PRESENTERS

- **Karl Finison, MA** – Director of Analytic Development, Onpoint Health Data
- **Miki Hazard, MA** – Assistant Director, The Vermont Blueprint for Health
- **Tim Tremblay, MS** – Data Management/Analyst, The Vermont Blueprint for Health
- **Katharine McGraves-Lloyd, MS** – Health Data Analyst, Onpoint Health Data
- **Amy Kinner, MS** – Health Services Researcher, Onpoint Health Data
VERMONT BLUEPRINT FOR HEALTH

A program for integrating a system of healthcare for patients, improving the health of the overall population, and improving control over healthcare cost by promoting health maintenance, prevention, and care coordination and management

blueprintforhealth.vermont.gov
COMPONENTS OF BLUEPRINT

- Patient-centered medical homes (PCMHs)
- Community health teams (CHTs)
- Multi-insurer payment reforms
- Evaluation and reporting
- Learning health system
# COMPONENTS BY THE NUMBERS

<table>
<thead>
<tr>
<th>Blueprint Component</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMHs (active)</td>
<td>124</td>
</tr>
<tr>
<td>PCPs (unique)</td>
<td>682</td>
</tr>
<tr>
<td>CHT staff (core)</td>
<td>218 staff (135 FTEs)</td>
</tr>
<tr>
<td>Project managers</td>
<td>14</td>
</tr>
<tr>
<td>Practice facilitators</td>
<td>11</td>
</tr>
</tbody>
</table>
VHCURES

VHCURES = Vermont Health Care Uniform Reporting and Evaluation System

• Data collection required by Vermont law
• Medicare data provided by CMS
• Onpoint builds value-adds required for Blueprint analyses (e.g., 3M Clinical Risk Groups, HealthPartners’ Total Cost of Care, etc.)
UTILITY OF BLUEPRINT PROFILES

• First cross-payer reports
• Demonstrate significant variation in quality and utilization
• Align healthcare reform efforts (Blueprint/ACO)
• Used by primary care practices and communities across Vermont to identify priorities
PROFILING PROVIDERS TO EVALUATE CARE DELIVERY

Profiling to Drive Transformation: Leveraging Linked Claims & Clinical Data Sources
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 Profile: ABC Primary Care
Period: 01/2013 - 12/2013 Practice HSA: ABC Profile Type: Adults (18+ Years)

Demographics & Health Status

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th>HSA</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Members</td>
<td>4,081</td>
<td>84,070</td>
<td>244,958</td>
</tr>
<tr>
<td>Average Age</td>
<td>50.6</td>
<td>50.1</td>
<td>50.0</td>
</tr>
<tr>
<td>% Female</td>
<td>55.6</td>
<td>55.5</td>
<td>55.0</td>
</tr>
<tr>
<td>% Medicaid</td>
<td>14.5</td>
<td>13.0</td>
<td>16.5</td>
</tr>
<tr>
<td>% Medicare</td>
<td>23.7</td>
<td>22.2</td>
<td>25.5</td>
</tr>
<tr>
<td>% Maternity</td>
<td>2.1</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>% with Selected Chronic Conditions</td>
<td>50.1</td>
<td>38.8</td>
<td>40.8</td>
</tr>
</tbody>
</table>

Health Status (CRG)

<table>
<thead>
<tr>
<th></th>
<th>Practice</th>
<th>HSA</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Healthy</td>
<td>39.0</td>
<td>43.9</td>
<td>40.6</td>
</tr>
<tr>
<td>% Acute or Minor Chronic</td>
<td>18.8</td>
<td>20.5</td>
<td>19.2</td>
</tr>
<tr>
<td>% Moderate Chronic</td>
<td>27.9</td>
<td>24.5</td>
<td>24.9</td>
</tr>
<tr>
<td>% Significant Chronic</td>
<td>15.4</td>
<td>12.3</td>
<td>14.1</td>
</tr>
<tr>
<td>% Cancer or Catastrophic</td>
<td>1.4</td>
<td>1.3</td>
<td>1.3</td>
</tr>
</tbody>
</table>
ANNUAL TOTAL EXPENDITURES PER CAPITA, EXCLUDING SMS VS. RUI

A practice’s risk-adjusted rate (i.e., the red dot) compared to those of all practices in its Hospital Service Area (i.e., the green dots) and to all other Blueprint practices statewide (i.e., the blue dots).
TOTAL EXPENDITURES PER CAPITA

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.
CLINICAL REGISTRY & HSA PROFILES

Miki Hazard, MA
Amy Kinner, MS
DOCSITE & THE CLINICAL DATA PATH

Profiling to Drive Transformation: Leveraging Linked Claims & Clinical Data Sources
WHAT’S IN THE BOX?
THINKING OUTSIDE OF THE BOX

• If you can’t get to the data inside of the box, take it out!

• Collaborative specifications development for full database extract – Blueprint, Covisint, and Onpoint

• How to get the data from Point A to Point B…
  – SFTP transfer
WHAT WE FOUND OUT

- “Good,” usable clinical data
- Incomplete data – Practice participation and variability in data element capture
- Proof of concept
  - Produce measures for available data
  - Identify gaps
  - Start the conversation
HELP DRIVE CURRENT PRIORITIES

• Blueprint/ACO provider network alignment
• Unified community collaboratives
• Payment modifications
• Quality and performance framework (measures)
• Unified performance reporting and data utility
PROFILING HOSPITAL SERVICE AREAS TO EVALUATE CARE DELIVERY

blueprintforhealth.vermont.gov/node/680
SAMPLE HSA ACO MEASURES

**Clinical**
- Diabetes HbA1c not in control (>9%)
- Hypertension with blood pressure in control (<140/90 mmHg)
- Influenza immunization (clinical and claims)

**Clinical/Diabetes Composite**
- HbA1c in control (≤9%)
- LDL-C in control (<100 mg/dL)
- Blood pressure (<140/90 mmHg)
- Tobacco non-use
- Aspirin use (not supported by data)

**Utilization**
- Plan all-cause readmissions (PCR)
- AHRQ PQI measures
- ACS admissions – Asthma or COPD
- ACS admissions – CHF
- ACS composite admissions (PQI 92)

**ACO, HEDIS, & Other**
- Developmental screening first 3 years
- AWC, FUH, IET, AAB, CHL, BCS
- Pneumococcal vaccination (BRFSS)
- Other BRFSS measures
The relative rate, including 95% confidence intervals, of continuously enrolled members, ages 18 years and older, that had an inpatient stay that was followed by an acute readmission for any diagnosis within 30 days during the measurement year; the blue dashed line indicates the statewide average.
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.
## DIABETES HbA1c CONTROL & OUTCOMES

<table>
<thead>
<tr>
<th>Metric</th>
<th>HbA1c in Control *</th>
<th>HbA1c not in Control *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>4,220</td>
<td>568</td>
</tr>
<tr>
<td>Average annual expenditures per capita</td>
<td>$12,507 ($12,059, $12,954)</td>
<td>$15,267 ($13,867, $16,667)</td>
</tr>
<tr>
<td>Inpatient hospitalizations per 1,000 members</td>
<td>181.7 (168.7, 194.7)</td>
<td>275.0 (231.1, 318.8)</td>
</tr>
<tr>
<td>Inpatient days per 1,000 members</td>
<td>877.8 (849.2, 906.4)</td>
<td>1,524.0 (1,421.8, 1,627.2)</td>
</tr>
<tr>
<td>Outpatient ED visits per 1,000 members</td>
<td>532.1 (509.8, 554.4)</td>
<td>725.2 (654.0, 796.4)</td>
</tr>
</tbody>
</table>

* Risk-adjusted rates and 95% confidence intervals; 99<sup>th</sup> percentile outliers excluded; HbA1c not in control >9%
LESSONS LEARNED

• Think creatively around data barriers
• Be cognizant of privacy concerns and perceptions
• Facilitate team collaboration and cohesiveness
• “Don’t let the perfect be the enemy of the good”
  – Start working with incomplete data
  – Produce information from it – Show potential
  – Use its flaws to inspire improvement initiatives
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