

VERMONT ALL-PAYER ACCOUNTABLE CARE ORGANIZATION MODEL: OVERVIEW AND QUALITY FRAMEWORK

**PRIMARY CARE ADVISORY GROUP MEETING
GMCB 2ND FLOOR BOARD ROOM - MONTPELIER, VT
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All-Payer Model: What Is It?

- An All-payer model is an agreement between the State and the Centers for Medicare and Medicaid Services (CMS) that allows Vermont to explore new ways of financing and delivering health care, with Medicare's participation.
- The All-payer model enables the three main payers of health care in Vermont – Medicaid, Medicare, and commercial insurance – to pay for health care differently than through fee-for-service reimbursement.
- Provides Vermont the opportunity to improve health care delivery to Vermonters, changing the emphasis from seeing you only when you are ill or injured to doing that and providing the incentives for keeping you well.

10 Key Features of the Model Agreement

(1-5)

1. The All-Payer Model is the first step in a multi-step process; it creates an opportunity for provider-led reform.
2. The All-Payer Model would move away from fee-for-service reimbursement on a statewide level and establish an annualized limit of 3.5% on per capita healthcare expenditure growth for all major payers.
3. Medicare beneficiaries would keep all of their current benefits, covered services, and choice of providers, as would persons with Commercial or Medicaid coverage.
4. Vermont is not taking over the health care payment system; all payers continue to directly pay health care providers or organizations.
5. Joining the All-Payer Model would be voluntary for health care providers.

10 Key Features of the Model Agreement

(6-10)

6. The proposed Agreement establishes a phased-in approach for implementation.
 - 2017 is a preparatory “Year 0”.
 - Incremental scale targets set goal for 70% of all-payer beneficiaries to be attributed to an ACO by 2022.

7. Agreement contains 3 high level health improvement goals:
 - Improving access to primary care
 - Reducing deaths from suicide and drug overdose
 - Reducing prevalence and morbidity of chronic disease (COPD, Diabetes, Hypertension)

8. The State could terminate the Agreement at any time for any reason with at least 180 calendar days’ notice.

9. There would be no financial penalty to the State if financial and quality targets were not met.

10. The Agreement would preserve Medicare funding for the nationally-recognized Blueprint for Health program and the Support and Services at Home (SASH) program providing care coordination and preventive services to Medicare beneficiaries.

10 VT All-Payer ACO Model

Draft Agreement Between CMS & State of Vermont

Draft Agreement is the first of 3 steps in creating an All-Payer Model:

- **Step 1:** Agreement between CMS and VT provides an opportunity for private-sector, provider-led reform in VT
- **Step 2:** ACOs and payers (Medicaid, Medicare, Commercial) work together to develop ACO-level agreements
- **Step 3:** ACOs and providers that want to participate work together to develop provider-level agreements

All-Payer ACO Model Quality Framework

- Framework includes 20 carefully selected measures to support improvement on important population health goals
- Builds on measurement and health care initiatives already underway in Vermont
- Results come from consumer surveys, medical records, claims, hospital discharge data and health department information
- Measurement occurs at statewide or ACO level, not at practice or provider level
- No financial penalty for not meeting targets
- ACO will develop related quality program with provider input
- Encourages health, public health, and community service providers to work together to improve quality and integration of care

Overarching Population Health Goals

3 important goals to improve the health of Vermonters:

#1: Improving access to primary care

#2: Reducing deaths from suicide and drug overdose

#3: Reducing prevalence and morbidity of chronic disease (COPD, Diabetes, Hypertension)

Vermont's priorities helped inform these goals
(e.g., State Health Improvement Plan)

Population Health Goal #1:

Improving Access to Primary Care

**Population
Health
Outcomes**

- Increase % of VT Adults Reporting that they have a Personal Doctor or Health Care Provider
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**Health Care
Delivery System
Quality Targets**

- Increase % of VT Medicare Beneficiaries Reporting Getting Timely Care, Appointments and Information
-

Process Milestones

- Increase % of VT Medicaid Adolescents with Well-Care Visits
 - Increase % of VT Medicaid Beneficiaries Aligned with a VT ACO

Population Health Goal #2:

Reducing Deaths from Suicide and Drug Overdose

Population
Health
Outcomes

Health Care
Delivery System
Quality Targets

Process Milestones

- Reduce Deaths from Drug Overdose
 - Reduce Deaths from Suicide
-
- Increase Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (*2 measures*)
 - Improve Follow-Up After Discharge from ED for MH and SA Treatment (*2 measures*)
 - Reduce Rate of Growth of ED Visits for MH/SA Conditions
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- Increase Use of VT's Rx Monitoring Program
 - Increase # of VT Residents Receiving Medication-Assisted Treatment for Opioid Dependence
 - Increase Screening for Clinical Depression and Follow-Up Plan

Population Health Goal #3:

Reducing Prevalence and Morbidity of Chronic Disease



Population
Health
Outcomes

Health Care
Delivery System
Quality Targets

Process Milestones

- Prevalence of Chronic Obstructive Pulmonary Disease, Diabetes and Hypertension Will Not Increase by More Than 1% (*3 measures*)

For VT Medicare Beneficiaries, Improve Performance on Composite Measure that Includes:

- Diabetes Hemoglobin A1c Poor Control
 - Controlling High Blood Pressure
- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions

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- Improve Rate of Tobacco Use Assessment and Cessation Intervention
 - Improve Rate of Medication Management for People with Asthma

Vermont's Input to CMMI

Vermont provided baseline data, expertise on measures and specifications, and information on national benchmarks.

Vermont consistently advocated for:

- Ambitious but realistic targets
- Measures that address key priorities
- Alignment with other measure sets
- Consideration of collection burden – begin with measures that are already prioritized and collected in Vermont; minimize medical record review for any new measures

Measure (Source) ✓ = Currently collected and reported in VT * = Current ACO SSP Measure	Domain	Proposed Target
Goal #1: Increase Access to Primary Care		
✓ Percentage of adults with usual primary care provider (BRFSS Survey)	Population Health	89% of adults statewide <i>Baseline: 87% (2014)</i>
✓ Medicare ACO composite of 5 questions on Getting Timely Care, Appointments, and Information (ACO CAHPS Survey)*	Health Care Delivery System	75 th percentile compared to Medicare nationally <i>Baseline: 70th-80th percentile</i>
Medicaid patient caseload for specialist and non-specialist physicians (TBD)	Health Care Delivery System	Monitoring only for at least first 2 years <i>Baseline: None</i>
✓ Percentage of Medicaid adolescents with well-care visits (Claims)*	Process	50 th percentile compared to Medicaid nationally <i>Baseline: 25th percentile</i>
✓ Percentage of Medicaid enrollees aligned with ACO (PCP selection and claims)	Process	No more than 15 percentage points below % of VT Medicare beneficiaries aligned to VT ACO <i>Baseline: 55.5% (Jan. 2016)</i>

Measure (Source) ✓ = Currently collected and reported in VT ✓ * = Current ACO SSP Measure	Domain	Proposed Target
Goal #2: Reduce Deaths Related to Suicide and Drug Overdose		
✓ Deaths related to suicide (Vital Statistics)	Population Health	16 per 100,000 VT residents <u>or</u> 20 th highest rate in US <i>Baseline: 16.9 (2013)</i>
✓ Deaths related to drug overdose (Vital Statistics)	Population Health	Reduce by 10% <i>Baseline: 108 (2015)</i>
✓ Multi-Payer ACO initiation and engagement of alcohol and other drug dependence treatment (Claims)*	Health Care Delivery System	Initiation: 50 th percentile <i>Baseline: 25th Percentile</i> Engagement: 75 th percentile <i>Baseline: 75th percentile</i>
Multi-Payer ACO 30-day follow-up after discharge from ED for mental health (Claims)	Health Care Delivery System	60% <i>Baseline: 56.2% (2014)</i>
Multi-Payer ACO 30-day follow-up after discharge from ED for alcohol or other drug dependence (Claims)	Health Care Delivery System	40% <i>Baseline: 35.9% (2014)</i>
✓ Number of mental health and substance abuse-related ED visits (Hospital Discharge Data)	Health Care Delivery System	Reduce rate of growth (specific target TBD) <i>Baseline: ~6% (2014-15)</i>

Measure (Source) ✓ = Currently collected and reported in VT * = Current ACO SSP Measure	Domain	Proposed Target
Goal #2: Reduce Deaths Related to Drug Overdose and Suicide (continued)		
✓ % of Vermont providers checking prescription drug monitoring program before prescribing opioids (VPMS; VT will start routinely collecting and reporting in Fall 2016)	Process	Increase percentage (specific target TBD) <i>Baseline: None</i>
✓ Multi-Payer ACO screening for clinical depression and follow-up plan (Clinical)*	Process	75 th percentile compared to Medicare nationally <i>Baseline: 60th-70th percentile (2014)</i>
✓ # per 10,000 population ages 18-64 receiving medication assisted treatment (VDH Data)	Process	150 per 10,000 (or up to rate of demand) <i>Baseline: 123 per 10,000 (Q4 2015)</i>

Measure (Source) ✓ = Currently collected and reported in VT * = Current ACO SSP Measure	Domain	Proposed Target
Goal #3: Reduce Prevalence and Morbidity of Chronic Disease (COPD, Hypertension, Diabetes)		
✓ Statewide prevalence of chronic disease: 3 measures including chronic obstructive pulmonary disease, hypertension, and diabetes (BRFSS Survey)	Population Health	Increase statewide prevalence by no more than 1% <i>Baseline: COPD-6%, diabetes-8%, hypertension-27% (2014)</i>
✓ Medicare ACO chronic disease composite, consisting of: Diabetes HbA1c Poor Control; Controlling High Blood Pressure; and All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (Claims and clinical)*	Health Care Delivery System	75 th percentile compared to Medicare nationally <i>Baseline: Unknown</i>
Percentage of Vermont residents receiving appropriate asthma medication management (Claims)	Process	25 th percentile compared to national <i>Baseline: <25th percentile (2014)</i>
✓ Multi-Payer ACO tobacco use assessment and cessation intervention (Clinical)*	Process	75 th percentile compared to Medicare nationally <i>Baseline: 75th percentile (2014-15)</i>

Cumulative Improvement Approach

- Recognition that quality improvement interventions can take time to design and implement
- Each measure has a target. General approach is that:
 - Cumulatively across Year 1-Year 2, the State experiences improvement
 - There is improvement relative to target of at least 30 percent by the end of Year 3; 65 percent by the end of Year 4; 100 percent by the end of Year 5
- Improvement requirements by Measurement Domain:
 - 4 of 6 Population Health Outcomes Targets
 - 4 of 7 Health Care Delivery System Quality Targets
 - 5 of 7 Process Milestones

Questions/Discussion