The St. Albans Blueprint Pediatric Community Health Profile follows this note

Hello,

We are pleased to share the latest Blueprint Community Health Profile for your area. Before digging in to the data, there are some changes we'd like you to be aware of.

The three most important things to know are:

1. *The new profile takes a full-population approach*, reporting on all residents of the health service area with a health care claim in VHCURES (instead of only patients of Blueprint practices, as in the past).

2. *You cannot compare the data in this profile to data in any previous profile.* Doing so could create false impressions of the changes in your community over time due to substantial changes in methodology and in the underlying dataset, described below.

3. The risk-adjusted quality measure results (diabetes in poor control, hypertension in control, developmental screen under age three, adolescent well-care visit) used to calculate Blueprint performance payment scores, the scores themselves, and the resulting payment amounts are now reported separately from the community health profiles. *The performance payment profile is available on the Blueprint website*.

If you have any questions about the profiles, please contact your area's Program Manager or Quality Improvement Facilitator, or any of the staff in the Blueprint's Waterbury office. Contact information is on the Blueprint website.

What else to know before using this Blueprint community health profile:

About the Profiles

If you are new to the community health profiles, here is a little about them: The Blueprint produces profiles of health status, some social determinants of health, health care utilization, and health outcomes. They offer Vermont communities an opportunity to identify successes and opportunities for improvement. The data here includes comparisons to other health service areas, providing information about variation and creating opportunities to identify and learn from the top performers.

New Full Population Approach

The latest community health profiles include data about all the people living in each Blueprint health service area who are in Vermont's all-payer claims database (VHCURES). Previous profiles included the subset of people who received their care in Blueprint Patient-Centered Medical homes. This change aims to make the profiles more inclusive, offering the most complete possible picture of the health and health care of all the people in your

community. More information about who is included is in the [profiles and supporting documentation](#) on the Blueprint website.

Changes in the Underlying Dataset

The U.S. Supreme Court's 2016 decision in *Gobeille vs. Liberty Mutual Insurance Company* ruled that self-insured plans subject to ERISA do not need to submit information to VHCURES. Some subsequently chose not to submit information, changing the data available from VHCURES. In 2017, the population in VHCURES had a larger proportion of Medicare and Medicaid members and decline in commercial members compared to previous years. This is another reason not to compare data in these profiles to data in previous profiles.

Risk Adjustment Reminder

When interpreting the profiles, please remember that most of the expenditure and utilization data presented in the report has been risk adjusted for age, gender, and condition. This makes it possible to compare performance across Hospital Service Areas within the same year – and makes it inaccurate in most cases to assume variation is based on the age or condition severity of residents.

Expenditures Include Shadow Claims

In the calendar year 2017 profiles, expenditures for ACO attributed lives are reported as estimated (based on shadow claims and traditional fee-for-service costs) rather than actual ACO costs including capitated payments.

Thanks, and please be in touch with any questions,
The Blueprint Team

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 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, 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 covered commercial, Full Medicaid, and Medicare members.

This reporting includes the 91,850 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 and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

Expenditures for ACO capitated services represent what would have been paid as reported in VHCURES claims rather than actual capitation expenditures.

In addition to VHCURES, these profiles also use the Blueprint clinical data 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 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

Demographics & Health Status

	HSA	Statewide
Distinct Members	7,502	91,850
Average Members	7,102	86,466
Average Age	8.9	9.1
% Female	48.7	48.6
% Medicaid	74.0	66.1
% with Selected Chronic Conditions	14.3	14.7
Health Status (CRG)		
% Healthy	65.9	67.1
% Acute or Minor Chronic	18.7	17.7
% Moderate Chronic	12.5	12.0
% Significant Chronic	2.5	2.8
% Cancer or Catastrophic	0.4	0.4

Table 1: This table provides comparative information on the demographics and health status of the HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, 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. This includes adjustment for each member's enrollment in Medicaid, the member's practice's percentage of membership that is Medicaid, 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 eight selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, hypertension, diabetes, depression, and attention deficit disorder.

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 CY2017 reporting, resulting in fewer healthy members and more members with chronic and other conditions.

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

		Community H.S.A.	Statewide
Distinct Members	Blueprint primary care practice attributed	5,795	69,586
	Non-Blueprint primary care attributed	1,311	17,122
	No primary care attribution	396	5,142
	Combined Population	7,502	91,850
Average Members	Blueprint primary care practice attributed	5,544	66,444
	Non-Blueprint primary care attributed	1,242	16,118
	No primary care attribution	316	3,904
	Combined Population	7,102	86,466
Average Age	Blueprint primary care practice attributed	8.7	9.0
	Non-Blueprint primary care attributed	9.5	9.3
	No primary care attribution	9.9	9.8
	Combined Population	8.9	9.1
% Female	Blueprint primary care practice attributed	48.9	48.9
	Non-Blueprint primary care attributed	47.7	47.5
	No primary care attribution	49.2	47.7
	Combined Population	48.7	48.6
% Medicaid	Blueprint primary care practice attributed	75.5	68.2
	Non-Blueprint primary care attributed	67.0	58.4
	No primary care attribution	75.5	62.2
	Combined Population	74.0	66.1

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	16.3	16.2
	Non-Blueprint primary care attributed	9.1	12.3
	No primary care attribution	2.8	2.1
	Combined Population	14.3	14.7
% Healthy	Blueprint primary care practice attributed	63.5	64.9
	Non-Blueprint primary care attributed	69.0	69.1
	No primary care attribution	90.7	91.1
	Combined Population	65.9	67.1
% Acute or Minor Chronic	Blueprint primary care practice attributed	20.0	18.9
	Non-Blueprint primary care attributed	17.4	16.5
	No primary care attribution	4.5	4.8
	Combined Population	18.7	17.7
% Moderate Chronic	Blueprint primary care practice attributed	13.4	12.8
	Non-Blueprint primary care attributed	11.1	11.3
	No primary care attribution	3.8	3.4
	Combined Population	12.5	12.0
% Significant Chronic	Blueprint primary care practice attributed	2.7	3.1
	Non-Blueprint primary care attributed	1.8	2.5
	No primary care attribution	0.8	0.6
	Combined Population	2.5	2.8
% Cancer or Catastrophic	Blueprint primary care practice attributed	0.3	0.3
	Non-Blueprint primary care attributed	0.7	0.6
	No primary care attribution	0.3	0.2
	Combined Population	0.4	0.4

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Community Profile: St Albans
Period: Jan. 2017 - Dec. 2017   **Profile Type:** Pediatric (1-17 Years)
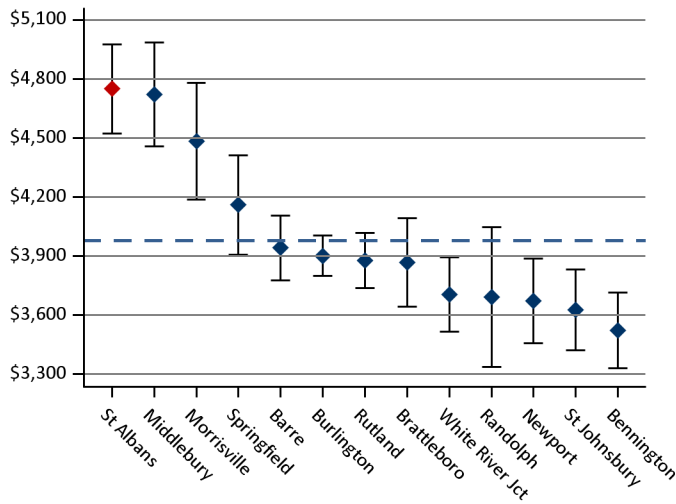
Total Expenditures per Capita

Figure 1: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible). The blue dashed line indicates the statewide average.

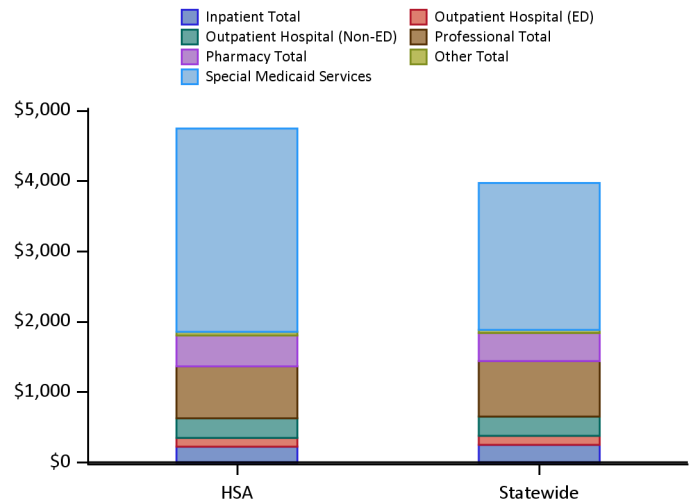## Total Expenditures per Capita by Major Category

Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services (SMS).

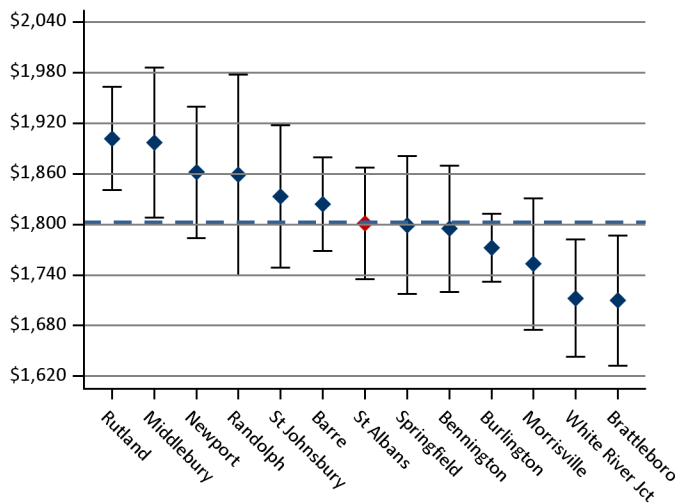## Total Expenditures per Capita (Excluding SMS)

Figure 3: Presents annual risk-adjusted rates, including 95% confidence intervals, with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible) and exclude Special Medicaid Services . The blue dashed line indicates the statewide average.

Total Resource Use Index (RUI) (Excluding SMS)
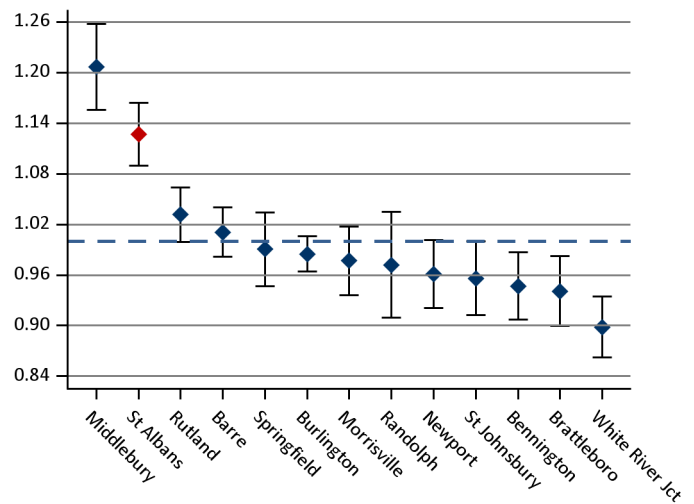
Figure 4: Presents annual risk-adjusted rates, including 95% confidence intervals. Since price per service varies widely, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated capped cost based on utilization and intensity of services across major components of care and excludes Special Medicaid Services. The HSAs are indexed to the statewide average (1.00), which is indicated by the blue dashed line.

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

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

Annual Total Expenditures per Capita vs. Resource Use Index (RUI)

Annual Total
Expenditures
per Capita,
Excluding SMS
(Adjusted)

r-square =
30.7%

Annual Total Resource Use Index (Adjusted)
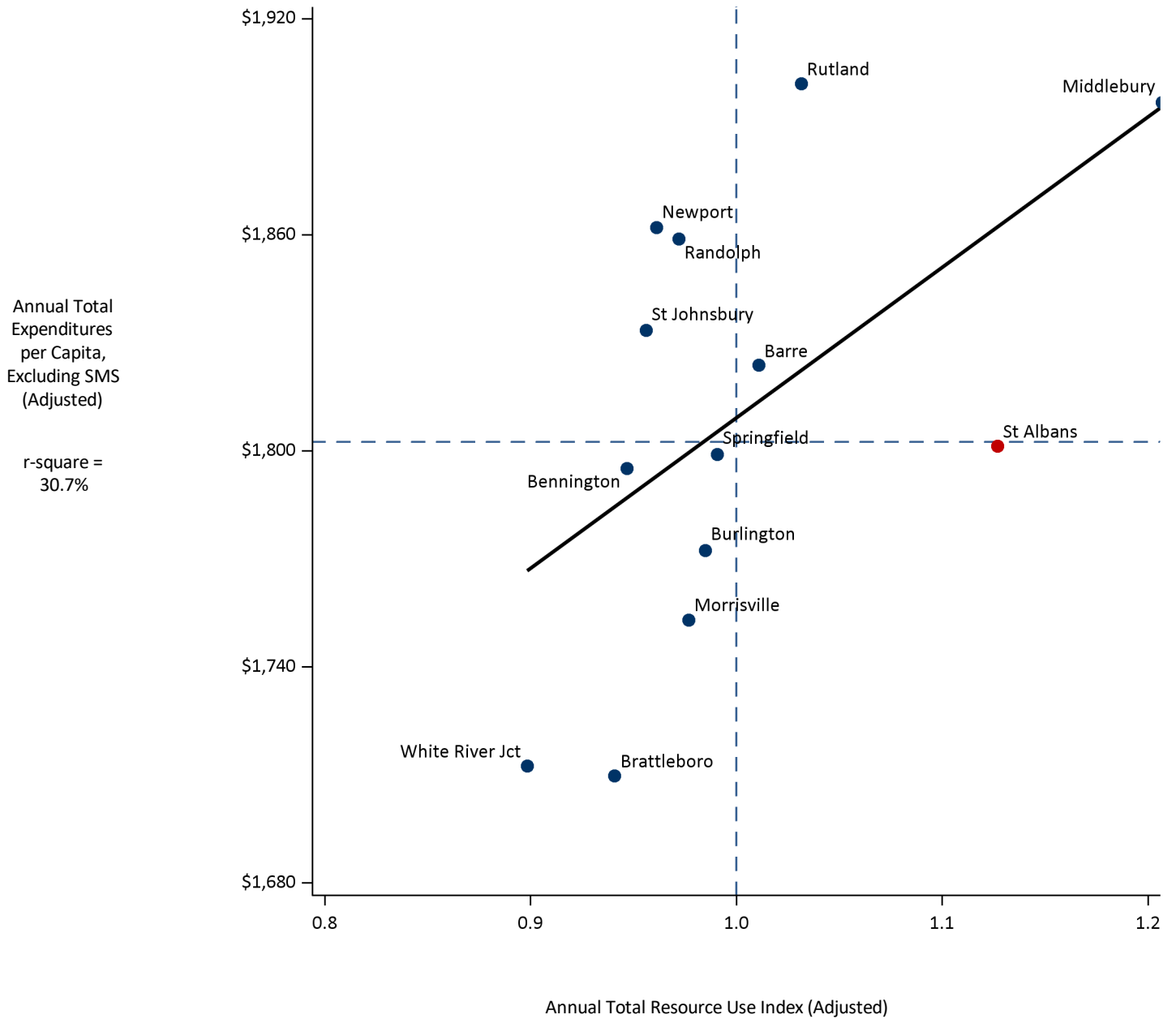
Figure 5: *This graphic demonstrates the relationship between risk-adjusted expenditures excluding SMS and risk-adjusted utilization for each of the HSAs in Vermont. This graphic illustrates the HSA's risk-adjusted rate (i.e., the red dot) compared to those of all other HSAs statewide (i.e., the blue dots). The dashed lines show the average expenditures per capita and average Resource Use Index statewide (i.e., 1.0). HSAs with higher expenditures and utilization are in the upper right-hand quadrant while HSAs with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.0 indicates higher than average utilization; conversely, a value lower than 1.0 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, HSAs with higher risk-adjusted utilization had higher risk-adjusted expenditures.*

Legend

🔴 *St Albans*
🔵 *All other Blueprint HSAs statewide*

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

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Community Profile: St Albans

**Period:** Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)
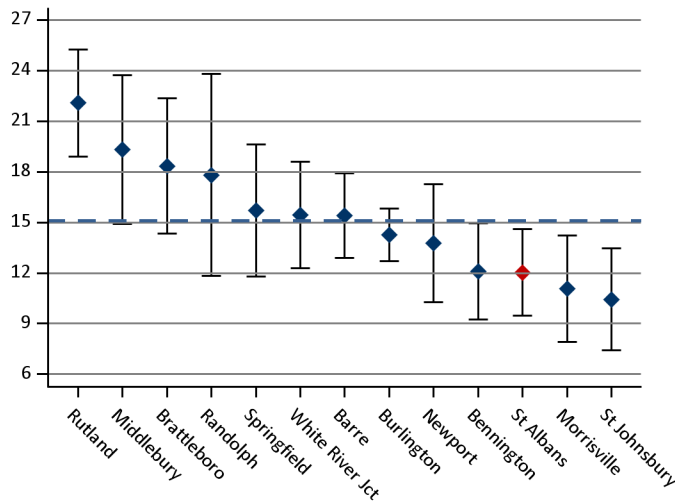
Inpatient Discharges

Figure 6: 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 4. The blue dashed line indicates the statewide average.

Outpatient ED Visits
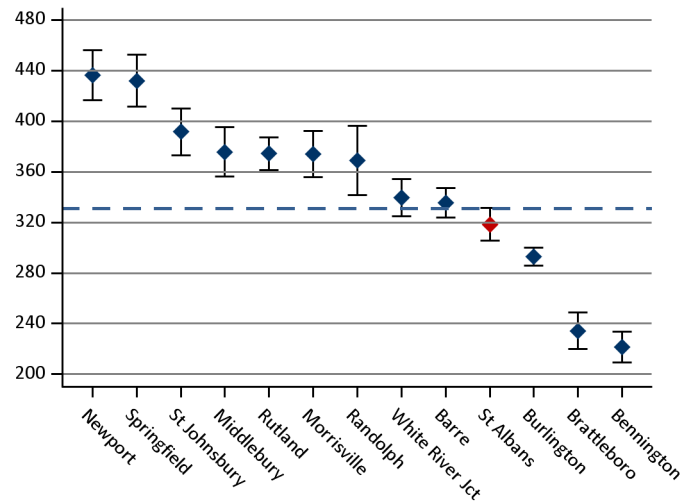
Figure 7: Presents annual risk-adjusted rates, including 95% confidence intervals, of outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in Table 4. The blue dashed line indicates the statewide average.

Advanced Imaging (MRIs, CT Scans)

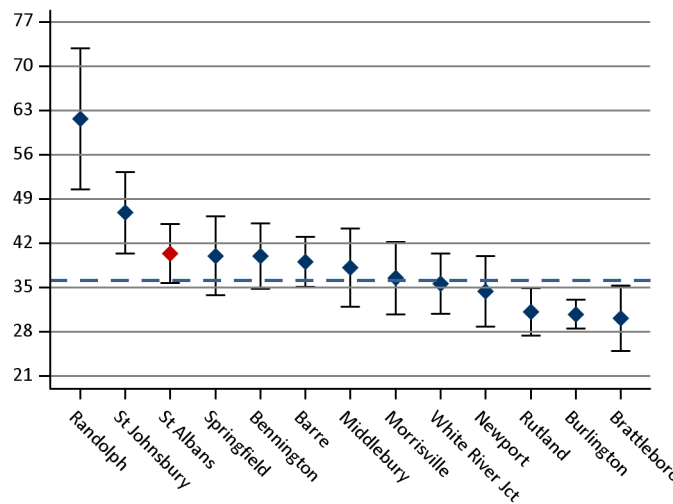*Figure 8:* Presents annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., magnetic resonance imagings (MRIs) and computed tomography (CT) scans) per 1,000 members. The blue dashed line indicates the statewide average.

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)
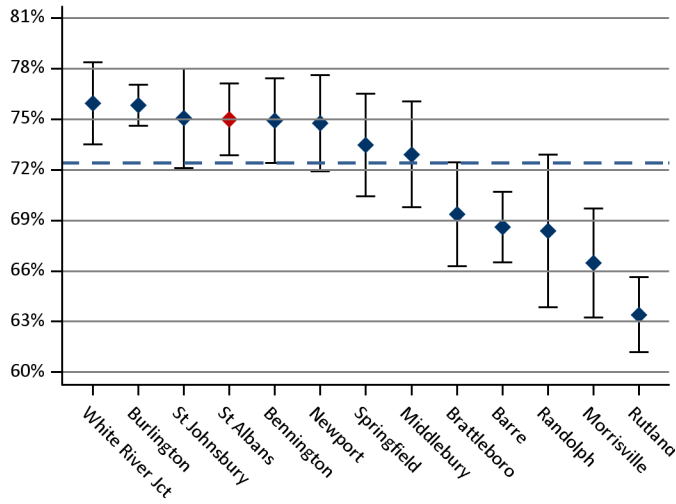
Well-Child Visits

Figure 9: *Presents the proportion, including 95% confidence intervals, of members, ages 3–6 years, who received one or more well-child visits during the measurement year. The blue dashed line indicates the statewide average.*

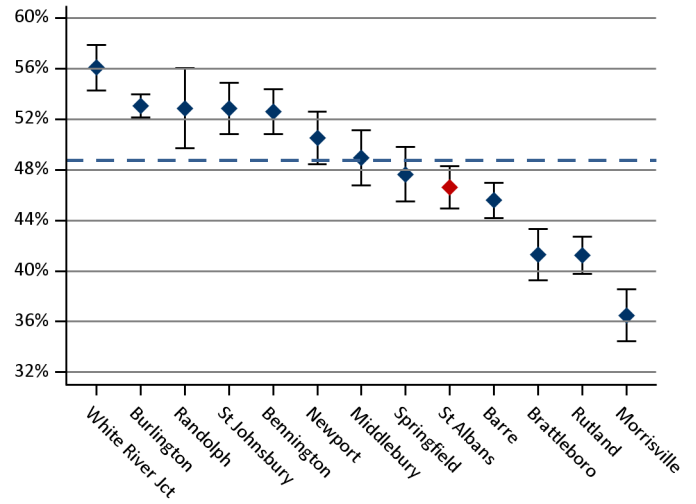## Adolescent Well-Care Visits (Core-2)

Figure 10: *Presents the proportion, including 95% confidence intervals, of members, ages 12–21 years, who received one or more well-care visits with a primary care practitioner or OB/GYN during the measurement year. (Note that, due to the age ranges for this ACO measure, members above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.*

Developmental Screening in First 3 Years of Life (Core-8, NQF #1448)
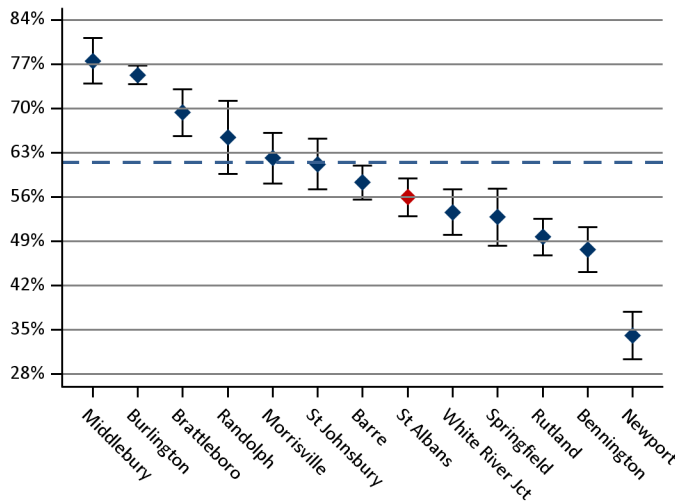
Figure 11: *Presents the proportion, including 95% confidence intervals, of continuously enrolled children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in each of the first three years of life. The blue dashed line indicates the statewide average.*

Chlamydia Screening in Women (Core-7, NQF #0033)
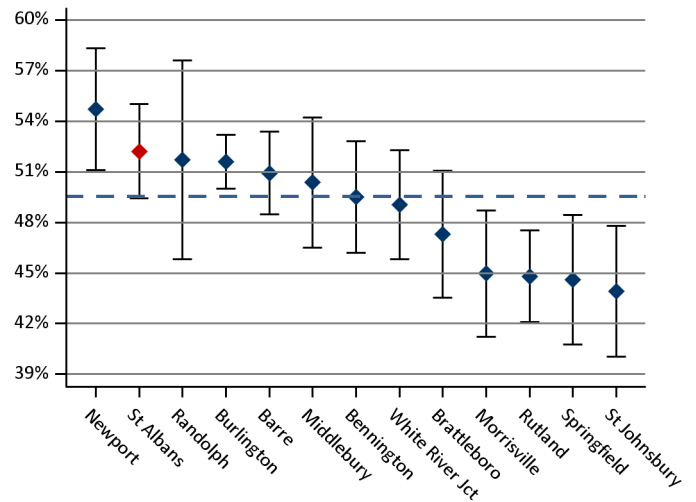
Figure 12: *Presents the proportion, including 95% confidence intervals, of continuously enrolled females, ages 16–24 years, who were identified as sexually active and who had at least one test for chlamydia during the measurement year. (Note that, due to the age ranges for this ACO measure, females above the age of 17 years, not typically represented in pediatric profiles, are included in these rates.) The blue dashed line indicates the statewide average.*

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

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Appropriate Testing for Pharyngitis (Core-13, NQF #0002)

Figure 13: Presents the proportion, including 95% confidence intervals, of children, ages 2–17 years, who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A streptococcus (strep) test for the episode. A higher rate represents appropriate testing for children with pharyngitis. The blue dashed line indicates the statewide average.

Appropriate Treatment for Upper Respiratory Infection

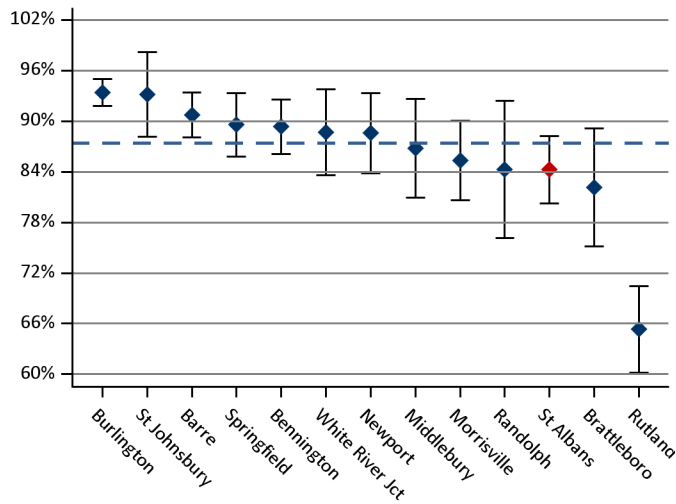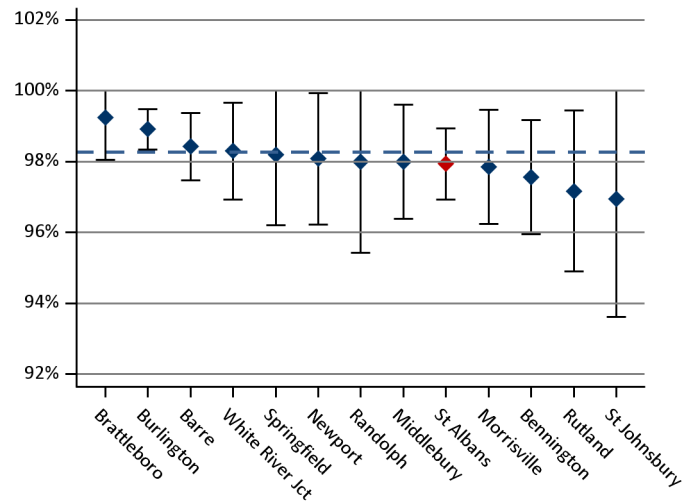*Figure 14: Presents the proportion, including 95% confidence intervals, of children, ages 1–17 years, who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed). The blue dashed line indicates the statewide average.*

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

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

Table 3. Expenditure Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	$4,751	$4,524	$4,977	$3,980	$3,927	$4,033
Inpatient Total	$222	$143	$301	$248	$220	$275
Inpatient Mental Health	$39	$0	$89	$63	$50	$76
Inpatient Maternity	$2	$0	$5	$2	$1	$3
Inpatient Surgical	$118	$63	$174	$89	$64	$114
Inpatient Medical	$65	$37	$94	$101	$88	$115
Outpatient Total	$404	$376	$432	$403	$395	$411
Outpatient Hospital Mental Health	$2	$1	$3	$13	$11	$14
Outpatient Hospital ED	$125	$115	$134	$128	$126	$131
Outpatient Hospital Surgery	$99	$79	$119	$102	$97	$108
Outpatient Hospital Radiology	$56	$49	$63	$58	$56	$61
Outpatient Hospital Laboratory	$38	$33	$42	$37	$36	$38
Outpatient Hospital Pharmacy	$28	$22	$33	$18	$15	$21
Outpatient Hospital Other	$65	$55	$75	$52	$49	$54
Professional Non-Mental Health Total	$590	$575	$605	$583	$578	$587
Professional Physician Total	$409	$398	$419	$367	$364	$369
Professional Physician Inpatient	$26	$4	$48	$18	$14	$21
Professional Physician Outpatient Facility	$40	$36	$44	$36	$35	$37
Professional Physician Office Visit	$340	$333	$347	$283	$281	$285
Professional Non-Physician	$179	$170	$188	$215	$212	$218
Professional Mental Health Provider	$138	$128	$148	$200	$196	$204
Pharmacy Total	$439	$413	$465	$399	$392	$405
Pharmacy Psych Medication	$168	$151	$185	$161	$156	$165
Other Total	$51	$42	$61	$45	$42	$47
Special Medicaid Services	$2,891	$2,678	$3,105	$2,089	$2,042	$2,137
Mental Health Substance Combined*	$323	$298	$348	$409	$401	$417

* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

Table 4. Total Resource Use Index (RUI) (Adjusted)

Measure	HSA			Statewide		
	Index Ratio	95% LCL	95% UCL	Index Ratio	95% LCL	95% UCL
Total	1.13	1.09	1.16	1.00	0.99	1.01
Inpatient	0.93	0.61	1.25	1.00	0.91	1.09
Outpatient Facility	1.04	0.96	1.12	1.00	0.98	1.02
Professional	1.18	1.14	1.21	1.00	0.99	1.01
Pharmacy	1.11	1.04	1.18	1.00	0.98	1.02

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

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Community Profile: St Albans
Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

Table 5. Utilization Measures (Adjusted)

Measure	HSA			Statewide		
	Rate per 1,000	95% LCL	95% UCL	Rate per 1,000	95% LCL	95% UCL
Inpatient Discharges	12.0	9.5	14.6	15.1	14.3	15.9
Inpatient Days	90.0	83.0	97.0	109.8	107.6	112.1
Outpatient ED Visits	318.5	305.4	331.6	330.9	327.1	334.8
Outpatient Potentially Avoidable ED Visits	63.3	57.4	69.1	72.9	71.1	74.7
Non-Hospital Outpatient Visits	4,284.6	4,236.5	4,332.7	3,776.1	3,763.1	3,789.0
Primary Care Encounters	3,708.1	3,663.3	3,752.8	3,207.4	3,195.5	3,219.4
Medical Specialist Encounters	338.5	325.0	352.1	285.5	282.0	289.1
Surgical Specialist Encounters	272.0	259.9	284.1	259.2	255.8	262.6
Standard Imaging	301.3	288.5	314.1	274.1	270.6	277.6
Advanced Imaging	40.4	35.7	45.0	36.1	34.9	37.4
Echography	61.9	56.1	67.7	47.5	46.0	48.9
Colonoscopy	2.7	1.5	3.9	1.5	1.2	1.7

Table 6. Effective & Preventive Care Measures

Measure	HSA				Statewide			
	N	Rate %	95% LCL	95% UCL	N	Rate %	95% LCL	95% UCL
Well-Child Visits	1,619	75%	73%	77%	18,280	72%	72%	73%
Well-Child Visits - Commercial	385	79%	75%	83%	5,406	77%	76%	78%
Well-Child Visits - Medicaid	1,234	74%	71%	76%	12,874	71%	70%	71%
Adolescent Well-Care Visit (Core-2)	3,460	47%	45%	48%	45,115	49%	48%	49%
Adolescent Well-Care Visit - Commercial	1,101	49%	46%	52%	19,297	51%	51%	52%
Adolescent Well-Care Visit - Medicaid	2,352	46%	44%	48%	25,708	47%	46%	48%
Adolescent Well-Care Visit - Medicare					110	34%	24%	43%
Developmental Screening in First 3 Years of Life (Core-8)	1,077	56%	53%	59%	12,273	61%	61%	62%
Developmental Screening - Commercial	216	63%	56%	70%	3,560	70%	68%	71%
Developmental Screening - Medicaid	861	54%	51%	58%	8,713	58%	57%	59%
Chlamydia Screening in Women (Core-7)	1,260	52%	49%	55%	14,357	50%	49%	50%
Chlamydia Screening in Women - Commercial	538	53%	48%	57%	7,593	48%	47%	50%
Chlamydia Screening in Women - Medicaid	707	52%	49%	56%	6,651	51%	50%	52%
Chlamydia Screening in Women - Medicare					113	40%	30%	49%
Appropriate Testing for Pharyngitis (Core-13)	343	84%	80%	88%	3,927	87%	86%	88%
Appropriate Testing for Pharyngitis - Commercial	96	91%	84%	97%	1,240	90%	89%	92%
Appropriate Testing for Pharyngitis - Medicaid	247	82%	77%	87%	2,687	86%	85%	87%
Appropriate Treatment for Upper Respiratory Infection	872	98%	97%	99%	5,933	98%	98%	99%
Appropriate Treatment for Upper Respiratory Infection - Commercial	169	97%	94%	100%	1,492	98%	97%	99%
Appropriate Treatment for Upper Respiratory Infection - Medicaid	703	98%	97%	99%	4,441	98%	98%	99%

Table 7. Key Expenditure 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 Total Expenditures	Blueprint primary care practice attributed	$4,758	$4,494	$5,022	$3,963	$3,900	$4,025
	Non-Blueprint primary care attributed	$4,834	$4,317	$5,351	$4,064	$3,945	$4,182
	No primary care attribution	$4,295	$3,600	$4,990	$3,932	$3,773	$4,091
	Combined Population	$4,751	$4,524	$4,977	$3,980	$3,927	$4,033
Risk-adjusted Total Expenditures Excluding SMS	Blueprint primary care practice attributed	$1,803	$1,728	$1,877	$1,799	$1,778	$1,821
	Non-Blueprint primary care attributed	$1,949	$1,773	$2,125	$1,947	$1,896	$1,998
	No primary care attribution	$1,199	$1,008	$1,390	$1,257	$1,207	$1,307
	Combined Population	$1,801	$1,735	$1,868	$1,802	$1,783	$1,821

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	1.13	1.09	1.17	1.00	0.99	1.02
	Non-Blueprint primary care attributed	1.20	1.11	1.30	1.04	1.02	1.07
	No primary care attribution	0.77	0.67	0.86	0.75	0.72	0.78
	Combined Population	1.13	1.09	1.16	1.00	0.99	1.01
Risk-adjusted Inpatient Utilization	Blueprint primary care practice attributed	12.18	9.27	15.08	14.97	14.04	15.90
	Non-Blueprint primary care attributed	12.11	5.99	18.23	16.25	14.28	18.22
	No primary care attribution	9.23	0.00	19.83	12.62	9.10	16.14
	Combined Population	12.04	9.48	14.59	15.10	14.29	15.92
Risk-adjusted Outpatient ED Utilization	Blueprint primary care practice attributed	319.35	304.47	334.22	336.22	331.81	340.63
	Non-Blueprint primary care attributed	371.79	337.88	405.70	340.78	331.76	349.79
	No primary care attribution	93.73	59.95	127.51	199.91	185.88	213.93
	Combined Population	318.49	305.37	331.62	330.92	327.08	334.75
Potentially Avoidable ED Visits	Blueprint primary care practice attributed	61.55	55.02	68.08	73.83	71.76	75.90
	Non-Blueprint primary care attributed	82.62	66.63	98.60	75.91	71.66	80.17
	No primary care attribution	17.68	3.01	32.35	45.03	38.38	51.69
	Combined Population	63.29	57.44	69.14	72.92	71.12	74.72

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

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

Table 9. 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 _x000D_ (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 _x000D_ (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 9. 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: St Albans
Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

Table 9. 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

Table 9. 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_x000D_ (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 _x000D_ (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.

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

Table 9. 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.

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

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

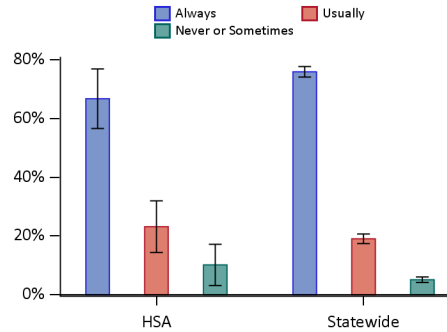### Patient Experience Survey: Access to Care Composite 2017

Figure 15: Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Access to Care on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 10. Patient Experience Survey: Access to Care Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
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	23	74%	20%	601	80%	3%
	Usually				601	16%	3%
	Never or Sometimes				601	5%	2%
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	26	65%	20%	672	76%	3%
	Usually				672	18%	3%
	Never or Sometimes				672	6%	2%
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	51	61%	14%	1,041	72%	3%
	Usually	51	33%	14%	1,041	23%	3%
	Never or Sometimes				1,041	5%	1%

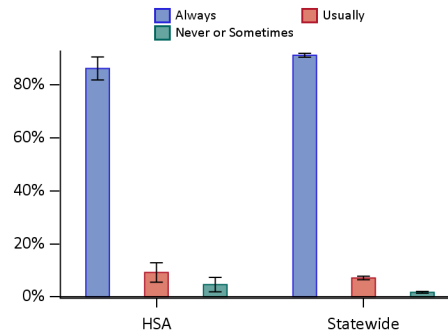## Patient Experience Survey: Communication Composite 2017

Figure 16: Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Communication on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 11. Patient Experience Survey: Communication Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Always	65	85%	10%	1,467	91%	1%
	Usually				1,467	7%	1%
	Never or Sometimes				1,467	1%	1%
In the last 6 months, how often did this provider listen carefully to you?	Always	65	86%	9%	1,465	91%	2%
	Usually				1,465	7%	1%
	Never or Sometimes				1,465	2%	1%
In the last 6 months, how often did this provider spend enough time with you?	Always	66	83%	10%	1,468	90%	2%
	Usually				1,468	9%	1%
	Never or Sometimes				1,468	2%	1%
In the last 6 months, how often did this provider show respect for what you had to say?	Always	66	91%	8%	1,469	93%	1%
	Usually				1,469	5%	1%
	Never or Sometimes				1,469	2%	1%

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

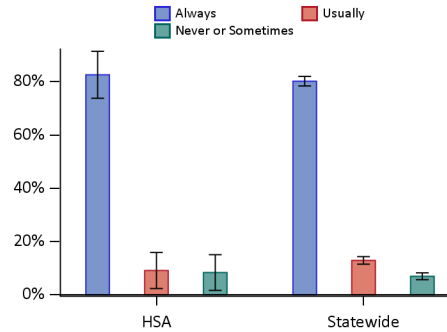## Patient Experience Survey: Coordinated Care Composite 2017

Figure 17: *Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Coordinated Care on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.*

Table 12. 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				262	79%	5%
	Usually				262	11%	4%
	Never or Sometimes				262	10%	4%
In the last 6 months, how often did this provider seem to know the important information about your medical history?	Always	66	83%	10%	1,470	81%	2%
	Usually				1,470	15%	2%
	Never or Sometimes				1,470	4%	1%

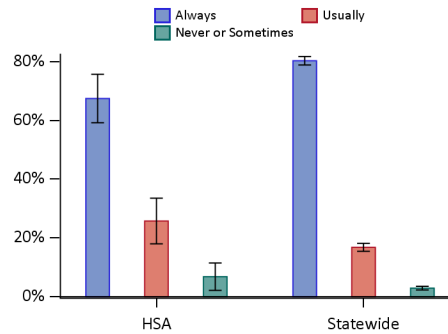## Patient Experience Survey: Office Staff Composite 2017

Figure 18: Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Office Staff on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 13. Patient Experience Survey: Office Staff Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
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	66	59%	13%	1,470	75%	2%
	Usually	66	32%	12%	1,470	22%	2%
	Never or Sometimes				1,470	4%	1%
In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	Always	66	76%	11%	1,470	86%	2%
	Usually	66	20%	10%	1,470	12%	2%
	Never or Sometimes				1,470	2%	1%

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

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Community Profile: St Albans

Period: Jan. 2017 - Dec. 2017 **Profile Type:** Pediatric (1-17 Years)

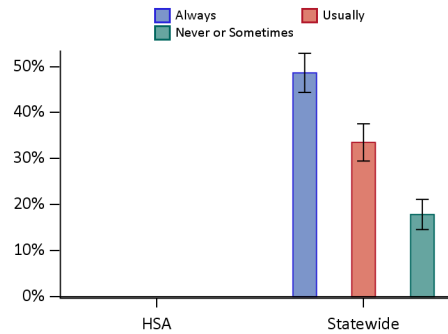## Patient Experience Survey: Specialist Composite 2017

Figure 19: Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Specialist on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 14. Patient Experience Survey: Specialist Questions

Question & Answer		HSA			Statewide		
		N	%	Error (+/-)	N	%	Error (+/-)
In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?	Always				284	54%	6%
	Usually				284	33%	6%
	Never or Sometimes				284	12%	4%
In the last 6 months, how often was it easy to get appointments with specialists?	Always				265	43%	6%
	Usually				265	34%	6%
	Never or Sometimes				265	23%	5%

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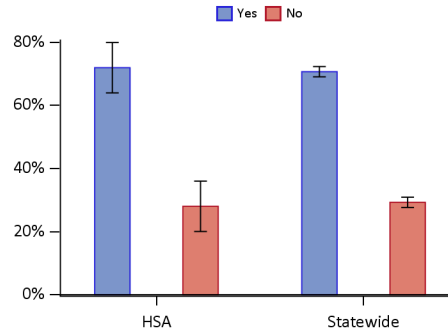**Patient Experience Survey: Information Composite 2017**

Figure 20: Presents the composite proportion , including the 95% confidence interval, of the given response to the questions associated with Information on the behalf of children less than 18 years. The composite proportion is given by the average of the corresponding proportions of the associated questions.

Table 15. 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?	No	66	23%	11%	1,469	20%	2%
	Yes	66	77%	11%	1,469	80%	2%
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?	No	66	33%	12%	1,457	39%	3%
	Yes	66	67%	12%	1,457	61%	3%

Table 16. HSA Practice List

VT Practice ID	Practice Name
VT130	NMC - Northwestern Primary Care
VT131	Northwestern Georgia Health Ctr
VT149	St. Albans Health Center
VT268	Northwestern Pediatrics- Enosburg Falls
VT269	Northwestern Pediatrics- Saint Albans
VT270	Fairfield Street Health Center
VT29	Cold Hollow Family Practice
VT72	Richford Health Center
VT79	St Albans Primary Care
VT83	Swanton Health Center
VT94	Enosburg Health Center

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Table 17. HSA Town List

Community H.S.A.	Town Name
St Albans	Alburgh
St Albans	Bakersfield
St Albans	Berkshire
St Albans	Enosburg
St Albans	Fairfield
St Albans	Franklin
St Albans	Georgia
St Albans	Highgate
St Albans	Isle La Motte
St Albans	Montgomery
St Albans	Richford
St Albans	Sheldon
St Albans	St. Albans City
St Albans	St. Albans Town
St Albans	Swanton