HEALTH FIRST

State Innovation Model Program

HealthFirst Capacity & Infrastructure Building Grant

Final Report

November 30, 2016

Vermont Health Care Innovation Project

Funding for this report was provided by the State of Vermont, Vermont Health Care Innovation Project, under Vermont's State Innovation Model (SIM) grant, awarded by the Center for Medicare and Medicaid Services (CMS) Innovation Center (CFDA Number 93.624) Federal Grant #1G1CMS331181-03-01.

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Grant #03410-1305-15

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Prepared by:

Amy Cooper, MBA, Executive Director, HealthFirst
Holly E.Q. Lane, Communications Coordinator, HealthFirst

In Memory of Gisele Carbonneau,
whose humor and dedication made all the tough stuff easier.
We will miss her.

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Project Description

In April 2014, HealthFirst (HF) submitted its initial SIM grant application with the intention of applying lessons learned from the Medicare Shared Savings Program to enable independent medical practices to participate in the commercial shared savings ACO (XSSP) program. To that end, HF formed Vermont Collaborative Physicians (VCP). Soon after receiving our first grant award of $400,000 in December 2014, HF was invited to submit an application for additional funding specifically to support VCP's involvement in statewide initiatives and workgroups related to the state's overarching goals for the SIM program, including the development of statewide "community collaboratives." The second award, of $200,000, guaranteed that independent practices would be fully "at the table" as the state worked to implement elements of its healthcare reform agenda related to community-based quality improvement initiatives and improved care coordination efforts across the care continuum.

As an infrastructure and capacity-building grant, HealthFirst's SIM project was quite different from those of most grantees working under the program. Most of our grant goals, listed below, were concrete and discrete, including:

- Hiring staff to support the independent physician commercial ACO, Vermont Collaborative Physicians
- Securing an office space
- Developing policies and procedures for governance
- Developing a collaborative care agreement for our network of independent providers so that the hand-off between primary care and specialist care would be more seamless and efficient for patients
- Increasing public awareness of HF through education and a redesign of our website and logo
- Developing and/or making available educational materials/opportunities for members and consumers
- Identifying physician liaisons to enable HF/VCP to engage in regional and statewide collaboration committees
- Developing and supporting efficient data management and reporting through direct and indirect technical assistance
- Using quality data to inform development of disease management programs

What Happened During Our Project

After creating our team, HealthFirst was able to accomplish all of the grant goals. Perhaps the most significant impact of our work was development of an "office champion" model for quality data management and reporting. This model positioned HealthFirst to efficiently provide technical assistance to all VCP practices, identify needs and opportunities for practice-to-practice mentoring, and use quality data to amend protocols to improve care.

When considering VCP's formation, we took to heart the concerns our member practices shared about data accuracy and reliability when outside consultants were used for data collection in other quality initiatives. The office champion model responded to these frustrations by creating a process for training and supporting individual clinical quality leads at each primary care practice for data recording, management, collection and reporting. Using technical support, professional development training, and strong communication efforts, the office champion model empowered practices to not only efficiently and effectively gather data, but also to adjust documentation and care delivery procedures to the benefit of practices and the patients they serve. A separate grant through the SIM program enabled VCP to provide some limited, but appreciated, financial compensation to support practices' data collections in years 1 and 2.

With HealthFirst serving as the central manager of the data collection process, including data validation for state-level reporting, our clinical quality team could maximize efficiency in their work with practices. Individual and VCP cohort data became available for all practices to review, enabling practices to evaluate their performance against those of their peers. This proved especially motivating for lower performing practices, though it must be noted that, overall, VCP's independent practices ranked higher across the majority of Vermont and national ACO clinical quality measures than primary care practices participating under the hospital or health center umbrella ACOs.

Challenges

Though we consider our work under the SIM grant to be highly successful, we did encounter some challenges.

Working with a small staff on a big initiative means there are more tasks than there are bodies, hours or other resources to tackle those tasks. Our core team combated this as much as possible by engaging in a collaborative, supportive team effort to cover as many bases as possible. We see similar struggles in our member practices, which are constantly confronted with the challenge of how to meet administrative demands with smaller staffs and fewer resources than hospital-based practices. Even the success of the office champion model highlights the tremendous amount of staff effort and resources it can take for practices to manage value-based programs. It also underscores the need for more concerted efforts to ensure that providers and payers are aligned with base groups, time lines, and shared benchmarks to reduce administrative burdens on practices while supporting meaningful evaluation of performance quality.

Another multi-faceted challenge that presented itself was how to identify measures that (1) would be quantifiable, meaningful, and provide insight into how to change protocols and procedures in order to improve care and (2) that align with other quality measurement programs to minimize administrative lift. Among our members there is notable physician fatigue with alternative payment models (e.g., Blueprint, NCQA, ACO programs) that pull physicians away from patient care and bring heavy administrative burdens without commensurate levels of financial or other support. As one of the only SIM stakeholder/partners to send active clinicians to represent primary care practices on advisory,

planning and decision-making committees for SIM, we often identified the schisms between the perceived value of procedural decisions and the administrative demands at the care delivery level.

Lessons

Our program planning began by considering feedback our member practices had shared with us about past and current experiences with alternative payment models and other health care reform initiatives. We considered this in the broader context of health reform in the state and nationally and identified strategies and resources we felt would be necessary to participate in the SIM program successfully while furthering the viability of independent practices in Vermont. At every point in the application, implementation and management stages of the project, we strived to keep our focus on our core goals of supporting VCP practices in continuing to provide high-quality care and of establishing HealthFirst's voice in the state's health care conversation.

The best advice we can offer any organization looking to participate in a similar process is to strike a balance between being steadfast and being flexible. Planning is critical, but continuous evaluation of progress and process is equally important. For example, when HealthFirst's invoicing for physician stipends for our liaisons was disrupted, we worked diligently with DVHA to try and resolve the issue as quickly as possible. When the disruption persisted, we began considering other strategies for resolution. We knew unequivocally that mobilizing physician liaisons was imperative for our participation in key committees and workgroups, and we recognized the essential of providing some compensation for our liaisons, who were taking time away from patient care (which translates to lost income in an independent practice) to represent our ACO and network. We did not abandon these core elements of our program, but we determined that we might need to be creative in order to keep funding flowing so our work could continue without interruption. Understanding that the questions holding up fund disbursement were at the federal level, we requested a phone meeting with CMS and DVHA to see if, collectively, we could clarify and address the concerns. In the meantime, we also requested a budget revision to shift stipend payments out of the grant to other organizational revenue and apply grant funds to existing budget items we knew were allowable. It took effort to be flexible, but it enable our work to continue moving forward despite the interruption in fund disbursement.

Program Evaluation

As noted, HealthFirst's SIM project was quite different than those of many of our peers'. The majority of our indicators, outlined below, were discrete and concrete, including:

- ***Staffing and Office Space:*** At the time of our initial grant award, HealthFirst had a single contractor managing the organization. To fully support VCP practices and meet the requirements of the SIM grant, **we hired a diverse and dedicated team** with an executive director to manage the organization's direction, a two-member clinical quality team to assist

VCP practices with required quality measurement, and an administrative position to assist with office management, grants management, and logistics for a slate of ACO and organizational committees. We also increased the hours of the existing operations director position to meet the program's demands. Finally, we secured an **office space** suitable for daily operations and committee meetings.

- ***Governance:*** The SIM grant supported HF's efforts to establish a governance structure for VCP. This work included drafting an array of policies, as well as creating several committees to support the ACO, including an ACO Management Committee, a Clinical Quality Committee, and a Consumer Advisory Board, each of which met quarterly to review relevant topics, provide feedback, and make decisions or recommendations as needed. A fourth group, the Clinical Implementation Committee, comprising practice managers from several ACO practices, met every other month to discuss best practices, changes in policies and procedures and other topics that affect practice management.

- ***Physician Liaisons:*** To ensure that HealthFirst/VCP could participate fully in a range of health reform meetings and initiatives around the state, including **Unified Community Collaboratives**, we established a stipend fund and invited our members to volunteer to serve as the voices of independent practices. Though, as discussed previously, this initiative presented some administrative challenges, having liaisons to help "cover" the logistical needs of health reform activities was invaluable.

- ***Website and Educational Materials/Opportunities:*** In summer 2015, we engaged a web designer to work with us to **create a user-friendly website**, which launched that fall. The site provides a venue for public reporting about VCP, a searchable member directory, an online calendar, membership information, resources for VCP and other member practices, links to relevant news, and more for HealthFirst members and consumers. We review website analytics and user feedback to help us plan changes to the site. The grant also allowed us to create **educational materials** for consumers, including patients of member practices, lawmakers, and the media. One example of this effort was a "one-pager" that showcased VCP quality data in the context of the value independent practices bring to Vermont's health care system. In July 2015, we used grant funds to underwrite a series of **professional development webinars** focused on the transition to ICD-10 medical coding. After each of the six sessions, we posted the presentation video to our YouTube channel and made handouts available. Collectively, the videos garnered nearly 4,000 views in and we received positive feedback from practices about the value of the trainings, which we provided free of charge.

Achieving success for our remaining two indicators, **collaborating on SSP quality measures and improving disease management programs**, is directly related to the fulfilment of our other grant goals. HF's clinical quality team collaborated with OneCare and CHAC to develop and deliver data collection webinar trainings for XSSP practices. The trainings reviewed basic procedures, and, in year 2, also

outlined processual and benchmark changes. In the case of HF, these trainings were followed up with practice visits and phone calls. At the conclusion of the data collection cycle in each year, HealthFirst provided feedback about quality measures, raising questions about the value of some benchmarks and collaborating to help identify additional/new measures that could be used to quantitatively evaluate the quality of care delivery and management. Feedback from practices through the Clinical Implementation Committee, regional and national evaluations of specific benchmarks, and procedure review were among the data sources used to inform HF's recommendations.

Depression screening and diabetic care are two examples of how the more reliable clinical quality data coming through the office champion model directly informed **improvements in disease management programs**. Low performance in depression screening inspired technical support around using a standardized screening tool and adjusting how screening results, including referrals, were recorded in patient charts. Data also highlighted lower scores in diabetic care management based on completion of annual dilated retinopathy exams, a cornerstone of care for this population. A closer review revealed a disconnection between primary care practices and eye care providers for diabetic patients. To correct this, HealthFirst reached out to ophthalmologists and optometrists serving VCP practices with a request for eye care providers to sign an agreement and implement a system for providing timely reporting of exam results to primary care practices. More than 50% of eye care providers we approached signed the agreement. Our clinical quality team is now working with HF member practices to assess implementation and to assist in communications between PCP practices and eye care providers as needed.

Impacts Beyond HealthFirst/VCP

Beyond enabling HealthFirst to support member practices so they could participate in the commercial ACO program, the most important opportunity the SIM grant provided for HealthFirst was the chance to be recognized as a bona fide stakeholder in health reform, which opened the door for us to help educate consumers and lawmakers about independent practices. Looking across the grant period, we see a marked difference in how media covers HealthFirst and in the depth of questions we now get from legislators who, at the outset, knew little about independent practices and how they align with and how they differ from hospital-based practices.

Project Sustainability

Long before the grant began to wind down, HealthFirst started exploring ideas for sustainability once the grant ended. Unfortunately, this process has been hindered by the continued and constant changes in health reform initiatives, timelines, and payment models. In such an uncertain landscape, it has been difficult to develop a concrete sustainability plan.

Here are the core elements we are focusing on: (1) maintaining service and support for our members, (2) identifying new – and/or deciphering rapidly evolving – opportunities for value-based payment

program opportunities for our member practices, and (3) ensuring that independent providers have the information they need to continue delivering the highest quality care to their patients. We will continue to be involved in the development of the all-payer model and have been working to enroll interested practices in the new Medicare ACO. In addition, we will continue to explore partnership opportunities with like-minded organizations interested in developing population health management systems.

As the XSSP draws to a close, and while the assortment of reform initiatives like Next Gen and the all-payer model begin to take shape more fully, HealthFirst will evaluate staffing needs. We already have encountered some significant changes to our staffing, first with the passing of one of HealthFirst's founders, Operations Director Gisele Carbonneau, and next with the imminent departure of Communications Coordinator Holly Lane, who was contracted only through the end of the SIM grant.

Despite changes in programs and staff, however, HealthFirst will carry forward the lessons learned through the grant program. We will continue to foster relationships and seek opportunities to collaborate to achieve the overall goal of providing the best care to all Vermonters.