

Physical Health Measures Review

January 13, 2023



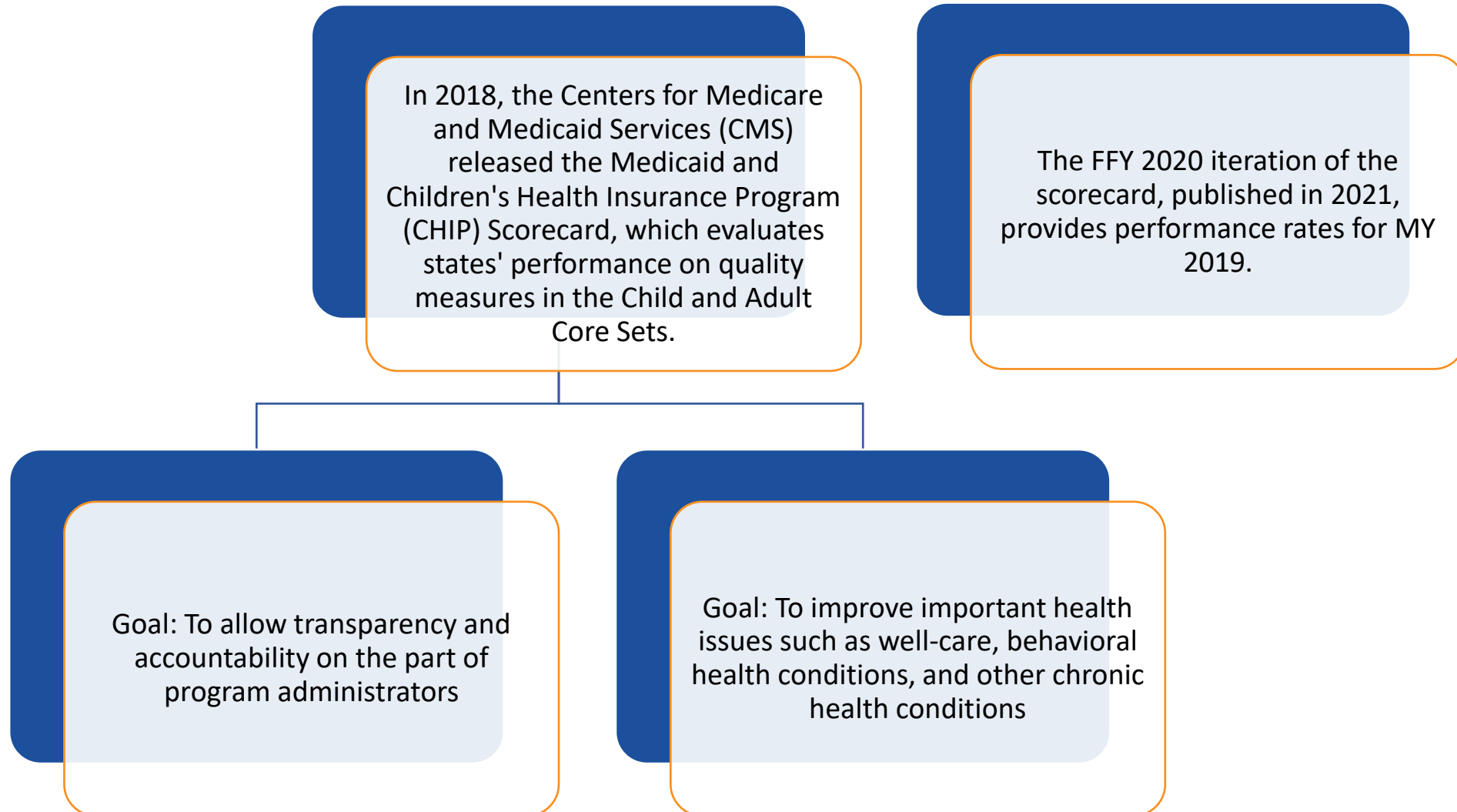
AGENDA

- CMS Core Measures
 - Adult Measures
 - CHIPRA/Child Measures
- HEDIS® Measures
- Health Equity Analysis
- What are we doing to improve outcomes?
 - Care Management
 - Community Engagement
 - Member Engagement
 - Provider Engagement

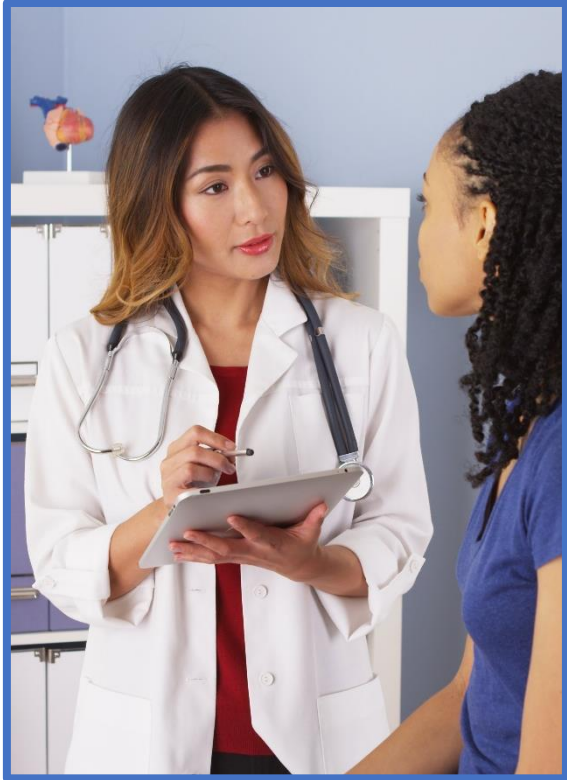
Measurement Year (MY) 2021 CMS Core Measures



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) SCORECARD



CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) SCORECARD



- Why: a resource to identify trends in patient populations to improve outcomes related to the Core Set measures.
- CHNCT can determine Connecticut's performance compared to the rest of the nation on the Adult and Child Core Set measures.
- Populations included in the scorecard can vary by state and by year.
 - Example: some states report data on certain populations, such as those covered under managed care, but not those covered under fee-for-service (FFS).
- This variation in data and calculation methods can affect measure performance and comparisons between states and years, which is a limitation when comparing performance among states.
- CMS has been working with a vendor to ascertain the feasibility of centralized reporting; and plans to implement mandatory reporting in 2024, and national reporting in 2025.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) SCORECARD ANALYSIS

- For Measurement Year (MY) 2019, a total of 57 measures, 33 adult and 24 child. Many of the measures include additional sub-measures.
- Connecticut reported on a total of 79 measures (including sub-measures) which was comprised of 28 of the 33 adult measures and 21 of the 24 child measures.
- Connecticut ranked #1 in the nation in four measures.
- In addition, Connecticut ranked in the top five in the nation in 30 different measures.
- While the state performed well on several measures, the scorecard revealed a few improvement areas.
- Connecticut ranked below the national average for MY 2019 in six adult measures and six child measures.
- A review of CT's MY 2019 performance, compared to MY 2020 and MY 2021 rates for measures submitted by CHNCT, revealed year over year improvement in six adult measures and one child measure, including one measure that was worse than the average national ranking.

Where Does Connecticut Do Well?

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/ Child Measure
Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18-64	12.5	22	1	39	N/A - BH	N/A - BH	A
Adolescent Well-Care Visits: Ages 12-21	53.2	72.3	1	41	Retired	Retired	C
Childhood Immunizations (Combination Three): Age Two	69.9	83.2	1	33	78.3	75.7	C
Well-Child Visits in the First 15 Months of Life	65.6	87.2	1	40	78.9	77.4	C

Where Does Connecticut Do Well (cont'd)?

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/ Child Measure
Concurrent Use of Opioids and Benzodiazepines: Age 18 and older*	16.3	2.6	2	27	2.2	2.2	A
Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment Within 34 Days of the Initiation Visit: Ages 18 to 64	12.5	19.6	2	39	N/A - BH	N/A - BH	A
Chlamydia Screening in Women Ages 21 to 24	60.5	72.2	2	48	68.6	70.1	A
Contraceptive Care: Postpartum Women Ages 15 to 20 - Most Effective or Moderately Effective Method of Contraception Within Three Days of Delivery	5.0	14.0	2	21	15.4	14.1	C
Immunizations for Adolescents (Combination One): Age 13	79.2	90.0	2	36	89.5	86.6	C
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages One to 17	65.0	83.5	2	32	83.0	81.0	C
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life: Ages Three to Six	70.4	84.8	2	41	Retired	Retired	C

* Lower rate is better

Where Does Connecticut Do Well (cont'd)?

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/Child Measure
Contraceptive Care: Postpartum Women Ages 21 to 44 - Long-Acting Reversible Method of Contraception Within Three Days of Delivery	1.9	5.4	3	31	6.1	5.7	A
Prenatal and Postpartum Care: Postpartum Care †	72.3	81	3	39	84.2	82.5	A
Asthma Medication Ratio: Ages 19 to 50	53.7	61.8	3	42	65.8	64.2	A
Asthma Medication Ratio: Ages 51 to 64	54.6	65	3	42	66.8	66.9	A
Cervical Cancer Screening: Ages 21 to 64*†	56.7	69	3	47	61.9	61.7	A
Childhood Immunization Status: Age Two MMR	88.2	91.9	3	33	90.9	87.6	C
Contraceptive Care: Postpartum Women Ages 15 to 20 - Long-Acting Reversible Method of Contraception Within Three Days of Delivery	2.1	7.9	3	18	6.1	9.1	C
Contraceptive Care: Postpartum Women Ages 15 to 20 - Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery	43.9	51.6	3	23	43.2	44.2	C
Percentage of Members Who Received Preventive Dental Services: Ages One to 20	41.5	49.8	3	50	N/A - Dental	N/A - Dental	C

* The following measures are reported using hybrid CY 2018 rates for CY 2019: Adult Body Mass Index Assessment HUSKY A/B; Controlling High Blood Pressure HUSKY A/B and HUSKY D; Cervical Cancer Screening HUSKY C and HUSKY D; Comprehensive Diabetes Care: Hemoglobin A1C Poor Control HUSKY A/B, HUSKY C, and HUSKY D

† Specification change for CY 2019, rates are not comparable to prior years

Where Does Connecticut Do Well (cont'd)?

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/Child Measure
Contraceptive Care: All Women Ages 21 to 44 - Most Effective or Moderately Effective Method of Contraception	24.5	29.9	4	31	28.2	26.8	A
Asthma Medication Ratio: Ages 19 to 64	53.7	62.8	4	42	66.1	65.1	A
Developmental Screening in the First Three Years of Life: Ages Birth to Three	35.6	63.0	4	23	63.3	65.0	C
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition: Ages Three to 17	63.1	79.0	4	31	74.1	78.9	C

Where Does Connecticut Do Well (cont'd)?

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/ Child Measure
PQI 08: Heart Failure Admission Rate: Age 18 and Older*	24.4	17.4	5	31	18.6	17.2	A
Follow-Up After Hospitalization for Mental Illness Within 30 Days of Discharge: Ages Six to 17	66.0	82.7	5	36	N/A - BH	N/A - BH	C
Follow-Up After Hospitalization for Mental Illness Within Seven Days of Discharge: Ages Six to 17	45.6	63.5	5	35	N/A - BH	N/A - BH	C
Immunizations for Adolescents (HPV): Age 13	36.5	45.5	5	36	38.7	37.7	C
Prenatal and Postpartum Care: Timeliness of Prenatal Care**	84.4	90.3	5	32	94.6	92.6	C
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity: Ages Three to 17	58.5	74.2	5	31	68.5	73.9	C

* Lower rate is better

** Specification change for CY 2019, rates are not comparable to prior years

Opportunities for Improvement

Measure Name	National Average Rate MY 2019	HUSKY Health Rate MY 2019	CT Rank	States Reporting	MY 2020 Rate	MY 2021 Rate	Adult/Child Measure
Medical Assistance With Smoking and Tobacco Use Cessation: Current Smokers and Tobacco Users Discussing Cessation Strategies, Ages 18 to 64 Years	48	43.8	25	28	56.9	38.1	A
Ambulatory Care: Emergency Department (ED) Visits: Ages Zero to Nineteen**	43.2	46.2	25	37	27.4	34.3	C
Asthma Medication Ratio: Ages Five to 11	72.0	67.5	25	33	77.3	66.1	C
Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, One Follow-Up Visit During the 30-Day Initiation Phase: Ages Six to 12	46.6	43.4	25	36	45.0	43.7	C
PQI 15: Asthma in Younger Adults Admission Rate: Ages 18 to 39*	6.5	8.6	27	31	5.4	4.9	A
Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication, at Least Two Follow-Up Visits in the Nine Months Following the Initiation Phase: Ages Six to 12	57.4	49.9	27	35	53.5	52.9	C
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Ages 18 to 64	80.3	78.8	29	44	72.4	75.8	A
Plan All-Cause Readmission: Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64*†	1	1.2	30	37	1.2	1.2	A

* Lower rate is better

** The following measures are reported using hybrid CY 2018 rates for CY 2019: Adult Body Mass Index Assessment HUSKY A/B; Controlling High Blood Pressure HUSKY A/B and HUSKY D; Cervical Cancer Screening HUSKY C and HUSKY D; Comprehensive Diabetes Care: Hemoglobin A1C Poor Control HUSKY A/B, HUSKY C, and HUSKY D

† Specification change for CY 2019, rates are not comparable to prior years

CT HEDIS® and Other Measures MY 2021 Performance



MY 2021 HEDIS® Measures

The Healthcare Effectiveness Data and Information Set is one the most widely used standardized healthcare performance improvement tools

Over 200 million members are covered by plans that require HEDIS reporting.

HEDIS® includes more than 90 measures across **6 domains** of care:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Health Plan Descriptive Information.
- Measures Reported Using Electronic Clinical Data Systems

Some measures do not pertain to Medicaid. CHNCT reports on 56 measures across 4 domains.

MY 2021 HEDIS® Measures: Level of Improvement

Level of Improvement	# of Measures/Sub-measures		
	HUSKY A/B	HUSKY C	HUSKY D
Improved $\geq 2.00\%$	48	28	38
Improved 1.10 to 1.90%	11	2	5
Remained the same (-1.00% to 1.00%)	6	9	13
Worsened -1.10 to -1.90%	6	2	3
Worsened $\geq 2.00\%$	40	32	12

Improvement of MY 2021 HEDIS® Measures

HUSKY: ALL Programs

Effectiveness of Care: Conditions

- *Cardiac Rehabilitation: Engagement One, 18 to 64; Engagement One, Total (all ages); Engagement Two, Total (all ages); Achievement Total*
- *Kidney Health Evaluation for Patients with Diabetes: Total*

Access/Availability of Care

- *Adults' Access to Preventive/Ambulatory Health Services: 65+ Years*

Effectiveness of Care: Overuse/Appropriateness

- *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: 18 to 64 years*
- *Use of Imaging Studies for Low Back Pain*
- *Use of Opioids at High Dosage*



Improvement of MY 2021 HEDIS[®] Measures HUSKY A/B Program

Effectiveness of Care: Prevention and Screening

- Childhood Immunization Status: Hepatitis B, Influenza, Combination Number Ten
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Percentile Total, Nutritional Counseling Total, Physical Activity Counseling Total
- Chlamydia Screening in Women: Total

Effectiveness of Care: Conditions

- Cardiac Rehabilitation: Engagement One, Total; Engagement Two, Total; Achievement Total
- Controlling High Blood Pressure
- Asthma Medication Ratio: 51 to 64 Years
- Comprehensive Diabetes Care: HbA1c Testing, HbA1c Poor Control (>9.00%), HbA1c Control (<8.00%), Eye Exam (Retinal) Performed
- Kidney Health Evaluation for Patients with Diabetes: Total
- Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy 40 to 75 Years (female)

Effectiveness of Care: Overuse/Appropriateness

- Appropriate Treatment for Upper Respiratory Infection: Total
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers: Multiple Pharmacies
- Risk of Continued Opioid Use: \geq 31 Days Covered
- Non-Recommended Cervical Cancer Screening in Adolescent Females
- Use of Imaging Studies for Low Back Pain

Utilization

- Children and Adolescent Well-Care Visits: Total
- Plan All-Cause Readmissions: Observed Readmission Rate: 18 to 44 Years

Improvement of MY 2021 HEDIS® Measures HUSKY C Program

Effectiveness of Care: Prevention and Screening

- Cervical Cancer Screening

Effectiveness of Care: Conditions

- Pharmacotherapy Management of COPD Exacerbation: Bronchodilator
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy Total
- Cardiac Rehabilitation: Engagement One Total, Engagement Two Total, Achievement Total
- Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
- Kidney Health Evaluation for Patients with Diabetes: Total

Effectiveness of Care: Overuse/Appropriateness

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers: Multiple Pharmacies
- Risk of Continued Opioid Use: Total ≥ 15 Days Covered
- Use of Imaging Studies for Low Back Pain

Access/Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services: 20 to 44 years, 65+ years

Improvement of MY 2021 HEDIS[®] Measures HUSKY D Program

Effectiveness of Care: Prevention and Screening

- Chlamydia Screening in Women: Total

Effectiveness of Care: Conditions

- Persistence of Beta-Blocker Treatment After a Heart Attack
- Cardiac Rehabilitation: Initiation Total, Engagement One Total, Engagement Two Total, Achievement Total
- Controlling High Blood Pressure
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Comprehensive Diabetes Care: HbA1c Testing, HbA1c Poor Control (>9.00%), HbA1c Control (<8.00%), Eye Exam (Retinal) Performed, Blood Pressure Control (<140/90 mm Hg)
- Kidney Health Evaluation for Patients with Diabetes: Total

Effectiveness of Care: Overuse/Appropriateness

- Non-Recommended Cervical Cancer Screening in Adolescent Females
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total
- Use of Opioids at High Dosage
- Risk of Continued Opioid Use: ≥ 15 Days Covered, ≥ 31 Days Covered
- Use of Imaging Studies for Low Back Pain

Access/Availability of Care

- Adults' Access to Preventive/Ambulatory Health Services: Total

Utilization

- Children and Adolescent Well-Care Visits: Total

MY 2021 HEDIS® Measures That Worsened - HUSKY: ALL Programs

Effectiveness of Care: Conditions

- *Appropriate Testing for Pharyngitis: Total*
- *Use of Spirometry Testing in Assessment & Diagnosis of COPD*

Utilization

- *Ambulatory Care - ED Visits (per 1,000 MM)*
- *Plan All-Cause Readmissions Observed
Readmission Rate: 55 to 64 years*

Effectiveness of Care: Overuse/Appropriateness

- *Use of Opioids from Multiple Providers:
Multiple Prescribers*



MY 2021 HEDIS® Measures That Worsened - HUSKY A/B Program

Effectiveness of Care: Prevention and Screening	Effectiveness of Care: Conditions	Effectiveness of Care: Overuse/Appropriateness	Access/Availability of Care	Utilization
<ul style="list-style-type: none">• Cervical Cancer Screening• Childhood Immunization Status: DTaP, MMR, VZV, Pneumococcal Conjugate, Hepatitis A, Rotavirus, Combination-Number Three, Combination Number Seven• Immunizations for Adolescents: Meningococcal, Tdap, HPV, Combination Number One, Combination Number Two• Lead Screening in Children	<ul style="list-style-type: none">• Appropriate Testing for Pharyngitis: Total• Use of Spirometry Testing in Assessment & Diagnosis of COPD• Pharmacotherapy Management of COPD Exacerbation• Asthma Medication Ratio: Total• Cardiac Rehabilitation: Initiation Total• Statin Therapy for Patients with Cardiovascular Disease: Received 21 to 75 years, Adherence 40 to 75 years (female), Adherence Total	<ul style="list-style-type: none">• Use of Opioids from Multiple Providers: Multiple Prescribers• Risk of Continued Opioid Use: Total ≥ 15 days covered	<ul style="list-style-type: none">• Prenatal and Postpartum Care: Timeliness of Prenatal Care	<ul style="list-style-type: none">• Well-Child Visits in the First 30 Months of Life: 15 to 30 Months• Ambulatory Care - ED Visits (Per 1,000 MM)• Plan All-Cause Readmissions Observed Readmission Rate: 55 to 64 years

MY 2021 HEDIS® Measures That Worsened - HUSKY C Program

Effectiveness of Care: Prevention and Screening

- Breast Cancer Screening
- Chlamydia Screening in Women: 21 to 24 years, Total

Effectiveness of Care: Conditions

- Appropriate Testing for Pharyngitis: Total
- Use of Spirometry Testing in the Assessment & Diagnosis of COPD
- Asthma Medication Ratio: Total
- Cardiac Rehabilitation: Initiation Total, Engagement Two (18 to 64), Achievement One (18 to 64)
- Statin Therapy for Patients with Cardiovascular Disease: Adherence, 40 to 75 years (female)
- Comprehensive Diabetes Care: HbA1c Poor Control (>9.00%), HbA1c Control (<8.00 %), Eye Exam (Retinal) Performed

Effectiveness of Care: Overuse/Appropriateness

- Appropriate Treatment for Upper Respiratory Infection: Total
- Use of Opioids from Multiple Providers: Multiple Prescribers, Multiple Prescribers and Multiple Pharmacies
- Risk of Continued Opioid Use: Total \geq 31 days Covered

Utilization

- Ambulatory Care - ED Visits (per 1,000 MM)
- Plan All-Cause Readmissions Observed Readmission Rate: Total

MY 2021 HEDIS® Measures That Worsened - HUSKY D Program

Effectiveness of Care: Conditions

- Appropriate Testing for Pharyngitis
- Use of Spirometry Testing in the Assessment & Diagnosis of COPD

Effectiveness of Care: Overuse/Appropriateness

- Use of Opioids from Multiple Providers: Multiple Prescribers and Multiple Pharmacies

Utilization

- Ambulatory Care - ED Visits (per 1,000 MM)
- Plan All-Cause Readmissions Observed Admission Rate: Total

DSS Custom Health Measures and Rates that Improved in MY 2021

Perinatal and Maternal Health Measures:

- NICU Count per 100 Live Newborn Births decreased by 1.67%.



Related to Child and Adolescent Well-Care:

- Behavioral Health Screening (Ages One to 18) increased by 10.31%.
- Developmental Screening in the First Three Years of Life (Ages One to Three) increased by 2.68%.

PQI Health Measures and Rates that Improved in MY 2021

Asthma Health Measures:

- Asthma in Younger Adults Admission Rate (Ages 18 to 39) per 100,000 MM decreased by 10.16%.
- COPD or Asthma in Older Adults Admission Rate (Ages 40 to 64) per 100,000 MM decreased by 11.82%.
- COPD or Asthma in Older Adults Admission Rate (Total Ages 40 or older) per 100,000 MM decreased by 10.45%.



Diabetes Health Measures

- Lower-Extremity Amputation among Patients with Diabetes Rate (Total Ages 18 and older) per 100,000 MM decreased by 31.80%.
- Hospital Admission Rates For:
 - Diabetes Short-term Complications (Total Ages 18 and older) per 100,000 MM decreased by 9.29%
 - Diabetes Long-term Complications (Total Ages 18 and older) per 100,000 MM decreased by 21.43%
 - Uncontrolled Diabetes (Total Ages 18 and older) per 100,000 MM decreased by 4.40%

Utilization Measures and Rates that Improved in MY 2021

Utilization Management and Cost Effectiveness:

- ED Utilization for Members Engaged in Intensive Care Management improved by 24.02%.
- ED Utilization for Members Managed by the EDCM Program improved by 38.62%.
- Overall inpatient admissions per 1,000 MM decreased by 7.10%.
- Admission Rates decreased for members with hypertension:
 - Ages 18 to 64 years per 100,000 MM decreased by 9.73%.
 - Total (ages 18 and older) per 100,000 MM decreased by 8.20%.
- Admission Rates decreased for members with Heart Failure:
 - Ages 18 to 64 years per 100,000 MM decreased by 6.88%.
 - Ages 65+ years per 100,000 MM decreased by 12.21%.
 - Total (ages 18 and older) per 100,000 MM decreased by 7.51% .
- Readmissions decreased for members with:
 - Asthma by 35.88%.
 - COPD by 16.18%.
 - CAD by 6.74%.



Program Experience Rates That Improved in MY 2021

Access to Care:

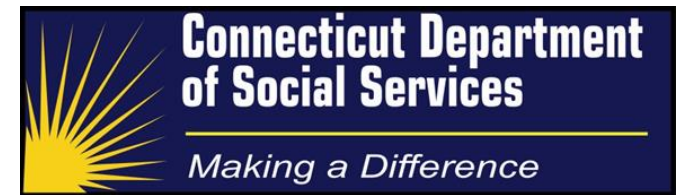
- Increased the total number of providers in the CMAP network by 5.87%
- Number of providers who provide Medication Assisted Therapy (buprenorphine) improved by 4.06%
- Increased attribution by 1.83% in MY 2021 compared to MY 2020, resulting in an overall member attribution rate of 68.10%

Program Satisfaction:

- Achieved a 97.87% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Member Engagement Services call center
- Achieved a 93.30% overall favorable rating by members surveyed for satisfaction with the ICM program
- Achieved a 92.71% overall favorable rating by providers surveyed for satisfaction with the Community Practice Transformation Specialist team



Health Equity in Health Measures



MY 2021 Summary of Health Measures by Race/Ethnicity

Race/Ethnicity Measure Rate Gaps	# Measures with Better Rate	# Measures with Worse Rate
Black/African American Non-Hispanic compared to White Caucasian Non-Hispanic	18	22
Hispanic Rate compared to White Caucasian Non-Hispanic	26	14
# Measures with Lowest/Worse rate by Race/Ethnicity (Excluding Unknown)		
Black/African American Non-Hispanic	12	
Hispanic	2	
Asian Non-Hispanic	5	
White/Caucasian Non-Hispanic	9	
Native American/Pacific Islander - Non-Hispanic	11	
Multiple Races Non-Hispanic	1	

MY 2021 Measures with Lowest/Worst Rates for White Non-Hispanic

Measure Description	MY2019	MY2020	MY2021
Comprehensive Diabetes Care - Eye Exam (Retinal) Performed (HEDIS® MY2021) ¹	54.60%	48.30%	51.60%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance (C&M) Phase (HEDIS® MY2021)	61.00%	56.10%	51.30%
Immunizations for Adolescents - HPV (HEDIS® MY2021) ¹	25.50%	25.00%	25.30%
Kidney Health Evaluation for Patients with Diabetes ^{2,3}	n/a	31.00%	34.60%
Prenatal and Postpartum Care - Timeliness of Prenatal Care (HEDIS® MY2021) ¹	59.60%	61.90%	58.80%
Readmissions within 30 Days - Physical Health and Behavioral Health ²	15.87%	16.17%	15.85%
Readmissions within 30 Days - Physical Health Only ²	14.57%	14.63%	14.18%
Use of Imaging Studies for Low Back Pain (HEDIS® MY2021)	74.10%	74.00%	73.90%
Use of Opioids at High Dosage (HEDIS® MY2021) ²	12.50%	12.20%	10.10%

Notes:

¹ Hybrid measure: This hybrid measure is reported using administrative claims data only for all rates.

² First-year or revised HEDIS® measure for MY2020.

³ New Provider Profile measure for MY2020.

MY 2021 Measures with Lowest/Worst Rates for Black/African American Non-Hispanic

Measure Description	MY2019	MY2020	MY2021
Annual Fluoride Treatments (Ages One to Six)	27.40%	19.70%	18.80%
Antidepressant Medication Management - Effective Acute Phase Treatment (HEDIS® MY2021)	51.00%	52.20%	55.20%
Antidepressant Medication Management - Effective Continuation Phase Treatment (HEDIS® MY2021)	33.50%	36.20%	38.20%
Asthma Patients with One or More Asthma-Related Emergency Room Visit (Ages Two to Twenty) ^{2,3}	11.40%	6.70%	9.60%
Behavioral Health Screening (Ages One to Eighteen)	32.90%	33.60%	36.90%
Child and Adolescent Well-Care Visits Total (HEDIS® MY2021) ^{4,5}	n/a	54.60%	63.60%
Comprehensive Diabetes Care - Hemoglobin A1c (HbA1c) Testing (HEDIS® MY2021) ¹	83.50%	76.40%	80.80%
Developmental Screening in the First Three Years of Life	61.40%	62.50%	62.50%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Initiation (HEDIS® MY2021)	43.30%	41.20%	38.70%
Lead Screening in Children (HEDIS® MY2021) ¹	85.30%	84.50%	76.20%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (HEDIS® MY2021) ¹	14.00%	14.90%	17.90%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (HEDIS® MY2021) ¹	6.60%	9.60%	12.70%

Notes:

¹ Hybrid measure: This hybrid measure is reported using administrative claims data only for all rates.

² Lower rate indicates a better result.

³ This measure includes members who have had an asthma ED visit that may have resulted in an inpatient admission.

⁴ First-year or revised HEDIS® measure for MY2020.

⁵ New Provider Profile measure for MY 2020.

MY 2021 Measures with Lowest/Worst Rates for Asian Non-Hispanic

Measure Description	MY2019	MY2020	MY2021
Appropriate Testing for Pharyngitis (HEDIS® MY2021)	73.70%	69.00%	50.60%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (HEDIS® MY2021)	34.50%	34.60%	31.80%
Chlamydia Screening in Women (HEDIS® MY2021)	58.00%	51.60%	54.20%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (HEDIS® MY2021)	75.00%	65.00%	33.30%
Psychiatric Medication Management	27.80%	28.60%	28.10%

MY 2021 Measures with Lowest/Worst Rates for Hispanic

Measure Description	MY2019	MY2020	MY2021
Ambulatory Care - ED Visits per 1,000 MM (HEDIS® MY2021) ²	72.49	50.52	57.33
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Documentation (HEDIS® MY2021) ¹	23.60%	23.40%	27.00%

Notes:

¹ Hybrid measure: This hybrid measure is reported using administrative claims data only for all rates.

² Lower rate indicates a better result.

MY 2021 Measures with Lowest/Worst Rates for Native American/Pacific Islander Non-Hispanic

Measure Description	MY2019	MY2020	MY2021
Adults' Access to Preventive/Ambulatory Health Services (HEDIS® MY2021)	80.20%	79.00%	79.00%
Annual Dental Visit (HEDIS® MY2021)	71.50%	54.40%	60.90%
Asthma Medication Ratio (HEDIS® MY2021)	58.70%	68.60%	61.50%
Breast Cancer Screening (HEDIS® MY2021)	61.10%	49.20%	45.00%
Cervical Cancer Screening (HEDIS® MY2021) ¹	55.50%	51.80%	50.30%
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement (HEDIS® MY2021)	32.40%	16.70%	15.80%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS® MY2021)	26.70%	18.20%	30.00%
Post-Admission Follow-up Within Seven Days of an Inpatient Discharge - Physical Health and Behavioral Health	38.50%	40.20%	33.00%
Prenatal and Postpartum Care - Postpartum Care (HEDIS® MY2021) ¹	41.30%	43.20%	43.50%
Well-Child Visits in the First 30 Months of Life - Age 15 to 30 Months (HEDIS® MY2021) ^{2,3}	n/a	83.30%	72.40%
Well-Child Visits in the First 30 Months of Life - First 15 Months (HEDIS® MY2021)	82.10%	66.70%	73.90%

Notes:

¹Hybrid measure: This hybrid measure is reported using administrative claims data only for all rates.

²First-year or revised HEDIS® measure for MY2020.

³New Provider Profile measure for MY 2020.

MY 2021 Measures with Lowest/Worst Rates for Multiple Races Non-Hispanic

Measure Description	MY2019	MY2020	MY2021
Pharmacotherapy for Opioid Use Disorder (HEDIS® MY2021)	34.60%	33.00%	21.60%

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What Are We Doing To Improve?



Member Interventions: Care Management - Focus on Engagement in Care

New model of care focuses on highly complex, high-risk and high utilizing member populations, particularly members with no attribution to a primary care provider (PCP)

Transitional Care Management	<ul style="list-style-type: none">• Transitional Care Management services are provided by nurses to high-risk members to ensure understanding of discharge instructions, medication safety and participation in recommended follow-up care.• In addition to outreach by phone, a new email campaign was initiated in 2022 with messages sent to unattributed members following discharge from an ED visit or hospital stay offering assistance to support successful post-acute follow-up.
Community Health Worker (CHW) Collaboration	<ul style="list-style-type: none">• Care Management staff collaborate with CHNCT CHWs to conduct home visits with high-risk, unattributed members who were unable to be contacted by phone following an ED visit or hospital stay, to assist with connecting them to a primary care provider and Care Management if needed.
Intensive Care Management (ICM)	<ul style="list-style-type: none">• Comprehensive case management services aim to increase member engagement in ongoing care with a primary care provider, decrease potentially avoidable acute care utilization, and reduce health disparities through multi-disciplinary, person-centered care and care coordination.• Community co-management occurs in partnership with CT BHP and CT DHP to support engagement in recommended medical, behavioral health, and dental care.
Nurse Helpline	<ul style="list-style-type: none">• Registered nurses are available 24 hours a day, seven days a week to answer members' questions about health or medical conditions and help them decide the appropriate location for care (e.g., provider office, urgent care, or ED).• Care Management follow-up occurs with unattributed members advised to seek emergent care to ensure that necessary care was received and that an appointment is scheduled with a primary care provider.

Member Interventions - Community Engagement

The Community Health Worker (CHW) Outreach Team:

- Conducts outreach via cold calls, home visits, a “knock on door” approach, and at Community Engagement HUB sites.
- Helps members find a primary care provider and schedule their first appointment.
- Provides social support, community-based outreach, advocacy, culturally-based education, health promotion, and referrals to other services.

CHNCT has partnered with Unite Us, an outcome-focused technology company that builds coordinated care networks of health and social service providers.

- CHWs utilize this electronic process to share and track social determinants of health (SDOH) needs, referrals, and outcomes.
- CHWs can document outcomes on these services, ensuring that a member’s SDOH needs have been met.
- Unite Us networks include a variety of community-based organizations, safety net healthcare providers, health systems, and other groups looking to better support people to achieve positive health outcomes.

Member Interventions - Community Engagement (cont'd)

The Community Transition Program (CTP) was established to assist HUSKY Health members recently released from prison with the needed medical and SDOH support to maximize the opportunity for a successful transition back into the community. The program connects HUSKY Health members to a CHW who helps with:

- Benefit education
- Employment/education resources
- Finding a primary care provider (PCP) and scheduling their first appointment
- Referrals to community resources and Care Management for medical services
- Obtaining a SafeLink Wireless smartphone
- Connections to 2-1-1 for temporary shelter services and permanent housing

Member Interventions - Member Engagement



- Calls, emails*
- Geofencing campaigns* (COVID-19 vaccines, flu, PCP's)
- Social Media Campaigns
- Member ID cards and Gaps in Care Reports available on HUSKY Health secure web portal
- LGBTQ+ friendly providers identification in directory (coming soon)
- Technology: Text, chat capabilities (coming soon)

*additional data available

Provider Engagement



- Data Sharing
 - Gaps-in-Care Reports
 - Member Risk Stratification
 - ✓ Addition of SDOH data
 - Avoidable ED utilization
 - Cost and Utilization Reports
 - Provider Practice Profiles
- Practice Transformation Staff
 - Engagement in QI projects

Questions?

