

QPM WG Agenda 3-24-14

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

Monday, March 24, 2014; 10:00 AM to 12 Noon
4th Floor Conference Room, Pavilion Office Building, Montpelier
Call-In Number: 1-877-273-4202 Passcode: 9883496

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	10:00-10:10	Welcome and Introductions; Approval of Minutes	Attachment 1 - QPM Minutes	Yes
2	10:10-10:25	Work Plan	Attachment 2 - QPM Work Plan	Yes
3	10:25-10:55	Criteria for Selection of Measures:	Attachment 3A – ACO Measures Selection Criteria Attachment 3B – ACO Payment Measures Selection Criteria Attachment 3C – Examples of Measure Selection Criteria Attachment 3D – Measure Selection Criteria Worksheet Attachment 3E – Measure Selection Criteria Crosswalk	Yes
4	10:55-11:00	Update on Standard for Measure Review and Modification		
5	11:00-11:10	Review of Year 1 Pending Measures	Attachment 5 - Pending Measures Review	
6	11:00-11:55	Year 2 Proposals for New Measures and/or Changes to Pending Measures	Attachment 6A – Existing Core Payment Mea... Attachment 6B – Pending Measures Review DLTSS Specific Attachment 6C – Potential DLTSS Measures... Attachment 6D - Year 2 HCA Measure Recom... Attachment 6E – Year 2 DA Measure Recom...	Yes (eventually)

7	11:55-12:00	Next Steps, Wrap-Up and Future Meeting Schedule		
---	-------------	-------------------------------------------------	--	--

Attachment 1 - QPM Minutes

02-10-2014



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

Date of meeting: February 10, 2014 - 10:00am–12:00pm @ Pavilion Building 4th Floor Conference Room, Montpelier, VT

Attendees: Cathy Fulton, Laura Pelosi, Co-Chairs; Paul Harrington, VT Medical Society; Heather Skeels, Bi-State; Peter Cobb, VT Assembly of Home Health & Hospice Agencies; Marlys Waller, VT Council; Allan Ramsay and Pat Jones, GMCB; Bud Allen, UVM Medical Student; Alicia Cooper, DVHA; Heidi Klein and Katie Jones, VDH; Rachel Seelig, VT Legal Aid; Colleen Sinon, NE VT Regional Hospital; Fran Keeler and Marybeth McCaffrey, DAIL; Susan Onderwyzer and Sarah Sherbrook, DMH; Vicki Loner and Norm Ward, OneCare; Kate McIntosh; Carol Kulczyk, VITL; Michael Bailit and Kate Bazinsky, Bailit Health Purchasing; Alicia Cooper and Aaron French, DVHA; Shawn Skaflestad, AHS; Catherine Burns, Howard Center; Georgia Maheras, AOA; Nelson LaMothe and George Sales, Project Management Team

Agenda Item	Discussion	Next Steps
1 Welcome & Introductions; Approval of Minutes	Cathy Fulton called the meeting to order. Peter Cobb moved to approve January 13 Minutes; Aaron French seconded the motion. No discussion. Motion passed with 1 abstention from Laura Pelosi due to absence at last meeting.	
2 Work Group Charter – Comments and Discussion	Cathy presented draft #6 of the Work Group Charter. Alicia Cooper noted that no additional comments were received from participants after the previous meeting. Rachel Seelig moved to accept WG Charter, Heather Skeels seconded the motion. No discussion. Motion passed unanimously.	
3 Draft Work Plan	Pat Jones presented the January 7 Work Plan draft. The Work Group has already accomplished the first 3 items. The remaining items relate to development of Year 2 ACO measure sets, new measures for Episodes of Care (EOC) and Pay for Performance (P4P) payment reform models, and annual review of all measure sets. Pat suggested changing the dates associated with Work Plan items 4 and 5 to August 2014, item 7 to December 2014, and item 8 to June 2015.	

Agenda Item	Discussion	Next Steps
	<p>Paul Harrington voiced concern that the Work Plan did not include specific tasks around evaluating currently adopted measures. Paul recommending adding an objective for the formal evaluation of existing measures. Pat noted that the objective pertaining to the annual review of current measures was intended to include the evaluation of experience with existing measures, but that it could be re-worded for clarity. Paul offered to suggest new text prior to the next meeting. Peter asked that ‘alignment’ be reiterated as an objective. Pat requested that any additional comments to be emailed to her prior to the next meeting. Cathy asked the Work Group to come to the March meeting prepared to review new changes and vote on approving the Work Plan.</p>	
<p>4 Presentation -VT Dept of Health on Measures Data</p>	<p>Heidi Klein, Director of Health Surveillance, presented VDH’s “Public Health Frameworks, Determinants of Health”. Factors and determinants that influence health status on the first slide are compared with health expenditures. The comparison points to the inherent mismatch between determinants of health and the amount of money allocated to prevention. For example, the United States spends the most on health care per capita but significantly less on social services as compared to other developed nations. VDH is examining population needs and related opportunities for intervention that would produce long term savings.</p> <p>Katie Jones presented “Leading Health Indicators, Healthy Vermonters 2020.” VDH tracks many health indicators. The health indicators are used to produce a dashboard that reflects current experience vs. a baseline and a targeted goal. For example: obesity rates are measured through a survey of 7000 adults, which is extrapolated to estimate a statewide rate. Healthy Vermonters Toolkit is the website that reports this health performance dashboard and offers trends by county. Drill-down features are incorporated into the dashboard. The challenge for health reform professionals is to understand the “story behind the curve”.</p> <p>Work Group members noted that a key driver of health and health care costs is poverty. Catherine Burns asked what information is collected about social determinants that drive health issues. Heidi responded that socio-economic data are a focus but are not reported on the VDH dashboard VDH is working with GMCB to develop a quantitative relationship between measures and socio-economic determinants. Cathy commented that unemployment and school completion rates are included in the Year 1 ACO Monitoring and Evaluation measures. Allan Ramsay asked</p>	

Agenda Item	Discussion	Next Steps
	<p>how quickly indicators drive changes in care delivery (e.g., have substance abuse prevention programs been introduced in response to overdoses.</p>	
<p>5 Shared Savings Program – ACO Measures</p>	<p>Alicia reminded the group of the sampling strategy for ACO clinical measure reporting that was discussed at the last meeting, and asked the group to consider who would be responsible for sample generation: the statewide data analytics contractor, the payers, or the ACOs.</p> <p>Paul observed that it may be premature to make this recommendation without more information from MVP and BCBS VT. Since payers have an obligation to meet NCQA HEDIS reporting standards, the Work Group should consider how to minimize administrative burden and align with current payer sampling strategies before making a recommendation. As the payers are already sampling for chart review, it may be more efficient if they also pull the sample for the ACOs.</p> <p>Michael Bailit asked whether NCQA will allow an alternate sampling strategy to be used.</p> <p>Shawn Skaflestad agreed that no recommendations should be made without clarification from the payers. He suggested that perhaps DVHA should generate the list for sampling, but not necessarily do the chart review. Paul suggested that the approach should be the same across all payers (commercial and Medicaid). Vicki Loner recommended that there be a separate meeting between the payers and ACOs to discuss current approaches and areas of potential overlap.</p> <p>Pat explained a decision made by the GMCB 2 weeks prior [Exhibit B 3. ACO Oversight (c)], which reflects a greater degree of flexibility for the GMCB to determine shared savings eligibility when an ACO fails to meet the minimum quality threshold in the Shared Savings program. The GMCB may determine that if an ACO has failed to meet the quality “Gate” but has made improvements in quality, it could still be eligible to receive shared savings, conditional on a public process and stakeholder comment.</p> <p>VT Legal Aid expressed concerns that the program standards are generally not rigorous enough for the “Gate & Ladder”. The quality benchmarks are already set very low, and allowing ACOs that don’t achieve these benchmarks to share in savings goes against the methodology established in the standards.</p>	

Agenda Item	Discussion	Next Steps
	<p>Paul expressed support for the GMCB’s decision to include a mechanism for recognizing improvement, noting that performance on measures could be an indicator of reporting challenges rather than the quality of care. Paul believed it was important to take into account improvement on these measures in the absence of meeting pre-defined targets, and noted that it would be discouraging if the ACO failed to see any financial benefit even after improvement.</p> <p>Shawn asked for clarification about whether or not this represented a modification to the “Gate & Ladder” methodology. Pat reiterated that this decision related to GMBC oversight and did not officially change the program standards.</p> <p>Allan shared some of the GMCB’s discussion: The Board has asked all providers to accept that you cannot improve what you don’t measure, and although a low bar was established, it is important to recognize that 1) measurement science is in-exact, and 2) the whole ACO model is still an experiment. Hence, until the science of measurement improves, the Board should have the flexibility to consider quality improvements under the program in the absence of meeting quality targets. Allan will bring the Work Group’s comments back to GMCB.</p> <p>Pat and Laura reiterated that any such decisions would be made on a case-by-case basis, taking into consideration all evidence available and including a public input process.</p> <p>Norm Ward offered that OneCare endorses this GMCB decision.</p> <p>Pat noted that any discussion of new or pending measures would need to commence at the March Work Group meeting.</p> <p>Heidi asked what the intent was for pending measures—were they to become payment/reporting measures, or were they to remain pending? Pat replied that determinations about each pending measure would be made individually.</p> <p>Rachel asked how the measures work of the former Duals (now DLTSS) Work Group would factor into discussions about new measures. Alicia replied that measures would be discussed at the next meeting of the DLTSS Work Group, and that feedback from that group would inform any recommendations to the QPM Work Group in March.</p>	

Agenda Item	Discussion	Next Steps
	<p>Paul asked whether the dates in the Work Plan related to the timeline for measure review, and suggested revising the Work Plan dates to be consistent. Pat agreed and suggested that she would add more detail about when discussions on each topic would need to begin (as well as conclude).</p> <p>Vicki suggested that the meeting among payers and ACOs to discuss sampling should occur before any decisions are made about adding new measures.</p> <p>Pat informed the work group that the timeframes in Sections 1, 2 and 4 of the “Process for Review and Modification of Measures Used in the Commercial and Medicaid ACO Pilot Programs” document should be revised to permit enough time to develop recommendations. She recommended that review of existing Payment and Reporting measures, Payment measure targets and benchmarks, and existing monitoring and evaluation measures begin in the second quarter of the year. Paul Harrington made a motion to change the initiation of review of those measures, targets and benchmarks to the second quarter; Peter Cobb seconded the motion. No discussion. Motion passed unanimously.</p>	
<p>6 Review of Criteria for Selection of Shared Savings Program – ACO Measures</p>	<p>Pat shared the criteria used by the predecessor ACO Measures Work Group to evaluate quality measures being considered for inclusion in the ACO SSP.</p> <p>Paul noted that this is a useful historic document, but that these should not be the only criteria used by the new Work Group. He suggested that it will need re-drafting to reflect experiences with the existing ACO measures.</p> <p>Michael noted that he had been gathering criteria used nationally or by other states to develop a tool for the national “Buying Value” program. He offered to share these materials with the Work Group for their consideration at the next meeting.</p> <p>Pat asked Work Group members to review the prior list of criteria in advance of the March meeting.</p>	

Agenda Item	Discussion	Next Steps
<p>7 Next Steps, Wrap-up, Requests for presentations</p>	<p>Laura noted a scheduling issue with the 2nd Monday of the month. The 4th Monday of the month was proposed for future meetings.</p> <p>Pat asked the Work Group to email suggestions for presentations.</p> <p>Paul Harrington shared that VITL & 3 ACOs formed a group entitled “Pan ACO” who collectively submitted a funding proposal to the HIE Work Group for enhancing technology capacity. Georgia Maheras suggested that those who wished for more information log-on to Project Reporter. She also suggested that it may be appropriate for the Pan ACO group to present to QPM Work Group.</p>	

Attachment 2 - QPM Work Plan

DRAFT 3/14/14 – Work Plan for VHCIP Quality and Performance Measures Work Group

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

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

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

Attachment 3A - ACO Measures Selection Criteria

Proposed Objectives of the Vermont ACO Measures Work Group:

March 29, 2013 Draft

To identify standardized measures that will be used to:

1. evaluate the performance of Vermont's Accountable Care Organizations (ACOs) relative to state objectives for ACOs,
2. qualify and modify shared savings payments, and
3. guide improvements in health care delivery.

The measures selected will:

1. be representative of the array of services provided and beneficiaries served by the ACOs;
2. be valid and reliable;
3. be selected from NQF endorsed measures that have relevant benchmarks whenever possible;
4. align with national and state measure sets and federal and state initiatives whenever possible;
5. be focused on outcomes to the extent possible;
6. be uninfluenced by differences in patient case mix or be appropriately adjusted for such differences;
7. not be prone to the effects of random variation (measure type and denominator size);
8. not be administratively burdensome;
9. be limited in number and include only those measures that are necessary to achieve the state's goals;
10. be population-based; and
11. be consistent with the state's objectives and goals for improved health systems performance (e.g., present an opportunity for improved quality and/or cost effectiveness).

Attachment 3B - ACO
Payment Measures Selection
Criteria

VT ACO Measures Work Group

Proposed Selection Criteria for Commercial Measures Used for Payment

July 9, 2013

To identify the measures from the commercial measure set that will be used to qualify and modify shared savings payments.

The measures selected will:

1. be selected from the commercial measure set;
2. have relevant benchmarks;
3. present an opportunity for improvement;
4. be focused on outcomes to the extent possible, and
5. be representative of the array of services provided and patients served by pilot ACOs.

Attachment 3C - Examples of Measure Selection Criteria

Examples of Measure Selection Criteria from Five Different Programs

January 30, 2014

NQF Criteria to Assess Measures for Endorsement

1. Important to measure and report to keep focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality.
2. Scientifically acceptable, so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care.
3. Useable and relevant to ensure that intended users – consumers, purchasers, providers, and policy makers – can understand the results of the measures and are likely to find them useful for quality improvement and decision-making.
4. Feasible to collect with data that can be readily available for measurement and retrievable without undue burden.

CMS Measure Selection Principles

1. Public reporting and value-based payment systems should rely on a mix of standards, process, outcomes and patient experience of care measures, including measures of care transitions and changes in patient functional status. Across all programs, CMS plans on moving as quickly as possible to the use of primarily outcome and patient experience measures.
2. To the extent possible measures should be aligned across public reporting and payment systems under Medicare and Medicaid.
3. The collection of information should minimize the burden on providers to the extent possible. To that end, CMS is leading the way by developing hospital measures that can be collected using electronic health records.
4. Use of NQF-endorsed measures when possible.
 - a. Conditions that result in the greatest mortality and morbidity in the Medicare program;
 - b. Conditions that are high volume and high cost for the Medicare program; and,
 - c. Conditions for which wide cost and treatment variations have been reported, despite established clinical guidelines.

Maine Medicaid Criteria for Selecting System Measures

1. Current Feasibility (NQF) - Reasonable cost, extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

2. Scientific Acceptability (NQF) - Extent to which measure as specified produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
3. "Setting Free" - Useable across multiple settings and for different populations likely to find them useful for decision-making.
4. Usability/Adaptability (NQF) - Extend to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision-making.
5. Patient Experience - Patient's perspective on their care, family perspective, customer perspective.
6. Existing state, regional, and/or national benchmarks - Allows comparison to similar organizations.
7. Financial/Incentivization - includes payment systems, P4P (hospital and physician based), rewards and penalties.
8. Improving this measure will translate into significant changes in *value* - Value is defined as outcomes relative to costs and encompasses efficiency. Value depends on results and is measured in healthcare by the outcomes achieved, not the volume of services delivered.
9. **Durability** - Longevity of measure.

Oregon Medicaid Metrics & Scoring Committee Criteria for Selecting Incentive Measures (September 2012)

1. Representative of the array of services provided and beneficiaries served by the CCOs
2. Use valid and reliable performance measures
3. Rely on measures from national measure sets whenever possible
4. Focus on outcomes to the extent possible
5. Exclude measures that would be expected to be heavily influenced by patient case mix
6. Control for the effects of random variation
 - a. Measure type
 - b. Denominator size
7. Have transformative potential

Vermont Multi-payer ACO Measures Work Group Measure Selection Criteria (March 29, 2013)

1. Representative of the array of services provided and beneficiaries served by the ACOs;
2. Valid and reliable

3. Selected from NQF-endorsed measures that have relevant benchmarks whenever possible
4. Align with national and state measure sets and federal and state initiatives whenever possible
5. Focused on outcomes to the extent possible
6. Uninfluenced by differences in patient case mix or be appropriately adjusted for such differences
7. Not prone to the effects of random variation (measure type and denominator size)
8. Not administratively burdensome
9. Limited in number and include only those measures that are necessary to achieve the state's goals
10. Population-based
11. Consistent with the state's objectives and goals for improved health systems performance (e.g., present an opportunity for improved quality and/or cost effectiveness)

Attachment 3D - Measure Selection Criteria Worksheet

**Buying Value
Measure Selection Criteria Worksheet
February 13, 2014**

The priority performance goals of the program being measured are:

1. _____
2. _____
3. _____
4. _____
5. _____

I. Technical Measure Criterion (tests that each measure should meet)				
Potential criterion	Description	Include	Consider	Exclude
1. Evidence-based and scientifically acceptable	The measure will produce consistent (reliable) and credible (valid) results. The measure has been endorsed by the NQF or by another national body with a rigorous method for review and endorsement of measures (e.g., NCQA).			
2. Has a relevant benchmark	State, regional or national level performance data are available for the same measure.			
3. Not greatly influenced by patient case mix	Providers serving more complex or ill patients will not be disadvantaged by comparative measurement.			
II. Program-Specific Measure Criterion (tests that each measure should meet)				
Potential criterion	Description	Include	Consider	Exclude
4. Consistent with the goals of the program	The measure corresponds to a program performance priority.			
5. Useable and relevant	The intended users (consumers, purchasers, providers, and/or policy makers) can understand the results of the measure and are likely to find them useful for quality improvement and decision-making.			

Potential criterion	Description	Include	Consider	Exclude
6. Feasible to collect	The measure can be implemented and data can be collected without undue burden.			
7. Aligned with other measure sets	The measure aligns with a measure that providers in the program are otherwise required to report and/or for which they are held accountable.			
8. Promotes increased value	Improving this measure will translate into significant changes in outcomes relative to costs, with consideration for efficiency.			
9. Present an opportunity for quality improvement	There is a gap between baseline performance and best-practice performance.			
10. Transformative potential	Improving this measure will fundamentally change care delivery in a desired manner.			
11. Sufficient denominator size	In order to ensure that the measure is not prone to the effects of random variation, the measure should have a sufficient denominator in the context of the program.			
III. Potential Measure Set Criteria (tests that the overall measure set should meet)				
Potential criterion	Description	Include	Consider	Exclude
12. Representative of the array of services provided by the program				
13. Representative of the diversity of patients served by the program				
14. Not unreasonably burdensome to payers or providers				

Attachment 3E - Measure Selection Criteria Crosswalk

Type	Criterion	Number of programs using the criterion	NQF	CMS	Maine Medicaid Criteria for Selecting System Measures	Oregon Medicaid Metrics & Scoring Committee Criteria for Selecting Incentive Measures	Vermont ACO Measures Work Group Measure Selection Criteria
Measure	Measure is scientifically acceptable (will produce consistent (reliable) and credible (valid) results) (NQF)	5	yes	yes	yes	yes	yes
Measure	Measure is useable and relevant (NQF)	4	yes	yes	yes		yes
Measure	Measure is feasible to collect (NQF)	4	yes	yes	yes		yes
Measure	Measure is retrievable without undue burden (NQF)	4	yes	yes	yes		yes
Measure	Measure presents an opportunity for improvement in quality (NQF)	3	yes	yes			yes
Set	Measure set focuses on outcome measures	3		yes		yes	yes
Measure	Measure is NQF-endorsed	3	yes	yes			yes
Measure / Set	Measure (and measure set) is aligned with other programs	3		yes		yes	yes
Measure	Measure presents an opportunity to reduce costs	2		yes			yes
Measure	Measure has existing state, regional, and/or national benchmarks	2			yes		yes
Set	Measure set is representative of the array of services provided and beneficiaries served by the program	2				yes	yes
Measure	Measure is not expected to be heavily influenced by patient case mix	2				yes	yes
Measure	Measure is unlikely to be prone to the effects of random variation (measure type and denominator size)	2				yes	yes
Set	Measure set focuses on patient experience measures	2		yes	yes		
Set	Measure set is limited in number	1					yes

Set	Measure set includes only those measures that are necessary to achieve the state's goals	1					yes
Measure	Measure is population-based	1					yes
Measure	Measure presents an opportunity to improve value	1			yes		
Set	Measure set includes a mix of measures (standards, process, outcomes and patient experience of care measures, including measures of care transitions and changes in patient functional status.)	1		yes			
Measure	Measure can be collected using electronic health records	1		yes			
Measure	Measure is "setting Free" - Useable across multiple settings and for different populations	1			yes		
Measure	Measure is used for financial/incentivization - includes payment systems, P4P (hospital and physician based), rewards and penalties.	1			yes		
Measure	Measure is durable - Longevity of measure.	1			yes		
Measure	Measure has transformative potential	1				yes	

Attachment 5 - Pending Measures Review

VT Quality and Performance Measures Work Group
Review of 22 Pending Measures
February 25, 2014 Draft

#	Measure name	Reason designated as Pending	Considerations for Review
Core- 3/ MSSP-29	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<p>The claims-based HEDIS measures “Cholesterol Management for Patients with Cardiovascular Conditions” (LDL-screening only) is a year one payment measure. The plan was to use that measure for payment until this clinical data-based was ready to be used for payment, at which point, it will replace LDL screening. However, HEDIS is considering retiring “Cholesterol Management for Patients with Cardiovascular Conditions” in 2015 to align with the latest ACC/AHA guidelines, which focus on statin therapy for patients with established ASCVD and not on LDL-C control or LDL-C screening.</p> <ul style="list-style-type: none"> • NQF #0075 • MSSP • No national benchmark available. • Change in national guidelines: In November 2013, the American College of Cardiology/ American Heart Association (ACC/AHA) Task Force on Practice Guidelines released updated guidance for the treatment of blood cholesterol. The new guidelines: <ul style="list-style-type: none"> ○ Remove treatment targets for LDL-C for primary or secondary prevention of atherosclerotic cardiovascular disease (ASCVD).

#	Measure name	Reason designated as Pending	Considerations for Review
			<ul style="list-style-type: none"> ○ Recommend high- or moderate-intensity statin therapy based on patient risk factors. ○ The stated rationale for removing LDL-C treatment targets is that no studies have focused on treatment or titration to a specific LDL-C goal in adults with clinical ASCVD. The majority of randomized controlled studies confirming the efficacy of cholesterol reduction in improving clinical outcomes in patients with clinical ASCVD used a single fixed-dose statin therapy to lower LDL-C levels.
Core-30	Cervical Cancer Screening	<ul style="list-style-type: none"> ● Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> ● NQF #0032 ● HEDIS benchmark available ● Change in HEDIS specifications for 2014: <ul style="list-style-type: none"> ○ Added steps to allow for two appropriate screening methods of cervical cancer screening: cervical cytology performed every three years in women 21–64 years of age and cervical cytology/HPV co-testing performed every five years in women 30–64 years of age. ○ Removed coding tables and replaced all coding table references with value set references. ○ Added the hybrid reporting method for commercial plans.
Core-31/ MSSP-30	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	<ul style="list-style-type: none"> ● Clinical data-based measure. Need to 	<ul style="list-style-type: none"> ● NQF #0068 ● MSSP

#	Measure name	Reason designated as Pending	Considerations for Review
		develop HIT systems to be able to pull data directly from EHRs.	<ul style="list-style-type: none"> No national benchmark available.
Core-32	Proportion Not Admitted to Hospice (Cancer Patients)	<ul style="list-style-type: none"> Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> NQF #215 No national benchmark available.
Core-33	Elective Delivery Before 39 Weeks	<ul style="list-style-type: none"> Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> NQF #0469 No national benchmark currently available. HEDIS is considering the addition of an “Early Elective Delivery” measure.
Core-34	Prenatal and Postpartum Care	<ul style="list-style-type: none"> Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> NQF #1517 HEDIS benchmark available
Core-35/ MSSP-14	Influenza Immunization	<ul style="list-style-type: none"> Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> NQF #0041 MSSP No national benchmark available. Need to consider how to capture immunizations that were given outside of the PCP’s office (e.g., in pharmacies, at public health events, etc.)
Core-36/ MSSP-17	Tobacco Use Assessment and Tobacco Cessation Intervention	<ul style="list-style-type: none"> Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> NQF #0028 MSSP No national benchmark available.

#	Measure name	Reason designated as Pending	Considerations for Review
Core-37	Care Transition-Transition Record Transmittal to Health Care Professional	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #648 • No national benchmark available.
Core-38/ MSSP-32-33	Coronary Artery Disease (CAD) Composite	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #0074 • MSSP • No national benchmark available.
Core-39/ MSSP-28	Hypertension (HTN): Controlling High Blood Pressure	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #0018 • MSSP • HEDIS benchmark currently available but with proposed specification changes, there is the possibility that there won't be a published benchmark for 2015. • Minor changes to HEDIS specs in 2014. • Proposed big changes to HEDIS specifications in 2015: The proposed measure aligns with the JNC 8 guidelines. The measure will be based on one sample for a total rate reflecting age related BP thresholds. The total rate will be used for reporting and comparison across organizations. • Changes to national guidelines: In December 2013, the eighth Joint National Committee (JNC 8) released updated guidance for treatment of hypertension. The new guidelines: <ul style="list-style-type: none"> ○ Set the BP treatment goal for patients 60 and older to <150/90 mm Hg. ○ Keep the BP treatment goal for patients 18-59 at <140/90 mm Hg.

#	Measure name	Reason designated as Pending	Considerations for Review
Core-40/ MSSP-21	Screening for High Blood Pressure and Follow-up Plan Documented	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Not NQF endorsed • MSSP • No national benchmark available.
Core-41	How's Your Health?	<ul style="list-style-type: none"> • Need to develop measure specifications. • Need to develop a pilot program to test the measure among interested providers. 	<ul style="list-style-type: none"> • Not NQF endorsed • No national benchmark available.
Core-42	Patient Activation Measure	<ul style="list-style-type: none"> • Need to develop measure specifications. • Need to develop a pilot program to test the measure among interested providers. 	<ul style="list-style-type: none"> • Not NQF endorsed • No national benchmark available.
Core-43	<i>Frequency of Ongoing Prenatal Care (Medicaid only)</i>	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF #1391 • HEDIS benchmark available
Core-44	<i>Percentage of Patients with Self-Management Plans (Medicaid only)</i>	<ul style="list-style-type: none"> • Need to develop measure specifications based on the NCQA standard. • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid only measure. • Not NQF endorsed • No national benchmark available.

#	Measure name	Reason designated as Pending	Considerations for Review
Core-45	<i>Screening, Brief Intervention, and Referral to Treatment (Medicaid only)</i>	<ul style="list-style-type: none"> • Need to develop measure specifications. • Likely a clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. • If using claims-based specifications, work with providers to implement new codes. 	<ul style="list-style-type: none"> • Medicaid-only measure. • Not NQF endorsed • No national benchmark available.
Core-46	<i>Trauma Screen Measure (Medicaid only)</i>	<ul style="list-style-type: none"> • Need to identify an appropriate measure that relates to screening children for trauma. • Develop appropriate measure specifications. • Likely a clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs 	<ul style="list-style-type: none"> • Medicaid-only measure. • Not NQF endorsed • No national benchmark available.
Core-47/ MSSP-13	<i>Falls: Screening for Future Fall Risk (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Clinical data-based measure. Need to 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF #0101 • MSSP • No national benchmark available. • Duals-specific measure (consider denominator size without duals)

#	Measure name	Reason designated as Pending	Considerations for Review
		develop HIT systems to be able to pull data directly from EHRs.	
Core-48/ MSSP-15	<i>Pneumococcal Vaccination for Patients 65 Years and Older (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF #0043 • MSSP • Duals-specific measure (consider denominator size without duals) • There is a survey-based HEDIS benchmark available but not a clinical data-based measure.
Core-49	<i>Use of High Risk Medications in the Elderly (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF# 0022 • HEDIS • Duals-specific measure (consider denominator size without duals)
Core-50	<i>Persistent Indicators of Dementia without a Diagnosis (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Develop appropriate measure specifications. 	<ul style="list-style-type: none"> • Medicaid-only measure. • Not NQF endorsed • No national benchmark available. • Duals-specific measure (consider denominator size without duals)

#	Measure name	Reason designated as Pending	Considerations for Review
		<ul style="list-style-type: none"><li data-bbox="798 261 1205 448">• Likely a clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs.	

Attachment 6A - Existing
Core Payment Measures-
DLTSS

Existing Core Payment Measures

The DLTSS Work Group will recommend analysis of one or more of the following existing Core Payment measures for DLTSS subpopulations within the people attributed to Medicaid ACOs.

- All-Cause Readmission
- 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)

Attachment 6B - Pending
Measures Review DLTSS
Specific

VT Quality and Performance Measures Work Group
Review of 22 Pending Measures
February 25, 2014 Draft
DLTSS Specific Measures

#	Measure name	Reason designated as Pending	Considerations for Review
Core-32	Proportion Not Admitted to Hospice (Cancer Patients)	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #215 • No national benchmark available.
Core-35/ MSSP-14	Influenza Immunization	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #0041 • MSSP • No national benchmark available. • Need to consider how to capture immunizations that were given outside of the PCP's office (e.g., in pharmacies, at public health events, etc.)
Core-37	Care Transition-Transition Record Transmittal to Health Care Professional	<ul style="list-style-type: none"> • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • NQF #648 • No national benchmark available.
Core-44	<i>Percentage of Patients with Self-Management Plans (Medicaid only)</i>	<ul style="list-style-type: none"> • Need to develop measure specifications based on the NCQA standard. • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid only measure. • Not NQF endorsed • No national benchmark available.

#	Measure name	Reason designated as Pending	Considerations for Review
Core-45	<i>Screening, Brief Intervention, and Referral to Treatment (Medicaid only)</i>	<ul style="list-style-type: none"> • Need to develop measure specifications. • Likely a clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. • If using claims-based specifications, work with providers to implement new codes. 	<ul style="list-style-type: none"> • Medicaid-only measure. • Not NQF endorsed • No national benchmark available.
Core-47/ MSSP-13	<i>Falls: Screening for Future Fall Risk (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF #0101 • MSSP • No national benchmark available. • Duals-specific measure (consider denominator size without duals)
Core-48/ MSSP-15	<i>Pneumococcal Vaccination for Patients 65 Years and Older (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Clinical data-based 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF #0043 • MSSP • Duals-specific measure (consider denominator size without duals) • There is a survey-based HEDIS benchmark available but not a clinical data-based measure.

#	Measure name	Reason designated as Pending	Considerations for Review
		measure. Need to develop HIT systems to be able to pull data directly from EHRs.	
Core-49	<i>Use of High Risk Medications in the Elderly (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. 	<ul style="list-style-type: none"> • Medicaid-only measure. • NQF# 0022 • HEDIS • Duals-specific measure (consider denominator size without duals)
Core-50	<i>Persistent Indicators of Dementia without a Diagnosis (Medicaid only)</i>	<ul style="list-style-type: none"> • Not to be implemented until individuals who are dually eligible for Medicare and Medicaid are eligible to participate in the ACO pilot program. • Develop appropriate measure specifications. • Likely a clinical data-based measure. Need to develop HIT systems to be able to pull data directly from EHRs. 	<ul style="list-style-type: none"> • Medicaid-only measure. • Not NQF endorsed • No national benchmark available. • Duals-specific measure (consider denominator size without duals)

Attachment 6C - Potential DLTSS Measures

Potential New Payment Measures -- DLTSS

3/19/14

Measure Source	Measure	Measure Description	Information Source
Duals Demo Quality Withhold Measure Y2-3	LTSS Rebalancing	Ratio of HCBS utilization to institutional utilization (number of people and expenditures) in identified LTSS subpopulations	Claims
LTSS Scorecard	Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities	Proportion of Medicaid LTSS and home health spending for older people and adults with physical disabilities (defined as nursing homes, personal care, aged/disabled waivers, home health, and other programs used primarily by older people and adults with physical disabilities) going to HCBS, including Medicaid and state-funded services.	Claims
LTSS Scorecard	Percent of new Medicaid LTSS users first receiving services in the community	Proportion of Medicaid LTSS beneficiaries in measurement year who did not receive any LTSS in the previous year who in the first calendar month of receiving LTSS received HCBS only and not institutional services.	Claims
LTSS Scorecard	Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community	The number of participant-months (divided by 12) of Medicaid LTSS for adults age 65+ or age 21+ with a physical disability divided per 100 persons age 21+ with a self-care difficulty at or below 250% of the poverty threshold, or of any age living in a nursing home. 250% of poverty was chosen in order to fully capture the effect of state policies extending Medicaid eligibility for LTSS up to 300% of SSI.	Claims
LTSS Scorecard	Percent of long-stay nursing home residents with a hospital admission	Percent of long-stay residents (residing in a nursing home relatively continuously for 100 days prior to the second quarter of the calendar year) who were ever hospitalized within six months of baseline assessment.	Claims/Clinical Record
Duals Demo Quality Withhold Measure Y1	Percent of Enrollees stratified to medium or high risk with a completed initial assessment within 90 days of enrollment	Proportion of beneficiaries receiving an initial assessment within 90 days of enrollment who were classified as being either medium or high risk.	Claims/Clinical Record
LTSS Scorecard	Percent of home health patients with a hospital admission	Percent of home health care patients who were hospitalized for an acute condition.	Claims/OASIS
Duals Demo Quality Withhold Measure Y2-3	Reducing the risk of falling*	Percent of members with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.	Clinical Record
LTSS Scorecard	Percent of high-risk nursing home residents with pressure sores	Percent of long-stay nursing home residents impaired in bed mobility or transfer, comatose, or suffering malnutrition who have pressure sores (stage 1–4) on target assessment.	Clinical Record/MDS
LTSS Scorecard	Percent of long-stay nursing home residents who were physically restrained	Percent of long-stay nursing home residents who were physically restrained daily on target assessment.	Clinical Record/MDS
LTSS Scorecard	Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients	Percent of home health episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care for patients assessed to be at risk for pressure ulcers.	Clinical Record/OASIS
	Others	DLTSS Work Group participants have requested the addition of other measures, to be determined	

*NOTE: Several other NQF-endorsed measures relating to falls are available for consideration. This particular measure was included in the VT Duals Demonstration measure set.

Attachment 6D - Year 2 HCA Measure Recommendations

E-mail from Office of Health Care Advocate

March 14, 2014

Hi Pat,

Here are a few recommendations from the HCA:

- We recommend adding the pediatric developmental screening measure as a payment measure for the commercial ACOs as well as the Medicaid ACOs.
- We recommend thoroughly reviewing the pending measures and moving as many of the pending measures to reporting as possible. We would like to see the group prioritize measures that will best evaluate quality, rather than just the measures that are easiest to report.
- We think inclusion of DLTSS and population health measures is essential and that these measures should be recommended by the respective work groups. The measures work group should coordinate with these work groups to ensure that they are on track to make recommendations, and that the timelines are going to work.
- We still believe that there are too few payment and reporting measures to adequately evaluate quality of care. We therefore think it is important to continue to add measures to these categories whenever possible.

Thanks,

Julia, Lila, and Rachel

--

Julia G. Shaw, MPH
Health Care Policy Analyst
Office of Health Care Advocate

Attachment 6E - Year 2 DA Measure Recommendation

E-mail from Cath Burns of the Howard Center

March 14, 2014

Hello Pat,

Thank you for these notes.

I would like the group to revisit the addition of a brief screen for substance abuse, such as the CAGE (a 4 item screen). Given the close link between substance abuse, mental health, and physical health, a screen of this nature would be extremely helpful to catch patients with potential substance abuse issues who may require further assessment.

Thank you,

Cath Burns