Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Office of Health Policy (OHP)

State Innovation Model (SIM) Model Design

May Quality Strategy/Metrics Workgroup

May 20, 2015
1 PM – 4 PM

Agenda

▪ **Welcome and Introductions**	1:00 – 1:10 PM
▪ **Review Guiding Principles from April**	1:10 – 1:30 PM
▪ **Review Quality Measures/Strategies in Kentucky, Nearby SIM States, and Nationally**	1:30 – 2:00 PM
▪ **Identify Advantages and Disadvantages of Leveraging Quality Strategies of Nearby SIM States and Nationally**	2:00 – 2:40 PM
▪ *Break*	2:40 – 2:50 PM
▪ **Review Current Status of the PHIP**	2:50 – 3:10 PM
▪ **Review Quality Strategies to Improve Population Health in the Context of the PHIP**	3:10 – 3:55 PM
▪ **Next Steps and Q&A**	3:55 – 4:00 PM

Welcome and Introductions

Review Guiding Principles

Guiding Principles in Measure Selection

The following guiding principles were developed by the Quality workgroup in April. For the purposes of today's activity, we will explore how quality measures and/or strategies in Kentucky, in nearby SIM states, and nationally align with these principles.

Patient and Provider Impact

- Applicable across provider types and the care continuum
- Patient-centric
- Understandable by patients
- Equitable across the spectrum of stakeholders
- Allow for patient accountability
- Simple; low administrative burden

Appropriateness

- In alignment with national metrics
- Address priorities for health improvement
- Able to be benchmarked
- Contain appropriate units of measure
- Equitable across the spectrum of stakeholders
- Easily measurable, but accurate

Design Features

- Consistent definition
- Timely and current
- Flexible
- Achievable
- Clinically useful
- Reliable and valid
- Promotes safety

Financial Impact

- Low cost, high value
- Balance efficiency in care delivery vs. outcomes
- Risk adjustable
- Usable for payment reform
- Process and outcome-driven

Stakeholder Variation in Measurement Goals

The following landscape was developed by the Quality workgroup in April in an effort to help determine the similarities across multiple stakeholder groups in developing the best quality measures.

Consumers & Advocates

- Feel healthier
- Low cost
- Least amount of time
- Know care is evidence-based
- Care when desired
- Achievable
- Coordinated
- Understandable
- Accessible care; timely
- Freedom of choice
- Equitable care
- Clear definition of measures
- Transparent

Providers

- Reliable (risk adjusted, measurable)
- Accurate metrics from a reasonable number of sources
- Timely
- Able to be benchmarked
- Consistent reporting
- Patient-level data
- Reasonable amount of data
- Actionable
- Core set of measures, but also specific by provider type
- Patient centered
- Allow for practice variation
- Allow reasonable time to collect data

Payers

- Reasonable cost, high value
- Alignment with national standards
- Simple
- Emphasis on prevention measures
- Pay for performance
- Patient centric
- Focus on wellness
- Equitable despite population

Employer/Purchaser

- Reasonable cost, high value
- Access/timeliness
- Simple
- Focus on wellness
- Transparency
- Allow for patient accountability

Quality Measures/Strategies in Kentucky, Nearby SIM States, and Nationally

Institute of Medicine (IOM) Report Release

In its report released in late April, *Vital Signs: Core Metrics for Health and Health Care Progress,* the IOM's Committee on Core Metrics for Better Care at Lower Cost outlines a path toward a more effective and efficient health measurement system, enabling meaningful comparison across different care settings, communities, and institutions.

As the report describes, a dominant feature of the health system is its fragmentation, which is reflected in the measures currently in use. Because of the great number and variety of organizations requiring information for claims, program performance, safety, and quality assurance purposes, the total number of health and health care measures in use today is unknown.

1,700

The Centers for Medicare & Medicaid Services (CMS) Measure Inventory catalogs the nearly 1,700 measures in use by the U.S. Department of Health and Human Services (HHS) (CMS, 2014).

620

The National Quality Forum's (NQF) measure database includes 620 measures with current NQF endorsement.

81

The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), used by more than 90 percent of health plans, comprises 81 different measures.

57

In 2010, the Joint Commission required hospitals to provide data for measures selected from a set of 57 different inpatient measures, 31 of which were publically reported at the time (Chassin et al., 2010).

The measurement initiatives and reporting requirements included in the IOM report provide a sense of the range and diversity of measures in use today.

Source: Institute of Medicine – Vital Signs: Core Metrics for Health and Health Care Progress

IOM Report's Core Measure Set with Related Priority Measures

The report provides a set of **15 core measures** that target the most critical issues for making progress toward healthy people, better-quality care, lower costs, and engaged people.

Table 4-3 Core Measure Set with Related Priority Measures

Core Measure Focus	Best Current Measures	Related Priority Measures
Life expectancy	Life expectancy at birth	Infant mortality Maternal mortality Violence and injury mortality
Well-being	Self-reported health	Multiple chronic conditions Depression
Overweight and obesity	Body mass index	Activity levels Healthy eating patterns
Addictive behavior	Addiction death rate	Tobacco use Drug dependence/illicit use Alcohol dependence/misuse
Unintended Pregnancy	Teen pregnancy rate	Contraceptive use
Healthy communities	High school graduation rate	Childhood poverty rate Childhood asthma Air quality index Drinking water quality index
Preventative Services	Childhood immunization rate	Influenza immunization Colorectal cancer screening Breast cancer screening
Care access	Unmet care need	Usual source of care Delay of needed care
Patient safety	Hospital-acquired infection rate	Wrong-site surgery Pressure ulcers Medication reconciliation

Source: Institute of Medicine – Vital Signs: Core Metrics for Health and Health Care Progress

IOM Report's Core Measure Set with Related Priority Measures (Continued)

In addition to the core measure set, the committee identified an additional 34 "related priority measures" which, together with the core measures, give a more detailed view of the state of the nation's health and health care, and enhance the flexibility of core measures for application in diverse stakeholder groups.

Table 4-3 Continued

Core Measure Focus	Best Current Measures	Related Priority Measures
Evidence-based care	Preventable hospitalization rate	Hypertension control Diabetes control composite Heart attack therapy protocol Stroke therapy protocol Unnecessary care composite
Care match with patient goals	Patient-clinician communication satisfaction	Patient experience Shared decision making End-of-life/ advanced care planning
Personal spending burden	High-spending relative to income	Health care-related bankruptcies
Population spending burden	Per capita expenditures on health care	Total cost of care Health care spending growth
Individual engagement	Health literacy rate	Involvement in health initiatives
Community engagement	Social support	Availability of healthy food Walkability Community health benefit agenda

Source: Institute of Medicine – Vital Signs: Core Metrics for Health and Health Care Progress

Remarks from the Kentuckiana Health Collaborative

Tennessee's Quality Strategy at a Glance

Tennessee is committed to a quality measure alignment strategy across payers and the state's Health Care Innovation Initiative is focused on aligning quality measures within in each of its three strategies.

Patient Centered Medical Homes (PCMHs)

- A key goal of the PCMH approach is to align the quality metrics that are used by each of the payers participating in the initiative.
- The strong preference of all stakeholders is to use quality metrics that are nationally recognized, such as NQF endorsed measures.

Health Homes

- TennCare will use all recommended CMS Health Home Core Quality measures including, adult BMI, ambulatory care sensitive condition admission, care transition/transition record submitted to the healthcare professional, follow-up after hospitalization for mental illness, all cause readmission, screening for clinical depression and follow-up plan, initiation and engagement of alcohol and other drug dependence treatment, controlling high blood pressure.
- In addition, the state will likely adopt quality and outcome measures recommended by the Health Home TAG. Likely outcome measures include avoidable Emergency Department utilization and avoidable in-patient admission and readmission rates.

Episodes of Care Payments

- The episodes of care initiative will provide principal accountable providers (PAPs), or "quarterbacks" with significant data and information related to episodes of care for which they are accountable, to enable greater understanding of the drivers of performance.
- With actionable information, PAPs should have transparency into underlying costs and quality indicators for their episodes, and should be able to assess their performance relative to all other PAPs for that episode type.
- As each wave of episodes is implemented, it will begin with a reporting only period where quarterbacks receive actionable data, including cost and quality for each of the episodes provided in that period, allowing time to adjust behavior to improve quality and outcomes without financial liability.
- After the reporting period is completed, the performance period will begin with PAPs eligible for gain and risk-sharing based on their ability to effectively manage the total cost and quality of the care provided across all of their episodes.

Source: Tennessee Health Care Innovation Initiative

Tennessee's Quality Strategy – Episodes of Care Measures

Tennessee is currently in the second wave of its episode-based payment model and plans to begin reporting on these specific episodes of care in mid-2015. For each episode of care, the state has selected quality measures that are either tied to gain sharing or for reporting only. Measures have been shared for three of the six wave two episodes.

Colonoscopy

- Tied to gain sharing
  - Percent of valid episodes performed in a facility participating in a quality clinical data registry (QCDR)
- For reporting only
  - Perforation rate
  - Post-polypectomy bleed rate
  - Prior colonoscopy (within 1 year)
  - Repeat colonoscopy (within 60 days) rate

Acute and non-acute PCI

- Tied to gain sharing
  - Hospitalization rate in the post trigger window, except for staged/multi-vessel Percutaneous coronary intervention (PCI)
- For reporting only
  - Percent of multiple-vessel PCIs
  - Percent of episodes with a repeat PCI in the post trigger window

Cholecystectomy

- Tied to gain sharing
  - 30-day readmission rate (as a proxy for complications)
- For reporting only
  - Interoperative cholagiography rate
  - Endoscopic retrograde cholangiopancreatography (ERCP) within 3-30 days after procedure rate
  - Average length of stay (trigger window)

Source: Tennessee Health Care Innovation Initiative

Arkansas' Quality Strategy – PCMH

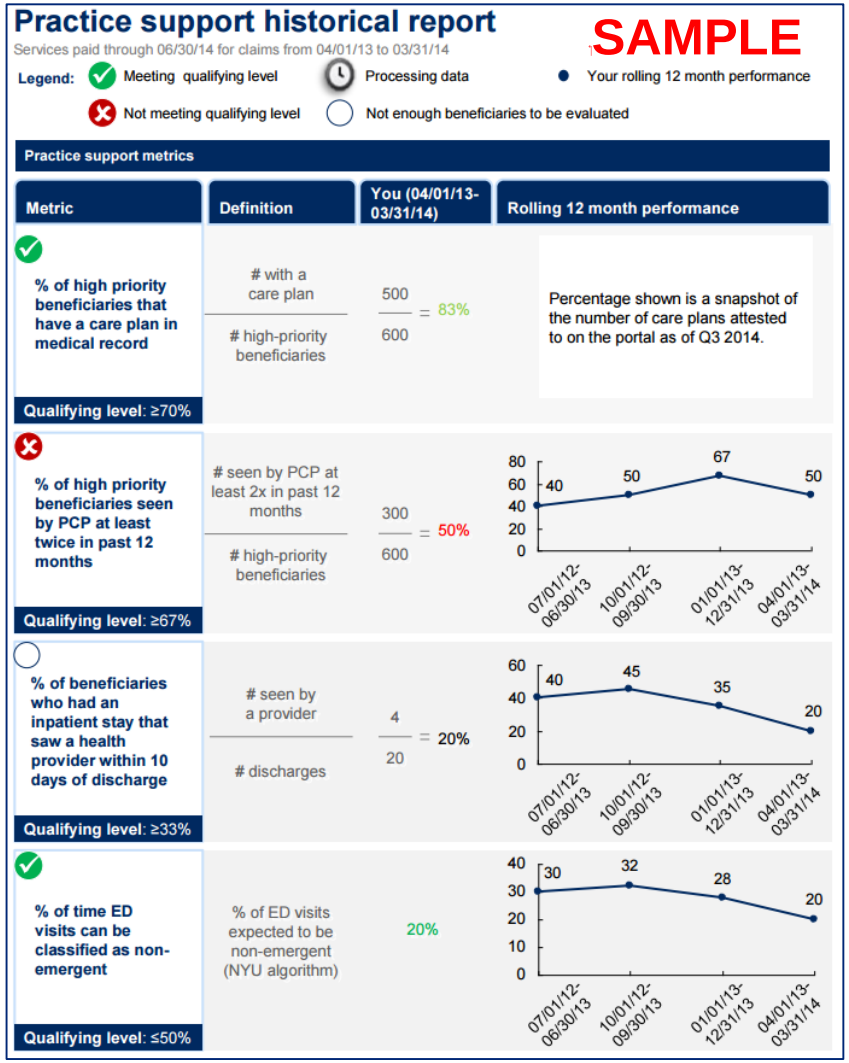
For Medicaid providers, Arkansas provides each provider with a report of the PCMH's performance on required practice support and quality metrics to help providers plan and set priorities for the performance period.

PCMH Measure Sources (Examples)

- Agency for Healthcare Research & Quality (AHRQ) indicators
- CMS-Children's Health Insurance Reauthorization Act (CHIPRA) pediatric quality indicators and
- CMS adult quality measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) and HEDIS measures
- Other emerging national metrics on health care value as they become recognized

PCMH Measurement Goals (Examples)

- Reducing premature deliveries (before 39 weeks) to less than 10% statewide
- Achieving 50% adherence rate of comprehensive diabetes metrics (encompassing provision of hemoglobin A1C, lipid measurement, and eye exams)
- Measuring and improving documentation of blood pressure control in PCMHs



Source: Arkansas Health Care Payment Improvement Initiative

Arkansas' Quality Strategy – Episodes of Care Measures

Similar to Tennessee, Arkansas is implementing an episode-based payment model in a series of waves. For each episode of care, the state has selected quality measures that are either linked to gain sharing or for reporting only. Below are six episode examples and their associated measures.

Asthma

- **Linked to gain sharing**
  - Corticosteroid and/or inhaled corticosteroid usage determined by filled prescription rate for medication within +/- 30 days of trigger start date
  - Percent of episodes where patient visits outpatient physician (for any reason) within 30 days post initial discharge
- **For reporting only**
  - Rate of repeat acute exacerbation within 30 days post initial discharge

Attention Deficit/Hyperactivity Disorder

- **Linked to gain sharing**
  - Percentage of episodes with completion of either Continuing Care or Quality Assessment certification – must meet minimum threshold of 90% of episodes
- **For reporting only**
  - Average number of physician visits/episode
  - Percentage of episodes with medication
  - Percentage of episodes certified as non-guideline concordant
  - Percentage of episodes certified as non-guideline concordant with no rationale

Cholecystectomy

- **Linked to gain sharing**
  - Percent of episodes with CT scan prior to cholecystectomy (must be below threshold rate to qualify for gain sharing)
- **For reporting only**
  - Rate of major complications that occur in episode, either during procedure or in post-procedure window: common bile duct injury, abdominal blood vessel injury, bowel injury
  - Number of laparosopic cholecystectomies converted to open surgeries
  - Number of cholecystectomies initiated via open surgery

Chronic Obstructive Pulmonary Disease (COPD)

- **Linked to gain sharing**
  - Percent of valid episodes where the patient has a follow-up visit with a physician during the post-trigger window. The minimum threshold is 36%.
- **For reporting only**
  - Percent of valid episodes with a repeat acute exacerbation during the 30-day post-trigger window

Colonoscopy

- **Linked to gain sharing**
  - Cecal intubation rate reported by provider on an aggregated quarterly basis – must meet minimum threshold of 75%
  - In at least 80% of valid episodes, the withdrawal time must be greater than 6 minutes.
- **For reporting only**
  - Perforation rate
  - Post polypectomy/biopsy bleed rate

Coronary Artery Bypass Graft

- **Linked to gain sharing**
  - Percent of valid episodes with an adverse outcome during the trigger window or the post-trigger window. Adverse outcomes are defined as stroke, sternal wound infection, or post-operative renal failure.
- **For reporting only**
  - Percent of episodes during which at least one adverse outcome occurs
  - Percent of patients on a ventilator for longer than 24 hours after surgery
  - Average length of pre-operative inpatient stay
  - Percent of patients admitted on day of surgery
  - Percent of patients for whom an internal mammary artery is used

Source: Arkansas Health Care Payment Improvement Initiative

Ohio's Quality Strategy

Quality Strategy Overview

- During its SIM Round One Model Design, Ohio gave high priority to selecting measures that efficiently serve cross-functional needs, including population-level health reporting, ease of provider reporting, program performance measures, and payment innovation.
- In general, Ohio is following the National Quality Strategy to focus on fewer but more meaningful core quality measures.
- The goal is to define, measure, track, and pay for quality in ways that create value for all stakeholders, reduce the reporting burden for providers, bring sharper focus to population health outcomes, and enable value purchasing across all payers.
- For SIM, Ohio has made significant progress aligning quality measures across multiple payers for PCMH and episode-based payment models.
- During its SIM Round Two Model Test, Ohio is convening a quality measurement leadership team to coordinate a broader, statewide quality measurement plan.

TABLE 3. SAMPLE ALIGNMENT OF MEASURES TO IMPROVE POPULATION HEALTH

	SIM Test Measures		Medicaid Program Measures			Other Sources of Measures			
Population Health Measure	CPCI (PCMH)	Episode	FFS	MCO	MyCare	EHR-Based	Commercial Focus	HPIO Focus	Disparity Focus
National Quality Strategy: Promote Evidence-Based Prevention and Treatment Practices									
Influenza Immunization	X	X				X		X	
Tobacco Use Cessation Intervention	X	X				X			
National Quality Strategy: Care Coordination									
Low Birth Weight		X		X					X
Postpartum Care		X	X	X			X		X
Adolescent Well Care Visit			X	X			X		X
Appropriate Medications for People With Asthma		X	X	X		X	X		
Potentially Preventable Events		X	X	X				X	
Follow-up After Hospitalization for Mental Illness				X	X			X	
National Quality Strategy: Improving Chronic Care Coordination									
Controlling High Blood Pressure	X			X	X	X	X		X
Heart Failure Admission Rate				X	X				X
Diabetes Care (HbA1c)	X			X	X	X	X		X
National Quality Strategy: Support Person-Centered Care									
Consumer Satisfaction Survey	X			X	X		X	X	

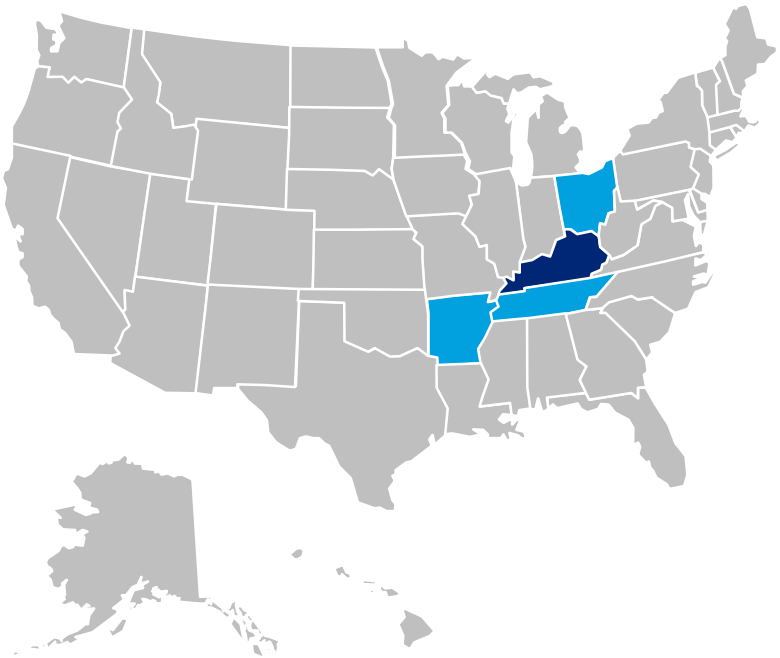
NOTES: Comprehensive Primary Care Initiative (CPCI), fee-for-service (FFS), managed care organization (MCO), electronic health record (EHR), Health Policy Institute of Ohio (HPIO)

Source: Ohio State Health Care Innovation Plan

Advantages and Disadvantages of Leveraging Quality Strategies of Surrounding States

Advantages Discussion

In your groups, brainstorm the potential advantages of Kentucky leveraging the quality strategies and/or measure sets beings measured in nearby SIM states, including but not limited to Arkansas, Ohio, and Tennessee.



Potential Advantages

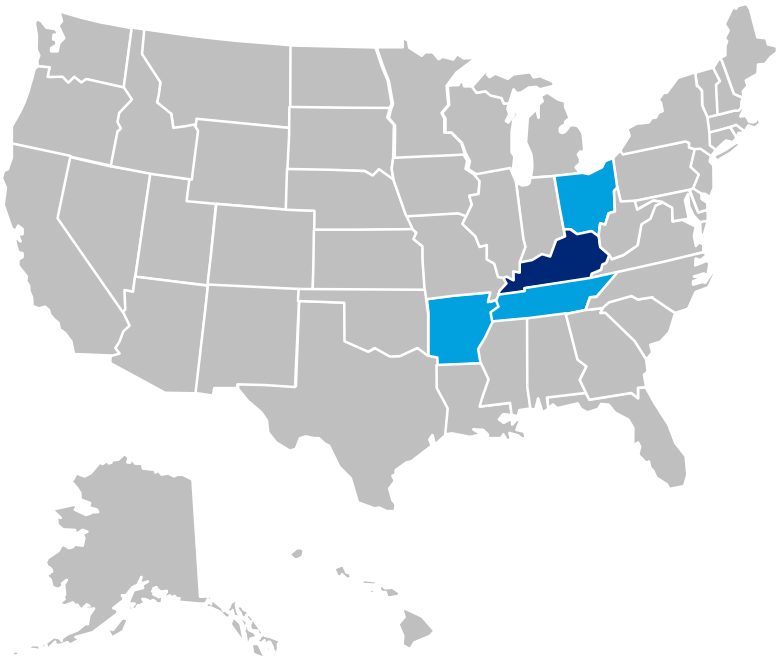
- Previously completed prework of narrowing down measure set(s)
- Potential reported outcomes after a year of measurement
- Input from providers on administrative simplicity, clinical relevance, etc.

Others?

The goal of this workgroup activity is to develop lists of potential advantages in smaller groups and then report out ideas to the full workgroup.

Disadvantages Discussion

In your groups, brainstorm the potential disadvantages of Kentucky leveraging the quality strategies and/or measure sets beings measured in nearby SIM states, including but not limited to Arkansas, Ohio, and Tennessee.



Potential Disadvantages
• Different population health goals and/or targets • Incompatibility between the commercial payers operating in the state(s) • Already established process and outcomes measurement programs • Differing legislative structures and political administrations **Others?**

The goal of this workgroup activity is to develop lists of potential disadvantages in smaller groups and then report out ideas to the full workgroup.

Quality Strategies to Improve Population Health in the Context of the PHIP

PHIP Status Update and Process Overview

CMS has created a project structure that promotes crafting the Population Health Improvement Plan (PHIP) **prior** to developing payment and service delivery reforms with a **first draft due on May 29, 2015**.

PHIP Development Process:

May Draft PHIP		December Final PHIP
Health Needs Assessment	→	Interventions to Improve Population Health
Current Population Health Initiatives	→	Implementation Plan
Stakeholder Engagement Plan	→	Governance Framework

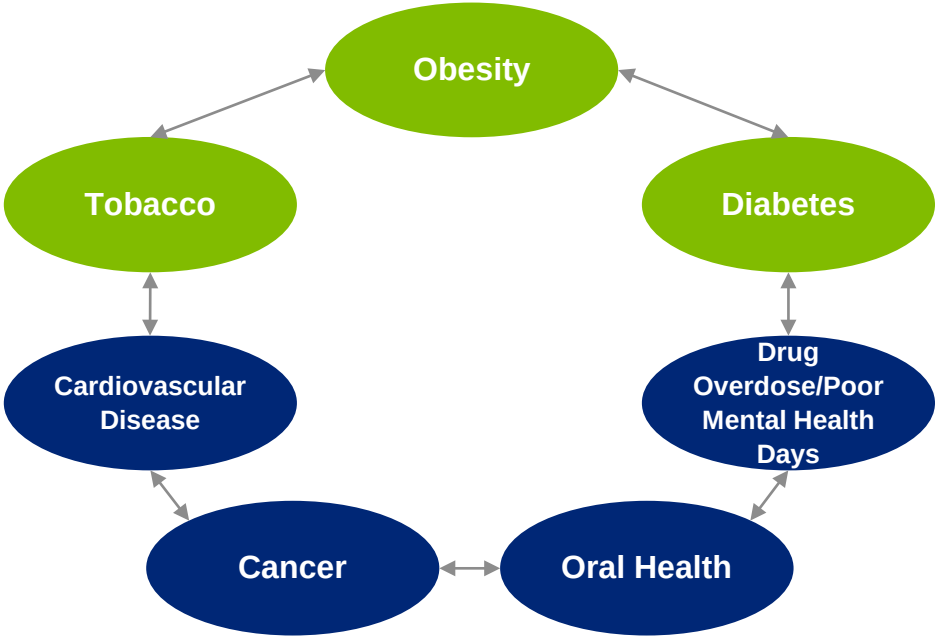
The **May draft of the PHIP** will serve as a **checkpoint** on the unique population health needs that Kentucky is facing, and as **a mechanism to solicit stakeholder input** throughout the remainder of the Model Design process on how to **design payment and service delivery reforms** around these population health needs.

PHIP Section 1: Health Needs Assessment

The draft PHIP contains a health needs assessment for the three CMS/CDC prescribed population health focus areas, plus the additional four focus areas added to promote the PHIP's alignment with and as an extension of **kyhealthnow**.

Health Needs Assessment Outline

- The PHIP draft provides an **initial assessment** of the **gaps in access to care and the health status disparities** that Kentucky seeks to address in the delivery system transformation initiatives designed over the course of the Model Design period.
- For each of the seven population health focus areas, the PHIP describes the current state and its impact on the Commonwealth and its populations, focusing specifically on:
  - **The prevalence of the condition**
  - **The disproportionate populations at risk**
  - **The economic impact**



CMS/CDC & kyhealthnow Focus Areas

Other kyhealthnow Focus Areas

PHIP Section 2: Current Health Initiatives

The second section of the PHIP focuses on describing major ongoing population health-focused initiatives to improve both health outcomes and risk-factors related behavior. While the connection between the PHIP and **kyhealthnow** is inherent throughout, the PHIP describes the work being done in other areas and how stakeholders are playing multiple roles in each.

kyhealthnow

- **kyhealthnow** established seven health goals for the Commonwealth, along with a number of specific strategies to help achieve these goals through 2019.
- These strategies will be implemented through executive and legislative actions and public-private partnerships.
- In addition, an **Oversight Team** was established to monitor and provide oversight of the administration's efforts to meet the kyhealthnow goals and carry out the strategies needed to achieve these goals, which is attached to CHFS.
- The PHIP is using **kyhealthnow** and its goals as its framework to develop new payment and delivery system reforms that work towards reaching each identified goal and a new governance process to provide long term monitoring and oversight.

ER "Super-Utilizer" Initiative

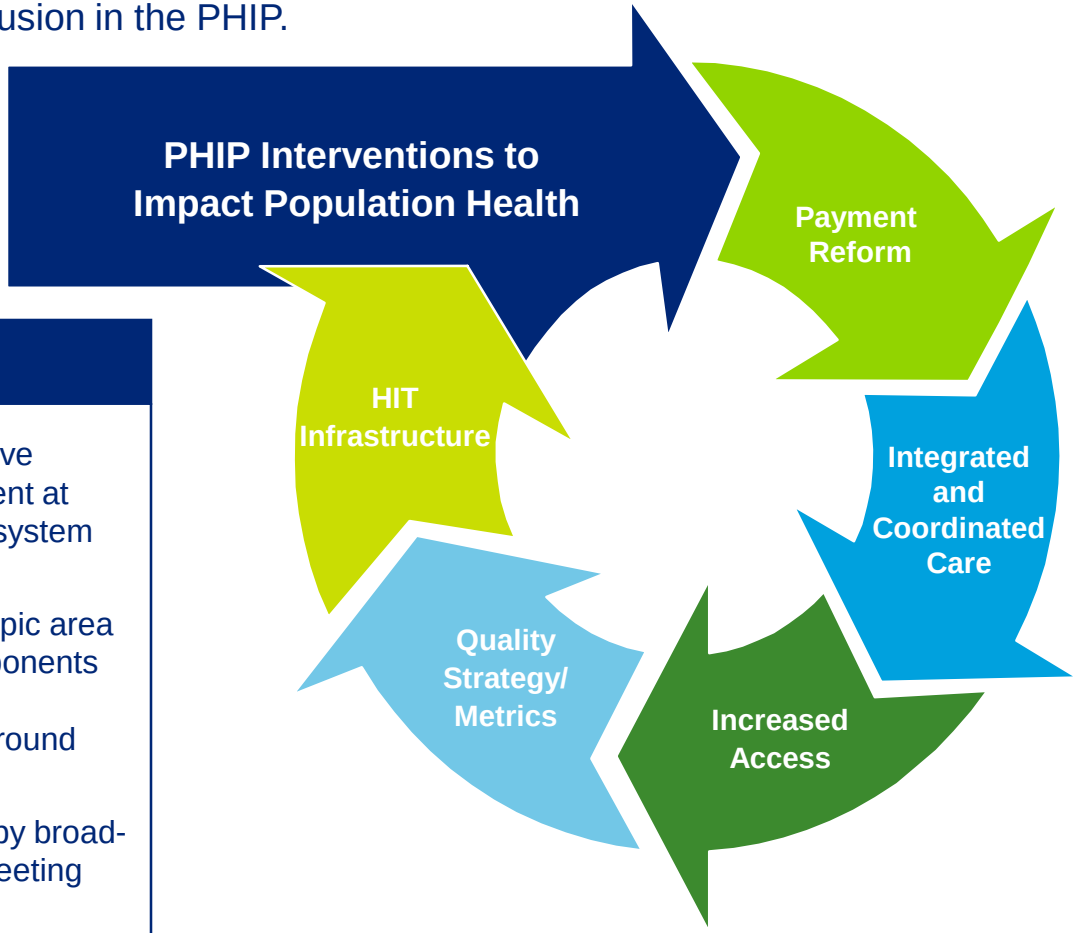
- Kentucky was awarded participation in a National Governor's Association (NGA) Policy Academy to address **emergency department (ED) super-utilization** in July 2013 and expanded the program statewide in August 2014.
- **Phase I** of the project focused on evaluating, recommending, and implementing models that efficiently navigate patients, focusing on decreasing emergency room super-utilization.
- **16 hospital sites** participated in Phase I of the project, and these sites are already seeing success, including active partner engagement and the development of new tools to monitor super-utilization data.
- The **Kentucky Department for Public Health (DPH)** provides assistance to these hospital sites through workgroup conference calls, data analysis, and specific technical expertise.

Unbridled Health

- The Coordinated Chronic Disease Prevention and Health Promotion Plan, or **Unbridled Health**, was completed in August 2013 through the work of more than an 80 member steering committee, a committee that continues to meet on an annual basis to identify synergies around the key initiatives included in the plan.
- **Unbridled Health** provides a framework in which organizations and individuals can unite as one powerful force to reduce the significant chronic disease burden in our state.
- **The framework** includes policy, systems and environmental changes that support healthy choices; expanded access to health screenings and self-management programs; strong linkages among community networks; and research data that are used as a catalyst for change.

PHIP Section 3: Stakeholder Engagement

Throughout the Model Design period, CHFS will use a robust, iterative process with internal and external stakeholders to craft the components of the Model Design, the first component being the PHIP. The team has developed a formal stakeholder engagement approach that will be used to develop the strategies and interventions for future inclusion in the PHIP.



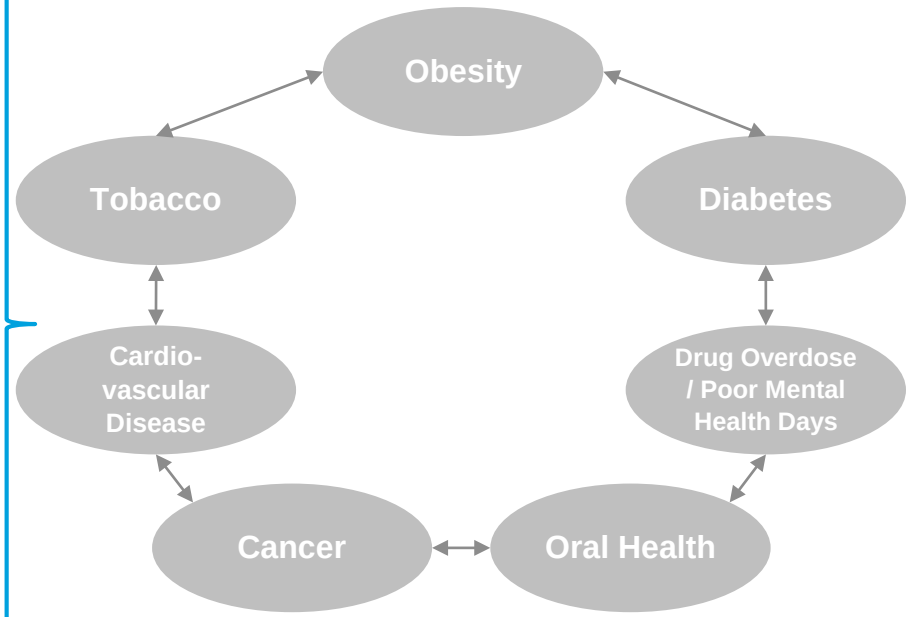
Stakeholder Process

- The development of the final PHIP will involve continuous stakeholder input and involvement at every step of the process across all health system sectors.
- The workgroups have been organized by topic area in order to align with the way in which components of the Model Design must be developed; workgroups will participate in discussions around the interventions included in the PHIP.
- Input by stakeholder workgroups, followed by broad-based report out in the large stakeholder meeting setting, will cultivate and maintain lasting stakeholder support for the PHIP's reforms and interventions.

PHIP Section 4: Interventions to Improve Population Health

Using the health needs assessment and population health focus areas of kyhealthnow, stakeholders will develop interventions to improve population health in the context of the SIM workgroups and their topic areas over the course of the Model Design process.

1. **Service Delivery Model Options**
2. **Payment Methodologies**
3. **Policy and Regulatory Levers**
4. **Workforce Needs Assessment**
5. **Health Information Technology**



These categories of interventions to improve population health and how they apply to the seven focus areas are not comprehensive and lend themselves to expansion, refinement, and discussion with all SIM stakeholders.

PHIP Section 4: A Closer Look

Within the seven kyhealthnow focus areas that the PHIP seeks to address, there are 51 associated strategies to help achieve these population health goals over the next five years. For the purposes of the PHIP, we will explore a subset of these strategies as they relate to a statewide quality strategy to determine which strategies can be impacted by quality measures, or which potential measures would have the most effect on the strategies.

Strategy	Description

The goal of this workgroup activity is to develop a set of key themes to designing a statewide quality strategy that works towards achieving the kyhealthnow, and therefore the PHIP, population health goals for inclusion in the draft PHIP due at the end of May.

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce the Obesity Rate Among Kentuckians by 10%

Strategy #12

Strategy	Description
Partner with school districts to increase the number of school districts collecting and reporting body mass index (BMI) data within the Kentucky Student Information System.	Data collected from the KDE 2013-2014 Practical Living/Career Studies Program Review showed an increase in elementary and high schools utilizing BMI data to inform local school wellness policy (76 of 746 Elementary, 23 of 329 Middle, and 13 of 228 High School) (KDE, Practical Living/Career Studies Program Review; 2015).

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce Kentucky's Cancer Deaths by 10%

Strategy #1

Strategy	Description
Increase screening rates for colon, lung and breast cancer by 25% in accordance with evidence-based guidelines.	According to preliminary 2014 Kentucky BRFSS data, a slight increase was shown in colon and breast cancer screening rates. A total of 68.7% adults aged 50+ reported they have had a sigmoidoscopy or colonoscopy and 74.2% of women aged 40+ reported having had a mammogram in the past two years (BRFSS; Preliminary 2014). In addition, 20,664 Medicaid members received colon cancer screenings in 2014.

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce Cardiovascular Deaths by 10%

Strategy #2

Strategy	Description
Reduce the proportion of adults with uncontrolled hypertension by 10%.	Compared to the baseline, a slight increase was seen in the percentage of adults who have been told they have high blood pressure, 39.1% (BRFSS; 2013).

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce Cardiovascular Deaths by 10%

Strategy #4

Strategy	Description
Increase by 10% the proportion of adults who have had their blood cholesterol checked within the preceding five years.	Compared to the baseline measurement in 2011 of 75.7%, an increase of almost 2% was seen in 2013 among adults who have had their cholesterol checked in the past five years (BRFSS).

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce Cardiovascular Deaths by 10%

Strategy #5

Strategy	Description
Increase the percentage of individuals receiving evidence-based smoking cessation treatment by 50%.	According to preliminary 2014 Kentucky BRFSS data, a slight increase was shown in the use of smoking cessation. A total of 10.8 % of respondents reported using a cessation program and, out of those, 34.3% used some form of nicotine replacement therapy (BRFSS; Preliminary 2014). Due to the expansion of Medicaid and coverage of smoking cessation services via health plans due to the Affordable Care Act, additional increases are anticipated in the future.

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce Cardiovascular Deaths by 10%

Strategy #6

Strategy	Description
Decrease the percentage of Kentuckians with diabetes whose most recent hemoglobin A1C level was greater than 9% during the preceding year, recognizing the link between diabetes and heart disease.	2013 HEDIS data shows an overall decrease in those with HbA1c Poor Control (>9%) since the original baseline. While this data only represents a subset of the population of Kentucky (Medicaid members), through increased insurance coverage and efforts to focus on primary prevention, there is an expectation of an improvement in overall diabetes rates over time (HEDIS PM; 2013).

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce the Percentage of Children with Untreated Dental Decay by 25% and Increase Adult Dental Visits by 10%

Strategy #4

Strategy	Description
Increase by 25% the proportion of adults receiving fluoride varnish during an annual dental visit.	Active discussions are ongoing regarding this strategy with the Kentucky Dental Association including possible reevaluation to reflect emerging practices regarding adult preventive oral health strategies.

PHIP Strategies Discussion (Continued)

How could a statewide quality strategy and measure set impact this kyhealthnow strategy?

Reduce the Percentage of Children with Untreated Dental Decay by 25% and Increase Adult Dental Visits by 10%

Strategy #5

Strategy	Description
Increase by 25% the percentage of adults receiving medically indicated dental preventive and restorative services, including fillings and root canals, in accordance with evidence-based practices	Data shows a total of 154,631 adults in the Medicaid program received preventive dental services in 2014. This is more than double the 72,709 served in 2013, and shows a growing awareness of the importance of dental services for adults (Medicaid Claims Data).

Next Steps

Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

June 2015

M	T	W	T	F
1	2	3	4	5
8	9 *Rescheduled	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Calendar Legend

Workgroup Meeting

Stakeholder Meeting

Next Steps

- The June full stakeholder meeting that was scheduled for **Wednesday, June 3, 2015** has been **rescheduled**. It will now take place on **Tuesday, June 9, 2015 from 1 – 4 PM** at the Kentucky Historical Society - 100 W Broadway Street in Frankfort, KY.
- Mark your calendars! The next Quality Strategy/Metrics workgroup will be held on **June 17, 2015.**

Workgroup	June Date	June Time	June Location
Payment Reform	Tuesday, June 16th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Tuesday, June 16th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Increased Access	Wednesday, June 17th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Quality Strategy / Metrics	Wednesday, June 17th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
HIT Infrastructure	Thursday, June 18th	9:30AM to 12:30PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: http://chfs.ky.gov/ohp/sim/simhome
  - This website contains a Quality Strategy/Metrics workgroup section that will contain meeting presentations, outputs, and additional resources.
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

Thank you!

Q&A

Appendix

This slide is a reporting of facilitated workgroup activities only and does not reflect CHFS-endorsed proposals or policy prescriptions.

Quality Strategy/Metrics Driver Diagram – Tobacco Use

What are the current barriers to reducing tobacco use in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a quality strategy/metrics perspective?

Reduce the Rate of Tobacco Use

Driver: Reduce tobacco use rates by targeting areas of high tobacco use

? **Initiative Example:** Create a heat map of tobacco sales across the state, and target cessation activities in high-sales areas

Driver: Increase awareness of the importance of stopping smoking

? **Initiative Example:** Implement a multi-faceted public campaign focused on reducing smoking

Driver: Improve self-reported data

? **Initiative Example:** Align all statewide survey questions pertaining to tobacco use in an effort to gather consistent and reliable data

Driver: Improve measurement strategy of screening and counseling activities

? **Initiative Example:** Require all districts to develop a health improvement plan and track progress

? **Initiative Example:** Measure effectiveness of screening and counseling across all provider types

Driver: Increase transparency of tobacco cessation coverage

? **Initiative Example:** Measure the number of tobacco cessation education hours provided by schools, insurance plans, and workplaces, and tie incentives to reaching defined goals

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Quality Strategy/Metrics Driver Diagram – Tobacco Use *(Continued)*

What are the current barriers to reducing tobacco use in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a quality strategy/metrics perspective?

Reduce the Rate of Tobacco Use

- **Driver:** Identify the effectiveness of screening and counseling provided by providers
  - ? **Initiative Example:** Track the success rate of tobacco cessation among providers and counselors who provide services
- **Driver:** Measure the consumer's awareness around tobacco cessation benefits and how to access them
  - ? **Initiative Example:** Use Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to accumulate data on patient understanding of benefits
- **Driver:** Leverage existing regional plans and policies that promote tobacco cessation
  - ? **Initiative Example:** Measure county/regional progress against the defined plans
- **Driver:** Establish methods for tracking adherence to tobacco cessation programs
  - ? **Initiative Example:** Work with pharmacists to collect and track data pertaining to prescription refills for tobacco cessation products
- **Driver:** Develop better target areas for tobacco use education and interventions
  - ? **Initiative Example:** Collect and analyze regional/statewide data on tobacco sales to identify high-risk areas to target

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Quality Strategy/Metrics Driver Diagram – Obesity

What are the current barriers to reducing the incidence of obesity in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a quality strategy/metrics perspective?

Reduce the Incidence of Obesity

Driver: Encourage improved nutrition in schools and improve access to physical education

? **Initiative Example:** Initiate statewide competitions across schools that track progress against defined physical education and nutrition measures

Driver: Develop more robust reporting and analytics of obesity

? **Initiative Example:** Develop approach to analyze unique social contributors across counties

? **Initiative Example:** Measure the instances of documented food deserts across Kentucky

Driver: Gather BMI measures to track individuals at risk of becoming obese

? **Initiative Example:** Leverage existing BMI data from managed care organizations (MCO), providers, schools, etc. in order to track the BMI trends of individuals, and intervene when necessary

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Quality Strategy/Metrics Driver Diagram – Diabetes

What are the current barriers to reducing the incidence of diabetes in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from a quality strategy/metrics perspective?

Reduce the Incidence of Diabetes

Driver: Increase resources devoted toward identifying and tracking patients at risk of developing diabetes

? **Initiative Example:** Agree upon metrics for identifying at-risk patients, such as prescription refills, and report results regularly to providers so they can intervene

Driver: Increase resources for diabetes education

? **Initiative Example:** Incentivize payers to provide diabetes education and track and report on the success of education programs

Driver: Develop more robust and consistent reporting on consumer adherence to treatment plans

? **Initiative Example:** Identify and use indicators reported to the CDC

? **Initiative Example:** Leverage metrics captured by primary care facilities that are identified as centers of excellence for diabetes and expand to smaller providers at the community level