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## H. 761 Cataloguing and Aligning Quality Measures

Testimony before House Health Care Committee  
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Measuring health care processes and outcomes (“quality”) is not new, and measuring in health care is not bad

- Uniform Data System (FQHCs only) ~1996 – HRSA
  - FQHCs were pioneers in physician practice level measurement
- Rule 10 for Vermont managed care organizations ~1996
- NCQA for health plans, Act 53 hospital reporting ~2003
- Transparency initiatives ~2007

Evolving focus for quality and reform shifts greater burden to providers

- Blueprint and PCMH ~2008 -- State
- Meaningful Use 2010 -- CMS
- ACOs ~2012 – Encouraged under the SIM grant and push for value-based payment

FQHC Physician Testimony January 27

- FQHC physicians Tim Tanner and Fay Homan on January 27 is relevant backdrop to the discussion on this bill
- Dr. Homan testified her practice has increased its support staff to physician ratio from 2:1 to 4:1 but they are seeing 20 percent fewer patients because of increased physician time on documentation and other administrative work
- The most essential element of the physician/doctor relationship is trust, and physicians are losing the time they had with patients to build that trust

Broader measure sets have cost implications across the system

- CHAC’s 2014 quality reporting (January-April 2015)
  - 1200+ hours of staff time in a condensed 2-3 month period (staff routinely working Saturdays)
  - Pulled 100,000+ data elements on ~7,000 individual patients
  - Scale of quality reporting does not change when the number of lives fluctuates

FQHCs and Bi-State value measuring as a critical component of well-designed quality improvement programs, an ingredient to achieving better health outcomes, and a compass to direct the use of scarce resources.

AND Bi-State Primary Care Association would support an initiative to align measures across various external stakeholders to reduce burden on the system, with particular focus to reducing burden to primary care practices.

Vermont’s statewide collaborative approach to our healthcare initiatives provides an opportunity for productive conversation within and outside the state on aligning measure sets, streamlining data production, eliminating redundancy, and discarding measures that don’t add value.

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