Reports on PCMH+ important for evaluation and public review

All metrics must be provided

- in aggregate for all Connecticut Medicaid members
- by PCMH+/PCMH and glide path practices not participating in PCMH+/non-PCMH/non-attributed members
- by risk score quintiles
- for special populations including people with developmental disabilities, behavioral health problems, non-English speakers, people with disabilities
- for high-utilizers – by total cost, high inpatient admissions or high emergency department use
- by age – adult, child
- by county, municipality – of provider and of consumer
- members with chronic conditions such as diabetes, asthma and heart disease
- pregnant and postpartum mothers, newborns

All metrics should be compared to equivalent prior year performance – for the overall program and by ACO, practice, Primary Care Providers and individuals

Metrics and reports:

- total cost of care per person
    - hospital costs – in and out patient, ED costs
    - office visits – primary and specialty care
    - per member payments to community health centers
    - pharmacy costs
- Avoidable and total ED visits
- Avoidable hospitalizations
- All-cause readmissions
- Consumer experience of care surveys
- Provider experience surveys
- Survey ACO community partners to assess the quality of the arrangements, are they working together
- Complaints
- Provider satisfaction surveys
- Risk score – average and changes over time
- All scoring, challenge and reporting only PCMH+ quality measures
- All underservice measures
- Mystery shopper surveys to assess availability of care, courtesy, adverse selection, etc.
- Preventive care including but not limited to appropriate cancer screenings, well care visits/EPSDT rates, immunizations
- A special survey of the 2,000 members who initially opt-ed out of the program despite DSS's flawed consumer notice

    - Were they "encouraged" by anyone to opt-out
    - Why did they choose to opt-out, what are their concerns about the program
    - Do they have concerns about the care they receive or the responsiveness of their usual provider
    - Are they concerned or were they in fact dropped by their usual provider
    - This survey must be robust enough to identify patterns of adverse selection even if it is limited to one ACO or even one PCP in an ACO
- Outreach activities to engage "difficult" or "non-compliant" patients
- Care coordination activities and outcomes, with patients and sharing appropriately between treating providers, inside and outside the ACO
- Wellness programs offered – gym memberships, cooking classes, support for healthy lifestyles, support groups, physical activity supports, etc.
- Shifts in PCP attribution – to check for internal and external patient dumping or recruitment – use prior year as benchmark
- Cultural competence activities – training, access to interpreter services, appropriate community outreach, recruiting culturally diverse providers
- Processes to engage patients of terminating providers to ensure continuity of care and patient choice
- Development and track provider use of clinical practice guidelines
- Track patient education about treatment options, informed consent, shared decisionmaking, patient-centered care planning, that ALL options are presented to patients without bias (particularly based on cost) – survey patients, audit care plans
- New member assessments and care planning, connect with best provider ensuring patient choice, follow up and tracking to adjust as necessary
- Connection to local public health system
- Consumer engagement in policymaking and governance
    - Survey consumer reps on governance boards, ensure effective support and incorporation of input
    - Consumer rep recruitment that prohibits conflicts of interest and selects for independence
    - How are consumer surveys incorporated into policy and operations
- Thoughtful, population-based process to choose quality improvement projects, appropriate resources and evaluation of effectiveness that is not solely focused on quality and consumer satisfaction, as well as cost reduction