NEW YORK STATE | Department of Health | Medicaid Redesign Team

Value Based Payment Advisory Group - Children's Health Subcommittee / Clinical Advisory Group (CAG)

Children's Health Value Based Payment (VBP) Advisory Group Meeting 2

Meeting Date: November 18, 2016, 10:30 am – 2:00 pm

Today's Agenda

Agenda Items		Time	Duration
Morning Session	1. Key Principles, Questions, and Value Statement Discussion • What principles and values should guide our work, and what key questions should be addressed?	10:30 AM	30 mins
	2. VBP Models for Children – Presentation & Discussion • What VBP models will best improve the integration and quality of care for children and fit within New York State's larger, systemic approach to Medicaid VBP?	11:00 AM	60 mins
Break	Lunch	12:00 PM	30 mins
Afternoon Session	3. Introduction to Quality Measurement Frameworks • What quality measures embody "*high quality* primary care, behavioral health services, and specialty care for children covered by Medicaid?"	12:30 PM	60 mins
	4. Next Steps	1:30 PM	30 mins

Upcoming Meeting Schedule

Session	Topics covered	Date & Time	Location

Meeting 3	• Recap of Meetings #1 & 2
	• Quality Measures Overview
	• Detailed Measure Review and Discussion
	  • Pediatric Health
	  • Pediatric BH
	  • Other (e.g. life outcomes; school readiness
	• Quality Measure Selection and Recap
	• Connection to Principles of Children's VBP
		Monday, December 12, 2016
		10:30AM – 2 PM
			Albany

Future Meetings As Needed	• Group to potentially reconvene in 2017 • Ensure any outstanding items have the opportunity to be addressed	TBD	TBD

Notes: Any major regulatory or legislative changes that may need to be made for children in VBP will have to be identified and submitted by end of November.

The recommendations put forth by the Subcommittee / CAG will be submitted and written into the recommendation report.

1. Recap of Meeting #1

Meeting #1 Overview

On Thursday, October 20, 2016, the Children's Health Subcommittee (SC) / Clinical Advisory Group (CAG) commenced. The agenda included:

- A brief overview of VBP concepts;
- A presentation on Medicaid costs and utilization patterns among children by Chad Shearer from the United Hospital Fund;
- A brainstorming session on key principles to guide the group's work on VBP approaches for children.

A **value statement** and **key questions** list were developed to reflect the key principles discussion.

Key Principles Formed in Meeting #1

- Children are not ‘little adults’ – typical disease-oriented quality measures will not capture the key aspects of childhood wellbeing.
- Maximizing the healthy growth and development of children today will reduce future needs and will bring long-term value to healthcare and other related systems.
  - A longer assessment horizon should be considered
  - Reducing exposure to ‘Adverse Life Events’ is important
- Assessment of systems of care, including family systems, is fundamental.
- VBP participation and quality measurement across sectors (including the education system) will better leverage improvement.
- Access to high quality primary care is essential.
- Access to specialty care, including child behavioral health experts, should be improved.
- Social determinants of health (SDH) are especially important for children.
- Childhood is characterized by different development stages – not all quality measures may be relevant at the same time.
  - Quality maternal care is critical to set children on an equal footing toward life-long health
- Evidence-based childhood interventions can be linked to improvement in overall lifetime health / well-being.
- Current investment in children’s health / well-being is not judged to be normative.

Value Statement

Describes the overarching mission of the Children's Subcommittee / Clinical Advisory Group

"Maximizing the healthy growth and development of children will improve life outcomes and bring significant long-term value to New York State Medicaid and other systems. Children need a Value Based Payment approach that acknowledges their childhood, including the significant opportunity for value in the early years and the many factors that affect short- and long-term outcomes."

Key Questions

Guide Deliberations & Recommendations of the Children's Subcommittee / Clinical Advisory Group

- How can VBP build and improve access to *high quality* primary care, behavioral health services, and specialty care for children covered by Medicaid?
- What VBP models will best improve the integration and quality of care for children and fit within New York State's larger, systemic approach to Medicaid VBP?
- What quality measures are critical to ensuring providers focus on:
  - Healthy development of the whole child?
  - Systems of support (e.g. family, school)?
  - Maternal health and prenatal care?
  - Social determinants of health?
- What key evidence-based interventions for children result in improved lifetime outcomes?
- What key sectors beyond the healthcare sector (e.g., school districts) should be included in VBP for children and how can they be incentivized to participate?

Overview of Social Determinants of Health (SDH) & Community Based Organizations (CBO) Subcommittee Work

- In recognition of the importance of SDH across the healthcare spectrum, the SDH & CBO subcommittee, comprised of approximately 95 stakeholders, was formed.
  - 6 meetings were held between July and December 2015
  - Issued 31 recommendations that are embodied in the Roadmap and found in the Recommendation Report*
- In essence the recommendations are:
  - VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.
  - Best practice guidelines have been created to support an effective intervention implementation.
- SDH Intervention Menu*
  - A sampling of promising and evidence-based interventions to supplement several of the SC's recommendations was created.

**Please refer to the Appendix for more information on the SDH & CBO subcommittee's final recommendations and 'Menu'.*

2. VBP Models for Children

What VBP models will best improve the integration and quality of care for children and fit within New York State's larger, systemic approach to Medicaid VBP?

Marge Houy (*Bailit Health*) and Marc Berg (*KPMG*)

VBP Models for Children's Health

- Please refer to the separate presentation from Marge Houy (Bailit Health): '*VBP Models for Medicaid Child Health Services*'

Where Children Currently Factor in New York's Systemic Approach to VBP

TCGP — Large-Scale Population Health Focused Providers

- About 2.1 million kids, ages 0-18, eligible to be included in these arrangements
- Measures from Advanced Primary Care (APC) preventive care set included, some with relevance for pediatric care, as well as chronic condition measures selected by CAGs & NYS

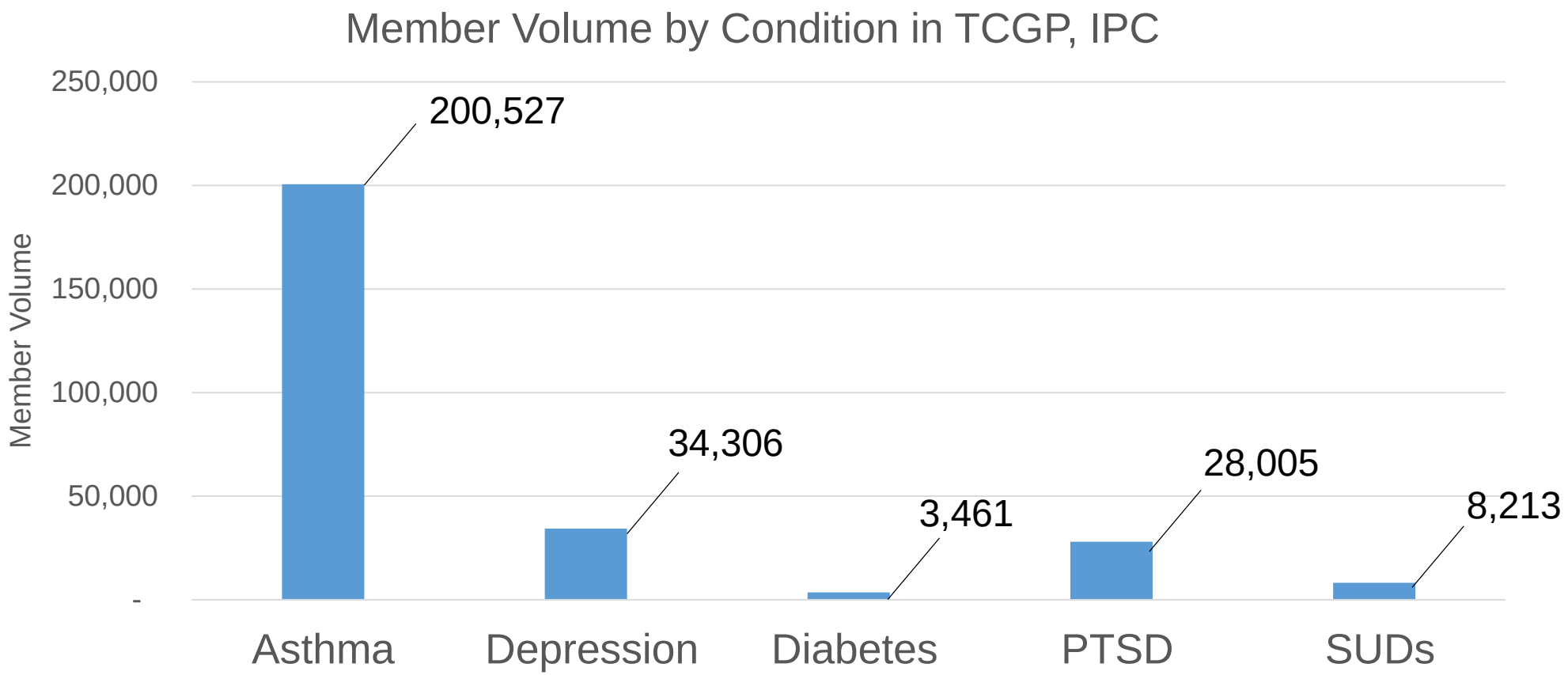
IPC — Professional Practices Focused on Primary Care

- Covers preventive care, routine sick care, and chronic condition management for 14 conditions (e.g. diabetes and asthma) for designated age ranges depending on episode parameters
- Measures include APC preventive care set as well as measures specific to chronic conditions, some with pediatric relevance

Subpopulation — Total Cost of Care for Designated Specialty Populations

- Covers all eligible services, care coordination is deemed a central value, and all general population as well as specialty measures (CAG & NYS selected) apply
- Example - HIV/AIDS includes about 1,600 children

Children by Chronic Condition Episode As Currently Defined



Age Ranges:	2-18	12-18	5-18	12-18	12-18

**Based on 2014 data from the NYS Medicaid Data Warehouse for 18 years of age and under*

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The Maternity Bundle

- In 2014, there were 238,000 live births in New York State
- About half of these births were covered by Medicaid

Pre and Postnatal Care:

- Prenatal care for the mother, and the first month of care after discharge is for newborns is included in the bundle
- Quality measures pertaining to the maternity bundle include some relevant pediatric measures

**Based on 2014 data from the NYS Medicaid Data Warehouse and NYS Annual Report of Vital Statistics (https://www.health.ny.gov/statistics/vital_statistics/docs/vital_statistics_annual_report_2014.pdf)*

Guiding Discussion Questions

- Where are there gaps in the existing models that need to be filled?
  - Chronic conditions that are significant in occurrence and cost for children with Medicaid that are not currently addressed?
    - ADHD?
    - Obesity?
    - Other Behavioral Health?
    - Other physical?
  - Subpopulation/s?
    - Is there a group/s of children for whom special designation is needed because they are likely to be radically underserved / ignored within general population arrangements?
    - How do we address volume challenges, and the heterogeneity of the complex need children's population?

3. Introduction to Quality Measure Framework

What quality measures embody "*high quality* primary care, behavioral health services, and specialty care for children covered by Medicaid?"

Suzanne Brundage (UHF)

Introduction to One Example of a Quality Measurement Framework

- Please refer to the separate presentation from Suzanne Brundage (UHF): '*Measuring Quality in Value-Based Payment for Children's Health Care*'

Many Quality Measurement Lenses and Frameworks Exist

One way to cut is by measure steward / source:

- APC – NYS Advanced Primary Care (APC) measures
- QARR – NYS Quality Assurance Reporting Requirements (QARR)
- CHIPRA – Children's Health Insurance Program Reauthorization Act (CHIPRA)
- HEDIS/NCQA – Healthcare Effectiveness Data and Information Set from the National Committee for Quality Assurance (NCQA)
- NYS VBP – Measures selected for use in existing NYS Medicaid VBP arrangements

Many Quality Measurement Lenses and Frameworks Exist

Another way to cut is by category of care:

- Preventive Care
- Chronic Care (BH, asthma, etc. included here)
- Maternal / Perinatal Care
- Oral Care
- Access to Care
- Specialty Subpopulation Measures (e.g., viral load)

Once Collected, Measure Lists Can be Categorized

- By CAG Selection Process Categories:
  - Clinical relevance?
  - Validity and reliability?
  - Feasibility?

- By how well they capture the broad goals of any specific arrangement (e.g., key goals of children's design)
  - Gaps in quality?
  - Key aspirational concepts?
    - Changes in the developmental trajectory
    - Importance of family / systems

Example: CAG Criteria for Prioritizing Quality Measures

Clinical Relevance

- **Focused on key outcomes of integrated care process**
  - *i.e. outcome measures are preferred over process measures; outcomes of the total care process are preferred over outcomes of a single component of the care process (i.e. the quality of one type of professional's care).*
- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the patient outcome measures**
- **Existing variability in performance and/or possibility for improvement**

Feasibility

- **As a starting point, claims-based measures are preferred over non-claims based measures (clinical data, surveys)**
- **When clinical data or surveys are required, existing sources must be available**
  - *i.e. the link between the Medicaid claims data and this clinical registry is already established.*
  - *The availability of the clinical data required for the measure (i.e. blood pressure, lab values) are deemed to be key for successful care delivery across organizational boundaries*
- **Preferably, data sources be patient-level data**
  - *This allows drill-down to patient level and/or adequate risk-adjustment.*
- **Data sources must be available without significant delay**

Reliability and Validity

- **Measure is well established by reputable organization**
  - *By focusing on established measures (owned by e.g. NYS Office of Quality and Patient Safety (OQPS), endorsed by the National Quality Forum (NQF), HEDIS measures and / or measures owned by organizations such as the Joint Commission, the validity and reliability of measures can be assumed to be acceptable.*
- **Outcome measures are adequately risk-adjusted**
  - *Measures without adequate risk adjustment make it impossible to compare outcomes between providers*

Guiding Questions for Discussion

- What are the broad categories of measurement that should be captured in measure set collection?
  - Basic, high quality healthcare?
    - Prevention?
    - Access?
- What is crucial to capture in considering the specific value proposition of children's care?
  - Longer-term timeframe to address the primarily preventive nature of care?
  - Cross-system measurement such as school readiness?
- How can we temper the framework to address real, significant implementation and feasibility considerations from providers and our existing measurement capabilities?

4. Next Steps

Preview of Children's Health VBP Advisory Group Meeting #3

Topics covered	Featured Presenters	Date & Time	Location

• Recap of Meetings #1 & 2
• Quality Measures Overview
• Detailed Measure Review and Discussion
  • Pediatric Health
  • Pediatric BH
  • Other (e.g. life outcomes; school readiness
• Quality Measure Selection and Recap
• Connection to Principles of Children's VBP
	• Juliette Price, *Albany Promise*	December 12th	School of Public Health, Massry Center; Albany, 10:30 am – 2:00 pm

Additional Information:

DOH Website:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Contact Us:
DSRIP Email:
dsrip@health.ny.gov

Appendix – Social Determinants of Health & Community Based Organizations Subcommittee Work

Subcommittee Recommendation Report Links

- Link to the VBP Roadmap (2016 Annual Update); *refer to Public Health and Social Determinants of Health section:* https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-jun_annual_update.htm

- Link to Subcommittee Recommendation Report: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/docs/2016-feb_sub_comm_recommend_rpt_consol.pdf

- Link to SDH Intervention Menu: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/sdh_intervention_menu.xlsx

SDH Intervention Menu

- The subcommittee selected five key areas of SDH: Economic Stability; Education; Health and Healthcare; Social, Family, and Community; and Neighborhood and Environment.
  - Specific social determinants (SD) under each key area were identified, found on the next slide.

- For each SD, the Subcommittee suggested evidence-based and / or promising interventions.
  - It is **not an exhaustive**, but an **exemplary** list

- The Menu complements several of the recommendations put forth by the Subcommittee, as it provides a variety of interventions to be implemented by providers to improve social determinants.

Menu: SDH Key Areas and Specific Social Determinants Identified

Economic Stability

- Economic instability, poverty, and lack of employment
- Homelessness, housing instability, and lack of access to affordable housing
- Food insecurity and lack of adequate nutrition and lack of access to healthy foods
- Lack of transportation

Education

- Lack of education, educational disparities
- Lack of English literacy and proficiency

Health and Healthcare

- Lack of healthcare engagement
- Lack of accessible/ competent primary care
- Lack of access to culturally competent staff
- Lack of health literacy including cultural context
- Lack of health, behavioral health, and recovery skills

Social, Family and Community

- Criminal justice involvement
- Isolation and lack of family/community support
- Trauma
- Stigma and discrimination

Neighborhood and Environment

- Substandard housing
- Physical barriers in the home
- Structural inadequacies

Example: Intervention Samples – Economic Stability

Social Determinant	VBP Funded Intervention	Health Outcome	Resource that can be Leveraged
Food insecurity, lack of adequate nutrition, and lack of access to healthy foods	Fruit and vegetable prescription	Decreased risk of heart disease, diabetes, obesity, bone loss, osteoporosis, and other chronic diseases	
	Community-based care coordination, nutritional case management, counseling and coaching (including client-centered technologies)	BMI/Chronic Disease Prevention, Enhanced growth (during childhood and pregnancy), healing and the maintenance and development of healthy muscle mass, enhanced brain health	Supplemental Nutrition Assistance Program (SNAP), WIC, School Breakfast Program (SBP), Farmers Market, WIC Couponing, Summer Food Service Program, Child & Adult Food Care Program, Meals on Wheels, Senior Centers, Department for the Aging (DFTA), Department of Health (DOH), State Office for the Aging (SOFA), Human Resource Administration (HRA), Administration for Children's Services (ACS)

Note: To view the 'Menu' in it's entirety, please refer to the link on Slide 59.

Example: Intervention Samples – Social, Family, and Community

Social Determinant	VBP Funded Intervention	Standard Metric	Health Outcome	Resource that can be Leveraged	Evidence of Health Outcomes - Reference
Trauma (domestic abuse, rape, etc.)	Cognitive Behavioral Therapy (CBT) for child trauma, PTSD/ Parent Child interaction therapy[1234]		Improved resiliency, family/relationships, mental health, social functioning; reduced trauma/injuries, physical aggression and violence-related behavior	Schools, social service agencies for recruitment and support	SAMHSA's NREPP and CDC list as evidence-based
	Training and implementation of trauma-informed care including screening for trauma	CLAS Standards			

Note: To view the 'Menu' in it's entirety, please refer to the link on Slide 59.

Example: Intervention Samples – Neighborhood and Environment

Social Determinant	VBP Funded Intervention	Standard Metric	Health Outcome	Evidence of Health Outcomes - Reference
Substandard housing (poor air quality and other environmental deficits)	Air conditioning /heating temperature control	Standards for thermal comfort	Reduced respiratory infection, COPD and asthma exacerbations	The National Center for Biotechnology Information, World Health Organization, Chartered Institute of Environmental Health, National Center for Healthy Housing
	Mold abatement	Household standards for mold levels		
	Routine lead testing for children	Absence of blood lead levels		
	Healthy Home Program	Home environmental checklist and action plan	All identified health risks associated with substandard housing (respiratory, infectious disease, etc.) addressed	

Note: To view the 'Menu' in it's entirety, please refer to the link on Slide 59.