



**Department
of Health**

Office of
Health Insurance
Programs

Physical Health/Chronic Conditions Clinical Advisory Group (CAG) Meeting

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April 30, 2019

Agenda

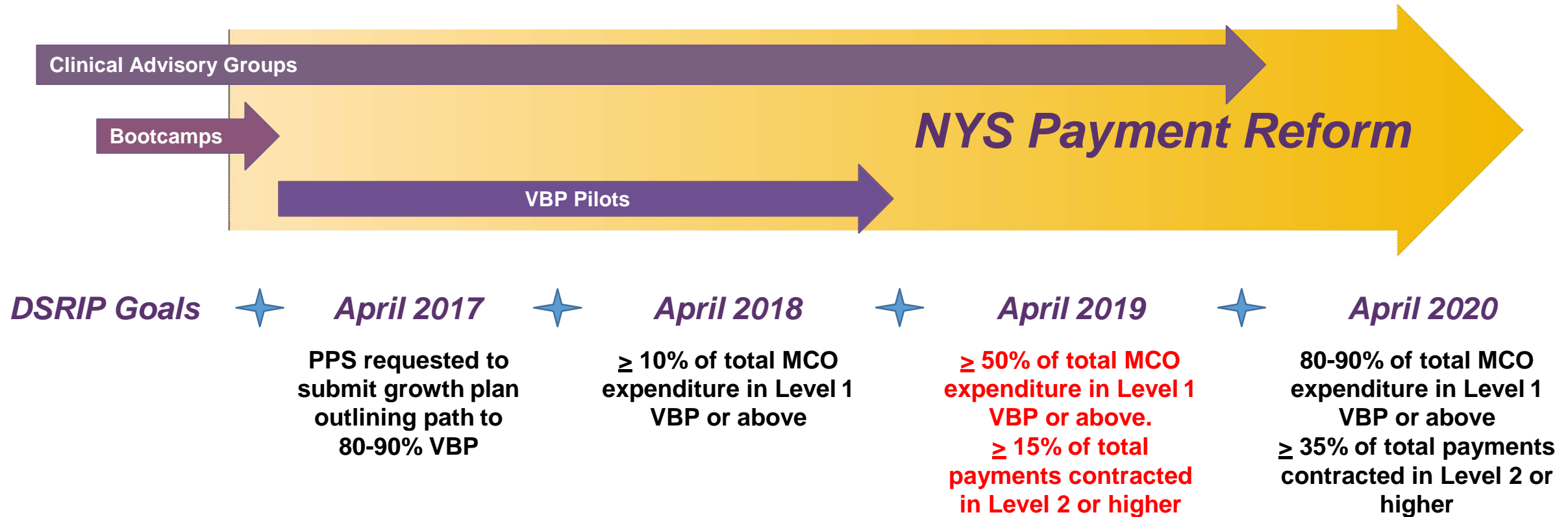
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|---|---------------|
| 1. Introduction | 20 min |
| <ul style="list-style-type: none">~ Roll Call~ Value Based Payment in New York State~ CAG 2019 Timeline, Highlights and Goals | |
| 2. Integrating Oral Health | 10 min |
| 3. VBP Roadmap | 15 min |
| <ul style="list-style-type: none">~ Contract Analysis | |
| 4. Measure Results and Timeline | 15 min |
| <ul style="list-style-type: none">~ 2018 Measure Results by VBP Contractor~ Implementation Timeline | |
| 5. Strategy for Prioritized Measures | 10 min |
| 6. National Quality Measurement Updates | 25 min |
| 7. MY 2019 Priority Clinical and Care Delivery Goals | 20 min |
| <ul style="list-style-type: none">~ Recap of Identification of 2018 Gap Areas~ Depression Remission and Response | |
| 8. Summary & Next Steps | 5 min |

Section 1: Introduction

- Value Based Payment in New York State
- CAG Timeline & Expectations for 2019

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.



How is VBP Different from the Current Payment Structure?

- 1) Efficiency Component** - A **target budget** is set at the beginning of the year, against which costs (expenditures) are reconciled at the end of the year.
 - Services may be reimbursed as *fee-for-service* as they are now, or as a *per member per month (PMPM)* prospective payment.
- 2) Quality Component** - A **percentage of performance measures** on the attributed population (those included in the arrangement) **must be passed** to share in any savings (or to determine the percentage of losses that must be made up).



Upside & Downside Risk-Sharing Arrangement

(NYS Guideline)

Upside
Downside

- While VBP encourages efficiency, QUALITY is paramount!
- No savings will be earned without meeting minimum quality thresholds.
- NY State Medicaid's CMS-approved VBP Roadmap recommends that 50% of Pay-for-Performance (P4P) measures be "passed" to qualify for any shared savings or to determine the proportion of any losses to be shared.
 - Other measures are required to be reported (Pay-for-Reporting (P4R)), but are not used for performance payments.

Triple Aim → Quadruple Aim in Health Care



Addressing Provider Burnout

Harvard Business Review - **\$365 Billion** /year on physician time spent in E.H.R. inputs.

Addressing Provider Burnout:

“Physicians in the United States are upset by the amount of time they spend using electronic health records (EHRs).

This is true across [primary care physicians](#) and [specialists](#), and it [contributes to physician burnout](#).

The annual cost of physicians spending half of their time using EHRs [is over \\$365 billion](#) (a billion dollars per day) — more than the United States spends treating any major class of diseases and about equal to what the country spends on public primary and secondary [education instruction](#).

This is a problem that can be solved now by taking three steps.”

Solutions:

- *Standardize and Reduce Payer-Imposed Requirements*
- *Continuously Improve E.H.R. Workflows*
- *Unleash Innovation*

CAG 2019 Timeline, Highlights and Goals

Clinical Advisory Group (CAG) Goals for 2019

2019 CAG Goals

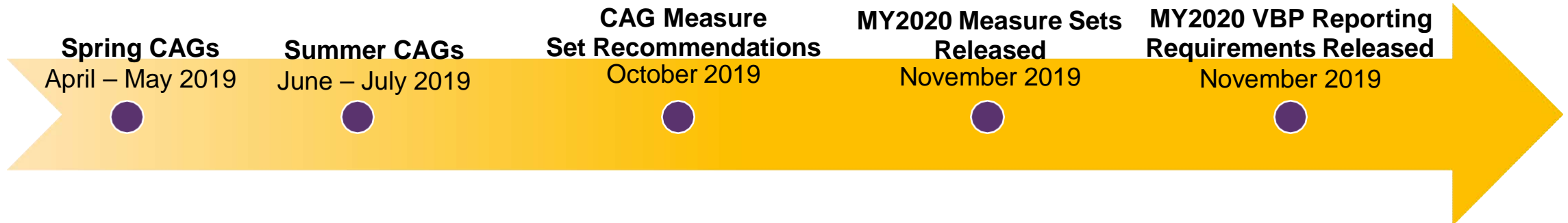
Conduct annual review of the quality measure sets.

Identify and analyze clinical and care delivery gaps in current measure sets.

Propose recommendations for 2020.

Clinical Advisory Group (CAG) Timeline for 2019

Timeline



- Spring Cycle to convene April through May, with Summer cycle to begin in June with a goal of ending in July.
 - HIV/AIDS CAG is convened in conjunction with the NYS AIDS Institute's Quality Advisory Committee. The Children's CAG as in past years will be convened in conjunction with United Hospital Fund.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in **October 2019**.
- (MY) 2020 Quality Measure Sets will be released in **November 2019**.
- The MY 2020 VBP Reporting Requirements Technical Specifications Manual will also be released in **November 2019**.

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders; and
- Any significant changes in evidence base of underlying measures and/ or conceptual gaps in the measurement program.

New York State Department of Health (NYSDOH) and 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; and
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

Section 2: Integrating Oral Health

Michele Griguts, DDS

*Dental Director, Division of Program Development and Management
Office of Health Insurance Programs*



Studies reveal oral bacteria that cause periodontal disease enter the **bloodstream** and significantly contribute to:

- ☞ Diabetes
- ☞ Pre-Term Births & Low Birth Weight
- ☞ Cardiovascular Disease
- ☞ Dementia
- ☞ Stroke
- ☞ Cancer
- ☞ Rheumatoid Arthritis
- ☞ Respiratory Ailments

Early Childhood Caries

(Tooth decay among children younger than 6 yrs.)

- ❏ Tooth decay is the most common chronic, preventable, childhood disease, surpassing asthma, early-onset obesity, and diabetes.
- ❏ Poor oral health can severely affect the health and well-being of an infant or child.
- ❏ Health professionals play an important role in the promotion of oral health.
- ❏ Evidence supports the use of fluoride varnish up to 4 times a year to decrease the caries rate in high risk infants and children.
 - ❏ [Bright Futures/American Academy of Pediatrics Periodicity Schedule](#) recommends fluoride treatment every 3-6 months for all children.
- ❏ [USPSTF](#) (B recommendation) recommends oral risk assessment beginning at 6 months and fluoride varnish application at first tooth eruption.

https://www.cdc.gov/pcd/issues/2012/11_0219.htm

<https://www.ncbi.nlm.nih.gov/books/NBK401516/>

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf <http://www.mychildrensteeth.org/assets/2/7/ECCstats.pdf>

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/dental-caries-in-children-from-birth-through-age-5-years-screening>

Integrated Care Supports Improvement in Health Outcomes, Cost Savings



Oral Health Integration into Primary Care

Roadmap

- Under subheading “**Current Progress Towards VBP, Exclusions:**”
“MCOs and contractors may choose to exclude the cost of dental services from their arrangements. (NYS VBP Roadmap, p.31).

Measures

- Current Measures
- Gain feedback for proposed additions
- Determine reportability of QM proposed for new inclusion

Section 3: VBP Roadmap

- *Contract Analysis*
- *Proposed Roadmap Changes*

VBP Contract Quality Measurement Analysis

- OQPS examined 53 VBP contracts from 16 MCOs created/modified between 2016-2018.
- Reviewers extracted quality measures identified for shared savings in VBP arrangements.

Specificity in Contracts	Count	Count as Percent of Total (N=53)
Indicated specific quality measures used in shared savings calculations	43	81.1%
Indicated NYS QARR benchmarks were being utilized in shared savings calculations	10	18.9%

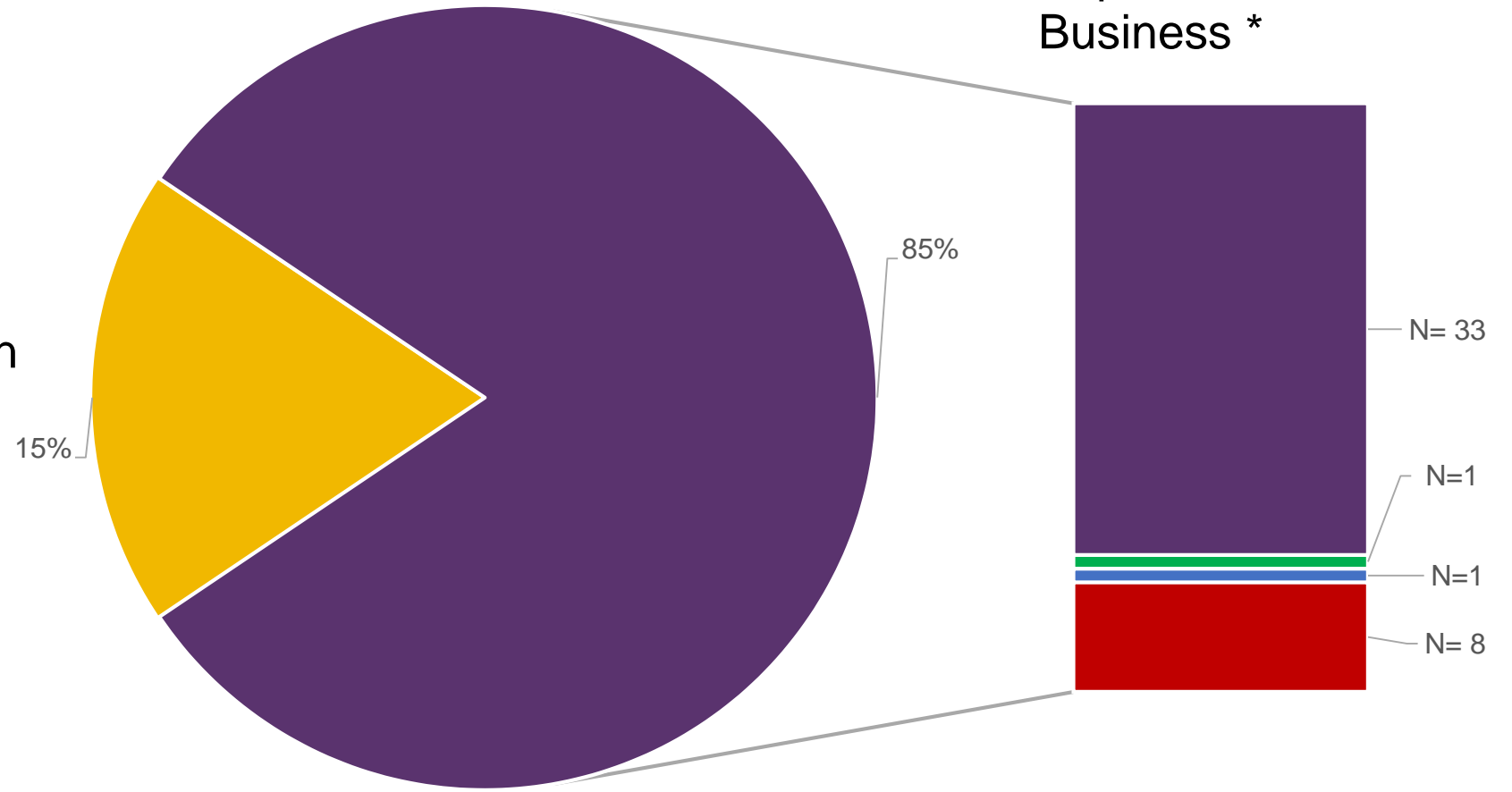
VBP Measures Most Specified in Shared Savings

NYS VBP Quality Measures	Unique Appearances in VBP Contracts	Unique Appearances as Percent of Total Contracts with Specific Shared Savings Quality Measures (N=43)
Breast Cancer Screening	34	79%
Adolescent Well-Care Visits	29	67%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	28	65%
Colorectal Cancer Screening	24	56%
Cervical Cancer Screening	21	49%
Chlamydia Screening in Women - Total	21	49%
Annual Dental Visit (Total)	20	47%
Well-Child Visits in the First 15 Months of Life	17	40%
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	14	33%
Medication Management for People with Asthma	14	33%
Comprehensive Diabetes Care - Eye Exams	13	30%
Childhood Immunization Status	12	28%

Type of Contracts and Populations Included

Quality Measures Identified in Contracts

- 53 Total Contracts Reviewed
- All TCGP contracts
- Most included specific quality measure used in shared savings
- Populations/Line of Business included in contract on bar chart*

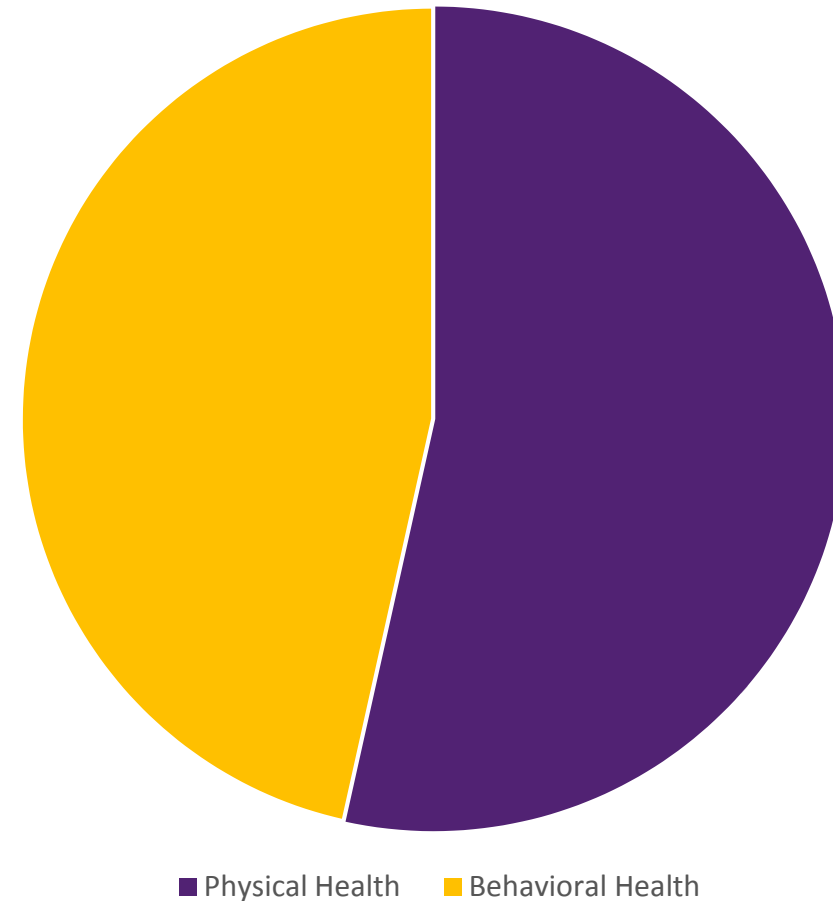


■ Could not ID QM
 ■ No Special Pop
 ■ HIV
 ■ HIV and HARP
 ■ HARP

Quality Measures Used in Shared Savings

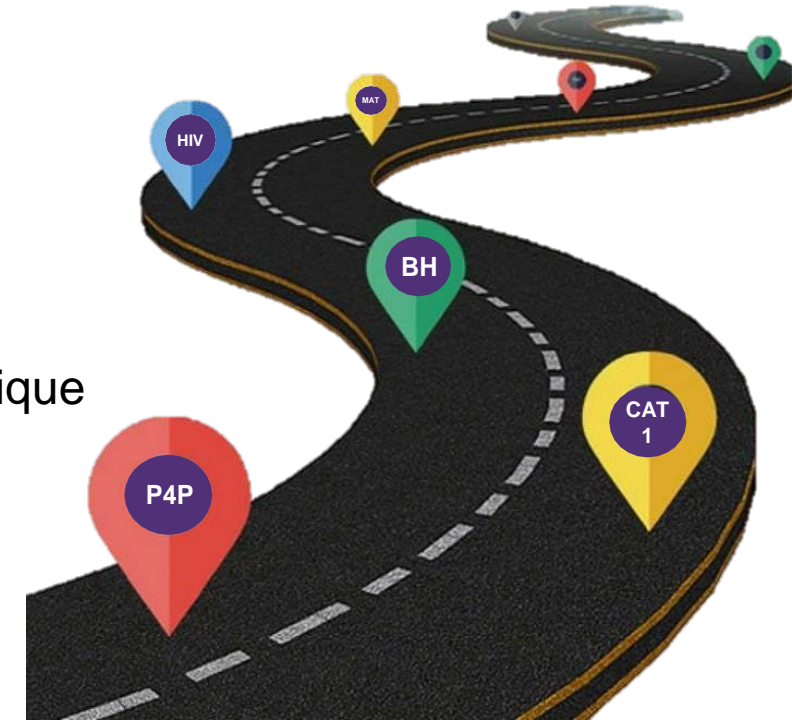
- 43 contracts with QM specified
- Measures categorized as:
 - ~ Physical Health
 - ~ Behavioral Health (includes IPC and HARP specific BH measures)
 - ~ 46% contracts include at least one Behavioral Health QM

TCGP with All Lines of Business



Proposed Roadmap Requirements for 2019 - Quality Measures

- Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must include at least one CAT 1 P4P measure in addition to the following:
 - At least one Category 1 P4P measure from the Total Care General Population Quality Measure Set for each of the following domains:
 - i. Integrated Primary Care
 - ii. Mental Health
 - iii. Substance Use Disorder
 - iv. HIV/AIDS
 - v. Maternity
 - vi. Children's
 - The subpopulation or condition-specific measures selected must be unique to the respective measure set.



Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.

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.

- Category 2 measures are P4R and are not required to be reported by MCOs.

TCGP Quality Measure Domains

Maternity Measures ~ *Category 1*

Maternity Care Measures	Measure Steward	Measure Identifier	Classification
Prenatal and Postpartum Care	NCQA	NQF 1517 (lost endorsement)	P4R

TCGP Quality Measure Domains

Mental Health Measures ~ Category 1

HARP Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P
Maintaining/Improving Employment or Higher Education Status	NYS	-	P4R
Maintenance of Stable or Improved Housing Status	NYS	-	P4R
No or Reduced Criminal Justice Involvement	NYS	-	P4R
Percentage of Members Enrolled in a Health Home	NYS	-	P4R
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS	-	P4P

TCGP Quality Measure Domains

Substance Use Disorder Measures ~ Category 1

HARP Measures	Measure Steward	Measure Identifier	Classification
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	P4P
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	NQF 2605	P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS		P4P
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS		P4R

TCGP Quality Measure Domain

HIV/AIDS Measures~ Category 1

HIV/ AIDS Measures	Measure Steward	Measure Identifier	Classification
HIV Viral Load Suppression	Health Resources and Services Administration (HRSA)	NQF 2082	P4P

TCGP ~ Additional Measure Domains

- **Similar to how we added some maternity measures to TCGP last year**
 - Do you agree that additional domains for TCGP should be added to account for Mental Health, Substance Use Disorder, and HIV/AIDS?
 - NYS DOH recommends moving Prenatal/Postpartum Care to P4P.
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Section 4: 2018 Measure Results: VBP Pilot Program

Paloma Luisi, MPH

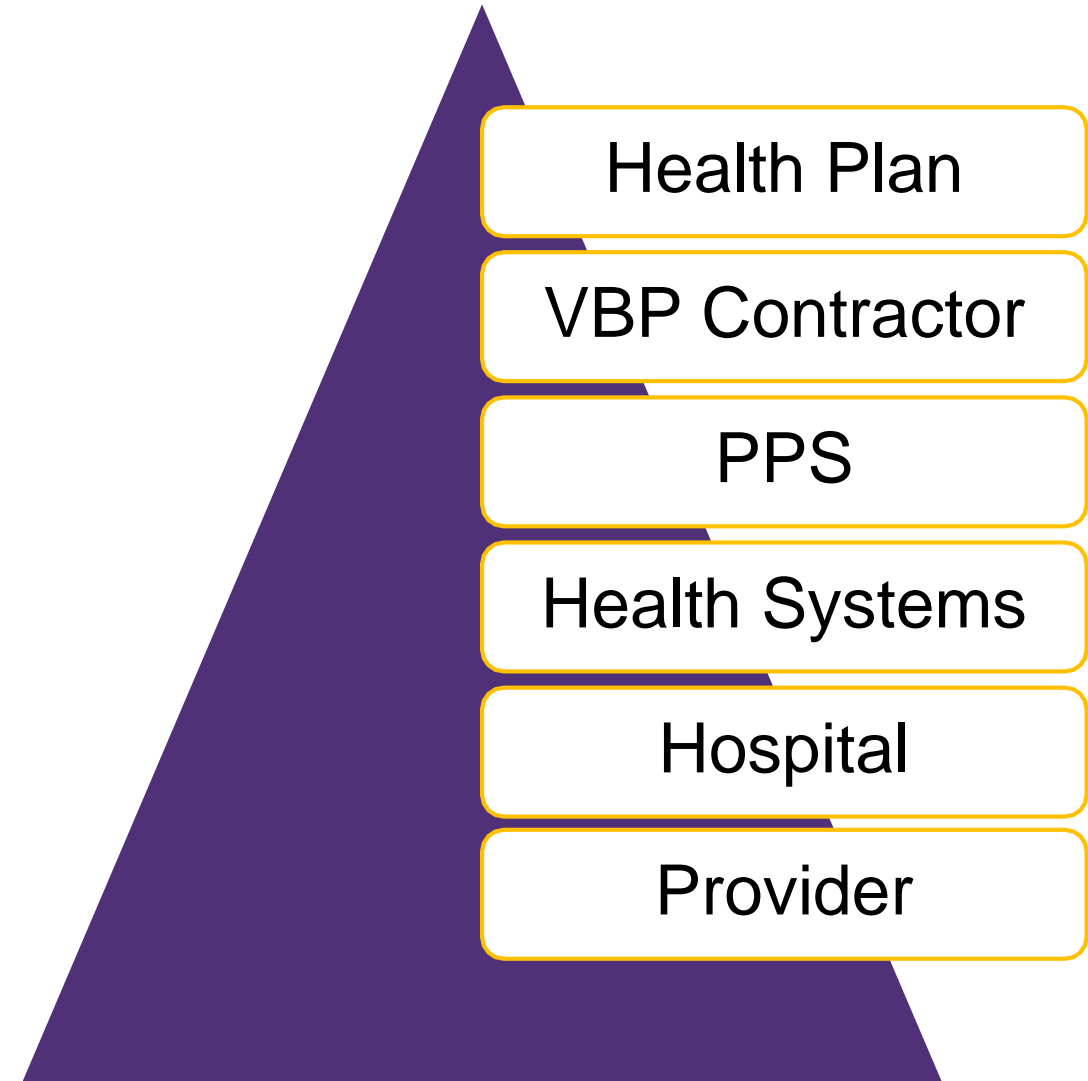
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Division Quality Measurement

Office of Quality and Patient Safety

Value Based Payment Quality Measurement

- NYSDOH is working on alignment of quality measurement across all levels of the health care delivery system (not always possible).
- Quality measures for VBP pilot participants represent the first time participants will see measure results at a both VBP contractor and arrangement level.



VBP Pilot Program Overview

- The VBP Pilot Program was a two-year program intended to create momentum and support the transition to VBP, establishing best practices and sharing lessons learned. It was also intended to test new outcome measures, and where necessary improve design of VBP arrangements. The Pilots were required to:

Adopt on-menu VBP arrangements, as per NYS VBP Roadmap guidelines;

Submit a VBP contract (or contract addendum) by April 1, 2017, with a retroactive effective contract date of no later than January 1, 2017 and through December, 2018 (2 year program);

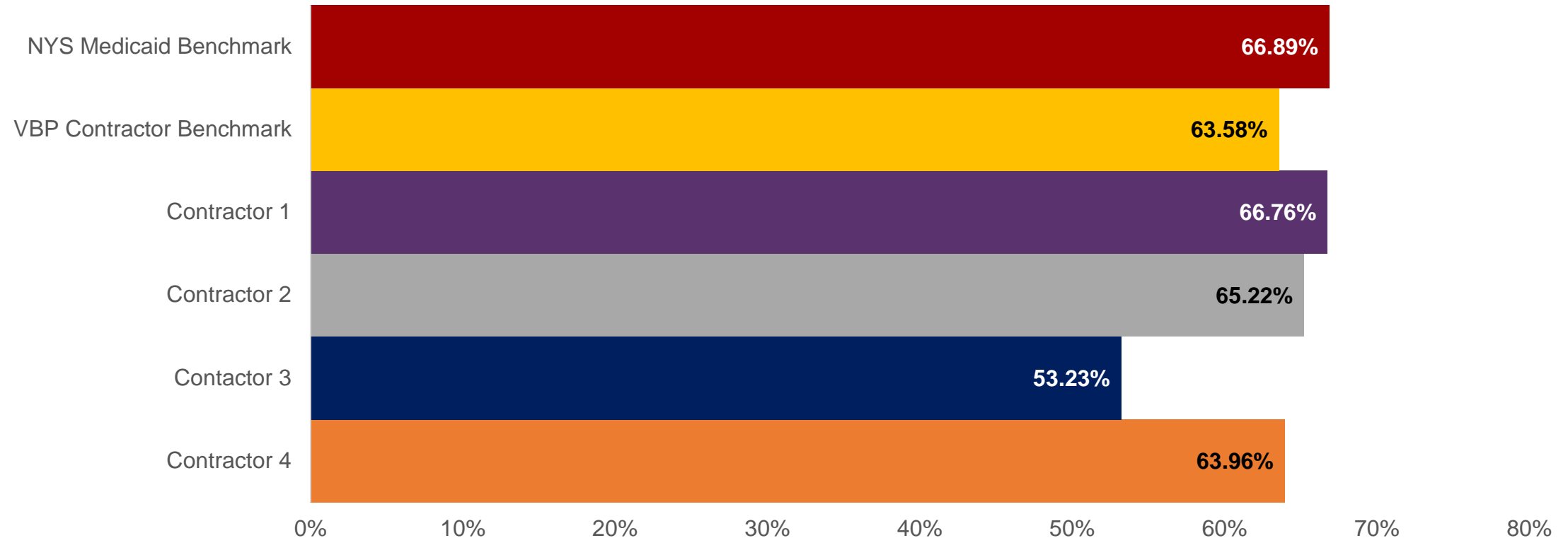
Report on **all** CAT 1 and a minimum of two (2) distinct CAT 2 measures for each arrangement being contracted, or have a State and Plan approved alternative (*new change: only 1 Cat 2 measure for 2018*);

Move to Level 2 VBP arrangements in Year 2 of the Pilot Program; and

Develop webinars on their lessons learned from the contracting process and participation in the program.

VBP Pilot Quality Measurement – by Contractor

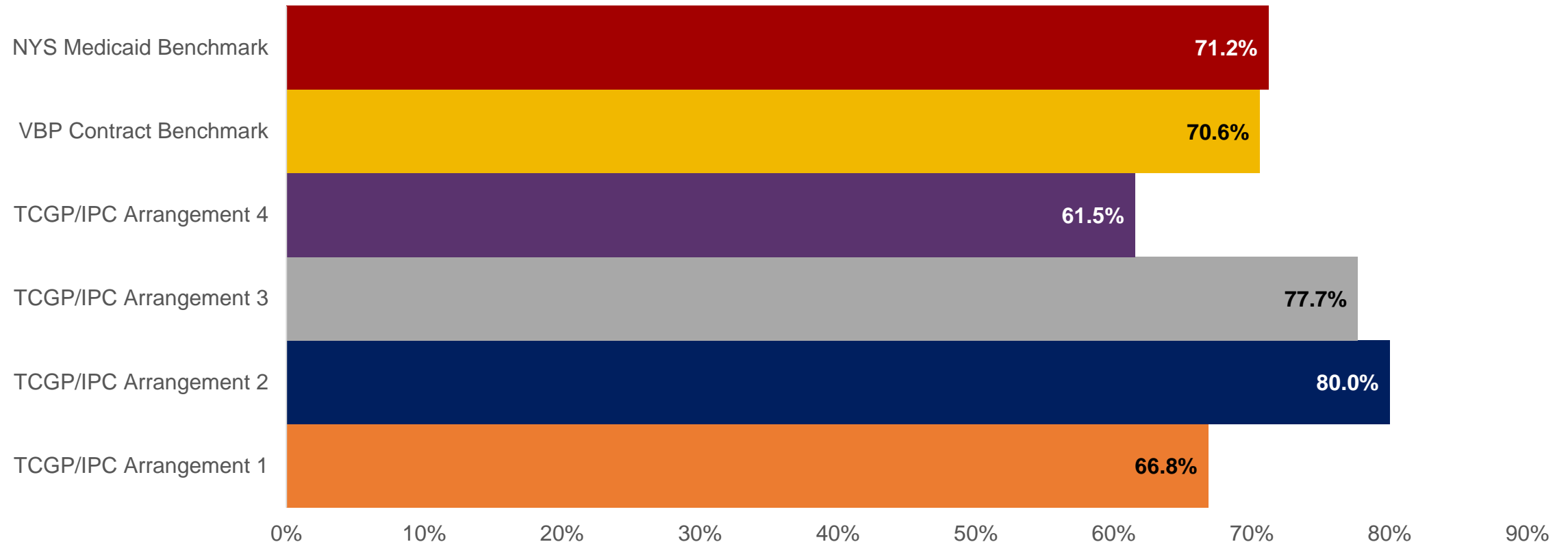
In a contractor view, we can see measure results at contractor view for all of their MCOs who attribute patients to the contractor for all of their lines of business (Medicaid, HARP, HIV SNP as applicable). This includes patients outside of the VBP Pilot arrangements.



VBP Pilot Quality Measurement – by Arrangement

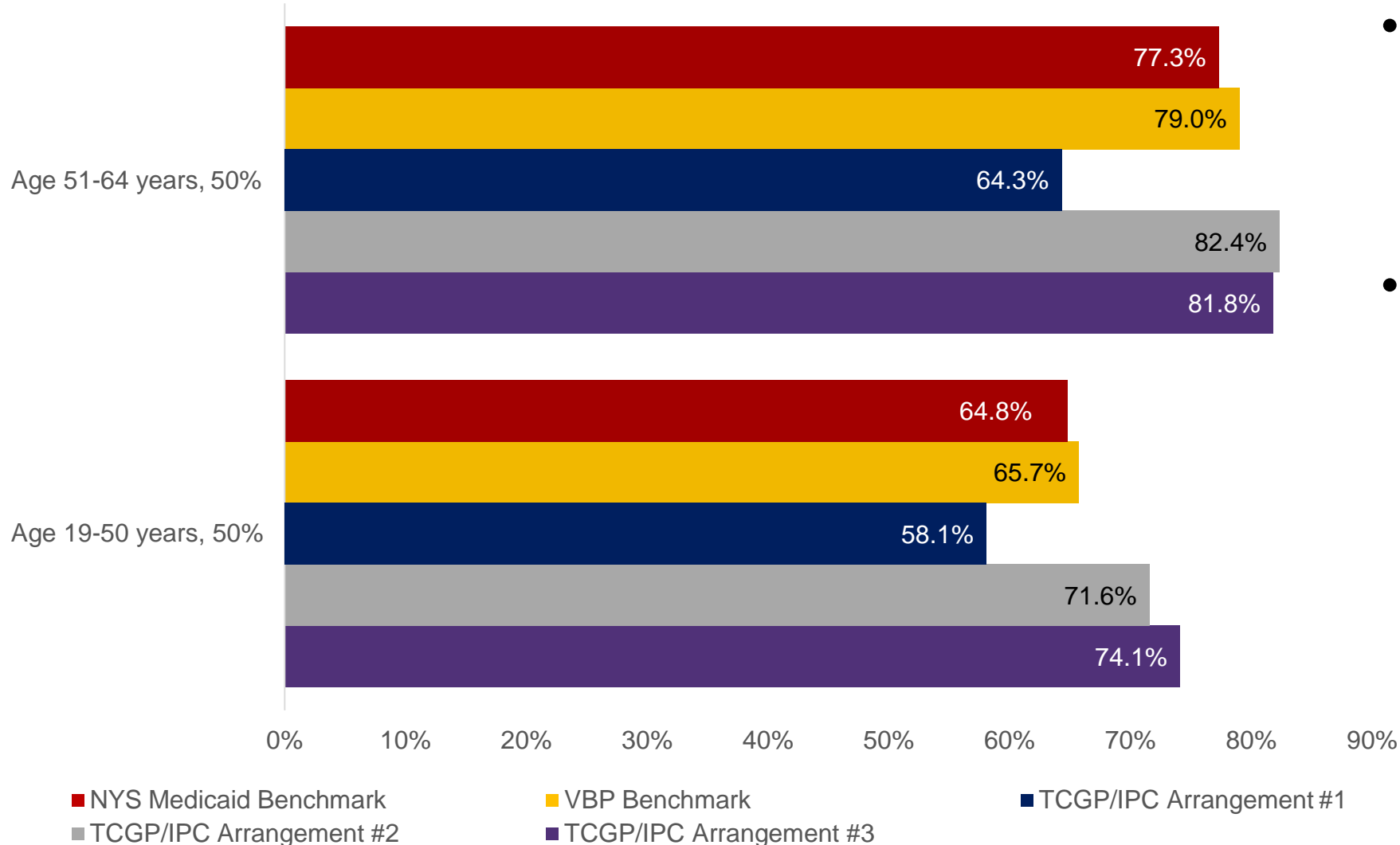
In an arrangement view, we can see measure results between one contractor and one MCO for attributed patients in the VBP Pilots.

Breast Cancer Screening by Selected Contractor-MCO Arrangements



VBP Pilot Quality Measurement – Measure Deep Dive

Medication Management for People with Asthma



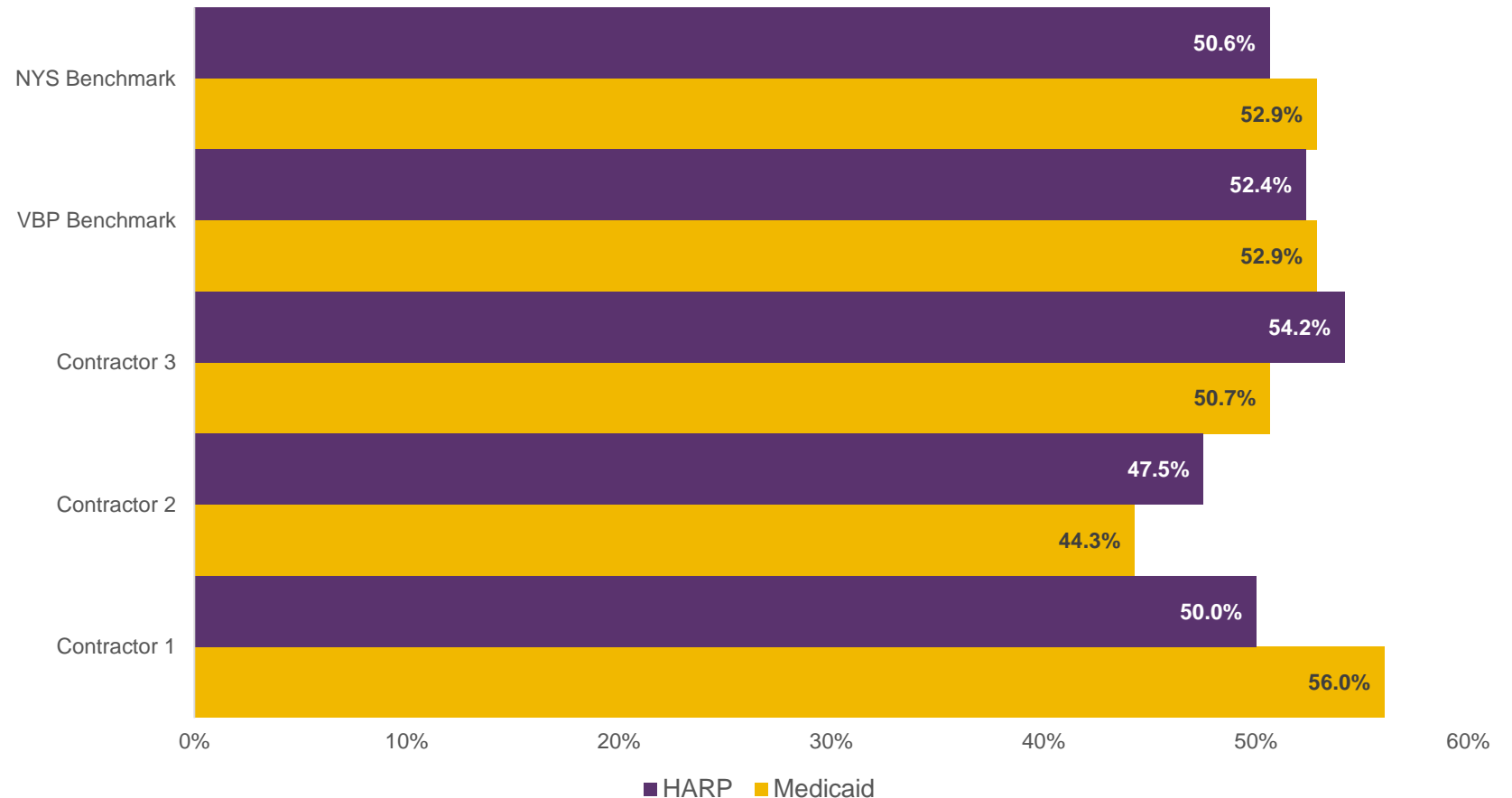
- Asthma medication management is a widely contracted measure for shared savings.
- The VBP Pilot quality measures showed a wide range of results.

VBP Pilot Quality Measurement – Measure Deep Dive

Antidepressant medication management is a widely used behavioral health measure throughout the VBP contracts.

- Measure results can be produced at a contractor level for attributed patients from every MCO and further stratified by line of business.
- All eligible patients, not just those in a VBP Pilot arrangement are included in this view.

Antidepressant Medication Management: Acute Phase by Contractor and Line of Business (All MCOs)



Section 5: Summary of Prioritized Measures

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*Director, Division of Quality Measurement
Office of Quality and Patient Safety*

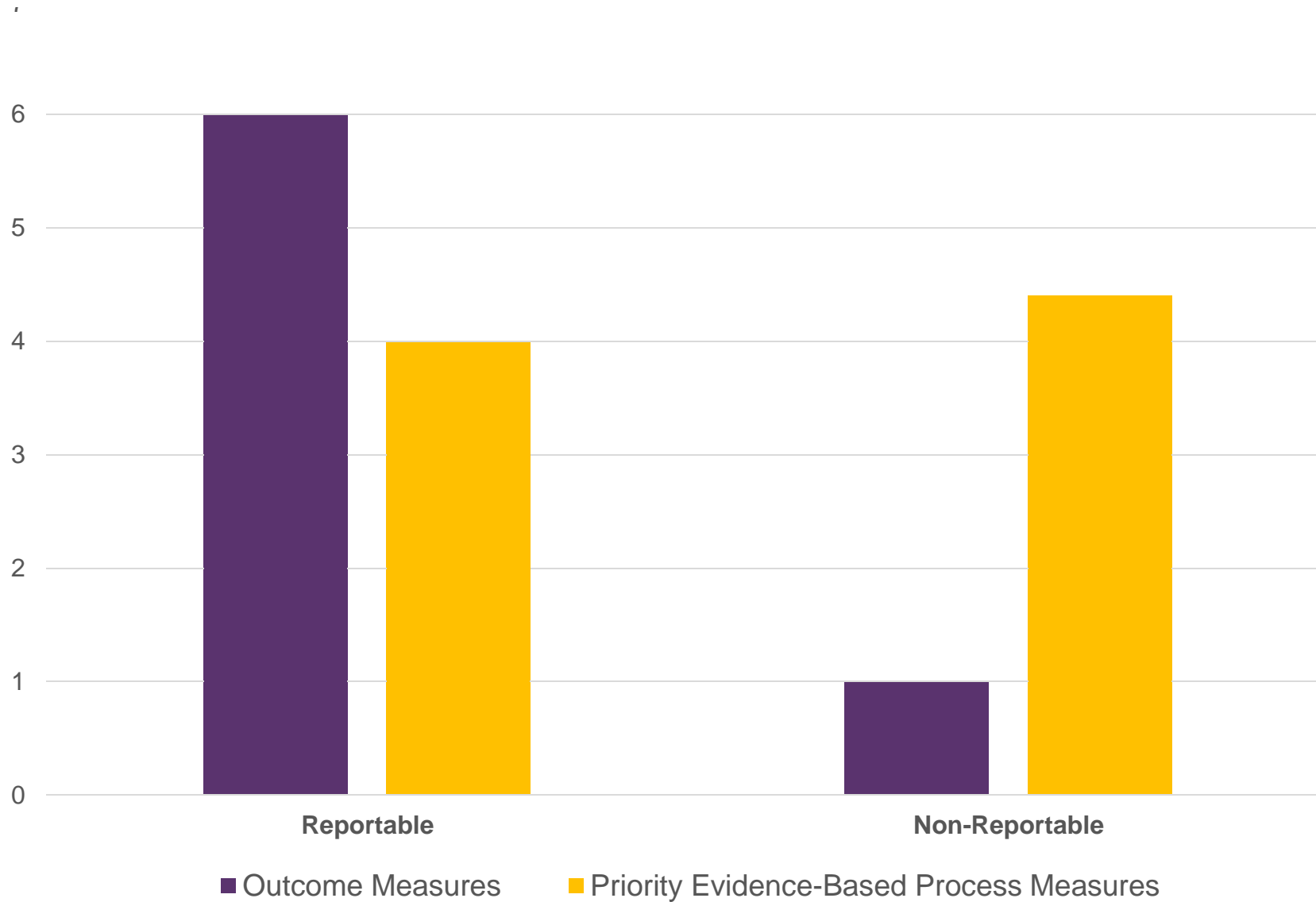
High Priority Measures for Discussion (1/2)

Measure	Included in Quality Measure Set?						Reporting Status
	TCGP	IPC	Maternity	HIV	HARP	Pediatric	
<i>Outcome Measures</i>							
Comprehensive Diabetes Care: HbA1c Poor Control > 9%	✓	✓		✓	✓		R
Controlling High Blood Pressure	✓	✓		✓	✓		R
Maintenance of Stable or Improved Housing Status					✓		R
No or Reduced Criminal Justice Involvement					✓		R
Maintaining and Improving Employment or Higher Education Status					✓		R
HIV Viral Load Suppression				✓			R
Depression Remission or Response for Adolescents and Adults ^{±*}	✓	✓		✓			NR

High Priority Measures for Discussion (2/2)

Measure	Included in Quality Measure Set?						Reporting Status
	TCGP	IPC	Maternity	HIV	HARP	Pediatric	
<i>Priority Evidence-Based Process Measures</i>							
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention			✓		✓		NR
Asthma Medication Ratio	✓	✓		✓	✓		R
Initiation and Engagement of Alcohol and Other Drug Dependence	✓	✓	✓	✓			R
Childhood Immunization Status, Combination 3	✓	✓					R
Immunization in Adolescents, Combination 2	✓	✓					R
Developmental Screening in the First 3 Years of Life						✓	NR
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan			✓				NR

Summary of Prioritized Measures



TCGP VBP Arrangement Anticipated Measure Integration

Total New Measures	2018	2019	2020	Integration Date Unknown
	+ 3	+ 2	+ 2	+8
Category 1 Measures				
P4P	Controlling High Blood Pressure	-	-	-
		Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	-	-
P4R	<i>Potentially Avoidable Complications in Routine Sick Care or Chronic Care</i>			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
	-		Developmental Screening in the First 3 Years of Life	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow – Up Plan
	-			Depression Remission or Response for Adolescents and Adults
Category 2 Measures				
		Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	Topical Fluoride for Children at Elevated Caries Risk, Dental Services	Asthma: Assessment of Asthma Control – Ambulatory Care Setting
		Continuing Engagement in Treatment (CET) Alcohol & other Drug Dependence		Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care
	Use of Opioid Dependence Pharmacotherapy	-		Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
	-	-		Lung Function/Spirometry Evaluation (Asthma)
	-	-		Patient Self-Management and Action Plan (Asthma)

Topical Fluoride for Children at Elevated Caries Risk, Dental Services

Measure Description	Percentage of enrolled children aged 1-21 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications within the reporting year.
Measure Numerator	Unduplicated number of enrolled children aged 1-21 years who are at “elevated” risk (i.e., “moderate” or “high”) who received at least 2 topical fluoride applications as a dental service.
Measure Denominator	Unduplicated number of enrolled children aged 1-21 years who are at “elevated” risk (i.e., “moderate” or “high”).
Exclusions	Medicaid/CHIP programs should exclude those individuals who do not qualify for dental benefits.

*Measure is not currently aligned with any other federal or state payment programs (e.g. MIPS, CPC+, etc....)

Fluoride Measure Discussion

- **Recommended to be removed from the NYS Primary Care Core Measure Set**
 - Do you agree that it should be maintained in the TCGP/IPC/Children's Category 2 measure set?
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence

Measure Description	The percentage of individuals who initiate pharmacotherapy with at least 1 prescription for alcohol treatment medication within 30 days following an index visit with a diagnosis of alcohol abuse or dependence.
Measure Numerator	Number of members who initiate pharmacotherapy treatment within 30 days of the Index Episode.
Measure Denominator	The number of members with an index visit with a diagnosis of alcohol abuse or dependence.

*Measure is not currently aligned with any other federal or state payment programs (e.g. MIPS, CPC+, etc....)

Initiation of Pharmacotherapy Measure Discussion

- **Public comment did not support this measure and it was moved to category 2.**
- **Further evidence has come out that pharmacotherapy, while helpful is not the only modality of treatment for alcohol abuse and dependence.**
 - NYS DOH recommends that it should be removed from TCGP/IPC Category 2 measure set?
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Section 6: National Quality Measurement Updates: HEDIS

Lindsay Cogan, PhD, MS

*Director, Division of Quality Measurement
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NCQA Proposed Changes Quality Measures for HEDIS® 2020

- **Changes to Existing Measures**

- ↪ Postpartum Care

- **New Measures**

- ↪ Follow-up after High-Intensity Care for Substance Use Disorder *

- ↪ Pharmacotherapy for Opioid Use Disorder **

- ↪ Prenatal Depression Screening and Follow-up

- ↪ Postpartum Depression Screening and Follow-up



* Aligned with NYS Category 2- Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care

** Aligned with NYS Category 2- Use of Opioid Dependence Pharmacotherapy

Postpartum Care

- **Previously** only postpartum visits on or between 21 and 56 days after delivery counted as numerator compliant.
- **ACOG** [*American College of Obstetricians and Gynecologists*] recently published an updated guideline for postpartum care and now recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth.
- **NCQA** [*National Committee for Quality Assurance*] proposes replacing the current postpartum rate with three rates to better align with guidelines:
 1. **Early postpartum visit:** percentage with a postpartum visit within 21 days after delivery.
 2. **Later postpartum visit:** percentage with a postpartum visit during 22 and 84 days after delivery.
 3. **Early and later postpartum visit:** percentage with both an early and a later postpartum visit (numerator compliant for both indicators).

Section 7: MY 2019 Priority Clinical and Care Delivery Goals

- *Recap of Identification of 2018 Gap Areas*
- *Depression Remission and Response*

Confirm & Expand Priority Clinical & Care Delivery Goals (1/3)

- The initial set of Priority Clinical and Care Delivery Goals for the Total Care for the General Population (TCGP) and Integrated Primary Care (IPC) Arrangements were based on review of the BH CAG meeting materials and Measure Set recommendations.
 - ↳ Measures were associated with a clinical or care delivery goal focus area and targeted phase of care based on the measure detail and the purpose or intent for use.

Confirm & Expand Priority Clinical & Care Delivery Goals (2/3)

- Goal setting helps establish clear clinical and care delivery targets and will provide strategic direction for the State to consider in the development of a multi-year strategy and plan for the development and implementation of a high-value and responsive measure set for the TCGP and IPC arrangements.



Confirm & Expand Priority Clinical & Care Delivery Goals (3/3)

- The following slides present an initial set of Priority Clinical and Care Delivery Goals related to the 4 Behavioral Health episodes in the IPC arrangement. Clinical and Care Delivery Goals are broad-based aims for the promotion of optimal patient outcomes through the delivery of safe, effective, and efficient evidence-based care delivery for the following episodes of care:
 - ~ Depression and Anxiety Disorders
 - ~ Bipolar Disorder
 - ~ Substance Use Disorder
 - ~ Trauma and Stressor Disorders

Physical Health Care Gaps

- **Physical Health (*Care Focus*)**

Optimal Health Behaviors

- a) Regular Physical Activity
- b) Screening and Prevention of Drug Abuse and Excessive Alcohol Use
- c) Addiction Treatment

Prevention & Early Detection of Disease

- a) Cardiovascular Risk Assessment
- b) Pre- Diabetes Screen
- c) Hypertension
- d) Dyslipidemia

Psychosocial Health

- a) Psychosocial Stress Management

Reproductive Health

- a) HIV Risk Assessment, Pre-Exposure (PrEP), Hep B screen, HIV Screen

- **Diabetes Care**

Phase: Evaluation & Ongoing Management

- a) Diabetes self-management
- b) Reg. Physical Activity
- c) Depression Screen & Management (S & M), psychosocial S & M

- **Chronic Heart Disease**

Phase: Evaluation & Ongoing Management

- a) Reg. Physical Activity
- b) Psychosocial S& M, Depression S & M

- **Chronic Pulmonary**

Phase: Evaluation & Ongoing Management

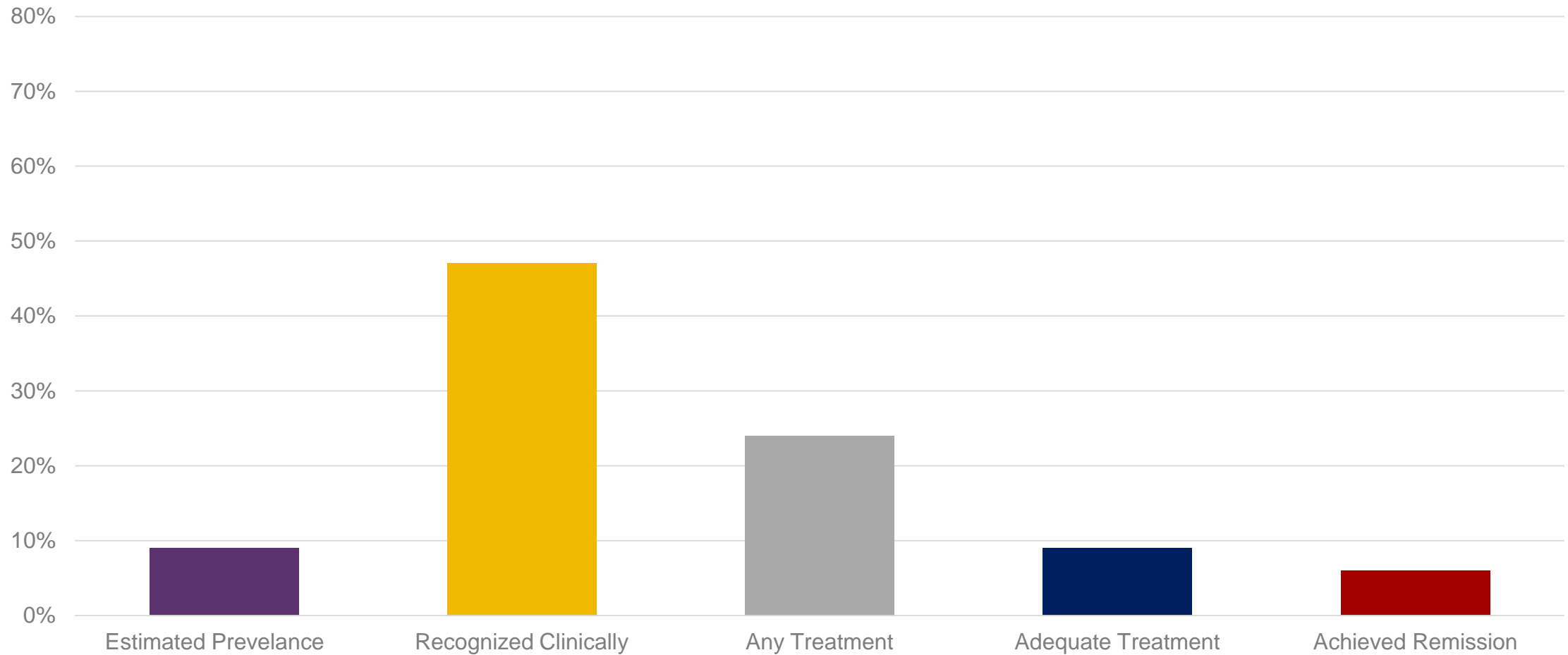
- a) Pneumococcal Vaccination
- b) Assessment of Environmental Exposures (Air Quality)
- c) Weight Management, Obesity Screening/Management
- d) Tobacco Avoidance & Cessation

Current Measures Addressing 2018 Identified GAPS

- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (*CMS, # 421, Cat 1 P4R*)
- Preventive Care and Screening: Influenza Immunization, *AMA/PCPI, #41, Cat 1 P4R*
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, *AMA PCPI, #0028, P4R*

Depression Remission /Response Analysis

Depression Treatment Cascade



Cascade to Clinical Quality Measures

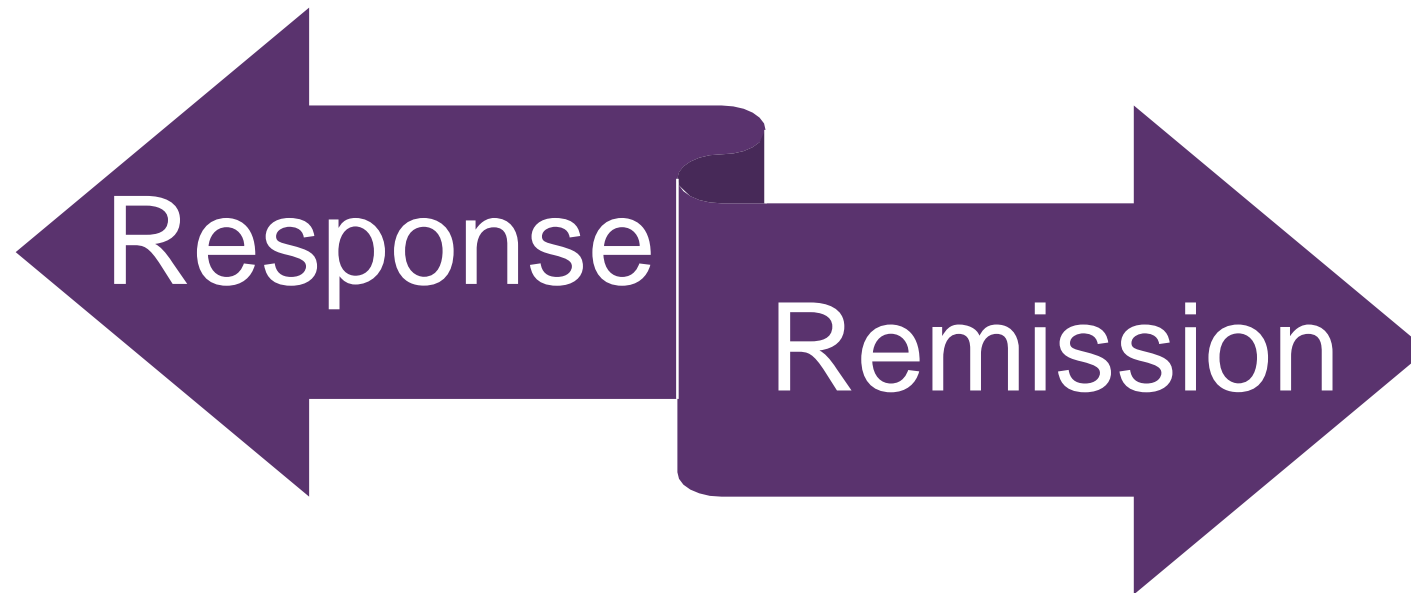
- **Recognized Clinically:** *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized tool.
- **Any Treatment:** *Follow-Up on Positive Screen.* The percentage of members who screened positive for depression and received follow-up care within 30 days.
- **Adequate Treatment:** *Antidepressant Medication Management or Follow-Up PHQ-9 or something else?*
- **Response or Remission:** The next few slides will highlight NYS' process.

Depression Measure Outcome Review

- Review of measures focused on several key criteria:
 1. Operational criteria of the technical specification
 - Score ranges (severity)
 - Time periods (duration)
 2. Logistical Feasibility: Is the required data to calculate the measure available?

Remission vs. Response

- **Response:** this is a 50% decrease in scores on depression scales, or an improvement of depressive symptoms. Although there is improvement, significant depressive symptoms still remain.
- **Remission:** this is when there is minimal or few symptoms of depression. Leading to greater functional and symptomatic improvement.



Depression - Outcome

NQF #	Measure Name	Measure Steward	Program Alignment
0710	Depression Remission at Twelve Months	MN Community Measurement	<ul style="list-style-type: none"> • Medicare Shared Savings Program (Implemented), • Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (Implemented), • Merit-Based Incentive Payment System (MIPS) Program (Finalized)
0711	Depression Remission at Six Months	MN Community Measurement	<ul style="list-style-type: none"> • Medicare Physician Quality Reporting System (Implemented), • Merit-Based Incentive Payment System (MIPS) Program (Finalized), • Physician Feedback/Quality Resource Use Report (Finalized), • Physician Value-Based Payment Modifier (Finalized)

Depression - Outcome (2)

NQF #	Measure Name	Measure Steward	Program Alignment
0712	Depression Utilization of the PHQ-9 Tool	MN Community Measurement	<ul style="list-style-type: none"> Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status), Merit-Based Incentive Payment System (MIPS) Program (Finalized)
1884	Depression Response at Six Months- Progress Towards Remission	MN Community Measurement	N/A
1885	Depression Response at Twelve Months- Progress Towards Remission	MN Community Measurement	N/A

NQF #0710 – Depression Remission at 12 Months

Measure Steward: MN Community Measurement

- Adult patients 18 years and older
- Diagnosed with major depression or dysthymia
- With an initial Patient Health Questionnaire (PHQ-9) score greater than nine (PHQ-9 > 9)
- Demonstrate remission at 12 months (+/- 30 days after an index visit) defined as a PHQ-9 score less than 5
- Applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment

NQF #0711 – Depression Remission at 6 Months

Measure Steward: MN Community Measurement

- Adult patients 18 years and older
- Diagnosed with major depression or dysthymia
- With an initial Patient Health Questionnaire (PHQ-9) score greater than nine (PHQ-9 > 9)
- Demonstrate remission at six months (+/- 30 days after an index visit) defined as a PHQ-9 score less than 5 (PHQ-9 < 5)
- Applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment

Depression Remission at 12 & 6 Months Review

Score Ranges

- The threshold of reaching a specific PHQ-9 score (<5) is arbitrary and does not take into account the individual starting points for each patient.
- For example, a reduction from 10 to 5 can be considered as less progress than a reduction from a 25 to 6; however, this measure would reward the former and penalize the latter.

Time Period

- It is clinically important to assess for depression remission on an appropriate time interval.
- There is a lack of high-quality evidence to support the 6 and 12 month (+/- 30 days) time interval.
- Most practices don't see patients for more than 6 months.
- By the time the end of the 12 months, patients may have self-discharged and will be lost to follow-up.
- Don't want to send the message that you should wait 5 to 7 months to see improvement.

Feasibility

- Questions remain about the availability of PHQ-9 Scores in standardized data fields in EHR.

NQF #0712 – Depression Utilization of the PHQ-9 Tool

Measure Steward: MN Community Measurement

Steward: The Children's Hospital of Philadelphia (CHOP)

- Adult patients 18 years and older
- Diagnosis of major depression or dysthymia
- A Patient Health Questionnaire (PHQ-9) tool administered at least once within four months of depression diagnosis

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "x" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? — Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For each score: 0 + _____ + _____ + _____

*Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Depression Utilization of the PHQ-9 Tool

Score Ranges

- No PHQ-9 threshold is used in this measure.
- Member must be diagnosed with major depression.
- Implementation of this measure could be an intermediate step along the continuum of getting to an optimal outcome measure.
- PHQ-9 is not the only tool available but it widely used.

Time Period

- It is clinically important to assess for depression remission on an appropriate time interval.
- There is insufficient evidence to support the 4 month time interval specified in the denominator.
- It is unclear whether the 4 month measurement period refers to one measurement within a 4 month period, or every 4 months for patients with an on-going disease diagnosis.

Feasibility

- Questions remain about the availability of PHQ-9 Scores in standardized data fields in EHR.

NQF# 1885 – Depression Response at 12 Months Progress Towards Remission

Measure Steward: MN Community Measurement

- Adult patients 18 years and older
- Diagnosed with major depression or dysthymia
- With an initial Patient Health Questionnaire (PHQ-9) score greater than nine (PHQ-9 > 9)
- Demonstrate response to treatment at 12 months (+/- 30 days after an index visit) defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score
- Applies to both patients with newly diagnosed and existing depression identified during the defined measurement period and whose current PHQ-9 score indicates a need for treatment

NQF# 1884 – Depression Response at 6 Months Progress Towards Remission

Measure Steward: MN Community Measurement

- Adult patients 18 years and older
- Diagnosed with major depression or dysthymia
- With an initial Patient Health Questionnaire (PHQ-9) score greater than nine (PHQ-9 > 9)
- Demonstrate response to treatment at six months (+/- 30 days after an index visit) defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score
- Applies to both patients with newly diagnosed and existing depression identified during the defined measurement period and whose current PHQ-9 score indicates a need for treatment

Depression Response at 12 Months and at 6 months Review

Score Ranges

- Examining two points in time does take into account the individual starting points for each patient.
- A reduction by 50% or greater from the initial PHQ-9 will still be unrealistic for some.

Time Period

- It is clinically important to assess for depression remission on an appropriate time interval.
- There is a lack of high-quality evidence to support the 6 and 12 month (+/- 30 days) time interval.
- Most practices don't see patients for more than 6 months.
- By the time the end of the 12 months patients may have self-discharged and will be lost to follow-up.
- Don't want to send the message that you should wait 5 to 7 months to see improvement.

Feasibility

- Questions remain about the availability of PHQ-9 Scores in standardized data fields in EHR.

NCQA - Depression Remission or Response for Adolescents and Adults (DRR)

- The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.
 - Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Remission: The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Response: The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

Differences between NCQA & MNCM

	NCQA	Original measures
Age	12 years and older	Adults 18 years and older
Use of PHQ-9 tool	Follow-up score within 4 – 8 months	At least one score within four months of depression diagnosis
Follow-up period	4 – 8 months	6 months and 12 months (+/- 30 days)

Depression Feedback

- What are you seeing in your practice as it relates to depression response or remission?
- How often do you have individuals with major depression back to see you?
- Are you regularly administering a PHQ-9? Do you use additional screening tools?
- What other factors should we consider?



Section 8: Summary & Next Steps

- *Request for Feedback*
- *Submission Of Suggestions And Recommendations*

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix 1:

2019 TCGP & IPC Quality Measure Final Sets

2019 TCGP and IPC Quality Measures

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P
Adolescent Preventive Care- Assessment, counseling or education on risk behaviors and preventive actions associated with: 1) sexual activity, 2) depression, 3) tobacco use, 4) substance use	NYS		Cat 1 P4R
Adolescent Well-Care Visit (AWC)	NCQA		Cat 1 P4R
Annual Dental Visit	NCQA	1388	Cat 1 P4R
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	105	Cat 1 P4P
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P
Asthma Admission Rate - PDI #14	AHRQ	728	Cat 1 P4P
Breast Cancer Screening	NCQA	2372	Cat 1 P4P
Cervical Cancer Screening	NCQA	32	Cat 1 P4P
Childhood Immunization Status – Combination 3	NCQA	38	Cat 1 P4P
Chlamydia Screening in Women	NCQA	33	Cat 1 P4P
Colorectal Cancer Screening	NCQA	34	Cat 1 P4P

2019 TCGP and IPC Quality Measures

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	55	Cat 1 P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	59	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	62	Cat 1 P4P
Controlling High Blood Pressure	NCQA	18	Cat 1 P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P
Follow-up care for children prescribed ADHD Medication	NCQA	108	Cat 1 P4R
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	4	Cat 1 P4P
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P
^{TCGP} Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278 (lost endorsement)	Cat 1 P4R
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P

2019 TCGP and IPC Quality Measures

Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R
^{TCGP} Prenatal & Postpartum Care	NCQA	1517 (lost endorsement)	Cat 1 P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	421	Cat 1 P4R
Preventive Care and Screening: Influenza Immunization	AMA/PCPI	41	Cat 1 P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	418	Cat 1 P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA/PCPI	28	Cat 1 P4R
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	Not endorsed	Cat 1 P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	577	Cat 1 P4R
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	24	Cat 1 P4P
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P