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

Wednesday, December 18, 2013; 10:00 AM to 12 Noon
ACCD - Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier
Call-In Number: 1-877-273-4202 Passcode: 9883496

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	10:00-10:10	Welcome and Introductions; Approval of Minutes	November Minutes	
2	10:10-10:15	Work Group Members vs. Interested Parties Conflict of Interest Policy	Member List Conflict of Interest Policy	
3	10:15-10:25	Update on Commercial and Medicaid ACO Shared Savings Measures, Gate and Ladder Methodology, and Reporting Measure Requirements	Measure Sets as Approved by Green Mountain Care Board	
4	10:25-11:00	Draft Measure Modification Standard	ACO Standards draft – process for review and modification of measures	Yes
5	11:00-11:10	Resource Discussion (consulting)	Excerpts from Type I/Type II Budget Document	Yes
6	11:10-11:20	Expected Work Products	SIM Driver Diagram Excerpts from Operational Plan Excerpts from Core Team Decision Points Document	
7	11:20-11:35	Work Group Charter	QPM Charter Draft 4	Yes
8	11:35-11:45	Public Comment		
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, 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 fir 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 vendor's 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	

Att #1

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

Date of meeting: Tuesday, November 5, 2013 10am to 12 noon
Office of Professional Regulation, Third Floor Conference room, City Center, 89 Main Street, Montpelier, VT
Call in Number : 877-273-4202 Passcode 9883496

Staff: Alicia Cooper, DVHA; Pat Jones and Ena Backus, GMCB; Nelson LaMothe, UMass
Attending in Person: Catherine Fulton, VPQHC; Laura Pelosi, MMR and VT Health Care Association; Catherine Burns, Howard Center; Paul Harrington, VT Medical Society; Susan Johnson, Northern Counties Health Care; Carol Kulczyk, VITL; Susan Onderwyzer, DMH; Allan Ramsay, MD, and Betty Rambur, GMCB; Lila Richardson and Julia Shaw, VT Legal Aid; Peter Cobb, VAHHA; Heather Skeels, Bi-State Primary Care Association; Sharon Winn, BCBSVT; Marybeth McCaffrey, DAIL; Robin Edelman, VDH; Jenney Samuelson; Blueprint.
Attending by Phone: Anya Rader Wallack and Georgia Maheras, VHCIP; Cindy Thomas, DVHA; Norman Ward, MD, and Vicki Loner, OneCare; Michael Bailit and Kate Bazinsky, Bailit Health Purchasing; Shawn Skaflestad, AHS

Agenda Item	Discussion	Next Steps
1 Welcome and introductions		
2 Draft Work Group Charter	Document: **QPM Charter Draft 3** **Purpose:** Paul Harrington asked for more specificity in terms of who the work group will be making recommendations to and suggested that there was a tension between the group both recommending and maintaining measures. Sharon Winn indicated that she was not sure what "qualifying shared savings" means and asked for a more clear explanation in the purpose. The group also asked for an explanation of "health home". **Scope of Work :** Marybeth McCaffrey and Sharon Winn expressed concern that the WG should not limit itself to choosing from nationally benchmarked measures. Paul Harrington indicated it is premature to suggest that the work group should "revise, retire, or replace measures " since the Core Team has	WG staff to revise charter based on suggestions.

Agenda Item	Discussion	Next Steps
	not met to determine its recommendation on whether measures should be fixed for 3 years, as has been recommended by VMS. Lila Richardson expressed concern that the language did not indicate that measures could be added. Sharon Winn expressed concern about whether the focus was on measuring payers. Pat Jones advised that the language could be clarified to indicate that the measures will be used to assess the quality and performance of alternative payment and delivery system structures. **Deliverables :** Sharon Winn proposed that the Charter be richer in terms of how Q&PM WG ties in with other WG's deliverables and the overall project goals. There was a request for a visual representation of the WGs interconnectivity to one another. **Milestones :** Peter Cobb and Paul Harrington suggested deleting bullet #1 Review and recommend measure modification standard for ACO's. Marybeth McCaffrey would like to see a crosswalk of WG milestones with decisions the Core Team needs to make 12 months out. Laura Pelosi's view of best practice: as Payment Models are formally approved, the Q&PM WG should then make measure recommendations. **Member requirements:** little or no comment **Resources Available for Staffing and Consultation:** Laura Pelosi's suggested expanding Charter to include membership, title, organization, and contact info. for chairpersons and staff.	
3 Comments on Commercial and Medicaid ACO Shared Savings Model	Document: **ACO Measures Commentary** Pat Jones thanked those who had submitted comments on the proposed measures for commercial and Medicaid ACOs and indicated that the Core Team would take the comments into consideration.	
4 Reporting Measures: Criteria for Attaining Full Payment	Document: **Uses of Reporting Measures in Shared savings Distribution Determination** Focus of the group was on Options #3, #4, and #5 since most agreed that the focus should be on incentives for reporting, not penalties. Lila Richardson expressed concerns about #2 because it doesn't tie the failure to report to barriers of any kind. Paul Harrington relayed that the Medical Society and Fletcher Allen have recommended that 6 of the payment measures be moved to the reporting	WG Staff to revise Option 4 and circulate to the work group to review by e-mail; the goal is to be

Agenda Item	Discussion	Next Steps
	category; that care incentives are all tied to reporting not performance; and strongly recommended that option 5 not be considered because many small providers do not have capacity/resources to access and report the measures. Pat Jones indicated the HIE Performance Measures Subgroup is evaluating measurement capacity. Carol Kulczyk relayed that VITL is recommending a more detailed analysis of EHRs and the time needed to develop electronic reporting capacity (e.g., small practices may need 30 RN hours/1000 patients to assess EHR measurement capacity). It was suggested that a gap analysis in terms of reporting capacity should be conducted before there are penalties for failure to report. Allan Ramsay indicated that penalties in early years are significantly less productive than incentives. Option #5 is not ideal at this time since the GMCB does not have appropriate information to assess and act on the barrier analyses submitted. Norm Ward asked for more information on Option 3 and suggested that a concrete example of the point calculation be provided. Sharon Winn indicated that health plans already report claims based measures and some of the clinical based measures and could potentially generate proxy reports for providers lacking resources/capacity. Jenney Samuelson suggested merging Options #3 & #5. Robin Edelman noted that it is important to think of the total health perspective and the need to educate providers about the importance of being able to report the data that is necessary for understanding the health of the population. Laura Pelosi summarized the discussion. The group agreed that if there was no change in the Year 1 reporting and payment measures, they could recommend a revised version of Option 4. Staff will redraft Option 4 based on the comments received, and circulate it by e-mail for work group review and comment. The goal is to provide the recommendation to the Core Team for its November 18 meeting. Anya and Alicia expressed concern that any further delay in recommending a preferred Option will impact the contracting and implementation for ACO's effective 1/1/14.	able to provide a recommendation for Core Team review at its November 18 meeting
5 Draft Measure Modification Standard	Document: **ACO Standards Draft** Deferred until next meeting.	Hold to review at next meeting.
6 Measures for SIM Driver diagram	Documents: **Driver Diagram,** and **SIM Driver Diagram Measurement Categories and Goals** Pat Jones presented the Draft Driver Diagram and SIM Driver Diagram Measurement Categories and Goals. Pat explained the three main aims (improve care, improve health, reduce costs) and the primary drivers to reach those aims. Pat explained that she had bucketed the proposed	

Agenda Item	Discussion	Next Steps
	Commercial and Medicaid ACO measures under each of the three aims and noted that in the future when the group develops additional measure sets that these will also be categorized under the three aims. Paul Harrington noted that the Driver Diagram reinforces the concept of having a stable set of measure over the three years of the project so that progress can be assessed year over year, rather than looking at performance on additional or different measures in subsequent years.	
7 Next Steps, Wrap-up, and Future Meeting Schedule	Document: **Meeting Schedule** Next meeting scheduled for Thursday Dec 12 10am-noon. Meetings going forward will be the 3rd Monday of the month, 10am to noon, with a few exceptions. Locations tba, but likely to be City Center, 89 Main St., Montpelier.	

Att 2 A

Vermont Health Care Innovation Project Member List

Member	M
Chair	C
Interim Chair	IC
Member Assistant	MA
Staff/Consultants	S
Interested Party	X

	Last Name	First Name	Project Mgmt Team	Project Finance Team	Core Team	Steering Committee	Work Group Co-Chairs	Work Group Staff	Pymt Models	Q&P Measures	HIE	Care Models	Duals	Population Health	Workforce SC	Affiliation
1	Abel-Palmer	Sam											X			External
2	Adams	David													M	External
3	Albert	Peter								X		X				External
4	Alderman	Tom													M	Gov Ops
5	Anderson	Carolyn			MA											Gov Ops
6	Arey	Joanne									MA					External
7	Ashe	Bill								X						External
8	Austin	Carmone							M							External
9	Backup	Molly													M	External
10	Backus	Ena				S		S	X	S		S		X		Gov Ops
11	Bailey	Melissa				X			M			X				Gov Ops
12	Bailit	Michael							S	S						Contractor
13	Banks	Heidi				X										External
14	Barbour	John				M							X			External
15	Barewicz	Mat													M	Gov Ops
16	Barnett	Rick													M	External
17	Barrett	Susan							M		X		X			External
18	Bassford	Anna			MA	MA			MA		MA					Gov Ops
19	Bazinsky	Kate							S	S						Contractor
20	Beck	Stephanie			X	M										Gov Ops
21	Bengston	Paul			M											External
22	Benware	Joel									X					External
23	Bequette	Terry									X					External
24	Berke	Ethan													M	External
25	Berman	Abe							X					X		External
26	Berry	Scott									X					External
27	Besio	Susan											S			External
28	Bick	Bob				M							X	X		External
29	Blanck	David													M	External
30	Boes	Richard									X					External
31	Bolt	Mary Lou										X		X		External
32	Bowen	Jill Berry												X		External
33	Bowley	Jonathan									X					External
34	Boyd	Thomas										M				External
35	Breiden	Nancy										X				External
36	Broer	Stephen										X				External
37	Brozicevic	Peggy													M	Gov Ops
38	Burke	Mark												X		External
39	Burkett	Donna												X		External
40	Burnham	Shelia									X					External
41	Burns	Catherine								X						External

42	Bushey	Heather							M							External
43	Carbonneau	Gisele							MA							External
44	Carney	Jan												X		External
45	Carter	Nick										X				External
46	Catton	Janet										X				External
47	Chapman	Alysia											X			External
48	Chen	Harry				X										External
49	Chilton	Joy											X			External
50	Cimaglio	Barbara												X		Gov Ops
51	Cioffi	Ron							M							External
52	Clark	Daljit												X		Gov Ops
53	Clark	Denise													M	External
54	Cobb	Peter				M				X	X		X		M	External
55	Cohen	Judy										M		M		External
56	Coleman	Pamela											X			External
57	Collins	Lori				X			X							Gov Ops
58	Cooper	Alicia				S		S	S	S	S					Gov Ops
59	Cooper	Amy											M			External
60	Corrigan	Janet												X		External
61	Cote	Elizabeth				M										External
62	Crandall	Maura										X				External
63	Cummings	Diane		S	S	S			S							Gov Ops
64	Curtis	Michael							M							External
65	Davis	Elizabeth				M							X	X		External
66	Davis	Wendy												X		External
67	DelTrecco	Mike							M		X					External
68	Demartino	Dana										M				External
69	Devoid	Susan				MA										External
70	Dickens	Steve										X				External
71	Dobson	Trey												X		External
72	Dolan	Tracy				M	M				X			C	M	Gov Ops
73	Donahey	Richard				X										Gov Ops
74	Donegan	Susan				M										Gov Ops
75	Donnelly	Jack									X					External
76	Donofrio	Michael							X							Gov Ops
77	Donovan	Kevin												X		External
78	Donovan	Tim													M	External
79	Dugan	Molly											X			External
80	Dupre	Paul				M										Gov Ops
81	Edelman	Robin								X						Gov Ops
82	Egelhof	Jennifer									X					Gov Ops
83	Eldridge	Nancy				M						X				External
84	Emlen	Nick									X					External
85	Erickson	Cameron										X				External
86	Evans	John				M										External
87	Fargo	Audrey				MA			MA	MA						External
88	Finison	Karl									X					External
89	Fischer	Cyndy				MA			MA							External
90	Flood	Patrick											X			External
91	Flynn	Erin				S		S	S			S	S			Gov Ops
92	Franham	Pamela										X				External
93	French	Aaron				X				X		X				Gov Ops
94	Fullem	Leah									X					External
95	Fulton	Catherine				M	M		M	C						External
96	Gagnon	Michael									X					External

97	Galdenzi	Daniel									X					External
98	Gallagher	Meagan										X				External
99	Geiler	Christine	S		S	S	S	S	S	S	S	S	S	S	S	Gov Ops
100	George	Don				M	M		C							External
101	Giard	Martita							M							External
102	Giffin	Jim				X			X							Gov Ops
103	Girling	Eileen										M				Gov Ops
104	Gobeille	Al			M	C			M		X					Gov Ops
105	Goetschius	Larry							M				X	X		External
106	Gordon	Kelly										X				Gov Ops
107	Grause	Bea				M	M		M			C				External
108	Gregorek	Sarah			MA	MA										Gov Ops
109	Grimes	Lory													M	External
110	Grimes	Ellen													M	External
111	Guillett	Lynn							M							External
112	Hackett	Dale				M							X			External
113	Hall	Heidi							X							Gov Ops
114	Hall	Janie				MA			MA		MA		MA			External
115	Hall	Thomas			X	X			X					X		External
116	Harrington	Paul				M			M	X	X					External
117	Hathaway	Carrie			X	X			X							Gov Ops
118	Hawkins	Diane				X										Gov Ops
119	Hein	Karen				X	M							C	X	Gov Ops
120	Hester	Jim												X		Contractor
121	Hickman	Selina							X			X	X			Gov Ops
122	Hill	Bard							M	X		X	X			Gov Ops
123	Hindes	Churchill							X				X	X		External
124	Hogan	Brendan									S		S			Contractor
125	Hogan	Con							X							Gov Ops
126	Hogue	Nancy							M				M			Gov Ops
127	Hughes	Jay									X					External
128	Hutchins	Jeanne											X			External
129	Ingram	Debbie				M										External
130	Jenne	Lorraine													M	External
131	Johnson	Linda										X				External
132	Johnson	Susan								X		X				External
133	Jones	Kate		S	S	S										Gov Ops
134	Jones	Craig				M			M		X					Gov Ops
135	Jones	Pat				S		S	X	S	X	S	X	X		Gov Ops
136	Joyal	Margaret											X			External
137	Kastensmith	Hans									X					External
138	Keeler	Frances								M				X		Gov Ops
139	Kelley	Kevin							X		X					External
140	Kerr	Trinka				M			X				X			External
141	Kilroy	Renee					M					C		X		External
142	King	Sarah							M							External
143	Klein	Heidi								X				S		Gov Ops
144	Kramer	Tony											X			Gov Ops
145	Kulczyk	Carol								X						External
146	Lamothe	Nelson	S	S	S	S	S		S	S	S	S	S	S	S	Contractor
147	Landry	Kathy														External
148	Lange	Kelly				X	X		M		X	X				External
149	LaPointe	Nicole													M	External
150	Larson	Mark			M	C										Gov Ops
151	Launer	Patti								X		X				External

152	Leach	Diane										X				External
153	Leadbetter	Charlie									X					External
154	Leavitt	Suzanne										M				Gov Ops
155	Lee	McKenna							MA							External
156	Levine	Mark												X		External
157	Lisi-Baker	Deborah				M	M						C			Contractor
158	Liss	Sam				X										External
159	Little	Bill				M			M							External
160	Loner	Vicki								X		X	X			External
161	Lovejoy	Nick							X							Gov Ops
162	Lukas	Nicole								X						Gov Ops
163	Lunge	Robin			M		M								IC	Gov Ops
164	Mable	Ted												X		External
165	MacLean	Charlie													M	External
166	Maheras	Georgia	S	S	S	S	S		S	S	S	S	S	S	S	Gov Ops
167	Maier	Steven				S		S			S					Gov Ops
168	Majoros	Jackie				M						X	X			External
169	Marinelli	Nancy									M					Gov Ops
170	Maroni	Carol											X			External
171	Martini	David							X							Gov Ops
172	Mauro	James							M		X	X				External
173	McCaffrey	Marybeth			X	X			X	X	X	X	X	X	X	Gov Ops
174	McClellan	Kim								X						External
175	McCoy	Richard								M						Gov Ops
176	McDowell	Sandy							M							External
177	McFadden	Clare								X		X				Gov Ops
178	McGrath	Alexa				MA	MA		MA							External
179	McGuire	Sandy							M							External
180	McLaren	Lou									X					External
181	McPherson	Darcy				X				X		X				Gov Ops
182	Melamed	Marisa			MA		MA								MA	Gov Ops
183	Miceli	Charlie									X					External
184	Miles	Melissa												X		External
185	Mongan	Madeleine				X						X	X		M	External
186	Moore	Todd				M			M		X		M			External
187	Morton	Judy										X				External
188	Moulton	Mary										X	X			External
189	Murdock	Stacey									X					Gov Ops
190	Myers	Chuck												X		External
191	Nadeau	Harold											X			External
192	Namdar	Arsi									X					External
193	Nichols	Nick												X		Gov Ops
194	Noble	Dana								X						External
195	Nunlist	Mark									X					External
196	O'Donnell	Meg													MA	External
197	Olszewski	Miki									X		X			Gov Ops
198	Onderwyzer	Susan								X						Gov Ops
199	Oski	Jessica											X			External
200	Otley	Brian				X	M				C					External
201	O'Toole	Dawn				X										Gov Ops
202	Pagliuca	Stephanie													M	External
203	Palumbo	Mary Val				M	M								C	External
204	Paquin	Ed				M										External
205	Parro	Lisa			MA											Gov Ops
206	Paumgerten	Annie			S	S		S	S	S	S	S	S	S	S	Gov Ops

207	Pelosi	Laura				M				C			X			External
208	Peterson	Judy				M							C			External
209	Philibert	Dawn					M								M	Gov Ops
210	Pierce	Robert		S	S	S										Gov Ops
211	Pierce	Kate									X					External
212	Pitts	Tom							M							External
213	Podesta	Chuck									X					External
214	Poirer	Luann			S	S		S	S	X	X	X	X	X	X	Gov Ops
215	Prail	Darin									X					Gov Ops
216	Prater	Jean									X					External
217	Putnam	Amy									X					External
218	Racine	Doug			M											Gov Ops
219	Rambur	Betty								X		X				Gov Ops
220	Ramsay	Allan				M				X		X				Gov Ops
221	Rauh	Stephen				X	M		C							External
222	Real	Lori				M			M							External
223	Reeves	Ann				S		S	S		S					Gov Ops
224	Regan	David									X					External
225	Reiss	Paul				M			M		X		X			External
226	Renfrew	Virginia											X			External
227	Reynolds	David					M		X						C	Gov Ops
228	Richardson	Lila							M	X						External
229	Riffon	Julie										X				External
230	Rousse	Sandy									X					External
231	Rueschemeyer	Simone				M	M				C					External
232	Ruggles	Laural										X		X		External
233	Sales	George	S		S	S	S	S	S	S	S	S	S	S	S	Contractor
234	Samuelson	Jenney								X		X		X		Gov Ops
235	Sandage	Larry				X					X					Gov Ops
236	Schapiro	Howard				M			M							External
237	Schoenbeck	Lori Lee													M	External
238	Schurr	Stuart													M	Gov Ops
239	Seelig	Rachel							M	X			X			External
240	Shannon	Deborah												X		External
241	Shaw	Julia											X			External
242	Simonson	Catherine										X				External
243	Singer	Patricia										X				Gov Ops
244	Sinon	Colleen								X						External
245	Sirotta	Ted							X							External
246	Skaflestad	Shawn								X						Gov Ops
247	Skeels	Heather								X	X					External
248	Skovira	Mary				MA	MA							MA		Gov Ops
249	Slusky	Richard			S	S		S	S	X	S		X			Gov Ops
250	Smith	Chris									X					External
251	Solis	Nancy													MA	External
252	Spence	Audrey-Ann										M				External
253	Stout	Ray							M		X		X			Gov Ops
254	Stratton	Jennifer								M						External
255	Suter	Kara			S	S		S	S	X	X	X	X	X	X	Gov Ops
256	Tanzman	Beth							X			X			M	Gov Ops
257	Tarallo-Falk	JoEllen												M		External
258	Tessler	Julie				M				X	X		X			External
259	Thomas	Cynthia								M						Gov Ops
260	Thorn	Bob									X		X			External
261	Torrey	Tela									X					Gov Ops

262	Treanor	Tony													X	External
263	Tryhorne	Matt									X					External
264	Uiterwyk	Sean									X					External
265	Underwood	Eileen									X					External
266	Underwood	Carey			MA											External
267	Viles	Lisa										X				External
268	Voigt	Steve			M											External
269	Wachtel	Deborah													M	External
270	Wallack	Anya			C	S	S	S	S	S	S	S	S	S	S	Gov Ops
271	Waller	Marlys								X		X	X			External
272	Walters	Barbara				M			M							External
273	Ward	Norm								X						External
274	Wargo	Lorraine										X				External
275	Wasserman	Julie				X			X			X	S			Gov Ops
276	Watkins	Matthew									X					External
277	Wehry	Susan			M											Gov Ops
278	Wennberg	David									X					External
279	Weppler	Spenser				S		S	S		X					Gov Ops
280	West-Fisher	Stephen									X					External
281	Wilcke	Burton													M	External
282	Williams	Jason											X			External
283	Winn	Sharon								X	X					External
284	Winters	Chris													M	Gov Ops
285	Winters	Stephanie												X		External
286	Woodruff	Mary								X				X		Gov Ops
287	Yacovone	Dave				M										Gov Ops
288	Zigmann	Gary									X					External
289	Zura	Marie							M							External
			4	5	29	85	23	14	79	54	78	62	59	47	43	289

Att 2B

CONFLICT OF INTEREST POLICY

For

VERMONT HEALTH CARE INNOVATION PROJECT (VHCIP) CORE TEAM, STEERING COMMITTEE AND WORK GROUPS

I. PURPOSE

The purpose of this Conflict of Interest Policy is to ensure the independence and impartiality of the VHCIP Governance Structure, including the Core Team, Steering Committee and Work Groups ("the Committee") when it is contemplating entering into a transaction or arrangement that might benefit the private interest of any Core Team, Steering Committee or work group member. Nothing in this policy shall relieve any person from compliance with additional conflict of interest policies such as the Executive Code of Ethics, state personnel policies, and Agency of Administration bulletins, including but not limited to Bulletin 3.5, Contracting Procedures.

II. DEFINITIONS

1. Interested person: Any member or subcommittee member or other individual in a position to exercise influence over the affairs of the Committee who has a direct or indirect interest, as defined below, is an "interested person."

2. Interest: A person has an "interest" if the person has, directly or indirectly, through business, investment, or family:

    a. An ownership or investment interest in any entity with which the Committee has an transaction or arrangement or is negotiating a transaction or arrangement, or

    b. A compensation or other pecuniary arrangement with the Committee or with any entity or individual with which the Committee has a transaction or arrangement or is negotiating a transaction or arrangement, or

    c. A potential ownership or investment interest in, or compensation or pecuniary arrangement with any entity or individual with which the Committee is negotiating a transaction or arrangement, or

    d. Any other relationship that the person determines may compromise his or her ability to render impartial service or advice to the Committee.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

An interest is not necessarily a conflict of interest and a conflict of interest does not arise where an individual's interest is no greater than that of other persons generally affected by the outcome of the matter.

III. PROCEDURES

1. Duty to Disclose: Any interested person must disclose the existence of his or her interest to the Committee and shall be given the opportunity to disclose all material facts to the Committee.

2. Duty to Voice Concerns: In the event any member becomes concerned that an interested person has an undisclosed interest or is exerting inappropriate influence related to an interest, this concern shall be raised with the Chair of the Core Team and the VHCIP Project Director.

3. Determining Whether a Conflict of Interest Exists: After disclosure of the interest and all material facts, and after any necessary discussion with the interested person, the Core Team shall determine whether the person has a conflict of interest that requires the interested person to remove him or herself from the matter under consideration. In no event shall an interested person participate in the deliberation and/or determination of any matter in which he or she will receive any compensation from the Committee for employment, professional contract, or otherwise.

4. Restriction on Participation: It shall be the responsibility of the Project Director to instruct an interested person on any restriction on his or her participation in any consideration of the subject matter of the conflict of interest, and it shall be the responsibility of the Project Director and all non-interested members of the Committee to enforce such restrictions.

5. Procedures for Addressing the Conflict of Interest:

    a. An interested person shall leave any Committee meeting during discussion of, and the vote on, any transaction or arrangement that involves a conflict of interest and shall otherwise not participate in the matter in any way.

    b. If necessary, the Chair of the Core Team shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

    c. After exercising due diligence, including consideration of independent comparability data, valuations, estimates, or appraisals, the Committee shall determine whether the Committee can obtain a more advantageous transaction or arrangement with reasonable effort from a person or entity that would not give rise to a conflict of interest.

    d. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Core Team shall determine by majority vote (or quorum) of all of the disinterested members (regardless of the number present at the meeting): (1) whether the transaction or arrangement is in the public's best interest, (2) whether the transaction or arrangement is fair and reasonable to the Committee, and (3) whether to enter into the transaction or arrangement consistent with such determinations.

6. Records of Proceedings: The minutes of the Committee or affected sub-committee shall contain:

    a. The names of the persons who disclosed or otherwise were found to have an interest in connection with an actual or possible conflict of interest.

    b. The names of the persons who were present for the discussion and votes relating to the transaction or arrangement, the content of the discussion, including a summary of any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the discussion.

7. Violations of the Conflict of Interest Policy:

    a. If the Committee has reasonable cause to believe that an interested person has failed to disclose actual or possible conflicts of interest, it, through the Co-Chairs, shall inform the Core Team and the Core Team shall afford him or her an opportunity to explain the alleged failure to disclose.

    b. If, after hearing the response of the person and making such further investigation as may be warranted under the circumstances, the Core Team determines that he or she has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate action.

IV. ANNUAL STATEMENTS

a. Each Committee member shall annually sign a statement which affirms that he or she has received a copy of this Conflict of Interest Policy, has read and understands the Policy, and has agreed to comply with the Policy (Attachment A).

V. COMPLIANCE AND PERIODIC REVIEWS:

The Core Team shall make periodic reviews of compliance with this policy.

Adopted by the VHCIP Core Team

Date: 12.9.13

Attachment A:

CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT

I, _____, a participant in the Vermont Health Care Innovation Project (VHCIP) Grant governance process, acknowledge having received, read, and understood the VHCIP Grant Conflict of Interest Policy dated _____, and agree to adhere to it.

Date: _____ Signature: _____

Name: (print) _____

Appendix: Summary of State Conflict of Interest Policies

Bulletin 3.5 – Applies to all state contracts

"Conflict of interest"- a pecuniary interest of an employee, or the appearance thereof, in the award of performance of a contract, or such an interest, known to the employee, by a member of his/her current or former family or household, or a business associate.

B. Conflict of Interest

Employees with a conflict of interest or an appearance thereof are not permitted to control or influence the bidding process and/or the awarding of contracts. The Executive Code of Ethics (Executive Order #3-45) sets standards that should be used as the primary guide. Additionally, every effort should be made to avoid even an appearance of a conflict of interest in the contracting process. (See Section VI.A.3.c for more discussion of this issue).

VI.A.3.c. Apparent conflict of interest: If a reasonable person might conclude that a contractor was selected for improper reasons, the supervisor should disclose that fact in writing to the Attorney General and the Secretary and document the reasons why selecting the desired contractor is still in the best interest of the State.

VI.D.2. Waivers

The Secretary may waive provisions of this Bulletin on a case-by-case basis pursuant to a written request forma supervisor. Any such request must describe in detail the basis for the request an the specific component(s) of the contracting process for which the waiver is sought and must be granted prior to the signing of the contract by either the State of the contractor. Copies of all waivers granted by the Secretary, and the request submitted therefore, must be retained in the contract file.

Bulletin 5.0 – Applies to all federal grants

"Conflict of interest" means a pecuniary interest of an employee in the award or performance of the grant, or such an interest, known to the employee, by a member of his/her immediate family or household or a business associate.

VII. Conflict of Interest

Employees with a conflict of interest shall not be permitted to control or influence the award of grants. This applies to members of any boards who are involved in any review or selection process for grants. Additionally, every effort should be made to avoid the "appearance" of a conflict of interest in the granting process. An appearance of a conflict is anything that would lead a reasonable person to question whether this grantee was selected for improper reasons.

Bulletin 5.5 – state funded grants – doesn't technically apply, but is illustrative

Conflict of Interest: Employees with a conflict of interest shall not be permitted to control or influence the award of grants. This applies to members of any boards who are involved in any review or selection process for grants.

"conflict of interest" means a pecuniary interest of an employee in the award or performance of the grant, or such an interest, known to the employee, by a member of his/her immediate family or household or a business associate. Additionally, every effort should be made to avoid the "appearance" of a conflict of interest in the granting process. An appearance of a conflict is anything that would lead a reasonable person to question whether this grantee was selected for improper reasons.

Waivers: The Secretary may waive provisions of this Bulletin on a case-by-case basis pursuant to a written request from a supervisor. Any such request must describe in detail the basis for the request and the specific components(s) of the granting process for which the waiver is sought and must be granted prior to the signing of the grant agreement by either the state or the grantee. Copies of any and all waivers approved must be included in the grant file.

Att #3

Commercial and Medicaid Shared Savings Program: Year 1 Payment and Reporting Measures as Approved by The Green Mountain Care Board

VHCIP Quality and Performance Measures Work Group

December 18, 2013

Core Measure Set: Measure Use Terminology

Payment

- Performance on these measures will be considered when calculating shared savings.

Reporting

- ACOs will be required to report on these measures. Performance on these measures will be not be considered when calculating shared savings; ACO submission of the clinical data-based reporting measures may be considered when calculating shared savings.

Pending

- Measures that are included in the core measure set but are not presently required to be reported. Pending measures are considered of importance to the ACO model, but are not required for initial reporting for one of the following reasons: target population not presently included, lack of availability of clinical or other required data, lack of sufficient baseline data, lack of clear or widely accepted specifications, or overly burdensome to collect.

Year 1 Payment Measures (Claims data)

Commercial and Medicaid Shared Savings Programs:

- 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)*

Medicaid Shared Savings Program:

- Developmental Screening in First 3 Years of Life

*Related to Medicare Shared Savings Program Measure

Year 1 Reporting Measures (Claims data)

Commercial and Medicaid Shared Savings Programs:

- Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults*
- Breast Cancer Screening*
- Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite
- Appropriate Testing for Children with Pharyngitis

*Medicare Shared Savings Program Measure

Year 1 Reporting Measures (Clinical Data)

Commercial and Medicaid Shared Savings Programs:

- 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

*Medicare Shared Savings Program Measure

Year 1 Reporting Measures (Survey Data)

Patient Experience Survey Composite Measures (using same survey fielded by about 70 Blueprint primary care practices):

- Access to Care
- Communication
- Shared Decision-Making
- Self-Management Support
- Comprehensiveness
- Office Staff
- Information
- Coordination of Care
- Specialist Care

Impact of Payment Measures: Commercial

Commercial "Gate and Ladder" Approach:

- Compare each payment measure to national benchmark and assign 1, 2 or 3 points based on whether the ACO is at the national 25th, 50th or 75th percentile.

- If ACO does not achieve at least 55% of maximum available points across all payment measures, it is not eligible for any shared savings ("quality gate").

- In commercial SSP "quality ladder," ACO earns:
  - 75% of potential savings for achieving 55% of available points,
  - 85% of potential savings for achieving 65% of available points,
  - 95% of potential savings for achieving 75% of available points.

Commercial Shared Savings Program Ladder

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

Impact of Payment Measures: Medicaid

Medicaid "Gate and Ladder" Approach:

- For most measures, compare each payment measure to national benchmark and assign 1, 2 or 3 points based on whether ACO is at national 25th, 50th or 75th percentile.
- For two measures without national Medicaid benchmark (All-Cause Readmission and Developmental Screening), compare each payment measure to VT Medicaid benchmark, and assign 0, 2 or 3 points based on whether ACO performance declines, stays the same, or improves relative to benchmark.
- If ACO does not achieve at least 35% of maximum available points across all payment measures, it is not eligible for any shared savings ("quality gate").
- In Medicaid SSP "quality ladder," ACO earns:
  - 75% of potential savings for achieving 35% of available points,
  - 85% of potential savings for achieving 45% of available points,
  - 95% of potential savings for achieving 55% of available points.

Medicaid Shared Savings Program Ladder

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

Evaluation of Reporting Measures

Proposal from VHCIP Quality and Performance Measures Work Group if measure set not substantively changed; supported by Core Team and approved by GMCB:

- ACO will make good faith effort to submit all reporting measures completely and in timely manner.
- Reporting will include analysis of barriers and costs to reporting, and plan to mitigate barriers. GMCB will provide guidelines for content and format of analysis and plan.
- Failure to report will have no financial consequences in Year 1 if ACO makes good faith effort to report all measures.
- Recommendations for Years 2 and 3 will be made by Work Group to Core Team and GMCB after considering barriers and costs identified during Year 1.

Att #4

Joint ACO Measures and Standards Work Group
Process for Review and Modification of Measures Standard
October ~~9~~18, 2013 Revised Draft

Standard:

1. The SIM 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 SIM 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. Recommendations will go to the SIM Steering Committee, GMCB, and the SIM Core Team for review. Final approval for any changes must be received no later than September 30th of the year prior to implementation of the changes. In the interest of ~~maintaining the stability~~retaining measures selected for Payment and Reporting purposes for the duration of the pilot program, ~~of the measure set, the Year 1 Payment and Reporting measures will~~ should not be ~~modified~~ removed ~~for Year 2~~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 SIM Quality and Performance Measures Work Group and the SIM 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. Recommendations will go to the SIM Steering Committee, GMCB, and the SIM Core Team for review. Final approval for any changes must be received no later than September 30th of the year prior to implementation of the changes.

3. The SIM Quality and Performance Measures Work Group will review all **measures designated as Pending** in the Core Measure Set beginning in the first quarter of each pilot year, with input from the SIM 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 ~~during the review,~~ the SIM Quality and Performance Measures Work Group determines that a measure has the support of the Work Group and is ready to be ~~implemented~~advanced from Pending status to Payment or Reporting status in the next pilot year, it shall recommend the measure as either a Payment or Reporting measure and indicate whether the measure should replace an existing Payment or Reporting measure. If the

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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 benchmarks. Recommendations will go to the SIM Steering Committee, GMCB, and the SIM Core Team for review. Final approval for any changes must be received no later than September 30th of the year prior to implementation of the changes.

4. The SIM 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 SIM Payment Models Work Group. The measures will remain Monitoring and Evaluation measures unless the Work Group determines that one or more measures presents an opportunity for improvement and meets measure selection criteria, at which point the SIM 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. Recommendations will go to the SIM Steering Committee, GMCB, and the SIM Core Team for review. Final approval for any changes must be received no later than November 30th 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** November 30~~th~~th. 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 SIM Quality and Performance Measures Work Group will review the measure and recommend a course of action for consideration, with input from the SIM Payment Models Work Group. Recommendations will go to the SIM Steering Committee, GMCB, and the SIM Core Team 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.

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VHCIP Funding Allocation Plan

Att #5

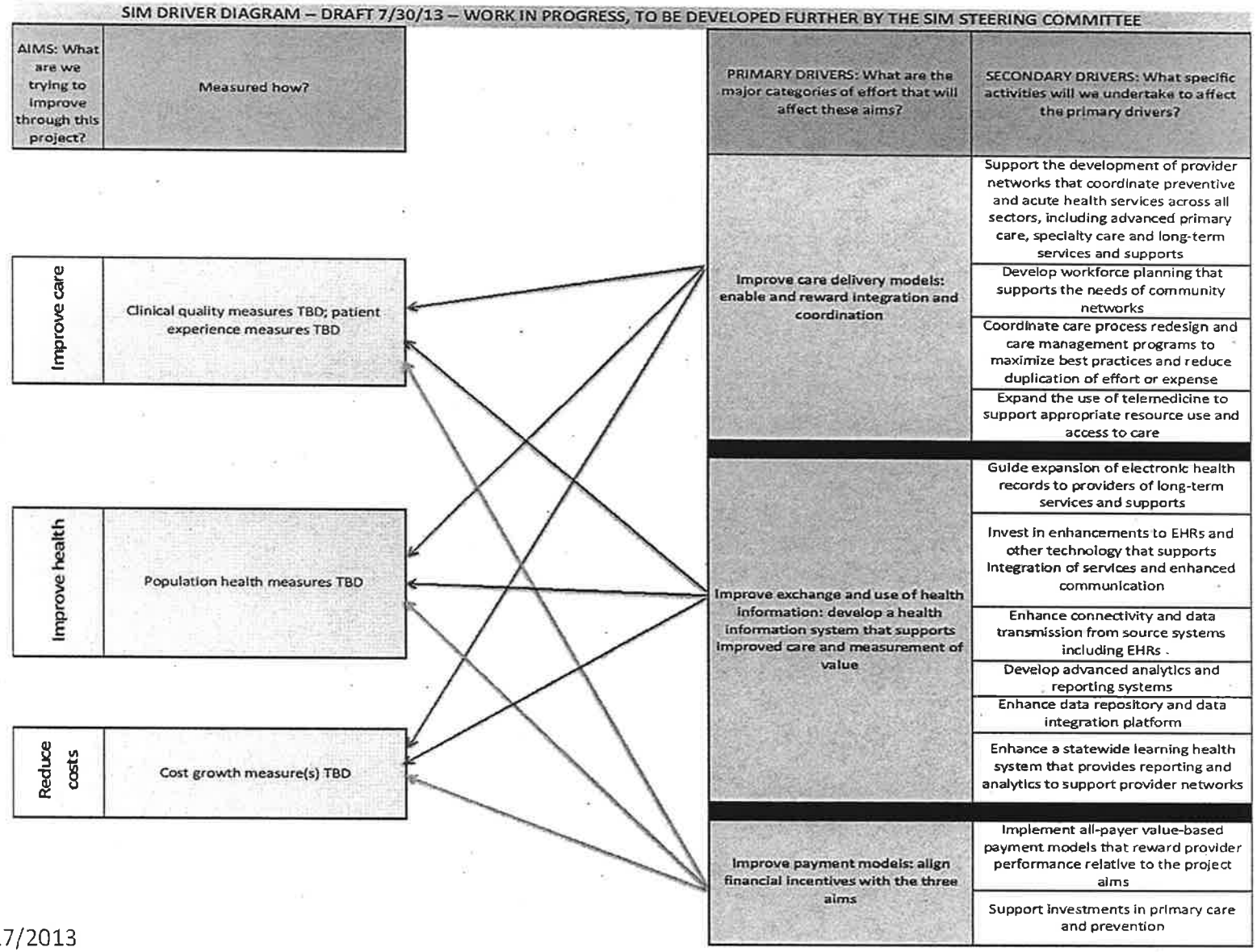
		Implementation (March-Oct 2013)	Year 1	Year 2	Year 3	Total grant period	
Type 1a	Type 1A						
Proposed type 1 without base work group or agency/dept support (subject to Core Team approval)	*Proposed Type 1 without base work group or agency/dept support (subject to Core Team approval)*						
Type 1b	Type 1 B		Year 1	Year 2	Year 3	Grant Total	
Proposed type 1 related to base work group support (subject to Core Team approval)	Proposed Type 1 related to base work group support (subject to Core Team approval)						
	Measures					$ -	
	Consultant Resources		$ -	$ 200,000	$ 200,000	$ 400,000	
Type 1c	Type 1 C		Year 1	Year 2	Year 3	Grant Total	
Proposed type 1 related to base agency/dept support (subject to Core Team approval)	Proposed Type 1 related to base agency/dept support (subject to Core Team approval)						

VHCIP Funding Allocation Plan

Type 2	Type 2		Year 1	Year 2	Year 3	Grant Total	
Total proposed type 2 (subject to staff planning, work group/steering committee review and Core Team approval)	Total proposed Type 2 (subject to staff planning, work group/steering committee review and Core Team approval)						

Att # 6A

DRAFT-Vermont driver diagram



Quality and Performance Measures Work Group Excerpts from State Innovation Model Operational Plan for Health System Innovation

Quality and Performance Measures Work Group (page 18)

This group will build on the work of the ACO Quality and Performance Measures Work Group, and will recommend standardized measures that will be used to:

- Evaluate the performance of Vermont's payment reform models relative to state objectives;
- Qualify and modify shared savings, episodes of care, pay for performance, and health home payments; and
- Communicate performance to consumers through public reporting.

The overarching goal of quality and performance measurement is to focus health care reform and quality improvement efforts to control growth in health care costs, improve health care, and improve the health of Vermont's population.

The work group's deliverables will include recommendations on consolidated and standardized sets of all-payer quality and performance measures to be used to indicate improvements in performance, monitor adherence to quality standards, and qualify and modify payments to providers or provider organizations. When possible, the focus will be on nationally accepted measures that can be benchmarked. As needed, the work group will make recommendations regarding data resources for proposed measures, troubleshooting measurement barriers, and supporting measurement issue resolution. Performance measures will be reviewed on at least an annual basis, and will be revised, retired or replaced as appropriate.

Quality and Performance Measures Workgroup (page 72)

The Green Mountain Care Board in conjunction with the Department of Vermont Health Access formed a work group that focuses on the development of quality and performance measures to reflect the performance of ACOs relative to state objectives for ACOs operating in the commercial and Medicaid markets. This work group is tasked with identifying quality and performance measures to be used for monitoring, reporting, and payment purposes. Participants in this group include commercial payers and Medicaid, providers, FQHCs, consumer advocates, home health and hospice, Department of Mental Health, Department of Disabilities, Aging, and Independent Living, and participants representing Health Information Exchange and health care quality activities. Like the Payment Model Standards Workgroup, this workgroup is expanding its tasks under the SIM Project to move beyond ACOs to other payment models.

Att 6c

Partial Timeline of Expected Core Team Decision Points, 2014 -- DRAFT, Subject to Change												
Month	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Expected Core Team Action	Initial discussion of HIE expenditures	Decisions on . HIE expenditures; Round 1 decisions on provider grant program	Review of duals/ACO strategic plan for alignment; review of duals demo financial analysis	Review of additional duals program components; recommendation on whether to proceed with demo	Review of strategic plan for alignment of care models	Review of pay-for-performance program parameters		Review of episodes of care program parameters				

Att #7

~~November~~ December 10, 2013 DRAFT

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

DRAFT #4

PURPOSE

The purpose of the Quality and Performance Measures Work Group is to develop and, recommend to the VHCIP steering committee ~~, and maintain~~ a standard set of quality and performance measures in order to evaluate the performance of Vermont's payment reform models relative to public policy goals; ~~qualify and modify~~to make recommendations regarding the manner in which quality performance will influence payments for payment models that are tested ~~shared savings, episodes of care, pay for performance, and health home payments~~; and to communicate quality performance relating to payment reform to consumers through public reporting.

SCOPE OF WORK

- Develop criteria and expectations for measure selection.
- ~~Review~~ Prioritize the use of nationally ~~accepted~~ endorsed measures that can be benchmarked to the extent possible.
- Develop consolidated and standardized sets of ~~all-payer~~ 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.

Comment [AC1]: Request for some kind of diagram showing WG interconnectivity.

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 measure review and modification standard for ACO shared savings measures.
- Review, modify, and recommend measures for SIM Driver Diagram.
- Review and recommend potential modifications to the Vermont Oncology Project Quality and Performance Measures.
- Develop recommended measure sets for other payment models that are adopted for testing.
- Report on and recommend measures to be added, revised, retired, or replaced as appropriate, on at least an annual basis.

MILESTONES

Winter 2013-14:

- Review, modify, and recommend Measures for State Innovation Model (SIM) Driver Diagram.
- Review and recommend measure modification standard for ACO measures.
- Review and recommend potential modifications to the Vermont Oncology Project Quality and Performance Measures.

Spring 2014:

- ~~Recommend selection criteria for the development of measures for episodes of care and pay-for-performance models.~~
- ~~Begin to develop~~Develop and recommend measure sets for any additional payment models that are~~, as those models are~~ adopted for testing (e.g. episodes of care, pay-for-performance).

Winter 2014-15

- Report on and recommend ACO shared savings measures to be added, revised, retired, or replaced.

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

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