Vermont Hospital Quality Framework

Ali Johnson, Quality Improvement Specialist

March 23, 2022

Agenda

- Workgroup Purpose, Updates & Timeline
- Results Based Accountability Overview & Measure Criteria

  Jason Minor, Network Director Continuous Systems Improvement

  Jeffords Institute for Quality, UVM Health Network
- Vermont's All-Payer Model Performance Summary Dashboard

  Michele Degree, Health Policy Project Director

  Green Mountain Care Board
- Discussion
- Next Steps

WORKGROUP PURPOSE, UPDATES & TIMELINE

Purpose of Workgroup

- To design a framework of meaningful metrics that provides relevant information and accurately reflects the hospital system's quality of care within the healthcare reform environment in Vermont.

"Framework" Components

- Measurement domains
  - Subdomains
    - Measurement concepts
- Quality measures
  - Selection criteria
- Data sources
- Comparative way of displaying data
- Approach for assessing health equity

VPQHC
Vermont Program for Quality in Health Care, Inc.

Membership Updates

3 Individual Members

New Organizations Represented:

- Health Disparities and Cultural Competence Advisory Group
- Health Services Research & Policy, Johns Hopkins University

Government

Insurers

Hospitals & Providers

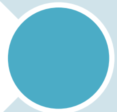
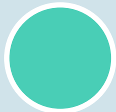
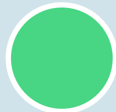
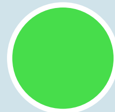
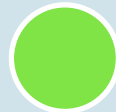
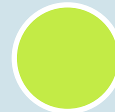
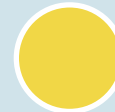
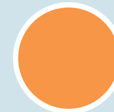
Education & Research

Consumers

Others

Timeline

2022

January
- Convene Workgroup ✓
- Establish Workgroup Charter ✓

February
- Recruit New Members ✓
- Orient to IOM's Six Domains of HC Quality ✓

March
- Inventory Current Measures ✓

April
- Review Survey Data ✓
- Propose Measures

May
- Evaluate Proposed Measures

June
- Finalize Proposed Measures
- Submit for Public Comment Review

July
- Draft Framework & Update Process
- Compile & Integrate Public Comments

August
- Submit Final Framework & Update Process to VDH-ORH

VPQHC
Vermont Program for Quality in Health Care, Inc.

Results Based Accountability & HANYS Report on Report Card Measure Overview

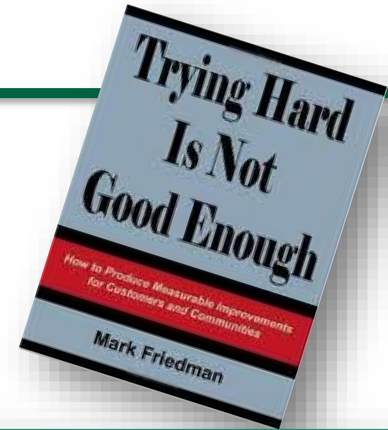
Hospital Quality Framework Workgroup

Jason Minor, MS, CHCQM, CLSSMBB, CMQ/OE, CPHQ, CPPS, PMP
Network Director Continuous Systems Improvement
Jeffords Institute for Quality

Presentation content based on Mark Friedman's Results Based Accountability (RBA) Model

HANYS Report on Report Cards

Today's Objectives

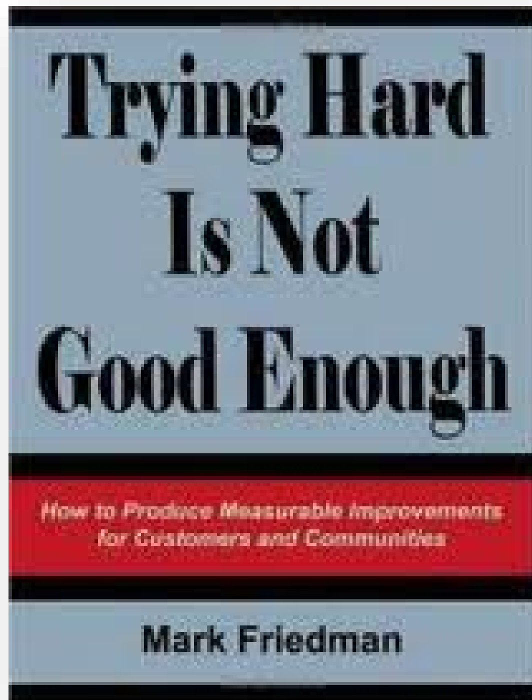


1. Provide basic overview of Results Based Accountability (RBA) and Mark Friedman's book *Trying Hard is Not Good Enough*.

2. Provide an Overview of HANYS Report on Report Cards and Measures that Matter

Results Base Accountability

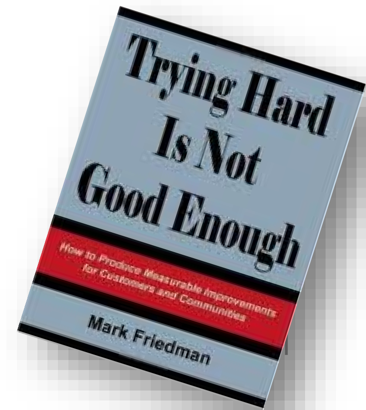
Mark Friedman



Results Base Accountability (RBA)
Mark Friedman

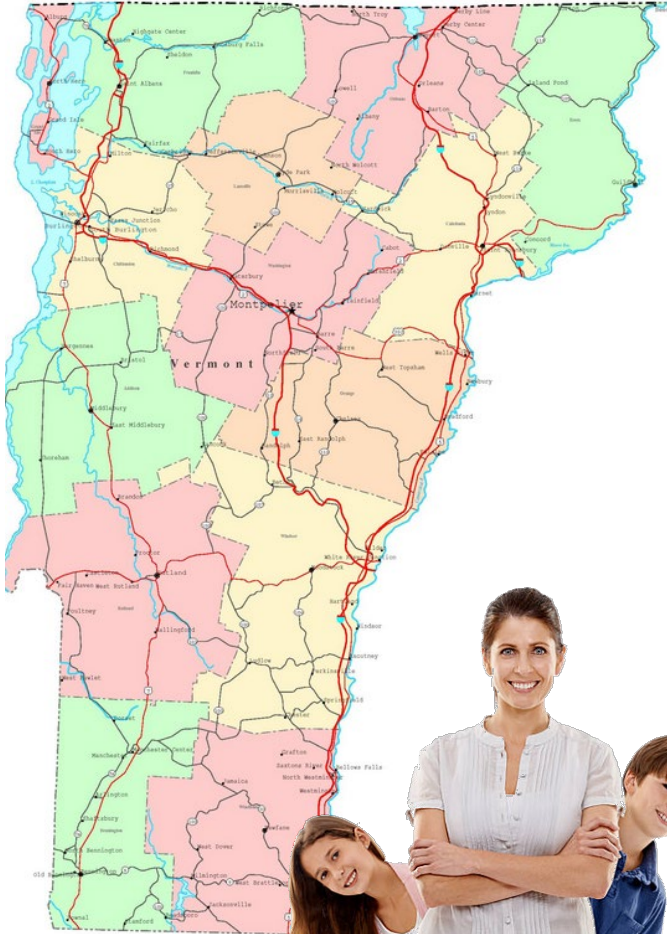
Elevator Speech
"RBA is a disciplined way of thinking and acting to improve entrench and complex social problems." *ClearImpact.com*

Used in all 50 States and more than a dozen countries.



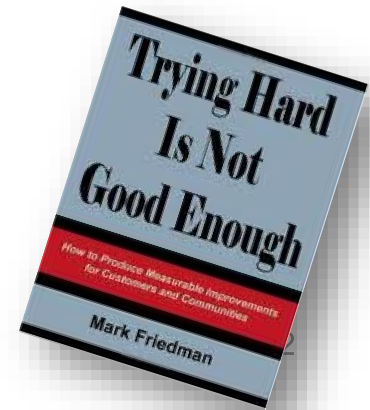
Vermont Public Health Quality Model

Results Based Accountability



Act 186

"This act is necessary for the General Assembly to **obtain data-based information to know how well State government is working to achieve population-level outcomes** the General Assembly sets for Vermont's quality of life, and will assist the General Assembly in determining **how best to invest taxpayer dollars.**"



Vermont Public Health Quality Model

Vermont Population-Level Indicators

OUTCOMES REPORT ("Act 186")

THE STATEWIDE OUTCOMES REPORT WAS ESTABLISHED UNDER 3 V.S.A. SEC. 2311 (2014 ACT 186).

[Note: Slide the blue scroll bar to the right to display all content.]

OUTCOME 1
VERMONT HAS A PROSPEROUS ECONOMY

OUTCOME 2
VERMONTERS ARE HEALTHY

OUTCOME 3
VERMONT'S ENVIRONMENT IS CLEAN AND SUSTAINABLE

OUTCOME 4
VERMONT IS A SAFE PLACE TO LIVE

OUTCOME 5
VERMONT'S FAMILIES ARE SAFE, NURTURING, STABLE, AND SUPPORTED

OUTCOME 6
VERMONT'S CHILDREN AND YOUNG PEOPLE ACHIEVE THEIR POTENTIAL

OUTCOME 7
VERMONT'S ELDERS LIVE WITH DIGNITY AND IN SETTINGS THEY PREFER

OUTCOME 8
VERMONTERS WITH DISABILITIES LIVE WITH DIGNITY AND IN SETTINGS THEY PREFER

OUTCOME 9
VERMONT HAS OPEN, EFFECTIVE, AND INCLUSIVE GOVERNMENT

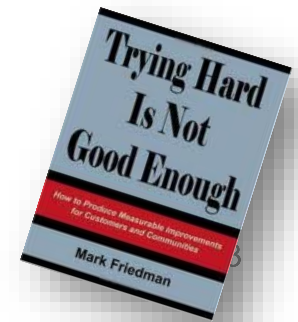
OUTCOME 10
VERMONT'S STATE INFRASTRUCTURE MEETS THE NEEDS OF VERMONTERS, THE ECONOMY, AND THE ENVIRONMENT

Vermont Population Indicators (2014 Act 186)

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
4. Vermont is a safe place to live.
5. Vermont's families are safe, nurturing, stable, and supported.
6. Vermont's children and young people achieve their potential.
7. Vermont's elders live with dignity and in settings they prefer.
8. Vermonters with disabilities live with dignity and in settings they prefer.
9. Vermont has open, effective, and inclusive government.
10. Vermont's state infrastructure meets the needs of Vermonters, the economy, and the environment.

Source Link to Clear Impact Outcomes Report

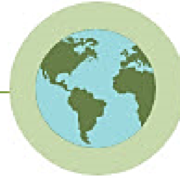
Chief Performance Office | Agency of Administration (vermont.gov)



Results Base Accountability (RBA)

Mark Friedman

Whole Population



Population Accountability

The well-being of Whole Populations

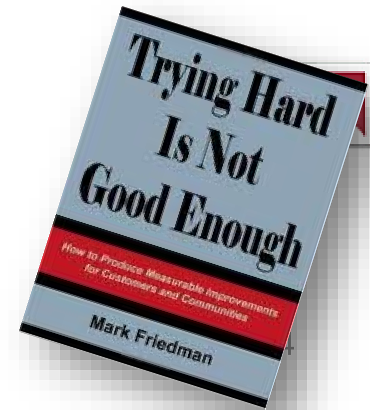
Communities, Cities, Counties, States, Nations

Performance Accountability

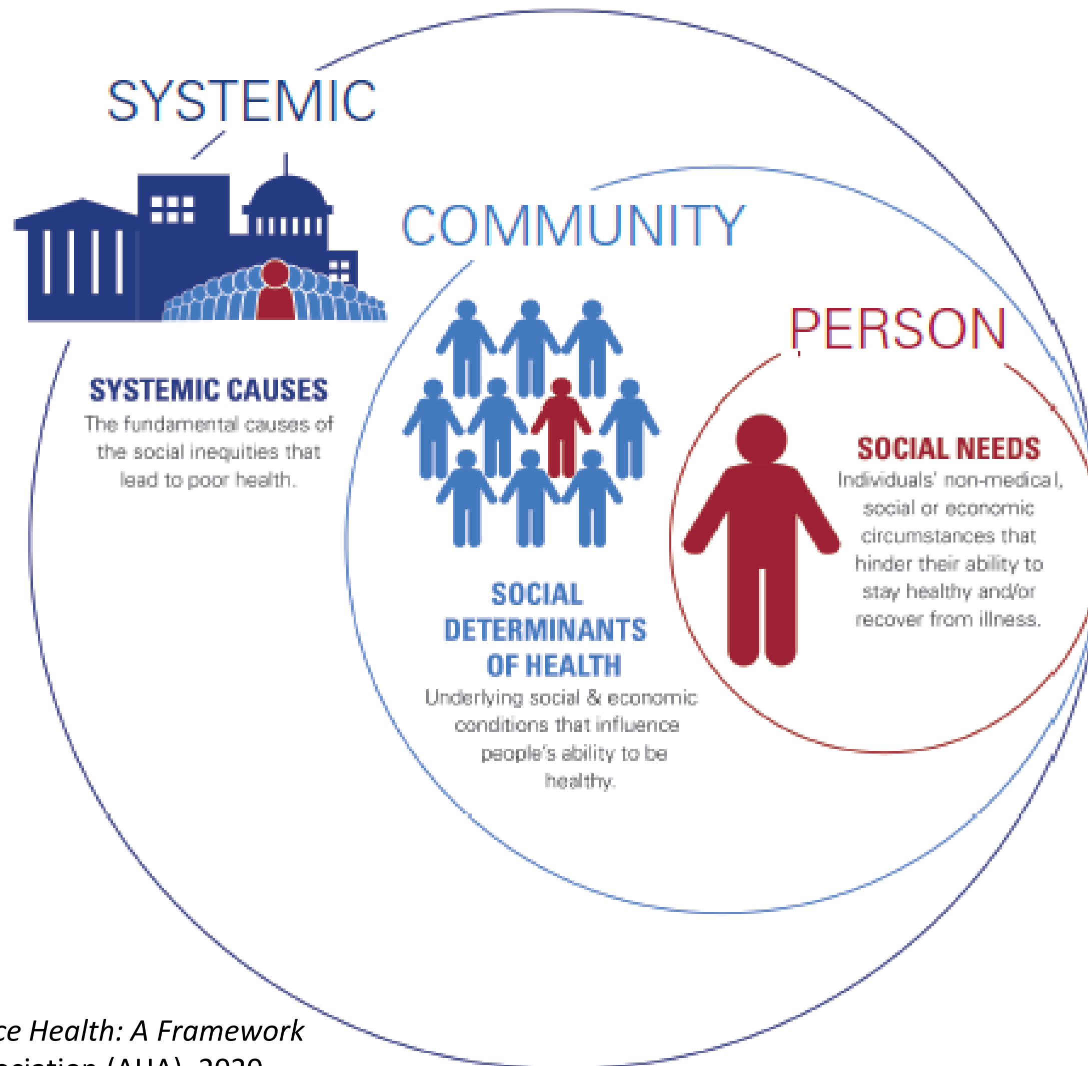
The well-being of Client Populations

Programs, Organizations, Agencies, Service Systems

Consumers, clients, patients, families served by various organizations many with overlapping spheres of care or influence.

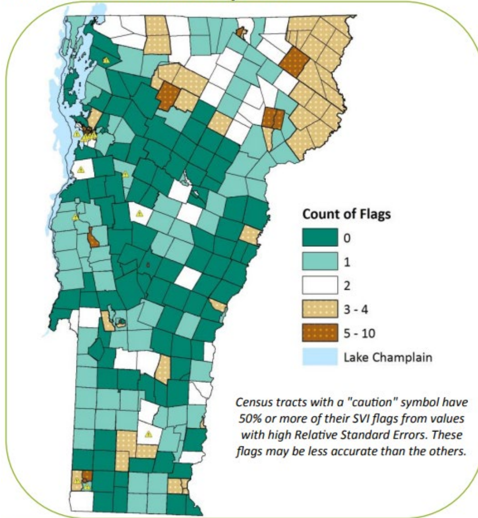


American Hospital Association (AHA) Guidance

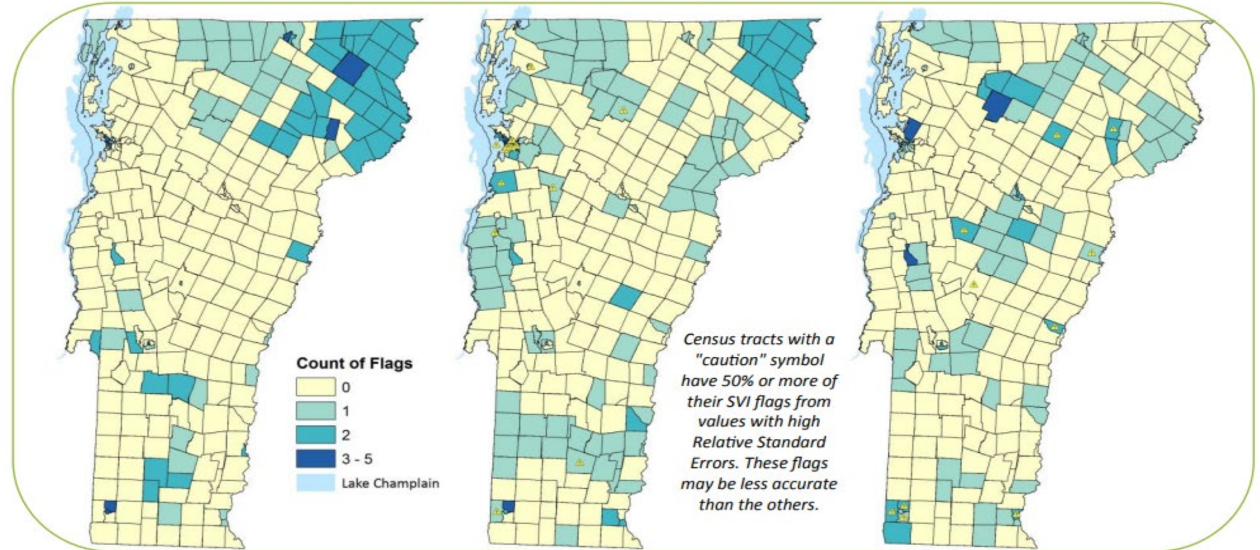


Source: *Societal Factors that Influence Health: A Framework for Hospitals*, American Hospital Association (AHA), 2020

Population Level: VDH Social Vulnerability Index



Data Source:
American Community Survey, United States Census Bureau (2015, 5-year Estimates)



Socioeconomic Vulnerability Measures:

1. **Poverty -** population living below Federal poverty level
2. **Unemployment -** age 16 and over seeking work
3. **Per capita income -** (2013 inflation-adjusted $)
4. **Education** - age 25+ without a high school diploma
5. **Health insurance** - age less than 65 without insurance

Demographic Vulnerability Measures:

6. **Children** - population age less than 18
7. **Elderly** - population age 65 and over
8. **Disability** - age 5 or more with a disability
9. **Single parent** - percent of households with children
10. **Minority** - Hispanic or non-white race
11. **Limited English** - age 5 and over who speak English less than "Well"

Housing/Transportation Vulnerability Measures:

12. **Large apt. bldgs**. - 10 or more housing units per building
13. **Mobile homes** - percent of housing units
14. **Crowding** - housing units with more than one person per room
15. **No vehicle** - households with no vehicle available
16. **Group quarters** - population living in group quarters

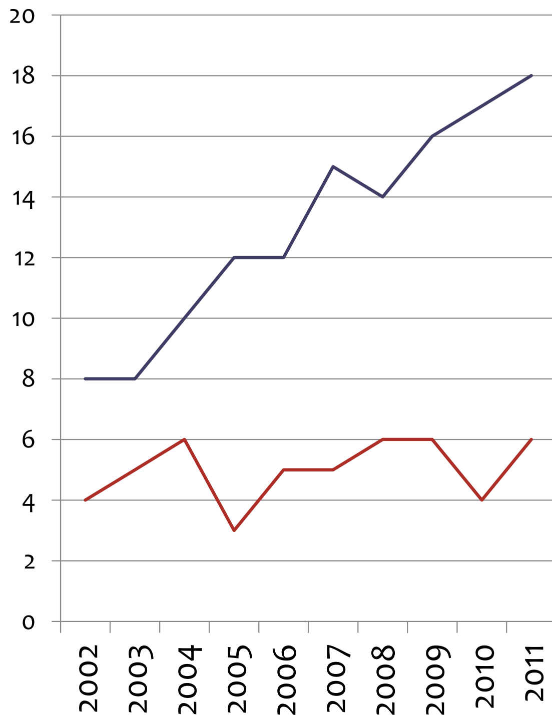
Social Vulnerability Index: A User's Guide—Page 2

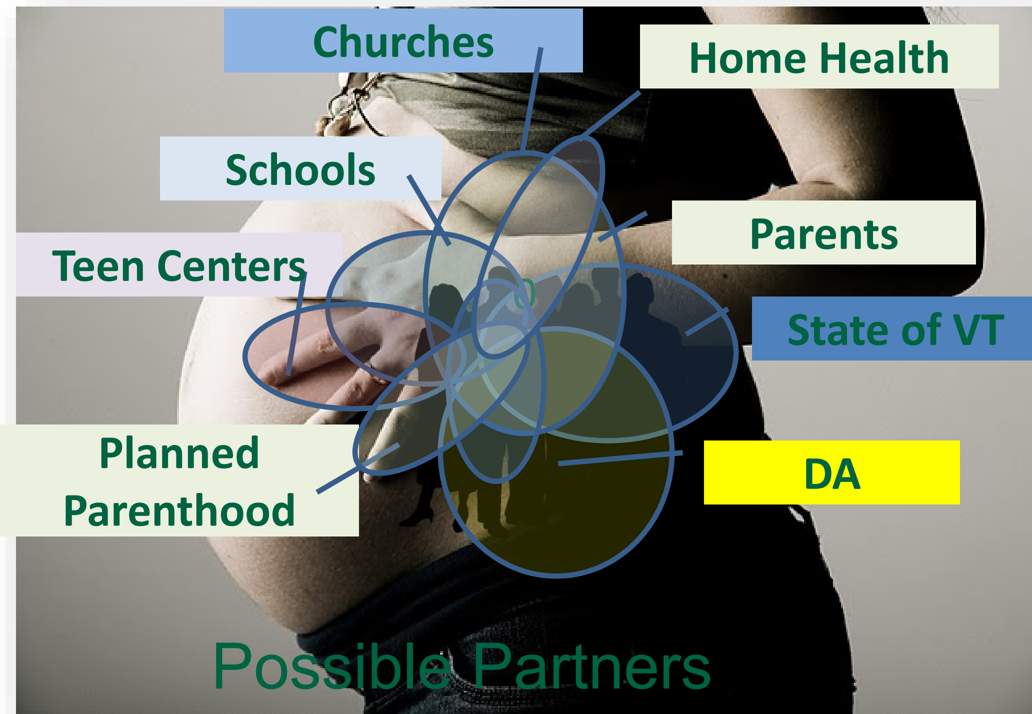
VERMONT DEPARTMENT OF HEALTH

Source: *VDH* [Vermont Social Vulnerability Index (SVI) (arcgis.com)]

Population Accountability

A group of partners take on the wellbeing of a population.





Who are the community partners involved in this problem?

Schools, PCPs, Teen Centers, Home Health, Parents, DCF, Big Brother Big Sister Mentoring, Planned Parenthood, Churches, Civic Organizations, State of Vermont, YMCA and more!

Program Accountability

Managers take responsibility for a program

Program: Preventing Unwanted Teen Pregnancy Taskforce

Who do we serve?: Pregnant teens age 13 to 19.
What do we do? Provide community support, health education and employment supports to avoid second pregnancies.

How much did we do?

- 17 Pregnant teens served, # - 66 hours of GED training
- 23 health trainings conducted, # 9 job placements.

How well did we do?

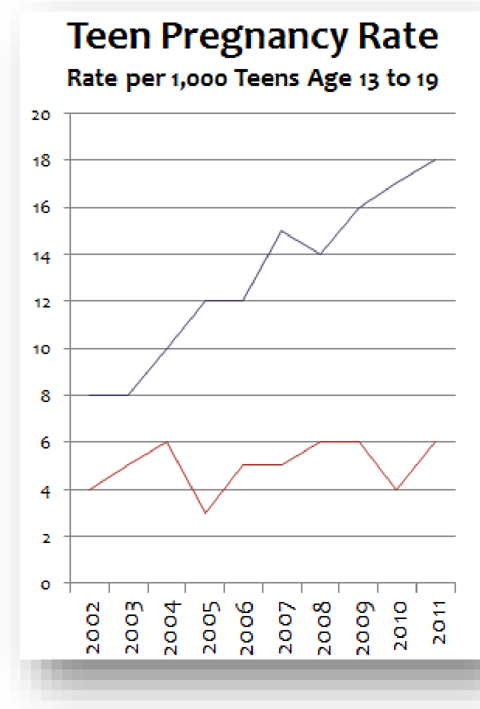
% Pregnant teens who finish program, % girls GED trained, % girls receiving health training, % girls with jobs Also: best practices employed, collaborations, partnerships

Is anyone better off?

Performance Measure 1: 70% of pregnant teens did not become pregnant a second time. **(Change in Behavior)**

Performance Measure 2: 90% of program participants received a high school diploma and/or take college course. **(Improved Skills/Knowledge)**

Performance Measure 3: 30% of participants gained employment during the program. **(Change in Status)**

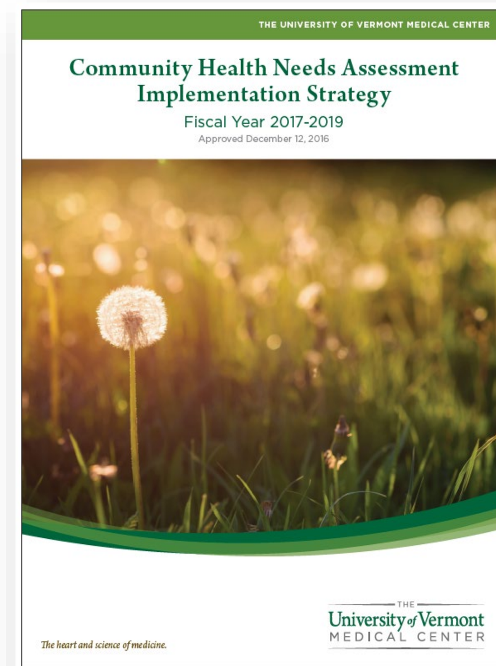


Story behind the Numbers What impacts the data, OUTCOME or performance measure. Consider the impact of community partners.
Improvement Plan What efforts are you making to get better?

Community Health Needs Assessment

Required Under Patient Protection & Affordable Care Act

- Community health needs assessments (CHNA) and implementation strategies are newly required of tax-exempt hospitals as a result of the **Patient Protection and Affordable Care Act**.
- These assessments and strategies create an important opportunity to improve the health of communities. They ensure that **hospitals have the information they need to provide community benefits** that meet the needs of their communities.
- They also provide an opportunity to **improve coordination of hospital community benefits** with other efforts to improve community health.
- By statute, the CHNAs must take into account input from "**persons who represent the broad interests of the community served** by the hospital facility, including those with special knowledge of or expertise in public health."



Source: Astho, a national nonprofite representing publich health agencies in US
http://www.astho.org/Programs/Access/Community-Health-Needs-Assessments/

Results Base Accountability (RBA)

Mark Friedman

Population Accountability
The well-being of Whole Populations
Communities, Cities, Counties, States, Nations

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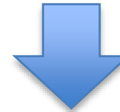
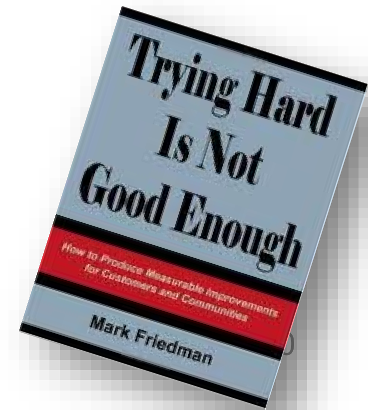
Programs, Organizations, Agencies, Service Systems

Population Level Problem: Lack of affordable housing in Vermont

Program Level Effort: Improve housing options for low income Vermonters



Accountable People/Teams: Defined Measures



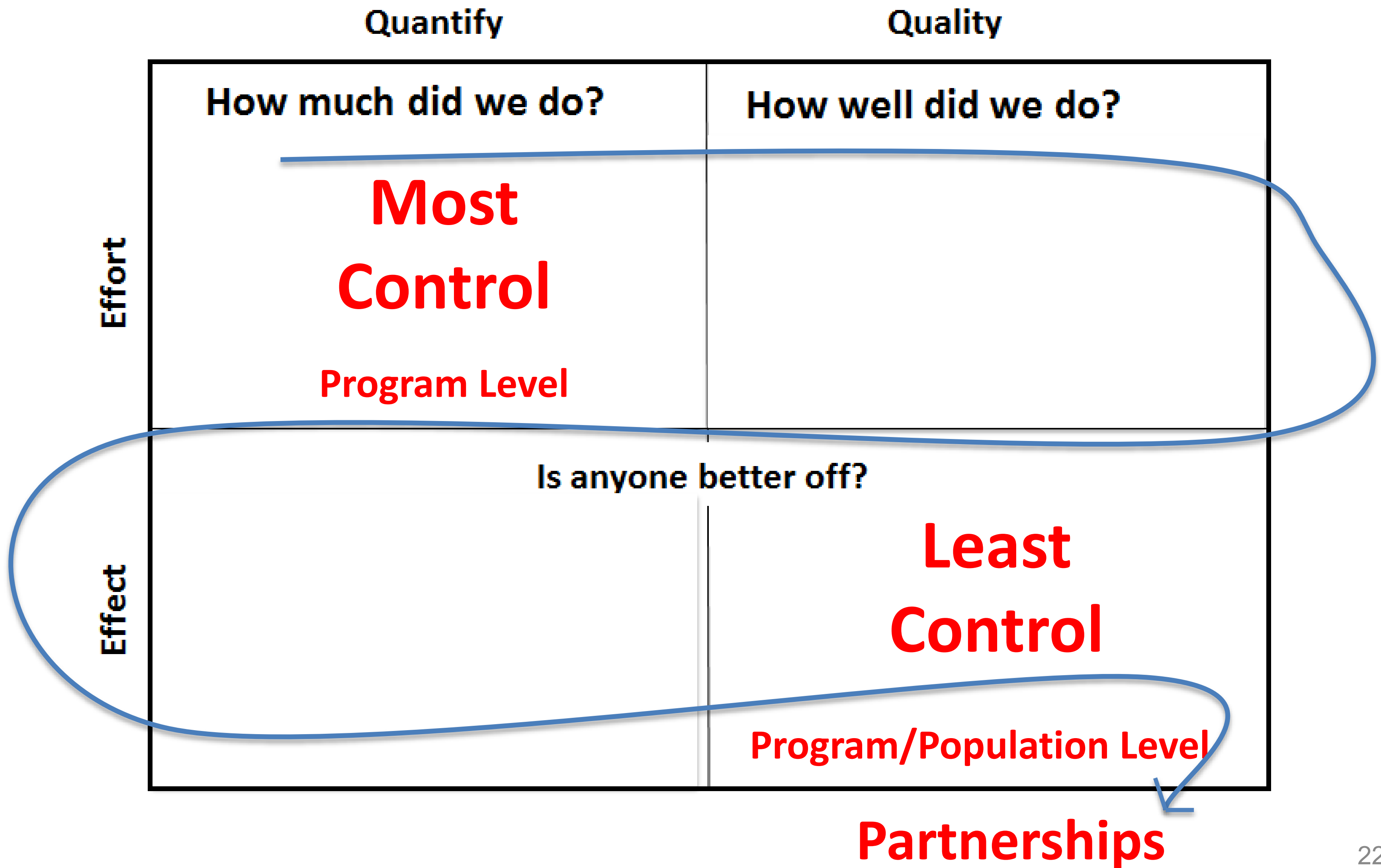
Results Base Accountability (RBA)

Four Quadrant

	Quantify	Quality
Effort	**How much did we do?** **# Person Served** **# Primary Activities** **# Resources**	**How well did we do?** **% Common Measures** (Workload ratio, team efficiency, team turnover rate, team morale, percent of team training, safety,) **% Activity-specific measure** (Percent of actions timely, correct, percent actions meeting standards)
Effect	**Is anyone better off?** **# # # #** **Point in time vs. Two-point comparison measures.**	**% Skill Knowledge** **% Attitude / Opinion** **%Behavior** **% Change is status / circumstance**

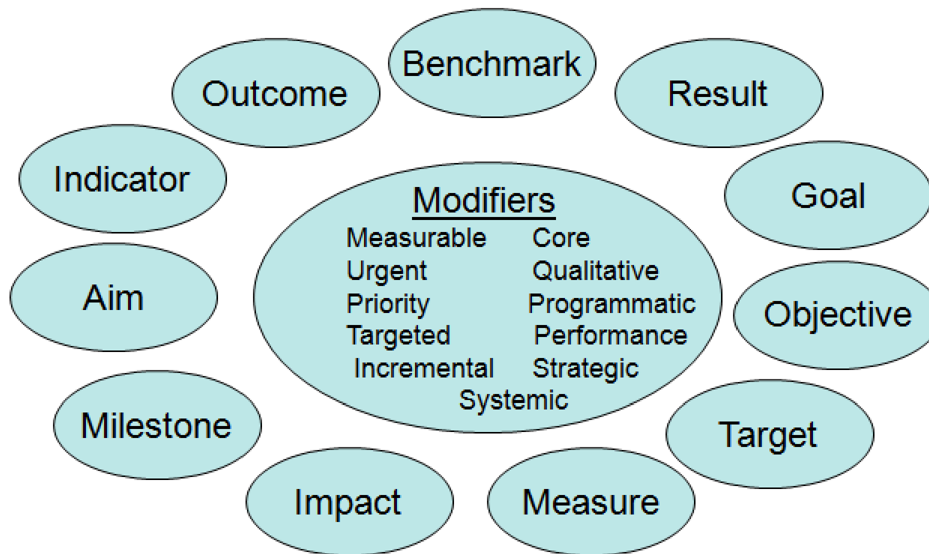
Results Base Accountability (RBA)

Four Quadrant



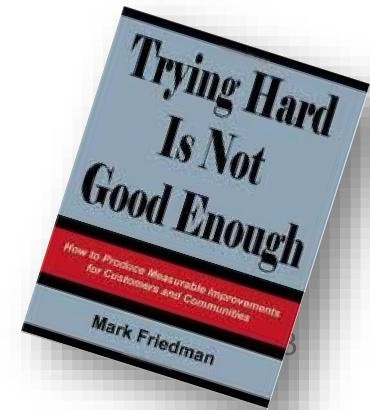
Results Base Accountability (RBA)

Plain Language



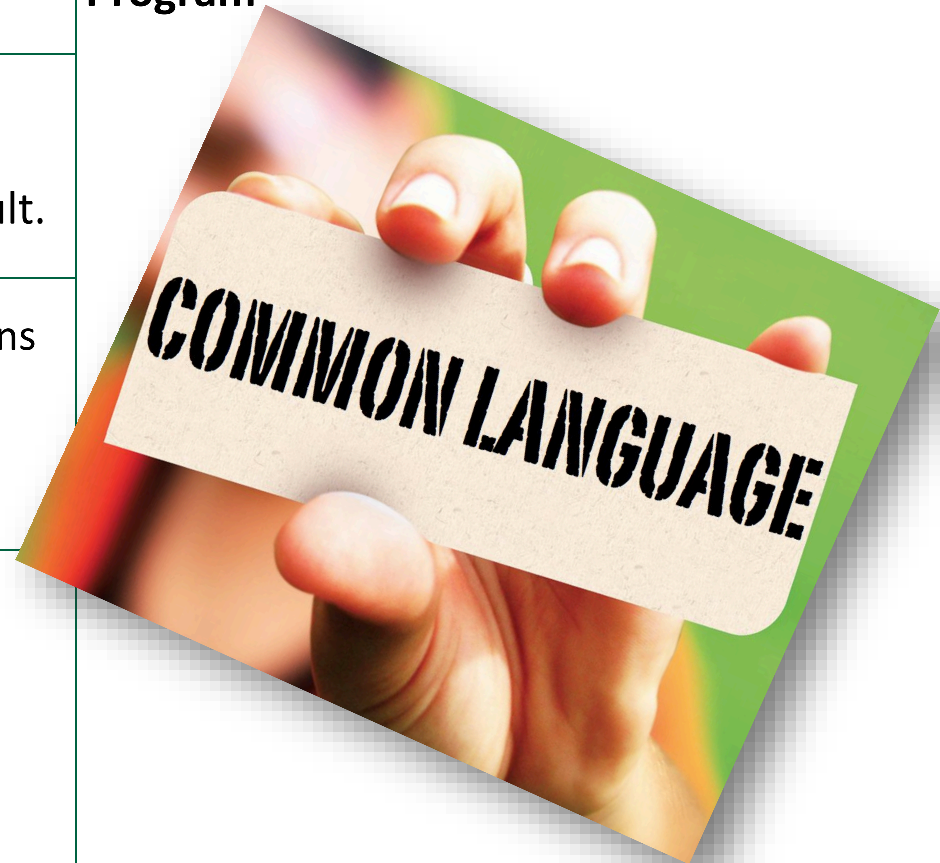
Plain Language Please!

The RBA model is based on simply plain language everyone can understand.



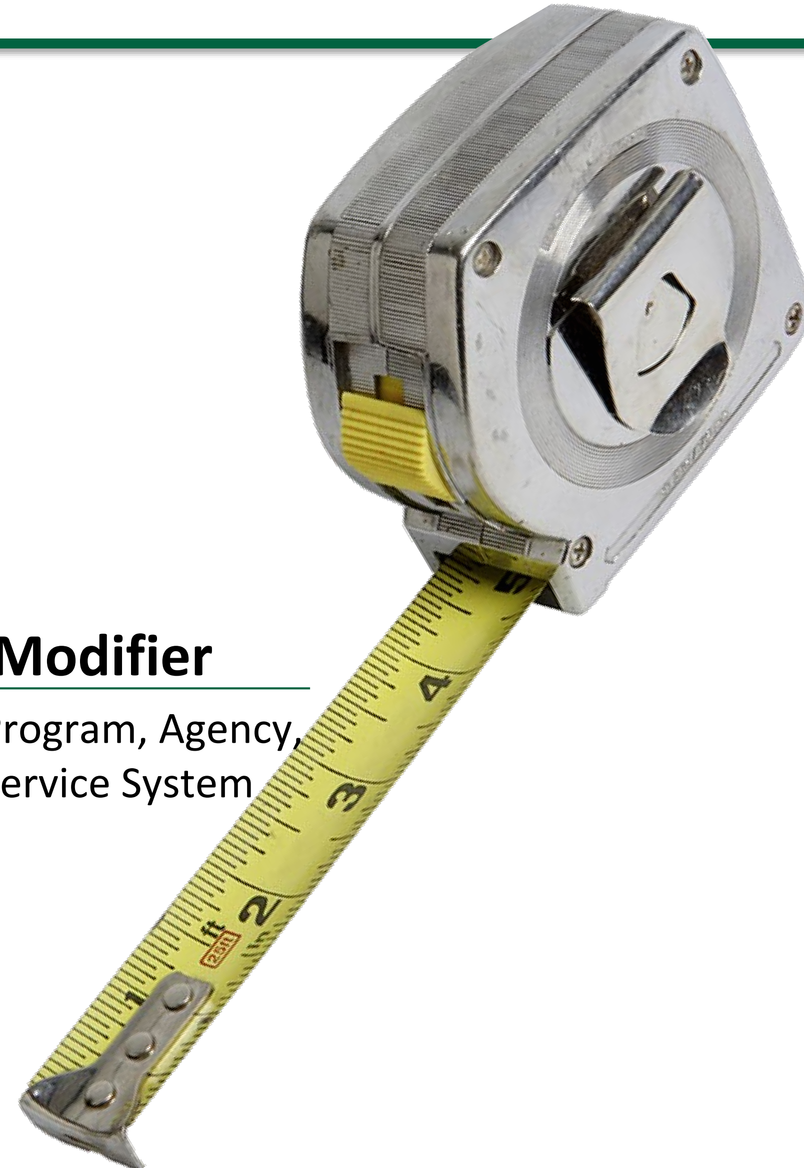
Common Language
(RBA)

Common Label	Framework Idea	Modifier
Outcome, Result, Vision, Goal	A condition of well-being.	**Population, Program**
Benchmark, Baseline, Indicator, (Objective)	A measure that helps quantify the achievement of a result.	
Strategy, What Works, Options	A coherent set of actions that has a reasoned chance of working to improve results.	
Performance Measure, Performance Indicator	A measure of how well a program, agency or service system is working.	



Common Language
(RBA)

		Modifier
How much did we do? Input, Output, Resources, Process Measure	Measures of the quantity or amount of effort how much service was delivered.	
How well did we do? Efficiency Measure, Process Measure, Customer Satisfaction	A measure of the efficiency of effort, how well the service delivery and support functions were performed.	
Is anyone better off? Effectiveness measures, Customer result, Customer outcome, Outcome	A measure of the quantity and quality of effect on customers' lives.	Program, Agency, Service System
Story Behind the Numbers	An explanation of other influences.	
Improvement Plan	A plan for getting better.	



RBA Measurement Language Comparison

Process/Performance Measures	Outcome Measures	Balancing Measures
↓ **Measures of efficiency** Measure of "How Well" ↓ Ex: Time, Rate, Index	↓ **Measures of effectiveness** A result, a measure of if "Anyone Is Better Off" ↓ Ex: Wellbeing, Impact on Others/Patients/Payers/Etc.	↓ **Measures of impact on other processes in a system** ↓ Ex: Unintended consequences of an action. Looking at a change from a different angle.
↓ Performance HF Patients are seen by Home Health within 2 days of IP D/C. →	↓ Result/Outcome HF PTs experienced fewer complications as a result of being seen within 2 days of D/C. ←→	↓ Unintended Changes Hospital to home PTs (other than HF PTs) see an increase in wait time to be seen by HH an additional 1.2 days after the implementation of HF initiative. (***Balloon Effect***-*Pressure applied in one area pushes air into another area.*)

Structural Measures (AHRQ)

Measures of Ability/ Enablers of Improvement

Systems/capacity related, i.e., ratio of providers to patients, # board certified MDs, use of EHR

HANYS Report on Report Cards

Important Quality Measure Attributes

Who is HANYS

HANYS is **the statewide voice of New York's hospitals and health systems**, advocating to ensure that every New Yorker has access to affordable, high-quality care. HANYS is proud to represent hospitals, health systems, nursing homes, home care agencies, clinics and other healthcare providers across the state.

Source: The Health Care Association of New York State

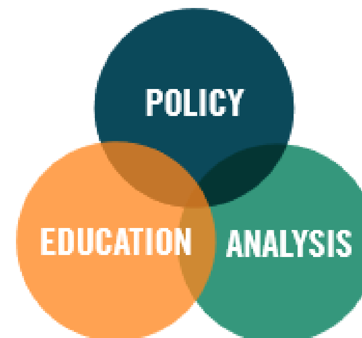
Our members

More than 19 million New Yorkers are served by HANYS' nonprofit and public member organizations:

Membership-driven

HANYS values close member partnerships to ensure that our policy agenda and activities reflect the needs of our members. HANYS collaborates and engages with our member executives and staff through committees, task forces, one-on-one member site visits and customized presentations covering a wide variety of health finance, quality, governmental affairs and regulatory priority issues.

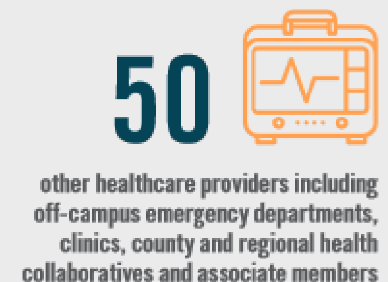
Our expert staff, data resources, grassroots advocacy, extensive clinical and operational experience and political acumen enable us to positively influence the outcome of important health policy debates in Albany and Washington. We are constantly working to provide the resources and guidance our members need to lead their organizations.



hospitals and healthcare systems

nursing homes

home care agencies, hospices, adult day programs and other continuing care providers



other healthcare providers including off-campus emergency departments, clinics, county and regional health collaboratives and associate members

HANYS What's New

What's New In the 2019 Report on Report Cards

- insufficient efforts to reduce "measure madness";
- limitations of electronic health records;
- the challenge of electronic clinical quality measures;
- proliferation of social media ratings;
- the composite craze;
- measuring quality across the continuum;
- managing population health;
- commercial payer quality incentives; and
- scarce data for the broader population.

Source: HANYS REPORT ON REPORT CARDS | NOVEMBER 2019 | c 2019 Healthcare Association of New York

HANYS Future State

Focus on *Measures that Matter*

- Measures will reflect "clinical reality" by accurately measuring the intended target and be actionable by providers who can use the data to implement evidence-based practices to improve care.
- The number of reported measures required of providers by payers (government and commercial) and other entities will be consistent, align with one another using standardized definitions and represent only the most important health priorities.
- The data acquisition and reporting process will "no longer [distract] from the process of care nor [require] extra effort"45 and will be embedded seamlessly in integrated, interoperable EHRs, allowing for more comprehensive measurement.
- Providers will focus their quality and patient safety efforts on their most serious safety concerns and prioritize time and resources to improve care with a goal of zero harm.

Source: HANYS REPORT ON REPORT CARDS | NOVEMBER 2019 | c 2019 Healthcare Association of New York

HANYS Criteria

1. TRANSPARENT METHODOLOGY

The complete methodology is available, enabling hospitals to replicate the results and analyze the data. The methodology also clarifies the circumstances under which hospitals are excluded from the report card. Report cards that are generated from proprietary blinded calculations, commonly known as "black box" methodologies, limit the degree to which hospitals or others can use the information or ensure that it is a fair representation of practices. The methodology should also clarify the circumstances under which hospitals are excluded from the report card.

2. EVIDENCE-BASED MEASURES

Measures must be rooted in science and supported by peer-reviewed literature. Measures must be evidence-based and accurately reflect the quality of healthcare delivered.

3. MEASURE ALIGNMENT

The quality measures are endorsed by NQF and the Measure Application Partnership, and/or aligned with the Centers for Medicare and Medicaid Services (CMS) or other national government-based or accrediting organizations. Many report cards use measures that are not consistent or aligned with nationally-approved quality measures.

HANYS Criteria

4. APPROPRIATE DATA SOURCE

Evidence-based clinical data obtained through medical chart abstraction or from a national quality performance registry are used. The report is not based on administrative data. Administrative data are collected for billing purposes, rather than for the evaluation of performance, and have significant limitations. While administrative data are considered an inexpensive and easy-to-access alternative for certain outcome measures such as mortality, for which the coding patterns are relatively consistent across healthcare providers, other measures drawn from administrative data have significant limitations and are susceptible to variations in hospital or regional coding practices. HANYS is particularly concerned about measures that come from voluntarily reported survey data that have not undergone appropriate validity testing.

5. MOST CURRENT DATA

The data used to generate the report are no more than one year old from the release of the report. Unfortunately, the current state of the quality measurement infrastructure typically results in a one-year lag or more for the public release of data.

HANYS Criteria

6. RISK-ADJUSTED DATA

A statistical model is applied to the data that adjusts for significant differences in patient severity of illness, demographic status and other factors that impact patient outcomes. The risk adjustment must be transparent. HANYS urges report cards to incorporate an adjustment for socioeconomic factors. Research has demonstrated that these factors impact outcomes. It is essential to make every attempt to account statistically for the wide variation among populations served by hospitals.

7. DATA VALIDITY AND RELIABILITY

The data have undergone quality and integrity edits to correct for errors in the source fi le and eliminate outliers that can skew the data results. Hospitals with incomplete data should be eliminated from model building and reporting.

8. PROVIDER ENGAGEMENT

The report card organization allows hospitals to review the report prior to its release to correct potential errors. The report card organization also gathers
input from the provider community about how to improve the measures, identify unintended consequences and continuously improve the methodology.

HANYS Criteria

9. PROVIDER ENGAGEMENT

The report card organization allows hospitals to review the report prior to its release to correct potential errors. The report card organization also gathers input from the provider community about how to improve the measures, identify unintended consequences and continuously improve the methodology.

10. CONFLICT-FREE BUSINESS MODEL

The organization publishing the ratings does not stand to profit from the release of the ratings through the sale of subscriptions, marketing fees or consulting services.

11. REPRESENTATIVE POPULATION

The report card uses data from a representative population, rather than relying solely on Medicare data, which are more widely available but do not capture information about children and most adults under age 65. We urge states to make Medicaid and commercial data more widely available for the purposes of identifying best practices and driving quality improvement.

UVM Health Network

Applying the HANYS Model

Quality Reporting - Rating Agencies - Evaluation Matrix

Jeffords Institute for Quality

Evaluation Criteria Source Reference: *Hany's Report on Report Cards: Understanding Publically Reported Hospital Quality Measures,* October 2013
"Building on academic research and the recommendations of the National Priorities Partnership convened by the National Quality Forum (NQF), HANYS developed a set of guiding principles to which report cards should adhere. "

Key
2 = Fully Met Criteria (Or does not apply)
1 = Partially Met Criteria
0 = Does not meet Criteria

Jeffords Institute for Quality - Jason.Minor_Mike Nix -10/31/17 Updated

Review Criteria	Vizient Quality Leaderhip Award	Vizient Quality Leaderhip Award - Community Hospital	CMS Hospital Compare	Press Ganey "Guardian of Excellence Award *Risk Adj. Below doesn't apply	NYS DOH Hospital Acquired Infection Report	NYS DOH Hospital Acquired Profile Report	The Joint Commission Quality Check	Niagara Health Quality Coalition NYS Hospital Rpt Card	Truven health Analytics 100 Top Hospitals	Consumer Reports	Health-grades	Leapfrong Hospital Safety Score	CareChex	iVantage Award	U.S. News & World Report	Becker's Hospital Review
1 **TRANSPARENT METHODOLOGY** The complete methodology is available, enabling hospitals to replicate the results and analyze the data. Report cards that are generated from proprietary blinded calculations, commonly known as "black boF" methodologies, limit the degree to which hospitals or others can use the information or ensure that it is a fair representation of practices. The methodology should also clarify the circumstances under which hospitals are eFcluded from the report card.	2	2	2	2	1	2	2	2	2	2	1	2	2	2	1	0
2 **EVIDENCE-BASED MEASURES** Report cards use a combination of structure, process, and outcome measures. The measures must be rooted in science and supported by peer-reviewed literature. Measures must be evidence-based and accurately reflect the quality of health care delivered.	2	2	2	2	2	2										0
3 **MEASURE ALIGNMENT** The quality measures are endorsed by NQF and the Measure Application Partnership, and/or aligned with the Centers for Medicare and Medicaid Services (CMS) or other national government-based or accrediting organizations. Many report cards use measures that are not consistent or aligned with nationally-approved quality measures.	2	2	2	2	2	1										1
4 **APPROPRIATE DATA SOURCE** Evidence-based clinical data obtained through medical chart abstraction or from a national quality performance registry are used, and it is not based on administrative data.	2	2	2	2	2	2	1	1	1	1	1	0	2	0	1	1
5 **MOST CURRENT DATA** The data used to generate the report are no more than one year old from the release of the report publication. Unfortunately, the current state of the quality measurement infrastructure typically results in at least a one-year, and often a two-year lag, for the public release of data.	2	2	2	2	2	2	2	1	1	1	1	1	0	1	1	0
6 **RISK-ADJUSTED DATA** A statistical model is applied to the data that adjusts for significant differences in patient illness severity, demographic factors, and other factors that impact patient outcomes. The risk adjustment must be transparent. While it is not a current widespread practice, HANYS urges report cards to incorporate an adjustment for socio-economic factors. Research has demonstrated that these factors impact outcomes. It is essential to make every attempt to account statistically for the wide variation among populations served	2	2	2	2	2	2	2	2	2	2	2	1	2	1	1	1
7 **DATA QUALITY** The data have undergone quality and integrity edits to correct for errors in the source file and eliminate outliers that can skew the data results. Hospitals with incomplete data should be eliminated from model building and reporting.	2	2	2	2	2	2	2	1	2	2	2	2	1	2	2	0
8 **CONSISTENT DATA** Comparative data points are gathered from the same sources and timeframes. Some report cards incorrectly compare data from sources with different populations and different reporting periods to generate a composite score or ranking.	2	2	2	2	2	2	1	1	1	0	2	1	0	0	1	0
9 **HOSPITAL PREVIEW** The report card organization allows hospitals to review the report prior to its release to correct potential	2	2	2	2	2	2	2	2	0	0	1	2	0	0	0	0
10 **PAY TO PLAY** Report Card requires you to pay to score higher or get specific results.	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	0
11 **OTHER HOSPITALS - Validate/Support Results** Other hospitals participate and accept results as an accurate reflection of quality for consumers.	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	0
Total	22	22	22	22	21	21	20	17	14	13	13	13	13	12	10	3

Key
2 = Fully Met Criteria (Or does not apply)
1 = Partially Met Criteria
0 = Does not meet Criteria

Workgroup Consideration

Applying the HANYS Model

Workgroup Consideration

The 11 criteria are a great reference for the hospital measures selected to validate the quality of indicators selected.

Additional Discussions/Questions

VERMONT
GREEN MOUNTAIN CARE BOARD

APM Quality Framework Overview

March 24, 2022

Agenda

VERMONT
GREEN MOUNTAIN CARE BOARD

- Brief APM Overview
- Themes of current model
- How we report now
  - Annual quality report
- Future direction
  - CMMI models (REACH, etc.)

APM Overview

VERMONT
GREEN MOUNTAIN CARE BOARD

- 5-year (2018 – 2022) arrangement between Vermont and the federal government
  - 1 year extension proposal submitted December 2021
- Arrangement that allows Medicare to join Medicaid and commercial insurers to pay differently for health care
- Goals:
  - Increasing value for Vermonters
    - Shift away from FFS toward value-based payment
  - Ensuring engagement across the health care system
    - Vermont's APM was designed to change health care payment models, curb health care cost growth, maintain quality of care, and improve the health of Vermonters using ACOs as the vehicle
  - Measuring success through cost growth (TCOC), quality measurement, and payer and provider participation (Scale)

APM Quality Framework Overview

- 22 measures
  - Reported ACO or population-wide
  - Combination of HEDIS, CAHPS, BRFSS, claims/clinical ACO, and statewide overdose/suicide measures
- Overarching Population Health Goals:
  - Increase access to primary care
  - Reduce deaths due to suicide and drug overdose
  - Reduce prevalence and morbidity of chronic disease
- Statewide Health Outcomes and Quality of Care
  - 2018
  - 2019

2020 Draft Results

VERMONT
GREEN MOUNTAIN CARE BOARD

Table 3.2: Summary Results for Population-Level Health Outcomes Targets

Goal	Measure	Baseline	2022 Target	2018 (PY1)	2019 (PY2)	***Current***
Population-Level Health Outcomes Targets				*Rate*	*Rate*	***Rate***
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to drug Overdose (Statewide)[10]	123 (2017)	Reduce by 10% (111)	159	137[11]	***Proposed change – see Section 3.3: Discussion for update***
Reduce Deaths Related to Suicide and Drug Overdose	Deaths Related to Suicide (Statewide)[8]	17.2/100,000 (2016)	16 per 100k VT residents or 20th highest rate in US	18.8/100k[12] (2018)	15.3/100k (2019)	***18.1/100k (2020)***
Reduce Chronic Disease	COPD Prevalence (Statewide)	6% (2017)	Increase ≤1%	6%	7%	***6%***
Reduce Chronic Disease	Diabetes Prevalence (Statewide)	8% (2017)	Increase ≤1%	9%	9%	***8%***
Reduce Chronic Disease	Hypertension Prevalence (Statewide)	26% (2017)	Increase ≤1%	25%	26%	***25%***
Increase Access to Primary Care	Percentage of Adults with Personal Doctor or Care Provider (Statewide)	87% (2017)	89%	86%	86%	***85%***

2020 Draft Results

VERMONT
GREEN MOUNTAIN CARE BOARD

Table 3.3: Summary Results for Healthcare Delivery System Quality Targets

Goal	Measure	Baseline	2022 Target	2018 (PY1) Rate	2019 (PY2) Rate	*Current Rate*
Healthcare Delivery System Quality Targets						
Reduce Deaths Related to Suicide and Drug Overdose	Initiation of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	38.9% (2018)	40.8%	38.9%	40.1%	***39.4%***
Reduce Deaths Related to Suicide and Drug Overdose	Engagement of Alcohol and Other Drug Dependence Treatment (Multi-Payer ACO)	13.3% (2018)	14.6%	13.3%	17.1%	***18.6%***
Reduce Deaths Related to Suicide and Drug Overdose	30-Day Follow-Up After Discharge from ED for Mental Health (Multi-Payer ACO)	84.4% (2018)	60%	84.4%	89.8%	***78.1%***
Reduce Deaths Related to Suicide and Drug Overdose	30-Day Follow-Up After Discharge for Alcohol or Other Drug Dependence (Multi-Payer ACO)	28.2% (2018)	40%	28.2%	27.6%	***31.6%***
Reduce Deaths Related to Suicide and Drug Overdose	Growth Rate of Mental Health and Substance Abuse-Related ED Visits (Statewide)[13,14]	5.3% (2016 - 2017)	5%[15]	6% (2017-2018)	5% (2018 – 2019)	***-16% (2019 – 2020)***
Reduce Chronic Disease	Diabetes HbA1c Poor Control (Medicare ACO)	58.02% [16] (2018)	70th-80th percentile (national Medicare benchmark)	Measurement change – result available in 2018 report	13.49% (Medicare 80th percentile)	***13.65% (Medicare 80th Percentile)***
	Controlling High Blood Pressure (Medicare ACO)	68.12% (2018)	70th-80th percentile (national Medicare benchmark)	68.12% (Medicare 60th percentile)	71.46% (Medicare 70th Percentile)	***65.32% (Medicare 60th Percentile)***
	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (Medicare ACO) [17]	63.84% (2018)	70th-80th percentile (national Medicare benchmark)	63.84% (Medicare 30th percentile)	60.04% (Medicare 40th percentile)	***30.11% (Medicare 90th Percentile)***
Increase Access to Primary Care	ACO CAHPS Composite: Getting Timely Care, Appointments and Information (Medicare ACO)	84.62% (2018)	70th-80th percentile (national Medicare benchmark)	84.62% (Medicare 80th percentile)	82.48% (Medicare 80th Percentile)	***N/A Medicare CAHPS measures were not collected in 2020 due to PHE***

2020 Draft Results

VERMONT
GREEN MOUNTAIN CARE BOARD

Table 3.4: Summary Results for Process Milestones

Goal	Measure	Baseline	2022 Target	2018 (PY1) Rate	2019 (PY2) Rate	***Current* Rate**
Process Milestones						
Reduce Deaths Related to Suicide and Drug Overdose	Percentage of Vermont Providers Checking Prescription Drug Monitoring Program Before Prescribing Opioids (Statewide)	2.19 (2017)	1.80	3.10	4.33	***Proposed change – see Section 3.5: Discussion for update***
Reduce Deaths Related to Suicide and Drug Overdose	Adults Receiving Medication Assisted Treatment (MAT) (Statewide, Ages 18-64) Rate per 10,000 Vermonters	257 per 10,000 Vermonters (2018)	150 per 10,000 Vermonters (or up to rate of demand)	257 per 10,000	218 [18] per 10,000	***235[19] per 10,000***
Reduce Deaths Related to Suicide and Drug Overdose	Screening for Clinical Depression and Follow-Up Plan (Multi-Payer ACO)	50.23% (2018)	70th-80th percentile (national Medicare benchmark)	50.23% (Medicare 50th percentile)	54.47%[20] (Medicare 50th Percentile)	***48.62% (Percentile N/A)***
Reduce Chronic Disease	Tobacco Use Assessment and Cessation Intervention (Multi-Payer ACO)	70.56% (2018)	70th-80th percentile (national Medicare benchmark)	70.56%[21, 22]	84.94%[22] (Medicare 70-80th percentile)	***78.95% [22] (Medicare 70th - 80th Percentile)***
Reduce Chronic Disease	Asthma Medication Ratio: Percentage of Vermont Residents with an Asthma Medication Ratio of 0.50 or Greater (Multi-Payer ACO)	-	-	Measure change – see prior reports for corresponding PY results		***49.3%[23]***
Increase Access to Primary Care	Percentage of Medicaid Adolescents with Well-Care Visits (Statewide Medicaid)	-	-	Methodology change – see prior reports for corresponding PY results		***51.2%[24]***
Increase Access to Primary Care	Percentage of Medicaid Enrollees Aligned with ACO (Statewide Medicaid)[25]	31% (Jan 2018)	≤15 percentage points below alignment rate for Vermont Medicare beneficiaries	31%	58%	***92%***

Future Direction

VERMONT
GREEN MOUNTAIN CARE BOARD

- CMS is moving towards models with fewer overall quality measures and a focus on health equity

- GMCB to bring quality focus into areas of regulatory oversight:
  - Hospital budgets
  - ACO oversight
  - APM 2.0 negotiations

Vermont Hospital Quality Framework

Ali Johnson, Quality Improvement Specialist

March 23, 2022

Qualities of a Good Measure

- meets *Measures that Matter* criteria
- rural-relevant
- resistant to low case volume
- endorsed by National Quality Forum
- easy to collect/already collected
- understandable
- meets needs of various audiences

Qualities of a Good Dashboard

- easy to find
- easy to use
- good explanations and contextual
- displays observed vs. expected values (based on historical data)
- fewer than 20 measures

“Future Considerations” from Feb. Mtg.:

- What makes a portal easy to find? Easy to use?
- How do consumers use the information to make choices?
- Should there be an anonymous feature in comparison mode? Or should all hospitals be identified when being compared?
- How can issues, such as billing quality, be incorporated into the framework, even though there are no established measures yet?
- Can portal use be enhanced through periodic best practice sharing, e.g., Quality Directors and Care Management Directors Networks?

VPQHC
Vermont Program for Quality in Health Care, Inc.

FINAL THOUGHTS/QUESTIONS?

Document Location

https://www.vpqhc.org/vermont-hospital-quality-framework

Vermont Hospital Quality Framework

QUALITY FRAMEWORK OVERVIEW

QUALITY FRAMEWORK PORTAL

Overview

Purpose: To design a framework of meaningful metrics that provides relevant information and accurately reflects the hospital system's quality of care within the healthcare reform environment in Vermont.

Vision: Vermonters use a hospital quality framework that has meaningful, reliable, and representative metrics about Vermont's healthcare delivery system.

VPQHC hosts a password-protected portal for the sharing of materials here.

password:
framework123

January 2022 Agenda | Minutes | Presentation

February 2022 Agenda | Minutes | Presentation

Draft Workgroup Charter | Draft Logic Model

Workgroup Members

References

A Core Set of Rural Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the Measure Applications Partnership Rural Health Workgroup, National Quality Forum, August 31, 2018.

Agency of Human Services Scorecards

Building a Vermont Hospital Quality Framework, Vermont Program for Quality in Health Care, August 2021.

Delayed Medical Care, Vermont Department of Health, March 2015.

Next Steps

- Next Meeting
  - Wednesday, April 27, 2022, 9:00 a.m. – 11:00 a.m.
  - Hospital Report Cards

Acknowledgement

- Funded through the Rural Hospital Flexibility State Office of Rural Health grant from the Vermont Department of Health Office of Rural Health and Primary Care.

VPQHC
Vermont Program for Quality in Health Care, Inc.

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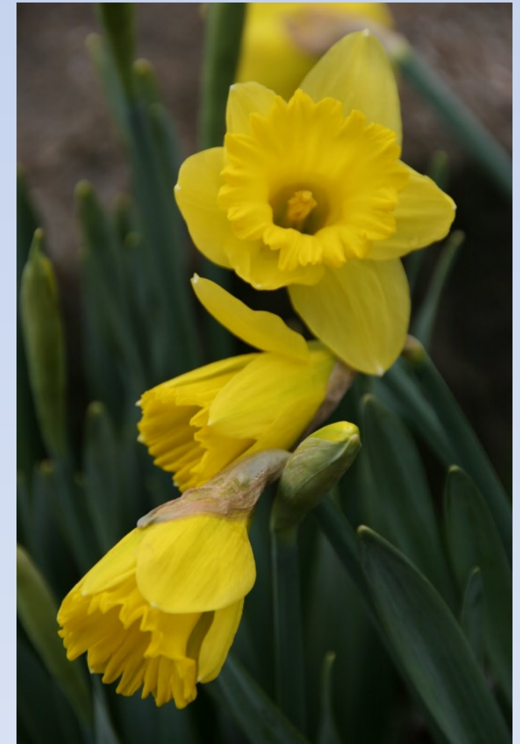

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