

Green Mountain Care Board
89 Main Street
Montpelier, VT 05620

[phone] 802-828-2177
www.gmcboard.vermont.gov

Alfred Gobeille, Chair
Con Hogan
Jessica Holmes, PhD
Betty Rambur, PhD, RN
Allan Ramsay, MD
Susan Barrett, JD, Executive Director

To: Senate Health and Welfare Committee

From: Allan Ramsay, MD
Green Mountain Care Board

Re: Senate Health Care Bill Section 15. Reducing Paperwork: Working Group

Date: March 12, 2015

As a physician member of the Green Mountain Care Board I am aware of the administrative burdens placed upon my colleagues by changes in the delivery system, changes in the payment models, and changes in how Vermonters are insured. Reporting requirements can be both onerous and at times at odds with the goals of health care reform. Vermont's health care professionals are known for the high quality of care they provide and quantifying this performance is essential to making the right policy decisions. We must measure quality when the need to contain costs is so critical to meaningful health care reform. The Board believes that health care reform should be provider-led, and it is in this spirit that it understands the importance of reducing the burden of quality and performance measurement.

Accordingly, the Board shares the Committee's goal of finding strategies for aligning survey questions and other required forms across programs and initiatives in order to reduce the administrative burden on health care providers. We have been continuously involved and supportive of the work of the Vermont Health Care Innovation Project Quality Measures and Performance Work Group (QPMWG). Alignment and minimizing administrative burden are included in the QPMWG Measure Selection Criteria.

The QPMWG has established a process that maximizes and maintains performance measures across programs and initiatives. This process includes:

- Convening a work group with representatives from a wide variety of statewide health care organizations
- Creating a "crosswalk" of over 200 measures from numerous measure sets
- Developing a set of proven, evidence-based payment and reporting quality/performance measures for the commercial and Medicaid shared savings program
- Presenting their recommendations to the VHCHIP Steering Committee and Core Team each year
- After the results of the QPMWG are approved or modified by the VHCHIP Core Team they are presented to the Green Mountain Care Board for a final decision. The Board can approve, modify or deny changes to the QPMWG quality and performance measures. The Board



believes that it can have the most impact with respect to this issue if its role is defined narrowly as the final authority and arbiter of measurement proposals and disputes. This role is familiar and appropriate for the Board given its ongoing responsibility to regulate aspects of the health care system and oversee payment and delivery system reform.

The question remains: Is new legislation needed this year to address the administrative and paperwork burden of quality reporting and patient surveys? The Committee will ultimately make that decision based on these testimonies.

In Section 15 the Board believes that the language of the proposed Health Care Bill should be adjusted to reflect quality and performance measures and patient survey tools that are evidence based or previously proven for quality improvement or payment purposes.

Clinical practice tools, such as SBIRT and ACEs screenings, serve a very different purpose from measures selected for payment and quality improvement purposes. The decision to use a clinical practice tool and the evidence to support its value to health care reform should be separate from those specific performance measures selected for payment or improving the delivery system.

The Green Mountain Care Board also suggests the language of Section 15 be modified in a way that does not change the intent of the legislation however is in line with the existing quality and performance process that has developed over the past three years.

a) The VHCIP Quality Measures and Performance Workgroup will continue to develop evidence based quality and performance measures for the commercial and Medicaid Accountable Care Organizations that apply across programs and initiatives until January, 2017.

b) At the conclusion of the VHCIP grant cycle the Senate Health and Welfare Committee will propose a transition to an ongoing quality/performance workgroup (similar to legislation passed in Washington State in 2014)*

c) The purpose will be to establish a statewide core measure set. Members of this workgroup will be similar to those represented in the VHCIP- QPMWG.

d) When established the new Vermont Quality and Performance Workgroup will report to the Green Mountain Care Board. The GMCB will continue to be the final authority and arbiter of measurement proposals and disputes.

e) On or before December 15 of each year, the working groups (QPWG or VQPWG) and GMCB will report recommendations to the House Committee on Health Care, the Senate Committees on Health and Welfare, and the Health Reform Oversight Committee.

*http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf

