

2016 Medicare Shared Savings Quality Measure Scorecard Final Results

OneCare Vermont

Version 1.0 10/17/2017



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:

Medicare Shared Savings Program **benchmarks** changed from 2015 to 2016. In this final scorecard **10 measures** have different benchmarks from 2015, ACO 5: Health Promotion and Education, ACO 6: Shared Decision Making, ACO 8: Risk Standardized, All Conditions Readmissions, ACO 9: ASC Admissions: COPD or Asthma in Older Adults, ASC Admission: Heart Failure, ACO 11: Percent of PCPs who Qualified for EHR Incentive Payments, ACO 13: Falls Risk, ACO 18: Depression Screening, ACO 28: Hypertension and ACO 33: ACE Inhibitor or ARB Therapy.

- 4 of these (ACO 11, ACO 18, ACO 28 and ACO 33) were set using flat percentages. CMS used flat percentages to address issues with measures that have an overall high level of performance and allow more room for improvement for ACOs.
- **Scoring was impacted for ACO 18:** Depression Screening. The adherence rate increased significantly from 2015 to 2016 (35.42 to 46.95) but the percentile and points earned decreased (70th to 40th, 1.70 to 1.25).
- ACO 20: Mammography Screening raw score decreased significantly from 2015 to 2016 for both samples. The sample size was influenced by patients that only had a 3D mammography. These patients were removed from the total n. There were a lower number of screening done on the remaining population, with 3D mammography included, our rate would be 70.51 for this year.
- **Quality Improvement points** were awarded this year for 2 domains, Preventative Care and At-Risk Population (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-9 , ACO-10, ACO-35, ACO-36, ACO-37 , ACO-38 , ACO-27.

IMPORTANT NOTE: Medicare updated the measure specifications for ACO-11 from the time the embargoed results were released. They expanding the definition, included more exemptions and changed the exclusion criteria. This resulted in an increase in score for OCV as well an increase in QI points for that domain, improving our overall score.

Performance Year 4: Reporting and Performance Measures

P= Performance Measure, R= Reporting Measure
 -Medicare awards full points for Reporting Measures and points for Performance Measures based on benchmarks

-	No benchmark available
■	2016 Percentile
■	2015 Percentile
■	2016 & 2015 Percentile (No Change)
Based on benchmarks from the scoring year.	

Measure	PY 2016	Points Based on Benchmarks from Reporting Year								Adherence Rates				Significant Change	CMS QI	2016 Num	2016 Denom	Quality Points 2016	
		30th (1.10)	40th (1.25)	50th (1.40)	60th (1.55)	70th (1.70)	80th (1.85)	90th (2.00)	OCV 2013	OCV 2014	OCV 2015	OCV 2016							
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	▲		-	287	1.85
	2	How Well Your Doctors Communicate	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	92.54	92.47	93.39	92.76			-	286	2.00
	3	Patients' Rating of Doctor	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.84	91.45	92.25	91.96			-	271	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			-	128	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			-	322	1.25
	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			-	264	2.00
	7	Health Status/Functional Status	R	-	-	-	-	-	-	-	73.70	74.12	75.19	76.79			-	319	2.00
34	Stewardship and Patient Resources	R	-	-	-	-	-	-	-	N/A	N/A	20.26	16.58			-	307	2.00	
Care Coordination	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			-	-	1.25
	35	Skilled Nursing Facility 30-day All-Cause Readmission measure (SNFRM)	R	-	-	-	-	-	-	-	N/A	N/A	15.72	16.09			-	-	2.00
	36	All-Cause Unplanned Admissions for Patients with Diabetes	R	-	-	-	-	-	-	-	N/A	N/A	52.08	54.83		▼	-	-	2.00
	37	All-Cause Unplanned Admissions for Patients with Heart Failure	R	-	-	-	-	-	-	-	N/A	N/A	83.26	81.85		▲	-	-	2.00
	38	All-Cause Unplanned Admissions for Patients with Multiple Chronic	R	-	-	-	-	-	-	-	N/A	N/A	66.82	66.29			-	-	2.00
	9	ASC Admissions: COPD or Asthma in Older Adults	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00	1.25	0.89	0.83	8.46			-	-	2.00
	10	ASC Admission: Heart Failure	P	25.04	22.13	19.67	17.28	14.95	12.04	8.31	1.22	1.07	0.87	15.89		▼	-	-	1.55
11	Percent of PCPs who Qualified for EHR Incentive Payment*	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	57.55	72.26	97.83	98.80		▲	656	664	4.00	
39	Documentation of Current Medications in the Medical Record	R	-	-	-	-	-	-	-	N/A	N/A	79.03	96.11		▲	1,384	1,440	2.00	
13	Falls: Screening for Fall Risk	P	25.26	32.26	40.02	47.62	57.70	67.64	82.30	46.30	47.31	65.56	74.80		▲	285	381	1.85	
Preventive Health	14	Preventative Care and 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		▲	216	281	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		▲	227	254	1.85
	16	Preventive Care and 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			184	254	1.70
	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		▲	594	609	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		▲	239	509	1.25
	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			190	259	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		▼	229	398	1.40
21	Screening for High Blood Pressure and Follow-up Documented	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.66	66.43	80.62	87.13		▲	298	342	1.85	
42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	R	-	-	-	-	-	-	-	N/A	N/A	N/A	88.76			229	258	2.00	
At-Risk Populations	40	Depression Remission at Twelve Months	R	-	-	-	-	-	-	-	N/A	N/A	4.35	4.35			1	23	2.00
	Diabetes Composite	ACO #27:Percent of beneficiaries with diabetes whose HbA1c in poor control (>9percent)ACO #41: Diabetes - Eye Exam	R	-	-	-	-	-	-	-	N/A	N/A	53.85	53.99			142	263	2.00
	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			396	578	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			518	555	2.00
	31	Beta-Blocker Therapy for LVSD	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	81.78	84.12	80.52	89.30		▲	167	187	1.85
33	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	N/A	N/A	84.75	86.08			167	194	1.85	

ACO 5, 6, 8, 9, 10, 11, 13, 18, 28 and 33 had different benchmarks in 2015.

Total: 62.30

Statistically significant improvement or decline in adherence rate from last year to this year
 ▲ ▼ = defined by OCV as based on p-value <0.05
 ▲ ▼ = defined by CMS as significant change with multiple factors included.

2016 Final Score	2015 Final Score	Percent Change
96.88%	96.10%	▲ 0.81%

Note: 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.

OCV 2016 Quality Measure Scores: Medicare

Performance Year 4: Reporting and Performance Measures

Domain	Number of Individual Measures	Total Measures for Scoring Purposes	OCV			Quality Improvement Detail*					Final Scores	
			Total Possible Points	Points Scored	Domain Scores	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 individual survey module measures	16	14.95	93.44%	8	0	0.00%	0.00	14.95	93.44%	25%
Care Coordination/Patient Safety	10	10 measures, plus the EHR measure double-weighted (4 points)	22	20.65	93.86%	11	+3	27.27%	0.92	21.57	98.05%	25%
Preventive Health	9	9 measures	18	15.45	85.83%	8	+4	50.00%	2.24	17.69	98.28%	25%
At-Risk Population	7	6 measures, including a 2-component diabetes composite measure	12	11.25	93.75%	6	+1	16.67%	0.48	11.73	97.75%	25%
Total in all Domains	34	33	68	30.55								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 2014 and 2015
Step 2	Determine, for each measure, whether the change in performance was statistically significant at a 95 percent confidence level.
Step 3	Calculate Net Improvement for each domain: Net Improvement = # of significantly improved measures - # of significantly declined <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 point
20+ percent	0.92 point
10+ percent	0.48 point
< 10 percent	No points

2016 Final Score	2015 Final Score	Percent Change
96.88%	96.10%	 0.81%