



**Department
of Health**

**Medicaid
Redesign Team**

VBP Pilot Program Early Lessons Learned Webinar

July 25, 2018

VBP Pilot General Overview

- Ryan Ashe: Director of Medicaid Payment Reform, DOH
- Rachel Hajos: Director, DOH

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.



2017	2018	2019	2020
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April 2017

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP



April 2018

≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above



April 2019

≥ 50% of total MCO expenditure in Level 1 VBP or above.
 ≥ 15% of total payments contracted in Level 2 or higher *



April 2020

80-90% of total MCO expenditure in Level 1 VBP or above
 ≥ 35% of total payments contracted in Level 2 or higher *

* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.

VBP Pilot Program Overview

VBP Pilot Program is a two-year program intended to create momentum and support the transition to VBP, establishing best practices and sharing lessons learned. It is also intended to test new outcome measures, and where necessary improve design of VBP arrangements. The Pilots are required to:



Adopt on-menu VBP arrangements, as per NYS VBP Roadmap guidelines

Submit a VBP contract (or contract addendum) by April 1, 2017, and through December, 2018 (2 year program)

Report on all reportable Category 1 and a minimum of one (1) distinct Category 2 measures for each arrangement being contracted, or have a State and Plan approved alternative

Move to Level 2 VBP arrangements in Year 2 of the Pilot Program

Present webinars on their lessons learned from the contracting process and participation in the program

VBP Pilot Program Webinar Q&A Process

- We will address questions at the conclusion of the webinar
- Please submit questions via **chat function** and we will do our best to move through all of the questions

VBP Pilot Presenters

- Raul Vazquez, MD – Chief Executive Officer, Greater Buffalo United Accountable Care Organization
- Howard Brill, Ph.D – Senior Vice President, Population Health Management and Quality, Monroe Plan for Medical Care/Your Care Health Plan

Value-Based Payment Pilot Lessons Learned Webinar

Greater Buffalo United Accountable Care Organization
and YourCare Health Plan
25 July 2018

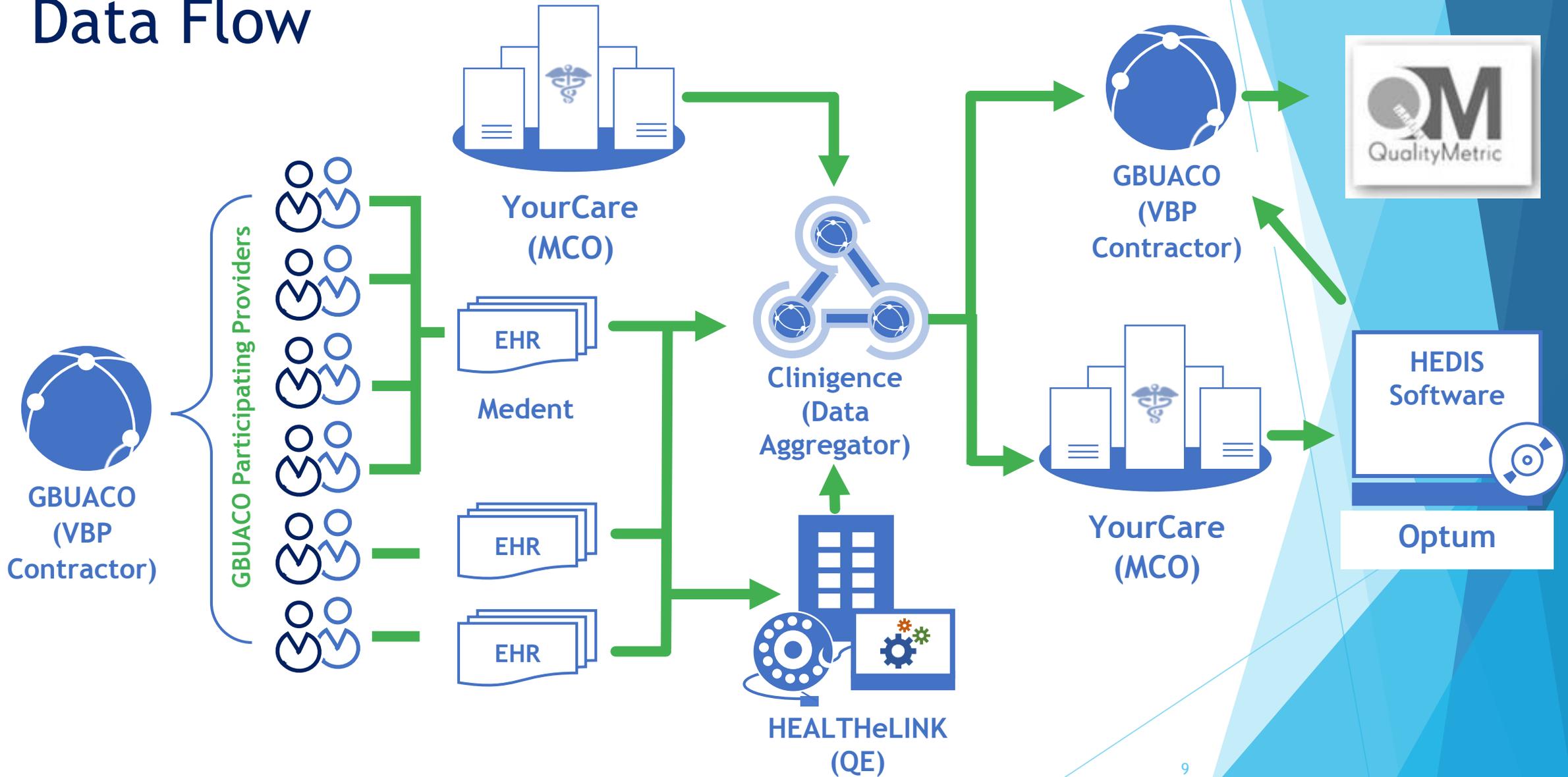


Data Propels Quality

Shift to quality requires *measurement* of quality

1. Identify and merge claims and clinical data
2. Generate usable intelligence
3. Integrate intelligence within clinical and business workflows using practice facilitation

Data Flow



1. Secure Access to Data

- **Claims:** single feed from YourCare; enshrine in contract
- **Clinical**
 1. Identify type: EMR (multiple), QE
 2. Incorporate data sharing agreements within network contractual agreements: between partners and with third-party aggregator
 3. Open feeds to aggregator

Legal Framework

- HIPAA-covered providers and MCO: share data with each other for treatment, payment, and health care operations
- GBUACO maintains BAA with YourCare
- GBUACO maintains BAAs with each participating provider
- Data aggregator maintains BAA with GBUACO
- The QE maintains participation agreements and BAAs with GBUACO, YourCare, and each participating provider

2. Aggregate Data

- Clinigence is third-party aggregator
- Combines data in agnostic ontology
- Prepares data for analysis and reporting (i.e., “raw intelligence”)

3. Analysis

- Combination of software and algorithms (e.g., QualMetrix tool)
- Facilitates gaps-in-care analysis, HEDIS performance, cost, leakage, predictive analysis

Level-1 (ALL) ▾

Level-2 (ALL) ▾

Level-3 (ALL) ▾

Potential Savings Opportunities up to \$3,125,250**Area of savings:****Calculation:****Savings:**

E/M

The amount paid for Level 4 and 5 office visits multiplied by percentage of Level 4/5 visits of the Provider over the percentage of Level 4/5 visits of the Specialty.

\$360,738**Avoidable ER Visits**

The entire amount paid for any Avoidable ER Visit is considered as Savings.

\$1,195,988**Super Users**

The amount paid for any ER Visit over the limit specified in Superusers page is considered as Savings.

\$1,256,303**Readmissions**

The amount paid for Readmissions multiplied by Readmissions Rate of the Provider over the Readmissions Rate of the Specialty.

\$144,305**Complications**

The amount paid for Complications multiplied by Complications Rate of the Provider over the Complications Rate of each Complication Type.

\$51,418**Choosing Wisely**

The entire amount paid for any Choosing Wisely procedure is considered as Savings.

\$116,499

Comments Bookmarks



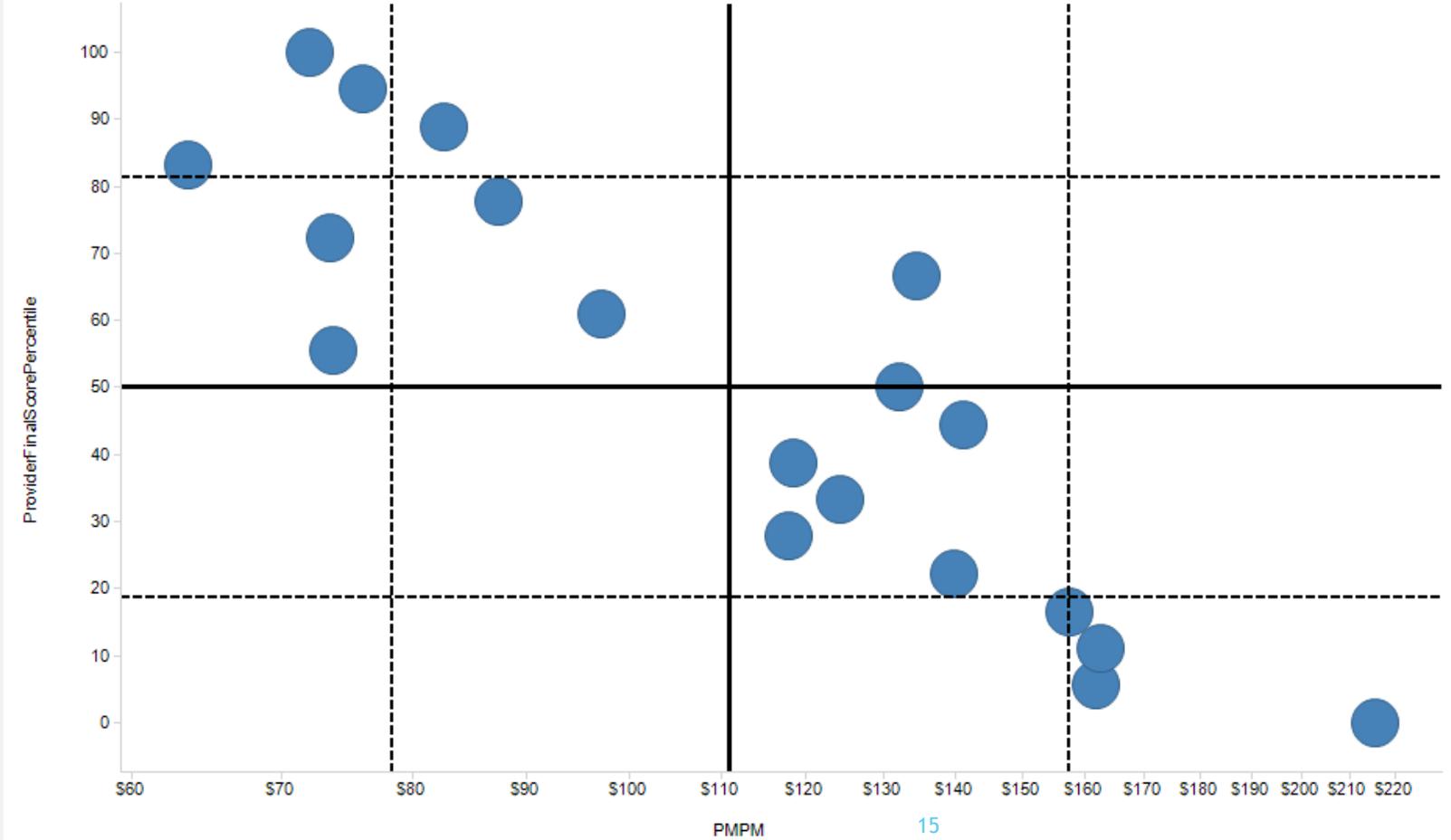
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 Overall Score: **37.3**
 Specialty: **Family Medicine**
 Score Type: **Overall Score**
 Panel Size: **100+**
 Avg Patient Risk: **1.04**
 Avg PMPM: **\$117.44**
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Level 4/5 E&M: **36.34 %**
 ER Visits/1000: **828.31**
 Avoidable ER: **42.43 %**
 Admits/1000: **108.57**
 Readmission Rate: **10.78 %**
 ALOS: **5.93**
 Complications Rate: **0.38 %**

Provider Performance

ProviderID	Provider	Score	Panel
[REDACTED]	[REDACTED]	57.15	181
[REDACTED]	[REDACTED]	53.40	417
[REDACTED]	[REDACTED]	53.26	1419
[REDACTED]	[REDACTED]	52.78	346
[REDACTED]	[REDACTED]	52.61	436
[REDACTED]	[REDACTED]	46.40	497
[REDACTED]	[REDACTED]	44.10	120
[REDACTED]	[REDACTED]	42.45	300
[REDACTED]	[REDACTED]	42.03	240
[REDACTED]	[REDACTED]	38.11	1186
[REDACTED]	[REDACTED]	32.09	564
[REDACTED]	[REDACTED]	32.01	380
[REDACTED]	[REDACTED]	31.30	653
[REDACTED]	[REDACTED]	29.43	221
[REDACTED]	[REDACTED]	23.96	102
[REDACTED]	[REDACTED]	23.80	221
[REDACTED]	[REDACTED]	21.96	359
[REDACTED]	[REDACTED]	17.74	281
[REDACTED]	[REDACTED]	13.72	109

Score vs KPI Metric

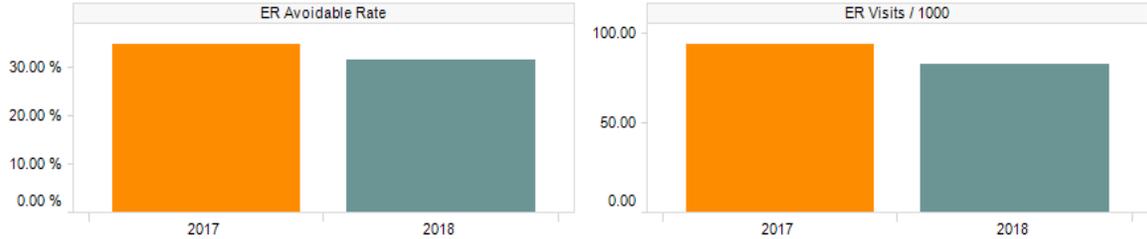


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 ER Visits: **2,734**
 Avoidable ER Visits: **922**
 ER Visits/1000: **90.48** (-9.06% ↓ Y/Y)
 Avoidable ER Rate: **33.72%** (-9.42% ↓ Y/Y)
 Potential Savings Opportunity: **\$314,240**

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Organization: **GBUIPA**
 Race: **(ALL)**
 Zip: **(ALL)**
 Trend: **Year**
 POS: **ALL**
 Claim Type: **(ALL)**

Period BY Period Trend



Period OVER Period Trend



Facilities - Last 12 Months

HOSPITAL	Avoidable ER Visits	ER Visits	% Avoidable Visits	Avoidable ER Cost
KALEIDA HEALTH	326	1,015	32.12 %	\$92,262.90
SISTERS OF CHARITY HOSPITAL OF BUFFALO NE...	220	586	37.54 %	\$48,227.10
ERIE COUNTY MEDICAL CENTER CORPORATION	154	538	28.62 %	\$37,672.39
MERCY HOSPITAL OF BUFFALO	77	212	36.32 %	\$16,275.50
KENMORE MERCY HOSPITAL	69	195	35.38 %	\$14,559.19
SISTERS OF CHARITY HOSPITAL	62	173	35.84 %	\$13,064.09
NIAGARA FALLS MEMORIAL MEDICAL CENTER	5	12	41.67 %	\$2,426.00
OLEAN GENERAL HOSPITAL	4	5	80.00 %	\$787.00
THE BROOKLYN HOSPITAL CENTER	2	2	100.00 %	\$15.92
BERTRAND CHAFFEE HOSPITAL INC	1	1	100.00 %	\$170.00
CLEARFIELD HOSPITAL	1	1	100.00 %	\$143.56
EASTERN NIAGARA HOSPITAL, INC	1	4	25.00 %	\$117.25

Primary Care Physicians - Last 12 Months

PCPID	PCP Name	AER Visits	ER Visits	AER Cost	% AER Visits	AER Visits % Chg	ER Visits / 1000	ER Visits / 1000 % Chg
1861440711	[REDACTED]	418	1264	\$140,426...	33.07 %	-15%	50.04	-9.78%
1013036706	[REDACTED]	154	454	\$53,502.83	33.92 %	-19.7%	17.87	-4.16%
1548201551	[REDACTED]	140	402	\$45,965.90	34.83 %	-28.77%	15.22	-23.01%
1548297328	[REDACTED]	94	287	\$31,938.57	32.75 %	+8.32%	11.25	-20.16%
1205860186	[REDACTED]	42	113	\$13,297.51	37.17 %	-47.12%	4.40	-35.54%
1942234489	[REDACTED]	33	84	\$13,837.36	39.29 %	-28.6%	3.18	-4.89%
1154488351	[REDACTED]	20	56	\$8,405.12	35.71 %	+1.45%	2.15	+103.43%
1295764454	[REDACTED]	17	64	\$5,439.50	26.56 %	-7.14%	2.32	-41.79%
1326023953	[REDACTED]	4	10	\$1,426.59	40.00 %	+200%	0.33	+152.25%

Members w/ Avoid ER - Last 12 Months

MemberNumber	Avoidable ER Visits	ER Visits	% Avoidable Visits	Avoidable ER Cost
[REDACTED]	9	59	15.25 %	\$2,906
[REDACTED]	9	31	29.03 %	\$2,857
[REDACTED]	7	18	38.89 %	\$2,204
[REDACTED]	7	9	77.78 %	\$1,829
[REDACTED]	7	8	87.50 %	\$2,347
[REDACTED]	6	17	35.29 %	\$2,376
[REDACTED]	6	11	54.55 %	\$1,979
[REDACTED]	6	15	40.00 %	\$2,310
[REDACTED]	6	10	60.00 %	\$2,065

Member ER Visits and Avoid ER by DX - Last 12 Months

ClaimNumber	Member	Member Name	POS	Diag	Avoidable %
1/1/2017	[REDACTED]	[REDACTED]	Emergency Room	Laceration without fo...	0.00 %
1/2/2017	[REDACTED]	[REDACTED]	Emergency Room	Encounter for issue o...	94.12 %
	[REDACTED]	[REDACTED]	Emergency Room	Viral infection, unspe...	0.00 %
	[REDACTED]	[REDACTED]	Emergency Room	Epigastric pain	66.97 %
	[REDACTED]	[REDACTED]	Emergency Room	Dorsalgia, unspecified	88.89 %

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Provider's Major KPIs

	Values
Providers in Group	1
Total Paid	\$8,525.58
Paid / Patient	\$387.53
Claims	67
Paid / Claim	\$127.25
Patients	22
PMPM	\$0.14
Avg Patient Risk	1.04

Top 20 Procedures for Selected Provider

	% Claims	Frequency	Paid / Proc	Tot
OFFICE/OUTPATIENT VISIT EST	56.44 %	57	\$79.89	
TTE W/DOPPLER COMPLETE	8.91 %	9	\$164.64	
OFFICE/OUTPATIENT VISIT NEW	7.92 %	8	\$181.72	
CARDIOVASCULAR STRESS TEST	7.92 %	8	\$55.60	
PREV VISIT EST AGE 40-64	1.98 %	2	\$111.39	
ECG MONIT/REPRT UP TO 48 HRS	2.97 %	3	\$66.04	
ELECTROCARDIOGRAM COMPLETE	12.87 %	13	\$12.36	
OCCULT BLOOD FECES	0.99 %	1	\$9.96	

Top 20 Diagnoses for Selected Provider

	% Claims	Frequency	Total Paid
Other chest pain	23.76 %	24	\$2,058.80
Hypertensive heart disease without h...	18.81 %	19	\$1,546.75
Palpitations	11.88 %	12	\$844.24
Essential (primary) hypertension	8.91 %	9	\$680.31
Cardiac arrhythmia, unspecified	6.93 %	7	\$611.03
Abnormal electrocardiogram [ECG] [E...	5.94 %	6	\$604.10
Mild intermittent asthma, uncomplac...	2.97 %	3	\$402.38
Chronic systolic (congestive) heart fai...	3.96 %	4	\$365.70
Hypertensive heart and chronic kidne...	2.97 %	3	\$282.71
Encounter for general adult medical e...	1.98 %	2	\$222.77
Generalized abdominal pain	1.98 %	2	\$158.38

Specialty Major KPIs

	Cardiovasc... Disease
Avg Total Paid	\$2,914.81
Avg Paid / Patient	\$170.56
Avg Claim Count	39
Avg Paid / Claim	\$75.71
Avg Patient Count	17
Avg PMPM	\$0.05
Avg Patient Risk	1.03

Top 20 Procedures - Same Specialty All Providers

	% Claims	Frequency	Paid / Proc	Tot
TTE W/DOPPLER COMPLETE	12.93 %	685	\$110.27	
OFFICE/OUTPATIENT VISIT EST	11.67 %	618	\$71.73	
STRESS TTE COMPLETE	2.10 %	111	\$192.86	
OFFICE/OUTPATIENT VISIT NEW	2.62 %	139	\$152.55	
ELECTROCARDIOGRAM REPORT	37.56 %	1,989	\$6.40	
SUBSEQUENT HOSPITAL CARE	2.93 %	155	\$57.16	
CARDIOVASCULAR STRESS TEST	4.93 %	261	\$26.09	
ECG MONIT/REPRT UP TO 48 HRS	2.15 %	114	\$58.96	
EVALUATION OF WHEEZING	2.08 %	110	\$43.65	
ELECTROCARDIOGRAM COMPLETE	4.81 %	255	\$12.32	

Top 20 Diagnoses - Same Specialty All Providers

	% Claims	Frequency	Total Paid
Shortness of breath	9.99 %	529	\$55,779.54
Chest pain, unspecified	13.67 %	724	\$50,411.36
Essential (primary) hypertension	8.53 %	452	\$34,102.68
Atherosclerotic heart disease of nati...	2.27 %	120	\$10,285.20
Abnormal electrocardiogram [ECG] ...	3.06 %	162	\$9,538.29
Palpitations	2.02 %	107	\$7,584.98
Other chest pain	4.25 %	225	\$7,482.51
Cardiomyopathy, unspecified	1.38 %	73	\$5,475.39
Syncope and collapse	1.77 %	94	\$4,569.87
Encounter for preprocedural cardiov...	1.59 %	84	\$1,410.61

4. Practice Facilitation

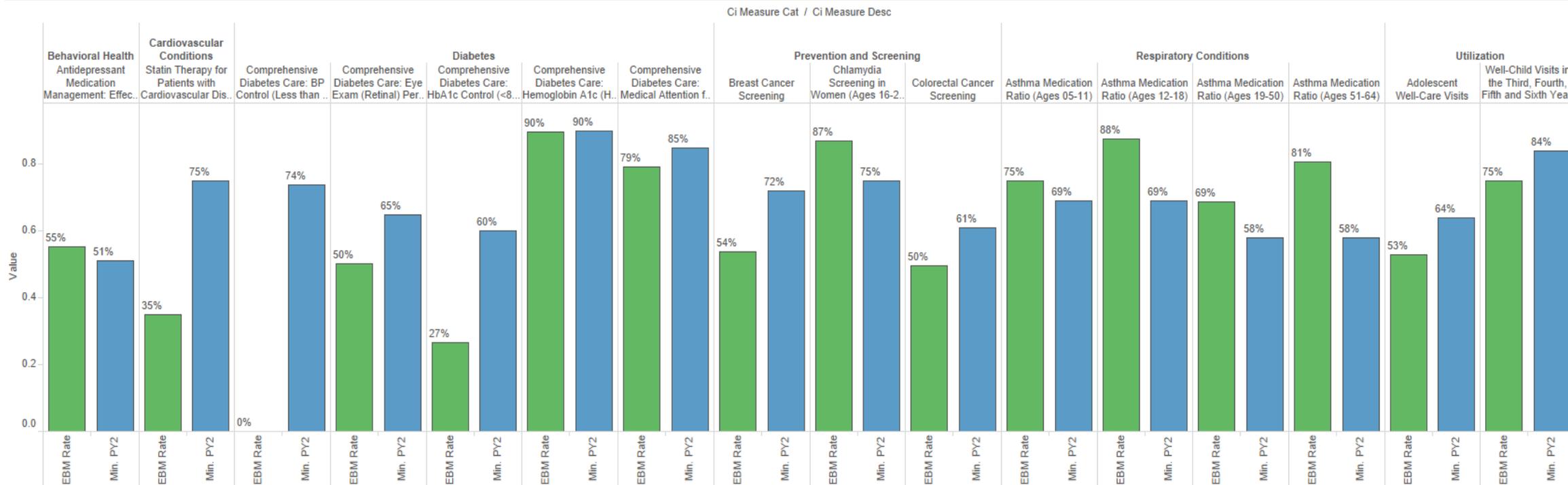
- Created a Value Based Care Team that
 - (1) uses tools to generate customized analysis
 - (2) selects information for reports
 - (3) shares reports during regular practice facilitation meetings at individual practice sites
- Use Tableau for customized visualization

Value Based Analysis - EBM



Ci Measure Cat	ACO Group	EBM Ending Month	Measure Names
(All)	GBUIPA	May 2018	<input type="checkbox"/> EBM Rate <input type="checkbox"/> Min. PY2

EBM Vs Min PY2



EBM-Exhibit - Month to Month

Ci Measure Cat	Ci Measure Desc	Numerator	Denominator	EBM Rate
Behavioral Health	Antidepressant Medication Management: Effective Acute Phase	37	67	55.22%
Cardiovascular Conditions	Statin Therapy for Patients with Cardiovascular Disease, Rate 2: Statin Adherence 80% (Total)	7	20	35.00%
	Comprehensive Diabetes			

EBM-Exhibit - Current Month - Thresholds by Group by Provider by Member

Ci Measure Cat	Ci Measure Desc	Ci Measure Id	ACO Group	Provider1	MEMBER_NAME	EBM Rate	Min. PY1
Behavioral Health	Antidepressant Medication Management: Effective Acute Phase	AMM_EAPT_2017	GBUIPA	[Redacted]	[Redacted]	0.00%	49.00%
						100.00%	49.00%
						100.00%	49.00%
						100.00%	49.00%
						0.00%	49.00%

Challenges encountered

- Condition of data within various EMRs: lack of tags or other structured approaches to EMR data entry by providers
- “Organizational chaos:” providers are overwhelmed by number of “projects” being advanced at local, state, and federal levels, each with different requirements
- Extensive preparatory work required for the NCQA auditor to accept clinical data as supplemental data for the QARR-HEDIS process; successfully secured

Questions

- Dr. Raul Vazquez, MD: Chief Executive Officer, Greater Buffalo United Accountable Care Organization
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- Howard R. Brill, Ph.D.: Senior Vice President, Population Health Management and Quality, Monroe Plan for Medical Care / YourCare Health Plan
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