VERMONT Blueprint for Health

Smart choices. Powerful tools.

HSA Profile: Barre

Period: July 2013 - June 2014 **Profile Type:** Adults (18+ Years)

Welcome to the *2014 Blueprint Hospital Service Area (HSA) Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint HSA Profiles are based primarily on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members attributed to Blueprint practices that began participating on or before June 30, 2014.

Blueprint HSA Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years. Practices have been rolled up to the HSA level.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

These profiles use three key sources of data: VHCURES, the DocSite clinical database, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the year prior. Rates for HSAs reporting fewer than 30 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

Demographics & Health Status

	HSA	Statewide
Average Members	25,681	225,930
Average Age	49.3	49.6
% Female	54.4	55.2
% Medicaid	17.2	19.5
% Medicare	19.1	20.6
% Maternity	1.9	2.0
% with Selected Chronic Conditions	41.3	41.0
Health Status (CRG)		
% Healthy	41.3	42.9
% Acute or Minor Chronic	20.3	19.6
% Moderate Chronic	24.5	23.9
% Significant Chronic	13.0	12.5
% Cancer or Catastrophic	1.0	1.1

Table 1: *This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.*

Average Members *serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's HSA's percentage of membership that was Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g., day treatment, residential treatment, case management, school-based services, and transportation).*

The % with Selected Chronic Conditions *measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure (CHF), coronary heart disease, hypertension, diabetes, and depression.*

The Health Status (CRG) *measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include:* Healthy, Acute *(e.g., ear, nose, throat infection)* or Minor Chronic *(e.g., minor chronic joint pain),* Moderate Chronic *(e.g., diabetes),* Significant Chronic *(e.g., diabetes and CHF), and* Cancer *(e.g., breast cancer, colorectal cancer)* or Catastrophic *(e.g., HIV, muscular dystrophy, cystic fibrosis).*

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Period: July 2013 - June 2014 **Profile Type:** Adults (18+ Years)

Total Expenditures per Capita

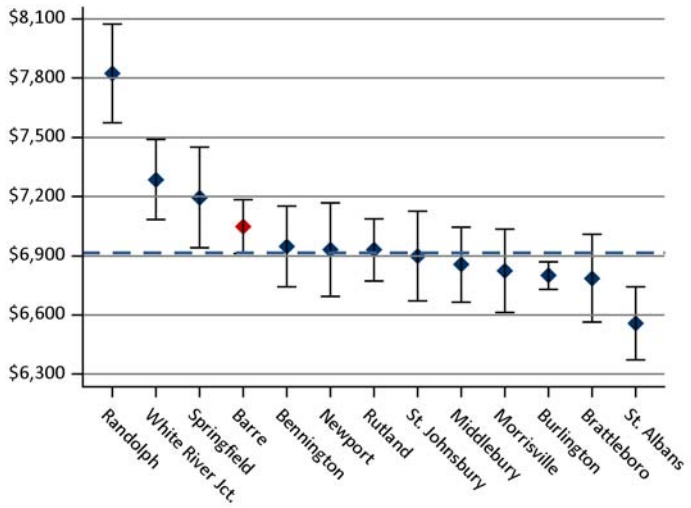

Figure 1: *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide average.*

Total Expenditures by Major Category

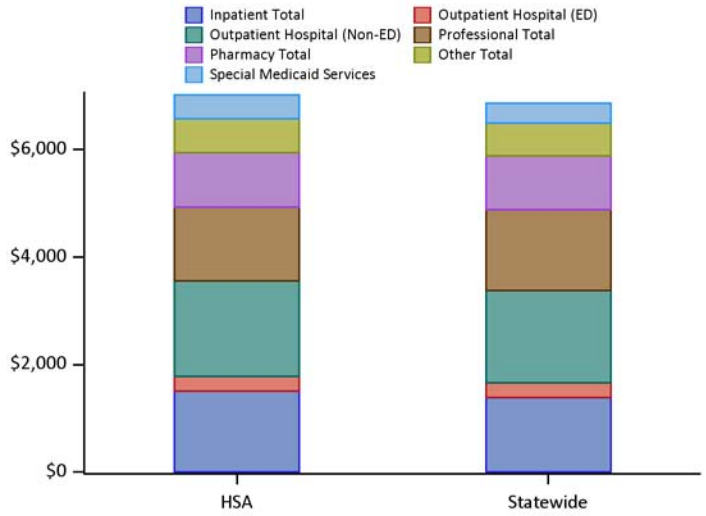

Figure 2: *Presents annual risk-adjusted rates for the major components of cost (as shown in* ***Figure 1****) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as* Special Medicaid Services (SMS).

Total Expenditures (Excluding SMS)

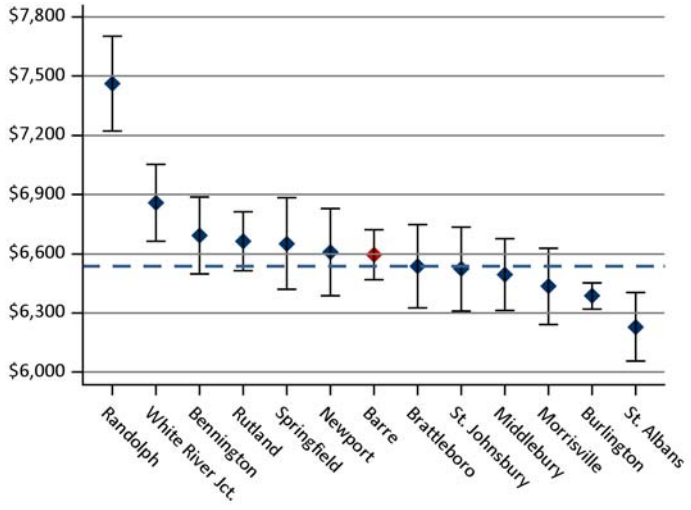

Figure 3: *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude* Special Medicaid Services*. The blue dashed line indicates the statewide average.*

Total Resource Use Index (RUI) (Excluding SMS)

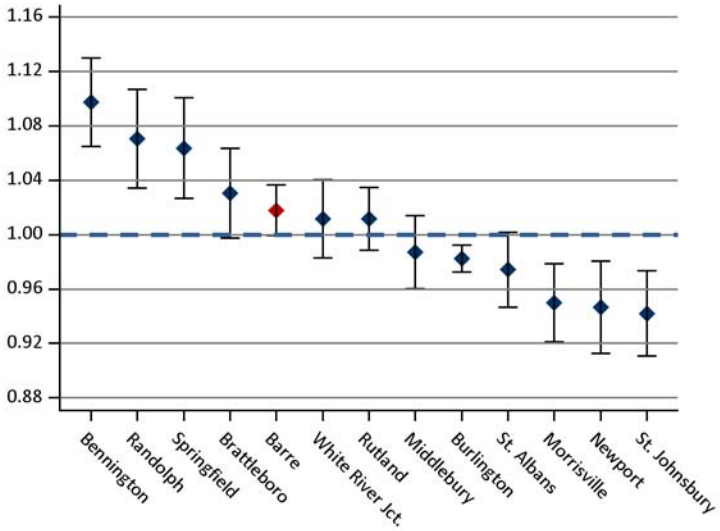

Figure 4: *Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services across major components of care and excludes* Special Medicaid Services*. The HSAs are indexed to the statewide average (1.00), which is indicated by the blue dashed line.*

Annual Total Expenditures per Capita (Excluding SMS) vs. Resource Use Index (RUI)

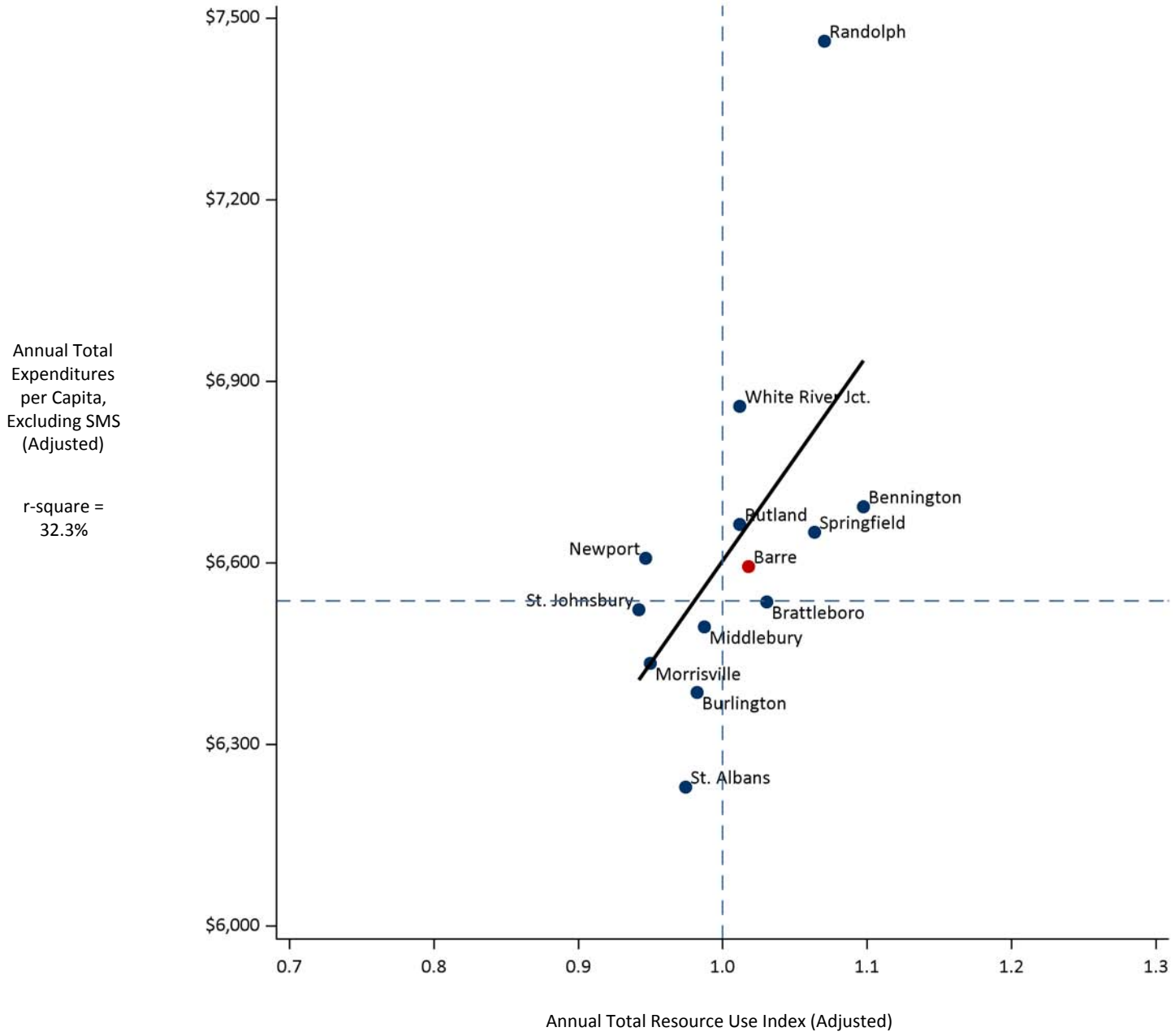

Figure 5: *This graphic demonstrates the relationship between risk-adjusted expenditures, excluding SMS, and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the specified HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average expenditures per capita and average Resource Use Index statewide (i.e., 1.0). HSAs with higher expenditures and utilization are in the upper right-hand quadrant, while HSAs with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.0 indicates higher than average utilization; conversely, a value lower than 1.0 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, HSAs with higher risk-adjusted utilization had higher risk-adjusted expenditures.*

Legend

Barre

All other Blueprint HSAs statewide

Inpatient Discharges

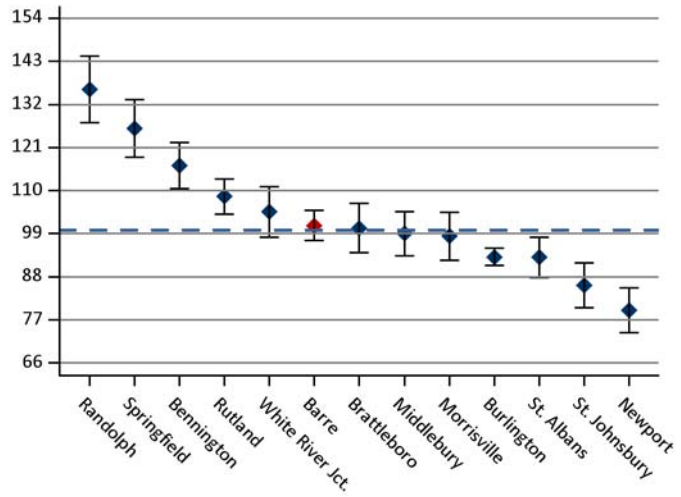

Figure 6: *Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization —* Inpatient Days, Inpatient Readmissions within 30 Days, *and* Inpatient Discharges for Ambulatory Care Sensitive (ACS) Conditions *— can be found in* **Table 5.** *The blue dashed line indicates the statewide average.*

Outpatient ED Visits

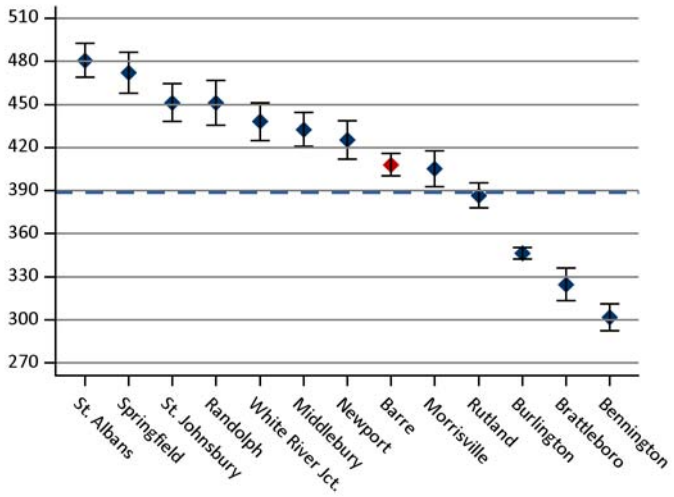

Figure 7: *Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure —* Outpatient Potentially Avoidable ED Visits *— can be found in* **Table 5.** *The blue dashed line indicates the statewide average.*

Advanced Imaging (MRIs, CT Scans)

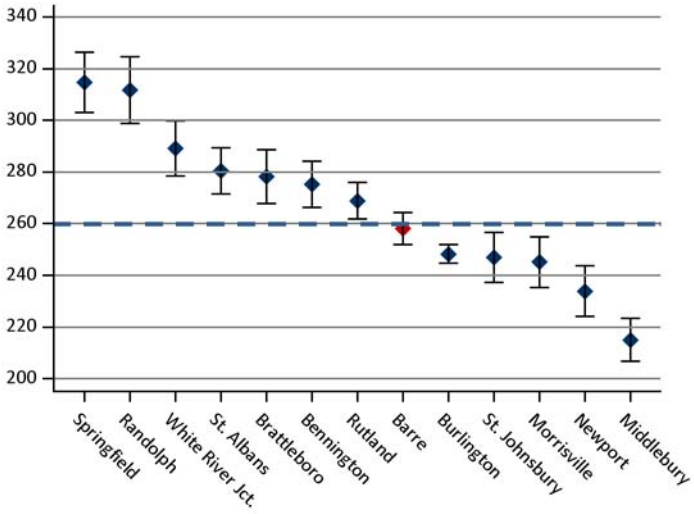

Figure 8: *Presents annual risk-adjusted rates, including 95% confidence intervals, for advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members. The blue dashed line indicates the statewide average.*

Diabetes: HbA1c Testing

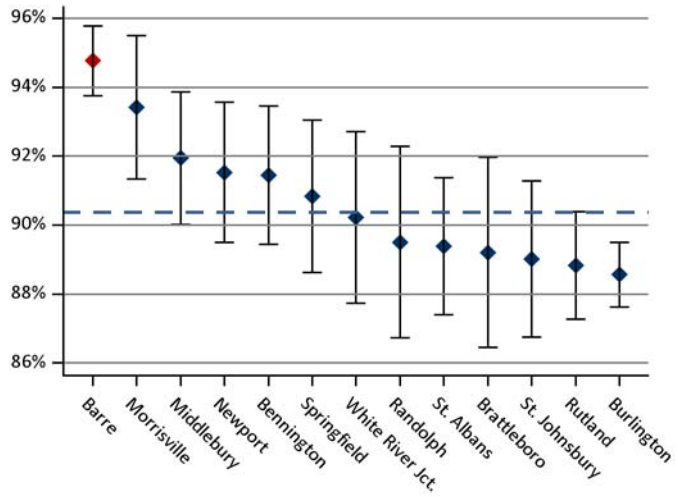

Figure 9: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: LDL-C Screening

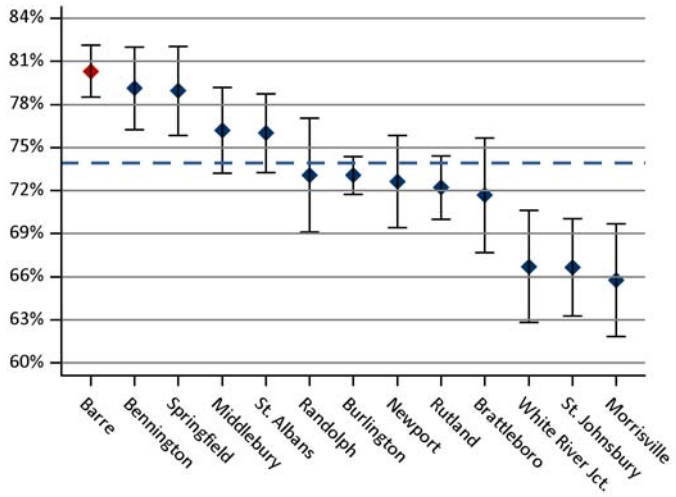

Figure 10: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: Eye Exam

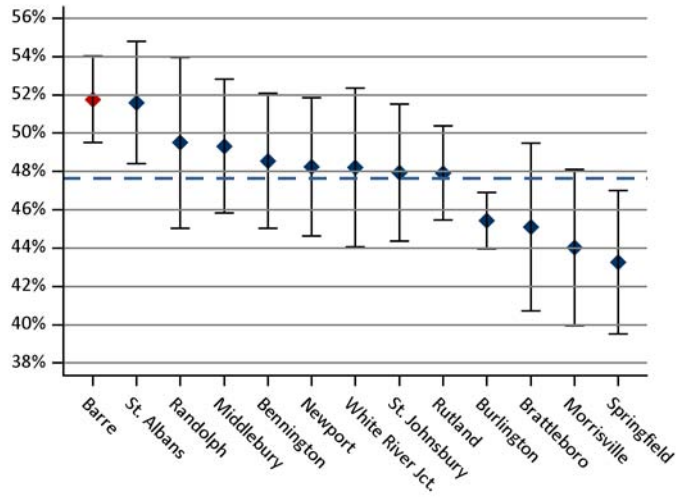

Figure 11: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: Nephropathy Screening

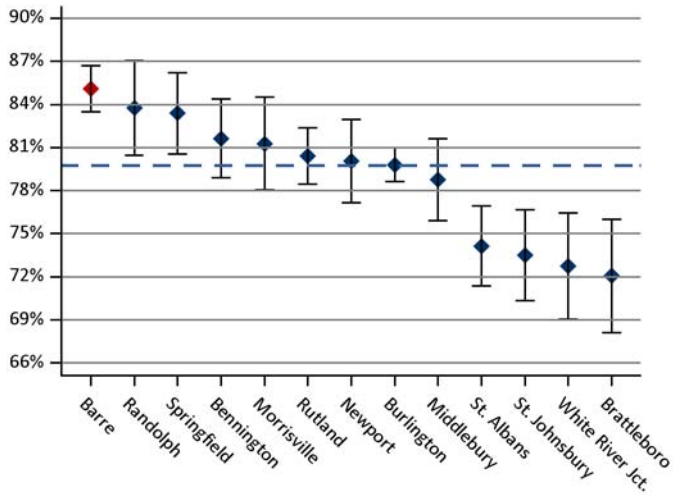

Figure 12: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a nephropathy screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.*

Imaging Studies for Low Back Pain

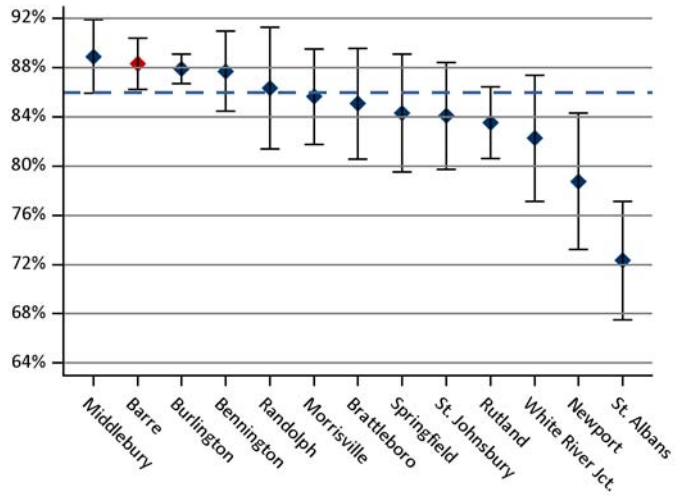

Figure 13: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, that received a primary diagnosis of low back pain but appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This is an inverted measure for which a higher score indicates appropriate treatment (i.e., imaging did not occur). The blue dashed line indicates the statewide average.*

Cervical Cancer Screening (Core-30)

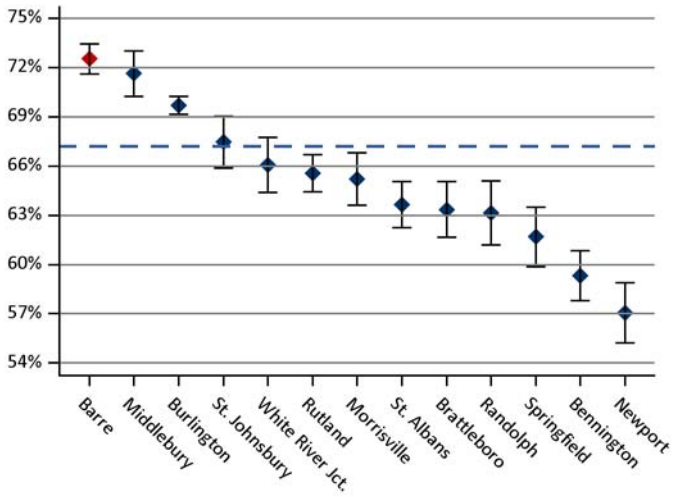

Figure 14: *Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more PAP tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.*

Chlamydia Screening (Core-7)

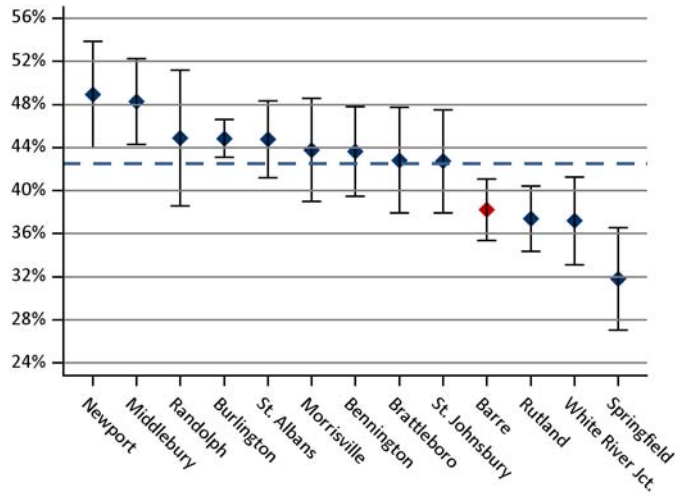

Figure 15: *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year and with at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note that, due to the age ranges for this ACO measure, women below the age of 18 years, not typically represented in adult profiles, have been included in these rates.) The blue dashed line indicates the statewide average.*

Breast Cancer Screening (Core-11, MSSP-20)

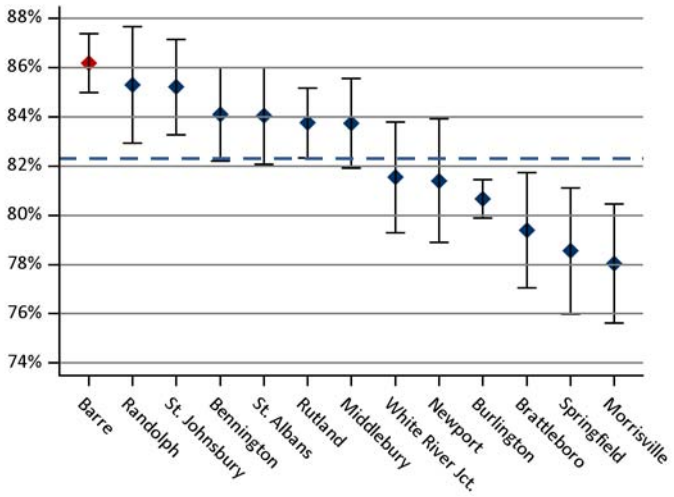

Figure 16: *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.*

Plan All-Cause Readmissions (Core-1)

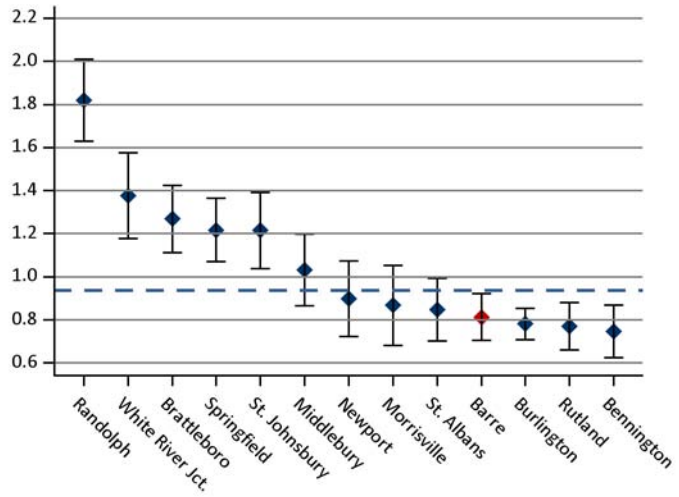

Figure 17: *Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average.*

Follow-Up After Hospitalization for Mental Illness (Core-4)

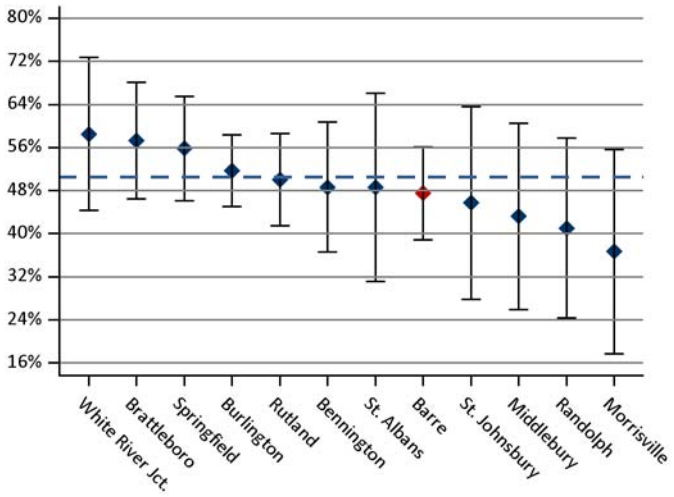

Figure 18: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.*

Initiation of Alcohol/Drug Treatment (Core-5a)

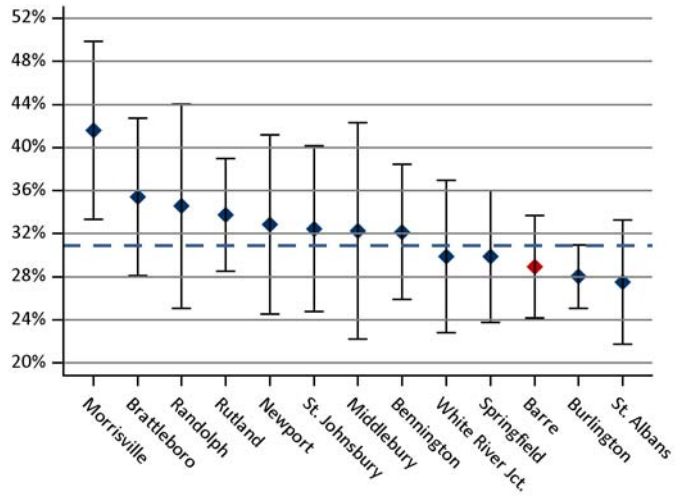

Figure 19: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that initiated treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.*

Engagement of Alcohol/Drug Treatment (Core-5b)

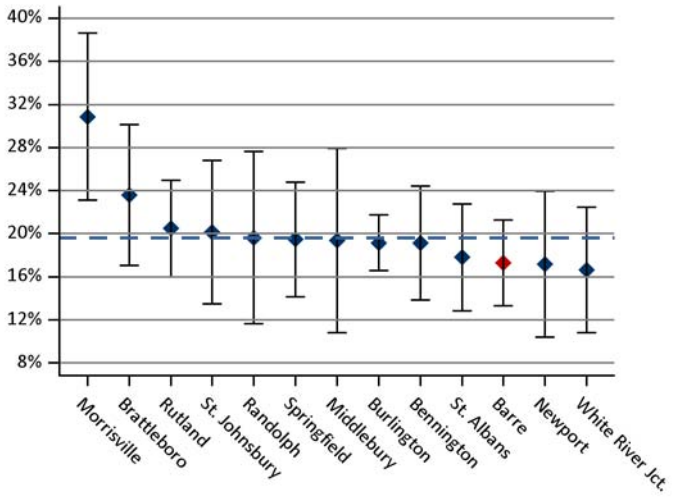

Figure 20: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that initiated treatment and that had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.*

Cholesterol Management, Cardiac (Core-3, MSSP-29)

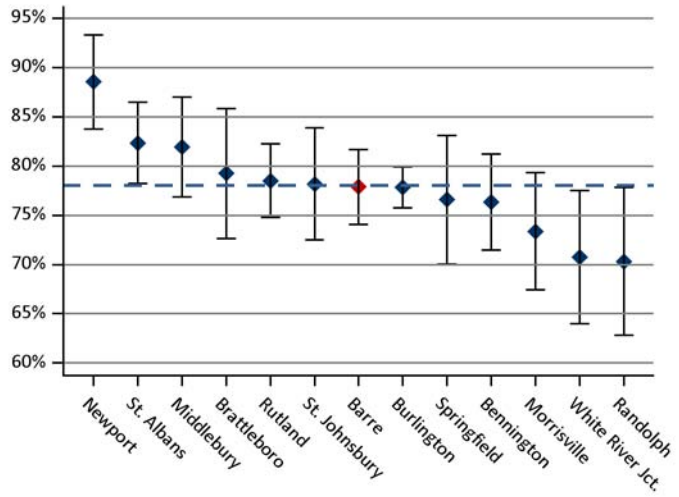

Figure 21: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to the measurement year or with a diagnosis of ischemic vascular disease (IVD) during the measurement year and year prior and with an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.*

Avoidance of Antibiotic Treatment, Acute Bronchitis (Core-6)

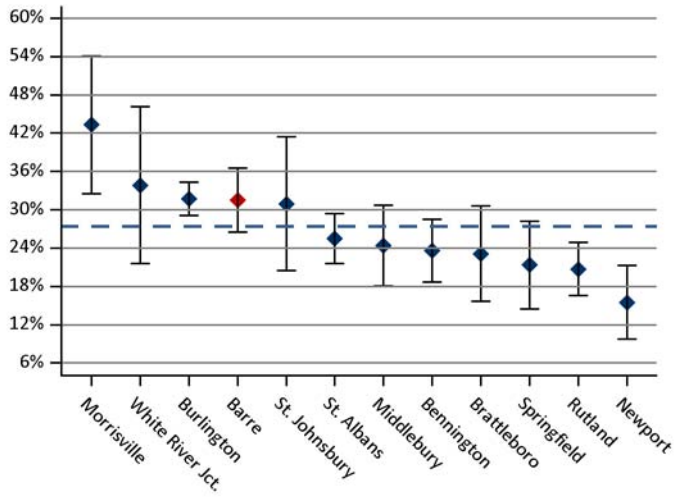

Figure 22: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.*

Influenza Vaccination (Core-35, MSSP-14)

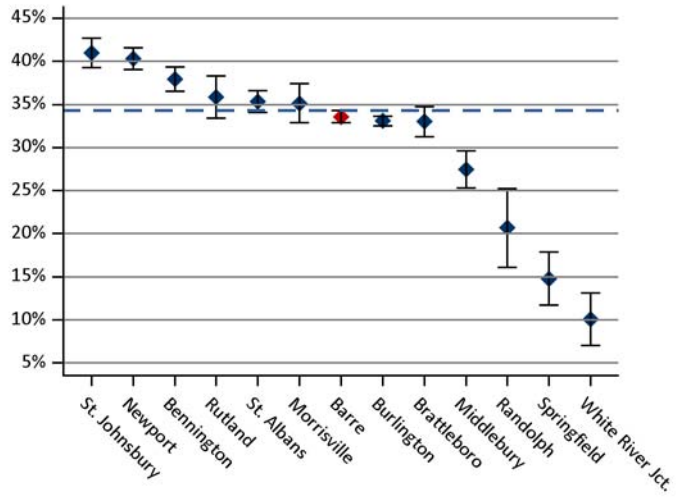

Figure 23: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the DocSite clinical registry. The blue dashed line indicates the statewide average.*

Pneumonia Vaccination (Core-48, MSSP-15)

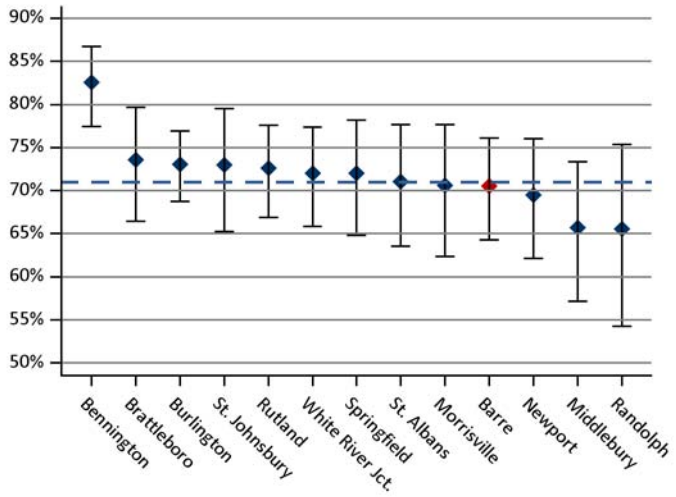

Figure 24: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccine as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

ACS Admissions: COPD and Asthma (Core-10, MSSP-9)

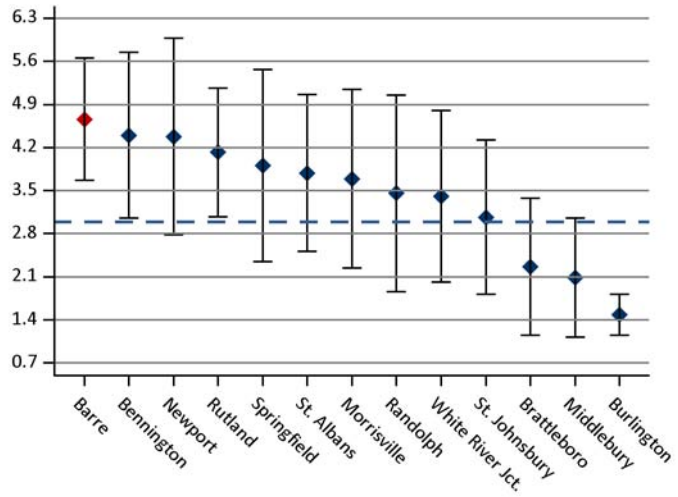

Figure 25: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

ACS Admissions: Heart Failure (MSSP-10)

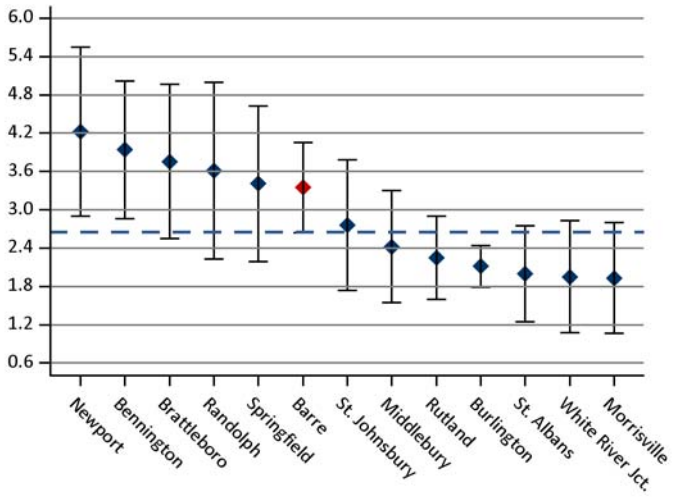

Figure 26: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

PQI Composite (Chronic): Rate of Hospitalization for ACS Conditions (Core-12)

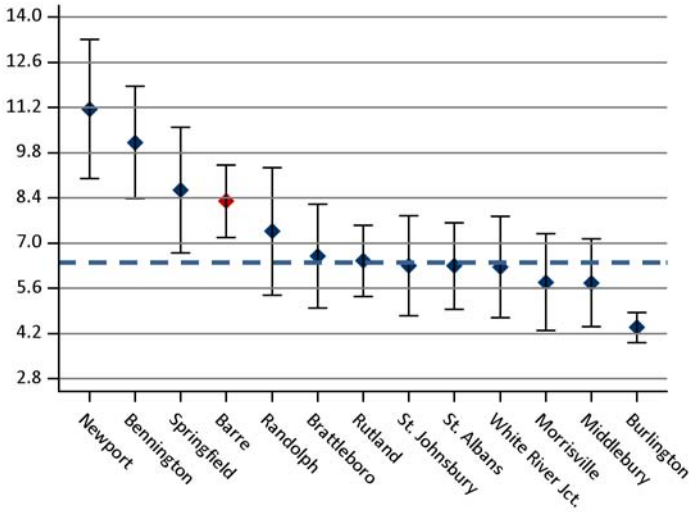

Figure 27: This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputations, COPD, asthma, hypertension, heart failure, and angina without a cardiac procedure. The blue dashed line indicates the statewide average.

Diabetes: HbA1c in Control (MSSP-22)

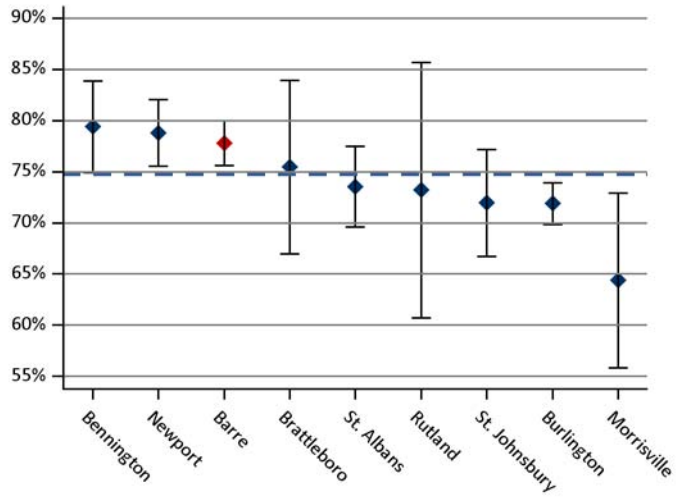

Figure 28: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in control (<8%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: LDL-C in Control (MSSP-23)

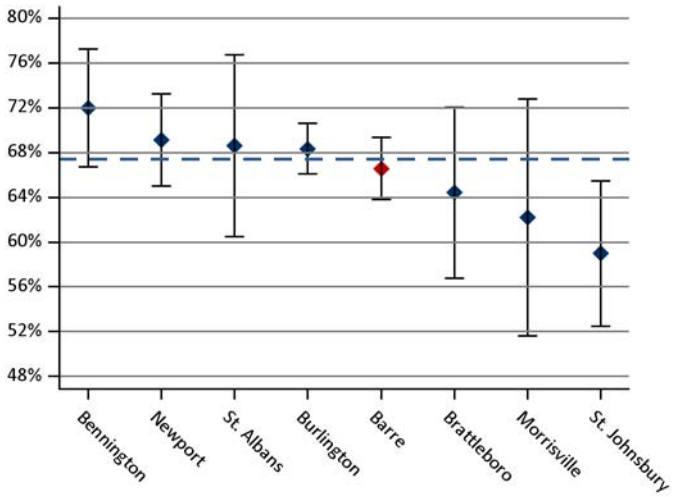

Figure 29: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded LDL-C screening test in the DocSite clinical database was in control (<100 mg/dL). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one LDL-C screening test during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: Blood Pressure in Control (MSSP-24)

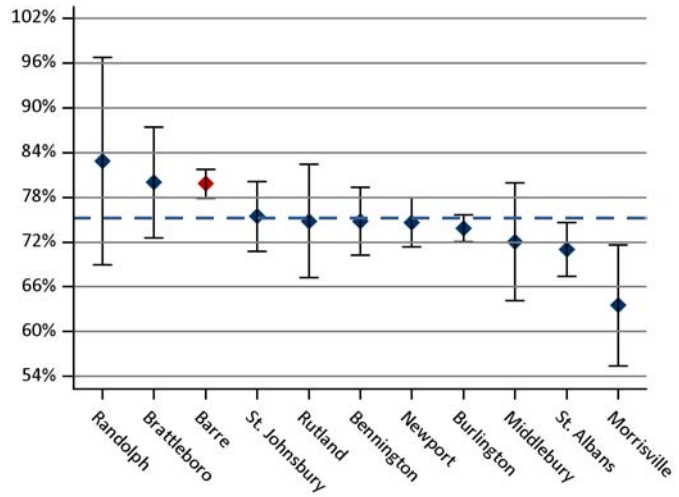

Figure 30: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one blood pressure test during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: Tobacco Non-Use (MSSP-25)

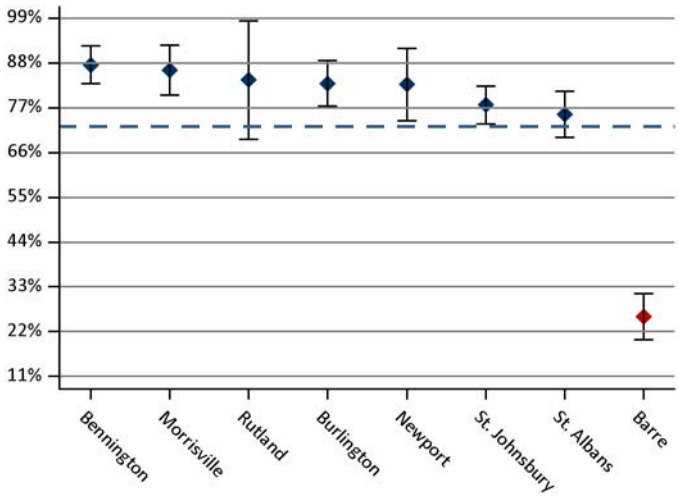

Figure 31: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, documented as tobacco non-users in the DocSite clinical database. Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.*

Diabetes: Composite (Core-16, MSSP 22-25)

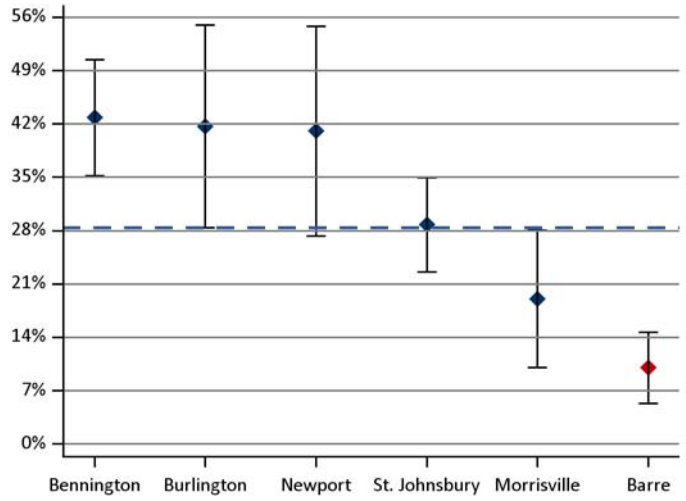

Figure 32: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, in control for hemoglobin A1c (<8%), LDL-C (<100 mg/dL), blood pressure (<140/90 mmHg), and tobacco non-use during the measurement year. Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for all four components of this measure within the measurement year. The blue dashed line indicates the statewide average.

Diabetes: Poor Control (Core-17, MSSP-27)

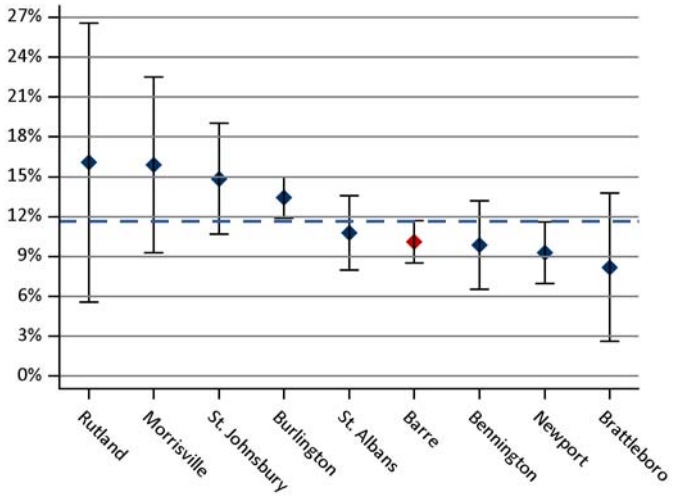

Figure 33: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

Comparison of Patients by HbA1c Control Status, Statewide

Metric	Diabetes A1c in Control	Diabetes A1c not in Control (>9%)
Members	4,220	568
Annual expenditures per capita	$12,507 ($12,059, $12,954)	$15,267 ($13,867, $16,667)
Inpatient hospitalizations per 1,000 members	181.7 (168.7, 194.7)	275.0 (231.1, 318.8)
Inpatient days per 1,000 members	877.8 (849.2, 906.4)	1,524.0 (1,421.8, 1,627.2)
Outpatient ED visits per 1,000 members	532.1 (509.8, 554.4)	725.2 (654.0, 796.4)

Note: Risk-adjusted rates with 95% confidence intervals are provided in parentheses. Outliers beyond the 99th percentile have been excluded.

Table 2: *Presents a comparison of health care expenditures and utilization in the measurement year for continuously enrolled members, ages 18–75 years, whose diabetes hemoglobin A1c was in control (<=9%) compared to those with poor control (>9%). Rates have been adjusted for age, gender, and health status. The rates in this table are presented at the state level only. Members with poor control had statistically significant higher total expenditures, inpatient hospitalizations, inpatient days, and outpatient ED visits.*

Hypertension: Blood Pressure in Control (Core-39, MSSP-28)

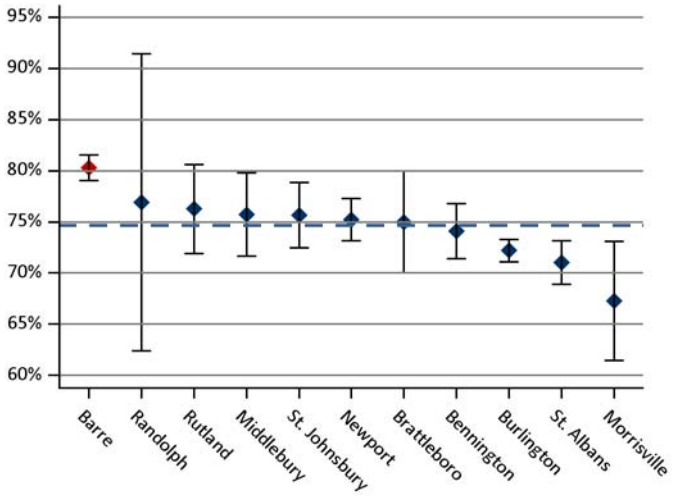

Figure 34: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with DocSite results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.

BRFSS: Households with Income <$25,000

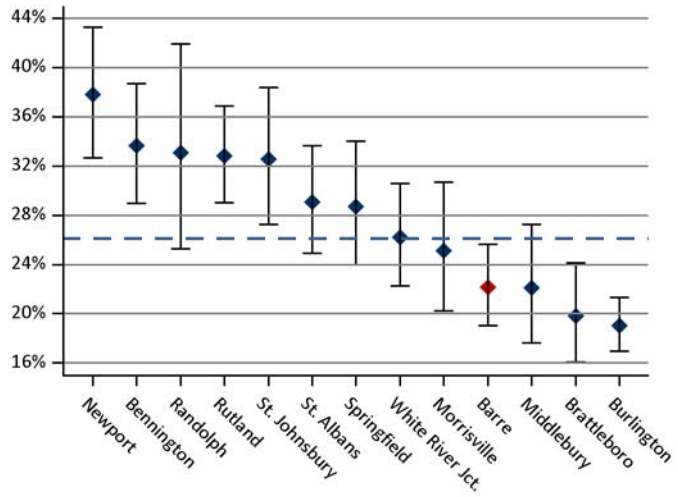

Figure 35: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than $25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

BRFSS: Cigarette Smoking

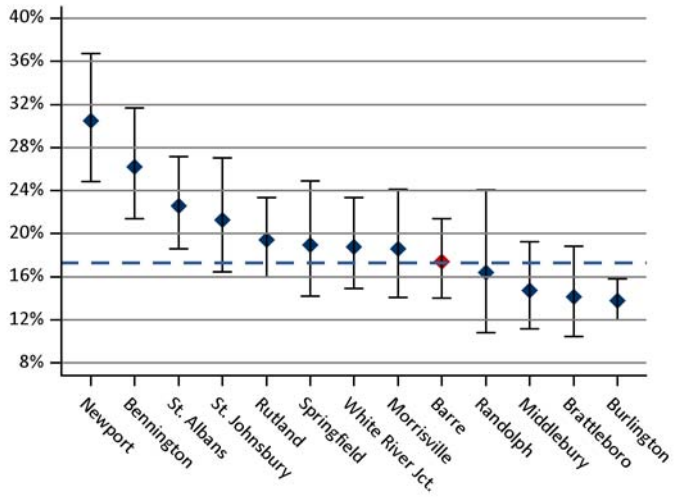

Figure 36: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

BRFSS: No Leisure-Time Physical Activity/Exercise

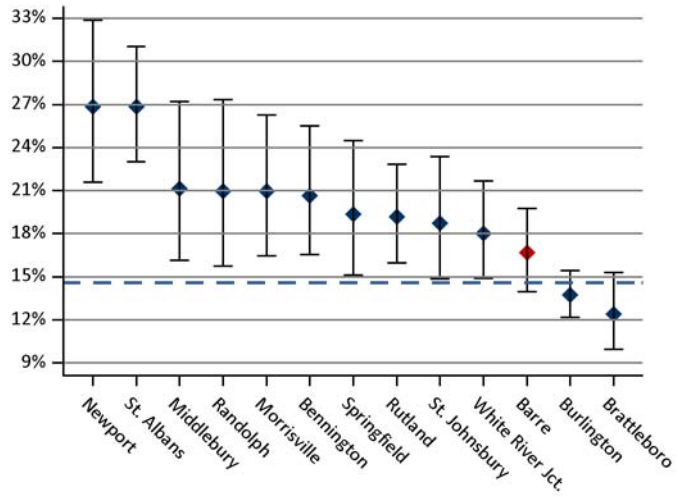

Figure 37: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

BRFSS: Meets Fruit/Vegetable Recommendations

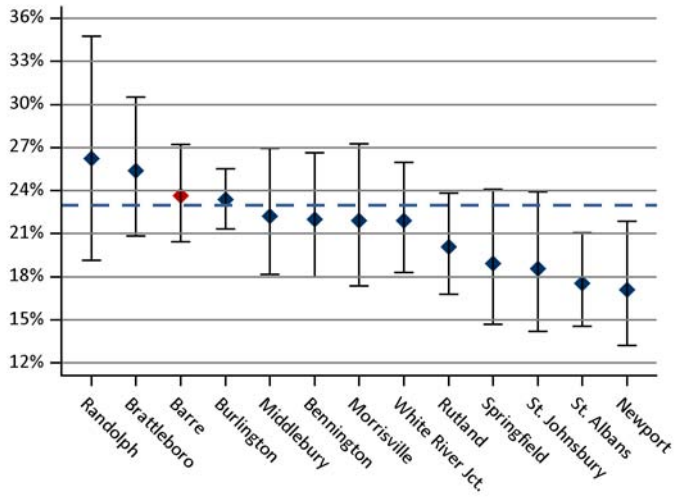

Figure 38: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they met fruit and vegetable consumption recommendations. This data was collected through the Behavioral risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

The following tables provide greater detail on the annual risk-adjusted rates presented in the preceding figures.

Table 3. Expenditure Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	$7,049	$6,913	$7,184	$6,916	$6,872	$6,961
Inpatient Total	$1,510	$1,421	$1,599	$1,392	$1,363	$1,420
Inpatient Mental Health	$91	$69	$112	$82	$75	$88
Inpatient Maternity	$104	$93	$114	$96	$93	$99
Inpatient Surgical	$675	$610	$741	$670	$648	$692
Inpatient Medical	$651	$598	$703	$555	$539	$570
Outpatient Total	$2,051	$2,004	$2,098	$1,994	$1,978	$2,009
Outpatient Hospital Mental Health	$22	$20	$25	$22	$21	$23
Outpatient Hospital ED	$265	$254	$275	$272	$268	$276
Outpatient Hospital Surgery	$458	$433	$483	$475	$467	$483
Outpatient Hospital Radiology	$443	$413	$473	$474	$464	$484
Outpatient Hospital Laboratory	$347	$338	$355	$300	$297	$302
Outpatient Hospital Pharmacy	$88	$79	$97	$75	$72	$78
Outpatient Hospital Other	$908	$878	$937	$869	$859	$878
Professional Non-Mental Health Total	$1,199	$1,179	$1,218	$1,318	$1,311	$1,325
Professional Physician Total	$934	$916	$952	$975	$969	$981
Professional Physician Inpatient	$159	$146	$172	$161	$157	$165
Professional Physician Outpatient Facility	$317	$307	$326	$310	$307	$313
Professional Physician Office Visit	$398	$391	$405	$444	$441	$446
Professional Non-Physician	$262	$256	$268	$339	$337	$341
Professional Mental Health Provider	$174	$167	$181	$173	$171	$176
Pharmacy Total	$1,008	$983	$1,034	$1,010	$1,001	$1,019
Pharmacy Psych Medication	$153	$145	$161	$150	$147	$153
Other Total	$633	$598	$667	$608	$596	$620
Special Medicaid Services	$445	$397	$492	$363	$349	$378
Mental Health Substance Combined*	$400	$385	$416	$399	$393	$404

* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

Table 4. Total Resource Use Index (RUI) (Adjusted)

Measure	HSA			Statewide		
	Index Ratio	95% LCL	95% UCL	Index Ratio	95% LCL	95% UCL
Total	1.02	1.00	1.04	1.00	0.99	1.01
Inpatient	1.01	0.95	1.07	1.00	0.98	1.02
Outpatient Facility	1.05	1.03	1.07	1.00	0.99	1.01
Professional	0.97	0.95	0.98	1.00	1.00	1.00
Pharmacy	1.08	1.05	1.10	1.00	0.99	1.01

Table 5. Utilization Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	101.1	97.2	105.0	99.8	98.5	101.1
Inpatient Discharges for Ambulatory Care Sensitive Conditions	16.1	14.6	17.7	14.1	13.6	14.6
Inpatient Days	486.8	478.2	495.3	447.4	444.7	450.2
Inpatient Readmissions within 30 Days	14.7	13.2	16.2	13.3	12.8	13.8
Outpatient ED Visits	408.0	400.2	415.8	388.8	386.3	391.4
Outpatient Potentially Avoidable ED Visits	67.1	64.0	70.3	60.5	59.5	61.5
Outpatient ED Ambulatory Care Sensitive Conditions	50.6	47.9	53.4	47.6	46.7	48.5
Non-Hospital Outpatient Visits	6,510.6	6,479.4	6,541.8	6,740.8	6,730.1	6,751.5
Primary Care Encounters	3,717.9	3,694.3	3,741.5	4,653.9	4,645.0	4,662.8
Medical Specialist Encounters	970.9	958.8	982.9	942.5	938.5	946.5
Surgical Specialist Encounters	1,187.1	1,173.8	1,200.4	1,194.0	1,189.5	1,198.5
Standard Imaging	951.5	939.5	963.4	934.3	930.3	938.3
Advanced Imaging	258.2	252.0	264.4	259.9	257.8	262.0
Echography	324.2	317.2	331.2	345.9	343.5	348.3
Colonoscopy	58.5	55.5	61.4	57.7	56.7	58.7

Table 6. Effective & Preventive Care Measures

Measure	HSA				Statewide			
	N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Comprehensive Diabetes Care (CDC)								
HbA1c Testing	1,951	95%	94%	96%	15,080	90%	90%	91%
LDL-C Screening	1,951	80%	79%	82%	15,080	74%	73%	75%
Eye Exam	1,951	52%	50%	54%	15,080	48%	47%	48%
Nephropathy Screening	1,951	85%	83%	87%	15,080	80%	79%	80%
Imaging Studies for Low Back Pain	965	88%	86%	90%	7,584	86%	85%	87%

Table 7a. ACO Measures Detail

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Cervical Cancer Screening	Core-30	9,141	73%	72%	73%	78,000	67%	67%	68%
CCS–Commercial	Core-30	7,243	75%	74%	76%	59,492	71%	70%	71%
CCS–Medicaid	Core-30	1,898	62%	60%	64%	18,508	56%	55%	57%
Chlamydia Screening (Ages 16–24 Years)	Core-7	1,148	38%	35%	41%	10,220	43%	42%	43%
CHL–Commercial	Core-7	762	37%	34%	41%	6,468	41%	40%	42%
CHL–Medicaid	Core-7	386	41%	36%	46%	3,752	45%	43%	47%
Breast Cancer Screening (Ages 52–64 Years)	Core-11	3,328	86%	85%	87%	28,243	82%	82%	83%
BCS–Commercial (Ages 52–64 Years)	Core-11	2,952	88%	87%	90%	24,352	85%	85%	86%
BCS–Medicaid (Ages 52–64 Years)	Core-11	376	68%	64%	73%	3,891	65%	63%	66%
BCS (Ages 52–74 Years)	Core-11	4,797	84%	83%	85%	41,509	80%	80%	81%
BCS (Ages 65–74 Years)	Core-11	1,469	80%	78%	82%	13,266	76%	75%	77%
Follow-up After Hospitalization for Mental Illness (7 day)	Core-4	141	48%	39%	56%	1,046	51%	47%	54%
FUH–Commercial	Core-4	33	58%	39%	76%	274	53%	47%	59%
FUH–Medicaid	Core-4	103	43%	33%	53%	739	50%	46%	54%
Initiation of Alcohol/Drug Treatment	Core-5a	370	29%	24%	34%	3,323	31%	29%	32%
IET (INI)–Medicaid	Core-5a	370	29%	24%	34%	3,323	31%	29%	32%
Engagement of Alcohol/Drug Treatment	Core-5b	370	17%	13%	21%	3,323	20%	18%	21%
IET (ENG)–Medicaid	Core-5b	370	17%	13%	21%	3,323	20%	18%	21%
Cholesterol Management for Patients with CVD	Core-3	488	78%	74%	82%	4,775	78%	77%	79%
CMC–Commercial	Core-3	188	77%	71%	83%	1,735	76%	74%	78%
CMC–Medicaid	Core-3	50	64%	50%	78%	524	71%	67%	75%
CMC–Medicare	Core-3	250	81%	76%	86%	2,516	81%	79%	82%
Avoidance of Antibiotic Treatment for Acute Bronchitis	Core-6	352	32%	27%	37%	3,678	27%	26%	29%
AAB–Commercial	Core-6	257	32%	26%	38%	2,466	29%	27%	30%
AAB–Medicaid	Core-6	95	31%	21%	40%	1,208	25%	22%	27%
Influenza Vaccination	Core 35	16,682	34%	33%	34%	71,554	34%	34%	35%
INF–Commercial	Core 35	9,033	28%	27%	29%	35,222	29%	28%	29%
INF–Medicaid	Core 35	2,840	25%	24%	27%	13,527	28%	27%	29%
INF–Medicare	Core 35	4,809	49%	48%	50%	22,805	47%	46%	47%

Table 7a. ACO Measures Detail, Continued

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Diabetes HbA1c in Control (<8%)	MSSP-22	1,426	78%	76%	80%	5,488	75%	74%	76%
Diab–Commercial (HbA1c in Control)	MSSP-22	619	74%	70%	78%	2,210	71%	69%	73%
Diab–Medicaid (HbA1c in Control)	MSSP-22	210	69%	62%	75%	881	66%	63%	70%
Diab–Medicare (HbA1c in Control)	MSSP-22	597	85%	82%	88%	2,397	82%	80%	83%
Diabetes LDL in Control (<100 mg/dL)	MSSP-23	1,164	67%	64%	69%	4,258	67%	66%	69%
Diab–Commercial (LDL)	MSSP-23	508	63%	59%	67%	1,798	63%	61%	65%
Diab–Medicaid (LDL)	MSSP-23	158	59%	51%	67%	600	58%	54%	62%
Diab–Medicare (LDL)	MSSP-23	498	72%	68%	77%	1,860	75%	73%	77%
Diabetes Blood Pressure in Control (<140/90 mmHg)	MSSP-24	1,715	80%	78%	82%	6,727	75%	74%	76%
Diab–Commercial (BP)	MSSP-24	740	79%	76%	82%	2,740	76%	74%	77%
Diab–Medicaid (BP)	MSSP-24	268	85%	80%	89%	1,118	78%	75%	80%
Diab–Medicare (BP)	MSSP-24	707	78%	75%	81%	2,869	74%	72%	76%
Diabetes Tobacco Use in Control	MSSP-25	246	26%	20%	31%	1,525	72%	70%	75%
Diab–Commercial (Tob.)	MSSP-25	97	30%	20%	40%	474	74%	70%	78%
Diab–Medicaid (Tob.)	MSSP-25	68	12%	3%	20%	351	55%	49%	60%
Diab–Medicare (Tob.)	MSSP-25	81	32%	21%	43%	700	80%	77%	83%
Diabetes Composite 4 Measures (A1c,LDL,BP,Tob.)	Core-16	180	10%	5%	15%	788	28%	25%	32%
Diab–Commercial (Comp.)	Core-16	72	13%	4%	21%	262	28%	22%	33%
Diab–Medicaid (Comp.)	Core-16	45	4%	0%	12%	167	14%	9%	20%
Diab–Medicare (Comp.)	Core-16	63	11%	3%	20%	359	35%	30%	40%
Diabetes HbA1c Not in Control (>9%)	Core-17	1,426	10%	8%	12%	5,488	12%	11%	13%
Diab–Commercial (HbA1c Not in Control)	Core-17	619	11%	9%	14%	2,210	14%	12%	15%
Diab–Medicaid (HbA1c Not in Control)	Core-17	210	18%	13%	24%	881	19%	16%	21%
Diab–Medicare (HbA1c Not in Control)	Core-17	597	6%	4%	8%	2,397	7%	6%	8%
Hypertension with BP in Control (<140/90 mmHg)	Core-39	3,937	80%	79%	82%	17,281	75%	74%	75%
HYP–Commercial (Ages 18–85 Years)	Core-39	1,315	79%	77%	81%	5,705	73%	72%	74%
HYP–Medicaid (Ages 18–85 Years)	Core-39	363	75%	71%	80%	1,518	72%	69%	74%
HYP–Medicare (Ages 18–85 Years)	Core-39	2,259	82%	80%	84%	10,058	76%	75%	77%
HYP (Ages 18–64 Years)	Core-39	1,678	78%	76%	80%	7,223	73%	72%	74%
HYP (Ages 65–85 Years)	Core-39	2,259	82%	80%	84%	10,058	76%	75%	77%

Table 7b. ACO Measures Detail

Measure		HSA				Statewide			
		N	Observed / Expected Ratio	LCL	UCL	N	Observed / Expected Ratio	LCL	UCL
Plan All-Cause Readmissions	Core-1	1,245	0.81	0.70	0.92	11,666	0.94	0.90	0.97
PCR–Commercial	Core-1	384	0.78	0.58	0.97	3,328	0.89	0.82	0.96
PCR–Medicaid	Core-1	318	0.74	0.57	0.91	2,935	0.59	0.54	0.65
PCR–Medicare	Core-1	543	0.92	0.72	1.13	5,403	1.30	1.23	1.36

Table 7c. ACO Measures Detail

Measure		HSA				Statewide			
		N	Rate per 1,000	95% LCL	95% UCL	N	Rate per 1,000	95% LCL	95% UCL
ACS Admissions for COPD and Asthma	Core-10	18,026	4.7	3.7	5.7	158,142	3.0	2.7	3.3
PQI–Commercial (COPD and Asthma)	Core-10	9,850	1.6	0.8	2.4	83,362	0.6	0.4	0.7
PQI–Medicaid (COPD and Asthma)	Core-10	2,131	8.0	4.2	11.8	20,650	4.5	3.6	5.4
PQI–Medicare (COPD and Asthma)	Core-10	6,045	8.4	6.1	10.8	54,130	6.2	5.5	6.8
ACS Admissions for Congestive Heart Failure	MSSP-10	25,681	3.3	2.6	4.1	225,930	2.7	2.4	2.9
PQI–Commercial (CHF)	MSSP-10	14,903	0.3	0.0	0.6	126,531	0.3	0.2	0.4
PQI–Medicaid (CHF)	MSSP-10	4,733	0.4	0.0	1.0	45,269	0.9	0.6	1.2
PQI–Medicare (CHF)	MSSP-10	6,045	13.1	10.2	16.0	54,130	9.5	8.7	10.3
PQI Composite (Chronic)	Core-12	25,681	8.3	7.2	9.4	225,930	6.4	6.1	6.7
PQI–Commercial (Comp.)	Core-12	14,903	1.7	1.1	2.4	126,531	1.3	1.1	1.5
PQI–Medicaid (Comp.)	Core-12	4,733	8.5	5.8	11.1	45,269	6.0	5.3	6.7
PQI–Medicare (Comp.)	Core-12	6,045	24.3	20.4	28.3	54,130	18.5	17.4	19.7

Table 8. ACO Measures Reference Table

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-1		Plan All-Cause Readmissions	NQF #1768, HEDIS measure	Adult	For members 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.
Core-2		Adolescent Well-Care Visit	HEDIS measure	Pediatric	The percentage of members 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
Core-3	MSSP-29	Ischemic Vascular Disease (IVD): Complete Lipid Panel (Screening Only)	NQF #0075, NCQA	Adult	The percentage of members 18-75 years who were discharged alive for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention in the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease during the measurement year and one year prior, who had LDL-C screening.
Core-4		Follow-up after Hospitalization for Mental Illness, 7 Day	NQF #0576, HEDIS measure	Adult	The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.
Core-5		Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation, (b) Engagement	NQF #0004, HEDIS measure	Adult	(a) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within 14 days. (b) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two additional services with a diagnosis of AOD within 30 days of the initiation visit.
Core-6		Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	NQF #0058, HEDIS measure	Adult	The percentage of adults 18-64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic.
Core-7		Chlamydia Screening in Women	NQF #0033, HEDIS measure	Adult and Pediatric	The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement period.
Core-8		Developmental Screening in the First Three Years of Life	NQF #1448	Pediatric	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.
Core-10	MSSP-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	NQF, AHRQ (Prevention Quality Indicator (PQI) #5)	Adult	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
Core-11	MSSP-20	Mammography / Breast Cancer Screening	NQF #0031, HEDIS measure	Adult	The percentage of women 50-74 years who had a mammogram to screen for breast cancer in the last two years.
Core-12		Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Chronic Composite	NQF, AHRQ (Prevention Quality Indicator (PQI) Chronic Composite)	Adult	Prevention Quality Indicators' (PQI) overall composite per 1,000 population, ages 18 years and older; includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

Table 8. ACO Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-13		Appropriate Testing for Children with Pharyngitis	NQF #0002	Pediatric	Percentage of children 2-18 years who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.
Core-14		Childhood Immunization Status (Combo 10)	NQF #0038, HEDIS measure	No	The percentage of children 2 years who had each of nine key vaccinations (e.g., MMR, HiB, HepB, etc.).
Core-15		Pediatric Weight Assessment and Counseling	NQF #0024	No	The percentage of members 3-17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.
Core-16	MSSP-22,-23,-24,-25,-26	Diabetes Composite (D5) (All-or-Nothing Scoring): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco Non-Use, Aspirin Use	NQF #0729 (composite)	Adult	(a) MSSP-22: Percentage of patients 18-75 years with diabetes who had HbA1c <8% at most recent visit; (b) MSSP-23: Percentage of patients 18-75 years with diabetes who had LDL <100 mg/dL at most recent visit; (c) MSSP-24: Percentage of patients 18-75 years with diabetes who had blood pressure <140/90 at most recent visit; (d) MSSP-25: Percentage of patients 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year; (e) MSSP-26: Percentage of patients 18-75 years with diabetes and IVF who used aspirin daily -- Aspirin use was not included as part of the profile composite.
Core-17	MSSP-27	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	NQF #0059, NCQA	Adult	Percentage of patients 18-75 years with diabetes whose HbA1c was in poor control >9%.
Core-18	MSSP-19	Colorectal Cancer Screening	NQF #0034, NCQA HEDIS measure	No	The percentage of members 50-75 years who had appropriate screening for colorectal cancer.
Core-19	MSSP-18	Depression Screening and Follow-Up	NQF #0418, CMS	No	Patients 12 years and older who had negative screening or positive screening for depression completed in the measurement year with an age-appropriate standardized tool. Follow-up for positive screening must be documented same day as screening.
Core-20	MSSP-16	Adult Weight Screening and Follow-Up	NQF #0421, CMS	No	Patients 18 years and older who had BMI calculated during the last visit in the measurement year or within the prior 6 months. In cases where the BMI is abnormal, a follow-up plan must be documented during the visit the BMI was calculated or within the prior 6 months.
Core-21		Access to Care Composite	NCQA	No	NCQA Survey - percentage of patients who could get appointments or answers to questions from providers when needed.
Core-22		Communication Composite	NCQA	No	NCQA Survey - percentage of patients who felt they received good communication from providers.
Core-23		Shared Decision-Making Composite	NCQA	No	NCQA Survey - percentage of patients whose provider helped them make decisions about prescription medications.
Core-24		Self-Management Support Composite	NCQA	No	NCQA Survey - percentage of patients whose provider talked to them about specific health goals and barriers.
Core-25		Comprehensiveness Composite	NCQA	No	NCQA Survey - percentage of patients whose provider talked to them about depression, stress, and other mental health issues.
Core-26		Office Staff Composite	NCQA	No	NCQA Survey - percentage of patients who found the clerks and receptionists at their provider's office to be helpful and courteous.

Table 8. ACO Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-27		Information Composite	NCQA	No	NCQA Survey - percentage of patients who received information from their provider about what to do if care was needed in the off hours and reminders between visits.
Core-28		Coordination of Care Composite	NCQA	No	NCQA Survey - percentage of patients whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication.
Core-29		Specialist Composite	NCQA	No	NCQA Survey - percentage of patients who found it easy to get appointments with specialists and who found that their specialist seemed to know important information about their medical history.
Core-30		Cervical Cancer Screening	NQF #0032, HEDIS measure	Adult	The percentage of females 21-64 years who received one or more PAP tests to screen for cervical cancer in the measurement year or two years prior to the measurement year.
Core-31	MSSP-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NQF #0068, NCQA	No	Percentage of patients 18 years and older with IVD who had documentation of using aspirin or another antithrombotic during the measurement year.
Core-35	MSSP-14	Influenza Vaccination	NQF #0041, AMA-PCPI	Adult	Patients 6 months and older with an outpatient visit between October and March who received an influenza vaccine.
Core-36	MSSP-17	Tobacco Use Assessment and Cessation Intervention	NQF #0028, AMA-PCPI	No	Percentage of patients 18 years and older who had a negative tobacco screen or positive tobacco screen with cessation intervention in the two years prior to the measurement year.
Core-38	MSSP-32	Drug Therapy for Lowering LDL Cholesterol	NQF #0074	No	Percentage of patients 18 years and older with a diagnosis of CAD and an outpatient visit in the measurement year whose LDL-C <100 mg/dL or LDL-C >=100 mg/dL and who received a prescription of a statin in the measurement year.
Core-38	MSSP-33	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	NQF #0066	No	Percentage of patients 18 years and older with a diagnosis of CAD and a LVEF < 40% or diagnosis of CAD and diabetes who received a prescription of ACE/ARB medication in the measurement year.
Core-39	MSSP-28	Percent of Beneficiaries With Hypertension Whose BP < 140/90 mmHg	NQF #0018, NCQA HEDIS measure	Adult	Percentage of patients 18-85 years with hypertension whose BP was in control <140/90 mmHg.
Core-40	MSSP-21	Screening for High Blood Pressure and Follow-Up Plan Documented	Not NQF-endorsed; MSSP	No	Percentage of patients 18 years and older seen during the measurement period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated.
Core-47	MSSP-13	Falls: Screening for Fall Risk	NQF #0101	No	Percentage of patients 65 years and older who had any type of falls screening in the measurement year.
Core-48	MSSP-15	Pneumonia Vaccination (Ever Received)	NQF #0043	Adult	Patients 65 years and older who had documentation of ever receiving a pneumonia vaccine.

Table 8. ACO Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
	MSSP-1	CG CAHPS: Getting Timely Care, Appointments, and Information	NQF #0005, AHRQ	No	CMS Survey - Getting Timely Care, Appointments, and Information
	MSSP-2	CG CAHPS: How Well Your Doctors Communicate	NQF #0005, AHRQ	No	CMS Survey - How Well Your Doctors Communicate
	MSSP-3	CG CAHPS: Patients' Rating of Doctor	NQF #0005, AHRQ	No	CMS Survey - Patients' Rating of Doctor
	MSSP-4	CG CAHPS: Access to Specialists	NQF #0005, AHRQ	No	CMS Survey - Access to Specialists
	MSSP-5	CG CAHPS: Health Promotion and Education	NQF #0005, AHRQ	No	CMS Survey - Health Promotion and Education
	MSSP-6	CG CAHPS: Shared Decision Making	NQF #0005, AHRQ	No	CMS Survey - Shared Decision Making
	MSSP-7	CG CAHPS: Health Status / Functional Status	NQF #0006, AHRQ	No	CMS Survey - Health Status/Functional Status
	MSSP-8	Risk-Standardized, All Condition Readmission	CMS, not submitted to NQF (adapted from NQF #1789)	No	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
	MSSP-10	Ambulatory Sensitive Condition Admissions: Congestive Heart Failure	NQF #0277, AHRQ (Prevention Quality Indicator (PQI) #8)	Adult	All discharges with an ICD-9-CM principal diagnosis code for CHF in adults ages 18 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with CHF. This is an observed rate of discharges per 1,000 members.
	MSSP-11	Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	CMS EHR Incentive Program Reporting	No	Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Program incentive payment.
	MSSP-12	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	NQF #0554	No	Percentage of patients 65 years and older who were discharged from any inpatient facility in the measurement year and had an outpatient visit within 30 days of the discharge who had documentation in the outpatient medical record of reconciliation of discharge medications with current outpatient medications during a visit within 30 days of discharge.
	MSSP-31	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	NQF #0083	No	Percentage of patients 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
M&E-2		Comprehensive Diabetes Care: Eye Exams for Diabetics	NQF #0055, HEDIS measure	Adult	Percentage of patients with diabetes 18-75 years who received an eye exam for diabetic retinal disease during the measurement year.
M&E-3		Comprehensive Diabetes Care: Medical Attention for Nephropathy	NQF #0062, HEDIS measure	Adult	Percentage of patients with diabetes 18-75 years who received a nephropathy screening test during the measurement year.