Intellectual and Developmental Disabilities (I/DD) Clinical Advisory Group (CAG)

December 3, 2019

Agenda

Section	Time		Presenter
I/DD CAG Member Introductions	2:05	5 minutes	Doug Fish
I/DD CAG #2 Recap	2:10	5 minutes	Jill Pettinger, Doug Fish
OPWDD Updates	2:15	5 minutes	Jill Pettinger
FIDA-IDD Quality Measurement Experience	2:20	45 minutes	Allison McCarthy, Partners Health Plan (PHP)
FIDA-IDD Questions and Answers	3:05	15 minutes	
Criteria for Measure Evaluation	3:20	20 minutes	Raina Josberger
Group Discussion	3:40	10 minutes	
2020 I/DD CAG Roadmap	3:50	10 minutes	Jill Pettinger

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I/DD CAG Member Introductions

Doug Fish
Medical Director, Division of Program Development and Management (OHIP)
New York State Department of Health

I/DD CAG #2 Recap

Doug Fish
Medical Director, Division of Program
Development and Management (OHIP)
New York State Department of Health

Jill Pettinger
Deputy Commissioner, State Operations and
Statewide Services
Office for People With Developmental Disabilities

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September 2019: Key Themes and Topics

- Whole-person measurement: I/DD, physical, and mental health services

- Quality measurement should be supported by a feedback loop across stakeholders to coordinate care and address gaps

- Health Information Technology (HIT) should support quality measurement while mitigating provider burdens

- Attributing measures below the health plan level will require robust discussion about the nature and capabilities of I/DD providers

- Quality measure evaluation should also include an exploration of social determinants of health

Quality Measures for I/DD VBP Arrangements

The I/DD CAG will focus on the role of quality in a VBP Arrangement by:

- Identifying and reviewing existing quality measures that are appropriate for individuals with I/DD;

- Assisting in the prioritization of quality measures that can be incorporated into OPWDD's transition to managed care;

- Giving insight into the managed care experience to identify quality measures that could be included in I/DD VBP Arrangements; and

- Analyzing potential data sources for I/DD quality measures.

Quality Measure Types

- Quality measures used to assess the quality of care can be typified (i.e., the Donabedian Model):

Measure Types	Use
Structural Measures	Assess the physical and organizational factors of where health care happens
Process Measures	Assess the health care activities carried out in the course of patient care
Outcome Measures	Assess the impact of care or services on patient health status

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Quality Measure Domains

- There are multiple domains of quality measurement:

Measure Domain	Required Data Types	Example Measures Sets
Access to Care	• Claims data and encounter data • Life Plan data • Eligibility and enrollment data	• NCQA HEDIS
Effectiveness of Care	• Claims data • Eligibility and enrollment data	• NCQA HEDIS
Care Management	• Claims data and encounter data • Life Plan data • Care management data	• I/DD HH measures
Experience or Perception of Care	• Survey data	• AHRQ CAHPS • CQL POMs • NCI Core Indicators
Administrative and Programmatic	• Program evaluation data	• 1915(c) Waiver reporting

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Clinical Measure Sets Review

Example Measure Sets	Example Measures	Required Data Types
Healthcare Effectiveness Data and Information Set (HEDIS®)	• Controlling High Blood Pressure (interim-outcome) • Colorectal Cancer Screening (process)	• Claims Data • Eligibility and Enrollment Data • Clinical Data from EHR
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Program	• Easy for respondent to get necessary care, tests, or treatment • Talk about including family and friends in treatment	• CAHPS Survey Data
Prevention Quality Indicators (PQI)	• Uncontrolled Diabetes Admission Rate • Asthma in Younger Adults Admission Rate	• Hospital Inpatient Data

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I/DD Measure Sets Review

Example Measure Sets	Example Measures	Required Data
I/DD HH measures	• Implementation of Personal Safeguards reflected in Life Plan • Number of I/DD Health Home members enrolled in Self-Direction	• Life Plan Data
1915 (c) Waiver Performance Measures	• Number and percent of required OPWDD Individualized Service Plans (ISPs)/Life Plans (LPs) reviewed for the annual DOH ISP/LP Review sample that was completed annually by OPWDD. • The number and percent of ISPs/Life Plans that include an assessment of the health and safety risks of the individual.	• Program data • Claims data • Care/service plan data
Personal Outcome Measures® (POMs)	• People are connected to natural supports • People live in integrated environments	• TABS Care Coordination Data
National Core Indicators (NCI™)	• Proportion of people in each BMI category • Proportion of people who reported their staff had adequate training to meet their needs	• NCI Adult Consumer surveys • NCI Family surveys

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OPWDD Updates

Jill Pettinger
Deputy Commissioner, State Operations and Statewide Services
Office for People With Developmental Disabilities

OPWDD Updates

- **OPWDD Comprehensive Home and Community-Based Services (HCBS) Waiver Renewal**
  - OPWDD is completing a response to address public comments and recommendations received during the public comment period
- **Care Coordination Organization (CCO) Data Collection**
  - OPWDD continues to pilot the transfer of CCO data to build capacity for CCO quality reporting and to assess performance

FIDA-IDD Quality Measurement Experience

Allison McCarthy
Director, Managed Care
Implementation
Office for People With
Developmental Disabilities

Jan Abelseth
COO Liaison
Partners Health Plan

Premila Mary Kumar
Vice President of Quality
Programs and Initiatives
Partners Health Plan

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FIDA-IDD Overview

- Initiated in 2016, the Fully Integrated Duals Advantage Plan for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) is a five-year, Medicare-Medicaid Plan (MMP) Demonstration to test a person-centered, integrated care model

- The Demonstration runs through December 31, 2020 and is facilitated by a three-way contract between CMS, NYS and Partners Health Plan (PHP)

- PHP must fulfill MMP and contract-specific reporting requirements, including multiple quality measures

- Members eligible for the Demonstration are:
  - Adults ages 21 and over
  - Dually eligible for Medicare and Medicaid benefits
  - Voluntarily enrolled
  - 9 counties
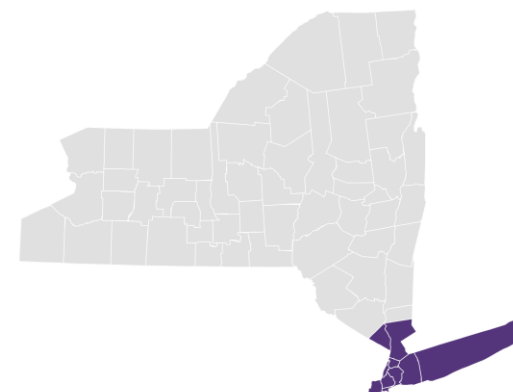
I/DD Population and FIDA-IDD Enrollment
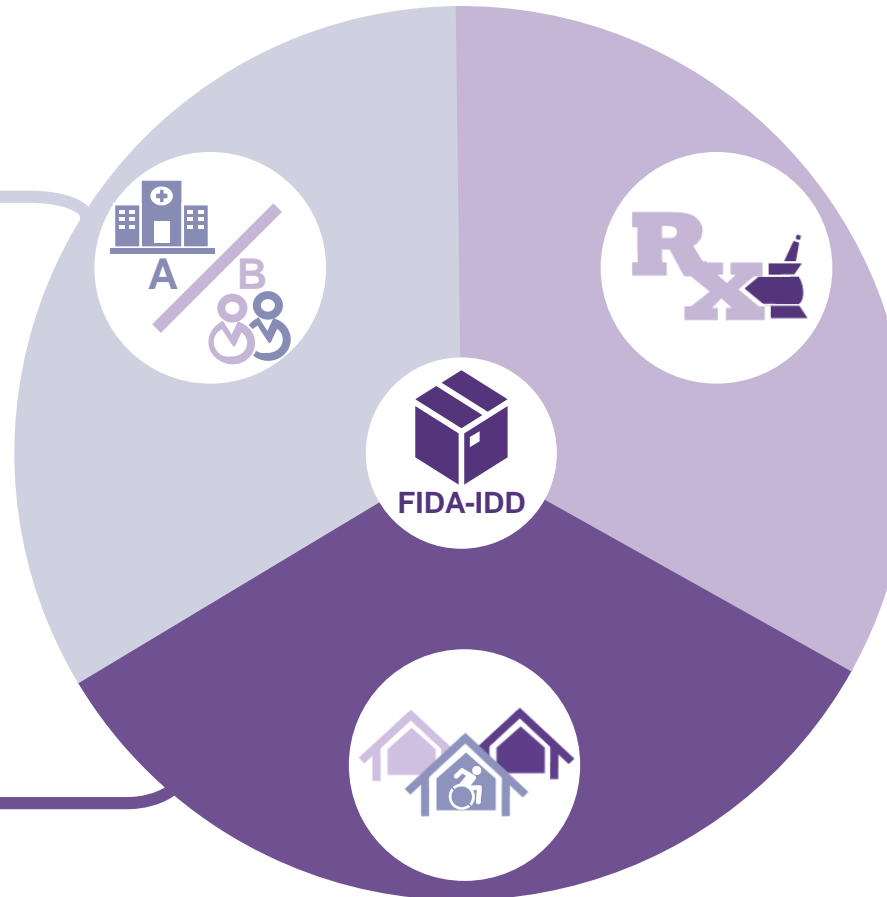
FIDA-IDD Member Enrollment
2017-2019
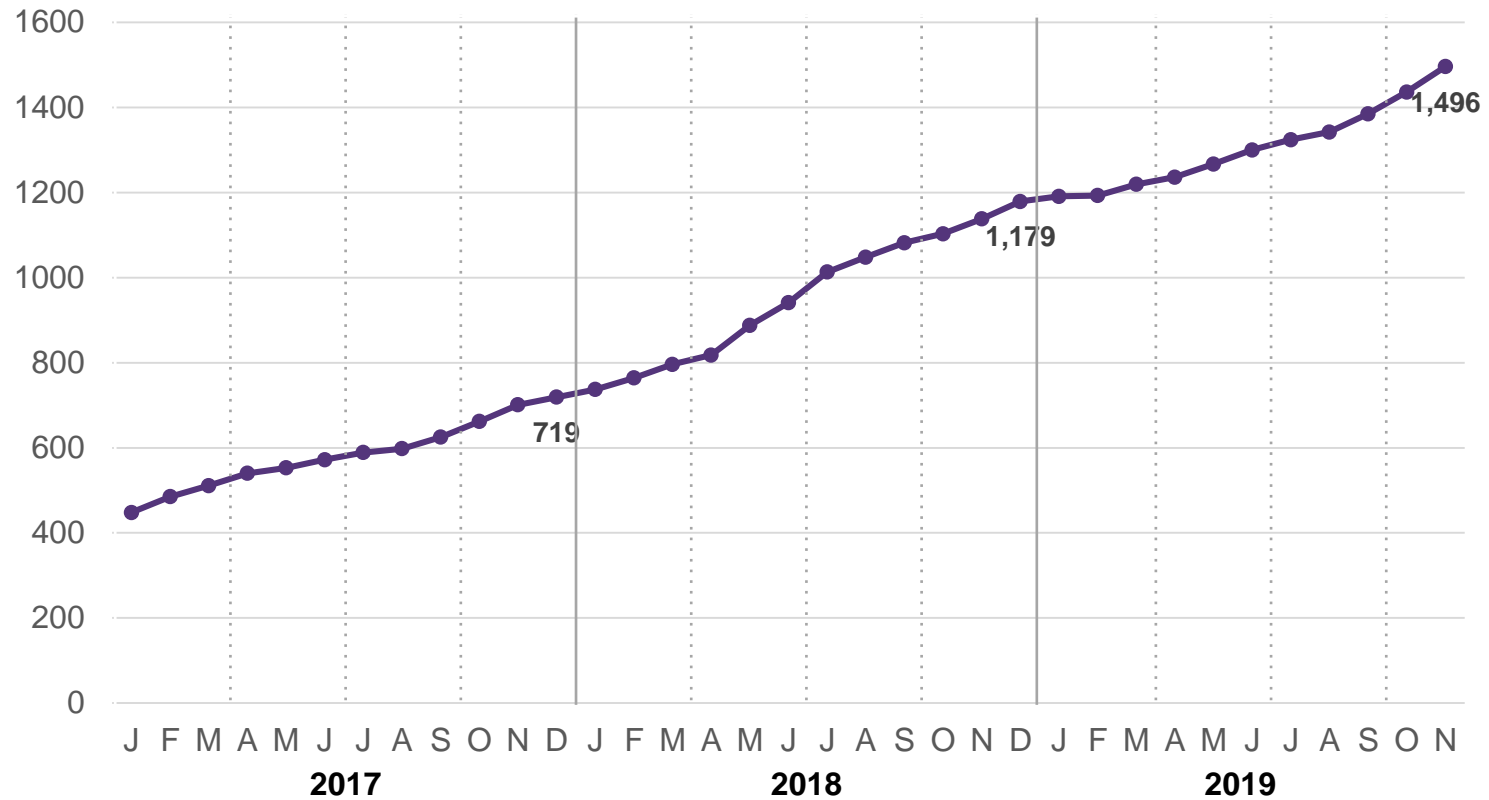
FIDA-IDD: Benefits Design

Medicare Part C
- Also called "Medicare Advantage Plan"
- Provides inpatient coverage (Part A)
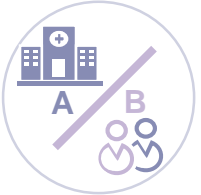- Provides physician and outpatient coverage (Part B)

Medicare Part D
- Provides drug coverage of a standard list of prescription and generic formularies

Medicaid Wraparound
- Covers Medicaid long-term services and supports (LTSS)
- Includes home and community-based services (HCBS) provided through 1915(c) Waiver and ICFs

FIDA-IDD

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FIDA-IDD: General Reporting Requirements

Reporting Type		Reporting Requirements	Reported To	Frequency
Medicare Only	**Part C**	• Grievances • Coverage Determinations / Reconsiderations • Rewards and incentives • Payment to providers	CMS	Annual
	Part D	• Grievances • Coverage Determinations / Redeterminations • Drug Utilization Management*	CMS	Annual
Overall	**MMP Core**	• Organizational Structure and Staffing* • Provider Network • Quality measures (see next slides)	CMS	Annual / Quarterly (depending on measure)

*Also included within Core Withhold requirements

FIDA-IDD: Core Measure Reporting

MMP Core Measure Set	Description
Assessment	Reporting of members who complete assessments and reassessments within defined reporting periods.
Care Coordination	Person-centered care planning, goals, and connections to care provided to FIDA members.
Utilization	Reporting of member utilization of Self Direction services and emergency room for behavioral health services.
Long Term Care Quality	Reporting of total members in or diverted from intermediate care facilities (ICF-IDD) and community reintegration.
HEDIS	A comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance.
CAHPS	A program of evidence-based surveys to assess patient experience and help organizations improve the quality of care.
Health Outcomes Survey	A CMS Medicare survey used for quality improvement activities, pay for performance, program oversight, public reporting, and to improve health.
State-Defined	Supplemental measures that are used to evaluate plan performance and may be included as withholds.

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FIDA-IDD: Core Measure Reporting

MMP Core Measure Set	Reporting Frequency		Reported To
	Quarterly	Annually	
Assessment	X	X	CMS & NYS
Care Coordination	X	X	CMS & NYS
Utilization		X	CMS & NYS
Long Term Care Quality		X	CMS & NYS
HEDIS		X	NCQA / CMS
CAHPS		X	CMS
Health Outcomes Survey		X	CMS
State-Defined	X	X	CMS & NYS

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FIDA-IDD: Quality Withhold Reporting

MMP Core Measure Set
Assessment
Care Coordination
Long Term Care Quality
HEDIS
CAHPS
CMS Prescription Drug Event (PDE) Data
State-Defined
Alternative Measures

- All MMPs are also subject to a **Quality Withhold,** which withholds a percentage of capitation to be repaid based on plan performance on a subset of quality measures

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FIDA-IDD: Quality Withhold Reporting

MMP Core Measure Set	Quality Withhold		
	Demonstration Year 1	Demonstration Years 2-5	
Assessment	Assessment within 90 days of enrollment	N/A	
Care Coordination	Documented discussion of care goals	N/A	
Long Term Care Quality	Long Term Care Overall Balance	N/A	
HEDIS	N/A	• Plan All-Cause Readmission • Follow-up After Hospitalization for Mental Illness	• Controlling High Blood Pressure
CAHPS	N/A	• Annual Flu Vaccine • Customer Service	• Getting Appointments and Care Quickly
CMS Prescription Drug Event (PDE) Data	N/A	• Medication adherence for Diabetes medications	
State-Defined	N/A	• Annual Dental Visit • ICF-IDD Diversion	
Alternative Measures	N/A	• Annual Reassessment • Consumer Governance Board	

PHP Internal Quality Measures and Performance Data

PHP Measure: Members Who Report Choking Risks Who Have Safeguards

- Members who report a risk of choking in the IAM Assessment who have choking safeguards documented in the Life Plan

12%

88%

■ Individuals with choking safeguards

■ Individuals without choking safeguards

Source*: MediSked Care Coordination Suite, results from 2016-2019*
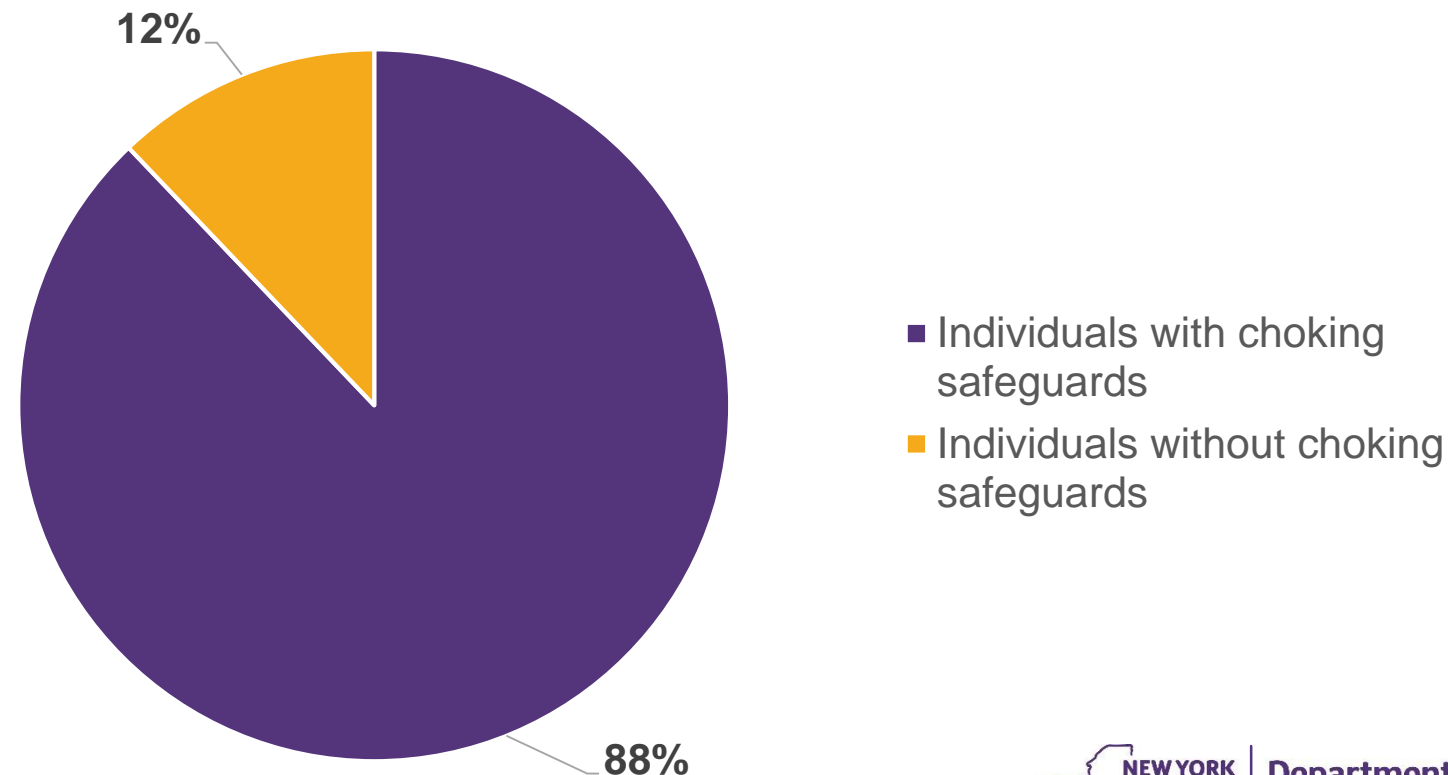
PHP: Calculation of Numerator and Denominator for Safeguards for Choking

- **Denominator**
  All members with the following allowable response below from their most recently completed assessment.
  - IAM Section Question Response: "Yes" for My Nutrition I am at risk for choking

- **Numerator**
  Acceptable Numerator Criteria requires *one* of the following activities from life plan:
  - Individual Plan of Protective Oversight and Safeguards (IPOP) includes:
    - I need a special consistency diet

-OR-

PHP: Numerator for Choking Continued

-OR-

- Individual Plan of Protective Oversight and Safeguards (IPOP) includes:
    - I want to eat and drink safely

-AND-

- IPOP action steps
- Follow aspiration precautions
- Follow chin tuck guidelines
- Follow choking oversight
- Follow eating guidelines

- Need supervision (arm's length)
- Need total assistance
- Occupational therapy
- Provide visual oversight

PHP: Choking Measure Reporting Limitations

- "Other" was frequently selected to enter individualized responses to intervention instead of using the available drop downs.

- Individualized responses could not be aggregated into the measure, leading to underreporting of actual interventions in the measure numerator

- "Other" allows individualized language to be entered that will be on the Staff Action Plan, but inhibits accurate measure reporting

- PHP and CCOs are experiencing pressure to use "other"

PHP: Members by Residence Type
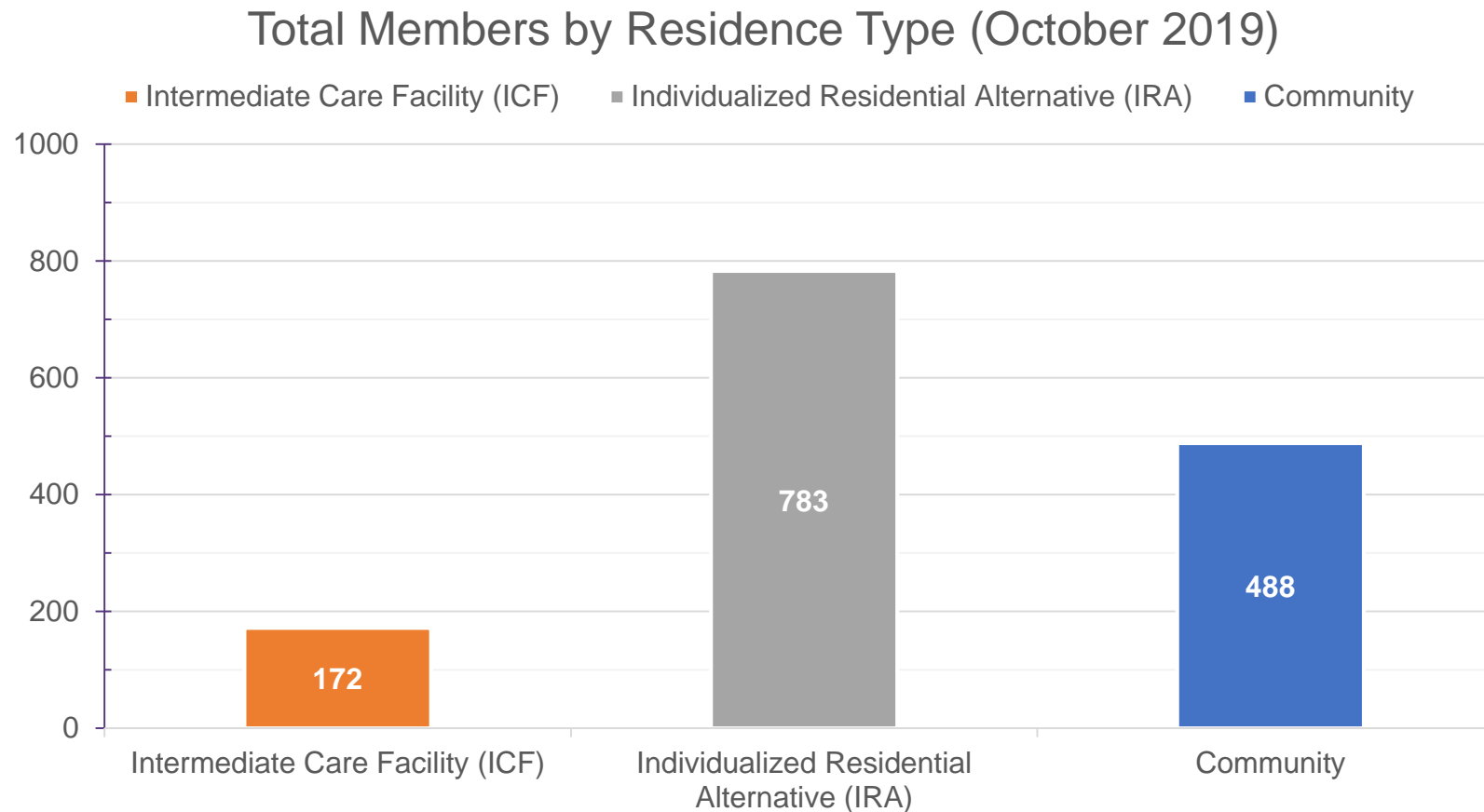
Total Members by Residence Type (October 2019)

■ Intermediate Care Facility (ICF)   ■ Individualized Residential Alternative (IRA)   ■ Community

Source: *PHP internal claims system*
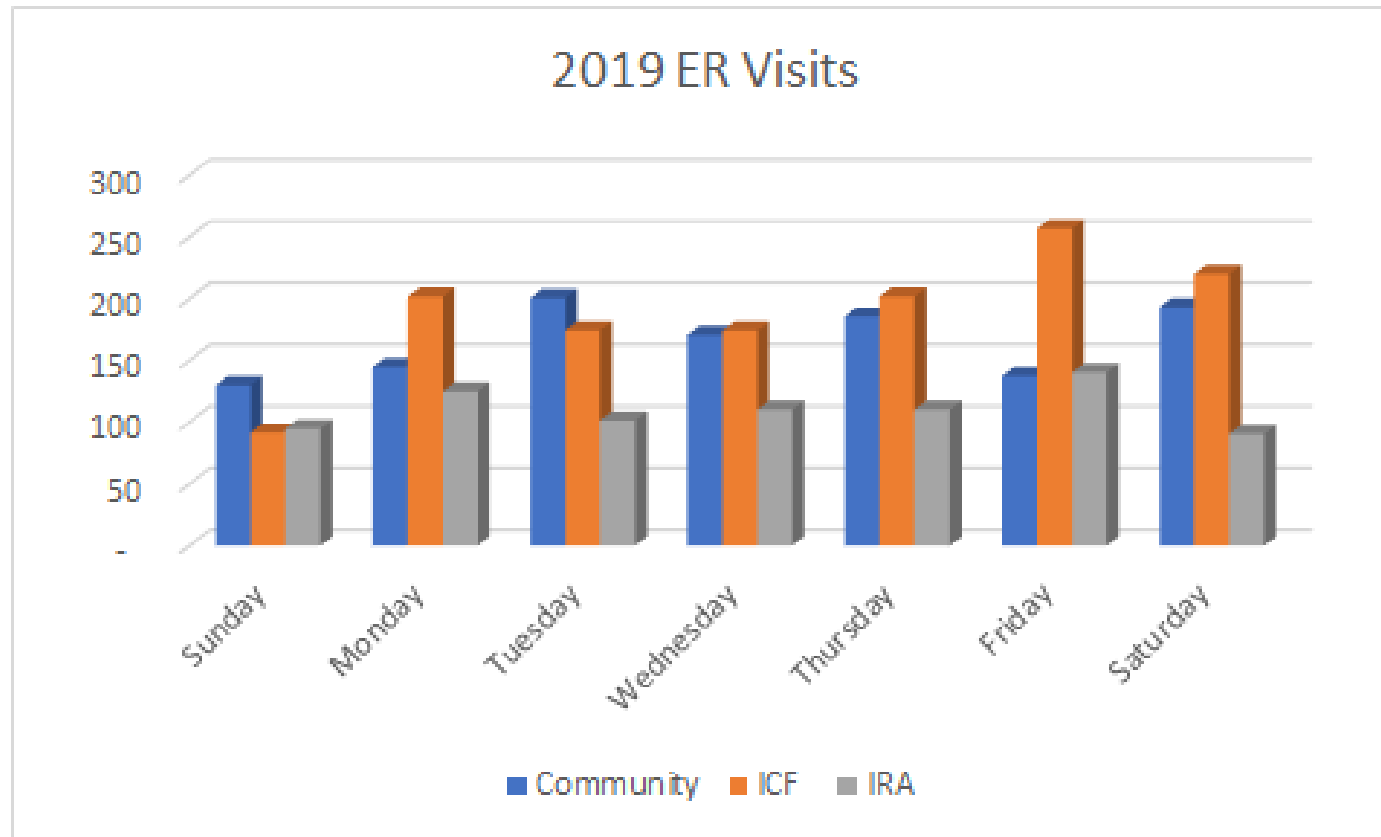
PHP: 2019 ER Visits

- Members in ICFs have the highest rate of ER visits
- ER visits are more frequent between Thursday-Saturday

Source: PHP internal claims system

PHP: Primary Causes for ER Visits
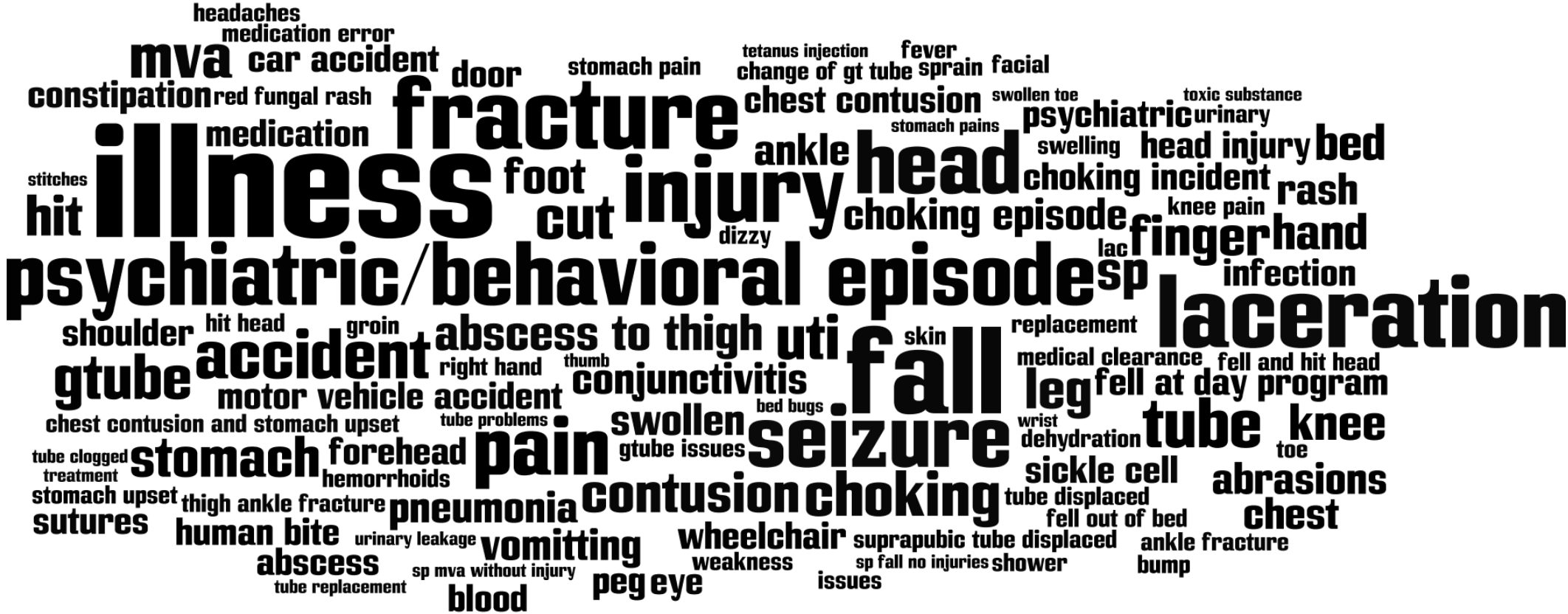
PHP: 2019 Inpatient Admissions

2019 Inpatient Admissions
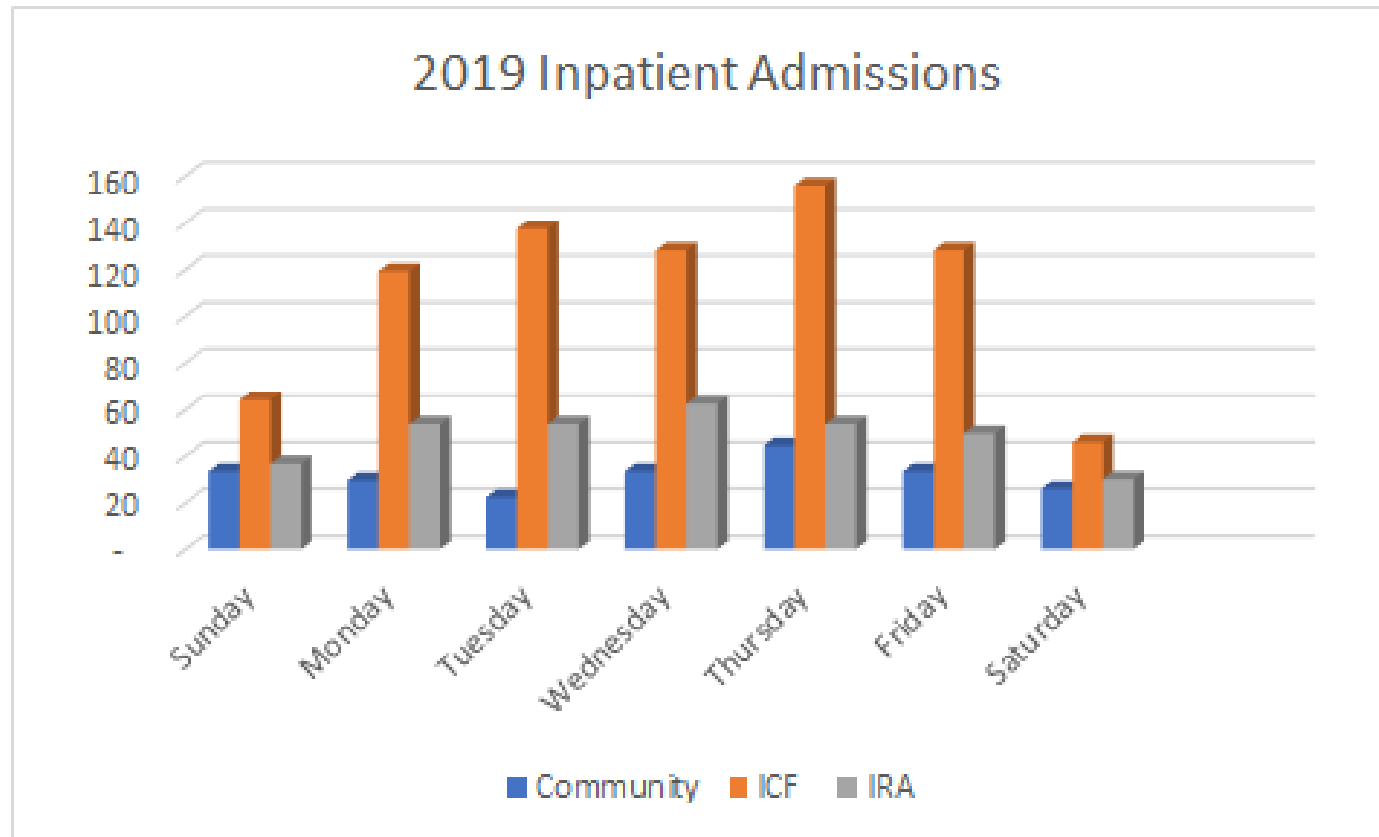
- Members in ICF have the highest rate of hospital admission on weekdays and overall

PHP: Primary Causes for Hospitalization

PHP: Prevalence of Urinary Tract Infections (UTI) in Provider Settings (2018)

FIDA IDD Supervised IRA Providers with at least 10 Members	Numerator (Members with UTI)	Denominator (Total IRA Members)	Percentage of IRA Members with UTIs
Provider 1	6	15	40.0%
Provider 2	9	27	33.3%
Provider 3	7	22	31.8%
Provider 4	69	221	31.2%
Provider 5	5	20	25.0%
Provider 6	12	56	21.4%
Provider 7	6	29	20.7%
Provider 8	6	44	13.6%
Provider 9	3	22	13.6%
Provider 10	1	10	10.0%

Source: PHP internal claims system

PHP: Reporting Challenges and Barriers

- Small sample sizes preventing reporting on certain quality measures

- There can be challenges with members and caregivers participating in preventive care (e.g., diabetes monitoring, diet)

  - Members may be unaware of the importance of preventive screenings, tests, and other health care procedures and their relative risks and benefits

  - Some members may have limited receptive and expressive communication when accessing care

  - Members may have difficulties with waiting in provider offices or participating in health care procedures (e.g., colonoscopy, mammogram, eye exams and dental procedures)

- Certain provider-related opportunities for improvement include:

  - Providing needed reports when requested by the plan

  - Education regarding the importance of documentation for quality of care and reporting

  - Submission of clean claims with correct procedure or diagnosis codes

PHP: What Have We Learned?

- Many of the required HEDIS measures are challenging for FIDA-IDD members
  - Members are unable to tolerate mammograms
    - Providers order ultrasound instead which is not a procedure code accepted by HEDIS for the breast cancer screening measure
  - Members are unable to tolerate the Colonoscopy prep procedure, leading to lower compliance rates
- Satisfaction data is difficult to interpret, often completed by residential staff or family, and returns are very low
- I/DD individuals require very intensive care management which is often not recognized by regulatory authorities
- Medical records/charts may not be located at the offices where the member is seen, causing delays or inability to collect required medical records for HEDIS reporting
- Some providers including Dental providers do not submit claims for services rendered
  - Fees are included in the contracted rate for the facility
  - Plans are unable to collect information through encounters
- Healthcare and DD providers can benefit from education about Quality Measures and Documentation standards

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PHP: Quality Measure Infrastructure

Data Sources

- Medical & Pharmacy Claims

- Enrollment and Member Demographics

- Provider Data

- Medical Records

- Care Management Data

- Member Survey Data

HIT Resources

- Claims System (*Health Smart*)

- Data Analytic Resources (*Daraja*)

- HEDIS Vendor (Cotiviti - *Verscend*)

- Care Coordination System (*Medisked Coordinate System*)

- Providers Electronic Health Records

Human Resources

- Data Analytic Resources

- Data Analysts

- CMS-certified Survey Vendors

- Quality & Care Management Staff

- IT Staff

Supporting Initiatives

- PHP has implemented several quality initiatives and best practices using HIT and Human Resources (see next slides)

PHP: Initiatives Supporting Quality

Supporting Initiatives

Quality Improvement Programs

- Case Rounds with Medical Director and Care Management Team
- Comprehensive Medication Therapeutic Review
- Telemedicine
- Gaps in Care Reports

Other PHP-led Quality Initiatives

- The PAL program
- Coordination of Services
- Shared Savings Program (unrelated to the FIDA-IDD quality withhold)

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PHP: Shared Savings Initiatives

- PHP does not currently use VBP as defined by the NYS Roadmap
- Shared saving arrangements in place with number of providers and provider groups
- Shared savings criteria include reduction in hospitalizations, emergency room visits, and short-term nursing home stays
- Reduction in utilization over 6 months from baseline

FIDA-IDD Q&A

Developing a Measure Evaluation Framework

Raina Josberger
Deputy Director, Bureau of Quality Management & Improvement
Office of Quality and Patient Safety (OQPS)
New York State Department of Health

Agreeing on a Framework

- The I/DD CAG should identify a framework to systematically determine what quality measures support the goals of an improved delivery system

- There are existing frameworks that can be leveraged and adopted by the I/DD CAG to streamline the measure evaluation process

- The I/DD CAG should build consensus to highlight additional considerations and criteria to ensure measures are suitable for the I/DD population

- OPWDD and NYSDOH will leverage I/DD CAG feedback to present a final, proposed framework at the first quarterly meeting in 2020

Developing a Framework

Measure Evaluation Framework

1 — What is a Measure Specification?

2 — National Quality Forum Framework

Importance to Measure and Report	Focused on an evidence-based quality or performance gap
Usability and Use	Measure performance results are used or can be used for care accountability and performance improvement
Scientific Acceptability	Produces consistent (reliable) and credible (valid) results about the quality of care
Feasibility	Requires readily available data or data that can be captured without undue burden and can be implemented for performance measurement

3 — NYSDOH VBP Measure Evaluation

4 — Aligning Measurement with Benefit Design and HIT

5 — NYSDOH VBP Measure Classification

What is a Measure Specification?

Measure Name
- Description
- Intended use of measure

Data Elements:
- Key terms
- Codes systems and codes
- Values sets

Numerators and Denominators
- Defined or Eligible Populations
- Exclusions
- Instructions for calculating results

Data Collection and Tools
- Sources for data
- Surveys
- Sampling Methods
- Time interval for collecting data
- Reporting period

Other Factors
- Care Setting
- Risk Adjustment
- Baseline

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The Value of a Specification

- Measure specifications are foundational to evaluating the suitability of a measure
- If a proposed measure has a specification, we believe the CAG can effectively assess its utility for the I/DD population
- It would be unreasonable to expect the CAG to evaluate a measure without a specification, or to conceptualize and steward new measures by 2020.
- Proposed: measures without specifications are not reviewed further by the I/DD CAG

National Quality Forum Framework

Importance to Measure and Report

Focused on an evidence-based quality or performance gap

Usability and Use

Measure performance results are used or can be used for care accountability and performance improvement

Scientific Acceptability

Produces consistent (reliable) and credible (valid) results about the quality of care

Feasibility

Requires readily available data or data that can be captured without undue burden and can be implemented for performance measurement

NYSDOH VBP Measure Evaluation

Clinical Relevance

- Useful for quality reporting and decision-making
- Can be used for the required level of measurement (e.g., health plan, provider, or arrangement between plans and providers

Validity

- Measure data is correct (free of systematic errors and bias)
- Conclusions, based on the measure score, accurately reflect care quality

Reliability

- Well defined, precisely specified
- Can be implemented consistently
- Distinguishes differences in performance

Feasibility

- Required data is readily available or can be captured without undue burden
- Can be implemented for performance measurement

NQF and NYSDOH Alignment

NQF Framework

- Importance to Measure and Report
- Usability and Use
- Scientific Acceptability
- Feasibility

NYSDOH Framework

- Clinical Relevance
- Validity
- Reliability
- Feasibility

Aligning Measurement with Benefit Design and HIT

Benefit Design

What services will be covered?
- Health care (inpatient and outpatient services)?
- Care coordination or management?
- HCBS (State Plan, Waiver)?

Supporting HIT

What HIT (data and systems) might be needed to deliver and measure health care provided to individuals with I/DD?
- Claims processing?
- Care coordination or management software?

Iterative Process

Quality Measures

What covered services and care should be measured and what systems and data can be used to measure it?
- Measure care coordination or management?
- Measure clinical services?

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NYSDOH VBP Measure Classification

- The CAG classifies measures into different buckets based on this criteria

Category 1	Clinically Relevant ✔	Valid ✔	Reliable ✔	Feasible ✔
Category 2	Clinically Relevant ✔	Valid ✔	Reliable 🔍	Feasible 🔍
Category 3	Clinically Relevant ✘	Valid ✘	Reliable ✘	Feasible ✘

✔ Sufficient

🔍 Needs Further Evaluation

✘ Deficient/Unusable at this time

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Measure Evaluation Group Discussion

2020 Roadmap

I/DD CAG Timeline

Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

I/DD CAG #1: May 2019

- I/DD CAG Member Charge and Objectives
- VBP 101 to provide overview of VBP concepts/approach
- OPWDD Transformation Updates to apprise stakeholders of major initiatives OPWDD is currently supporting
- Next Steps for OPWDD to identify short and long term strategies
- Next Steps for I/DD CAG

I/DD CAG #2: September 2019

- I/DD CAG #1 Recap
- Role of benefit design in quality measurement
- Identify feasible measure sets and measures
- Evaluate data systems and data for quality measurement
- Next Steps for I/DD CAG

I/DD CAG #3: Winter 2019

- I/DD CAG #2 Recap
- OPWDD Updates
- FIDA-IDD Quality Measurement Experience
- Criteria for Measure Evaluation
- 2020 I/DD CAG Roadmap

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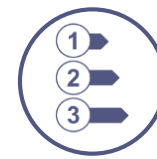
I/DD CAG Roadmap

I/DD CAG Meeting #1
Select measure evaluation criteria.

I/DD CAG Meeting #2
Apply evaluation criteria

I/DD CAG Meeting #3
Prioritize quality measures

I/DD CAG Meeting #4
Finalize recommendations

Q1 2020	Q2 2020	Q3 2020	Q4 2020

Q1 2020
- Final measure evaluation criteria
- Chronic conditions or health problems for I/DD
- Identify existing HCBS and clinical measure sets to address I/DD chronic conditions, health problems, and services

Q2 2020
- Covered services and benefits
- Analysis of existing measure sets using evaluation criteria

Q3 2020
- Prioritization based on feasibility
- Environmental scan of other states' use of quality measure sets
- Other operational considerations

Q4 2020
- Review of completed work and recommended measure sets
- Discuss annual cycle for reviewing recommended measure sets
- Review I/DD CAG scope of work for future meetings

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