

Attachment 1 - VHCIP Steering  
Committee Meeting Agenda 8-06-14

**VT Health Care Innovation Project  
Steering Committee Meeting Agenda**

**August 6, 2014 10:00 am- 12:00 pm**  
*4<sup>th</sup> Floor Conference Room, Pavilion Building, 109 State Street, Montpelier*  
**Call-In Number: 1-877-273-4202; Passcode: 8155970**

<b>Item #</b>	<b>Time Frame</b>	<b>Topic</b>	<b>Presenter</b>	<b>Relevant Attachments</b>	<b>Action Needed?</b>
1	10:00-10:05	Welcome and Introductions	Mark Larson and Al Gobeille	Attachment 1: Agenda	
2	10:05-10:15	<i>Public Comment</i>	Mark Larson and Al Gobeille		
3	10:15-10:20	Minutes Approval	Mark Larson and Al Gobeille	Attachment 3: July Minutes	Approval of Minutes
4	10:20-10:30	Core Team Update  <i>Public comment</i>	Anya Rader Wallack		N/A
5	10:30-11:30	Policy:  1. Quality and Performance Measures Work Group Year Two Shared Savings ACO Program Measures Update  <i>Public comment</i>	QPM Chairs and Staff	Attachment 5a: SSP Measures Presentation for Steering Committee FINAL 8.6.14  Attachment 5b: Year 2 Proposed Measures Overview with Benchmarks	N/A

6	11:30-11:45	Financial Requests: 1. CMCM Work Group: Learning Collaborative Proposal \$300,000  <i>Public Comment</i>	Georgia Maheras	Attachment 6: Financial Proposal PowerPoint	Decision regarding funding the proposal
7	11:45-12:00	Next Steps, Wrap-Up and Future Meeting Schedule	Mark Larson and Al Gobeille	Next Meeting: September 3 <sup>rd</sup> , 10am-12pm, Williston	

Attachment 3 - VHCIP Steering  
Committee Minutes 7-09-14



***VT Health Care Innovation Project  
Steering Committee Meeting Minutes***

**Date of meeting: July 9, 2014 at EXE - 4th Floor Conf Room, Pavilion Building, Montpelier 10 am - 12 pm**

Agenda Item	Discussion	Next Steps
<b>1. Welcome &amp; Introductions</b>	Al Gobeille called the meeting to order at 10:00 am. Al noted that there item #6 (Financial Request from HIE Work Group) was being removed from the agenda.	
<b>2. Public Comment</b>	Al Gobielle asked for public comment and no comments were offered.	
<b>3. Minutes Approval</b>	Ed Paquin moved to approve the minutes. The motion was seconded by Bob Bick. The motion passed.	
<b>4. Core Team Update</b>	<p>Anya Rader Wallack gave a Core Team update:</p> <ul style="list-style-type: none"> <li>• The June Core Team meeting was abbreviated due to the CMMI visit. The QPM Work Group gave an update on the process for the work group’s recommendation of the payment measure criteria and proposed measures for Year 2.</li> <li>• The CMMI visit was largely a great success; we hosted five people from CMMI. It was mainly an opportunity to show our progress to date as well as a chance to review the major deliverables. There were presentations from VITL and ACO representatives and VHCIP Staff.</li> <li>• The July Core Team meeting will focus on re-budgeting for year 2 of the SIM grant and the Round 2 Grant Application recommendations from the work groups.</li> </ul> <p>There were no questions from group.</p>	

Agenda Item	Discussion	Next Steps
<p><b>5. Policy</b></p>	<p>1. <u>Medicaid and Commercial Shared Savings ACO Program Update (Attachment 5a&amp;5b):</u>  Richard Slusky and Kara Suter presented the SSP and ACO FAQ and Chart. Noting that the payer contracts have been signed and that MVP does currently does not have the minimum attributable lives to participate in an ACO and only BCBS is participating.</p> <p>The group discussed the presentation and the following points were made:</p> <ul style="list-style-type: none"> <li>• Dale Hackett asked how short MVP was and if there was anything we could do to help? Richard expressed that they were not close but are continuing to strive to participate.</li> <li>• Don George asked if there are physicians participating in gain sharing, if so how many? Peter asked if the current contract included a definition of savings/ method of calculation. Richard noted that we are continuing to work through the operational details with ACOs.</li> <li>• Richard noted that VITL has been approved additional funding to do a gap analysis, build a gateway between VITL &amp; ACO analytics contractor, and an event notification system. The State has signed an ACO analytics contract however because we are waiting for the vendor to sign the contract no announcements can be made at this time. There is a kick-off meeting scheduled for July 15<sup>th</sup>.</li> <li>• Kara noted that the beneficiary notification process is part of the process to allow sharing of claims data and beneficiaries can choose to opt out. This will start on a rolling basis beginning this month. The call-centers lines are being prepped. There is generally a 30 day wait to receive the beneficiary opt outs. Georgia expressed that there was very good collaboration between OneCare, CHAC, VLA and HCA all of whom provided input regarding the process.</li> <li>• Trinka Kerr asked if there were beneficiaries on the ACO Boards and if we the ACOs were actively trying to solicit beneficiaries. Richard explained that the ACOs will be submitting reports on the progress of seating members, the timeline and form of these reports is still being worked out. Todd Moore expressed that it has been difficult to get responses and that Church Hinds has been reaching out and that they were also exploring the option of using beneficiary representatives. Kara also noted that OneCare has been working very hard on this and has been in close communication with DVHA and she hesitates to think that broad solicitation would yield a good candidate. Nancy Eldridge expressed that the SASH coordinators could work with Church to help identify potential candidates. Dale</li> </ul>	

Agenda Item	Discussion	Next Steps
	<p>expressed concern that these individuals would receive the support they need to understand many of these complicated issues. Trinka and Todd noted that HCA and OneCare are prepared to provide support and educate these individuals.</p> <p>2. <u>Quality &amp; Performance Measures Work Group Year Two Shared Savings ACO Program Measures Update (Attachments 5c, 5d, 5e and 5f):</u></p> <p>Catherine Fulton presented the information on the process the Quality and Performance Measures Work Group is using to make modifications (or not) to the Year Two SSP quality measure set. Many work groups provided feedback on the additional proposed measures and the QPM work group will be reviewing at their July meeting in hopes concluding at that time.</p> <p>The group discussed the presentation and the following points were made:</p> <ul style="list-style-type: none"> <li>• Dale asked if absolute values were used in assessing measures. How are we calculating/evaluating these measures? Pat responded that when we used absolute values we looked at raw rates and did not compare to others only ourselves. The SSP is against a benchmark, derivatives.</li> <li>• Allan Ramsay noted that this is a four step process (WG, SC, CT and GMCB all need to approve) and will the timing work out. We shouldn't assume that there won't be any modifications in the process. Georgia expressed that the QPM work group is also soliciting public comment which will be made available for GMCB to review prior and that there we can go into October if necessary.</li> <li>• Ed Paquin suggested that perhaps we should consider comparing to counties or states that are comparable vs. national, perhaps previous year's performance. Pat noted that one of the criteria is opportunity for improvement. Paul Harrington and Todd noted that there are some areas where VT is not better than the national average, i.e. immunizations, we need some absolute standards. Dale expressed that immunizations is an example of the complexities of these measures and signals bigger challenges.</li> <li>• Don asked if patient experience surveys will be measure for payments. The more engaged</li> </ul>	

Agenda Item	Discussion	Next Steps
	patients are the better the healthcare and will drive other numbers. Catherine explained that it is currently a reporting requirement and no proposals have been made to move to payment.	
<b>6. Financial Requests</b>	No requests at this time.	
<b>7. Six-Month Preview</b>	Georgia Maheras presented an update of upcoming activities (attachment 7).	
<b>8. Next Steps, Wrap-Up and Future Meeting Schedule</b>	The next meeting will be Wednesday, August 6 <sup>th</sup> 10 am – 12 pm, EXE - 4th Floor Conf Room, Pavilion Building, Montpelier.	



**VHCIP Steering Committee 7-09-14 - Attendance Sheet**

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

	First Name	Last Name		Title	Organization	Steering Committee
1	Ena	Backus			GMCB	X
2	Melissa	Bailey			Otter Creek Associates and Matrix Health	X
3	Heidi	Banks			Vermont Information Technology Leaders	X
4	John	Barbour		Executive Director	Champlain Valley Area Agency on Aging	M
5	Rick	Barnett	<i>SUZANNE LADD / Moxey</i>	President	Vermont Psychological Association	X
6	Susan	Barrett		Executive Director	GMCB	X
7	Anna	Bassford			GMCB	A
8	Susan	Besio	✓	Senior Associate	Pacific Health Policy Group	X
9	Bob	Bick	✓ <i>more</i>	Director of Mental Health and Substance Abuse	HowardCenter for Mental Health	M
10	Martha	Buck			Vermont Association of Hospital and Health Care	A
11	Harry	Chen		Commissioner	AHS - VDH	M
12	Amanda	Ciecior	✓ <i>amci</i>	Health Policy Analyst	AHS - DVHA	X
13	Peter	Cobb	✓ <i>Peter Cobb</i>	Executive Director	VNAs of Vermont	M
14	Lori	Collins			AHS - DVHA	X
15	Amy	Coonradt		Health Policy Analyst	AHS - DVHA	X
16	Alicia	Cooper	✓ <i>Alicia Cooper</i>	Quality Oversight Analyst	AHS - DVHA	X
17	Elizabeth	Cote	✓		Area Health Education Centers Program	M
18	Diane	Cummings	✓ <i>D Cummings</i>	Financial Manager II	AHS - Central Office	X
19	Susan	Devoid			OneCare Vermont	A
20	Tracy	Dolan		Deputy Commissioner	AHS - VDH	X
21	Richard	Donahey		Financial Director III	AHS - Central Office	X
22	Susan	Donegan		Commissioner	AOA - DFR	M
23	Paul	Dupre	✓	Commissioner	AHS - DMH	M
24	Nancy	Eldridge	✓	Executive Director	Cathedral Square and SASH Program	M
25	John	Evans		President and CEO	Vermont Information Technology Leaders	M
26	Audrey	Fargo		Administrative Assistant	Vermont Program for Quality in Health	A
27	Cyndy	Fischer			OneCare Vermont	A
28	Katie	Fitzpatrick		VT Administrative Asst.	Bi-State Primary Care	A
29	Erin	Flynn	✓ <i>Erin Flynn</i>	Health Policy Analyst	AHS - DVHA	X
30	Aaron	French		Deputy Commissioner	AHS - DVHA	X
31	Catherine	Fulton	<i>C Fulton</i>	Executive Director	Vermont Program for Quality in Health	M
32	Lucie	Garand		Senior Government Relations Specialist	Downs Rachlin Martin PLLC	X

33	Christine	Geiler	<i>Christine Geiler</i>	Grant Manager & Stakeholder Coord	GMCB	S
34	Don	George	<i>Don George</i>	President and CEO	Blue Cross Blue Shield of Vermont	M
35	Jim	Giffin		CFO	AHS - Central Office	X
36	Al	Gobeille		Chair	GMCB	C
37	Bea	Grause		President	Vermont Association of Hospital and He	M
38	Sarah	Gregorek			AHS - DVHA	A
39	Dale	Hackett	<i>DeH</i>	Consumer Advocate	None	M
40	Janie	Hall		Corporate Assistant	OneCare Vermont	A
41	Thomas	Hall			Consumer Representative	X
42	Paul	Harrington	<i>PLH</i>	President	Vermont Medical Society	M
43	Carrie	Hathaway		Financial Director III	AHS - DVHA	X
44	Diane	Hawkins			AHS - DVHA	X
45	Karen	Hein		Board Member	GMCB	X
46	Brendan	Hogan		Consultant	Bailit-Health Purchasing	X
47	Debbie	Ingram			Vermont Interfaith Action	M
48	Craig	Jones		Director	AHS - DVHA - Blueprint	M
49	Kate	Jones			AHS - DVHA	S
50	Pat	Jones	<i>Pat Jones</i>		GMCB	X
51	Trinka	Kerr	<i>Trinka</i>	Chief Health Care Advocate	VLA/Health Care Advocate Project	M
52	Heidi	Klein			AHS - VDH	X
53	Nelson	Lamothe	<i>Nelson</i>		UMASS	S
54	Kelly	Lange		Director of Provider Contracting	Blue Cross Blue Shield of Vermont	X
55	Mark	Larson		Commissioner	AHS - DVHA	C
56	Diane	Lewis			AOA - DFR	A
57	Monica	Light	<i>Monica Light</i>	Director of Health Care Operations,	AHS - Central Office	M
58	Deborah	Lisi-Baker		Disability Policy Expert	Unknown	M
59	Sam	Liss		Chairperson	Statewide Independent Living Council	X
60	Bill	Little		Vice President	MVP Health Care	M
61	Robin	Lunge	<i>Robin Lunge</i>	Director of Health Care Reform	AOA	S
62	Georgia	Maheras			AOA	S
63	Steven	Maier		HCR-HIT Integration Manager	AHS - DVHA	X
64	Jackie	Majoros		State Ombudsman	VLA/LTC Ombudsman Project	M
65	David	Martini	<i>David Martini</i>		AOA - DFR	MA
66	Marybeth	McCaffrey		Principal Health Reform Administra	AHS - DAIL	X
67	Alexa	McGrath			Blue Cross Blue Shield of Vermont	A
68	Kimberly	McNeil		Payment Reform Policy Intern	AHS - DVHA	X
69	Darcy	McPherson		Program Technician	AHS - DVHA	X
70	Marisa	Melamed			AOA	A
71	Madeleine	Mongan		Deputy Executive Vice President	Vermont Medical Society	X
72	Todd	Moore	<i>Todd Moore</i>	CEO	OneCare Vermont	M
73	Brian	Otley		COO	Green Mountain Power	X

74	Dawn	O'Toole		Director of Operations	AHS - DCF	X
75	Mary Val	Palumbo	✓	Associate Professor	University of Vermont	M
76	Ed	Paquin	✓ <i>Ed</i>	Ed Paquin	Disability Rights Vermont	M
77	Annie	Paumgarten	✓	Eveluation Director	GMCB	X
78	Laura	Pelosi	✓	Executive Director	Vermont Health Care Association	M
79	Judy	Peterson	✓	President and CEO	Visiting Nurse Association of Chittenden	M
80	Luann	Poirer	✓	Administrative Services Manager I	AHS - DVHA	X
81	Allan	Ramsay	✓ <i>W. Ramsay</i>	Board Member	GMCB	M
82	Stephen	Rauh			GMC Advisory Board	X
83	Lori	Real		Chief Operating Officer	Bi-State Primary Care/CHAC	M
84	Paul	Reiss		Executive Director,	Accountable Care Coalition of the Green	M
85	Simone	Rueschemeyer	✓ <i>S. Rueschemeyer</i>	Director	Behavioral Health Network of Vermont	M
86	Jenney	Samuelson		Assistant Director of Blueprint for H	AHS - DVHA - Blueprint	X
87	Larry	Sandage	✓		AHS - DVHA	X
88	Howard	Schapiro		Interim President	University of Vermont Medical Group P	M
89	Julia	Shaw		Health Care Policy Analyst	VLA/Health Care Advocate Project	X
90	Mary	Skovira		Executive Staff Assistant	AHS - VDH	A
91	Richard	Slusky		Payment Reform Director	GMCB	X
92	Kara	Suter	✓	Reimbursement Director	AHS - DVHA	X
93	Beth	Tanzman		Assistant Director of Blueprint for H	AHS - DVHA - Blueprint	X
94	Julie	Tessler		Executive Director	Vermont Council of Developmental and	M
95	Anya	Wallack	✓	Chair	SIM Core Team Chair	X
96	Barbara	Walters		Chief Medical Director	OneCare Vermont	M
97	Julie	Wasserman		VT Dual Eligible Project Director	AHS - Central Office	X
98	Spenser	Weppler			GMCB	X
99	Bradley	Wilhelm	✓ <i>Bradley</i>	Senior Policy Advisor	AHS - DVHA	X
100	Sharon	Winn	<i>Sharon Winn</i>	Director, Vermont Public Policy	Bi-State Primary Care	M
101	Jennifer	Woodard	✓	Long-Term Services and Supports H	AHS - DAIL	X
102	Cecelia	Wu	✓ <i>Cecelia</i>	Healthcare Project Director	AHS - DVHA	X
103	Dave	Yacovone		Commissioner	AHS - DCF	M

Resanna Lak, VPA Exe Director  
(for Rick Barnett)

Attachment 5a - SSP  
Measures Presentation for  
Steering Committee

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# **Vermont ACO Shared Savings Program Quality Measures: Recommendations for Year 2 Measures from the VHCIP Quality and Performance Measures Work Group**

Presentation to VHCIP Steering Committee

August 6, 2014

# Measure Use Terminology: Core

## Payment

- Performance on these measures will be considered when calculating shared savings.

## Reporting

- ACOs will be required to report on these measures. Performance on these measures will be not be considered when calculating shared savings.

## Pending

- Measures that are included in the core measure set but are not presently required to be reported. Pending measures are considered of importance to the ACO model, but are not required for initial reporting for one of the following reasons: target population not presently included, lack of availability of clinical or other required data, lack of sufficient baseline data, lack of clear or widely accepted specifications, or overly burdensome to collect. These may be considered for inclusion in future years.

# Measure Use Terminology: Monitoring & Evaluation

## Monitoring

- These are measures that would provide benefit from tracking and reporting. They will have no bearing on shared savings; nonetheless, they are important to collect to inform programmatic evaluation and other activities. These measures will be reported at the plan or state-level. Data for these measures will be obtained from sources other than the ACO (e.g., health plans, state).

## Utilization & Cost

- These measures reflect utilization and cost metrics to be monitored on a regular basis for each ACO. Data for these measures may be obtained from sources other than the ACO.

# Year 1 Payment Measures – Claims Data

Commercial &  
Medicaid

- All-Cause Readmission
- Adolescent Well-Care Visits
- Follow-Up After Hospitalization for Mental Illness (7-day)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
- Chlamydia Screening in Women
- Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening)\*

Medicaid-Only

- Developmental Screening in the First Three Years of Life

*\*Medicare Shared Savings Program measure*



# Year 1 Reporting Measures – Claims Data

Commercial  
& Medicaid

- Ambulatory Care-Sensitive Conditions Admissions: COPD\*
- Breast Cancer Screening\*
- Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite
- Appropriate Testing for Children with Pharyngitis

*\*Medicare Shared Savings Program measure*

# Year 1 Reporting Measures – Clinical Data

Commercial  
& Medicaid

- Adult BMI Screening and Follow-Up\*
- Screening for Clinical Depression and Follow-Up Plan\*
- Colorectal Cancer Screening\*
- Diabetes Composite
  - *HbA1c control\**
  - *LDL control\**
  - *High blood pressure control\**
  - *Tobacco non-use\**
  - *Daily aspirin or anti-platelet medication\**
- Diabetes HbA1c Poor Control\*
- Childhood Immunization Status
- Pediatric Weight Assessment and Counseling

*\*Medicare Shared Savings Program measure*

# Year 1 Reporting Measures – Survey Data

Commercial  
& Medicaid

- Access to Care
- Communication
- Shared Decision-Making
- Self-Management Support
- Comprehensiveness
- Office Staff
- Information
- Coordination of Care
- Specialist Care

# Year 1 Monitoring & Evaluation Measures

## PLAN-LEVEL MONITORING

- Appropriate Medications for People with Asthma
- Comprehensive Diabetes Care: Eye Exams for Diabetics
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Follow-up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management

## STATE-LEVEL MONITORING

- Family Evaluation of Hospice Care Survey
- School Completion Rate
- Unemployment Rate

## UTILIZATION & COST

- Total Cost of Care
- Resource Utilization Index
- Ambulatory surgery/1000
- Average # of prescriptions PMPM
- Avoidable ED visits- NYU algorithm
- Ambulatory Care (ED rate only)
- ED Utilization for Ambulatory Care-Sensitive Conditions
- Generic dispensing rate
- High-end imaging/1000
- Inpatient Utilization - General Hospital/Acute Care
- Primary care visits/1000
- SNF Days/1000
- Specialty visits/1000

- Annual Dental Visit

# Year 1 Pending Measures

- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)\*
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic\*
- Influenza Immunization\*
- Tobacco Use Assessment and Tobacco Cessation Intervention\*
- Coronary Artery Disease (CAD) Composite\*
- Hypertension (HTN): Controlling High Blood Pressure\*
- Screening for High Blood Pressure and Follow-up Plan\*
- Cervical Cancer Screening
- Proportion not admitted to hospice (cancer patients)
- Elective delivery before 39 weeks
- Prenatal and Postpartum Care
- Care Transition-Transition Record Transmittal to Health Care Professional
- How's Your Health?
- Patient Activation Measure

- Frequency of Ongoing Prenatal Care
- Percentage of Patients with Self-Management Plans
- Screening, Brief Intervention, and Referral to Treatment
- Trauma Screen Measure
- Falls: Screening for Future Fall Risk\*
- Pneumococcal Vaccination for Patients 65 Years and Older\*
- Use of High Risk Medications in the Elderly
- Persistent Indicators of Dementia without a Diagnosis

*\*Medicare Shared Savings Program measure*

# QPM WG Year 2 Measure Review Process

- **Goals were to adhere to transparent process and obtain ongoing input from WG members and other interested parties**
- **March-June**
  - Interested parties and other VHCIP Work Groups presented Year 2 measure changes for consideration
  - WG reviewed and finalized criteria to be used in evaluating overall measure set and payment measures
  - WG reviewed and discussed proposed measure changes
- **June-July**
  - Co-Chairs/Staff/Consultant scored each recommended measure against approved criteria on 0-1-2 point scale and developed proposals for Year 2 measure changes for the WG's consideration
  - WG reviewed and discussed proposals
- **July**
  - WG voted on measures during July 29<sup>th</sup> meeting

# QPM Criteria for Evaluating All Measures

- ✓ Valid and reliable
- ✓ Representative of array of services provided and beneficiaries served by ACOs
- ✓ Uninfluenced by differences in patient case mix or appropriately adjusted for such differences
- ✓ Not prone to effects of random variation (measure type and denominator size)
- ✓ Consistent with state's objectives and goals for improved health systems performance
- ✓ Not administratively burdensome
- ✓ Aligned with national and state measure sets and federal and state initiatives whenever possible
- ✓ Includes a mix of measure types
- ✓ Has a relevant benchmark whenever possible
- ✓ Focused on outcomes
- ✓ Focused on prevention, wellness and/or risk and protective factors
- ✓ Limited in number and including measures necessary to achieve state's goals (e.g., opportunity for improvement)
- ✓ Population-based

# QPM Criteria for Evaluating Payment Measures

- ✓ Presents an opportunity for improvement
- ✓ Representative of the array of services provided and beneficiaries served
- ✓ Relevant benchmark available
- ✓ Focused on outcomes
- ✓ Focused on prevention and wellness
- ✓ Focused on risk and protective factors
- ✓ Selected from the Commercial or Medicaid Core Measure Set



# Summary of Year 2 Recommended Changes

- QPM Work Group voted to:
  - Re-classify **9 existing** measures
    - 3 to Payment
    - 5 to Reporting
    - 1 to M&E
  - Add **2 new** measures
    - 1 to Reporting (Patient Experience Survey)
    - 1 to M&E

# Recommended Year 2 Payment Measures

## – Claims Data

Commercial &  
Medicaid

- All-Cause Readmission
- Adolescent Well-Care Visits
- Follow-Up After Hospitalization for Mental Illness (7-day)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
- Chlamydia Screening in Women
- Cholesterol Management for Patients with Cardiovascular Disease (LDL Screening)\*
- **Rate of Hospitalization for Ambulatory Care Sensitive Conditions: Composite** (10-5 vote of QPM WG; move from Reporting)

Medicaid-Only

- Developmental Screening in the First Three Years of Life

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Payment Measures

## – Clinical Data

Commercial  
& Medicaid

- **Diabetes Care: HbA1c Poor Control (>9.0%)\*** *(10-5 vote of QPM WG; move from Reporting)*
- **Pediatric Weight Assessment and Counseling** *(10-5 vote of QPM WG; move from Reporting)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Claims Data

Commercial  
& Medicaid

- Ambulatory Care-Sensitive Conditions Admissions: COPD\*
- ~~Breast Cancer Screening\*~~
- ~~Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: Composite~~
- Appropriate Testing for Children with Pharyngitis
- **Avoidable ED Visits** *(9-6 vote of QPM WG; move from M&E)*

Commercial-  
Only

- **Developmental Screening in the First Three Years of Life** *(10-4 vote of QPM WG; already in Y1 Payment Measure Set for Medicaid SSP)*

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures – Clinical Data

Commercial &  
Medicaid

- Adult BMI Screening and Follow-Up\*
- Screening for Clinical Depression and Follow-Up Plan\*
- Colorectal Cancer Screening\*
- Diabetes Composite
  - *HbA1c control\**
  - *LDL control\**
  - *High blood pressure control\**
  - *Tobacco non-use\**
  - *Daily aspirin or anti-platelet medication\**
- ~~Diabetes HbA1c Poor Control\*~~
- Childhood Immunization Status
- ~~Pediatric Weight Assessment and Counseling~~
- **Cervical Cancer Screening** (*Unanimous vote of QPM WG, move from Pending*)
- **Tobacco Use: Screening & Cessation Intervention\*** (*Unanimous vote of QPM WG, move from Pending*)

*\*Medicare Shared Savings Program measure*

# Recommended Year 2 Reporting Measures

## – Patient Experience Survey Data

Commercial  
& Medicaid

- Access to Care
- Communication
- Shared Decision-Making
- Self-Management Support
- Comprehensiveness
- Office Staff
- Information
- Coordination of Care
- Specialist Care
- **Provider Knowledge of DLSS Services and Help from Case Manager/Service Coordinator**  
*(11-3 vote of QPM WG; NEW)*

# Recommended Year 2 Monitoring & Evaluation Measures

## PLAN-LEVEL MONITORING

- Appropriate Medications for People with Asthma
- Comprehensive Diabetes Care: Eye Exams for Diabetics
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Follow-up Care for Children Prescribed ADHD Medication
- Antidepressant Medication Management
- **Breast Cancer Screening** (*Unanimous vote of QPM WG; moved from Reporting*)

## STATE-LEVEL MONITORING

- Family Evaluation of Hospice Care Survey
- School Completion Rate
- Unemployment Rate
- **LTSS Rebalancing** (*Medicaid-only; state and county level; unanimous vote of QPM WG; NEW*)
- **SBIRT** (*for pilot sites; unanimous vote of QPM WG; move from Pending*)

## UTILIZATION & COST

- Total Cost of Care
  - Resource Utilization Index
  - Ambulatory surgery/1000
  - Average # of prescriptions PMPM
  - Avoidable ED visits- NYU algorithm
  - Ambulatory Care (ED rate only)
  - ED Utilization for Ambulatory Care-Sensitive Conditions
  - Generic dispensing rate
  - High-end imaging/1000
  - Inpatient Utilization - General Hospital/Acute Care
  - Primary care visits/1000
  - SNF Days/1000
  - Specialty visits/1000
- Annual Dental Visit

# Recommended Year 2 Pending Measures

- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)\*
  - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic\*
  - Influenza Immunization\*
  - ~~Tobacco Use Assessment and Tobacco Cessation Intervention\*~~
  - Coronary Artery Disease (CAD) Composite\*
  - Hypertension (HTN): Controlling High Blood Pressure\*
  - Screening for High Blood Pressure and Follow-up Plan\*
  - ~~Cervical Cancer Screening~~
  - Care Transition-Transition Record Transmittal to Health Care Professional
  - Percentage of Patients with Self-Management Plans
- How's Your Health?
  - Patient Activation Measure
  - Elective delivery before 39 weeks
  - Prenatal and Postpartum Care
  - Frequency of Ongoing Prenatal Care
  - ~~Screening, Brief Intervention, and Referral to Treatment~~
  - Trauma Screen Measure
  - Falls: Screening for Future Fall Risk\*
  - Pneumococcal Vaccination for Patients 65 Years and Older\*
  - Use of High Risk Medications in the Elderly
  - Persistent Indicators of Dementia without a Diagnosis
  - Proportion not admitted to hospice (cancer patients)

*\*Medicare Shared Savings Program measure*



# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant recommended considering these measures for promotion
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Reporting	Prenatal and Postpartum Care  (Clinical Data)	<b>5</b> in favor of promotion  <b>9</b> opposed to promotion
Pending	Reporting	Influenza Immunization  (Clinical Data)	<b>7</b> in favor of promotion  <b>7</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering this measure for promotion
- Work group members requested additional consideration for use as Reporting in Year 2
- QPM work group members voted to retain Year 1 status

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure	QPM Vote
Pending	Pending	Screening for High Blood Pressure and Follow-Up Plan Documented  (Clinical Data)	<b>2</b> in favor of promotion to Reporting  <b>11</b> opposed to promotion

# Other Proposed Measures

- QPM Co-Chairs/Staff/Consultant DID NOT recommend considering these measures for promotion
- QPM work group members chose not to vote on these measures

Year 1 Measure Category	Year 2 Suggested Measure Category	Measure
Reporting	Reporting	Optimal Diabetes Care (D5 – Composite)
Reporting	Reporting	Rate of Hospitalization for ACSCs (COPD/Asthma in Older Adults)
Reporting	Reporting	Screening for Clinical Depression & Follow-Up
Reporting	Reporting	Adult BMI Assessment
Pending	Pending	Controlling High Blood Pressure
Pending	Pending	Care Transition Record Transmitted to Health Care Professional
Pending	Pending	Transition Record with Specified Elements Received by Discharged Patients
Pending	Pending	Percentage of Patients with Self-Management Plans

Attachment 5b - Year 2  
Proposed Measures Overview  
with Benchmarks

**VT Quality and Performance Measures Work Group**  
**Review of Changes in Measures Proposed for Year 2 Reporting and Payment**  
**June 20, 2014**

*Additional Measures Proposed for 2015 Reporting:*

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
Core-8	Developmental Screening in the First Three Years of Life ( <i>currently in Medicaid measure set; proposed for commercial measure set</i> )	NQF #1448; NCQA (not HEDIS); and CHIPRA	Yes		Medicaid can use claims data, but provider coding for commercial payers is not currently reliable, so the commercial measure could require data from clinical records.	CMS has analyzed data from five states (AL, IL, NC, OR, TN) that reported the measure for FFY12 consistently using prescribed specifications. CMS reports that 12 states reported in FFY13, and 18 intend to do so in FFY14. Best practice is in IL, which reported rates of 77%, 81%, 65% in Years 1-3; the five-state median was 33%, 40%, 28%.	<ul style="list-style-type: none"> <li>Vermont Legal Aid</li> <li>Population Health WG</li> <li>DLTSS Work Group</li> </ul>
Core-30	Cervical Cancer Screening	NQF #0032; NCQA (HEDIS)	Yes	<u>Changes in HEDIS specifications for 2014:</u> <ul style="list-style-type: none"> <li>Added steps to allow for two appropriate screening methods of cervical cancer screening: cervical cytology performed every three years in women 21-64 years of age and cervical cytology/HPV co-testing performed every five years in women 30-64 years of age.</li> </ul>	For HEDIS purposes in 2014, both commercial and Medicaid plans could use the hybrid method which requires data from clinical records.	<p>HEDIS benchmark available (for HEDIS 2015; no benchmark for 2014).</p> <p>Historical Performance HEDIS 2013 (PPO)</p> <ul style="list-style-type: none"> <li>BCBSVT: 72%; CIGNA: 71%; MVP: 71%</li> <li>National 90<sup>th</sup> percentile: 78%; <b>Regional 90<sup>th</sup> percentile: 82%</b></li> <li>National Average: 74%; Regional Average: 78%</li> </ul>	<ul style="list-style-type: none"> <li>Population Health WG</li> </ul>
Core-34	Prenatal and Postpartum Care	NQF #1517; NCQA (HEDIS)			HEDIS rates are collected using the hybrid method, using claims data and clinical records.	<p>Timeliness of Prenatal Care Historical Performance HEDIS 2013 (PPO):</p> <ul style="list-style-type: none"> <li>BCBSVT: 94%; CIGNA: 74%; MVP: 95%</li> <li>National 90<sup>th</sup> percentile: 96%; <b>Regional 90<sup>th</sup> percentile: 96%</b></li> <li>National Average: 81%; Regional</li> </ul>	<ul style="list-style-type: none"> <li>Population Health WG</li> </ul>

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
						<p>Average: 82%</p> <p>Postpartum Care Historical Performance (PPO):</p> <ul style="list-style-type: none"> <li>• BCBSVT: 83%; CIGNA: N/A; MVP: 84%</li> <li>• National 90<sup>th</sup> percentile: 86%; <b>Regional 90<sup>th</sup> percentile: 90%</b></li> <li>• National Average: 70%; Regional Average: 70%</li> </ul>	
Core-35/ MSSP-14	Influenza Immunization	NQF #0041; MSSP	Yes		Requires clinical data or patient survey to capture immunizations that were given outside of the PCP's office (e.g., in pharmacies, at public health events)	Medicare MSSP benchmarks available from CMS.	<ul style="list-style-type: none"> <li>• Population Health WG</li> <li>• DTLSS WG</li> </ul>
Core-36/ MSSP-17	Tobacco Use Assessment and Tobacco Cessation Intervention	NQF #0028; MSSP	Yes		Clinical records	CMS set benchmarks for MSSP shared savings distribution. For this measure, the benchmarks equate to the rates for 2014 and 2015 reporting years. For example, the 50 <sup>th</sup> percentile is 50%, and the 90 <sup>th</sup> percentile is 90%. This measure is in use in other states and HRSA and CDC publish benchmarks, so additional benchmarking feasible if there is interest in adoption.	<ul style="list-style-type: none"> <li>• Population Health WG</li> <li>• DLTSS WG</li> </ul>
Core 37	Transition Record Transmittal to Health Care Professional	NQF #0648/#2036 (paired measure - see below)	Yes		Clinical records	None identified	<ul style="list-style-type: none"> <li>• DTLSS WG</li> </ul>
Core-39/ MSSP-28	Hypertension (HTN): Controlling High Blood Pressure	NQF #0018; MSSP	Yes	<u>Guideline change:</u> In December 2013, the eighth Joint National Committee (JNC 8) released updated guidance for treatment of	Clinical records	HEDIS benchmark currently available, but with measure likely to change, there is a possibility that there won't be a benchmark for 2015.	<ul style="list-style-type: none"> <li>• Population Health WG</li> <li>• DLTSS WG</li> </ul>

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
				<p>hypertension:</p> <ul style="list-style-type: none"> <li>Set the BP treatment goal for patients 60 and older to &lt;150/90 mm Hg.</li> <li>Keep the BP treatment goal for patients 18-59 at &lt;140/90 mm Hg.</li> </ul> <p><u>Changes in HEDIS Specifications for 2015:</u> Proposed changes to HEDIS specifications in 2015 to align with the JNC 8 guidelines. The measure will be based on one sample for a total rate reflecting age-related BP thresholds. The total rate will be used for reporting and comparison across organizations.</p>		<p>Historical Performance HEDIS 2013 (PPO)</p> <ul style="list-style-type: none"> <li>BCBSVT: 61%; CIGNA PPO: 62%; MVP PPO: 67%</li> <li>National 90<sup>th</sup> percentile: 65%; <b>Regional 90<sup>th</sup> percentile: 78%</b></li> <li>National Average: 57%; Regional Average: 63%</li> </ul>	
Core-40/ MSSP-21	Screening for High Blood Pressure and Follow-up Plan Documented	Not NQF-endorsed; MSSP			Clinical records	CMS set benchmarks for MSSP shared savings distribution. For this measure, the benchmarks equate to the rates for 2014 and 2015 reporting years. For example, the 50 <sup>th</sup> percentile is 50%, and the 90 <sup>th</sup> percentile is 90%. However, this measure is in use by other states so it may be possible to identify benchmarks.	<ul style="list-style-type: none"> <li>Population Health WG</li> <li>DLTSS WG</li> </ul>
Core-44	Percentage of Patients with Self-Management Plans	Not NQF-endorsed	No. Need to develop measure specs based on the NCQA standard, or borrow from a state that uses this measure.		Clinical records	This measure is used by some PCMH programs in other states. Benchmarks could be obtained from those states.	<ul style="list-style-type: none"> <li>Population Health WG</li> <li>DLTSS WG (see Core-44 ALT)</li> </ul>

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
Core-44 (ALT*)	Transition Record with Specified Elements Received by Discharged Patients	NQF #0647/#2036 (paired measure - see above)	Yes		Clinical records	None identified	<ul style="list-style-type: none"> <li>• DTLSS WG</li> </ul>
Core-45	Screening, Brief Intervention, and Referral to Treatment	Not NQF-endorsed	No, but a form of the measure is in use by Oregon Medicaid		Could potentially use claims or data from clinical records. If claims-based, could involve provider adoption of new codes.	None available, but a form of the measure is in by Oregon Medicaid, so benchmark rates could be available if the same measure was adopted.	<ul style="list-style-type: none"> <li>• Population Health WG</li> <li>• DLTSS WG</li> <li>• Howard Center</li> </ul>
New Measure	LTSS Rebalancing ( <i>proposed for Medicaid measure set</i> )	Not NQF-endorsed	DAIL has proposed specifications		DAIL collects statewide and county data from claims; potential to collect at ACO level.	None available	<ul style="list-style-type: none"> <li>• DLTSS WG</li> </ul>
New Measures	3 to 5 custom questions for Patient Experience Survey regarding DLTS services and case management	Not NQF-endorsed	Questions have been developed; may require NCQA approval to add to PCMH CAHPS Survey		Could add to PCMH CAHPS Patient Experience Survey; might increase expense of survey.	None available	<ul style="list-style-type: none"> <li>• DLTSS WG</li> </ul>



***Additional Measures Proposed for 2015 Payment:***

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
Core-10 MSSP-9	Ambulatory Care-Sensitive Condition Admissions: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	NQF# 0275; AHRQ PQI #05; Year 1 Vermont SSP Reporting Measure	Yes		Claims	National PQI Benchmarks (for Medicare population) available at <a href="http://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx">www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx</a>	<ul style="list-style-type: none"> <li>• CMS</li> <li>• DVHA</li> </ul>
Core-12	Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite	Not NQF-endorsed; AHRQ PQI #92; Year 1 Vermont SSP Reporting Measure	Yes		Claims	National PQI Benchmarks (for Medicare population) available at <a href="http://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx">www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx</a>	<ul style="list-style-type: none"> <li>• CMS</li> <li>• DVHA</li> <li>• DLSS WG</li> </ul>
Core-15	Pediatric Weight Assessment and Counseling	NQF #0024; Year 1 Vermont SSP Reporting Measure	Yes		Clinical records	<p>HEDIS benchmarks available from NCQA. This measure has three components:</p> <ul style="list-style-type: none"> <li>• BMI Percentile</li> <li>• Counseling for Nutrition</li> <li>• Counseling for Physical Activity</li> </ul> <p>BMI Percentile Historical Performance HEDIS 2012 (PPO)</p> <ul style="list-style-type: none"> <li>• CIGNA PPO: 63%</li> <li>• National 90<sup>th</sup> percentile: 65%; <b>Regional 90<sup>th</sup> percentile: 87%</b></li> </ul> <p>National Average: 25%; Regional Average: 42%</p> <p>Counseling for Nutrition Historical Performance HEDIS 2012 (PPO)</p> <ul style="list-style-type: none"> <li>• CIGNA PPO: 73%</li> <li>• National 90<sup>th</sup> percentile: 69%; <b>Regional 90<sup>th</sup> percentile: 90%</b></li> </ul> <p>National Average: 28%; Regional Average: 45%</p>	<ul style="list-style-type: none"> <li>• DLSS WG</li> </ul>

#	Measure Name	Use by Other Programs	Do Specs Exist?	Guideline Changes	Source of Data	Benchmarks (Indicates Improvement Opportunity)	Proposed By
						Counseling for Physical Activity Historical Performance HEDIS 2012 (PPO) <ul style="list-style-type: none"> <li>CIGNA PPO:72%</li> <li>National 90<sup>th</sup> percentile: 65%; <b>Regional 90<sup>th</sup> percentile: 86%</b></li> </ul> National Avg.: 26%; Regional Avg.: 42%	
Core-16 MSSP-22- 26	Diabetes Composite (D5): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco non-use, Aspirin use	NQF #0729; MSSP; Year 1 Vermont SSP <u>Reporting Measure</u>	Yes. Measure steward (MCM) changed specs for 2014 and 2015.	Change to national LDL control guideline impacted this measure.	Clinical records	Available from Minnesota Community Measurement for Minnesota provider performance	<ul style="list-style-type: none"> <li>DLTSS WG</li> </ul>
Core-17 MSSP-27	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	NQF #0059; MSSP; Year 1 Vermont SSP <u>Reporting Measure</u>	Yes		Clinical records	HEDIS benchmarks available from NCQA. Historical Performance HEDIS 2012 (PPO): (Lower rate is better) <ul style="list-style-type: none"> <li>BCBSVT: 41%</li> <li>National 90<sup>th</sup> percentile: 22%; <b>Regional 90<sup>th</sup> percentile: 18%</b></li> </ul> National Average: 28%; Regional Average: 34%	<ul style="list-style-type: none"> <li>DLTSS WG</li> </ul>
Core-19 MSSP-18	Depression Screening and Follow-up	NQF #0418; MSSP; Year 1 Vermont SSP <u>Reporting Measure</u>	Yes		Clinical records	Measure in use in some other states; we would have to review how implemented to see if benchmarks are available	<ul style="list-style-type: none"> <li>DLTSS WG</li> </ul>
Core-20 MSSP-16	Adult Weight Screening and Follow-up	NQF #0421; MSSP; Year 1 Vermont SSP <u>Reporting Measure</u>	Yes		Clinical records	In use by HRSA so benchmark data may be available	<ul style="list-style-type: none"> <li>DLTSS WG</li> </ul>
M&E-14	Avoidable ED Visits (NYU Algorithm)	Not NQF-endorsed; Year 1 Vermont SSP <u>Monitoring and Evaluation Measure</u>	Yes		Claims	Measure used in other states and in research, so it may be possible to identify benchmarks	<ul style="list-style-type: none"> <li>DLTSS WG</li> </ul>

# Attachment 6 - Financial Proposal PowerPoint

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# Financial Proposal

August 6th, 2014

Georgia Maheras, JD

Project Director

# AGENDA

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## 1. Integrated Community Care Management Learning Collaborative

# CMCM Work Group Proposal for Integrated Community Care Management Learning Collaborative

- **Request from Care Models and Care Management Work Group:** Funding to support a year-long learning collaborative that will improve integration of care management activities for at-risk people and provide learning opportunities for best practices for care management in at least 3 pilot communities (Burlington, Rutland and St. Johnsbury).
- **Project Summary:** Learning collaborative aims to:
  - Identify existing care management services and resources and gaps in services in the pilot communities
  - Implement and test best practices for integrating care management, such as shared care planning, and care management protocols for referrals and transitions in care
  - Develop care management tools and training resources to support implementation and testing
  - Develop and collect measures of success and accountability
  - Provide shared learning opportunities for participating organizations

# Proposed Budget

- **Project estimated cost:** Not-to-exceed amount of \$300,000 would support:
  - Two full-time contracted facilitators at a cost of \$95,000/year each (includes travel and training).
  - Expenses estimated at \$60,000 for multiple Learning Sessions during the year, including expert faculty and travel expenses, rental of meeting space, and materials.
- **Project Timeline:** Proposed for October 1, 2014 – October 31, 2015
- **Budget Line-Item:** Type 2 Learning Collaboratives

# Intent of Request/Relationship to VHCIP Goals

- By grounding its work in the Plan-Study-Do-Act model for quality improvement, the Integrated Community Care Management Learning Collaborative will demonstrate that integrated care management services based on best practices can:
  - Improve quality of care, person and family experience, health outcomes, and wellness, and
  - Reduce unnecessary utilization and cost.
- These goals align with the CMCM work group's charge to develop an integrated delivery system that leads to coordination, collaboration, and improved care for Vermonters; and also with the overarching goals of the VHCIP to improve care, improve population health, and reduce health care costs.



# Scope of Work

Using skilled facilitators, this Learning Collaborative will support organizations that provide care management services in creating Integrated Communities; implementing best practices, tools, and training resources; and measuring results.

Facilitators will have expertise in quality improvement methods, transformation, team facilitation, group dynamics and project management.

- 1. Facilitator A** will coordinate collaborative design, learning session design and logistics, team member outreach, communications, and learning collaborative implementation in the pilot communities.
- 2. Facilitator B** will work closely with team members in the pilot communities on data resource identification, data analysis, panel management and measurement activities.

# Deliverables

- Multi-organization teams in pilot communities will identify existing and needed care management resources; implement selected best practices in care management integration; adopt tools and training resources to support those best practices; measure results; and engage in learning opportunities.
- Facilitators will promote an environment of collaborative learning within and between the pilot communities and across the health system, through mechanisms that include multiple learning sessions with expert faculty.
- Facilitators will meet with teams in pilot communities on a regular basis to provide the following services:
  - Change Management Support
  - Technical Assistance and Training
  - Data Analysis, Measurement and IT Support
  - Creation of a Learning Health System
  - Development of Connections Within and Between Pilot Communities