NEW YORK STATE | **Department of Health** | **Medicaid Redesign Team**

# Measure Support General Task Force Meeting #6

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May 24, 2018

# Agenda

1. Opening Remarks and Roll Call

2. Recap of Round 1 of 2018 Clinical Advisory Group (CAG) Meetings

3. Discussion of Health Information Technology (HIT) Enabled Measurement Vision for New York State (NYS)

# Opening Remarks and Roll Call

# Recap of Round 1 of 2018 CAG Meetings

# CAG Timeline & Expectations for 2018

2018 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 2019.

Timeline

- CAGs convened in **April/ early May** and will reconvene in **August.**

- Based on CAG feedback, the State will present the proposed measure set to the VBP Workgroup for approval in **September.**

- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October.**

- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October.**

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# Measure Consolidation Efforts by CMS

**Measure Consolidation**

CMS FY 2019 IPPS/LTCH PPS Proposed Rule

- Recognizing the burden currently on providers, CMS is proposing to ***remove unnecessary, redundant, and process-driven quality measures*** from a number of quality reporting and pay-for-performance programs.

- This will eliminate a significant number of measures acute care hospitals are required to report and will remove duplicative measures across the five hospital quality and value-based purchasing programs.
  - o 19 measures removed from the programs
  - o De-duplicate another 21 measures
  - o Maintain *meaningful* measures of hospital quality and patient safety

*Acronyms: FY = Fiscal Year; IPPS = Inpatient Prospective Payment System; LTCH = Long-Term Care Hospital; PPS = Prospective Payment System*

# CAG Discussion: Consolidation of VBP Quality Measures

*Reducing provider burden and achieving alignment across programs*

- The current number of quality measures and the reporting challenges across programs place a significant reporting burden on providers.

- Given this context, please consider the following questions:

| 1 | Should the VBP Quality Measure Sets be condensed to achieve greater alignment with other payers? How should measures be prioritized? |
|---|---|
| 2 | Should the Measure Sets be condensed to a core set of outcome-based measures where possible? How should measures be prioritized (outcome and process measures)? |
| 3 | What are the most appropriate outcome measures for the each arrangement population? Where none exist, what are the most appropriate process measures, e.g., related to children's care? |

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# Initial CAG Feedback on Consolidation

- The CAGs have been invited to formally submit their feedback, however the following initial feedback was provided during the meetings:
  - The Physical Health CAG expressed support for measure prioritization and consolidation.
    - Measure fatigue contributing to physician burnout was discussed as a growing concern due to the number of measures required for reporting.
    - The CAG expressed a desire to re-evaluate measures, and clinical and care delivery goals, in order to ensure the right outcomes are being prioritized.
  - The Maternity Care CAG expressed concern that the Maternity measure set is already very small and may not benefit from consolidation.
  - The HIV/AIDS CAG indicated support for measure consolidation in 2017 CAG meetings.
    - Focus: Viral Load Suppression as the priority outcome measure for MY 2018.
  - Consolidation was not a primary discussion point for the Behavioral Health (BH) CAG.

- Consolidation discussions will continue during Round 2 of the 2018 CAG meetings this summer.

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# Discussion of HIT-Enabled Measurement Vision for NYS

# HIT-Enabled Quality Measurement Current State Recap

**Business Needs**
- Clinical data for use by plans as HEDIS supplemental data
- Clinical data for use by provider organizations in their analytics systems
- Population-level measures

**Current State Limitations**
- Data delivered in inconsistent, non-standard formats
- Multiple point-to-point connections
- Poor data quality
- Reliance on claims and medical record review = outcome measures calculated infrequently on a sample of the population

**Future State Characteristics**
- Availability of high-quality electronic clinical data for plans and providers
- Consensus-based solutions and specifications
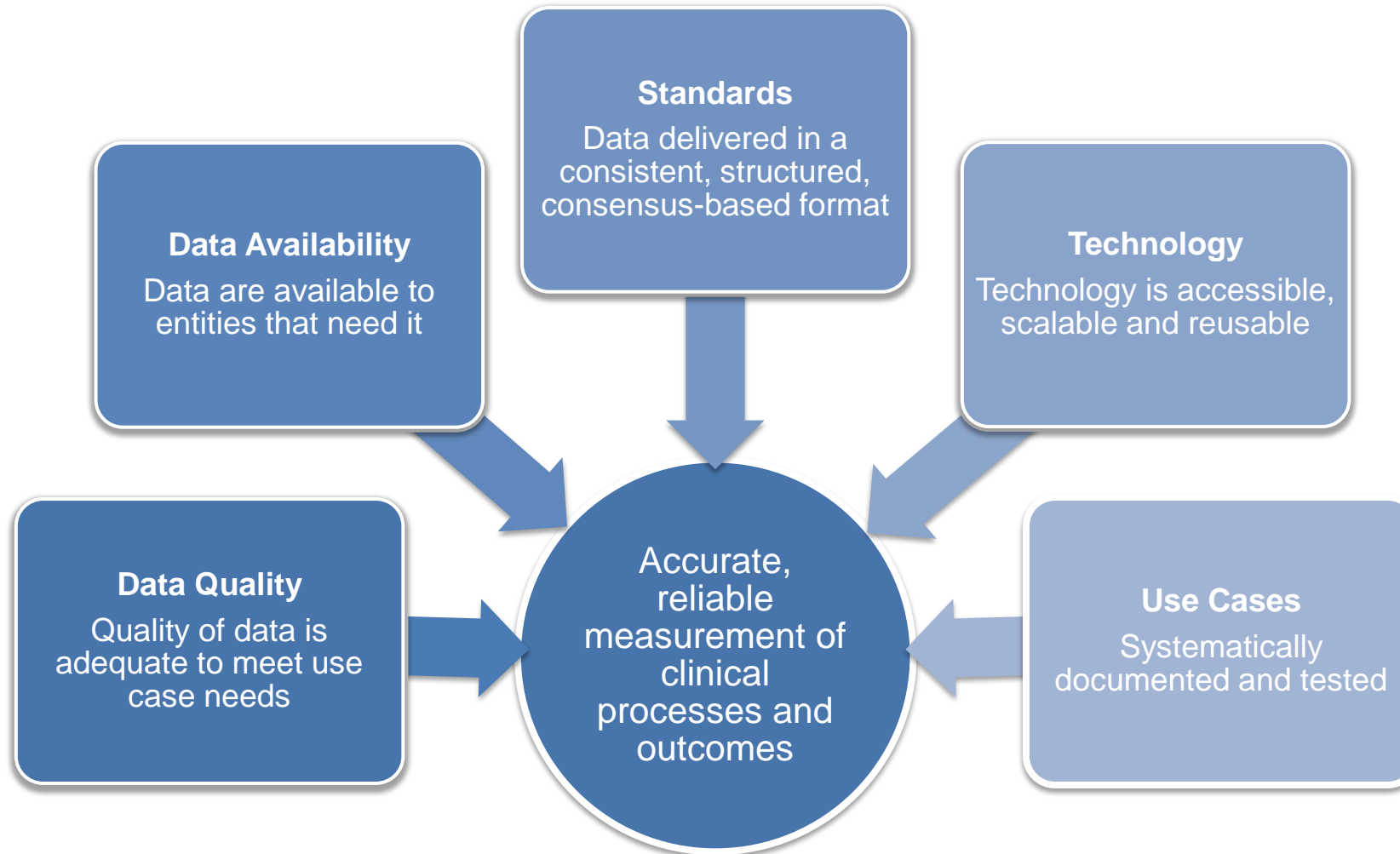- Reusable and scalable technology
- Population-level outcome measurement

# The Problem

- Quality measurement is a critical component of healthcare system transformation
  - o NYSDOH initiatives like DSRIP, SIM and VBP all rely on quality measures to assess and compare performance and to inform payment decisions
- Measuring outcomes requires clinical data
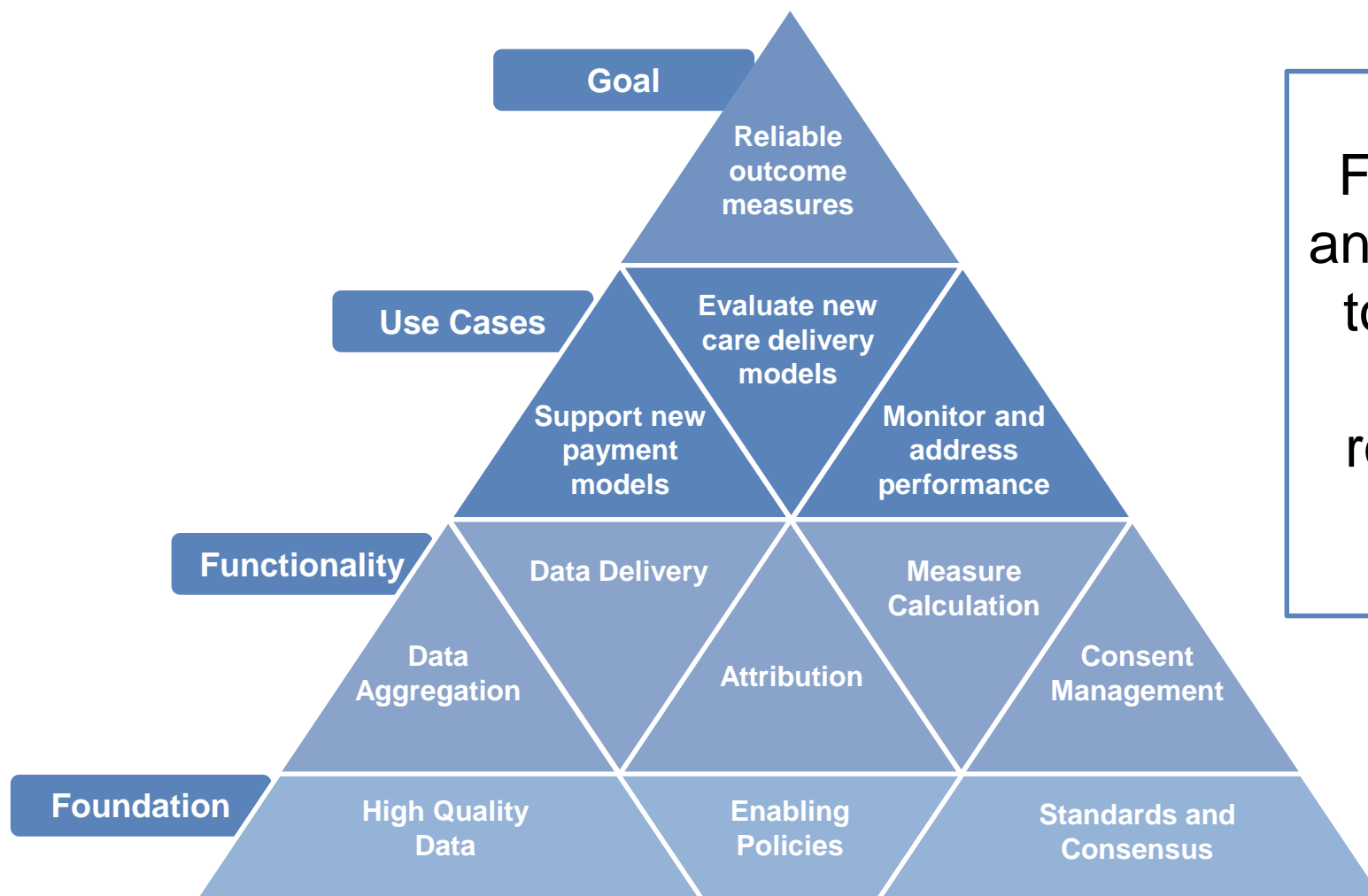- Electronic clinical data is not well integrated into current quality measurement processes

# Vision for HIT-Enabled Measurement

An infrastructure of **technology and policies** that allow **multiple stakeholders** to access **high-quality data** that represents a **complete picture of the care** delivered to a patient and enables **measurement** of the **health outcomes of a population**
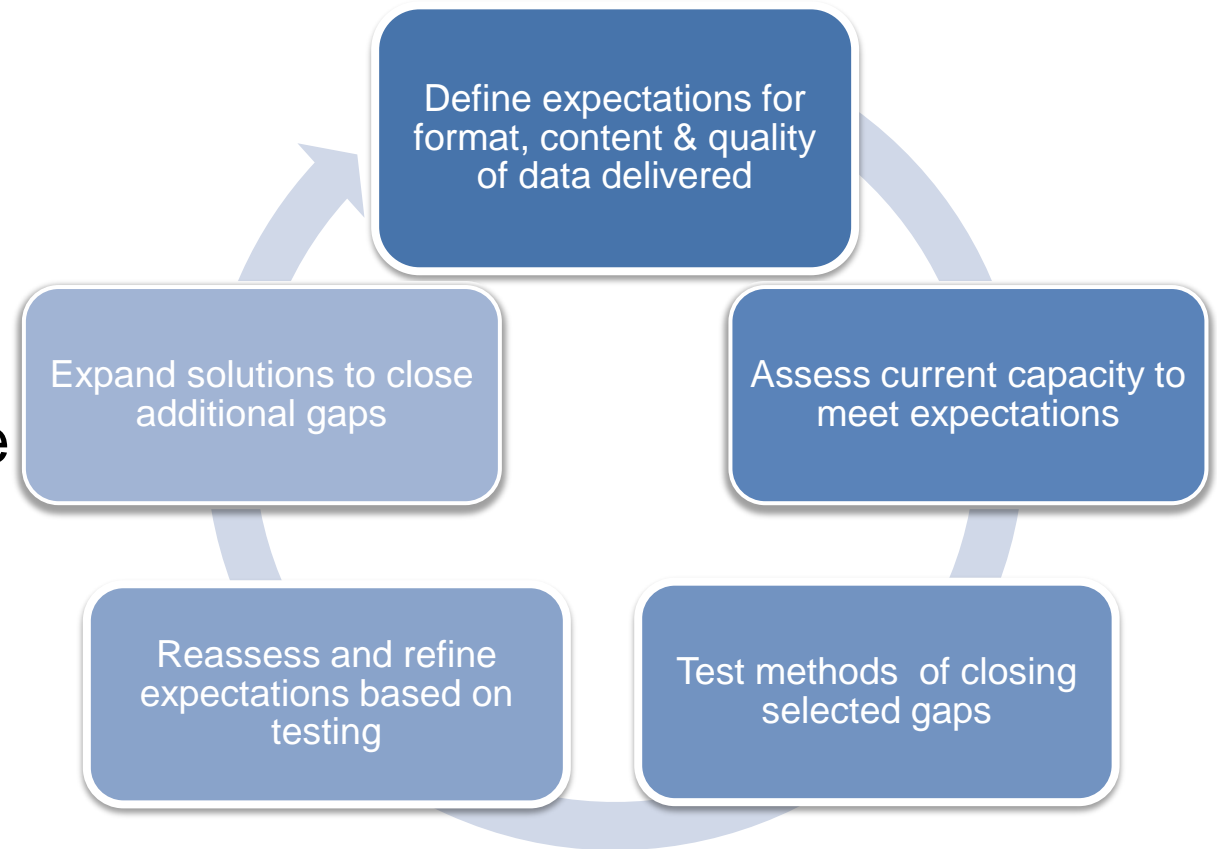
# Vision for HIT-Enabled Measurement

# Vision for HIT-Enabled Measurement



**Goal**

Reliable outcome measures

**Use Cases**

Evaluate new care delivery models

Support new payment models

Monitor and address performance

**Functionality**

Data Delivery

Measure Calculation

Data Aggregation

Attribution

Consent Management

**Foundation**

High Quality Data

Enabling Policies

Standards and Consensus

Foundational components and functionality are needed to support new use cases and reach the goal of robust, accurate outcome measurement
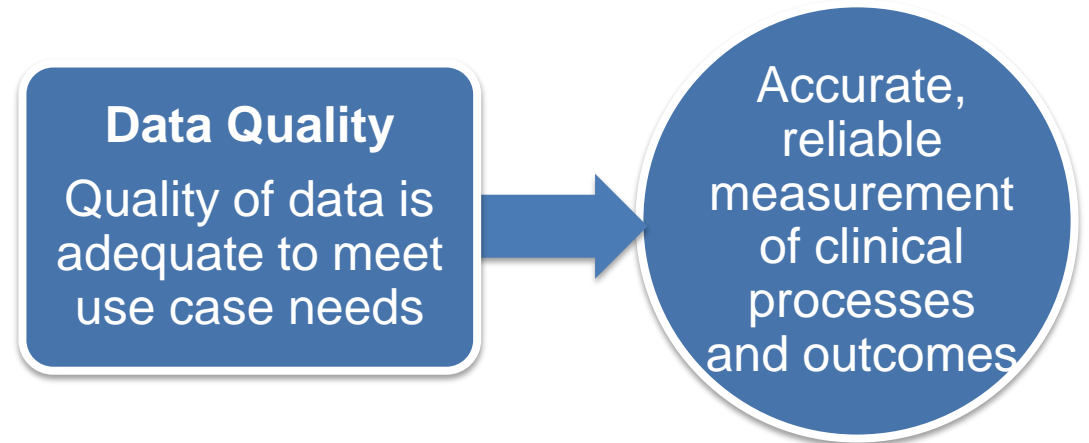
# Achieving the Vision

- NYSDOH will pursue a ***multi-pronged approach*** to build the capacity to ***meet unmet needs*** and ***realize the desired characteristics*** of the future state

- The approach will emphasize a process of ***continuous learning*** to answer key questions

Define expectations for format, content & quality of data delivered

Assess current capacity to meet expectations

Test methods of closing selected gaps

Reassess and refine expectations based on testing

Expand solutions to close additional gaps

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# Future State Objectives

**Objective 1**
The ***quality of available data is high enough*** to satisfy quality measurement needs.

**Data Quality**

Quality of data is adequate to meet use case needs

Accurate, reliable measurement of clinical processes and outcomes

**Questions**
1. Where in data flows are data quality issues being introduced?
2. How can each of these "failure points" be addressed?
3. What procedures and policies are in place to monitor and address data quality issues?
4. Can gaps in these procedures and policies be closed?
5. Can available data satisfy the requirements of measure specifications?

# Future State Objectives

**Objective 2**
Ensure that the needed **_data are available to stakeholders_** including health plans, providers, and NYSDOH

**Data Availability**
Data are available to entities that need it

Accurate, reliable measurement of clinical processes and outcomes

**Questions**
1. What data are needed, from what entities, and to whom do they need to be delivered? Are there potential data consumers beyond health plans and providers?
2. Are policies in place to enable data sharing between data contributors and data consumers? If not, what are the policy barriers and how may they be overcome?
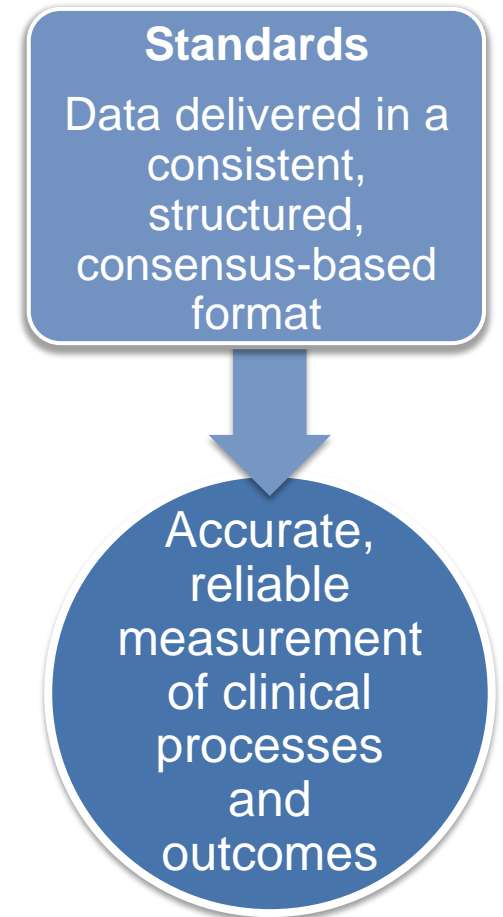
# Future State Objectives

**Objective 3**
Develop and promote ***consensus-based standards*** for data contribution and data delivery

**Questions**
1. What national standards are applicable to the use cases being addressed?
2. What requirements would a file need to meet to be considered a standard supplemental data source by a HEDIS auditor?
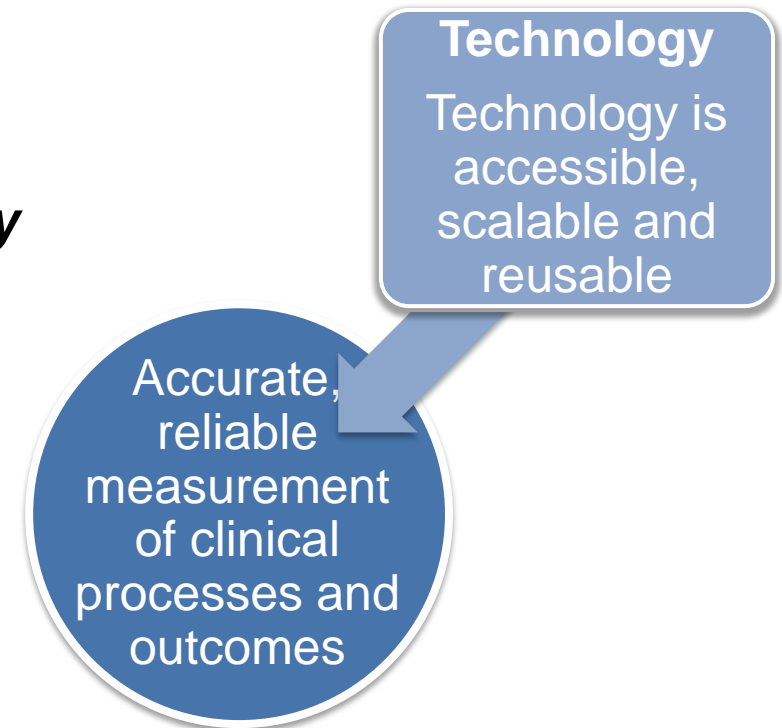3. What are the barriers to adoption of a standard file format?

**Standards**

Data delivered in a consistent, structured, consensus-based format

Accurate, reliable measurement of clinical processes and outcomes

# Future State Objectives

**Objective 4**
***Reuse or implement*** technology solutions that can be used ***by multiple stakeholders*** and scaled for broader utility
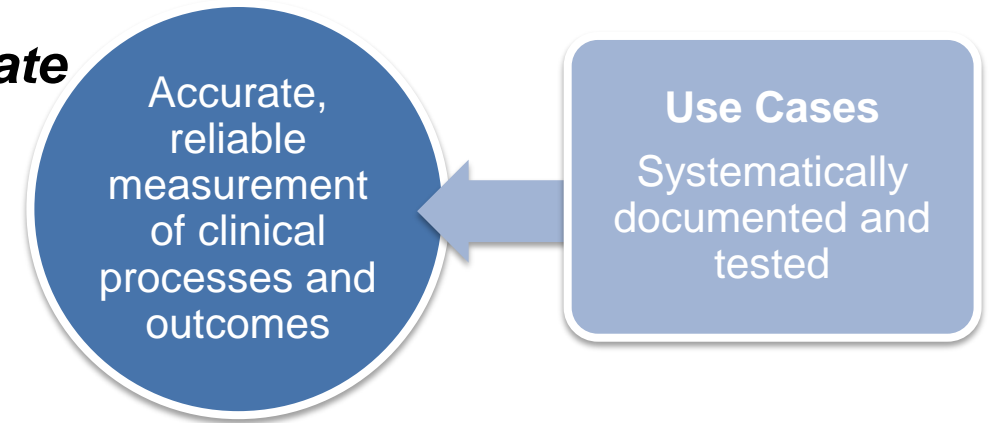
**Questions**
1. What functions are needed to aggregate, process, and deliver data?
2. What technology is in place to aggregate data from the necessary entities? How well are these working? Can they be reused? What changes would need to be made?
3. Do new solutions need to be developed?
4. What capabilities do entities have for taking in data?

**Technology**

Technology is accessible, scalable and reusable

Accurate, reliable measurement of clinical processes and outcomes

# Future State Objectives

**Objective 5**
Systematically *define and test use cases* and *incorporate lessons learned* for strategic decision making.

Accurate, reliable measurement of clinical processes and outcomes

**Use Cases**
Systematically documented and tested

**Questions**
1. Who are the key stakeholders that will use a solution?
2. What are their key business needs, i.e. what are they measuring and for what purpose?
3. What are the specific requirements?
4. How can we test solutions?
5. Which solutions should be scaled?

# Initiatives to Support the Future State

## Project Description

Establish reporting and communication channels to ensure a strategic and systematic approach to the future state

**Communication and Strategic Alignment**

## Expected Outcome

✓ A ***shared understanding of NYSDOH's vision*** for HIT-enabled quality measurement and of related initiatives.

✓ Continued ***strategic alignment*** among stakeholders

# Initiatives to Support the Future State

**Project Description**

Establish technical workgroup(s) to develop and disseminate standards for data needed to support quality measurement

**Standards and Specifications**

**Expected Outcome**

✓ ***Implementation guides*** for data inputs into a quality measurement clearinghouse

✓ ***File specifications*** for outputs from that clearinghouse for delivery to data consumers

# Initiatives to Support the Future State

## Project Description

Fund QEs to implement use cases to support quality measurement for the APC scorecard

**Qualified Entity Quality Measurement Pilots**

## Expected Outcome

✓Understand the *measurement needs* of APC practices, health plans and NYSDOH

✓Understand *data quality issues* at the APC level

✓Understand *data exchange capabilities* and *barriers* among practices, QEs and health plans

✓Understand *requirements and specifications for measures* in the APC scorecard

# Initiatives to Support the Future State

**Project Description**

Pilot participants collaborate to share data to produce the Controlling High Blood Pressure Measure at a population level

**VBP Pilots Measure Testing Projects**

**Expected Outcome**

✓Enhanced understanding of *the quality of EHR-sourced data* for measures that are *not reportable at a population level* based on administrative specifications

✓Understanding of provider and plan *data exchange capabilities*

✓Lessons learned regarding *data delivery* methods, *data quality*, and means of improving quality

# Initiatives to Support the Future State

## Project Description

Design and develop solution to centralize, standardize and deliver data to plans and others to support APC and VBP measures

## Expected Outcome

✓Documented **business and technical requirements**

✓Analysis of **policy barriers and enablers**

✓Current state **analysis of existing systems** that may meet needs

✓**Identification and assessment of options** for solutions to meet requirements

**Quality Measurement Clearinghouse (Phase 1: Lab Data)**

# Initiatives to Support the Future State

**Project Description**

Quantitative and qualitative assessment of QE data quality

**SHIN-NY Data Quality Assessment**

**Expected Outcome**

✓Identify potential **data quality barriers** to quality measurement

✓Identify **opportunities** for improvement

# Thank you!

Upcoming Meetings:
- Combined Sub-teams – June 12
- HIT-Enabled Sub-team – mid July

**Please send questions and feedback to:**

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