

2019 ACO-Payer Quality Results

Michele Degree; GMCB

Alicia Cooper, Pat Jones, Amy Coonradt; DVHA

Andrew Garland; BCBSVT

Tyler Gauthier; OneCare

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Agenda

1. Background
2. 2019 Results
 - a) Medicare
 - b) Medicaid
 - c) Commercial (BCBSVT)
 - d) ACO Comments
3. Board Questions
4. Public Comment

Background

Today, we are focused on 2019 ACO-Payer performance based on their contractual obligations. Today is not an evaluation of the All-Payer Model. To evaluate the APM, we will be producing financial and quality reports on an annual basis. In addition, CMMI is required by statute to evaluate its models and has hired an external evaluator to perform an evaluation – results will be published when they are publicly available.

ACO-Payer Quality Results & ACO Oversight



- The discussion today is in relation to the Board's **ACO Oversight** authority.
- Quality performance discussed today is solely a reflection of the **ACO's performance relative to its payer contracts** and does not necessarily reflect the ACO's contribution to the state's performance within the all payer model agreement (APM).
- In order to understand how these results impact Vermont's performance under the APM...
 1. We need to analyze the relative impact of these results on our statewide quality measures; as well as,
 2. The extent to which changes in quality year over year are attributed to population shifts, or other factors.

We are digging into these questions with our A-team and analytics contractors.

ACO-Payer Quality Results & All Payer Model



Under the Vermont APM agreement...

- An ACO is a legal organization of health care providers that agrees to be accountable for the quality, cost, and overall care of the beneficiaries assigned to it.
- The ACO's scale target qualifying programs must reasonably align in their design across payers, which includes ACO-payer quality measures

**These measures, while certainly related are distinct from the state's 2019 quality performance required under the APM (for which results will not be available until approx. early 2021)*

Measure	Vermont All-Payer ACO Model	2019 Vermont Medicaid Next Gen	2019 Medicare Initiative	2019 BCBSVT Next Gen
% of adults with a usual primary care provider	X			
Statewide prevalence of Chronic Obstructive Pulmonary Disease	X			
Statewide prevalence of Hypertension	X			
Statewide prevalence of Diabetes	X			
% of Medicaid adolescents with well-care visits	X	X		X
Initiation of alcohol and other drug dependence treatment	X	X	X	X
Engagement of alcohol and other drug dependence treatment	X	X	X	
30-day follow-up after discharge from emergency department for mental health	X	X	X	X
30-day follow-up after discharge from emergency department for alcohol or other drug dependence	X	X	X	X
% of Vermont residents receiving appropriate asthma medication management	X			
Screening for clinical depression and follow-up plan (ACO-18)	X	X	X	X
Tobacco use assessment and cessation intervention (ACO-17)	X	X	X	
Deaths related to suicide	X			
Deaths related to drug overdose	X			
% of Medicaid enrollees aligned with ACO	X			
# per 10,000 population ages 18-64 receiving medication assisted treatment for opioid dependence	X			
Rate of growth in mental health or substance abuse-related emergency department visits	X			
# of queries of Vermont Prescription Monitoring System by Vermont providers (or their delegates) divided by # of patients for whom a prescriber writes prescription for opioids	X			
Hypertension: Controlling high blood pressure	X	X	X	X
Diabetes Mellitus: HbA1c poor control	X	X	X	X
All-Cause unplanned admissions for patients with multiple chronic conditions	X	X	X	
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys	X	X	X	X
ACO all-cause readmissions (HEDIS measure for commercial plans)				X
Risk-standardized, all-condition readmission (ACO-8)			X	
Influenza immunization (ACO-14)			X	
Colorectal cancer screening (ACO-19)			X	
Developmental screening in the first 3 years of life		X		X
Follow-up after hospitalization for mental illness (7-Day Rate)		X		X

Payer Program Comparison

2019 Quality Metrics



- **Similarities** across programs are more noticeable for the 2019 program year, given the ability to recommend design changes to the Medicare Initiative. Per Agreement language; Measures for 2019 - 2022 will be different from 2018 in an effort to better align with other ACO-payer programs in operation.
- **Differences** across payers that remain are primarily due to types of covered lives (i.e. Adolescent measures for BCBSVT and Medicaid, but not for Medicare).

What can we say about year over year changes in quality?

While we now have two points in time, comparability is still a challenge.

- Performance Year 1 (PY1): 2018
- Performance Year 2 (PY2): 2019

We are working with our analytics team as well as outside experts to dig into changes in quality associated with a shifting population vs other factors

Scale by Payer (Jan 1)	2018	2019	% Change
Medicare	36,860	53,973	46.4%
Medicaid	42,342	79,004*	86.6%
Commercial	30,526	30,363	(0.53%)

Medicare

Medicare: 2019 Quality Results



Four Domains:

1. Patient/Caregiver Experience (20 pts.)
 - 10 measures; 6 pay-for-reporting, 4 pay-for-performance
2. Care Coordination/Patient Safety (4 pts.)
 - Two measures; pay-for-performance
3. Preventive Health (8 pts.)
 - Four measures; pay-for-reporting
 - Three of the four measures reverted to pay-for-reporting as all activities related to the Quality Measures Validation (QMV) audit for the 2019 performance year were cancelled.
4. At-Risk Population (8 pts.)
 - Four measures; pay-for-reporting
 - Two measures reverted to pay-for-reporting as all activities related to the Quality Measures Validation (QMV) audit for the 2019 performance year were cancelled.

2019 Results



Scoring Based on Benchmarks from Reporting Year

2019
Rates

Num

Den

Quality
Points

py
2019

30th

40th

50th

60th

70th

80th

90th

Measure

Patient/Caregiver Experience

ACO-1	CAHPS: Getting Timely Care, Appointments, and Information ★	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.48	—	257	1.75
ACO-2	CAHPS: How Well Your Providers Communicate ★	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	94.39	—	283	2.00
ACO-3	CAHPS: Patients' Rating of Provider ★	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.56	—	276	2.00
ACO-4	CAHPS: Access to Specialists ★	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	77.00	—	198	1.50
ACO-5	CAHPS: Health Promotion and Education ★	P	54.18	55.48	56.72	57.95	59.39	60.99	63.44	64.37	—	300	2.00
ACO-6	CAHPS: Shared Decision Making ★	P	54.75	55.97	57.05	58.10	59.27	60.58	62.76	60.75	—	281	1.75
ACO-7	CAHPS: Health Status/Functional Status ★	R	-	-	-	-	-	-	-	81.36	—	302	2.00
ACO-34	CAHPS: Stewardship of Patient Resources ★	R	-	-	-	-	-	-	-	21.46	—	288	2.00
ACO-45	CAHPS: Courteous and Helpful Office Staff	R	-	-	-	-	-	-	-	94.41	—	278	2.00
ACO-46	CAHPS: Care Coordination	R	-	-	-	-	-	-	-	85.93	—	301	2.00

Care Coordination/Patient Safety

ACO-8	Risk Standardized, All Condition Readmissions ★	P	15.18	15.04	14.91	14.79	14.65	14.50	14.27	14.89	—	—	1.00
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions ★	P	65.99	61.21	57.25	53.51	50.00	46.16	41.39	60.04	—	—	0.75

Preventive Health

ACO-14	Preventive Care & Screening: Influenza Immunization ★	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	72.38	173	239	2.00
ACO-17	Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention ★	R	55.22	61.76	68.18	73.85	79.55	85.67	92.31	86.36	19	22	2.00
ACO-18	Preventive Care & Screening: Screening for Clinical Depression and Follow-up Plan ★	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	60.00	156	260	2.00
ACO-19	Colorectal Cancer Screening ★	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	80.00	204	255	2.00

At-Risk Population

ACO-27	Diabetes Mellitus: Hemoglobin A1c Poor Control ★	R*	70.00	60.00	50.00	40.00	30.00	20.00	10.00	13.49	34	252	2.00
ACO-28	Hypertension (HTN): Controlling High Blood Pressure ★	R*	30.00	40.00	50.00	60.00	70.00	80.00	90.00	71.46	338	473	2.00
VT-1	Follow-up after discharge from the ED for Mental Health or Alcohol or Other Drug Dependence	R	-	-	-	-	-	-	-	—	—	—	2.00
FUA	Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence within 30 Days									19.90	36	181	
	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit									11.05	20	181	
FUM	Follow-up After ED Visit for Mental Illness within 30 Days									53.60	133	248	
	Percentage of ED visits for which the member received follow-up within 7 days of the ED visit	R	-	-	-	-	-	-	-	33.06	82	248	2.00
VT-2	Initiation and engagement of alcohol and other drug dependence treatment									—	—	—	
VT-2a	Initiation of Alcohol and Other Drug Dependence Treatment (IET)									29.30	430	1,466	
VT-2b	Engagement of Alcohol and Other Drug Dependence Treatment (IET)									5.10	74	1,466	

*All activities related to the Quality Measures Validation (QMV) audit for the 2019 performance year were cancelled. Therefore, this measure was intended to be pay-for-performance but was reverted to pay-for-reporting.

Total: 36.75

Medicare: 2019 Quality Results



- **2019 Quality Score: 91.8%**
 - 20 measures (2pt maximum each = 40pts)

$$\frac{36.75 \text{ earned points}}{40 \text{ possible points}} = 91.88\%$$

- **Notes:** All activities related to the quality measure validation audit for PY2019 were cancelled. As such, 5 measures reverted to pay-for-reporting.

2018 Summary

- 29 measures, 58 total points available
 - In 2018, all activities were pay for reporting, resulting in a 100% earned score.
 - The ACOs score based on benchmarks was 82.4% (removes 9 measures/18 points):

$$\frac{32.95 \text{ earned points}}{40 \text{ possible points}} = 82.4\%$$

- Of the 16 measures that were carried into the 2019 program:
 - Improvement was noted in 12 measures

- Exogenous Factors:
 - COVID-19/Public Health Emergency
 - Attribution
 - Growing provider network
 - Payer churn
 - Vermont Population Demographics
 - Aging
 - Acuity
 - Policy Changes
 - Delivery system changes
 - Changing payment systems/payment reform
 - Waivers

Next Steps

1. GMCB Staff work over the near term:
 1. Dig into the impact of ACO-payer quality outcomes on our state's 2019 quality performance under the APM (when those results become available); Staff will bring any insights before the board (likely early 2021)
 2. Untangle year over year quality performance from changes in quality metrics due to increased scale/changes in population
 3. Per OCV 2020 Budget Order, ACO working with GMCB staff to develop a dashboard that includes ACO- and HSA-level quality results over time
 4. Create and publish data visualization of cumulative APM-quality results
2. Looking forward to 2020 Quality:
 1. Medicare will be Pay for Performance or for monitoring purposes only. This is subject to change.
 2. Current CMS Proposed Rule to removes CAHPS requirement for all ACO's in 2020
 3. Utilization is down – small n
3. [The Federal evaluation of the Vermont APM agreement](#) includes an analysis of population health and quality outcomes across Vermont as well as at the ACO-level over the life of the agreement. However, results will not be available until at least 2023.

Vermont Medicaid Next Generation ACO Program: 2019 Quality Performance

Department of Vermont Health Access

October 7, 2020

VMNG 2019 Quality Measure Set

Measure	Measure Type	Data Source	National or Multi-State Medicaid Benchmarks Available for 2019 Contract Year
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	Payment	Claims	Yes
30 Day Follow-Up after Discharge from the ED for Mental Health	Payment	Claims	Yes
Adolescent Well Care Visits	Payment	Claims	Yes
All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	Payment	Claims	No
Developmental Screening in the First 3 Years of Life	Payment	Claims	Yes
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)	Payment	Clinical	Yes
Hypertension: Controlling High Blood Pressure	Payment	Clinical	Yes
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	Payment	Claims	Yes
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Payment	Claims	Yes
Screening for Clinical Depression and Follow-Up Plan	Payment	Clinical	No
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	Reporting	Claims	Yes
Tobacco Use Assessment and Tobacco Cessation Intervention	Reporting	Clinical	No
Patient Centered Medical Home (PCMH) Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey Composite Measures collected by DVHA [§]	Reporting	Survey	No

Scoring Approach

- Each of the 10 payment measures was weighted equally
- Measures were scored individually
- When possible, OneCare results were compared to national Medicaid benchmarks (8 measures)
- In the absence of national benchmarks, 2019 results were compared to 2018 results (2 measures)
- OneCare had the opportunity to earn bonus points for statistically significant improvement from 2018 to 2019

VMNG 2019 Quality Performance: Summary

- The ACO's quality score was 95% of the total available points on 10 pre-selected measures.
- For three measures, OneCare's performance exceeded the national 90th percentile.
- For one measure for which there was no 90th percentile (Developmental Screening), OneCare's performance exceeded the national 75th percentile.
- For one measure, OneCare's performance was between the national 75th and 90th percentiles.
- For two measures, OneCare's performance was between the national 50th and 75th percentiles.
- For one measure, OneCare's performance was between the national 25th and 50th percentile.
- National benchmarks were unavailable for the remaining two measures, so OneCare's 2019 performance was compared to its 2018 performance. For both measures, performance improved in 2019.
- For five measures, there was statistically significant improvement from 2018 to 2019, including one of the measures without a national benchmark.

Overview of VMNG Quality Performance, 2019

Item #	Measure Description	Numerator	Denominator	2019 Rate	2018 Rate (for reference)	2018 Benchmarks (CY 2017) National Medicaid Percentiles				Points Awarded	Bonus Points Awarded
						25th	50th	75th	90th		
1	30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Abuse or Dependence	227	611	37.15%	29.15%	10.07	16.26	24.48	32.15	2	1
2	30 Day Follow-Up after Discharge from the ED for Mental Health	532	622	85.53%	81.74%	45.58	52.79	66.25	74.47	2	0
3	Adolescent Well Care Visits	8789	15,326	57.35%	56.40%	45.74	54.57	61.99	66.80	1	0
4	All Cause Unplanned Admissions for Patients with Multiple Chronic Conditions*	17	1940	0.88%	1.02%	N/A	N/A	N/A	N/A	1	N/A
5	Developmental Screening in the First 3 Years of Life‡	3107	5003	62.10%	59.27%	17.80	39.80	53.90	N/A	2	1
6	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)*	95	371	25.61%	33.33%	46.96	38.20	33.09	29.68	2	1
7	Hypertension: Controlling High Blood Pressure	233	372	62.63%	63.90%	49.27	58.68	65.75	71.04	1	0
8	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	806	1977	40.77%	38.87%	38.62	42.22	46.40	50.20	0.5	0
9	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	400	1977	20.23%	16.21%	9.11	13.69	17.74	21.40	1.5	1
10	Screening for Clinical Depression and Follow-Up Plan	159	306	51.96%	43.43%	N/A	N/A	N/A	N/A	2	N/A
Total										15	4

* denotes measures for which a lower rate indicates higher performance

‡ denotes measure with multi-state benchmarks and no 90th percentile (26 states reported in Federal Fiscal Year 2016)

Key: Performance Compared to National Benchmarks	
Equal to and below 25 th percentile (0 points)	
Above 25 th percentile (0.5 points)	
Above 50 th percentile (1 point)	
Above 75 th percentile (1.5 points)	
Above 75 th percentile, no 90 th percentile (2 points)	
Above 90 th percentile (2 points)	

Quality Outcomes of 2019 BCBSVT QHP Members Attributed to OneCare Vermont

Green Mountain Care Board Meeting
October 7, 2020

BCBSVT'S Vision and Mission Aligned With All Payer Model

Our Vision

Together we can build a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care.

Our Mission

We are committed to the health of Vermonters, outstanding member experiences and responsible cost management for all of the people whose lives we touch.

2019 Program Overview

- Covering attributed Qualified Health Plan lives with relationship with a OneCare Participating Primary Care Provider.
- Shared Savings Financial Arrangement within 6% of Expected Medical Spend based on GMCB QHP approved rates.
- Quality metrics aligned with the All Payer Model
- Performance on Quality impacting ACO value-based incentive fund amounting to 0.5% of total cost of care
- Collaboration requirements on quality, care coordination and analytics activity
- Pilot ASO program with University of Vermont Medical Center

Progress and Challenges in 2019

■ Bright Spots

- BCBSVT Clinical, Quality Improvement, Analytics, and Client teams ready to support OneCare
- Collaborative approach of both organizations fosters responsiveness to external challenges
- Worked together to successfully implement commercial perspective payment system

■ Challenges

- Difficulty connecting current quality metrics/methodology to the impact of the OCV on BCBSVT members
 - *OCV and BCBSVT are already working to include monitoring of an annual quality improvement work plan as a solution to this recurring issue*
- Not yet able to clearly demonstrate that attributed members are outperforming unattributed populations
- COVID-19 disrupted both quality measurement and provider's ability to engage in any new QI initiatives

2019 ACO Quality Collaboration

Mental Health and Substance Use Disorder

- Practice-level data sent to OCV
 - Gave the ACO insight into MH/SUD data and performance that was not previously available
- BCBSVT provided quarterly reports outlining the performance of 32 practices for the following metrics:
 - 30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence
 - 30 Day Follow-Up after Discharge from the ED for Mental Health
 - Initiation & Engagement of Alcohol and Other Drug Dependence Treatment
 - Follow-Up after Hospitalization for Mental Illness (7 Day Rate)

Primary Care Engagement

- BCBSVT Identified 4,200 members without a claim in the past 12 months
- Provided ongoing analytics to support ACO efforts:
 - Monthly progress updates to identify which members still needed a visits
 - Weekly progress updates for the final 2 months of the project
- Provided QI Project Planning support to the OCV project team

Other Collaboration Opportunities Being Explored

Even Before the Pandemic, Clinically-based Chronic Condition Management Present Significant Opportunities for BCBSVT Members

- Chronic Condition Management via Remote Monitoring/Telemedicine
 - Hypertension: home-based blood pressure monitoring and follow up
 - Asthma: home-based monitoring and medicine adherence
- CHF pilot deploying blood pressure and follow up care model
- Co-developing analytics programs to better identify patients with chronic conditions with gaps in care

2019 ACO Quality Results

Measures	2018 Rate	2019 Rate	Change	National Percentile Band Performance	Full Quality Points Earned
30 Day Follow-Up after Discharge from the ED for Alcohol and Other Drug Dependence	19.4%	26.9%	↑ 7.5%	90 th Percentile	✓
30 Day Follow-Up after Discharge from the ED for Mental Health	83.3%	65.7%	↓ 17.6%	50 th Percentile	
Adolescent Well Care Visits	62.6%	61.0%	↓ 1.6%	75 th Percentile	
ACO All-Cause Readmissions INV	0.85	0.69	↓ 0.16	50 th Percentile	
Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%) INV	23.1%	11.4%	↓ 11.7%*	90 th Percentile	✓
Hypertension: Controlling High Blood Pressure	61.1%	67.2%	↑ 6.1%*	50 th Percentile	
Initiation & Engagement of Alcohol and Other Drug Dependence Treatment (Composite)	23.9%	20.7%	↓ 3.2%	25 th Percentile	
Follow-Up after Hospitalization for Mental Illness (7 Day Rate)	69.2%	62.1%	↓ 7.1%	90 th Percentile	✓

INV = Inverted Measure: A lower score is better
 * = Statistically significant change
 ✓ = OCV earned 2 out of 2 available quality points

Highlights:

- Maximum quality points earned in 3 of 8 clinical measures
- Statistically significant improvement in 2 measures
- No measures with statistically significant decreases

Questions?