Task Force on Health Care Analytics: Session Goals and Discussion Questions

May 24, 2017

NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

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Social Determinants of Health

Goal of discussion:

To determine whether the TF thinks we need to recommend a screening process or select measures at the population level (census, ACS, Healthy NC 2020 metrics, BRFSS)

- Option A: % of Medicaid patients screened with a specific tool (and/or on specific indicators)
- Option B: % of Medicaid patients that were assessed on social determinants
- Option C: Collection of population health data

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Social Determinants (continued)

- If we are deciding between recommending a screening approach vs. a population data approach, what are the pros and cons of each?
- Data limitations and feasibility?
- What level of pop data? Do we have recommendations re: disaggregation by county, region, zipcode, etc.?
- How will this affect patient experience of care?
- How will this impact provider burden?
- How will this data drive interventions? Targeted programs, ID areas at greatest risk, evaluation of provider performance, risk adjustment, reimbursement/incentives

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Social Determinants (continued)

Model Screening Tool:

Health Leads' Social Needs Screening Toolkit, first published in 2016, presents recommendations for screening patients to determine their social needs. The social enterprise developed screening criteria using guidelines from the Institute of Medicine and the Centers for Medicare & Medicaid Services, including measures recommended to be included in EHRs.

Health Leads has partnered with providers, including Massachusetts General Hospital, Kaiser Permanente, Boston Medical Center, Johns Hopkins, and NYC Health & Hospitals Corporation, to address patients' social needs.

While no state Medicaid programs are currently using the Health Leads toolkit, many are collecting data on social determinants of health include Kansas, Massachusetts, Michigan, New York, Oregon, Tennessee, Washington, and Vermont.

Social Determinants (continued)

Essential Domains: Food insecurity, housing instability, utility needs, financial resource strain, transportation, exposure to violence

Optional Domains: Childcare, education, employment, health behaviors, social isolation and supports, behavioral/mental health

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Social Determinants (continued)

Health Leads Sample Tool:

In the last 12 months, did you ever **eat less than you felt you should** because there wasn't enough money for food?
In the last 12 months, has your **utility company shut off your service** for not paying your bills?
Are you worried that in the next 2 months, you **may not have stable housing?**
Do problems getting **child care make it difficult for you to work** or study? *(leave blank if you do not have children)*
In the last 12 months, have you needed to see a doctor, **but could not because of cost?**
In the last 12 months, have you ever had to go without health care because you didn't have **a way to get there?**
Do you ever need help **reading hospital materials?**
Are you **afraid you might be hurt** in your apartment building or house?
If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs?

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Social Determinants (continued)

Population Level Data:

Healthy NC 2020: Social Determinants of Health (mostly census data):

Percentage of individuals living in poverty – 2015, 16.4%

4-year high school graduation rate – 2015, 85.9%

Percentage of people spending more than 30% of income on rental housing – 2015, 44.9%

What else? What other measures might need to be included? Recommendations on population levels?

Aspirational measure: School absenteeism (all cause) as proxy for chronic disease control, esp. asthma

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Social Determinants (continued)

Additional Questions:

How does the inclusion of these metrics relate to our conversation on attribution?

How will this allow Medicaid to address/support new models of care?

What are additional challenges re: collecting and using data on social determinants of health?

- Lack of standardized measures
- Feasibility
- Administrative barriers
- Privacy concerns
- Sustainability of development efforts

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Provider Measures

Goal: to decide if there are any additional measures on provider/workforce satisfaction that we'd like to include in our final set (up to 2 additional)

- Acknowledging lack of widely used, proven metrics, is this domain important? Do we need more? We have the general one on job satisfaction – is this enough?
- How are we defining "provider"? Should it be physicians or all clinicians?
- Should DHHS collect information directly? What is the existing capacity to do this? What other info do they collect?
- What are key dimensions of provider viewpoint? Satisfaction, experience, or engagement. What do we call this domain? IHI used "Workforce Wellbeing"
- Which of these are key to driving population health?
- Which of these are key to optimal workforce development?

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Provider Measures

Suggested measures from LME/MCO survey of satisfaction with LME/MCOs (all questions on next slide):

- LME/MCO staff responds quickly to provider needs
- Provider Network meetings are informative and helpful
- How would you rate your overall satisfaction with the provider network?
- Please rate your overall satisfaction with the LME/MCO

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1. How long have you been a Medicaid provider?
2. What is your provider type?
3. Please select the services you provide.
4. What are the priority populations served?
5. LME/MCO staff is easily accessible for information, referrals, and scheduling of appointments
6. LME/MCO staff are referring consumers whose clinical needs match the services my practice/agency provides
7. LME/MCO staff responds quickly to provider needs
8. Customer services is responsive to local community stakeholders
9. When I speak with staff about claims issues, I am given consistent and accurate information
10. Claims training meets my needs
11. Our claims are processed in a timely and accurate manner
12. Information Technology trainings are informative and meet my agency's needs
13. Provider Network meetings are informative and helpful
14. Provider Network keeps providers informed of changes that affect my local Provider Network
15. Provider Network staff are knowledgeable and answer questions consistently and accurately
16. Our interests as a network provider are being adequately addressed in the local Provider Council
17. How would you rate your overall satisfaction with the provider network?
18. The LME/MCO staff conducts fair and thorough investigations
19. After the audit or investigation, LME/MCO requests for corrective action plans and other supporting materials are fair and reasonable
20. Technical assistance and information provided by staff is accurate and helpful
21. Trainings are informative and meet our needs as a provider/agency
22. For which of the following topics would you like to see more training and education materials?
23. Authorizations for treatment and services are made within the required timeframes
24. Denials for treatment and services are explained
25. The authorizations issued are accurate
26. My agency is satisfied with the appeals process for denial, reduction, or suspension of services
27. The LME/MCO website has been a useful tool for helping my agency find the tools and materials needed to provide services
28. Please rate your overall satisfaction with the LME/MCO

- RAND Study Proposed measures:

Satisfaction, stress, and repeated choice of profession (Responding "Agree" or "Strongly agree")

- Overall, I am satisfied with my current job 81%

Burnout (Choosing each response)

- I enjoy my work. I have no symptoms of burnout. 20%
- Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. 54%
- I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. 19%
- The symptoms of burnout that I'm experiencing won't go away. I think about frustrations at work a lot. 6 %
- I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help. 2%

Work Quantity and Pace

I have adequate time to spend with my patients during their office visits 60%

Suggested Additional Quality Measures

- **Measure name:** Use of opioids at high dosage
- **Definition:** The proportion (XX out of 1,000) of individuals without cancer receiving a daily dosage of opioids greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.
- **Numerator:** Any member in the denominator with opioid prescription claims where the MED is greater than 120mg for 90 consecutive days or longer
- **Denominator:** Any member with two or more prescription claims for opioids filled on at least two separate days, for which the sum of the days supply is greater than or equal to 15.
- **Measure Steward:** Pharmacy Quality Alliance (PQA)
- **Alignment:** 2017 CMS core;
- **NQF endorsed?** Yes, 2940
- **Target age:**
- **Domain:** Population health
- **Measure type:** Process
- **Data source:** Claims (only)
- **Task Force Rationale:** TBD

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- Measure name: Contraceptive Care- Postpartum Women Ages 15-44
- Definition: Among women ages 15 through 44 who had a live birth, the percentage that is provided: 1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery; 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.
- Numerator: Primary measure: Women ages 15 through 44 who had a live birth and were provided a most (sterilization, intrauterine device, implant) or moderately (pill, patch, ring, injectable, diaphragm) effective method of contraception within 3 and 60 days of delivery.
- Sub-measure: Women ages 15 through 44 who had a live birth and were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.
- Denominator: Women ages 15 through 44 who had a live birth in a 12-month measurement year.
- Measure Steward: US Office of Population Affairs
- Alignment: CMS 2017 core adult
- NQF endorsed? Yes, 2902
- Target age: 15-44
- Domain: Maternity
- Measure type: Outcome
- Data source: Claims (only)

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- Measure name: Prenatal & Postpartum Care (PPC)
- Definition: The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- For these women, the measure assesses the following facets of prenatal and postpartum care: Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
- Numerator: Rate 1: The number of deliveries that received a prenatal visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- Rate 2: The number of deliveries that has a postpartum visit on or between 21 and 56 days after delivery.
- Denominator: The number of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- Measure Steward: NCQA
- Alignment: 2016 CMS Core child; 2016 CMS core adult; HEDIS;
- NQF endorsed? No – removed Oct. 2016
- Target age: n/a
- Domain: Maternity
- Measure type: Process
- Data source: Claims (Only), Electronic Health Record (Only), Paper Records
- Task Force Rationale: TBD

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- Measure name: Well-Child Visits in the First 15 Months of Life
- Definition: The percentage of children 15 months old who had the recommended number of well-child visits with a PCP during their first 15 months of life.
- Numerator: Children who received the following number of well-child visits with a PCP during their first 15 months of life: No well-child visits; One well-child visit; Two well-child visits; Three well-child visits; Four well-child visits; Five well-child visits; Six or more well-child visits
- Denominator: Children 15 months old during the measurement year.
- Measure Steward: NCQA
- Alignment: 2017 CMS core child; Suggested Potential NC Medicaid ACO measure set; HEDIS
- NQF endorsed? Yes, 1392
- Target age: 15 months
- Domain: Preventive care
- Measure type: Process
- Data source: Claims (Only), Electronic Health Record (Only), Paper Records
- Task Force Rationale: TBD

- Measure name: Adolescent Well Care Visits
- Definition: The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
- Numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner
- during the measurement year.
- Denominator: The eligible population.
- Measure Steward: NCQA
- Alignment: 2017 CMS core child; HEDIS; Suggested potential Medicaid ACO set
- NQF endorsed? No
- Target age: 12-21
- Domain: Preventive care
- Measure type: Process
- Data source:
- Task Force Rationale:
- http://www.ncqa.org/portals/0/Adolescent%20Well-Care%20Visits.pdf

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- Measure name: Childhood Immunization Status
- Definition: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DtaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine.
- Numerator: Children who received the recommended vaccines by their second birthday.
- Denominator: Children who turn 2 years of age during the measurement year.
- Measure Steward: NCQA
- Alignment: 2017 CMS core child; Suggested potential NC Medicaid ACO measure set; HEDIS; CHIPRA2; CMS eMSR (MU/CQM); PQRS
- NQF endorsed? Yes, 0038
- Domain: Preventive care
- Measure type: Process
- Target age: 2 years
- Data source: Claims (Only), Electronic Health Record (Only), Paper Records, Registry
- Task Force Rationale: TBD

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- **Low Value Care – suggested measure**
- Measure Name: Use of Imaging Studies for Low Back Pain
- Definition: The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.
- Numerator: Patients who received an imaging study (x-ray, CT, MRI) within the 28 days following a diagnosis of low back pain.
- Denominator: All patients 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year with a claim/encounter for an outpatient, observation, emergency department, physical therapy, or telehealth visit, or osteopathic or chiropractic manipulative treatment, with a principal diagnosis of low back pain during the Intake Period (January 1 – December 3 of the measurement year).
- Denominator Exclusions: Because the intent of the measure is to assess imaging for patients with a new episode of low back pain, exclude patients with a recent diagnosis of low back pain. Also, exclude any patient who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:(1) Cancer(2) Trauma(3) Recent IV drug abuse(4) Neurologic impairment
- (5) HIV(6) Spinal infection(7) Major organ transplant(8) Prolonged use of corticosteroids
- Measure Steward: National Committee for Quality Assurance
- Alignment
- NQF Endorsed? Yes, 0052
- Measure Type: Process
- Data Source: Claims (Only)
- Developer Rationale: This measure assesses the overuse of imaging studies (plain x-ray, MRI, and CT scans) in adults with acute, uncomplicated low back pain. The intent of this measure is to reduce inappropriate imaging for low back pain – that is, imaging in the absence of "red flags" (indications that back pain is caused by a serious, underlying pathology that would warrant imaging). Inappropriate imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment

- Low value care: Other potential candidates: cervical cancer screening, antibiotics for upper respiratory tract infections

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- Measure Name: Chlamydia Screening in Women Ages 21-24 (CCS-AD)
- Measure Definition: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
- Numerator: Females who were tested for chlamydia during the measurement year.
- Denominator: Females 16-24 years who had a claim or encounter indicating sexual activity.
- Exclusions: Females who received a pregnancy test to determine contraindications for medication (isotretinoin) or x-ray.
- Measure Steward: National Committee for Quality Assurance
- Alignment: CMS Adult Core Set 2017, NCQA HEDIS, PQRS, CMSeMSR
- NQF Endorsed? Yes, 0033
- Measure Type: Process
- Data Source: Claims (Only), Electronic Health Record (Only), Imaging-Diagnostic, Laboratory, Pharmacy

- **Or – do we want prevalence of chlamydia and/or other STIs at population level? Process vs. outcome measure?**

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- Measure Name: Total Cost of Care Population-based PMPM Index
- Measure Definition: Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. A Total Cost Index when viewed together with the Total Resource Use measure (NQF-endorsed #1598) provides a more complete picture of population based drivers of health care costs.
- Developer Rationale: By measuring population based total cost of care, health plans and providers can improve the affordability of health care without sacrificing quality. HealthPartners' TCI gives provider groups valuable information on the cost of
- care and, when viewed in conjunction with resource use and quality metrics, information on the efficiency of care. The HealthPartners TCI measure is a population-based, patient-centered, total cost of care measure that crosses all categories of health services. This is in contrast to the many, episodic based measures available in the market today. Both population based and episodic based measures are important and complementary but a key benefit of population based measures is helping to better understand potential overuse & underuse (e.g., although efficient at spine surgery, may be performing too many).
- Measure Steward: HealthPartners
- Alignment:
- NQF Endorsed: Yes, 1604
- Measure Type: Cost/Resource Use
- Data Source: Claims (Only)

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Population-level measure on opioid deaths –

- Data collected at state level, DPH, Chronic Disease and Injury Section, Injury and Violence Prevention Branch.
- Data question to be answered – can we get this data for Medicaid-only?
- Does this fit as a Population Health measure?

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- Measure Name: Asthma Medication Ratio (has NQF endorsement, not on CMS core sets)
- Measure Definition: The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- Numerator: The number of patients who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
- Denominator: All patients 5–64 years of age as of December 31 of the measurement year who have persistent asthma by meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year: • At least one emergency department visit with asthma as the principal diagnosis • At least one acute inpatient claim/encounter with asthma as the principal diagnosis
- • At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events. Visit type need not be the same for the four visits.• At least four asthma medication dispensing events
- Exclusions:
- Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (e.g., December 31):-COPD -Emphysema -Obstructive Chronic Bronchitis-Chronic Respiratory Conditions Due To Fumes/Vapors -Cystic Fibrosis -Acute Respiratory Failure Exclude any patients who had no asthma medications (controller or reliever) dispensed during the measurement year.
- Measure Steward: NCQA
- Alignment:
- NQF Endorsed: Yes, 1800
- Measure Type: Process
- Data Source: Claims (Only)

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- Measure Name: Medication Management for People with Asthma (original TF recommendation, has had NQF endorsement removed but is still on 2017 CMS Child Core Set)
- Measure Definition: The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.
- Numerator: Numerator 1 (Medication Adherence 50%): The number of patients who achieved a PDC* of at least 50% for their asthma controller medications during the measurement year. A higher rate is better. Numerator 2 (Medication Adherence 75%): The number of patients who achieved a PDC* of at least 75% for their asthma controller medications during the measurement year. A higher rate is better. *PDC is the proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period. The treatment period is the period of time beginning on the earliest prescription dispensing date for any asthma controller medication during the measurement year through the last day of the measurement year.
- Denominator: All patients 5–64 years of age as of December 31 of the measurement year who have persistent asthma by meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year: • At least one emergency department visit with asthma as the principal diagnosis • At least one acute inpatient claim/encounter with asthma as the principal diagnosis • At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events. Visit type need not be the same for the four visits. • At least four asthma medication dispensing events
- Exclusions: 1) Exclude patients who had any of the following diagnoses any time during the patient's history through the end of the measurement year (e.g., December 31): -COPD -Emphysema -Obstructive Chronic Bronchitis -Chronic Respiratory Conditions Due To Fumes/Vapors -Cystic Fibrosis -Acute Respiratory Failure 2) Exclude any patients who had no asthma controller medications dispensed during the measurement year.
- Measure Steward: NCQA
- Alignment: 2017 CMS Child Core Set
- NQF Endorsed: No
- Measure Type: Process
- Data Source: Claims (only)

Sub-Populations and Stratification

Task Force decided at last meeting that we would recommend stratifying data on selected measures by specific sub-populations. State should provide methodology for identifying these groups

Are these the right sub-populations? Any to add?

Anything else?

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- Geographic region (incl. urban/rural, county, region)
- Race and ethnicity
- Insurance status
- Prepaid health plan (PPHP) membership
- Provider
- Individuals with multiple chronic conditions
- individuals with chronic mental health conditions.
- Individuals with intellectual/developmental disabilities
- Individuals dually eligible for Medicare and Medicaid
- Children in child welfare system

Ongoing Process - Recommendations

- Required Quality Strategy components for any Medicaid waiver
- How often to re-examine measures? Will this depend on the measure (i.e. population level data vs. clinical data)? How?
- Who would participate in the process? (i.e. working group, reconvene TF, other options) Who would identify appropriate participants?
- Where does it live/who monitors the process? What is reporting structure?

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Ongoing Process – Next Steps

- Draft report to DHB on 5/31
- Public comment period TBD
- NCIOM continue edits/revisions on report
- Through summer, bi-weekly updates on progress, possibly new material to review
- Final report finished by September 2017