

STATE INNOVATION MODEL (SIM) PROXY MEASURE: **DIABETES**

OVERVIEW

In 2012, the Center for Medicare and Medicaid Innovation (CMMI) launched the ambitious State Innovation Model (SIM) to improve health care and lower costs across the nation. Colorado is one of 25 states implementing a plan to influence the health of 80 percent of Coloradans by 2019.

The CO APCD is one of the sources for data and analytics for the Colorado SIM effort. In collaboration with the SIM Office, CIVHC developed innovative ways to use the CO APCD to assess how integrated behavioral and physical health influences patient health and cost of care. The health care community calls these “quality measures.”

Using nationally accepted specifications, methodologies were established using health insurance claims across Medicare, Medicaid and commercial payers in the CO APCD to create claims-based quality measures. These quality measures allow benchmarking between payers and providers across the entire state to identify opportunities to create targeted, meaningful interventions that improve population health, improve care, and lower costs for Colorado.

DIABETES is a leading cause of death and disability in the U.S.

MEASURING CARE FOR DIABETES

- For patients diagnosed with Diabetes, it is important to keep the amount of glucose (sugar) in the blood within a normal range.
- Providers test for glucose control by measuring the amount of glycohemoglobin in the blood. Patients should receive this test once a year. This CO APCD proxy quality measure provides the percentage of Diabetic patients who received blood testing for glycemic control in 2015.
- This measure aligns with National Quality Forum Measure (NQF) #0059 and Clinical Quality Measure (CQM) 122v5 developed by the Centers for Medicare & Medicaid.

ACROSS THE NATION



Over **29 million** Americans have diabetes. In 2010, over **69,000 people** died from causes related to diabetes, and it was the **7th leading cause of death** in the U.S. ⁱⁱ

IN COLORADO



Over **419,000 people** in Colorado have diabetes, and it costs Coloradans an estimated **\$3.6 billion annually** in medical treatment and loss of productivity. ⁱⁱⁱ

SIM PRACTICES

Adults with Diabetes, Aged 18-75, Who Received Glycohemoglobin Testing in 2015

SIM Practices	72.3%
Statewide	67.8%

TAKEAWAYS

- As expected, a larger percentage of Coloradans aged 18 to 75 years cared for by SIM providers receive glycohemoglobin blood tests when compared to others with diabetes across the state.
- The majority of individuals with diabetes in Colorado receive the recommended blood test, however, a significant percentage of people with diabetes may not.

IMPROVING CARE FOR DIABETES

- Large programs, like SIM, focused on improving the quality of care for diabetics are producing better care.
- These proxies and other measures create opportunities for providers and public health agencies to target communication campaigns and outreach interventions to entire populations.

SOURCES

- ⁱ TriStar Horizon Medical Center. (2017, January). What Does Quality in Health Care Mean? Retrieved from TriStar Horizon.com: <http://tristarhorizon.com/about/newsroom/what-does-quality-in-health-care-mean>
- ⁱⁱ Centers for Disease Control and Prevention. (2017, January). National Diabetes Statistics Report, 2014. Retrieved from cdc.gov: <https://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf>
- ⁱⁱⁱ American Diabetes Association. (2017, January). The Burden of Diabetes in Colorado. Retrieved from cdc.gov: <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/colorado.pdf>

STATE INNOVATION MODEL (SIM) PROXY MEASURE: HYPERTENSION

OVERVIEW

In 2012, the Center for Medicare and Medicaid Innovation (CMMI) launched the ambitious State Innovation Model (SIM) to improve health care and lower costs across the nation. Colorado is one of 25 states implementing a plan to influence the health of 80 percent of Coloradans by 2019.

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Using nationally accepted specifications, methodologies were established using health insurance claims across Medicare, Medicaid and commercial payers in the CO APCD to create claims-based quality measures. These quality measures allow benchmarking between payers and providers across the entire state to identify opportunities to create targeted, meaningful interventions that improve population health, improve care, and lower costs for Colorado.

HYPERTENSION is also known as high blood pressure and is a significant health concern in the United States.

MEASURING CARE FOR HYPERTENSION

- Patients with hypertension are at risk for heart attacks, strokes, and heart failure.
- Medication can help control hypertension; this quality measure provides the percent of patients diagnosed with hypertension who filled a 90-day prescription of medication designed to control blood pressure.
- This measure aligns with National Quality Forum Measure (NQF) #0022 and Clinical Quality Measure (CQM) 165v4 developed by the Centers for Medicare & Medicaid.

ACROSS THE NATION



1 in 3 adults in the US has high blood pressure - about **75 million people.**

High blood pressure costs the US **\$46 billion each year.**ⁱⁱ

IN COLORADO



31% of Coloradans **between 45-64** and **53%** of those **65+** had high blood pressure in 2016.ⁱⁱⁱ

SIM PRACTICES

Percentage of Adults with High Blood Pressure Who Filled a 90-day Medication Prescription in 2015

SIM Practices	46.8%
Statewide	37.4%

TAKEAWAYS

- Coloradans with providers who are part of the SIM significantly outpaced the rest of the state in fulfillment of blood pressure medication in 2015.
- A significant percentage of Coloradans with high blood pressure may not be taking their medications regularly.

IMPROVING CARE FOR HYPERTENSION

- Low measurement of medication adherence may be due to increased out-of-pocket purchase of generics high blood pressure medications (data not captured in the CO APCD), drop off in medication adherence over time, and the occurrence of undesirable medication side effects.
- Significant opportunities exist for targeted interventions and outreach surrounding hypertension management.
- These proxies create opportunities for public health agencies to target communication campaigns and outreach interventions to entire populations.

SOURCES

ⁱTriStar Horizon Medical Center. (2017, January). What Does Quality in Health Care Mean? Retrieved from TriStar Horizon.com: <http://tristarhorizon.com/about/newsroom/what-does-quality-in-health-care-mean>

ⁱⁱCenters for Disease Control and Prevention. (2017, January). High Blood Pressure Facts. Retrieved from [cdc.gov: https://www.cdc.gov/bloodpressure/facts.htm](https://www.cdc.gov/bloodpressure/facts.htm)

ⁱⁱⁱAmerica's Health Rankings. (2017, January). Measure - High Blood Pressure. Retrieved from [americashealthrankings.org: http://www.americashealthrankings.org/explore/2016-annual-report/measure/Hypertension/state/CO](http://www.americashealthrankings.org/explore/2016-annual-report/measure/Hypertension/state/CO)

STATE INNOVATION MODEL (SIM) PROXY MEASURE: **ASTHMA**

OVERVIEW

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Using nationally accepted specifications, methodologies were established using health insurance claims across Medicare, Medicaid and commercial payers in the CO APCD to create claims-based quality measures. These quality measures allow benchmarking between payers and providers across the entire state to identify opportunities to create targeted, meaningful interventions that improve population health, improve care, and lower costs for Colorado.

ASTHMA is a chronic condition requiring ongoing care and active treatment.

MEASURING CARE FOR ASTHMA

- Patients with persistent asthma are ideally prescribed and are using one or more maintenance medications.
- For patients between 5 and 64 years of age diagnosed with persistent asthma, this quality measure provides the percent of patients who filled one or more prescription asthma medications during 2015.
- This measure aligns with National Quality Forum Measure (NQF) #0036 and Clinical Quality Measure (CQM) 126v3 developed by the Centers for Medicare & Medicaid.

ACROSS THE NATION



Over **24 million people** have asthma, resulting in over **439,000 hospitalizations, 1.6 million ER visits, and 3,600 deaths annually.**ⁱⁱ



IN COLORADO

Over **343,000 people have asthma**, and **in 2014**, asthma was the underlying cause of **46 deaths in the state.**ⁱⁱⁱ

SIM PRACTICES

Use of Appropriate Asthma Medications (One or More Prescription Medications Filled)

	All Ages	5-11 years	12-18 years	19-50 years	51-64 years
SIM Practices	44.2%	49.6%	41.6%	41.5%	43.1%
Statewide	44.8%	48.3%	42.6%	42.4%	45.6%

TAKEAWAYS

- For the majority of age groups and overall, Coloradans with SIM providers appear to have about the same adherence to their asthma medication when compared to others with asthma across the state.
- Most Coloradans with asthma are not filling one asthma prescription medication each year.

IMPROVING CARE FOR ASTHMA

- Coloradans’ lack of medication adherence may be due to increasing use of over-the-counter medications, lower symptoms leading to poor medication adherence, and high cost of medications.
- Asthma remains a significant health issue in Colorado, and programs designed to increase medication compliance will improve the lives of people with asthma.
- These proxies create opportunities for public health agencies to target communication campaigns and outreach interventions to entire populations.

SOURCES

ⁱ TriStar Horizon Medical Center. (2017, January). What Does Quality in Health Care Mean? Retrieved from TriStar Horizon.com: <http://tristarhorizon.com/about/newsroom/what-does-quality-in-health-care-mean>

ⁱⁱ Centers for Disease Control and Prevention. (2017, January). Most Recent Asthma Data - National Health Care Use - Adult Prevalence and Mortality. Retrieved from [cdc.gov: https://www.cdc.gov/asthma/most_recent_data.htm](https://www.cdc.gov/asthma/most_recent_data.htm)

ⁱⁱⁱ Centers for Disease Control and Prevention. (2017, January). Most Recent Asthma Data - State or Territory Data - Adult Prevalence and Mortality. Retrieved from [cdc.gov: https://www.cdc.gov/asthma/most_recent_data_states.htm](https://www.cdc.gov/asthma/most_recent_data_states.htm)

STATE INNOVATION MODEL (SIM) PROXY MEASURE: BREAST CANCER SCREENING



CENTER FOR IMPROVING VALUE IN HEALTH CARE

OVERVIEW

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BREAST CANCER SCREENING by mammography is an important tool associated with better health outcomes.

MEASURING CARE FOR BREAST CANCER SCREENING

- The U.S. Preventive Services Task Force (USPSTF) recommends that women aged 50 to 75 years receive mammography screening every two years. Women under 40 should assess their risk and needs before opting for mammography.
- This proxy measure shows the percentage of women 50 to 75 years of age who had a breast cancer screening mammogram during the two-year period, 2014 - 2015.
- This measure aligns with National Quality Forum Measure (NQF) #2372 and Clinical Quality Measure (CQM) 125v5 developed by the Centers for Medicare & Medicaid.

ACROSS THE NATION



Breast Cancer makes up **30% of new cancer cases** estimated in 2017; **41,000 women will die from the disease that same year.** Breast cancer is the **2nd leading cause of cancer death in women.**

IN COLORADO



Almost **4,000 women** in Colorado will receive a breast cancer diagnosis in 2017, almost **600 women will die from breast cancer** in Colorado in 2017. ⁱⁱ

SIM PRACTICES

Percentage of Women Aged 50 to 75 Years Receiving Screening Mammogram During the Period, 2014-2015

SIM Practices	59.0%
Statewide	59.4%

TAKEAWAYS

- Coloradans with providers that are part of the SIM effort appear to adhere to breast cancer screening recommendations at about the same rate as the rest of the state.
- Most women in Colorado are receiving a mammogram as recommended.

IMPROVING CARE FOR BREAST CANCER SCREENING

- Colorado appears to have good breast cancer screening rates but a significant number of women still may not be receiving recommended mammograms, and opportunities exist for targeted interventions designed to increase breast cancer screening across the state.
- These proxies create opportunities for public health agencies to target communication campaigns and outreach interventions to entire populations.

SOURCES

ⁱTriStar Horizon Medical Center. (2017, January). What Does Quality in Health Care Mean? Retrieved from TriStar Horizon.com: <http://tristarhorizon.com/about/newsroom/what-does-quality-in-health-care-mean>

ⁱⁱAmerican Cancer Society. (2017, January). Cancer Facts & Figures 2017. Retrieved from cdc.gov: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf>