

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Quality Council

August 12, 2015

Hospital Admission Measures: Base Rate Analysis

| Measure | Base Rate Plan A | Base Rate Plan B | Base Rate Medicaid | Base Rate Sufficient?* |
|---|------------------|------------------|--------------------|------------------------|
| Plan all-cause readmission | 150-250** | >150 | >500 | |
| Skilled Nursing Facility 30-day All-Cause Readmission Measure (SNFRM) | Not Available | 0-50 | 0-50 | |

*green if sufficient for both commercial and Medicaid

**based on 2014 HEDIS Methodology

Recommendation: Include NQF1768 readmission measure (NCQA version)

Care Coordination Measures: Base Rate Analysis

| Measure | Base Rate** Plan A | Base Rate Plan B | Base Rate Medicaid | Base Rate Sufficient? |
|---|-----------------------|---------------------|-----------------------|--------------------------|
| All-cause unplanned admissions for patients with DM | 250+ | 200-300 | >300 | |
| All-cause unplanned admissions for patients with heart failure | 50-150 | <100 | 50-100 | |
| All-cause unplanned admission for multiple chronic conditions (MCC) | 50-150 | Not Available | Not Available | |
| Ambulatory sensitive condition admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults | Not Available | 50-150 | Estimated | |
| Ambulatory sensitive conditions admissions: heart failure (HF) | 50-150 | <100 | 50-100 | |
| Hospital admissions for asthma (adults) | Not available | <100 | >250 | |
| Ambulatory care sensitive condition composite admissions*** (adult) | >250* | >250* | 250* | |

*Inferred based on combined prevalence of asthma and diabetes, two of the conditions that comprise this measure

**Base rate means number of cases in the denominator per 5,000 general members (adult)

***There are three measure options, Anthem custom, NCQA, or AHRQ/PQI, see last slide

Care Coordination Measures: Base Rate Analysis

| Measure | Base Rate Plan A | Base Rate Plan B | Base Rate Medicaid | Base Rate Sufficient? |
|---|------------------|------------------|--------------------|-----------------------|
| Hospital admissions for asthma (pediatric) | 150-250 | Not Available | >250 | |
| Pediatric ambulatory care sensitive condition composite admissions | 150-250* | Not Available | >250 | |

*Inferred based on prevalence of asthma which is one of the conditions that would comprise the composite.

**Base rate means number of cases in the denominator per 5,000 general members (children under 18)

Recommendation (preceding page): Include new NCQA ASC composite, at such time as appropriate risk standardization can be established

Recommendation: Include pediatric hospital admission measure – NQF 728

Emergency Department Measures

| Domain: care coordination/patient safety | | NQF | Steward | Source |
|--|---|-----------------|---------|--------|
| | Annual % of asthma patients (ages 2-20) with one or more asthma-related emergency department visits | 1381 | Alabama | Claims |
| | Relative Resource Use for People w/ Asthma <u>Subcategory</u> – Ambulatory services: Emergency Department | 1560 | NCQA | |

- Comment on asthma ED measure:
 - Asthma ED possible strong indicator of effective asthma management; however, NQF endorsement removed and AL will no longer steward
 - NCQA recommends CT consider using risk-standardized asthma ED observed/expected ratio that is one component of their relative resource utilization measure
 - NCQA measure is risk standardized, age stratified, results in observed to expected ratio; can do all ages or limit to pediatric; use of this measure for scorecard and payment appears to be without precedent.

Recommendation: Either asthma hospital admissions or ED use but not both

Emergency Department Measures

| Domain: care coordination/patient safety | | NQF | Steward | Source |
|--|--|-----|------------|--------|
| | Potentially avoidable ER rate | - | Anthem | Claims |
| | ED Utilization: number of emergency department (ED) visits during measurement year (observed) and predicted probability of ED visits (expected) for members 18 years of age and older. Age, gender and co-morbid conditions are considered to calculate the expected number of ED discharges (Medicare only) | - | NCQA (new) | Claims |

Emergency Department Measures

- **Comment on avoidable ED measure:**
 - Avoidable ED use is difficult to measure accurately
 - Yale CORE advises not a clear dichotomy
 - VT reports effort to use NYU algorithm (Anthem also uses adaptation of NYU algorithm); providers concerned about lack of national benchmarks, difficulty categorizing visits reliably/accurately...some admissions are part avoidable/part un-avoidable, and measure does not give clear guidance as to which cases should have different follow-up; neither payment nor reporting ; they use for monitoring only

Recommendation: Implement new NCQA measure, reporting only

Adult Ambulatory Care Sensitive Condition Composites

| Domain: care coordination/patient safety | | NQF | Steward | |
|--|---|-----|-------------|--------|
| | Ambulatory Sensitive Condition (ASC) Admissions | | Anthem/AHRQ | Claims |
| | Ambulatory Sensitive Conditions: PQI Composite | | AHRQ | Claims |
| | Ambulatory Sensitive Condition Admissions | | NCQA | Claims |

- **Options:**

- Use Anthem adaptation of AHRQ/PQI ambulatory care sensitive condition composite
- CT (w/ other SIM states?) stewards risk standardization of NCQA ambulatory care sensitive condition composite (currently Medicare only)