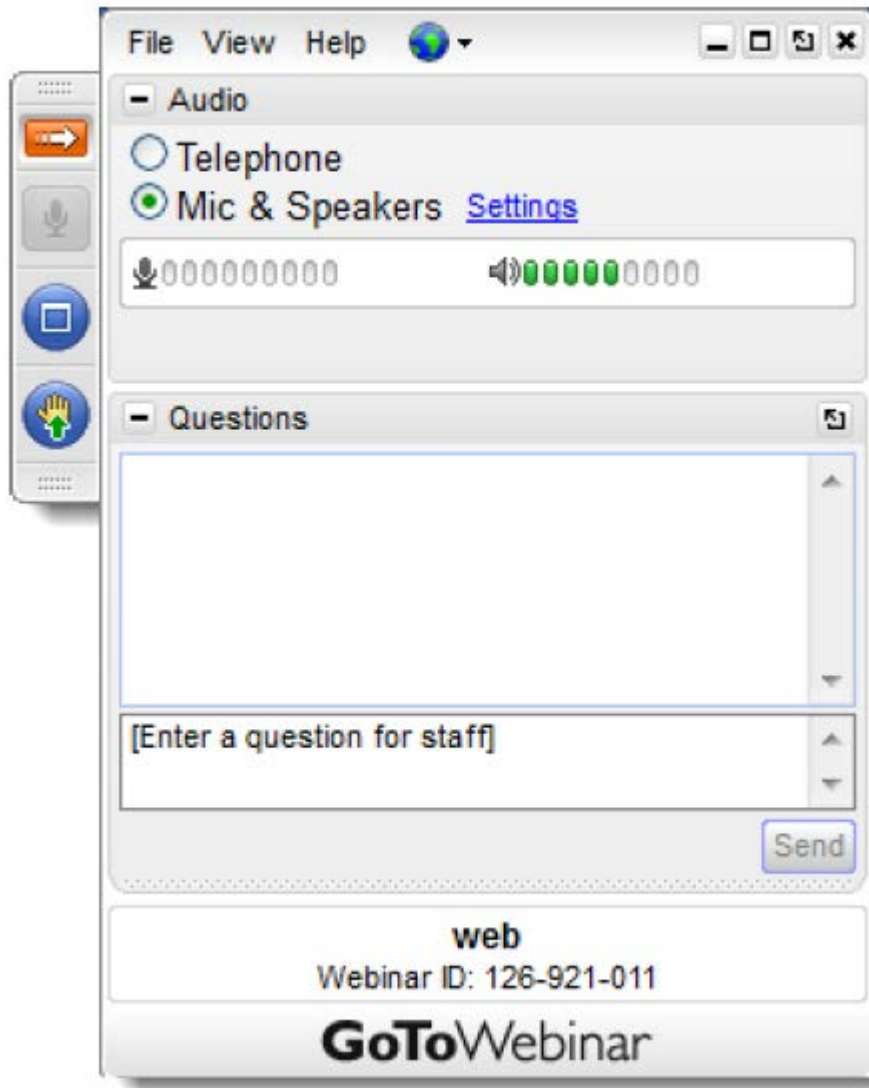


---

# Vermont's Shared Savings Programs – Year 1 (2014) Analyses

VHCIP Payment Model Design and Implementation  
Work Group  
May 16, 2016

# Before we get started...



- By default, webinar audio is through your computer speakers.
- If you prefer to call-in via telephone, click “Telephone” in the Audio pane of your control panel for dial-in information. Enter the audio PIN on your screen so we can unmute your line during Q&A.

# Before we get started...

- **We've reserved time for Q&A at the end of the presentations.**
- **This webinar is being recorded.** Slides and recording will be posted to the VHCIP website:  
<http://healthcareinnovation.vermont.gov/>
- **Please complete our brief evaluation survey** at the end of the event. We value your feedback!

# **Vermont Commercial ACO Shared Savings Programs — Year 1 Update**

**Kelly Lange, BCBSVT**

**May 16, 2016**

# Financial Summary Aggregated Results

## ➤ Commercial 2014

|                                       | Commercial    |               |               |
|---------------------------------------|---------------|---------------|---------------|
|                                       | CHAC          | OneCare       | VCP           |
| Total Lives                           | 9,353         | 22,260        | 8,526         |
| Expected Aggregated Total             | \$31,829,851  | \$76,413,313  | \$23,581,249  |
| Target Aggregated Total               | \$30,817,275  | \$74,489,076  | \$22,796,150  |
| Actual Aggregated Total               | \$34,377,496  | \$81,899,734  | \$25,292,905  |
| Shared Savings Aggregated Total       | (\$2,547,645) | (\$5,486,421) | (\$1,711,656) |
| Total Savings Earned                  | \$0           | \$0           | \$0           |
| Potential ACO Share of Earned Savings | \$0           | \$0           | \$0           |
| Quality Score                         | 56%           | 67%           | 89%           |
| %of Savings Earned                    | 75%*          | 85%*          | 100%*         |
| Achieved Savings                      | \$ -          | \$ -          | \$ -          |

\*If shared savings had been earned

# Financial Summary PMPM Results

## ➤ Commercial 2014

|                                       | Commercial |            |            |
|---------------------------------------|------------|------------|------------|
|                                       | CHAC       | OneCare    | VCP        |
| Actual Member Months                  | 98,213     | 234,663    | 88,412     |
| Expected PMPM                         | \$ 324.09  | \$ 325.63  | \$ 266.72  |
| Target PMPM                           | \$ 313.78  | \$ 317.43  | \$ 257.84  |
| Actual PMPM                           | \$ 350.03  | \$ 349.01  | \$ 286.08  |
| Shared Savings PMPM                   | \$ (25.94) | \$ (23.38) | \$ (19.36) |
| Total Savings Earned                  | \$ -       | \$ -       | \$ -       |
| Potential ACO Share of Earned Savings | \$ -       | \$ -       | \$ -       |
| Quality Score                         | 56%        | 67%        | 89%        |
| %of Savings Earned                    | 75%*       | 85%*       | 100%*      |
| Achieved Savings                      | \$ -       | \$ -       | \$ -       |

\*If shared savings had been earned

# 2014 Quality Results: Commercial Payment Measures

| Measure   | CHAC Rate/<br>Percentile/<br>Points*       | OCV Rate/<br>Percentile/<br>Points*        | VCP Rate/<br>Percentile/<br>Points*        |
|---|--|--|--|
| Adolescent Well-Care Visits                     | 48.40/Above 75 <sup>th</sup> /<br>3 Points | 54.42/Above 75 <sup>th</sup> /<br>3 Points | 46.58/Above 75 <sup>th</sup> /<br>3 Points |
| Alcohol and Other Drug Dependence Treatment     | 22.73/Above 25 <sup>th</sup> /<br>1 Point  | 21.55/Below 25 <sup>th</sup> /<br>0 Points | 31.25/Above 50 <sup>th</sup> /<br>2 Points |
| Chlamydia Screening                             | 39.57/Above 25 <sup>th</sup> /<br>1 Point  | 43.47/Above 50 <sup>th</sup> /<br>2 Points | 47.06/Above 75 <sup>th</sup> /<br>3 Points |
| Mental Illness, Follow-Up After Hospitalization | N/A<br>(denominator too small)             | 69.77/Above 90 <sup>th</sup> /<br>3 Points | N/A<br>(denominator too small)             |

\*Maximum points per measure = 3

# Impact on Payment

## (if there had been Shared Savings)

| Vermont Commercial Shared Savings Program<br>Quality Performance Summary - 2014 |               |                        |                           |                      |
|---|---------------|------------------------|---------------------------|----------------------|
| ACO Name  | Points Earned | Total Potential Points | % of Total Quality Points | % of Savings Earned* |
| CHAC  | 5             | 9                      | 56%                       | 75%                  |
| OneCare   | 8             | 12                     | 67%                       | 85%                  |
| VCP   | 8             | 9                      | 89%                       | 100%                 |
| *If shared savings had been earned  |               |                        |                           |                      |



# 2014 Commercial Payment Measures: Strengths and Opportunities

## ➤ Strengths:

- 7 of 10 ACO results were above the national 50<sup>th</sup> percentile
- 5 of 10 were above the 75<sup>th</sup> percentile

## ➤ Opportunities:

- 3 of 10 were below the 50<sup>th</sup> percentile
- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs
- Low Commercial denominators (mostly due to lack of historical data) prevented reporting of some measures; should improve in Year 2

# 2014 Commercial Reporting Measures

| Reporting Measures                            | CHAC Rate/<br>Percentile         | OneCare Rate/<br>Percentile      | VCP Rate/<br>Percentile          |
|---|----------------------------------|----------------------------------|----------------------------------|
| Testing for Children with Pharyngitis         | N/A (denominator too small)      | 84.38/<br>Above 50 <sup>th</sup> | 88.89/<br>Above 75 <sup>th</sup> |
| Immunizations for 2-year-olds                 | N/A (denominator too small)      | 50.00/<br>Above 75 <sup>th</sup> | 64.52/<br>Above 90 <sup>th</sup> |
| Pediatric Weight Assess./Counseling           | 55.67/<br>Above 75 <sup>th</sup> | 58.79/<br>Above 75 <sup>th</sup> | 71.37/<br>Above 90 <sup>th</sup> |
| Diabetes Care Composite                       | 12.11/<br>No Benchmark           | 45.90/<br>No Benchmark           | 41.51/<br>No Benchmark           |
| Diabetes HbA1c Poor Control (lower is better) | 13.22/<br>Above 90 <sup>th</sup> | 15.03/<br>Above 90 <sup>th</sup> | 15.09/<br>Above 90 <sup>th</sup> |
| Colorectal Cancer Screening                   | 64.97/<br>Above 75 <sup>th</sup> | 70.96/<br>Above 90 <sup>th</sup> | 76.61/<br>Above 90 <sup>th</sup> |
| Depression Screen./Follow-Up                  | 23.40/<br>No Benchmark           | 22.52/<br>No Benchmark           | 19.35/<br>No Benchmark           |
| Adult BMI Screening and Follow-up             | 51.30/<br>No Benchmark           | 65.04/<br>No Benchmark           | 59.68/<br>No Benchmark           |

# 2014 Commercial Reporting Measures: Strengths and Opportunities

## ➤ Strengths:

- Collaboration between ACOs in collecting clinical data
- For measures with benchmarks, 13 of 13 ACO results were above the national 50<sup>th</sup> percentile
- 12 of 13 were above the 75<sup>th</sup> percentile, and 7 of 13 were above the 90<sup>th</sup> percentile

## ➤ Opportunities:

- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs
- Lack of benchmarks for some Commercial measures hindered further analysis
- Electronic data capture

---

# Vermont's Medicaid Shared Savings Program: 2014 Analyses

Payment Model Design and Implementation  
Work Group

May 16, 2016

# Medicaid Shared Savings Program

- 2014 Results

|                                       | VMSSP           |                 |
|---------------------------------------|-----------------|-----------------|
|                                       | CHAC            | OneCare         |
| Actual Member Months                  | 315,833         | 452,311         |
| Expected PMPM                         | \$ 214.68       | \$ 180.60       |
| Actual PMPM                           | \$ 189.83       | \$ 165.66       |
| Shared Savings PMPM                   | \$ 24.85        | \$ 14.93        |
| Total Savings Earned                  | \$ 7,847,440.27 | \$ 6,754,568.12 |
| Potential ACO Share of Earned Savings | \$ 3,923,720.13 | \$ 3,377,284.06 |
| Quality Score                         | 46%             | 63%             |
| %of Savings Earned                    | 85%             | 100%            |
| Achieved Savings                      | \$ 3,335,162.11 | \$ 3,377,284.06 |

# VMSSP Analyses

---

- I. Understanding differences in unique population segments
- II. Understanding changes in utilization and expenditure across categories of service

# VMSSP Attribution Methodology

- **Includes** adults and children with at least 10 months of Medicaid eligibility in the program year
- **Excludes** beneficiaries dually eligible for Medicare and Medicaid, beneficiaries with other sources of insurance coverage, and beneficiaries without comprehensive benefits packages
- Attribution based on beneficiary relationship with Primary Care Provider
  1. Based on primary care claims in program year, OR
  2. Based on PCP of record (self-selected or auto-assigned)

# VMSSP Attribution Snapshot: 2012 and 2014

|   | 2012          | 2014           |
|---|---------------|----------------|
| Attributed to OneCare Vermont                                     | 27,662        | 37,929         |
| Attributed to CHAC  | 21,080        | 26,587         |
| Eligible for Attribution<br>(but <i>not</i> attributed to an ACO) | 32,445        | 39,472         |
| <b>TOTAL ELIGIBLE FOR ATTRIBUTION</b>                             | <b>81,187</b> | <b>103,988</b> |

- 2014 Medicaid Expansion increased the number of lives eligible for attribution

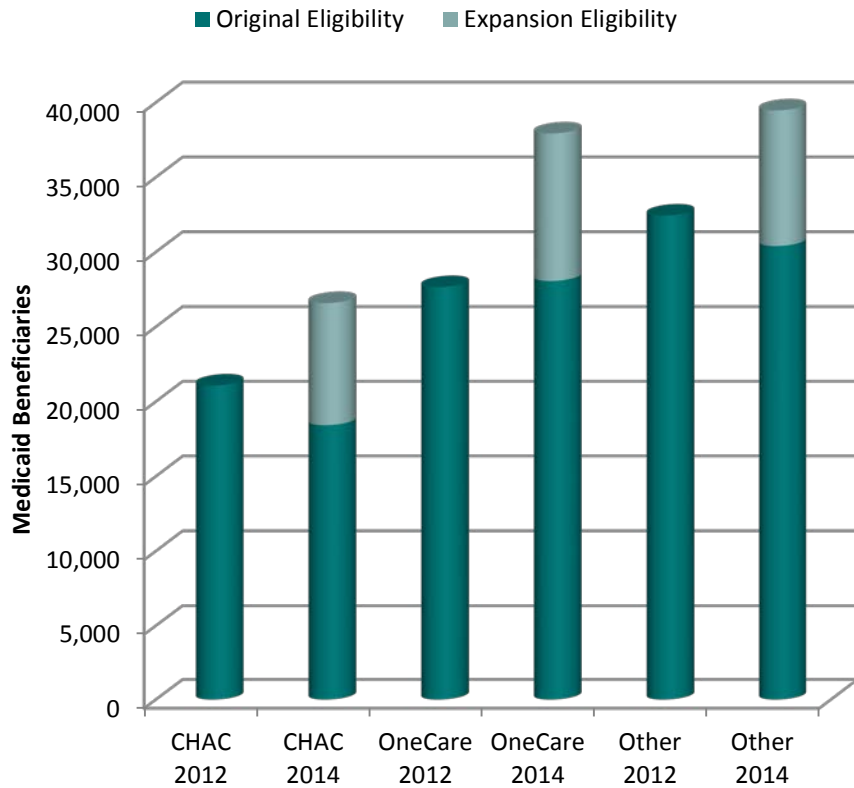


# Unique Population Segments

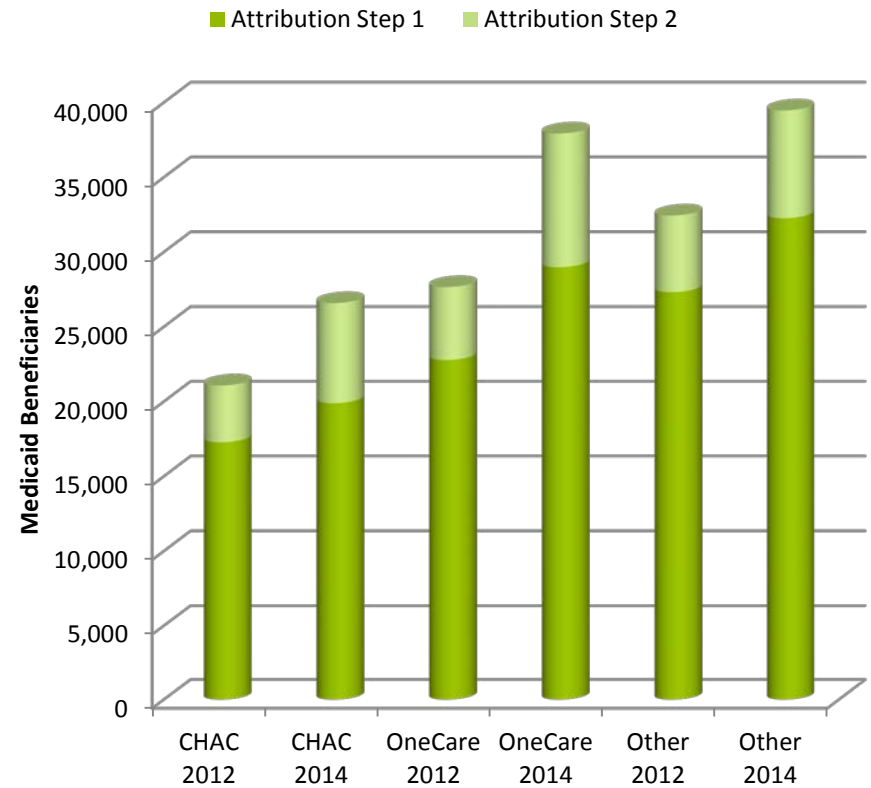
|  | 2012                                    |                                | 2014                                    |                                |
|--|---|--------------------------------|---|--------------------------------|
|  | Attribution Steps:<br>Step 1 vs. Step 2 |                                | Attribution Steps:<br>Step 1 vs. Step 2 |                                |
| Eligibility:<br>Original vs. Expansion | Original Eligibility & Step 1           | Original Eligibility & Step 2  | Original Eligibility & Step 1           | Original Eligibility & Step 2  |
|  | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 |

# Population Changes from 2012 to 2014

**Vermont Medicaid Beneficiaries Eligible for Attribution to an ACO in 2012 and 2014**



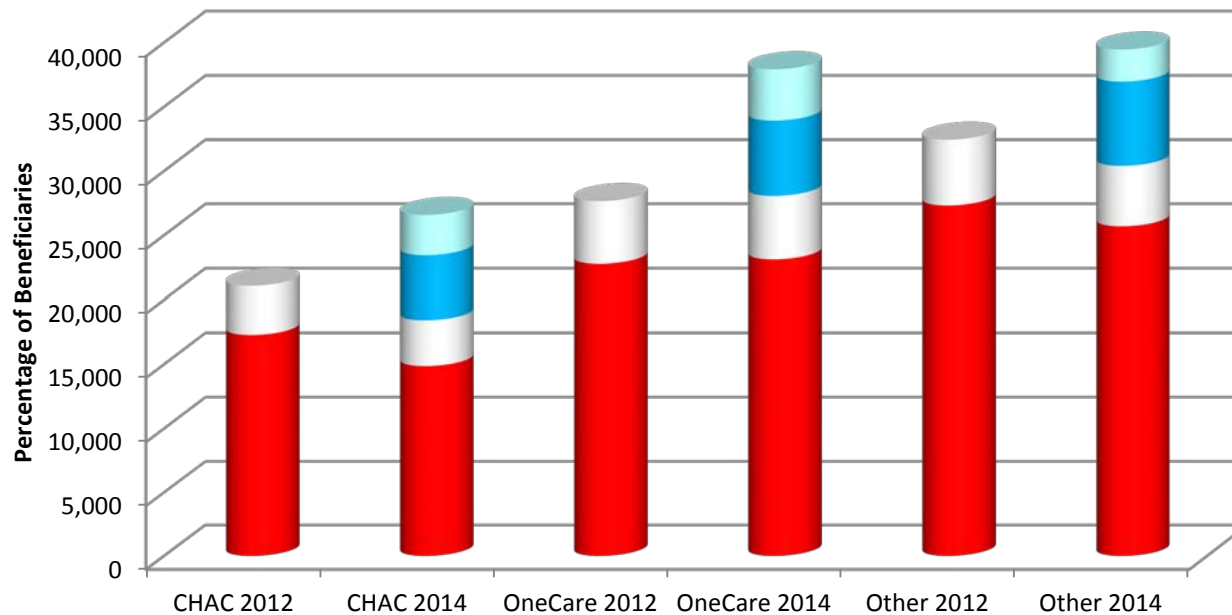
**Vermont Medicaid Beneficiaries Eligible for Attribution to an ACO in 2012 and 2014**



# Expenditure Across Population Segments

|  | 2012                                    |                                | 2014                                    |                                |
|--|---|--------------------------------|---|--------------------------------|
|  | Attribution Steps:<br>Step 1 vs. Step 2 |                                | Attribution Steps:<br>Step 1 vs. Step 2 |                                |
| Eligibility:<br>Original vs. Expansion | Original Eligibility & Step 1           | Original Eligibility & Step 2  | Original Eligibility & Step 1           | Original Eligibility & Step 2  |
|  | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 |

- Original Eligibility, Attribution Step 1
- Original Eligibility, Attribution Step 2
- Expansion Eligibility, Attribution Step 1
- Expansion Eligibility, Attribution Step 2



# Expenditure Across Population Segments

|  | 2012                                    |                                | 2014                                    |                                |
|--|---|--------------------------------|---|--------------------------------|
|  | Attribution Steps:<br>Step 1 vs. Step 2 |                                | Attribution Steps:<br>Step 1 vs. Step 2 |                                |
| Eligibility:<br>Original vs. Expansion | Original Eligibility & Step 1           | Original Eligibility & Step 2  | Original Eligibility & Step 1           | Original Eligibility & Step 2  |
|  | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 | Expansion Eligibility & Step 1          | Expansion Eligibility & Step 2 |

|         | Cost per Member Year                             |  |  |   |  |   |
|---------|--|--|--|---|--|---|
|         | 2012   |  |  | 2014  |  |   |
|         | Step 1<br>Attributed;<br>Original<br>Eligibility | Step 2<br>Attributed;<br>Original<br>Eligibility | Step 1<br>Attributed;<br>Original<br>Eligibility | Step 1<br>Attributed;<br>Expansion<br>Eligibility | Step 2<br>Attributed;<br>Original<br>Eligibility | Step 2<br>Attributed;<br>Expansion<br>Eligibility |
| CHAC    | \$ 3,136   | \$ 1,021   | \$ 3,008   | \$ 3,824  | \$ 801   | \$ 505  |
| OneCare | \$ 2,679   | \$ 1,072   | \$ 2,524   | \$ 3,663  | \$ 866   | \$ 471  |
| Other   | \$ 2,455   | \$ 837   | \$ 2,187   | \$ 3,263  | \$ 679   | \$ 582  |

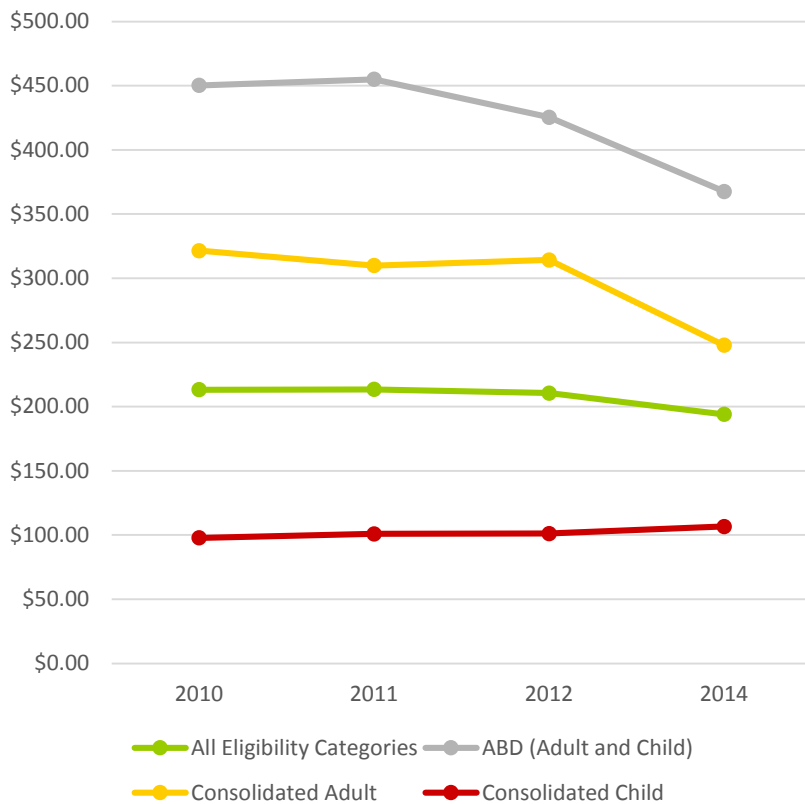
# VMSSP Eligibility Categories

---

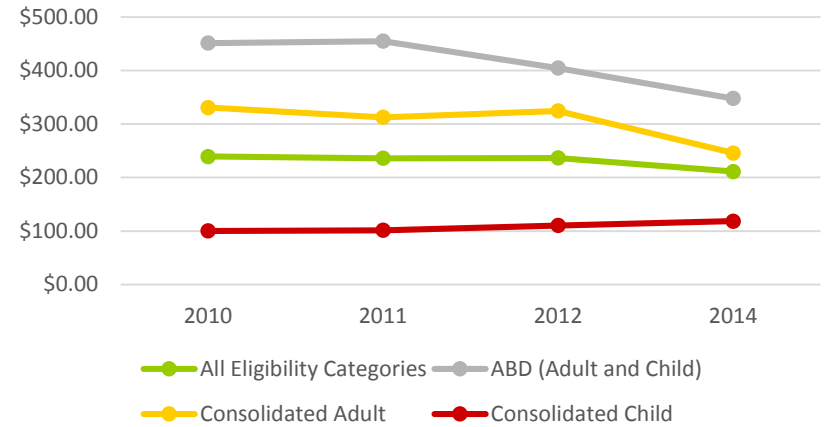
- Consolidated Adult
- Consolidated Child
- Aged/Blind/Disabled Adult & Child

# Expenditure by Eligibility Category

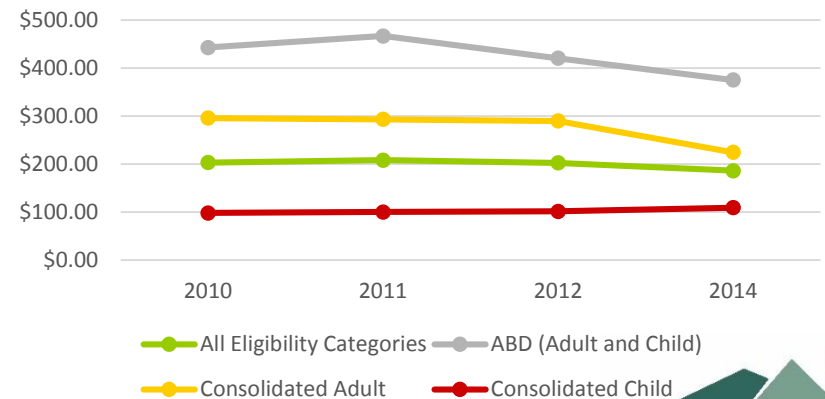
## Statewide PMPM Expenditure by Eligibility Category



## CHAC PMPM Expenditure by Eligibility Category

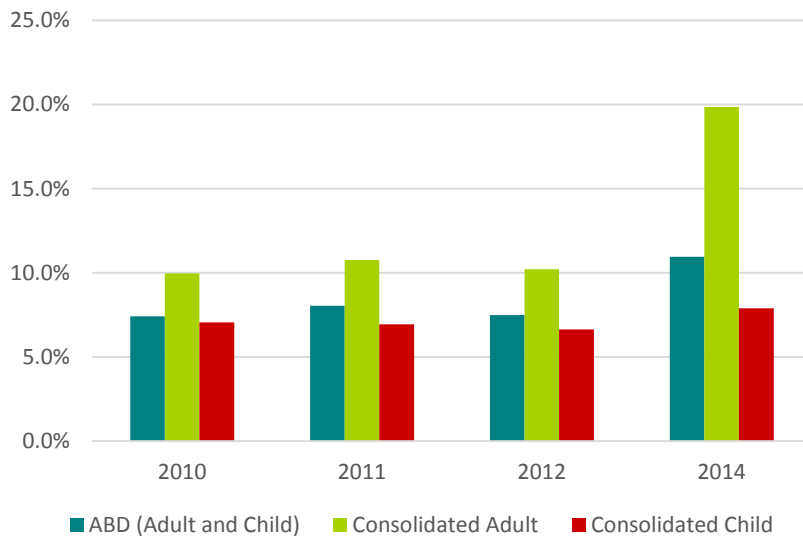


## OneCare PMPM Expenditure by Eligibility Category

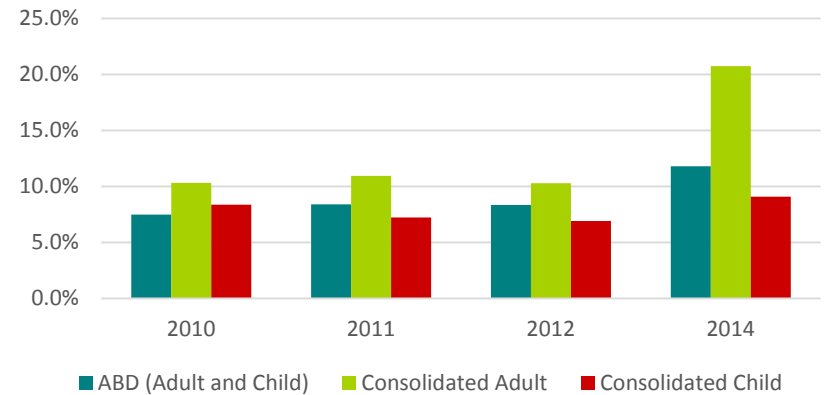


# Attributed Lives without TCOC Expenditure

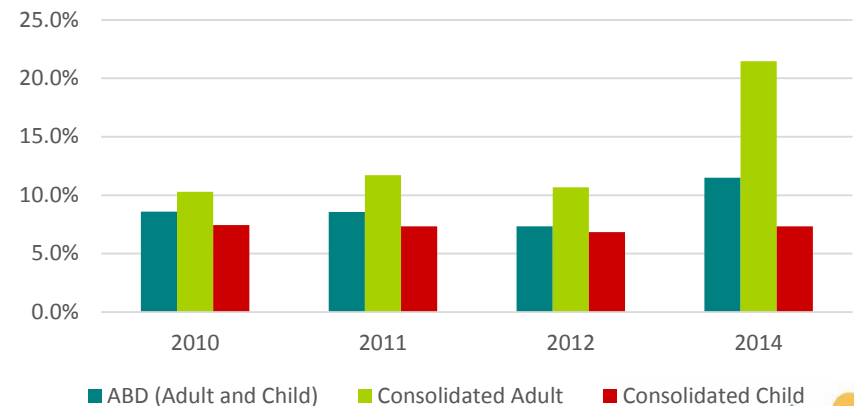
**Statewide Attributed Lives without TCOC Claims by Eligibility Category**



**CHAC Attributed Lives without TCOC Claims by Eligibility Category**



**OneCare Attributed Lives without TCOC Claims by Eligibility Category**



# Expenditure by Category of Service

|  | 2012  |         |           | 2014  |         |           |
|--|-------|---------|-----------|-------|---------|-----------|
|  | CHAC  | OneCare | Statewide | CHAC  | OneCare | Statewide |
| <b>Inpatient</b>                         | 26.8% | 26.4%   | 25.8%     | 28.9% | 27.8%   | 27.1%     |
| <b>Outpatient</b>                        | 27.8% | 29.4%   | 28.1%     | 26.3% | 27.7%   | 26.9%     |
| <b>Physician</b>                         | 16.8% | 27.9%   | 24.5%     | 15.1% | 26.2%   | 22.9%     |
| <b>Federally Qualified Health Center</b> | 15.3% | 0.6%    | 6.0%      | 15.4% | 0.2%    | 6.0%      |
| <b>Psychologist</b>                      | 5.1%  | 6.2%    | 5.7%      | 5.6%  | 7.6%    | 6.8%      |



# Expenditure for non-TCOC Services

## Non-TCOC (Excluding Pharmacy) Expenditure per Member Year

|                | 2012    | 2014    | % Change |
|----------------|---------|---------|----------|
| <b>CHAC</b>    | \$2,286 | \$2,113 | -7.6%    |
| <b>OneCare</b> | \$2,247 | \$2,159 | -3.9%    |
| <b>Other</b>   | \$2,169 | \$1,955 | -9.8%    |

## Pharmacy Expenditure per Member Year

|                | 2012    | 2014    | % Change |
|----------------|---------|---------|----------|
| <b>CHAC</b>    | \$90.44 | \$86.81 | -4.0%    |
| <b>OneCare</b> | \$91.41 | \$92.36 | 1.0%     |
| <b>Other</b>   | \$87.94 | \$80.73 | -8.2%    |

# VMSSP Summary

- An influx of beneficiaries newly eligible for Medicaid and a greater proportion of low-utilizing beneficiaries impacted the average cost of care per member in 2014 relative to baseline
- Decreases in utilization across a variety of service categories also contributed to lower per member spending in 2014 relative to baseline
- Such trends will be analyzed following years 2 and 3 of the VMSSP
  - Additional data is needed to understand the impact of this model

# 2014 Medicaid Payment Measures

| Measure   | CHAC Rate/ Percentile/<br>Points*          | OCV Rate/ Percentile/<br>Points*           |
|---|--|--|
| ACO All-Cause Readmission                                   | 14.93/**/<br>2 Points                      | 17.90/**/<br>2 Points                      |
| Adolescent Well-Care Visits                                 | 41.82/Above 25 <sup>th</sup> /<br>1 Point  | 49.00/Above 50 <sup>th</sup> /<br>2 Points |
| Cholesterol Screening for Pts<br>w/Cardiovascular Disease   | 72.87/Below 25 <sup>th</sup> /<br>0 Points | 73.09/Below 25 <sup>th</sup> /<br>0 Points |
| Mental Illness, Follow-Up After<br>Hospitalization          | 54.55/Above 50 <sup>th</sup> /<br>2 Points | 65.88/Above 75 <sup>th</sup> /<br>3 Points |
| Alcohol and Other Drug<br>Dependence Treatment              | 25.84/Above 50 <sup>th</sup> /<br>2 Points | 26.22/Above 50 <sup>th</sup> /<br>2 Points |
| Avoidance of Antibiotics in Adults<br>with Acute Bronchitis | 31.78/Above 75 <sup>th</sup> /<br>3 Points | 29.70/Above 75 <sup>th</sup> /<br>3 Points |
| Chlamydia Screening   | 51.31/Above 25 <sup>th</sup> /1 Point      | 49.75/Below 25 <sup>th</sup> /0 Points     |
| Developmental Screening                                     | 25.55/**/0 Points                          | 45.50/**/3 Points                          |

\*Maximum points per measure = 3

\*\*Core Measures 1 and 8 compared to ACO-specific benchmarks, not national benchmarks

# Impact on Payment

## Vermont Medicaid Shared Savings Program Quality Performance Summary - 2014

| ACO Name | Points Earned | Total Potential Points | % of Total Quality Points | % of Savings Earned |
|----------|---------------|------------------------|---------------------------|---------------------|
| CHAC     | 11            | 24                     | 46%                       | 85%                 |
| OneCare  | 15            | 24                     | 63%                       | 100%                |

# 2014 Medicaid Payment Measures: Strengths and Opportunities

## ➤ Strengths:

- 10 of 16 ACO results were above the national 50<sup>th</sup> percentile
- 4 of 16 were above the 75<sup>th</sup> percentile
- Both ACOs met the quality gate and were able to share in savings

## ➤ Opportunities:

- 6 of 16 were below the 50<sup>th</sup> percentile
- Some variation among ACOs

# 2014 Medicaid Reporting Measures

| Reporting Measures  | CHAC Rate/ Percentile        | OCV Rate/Percentile          |
|---|------------------------------|------------------------------|
| COPD or Asthma in Older Adults                            | 28.10/Above 75 <sup>th</sup> | 30.88/Above 75 <sup>th</sup> |
| Breast Cancer Screening                                   | 53.09/Above 50 <sup>th</sup> | 55.80/Above 50 <sup>th</sup> |
| Prevention Quality Chronic Composite                      | 28.96/ No Benchmark          | 42.53/No Benchmark           |
| Pharyngitis, Appropriate Testing for Children             | 77.12/Above 50 <sup>th</sup> | 84.31/Above 75 <sup>th</sup> |
| Childhood Immunization                                    | 47.32/Above 90 <sup>th</sup> | 60.84/Above 90 <sup>th</sup> |
| Weight Assessment and Counseling for Children/Adolescents | 32.35/Below 25 <sup>th</sup> | 47.63/Above 25 <sup>th</sup> |
| Optimal Diabetes Care Composite                           | 13.28/No Benchmark           | 33.05/No Benchmark           |
| Diabetes HbA1c Poor Control                               | 23.59/Above 90 <sup>th</sup> | 21.47/Above 90 <sup>th</sup> |
| Colorectal Cancer Screening                               | 53.45/No Benchmark           | 58.42/No Benchmark           |
| Screening for Clinical Depression and Follow-Up Plan      | 40.00/No Benchmark           | 24.55/No Benchmark           |
| Body Mass Index Screening and Follow-Up                   | 47.58/No Benchmark           | 65.27/No Benchmark           |

# 2014 Medicaid Reporting Measures: Strengths and Opportunities

## ➤ Strengths:

- Impressive collaboration between ACOs in collecting clinical data
- For measures with benchmarks, 10 of 12 ACO results were above the national 50<sup>th</sup> percentile
- 7 of 12 were above the 75<sup>th</sup> percentile, and 4 of 12 were above the 90<sup>th</sup> percentile

## ➤ Opportunities:

- Even when performance compared to benchmarks is good, potential to improve some rates
- Some variation among ACOs
- Lack of benchmarks for some Medicaid measures hindered further analysis
- Electronic data capture

---

# Examples: ACO Clinical Quality Improvement Efforts in Year 1



# CY14 and CY15: Clinical Quality Initiatives

## 2014

- Initiate & Empower CHAC Clinical Committee
- Develop 2014 Evidence Based Guidelines
  - ▣ COPD, CHF, Diabetes, Falls
- Engage Community Partners
- Utilize Blueprint Practice Profiles to ID best practices

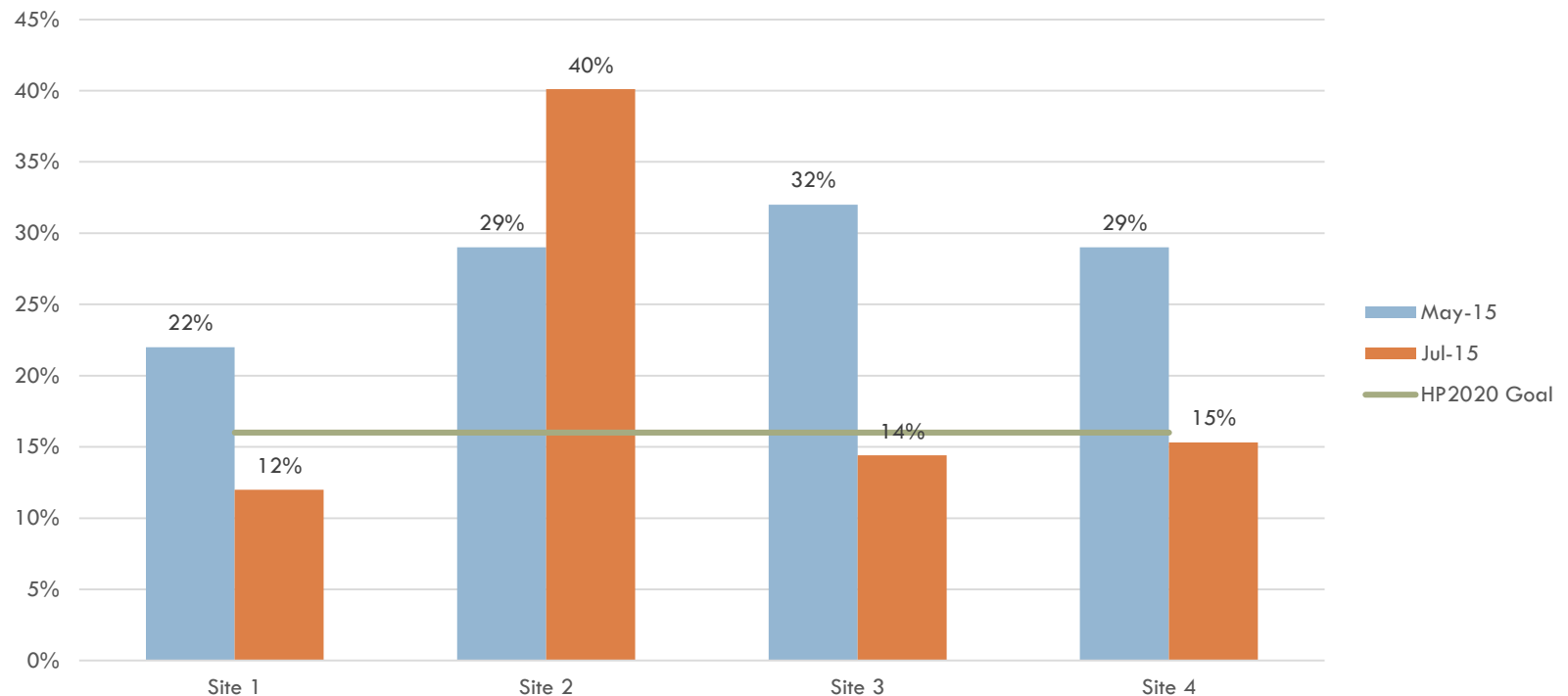
## 2015

- Link Clinical Committee w/ Operations Staff > PDSAs
- Implement 2014 Guidelines
- Develop 2015 Guidelines:
  - ▣ Depression Screening & Tx
- Articulate “10 Points”
- Launch “Data Road Show”
- Launch Remote Monitoring Initiative

# CY14 and CY15: QI at the Practices

- For example, one FQHC completed a PDSA cycle in July 2015 aimed at improving the number of diabetic patients identified as being in poor control (recent A1c >9 or no test within the past year). Significant improvement was made at most practice sites.

Diabetic patients in Poor Control >9 or no test in the past 365 days  
 Baseline and post PDSA cycle 1



# CY14 and CY15: Clinical Quality Improvement

- CHAC QI efforts are resulting in improvements on clinical quality scores.
- Staff are currently analyzing data to determine root of improvements.

| <b>CHAC</b>           | <b>2014</b> | <b>2015</b> | <b>Improved?</b> |
|-----------------------|-------------|-------------|------------------|
| Adult BMI             | 55.9%       | 73.7%       | Y                |
| Child BMI             | 42.3%       | 53.5%       | Y                |
| Diabetes Poor Control | 20.8%       | 18.8%       | Y                |
| Depression Screening  | 37.2%       | 49.8%       | Y                |
| Tobacco Screening     | 69.8%       | 88.4%       | Y                |
| Colorectal Cx Screen  | 62.8%       | 65.2%       | Y                |

Table combines Medicare, Medicaid, and Commercial samples, where possible.

Diabetes Poor Control is an inverse measure.

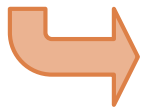
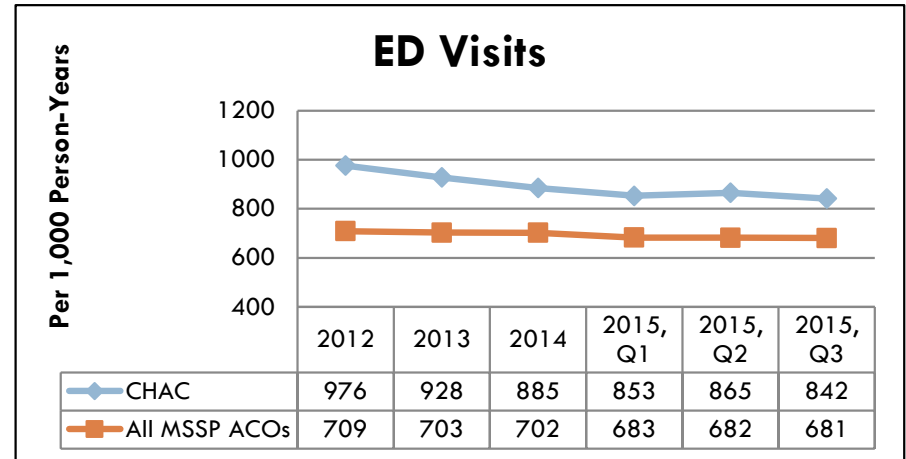
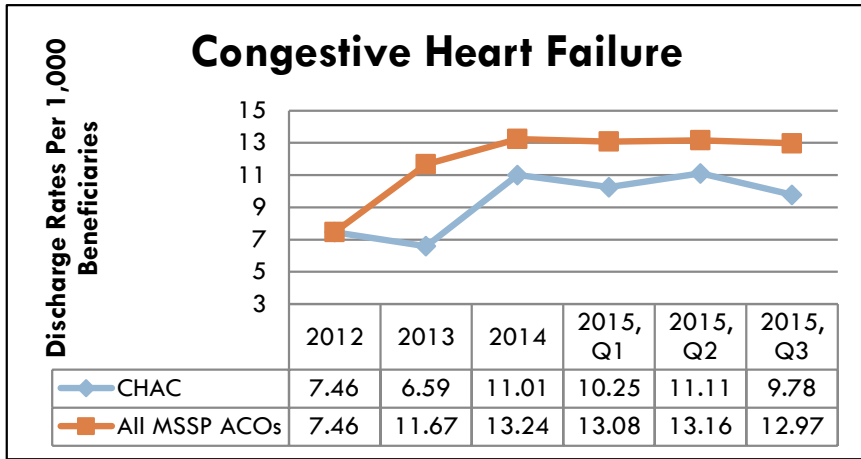
# Ten Critical Points to Transform Vermont's Health System

Vermont's federally qualified health centers (FQHCs) recognize and value the work of the past year on payment reform. However, Vermonters will be healthier and better off only if the system transforms to address social determinants as a priority, commits to comprehensive primary care, invests in strong community-based care systems, and builds capacity to accomplish these goals.

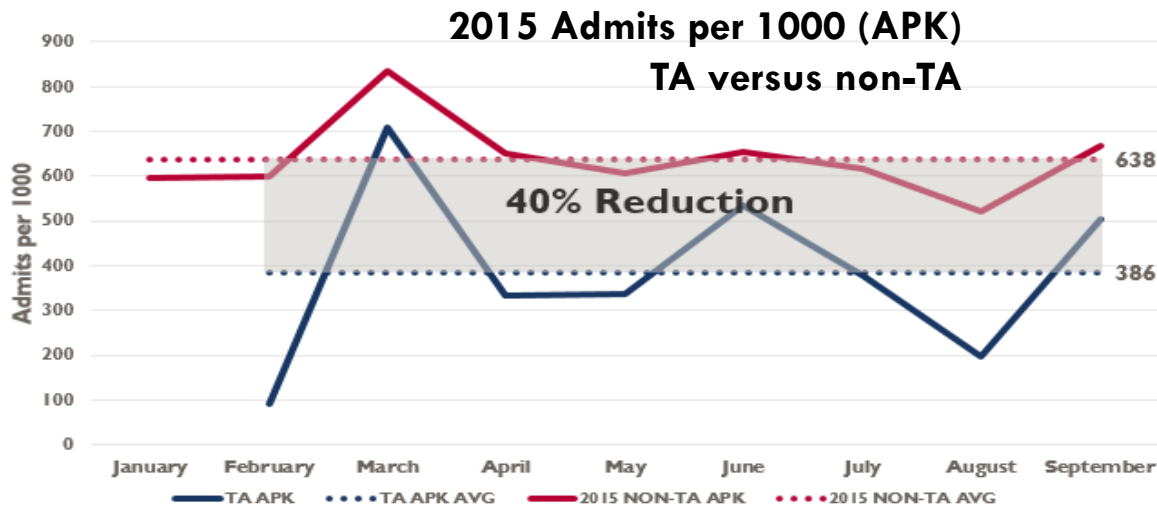
A successfully transformed health system has the following characteristics:

1. Primary care practices are strong and well-supported patient-centered medical homes, with the resources they need to prevent chronic disease, promote wellness, and manage patient care outside the hospital setting.
2. Primary care practitioners have the time they need to address the issues underlying chronic disease and mental health and the resources to maximize primary care practitioner time in direct patient care.
3. Mental health, behavioral health, and primary care work together to provide seamless care to patients.
4. Home health services and primary care practices work together to provide seamless care to patients, and home health is available without regard to Medicare or Medicaid legacy rules around coverage for home health services.
5. Community-based social service agencies are fully-integrated or tightly coordinated with primary care practices, including:
  - Area Agencies on Aging who serve as the eyes and ears of the system, working to keep vulnerable elders housed and out of impoverished living conditions.
  - Mental Health Centers who offer integrated services and supports to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.
  - The Vermont Food Bank and local food shelves with a pulse on food insecurity in the community, working to feed low-income and underserved Vermonters.
  - Parent Child Centers, shaping solutions to meet the needs of working families.
6. Primary care practices work with community partners to offer a "health coach" option to help patients in making better health decisions and following a healthy lifestyle.
7. Communities integrate wellness-initiatives with schools, employers, community centers, etc.; i.e. meet people where they are.
8. Hospitals are stable and positioned to meet the acute inpatient and outpatient needs of the community, and participate as equals in the delivery system.
9. Systems of care are focused on the local and regional levels, with resources deployed efficiently to meet the needs of the community, and with local strategic and project plans that roll up to a statewide plan.
10. Vermont's Blueprint team retains independence and neutrality to lead the transformation effort, using community collaboration boards (e.g. Blueprint UCCs) with broad community representation to shape and drive the transformation at the local level.

# CY15: Utilizing Data to Identify Opportunities



Remote Monitoring Intervention for MSSP patients with COPD, CHF, and Diabetes!

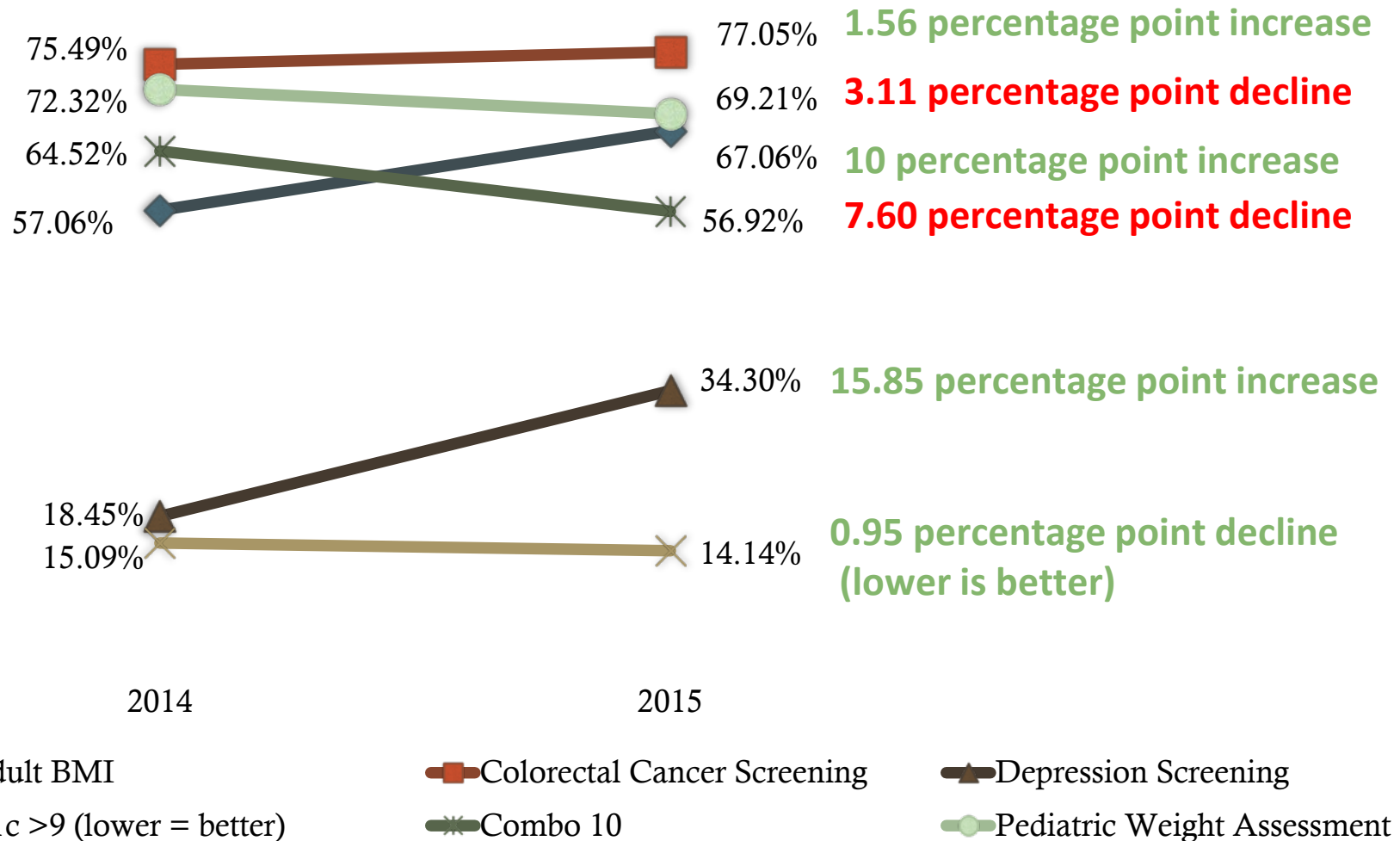


# HealthFirst Network ACO Performance

Summary of Performance for Clinical  
Data Abstraction Measures



# Improvement in 4 of 6 Measures from 2014 to 2015



# Four of Seven Measures Above 75<sup>th</sup> National Benchmark

| Measure                     | 2014 Percentage | 2015 Percentage | 2015 HEDIS National Benchmark |       |       |       |
|-----------------------------|-----------------|-----------------|-------------------------------|-------|-------|-------|
|                             |                 |                 | 25%                           | 50%   | 75%   | 90%   |
| Immunizations - Combo 10    | 74.19%          | 56.92%          | 37.67                         | 45.96 | 52.61 | 59.49 |
| Pediatric Weight Assessment | 71.37%          | 69.21%          | 6.41                          | 47.41 | 59.46 | 69.30 |
| Hemoglobin A1c >9%          | 12.26%          | 14.14%          | 41.36                         | 35.60 | 29.93 | 25.29 |
| Colorectal cancer screening | 76.61%          | 77.05%          | 53.59                         | 57.73 | 61.45 | 66.84 |
| Depression screening        | 19.35%          | 34.30%          | No Benchmark Available        |       |       |       |
| Adult BMI assessment        | 59.68%          | 67.06%          | No Benchmark Available        |       |       |       |
| Cervical cancer screening   |                 | 76.21%          | 69.91                         | 73.84 | 77.84 | 80.82 |
| Tobacco use/counseling      |                 | 83.87%          | No Benchmark Available        |       |       |       |
| Hypertension screening      |                 | 61.29%          | 52.61                         | 58.38 | 62.77 | 67.25 |
| Diabetes retinal eye exam   |                 | 42.34%          | 42.06                         | 48.02 | 53.54 | 61.37 |

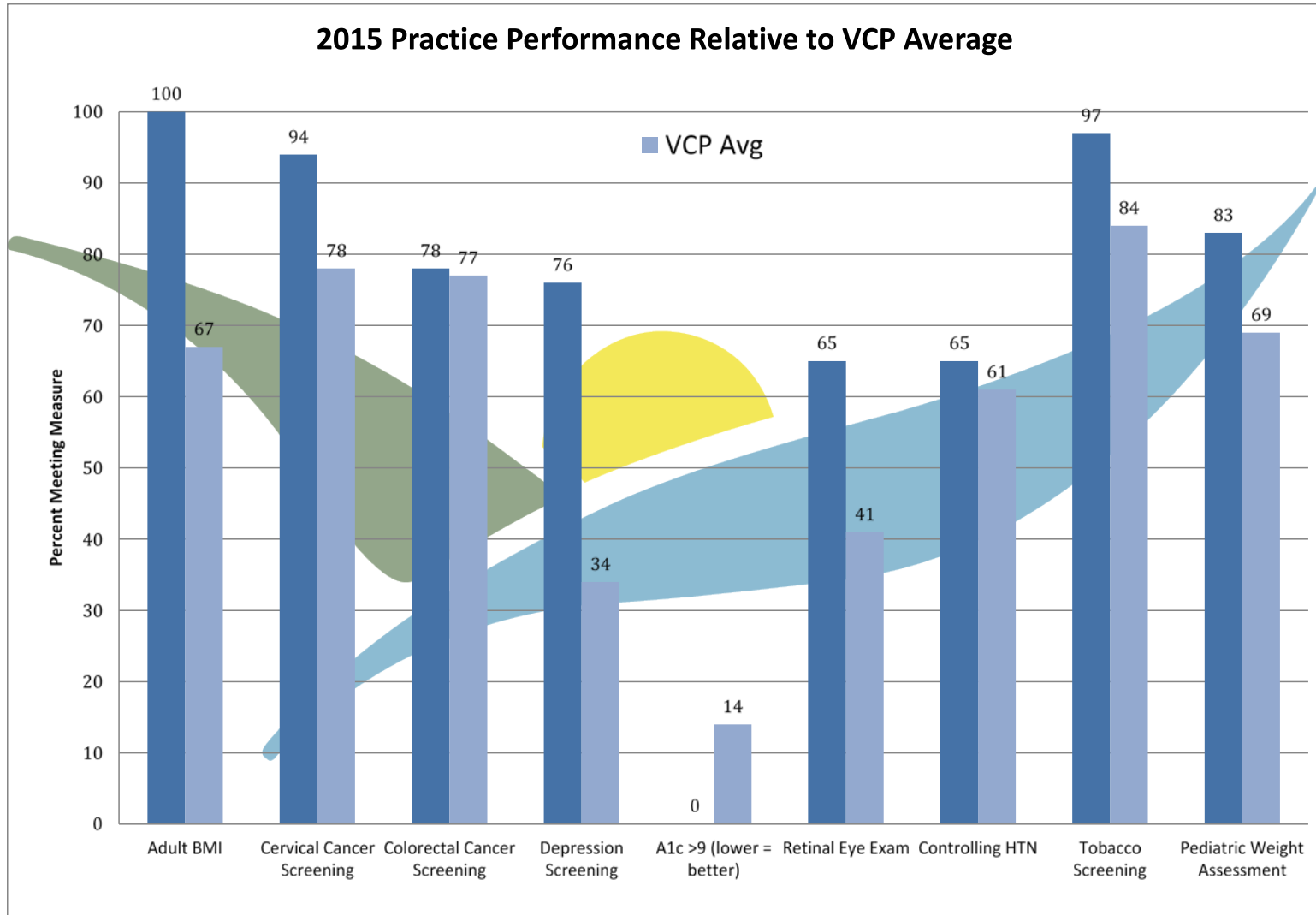


# Sample Practice Report Card

- ↑ Improvement from 2014
- ↓ Worse than 2014
- ⊙ No change from 2014
- Not measured in 2014

|   | Your Practice 2015<br>(numerator/denominator) |    | Your Practice<br>2014 | VCP<br>Average<br>2015 | HEDIS<br>National 90 <sup>th</sup><br>Percentile |
|---|---|----|-----------------------|------------------------|--|
| Adult BMI   | 100 (28/28)                                   | ↑  | 78 (18/23)            | 67                     | N/A  |
| Cervical Cancer Screening                                   | 94 (29/31)                                    | -- | --                    | 78                     | 81   |
| Colorectal Cancer Screening                                 | 78 (21/27)                                    | ↓  | 96 (26/27)            | 77                     | 67   |
| Depression Screening & Follow up Counseling                 | 76 (16/21)                                    | ↓  | 94 (17/18)            | 34                     | N/A  |
| Diabetes Care: A1c >9 (lower rates better)                  | 0 (0/20)                                      | ⊙  | 0 (0/9)               | 14                     | 25   |
| Diabetes Care: Retinal Eye Exam                             | 65 (13/20)                                    | -- | --                    | 41                     | 61   |
| Controlling HTN (<140/90)                                   | 65 (15/23)                                    | -- | --                    | 61                     | N/A  |
| Tobacco Screening & Cessation Counseling                    | 97 (29/30)                                    | -- | --                    | 84                     | N/A  |
| Pediatric Weight Assessment & Nutrition/Exercise Counseling | 83 (5/6)                                      | ↑  | 50 (2/4)              | 69                     | 69   |

# Sample Practice Report Card (page 2)



## Strategies for Quality Improvement:

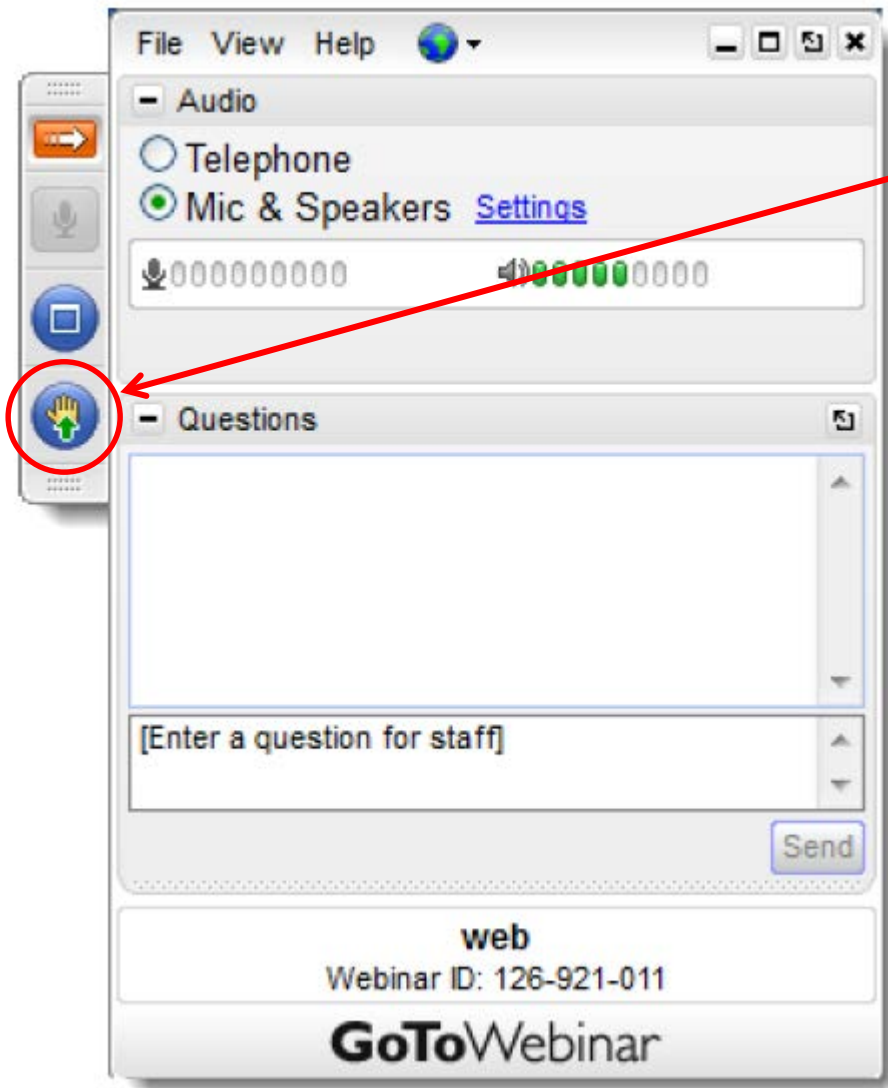
1. Overall network performance for quality measures and utilization is aggregated from Blueprint Practice Profiles, and presented to the HealthFirst Quality Improvement/Care Coordination (QICC) Committee.
2. Quality Manager reviews the individual Practice Report Card with each practice.
3. High-performing practices are identified and workflows shared with lower-performing practices.
4. Clinical Priorities are identified by HealthFirst QICC Committee

## Limitations:

1. Claims-based data is not available until late in the year (August), making it difficult to adjust practice patterns and influence change in the current year.
2. Data abstraction from charts is time consuming, labor intensive, and partially subjective depending on documentation habits.



# Questions and Comments



- To ask questions or make comments, click on the raised hand icon on your control panel. Staff will unmute your line and call on you.