CTC-RI Data and Evaluation Committee

Recommendations on OHIC Patient-Centered Medical Home Measurement Standards

**Background:** OHIC is in the process of establishing its standards for the definition of a Patient-Centered Medical Home, in Rhode Island. As part of these standards practices must demonstrate meaningful improvement on a designated measure set. Since the Data and Evaluation Committee has been developing, implementing and testing measures for Patient-Centered Medical Homes, these work groups looked to D&E to make recommendations on the measures and what defines meaningful improvement.

**Recommendations:** At the 01/05/2016 session of the CTC-RI Data and Evaluation Committee, these discussions were summarized into the following recommendations.

* Quality:
  + Current CTC-RI and PCMH-Kids contractual quality measures were recommended for use (noted below in Table 1: Current CTC-RI/PCMH-Kids measures).
  + Quality measurement will be practice reported measures only
* Utilization and Cost: OHIC will not be using any cost or utilization measures for the meaningful improvement portion of their standards
* Patient Experience: CAHPS and “How’s Your Health” were recommended at as tools, however, there needs to be further discussion on the value of CAHPS and whether HYH might be better alternative, who will be paying for the administration still need to be defined.

It was recommended that “meaningful improvement” be defined, based upon the following principles.

* The threshold for success will be set at the 75th percentile of the region (New England), if a HEDIS measure, or the 75th percentile of the group. In most cases the Commercial PPO benchmark will be used.
* A practice can achieve success on a given measure by meeting/exceeding the threshold, or by improving by 3 percentage points.
* A practice must meet more than half of the measures to successfully demonstrate the OHIC standard of improvement.

Additionally, some general principles were recommended:

* No measures will be used for meaningful improvement, prior to being measured for one year. This allows for a testing period for a given measure, in addition to time to set baseline.
* If baseline year methodology appears to have significant flaws, as determined by the CTC-RI Data and Evaluation Committee or OHIC designated body, it is not placed into contractual performance use.
* Each year Data and Evaluation will re-evaluate the measures, thresholds and minimum improvement amount, if not meeting threshold. If OHIC designates another body to do this, then that body should annually conduct such a review.
* Data and Evaluation is willing to consider modifications to current practices as needed to comply with requirements of the OHHIC (eg public sessions, more consumer representation).

**Table 1: Current CTC-RI/PCMH-Kids measures**

|  |  |
| --- | --- |
| Measure | Adult/Pediatric |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (presently measured, not contractual) | Adult |
| Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) | Adult |
| Comprehensive Diabetes Care: Hemoglobin A1c Control (<8.0%) | Adult |
| Controlling High Blood Pressure | Adult |
| Tobacco Use: Screening and Cessation Intervention | Adult |
| Adult Body Mass Index (BMI) Assessment (two age cohorts) | Adult |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents | Pediatric |
| Developmental Screening | Pediatric |