



**Department  
of Health**

**Medicaid  
Redesign Team**

# **HIV/AIDS Clinical Advisory Group (CAG)**

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# Agenda

- |   |        |
|---|--------|
| 1. Introduction   | 15 min |
| 2. National Quality Measurement Updates                   | 5 min  |
| 3. New York State (NYS) Core Quality Measurement Strategy | 35 min |
| 4. Summary and Next Steps                                 | 5 min  |

# Section 1: Introduction

*Quadruple Aim in Health Care*

*Clinical Advisory Group (CAG) 2018 Timeline & Expectations*

*VBP Quality Measure Integration Timeline*

*2017 HIV/AIDS VBP Arrangement Summary*

*Recap: Risk Stratification for VBP Measures*

# United we Stand!

- The HIV/AIDS Value Based Payment Clinical Advisory group is now officially merged with the AI's HIV Quality Advisory Committee!!

# Triple Aim → Quadruple Aim in Health Care



# Addressing Provider Burnout

Some Good News: Provider burnout down 9% from 2017 to 42% of respondents reporting burnout. However, approximately 15% admitted to experiencing either clinical or colloquial forms of depression.  
– AMA Wire, August 3, 2018

## Leading Causes of Provider Burnout

- Physicians claims of too many bureaucratic tasks
- Less than desirable work schedule/ hours
- Lack of respect from patients
- Attitudes of colleagues
- Depression

## Solutions & Ways VBP addresses *Provider Burnout*

- Developing and implementing workforce redesign strategies reduces administrative burden for those on the front lines including LMSW's, LCSW's, Nurse Practitioners of Psychiatry and Psychiatrists in Behavioral Health, *and*, Nurses, Nurse Practitioners and Physicians, and for all those in direct service.
- Adoption of Wellness programs.
- Seeking out new opportunities for education/professional growth.
- Limiting social isolation in work; increasing opportunities for social connectedness to combat increased time spent in documentation.

# Clinical Advisory Group (CAG) 2018 Timeline & Expectations

## 2018 CAG Goals

- Conduct annual review of the quality measure sets
- Identify and analyze clinical and care delivery gaps in current measure sets
- Propose recommendations for 2019

## Timeline

- CAGs convene in **spring and summer.**
- Based on CAG feedback, the State will present the proposed measure set to the Value Based Payment (VBP) Workgroup for approval in **October**
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October/ early November.**
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October/ early November.**

# VBP Quality Measure Integration Timeline

## Summary of 2017 Measure Readiness by VBP Measure Set

In February of 2017, a total of **76** unique quality measures were approved by the VBP Workgroup for further review and incorporation into the 2017 VBP Program. Of the unique measures approved by the VBP workgroup, the following were approved for reporting as Category 1 (Cat 1) or Category 2 (Cat 2) in 2017 through the following VBP arrangements:

<b>HIV/AIDS Measure Set</b> (44 Total Measures)	<b>HARP Measure Set</b> (41 Total Measures)	<b>TCGP/IPC Measure Set</b> (40 Total Measures)	<b>Maternity Care Measure Set</b> (18 Total Measures)
<ul style="list-style-type: none"> <li>• <b>10</b> measures unique to the HIV/AIDS Arrangement</li> <li>• <b>34</b> measures that are also included in the TCGP/IPC Arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>9</b> measures unique to the HARP Arrangement</li> <li>• <b>32</b> measures that are also included in the TCGP/IPC Arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>5</b> measures are unique to the TCGP/IPC Arrangements</li> <li>• <b>35</b> measures are shared with at least one of the other measure sets.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>17</b> measures unique to the Maternity Care Arrangement</li> <li>• <b>1</b> measure that is also included in the TCGP/IPC Arrangement</li> </ul>



# 2017 HIV/AIDS VBP Arrangement Summary

2017 HIV/AIDS VBP Quality Measure Set	2017 Measure Feasibility Review				Anticipated Integration Into Reportable Set of NYS VBP HIV/AIDS Measures			
	Feasible in 2017		Not Feasible in 2017					
Measure Set Total*	All Measures	Unique to HIV/AIDS	All Measures	Unique to HIV/AIDS	2018	2019	2020	Integration Date Unknown
44	20/44	1/10	24/44	9/10	+3 <i>(0 unique)</i>	+6 <i>(2 unique)</i>	+11 <i>(7 unique)</i>	4 <i>(0 unique)</i>
<b>Category 1</b>								
P4P	14/17	1/2	3/17	1/2	2	0	0	0
P4R	4/13	0/2	9/13	2/2	1	1	5	0
<b>Category 2</b>								
	2/14	0/6	12/14	6/6	0	5	6	4

\*34 measures within the set are also included in the TCGP/IPC Measure Set

# HIV/AIDS VBP Arrangement Anticipated Measure Integration (1/2)

<b>Total New Measures</b>				
<b>Category 1 Measures</b>				
<b>P4P</b>		Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	-	-
	Controlling High Blood Pressure	-	-	-
<b>P4R</b>	<i>Potentially Avoidable Complications in Routine Sick Care or Chronic Care</i>	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow – Up Plan	Preventive Care and Screening: Influenza Immunization	-
	-	-	Preventive Care and Screening: Screening for Clinical Depression and Follow–Up Plan	-
	-	-	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	-
	-	-	Substance Abuse Screening	-
	-	-	Comprehensive Diabetes Care: Foot Exam	-

Acronyms: P4R = Pay-for-Reporting; P4P = Pay-for-Performance; VBP = Value Based Payment

# HIV/AIDS VBP Arrangement Anticipated Measure Integration (2/2)

Total New Measures				
Category 2 Measures				
-	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	Asthma: Assessment of Asthma Control – Ambulatory Care Setting	
-	Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	Diabetes Screening (HIV/AIDS)	Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care	
-	Use of Opioid Dependence Pharmacotherapy	Hepatitis C Screening	Patient Self-Management and Action Plan (Asthma)	
-	Linkage to HIV Medical Care	Housing Status	Lung Function/Spirometry Evaluation (Asthma)	
-	Prescription of HIV Antiretroviral Therapy	Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)		
-		Medical Case Management: Care Plan		

## Recap: Risk Stratification for VBP Measures

- NYS DOH is not holding providers to a benchmark standard and there are no comparisons being made between providers by the State on such a basis for Value Based Payment.
- NYS DOH VBP Quality Measurement program compares a provider organization (VBP contractor) to itself, not to other health care providers/systems, i.e., VBP measures you against your baseline performance.
- However, providers may apply different thresholds for passing a measure(s) to a population or a site viewed as higher risk, as negotiated with the Managed Care Organization.

# Section 2: National Quality Measurement Updates

*Chronic Pulmonary, Heart, Diabetes and Primary Care  
Mental Health and Substance Use*

# National Quality Measurement Updates

## Chronic Pulmonary, Heart, Diabetes and Primary Care

### HEDIS 2019

- Measure Change – Controlling High Blood Pressure
  - Update the blood pressure target to <140/90 mm Hg for all hypertensive patients 18–85 years of age.
  - Remove the medical record confirmation requirement and use two outpatient encounters to identify the denominator.
  - Add administrative numerator specifications.
  - Allow use of telephone, videoconferencing, and asynchronous telehealth encounters to satisfy one of two required outpatient visits in the denominator.
  - Allow remote monitoring device readings directly transmitted to and interpreted by the provider to satisfy the numerator.

# Section 3: NYS Quality Measurement Strategy

*Quality Measure Prioritization: Goals for 2018 Measure Set Review*

*MY 2018 VBP HIV/AIDS Measure Set*

*Recommended MY 2019 HIV/AIDS VBP Measure Set*

*Measures Recommended for Removal from the HIV/AIDS VBP Measure Set in 2019*

*Tentative Measures for Inclusion in the MY 2019 VBP HIV/AIDS Measure Set*

# Quality Measure Prioritization: Goals for 2018 Measure Set Review

- Prioritize a focused list of high value quality measures for VBP in MY 2019.
- Key Principles in measure prioritization:
  - Process → Outcome;
  - Gather feedback from stakeholders on what are the “right” outcomes; and
  - Focus on efficient measurement
- Align quality measurement efforts across stakeholder communities and State and Federal-led quality programs.
- Reduce the number of measures in use for VBP to focus on a core set and minimize administrative burden for providers where possible.
- Focus on measures compiled from clinical, rather than claims, data to allow for feedback loops from the measure back into clinical decision making.



# Recommended HIV/AIDS VBP Priority Measures

Priority HIV/AIDS Measure	Category	Claims Based	Non Claims Based
<i>Outcome / Intermediate Outcome Measures</i>			
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Cat 1	No	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records
Controlling High Blood Pressure	Cat 1	No	E.H.R., CMS Web Interface
Depression Remission Response for Adolescents and Adults	Cat 2 (?)	No	-
HIV Viral Load Suppression	Cat 1	No	Hybrid measure, Medical Record Review
<i>Priority Evidence Based Process Measures</i>			
Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET)	Cat 1	Yes	-
Medication Management for People with Asthma	Cat 1	Yes	-

- These measures reflect proposed prioritization to the VBP TCGP/IPC measure set for MY 2019.
- HIV Viral Load Suppression has previously been agreed as a priority measure with this group.
- Earlier this year, the Behavioral Health CAG also recommended two key areas for prioritization:
  1. Adding the IET measure to address a lack of outcome measures for substance abuse disorder; and
  2. Prioritizing depression outcome measures over screening for depression (no outcome measure currently included in the measure set).
- **Is this the best list of measures to prioritize for the MY 2019 measure set?**

# Measures Requiring Feedback - HIV/AIDS Measure Set (1/4)

We are seeking additional specific feedback regarding the MY 2018 measures below to determine whether to include them in the MY 2019 measure set. Questions for each measure are raised on the following slides.

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Process Measures</i>				
Linkage to HIV Medical Care	Cat 2	-	NYS	No
Substance Abuse Screening	Cat 1	P4R	HRSA, HIV/AIDS Bureau	No
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	Cat 2	-	NCQA	Yes

# Measures Requiring Feedback (2/4)

## Linkage to HIV Medical Care

- Category 2
- Measure Steward: NYS; Not NQF endorsed
- Percentage of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis

*Q: What timeframe should be used for this measure to align with eHIVQUAL specification?  
Should this measure remain as Category 2 if included in the MY 2019 measure set?*

# Measures Requiring Feedback (3/4)

## Substance Abuse Screening

- Category 1, P4R
- Measure Steward: HRSA; Not NQF endorsed
- Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year

*Q: Do you agree with moving this measure to Category 2 because it is a one-time screening at diagnosis?*

## Measures Requiring Feedback (4/4)

### **Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis**

- Moved from Category 1 to Category 2 in 2018 due to focus on NYS annual screening
- Measure Steward: NCQA; NQF endorsed
- Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection

*Q: Do you agree with this measure being moved from Category 2 to Category 1 if we change to the NYS measure (annual screening) in the MY 2019 measure set?*

# Measures Recommended for Removal from the HIV/AIDS VBP Measure Set in 2019

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Outcome / Intermediate Outcome Measures</i>				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Cat 1	P4R	NCQA	Yes
<i>Process Measures</i>				
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	Cat 1	P4P	NCQA	Yes
Comprehensive Diabetes Care: Foot Exam	Cat 1	P4R	NCQA	Yes*
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	Cat 1	P4P	NCQA	Yes
Statin Therapy for Patients with Diabetes	Cat 1	P4R	NCQA	No

- The measures above are specifically recommended for removal from the VBP HIV/AIDS measure set in 2019, and therefore would not be considered for inclusion in the prioritized list of measures.
  - Specific reasons for removal include that these measures are duplicative of the prioritized outcome measure for diabetes care.
- This also reflects proposed changes to the VBP TCGP/IPC measure set.
- Do you agree these measures should not be considered for the MY 2019 measure set?**

\* Public comment from CMS to remove from MIPS.

Acronyms: CMS = Centers for Medicare and Medicaid Services; NCQA = National Center for Quality Assurance; MY = Measurement Year.

# MY 2018 VBP HIV/AIDS Measure Set (1/2)

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?	MIPS Measure?
<b>Outcome / Intermediate Outcome Measures</b>					
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Cat 1	P4R	NCQA	Yes	N
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Cat 1	P4P	NCQA	Yes	Y
Controlling High Blood Pressure	Cat 1	P4P	NCQA	Yes	Y
HIV Viral Load Suppression	Cat 1	P4P	HRSA	Yes	Y
<b>Process Measures</b>					
Adherence to Mood Stabilizers for Individuals with Bipolar 1 Disorder	Cat 1	P4P	CMS	Yes	N
Antidepressant Medication Manage – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	Cat 1	P4P	NCQA	Yes	Y
Breast Cancer Screening	Cat 1	P4P	NCQA	Yes	Y
Cervical Cancer Screening	Cat 1	P4P	NCQA	Yes	Y
Colorectal Cancer Screening	Cat 1	P4P	NCQA	Yes	Y
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	Cat 1	P4P	NCQA	Yes	N
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	Cat 1	P4P	NCQA	Yes	Y
Comprehensive Diabetes Care: Foot Exam	Cat 1	P4R	NCQA	Yes	Y
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	Cat 1	P4P	NCQA	Yes	N
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Cat 1	P4P	NCQA	Yes	Y
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Cat 1	P4P	NCQA	Yes	N

# MY 2018 VBP HIV/AIDS Measure Set (2/2)

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?	MIPS Measure?
<i>Process Measures</i>					
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Cat 1	P4P	NCQA	Yes	Y
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	Cat 1	P4P	NYS	No	N
Medication Management for People with Asthma (ages 5-64) – 50% and 75% of Treatment Days Covered	Cat 1	P4P	NCQA	No	Y
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Cat 1	P4R	CMS	Yes	Y
Preventive Care and Screening: Influenza Immunization	Cat 1	P4R	AMA PCPI	Yes	Y
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Cat 1	P4R	CMS	Yes	Y
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Cat 1	P4R	AMA PCPI	Yes	Y
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Cat 1	P4R	Altarum Institute	No	N
Statin Therapy for Patients with Cardiovascular Disease	Cat 1	P4R	NCQA	No	N
Statin Therapy for Patients with Diabetes	Cat 1	P4R	NCQA	No	N
Substance Abuse Screening	Cat 1	P4R	HRSA, HIV/AIDS Bureau	No	N
Use of Alcohol Abuse or Dependence Pharmacotherapy	Cat 1	P4R	NYS	No	N
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Cat 1	P4R	NCQA	Yes	N
Linkage to HIV Medical Care	Cat 2	-	NYS	No	N
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	Cat 2	-	NCQA	Yes	N

Acronyms: CMS = Centers for Medicare and Medicaid Services; NCQA = National Center for Quality Assurance; HRSA = Health Resources Services Administration; MY = Measurement Year; NYS = New York State.

Note: This table only highlights specific Category 2 measures. For the complete 2018 HIV/AIDS VBP Measure Set, please see the NYS DOH VBP website ([Link](#)).





# Next Steps

- Please provide any feedback on the evolving HIV/AIDS Quality Measure set and send suggestions or recommendations.
- Provide any additional feedback/recommendations to Matthew Reuter at [matthew.reuter@health.ny.gov](mailto:matthew.reuter@health.ny.gov) by Monday, September 24, 2018.
- Recommendations will go the final approving body, the VBP Workgroup in early October.
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October/early November.**
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October/early November.**

# Thank you!