QPM Work Group Agenda 4-28-14

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

Monday, April 28, 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	10:10-10:20	Updates on Previous Agenda Items • Standard for Measure Review and Modification • Determining if insurer clinical data samples can be used for ACO measures • SBIRT measure presentation • Analytics Contractor • Change in VHCIP Grant Time Frame ***Public Comment***		No
3	10:20-10:55	Criteria for Selection of Measures ***Public Comment***	Attachment 3A – Measures Criteria Survey Attachment 3B – Summary of Results of Overall Measure Set Selection Criteria Survey Attachment 3C – Summary of Results of Payment Measure Subset Selection Criteria Survey	Yes
4	10:55-11:50	Year 2 Proposals for New Measures and/or Changes to Pending Measures ***Public Comment***	Attachment 4A - Year 2 HCA Measure Recom... Attachment 4B – Year 2 DA Measure Recom… Attachment 4C – Pop Health Memo… Attachment 4D – Proposed Measures	

			Review Attachment 4E – DVHA Memo on CMS Recommendations Attachment 4F – DLTSS Recommendations to QPM	
5	11:50-12:00	Next Steps, Wrap-Up and Future Meeting Schedule		

Attachment 1 - QPM Minutes 3-24-14

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

Date of meeting: March 24, 2014 at 4th Floor Conference Room, Pavilion Office Building, Montpelier

Attendees: Cathy Fulton, Laura Pelosi, Co-Chairs; Deborah Lisi-Baker, DLTSS Work Group; Paul Harrington, VT Medical Society; Heather Skeels, Bi-State; Marlys Waller, VT Council; Karen Hein, Allan Ramsay, Annie Paumgarten, Pat Jones, GMCB;; Robin Edelman, Heidi Klein, VDH; Lila Richardson, Rachel Seelig, Julia Shaw, VT Legal Aid; Jenney Samuelson, Blueprint for Health; Fran Keeler, Jen Woodard, Marybeth McCaffrey, DAIL; Vicki Loner and Norm Ward, OneCare; Michael Bailit, Bailit Health Purchasing; Alicia Cooper, Amy Coonradt, Aaron French, DVHA; Deb Chambers, MVP; Connie Colman, CVHHH; Shawn Skaflestad, Julie Wasserman, AHS; Georgia Maheras, AOA; David Martini, DFR; Kim McClellan, NCSS; Robert Wheeler, BCBS; Sarah Sherbrook, DMH; Kate McIntosh, VITL; Nelson LaMothe, Jessica Mendizabal, Project Management Team.

Agenda Item	Discussion	Next Steps
1 Welcome and Introductions; Approval of Minutes	Laura Pelosi called the meeting to order at 10:03 am. Laura asked for a motion to approve the minutes from Feb. 10. Aaron French moved to approve the minutes, Rachel Seelig seconded the motion. Kim McClellan noted that in agenda item #7, next steps, there was a recommendation by Cath Burns for a presentation by the DAs/SSAs which was not reflected in the minutes. There were no further comments and the motion passed unanimously pending the change.	
2 Work Plan	Pat Jones discussed modifications to the QPM Work Plan (attachment 2). The revisions are contained in track changes (revisions included language from the Medical Society pertaining to review of existing measures and clarification of timeframes for measure review). Paul Harrington moved to approve the work plan, Heather Skeels seconded the motion. There were no other comments and the motion passed unanimously.	

Agenda Item	Discussion	Next Steps
3 Criteria for Selection of Measures	Pat Jones reviewed the QPM's ACO Measure Selection Criteria (attachment 3a). The group discussed the following: • Obtaining a document outlining the State's objectives for ACOs will be helpful. • Understanding the size of the beneficiary populations for Medicaid and Commercial ACOs will be useful. • Whether "outcomes" refers to just health outcomes or health, cost and specific measure outcomes (in this case, it refers to the latter). • Part of the Triple Aim under the SIM grant is to identify populations in need, moving from a process based model to more of an impact based model. Alicia Cooper presented the ACO Payment Measures Selection Criteria as designated by the predecessor group to this work group (attachment 3b). Michael Bailit presented Examples of Measures Selection Criteria from other states around the country (attachment 3c). He reviewed the Measures Selection Criteria Worksheet (attachment 3d), which is a generic tool created by Bailit to use with each measure. The criteria are such that the measures are assessed individually and in totality. Paul Harrington asked if other states have decided that ACOs should have greater financial rewards in order to encourage provider participation. Michael responded that ACO payment methodologies in most other states are comparable to VT's because of concerns about sacrificing quality to achieve savings. He noted that some states have elected not to link shared savings eligibility to quality performance, instead including a separate "quality pool" of funding for bonus payments. Other states have opted to tie quality performance to an ACO's downside risk. The state of Massachusetts is not at this time reducing financial liability for ACOs that do poorly on quality. The following points were made: • It has been difficult to identify LTSS measures nationally. Claims data is generally not reliable so groups are looking toward patient experience data, with is more costly to gather. States that Bailit supports do not focus on LTSS. • Manual data collection is more burdensome than automated collection, and survey based measures are feasible but expensive.	**Pat will send the State's objectives for ACOs to the work group.** **Michael Bailit will share a summary in writing of his presentation.**

Agenda Item	Discussion	Next Steps
	• Regarding #11 in attachment 3c ("denominator size"), the NCQA minimum is small and can yield invalid estimates. Other states have increased the denominator to 100 but that can rule out providers with small patient populations. The choice of minimum sample size depends on objectives and modeling, particularly when you have measures that relate to a specific condition (which have smaller affected populations), as opposed to well-care measures (which affect broader populations). • The state is using SIM funds to fund patient experience surveys for year 1 for ACOs. • Payers are trying to use common measures across care settings and across programs, but national measures for certain settings (such as LTSS) are not always available. • The predecessor group to the QPM work group reviewed 200+ measures and noted how many other programs were using those measures so they would align to the extent possible. • Stakeholders and other work groups have the opportunity to suggest expanding the criteria or to use what was already recommended by the predecessor work group. Heidi Klein presented a memo from the Population Health work group which recommends additional criteria for measure selection (as well as additional measures). They focused on measures that have impact at the community and state levels (attachment 6f). Paul Harrington suggested that the group complete the Measures Selection Criteria Worksheet (attachment 3d) for each of the **criteria**, and use the information to help guide decisions. He also noted that physicians often spend more time asking questions relating to required measures than talking about the condition for which patients are seeking care. He suggested asking a physician to present a walk-through of the measures to the group to see how much time it takes. Dr. Wheeler suggested the group may not want to expand the measure set to include topics not being used to assess the ACOs. Heidi explained we need more understanding of ACOs and improved health outcomes for the population within an ACO. She referenced the Triple Aim, and expressed that if some of the measures don't fit into the 15 minute timeframe for clinical office visits, then visit times need to change. Karen Hein noted that as we move toward certain population health measures (as opposed to clinical measures); we wouldn't expect the clinician to be the data collector. The goal is to move away from current payment models, and more toward a global budget where the denominator becomes more geographically based. Paul agreed with the comments.	

Agenda Item	Discussion	Next Steps
	Regarding the Measure Selection Criteria worksheet, the voting members will complete this using the 11 criteria the QPM group already accepted and approved. Interested parties can reach out to the chairs and offer comments at the next meeting. There will be an "other" write-in area for adding new criteria.	**QPM Work Group voting members will complete worksheet using survey monkey.**
4 Update on Standard for Measure Review and Modification	Pat Jones stated that the Standard for Measure Review and Modification has been approved by the Core team with the caveat that the QPM work group should allow some flexibility in the time frame for this year (2014) to make sure that the other work groups have sufficient time to weigh in during the measure review and modification process.	
5 Review of Year 1 Pending Measures	Pat Jones suggested that the group review the Year 1 Pending Measures (attachment 5) and respond to her and Alicia with any input.	
6 Year 2 Proposals for New Measures and/or Changes to Pending Measures	Several members presented recommendations for new and pending measures. Heidi Klein referred again to attachment 6f, from the Population Health work group. She explained the process and discussed the measures as 1st and 2nd priorities. They did not review the reason measures were in the pending category so it was not weighed in the recommendation. Pat Jones clarified that the Pending depression screening measure could not currently be captured via claims data, but that there was a Medicare Shared Savings Program measure included in Vermont's Commercial and Medicaid Reporting lists to assess depression screening with a follow up plan for individuals 12 years of age and older. Dr. Wheeler noted early depression screenings for children are a way of getting ahead of the curve, but questioned if it has measurable impact; the evidence may not support this at the universal level. Heidi Klein will follow up with mental health colleagues to see if there is a public health evidence base, and communicate that to the group. Deborah Lisi-Baker presented the DLTSS work group's Pending Measures Review (attachments 6a, 6b, and 6c). She noted the group was in the preliminary stages of review and will bring more detailed recommendations in the future. The DLTSS work group is looking to analyze the sub-populations using existing core payment measures (attachment 6a). The group wants to make sure the DLTSS measures are included in the SSP measure sets and needs to understand how	

Agenda Item	Discussion	Next Steps
	many people with DLTSS needs are attributed to the ACOs. The DLTSS work group also selected measures from the 22 pending measures that seem to have implications for DLTSS population (attachment 6c) and will want to add measures (possibly from national measures). They will come to the next meeting with a recommendation. The group has only begun to discuss child populations. Deborah stressed that they need to take time to perform the analysis of the subpopulations so not to lose sight of DLTSS in this process. Julia Shaw presented recommendations from the Office of the Health Care Advocate (attachment 6d). Rachel Seelig stated that there are a lot of subpopulations for which there are no measures and asked that the QPM work group be mindful of this. The HCA hopes that the IT work being planned can help reduce some of the administrative burden in order to bring in the best measures, not just the ones that are easiest to collect. Dr. Wheeler stated that one of the principles is not to have too many measures. He suggested that there might be a process for replacing less effective measures with new measures to keep the overall number of measures in check. Vicki Loner recommended that the HIE work group inform the QPM work group on their progress toward implementing a process to easily extract the clinical measures from the VHIE. Currently the process is manual and is not flowing from the Health Information Exchange. They are planning on having a presentation from the QPM work group at a future meeting. Kim McClellan presented attachment 6e, a memo from Cath Burns of the Howard Center which recommends including a substance abuse screening measure. Alicia Cooper noted that there is ongoing work under the SBIRT (Screening, Brief Intervention, and Referral to Treatment) grant with the Department of Health, and suggested inviting SBIRT project staff to present to the QPM work group and discuss ways to integrate some of their work. Marybeth McCaffrey works on that sub-group and noted that CAGE is good for population screenings. There are also a few other screenings VT is using. Pat Jones noted the Core Team reviewed the measure set and has significant interest in substance abuse screenings. Michael will share the SBIRT measure from Oregon for the 1st year so VT can draw upon their lessons learned.	**Alicia Cooper will contact SBIRT project staff at VDH for more information about screening tools being used in VT.** **Michael Bailit will share Oregon's experience with substance abuse screenings.**

Agenda Item	Discussion	Next Steps
7 Next Steps, Wrap up and Future Meeting Schedule	Paul Harrington referenced the minutes from Feb. 10th, and asked who is responsible for generating samples for clinical measure data collection, and if further information had been obtained from the payers. Pat Jones responded that the plan was to convene representatives from the payers and ACOs to discuss how the ACOs might leverage ongoing health plan data collection of clinical measures. A good example is the childhood immunization measure (where information collected by the health plans might be useful for ACOs). Paul suggested giving updates at each meeting on action items from the previous meeting. Heidi Klein asked to whom and where the measures will be reported and how the data be shared. Pat stated that there is currently a procurement process for an analytics contractor to analyze data and generate reports. The data will be publically available to some degree but in the aggregate. No further public comments were offered. Next meeting: Monday, April 28, 2014, 10 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.	

Attachment 3A - Measures Criteria Survey

Measures Work Group Criteria Selection Survey

Criteria Selection Survey

One of the charges of the Vermont Health Care Innovation Project's Quality and Performance Measures Work Group is to identify and recommend standardized measures for the Commercial and Medicaid Accountable Care Organization (ACO) Shared Savings Programs (SSPs).

To select measures, the Work Group needs to adopt criteria. Criteria were adopted and used to develop the Year 1 measure sets. We need to decide whether those criteria should be modified when recommending future changes to the measure sets.

This survey seeks input from Work Group members on potential criteria for evaluating measures for inclusion in:
• The Core Measure Set (the complete set of measures, including subsets to be used for Payment, Reporting, or Monitoring/Evaluation, as well as those included on a Pending list for future consideration)
• The Payment Measure Subset (those measures for which ACO performance impacts the amount of shared savings that the ACO receives)
Members should carefully consider whether each criterion should be included, to ensure that we adopt a reasonably-sized, useable list of criteria.

Please click on the "Next" button below to continue.

Measures Work Group Criteria Selection Survey

I. Criteria for Individual Measures in the Core Measure Set

Please indicate whether you think the Work Group should include or exclude the following criteria for evaluating measures for inclusion in the Core Measure Set (bolded criteria were in the Year 1 set of criteria).

1. Valid and reliable. The measure will produce consistent (reliable) and credible (valid) results.

- [ ] Include
- [ ] Exclude

2. Relevant benchmark available. The measure has been selected from NQF endorsed measures that have relevant benchmarks whenever possible.

- [ ] Include
- [ ] Exclude

3. Uninfluenced by differences in patient case mix. Providers serving more complex or ill patients will not be disadvantaged by comparative measurement. Measures will be either uninfluenced by differences in patient case mix or will be appropriately adjusted for such differences.

- [ ] Include
- [ ] Exclude

4. Consistent with state's goals for improved health systems performance. The measure corresponds to a state objective for improved health systems performance (e.g., presents an opportunity for improved quality and/or cost effectiveness).

- [ ] Include
- [ ] Exclude

5. Not administratively burdensome, i.e., feasible to collect. The measure can be implemented and data can be collected without undue administrative burden.

- [ ] Include
- [ ] Exclude

6. Aligned with other measure sets. The measure aligns with national and state measure sets and federal and state initiatives whenever possible.

- [ ] Include
- [ ] Exclude

Measures Work Group Criteria Selection Survey

7. Focused on outcomes. To extent feasible, the measure should focus on outcomes, i.e., improving this measure will translate into significant changes in outcomes relative to costs, with consideration for efficiency.

- [ ] Include
- [ ] Exclude

8. Not prone to random variation, i.e., sufficient denominator size. In order to ensure that the measure is not prone to the effects of random variation, the measure type will be considered so as to ensure a sufficient denominator in the context of the program.

- [ ] Include
- [ ] Exclude

9. "Setting free." Useable across multiple settings and for different populations.

- [ ] Include
- [ ] Exclude

10. Other (identify criterion). Please describe criterion.

Measures Work Group Criteria Selection Survey

II. Criteria for Overall Core Measure Set

11. Representative of the array of services provided and beneficiaries served. The overall measure set will be representative of the array of services provided, and of the diversity of patients served.

- [ ] Include
- [ ] Exclude

12. Limited in number. The overall measure set should be limited in number and include only those measures that are necessary to achieve the state's goals.

- [ ] Include
- [ ] Exclude

13. Population-based/focused. The overall measure set should be population-based so that it may be used not only for comparative purposes, but also to identify and prioritize state efforts. Recognizes population demographics; gives priority to aging population and other ages; considers geographic community and not just patient population; consistent with State Health Improvement Plan.

- [ ] Include
- [ ] Exclude

14. Includes a mix of measure types. Includes process, outcomes and patient experience (e.g., self-management, perceptions, PCMH CAHPS) measures, including measures of care transitions and changes in a person's functional status.

- [ ] Include
- [ ] Exclude

15. Considers social determinants. Considers transportation, housing, education, poverty, social health status, community, school and family engagement.

- [ ] Include
- [ ] Exclude

16. Considers risk and protective factors. Includes mental health indicators, substance use and misuse, environmental factors (e.g., air, water, walk to school); weaves in prevention of adverse childhood events.

- [ ] Include
- [ ] Exclude

Measures Work Group Criteria Selection Survey

17. Expanded timeframe. Do not limit analysis to 3-5 years; need longer analysis (e.g., 20 years) for expected changes and improvements. Develop balanced portfolio of measures - some that are appropriate for short term analysis and others for longer term analysis.

- [ ] Include
- [ ] Exclude

18. Focuses on wellness by patient, physician and system. Evaluates patient engagement (patient has some responsibility to focus on wellness); health literacy of patient to focus on wellness; physician engagement; cultural competency of physician; care coordination and care management.

- [ ] Include
- [ ] Exclude

19. Other (identify criterion). Describe criterion.

Measures Work Group Criteria Selection Survey

I. Criteria for Individual Measures in the Payment Measure Subset

Please indicate whether you think the Work Group should include or exclude the following criteria for evaluating measures for inclusion in the Payment Measure Subset (bolded criteria were in the Year 1 set of criteria).

20. Relevant benchmark available. The measure has been selected from NQF-endorsed measures that have relevant benchmarks whenever possible.

- [ ] Include
- [ ] Exclude

21. Selected from the commercial or Medicaid Core Measure Set. The measure can only be selected from the available commercial or Medicaid core measure sets.

- [ ] Include
- [ ] Exclude

22. Presents an opportunity for improvement. The measure offers opportunity for performance improvement to achieve high-quality, efficient health care.

- [ ] Include
- [ ] Exclude

23. Focused on outcomes. The measure assesses outcomes, i.e., improving this measure will translate into significant changes in outcomes relative to quality and/or cost.

- [ ] Include
- [ ] Exclude

24. Other (identify criterion). Describe criterion.

Measures Work Group Criteria Selection Survey

II. Criteria for Overall Payment Measure Subset

25. Representative of the array of services provided and beneficiaries served. The overall measure set will be representative of the array of services provided, and of the diversity of patients served.

- [ ] Include
- [ ] Exclude

26. Other (identify criterion). Describe criterion.

Attachment 3B - Summary of Results of Overall Measure Set Selection Criteria Survey

Vermont ACO Quality and Performance Measures Work Group
Criteria Selection Survey Results – Overall Measure Selection
April 25, 2014

Respondents = 19

Criterion	Description	Percent Recommending "Include"
1. Valid and reliable	**The measure will produce consistent (reliable) and credible (valid) results.**	**100.00%**
10. Representative of the array of services provided and beneficiaries served	**The overall measures set will be representative of the array of services provided, and of the diversity of patients served.**	**100.00%**
3. Uninfluenced by differences in patient case mix	**Providers serving more complex or ill patients will not be disadvantaged by comparative measurement. Measures will be either uninfluenced by differences in patient case mix or will be appropriately adjusted for such differences.**	**94.44%**
8. Not prone to random variation, i.e., sufficient denominator size	**In order to ensure that the measure is not prone to the effects of random variation, the measure type will be considered so as to ensure a sufficient denominator in the context of the program.**	**94.44%**
4. Consistent with state's goals for improved health systems performance	**The measure corresponds to a state objective for improved health systems performance (e.g., presents an opportunity for improved quality and/or cost effectiveness).**	**88.89%**
5. Not administratively burdensome, i.e., feasible to collect	**The measure can be implemented and data can be collected without undue administrative burden.**	**88.89%**
6. Aligned with other measure sets	**The measure aligns with national and state measure sets and federal and state initiatives whenever possible.**	**88.89%**
13. Includes a mix of measure **types**	Includes process, outcome and patient experience (e.g., self-management, perceptions, PCMH CAHPS®) measures, including measures of care transitions and changes in a person's functional status.	**88.89%**
2. Relevant benchmark available	**The measure has been selected from NQF endorsed measures that have relevant benchmarks whenever possible.**	**88.24%**
7. Focused on outcomes	**To extent feasible, the measure should focus on outcomes, i.e., improving this measure will translate into significant changes in outcomes relative to costs, with consideration for efficiency.**	**83.33%**
11. Limited in number	**The overall measure set should be limited in number and include only those measures that are necessary to achieve the state's goals.**	**83.33%**

Criterion	Description	Percent Recommending "Include"
12. Population-based/focused	**The overall measure set should be population-based so that it may be used not only for comparative purposes, but also to identify and prioritize state efforts.** Recognizes population demographics; gives priority to aging population and other ages; considers geographic community and not just patient population; consistent with State Health Improvement Plan.	**82.35%**
14. Considers social determinants	Considers transportation, housing, education, poverty, social health status, community, school and family engagement.	**76.47%**
15. Considers risk and protective factors	Includes mental health indicators, substance use and misuse, environmental factors (e.g., air, water, walk to school); weaves in prevention of adverse childhood health events.	**75.00%**
17. Focuses on wellness by patient, physician and system.	Evaluates patient engagement (patient has some responsibility to focus on wellness); health literacy of patient to focus on wellness; physician engagement; cultural competency of physician; care coordination and care management.	**72.22%**
9. "Setting-free"	Useable across multiple settings and for different populations.	**66.67%**
16. Expanded timeframe	Do not limit analysis to 3-5 years; need longer analysis (e.g., 20 years) for expected changes and improvements. Develop balanced portfolio of measures – some that are appropriate for short term analysis and others for longer term analysis.	**27.78%**

Comments	• Concerned that the NQF endorsed measures don't include any measure related to the planned pregnancy rate - which the VT 2020 goals do have • The Performance measure should address an aspect of performance that the organization can significantly influence. The performance measure should say something of central importance about the organization. The performance measure should represent all aspects of the goal of the organization (i.e., how much did we do? how well did we do it? and is anyone better off as a result of what we did?) The performance measure should be defined in a reliable/consistent manner. The data used to develop the performance measure is available in a consistent, reliable, and timely manner. • Regarding 4. This does not mean to imply there must be a separate measure for all state improvement goals. 9. This may be a very difficult criterion to implement. We have no real objection to the criterion. • 16 (*15 above*) and 18 (*17 above*) should not be payment measures. • for 15 (*14 above*) & 16 (*15 above*), I would include only as Monitoring & Evaluation, not for Payment. • #13 (*12 above*) seems to make the older population a priority, decreasing preventive care work that needs to happen to get a healthy population • For 17 (*16 above*) and 18 (*17 above*). These are excellent qualities to consider having in our health care landscape but are too broad in scope to implement in a criterion.

Attachment 3C - Summary of Results of Payment Measure Subset Criteria Survey

Vermont ACO Quality and Performance Measures Work Group
Criteria Selection Survey Results – Payment Measure Selection
April 25, 2014

Respondents = 19

Criterion	Description	Percent Recommending "Include"
3. Presents an opportunity for improvement	**The measure offers opportunity for performance improvement to achieve high-quality, efficient health care.**	**94.44%**
5. Representative of the array of services provided and beneficiaries served	**The overall measures set will be representative of the array of services provided, and of the diversity of patients served.**	**94.12%**
1. Relevant benchmark available	**The measure has been selected from NQF-endorsed measures that have relevant benchmarks whenever possible.**	**88.24%**
4. Focused on outcomes	**The measure assesses outcomes, i.e., improving this measure will translate into significant changes in outcomes relative to quality and/or cost.**	**83.33%**
2. Selected from the commercial or Medicaid Core Measure Set	**The measure can only be selected from the available commercial or Medicaid core measure sets.**	**72.22%**
Comments	None.	

Attachment 4A - Year 2 HCA Measure Recommendations (previously distributed)

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 4B - Year 2 DA Measure Recommentation (previously distributed)

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

Attachment 4C - Pop Health Memo for Measures (previously distributed)

Date: March 21, 2014

To: Quality and Performance Measures Working Group, VHCIP

From: Population Health Working Group, VHCIP

Re: Recommendations for ACO measures

The Population Health Working Group is comprised of a variety of members interested in improving health of Vermont's population and who represent a broad range of stakeholders including insurers, healthcare, academia, state government, and community organizations. One of our tasks is to recommend measures for Vermont that move the varied health innovations in the state toward a system that supports and accounts for population health.[1]

The Population Health Working Group would like to recommend that some of the pending measures that are most consistent with prevention and population health improvement be included in the next set of ACO measures. In addition, we expect to continue to explore in the longer term other options for developing a shared accountability for improving the health of the population which may include measures that demonstrate more 'upstream' factors for a broader set of stakeholders or geographic regions.

Our Working Group determined that the following criteria were important in recommending population health measures for ACO payment, reporting or measuring and evaluation:

<u>(Broader) Population and health outcome focused</u>

- Beyond covered lives and "most expensive first" – Recognize population demographics; priority to aging population and other ages
- Considers geographic community not just patient population
- Consistent with the State Health Improvement Plan

<u>Focus on wellness by patient, physician and system</u>

- Patient engagement; patient has some responsibility to focus on wellness
- Health literacy of patient to focus on wellness
- Patient experience – self management, perception, PCMH CHAPS
- Physician engagement [2]
- Cultural competency of physician
- Care coordination and care management

---

[1] Population Health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003). While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors. **Working Definition of Population Health, Institute Of Medicine, Roundtable on Population Health Improvement** http://www.iom.edu/Activities/PublicHealth/PopulationHealthImprovementRT.aspx

[2] One participant questioned whether physician engagement should be part of this work group

Risk and protective factors need to be included [3]

- Include mental health indicators – e.g. depression screen
- Include measures of substance use and misuse – regulated and unregulated
- Weave in prevention of adverse childhood health events
- Environmental factors – e.g. air, water, walk to school

Expand to social determinants[4]

- Transportation, housing, education, poverty
- Consider social health status – GMCB working on this
- "Community" , school and family engagement

Expanded Timeframe

- Do not limit to 3-5 years; Need longer for expected changes; 20 year better
- Develop a balanced portfolio of measures — some short term and others longer

Characteristics of the measures

- Simple
- Clear
- Measureable
- Evidence based or "evidence supported"

Priority Measures

The following pending measures were selected as our first priority to be moved into payment or reporting status:

Core-40	MSSP-21	Screening for High Blood Pressure and Follow-Up Plan Documented
Core-36	MSSP-17	Tobacco Use Assessment and Tobacco Cessation Intervention
Core-44		Percentage of Patients with Self-Management Plans
Core-34		Prenatal and Postpartem Care Timeliness

[3] **Risk factors** are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. **Protective factors** have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk.

[4] **The social determinants of health** are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics http://www.cdc.gov/socialdeterminants/

There were also measures selected as our second priority:

Core-9		Depression Screening by 18 Years of Age
Core-30		Cervical Cancer Screening
Core-35	MSSP-14	Influenza Immunization
Core-39	MSSP-28	Hypertension (HTN): Controlling High Blood Pressure
Core-45		Screening, Brief Intervention, and Referral to Treatment

This current list of pending measures is not comprehensive; the universe of possible measures looking at upstream determinants is wider and deeper than this particular list. We would like to work with you on a process to identify, vet and include additional measures for other parts of our health system that can be used to address population health as we go forward.

Thanks for the opportunity to contribute to this discussion. We would be glad to engage in more exploration of how measurement can play a role in incentivizing change in the system to improve the health of the population.

Attachment 4D (Revised) - Proposed Measures Review

VT Quality and Performance Measures Work Group
Review of 2014 Pending Measures for 2015 Reporting Status
April 26, 2014

The measures listed below are those that were proposed for adoption for 2015 reporting by the Population Health Work Group, the Howard Center and Vermont Legal Aid during the Quality and Performance Measures Work Group's March 24, 2014 meeting. With the possible exception of measure Core-45, the measures make use of data residing in clinical records, thus requiring rate generation through individual record review or automated electronic data extract.

#	Measure Name	Considerations for Review
Core-8	*Developmental Screening in the First Three Years of Life (currently in Medicaid measure set; proposed for commercial measure set)*	• NQF #1448 • HEDIS and CHIPRA • CMS has analyzed data from five states (AL, IL, NC, OR, TN that reported the measure for FFY12 consistently using prescribed specifications. (CMS reports that 12 states reported in FFY13 and 18 stated intent to do so in FFY14.) • Best practice (IL): 77%, 81%, 65% in Years 1-3; five-state median: 33%, 40%, 28% • Medicaid is able to use claims data, but provider coding for commercial payers is not reliable, so the commercial measure would require data from clinical records.
Core-30	Cervical Cancer Screening	• NQF #0032 • HEDIS benchmark available (for HEDIS 2015, no benchmark for 2014). • Change in HEDIS specifications for 2014: o 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. o Removed coding tables and replaced all coding table references with value set references. o Added the hybrid reporting method for commercial plans. • Historical Performance HEDIS 2013 (MCO w/o PPO) o BCBSVT: 76%; CIGNA: 76%; TVHP: 74% o National 90th percentile: 82%; **Regional 90th percentile: 85%** o National Average: 76%; Regional Average: 79% • Historical Performance HEDIS 2013 (PPO) o BCBSVT: 72%; CIGNA: 71%; MVP: 71% o National 90th percentile: 78%; **Regional 90th percentile: 82%** o National Average: 74%; Regional Average: 78%

#	Measure Name	Considerations for Review
Core-34	Prenatal and Postpartum Care	• NQF #1517 • HEDIS benchmark available • Timeliness of Prenatal Care Historical Performance HEDIS 2013 (MCO w/o PPO) o BCBSVT: 95%; CIGNA: 75%; TVHP: 93% o National 90th percentile: 97%; **Regional 90th percentile: 98%** o National Average: 90%; Regional Average: 90% • Timeliness of Prenatal Care Historical Performance HEDIS 2013 (PPO) o BCBSVT: 94%; CIGNA: 74%; MVP: 95% o National 90th percentile: 96%; **Regional 90th percentile: 96%** o National Average: 81%; Regional Average: 82% • Postpartum Care Historical Performance (MCO w/o PPO) o BCBSVT: 86%; CIGNA: 50%; TVHP: 83% o National 90th percentile: 91%; **Regional 90th percentile: 93%** o National Average: 80%; Regional Average: 84% • Postpartum Care Historical Performance (PPO) o BCBSVT: 83%; CIGNA: N/A; MVP: 84% o National 90th percentile: 86%; **Regional 90thpercentile: 90%** o National Average: 70%; Regional Average: 70%
Core-35/ MSSP-14	Influenza Immunization	• 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	• NQF #0028 • MSSP measure • No national benchmark available, but measure in use in other states and HRSA and CDC publish benchmarks, so benchmarking feasible.

#	Measure Name	Considerations for Review
Core-39/ MSSP-28	Hypertension (HTN): Controlling High Blood Pressure	• NQF #0018 • MSSP measure • Changes to national guideline: In December 2013, the eighth Joint National Committee (JNC 8) released updated guidance for treatment of hypertension. The new guidelines: o Set the BP treatment goal for patients 60 and older to <150/90 mm Hg. o Keep the BP treatment goal for patients 18–59 at <140/90 mm Hg. • 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. • HEDIS benchmark currently available but with measure likely to change, there is a possibility that there won't be a benchmark for 2015. • Historical Performance HEDIS 2013 (MCO w/o PPO) o BCBSVT: 70%; CIGNA: 67%; TVHP: 62% o National 90th percentile: 75%; **Regional 90th percentile: 78%** o National Average: 63%; Regional Average: 68% • Historical Performance HEDIS 2013 (PPO) o BCBSVT: 61%; CIGNA PPO: 62%; MVP PPO: 67% o National 90th percentile: 65%; **Regional 90th percentile: 78%** o National Average: 57%; Regional Average: 63%
Core-40/ MSSP-21	Screening for High Blood Pressure and Follow-up Plan Documented	• Not NQF-endorsed • MSSP measure • No national benchmark available
Core-44	*Percentage of Patients with Self-Management Plans*	• Need to develop measure specifications based on the NCQA standard • Not NQF-endorsed • No national benchmark available
Core-45	*Screening, Brief Intervention, and Referral to Treatment*	• Need to develop measure specifications or a claims-based measure. If the latter, could possibly involve provider adoption of new codes. • Not NQF-endorsed • No national benchmark available, but in use by Oregon Medicaid

Attachment 4E - DVHA Memo on CMS Recommendations

Memo: Shared Savings Program Measure Recommendations from CMS

DVHA has submitted a State Plan Amendment for the Vermont Medicaid Shared Savings Program (VMSSP). The Centers for Medicare & Medicaid Services (CMS) has reviewed the program standards, and has responded with a number of questions and suggestions to be considered by DVHA before the State Plan Amendment can be approved.

Regarding performance measures, CMS has expressed a desire to see the program incorporate more outcome measures into the 'Payment' measure sub-set:

> *"A few of the measures that are linked to payment are very process oriented. CMS would like to see more outcomes-focused measures such as ambulatory sensitive conditions and the PQI composite linked to payment vs. reporting."*

Given this feedback from our federal partners, DVHA would like to recommend that the VHCIP Quality & Performance Measures Work Group consider transitioning the following claims-based 'Reporting' measures to 'Payment' measures in Year 2:

- **Core-10/MSSP-9**: *Ambulatory Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults*
- **Core-12**: *Rate of Hospitalization for Ambulatory Care Sensitive Conditions: PQI Composite*

In the absence of national Medicaid and/or commercial benchmarks for these measures, DVHA would recommend the development of improvement-based targets for ACOs relative to Year 1 performance.

Attachment 4F - DLTSS Recommendations to QPM

Existing Core Payment Measures

The DLTSS Work Group recommends analysis of the following existing Core Payment measures <u>for DLTSS subpopulations</u> among the populations attributed to Medicaid ACOs in Year 2:

Core-1	All-Cause Readmission
Core-3	Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening)
Core-4	Follow-Up After Hospitalization for Mental Illness (7-day)
Core-5	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Core-6	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

Why should we look at these measures for DLTSS subpopulations?

This will inform DLTSS providers, ACOs, and payers about the quality of care among DLTSS beneficiaries (both overall and relative to the full ACO populations) before ACOs have the option (or are required) to include additional services in the Total Cost of Care definition. In addition, these claims-based analyses can be conducted with minimal added administrative burden.

Under what circumstances would we not recommend these subpopulation analyses?

There may be concerns about the validity of estimates when sample sizes are small. In keeping with NCQA public reporting requirements, measures will not be calculated for DLTSS subpopulations when there are fewer than 30 eligible individuals per measure in an ACO. Without more detailed information about the populations attributed to each ACO at this time, we recommend subpopulation reporting for the above measures. Measures should be excluded from DLTSS subpopulation analyses if sample sizes are too small to produce valid estimates.

Existing Core Pending Measures

The DLTSS Work Group recommends promotion of the following existing Pending measures to Payment/Reporting status in Year 2:

Core-35/ MSSP-14	**NQF #0041**	Influenza Immunization
Core 37	**NQF #2036**	Transition Record Transmittal to Health Care Professional
Core-44 (ALT*)	***PAIRED MEASURE***	Transition Record with Specified Elements Received by Discharged Patients

*Core-44 *"Percentage of Patients with Self-Management Plans"* lacked specifications.
Recommend using NQF #2036 specifications to capture transmission of self-management plans for discharged patients.

Specifications on following pages.

Core-35/ MSSP-14	**NQF #0041**	Influenza Immunization

Measure Description:

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

Numerator Statement:

Patients who received an influenza immunization OR who reported previous receipt* of an influenza immunization

*Previous receipt can include: previous receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measures is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

Denominator Statement:

All patients aged 6 months and older seen for a visit between October 1 and March 31

Exclusions:

Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons)

Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons)

Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons)

Core-37	**NQF #2036** ***PAIRED MEASURE***	Transition Record Transmittal to Health Care Professional

Measure Description:
Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge

Numerator Statement:
Patients for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge

Denominator Statement:
All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care

Exclusions:
Patients who died
Patients who left against medical advice (AMA) or discontinued care

Core-44	NQF #2036 *PAIRED MEASURE*	Transition Record with Specified Elements Received by Discharged Patients

Measure Description:

Percentage of patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements

Numerator Statement:

Patients or their caregiver(s) who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the following elements:

Inpatient Care
• Reason for inpatient admission, AND
• Major procedures and tests performed during inpatient stay and summary of results, AND
• Principal diagnosis at discharge
Post-Discharge/ Patient Self-Management
• Current medication list, AND
• Studies pending at discharge (eg, laboratory, radiological), AND
• Patient instructions
Advance Care Plan
• Advance directives or surrogate decision maker documented OR
Documented reason for not providing advance care plan

Contact Information/Plan for Follow-up Care
• 24-hour/7-day contact information including physician for emergencies related to inpatient stay, AND
• Contact information for obtaining results of studies pending at discharge, AND
• Plan for follow-up care, AND
• Primary physician, other health care professional, or site designated for follow-up care

Denominator Statement:

All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care.

Exclusions:

Patients who died.
Patients who left against medical advice (AMA) or discontinued care.

New DLTSS Measures

The DLTSS Work Group will continue to discuss potential new measures for inclusion in the Core measure set, and will present additional recommendations at the next Quality & Performance Measures Work Group meeting.