

# 2018 Statewide Health Outcomes and Quality of Care Results

Michele Degree

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# Understanding the Results



- This presentation focuses on results produced based on the mutual understanding of the technical changes presented to the Board on February 26<sup>th</sup>.
- Given shifting priorities due to COVID-19, the technical amendment to the agreement is currently paused.

# Population-Level health Outcomes Targets



Goal	Measure	Baseline	2022 Target	Current
<b>Population-Level Health Outcomes Targets</b>				2018
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	Deaths Related to drug Overdose (Statewide) <sup>1</sup>	123 (2017)	Reduce by 10% (111)	117
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	Deaths Related to Suicide (Statewide) <sup>2,3</sup> 	17.2/100,000 (2016)	16 per 100k VT residents <u>or</u> 20 <sup>th</sup> highest rate in US	18.3/100k 19 <sup>th</sup> in US (2017)
<b>Reduce Chronic Disease</b>	COPD Prevalence (Statewide)	6% (2017)	Increase ≤1%	6%
<b>Reduce Chronic Disease</b>	Diabetes Prevalence (Statewide)	8% (2017)	Increase ≤1%	9%
<b>Reduce Chronic Disease</b>	Hypertension Prevalence (Statewide)	26% (2017)	Increase ≤1%	25%
<b>Increase Access to Primary Care</b>	Percentage of Adults with Personal Doctor or Care Provider (Statewide)	87% (2017)	89%	86%

<sup>1</sup> Vermonters who die in Vermont (i.e. excludes out-of-state residents' deaths and Vermonters who die in other states).

<sup>2</sup> Preliminary 2018 data; January – October

[https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR\\_2019\\_Suicide\\_Morbidity\\_Mortality.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2019_Suicide_Morbidity_Mortality.pdf).

<sup>3</sup> Death rate is age-adjusted per 100,000 population <https://www.cdc.gov/nchs/pressroom/states/vermont/vermont.htm>.

# Health Care Delivery System Quality Targets



Goal	Measure	Baseline	2022 Target	Current	2018 (PY1)
<b>Health Care Delivery System Quality Targets</b>				2018	Num/Denom
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	Initiation of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	38.9% (2018)	40.8%	38.9%	807
					2,073
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	Engagement of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	13.3% (2018)	14.6%	13.3%	276
					2,073
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	30-Day Follow-Up After Discharge from ED for Mental Health (Multi-Payer ACO)	84.4% (2018)	60%	84.4%	910
					1,078
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	30-Day Follow-Up After Discharge for Alcohol or Other Drug Dependence (Multi-Payer ACO)	28.2% (2018)	40%	28.2%	149
					528
<b>Reduce Deaths Related to Suicide and Drug Overdose</b>	Growth Rate of Mental Health and Substance Abuse-Related ED Visits (Statewide) <sup>1,2</sup>	5.3% (2016 -2017)	5% <sup>3</sup>	6.9% (2017-2018)	14,433
					13,506
<b>Reduce Chronic Disease</b>	Diabetes HbA1c Poor Control (Medicare ACO) <sup>4</sup>	58.02% (2018)	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	58.02% (Medicare 80 <sup>th</sup> percentile)	152
	Controlling High Blood Pressure (Medicare ACO)	68.12% (2018)	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	68.12% (Medicare 60 <sup>th</sup> Percentile)	262
	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (Medicare ACO)	63.84% (2018)	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	63.84% (Medicare 30 <sup>th</sup> percentile)	250
<b>Increase Access to Primary Care</b>	ACO CAHPS Composite: Getting Timely Care, Appointments and Information (Medicare ACO)	84.62% (2018)	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	84.62% (Medicare 80 <sup>th</sup> Percentile)	-
					269

<sup>1</sup> Shown as a percent change from previous year.

<sup>2</sup> Vermont residents only.

<sup>3</sup> This measure uses a phased approach. The goal is to reduce the growth rate of mental health and substance abuse-related ED visits to 45% in PY1-2, 4% in PY3-4 and 3% by PY5.

<sup>4</sup> A lower rate is indicative of better performance on this measure. Measure is a hybrid and includes ACO #41 – diabetic eye exam.

# Process Milestones

Goal	Measure	Baseline	2022 Target	Current 2018	2018 (PY1) Num/Denom
<b>Process Milestones</b>					
Reduce Deaths Related to Suicide and Drug Overdose	Percentage of Vermont Providers Checking Prescription Drug Monitoring Program Before Prescribing Opioids (Statewide) 	2.19 (2017)	1.80	3.10	225,041
					72,494
Reduce Deaths Related to Suicide and Drug Overdose	Adults Receiving Medication Assisted Treatment (MAT) (Statewide, Ages 18-64)	257 per 10,000 Vermonters (2018)	150 per 10,000 Vermonters (or up to rate of demand)	257 per 10,000 Vermonters	-
Reduce Deaths Related to Suicide and Drug Overdose	Screening for Clinical Depression and Follow-Up Plan (Multi-Payer ACO)	50.23% (2018) <sup>1</sup>	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	50.23% (Medicare 50 <sup>th</sup> percentile)	493
					983
Reduce Chronic Disease	Tobacco Use Assessment and Cessation Intervention (Multi-Payer ACO)	70.56% (2018) <sup>2</sup>	70 <sup>th</sup> -80 <sup>th</sup> percentile (national Medicare benchmark)	70.56% <sup>3</sup>	241
					389
Reduce Chronic Disease	Percentage of Vermont Residents Receiving Appropriate Asthma Medication Management - 50% compliance (Statewide)	75.3% (2017)	65%	75.5%	3,175
					4,200
Increase Access to Primary Care	Percentage of Medicaid Adolescents with Well-Care Visits (Statewide Medicaid)	47.8% (2017)	53%	49.9%	12,483
					24,998
Increase Access to Primary Care	Percentage of Medicaid Enrollees Aligned with ACO (Statewide Medicaid) 	16.9% (Jan 2017)	≤15 percentage points below alignment rate for Vermont Medicare beneficiaries	25.2% (Jan 2018)	42,343
					167,789

<sup>1</sup> Weighted result based on ACO Medicare, Medicaid and Commercial QHP performance in CY 2018.

<sup>2</sup> Weighted result based on ACO Medicare and Medicaid performance in CY2018.

<sup>3</sup> No national Medicare benchmark available for CY2018.

# Looking Forward



- Understanding impacts of shifting priorities due to COVID-19 and long-term effect on quality measurement and public reporting:
  - 2020 Statewide Health Outcomes and Quality of Care Report (produced 12/31/2021)
  - 2020 ACO-Payer contractual agreements

# Questions?

# Suggested Technical Changes



**1. HEDIS Measures:** *Model after multi-payer, ACO-aligned 30-day follow-up after discharge from the ED (2 measures) and set a PY5 target for those measures listed.*

- Access to Care Milestone – Medicaid adolescents with well-care visits (all VT Medicaid)
  - Proposal: 53%
- Suicide and Substance Use Disorder Target – initiation of alcohol or other drug dependence treatment (ACO-aligned)
  - Proposal: 40.8%
- Suicide and Substance Use Disorder Target – engagement of alcohol or other drug dependence treatment (ACO-aligned)
  - Proposal: 14.6%
- Chronic Conditions Milestone – medication management for people with asthma (all VT residents)
  - Proposal: 65%, codify use of 50% compliance rate.

# Suggested Technical Changes



## 2. MSSP Measures: *Update benchmarks to appropriate decile range (70<sup>th</sup> – 80<sup>th</sup>).*

- Access to Care Target – Getting timely care, appointments and information: ACO CAHPS (Medicare ACO-aligned)
- Chronic Conditions Target – composite of diabetes, hypertension and multiple chronic conditions (Medicare ACO-aligned)
  - Proposal: disaggregate in line with MSSP, produce three rates (this change brings the total number of measures to 22).
- Chronic Conditions Milestone – tobacco use assessment and cessation intervention (ACO-aligned)
  - Proposal: update language to correctly identify rate is aggregated by participating payer programs.
- Suicide Milestone – screening for clinical depression and follow-up plan (ACO-aligned)
  - Proposal: update language to correctly identify rate is aggregated by participating payer programs.