

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# SIM Quality Council

November 9, 2016

**Public Comment & Minutes**



**Updates/ Recap**



**Purpose of Today's Meeting**



**Public Scorecard (75 min)**



**Alignment Grid (10 min)**

# Updates / Recap

- 10/31/2016: Quality Council meeting via conference call regarding **prenatal/post-partum quality measure**. Decision was to retain the measure
- **Quality Council Report:** Steering Committee meeting 11/10
- **Health equity quality measure:** Yale CORE submitted grant proposal to work with DSS and SIM PMO on health equity measurement methods for value-based payment
- **PMO** considering options for supporting annual review and update of core measure set and work on development set

# Purpose of Today's Meeting

# Online Healthcare Scorecard

Status Update



Decision Points



Timeline

# Status Update

- States
  - Washington
  - Minnesota
  - Wisconsin
  - Maine
  - California (3 scorecards)
- Discussion Points
  - Initial planning
  - Methods: scoring, data validation, risk adjustment, attribution
  - Post-Publication: publicity, analytics, user questions
  - Staffing and budget

# Status Update: Findings (1 of 2)

State	Who are they rating?	What are they rating?	What data are they using?	How are they getting their data?	What is their scoring method?
<b>MN</b>	Hospital Medical Group	Quality Pat. Exp. Cost	EHR CAHPS	Providers submit data in three waves each year	State average (actual and expected )
<b>WI</b>	Hospital Clinic Medical Group	Quality	EHR Claims	Provider Submission	National benchmark
<b>WA</b>	State County Health Plan Hospital Clinic	Quality Pat. Exp.	Claims Survey Registries	Payers submit data into associated APCD	National benchmark
<b>ME</b>	Hospital Clinic Lab	Cost Quality	Claims CMS	Payers submit data into associated APCD	State average (cost) National and State benchmark (quality)

# Status Update: Findings (2 of 2)

State	Who are they rating?	What are they rating?	Data Sources	How are they getting their data?	Scoring Method
<b>CA (Pt Adv.)</b>	Medical Group, PPO, HMO	Quality Pat Exp. Cost	EHR Public data	Publically available HHS data & provider submission as flat file	State Average
<b>CA (Dept. Ins.)</b>	Hospital, Medical Group	Quality Pat Exp. Cost	CDC CMMI, etc.	Aggregate data/publically available reports	State Average
<b>CA (UCSF)</b>	Hospital, Nursing Home, Assisted Living Hospice	Quality Pat Exp.	Publically available data	Aggregate data/publically available reports	State Average

- What we learned about process
  - Users varied, consumers not main users
  - Relationship building critical
  - Data validation important
  - Takes time, staff and budget
- What we learned about building a scorecard
  - Scoring: two options
  - Risk adjustment - opportunity for innovation
  - Attribution methods
    - » Few states able to de-duplicate patient data

# CT Scorecard Decision Points

- Data Source: APCD and CAHPS
- Measures:
  - Quality Council's Core and Reporting Sets (claims based)
  - Consider reporting set review and update
- Unit of analysis: Advanced Networks and FQHCs
- Purpose/Use Cases
- Attribution method
- Risk adjustment
- Scoring
- Presentation

- Other states' health care scorecard use cases:
  - **Health care providers: Transparency drives healthcare quality**
  - Health care consumers:
    - Choosing a physician/provider/facility/medical group
    - Choosing a health system/network
  - Physicians: Selecting providers for referrals
  - Payers: Use for pay for performance reimbursement
  - Employers: Inform purchasing decisions
  - Policymakers: Assessing State performance and informing policy
- Discussion
  - What are our priorities regarding use cases?
  - Can we rank our priorities
    -  — Will drive design and functionality

- Level of reporting
  - Other states present measure, domain, and/or overall

**Proposal: Provide measure, domain, and overall scores**

- Rating System
  - Most states scored against averages
  - WA and WI scored against benchmarks

**Proposal: Score against benchmarks**

- One state (MN) Performed risk adjustment
  - Presented adjusted and non-adjusted scores
  - Used clinical risk adjustment and socio-demographic risk adjustment
  - Opportunity for CT innovation

**Proposal: Use risk adjustment (3M CRG) in the APCD  
& explore socio-demographic adjusters**

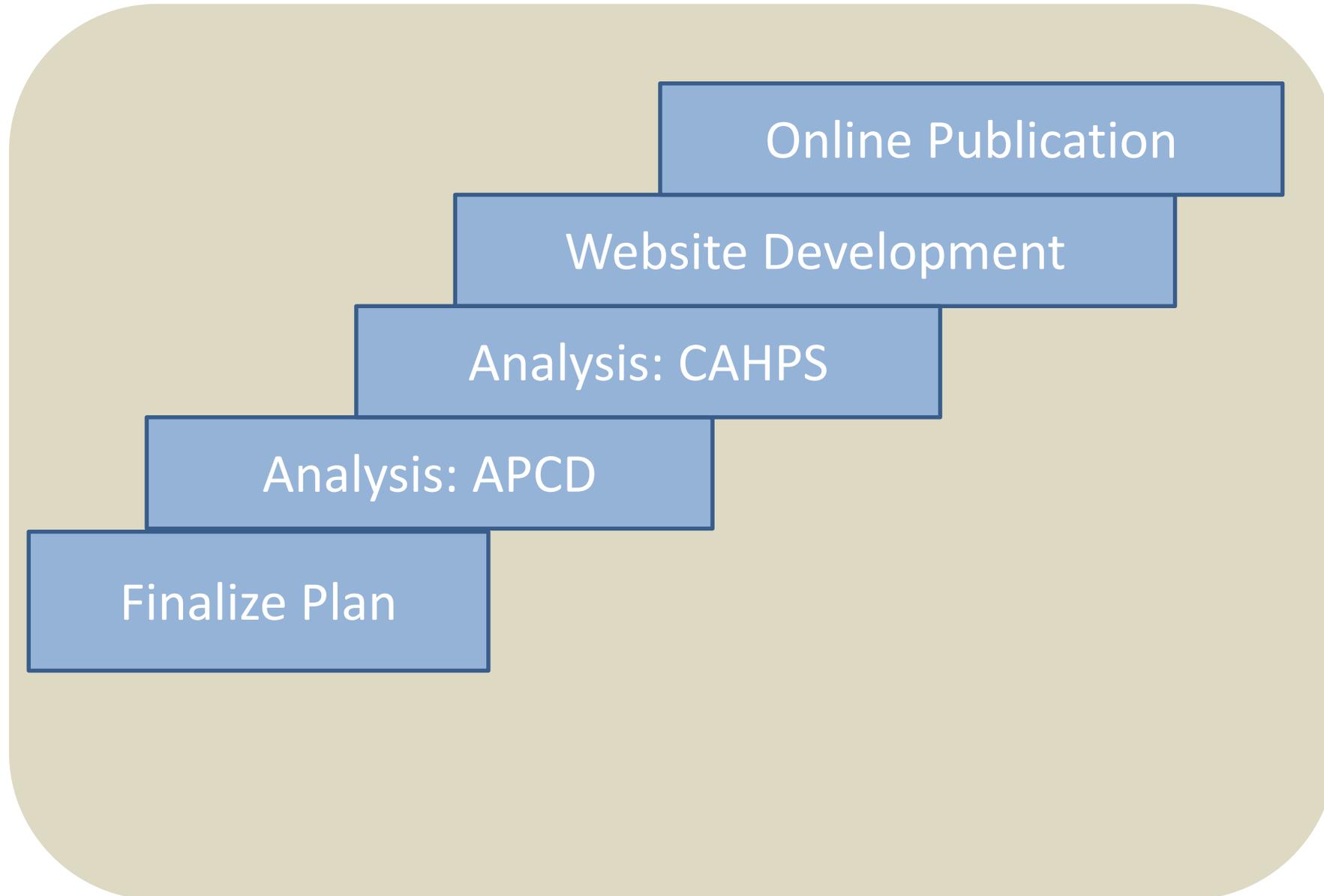
- Attribution methods
  - Patients claimed to be attributed by rated entities
  - Patients attributed to physician seen most frequently
- Most states could not de-duplicate patients
- Data may restrict our choice

Proposal: Table this pending review of APCD data

- Search options
  - Advanced Network/FQHC name
  - Location (proximity to)
  - Measure/Domain
- Interactivity
  - Drill down
  - Search
  - Compare
  - Sort
  - Filter

**Proposal: Send Quality Council members links to other states' scorecard sites and a survey to provide feedback on preferred site attributes**

# Timeline



# Next Steps

- UConn Health SIM Evaluation Team will:
  - Send links and survey
  - Present summary of results to Quality Council at January meeting
  - Develop RFI for information from vendors related to design/hosting/maintenance of website

# Alignment Strategy for SIM Initiatives



## Healthier People and Communities and Improved Health Equity

Reduce the statewide rates of diabetes, obesity, and tobacco use



## Better Care and Improved Health Equity

Improve performance on key quality measures, including preventative care and care experience



## Smarter Spending

Achieve a 1-2% reduction in the annual rate of healthcare growth

# CT SIM: Primary Drivers to achieve Our Aims



\$5.8M

Population  
Health



\$8.8M

Payment  
Reform



\$13.5M

Transform  
Care  
Delivery



\$650K

Empower  
Consumers

**Health Information Technology**

\$10M

**Evaluation**

\$3.5M

- *Enhance focus*
- *Improve coordination and alignment*
- *Simplify*

- *Individuals with Complex Health Needs*
- *Diabetes: prevention and control*
- *Hypertension (HTN): prevention and control*
- *Asthma*
- *Depression*

# CT SIM: Alignment Priority Areas and Primary Drivers

- *Individuals with Complex Health Needs*
- *Diabetes: prevention and control*
- *Hypertension (HTN): prevention and control*
- *Asthma*
- *Depression*



**Adjourn**