

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



SIM

Quality Council

May 10, 2017

Public Comment & Minutes



Purpose of Today's Meeting



Public Scorecard (75 min)



Quality Measure Alignment – update and next steps



Alignment Grid (10 min)

- Review scorecard related work since last meeting and related projects (APCD)
- Review and discuss scorecard exercise results
- Discuss potential functional requirements of scorecard based on results
- Discuss success and challenges related to PMO efforts with respect to quality measure alignment
- Discuss implications for our work during the balance of 2017

Online Scorecard

Status Update

Scorecard Exercise and QC
Endorsements

Next Steps

Status Update

From the SIM Operational Plan:

C. Public Common Scorecard

In order to actively engage individuals in their own healthcare and partner effectively with their providers, consumers will need more and better health information in a timely manner. Our State Innovation Model will increase transparency and access to information about provider performance through the leveraging of Health Information Technology to disseminate quality and cost data through a public common scorecard.

The SIM Quality Council is in the process of developing a core measurement set for use in the assessment of primary care, specialty and hospital provider performance and the overall evaluation of the Connecticut health and healthcare systems. **Data from payers on the performance of Advanced Networks & FQHCs on the measures from the core quality measure set will be collected and displayed on a public scorecard.** The Quality Council is responsible for establishing a plan for consumer education and access to scorecard data. The state is currently engaging health plans to gauge their level of support for the production of a statewide quality scorecard that reflects provider performance across payers.

Public Act No. 15-146

On and after July 1, 2016, the exchange shall, within available resources, establish and maintain a consumer health information Internet web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers. Such Internet web site shall: (A) **Contain information comparing the quality, price and cost of health care services**, including, to the extent practicable, (i) comparative price and cost information for the primary diagnoses and procedures reported pursuant to subsection (c) of this section categorized by payer and listed by health care provider, (ii) links to the Internet web sites for The Joint Commission and Medicare hospital compare tool where consumers may obtain comparative quality information, (iii) definitions of common health insurance and medical terms so consumers may compare health coverage and understand the terms of their coverage, (iv) factors consumers should consider when choosing an insurance product or provider group, including provider network, premium, cost-sharing, covered services and tier information, and (v) patient decision aids; (B) **be designed to assist consumers and institutional purchasers in making informed decisions regarding their health care and informed choices among health care providers** and allow comparisons between prices paid by various health carriers to health care providers; ...

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:

- Consumer access to quality information
- Quality improvement through transparency- providers viewing their performance against peers
- Policy makers assessing performance

- Attribution method
 - Risk adjustment
- } Awaiting receipt of data

- Scoring
 - Presentation
- } Informed by scorecard
exercise and discussion today

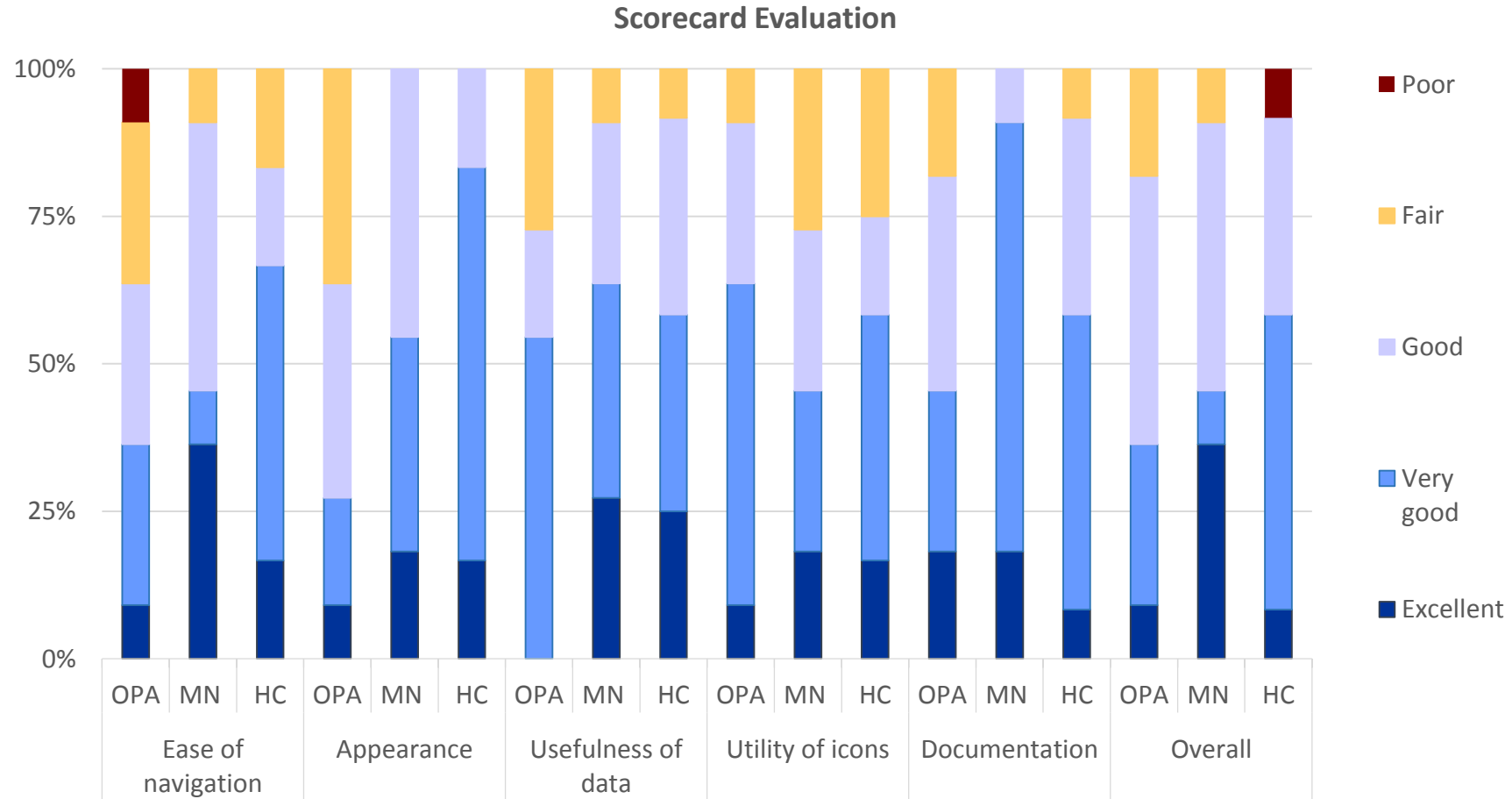
Scorecard Exercise Discussion

- Review and discuss scorecard exercise results
- Quality Council to endorse set of presentation and functionality requirements
 - Recommended best practice for ease of use
 - Overall appearance
 - Scoring icon appearance
 - Supporting information and documentation

- Quality Council members reviewed three online scorecards
 - Used query protocol
 - Completed Survey Monkey surveys
- UConn Health Evaluation Team analyzed results
 - Numeric ratings (representing excellent to poor)
 - Open ended comments
 - Derived functionalities required for best outcomes

- 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>

Scorecard Results: Numerical Ratings



Positive ratings *
MN (90.9%) vs HC (83..3%) vs OPA (63.6%)

MN “ Switch measures without new query, adding or removing columns”

HC “Easy search entry fields”

OPA “(liked) links for actions, where to go with complaints”

* Positive ratings= Rating of Good/very good/excellent

OPA “Difficult to search”

“Significant education on how to use scorecard sites will be needed- still complicated for consumers”

HC “Cumbersome to navigate”

MN “Search function is not specific”

- The CT Healthcare quality scorecard (scorecard) should be able to provide the ability to switch and add measures without a new query.
- The scorecard should have a simple and user-friendly interface.
- The scorecard should provide training tutorials for better understanding of how to optimally use the scorecard.
- The scorecard should have the mechanism to collect feedback.

Positive ratings
MN (100%) vs HC (100%) vs OPA (63.6%)

MN “The design is elegant and manages to use color and space well”

HC “Colorful, not too crowded”

OPA “ Good font size and icons”

MN “ A little ‘busy’ (crowded) sometime”

HC “Don't like the arrows worse to better. Not intuitive”

OPA “Visual clutter and cramped layout”

“ Colors are a bit too bright”

- The scorecard must a large enough font size/icons. Avoid the use of arrows or anything indicative of negative presentation.
- The scorecard should avoid an overly bright color scheme.
- The scorecard should present information in an efficient manner without causing clutter.

Positive ratings* for information/content

Usefulness of data

HC(91.7%) vs MN (90.9%) vs OPA (72.7%)

Utility of icons

OPA (90.9%) vs HC(75%) vs MN (72.7%)

Documentation

MN (100%) vs HC (91.7%) vs OPA (81.8%)

* Positive ratings= Rating of Good/very good/excellent

- The information presented on the scorecard should be at a reading level accessible to most consumers.
- The scorecard should present concise and relevant information.
- The scorecard should only present useful and relevant icons for the ratings.

OPA “Really liked the five star rating from poor to excellent! Very intuitive!”

HC “I like the rating not to appear so negative (red down arrows) although I guess it makes it easy to see differences”

- The scorecard must use a rating mechanism that is intuitive and easy to understand.
- The scorecard must use communicate differences among organizations with respect to benchmarks.

- Will CT scorecard be able to include Medicare data, and be broken down by medical group?
- Is there a way to access quality scores by race/ethnicity/primary language?
- Will CT scorecard be built so that other information (EHR measures, Medicare data) can be added?

- About 80% of providers are non-reporting for MN scorecard. Need to consider for CT what critical mass is needed for credibility.
- Consumer's Union produced a great report in 2012 on Choice Architecture that should be considered when developing our site.

Next Steps

- UConn Health SIM Evaluation Team will:
 - Use exercise results and today's discussion to inform scorecard plans
 - Present detailed list of milestones and timeline at next Quality Council Meeting

Quality Measure Alignment – Update and Next Steps

- Ended 2016 with the following scope of work:
 - Promote payer alignment with respect to SIM QC Core Measure Set
 - Discussion
 - Begin annual quality measure alignment survey to enable us to track progress on multi-payer alignment
 - Testing Alternative Payment Model adoption survey, with QM alignment checklist
 - Work with HITO (Allan Hackney) to enable the production and use of EHR sourced quality measures from the SIM QC Core Measure Set
 - State Health IT Advisory Council established “eCQM Design Group”
 - Cedarbridge (HIT Consultant to HIT PMO) led an intensive 9 session work group process
 - Production of SIM QC Core Measure Set was among the express goals
 - Culminated in recommendations for eCQM measure production solution

- Ended 2016 with the following scope of work (continued):
 - Public Scorecard
 - UConn Health has engaged QC in planning
 - Scorecard development encompasses SIM Core and Reporting Measures
 - SIM PMO has engaged APCD to a) submit request for Medicare data on APCD's behalf and b) examine overlap between PA 15-146 consumer reporting requirements and SIM Public Scorecard
 - Quality Measure Review
 - Continue work on the Development Set
 - Health equity measure project in collaboration with DSS
 - Merits of alcohol/substance abuse measure
 - Review all CORE measures to ensure they continue to be NQF endorsed and otherwise appear to be suitable for SIM QC Core Measure Set
 - Consider measure of Long Acting Reversible Contraceptive (LARC)

Adjourn