NEW YORK STATE | Department of Health | Medicaid Redesign Team

Value Based Payment (VBP) Advisory Group - Children's Health Subcommittee / Clinical Advisory Group (CAG)

Children's Health VBP Advisory Group Meeting #3

Meeting Date: December 12, 2016, 10:30 am – 2:00 pm

DRAFT Meeting #3 Agenda

Agenda Items		Time	Duration
Morning Session	1. Welcome and Opening Remarks	10:30 AM	10 mins
	2. Developmental Screening in Early Childhood: A Healthcare-Fueled Project to Improve Kindergarten Readiness • Presentation by Juliette Price of The Albany Promise	10:40 AM	10 mins
	3. Goals and Objective	10:50 AM	20 mins
	4. Quality Measure Review • What frameworks will guide our quality measure discussion? • How can we ensure that existing arrangements are as tailored to children as can be at this time? • Where do we need to recommend supplementation from measure sets currently in use?	11:10 AM	50 mins
Break	Lunch	12:00 PM	30 mins
Afternoon Session	5. VBP Model Discussion • What are key points of proposed models that we want to incorporate?	12:30 PM	60 mins
	6. Next Steps and Closing Remarks	1:30 PM	30 mins

1. Welcome and Opening Remarks

Jason Helgerson, NYS Medicaid Director

2. Developmental Screening in Early Childhood: A Healthcare-Fueled Project to Improve Kindergarten Readiness

Juliette Price, The Albany Promise Director

Developmental Screening in Early Childhood

- Please refer to the separate presentation from Juliette Price (The Albany Promise): "*Developmental Screening in Early Childhood: A Healthcare-Fueled Project to Improve Kindergarten Readiness*"

3. Children's Health Subcommittee / Clinical Advisory Group Goals & Objectives

Meeting #2 Overview

On Friday, November 18, 2016, the Children's Health Subcommittee (SC) / Clinical Advisory Group (CAG) convened. The agenda included:

- A brief recap of the key principles and value statement;
- A presentation on pediatric VBP models by Marge Houy from the Bailit Health;
- A presentation on an example of quality measure framework for children by Suzanne Brundage of United Hospital Fund (UHF);
- A brainstorming session on quality measures that embody high quality primary care, behavioral health services, and specialty care for children covered by Medicaid.

Revised Value Statement

Describes the overarching mission of the Children's Subcommittee / Clinical Advisory Group

Focusing on the healthy growth and development of children will improve their quality of life. Children require a Value Based Payment approach that acknowledges the specific needs attendant to each developmental stage and the unique opportunity to improve health and life trajectories, as well as the short-term improvement that is possible from appropriate direct interventions. Support and recognition of families and caregivers is central to improving children's lives.

Red font represents changes made to the original Value Statement based on SC/CAG member feedback and input

Children's Health VBP Subcommittee / Clinical Advisory Group: Possible Timeframe and Goals

Shorter term:

- Review measures in use for existing arrangements that currently cover children, in order to fill gaps and adjust measure sets as much as possible with measures currently available for use
- Identify areas for exploration of developmental measures

Middle term:

- Identify key model elements of appropriate children's VBP design
  - Components of Bailit that should be incorporated
  - Additional episodes for chronic conditions important for pediatrics
  - Subpopulation designations to be explored

Report out to the VBP Working Group - January/February

Longer Term (for Final Report)

- Finalize recommendations on VBP models
- Develop a full measure set, including measures identified as developmental and in need of development
- Identify measures uniquely important for children (e.g. cross system, family/caregiver focused, etc.)
- Identify recommendations related to key principles (e.g. a longer timeframe for incentives to providers)
- Identify particularly relevant Social Determinants of Health for children and an approach to them

4. Quality Measure Review

Presentation and Discussion

Quality Measure Review and Discussion

Suggested approach for this meeting:

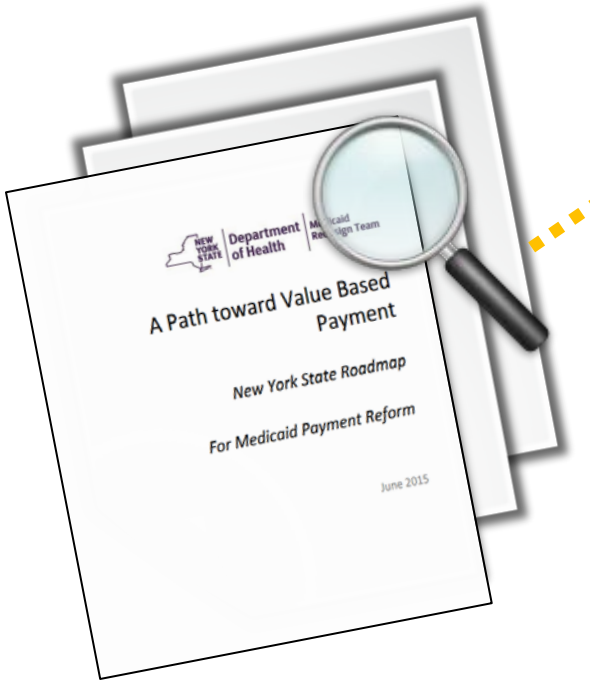
- Overview of Important Considerations when reviewing Value Based Payment measures
- Overview of current measures selected for the ‘general population’ (focusing on measures relevant for children)
- Overview of current measures selected for subpopulations (focusing on measures relevant for children)
- Review and discuss available NYS measures that have not (yet) been selected in one of the Clinical Advisory Groups but that are directly relevant for children
- Discuss potential additional measures

Starting Points for Selection of Quality Measures

- Alignment with DSRIP (avoidable hospital use)
- Reduce ‘drowning’ in measures phenomenon: outcome measures have priority
- Measuring the quality of the total cycle of care of the VBP arrangement
- Relevance for patients and providers
- Alignment with Medicare: linking to point of care registration (EHR)
- Alignment with State Heath Innovation Plan’s Advanced Primary Care measure set
- Transparency of process, of measures, of outcomes

Quality Measures – Roadmap Language

"The Category 1 quality measures recommended by each CAG and accepted by the State are to be reported by the VBP contractors. The measures are also intended to be used to determine the amount of shared savings that VBP contractors are eligible for … " [1]



CAG recommends measure categories → State accepts or re-categorizes measures → VBP Contractors report on measures

[1] VBP Roadmap, page 34 (https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_reform.htm)

Categorizing and Prioritizing Quality Measures

CATEGORY 1
Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.

CATEGORY 2
Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016/2017 pilot program.

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

Measures Currently Recommended for Use in NYS VBP Arrangements

- The NYS VBP Working Group has recommended sets of obligatory and optional measures for the different VBP arrangements, based on the recommendations of the Clinical Advisory Groups (CAGs).
- The CAGs all began with an analysis of the measures currently in use in NYS for Medicaid: especially DSRIP, the Advanced Primary Care (APC) measure set, and the QARR (measure set for MCOs).
- Detailed specifications and testing / validation of new measures will happen in close cooperation with the VPB pilots, professional experts and the DOH.

Pediatric & Adolescent Preventive Care – VBP Workgroup Recommended

#	Measure	Measure Age Range
1	Preventive Care and Screening: Influenza Immunization	6 months +
2	Topical Fluoride for Children at Elevated Caries Risk, Dental Services	1 to 21 years
3	Childhood Immunization Status	2 years
4	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	3 to 17 years
5	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	12+
6	Chlamydia Screening for Women	16 to 24 years
7	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	18+
8	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	18+

Asthma – VBP Workgroup Recommended

#	Measure	Measure Age Range
9	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	2 to 17 years
10	Potentially Avoidable Complications - Asthma	2 to 65 years
11	Assessment of Asthma Control – Ambulatory Care Setting	5+
12	Lung Function/Spirometry Evaluation	5 +
13	Patient Self-Management and Action Plan	5+
14	Medication Management for People with Asthma (MMA)	5 to 64 years

Diabetes – VBP Workgroup Recommended

#	Measure	Measure Age Range
15	Potentially Avoidable Complications - Diabetes	5 to 65 years
16	Medical Attention for Nephropathy	18 to 75 years
17	Hemoglobin A1c (HbA1c) testing performed	18 to 75 years
18	Hemoglobin A1c (HbA1c) Poor Control (<8.0 or >9.0%)	18 to 75 years
19	Eye Exam (retinal) performed	18 to 75 years
20	Foot Exam	18 to 75 years
21	Composite measure: Comprehensive Diabetes Care (combination of Diabetes measures above)	18 to 75 years

Newborn/Mother – VBP Workgroup Recommended

#	Measure	Measure Age Range
22	Birth Trauma Rate – Injury to Neonate	Newborns
23	Monitoring and Reporting of NICU Referral Rates	Newborns
24	PC-05 Exclusive Breast Milk Feeding (% of Babies Who Were Exclusively Fed with Breast Milk During Stay)	Newborns
25	Percent Preterm Births	Newborns
26	Risk-Adjusted Low Birth Weight (Live births weighing less than 2,500 grams)	Newborns
27	Under 1500g Infant Not Delivered at Appropriate Level of Care	Newborns
28	Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge	birth to 1 year
29	Long-acting reversible contraception (LARC) Uptake	15 to 44 years
30	Frequency of Ongoing Prenatal Care (FPC)	Eligible Population
31	PC-01 Elective Delivery (% of Early Elective Deliveries)	Eligible Population
32	PC-02 Cesarean Section	Eligible Population
33	Incidence of Episiotomy (% of Vaginal Deliveries With Episiotomy)	Eligible Population
34	Vaginal Births after Cesarean Section	Eligible Population
35	Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC)	Eligible Population

Behavioral Health – Depression & Anxiety – VBP Workgroup Recommended*

#	Measure	Measure Age Range
36	Diagnosis (IMPACT Model)	12+
37	Initiation of Treatment (IMPACT Model)	12+
38	Adjustment of Treatment Based on Outcomes (IMPACT Model)	12+
39	Symptom Reduction (IMPACT Model)	12+
40	Generalized Anxiety Disorder 7-item (GAD 7) Scale	12+
41	Potentially Avoidable Complications - Depression and Anxiety	12 to 65 years
42	Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	18+
43	Follow-up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	18+

* Under VBP Workgroup review

Behavioral Health – Substance Use Disorder (SUD) Arrangement – VBP Workgroup Recommended*

#	Measure	Measure Age Range
44	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	12 to 65 years
45	Continuity of care within 14 days of discharge from any level of SUD inpatient care (COC)	12 to 65 years
46	Initiation and engagement of Alcohol and other Drug Dependence Treatment with Continuing Engagement in Treatment (CET)	12 to 65 years
47	Potentially Avoidable Complications - SUD	12 to 65 years
48	Initiation of MAT for Alcohol Dependence	13+
49	Initiation of MAT for Opioid Dependence	13+
50	Utilization of MAT for Alcohol Dependence	13+
51	Utilization of MAT for Opioid Dependence	13+
52	Connection to Community Recovery Supports	13+

* Under VBP Workgroup review

Behavioral Health – Trauma & Stressor – VBP Workgroup Recommended*

#	Measure	Measure Age Range
53	Potentially Avoidable Complications - Trauma and Stressor	12 to 65 years
54	Primary Care PTSD Screen (PC-PTSD)	18+

* Under VBP Workgroup review

NYS Includes a Number of Pediatric Measures in its QARR Set that are Readily Available for Use in 2017

- Measures range from one additional access to care measure to several for behavioral health and the monitoring of medications.

- These measures are collected routinely and are part of NYS Office of Quality and Patient Safety (OQPS) ongoing quality assurance efforts.

- Another possible source of ready to use measures comes from the Child Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The Act included provisions to strengthen child health measurement. The 2016 Child Core Set contained 24 measures (See the appendix for the full list). Other measures stemming from CHIPRA are advancing through the development process.

Pediatric Quality Assurance Reporting Requirement (QARR) Measures not Currently Included in NYS VBP

Category	#	Measure	Measure Age Range
Access to Care	55	Child and Adolescents' Access to Primary Care Practitioners (CAP)	1 to 19 years
Preventive Care	56	Well-Child Visits in the First 15 Month of Life (W15)	15 months
	57	Lead Screening in Children	2 years
	58	Annual Dental Visit	2 to 21 years
	59	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	3 to 6 years
	60	Asthma Medication Ratio	5 to 64 years
	61	Adolescent Preventative Care Measures	12 to 17 years
	62	Adolescent Well-Care Visit (AWC)	12 to 21 years
	63	Immunizations for Adolescents (IMA)	13 +
	64	Non-Recommended Cervical Cancer Screening in Adolescent Females	16 to 20 years

Pediatric Quality Assurance Reporting Requirement Measures not Currently Included in NYS VBP

Category	#	Measure	Age Range
Acute Care	65	Appropriate Testing for Children with Upper Respiratory Infection	3 months to 18 years
	66	Appropriate Testing for Children with Pharyngitis	2 to 18 years
Behavioral Health	67	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	1 to 17 years
	68	Metabolic Monitoring for Children and Adolescents on Antipsychotics	1 to 17 years
	69	Metabolic Screening for Children and Adolescents Newly on Antipsychotics	1 to 17 years
	70	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	1 to 17 years
	71	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	6 to 12 years

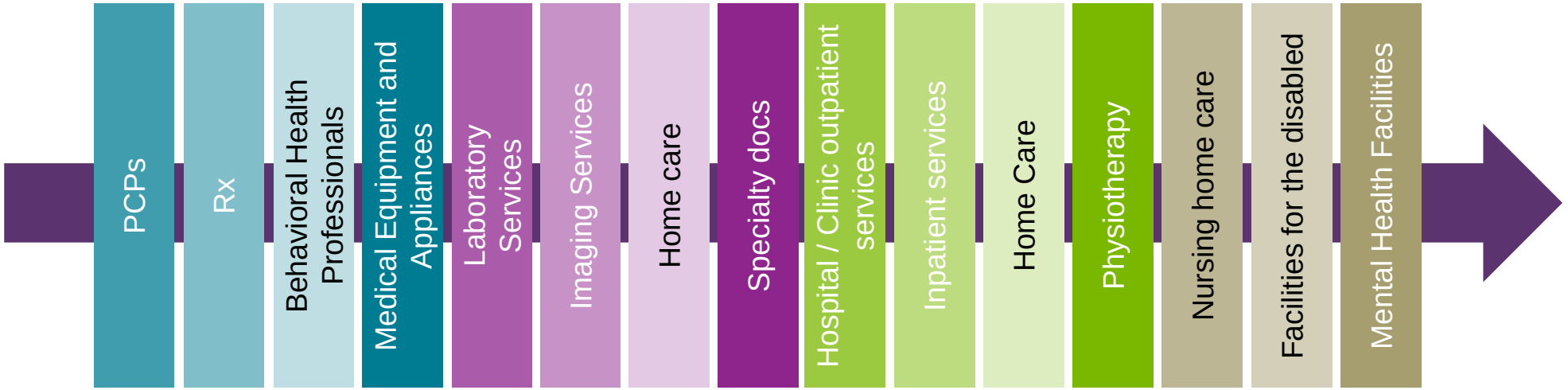
Additional Domains for Consideration

- Beyond the QARR there may be other measures to employ that are either routinely reported in NYS in other data sets or in development for future use
- Possible domains include:
  - Access to certain types of care (e.g. specialty)
  - Behavioral health (e.g. accurate ADHD diagnosis; adolescent MDD suicide screening)
  - Dental & Oral care (e.g. annual dental visit)
  - Sickle cell disease
  - Asthma (e.g. training for medication use at home)
  - Maternal (e.g. Maternal behavioral health screening)
  - Obesity
  - Adolescent issues (e.g. sexual activity, risk screening)
  - Satisfaction with Care (e.g. family and child experience)
  - Acute care (e.g. sepsis care; radiation exposure for children)

5. VBP Model Discussion

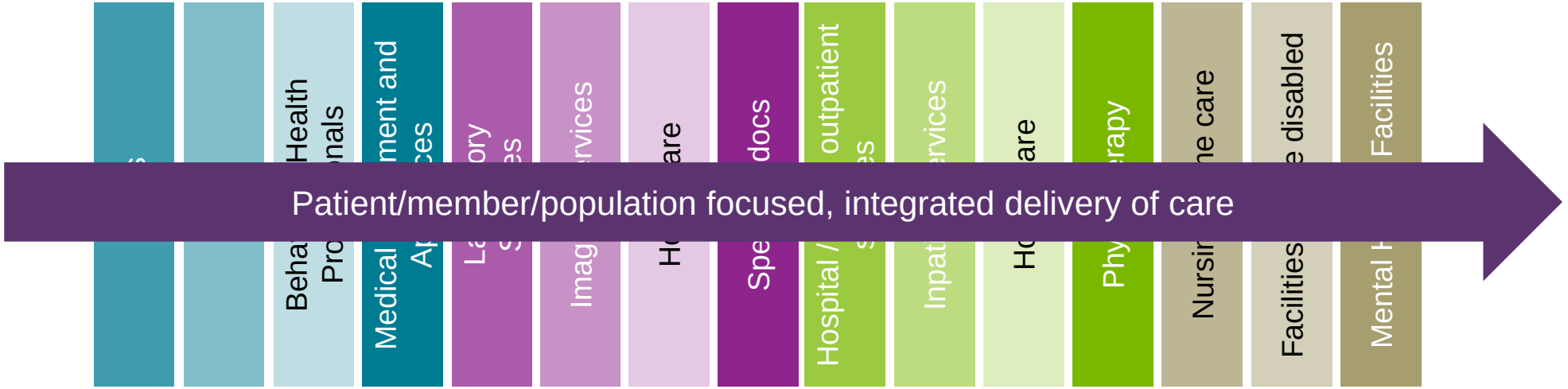
Presentation and Discussion

The Old World: Fee for Service; Each in its Own Silo



- There is no incentive for coordination or integration *across* the continuum of care
- Much Value is destroyed along the way:
  - Quality of patient care & patient experience
  - Avoidable costs due to lack of coordination, rework, including avoidable hospital use
  - Avoidable complications, *also* leading to avoidable hospital use

The New World: Paying for Patient / Member *outcomes*



- Challenge for VBP:
  - What is the right way to select the condition / members / (sub)population that is included in a VBP arrangement?
    - Too narrow: may loose coordination across VBP arrangements
    - Too broad: may loose focus on subpopulations / conditions / member groups
    - *As much a art as a science: there is not one way, but alignment with other payers' models is essential*
  - In principle, this approach should be provider-agnostic (i.e, where/who delivers the care is not the starting point). *Is this a valid approach for the types of care discussed in this CAG?*

Children's Medicaid Population in NYS – a sample of relevant (sub)groups and condition

Generally Healthy Children Largely Managed in Primary Care

Generally healthy kids make up roughly 90% of the NYS children's Medicaid population*

- Emphasis is preventive care
- The goal is for these children is to remain healthier for a lifetime than they would without good primary care, and to prevent them from experiencing seriously deleterious health conditions later in life
- Realizing developmental potential and preserving / improving quality of life are important goals, but difficult to measure

Medically / Behaviorally Complex Children for Whom Highly Specialized Care is Necessary

Approximately 10% of the continuously enrolled children accounted for approximately 50% of all expenditures*

- These children have heterogeneous needs, and
- They touch many different parts of the care system

Source: United Hospital Fund (https://www.uhfnyc.org/publications/881145)

Generally Healthy Children Managed in Primary Care

Capitation: incentivizes population focus and broad prevention of future health care costs

Questions: (raised by Bailit and CAG):

- *Should specific preventive services remain in FFS to stimulate volume?*
  - Immunizations, social determinants, others?
- *Is 'historical spend' an adequate method to create target budget going forward?*
  - What are core, essential services for child preventive care to ensure optimal outcomes?
- *How should outcomes be defined?*
  - Physical & behavioral health
  - Kindergarten readiness
  - Others?

Generally Healthy Children Managed in Primary Care

Additional Care Coordination Payments (either in FFS or in Capitated models):

Question: *Are there efforts outside the normal scope of primary care practitioners for which they should be separately compensated?*

- Examples might include:
  - Contacting community-based organizations to connect families/caregivers with supports
  - Coordinating with other providers, including school personnel

Generally Healthy Children Managed in Primary Care

Quality Incentives:

Question: *How can providers be sufficiently rewarded for providing high quality, cost effective care for children for whom preventive care outcomes are key but have a long time horizon?*

- Sufficiency considerations:
  - Require certain formulations for shared savings reinvestment that more heavily weight preventative activities for children?
  - Weigh prevention activities for children more heavily in quality incentive initiatives with managed care plans?
  - No financial rewards if not meeting quality targets or vice versa
- Timeline considerations:
  - Extend the VBP measurement cycle to cover multiple years? Add significant rewards for providers meeting quality measures for a cohort from 0 to 5 years, for example.

Generally Healthy Children Managed in Primary Care

Current Chronic Condition Episodes:

- Asthma (ages 2 - 65);
- Diabetes (ages 5 - 65);
- Depression & Anxiety (ages 12 - 65);
- Substance Use Disorder (ages 12 - 65);
- Trauma and Stress Disorders (ages 12 - 65);
- Bipolar Disorder (ages 12 - 65);
- Lower Back Pain (ages 12 - 65)
- COPD, Chronic Heart Failure, Arrhythmia, Heart Block/Conduction Disorders, Hypertension, Osteoarthritis, and Gastro-Esophageal Reflux (ages 18 - 65)

Question: *Are there other chronic conditions for which children should receive care in an integrated primary care setting?*

- ADHD?
- Obesity?
- Other behavioral health?
- Sickle Cell Disease?

Medically/Behaviorally Complex Children for Whom Highly Specialized Care is Necessary

Total Cost of Care Subpopulation Arrangements:

Question: *Are there children who would benefit from a specialty designation to ensure their significant needs are not overlooked in other generalized VBP arrangements?*

- A subpopulation VBP arrangement could solve key challenges for these children:
  - Receive services from many different providers, often in different care "silos;" resulting in fragmented care
  - Have significant enough needs to warrant a specific emphasis on intensive care coordination and the engagement of specialty providers in a "person-centered" care model
- Subpopulation approach would work when volumes are high enough to create dedicated VBP contractors (offset chance events; ability to measure quality / outcomes)
- Even when local volumes may be low, introducing a subpopulation approach would stimulate e.g. centralized expert centers with local 'affiliated' providers, significantly increasing overall quality of care

Current VBP Roadmap has no Subpopulation arrangements for medical/behaviorally complex children (e.g. HARP is adults only)

Medically/Behaviorally Complex Children for Whom Highly Specialized Care is Necessary

If a Subpopulation is not feasible:

Question: *Are there other ways the care for these children can be better incentivized?*

- Examples could include:
  - Additional incentives/grants to support provider network development and provider readiness?
  - Support for nontraditional interventions/measures such as Adverse Childhood Events (ACEs)* score reduction?
  - Increased PMPM care coordination payments specifically for these children?

**Please refer to the Appendix for additional information on ACEs*

5. Next Steps and Closing Remarks

Preview of Children's Health VBP Advisory Group Meeting #4

Tentative Agenda	Date & Time	Location
• Finalization of Recommendations to be presented to the VBP Workgroup	January TBD	TBD

Additional Information:

DOH Website:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Contact Us:
DSRIP Email:
dsrip@health.ny.gov