2018 Quality Measurement Overview

OneCare Vermont

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Medicare Quality Measures
Performance Year 1: Next Generation ACO Model

All ACOs are required to completely and accurately report quality data used to assess their quality performance. The Medicare Next Generation ACO Model began in 2018 and as a result quality improvement points were not available because they are awarded based upon prior years quality results within the same program.

Category	#	Measure	PY 2018	Scoring Based on Benchmarks from Reporting Year							2018 Rates	Num	Den	Quality Points
				30th	40th	50th	60th	70th	80th	90th				
				1.10	1.25	1.40	1.55	1.70	1.85	2.00				
Patient Caregiver Experience	1	Getting Timely Care, Appointments, and Information	R	30.00	40.00	50.00	60.00	70.00	**80.00**	90.00	84.62	—	269	2.00
	2	How Well Your Providers Communicate	R	30.00	40.00	50.00	60.00	70.00	80.00	**90.00**	93.59	—	309	2.00
	3	Patient's Rating of Provider	R	30.00	40.00	50.00	60.00	70.00	80.00	**90.00**	92.14	—	304	2.00
	4	Access to Specialists	R	30.00	40.00	50.00	60.00	**70.00**	80.00	90.00	73.55	—	191	2.00
	5	Health Promotion and Education	R	54.18	55.48	56.72	**57.95**	59.39	60.99	63.44	59.05	—	334	2.00
	6	Shared Decision Making	R	54.75	**55.97**	57.05	58.10	59.27	60.58	62.76	56.95	—	297	2.00
	7	Health Status/Functional Status	R	-	-	-	-	-	-	-	76.93	—	340	2.00
	34	Stewardship of Patient Resources	R	24.25	25.57	26.74	28.12	29.43	31.08	33.43	23.80	—	307	2.00
Care Coordination Patient Safety	8	Risk Standardized, All Condition Readmissions	R	15.18	15.04	14.91	14.79	**14.65**	14.50	14.27	14.62	—	—	2.00
	35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	19.22	18.81	18.47	18.15	**17.80**	17.41	16.85	17.54	—	—	2.00
	36	All-Cause Unplanned Admissions for Patients with Diabetes	R	39.00	35.81	33.20	30.86	28.48	26.05	23.12	40.75	—	—	2.00
	37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	**82.32**	76.20	71.24	66.71	61.91	57.13	50.99	79.91	—	—	2.00
	38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	R	**65.99**	61.21	57.25	53.51	50.00	46.16	41.39	63.84	—	—	2.00
	43	Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	R	-	-	-	-	-	-	-	1.59	—	—	2.00
	12	Medication Reconciliation	R	-	-	-	-	-	-	-	94.48	582	616	2.00
	13	Falls: Screening for Fall Risk	R	43.42	50.42	58.45	66.00	**73.39**	81.79	90.73	79.85	210	263	2.00
	44	Imaging Studies for Low Back Bain	R	-	-	-	-	-	-	-	73.98	—	—	2.00
Preventive Health	14	Preventive Care & Screening: Influenza Immunization	R	30.00	40.00	50.00	60.00	**70.00**	80.00	90.00	70.20	172	245	2.00
	15	Pneumococcal Vaccination Status for Older Adults	R	30.00	40.00	50.00	60.00	70.00	**80.00**	90.00	84.32	500	593	2.00
	16	Preventive Care & Screening: Adult Weight Screening and Follow-Up	R	30.00	40.00	50.00	**60.00**	70.00	80.00	90.00	65.65	193	294	2.00
	17	Tobacco Use Screening and Cessation Intervention	R	-	-	-	-	-	-	-	81.82	18	22	2.00
	18	Depression Screening	R	30.00	40.00	**50.00**	60.00	70.00	80.00	90.00	57.55	141	245	2.00
	19	Colorectal Cancer Screening	R	30.00	40.00	50.00	60.00	**70.00**	80.00	90.00	75.00	186	248	2.00
	20	Mammography Screening	R	30.00	40.00	50.00	60.00	**70.00**	80.00	90.00	72.09	439	609	2.00
	42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	-	-	-	-	-	-	-	82.39	468	568	2.00
At-Risk Populations	40	Depression Remission at Twelve Months	R	-	-	-	-	-	-	-	1.33	1	75	2.00
	DM*	ACO #27: Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent) **and** ACO #41: Diabetes - Eye Exam	R	29.90	34.33	38.81	43.32	48.21	**53.64**	60.37	58.02	152	262	2.00
	28	Hypertension (HTN): Controlling High Blood Pressure	R	30.00	40.00	50.00	**60.00**	70.00	80.00	90.00	68.12	250	367	2.00
	30	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	R	30.00	40.00	50.00	60.00	70.00	80.00	**90.00**	96.68	378	391	2.00

* DM = Diabetes Composite

Total: 58.00

Notes:
- Green and bold indicates the 2018 percentile
- P: Performance Measure and R: Reporting Measure - Medicare awards full points for reporting measures and points for performance measures based upon benchmarks
- CMS did not perform significance testing from prior years to deterime quality improvement points due to this being the first year in the Next Generation ACO Model program.

2018 Final Score
100.00%

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Medicaid Quality Measures *(Claims and Clinical)*
Performance Year 2: Vermont Medicaid Next Generation Program

| Measure | Y1 2017 | Y2 2018 | Quality Compass 2018 National Medicaid Benchmarks | | | | Rate 2017 | Rate 2018 | Num | Den | Bonus Points | Quality Points |
| | | | 25th | 50th | 75th | 90th | | | | | | |
			1 point	*1.5 points*	*2 points*	*2 points*						
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	P	P	10.07	16.26	24.48	32.15	30.25	29.15	72	247	0.00	2.00
30 Day Follow-Up after Discharge from the ED for Mental Health	P	P	45.58	52.79	66.25	74.47	80.93	81.74	282	345	0.00	2.00
Adolescent Well-Care Visits	P	P	45.74	54.57	61.99	66.80	57.50	56.40	4,903	8,693	0.00	1.50
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	P	P	-	-	-	-	1.48	1.02	11	1,078	0.00	2.00
Developmental Screening in First 3 Years of Life	P	P	17.80	39.80	53.90	N/A	59.74	59.27	1,861	3,140	0.00	2.00
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	P	P	46.96	38.20	33.09	29.68	31.52	33.33	122	366	0.00	1.50
Hypertension: Controlling High Blood Pressure	P	P	49.27	58.68	65.75	71.04	64.61	63.90	223	349	0.00	1.50
Initiation of Alcohol and Other Drug Dependence Treatment	P	P	38.62	42.22	46.40	50.20	35.39	38.87	494	1,271	0.00	1.00
Engagement of Alcohol and Other Drug Dependence Treatment	P	P	9.11	13.69	17.74	21.40	17.63	16.21	206	1,271	0.00	1.50
Screening for Clinical Depression and Follow-Up Plan	P	P	-	-	-	-	47.37	43.43	142	327	0.00	2.00
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	R	R	29.61	36.54	45.79	54.13	37.02	37.50	159	424	-	-
Tobacco Use Assessment and Tobacco Cessation Intervention	R	R	-	-	-	-	N/A	60.76	223	367	-	-

* Inverse rate measure

Points Earned: 17.00

Total Possible Points: 20.00

2018 Final Score: 85.00%

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BCBS QHP Quality Measures

Performance Year 1: Blue Cross and Blue Shield of Vermont Qualified Health Plan Program

Measure	Y1 2018	25th *1 point*	50th *1.5 points*	75th *2 points*	90th *2 points*	Rate 2018	Num	Den	Quality Points
		HEDIS 2018 Benchmarks CMS QRS and Commercial PPO							
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	P	10.26	13.14	**16.07**	20.11	**19.35**	6	31	2.00
30 Day Follow-Up after Discharge from the ED for Mental Health	P	53.63	60.64	67.02	**73.42**	**83.33**	35	42	2.00
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	P	31.25	41.03	55.10	**63.89**	**69.23**	18	26	2.00
Adolescent Well-Care Visits	P	36.56	43.61	**51.51**	64.68	**62.62**	1,238	1,977	2.00
ACO All-Cause Readmissions	P	**0.86**	0.76	0.66	0.53	**0.85**	43	455	1.00
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	P	45.50	35.89	29.93	**25.55**	**23.11**	95	411	2.00
Hypertension: Controlling High Blood Pressure	P	48.91	**60.83**	69.34	76.88	**61.07**	251	411	1.50
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Composite)	P	19.49	**22.97**	26.66	30.79	**23.87**	53	222	1.50
CAHPS Patient Experience: Care Coordination Composite Score	P	-	-	-	-	**89.39**	-	-	1.50
Development Screening in the First Three Years of Life	R	-	-	-	-	**79.11**	231	292	-
Screening for Clinical Depression and Follow-Up Plan	R	-	-	-	-	**51.09**	210	411	-

* Inverse rate measure

Points Earned: 15.50

Total Possible Points: 18.00

2018 Final Score: 86.12%

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