



Integrating Performance Measurement Across Vermont's Healthcare Reform Efforts

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Bringing Together Vermont's Key Reforms: Blueprint-ACO Collaboration



Goals of Collaboration

- Highly functional statewide Health Information Exchange
- Unified regional clinical performance committees
- **Unified analytics and performance measurement / reporting**
- Joint care management initiatives
- Enhanced primary care



Practice & Health Service Area Profiles



Smart choices. Powerful tools.

HSA Profile: Randolph

Period: July 2013 - June 2014 Profile Type: Adults (18+ Years)

Welcome to the 2014 Blueprint Hospital Service Area (HSA) Profile from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive 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 HSA Profiles are based primarily on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members attributed to Blueprint practices that began participating on or before June 30, 2014.

Blueprint HSA Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years. Practices have been rolled up to the HSA level.

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

These profiles use three key sources of data: VHCURES, the DoSite clinical database, and the Behavioral Risk Factor Surveillance Study (BRFSS), a telephone survey conducted annually by the Vermont Department of Health.

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 year prior. Rates for HSAs reporting fewer than 30 members for a measure are not presented in alignment with NCQA HEDIS guidelines.

Demographics & Health Status

	HSA	Statewide
Average Members	7,198	225,930
Average Age	50.7	49.6
% Female	55.2	55.2
% Medicaid	22.1	19.5
% Medicare	21.9	20.6
% Maternity	1.9	2.0
% with Selected Chronic Conditions	39.7	41.0
Health Status (CRG)		
% Healthy	49.3	42.9
% Acute or Minor Chronic	19.0	19.6
% Moderate Chronic	20.8	23.9
% Significant Chronic	10.1	12.5
% Cancer or Catastrophic	0.8	1.1

Table 1: This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's HSA's percentage of membership that was Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g., day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure (CHF), coronary heart disease, hypertension, diabetes, and depression.

The Health Status (CRG) measure aggregates 3M™ Clinical Risk Grouping (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis).



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Practice Profile: ABC Primary Care

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

Total Expenditures per Capita

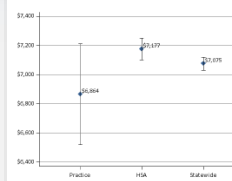


Figure 1: Presents annual risk-adjusted rates and 95% confidence intervals for total expenditures per capita for out-of-pocket payments (i.e., copay, coinsurance, and deductibles).

Total Expenditures by Major Category

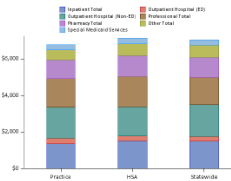


Figure 2: Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

Total Expenditures Excluding SMS

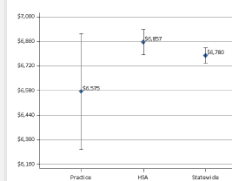


Figure 3: Presents annual risk-adjusted rates and 95% confidence intervals for total expenditures excluding SMS for out-of-pocket payments (i.e., copay, coinsurance, and deductibles).

Total Resource Use Index (RU) Excluding SMS

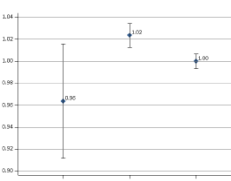


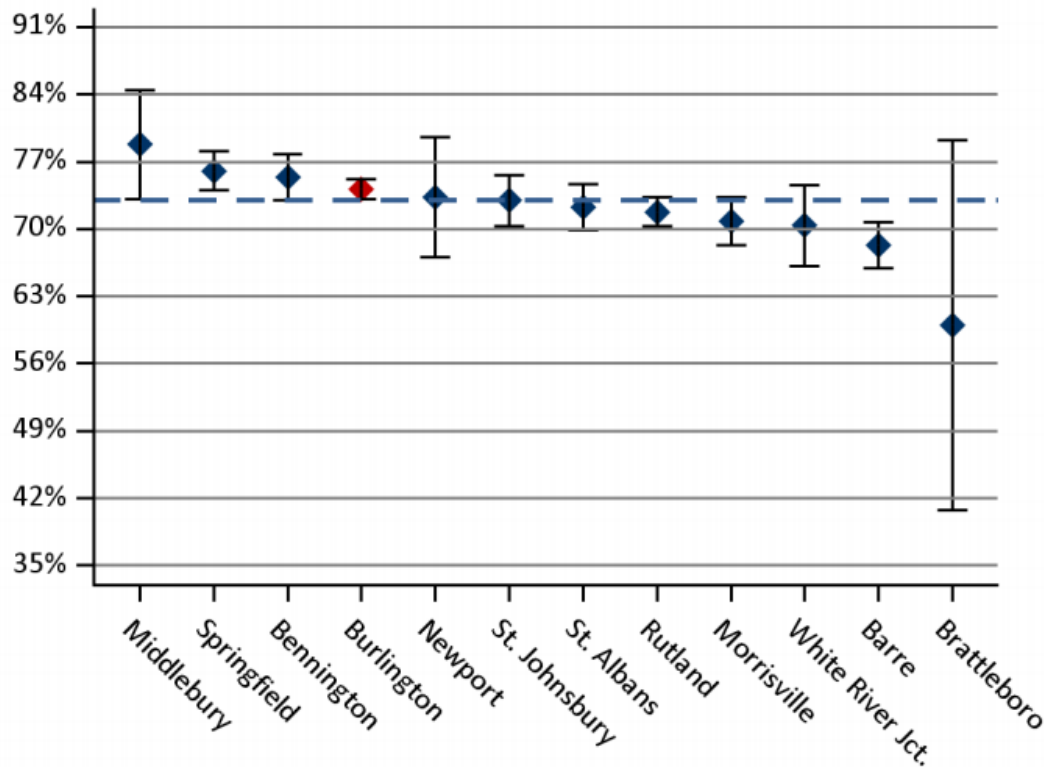
Figure 4: Presents annual risk-adjusted rates and 95% confidence intervals for the Total Resource Use Index (RU) excluding SMS. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RU) — is presented. RU reflects an aggregated cost based on utilization and intensity of services across major components of care (e.g., hospital and ambulatory). 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

Publicly available Vermont
Blueprint HSA Profiles

[blueprintforhealth.vermont.gov
/node/680](http://blueprintforhealth.vermont.gov/node/680)

Hypertension with Blood Pressure in Control



The proportion, including 95% confidence intervals, of continuously enrolled members with hypertension, ages 18–85 years, whose last recorded blood pressure measurement in the clinical database was in control (<140/90 mmHg); the blue dashed line indicates the statewide average



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