



CONNECTICUT  
*Office of Health Strategy*

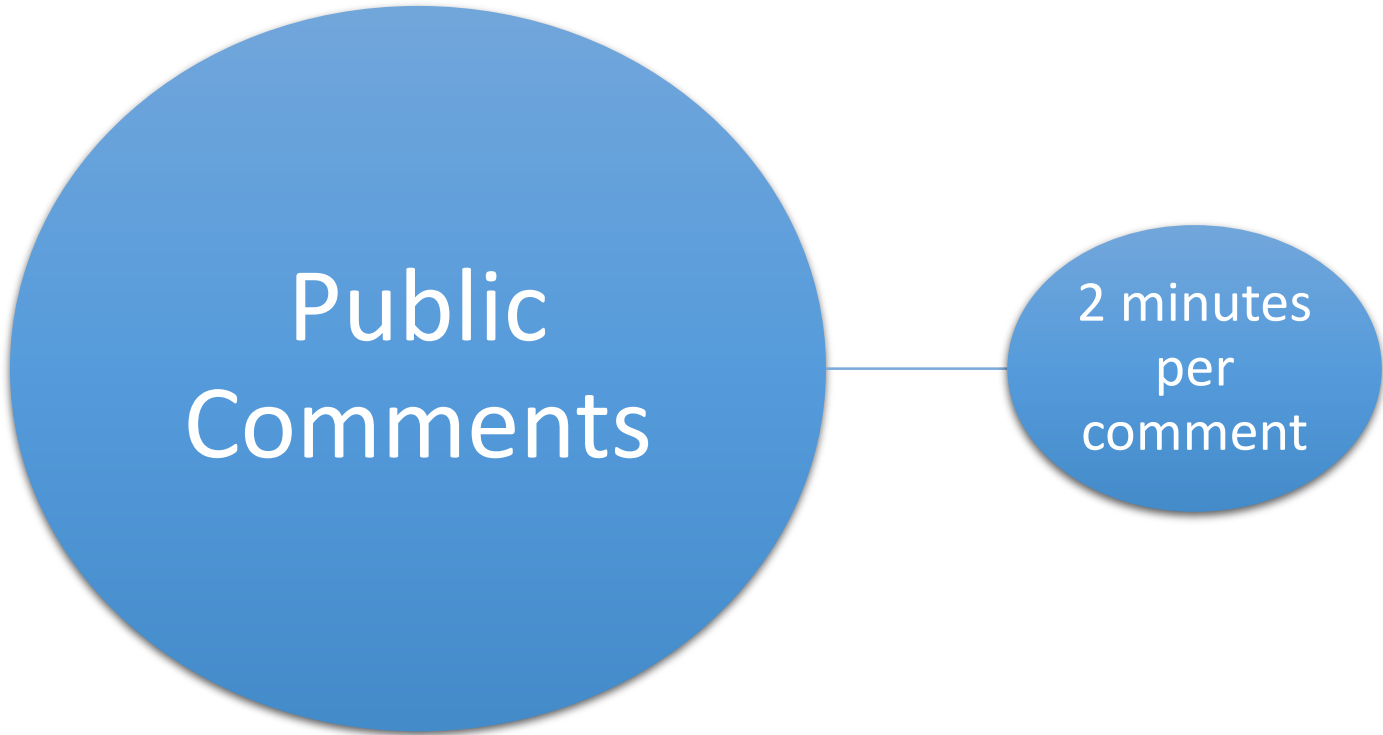
# SIM Quality Council

*May 15, 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

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**Status Update**



**Measure Issues**



**Medicare Pharmacy Data**



**Review Process with Organizations**



**Next Steps**

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Status Update



# Status Update (1 of 3)

	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
<b>UConn Health Analysis and Website</b>												
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	
<b>Quality Council Responsibilities</b>												
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	
<b>Advanced Network Participation</b>												
Review results												
Resolve result issues with UConn Health								X	X	X		
<b>Publication of website with initial measures</b>												

## Status Update (2 of 3)

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- Website and results are ready for upload and publication
  - Organization results review process complete for first commercial measure set
- Analysis of second set of commercial measures underway

# Status Update (3 of 3)

Measure	Results Status
Immunizations for Adolescents	<b>Coding (issue with look back period)</b>
Follow-up care for children prescribed ADHD medication	<b>Validation</b>
DM: medical attention for nephropathy	<b>Validation</b>
DM: Eye exam	<b>Validation</b>
Plan all-cause readmission	<b>Coding</b>
Chlamydia screening in women	<b>Complete</b>
Adolescent well-care visits	<b>Validation</b>
Annual monitoring for persistent medications (roll-up)	<b>Coding</b>
Use of imaging studies for low back pain	<b>Coding</b>
Adult major depressive disorder: Coordination of care of patients with specific co-morbid conditions	<b>Coding (Issue with G-Codes)</b>
Long acting reversible contraceptive	<b>Validation</b>
Follow up after hospitalization for mental illness	<b>Complete</b>

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# Measure Issues

# Measure Issues (1 of 3)

- Requested input from Methods and Measures subgroup on Immunization for Adolescents measure
  - Date masking prevents identification of specified look back period
  - Proposed to use calendar year and extend look back period by 1 year
    - Will prevent missing immunizations in some individuals
    - Might add immunizations to numerator that occurred before the measurement period
  - ❖ No objections to our proposed modification have been voiced- will code measure with modifications

## Measure Issues (2 of 3)

- Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Co-morbid Conditions
  - Numerator uses G-codes (G8959, G9232, G8960) which code for communication between providers about patients with MDD
  - Frequency of these G-codes for people 18 years or older in FY2017
    - 42 instances of G8959, G9232, or G8960
  - Statewide denominator is 17,138 patients (adult, with MDD and a qualifying co-morbid condition)
  - Communicated with APCD, does not appear to be an error, but is a reflection of actual frequencies

# Measure Issues (3 of 3)

## ❖ Recommend:

- Dropping for first commercial scorecard as numbers are insufficient
  - Quality Council explore reasons why the G-code frequencies are low
  - Revisit with Medicare and Medicaid data and future commercial scorecard publications
- Other behavioral health measures on commercial scorecard:
- Anti-depressant medication management
  - Follow-up after hospitalization for mental illness
  - Initiation and engagement of alcohol and other drug dependence treatment
  - Follow-up care for children prescribed ADHD medication

**DISCUSSION?**

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# Medicare Pharmacy Data



# Medicare Data and Measures (1 of 4)

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- 2016 Medicare prescription data soon available
  - 2017 data will be at least one year
  - Time lag will affect this and all subsequent scorecard publications
  - Impacts 6 of 11 Medicare scorecard measures

# Medicare Data and Measures (2 of 4)

Measure	NQF#	Rx component
PCMH_CAHPS (4)	0005	
Breast cancer screening	2372	
Follow up after hospitalization for mental illness, 7 & 30 days	0576	
Plan all-cause readmission	1768	
<i>Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions</i>	PQRS 325	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	✓
DM: HbA1c Testing	0057	✓
Anti-Depressant Medication Management	0105	✓
Annual monitoring for persistent medications (roll-up)	2371	✓
DM: Eye exam	0055	✓
DM: medical attention for nephropathy	0062	✓

# Medicare Data and Measures (3 of 4)

- Options

1. Publish Medicare 2016 scores

- Pros: Complete data will be available soon
- Cons: Results will be 3 years old

Changing ACO landscape

2. Publish only measures that don't need prescription data

- Pros: Data more up to date, no issues with alignment (organizations, measures and years same as Commercial and Medicaid)
- Cons: very limited scorecard in first publication

# Medicare Data and Measures (4 of 4)

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3. Use publically available MSSP reported results
  - Pros: 2017 results currently available
  - Cons: very poor alignment of measures and entities

Discussion?

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# Review Process with Organizations

# HealthCare Quality CT Initial Quality Profile - Commercial Payers

Organizational Characteristics			Quality Scores				
Group	Characteristic	Total	Measure	CT Rate <sup>1</sup>	Your Rate <sup>2</sup>	Your Star Rating <sup>3</sup>	# Pts in Denominator <sup>4</sup>
Providers	<b>Total Providers</b>		Anti-Depressant Medication Management at 12 weeks				
	Nurse Practitioners		Anti-Depressant Medication Management at 6 months				
	Physician Assistants		Avoidance of antibiotic treatment in adults with acute bronchitis				
	<b>Primary Care Physicians</b>		Breast cancer screening				
	Pediatricians		Cervical cancer screening				
	Obstetricians and Gynecologists		Engagement of Alcohol & Other Drug Dependence Treatment				
				Initiation of Alcohol & Other Drug Dependence Treatment			
Patients	<b>Total Patients</b>		HbA1c Testing				
	Males		Medication management for people with asthma – 50%				
	Females		Medication management for people with asthma - 75%				
	Age 0-17 years		Non-recommended Cervical Cancer Screening in Adolescent Female				
	Age 18-34 years		CAHPS Measure: Timely Care				
	Age 35-49 years		CAHPS Measure: Communication				
	Age 50-64 years		CAHPS Measure: Courteous Staff				
				CAHPS Measure: Overall provider rating			

<sup>1</sup> State score represents the average (in %) across the state for commercially insured patients under age 65 whose insurance claims are reported into the All Payer Claims Database and who have been attributed to a primary care provider.

<sup>2</sup> This score was calculated for patients during fiscal year 2017 attributed to your organization using the attribution process and methodology outlined in the document titled "Advanced Network Attribution for the commercial population" for the PCP providers list validated by your organization.

<sup>3</sup> See accompanying documentation for explanation of star ratings

<sup>4</sup> Denominator represents the number of patients eligible to be counted in the measure for the denominator. e.g. In the HbA1C measure, only patients who have a diagnosis of diabetes are eligible for the measure and are counted in the denominator.

# Review Process (1 of 5)

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- Reached out to all 18 Advanced Networks being rated
  - At least two emails sent
  - Rob reached out by phone when warranted
- Results:
  - 11 responded, telephone calls with 9
  - 7 did not communicate with us at all

## Review Process (2 of 5)

- Overwhelmingly positive interactions, no complaints about project or methods
  - In fact, we received active interest and support from several AN contacts
- Most common questions
  - Where will the scorecard be published and how often?
  - What impact will the scorecard have (payment?)
  - How stable will the measures be from year to year?
  - Composition of APCD?
  - Were TINs used?
  - Questions about provider lists



# Review Process (3 of 5)

- Many organizations asked questions about provider lists
  - Questions about differences in number of providers listed, and those with attributed patients
  - Who did we work with to get the list?
  - Is provider list appropriate?
    - Provided number of attributed patients for each provider
    - Provider lists were amended for four Advanced Networks
      - Had previously finalized lists
      - Second look identified providers who should be removed
        - ✓ Not primary care providers whose outpatient practice impacts a SSP contract

# Review Process (5 of 5)

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- Additional concerns for discussion
  - Several Advanced Networks asked for more refined results for quality improvement/feedback to providers
  - Payer mix
    - Concern about the data quality of some payers and impact on results
  - Medicare provider lists - only those in the ACO?

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Next Steps

# Next Steps

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- Publish first commercial measures
  - Publicize
- Continue analysis and validation on second set of measures
  - Second review period with Advanced Networks
- Begin Medicare measure analysis
  - Receive remaining Medicare data
  - Update measure specifications
  - Obtain updated provider lists from organizations

Adjourn