QPM Work Group Agenda 7-29-14

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

July 29, 2014; 9:00 AM to 12 Noon
ACCD Calvin Coolidge Conference Room, 1 National Life Drive, Montpelier
Call-In Number: 1-877-273-4202 Passcode: 9883496

Item #	Time Frame	Topic	Relevant Attachments	Decision Needed?
1	9:00-9:05	Welcome and Introductions; Approval of Minutes	Attachment 1 – June QPM Minutes	YES – Approval of Minutes
2	9:05-9:15	Updates • ACO attribution • Clinical measures data collection • Analytics contractor • Additional SBIRT information ***Public Comment***	Attachment 2 – Additional information from SBIRT	
3	9:15-11:50	Recommendations on Year 2 Medicaid and Commercial ACO Shared Savings Measures: • Changes to Reporting Measures • Changes to Payment Measures • Changes to Monitoring and Evaluation Measures • Introduction to Discussion of Targets and Benchmarks ***Public Comment***	Attachment 3a – Y2 Measure Decision Guide Attachment 3b – Reporting Measure Review Tool Attachment 3c – Payment Measure Review Tool	YES – Final recommendations for Year 2 Commercial and Medicaid ACO SSP Measure Sets (Payment, Reporting, Monitoring/Evaluation); process for obtaining recommendations on Targets/Benchmarks
4	11:50-12:00	Next Steps, Wrap-Up and Future Meeting Schedule		

Attachment 1 - QPM Minutes 6-23-14

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

Date of meeting: June 23, 2014 at 4th Floor Conference Room, Pavilion Office Building, Montpelier

Attendees: Cathy Fulton, Laura Pelosi, Co-Chairs; Georgia Maheras, AOA; Pat Jones, Annie Paumgarten, GMCB; Paul Harrington, VT Medical Society; Tracy Dolan, VDH; Julia Shaw, HCA; Rachel Seelig, Senior Citizens Law Project; Heather Skeels, Bi-State; Peter Cobb, VNAs of VT; Diane Leach, NMC; Alicia Cooper, Cecelia Wu, Jessica Mendizabal, DVHA; David Martini, DFR; Joyce Gallimore, CHAC; Fran Keeler, Jen Woodard, DAIL; Julie Tessler, Vermont Council of Developmental and mental Health Services; Julie Wasserman, AHS; Deborah Lisi-Baker, DLTSS Co-Chair; Deb Chambers, Joe Smith, MVP; Anna Noonan, Maura Crandall, FAHC; Michael Bailit, Bailit Health Purchasing; Jody Kamon, SBIRT; Nelson Lamothe, Project Management Team.

Agenda Item	Discussion	Next Steps
1. Welcome and Introductions; Approval of Minutes	Laura Pelosi called the meeting to order at 9:02 am. Paul Harrington moved to approve the minutes, Rachel Seelig seconded. The motion passed unanimously. Laura abstained as she was not present at the May 29th meeting.	
2. Updates: ACO attribution, Clinical measures data collection, Analytics contractor	Pat Jones gave updates for ACO attribution numbers: One Care: 18,400 attributed lives from BCBS CHAC- 8,900 lives from BCBS VCP- 7,200 lives from BCBS There were no numbers available from MVP at the time of the meeting. Program totals- OneCare just under 100,000 lives; CHAC just under 36,000 lives; VCP/ACCGM- just under 15,000 lives.	**Pat will follow up with the Accountable Care Coalition to see if a representative can attend the meetings, but they have been receiving all meeting materials and are involved in the work Alicia discussed.**

Agenda Item	Discussion	Next Steps
	Medicaid provided updated estimates for two ACOs: 29,000 attributed lives for OneCare and 21,000 for CHAC. Clinical Measure data collection: three ACOs to put a proposal together for financial support for the clinical measure collection process. Alicia will work with the ACOs and compile a unified proposal to be presented to the Core Team. Additional updates will be provided at the next meeting. Georgia noted she received verbal approval from CMMI on the analytics contract last week. New auditing provisions are being incorporated into the State contracts. The analytics contract is expected to be signed by the end of the week.	
3. Continued Discussion on Criteria for Selection of Measures	<u>Recommendations for Population Health Work Group's Proposed Criteria (attachment 3)</u> Tracy Dolan presented the memo compiled by the Population Health Work Group. Core-40 (Screening for High Blood Pressure and Follow Up Plan Documented) was recommended to incorporate a younger population for Medicaid and Commercial ACOs. Paul asked to see if Medicare uses the measures for payment or reporting. Tracy stated it's easy to stay close to what we already measure but adding criteria allows for greater reform. Anna Noonan noted it is important to understand why some measures have not been included in the past. The QPM work group did include some social determinants in the year 1 monitoring and evaluating measures: unemployment rate, and high school completion rate. They might be monitored at a regional level, but not at an ACO level. Example: unemployment rates can come from the Dept. of Labor and the group can monitor that. Tying it to payment would be challenging. School completion rate is measured by the Dept of Education. Social determinant measures would not come from providers. Paul moved to accept the proposed criteria with an amendment that: strikes "would" and changes "include" to "includes"; strikes "would" and changes "capture" to "captures"; and tables the monitoring and evaluation measure discussion until the group has more information on who would perform the collection.	

Agenda Item	Discussion	Next Steps
	Joyce Gallimore seconded the motion and it passed unanimously.	
4. Recommendation for Breast Cancer Screening Measure, in light of recent studies	Pat referenced attachments 4a-e which offer background information on the measure related to breast cancer screening. There were concerns about the effectiveness and frequency of screening and the potential that exposure to radiation could be harmful. Betty Rambur (member of the Green Mountain Care Board) recommended removing the breast cancer screening measure from the Reporting measure subset. Currently the American Cancer Society guidelines are not being revised. Julie noted there are no national guidelines at this time from the US preventative services task force which makes recommendations on screenings. Paul requested additional research and a recommendation at the next meeting.	**The staff will return to the next meeting with broader tasks and recommendations for the work group on this topic.**
5. Presentation on SBIRT Grant Measurement Activities	Jody Kamon, Evaluation Director for VT-SBIRT (Screening, Brief Intervention, Referral to Treatment) presented *Introduction to SBIRT and Potential Measures* (Attachment 5- sent to group via email before the meeting) • Accurate count of daily census has been challenging to get. They can tell how many screens have been done at each site each day but may not be able to get the denominator. • They can provide the aggregate data to the QPM work group for monitoring and evaluation use. • Looking to add two more sites to pilot: National Guard and Rutland Emergency Department. Emergency department directors may adopt the program but it would not be a part of the grant. • Insurance carriers are incorporating health risk assessments so patients may have to do such a screening twice. Georgia will find out who to contact so SBIRT can get in touch. • Data collection requires faxing of screening documents or data extracts from EHRs. • No exclusion criteria. Screening is recommended at least annually for everyone. Screening questions and interventions are being tracked. • Providers are to follow up to see if the referral appointment occurred. Subsets of individuals are identified for follow up and evaluation team does a patient interview after six months if patients are willing. • Sites up right now: Plainfield Health Center, Community Health Center of Burlington, CVMC, Rutland, and Northern Tier Centers for Health (NoTCH).	**Jody will email Pat information regarding the cost per patient for providing SBIRT services.**

Agenda Item	Discussion	Next Steps
	• The six questions are required under the grant. The FQHCS have already integrated those questions into their EHRs. • There is no requirement for an ED doctor to communicate with the PCP but it is good practice to do so. Diane noted that without exclusion criteria it may not be appropriate. She suggested looking at the environment and the approach. Jody will look at what national projects have done based on setting of screening.	
6. Review of Year 2 Measure Review Timeline	Measure recommendations need to be made by July 31, 2014. 13 proposed measures were received from Howard Center, VT Legal Aid, DLTSS and Population Health work groups. Staff, Co-Chairs and consultants came with Reporting measure recommendations based on the criteria adopted by the Work Group. Attachment 6b is the entire list of all the proposed measure changes. The group discussed measures for Reporting and will discuss Payment measures at the next meeting. The group voted on the top five additional Reporting measures recommended by the staff and co-chairs (Attachment 6a). Paul moved to approve support for 1 and 2 (Cervical Cancer Screening and Tobacco Use Assessment and Cessation Intervention) and defer action on 3, 4 and 5 until OneCare and other ACOs conclude their interviewing of clinicians and provide a report back at the next meeting. Heather Skeels seconded. Joyce noted #5 (Developmental Screening for 3 Year Olds – already in Payment measure set for Medicaid Shared Savings Program) was an important measure and offered an amendment to Paul's motion to include it. Maura stated she would first like feedback from the VT chapter of the American Academy of Pediatrics before deciding on this measure. Paul declined Joyce's amendment. The motion passed unanimously. The group discussed the 8 remaining proposed measures that were not among the recommended top five and Pat reviewed the tool used to evaluate the measures: • Controlling High Blood Pressure scored high but there may be guideline changes coming so they didn't want to recommend for Year 2. Medicare will not change the scoring even though the recommendations have changed. Michael confirmed there may be changes and recommended waiting.	**Staff will try to have feedback before the next meeting from One Care in writing.** **Pat will share the evaluation tool with the group.**

Agenda Item	Discussion	Next Steps

	• 3-5 custom questions for patient experience survey, related to DLTSS. It doesn't have a relevant benchmark, is not aligned with other measure sets, or consistent with the state objective for health improvement. Not sure if there is opportunity for improvement.
	• Avoidable ED visits- currently in monitoring and evaluation measure set at the ACO level. It doesn't have a relevant benchmark, is not aligned with other measure sets, or consistent with the state objective for health. Not sure if there is opportunity for improvement.
	  • It is an outcome measure. Most measures reviewed are not outcome measures. Opportunity for improvement- they didn't' score because there is no national benchmark. OneCare voted on ED utilization as a priority. Data is being pulled on Medicare members with more than three ED visits throughout the state to track the high utilizers. They would support it for Reporting in 2015. They don't support it as Payment measure.
	• Screening for High Blood Pressure and Follow Up Plan Documented- this is a Medicare SSP measure. Validity and Reliability- there is an issue. It's not an outcome measure.
	• Transition Record with Specified Elements Received by Discharged Patients- difficult to collect.
	• LTSS rebalancing- Unsure whether can be collected at the ACO level. Collected regionally and at the statewide level.
	• Rachel noted having a relevant benchmark is a challenge and by moving them into the reporting category we can establish a state benchmark. She stressed importance of DLTSS measures.
	• Patient experience questions: assuming NCQA would approve, (they have to approve custom questions)- there is already a patient survey and it's not extra work to collect.
	• Fran stated she wants the measures to be considered because attributed lives to Medicaid and Medicare tend to cost the State more in dollars.
	• More discussion on populations not covered by traditional medical services to take place at the next meeting (including more details on the LTSS Rebalancing measure).
	  • The custom questions for the patient experience survey are related to how PCPs and specialists interact with other services in the community. LTSS Rebalancing would be for Medicaid only.
	• Patient Experience Survey is a Reporting measure, and data collection is funded by the SIM grant.
	• Diane said that providers are concerned that if they don't get information from community providers in order to coordinate care, a question about the provider being well informed may be out of context. The survey is fielded to people attributed to a PCP, but there are specialist questions.
	• Pat stated we are hoping to improve coordination of care through the ACO model, so coordination of care questions can provide important information.	

Agenda Item	Discussion	Next Steps
	• The measures align with the State's Healthy Vermonters 2020 goals. Discussion of measures will continue at next meeting.	
6. Next Steps, Wrap up and Future Meeting Schedule	**Next meeting:** Tuesday, July 29, 2014, 9 am-12 pm, 4th Floor Conf. Room, Pavilion Building, Montpelier.	

Attachment 2 - Additional SBIRT Information

Follow-up SBIRT information from Jody Kamon & Win Turner

1. Are there any exclusion criteria when administering SBIRT?

Win consulted national colleagues including the lead staff providing national Technical Assistance on SBIRT and individuals who have been implementing SBIRT in multiple states for the past 15 years. At this point, there are no known indications for applying exclusion criteria and no known sites who apply exclusion criteria. This is true across different medical settings. I do think it is important to point out that an individual always has the right to refuse to take part in the screening process. At the same time, our experience is that during some of those critical times is when it is most valuable to implement SBIRT. The closer someone is to a negative event involving the use of alcohol/drugs, the greater the likelihood they will be motivated to explore their use and set goals for change.

2. What is the cost per patient for providing SBIRT services?

We have an estimated pre-implementation cost which was used in the initial grant proposal, but we will ensure that this is still accurate before providing a figure. More information to follow.

3. Have we done any crosswalk with the mental health performance measures to ensure we are not being redundant? Have we consulted with third party insurers that may already be requiring their patients to take an annual screening online? (If that is the case, perhaps there is a way we could collaborate so patients are not asked mental health and alcohol/drug questions multiple times within a brief period of time.)

We are working on the above crosswalk, and are in touch with representatives from the commercial insurers. More information to follow.

Additional questions can be directed to Jody (kamonjody@gmail.com) and/or Win (win@metcbtplus.com).

Attachment 3a - Y2 Measure Decision Guide for QPM

Quality and Performance Measures for Year 2 of Vermont's ACO Shared Savings Programs

1. Measure Changes Recommended by QPM Work Group Co-Chairs, Staff and Consultant

Y1 Measure Category	Co-Chair/Staff/Consultant Recommendation for Y2 Measure Category	VT Measure ID	Proposed Measure	Decisions: Questions to be Resolved	Considerations
Reporting (except Develop-mental Screening)	Payment	Core-17	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) §	Leave as Reporting or promote to Payment?	• When considered against QPM payment measure criteria, these measures scored most highly, having clear benchmarks and focusing on outcomes or prevention.
		Core-15	Pediatric Weight Assessment and Counseling	Leave as Reporting or promote to Payment?	
		Core-12	Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite	Leave as Reporting or promote to Payment?	• Claims-based measure; seeking guidance from CMS on benchmarking options • CMS has recommended that this measure be promoted to payment.
		Core-8	Developmental Screening in First Three Years of Life (Commercial SSP)	Promote to Payment, promote to Reporting, or promote to M&E?	• Awaiting information on data collection from commercial insurers.
	M&E*	Core-11	Breast Cancer Screening	Leave as Reporting, move to Monitoring and Evaluation, or remove?	• Recent studies have raised questions about effectiveness of breast cancer screening • Moving the measure to Monitoring and Evaluation would allow monitoring of health plan level results.
Pending	Reporting	Core-30	Cervical Cancer Screening	Resolved on 6/23	• ***QPM WG voted to promote to Reporting on 06/23***
		Core-36	Tobacco Use: Screening & Cessation Intervention §	Resolved on 6/23	• ***QPM WG voted to promote to Reporting on 06/23***
		Core-34	Prenatal & Postpartum Care	Leave as Pending, promote to Reporting, or promote to M&E?	• Concerns about using the combined measure because of timing guidelines for postpartum care • Could use only the prenatal care portion of the measure
		Core-35	Influenza Immunization §	Leave as Pending, promote to Reporting, or promote to M&E?	• Concerns about feasibility of collecting valid information; multiple settings for obtaining immunization

Y1 Measure Category	Co-Chair/Staff/Consultant Recommendation for Y2 Measure Category	VT Measure ID	Proposed Measure	Decisions: Questions to be Resolved	Considerations
	M&E*	Core-40	SBIRT	Leave as Pending, promote to Reporting, or promote to M&E?	• SBIRT program is currently limited to pilot sites; not feasible to collect at ACO level • Could collect existing information for M&E reports (at aggregated pilot site level)
New	Reporting	--	Custom DLTSS Survey Questions	Add as Reporting, or don't add?	• Questions could be added to state-funded PCMH CAHPS survey at little or no added cost (pending approval from NCQA, if needed) • No benchmarks
	M&E*	--	LTSS Rebalancing	Add as Reporting, add as M&E, or don't add?	• Claims-based measure • LTSS Rebalancing is already being collected by DAIL for the Choices for Care (CFC) program • Majority of CFC population will not be attributed to VMSSP/XSSP, making it less relevant to Medicaid and Commercial ACOs • Vermont already performs well on this measure, leaving less of an opportunity for improvement • Could collect existing information for all eligible Medicaid beneficiaries for M&E reports (at statewide & county levels)
M&E	Reporting*	M&E-14	Avoidable ED Visits	Leave as M&E, promote to Reporting, or promote to Payment?	• Claims-based measure. • When considered against QPM selection criteria, this measure was not prioritized for Payment because of a lack of available benchmarks; may be candidate for Reporting measure with potential for Payment benchmarking or change-over-time evaluation in the future.

* Recommendation differs from original request

§ MSSP Y2 Payment Measure

2. Measures Not Recommended for Changes by QPM Work Group Co-Chairs, Staff and Consultant

Y1 Measure Category	CC/S/C Recommendation for Y2 Measure Category	VT Measure ID	Proposed Measure	Questions to be Resolved	Considerations
Reporting	Maintain as Reporting *(Not Recommended for Y2 Promotion)*	Core-16	Optimal Diabetes Care (D5) §	Leave as Reporting or promote to Payment?	• Measure specifications are being revised; lacks clear benchmarks (see memorandum from Minnesota measure steward)
		Core-10	Rate of Hospitalization for Ambulatory Care Sensitive Conditions: COPD and Asthma for Older Adults §	Leave as Reporting or promote to Payment?	• Claims-based measure; limited benchmarking opportunities • CMS has recommended that this measure be promoted to payment
		Core-19	Screening for Clinical Depression and Follow-Up §	Leave as Reporting or promote to Payment?	• Limited benchmarking opportunities make it less attractive for Payment
		Core-20	Adult BMI Assessment §	Leave as Reporting or promote to Payment?	• Limited benchmarking opportunities make it less attractive for Payment
Pending	Maintain as Pending *(Not Recommended for Y2 Promotion)*	Core-39	Controlling High Blood Pressure	Leave as Pending, promote to Reporting, or promote to M&E?	• Scored high during evaluation, but guideline and specification changes impacted recommendation • Should be considered in future years
		Core-37	Care Transition Record Transmitted to Health Care Professional	Leave as Pending, promote to Reporting, or promote to M&E?	• Limited benchmarking opportunities • Feasibility challenges
		Core-40	Screening for High Blood Pressure and Follow-up Plan Documented	Leave as Pending, promote to Reporting, or promote to M&E?	• Limited benchmarking opportunities
		Core-44 (ALT)	Transition Record with Specified Elements Received by Discharged Patients	Leave as Pending, promote to Reporting, or promote to M&E?	• Limited benchmarking opportunities • Administrative burden impacts feasibility of collecting
		Core-44	Percentage of Patients with Self-Management Plans	Leave as Pending, promote to Reporting, or promote to M&E?	• Lacks specifications • Limited benchmarking opportunities

§ MSSP Y2 Payment Measure

Attachment 3b - Reporting Measure Review Tool

QPM Reporting Measure Review Tool - July 16, 2014

VT Measure ID	Y1 Pending/New Measure	TOTAL SCORE	Representative of the array of services provided and beneficiaries served	Has a relevant benchmark	Aligned with other measure sets	Valid and Reliable	Feasible to collect	Focused on Outcomes	Opportunity for Improvement	Consistent with State Objective for Health Improvement
Core-30	Cervical Cancer Screening (CCS)	10	2	2	1	2	1	0	2	0
Core-36	Tobacco Use: Screening and Cessation Intervention	9	2	0	2	2	1	0	?	2
Core-39	Controlling High Blood Pressure	8	2	0	1	0	1	2	0	2
Core-8*	Developmental Screening In the First Three Years of Life	8	2	1	1	2	1	0	1	0
Core-34	Prenatal & Postpartum Care (PPC)	8	2	2	1	2	1	0	0	0
Core-35	Influenza Immunization	7	2	0	2	2	1	0	?	0
M&E-14*	Avoidable ED Visits (NYU Algorithm)	7	2	0	0	1	2	2	?	0
new	3 to 5 custom questions for Patient Experience Survey regarding DLTSS services and case management	6	2	0	0	1	2	1	?	0
Core-37	Care Transition Record Transmitted to Health Care Professional	6	2	0	1	2	1	0	?	0
Core-40	Screening for High Blood Pressure and Follow-up Plan Documented	6	2	0	1	0	1	0	?	2
Core-45	Screening, Brief Intervention, and Referral to Treatment	6	2	0	0	0	1	1	?	2
Core-44 (ALT)	Transition Record with Specified Elements Received by Discharged Patients	5	2	0	1	2	0	0	?	0
new	LTSS Rebalancing	4	2	0	0	1	1	0	0	0
Core-44	Percentage of Patients with Self-Management Plans	3	2	0	0	0	1	0	?	0

*Recommended for Payment, but since these were not previously Reporting measures, they were assessed against overall Measure Selection criteria. They were also assessed separately against Payment measure criteria.

	Recommended by:
recommended by >1 entity	PH, DLTSS, VLA
	PH, DLTSS, HC
	PH, DLTSS
	DLTSS
	PH

Attachment 3c - Payment Measure Review Tool

QPM Payment Measure Review Tool - July 16, 2014

VT Measure ID	Y1 Reporting Measure	TOTAL SCORE	Has a relevant benchmark	Opportunity for Improvement	Focused on Outcomes	Focused on Prevention, Wellness, or Risk/Protective Factors	Comments
Core-17	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	6	2	2	2	0	
Core-15	Pediatric Weight Assessment and Counseling (WCC)	5	2	1	0	2	
Core 8	Developmental Screening In the First Three Years of Life	4	1	1	0	2	
Core-16	Optimal Diabetes Care (D5)	4	1	?	2	1	Changing specifications
Core-12	Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: Composite	3	1	?	2	0	CMS recommended that this to be added to payment
Core-10	Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: Chronic Obstructive Pulmonary Disease	3	1	?	2	0	CMS recommended that this to be added to payment
Core-19	Screening for Clinical Depression and Follow-Up Plan	3	1	?	0	2	
Core-20	Adult Body Mass Index (BMI) Assessment	3	1	?	0	2	
M&E-14	Avoidable ED Visits (NYU Algorithm)	2	0	?	2	0	

	Recommended by:
recommended by >1 entity	DLTSS, VLA/HCA, Population Health
	CMS, DVHA, DLTSS
	CMS, DVHA
	DLTSS