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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SIM Core Measure | Current Dashboard Measure | Applicable to All Payers?  | Applicable to HH? | Applicable to BHH? | Applicable to ACs?  | Impactful Interventions Possible? | Availability of Data beyond dashboard(H,M,L) | Comments |
| Developmental Screenings |  | N | Y | Y | Y | Y | L/M |  |
| Well Child Visits |  | N | Y | Partial | Y | Y | L/M |  |
| Children 7-11 Access to PC |  | N | Y | Partial | Y | Some | H/M | IHOC focus already |
| All-cause Readmits |  | Y | Y | Y | Y | Y | H | Overall negative trend, need additional trend information; but is opportunity for savings high enough; this is primarily a hospital measure |
| Diabetic Care (HbA1c) | Current patients 18-75 with diabetes who have had an HbA1c test in the last 12 mos  | Y | Y | Y | Y | Y | H | Diabetic care for MaineCare members is lower than for commercial, good opportunity across all payers |
| Follow up after Hosp for Mental Illness |  | Y | Y | Y | Y | Some | M | Impactful interventions available depending on data availability |
| Non-Emergent ED use |  | Y | Y | Y | Y | Y | H | Good trend in this measure already;should consider dev of categories, bifurcate ed use into physical & behavioral categories |
| Fragmented Care | The percentage of members with a fragmented care index of greater than .75. A score of 1 is complete fragmentation, a score of 0 is no fragmentation | Y | Y | Y | Y | Y | H | If data/results different by payers, are totally different approaches needed? Could Care Coordinators look at fragmented care results by member/practice?  |
| Imaging for Low Back Pain |  | Y | N | N | N | Y | M |  |

Below is the assessment grid developed to assess each SIM Core Measure against a set of criteria to help determine which measure would be the most beneficial for SIM to focus on for the remainder of the cooperative agreement (Year 3 and no-cost extension period). Determined priority areas developed by the SIM Core team are highlighted below, with overall priority level indicated.