



CONNECTICUT
Office of Health Strategy

SIM Quality Council

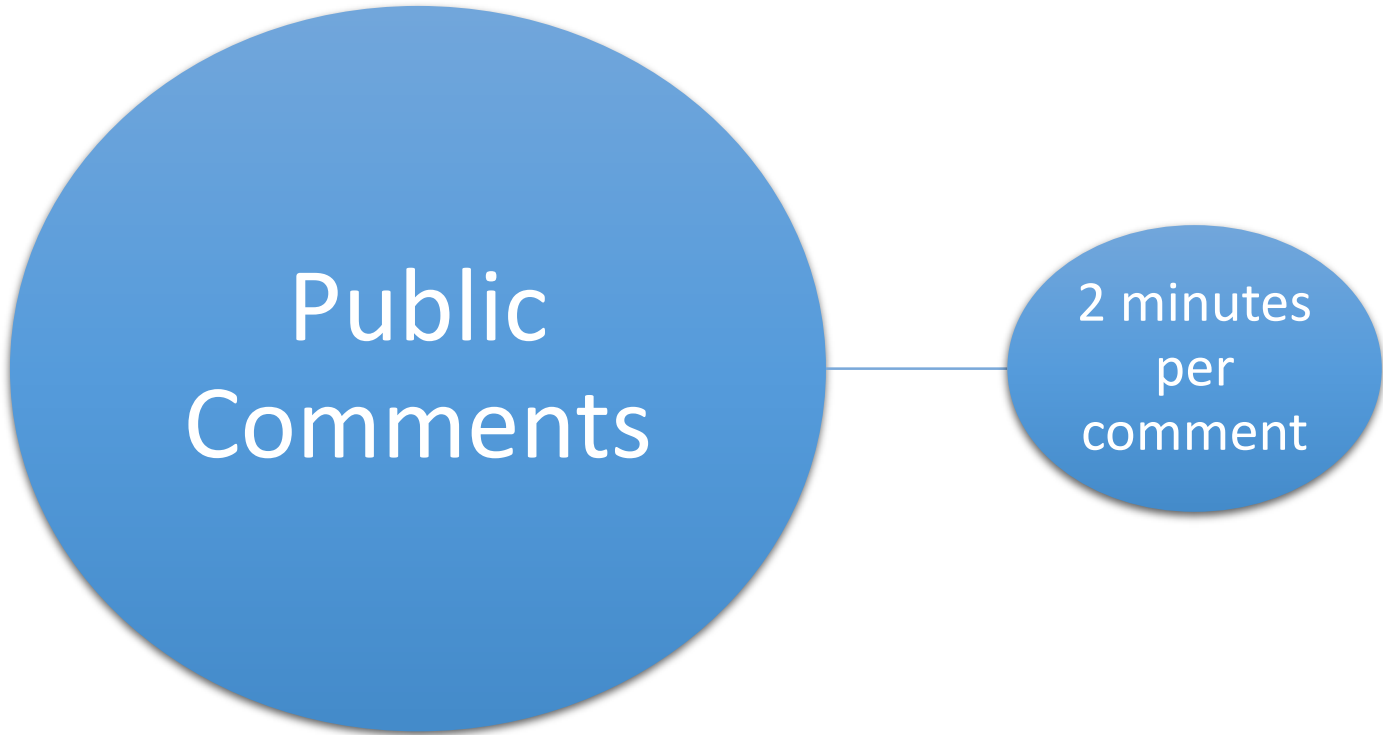
March 20, 2019



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Meeting Agenda

Item	Allotted Time
Introductions/Call to Order	5 min
Public Comment	5 min
Meeting Summary Approval	5 min
Purpose of Today's Meeting	5 min
Public Scorecard	75 min
Next steps and Adjournment	5 min



Meeting Summary

Purpose of Today's Meeting

Public Scorecard

Agenda: Online Healthcare Scorecard

Status Update

Result Review and Validation

Attribution Results

Minimum Sample Size

Rating Categories

Next Steps

Status Update

Status Update: Timeline (1 of 7)

	February 2019				March 2019				April 2019			
	4-8	11-15	18-22	25-1	4-8	11-15	18-22	25-29	1-5	8-12	15-19	22-26
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
UConn Health Analysis and Website												
Receive corrected 2017 data	X											
Clean and process corrected data												
Attribution code review												
Attribution result validation												
Validation of initial measures												
Adjustments and run initial measures on corrected 2017 data				X								
Entity results calculated					X							
Technical documentation completed and uploaded												
Finalize website functionality and presentation												
Results loaded into website											X	
Quality Council Responsibilities												
Provider list finalization: Provider Overlap Decision		X										
Provider list finalization: Provider Tie Decision		X										
Select benchmark		X										
Measures and Methods subgroup recommends rating category definitions						X						
Finalize rating category definitions							X					
Measures and methods subgroup recommends minimum sample size						X						
Finalize minimum sample size							X					
Design subgroup meetings			X	X								
Design subgroup final review and approval								X				
Determine and implement announcement publicity strategy							X	X	X	X	X	
Final review and signoff on final results and presentation										X	X	
Advanced Network Participation												
Review results												
Resolve result issues with UConn Health								X	X	X		
Publication of website with initial measures												

Status Update: Timeline (2 of 7)

	February 2019				March 2019				April 2019			
	4-8	11-15	18-22	25-1	4-8	11-15	18-22	25-29	1-5	8-12	15-19	22-26
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Measures and methods subgroup recommends minimum sample size						X						
Finalize minimum sample size							X					
Design subgroup meetings			X	X								
Design subgroup final review and approval								X				
Determine and implement announcement publicity strategy							X	X	X	X	X	
Final review and signoff on final results and presentation										X	X	
Advanced Network Participation												
Review results												
Resolve result issues with UConn Health								X	X	X		
Publication of website with initial measures												

Status Update (3 of 7)

- Continued website development
 - Held design subgroup meetings on Feb 22 and 27
 - Selected color-blind friendly rating color scheme
 - Discussed ease of navigation, visual appeal, usefulness of data presentation, customization options and explanations
- Scheduled integration of minor content and design edits based on feedback
- Basic website content, design and functionality ready for results

Status Update (4 of 7)

- Continued work with APCD commercial claims data
 - Commercial data received and being processed
 - Medicare and Medicaid expected in Spring 2019
 - Application for Medicaid data submitted in mid February
- Measures and attribution are ready to run (2 exceptions)
- Delay in data preparation exists (very time consuming step)- about 1 week
 - Corrected data set delivered 2/12 (5 day delay)
 - Contract delay cause stop of work (8 day delay)

Status Update (5 of 7)

Measure	Results Status*
Breast cancer screening	Complete
DM: HbA1c Testing	Complete
Cervical cancer screening	Complete
Anti-Depressant Medication Management	Complete
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Complete
Medication management for people w/ asthma	Complete
Avoidance of antibiotic treatment in adults with acute bronchitis	Complete
Follow up after hospitalization for mental illness, 7 and 30 days	Complete
Immunizations for Adolescents	Coding (issue with look back period)
Non-recommended Cervical Cancer Screening in Adolescent Female	Complete
Follow-up care for children prescribed ADHD medication	Validation
DM: medical attention for nephropathy	Validation
DM: Eye exam	Validation
Plan all-cause readmission	Coding
Chlamydia screening in women	Validation
Adolescent well-care visits	Validation
Annual monitoring for persistent medications (roll-up)	Validation
Use of imaging studies for low back pain	Coding
Adult major depressive disorder: Coordination of care of patients with specific co-morbid conds.	Coding (needs alt. numerator codes)
Long acting reversible contraceptive	Validation

*2016 Results. Final completion dependent upon receipt and processing of 2017 claims data

Status Update (6 of 7)

- Issue with Immunizations for Adolescents identified
 - Date masking prevents identification of look back period
 - Will be reaching out to the measures and methods subgroup
 - Propose to substitute Chlamydia screening measure on first scorecard publication

Status Update (7 of 7)

- Began engagement with FQHCs
 - Have provider lists from all FQHCs
 - Introductory webinar will be held in late March
- Next step with Advanced Networks is result review

Result Review and Validation

Data Cleaning, Validation, and Result Review (1 of 2)

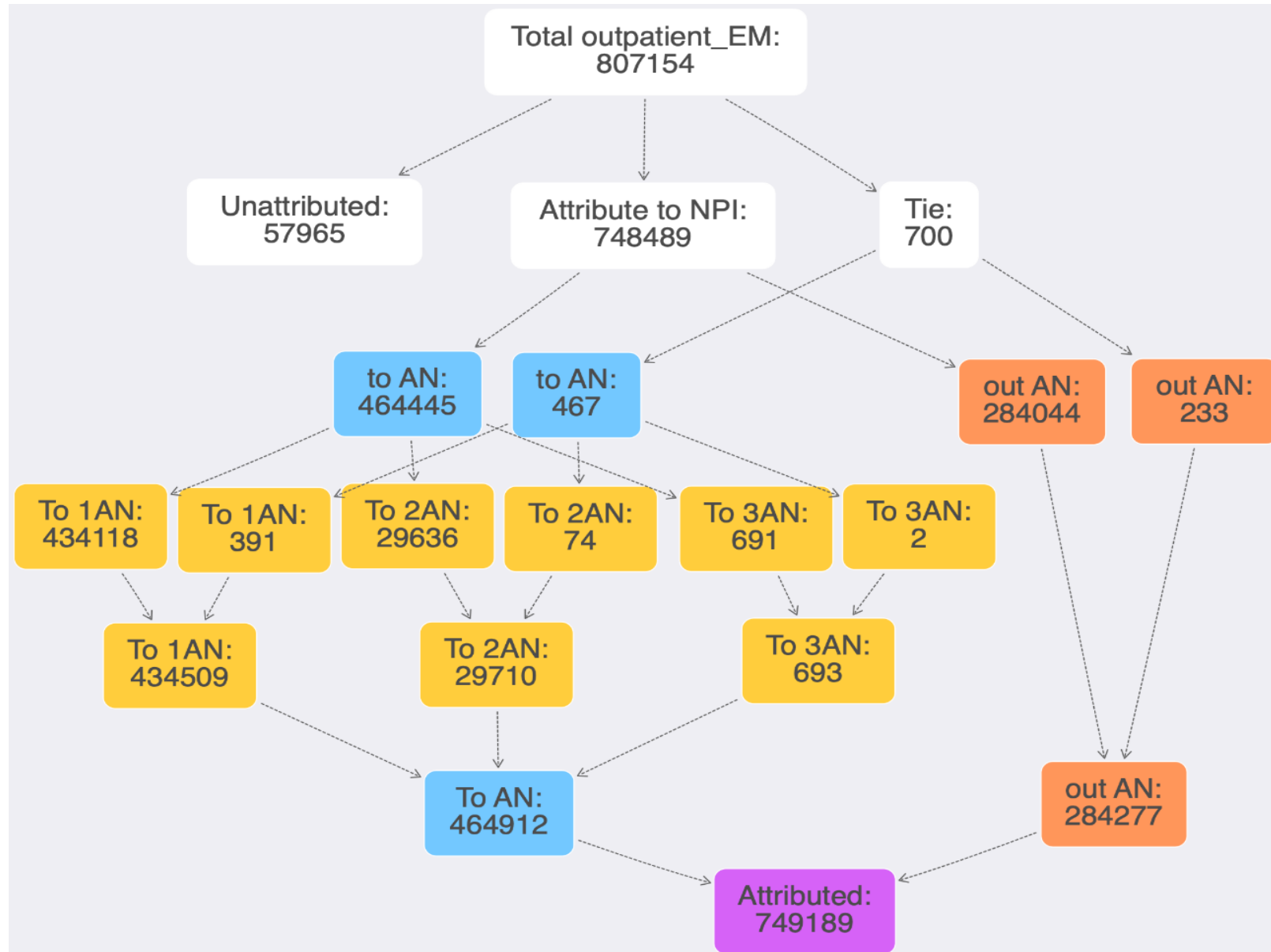
- Data cleaning and validation driven by source data type:
 - Some states received data directly from medical groups
 - Do field audits (MN, WI, CA patient advocate)
 - WA and ME are APCD based and have a two step data cleaning and validation process
 1. Done by associated APCD
 2. “Desk audit” by scorecard staff
 3. WA adds additional step of reviewing results with rated entities
 - HealthQualityCT has a process that mirrors the WA state approach organizations

Data Cleaning, Validation, and Result Review (2 of 2)

- Data preview period will be given to the rated organizations
 - Only some other state scorecards have this review period (MN, WI, WA)
 - Provide review periods from 1 to 4 weeks
 - Discrepancies are resolved by all parties
- Review of CT process
 - Target date for distribution of initial results to each organization: March 25
 - Two week review period for organizations followed by 2 weeks for discussion and issue resolution with UConn Health
 - At end of discussion period results are considered final and will be published following approval by QC

Attribution Results

Attribution (1 of 2)



Attribution (2 of 2)

Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	Ob/Gyn	Total
Comm. Medical Group	76,516	4,653	39	3,197	724	85,129
Day Kimball	6,801	932	0	195	91	8,019
Eastern CT Health Network	19,583	0	0	884	833	21,300
Griffin	5,224	519	0	311	203	6,257
Hartford HealthCare	60,849	7,495	25	5,829	1,343	75,541
Middlesex	7,539	1,591	0	996	0	10,126
ProHealth	60,926	12,801	0	9,634	0	83,361
Saint Francis	24,780	3,637	0	471	1,481	30,369
St. Mary	14,676	941	0	738	1,258	17,613
Soundview	4,989	369	0	80	0	5,438
Stamford Health	14,115	0	0	0	660	14,775
Starling	13,853	2,090	0	445	672	17,060
St. Vincent	8,540	890	0	331	0	9,761
Waterbury	22,968	0	0	0	1,232	24,200
Western CT Health Network	35,284	0	0	0	0	35,284
West Med	3,583	41	0	53	664	4,341
Yale Medicine	2,961	604	0	398	955	4,918
Yale New Haven	35,352	4,637	0	1,982	0	41,971
Non Attributed	184,979	48,546	230	31,791	18,498	284,044

Minimum Sample Size

Minimum Sample Size (1 of 4)

- Minimum sample size (denominator) needed for measure publication
- Claims based measures
 - Some other scorecards use a minimum of 25 per organization (CA Health Compare) others do not provide a threshold
 - Industry standards vary dramatically
 - Physician compare: 20
 - HEDIS measures (NCQA): 411 (plan differences)
 - HEDIS general guidelines for 2018 measure specifications: 30
 - National Inpatient Quality: requires reporting on as few as 6 cases quarterly

Minimum Sample Size (2 of 4)

- Recommendation: Use guideline from HEDIS specs of 30
 - We will distribute number of commercial patients in denominator for each entity for each measure after completion of measure calculation

Minimum Sample Size (3 of 4)

- Care experience measures
 - AHRQ recommendations
 - Provider: 50 provider
 - Clinics: 100-300 depending on # providers
 - Multisite group: 300
 - Not all scorecards have care experience or publish their minimums
 - Washington: 100
 - Michigan: not published, lowest n published= 43

Minimum Sample Size (4 of 4)

- Dr. Paul Cleary (Yale) advised that there is no strict standard
 - Depends on size of overall sample
 - Advises 50 for the CT scorecard
- Impact:
 - Organizations will either have all 4 CAHPS measures published or none
 - 6 of 18 organizations will not have CAHPS results published

Rating Categories

Rating Categories (1 of 10)

Review

- Earlier decision: Organizations will be placed in one of three categories for each measure
 - Below Average
 - Average
 - Above Average
- Criteria for categories need to be decided
- We would propose revisiting the number of categories

Rating Categories (2 of 10)

- Other states have varied strategies
 - Some provide no rating but display organization scores and benchmark(s) side by side (ME, WI).
 - WI also provides a rank (i.e. #18 of 27)
 - Others calculate confidence intervals and place organizations into one of 3-5 categories compared to state performance (MN, WA)
 - For example, WA rates organizations as
 - Better= rate and confidence interval are above the state average
 - Average= rate and confidence interval are equivalent to the state average
 - Worse= rate and confidence interval are below the state average

Rating Categories (3 of 10)

- One placed divided performance into 5 categories based on percentage categories (CA patient Advocate)
 - Rated each organization relative to performance of others:
 - Excellent = comparable to top 90% of scores for all groups
 - Very Good =comparable to scores between 65% and 89% of all groups
 - Good =comparable to scores between 35% and 64% of all groups
 - Fair =comparable to scores between 10% and 34% of all groups
 - Poor =comparable to scores below the bottom 10% of all groups
 - Note: “comparable” not defined

Rating Categories (4 of 10)

Three Options for CT Scorecard

1. Make categories based on substantive deviation from the state average
 - E.g. A score within 3 percentage points of state average is average.
2. Divide organization scores into tertiles
 - i.e. 33% of scores are below average, 33% are average and 33 % are above average
3. Calculate the confidence interval around the state average for each measure and designate organizations falling outside that interval as above and below average.
 - i.e. Those organizations that are statistically different from the state average will be either above or below average.

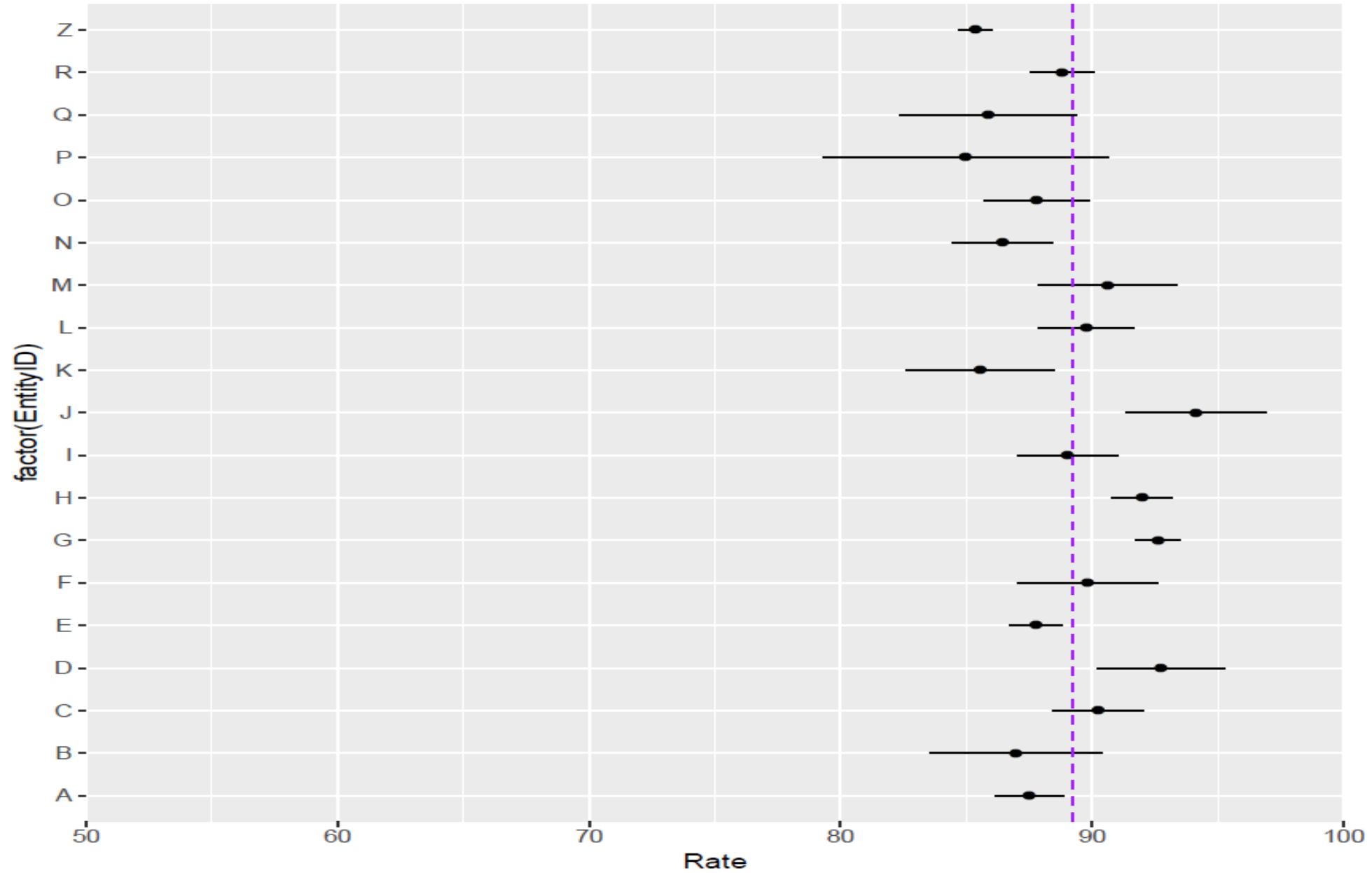
Rating Categories (5 of 10)

Options	Pros	Cons
Option 1: Substantive deviation	<ul style="list-style-type: none">• Very straightforward approach• Range linked to state average and not other organizations	<ul style="list-style-type: none">• Range for determining average is arbitrary• Range within which scores are considered average may need to change from measure to measure
Option 2: Tertiles	<ul style="list-style-type: none">• Similar approach to some other scorecards	<ul style="list-style-type: none">• Forces a third of the organizations into below average and a third above average• Can separate organizations into different rating categories despite virtually identical scores
Option 3: Statistical deviation	<ul style="list-style-type: none">• Lets data determine the ratings• Rating is linked to state average and not driven by other entities.	<ul style="list-style-type: none">• A little more difficult for lay audience to understand

Comprehensive Diabetes Care: Hemoglobin A1c Testing (6 of 10)

EntityID	Rate (%)	Tertile	Substantive (overall rate)	Standard deviation
A	87.49	Below avg	five star	two star
B	86.96	Below avg	five star	two star
C	90.24	Above avg	five star	three star
D	92.73	Above avg	five star	five star
E	87.76	Average	five star	three star
F	89.82	Average	five star	three star
G	92.63	Above avg	five star	five star
H	91.99	Above avg	five star	five star
I	89.02	Average	five star	three star
J	94.12	Above avg	five star	five star
K	85.56	Below avg	five star	one star
L	89.77	Average	five star	three star
M	90.62	Above avg	five star	four star
N	86.43	Below avg	five star	two star
O	87.8	Average	five star	three star
P	84.97	Below avg	five star	one star
Q	85.87	Below avg	five star	one star
R	88.81	Average	five star	three star
Non-AN	85.36			
Non-Attributed	12.82			

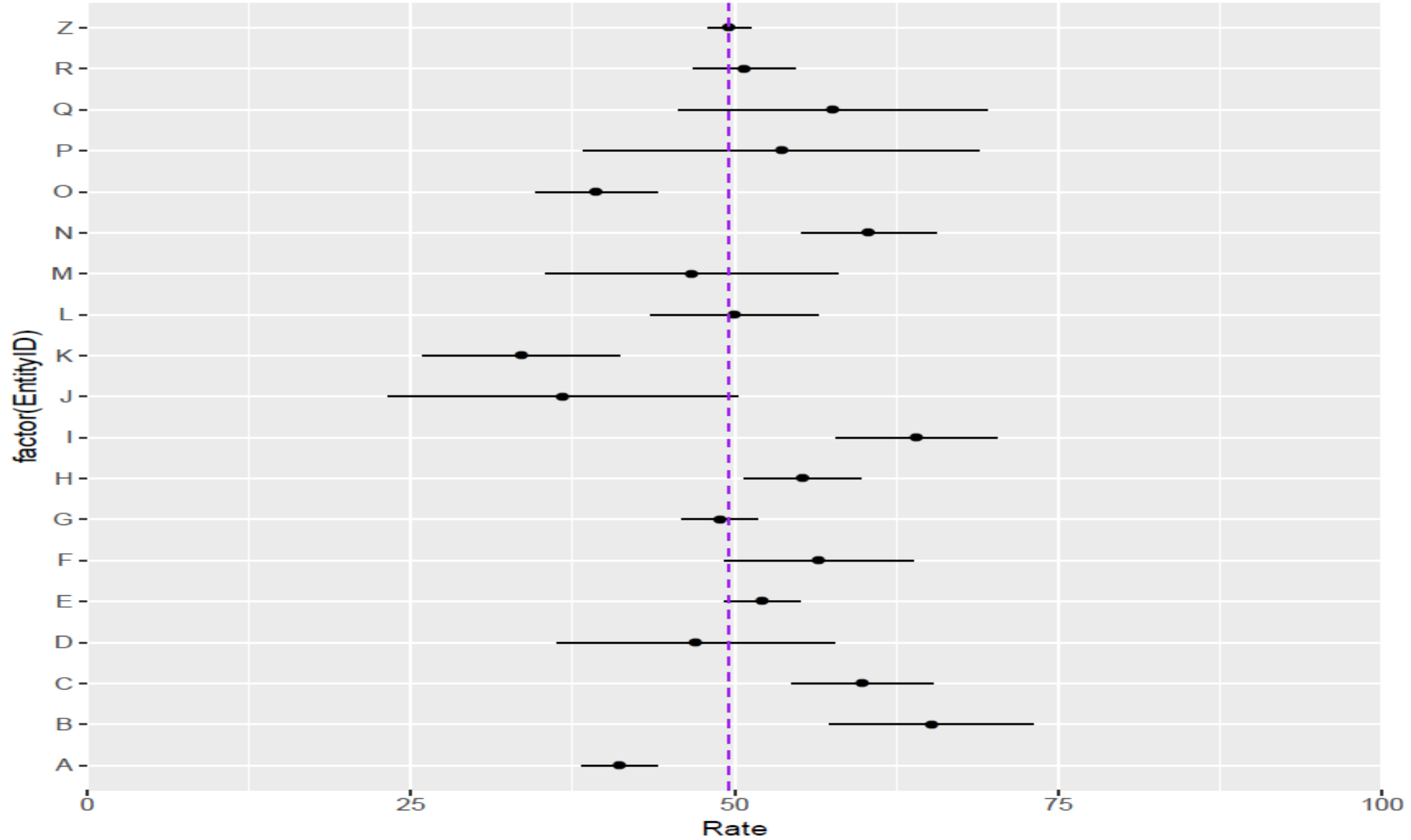
Rating Categories (7 of 10)



Medication management for people with Asthma (8 of 10)

EntityID	Rate (%)	Tertile	Substantive (overall rate)	Standard deviation
A	41.13	Below avg	two star	one star
B	65.25	Above avg	five star	five star
C	59.87	Above avg	five star	four star
D	46.99	Below avg	three star	three star
E	52.13	Average	four star	three star
F	56.5	Above avg	four star	four star
G	48.87	Average	three star	three star
H	55.27	Average	four star	three star
I	64.07	Above avg	five star	five star
J	36.73	Below avg	one star	one star
K	33.56	Below avg	one star	one star
L	50	Average	three star	three star
M	46.67	Below avg	three star	three star
N	60.35	Above avg	five star	five star
O	39.32	Below avg	two star	one star
P	53.66	Average	four star	three star
Q	57.58	Above avg	five star	four star
R	50.73	Average	three star	three star
Non-AN	49.58			
Non-Attributed	43.7			

Rating categories (9 of 10)



Rating categories (10 of 10)

One potential downside to any of these rating schemes:

- Organizations with very similar scores can fall into different rating categories

E.g. Any approach could lead an entity with 82.4% score to fall below average while 83.2% score is average.

- ❖ Proposed solution: Use five rating categories where small differences have less impact

Next steps

Next Steps (1 of 1)

- Quality Council to determine strategy for publicity and announcement of launch
- Continue to engage with Methods and Measures subgroup around final scoring decisions
- Preliminary results will be distributed to entities
- QC will review final results in the April meeting

Adjourn