Health IT & Quality Measurement for APMs
Milbank Multistate Collaborative

November 2, 2016

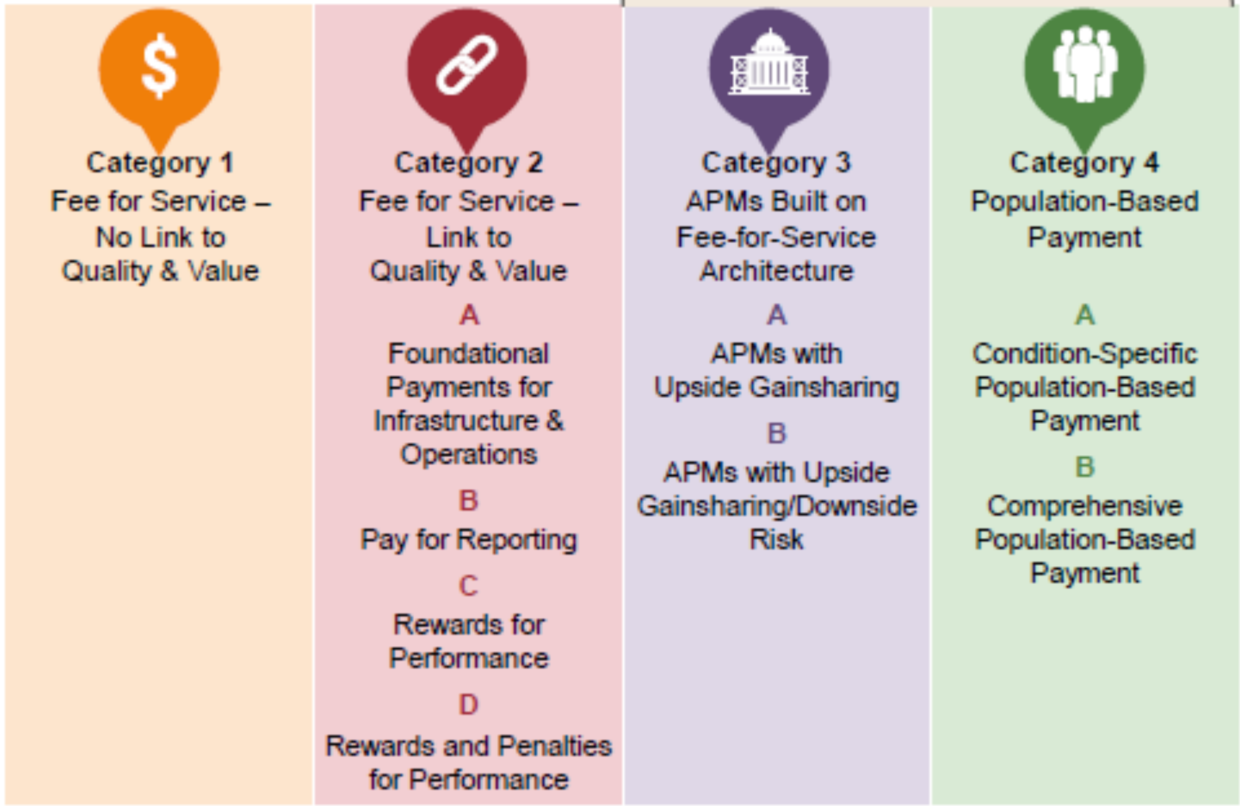
Craig Jones MD
Contractor
Office of the National Coordinator for Health IT

APM FRAMEWORK

At-a-Glance

The Framework is a critical first step toward the goal of better care, smarter spending, and healthier people.

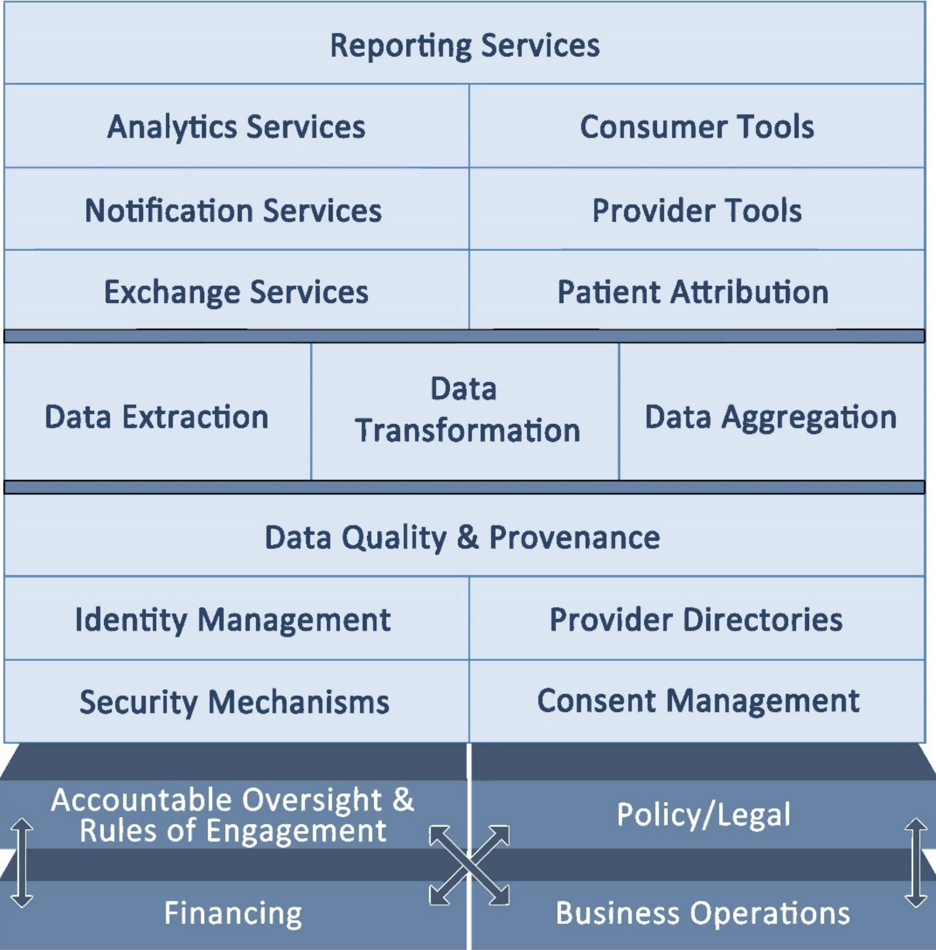
- **Serves as the foundation** for generating evidence about what works and lessons learned
- **Provides a road map** for payment reform capable of supporting the delivery of person-centered care
- **Acts as a "gauge" for measuring progress** toward adoption of alternative payment models
- **Establishes a common nomenclature and a set of conventions** that will facilitate discussions within and across stakeholder communities



HCP LAN

The framework situates existing and potential APMs into a series of categories.

Health IT Modular Functions for APM Data Infrastructure



Department of Vermont Health Access

Vermont Blueprint for Health

Smart choices. Powerful tools.

All-Insurer Payment Reforms

Transformation Network

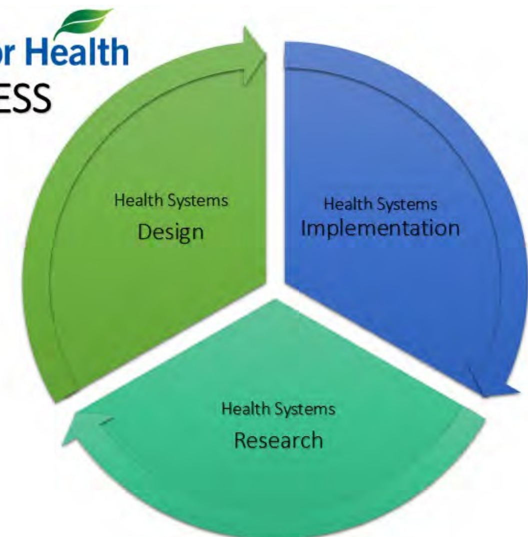
Service Area & Statewide Collaboratives

Data Infrastructure

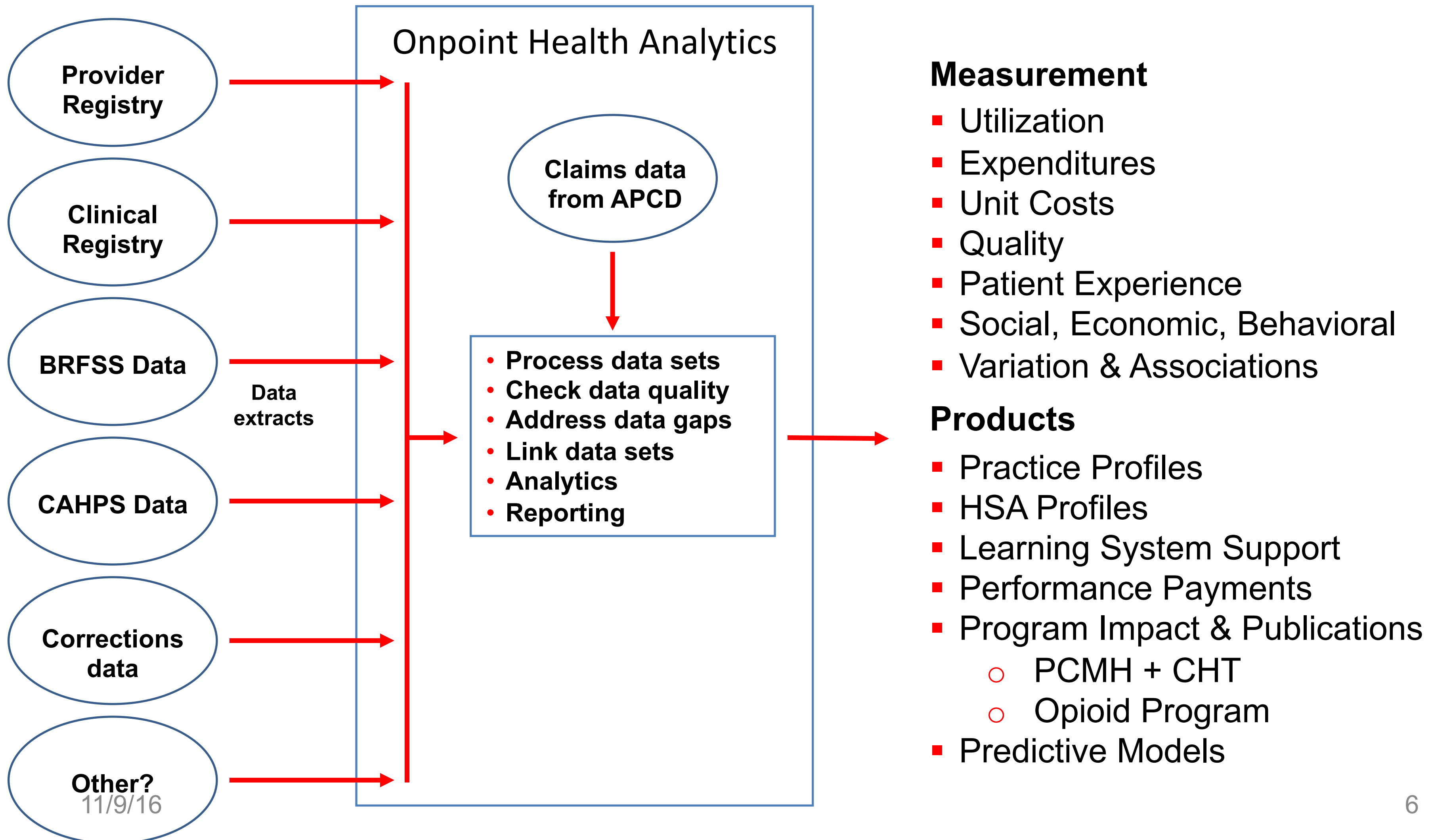
Evaluation & Comparative Reporting

Statewide Network for Comparative Learning

- 31 Community Health Team Leaders
- 19 Blueprint Practice Facilitators
- 14 Blueprint Project Managers
- 4 ACO Clinical Quality Leaders
- 6 ACO Clinical Consultants



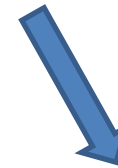
Data Use for a Learning Health System



EHR Data Quality for Quality Measurement

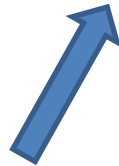
Core Measure Set Defines Priority Data Elements

- Capture elements in EHR system
- Extract elements from EHR system
- Transmit to intermediary systems
- Aggregate priority data elements
- Establish patient level records



Evaluate Completeness & Utility of Data from each Source System

Improve Completeness & Utility of Data from each Source System

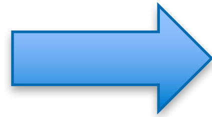


Dedicated Team for Data Quality

'EHR Capture to Aggregation to Assessment to Improvement'

Use of Federal & State Funding Streams

- State HIT Fund
- 1115 Waiver
- IAPD
- SIM



- HIE Infrastructure
- Clinical Registry
- Provider Registry
- All Payer Claims Database
- Patient Experience Survey
- Data Processing
- Data Quality
- Analytics
- Reporting

VERMONT

Department of Vermont Health Access

VERMONT Blueprint for Health

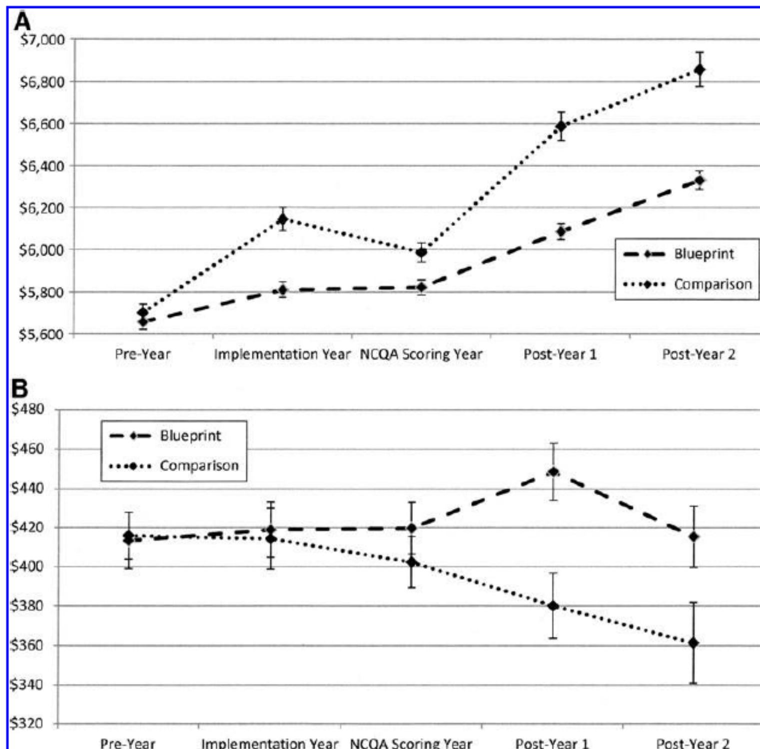
Smart choices. Powerful tools.

POPULATION HEALTH MANAGEMENT
Volume 0, Number 0, 2015
Mary Ann Liebert, Inc.
DOI: 10.1089/pop.2015.0055

Original Article

Vermont's Community-Oriented All-Payer Medical Home Model Reduces Expenditures and Utilization While Delivering High-Quality Care

Craig Jones, MD,[1] Karl Finison, MA,[2] Katharine McGraves-Lloyd, MS,[2] Timothy Tremblay, MS,[1] Mary Kate Mohlman, PhD,[1] Beth Tanzman, MSW,[1] Miki Hazard, MA,[1] Steven Maier, MSL,[1] and Jenney Samuelson, MS[1]



Journal of Substance Abuse Treatment 67 (2016) 9–14

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

ELSEVIER

Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont

CrossMark

Mary Kate Mohlman, Ph.D. [a,*], Beth Tanzman, M.S.W. [a], Karl Finison, M.A. [b], Melanie Pinette, M.E.M. [b], Craig Jones, M.D. [a]

[a] Vermont Blueprint for Health, NOB 1 South, 280 State Drive, Waterbury, VT 05671, USA
[b] Onpoint Health Data, 254 Commercial Street, Suite 257, Portland, ME 04101, USA

Table 2
Adjusted average annual expenditures and utilization rates[†].

	MAT group	Non-MAT	Difference[‡]	P-value
Expenditures				
Total expenditures	$14,468	$14,880	−$412	0.07
Total expenditures without treatment	$ 8794	$11,203	−$2409	<0.01
Buprenorphine expenditures	$2708	−$47	$2755	<0.01
Total prescription expenditures	$4461	$2166	$2295	<0.01
Inpatient expenditures	$2132	$3757	−$1625	<0.01
Outpatient expenditures	$345	$604	−$259	<0.01
Professional expenditures	$674	$981	−$307	<0.01
SMS expenditures[*]	$2872	$4160	−$1288	<0.01
Utilization (rate/person)				
Inpatient days	1.54	3.00	−1.46	<0.01
Inpatient discharges	0.30	0.52	−0.22	<0.01
ED visits	1.44	2.48	−1.04	<0.01
Primary care physician visits	15.27	9.81	5.46	<0.01
Advanced imaging	0.29	0.54	−0.25	<0.01
Standard imaging	0.76	1.43	−0.67	<0.01
Colonoscopy	0.01	0.02	−0.01	<0.01
Echography	0.46	0.53	−0.07	0.002
Medical specialist visits	0.49	0.82	−0.33	<0.01
Surgical specialist visits	3.04	1.89	1.15	<0.01

[*] SMS refers to special Medicaid services and include transportation, home and community-based services, case management, dental, residential treatment, day treatment, mental health facilities, and school-based services.

[†] Multivariable regression analysis, adjusted for gender, age, calendar year, clinical risk groups, Medicaid in the prior year, hepatitis C virus (HCV) status, and pre- and perinatal care.

[‡] Difference = MAT − non-MAT.

Practice Profiles Evaluate Care Delivery

Commercial, Medicaid, & Medicare

Practice Profile: ABC P

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Typ

Welcome to the *2014 Blueprint Practice Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

Demographics & Health Status

	Practice	H.S.A.
Average Members	4,081	84,070
Average Age	50.6	50.1
% Female	55.6	55.5
% Medicaid	14.5	13.0
% Medicare	23.7	22.2
% Maternity	2.1	2.1
% with Selected Chronic Conditions	50.1	38.8
Health Status (CRG)		
% Healthy	39.0	43.9
% Acute or Minor Chronic	18.8	20.5
% Moderate Chronic	27.9	24.5
% Significant Chronic	15.4	12.3
% Cancer or Catastrophic	1.4	1.3

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care

Practice Profile: ABC Primary Care

Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

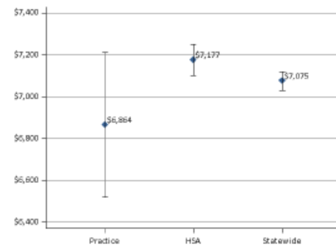


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

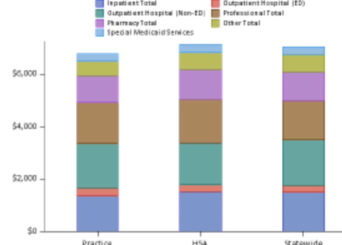


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

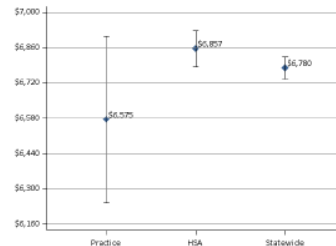


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals with expenditures excluding Special Medicaid Services capped statewide for outlier patients. Expenditures include both plan and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

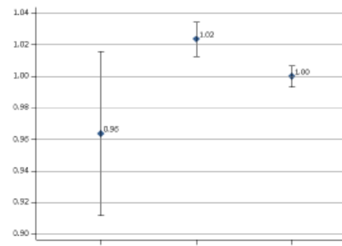
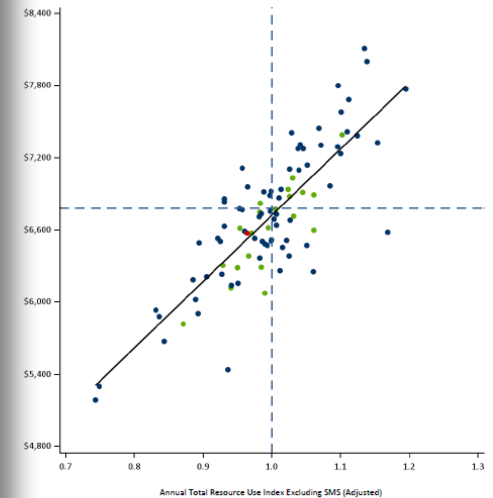


Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated cost based on utilization and intensity of services across major components of care (e.g., inpatient) and excludes Special Medicaid Services. The practice and HSA are indexed to the statewide average (1.00).

Demographics & Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail

Practice Profile: ABC Primary Care

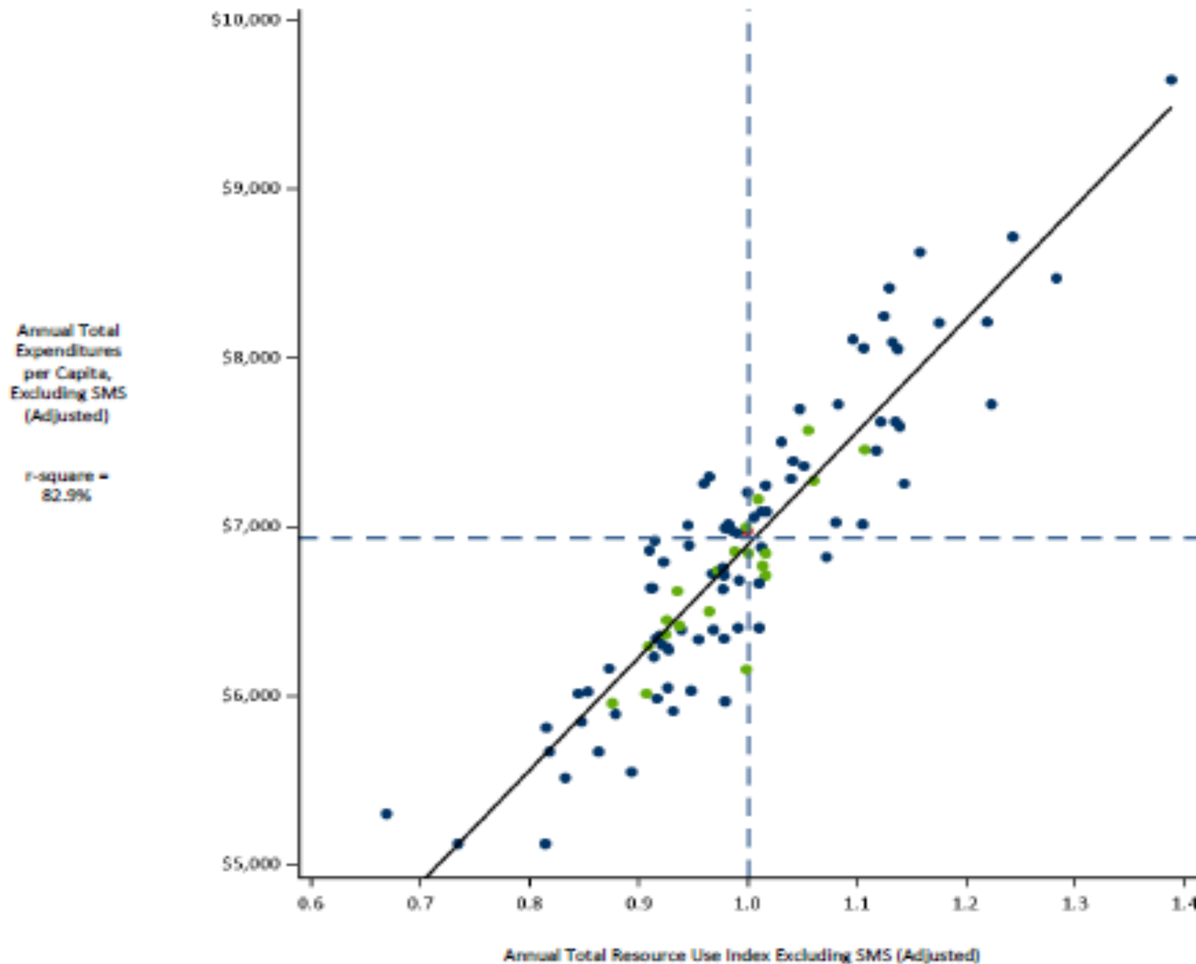
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)



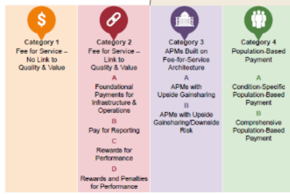
Health Status | Cost of Care | Utilization | Effective & Preventive Care | Data Detail

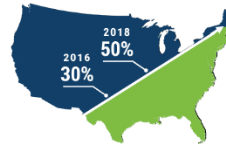
ONPOINT Health Data

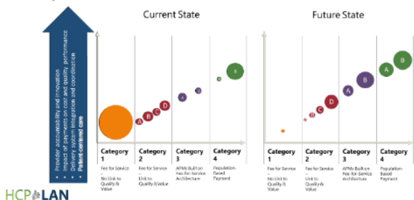
Total Resource Use Index



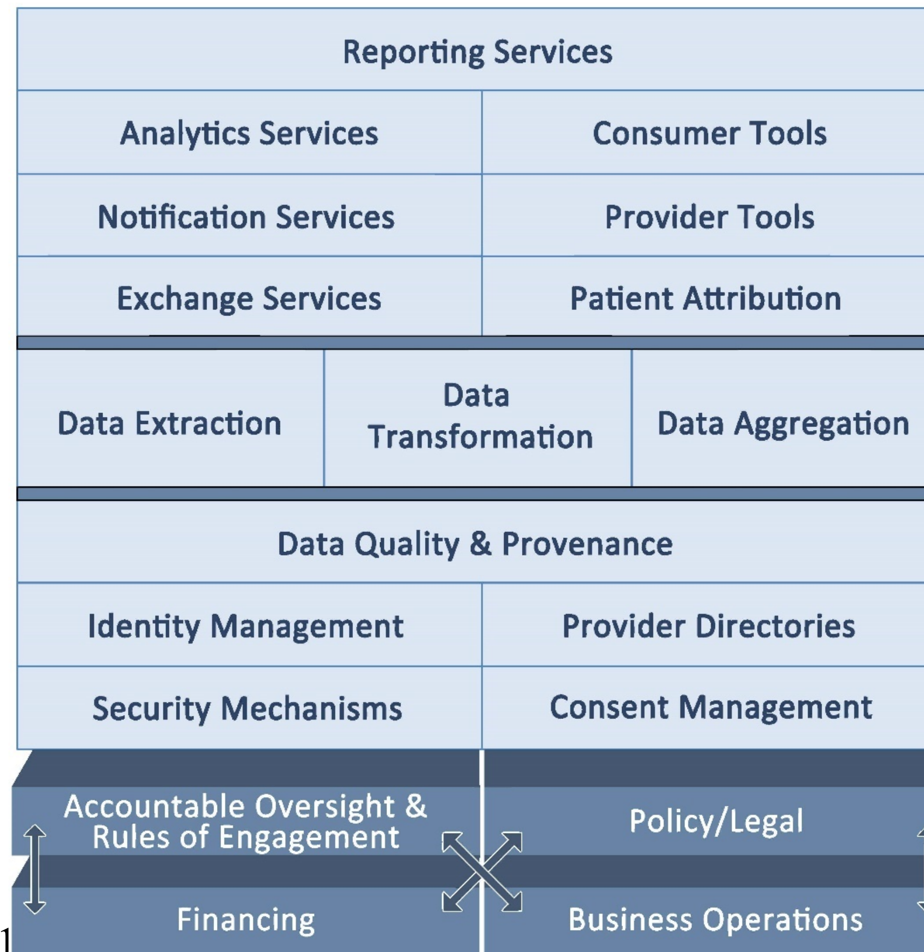
A 0.01 change in TRUI is associated with a $66.80 change in expenditures per person







Health IT Modular Functions for APM Data Infrastructure



Foundational Components

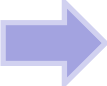
State Level Measurement Framework

Leadership Team

Include government and private sector stakeholders that have an interest in data sharing & quality measurement to guide a value based learning health system

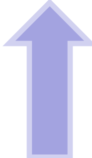
Data Infrastructure

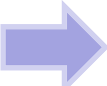
Data aggregation, quality, analytics, and reporting. Leverage state data systems.



Core Measures – Priority Outcomes

Limited Set – Priorities for population health & well being. Aligns system priorities and Alternative Payment Model incentive structure. Consistent across system





Driver Measures – Quality & Process

Standardized Library – Select subset to drive priority outcome. Selection may vary based on local needs and strategies used to improve core measure results.

States and the Data Infrastructure

- ***States have a vested interest to develop a data infrastructure*** that can be used to improve the health and well being of citizens, support APMs and delivery system reforms, and improve control of healthcare costs.
- ***States can function as a neutral convener***, and work across provider organizations, payers, and stakeholders to support public interests, including development of a data infrastructure as a utility.
- ***States are uniquely positioned to use matching federal dollars*** to develop a data infrastructure that supports the full continuum of providers.
- ***States maintain unique data systems*** with social, economic, and other risk factor data that could be used to fuel a more complete health system.
- ***States with APCDs have unique capabilities*** to link data that can be used for population health and a value based system.

Questions & Discussion