

Wednesday, August 23, 2017

PCAG Member Attendees	<i>Christina Harlow</i> , Fay Homan, Robert Penney, Tim Tanner, Kate McIntosh
GMCB Attendees	Robin Lunge, Pat Jones, Michele Lawrence
Other Attendees	Sara Barry, OneCare Vermont; Kate Simmons, CHAC; Susan Gretkowski, MVP
*italics denote phone participation	

1. GMCB updates/PCAG Updates
 - a. Robin updated the group on the Board’s current regulatory priorities and processes. GMCB is working to align healthcare costs, including APM with other regulatory charges of the board (ACO Budgets, Hospital Budget and Insurance Rate Review). GMCB will be drafting legislation – PCAG should consider getting language drafted and put forth in the current biennium.
Pat and Michele have worked to set targets for two APM measures (VPMS prescribing, SA/MH ED growth).
Provider Landscape study – will update the group when results are available.
 - b. **Action Items:**
 - i. Michele to send existing H.342 language (complete 8/25)
 - ii. Susan G. to send language for H.346 – Michele will distribute to the group (complete 8/25)

2. Identifying circumstances in which existing reporting requirements for primary care professionals may be replaced with more meaningful measures that may require minimal data entry – ACO efforts to prioritize and align quality initiatives
 - a. Pat provided background for the discussion. The All-Payer ACO Model (APM) Agreement requires the State to adhere to the quality framework in the Agreement with CMS. There is also language in the Agreement that requires ACOs to link payment models to quality performance in their initiatives with payers (including Medicare). The Agreement encourages alignment in quality measures across payers. CMS has asked the State and ACOs to provide draft quality measure proposals for payer initiatives. In response, OneCare and CHAC provided written summaries of their quality recommendations to the GMCB staff to share with CMS. Those documents were shared with PCAG members in advance of the meeting, and each ACO presented their information to the group.
OneCare – Sara Barry described the process OneCare used to identify priority areas. One goal is to keep measures constant for several years to allow for focused quality improvement efforts. OneCare has provider and consumer committees, with primary care providers embedded in the provider committees. OneCare asked those committees to help prioritize quality measures. The initial list included 44 measures. The Population Health committee took a broader lens and focused on the 3 overarching population health goals of the APM Agreement, with an emphasis on preventive care. The Consumer Committee identified high priority measures but decided not to rank order the measures that landed in the highest priority group. OneCare’s Clinical Advisory and Quality Committees also weighed in. The result was a list of 15 high

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priority measures. Pat noted that the Office of Health Care Advocate has proposed additional measures related to patient experience, self-reported health status, and specific populations.

CHAC – Kate Simmons described the process of identifying priority quality improvement areas; CHAC has a very active Clinical Committee. Aligning measures with Medicare Shared Savings Program, Blueprint, and Uniform Data System measures is a priority. Over the past three years, CHAC has seen significant improvement in developmental screening and adolescent well-care visits. Other measures have not seen as much improvement, and that helped inform the selection of the 4 areas for improvement (Screening for Clinical Depression and Follow-up Plan, Controlling High Blood Pressure, Diabetes Hemoglobin A1c Poor Control, and Colorectal Cancer Screening). CHAC has developed clinical guidelines for some of these areas.

b. Action Items:

- i. Michele to follow up with OneCare after September meeting regarding potential overutilization of services while prior authorizations are waived

3. Workplan Review

- a. Michele reminded group of need for workplan review and prep for legislative session. Want to have draft bill by December 1. Only have 2 more meetings before we need to have draft language for Board and other stakeholders. Robin suggests maybe having Commissioner Gustafson come when DVHA presents to the group next month. Robin will provide us with relevant statutory language for prior authorization and formularies that we can send to them, so that they can see what we are working from.

b. Action Items:

- i. Michele to reach out to Dr. Josh Plavin and Brian Murphy regarding common formulary discussion from 6/21/17 meeting
- ii. Michele to send request to BCBSVT asking them to respond to list of questions from 6/21/17 meeting (complete 8/25)
- iii. Michele to invite BCBSVT to September meeting (complete 8/25)
- iv. Michele to send questions from 6/21/17 meeting to DVHA to complete prior to September meeting
- v. Michele to send language related to credentialing (complete 8/25)

4. Adjourn