

# Aligning Health Care Performance Measures – H.761

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# Aligning Health Care Performance Measures: Agreement on the Focus

- ACOs are charged with improving health care quality in their communities
- An effective healthcare system cannot assess and improve the health and wellbeing of its members without a robust way to measure performance, identify best practices and test and evaluate innovations
- Measures of quality should be continuously evaluated to assure they have a value add and are aligned with our shared goals

# Current ACO Landscape

*Collective Efforts to Streamline and Simplify Data Collection*

# ACO Measures for all SSP programs (Medicare, Medicaid, Commercial)

## All Payer Measures

### Adult BMI Screening and Follow-Up

Tobacco Use: Screening and Cessation Intervention

Screening for Clinical Depression and Follow-Up Plan

Colorectal Cancer Screening

Diabetes Composite HbA1c poor control and eye exam

Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults

Hypertension: Controlling High Blood Pressure

Patient Experience (approved vendor collected patient satisfaction survey)

## Medicare Specific Measure

Ambulatory Sensitive Conditions Admissions: Heart Failure

Risk-Standardized All Condition 30 day Readmission rate

% of PCPs who Successfully meet meaningful use

Documentation of Current Medications in Medical Record

Falls: Screening for Future Fall Risk

30 Day all cause SNF Readmission

All cause unplanned readmissions for people with diabetes

All cause unplanned readmissions for people with heart failure

All cause unplanned readmissions for people with multiple chronic conditions

Influenza Immunization

Pneumococcal Vaccination for Patients 65 and Older

Screening for High Blood Pressure and Follow-Up Documented

Depression Remission at 12 months

IVD: Use of Aspirin or Another Antithrombotic

Heart Failure: Beta Blocker Therapy for LVSD

Coronary Artery Disease (ACE or ARB for LVSD)

Breast cancer screening

## Medicaid and Commercial Specific Measures

All-Cause 30 day Readmission

Adolescent Well-Care Visit

Follow-Up After Hospitalization for Mental Illness (7 day)

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

Chlamydia Screening in Women

Developmental Screening in First 3 Years of Life

Rate of Hospitalization for Ambulatory Care-Sensitive Conditions: PQI Composite

Appropriate Testing for Children With Pharyngitis

Childhood Immunization Status

Pediatric Weight Assessment and Counseling

Cervical Cancer Screening

# Efforts to Streamline and Simplify Data Collection

1. Significant work in SIM workgroups to move from a list of over 200 measures to the current list
  - Principals of building from Medicare instead of in addition to Medicare
  - Guiding principles: Measures are evidenced based, nationally endorsed and have baseline measurement
2. Collaborative effort between the current ACOs to provide training, technical assistance and resources to collect the required data
3. Collaborative effort between the ACOs and Blueprint to align measures
4. Gap remediation work between VITL, ACOs and providers
5. Collaboration between ACOs and the health department to align and collect immunization samples

# ACO Field Perspective

*Feedback and recommendations from participants through the quality measurement selection, training and collection process*

# Quality Selection Process: Feedback and Recommendations

- Still too many measures and much of it is still manual so where VT has control we should continue to align with one another (ACO, Insurance measures, PQRS, UDS, Medicare, etc.)
- When possible, state measures should align with those of the Federal Government SSP/ ACO programs
- Keep measure sets stable for at least 3 years, unless substantial changes to the measure specifications would make year over year comparisons incomparable and/or measure is no longer aligned with best practice standards
- Prior to adding new measures, evaluate the “value add” of each additional measure, to assure that it is aligned with our goals
- Minimize the number of measures that require manual abstraction-taking into consideration those that have been deemed by the providers as meaningful, reliable, and actionable
- Measures should be evidence based, nationally endorsed and have baseline measurement and benchmarks available in order to evaluate improvement

# Quality Training and Collection Process: Feedback and Recommendations

- Coordinate data training and collection to minimize disruption to the practice
- Focus on technology to automate data abstraction, sharing and validation
- Leverage ACO central staff- working elbow-elbow with office staff
  - “OneCare has offered a valuable service to us in the quality collection process. The take-away for us was seeing what our offices were not documenting with regard to the quality measures. This has caused our team to look at and develop workflows that will capture this data going forward. It is all about the meaningful way in which we do our jobs”
  - “The work-flows that were created and the tools that were put into place will allow us to be able to pull our data easily”
  - “Thank you for sending over the dream team of 6 capable people and opening our eyes to what was not getting documented”
  - “We were able to attain a better understanding of our internal systems and come up with a better process for providing quality care”

# Additional Thoughts and Recommendations

- Keep up all the work that has been happening to date especially around cataloging, aligning and becoming more efficient with abstraction
- VITL's gap analysis and remediation efforts are essential to our successful integration of these ACO clinical data elements into our data analytics platform
  - As a next step need to evaluate and improve the reliability and usability of the data being passed through the HIE for automated reporting of measures