

## Total Care for General Population (TCGP)/ Integrated Primary Care (IPC)

Value Based Payment Quality Measure Set Measurement Year 2018





#### INTRODUCTION

The 2018 Total Care for General Population (TCGP)/ Integrated Primary Care (IPC) Quality Measure Set was created in collaboration with the Diabetes, Chronic Heart Disease, Pulmonary, and Behavioral Health Clinical Advisory Groups (CAGs), as well as the New York State (NYS) Value Based Payment (VBP) Workgroup. The goal is to align with measures sets put forth for the Advanced Primary Care initiative by the Integrated Care Workgroup, the Delivery System Reform Incentive Payment (DSRIP) Program, and for the Quality Assurance Reporting Requirements (QARR). The Measure Set is intended to be the same for both TCGP and IPC Arrangements for Measurement Year (MY) 2018 and was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple settings through preventive care, sick care, and priority chronic condition episodes.

#### Introduction of Pediatric Measures

The Children's Health CAG was convened in 2016-2017 and presented its final recommendations to the VBP Workgroup in October of 2017. Based on these recommendations, an additional 14 pediatric measures (8 Category 1 and 6 Category 2 measures) were added to the TCGP/ IPC Measure Set for MY 2018.

#### **MEASURE SELECTION AND FEASIBILITY**

During the summer of 2017, the Diabetes, Chronic Heart Disease, Pulmonary, and Behavioral Health CAGs reconvened and made recommendations to the State on quality measures, data collection, data reporting, and support required for providers to be successful in a VBP environment.

Beginning in June of 2017, the State initiated monthly meetings of the VBP Measure Support Task Force and arrangement-level Sub-teams. The goal of the Task Force and Sub-teams is to make recommendations to the State to support and inform the Annual Measure Review Cycle. Members of the Task Force include professionals from various Managed Care Organizations (MCOs), VBP Pilot Contractors, clinical Subject Matter Experts, and State Agencies, along with other professionals who have experience in quality measurement and health information technology. The Task Force provided feedback to DOH on quality measure feasibility, reporting, and calculation.

Upon receiving the CAG recommendations and Task Force feedback, the State defined a final list of measures for inclusion for MY 2018.



#### **MEASURE CLASSIFICATION**

Each measure has been designated by the State as Category 1, 2, or 3 with associated recommendations for implementation and testing for future use in VBP Arrangements. The measures below are classified by category based on an assessment of reliability, validity, and feasibility, and according to suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

# 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 2017 pilot program. CATEGORY 3 Measures that are insufficiently relevant, valid, reliable and/or feasible.

#### Category 1

Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible<sup>1</sup>.

The State classified each Category 1 measure as either P4P or P4R:

- P4P measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. In other words, these are the measures on which payments in VBP contracts may be based. Measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.
- P4R measures are intended to be used by the Managed Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under a VBP contract. Incentives for reporting should be based on timeliness, accuracy, and completeness of data. Measures can be reclassified from P4R to P4P through annual CAG and State review or as determined by the MCO and VBP Contractor.

Not all Category 1 measures will be reportable for the measurement year, as reporting on some of these measures will be phased in over the next 2 years. Please see the 2018 Value Based Payment Reporting Requirements Technical Specifications Manual <sup>2</sup> for details as to which measures must be reported for the measurement year. This manual will be updated annually each fall, in line with the release of the final VBP measure set for the subsequent year.

#### Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility. These measures will be further investigated in the VBP Pilots. The State requires that VBP Pilots select and report a minimum of one Category 2 measure per VBP Arrangement for MY 2018 (or have a State and Plan approved alternative). VBP Pilot participants will be expected

<sup>&</sup>lt;sup>1</sup> New York State Department of Health, Medicaid Redesign Team, A Path Toward Value Based Payment: Annual Update, June 2016. (Link)

<sup>&</sup>lt;sup>2</sup> 2018 Value Based Payment Reporting Requirements; Technical Specifications Manual, *Nov 2017,* File found in the Quality Measures tab (Link)



to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approaches, data collection, and reporting requirements with VBP Pilots as a part of the Measure Support Task Force.

Measures designated as Category 3 were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for an arrangement.

#### **MEASUREMENT YEAR 2018 QUALITY MEASURE SET**

The measures and State-determined classifications provided on the following pages are recommendations for MY 2018. Note that measure classification is a State recommendation and implementation is to be determined between the MCO and VBP Contractor.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year. During 2018, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2019.





#### **Category 1**

The table below displays the Category 1 TCGP/ IPC Quality Measure Set, arranged alphabetically, and includes measure title, measure steward, the National Quality Forum (NQF) number and/or other measure identifier (where applicable), and State-recommended classification for measure use. The measure set is redlined to highlight changes made between MY 2017 and MY 2018. Additions are made in red text while deletions or changes are made with a strikethrough.

TCGP/ IPC Measures	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Adolescent Preventive Care- Assessment and Counseling of Adolescents on Sexual Activity, Tobacco Use, Alcohol and Drug Use, Depression	NYS	-	P4R
Adolescent Well-Care Visits	NCQA	-	P4R
Annual Dental Visit	NCQA	-	P4R
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	NQF 0105	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Childhood Immunization Status- Combination 3	NCQA	NQF 0038	P4P
Chlamydia Screening In Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P



Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Follow-Up Care for Children Prescribed ADHD Medication	NCQA	NQF 0108	P4R
Immunizations for Adolescents, Combination 2	National Committee for Quality Assurance (NCQA)	NQF 1407	P4P
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA	NQF 0004	P4P



Initiation of Pharmacotherapy for Alcohol Dependence <sup>3</sup>	NYS Office of Alcoholism and Substance Abuse Services (OASAS)	-	<del>P4R</del>
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence <sup>4</sup>	NYS	-	P4P
Medication Management for People with Asthma (ages 5 - 64) – 50% and 75% of Treatment Days Covered	NCQA	NQF 1799	P4P
Pediatric Quality Indicator (PDI) #14 Asthma Admission Rate, Ages 2 Through 17 Years	Agency for Healthcare Research and Quality (AHRQ)	NQF 0728	P4P
Potentially Avoidable Complications in Routine Sick Care or Chronic Care	Altarum Institute (Formerly HCl3)	-	P4R
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Statin Therapy for Patients with Diabetes	NCQA	-	P4R

<sup>&</sup>lt;sup>3</sup> Measure moved to Category 2.

<sup>&</sup>lt;sup>4</sup> Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document.



Use of Alcohol Abuse or Dependence Pharmacotherapy <sup>5</sup>	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	NQF 0024	P4P
Well-Child Visits in the First 15 Months of Life	NCQA	NQF 1392	P4P
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	NCQA	NQF 1516	P4P

<sup>&</sup>lt;sup>5</sup> Measure moved to Category 1 from Category 2.



#### **Category 2**

The table below displays the Category 2 TCGP/ IPC Quality Measure Set and includes measure title, measure steward, and the NQF number and/or other measure identifier (where applicable). All Category 2 measures are classified as P4R in MY 2018. The measure set is redlined to highlight changes made between MY 2017 and MY 2018. Additions are made in red text while deletions or changes are made with a strikethrough.

Measures	Measure Steward	Measure Identifier
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	NQF 0058
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS OASAS	-
Continuity of Care from Inpatient Detox to Lower Level of Care <sup>6</sup>	NYS	-
Continuity of Care from Inpatient Rehabilitation to Lower Level of Care <sup>7</sup>	NYS	-
Developmental Screening Using Standardized Tool, First 36 Months of Life	Oregon Health & Science University	NQF 1448
Follow-Up After ED Visit for Alcohol and Other Drug Dependence, Ages 13 and Older	NCQA	-
Follow-Up After ED Visit for Mental Illness, Ages 6 and Older	NCQA	-
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	The Joint Commission	NQF 0338

<sup>&</sup>lt;sup>6</sup> Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document. This measure is a component of a measure that was split into two separate measures for MY 2018.

<sup>&</sup>lt;sup>7</sup> Ibid.



Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence <sup>8</sup>	NYS	-
Lung Function/Spirometry Evaluation (Asthma)	AAAAI	
Maternal Depression Screen Done During Child's First 6 Months of Life	NCQA	-
Patient Self-Management and Action Plan (Asthma)	AAAAI	-
Screening for Reduced Visual Acuity and Referral in Children (Approved for trial use)	CMS	NQF 2721
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	American Dental Association (ADA)	NQF 2528
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801
Use of Imaging Studies for Low Back Pain	NCQA	NQF 0052
Utilization of Pharmacotherapy for Alcohol Dependence <sup>9</sup>	NYS OASAS	-
Use of Opioid Dependence Pharmacotherapy <sup>10</sup>	NYS	-

<sup>8</sup> Measure moved from Category 1. Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document.

<sup>&</sup>lt;sup>9</sup> Measure moved to Category 1.

<sup>&</sup>lt;sup>10</sup> Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document.



### **Appendix A**



#### **Updated Measure Name Crosswalk**

The following table shows the measure names that were updated for MY 2018.

Measure Name in MY 2018	Measure Name in MY 2017
Two measures: Continuity of Care from Inpatient Rehabilitation to Lower Level of Care & Continuity of Care from Inpatient Detox to Lower Level of Care	Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	Initiation of Pharmacotherapy for Alcohol Dependence
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	Initiation of Pharmacotherapy for Opioid Use Disorder
Use of Alcohol Abuse or Dependence Pharmacotherapy	Utilization of Pharmacotherapy for Alcohol Dependence
Use of Opioid Dependence Pharmacotherapy	Utilization of Pharmacotherapy for Opioid Use Disorder



## **Appendix B**



The tables below provide the changes to the Category 1 and Category 2 measures for the MY 2018 TCGP/ IPC Quality Measure Set.

#### **Category 1 Measure Changes from 2017 to 2018**

Measure Name	Change	Rationale for Change
Adolescent Well-Care visits	Added	Recommended by Children's Health CAG
Adolescent Preventive Care- Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)	Added	Recommended by Children's Health CAG
Annual Dental Visit	Added	Recommended by Children's Health CAG
Follow-up Care for Children Prescribed ADHD Medication (NQF 0108):	Added	Recommended by Children's Health CAG
Immunizations for Adolescents- Combination 2 (NQF 1407)	Added	Recommended by Children's Health CAG
Initiation of Pharmacotherapy for Alcohol Dependence	Moved to Category 2	Measure moved to Category 2 because timeframe for measurement is too narrow
PDI #14 Asthma Admission Rate, ages 2 through 17 years	Added	Recommended by Children's Health CAG
Well-Child Visits in the First 15 Months of Life (NQF 1516)	Added	Recommended by Children's Health CAG



Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life (NQF 1392)	Added	Recommended by Children's Health CAG
--	-------	---

#### **Category 2 Measure Changes from 2017 to 2018**

Measure Name	Change	Rationale for Change
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Moved to Category 3	Removed due to measure specification change
Developmental Screening In the First Three Years of Life (NQF 1448)	Added	Recommended by Children's Health CAG
Follow-up after ED visit for alcohol and other drug dependence	Added	Recommended by Children's Health CAG
Follow-up after ED visit for mental illness	Added	Recommended by Children's Health CAG
Maternal depression screen done during child's first 6 months of life	Added	Recommended by Children's Health CAG
Screening for Reduced Visual Acuity and Referral in Children (NQF 2721—approved for trial use)	Added	Recommended by Children's Health CAG
Use of first-line psychosocial care for children and adolescents on antipsychotics	Added	Recommended by Children's Health CAG
Use of Imaging Studies for Low Back Pain	Moved to Category 3	Removed due to measure specification change
Utilization of Pharmacotherapy for Alcohol Dependence	Moved to Category 1	Measure promoted to Category 1 because timeframe for measurement is sufficiently broad