VERMONT Blueprint for Health
Smart choices. Powerful tools.

HSA Profile: Burlington

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	82,140	261,283
Average Age	49.0	50.2
% Female	54.4	54.9
% Medicaid	14.7	18.8
% Medicare	22.2	26.3
% Maternity	1.8	1.6
% with Selected Chronic Conditions	39.9	43.1
Health Status (CRG)		
% Healthy	43.0	42.2
% Acute or Minor Chronic	20.6	19.9
% Moderate Chronic	23.2	24.1
% Significant Chronic	11.8	12.4
% Cancer or Catastrophic	1.4	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: Burlington

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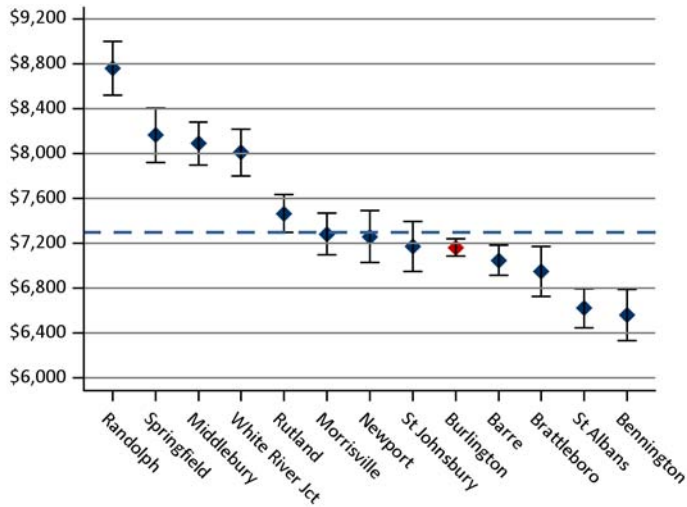
Total Expenditures per Capita

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.*

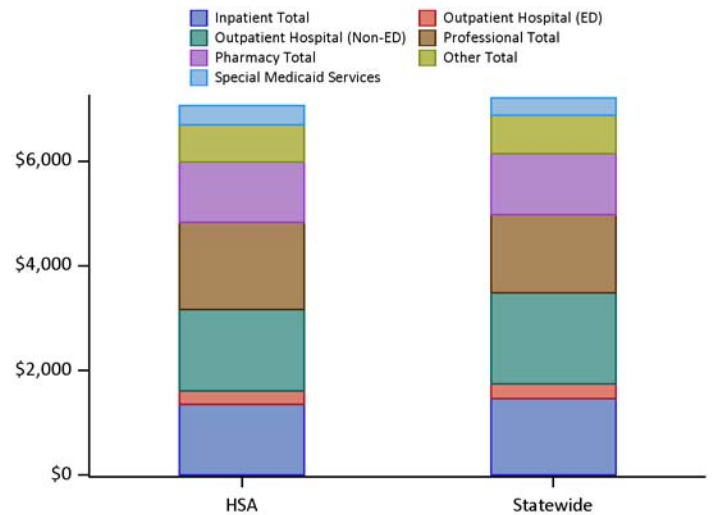## Total Expenditures per Capita by Major Category

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).

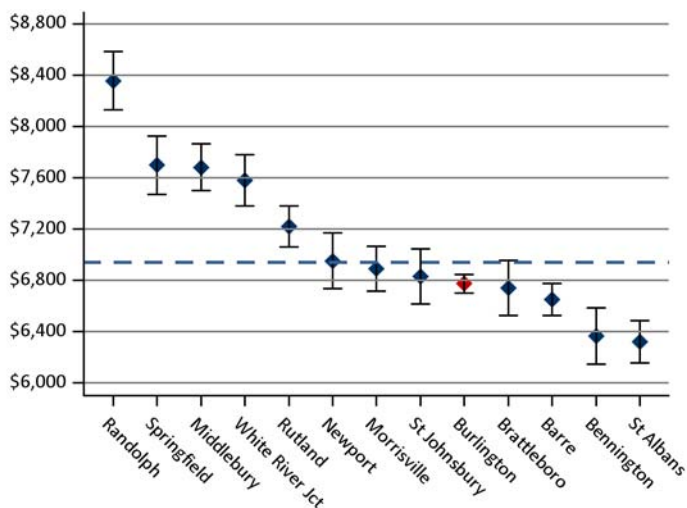## Total Expenditures per Capita (Excluding SMS)

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.*

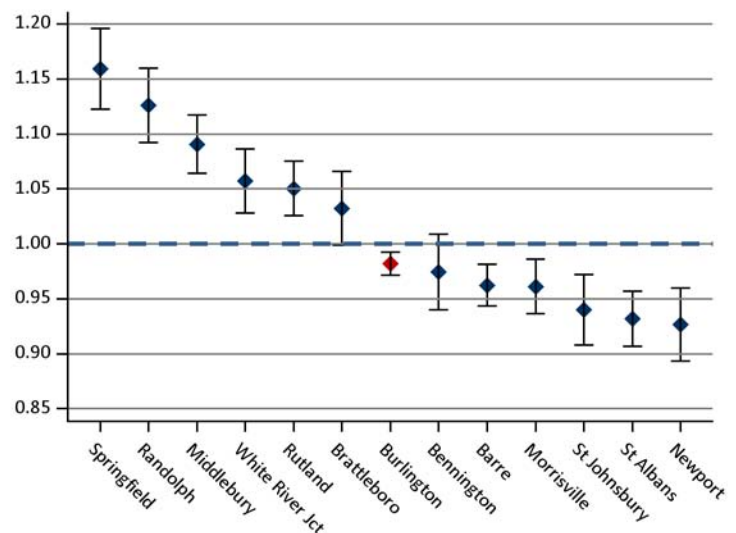## Total Resource Use Index (RUI) (Excluding SMS)

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)

Annual Total
Expenditures
per Capita,
Excluding SMS
(Adjusted)

r-square =
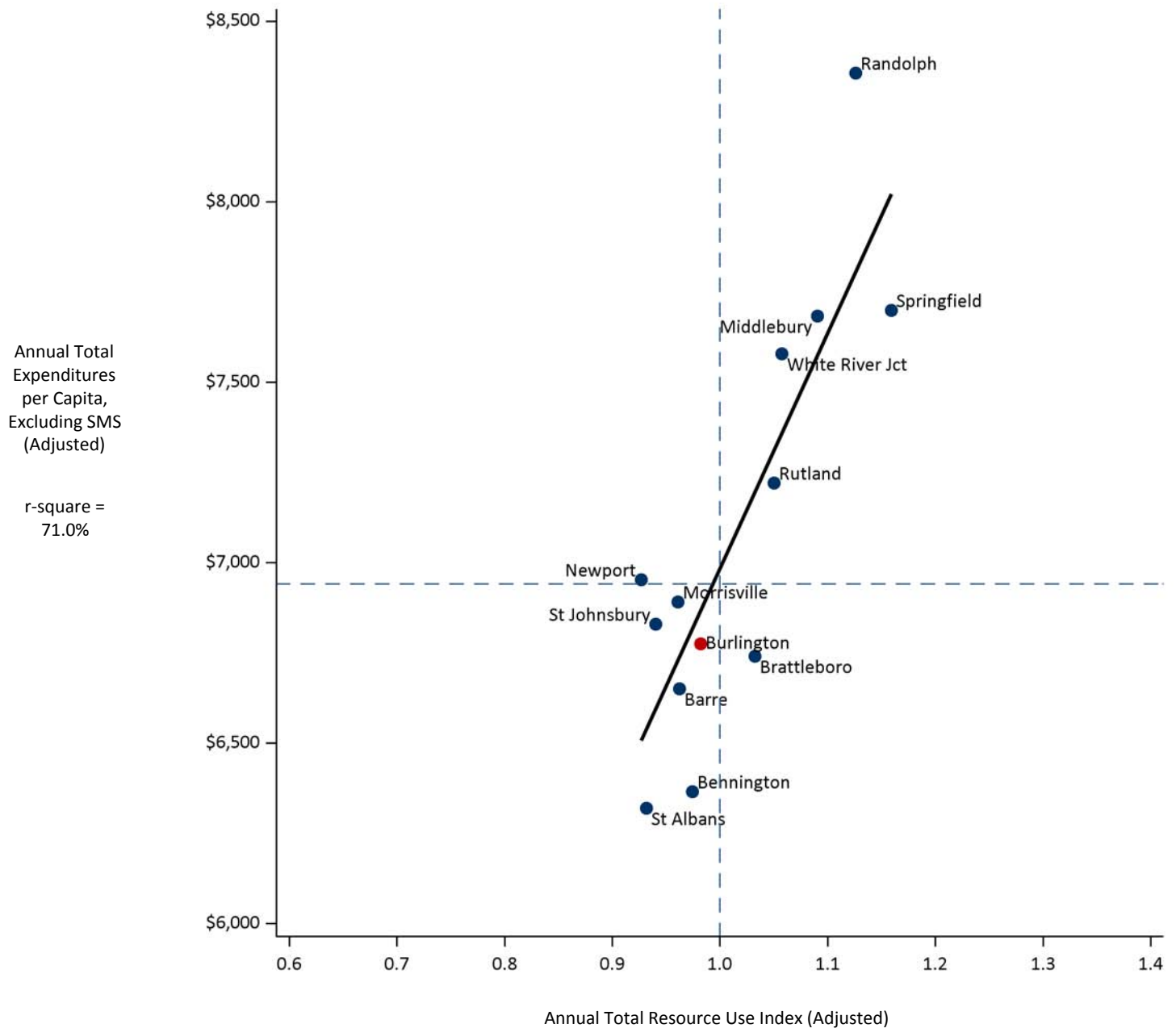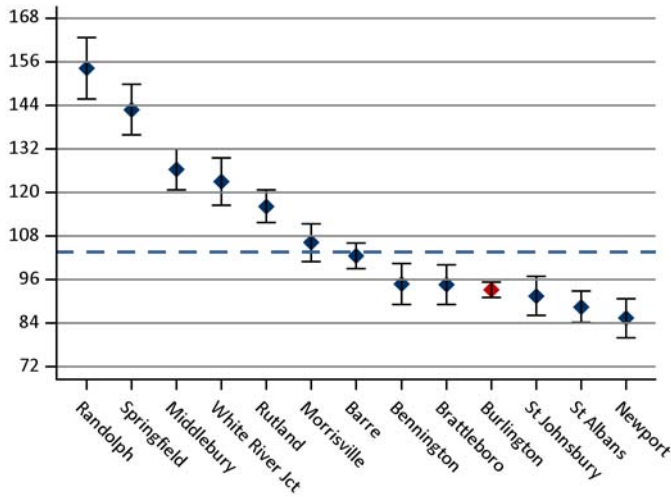71.0%

Annual Total Resource Use Index (Adjusted)

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

● Burlington
● All other Blueprint HSAs statewide

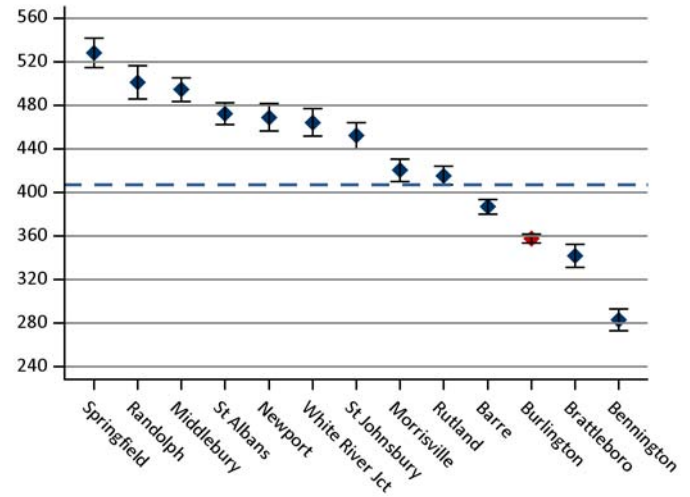| Demographics / Health | Cost of Care | Utilization | Preventive Care / ACO | BRFSS | Data Detail |

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.

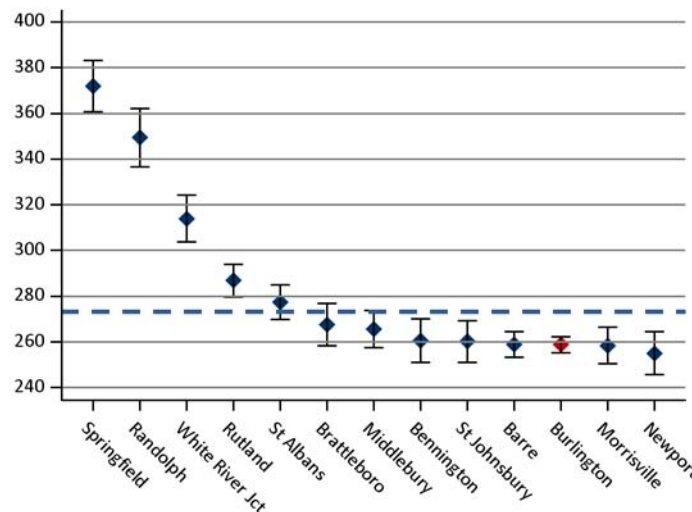## Advanced Imaging (MRIs, CT Scans)

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.
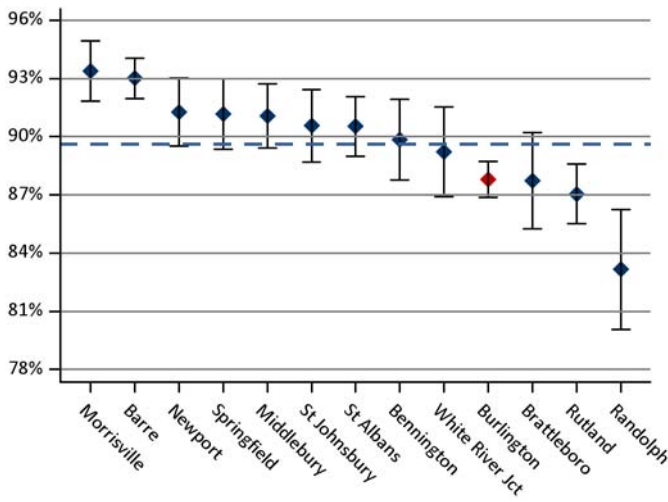
Diabetes: HbA1c Testing

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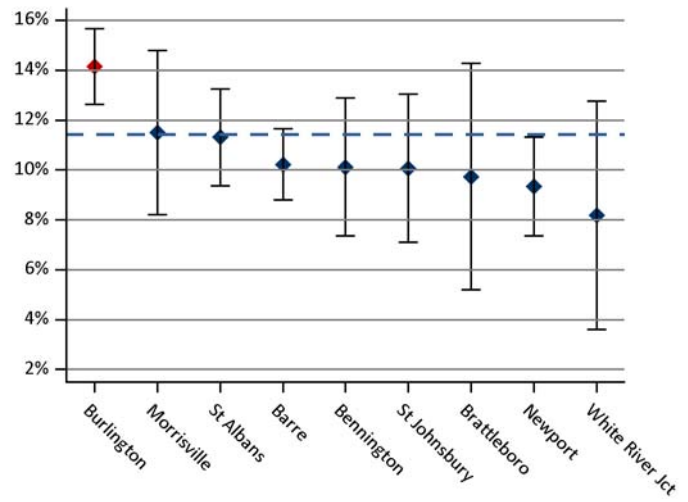
Diabetes: HbA1c Not in Control (Core-17, MSSP-27)

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)

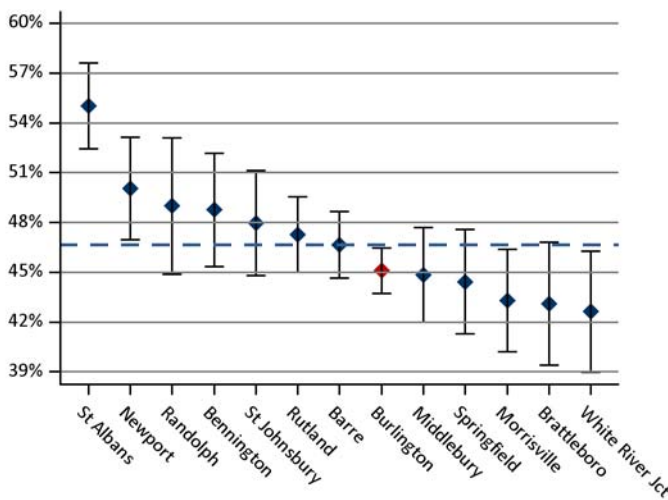**Figure 12:** *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18–75 years, that had a valid HbA1c ≤9% and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide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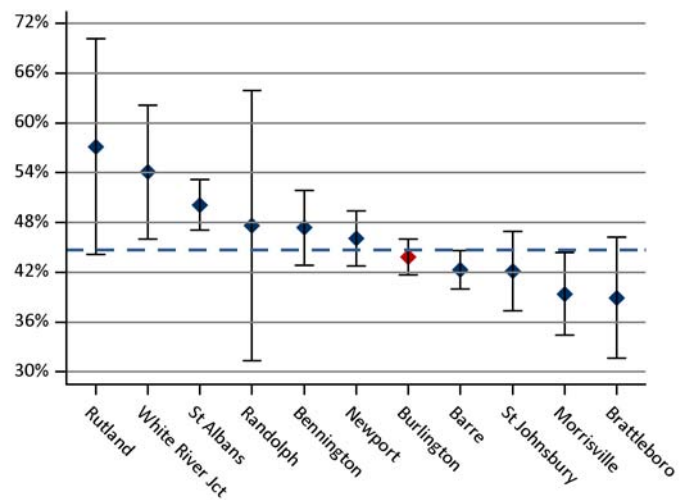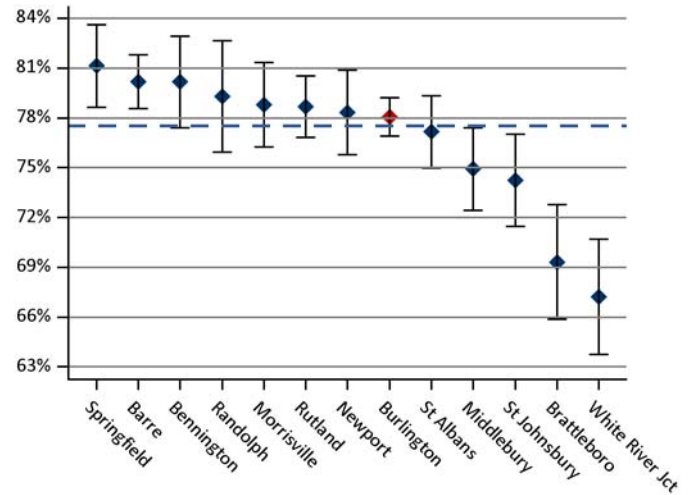
Diabetes: Nephropathy Screening

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.

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

Linked Clinical Data: Obesity & Hypertension

Measure (N = Count of distinct members)	HSA N=95,334	Statewide N=283,153
	Rate %	Rate %
% linked to clinical data	53%	48%
% with BMI data	44%	40%
% meeting obesity criteria	35%	38%
% with blood pressure data	47%	43%
% meeting hypertension criteria	20%	20%
Measure (N = Count of distinct members with diabetes)	HSA N=5,525	Statewide N=19,098
	Rate %	Rate %
% linked to clinical data	70%	63%
% with BMI data	58%	50%
% meeting obesity criteria	67%	71%
% with blood pressure data	60%	53%
% meeting hypertension criteria	28%	27%
% with BMI and blood pressure data	58%	50%
% meeting obesity and hypertension criteria	20%	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).

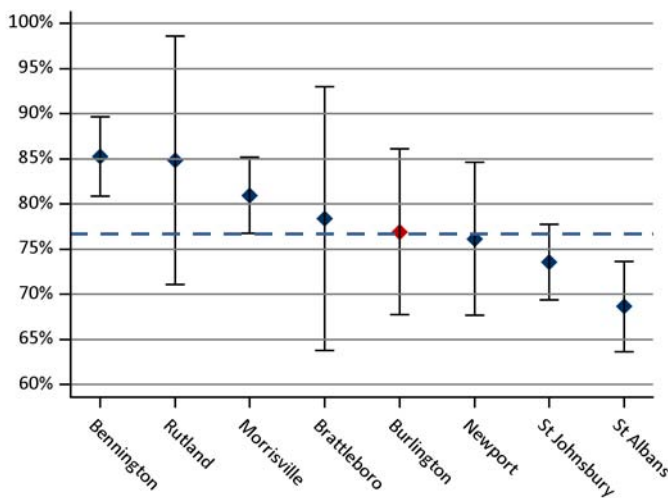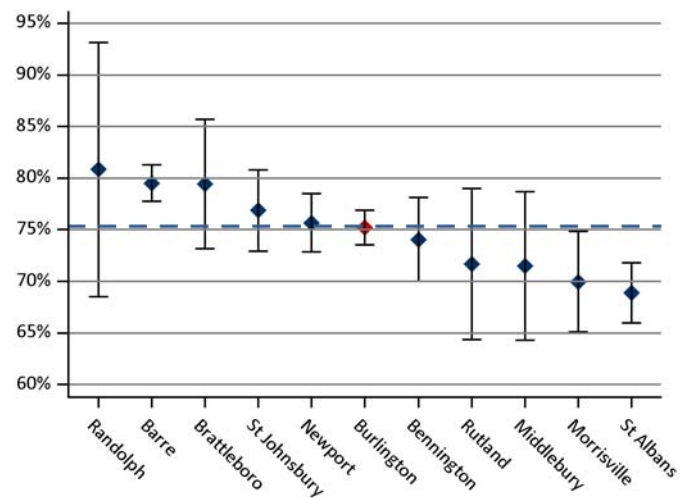## Hypertension: Blood Pressure in Control (Core-39, MSSP-28)
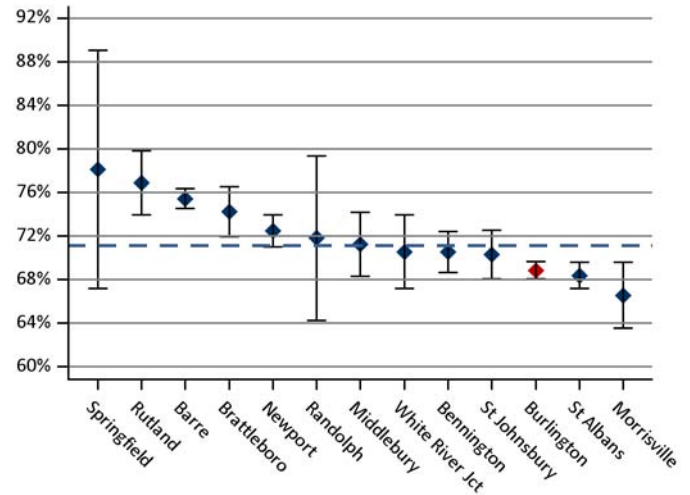
Figure 16: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the DocSite clinical database was in control (<140/90 mmHg). Members with hypertension were identified using 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.

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HSA Profile: Burlington

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

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)
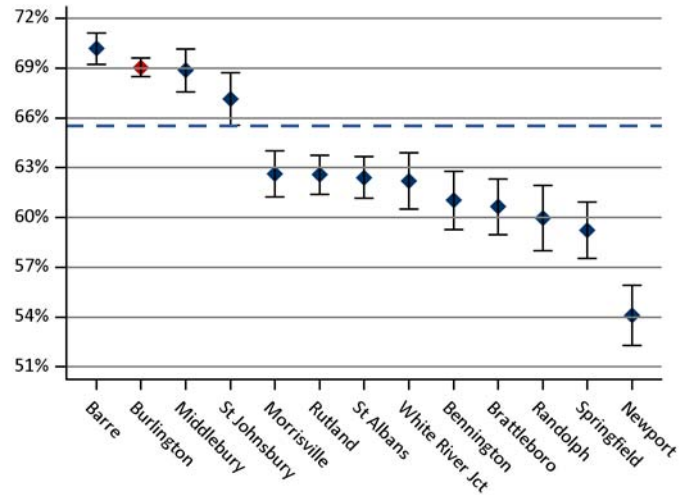
Figure 18: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year. The blue dashed line indicates the statewide average.
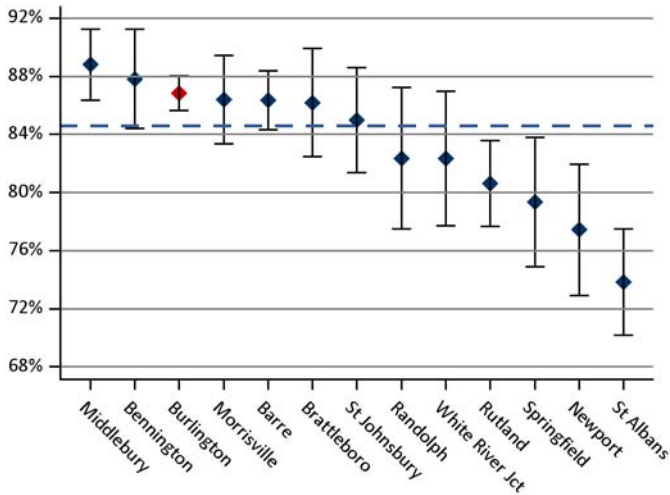
Chlamydia Screening (Core-7)
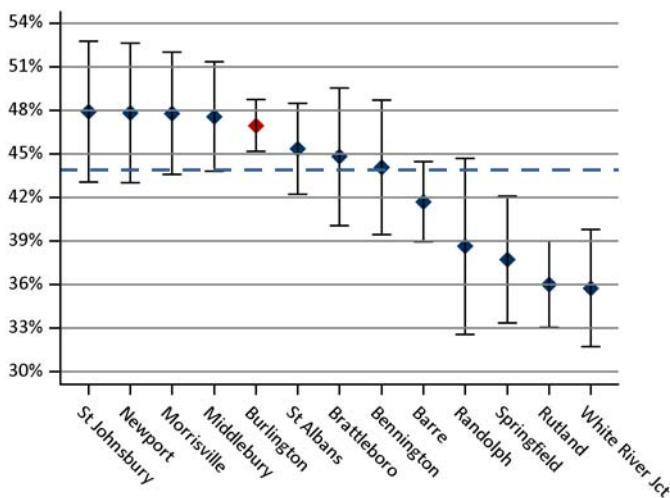
Figure 19: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16–24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note 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.
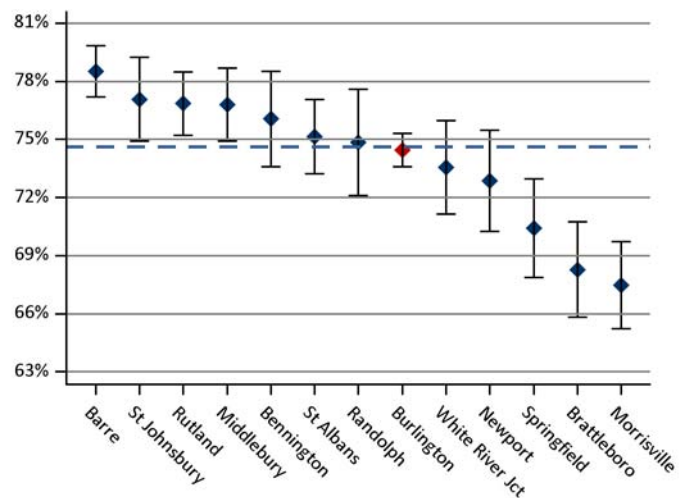
Follow-Up After Hospitalization for Mental Illness (Core-4)

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)
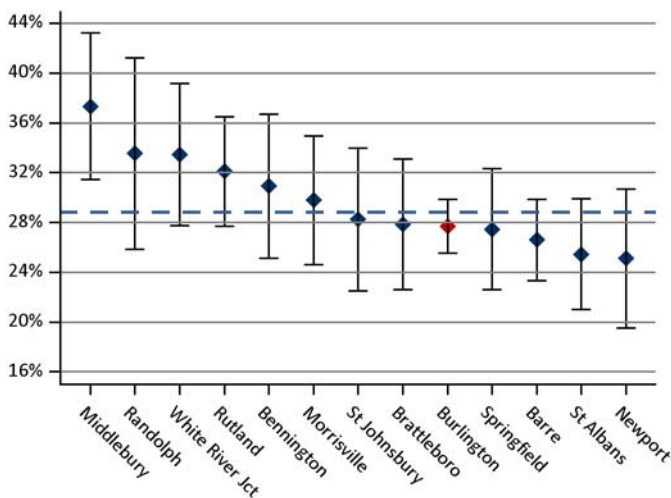
Figure 23: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.
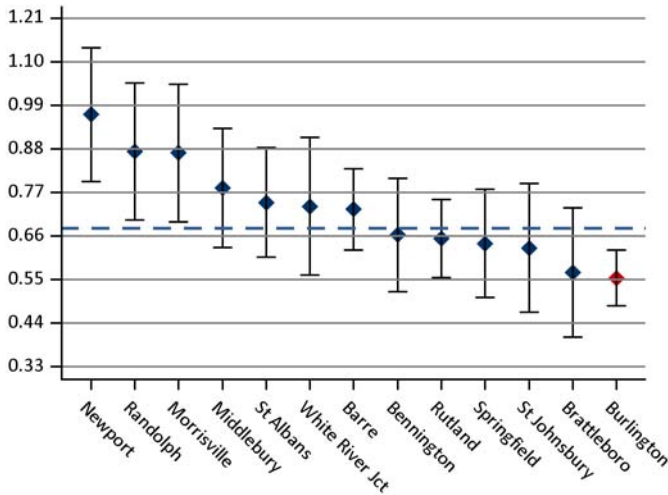
Engagement of Alcohol/Drug Treatment (Core-5b)
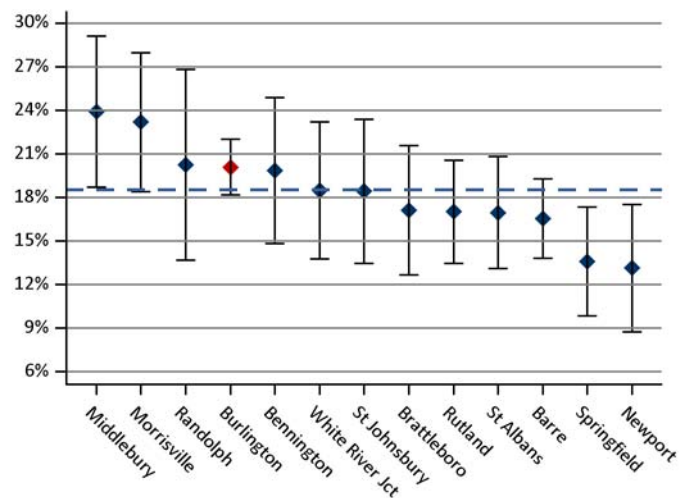
Figure 24: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.

Cholesterol Management, Cardiac (Core-3, MSSP-29)
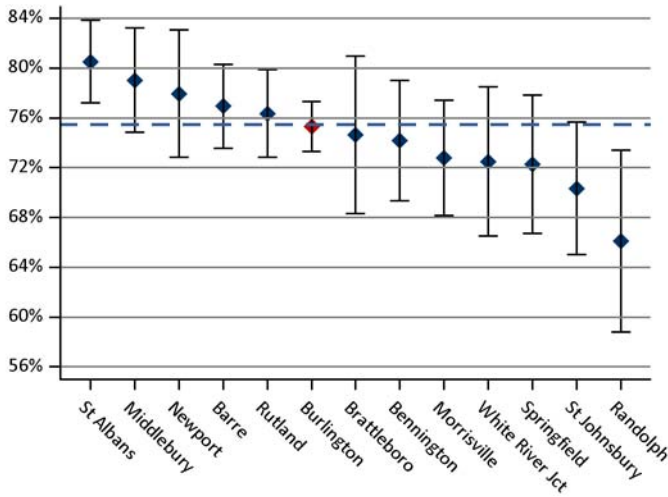
Figure 25: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to 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)
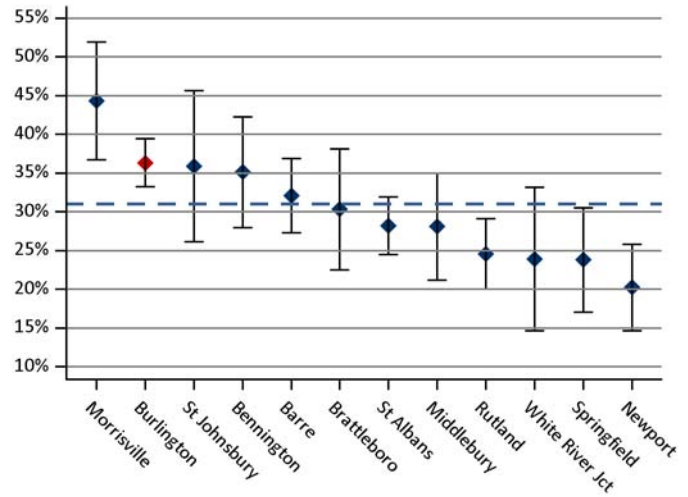
Figure 26: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

Influenza Vaccination (Core-35, MSSP-14)

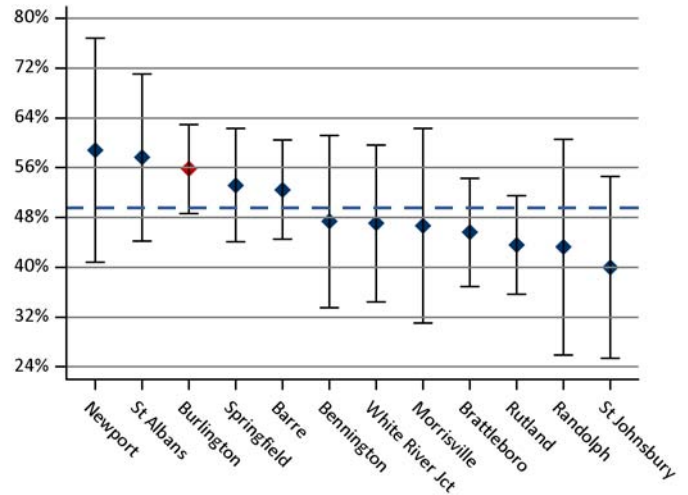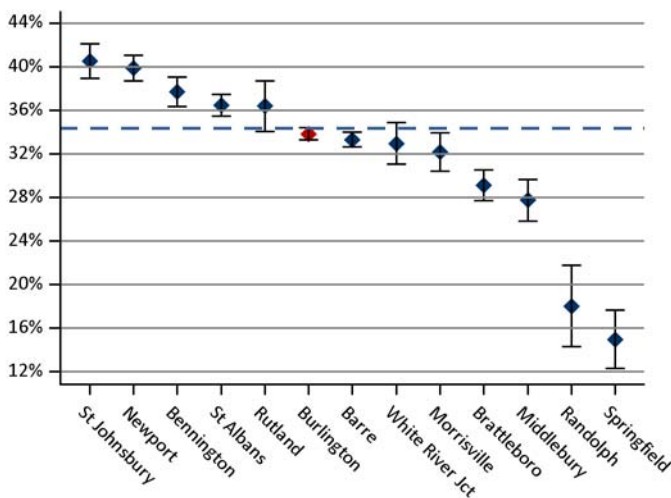*Figure 27: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims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

Pneumonia Vaccination (Core-48, MSSP-15)
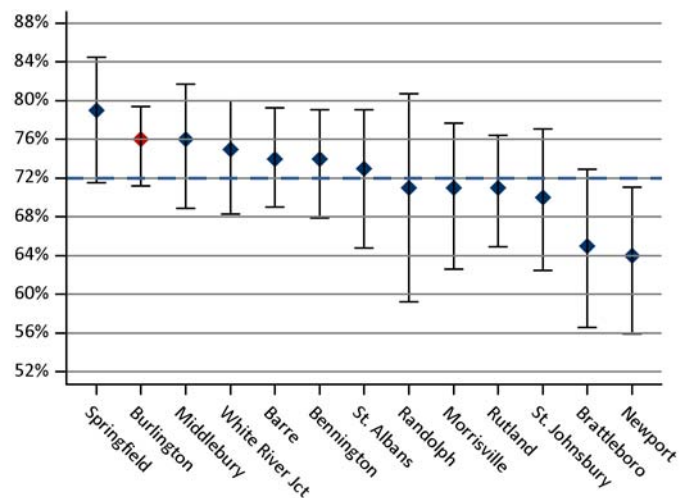
Figure 28: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.

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HSA Profile: Burlington

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

ACS Admissions: COPD & Asthma (Core-10, MSSP-9)
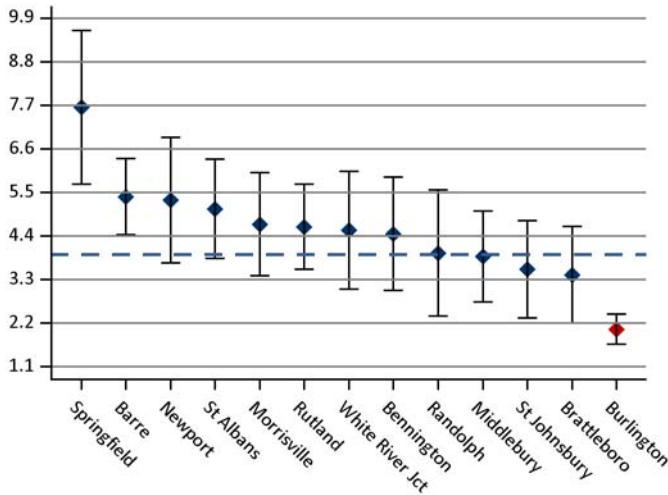
Figure 29: *This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.*

ACS Admissions: Heart Failure (MSSP-10)
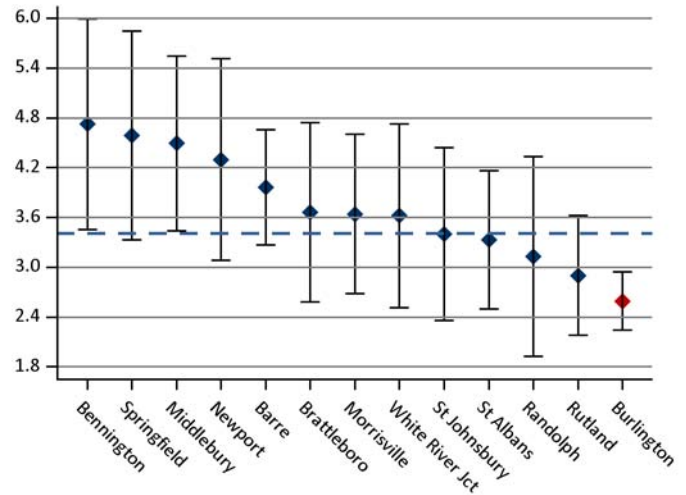
Figure 30: *This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.*

ACS Hospitalizations: PQI Composite Chronic (Core-12)
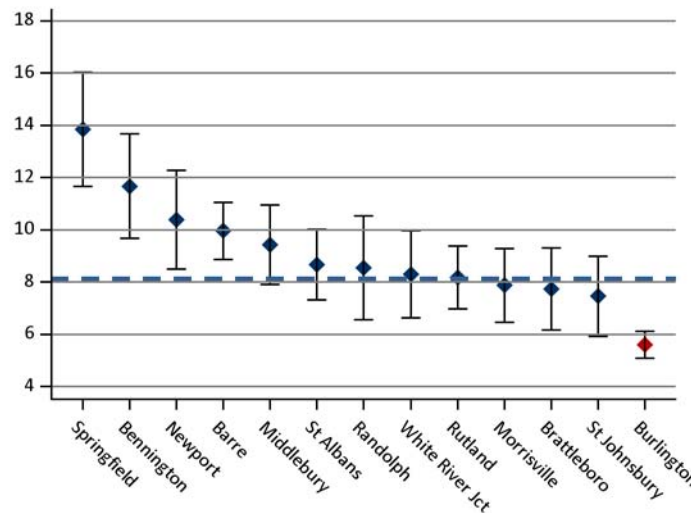
Figure 31: *This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, 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
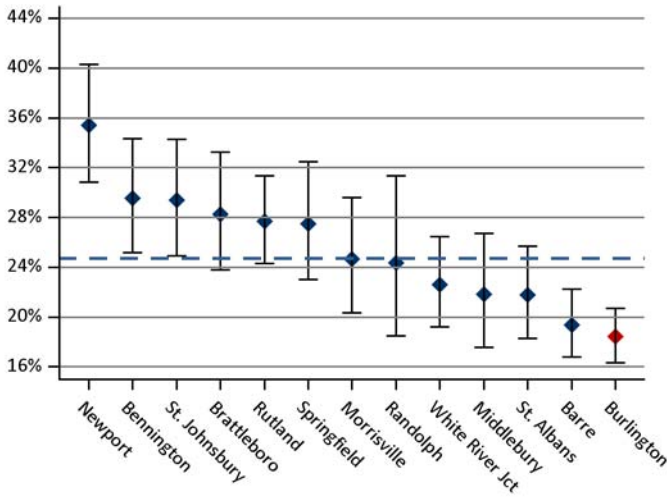
Figure 32: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than $25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

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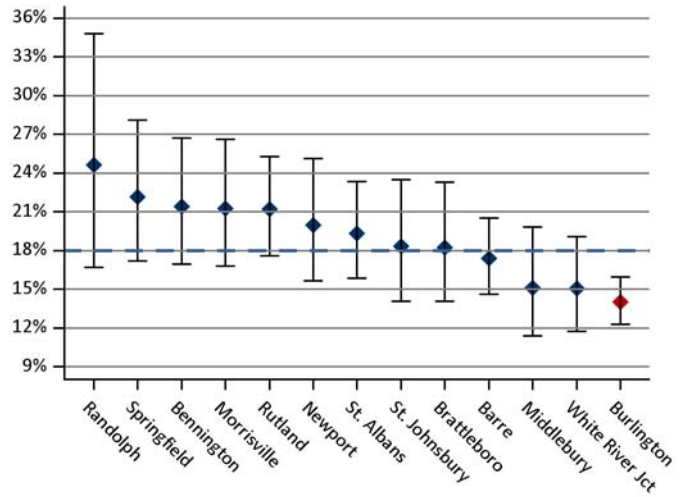
Figure 33: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

BRFSS: No Leisure-Time Physical Activity/Exercise
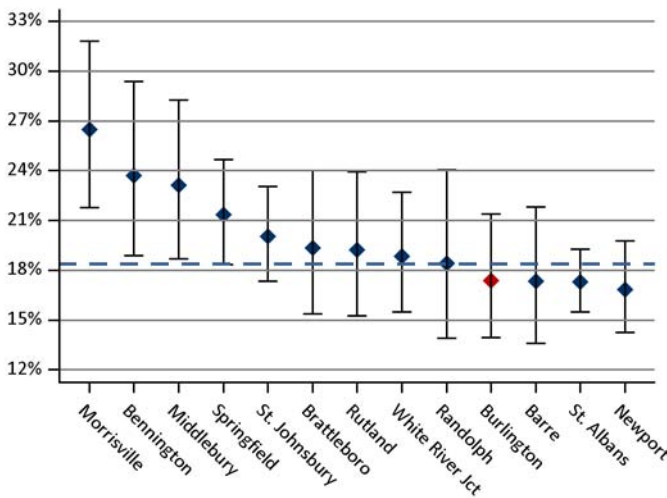
Figure 34: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS). The blue dashed line indicates the statewide average.*

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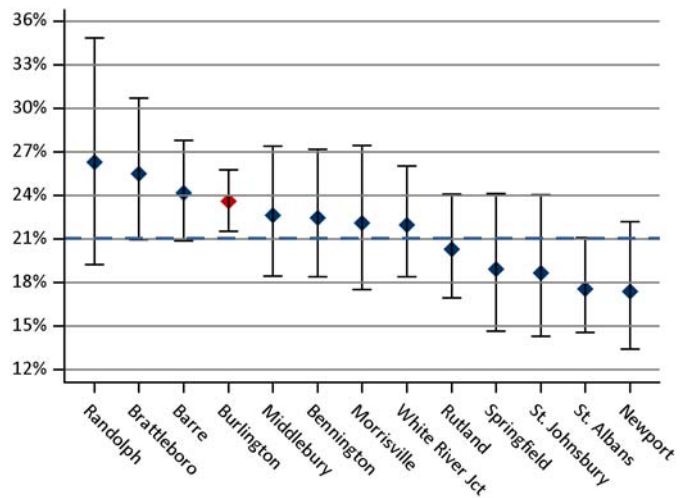
Figure 35: *Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they met fruit and vegetable consumption recommendations. This data was collected through the Behavioral risk Factor Surveillance System (BRFSS). The blue dashed line indicates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

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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	$7,163	$7,088	$7,239	$7,297	$7,252	$7,343
Inpatient Total	$1,357	$1,307	$1,406	$1,467	$1,437	$1,497
Inpatient Mental Health	$69	$60	$78	$82	$75	$88
Inpatient Maternity	$76	$71	$81	$81	$78	$84
Inpatient Surgical	$662	$622	$701	$702	$678	$725
Inpatient Medical	$559	$532	$585	$612	$595	$628
Outpatient Total	$1,809	$1,785	$1,833	$2,017	$2,003	$2,032
Outpatient Hospital Mental Health	$29	$27	$31	$26	$25	$27
Outpatient Hospital ED	$252	$247	$258	$280	$277	$284
Outpatient Hospital Surgery	$431	$420	$442	$473	$466	$481
Outpatient Hospital Radiology	$458	$441	$475	$468	$459	$477
Outpatient Hospital Laboratory	$229	$226	$233	$294	$292	$297
Outpatient Hospital Pharmacy	$70	$65	$76	$75	$72	$77
Outpatient Hospital Other	$773	$760	$786	$879	$870	$888
Professional Non-Mental Health Total	$1,452	$1,440	$1,465	$1,305	$1,299	$1,311
Professional Physician Total	$1,054	$1,043	$1,065	$961	$956	$967
Professional Physician Inpatient	$163	$155	$170	$163	$159	$167
Professional Physician Outpatient Facility	$354	$348	$360	$321	$318	$324
Professional Physician Office Visit	$459	$455	$464	$412	$410	$414
Professional Non-Physician	$394	$390	$398	$340	$338	$342
Professional Mental Health Provider	$213	$208	$217	$185	$182	$187
Pharmacy Total	$1,157	$1,139	$1,175	$1,170	$1,159	$1,181
Pharmacy Psych Medication	$174	$169	$179	$178	$174	$181
Other Total	$704	$683	$724	$733	$720	$745
Special Medicaid Services	$369	$348	$389	$336	$323	$349
Mental Health Substance Combined*	$463	$454	$473	$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	0.98	0.97	0.99	1.00	0.99	1.01
Inpatient	0.91	0.88	0.95	1.00	0.98	1.02
Outpatient Facility	0.95	0.94	0.96	1.00	0.99	1.01
Professional	1.06	1.06	1.07	1.00	1.00	1.00
Pharmacy	0.98	0.97	1.00	1.00	0.99	1.01

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

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HSA Profile: Burlington

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

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	93.3	91.2	95.3	103.7	102.5	104.9
Inpatient Discharges for Ambulatory Care Sensitive Conditions	12.6	11.8	13.3	16.4	16.0	16.9
Inpatient Days	465.9	461.2	470.5	484.1	481.4	486.7
Inpatient Readmissions within 30 Days	12.5	11.8	13.3	14.8	14.3	15.2
Outpatient ED Visits	357.6	353.5	361.7	407.4	404.9	409.8
Outpatient Potentially Avoidable ED Visits	52.5	50.9	54.0	62.1	61.2	63.1
Outpatient ED Ambulatory Care Sensitive Conditions	41.6	40.2	43.0	52.2	51.3	53.0
Non-Hospital Outpatient Visits	7,042.2	7,024.0	7,060.3	6,872.7	6,862.7	6,882.8
Primary Care Encounters	3,981.7	3,968.0	3,995.3	3,706.5	3,699.1	3,713.9
Medical Specialist Encounters	990.8	984.0	997.6	936.3	932.6	940.0
Surgical Specialist Encounters	1,124.3	1,117.1	1,131.6	1,127.5	1,123.4	1,131.6
Standard Imaging	888.9	882.4	895.3	961.6	957.9	965.4
Advanced Imaging	258.8	255.3	262.3	273.3	271.3	275.3
Echography	362.7	358.5	366.8	344.5	342.2	346.8
Colonoscopy	56.1	54.5	57.8	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	5,056	88%	87%	89%	18,958	90%	89%	90%
Eye Exam	5,056	45%	44%	46%	18,958	47%	46%	47%
Nephropathy Screening	5,056	78%	77%	79%	18,958	78%	77%	78%
Imaging Studies for Low Back Pain	3,143	87%	86%	88%	9,129	85%	84%	85%

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HSA Profile: Burlington

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

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	26,644	69%	68%	70%	79,242	66%	65%	66%
CCS – Commercial	Core-30	21,550	72%	72%	73%	58,149	70%	69%	70%
CCS – Medicaid	Core-30	5,094	55%	54%	56%	21,093	54%	53%	54%
Chlamydia Screening (Ages 16–24 Years)	Core-7	3,115	47%	45%	49%	10,772	44%	43%	45%
CHL – Commercial	Core-7	2,203	45%	43%	47%	6,397	43%	42%	44%
CHL – Medicaid	Core-7	912	51%	47%	54%	4,375	46%	44%	47%
Breast Cancer Screening (Ages 52–64 Years)	Core-11	9,980	74%	74%	75%	30,935	75%	74%	75%
BCS – Commercial (Ages 52–64 Years)	Core-11	8,308	79%	78%	80%	23,674	79%	79%	80%
BCS – Medicaid (Ages 52–64 Years)	Core-11	882	53%	50%	57%	4,056	59%	57%	60%
BCS – Medicare (Ages 52–64 Years)	Core-11	790	53%	49%	57%	3,205	59%	57%	61%
BCS (Ages 52–74 Years)	Core-11	13,929	74%	73%	75%	45,582	74%	74%	74%
BCS (Ages 65–74 Years)	Core-11	3,949	73%	72%	75%	14,647	73%	72%	73%
Follow-Up After Hospitalization for Mental Illness (7 day)	Core-4	199	56%	49%	63%	1,180	50%	47%	52%
FUH – Commercial	Core-4	77	69%	58%	80%	262	61%	55%	67%
FUH – Medicaid	Core-4	86	43%	32%	54%	698	48%	45%	52%
FUH – Medicare	Core-4	36	58%	41%	76%	220	40%	33%	47%
Initiation of Alcohol/Drug Treatment	Core-5a	1,707	28%	26%	30%	5,737	29%	28%	30%
IET (INI) – Medicaid	Core-5a	978	28%	25%	30%	3,605	29%	28%	31%
Engagement of Alcohol/Drug Treatment	Core-5b	1,707	20%	18%	22%	5,737	19%	18%	20%
IET (ENG) – Medicaid	Core-5b	978	20%	17%	22%	3,605	19%	17%	20%
Cholesterol Management for Patients with CVD	Core-3	1,842	75%	73%	77%	6,180	75%	74%	77%
CMC – Commercial	Core-3	623	70%	66%	73%	1,707	75%	73%	77%
CMC – Medicaid	Core-3	104	67%	58%	77%	532	66%	62%	70%
CMC – Medicare	Core-3	1,115	79%	77%	82%	3,941	77%	76%	78%
Avoidance of Antibiotic Treatment for Acute Bronchitis	Core-6	963	36%	33%	39%	3,607	31%	29%	33%
AAB – Commercial	Core-6	700	37%	33%	41%	1,999	32%	30%	34%
AAB – Medicaid	Core-6	184	35%	28%	42%	1,175	31%	28%	33%
AAB – Medicare	Core-6	79	35%	24%	47%	433	28%	23%	32%
Influenza Vaccination	Core-35	28,156	34%	33%	34%	86,302	34%	34%	35%
INF – Commercial	Core-35	15,382	27%	26%	27%	40,185	28%	28%	29%
INF – Medicaid	Core-35	3,208	32%	31%	34%	14,436	27%	27%	28%
INF – Medicare	Core-35	9,566	46%	45%	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	2,596	75%	74%	77%	8,486	75%	74%	76%
Diab – Commercial (BP)	MSSP-24	1,045	76%	74%	79%	2,776	76%	74%	77%
Diab – Medicaid (BP)	MSSP-24	288	77%	72%	82%	1,288	76%	73%	78%
Diab – Medicare (BP)	MSSP-24	1,263	74%	71%	76%	4,422	75%	74%	76%
Diabetes Tobacco Use in Control	MSSP-25	91	77%	68%	86%	1,732	77%	75%	79%
Diab – Commercial (Tob.)	MSSP-25					400	86%	82%	89%
Diab – Medicaid (Tob.)	MSSP-25					331	63%	57%	68%
Diab – Medicare (Tob.)	MSSP-25	75	79%	69%	89%	1,001	78%	75%	80%
Diabetes Care Two-Part Composite	Core-53	2,079	44%	42%	46%	7,586	45%	44%	46%
Diab – Commercial (Comp.)	Core-53	822	37%	34%	40%	2,487	35%	33%	37%
Diab – Medicaid (Comp.)	Core-53	212	40%	33%	46%	1,158	38%	35%	41%
Diab – Medicare (Comp.)	Core-53	1,045	50%	47%	53%	3,941	53%	51%	54%
Diabetes HbA1c Not in Control (>9%)	Core-17	2,079	14%	13%	16%	7,586	11%	11%	12%
Diab – Commercial (HbA1c Not in Control)	Core-17	822	17%	14%	19%	2,487	13%	12%	14%
Diab – Medicaid (HbA1c Not in Control)	Core-17	212	23%	17%	29%	1,158	19%	16%	21%
Diab – Medicare (HbA1c Not in Control)	Core-17	1,045	10%	8%	12%	3,941	8%	7%	9%
Hypertension with BP in Control (<140/90 mmHg)	Core-39	12,600	69%	68%	70%	39,905	71%	71%	72%
HYP – Commercial (Ages 18–85 Years)	Core-39	4,990	67%	66%	68%	13,731	69%	69%	70%
HYP – Medicaid (Ages 18–85 Years)	Core-39	925	61%	58%	64%	3,946	65%	64%	67%
HYP – Medicare (Ages 18–85 Years)	Core-39	6,685	71%	70%	72%	22,228	73%	73%	74%
HYP (Ages 18–64 Years)	Core-39	6,612	67%	66%	68%	20,635	69%	68%	70%
HYP (Ages 65–85 Years)	Core-39	5,988	71%	70%	72%	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	3,828	0.55	0.48	0.62	14,555	0.68	0.64	0.72
PCR – Commercial	Core-1	1,065	0.66	0.50	0.82	3,202	0.76	0.67	0.86
PCR – Medicaid	Core-1	555	0.63	0.45	0.81	2,762	0.68	0.59	0.76
PCR – Medicare	Core-1	2,208	0.51	0.42	0.59	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	56,129	2.0	1.7	2.4	183,972	3.9	3.7	4.2
PQI – Commercial (COPD and Asthma)	Core-10	32,400	0.3	0.1	0.5	91,979	0.5	0.4	0.6
PQI – Medicaid (COPD and Asthma)	Core-10	5,115	3.1	1.6	4.7	22,041	4.1	3.3	5.0
PQI – Medicare (COPD and Asthma)	Core-10	18,615	4.8	3.8	5.8	69,952	8.4	7.7	9.1
ACS Admissions for Congestive Heart Failure	MSSP-10	82,140	2.6	2.2	2.9	261,283	3.4	3.2	3.6
PQI – Commercial (CHF)	MSSP-10	51,170	0.2	0.0	0.3	140,378	0.2	0.1	0.3
PQI – Medicaid (CHF)	MSSP-10	11,772	0.4	0.1	0.8	48,496	0.8	0.6	1.1
PQI – Medicare (CHF)	MSSP-10	19,197	10.4	9.0	11.9	72,408	11.3	10.5	12.1
ACS Hospitalizations: PQI Composite (Chronic)	Core-12	82,140	5.6	5.1	6.1	261,283	8.1	7.8	8.5
PQI – Commercial (Comp.)	Core-12	51,170	0.7	0.4	0.9	140,378	1.0	0.8	1.2
PQI – Medicaid (Comp.)	Core-12	11,772	4.6	3.4	5.8	48,496	5.8	5.1	6.5
PQI – Medicare (Comp.)	Core-12	19,197	19.4	17.4	21.3	72,408	23.5	22.4	24.6

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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.