

Vermont Act 112 of 2016

Report on GMCB's Plan to Align Performance Measures Across Programs that Impact Primary Care

House Committee on Health Care

March 24, 2017

Act 112 Study

Overview of Today's Presentation

1. Background
2. Research Approach
3. Primary Care Measure Sets in Use in Vermont
4. Analysis of Measures
 - Overview of measures
 - Distinct measures by domain
 - Distribution of alignment across measure sets
 - List of 'most aligned' measures
5. Stakeholder Perspectives on Measure Alignment in Vermont
6. Recommended Elements of Alignment Plan
7. Proposed Alignment Plan

Background

In April 2016, the Vermont Legislature passed Act 112, stating that the GMCB “...*in consultation with the Agency of Human Services and the Vermont Medical Society, shall survey and catalogue all existing performance measures required of primary care providers in Vermont, including the Centers for Medicare and Medicaid Services’ quality measures.*”

In addition, the GMCB was instructed to “...*develop a plan to align performance measures across programs that impact primary care.*”

Research Approach

1. Identified current and planned 2017 performance measure requirements.
2. Created a complete listing of all measures within the measure sets required of Vermont primary care providers.
3. Used the Buying Value Measure Selection Tool (www.buyingvalue.org/) to catalogue these performance measures and identify alignment across the measure sets.

Research Approach (cont'd)

4. Solicited stakeholder input (interviewed 31 people from 19 organizations).
 - Verified and supplemented findings during interviews with payers, state agencies and other organizations.
 - Verified findings and solicited feedback from a range of providers and provider organizations, including:
 - ✓ Clinicians practicing in FQHCs
 - ✓ Clinicians from independent primary care practices
 - ✓ Clinicians working in hospital-owned primary care practices
 - ✓ Accountable Care Organization (ACO) representatives
 - ✓ Vermont Medical Society

Primary Care Measure Sets in Use in Vermont

Measure Sets
BCBSVT ACO Shared Savings Program
CMS Medicare Shared Savings Program (MSSP)
CMS Merit-based Incentive Payment System (MIPS)
DVHA ACO Shared Savings Program (Proposed)
HRSA Unified Data System (UDS)
MVP Health Care
Vermont All-Payer ACO Model
Vermont Blueprint for Health

Overview of Measures Included in Analysis

- Research identified 204 primary care-focused measures in use in the State of Vermont. Of those, there were 113 distinct, non-duplicated measures.*
- It is very important to note that not all of these measures are used in all primary care practices:
 - Some of the 113 distinct measures only apply to certain practice types (e.g., pediatric practices or adult practices)
 - 15 measures (4 distinct) are part of the federal Health Resources and Services Administration Uniform Data Systems (HRSA UDS) measure set, and apply only to FQHCs and similar health centers

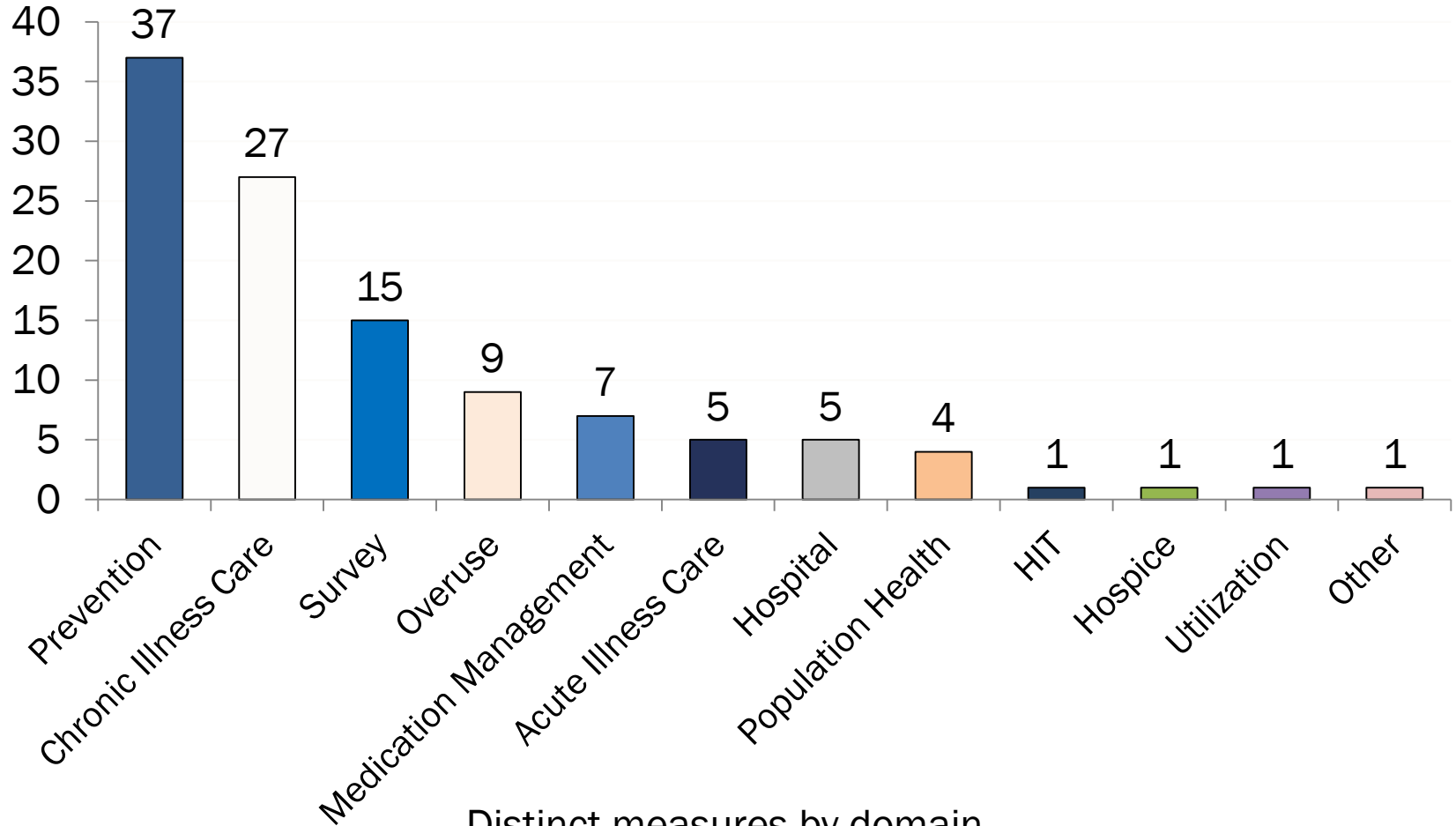
*If a measure appeared in multiple measure sets, it was counted once in the “distinct measure” category.

Overview of Measures (cont'd)

Not all measures used in all primary care practices (cont'd):

- 38 measures (14 distinct) are part of the MVP measure set; don't impact all practices due to plan's limited market share in some areas of the state
- More than 60 measures (>30 distinct) are part of the federal Merit-based Incentive Payment System (MIPS); apply only to providers that are not part of an Advanced Alternative Payment Model (AAPM):
 - ✓ VT providers will be in an AAPM if they decide to participate in the All-Payer ACO Model; will not have to report any additional measures for MIPS.
 - ✓ Most providers that don't participate in the All-Payer ACO Model will only have to report up to 6 quality measures (including 1 outcome measure) for part of each performance year.

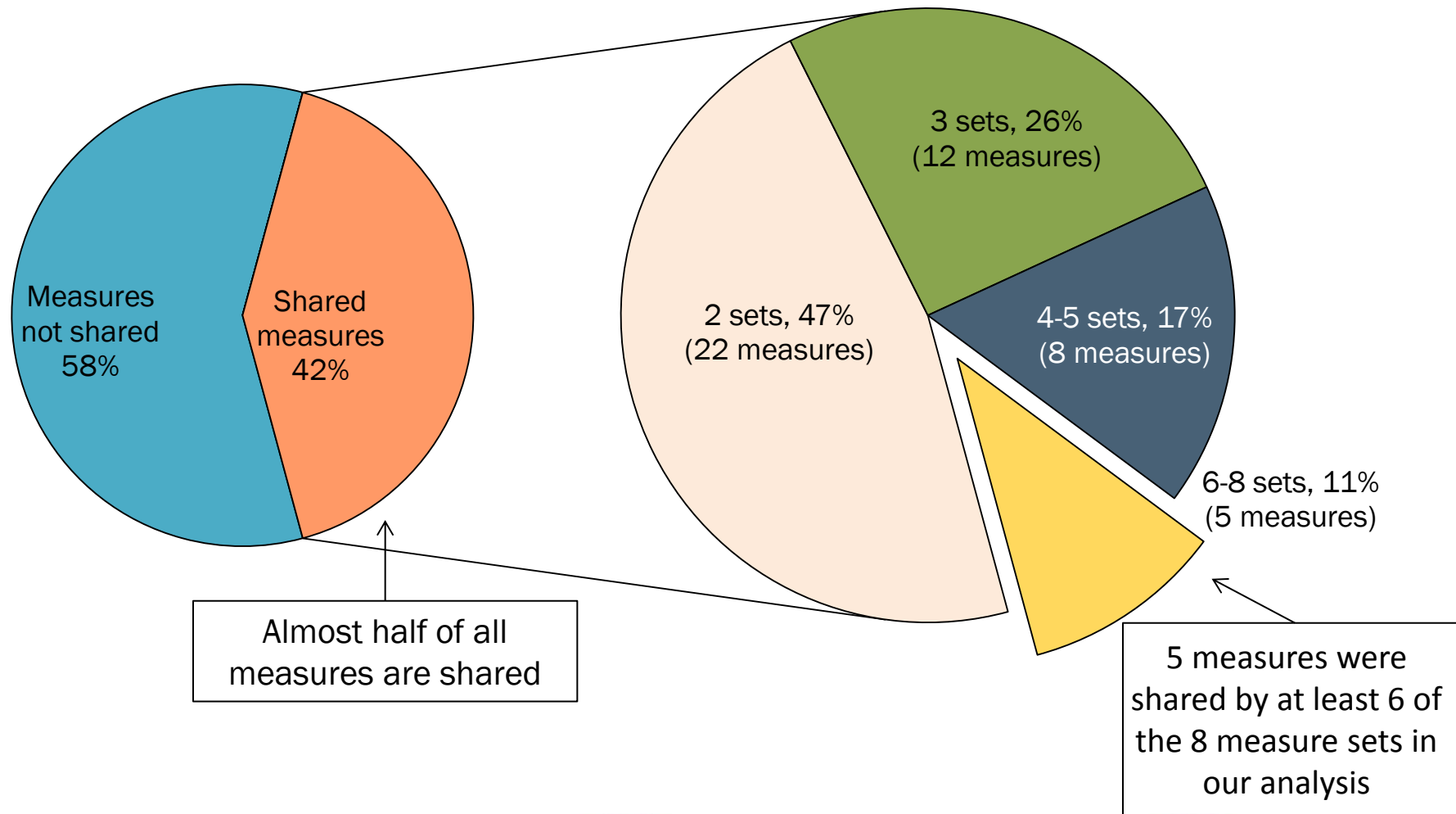
Distinct Measures by Domain



Distinct measures by domain

$n = 113$

Distribution of Alignment Across Measure Sets



List of “Most Aligned” Measures*

Domain	Measure Name	Number of Measure Sets
Chronic Illness Care	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	8
	Comprehensive Diabetes Care: Eye Exam	6
	Controlling High Blood Pressure	6
Overuse	Appropriate Testing for Children with Pharyngitis	4
Prevention	Adolescent Well-Care Visits	6
	Cervical Cancer Screening	6
	Colorectal Cancer Screening	5
	Screening for Clinical Depression and Follow-Up Plan	5
	Tobacco Use: Screening and Cessation Intervention	5
	Breast Cancer Screening	4
	Childhood Immunization Status	4
	Chlamydia Screening	4
	Weight Assessment & Counseling for Nutrition and Physical Activity for Children and Adolescents	4

*A measure was categorized as “most aligned” if it was included in four or more measure sets.

Stakeholder Perspectives on Measure Alignment in Vermont: Providers

1. Providers recognize progress towards alignment in recent years, but feel that opportunity for additional alignment remains.
2. Documentation requirements for National Committee for Quality Assurance Patient Centered Medical Home (NCQA PCMH) recognition contribute to providers' overall sense of burden, as do Blueprint and federal Meaningful Use documentation requirements.
3. Small differences in measure specifications for similar or closely related measures across measure sets result in administrative burden.

Stakeholder Perspectives on Measure Alignment in Vermont: Providers (cont'd)

4. Providers dislike “clicking” boxes, especially for measures that they think might lack strong clinical evidence.

Primary care practices view payer-required performance measures, federal Meaningful Use Electronic Health Record requirements, and NCQA PCMH recognition requirements as one large undifferentiated set of burdensome documentation demands.

Stakeholder Perspectives on Measure Alignment in Vermont: Payers, State, Others

1. Nine interviews with payers, state staff and other stakeholders confirmed provider feedback on the burdensome impact of measures when combined with CMS and NCQA requirements.
 - They observed that practices with fewer resources for IT implementation may experience higher documentation burden.
2. Suggested state facilitation of a collaborative ongoing measure alignment process.

Stakeholder Perspectives on Measure Alignment in Vermont: Payers, State, Others

3. Cautioned against developing an unwieldy process for measure alignment with multiple layers of review for approval.
4. Suggested more discerning prioritization of measures.
5. Recommended leveraging the state's All-Payer ACO Model to achieve greater alignment with federal measure sets.

Recommended Elements of Proposed Alignment Plan

- There should be statewide priorities and guidelines for measure adoption, including consideration of broad population health goals.
- The measure review process should consider the administrative burden placed on practices.
- There should be a clear role for primary care clinicians in the measure review process.
- Practices should have access to educational and technical assistance resources related to performance measurement.
 - ✓ Could include Blueprint's quality improvement facilitators or OneCare/VCO clinical consultants.

Recommended Alignment Plan

1. Consider creating a Measure Alignment Council to coordinate and prioritize primary care performance measures in Vermont for GMCB approval.
2. The Measure Alignment Council could be tasked with:
 - Using the broad population goals in the All-Payer ACO Model to inform and prioritize primary care measures.
 - Providing input on design of a clear and efficient process for measure introduction, retirement and replacement.
 - Identifying technical assistance needs of primary care practices related to performance measurement, and identifying available technical assistance resources.
 - Conducting periodic assessment of alignment across measure sets for which primary care practices in Vermont are held accountable.

Recommended Alignment Plan

3. To the extent feasible, the GMCB should work with CMS under the All-Payer ACO Model to increase alignment between federal and state measure sets affecting Vermont's primary care practices.
4. While not specific to measure alignment plan, Blueprint is facilitating discussion on NCQA PCMH requirements.

Primary Care Advisory Group Feedback on Proposed Measure Alignment Council

- Primary Care Advisory Group was established under Act 113 of 2016
- Convened by the GMCB
- 21 members are Vermont primary care providers
- From February 15, 2017 meeting summary:

“...group decided that there was no imminent need for the Council. Measure sets within the state are under control; insurer measure sets will ideally conform with the APM [All-Payer ACO Model]; federal requirements could go beyond APM requirements, but can be discussed at the appropriate level. Alignment is still a topic of interest.”

Appreciation To...

- Georgia Maheras from the Vermont Health Care Innovation Project
- State Innovation Model grant from the Center for Medicare and Medicaid Innovation
- Michael Bailit, Deepti Kanneganti and Margaret Trinity from Bailit Health Purchasing
- Paul Harrington from the Vermont Medical Society
- Shawn Skaflestad from the Agency of Human Services
- 31 stakeholders who agreed to be interviewed
- 21 members of the Primary Care Advisory Group