

Maine SIM Core Metrics: Data for 2012 - 2014

SIM Self Evaluation Targets (Revised 7/14/2015)

All MaineCare

Categ	Measure	Direction	Rate 2012	Rate 2013	Rate 2014	2012-2013 Trend	2012-2014 Trend	2013-2014 Trend	Target (9/30/16)	Distance to the SIM Target
Ed Util.	Non-emergent ED use: Based on Maine list of 14 diagnoses identified as preventable in A Maine ED study, including: sore throat; viral infection; anxiety; conjunctivitis; external and middle ear infections; upper respiratory infections; bronchitis; asthma; dermatitis and rash; joint pain; lower and unspecified back pain; muscle and soft tissue limb pain; fatigue; headache., risk adjusted	Lower is better	142.9	128.7	126.3	-10.0%	-11.6%	-1.9%	111.0	-12%
	<p>Discussion: The target set on the risk adjusted Non-emergent ED use, based on the 14 diagnoses was constructed using the average annual year to year rate of change for 2012-2014 (5.95%) and applying this rate of change going forward two years (5.95 X 2 = 11.9%) and subtracting from the 2014 rate (126.3) resulting in a 9/30/2016 target of 111.</p>									
Readmits	All-cause readmissions, risk adjusted	Lower is better	11.0%	13.8%	15.0%	25.5%	36.4%	9.0%	13.0%	-13%
	<p>Discussion: The risk adjusted All-cause readmission target was set half-way between the ABC Benchmarks for Health Homes (9.0%) and Behavioral Health Homes (17.8%) resulting in a 9/30/2016 target of 13%. The objective is to bring the rate back down closer to the 2012 level.</p>									
Imaging	Use of imaging studies for low back pain: The percentage of members with a primary diagnosis of low back pain who did NOT have an imaging study within 28 days of the diagnosis, risk adjusted	Higher is better	84.5%	84.0%	84.8%	-0.5%	0.3%	0.9%	85.0%	0%
	<p>Discussion: The risk adjusted target was constructed using the average year to year rate of change between 2012 and 2014 (.2%) and applying this rate of change going forward two years (.2% X 2=.4%) and adding this amount to the 2014 risk adjusted rate (84.8%) resulting in a 9/30/2016 target of 85%.</p>									

Frag. Care	Percent of members with fragmented care: This measure uses Liu's fragmented care index (FCI) is based on Bice and Boserman's continuity of care index (CCI) that considers the number of different providers visited, the proportion of attended visits to each provider and the total number of visits., risk adjusted	Lower is better									
			0.52	0.52	0.51	0.00%	-1.9%	-3.5%	0.41	-20%	
<p>Discussion: The risk adjusted target was constructed by calculating the average of the risk adjusted ABC Benchmarks for HH and BHH (.231+.391)/2=.31 and determining the halfway point between the 2014 risk adjusted score .51 and the average ABC HH and BHH Benchmark score (.31) resulting in a 9/30/2016 target of .41.</p>											
Cost	Total Cost of Care, risk adjusted	Lower is better	\$253	\$299	\$335	18.2%	32.4%	12.0%	-		
	PMPM, risk adjusted	Lower is better	\$512	\$544	\$587	6.3%	14.6%	7.8%	-		
<p>Discussion: No targets set on cost measures. Trends will be monitored over SIM implementation period.</p>											
Ped./ Adol. Care	Well-child Visits (ages 3-6), risk adjusted	Higher is better	63.8%	66.2%	64.3%	3.8%	0.8%	-2.8%	69.0%	7%	
	Children 7-11 Access to Primary Care Practitioners, risk adjusted	Higher is better		82.4%	80.1%			-2.8%	85.0%	6.1%	
	Developmental Screenings in the First 3 Years of Life, risk adjusted	Higher is better	10%	20%	26%	100.0%	160.0%	27.1%	35.0%	35%	
<p>Discussion: The risk adjusted target for Well-Child Visits was constructed by taking the average of the risk adjusted ABC Benchmarks for HH and BHH (83+64)/2=73.5 and determining the halfway point between the 2014 risk adjusted score 64.3 and the average of the ABC HH and BHH Benchmark score (73.5) resulting in a 9/30/2016 target of 69%. The risk adjusted target for the Children 7-11 Access to Primary Care calculation is based on an annual average year to year rate of change for 2013-2014 of 2.8% and applying this rate going forward 2 years (2.8 X 2=5.6%). This amount was added to the 2014 percentage (80.1%) resulting with rounding in a 9/30/2016 target of 85%. The risk adjusted target for Developmental Screenings was constructed by taking the average of the risk adjusted ABC Benchmarks for HH and BHH</p>											
MH	Follow-Up After Hospitalization for Mental Illness, risk adjusted	Higher is better	69.2%	66.3%	75.0%	-4.2%	8.4%	13.0%	81.3%	8%	
	<p>Discussion: The risk adjusted target was constructed using the rate of change between 2012 and 2014 (8.4%) and adding this amount to the 2014 percentage of (75%) resulting in a 9/30/2016 target of 81.3%. Note: This measure does not include hospital discharges from IMD's (Spring Harbor, Acadia) for Adults - 18 to 65 years since they are not included in MaineCare claims data.</p>										
Diabetes	Diabetic Care HbA1c (ages 18-75), risk adjusted	Higher is better	77.2%	80.1%	71.4%	3.8%	-7.5%	-10.8%	91.0%	27%	
	<p>Discussion: The Risk Adjusted target was set at the Medicaid 90th Percentile Benchmark at 91%</p>										