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Blueprint for Health
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Community Profile: Rutland
Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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	39,408	382,373
Average Members	36,298	350,472
Average Age	52.7	51.4
% Female	53.2	53.5
% Medicaid	22.8	21.5
% Medicare	38.1	33.6
% Maternity	7.5	7.4
Health Status (CRG)		
% with Selected Chronic Conditions	44.3	39.1
% Healthy	32.8	35.4
% Minor Chronic or Acute	16.2	18.3
% Moderate Chronic	26.3	25.9
% Significant Chronic	23.3	19.3
% Cancer or Catastrophic	1.2	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.

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Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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

		Community H.S.A.	Statewide
Distinct Members	Blueprint primary care practice attributed	24,293	242,878
	Non-Blueprint primary care attributed	10,003	90,195
	No primary care attribution	5,112	49,300
	Combined Population	39,408	382,373
Average Members	Blueprint primary care practice attributed	22,786	227,974
	Non-Blueprint primary care attributed	9,355	83,313
	No primary care attribution	4,158	39,185
	Combined Population	36,298	350,472
Average Age	Blueprint primary care practice attributed	53.0	52.9
	Non-Blueprint primary care attributed	55.5	51.6
	No primary care attribution	45.7	43.5
	Combined Population	52.7	51.4
% Female	Blueprint primary care practice attributed	57.2	55.7
	Non-Blueprint primary care attributed	51.0	55.9
	No primary care attribution	38.4	38.4
	Combined Population	53.2	53.5
% Medicaid	Blueprint primary care practice attributed	23.7	21.2
	Non-Blueprint primary care attributed	18.1	20.3
	No primary care attribution	27.7	25.2
	Combined Population	22.8	21.5
% Medicare	Blueprint primary care practice attributed	39.4	36.2
	Non-Blueprint primary care attributed	43.3	35.2
	No primary care attribution	21.4	17.7
	Combined Population	38.1	33.6
% Maternity	Blueprint primary care practice attributed	9.3	8.8
	Non-Blueprint primary care attributed	7.5	9.6
	No primary care attribution	3.6	2.7
	Combined Population	7.5	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	51.5	46.3
	Non-Blueprint primary care attributed	46.1	38.2
	No primary care attribution	7.1	5.4
	Combined Population	44.3	39.1
% Healthy	Blueprint primary care practice attributed	24.8	26.9
	Non-Blueprint primary care attributed	28.6	33.1
	No primary care attribution	79.3	81.7
	Combined Population	32.8	35.4
% Minor Chronic or Acute	Blueprint primary care practice attributed	17.4	19.8
	Non-Blueprint primary care attributed	17.2	19.5
	No primary care attribution	8.7	8.9
	Combined Population	16.2	18.3
% Moderate Chronic	Blueprint primary care practice attributed	29.0	29.6
	Non-Blueprint primary care attributed	28.8	26.3
	No primary care attribution	8.7	7.1
	Combined Population	26.3	25.9
% Significant Chronic	Blueprint primary care practice attributed	27.5	22.7
	Non-Blueprint primary care attributed	23.5	19.4
	No primary care attribution	3.2	2.1
	Combined Population	23.3	19.3
% Cancer or Catastrophic	Blueprint primary care practice attributed	1.2	1.0
	Non-Blueprint primary care attributed	1.9	1.7
	No primary care attribution	0.1	0.2
	Combined Population	1.2	1.1

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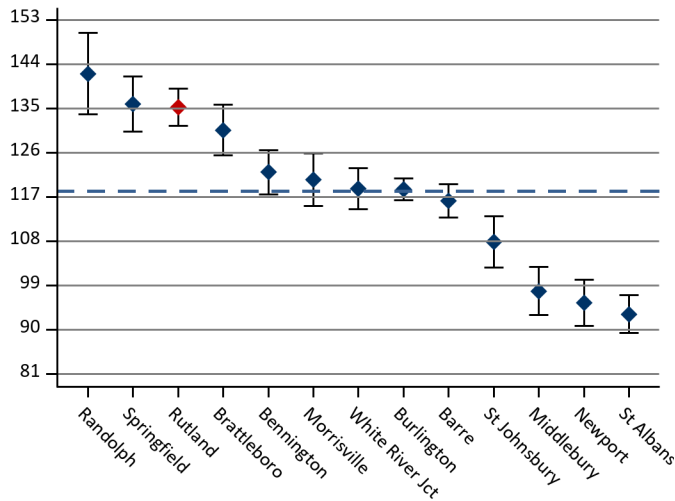
Figure 1: Presents annual risk-adjusted rates, including 95% confidence intervals, of inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, and Preventive Quality Indicators — can be found in Table 6. The blue dashed line indicates the statewide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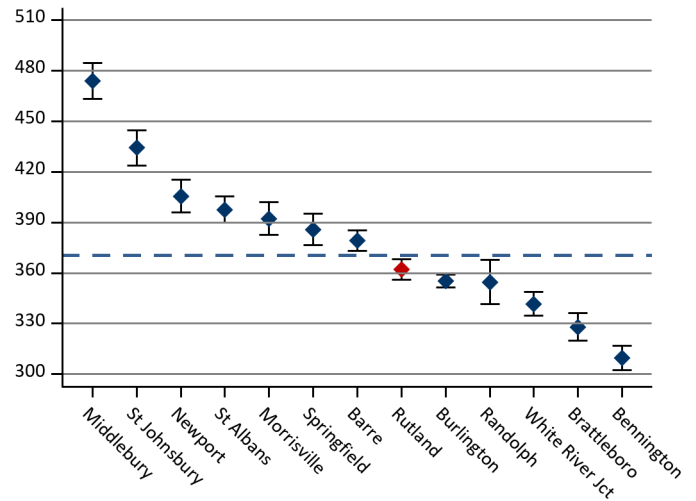
Outpatient ED Visits

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.
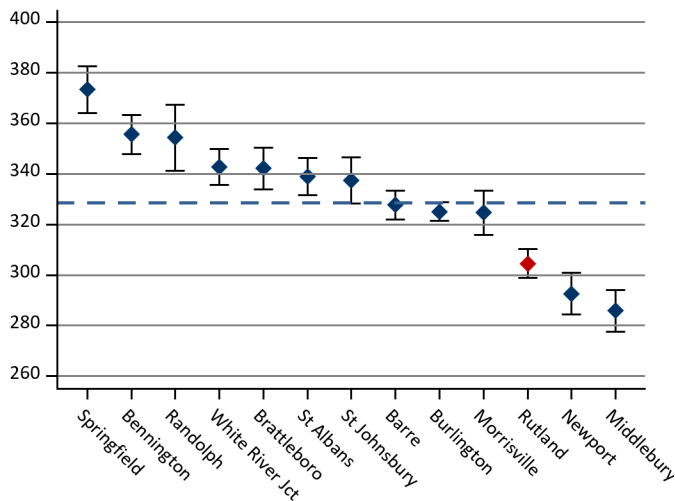
Advanced Imaging (MRIs, CT Scans)

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.
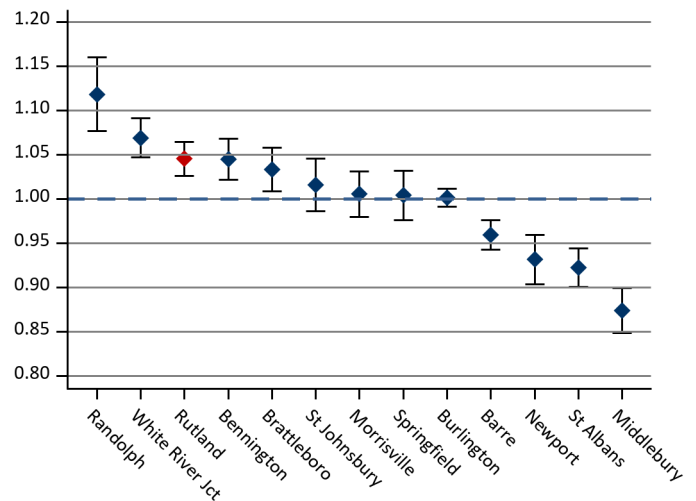
Resource Use Index

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.

Demographics / Health | Cost of Care | **Utilization** | Preventive Care / ACO | BRFSS | Data Detail

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

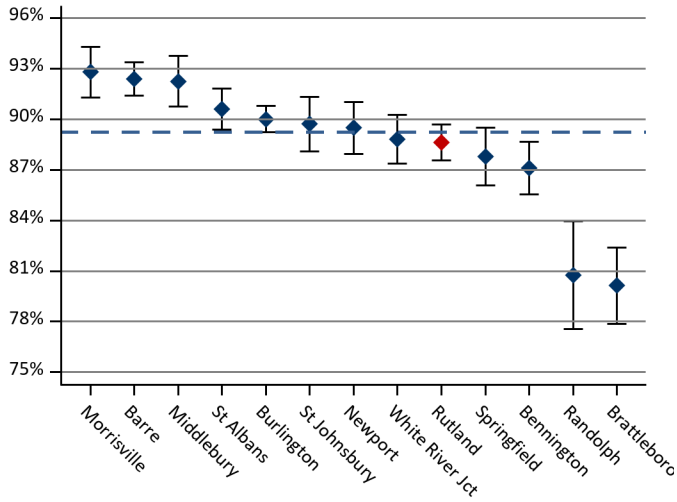## Diabetes: HbA1c Testing

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)
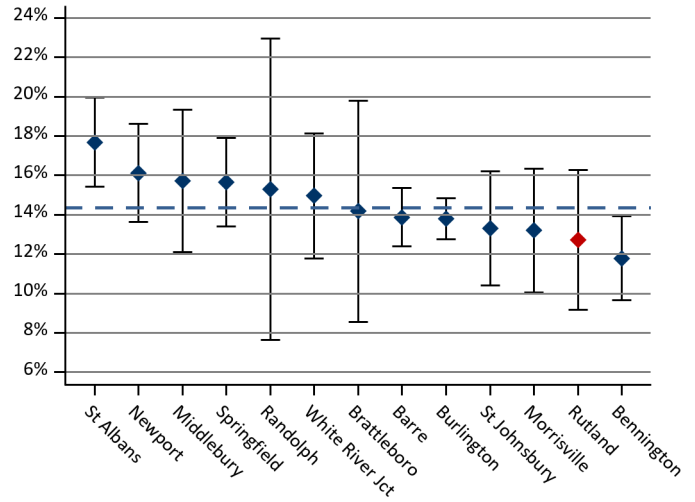

Figure 6: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, whose last recorded hemoglobin A1c test in the Vermont Clinical Registry was in poor control (>9%). Members with diabetes were identified using claims data. The denominator 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.
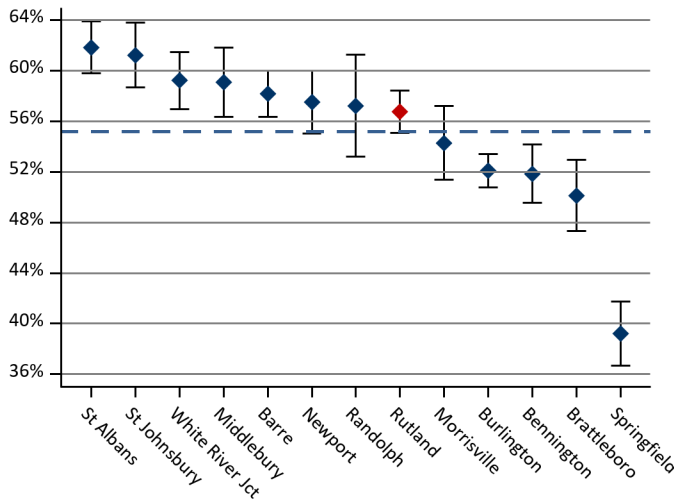
Diabetes: Eye Exam (NQF #0055)

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)
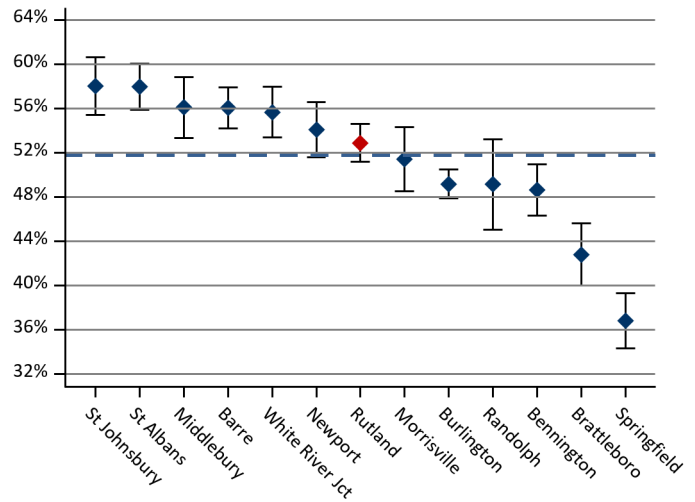

Figure 8: Presents the proportion, including 95% confidence intervals, of continuously enrolled members with diabetes, ages 18-75 years, that had a valid HbA1c ≤9% and received an eye screening for diabetic retinal disease during the measurement year. The blue dashed line indicates the statewide average.

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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.

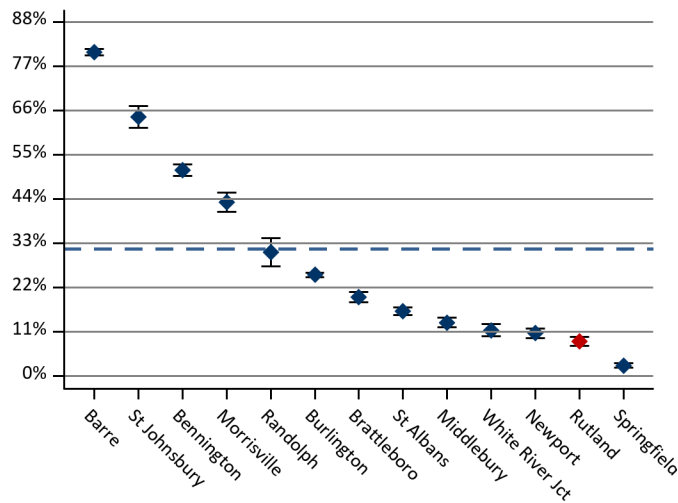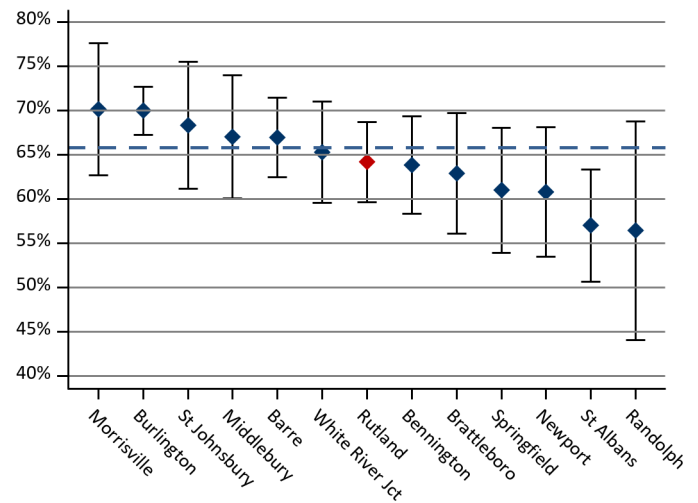### Screening for Clinical Depression* (NQF #0418)
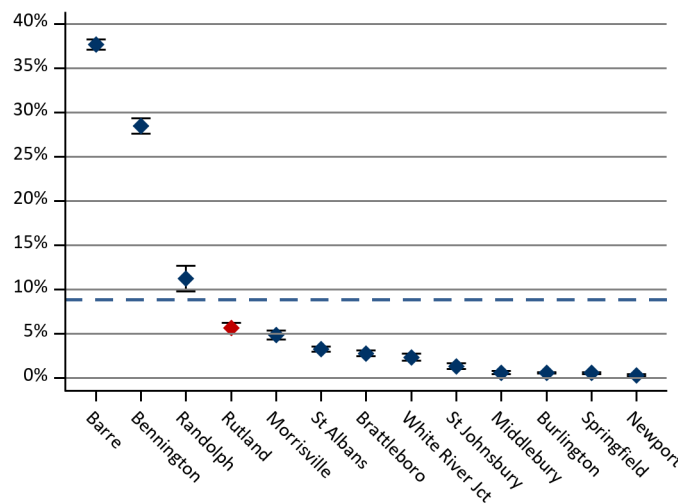
Figure 11: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that were screened for clinical depression on the date of encounter using an age-appropriate standardized depression screening tool. This figure includes only practices providing 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)

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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)
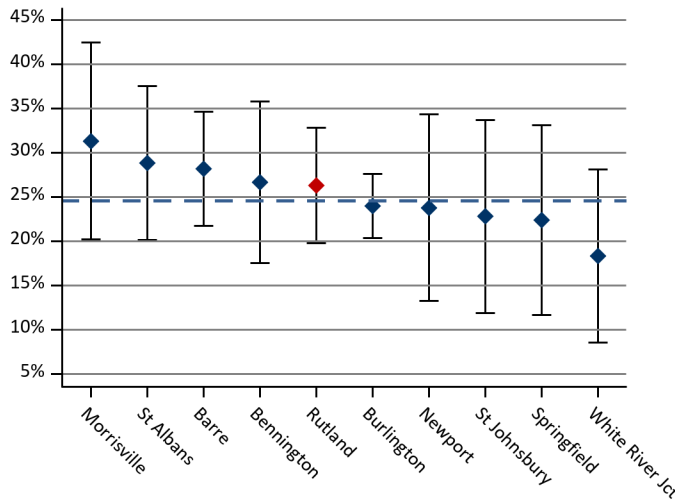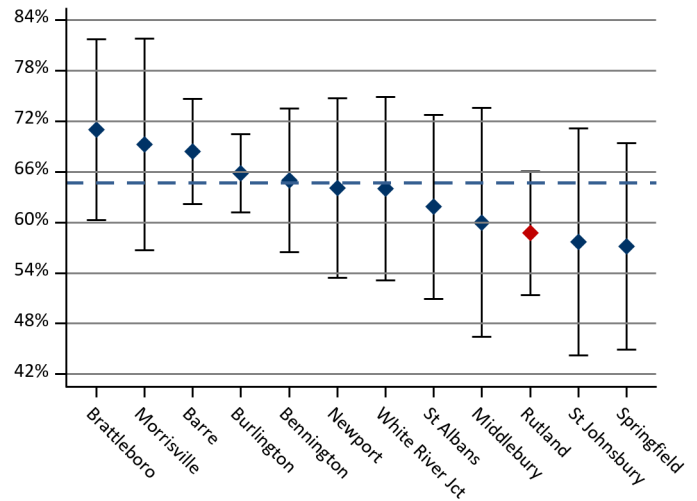

Figure 13: Presents the proportion, including 95% confidence intervals, of ED visits for members 18 years of age and older with a principal diagnosis of mental illness, who had a follow up visit for mental health within 30 days of the ED visit. The blue dashed line indicates the statewide average.

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

| Demographics / Health | Cost of Care | Utilization | Preventive Care / ACO | BRFSS | Data Detail |

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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 (≤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.

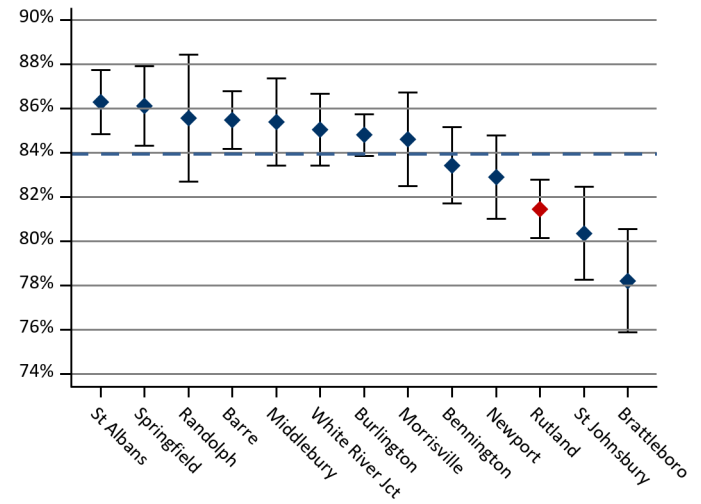## Diabetes: Nephropathy (Kidney Disease) Screening (NQF #0062)

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.

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Linked Clinical Data: Obesity, Hypertension, & HbA1c

Measure (N = Count of distinct members)	HSA N=39,408	Statewide N=382,373
	Rate %	Rate %
% linked to clinical data	16%	54%
% with BMI data	10%	32%
% meeting obesity criteria	38%	37%
% with blood pressure data	13%	47%
% meeting hypertension criteria	25%	22%
% with BMI and blood pressure data	10%	32%
% meeting obesity and hypertension criteria	11%	10%

Measure (N = Count of distinct members with diabetes)	HSA N=3,378	Statewide N=26,062
	Rate %	Rate %
% linked to clinical data	20%	69%
% with BMI data	11%	46%
% meeting obesity criteria	70%	66%
% with blood pressure data	16%	62%
% meeting hypertension criteria	31%	28%
% with valid HbA1c	10%	45%
% with HbA1c >9%	1%	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)
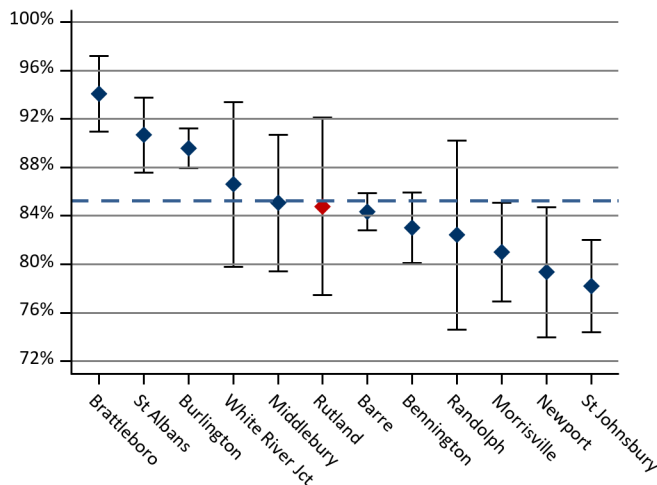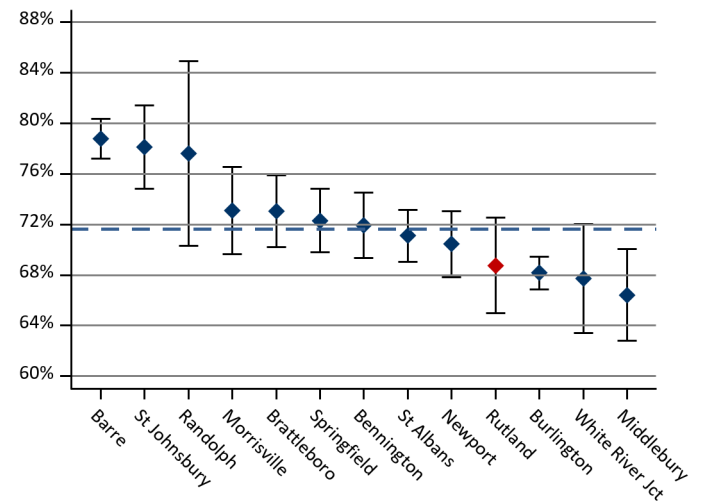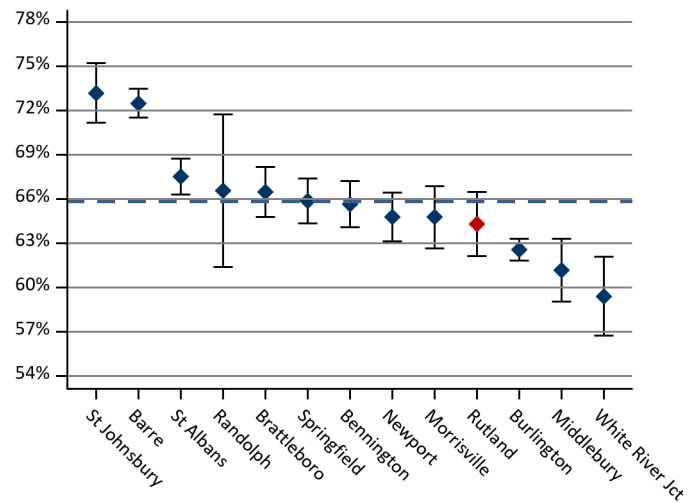

Figure 17: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18-85 years, whose last recorded blood pressure measurement in the Vermont Clinical Registry was in control (<140/90 mmHg). Members with hypertension were identified using 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.*

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Community Profile: Rutland
Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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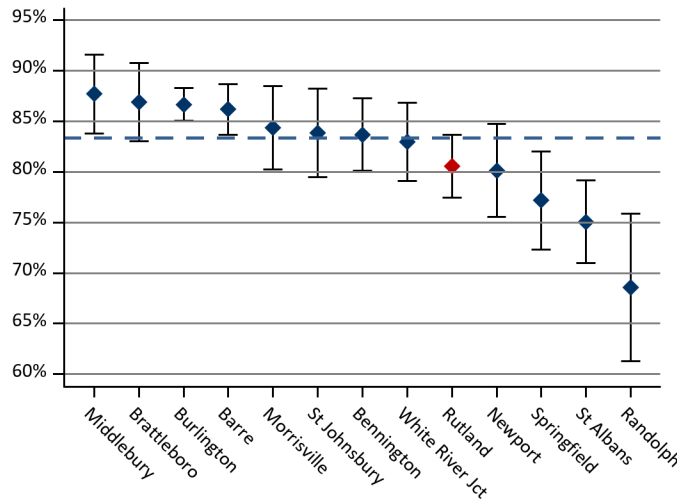
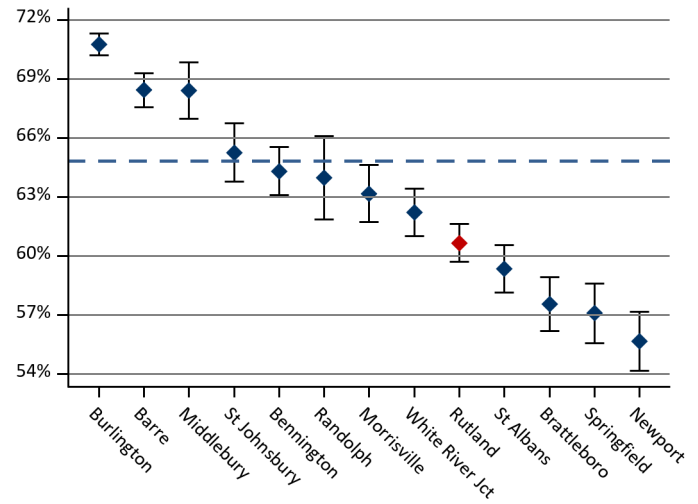## Cervical Cancer Screening (Core-30, NQF #0032)

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)
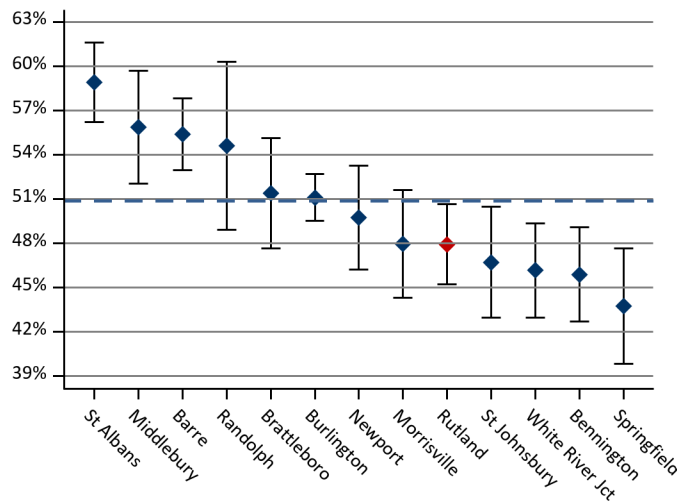
Figure 20: Presents the proportion, including 95% confidence intervals, of continuously enrolled women, ages 16-24 years, identified as sexually active during the measurement year that received at least one test for chlamydia during the measurement year or the year prior to the measurement year. (Note 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.
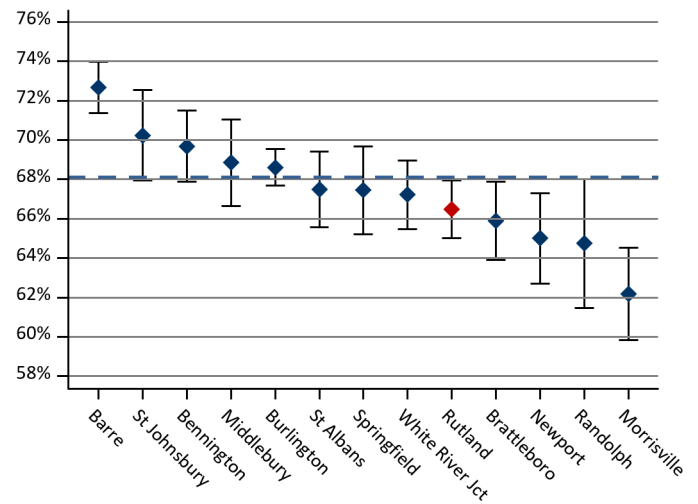
Demographics / Health | Cost of Care | Utilization | **Preventive Care / ACO** | BRFSS | Data Detail

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Community Profile: Rutland

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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.*

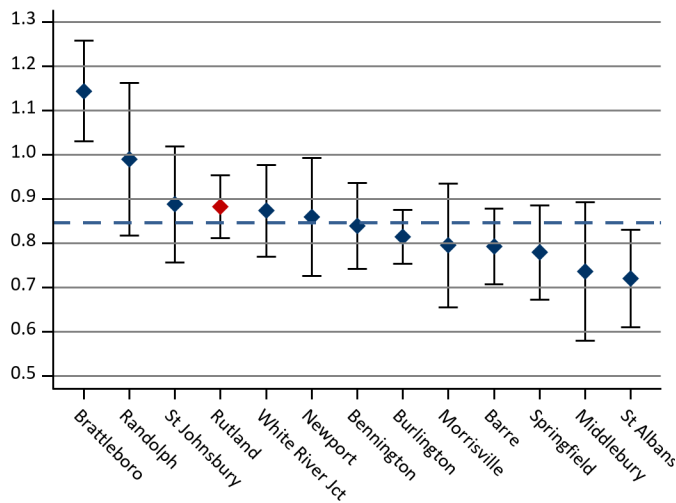## Engagement of Alcohol/Drug Treatment (Core-5b, NQF #0004)
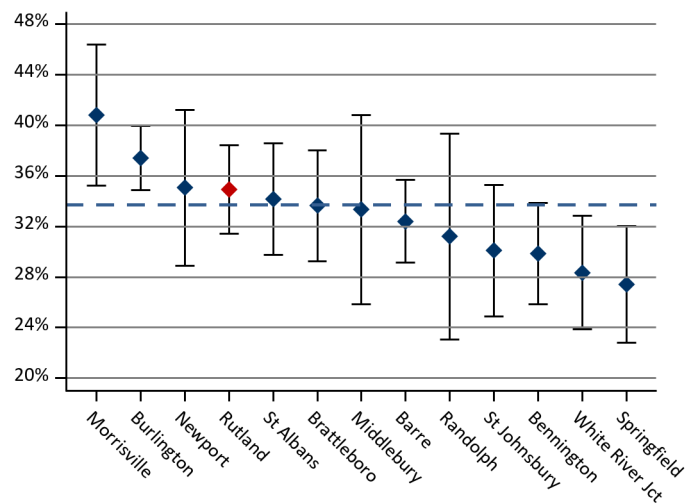
Figure 25: *Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had their initial treatment and then had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The blue dashed line indicates the statewide average.*

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Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

Cholesterol Management, Cardiac (Core-3, MSSP-29)
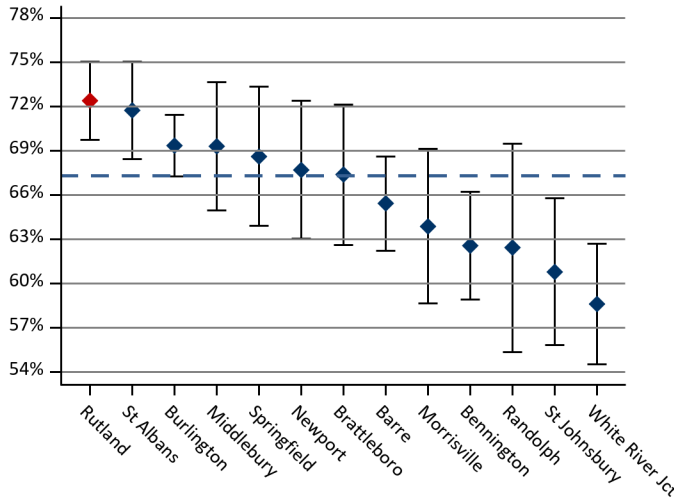
Figure 26: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-75 years, discharged alive after treatment for acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), or percutaneous coronary intervention (PCI) in the year prior to 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)
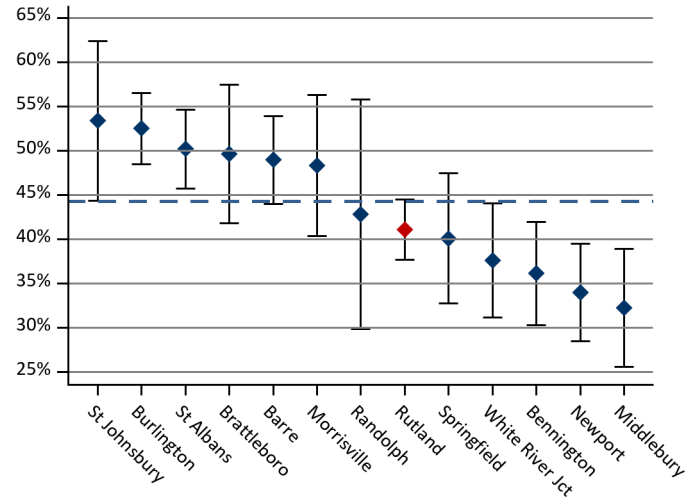
Figure 27: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18-64 years, that received a diagnosis of acute bronchitis but was not dispensed an antibiotic prescription. The blue dashed line indicates the statewide average.
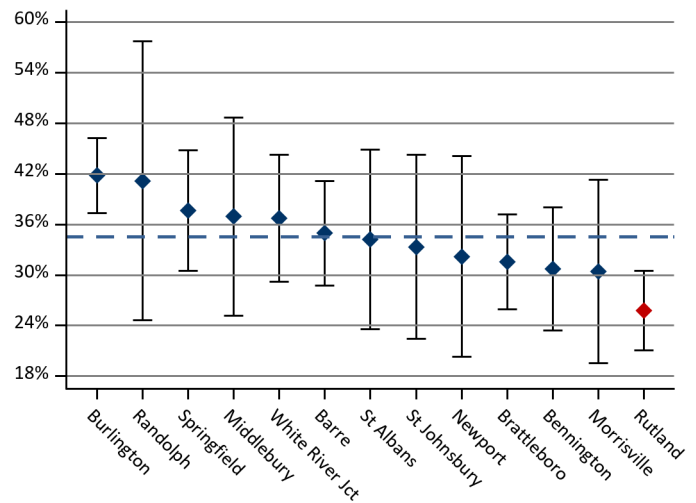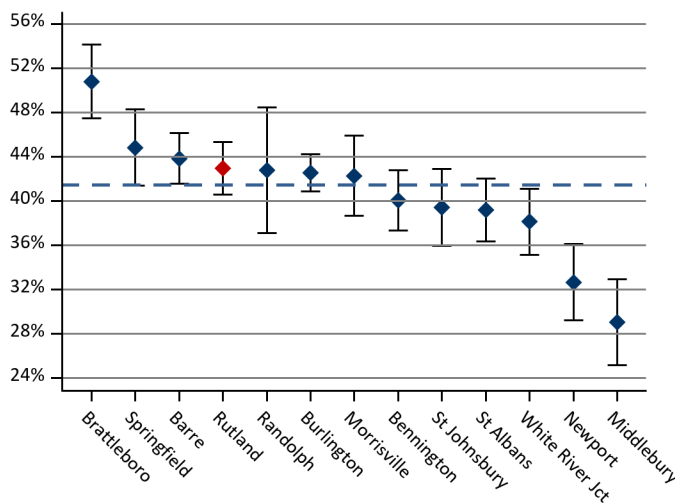
Influenza Vaccination (Core-35, MSSP-14, NQF #0041)
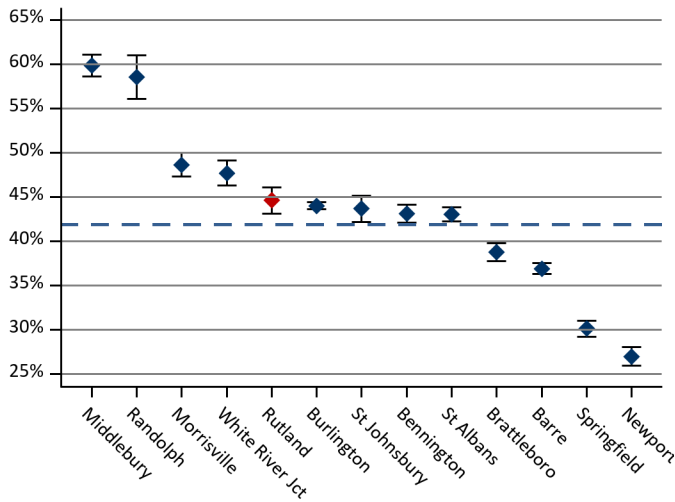
Figure 28: Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages six months and older, that received an influenza immunization from October 1 of the prior year through March 31 of the measurement year. Immunizations were identified in the medical claims or, if available, in the Vermont Clinical Registry. The blue dashed line indicates the statewide average.

Pneumonia Vaccination (Core-48, MSSP-15, NQF #0043)
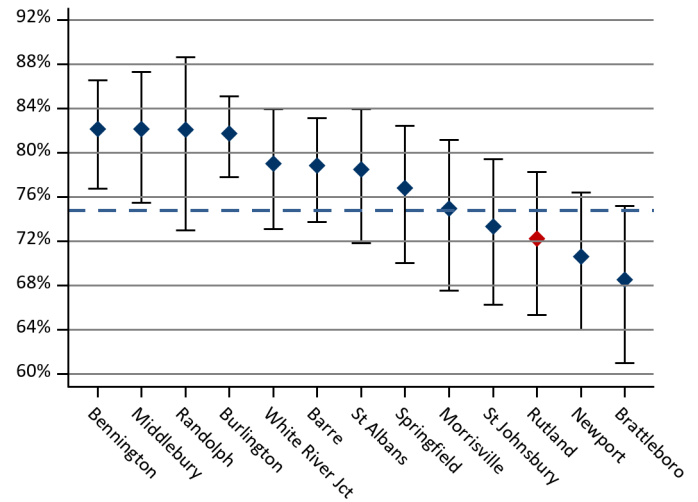
Figure 29: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 65 years and older, that reported ever receiving a pneumonia vaccination. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

ACS Admissions: COPD & Asthma (Core-10, MSSP-9)
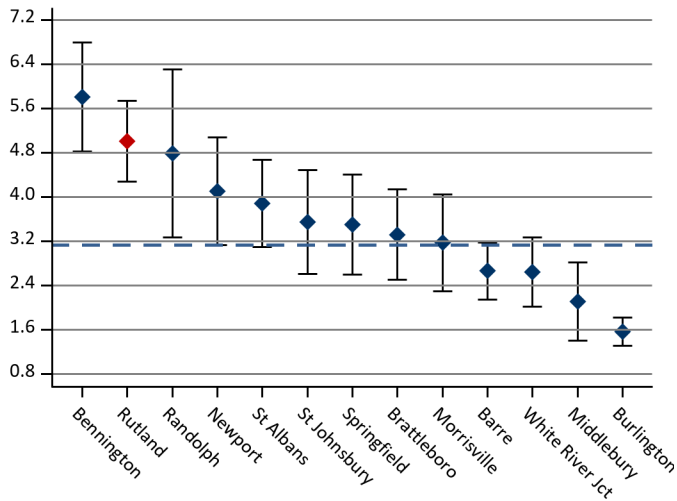
Figure 30: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of ambulatory care sensitive (ACS) admissions with a principal diagnosis of chronic obstructive pulmonary disorder (COPD) or asthma per 1,000 members, ages 40 years and older. The blue dashed line indicates the statewide average.

ACS Admissions: Heart Failure (MSSP-10, NQF #0277)
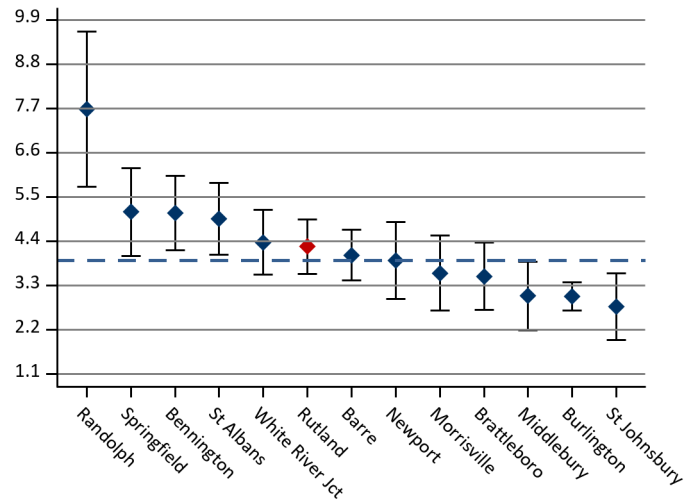
Figure 31: This Prevention Quality Indicator (PQI) presents the rate, including 95% confidence intervals, of admissions with a principal diagnosis of congestive heart failure per 1,000 members, ages 18 years and older. The blue dashed line indicates the statewide average.

ACS Hospitalizations: PQI 92 Composite Chronic (Core-12)
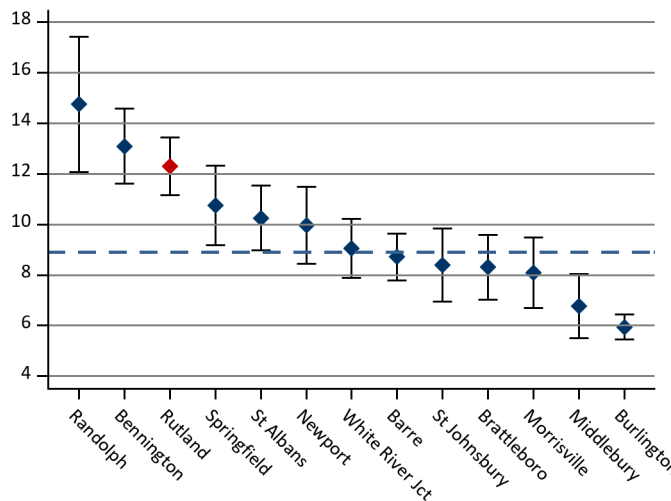
Figure 32: This Prevention Quality Indicator (PQI) presents a composite rate, including 95% confidence intervals, of hospitalizations for chronic conditions per 1,000 members, ages 18 years and older. This measure includes admissions for at least one of the following conditions: COPD, asthma, hypertension, 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.

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018   **Profile Type:** Adults (18+ Years)

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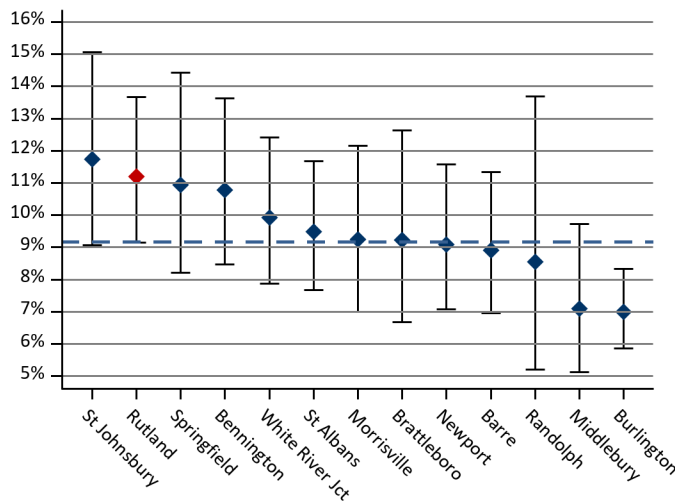
Figure 35: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a diagnosis of diabetes. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed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

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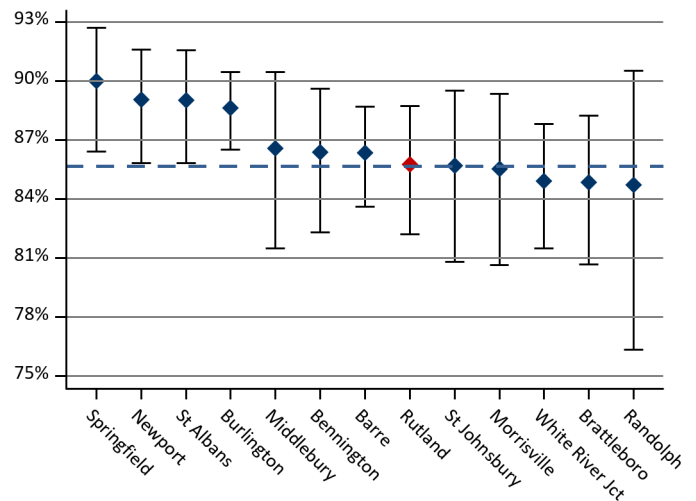
Figure 36: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they have a personal doctor or health care provider. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December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

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Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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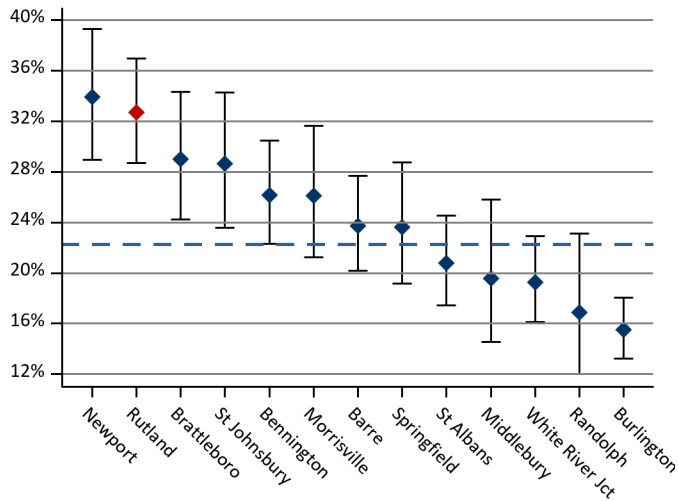
Figure 37: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported a household income of less than $25,000 per year. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December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

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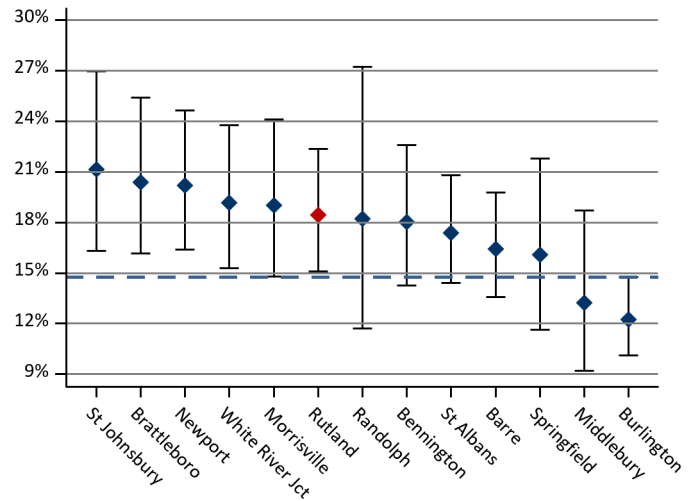
Figure 38: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that reported being cigarette smokers. This data was collected through the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed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

BRFSS: No Leisure-Time Physical Activity/Exercise
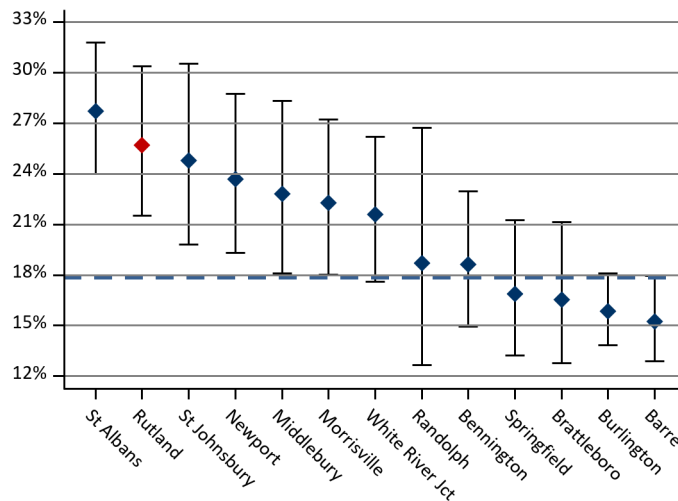
Figure 39: Presents the proportion, including 95% confidence intervals, of Vermont residents, ages 18 years and older, that said they did not participate in any physical activity or exercise during the previous month. This data was collected thr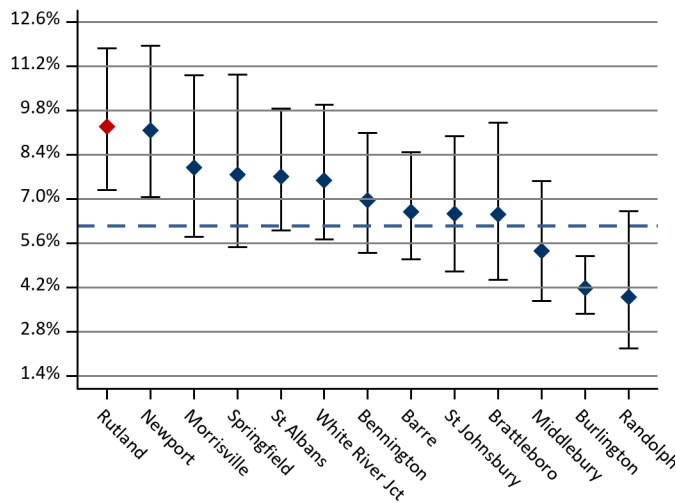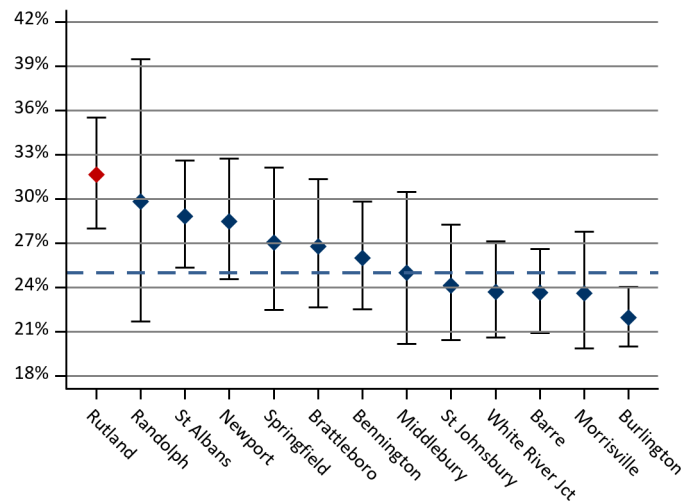ough the Behavioral Risk Factor Surveillance System (BRFSS) Between January 2017 and December 2018. The blue dashed line indicates the statewide average.

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	1.05	1.03	1.06	1.00	0.99	1.01
Inpatient	1.15	1.09	1.20	1.00	0.98	1.02
Outpatient Facility	1.08	1.05	1.10	1.00	0.99	1.01
Professional	1.00	0.99	1.02	1.00	1.00	1.00
Pharmacy	0.97	0.95	1.00	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	135.3	131.5	139.1	118.1	117.0	119.3
Inpatient Days	668.0	659.6	676.4	606.9	604.3	609.5
Outpatient ED Visits	362.1	355.9	368.3	370.5	368.5	372.5
Outpatient Potentially Avoidable ED Visits	58.6	56.1	61.0	56.9	56.1	57.7
Non-Hospital Outpatient Visits	6,280.7	6,254.9	6,306.5	5,730.3	5,722.4	5,738.2
Primary Care Encounters	2,850.0	2,832.6	2,867.3	2,925.1	2,919.4	2,930.7
Medical Specialist Encounters	1,448.1	1,435.8	1,460.5	1,239.3	1,235.6	1,243.0
Surgical Specialist Encounters	1,085.2	1,074.4	1,095.9	997.5	994.2	1,000.8
Standard Imaging	613.7	605.6	621.8	686.4	683.7	689.2
Advanced Imaging	304.5	298.8	310.2	328.6	326.7	330.5
Echography	383.7	377.3	390.1	371.5	369.5	373.5
Colonoscopy	42.0	39.9	44.1	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	3,378	89%	88%	90%	26,062	89%	89%	90%
Eye Exam	3,378	57%	55%	58%	26,062	55%	55%	56%
Nephropathy	3,378	81%	80%	83%	26,062	84%	84%	84%
Imaging Studies for Low Back Pain	617	81%	77%	84%	6,106	83%	82%	84%

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

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Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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	1.04	1.02	1.07	0.98	0.97	0.99
	Non-Blueprint primary care attributed	1.10	1.06	1.14	1.09	1.08	1.10
	No primary care attribution	0.92	0.90	0.95	0.94	0.93	0.94
	Combined Population	1.05	1.03	1.06	1.00	0.99	1.01
Risk-adjusted Inpatient Utilization	Blueprint primary care practice attributed	136.95	132.15	141.76	115.53	114.13	116.92
	Non-Blueprint primary care attributed	134.61	127.17	142.04	124.03	121.64	126.43
	No primary care attribution	127.84	116.97	138.71	120.77	117.33	124.21
	Combined Population	135.31	131.52	139.09	118.14	117.00	119.27
Risk-adjusted Outpatient ED Utilization	Blueprint primary care practice attributed	355.28	347.54	363.02	374.59	372.08	377.10
	Non-Blueprint primary care attributed	376.99	364.55	389.43	367.85	363.73	371.97
	No primary care attribution	366.16	347.77	384.55	352.38	346.50	358.26
	Combined Population	362.12	355.93	368.31	370.51	368.49	372.52
Potentially Avoidable ED Visits	Blueprint primary care practice attributed	57.93	54.80	61.05	57.73	56.74	58.72
	Non-Blueprint primary care attributed	61.83	56.79	66.87	55.64	54.04	57.24
	No primary care attribution	54.64	47.53	61.74	54.53	52.22	56.85
	Combined Population	58.56	56.07	61.05	56.87	56.09	57.66
PQI92 (Chronic conditions)	Blueprint primary care practice attributed	13.34	11.84	14.84	9.91	9.50	10.32
	Non-Blueprint primary care attributed	13.26	10.92	15.59	9.63	8.96	10.29
	No primary care attribution	4.33	2.33	6.33	1.43	1.05	1.80
	Combined Population	12.29	11.15	13.43	8.89	8.58	9.21

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Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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	9,781	61%	60%	62%	93,192	65%	65%	65%
CCS - Commercial	Core-30	5,249	68%	67%	69%	53,965	72%	72%	73%
CCS - Medicaid	Core-30	3,328	54%	52%	56%	30,016	56%	56%	57%
CCS - Medicare	Core-30	1,204	47%	44%	50%	9,211	48%	47%	49%
Chlamydia Screening (Ages 16-24 Years)	Core-7	1,302	48%	45%	51%	14,250	51%	50%	52%
CHL - Commercial	Core-7	627	46%	42%	50%	7,610	50%	49%	51%
CHL - Medicaid	Core-7	659	51%	47%	54%	6,516	52%	51%	54%
CHL - Medicare	Core-7					124	42%	33%	51%
Breast Cancer Screening (Ages 52-64 Years)	Core-11	4,009	66%	65%	68%	37,143	68%	68%	69%
BCS - Commercial (Ages 52-64 Years)	Core-11	2,568	73%	71%	74%	25,433	74%	74%	75%
BCS - Medicaid (Ages 52-64 Years)	Core-11	753	54%	50%	57%	6,370	54%	53%	55%
BCS - Medicare (Ages 52-64 Years)	Core-11	688	57%	53%	61%	5,340	56%	55%	57%
Breast Cancer Screening (Ages 52-74 Years)	Core-11	7,101	68%	66%	69%	64,513	69%	69%	69%
Breast Cancer Screening (Ages 64-74 Years)	Core-11	3,092	69%	67%	71%	27,370	70%	70%	71%
Follow-Up After Hospitalization for Mental Illness (7 day)	Core-4	330	26%	21%	30%	2,152	35%	33%	37%
FUH - Commercial	Core-4					269	42%	36%	48%
FUH - Medicaid	Core-4	163	14%	9%	19%	1,183	28%	26%	31%
FUH - Medicare	Core-4	142	35%	27%	43%	700	42%	38%	46%
Initiation of Alcohol/Drug Treatment	Core-5a	1,667	43%	41%	45%	14,779	41%	41%	42%
IET (INI) - Medicaid	Core-5a	765	46%	42%	49%	6,647	42%	41%	43%
Engagement of Alcohol/Drug Treatment	Core-5b	716	35%	31%	38%	6,131	34%	32%	35%
IET (ENG) - Medicaid	Core-5b	350	43%	37%	48%	2,777	42%	41%	44%
Cholesterol Management for Patients with CVD	Core-3	1,094	72%	70%	75%	8,192	67%	66%	68%
CMC - Commercial	Core-3	147	77%	70%	84%	1,236	71%	69%	74%
CMC - Medicaid	Core-3	80	70%	60%	80%	624	61%	57%	65%
CMC - Medicare	Core-3	867	72%	69%	75%	6,332	67%	66%	68%
Avoidance of Antibiotic Treatment for Acute Bronchitis	Core-6	801	41%	38%	44%	3,877	44%	43%	46%
AAB - Commercial	Core-6	390	41%	36%	45%	2,010	44%	42%	47%
AAB - Medicaid	Core-6	284	43%	37%	48%	1,350	44%	41%	46%
AAB - Medicare	Core-6	127	39%	31%	48%	517	45%	41%	50%
Influenza Vaccination	Core-35	4,308	45%	43%	46%	151,151	42%	42%	42%
INF - Commercial	Core-35	1,638	42%	39%	44%	59,903	34%	34%	35%
INF - Medicaid	Core-35	719	34%	31%	38%	28,002	29%	29%	30%
INF - Medicare	Core-35	1,951	51%	49%	53%	63,246	55%	54%	55%

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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	576	69%	65%	73%	17,058	72%	71%	72%
Diab - Commercial (BP)	MSSP-24	130	74%	66%	81%	4,656	74%	72%	75%
Diab - Medicaid (BP)	MSSP-24	90	72%	63%	81%	2,897	74%	72%	75%
Diab - Medicare (BP)	MSSP-24	356	66%	61%	71%	9,505	70%	69%	71%
Diabetes Composite 2 Measures(HbA1c, Eye Screening)	Core-53	3,378	53%	51%	55%	26,062	52%	51%	52%
Diab - Commercial (Comp.)	Core-53	782	49%	46%	53%	6,912	45%	44%	46%
Diab - Medicaid (Comp.)	Core-53	520	42%	38%	46%	4,133	42%	41%	44%
Diab - Medicare (Comp.)	Core-53	2,076	57%	55%	59%	15,017	58%	57%	58%
Diabetes HbA1c Not in Control (>9%)	Core-17	338	13%	9%	16%	12,491	14%	14%	15%
Diab - Commercial (HbA1c Not in Control)	Core-17					3,557	15%	14%	16%
Diab - Medicaid (HbA1c Not in Control)	Core-17					2,001	24%	22%	26%
Diab - Medicare (HbA1c Not in Control)	Core-17	210	11%	7%	16%	6,933	11%	10%	12%
Hypertension with BP in Control (<140/90 mmHg)	Core-39	1,860	64%	62%	66%	52,627	66%	65%	66%
HYP - Commercial (Ages 18-85 Years)	Core-39	413	62%	58%	67%	12,807	66%	65%	67%
HYP - Medicaid (Ages 18-85 Years)	Core-39	176	63%	56%	70%	5,740	62%	61%	64%
HYP - Medicare (Ages 18-85 Years)	Core-39	1,271	65%	62%	68%	34,080	66%	66%	67%
Hypertension with BP in Control (Ages 18-64 Years)	Core-39	739	65%	61%	68%	23,008	65%	65%	66%
Hypertension with BP in Control (Ages 65-85 Years)	Core-39	1,121	64%	61%	67%	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	172	59%	51%	66%	1,440	65%	62%	67%
FUM - Commercial	APM-HD-II					221	69%	63%	75%
FUM - Medicaid	APM-HD-II	87	52%	41%	62%	719	67%	63%	70%
FUM - Medicare	APM-HD-II	68	63%	52%	75%	500	59%	55%	64%
Follow-Up After Discharge From ED for AOD	APM-HD-III	175	26%	20%	33%	1,546	25%	22%	27%
FUA - Commercial	APM-HD-III					201	17%	12%	22%
FUA - Medicaid	APM-HD-III	121	31%	23%	40%	1,007	28%	25%	31%
FUA - Medicare	APM-HD-III					338	19%	14%	23%
Medication Management for People With Asthma	APM-P-V	430	64%	60%	69%	3,839	66%	64%	67%
MMA50 - Commercial	APM-P-V	218	73%	67%	79%	2,139	73%	71%	75%
MMA50 - Medicaid	APM-P-V	150	49%	41%	57%	1,291	54%	51%	57%
MMA50 - Medicare	APM-P-V	62	69%	58%	81%	409	67%	62%	71%
Screening for Clinical Depression	MSSP-24	5,296	6%	5%	6%	173,240	9%	9%	9%
Diab - Commercial (BP)	MSSP-24	1,998	5%	4%	5%	70,921	9%	9%	10%
Diab - Medicaid (BP)	MSSP-24	822	4%	3%	5%	29,915	8%	8%	9%
Diab - Medicare (BP)	MSSP-24	2,476	7%	6%	8%	72,404	9%	8%	9%
Diabetes HbA1c Not in Control (>9%)	Core-17	2,242	9%	7%	10%	63,016	32%	31%	32%
Diab - Commercial (HbA1c Not in Control)	Core-17	984	8%	6%	9%	29,292	33%	32%	33%
Diab - Medicaid (HbA1c Not in Control)	Core-17	302	11%	7%	14%	8,966	29%	28%	29%
Diab - Medicare (HbA1c Not in Control)	Core-17	956	9%	7%	11%	24,758	31%	30%	32%

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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	602	0.88	0.81	0.95	3,980	0.85	0.82	0.87
PCR - Commercial	Core-1	45	0.79	0.53	1.05	367	0.73	0.64	0.82
PCR - Medicaid	Core-1	100	1.20	1.02	1.37	627	1.15	1.08	1.22
PCR - Medicare	Core-1	456	0.82	0.74	0.90	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	36,298	5.0	4.3	5.7	350,472	3.1	2.9	3.3
PQI - Commercial (COPD and Asthma)	Core-10	13,978	0.6	0.2	1.1	154,716	0.4	0.3	0.5
PQI - Medicaid (COPD and Asthma)	Core-10	7,996	3.1	1.9	4.4	72,829	2.3	2.0	2.7
PQI - Medicare (COPD and Asthma)	Core-10	14,324	10.3	8.7	12.0	122,927	7.1	6.6	7.5
ACS Admissions for Congestive Heart Failure	MSSP-10	36,298	4.3	3.6	4.9	350,472	3.9	3.7	4.1
PQI - Commercial (CHF)	MSSP-10	13,978	0.2	-0.0	0.5	154,716	0.2	0.1	0.3
PQI - Medicaid (CHF)	MSSP-10	7,996	1.1	0.4	1.9	72,829	1.1	0.9	1.4
PQI - Medicare (CHF)	MSSP-10	14,324	10.0	8.3	11.6	122,927	10.3	9.7	10.8
ACS Hospitalizations: PQI Composite (Chronic)	Core-12	36,298	12.3	11.1	13.4	350,472	8.9	8.6	9.2
PQI - Commercial (Comp.)	Core-12	13,978	1.4	0.7	2.0	154,716	1.0	0.8	1.1
PQI - Medicaid (Comp.)	Core-12	7,996	8.3	6.3	10.2	72,829	6.2	5.6	6.7
PQI - Medicare (Comp.)	Core-12	14,324	25.2	22.6	27.8	122,927	20.5	19.7	21.3

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Community Profile: Rutland
Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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.

Demographics / Health	Cost of Care	Utilization	Preventive Care / ACO	BRFSS	Data Detail

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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	Tthe 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

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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.

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

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, AC0-18		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, AC0-17		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.

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Community Profile: Rutland
Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

Patient Experience Survey: Access to Care Composite CY2018
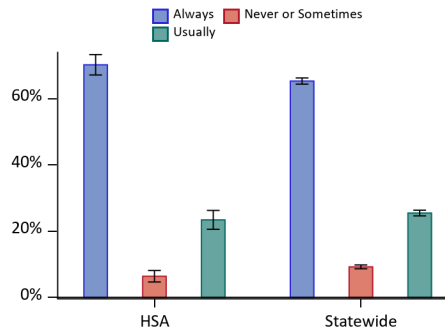

Figure 40: *Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Access to Care for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses 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	460	75%	4%	4,890	71%	1%
	Usually	460	22%	4%	4,890	23%	1%
	Never or Sometimes	460	3%	2%	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	246	73%	6%	2,668	68%	2%
	Usually	246	20%	5%	2,668	22%	2%
	Never or Sometimes	246	7%	3%	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	251	63%	6%	3,096	57%	2%
	Usually	251	28%	6%	3,096	31%	2%
	Never or Sometimes	251	9%	4%	3,096	12%	1%

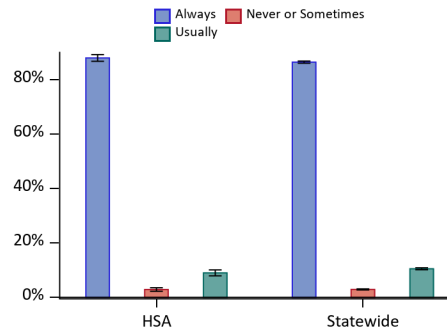## Patient Experience Survey: Communication Composite CY2018

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	680	90%	2%	7,312	90%	1%
	Usually	680	8%	2%	7,312	8%	1%
	Never or Sometimes	680	2%	1%	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	680	89%	2%	7,312	86%	1%
	Usually	680	9%	2%	7,312	12%	1%
	Never or Sometimes	680	2%	1%	7,312	2%	0%
In the last 6 months, how often did this provider listen carefully to you?	Always	682	88%	3%	7,285	86%	1%
	Usually	682	8%	2%	7,285	10%	1%
	Never or Sometimes	682	4%	1%	7,285	3%	0%
In the last 6 months, how often did this provider spend enough time with you?	Always	686	85%	3%	7,318	85%	1%
	Usually	686	11%	2%	7,318	12%	1%
	Never or Sometimes	686	4%	2%	7,318	3%	0%

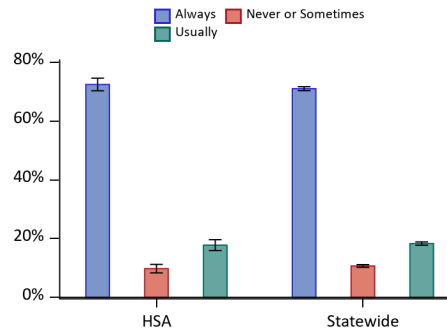## Patient Experience Survey: Coordinated Care Composite CY2018

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	473	74%	4%	4,889	73%	1%
	Usually	473	16%	3%	4,889	16%	1%
	Never or Sometimes	473	10%	3%	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	681	78%	3%	7,273	75%	1%
	Usually	681	17%	3%	7,273	20%	1%
	Never or Sometimes	681	5%	2%	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	577	65%	4%	5,986	65%	1%
	Usually	577	20%	3%	5,986	19%	1%
	Never or Sometimes	577	15%	3%	5,986	15%	1%

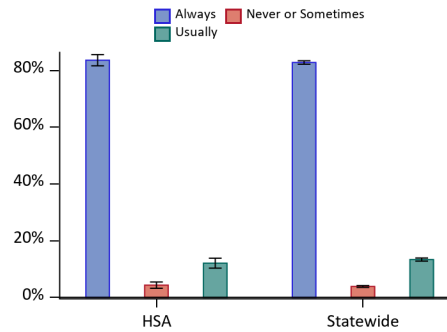### Patient Experience Survey: Office Staff Composite CY2018

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	684	89%	2%	7,261	89%	1%
	Usually	684	9%	2%	7,261	9%	1%
	Never or Sometimes	684	2%	1%	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	684	78%	3%	7,253	77%	1%
	Usually	684	15%	3%	7,253	18%	1%
	Never or Sometimes	684	6%	2%	7,253	5%	1%

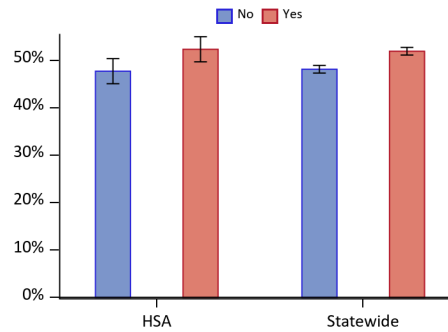## Patient Experience Survey: Self Management Composite CY2018

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	666	64%	4%	7,129	62%	1%
	No	666	36%	4%	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	669	41%	4%	7,127	42%	1%
	No	669	59%	4%	7,127	58%	1%

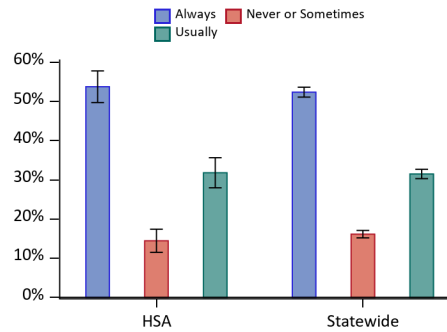## Patient Experience Survey: Specialist Composite CY2018

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	253	45%	6%	2,589	45%	2%
	Usually	253	34%	6%	2,589	33%	2%
	Never or Sometimes	253	21%	5%	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	358	63%	5%	3,501	60%	2%
	Usually	358	30%	5%	3,501	30%	2%
	Never or Sometimes	358	8%	3%	3,501	11%	1%

Demographics & Health Status	Cost of Care	Utilization	Effective & Preventive Care	Data Detail

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Community Profile: Rutland

Period: Jan. 2018 - Dec. 2018 **Profile Type:** Adults (18+ Years)

Patient Experience Survey: Information Composite CY2018
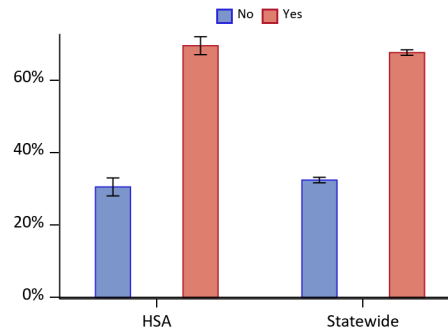

Figure 46: *Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Information for members 18 years and older. The composite proportion is given by the average of the corresponding proportions of the associated questions. Responses 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	672	74%	3%	7,193	72%	1%
	No	672	26%	3%	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	678	65%	4%	7,205	63%	1%
	No	678	35%	4%	7,205	37%	1%

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Table 18. HSA Practice List

VT Practice ID	Practice Name
VT118	Marble Valley HealthWorks
VT133	Pediatric Associates
VT239	Associates in Primary Care
VT276	Shorewell Community Health Center
VT48	Castleton Family Medical Center
VT49	Brandon Medical Center
VT50	Mettowee Valley Family Medical Center
VT78	Rutland Community Health Center
VT92	DRS PETER AND LISA HOGENKAMP

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Table 19. HSA Town List

Community H.S.A.	Town Name
Rutland	Benson
Rutland	Brandon
Rutland	Castleton
Rutland	Chittenden
Rutland	Clarendon
Rutland	Danby
Rutland	Fair Haven
Rutland	Goshen
Rutland	Hubbardton
Rutland	Ira
Rutland	Killington
Rutland	Leicester
Rutland	Mendon
Rutland	Middletown Springs
Rutland	Mount Holly
Rutland	Mount Tabor
Rutland	Pawlet
Rutland	Pittsford
Rutland	Poultney
Rutland	Proctor
Rutland	Rutland
Rutland	Rutland City
Rutland	Shrewsbury
Rutland	Sudbury
Rutland	Tinmouth
Rutland	Wallingford
Rutland	Wells
Rutland	West Haven
Rutland	West Rutland