VERMONT Blueprint for Health

Smart choices. Powerful tools.

HSA Profile: Barre

Period: Jan. 2014 - Dec. 2014 **Profile Type:** Pediatric (1-17 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 and Full Medicaid members attributed to Blueprint practices that began participating on or before December 31, 2014.

The HSA Profile for the adult population covers 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.

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 prior year. Rates for HSAs reporting fewer than 30 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

The HSA Profile includes Accountable Care Organization (ACO) core measures based on VHCURES and the DocSite clinical database.

Demographics & Health Status

	HSA	Statewide
Average Members	8,531	73,610
Average Age	9.2	9.1
% Female	49.3	48.8
% Medicaid	49.8	53.8
% with Selected Chronic Conditions	19.6	20.0
Health Status (CRG)		
% Healthy	76.9	74.2
% Acute or Minor Chronic	14.3	15.8
% Moderate Chronic	7.7	8.7
% Significant Chronic	1.0	1.1
% Cancer or Catastrophic	0.2	0.2

Table 1: *This table provides comparative information on the demographics and health status of the HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, 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. This includes adjustment for each member's enrollment in Medicaid, the member's practice's percentage of membership that is Medicaid, 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 eight selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, hypertension, diabetes, depression, and attention deficit disorder.*

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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Total Expenditures per Capita

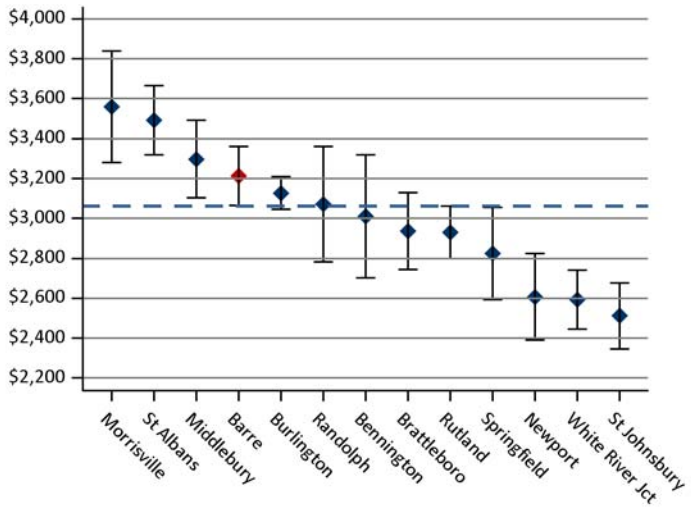

Figure 1: *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide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

Total Expenditures per Capita by Major Category

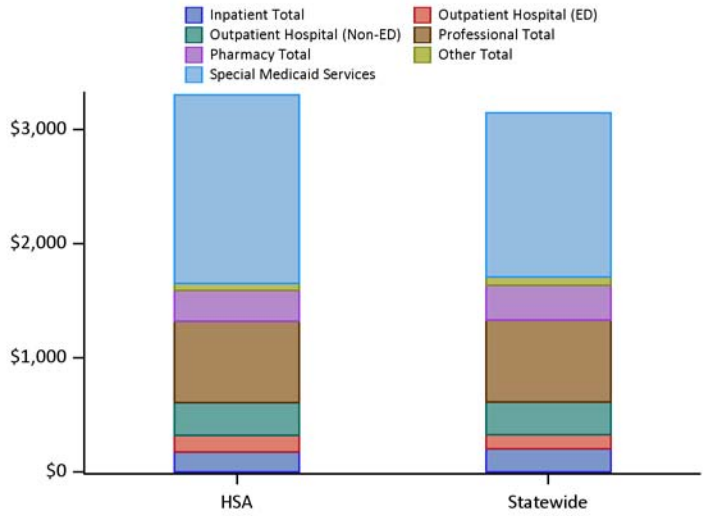

Figure 2: *Presents annual risk-adjusted rates for the major components of cost (as shown in* ***Figure 1****) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as* Special Medicaid Services (SMS).

Total Expenditures per Capita (Excluding SMS)

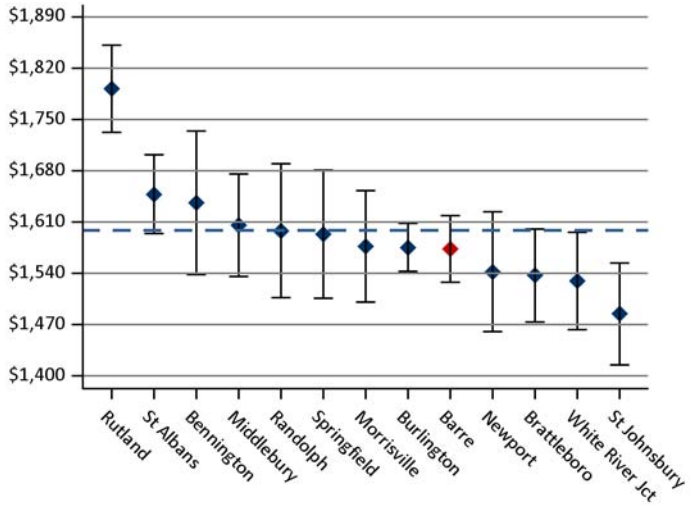

Figure 3: *Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude* Special Medicaid Services*. The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

Total Resource Use Index (RUI) (Excluding SMS)

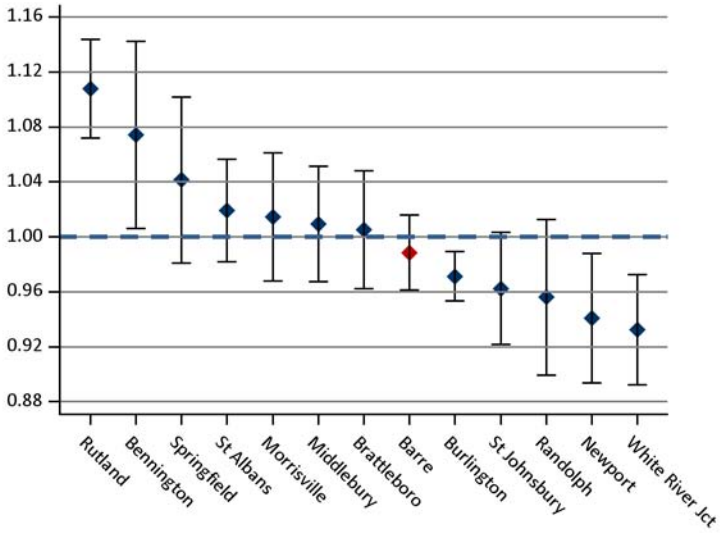

Figure 4: *Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services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

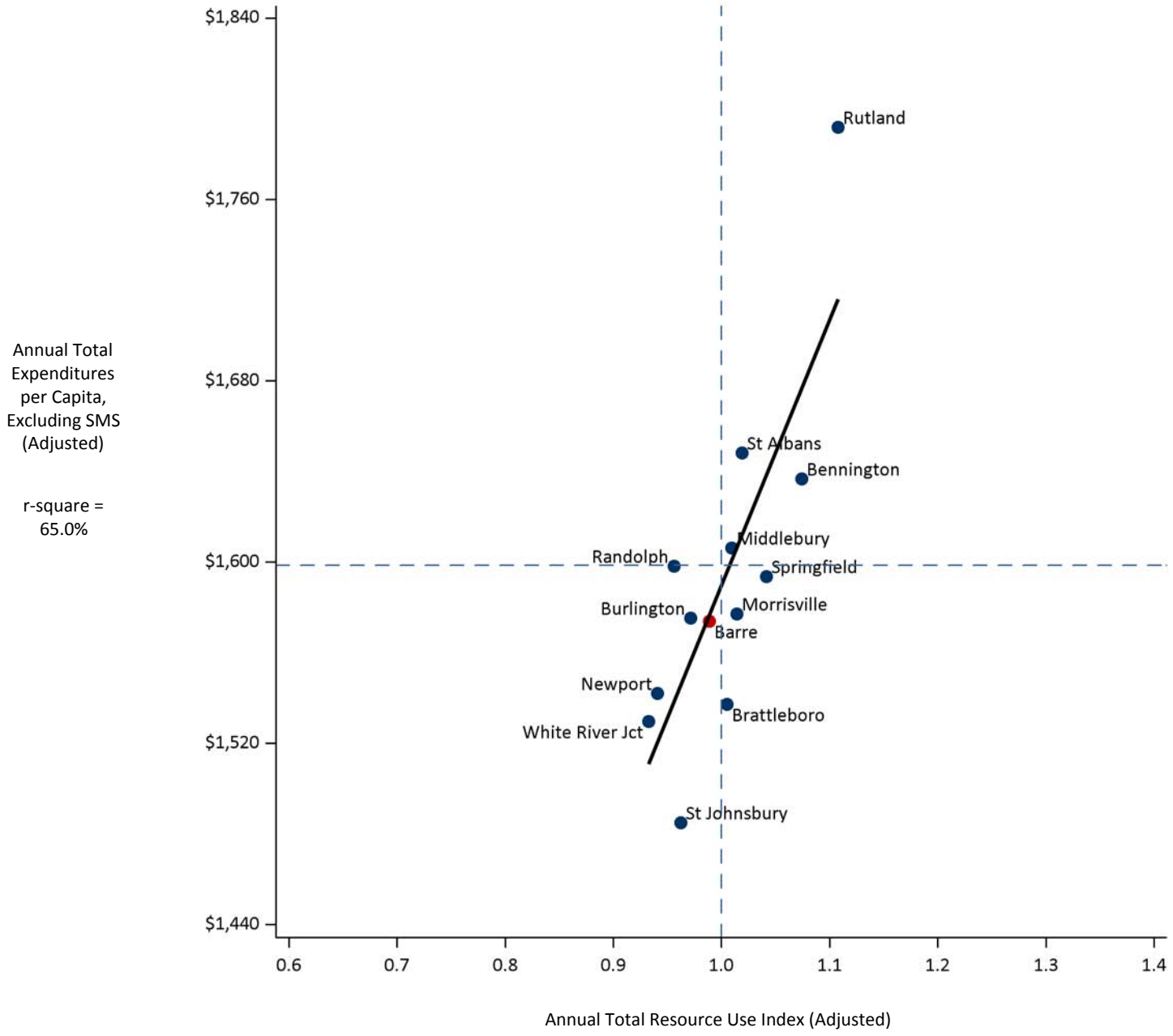

Figure 5: *This graphic demonstrates the relationship between risk-adjusted expenditures excluding SMS and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue 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

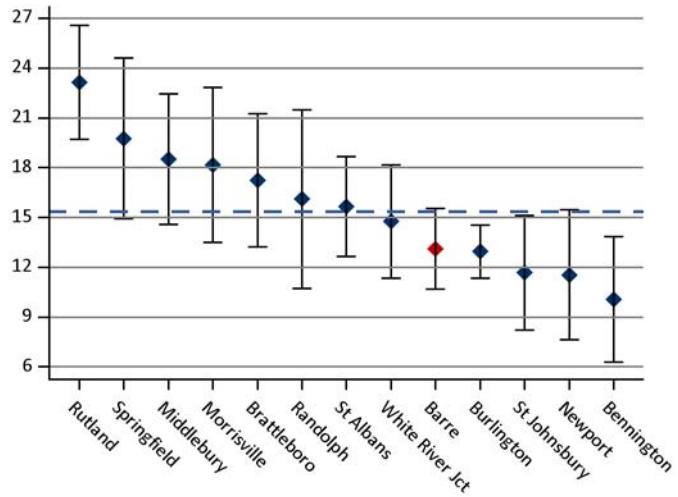

Figure 6: *Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization —* Inpatient Days, Inpatient Readmissions within 30 Days, *and* Inpatient Discharges for Ambulatory Care Sensitive Conditions *— can be found in* Table 4. *The blue dashed line indicates the statewide average.*

Outpatient ED Visits

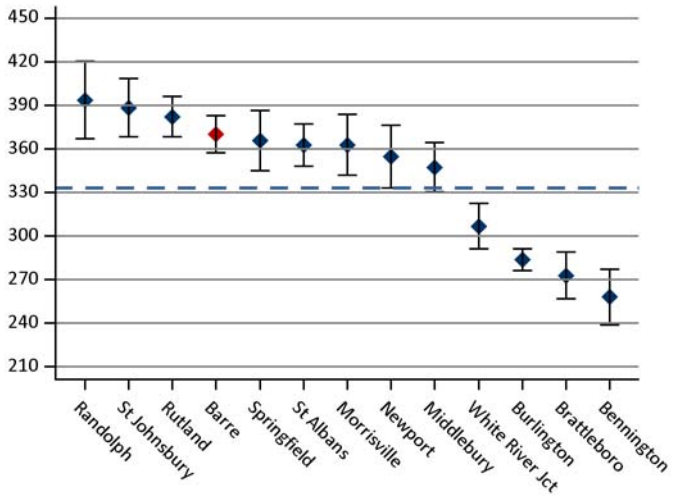

Figure 7: *Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure —* Outpatient Potentially Avoidable ED Visits *— can be found in* Table 4. *The blue dashed line indicates the statewide average.*

Advanced Imaging (MRIs, CT Scans)

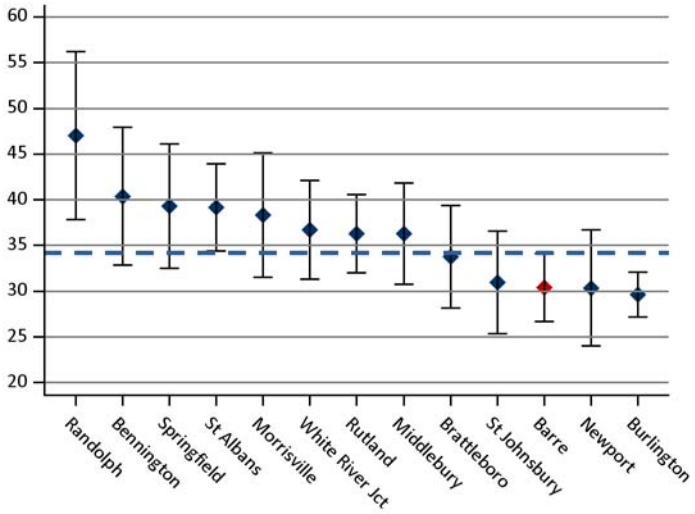

Figure 8: *Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members. The blue dashed line indicates the statewide average.*

Well-Child Visits

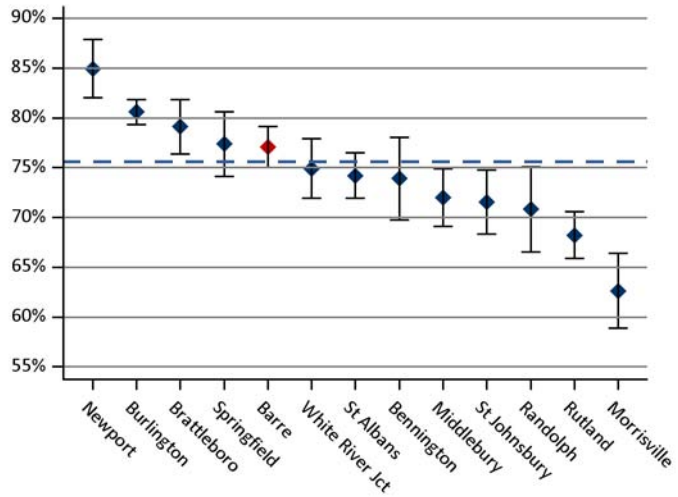

Figure 9: *Presents the proportion, including 95% confidence intervals, of members, ages 3–6 years, who received one or more well-child visits during the measurement year. The blue dashed line indicates the statewide average.*

Adolescent Well-Care Visits (Core-2)

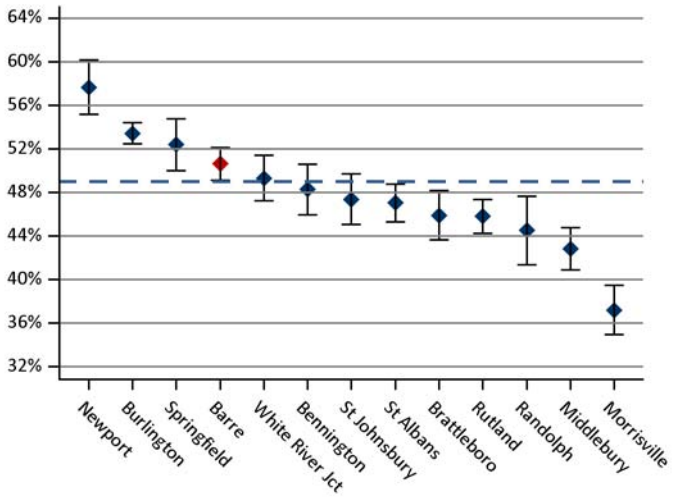

Figure 10: *Presents the proportion, including 95% confidence intervals, of members, ages 12–21 years, who received one or more well-care visits with a primary care practitioner or OB/GYN during the measurement year. (Note that, due to the age ranges for this ACO measure, members above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.*

Developmental Screening in First 3 Years of Life (Core-8)

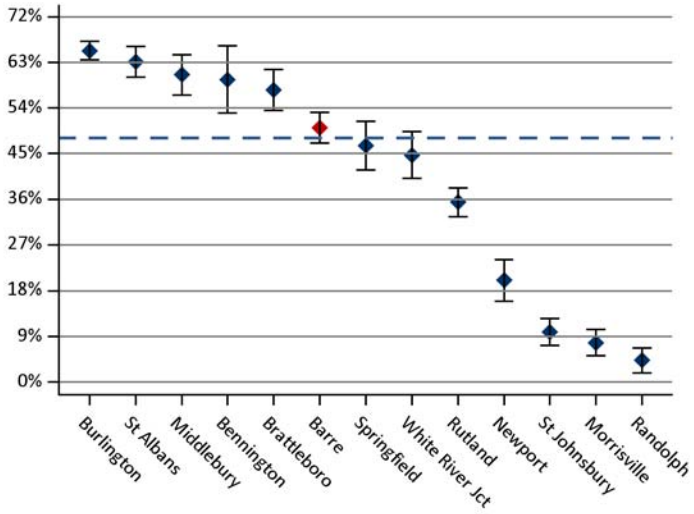

Figure 11: *Presents the proportion, including 95% confidence intervals, of continuously enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in each of the first three years of life. The blue dashed line indicates the statewide average.*

Chlamydia Screening in Women (Core-7)

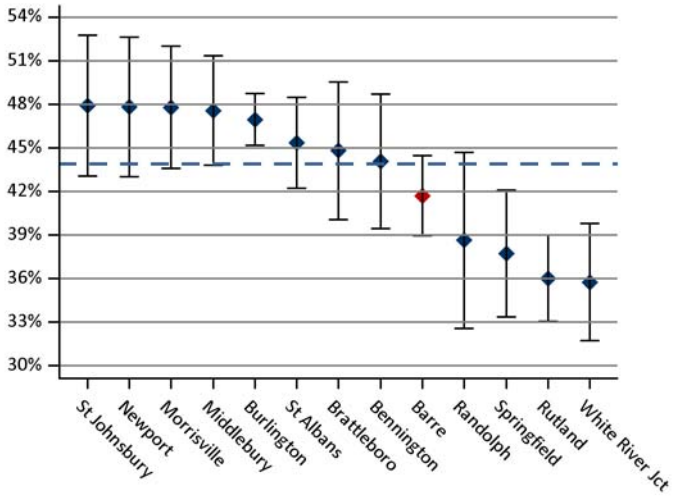

Figure 12: *Presents the proportion, including 95% confidence intervals, of continuously enrolled females, ages 16–24 years, who were identified as sexually active and who had at least one test for chlamydia during the measurement year. (Note that, due to the age ranges for this ACO measure, females above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.*

Appropriate Testing for Pharyngitis (Core-13)

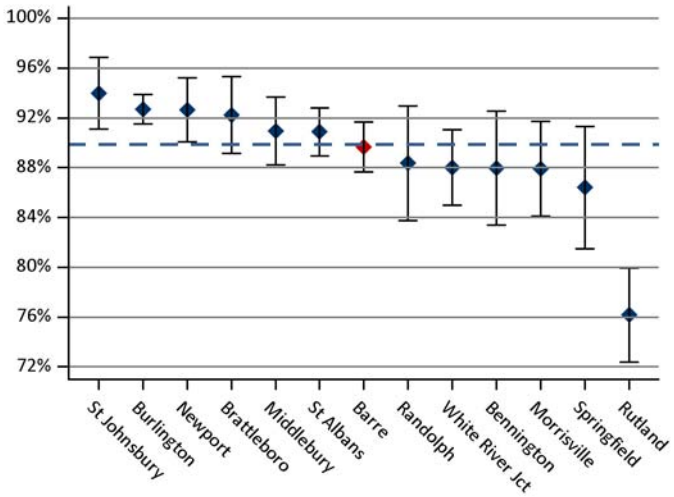

Figure 13: *Presents the proportion, including 95% confidence intervals, of children, ages 2–17 years, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. A higher rate represents appropriate testing for children with pharyngitis. The blue dashed line indicates the statewide average.*

Appropriate Treatment for Upper Respiratory Infection

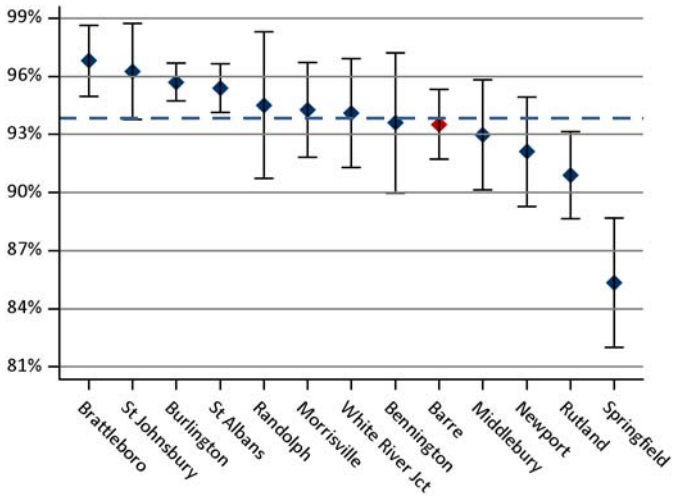

Figure 14: *Presents the proportion, including 95% confidence intervals, of children, ages 1–17 years, who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The blue dashed line indicates the statewide average.*

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

Table 2. Expenditure Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	$3,213	$3,066	$3,360	$3,062	$3,016	$3,108
Inpatient Total	$174	$127	$221	$204	$182	$226
Inpatient Mental Health	$82	$42	$123	$82	$67	$97
Inpatient Maternity	$2	$0	$4	$3	$2	$4
Inpatient Surgical	$54	$32	$76	$68	$55	$81
Inpatient Medical	$35	$23	$47	$52	$44	$61
Outpatient Total	$438	$413	$463	$407	$398	$416
Outpatient Hospital Mental Health	$10	$8	$12	$10	$9	$11
Outpatient Hospital ED	$147	$137	$157	$125	$122	$128
Outpatient Hospital Surgery	$114	$95	$132	$105	$99	$111
Outpatient Hospital Radiology	$47	$41	$53	$52	$50	$55
Outpatient Hospital Laboratory	$38	$35	$41	$33	$32	$35
Outpatient Hospital Pharmacy	$10	$7	$14	$14	$12	$16
Outpatient Hospital Other	$187	$167	$208	$174	$167	$181
Professional Non-Mental Health Total	$520	$509	$531	$558	$553	$562
Professional Physician Total	$379	$369	$388	$410	$407	$413
Professional Physician Inpatient	$14	$8	$19	$18	$15	$21
Professional Physician Outpatient Facility	$49	$43	$54	$56	$54	$58
Professional Physician Office Visit	$290	$284	$296	$306	$304	$308
Professional Non-Physician	$139	$135	$144	$146	$144	$148
Professional Mental Health Provider	$192	$179	$204	$159	$155	$163
Pharmacy Total	$274	$259	$289	$307	$301	$313
Pharmacy Psych Medication	$98	$88	$107	$115	$111	$118
Other Total	$59	$48	$69	$73	$68	$77
Special Medicaid Services	$1,653	$1,507	$1,799	$1,435	$1,393	$1,478
Mental Health Substance Combined*	$342	$318	$367	$329	$320	$337

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

Table 3. Total Resource Use Index (RUI) (Adjusted)

Measure	HSA			Statewide		
	Index Ratio	95% LCL	95% UCL	Index Ratio	95% LCL	95% UCL
Total	0.99	0.96	1.02	1.00	0.99	1.01
Inpatient	0.98	0.73	1.23	1.00	0.90	1.10
Outpatient Facility	1.07	1.01	1.12	1.00	0.98	1.02
Professional	1.00	0.97	1.02	1.00	0.99	1.01
Pharmacy	0.90	0.84	0.95	1.00	0.98	1.02

Table 4. Utilization Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	13.1	10.7	15.6	15.4	14.5	16.2
Inpatient Discharges for Ambulatory Care Sensitive Conditions	2.3	1.3	3.3	2.7	2.3	3.0
Inpatient Days	93.4	87.0	99.9	99.5	97.3	101.8
Inpatient Readmissions within 30 Days	1.0	0.3	1.6	1.9	1.6	2.2
Outpatient ED Visits	370.1	357.2	383.0	333.4	329.2	337.5
Outpatient Potentially Avoidable ED Visits	85.6	79.3	91.8	76.5	74.5	78.5
Outpatient ED Ambulatory Care Sensitive Conditions	29.3	25.7	32.9	24.5	23.4	25.7
Non-Hospital Outpatient Visits	5,566.7	5,516.6	5,616.7	5,139.0	5,122.6	5,155.4
Primary Care Encounters	3,559.8	3,519.8	3,599.8	3,699.1	3,685.2	3,713.0
Medical Specialist Encounters	127.1	119.6	134.7	127.2	124.6	129.7
Surgical Specialist Encounters	295.8	284.2	307.3	301.4	297.4	305.3
Standard Imaging	294.0	282.5	305.5	275.0	271.2	278.8
Advanced Imaging	30.4	26.7	34.1	34.2	32.8	35.5
Echography	40.9	36.6	45.1	44.7	43.2	46.3
Colonoscopy	2.2	1.2	3.2	1.6	1.3	1.9

Table 5. Effective, Preventive, & ACO Measures

Measure	HSA				Statewide			
	N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Well-Child Visits	1,688	77%	75%	79%	15,041	76%	75%	76%
Well-Child Visits - Commercial	615	82%	79%	85%	5,309	82%	81%	83%
Well-Child Visits - Medicaid	1,073	74%	71%	77%	9,732	72%	71%	73%
Adolescent Well-Care Visit (Core-2)	4,326	51%	49%	52%	37,872	49%	49%	50%
Adolescent Well-Care Visit - Commercial	2,448	51%	49%	53%	19,878	51%	50%	52%
Adolescent Well-Care Visit - Medicaid	1,878	51%	49%	53%	17,994	47%	46%	48%
Developmental Screening in First 3 Years of Life (Core-8)	1,081	50%	47%	53%	9,860	48%	47%	49%
Developmental Screening - Commercial	346	58%	53%	63%	3,102	58%	56%	59%
Developmental Screening - Medicaid	735	46%	43%	50%	6,758	44%	43%	45%
Chlamydia Screening in Women (Core-7)	1,266	42%	39%	44%	10,772	44%	43%	45%
Chlamydia Screening in Women - Commercial	803	43%	40%	47%	6,397	43%	42%	44%
Chlamydia Screening in Women - Medicaid	463	39%	35%	44%	4,375	46%	44%	47%
Appropriate Testing for Pharyngitis (Core-13)	947	90%	88%	92%	7,216	90%	89%	91%
Appropriate Testing for Pharyngitis - Commercial	379	94%	92%	97%	2,874	93%	92%	94%
Appropriate Testing for Pharyngitis - Medicaid	568	87%	84%	90%	4,342	88%	87%	89%
Appropriate Treatment for Upper Respiratory Infection	772	94%	92%	95%	7,230	94%	93%	94%
Appropriate Treatment for Upper Respiratory Infection - Commercial	239	95%	91%	98%	2,141	95%	94%	96%
Appropriate Treatment for Upper Respiratory Infection - Medicaid	533	93%	91%	95%	5,089	93%	93%	94%

Table 6. ACO Measure 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 6. ACO Measure 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 6. ACO Measure 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 6. ACO Measure 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 7. Risk-Adjusted Quality Measures: Developmental Screening in First 3 Years of Life (Core-8)

HSA	Jul. 2013-Jun. 2014		Jan. 2014-Dec. 2014		Trend
	Rate %	N	Rate %	N	Rate Difference
Barre	46.6%	914	51.2%	1,081	4.6%
Bennington	37.9%	451	43.9%	223	6.1%
Brattleboro	39.1%	491	43.5%	596	4.4%
Burlington	49.9%	2,353	55.9%	2,703	6.0%
Middlebury	44.1%	517	50.4%	601	6.3%
Morrisville	18.7%	328	27.4%	448	8.7%
Newport	27.1%	329	28.4%	399	1.3%
Randolph		255	27.6%	302	
Rutland	37.4%	905	44.1%	1,082	6.6%
Springfield	36.3%	378	41.1%	434	4.8%
St Albans	41.4%	754	45.2%	991	3.8%
St Johnsbury	23.2%	457	26.5%	535	3.4%
White River Jct	43.0%	420	48.3%	465	5.3%

* 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 8. Risk-Adjusted Quality Measures: Adolescent Well-Care Visits (Core-2)

HSA	Jul. 2013-Jun. 2014		Jan. 2014-Dec. 2014		Trend
	Rate %	N	Rate %	N	Rate Difference
Barre	50.0%	4,159	49.7%	4,326	-0.3%
Bennington	48.5%	2,232	47.4%	1,804	-1.0%
Brattleboro	48.8%	1,815	48.6%	1,899	-0.1%
Burlington	49.8%	10,458	49.9%	9,934	0.1%
Middlebury	49.9%	2,251	49.5%	2,507	-0.5%
Morrisville	48.5%	1,382	47.5%	1,806	-1.0%
Newport	47.9%	1,462	47.1%	1,533	-0.8%
Randolph	49.6%	953	48.5%	984	-1.1%
Rutland	49.0%	4,079	49.3%	3,988	0.3%
Springfield	48.2%	1,545	47.7%	1,695	-0.5%
St Albans	49.6%	2,815	48.7%	3,292	-0.9%
St Johnsbury	48.4%	1,838	47.9%	1,809	-0.5%
White River Jct	50.1%	2,412	49.5%	2,295	-0.5%

* 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.