

► Number of measures below, average, above average and not rated

Quality Council Feedback?

Risk Adjustment

- Continue measure construction

- Begin engagement with rated entities

- Continue user interface development
  - Work with presentation subgroup