VT ACO Pilot Year 1 Performance Measures

Approved by GMCB and VHCIP Core Team and Steering Committee, November 2013
Clarified January 16, 2014

The predecessor work group to the VHCIP Quality and Performance Measures Work Group (the ACO Measures Work Group) developed an ACO Performance Measure Set. Within that measure set there is a Core Measure Set and a Monitoring and Evaluation Measure Set.

The Core Measure Set consists of those measures for which each ACO participating in the Vermont ACO pilot program has accountability for reporting and payment purposes. Payment measures are those for which ACO **performance** potentially impacts the amount of shared savings that the ACO may retain. Reporting measures are those for which ACO **reporting** is a performance requirement. The measures designated for Monitoring and Evaluation are not considered to be Core Measures. Both measure sets were subsequently approved by the former ACO Standards Work Group and reviewed by the VHCIP Steering Committee. Final approval of the Core Measure Set was granted by the VHCIP Core Team in November 2013 and the Green Mountain Care Board in December 2013.

I. VERMONT ACO CORE MEASURE SET

The Core Measure set consists of those measures for which the ACO has accountability for either reporting or payment purposes. The measures designated for monitoring and evaluation are not considered Core Measures. **(32 measures for Year 1 payment and reporting; 23 Year 1 pending measures)**

1. **Commercial and Medicaid Quality Measures for Payment (8 measures):** *ACO performance on measures designated for "payment" will be considered when calculating shared savings. The payers will be responsible for submitting all of the relevant claims files for these measures to the state Analytics Contractor. The Analytics Contractor will be responsible for calculating performance on the measures for the Medicaid population, for the individual commercial payer populations, and for the combined commercial populations for each ACO. All payment measures are subject to an annual review of data availability, quality and performance. The use of the measures may shift in Year Two and/or Three as a result of these annual reviews.*

    a. **Claims-based Measures for Payment in Year One (8 measures):**
        1. (Core-1) All-Cause Readmission
        2. (Core-2) Adolescent Well-Care Visit
        3. (Core-3a) Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening Only)[1]

[1] Core-3a is the claims-based HEDIS measure "Cholesterol Management for Patients with Cardiovascular Conditions" (LDL-screening only) and will be used for payment until Core 3b, the clinical data-based

4. (Core-4) Follow-up After Hospitalization for Mental Illness, 7 day
5. (Core-5) Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
6. (Core-6) Avoidance of Antibiotic Treatment for Adults With Acute Bronchitis
7. (Core-7) Chlamydia Screening in Women
8. (Core-8) *Developmental Screening in the First Three Years of Life (Medicaid only)*
9. *[(Core-9) Depression Screening by 18 years of age was removed from the measure set prior to finalization and was not presented to or approved by the GMCB.]*

2. <u>Commercial and Medicaid Quality Measures for Reporting (24 measures):</u> *ACOs will be required to provide information to the state Analytics Contractor on the clinical data-based Reporting measures either through electronic means or as a result of chart reviews. If payers are collecting data on the clinical data-based measures in a way that allows them to determine ACO-level performance, the payers may provide information to the Analytics Contractor on behalf of the ACO. Performance on these measures will not be considered when calculating shared savings. All reporting measures are subject to an annual review of data availability, quality and performance. The use of the measures may shift in Year Two and/or Three as a result of these annual reviews.*

a. **Claims-based Measures for Reporting in Year One (4 measures):**
   1. (Core-10/ MSSP-9) Ambulatory Care-Sensitive Conditions Admissions: COPD[2]
   2. (Core-11/ MSSP-20) Mammography /Breast Cancer Screening
   3. (Core-12) Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite
   4. (Core-13) Appropriate Testing for Children with Pharyngitis

b. **Clinical Data-based Measures for Reporting in Year One (11 measures):**
   1. (Core-14) Childhood Immunization Status (Combo 10)
   2. (Core-15) Pediatric Weight Assessment and Counseling
   3. (Core-16a/ MSSP 22) Diabetes Composite (D5) (All or Nothing Scoring): Hemoglobin A1c Control (<8 percent)
   4. (Core-16b/ MSSP 23) Diabetes Composite (D5) (All or Nothing Scoring): Low Density Lipoprotein (<100)
   5. (Core-16c/ MSSP 24) Diabetes Composite (D5) (All or Nothing Scoring): Blood Pressure <140/90
   6. (Core-16d/ MSSP 25) Diabetes Composite (D5) (All or Nothing Scoring): Tobacco Non-Use

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"IVD: Complete Lipid Panel and LDL Control" measure which is currently pending, is ready to be used for payment, at which point it will replace Core 3a.

[2] Any ACO participating in the MSSP is required to submit MSSP measure results for the Medicare population (with the exclusion of the patient experience measures) to the GMCB for review.

7. (Core-16e/ MSSP 26) Diabetes Composite (D5) (All or Nothing Scoring): Aspirin Use
8. (Core-17/ MSSP-27) Diabetes Mellitus: Hemoglobin A1c Poor Control (>9 percent)
9. (Core-18/ MSSP-19) Colorectal Cancer Screening
10. (Core-19/ MSSP-18) Depression Screening and Follow-up
11. (Core-20/ MSSP-16) Adult Weight (BMI) Screening and Follow-up

c. **Patient Experience Measures for Reporting in Year One (9 measures):**
1. (Core-21) Access to Care Composite
2. (Core-22) Communication Composite
3. (Core-23) Shared Decision-Making Composite
4. (Core-24) Self-Management Support Composite
5. (Core-25) Comprehensiveness Composite
6. (Core-26) Office Staff Composite
7. (Core-27) Information Composite
8. (Core-28) Coordination of Care Composite
9. (Core-29) Specialist Composite

3. <u>Commercial and Medicaid Quality Measures Pending in Year One (23 measures):</u>
Measures designated as "pending" are included in the core measure set, but are not required for reporting in Year One. Pending measures are considered to be of importance to the ACO pilot, but are not required for initial reporting for one of the following reasons: the target population is not presently included in the pilot, lack of availability of clinical or other required data, lack of sufficient baseline data, lack of clear or widely-accepted specifications, or the measure is presently overly burdensome to collect. All pending measures are subject to an annual review of data availability, quality and performance. The use of the measures may shift in Year Two and/or Three as a result of these annual reviews.

a. Pending claims-based measures (1 measure):
1. (Core-49) *Use of High Risk Medications in the Elderly (Medicaid only, duals-specific measure)*

b. Pending clinical data-based measures (20 measures):
1. (Core- 3b/ MSSP-29) Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)[3]

[3] Core-3a is the claims-based HEDIS measure "Cholesterol Management for Patients with Cardiovascular Conditions" (LDL-screening only) and will be used for payment until Core 3b, the clinical data-based "IVD: Complete Lipid Panel and LDL Control" measure which is currently pending, is ready to be used for payment, at which point it will replace Core 3a.

2. (Core-30) Cervical Cancer Screening
3. (Core-31/ MSSP-30) Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
4. (Core-32) Proportion not admitted to hospice (cancer patients)
5. (Core-33) Elective delivery before 39 weeks
6. (Core-34) Prenatal and Postpartum Care
7. (Core-35/ MSSP-14) Influenza Immunization
8. (Core-36/ MSSP-17) Tobacco Use Assessment and Tobacco Cessation Intervention
9. (Core-37) Care Transition-Transition Record Transmittal to Health Care Professional
10. (Core-38a/ MSSP-32) Coronary Artery Disease (CAD) Composite: Lipid Control
11. (Core-38b/ MSSP-33) Coronary Artery Disease (CAD) Composite: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy- Diabetes of Left Ventricular Systolic Dysfunction (LVEF <40%)
12. (Core-39/ MSSP-28) Hypertension (HTN): Controlling High Blood Pressure
13. (Core-40/ MSSP-21) Screening for High Blood Pressure and follow-up plan documented
14. (Core-43) *Frequency of Ongoing Prenatal Care (Medicaid only)*
15. (Core-44) *Percentage of Patients with Self-Management Plans (Medicaid only)*
16. (Core-45) *Screening, Brief Intervention, and Referral to Treatment (Medicaid only)*
17. (Core-46) *Trauma Screen Measure (Medicaid only)*
18. (Core-47/ MSSP-13) *Falls: Screening for Future Fall Risk (Medicaid only, duals-specific measure)*
19. (Core-48/ MSSP-15) *Pneumococcal Vaccination for Patients 65 Years and Older (Medicaid only, duals-specific measure)*
20. (Core-50) *Persistent Indicators of Dementia without a Diagnosis (Medicaid only, duals-specific measure)*

c. Pending survey-based measures (2 measures):

1. (Core-41) How's Your Health?
2. (Core-42) Patient Activation Measure

II. VERMONT ACO MONITORING & EVALUATION MEASURE SET

The Monitoring and Evaluation Measure Set consists of measures with one of three characteristics. First, it includes Monitoring measures that were not prioritized for Core Measure Set inclusion because baseline insurer-level performance suggests that there is not currently a sufficiently high opportunity for improvement to warrant such inclusion. Second, it includes Monitoring measures for which ACO level measurement is not presently feasible. Third, it includes a comprehensive set of service utilization and cost Evaluation measures.

Monitoring and Evaluation measures are distinctive from Core Measure Set Reporting and Payment measures in that they will have no bearing on shared savings and will not be collected at the ACO level; nonetheless, they are important to collect to inform programmatic evaluation and selection of measures for future inclusion in the Core Measure Set. These measures will be reported at the insurer, the state level, or both to the state Analytics Contractor. Data for these measures will be obtained from sources other than the ACO (e.g., health insurers, VHCURES, Department of Education). Performance on the Monitoring measures will be reviewed at the insurer or state level on an annual basis. The measures will remain Monitoring measures unless the Quality and Performance Measures Work Group, determines that there is an opportunity for improvement. The Work Group, with input from the Payment Models Work Group, may recommend at the measure should be moved to the Core Measure Set and performance assessed at the ACO level and used for either payment or reporting. **(23 measures in total)**

1. **Commercial and Medicaid Measures for Monitoring (9 measures):** *These are measures that all pilot participants would benefit from tracking and reporting. They are distinctive from Reporting and Payment in that 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 insurer level, the state level, or both, and will come from sources other than the ACO. All measures are subject to an annual review of data availability, quality and performance. The use of the measures may shift in Years Two and/or Three as a result of these annual reviews.*

    a. **Claims-based Monitoring measures (6 measures):** *These measures will be reported by each payer and will be reported at the payer level rather than at the ACO level.*
        1. (M&E-1) Appropriate Medications for People with Asthma
        2. (M&E-2) Comprehensive Diabetes Care: Eye Exams for Diabetics
        3. (M&E-3) Comprehensive Diabetes Care: Medical Attention for Nephropathy
        4. (M&E-4) Use of Spirometry Testing in the Assessment and Diagnosis of COPD
        5. (M&E-5) Follow-up Care for Children Prescribed ADHD Medication
        6. (M&E-6) Antidepressant Medication Management

    b. **Survey-based Monitoring measures (1 measure):**
        7. (M&E-7) Family Evaluation of Hospice Care Survey

    c. **Monitoring measures derived from other non-ACO sources (2 measures):**
        8. (M&E-8) School Completion Rate

9. (M&E-9) Unemployment

2. <u>Commercial and Medicaid Measures for Evaluation (14 measures):</u>

These measures reflect utilization and cost metrics to be monitored on a quarterly basis for each ACO, and will be reported by each payer. Commercial information will be reported by individual commercial payer and for the combined commercial populations for each ACO. All measures are subject to an annual review of data availability, quality and performance. The use of the measures may shift in Years Two and/or Three as a result of these annual reviews.

a. Claims-based Evaluation measures (14 measures):

1. (M&E-10) Health Partners TCOC: Total Cost Index (TCI)
2. (M&E-11) Health Partners TCOC: Resource Use Index (RUI)
3. (M&E-12) Ambulatory surgery/1000
4. (M&E-13) Average # of prescriptions PMPM
5. (M&E-14) Avoidable ED visits-NYU algorithm
6. (M&E-15) Ambulatory Care (ED rate only)
7. (M&E-16) ED Utilization for Ambulatory Care-Sensitive Conditions
8. (M&E-17) Generic dispensing rate
9. (M&E-18) High-end imaging/1000
10. (M&E-19) Inpatient Utilization - General Hospital/Acute Care
11. (M&E-20) Primary care visits/1000
12. (M&E-21) SNF Days/1000
13. (M&E-22) Specialty visits/1000
14. (M&E-23) *Annual Dental Visit (Medicaid only)*

b. Clinical data-based Evaluation measures (no measures)

- none

III. CMS MSSP-ONLY MEASURES

Medicare Shared Savings Program (MSSP)-only measures are required of ACOs participating in the MSSP program. Any ACO participating in MSSP is also required to submit the MSSP results for the claims and clinical data-based measures annually to the state Analytics Contactor for monitoring and evaluation purposes. **(12 measures in total)**

1. **Medicare-only Claims and Clinical Data-based Measures (5 measures):**
    1. (MSSP-8) Risk-Standardized All-Condition Readmission
    2. (MSSP-10) Ambulatory Care-Sensitive Conditions Admissions: Heart Failure
    3. (MSSP-11) Percent of Primary Care Physicians who Successfully Qualify for an EHR Incentive Program
    4. (MSSP-12) Medication Reconciliation
    5. (MSSP-31) Heart Failure: Beta Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

2. **Medicare-only Patient Experience Measures (using the Medicare-specific National Implementation Survey) (7 measures):**
    1. (MSSP-1) Getting Timely Care, Appointments and Information
    2. (MSSP-2) How Well Your Providers Communicate
    3. (MSSP-3) Patient Rating of Provider
    4. (MSSP-4) Access to Specialist
    5. (MSSP-5) Health Promotion and Education
    6. (MSSP-6) Shared Decision Making
    7. (MSSP-7) Health Status/ Functional Status