

Payer Advisory Work Group

MAY 17, 2023

Meeting Agenda

1. Welcome, Introductions, and Review of Agenda
2. Purpose of Work Group
3. Areas of Interest and Potential Alignment in:
 - Care Transformation
 - Payment Models
 - Quality Measures
 - Evaluation
4. What would it take to operationalize a new payment model?
5. Are these the right areas of inquiry for our work together?

Payer Advisory Work Group Purpose and Meeting Structure

Work Group Purpose: Share information about priorities and models; identify opportunities for alignment; clarify operational needs for future Vermont all-payer model; provide feedback to Center for Medicare & Medicaid Innovation to inform future models

Work Group Meeting Frequency and Duration: Every two weeks for 60 minutes

Meeting Schedule: Additional meetings scheduled for May 31 and June 15

Care Transformation

Given that the purpose of health care and payment reform is to transform care, what are your observations regarding:

- How to best support providers in addressing gaps in care (e.g., universal screening, panel management for people living with chronic illness; preventive care)
- Effective integration of care and services for people with complex needs (e.g., co-location of mental health, substance use disorder, and primary care services)
- Enhancing primary care, hospital, mental health/SUD, and long-term care services
- Focus on particular chronic illnesses
- Opportunities to improve quality, address variation, and reduce low-value care
- Providing effective care in rural areas (e.g., use of telemedicine and e-consults)
- Other care transformation initiatives

Where can we align and focus our efforts, and impact model design?

Payment Models

- Current Model: Vermont All-Payer ACO Model with total cost of care, quality, and scale targets
- Future efforts geared toward hospital global budgets, perhaps including professional and other services
- Blueprint for Health multi-payer model supports advanced primary care, MH/SUD treatment, women's health, and complex care coordination
- Payers' experiences with other Medicare and multi-payer models?
 - ACO REACH
 - Medicare Shared Savings Program
 - Primary care capitation
 - Value-based payment
 - Other models

What model (or models) make the most sense as we look to advance health care reform in Vermont?

CMMI Global Budget Model

- The Center for Medicare & Medicaid Innovation (CMMI) plans to introduce a multi-state, multi-payer hospital global budget model (called the AHEAD model) for response, reportedly in early Fall.
- Vermont has had some engagement with CMMI in advance of the model's release.
- Discussions getting more detailed as we move closer to CMMI's anticipated model release.
- Vermont plans to share high-level input from this group as well as the Global Budget and Medicare Waiver Technical Advisory Groups

Quality Measures

- Vermont has made some progress in aligning measures across payers and programs.
- What are the priorities for quality measurement and improvement?
- Shared interest measures (e.g., Follow-up After Hospitalization for Mental Illness, Readmissions)
- Are there opportunities for further alignment?

Can we agree on a set of key population health goals and quality measures?

Evaluation

- How do we evaluate success?
 - Metrics
 - Methods
 - Challenges related to small numbers, confounding factors, data sharing
 - Reasonable timeframe to assess effects of transformation
- Focus depends on structure of model and incentives, but how do we measure:
 - Access
 - Quality
 - Cost
 - Effects of payment and care delivery reform

Can we design evaluation together, in advance, once we know the model?

Operationalizing a New Model

- Timeline
- Requirements
- Infrastructure already in place; infrastructure needed

What are existing implementation strengths, concerns, and risks?

Next Steps

- Next Meeting is May 31
- Are these the right areas of inquiry for our work together?

Thank you!