

Payer Advisory Work Group

MAY 31, 2023

Meeting Agenda

1. Welcome and Review of Agenda
2. Recap of May 17 Meeting – Care Transformation
3. Continued Discussion – Interest and Potential Alignment in:
 - Quality Measures
 - Payment Models
 - Evaluation
3. What would it take to operationalize a new payment model?

May 17 Payer Advisory Group Recap

- **Work group purpose:** To share information about priorities and models; identify opportunities for alignment; clarify operational needs; provide feedback to CMMI
- Established to provide a forum to determine if there is **common interest and alignment opportunities** related to health care reform goals, objectives, model design
- May 17 discussion focused on **Care Transformation**

Summary of May 17 Meeting: Care Transformation Discussion

- How can we best drive transformation?
- Focus on specific areas for care transformation with subsequent development of corresponding payment models has shown promise
 - Cigna – Increased telemedicine for mental health and other specialties; enhanced mental health network, focus on urgent care and pediatrics
 - DVHA – Hub and Spoke program for people with opioid dependence (care transformation identified first, payment model followed)
 - BCBSVT – Increased telemedicine, comprehensive pain management program, Brattleboro Retreat value-based care. Need for co-occurring care; co-location of mental health and primary care can dramatically improve care; need to share information across systems to improve connectivity between providers
 - MVP – Access to mental health care, enhancing primary care, payer data needs to be integrated into clinical workflow, global budget can increase predictability and flatten budget but may be too indirect for care transformation

Summary of May 17 Meeting (cont'd)

- Importance of connectivity between providers and organizations; sharing information across systems and integrating payer data into clinical workflows across the care spectrum
- Need for transformational infrastructure (use of information technology; incorporation of social determinants of health; support for care transformation)
- Chronic conditions of interest: Diabetes, Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Depression

Revisiting Care Transformation Questions

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, data sharing, 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?

Quality Measurement and Improvement

- Current quality focus: Vermont has made progress in aligning measures across payers and programs (see Appendix B in this GMCB Report: [FINAL Annual Quality Report_PY3_2020.pdf \(vermont.gov\)](#))
- Overarching goals in VT All-Payer ACO Model:
 - Increase Access to Primary Care
 - Reduce Deaths from Suicide and Drug Overdose
 - Reduce Prevalence and Morbidity of Chronic Disease (Diabetes, Hypertension, COPD)
- Do these still resonate? Are there other important areas of focus?

Future Focus for Quality Measurement and Improvement

- Future areas of focus:
 - What are future priorities for quality measurement and improvement?
 - Shared interest measures (e.g., Follow-up After Hospitalization for Mental Illness, Follow-Up After ED Visits for MH and SUD, Readmissions)
 - Hospital-focused measures
 - Measuring equity
- Are there opportunities for further alignment in quality measurement and quality improvement?

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

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 the 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

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 June 15th, 2:00 – 3:00

Thank you!