Kentuckiana Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

PMAC Chronic and Acute Care Subcommittee Meeting #5
March 8, 2018
Meeting Summary

Meeting Attendees

Attendance	Name	Title	Organization
V	Trudi Matthews (chair)	Managing Director	Kentucky REC
V	Bonita Bobo	Program Manager	Heart Disease and Stroke Prevention Program, KY Department of Public Health
V	Lori Caloia	Medical Director	Louisville Metro Department of Health and Public Wellness
V	Tina Claypool	Clinical Pharmacist, Medication Therapy Management	UofL Hospital
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
V	Randa Deaton	Corporate Director	UAW/Ford Healthcare Initiative
V	Kitty Grider	System Program Manager – Quality, Clinically Integrated Network	KentuckyOne Health Partners
V	Matthew Hall	Deputy Commissioner	Kentucky Department of Employee Insurance
V	Jim Jackson	Internist, Medical Director	Family Health Centers
V	Reita Jones	Diabetes Community Health Coordinator	KY Diabetes Network; Kentucky Department of Public Health Diabetes Prevention & Control
V	Jing Li	Associate Director of the Center for Health Services Research	UK Healthcare
V	Liz McKune	Director of Behavioral Health	Passport Health Plan
V	Misty Roberts	Partnership Leader, Office of the Chief Medical Officer	Humana
IP	Regi Varghese	Internist	Norton Community Medical Associates

* Attendance: In-Person (IP) or Virtual (V)

Meeting Items

Measures Review

Subcommittee members reviewed all proposed measures (with average scores, previous discussion, etc.) and created a list of proposed measures for review at the large PMAC committee. Subcommittee chair Trudi Matthews led the discussion.

There was discussion about the lack of measures that capture people with chronic conditions as a whole, instead of measures that deal with one of the major disease groups (diabetes, heart disease, etc.). One of the measures that was mentioned was healthy days, if there was a good way to track that. There was consensus to include a statement to develop a measure that would accurately capture the care for people with all chronic conditions.

The group chose 15 chronic care measures and 3 acute care measures to include in their recommended set. Each measure was either classified as "high priority" or "standard priority." The measures and decision summaries were as follows

Chronic Care Measures	NQF #	Status
Diabetes		
Comprehensive Diabetes Care: Hemoglobin (HbA1c) Poor Control (>9.0%) • A1c outcomes is important to overall management of diabetes	59	High Priority
Statin Therapy for Patients with Diabetes • Adherence makes an impact on costs in the long run		High Priority
Medication Adherence for Diabetes Medications • From a purchaser/payer perspective, this measure makes a big difference • It's a good measure, but it can be challenging to get good data on it • The group did not want all of the core chronic care measures to be focused only on diabetes and felt these three high priority measures were good indicators of care.	541	High Priority
Comprehensive Diabetes Care: Medical Attention for Nephropathy • Another important indicator of diabetes management and easy to track via claims, but Kentucky's performance is already pretty good	62	Standard Priority
Comprehensive Diabetes Care: Foot Exam	56	Standard Priority
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	55	Standard Priority
Comprehensive Diabetes Care: Hemoglobin (HbA1c) Testing • A1c tracking is important to diabetes management, but outcomes (Poor Control, etc.) might be a better indicator of management, and includes the testing component	57	Standard Priority
Heart Disease		
Persistence of Beta-Blocker Treatment after Heart Attack	71	High Priority
Statin Therapy for Patients with Cardiovascular Disease • Important to overall health • Adherence leads to fewer admissions, lower costs, etc. • Part of CMS ACO reporting		High Priority
Statin Therapy for Patients with Diabetes (*also included in diabetes measures*) • Adherence makes an impact on costs in the long run		High Priority
Hypertension		
Controlling High Blood Pressure (Hypertension) • Data isn't as readily available as it needs to be, but it is low cost and can have a big impact • High priority for MIPS	18	High Priority
Medication Adherence for Hypertension (RAS antagonists)	541	High Priority
Respiratory Conditions		
Medication Management for People with Asthma	1799	High Priority
Use of Spirometry Testing in the Assessment and Diagnosis of COPD • COPD is costly and important in Kentucky, but low volume pushes this measure out of the "high priority" category	577	Standard Priority

• Would like to see a measure that involves the care of COPD, not just the diagnosis		
General		
Documentation of Current Medications in the Medical Record • Easy to track and providers should be doing it • Might be on its way to being topped out	97	High Priority

Acute Care Measures

Acute Care Measures	NQF#	Consensus
Plan All-Cause Readmissions • This was a highly prioritized measure for many members • Measure indicates a problem with care coordination, medication adherence, and more	1768	High Priority
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis • Although it doesn't have a high impact on cost, proper antibiotic prescribing has a large impact on health, and tracking the measure might itself drive improvements	58	Standard Priority
Use of Imaging Studies for Low Back Pain • This measure is important to employers as a cost and health driver for employees with musculoskeletal issues topping most local employers list of top conditions and costs, • This condition was recently removed from NQF endorsement. • Additionally, providers were concerned that their patients were leaving and going to other specialists to get imaging, yet they are the ones are attribtured for doing the imaging.	52	Standard Priority

Measures NOT Selected

Measure	NQF#
Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic • Important clinical practice, but difficult to collect data on • Perhaps include as a future areas of development measure	68
Comprehensive Diabetes Care: Hemoglobin (HbA1c) Control (<7.0%) • Concerns about clinical guidelines/best practices • Control defined at the 7% level is not safe for many patients, and can lead to many lows in patients with diabetes	
Asthma Medication Ratio	1800
Medication Adherence for Cholesterol (Statins)	541
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	54
Proportion of Patients with a Chronic Condition who have a Potentially Avoidable Complication During a Calendar Year • Data collection and measurement would be difficult	709

Additional Considerations/Decisions:

- The group noted that although tobacco use was not assessed by their group (those measures fell in the preventive and behavioral health subcommittees), it is important to chronic care as well, as it exacerbates most – if not all – chronic conditions

<u>Next Steps/Scheduling</u>

Stephanie Clouser told the group that she would be in touch with a summary of the day's meeting and a proposed draft of the recommended measures. There will be a comment period for subcommittee members.