

Welcome to the *Blueprint Community Profile*. The Blueprint for Health designs community-led strategies for improving health and wellbeing. The Blueprint supports Patient-Centered Medical Homes, Community Health Teams, Community Collaboratives, the Hub & Spoke program, SASH, Women’s Health Initiative, and Healthier Living workshops.

Blueprint Community Profiles are based primarily on data from Vermont’s all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all members from commercial, Full Medicaid, and Medicare providers contributing to VHCURES.

This reporting includes the 382,373 Vermont residents represented in VHCURES and groups them by those: (1) attributed to a Blueprint primary care practice, (2) attributed to non-Blueprint primary care, and (3) with no primary care attribution. Members are assigned to an HSA based on the location of their residence.

Blueprint Community Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

Expenditure measures have been omitted since reconciliation and accounting of ACO-related payments were not ready at the time of publication. HSA-level expenditure reporting will be available in the Blueprint for Health Annual Report to the Vermont General Assembly.

In addition to VHCURES, these profiles also use the Vermont Clinical Registry, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

Rates for HSAs reporting fewer than 30 denominator or 11 numerator members for a measure are not presented in alignment with NCQA HEDIS and CMS guidelines.

**Demographics & Health Status**

	HSA	Statewide
Distinct Members	17,466	382,373
Average Members	16,098	350,472
Average Age	52.8	51.4
% Female	53.6	53.5
% Medicaid	18.5	21.5
% Medicare	35.8	33.6
% Maternity	7.4	7.4
<b>Health Status (CRG)</b>		
% with Selected Chronic Conditions	40.9	39.1
% Healthy	34.0	35.4
% Minor Chronic or Acute	18.1	18.3
% Moderate Chronic	26.4	25.9
% Significant Chronic	20.6	19.3
% Cancer or Catastrophic	1.0	1.1

**Table 1:** This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table’s denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member’s enrollment in Medicaid or Medicare, the member’s HSA’s percentage of membership that was Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g., day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure (CHF), coronary heart disease, hypertension, diabetes, and depression.

The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis). CRG identification was enhanced using additional diagnostic and pharmacy information for CY2018 reporting, resulting in fewer healthy members and more members with chronic and other conditions.

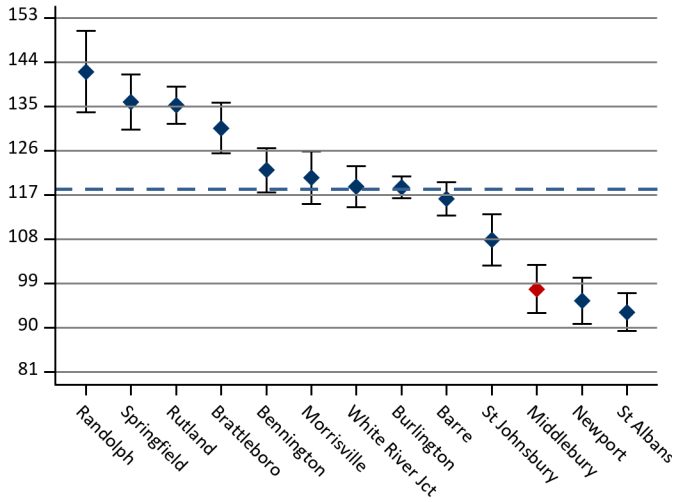
**Table 2. Demographic & Health Status Indicators by Primary Care Attribution Group**

		Community H.S.A.	Statewide
Distinct Members	Blueprint primary care practice attributed	13,249	242,878
	Non-Blueprint primary care attributed	2,244	90,195
	No primary care attribution	1,973	49,300
	Combined Population	17,466	382,373
Average Members	Blueprint primary care practice attributed	12,498	227,974
	Non-Blueprint primary care attributed	2,050	83,313
	No primary care attribution	1,550	39,185
	Combined Population	16,098	350,472
Average Age	Blueprint primary care practice attributed	54.5	52.9
	Non-Blueprint primary care attributed	51.6	51.6
	No primary care attribution	42.7	43.5
	Combined Population	52.8	51.4
% Female	Blueprint primary care practice attributed	56.0	55.7
	Non-Blueprint primary care attributed	54.0	55.9
	No primary care attribution	36.9	38.4
	Combined Population	53.6	53.5
% Medicaid	Blueprint primary care practice attributed	18.2	21.2
	Non-Blueprint primary care attributed	16.4	20.3
	No primary care attribution	22.7	25.2
	Combined Population	18.5	21.5
% Medicare	Blueprint primary care practice attributed	39.2	36.2
	Non-Blueprint primary care attributed	33.2	35.2
	No primary care attribution	16.5	17.7
	Combined Population	35.8	33.6
% Maternity	Blueprint primary care practice attributed	8.6	8.8
	Non-Blueprint primary care attributed	12.0	9.6
	No primary care attribution	2.4	2.7
	Combined Population	7.4	7.4

**Table 2. Demographic & Health Status Indicators by Primary Care Attribution Group, Continued**

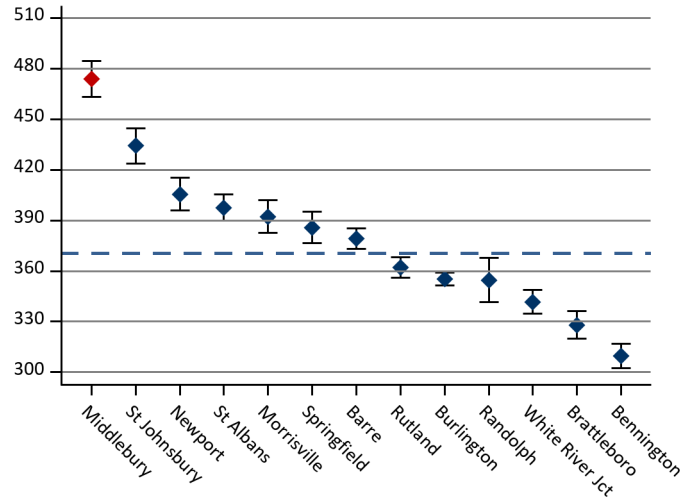
		Community H.S.A.	Statewide
% with Selected Chronic Conditions	Blueprint primary care practice attributed	47.5	46.3
	Non-Blueprint primary care attributed	34.3	38.2
	No primary care attribution	4.6	5.4
	Combined Population	40.9	39.1
% Healthy	Blueprint primary care practice attributed	25.7	26.9
	Non-Blueprint primary care attributed	37.9	33.1
	No primary care attribution	85.5	81.7
	Combined Population	34.0	35.4
% Minor Chronic or Acute	Blueprint primary care practice attributed	19.4	19.8
	Non-Blueprint primary care attributed	19.5	19.5
	No primary care attribution	7.8	8.9
	Combined Population	18.1	18.3
% Moderate Chronic	Blueprint primary care practice attributed	30.4	29.6
	Non-Blueprint primary care attributed	21.4	26.3
	No primary care attribution	4.9	7.1
	Combined Population	26.4	25.9
% Significant Chronic	Blueprint primary care practice attributed	23.5	22.7
	Non-Blueprint primary care attributed	20.0	19.4
	No primary care attribution	1.5	2.1
	Combined Population	20.6	19.3
% Cancer or Catastrophic	Blueprint primary care practice attributed	1.0	1.0
	Non-Blueprint primary care attributed	1.2	1.7
	No primary care attribution	0.4	0.2
	Combined Population	1.0	1.1

**Inpatient Discharges**



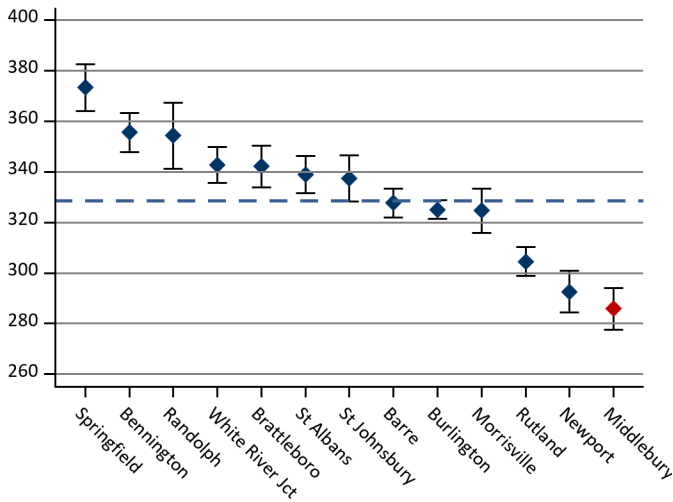
**Figure 1:** Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, and Preventive Quality Indicators — can be found in Table 6. The blue dashed line indicates the statewide average.

**Outpatient ED Visits**



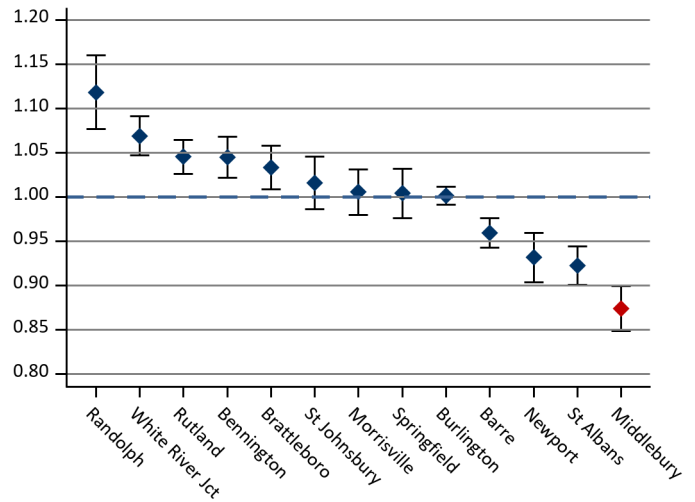
**Figure 2:** Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 5. The blue dashed line indicates the statewide average.

**Advanced Imaging (MRIs, CT Scans)**



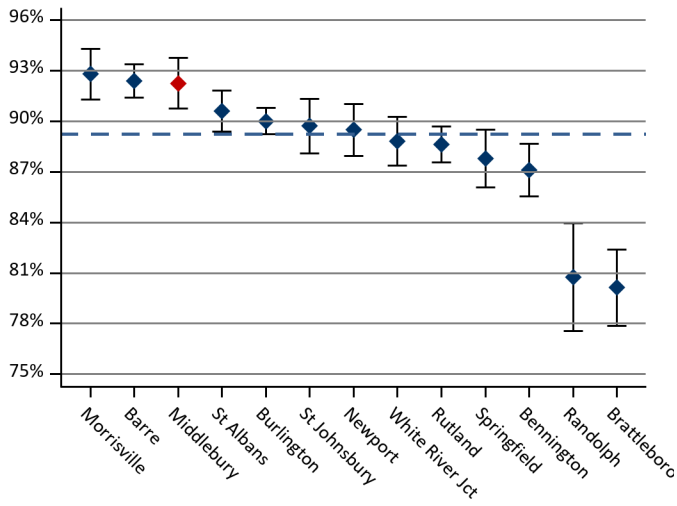
**Figure 3:** Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide average.

**Resource Use Index**



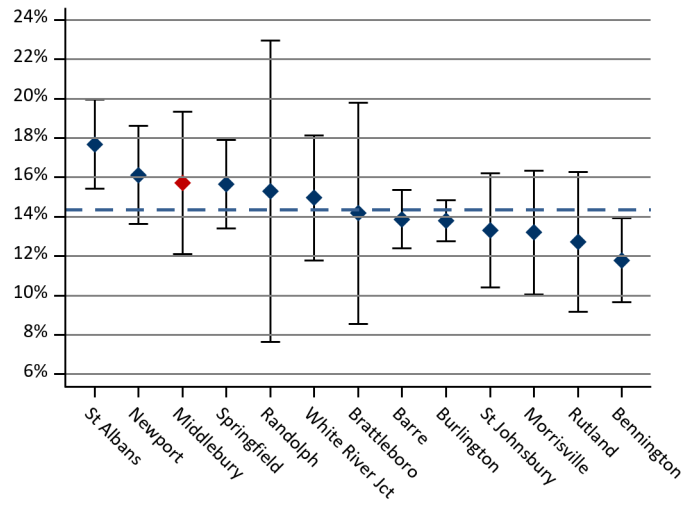
**Figure 4:** Presents annual total resource use index (RUI), which measures aggregate resource consumption across all components of care. The RUI has been indexed for each HSA relative to the statewide rate of total utilization.

**Diabetes: HbA1c Testing**



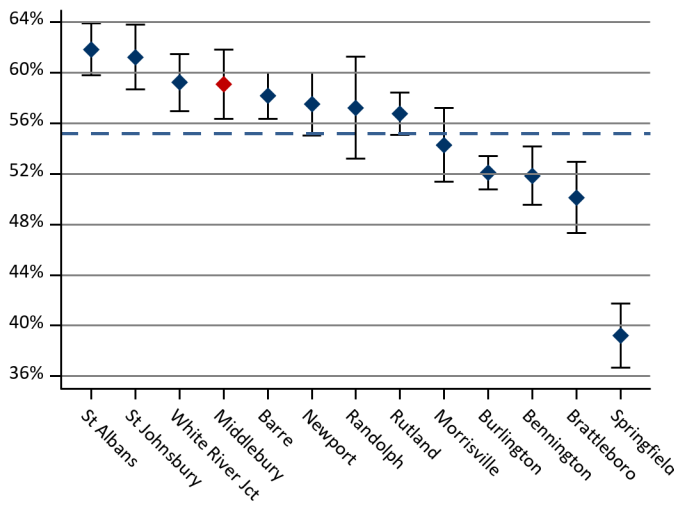
**Figure 5:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that received a hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: HbA1c Not in Control (Core-17, MSSP-27, NQF #0059)**



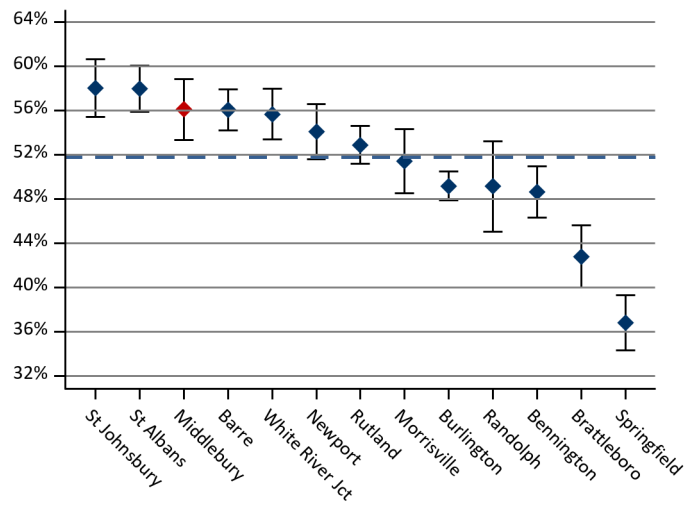
**Figure 6:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, whose last recorded hemoglobin A1c test in the Vermont Clinical Registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one hemoglobin A1c test during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Eye Exam (NQF #0055)**



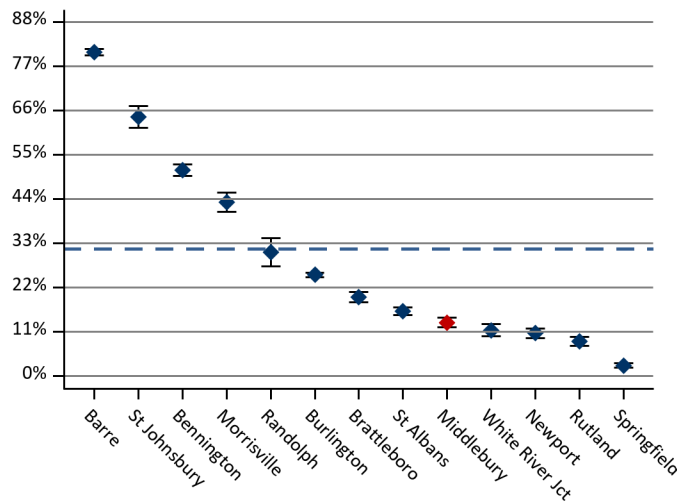
**Figure 7:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes Care Two-Part Composite (Core-53, NQF #0059 & #0055)**



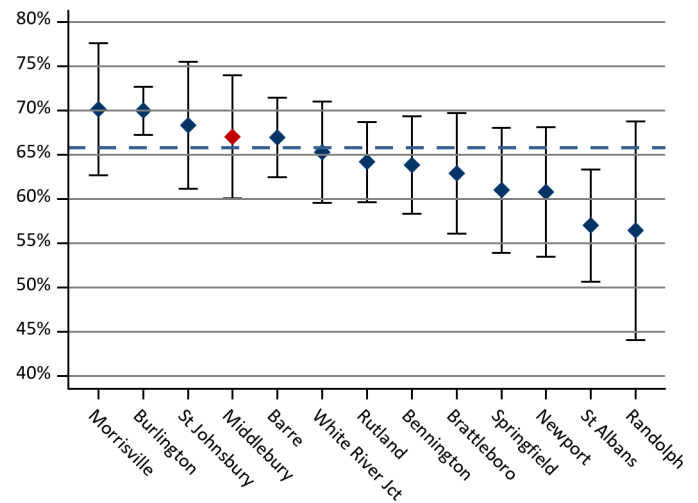
**Figure 8:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that had a valid HbA1c ≤9% and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

**Tobacco Use Screening\* (NQF #0028)**



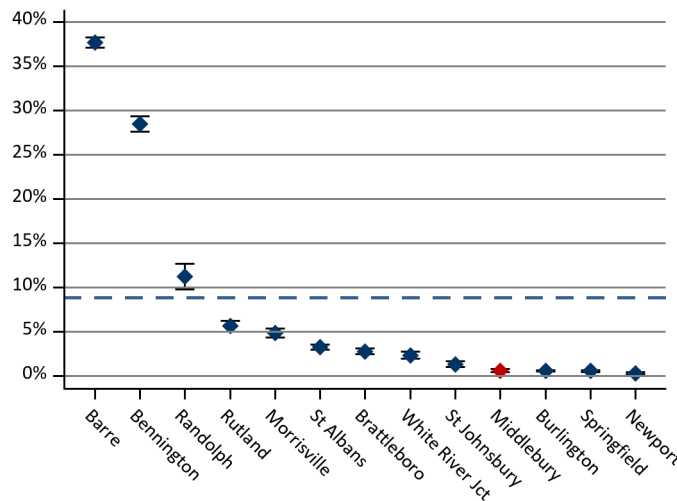
**Figure 9:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

**Medication Management for People With Asthma\* (NQF #1799)**



**Figure 10:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-64 years, that were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 50 percent of their treatment period. The blue dashed line indicates the statewide average.

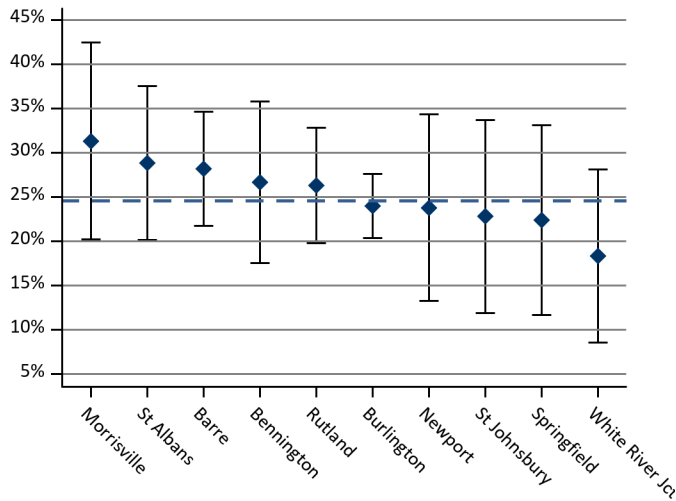
**Screening for Clinical Depression\* (NQF #0418)**



**Figure 11:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing clinical data to the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

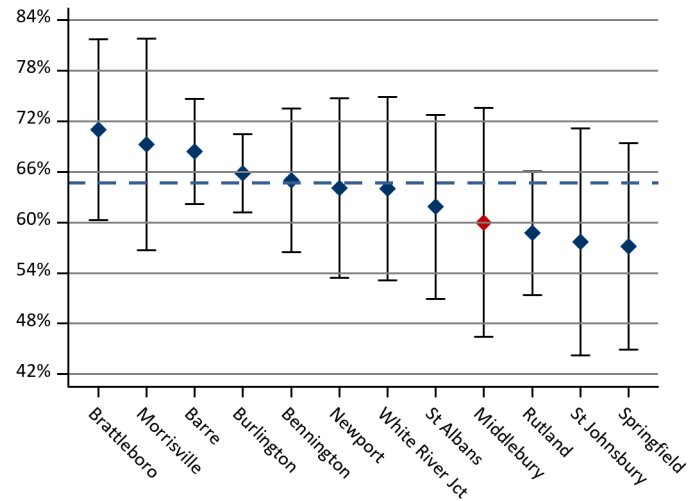
\*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont's All-Payer ACO Model)

**Follow-Up After Discharge from ED for Alcohol and Other Drug Dependence\* (NQF #2605)**



**Figure 12:** Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit. The blue dashed line indicates the statewide average.

**Follow-Up After Discharge From ED for Mental Health\* (NQF #2605)**



**Figure 13:** Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit. The blue dashed line indicates the statewide average.

\*This measure is part of the quality framework for evaluating health outcomes in a value-based system (Vermont's All-Payer ACO Model)

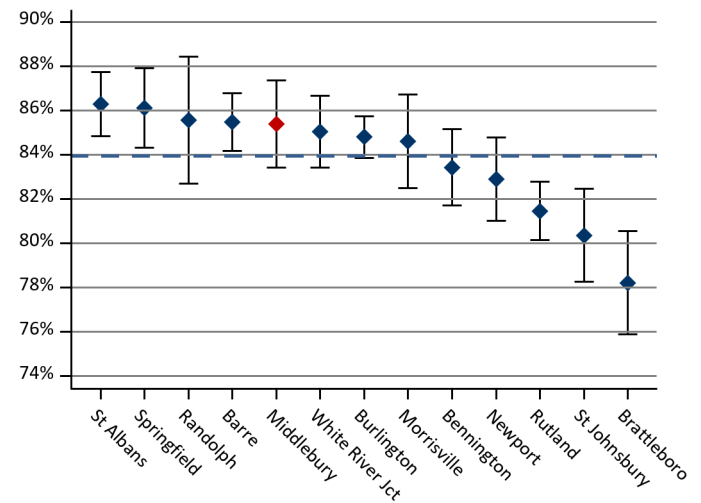
**Comparison of Patients by HbA1c Control Status, Statewide**

Metric	Diabetes A1c in Control	Diabetes A1c not in Control
Members	10099	1638
Inpatient hospitalizations per 1,000 members	269.7 (259.4, 279.9)	401.9 (370.9, 432.9)
Inpatient days per 1,000 members	1574.7 (1550.0, 1599.4)	2075.2 (2004.8, 2145.6)
Outpatient ED visits per 1,000 members	638.9 (623.2, 654.6)	978.5 (930.2, 1027)

Note: Risk-adjusted rates with 95% confidence intervals are provided in parentheses. Outliers beyond the 99th percentile have been excluded.

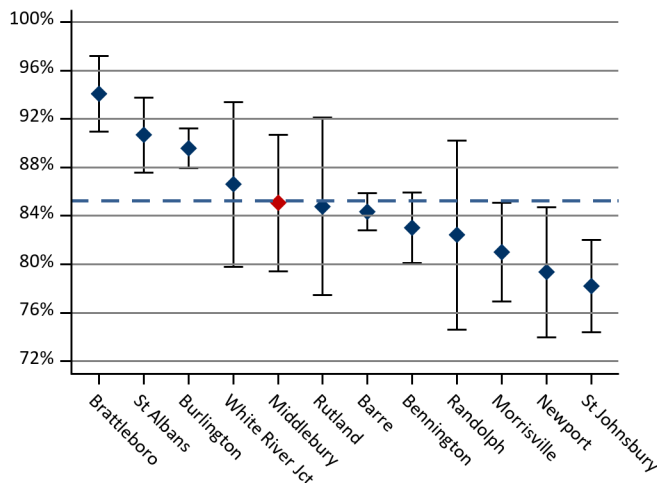
**Table 3:** Presents a comparison of health care expenditures and utilization in the measurement year for continuously enrolled members that were linked to data from the Vermont Clinical Registry, ages 18-75 years, whose diabetes hemoglobin A1c was in control ( $\leq 9\%$ ) compared to those with poor control ( $>9\%$ ). Rates have been adjusted for age, gender, and health status. The rates in this table are presented at the state level only. Members with poor control had statistically significant higher total expenditures, inpatient hospitalizations, inpatient days, and outpatient ED visits.

**Diabetes: Nephropathy (Kidney Disease) Screening (NQF #0062)**



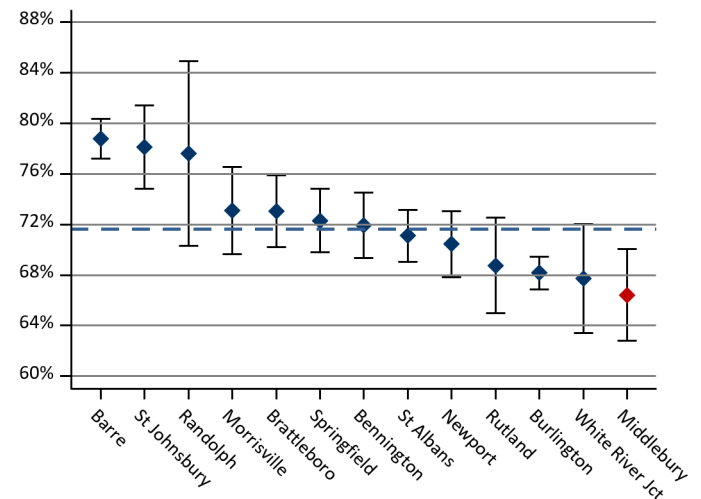
**Figure 14:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that had a nephropathy (kidney disease) screening test or evidence of nephropathy documented in the claims data. The blue dashed line indicates the statewide average.

**Diabetes: Tobacco Non-Use (MSSP-25)**



**Figure 15:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, documented as tobacco non-users in the Vermont Clinical Registry. Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for tobacco non-use during the measurement year. The blue dashed line indicates the statewide average.

**Diabetes: Blood Pressure in Control (MSSP-24)**



**Figure 16:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, whose last recorded blood pressure measurement in the Vermont Clinical Registry was in control ( $<140/90$  mmHg). Members with diabetes were identified using claims data. The denominator was then restricted to those with clinical results for at least one blood pressure test during the measurement year. The blue dashed line indicates the statewide average.



**Linked Clinical Data: Obesity, Hypertension, & HbA1c**

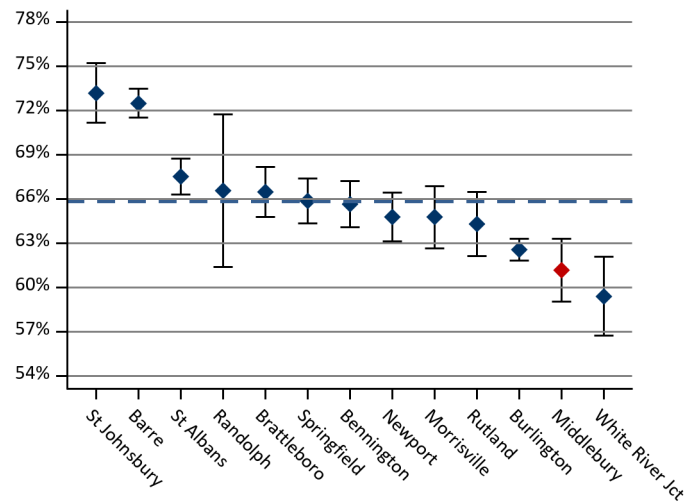
Measure (N = Count of distinct members)	HSA N=17,466	Statewide N=382,373
	Rate %	Rate %
% linked to clinical data	49%	54%
% with BMI data	20%	32%
% meeting obesity criteria	37%	37%
% with blood pressure data	34%	47%
% meeting hypertension criteria	25%	22%
% with BMI and blood pressure data	20%	32%
% meeting obesity and hypertension criteria	10%	10%

Measure (N = Count of distinct members with diabetes)	HSA N=1,239	Statewide N=26,062
	Rate %	Rate %
% linked to clinical data	72%	69%
% with BMI data	27%	46%
% meeting obesity criteria	67%	66%
% with blood pressure data	49%	62%
% meeting hypertension criteria	33%	28%
% with valid HbA1c	28%	45%
% with HbA1c >9%	4%	6%

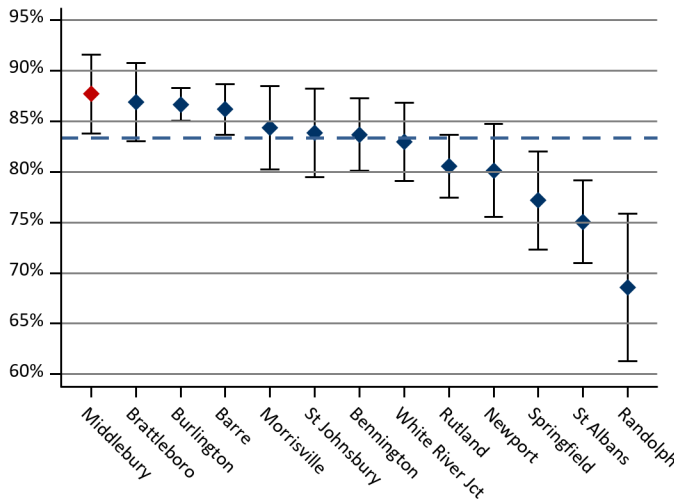
**Table 4:** Presents the proportion of total distinct members and distinct members with diabetes that were linked to data from the Vermont Clinical Registry, valid body mass index (BMI), blood pressure, and HbA1c data meeting the criteria for obesity (BMI ≥ 30.0), hypertension (mmHg ≥ 140/90), and HbA1c >9%. Note: denominators and rates will differ from diabetes-related HEDIS measures in Table 11 since this table includes all members regardless of whether or not they had valid clinical data.

**Hypertension: Blood Pressure in Control (Core-39, MSSP-28, NQF #0018)**



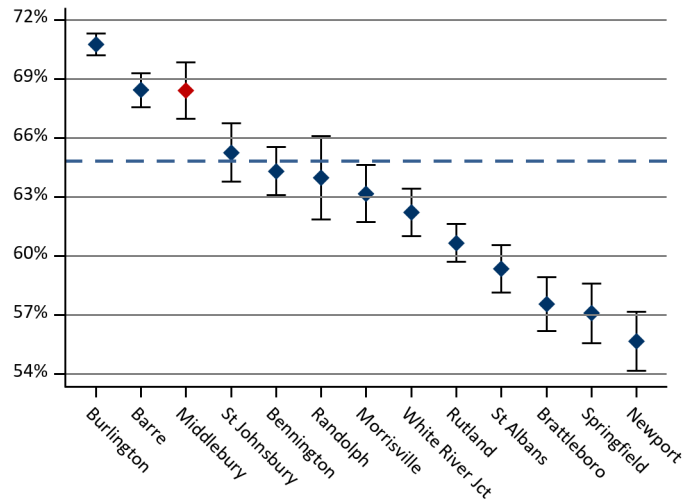
**Figure 17:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18-85 years, whose last recorded blood pressure measurement in the Vermont Clinical Registry was in control (<140/90 mmHg). Members with hypertension were identified using claims data. The denominator was then restricted to those with clinical results for a blood pressure reading during the measurement year. The blue dashed line indicates the statewide average.

**Imaging Studies for Low Back Pain**



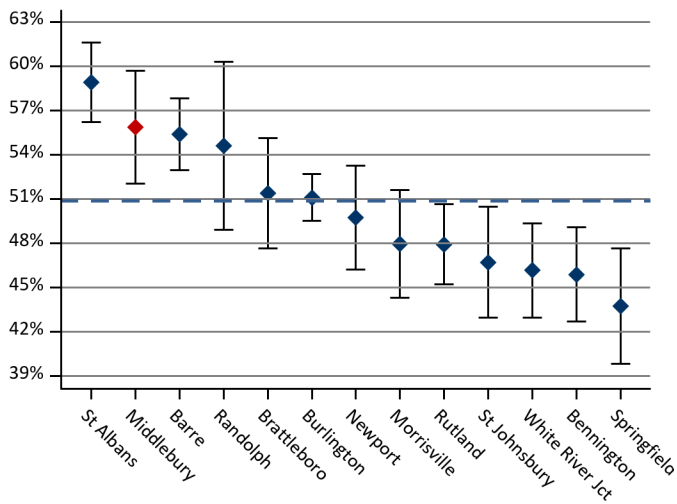
**Figure 18:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-50 years, that received a primary diagnosis of low back pain and appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. This is an inverted measure for which a higher score indicates appropriate treatment (i.e., imaging did not occur). The blue dashed line indicates the statewide average.

**Cervical Cancer Screening (Core-30, NQF #0032)**



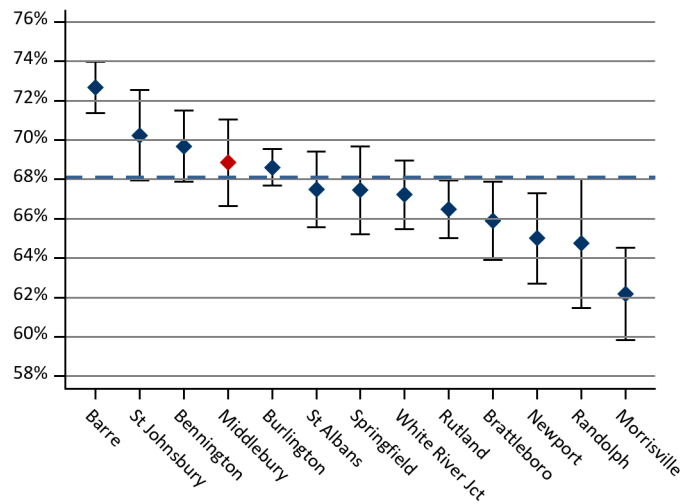
**Figure 19:** Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, either age 21-64 that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year or age 30-64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the statewide average.

**Chlamydia Screening (Core-7)**



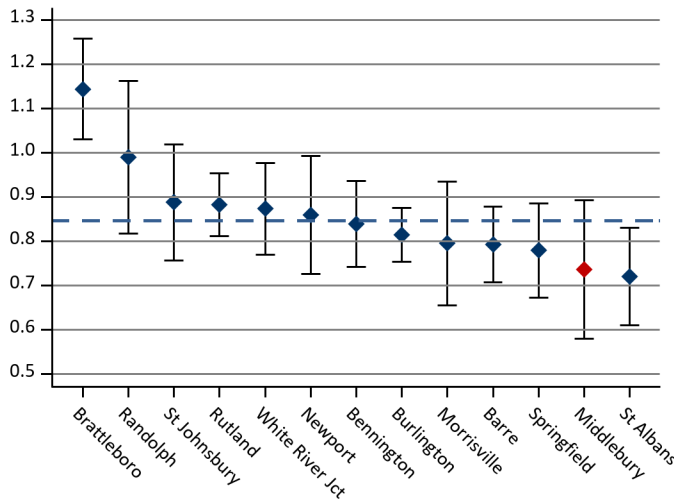
**Figure 20:** Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16-24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note that, due to the age ranges for this ACO measure, women below the age of 18 years, not typically represented in adult profiles, have been included in these rates.) The blue dashed line indicates the statewide average.

**Breast Cancer Screening (Core-11, MSSP-20, NQF #0031)**



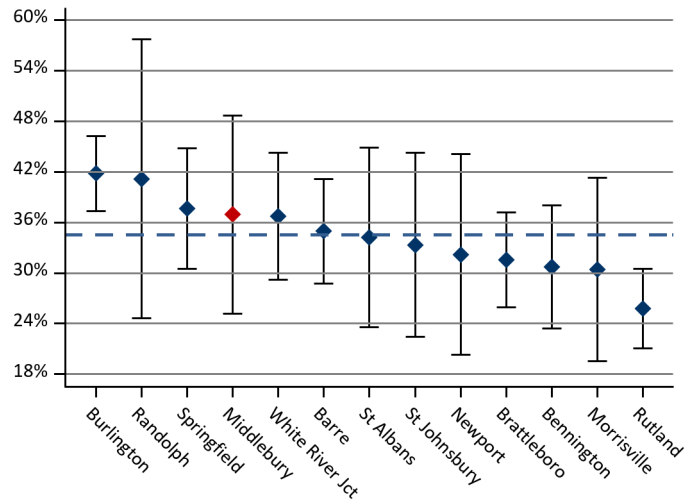
**Figure 21:** Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 52-64 years, that had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. The blue dashed line indicates the statewide average.

**Plan All-Cause Readmissions (Core-1, NQF #1768)**



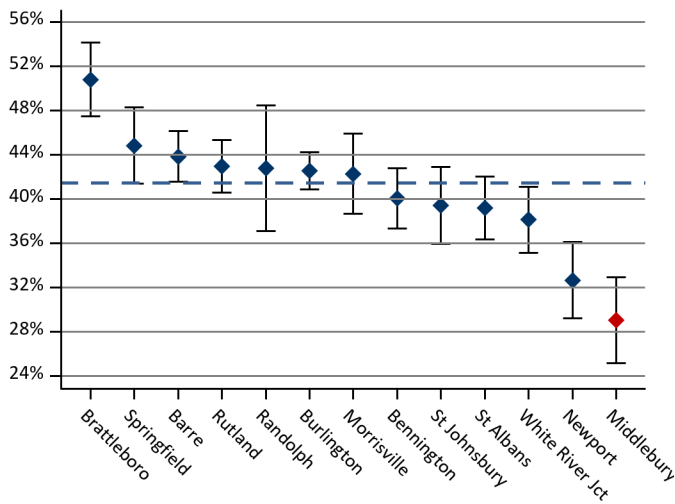
**Figure 22:** Presents the relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year. The rate is expressed as a ratio of observed to expected readmissions where the expected number of readmissions has been risk adjusted. The blue dashed line indicates the statewide average. HEDIS specifications have changed.

**Follow-Up After Hospitalization for Mental Illness (Core-4, NQF #0576)**



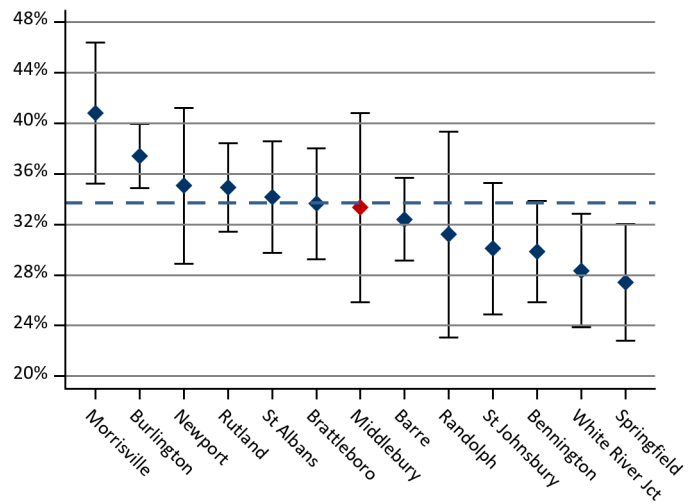
**Figure 23:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 6 years and older, hospitalized for mental illness with an intensive outpatient encounter or partial hospitalization with a mental health practitioner and a follow-up visit within seven days of discharge. The blue dashed line indicates the statewide average.

**Initiation of Alcohol/Drug Treatment (Core-5a, NQF #0004)**



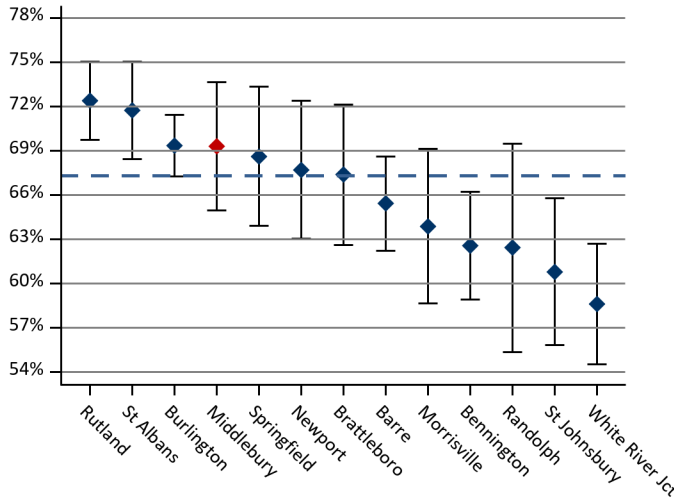
**Figure 24:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. The blue dashed line indicates the statewide average.

**Engagement of Alcohol/Drug Treatment (Core-5b, NQF #0004)**



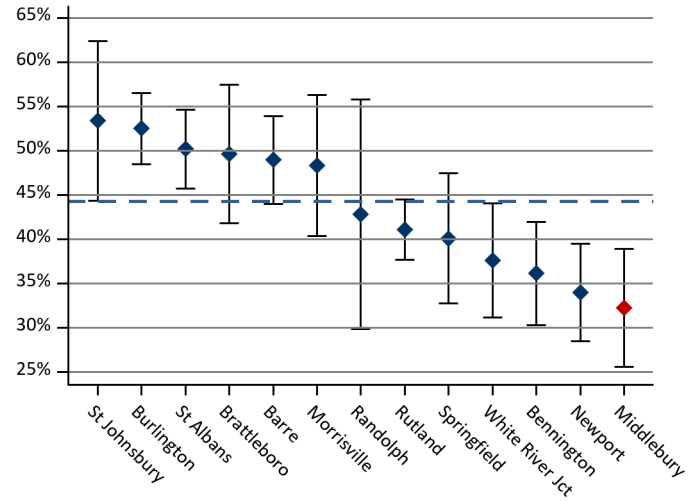
**Figure 25:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.

**Cholesterol Management, Cardiac (Core-3, MSSP-29)**



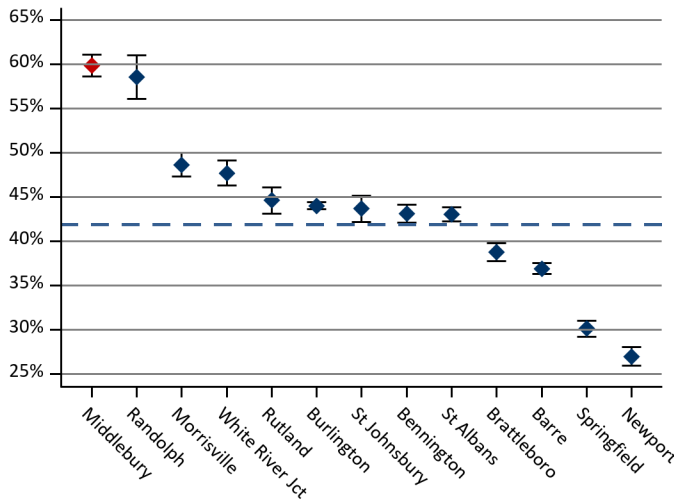
**Figure 26:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to the measurement year or with a diagnosis of ischemic vascular disease (IVD) during the measurement year and year prior and with an LDL-C screening during the measurement year. The blue dashed line indicates the statewide average.

**Avoidance of Antibiotic Treatment, Acute Bronchitis (Core-6, NQF #0058)**



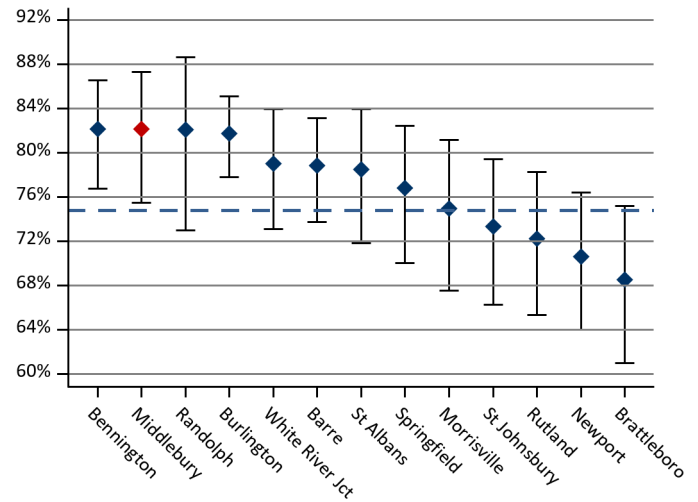
**Figure 27:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.

**Influenza Vaccination (Core-35, MSSP-14, NQF #0041)**



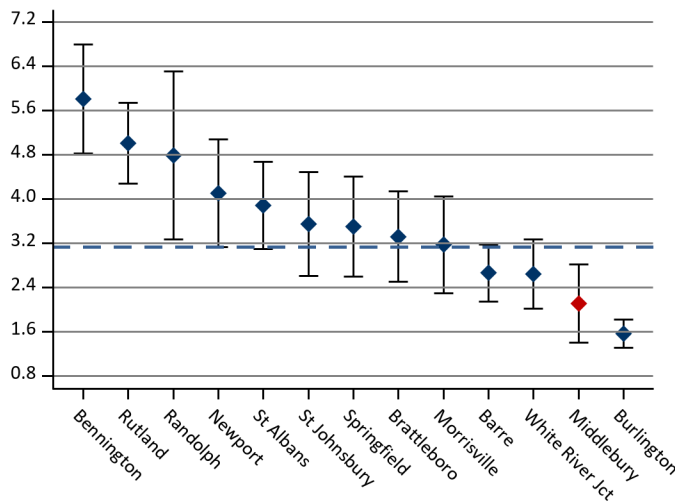
**Figure 28:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

**Pneumonia Vaccination (Core-48, MSSP-15, NQF #0043)**



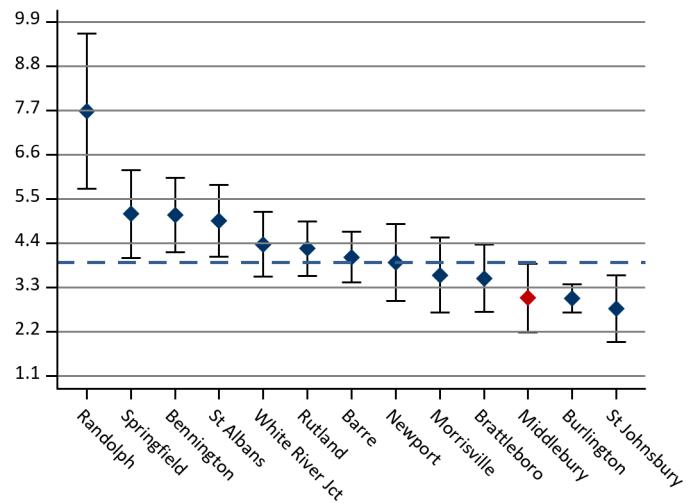
**Figure 29:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**ACS Admissions: COPD & Asthma (Core-10, MSSP-9)**



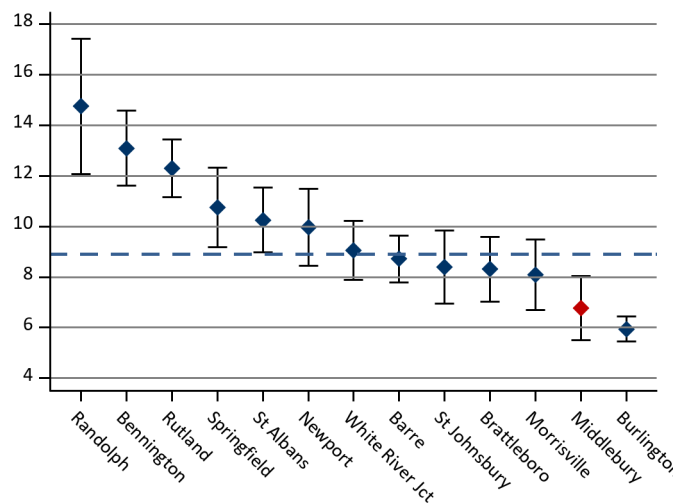
**Figure 30:** This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

**ACS Admissions: Heart Failure (MSSP-10, NQF #0277)**



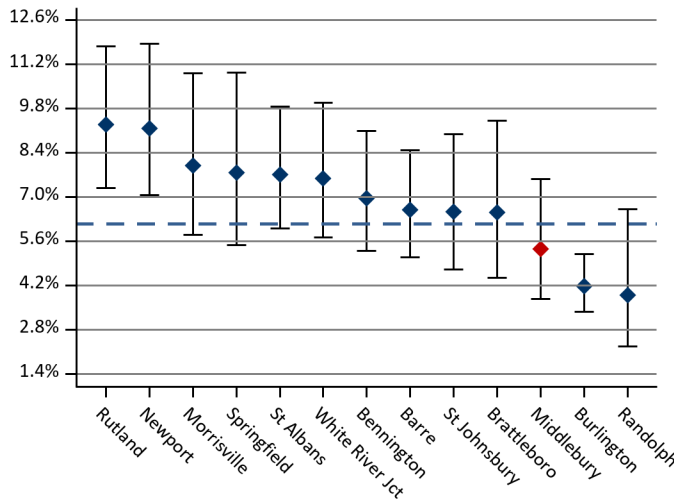
**Figure 31:** This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

**ACS Hospitalizations: PQI 92 Composite Chronic (Core-12)**



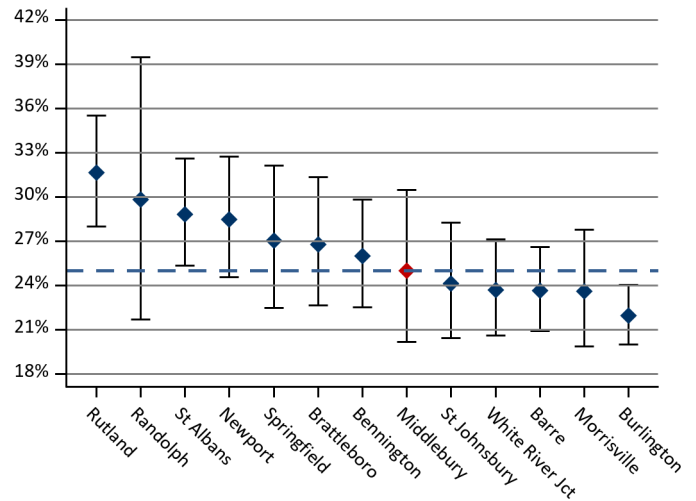
**Figure 32:** This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, heart failure, angina without a cardiac procedure, diabetes with lower-extremity amputations, diabetes with short-term complications, diabetes with long-term complications, or uncontrolled diabetes without complications. The blue dashed line indicates the statewide average.

**BRFSS: Adults Diagnosed with COPD**



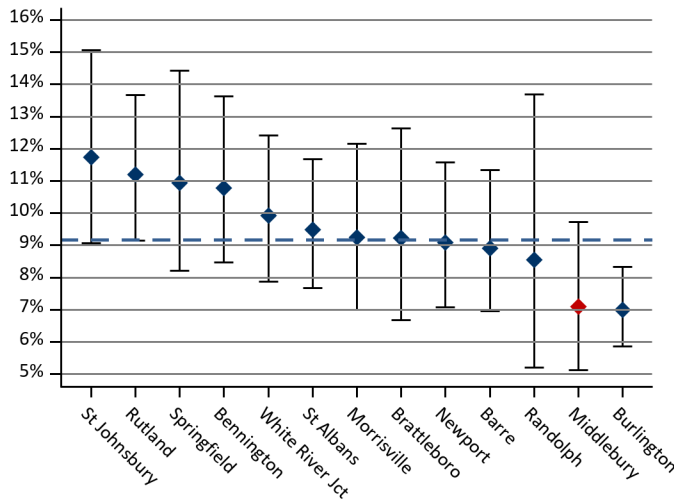
**Figure 33:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of COPD. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: Adults Diagnosed with Hypertension**



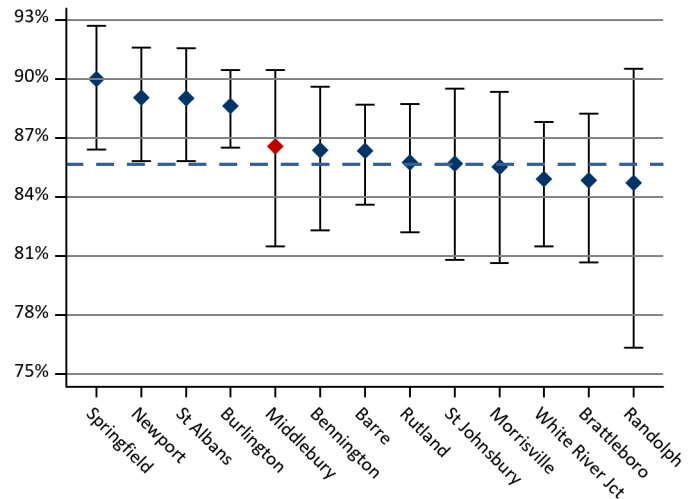
**Figure 34:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of hypertension. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: Adults with Diabetes**



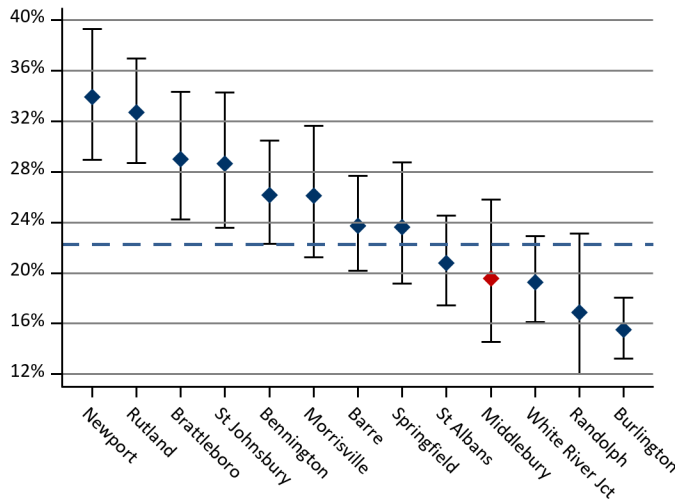
**Figure 35:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of diabetes. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: Adults with Personal Doctor**



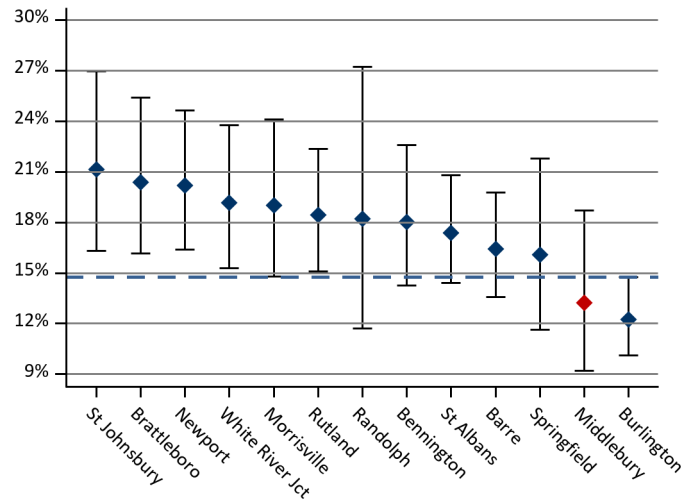
**Figure 36:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they have a personal doctor or health care provider. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: Households with Income <\$25,000**



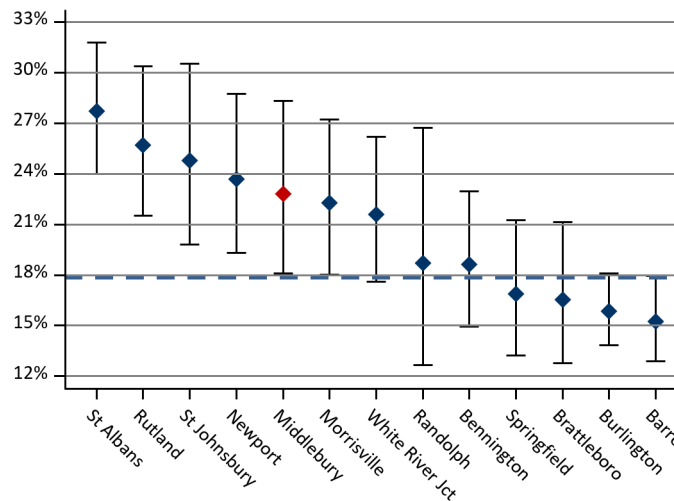
**Figure 37:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than \$25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: Cigarette Smoking**



**Figure 38:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

**BRFSS: No Leisure-Time Physical Activity/Exercise**



**Figure 39:** Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

The following tables provide greater detail on the annual rates presented in the preceding figures.

**Table 5. Total Resource Use Index (RUI) (Adjusted)**

Measure	HSA			Statewide		
	Index Ratio	95% LCL	95% UCL	Index Ratio	95% LCL	95% UCL
Total	0.87	0.85	0.90	1.00	0.99	1.01
Inpatient	0.71	0.64	0.78	1.00	0.98	1.02
Outpatient Facility	0.79	0.76	0.82	1.00	0.99	1.01
Professional	0.95	0.94	0.97	1.00	1.00	1.00
Pharmacy	1.02	0.98	1.06	1.00	0.99	1.01

**Table 6. Utilization Measures (Adjusted)**

Measure	HSA			Statewide		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	97.9	93.1	102.7	118.1	117.0	119.3
Inpatient Days	495.9	485.0	506.8	606.9	604.3	609.5
Outpatient ED Visits	474.0	463.4	484.7	370.5	368.5	372.5
Outpatient Potentially Avoidable ED Visits	95.3	90.6	100.1	56.9	56.1	57.7
Non-Hospital Outpatient Visits	6,047.6	6,009.6	6,085.6	5,730.3	5,722.4	5,738.2
Primary Care Encounters	2,826.4	2,800.5	2,852.4	2,925.1	2,919.4	2,930.7
Medical Specialist Encounters	943.5	928.5	958.5	1,239.3	1,235.6	1,243.0
Surgical Specialist Encounters	917.3	902.5	932.0	997.5	994.2	1,000.8
Standard Imaging	620.1	608.0	632.3	686.4	683.7	689.2
Advanced Imaging	285.9	277.6	294.2	328.6	326.7	330.5
Echography	352.0	342.9	361.2	371.5	369.5	373.5
Colonoscopy	47.1	43.8	50.5	48.8	48.0	49.5

**Table 7. Effective & Preventive Care Measures**

Measure	HSA				Statewide			
	N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Comprehensive Diabetes Care (CDC)								
HbA1c Testing	1,239	92%	91%	94%	26,062	89%	89%	90%
Eye Exam	1,239	59%	56%	62%	26,062	55%	55%	56%
Nephropathy	1,239	85%	83%	87%	26,062	84%	84%	84%
Imaging Studies for Low Back Pain	276	88%	84%	92%	6,106	83%	82%	84%



**Table 8. Key Utilization Measures by Primary Care Attribution Group**

Measure		Community H.S.A.			Statewide		
		Risk-Adjusted Rate	95% LCL	95% UCL	Risk-Adjusted Rate	95% LCL	95% UCL
Risk-Adjusted Resource Use Index	Blueprint primary care practice attributed	0.86	0.83	0.88	0.98	0.97	0.99
	Non-Blueprint primary care attributed	0.99	0.91	1.07	1.09	1.08	1.10
	No primary care attribution	0.87	0.84	0.91	0.94	0.93	0.94
	Combined Population	0.87	0.85	0.90	1.00	0.99	1.01
Risk-adjusted Inpatient Utilization	Blueprint primary care practice attributed	92.20	86.88	97.52	115.53	114.13	116.92
	Non-Blueprint primary care attributed	115.64	100.91	130.36	124.03	121.64	126.43
	No primary care attribution	120.58	103.29	137.86	120.77	117.33	124.21
	Combined Population	97.92	93.08	102.75	118.14	117.00	119.27
Risk-adjusted Outpatient ED Utilization	Blueprint primary care practice attributed	489.87	477.60	502.14	374.59	372.08	377.10
	Non-Blueprint primary care attributed	477.25	447.35	507.16	367.85	363.73	371.97
	No primary care attribution	342.08	312.96	371.19	352.38	346.50	358.26
	Combined Population	474.03	463.39	484.67	370.51	368.49	372.52
Potentially Avoidable ED Visits	Blueprint primary care practice attributed	99.82	94.28	105.35	57.73	56.74	58.72
	Non-Blueprint primary care attributed	96.07	82.65	109.49	55.64	54.04	57.24
	No primary care attribution	58.30	46.28	70.32	54.53	52.22	56.85
	Combined Population	95.34	90.57	100.11	56.87	56.09	57.66
PQI92 (Chronic conditions)	Blueprint primary care practice attributed	7.20	5.71	8.69	9.91	9.50	10.32
	Non-Blueprint primary care attributed	8.78	4.73	12.84	9.63	8.96	10.29
	No primary care attribution	0.65	-0.62	1.91	1.43	1.05	1.80
	Combined Population	6.77	5.50	8.04	8.89	8.58	9.21

**Table 9a. ACO and APM Measures Detail**

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Cervical Cancer Screening	Core-30	4,075	68%	67%	70%	93,192	65%	65%	65%
CCS - Commercial	Core-30	2,533	74%	72%	76%	53,965	72%	72%	73%
CCS - Medicaid	Core-30	1,191	61%	58%	64%	30,016	56%	56%	57%
CCS - Medicare	Core-30	351	54%	48%	59%	9,211	48%	47%	49%
Chlamydia Screening (Ages 16-24 Years)	Core-7	646	56%	52%	60%	14,250	51%	50%	52%
CHL - Commercial	Core-7	376	57%	52%	62%	7,610	50%	49%	51%
CHL - Medicaid	Core-7	267	54%	48%	60%	6,516	52%	51%	54%
CHL - Medicare	Core-7					124	42%	33%	51%
Breast Cancer Screening (Ages 52-64 Years)	Core-11	1,692	69%	67%	71%	37,143	68%	68%	69%
BCS - Commercial (Ages 52-64 Years)	Core-11	1,211	74%	72%	77%	25,433	74%	74%	75%
BCS - Medicaid (Ages 52-64 Years)	Core-11	285	55%	49%	61%	6,370	54%	53%	55%
BCS - Medicare (Ages 52-64 Years)	Core-11	196	56%	49%	63%	5,340	56%	55%	57%
Breast Cancer Screening (Ages 52-74 Years)	Core-11	3,077	70%	68%	71%	64,513	69%	69%	69%
Breast Cancer Screening (Ages 64-74 Years)	Core-11	1,385	71%	68%	73%	27,370	70%	70%	71%
Follow-Up After Hospitalization for Mental Illness (7 day)	Core-4	65	37%	25%	49%	2,152	35%	33%	37%
FUH - Commercial	Core-4					269	42%	36%	48%
FUH - Medicaid	Core-4	36	33%	18%	49%	1,183	28%	26%	31%
FUH - Medicare	Core-4					700	42%	38%	46%
Initiation of Alcohol/Drug Treatment	Core-5a	526	29%	25%	33%	14,779	41%	41%	42%
IET (INI) - Medicaid	Core-5a	198	29%	22%	35%	6,647	42%	41%	43%
Engagement of Alcohol/Drug Treatment	Core-5b	153	33%	26%	41%	6,131	34%	32%	35%
IET (ENG) - Medicaid	Core-5b	57	42%	29%	55%	2,777	42%	41%	44%
Cholesterol Management for Patients with CVD	Core-3	430	69%	65%	74%	8,192	67%	66%	68%
CMC - Commercial	Core-3	79	73%	64%	83%	1,236	71%	69%	74%
CMC - Medicaid	Core-3					624	61%	57%	65%
CMC - Medicare	Core-3	325	70%	65%	75%	6,332	67%	66%	68%
Avoidance of Antibiotic Treatment for Acute Bronchitis	Core-6	189	32%	26%	39%	3,877	44%	43%	46%
AAB - Commercial	Core-6	89	33%	23%	42%	2,010	44%	42%	47%
AAB - Medicaid	Core-6	67	28%	18%	39%	1,350	44%	41%	46%
AAB - Medicare	Core-6	33	39%	23%	56%	517	45%	41%	50%
Influenza Vaccination	Core-35	6,035	60%	59%	61%	151,151	42%	42%	42%
INF - Commercial	Core-35	2,197	49%	47%	51%	59,903	34%	34%	35%
INF - Medicaid	Core-35	914	48%	45%	51%	28,002	29%	29%	30%
INF - Medicare	Core-35	2,924	72%	70%	73%	63,246	55%	54%	55%

**Table 9b.** ACO and APM Measures Detail, Continued

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Diabetes Blood Pressure in Control (<140/90 mmHg)	MSSP-24	655	66%	63%	70%	17,058	72%	71%	72%
Diab - Commercial (BP)	MSSP-24	183	70%	64%	77%	4,656	74%	72%	75%
Diab - Medicaid (BP)	MSSP-24	105	68%	59%	77%	2,897	74%	72%	75%
Diab - Medicare (BP)	MSSP-24	367	64%	59%	69%	9,505	70%	69%	71%
Diabetes Composite 2 Measures(HbA1c, Eye Screening)	Core-53	1,239	56%	53%	59%	26,062	52%	51%	52%
Diab - Commercial (Comp.)	Core-53	368	48%	42%	53%	6,912	45%	44%	46%
Diab - Medicaid (Comp.)	Core-53	185	42%	35%	49%	4,133	42%	41%	44%
Diab - Medicare (Comp.)	Core-53	686	65%	61%	68%	15,017	58%	57%	58%
Diabetes HbA1c Not in Control (>9%)	Core-17	388	16%	12%	19%	12,491	14%	14%	15%
Diab - Commercial (HbA1c Not in Control)	Core-17	122	17%	11%	24%	3,557	15%	14%	16%
Diab - Medicaid (HbA1c Not in Control)	Core-17	59	24%	13%	35%	2,001	24%	22%	26%
Diab - Medicare (HbA1c Not in Control)	Core-17	207	13%	8%	17%	6,933	11%	10%	12%
Hypertension with BP in Control (<140/90 mmHg)	Core-39	2,035	61%	59%	63%	52,627	66%	65%	66%
HYP - Commercial (Ages 18-85 Years)	Core-39	465	67%	63%	71%	12,807	66%	65%	67%
HYP - Medicaid (Ages 18-85 Years)	Core-39	178	55%	48%	62%	5,740	62%	61%	64%
HYP - Medicare (Ages 18-85 Years)	Core-39	1,392	60%	57%	63%	34,080	66%	66%	67%
Hypertension with BP in Control (Ages 18-64 Years)	Core-39	796	62%	59%	66%	23,008	65%	65%	66%
Hypertension with BP in Control (Ages 65-85 Years)	Core-39	1,239	60%	58%	63%	29,619	66%	66%	67%

**Table 9c. ACO and APM Measures Detail, Continued**

Measure		HSA				Statewide			
		N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Follow-Up After Discharge From ED for Mental Health	APM-HD-II	50	60%	46%	74%	1,440	65%	62%	67%
FUM - Commercial	APM-HD-II					221	69%	63%	75%
FUM - Medicaid	APM-HD-II					719	67%	63%	70%
FUM - Medicare	APM-HD-II					500	59%	55%	64%
Follow-Up After Discharge From ED for AOD	APM-HD-III					1,546	25%	22%	27%
FUA - Commercial	APM-HD-III					201	17%	12%	22%
FUA - Medicaid	APM-HD-III					1,007	28%	25%	31%
FUA - Medicare	APM-HD-III					338	19%	14%	23%
Medication Management for People With Asthma	APM-P-V	176	67%	60%	74%	3,839	66%	64%	67%
MMA50 - Commercial	APM-P-V	112	73%	65%	81%	2,139	73%	71%	75%
MMA50 - Medicaid	APM-P-V	47	45%	30%	59%	1,291	54%	51%	57%
MMA50 - Medicare	APM-P-V					409	67%	62%	71%
Screening for Clinical Depression	MSSP-24	7,021	1%	0%	1%	173,240	9%	9%	9%
Diab - Commercial (BP)	MSSP-24	2,592	1%	0%	1%	70,921	9%	9%	10%
Diab - Medicaid (BP)	MSSP-24					29,915	8%	8%	9%
Diab - Medicare (BP)	MSSP-24	3,449	1%	0%	1%	72,404	9%	8%	9%
Diabetes HbA1c Not in Control (>9%)	Core-17	3,161	13%	12%	15%	63,016	32%	31%	32%
Diab - Commercial (HbA1c Not in Control)	Core-17	1,276	15%	13%	17%	29,292	33%	32%	33%
Diab - Medicaid (HbA1c Not in Control)	Core-17	339	10%	7%	14%	8,966	29%	28%	29%
Diab - Medicare (HbA1c Not in Control)	Core-17	1,546	13%	11%	14%	24,758	31%	30%	32%

**Table 9d. ACO Measures Detail**

Measure		HSA				Statewide			
		N	Observed / Expected Ratio	lcl	ucl	N	Observed / Expected Ratio	lcl	ucl
Plan All-Cause Readmissions	Core-1	130	0.74	0.58	0.89	3,980	0.85	0.82	0.87
PCR - Commercial	Core-1		0.79	0.33	1.25	367	0.73	0.64	0.82
PCR - Medicaid	Core-1		0.75	0.33	1.16	627	1.15	1.08	1.22
PCR - Medicare	Core-1	98	0.73	0.55	0.91	2,986	0.80	0.76	0.83

**Table 9e. ACO Measures Detail**

Measure		HSA				Statewide			
		N	Rate per 1,000	lcl	ucl	N	Rate per 1,000	lcl	ucl
ACS Admissions for COPD and Asthma	Core-10	16,098	2.1	1.4	2.8	350,472	3.1	2.9	3.3
PQI - Commercial (COPD and Asthma)	Core-10	7,256	0.1	-0.1	0.4	154,716	0.4	0.3	0.5
PQI - Medicaid (COPD and Asthma)	Core-10	2,855	0.4	-0.3	1.0	72,829	2.3	2.0	2.7
PQI - Medicare (COPD and Asthma)	Core-10	5,987	5.3	3.5	7.2	122,927	7.1	6.6	7.5
ACS Admissions for Congestive Heart Failure	MSSP-10	16,098	3.0	2.2	3.9	350,472	3.9	3.7	4.1
PQI - Commercial (CHF)	MSSP-10	7,256	0.3	-0.1	0.7	154,716	0.2	0.1	0.3
PQI - Medicaid (CHF)	MSSP-10	2,855	1.4	0.0	2.8	72,829	1.1	0.9	1.4
PQI - Medicare (CHF)	MSSP-10	5,987	7.2	5.0	9.3	122,927	10.3	9.7	10.8
ACS Hospitalizations: PQI Composite (Chronic)	Core-12	16,098	6.8	5.5	8.0	350,472	8.9	8.6	9.2
PQI - Commercial (Comp.)	Core-12	7,256	0.8	0.2	1.5	154,716	1.0	0.8	1.1
PQI - Medicaid (Comp.)	Core-12	2,855	4.2	1.8	6.6	72,829	6.2	5.6	6.7
PQI - Medicare (Comp.)	Core-12	5,987	15.2	12.1	18.3	122,927	20.5	19.7	21.3

**Table 10. ACO and APM Measures Reference Table**

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-1		Plan All-Cause Readmissions	NQF #1768, HEDIS measure	Adult	For members 18 years and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days.
Core-2		Adolescent Well-Care Visit	HEDIS measure	Pediatric	The percentage of members 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.
Core-3	MSSP-29	Ischemic Vascular Disease (IVD): Complete Lipid Panel (Screening Only)	NQF #0075, NCQA	Adult	The percentage of members 18-75 years who were discharged alive for acute myocardial infarction, coronary artery bypass grafting, or percutaneous coronary intervention in the year prior to the measurement year or who had a diagnosis of Ischemic Vascular Disease during the measurement year and one year prior, who had LDL-C screening.
Core-4		Follow-up after Hospitalization for Mental Illness, 7 Day	NQF #0576, HEDIS measure	Adult	The percentage of discharges for members 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.
Core-5		Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (a) Initiation, (b) Engagement	NQF #0004, HEDIS measure	Adult	(a) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment within 14 days. (b) The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two additional services with a diagnosis of AOD within 30 days of the initiation visit.
Core-6		Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	NQF #0058, HEDIS measure	Adult	The percentage of adults 18-64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic.
Core-7		Chlamydia Screening in Women	NQF #0033, HEDIS measure	Adult and Pediatric	The percentage of women 16-24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement period.
Core-8		Developmental Screening in the First Three Years of Life	NQF #1448	Pediatric	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday.
Core-10	MSSP-9	Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	NQF, AHRQ (Prevention Quality Indicator (PQI) #5)	Adult	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
Core-11	MSSP-20	Mammography / Breast Cancer Screening	NQF #2372, HEDIS measure	Adult	The percentage of women 50-74 years who had a mammogram to screen for breast cancer in the last two years.
Core-12		Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Chronic Composite	NQF, AHRQ (Prevention Quality Indicator (PQI) Chronic Composite)	Adult	Prevention Quality Indicators' (PQI) overall composite per 1,000 population, ages 18 years and older; includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.

**Table 10. ACO and APM Measures Reference Table, Continued**

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-13		Appropriate Testing for Children with Pharyngitis	NQF #0002	Pediatric	Percentage of children 2-18 years who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.
Core-14		Childhood Immunization Status (Combo 10)	NQF #0038, HEDIS measure	No	The percentage of children 2 years who had each of nine key vaccinations (e.g., MMR, HiB, HepB, etc.).
Core-15		Pediatric Weight Assessment and Counseling	NQF #0024	No	The percentage of members 3-17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.
Core-17	MSSP-27	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	NQF #0059, NCQA	Adult	Percentage of members 18-75 years with diabetes whose HbA1c was in poor control >9%.
Core-18	MSSP-19	Colorectal Cancer Screening	NQF #0034, NCQA HEDIS measure	No	The percentage of members 50-75 years who had appropriate screening for colorectal cancer.
Core-19	MSSP-18	Depression Screening and Follow-Up	NQF #0418, CMS	No	The percentage of members 12 years and older who had negative screening or positive screening for depression completed in the measurement year with an age-appropriate standardized tool. Follow-up for positive screening must be documented same day as screening.
Core-20	MSSP-16	Adult Weight Screening and Follow-Up	NQF #0421, CMS	No	The percentage of members 18 years and older who had BMI calculated during the last visit in the measurement year or within the prior 6 months. In cases where the BMI is abnormal, a follow-up plan must be documented during the visit the BMI was calculated or within the prior 6 months.
Core-21		Access to Care Composite	NCQA	No	NCQA Survey - percentage of members who could get appointments or answers to questions from providers when needed.
Core-22		Communication Composite	NCQA	No	NCQA Survey - percentage of members who felt they received good communication from providers.
Core-23		Shared Decision-Making Composite	NCQA	No	NCQA Survey - percentage of members whose provider helped them make decisions about prescription medications.
Core-24		Self-Management Support Composite	NCQA	No	NCQA Survey - percentage of members whose provider talked to them about specific health goals and barriers.
Core-25		Comprehensiveness Composite	NCQA	No	NCQA Survey - percentage of members whose provider talked to them about depression, stress, and other mental health issues.
Core-26		Office Staff Composite	NCQA	No	NCQA Survey - percentage of members who found the clerks and receptionists at their provider's office to be helpful and courteous.
Core-27		Information Composite	NCQA	No	NCQA Survey - percentage of members who received information from their provider about what to do if care was needed in the off hours and reminders between visits.
Core-28		Coordination of Care Composite	NCQA	No	NCQA Survey - percentage of members whose providers followed-up about test results, seemed informed about specialty care, and talked at each visit about prescription medication.

**Table 10. ACO and APM Measures Reference Table, Continued**

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
Core-29		Specialist Composite	NCQA	No	NCQA Survey - percentage of members who found it easy to get appointments with specialists and who found that their specialist seemed to know important information about their medical history.
Core-30		Cervical Cancer Screening	NQF #0032, HEDIS measure	Adult	The percentage of women either age 21–64 years who received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior to the measurement year or age 30–64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year.
Core-31	MSSP-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NQF #0068, NCQA	No	Percentage of members 18 years and older with IVD who had documentation of using aspirin or another antithrombotic during the measurement year.
Core-35	MSSP-14	Influenza Vaccination	NQF #0041, AMA-PCPI	Adult	Percentage of members 6 months and older with an outpatient visit between October and March who received an influenza vaccine.
Core-36	MSSP-17	Tobacco Use Assessment and Cessation Intervention	NQF #0028, AMA-PCPI	No	Percentage of members 18 years and older who had a negative tobacco screen or positive tobacco screen with cessation intervention in the two years prior to the measurement year.
Core-38	MSSP-32	Drug Therapy for Lowering LDL Cholesterol	NQF #0074	No	Percentage of members 18 years and older with a diagnosis of CAD and an outpatient visit in the measurement year whose LDL-C <100 mg/dL or LDL-C ≥100 mg/dL and who received a prescription of a statin in the measurement year.
Core-38	MSSP-33	ACE Inhibitor or ARB Therapy for Members with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	NQF #0066	No	Percentage of members 18 years and older with a diagnosis of CAD and a Left Ventricular Ejection Fraction (LVEF) < 40% or diagnosis of CAD and diabetes who received a prescription of ACE/ARB medication in the measurement year.
Core-39	MSSP-28	Percent of Beneficiaries With Hypertension Whose BP < 140/90 mmHg	NQF #0018, NCQA HEDIS measure	Adult	Percentage of members 18-85 years with hypertension whose BP was in control <140/90 mmHg.
Core-40	MSSP-21	Screening for High Blood Pressure and Follow-Up Plan Documented	Not NQF-endorsed; MSSP	No	Percentage of members 18 years and older seen during the measurement period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated.
Core-47	MSSP-13	Falls: Screening for Fall Risk	NQF #0101	No	Percentage of members 65 years and older who had any type of falls screening in the measurement year.
Core-48	MSSP-15	Pneumonia Vaccination (Ever Received)	NQF #0043	Adult	The percentage of members 65 years and older who had documentation of ever receiving a pneumonia vaccine.
Core-53		Diabetes Care Two-Part Composite	NQF #0059 and #0055	Adult	The percentage of members 18-75 years with diabetes who have a valid HbA1c less than or equal to 9% and who received an eye exam for diabetic retinal disease during the measurement year.
	MSSP-1	CG CAHPS: Getting Timely Care, Appointments, and Information	NQF #0005, AHRQ	No	CMS Survey - Getting Timely Care, Appointments, and Information
	MSSP-2	CG CAHPS: How Well Your Doctors Communicate	NQF #0005, AHRQ	No	CMS Survey - How Well Your Doctors Communicate



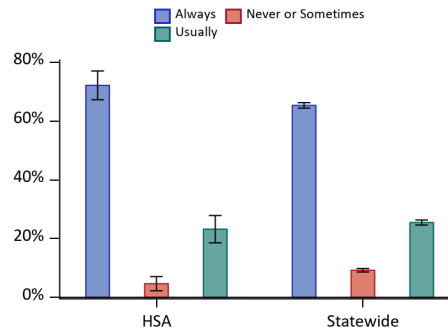
**Table 10. ACO and APM Measures Reference Table, Continued**

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
	MSSP-3	CG CAHPS: Patients' Rating of Doctor	NQF #0005, AHRQ	No	CMS Survey - Patients' Rating of Doctor
	MSSP-4	CG CAHPS: Access to Specialists	NQF #0005, AHRQ	No	CMS Survey - Access to Specialists
	MSSP-5	CG CAHPS: Health Promotion and Education	NQF #0005, AHRQ	No	CMS Survey - Health Promotion and Education
	MSSP-6	CG CAHPS: Shared Decision Making	NQF #0005, AHRQ	No	CMS Survey - Shared Decision Making
	MSSP-7	CG CAHPS: Health Status / Functional Status	NQF #0006, AHRQ	No	CMS Survey - Health Status/Functional Status
	MSSP-8	Risk-Standardized, All Condition Readmission	CMS, not submitted to NQF (adapted from NQF #1789)	No	All discharges with an ICD-9-CM principal diagnosis code for COPD or asthma in adults ages 40 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with COPD or asthma. This is an observed rate of discharges per 1,000 members.
	MSSP-10	Ambulatory Sensitive Condition Admissions: Congestive Heart Failure	NQF #0277, AHRQ (Prevention Quality Indicator (PQI) #8)	Adult	All discharges with an ICD-9-CM principal diagnosis code for CHF in adults ages 18 years and older, for ACO assigned or aligned Medicare fee-for-service (FFS) beneficiaries with CHF. This is an observed rate of discharges per 1,000 members.
	MSSP-11	Percent of Primary Care Physicians who Successfully Qualify for an EHR Program Incentive Payment	CMS EHR Incentive Program Reporting	No	Percentage of Accountable Care Organization (ACO) primary care physicians (PCPs) who successfully qualify for either a Medicare or Medicaid Electronic Health Record (EHR) Program incentive payment.
	MSSP-12	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	NQF #0554	No	Percentage of members 65 years and older who were discharged from any inpatient facility in the measurement year and had an outpatient visit within 30 days of the discharge who had documentation in the outpatient medical record of reconciliation of discharge medications with current outpatient medications during a visit within 30 days of discharge.
	MSSP-24	Diabetes: Blood Pressure Control		Adult	Percentage of members 18-75 years with diabetes who had blood pressure <140/90 mmHg at most recent visit.
	MSSP-25	Diabetes: Tobacco Non-Use		Adult	Percentage of members 18-75 years with diabetes who were identified as a non-user of tobacco in measurement year.
	MSSP-31	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	NQF #0083	No	Percentage of members 18 years and older with a diagnosis of heart failure who also had LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
		Comprehensive Diabetes Care: Eye Exams for Diabetics	NQF #0055, HEDIS measure	Adult	Percentage of members with diabetes 18-75 years who received an eye exam for diabetic retinal disease during the measurement year.
M&E-3		Comprehensive Diabetes Care: Medical Attention for Nephropathy	NQF #0062, HEDIS measure	Adult	Percentage of members with diabetes 18-75 years who received a nephropathy screening test during the measurement year.

**Table 10.** ACO and APM Measures Reference Table, Continued

VT Measure ID	Medicare Shared Savings Program Measure ID	Measure Name	Nationally Recognized/ Endorsed	Included in HSA Profile?	Measure Description
APM-HD-II		Follow-Up After Discharge From ED for Mental Health	NQF #2605, HEDIS measure	Adult	Percentage of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit.
APM-HD-III		Follow-Up After Discharge From ED for AOD	NQF #2605, HEDIS measure	Adult	Percentage of ED visits for members 18 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD within 30 days of the ED visit.
APM-P-III, ACO-18		Screening for Clinical Depression	NQF #0418	Adult	Percentage of members ages 18 years and older that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool.
APM-P-IV, ACO-17		Tobacco Use Screening	NQF #0028	Adult	Percentage of members ages 18 years and older that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention.
APM-P-V		Medication Management for People With Asthma	NQF #1799, HEDIS measure	Adult	The percentage of members age 18-64 during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported. 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.

**Patient Experience Survey: Access to Care Composite CY2018**

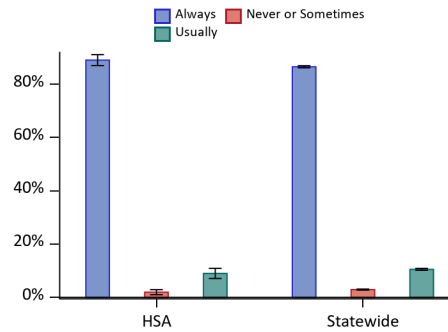


*Figure 40: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Access to Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 11. Patient Experience Survey: Access to Care Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	Always	175	78%	6%	4,890	71%	1%
	Usually	175	19%	6%	4,890	23%	1%
	Never or Sometimes				4,890	6%	1%
In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Always	84	77%	10%	2,668	68%	2%
	Usually	84	19%	9%	2,668	22%	2%
	Never or Sometimes				2,668	10%	1%
In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	Always	106	61%	10%	3,096	57%	2%
	Usually	106	31%	9%	3,096	31%	2%
	Never or Sometimes				3,096	12%	1%

**Patient Experience Survey: Communication Composite CY2018**

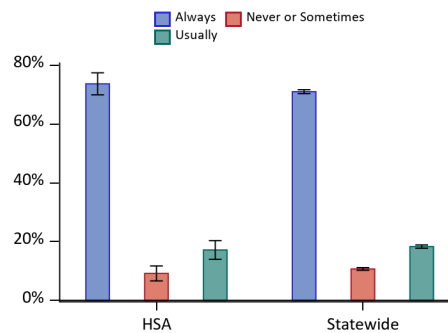


*Figure 41: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Communication for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 12. Patient Experience Survey: Communication Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did this provider show respect for what you had to say?	Always	230	92%	4%	7,312	90%	1%
	Usually	230	7%	3%	7,312	8%	1%
	Never or Sometimes				7,312	3%	0%
In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Always	231	90%	4%	7,312	86%	1%
	Usually	231	9%	4%	7,312	12%	1%
	Never or Sometimes				7,312	2%	0%
In the last 6 months, how often did this provider listen carefully to you?	Always	233	89%	4%	7,285	86%	1%
	Usually	233	9%	4%	7,285	10%	1%
	Never or Sometimes				7,285	3%	0%
In the last 6 months, how often did this provider spend enough time with you?	Always	229	86%	5%	7,318	85%	1%
	Usually	229	12%	4%	7,318	12%	1%
	Never or Sometimes				7,318	3%	0%

**Patient Experience Survey: Coordinated Care Composite CY2018**

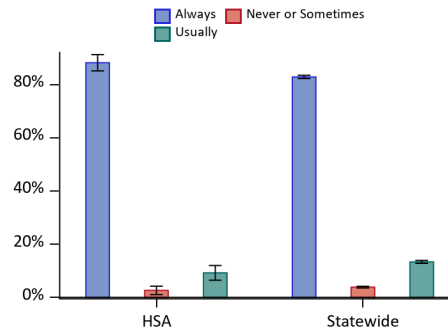


*Figure 42: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Coordinated Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 13. Patient Experience Survey: Coordinated Care Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	Always	154	80%	7%	4,889	73%	1%
	Usually	154	10%	5%	4,889	16%	1%
	Never or Sometimes	154	10%	5%	4,889	11%	1%
In the last 6 months, how often did this provider seem to know the important information about your medical history?	Always	231	75%	6%	7,273	75%	1%
	Usually	231	20%	5%	7,273	20%	1%
	Never or Sometimes	231	5%	3%	7,273	6%	1%
In the last 6 months, how often did you and someone from this provider's office talk at each visit about all the prescription medicines you were taking?	Always	175	66%	7%	5,986	65%	1%
	Usually	175	21%	6%	5,986	19%	1%
	Never or Sometimes	175	13%	5%	5,986	15%	1%

**Patient Experience Survey: Office Staff Composite CY2018**

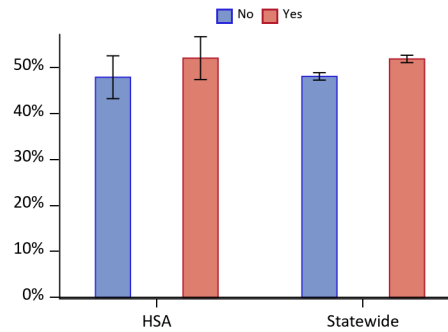


*Figure 43: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Office Staff for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 14. Patient Experience Survey: Office Staff Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Always	228	91%	4%	7,261	89%	1%
	Usually	228	7%	4%	7,261	9%	1%
	Never or Sometimes				7,261	2%	0%
In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Always	228	85%	5%	7,253	77%	1%
	Usually	228	11%	4%	7,253	18%	1%
	Never or Sometimes				7,253	5%	1%

**Patient Experience Survey: Self Management Composite CY2018**

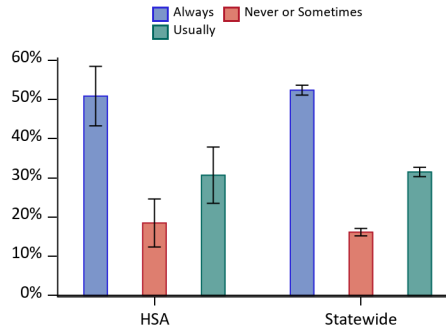


*Figure 44: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Self Management for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 15. Patient Experience Survey: Self Management Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?	Yes	222	63%	7%	7,129	62%	1%
	No	222	37%	7%	7,129	38%	1%
In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?	Yes	219	41%	7%	7,127	42%	1%
	No	219	59%	7%	7,127	58%	1%

**Patient Experience Survey: Specialist Composite CY2018**



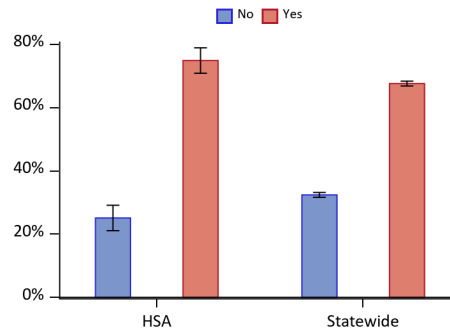
*Figure 45: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Specialist for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 16. Patient Experience Survey: Specialist Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often was it easy to get appointments with specialists?	Always	74	41%	12%	2,589	45%	2%
	Usually	74	35%	12%	2,589	33%	2%
	Never or Sometimes	74	24%	10%	2,589	21%	2%
In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?	Always	103	61%	10%	3,501	60%	2%
	Usually	103	26%	9%	3,501	30%	2%
	Never or Sometimes	103	13%	7%	3,501	11%	1%



**Patient Experience Survey: Information Composite CY2018**



*Figure 46: Presents the composite proportion, including the 95% confidence interval, of the given response to the questions associated with Information for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses have been blinded in cases where there were fewer than 30 total responses to a question or fewer than 11 responses to a single answer.*

**Table 17. Patient Experience Survey: Information Questions**

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?	Yes	229	83%	5%	7,193	72%	1%
	No	229	17%	5%	7,193	28%	1%
Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	Yes	226	66%	6%	7,205	63%	1%
	No	226	34%	6%	7,205	37%	1%

**Table 18. HSA Practice List**

VT Practice ID	Practice Name
VT07	Middlebury Family Health Center
VT123	Mountain Health Center
VT136	Rainbow Pediatrics
VT392	Vermont Natural Family Health - Salisbury
VT400	UVM Health Network Porter Medical Center Pediatric Primary Care
VT401	UVM Health Network Porter Medical Center Primary Care Brandon
VT402	UVM Health Network Porter Medical Center Primary Care Bristol
VT404	UVM Health Network Porter Medical Center Primary Care Vergennes
VT67	UVM Health Network Porter Medical Center Primary Care Middlebury

**Table 19. HSA Town List**

Community H.S.A.	Town Name
Middlebury	Addison
Middlebury	Bridport
Middlebury	Bristol
Middlebury	Cornwall
Middlebury	Lincoln
Middlebury	Middlebury
Middlebury	New Haven
Middlebury	Orwell
Middlebury	Panton
Middlebury	Ripton
Middlebury	Salisbury
Middlebury	Shoreham
Middlebury	Vergennes
Middlebury	Waltham
Middlebury	Weybridge
Middlebury	Whiting