



OneCareVermont

**Opportunities for Alignment
October 20, 2014**

Blueprint for Health Conference

Miriam Sheehey, RN; Clinical Improvement Lead

Vicki Loner MHCDS, RN.C; Clinical Operations Director

Agenda Objectives



OneCareVermont

1. Quick review of accountable care organizations
2. Describe clinical governance and functions of OneCare Vermont
3. Describe the synergy between the NCQA standards for ACO accreditation and those for PCMH recognition



Accountable Care Organizations: Quick Facts

Understanding ACO's



- Provider-based organizations that are accountable for both quality and costs of care for a defined population
 - Arrange for the total continuum of care
- Align incentives and reward providers based on performance (quality and financial)
 - Incentivized through payment mechanisms such as shared savings or partial/full-risk contracts

ACO's Targeting the Triple Aim



OneCareVermont

GOAL: Reduce and/or control growth of healthcare costs while maintaining or improving the quality of care patients receive (clinical quality, patient experience and satisfaction)



Core ACO Capabilities

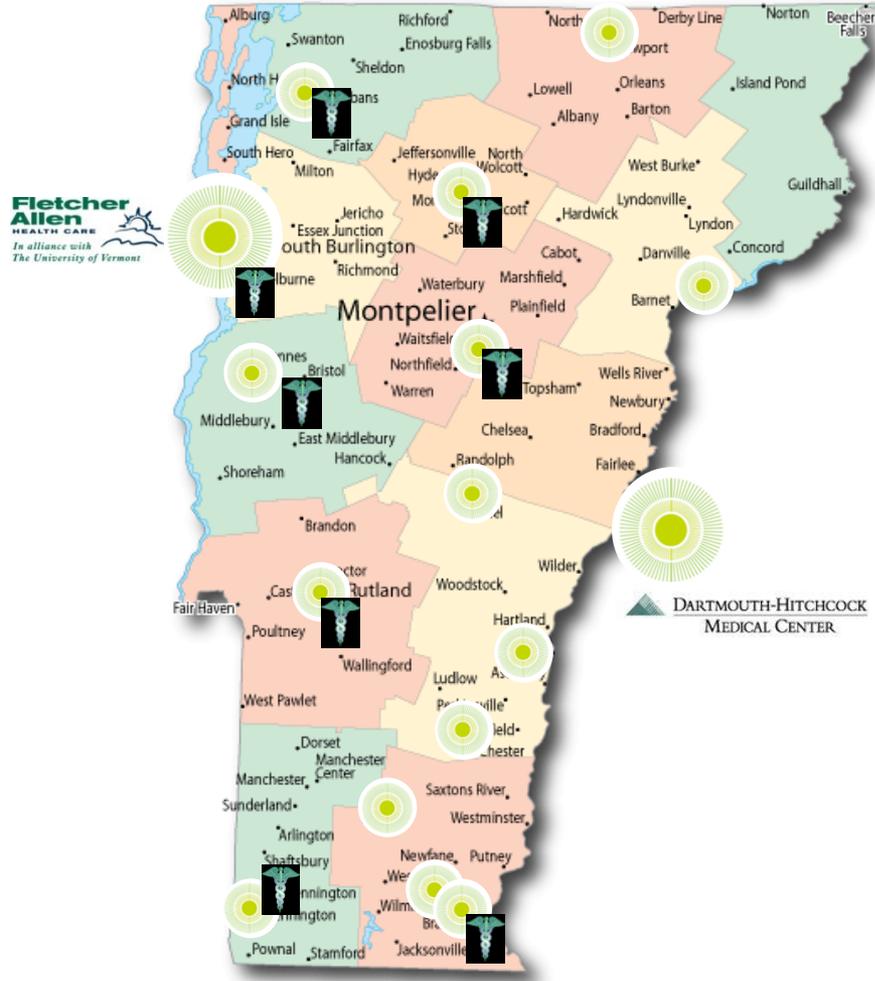




OneCare Vermont: Enabling Clinical Governance



Multi-Payer Statewide Full Continuum Network



- Both Academic Medical Centers (Fletcher Allen and Dartmouth)
- Every hospital in the state
- 1 BH/ SA Facility
- 99 Private Practices
- 63 Primary Care Practices, both employed and independent
- Majority of Specialist MDs
- 4 Federally Qualified Health Centers
- 5 Rural Health Clinics
- Statewide VNA, SNF and Mental Health and Substance Abuse organizations
- 100,000 attributed beneficiaries

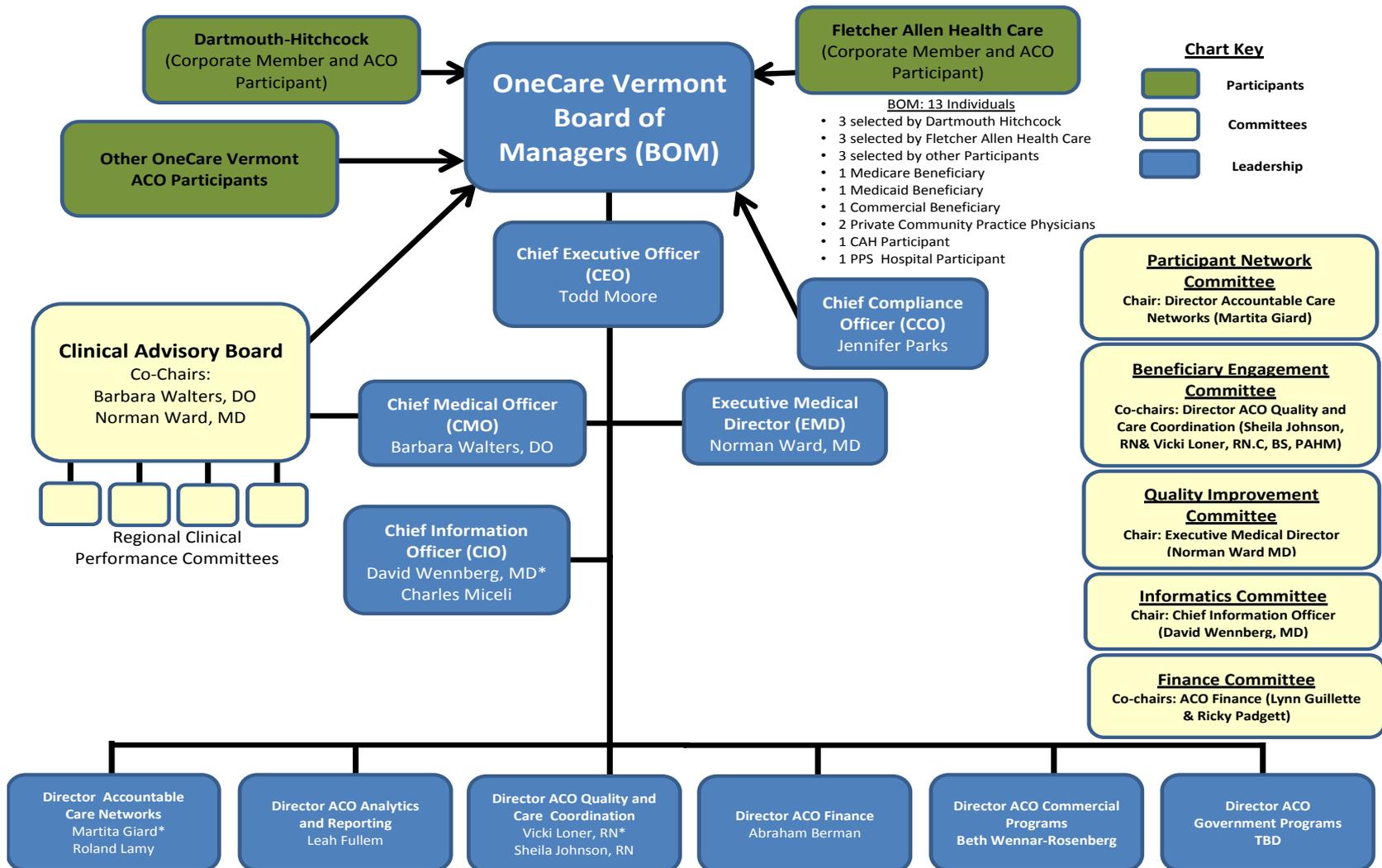
Hospitals with Employed Attributing Physicians

Significant Attribution from Community Physicians

OneCare VT Organizational Structure



OneCareVermont



* Lead

Clinical Advisory Board: Setting clinical priorities and supporting local change



OneCareVermont

- Largest organized group of actively engaged clinicians
 - Up to thirty-three (33) HSA physician representatives
 - Physician continuum of care providers
 - Physicians that serve the specific needs of the Medicaid and commercial population
 - Affiliate providers

- Unique and valuable forum for sharing of best clinical practices

- Prioritizing network improvement projects and supporting Regional Clinical Performance Committees

Regional Clinical Performance Committees: Changing locally



OneCareVermont

- Designated Provider Champions Lead the Change
- Expanding the Definition of Care Teams
 - Providers
 - Clinical and Quality Improvement experts from local or referring hospital systems
 - Representation from care coordination entities
 - Continuum of care providers
 - Content experts (pediatric mental health, palliative care, chronic care etc.)
 - State agencies that serve the populations
 - Representation from the FQHC's and RHC's- affiliated with both OneCare Vermont and Community Health Accountable Care
- Foster involvement and ownership at the local level

Clinical Priorities Clearer



OneCareVermont

- Clinical Advisory Board priorities selected:
 - Coronary Artery Disease and Diabetes composite
 - Readmissions and emergency visit utilization

- Regional Clinical Performance Committees emerging:
 - Data informing the processes
 - Health service areas collaborating to do a deeper dive on the measures and to do root cause analysis
 - Regional Learning Collaboratives: Aims, action plan, and goals for clinical performance improvement evolving

Quality Improvement Committee: Crucial linkage to implement and sustain change



OneCareVermont

- Dedicated clinical leadership centrally and locally
 - Summits to assure population health alignment among various health care reform stakeholders

- Focused on:
 - Building capacity,
 - Promoting systems change, and
 - Sustaining best practice models

MSSP - 33 Quality Measures



Domain	Category	Number of Measures (measure #s)
1. Patient/Caregiver Experience		7 (1-7)
2. Care Coordination/Patient Safety		6 (8-13)
3. Preventive Health		8 (14-21)
4. At-Risk Populations	Diabetes	6 (22-27)
	Heart Failure	1 (28)
	Coronary Artery Disease	2 (29-30)
	Hypertension	1 (31)
	Ischemic Vascular Disease	2 (32-33)

2013 Medicare Results



Domain	Measure	PY1	PY2	PY3	30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.	OCV Score	n	Quality Points
Patient/Caregiver Experience	1 Getting Timely Care, Appointments, and Information	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	83.81	476	1.85
	2 How Well Your Doctors Communicate	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	92.54		2.00
	3 Patients' Rating of Doctor	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.84		2.00
	4 Access to Specialists	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	82.21		1.85
	5 Health Promotion and Education	R	P	P	54.71	55.59	56.45	57.63	58.22	59.09	60.71	59.46		1.85
	6 Shared Decision Making	R	P	P	72.87	73.37	73.91	74.51	75.25	75.82	76.71	75.98		1.85
	7 Health Status/Functional Status	R	R	R	N/A	73.70		2.00						
Care Coordination/ Patient Safety	8 Risk Standardized, All Condition Readmissions	R	R	P	16.62	16.41	16.24	16.08	15.91	15.72	15.45	14.75	-	2.00
	9 ASC Admissions: COPD or Asthma in Older Adults	R	P	P	1.24	1.02	0.84	0.66	0.52	0.36	0.00	1.25	-	0.00
	10 ASC Admission: Heart Failure	R	P	P	1.22	1.03	0.88	0.72	0.55	0.40	0.18	1.22	-	1.10
	11 Percent of PCPs who Qualified for EHR Incentive Payment	R	P	P	51.35	59.70	65.38	70.20	76.15	84.85	90.91	57.55	629	2.20
	12 Medication Reconciliation	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	73.81	547	1.70
Preventive Health	13 Falls: Screening for Fall Risk	R	P	P	17.12	22.35	27.86	35.55	42.32	51.87	73.38	46.30	432	1.70
	14 Influenza Immunization	R	P	P	29.41	39.04	48.29	58.60	75.93	97.30	100.00	71.36	398	1.55
	15 Pneumococcal Vaccination	R	P	P	23.78	39.94	54.62	70.66	84.55	96.64	100.00	77.73	440	1.55
	16 Adult Weight Screening and Follow-up	R	P	P	40.79	44.73	49.93	66.35	91.34	99.09	100.00	70.94	413	1.55
	17 Tobacco Use Assessment and Cessation Intervention	R	P	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	91.37	417	2.00
	18 Depression Screening	R	P	P	5.31	10.26	16.84	23.08	31.43	39.97	51.81	24.71	344	1.55
	19 Colorectal Cancer Screening	R	R	P	19.81	33.93	48.49	63.29	78.13	94.73	100.00	65.33	424	1.55
	20 Mammography Screening	R	R	P	28.59	42.86	54.64	65.66	76.43	88.31	99.56	68.04	413	1.55
	21 Proportion of Adults who had blood pressure screened in past 2 years	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	68.66	351	1.55
At-Risk Population Diabetes	Diabetes Composite 22 – 26 ACO #22. Hemoglobin A1c Control (HbA1c) (<8 percent) ACO #23. Low Density Lipoprotein (LDL) (<100 mg/dL) ACO #24. Blood Pressure (BP) < 140/90 ACO #25. Tobacco Non Use ACO #26. Aspirin Use	R	P	P	17.39	21.20	23.48	25.78	28.17	31.37	36.50	23.08	416	1.25
	27 Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent)	R	P	P	70.00	60.00	50.00	40.00	30.00	20.00	10.00	22.12	416	1.70
At-Risk Population Hypertension	28 Percent of beneficiaries with hypertension whose BP < 140/90	R	P	P	60.00	63.16	65.69	68.03	70.89	74.07	79.65	67.04	443	1.40
At-Risk Population IVD	29 Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl	R	P	P	35.00	42.86	51.41	57.14	61.60	67.29	78.81	60.92	412	1.55
	30 Percent of beneficiaries with IVD who use Aspirin or other antithrombotic	R	P	P	45.44	56.88	68.25	78.77	85.00	91.48	97.91	86.65	412	1.70
At-Risk Population HF	31 Beta-Blocker Therapy for LVSD	R	R	P	30.00	40.00	50.00	60.00	70.00	80.00	90.00	81.78	236	1.85
At-Risk Population CAD	CAD Composite 32 – 33 ACO #32. Drug Therapy for Lowering LDL Cholesterol ACO #33. ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD	R	R	P	54.08	61.44	66.11	69.96	72.32	76.40	79.84	58.95	458	1.10

This score is subject to change depending on the outcome of the discussions with CMS about OCV's score on measure 11.

2013 was a reporting-only year for OCV. Since OCV successfully reported on all quality measures our score is **100%**. However, had 2013 been a performance year for OCV, our score would have been:

78.4%

VMSSP - 32 Quality Measures



Domain	Category	Number of Measures
1. Patient/Caregiver Experience		9
2. Care Coordination/Patient Safety		3
3. Preventive Health		9
4. At-Risk Populations	Diabetes	6
	Ischemic Vascular Disease	1
	Follow-Up after Hospitalization for Mental Illness diagnosis	1
	Initiation and engagement of alcohol and other drug dependence	1
	Appropriate testing and treatment for infections	2

XSSP - 31 Quality Measures



Domain	Category	Number of Measures
1. Patient/Caregiver Experience		9
2. Care Coordination/Patient Safety		3
3. Preventive Health		8
4. At-Risk Populations	Diabetes	6
	Ischemic Vascular Disease	1
	Follow-Up after Hospitalization for Mental Illness diagnosis	1
	Initiation and engagement of alcohol and other drug dependence	1
	Appropriate testing and treatment for infections	2



Synergy Between the Parts

Ways to Measure the ACO



OneCareVermont

- Costs of care for specific populations
- Quality of care delivered by the providers in the network
- NCQA has accreditation program for ACO's

Seven Key Categories

Categories	Point Totals (100)
Program Operations	17.00
Access & Availability	12.00
Patient-Centered Primary Care	17.00
Care Management	17.00
Care Coordination & Transitions	10.00
Patient Rights & Responsibilities	10.00
Performance Reporting & Quality Improvement	17.00

NCQA ACO Standards: Assessing Core ACO Capabilities

Standards	Core Capability Assessed
Program Operations	<ul style="list-style-type: none">•Provides the infrastructure and leadership needed to move healthcare systems toward the triple aim•Determines provider payment and contracting arrangements
Access and Availability	•Provides the full range of health care services to its patients (e.g., primary care, tertiary care, home and community-based services)
Primary Care	•Provides access to patient-centered care and medical homes

NCQA ACO Standards: Assessing Core ACO Capabilities, cont.

Standards	Core Capability Assessed
Care Management	<ul style="list-style-type: none"> •Provides resources for patients and practitioners to support care management activities
Care Coordination and Transitions	<ul style="list-style-type: none"> •Facilitates information exchange across providers and sites of care
Patient Rights and Responsibilities	<ul style="list-style-type: none"> •Communicates to patients about the ACO's performance and is transparent about performance-based payment arrangements with providers
Performance Reporting & Quality Improvement	<ul style="list-style-type: none"> •Collects, integrates and disseminates data for various uses, including care management and performance reporting •Provides performance reports to providers within the ACO for quality improvement

Levels of accreditation reflect varying levels of readiness to be ACOs

Levels	Points	Must Pass
<p>Level 1</p> <ul style="list-style-type: none"> • Status length: 2 years • Perform some capabilities in standards • Requires more development before being fully capable 	50 points	No
<p>Level 2</p> <ul style="list-style-type: none"> • Status length: 3 years • Capabilities to take accountability 	70 points	<p>Yes</p> <ul style="list-style-type: none"> • Report core performance measures and patient experience • Evaluates and improves ability to patient-centered primary care • Complete data on minimum threshold of patients
<p>Level 3</p> <ul style="list-style-type: none"> • Status length: 3 years • Accountable organizations demonstrating excellence/improved performance 	<p>70 points + Performance in state or regional collaborative</p>	<p>Yes</p> <ul style="list-style-type: none"> • Same as Level 2



Program Operations : ACO Description

Intent of Standard

- Has the infrastructure to coordinate providers
- Collaborates with important stakeholders
- Delivers the triple aim
 - Increase the quality of patient care
 - Improve patient experience
 - Effectively manage financial resources

Elements

- Element A: Program Structure
- Element B: Stakeholder Participation

Resource Stewardship



OneCareVermont

Intent of Standard

- Has the tools to support clinical decision making are available to patients and providers
- Monitors practice patterns to ensure that needed care is delivered

Elements

- Element A: Decision Support
- Element B: Patient Decision Aids
- Element C: Monitoring Practice Patterns
- Element D: Provider Detailing

Payment Arrangements



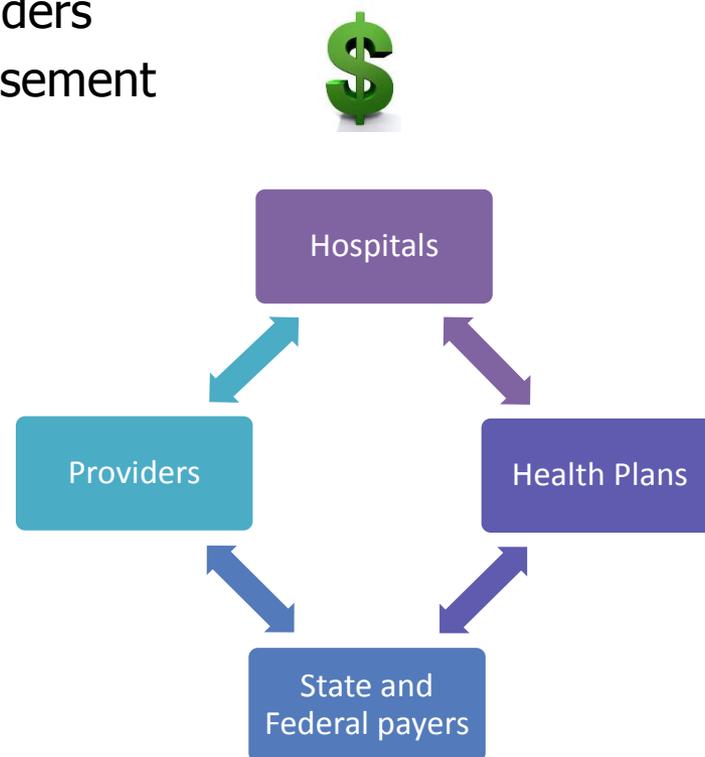
OneCareVermont

Intent of Standard

- Arranges payment for participating providers
- Works with payers to determine reimbursement

Elements

- Element A: Payment Arrangements
- Element B: Working with Payers
- Element C: Payer Contracts



Access and Availability: Access and Availability of Practitioners



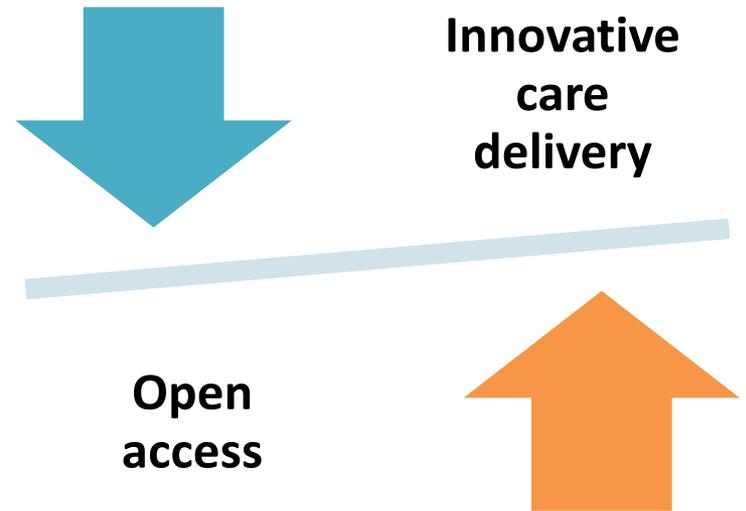
OneCareVermont

Intent of Standard

- Maintains an adequate number of practitioners
- Monitors how effectively it meets the health care needs of patients

Elements

- Element A: Arranging For Services
- Element B: Availability of Practitioners
- Element C: Access to Primary Care
- Element D: Access to Specialty Care
- Element E: Improving Access and Availability
- Element F: Clinician Directory
- Element G: Facility Directory
- Element H: Access to Culturally Competent Care



Primary Care : Practice Capabilities



OneCareVermont

Intent of Standard

- Practices provide access to high-quality, well coordinated routine and urgent primary care services.

Elements

- Element A: Access During Office Hours
- Element B: After-Hours Access
- Element C: The Practice Team
- Element D: Implement Evidence-Based Guidelines
- Element E: Care Management
- Element F: Medication Management
- Element G: Support Self-Care Process
- Element H: Test Tracking and Follow-Up
- Element I: Referral Tracking and Follow-Up
- Element J: Implement Continuous Quality Improvement
- Element K: Continuity
- Element L: Medical Home Responsibilities





Patient-Centered Primary Care Oversight

Intent of Standard

- Promote the delivery of patient-centered primary care.

Elements

- Element A: Evaluation of Medical Home Capabilities
- Element B: Opportunities for Improvement

Care Management : Data Collection, Integration, and Use



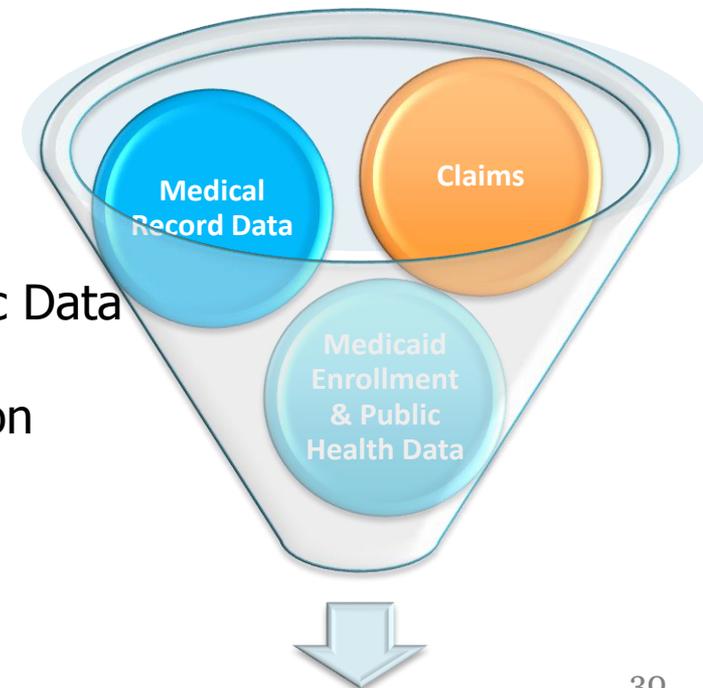
OneCareVermont

Intent of Standard

- Capture structured patient information and clinical data
- Data is integrated and accessible by practitioners
- Data is complete and used for identifying patient needs, care management and performance measurement.

Elements

- Element A: Patient Information
- Element B: Clinical Data
- Element C: Participating provider Access to Electronic Data
- Element D: Health Information Exchange
- Element E: Process for Data Collection and Integration
- Element F: Data Collection and Integration
- Element G: Use of Data
- Element H: Data Completeness



***Analytics for care management
and improving care delivery***

Initial Health Assessment



OneCareVermont

Intent of Standard

- Conduct an initial assessment of new patients' health within 90 days assignment to ACO

Elements

- Element A: Health Assessment

The organization has a process to administer a health appraisal (HA) to new patients within 90 days of assignment.

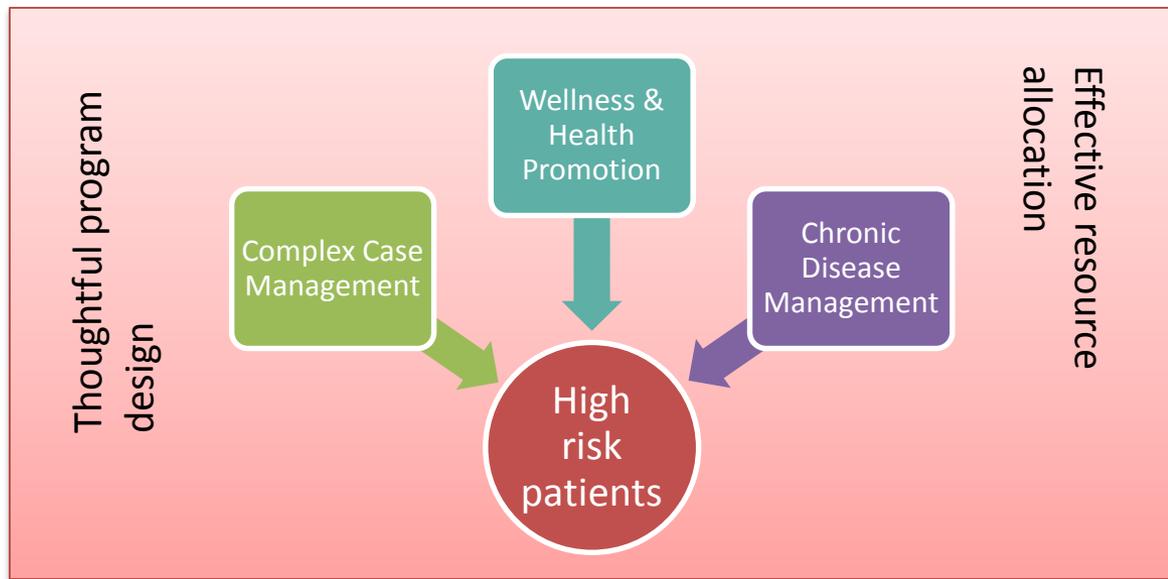


Intent of Standard

- Identify care needs
- Provide population health management programs

Elements

- Element A: Identifying Care Needs
- Element B: Providing Population Health Management





Practice Support

Intent of Standard

- Encourage practices to engage in registry data collection, electronic prescribing and patient self-management.

Elements

- Element A: Patient Care Registries
- Element B: Use Electronic Prescribing
- Element C: Self-Management Support
- Element D: Electronic Access for Patients

Information Exchange for Care Coordination and Transitions



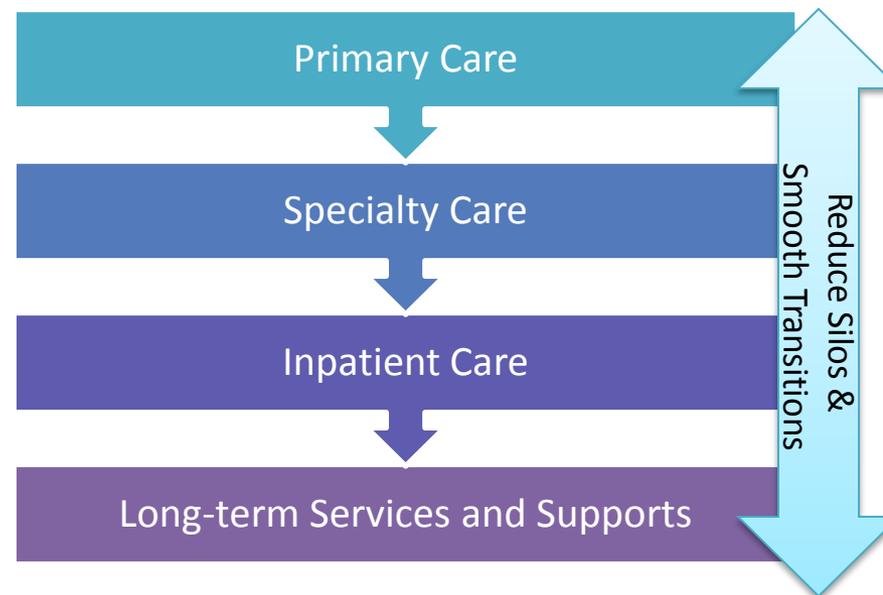
OneCareVermont

Intent of Standard

- Coordinates care between primary, specialty care and hospitals
- Facilitates timely information exchange

Elements

- Element A: Coordinating Information Exchange
- Element B: Process for Transitions
- Element C: Electronic Information Exchange for Transitions
- Element D: Timely Information Exchange
- Element E: Safe Transitions





Patient Rights and Responsibilities

Intent of Standard

- Respect patients rights and privacy
- Expectations of patients' responsibilities communicated
- Process for complaints

Elements

- Element A: ACO Responsibilities
- Element B: Patient Rights and Responsibilities Statement
- Element C: Written Policies for Privacy and Confidentiality
- Element D: Physical and Electronic Access
- Element E: Policies and Procedures for Complaints



Performance Reporting

Intent of Standard

- Measures and reports clinical quality of care, patient experience and resource stewardship.

Elements

- Element A: Core Performance Measures
- Element B: Patient Experience Measures
- Element C: Practice Performance Reporting
- Element D: Reporting Performance Publicly

Performance Reporting : Quality and Cost Improvement



OneCareVermont

Intent of Standard

- Measure and analyze performance
- Take action to improve

Elements

- Element A: Clinical Quality Improvement
- Element B: Cost Performance Improvement
- Element C: Patient Experience Improvement
- Element D: Use of Data to Assess Disparities
- Element E: Addressing Health Care Disparities



Vermont Blueprint for Health and OneCare Vermont are built on those concepts of:

- Patients receiving primary care in their medical home
- Having smooth transitions from PCP to specialist and between facilities and providers
- Looking at stewardship with resources
- Measurement of quality
- Understanding the care experience of the patient and their family

Appendix



OneCareVermont

- OneCare Vermont at TIN level

OneCare VT Network by Program (at the TIN Level)



OneCareVermont

- **Medicaid**
 - Hospitals
 - 13 VT – includes Brattleboro Retreat
 - 1 NH – MHMH/DHC
 - Community PCP's
 - 13
 - FQHC
 - 0
 - Community Specialists
 - 26
 - Home Health & Hospice
 - 10 VNA
 - 1 Bayada
 - SNF
 - 22
 - Designated Agencies
 - 10
 - MH/SA (non Designated Agencies)
 - 17

OneCare VT Network by Program (at the TIN Level)



OneCareVermont

- Medicare
 - Hospitals
 - 15 VT – includes Brattleboro Retreat
 - 1 NH - DH Specialty Services
 - Community PCP's
 - 12
 - FQHC
 - 3
 - Community Specialists
 - 51
 - Home Health & Hospice
 - 10
 - SNF
 - 28
 - Designated Agencies
 - 10
 - MH/SA (non Designated Agencies)
 - 0

OneCare VT Network by Program (at the TIN Level)



OneCareVermont

- **Commercial**
 - Hospitals
 - 12 VT – includes Brattleboro Retreat
 - 2 NH – MHMH/DH & Cheshire Medical
 - Community PCP's
 - 12
 - FQHC
 - 1
 - Community Specialists
 - 23
 - Home Health & Hospice
 - 9 VNA
 - 1 Bayada
 - SNF
 - 18
 - Designated Agencies
 - 10
 - MH/SA (non Designated Agencies)
 - 3