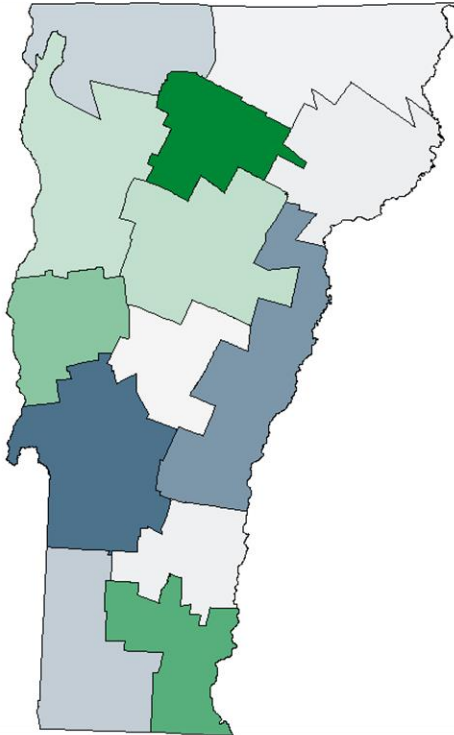


Vermont Act 112

Draft Report on Cataloguing and Aligning
Performance Measures Required of
Primary Care Providers

*Presentation to
GMCB Primary Care Advisory Group
December 14, 2016*



Act 112 Study

Overview of Today's Presentation

1. Background
2. Description of Research Approach
3. Primary Care Measure Sets in Use in Vermont
4. Analysis of Measures
 - Categorizing measures by domain
 - Percentage of measures aligned across measure sets
 - 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 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

Eight Primary Care Measure Sets in Use in Vermont

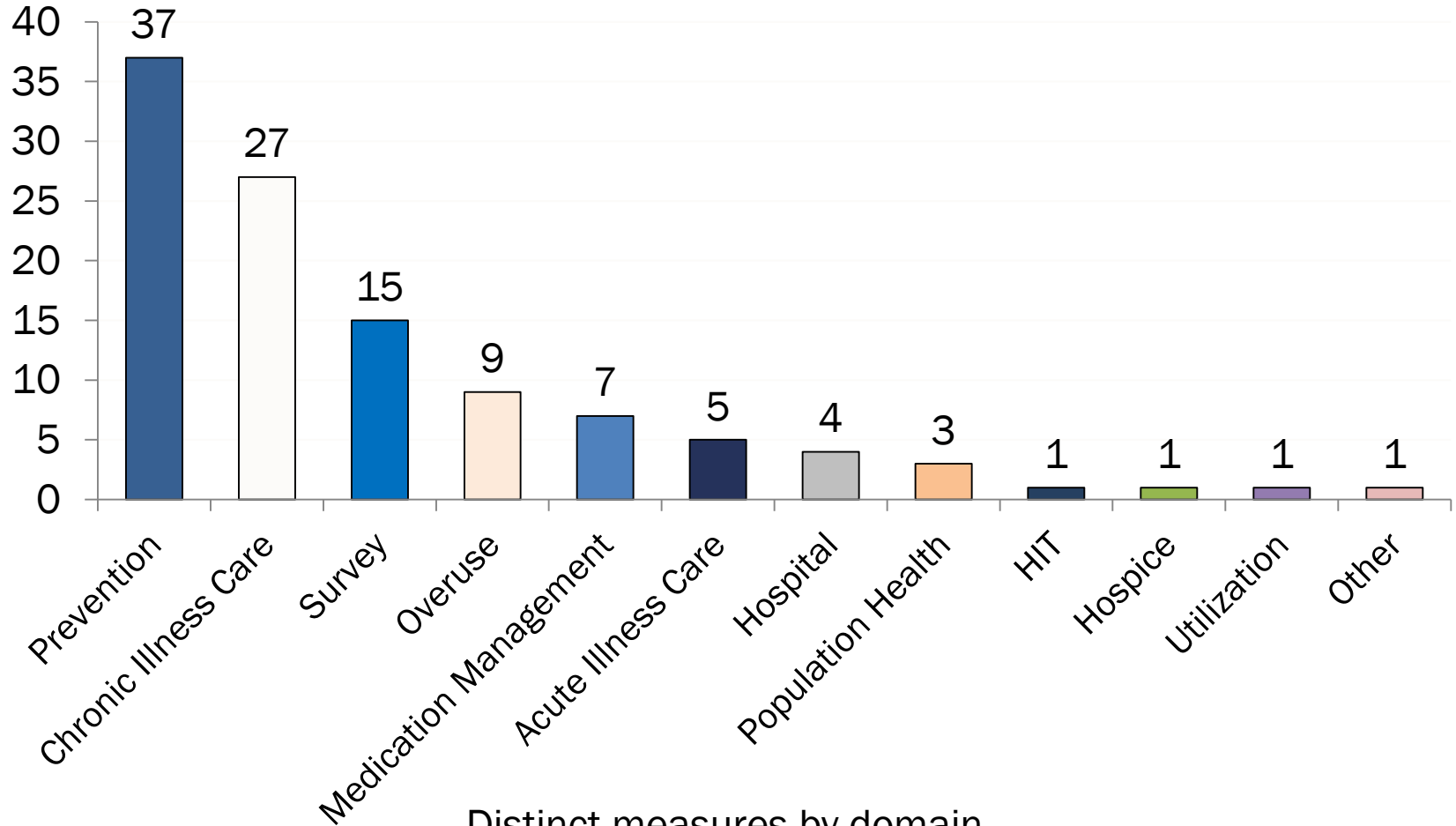
Measure Set	Type of Accountability
BCBSVT ACO Shared Savings Program	Payment; Reporting
CMS Medicare Shared Savings Program (MSSP)	Payment
CMS Merit-based Incentive Payment System (MIPS)	Payment
DVHA ACO Shared Savings Program (Proposed)	Payment
HRSA Unified Data System (UDS)	Reporting
MVP Health Care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

Overview of Measures Included in Analysis

- Our research identified 211 primary care-focused measures in use in the State of Vermont. Of those, there are 111 distinct, non-duplicated measures.
- Not all of these measures are used in the majority of primary care practices:
 - 14 measures are part of the HRSA UDS measure set; they apply only to FQHCs
 - 37 measures are part of the MVP measure set and have limited impact on practices due to the plan's low market share
 - A subset of MIPS measures are reported by practices that are not part of an Advanced Alternative Payment Model (many VT practices will be a part of such a model under the All-Payer ACO Model)

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

Distinct Measures by Domain

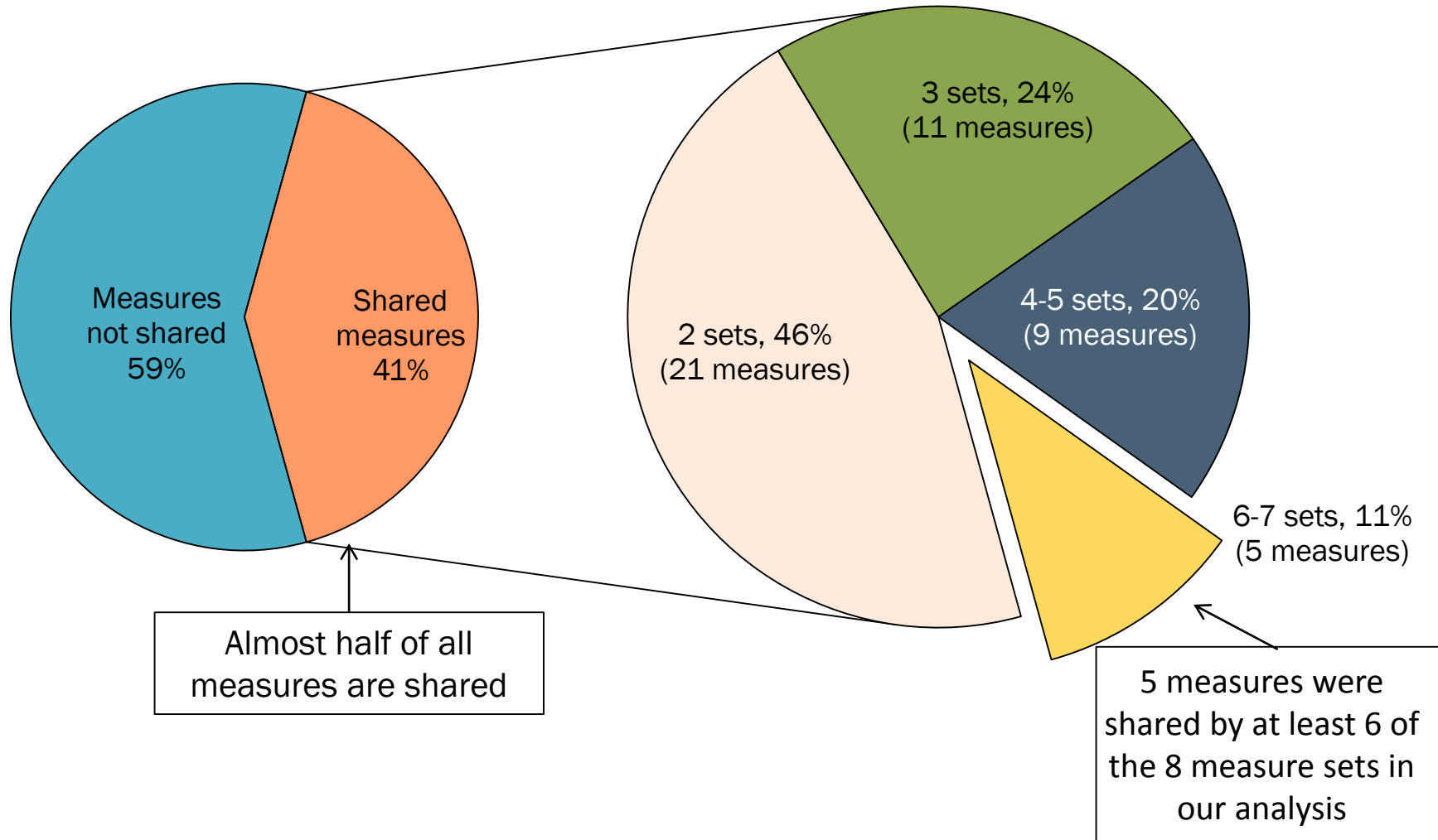


Distinct measures by domain

n = 111

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

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%)	7
	Controlling High Blood Pressure	7
	Comprehensive Diabetes Care: Eye Exam	6
	Comprehensive Diabetes Care: Medical Attention for Nephropathy	4
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 NCQA PCMH recognition contribute to providers' overall sense of burden, as do Blueprint and Meaningful Use (MU) 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 lack strong clinical evidence.

Primary care practices view payer–required performance measures, Meaningful Use EHR requirements, and NCQA PCMH recognition requirements as one large undifferentiated set of dispiriting 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, NCQA and Blueprint 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. Create a Measure Alignment Council to coordinate and prioritize primary care performance measures in Vermont for GMCB approval.
2. The Measure Alignment Council would 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.