		consideration when assessing performance on the All-Payer Ceiling and calculating Medicare savings. Vermont must explain the impact of such factors on Regulated Services and recommend how CMS should adjust the All-Payer Ceiling, Medicare savings, or both to reflect these factors.
14.	Quality Monitoring and Reporting	Providers in Vermont will continue to measure and report all applicable Medicare quality measures as required under federal law, currently and as amended during the course of the Performance Period. **Population Health Goals** Vermont will establish population health measures for the state that will be monitored and evaluated during the Performance Term. Such population health goals will include defined methods to measure progress toward defined goals and will include: • Increasing access to primary care • Reducing the prevalence of and improving the management of chronic diseases • Addressing the substance abuse epidemic. **All-Payer Model Quality Targets** Vermont will define specific statewide quality measures and establish performance targets to evaluate the quality of care during the Performance Period. Such quality targets will be established to support Vermont's population health goals. Vermont and CMS will work together to establish and document, by June 1, 2016, the purposes of the Model Agreement: 1) population health goals and a process for monitoring performance toward achievement of those goals; and 2) statewide quality measures and performance targets. Vermont will submit to CMS a report following the end of each Performance Year cataloging its performance with respect to the population health quality goals and statewide performance targets. Vermont will make available to CMS the datasets and methodologies used for this evaluation.

VERMONT MEDICAL SOCIETY

VHCIP Core Team
Pat Jones, Green Mountain Care Board
Alicia Cooper, Department of Vermont Health Access

September 23, 2014

Re: Proposed Year 2 Measure Changes for Vermont Accountable Care Organizations (ACO)

Dear Ms. Jones and Ms. Cooper,

On behalf of the physician members of the Vermont Medical Society, please provide the VHCIP Core Team with these comments regarding the VHCIP Quality Measurement and Performance workgroup's Year 2 Medicaid and Commercial ACO recommendations.

For year 1 of the Commercial and Medicaid ACO measure set, the Green Mountain Care Board (GMCB) endorsed 32 measures: 23 clinical measures and 9 patient satisfaction measures. Of these 23 clinical measures, 7 are being used by the BCBSVT and 8 are being used by Medicaid to determine the level of any shared savings.

The VMS opposed the GMCB's endorsement of the 32 new measures and instead recommended the addition of a limited set of relevant and easily reported pediatric and maternity measures to the existing 33 Medicare measures, in order to create common standards of provider quality and value in the Commercial and Medicaid ACO measures set.

The VMS recommendation was based on the understanding that physicians are not going to differentiate between the sources of payment (Medicare, BCBSVT or Medicaid) with respect to the clinical care they provide to their patients. The 32 Commercial and Medicaid measures, on top of the 33 Medicare measures, create a total of 53 ACO accountability measures. Physicians are accountable for all of the relevant 53 measures on behalf of their patients.

The VHCIP Quality Measurement and Performance workgroup's Year 2 Medicaid and Commercial ACO recommendations add three new payment measures, four new reporting measures and one new survey question for a total of 56 measures for year two (assuming no change in Medicare).

The VMS believes that a number of the VHCIP Quality Measurement and Performance workgroup's Year 2 Medicaid and Commercial ACO recommendations would add significantly to the already high administrative burden facing Vermont providers and that such a large number of measures would make targeted quality improvement activities extremely difficult.

During the workgroup's deliberations, the VMS joined with OneCareVermont, Health*first*, Northwestern Medical Center and BCBSVT in voting together on the recommended 2015 ACO reporting and payment measures - as outlined below and as shown in the attached table.

In order that system improvement can accelerate while also considering the administrative work associated with data collection and data analytics, the VMS makes the following Year 2 quality measurement recommendations:

VMS opposes adding the three new Proposed Payment Measures. ACOs will not receive their final 2014 quality measures report used to distribute savings until August 31, 2015. However, the workgroup's recommendation would mandate that ACOs operate under three new additional payments measures beginning on January 1, 2015 - eight months before they receive their 2014 data.

The lack of the final 2014 quality measures report before implementing the three additional payment measures, will make it impossible to analyze 2014 performance and begin focusing on areas of benchmarked quality improvement. VMS opposes adding the following three new Proposed Payment Measures:

1. Comprehensive Diabetes Care HbA1c Poor Control (>9 percent)

2. Pediatric Weight Assessment and Counseling

3. Rate of Ambulatory Care Sensitive Conditions (composite)

VMS supports adding the following three new Proposed Reporting Measures:

1. Cervical Cancer Screening

2. Tobacco Use (Screening and Cessation Intervention)

3. Developmental Screening (Commercial)

VMS opposes adding the following new Proposed Reporting Measure:

Avoidable ED Visits (NYU algorithm). The results generated by this algorithm merely represent the percentages of visits that *may* have been avoidable based on claims sets of statistically relevant sizes. Since this algorithm does not decide if an individual Emergency Department visit is avoidable or not, the results are percentages of visits that may have been avoidable based on claims sets of statistically relevant sizes. It would therefore be dangerous to use this at a patient level detail.

The designers of the algorithm make it clear that it was never intended to determine whether ED use in a specific case is appropriate: "It is important to recognize that the algorithm is not intended as a triage tool or a mechanism to determine whether ED use in a specific case is "appropriate" (e.g., for reimbursement purposes)."[1]

In addition, since the algorithm was designed to use ICD 9, it will be out-of-date on October 1, 2015, when the use of ICD 10 will be mandated by CMS. ICD-10 includes about 68,000 diagnosis codes compared to ICD-9's 13,000.

---

[1] http://wagner.nyu.edu/faculty/billings/nyued-background

VMS opposes adding the following new Survey Question

Custom DLTSS Survey Questions. Since the focus of the questions are directed at different service provider (non-primary care) and the potentially a small sample size, the question is inappropriate for the current ACO services.

VMS supports moving the following existing Reporting Measure to Monitoring and Evaluation

Breast cancer Screening. Recent studies have raised questions about the effectiveness of breast cancer screening.

In its August 11, 2014 letter to the VHCIP Steering Committee, OneCareVermont indicated that it had actively sought input from provider communities on the proposed measure changes in year two (2015) for the Medicaid and Commercial SSP programs.

They met with clinical leaders at the Vermont Child Health Improvement Program (VCHIP) and the American Academy of Pediatrics Vermont Chapter (AAP-VT). They then brought forward the collective input from these providers to OneCare Vermont's 54-member Clinical Advisory Board (CAB), which unanimously endorsed the recommendations as provided to the VCHIP co-chairs and committee members.

In its August 18, 2014 letter to the VHCIP Steering Committee, the ACO Governance board of Health*first*, on behalf of the two ACO programs that they are currently participating in through the Accountable Care Coalition of the Green Mountains (ACCGM) and Vermont Collaborative Physicians (VCP), fully supports the positions regarding ACO Year 2 measures stated in the Vermont Medical Society's Comment Letter.

Over the past several years of Vermont's health care reform efforts, state officials at all levels have frequently cited the importance of clinicians' input in the design of payment reform initiatives and that the future success of payment reform is dependent on the support of those providing direct patient care to Vermonters.

On behalf of the VMS, I respectfully ask the VHCIP Core Team to support the shared recommendations of the VMS, OneCareVermont, Health*First* and Northwestern Medical Center on the Year 2 Measure Changes for Vermont Accountable Care Organizations.

Please let me know if you have any questions or if I can be of further assistance.

Sincerely,

Paul Harrington
Executive Vice President, Vermont Medical Society

cc: VMS Council

Comparison of 2014 and Proposed 2015 ACO Reporting or Payment Measures for √MSSP (Medicare ACO), Vermont Commercial ACO, and Vermont Medicaid ACO

Key: Y=Yes; N=No; C=Claims; MR=Medical Record; S=Survey; R=Reporting; P=Payment

MSSP	Measure Description	Data: Claims, Medical Record, or Survey?	Medicare ACO Use Year 2 2014	Commercial ACO Use 2014	Medicaid ACO Use 2014
Y	Risk-Standardized All Condition Readmission	C	R		
Y	Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults	C	P	R	R
Y	Ambulatory Sensitive Conditions Admissions: Heart Failure	C	P		
Y	% of PCPs who Successfully Qualify for an EHR Program Incentive Payment	Other	P		
Y	Medication Reconciliation	MR	P		
Y	Falls: Screening for Future Fall Risk	MR	P		
Y	Influenza Immunization	MR	P		
Y	Pneumococcal Vaccination for Patients 65 and Older	MR	P		
Y	Adult BMI Screening and Follow-Up	MR	P	R	R
Y	Tobacco Use: Screening and Cessation Intervention	MR	P	*(√R)*	*(√R)*
Y	Screening for Clinical Depression and Follow-Up Plan	MR	P	R	R
Y	Colorectal Cancer Screening	MR	R	R	R
Y	Breast Cancer Screening	C	R	R *(√M&E)*	R *(√M&E)*
Y	Screening for High Blood Pressure and Follow-Up Documented	MR	R		
Y	Diabetes Composite (HbA1c control)	MR	P	R	R
Y	Diabetes Composite (LDL Control)	MR	P	R	R
Y	Diabetes Composite (High Blood Pressure Control)	MR	P	R	R
Y	Diabetes Composite (Tobacco Non Use)	MR	P	R	R
Y	Diabetes Composite (Daily Aspirin or Antiplatelet Medication)	MR	P	R	R
Y	Diabetes HbA1c poor control	MR	P	*R(XP)*	*R(XP)*
Y	Hypertension: Controlling High Blood Pressure	MR	P		
Y	IVD: Complete Lipid Panel and LDL Control	MR/C*	P	P*	P*
Y	IVD: Use of Aspirin or Another Antithrombotic	MR	P		
Y	Heart Failure: Beta Blocker Therapy for LVSD	MR	R		
Y	Coronary Artery Disease Composite (Lipid control)	MR	R		

*Recommendation for Vermont Commercial/Medicaid ACO is to substitute the claims based Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening only) for the medical record based IVD: Complete Lipid Panel and LDL Control measure, due to data collection challenges.

(√) 2015 changes **supported** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

(X) 2015 changes **opposed** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

MSSP	Measure Description	Data: Claims, Medical Record, or Survey?	Medicare ACO Use Year 2 2014	Commercial ACO Use 2014	Medicaid ACO Use 2014
Y	Coronary Artery Disease Composite (ACE or ARB for LVSD)	MR	R		
N	All-Cause Readmission	C		P	P
N	Adolescent Well-Care Visit	C		P	P
N	Follow-Up After Hospitalization for Mental Illness (7 day)	C		P	P
N	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	C		P	P
N	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	C		P	P
N	Chlamydia Screening in Women	C		P	P
N	Developmental Screening in First 3 Years of Life	C		*(VR)*	P
N	Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite	C		R *(XP)*	R *(XP)*
N	Appropriate Testing for Children With Pharyngitis	C		R	R
N	Childhood Immunization Status	MR		R	R
N	Pediatric Weight Assessment and Counseling	MR		R *(XP)*	R *(XP)*
N	*Cervical Cancer Screening*	*MR*		*(VR)*	*(VR)*
N	*Avoidable ED visits*	*C*		*(XR)*	*(XR)*
	Patient Experience Surveys				
Y	NIS Patient Experience: Getting Timely Care, Appointments, Information	S	P		
Y	NIS Patient Experience: How Well Providers Communicate	S	P		
Y	NIS Patient Experience: Patients' Rating of Provider	S	P		
Y	NIS Patient Experience: Access to Specialists	S	P		
Y	NIS Patient Experience: Health Promotion and Education	S	P		
Y	NIS Patient Experience: Shared Decision Making	S	P		
Y	NIS Patient Experience: Health Status/Functional Status	S	R		
N	PCMH Patient Experience: Access to Care	S		R	R
N	PCMH Patient Experience: Communication	S		R	R
N	PCMH Patient Experience: Shared Decision-Making	S		R	R
N	PCMH Patient Experience: Self-Management Support	S		R	R
N	PCMH Patient Experience: Comprehensiveness	S		R	R
N	PCMH Patient Experience: Office Staff	S		R	R
N	PCMH Patient Experience: Information	S		R	R

*Recommendation for Vermont Commercial/Medicaid ACO is to substitute the claims based Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening only) for the medical record based IVD: Complete Lipid Panel and LDL Control measure, due to data collection challenges.

(V) 2015 changes **supported** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

(X) 2015 changes **opposed** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

MSSP	Measure Description	Data: Claims, Medical Record, or Survey?	Medicare ACO Use Year 2 2014	Commercial ACO Use 2014	Medicaid ACO Use 2014
N	PCMH Patient Experience: Coordination of Care	S		R	R
N	PCMH Patient Experience: Specialist Care	S		R	R
N	*DLTSS Custom Survey Question*	*S*		*(R)*	*(R)*
	Total Measures for Payment or Reporting 2014	**53**	**33**	**31**	**32**
	Total Proposed Measures for Payment or Reporting 2015	*(56?)*	*(33?)*	*35*	*35*

*Recommendation for Vermont Commercial/Medicaid ACO is to substitute the claims based Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening only) for the medical record based IVD: Complete Lipid Panel and LDL Control measure, due to data collection challenges.

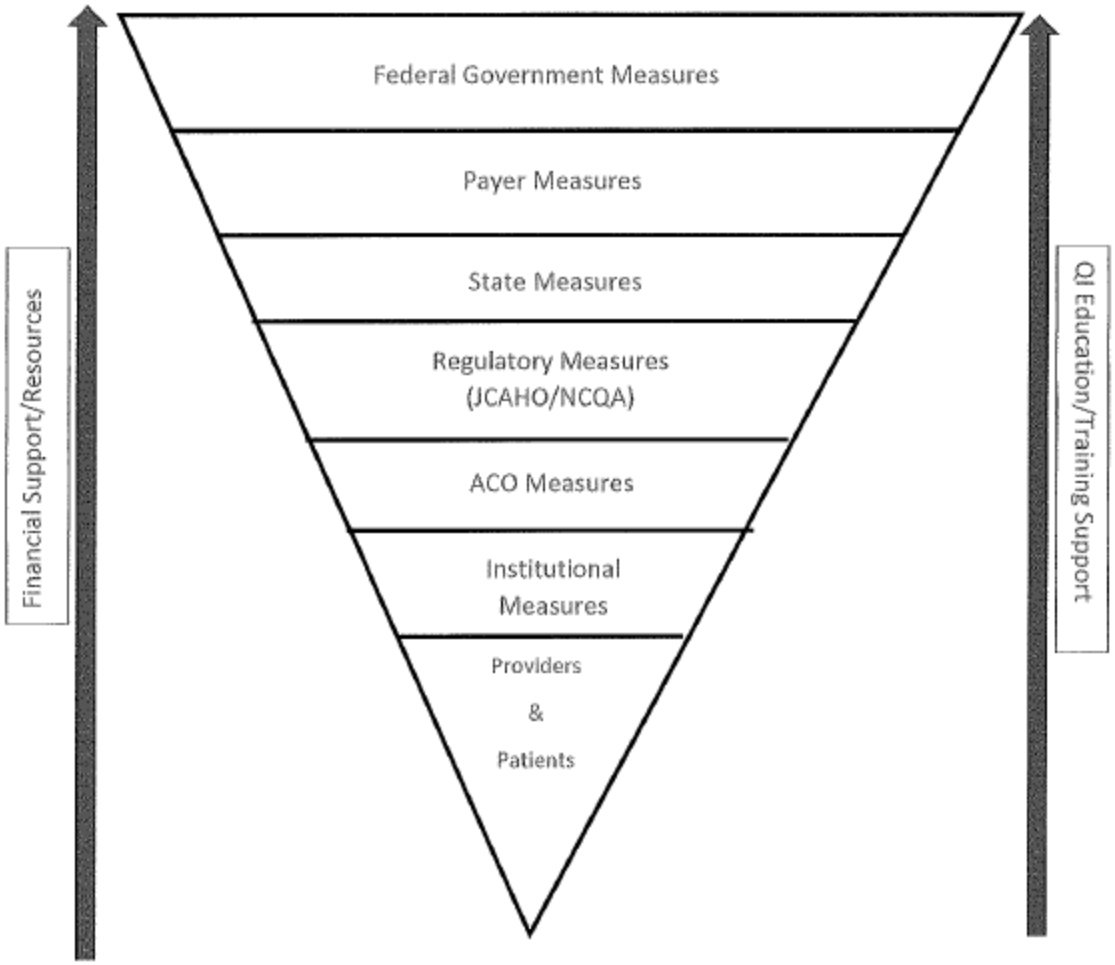
(√) 2015 changes **supported** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

(X) 2015 changes **opposed** by OneCareVermont, Health*first*, Northwestern Medical Center, Vermont Medical Society, BCBSVT

VMS Education & Research Foundation

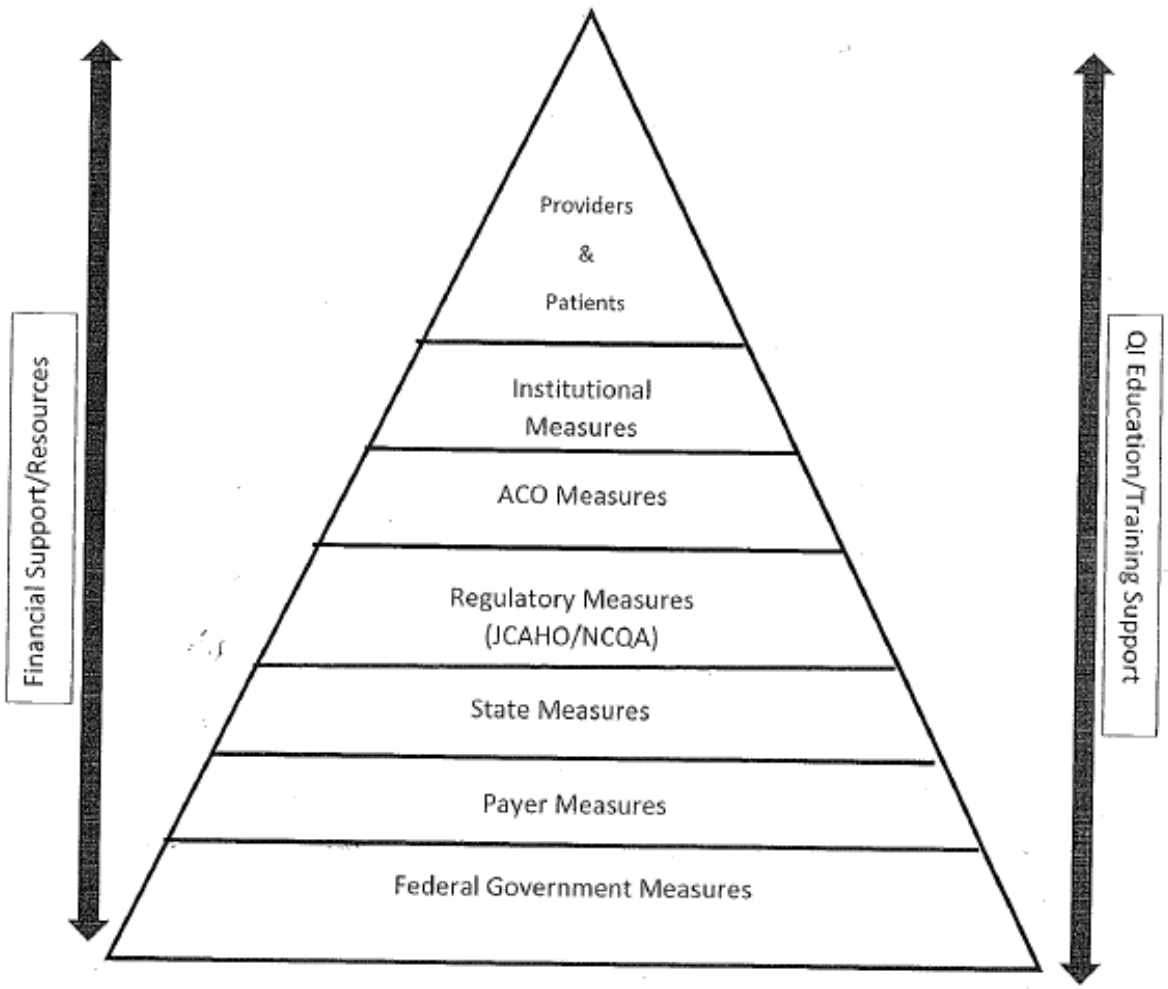
Pursuing High Value Care for Vermonters

Current Measures Process

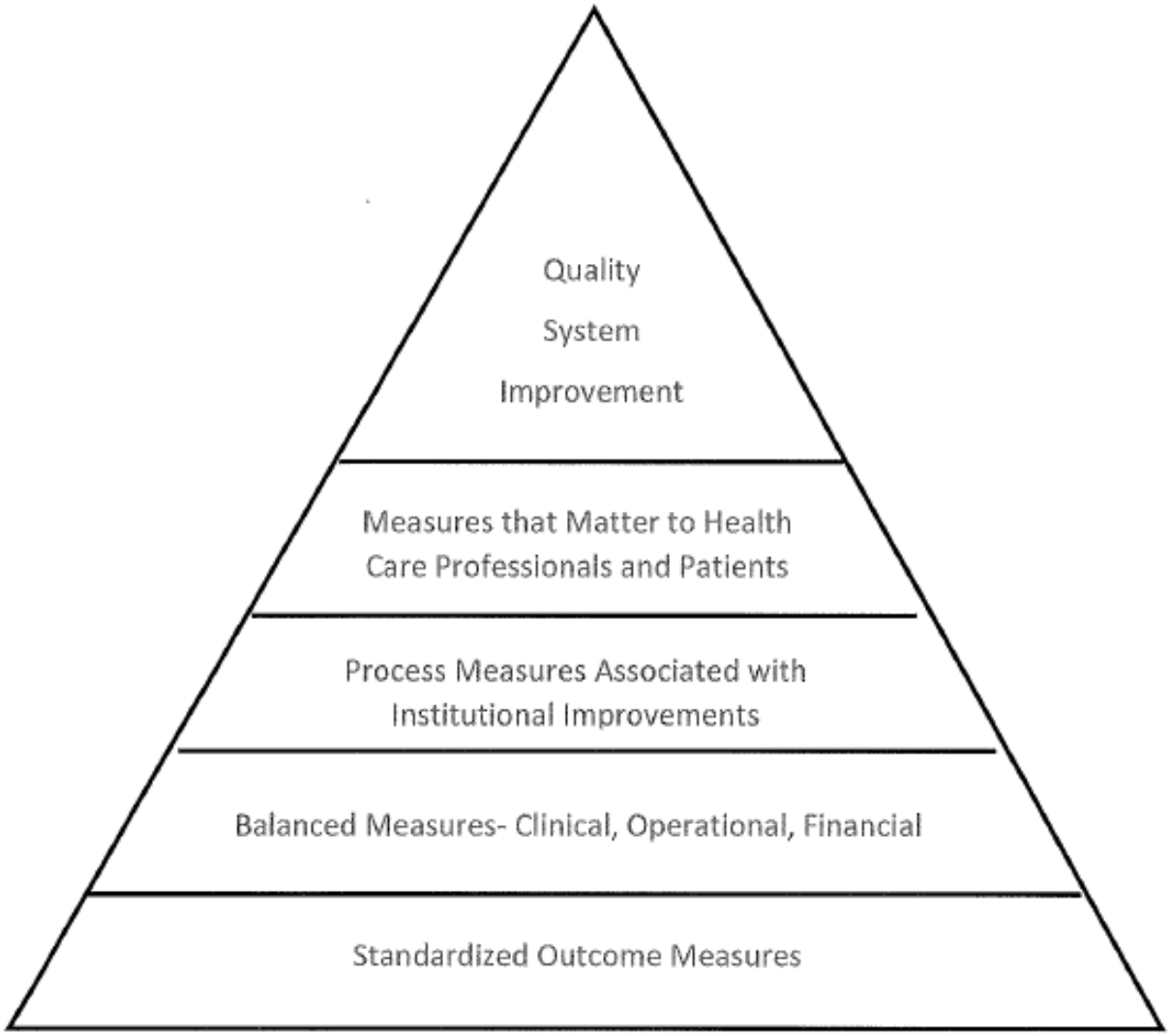


Randy Messier MT, MSA, PCMH CCE
vtmessier@msn.com

WHAT IT NEEDS TO BECOME



Randy Messier MT, MSA, PCMH CCE
vtmessier@msn.com



Steps to follow in order to develop consistent measures that matter and support the care providers at the front line of care to capture and utilize the data to improve care. We need to move from a monitoring system to an improvement system.

Randy Messier MT, MSA, PCMH CCE
vtmessier@msn.com