VT Health Care Innovation Project
Quality & Performance Measures Work Group Meeting Minutes

January 13, 2014 am to 12:00pm; 4th Floor Conference Room, Pavilion Office Building, Montpelier

Attendees: Cathy Fulton, Co-Chair; Catherine Burns, Howard Center; Peter Cobb, VT Assembly of Home Health Agencies; Paul Harrington, VT Medical Society; Susan Johnson, Northern Counties Health Care; Carol Kulczyk, VITL; Kim McLellan, NW Counseling and Support; Dana Noble, Bennington Blueprint; Colleen Sinon, NE VT Regional Hospital; Lila Richardson and Julia Shaw, Vermont Legal Aid; Heather Skeels, Bi-State; Marlys Waller, Vermont Council; Norman Ward, MD, OneCare; Alicia Cooper, Cynthia Thomas, and Aaron French, DVHA; Heidi Klein and Robin Edelman, VDH; Fran Keeler and Marybeth McCaffrey, DAIL; Shawn Skaflestad and Eileen Underwood AHS; Susan Onderwyzer, DMH; Janet McCarthy, Franklin County Home Health; Jenney Samuelson, Blueprint; Pat Jones, Annie Paumgarten, Betty Rambur, PhD and Allan Ramsay, MD, GMCB; Michael Bailit and Kate Bazinsky, Bailit Health Purchasing; Georgia Maheras, AOA; Nelson LaMothe and George Sales, Project Management Team.

Agenda Item	Discussion	Next Steps
1 Welcome; Approval of Minutes; Conflict of Interest; Members vs. Interested Parties	Cathy Fulton brought the meeting to order. Cathy offered an opportunity to discuss the Minutes of the prior Dec 18th Meeting. No discussion ensued. Heidi Klein made a motion to accept Minutes; Heather Skeels seconded the motion, motion passed with none opposed and no abstentions. Cathy reminded Members and Interested Parties to read the COI Policy, sign the Acknowledgement and return to George Sales of the Project Management Team.	
2 ACO Measures; decision on sample size for medical records measures; who generates patient names –	Alicia Cooper presented on the sample size: Preliminary discussions about sample size suggested that using the Medicare Shared Savings Program sample size of 411 would be appropriate. Later discussions suggested that 411 might be administratively and financially burdensome, and an alternative approach would be to combine the BCBSVT and MVP populations to obtain the sample of 411 for the commercial SSP (the Medicaid SSP would require a separate sample of 411 Medicaid beneficiaries). Sharon Winn sent a suggestion via e-mail that perhaps a sample size of 30 could instead be used, in accordance with NCQA minimum guidelines for public reporting. Pat clarified that 30 is the minimum	

Agenda Item	Discussion	Next Steps
ACO's? Payers? Or Analytics Contractor?	number of eligible patients required by NCQA for public reporting of results when there are fewer than 411 eligible patients. Paul Harrington supported combining commercial payers to achieve lowest administrative burden for providers, assuming none of the health plans had concerns about combining the populations in this way. Norm Ward suggested combining Medicaid with Blue Cross and MVP into a single sample of 411. Jenney Samuelson noted that combining commercial and public payers would mask any differences in quality between payers. Pat confirmed that NCQA has different benchmarks for Commercial vs. Medicaid populations, and the results for these populations often differ. Pat also suggested that the work group might reconsider the requirements in subsequent years if Year 1 results are similar across payer populations. Julia Shaw agreed that separate reporting for Medicaid is appropriate. Paul inquired whether the chart review would be the responsibility of the ACO or the payers, and expressed a preference for the payers to assume that task. Aaron French suggested that it should instead be the role of ACO, though the payers may contribute to alleviate administrative/financial burden. Norm expressed concern about ACOs being distracted from delivering care by yet another administrative step. He also suggested that there may be broader concerns with ACOs self-reporting their clinical quality metrics. Jenney asked whether insurers would continue to conduct their own chart reviews for NCQA reporting, noting that it may be an added burden for practices to have chart review occurring by both payers and ACOs during the year Heidi noted that there will need to be a recommendation as to who will be responsible for collecting ACO-specific information for non-NCQA measures that are not already being collected by payers. Paul suggested that the analytics contractor should select the samples. Norm reminded the group that the goal is to have all data available electronically, so the administrative burden will be reduced over time. Michael Bailit confirmed that the intent is for data collection to transition away from chart review and toward electronic review. Paul described the most recent HIE Work Group meeting where the 3 ACOs' proposal to further develop electronic reporting was heard but not acted upon. Paul agreed that important steps toward electronic data collection are being made, but noted that there is still a long way to go and that chart reviews and the related administrative burden will continue to be considerations in the near future. Motion made by Cathy Fulton: For Year 1 ACO Clinical Reporting Measures for non-electronically sourced information and combining all commercial payer populations for sampling, the sample size for each clinical measure shall be 411 randomly sampled eligible patients. In the event that there are fewer than 411	

Agenda Item	Discussion	Next Steps
	eligible patients for a given measure, the total universe of eligible patients will be included. Separate random samples of 411 for each measure will be required for the Medicaid Shared Savings Program. Heidi Klein 2nd the Motion. No further discussion. Motion passed, no Nays, no Abstentions.	
3 Proxy Voting	Paul supported the proxy voting, but requested clarification about whether State employees would be considered voting members. He is concerned that perhaps half of all voting members are VT State Agency employees. Pat Jones informed the Group that Project Management and Staff are working to identify Voting Members vs. Interested Parties, and noted that Georgia was in the process of clarifying the voting status of state employees. Paul suggested that the voting/proxy voting process may be too formal for an advisory group. Norm appreciated the work group's response to the earlier suggestion of a need for a proxy voting policy. Norm also noted that it is difficult to know whether and how members participating by phone vote in the absence of a roll call vote. Cathy responded that when a vote is not unanimous, then a roll call may be appropriate. Allan Ramsay suggested that roll call votes allow Members to go on record representing their constituencies. Julia clarified for the group that Vermont Legal Aid and the Office of Health Care Advocate (Ombudsman) each have one vote. Aaron French made a motion to accept the draft proxy policy. Fran Keeler seconded the motion. No further discussion. Motion passed, no Nays, no Abstentions.	
4 Measure Modification Standard	Pat presented on the topic and relayed that comments received from OneCare were incorporated into the new draft shared today. A suggestion from staff was that the Work Group complete all recommendations for changes to the measure sets by 7/31/14 to facilitate timely Steering Committee and Core Team action. Norm suggested a moratorium on modifications to measures in Year 1. Paul expressed concern that measures may change during the 3 year pilot, and objects to this proposal overall. Paul suggested that the work group should focus on evaluating a stable set of measures, and noted that he would abstain from a vote on this subject Susan Johnson suggested that we need a method to change measures to accommodate shifts in understanding, and that this document provides a framework for addressing any potential modifications encountered during the pilot. Lila suggested clarifying the language in Item 3 about new measures "relating" to MSSP measures. Lila also expressed concerns about the limited representation of non-Medicare populations in the measures. Pat noted that the MSSP measure specifications often apply to populations beyond the traditional Medicare population, including broader age groups, etc. She suggested editing that sentence to say "…the Work	

Comment [JP1]: Did we have a second?

Agenda Item	Discussion	Next Steps
	Group shall recommend following the MSSP measure specifications *as closely* as possible." Work Group members concurred with this change. Heidi asked if the Quality & Performance Measures WG could re-evaluate the criteria developed by the predecessor ACO Measures WG for evaluating measures. Cathy agreed that this would be an appropriate activity for the QPM WG prior to considering any changes to the ACO measures. Susan Johnson made a motion to approve the standard for the Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Programs, with edits to the sentence regarding MSSP measures in paragraph 3 to read "…the Work Group shall recommend following the MSSP measure specifications as closely as possible." Aaron French seconded the motion. No further discussion. Motion Passed, no Nays, 1 Abstention by Paul Harrington.	
5 Work Group Charter	Alicia incorporated feedback and edits from members in the version that the work group discussed. Minor changes were made to purpose and scope. A significant change was made to milestones, which were removed altogether and will be populated at a later date based on contents of the work plan (in development). Paul Harrington expressed concerns about the work group's role in reviewing and selecting measures for Episode of Care and Pay for Performance payment models, believing that to be the purview of the Payment Models Work Group. Alicia responded that the QPM work group will work with the PM work group to develop measures for additional payment models being tested. Pat Jones echoed Alicia's comment suggesting a parallel approach with cross-communication among WGs. Lila Richardson mentioned that using both SIM and VHCIP terminology is confusing. Shawn Skaflestad suggested adding a sentence to differentiate between members and Interested parties. Paul Harrington suggested that the Charter include the list of Members. Norm Ward agreed that the Charter should name Members. Cathy Fulton indicated that a revised draft of Charter is necessary. Pat asked Members to review and send comments within a week to Alicia, Pat, and Co-Chairs.	
6 Draft Work Plan	Pat Jones asked Members to please review the draft Work Plan and send comments within a week to Alicia, Pat and Co-chairs.	
7Engaging with other Groups	Not discussed.	
8 Schedule	Not discussed.	

Agenda Item	Discussion	Next Steps
Presentations on Other Measurement Activities		
9 Next Steps, Wrap up, and Future Meeting	Next meeting: Monday February 10, 2014 - 10am to 12pm; 4th Floor Conference Room - Pavilion Office Building, Montpelier	

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Agenda

Monday, January 13, 2014; 10:00 AM to 12 Noon

4th Floor Conference Room, Pavilion Office Building, Montpelier

Call-In Number: 1-877-273-4202 Passcode: 9883496

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	10:00-10:15	Welcome and Introductions; Approval of Minutes; Conflict of Interest Statements; Members vs. Interested Parties	Attachment 1a- Agenda Attachment 1b- December Minutes	
2	10:15-10:30	ACO Measures: Decisions on sample size for medical record measures; who generates patient names for samples (ACOs, payers, or analytics contractor) ***Public Comment***		Yes
3	10:30-10:40	Proxy Voting Proposal ***Public Comment***	Attachment 3 - Draft Proxy Voting Proposal	
4	10:40-10:55	Measure Modification Standard – Comments and Discussion ***Public Comment***	Attachment 4 - ACO Standards draft – process for review and modification of measures	Yes
5	10:55-11:05	Work Group Charter – Comments and Discussion ***Public Comment***	Attachment 5a & 5b - QPM Charter Draft(s) v5	Yes
6	11:05-11:20	Draft Work Plan ***Public Comment***	Attachment 6 - QPM Draft Work Plan	Yes
7	11:20-11:30	Engaging with Other Work Groups ***Public Comment***		
8	11:30-11:45	Scheduling Presentations on Other Measurement Activities (e.g., Vermont Oncology Project, Blueprint for Health, Department of Health, Health Plans, VPQHC, etc.) ***Public Comment***		Yes
9	11:45-12:00	Next Steps, Wrap-Up and Future Meeting Schedule		

VT Health Care Innovation Project
Quality & Performance Measures Work Group Meeting Minutes

Date of meeting: December 18, 2013, 10:00 AM – 12:00 Noon, ACCD Conference Room, 1 National Life Drive, Montpelier

Attendees: Laura Pelosi, McLean, Meehan and Rice (Co-Chair); Catherine Fulton, VPQHC (Co-Chair); Michael Bailit and Kate Bazinsky, Bailit Health Purchasing; Peter Cobb, VAHHA; Alicia Cooper and Kelly Gordon, DVHA; Robin Edelman and Heidi Klein, VDH; Paul Harrington, Vermont Medical Society; Betty Rambur, Pat Jones and Annie Paumgarten, GMCB; Frances Keeler and Marybeth McCaffrey, DAIL; Vicki Loner and Norman Ward, MD, OneCare; Anya Rader Wallack and Georgia Maheras, VHCIP; Kim McClellan, Northwest Counseling Services; Lila Richardson, Rachel Seelig, and Julia Shaw, Vermont Legal Aid; Catherine Simonson, Howard Center; Colleen Sinon, NVRH; Heather Skeels, Bi-State Primary Care; Marlys Waller, Vermont Council; Sharon Winn, BCBSVT; Shawn Skaflestad, AHS; George Sales and Nelson Lamothe, UMass

Agenda Item	Discussion	Next Steps
Welcome & Introductions	Introductions around the room. Motion to approve minutes made by Robin Edelman; seconded by Kim McClellan – Motion passed, none opposed, no abstentions.	
WG Members vs Interested Parties; Conflict of Interest Policy	Laura Pelosi noted that several individuals representing the same organization are in attendance at Work Group meetings. Laura asked that each organization designate one member as a voting member, with other individuals from that organization designated as interested parties. Laura requested that organizations e-mail Pat Jones identifying their voting member. Dr. Norm Ward asked about proxy voting when members cannot make the meeting – Laura responded that at present, there is no precedent for proxy voting, and that the Co-Chairs would take the proxy question to VHCIP leadership. Georgia Maheras presented a quick overview of Conflict of Interest (COI) policy approved by the Core Team. The VHCIP COI Policy incorporates state ethics and elements from VITL's COI Policy. The 1st procedure discusses the duty to self-disclose a COI; the 2nd procedure requires that participants voice concerns about others' potential COI. If a participant feels uncomfortable about participating in a conversation, or someone else's participation, they should voice concerns and ask whether there is a conflict. If a participant feels that a conflict has occurred, the participant has a duty to inform WG Chair. Georgia is available to discuss COI concerns. Attachment A of the COI Policy must be signed by all	

Agenda Item	Discussion	Next Steps
	members, and Interested Parties are encouraged to sign but not required. Signed COI forms are to be forwarded to the Project Management Team: Nelson LaMothe, George Sales and/or Chrissy Geiler.	
Update on Commercial & Medicaid ACO Shared Savings Measures	Laura reported that the Year 1 Medicaid and Commercial ACO Shared Savings Program Payment and Reporting Measure Sets were approved by the GMCB last week, and expressed appreciation to all who worked diligently to produce this very complicated work product. The GMCB also approved the Year 1 Gate and Ladder methodology for determining the impact of payment measures on shared savings, and the requirements for reporting measures.	
Draft Measure Modification Standard	Pat presented a draft standard to review and modify ACO Shared Savings Program measures moving forward, specifically for Years 2 and 3. The ACO Measures WG (a predecessor to the QPM WG) helped develop this document. The draft standard includes the following processes: - QPM WG will review approved measures at the beginning of Q3 in each pilot year, with input from the Payment Models WG. - QPM WG will review targets and benchmarks for payment measures in relation to national percentiles, and consider whether targets should remain constant or be reset for the coming year. - QPM WG shall review pending measures (not required for Year 1 but of interest to the WG) and determine whether to advance them from Pending status to Payment or Reporting status. - QPM WG shall also review state and/or insurer performance on Monitoring and Evaluation Measures in each pilot year after NCQA publishes its Quality Compass product. The measures may remain as Monitoring and Evaluation measures, or be recommended to be moved to Payment or Reporting measures. - The GMCB will release final measure specifications for the next pilot year no later than November 30th. - If during the year, a national clinical guideline is revised and raises concern about the implementation of a measure, the QPM WG shall review the measure and recommend a course of action. Discussion followed, with suggested language changes regarding the order, timing and process for making measurement-related recommendations. Pat will send an updated draft to the WG within the next few days. Laura requested that participants send written comments and potential language changes to Pat so that the WG can review an updated draft at the next meeting. Marybeth McCaffrey observed that this is the 3rd iteration of this document, and suggested that the next	

Agenda Item	Discussion	Next Steps
	iteration should be the final review, with a vote to recommend to the Steering Committee and Core Team at the January WG meeting.	
Resource Discussion (consulting)	(Bailit Health Purchasing staff left the meeting during this discussion) Bailit Health Purchasing providing consultation to the former ACO Measures WG, and the consensus was that their work was very helpful. Staff and Chairs commenced a discussion regarding the retention of Bailit Health Purchasing to serve in a similar capacity for the QPM Work Group. The existing contract can be amended to provide these services. Georgia indicated that a 12 month contract for calendar year 2014 would be an appropriate time frame. Both Co-chairs supported keeping Bailit. Peter Cobb suggested it would not be advisable to switch vendors mid-stream, and recommended continuing with Bailit. Lila Richardson suggested it would be difficult to write and release an RFP, get a consultant on board and up to speed in a timely fashion, but perhaps in the future, the WG will want to issue an RFP. Peter Cobb made a motion to recommend to Core Team that VHCIP continue its contract with Bailit Health Purchasing to provide consultation services to the Quality and Performance Measures Work Group for Calendar year 2014, not to exceed $200,000; Kelly Gordon seconded the motion. During the discussion, there was consensus that the WG should require monthly expenditure reports, and that the WG should consider issuing an RFP during the third quarter of 2014 for services in Calendar Year 2015. Motion passed – none opposed, Lila Richardson and Rachel Seelig abstained.	
Expected Work Products	The VHCIP Driver diagram and a draft Timeline for Expected Core Team decisions were briefly reviewed.	
Work Group Charter	The 4th draft of the WG Charter was revisited with discussion and several comments: Paul Harrington suggested deleting or significantly revising the sentence in the "Purpose" section referencing reporting to consumers. Marybeth McCaffrey commented that milestone dates would be better stated in the Work Plan and suggested striking them from the Charter. Pat Jones asked that suggested edits and comments be forwarded to her for draft #5, to be reviewed at the January meeting.	
Public Comment	Lila shared discussion at Core Team that "Public Comment" would be more effective if it occurred at the close of each agenda item, topic by topic, rather than at the end of the meeting, after topics are voted upon. Norm suggested that proxy voting makes sense when members are unable to attend. Peter also expressed concern about adequate stakeholder representation when voting members cannot attend, and proposed alternates who can proxy vote.	

Agenda Item	Discussion	Next Steps
	Catherine Fulton asked Georgia for her input on proxy voting: Georgia observed that no other WG has tackled this topic. Catherine asked how many alternates would be reasonable, and what the procedural issues and requirements might be (e.g. ., should alternates/proxies be named in advance of the meeting). Marybeth suggested that designees be listed with Chrissy to ensure materials go out to the appropriate representatives and to ensure that work continues to be completed in a timely manner. Co-chairs and staff will work on the proxy issue by engaging other WGs and drafting a recommendation. Lila asked about new VHCIP website. Georgia responded that the Website is in a soft launch phase – with anticipated go-live in January.	
Next Steps, Wrap up & future meeting schedule	Next meeting: January 13, 2014, 10:00 AM to 12:00 Noon, 4th Floor Conference Room, Pavilion Building, Montpelier	

Vermont Health Care Innovation Project: Quality and Performance Measures Work Group

DRAFT PROXY VOTING POLICY

1. Each organization with an interest in a Vermont Health Care Innovation Project (VHCIP) work group shall identify one individual who will serve as the primary voting member for that organization.

2. Each organization shall also have the option of identifying additional individuals who will be named as interested parties to serve on the work group.

3. Each organization shall have the option of identifying and naming one interested party who will serve as a proxy for the voting member if the voting member is unable to attend the meeting. Whenever possible, the organization shall inform the work group co-chairs and staff in advance of the meeting if the identified interested party will be serving as a proxy for the identified voting member.

4. It is the responsibility of the voting member and proxy to remain well informed about work group activities, in order to engage effectively and efficiently in work group discussions and decisions.

VHCIP Quality and Performance Measures Work Group
Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Programs
January 7, 2014 Revised Draft

Standard:

1. The VHCIP Quality and Performance Measures Work Group will review all **Payment and Reporting measures** included in the Core Measure Set at the beginning of the third quarter of each pilot year, with input from the VHCIP Payment Models Work Group. For each measure, these reviews will consider payer and provider data availability, data quality, pilot experience reporting the measure, ACO performance, and any changes to national clinical guidelines. The goal of the review will be to determine whether each measure should continue to be used as-is for its designated purpose, or whether each measure should be modified (e.g. advanced from Reporting status to Payment status in a subsequent pilot year) or dropped for the next pilot year. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to measures for the next program year if the changes have the support of a majority of the voting members of the Work Group. Such recommendations will be finalized no later than August 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes. In the interest of retaining measures selected for Payment and Reporting purposes for the duration of the pilot program, measures should not be removed in subsequent years unless there are significant issues with data availability, data quality, pilot experience in reporting the measure, ACO performance, and/or changes to national clinical guidelines.

2. The VHCIP Quality and Performance Measures Work Group and the VHCIP Payment Models Work Group will review all **targets and benchmarks** for the measures designated for Payment purposes at the beginning of the third quarter of each pilot year ~~when NCQA publishes its Quality Compass product~~. For each measure, these reviews will consider whether the benchmark employed as the performance target (e.g., national xth percentile) should remain constant or change for the next pilot year. The Work Group should consider setting targets in year two and three that increase incentives for quality improvement. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to benchmarks and targets for the next program year if the changes have the support of a majority of the voting members of the Work Group. Such recommendations will be finalized no later than August 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes.

3. The VHCIP Quality and Performance Measures Work Group will review all **measures designated as Pending** in the Core Measure Set and consider any new measures for

Comment [JP1]: Should consider July 31 date to allow adequate time for Steering Committee, Core Team, and GMCB review.

Comment [JP2]: Consider July 31.

For Discussion Only

addition to the set beginning in the first quarter of each pilot year, with input from the VHCIP Payment Models Work Group. For each measure, these reviews will consider data availability and quality, patient populations served, and measure specifications, with the goal of developing a plan for measure and/or data systems development and a timeline for implementation of each measure. If the VHCIP Quality and Performance Measures Work Group determines that a measure has the support of a majority of the voting ~~Work Group~~ members of the Work Group and is ready to be advanced from Pending status to Payment or Reporting status or added to the measure set in the next pilot year, the Work Group shall recommend the measure as either a Payment or Reporting measure and indicate whether the measure should replace an existing Payment or Reporting measure or be added to the set by August 31st of the year prior to implementation of the changes. New measures should be carefully considered in light of the Work Group's measure selection criteria. If a recommended new measure relates to a Medicare Shared Savings Program (MSSP) measure, the Work Group shall recommend following the MSSP measure specifications if possible. If the Work Group designates the measure for Payment, it shall recommend an appropriate target that includes consideration of any available state-level performance data and national and regional benchmarks. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than September 30th of the year prior to implementation of the changes.

Comment [JP3]: Consider July 31.

4. The VHCIP Quality and Performance Measures Work Group will review **state or insurer performance on the Monitoring and Evaluation measures** during the third quarter of each year ~~after NCQA publishes its Quality Compass product~~, with input from the VHCIP Payment Models Work Group. The measures will remain Monitoring and Evaluation measures unless a majority of the ~~VHCIP Quality and Performance Measures Work Group~~voting members of the Work Group determines that one or more measures presents an opportunity for improvement and meets measure selection criteria, at which point the VHCIP Quality and Performance Measures Work Group may recommend that the measure be moved to the Core Measure Set to be assessed at the ACO level and used for either Payment or Reporting. The VHCIP Quality and Performance Measures Work Group will make recommendations for changes to the Monitoring and Evaluation measures for the next program year if the changes have the support of a majority of the members of the Work Group. Such recommendations will be finalized no later than August 31st of the year prior to implementation of the changes. Recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Approval for any changes must be finalized no later than ~~November~~September 30th of the year prior to implementation of the changes.

Comment [JP4]: Consider July 31.

5. The GMCB will release the **final measure specifications** for **the next pilot year by no later than** ~~November 30~~October 31~~th~~st of the year prior to the implementation of the changes. The specifications document will provide the details of any new measures and any changes from the previous year.

6. If during the course of the year, a national clinical guideline for any measure designated for Payment or Reporting changes or an ACO or payer participating in the pilot raises a serious concern about the implementation of a particular measure, the VHCIP Quality

For Discussion Only

and Performance Measures Work Group will review the measure and recommend a course of action for consideration, with input from the VHCIP Payment Models Work Group. If the VHCIP Quality and Performance Measures Work Group determines that a change to a measure has the support of a majority of the ~~Work Group~~voting members of the Work Group, recommendations will go to the VHCIP Steering Committee, the VHCIP Core Team and the GMCB for review. Upon approval of a recommended change to a measure for the current pilot year, the GMCB must notify all pilot participants of the proposed change within 14 days.

For Discussion Only

Vermont Health Care Innovation Project
Quality and Performance Measures Work Group Charter

DRAFT

PURPOSE

The purpose of the Quality and Performance Measures Work Group is to develop and recommend to the VHCIP steering committee a standard set of performance measures, including metrics on quality, utilization, and cost, and performance measures to the VHCIP Steering Committee, the VHCIP Core Team, and the GMCB. The performance measures will allow the group to evaluate in order to evaluate the performance of Vermont's payment reform models relative to public policy goals; to make recommendations regarding the manner in which quality performance will influence payments for payment models that are tested; and, as appropriate, to make recommendations about how and when to communicate quality performance relating to payment reform to consumers.

SCOPE OF WORK

- Develop criteria and expectations for measure selection.
- Prioritize the use of nationally endorsed measures that can be benchmarked, to the extent possible.
- Develop consolidated and standardized sets of quality and performance measures for alternative payment and delivery system structures that are adopted for testing.
- Troubleshoot measurement collection and reporting barriers and support measurement issue resolution.
- Review performance measures on at least an annual basis and determine measures to be added, revised, retired, or replaced as appropriate.
- Learn about, inform, and integrate relevant activities of other Vermont Health Care Innovation Project (VHCIP) work groups.
- Collaborate with other VHCIP work groups to achieve broader project goals.

DELIVERABLES

- Review selection criteria used to develop ACO shared savings measures and expand to episodes of care, pay-for-performance, and other payment models adopted for testing, as appropriate.

- Recommend how measurement should impact payment, as appropriate.
- Review and recommend for approval the "Process for Review and Modification of Measures" standard for ACO shared savings measures.
- Annually review measures for the SIM Driver Diagram, and modify or recommend measures as needed.
- Develop recommended measure sets for other payment models that are adopted for testing.
- ReviewportReport on and recommend measures to be added, revised, retired, or replaced as appropriate, on at least an annual basis.
- Review and recommend benchmarks to be used in conjunction with adopted measures for assessing and rewarding performance.
- Provide technical assistance to other multi-payer payment reform projects as requested and as work group resources allow.

MILESTONES

To be populated with specific tasks (and associated dates) included in the QPM WG Work Plan.

MEMBERSHIP REQUIREMENTS

The Quality and Performance Measures Work Group will meet monthly, with possible additional sub-committee meetings. Members are expected to participate regularly in meetings and may be required to review materials in advance. Members are expected to communicate with their colleagues and constituents about the activities and progress of the work group and to represent their organizations and constituencies during work group meetings and activities.

RESOURCES AVAILABLE FOR STAFFING AND CONSULTATION

Work Group Chairs:

- Catherine Fulton, Executive Director, Vermont Program For Quality in Health Care
  CatherineF@vpqhc.org
- Laura Pelosi, MacLean, Meehan & Rice
  Laura@mmrvt.org

Work Group Staff:

- Pat Jones, Green Mountain Care Board
  Pat.Jones@state.vt.us
- Alicia Cooper, Department of Vermont Health Access
  Alicia.Cooper@state.vt.us

Additional resources may be available to support consultation and technical assistance to the work group.

Vermont Health Care Innovation Project
Quality and Performance Measures Work Group Charter

DRAFT

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- Develop consolidated and standardized sets of quality and performance measures for alternative payment and delivery system structures that are adopted for testing.
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- Review performance measures on at least an annual basis and determine measures to be added, revised, retired, or replaced.
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- Review selection criteria used to develop ACO shared savings measures and expand to episodes of care, pay-for-performance, and other payment models adopted for testing, as appropriate.
- Recommend how measurement should impact payment.

- Review and recommend for approval the "Process for Review and Modification of Measures" standard for ACO shared savings measures.
- Annually review measures for the SIM Driver Diagram, and modify or recommend measures as needed.
- Develop recommended measure sets for other payment models that are adopted for testing.
- Review and recommend measures to be added, revised, retired, or replaced as appropriate, on at least an annual basis.
- Review and recommend benchmarks to be used in conjunction with adopted measures for assessing and rewarding performance.
- Provide technical assistance to other multi-payer payment reform projects as requested and as work group resources allow.

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  Alicia.Cooper@state.vt.us

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DRAFT 1/7/14 – Work Plan for VHCIP Quality and Performance Measures Work Group

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Group logistics: charter, membership, meeting schedule, etc.	• Review and refine draft charter • Review membership list for gaps • Obtain signed conflict of interest statements • Develop 2013-2014 meeting schedule • Identify resource needs and how to meet those needs	January 2014	Staff; co-chairs; work group members	• Draft charter • Membership list developed • Conflict of interest policy presented	• Final Charter • Comprehensive membership list • Signed conflict of interest statements • 2014 meeting schedule • Resources adequate to accomplish objectives
Obtain consultant to assist with selected work group activities	• Identify activities that could benefit from consultant expertise • Determine if RFP needed or if existing vendor can perform work • Engage in RFP process and/or recommend vendor • Execute contract or contract amendment • Work with successful vendor to develop scope of work and accomplish specified activities	January 2014	Staff; co-chairs; work group members	• Recommendation to retain existing vendor sent to Core Team	• Contract or contract amendment in place
Recommend process for reviewing and modifying SSP measures to VHCIP Core Team and GMCB	• Review and comment on draft process • Develop revised process • Vote on process • Send recommendation to VHCIP Core Team	January 2014	Staff; co-chairs; work group members	• Second draft under review	• Adopted process for review and modification of SSP measures
Review SSP pending and new measures and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	• Carefully consider measure selection criteria and applicability of MSSP measure specifications • Develop recommendations for VHCIP Steering Committee, Core Team and GMCB	August 2014	Staff; co-chairs; work group members; consultant		• Recommendations to VHCIP Steering Committee, Core Team and GMCB
Review SSP Payment, Reporting, Monitoring and Evaluation Measures and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	• Consider payer and provider data availability, data quality, pilot experience reporting the measure, ACO performance, and any changes to national clinical guidelines • Develop recommendations for VHCIP Steering Committee, Core Team and GMCB	August 2014	Staff; co-chairs; work group members; consultant		• Recommendations to VHCIP Steering Committee, Core Team and GMCB

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Review SSP Payment Measures targets and benchmarks and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	• For each Payment Measure, consider whether the benchmark employed as the performance target should remain constant or change for the next pilot year • Consider setting targets that increase incentives for quality improvement.	August 2014	Staff; co-chairs; work group members; consultant		• Recommendations to VHCIP Steering Committee, Core Team and GMCB
When requested by Payment Models Work Group, recommend measures for Episode of Care reforms to Payment Models Work Group, VHCIP Steering Committee, Core Team and GMCB	• Identify measure selection criteria • Review potential measures • Consider alignment with existing measure sets • Recommend measure set to VHCIP Steering Committee, Core Team and GMCB	December 2014?	Staff; co-chairs; work group members; consultant		• Recommendations to VHCIP Steering Committee, Core Team and GMCB
When requested by Payment Models Work Group, recommend measures for Pay for Performance reforms to Payment Models Work Group, VHCIP Steering Committee, Core Team and GMCB	• Identify measure selection criteria • Review potential measures • Consider alignment with existing measure sets • Recommend measure set to VHCIP Steering Committee, Core Team and GMCB	June 2015?	Staff; co-chairs; work group members; consultant		• Recommendations to VHCIP Steering Committee, Core Team and GMCB
Coordinate and collaborate with other work groups	• Identify activities led by other work groups that relate to activities of the QPM Work Group • Develop mechanisms for reporting about related activities to other work groups, and for obtaining information about related activities from other work groups	Ongoing	Staff; co-chairs; work group members; other work groups		• Well-coordinated and aligned activities among work groups
Develop understanding of current measurement activities in Vermont, in other states, and nationally	• Identify entities and programs that engage in quality and performance measurement • Identify focus of their work and related measures • As requested by work group, ask selected entities to attend work group meetings to describe their activities in greater detail • Summarize information in writing	Ongoing	Staff; co-chairs; work group members; consultant; organizations engaging in measurement		• Written summary of current measurement activities • Aligned measure sets

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
For all measure sets, identify implementation needs (e.g., learning collaboratives, electronic and other information, provider engagement) and potential resources to meet those needs.	• Review measure sets to identify implementation needs • Identify mechanisms and resources to meet implementation needs	Ongoing	Staff; co-chairs; work group members; consultant		• Written recommendations, including proposed learning collaboratives, HIE needs, provider engagement activities, implementation resources