

Date: June 17, 2014

To: Quality and Performance Measures Working Group, VHCIP

From: Tracy Dolan and Karen Hein, Population Health Working Group, VHCIP

Re: Updated Recommendations for ACO Shared Savings Program Measure Selection Criteria

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The overall charge of the Population Health Work Group is to recommend ways in which the Vermont Health Care Innovation Project could better coordinate population health <sup>1</sup>improvement activities and more directly impact population health.

## **I. Proposed Criteria**

The criteria proposed are in line with the population health framework which recognizes the multiple factors that contribute to health outcomes, focuses on primary prevention, and seeks opportunities to impact upstream factors that affect health outcomes. The Population Health Working Group submits this clarification on the **intended use** of the population health criteria originally proposed to the Quality and Performance Measures Work Group.

### **Payment and Reporting**

#### Use data on health trends and burden of illness to identify priorities (existing criterion)

Focus on identified state priorities given burden of illness, known preventable diseases and evidence-based actions that have proven successful in changing health outcomes. The measure is evidence-based, important to making significant gains in population health and improving determinants of health and health outcomes of a population.

#### Focus on broader population and health outcomes (existing criterion)

Consider the health outcomes of a group of individuals, **including the distribution of such outcomes within the group**, in order to develop priorities and target action. The measure enables evaluation of subpopulations and especially those most vulnerable – due to disability, age, income, etc. The measure can be applied to the entire population – those already presenting with illness and disease as well as those at risk in the future.

#### Focus on prevention and wellness by patient, physician and system

Focus on prevention, self-care and maintaining wellness. The measure would include actions taken to maintain wellness rather than solely on identifying and treating disease and illness.

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<sup>1</sup> Population Health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003). While not a part of the definition itself, it is understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors. **Working Definition of Population Health, Institute Of Medicine, Roundtable on Population Health Improvement**  
<http://www.iom.edu/Activities/PublicHealth/PopulationHealthImprovementRT.aspx>

Focus upstream to include risk and protective factors

**Risk factors** are conditions or variables associated with a lower likelihood of positive outcomes and a higher likelihood of negative or socially undesirable outcomes. **Protective factors** have the reverse effect: they enhance the likelihood of positive outcomes and lessen the likelihood of negative consequences from exposure to risk. [http://www.who.int/hiv/pub/me/en/me\\_prev\\_ch4.pdf](http://www.who.int/hiv/pub/me/en/me_prev_ch4.pdf). The measure would capture personal health behaviors such as tobacco, diet and exercise, alcohol uses, sexual activity, as well as other health and mental health conditions that are known to contribute to health outcomes.

**Monitoring and Evaluation**

Link to social determinants and environmental factors

**The social determinants of health** are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics <http://www.cdc.gov/socialdeterminants/>

The measures would include social factors and the physical environment such as: education, employment, income, family support, community, the built environment and environmental quality.

Expanded Timeframe

Many changes to population health will require a longer time frame than the duration of this project. Develop a balanced portfolio of measures with the potential for short term impact (within 3-5 years) and other measures with impact over a longer time frame (5-20 years).

**II. Priority Measures**

The Population Health Working Group previously submitted our recommendation regarding which pending measures should be moved into payment or reporting status based on the criteria above.

**First priority to be moved into payment or reporting status:**

Core-40	MSSP-21	Screening for High Blood Pressure and Follow-Up Plan Documented
Core-36	MSSP-17	Tobacco Use Assessment and Tobacco Cessation Intervention
Core-44		Percentage of Patients with Self-Management Plans
Core-34		Prenatal and Postpartem Care Timeliness

**Second priority to be moved into payment or reporting status:**

Core-9		Depression Screening by 18 Years of Age
Core-30		Cervical Cancer Screening
Core-35	MSSP-14	Influenza Immunization
Core-39	MSSP-28	Hypertension (HTN): Controlling High Blood Pressure
Core-45		Screening, Brief Intervention, and Referral to Treatment

We are glad the measures above are being considered by the QPM work group.

**We now submit our support for moving the following selected measures from reporting to payment:**

Core-15	MSSP	Pediatric Weight Assessment and Counseling
Core-16	MSSP-22-26	Diabetes composite
Core-17	MSSP-27	Diabetes Mellitus
Core-19	MSSP-18	Depression Screening and Follow Up
Core-20	MSSP-16	Adult Weight Screening and Follow Up

In addition, we expect to continue to explore in the longer term other options for developing a shared accountability for improving the health of the population which may include measures that demonstrate more 'upstream' factors for a broader set of stakeholders or geographic regions.

Thank you for the opportunity to contribute to this discussion. We would be glad to engage in more exploration of how measurement can play a role in changing incentives in the system to improve the health of the population.