

Payer Advisory Work Group

JUNE 15, 2023

Meeting Agenda (today and future meetings)

1. Welcome and Review of Agenda
2. Recap of May 31 Meeting – Quality Measurement and Improvement
3. Continued Discussion – Interest and Potential Alignment in:
 - Payment Models
 - Evaluation
4. What would it take to operationalize a new payment model?

May 31 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 31 discussion focused on **Quality Measurement and Improvement**
- Attendees:
 - **MVP:** Jordan Estey, Matthew MacKinnon, Patrick Roohan, Leanne Westfall, Trista Lampkin, Christopher Pontiff
 - **BCBSVT:** Andrew Garland
 - **Cigna:** Sean Lyons
 - **State of Vermont:** DVHA – Alicia Cooper, Amy Coonradt, Stephanie Barrett, Irene Mendez; AHS - Pat Jones, Secretary Jenney Samuelson; GMCB – Michael Barber

Summary of May 31 Meeting: Quality Measurement and Improvement Discussion

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 goals still resonate?

- Cigna – Agrees that these areas of focus resonate; will take to clinical colleagues for additional input.
- DVHA – ACO and other Medicaid alternative payment models have used the All-Payer Model quality framework as a starting point for quality measures and have linked performance to payment.
- BCBSVT – The three goals are still right; 90% of scorecard measures fall into these three categories
- MVP – Agrees with goals. Concise statement of classic population health goals that relate to MVP focus on prevention and management of disease (e.g., physical activity, tobacco cessation, asthma action plans, focus on epidemic levels of drug overdose). Likes the focus on access to primary care.

Summary of May 31 Meeting (cont'd)

Are there other important areas of focus?

- BCBSVT – Delivery of preventive care and screening (e.g., adolescent well-care visits, preventive care for older men) is an area of focus. Provider community has insight on social determinants of health, diversity, and equity. Performance has been static on All-Payer Model measures. Alignment in goals and categories is helpful and has been a federal and state focus. May not be as helpful for measures. Deeper dive on specialty metrics would be helpful – there are many specialty care metrics. It would be useful to see if there is alignment with All-Payer Model goals and categories. May want separate sub-group for measures.
- MVP – There is measurement fatigue among providers; New York has struggled with this. Potential additional area of focus is low-value care, including preventable admissions and emergency department utilization. Prevention Quality Indicators from the Agency for Healthcare Research and Quality can be a good source of measures.
- Critical Access Hospital measures given small numbers? May want to aggregate across payers at the program level.

Linkage Between Care Transformation and Quality Discussions

From the May 17 Care Transformation Discussion:

- 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)
- Chronic conditions of interest: Diabetes, Hypertension, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Depression

Revisiting Quality Measurement and Improvement Questions

- What are future priorities for quality measurement and improvement?
- Thoughts about “shared interest measures” (e.g., Follow-up After Hospitalization for Mental Illness, Follow-Up After ED Visits for MH and SUD, Readmissions)?
- Are there hospital-focused measures of interest?
- How can we measure 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?

Current Payment Models

- Vermont All-Payer ACO Model with total cost of care, quality, and scale targets
- Blueprint for Health multi-payer model supports advanced primary care, MH/SUD treatment (including Hub and Spoke program for people with opioid dependence), women's health, and complex care coordination. Medicaid funding for upcoming expansion of screening and MH/SUD services.
- Other Medicare and multi-payer models?
 - ACO REACH
 - Medicare Shared Savings Program
 - Primary care capitation
 - Value-based payment
 - Other models

Future Medicare Model

- The Center for Medicare & Medicaid Innovation (CMMI) plans to introduce a multi-state, multi-payer hospital global budget model for state 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.

Discussion Questions

- 1. What are payers' experiences with various models?** *(e.g., ACO REACH, Medicare Shared Savings Program, Primary Care Capitation, Value-based Payment, other models)*
- 2. What model (or models) are of most interest as we look to advance health care reform in Vermont?**
- 3. In a global budget model, what topics are of most interest, and what feedback do you have?**

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

- Hoping for two additional meetings in July, if schedules permit

Thank you!