



**Department  
of Health**

**Medicaid  
Redesign Team**

# Value Based Payment Quality Measure Feasibility Task Force

## Meeting #2

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# Agenda

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| 1. Meeting Kick-off / Introductions      | 5 min  |
| 2. Task Force Sub-team Debrief           | 20 min |
| 3. Quality Measure Review and Discussion | 30 min |
| 4. Wrap-Up                               | 5 min  |

## 2. Task Force Sub-Team Debrief

# Task Force Sub-Teams

- Measure Feasibility Task Force sub-teams held several meetings throughout June and July to conduct focused reviews and identify measure feasibility issues specific to the assigned arrangements and focus areas.
- The following slides provide an overview of the challenges, barriers, needs, and opportunities identified through the following task force sub-team meetings:
  - TCGP/ IPC/ Maternity
  - HIV/ AIDS
  - BH/ HARP
  - HIT-Enabled Quality Measurement
- Key points have been summarized and grouped by common themes, highlighting issues that persist across arrangements, care settings, and target populations.

# TCGP/ IPC/ Maternity Sub-Team

## Data Capture for Measurement and Reporting

- Resource Requirements:
  - Securing resources to program data capture workflows for hybrid and non-QARR measures is difficult. System modifications and the build of custom workflows are limited in many systems, further complicating the work required to address data capture and extraction requirements in support of non-standard measures.
- Disparate Electronic Record and Reporting Systems:
  - Disparate systems and reporting processes present significant challenges for data capture and reporting. Providers must be able to extract and submit data consistent with the unique requirements from each plan contracted. Some plans are contracting with multiple vendors to support measure data submission (i.e. monthly, rolling year timeframes) and produce actionable feedback reports for providers.
- Alternative Approaches:
  - Recommendation for exploration of alternative approaches to reporting of measure data: e.g. claims-based reporting of patient outcomes data.
- Social Determinants of Health:
  - The sub-team highlighted that the integration of the Social Determinants of Health data is critical for a total population health improvement efforts.

# HIV/ AIDS Sub-Team

## Measurement Population

- Attribution:
  - MCO-assigned PCP driven attribution may create misalignment between the assigned PCP and providers who are providing most of the care for a member.
- Sampling:
  - Population sampling is used for a significant number of eHIVQUAL measures. Movement toward a population level reporting and measurement approach will be challenging and require that resource and workflow issues be addressed to support the reporting and calculation of a population-wide measure.

## Data Capture for Measurement and Reporting

- Data Origin and Context:
  - Each plan takes a unique approach to data collection for measure calculation, using data from many sources including commercial lab feeds, lab data from RHIOs, and abstracted data from providers.
- Medical Record Abstraction:
  - Providers challenged to collect administrative data based on practice patterns, e.g. connecting previously run lab work with claims for patient visits when labs are run a week ahead of the visit.

# BH/ HARP Sub-Team

## Measurement Population

- Attribution:
  - Pilot participants are looking for additional guidance defining the arrangement attribution approach that is based on member *eligibility* for or *enrollment* in a Health Home. To date, pilots have chosen to contract arrangements based on a PCP-driven attribution methodology.

## Data Capture for Measurement and Reporting

- Resource Requirements:
  - Measures requiring supplemental clinical and administrative data require significant resources and labor-intensive work in the form of chart review, manual data abstraction, and programming electronic systems for data element capture, storage, and reporting. The systems currently implemented by plans and providers may not have the capacity to capture new measures.
  - There is significant variation among Health Homes in the ability to access and secure the resources necessary for the electronic capture and reporting of measure data.
- Data Origin and Context:
  - RHIOs are currently unable to distinguish between data belonging to the different plans. This prevents the RHIO from pushing data to plans in the absence of an input file instructing the extraction of member-level data.

# HIT-Enabled Quality Measurement Sub-Team

## Data Capture for Measurement and Reporting

- Resource Requirements:
  - The resource-intensity involved in developing new feeds is a key barrier.
- Disparate Electronic Record and Reporting Systems:
  - Plans have various sources of supplemental data, including clinical data that could potentially be collected more efficiently. The key unmet need is additional EHR data. Plans express a strong interest in collecting such data via EHRs.
  - Variation in existing technical capabilities; this will likely make standardization difficult (e.g. some plans can intake flat files, others can intake HL7).
  - A key unmet need for providers is claims data – or another means of knowing what services their patients are receiving outside of their organizations. Some providers are already taking in claims data and have the capacity to store and use the data for quality measurement.
- Key Opportunities:
  - Identifying a data set (EHR and Lab) that represents gaps in current supplemental data sources for plans.
  - Identifying a standard format to deliver data to plans.
  - Exploring ways for providers to fill gaps in information about services patients may be receiving elsewhere.



# Maternity Care Task Force Sub-Team Created

- The Maternity Clinical Advisory group recommended a workgroup to further explore questions of attribution and quality measurement.
- DOH initially intended to have a Maternity Care Sub-Team, but there was limited interest since there is no Maternity Pilot.
  - Maternity had been combined with TCGP/ IPC sub-team.
- DOH will convene a sub-team to further explore Maternity Care arrangement questions.
  - First meeting is scheduled to be held on August 24, 2017 at 9 AM.

## 3. Quality Measure Review and Discussion

# Quality Measure Review and Discussion

The following measures have been identified as representative of those within the Category 1 Measure Sets requiring further exploration.\*

- Controlling High Blood Pressure ([Link](#))
- Comprehensive Diabetes Care: Foot Exam ([Link](#))
- HIV Viral Load Suppression ([Link](#))
- Preventive Care and Screening: Depression Screening and Follow-Up ([Link](#))
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder ([Link](#))

**The group will review the measures to assist in building a clear picture of the current state and anticipated challenges regarding data capture, data flows, and the approaches taken by MCOs and provider organizations in the selection and utilization of measures within quality programs and VBP contracting.**

\*For reference, measures have been hyperlinked to endorsement and specification details within the NQF Quality Positioning System.

## Discussion Guide

### Collection of Measures: Experience to Date and Potential Issues

- Current State of Data Capture and Data Flow
- Anticipated Data Capture and Data Flow Challenges
- Calculation of Measures and Reporting to the State

### Parties Responsible for Measure Data Capture, Extraction, and Submission

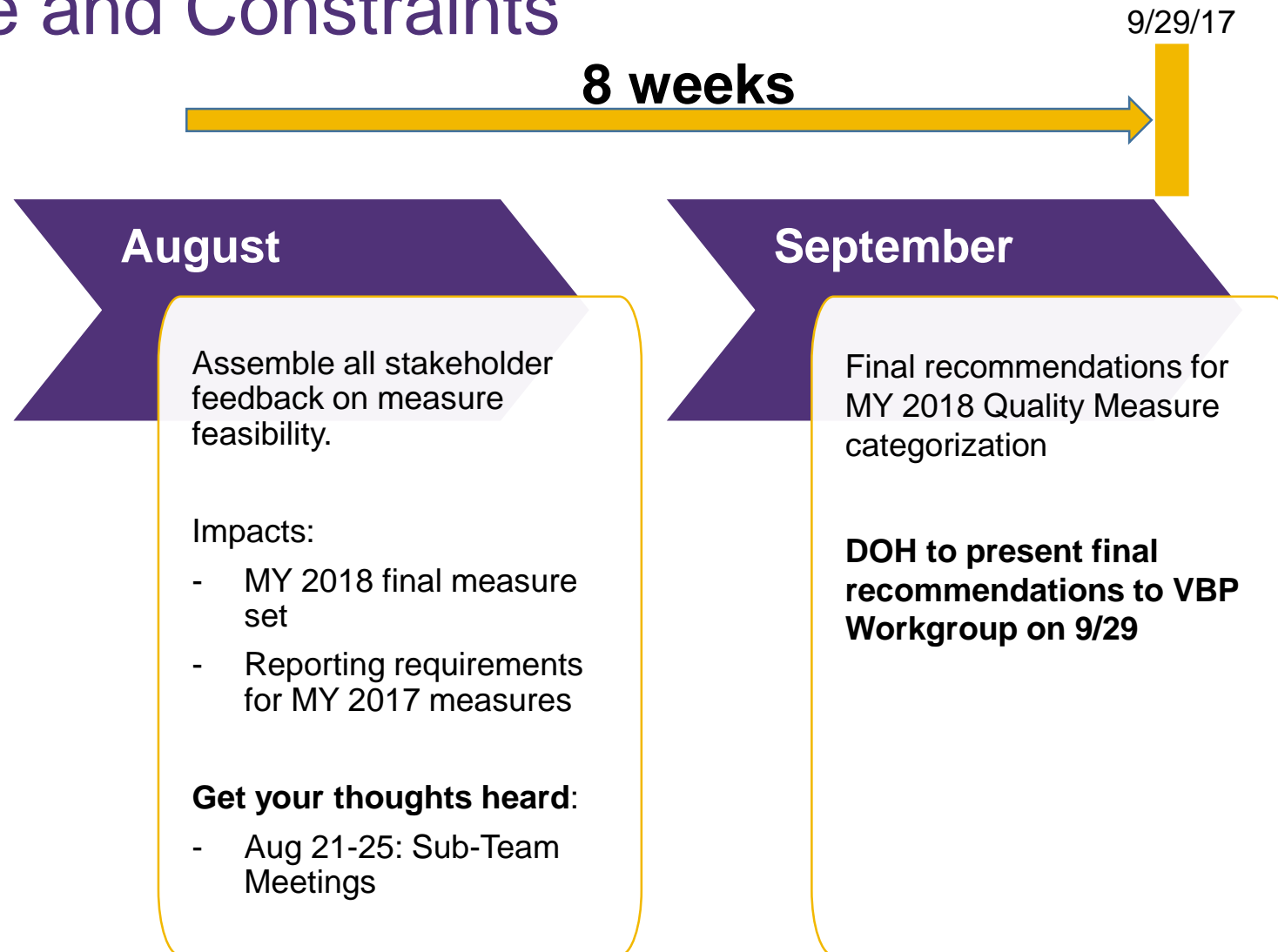
- Ability to Identify and Report on the Measurement Population
- Anticipated Cost and Burden of Data Collection and Reporting
- Optimal Data Flows Supporting Data Collection and Exchange; Reporting to the State; and Measure Calculation

### Prioritization of Measures

- Approach and Considerations for the Selection of Measures
- Priority Measures for Incorporation into VBP Contracts

## 4. Wrap-Up & Timeline

# Timeline and Constraints



# Thank you!

***Please send questions and feedback to:***

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