# CONNECTICUT PUBLIC HEALTHCARE QUALITY SCORECARD: PROPOSAL FOR MEASURES AND METHODS

## UConn Health

The UConn Health SIM Evaluation Team has reviewed the technical specifications for the core and reporting measures to be included in the Connecticut Public Healthcare Quality Scorecard (CT Scorecard). The CT Scorecard will utilize data from the All-Payer Claims Database (APCD), which consists of healthcare insurance claims.  The APCD is restricted from releasing any personal identifiers (e.g. date of birth) which may impact our ability to calculate the measures as endorsed by the National Quality Forum (NQF). These challenges include measure specifications, which call for anchor dates, age ranges in less than whole years, and data components typically found in electronic medical record (EMR) but not in claims data.  This document identifies the limitations and proposes alternative strategies to calculate these measures.

## Objectives

The objective of this document is to propose strategies for measures with:

1) Age-related calendar year anchor dates
2) Denominators requiring patient age in months
3) Electronic medical records (EMR) requirements for operationalization
4) Claims and EMR data sources
5) Unavailable definition for exclusion criterion.

## 1) Methods for measures with age-related calendar year anchor dates

> **Measures**
>
> 1. Annual Monitoring for Patients on Persistent Medications (NQF #2371)
> 2. Breast Cancer Screening (NQF #2372)
> 3. Cervical Cancer Screening (NQF #0032)
> 4. Chlamydia Screening in Women (NQF #0033)
> 5. Human Papillomavirus Vaccine for Female Adolescents (NQF #1959)
> 6. Adolescent well-care visits (NCQA)
> 7. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NQF #0057)
> 8. Comprehensive Diabetes Care: Medical Attention for Nephropathy (NQF #0062)
> 9. Use of Imaging Studies for Low Back Pain (NQF #0052)
> 10. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (NQF #0058)
> 11. Metabolic Monitoring for Children and Adolescents on Antipsychotics (NQF #2800)
> 12. Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (NQF #1516)
> 13. Behavioral Health Screening Ages 1 through 18 (Medicaid)

**Issue**: These measures require known age at the end of the measurement period. Members' birth month and day are not available through the APCD so age at the end of the measurement year cannot be calculated,

**Recommendation**: Use members' age documented in eligibility file.

**Implication:** This recommendation may over- or underestimate the number of members included in the denominator. The exact impact of this approach can only be determined after reviewing the data.

## 2) Methods for measures with denominators requiring patient age in months

> **Measures**
>
> 1. Well-Child Visits in the First 15 Months of Life (NQF #1392)
> 2. Appropriate Treatment for Children With Upper Respiratory Infection (NQF #0069)

**Issue**: These measures require patient age in months.

**Recommendation**: Obtain separate data extracts from the APCD with only the eligible cases.

**Implication**: While this recommendation does not have any statistical implications, there will be additional cost to obtain the additional extracts. Also, there may be implications on publication timeline depending on when these extracts become available.

### 3) Methods for measures with EMR requirements for hybrid measures

**Measures:**

1. **Cervical Cancer Screening (NQF #0032)**
2. **Human Papillomavirus Vaccine for Female Adolescents (NQF #1959)**
3. **Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (NQF #0057)**
4. **Comprehensive Diabetes Care: Medical Attention for Nephropathy (NQF #0062)**

**Issue**:  These measures require access to EMR for laboratory results, clinical notes, etc.

**Recommendation**: Omit the laboratory results/clinical notes portion of the measure.

**Implication**: For cervical cancer screening, this recommendation will result in overestimation of the numerator since we will not exclude the clinically ambiguous results. For the remaining measures, we will only report the claims component. In the absence of EMR data, the impact of in terms of the change in the magnitude of the measure is unclear.

### 4) Methods for measures with claims and EMR data sources

**Measures:**

1. **Well-Child Visits in the First 15 Months of Life (NQF #1392)**
2. **Adolescent well-care visits (NCQA)**
3. **Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (NQF #1516)**

**Issue**: These measures have a claims based component and an EMR based component.

**Recommendation**: Only present the claims based component of these measures.

**Implication**: We will not be able to report the EMR component of the measure.

### 5) Methods for measure with unavailable definition for exclusion criterion

**Measure:**

1. **Use of Imaging Studies for Low Back Pain (NQF #0052)**

**Issue**: This measure requires that patients be identified who have "Prolonged use of corticosteroids", however, the definition of "prolonged use" is not specified.

**Recommendation**: There appears to be no published definition for the term 'prolonged use of corticosteroids' in association with this measure. According to input from QC, in the 2017 American College of Rheumatology Guideline for the

Prevention and Treatment of Glucocorticoid-Induced Osteoporosis, prolonged use of corticosteroid was defined as >=3 months (Buckley et al., 2017). In a recent meta-analysis on prolonged use of corticosteroids, 8 out of 18 clinical trials defined prolonged use as 52 weeks and 5 out of 18 trials defined prolonged use as 24 weeks(Singh et al., 2009). We propose that the QC consider these three options (12, 24, or 52 weeks).

**Implications**: Depending on the choice of definition of prolonged corticosteroid use, the magnitude of exclusions for this measure will vary.

## CONCLUSION

The recommendations were developed based on the feasibility of calculating the measures. An explanation of these modifications will be presented in the methodology section of the Scorecard.

## REFERENCES

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