VERMONT Blueprint for Health

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# HSA Profile: Barre

**Period:** Jan. 2014 - Dec. 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 December 31, 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 | 31,519 | 261,283 |
| Average Age | 50.0 | 50.2 |
| % Female | 54.5 | 54.9 |
| % Medicaid | 16.7 | 18.8 |
| % Medicare | 25.4 | 26.3 |
| % Maternity | 1.6 | 1.6 |
| % with Selected Chronic Conditions | 43.8 | 43.1 |
| Health Status (CRG) | | |
| % Healthy | 39.8 | 42.2 |
| % Acute or Minor Chronic | 19.6 | 19.9 |
| % Moderate Chronic | 25.3 | 24.1 |
| % Significant Chronic | 14.0 | 12.4 |
| % Cancer or Catastrophic | 1.3 | 1.4 |

***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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# HSA Profile: Barre

**Period:** Jan. 2014 - Dec. 2014 **Profile Type:** Adults (18+ Years)

## Total Expenditures per Capita

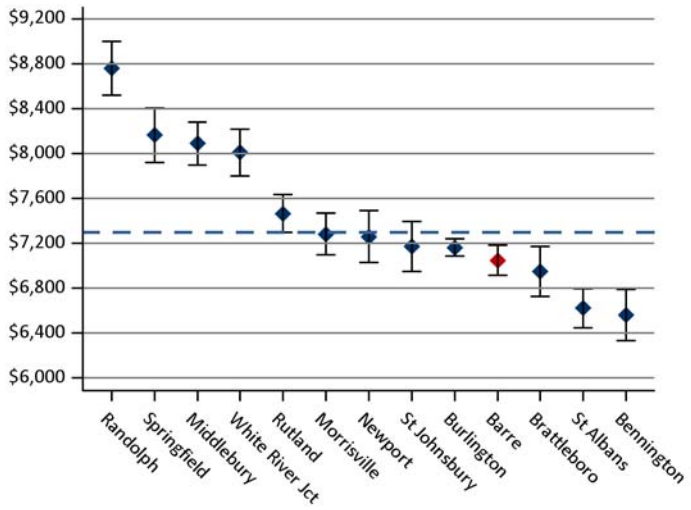


***Figure 1:*** *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide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

## Total Expenditures per Capita by Major Category

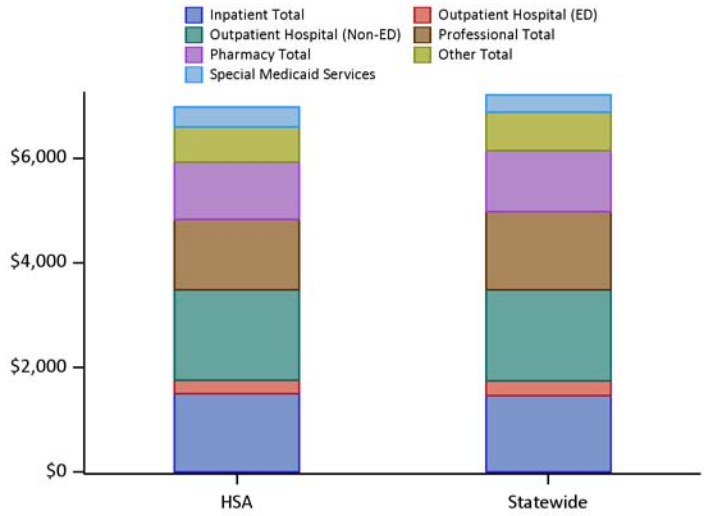


***Figure 2:*** *Presents annual risk-adjusted rates for the major components of cost (as shown in* ***Figure 1****) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as* Special Medicaid Services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

## Total Expenditures per Capita (Excluding SMS)

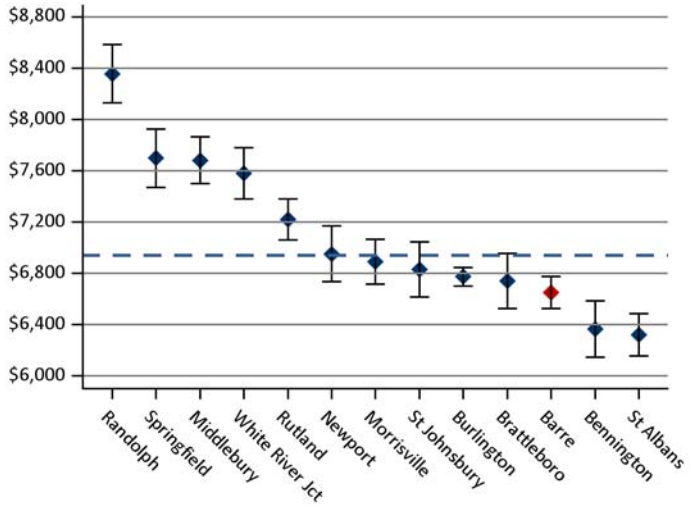


***Figure 3:*** *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude* Special Medicaid Services*.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

## Total Resource Use Index (RUI) (Excluding SMS)

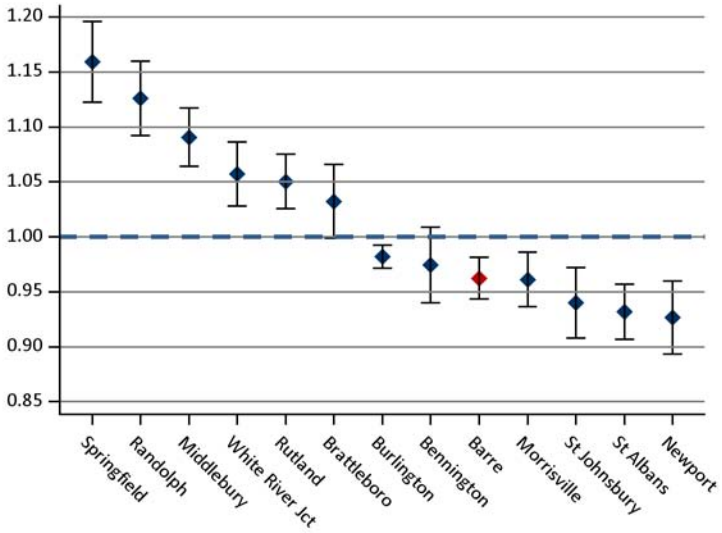


***Figure 4:*** *Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of 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 vs. Resource Use Index (RUI)

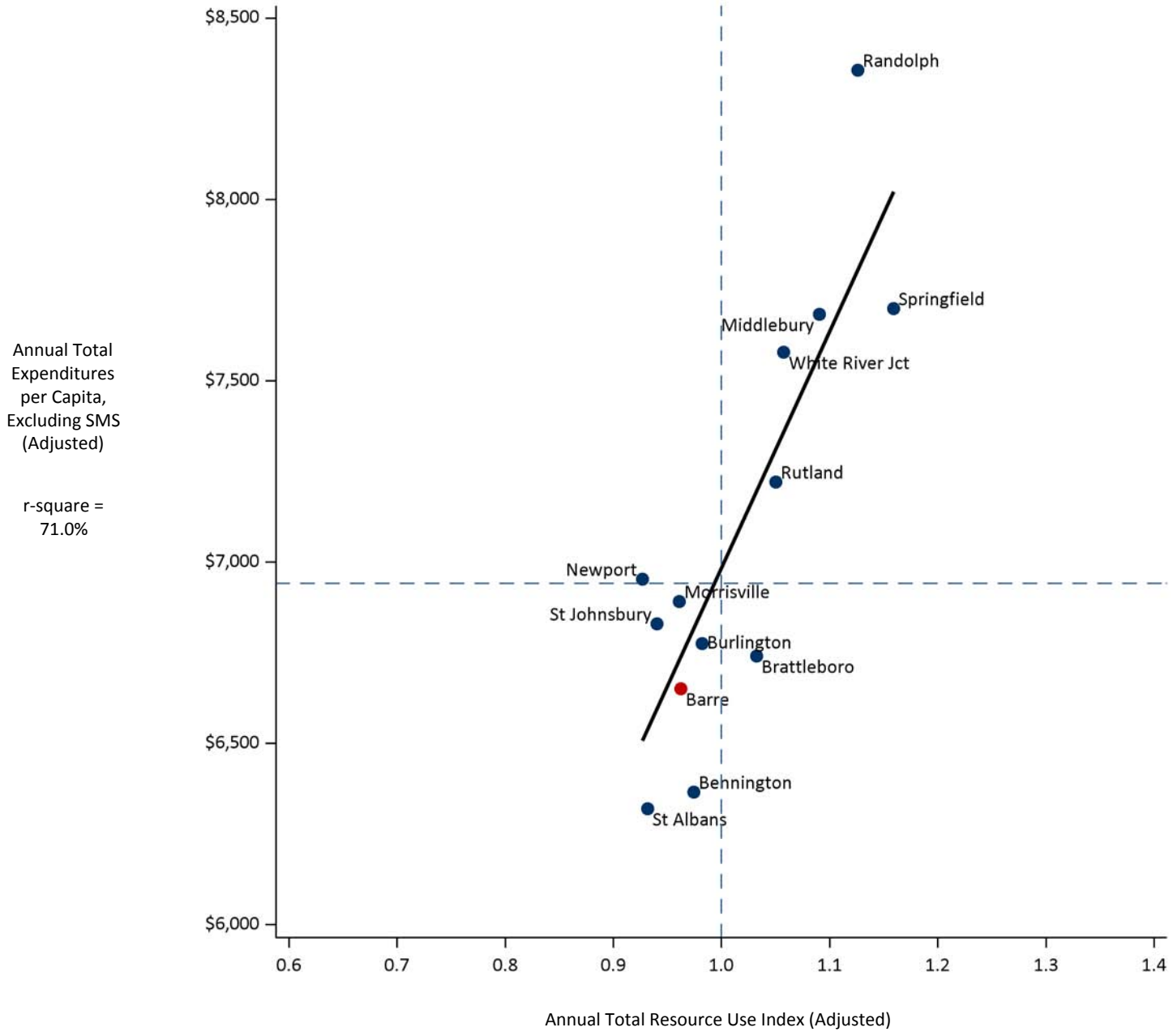


***Figure 5:*** *This graphic demonstrates the relationship between risk-adjusted expenditures, excluding SMS, and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the specified HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average expenditures per capita and average Resource Use Index statewide (i.e., 1.00). 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 1.00 indicates higher than average utilization; conversely, a value lower than 1.00 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

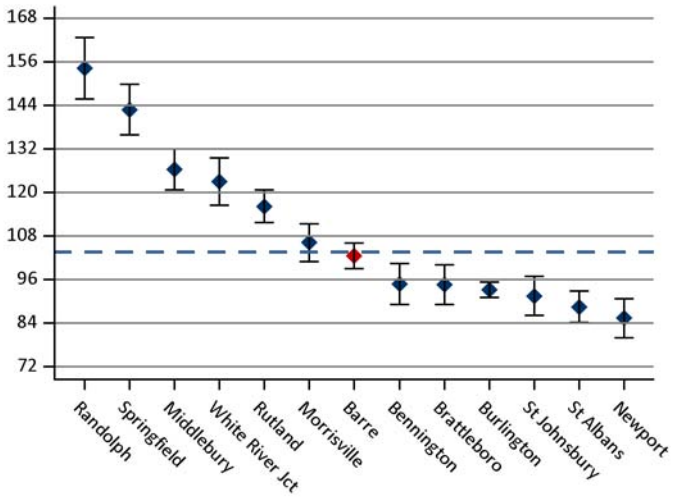


***Figure 6:*** *Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization —* Inpatient Days, Inpatient Readmissions within 30 Days, *and* Inpatient Discharges for Ambulatory Care Sensitive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

## Outpatient ED Visits

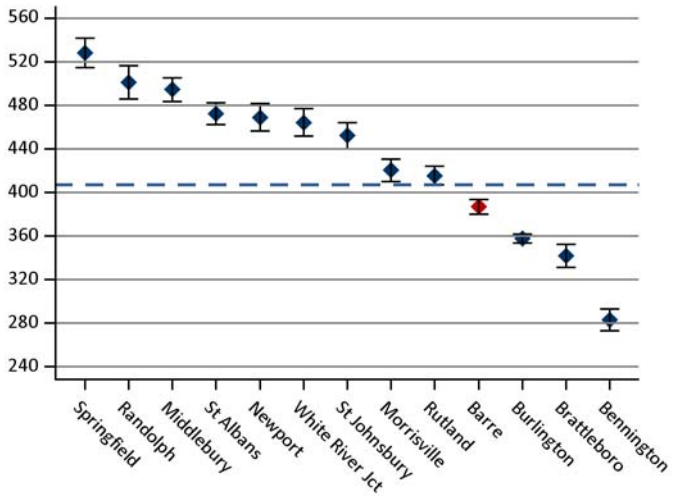


***Figure 7:*** *Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure —* Outpatient Potentially Avoidable ED Visits *— can be found in* Table 5. *The blue dashed line indicates the statewide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

## Advanced Imaging (MRIs, CT Scans)

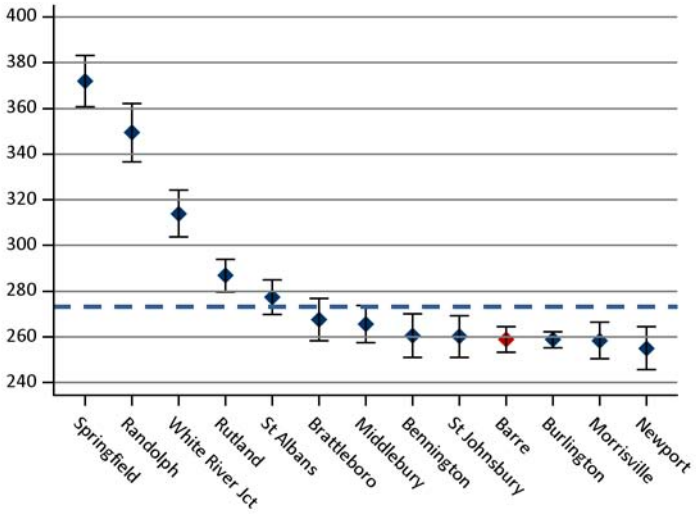


***Figure 8:*** *Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members. The blue dashed line indicates the statewide average.*

## Diabetes: HbA1c Testing

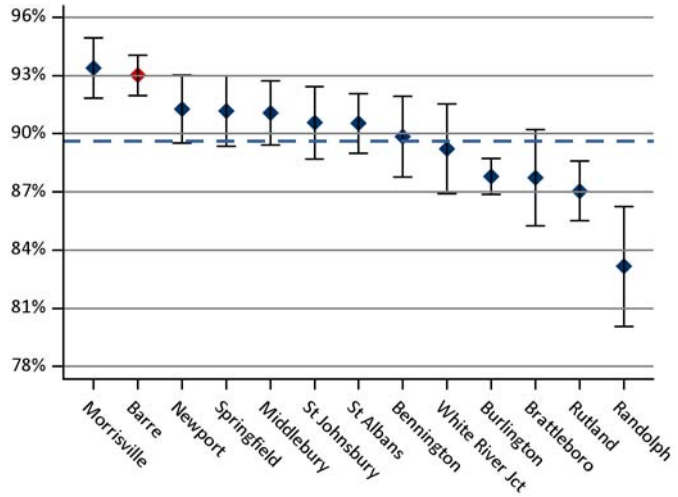


***Figure 9:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.*

## Diabetes: HbA1c Not in Control (Core-17, MSSP-27)

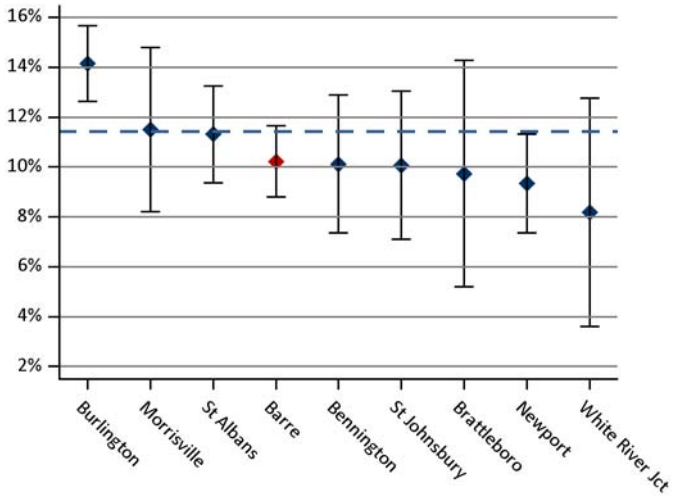


***Figure 10:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded hemoglobin A1c test in the DocSite clinical database was in poor control (>9%). Members with diabetes were identified using claims data. 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.*

## Diabetes: Eye Exam

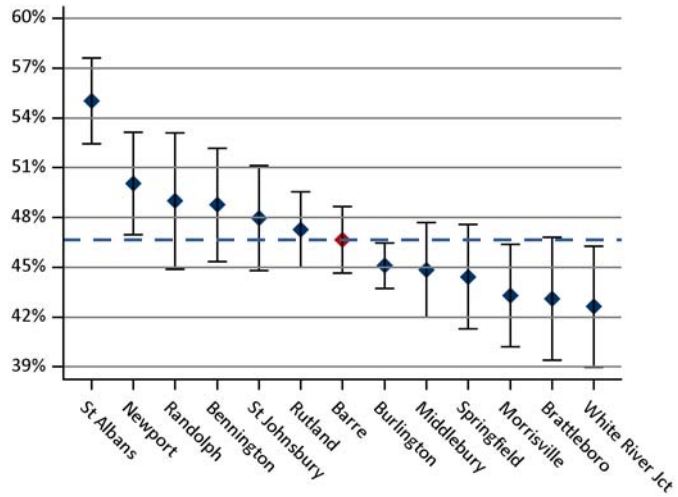


***Figure 11:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.*

## Diabetes Care Two-Part Composite (Core-53)

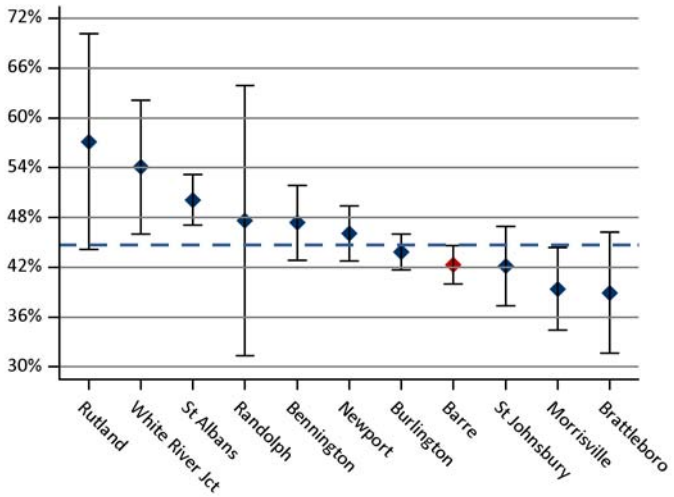


***Figure 12:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a valid HbA1c ≤9% and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.*

## Comparison of Patients by HbA1c Control Status, Statewide

| Metric | Diabetes A1c in Control | Diabetes A1c Not in Control |
|---|---|---|
| Members | 5,923 | 1,007 |
| Annual expenditures per capita | $13,938 ($13,498, $14,377) | $15,563 ($14,455, $16,672) |
| Inpatient hospitalizations per 1,000 members | 178.3 (167.5, 189.2) | 218.8 (189.4, 248.2) |
| Inpatient days per 1,000 members | 835.7 (812.2, 859.2) | 1,021.8 (958.2, 1,085.4) |
| Outpatient ED visits per 1,000 members | 634.3 (613.8, 654.8) | 743.3 (689.0, 797.5) |

***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.*

## Diabetes: Nephropathy Screening

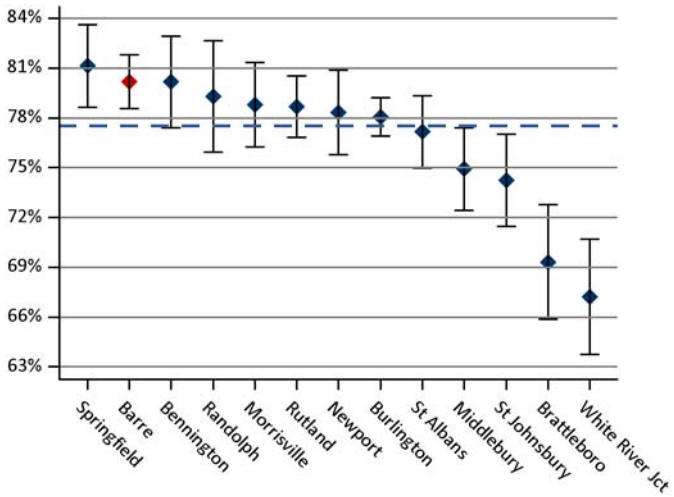


***Figure 13:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a nephropathy screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.*

## Diabetes: Tobacco Non-Use (MSSP-25)

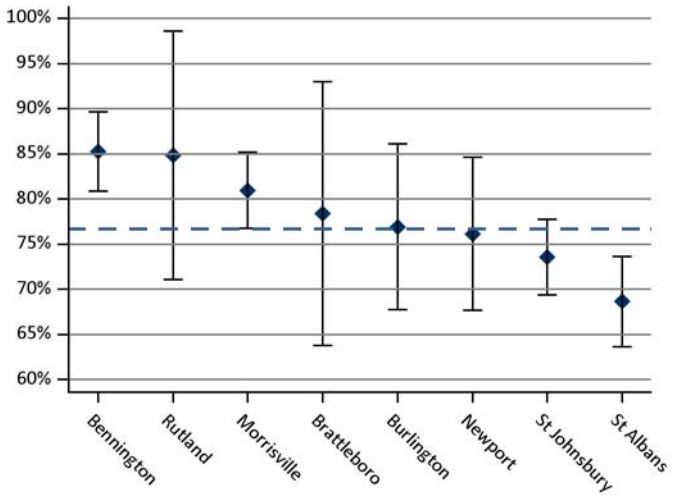


***Figure 14:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, documented as tobacco non-users in the DocSite clinical database. Members with diabetes were identified using claims data. The denominator was then restricted to those with DocSite results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.*

## Diabetes: Blood Pressure in Control (MSSP-24)

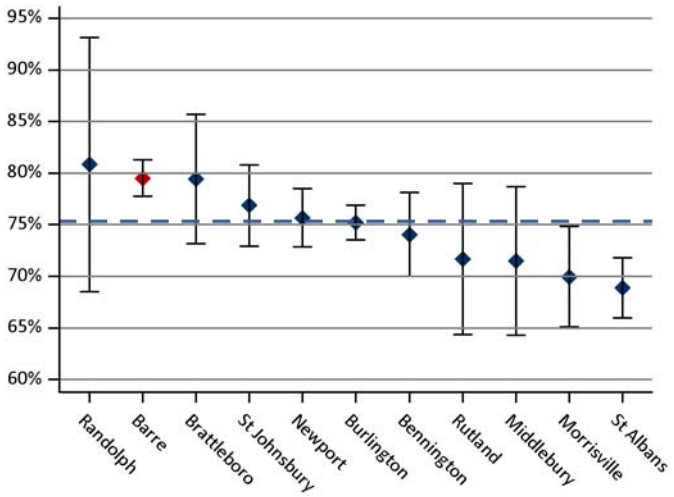


***Figure 15:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with diabetes were identified using claims 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.*

## Linked Clinical Data: Obesity & Hypertension

| Measure (N = Count of distinct members) | HSA N=34,022 | Statewide N=283,153 |
|---|---|---|
| | Rate % | Rate % |
| % linked to clinical data | 84% | 48% |
| % with BMI data | 76% | 40% |
| % meeting obesity criteria | 38% | 38% |
| % with blood pressure data | 81% | 43% |
| % meeting hypertension criteria | 17% | 20% |
| **Measure (N = Count of distinct members with diabetes)** | **HSA N=2,423** | **Statewide N=19,098** |
| | Rate % | Rate % |
| % linked to clinical data | 96% | 63% |
| % with BMI data | 93% | 50% |
| % meeting obesity criteria | 72% | 71% |
| % with blood pressure data | 94% | 53% |
| % meeting hypertension criteria | 23% | 27% |
| % with BMI and blood pressure data | 92% | 50% |
| % meeting obesity and hypertension criteria | 18% | 20% |

***Table 3:*** *Presents the proportion of distinct members and distinct members with diabetes linked to clinical data with valid body mass index (BMI) and blood pressure data meeting the criteria for obesity (BMI≥ 30.0) and hypertension (mmHg≥ 140/90).*

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

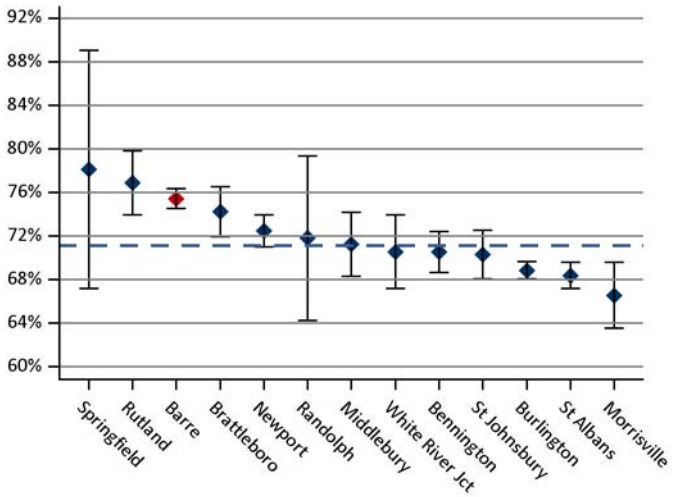


***Figure 16:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with hypertension were identified 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.*

## Imaging Studies for Low Back Pain

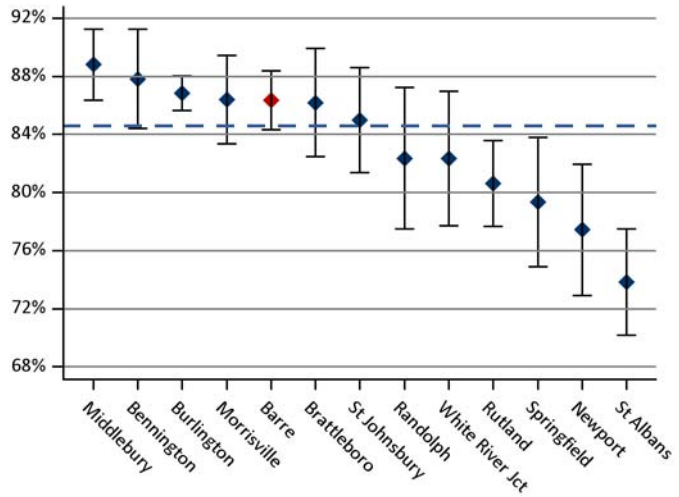


***Figure 17:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, that received a primary diagnosis of low back pain but appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This 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)

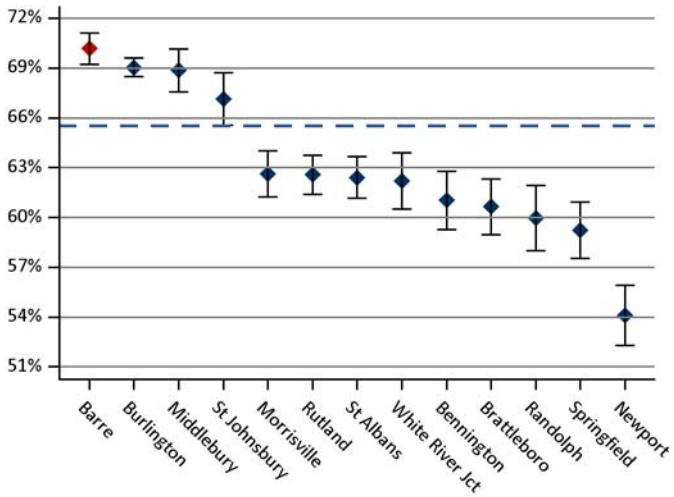


***Figure 18:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.*

## Chlamydia Screening (Core-7)

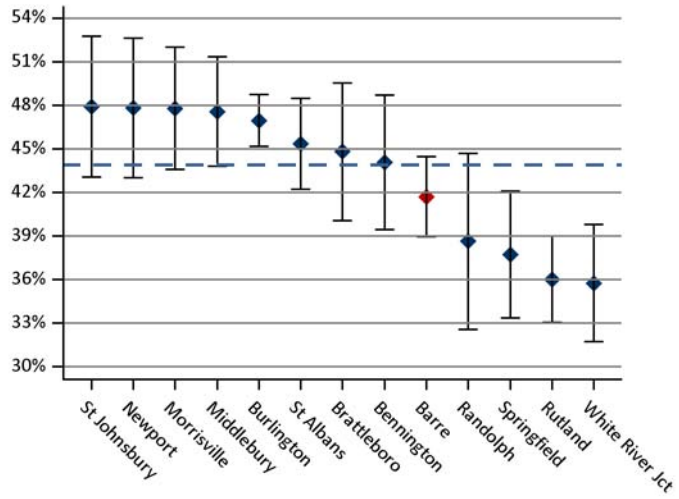


***Figure 19:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (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)

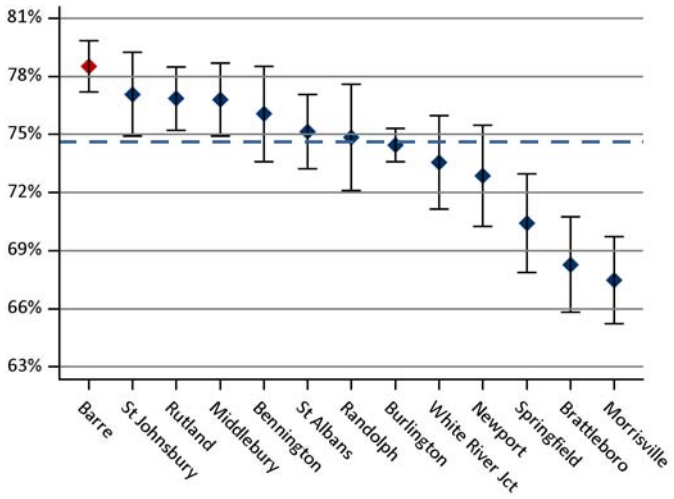


***Figure 20:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52–64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.*

## Plan All-Cause Readmissions (Core-1)

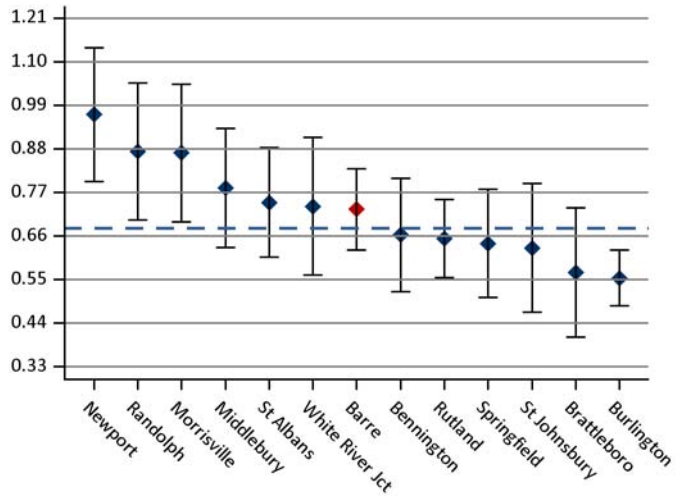


***Figure 21:*** *Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average. HEDIS specifications have changed.*

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

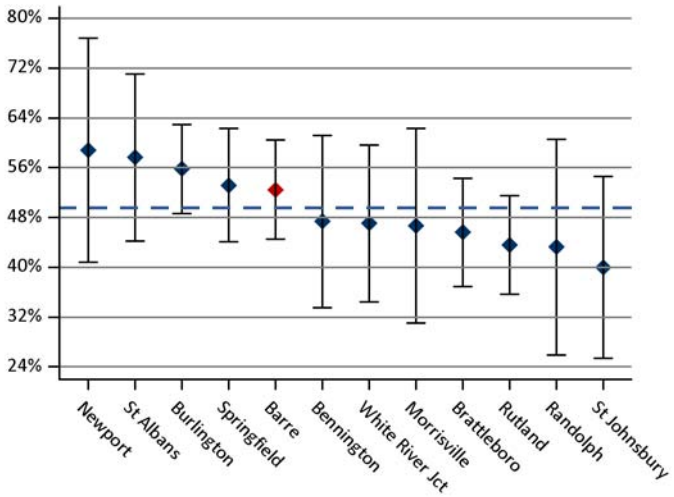


***Figure 22:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.*

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

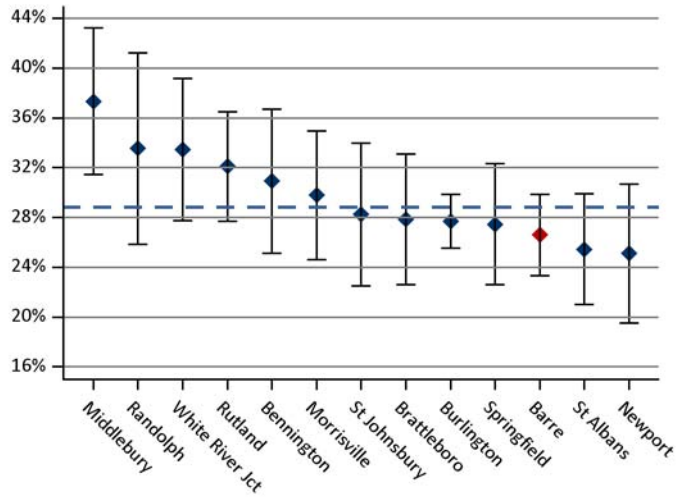


***Figure 23:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.*

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

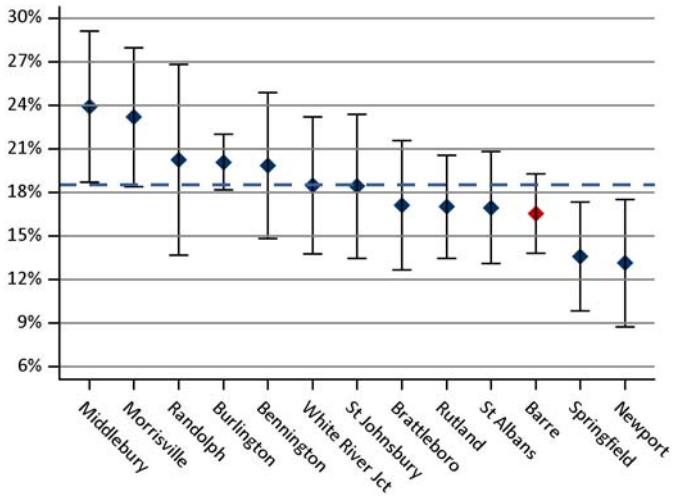


***Figure 24:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.*

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

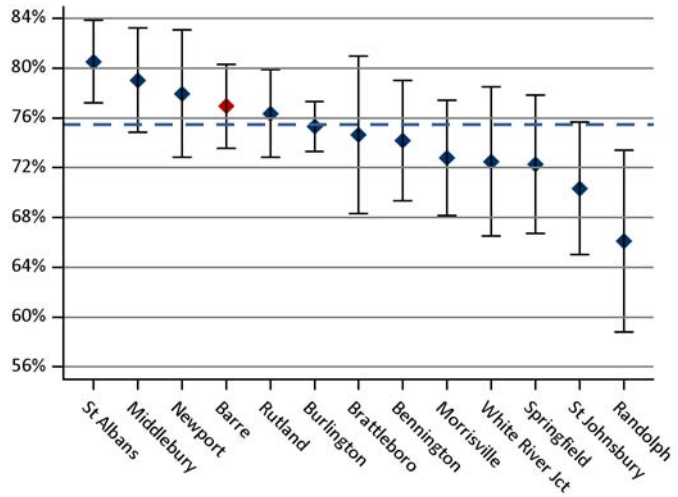


***Figure 25:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior 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)

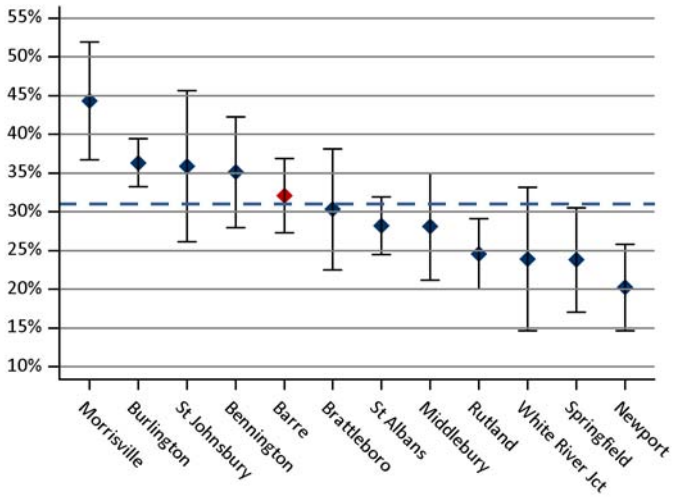


***Figure 26:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.*

## Influenza Vaccination (Core-35, MSSP-14)

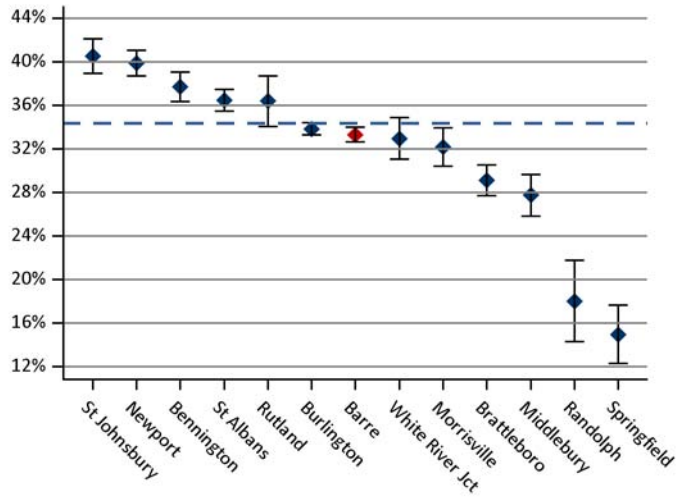


***Figure 27:*** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the DocSite clinical registry. The blue dashed line indicates the statewide average.*

## Pneumonia Vaccination (Core-48, MSSP-15)

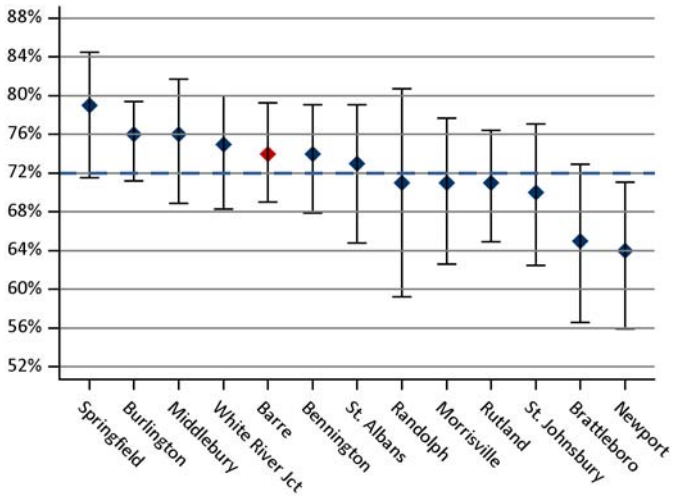


***Figure 28:*** *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

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

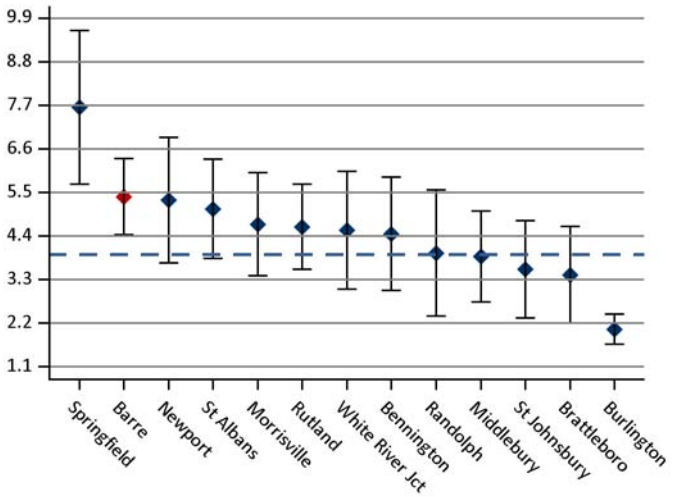


***Figure 29:*** *This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.*

## ACS Admissions: Heart Failure (MSSP-10)

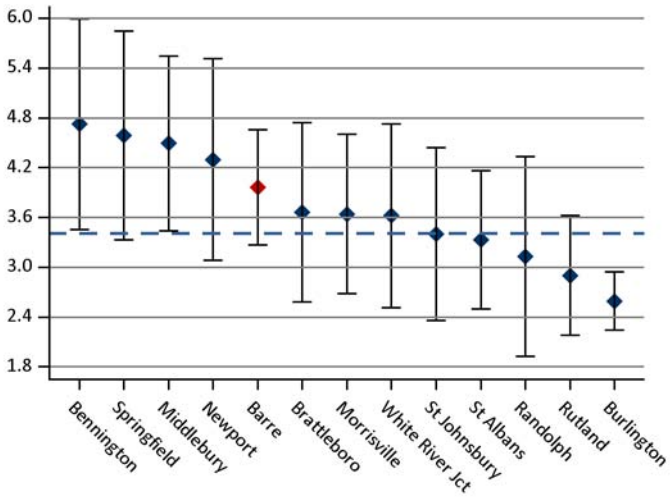


***Figure 30:*** *This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.*

## ACS Hospitalizations: PQI Composite Chronic (Core-12)

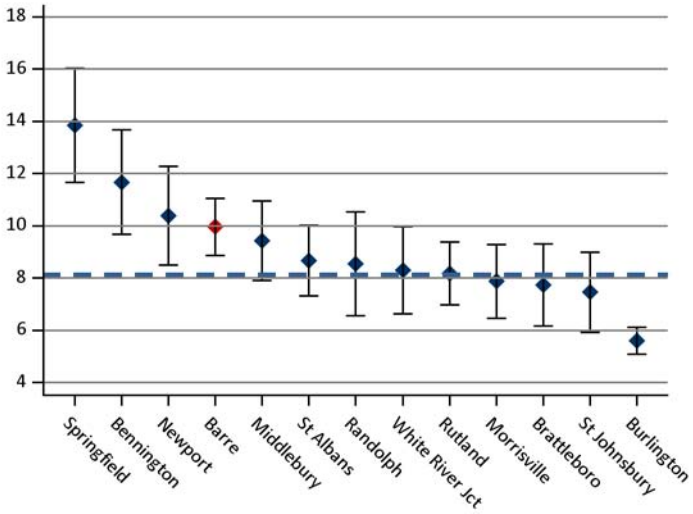


***Figure 31:*** *This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, heart failure, angina without a cardiac procedure, diabetes with lower-extremity amputations, diabetes with short-term complications, diabetes with long-term complications, or uncontrolled diabetes without complications. The blue dashed line indicates the statewide average.*

## BRFSS: Households with Income <$25,000

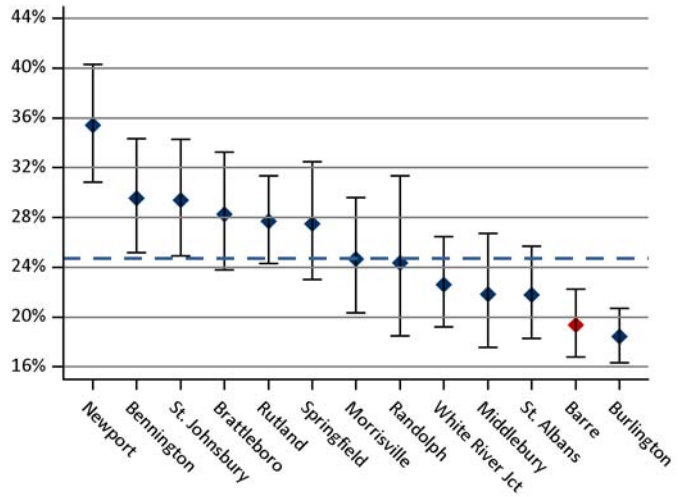


***Figure 32:*** *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than $25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

## BRFSS: Cigarette Smoking

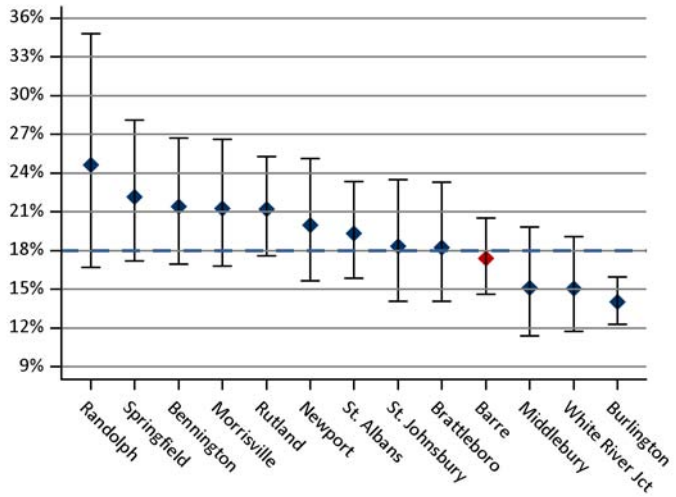


***Figure 33:*** *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

## BRFSS: No Leisure-Time Physical Activity/Exercise

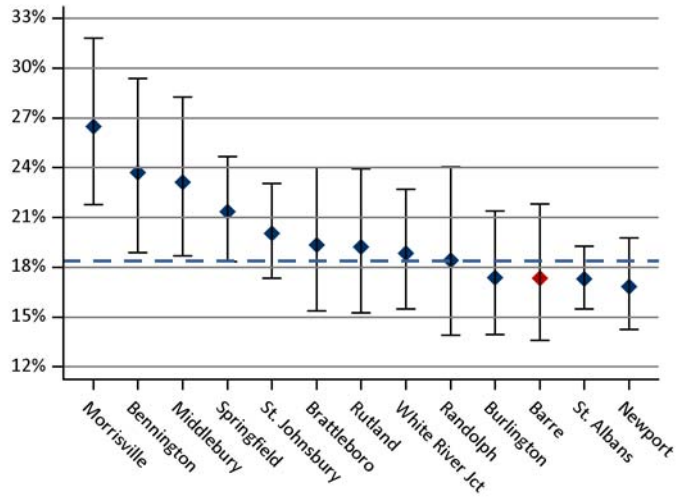


***Figure 34:*** *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

## BRFSS: Meets Fruit/Vegetable Recommendations

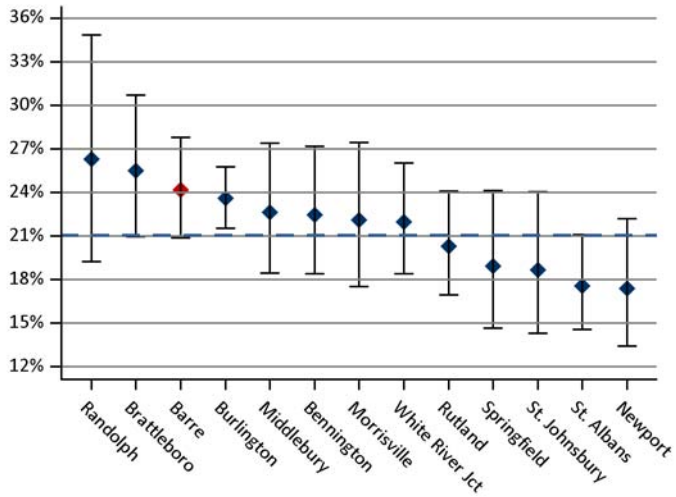


***Figure 35:*** *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they met fruit and vegetable consumption recommendations. This data was collected through the Behavioral risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

The following tables provide greater detail on the annual 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 | $7,048 | $6,914 | $7,181 | $7,297 | $7,252 | $7,343 |
| Inpatient Total | $1,496 | $1,404 | $1,587 | $1,467 | $1,437 | $1,497 |
| Inpatient Mental Health | $89 | $68 | $111 | $82 | $75 | $88 |
| Inpatient Maternity | $90 | $81 | $99 | $81 | $78 | $84 |
| Inpatient Surgical | $643 | $576 | $711 | $702 | $678 | $725 |
| Inpatient Medical | $681 | $627 | $736 | $612 | $595 | $628 |
| Outpatient Total | $1,990 | $1,948 | $2,033 | $2,017 | $2,003 | $2,032 |
| Outpatient Hospital Mental Health | $25 | $22 | $27 | $26 | $25 | $27 |
| Outpatient Hospital ED | $255 | $245 | $264 | $280 | $277 | $284 |
| Outpatient Hospital Surgery | $439 | $416 | $461 | $473 | $466 | $481 |
| Outpatient Hospital Radiology | $415 | $390 | $440 | $468 | $459 | $477 |
| Outpatient Hospital Laboratory | $335 | $327 | $342 | $294 | $292 | $297 |
| Outpatient Hospital Pharmacy | $87 | $79 | $95 | $75 | $72 | $77 |
| Outpatient Hospital Other | $880 | $854 | $906 | $879 | $870 | $888 |
| Professional Non-Mental Health Total | $1,167 | $1,149 | $1,185 | $1,305 | $1,299 | $1,311 |
| Professional Physician Total | $904 | $888 | $920 | $961 | $956 | $967 |
| Professional Physician Inpatient | $153 | $142 | $165 | $163 | $159 | $167 |
| Professional Physician Outpatient Facility | $317 | $309 | $326 | $321 | $318 | $324 |
| Professional Physician Office Visit | $369 | $363 | $375 | $412 | $410 | $414 |
| Professional Non-Physician | $259 | $253 | $264 | $340 | $338 | $342 |
| Professional Mental Health Provider | $184 | $177 | $190 | $185 | $182 | $187 |
| Pharmacy Total | $1,089 | $1,059 | $1,118 | $1,170 | $1,159 | $1,181 |
| Pharmacy Psych Medication | $173 | $164 | $182 | $178 | $174 | $181 |
| Other Total | $671 | $637 | $706 | $733 | $720 | $745 |
| Special Medicaid Services | $385 | $344 | $425 | $336 | $323 | $349 |
| Mental Health Substance Combined* | $434 | $417 | $451 | $444 | $438 | $450 |

* 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 | 0.96 | 0.94 | 0.98 | 1.00 | 0.99 | 1.01 |
| Inpatient | 0.99 | 0.93 | 1.04 | 1.00 | 0.98 | 1.02 |
| Outpatient Facility | 0.97 | 0.95 | 0.99 | 1.00 | 0.99 | 1.01 |
| Professional | 0.90 | 0.89 | 0.92 | 1.00 | 1.00 | 1.00 |
| Pharmacy | 1.01 | 0.98 | 1.03 | 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 | 102.6 | 99.1 | 106.2 | 103.7 | 102.5 | 104.9 |
| Inpatient Discharges for Ambulatory Care Sensitive Conditions | 17.8 | 16.3 | 19.3 | 16.4 | 16.0 | 16.9 |
| Inpatient Days | 514.5 | 506.6 | 522.4 | 484.1 | 481.4 | 486.7 |
| Inpatient Readmissions within 30 Days | 15.1 | 13.7 | 16.4 | 14.8 | 14.3 | 15.2 |
| Outpatient ED Visits | 386.9 | 380.1 | 393.8 | 407.4 | 404.9 | 409.8 |
| Outpatient Potentially Avoidable ED Visits | 60.3 | 57.6 | 63.0 | 62.1 | 61.2 | 63.1 |
| Outpatient ED Ambulatory Care Sensitive Conditions | 48.8 | 46.4 | 51.3 | 52.2 | 51.3 | 53.0 |
| Non-Hospital Outpatient Visits | 6,512.5 | 6,484.3 | 6,540.6 | 6,872.7 | 6,862.7 | 6,882.8 |
| Primary Care Encounters | 3,577.1 | 3,556.2 | 3,598.0 | 3,706.5 | 3,699.1 | 3,713.9 |
| Medical Specialist Encounters | 942.3 | 931.6 | 953.1 | 936.3 | 932.6 | 940.0 |
| Surgical Specialist Encounters | 1,066.6 | 1,055.2 | 1,078.0 | 1,127.5 | 1,123.4 | 1,131.6 |
| Standard Imaging | 943.7 | 932.9 | 954.4 | 961.6 | 957.9 | 965.4 |
| Advanced Imaging | 259.0 | 253.4 | 264.6 | 273.3 | 271.3 | 275.3 |
| Echography | 307.4 | 301.3 | 313.5 | 344.5 | 342.2 | 346.8 |
| Colonoscopy | 55.1 | 52.5 | 57.7 | 56.9 | 56.0 | 57.9 |

## **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 | 2,403 | 93% | 92% | 94% | 18,958 | 90% | 89% | 90% |
| Eye Exam | 2,403 | 47% | 45% | 49% | 18,958 | 47% | 46% | 47% |
| Nephropathy Screening | 2,403 | 80% | 79% | 82% | 18,958 | 78% | 77% | 78% |
| Imaging Studies for Low Back Pain | 1,136 | 86% | 84% | 88% | 9,129 | 85% | 84% | 85% |

## **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 | 9,342 | 70% | 69% | 71% | 79,242 | 66% | 65% | 66% |
| CCS – Commercial | Core-30 | 7,156 | 74% | 73% | 75% | 58,149 | 70% | 69% | 70% |
| CCS – Medicaid | Core-30 | 2,186 | 57% | 55% | 59% | 21,093 | 54% | 53% | 54% |
| Chlamydia Screening (Ages 16–24 Years) | Core-7 | 1,266 | 42% | 39% | 44% | 10,772 | 44% | 43% | 45% |
| CHL – Commercial | Core-7 | 803 | 43% | 40% | 47% | 6,397 | 43% | 42% | 44% |
| CHL – Medicaid | Core-7 | 463 | 39% | 35% | 44% | 4,375 | 46% | 44% | 47% |
| Breast Cancer Screening (Ages 52–64 Years) | Core-11 | 3,751 | 79% | 77% | 80% | 30,935 | 75% | 74% | 75% |
| BCS – Commercial (Ages 52–64 Years) | Core-11 | 2,928 | 82% | 81% | 84% | 23,674 | 79% | 79% | 80% |
| BCS – Medicaid (Ages 52–64 Years) | Core-11 | 413 | 66% | 61% | 70% | 4,056 | 59% | 57% | 60% |
| BCS – Medicare (Ages 52–64 Years) | Core-11 | 410 | 63% | 59% | 68% | 3,205 | 59% | 57% | 61% |
| BCS (Ages 52–74 Years) | Core-11 | 5,398 | 78% | 77% | 79% | 45,582 | 74% | 74% | 74% |
| BCS (Ages 65–74 Years) | Core-11 | 1,647 | 76% | 73% | 78% | 14,647 | 73% | 72% | 73% |
| Follow-Up After Hospitalization for Mental Illness (7 day) | Core-4 | 162 | 52% | 44% | 60% | 1,180 | 50% | 47% | 52% |
| FUH – Commercial | Core-4 | 33 | 73% | 56% | 89% | 262 | 61% | 55% | 67% |
| FUH – Medicaid | Core-4 | 93 | 51% | 40% | 61% | 698 | 48% | 45% | 52% |
| FUH – Medicare | Core-4 | 36 | 39% | 22% | 56% | 220 | 40% | 33% | 47% |
| Initiation of Alcohol/Drug Treatment | Core-5a | 737 | 27% | 23% | 30% | 5,737 | 29% | 28% | 30% |
| IET (INI) – Medicaid | Core-5a | 425 | 25% | 21% | 29% | 3,605 | 29% | 28% | 31% |
| Engagement of Alcohol/Drug Treatment | Core-5b | 737 | 17% | 14% | 19% | 5,737 | 19% | 18% | 20% |
| IET (ENG) – Medicaid | Core-5b | 425 | 15% | 11% | 18% | 3,605 | 19% | 17% | 20% |
| Cholesterol Management for Patients with CVD | Core-3 | 629 | 77% | 74% | 80% | 6,180 | 75% | 74% | 77% |
| CMC – Commercial | Core-3 | 198 | 79% | 73% | 85% | 1,707 | 75% | 73% | 77% |
| CMC – Medicaid | Core-3 | 47 | 62% | 47% | 77% | 532 | 66% | 62% | 70% |
| CMC – Medicare | Core-3 | 384 | 78% | 74% | 82% | 3,941 | 77% | 76% | 78% |
| Avoidance of Antibiotic Treatment for Acute Bronchitis | Core-6 | 386 | 32% | 27% | 37% | 3,607 | 31% | 29% | 33% |
| AAB – Commercial | Core-6 | 221 | 32% | 26% | 39% | 1,999 | 32% | 30% | 34% |
| AAB – Medicaid | Core-6 | 102 | 36% | 26% | 46% | 1,175 | 31% | 28% | 33% |
| AAB – Medicare | Core-6 | 63 | 25% | 14% | 37% | 433 | 28% | 23% | 32% |
| Influenza Vaccination | Core-35 | 19,382 | 33% | 33% | 34% | 86,302 | 34% | 34% | 35% |
| INF – Commercial | Core-35 | 9,861 | 28% | 27% | 29% | 40,185 | 28% | 28% | 29% |
| INF – Medicaid | Core-35 | 3,042 | 24% | 23% | 26% | 14,436 | 27% | 27% | 28% |
| INF – Medicare | Core-35 | 6,479 | 45% | 44% | 47% | 31,681 | 45% | 45% | 46% |

## **Table 7a.** ACO Measures Detail, Continued

| Measure | | HSA | | | | Statewide | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | N | Rate % | 95% LCL | 95% UCL | N | Rate % | 95% LCL | 95% UCL |
| Diabetes Blood Pressure in Control (<140/90 mmHg) | MSSP-24 | 2,085 | 80% | 78% | 81% | 8,486 | 75% | 74% | 76% |
| Diab – Commercial (BP) | MSSP-24 | 735 | 79% | 76% | 82% | 2,776 | 76% | 74% | 77% |
| Diab – Medicaid (BP) | MSSP-24 | 311 | 81% | 76% | 85% | 1,288 | 76% | 73% | 78% |
| Diab – Medicare (BP) | MSSP-24 | 1,039 | 79% | 77% | 82% | 4,422 | 75% | 74% | 76% |
| Diabetes Care Two-Part Composite | Core-53 | 1,780 | 42% | 40% | 45% | 7,586 | 45% | 44% | 46% |
| Diab – Commercial (Comp.) | Core-53 | 648 | 29% | 25% | 32% | 2,487 | 35% | 33% | 37% |
| Diab – Medicaid (Comp.) | Core-53 | 260 | 37% | 30% | 43% | 1,158 | 38% | 35% | 41% |
| Diab – Medicare (Comp.) | Core-53 | 872 | 54% | 51% | 58% | 3,941 | 53% | 51% | 54% |
| Diabetes HbA1c Not in Control (>9%) | Core-17 | 1,780 | 10% | 9% | 12% | 7,586 | 11% | 11% | 12% |
| Diab – Commercial (HbA1c Not in Control) | Core-17 | 648 | 11% | 9% | 14% | 2,487 | 13% | 12% | 14% |
| Diab – Medicaid (HbA1c Not in Control) | Core-17 | 260 | 20% | 15% | 25% | 1,158 | 19% | 16% | 21% |
| Diab – Medicare (HbA1c Not in Control) | Core-17 | 872 | 7% | 5% | 8% | 3,941 | 8% | 7% | 9% |
| Hypertension with BP in Control (<140/90 mmHg) | Core-39 | 8,616 | 75% | 75% | 76% | 39,905 | 71% | 71% | 72% |
| HYP – Commercial (Ages 18–85 Years) | Core-39 | 3,232 | 75% | 73% | 76% | 13,731 | 69% | 69% | 70% |
| HYP – Medicaid (Ages 18–85 Years) | Core-39 | 857 | 69% | 66% | 72% | 3,946 | 65% | 64% | 67% |
| HYP – Medicare (Ages 18–85 Years) | Core-39 | 4,527 | 77% | 76% | 78% | 22,228 | 73% | 73% | 74% |
| HYP (Ages 18–64 Years) | Core-39 | 4,772 | 74% | 72% | 75% | 20,635 | 69% | 68% | 70% |
| HYP (Ages 65–85 Years) | Core-39 | 3,844 | 78% | 76% | 79% | 19,270 | 73% | 73% | 74% |

## 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 | 1,717 | 0.73 | 0.62 | 0.83 | 14,555 | 0.68 | 0.64 | 0.72 |
| PCR – Commercial | Core-1 | 405 | 0.88 | 0.61 | 1.15 | 3,202 | 0.76 | 0.67 | 0.86 |
| PCR – Medicaid | Core-1 | 296 | 0.79 | 0.55 | 1.04 | 2,762 | 0.68 | 0.59 | 0.76 |
| PCR – Medicare | Core-1 | 1,016 | 0.68 | 0.55 | 0.80 | 8,591 | 0.66 | 0.62 | 0.71 |

## 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 | 22,245 | 5.4 | 4.4 | 6.4 | 183,972 | 3.9 | 3.7 | 4.2 |
| PQI – Commercial (COPD and Asthma) | Core-10 | 11,906 | 0.8 | 0.3 | 1.2 | 91,979 | 0.5 | 0.4 | 0.6 |
| PQI – Medicaid (COPD and Asthma) | Core-10 | 2,319 | 5.2 | 2.2 | 8.1 | 22,041 | 4.1 | 3.3 | 5.0 |
| PQI – Medicare (COPD and Asthma) | Core-10 | 8,020 | 12.3 | 9.9 | 14.8 | 69,952 | 8.4 | 7.7 | 9.1 |
| ACS Admissions for Congestive Heart Failure | MSSP-10 | 31,519 | 4.0 | 3.3 | 4.7 | 261,283 | 3.4 | 3.2 | 3.6 |
| PQI – Commercial (CHF) | MSSP-10 | 17,999 | 0.4 | 0.1 | 0.7 | 140,378 | 0.2 | 0.1 | 0.3 |
| PQI – Medicaid (CHF) | MSSP-10 | 5,159 | 0.6 | 0.0 | 1.2 | 48,496 | 0.8 | 0.6 | 1.1 |
| PQI – Medicare (CHF) | MSSP-10 | 8,361 | 13.8 | 11.2 | 16.3 | 72,408 | 11.3 | 10.5 | 12.1 |
| ACS Hospitalizations: PQI Composite (Chronic) | Core-12 | 31,519 | 10.0 | 8.9 | 11.1 | 261,283 | 8.1 | 7.8 | 8.5 |
| PQI – Commercial (Comp.) | Core-12 | 17,999 | 1.3 | 0.8 | 1.8 | 140,378 | 1.0 | 0.8 | 1.2 |
| PQI – Medicaid (Comp.) | Core-12 | 5,159 | 7.8 | 5.4 | 10.2 | 48,496 | 5.8 | 5.1 | 6.5 |
| PQI – Medicare (Comp.) | Core-12 | 8,361 | 30.0 | 26.3 | 33.7 | 72,408 | 23.5 | 22.4 | 24.6 |

## **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-17 | MSSP-27 | Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) | NQF #0059, NCQA | Adult | Percentage of members 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 | The percentage of members 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 | The percentage of members 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 members who could get appointments or answers to questions from providers when needed. |
| Core-22 | | Communication Composite | NCQA | No | NCQA Survey - percentage of members who felt they received good communication from providers. |
| Core-23 | | Shared Decision-Making Composite | NCQA | No | NCQA Survey - percentage of members whose provider helped them make decisions about prescription medications. |
| Core-24 | | Self-Management Support Composite | NCQA | No | NCQA Survey - percentage of members whose provider talked to them about specific health goals and barriers. |
| Core-25 | | Comprehensiveness Composite | NCQA | No | NCQA Survey - percentage of members whose provider talked to them about depression, stress, and other mental health issues. |
| Core-26 | | Office Staff Composite | NCQA | No | NCQA Survey - percentage of members who found the clerks and receptionists at their provider's office to be helpful and courteous. |
| Core-27 | | Information Composite | NCQA | No | NCQA Survey - percentage of members who received information from their provider about what to do if care was needed in the off hours and reminders between visits. |

## **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-28 | | Coordination of Care Composite | NCQA | No | NCQA Survey - percentage of members 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 members 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 members 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 | Percentage of members 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 members 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 members 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 Members with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD) | NQF #0066 | No | Percentage of members 18 years and older with a diagnosis of CAD and a Left Ventricular Ejection Fraction (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 members 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 members 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 members 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 | The percentage of members 65 years and older who had documentation of ever receiving a pneumonia vaccine. |
| Core-53 | | Diabetes Care Two-Part Composite | NQF #0059 and #0055 | Adult | The percentage of members 18-75 years with diabetes who have a valid HbA1c less than or equal to 9% and who received an eye exam for diabetic retinal disease during the measurement year. |
| | 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 |

## 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-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 members 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-24 | Diabetes: Blood Pressure Control | | Adult | Percentage of members 18-75 years with diabetes who had blood pressure <140/90 mmHg at most recent visit. |
| | MSSP-25 | Diabetes: Tobacco Non-Use | | Adult | Percentage of members 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year. |
| | MSSP-31 | Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) | NQF #0083 | No | Percentage of members 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy. |
| | | Comprehensive Diabetes Care: Eye Exams for Diabetics | NQF #0055, HEDIS measure | Adult | Percentage of members 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 members with diabetes 18-75 years who received a nephropathy screening test during the measurement year. |

The following tables provide risk-adjusted rates for selected quality measures, which are not represented in the preceding figures.

## Table 9. Risk-Adjusted Quality Measures: PQI Composite (Chronic)

| HSA | Jul. 2013-Jun. 2014 | | Jan. 2014-Dec. 2014 | | Trend |
|---|---|---|---|---|---|
| | Rate per 1,000 | N | Rate per 1,000 | N | Rate Difference |
| Barre | 7.8 | 25,681 | 9.0 | 31,519 | 1.3 |
| Bennington | 7.2 | 12,946 | 7.0 | 11,222 | -0.3 |
| Brattleboro | 5.6 | 9,846 | 5.4 | 12,019 | -0.2 |
| Burlington | 5.5 | 76,556 | 6.5 | 82,140 | 1.0 |
| Middlebury | 5.5 | 11,965 | 10.3 | 15,582 | 4.8 |
| Morrisville | 5.4 | 9,842 | 8.7 | 15,100 | 3.3 |
| Newport | 8.1 | 9,239 | 6.1 | 11,171 | -1.9 |
| Randolph | 7.4 | 7,198 | 11.2 | 8,304 | 3.7 |
| Rutland | 4.6 | 20,448 | 6.0 | 21,388 | 1.4 |
| Springfield | 6.7 | 8,798 | 12.9 | 11,121 | 6.2 |
| St Albans | 4.4 | 13,512 | 5.7 | 18,326 | 1.3 |
| St Johnsbury | 4.7 | 10,154 | 4.7 | 12,066 | -0.0 |
| White River Jct | 7.2 | 9,744 | 10.0 | 11,325 | 2.8 |

* Cells with less than 11 in the numerator or less than 30 in the denominator are left blank due to either insufficient data or confidentiality requirements.

## Table 10. Risk-Adjusted Quality Measure: Diabetes HbA1c Not in Control (>9%)

| HSA | Jul. 2013-Jun. 2014 | | Jan. 2014-Dec. 2014 | | Trend |
|---|---|---|---|---|---|
| | Rate % | N | Rate % | N | Rate Difference |
| Barre | 11.7% | 1,651 | 12.0% | 1,780 | 0.2% |
| Bennington | 10.0% | 347 | 10.2% | 494 | 0.2% |
| Brattleboro | 10.9% | 130 | 11.4% | 185 | 0.5% |
| Burlington | 11.8% | 2,109 | 11.8% | 2,079 | -0.0% |
| Middlebury | | | | | |
| Morrisville | 10.5% | 147 | 10.5% | 391 | -0.0% |
| Newport | 9.9% | 715 | 10.4% | 879 | 0.5% |
| Randolph | | 34 | | 42 | |
| Rutland | | 67 | | 63 | |
| Springfield | | | | | |
| St Albans | 10.5% | 627 | 10.9% | 1,070 | 0.4% |
| St Johnsbury | 11.3% | 315 | 12.1% | 427 | 0.8% |
| White River Jct | 14.0% | 147 | 14.8% | 159 | 0.8% |

* Cells with less than 11 in the numerator or less than 30 in the denominator are left blank due to either insufficient data or confidentiality requirements.