



**Department
of Health**

Medicaid
Redesign Team

HIT-Enabled Quality Measurement SubTeam

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Office of Quality and Patient Safety

Agenda

Section	Time	Presenter
Introduction	2:00 5 minutes	Jim Kirkwood
Project Overview	2:05 5 minutes	Isaac Lutz
Current State Snapshot Findings	2:10 35 minutes	Isaac Lutz and Paloma Luisi
Barriers, Future State, and Next Steps	2:45 15 minutes	Maria Ayoob

Project and Snapshot Overview

VBP Challenges for Quality Measurement

- MCOs do not report all Category 1 VBP Measures for HEDIS/QARR
 - BMI Screening and Follow-up Plan
 - Diabetes Foot Exam
 - Influenza Immunization
 - Screening for Clinical Depression and Follow-up
 - Tobacco Use: Screening and Cessation Intervention
- Some HEDIS/QARR measures that rely heavily on clinical data to populate numerator compliance are difficult to report (e.g., HEDIS measures that use the hybrid method)
- Controlling High Blood Pressure (CBP) is a hybrid only measure and relies on medical record review (MRR) to calculate the measure results based on a sample from the eligible population
 - Sampling does not allow for population-based measurement or measuring at the VBP Contractor level
 - MRR is resource intensive and does not allow for measurement more frequently than annually

Overview: VBP Pilot Quality Measure Testing Project

Goal:

- VBP pilot participants will design, implement, and test their ability to collect electronic clinical data and generate the Controlling High Blood Pressure (CBP) measure at the VBP Contractor Level

Objectives:

- Report results for the CBP quality measure at the VBP contractor level
- Create baseline scores for CBP to benchmark future quality measure improvement
- Enable more frequent measure reporting between VBP Contractors and MCOs
- Improve the quality of clinical data needed for quality measures

Impact:


- Prepares VBP participants to report outcome-based quality measures for their VBP arrangement(s)
- Results of the project may be shared with external organizations, like NCQA and CMS, to drive measure alignment and development

Overview: Current State Snapshot

- A summary report of the relevant quality measurement activities and systems that impact participants' ability to share clinical data and report the CBP measure at the VBP contractor level
 - Some questions pertained more broadly to the way organizations collect clinical data or calculate quality measures
 - Others were more specific to the VBP Arrangement between the participants and their counterparts

Arrangement	VBP Contractor	Managed Care Organization (MCO)
HARP	Maimonides	Healthfirst
	Mt. Sinai	
IPC	CHIPA	Affinity
TCGP	GBUACO	YourCare
	Somos	Affinity
		HealthPlus
		WellCare
		Healthfirst
		United
		Fidelis
	St. Joseph's	Fidelis
		TotalCare/Molina

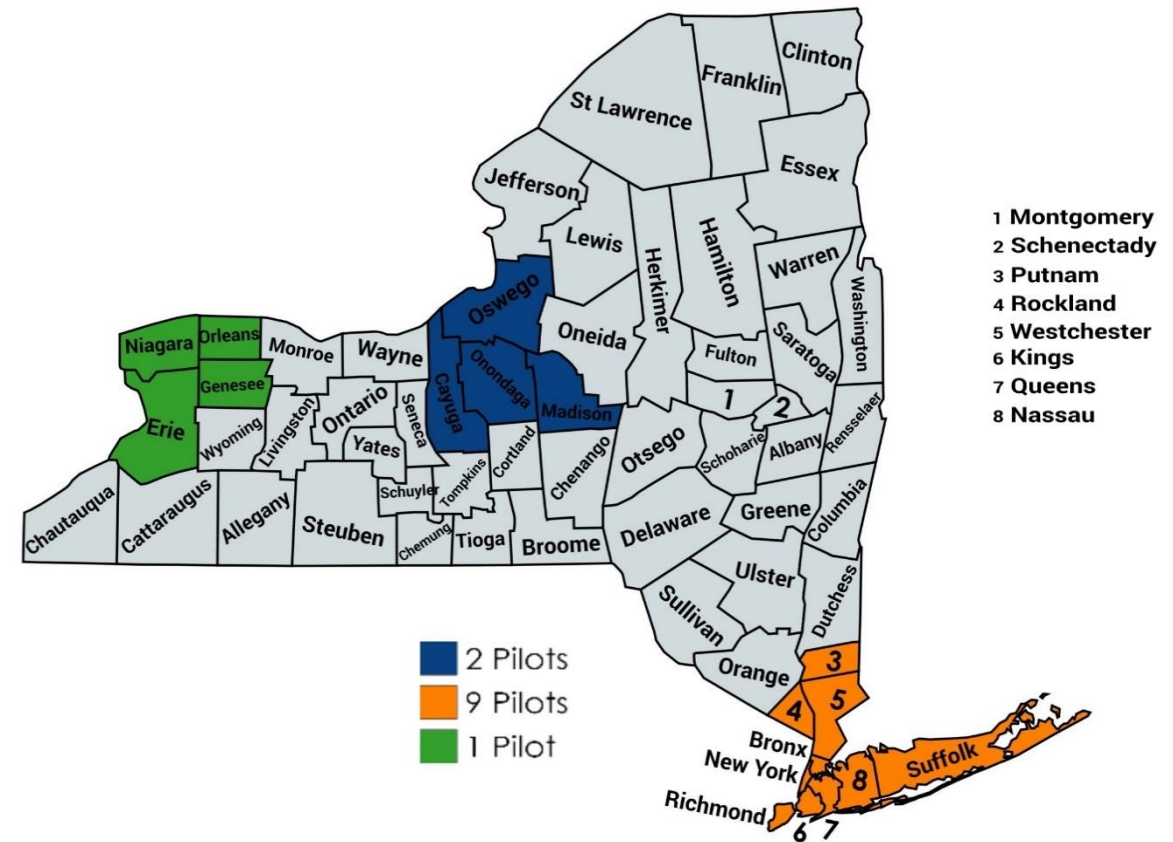
Key Activities to Date

 Activities	Description	February				March				April				May			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
VBP Testing Interviews	<ul style="list-style-type: none"> VBP Testing interviews with representatives from each VBP arrangement/partnership Project Overview and Q/A 	Completed ✓															
Testing Project Template	<ul style="list-style-type: none"> Identify project contacts Document early milestones and objectives Timeline 					Completed ✓											
Current State Snapshot	<ul style="list-style-type: none"> Document current measurement activities, including data flows, data sources, and systems Identify VBP Pilot activities and engagement Identify data standards and scalable solutions 									Complete Snapshot Responses ✓				Snapshot Response Analysis and Report ✓			

VBP Overview and Snapshot Findings

Overview: Current State Snapshot

- There are eight MCOs working with six different VBP Contractors in 12 different pilot arrangements
- Nine of 12 pilots take place in New York City Metro Area
- Two pilots take place in Central New York in Onondaga and surrounding counties
- One pilot takes place in Western New York in Erie and surrounding counties



VBP Contractors

- Each VBP Contractor is a legal entity representing different kinds of providers and provider organizations that can enter into risk-based contracts with MCOs



Contractor Types	Description	Providers Comprising the VBP Contractor
Accountable Care Organization (ACO)	An organization of clinically integrated health care providers that work together to provide, manage, coordinate health care for a defined population, and that has been issued a certificate of authority by the Department of Health	<ul style="list-style-type: none"> • Individual primary care physicians and groups or practices • Medical centers • Health Homes • Home and community-based (HCBS) providers • Federally Qualified Health Centers (FQHCs)
Independent Practice Association (IPA)	An IPA is a business entity organized and owned by a network of independent physician practices for the purpose of reducing overhead or pursuing business ventures such as contracts with employers, ACOs and/or MCOs	
Other Provider Organizations	Integrated health systems, hospitals or medical centers, clinics and providers willing to collectively assume upside/downside risk with an MCO	

VBP Contractor Ongoing Initiatives

Value-based Initiative	VBP Contractor Participation	Clinical Data for Blood Pressure
Delivery System Reform Incentive Payment (DSRIP)	<ul style="list-style-type: none"> • Some VBP Contractors serve as PPS Leads • Other VBP Contractors have providers within their VBP contract participate as PPS partners 	<ul style="list-style-type: none"> • Data collected through medical record review for DSRIP measures
Advanced Primary Care (APC), NCQA Patient Centered Medical Home (PCMH), or NYS PCMH	<ul style="list-style-type: none"> • Providers comprising VBP Contractors may receive technical assistance through APC or NYS PCMH • One VBP Contractor provides technical assistance to providers participating in APC • Providers may also participate in NCQA's or NYS PCMH program 	<ul style="list-style-type: none"> • Electronic clinical data needed to report eCQMs for NCQA PCMH Recognition
Other Model Participation	<ul style="list-style-type: none"> • Some providers participate in the Merit-based Incentive Payment System (MIPS) • Some VBP Contractors and providers participate in Medicare ACO Track 1 and 3 • One VBP Contractor participates in the NCQA ACO Accreditation Program • Some VBP Contractors or their providers participate as a Clinically Integrated Network (CIN) that participate in commercial value-based models • Some providers comprising VBP Contractors also participate in Comprehensive Primary Care Plus (CPC+) 	<ul style="list-style-type: none"> • Electronic clinical data needed to report eCQMs for MIPS, CPC+, or other Medicare programs • CPT II Codes

Supporting Activities

- Pilot participants currently support myriad quality measurement activities that could be leveraged for, or be impacted by, the project

Activities	Description	Examples
Data Collection and Analytics	Activities where participants collect data and/or perform some level of analysis to support quality measurement	<ul style="list-style-type: none"> • Establishing data feeds across systems and participants • Designing gaps-in-care reports or performance scorecards specific to VBP
Collaboration	Activities where participants meet with internal or external stakeholders to provide updates on measurement or VBP activities, identify performance deficiencies, and develop strategies for improving overall performance	<ul style="list-style-type: none"> • External/internal meetings with stakeholders • Sharing gap-in-care, performance, or executive reports through portals or other communication channels
Outreach and Move-the-Needle	Activities where participants employ the identified strategies, tactics, or best practices to improve quality measurement or performance for a given population, quality measure, process of care, or the underlying data needed for measurement	<ul style="list-style-type: none"> • Member outreach or recalls for follow-up visits or consultations • Provider education/training to implement best practices for measurement • Health fairs • Embed Patient Navigators in Practices

Attribution

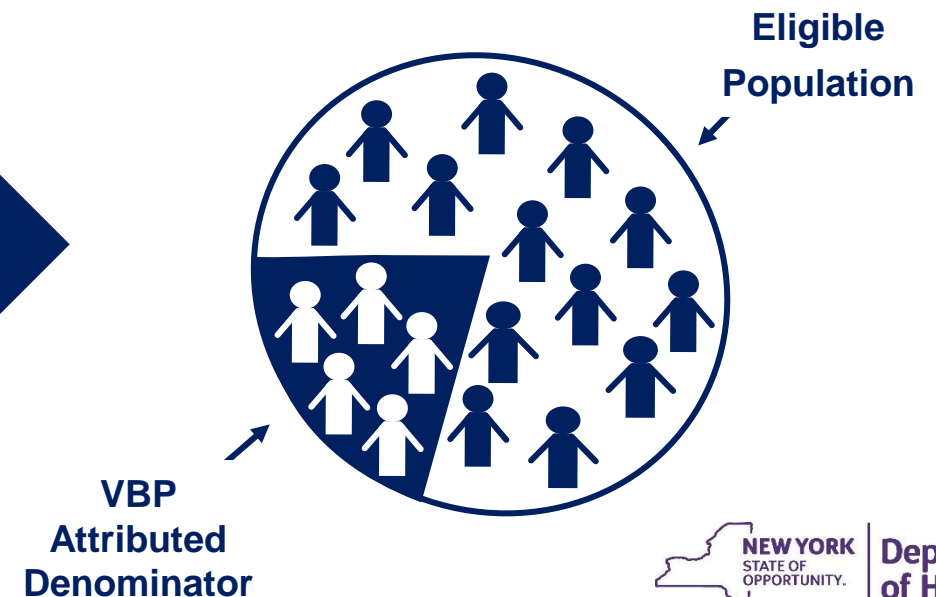
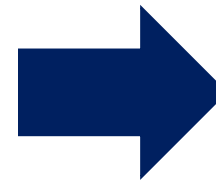
- Attribution is the process by which an MCO's enrolled member is connected to a specific health care system or provider who is then accountable for the cost and quality of care delivered to the patient or beneficiary
- VBP Roadmap provides guidance as to how MCOs should attribute patients to VBP Contractors or individual providers within a VBP contract
- Most arrangements use a plan or member designated primary care provider (PCP) as the defined attribution method for their Medicaid VBP pilots
- For HARP arrangements, members may also be required to be enrolled in a Medicaid Health Home before being attributed to the VBP Contractor

Eligible Population

- The eligible population for any measure is all members who satisfy all specified service or condition criteria (using a defined value set), or other member/measure criteria, and who are not otherwise excluded
- All MCOs can identify the eligible population for the measure without sampling and stratify results to include only members attributed to VBP contractors

HEDIS Eligible Population Criteria for CBP

Age	18-85 years as of December 31
Continuous Enrollment	Measure year (MY) with no more than one gap in continuous enrollment of up to 45 days
Event/Dx	Two outpatient visits during first six months of MY or year prior w/ Dx of Hypertension (HTN)
Exclusions	Members in hospice care, w/end-stage renal disease (ESRD), pregnant, or had nonacute inpatient admission during measure year



Sharing Member Data

MCO

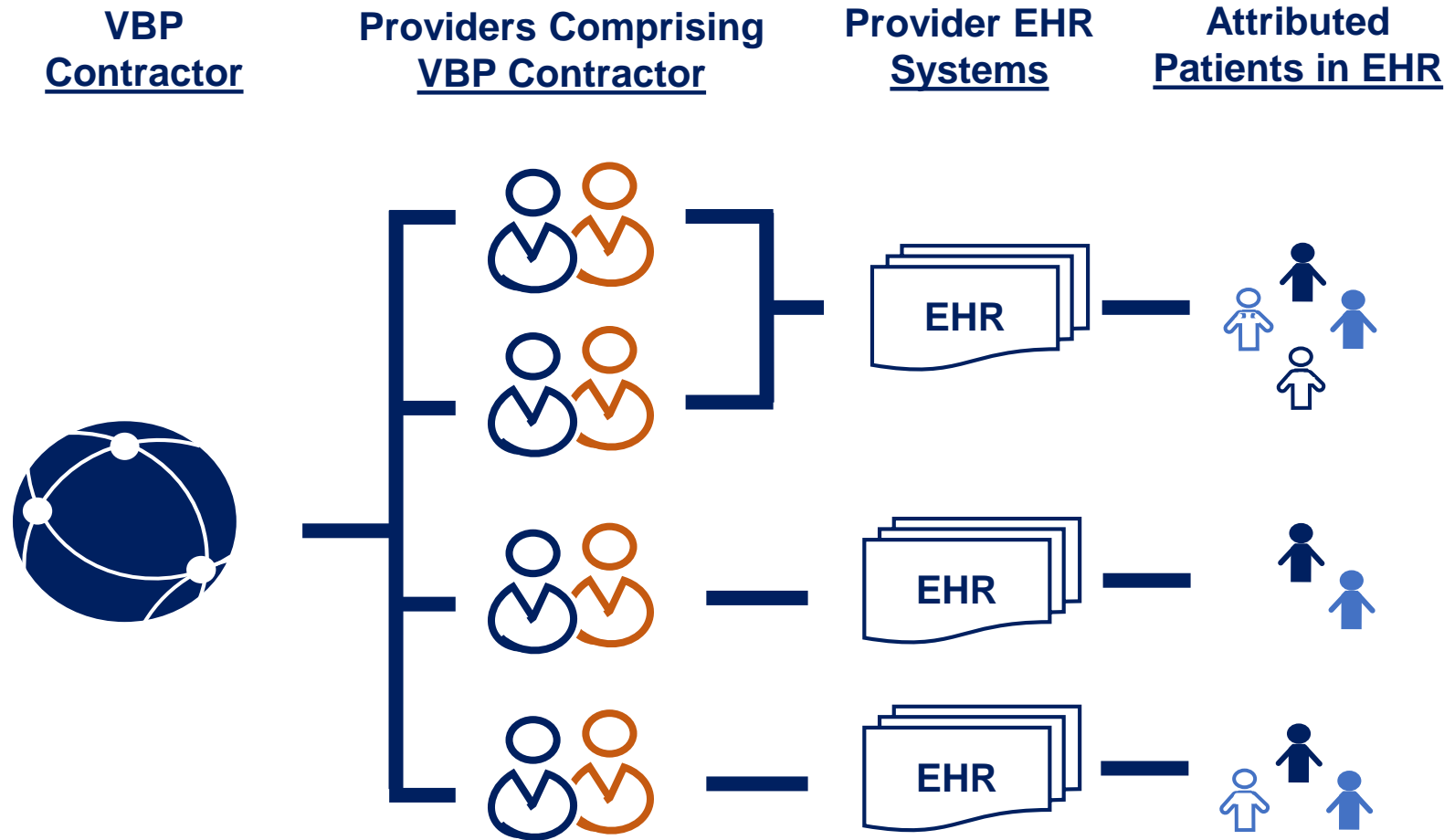
Methods of Sharing Member Data

VBP Contractor

Key Findings

- All MCOs can share member data with their contracted providers, with most specifically sharing member data with VBP Contractors
- MCOs use SFTP, provider portals, and secure emails to share data
- MCOs may also share gap-in-care reports and provider measure scorecards
- Common shared member data include:
 - Member demographics
 - Payer history and claims detail
 - Assigned PCP information

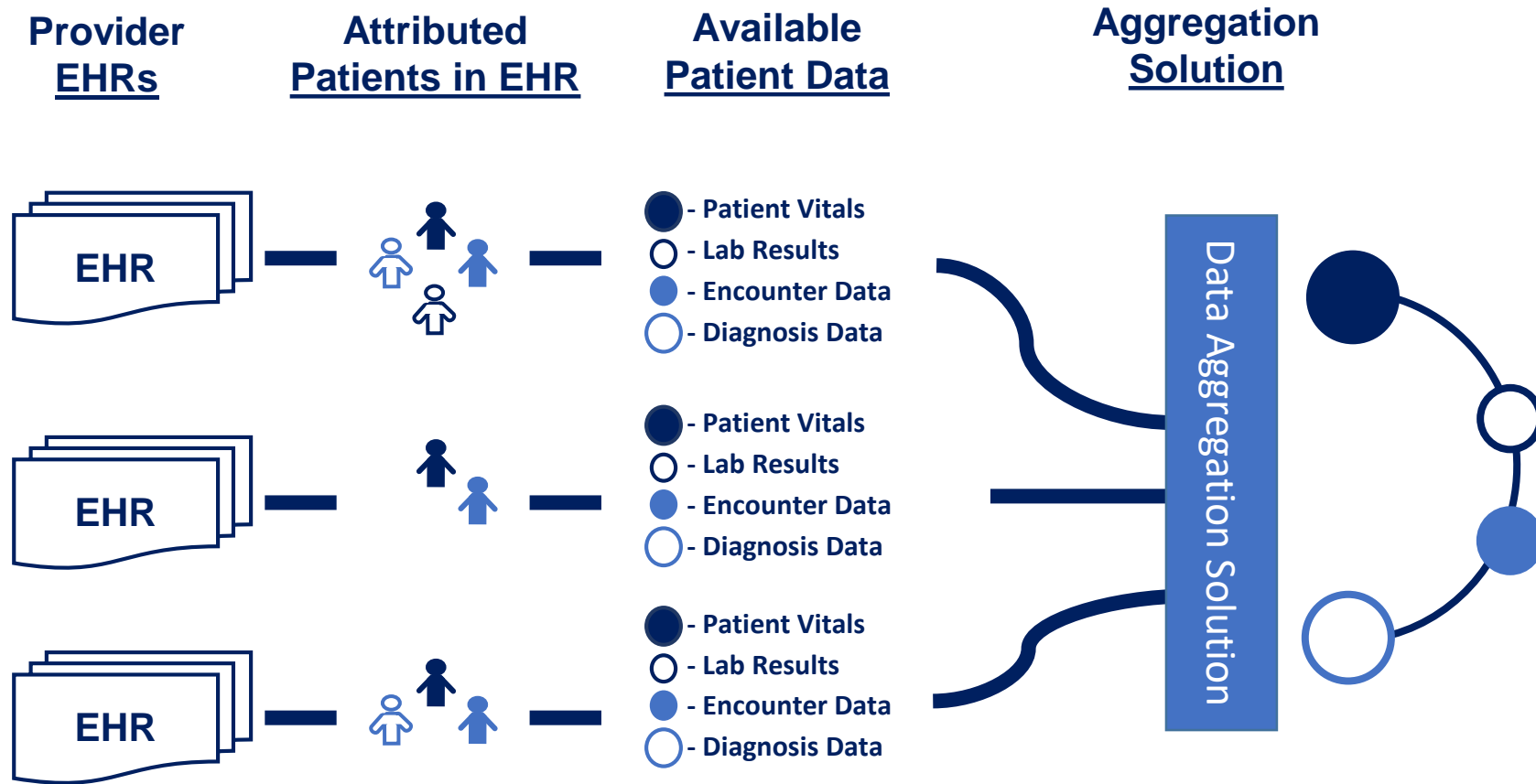
Identifying Member Data across Clinical Data Systems



Key Findings

- VBP Contractors comprise multiple providers who may use multiple EHRs
- Attributed member data may be scattered across multiple EHRs
- The number of EHRs may vary and depend on the organization and providers in the VBP contract
- VBP Contractors stated they can compare available data from the MCO member files to patient data found in their EHRs
- Available clinical data in EHRs include structured blood pressure data and CPT II codes that could be used for CBP

Aggregating Clinical Data



Key Findings

- VBP Contractors use different solutions to aggregate clinical data across EHRs
- Data aggregation solutions include:
 - Qualified Entities (QEs)
 - Data Aggregators
 - EHR-based Data Warehouse
- Not all EHRs may be connected to the data aggregation solution
- There still may be missing patient information needed for measurement, despite having aggregation solutions in place

Data Aggregation Solutions

Solution	Description	Offered Services
QE	<ul style="list-style-type: none"> • NYSDOH-certified regional health information organizations (RHIOs) that are connected to the State Health Information Network of New York (SHIN-NY) and oversee, govern, and facilitate the exchange of health information among its participants 	<ul style="list-style-type: none"> • Required SHIN-NY Core (Dial-Tone) Services, including Clinical Event Notification/Alerts • Data Aggregation across EHR systems • Data analytics and population health • Data delivery to health plans
Data Aggregator	<ul style="list-style-type: none"> • A third party vendor that works with project participants to collect, aggregate, analyze, or deliver data across multiple data systems for the purposes quality measurement or other related value-based analytics and support 	<ul style="list-style-type: none"> • Data aggregation across EHR systems • Data analytics and population health management • Reporting measures and benchmarks • Data delivery • Qualified Clinical Data Registry
EHR-based Data Warehouse	<ul style="list-style-type: none"> • A data warehouse built into the EHR that allows participants to aggregate and analyze clinical data collected and stored by the EHR 	<ul style="list-style-type: none"> • The data warehouse can be integrated with other EHRs or applications • Aggregated data can be displayed in modules for population health management • Aggregated data can be extracted from the warehouse to deliver data

Extracting and Transforming Clinical Data

Aggregation Solution

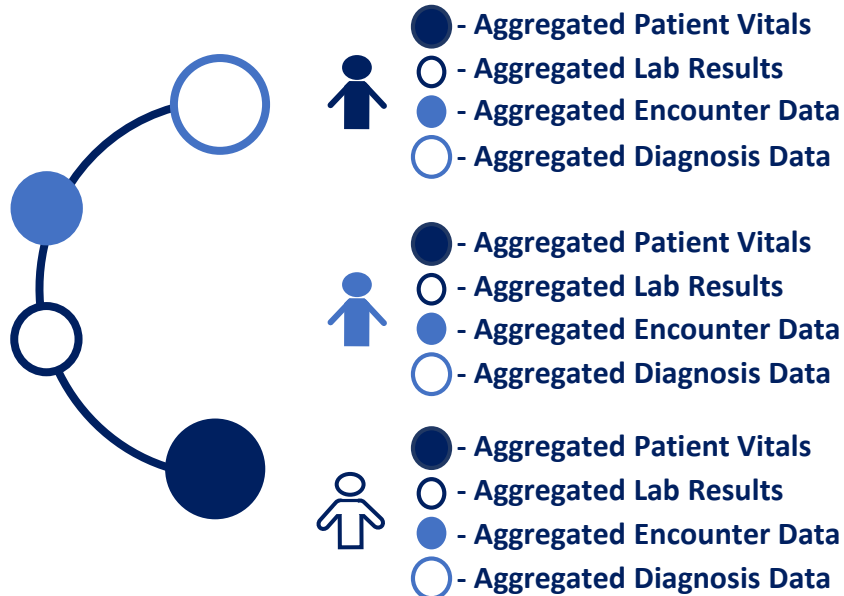
Aggregated Member Data

Extract and Transform Data

Supplemental File

Key Findings

Data Aggregation Solution



- All VBP Contractors can extract clinical data into distinct fields and transform data into an MCO-specified file
- Contractors can extract and share data as:
 - Flat files
 - C-CDA
 - HL7
 - QRDA (eCQM measure results)
 - Other formats, as needed

Supplemental Data

Supplemental File

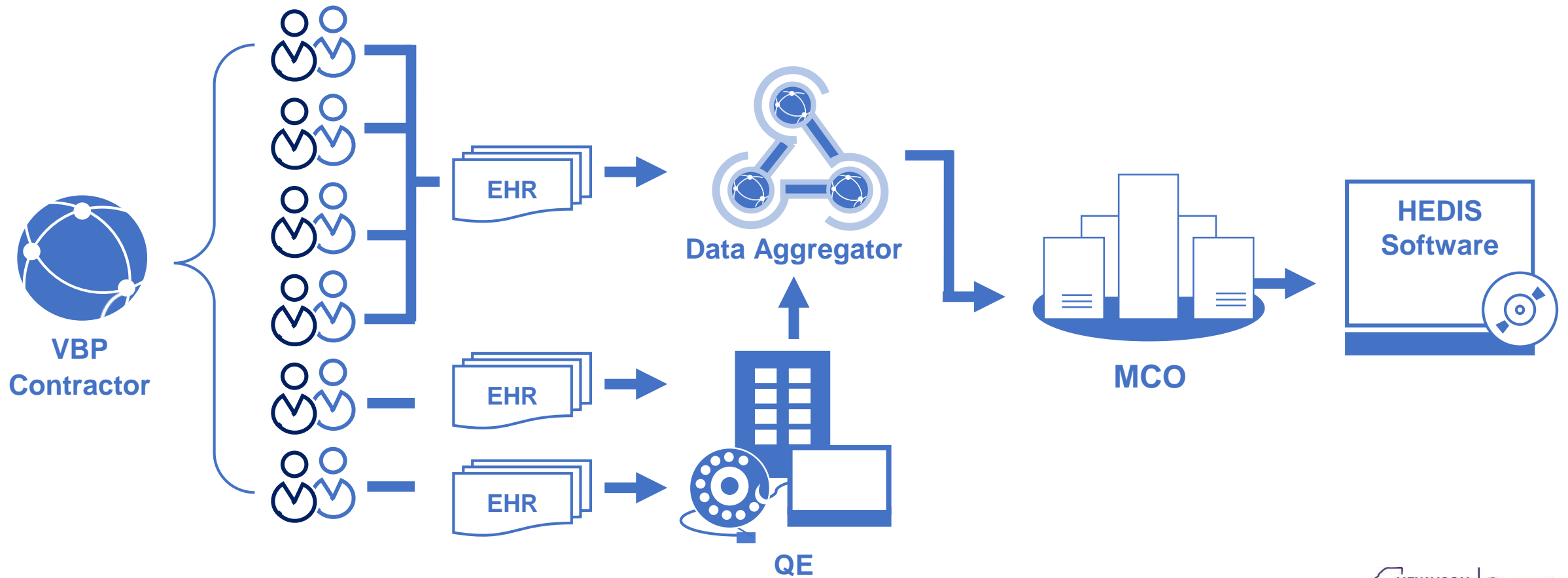
Methods of Sharing Supplemental Data

MCO

Key Findings

- Most MCOs have established supplemental data feeds with other providers
- Not all MCOs have established supplemental data feeds with their VBP Contractors or data aggregators
- MCOs may use varying file layouts to collect supplemental data from providers
- Some supplemental data feeds collect blood pressure (BP) data
- There are limitations with the current measure specification and HEDIS software to use supplemental data for CBP

Supplemental Data Flow: Example



Barriers, Future State, and Next Steps

Future State

This project seeks to:

- Enable VBP pilot participants to design, implement, and test their ability to collect electronic clinical data and generate the CBP measure at the VBP Contractor Level

This will be accomplished through:

- VBP Contractors establishing supplemental data feeds
- MCOs reporting measure results through HEDIS/QARR

All solutions should adhere to these guiding principles:

Solutions are scalable

Supplemental data must be used

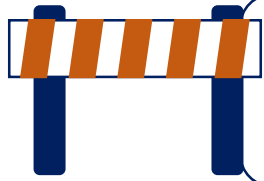
No MRR or Sampling

Measure specifications align with HEDIS

Files approved as standard supplemental data

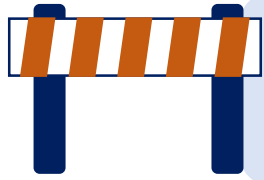
Connections are minimized & volume of data is maximized

Barriers



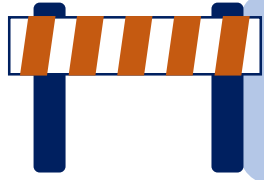
Organizational resources and personnel could be constrained for this project

- Providers participate in multiple VBP arrangements which may have competing priorities
- Organizations have variable resource and personnel availability to support the project



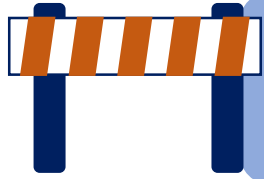
HEDIS vendors have not yet updated their software for the new CBP measure specification

- Timeline for vendors to implement new measure changes may not align well with project requirements
- MCOs may not be able to intake and test utility of clinical data for CBP until late into the project



Supplemental file layouts may need to be updated to accommodate new CBP measure specifications

- Not all MCOs may collect BP data through existing supplemental data feeds
- MCOs may not be able to intake and test utility of clinical data for CBP until late into the project



Not all participants have approved standard supplemental data feeds

- Supplemental data feeds may require additional data sharing agreements
- Implementing supplemental data feeds may require development, onboarding, and testing activities before they can be used for calculating CBP for this project



Not all VBP Contractors currently aggregate and share data across all providers with MCOs

- Scattered clinical data will need to be aggregated
- Not all EHRs may be connected to data aggregation solutions for the project
- Many participants still need to connect sources of aggregated data with their MCOs

Next Steps

- Schedule meeting with all Pilot participants to present in-depth findings and key next steps in July
- Meet with each of the participants and their VBP Counterpart to validate more specific findings and next steps to share data for quality measurement

Thank you!