## Care Management PCMH Committee

Person-Centered Medical Home November 10, 2021





# Measure Results Overview

## **PCMH Performance Measures**

- New PCMH Performance measures for measurement year (MY) 2020 focus on quality measures that are meaningful and have an opportunity for improvement
- Two Challenge measures were added
- MY 2019 Health Quality Measure results are compared to MY 2020 results and Statewide Admin rates
- PCMH rates displayed are based upon results from PCMH practices with at least one full year of participation in the DSS PCMH program and a minimum denominator of 10 per measure
- FQHC rates include the 16 FQHC Accredited PCMH Program participants

### **PCMH Performance Measures**

#### Selected measures with run-out dates:

PCMH Performance Measures						
Adult Performance Measures						
Breast Cancer Screening (HEDIS <sup>®</sup> MY2019-MY2020)						
Chlamydia Screening in Women (HEDIS <sup>®</sup> MY2019-MY2020)						
Comprehensive Diabetes Care - HbA1c Testing (HEDIS <sup>®</sup> MY2019- MY2020) <sup>1</sup>						
Post-Admission Follow-up Within Seven Days of an Inpatient Discharge – Physical Health & Behavioral Health						
Use of Imaging Studies for Low Back Pain (HEDIS® MY2019-MY2020)						
Pediatric Performance Measures						
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20) <sup>2,4</sup>						
Behavioral Health Screening (Ages 1-18)						
Child and Adolescent Well-Care Visits – ages 12-21 (HEDIS <sup>®</sup> MY2019-Y2020) <sup>5,6</sup>						
Developmental Screening in the First Three Years of Life						
Immunizations for Adolescents - HPV (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>						
Challenge Measures						
Comprehensive Diabetes Care - Eye Exam (Retinal) Performed (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>						
Behavioral Health Screening (Ages 1-18)						

<sup>1</sup>Hybrid measure: This measure is reported using the administrative methodology that includes administrative claims data only.

<sup>2</sup>Lower rate indicates a better result.

<sup>4</sup>This measure includes members who have had an asthma ED visit that may have resulted in an inpatient admission.

<sup>5</sup>First-year HEDIS<sup>®</sup> measure for MY 2020.

<sup>6</sup>New Provider Profile measure for MY 2020

HEDIS® claims run-out is 4/23/2021 for MY 2020Non-HEDIS® claims run-out is 5/31/2021 for MY 2020Dual eligible Medicare/Medicaid and Limited Benefit members are excluded from all metrics.The claims data warehouse is used to calculate non-HEDIS® measure rates and to gather cost/utilization data at the TIN level.

## **Results Summary**

- PCMH practices continue to have challenges with Use of Imaging Studies for Low Back Pain, Chlamydia Screening for Women and the HPV component of Immunization for Adolescents measures
- FQHC practices continue to have challenges with Asthma Patients with One or More Asthma-Related Emergency Room Visits and the Comprehensive Diabetes Care - Eye Exam (Retinal) Performed measures

#### PCMH Practice Setting Results Comparison MY 2019 vs. MY 2020

PCMH Performance Measure	PCMH Performance Program Rates <sup>16</sup> MY 2019 MY 2020		MY 2020 Statewide Admin Rate	Percentage Point Difference MY 2019 vs MY 2020	Percentage Point Difference MY 2020 PCMH vs Statewide	Average Risk Score <sup>12</sup>	Better / Worse Statewide		
Adult Performance Measures									
Breast Cancer Screening (HEDIS® MY2019-MY2020)	69.2%	66.9%	56.0%	-2.4%	10.8%	2.61	Better		
Chlamydia Screening in Women (HEDIS® MY2019-MY2020)	66.9%	62.3%	63.6%	-4.6%	-1.3%	1.26	Worse		
Comprehensive Diabetes Care - HbA1c Testing (HEDIS® MY2019-MY2020) <sup>1</sup>	88.7%	84.5%	78.7%	-4.3%	5.8%	3.48	Better		
Post-Admission Follow-up Within Seven Days of an Inpatient Discharge - Physical Health & Behavioral Health	43.6%	46.1%	39.5%	2.4%	6.6%	7.30	Better		
Use of Imaging Studies for Low Back Pain (HEDIS® MY2019-MY2020)	75.5%	75.8%	78.4%	0.2%	-2.6%	1.80	Worse		
Pec	liatric Perform	ance Measure	es						
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20) <sup>2,4</sup>	7.6%	4.2%	5.2%	-3.4%	-1.0%	1.24	Better		
Behavioral Health Screening (Ages 1-18)	45.5%	46.5%	38.5%	1.0%	8.0%	0.63	Better		
Child and Adolescent Well-Care Visits – ages 12-21 (HEDIS <sup>®</sup> MY2019-MY2020) <sup>5,6</sup>	78.4%	72.9%	53.1%	-5.6%	19.7%	0.80	Better		
Developmental Screening in the First Three Years of Life	67.9%	67.8%	63.3%	-0.1%	4.5%	0.58	Better		
Immunizations for Adolescents - HPV (HEDIS® MY2019-MY2020) <sup>1</sup>	26.0%	27.2%	29.1%	1.2%	-1.9%	0.70	Worse		
Challenge Measures									
Comprehensive Diabetes Care - Eye Exam (Retinal) Performed (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>	61.8%	56.0%	50.6%	-5.8%	5.3%	3.48	Better		
Behavioral Health Screening (Ages 1-18)	45.5%	46.5%	38.5%	1.0%	8.0%	0.63	Better		

<sup>1</sup>Hybrid measure: This measure is reported using the administrative methodology that includes administrative claims data only.

<sup>2</sup>Lower rate indicates a better result.

<sup>4</sup>This measure includes members who have had an asthma ED visit that may have resulted in an inpatient admission.

<sup>5</sup>First-year HEDIS<sup>®</sup> measure for MY 2020.

<sup>6</sup>New Provider Profile measure for MY 2020

<sup>12</sup>Average Risk Score: The average risk of the members who qualified for the measure.

<sup>16</sup> Rates displayed are based upon results from PCMH practices with at least one full year of participation in the DSS PCMH program & a minimum denominator of 10 per measure.

#### FQHC Setting Results Comparison MY 2019 vs. MY 2020

PCMH Performance Measure	FQHC Performance Program Rates		MY 2020 Statewide	Percentage Point Difference MY 2019	Percentage Point Difference MY 2020 FQHC	Average Risk	Better / Worse		
	MY 2019	MY 2020	Admin Rate	vs MY 2020	vs Statewide	Score <sup>12</sup>	Statewide		
Adult Performance Measures									
Breast Cancer Screening (HEDIS® MY2019-MY2020)	67.3%	62.2%				2.91	Better		
Chlamydia Screening in Women (HEDIS® MY2019-MY2020)	72.7%	67.5%	63.6%	-5.2%	3.9%	1.23	Better		
Comprehensive Diabetes Care - HbA1c Testing (HEDIS® MY2019-MY2020) <sup>1</sup>	90.5%	82.4%	78.7%	-8.1%	3.7%	3.58	Better		
Post-Admission Follow-up Within Seven Days of an Inpatient Discharge - Physical Health & Behavioral Health	42.5%	46.2%	39.5%	3.7%	6.7%	7.56	Better		
Use of Imaging Studies for Low Back Pain (HEDIS® MY2019-MY2020)	79.7%	82.4%	78.4%	2.7%	4.0%	1.84	Better		
Pe	diatric Perform	ance Measure	es	•	•				
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20) <sup>2,4</sup>	10.5%	6.0%	5.2%	-4.5%	0.8%	1.13	Worse		
Behavioral Health Screening (Ages 1-18)	45.5%	46.9%	38.5%	1.4%	8.4%	0.60	Better		
Child and Adolescent Well-Care Visits – ages 12-21 (HEDIS <sup>®</sup> MY2019-MY2020) <sup>5,6</sup>	73.6%	59.8%	53.1%	-13.8%	6.7%	0.74	Better		
Developmental Screening in the First Three Years of Life	68.7%	69.1%	63.3%	0.4%	5.8%	0.57	Better		
Immunizations for Adolescents - HPV (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>	44.6%	42.4%	29.1%	-2.2%	13.3%	0.61	Better		
Challenge Measures									
Comprehensive Diabetes Care - Eye Exam (Retinal) Performed (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>	56.3%	49.2%	50.6%	-7.1%	-1.4%	3.58	Worse		
Behavioral Health Screening (Ages 1-18)	45.5%	46.8%	38.5%	1.3%	8.3%	0.60	Better		

<sup>1</sup>Hybrid measure: This measure is reported using the administrative methodology that includes administrative claims data only.

<sup>2</sup>Lower rate indicates a better result.

<sup>4</sup>This measure includes members who have had an asthma ED visit that may have resulted in an inpatient admission.

<sup>5</sup>First-year HEDIS<sup>®</sup> measure for MY 2020.

<sup>6</sup>New Provider Profile measure for MY 2020

<sup>12</sup>Average Risk Score: The average risk of the members who qualified for the measure.

#### PCMH Practices vs. Non-PCMH MY 2020 Results Comparison

PCMH Performance Measure	PCMH MY 2020 Rate	Non-PCMH MY 2020 Rate	Rate Difference	% of Change	PCMH Average Risk Score <sup>12</sup>	Non-PCMH Average Risk Score <sup>12</sup>	Better / Worse Non-PCMH		
Adult Performance Measures									
Breast Cancer Screening (HEDIS® MY2019-MY2020)	66.7%	56.3%	10.4%	18.5%	2.61	2.60	Better		
Chlamydia Screening in Women (HEDIS® MY2019-MY2020)	62.4%	57.2%	5.2%	9.1%	1.26	1.24	Better		
Comprehensive Diabetes Care - HbA1c Testing (HEDIS® MY2019-MY2020) <sup>1</sup>	84.3%	79.7%	4.6%	5.8%	3.48	3.26	Better		
Post-Admission Follow-up Within Seven Days of an Inpatient Discharge - Physical Health & Behavioral Health	46.1%	46.0%	0.1%	0.2%	7.30	7.31	Better		
Use of Imaging Studies for Low Back Pain (HEDIS® MY2019-MY2020)	75.8%	77.1%	-1.3%	-1.7%	1.80	1.78	Worse		
Pedia	Pediatric Performance Measures								
Asthma Patients with One or More Asthma-Related Emergency Room Visits (Ages 2-20) <sup>2,4</sup>	4.3%	4.4%	-0.1%	-2.3%	1.24	1.19	Better		
Behavioral Health Screening (Ages 1-18)	48.1%	39.6%	8.5%	21.5%	0.63	0.58	Better		
Child and Adolescent Well-Care Visits – ages 12-21 (HEDIS® MY2019-MY2020) <sup>5,6</sup>	73.0%	71.7%	1.3%	1.8%	0.80	0.74	Better		
Developmental Screening in the First Three Years of Life	68.8%	67.1%	1.7%	2.5%	0.58	0.53	Better		
Immunizations for Adolescents - HPV (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>	27.2%	28.7%	-1.5%	-5.2%	0.70	0.60	Worse		
Challenge Measures									
Comprehensive Diabetes Care - Eye Exam (Retinal) Performed (HEDIS <sup>®</sup> MY2019-MY2020) <sup>1</sup>	55.9%	50.1%	5.8%	11.6%	3.48	3.26	Better		
Behavioral Health Screening (Ages 1-18)	48.1%	39.6%	8.5%	21.5%	0.63	0.58	Better		

<sup>1</sup>Hybrid measure: This measure is reported using the administrative methodology that includes administrative claims data only.

<sup>2</sup>Lower rate indicates a better result.

<sup>4</sup>This measure includes members who have had an asthma ED visit that may have resulted in an inpatient admission.

<sup>5</sup>First-year HEDIS<sup>®</sup> measure for MY 2020.

<sup>6</sup>New Provider Profile measure for MY 2020

<sup>12</sup>Average Risk Score: The average risk of the members who qualified for the measure.

## **Population Differences**

- Differences in relative risk scores\* between PCMH and FQHC practices are minimal, between .01-.29 for each measure
  - PCMH practices have higher risk in 6 of 11 measures
  - FQHC practices have higher risk in 5 of 11 measures
- Differences in Area Deprivation Index\*\* by Practice Location:
  - FQHC practices are located in geographies with an ADI of 2 10
  - PCMH practices are located in geographies with an ADI of 1 10
  - Average ADI for FQHC practices is 8.0
  - Average ADI for PCMH practices is 5.3
- \* Relative Risk Scores are obtained from CareAnalyzer©, using the John's Hopkins ACG methodology

\*\* An Area of Deprivation Index (ADI) is a composite measure of neighborhood socioeconomic disadvantage that uses 17 census measures capturing education, employment, income, poverty, and housing characteristics

## **PCMH Practice Sites Map**

#### CT ADI Map with PCMH Practice Sites



# Incentive Methodology Changes Summary

## **New Methodology**

- Methodology for the Performance Payments was revised in 2021 based on MY 2020 results
- Underperforming practices no longer receive performance payments
- Funds allotted for those practices are available for additional Challenge measures
- Composite scores are calculated for performance and improvement and plotted on the X and Y access of a graph in one place
- The next slide is an example of the plotted results for MY 2020

#### **PCMH Performance & Improvement Results – MY 2020**





## **2020 Member Costs**

- COVID had a dramatic impact on utilization in 2020, including well care/preventive services. There was a decrease in most services across the board.
- The total number of HUSKY members attributed to a PCMH program practice at the end of 2020 was 466,673 (51% of total HUSKY population)
  - FQHC member attribution was 198,825 (42.6%)
  - PCMH member attribution was 267,848 (57.4%)
- FQHC practices spent \$279.49 per member per month
- PCMH practices spent \$257.99 per member per month
- PCMH practices spent 8.3% less per member per month

#### Per Member per Month (PMPM) Cost Comparison ASO Medical Only; MY 2019 – MY 2020



Source: Claims Data Warehouse – Medical ASO Only | MY 2019 Paid Through 7/2/2020 | MY 2020 Paid Through 7/2/2021 Note: FQHCs are federally mandated to receive an annual rate increase.

#### Per Member per Month (PMPM) Quarterly Cost Comparison Graph – ASO Medical; MY 2019 – MY 2020



Source: Claims Data Warehouse – Medical ASO Only | MY 2019 Paid Through 7/2/2020 | MY 2020 Paid Through 7/2/2021 Note: FQHCs are federally mandated to receive an annual rate increase.