



**Department
of Health**

Behavioral Health

Clinical Advisory Group (CAG) Meeting

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Agenda

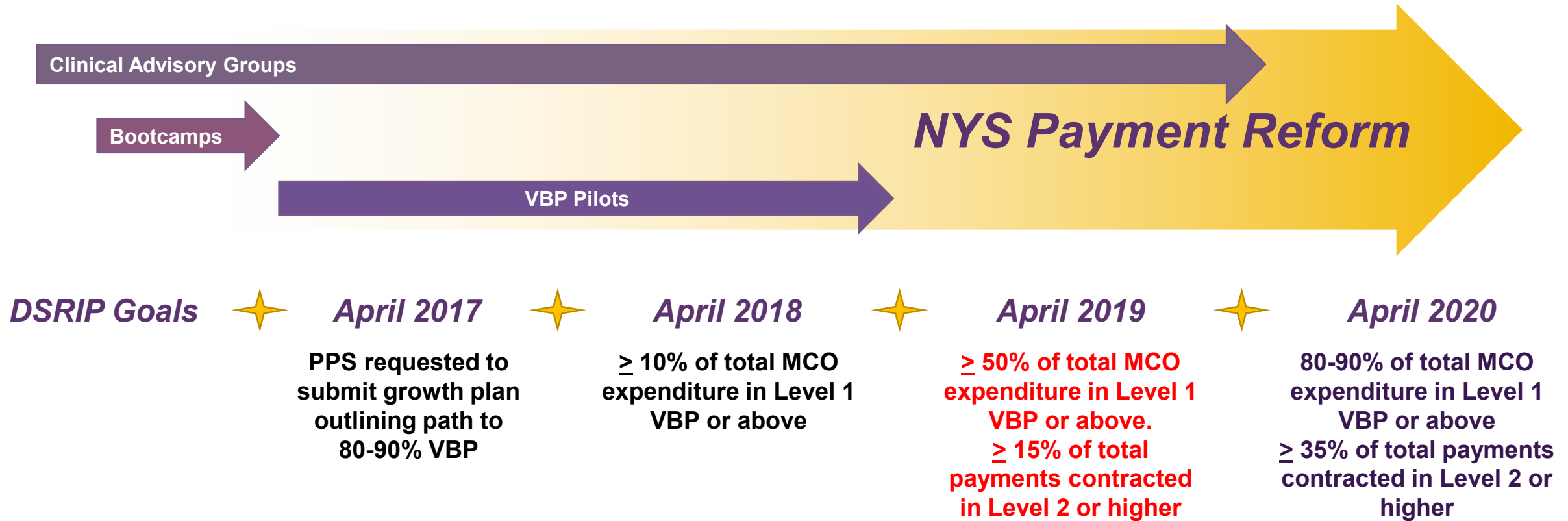
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|---|---------------|
| 1. Introduction | 20 min |
| <ul style="list-style-type: none">-w- Roll Call-w- Value Based Payment in New York State-w- CAG 2019 Timeline, Highlights and Goals | |
| 2. VBP Roadmap | 20 min |
| <ul style="list-style-type: none">-w- Contract Analysis-w- Proposed Roadmap Changes | |
| 3. Measure Results and Timeline: VBP Pilot Program | 15 min |
| <ul style="list-style-type: none">-w- 2018 Measure Results by VBP Contractor-w- Implementation Timeline | |
| 4. Strategy for Prioritized Measures | 10 min |
| 5. National Quality Measurement Updates | 20 min |
| 6. MY 2019 Priority Clinical and Care Delivery Goals | 30 min |
| <ul style="list-style-type: none">-w- Recap of Identification of 2018 Gap Areas-w- Depression Remission and Response | |
| 7. 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).



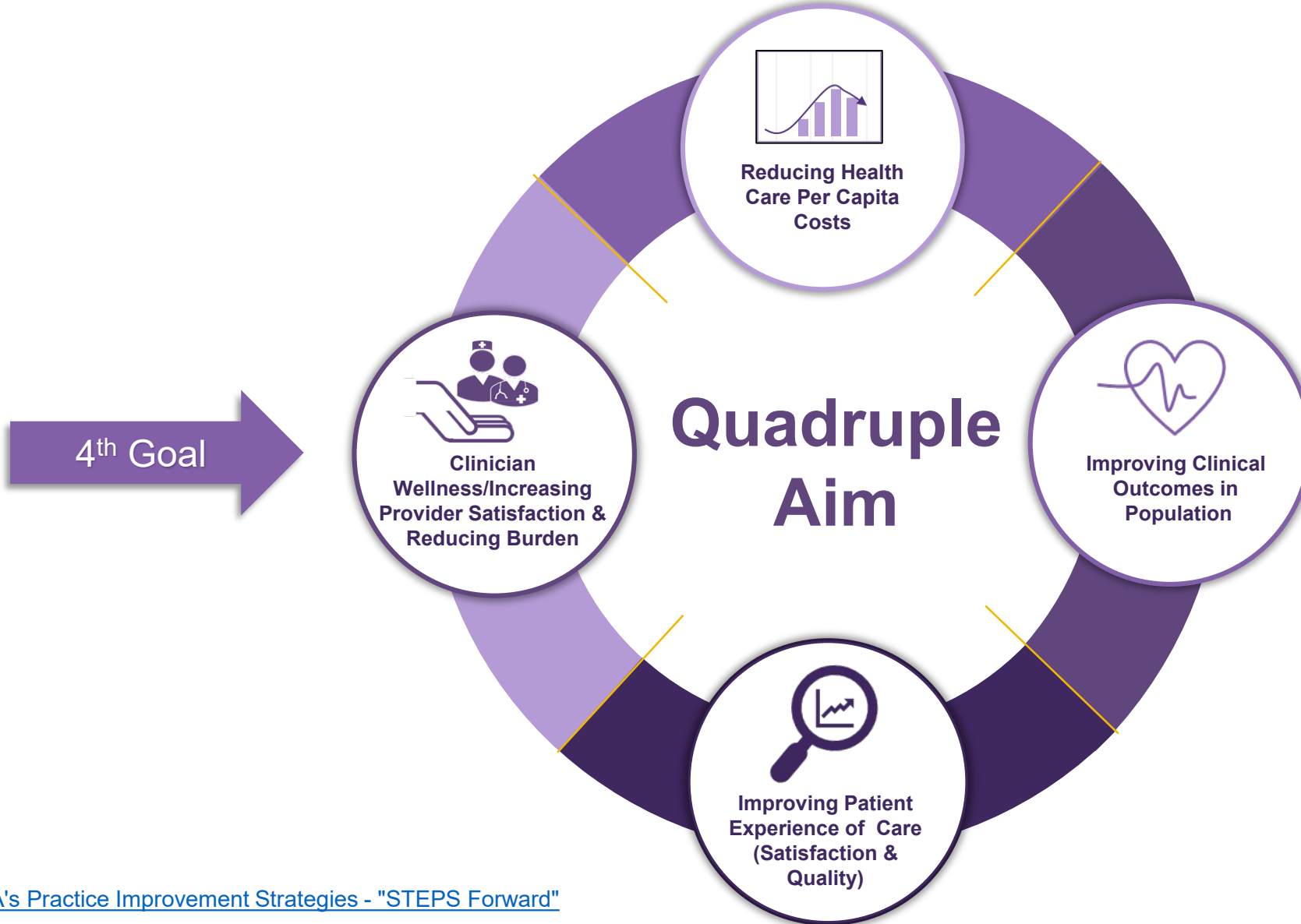
Upside & Downside Risk-Sharing Arrangement

(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 should 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.

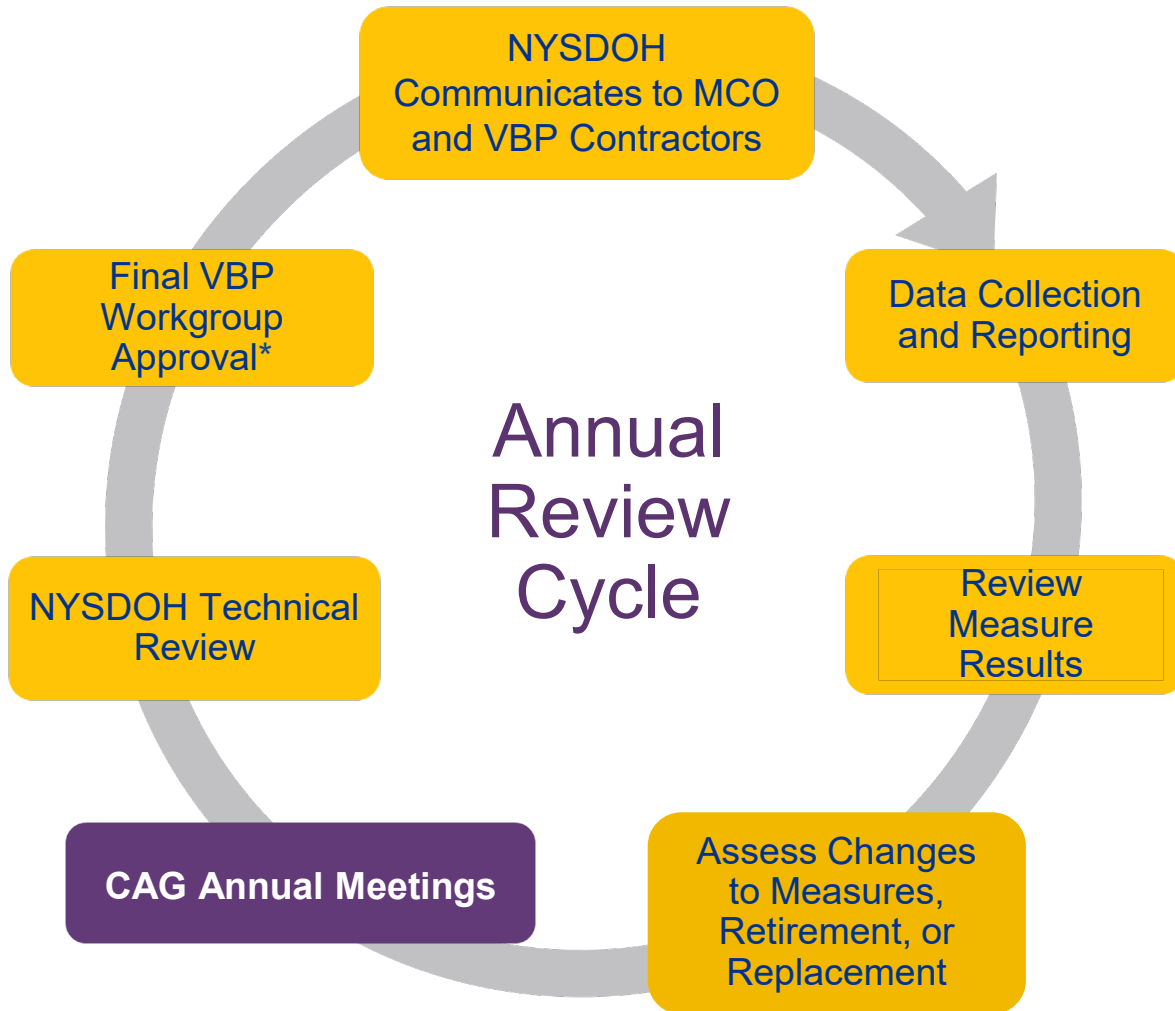
Clinical Advisory Group (CAG) Timeline for 2019

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).

Clinical Advisory Group Input Made a Difference

- Introduction of New Measures
- Recategorization of Measures
- Integration of New Measure Set Population



Section 2: VBP Roadmap

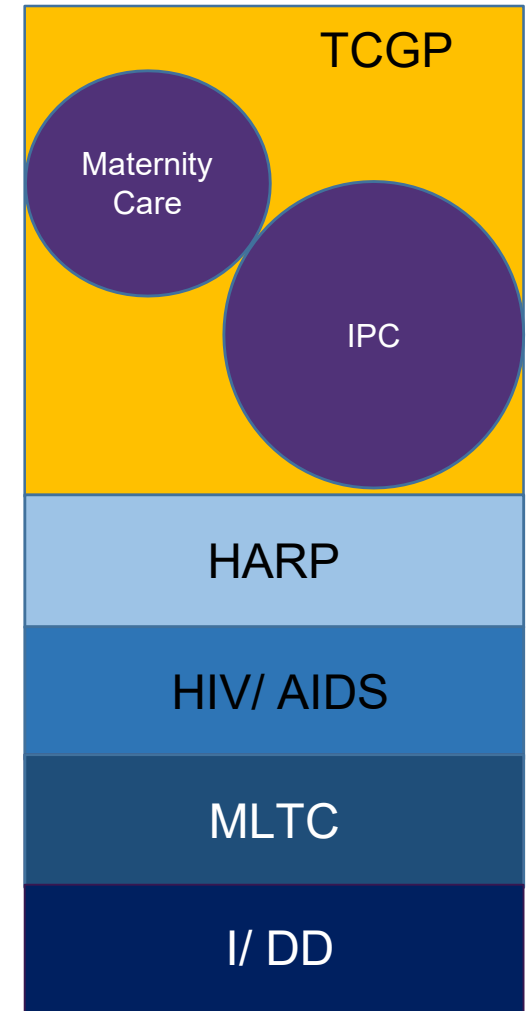
- *Contract Analysis*
- *Proposed Roadmap Changes*

VBP Arrangements

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

Arrangement Types

- **TCGP:** All costs and outcomes for care, excluding MLTC, HARP, HIV/AIDS, and I/DD* subpopulations.
- Episodic Care
 - **IPC:** All costs and outcomes associated with primary care, sick care, and a set of chronic conditions selected due to high volume and/or costs.
 - **Maternity Care:** Episodes associated with pregnancies, including delivery and first month of life of newborn and up to 60 days post-discharge for mother.
- Total Care for Special Needs Subpopulations: Costs and outcomes of total care for all members within a subpopulation exclusive of TCGP.
 - **HARP:** For those with Serious Mental Illness or Substance Use Disorders
 - **HIV/AIDS**
 - **Managed Long Term Care (MLTC)**
 - **I/DD***



VBP Contractors can contract TCGP as well as Subpopulations as appropriate; nothing mandates that the Roadmap-defined arrangement types must be handled in standalone contracts.

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% |

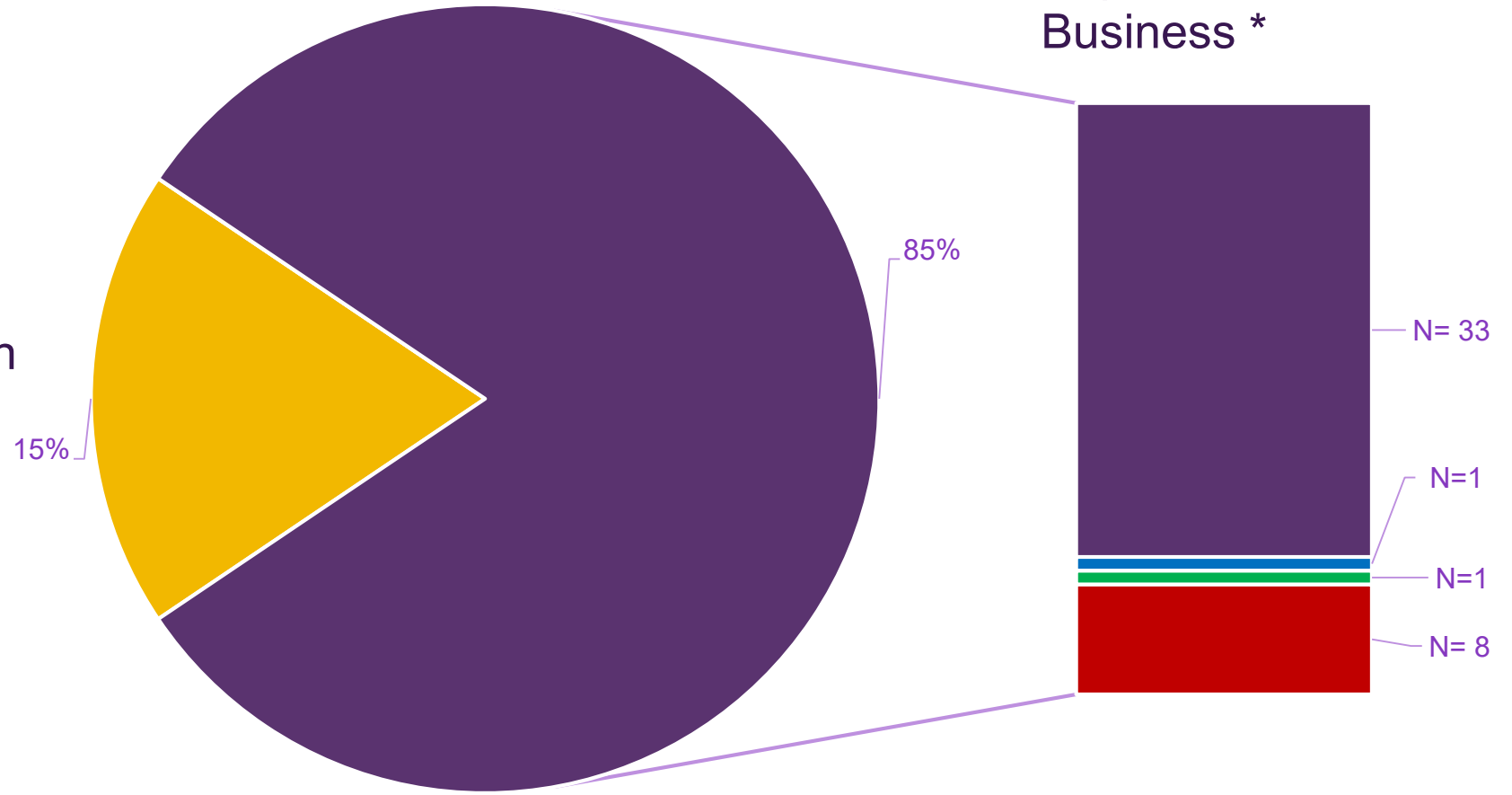
VBP Measures Most Specified in Shared Savings

| 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% |
| Antidepressant Medication Management | 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

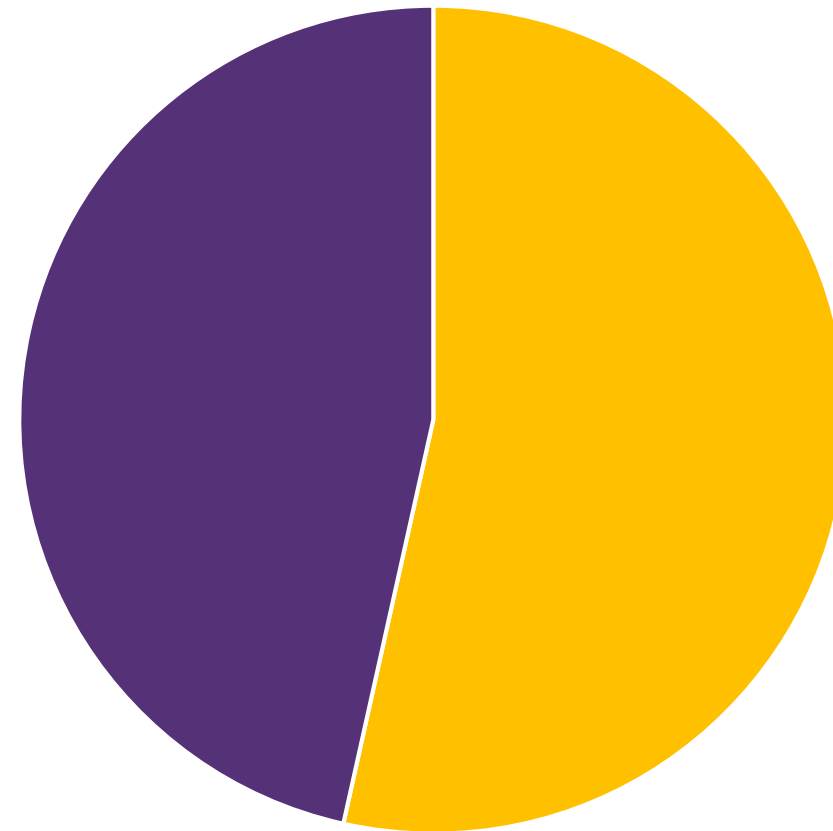
- Measures categorized as:

- Physical Health

- **Behavioral Health (includes IPC and HARP specific BH measures)**

- **46% contracts include at least one Behavioral Health QM**

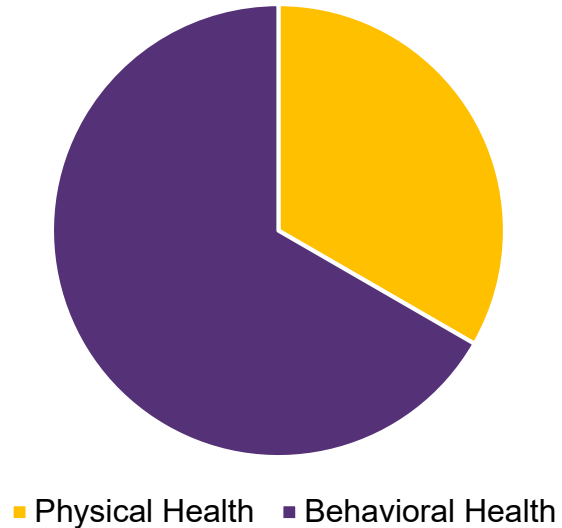
TCGP with All Lines of Business



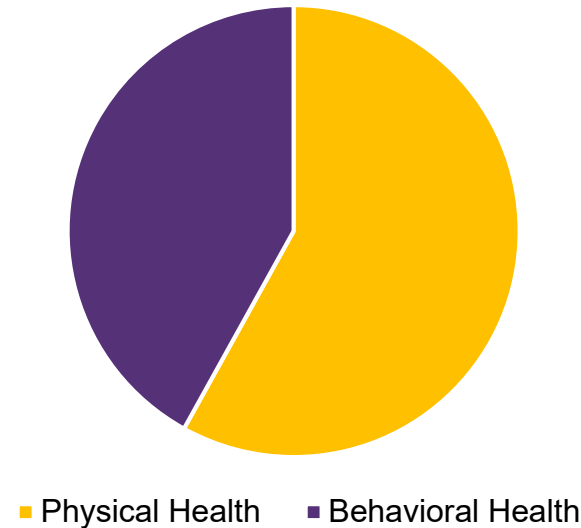
■ Physical Health ■ Behavioral Health

Quality Measures Used in Shared Savings - HARP Line of Business

TCGP with HARP Line of Business



TCGP Only



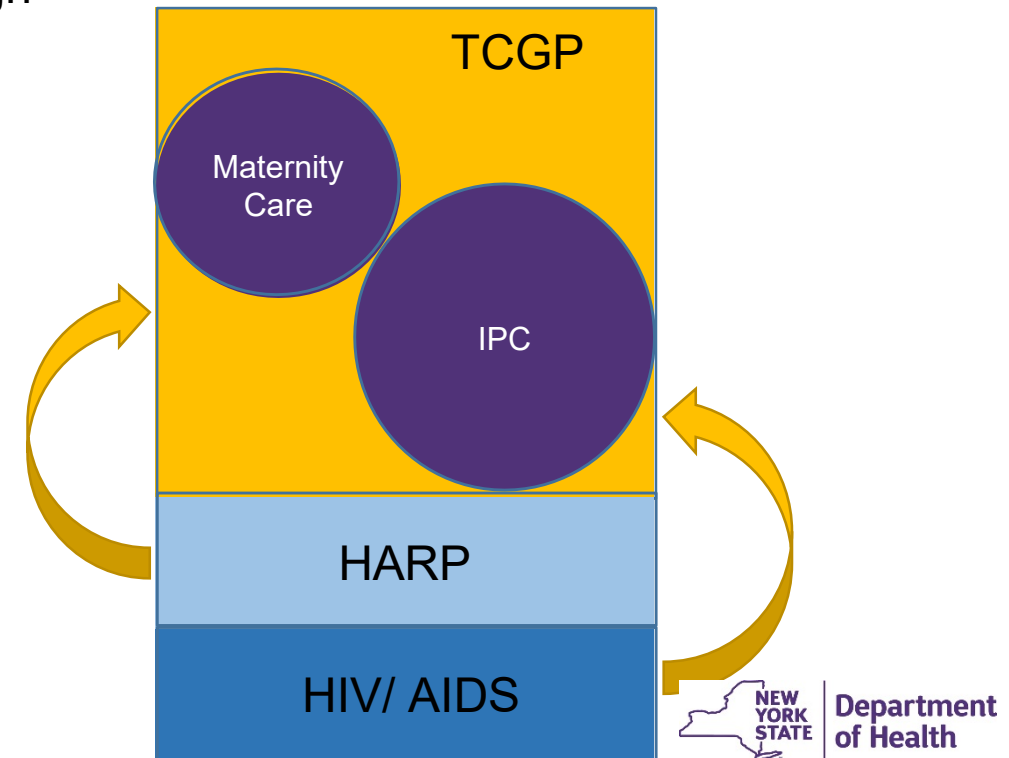
At least 1 Behavioral Health measure is found in 67% of TCGP contracts with a HARP line of business, compared to 42% of TCGP contracts without a HARP line of business.

Most Common Behavioral Health Quality Measures in VBP Contracts

| Quality Measure | Unique Appearances as % of Total Contracts with a BH QM | Categorization in Measure Sets |
|--|---|---|
| Antidepressant Medication Management | 60% | TCGP/IPC /HIV - P4P – CAT 1 |
| Follow-Up After Hospitalization for Mental Illness | 20% | HARP – P4P – CAT 1 |
| Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder | 10% | HARP – CAT 2 |
| Adolescent Preventative Care Measures | 10% | TCGP/IPC – P4R – CAT 1 |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | 10% | TCGP/IPC/HARP/HIV – P4P – CAT 1 |
| Follow-Up Care for Children Prescribed ADHD Medication | 10% | TCGP/IPC – P4R – CAT 1 |
| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment | 10% | TCGP/IPC/HARP/HIV – P4P – CAT 1 |
| Initiation of Pharmacotherapy upon New Episode of Opioid Dependence | 10% | TCGP/IPC/HARP/HIV – P4P – CAT 1 |
| Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan | 10% | [NR]TCGP/IPC/Maternity/HARP/HIV – P4R – CAT 1 |
| Use of Pharmacotherapy for Alcohol Abuse or Dependence | 10% | TCGP/IPC/HARP/HIV – P4R – CAT 1 |

Summary of Quality Measure Contract Review

- All of the contracts reviewed were TCGP
- Findings point to how TCGP contracts are using quality measures and potential updates for Roadmap
 - Lines of business/subpopulations in TCGP may provide opportunity to apply more targeted QM
 - Use of QM and specific lines of business do not always align



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

IPC Measures ~ *Category 1*

You must choose at least 1 measure from the following domain

| Measure Name | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder | CMS | NQF 1880 | P4P |
| Antidepressant Medication Management | NCQA | NQF 0105 | P4P |
| Breast Cancer Screening | NCQA | NQF 2372 | P4P |
| Cervical Cancer Screening | NCQA | NQF 0032 | P4P |
| Initiation and Engagement of Alcohol & Other Drug Abuse or Dependence Treatment | NCQA | NQF 0004 | P4P |

See the IPC measure set for the full list of IPC measures

TCGP Quality Measure Domains

Mental Health Measures ~ Category 1

You must choose at least 1 measure from the following domain

| Measure Name | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | 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 |
| Potentially Preventable Mental Health Related Readmission Rate 30 Days | NYS | - | P4P |

TCGP Quality Measure Domains

Substance Use Disorder Measures ~ Category 1

You must choose at least 1 measure from the following domain

| Measure Name | 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 |

TCGP Quality Measure Domains

HIV/AIDS Measures ~ Category 1

You must choose at least 1 measure from the following domain

| Measure Name | Measure Steward | Measure Identifier | Classification |
|----------------------------|-----------------|--------------------|----------------|
| HIV Viral Load Suppression | HRSA | NQF 2082 | P4P |

Maternity Measures ~ Category 1

You must choose at least 1 measure from the following domain

| Measure Name | Measure Steward | Measure Identifier | Classification |
|------------------------------|-----------------|--------------------|----------------|
| Prenatal and Postpartum Care | NCQA | NQF 2082 | P4P |

QM Required Domains for Integrating into Physical Health

- **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?
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



Section 3: 2018 Measure Results: VBP Pilot Program

Paloma Luisi, MPH

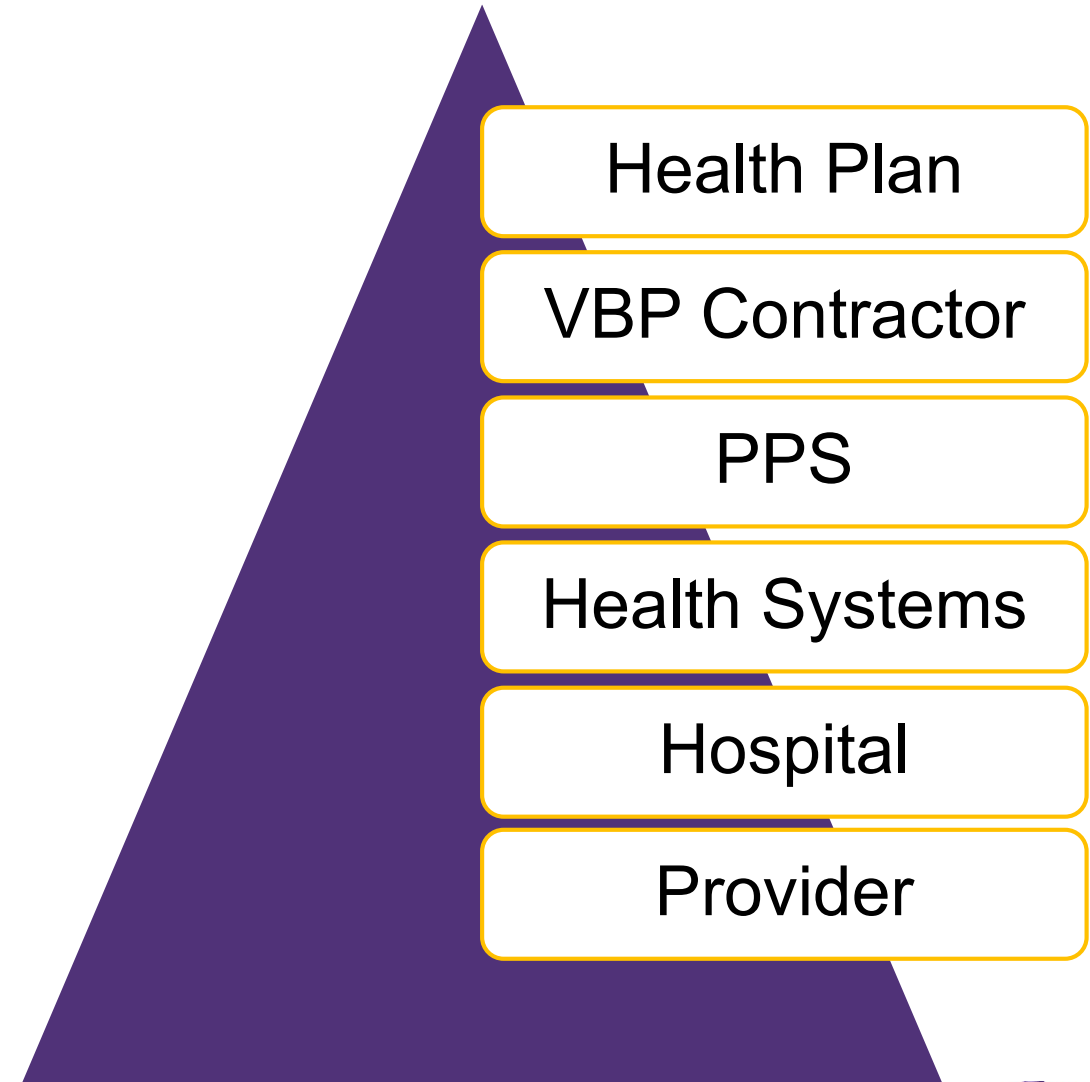
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Value Based Payment Quality Measurement

- 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*);

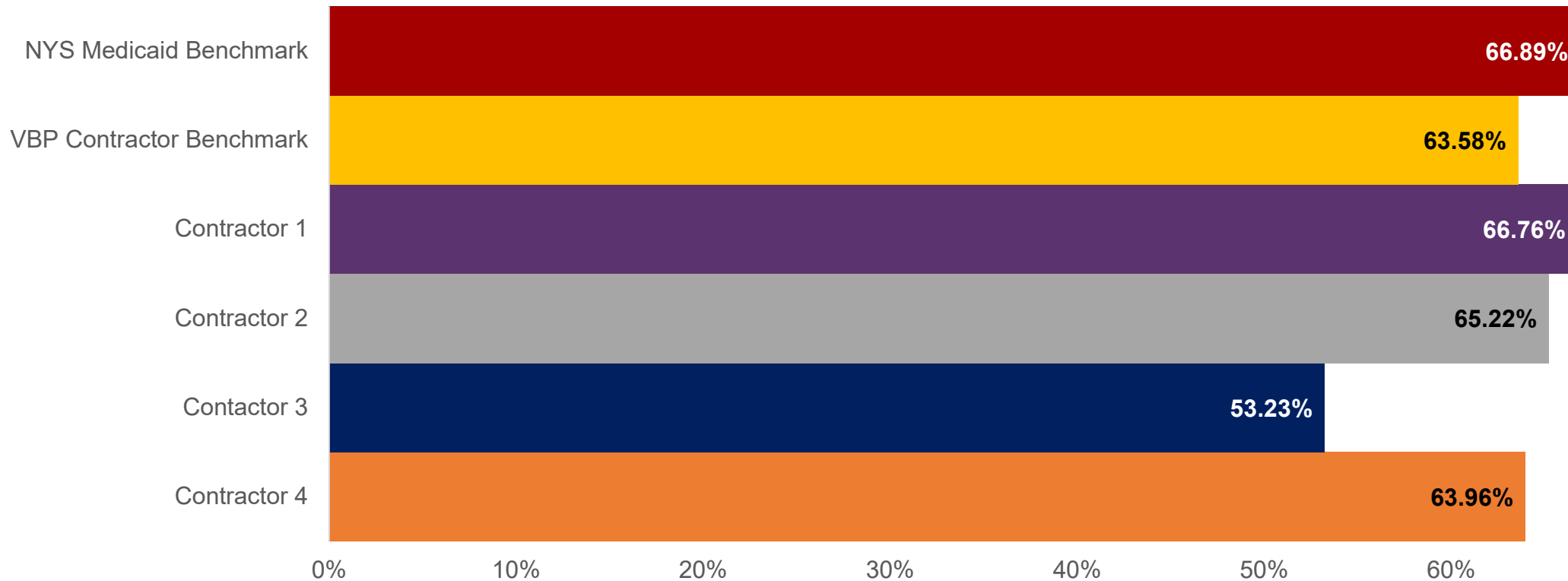
Move to Level 2 VBP arrangements in Year 2 of the Pilot Program; and

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.

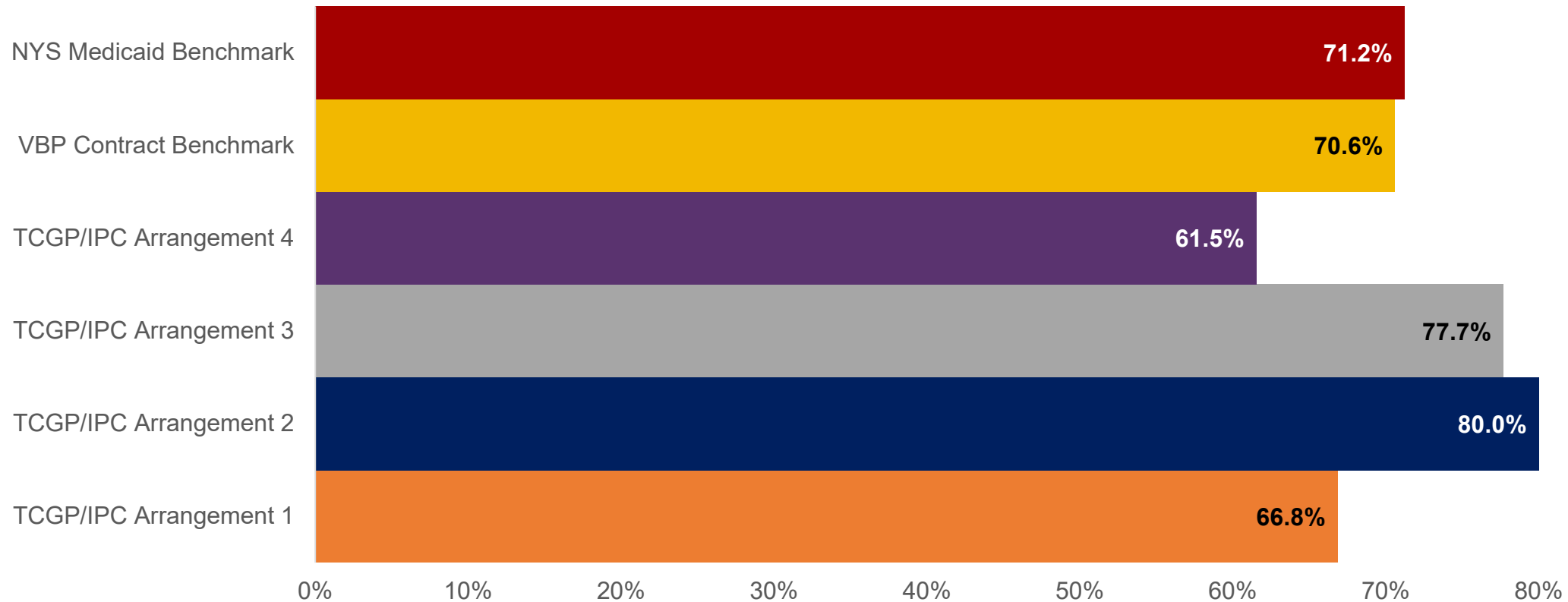
Comprehensive Diabetes Care - Eye Exam



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

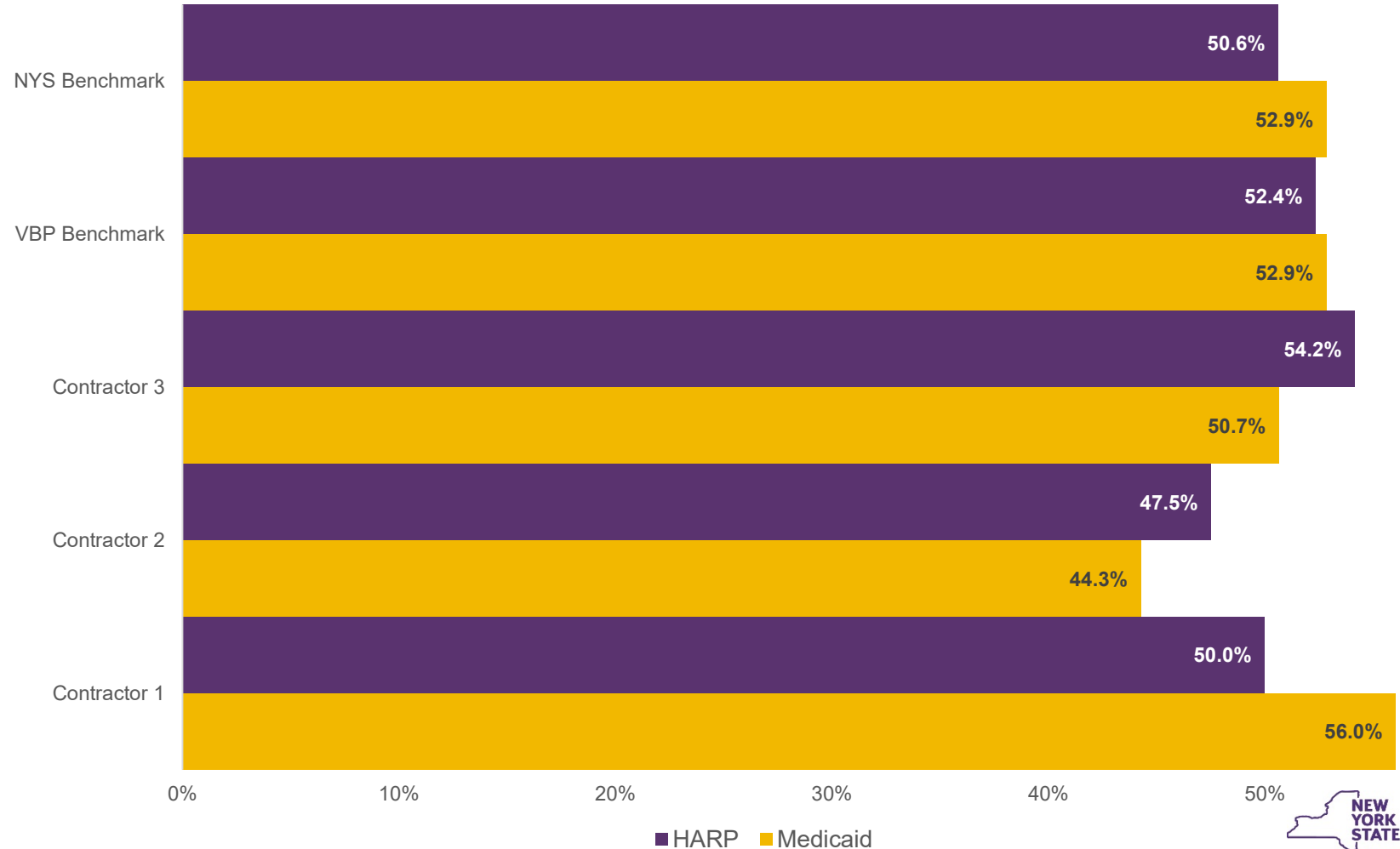


VBP Pilot Quality Measurement – Measure Deep Dive

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.

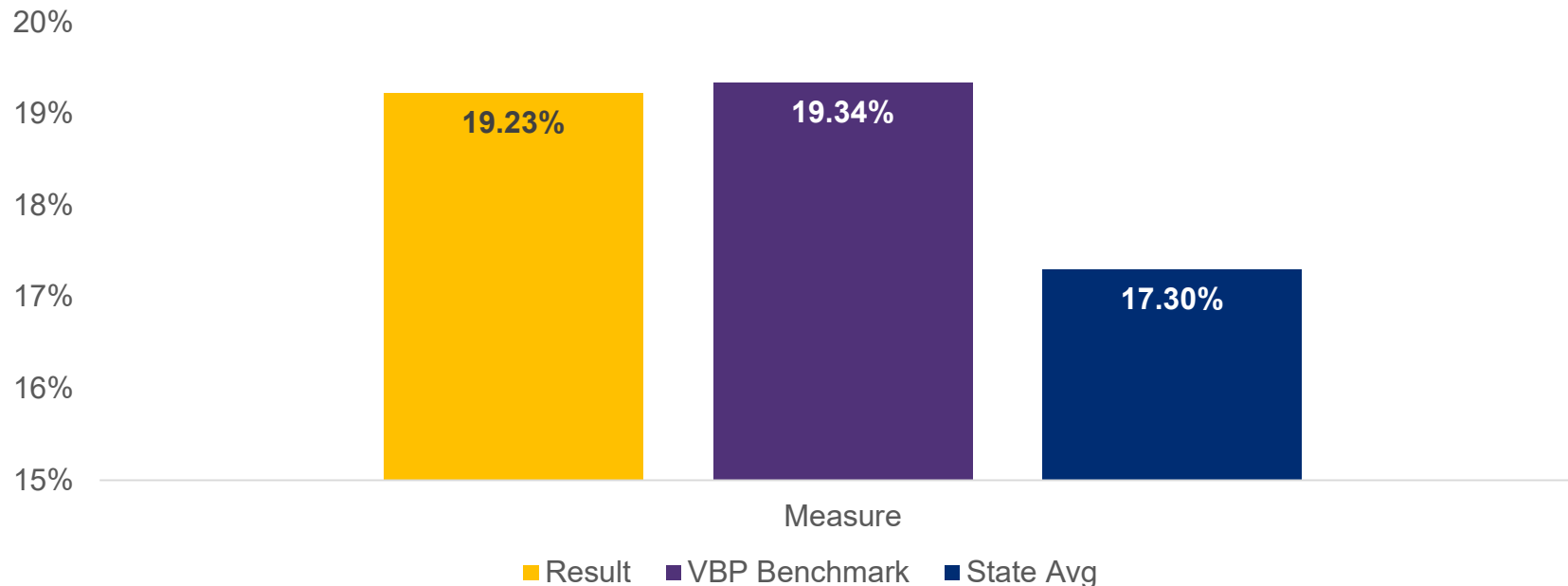
Antidepressant Medication Management: Acute Phase by Contractor and Line of Business (All MCOs)



Value Based Payment Quality Measurement

- Potentially Preventable Mental Health Related Readmission Rate
 - ↳ The percentage of at-risk admissions for Mental Health that result in a clinically related readmission within 30 days.

| Measure Name | Denominator | Numerator | Result | VBP Benchmark | State Avg |
|--|-------------|-----------|--------|---------------|-----------|
| Potentially Preventable Mental Health Related Readmission Rate 30 Days | 26 | 5 | 19.23% | 19.34% | 17.30% |



Section 4: Prioritized Measure Strategy

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Office of Quality and Patient Safety*

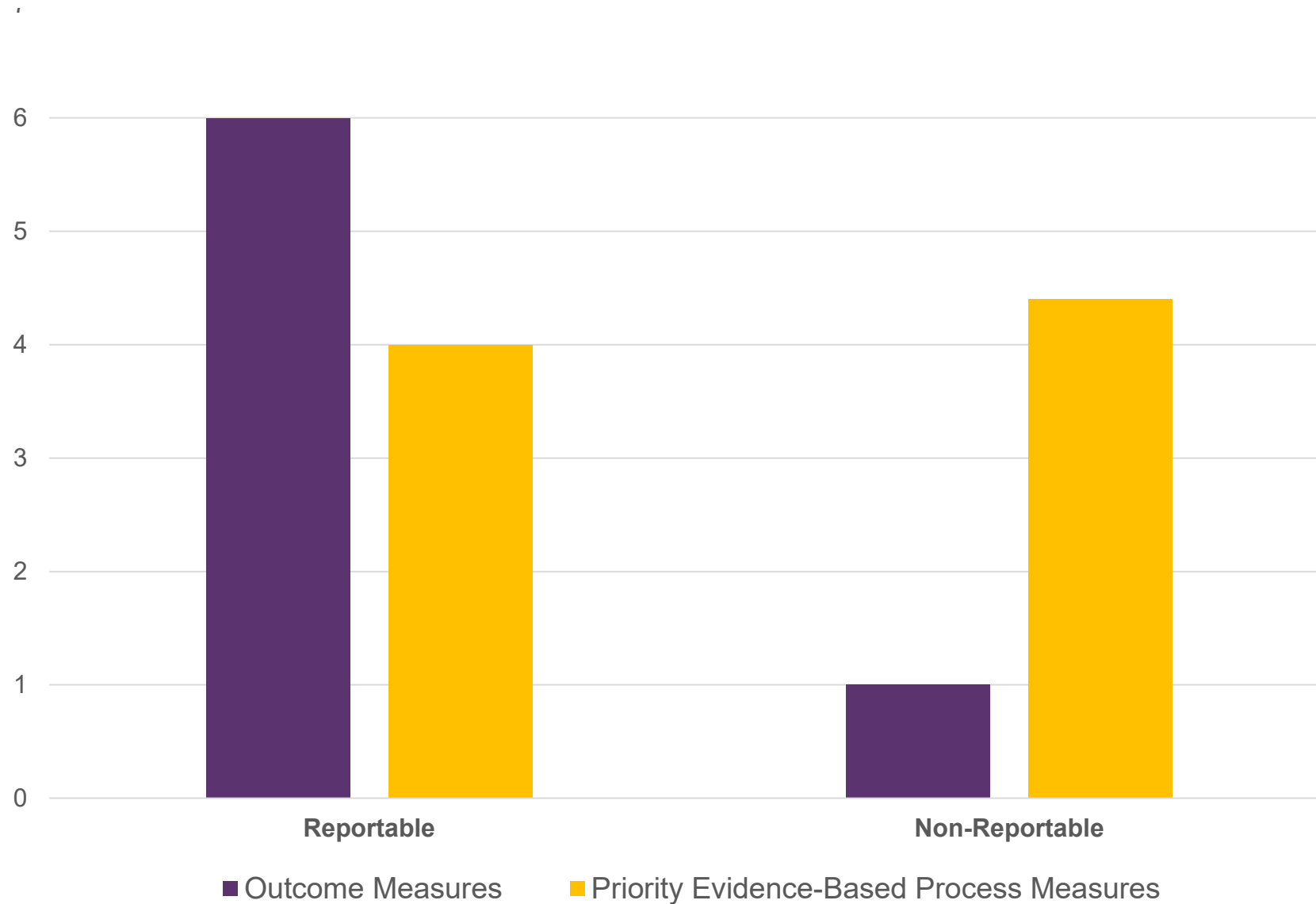
High Priority Measures for Discussion (1/2)

| Measure | Included in Quality Measure Set? | | | | | | Reporting Status |
|---|----------------------------------|-----|-----------|-----|------|-----------|------------------|
| | TCGP | IPC | Maternity | HIV | HARP | Pediatric | |
| Outcome Measures | | | | | | | |
| 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



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 | - | | <i>Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</i> |
| | - | - | | Lung Function/Spirometry Evaluation (Asthma) |
| | - | - | | Patient Self-Management and Action Plan (Asthma) |

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 5: National Quality Measurement Updates: HEDIS

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

- **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

Follow-up after High-Intensity Care for Substance Use Disorder (FUI)

Measure Description

The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder (SUD) that result in a follow-up visit or service for substance use disorder among members 13 years of age and older. Two rates are reported:

1. 30-Day Follow-Up
2. 7-Day Follow-Up

Measure Numerator

- **30-Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.
- **7-Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.

Measure Denominator

The eligible population.

Exclusions:

Members in hospice

Pharmacotherapy for Opioid Use Disorder (POD)

Measure Description

The percentage of new opioid use disorder (OUD) pharmacotherapy episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD.

Measure Numerator

At least 173 days of treatment with OUD pharmacotherapy, beginning on the New Episode of OUD Pharmacotherapy date through 179 days after the New Episode of OUD Pharmacotherapy date (180 total days). This allows a gap in medication treatment up to a total of 7 days during the 180-day period.

Measure Denominator

The eligible population.

Exclusions:

Members in hospice

Prenatal Depression Screening and Follow-up

Assesses whether women were screened for clinical depression during pregnancy, and whether those who screened positive received follow up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.

2. ***Follow-up on positive screen:*** The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during pregnancy.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Postpartum Depression Screening and Follow-up

Assesses whether women were screened for clinical depression within 12 weeks post-delivery, and whether those who screened positive received follow-up.

1. ***Depression screening:*** The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.

Denominator 1 The initial population, minus exclusions.

Numerator 1 Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery.

2. ***Follow-up on positive screen:*** The percentage of deliveries in which postpartum women received follow-up care within 30 days of screening positive for depression.

Denominator 2 All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery.

Numerator 2 Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Section 6: 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

- 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 Behavioral Health Measure Set.
- 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.



Behavioral Health Care Gaps

Depression and Anxiety Disorders Episode

- **Population at Risk:** *Systematic screening for Depression and Anxiety Disorders*
- **Diagnosis, Initiation, and Engagement in Treatment:** *Suicide Diagnosis / Prevention, Early Identification and Diagnosis, Initiation of Therapy, Systematic Measurement of Disease Activity and Classification, Using a Standardized Scale to Facilitate Decision Making*
- **Complex Treatment and Exacerbations:** *Outcomes of Care*
- **Acute Care/Hospitalization:** *Outcomes of Care*

Bipolar Disorder Episode

- **Population at Risk:** *No goals*
- **Diagnosis, Initiation and Engagement in Treatment:** *Baseline Assessment, Patient Engagement/Self-Management, Patient Education*
- **Evaluation and Ongoing Management:** *Chronic Disease Screening, Disease Activity Assessment and Classification, Functional Status Assessment*
- **Acute Care/Hospitalization:** *Outcomes of Care*

Substance Use Disorder Episode

- **Population at Risk:** *Prenatal and Postpartum Care: Substance Abuse Screening and Counseling, Behavior Health Risk Assessment and Counseling for Adolescents, Screening and Counseling for Unhealthy Alcohol Use, Tobacco Avoidance and Cessation*
- **Initiation and Engagement in Treatment:** *Early Detection and Diagnosis, Medication, Patient Engagement in Care*
- **Complex Treatment and Exacerbations:** *Substance Abuse/Dependence with Medical Co-Morbidity, Relapse Prevention Plan for Patients Improving*
- **Therapeutic Interventions and Follow-up Care:** *Completion of Treatment, Patient Self-Management and Engagement in Care, Psychosocial Health, Sustainment of Positive Treatment Outcomes, Systematic Measurement and Outcomes Tracking, Treat to target*
- **Remission:** *Relapse Prevention, Follow-up Care and Re-Evaluation*

Trauma and Stressor Disorder Episode

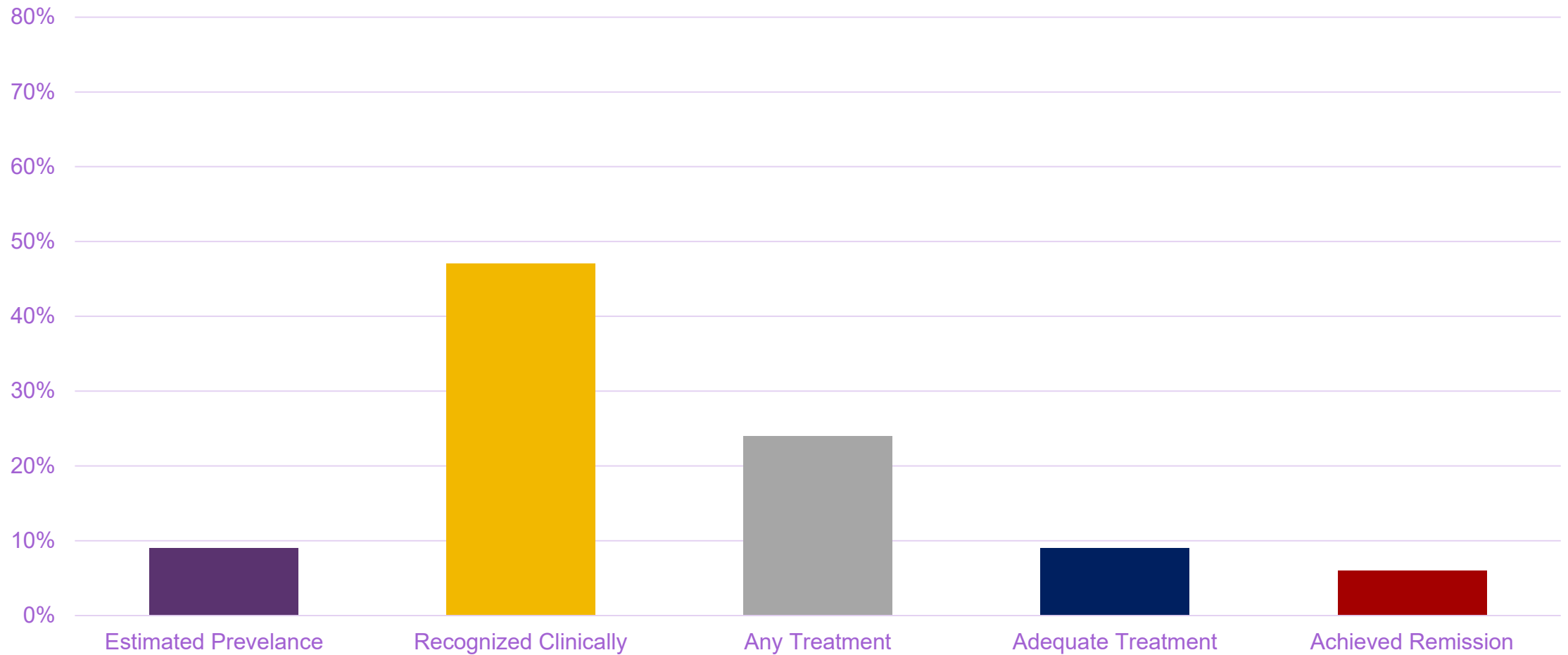
- **Population at Risk:** *Screening for PTSD*
- **Diagnosis, Initiation and Engagement in Treatment:** *Early Detection and Diagnosis of PTSD, Baseline Assessment of Symptom Severity*
- **Evaluation and Ongoing Management:** *Symptom Management and Monitoring*
- **Acute Care/Hospitalization:** *Treatment Outcomes*

BH Gaps Addressed

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (TCGP/IPC) – NQF 0004
- **Depression Remission or Response for Adolescents and Adults** - (TCGP/IPC) Concept Measure
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (TCGP/IPC/HARP/Maternity/HIV) – NQF 0028
- Preventive Care and Screening: Screening for Clinical Depression and Follow–Up Plan (TCGP/IPC) – NQF 0418
- Maternal Depression Screening – (Children) – NQF 1401
- Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment – (TCGP/IPC) – NQF 0105

Depression Remission /Response Analysis

Depression Treatment Cascade



Cascade to Clinical Quality Measures

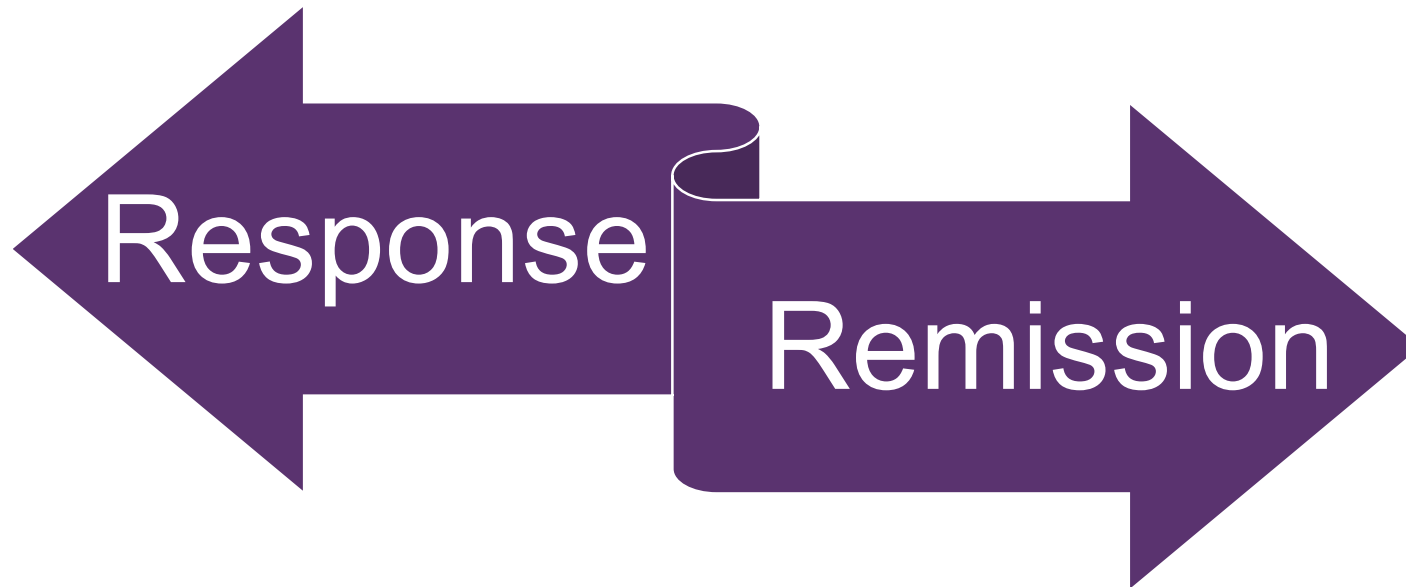
- **Recognized Clinically:** *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized tool.
- **Any Treatment:** *Follow-Up on Positive Screen.* The percentage of members who screened positive for depression and received follow-up care within 30 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 "✓" 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 office visits: 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 |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 & 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 7: Summary & Next Steps

Request for Feedback / Submission of suggestions and recommendations

Thank you!

Please send questions and feedback to:

vbv@health.ny.gov

Appendix 1:

2019 Behavioral Health Quality Measures: Final Set

2019 VBP HARP Quality Measure Set

Category 1

| Behavioral Health Measures | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia | CMS | NQF 1879 | P4P |
| Asthma Medication Ratio | NCQA | NQF 1800 | P4P |
| Breast Cancer Screening | NCQA | NQF 2372 | P4P |
| Cervical Cancer Screening | NCQA | NQF 0032 | P4P |
| Chlamydia Screening in Women | NCQA | NQF 0033 | P4P |
| Colorectal Cancer Screening | NCQA | NQF 0034 | P4P |
| Comprehensive Diabetes Care: Eye Exam (retinal) Performed | NCQA | NQF 0055 | P4P |
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) | NCQA | NQF 0059 | P4P |
| Comprehensive Diabetes Care: Medical Attention for Nephropathy | NCQA | NQF 0062 | P4P |

2019 VBP HARP Quality Measure Set

Category 1

| Behavioral Health 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 |
| Controlling High Blood Pressure | NCQA | NQF 0018 | P4P |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | NCQA | NQF 1932 | P4P |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence | NCQA | NQF 2605 | 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 |
| Initiation of Pharmacotherapy upon New Episode of Opioid Dependence | NYS | - | P4P |

2019 VBP HARP Quality Measure Set

Category 1

| Behavioral Health Measures | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Maintaining/Improving Employment or Higher Education Status | NYS | - | P4R |
| Maintenance of Stable or Improved Housing Status | NYS | - | P4R |
| Medication Management for People with Asthma | NCQA | NQF 1799 | P4P |
| 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 |
| Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | CMS | NQF 0421 | P4R |
| Preventive Care and Screening: Influenza Immunization | AMA PCPI | NQF 0041 | P4R |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | AMA PCPI | NQF 0028 | P4R |

2019 VBP HARP Quality Measure Set

Category 1

| Behavioral Health Measures | Measure Steward | Measure Identifier | Classification |
|---|-----------------|--------------------|----------------|
| Statin Therapy for Patients with Cardiovascular Disease | NCQA | - | P4R |
| Use of Pharmacotherapy for Alcohol Abuse or Dependence | NYS | - | P4R |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD | NCQA | NQF 0577 | P4R |
| Use of Pharmacotherapy for Alcohol Abuse or Dependence | NYS | - | P4R |