



**Department  
of Health**

# Behavioral Health

## VBP Clinical Advisory Group (CAG) Meeting

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# Agenda

- |  |               |
|--|---------------|
| <b>1. Introduction</b>                         | <b>10 min</b> |
| • Roll Call                                    |               |
| <b>2. VBP Roadmap</b>                          | <b>10 min</b> |
| • Roadmap Changes                              |               |
| • Pilot Recap                                  |               |
| <b>3. National Quality Measurement Updates</b> | <b>5 min</b>  |
| <b>4. Mental Health Measure Updates</b>        | <b>35 min</b> |
| • Community mental health measures             |               |
| • PPR Mental Health                            |               |
| <b>5. Substance Use Measure Updates</b>        | <b>35 min</b> |
| • New Measure Recommendation                   |               |
| • VBP pilot measure results                    |               |
| <b>6. Proposed 2020 Measure Set</b>            | <b>20 min</b> |
| • Depression Remission and Response            |               |
| • Proposed 2020 Measure set                    |               |
| <b>7. Summary &amp; Next Steps</b>             | <b>5 min</b>  |

# Section 1: Introduction

Roll Call

# Section 2: VBP Roadmap

# 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 base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:
  - I. Primary Care
  - II. Mental Health
  - III. Substance Use Disorder
  - IV. HIV/AIDS
  - V. Maternity
  - VI. Children's
- All new contracts submitted on or after October 1st, 2019 must meet this requirement.
- All other existing contracts must be updated to meet this requirement by July 2020.

\*If a VBP contractor & MCO are contracting for a total care for HARP explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population since these measures would be incorporated in the population-specific arrangement (i.e. HARP contract).

[Complete List of Measures](#)



# An Overview of the VBP Pilot Program

Effective January 1, 2017 through December 31, 2018, the two year VBP Pilot Program was intended to support the transition to VBP, establishing best practices and sharing lessons learned.

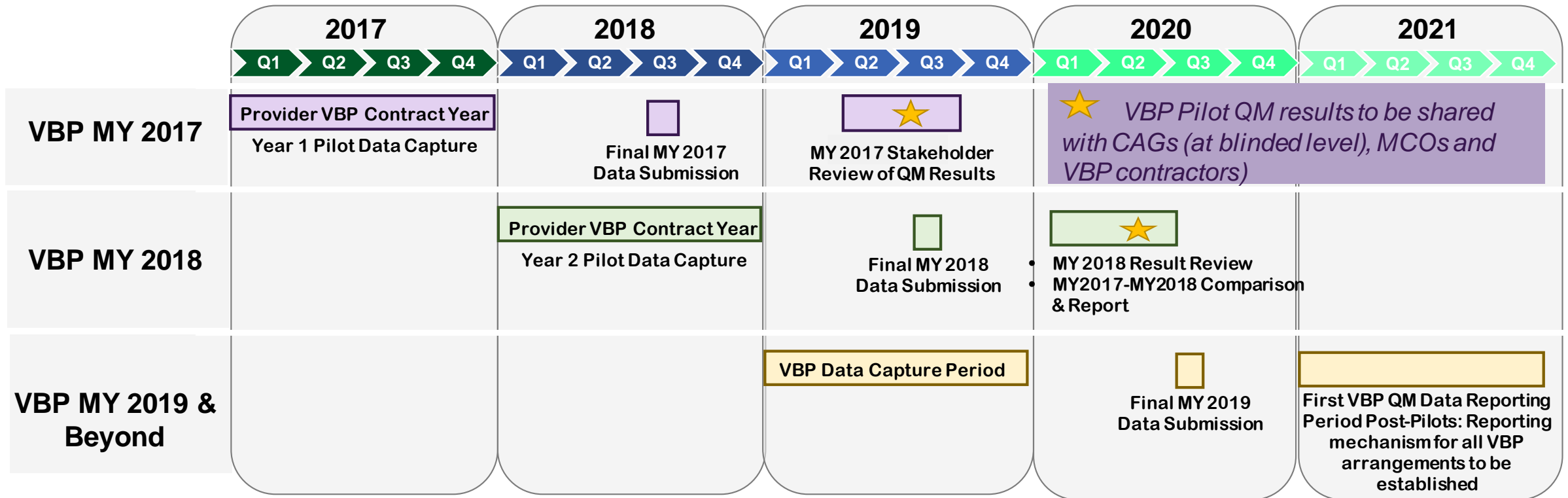
Arrangement	Provider	Managed Care Organization	VBP Level (Year 1)
HARP	Maimonides Medical Center	Healthfirst PHSP, Inc.	1
	Mount Sinai Health Partners	Healthfirst PHSP, Inc.	1

# VBP Pilots: Quality Measure Results and Future Plans

Quality measures for the HARP Pilots and other arrangement types undergoing stakeholder review and feedback. Future plans call for year-over-year pilot reporting and new report development in a post-pilot environment.

VBP Pilots Contract Period

Post-VBP Pilot Arrangement Period



# Section 3: National Quality Measure Updates



# NCQA HEDIS® 2020 New Measures

- **New Measures**

- Follow-up after High-Intensity Care for Substance Use Disorder \*
- Pharmacotherapy for Opioid Use Disorder \*\*



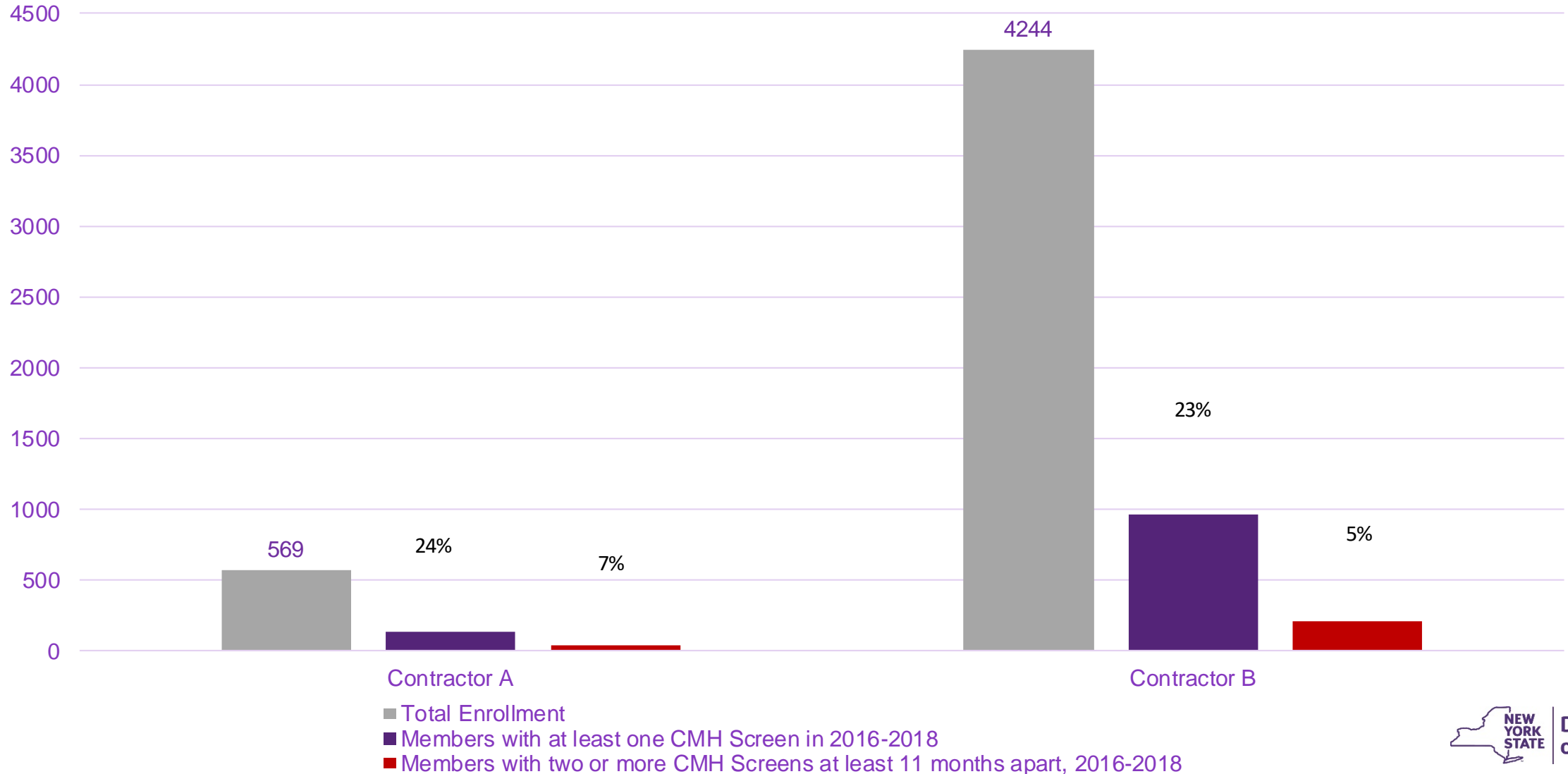
\* Aligned with NYS Measures - Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care

\*\* Aligned with NYS Measure - Use of Opioid Dependence Pharmacotherapy

# Section 4: Mental Health Measure Updates:

# HARP VBP Pilot Measure Results

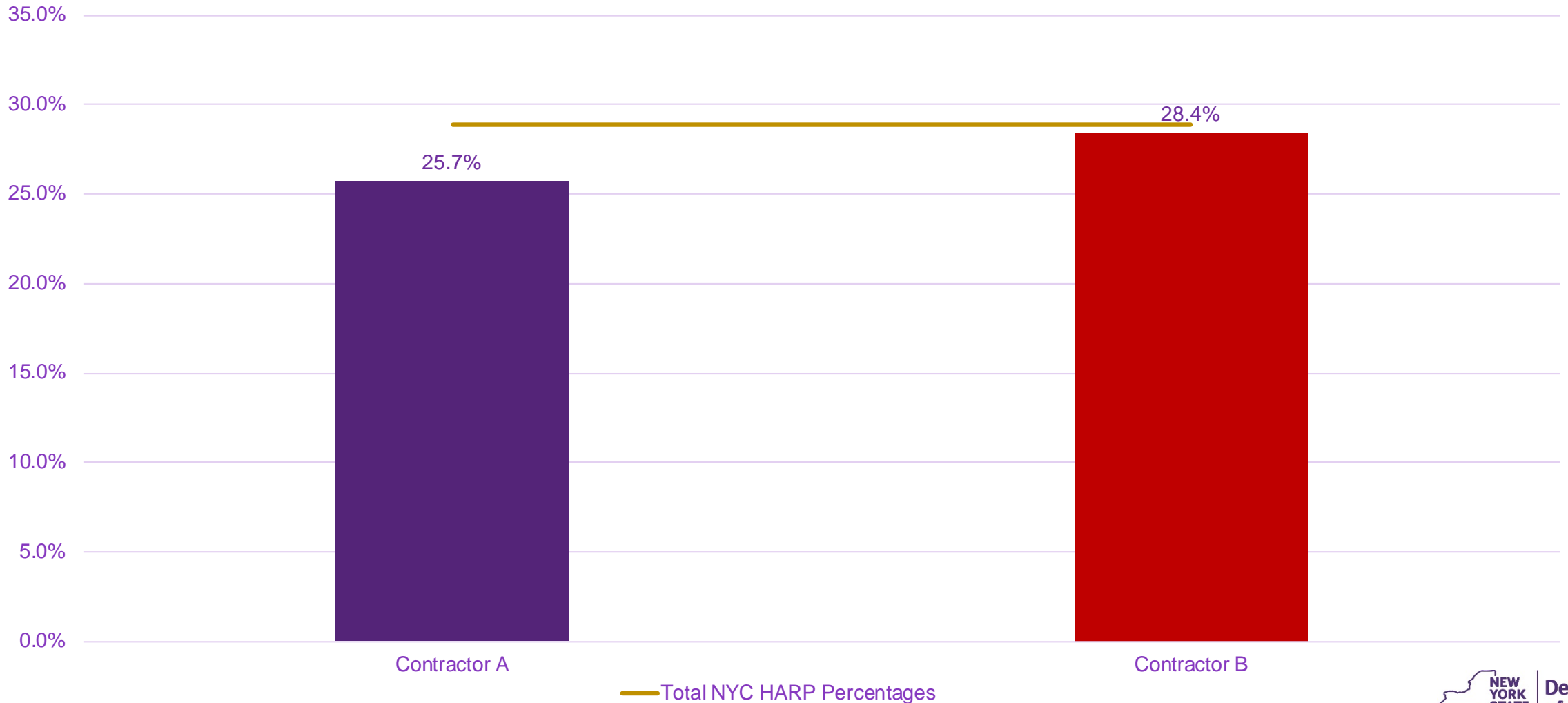
# Community Mental Health (CMH) Screening, 2016-2018



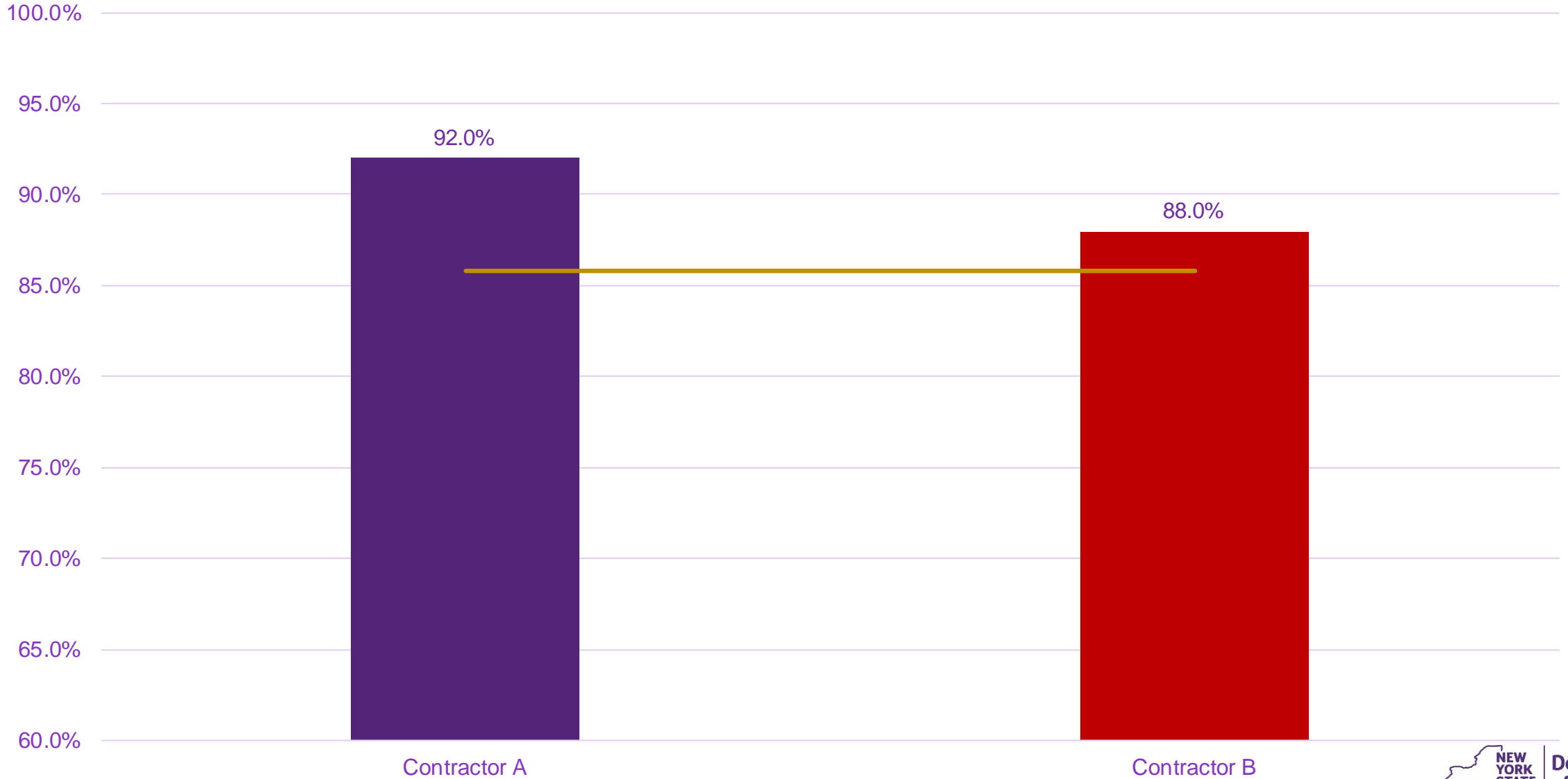
# Members with two or more CMH Screens at least 11 months apart, 2016-2018

- Contractor A:
  - ↪ 134 of 569 members received at least one screen. 37 (28%) received two or more screens at least 11 months apart.
- Contractor B:
  - ↪ 959 of 4244 members received at least one screen. 214 (22%) received two or more screens at least 11 months apart.

# Percent currently employed, seeking employment, or enrolled in a formal education program

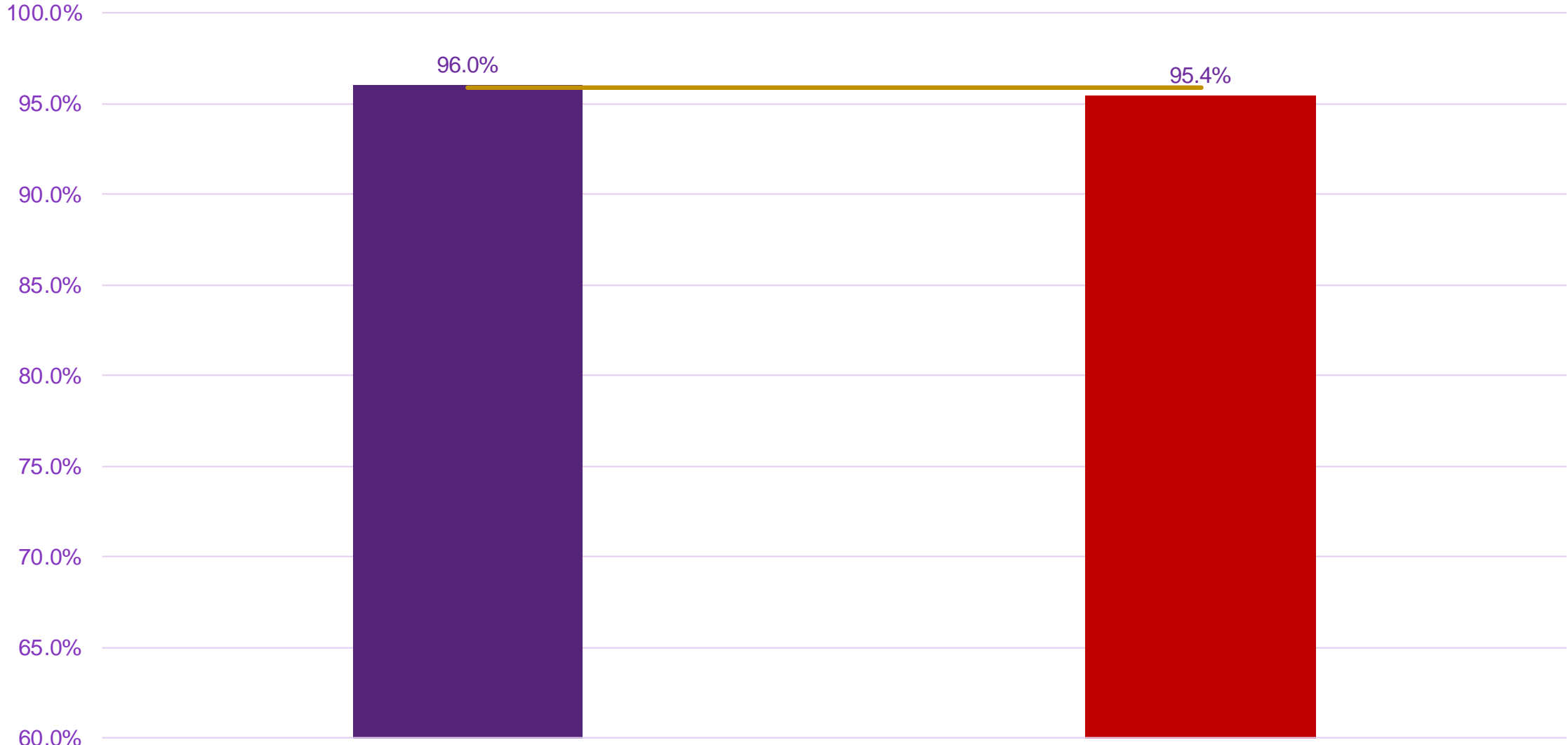


# Percent Reporting Stable Housing



— Total NYC HARP Percentages

# Percent with No Arrests in the Past Year



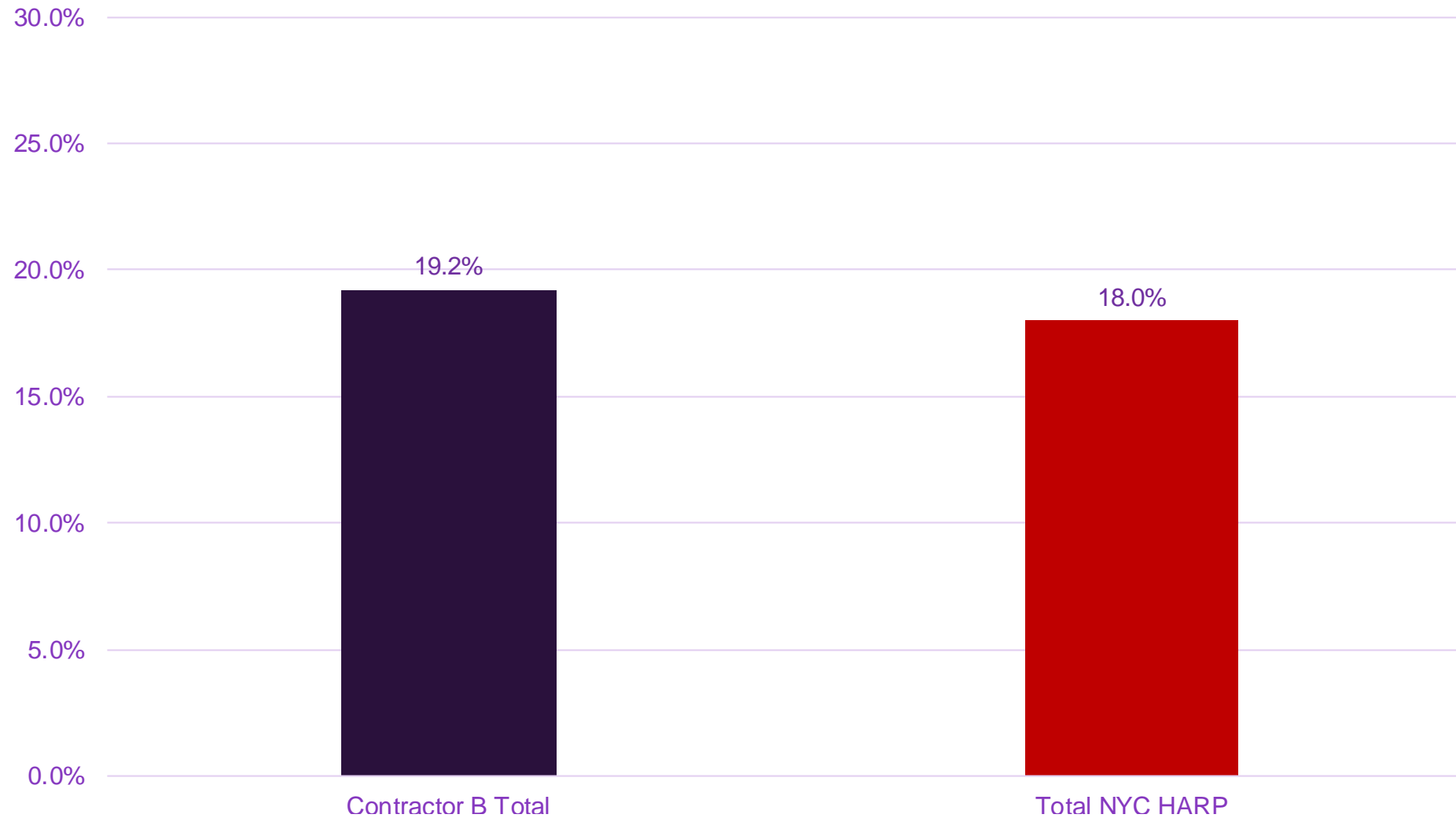
Contractor A

Contractor B

Total NYC HARP Percentages



# Potentially Preventable Mental Health Related Readmission Rate 30 Days



# HARP Performance Measures

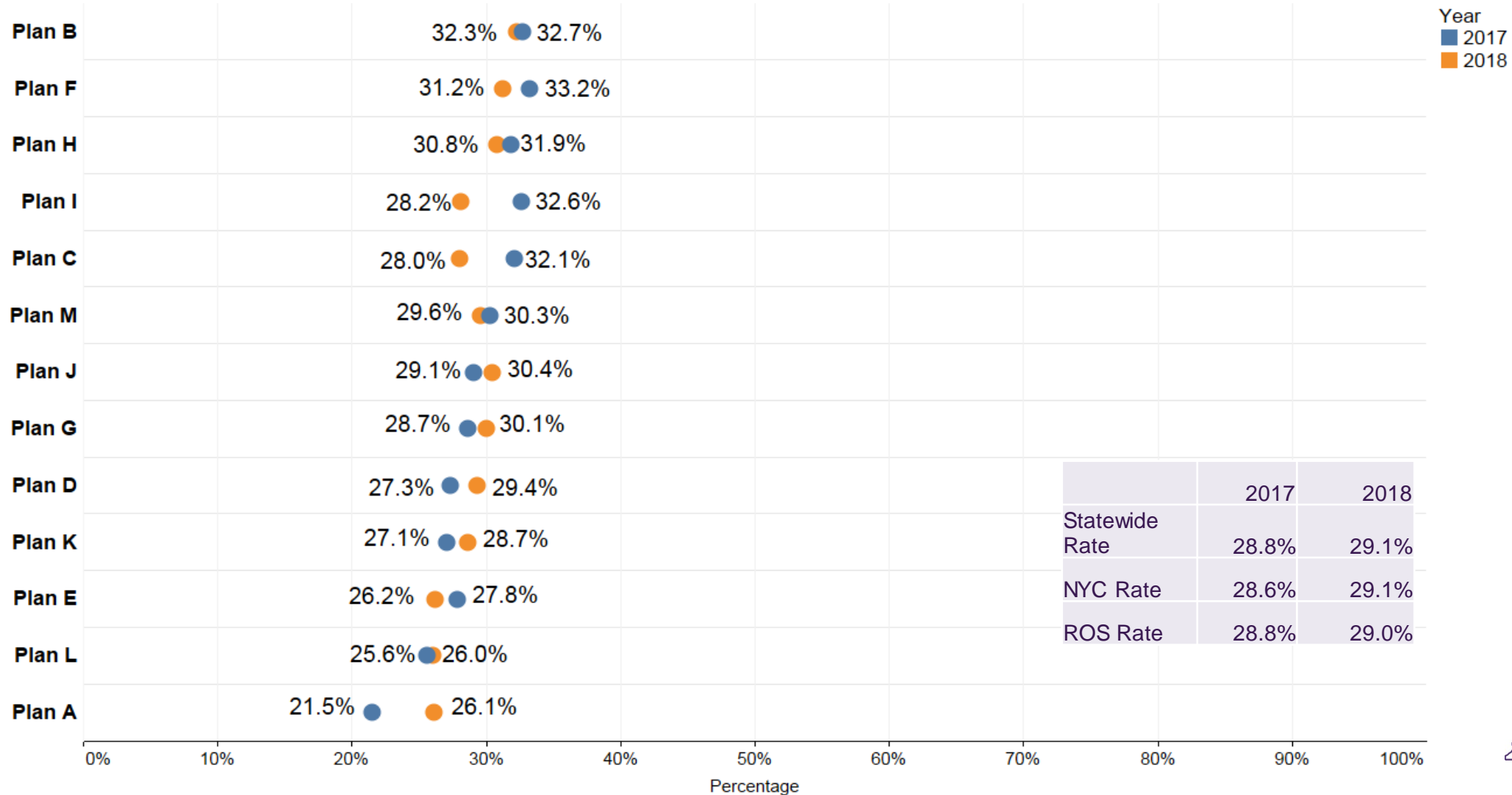
# Community Mental Health Assessment HARP Functional Measures

- Three measures:
  - Employed, Seeking Employment, or Enrolled in a Formal Education Program: The percentage of Community Mental Health assessed members who were employed, seeking employment, or enrolled in a formal education program.
  - Stable Housing Status: The percentage of Community Mental Health assessed members with stable housing status (private home, supportive housing, or community residence program).
  - No Arrests in the Past Year: The percentage of Community Mental Health assessed members with no arrests in the past year.

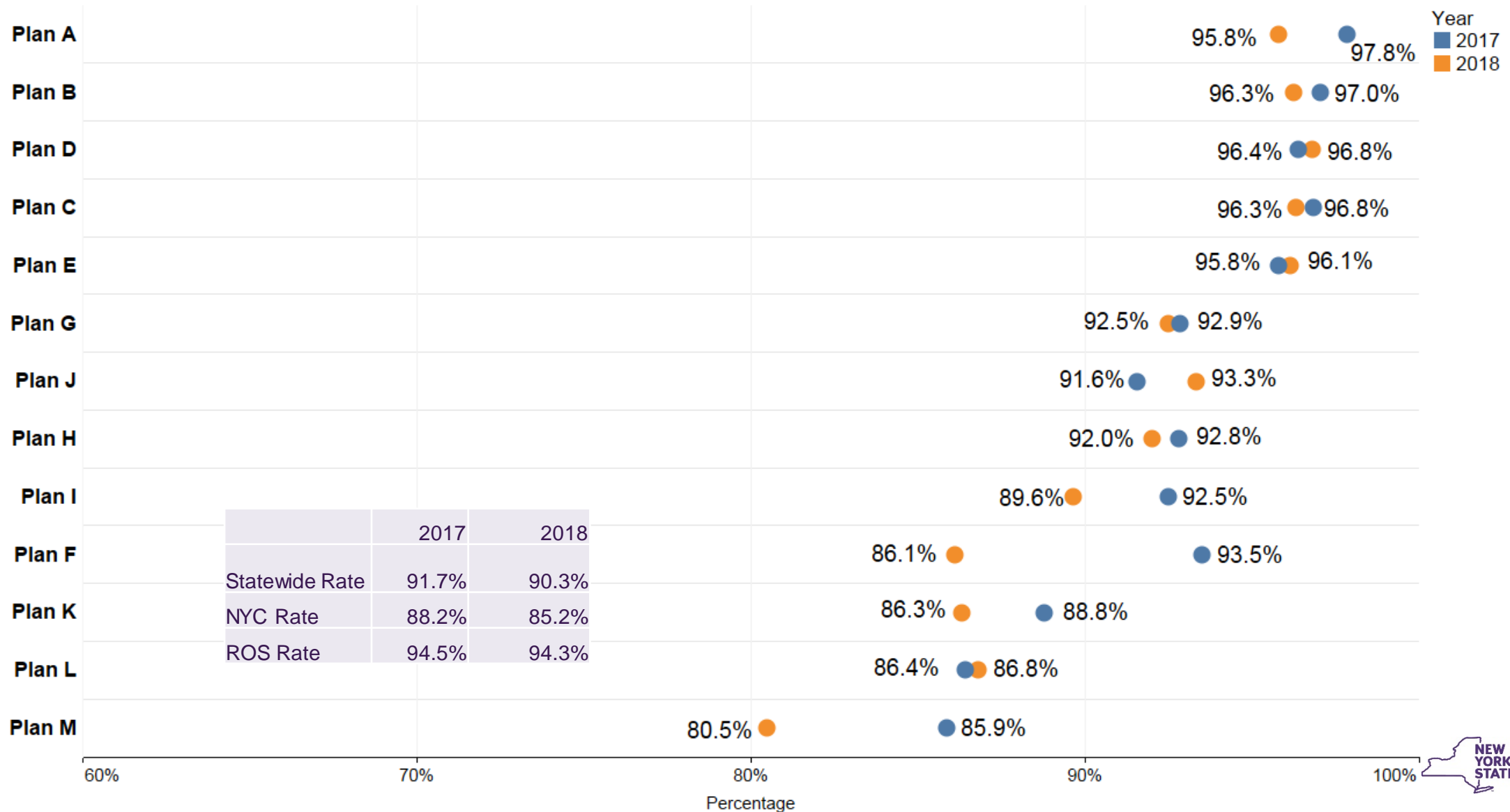
# Community Mental Health Assessment HARP Functional Measures - New Specifications

- Specification changes
  - ~ Previously, the three CMH measures used two assessments to determine the change over time in a HARP member's employment, housing, and criminal justice status.
  - ~ Small sample size was an issue because a low percentage of HARP members were assessed twice within the timeframes required for the measures.
  - ~ New specifications measure prevalence instead of change over time. Only one screen during the measurement year is required.
  - ~ Sample size is improved with the prevalence measures, but continues to be an issue. Just over 30,000 of the 137,000+ HARP members have ever been assessed.

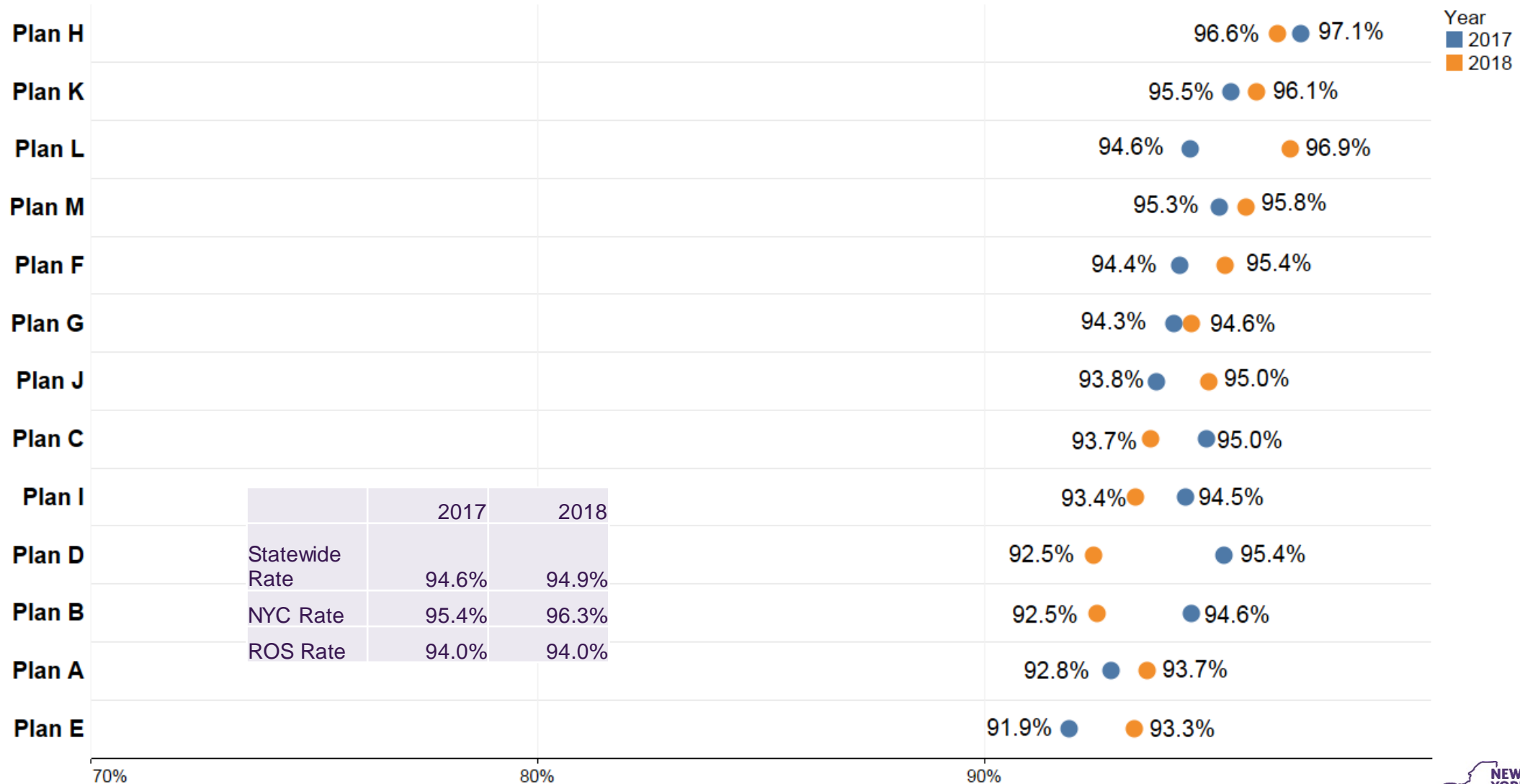
# Percent Currently Employed, Seeking Employment or Enrolled in a Formal Education Program 2017 & 2018



# Percent Reporting Stable Housing 2017 & 2018



# Percent with No Arrests in the Past Year 2017 & 2018



	2017	2018
Statewide Rate	94.6%	94.9%
NYC Rate	95.4%	96.3%
ROS Rate	94.0%	94.0%

# Potentially Preventable Mental Health Related Readmission Rate, 30 Days (PPR)

- Description:
  - ↪ The percentage of at-risk admissions for Mental Health that result in a clinically related readmission within 30 days.
  - ↪ Lower rate is better.
- Calculation:  $\text{numerator/denominator} \times 100\%$
- Denominator: The total number of at risk admissions in the Mental Health APR DRG Service Line.
- Numerator: The total number of at risk admissions in the Mental Health APR DRG Service Line that are followed by a readmission within 30 days of the discharge date.
- Eligible Population:
  - ↪ Product lines: HARP
  - ↪ Ages 21-64 years old at the time of service.
  - ↪ Allowable gaps: None. Member in the same plan 3 months prior to the index admission, at the time of admission, and 1-month post discharge



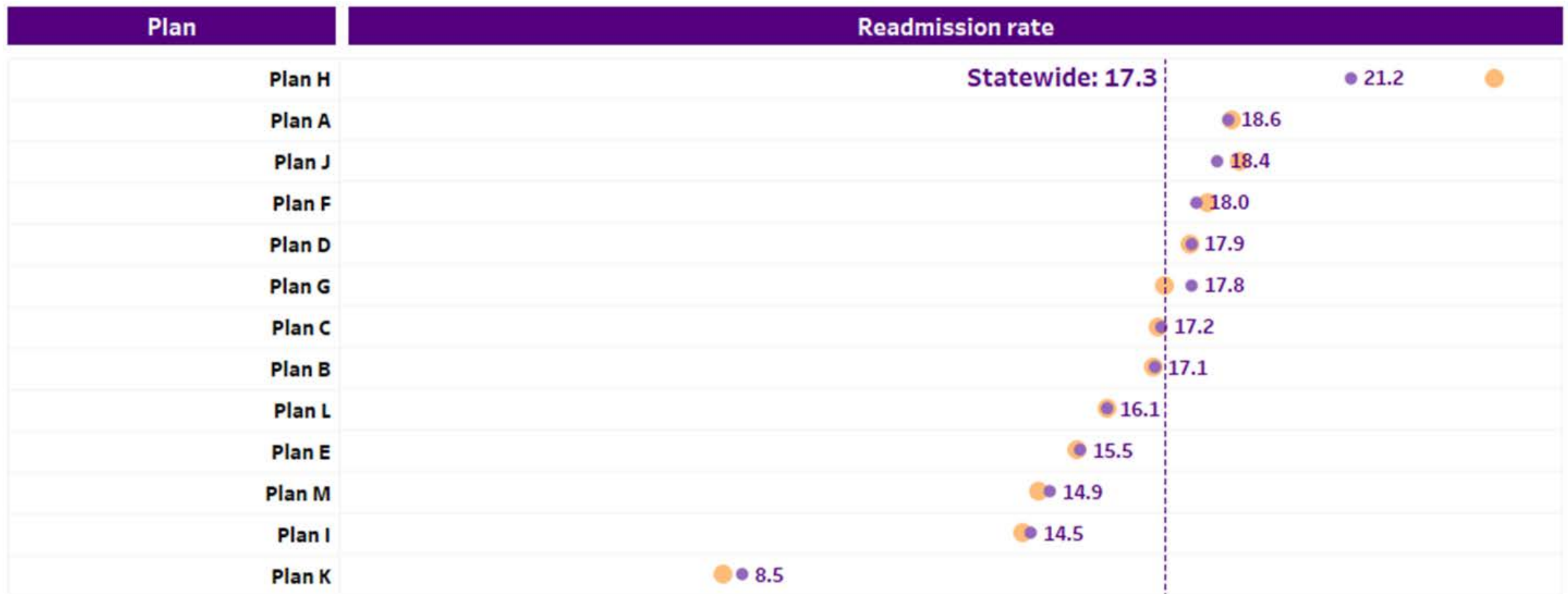
# At Risk Admissions

- At risk admissions are limited to Mental Health related conditions
- Some types of admissions are excluded from consideration to be followed by a PPR
- Excluded admissions
  - most types of major metastatic malignancies
  - trauma
  - burns
  - many types of obstetrical admissions
  - newborns
  - left against medical advice
  - patient transferred to another hospital
- The remaining admissions were considered to be at risk for a subsequent PPR Mental Health

# Expected PPR Chains and Rates

- Risk adjustment through indirect standardization was used to estimate the expected number of PPR chains using
  - APR-DRG
  - Severity of Illness (SOI)
  - Patient's age (21 -34, 35-49, 50-64)
- to predict the probability that the at-risk admission would be followed by a PPR.
- The expected number of PPR chains is the sum of these probabilities across all at risk admissions in each health plan.
- Expected PPR rate = the number of expected PPR chains divided by the number of at risk admissions.

# Potentially Preventable Readmissions Mental Health for HARP Product Line (CY2017)



Observed rate

Risk adjusted rate

# Section 5: Substance Use Measure Updates

# Substance Use Disorder Measures

## Current TCGP NYS Substance Use Disorder Measures

Measure	Description
<b>Continuity of Care from Inpatient Detox to Lower Level of Care (COD)</b>	The percentage of inpatient detox discharges for members between 21 and 64 years of age with a diagnosis of alcohol and other drug (AOD) dependence, who had a follow-up lower level visit for AOD within 14 days of the discharge date.
<b>Continuity of Care from Inpatient Rehabilitation to Lower Level of Care (COR)</b>	The percentage of inpatient discharges for members between 21 and 64 years of age* for alcohol and other drug abuse or dependence treatment (AOD), who had a follow-up lower level AOD visit within 14 days of the discharge date.

## NCQA Proposed Quality Measure for HEDIS 2020

Measure	Description
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	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 (7-day and 30-day follow-up rates)

# Measure Comparison

Measure	Measure Steward	Denominator	Numerator	
<b>Continuity of Care from Inpatient Detox to Lower Level of Care (COD)</b>	<b>NYS</b>	Inpatient detoxification discharge with <b>any</b> SUD diagnosis	Inpatient stay Outpatient visit Intensive Outpatient visit Partial Hospitalization  <i>(With primary SUD diagnosis)</i>	Follow-up visits that occur on the same day as the discharge qualify for the numerator
<b>Continuity of Care from Inpatient Rehabilitation to Lower Level of Care (COR)</b>	<b>NYS</b>	Inpatient rehabilitation discharge with <b>primary</b> SUD diagnosis	Outpatient visit Intensive Outpatient visit Partial Hospitalization  <i>(With primary SUD diagnosis)</i>	Follow-up visits that occur on the same day as the discharge qualify for the numerator
<b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b>	<b>NCQA</b>	Inpatient, residential treatment, or detoxification discharge with <b>primary</b> SUD diagnosis	Inpatient stay Residential stay Outpatient visit Telehealth visit Intensive Outpatient visit  <i>(With primary SUD diagnosis)</i>	Partial Hospitalization Observation visit Telephone visit Online assessment Pharmacotherapy drug dispensing event  Follow-up visits that occur on the <u>same day</u> as the discharge <b>do not</b> qualify for the numerator



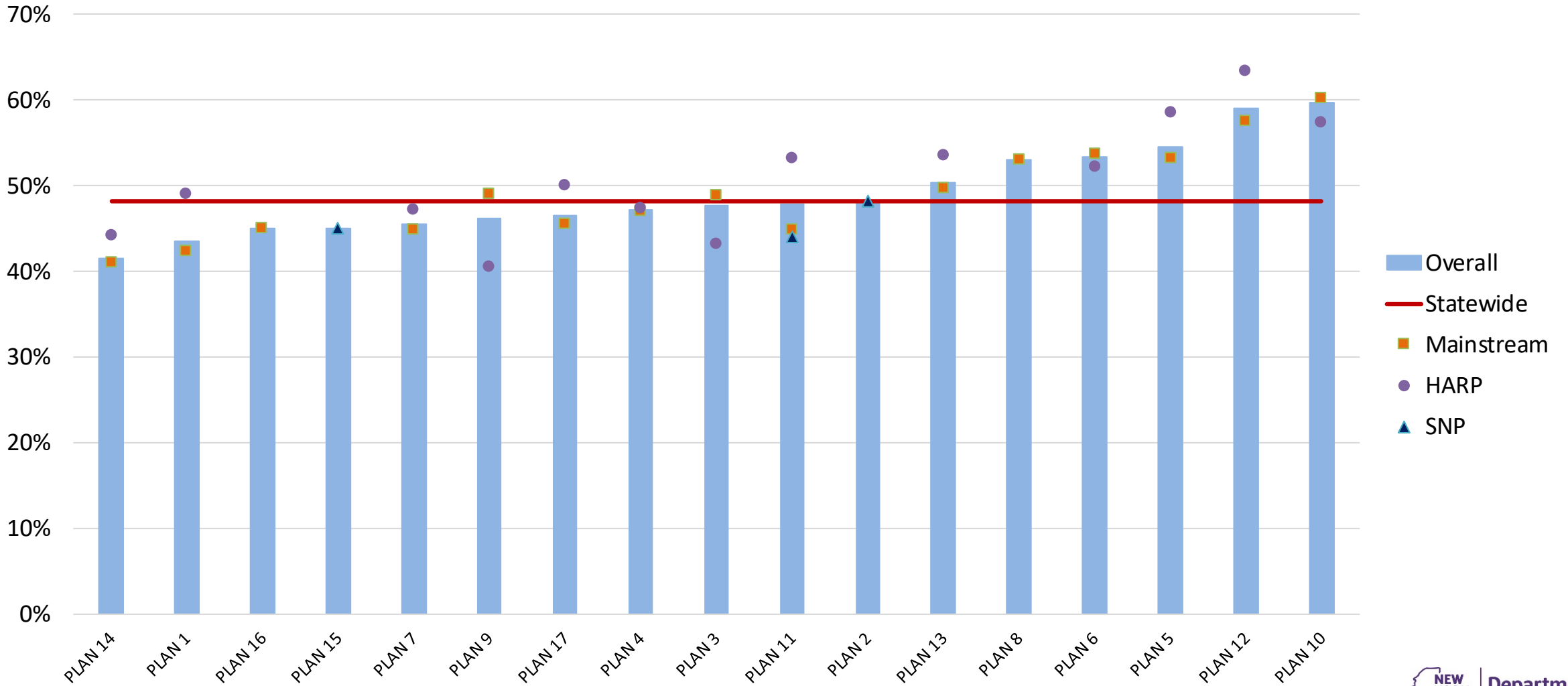
# Statewide, regional rates for NCQA FUI compared to NYS COD and NYS COR Measurement Year 2017

Measure	Statewide	Hudson Valley	Western	Central	Northeast	Long Island	New York
NCQA FUI	29.6% (7-day)	30.6% (7-day)	25% (7-day)	39.8% (7-day)	33.7% (7-day)	30.2% (7-day)	26.4% (7-day)
	50.5% (30-day)	52.3% (30-day)	53.6% (30-day)	62.4% (30-day)	56.8% (30-day)	52% (30-day)	46% (30-day)
NYS COD	48.2%	50.6%	57.1%	53.9%	58.8%	41.9%	46.0%
NYS COR	46.4%	44.0%	54.7%	54.9%	61.6%	44.5%	35.4%

## Differences between NYS and NCQA Measure Rates

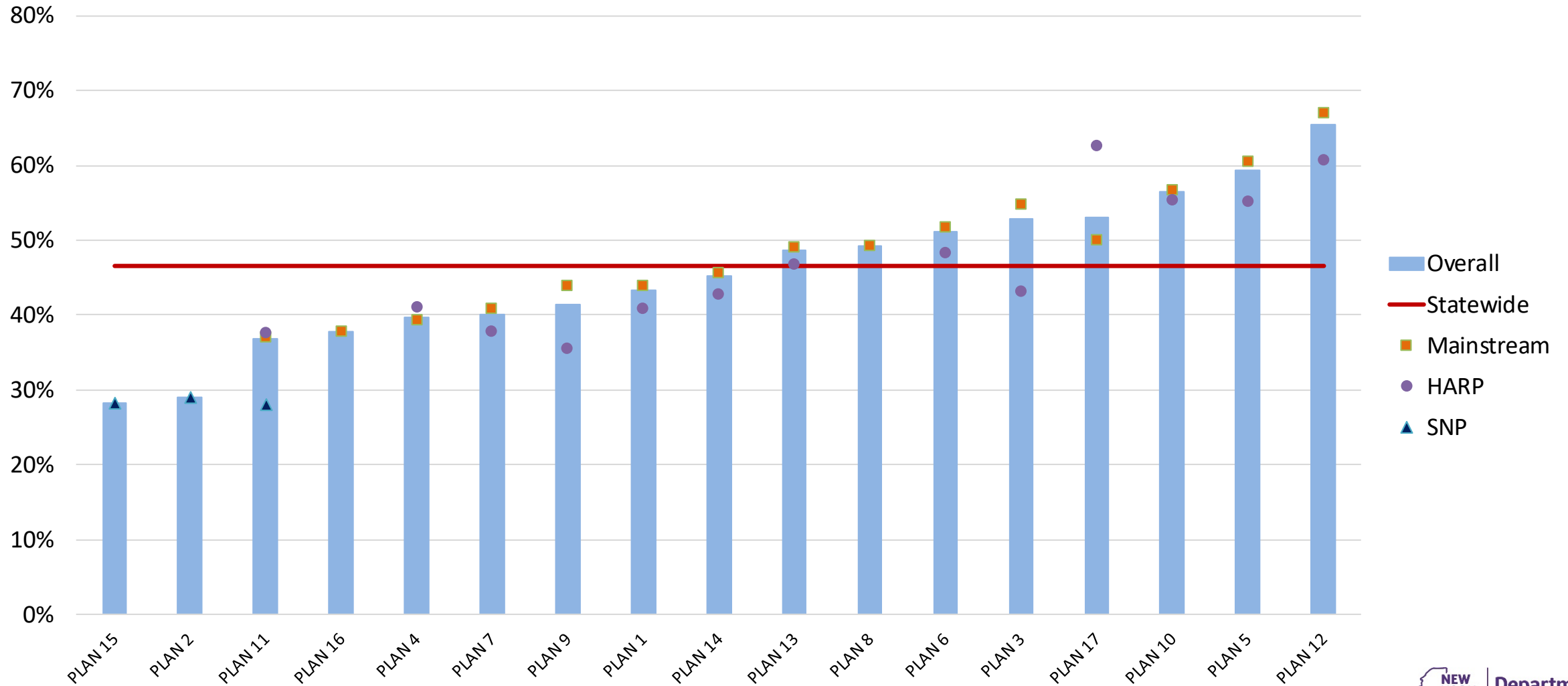
- Follow-up times are different between the NYS and NCQA measures. Both COD and COR have a 14-day follow-up window. FUI 7-day is a smaller follow-up window, while FUI 30-day allows for a larger window.
- In COD and COR, a follow-up visit that occurs on the same day is eligible for the numerator. In FUI, it is not eligible.
- The FUI denominator includes three settings: detox, inpatient, and residential. The COD and COR denominators are restricted to one setting each.
- The settings that qualify as follow-up in FUI are more expansive than the COD and COR follow-up settings.

# Plan-level Rates for NYS Continuity of Care after Inpatient Detox (COD) Measurement Year 2017

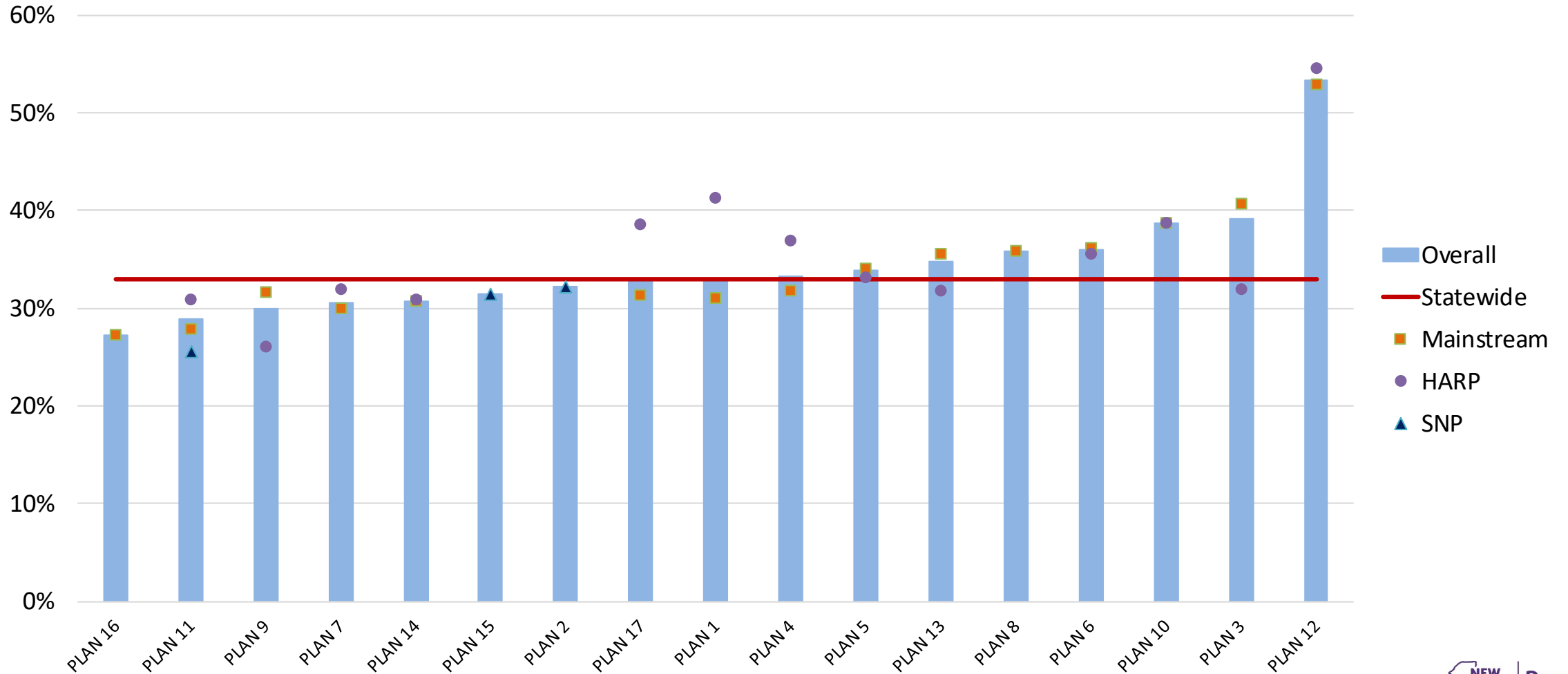




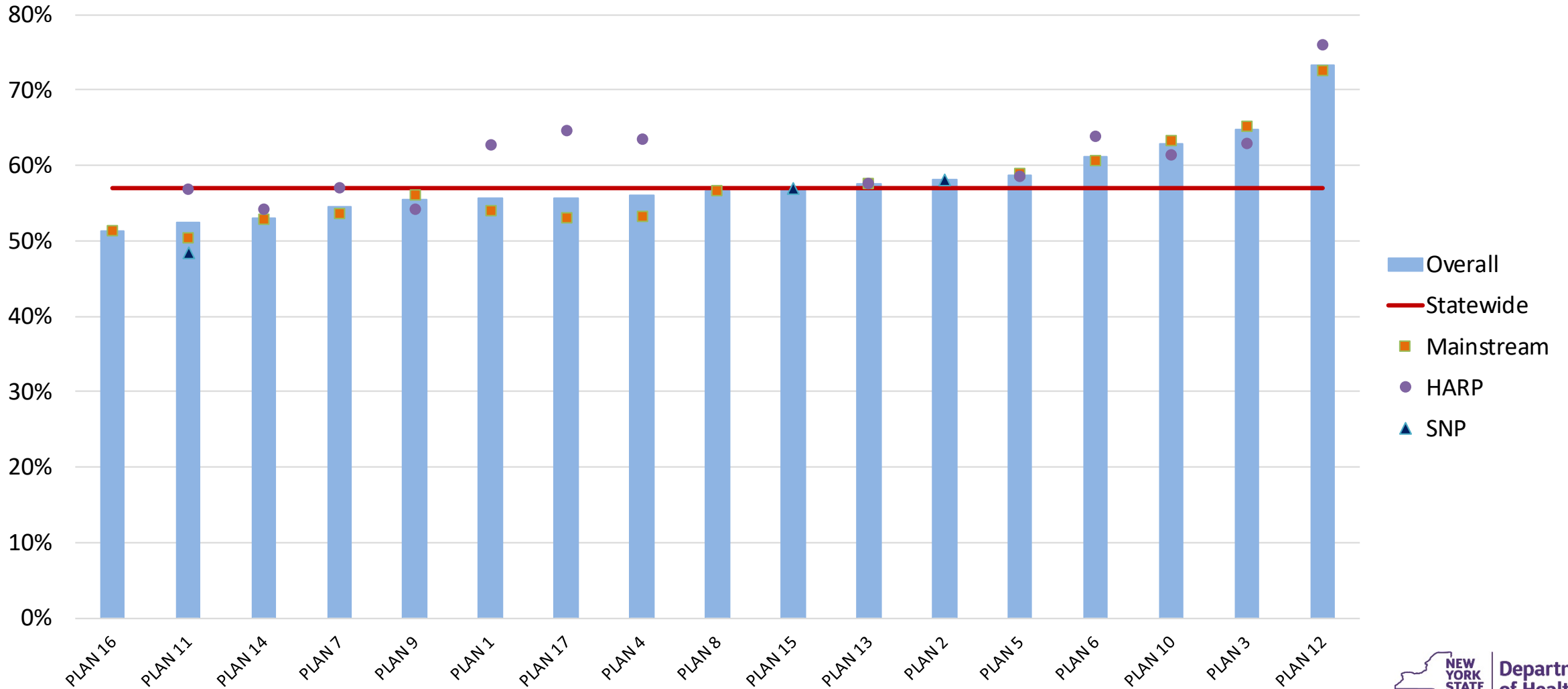
# Plan-level Rates for NYS Continuity of Care after Inpatient Rehab (COR) Measurement Year 2017



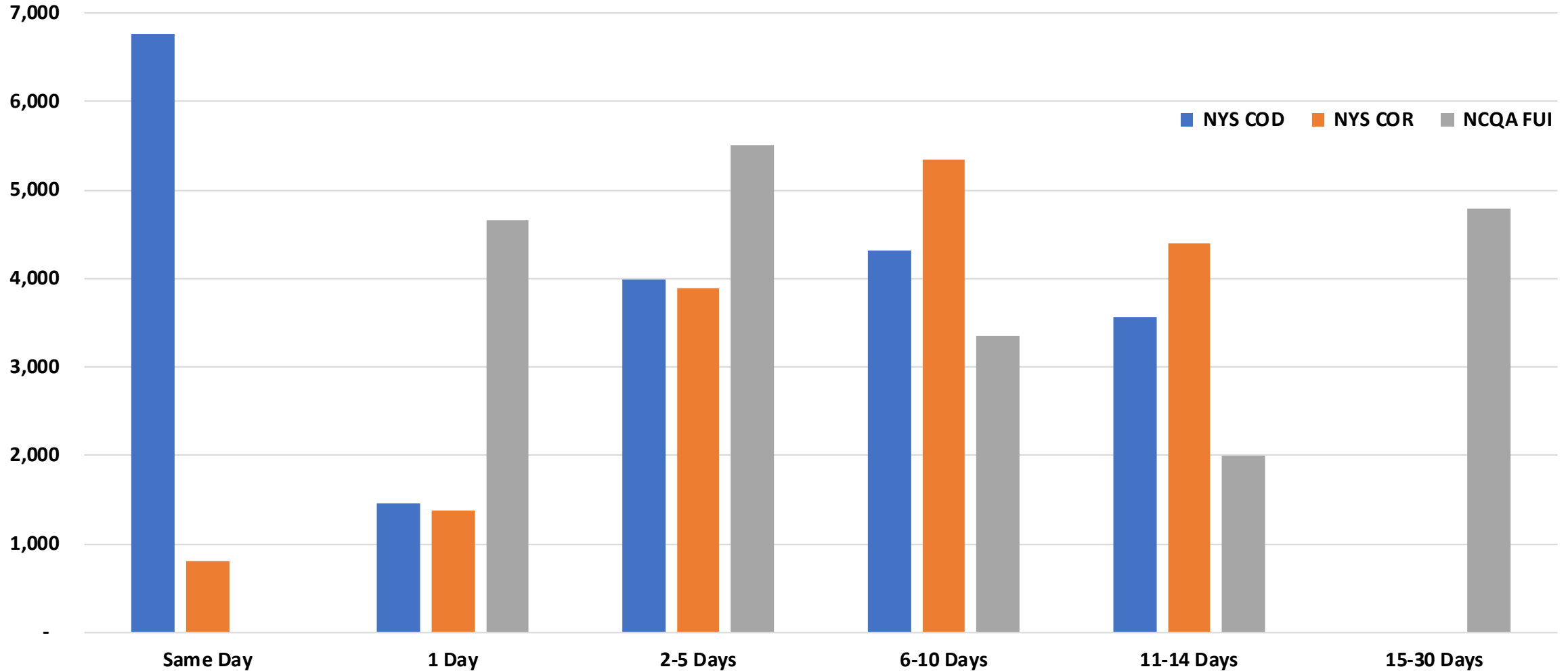
# Plan-level Rates for NCQA Follow-up After High-Intensity Care (FUI), 7-day Measurement Year 2017



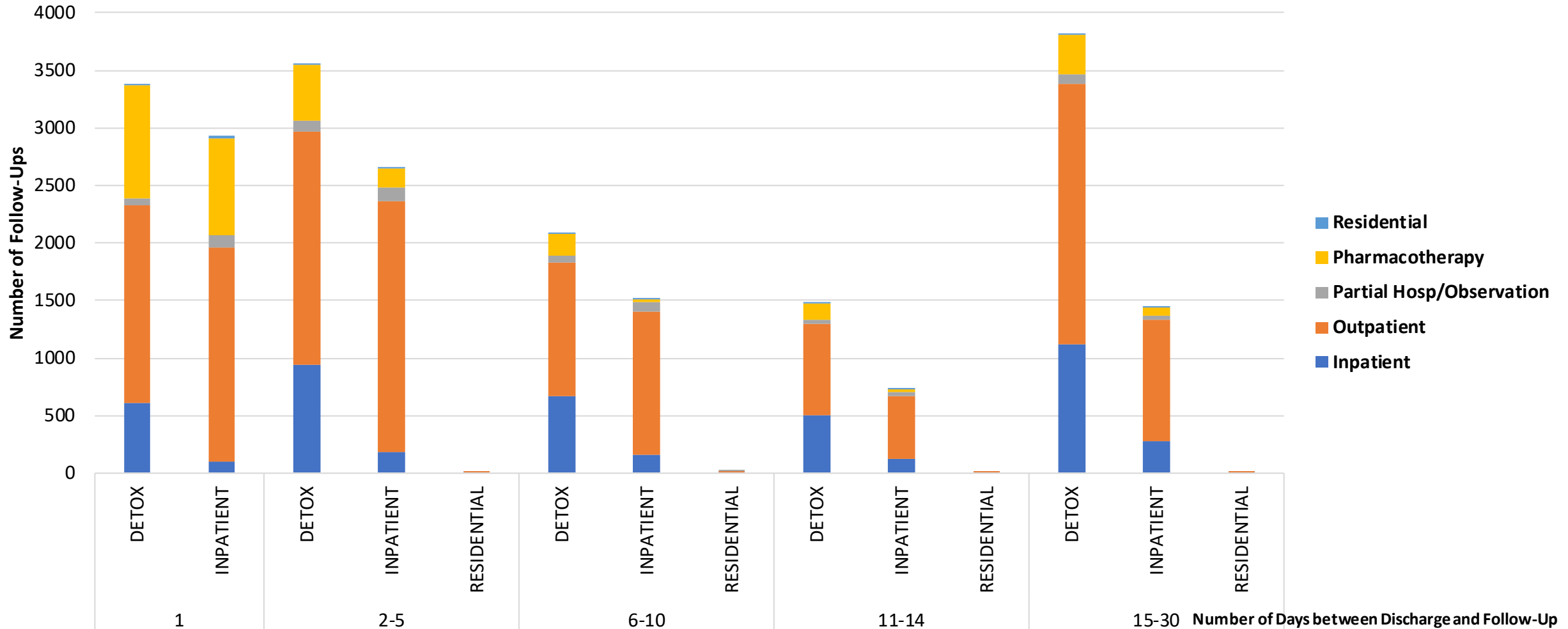
# Plan-level Rates for NCQA Follow-up After High-Intensity Care (FUI), 30-day Measurement Year 2017



# Number of Follow-Up Visits by Days from Discharge NYS COD, NYS COR, NCQA FUI MY 2017



# Number of Follow-Up Visits by Days from Discharge, Denominator Setting, and Numerator Setting NCQA FUI, Measurement Year 2017



# NCQA Proposed Quality Measure for HEDIS 2020

## Pharmacotherapy for Opioid Use Disorder (POD)

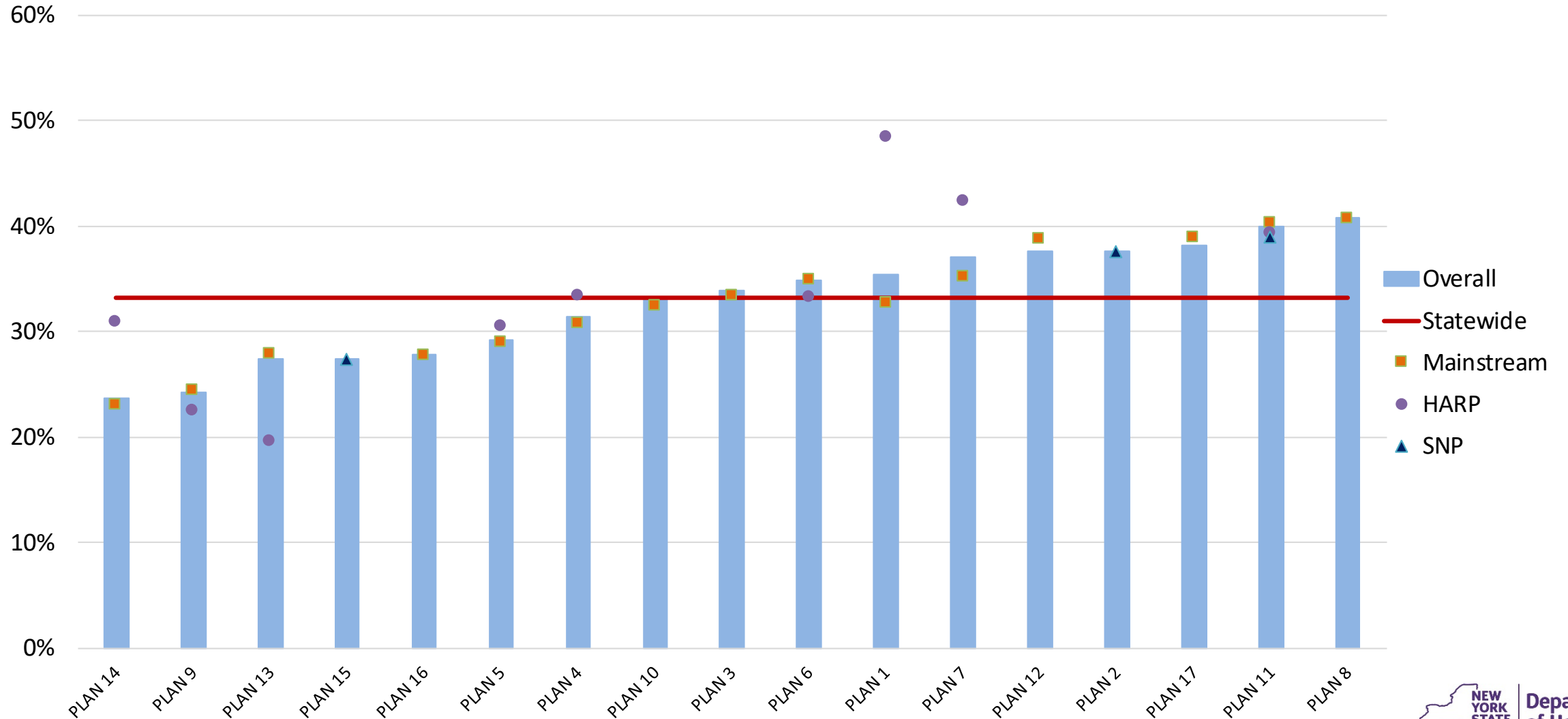
Measure	Measure Steward	Denominator	Numerator
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	New pharmacotherapy treatment episodes for members who have had a visit with any diagnosis of OUD during the measure intake period	For each new eligible OUD pharmacotherapy episode, at least 180 days of continuous adherence to OUD pharmacotherapy with no more than 7 days' total gaps in adherence

- Note that for the measure testing, the intake period is a 12-month window that begins on January 1 of the year prior to the measurement year, and ends on December 31 of the year prior to the measurement year.
- In the final spec, the intake period is a 12-month window that begins on July 1 of the year prior to the measurement year, and ends on June 30 of the measurement year.

# Statewide, Regional Rates for NCQA POD 2017, 2018

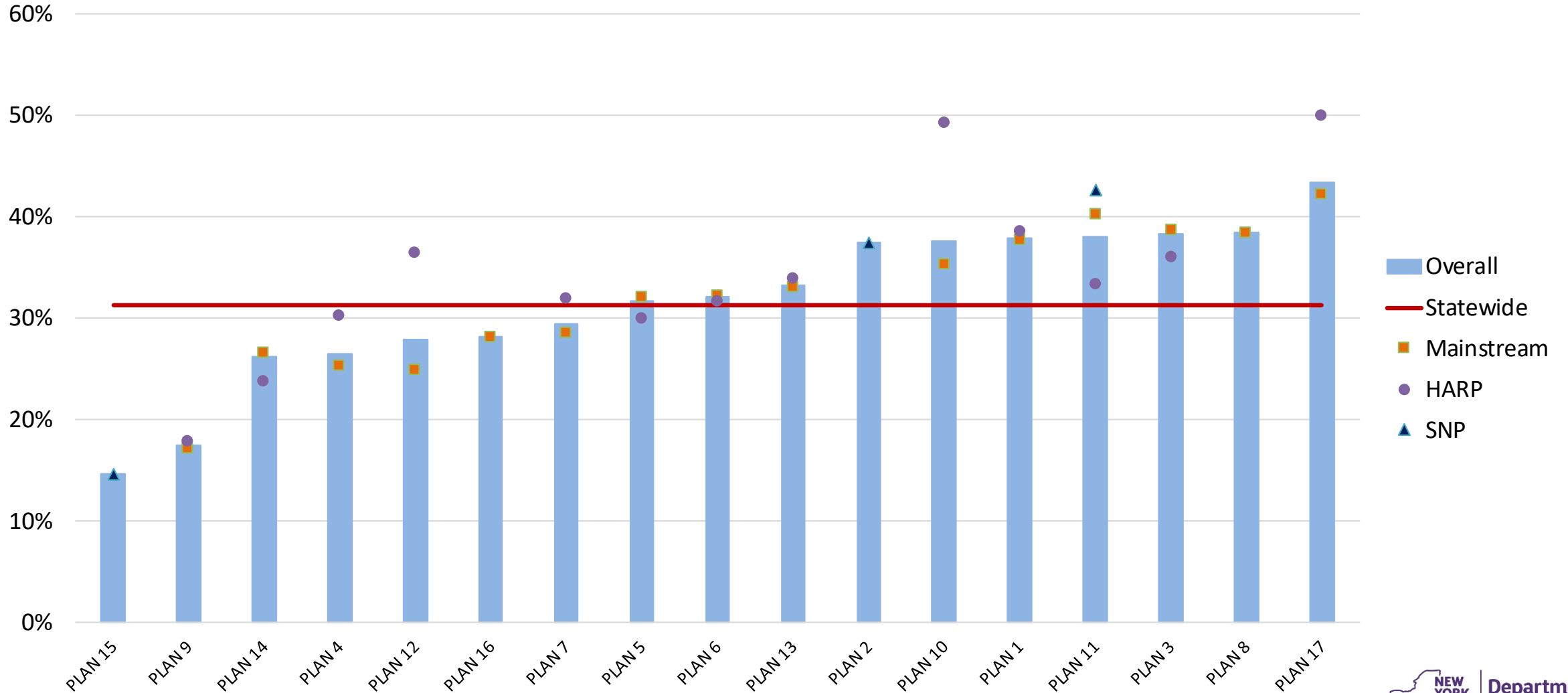
Measure	Statewide	Hudson Valley	Western	Central	Northeast	Long Island	New York
<b>NCQA POD, 2017</b>	33.2%	27.5%	33.8%	33.4%	38.5%	20.5%	36.2%
<b>NCQA POD, 2018</b>	31.3%	31.6%	34.8%	32.1%	39.6%	21.4%	31.5%

# Plan-level Rates for NCQA Pharmacotherapy for Opioid Use Disorder (POD) 2017





# Plan-level Rates for NCQA Pharmacotherapy for Opioid Use Disorder (POD) 2018



# Section 6: Proposed 2020 Measure Set

# HARP & TCGP Substance Use Domain Quality Measure Set

## Category 1- P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<del>Continuity of Care from Inpatient Detox to Lower Level of Care</del>	NYS		<del>Cat 1 P4P</del>	Measure removed and replaced
<del>Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care</del>	NYS		<del>Cat 1 P4P</del>	Measure removed and replaced
Follow-Up After High-Intensity Care for Substance Use Disorder (FU)	NCQA		Cat 1 P4P	Measure added
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA		Cat 1 P4P	
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	OASAS	Not endorsed	Cat 1 P4P	
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	3175	Cat 1 P4P	Measure Added

*Red: Indicates proposed change to measure*

**Acronyms:** CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

# HARP and Primary Care Domain Quality Measure Set

## Category 1- P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	
Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	

*Red:* Indicates proposed change to measure

**Acronyms:** CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

# HARP VBP Quality Measure Set

## Category 1- P4R

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<b>Mental Health Domain</b>				
Maintaining/Improving Employment or Higher Education Status	NYS	Not endorsed	Cat 1 P4R	
Maintenance of Stable or Improved Housing Status	NYS	Not endorsed	Cat 1 P4R	
No or Reduced Criminal Justice Involvement	NYS	Not endorsed	Cat 1 P4R	
Percentage of Members Enrolled in a Health Home	NYS	Not endorsed	Cat 1 P4R	
<b>Substance Use Domain</b>				
Use of Alcohol Abuse or Dependence Pharmacotherapy	NYS	Not endorsed	Cat 1 P4R	
<b>Primary Care Domain</b>				
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	
Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	

Measure is also part of IPC Measure Set.

*Red:* Indicates proposed change to measure

**Acronyms:** CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance, AMA: American Medical Association, PCPI: Physician Consortium for Performance Improvement

# HARP VBP Quality Measure Set

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder <sup>^</sup>	CMS	1880	Cat 2	
<sup>IPC</sup> Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
<del>Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence*</del>	<del>OASAS</del>	<del>Not endorsed</del>	<del>Cat 2</del>	Measure removed
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)*	NYS	Not endorsed	Cat 2	
Use of Opioid Dependence Pharmacotherapy	NYS	Not endorsed	Cat 2	

\* Measure name updated.

<sup>^</sup> Recommended change from VBP Workgroup meeting held on October 2, 2017.

*Red: Indicates proposed change to measure*

**Acronyms:** CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

# Section 7: Summary & Next Steps

- Request for Feedback
- Submission of suggestions and recommendations

# Thank you!

*Please send questions and feedback to:*

[vbp@health.ny.gov](mailto:vbp@health.ny.gov)