

# QPM Work Group Agenda 9-22-14

# *VT Health Care Innovation Project*

## *Quality and Performance Measures Work Group Meeting Agenda*

September 22, 2014; 10:00 AM to 12 Noon  
Pavilion Building 4<sup>th</sup> Floor Conference Room, Montpelier, VT  
Call-In Number: 1-877-273-4202 Passcode: 9883496

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	10:00-10:05	Welcome and Introductions; Approval of Minutes	Attachment 1 – August QPM Minutes	YES – Approval of Minutes
2	10:05-10:30	Updates <ul style="list-style-type: none"> <li>• Steering Committee and Core Team Discussions of Recommended Measures</li> <li>• Clinical Data Collection, including VITL Gap Analysis and Sample Sizes for Medicare SSP</li> <li>• GMCB Changes to Measure-Related ACO Shared Savings Program Standards</li> </ul> <i>Public Comment</i>	Attachment 2a – Core Team Presentation on Recommended Year 2 Measures  Attachment 2b – GMCB-Approved Changes to Measure-Related ACO SSP Standards  Attachment 2c – Potential Definitions of Meaningful Improvement	
3	10:30-10:50	Review of Data Submission and Analytics Timeline for Year 1 SSP Measures  <i>Public Comment</i>	Attachment 3 – Timeline for Year 1 SSP Data Submission and Analytics	
4	10:50-11:10	Review of QPM Work Plan/Update on Payment Models  <i>Public Comment</i>	Attachment 4 – QPM Work Plan	
5	11:10-11:40	Targets and Benchmarks for Year 2 Payment Measures <ul style="list-style-type: none"> <li>• Year 1 Targets and Benchmarks</li> <li>• Timing for Year 2 Targets and Benchmarks</li> </ul> <i>Public Comment</i>	Attachment 5 – Year 1 Quality Gates and Ladders	YES (eventually) – Recommended Targets and Benchmarks for Year 2 Measures
6	11:45-12:00	Next Steps, Wrap-Up and Future Meeting Schedule		

# Attachment 1 - QPM Minutes

8-25-14



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

**Date of meeting:** August 25, 2014, 9:30 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.

Agenda Item	Discussion	Next Steps
<b>1. Welcome and Introductions; Approval of Minutes</b>	<p>Cathy Fulton called the meeting to order at 10:02 am. Georgia Maheras performed the member attendance roll call (please see attached attendance sheet).</p> <p>Heather Skeels moved to approve the minutes and Aaron French seconded. There was no further discussion and the motion carried with four abstentions.</p>	
<b>2. Updates: ACO attribution, Alignment of Blueprint and ACO measure results, Other payment models</b>	<p>Pat Jones discussed the ACO attribution estimates:  65,691 attributed lives for Medicare (across all three ACOs)  34,500 attributed lives for commercial/BCBSVT (across all three ACOs)  50,000 attributed lives for Medicaid (across two participating ACOs)</p> <p>The GMCB has not taken action on the issue of whether OBGYNs will serve as a source of attributed patients. This will continue to be a topic of discussion for future program years.</p> <p>Pat provided information on integration of Blueprint &amp; ACO Measures:</p> <ul style="list-style-type: none"> <li>- The GMCB and the Blueprint are having discussions about how best to integrate claims-based ACO measures into practice and HSA-level profiles.</li> <li>- Meetings are taking place at the leadership level and to be completed by the end of August. Goal is to align information where possible.</li> <li>- Blueprint profiles do not currently include measures related to chart review or all of the measures used for payment. Measures are reported to provide information for practice-level decision making.</li> </ul> <p>Georgia provided an update on other payment models:</p>	

Agenda Item	Discussion	Next Steps
	<p>Pay for Performance: Due to the rescission, the funds for the Pay for Performance program are no longer in Medicaid's budget.</p> <p>Episodes of Care: Payment Models work group received a presentation on Medicaid data and contractors are currently loading commercial data. More information will be discussed at the next meeting.</p> <p>Paul Harrington noted that as a provision of the ACA, primary care providers were paid Medicare rates for Medicaid services in 2012 and 2013. As this provision will not be in place for 2015, VMS has requested that Medicaid funds be used to backfill this difference in reimbursement rates. Paul asked Georgia to look in to the availability of information related to this request.</p>	<p><b>Georgia will follow up with administration to see if there are updates on this request.</b></p>
<p><b>3. Year 2 and Commercial ACO Shared Savings Measures</b></p>	<p>At the Steering Committee's request (and a request from BCBSVT), the group discussed the feasibility of using patient experience survey measures for Payment in Year 2, and reviewed the written comments relating to Year 2 measures. The group also reviewed measures in the pending category that were not voted on in the July meeting. The Steering Committee's final decision on measures for Year 2 will be made Sept. 3, 2014.</p> <p>Attachment 3a is a presentation given to the Steering Committee, and has since been updated with new summary slides.</p> <p>Attachment 3b includes a summary of organizational positions by measure</p> <ul style="list-style-type: none"> <li>- Vote of QPM work group at July 29<sup>th</sup> meeting and a summary of comments</li> <li>- Includes measures that were not reviewed and/or voted on in this work group</li> <li>- New Requests: <ul style="list-style-type: none"> <li>o BCBSVT asked that the patient experience composites be removed from reporting to payment in Year 2</li> <li>o Dr. Peter Reed asked QPM to include measures around social determinants of health</li> <li>o VDH asked that all measures be considered that group did not have time to vote on at the previous meeting</li> </ul> </li> </ul> <p>Attachment 3c includes a summary of comments received by organization or individual.</p> <p>Attachment 3d includes the full text of all comments submitted to the Steering Committee. This was not printed for the meeting but was included in the meeting materials shared electronically.</p> <p><u>Patient Experience Survey:</u></p>	

Agenda Item	Discussion	Next Steps
	<ul style="list-style-type: none"> <li>- The SIM grant is funding the patient experience survey. Recommendation to use the survey already being used by the Blueprint PCMHs to avoid confusion and reduce administrative burden.</li> <li>- Last year 27,000 adult and child surveys went out and they expect something similar this year.</li> <li>- Response rate is about 30%. Surveys are sent in a two wave mailing.</li> <li>- This is a sample population survey. Not all practices will participate.</li> <li>- For example, Fletcher Allen practices field a different visit-based survey (CG CAHPS). It has similar questions, and FAHC will add custom questions, but we can't bundle their results with the results of the annual PCMH CAHPS.</li> <li>- Medicare is fielding a survey for their Shared Savings Program (lengthy, questions more relevant to Medicare population). It is possible for patients to receive multiple surveys but not likely.</li> <li>- There are two composites (including the proposed DLTSS composite) that consist of custom questions that will not have national benchmarks now; we are working with the survey vendor to investigate availability of national benchmarks for the other 8 composites that are not based on custom questions.</li> <li>- Survey will roll out to practices in a phased approach and needs to be fielded for 45 days. Raw survey results will be delivered to the practices within a few weeks after the survey closes.</li> <li>- The survey will be fielded annually for each practice, in the same month every year.</li> <li>- The majority of ACOs' PCPs need to participate in this survey but 100% participation was not required.</li> </ul> <p>The Steering Committee asked the work group to considering moving these measures from reporting to payment in Year 2. The group discussed and agreed that there is not yet enough information available as to what the response rate will be and whether the participating practices' populations will be representative of the Medicaid and Commercial ACO populations.</p> <p>The group agreed that these measures should be given priority consideration for Year 3 when information from the first year is available. Preliminary results from the survey will be available soon and discussions can begin at that time regarding to the feasibility of moving these measures to Payment.</p> <p><u>Pending Measures:</u> Pending measures that were proposed for promotion but were not voted on by QPM during the July meeting were discussed:</p> <p><u>Controlling Blood Pressure:</u> VDH requested inclusion in the Reporting Measure set, noting this is a key indicator in chronic disease prevention. The concern is that patients are being over-managed/medicated</p>	

Agenda Item	Discussion	Next Steps
	<p>because of current clinical guidelines. As guidelines are changing, the measure specifications are likely to change as well.</p> <p>The group discussed and agreed this measure is a high priority but is best left in Pending until clinical guidelines are revised.</p> <p>Diane Leach moved that all pending measures be reviewed in the Year 3 measures discussion. Paul Reiss seconded. The motion was tabled to continue the discussion of additional Pending measures.</p> <p><u>Care Transition Record Transmission:</u> The rationale to keeping this in Pending is there are no current benchmarks or experience collecting the measure in Vermont. Transferring of records between certain providers is not something that can easily be achieved at present given federal laws (42CFR Part 2). This also poses a burden for practices where Electronic Health Records (EHRs) are not currently in use, or where electronic records are primarily used for charting (e.g. SNFs). The HIE work group is working on enhancing record transmission capability with a Universal Transfer Form.</p> <p><u>Transition Record with Specified Elements Received by Discharged Patients:</u>  The group discussed and acknowledged that this is an important measure but because the information would not flow through claims it may be difficult to track. The work group discussed alternate strategies for addressing patient engagement in the care process:</p> <ul style="list-style-type: none"> <li>- Measure the delivery of follow-up care that happens after discharge</li> <li>- Measure patient understanding of discharge instructions via a patient experience survey</li> </ul> <p>The group re-visited Diane’s motion wherein all pending measures will be considered for priority review in the next year. A roll call vote was taken by Georgia and the motion carried unanimously.</p>	
<b>4. Targets and Benchmarks for Year 2 Payment Measures</b>	This topic will be reviewed at the next meeting.	
<b>5. Updates on Clinical Data Collection</b>	This topic will be reviewed at the next meeting.	
<b>6. Next Steps, Wrap up, and Future Meeting Schedule</b>	<b>Next meeting:</b> Monday, September 22, 2014, 10 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.	

# VHCIP QPM Work Group Attendance List 8-25-14

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

First Name	Last Name	Title	Organization	OPM
Peter	Albert		Blue Cross Blue Shield of Vermont	MA
April	Allen	Director of Policy and Planning	AHS - DCF	X
Bill	Ashe	Executive Director	Upper Valley Services	X
Ena	Backus		GMCB	X
Michael	Bailit		Bailit-Health Purchasing	X
Susan	Barrett	Executive Director	GMCB	X
Jaskanwar	Batra		DMH	M
Kate	Bazinsky		Bailit-Health Purchasing	X
Charlie	Biss		AHS - Central Office - IFS	X
Catherine	Burns	Director of Quality for Mental Health	HowardCenter for Mental Health	M
Deb	Chambers		MVP Health Care	M
Amanda	Ciecior	Health Policy Analyst	AHS - DVHA	S
Peter	Cobb	Executive Director	VNAs of Vermont	X
Connie	Colman	Quality Improvement Director	Central Vermont Home Health and Hospit	M
Amy	Coonradt	Health Policy Analyst	AHS - DVHA	X
Amy	Cooper	Executive Director	Accountable Care Coalition of the Green	M
Alicia	Cooper	Quality Oversight Analyst	AHS - DVHA	S
Jude	Daye		Blue Cross Blue Shield of Vermont	A
Yvonne	DePalma	Senior Director of Centralized Support	Planned Parenthood of Northern New En	M
Robin	Edelman	Health Systems Program Administrator	AHS - VDH	X
Audrey	Fargo	Administrative Assistant	Vermont Program for Quality in Health Ca	A
Aaron	French	Deputy Commissioner	AHS - DVHA	M
Catherine	Fulton	Executive Director	Vermont Program for Quality in Health Ca	C/M
Joyce	Gallimore	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Lucie	Garand	Senior Government Relations Specialist	Downs Rachlin Martin PLLC	X
Christine	Geller	Grant Manager & Stakeholder Coord	GMCB	S
Bryan	Hallett			X
Paul	Harrington	President	Vermont Medical Society	M
Kathleen	Hentcy	Health Care Integration Liaison	DMH	X

Bard	Hill		Director - Policy, Planning & Data Un	AHS - DAIL	X
Craig	Jones		Director	AHS - DVHA - Blueprint	X
Pat	Jones			GMCB	S/M
Frances	Keeler		Director	AHS - DAIL	M
Heidi	Klein		<i>Heidi Klein</i>	AHS - VDH	M
Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X
Patricia	Launer		Clinical Quality Improvement Facilita	Bi-State Primary Care	MA
Diane	Leach	<i>Diane Leach</i>	VP Quality	Northwestern Medical Center	M
Diane	Lewis			AOA - DFR	A
Deborah	Lisi-Baker		Disability Policy Expert	Unknown	X
Vicki	Loner		Director of Quality and Care Manage	OneCare Vermont	M
Nicole	Lukas		Cancer & Cardiovascular Disease Pre	AHS - VDH	X
Georgia	Maheras			AOA	S
David	Martini			AOA - DFR	M
Marybeth	McCaffrey		Principal Health Reform Administrator	AHS - DAIL	X
Kim	McClellan		Director of Quality Improvement	Northwest Counseling and Support Serv	X
Richard	McCoy			AHS - VDH	X
Kate	McIntosh		Medical Director	Vermont Information Technology Leader	M
Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
Darcy	McPherson		Program Technician	AHS - DVHA	X
Jessica	Mendizabal			AHS - DVHA	S
Robin	Miller			AHS - VDH	MA
Anna	Noonan		Vice President	Jeffords Institute for Quality, FAHC	M
Susan	Onderwyzer		Quality & Care Management Director	AHS - DMH	M
Annie	Paumgarten	<i>Anne Paumgarten</i>	Eveluation Director	GMCB	X
Laura	Pelosi		Executive Director	Vermont Health Care Association	C/M
Luann	Poirer		Administrative Services Manager I	AHS - DVHA	X
Betty	Rambur		Board Member	GMCB	X
Allan	Ramsay		Board Member	GMCB	X
Paul	Relss		Executive Director,	Accountable Care Coalition of the Green	M
Lila	Richardson	<i>Lila Richardson</i>	Attorney	VLA/Health Care Advocate Project	M
Jenney	Samuelson		Assistant Director of Blueprint for He	AHS - DVHA - Blueprint	X
Rachel	Seelig	<i>Rachel Seelig</i>	Attorney	VLA/Senior Citizens Law Project	M
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	MA
Kate	Simmons		Director, VT Operations	Bi-State Primary Care/CHAC	MA
Colleen	Sinon		VP of Quality Programs	Northeastern Vermont Regional Hospital	X
Shawn	Skaffestad	<i>SS</i>	Quality Improvement Manager	AHS - Central Office	M

Heather	Skeels		Project Manager	Bi-State Primary Care	M
Richard	Slusky		Payment Reform Director	GMCB	MA
Joe	Smith			MVP Health Care	MA
Jennifer	Stratton			Lamolle County Mental Health Services	M
Kara	Suter		Reimbursement Director	AHS - DVHA	X
Julle	Tessler		Executive Director	Vermont Council of Developmental and N	X
Cynthia	Thomas			AHS - DVHA	MA
Win	Turner				X
Teresa	Voci				X
Nathaniel	Waite			VDH	X
Anya	Wallack		Chair	SIM Core Team Chair	X
Marlys	Waller			Vermont Council of Developmental and N	X
Norm	Ward		Medical Director	OneCare Vermont	MA
Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
Monica	Weeber			AHS - DOC	M
Robert	Wheeler		Vice President & CMO	Blue Cross Blue Shield of Vermont	M
Bradley	Wilhelm		Senior Policy Advisor	AHS - DVHA	X
Jennifer	Woodard		Long-Term Services and Supports He	AHS - DAIL	X
Cecelia	Wu		Healthcare Project Director	AHS - DVHA	X
Dave	Yacovone		Commissioner	AHS - DCF	X
Mike	Maslack				X
Catalina	Piedrahitu	CP	Public Health Advisor	<del>VDH</del> / CDC	

# VHCIP QPM Member Roll Call

*Attendance plus emails to Chrissy plus attendance sheet*

C	Chair
IC	Interim Chair
M	Member
MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

First Name	Last Name		Title	Organization	QPM
Amy	Cooper	X	Executive Director	Accountable Care Coalition of the Green Mountains	M
Paul	Reiss	X	<i>Arrived at 10:08 am</i> Executive Director,	<i>after minutes</i> Accountable Care Coalition of the Green Mountains	M
Shawn	Skaflestad	✓	Quality Improvement Manager	AHS - Central Office	M
Frances	Keeler	✓	Director	AHS - DAIL	M
<del>Susan</del> <i>Dr. Susan</i>	<del>Onderman</del> <i>Batra</i>	X	Quality & Care Management Director	AHS - DMH	M
Monica	Weeber	X		AHS - DOC	M
Aaron	French	✓	Deputy Commissioner	AHS - DVHA	M
Cynthia	Thomas	X		AHS - DVHA	MA
Heidi	Klein	✓		AHS - VDH	M
Robin	Miller	X		AHS - VDH	MA
David	Martini	X		AOA - DFR	M
Patricia	Launer	X	Clinical Quality Improvement Facilitator	Bi-State Primary Care	MA
Heather	Skeels	✓	Project Manager	Bi-State Primary Care	M
Joyce	Gallimore	✓	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Kate	Simmons	X	Director, VT Operations	Bi-State Primary Care/CHAC	MA
Peter	Albert	X		Blue Cross Blue Shield of Vermont	MA
Robert	Wheeler	X	Vice President & CMO	Blue Cross Blue Shield of Vermont	M
Connie	Colman	✓ X →	<i>Peter Cobb mH</i> Quality Improvement Director	Central Vermont Home Health and Hospice	M
Jaskanwar	Batra	X		DMH	M
Pat	Jones	✓		GMCB	S/M
Richard	Slusky	X	Payment Reform Director	GMCB	MA
Catherine	Burns	X	Director of Quality for Mental Health	HowardCenter for Mental Health	M
Anna	Noonan	X	Vice President	Jeffords Institute for Quality, FAHC	M
Jennifer	Stratton	X		Lamoille County Mental Health Services	M
Deb	Chambers	X		MVP Health Care	M
Joe	Smith	X		MVP Health Care	MA
Diane	Leach	✓	VP Quality	Northwestern Medical Center	M

Vicki	Loner	X	Director of Quality and Care Manager	OneCare Vermont	M
Norm	Ward	✓	Medical Director	OneCare Vermont	MA
Yvonne	DePalma	X	Senior Director of Centralized Support	Planned Parenthood of Northern New England	M
Laura	Pelosi	✓	Executive Director	Vermont Health Care Association	C/M
Kate	McIntosh	X	Medical Director	Vermont Information Technology Leaders	M
Paul	Harrington	✓	President	Vermont Medical Society	M
Catherine	Fulton	✓	Executive Director	Vermont Program for Quality in Health Care	C/M
Lila	Richardson	✓	Attorney	VLA/Health Care Advocate Project	M
Julia	Shaw	X	Health Care Policy Analyst	VLA/Health Care Advocate Project	MA
Rachel	Seelig	✓	Attorney	VLA/Senior Citizens Law Project	M

Minutes

1<sup>o</sup> Heather Skeels  
2<sup>o</sup> Aaron French

VHCIP QPM Member Roll Call

C	Chair
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MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

First Name	Last Name		Title	Organization	QPM
Amy	Cooper	X	Executive Director	Accountable Care Coalition of the Green Mountains	M
Paul	Reiss	X	Executive Director,	Accountable Care Coalition of the Green Mountains	M
Shawn	Skaflestad	A	Quality Improvement Manager	AHS - Central Office	M
Frances	Keeler	✓	Director	AHS - DAIL	M
Susan	Onderwyzer		Quality & Care Management Director	AHS - DMH	M
Monica	Weeber			AHS - DOC	M
Aaron	French	✓	Deputy Commissioner	AHS - DVHA	M
Cynthia	Thomas			AHS - DVHA	MA
Heidi	Klein	✓		AHS - VDH	M
Robin	Miller			AHS - VDH	MA
David	Martini			AOA - DFR	M
Patricia	Launer		Clinical Quality Improvement Facilitator	Bi-State Primary Care	MA
Heather	Skeels	✓	Project Manager	Bi-State Primary Care	M
Joyce	Gallimore	✓	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Kate	Simmons		Director, VT Operations	Bi-State Primary Care/CHAC	MA
Peter	Albert			Blue Cross Blue Shield of Vermont	MA
Robert	Wheeler		Vice President & CMO	Blue Cross Blue Shield of Vermont	M
Connie	<del>Colman</del> Peter Colman	A	Quality Improvement Director	Central Vermont Home Health and Hospice	M
Jaskanwar	Batra			DMH	M
Pat	Jones	✓		GMCB	S/M
Richard	Slusky		Payment Reform Director	GMCB	MA
Catherine	Burns		Director of Quality for Mental Health	HowardCenter for Mental Health	M
Anna	Noonan		Vice President	Jeffords Institute for Quality, FAHC	M
Jennifer	Stratton			Lamoille County Mental Health Services	M
Deb	Chambers			MVP Health Care	M
Joe	Smith			MVP Health Care	MA
Diane	Leach	✓	VP Quality	Northwestern Medical Center	M

Vicki	Loner		Director of Quality and Care Manager	OneCare Vermont	M
Norm	Ward	✓	Medical Director	OneCare Vermont	MA
Yvonne	DePalma		Senior Director of Centralized Support	Planned Parenthood of Northern New England	M
Laura	Pelosi	A	Executive Director	Vermont Health Care Association	C/M
Kate	McIntosh		Medical Director	Vermont Information Technology Leaders	M
Paul	Harrington	✓	President	Vermont Medical Society	M
Catherine	Fulton	✓	Executive Director	Vermont Program for Quality in Health Care	C/M
Lila	Richardson	✓	Attorney	VLA/Health Care Advocate Project	M
Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	MA
Rachel	Seelig	A	Attorney	VLA/Senior Citizens Law Project	M

# VHCIP QPM Member Roll Call

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MA	Member Alternate
A	Assistant
S	Staff
X	Interested Party

Notion: All pending meas be put on  
 priority for dis<sup>next</sup> year.  
 review everything 1<sup>o</sup> Diane  
 on the pending meas. list 2<sup>o</sup> Paul

First Name	Last Name		Title	Organization	QPM
Amy	Cooper		Executive Director	Accountable Care Coalition of the Green Mountains	MA
Paul	Reiss	✓	Executive Director,	Accountable Care Coalition of the Green Mountains	M
Shawn	Skaflestad	✓	Quality Improvement Manager	AHS - Central Office	M
Frances	Keeler	✓	Director	AHS - DAIL	M
Susan	Onderwyzer		Quality & Care Management Director	AHS - DMH	MA
Menica	Weeber			AHS - DOC	M
Aaron	French	X	Deputy Commissioner	AHS - DVHA	M
Cynthia	Thomas			AHS - DVHA	MA
Heidi	Klein	✓		AHS - VDH	M
Robin	Mittler			AHS - VDH	MA
David	Martini			AOA - DFR	M
Patricia	Launer		Clinical Quality Improvement Facilitator	Bi-State Primary Care	MA
Heather	Skeels	✓	Project Manager	Bi-State Primary Care	M
Joyce	Gallimore	✓	Director, Community Health Payment	Bi-State Primary Care/CHAC	M
Kate	Simmons		Director, VT Operations	Bi-State Primary Care/CHAC	MA
Peter	Albert			Blue Cross Blue Shield of Vermont	MA
Robert	Wheeler		Vice President & CMO	Blue Cross Blue Shield of Vermont	M
Garnie	Peter Cohn Gelman	✓	Quality Improvement Director	Central Vermont Home Health and Hospice	M
Jaskanwar	Batra			DMH	M
Pat	Jones	✓		GMCB	S/M
Richard	Stusky		Payment Reform Director	GMCB	MA
Catherine	Burns		Director of Quality for Mental Health	HowardCenter for Mental Health	M
Anna	Neenan		Vice President	Jeffords Institute for Quality, FAHC	M
Jennifer	Stratton			Lamoille County Mental Health Services	M
Deb	Chambers			MVP Health Care	M
Joe	Smith			MVP Health Care	MA
Diane	Leach	✓	VP Quality	Northwestern Medical Center	M

<del>Vicki</del>	<del>Lozer</del>		Director of Quality and Care Manager	OneCare Vermont	M
Norm	Ward	X	Medical Director	OneCare Vermont	MA
<del>Yvonne</del>	<del>DePalma</del>		Senior Director of Centralized Support	Planned Parenthood of Northern New England	M
Laura	Pelosi	✓	Executive Director	Vermont Health Care Association	C/M
<del>Kate</del>	<del>McIntosh</del>		Medical Director	Vermont Information Technology Leaders	M
Paul	Harrington	✓	President	Vermont Medical Society	M
Catherine	Fulton	✓	Executive Director	Vermont Program for Quality in Health Care	C/M
Lila	Richardson	✓	Attorney	VLA/Health Care Advocate Project	M
<del>Julia</del>	<del>Shaw</del>		Health Care Policy Analyst	VLA/Health Care Advocate Project	MA
Rachel	Seelig	✓	Attorney	VLA/Senior Citizens Law Project	M

Attachment 2a – Core Team  
Presentation on Recommended  
Year 2 Measures

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# **Vermont ACO Shared Savings Program Quality Measures: Recommendations for Year 2 Measures from the VHCIP Quality and Performance Measures (QPM) Work Group**

August 18, 2014

# ACO SSP Measure Categories

Payment measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How ACO performs influences amount of shared savings.

## PAYMENT

Reporting measures are collected at the ACO level. ACO responsible for collecting clinical data-based measures. How the ACO performs does NOT influence the amount of shared savings.

## REPORTING

Monitoring measures are collected at the State or Health Plan levels; cost/utilization measures at the ACO level. ACO not responsible for collecting these measures. How the ACO performs does NOT influence the amount of shared savings.

## MONITORING & EVAL

Pending measures are considered to be of interest, but are not currently collected.

## PENDING

# QPM WG Year 2 Measure Review Process

- **Goals were to adhere to transparent process and obtain ongoing input from WG members and other interested parties**
- **March-June**
  - Interested parties and other VHCIP Work Groups presented Year 2 measure changes for consideration
  - WG reviewed and finalized criteria to be used in evaluating overall measure set and payment measures
  - WG reviewed and discussed proposed measure changes
- **June-July**
  - Co-Chairs/Staff/Consultant scored each recommended measure against approved criteria on 0-1-2 point scale and developed proposals for Year 2 measure changes for the WG's consideration
  - WG reviewed and discussed proposals
- **July**
  - WG voted on measures during July 29<sup>th</sup> meeting

# Summary of Year 2 Recommended Changes

- QPM Work Group voted to:
  - Re-classify **9 existing** measures
    - 3 to Payment
    - 4 to Reporting
    - 2 to M&E
  - Add **2 new** measures
    - 1 to Reporting (Patient Experience Survey)
    - 1 to M&E

# Re-classify Three Year 1 Reporting Measures to Payment

Year 1

Payment

Reporting

Pending

Monitoring & Evaluation

Year 2

Payment

3

- Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite
- Diabetes Care: HbA1c Poor Control
- Pediatric Weight Assessment and Counseling

# Re-classify Three Year 1 Pending Measures and One Year 1 M&E Measure to Reporting

Year 1

Year 2

Payment

- Cervical Cancer Screening
- Tobacco Use: Screening and Cessation Intervention
- Developmental Screening in the First Three Years of Life (*Commercial*)

Reporting

Pending

Monitoring & Evaluation

- Avoidable ED Visits (NYU Algorithm)

Reporting

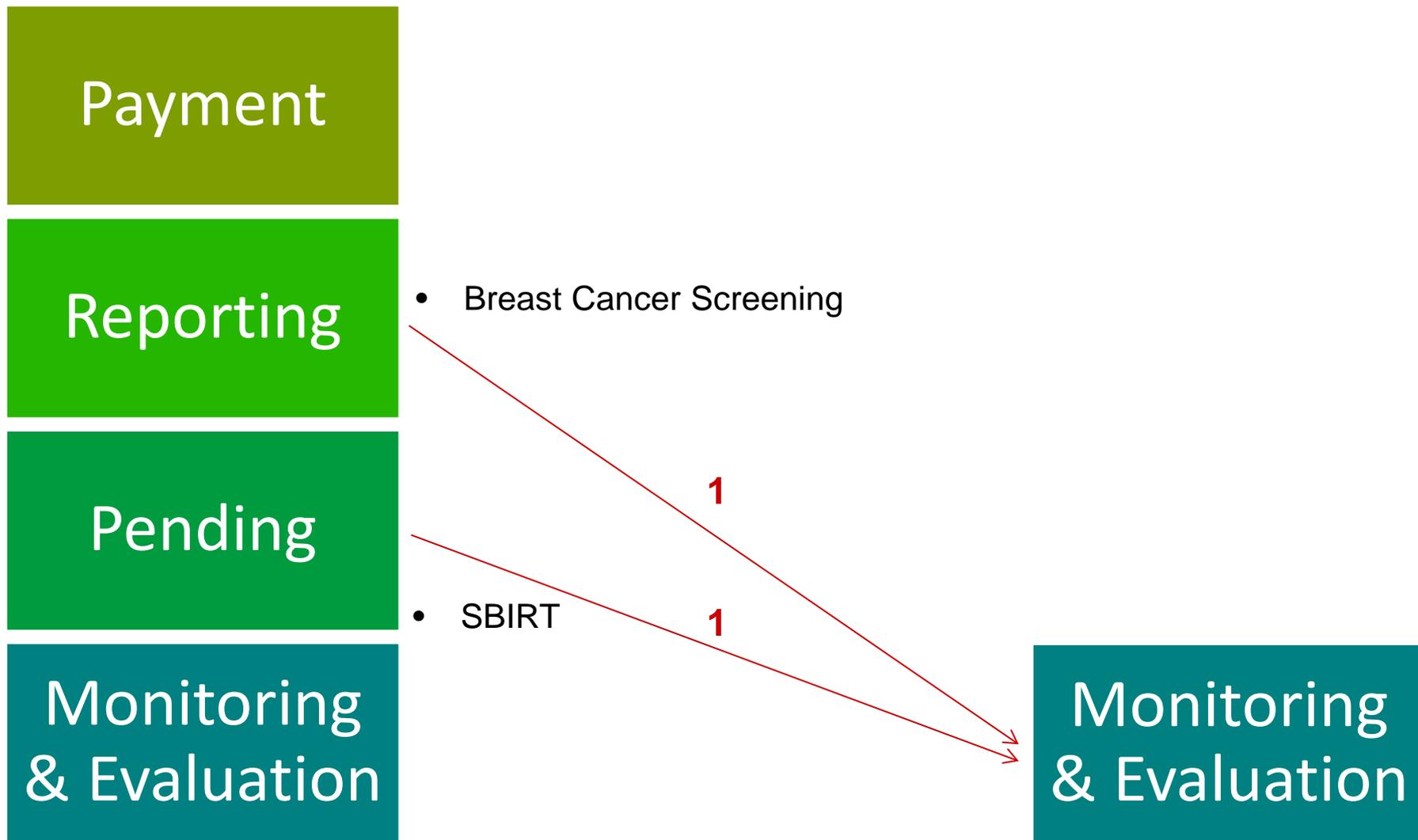
3

1

# Re-classify One Year 1 Reporting Measure and One Year 1 Pending Measure to M&E

Year 1

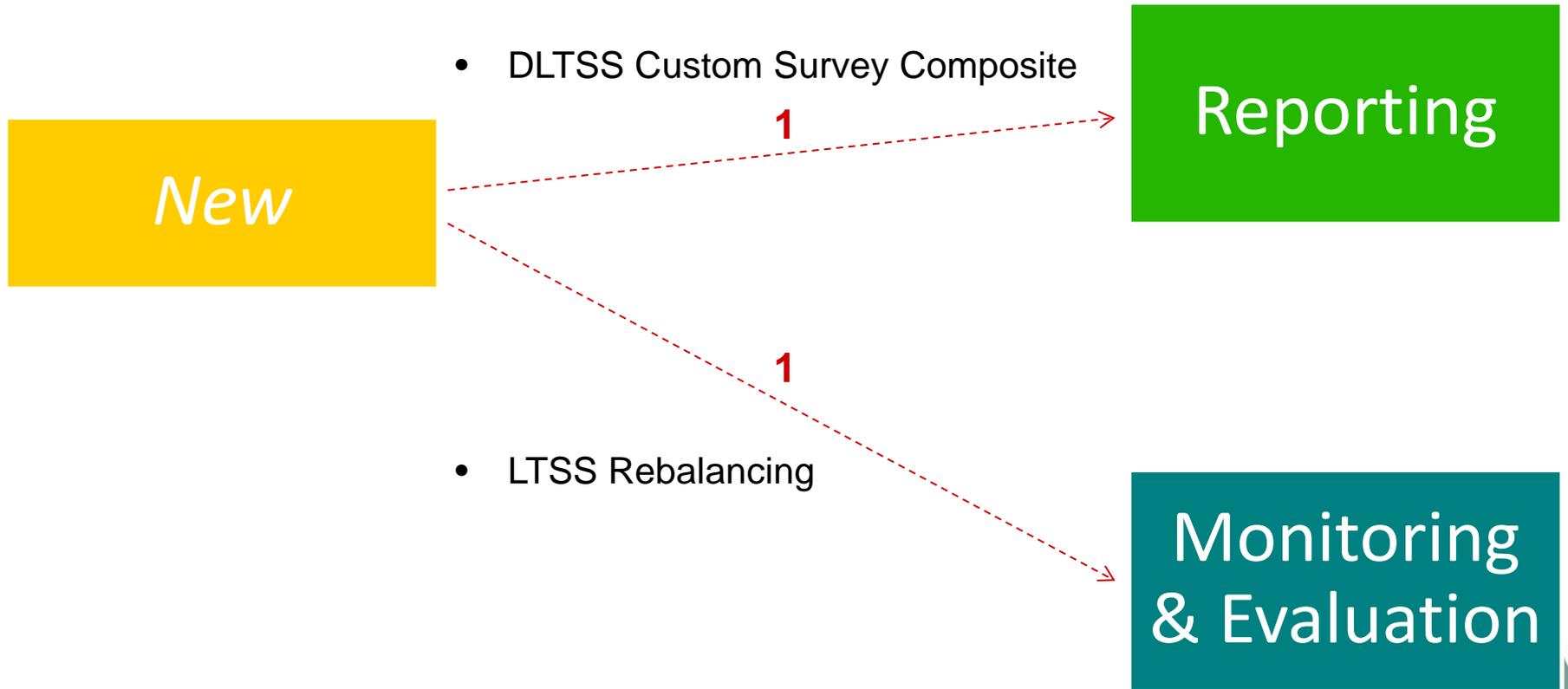
Year 2



# Add Two New Measures (One to Reporting and One to M&E)

Year 1

Year 2



# Number of Measures by Category: Year 1 and Proposed Year 2 Measures

## Current Year 1

Payment  
(7 Commercial/  
8 Medicaid)

Reporting (24)\*

Monitoring & Evaluation  
(22 Commercial/  
23 Medicaid)

## Proposed Year 2

Payment  
(10 Commercial/  
11 Medicaid)

Reporting  
(25 Commercial/  
24 Medicaid)\*

Monitoring & Evaluation  
(24 Commercial/  
25 Medicaid)

**\*Reporting category counts Diabetes Composite as 5 measures because each sub-measure is counted as 1 measure. If this measure was only counted as 1 measure, the Reporting numbers would decrease by 4 in Y1 and Y2.**

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant recommended considering these measures for promotion
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Reporting	Prenatal and Postpartum Care  (Clinical Data)	<b>5</b> in favor of promotion  <b>9</b> opposed to promotion
Pending	Reporting	Influenza Immunization  (Clinical Data)	<b>7</b> in favor of promotion  <b>7</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering this measure for promotion
- Work group members requested additional consideration for use as Reporting in Year 2
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Pending	Screening for High Blood Pressure and Follow-Up Plan Documented  (Clinical Data)	<b>2</b> in favor of promotion to Reporting  <b>11</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering these measures for promotion
- QPM work group members did not vote on these measures at the July 29, 2014 work group meeting

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure
Reporting	Reporting	Optimal Diabetes Care (D5 – Composite)
Reporting	Reporting	Rate of Hospitalization for ACSCs (COPD/Asthma in Older Adults)
Reporting	Reporting	Screening for Clinical Depression & Follow-Up
Reporting	Reporting	Adult BMI Assessment
Pending	Pending	Controlling High Blood Pressure
Pending	Pending	Care Transition Record Transmitted to Health Care Professional
Pending	Pending	Transition Record with Specified Elements Received by Discharged Patients
Pending	Pending	Percentage of Patients with Self-Management Plans

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# APPENDIX:

## YEAR ONE MEASURE SET WITH RECOMMENDED YEAR 2 CHANGES

# Recommended Year 2 Payment Measures – Claims Data

Commercial &  
Medicaid

- All-Cause Readmission
- Adolescent Well-Care Visits
- Follow-Up After Hospitalization for Mental Illness (7-day)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
- Chlamydia Screening in Women
- Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening)\*
- **Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite** (*10-5 vote of QPM WG; move from Reporting*)

Medicaid-Only

- Developmental Screening in the First Three Years of Life

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Payment Measures – Clinical Data

Commercial  
& Medicaid

- **Diabetes Care: HbA1c Poor Control (>9.0%)\*** *(10-5 vote of QPM WG; move from Reporting)*
- **Pediatric Weight Assessment and Counseling** *(10-5 vote of QPM WG; move from Reporting)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Claims Data

## Commercial & Medicaid

- Ambulatory Care-Sensitive Conditions Admissions: COPD\*
- ~~Breast Cancer Screening\*~~
- ~~Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: Composite~~
- Appropriate Testing for Children with Pharyngitis
- **Avoidable ED Visits** *(9-6 vote of QPM WG; move from M&E)*

## Commercial- Only

- **Developmental Screening in the First Three Years of Life** *(10-4 vote of QPM WG; already in Y1 Payment Measure Set for Medicaid SSP)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Clinical Data

Commercial &  
Medicaid

- Adult BMI Screening and Follow-Up\*
- Screening for Clinical Depression and Follow-Up Plan\*
- Colorectal Cancer Screening\*
- Diabetes Composite
  - *HbA1c control\**
  - *LDL control\**
  - *High blood pressure control\**
  - *Tobacco non-use\**
  - *Daily aspirin or anti-platelet medication\**
- ~~Diabetes HbA1c Poor Control\*~~
- Childhood Immunization Status
- ~~Pediatric Weight Assessment and Counseling~~
- **Cervical Cancer Screening** (*Unanimous vote of QPM WG, move from Pending*)
- **Tobacco Use: Screening & Cessation Intervention\*** (*Unanimous vote of QPM WG, move from Pending*)

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Patient Experience Survey Data

Commercial  
& Medicaid

- Access to Care
- Communication
- Shared Decision-Making
- Self-Management Support
- Comprehensiveness
- Office Staff
- Information
- Coordination of Care
- Specialist Care
- **Provider Knowledge of DLTSS Services and Help from Case Manager/Service Coordinator**  
*(11-3 vote of QPM WG; NEW)*

# Recommended Year 2 Monitoring & Evaluation Measures

## PLAN-LEVEL MONITORING

- Appropriate Medications for People with Asthma
- Comprehensive Diabetes Care: Eye Exams for Diabetics
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Follow-up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management
- **Breast Cancer Screening** (*Unanimous vote of QPM WG; moved from Reporting*)

## STATE-LEVEL MONITORING

- Family Evaluation of Hospice Care Survey
- School Completion Rate
- Unemployment Rate
- **LTSS Rebalancing** (*Medicaid-only; state and county level; unanimous vote of QPM WG; NEW*)
- **SBIRT** (*for pilot sites; unanimous vote of QPM WG; move from Pending*)

## UTILIZATION & COST

- Total Cost of Care
  - Resource Utilization Index
  - Ambulatory surgery/1000
  - Average # of prescriptions PMPM
  - ~~Avoidable ED visits- NYU algorithm~~
  - Ambulatory Care (ED rate only)
  - ED Utilization for Ambulatory Care-Sensitive Conditions
  - Generic dispensing rate
  - High-end imaging/1000
  - Inpatient Utilization - General Hospital/Acute Care
  - Primary care visits/1000
  - SNF Days/1000
  - Specialty visits/1000
- Annual Dental Visit

# Recommended Year 2 Pending Measures

- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)\*
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic\*
- Influenza Immunization\*
- ~~Tobacco Use Assessment and Tobacco Cessation Intervention\*~~
- Coronary Artery Disease (CAD) Composite\*
- Hypertension (HTN): Controlling High Blood Pressure\*
- Screening for High Blood Pressure and Follow-up Plan\*
- ~~Cervical Cancer Screening~~
- Care Transition-Transition Record Transmittal to Health Care Professional
- Percentage of Patients with Self-Management Plans

- How's Your Health?
- Patient Activation Measure
- Frequency of Ongoing Prenatal Care
- Elective delivery before 39 weeks
- Prenatal and Postpartum Care
- ~~Screening, Brief Intervention, and Referral to Treatment~~
- Trauma Screen Measure
- Falls: Screening for Future Fall Risk\*
- Pneumococcal Vaccination for Patients 65 Years and Older\*
- Use of High Risk Medications in the Elderly
- Persistent Indicators of Dementia without a Diagnosis
- Proportion not admitted to hospice (cancer patients)
- ~~Developmental Screening in the First Three Years of Life (commercial)~~

*\*Medicare Shared Savings Program measure*



Attachment 2b – GMCB-  
Approved Changes to  
Measure-Related ACO SSP  
Standards

Vermont Commercial ACO Pilot Standards  
Quality and Performance-Related Changes Approved by GMCB on  
September 4, 2014  
*Changes Underlined and in Red Font*

**IV. Calculation of ACO Financial Performance and Distribution of Shared Risk Payments**

**...Step 4: Assess ACO quality performance to inform savings distribution.**

The second phase of determining an ACO’s savings distribution involves assessing quality performance. The distribution of eligible savings will be contingent on demonstration that the ACO’s quality meets a minimum qualifying threshold or “gate.” Should the ACO’s quality performance pass through the gate, the size of the distribution will vary and be linked to the ACO’s performance on specific quality measures. Higher quality performance will yield a larger share of savings up to the maximum distribution as described above.

**Methodology for distribution of shared savings:** For year one of the commercial pilot, compare the ACO’s performance on the payment measures (see Table 1 below) to the PPO HEDIS national percentile benchmark<sup>1</sup> and assign 1, 2 or 3 points based on whether the ACO is at the national 25<sup>th</sup>, 50<sup>th</sup> or 75<sup>th</sup> percentile for the measure.

**Table 1. Core Measures for Payment in Year One of the Commercial Pilot**

#	Measure	Data Source	2012 HEDIS Benchmark (PPO)
Core-1	Plan All-Cause Readmissions NQF #1768, NCQA	Claims	Nat. 90 <sup>th</sup> : .68 Nat. 75 <sup>th</sup> : .73 Nat. 50 <sup>th</sup> : .78 Nat. 25 <sup>th</sup> : .83  *Please note, in interpreting this measure, a lower rate is better.
Core-2	Adolescent Well-Care Visits HEDIS AWC	Claims	Nat. 90 <sup>th</sup> : 58.5 Nat. 75 <sup>th</sup> : 46.32 Nat. 50 <sup>th</sup> : 38.66 Nat. 25 <sup>th</sup> : 32.14

<sup>1</sup> NCQA has traditionally offered several HEDIS commercial product benchmarks, e.g., HMO, POS, HMO/POS, HMO/PPO combined, etc.

Core-3	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening Only for Year 1)	Claims	Nat. 90 <sup>th</sup> : 89.74 Nat. 75 <sup>th</sup> : 87.94 Nat. 50 <sup>th</sup> : 84.67 Nat. 25 <sup>th</sup> : 81.27
Core-4	Follow-Up After Hospitalization for Mental Illness: 7-day NQF #0576, NCQA HEDIS FUH	Claims	Nat. 90 <sup>th</sup> : 67.23 Nat. 75 <sup>th</sup> : 60.00 Nat. 50 <sup>th</sup> : 53.09 Nat. 25 <sup>th</sup> : 45.70
Core-5	Initiation and Engagement for Substance Abuse Treatment: Initiation and Engagement of AOD Treatment (composite) NQF #0004, NCQA HEDIS IET CMMI	Claims	Nat. 90 <sup>th</sup> : 35.28 Nat. 75 <sup>th</sup> : 31.94 Nat. 50 <sup>th</sup> : 27.23 Nat. 25 <sup>th</sup> : 24.09
Core-6	Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis NQF #0058, NCQA HEDIS AAB	Claims	Nat. 90 <sup>th</sup> : 28.13 Nat. 75 <sup>th</sup> : 24.30 Nat. 50 <sup>th</sup> : 20.72 Nat. 25 <sup>th</sup> : 17.98
Core-7	Chlamydia Screening in Women NQF #0033, NCQA HEDIS CHL	Claims	Nat. 90 <sup>th</sup> : 54.94 Nat. 75 <sup>th</sup> : 47.30 Nat. 50 <sup>th</sup> : 40.87 Nat. 25 <sup>th</sup> : 36.79

**The Gate:** In order to retain savings for which the ACO is eligible in accordance with Steps 1-3 above, the ACO must earn meet a minimum threshold for performance on a defined set of common measures to be used by all pilot-participating commercial insurers and ACOs. For the commercial pilot, the ACO must earn 55% of the eligible points in order to receive savings. If the ACO is not able to meet the overall quality gate, then it will not be eligible for any shared savings. If the ACO meets the overall quality gate, it may retain at least 75% of the savings for which it is eligible (see Table 2).

**The Ladder:** In order to retain a greater portion of the savings for which the ACO is eligible, the ACO must achieve higher performance levels for the measures. There shall be six steps on the ladder, which reflect increased levels of performance (see Table 2).

**Table 2. Distribution of Shared Savings in Year One of Commercial Pilot**

% of eligible points	% of earned savings
55%	75%
60%	80%
65%	85%
70%	90%
75%	95%
80%	100%

**Eligibility for shared savings based on performance improvement.**

Should the ACO, in Years 2 or 3, fail to meet the minimum quality score, it may still be eligible to receive shared savings if the GMCB determines, after providing notice to and accepting written input from the insurer and ACO (and input from ACO participants, if offered), that the ACO has made meaningful improvement in its quality performance as measured against prior pilot years. The GMCB will make this determination after conducting a public process that offers stakeholders and other interested persons sufficient time to offer verbal and/or written comments related to the issues before the GMCB.

**X. Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Program**

1. The VHCIP Quality and Performance Measures Work Group will review all **Payment and Reporting measures** included in the Core Measure Set beginning in the second 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 include annual updates to the Payment and Reporting measures included in the Core Measure Set narrative measure specifications as necessary upon release of updates to national guidelines (e.g., annual updates made by the National Committee for Quality Assurance to HEDIS® specifications for that year's performance measures). Such recommendations will be finalized no later than July 31<sup>st</sup> 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 30<sup>th</sup> 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 beginning in the second quarter of each pilot year. For each measure, these reviews will consider whether the benchmark employed as the performance target (e.g., national x<sup>th</sup> 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 include annual updates to the targets and benchmarks for measures designated for Payment purposes as necessary upon release of updates to national guidelines (e.g., annual updates made by the National Committee for Quality Assurance to HEDIS® specifications for that year's performance measures). Such recommendations will be finalized no later than July 31<sup>st</sup> 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 30<sup>th</sup> 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 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 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 July 31<sup>st</sup> of the year prior to implementation of the changes. Such recommendations will include annual updates to measures designated as Pending in the Core Measure Set narrative measure specifications as necessary upon release of updates to national guidelines (e.g., annual updates made by the National Committee for Quality Assurance to HEDIS® specifications for that year's performance measures). 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 as closely as 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 30<sup>th</sup> of the year prior to implementation of the changes.

4. The VHCIP Quality and Performance Measures Work Group will review **state or insurer performance on the Monitoring and Evaluation measures** beginning in the second quarter of each year, with input from the VHCIP Payment Models Work Group. The measures will remain Monitoring and Evaluation measures unless a majority of the 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 include annual updates to the Monitoring and Evaluation measures included in the Monitoring and Evaluation Measure Set narrative measure specifications as necessary upon release of updates to national guidelines (e.g., annual updates made by the National Committee for Quality Assurance to HEDIS® specifications for that year's performance measures). Such recommendations will be finalized no later than July 31<sup>st</sup> 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 30<sup>th</sup> of the year prior to implementation of the changes.

5. The GMCB will release the **final measure specifications for the next pilot year by no later than** October 31<sup>st</sup> 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 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 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.



# Attachment 2c – Potential Definitions of Meaningful Improvement

TO: Pat Jones and Alicia Cooper  
FROM: Michael Bailit and Michael Joseph  
DATE: May 13, 2014  
RE: "Meaningful Improvement" Definition Options

### Background

The commercial ACO pilot Program Agreement, approved by the GMCB, contains language that makes distribution of any shared savings to ACOs potentially contingent on ACO performance improvement (see Section 3c of the document approved by the GMCB on 2-5-14<sup>1</sup>). To make this contractual provision operational, it is necessary to define "meaningful improvement."

### Analysis

Drawing from practice in other states, we have identified five distinct options for defining "meaningful improvement." All of these approaches utilize a "ceiling" which is typically a specific rate or national or regional percentile above which improvement would be difficult and not reasonable to expect (e.g. 95%). Provider entities with baseline performance are expected to show improvement up to the ceiling level. The ceiling may change from year-to-year.

The first two approaches use a statistical to test if the most-recent period performance rate is statistically different than the prior year performance. The third approach derives a prospective target based on projected statistically significant improvement. It holds the ACO to that target regardless of changes in denominator size.

It should be noted that tests of statistical significance are sensitive to denominator size; therefore measures with very large denominators can show statistically significant differences with very small differences in rate. An example is shown in the table below.

As the table shows, as sample size increases the smaller the difference has to be to be statistically significant.

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<sup>1</sup> The specific language reads "Should ACO, in Performance Years 2 or 3, fail to meet the minimum quality scores, it may still be eligible to receive Shared Savings if the GMCB determines, after providing notice to and accepting written input from Commercial Payer and ACO (and input from ACO Participants, if offered), that the ACO has made meaningful improvement in its quality performance as measured against prior Performance Years. The Board will make this determination after conducting a public process that offers stakeholders and other interested persons sufficient time to offer verbal and/or written comments related to the issues before the Board."

Denominator Size	Baseline	Current Performance Period	Difference	Pvalue
100	25%	37.9%	12.9%	0.04931
1,000	25%	28.9%	3.9%	0.04936
10,000	25%	26.2%	1.2%	0.04995

The fourth and fifth approaches compare the ACO to a benchmark and then calculate acceptable minimum annual progress to that benchmark. Unlike the approaches that rely on statistical significance, these approaches rely on choosing a benchmark and an annual improvement increment. Denominator size is not a factor in this equation. Care should be taken using this approach as it risks creating a scenario where the improvement required is so small to be minimal. Furthermore as providers approach the goal, the annual improve targets can become quite small unless a minimum floor is established.

The table below provides an example of shrinking improvement requirements as performance approaches the benchmark.

Benchmark Rate	Current Performance Period	Difference	Fixed Integer Divisor of "Difference"	Goal
50%	25%	25.0%	10	27.5%
50%	35%	15.0%	10	36.5%
50%	45%	5.0%	10	45.5%

More detailed descriptions of each approach follow below.

**1. statistically significant improvement (PA DOH)**

The rate for the most recent performance period is compared with the prior performance period rate using a statistical significance test. If the rate is calculated to be statistically better than the prior period then the improvement is said to demonstrate "meaningful improvement."

Example: The denominator is 400 for both years, the prior year rate is 25.00% and the current year rate is 31.25% (numerators of 100 and 125 respectively). The difference between the two rates is statistically significant using a two-sided test of proportion with a  $p < 0.05$ . Since statistical significance alone is the determination of improvement the entity is judged to have achieved meaningful improvement on this measure.

**2. statistically significant improvement with a floor (VT DFR)**

The rate for the most recent performance period is compared with the prior performance period rate using a statistical significance test. If the rate is determined to be statistically better than the prior period and the improvement is better than a "floor", i.e., a minimum improvement level defined as a number of percentage points, then the improvement is judged to show "meaningful improvement."

Example: The minimum improvement level (or floor) is set at 5 percentage points. The denominator is 400 for both years, the prior year rate is 25.00% the current year rate is 31.25% (numerators of 100 and 125 respectively). The difference between the two rates is 6.25% and is statistically significant using a two-sided test of proportion with a  $p < 0.05$ . Since the difference between the two rates is greater than the minimum performance rate of 5%, and the difference is statistically significant, the ACO shows meaningful improvement on this measure.

**3. a prospectively-defined approximation of statistically significant improvement (so as to obviate the need for retrospective statistical testing) (PA DOH)**

The rate for the most recent performance period is compared to a projected statistically significant improvement target. This permits the provider entity to know what improvement must be generated with some advance notification, but also means that the meaningful improvement may or may not be statistically significant when calculated retrospectively.

Example: The projected denominator is 400 for the current year and the baseline rate is 25.00%. To show a statistically significant improvement given this level of performance there would need to be improvement of 6.25%. As such, the performance target is set at 31.25%. If the ACO has a rate greater than or equal to 31.25% it is shown to have meaningful improvement.

If the target is to be set at the start of the year and the measure uses claims data, the baseline rate will need to be set using performance for a period other than the prior 12-month period if the provider is to know its target 12 months in advance.

**4. the difference between benchmark performance and most-recent performance, divided by a fixed integer (MN DHS)**

The underlying concept here is that the measured entity needs to demonstrate continued progress towards the benchmark over time. Rather than use statistical significance testing, baseline performance is subtracted from the benchmark, and then divided by the number of years (i.e., the “fixed integer”) that the provider entity is to take to get the benchmark. As with approach #3, this method trades off the increased certainty created by statistical significance testing with advance notification of expected improvement, and also adds administrative simplification for the participating parties.

Example: Assume the baseline performance is 25.00% and the benchmark rate is 50%. The fixed integer is 10. The difference between the ACO performance and the benchmark is 25%, so the ACO has to improve 2.5 percentage points. Therefore, if the ACO’s most recent performance is 28%, it will be considered to have demonstrated improvement.

**5. the difference between benchmark performance and most-recent performance, divided by a fixed integer with a floor (OR HA)**

This method is identical to #4, except that as with approach #2 a minimum improvement floor is introduced. This is especially helpful if the “fixed integer” is kept

constant for multiple measures for which the gap between baseline and target performance varies.

Example: Assume the baseline performance is 25.00% and the benchmark rate is 50%. The fixed integer is 10. The floor is a minimum performance of 5 percentage points. The difference between the ACO's most recent performance is 28% and the benchmark divided by the fixed integer is 2.5%. Although the ACO's performance improvement is greater than 2.5%, because 3 percentage points is less than the minimum improvement floor of 5 percentage points, the provider has not met the minimum improvement floor.

cc: Richard Slusky  
Spenser Wepler



# Attachment 3 – Timeline for Year 1 SSP Data Submission and Analytics

ACO Shared Savings Program Analytics Contractor:  
 Timeline for Year 1 Quality Measures  
 September 17, 2014

Date	Deliverable	Details
November 7, 2014	Quarter 1 and 2 2014 Monitoring and Evaluation utilization measures report	After receiving the claims files for M&E measures #12-23 <b>for the time period covering January 1, 2014 through June 30, 2014</b> from the payers on October 7, 2014 (to account for a 90-day claims lag and one week to process the data), the Lewin Group will compile the utilization data for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO into an ACO monitoring and evaluation report to be submitted to the GMCB no later than one month following the receipt of the claims files.
November 22, 2014	Six-month 2014 claims-based measures report	After receiving the claims files for the Claims-based quality measures required for Year One (core measures #1-13) <b>for the time period covering January 1, 2014 through June 30, 2014</b> from the payers on October 7, 2014 (to account for a 90-day claims lag and one week to process the data), the Lewin Group will compile a report to include quality information for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO. The Lewin Group will provide the GMCB with all reports and provide each ACO and payer with its respective quality reports no later than 45 days after receiving the claims files.
January 21, 2015	Quarter 3 2014 Monitoring and Evaluation utilization measures report	After receiving the claims files for M&E measures #12-23 <b>for the time period covering January 1, 2014 through September 30, 2014</b> from the payers on January 7, 2015, (to account for a 90-day claims lag and one week to process the data), the Lewin Group will compile the utilization data for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO into an ACO monitoring and evaluation report to be submitted to the GMCB no later than two weeks following the receipt of the claims files.
February 22, 2015	Nine-month 2014 claims-based measures report	After receiving the claims files for the Claims-based quality measures required for Year One (core measures #1-13) <b>for the time period covering January 1, 2014 through September 30, 2014</b> from the payers on January 7, 2015 (to account for a 90-day claims lag and one week to process the data), the Lewin Group will compile a report to include quality information for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO. The Lewin Group will provide the GMCB with all reports and provide each ACO and payer with its respective quality reports no later than 45 days after receiving the claims files.

Date	Deliverable	Details
August 29, 2015	Final Monitoring and Evaluation measures report	<p>After receiving the claims files from the payers for M&amp;E measures #1-6 and #10-23, the numerators and denominators from the appropriate state agencies for M&amp;E measures #8 and 9, and data from the Vermont Assembly of Home Health and Hospice Agencies for M&amp;E measure #7 <b>for the time period covering January 1, 2014 through December 31, 2014</b> on July 15, 2015 (to account for a 180-day claims lag and two weeks to process the data), the Lewin Group will compile the rates for all of the Monitoring and Evaluation measures for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO into an ACO monitoring and evaluation report to be submitted to the GMCB. This report, due no later than 45 days after receiving the files, will summarize all of the M&amp;E measures for the entire performance year.</p>
August 31, 2015	Final (18-month) 2014 quality measures report used to inform savings distribution	<p>After receiving on July 15, 2015:</p> <ul style="list-style-type: none"> <li>• the final claims files for the claims-based quality measures required for Year One (core measures #1-13) <b>for the time period covering January 1, 2014 through December 31, 2014</b> from the payers;</li> <li>• the numerators and denominators for the clinical data-based reporting measures (core measures #14-20) <b>for the time period covering January 1, 2014 through December 31, 2014</b> from the ACOs, and</li> <li>• the patient experience measures (core measures #21-29) <b>for the time period covering January 1, 2014 through December 31, 2014</b> from the state's survey contractor,</li> </ul> <p>the Lewin Group will conduct a final assessment of each ACO's Year 1 performance on both the payment and reporting measures. (The Lewin Group will also assess the implications of ACO quality performance on distribution of any earned savings. See Attachment H.) The Lewin Group will compile the final quality measures report data for the Medicaid population and by individual commercial payer and combined commercial populations for each ACO and submit the report to the GMCB no later than 45 days following the receipt of the final claims files.</p>



# Attachment 4 – QPM Work Plan

**Work Plan for VHCIP Quality and Performance Measures Work Group**  
**Approved by QPM Work Group on 3/24/14**

<b>Objectives</b>	<b>Supporting Activities</b>	<b>Target Date</b>	<b>Responsible Parties</b>	<b>Status of Activity</b>	<b>Measures of Success</b>
Group logistics: charter, membership, meeting schedule, etc.	<ul style="list-style-type: none"> <li>Review and refine draft charter</li> <li>Review membership list for gaps</li> <li>Obtain signed conflict of interest statements</li> <li>Develop 2013-2014 meeting schedule</li> <li>Identify resource needs and how to meet those needs</li> </ul>	January 2014	Staff; co-chairs; work group members	DONE <ul style="list-style-type: none"> <li>Charter approved</li> <li>Membership list developed</li> <li>Conflict of interest policy presented</li> </ul>	<ul style="list-style-type: none"> <li>Final Charter</li> <li>Comprehensive membership list</li> <li>Signed conflict of interest statements</li> <li>2014 meeting schedule</li> <li>Resources adequate to accomplish objectives</li> </ul>
Obtain consultant to assist with selected work group activities	<ul style="list-style-type: none"> <li>Identify activities that could benefit from consultant expertise</li> <li>Determine if RFP needed or if existing vendor can perform work</li> <li>Engage in RFP process and/or recommend vendor</li> <li>Execute contract or contract amendment</li> <li>Work with successful vendor to develop scope of work and accomplish specified activities</li> </ul>	January 2014	Staff; co-chairs; work group members	DONE <ul style="list-style-type: none"> <li>Scope of work developed</li> <li>Recommendation to retain existing vendor sent to Core Team</li> </ul>	<ul style="list-style-type: none"> <li>Contract or contract amendment in place</li> </ul>
Recommend process for reviewing and modifying SSP measures to VHCIP Core Team and GMCB	<ul style="list-style-type: none"> <li>Review and comment on draft process</li> <li>Develop revised process</li> <li>Vote on process</li> <li>Send recommendation to VHCIP Core Team</li> </ul>	January 2014	Staff; co-chairs; work group members	DONE <ul style="list-style-type: none"> <li>Recommendation made to Steering Committee, Core Team and GMCB</li> </ul>	<ul style="list-style-type: none"> <li>Adopted process for review and modification of SSP measures</li> </ul>
Review SSP pending and new measures and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	<ul style="list-style-type: none"> <li>Carefully consider measure selection criteria and applicability of MSSP measure specifications</li> <li>Develop recommendations for VHCIP Steering Committee, Core Team and GMCB</li> </ul>	March 2014-July 31, 2014	Staff; co-chairs; work group members; consultant	DONE <ul style="list-style-type: none"> <li>Recommendation made to Steering Committee, Core Team and GMCB</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>
Review existing SSP Payment, Reporting, Monitoring and Evaluation Measures and make Year 2 recommendations to VHCIP Steering Committee,	<ul style="list-style-type: none"> <li>Consider payer and provider data availability, data quality, pilot experience reporting the measure and any reporting barriers, ACO performance, and any changes to national clinical guidelines</li> </ul>	April 2014-July 31, 2014	Staff; co-chairs; work group members; consultant	DONE <ul style="list-style-type: none"> <li>Recommendation made to Steering Committee, Core Team and GMCB</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
Core Team and GMCB	<ul style="list-style-type: none"> <li>Develop recommendations for VHCIP Steering Committee, Core Team and GMCB</li> </ul>				
Review SSP Payment Measures targets and benchmarks and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	<ul style="list-style-type: none"> <li>For each Payment Measure, consider whether the benchmark employed as the performance target should remain constant or change for the next pilot year</li> <li>Consider setting targets that increase incentives for quality improvement.</li> </ul>	April 2014- July 31, 2014	Staff; co-chairs; work group members; consultant		<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>
Review "Gate and Ladder" methodology for determining impact of quality results on calculation of shared savings and make Year 2 recommendations to VHCIP Steering Committee, Core Team and GMCB	<ul style="list-style-type: none"> <li>Review methodology proposed to calculate points</li> <li>Review methodology to assign scores based on points</li> <li>Review methodology for creating Gates and Ladders</li> </ul>	May 2014- July 31, 2014	Staff; co-chairs; work group members; consultant		<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>
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	<ul style="list-style-type: none"> <li>Identify measure selection criteria</li> <li>Review potential measures</li> <li>Consider alignment with existing measure sets</li> <li>Recommend measure set to VHCIP Steering Committee, Core Team and GMCB</li> </ul>	June 2014- December 2014 (estimated)	Staff; co-chairs; work group members; consultant		<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>
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	<ul style="list-style-type: none"> <li>Identify measure selection criteria</li> <li>Review potential measures</li> <li>Consider alignment with existing measure sets</li> <li>Recommend measure set to VHCIP Steering Committee, Core Team and GMCB</li> </ul>	December 2014-June 2015 (estimated)	Staff; co-chairs; work group members; consultant		<ul style="list-style-type: none"> <li>Recommendations to VHCIP Steering Committee, Core Team and GMCB</li> </ul>
Coordinate and collaborate with other work groups	<ul style="list-style-type: none"> <li>Identify activities led by other work groups that relate to activities of the QPM Work Group</li> <li>Develop mechanisms for reporting about related activities to other work groups, and</li> </ul>	Ongoing	Staff; co-chairs; work group members; other work groups		<ul style="list-style-type: none"> <li>Well-coordinated and aligned activities among work groups</li> </ul>

Objectives	Supporting Activities	Target Date	Responsible Parties	Status of Activity	Measures of Success
	for obtaining information about related activities from other work groups				
Develop understanding of current measurement activities in Vermont, in other states, and nationally	<ul style="list-style-type: none"> <li>• Identify entities and programs that engage in quality and performance measurement</li> <li>• Identify focus of their work and related measures</li> <li>• As requested by work group, ask selected entities to attend work group meetings to describe their activities in greater detail</li> <li>• Summarize information in writing</li> </ul>	Ongoing	Staff; co-chairs; work group members; consultant; organizations engaging in measurement		<ul style="list-style-type: none"> <li>• Written summary of current measurement activities</li> <li>• Aligned measure sets</li> </ul>
For all measure sets, identify implementation needs (e.g., learning collaboratives, electronic and other information, provider engagement) and potential resources to meet those needs.	<ul style="list-style-type: none"> <li>• Review measure sets to identify implementation needs</li> <li>• Identify mechanisms and resources to meet implementation needs</li> </ul>	Ongoing	Staff; co-chairs; work group members; consultant		<ul style="list-style-type: none"> <li>• Written recommendations, including proposed learning collaboratives, HIE needs, provider engagement activities, implementation resources</li> </ul>

# Attachment 5 – Year 1 Quality Gates and Ladders

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# **Year 1 Quality Gates & Ladders: Commercial & Medicaid Shared Savings Programs**

QPM Work Group Meeting  
August 25, 2014

# Impact of Payment Measures: Commercial

## Commercial “Gate and Ladder” Approach:

- Compare each payment measure to the national benchmark and assign 1, 2 or 3 points based on whether the ACO is at the national 25<sup>th</sup>, 50<sup>th</sup> or 75<sup>th</sup> percentile for the measure.
- If the ACO does not achieve at least 55% of the maximum available points across all payment measures, it is not eligible for any shared savings (“quality gate”).

# Impact of Payment Measures: Medicaid

## Medicaid “Gate and Ladder” Approach:

- *(6 measures)* Compare each payment measure to the national benchmark and assign 1, 2 or 3 points based on whether the ACO is at the national 25<sup>th</sup>, 50<sup>th</sup> or 75<sup>th</sup> percentile for the measure.
- *(2 measures)* Compare each payment measure to VT Medicaid benchmark, and assign 0, 2 or 3 points based on whether the ACO declines, stays the same, or improves relative to the benchmark.
  - Statistical significance; targets associated with each point value to be calculated when initial ACO attribution estimates are available
- If the ACO does not achieve at least 35% of the maximum available points across all payment measures, it is not eligible for any shared savings (“quality gate”).

# Impact of Payment Measures

Percentage of available points	Percentage of earned savings: COMMERCIAL
55%	75%
60%	80%
65%	85%
70%	90%
75%	95%
80%	100%

Percentage of available points	Percentage of earned savings: MEDICAID
35%	75%
40%	80%
45%	85%
50%	90%
55%	95%
60%	100%