

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# SIM Quality Council

July 13, 2016

**Public Comment & Minutes**



**Scorecard (60 min)**



**CQMC Measure Set: Conversation with CMMI (30 min)**



**Quality Council Report: Public Comment Process**



**Next Steps**

## Charter

This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for a core set of measures for use in the assessment of primary care, specialty, and hospital provider performance. This workgroup will develop a common provider scorecard format for use by all payers and reassess measures on a regular basis to identify gaps and incorporate new national measures to keep pace with clinical and technological practice. SIM aims to achieve top-quintile performance among all states for key measures of quality of care, and increase the proportion of providers meeting quality scorecard targets. The Council will identify key stakeholder groups whose input is essential to various aspects of the Council's work and formulate a plan for engaging these groups to provide for necessary input. The Council will convene ad hoc design teams to resolve technical issues that arise in its work.

## Key questions this work group needs to answer

### Measures

1. What are the structure, process, patient engagement and experience, efficiency, disparities-sensitive, outcome, and cost measures that are in use today by national quality bodies and CT's health plans? (e.g. NQF, AHRQ, NCQA, CAPHS)
2. Which of these measures should be adopted to measure provider performance, taking into consideration the target conditions identified in the Innovation Plan?
3. Which of these measures should be adopted to measure provider performance, taking into consideration the prevention goals identified in the Innovation Plan?
4. What other measures could be used as indicators for whole-person-centered care, enhanced access, and coordinated care (e.g. behavioral health, oral health)?
5. What measures could be used as indicators of workforce productivity/timely return to work?

### Metrics

1. What are the metrics for each of the measures and how will they be calculated?
2. What methods will be used for risk adjustment and exclusions?

### Common Performance Scorecard

1. What are the best examples of performance scorecards currently in use?
2. What will Connecticut's common scorecard across all health plans look like?
3. What is the process for all health plans to implement the common scorecard?
4. How will cross-payer analytics be integrated for a given practice profile, including commercial and public payers?
5. Is there a recommended frequency and schedule that could be adopted across payers?
6. How will the common performance scorecard be integrated with value-based payment calculations?
7. How will the scorecards be made available to the public?

### Common Care Experience Survey

1. What are the best examples of care experience surveys currently in use?
2. Is there one survey that would best align with the goals of the Innovation Plan? Are there supplemental questions that should be considered?
3. What is the process for all health plans to implement the common care experience survey?
4. One what schedule should the common care experience survey be administered?
5. How will the common care experience survey be integrated with value-based payment calculations?
6. How will the results of care experience surveys be made available to the public?



Quality Measure  
Alignment



Common Performance  
Scorecard



Common Care  
Experience Survey



Quality Measure  
Alignment



Common Performance  
Scorecard



Common Care  
Experience Survey

# Online Health Care Scorecard

**Purpose and Aims**



**Examples of Scorecards Published  
by Other States**



**Roadmap**



**Decision Points**

# Online Health Care Scorecard: Purpose and Aims

- Publish first online health care scorecard with focus on Advanced Networks and FQHCs in CT
- Display health care quality indicators on a publicly available web based platform
  - Promote transparency
  - Inform diverse groups of stakeholders: consumers, employers, clinicians, policymakers

- Clinical Care
  - Claims based core and reporting sets (APCD)
    - Acute and Chronic Health - 6 items
    - Behavioral Health - 5 items
    - Care Coordination - 2 items
    - Prevention - 5 items
- Care Experience
  - CAHPS (domains commonly used by other states)
    - Courteous and helpful staff
    - Getting timely care and service
    - How well providers communicate
    - Overall provider or group rating

- What would an effective scorecard deliver?
- What are some considerations we should keep in mind as we develop the scorecard?
- ...especially of the users of the final deliverable?
  - Consumers
  - Employers
  - Clinicians
  - Policymakers
  - Payers
- How do we keep these stakeholders engaged in the process of developing the scorecard?

# Examples of Scorecards Published by Other States

- **Health Care Entity**
  - Hospital
  - Provider, provider group, insurance network, etc.
- **Searchable by**
  - Name (e.g. provider, medical group, HMO, etc.)
  - Location (e.g. county)
- **Measures**
  - Clinical quality
  - Care experience
  - Cost of care
- **Data sources**
  - claims data, patient surveys, state DPH, provider reports, EHR
- **Rating**
  - Average
  - Benchmark



TRANSFORMING HEALTH

MEASURING QUALITY

MANAGING COST

ADVANCING THE FUTURE



## Measuring Quality

View ratings on health care quality, patient experience and cost

Review ratings of medical groups and hospitals on a wide range of health conditions and procedures. This information can empower you to ask questions about your care, choose providers and make smarter choices about your health care costs.

[Learn more](#) →

### Search

Medical Groups



Search by Medical Group or Hospital

SEARCH →

Or [CLICK HERE](#) to Search by Location

*To search for an exact match, please enter your search term in "quotes"*

# Scorecard Example: Minnesota (2 of 5)

32 Results for 'minnesota'

STANDARD VIEW    DETAILS VIEW    LEGEND 

<input checked="" type="checkbox"/> COMPARE SELECTED  ADD MEASURE COLUMN 				
MEDICAL GROUPS	 TOTAL COST:  MORE INFORMATION	 MENTAL HEALTH  MORE INFORMATION	 ASTHMA:  MORE INFORMATION	 DIABETES: ADULT  MORE INFORMATION
 A-Z	 Sort	 Sort	 Sort	 Sort
<input type="checkbox"/> <b>Allergy and Asthma Center of Minnesota</b> MAPLEWOOD, MN	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE
<input type="checkbox"/> <b>Central Minnesota Spine Center</b> ALEXANDRIA, MN	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE
<input type="checkbox"/> <b>Children's   Minnesota</b> MINNEAPOLIS, MN	 NOT REPORTABLE	 ABOVE AVERAGE	 AVERAGE	 NOT REPORTABLE
<input type="checkbox"/> <b>France Avenue Family Physicians- Minnesota Healthcare Network</b> EDINA, MN	 AVERAGE	 BELOW AVERAGE	 NOT REPORTABLE	 AVERAGE
<input type="checkbox"/> <b>HealthPartners Central Minnesota Clinics</b> SARTELL, MN	 NOT REPORTABLE	 ABOVE AVERAGE	 ABOVE AVERAGE	 AVERAGE
<input type="checkbox"/> <b>Hudson Physicians- Minnesota Healthcare Network</b> HUDSON, WI	 AVERAGE	 NOT REPORTABLE	 NOT REPORTABLE	 AVERAGE

# Scorecard Example: Minnesota (3 of 5)

32 Results for 'minnesota'

STANDARD VIEW | DETAILS VIEW | LEGEND

<input checked="" type="checkbox"/> COMPARE SELECTED <span style="float: right;">                     f     </span> <span style="float: right;">ADD MEASURE COLUMN </span>				
MEDICAL GROUPS	TOTAL COST: MORE INFORMATION	MENTAL HEALTH MORE INFORMATION	ASTHMA: MORE INFORMATION	DIABETES: ADULT MORE INFORMATION
A-Z	Sort	Sort	Sort	Sort
<input type="checkbox"/> Allergy and Asthma Center of Minnesota MAPLEWOOD, MN	NOT REPORTABLE	NOT REPORTABLE	NOT REPORTABLE	NOT REPORTABLE
<input type="checkbox"/> Central Minnesota Spine Center ALEXANDRIA, MN	NOT REPORTABLE	NOT REPORTABLE	NOT REPORTABLE	NOT REPORTABLE
<input type="checkbox"/> Children's   Minnesota MINNEAPOLIS, MN	NOT REPORTABLE	ABOVE AVERAGE 92 %	AVERAGE 57 %	NOT REPORTABLE
<input type="checkbox"/> France Avenue Family Physicians- Minnesota Healthcare Network EDINA, MN	AVERAGE \$408	BELOW AVERAGE 9 %	NOT REPORTABLE	AVERAGE 61 %
<input type="checkbox"/> HealthPartners Central Minnesota Clinics SARTELL, MN	NOT REPORTABLE	ABOVE AVERAGE 62 %	ABOVE AVERAGE 73 %	AVERAGE 54 %
<input type="checkbox"/> Hudson Physicians- Minnesota Healthcare Network HUDSON, WI	AVERAGE \$396	NOT REPORTABLE	NOT REPORTABLE	AVERAGE 52 %

# Scorecard Example: Minnesota (4 of 5)

MEDICAL GROUPS		 <b>TOTAL COST:</b> <span>▼</span> <small>MORE INFORMATION</small>	 <b>ASTHMA: ADULTS</b> <span>▼</span> <small>MORE INFORMATION</small>	 <b>ASTHMA:</b> <span>▼</span> <small>MORE INFORMATION</small>	 <b>DIABETES: ADULT</b> <span>▼</span> <small>MORE INFORMATION</small>
▼ A-Z	▼ Sort	▼ Sort	▼ Sort	▼ Sort	▼ Sort
<input type="checkbox"/> <b>Advanced Medical Clinic</b> <small>ST. PAUL, MN</small>	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE	 BELOW AVERAGE <b>17 %</b>	
<input type="checkbox"/> <b>Advanced Pain Management</b> <small>MANKATO, MN</small>	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE	 NOT REPORTABLE	
<input type="checkbox"/> <b>Advancements in Allergy and Asthma Care</b> <small>MINNETONKA, MN</small>	 NOT REPORTABLE	 TOP <b>86 %</b>	 TOP <b>92 %</b>	 NOT REPORTABLE	
<input type="checkbox"/> <b>Affiliated Community Medical Centers</b> <small>WILLMAR, MN</small>	 AVERAGE <b>\$454</b>	 ABOVE AVERAGE <b>58 %</b>	 ABOVE AVERAGE <b>67 %</b>	 ABOVE AVERAGE <b>56 %</b>	

# Scorecard Example: Minnesota (5 of 5)

	Parkview Medical Clinic- Minnesota Healthcare Network NEW PRAGUE, MN	Parkway Family Physicians- Minnesota Healthcare Network ST. PAUL, MN	University of Minnesota Physicians MINNEAPOLIS, MN
<b>COST MEASURES (per month)</b>			
<b>TOTAL COST: OVERALL</b> MORE INFORMATION	AVERAGE \$378	AVERAGE \$421	HIGHER THAN AVERAGE \$572
<b>TOTAL COST: ADULTS</b> MORE INFORMATION	AVERAGE \$451	AVERAGE \$500	HIGHER THAN AVERAGE \$644
<b>TOTAL COST: PEDIATRICS</b> MORE INFORMATION	LOWER THAN AVERAGE \$173	NOT REPORTABLE	HIGHER THAN AVERAGE \$451
<b>QUALITY MEASURES</b>			
<b>ASTHMA: ADULTS</b> MORE INFORMATION	BELOW AVERAGE 11 %	NOT REPORTABLE	BELOW AVERAGE 32 %
<b>ASTHMA: CHILDREN</b> MORE INFORMATION	NOT REPORTABLE	NOT REPORTABLE	BELOW AVERAGE 43 %
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)</b> MORE INFORMATION	NOT REPORTABLE	NOT REPORTABLE	AVERAGE 41 %
<b>BREAST CANCER SCREENING</b> MORE INFORMATION	BELOW AVERAGE 72 %	BELOW AVERAGE 69 %	BELOW AVERAGE 69 %
<b>BRONCHITIS</b> MORE INFORMATION	NOT REPORTABLE	BELOW AVERAGE 10 %	AVERAGE 39 %
<b>CERVICAL CANCER SCREENING</b> MORE INFORMATION	NOT REPORTABLE	NOT REPORTABLE	AVERAGE 71 %
<b>CHLAMYDIA SCREENING</b> MORE INFORMATION	BELOW AVERAGE 28 %	AVERAGE 39 %	ABOVE AVERAGE 56 %



## Health Care Quality Report Cards - 2015-16 Edition

Select a Report Card below for information on the quality of different types of health care and on how patients rate their experience getting care. The Medical Group - Commercial Report Card also includes cost ratings.

[Medical Group - Commercial Report Card](#) >

[Medical Group - Medicare Report Card](#) >

[What is a medical group?](#)

[HMO Report Card](#)  
10 Health Maintenance Organizations (HMOs) >

[PPO Report Card](#)  
6 Preferred Provider Organizations (PPOs) >

[What is an HMO?](#) [What is a PPO?](#)

[Home](#) ▶

## Medical Group Report Card for Commercial HMO Plan Members

There are 206 medical groups listed in the Medical Group Report Card. These medical groups have contracts with the commercial health plans listed in OPA's HMO Report Card.

To see the clinical and patient experience ratings in the Medical Group Report Card:

1. You can choose one of the 39 counties listed.

There are 19 counties without any medical groups listed in the Report Card.

Los Angeles ▼

or

2. You can choose the first letter of the medical group's name.

Choose a letter ▼

### Related links

- ▶ [About the Medical Group Ratings](#)
- ▶ [Directory of HMOs, PPOs and Medical Groups](#)
- ▶ [What Is a Medical Group?](#)
- ▶ [Integrated Healthcare Association \(IHA\)](#)
- ▶ [California Healthcare Performance Information System \(CHPI\)](#)

# Scorecard Example: California (3 of 5)

[Return to original full display](#)

[... Sort](#)

[... Filter](#)

Click on medical group for group's star ratings and information:	MEDICAL GROUP PROVIDES RECOMMENDED CARE	PATIENTS RATE THEIR MEDICAL GROUP	AVERAGE PAYMENT BY PATIENT & HEALTH PLAN FOR CARE	MEDICAL GROUP PROVIDES RECOMMENDED CARE
<input type="checkbox"/> Accountable Healthcare IPA (aka Accountable Healthplan Medical)	 POOR	Not rated	Not enough data to score reliably	Select a topic for more ratings <ul style="list-style-type: none"> <li>▶ Asthma Care</li> <li>▶ Checking for Cancer</li> <li>▶ Chlamydia Screening</li> <li>▶ Diabetes Care</li> <li>▶ Treating Children: Getting the Right Care</li> <li>▶ Treating Bronchitis: Getting the Right Care</li> <li>▶ Giving Lab Tests for Patients Taking Medications for a Long Time</li> <li>▶ Testing for Cause of Back Pain</li> <li>▶ Preventing Hospital Readmission After Discharge</li> </ul>
<input type="checkbox"/> AKM Medical Group	Too few patients in sample to report	Not rated	Not enough data to score reliably	
<input type="checkbox"/> Alamitos IPA	 FAIR	 GOOD	 HIGHER PAYMENT	
<input type="checkbox"/> All Care Medical Group	Too few patients in sample to report	Not rated	 LOWER PAYMENT	
<input type="checkbox"/> Allied HealthCare Providers	Too few patients in sample to report	Not rated	Not enough data to score reliably	
<input type="checkbox"/> Allied Pacific of California IPA	 POOR	 FAIR	 LOWER PAYMENT	
<input type="checkbox"/> Angeles IPA	 POOR	 POOR	 LOWER PAYMENT	
<input type="checkbox"/> Axminster Medical Group	 FAIR	 GOOD	 HIGHER PAYMENT	

### PATIENT EXPERIENCE RATINGS

- Select a topic for more ratings
- ▶ Patients Rate Their Medical Group
  - ▶ Communicating with Patients
  - ▶ Coordinating Patient Care
  - ▶ Health Promotion
  - ▶ Helpful Office Staff
  - ▶ Timely Care and Service

### AVERAGE PAYMENT BY PATIENT & HEALTH PLAN FOR CARE

# Scorecard Example: California (4 of 5)

## CHECKING FOR CANCER

Accountable Healthcare IPA (aka Accountable Healthplan Medical)

★☆☆☆☆  
**POOR**

AKM Medical Group

★☆☆☆☆  
**POOR**

Alamitos IPA

★★★☆☆  
**GOOD**

All Care Medical Group

★☆☆☆☆  
**POOR**

Allied HealthCare Providers

Too few patients in sample to report

Allied Pacific of California IPA

★★★☆☆  
**FAIR**

Angeles IPA

★☆☆☆☆  
**POOR**

Axminster Medical Group

★★★☆☆  
**FAIR**

Brookshire IPA

★★★☆☆  
**FAIR**

Citrus Valley Physicians Group

★★★☆☆  
**FAIR**

- ▶ Breast Cancer Screening
- ▶ Cervical Cancer Screening
- ▶ Colorectal Cancer Screening

# Scorecard Example: California (5 of 5)

## Preventing Hospital Readmission After Discharge 2015-16 Edition

You have the right to free interpreter services to make sure you get quality treatment and care.

[... read more](#)

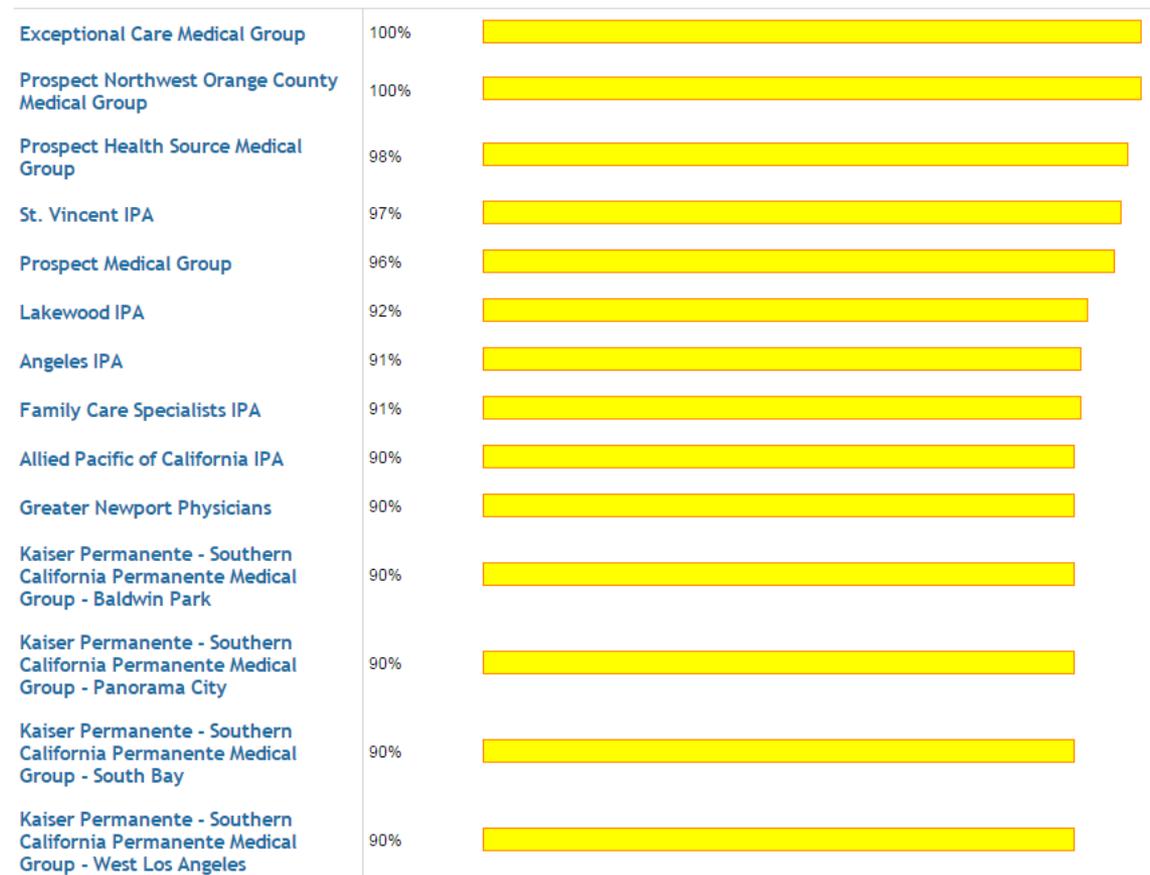
 Print this chart

When comparing medical groups, small differences between scores are expected. The larger differences are important.

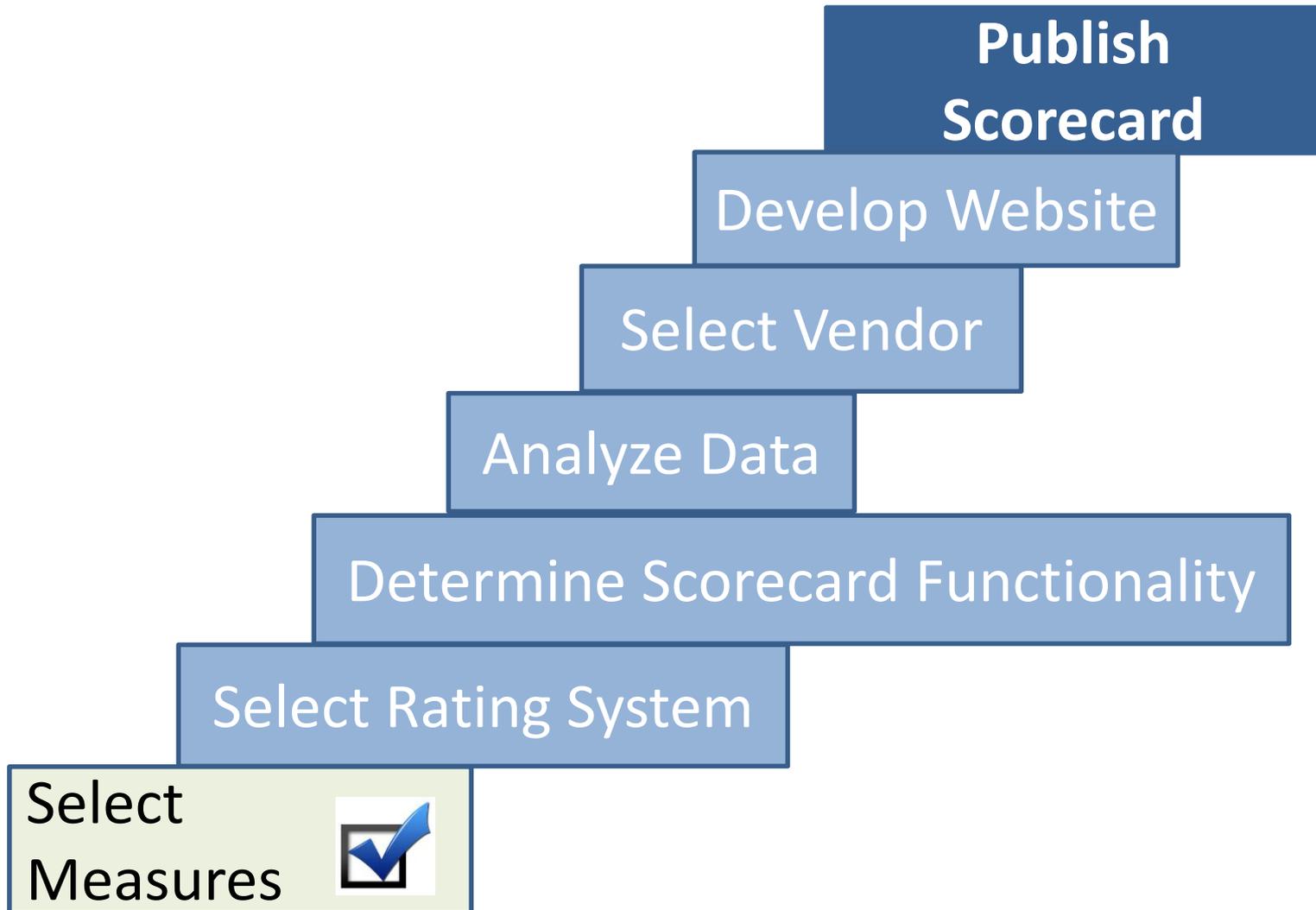
### PREVENTING HOSPITAL READMISSION AFTER DISCHARGE

(Worse)  
0%

(Better)  
100%



# Roadmap



# CT Scorecard Decision Points

## Scoring

- Level: measure, domain, and/or overall
- Rating system: relative, benchmark

## Presentation

- Search options: Advanced Network/FQHC name, location, domain
- Level of detail: ratings, percent
- Interactivity: drill downs, searches, compare functions, sorts, filters, etc.

# CQMC Measure Set: Conversation with CMMI

- Connecticut SIM stakeholders and the SIM Quality Council (QC) appreciate the efforts of CQMC to recommend core measure sets for purposes of multi-payer measure alignment at the national level
- As part of SIM, CT (as well as many other states), has undertaken an extensive, transparent, multi-stakeholder effort to recommend core quality measures for voluntary state-level adoption, across Medicaid and commercial payers, in their value-based payment contracts

- CT Quality Council’s process and recommendations have been documented in the [Quality Council Report](#), which is currently out for public comment. Key features of our approach include:
  - QC members collaboratively developing and adopting guiding principles (*see page 22*)
  - Detailed review of each quality measure by four major groups of stakeholders (physicians, consumers, payers, state-agencies) and use of design groups to explore topics in-depth
  - Maximizing alignment with Medicare SSP where applicable
  - Consulting national experts around technical and policy issues
  - Extensive consideration of base-rates and CT-specific performance (i.e. “opportunity for improvement”)
  - Considering the population health and health equity implications by linking with existing population health assessments and plans

- CT Quality Council measure set was cross-walked with the CQMC measure set. QC reviewed, researched, and discussed individual measures where there were discrepancies (see cross-walk)
- CT was pleased to learn that in the areas considered to date by CQMC for application in primary care, there was substantial alignment between CQMC and CT QC Core Measure set
- In certain cases:
  - Measures from CQMC set, that were not on the CT set, were added to the CT set
  - Measures that were not on CQMC set were removed from CT set
- However, concerns remain about alignment



# Concerns: (1) and (2) Process

- Lack of documentation, including transparency about participants, makes it difficult to understand decisions and build buy-in with stakeholders
- It is not clear what methods and processes were used to determine which measures are to be included in the core sets
- Without such records it is challenging to determine whether and to what extent the CQMC core measure sets are aligned with CTs principles and criteria, for example:
  - What, if any, role did health equity considerations play in measure selection
  - What, if any, role did population health considerations play
  - How did CQMC consider “opportunity for improvement” and account for state-to-state performance variation



- It is our understanding CQMC did not consider quality measure **base rates** (*sufficient individuals or events in the numerator and denominator to provide a statistically valid representation of trends and performance improvements – or lack thereof – from period to period*)
- The CT set excluded some measures due to base-rate insufficiency. How should we consider these measures in light of the CQMC set?



- The focus of the CT set is on Medicaid and commercial plans, while the CQMC set is intended to align with Medicare and commercial
- How should states think about aligning while also accounting for the unique needs of Medicaid beneficiaries and the pediatric population?

5. How will the CQMC set be promoted and what is the process for engaging payers, states, and others?
  
6. The CQMC set includes measures that rely on **clinical data**. CMS acknowledges that the HIT infrastructure for these measures does not currently exist. Is there a national strategy to promote or build this infrastructure? How does this impact the CQMC measure alignment process and timeline? What is the commitment of health plans to implementing eCQMs?

7. It is our understanding that commercial plans have committed to align with the CQMC measure set. It is unclear whether and how their value-based contracts will incorporate state-specific recommendations. What is the role of state-recommended quality measure sets?

- Why is there a lack of care coordination measures (e.g., admissions, re-admissions)? Does CMS intend to steward readmission and admission measures for Medicaid? Can this work be extended to commercial?

- For CT SIM, we have resolved to go into the field with PCMH CAHPS in January 2017. It appears that CQMC has endorsed the ACO CAHPS, although there has been confusion about this. Does CMMI have any concerns about mis-alignment between the CT SIM process and where things are headed nationally?

- Other concerns, questions, or areas of deliberation from Quality Council members?

# Quality Council Report: Public Comment Process

- Written comments, questions, and concerns regarding quality measure recommendations may be submitted between **July 5, 2016 and August 5, 2016** to the SIM Program Management Office at [sim@ct.gov](mailto:sim@ct.gov)
- All comments will be compiled and summarized for the Quality Council
- Subsequent Quality Council meetings will address specific commentary or open issues

# Next Steps

- UConn Health SIM Evaluation Team will:
  - Develop detailed proposal (scoring level, rating system, risk adjustment strategy, etc.)
  - Present proposal to Quality Council at September meeting

**Adjourn**