



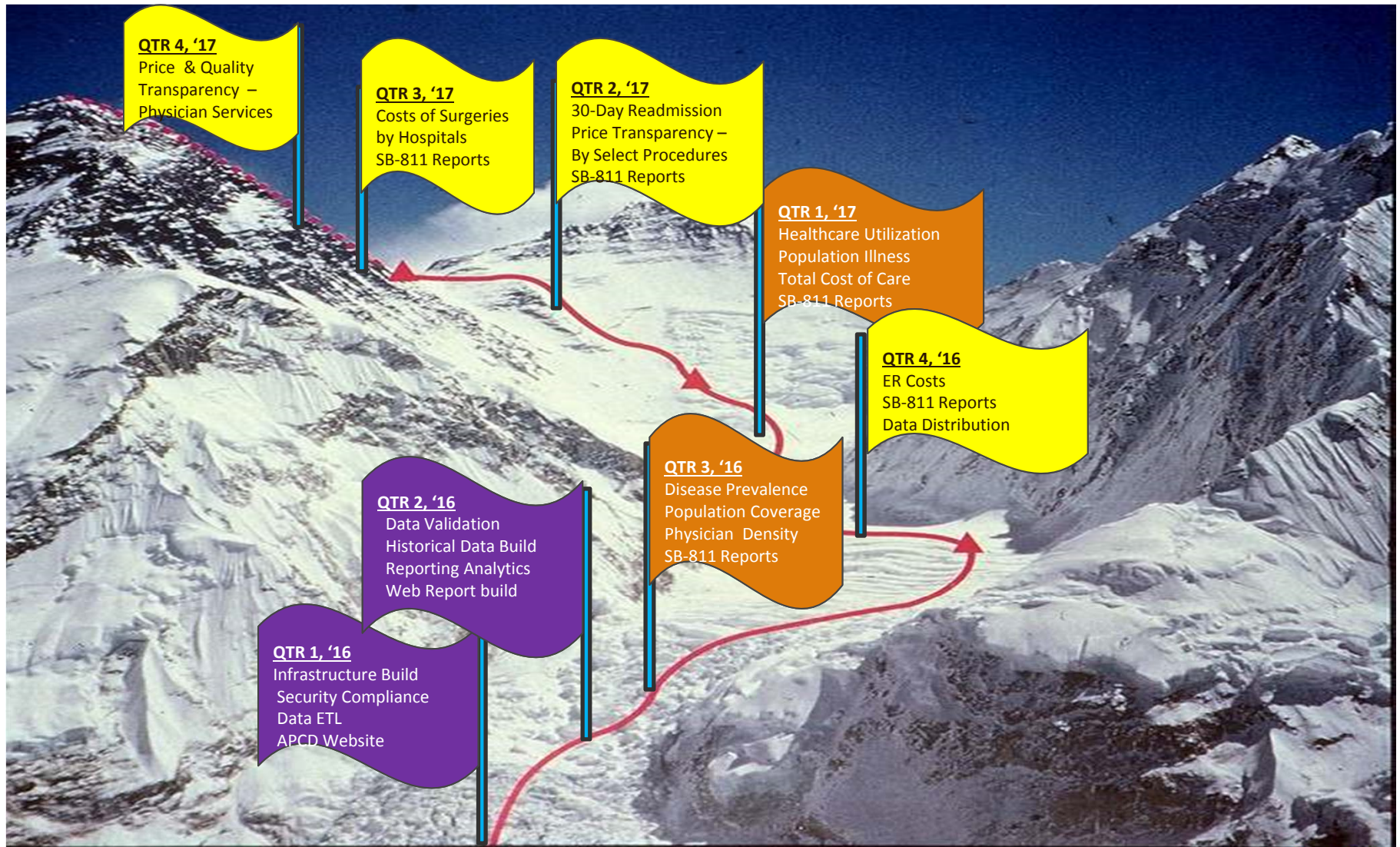
APCD Advisory Group Meeting

February 11, 2016

Presentation Overview

- Approval of November 12, 2015 Minutes
- CEO/ED Updates -
 - ✓ APCD Implementation Timeline
 - ✓ Data Submission Status
- Adoption of Policies and Procedures - Discussion of Public Comments
- Discussion of Quality Measures in Healthcare
- APCD Data Connectivity with Other Data Sources
- Designing Cost Transparency Report - An Overview
- Statistics on Consumer Decision Support Tool's Usage
- Next Steps
- Future Meetings
- Adjournment

APCD Implementation Timeline



Data Submission Status

Submitters	Data Type				Member Count	P/F	Prelim fail.
	Eligibility	Medical	Pharmacy	Provider		L/F	Load fail.
Aetna Health Insurance HMO FI	D/H	L/F	L/F	L/F	53,459	D/H	DQ Hold.
Aetna Health Insurance HMO on ACAS FI	L/F	L/F	L/F	N/A	29,333	D/P	DQ Pass.
Aetna Life Insurance Company Aetna Student Health	L/F	L/F	N/A	P/F	50,575	N/A	Not Applicable.
Aetna Life Insurance Company HMO Medicare	D/H	L/F	P/F	N/A	20,611		
Aetna Life Insurance Company HMO SI	N/A	L/F	L/F	N/A			
Aetna Life Insurance Company Traditional	D/H	L/F	P/F	L/F	548,986		
Anthem Health Plans, Inc	N/A	N/A	P/F	N/A			
Caremark, LLC		N/A		N/A			
Cigna Behavioral Health			N/A				
Cigna Health and Life Insurance Company - East	L/F	L/F	D/P	D/P	147,357		
Cigna Health and Life Insurance Company - West	D/P	D/H	D/P	D/P	240		
ConnectiCare, Inc	P/F	P/F	P/F	L/F	220,229		
ConnectiCare, Inc - Medicare Advantage							
Express Scripts Administrators, L.L.C. d/b/a Express Scripts		N/A		N/A			
First Health Life and Health Insurance Company (Cov Part D)	D/H	N/A	L/F	N/A	21,151		
Golden Rule Insurance Company	P/F	P/F	P/F	P/F	5,040		
Harvard Pilgrim Health Care of Connecticut, Inc	L/F	L/F	L/F	L/F	4,965		
HealthyCT Inc							
Medco Containment Life		N/A		N/A			
OptumHealth (UHC)		D/H	N/A	D/P			
Oxford Health Insurance Inc, (UHC)			N/A				
UnitedHealthcare - OrthoNet (Oxford)	N/A	L/F	N/A	N/A			
UnitedHealthcare Insurance - Medicare & Retirement							
UnitedHealthcare Insurance Company							
WellCare Of Connecticut, Inc		L/F	P/F	D/P			
ALL					1,101,946		

Approval of Policies and Procedures – Discussion of Public Comments



Physician and Clinical Quality Evaluations

*All-Payer Claims Database
Advisory Group
February 11, 2016*

Matthew C. Katz, CSMS EVP/CEO



Clinical Quality: Commercial Health Insurers

- Each health insurer takes a different approach to clinical quality
- Most quality evaluations include clinical performance and efficiency measures
- Clinical performance measures may include:
 - Claims-based measures (with a minimum case threshold)
 - Recognition by a national body (e.g., NCQA)
 - Use of HIT, including EMR and ePrescribing



Clinical Quality: Commercial Health Insurers

Many insurers use Symmetry® Episode Treatment Groups® (ETGs) as a measure of efficiency

- This methodology is based on episodes of care (EOC) costs, including professional, office, lab, pharmacy, etc.
- Cost of an EOC attributed to the physician who is responsible for the majority of the care
- Peer-to-Peer comparisons can be made



Clinical Quality: PQRS

Medicare's **P**hysician **Q**uality **R**eporting **S**ystem

- A **pay-for-reporting** program that gives eligible professionals (EPs) incentives and payment adjustments for **satisfactory** reporting of quality measures
- Physician participation in PQRS helps improve the quality of patient care

Clinical Quality: PQRS

- New in 2017: **V**alue-**B**ased **P**ayment **M**odifier (VM)
- VM is based on **2015 PQRS participation**
 - ↓ *Non-participation **or** unsatisfactory reporting = downward adjustment*
 - ↑ *Satisfactory reporting = upward adjustment*
- Quality tiering incentive
 - *Methodology used to evaluate performance on cost and quality measures*
 - *VM Adjustment Factor based on quality tier*



Clinical Quality: PQRS

Quality and **R**esource **U**se **R**eports (QRUR) are a component of the VM program

- Provides data on **quality of care & resources used** to provide that care
- Annual QRUR available for each TIN, includes:
 - Quality and cost measures data
 - VM calculation for groups of 10+ EPs
 - Quality tier designation (high, average, low)
 - Benchmark data for peer comparisons



Clinical Quality: PQRS

- **QRUR** costs identified through allowed Medicare Part A and Part B charges.
- Cost data has been
 - **Payment standardized** *to remove geographic payment differentials*
 - **Risk adjusted** *to account for differences in beneficiary medical history*
 - **Specialty adjusted** *to account for differences in TIN specialty mix*



Clinical Quality: Medicaid

Medicaid Quality Improvement & Shared Savings Program

Adolescent Well-Care Visits

Annual Fluoride Treatment Ages Birth to 4

Annual Monitoring for Persistent Medications

Appropriate Treatment for Children with Upper
Respiratory Infection

Asthma Medication Ratio

Avoidance of Antibiotic Treatment in Adults with Acute
Bronchitis

Behavioral Health Screening Ages 1-17

Breast Cancer Screening

Cervical Cancer Screening

Chlamydia Screening in Woman

Developmental Screening in the First 3 Years of Life

Diabetes: Medical Attention for Nephropathy

Emergency Department Usage

Follow-up Care for Children Prescribed ADHD Medication

Frequency of Ongoing Prenatal Care

HPV for Female Adolescents

Medication Management for People with Asthma

Metabolic Monitoring for Children and Adolescents on
Antipsychotics

Oral Evaluation Dental Services

PCMH CAHPS

Plan All-Cause Readmission

Post-Hospital Admission Follow-up

Prenatal Care Postpartum Care

Use of Imaging Studies for Low Back Pain

Well-Child Visits in the First Fifteen Months of Life

Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life



Clinical Quality: ACO

CAHPS: Consumer Assessment of Health Providers and Systems

- Getting Timely Care, Appointments, and Information
- How Well Your Doctors Communicate
- Patients' Rating of Doctor
- Access to Specialists
- Health Promotion and Education
- Shared Decision Making
- Health Status/Functional Status
- Stewardship of Patient Resources



Clinical Quality: ACO

ACO Measures Reported through GPRO

Falls: Screening for Fall Risk	Diabetes—Eye Exam*
Influenza Immunization	Beneficiaries with hypertension: % whose BP is controlled to < 140/90
Pneumococcal Vaccination	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic
Adult Weight Screening and Follow-up	Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Tobacco Use Assessment & Cessation Intervention	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD
Depression Screening	Documentation of Current Medications in the Medical Record*
Colorectal Cancer Screening	Depression Remission at Twelve Months*
Mammography Screening	Statin Treatment for the Prevention and Treatment of Cardiovascular Disease (<i>new measure for 2016</i>)
Proportion of Adults who had blood pressure screened in past 2 years	
Beneficiaries with diabetes: >9% with poor control of hemoglobin A1c (HbA1c)	



Clinical Quality: ACO

CMS Claims Measures

- Risk Standardized, All Condition Readmissions
- Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)
- All-Cause Unplanned Admissions:
 - Patients with **Diabetes**
 - Patients with **Heart Failure**
 - Patients with **Multiple Chronic Conditions**: 2+ of the following:
*Acute myocardial infarction (AMI), Alzheimer's disease/related disorders or senile dementia, Atrial Fibrillation, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disease (COPD) and Asthma, Depression, **Heart Failure**, Stroke and Transient Ischemic Attack (TIA)*
- ASC Admissions: **COPD** or **Asthma** in Older Adults
- ASC Admission: **Heart Failure**
- % of PCPs who successfully meet MU Requirements

Clinical Quality: CT SIM

Draft SIM Quality Council Provisional Measure Set: Core Quality Measures
PROVISIONAL RECOMMENDATION_PENDING STEERING COMMITTEE REVIEW PUBLIC COMMENT

#	Core Measures	NQF #	ACO #	Steward	Data Source	Health Equity Focus
Consumer Engagement						
1	PCMH – CAHPS measure	0005		NCQA		✓
Care Coordination						
2	Plan all-cause readmission	1768		NCQA	Claims	✓
3	Emergency Department Usage per 1000			NCQA	Claims	✓
4	Annual monitoring for persistent medications	2371		NCQA	Claims	
Prevention						
5	Breast cancer screening	2372	20	NCQA	Claims	
6	Cervical cancer screening	0032		NCQA	Claims	
7	Chlamydia screening in women	0033		NCQA	Claims	
8	Colorectal cancer screening	0034	19	NCQA	EHR	✓
9	Adolescent female immunizations HPV	1959		NCQA	Claims	
10	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024		NCQA	EHR	
11	Preventative care and screening: BMI screening and follow up	0421	16	CMMC	EHR	
12	Developmental screening in first 3 years of life	1448		OHSU	EHR	
13	Well-child visits in the first 15 months of life	1392		NCQA	Claims	
14	Adolescent well-care visits			NCQA	Claims	
15	Tobacco use screening and cessation intervention	0028	17	AMA/PCPI	EHR	
16	Prenatal Care & Postpartum care	1517		NCQA	EHR	
17	Screening for clinical depression and follow-up plan	0418	18	CMS	EHR	✓
18	Behavioral health screening (Medicaid only)			Custom	Claims	
Acute & Chronic Care						
19	Medication management for people w/ asthma*	1799		NCQA	Claims	✓
20	Asthma Medication Ratio*	1800		NCQA	Claims	✓
21	DM: Hemoglobin A1c Poor Control (>9%)	0059	27	NCQA	EHR	✓
22	DM: HbA1c Testing**	0057		NCQA	Claims	✓
23	DM: Diabetes eye exam	0055	41	NCQA	EHR	
24	DM: Diabetes: medical attention for nephropathy	0062		NCQA	Claims	
25	HTN: Controlling high blood pressure	0018	28	NCQA	EHR	✓
26	Use of imaging studies for low back pain	0052		NCQA	Claims	
27	Avoidance of antibiotic treatment in adults with acute bronchitis	0058		NCQA	Claims	
28	Appropriate treatment for children with upper respiratory infection	0069		NCQA	Claims	
Behavioral Health						
29	Follow-up care for children prescribed ADHD medication	0108		NCQA	Claims	
30	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only, custom measure)				Claims	
31	Depression Remission at 12 Twelve Months	0710	40	MNCM	EHR	
32	Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment	1365		AMA/PCPI	EHR	
33	Unhealthy Alcohol Use – Screening			AMA/PCPI	EHR	

*Recommend one of the two for health equity, pending public comment

**Continued need for this measure will be re-evaluated after NQF 59 is in production



Clinical Quality: CT SIM

Draft SIM Quality Council Provisional Measure Set: Reporting Measures / Development Measures PROVISIONAL RECOMMENDATION_PENDING STEERING COMMITTEE REVIEW PUBLIC COMMENT

Reporting Measures	NQF #	ACO #	Steward	Data Source	Health Equity Focus
Care Coordination					
30 day readmission			MMDLN	Claims	
% PCPs that meet Meaningful Use	11		CMS	EHR	
Prevention					
Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516		NCQA	Claims	
Frequency of Ongoing Prenatal Care (FPC)	1391		NCQA	EHR	
Oral Evaluation, Dental Services (Medicaid only)	2517		ADA	Claims	✓
Acute and Chronic Care					
Cardiac stress img: Testing in asymptomatic low risk patients	0672		ACC	EHR	
Behavioral Health					
Anti-Depressant Medication Management	0105		NCQA	Claims	
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004		NCQA	Claims	
Follow up after hospitalization for mental illness, 7 & 30 days			NCQA	Claims	
Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions			APA	EHR	

Development Measures	NQF #	ACO #	Steward	Data Source	Health Equity Focus
Care Coordination					
ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults	0275	9	AHRQ	Claims	
ASC: heart failure (HF)	0277	10	AHRQ	Claims	
All-cause unplanned admission for MCC		38	CMS	Claims	
All-cause unplanned admissions for patients with heart		37	CMS	Claims	
All-cause unplanned admissions for patients with DM		36	CMS	Claims	
Asthma in younger adults admission rate	0283		AHRQ	Claims	✓
Preventable hospitalization composite (NCQA)/Ambulatory Care Sensitive Condition composite (AHRQ) (adult)			NCQA / AHRQ	Claims	✓
Asthma admission rate (child)	0728		AHRQ	Claims	✓
Pediatric ambulatory care sensitive condition admission composite			Anthem	Claims	✓
ED Use (observed to expected) – New NCQA			NCQA	Claims	✓
Annual % asthma patients (2-20) with 1 or more asthma-related ED visits			None	Claims	
Prevention					
Oral health: Primary Caries Prevention	1419		None	Claims	
Acute and Chronic Care					
Gap in HIV medical visits	2080		HRSA	EHR	
HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis	0409		NCQA	EHR	
HIV viral load suppression	2082		HRSA	EHR	
DM: Diabetes foot exam	0056		NCQA	EHR	

APCD Data Connectivity with Other Data Sources

CONNECTING APCDs TO OTHER DATA SOURCES: OPPORTUNITIES FOR CONNECTICUT

Rob Aseltine, PhD
University of Connecticut
February 11, 2016



Center for Public Health
and Health Policy



APCDs are great, but ...

- Limited to stuff that is captured in clinical settings
 - Problem: lots of really important causes and consequences of poor health happen outside the healthcare system
 - E.g., death, unemployment, incarceration
- Limited to info captured in billing claims
 - Missing: health behavior, key patient information, etc.

Benefits of Connecting APCD Data to Vital Statistics Registries: Examples

1. Using morbidity and mortality data to identify CT school districts with high/low risk of suicide

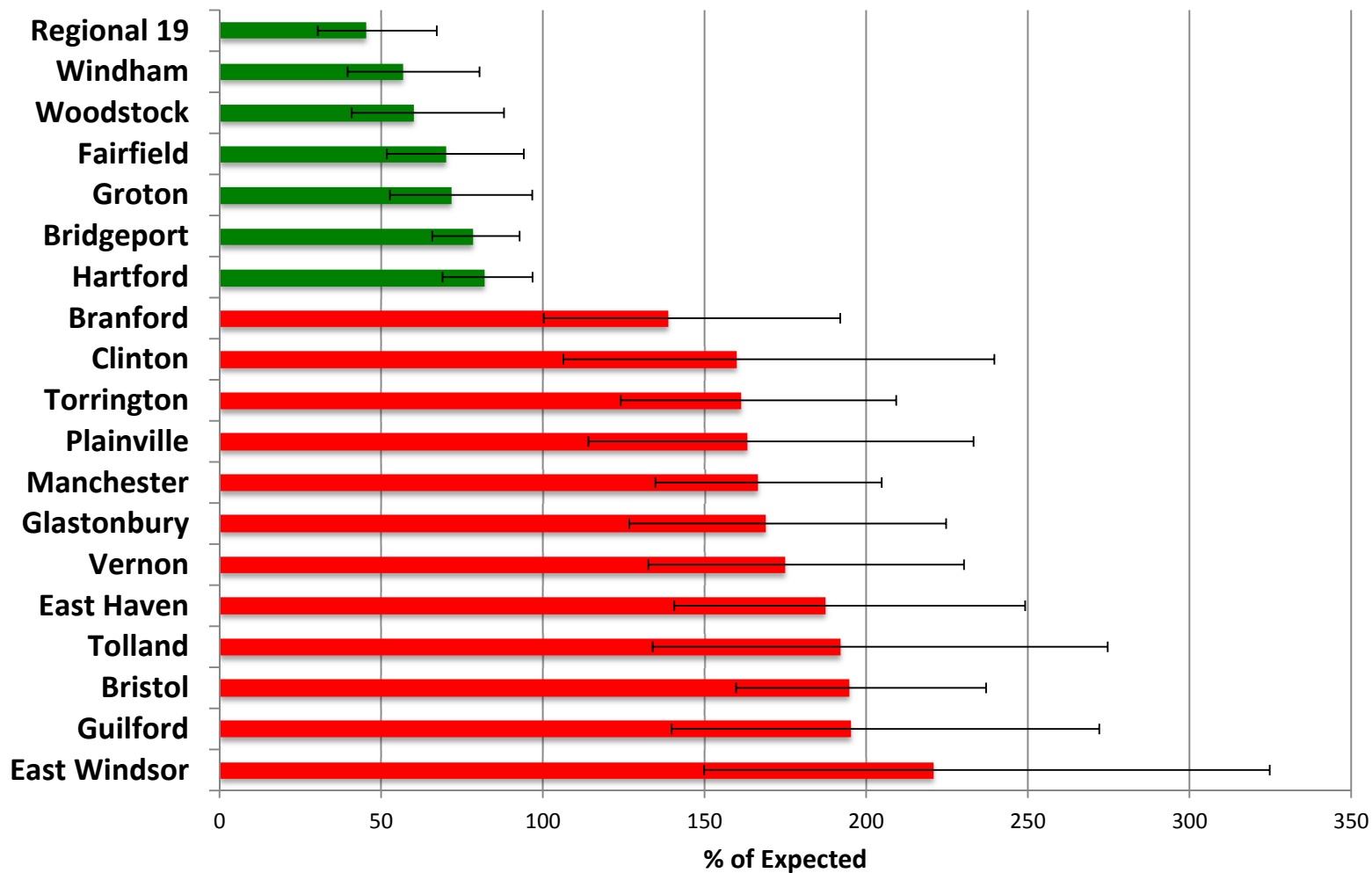
➤ Rationale:

- Resources for suicide prevention scarce
- Most youth suicide prevention delivered at the school/school district level
- Mortality data too sparse to identify at risk areas
 - Need to combine with medically serious attempts

Combining Connecticut's hospitalization and death data to examine youth suicide risk

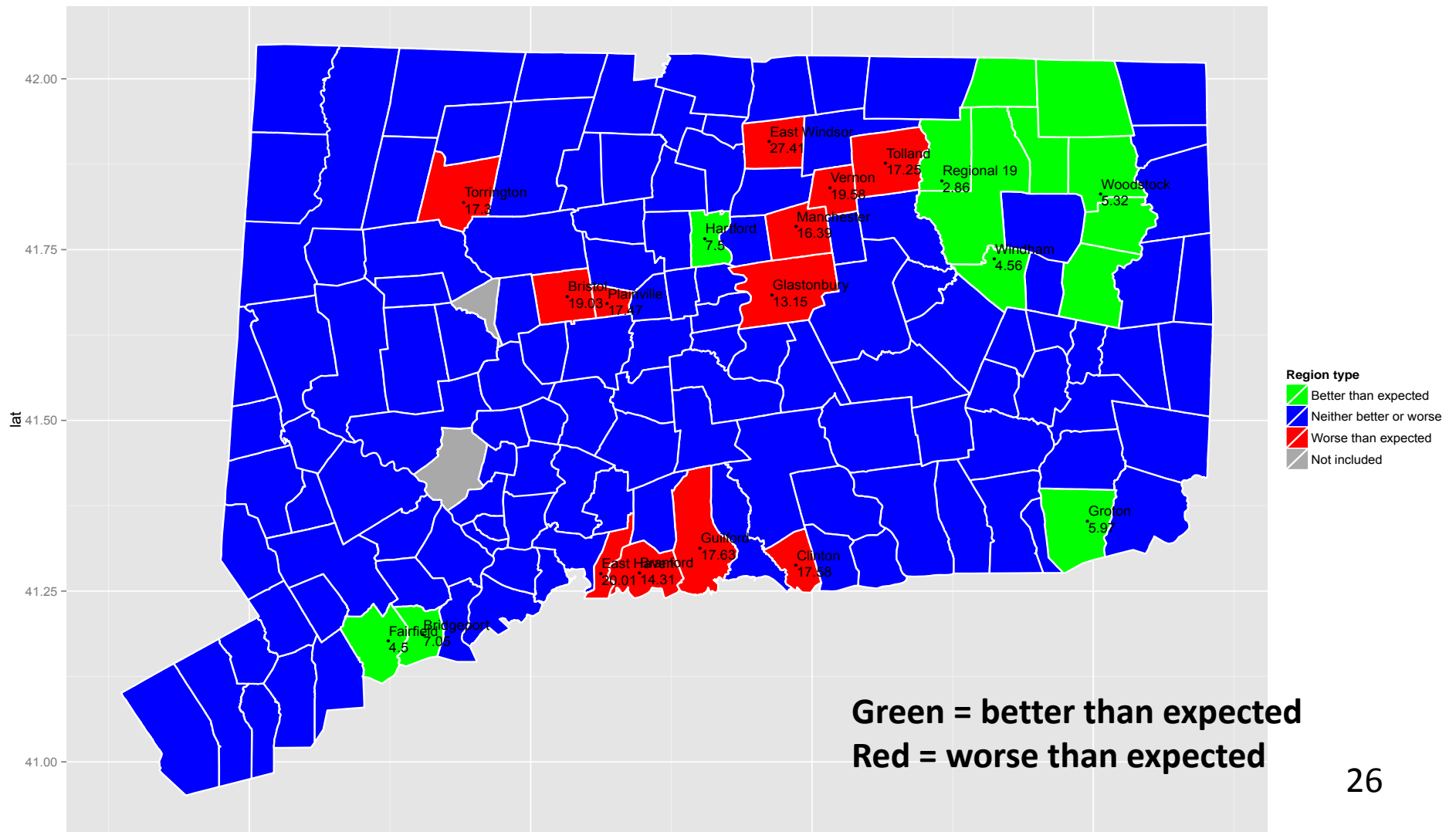
- **Hospitalization:** E950-959 codes in the CT Hospital Inpatient Discharge Database (DPH)
- **Death:** Suicides identified by the Office of the Connecticut Medical Examiner
 - Drew on US Census data to control for community level advantages/disadvantages
 - Examined 10 – 24 year olds to align with GLS

High and Low Risk School Districts: Random Intercept Results



Source: CT HDD & OCME

Geographic Distribution of High and Low Risk Districts: Adjusted Model



Benefits of Connecting APCD Data to Vital Statistics Registries:

Examples

2. Using birth records to provide missing race and ethnicity information in the CT APCD

➤ Rationale:

- APCDs largest repositories of health information in US
- ~ 3% of claims data include patient's race and ethnicity
- This information captured in other databases, e.g. birth records

Combining Connecticut's APCD with DPH Birth Records

- Collaboration involving UConn, Access Health CT, DPH, Onpoint, CSMS
- Two step process:
 1. Merge birth records with APCD member file
 - ~ 60% of CT residents born in CT; have child in CT (?)
 2. Use multiple imputation to impute race and ethnicity for patients not in birth records
 - Uses patient demographics (address, name, age etc.) to build a predictive model for patients race/ethnicity
- Results included in APCD files

Summary

- Many benefits of connecting the APCD to other data sources
 - Potential for far more compelling insights into causes and consequences of access to/utilization/outcomes of care
 - e.g., employment (DOL), education (SDE), early intervention (DDS)
- Ability to get critical info that is impossible or costly to collect



Questions?

Designing Costs Transparency Report

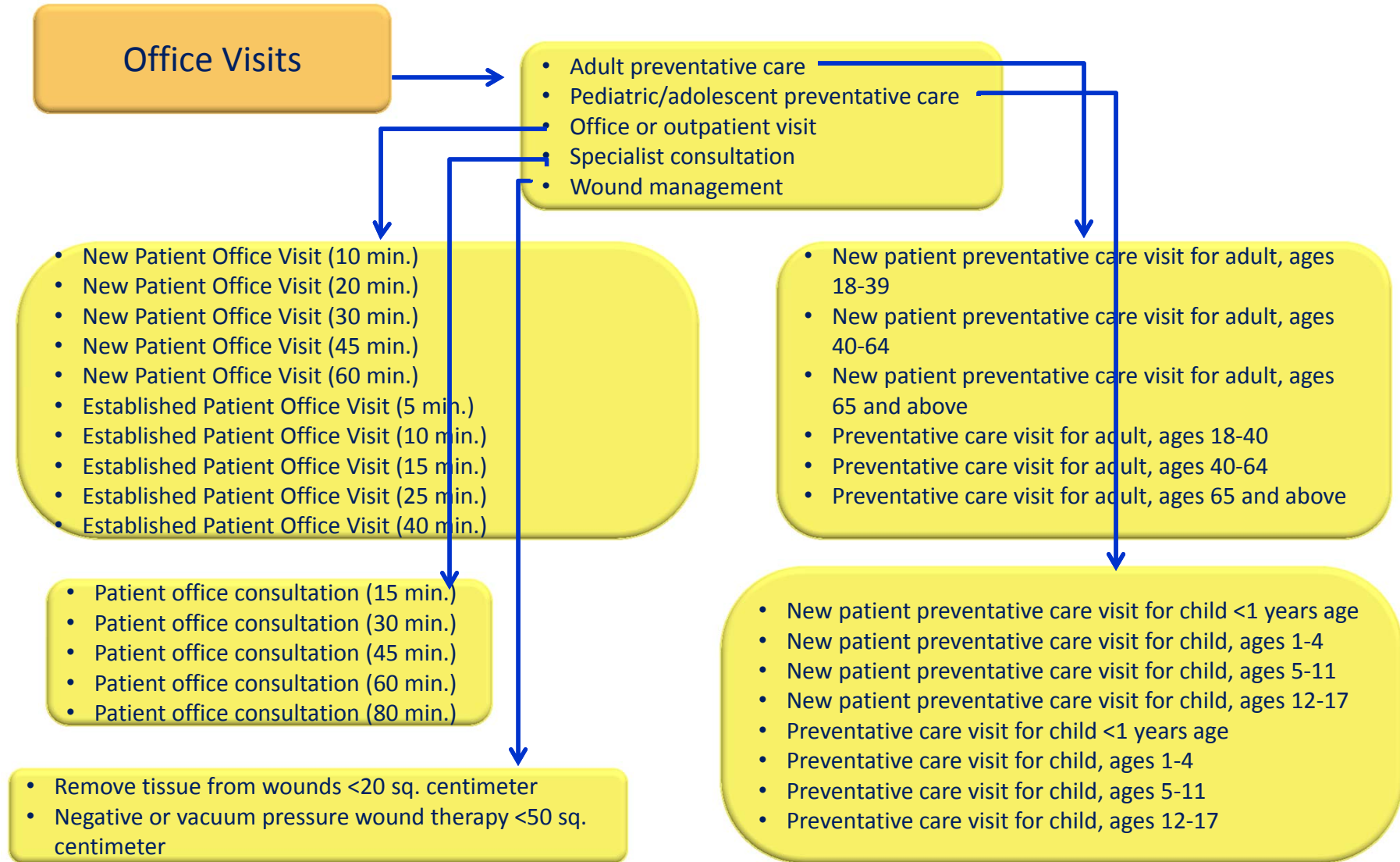
Basic Components

1. Web based delivery
2. Web design simplicity
3. Choices of Services – Elective vs Nonelective, Shoppable vs Non-shoppable
4. Bundling of Services
5. Selection controls
 - a. Distance (in miles)
 - b. Products (POS, PPO, HMO)
 - c. Carriers (health insurance companies)
 - d. Comparisons (between facilities and/or providers)
6. Description of the service(s) in layman's terms
7. Outcomes – costs and quality by facility and/or provider group
8. Outlier suppressions, median values, removal of incomplete encounters

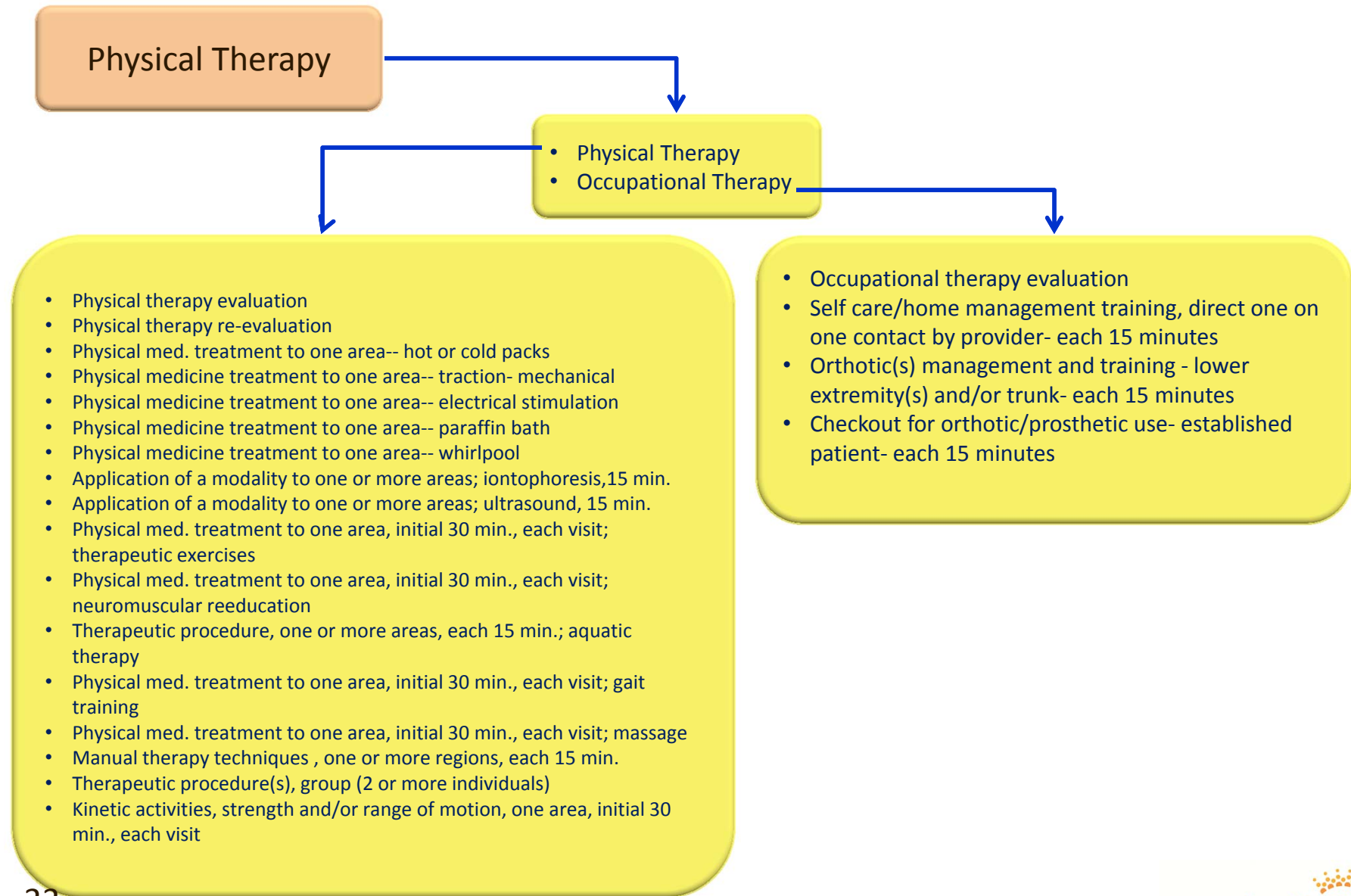
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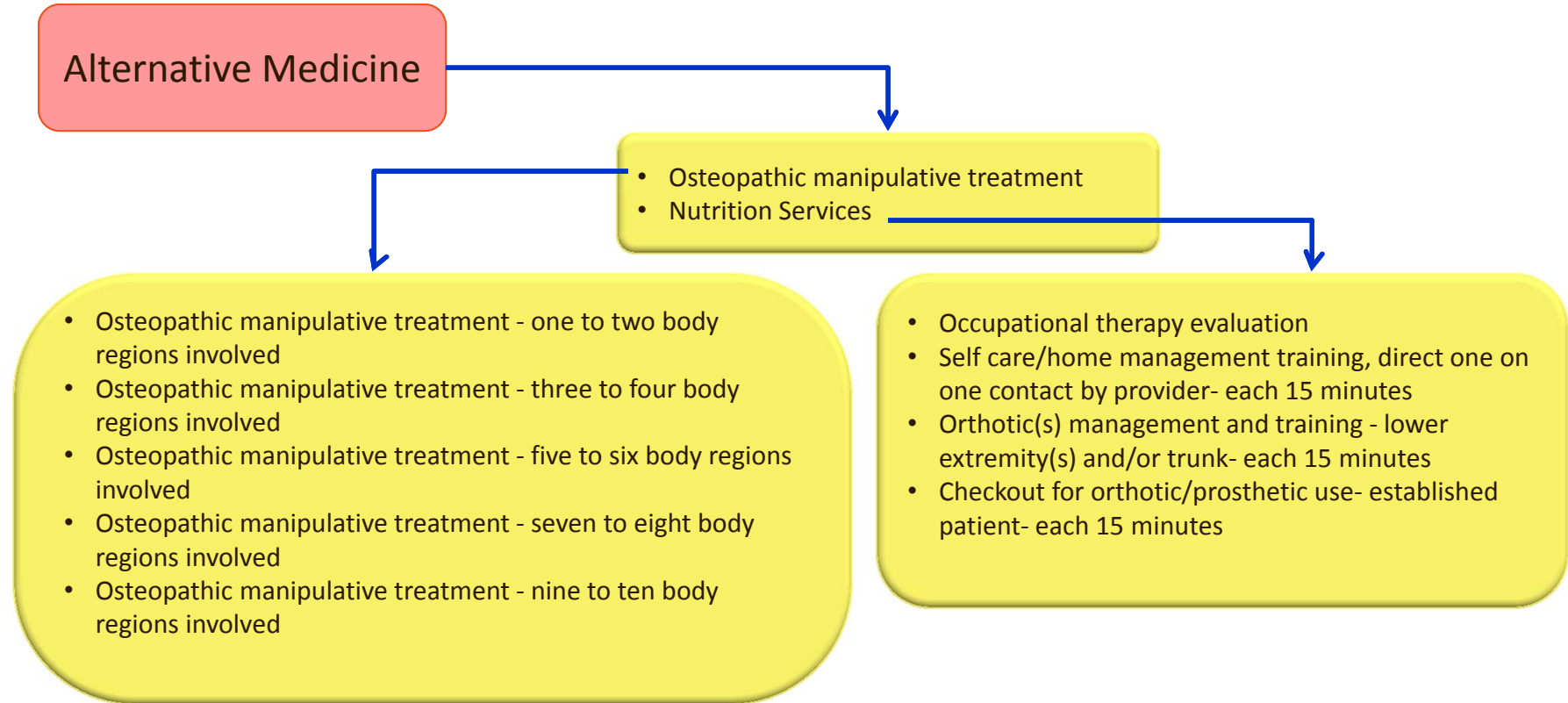
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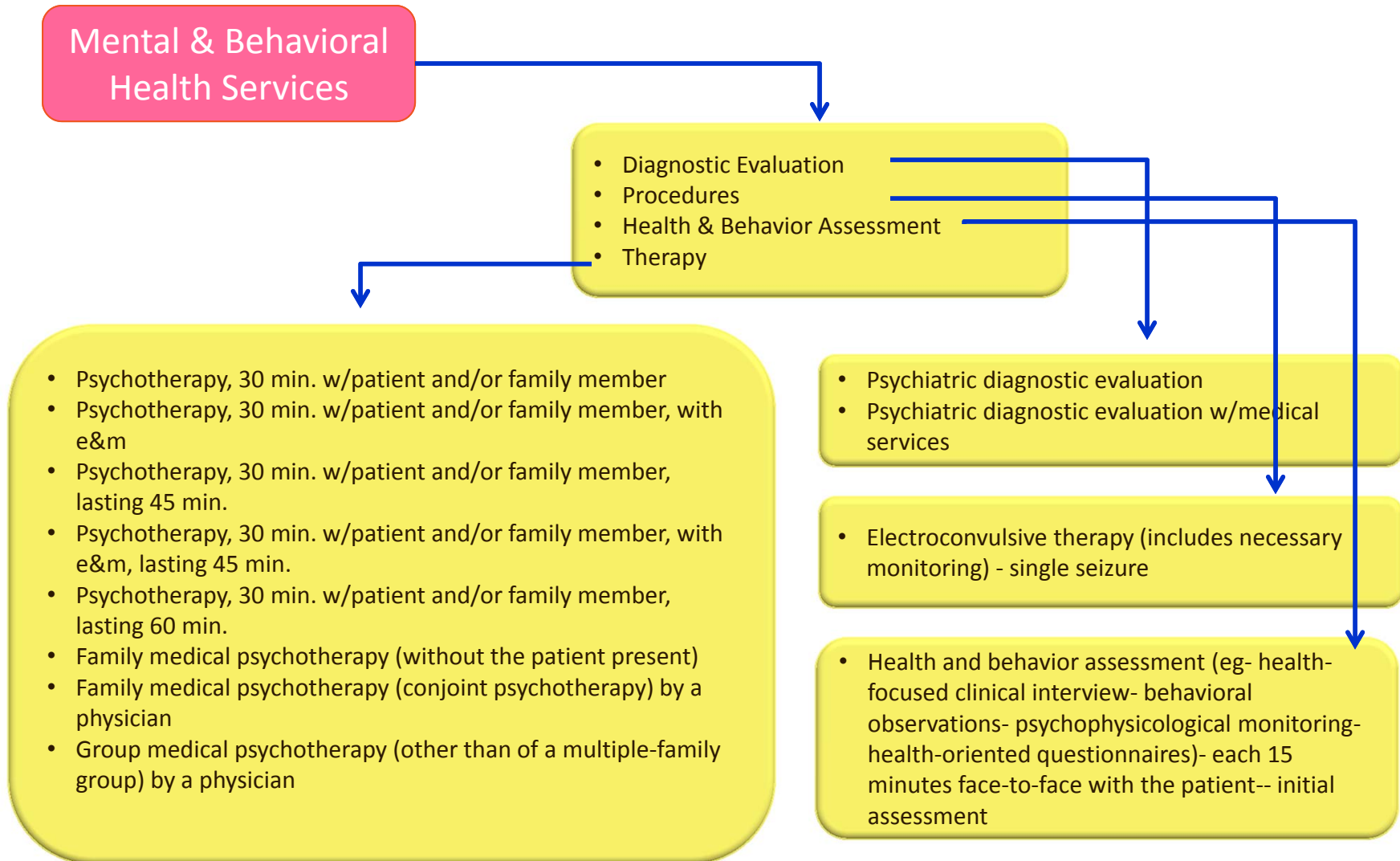
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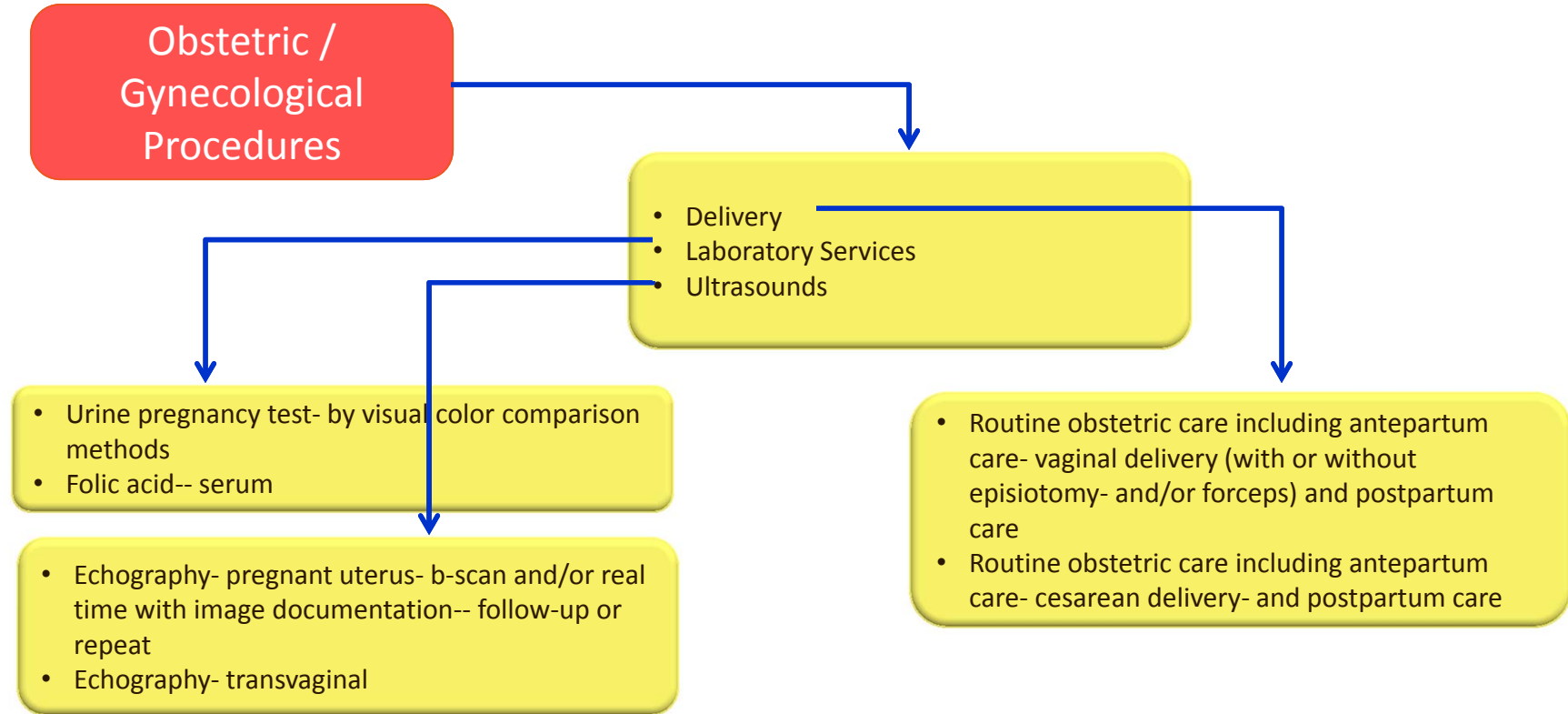
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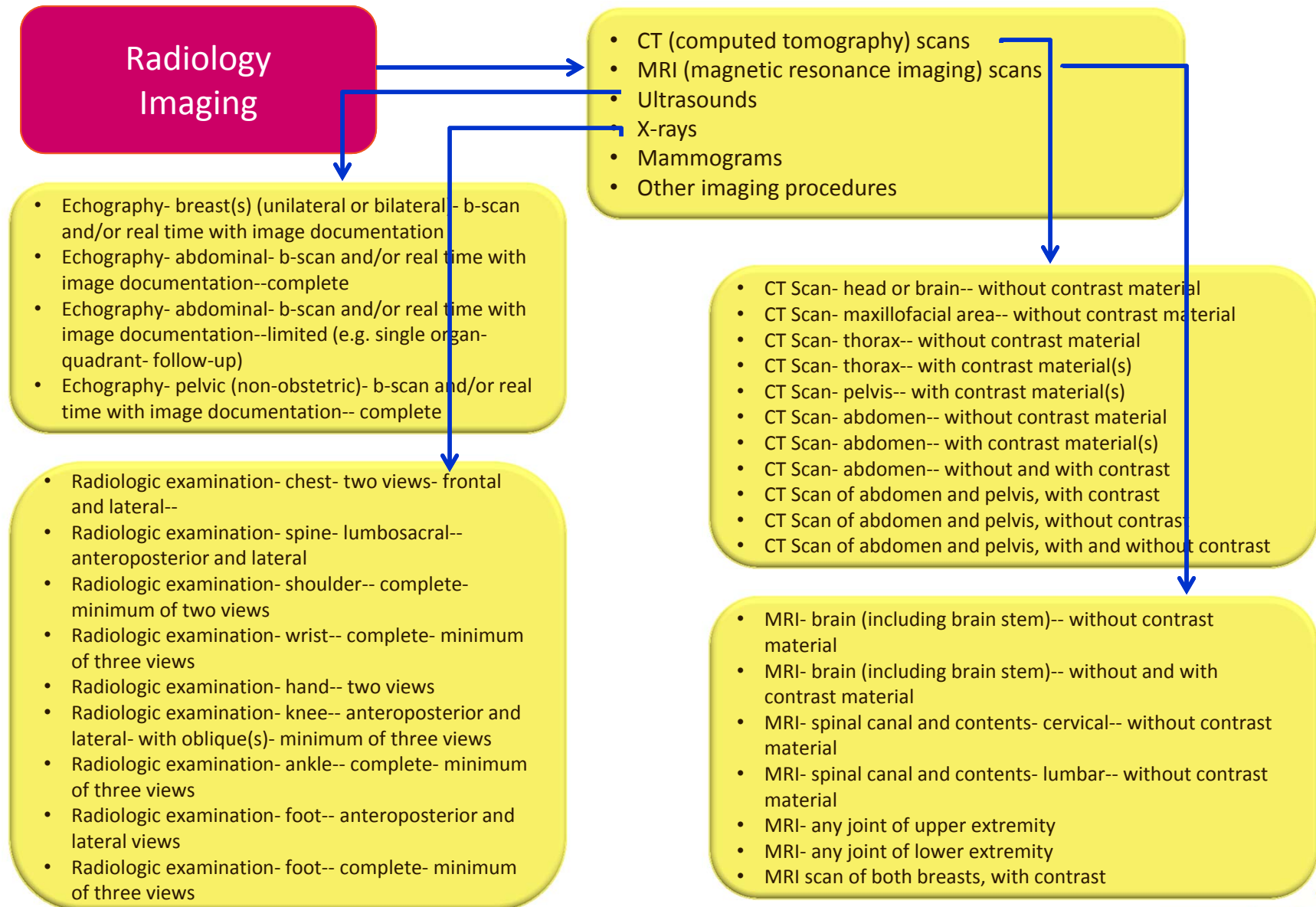
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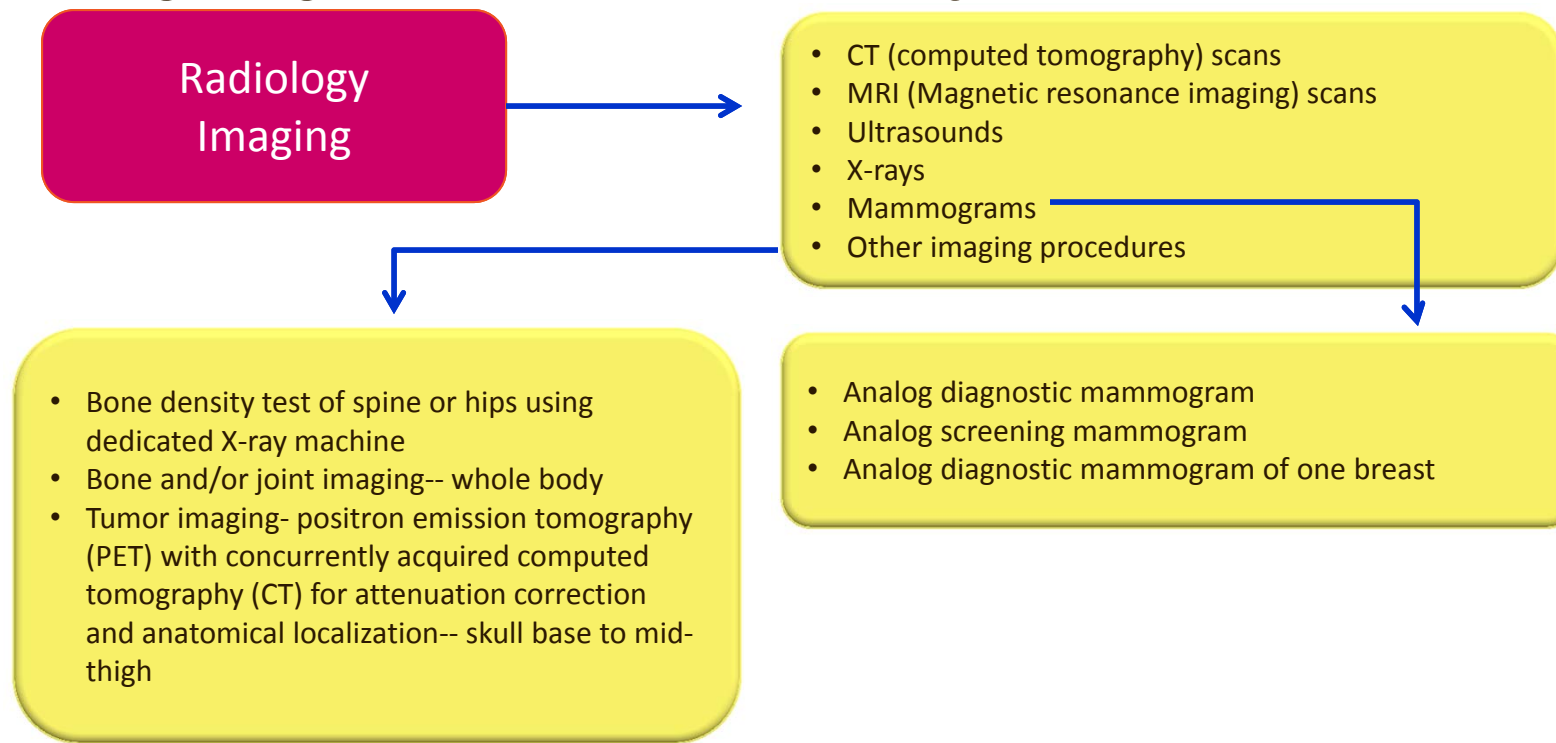
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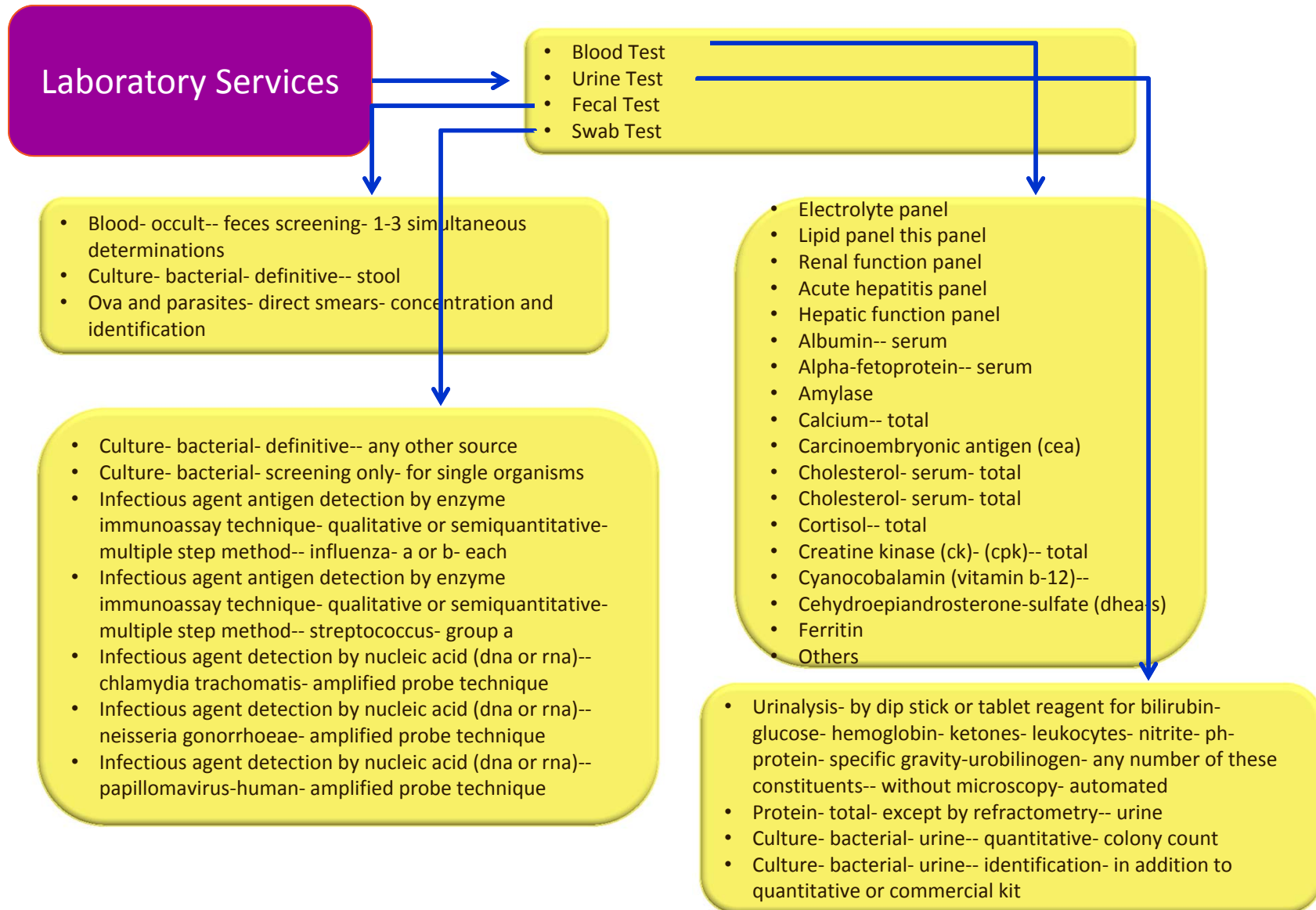
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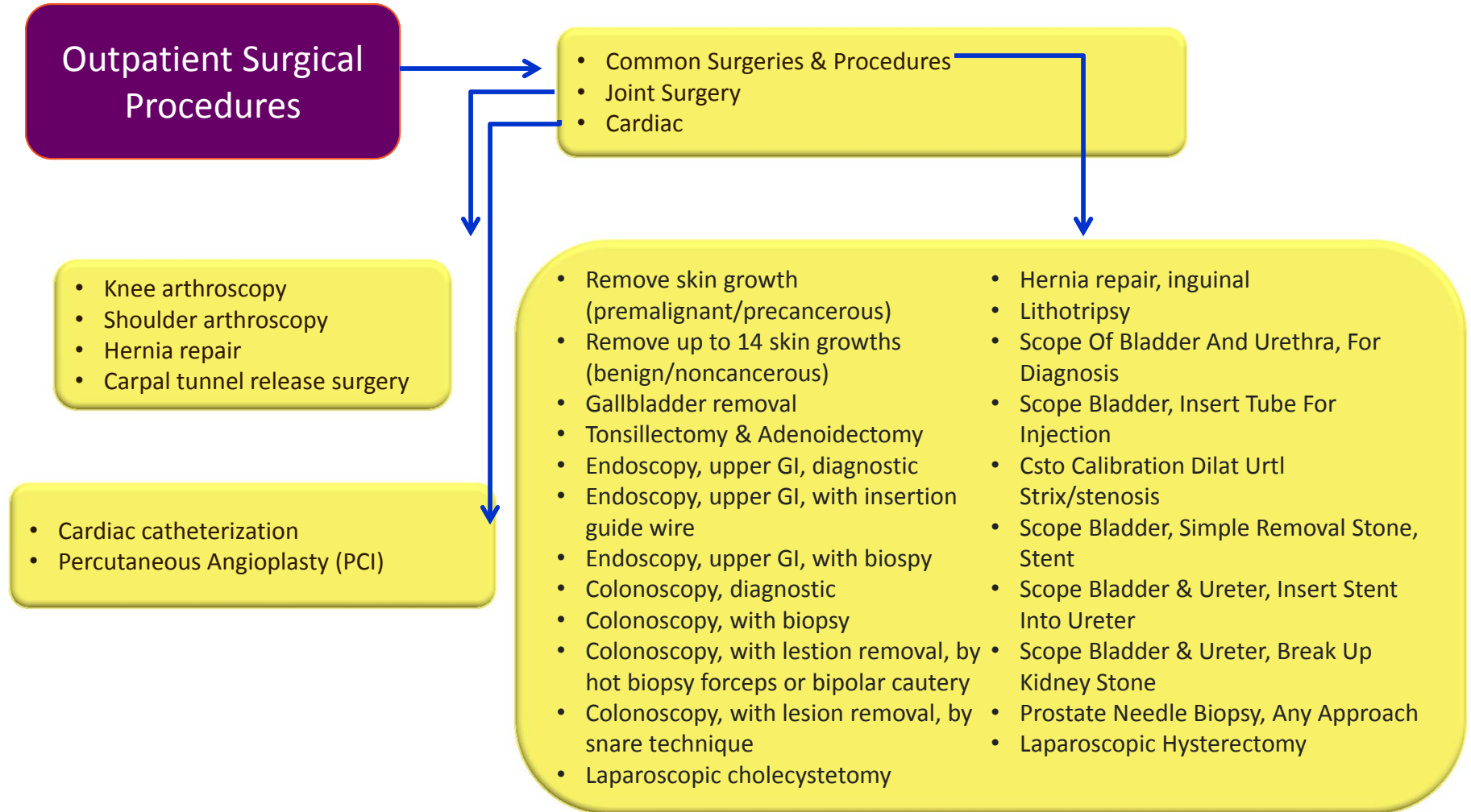
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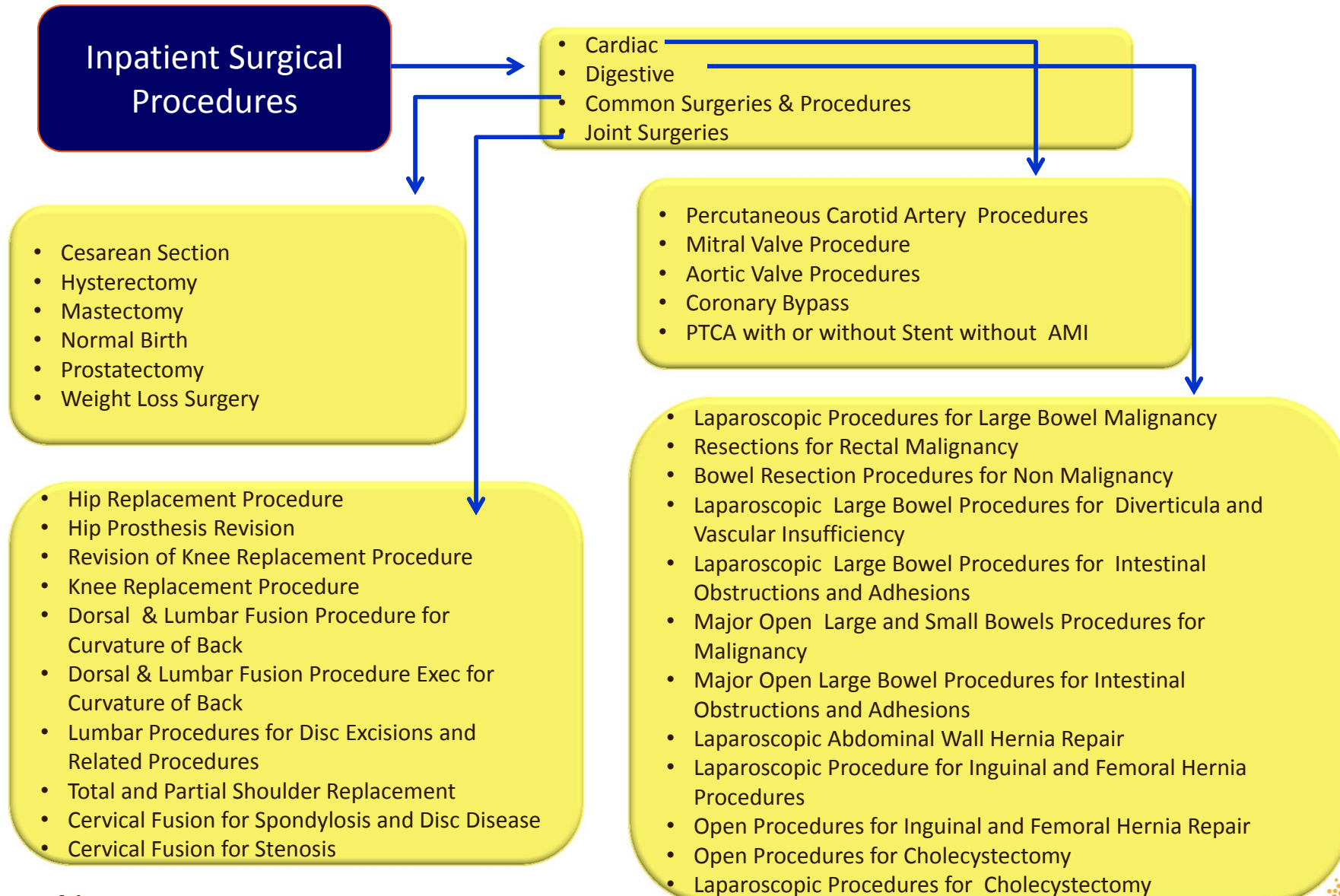
Designing Costs Transparency Report



Designing Costs Transparency Report



Designing Costs Transparency Report



CDS Tool - Google Analytics (11/1/15 - 1/31/16)



Sessions – number of instances of anyone using site

Users – number of unique people using site

Pageviews – number of total pages on site loaded

Pages/Session – number of pages loaded per use

Avg. Session Duration – average length of time people spend on site

Bounce Rate – percentage of users viewing one page and then leaving site

% New Sessions – users divided by sessions

Future Meetings

Access Health Analytics

All Payer Claims Database – 2016 Meetings Schedule

All meetings are held on the second Thursday of every third month from 9:00 – 11:00 a.m. ET (unless otherwise indicated)

Date	Time	Venue
May 12, 2016	9:00 - 11:00 AM	TBD
August 11, 2016	9:00 - 11:00 AM	TBD
November 10, 2016	9:00 - 11:00 AM	TBD