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Combined Meeting of The Blueprint Executive Committee and Blueprint Planning and Evaluation Committee

March 15, 2017

Attendees by phone: J. Andersson-Swayze; B. Bick; P. Biron; A. Buchanan; P. Clark; J. Dodge; T. Dolan; T. Dougherty; E. Emard; J. Evans; P. Farnham; J. Fels; K. Fitzgerald; C. Foulton; E. Fuller; K. Hein; L. Hendry; J. Hester; P. Jackson; K. Lange; P. Launer; J. Le; V. Loner; J. Lord; R. Lunge; E. McKenna; T. Moore; S. Narkewicz; S. Norris; J. Olson; J. Plavin; T. Reinertson; P. Reiss; J. Riffon; L. Ruggles; J. Samuelson; B. Tanzman; T. Tremblay; T. Voci; N. Walke; M. Young

The meeting opened at 8:30 a.m.

I. Opening Remarks and Announcements: Beth Tanzman

- Today's agenda and PowerPoint slide deck were distributed prior to this meeting.
- B. Tanzman announced two new Blueprint Assistant Directors, Nissa Walke and Mara Donohue. Nissa has a strong background in prevention and substance abuse and came to the team from the Vermont Department of Health. Mara has a strong policy background and will be joining us on March 20. Mary Kate Mohlman was tapped to be the Director of Health Care Reform under the Scott Administration and we are actively recruiting for the Health Services Researcher position.
- B. Tanzman stated at today's meeting, we will discuss the shared interest payment, take comments and feedback in regards to the Blueprint payment manual revisions, discuss a proposed performance measure change, and begin the conversation on changes the NCQA is making in the Patient Centered Medical Home recognition process.

II. Shared Interest Payment Model

- B. Tanzman shared *slide #4, Shared Interest Payment.* This is a potential innovation around complex care coordination. OneCare Vermont has been leading the design work. Blueprint and our ACO partners supports the development of this structure in our communities. Team Blueprint will leverage some of the data and analytics across agencies to better support a better payment stream.
- This model builds from what we learned in the Integrated Communities Care Management Learning Collaborative (ICCMLC) in the past two (2) years. Most

communities who have participated in this intensive learning collaborative have piloted approaches and tools to better manage patients with complex care needs.

- T. Moore stated this is a major project proposal to the Agency of Human Services (AHS) and needs to be concentrated on Medicaid Next Generation risk patients first. Can we do a larger scope with additional funding with the communities who will be moving into risk next year? Hoping to get some input from the committee today.
- V. Loner reported this is part of the transformation grant proposal and is being worked through the Vermont Care Organization (VCO) board, committees and members. V. Loner will share this proposal with this committee.
- J. Hester questioned what does the payment structure look like. V. Loner responded that the design currently envisions a payment for a lead care coordinator and a capacity payment. OneCare is proposing having a payment attached for the initial engagement and outreach, and a payment for the person who is the lead care coordinator.
- L. Ruggles responded the patient should be part of the process on identifying the lead care coordinator.
- J. Riffon questioned the basic PMPM payment. V. Loner responded what's the best way to provide the payments and have the support for the vulnerable population, regardless what practice you're in. We want to have the discussion with the communities.
- E. McKenna questioned if there are any responsibilities attached to the PMPM. V. Loner responded yes, commitment to the Medicaid program.
- J. Hester stated that clear accountabilities should be established for any organization receiving payments.
- P. Reiss stated our high cost patients/utilization need more social care and not more medical care. He responded the shared interest payment model may not be the most appropriate (over resourcing community partners in general).
- J. Olson responded there are a lot of opportunities to extend primary care and service coordination through the Visiting Nurse Association (VNA) and through collaboration.
- B. Tanzman thanked the committee for this rich discussion and stated the Blueprint and AHS are interested on how we can scale this work statewide and build on the existing infrastructure we have in place. We may test on some of the communities. We're still in the design phase.

III. Blueprint Manual Revisions (for Women's Health Initiative)

- J. Samuelson reviewed *slide #6, Payment Implementation Manual,* and summarized the Women's Health Initiative (WHI) and the three (3) payment streams.
- J. Samuelson stated we realized the manual language was very specific to women's health practices. This is a Medicaid only payment and hope other insurers will be joining us.
- B. Tanzman thanked those who have already provided feedback. We need final feedback by March 28, 2017.

IV. Performance Measure Change (HTN)

- B. Tanzman reviewed *slide #7, Performance Measure Change,* and questioned if there are any major concerns with making this major shift? There were no concerns from the committee.

V. NCQA Patient Centered Medical Home Recognition

- B. Tanzman opened the conversation around *slide #8, NCQA PCMH Recognition* that is used in the Blueprint program.
- B. Tanzman stated NCQA is starting a new set of process and to assess the impact of changes, we will be working with two (2) primary care boards (VCO and GMCB). We are also asking a group of quality improvement facilitators and practice office managers to have a similar conversation with NCQA and produce a crosswalk or comparison report to changes, relevant efforts. We would like this report before we reconvene at our next Executive Committee on May 17th.
- B. Tanzman questioned if there are any additional policy considerations we should be thinking of. Feedback included:
    - Key standards/principles are a great infrastructure for solidifying population health. These are the framework to do the big picture stuff.
    - Take a step back and ask what our goals are here in terms of primary care practices.
    - What do the payers (Medicaid or BCBS) want? What level of engagement do practices want?
    - Want to commend NCQA. We do not want to spend a lot of resources to reinvent the wheel.
    - Right now, we need a standardized recognition structure as there are a lot of practices within the VCO that are not affiliated with the Blueprint.
    - There are alternative approaches to credentialing or standards that can be used. Many tools can be brought to assess the practices.
- B. Tanzman responded we will continue our discussion on this topic at our next Executive meeting.

With no further time, the meeting adjourned at 10:03 am.

Executive Committee
Planning & Evaluation Committee

March 15, 2017

Agenda March 15, 2017

- Updates & Welcome
- Developing Guiding Principles of a Shared Interest Payment Model – Primary Care, Home Health, DA
- Blueprint Payment Implementation Manual Revisions (for Women's Health Initiative)
- Performance Measure Change (HTN)
- NCQA Patient Centered Medical Home Recognition

The Big Goal:

Integrated health system able to achieve the Triple Aim

- ✓ Improve patient experience of care
- ✓ Improve the health of populations
- ✓ Reduce per capita cost growth

VT All-Payer Model Agreement

Vermont's contract with CMS to enable ACO Based Reform

CMS provides payment flexibility and local control in exchange for meeting quality, financial, and scale targets and alignment across payers

Sets forth planning milestones for future integration

Global Commitment Medicaid Waiver

Vermont's contract for how Medicaid will be administered

Allows Medicaid to participate in APM and pursue delivery system reform

Investments to support innovation and integration under the APM Agreement

Shared Interest Payment Complex Care Coordination (potential innovation)

- Design Work Led by One Care and Members & Partners
- Builds from Integrated Communities Care Management Learning Collaborative
- Team Blueprint Support
- Catalyze Action & Collaboration between Primary Care and Community Partners (Home Health, Designated Agencies, Area Agencies on Aging)

BP Executive Committee Discussion & Design Principles

Payment Implementation Manual

Section 6.4: Women's Health Initiative (WHI) Payments

- Proposed: WHI One-Time Capacity Per-Member Payment (PMP) would cover not only patients attributed to validated WHI providers, but also patients attributed to primary care providers located within practices that are both WHI-participating and a Blueprint PCMH.

- WHI monthly Practice payments and monthly CHT payments would remain restricted to coverage of patients attributed to validated WHI providers.

- Latest draft Manual language posted at: http://blueprintforhealth.vermont.gov/implementation_materials

Performance Measure Change

Replace Prevention Quality Composite (PQI) with Controlling Hypertension (NQF 0018)

Excerpted from correspondence 3/9/17 from Norm Ward, Chief Medical Officer, Vermont Care Organization

> Having one unified strategy to improving hypertension control will allow the VCO and Blueprint to streamline messages to its provider networks, share best practices for control of hypertension, increase referral to self-management strategies and participate in quality improvement activities at the primary care practice level that will likely have a more powerful effect than disparate areas of priority, focus and work effort. Working together on this area of focus will serve both organizations well.
>
> To further align these efforts, our provider networks are requesting the Blueprint Executive Committee consider replacing the Prevention Quality Composite (PQI) measure with the Controlling Hypertension Measure (NQF 0018) for associated Blueprint Primary Care Medical Home (PCMH) Payments for 2017. While the Controlling Hypertension measure, as defined, raises some concerns among the provider community about its application across all ages (e.g. 18-85 years), we do feel it is a better measure than the PQI measure currently being used. This change will further promote alignment around the importance of controlling hypertension and the need to focus on improving clinical workflows and documentation to support improvement in this area.

NCQA PCMH Recognition

Assessing Impact of Changes to the NCQA Recognition Process

- Primary Care Committees of VCO & GMCB
- Practice Facilitators, Office Managers, Program Managers
  - Report May 17 Executive Committee Meeting

Policy Considerations

- Value to Insurers of NCQA Recognition
- Benefits of Continuous Quality Improvement
- Administrative Burden
- Cost
- Alternative Approaches & Feasibility
- APM Environment (Medicare All Inclusive Population Payment vs F-F-S)