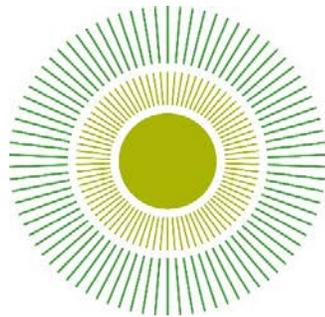


2017 Medicare Shared Savings Quality Measure Scorecard Final Results

OneCare Vermont

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OneCareVermont

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Quality Measure Scorecard Introduction

All ACOs are required to completely and accurately report quality data used to calculate and assess their quality performance in order to participate in shared savings (if available).

Notes:

- There are 6 measures that changed from reporting in 2016 to performance in 2017 resulting in a loss of **5 points** solely due to this change. Full credit is awarded for reporting measures while points are awarded based upon the rate compared to the benchmark for performance measures.
 - Patient/Caregiver Experience: 1 measure (ACO 34) resulted in a loss of 2 points
 - Care Coordination: 4 measures (ACO 35, ACO 36, ACO 37, ACO 38) resulted in a loss of 2.85 points
 - At-Risk Populations: 1 measure (DM Composite) resulted in a loss of 0.15 points
- ACO 20: Mammography Screening raw score artificially increased significantly from 2016 to 2017. 3D mammography was not considered an eligible screening in 2016, but was in 2017. If 3D mammography had been included in 2016 the rate would have been 70.51 which would have resulted in no significant change for the 2017 rate of 70.13.
- ACO 16: Adult Weight Screening and Follow-Up significantly decreased from 2016 to 2017 due to a significant change in the measure specifications increasing the number of individuals who require follow-up.
- There were 6 measures that were retired in 2016 and 3 measures that have been added. The new measures are:
 - ACO 43: Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91)
 - ACO 12: Medication Reconciliation
 - ACO 44: Imaging Studies for Low Back Pain
- **Quality Improvement points** were awarded this year for 1 domain, Preventative Care (see slide 3 for more detail).
- **Reverse scored measures** are those where a lower adherence rate indicates better performance on the measures, for Medicare: ACO 8, ACO 35, ACO 36, ACO 37, ACO 38, ACO 27.

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2017 Quality Measure Scores: Medicare

Performance Year 5: Reporting and Performance Measures

	Measure	PY 2017	Scoring Based on Benchmarks from Reporting Year							Adherence Rates					Significant Change**	CMS QI	Num	Den	Quality Points
			30th	40th	50th	60th	70th	80th	90th	2013	2014	2015	2016	2017					
Patient Caregiver Experience	1 Getting Timely Care, Appointments, and Information	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	83.81	85.01	79.26	82.03	83.34			-	283	1.85
	2 How Well Your Providers Communicate	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	92.54	92.47	93.39	92.76	92.63			-	286	2.00
	3 Patient's Rating of Provider	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.84	91.45	92.25	91.96	91.78			-	269	2.00
	4 Access to Specialists	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.21	86.00	79.71	80.62	81.43			-	129	1.85
	5 Health Promotion and Education	P	56.27	57.44	58.27	59.23	60.17	61.37	63.41	59.46	60.61	57.55	58.11	62.29			-	323	1.85
	6 Shared Decision Making	P	73.45	74.06	74.57	75.16	75.84	76.60	77.66	75.98	73.81	75.71	78.63	78.03			-	266	2.00
	7 Health Status/Functional Status	R	-	-	-	-	-	-	-	73.70	74.12	75.19	76.79	76.89			-	322	2.00
34 Stewardship of Patient Resources	P	24.38	25.67	26.97	28.21	29.53	31.13	33.46	N/A	N/A	20.26	16.58	19.96			-	305	0.00	
Care Coordination Patient Safety	8 Risk Standardized, All Condition Readmissions	P	15.32	15.19	15.07	14.97	14.87	14.74	14.54	14.75	14.84	14.73	15.11	15.07	N/A		-	-	1.40
	35 Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	P	19.34	18.93	18.57	18.25	17.89	17.49	16.92	N/A	N/A	15.72	16.09	17.74	N/A	▼	-	-	1.70
	36 All-Cause Unplanned Admissions for Patients with Diabetes	P	59.31	54.95	51.43	48.22	45.12	41.81	37.78	N/A	N/A	52.08	54.83	51.68	N/A	▲	-	-	1.25
	37 All-Cause Unplanned Admissions for Patients with Heart Failure	P	83.83	77.61	72.59	67.87	63.43	58.61	52.48	N/A	N/A	83.26	81.85	83.69	N/A	▼	-	-	1.10
	38 All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	P	68.35	63.48	59.40	55.79	52.21	48.46	43.67	N/A	N/A	66.82	66.29	65.85	N/A		-	-	1.10
	43 Ambulatory Sensitive Condition Acute Composite (AHRQ* Prevention Quality Indicator (PQI #91))	R	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	1.93	N/A		-	-	2.00
	11 Use of Certified EHR Technology	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	57.55	72.26	97.83	98.80	100.00	▲		2,856	2,856	4.00
	12 Medication Reconciliation	R	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	85.29	N/A		290	340	2.00
13 Falls: Screening for Fall Risk	P	25.26	32.36	40.02	47.62	57.70	67.64	82.30	46.30	47.31	65.56	74.80	75.33			226	300	1.85	
44 Imaging Studies for Low Back Pain	R	-	-	-	-	-	-	-	N/A	N/A	N/A	N/A	69.12	N/A		-	-	2.00	
Preventive Health	14 Preventive Care & Screening: Influenza Immunization	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	71.36	63.81	68.15	76.87	78.95			195	247	1.70
	15 Pneumococcal Vaccination Status for Older Adults	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	77.73	77.80	84.70	89.37	91.91		▲	352	383	2.00
	16 Preventive Care & Screening: Adult Weight Screening and Follow-Up	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	70.94	70.81	71.94	72.44	60.51	▼	▼	331	547	1.55
	17 Tobacco Use Screening and Cessation Intervention	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.37	96.67	93.46	97.54	97.69			380	389	2.00
	18 Depression Screening	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	24.71	28.07	35.42	46.95	50.24		▲	208	414	1.40
	19 Colorectal Cancer Screening	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	65.33	70.27	70.36	73.36	74.25			248	334	1.70
	20 Mammography Screening	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.04	71.12	75.14	57.54	70.13	▲	▲	324	462	1.70
42 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	-	-	-	-	-	-	-	N/A	N/A	N/A	88.76	81.40	▼	▼	420	516	2.00	
At-Risk Populations	40 Depression Remission at Twelve Months	R	-	-	-	-	-	-	-	N/A	N/A	4.35	4.35	1.59			1	63	2.00
	DM* ACO #27: Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent) and ACO #41: Diabetes - Eye Exam	P	27.81	32.30	37.13	41.54	46.93	52.51	60.30	N/A	N/A	53.85	53.99	52.72			310	588	1.85
	28 Hypertension (HTN): Controlling High Blood Pressure	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	67.04	70.57	71.21	68.51	69.80			208	298	1.55
30 Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	86.65	90.02	92.86	93.33	91.25			313	343	2.00	
Total:																	53.40		

* DM = Diabetes Composite ** Significance determined at $\alpha < 0.05$. Calculated by OCV.

Notes:

- OCV significance testing could not be performed on measures without identified sample sizes and measures that were new in 2017
- Green and bold indicates the 2017 percentile, blue indicates the 2016 percentile if different from 2017
- P: Performance Measure and R: Reporting Measure - Medicare awards full points for reporting measures and points for performance measures based upon benchmarks
- Two significance indicators are included because OCV calculates significance internally. CMS uses a significance test along with other factors to determine significant improvement for QI points.

2015 Final Score	2016 Final Score	2017 Final Score	Percent Change
96.10%	96.88%	87.91%	-9.26%

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2017 Quality Measure Scores: Medicare

Performance Year 5: Reporting and Performance Measures

Domain	Number of Measures	Total Measures for Scoring	OneCare Vermont			Quality Improvement Detail*					Final Scores	
			Points Possible	Points Scored	Domain Score	Measures Eligible for QI Points	Net Improvement	Domain Improvement Score	Quality Improvement Points	Points Scored with QI added	Domain Scores with QI Points	Domain Weight
Patient/ Caregiver Experience	8	8 survey module measures	16	13.55	84.69%	8	0	0.00%	0	13.55	84.69%	25%
Care Coordination/ Patient Safety	10	10 measures, EHR measure double-weighted	22	18.40	83.64%	6	-1	-16.67%	0	18.40	83.64%	25%
Preventive Health	8	9 measures	16	14.05	87.81%	8	+1	15.50%	0.48	14.53	90.81%	25%
At-Risk Population	5	4 measures, 2-component diabetes measure	8	7.40	92.50%	5	0	0.00%	0	7.40	92.50%	25%
Total in all Domains	31	30	62	53.40	87.16%						87.91%	100%

*Quality Improvement Calculation Detail	
Step 1	Calculate the change in performance for each eligible measure, eligible measures are defined as any measure with scores for both 2016 and 2017
Step 2	Determine, for each measure, whether the change in performance was statistically significant at a 95% confidence level (done by CMS)
Step 3	Calculate Net Improvement for each domain: Net Improvement = # of significantly improved measures - # of significantly declined measures <i>Note: In the event that an ACO shows a statistically significant decline in a measure from one year to the next, but still scores above 90 percent (or above the 90th percentile benchmark in the case of certain claims-based measures) in both years, CMS will consider this change as a "no change" in performance instead of a significant decline in performance when calculating the domain improvement score.</i>
Step 4	Calculate Domain Improvement Score: Domain Improvement Score = Net Improvement/Eligible Measures * 100
Step 5	Use the scoring ladder provided to determine points awarded for each domain

CMS QI Scoring Ladder	
Improvement Measure Score	Quality Improvement Points
90+ percent	4.0 points
80+ percent	3.56 points
70+ percent	3.12 points
60+ percent	2.68 points
50+ percent	2.24 points
40+ percent	1.8 points
30+ percent	1.36 points
20+ percent	0.92 points
10+ percent	0.48 points
<10 percent	No points

2015 Final Score	2016 Final Score	2017 Final Score	Percent Change
96.10%	96.88%	87.91%	↓ -9.26%