Quality and Performance Measures

Work Group Meeting

Agenda 6-22-15

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Agenda
June 22, 2015; 9:00 AM to 11:00 AM
4th Floor Conf Room, Pavilion Building, 109 State Street, Montpelier
Call-In Number: 1-877-273-4202 Passcode: 420323867

Item #	Timeframe	Topic	Relevant Attachments	Decision Needed?
1	9:00-9:05	**Welcome and Introductions; Approval of Minutes**	**Attachment 1:** May QPM Minutes	YES – Approval
2	9:05-9:10	**Updates:** • Immunization Measure in IOM Report: *Vital Signs: Core Metrics for Health and Health Care Progress* • Status of Work Group's recommended changes to Year 2 ACO Shared Savings Program measures ***Public Comment***	Link to full IOM *Vital Signs* report: http://www.iom.edu/Reports/2015/Vital-Signs-Core-Metrics.aspx **Attachment 2:** Year 2 Measure Changes Presentation to Steering Committee	
3	9:10-10:00	**All-Payer Model – Goals, Objectives, Desired Outcomes and Next Steps** (Lawrence Miller, Chief of Health Care Reform, Office of the Governor) ***Public Comment***	**Attachment 3:** All-Payer Model Introduction (will be sent when available)	
4	10:00-10:45	**Year 3 ACO Shared Savings Program Measures:** • Review of Work Group vote on Asthma-related Monitoring and Evaluation Measure (M&E-1) • Discussion on whether cardiac disease (Core-3a) and diabetes (Core-16) measure changes for Year 2 should be carried forward into Year 3 • Discussion on potential elimination or replacement of M&E-16: ED Utilization for Ambulatory Care-Sensitive Conditions ***Public Comment***	**Attachment 4a:** Priority Changes and Options for Year 3 Measures *(from May meeting)* **Attachment 4b:** Potential Replacement Measure Numerators and Denominators *(from May meeting)* **Attachment 4c:** VDH Memo to QPM *(from May meeting)* **Attachment 4d:** Options for ED Utilization Measure	YES – Measure changes for Year 3
5	10:45-11:00	**Wrap-Up and Next Steps:** Next meeting scheduled for July 22, 2015; 9:00 – 11:00 AM **– PROPOSAL TO CANCEL**		

Attachment 1

May Minutes

VT Health Care Innovation Project
Quality and Performance Measures Work Group Meeting Minutes
Pending Work Group Approval

Date of meeting: May 18, 2015, DVHA Large Conference Room, 312 Hurricane Lane, Williston VT

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions	Catherine Fulton called the meeting to order at 9:01. A roll call was taken and a quorum was present.	
2. Approval of the April Minutes	Catherine Fulton called for a motion to approve the April 13th minutes; Susan Aranoff moved to approve the minutes by exception and Heather Skeels seconded the motion. The minutes were approved by exception with one abstaining vote.	
3. Summary of Institute of Medicine Report	Pat Jones summarized the IOM "Vital Signs" report (Attachment 2 from Bailit Health Purchasing). A link to the full report is provided in the meeting materials. Pat noted that Craig Jones was part of the group that created the report and asked if the group would like him to come to a future QPM Work Group meeting to describe the process that resulted in this report and the findings in more detail. The work group agreed that they would like to hear from Dr. Jones. A question was posed about which childhood immunization measure is recommended in the IOM report. Pat will check and provide the answer. Someone asked if the numbering of the measures indicated their relative importance. The answer is no. There were questions about some of the acronyms in the report. For some measures, the specifications and data sources may not yet be clear.	
3. Vermont ACO Experience with Year 1 Clinical Data Collection	The following team presented on the ACOs' Year One experience with clinical data collection: Maura Crandall – OneCare Vermont Miriam Sheehey – OneCare Vermont Patricia Launer – CHAC; Bi-State Primary Care Heather Skeels - CHAC; Bi-State Primary Care Rick Dooley - Healthfirst The team stressed the unique collaboration that occurred between the three ACOs, and described the benefits,	

Agenda Item	Discussion	Next Steps
	challenges and lessons learned from the process. They also described early indications of quality improvement and improved documentation, and showed examples of the data collection tools that they developed together. They presented several recommendations regarding increased measure alignment; improved timeliness and accuracy of the patient lists used to pull records for extraction; continuing to allow ACOs to develop template and collaborate on data collection; and more timely release of benchmarks. Miriam presented the OneCare Quality Measure Scorecard for Medicare measures; Heather Skeels reviewed the CHAC Scorecard. Sue Aranoff asked about the CHAC score for falls risk prevention – Heather Skeels noted that when the falls screening wasn't done, it was often a documentation issue versus a quality of care delivery issue. Most practices are doing some type of falls screening, but it may not meet the exact specifications of the measure. Work group members discussed the challenge facing practices in addressing all of the relevant measures in a 20 minute office visit. Some practices have begun to include questions to address some of the measures in pre-visit phone calls. Connie Colman noted that information for some measures can also be collected while the patient is in the waiting room. Practices are looking at different workflow adjustments to meet measure requirements. Rachel Seelig asked about when a patient receives both primary care and home health care, and the information (e.g., falls risk screening) is in the home health record, if it can be counted as meeting the measure. The response is yes, as long as the information appears in the primary care record. Cath Burns asked a question about improvement, and Rick Dooley noted that if an ACO improves its score due to improved documentation (rather than changes in care delivery), it won't translate into improved outcomes for patients because the recommended care was already being delivered. Rachel Seelig asked about significant improvement that OneCare has demonstrated in the Optimal Care for Diabetes composite measure for its Medicare population. Miriam noted that UVMMC practices used panel management for diabetic patients to ensure they received recommended follow up care, and referred diabetic patients to Blueprint self-management programs for ongoing management of their diabetes. Jenney Samuelson asked what types of supports are given to the practices after data collection – Patty and Heather noted that results are provided to CHAC practices via clinical director, quality director, and informatics meetings, as well as through Blueprint project managers. The work group applauded the ACOs efforts and presentation, and Cathy Fulton thanked everyone involved. The process has resulted in a number of takeaways, including the creation of a 'punch list' or work plan to ensure that ACOs have the information they need for a smooth data collection process.	

Agenda Item	Discussion	Next Steps
4. Year 3 ACO Shared Savings Program Measures	Pat reviewed Attachment 4a, which was presented to the work group at a previous meeting. It outlines national changes to measures currently in the Vermont commercial and Medicaid measure sets, and potential replacement measures. The most important changes include: • The LDL Screening measure (Core-3a; Cholesterol Management for Patients with Cardiovascular Conditions) in the payment measure set is no longer considered a best practice, and was retired by MSSP and NCQA for 2015. NCQA has proposed statin measures to replace this measure, but they have not yet been finalized and there will be no benchmarks for some time. Another option, as discussed at the April meeting, is the MSSP Hypertension: Blood Pressure Control measure. • The Optimal Diabetes Care Composite measure (Core 16; "D5") was retired by MSSP for 2015, probably because it includes the LDL Screening Measure (for people with diabetes). Minnesota Community Measurement, the measure steward, has replaced the LDL Screening sub-measure with a Statin Use sub-measure, but this version of the measure is not in widespread use. Other options are to continue to collect the D5 sub-measures that are not already in the Vermont measure set (except for the LDL Screening measure), to adopt the Hypertension: Blood Pressure Control measure specifically for people with Diabetes, or to adopt the Medicare Shared Savings Program (MSSP) replacement Diabetes Composite (known as "D2" – it includes Hemoglobin A1C poor control and Eye Exam sub-measures). The work group discussed replacing these measures, not only for 2016 but also for 2015, because guidelines have changed. Under the Green Mountain Care Board's recently adopted measures hiatus, there is the opportunity to replace measures if guidelines have changed. Unanimous votes would imply broad stakeholder support to the GMCB. A third measure change, this one in the monitoring and evaluation measure set for Year 3, was also discussed. Appropriate Medications for People with Asthma is being retired by NCQA in 2016. This measure is collected at the health plan level, not at the ACO level, in Vermont's commercial and Medicaid shared savings programs. A potential replacement is Medication Management for People with Asthma, another NCQA HEDIS measure, which looks at whether people remain on their controller medication for a period of time. The co-chairs asked if the group was prepared to make a recommendation for replacement of the asthma measure for Year 3. Susan Aranoff made a motion by exception to replace Appropriate Medications for People with Asthma with Medication Management for People with Asthma in the Year 3 (2016) Monitoring and Evaluation measure set. Rick Dooley seconded the motion. There were no exceptions or abstentions; the motion carried unanimously. The discussion returned to the Hypertension measure. Pat referenced Attachment 4c, a memo from Health Commissioner Harry Chen regarding the Blood Pressure Control measure, and indicated that Nicole Lukas from	

Agenda Item	Discussion	Next Steps
	VDH could answer questions about the memo. Dr. Virginia Hood from UVMMC joined the meeting to share her expertise on Hypertension. She presented Attachment 4e. Dr. Hood described why we should focus on hypertension; it is a pervasive and controllable risk factor for various serious chronic conditions. She said that despite some suggestions that higher blood pressure targets might be acceptable for older adults, a blood pressure of 140/90 for adults appears to be the best target. The systolic number is the most important. In terms of selecting a performance measure, she suggested: • Percent at or below goal compared to a national or local benchmark • Percent at or below goal individualized for each patient • Percent with BP and other CV risk factors controlled Pat noted that the measure under consideration is the same as the MSSP measure: the percentage of people diagnosed with hypertension whose blood pressure is in control. She noted that the description of the measure and its numerator in Attachment 4b is incorrect – the MSSP measure has a target of 140/90 for all ages. Diane Leach asked about measuring blood pressure when it may fluctuate. Dr. Hood noted that blood pressure naturally fluctuates based on our surroundings and circumstances. In an office setting, the lowest blood pressure should be recorded if there is more than one measurement. Risk from hypertension occurs over time (10-30 years), not from one measurement that falls into the high range. We can put patients on a medication treatment regimen and suggest they take steps to reduce their risk. Patients need to be involved, so that they can have control, understand how to improve blood pressure, and obtain support in doing so. Heather Skeels noted that there will always be a group of people for whom 150 is appropriate, and that this would be reflected in benchmarks -- having 100% of people at 140/90 is probably not achievable. Miriam noted that the ACOs are using the MSSP measure, which identifies the percentage of patients with a blood pressure measurement of 140/90 or lower. Dr. Hood noted that this measure shows results for the whole population, but would also allow ACOs to report back to providers regarding patients who need further follow up. It could support a team approach to improving management of chronic conditions. The work group expressed its appreciation for Dr. Hood's presentation. Catherine asked if the group felt comfortable making a recommendation for replacement measures for Year 2 today. In terms of replacing LDL Screening with Blood Pressure Control, Rick Dooley asked if Blood Pressure Control would have to be a payment measure, given that the LDL screening measure is a payment measure. Nicole Lucas noted that Vermont does well with blood pressure control; the state is already showing 71% compliance for this measure, which is above the national benchmark. Catherine clarified that the vote would be	

Agenda Item	Discussion	Next Steps
	to replace the payment measure with a payment measure. Heather Skeels made a motion for Year 2 (2015) of the Medicaid and Commercial Shared Savings Programs to eliminate the LDL Screening payment measure and replace it with the Medicare Shared Savings Program Blood Pressure Control measure as a payment measure; and to eliminate the Diabetes Care Composite ("D5") reporting measure and replace it with the Medicare Shared Savings Program ("D2") measure as a reporting measure. Sue Aranoff seconded the motion. Pat clarified that the Blood Pressure Control measure would align with the MSSP measure; it would have a target blood pressure of 140/90 or lower for all ages. A roll call vote was taken to ensure a quorum remained; the motion carried unanimously, with no abstentions or no votes.	
8. Next Steps, Wrap Up and Future Meeting Schedule	**Next Meeting:** Monday, June 22, 2015; 9:00 am – 11:00 am; EXE - 4th Floor Conf Room, Pavilion Building; 109 State Street, Montpelier. Please note that it is necessary for ALL visitors to have proper photo identification when signing in at the Kiosk Desk on the 1st floor.	

VHCIP QPM Work Group Member List

Roll Call: 5/18/2015

Minutes
Sue Aranoff 1°
Heather Skeels 2°
- Mtn to approve by exception
Motion carried
1 abstention

Member		Member Alternate		Minutes	①	②	
First Name	Last Name	First Name	Last Name				Organization
Susan	Aranoff ✓	Patricia	Cummings ✓			Y	AHS - DAIL
Jaskanwar	Batra	Kathleen	Hentcy				AHS - DMH
Catherine	Burns ✓	Kim	McClellan ✓			Y	DA - HowardCenter for Mental Health
Connie	Colman ✓	Peter	Cobb				Central Vermont Home Health and Hospice
Yvonne	DePalma						Planned Parenthood of Northern New England
Rick	Dooley ✓					Y	HealthFirst
Judith	Franz						VITL
Aaron	French ✓	Erin	Carmichael ✓			Y	AHS - DVHA
Catherine	Fulton ✓					Y	Vermont Program for Quality in Health Care
Maura	Graff ✓			A		Y	Planned Parenthood of Northern New England
Paul	Harrington					·	Vermont Medical Society
Pat	Jones ✓	Richard	Slusky			Y	GMCB
Heidi	Klein	~~Robin~~ Nicole	~~Edelman~~ Lucas ✓			Y	AHS - VDH
Patricia	Launer ✓	Kate	Simmons			Y	CHAC
Diane	Leach ✓					Y	Northwestern Medical Center
Vicki	Loner	Miriam	Sheehey ✓			Y	OneCare Vermont
Mike	Nix ✓					Y	Jeffords Institute for Quality, FAHC
Laura	Pelosi ✓					Y	Vermont Health Care Association
Paul	Reiss	Amy	Cooper				Accountable Care Coalition of the Green Mountains
Lila	Richardson ✓	Julia	Shaw			Y	VLA/Health Care Advocate Project
Rachel	Seelig ✓					Y	VLA/Senior Citizens Law Project
Shawn	Skaflestad ✓	Lily	Sojourner			Y	AHS - Central Office
Heather	Skeels ✓	Patricia	Launer			Y	Bi-State Primary Care
Jennifer	Stratton						Lamoille County Mental Health Services
Monica	Weeber						AHS - DOC
Robert	Wheeler	Teresa	Voci ✓ 9:20			—	Blue Cross Blue Shield of Vermont
	26		14				

① Replace M+E1 with HEDIS Measure — Sue Aranoff 1° / Rick Dooley 2°
- no exceptions heard

MEASURES VOTING:

Heather Skeels 1° ② Motion match MSSP measure 140/90 — Sue Aranoff 2°
eliminate LDL screening + DS for Yr 2015
replace with Blood pressure control measure / Reporting Da to DS

VHCIP QPM Work Group Participant List

Attendance: 5/18/2015

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

First Name	Last Name		Organization	QPM
Peter	Albert		Blue Cross Blue Shield of Vermont	X
Susan	Aranoff	here	AHS - DAIL	S/M
Bill	Ashe		Upper Valley Services	X
Ena	Backus		GMCB	X
Melissa	Bailey		Vermont Care Partners	X
Michael	Bailit		SOV Consultant - Bailit-Health Purchasing	S
Susan	Barrett		GMCB	X
Jaskanwar	Batra		AHS - DMH	M
Charlie	Biss		AHS - Central Office - IFS / Rep for AHS - DMH	X
Catherine	Burns	here	DA - HowardCenter for Mental Health	M
Erin	Carmichael	here	AHS - DVHA	MA
Joshua	Cheney		VITL	A
Amanda	Ciecior	here	AHS - DVHA	S
Peter	Cobb		VNAs of Vermont	MA
Connie	Colman	phone	Central Vermont Home Health and Hospice	M
Amy	Coonradt	here	AHS - DVHA	S

Amy	Cooper		Accountable Care Coalition of the Green Mountains	MA
Alicia	Cooper		AHS - DVHA	S
Janet	Corrigan		Dartmouth-Hitchcock	X
Patricia	Cummings		AHS - DAIL	MA
Jude	Daye		Blue Cross Blue Shield of Vermont	A
Yvonne	DePalma		Planned Parenthood of Northern New England	M
Rick	Dooley	here	HealthFirst	M
Robin	Edelman		AHS - VDH	MA
Gabe	Epstein	here	AHS - DAIL	S
Erin	Flynn		AHS - DVHA	S
Judith	Franz		VITL	M
Aaron	French	here	AHS - DVHA	M
Catherine	Fulton	here	Vermont Program for Quality in Health Care	C/M
Lucie	Garand		Downs Rachlin Martin PLLC	X
Christine	Geiler		GMCB	S
Maura	Graff	here	Planned Parenthood of Northern New England	M
Bryan	Hallett		GMCB	S
Paul	Harrington		Vermont Medical Society	M
Kathleen	Hentcy		AHS - DMH	MA
Bard	Hill		AHS - DAIL	MA
Craig	Jones		AHS - DVHA - Blueprint	X
Pat	Jones	here	GMCB	S/M
Joelle	Judge	here	UMASS	S
Sarah	Kinsler		AHS - DVHA	S
Heidi	Klein		AHS - VDH	S/M
Peter	Kriff		PDI - Creative Consulting	X
Kelly	Lange		Blue Cross Blue Shield of Vermont	X
Patricia	Launer	here	CHAC	M
Diane	Leach	phone	Northwestern Medical Center	M
Deborah	Lisi-Baker		SOV - Consultant	X
Vicki	Loner		OneCare Vermont	M
Nicole	Lukas	joined at 10:00 AM	AHS - VDH	X
Georgia	Maheras		AOA	S
Mike	Maslack			X

Kim	McClellan	here	DA - Northwest Counseling and Support Services	MA
Darcy	McPherson		AHS - DVHA	X
Jessica	Mendizabal		AHS - DVHA	S
Anneke	Merritt		Northwestern Medical Center	X
Robin	Miller		AHS - VDH	X
MaryKate	Mohlman		AHS - DVHA - Blueprint	X
Mike	Nix	phone	Jeffords Institute for Quality, FAHC	M
Annie	Paumgarten	here	GMCB	S
Laura	Pelosi	here	Vermont Health Care Association	C/M
Luann	Poirer		AHS - DVHA	S
Sherry	Pontbriand		NMC	X
Betty	Rambur		GMCB	X
Allan	Ramsay		GMCB	X
Paul	Reiss		Accountable Care Coalition of the Green Mountains	M
Lila	Richardson	phone	VLA/Health Care Advocate Project	M
Jenney	Samuelson	phone	AHS - DVHA - Blueprint	X
Rachel	Seelig	here	VLA/Senior Citizens Law Project	M
Julia	Shaw		VLA/Health Care Advocate Project	MA
Miriam	Sheehey	here	OneCare Vermont	MA
Kate	Simmons		Bi-State Primary Care/CHAC	MA
Colleen	Sinon		Northeastern Vermont Regional Hospital	X
Shawn	Skaflestad	here	AHS - Central Office	M
Heather	Skeels	here	Bi-State Primary Care	M
Richard	Slusky		GMCB	S/MA
Jennifer	Stratton		Lamoille County Mental Health Services	M
Kara	Suter		AHS - DVHA	S
Julie	Tessler		DA - Vermont Council of Developmental and Mental Health Serv	X
Win	Turner			X
Teresa	Voci	phone	Blue Cross Blue Shield of Vermont	MA
Nathaniel	Waite		VDH	X
Marlys	Waller	here	DA - Vermont Council of Developmental and Mental Health Serv	X
Julie	Wasserman	here	AHS - Central Office	S
Monica	Weeber		AHS - DOC	M
Kendall	West		Bi-State	X
James	Westrich		AHS - DVHA	S

Robert	Wheeler		Blue Cross Blue Shield of Vermont	M
Bradley	Wilhelm		AHS - DVHA	S
Cecelia	Wu		AHS - DVHA	S
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Maura Crandall
Dr. Virginia Hood

Attachment 2

Year 2 Measure Changes Presented to Steering Committee

Proposed Changes to Year 2 ACO Shared Savings Program Measures

VHCIP Steering Committee

May 27, 2015

Background

- Quality measures can and do change as the evidence base changes.
- The QPM Work Group's consultant, Bailit Health Purchasing, provided a summary of national changes to measures in Vermont's Year 2 SSP measure sets.
- There have been recent national changes to two measures in the payment/reporting measure sets:
  - Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening), a claims-based payment measure
  - Optimal Diabetes Care Composite ("D5"), a clinical data-based reporting measure

Proposed Year 2 Measure Changes

- At its May 18 meeting, the QPM Work Group voted unanimously to recommend replacement measures for these two measures.
- This recommendation would be effective for Year 2 (2015) of the Medicaid and Commercial Shared Savings Programs.
- The Work Group will consider this recommendation when completing its review of measures for Year 3 (2016) of the Medicaid and Commercial Shared Savings Programs during the next couple of months.

Recommendation: Replace LDL Screening with Controlling High Blood Pressure

Current Measure	Recommended Measure
Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening) (Payment Measure)	Hypertension: Controlling High Blood Pressure (Payment Measure)

- LDL screening is no longer considered best practice; as a result, this measure has been dropped by the Medicare Shared Savings Program (MSSP) and NCQA HEDIS.
- Newly proposed HEDIS cholesterol measure (Statin Therapy for Patients with Cardiovascular Disease) has not yet been adopted, and will lack benchmarks when it is.
- QPM Work Group recommendation is to replace LDL Screening with a nationally-endorsed MSSP measure:
  - Hypertension: Controlling High Blood Pressure

Recommendation: Replace Optimal Diabetes Care Composite with MSSP Diabetes Composite

Current Measure	Recommended Measure
Optimal Diabetes Care Composite ("D5," includes LDL Screening, hemoglobin A1c control, blood pressure control, tobacco non-use, and aspirin use) (Reporting Measure)	MSSP Diabetes Composite ("D2," includes hemoglobin A1c poor control and eye exam) (Reporting Measure)

- CMS has retired this measure from the MSSP measure set, most likely because one of the 5 sub-measures is the LDL Screening measure.
- QPM Work Group recommendation is to replace "D5" with the new MSSP Diabetes Composite Measure ("D2").
- Two of the remaining three sub-measure topics in "D5" would be addressed for the broader population by the current "Tobacco Use: Screening and Cessation" reporting measure, and the proposed "Hypertension: Controlling High Blood Pressure" payment measure.

For Steering Committee Consideration

- Is the recommendation consistent with the goals and objectives of the grant?
  - This recommendation is consistent with the following goals and objectives of the grant (outlined in the Operational Plan):
    - To increase the level of accountability for cost and quality outcomes among provider organizations;
    - To establish payment methodologies across all payers that encourage the best cost and quality outcomes;
    - To ensure accountability for outcomes from both the public and private sectors; and
    - To create commitment to change and synergy between public and private culture, policies and behavior.

For Steering Committee Consideration

- Is the recommendation inconsistent with any other policy or funding priority that has been put in place within the VCHIP project?
  - No; modification of ACO SSP measure sets in response to national measure changes was anticipated beyond Year 1.
- Has the recommendation been reviewed by all appropriate workgroups?
  - These recommendations were approved unanimously by the QPM Work Group after discussion at 3 meetings. The Work Group also considered input on the Hypertension measure from the VT Commissioner of Health, Harry Chen, MD; other Department of Health staff; and Virginia Hood, MD, a nephrologist from the UVM Medical Center.

Attachment 3

All-Payer Model Introduction

Attachment 4a

Priority Changes and Options for Year 3 Measures

bailit health PURCHASING

56 Pickering Street Needham, MA 02492 T: (781)453-1166 F: (781)453-1167 www.bailit-health.com

TO: Pat Jones and Alicia Cooper
FROM: Michael Bailit and Michael Joseph
DATE: April 7, 2015
RE: Changes to ACO Measures

In our memo dated 3-10-15 we identified changes in national measure sets that are relevant to the Vermont ACO measure set. Last week you asked that we provide you with options for measures that could replace measures that have been retired, or have been proposed for retirement, from national measure sets. This memo responds to that request.

I. Payment Measures

Measure	Reason	Options for Replacement
Core-3a: Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening Only)	Removed from HEDIS 2015 due to a change in the national guideline	1. Statin Therapy for Patients with Cardiovascular Disease *This is a newly proposed HEDIS 2016 measure, effectively replacing LDL screening. CMS is likely to adopt the measure, but has not yet done so. NCQA will not publish benchmarks for 2016, but is likely to do so for 2017. Final specifications will be released with in July.* 2. (Core-39/ MSSP-28) Hypertension (HTN): Controlling High Blood Pressure, or (Core-40/ MSSP-21) Screening for High Blood Pressure and follow-up plan documented *These currently pending measures assess high blood pressure, a significant population health risk. They align with the MSSP and benchmarks exist, but they require clinical data.*

II. Reporting Measures

Measure	Reason for Retirement	Options for Replacement
Core-16 (MN Community Measurement's Optimal Diabetes Care)	CMS has retired this measure (MSSP-22-25) from the MSSP measure set. This may be because MSSP-23 (Core-16b) is an LDL control measure.	1. The revised MN Community Measurement Optimal Diabetes Care for 2015 *MN Community Measurement has replaced the LDL measure with a statin use measure. Maine has adopted this measure.* 2. The three remaining individual measure components of Core-16 not already in the measure set, i.e., Core-16c: Blood Pressure <140/90, Core-16d: Tobacco Non-Use, and Core-16e: Aspirin Use *All of these are evidence-based measures of effective diabetes management. Benchmarks are available for the blood pressure control measure.* 3. Blood pressure control *This is an important outcome measure for management of diabetes. Benchmarks are available for the diabetes blood pressure control measure.*

III. Monitoring and Evaluation Measures

Measure	Reason for Retirement	Options for Replacement
M&E-1: Appropriate Medications for People with Asthma	NCQA is proposing retiring this measure for 2016 due to consistently high HEDIS performance rates and little variation in plan performance for both commercial and Medicaid plans.	1. Medication Management for People with Asthma *This measure was first introduced in HEDIS 2012. NCQA views it as a more effective way of assessing asthma medication management. National benchmarks are available, and the measure can be calculated with claims.*
M&E-16: ED Utilization for Ambulatory Care-Sensitive Conditions	AHRQ has retired this measure for unidentified reasons.	AHRQ is working on ED-specific PQI measures, and conducted a beta test for the draft ED-PQI SAS software from March – May 2014. The beta test was conducted to test how well the software calculates the measures using data from different users and to see how reliable the program is. The measure has not yet been finalized. In the meantime, the measure set still contains M&E-14: Avoidable ED visits-NYU algorithm. This measure is available only at the end of the year, but captures related content to the retired measure.

IV. Pending Measures

Measure	Reason for Retirement	Options for Replacement
Core-3b: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)	Removed from HEDIS 2015 due to a change in the national guideline	See option 1 for Core-3a on page 1.
Core-38: Coronary Artery Disease (CAD) Composite <100 mg/dL)	CMS has retired this measure (MSSP-32) from the MSSP measure set, in all likelihood because it is an LDL control measure.	See option 1 for Core-3a on page 1.

Attachment 4b

Potential Replacement Measure Numerators and Denominators

Vermont Quality and Performance Measures Work Group
Potential Replacement Measure Numerators and Denominators
May 18, 2015

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
Core-39/ MSSP-28	Hypertension (HTN): Controlling High Blood Pressure	NQF #0018; MSSP	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria: • Members 18–59 years of age whose BP was <140/90 mm Hg. • Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. • Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. ***Note:*** *Use the Hybrid Method for this measure. A single rate is reported and is the sum of all three groups.*	The number of members in the denominator whose most recent BP (both systolic and diastolic) is adequately controlled during the measurement year based on the following criteria: • Members 18–59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg. • Members 60–85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg. • Members 60–85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg. To determine if the member's BP is adequately controlled, the representative BP must be identified.	Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.
Core-40/ MSSP-21	Screening for High Blood Pressure and Follow-up Plan Documented	Not NQF-endorsed; MSSP	Percentage of patients aged 18 years and older seen during the measurement period who were screened for high blood pressure (BP) AND a recommended follow-up plan is documented based on the current BP reading as indicated	Patients who were screened for high blood pressure and a recommended follow-up plan is documented as indicated if the blood pressure is pre-hypertensive or hypertensive.	All patients aged 18 years and older at the beginning of the measurement period

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
Core-16 MSSP-22-26	Diabetes Composite (D5): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco non-use, Aspirin use (note LDL removed for 2014)	NQF #0729; MSSP; Year 1 Vermont SSP Reporting Measure	Please note that this measure is in a transition phase due to changes in national guidelines for cholesterol management. For the 2014 reporting year, dates of service between 1/1/2013 – 12/31/2013 the measure was: the percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage for patients with diagnosis of ischemic vascular disease) with the intent of preventing or reducing future complications associated with poorly managed diabetes. Patients ages 18 - 75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 140/90, Tobacco non-user and for patients with diagnosis of ischemic vascular disease daily aspirin use unless contraindicated. For the 2015 reporting year, dates of service 1/1/2014 – 12/31/2014 the cholesterol component (LCL<100) is removed from the numerator. For the 2016 reporting year, dates of service 1/1/2015 – 12/31/2015, MN Community Measurement has replaced the LDL measure with a statin use and renamed the measure D5. The new D5 includes the following • HbA1c <8.0, Blood Pressure Control <140/90, patient is on a statin medication unless contraindication or valid exception is documented, patient is currently a non-tobacco user, if the patient has a comorbidity of Ischemic Vascular Disease, the patient is on daily aspirin or an accepted contraindication or valid exemption is documented	Patients ages 18 to 75 with diabetes who meet all of the following targets from the most recent visit during the measurement year: HbA1c less than 8.0, blood pressure less than 140/90, tobacco non-user, and daily aspirin for patients with diagnosis of ischemic vascular disease use unless contraindicated, and is on a statin medication unless contraindication or valid exception is documented.	Patients ages 18 to 75 with diabetes who have at least two visits for this diagnosis in the last two years (established patient) with at least one visit in the last 12 months.

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
N/A	Statin Use Measures: • Statin Therapy for Patients with Cardiovascular Disease • Statin Therapy for Patients with Diabetes	HEDIS	These are proposed new HEDIS measures for 2016. *At this time it is unknown if they were adopted, but we think it likely.* Benchmarks would not be available at least until HEDIS 2017: 1. Statin Therapy for Patients With Cardiovascular Disease: NCQA proposes to assess the number of males 21–75 years of age and females 40–75 years of age with clinical atherosclerotic cardiovascular disease to improve the use and adherence of statin therapy for secondary prevention of cardiovascular disease. Two rates are reported for this measure: 1) Patients who were dispensed at least moderate intensity statin therapy at least once during the measurement year and 2) Patients who were dispensed at least moderate intensity statin therapy that they remained on for at least 80% of their treatment period. The proposed measure aligns with new blood cholesterol guidelines from the American College of Cardiology and American Heart Association (ACC/AHA). 2. Statin Therapy for Patients With Diabetes: NCQA proposes to assess the number of adults 40–75 with diabetes to improve the use and adherence of statin therapy for primary prevention of cardiovascular disease. Two rates are reported for this measure: 1) Patients who were dispensed any intensity statin therapy at least once during the measurement year and 2) Patients who were dispensed a statin of any intensity that they remained on for at least 80% of their treatment period. The proposed measure is based on recommendations from the ACC and AHA and the American Diabetes Association.	1. Statin Therapy for Patients With Cardiovascular Disease: Two rates are reported for this measure: 1) Patients who were dispensed at least moderate intensity statin therapy at least once during the measurement year and 2) Patients who were dispensed at least moderate intensity statin therapy that they remained on for at least 80% of their treatment period. 2. Statin Therapy for Patients With Diabetes: Two rates: 1) Patients who were dispensed any intensity statin therapy at least once during the measurement year and 2) Patients who were dispensed a statin of any intensity that they remained on for at least 80% of their treatment period.	1. Statin Therapy for Patients With Cardiovascular Disease: males 21–75 years of age and females 40–75 years of age with clinical atherosclerotic cardiovascular disease. 2. Statin Therapy for Patients With Diabetes: Adults 40–75 with diabetes

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
N/A	Eye Exams for Diabetics	MSSP (part of 2015 Diabetes Composite measure that also includes Diabetes HbA1c Poor Control); HEDIS NQF# 0055	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed.	An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following: – A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 or type 2) during the measurement year or the year prior to the measurement year.
N/A	Medication Management for People with Asthma	HEDIS, NQF# 1799	The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.	The number of members who achieved a PDC of at least 50% for their asthma controller medications (Table ASM-D) during the measurement year. The number of members who achieved a PDC of at least 75% for their asthma controller medications (Table	Members age 5 – 64 years of age who were identified using the following steps: Step 1: Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years. – At least one ED visit (ED Value Set), with a principal diagnosis of asthma (Asthma Value Set). – At least one acute inpatient

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
				ASM-D) during the measurement year. Follow the steps below to identify numerator compliance.	encounter (Acute Inpatient Value Set), with a principal diagnosis of asthma (Asthma Value Set). – At least four outpatient visits (Outpatient Value Set) or observation visits (Observation Value Set) on different dates of service, with any diagnosis of asthma (Asthma Value Set) and at least two asthma medication dispensing events (Table ASM-C). Visit type need not be the same for the four visits. – At least four asthma medication dispensing events (Table ASM-C). Step 2: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier (i.e., measurement year or year prior to the measurement year). Step 3: Required exclusions. Exclude members who met any of the following criteria: • Members who had any diagnosis from any of the following value sets, any time during the member's history through Dec. 31 of the measurement year:

#	Measure Name	Use by Other Programs	Description	Numerator	Denominator
					– Emphysema Value Set. – Other Emphysema Value Set. – COPD Value Set. – Obstructive Chronic Bronchitis Value Set. – Chronic Respiratory Conditions Due to Fumes/Vapors Value Set. – Cystic Fibrosis Value Set. – Acute Respiratory Failure Value Set. – Members who had no asthma controller medications (Table ASM-D) dispensed during the measurement year.

Attachment 4c

VDH Memo to QPM

VERMONT

Department of Health

To: Quality and Performance Measures Work Group, VHCIP

From: Harry Chen, MD
Commissioner of Health, Vermont Department of Health

Date: May 11, 2015

Re: Proposed changes to ACO measures for year three, and rationale for maintaining systolic blood pressure target at less than 140 mm Hg

The Vermont Department of Health would like to provide comments in response to the memo from Bailit and Joseph dated April 7, 2015 (attachment five in the April 13, 2015 Work Group packet). The Health Department staff members working on programs for diabetes and cardiovascular disease prevention and control and health surveillance have reviewed recent performance measures and issues related to these conditions discussed by the Quality and Performance Measures Work Group (QPM WG). We also reviewed the published literature, discussed these issues with CDC science advisors, and conferred with a Vermont clinical expert who is planning to attend the QPM WG on May 18th, 2015 to answer questions related to hypertension management. Following careful consideration of the issues, we strongly support replacing the measure being removed with a hypertension control measure, and that the systolic blood pressure control target remains less than 140 until further guidelines are issued in 2016. (See the attached annotated articles that advocate keeping blood pressure target at less than 140/90 mm Hg).

Regarding options for replacing the payment measure, Core-3A (cholesterol management), we support Core-39/MSSP-28 Controlling High Blood Pressure because it is an existing NQF measure already being widely collected and reported. It is a priority measure for the CDC and for other organizations funding Million Hearts (blood pressure control) projects nationwide. Prevalence of hypertension in Vermont is high: 29% for adults overall and 65% for those aged 60 and older. As a state with an aging population this measure will impact the majority of Vermonters. Hypertension is the most modifiable risk factor for reducing stroke and preventing the progression of heart and kidney disease.

The "2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC8)" caused controversy about raising the target systolic blood pressure from 140 to 150 mm Hg. The majority of published opinions about blood pressure targets since this report continue to advocate for targets of less than 140/90 in everyone but the frail or elderly (over age 80). Groups that support keeping the target at 140/90 include CDC, American Heart Association (AHA), HRSA, American College of Cardiology (ACC), International Hypertension Society and the American

Society of Hypertension. ACC and AHA are among those working on hypertension treatment guidelines slated for release sometime in 2016.

Target guidelines for group performance measures are not meant to supersede healthcare providers' clinical judgment about individualized treatment goals. The Vermont Department of Health echoes the majority of authorities advocating to keep the blood pressure target at less than 140/90 mm Hg. In light of the current scientific controversy we feel it is premature to change the blood pressure target to 150/90 for those at age 60 plus and risk losing the gains we made in decreasing hypertension-related deaths and co-morbidities.

Virginia Hood, MD, MPH, from Nephrology Services at the University of Vermont Medical Center, and past President of the American College of Physicians, will answer QPM WG members' questions on May 18th.

Attachment 4d

Options for ED Utilization Measure

bailit health PURCHASING

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TO: Pat Jones
FROM: Michael Bailit, Michael Joseph and Margaret Trinity
DATE: June 18, 2015
RE: ACO ACSC ED Utilization Measure Options

You recently asked us to research options for the Ambulatory Care-Sensitive Conditions (ACSC) Emergency Department (ED) measure (M&E-16), including: 1) continuing to use the current measure, which is based on PQI specifications that are no longer endorsed by AHRQ; 2) replacing the measure with an ACSC measure developed by Onpoint Health Data; and 3) dropping the measure without replacement. This memo explains the substantive differences between the specifications for the AHRQ PQI and the Onpoint ACSC measure specifications, discusses the pros and cons of the three alternative approaches, and offers a recommendation for further discussion.

AHRQ's ACSC ED Measure

The ACSC ED measure used by Vermont in Year 1 of the ACO SSP is based on an AHRQ PQI specification that focuses on ambulatory care-sensitive conditions such as asthma, diabetes and dehydration -- conditions where timely and effective ambulatory care can decrease hospitalizations by preventing the onset of an illness, or by managing a chronic disease or condition. Our understanding is that AHRQ no longer endorses the specifications upon which Vermont based this measure for Year 1.

Onpoint Health Data's ACSC ED Measure

Onpoint Health Data originally developed the methodology for an ACSC ED measure for the New Hampshire Comprehensive Health Care Information System and the New Hampshire Department of Health and Human Services. For this measure, Onpoint developed a set of diagnostic categories that are most likely to represent conditions that are non-urgent and/or treatable in primary care settings. These categories include diagnoses where outpatient ED use or office visits were common, but for which inpatient hospitalization was rare.[1]

Onpoint uses this same measure for Vermont Blueprint reporting. In addition, the measure is the same as that reported in Onpoint's 2010 publication *Tri-State Variation in Health Services Utilization & Expenditures in Northern New England*, prepared in response to a request from the former Vermont Department of Banking, Insurance, Securities & Health Care Administration.

[1] Information on the diagnostic categories included in Onpoint's ACSC ED measure may be found on page 42 of the *Tri-State* report at: http://gmcboard.vermont.gov/sites/gmcboard/files/Tri-State-Commercial-Variation.pdf

Pros and Cons of the Three Options

As you are aware, there is no one methodology for measuring ACSC ED visit utilization that has been universally adopted. The AHRQ measure and the Onpoint measure offer two divergent approaches. Whereas the AHRQ measure was derived from a measure of ambulatory care-sensitive inpatient use, Onpoint's measure is geared to outpatient ED visits that do not result in hospitalization. In fact, except for asthma, none of the diagnostic categories across these two measure specifications have any overlap.

In weighing the three options, it should also be noted that AHRQ is developing a new set of measures for Emergency Department Patient Quality Indicators (ED PQIs). Preliminary testing of SAS software to support these new indicators was done in the spring of 2014. AHRQ has not released the specifications for public review or a timetable indicating when they may be available. As these specifications are not available for immediate implementation, Bailit Health is not considering them as an option for the short term. However, once the ED PQI specifications are released, we recommend that the Quality and Performance Measures Work Group consider them.

The aforementioned three options each present distinct advantages and disadvantages.

- Continue to Use AHRQ's ACSC ED Measure. This measure has the advantage of identifying high rates of ambulatory care-sensitive ED visits in a community, meaning visits that should have been treated successfully in outpatient settings but that present in an emergency department. The results of this measure can serve as an important warning of lack of adequate prevention efforts, a shortage of primary care resources, ineffective deployment of those resources, or other barriers to care. Another advantage is that because this measure was used in Year 1 of the pilot, Vermont will be able to compare results from Year 1 to Year 2 and beyond. A disadvantage of this measure is that because AHRQ no longer endorses it, AHRQ will no longer be providing updates or support for this measure. Furthermore, the fact that AHRQ no longer supports this measure reduces its credibility.

- Adopt Onpoint's ACSC ED Measure. One advantage of the measure developed by Onpoint is its goal of measuring the proper functioning of the outpatient health care delivery system. The specification codes used for this measure suggest that it is a measure of: 1) whether patients are appropriately using the health care system; 2) how well patients are able to access primary care, after-hours care, nurse help lines or urgent care walk-in centers; and 3) how well primary care physicians are managing their patients with routine care needs. As such, the Onpoint Health Data measure appears to offer a viable basis for an ACSC ED measure specification for Vermont's consideration. A disadvantage of this measure is that, if adopted for Year 2, Vermont will not be able to compare results for this measure to results from its Year 1 AHRQ PQI-based ACSC ED utilization measure. In addition, we do not yet know if the Onpoint measure has been tested for validity and reliability. We are seeking this information, however.

- Drop AHRQ Measure without Replacement. The clear disadvantage of this approach is that the ACO SSP measure set would then lack a measure of emergency department utilization of ambulatory care-sensitive conditions—and the warning signals such a measure might offer in terms of optimizing primary care resources by the ACOs.

  As you are aware, the ACO SSP measure set does include M&E-14: Avoidable ED Visits (NYU algorithm), which seeks to classify ED visits into categories (non–emergent, emergent/primary care treatable, etc.), using claims data. The algorithm used by this measure assumes a specific distribution of certain ICD-9 codes falls into its categories. For example, in the case of urinary tract infections (ICD-9-CM code 599.0), each case is assigned 66 percent "non-emergent," 17 percent "emergent/primary care treatable," and 17 percent "emergent - ED care needed - preventable/avoidable." This measure provides a view of potentially preventable ED visits, but is less specific than the Onpoint measure. It also does not lend itself to quarterly reporting as well as the alternatives due to the nature of the algorithm.

Bailit Health Recommendation

We recommend adoption of the Onpoint ACSC ED measure for two reasons: 1) it is a measure already familiar to the provider community and others in Vermont; and 2) the specifications are readily available and Onpoint can provide support for any needed updates or questions. Dropping the AHRQ measure without replacement is not a desirable alternative because it would leave the state without a means of measuring the ability of its primary care system to treat non-urgent conditions in outpatient care settings. Continuing with the AHRQ measure into Year 2 and beyond will present challenges in terms of maintaining the measure, and is therefore not a recommended option.