Department of Health | Medicaid Redesign Team

VBP meeting for Chronic Heart Disease, Diabetes, and Pulmonary Clinical Advisory Groups (CAGs)

Review of Quality Measures for Value Based Payment (VBP) Arrangements

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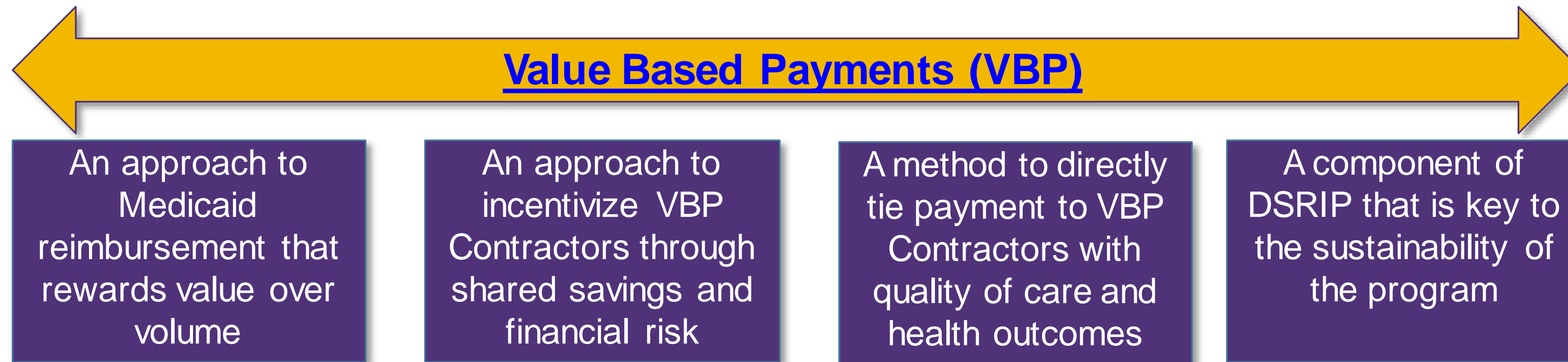
Agenda

1. Welcome and Meeting Agenda	5 min
2. NYS Healthcare Reform and Value Based Payment Program Background	5 min
3. VBP Quality Measure Sets	20 min
4. Next Steps	10 min
5. Questions, Feedback, and Suggestions	20 min

Background

Value Based Payments: Why is this important?

- By DSRIP Year 5 (2020), all MCOs must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments.
- Health Home care management payments will be part of VBP arrangements.



Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published June 2015.

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

DSRIP Goals	*April 2017*	*April 2018*	*April 2019*	*April 2020*
	PPS requested to submit growth plan outlining path to 80-90% VBP	**≥ 10% of total MCO expenditure in Level 1 VBP or above**	**≥ 50% of total MCO expenditure in Level 1 VBP or above. ≥ 15% of total payments contracted in Level 2 or higher**	**80-90% of total MCO expenditure in Level 1 VBP or above ≥ 35% of total payments contracted in Level 2 or higher**

Acronym Definition:
New York State (NYS)
Performing Provider System (PPS)
Managed Care Organization (MCO)

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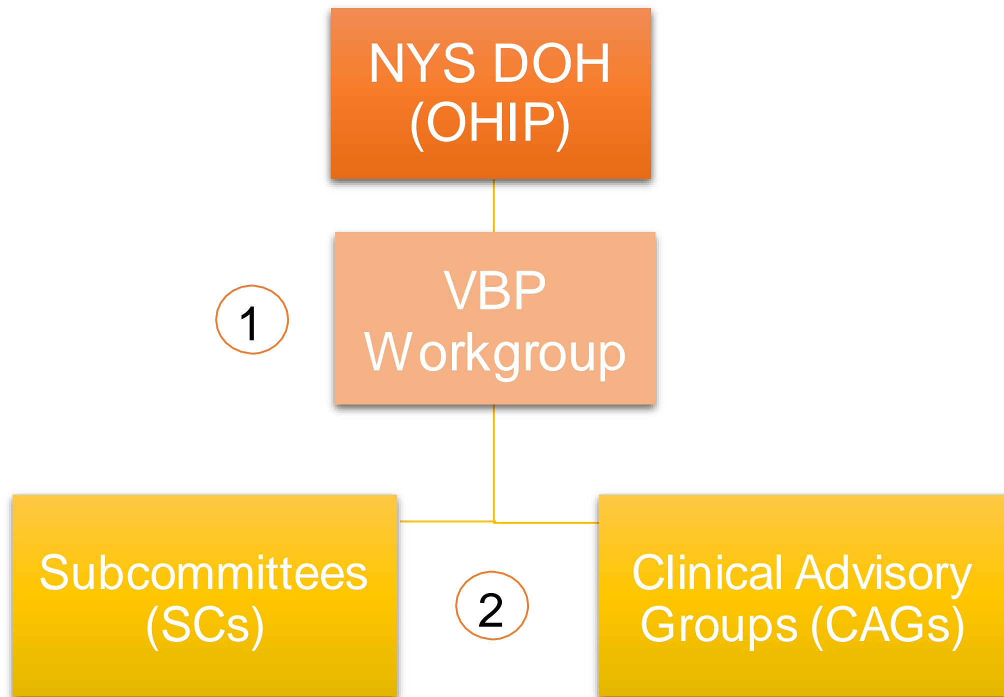
VBP Governance and Stakeholder Engagement



Additional CAGs and Subcommittees may be created as the need arises.

1

The **VBP Workgroup** is a governing body that consists of NYS Health Plans, MCOs, and representative organizations (including health plan associations, hospital associations, legal firms specializing in health care contracting, NYS HHS Agencies, CBOs, patient advocates, physicians, PPSs, and other industry experts). **Its goal is to develop strategy and monitor the implementation of VBP in NYS.**

2

The **VBP CAGs and SCs** were created to address the larger VBP design questions. Their charge is to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.

Acronym Definition:
Health and Human Services (HHS)
Community Based Organization (CBO)
Performing Provider System (PPS)
Department of Health, Office of Health Insurance Programs (DOH OHIP)

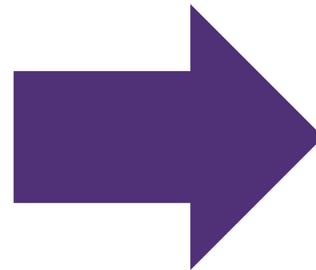
Multiple VBP Arrangement Options

There is no single path towards Value Based Payments. Rather, there are a variety of options that MCOs and VBP Contractors can jointly choose from.

Need for Contracting Flexibility

VBP Contractors and MCOs are able to address local population and organization characteristics:

- Different levels of *provider readiness*
- Different types of *outcomes* that are relevant
- Different roles for the *member/patient*
- Different *models of care*
- Different *organizational forms*
- Different *payment models*



Multiple Arrangement Options

- ❑ Total Care for General Population (TCGP)
- ❑ Integrated Primary Care (IPC)
- ❑ Maternity Bundle
- ❑ Total Care for Health and Recovery Plans (HARP) Subpopulation
- ❑ Total Care for HIV/AIDS Subpopulation
- ❑ Total Care for Managed Long Term Care (MLTC) Subpopulation
- ❑ Total Care for Intellectually or Developmentally Disabled (I/DD) Subpopulation

**Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published June 2015.*

Initial VBP Implementation Efforts

The State is providing additional financial incentives and support for early adoption of Value Based Payment through the VBP Pilot Program.

VBP Pilot Program

The goal of the Pilots is to help the State and its participating organizations learn how VBP transformation will work in practice, as well as to incentivize early adoption of VBP. This is a voluntary, 2- year program. DOH reserves the right to restrict enrollment to those Pilots that it deems to be most relevant.

Pilot participants are required to:

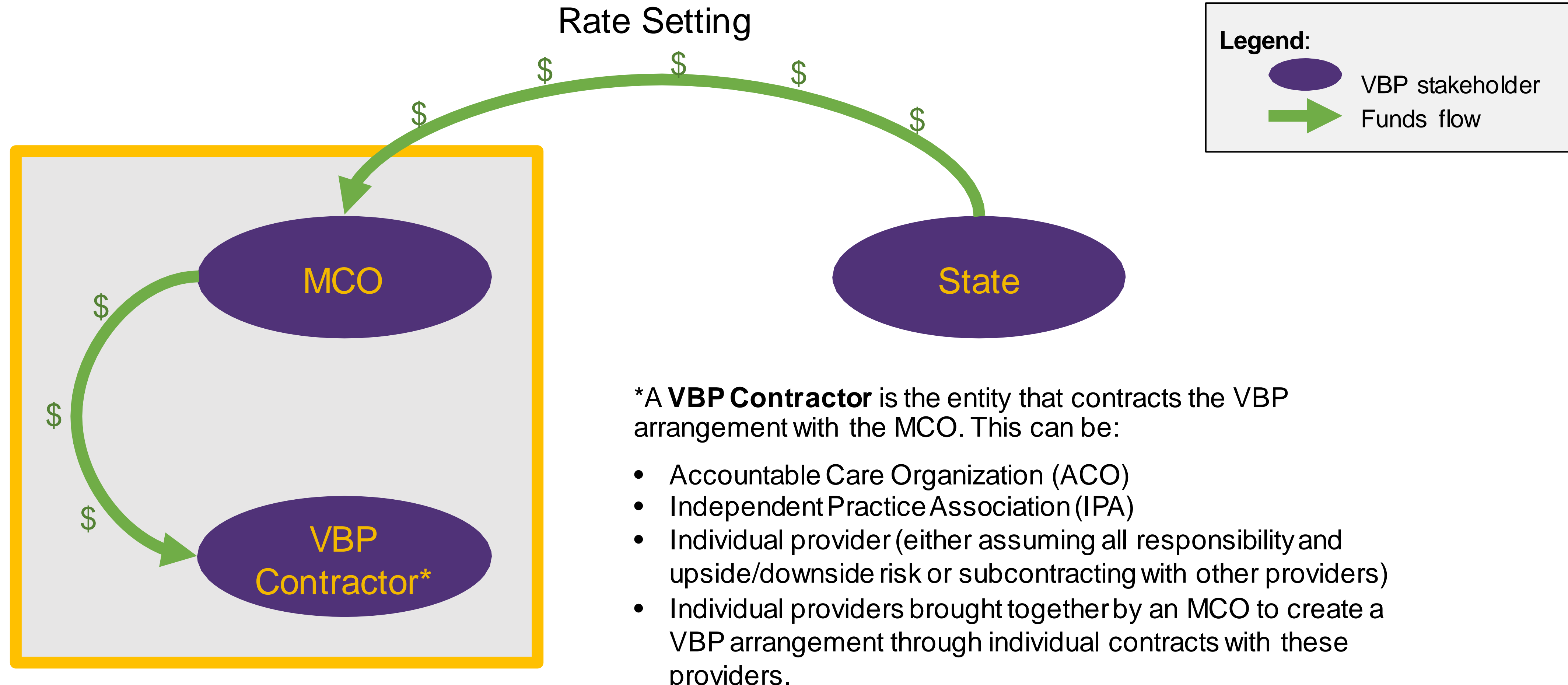
- ❑ Adopt on-menu VBP arrangements, per NYS VBP Roadmap guidelines.
- ❑ Submit a VBP contract (or contract addendum) by April 14, 2017*, with an effective contract date of no later than January 1 (effective date may be retroactive, for contracts signed between January 1, 2017 and April 14, 2017).
- ❑ Report all Category 1 measures and a minimum of two (2) distinct Category 2 measures for each arrangement being contracted, or have a State and Plan approved alternative.
- ❑ Move to Level 2 VBP arrangements in Year 2 of the Pilot Program. Pilots that are unable to move to Level 2 in Year 2 (April 2018) will be disqualified from the Program.

* New deadline announced March 31, 2017

VBP Quality Measure Sets

Today's discussion will focus on the Managed Care Organization (MCO) to VBP Contractor relationship.

Contracting Arrangements

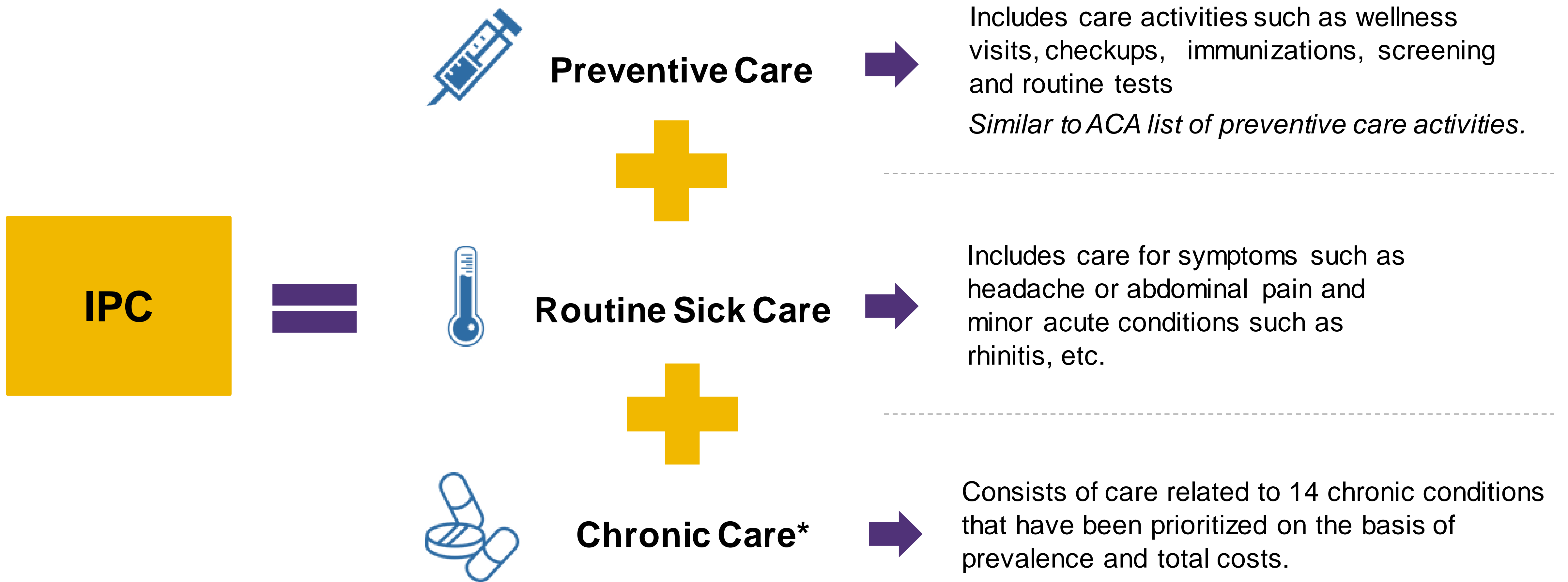


*A **VBP Contractor** is the entity that contracts the VBP arrangement with the MCO. This can be:

- Accountable Care Organization (ACO)
- Independent Practice Association (IPA)
- Individual provider (either assuming all responsibility and upside/downside risk or subcontracting with other providers)
- Individual providers brought together by an MCO to create a VBP arrangement through individual contracts with these providers.

Note: A PPS is not a legal entity and therefore cannot be a VBP Contractor. However, a Performing Provider System (PPS) can form one of the entities above to be considered a VBP Contractor.

Integrated Primary Care (IPC)



Note: Patients that are attributed to subpopulations are excluded.

*Given the prevalence of chronic co-morbidity, VBP Contractors by default include the 14 chronic conditions as a whole within IPC rather than selecting one or more of the individual chronic conditions.

Source: NYS Department of Health website: VBP Bootcamp – Session 1

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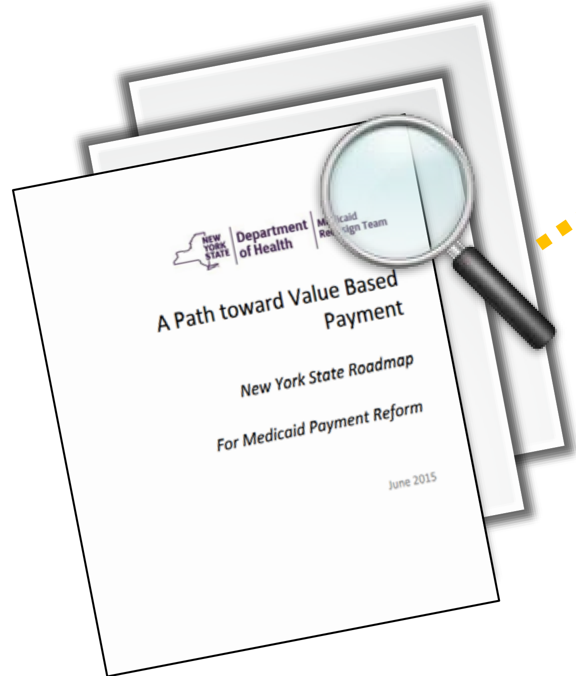
TCGP/IPC Measure Set

- Measures recommended by the CAGs were aligned with measures included in the NYS DOH portfolio of programs including: the Delivery System Reform Incentive Payment (DSRIP) Program, the Quality Improvement Program (QIP), Quality Assurance Reporting Requirements (QARR), and the Advanced Primary Care (APC) measures.
- TCGP and IPC measure sets were originally separate to allow for additional measures for the TCGP arrangement.
  - No specific TCGP measures in 2017.
- The IPC Measure set is the main list of measures for the IPC arrangement.
  - TCGP/IPC measures included in HARP and HIV/AIDS measure sets.

Clinical Care Delivery and Outcomes Addressed by the TCGP / IPC Measure Set

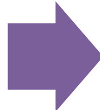
Prevention & Routine Sick Care	Physical Health Chronic Conditions	Behavioral Health Chronic Conditions
	• Chronic Heart Disease • Diabetes • Pulmonary	• Depression & Anxiety • Substance Use Disorder • Bipolar Disorder • Trauma & Stressor

Quality Measures – Process

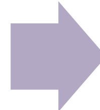


"The Category 1 quality measures recommended by each CAG and accepted by the State are to be reported by the VBP contractors. The measures are also intended to be used to determine the amount of shared savings that VBP contractors are eligible for … " [1]

CAG recommends and VBP WG[2] approves measure categories



State accepts or re-categorizes measures



VBP Contractors report on measures

Final proposals are presented to the Workgroup for comment following the measure feasibility process.

[1] VBP Roadmap (June 2016), page 34
[2] WG= Workgroup

Measure Feasibility

Measure Feasibility focused on 9 factors:

- **Specification** – Does the measure have clear specification for data sources and methods for data collection and reporting?
- **Reasonable Cost** – Does the measure impose an inappropriate burden on health care systems?
- **Confidentiality** – Does the data collection violate accepted standards of member confidentiality?
- **Logistical Feasibility** – Is the required data available for the specified reporting source?
- **Auditability** – Is the measure susceptible to manipulation or "gaming" that would be undetectable in an audit?
- **NYS Guidelines** – Does the measure conflict with current accepted NYS guidelines?
- **Duplicate Measures** – Does the measure conflict with, or is a duplicate of, other measures in the same or related set?
- **High Performance** – Has statewide performance already topped out on this measure?
- **Sample Size** – Is there sufficient sample size at the VBP contractor level?

Category 1 Measures

- Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors.

The State classified each Category 1 measure as P4P or P4R:

Pay for Performance (P4P)

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

Pay for Reporting (P4R)

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Measures can move from P4R to P4P through the annual CAG and State review process or as determined by the MCO and VBP Contractor.

Category 2 and 3 Measures

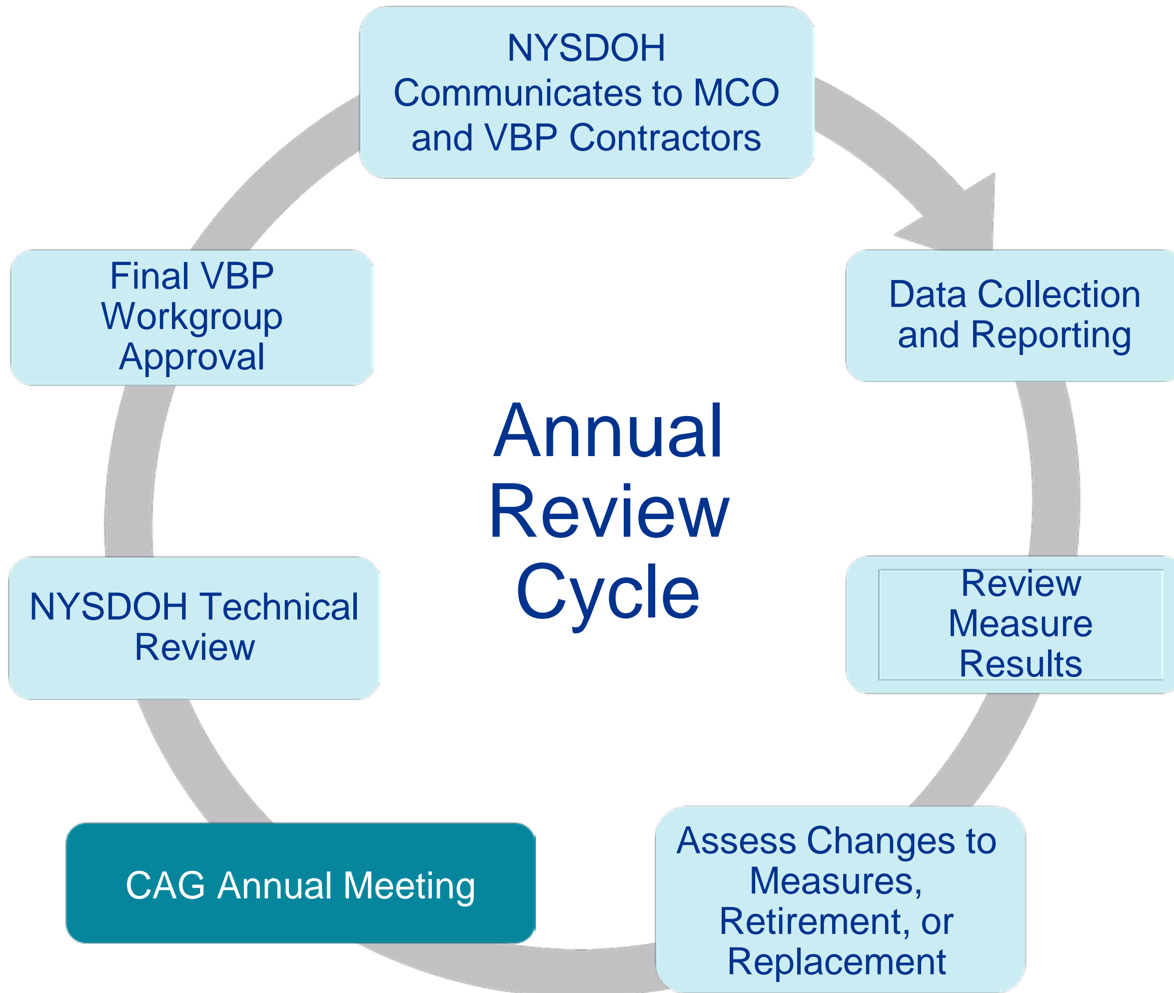
Category 2

- Category 2 measures have been accepted by the State based on agreement of measure importance, but flagged as presenting concerns regarding implementation feasibility.
- The State requires that VBP Pilots make a good faith effort to explore reporting feasibility for Category 2 measures by including them in their contracting arrangements where possible.
- Plans participating in the Pilot Program should include a minimum of two Category 2 measures per arrangement to report on in their contracting arrangements, or have a State and Plan approved alternative.
- VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approach, data collection, and reporting requirements with VBP pilots at a future date.

Category 3

- Category 3 measures were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for the VBP arrangement. These measures will not be tested in pilots or included in VBP at this time.

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or measurement gaps
- Categorization of measures and make recommended changes

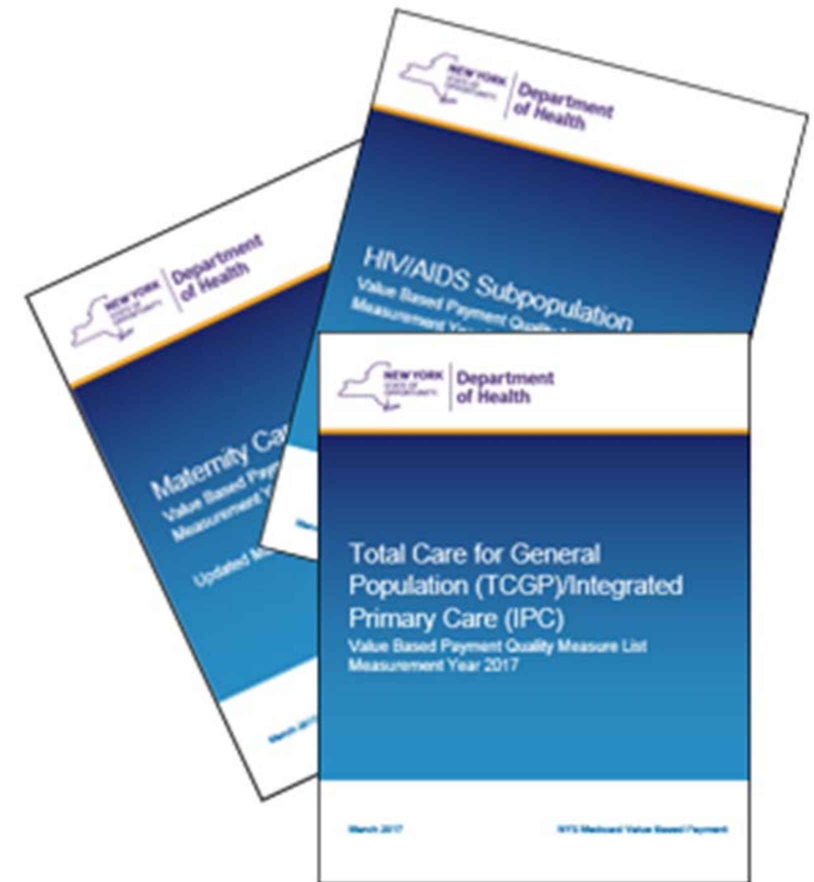
State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

Value Based Payment Program

Measurement Year 2017 Quality Measure Sets

The MY 2017 Quality Measure Sets for TCGP/IPC, Maternity, HIV/AIDS and HARP VBP arrangements have been finalized and posted to the NYS DOH VBP website (Link)



Measurement Year 2017

TCGP/IPC Measure Classification and Categorization

TCGP/IPC – Measure Feasibility Summary

At the October and November 2016 VBP Workgroup meetings, the committee identified 41 quality measures as **Category 1** (including both P4P and P4R measures). During the feasibility assessment, 6 Advanced Primary Care (APC) measures were considered for inclusion. Of the 6 APC measures reviewed, 2 were added, raising the total number of measures to 43.

The following proposed changes are based on DOH feasibility review:

Measure Disposition	Rationale for Change	Count
Unchanged		20
Add to Category 2	Reconsider for Category 1 in 2018	2
Move to Category 2	Guidelines for specification and testing to be developed	3
Move to Category 2	State policy conflict or overlap with Cat 1 measure	3
Move to Category 3	Sample size issues, overlap with PAC and efficiency measures or existing measures, inappropriate provider type	6
Change from P4R to P4P	Alignment with other State programs and claims based measure	4
Change from P4P to P4R	New measures requiring baseline and testing	5
Total		**43**

P4R = Pay for Reporting
P4P = Pay for Performance

TCGP/IPC: Final Measure List with Measure Changes

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

No.	Measure	State Category	Original	Final	Reasoning for Proposed Modification
1	Adherence to Mood Stabilizers for Individuals with Bipolar Disorder	1	P4P	P4P	
2	Adherence to Statins for Individuals with Diabetes Mellitus	1	P4P	P4R	Relatively new national measure
3	Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	1	P4P	P4P	
4	Avoidance of Antibiotic Treatment in adults with acute bronchitis*	2		P4R	Reconsider for Category 1 in 2018
5	Breast Cancer Screening	1	P4P	P4P	
6	Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications	3	P4P		Sample size issues
7	Cervical Cancer Screening	1	P4P	P4P	
8	Childhood Immunization Status	1	P4P	P4P	
9	Chlamydia Screening for Women	1	P4P	P4P	

*APC measure added for consideration and alignment during feasibility assessment.

Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.

TCGP/IPC: Final Measure List with Measure Changes (cont.)

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

No.	Measure	State Category	Original	Final	Reasoning for Proposed Modification
10	Colorectal Cancer Screening	1	P4R	P4P	Claims based measure
11	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	3	P4P		Overlap with similar Category 1 measure
12	Comprehensive Diabetes Care: Eye Exam (retinal) performed	1	P4P	P4P	
13	Comprehensive Diabetes Care: Foot Exam	1	P4P	P4R	Need to create baseline for measure
14	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	1	P4R	P4R	
15	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	1	P4R	P4P	Alignment with other State programs
16	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	1	P4P	P4P	
17	Comprehensive Diabetes Care: Medical Attention for Nephropathy	1	P4P	P4P	
18	Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	1	P4P	P4P	

Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.

TCGP/IPC: Final Measure List with Measure Changes (cont.)

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

No.	Measure	State Category	Original	Final	Reasoning for Proposed Modification
19	Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	2	P4P	P4R	Guidelines for specification and testing to be developed
20	Continuity of Care (CoC) from Detox or Inpatient Rehab to a lower level of SUD treatment (within 14 days)	2	P4P	P4R	Overlap with Cat 1 measure
21	Controlling High Blood Pressure	1	P4P	P4P	
22	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)	3	P4R		Sample size issues
23	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	1	P4P	P4P	
24	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	3	P4R		Sample size issues
25	Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	1	P4P	P4P	
26	Initiation of MAT for Alcohol Dependence	1	P4R	P4R	

Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.

TCGP/IPC: Final Measure List with Measure Changes (cont.)

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

No.	Measure	State Category	Original	Final	Reasoning for Proposed Modification
27	Initiation of MAT for Opioid Dependence	1	P4P	P4P	
28	Lung Function/Spirometry Evaluation (asthma)	2	P4R	P4R	State policy conflict
29	Medication Management for People With Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered	1	P4R	P4P	Alignment with other State programs
30	Potentially Avoidable Complications in routine sick care or chronic care	1	P4P	P4R	Suggest further testing of grouper before P4P
31	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	1	P4R	P4R	
32	Preventive Care and Screening: Influenza Immunization	1	P4R	P4R	
33	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan[1]	1	P4P	P4R	Recommend validity and reliability testing before moving to P4P
34	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention[2]	1	P4R	P4R	
35	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category	3	P4P		Duplicate adherence measure

[1] Measure included in place of Diabetes recommendation measure: *Depression screening (PHQ2 or 9) annually*
[2] Measure included in place of Diabetes recommendation measure: *Smoking Cessation discussed and documented*
Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.

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TCGP/IPC: Final Measure List with Measure Changes (cont.)

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

No.	Measure	State Category	Original	Final	Reasoning for Proposed Modification
36	Readmission to mental health inpatient care within 30 days of discharge	3	P4P		Overlap existing measures, inappropriate provider type
37	Statin Therapy for Patients with Cardiovascular Disease[3]	1	P4P	P4R	Relatively new national measure
38	Topical Fluoride for Children at Elevated Caries Risk, Dental Services	2	P4P	P4R	Age range not in alignment with State policy
39	Use of Imaging Studies for Low Back Pain*	2		P4R	Reconsider for Category 1 in 2018
40	Use of spirometry testing in the assessment and diagnosis of COPD	1	P4R	P4R	
41	Utilization of MAT for Alcohol Dependence	2	P4R	P4R	Guidelines for specification and testing to be developed
42	Utilization of MAT for Opioid dependence	2	P4R	P4R	Guidelines for specification and testing to be developed
43	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	1	P4R	P4P	Alignment with other State programs

[3] Measure included in place of CHD recommendation: *Proportion of Days Covered (PDC): three rates by therapeutic category (% of patients who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement year for RAS antagonists, diabetes medication or statins)*

**APC measure added for consideration and alignment during feasibility assessment.*

Measure numbering is consistent with the March presentation to the VBP workgroup and does not reflect numbering included in the CAG recommendation reports.

Category 2 Measures Not Reviewed by the VBP Workgroup

Purple rows represent measures included in the Chronic Heart Disease, Diabetes, or Pulmonary CAG recommendations.

Measure	State Category	Original	Final	Reasoning for Proposed Modification
Adherence to ACEIs/ARBs for Individuals with Diabetes Mellitus	3	P4R		Included in the Nephropathy monitoring numerator
Assessment of thromboembolic risk factors (CHADS2)	3	P4R		One of its elements is age > 75
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	2	P4R	P4R	
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	3	P4R		Sample size issues
Heart Failure: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)	3	P4R		Sample size issues
Heart Failure: Post-Discharge Appointment for Heart Failure Patients	3	P4R		Sample size issues
Heart Failure: Post-Discharge Evaluation for Heart Failure Patients	3	P4R		Sample size issues
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (Asthma)	2	P4R	P4R	
Patient Self-Management and Action Plan (Asthma)	2	P4R	P4R	

Moving Forward

- 2018 quality measure sets will need to be communicated to wider stakeholder community in October 2017.
- CAGs to be reconvened in the summer to kick off that process.
- More information to come!

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov