

Vermont **Health Care Innovation** Project (VHCIP)

Overview for DAIL Advisory Board
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Vermont Health Care Innovation Project

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Vermont **Health Care Innovation** Project (VHCIP)

A. Project Overview
(purpose, requirements, structure)

B. Payment Models Overview
Shared Savings Overview
Medicaid Measures

C. Discussion

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What are we trying to do through this project?

- Create/accelerate a statewide, all-payer system of three things.
- An integrated system of:
 - care coordination and care management
 - value-based provider payment
 - electronic medical records

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How will we do it?

- Input through 7 work groups on policy and spending
- Recommendations:
 - work groups → steering committee → core team
- On what?
 - Coordinated policy:
 - Care management
 - Payment
 - Health information exchange
 - Targeted funding:
 - Modeling and testing payment reforms
 - Expanding health information exchange
 - Supporting providers to change their business models

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SIM grant requirements

- Address the triple aim (patient experience, quality, cost)
- Include multiple payers
- Test models of value-based payment
- Include a broad array of stakeholders
- Show strong support for the project from the Governor
- Align with other federal demonstrations and waivers
- Prove “readiness” to test by October 1
- Rigorous evaluation

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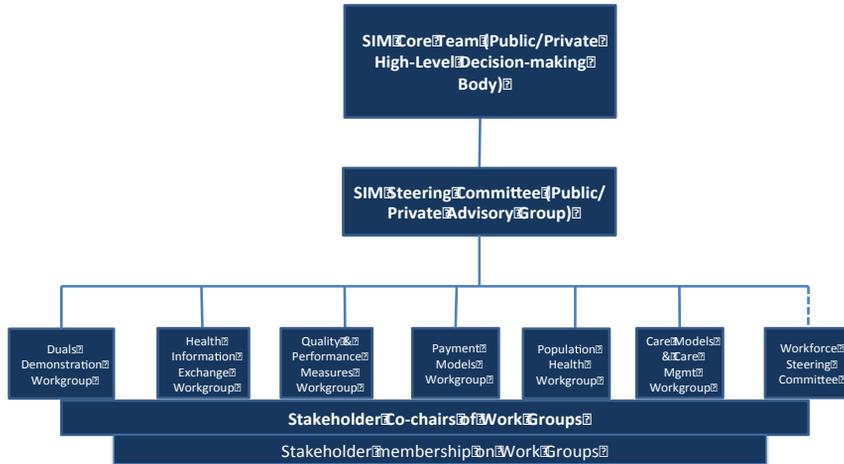
Grant history

- Application for State Innovation Model (SIM) submitted to CMS in September 2012
- Federal SIM Grant awarded to VT in March 2013
- VT Joint Fiscal Committee approved receipt of funds in May
- Steering committee launched in June
- Operational plan submitted July 31
- Approved for testing phase on September 30
- Reconstituting and launching 7 work groups now

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Vermont health care innovation project governance structure*



*In addition to the standing work groups, we have agreed to create a time-limited group to address the interface between designated mental health agencies and SIM activities/recommendations.

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Input on VHCIP Decisions



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Core Team

- Anya Rader Wallack, Chair
- Robin Lunge, Director of Health Care Reform
- Doug Racine, Secretary of Human Services
- Al Gobeille, Chair of the Green Mountain Care Board
- Mark Larson, Commissioner of the Department of Vermont Health Access
- Susan Wehry, Commissioner of the Department of Disabilities, Aging and Independent Living
- Steve Voigt, CEO, King Arthur Flour
- Paul Bengtson, CEO of Northeastern Vermont Regional Hospital

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Work Group Chairs

Payment Models

Don George, President and CEO, BCBSVT
 Stephen Rauh, Health Policy Consultant and Member of GMCB Advisory Board

Care Models and Care Management

Bea Grause, President, Vermont Association of Hospitals and Health Systems
 Renee Kilroy, COO, Northern Counties Health Care

Health Information Exchange

Simone Rueschemeyer, Behavioral Health Network
 Brian Otley, Chief Operating Officer, Green Mountain Power

Dual Eligibles

Deborah Lisi-Baker, Disability Policy Expert
 Judy Peterson, Visiting Nurse Association of Chittenden and Grand Isle Counties

Quality and Performance Measures

Catherine Fulton, Executive Director, Vermont Program for Quality in Health Care
 Laura Pelosi, Vermont Health Care Association

Population Health Management

Tracy Dolan, Deputy Commissioner, Department of Health
 Karen Hein, M.D., Member of the Green Mountain Care Board

Workforce Steering Committee (a slightly different animal)

Mary Val Palumbo, R.N.
 David Reynolds

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Expectations for work groups

- Develop a formal charter
- Develop a work plan
- Meet at least monthly
- Report monthly to Steering Committee and Core Team
- Recommend contractor support for your work
- Recommend spending of certain SIM funds

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SHARED SAVINGS ACO PROGRAMS 101

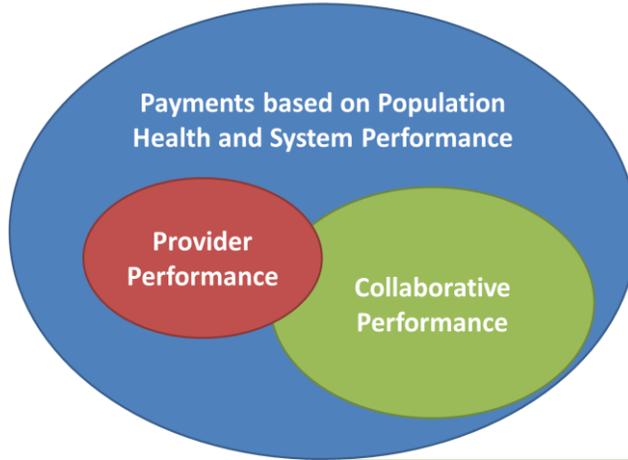


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Shared Savings ACO Programs, 1 of 3 Models to Test

Using Complementary Financial Models to Drive System Change and Bend the Cost Curve



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Background and Definitions

WHAT IS AN ACO SHARED SAVINGS PROGRAM?



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What is an ACO Shared Savings Program (SSP)?



A performance-based contract between a payer and provider organization that sets forth a value-based program to govern the determination of sharing of savings between the parties.

*ACO model graphic property of the Premier health care alliance. © 2010. All rights reserved.



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What is an ACO?



Accountable Care Organizations (ACOs) are comprised of and led by health care providers who have agreed to be accountable for the cost and quality of care for a defined population. These providers work together to manage and coordinate care for their patients and have established mechanisms for shared governance.

*SIM Payment Standards Work Group Definition 2013



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What Does this Mean for Beneficiaries?

ACOs are NOT HMOs

- They do not affect beneficiaries access or choice in health care providers
- There is no “gate keeper”
- There is no change to beneficiary coverage benefits
- They are governed by the same providers who provide care

The Program is designed to improve beneficiary outcomes and increase value of care by:

- Promoting accountability for the care of beneficiaries
- Requiring coordinated care for all services provided under FFS systems
- Encouraging investment in infrastructure and redesigned care processes

The Program also would aim to reduce:

- lost or unavailable medical charts
- duplicated medical procedures
- having to share the same information over and over with different doctors

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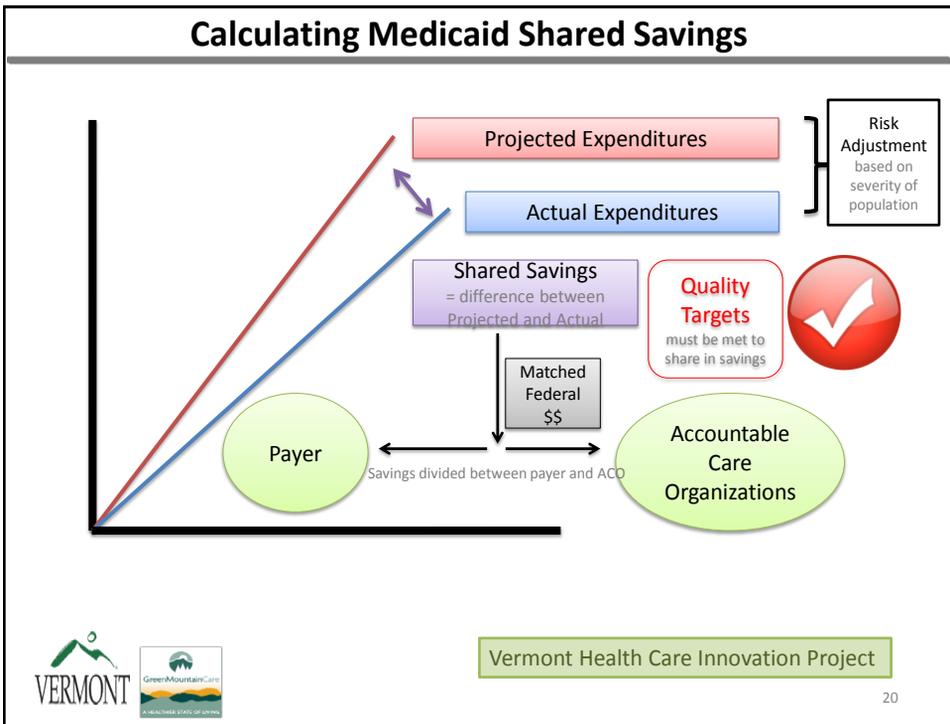
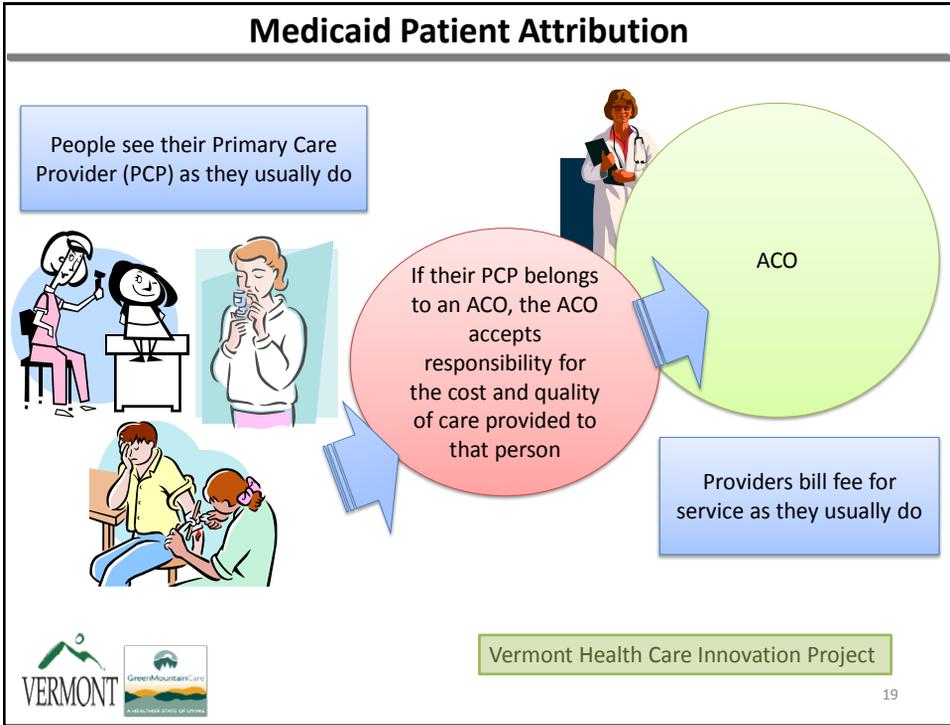
Attributing Patients & Calculating Savings

HOW A SHARED SAVINGS ACO PROGRAM WORKS



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Medicaid ACO Six Enrollment Categories

Enrollment Category	Brief Description (with estimate of SFY 14 enrollment)
1 ABD Adult	Individuals who are 18 year of age or older who are aged, blind or disabled and who are not dually eligible for Medicare. For the ACO, ABD adults must be eligible for the full range of Medicaid services. (approximately 14,360)
2 New Adult	Adults who had previously been enrolled in the VHAP program (eligibility based on income—childless adults up to 150% FPL, adults with children up to 185% FPL—and who had been uninsured for 12 months or more prior to enrolling). Of the former VHAP enrollees, those with incomes above 133% FPL are assigned here and will be eligible for services that had not been covered under VHAP (e.g., dental, transportation, eyeglasses). (approximately 34,490)
3 General Adult	Parents/caretaker relatives of minor children including cash assistance recipients and those receiving transitional Medicaid after the receipt of cash assistance. (approximately 11,993)
4 BD Child	Blind or Disabled children under age 21. Eligibility criteria similar to ABD Adult. (approximately 3,740)
5 General Child	Children under age 21 who are eligible for cash assistance (including foster care payments). (approximately 55,762)
6 SCHIP	Children up to age 18, uninsured, living in families up to 300% FPL who are not otherwise classified under BD Child or General Child. (approximately 4,180)



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People not Enrolled in Medicaid ACO Model for Year One

- Anyone with other insurance (TPL, Medicare)
- People with dual eligibility (will be revisited in year two)

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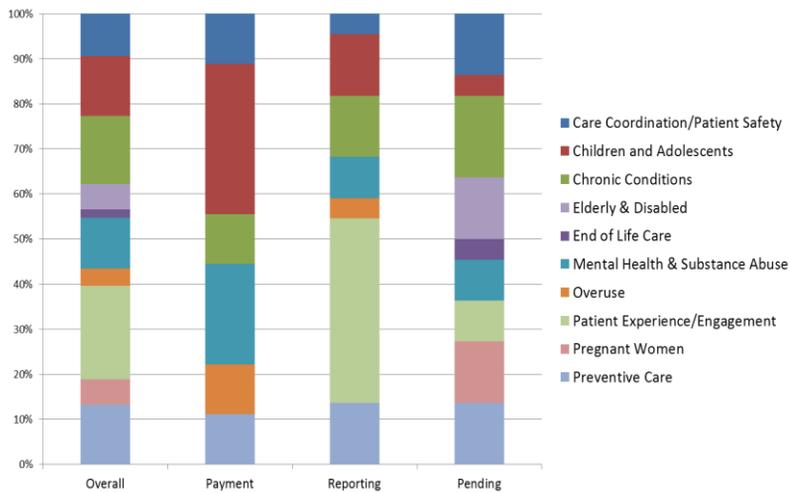
Meeting the Triple Aim

ACO PERFORMANCE MEASURES

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YEAR 1 CORE MEASURES: Domains



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Aim 1: Improved Care Measures

Patient Experience (9 Composite Measures) – Access to Care, Communication, Shared Decision-Making, Self-Management Support, Comprehensiveness, Office Staff, Information, Coordination of Care, Specialist Care

By 2017, Vermont will achieve statistically significant improvement in at least 3 patient experience composites for attributed ACO shared savings members, attributed PCMH members, or both.

Mental Health and Substance Abuse Treatment Process of Care (4 Measures) – Follow-up After Hospitalization for Mental Illness, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, Adult Depression Screening and Follow-Up, Depression Screening by 18 Years of Age

By 2017, Vermont will achieve statistically significant improvement in at least 2 mental health and substance abuse process of care measures at the ACO, PCMH, health plan and/or state level.

Adult Process of Care (5 Measures) – Adult Weight (BMI) Screening and Follow-Up, Colorectal Cancer Screening, Mammography/Breast Cancer Screening, Chlamydia Screening in Women, Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis

By 2017, Vermont will achieve statistically significant improvement in at least 2 adult process of care measures at the ACO, PCMH, health plan and/or state level.

Pediatric Process of Care (5 Measures) – Pediatric Weight Assessment and Counseling, Childhood Immunization Status, Adolescent Well-Care Visits, Developmental Screening in the First Three Years of Life, Appropriate Testing for Children with Pharyngitis

By 2017, Vermont will achieve statistically significant improvement in at least 2 pediatric process of care measures at the ACO, PCMH, health plan and/or state level.

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Aim 2: Improved Health Measures

Chronic Disease Outcome Measures (3 Measures)

Cholesterol Management for Patients with Cardiovascular Conditions (LDL Screening Only); Diabetes: Hemoglobin A1c Poor Control; Diabetes Composite (Hemoglobin A1c Control, LDL Control, Blood Pressure Control, Tobacco Non-Use, Aspirin Use)

By 2017, Vermont will achieve statistically significant improvement in at least 1 chronic disease outcome measure at the ACO, PCMH, health plan, and/or state level.

See also **Process of Care Measures** under Aim #1 (Improved Care).

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Aim 3: Reduced Costs Measures

Hospital Admission or Readmission Measures (3 Measures) –

All-Cause Readmission, Ambulatory Care-Sensitive Conditions Admissions (COPD), Rate of Hospitalization for Ambulatory Care-Sensitive Conditions (PQI Composite)

By 2017, Vermont will achieve statistically significant improvement in at least 1 hospital admission or readmission measure at the ACO, PCMH, health plan and/or state level.

Total Cost of Care Measures (2 Measures) – Total Cost of Care (Total Cost Index), Total Cost of Care (Resource Use Index)

By 2017, Vermont will achieve statistically significant improvement in at least 1 total cost of care measure at the ACO, PCMH, health plan and/or state level.

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DISCUSSION



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