

**From:** [SIM\\_OHA](#)  
**To:** [Chaparro, Deanna L](#)  
**Subject:** Fw: SIM Quality Measures  
**Date:** Monday, August 08, 2016 11:51:01 AM  
**Attachments:** [Connecticut Children's grid re SIM Core Measure Set August2016.pdf](#)

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**From:** Baird, Jane <[jbaird@connecticutchildrens.org](mailto:jbaird@connecticutchildrens.org)>  
**Sent:** Friday, August 5, 2016 5:32 PM  
**To:** SIM, OHA  
**Subject:** SIM Quality Measures

Please find below comments and feedback from Dr. Andrea Benin, Senior Vice President for Quality Improvement and Patient Safety at Connecticut Children's Medical Center. Questions regarding Connecticut Children's comments can be directed to Jane Baird, Senior Director of Government Relations ([jbaird@connecticutchildrens.org](mailto:jbaird@connecticutchildrens.org), 860-837-5557).

Connecticut Children's Medical Center appreciates the opportunity to comment on the State Innovation Model quality measures, and we are very interested in the movement toward value-based payment. If you would like to discuss any of the issues we raise, we would be happy to speak with anyone from the SIM Program Management Office.

In our comments, we are taking an approach of offering a few general principles. We have taken the liberty to attach a grid that compares the SIM quality measure set to other existing sets of metrics. This grid is still a work-in-progress, but we are using it to keep the metrics organized. We have included a column that indicates the level of measurement for which each of the metrics has been validated (according their specifications as listed by NQF). We would suggest that the most important overarching principle for this process is that all metrics be used at the level for which they have been validated. For example, metrics validated at the health system level should not be used at the physician level.

In general, we are supportive of the use of metrics from the CHIPRA core measure set as well as those included in CAHPS. However, these metrics are often more appropriate for epidemiological surveillance purposes and not specifically designed for payment models. As a general principle, to be used for a payment model, metrics should have absolute targets of success available. For example, metrics for vaccination rates typically do have absolute targets whereas a metric like avoiding the emergency department for patients with asthma lacks an absolute target. For the latter, there may be some non-preventable reasons why patients will need to use the ED and we do not really know how to identify the "right percentage". This type of issue can make payment models unfair.

We believe that no metrics should be used for payment purposes until they have been used as reporting measures for at least two years. This principle is important because it allows sufficient opportunity for field testing and for understanding how the metric works in a specific environment.

We are not supportive of metrics based upon electronic-EHR data at this time. Given the statewide

challenges to date with Meaningful Use, we believe that infrastructures and analytic capacities are not yet robust enough to take that step. That said, we look forward to a time when it will be possible to reliably capture the appropriate information. We would suggest that you consider pilot testing the ability to capture information from electronic health records, and we would be happy to work with you to determine the infrastructure and systems that would be required.

We would suggest that you consider convening a coordinated stakeholder group that could perform a detailed peer review assessment of each of the metrics on this list and assess the appropriateness of those metrics for payment models. This group would follow the industry model to ensure the list is properly curated. Such a process could encompass a full literature review and the solicitation of comments from quality experts in other states to learn from their experiences using some of these metrics for payment models.

We would love to see Connecticut be a role model and demonstrate how this effort can be successfully implemented and we welcome the opportunity to participate.

Thank you very much!

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**Proposed Core Measure Sets**

Provisional Core Measure Set		NQF	ACO	Steward	Source	Equity	MQISSP	CHIPRA	Hedis	Pediatric Specific	Care Setting	Level of Analysis
<b>Consumer Engagement</b>												
1	PCMH - CAHPS Measure	0005		NCQA		✓	✓		✓	✓	Ambulatory: Clinician Office/ Clinic	Clinician Group/Individual
<b>Care Coordination</b>												
2	Plan all-cause readmission	1768		NCQA	Claims	✓			✓	> 18yrs	Other/ Hospital	Health Plan, Integrated Delivery System
3	Annual monitoring for persistent medication (roll-up)	2371		NCQA	Claims				✓	> 18yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
<b>Prevention</b>												
4	Breast cancer screening	2372	20	NCQA	Claims				✓	>50 yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
5	Cervical cancer screening	0032		NCQA	Claims				✓	21-64 yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
6	Chlamydia screening in women	0033		NCQA	Claims			✓	✓	16-24 yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
7	Colorectal cancer screening	0034	19	NCQA	.EHR	✓			✓	>50 yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
8	Adolescent female immunizations HPV	1959		NCQA	Claims			✓	✓	✓	Ambulatory: Clinician Office/Clinic	Clinician: Group/Practice/ Individual, Health Plan, Integrated Delivery System
9	Weight assessment and counseling for nutrition and physical activity for children/Adolescents	0024		NCQA	.EHR			✓	✓	✓	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
10	Preventive care and screening: BMI screening and follow up	0421	16	CMMC	.EHR				✓	> 18yrs	Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Outpatient Rehabilitation, Behavioral Health/Psychiatric: Outpatient, Home Health, Other	Clinician: Group/Practice, Clinician: Individual/ Team, Population: Community, County or City, National, Regional, State
11	Developmental screening in the first three years of life	1448		OHSU	.EHR		✓	✓		✓	Ambulatory: Clinician Office/Clinic	Population: Regional, State
12	Well-child visits in the first 15 months of life	1392		NCQA	Claims		✓	✓	✓	✓	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
13	Adolescent well-care visits			NCQA	Claims		✓	✓	✓	✓	Ambulatory	
14	Tobacco use screening and cessation intervention	0028	17	AMA/PCPI	.EHR					> 18yrs	Ambulatory: Clinician Office/Clinic, Behavioral Health/Psychiatric: Outpatient, Other	Clinician: Practice/Group/Individual/Team
15	Prenatal Care & Postpartum care	1517		NCQA	.EHR		✓	✓			Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
16	Screening for clinical depression and follow-up plan	418	18	CMS	.EHR	✓				≥12 yrs	Ambulatory Care: Clinician Office/Clinic, Hospital/Acute Care Facility, Inpatient Rehabilitation Facility	Clinician: Group/Individual/Team; Population
17	Behavioral health screening (pediatric, Medicaid only, custom measure)			Custom	Claims		✓			✓		

Acute & Chronic Care

18	Medication management for people w/ asthma	1799		NCQA	Claims	✓	✓	✓	✓	✓	Ambulatory Care: Clinician Office/Clinic, Post Acute/Long Term Care Facility: Nursing Home/Skilled Nursing Facility	Health Plan, Integrated Delivery System
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	27	NCQA	.EHR	✓				≥ 18yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
20	DM: HbA1c Screening	0057		NCQA	Claims		✓			≥ 18yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
21	DM: Diabetes eye exam	0055	41	NCQA	.EHR					≥ 18yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
22	DM: Diabetes: medical attention for nephropathy	0062		NCQA	Claims					≥ 18yrs	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
23	HTN: Controlling high blood pressure	0018	28	NCQA	.EHR	✓			✓	18-85yrs	Ambulatory	
24	Use of imaging studies for low back pain	0052		NCQA	Claims					≥ 18yrs	Ambulatory: Clinician Office/clinic, ASC, Outpt Rehab	Health Plan, Integrated Delivery System
25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058		NCQA	Claims		✓		✓	≥ 18yrs	Ambulatory: Clinician Office; Urgent Care	Health Plan, Integrated Delivery System
26	Appr. Treatment for children with upper respiratory infection	0069		NCQA	Claims				✓	✓	Ambulatory: Clinician Office; Urgent Care	Health Plan, Integrated Delivery System

**Behavioral Health**

27	Follow-up care for children prescribed ADHD medication	0108		NCQA	Claims			✓	✓	✓	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Pediatric, Medicaid only)	2800		NCQA	Claims		✓		✓	✓	Ambulatory Care: Clinician Office/Clinic, Behavioral Health/Psychiatric: Outpatient, Laboratory	Health Plan, Integrated Delivery System, Population: State
29	Depression Remission at 12 Twelve Months	0710	40	MNCM	.EHR					≥18yrs	Ambulatory: Clinician Office/Clinic, Behavioral Health/Psych: Outpatient	Clinician: Group/Practice, Facility
30	Depression Remission at 12 months- Progress Towards Remission	1885		MNCM	.EHR					≥18yrs	Ambulatory Care: Clinician Office/Clinic, Behavioral Health/Psychiatric: Outpatient	Clinician: Group/Practice, Facility
31	Child & Adolescent MDD: Suicide Risk Assessment	1365		AMA/PCPI	.EHR			✓		✓	Ambulatory: Clinician Office, Behavioral Health/Psych Outpatient	Clinician: Individual
32	Unhealthy Alcohol Use - Screening	2152		AMA/PCPI	.EHR					≥18yrs		

**Development Set**

**Care Coordination**

1	ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults	0275	9	AHRQ	Claims					≥ 40yrs	Hospital/Acute Care Facility	Population: city or county
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2	ASC: heart failure (HF)	0277	10	AHRQ	Claims					≥ 18yrs	Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care, Behavioral Health/Psychiatric: Inpatient, Behavioral Health/Psychiatric: Outpatient, Emergency Medical Services/Ambulance, Hospital/Acute Care Facility	Health Plan, Integrated Delivery System
3	All-cause unplanned admissions for MCC		38	CMS	Claims					≥65yrs		
4	All-cause unplanned admissions for patients with heart failure		37	CMS	Claims					≥65yrs		
5	All-cause unplanned admissions for patients with DM		36	CMS	Claims					≥65yrs		
6	Asthma in younger adults admission rate	0283		AHRQ	Claims					18-39 yrs	Ambulatory Care: Clinician Office/Clinic	Population: County or City
7	Preventable hospitalization composite (NCQA)/Ambulatory Care Sensitive Condition composite (AHRQ)			NCQA/AHRQ	Claims					≥67 yrs		
8	Asthma admission rate (child)	0728			Claims					✓	Hospital/Acute Care Facility	Population: County, City, National, Regional, State
9	Pediatric ambulatory care sensitive condition admission composite			Anthem	Claims					✓		
10	ED Use (observed to expected) - New			NCQA	Claims					≥18yrs	Hospital	
11	Annual % asthma patients (2-20) with 1 or more asthma-related ED visits	1381		Alabama M	Claims					2-20yrs	Hospital/Acute Care Facility	Health Plan, Population: County/City

**Prevention**

12	Oral health: Primary Caries Prevention	1419		None	Claims					1-21yrs	Ambulatory	
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**Acute and Chronic Care**

13	Gap in HIV medical visits	2080		HRSA	.EHR					All Ages	Ambulatory: Clinician Office/Clinic	Clinician:Group-Practice, Facility
14	HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis	0409		NCQA	.EHR					≥13yrs	ambulatory: clinician Office/C	Clinician: Individual/Group-Practice
15	HIV viral load suppression	2082		HRSA	.EHR					All Ages	Ambulatory: Clinician Office/Clinic	Clinician:Group-Practice, facility

**Reporting Only**

**Coordination of Care**

1	30 day readmission			MMDLN	Claims							
2	% PCPs that meet Meaningful Use		11	CMS	.EHR						Ambulatory	

**Prevention**

3	Non-recommended Cervical Cancer Screening in Adolescent Female			NCQA	Claims					✓	16-20yrs	Ambulatory	
4	Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)	1516		NCQA	Claims					✓	✓	Ambulatory: Clinician Office/Clinic	Health Plan, Integrated Delivery System
5	Frequency of Ongoing Prenatal Care (FPC)	1391		NCQA	.EHR					✓	All Ages	Ambulatory	Health Plan, Integrated Delivery System
6	Oral Evaluation, Dental Services (Medicaid only)	2517		ADA	Claims					✓	<21yrs	Ambulatory Care: Clinician Office/Clinic	Health Plan, Integrated Delivery System

**Acute and Chronic Care**

7	Cardiac stress img: Testing in asymptomatic low risk patients	0672		ACC	.EHR						All Ages	Ambulatory Care: Clinician Office/Clinic, Imaging Facility	Clinician: Group/Practice, Facility
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**Behavioral Health**



8	Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions			APA	.EHR					≥18yrs		
9	Anti-Depressant Medication Management	0105		NCQA	Claims				✓	≥18yrs	Ambulatory Care: Clinician Office/clinic	Health Plan, Integrated Delivery System
10	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004		NCQA	Claims					≥13yrs	Ambulatory Care: Clinician Office/clinic	Health Plan, Integrated Delivery System
11	follow up after hospitalization for mental illness, 7 & 30 days	0576		NCQA	Claims			✓	✓	≥6yrs	Hospital/ Ambulatory Metrics	