



**Department
of Health**

Medicaid
Redesign Team

DSRIP Performance Overview: MY2 Results and looking to MY3-MY5

July 2017

Overview of today's discussion....

MY2 Results:

- Highlight results, successes and opportunities for improvement in this first period of pay for performance; overview of progress to date.

MY3 Closure, Trends and Projections:

- Possible performance trends emerging in available MY3 data, projections for MY3 achievement and earnings.

Entering MY4 to MY5:

- Areas of greatest opportunity, high priority for maximizing achievement and earnings going forward.

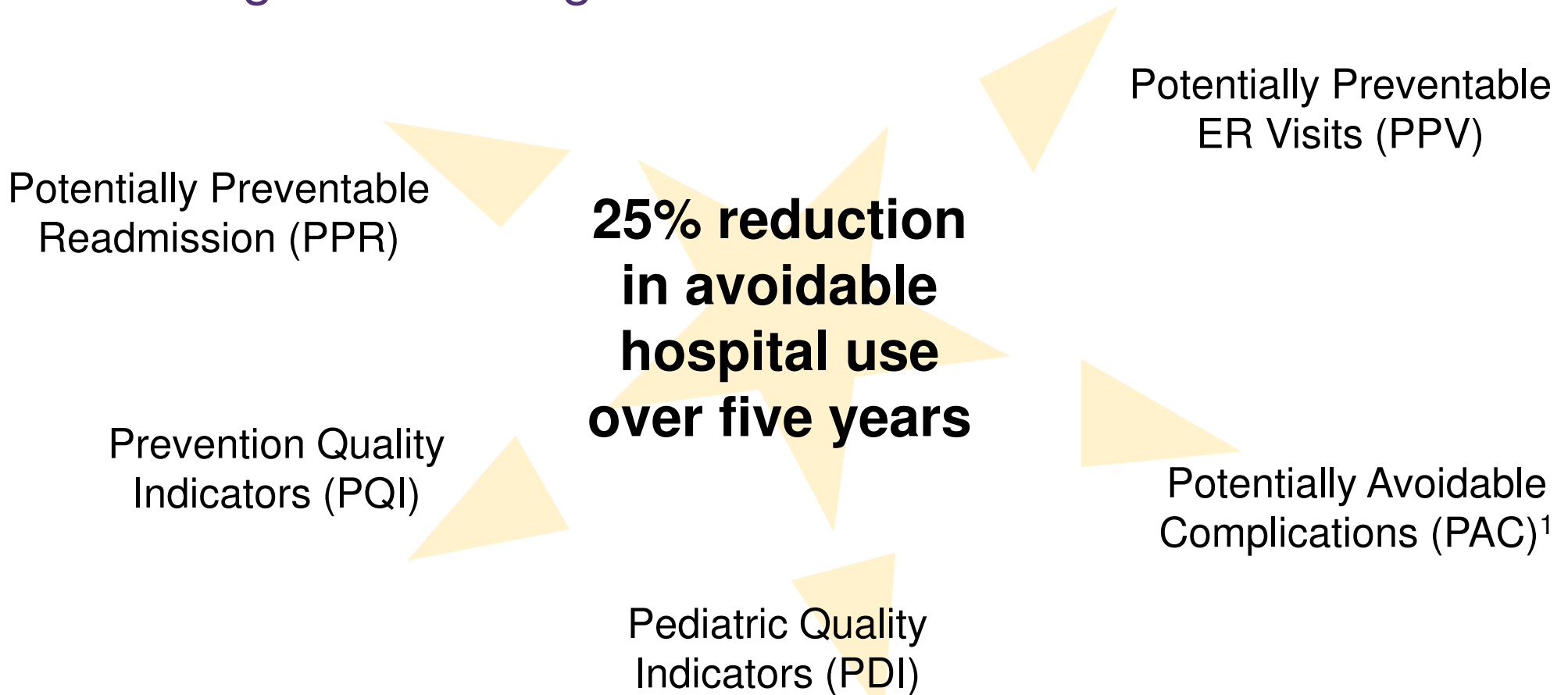
Funds earned through DY2

	DY 1		DY2		Total (through DY2)		
	Earned	Available	Earned	Available	Earned	Available	Percent Earned
P4R (Dom. 1-4)	\$835,101,201	\$841,936,151	\$811,591,429	\$838,439,562	\$1,646,717,610	\$1,680,375,713	98.0%
P4P (Dom. 2-3)	\$0	\$0	\$47,427,019	\$91,813,917	\$47,427,019	\$91,813,917	52.7%
HPF	\$0	\$0	\$31,943,297	\$60,740,738	\$31,943,297	\$60,740,738	52.6%
EIP	\$187,600,000	\$187,600,000	\$187,600,000	\$187,600,000	\$375,200,000	\$375,200,000	100.0%
EPP	\$128,400,000	\$128,400,000	\$120,296,681	\$128,400,000	\$248,696,681	\$256,800,000	96.8%
AHPP	\$50,000,000	\$50,000,000	\$50,000,000	\$50,000,000	\$100,000,000	\$100,000,000	100%
Total (% total)	\$1,201,101,201 (99.43%)	\$1,207,936,151	\$1,248,858,426 (92.03%)	\$1,318,017,668	\$2,449,984,607 (95.52%)	\$2,564,930,369	95.5%

NOTE:

- MY2 performance results drive \$57M of \$111M available (51.7%) of P4P funds for DY3, Payment 1

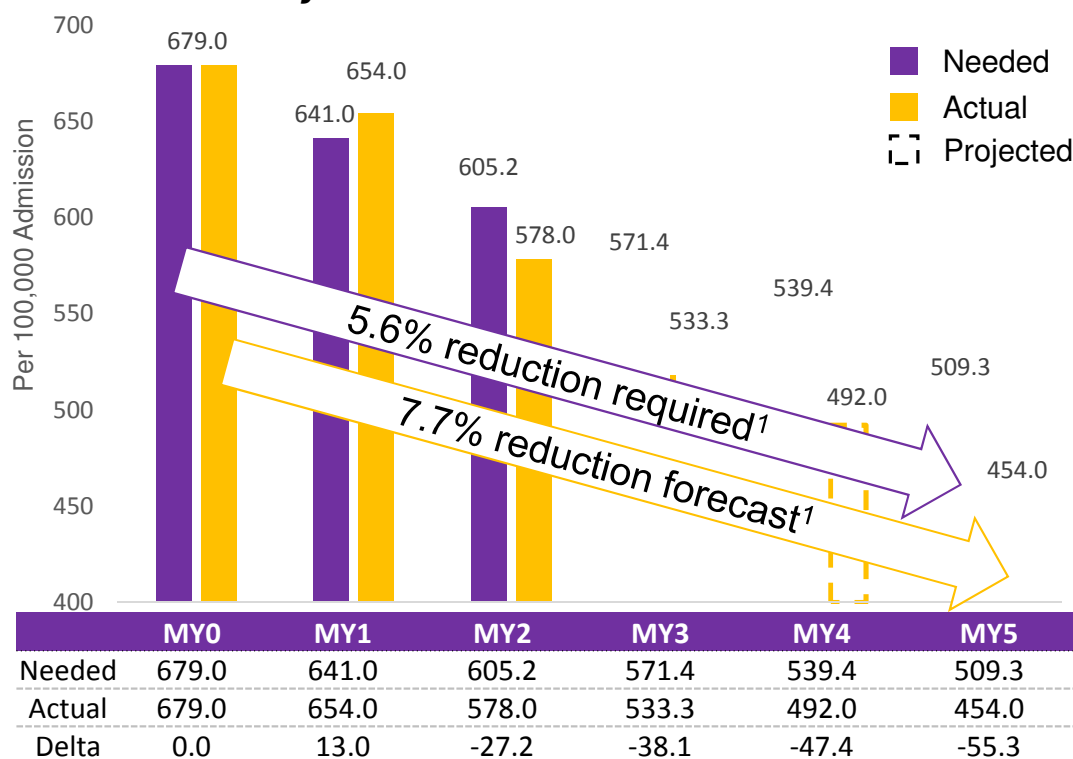
Achieving the DSRIP goal



1. PAC are not DSRIP payment measures, but are a component of NYS VBP Initiative and another way to quantify avoidable hospital use. PAC distinguish a wide variety of complications and calculates proxy price weighted, severity-adjusted episodes of care that can be bundled, such as the Chronic Bundle in NYS VBP.

PPR: Current results and performance opportunity

Potentially Preventable Readmission



Pursuing the goal of 25% reduction ...

If all PPS maintain current reduction rates, the State **will achieve** a 33.14% reduction over baseline (454.0 per 100,000 members)

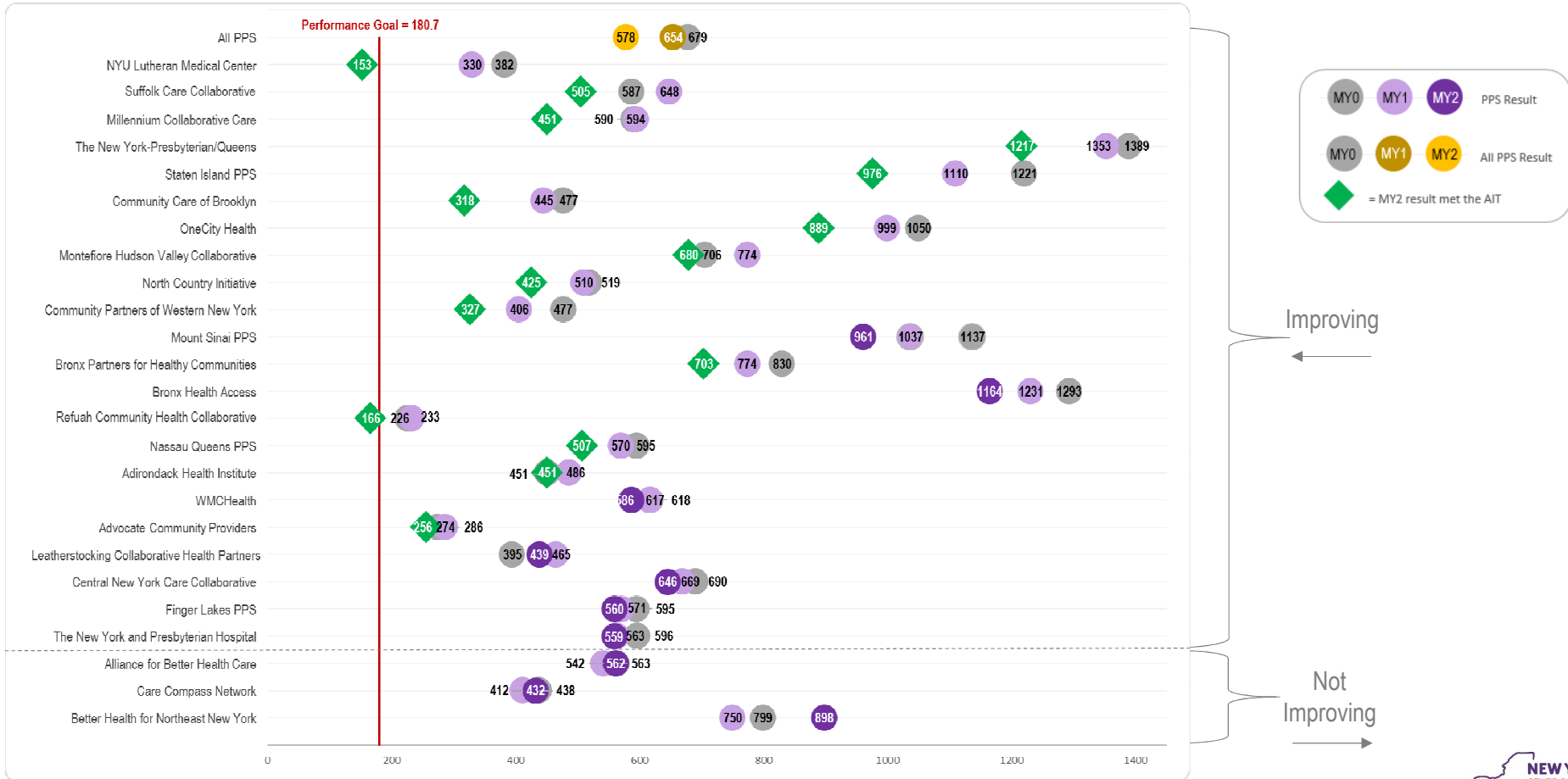
MY2 Rates	PPS
-30% to -20%	NYU Lutheran (-29.98%)
-19% to -10%	CCB, CPWNY, Refuah, MCC, SIPPS
-9 to -5%	NCI, Mount Sinai, One City, Bronx Partners, Nassau Queens, Suffolk CC, NYPQ
-4% to 0%	BHA, ACP, CNYCC, NY Presby, FLPPS, WMC, Montefiore, Care Compass, Alliance
1% +	AHI, Leatherstocking, BHNNY

Notes:

1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY2 non-case mix adjusted results

Potentially Preventable Readmissions \pm : 15 of 25 PPS met MY2 AIT

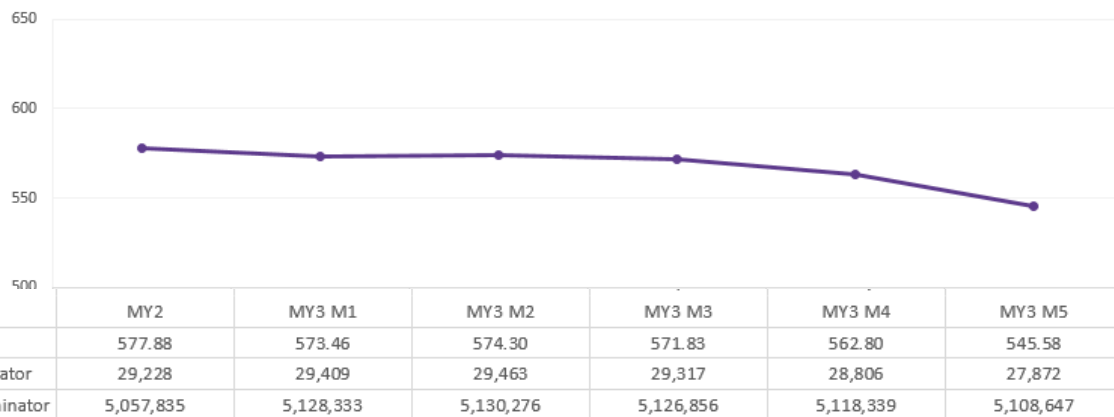
\pm A lower rate is desirable



Potentially Preventable Readmissions[±]: MY3 Statewide Trend

± A lower rate is desirable

Measure Result by Month



5 months of MY3 data shows:

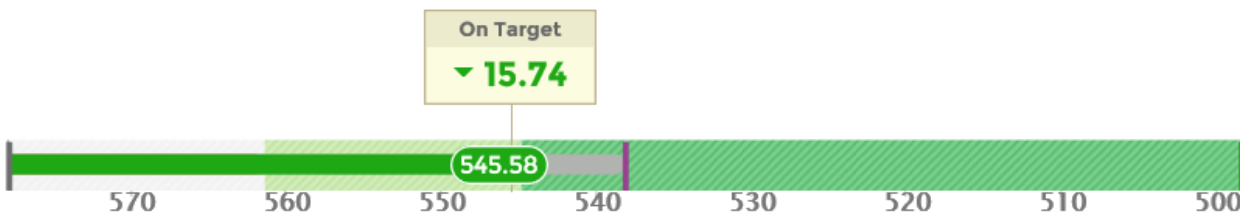
PPS Average: improved

PPS Level: 14 of 25 PPS improved

Total MY3 Regular Performance Value:

\$56,173,167

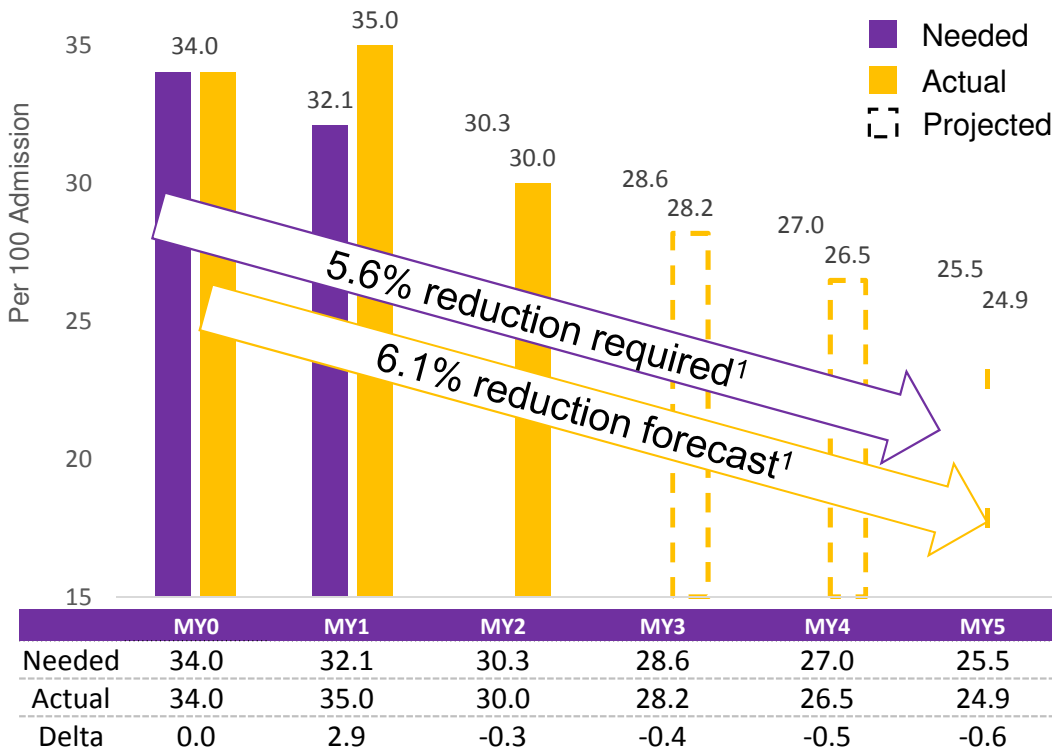
Potentially Avoidable Readmissions



■ Prior Year Result
 ■ Annual Target
 ■ Annual High Perf. Goal
 ■ Monthly Target Zone
 ■ Monthly High Perf. Zone

PPV: Current results and performance opportunity

Potentially Preventable Emergency Room Visits



Notes:
 1. Projection assumes a consistent denominator year over year, and rate estimates are based on CAGR projection driven by MY0 – MY2 non-case mix adjusted results

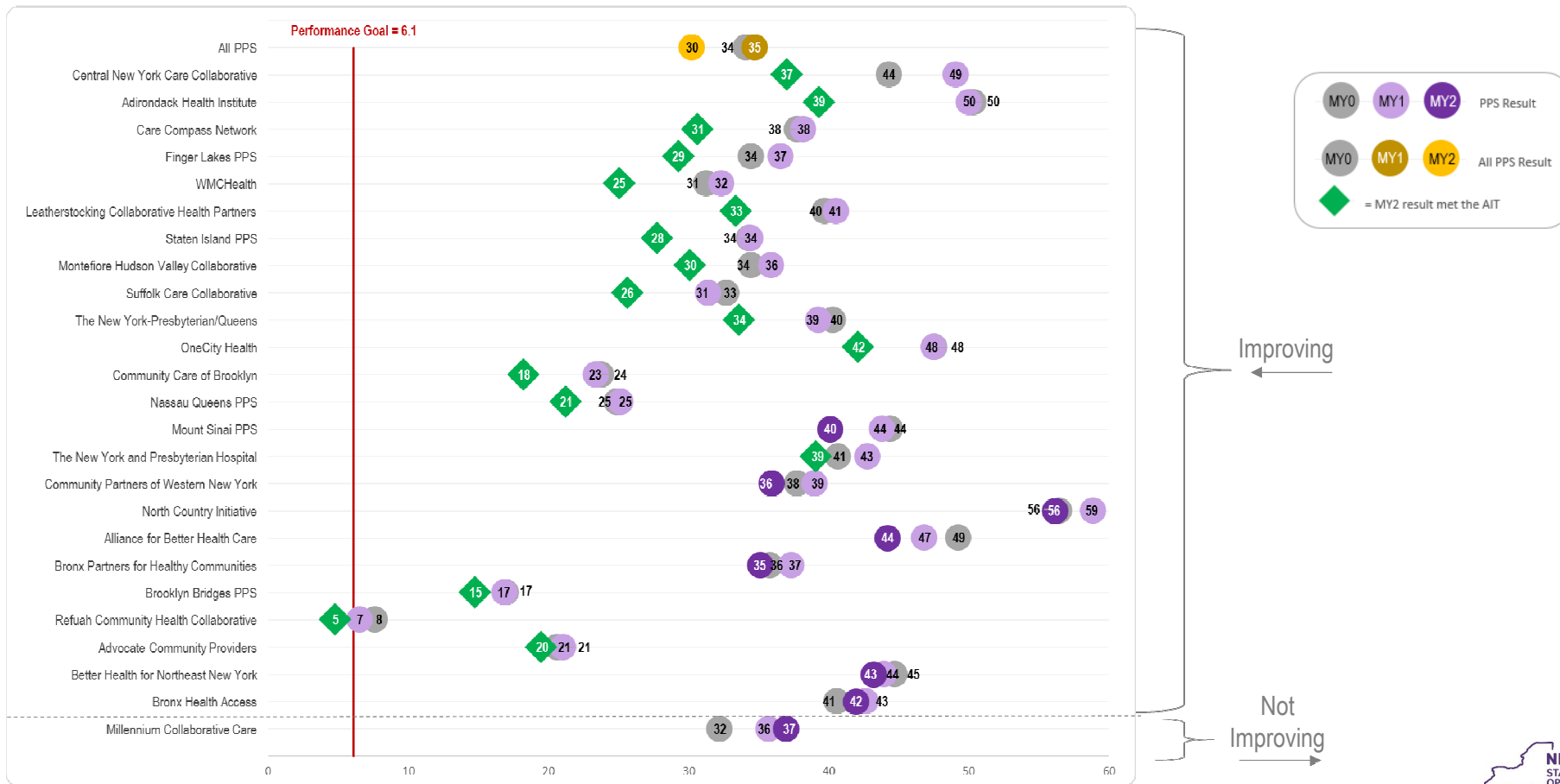
Pursuing the goal of 25% reduction ...

If all PPS maintain current rates, the State **will achieve** a 26.9% reduction over baseline (24.9 per 100 admission).

MY2 Rates	PPS
-20% to -10%	Refuah (-18.52%), CCB, AHI, Suffolk CC
-9% to -5%	WMC, SIPPS, Care Compass, NYPQ, CNYCC, Leatherstocking, FLPPS, Nassau Queens, NYU Lutheran, Montefiore, One City, Alliance
-4% to 0%	Mount Sinai, ACP, CPWNY, NY Presby, BHNNY, Bronx Partners, NCI
1% +	BHA, MCC

Potentially Preventable Emergency Room Visits ±: 18 of 25 PPS met MY2 AIT

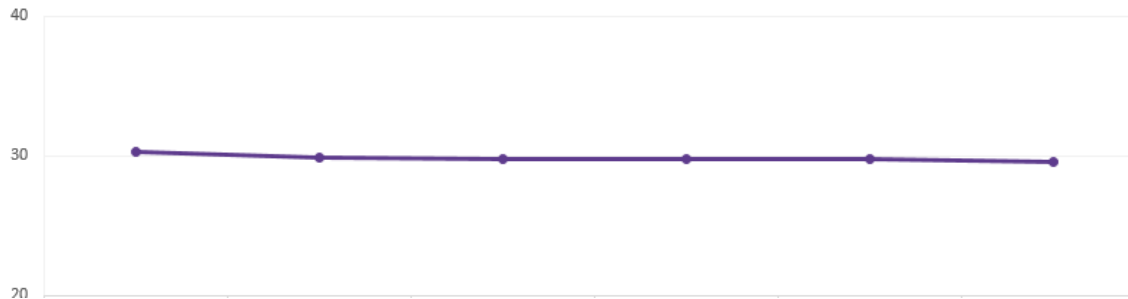
± A lower rate is desirable



Potentially Preventable Emergency Room Visits ±: MY3 Statewide Trend

± A lower rate is desirable

Measure Result by Month



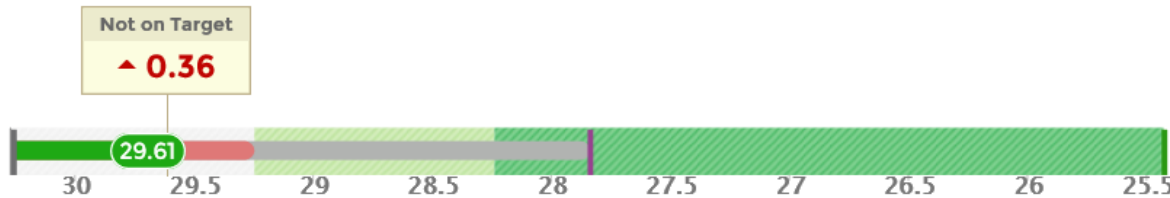
	MY2	MY3 M1	MY3 M2	MY3 M3	MY3 M4	MY3 M5
Rate	30.26	29.83	29.72	29.76	29.73	29.61
■ Numerator	1,501,161	1,500,578	1,495,808	1,496,641	1,493,110	1,485,199
■ Denominator	4,961,416	5,031,035	5,033,587	5,029,764	5,022,580	5,016,671

5 months of MY3 data shows:

PPS Average: improved

PPS Level: 17 of 25 PPS improved

Potentially Preventable ED Visits



■ Prior Year Result ■ Annual Target ■ Annual High Perf. Goal ■ Monthly Target Zone
■ Monthly High Perf. Zone

Total MY3 Regular Performance Value:

\$56,173,167

Statewide Accountability Milestones

The STCs identify four measures for which statewide performance is evaluated, beginning in DY3:

Statewide Milestone	Pass Criteria
1. Statewide metrics performance	More metrics are improving on a statewide level than are worsening ¹
2. Success of projects statewide²	More metrics achieving an award than not
3. Total Medicaid spending³	1) The growth in the total Medicaid spending is at or below the target trend rate (DY4-5 only) <i>and</i> 2) The growth in statewide total IP & ED spending is at or below the target trend rate (DY3-5)
4. Managed care plan	Achieving VBP roadmap goals related to value-based payment transition

If the state fails any of the four statewide milestones:

	DY 3	DY 4	DY 5
Penalty	\$74.09M (5% of funds)	\$131.71M (10% of funds)	\$175.62M (20% of funds)

Notes: 1. Based on previous year and baseline comparisons

2. Based on project-specific and population-wide quality metrics

3. At or below target based on trend rate

Statewide Milestone #1 Summary

Statewide Milestone #1 is a test of the universal set of statewide delivery system improvement measures¹ consisting of 18 measures; 16 of which have comparable data as of MY2. In MY2, with nine of 16 measures maintaining or improving, the state is on track to pass, as more measures are improving than are worsening.

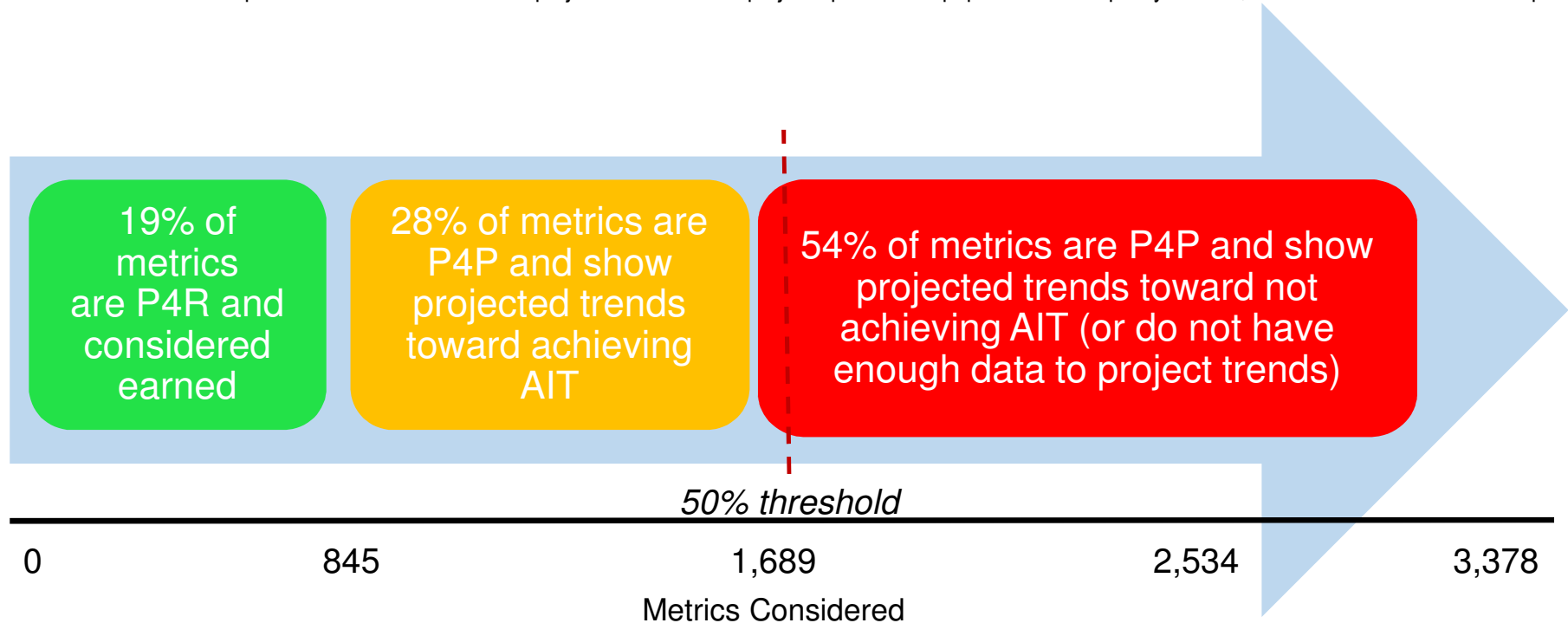
Statewide Category	Statewide Measure Name	Status MY1 vs MY2	Status MY3 Trend (5 mos)	Total Performance \$
Potentially Avoidable Services	Potentially Preventable Readmissions (rate per 100,000)	Maintain/Improve	Improving	\$111,472,650
	Potentially Preventable Emergency Room Visits (rate per 100)	Maintain/Improve	Improving	\$111,472,650
	PQI - 90 - Composite of All Measures	Maintain/Improve	Improving	\$111,472,650
	PDI - 90 - Composite of All Pediatric Measures	Maintain/Improve	Worsening	\$111,472,650
Access to Care	Children's Access to Primary Care - 12 to 24 Months	Maintain/Improve	Improving	\$27,868,163
	Children's Access to Primary Care - 25 months to 6 years	Maintain/Improve	Improving	\$27,868,163
	Adult Access to Preventive or Ambulatory Care – 20 to 44 years	Maintain/Improve	Worsening	\$36,993,372
	Adult Access to Preventive or Ambulatory Care – 45 to 64 years	Maintain/Improve	Worsening	\$37,157,550
	Adult Access to Preventive or Ambulatory Care – 65 and older	Worsen	Worsening	\$37,157,550
	Children's Access to Primary Care - 7 to 11 years	Worsen	Improving	\$27,868,163
	Children's Access to Primary Care - 12 to 19 years	Worsen	Improving	\$27,868,163
Primary Care	Primary Care - Usual Source of Care (C&G CAHPS)	Maintain/Improve	N/A	\$55,736,325
	Primary Care - Length of Relationship (C&G CAHPS)	Worsen	N/A	\$55,736,325
	Percent of PCP (Primary Care Providers) Meeting PCMH or Advance Primary Care Standards	Worsen	N/A	N/A P4R only
Timely Access	Getting Timely Appointments, Care and Information (C&G CAHPS)	Worsen	N/A	\$111,472,650
Care Transitions	Care Coordination (C&G CAHPS)	Worsen	N/A	\$111,472,650
System Integration Meaningful Use Providers	Percent of Eligible Providers Who Have Participating Agreements with Qualified Entities	N/A	N/A	N/A P4R only
	Percent of Eligible Providers Who Are Able to Participate in Bidirectional Exchange	N/A	N/A	N/A P4R only

1. At the close of DY3, the Independent Assessor will determine whether the state has passed this milestone. The milestone will be passed when more metrics are improving on a statewide level than are worsening, as compared to the prior year as well as compared to initial baseline performance.

N/A: Data collection began in MY1 and/or MY2, and therefore, comparative results not available.

Statewide Milestone #2 Summary

Statewide Milestone #2 is a composite measure of success of projects statewide on project-specific and population-wide quality metrics; the 1st test is based on MY3 performance



Milestone is passed if over 50% of metrics achieve Annual Improvement Target (AIT/10% gap-to-goal).
Based on current MY3 performance trend, the state is *almost* on track to meet this milestone

MY2 P4P Measures Progress

MY2 P4P measures most frequently meeting AIT

Measure Name	PPS Meeting MY2 AIT	MY2 Performance Value	Performance Value
HP Potentially Preventable Emergency Department Visits (BH population)	18/25 (72%)	\$13,638,060	\$45,106,445
HP Adherence to Antipsychotic Medications for People with Schizophrenia	18/25 (72%)	\$13,638,060	\$45,106,445
Diabetes Screening: People w/ Schizophrenia or Bipolar Disease Using Antipsychotic Medication	16/25 (64%)	\$13,638,060	\$45,106,445
HP Diabetes Monitoring for People with Diabetes and Schizophrenia ¹	13/25 (52%)	\$13,136,543	\$44,310,359
HP Cardiovascular Monitoring for People w/ Cardiovascular Disease & Schizophrenia ¹	11/25 (44%)	\$8,142,906	\$34,030,504
PDI 14 - Pediatric Asthma ²	11/13 (85%)	\$7,630,936	\$29,408,634
Asthma Medication Ratio	9/13 (69%)	\$7,630,936	\$29,408,634
PQI 7 – Hypertension ²	8/15 (53%)	\$34,296,501	\$53,974,327
PQI 9 – Low Birth Weight ²	4/4 (100%)	\$8,625,437	\$16,670,516
Total		\$120,377,439	\$343,122,309

NOTES:

HP: High Performance measure

1. The denominator for this measure is less than 30 for some Performing Provider System's, therefore the rates may not be stable due to small numbers.

2. MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.'

MY2 P4P measures showing opportunity for improvement

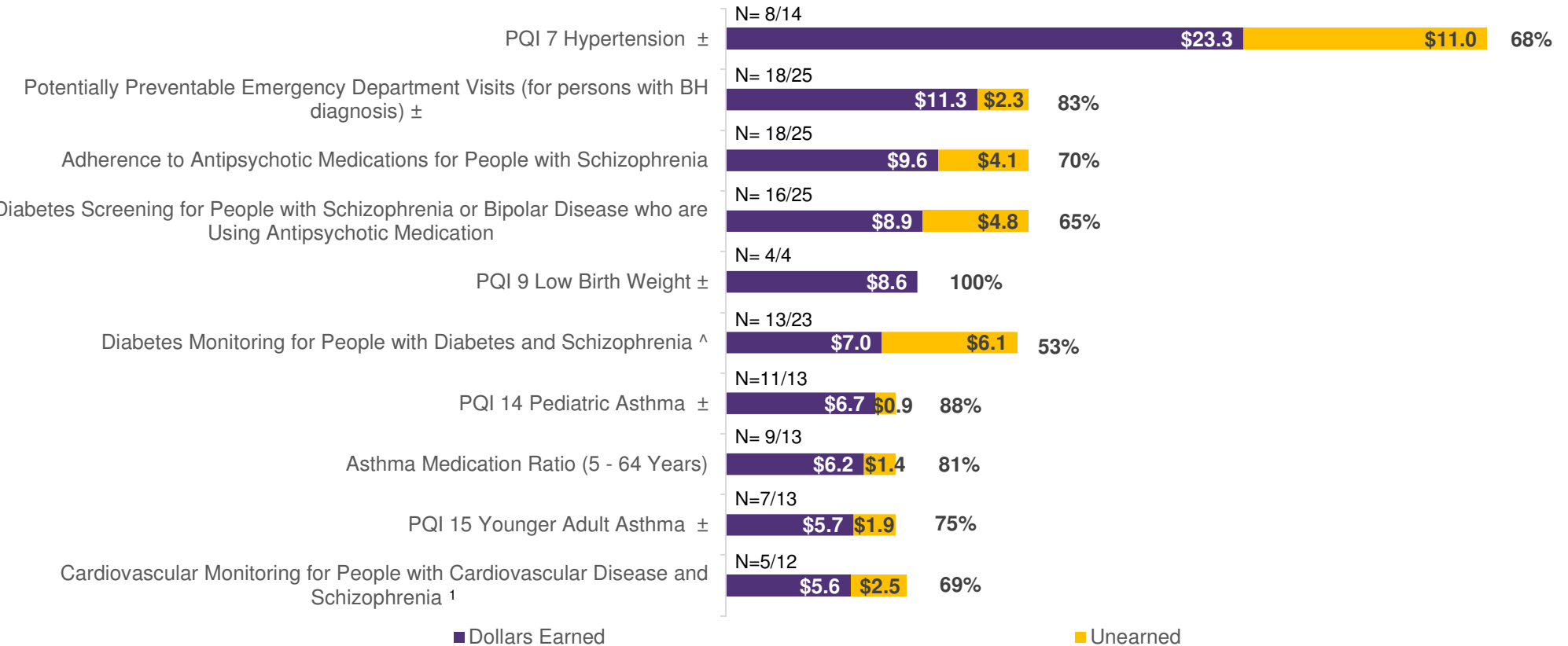
(lower performing, higher value measures impacting most PPS)

Measure Name	PPS meeting MY2 AIT	Performance Value	MY3 Trend ²
HP Antidepressant Medication Management - Effective Acute Phase Treatment	1/25 (4%)	\$22,255,453	9/25 (36%)
HP Antidepressant Medication Management - Effective Continuation Phase Treatment	1/25 (4%)	\$21,993,287	9/25 (36%)
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)	1/25 (4%)	\$21,799,757	13/25 (52%)
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)	3/25 (12%)	\$21,799,757	16/25 (64%)
HP Follow-up after hospitalization for Mental Illness - within 7 days	3/25 (12%)	\$22,553,222	14/25 (56%)
HP Follow-up after hospitalization for Mental Illness - within 30 days	5/25 (20%)	\$22,553,222	16/25 (64%)
PQI 1 Diabetes Mellitus Short Term Complications ¹	2/10 (20%)	\$39,124,734	5/10 (50%)
Medication Management for People with Asthma - 75% of Treatment Days Covered	3/13 (23%)	\$14,704,317	1/13 (8%)
Total		\$186,783,749	

HP: High Performance measure

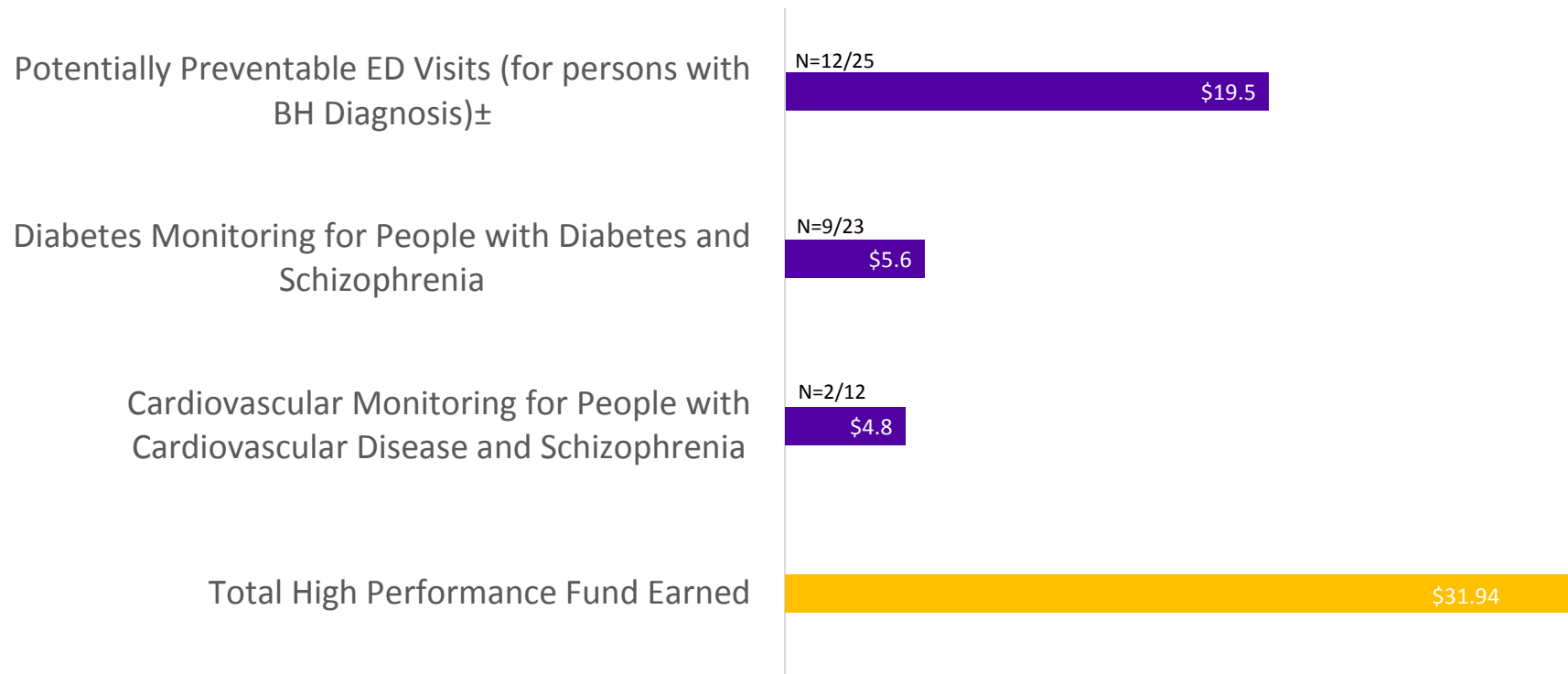
1. MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.
2. MY3 trend is based on MY3 month5 data and is the number of PPS "on-track" as shown in DSRIP dashboards

Top 10 MY2 P4P measures based on dollars earned



NOTES:
 Dollars expressed in \$MM, dollars earned do not include HPF or supplemental programs
 1. PPS with denominators of <30 observations are ineligible to earn dollars and are suppressed

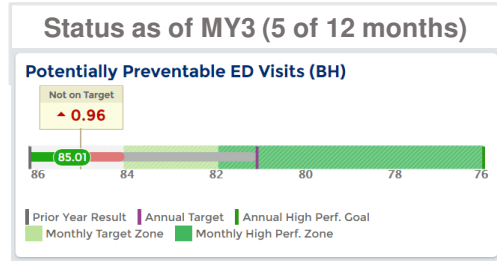
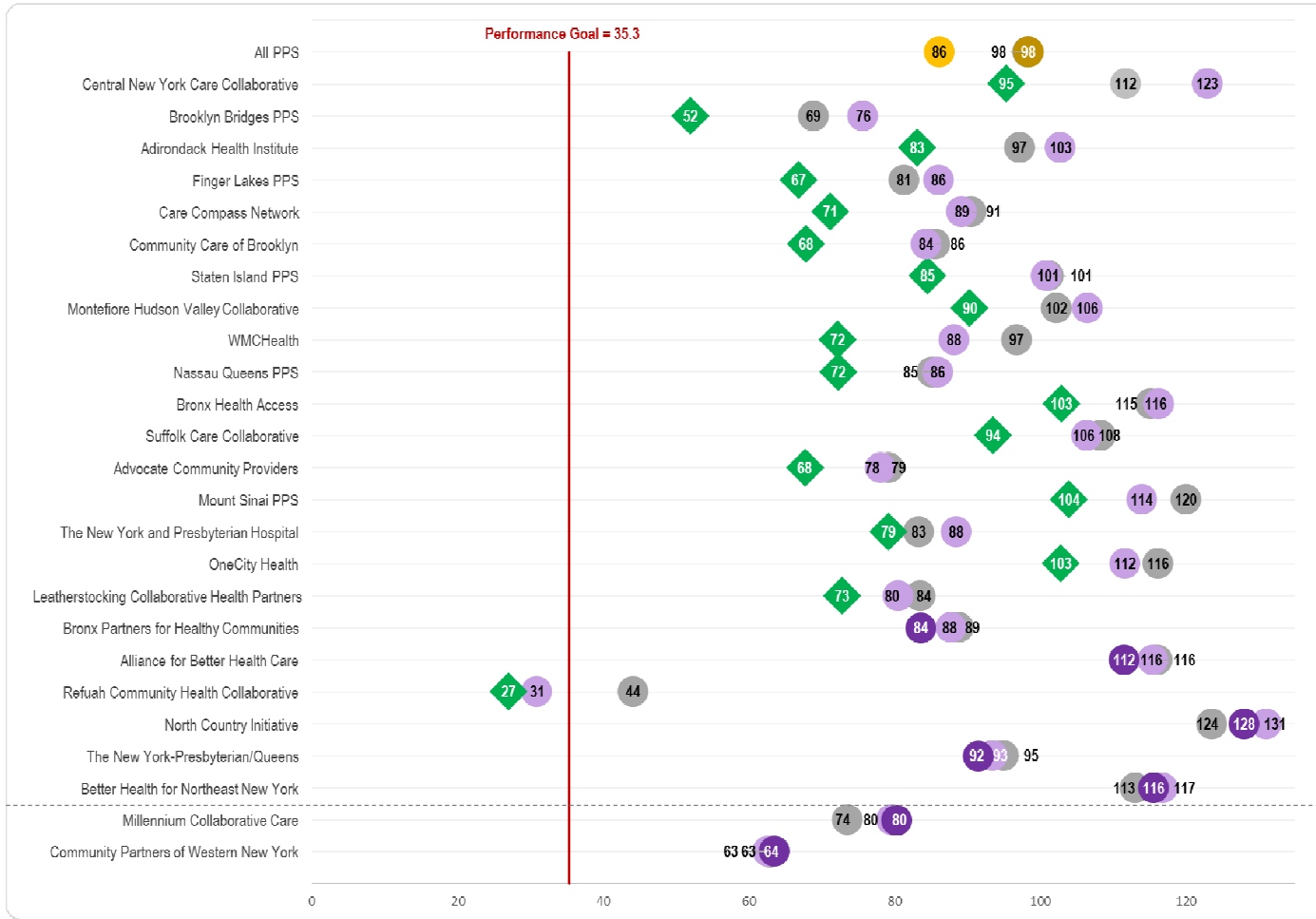
Top MY2 HPF measures based on dollars earned



NOTES:
Dollars expressed in \$MM

Potentially Preventable Emergency Room Visits (BH Population) ±: 18 of 25 PPS met MY2 AIT

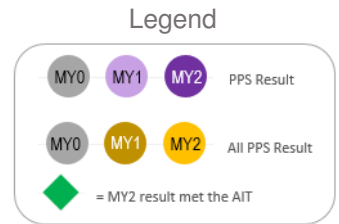
± A lower rate is desirable



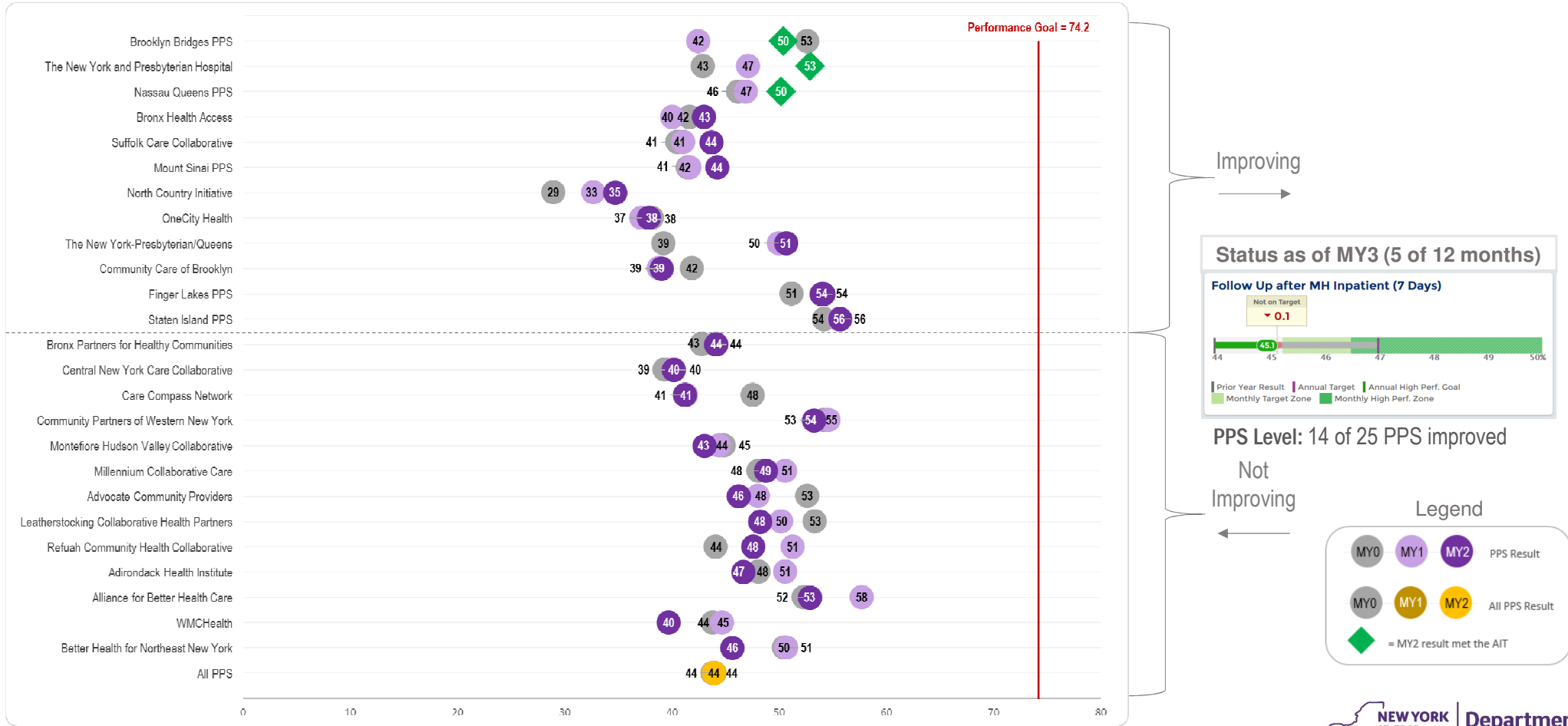
PPS Level: 11 of 25 PPS improved

Improving ←

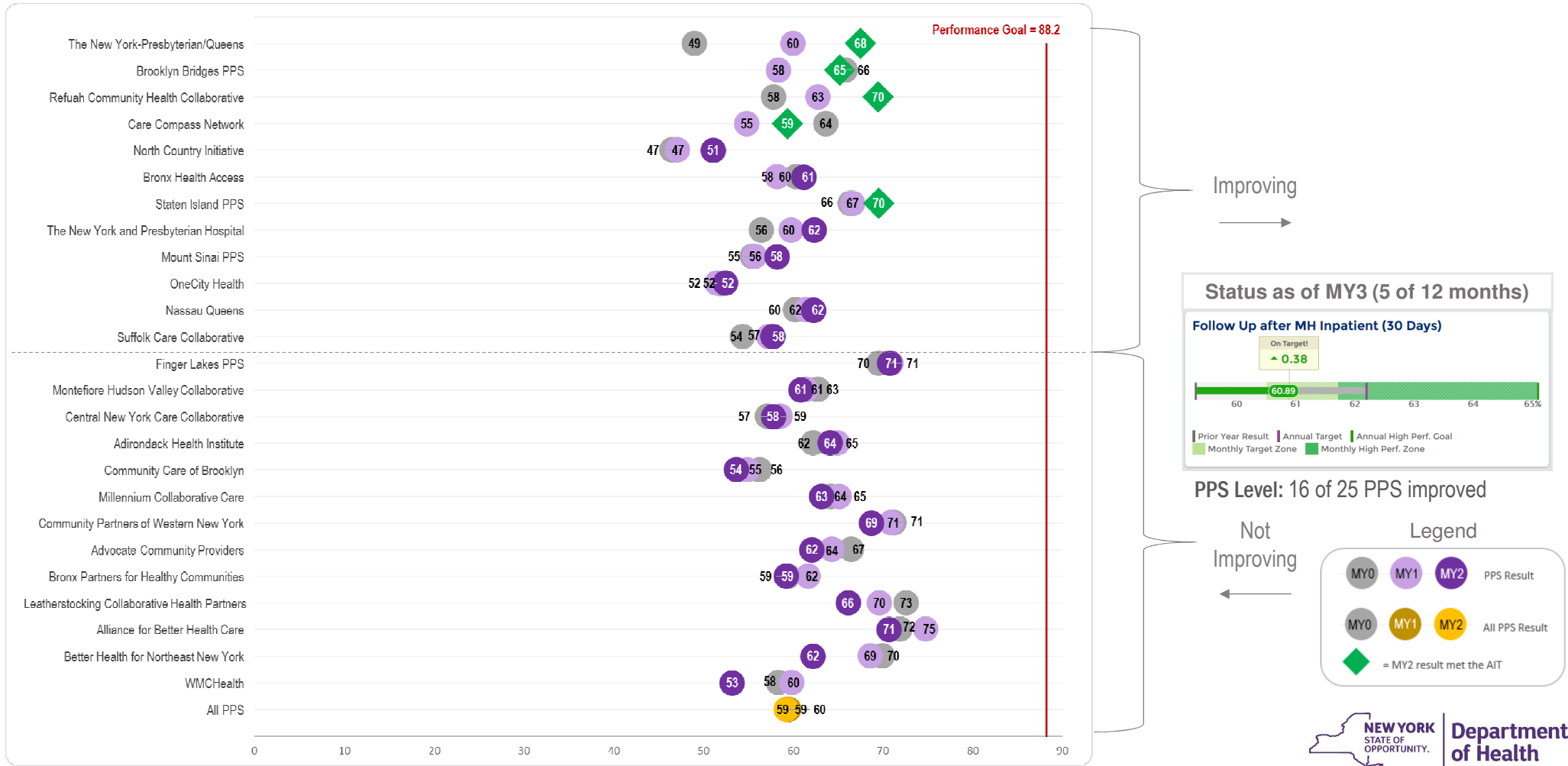
→ Not Improving



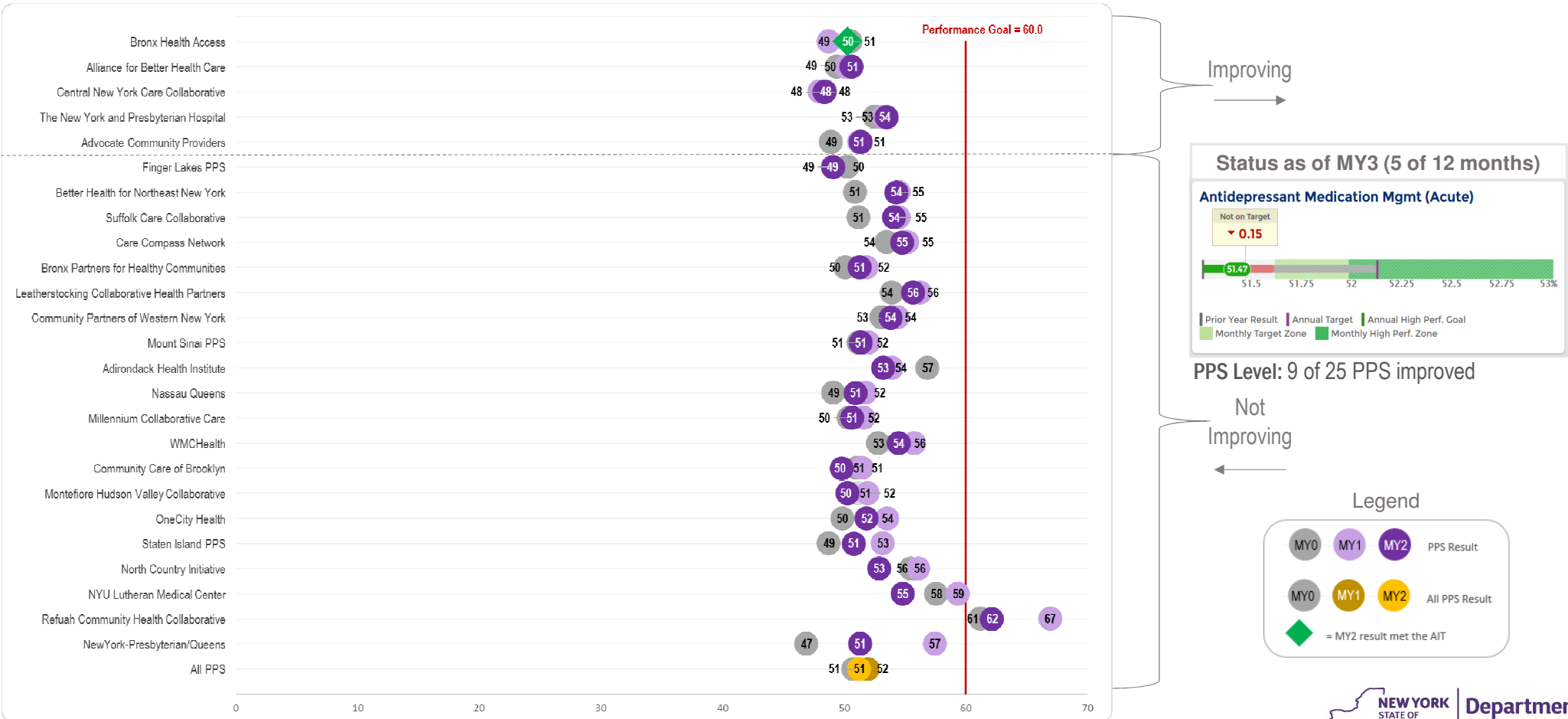
Follow Up After Hospitalization for Mental Illness – within 7 Days: 3 of 25 PPS met MY2 AIT



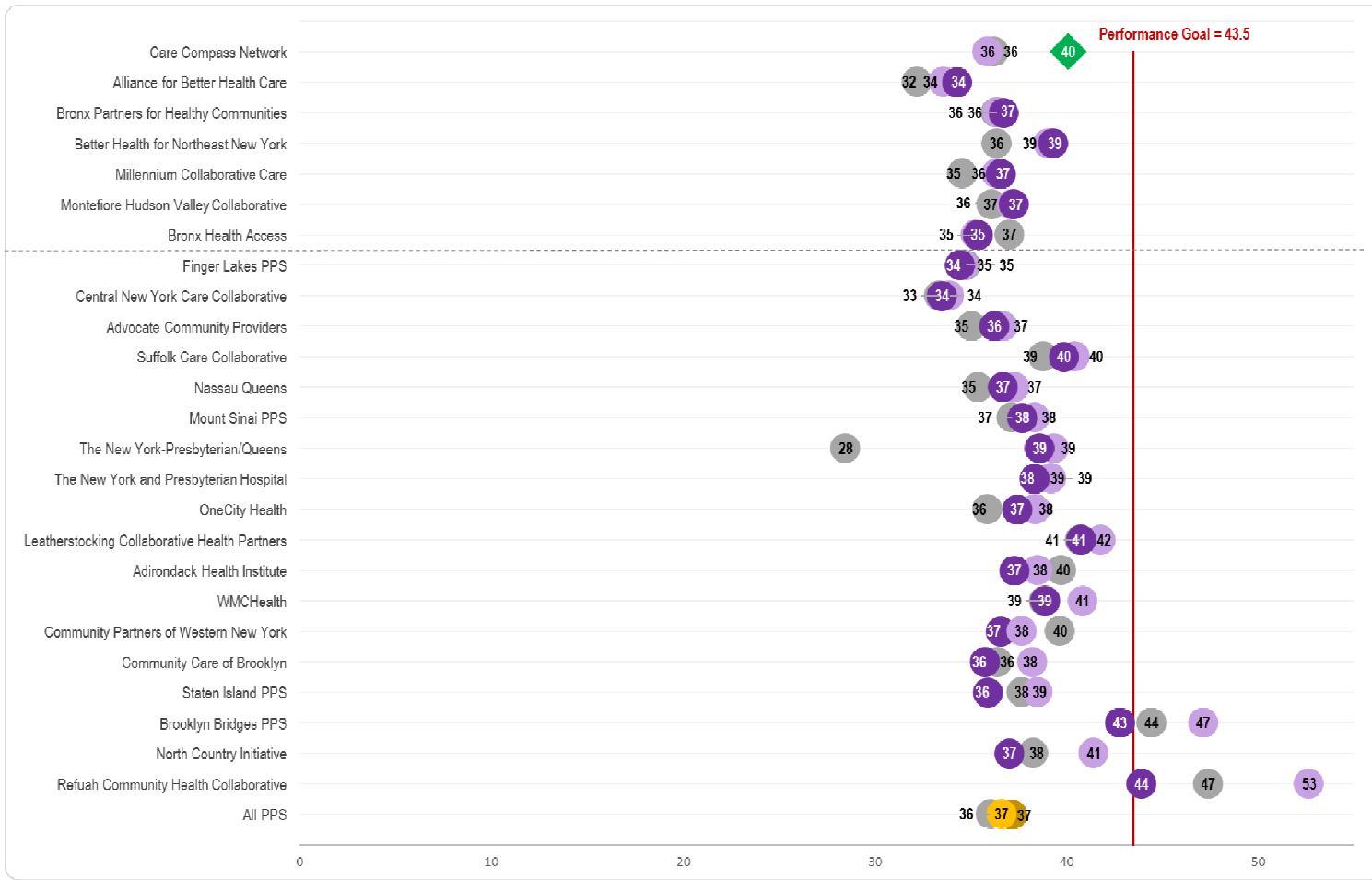
Follow Up After Hospitalization for Mental Illness – within 30 Days: 5 of 25 PPS met MY2 AIT



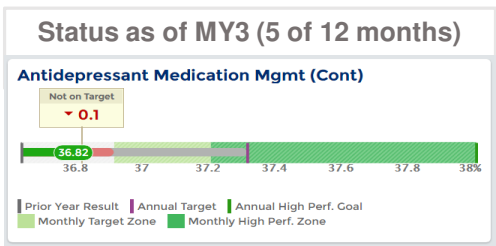
Antidepressant Medication Management – Acute Phase Treatment: 1 of 25 PPS met MY2 AIT



Antidepressant Medication Management – Continuation Phase Treatment: 1 of 25 PPS met MY2 AIT

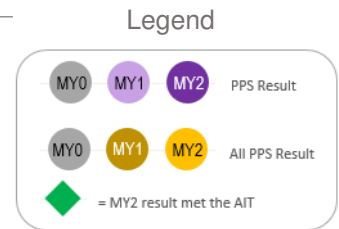


Improving →

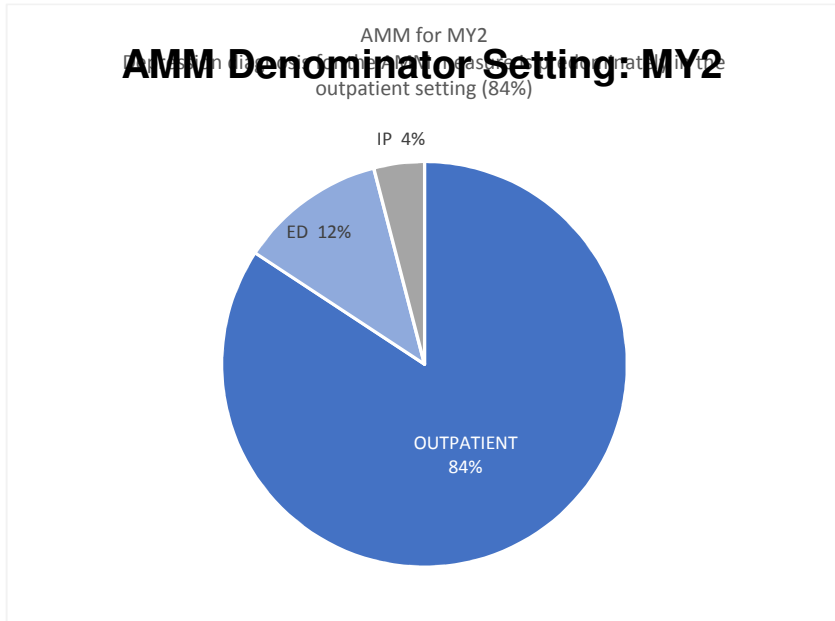


PPS Level: 9 of 25 PPS improved

← Not Improving



Understanding the sources behind Antidepressant Medication Management results

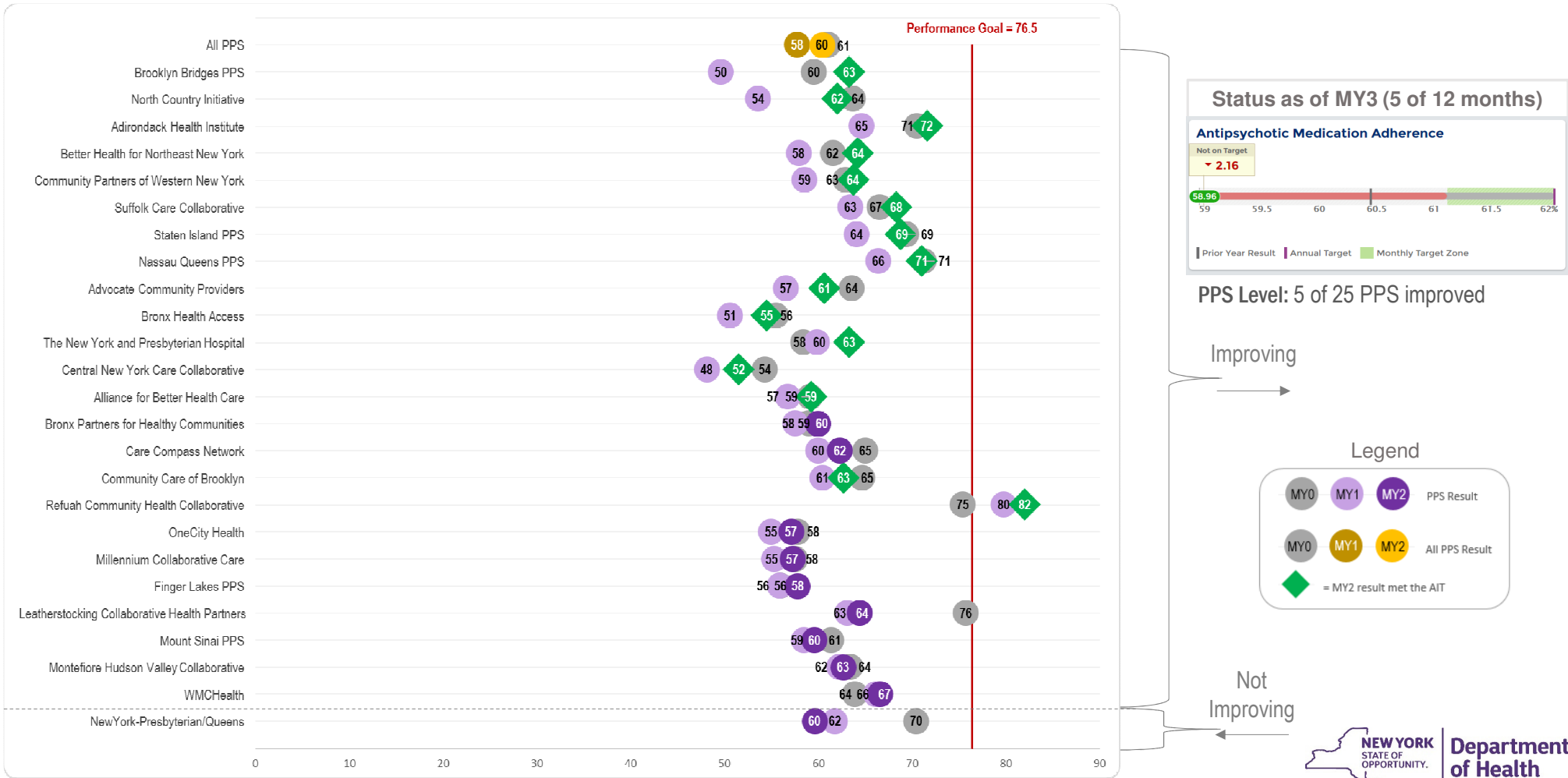


POS Code	POS Description	Frequency	Percent
11	Office	32,945	55.71
22	On Campus-Outpatient Hospital	13,930	23.55
53	Community Mental Health Center	6,319	10.68
50	Federally Qualified Health Center	5,341	9.03
23	Emergency Room - Hospital	136	0.23
12	Home	111	0.19
49	Independent Clinic	109	0.18
20	Urgent Care Facility	91	0.15
72	Rural Health Clinic	75	0.13
33	Custodial Care Facility	59	0.1
13	Assisted Living Facility	7	0.01
19	Off Campus-Outpatient Hospital	7	0.01
71	Public Health Clinic	6	0.01
3	School	3	0.01
TOTAL OUTPATIENT with POS		59,139	
Frequency Missing		3,248	

Setting where members were Diagnosed with Depression	Denominator Trend (=depression diagnosis) from MY1 to MY2	Numerator Trend (=remained on antidepressant medication) from MY1 to MY2	MY2 Distribution Among Medicaid Members	How does this affect the AMM Rate for PPS?
Outpatient	increasing (17 PPS) decreasing (7/25)	increasing (14 PPS) decreasing (9 PPS)	84%	Mixed – rate going in both directions
ED Only	increasing (12 PPS) decreasing (13 PPS)	Increasing (8 PPS) decreasing (16 PPS)	12%	Mixed – rate going in both directions

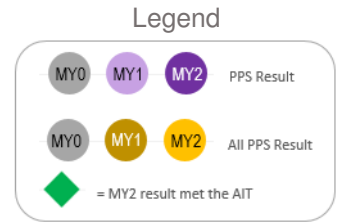
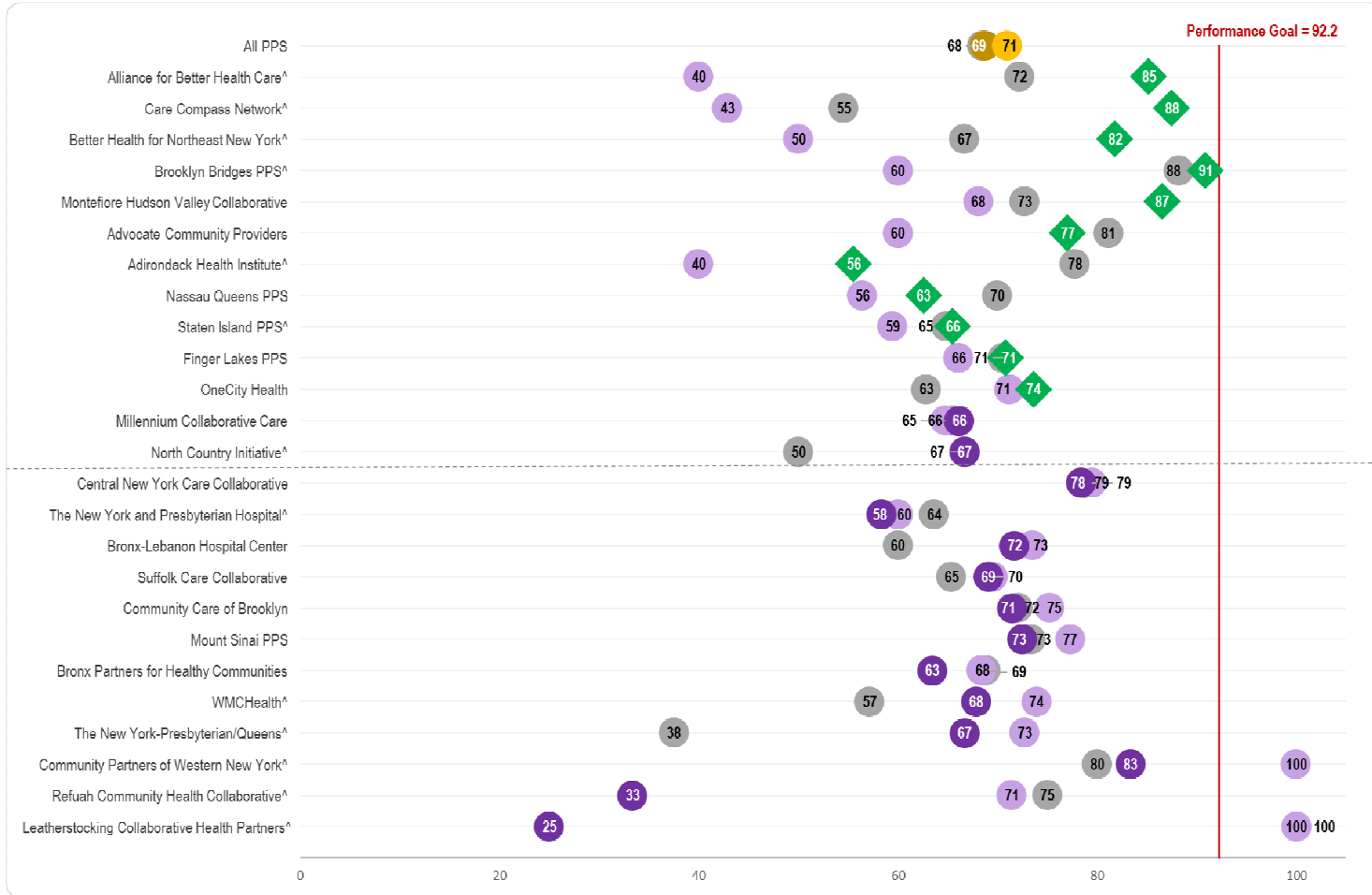


Adherence to Antipsychotic Medications for People with Schizophrenia: 15 of 25 PPS met MY2 AIT

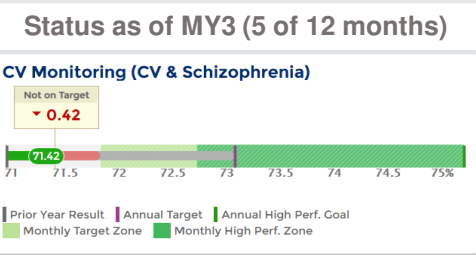


Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator



Improving →

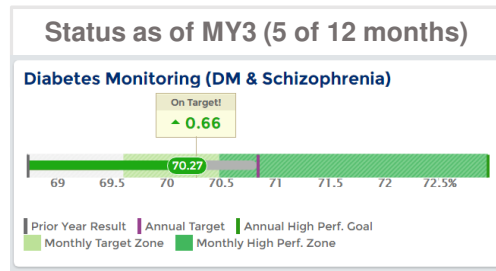
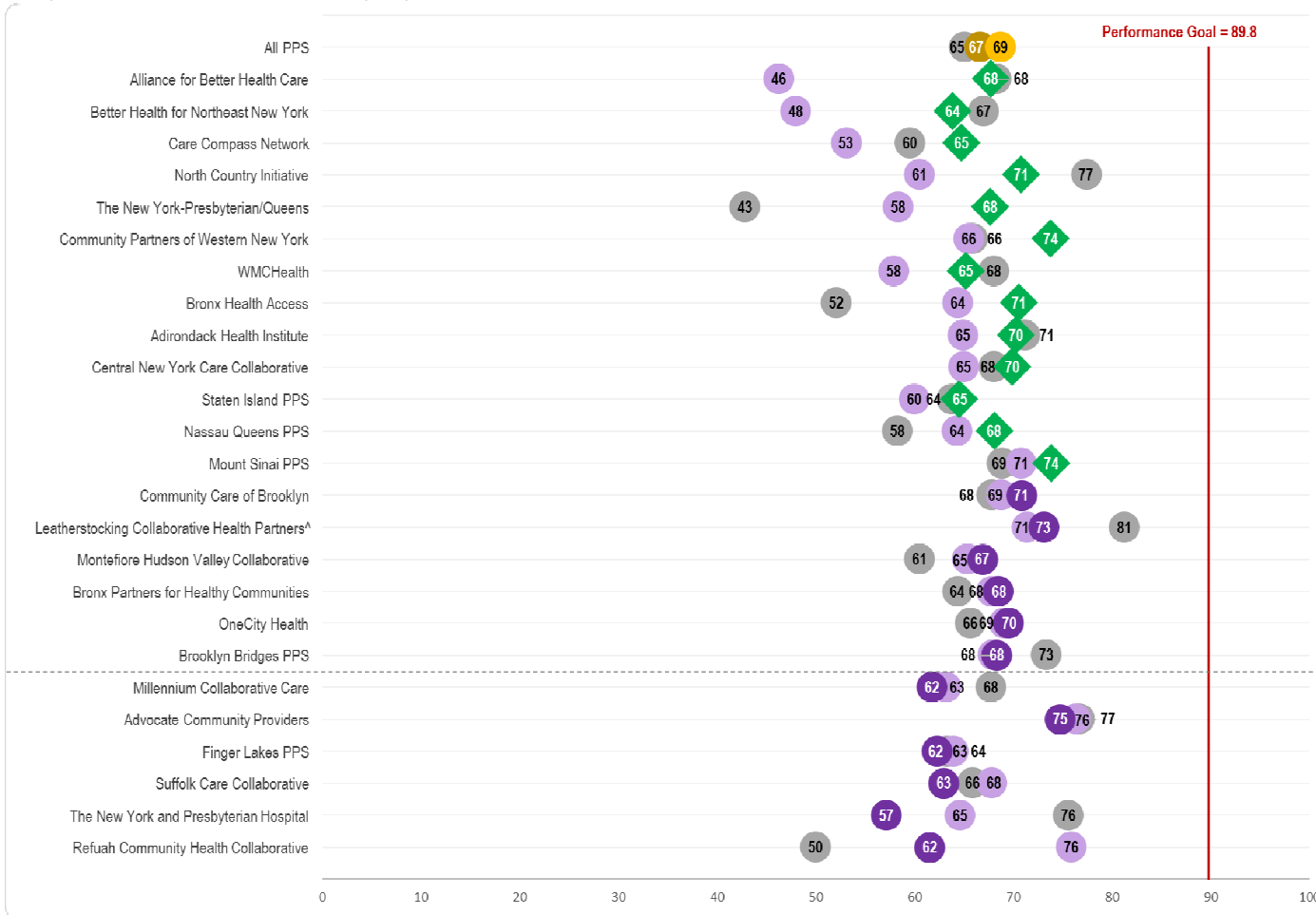


PPS Level: 10 of 25 PPS improved

← Not Improving

Diabetes Monitoring for People with Diabetes and Schizophrenia ^

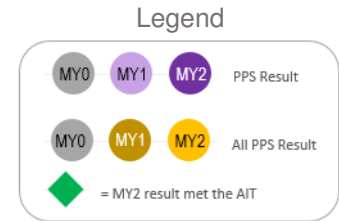
^ Rates may not be stable due to small numbers (< 30) in denominator



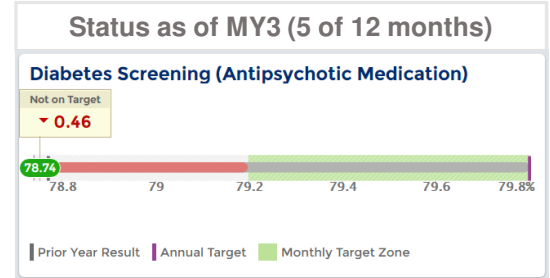
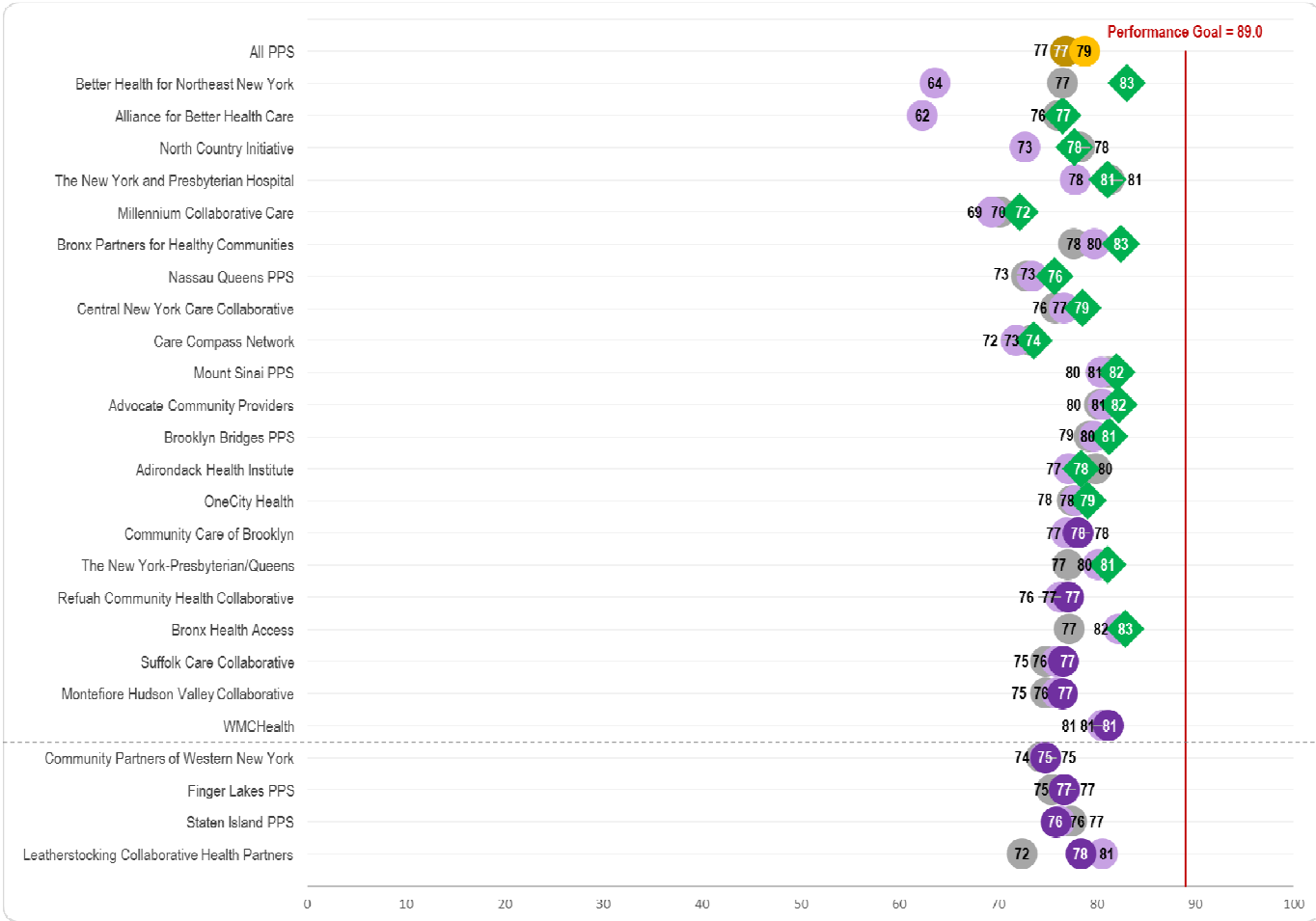
PPS Level: 17 of 25 PPS improved

Improving →

← Not Improving



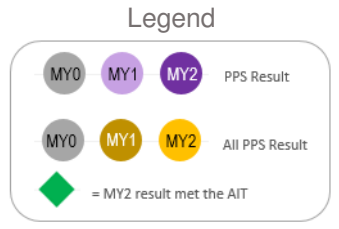
Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication: 16 of 25 PPS Met MY2 AIT



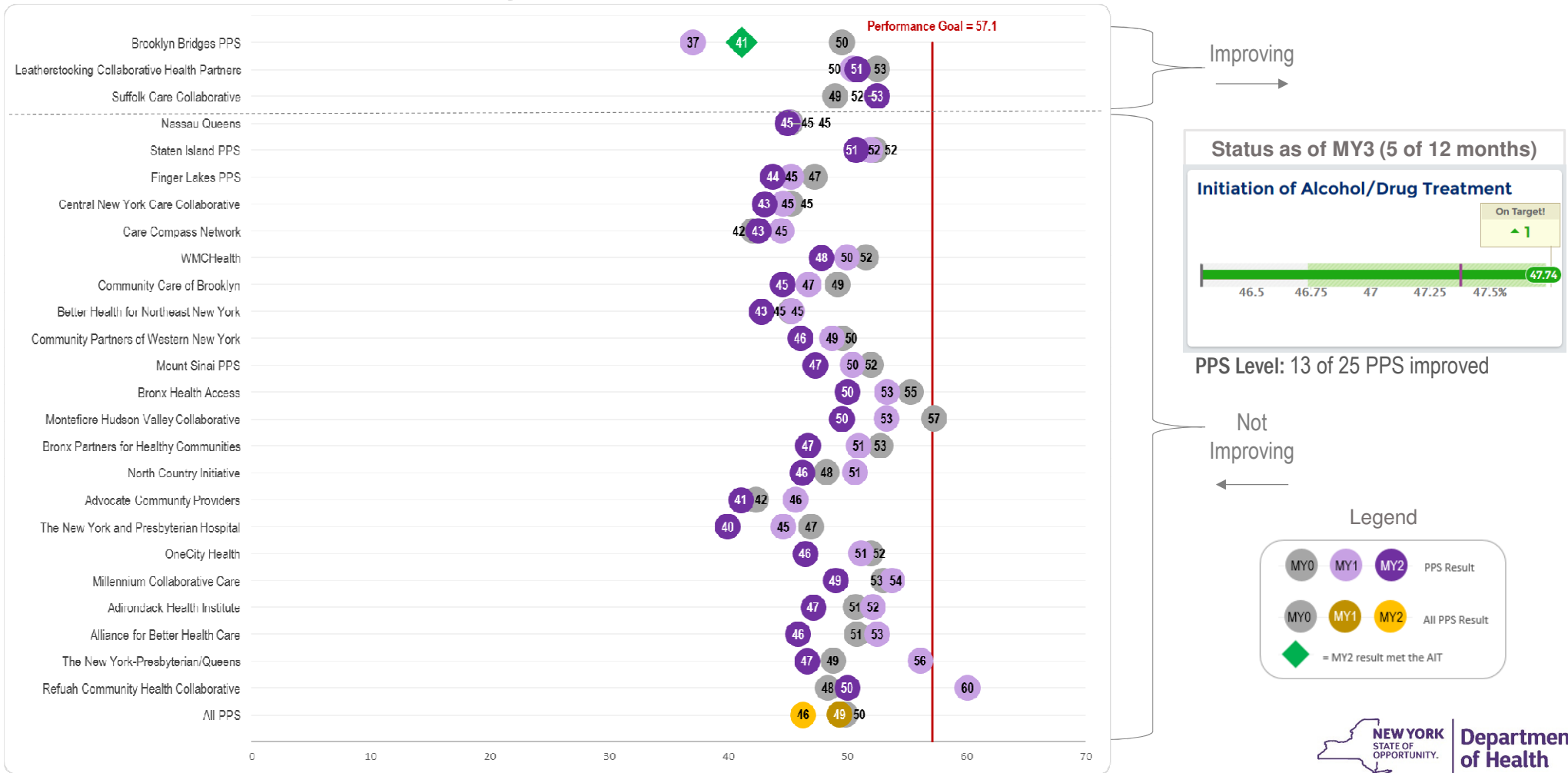
PPS Level: 8 of 25 PPS improved

Improving →

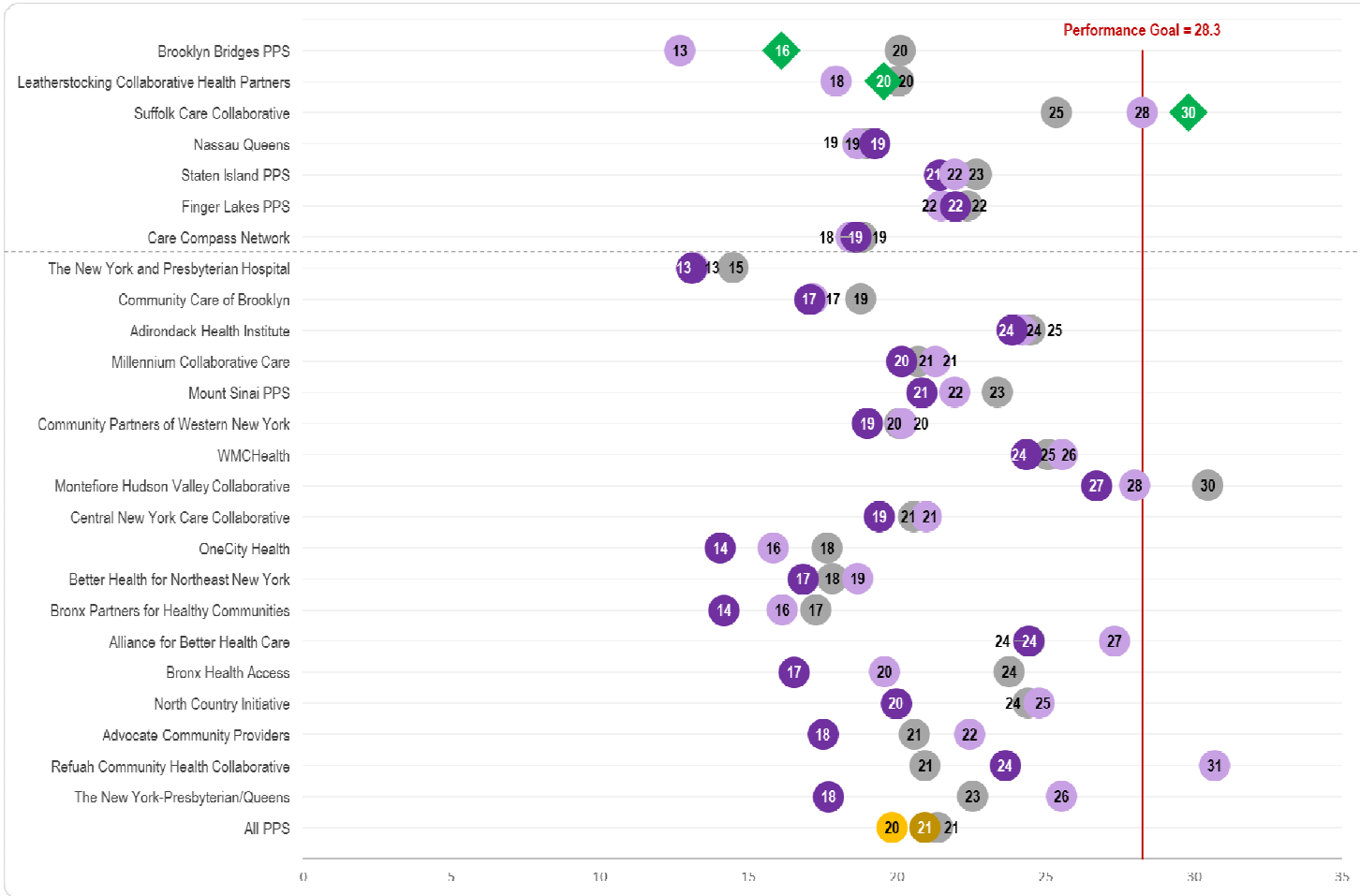
← Not Improving



Initiation of Alcohol and Other Drug Dependence Treatment (1 visit w/in 14 days): 1 of 25 PPS Met MY2 AIT



Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits w/in 44 days): 3 of 25 PPS Met MY2 AIT



Improving →

Status as of MY3 (5 of 12 months)

Engagement of Alcohol/Drug Treatment

On Target!
▲ 1.86

20 20.5 21 21.5 22%

← Not Improving

PPS Level: 16 of 25 PPS improved

Legend

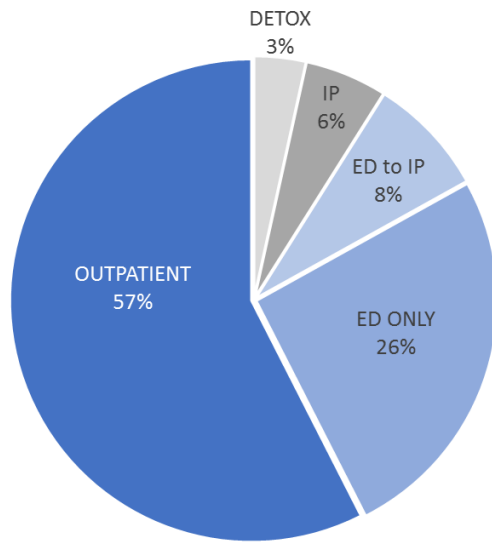
MY0
 MY1
 MY2
 PPS Result

MY0
 MY1
 MY2
 All PPS Result

◆ = MY2 result met the AIT

Understanding the drivers behind Initiation and Engagement of Treatment trends

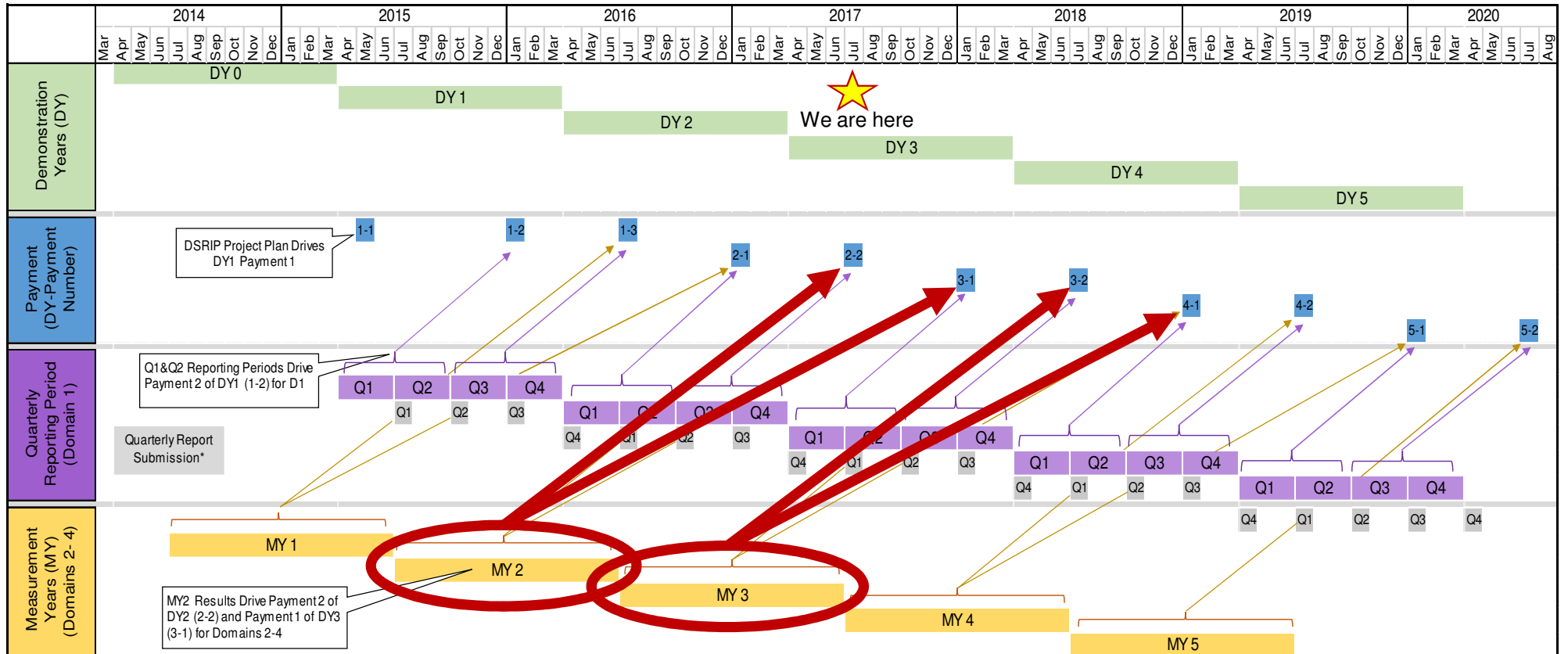
IET Setting: Denominator MY2



POS Code	POS Description	Freq.	%
22	On Campus-Outpatient Hospital	15,636	28.81
50	Federally Qualified Health Center	14,696	27.08
11	Office	14,636	26.97
53	Community Mental Health Center	6,568	12.1
49	Independent Clinic	1,352	2.49
23	Emergency Room - Hospital	701	1.29
72	Rural Health Clinic	301	0.55
20	Urgent Care Facility	193	0.36
33	Custodial Care Facility	105	0.19
12	Home	50	0.09
71	Public Health Clinic	18	0.03
52	Psychiatric Facility-Partial Hospitalization	4	0.01
13	Assisted Living Facility	3	0.01
57	Non-residential Substance Abuse Treatment Facility	3	0.01
15	Mobile Unit	1	0
19	Off Campus-Outpatient Hospital	1	0
TOTAL OUTPATIENT with POS		54,268	

IET Visit Type	Denominator Changes from MY1 to MY2	Numerator Changes from MY1 to MY2	MY2 Distribution Among Medicaid Members	How does this affect the IET Rate for PPS?
Outpatient	Increasing (14 PPS)	Decreasing (17 PPS)	57%	rate decreases


Looking Ahead: MY3-MY5



Publication date: January 29th, 2016. Version 1.

* Quarterly reports are generally due on the last day of the month following the close of the quarter

Available funding DY3 through DY5

	DY 3	DY4	DY5	Total DY3	DY5
	Available	Available	Available	Available	
P4R (Domains 1-4)	\$831,239,352	\$440,251,138	\$137,307,426	\$1,408,797,917	 <p>Unearned P4R and P4P funds shift to the HPF</p>
P4P (Domain 2, 3)	\$635,200,967	\$772,566,254	\$631,536,918	\$2,039,304,140	
HPF ¹	\$78,615,782	\$65,019,071	\$41,217,701	\$184,852,554	
EIP	\$187,600,000	\$187,600,000	\$187,600,000	\$562,800,000	
EPP	\$128,400,000	\$128,400,000	\$128,400,000	\$385,200,000	
AHPP ²	\$50,000,000	\$50,000,000	\$50,000,000	\$150,000,000	
Total	\$1,911,056,101	\$1,643,836,464	\$1,176,062,046	\$4,730,954,610	

NOTES:

1. HPF amounts only include the annual seed funding and does not include any HPF carry forward or unearned performance funds from prior DY.
2. AHPP amounts only include the annual seed funding and does not include any AHPP carry forward or unearned EPP funds from prior DY.



Highest Value Measures: MY4 – MY5^{1,2}

Measure Name	Performance Value	MY3 Performance (PPS on track to meet AIT) ³	Projected MY3 MY5 Earnings
C&G CAHPS - Care Coordination with provider about care received from other providers	\$111,472,650	11/25 (44%)	\$54,459,905
C&G CAHPS - Getting Timely Appointments, Care and information	\$111,472,650	7/25 (28%)	\$26,103,463
H-CAHPS – Care Transitions Metrics	\$111,472,650	9/25 (36%)	\$23,373,009
PDI 90– Composite of all measures +/-	\$111,472,650	8/25 (32%)	\$32,385,223
PQI 90 – Composite of all measures +/-	\$111,472,650	15/25 (60%)	\$73,535,500
C&G CAHPS - Primary Care - Length of Relationship	\$55,736,325	8/25 (32%)	\$15,691,743
C&G CAHPS - Primary Care - Usual Source of Care	\$55,736,325	12/25 (48%)	\$15,002,754
Adult Access to Preventive or Ambulatory Care 20-44 Years	\$36,993,372	0/25 (0%)	\$0
Adult Access to Preventive or Ambulatory Care 45-64 Years	\$37,157,550	0/25 (0%)	\$0
Adult Access to Preventive or Ambulatory Care 65+ Years	\$37,157,550	6/25 (24%)	\$5,175,541

Note:

1. HPF measures are excluded as they are shown on the previous slide
2. ED use by the uninsured, PAM Score and Non-use of Preventive Care Services do not have enough data to be forecasted at this time. Each measure is worth \$48 million in P4P.
3. Claims based measure performance projections are based on data from the first 5 months of MY3 progress to the AIT as shown in the Salient dashboards. If a PPS is "on track" it is considered to earn the AV for all three years. A linear forecast for MY 3- 5 was calculated based on the two available years for non-claims based measures was projected for 3 years. Given the limited data these forecasts should be viewed with caution.



High Performance Measures: Projected Potential Dollars To Be Earned

Measure Name	Potential HPF Dollars to be Earned ^{1,2}
Potentially Preventable Emergency Department Visits (PPV) (All Population)	\$137,366,510
Potentially Preventable Readmissions (PPR) (All Population)	\$137,366,510
Cardiovascular Monitoring for People with Cardiovascular Disease (CVD) and Schizophrenia	\$132,999,200
Diabetes Monitoring for People with Diabetes and Schizophrenia	\$132,999,200
Potentially Preventable Emergency Department Visits (Behavioral Health (BH) Population)	\$132,999,200
Antidepressant Medication Management - Effective Acute Phase Treatment	\$66,499,600
Antidepressant Medication Management - Effective Continuation Phase Treatment	\$66,499,600
Follow-up after hospitalization for Mental Illness - within 30 days	\$66,499,600
Follow-up after hospitalization for Mental Illness - within 7 days	\$66,499,600
Controlling High Blood Pressure ⁴	\$54,035,892
Tobacco Cessation - Discussion of Cessation Strategies ⁴	\$18,011,964
Percent of Long Stay Residents who have Depressive Symptoms ³	\$4,964,845
Total	\$1,016,741,721

Note:

1. The amount earned for HPF is based on actual MY2 performance and a projection of PPS performance for MY3-5. The model calculated PPS earning 62% of \$1.6 billion
2. HPF dollars are not directly tied to any one measure, this model estimates the distribution of dollars across measures by assuming that each PPS earns HPF across all of the measures it is eligible to do so.
3. Only one PPS is eligible for this measure
4. These measures turn P4P in DY4

Clinician and Group (C&G) CAHPS

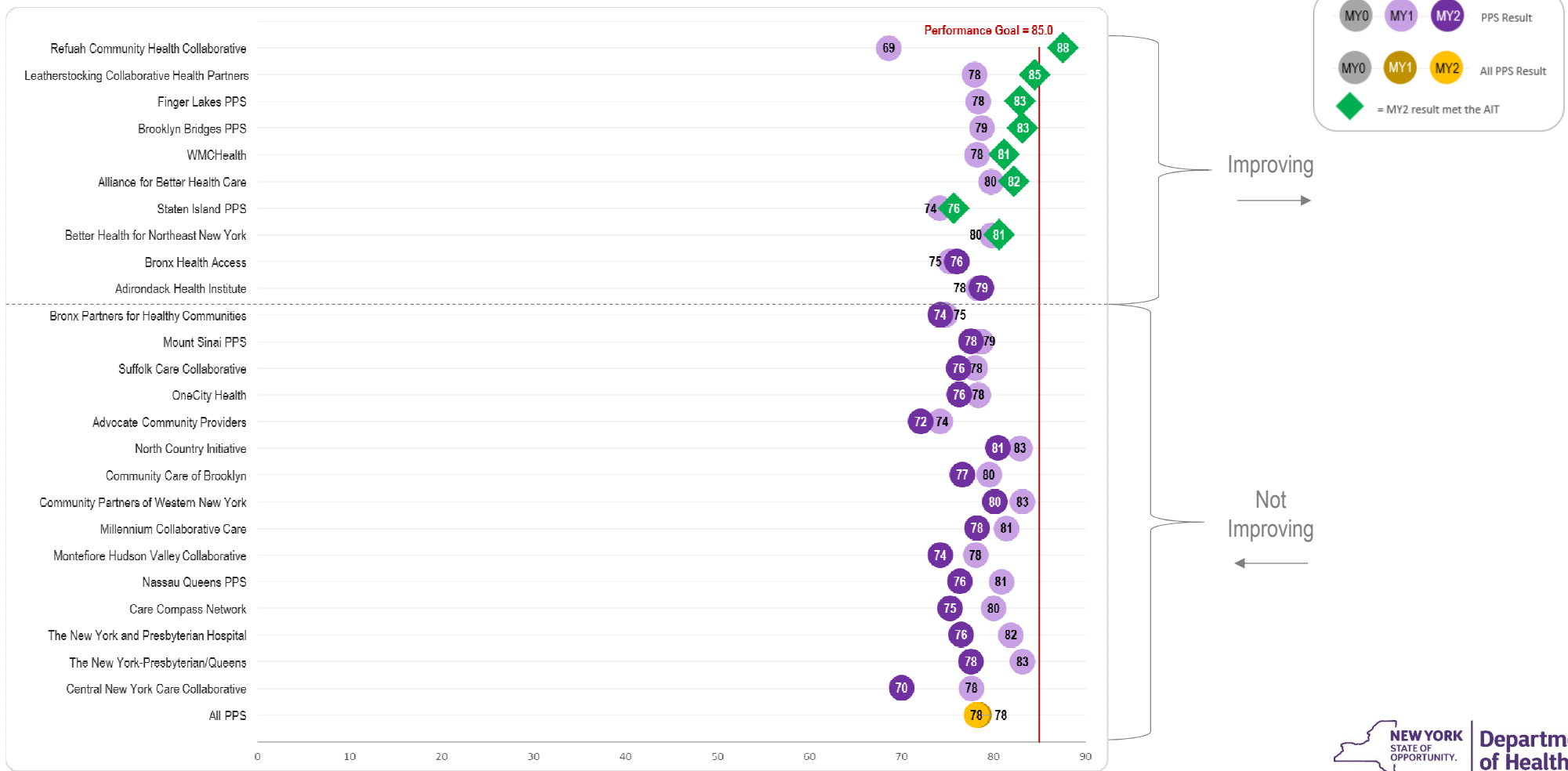
MY2 results present some measurement challenges, as current statewide performance is high or influenced by the two-year measurement window

Selected MY2 Measures	Statewide Goal	Min	Max
Getting Timely Appointments, Care, and Information	92.52	74.46	90.82
Care Coordination: up-to-date re: care received from other providers	91.91	79.06	86.92
Primary Care- Length of Relationship	85.01	70.08	87.62
Aspirin Use	62.86	26.09	42.45
Discussion of Risks and Benefits of Aspirin Use	67.27	41.62	56.55
Flu Shots for Adults Ages 18-64	63.45	38.11	55.67
Health Literacy- Instructions Easy to Understand	98.82	91.49	97.76
Smoking and Tobacco Use Cessation- Advised to Quit	95.58	75.32	93.91
Smoking and Tobacco Use Cessation- Cessation Strategies ^{HP}	75.27	52.46	68.06

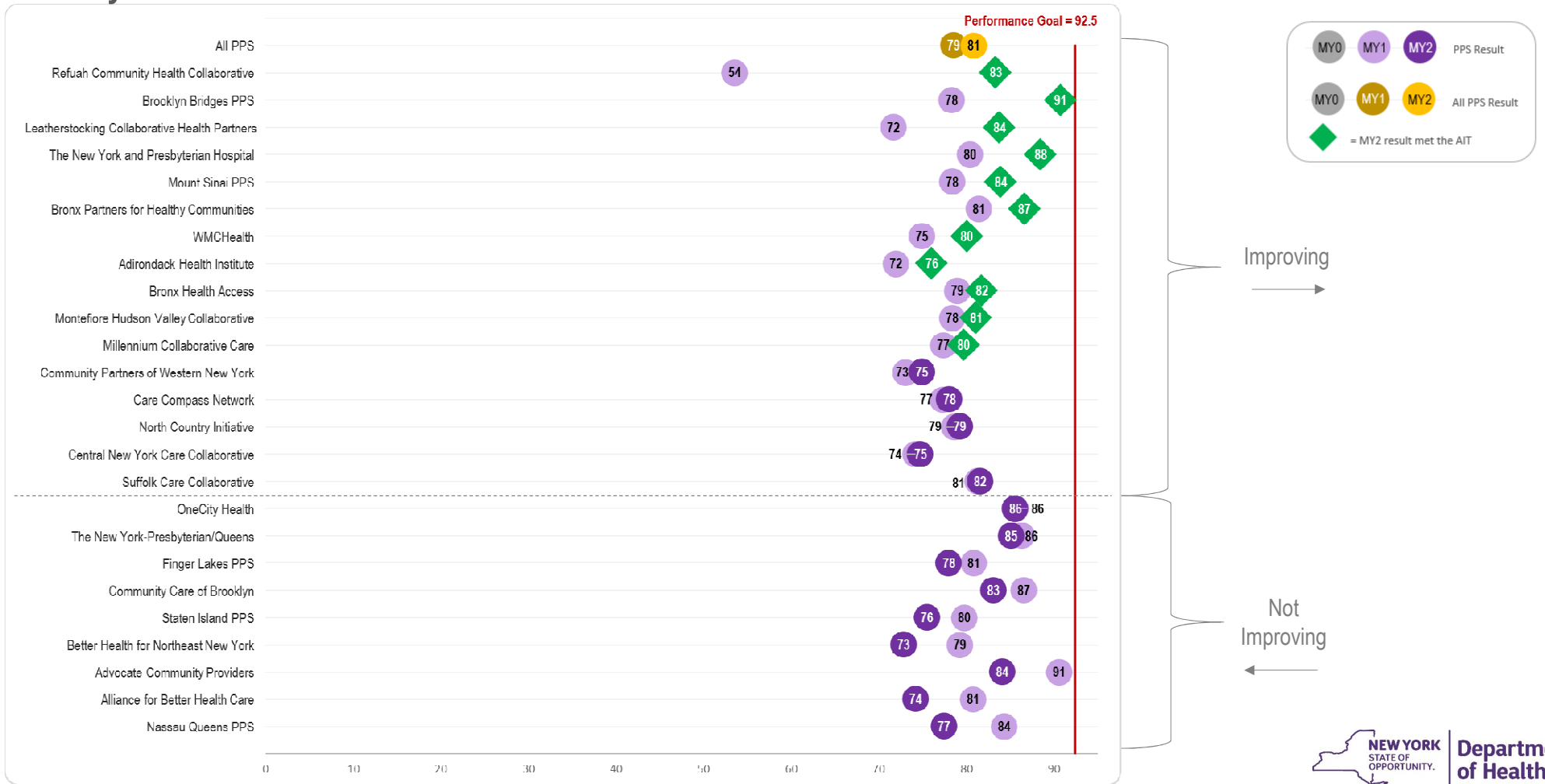
Exploring Options

- Award AVs for exceptional performance while easing burden on continued improvement and AIT
- Eliminate the financial impact of slight variation among high scoring measures and high scoring PPS
- Identify measures that continue to represent meaningful opportunities for improvement

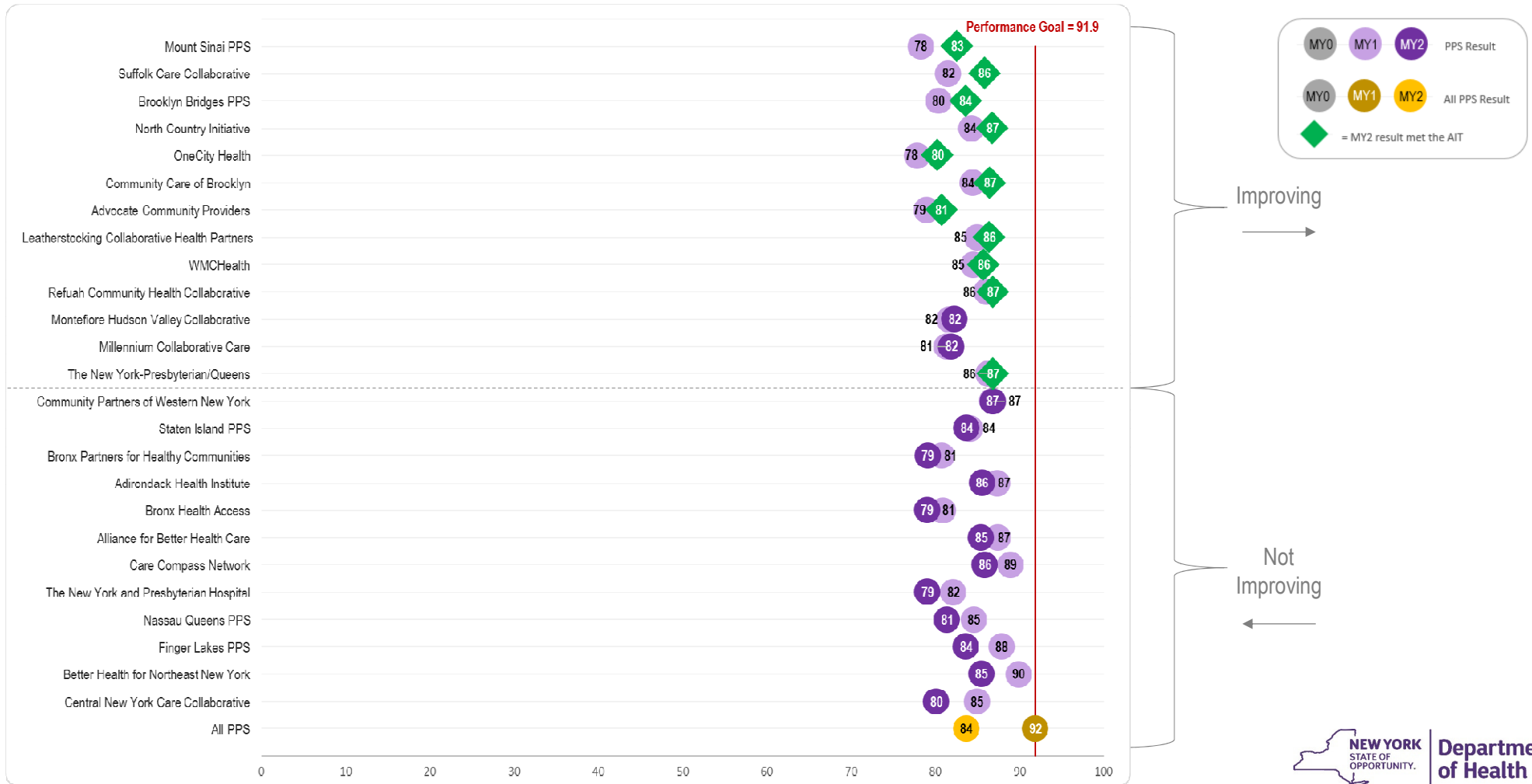
Primary Care - Length of Relationship



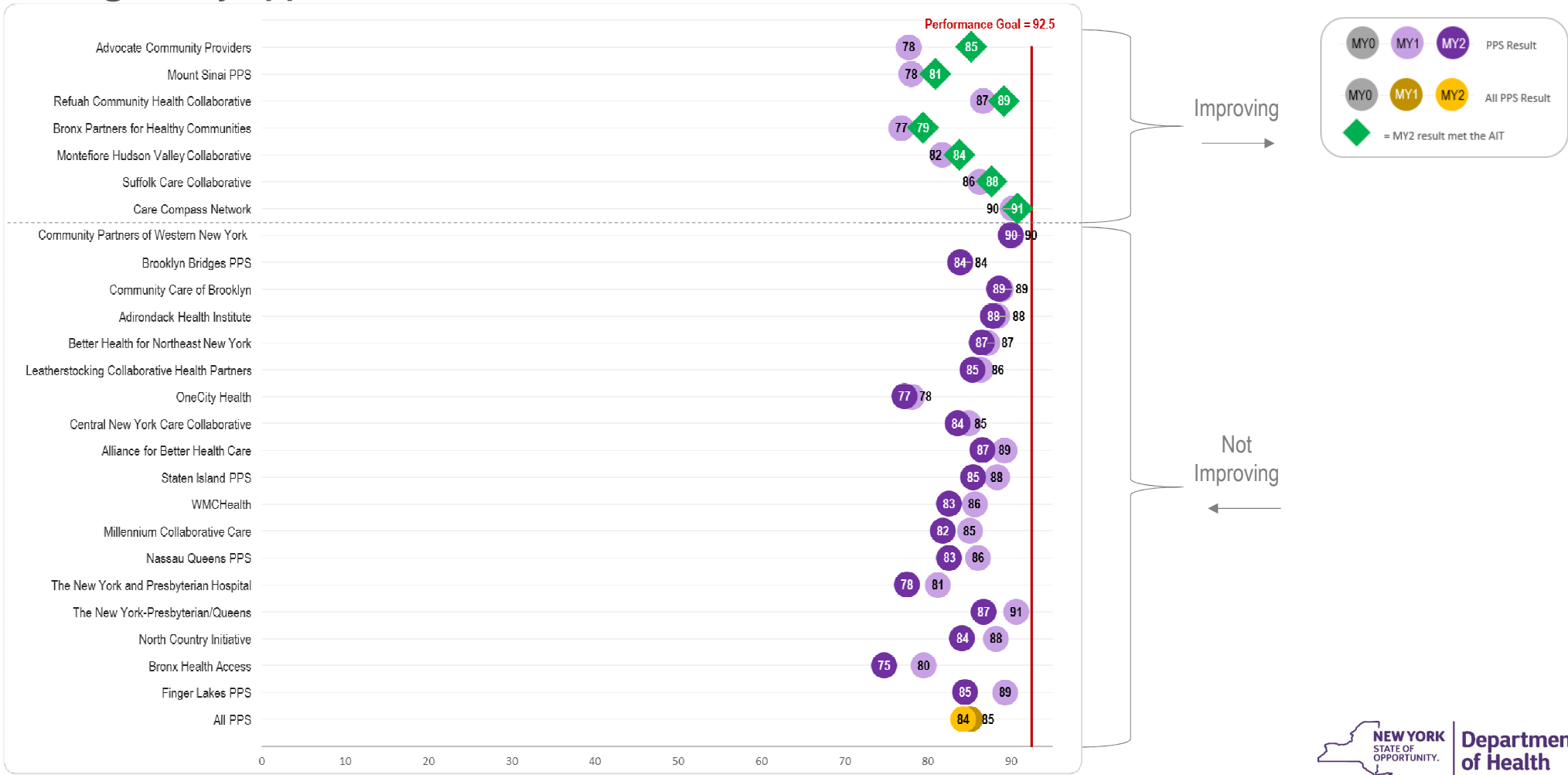
Primary Care - Usual Source of Care



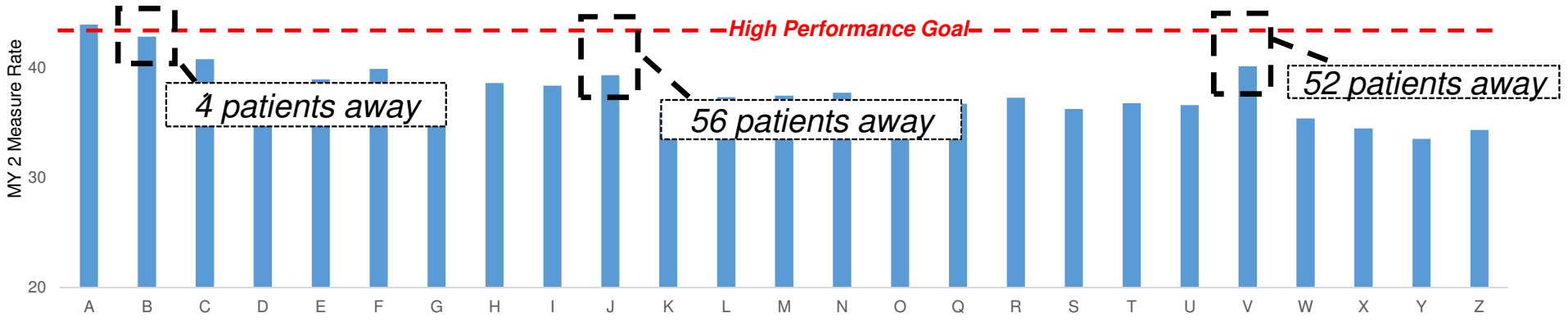
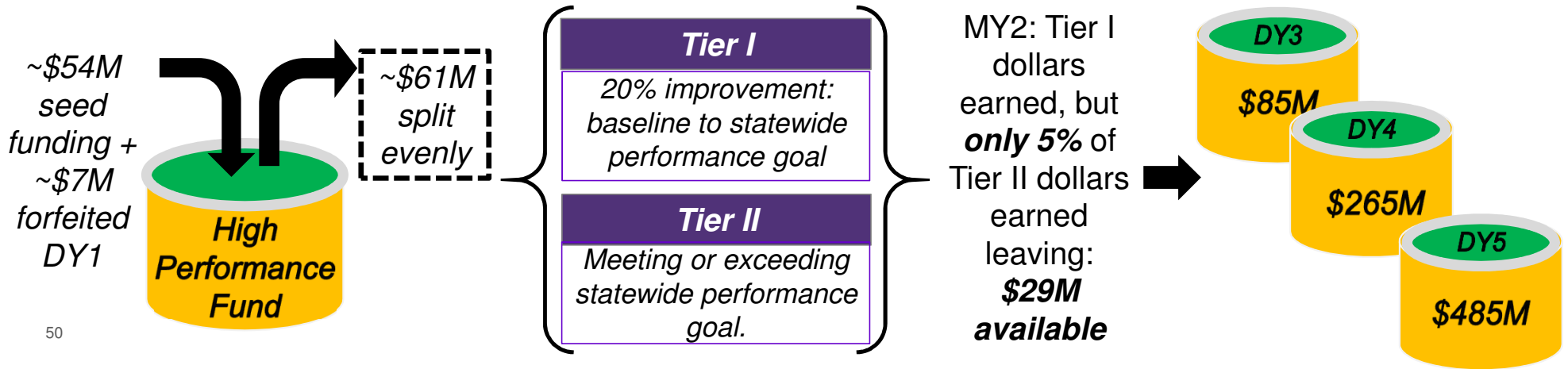
Care Coordination



Getting Timely Appointments, Care and Information



DSRIP POWERBALL



Note: DY3, DY4 & DY5 forecasts the potential amount of HPF dollars that could be left in Tier II HPF under one scenario. Future high performance fund amounts are based on projections which may vary greatly in practice. Amounts are included for illustrative purposes only.

VBP Readiness

Prepare for Downside risk and Negative Incentives



1. Joe "Mr. DSRIP" Conte

2. Disgusting Swamp with snakes

3. Dry Boat (no snakes)

Up Next...

Suffolk Care Collaborative – Performance Management Program

- PPS example of using state data to guide performance improvement and aligning provider incentives via a performance-based funds flow model

Data Sources, Security, and Privacy Requirements

- An overview of sourcing, accessing and sharing data, from MAPP to RAM to production

Value-Based Payment Reform Update

- MCO Contracting Survey results, overview of MCO incentives, and update on the state's VBP outreach and education initiative

Statewide Learning Symposium and Community of Practice Announcements

Appendix

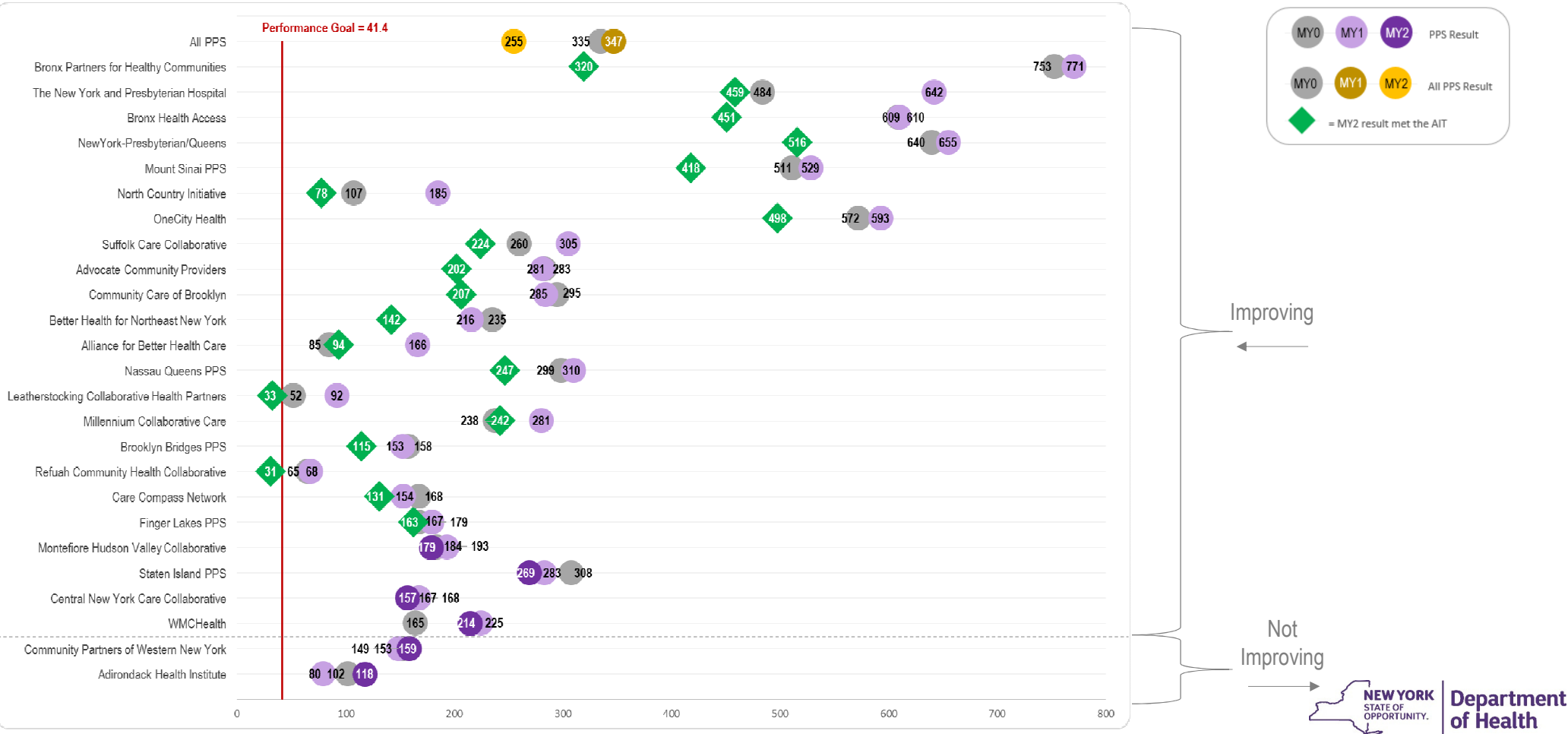
Additional MY2 measures and performance comparison

Efficiency Measures

- | | |
|---|------------------|
| 1. Pediatric Quality Indicator 90 – Composite of all Measures \pm | Turns P4P in MY3 |
| 2. Prevention Quality Indicator 90 – Composite of all Measures \pm | Turns P4P in MY3 |
| 4. Potentially Preventable Readmissions (All Population) \pm | Turns P4P in MY3 |
| 5. Potentially Preventable Emergency Room Visits (All Population) \pm | Turns P4P in MY3 |

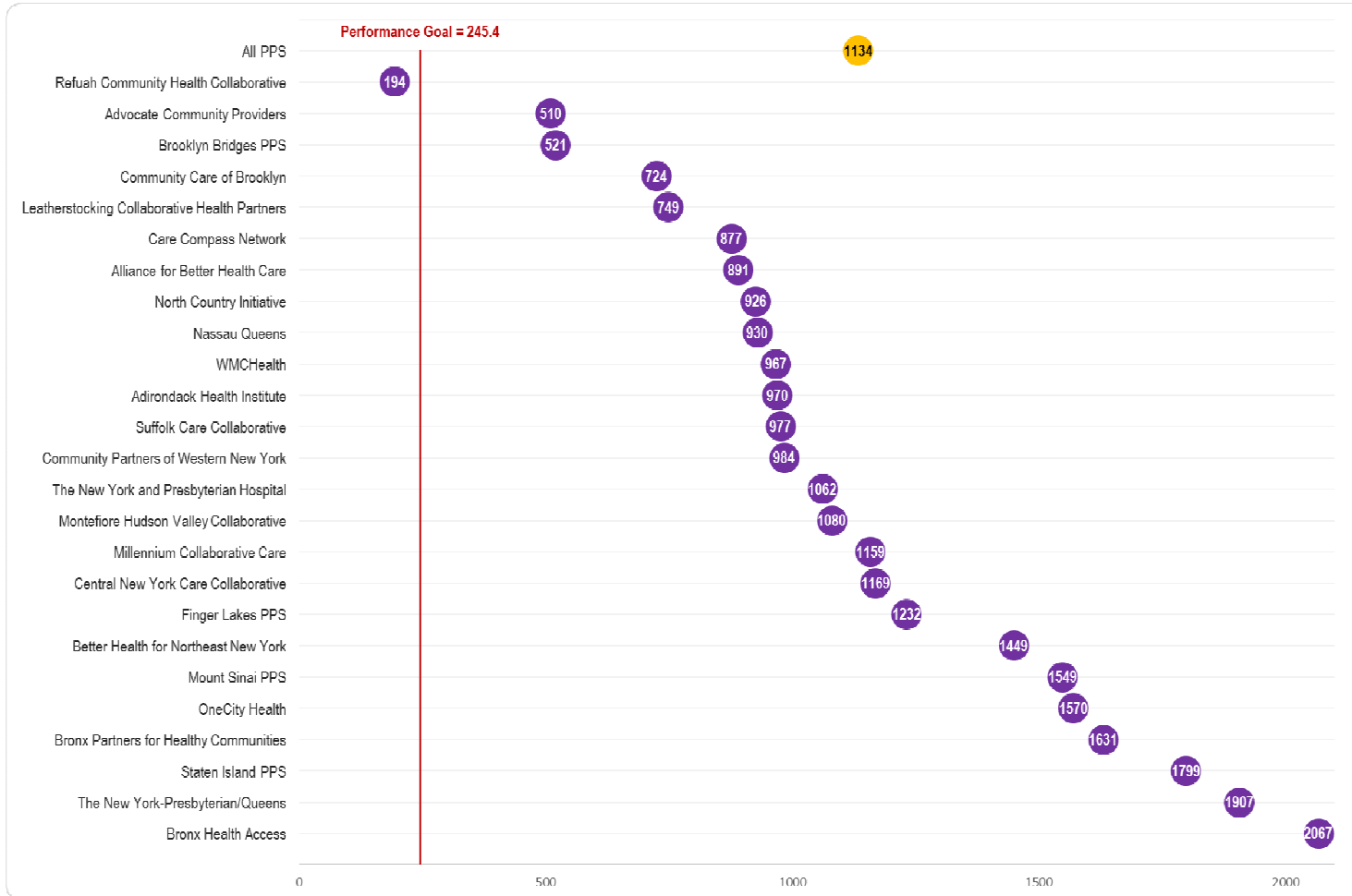
Pediatric Quality Indicator 90 – Pediatric composite of all measures ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.



Prevention Quality Indicator 90 – Composite of all measures ± § *

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes. * This measure was reset in MY2, thus MY2 is the new baseline.

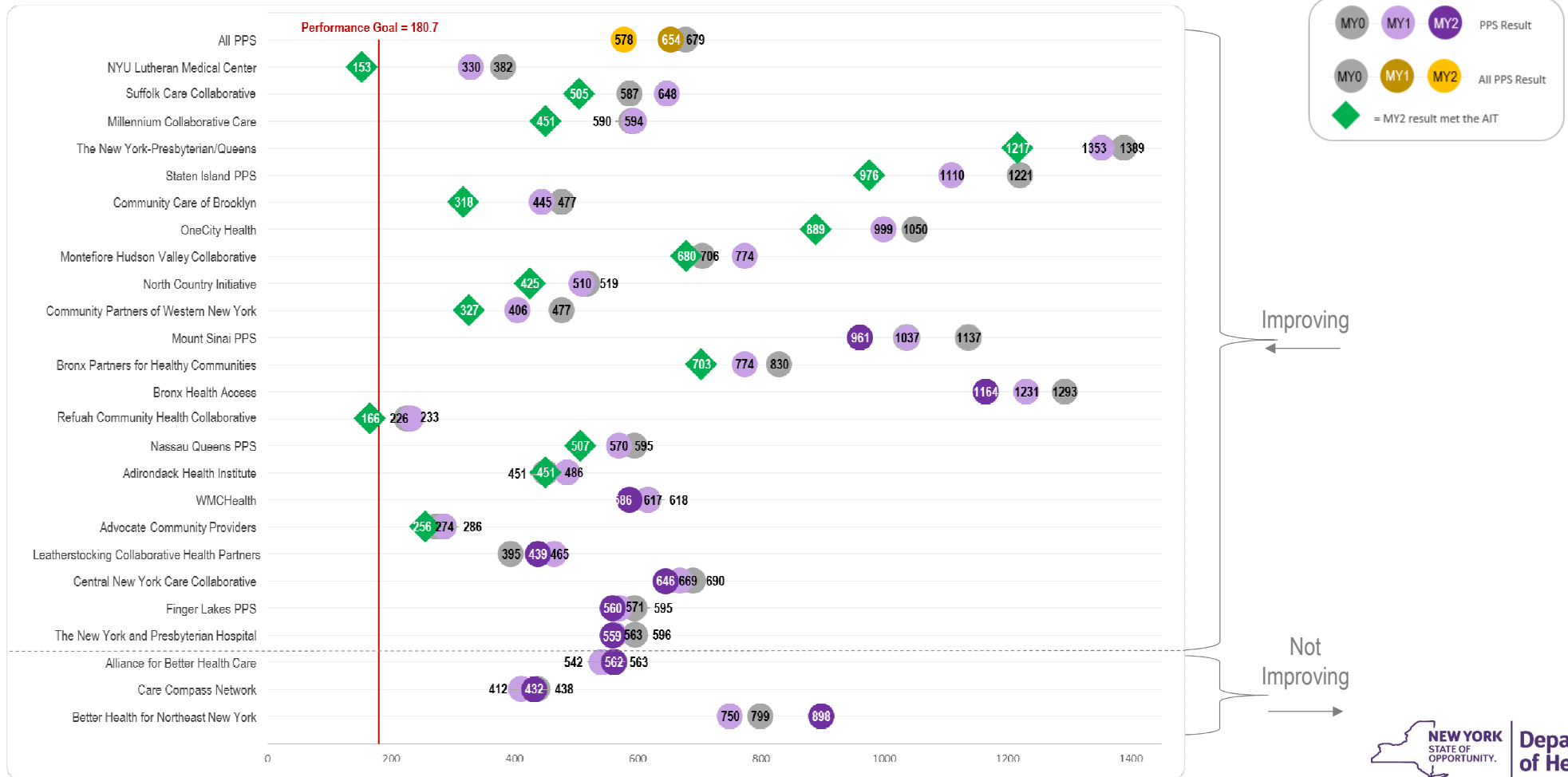


Legend:

- MY0 (Grey circle), MY1 (Purple circle), MY2 (Yellow circle) = PPS Result
- MY0 (Grey circle), MY1 (Yellow circle), MY2 (Yellow circle) = All PPS Result
- Green Diamond = MY2 result met the AIT

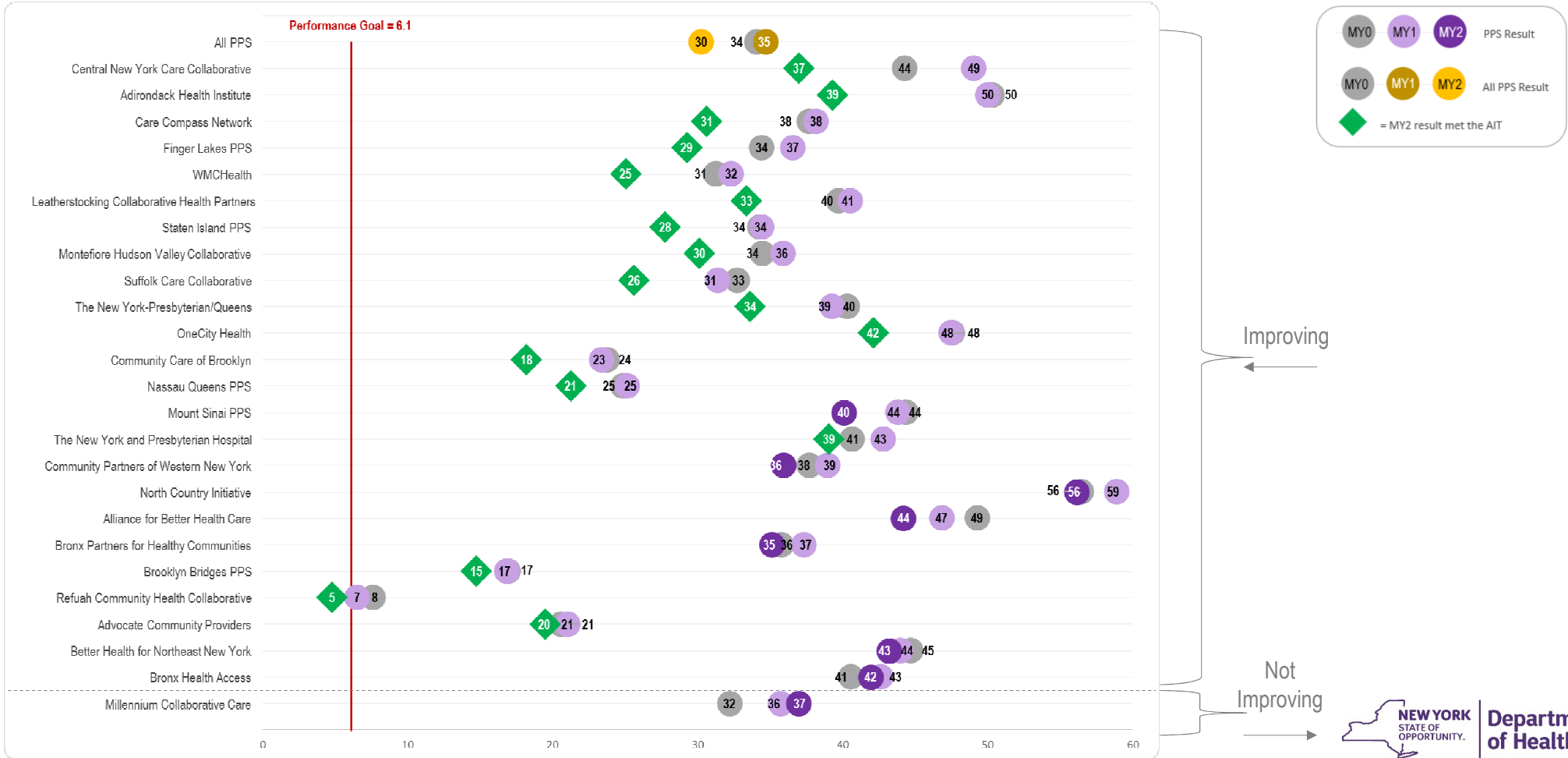
Potentially Preventable Readmissions ±

± A lower rate is desirable



Potentially Preventable Emergency Room Visits ±

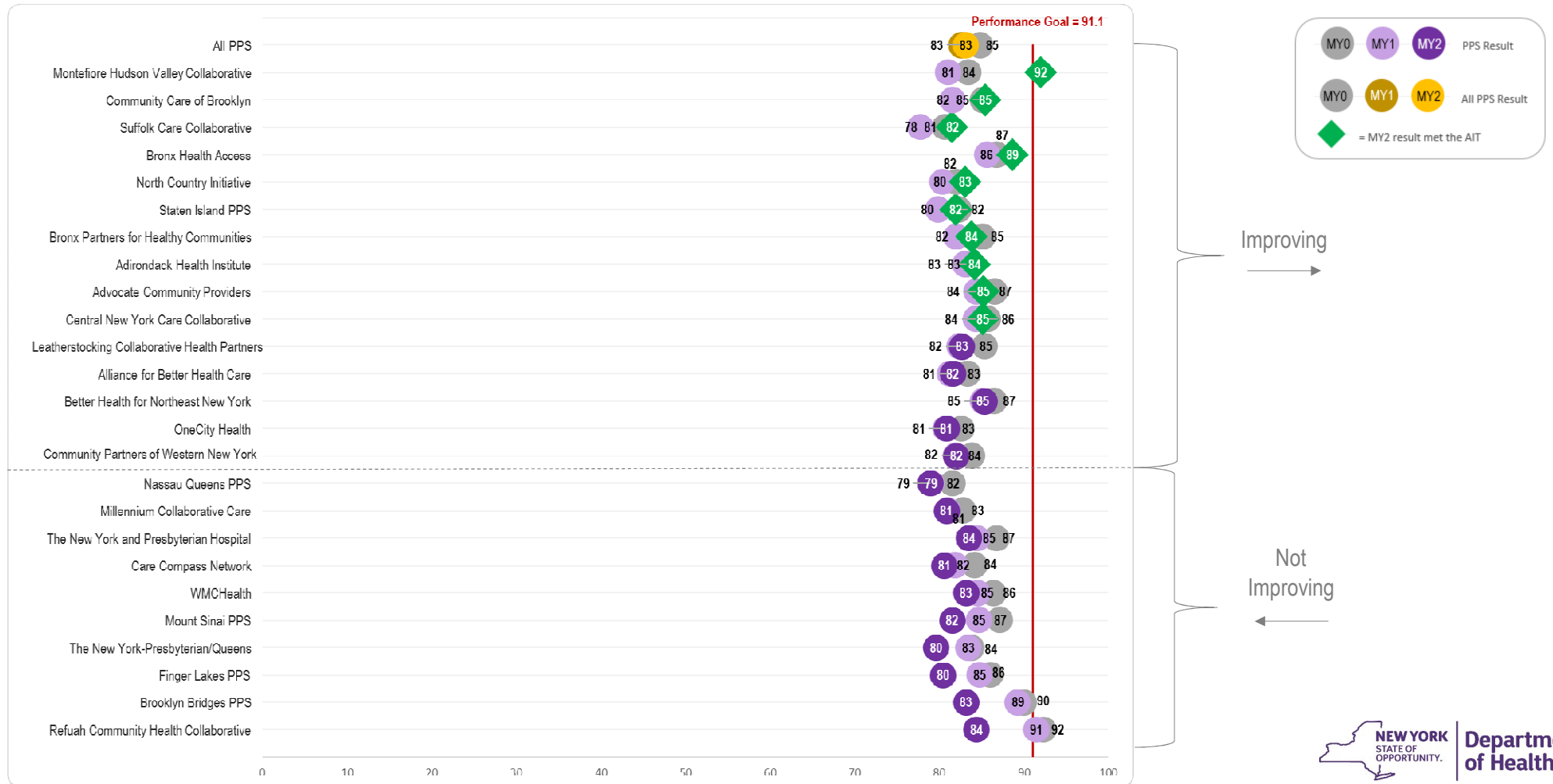
+ A lower rate is desirable



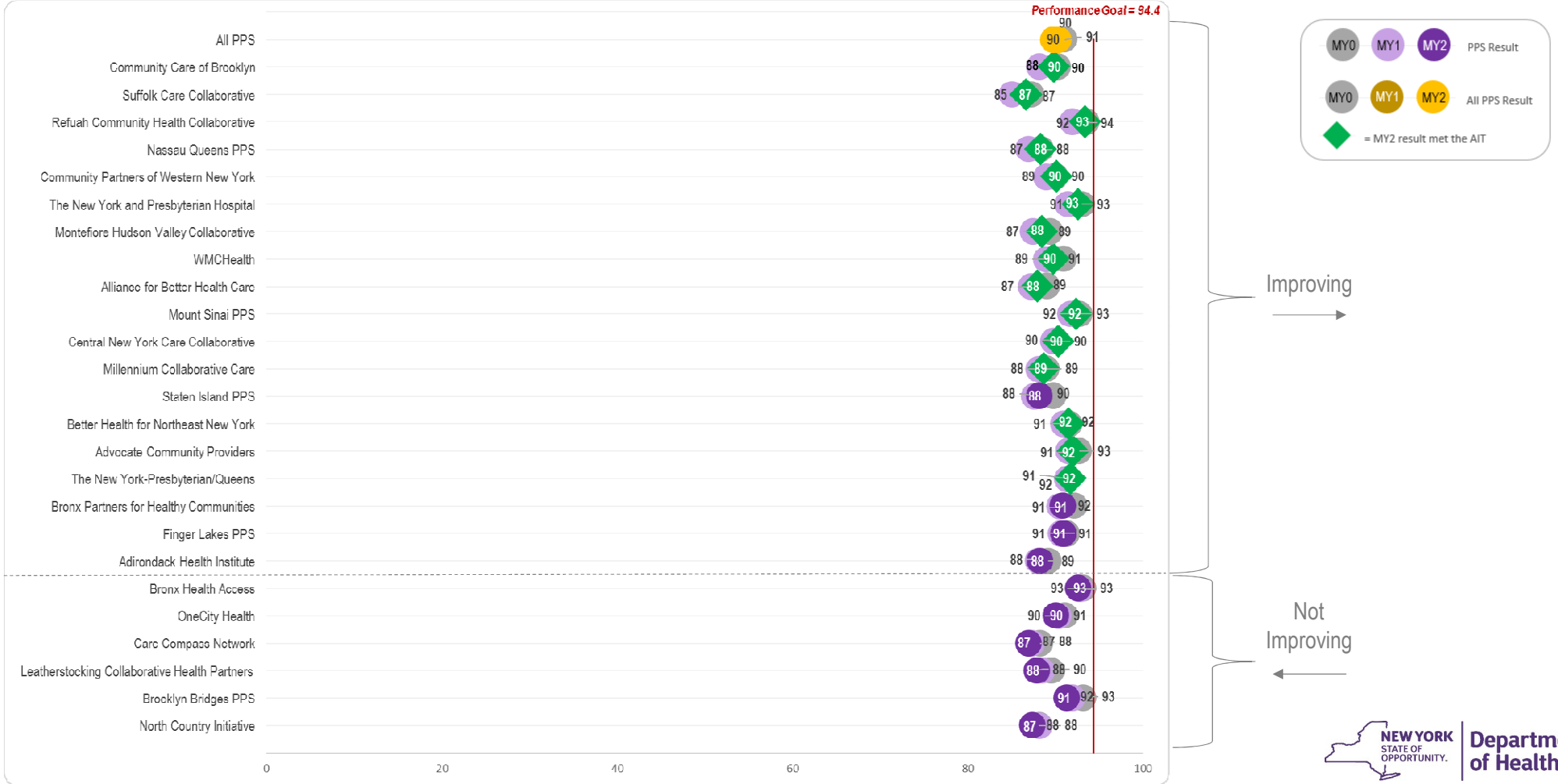
Preventive Care

Adult Access to Preventive or Ambulatory Care - 20 to 44 years	Turns P4P in MY3
Adult Access to Preventive or Ambulatory Care - 45 to 64 years	Turns P4P in MY3
Adult Access to Preventive or Ambulatory Care – 65+ years	Turns P4P in MY3
Children's Access to Primary Care - 12 to 24 Months	Turns P4P in MY3
Children's Access to Primary Care - 25 months to 6 years	Turns P4P in MY3
Children's Access to Primary Care - 7 to 11 years	Turns P4P in MY3
Children's Access to Primary Care - 12 to 19 years	Turns P4P in MY3
Non-use of Primary and Preventive Care Services ±	Turns P4P in MY3

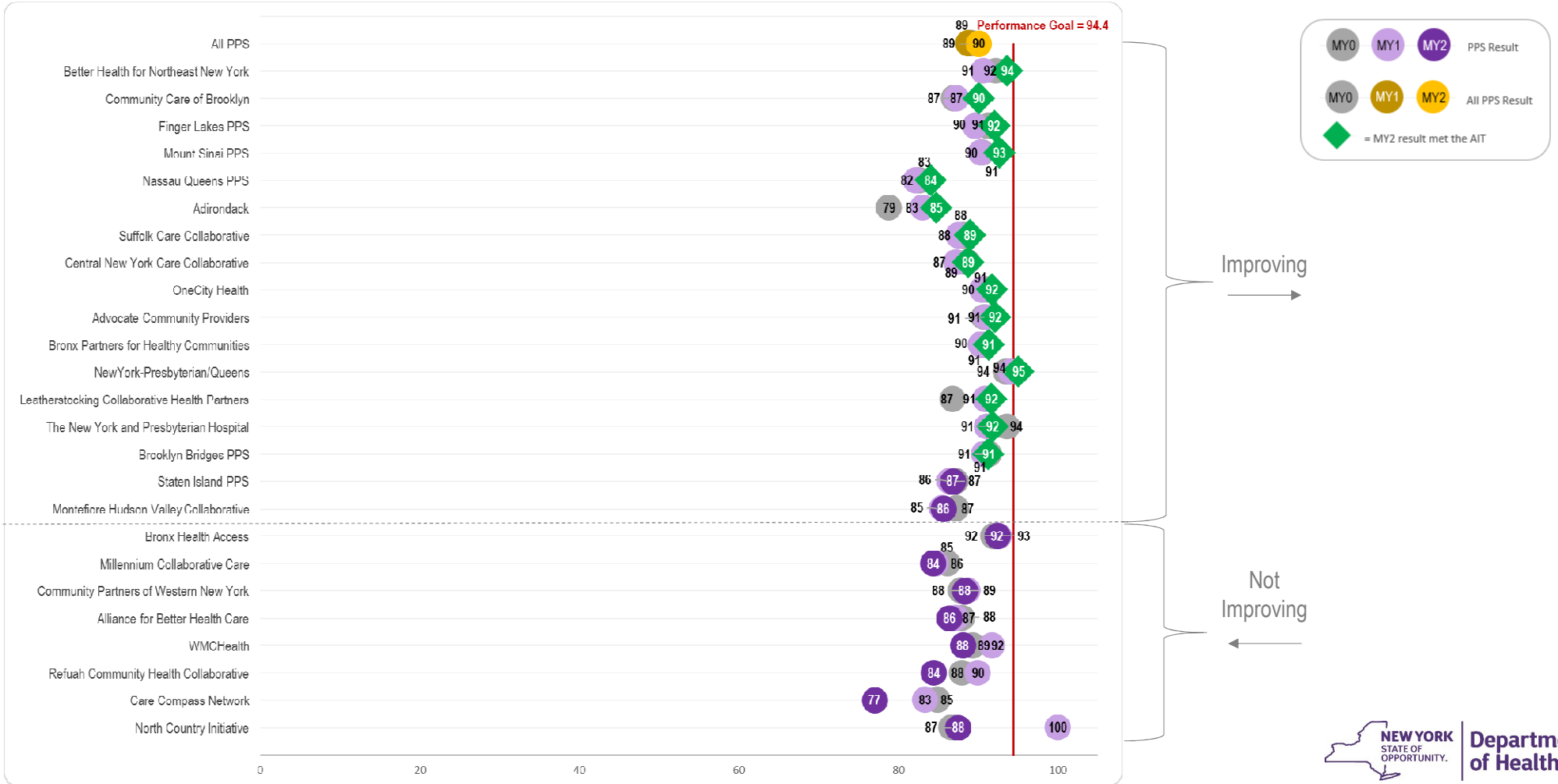
Adult Access to Preventive or Ambulatory Care - 20 to 44 years



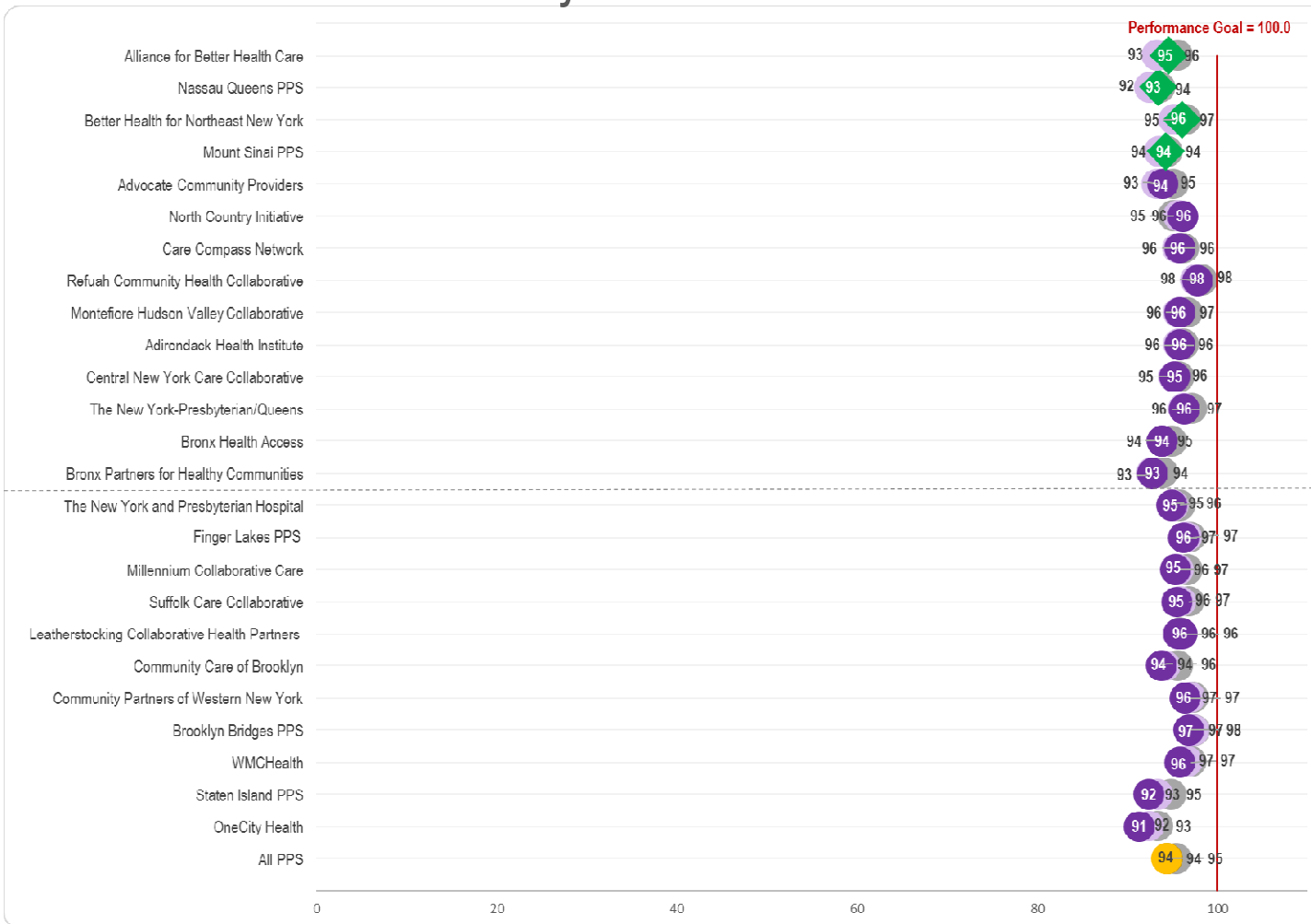
Adult Access to Preventive or Ambulatory Care - 45 to 64 years



Adult Access to Preventive or Ambulatory Care – 65+ years



Children's Access to Primary Care - 12 to 24 Months

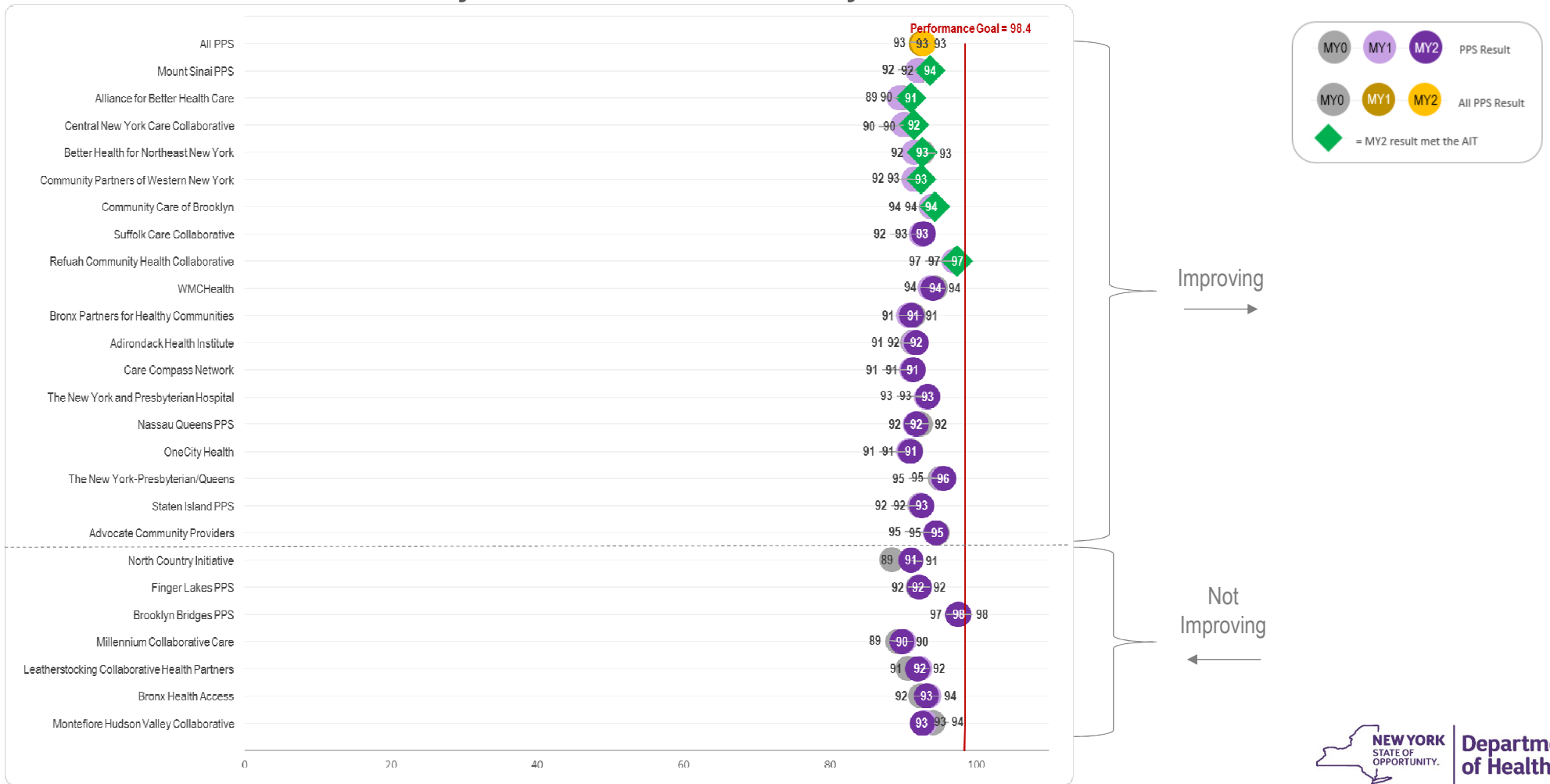


MY0
 MY1
 MY2
 PPS Result
 MY0
 MY1
 MY2
 All PPS Result
 = MY2 result met the AIT

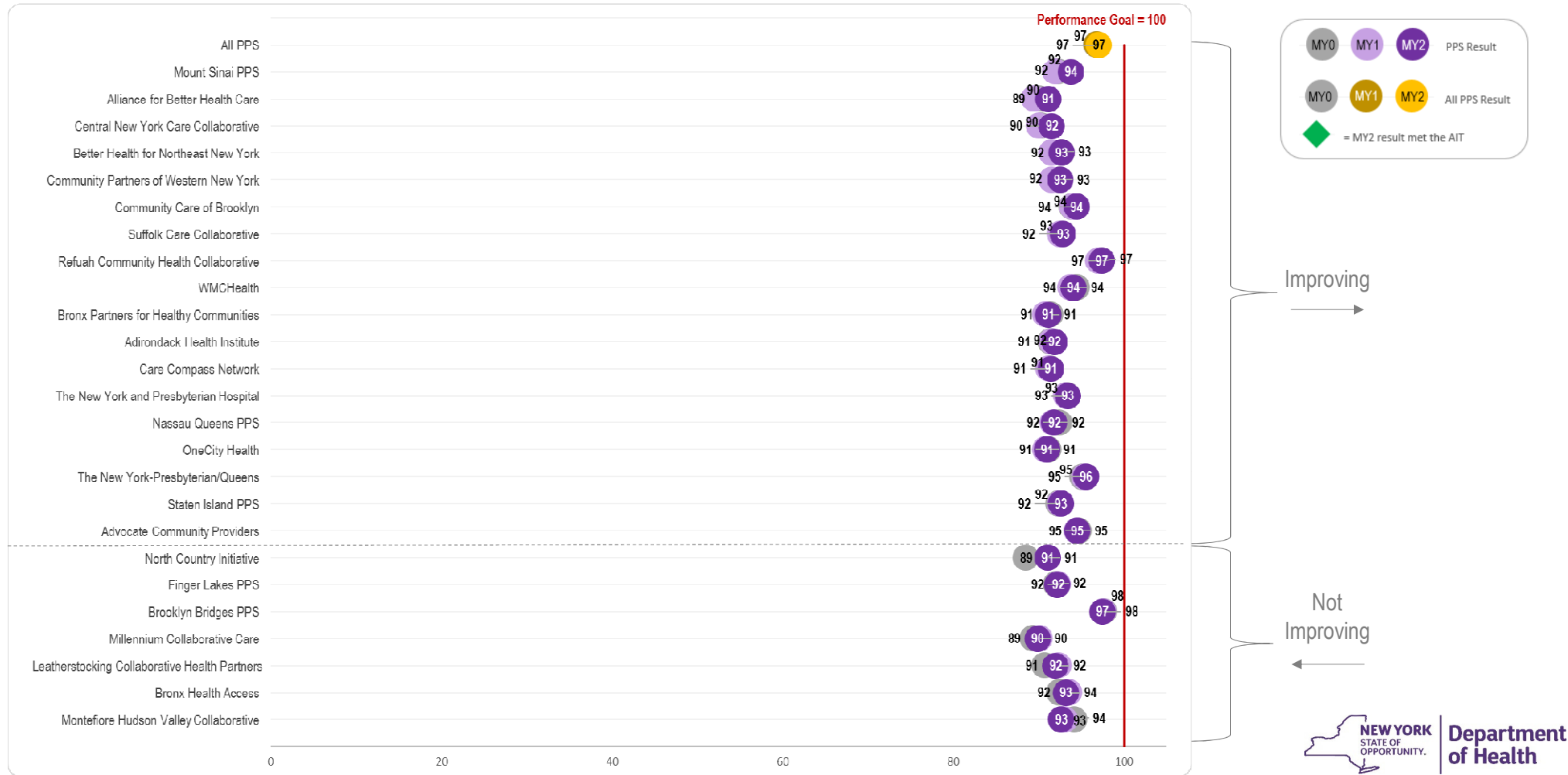
Improving →

← Not Improving

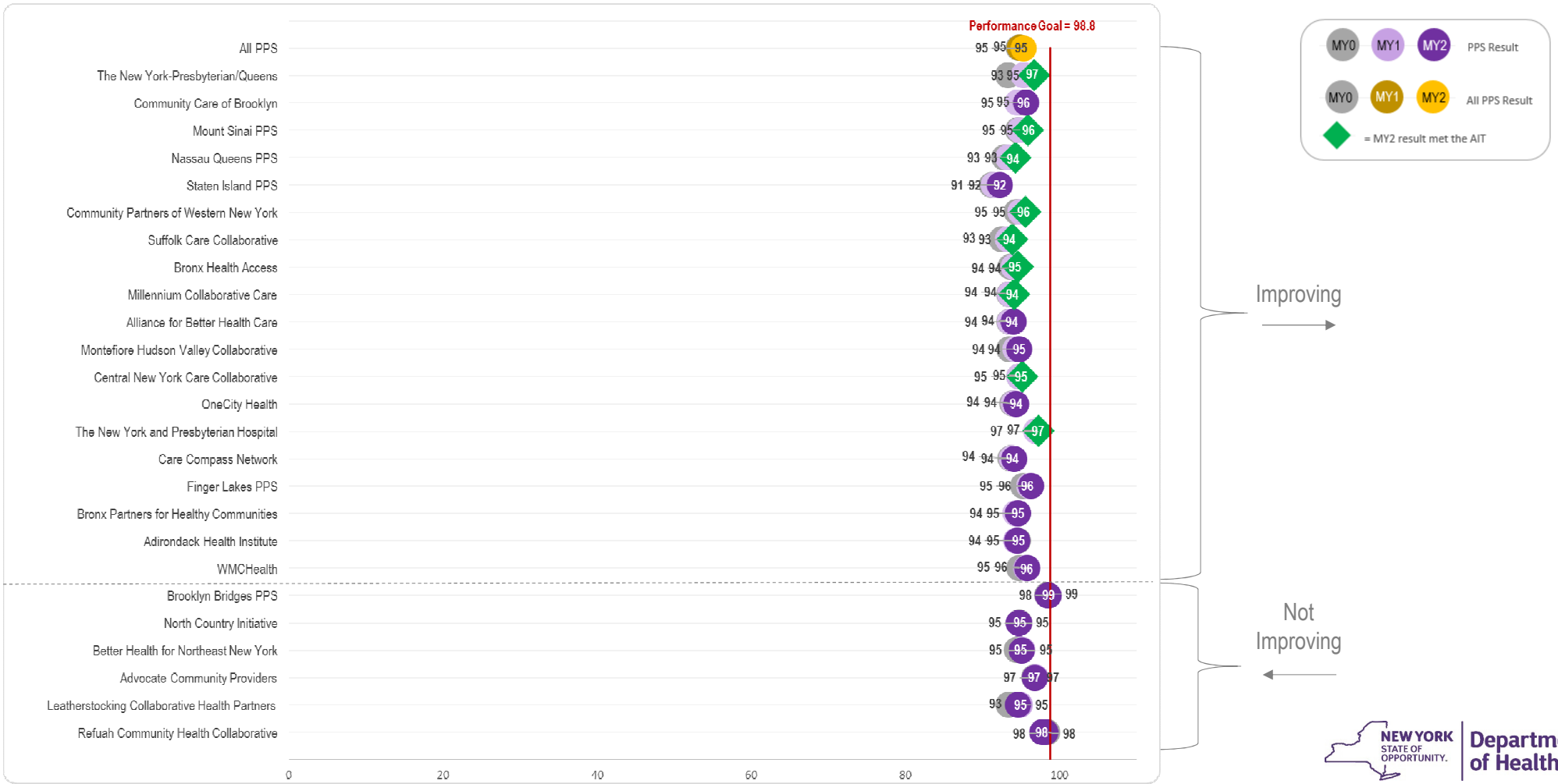
Children's Access to Primary Care - 25 months to 6 years



Children's Access to Primary Care - 7 to 11 years

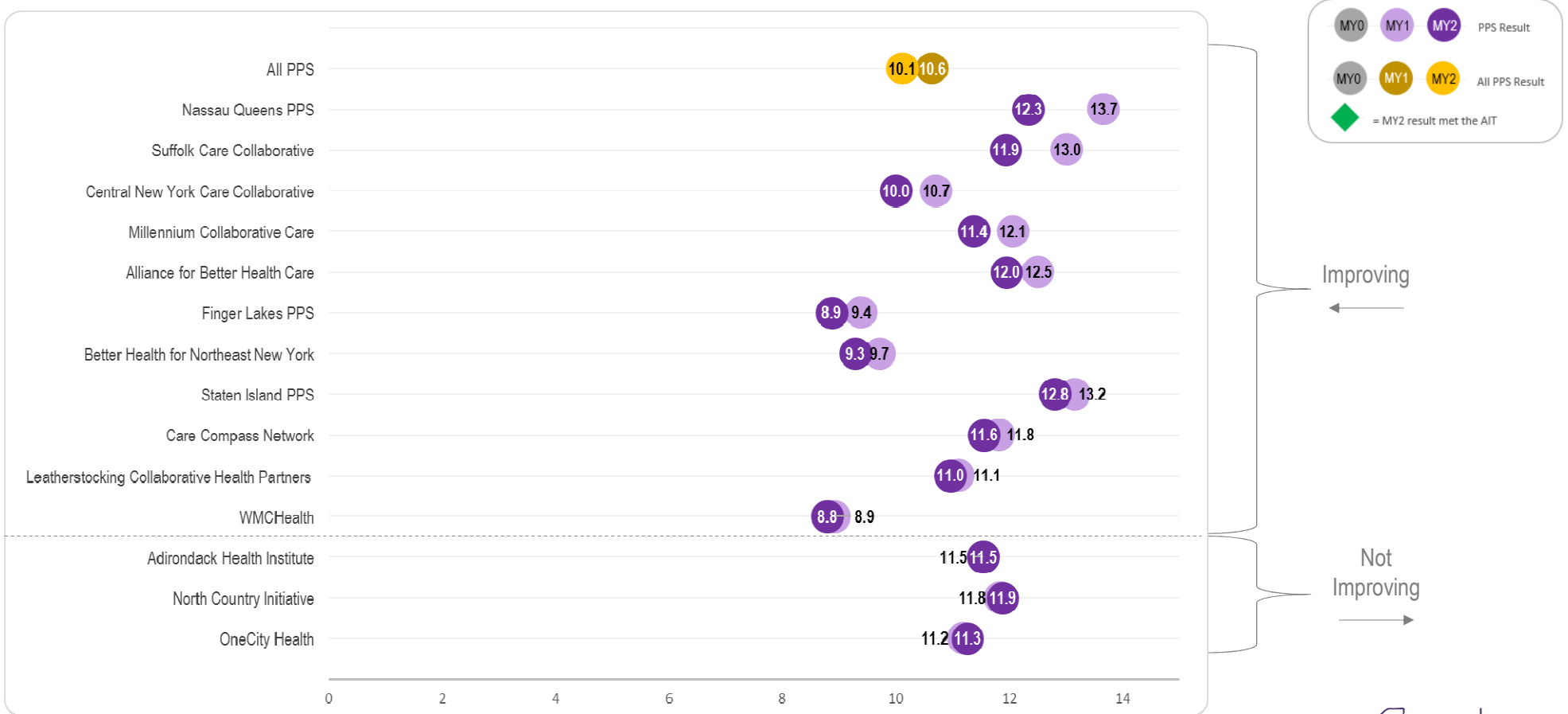


Children's Access to Primary Care - 12 to 19 years



Non-use of Primary and Preventive Care Services ±

± A lower rate is desirable

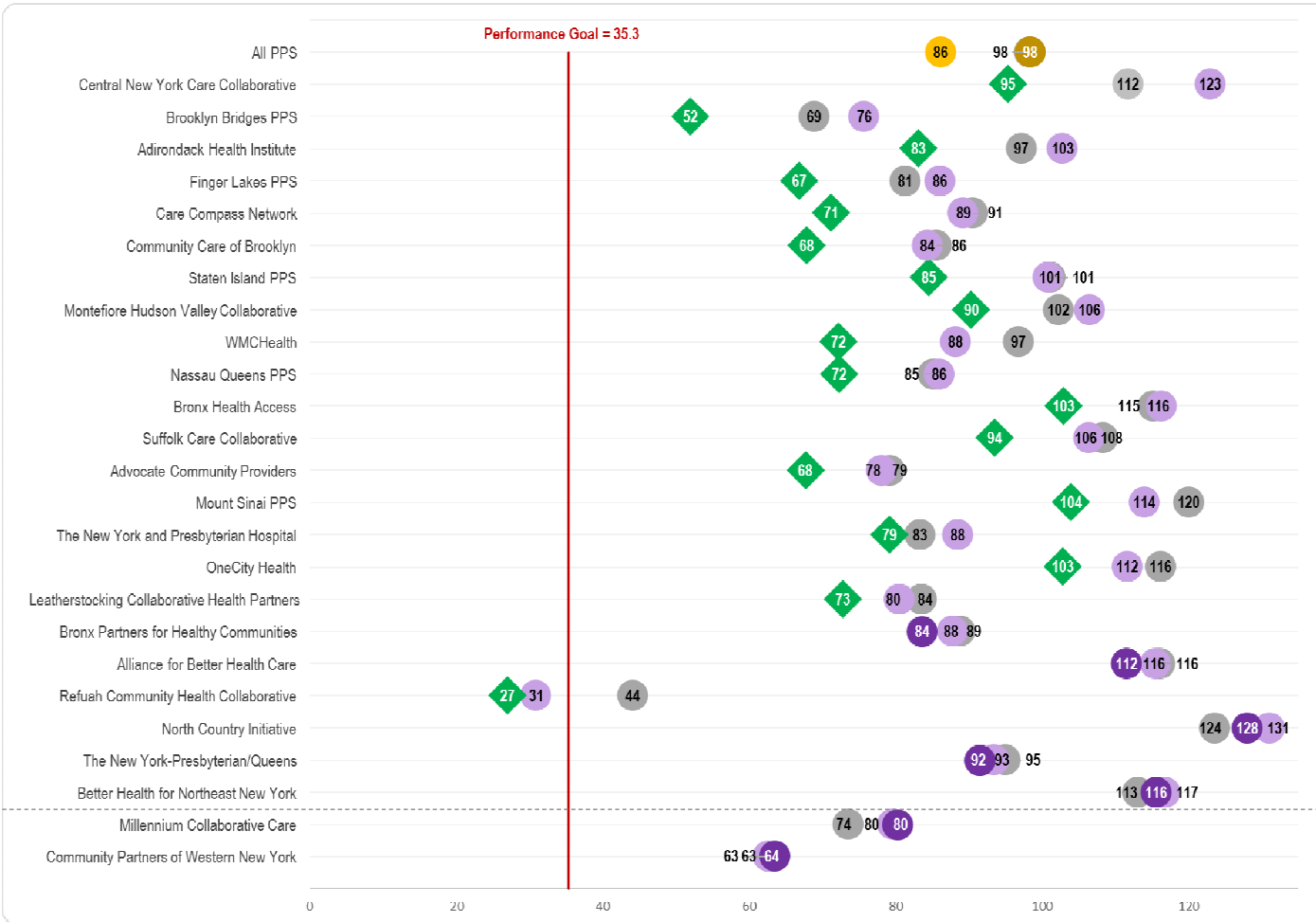


Behavioral Health/Mental Illness/Depression

- | | |
|--|------------------|
| 1. Potentially Preventable Emergency Room Visits (BH Population) ± | Turns P4P in MY2 |
| 2. Follow-Up After Hospitalization for Mental Illness – within 7 days | Turns P4P in MY2 |
| 3. Follow-Up After Hospitalization for Mental Illness – within 30 days | Turns P4P in MY2 |
| 4. Antidepressant Medication Management – Effective Acute Phase Treatment | Turns P4P in MY2 |
| 5. Antidepressant Medication Management – Effective Continuation Phase Treatment | Turns P4P in MY2 |

Potentially Preventable Emergency Room Visits (BH Population) ±

± A lower rate is desirable



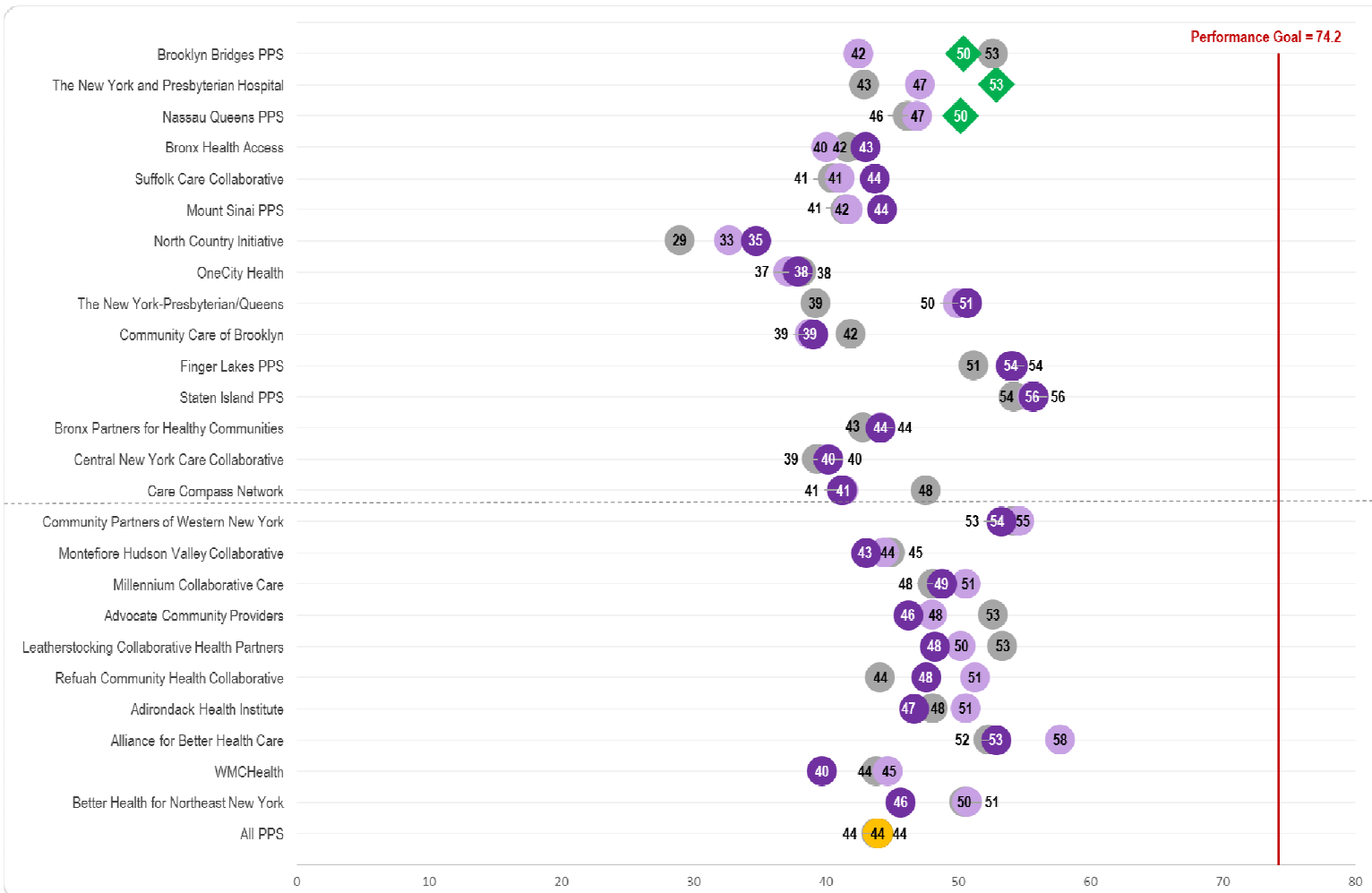
MY0
 MY1
 MY2 PPS Result
 MY0
 MY1
 MY2 All PPS Result
 = MY2 result met the AIT

Improving ←

Not Improving →



Follow Up After Hospitalization for Mental Illness – within 7 Days

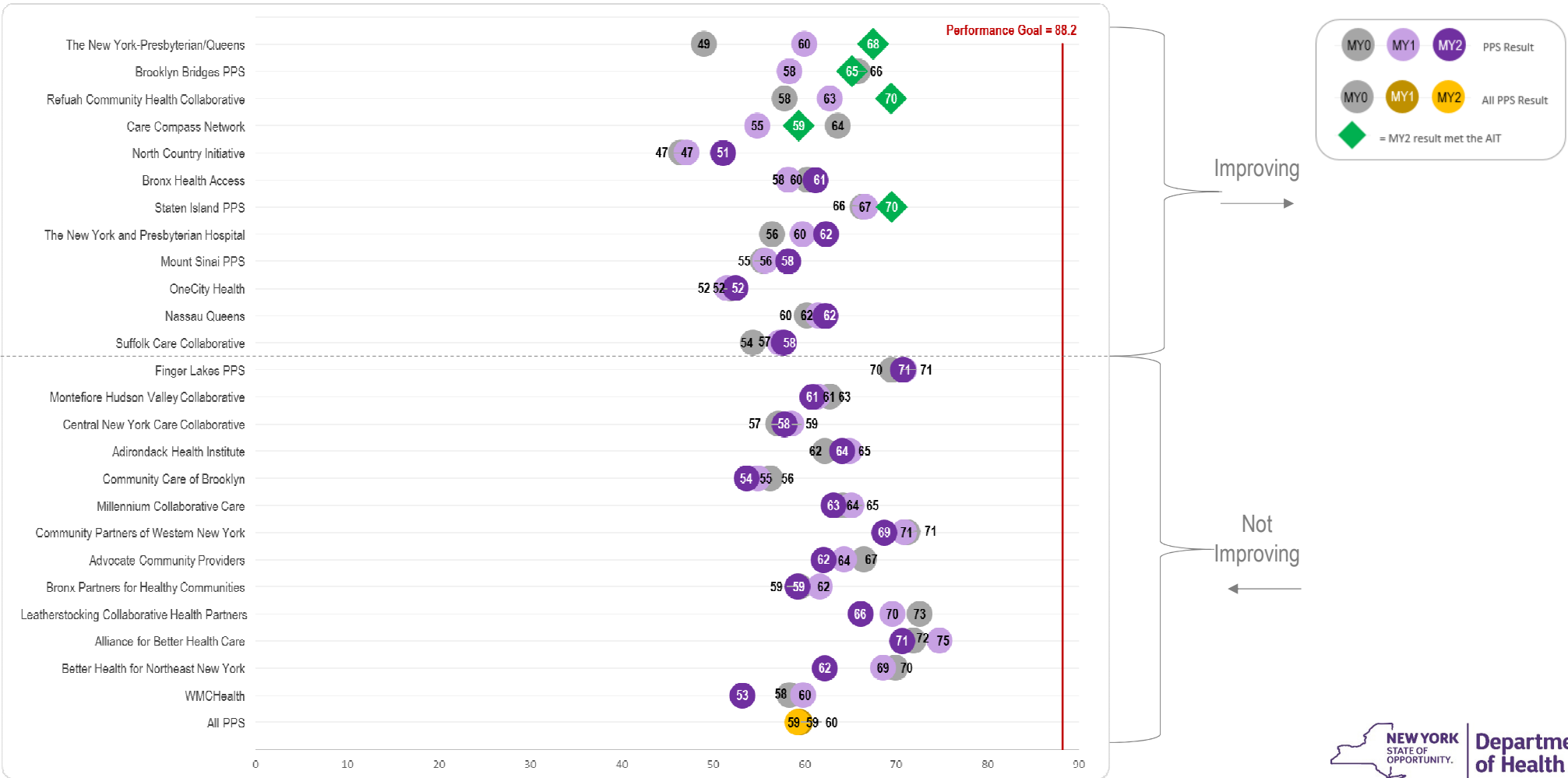


MY0 PPS Result
 MY1 PPS Result
 MY2 PPS Result
 MY0 All PPS Result
 MY1 All PPS Result
 MY2 All PPS Result
 = MY2 result met the AIT

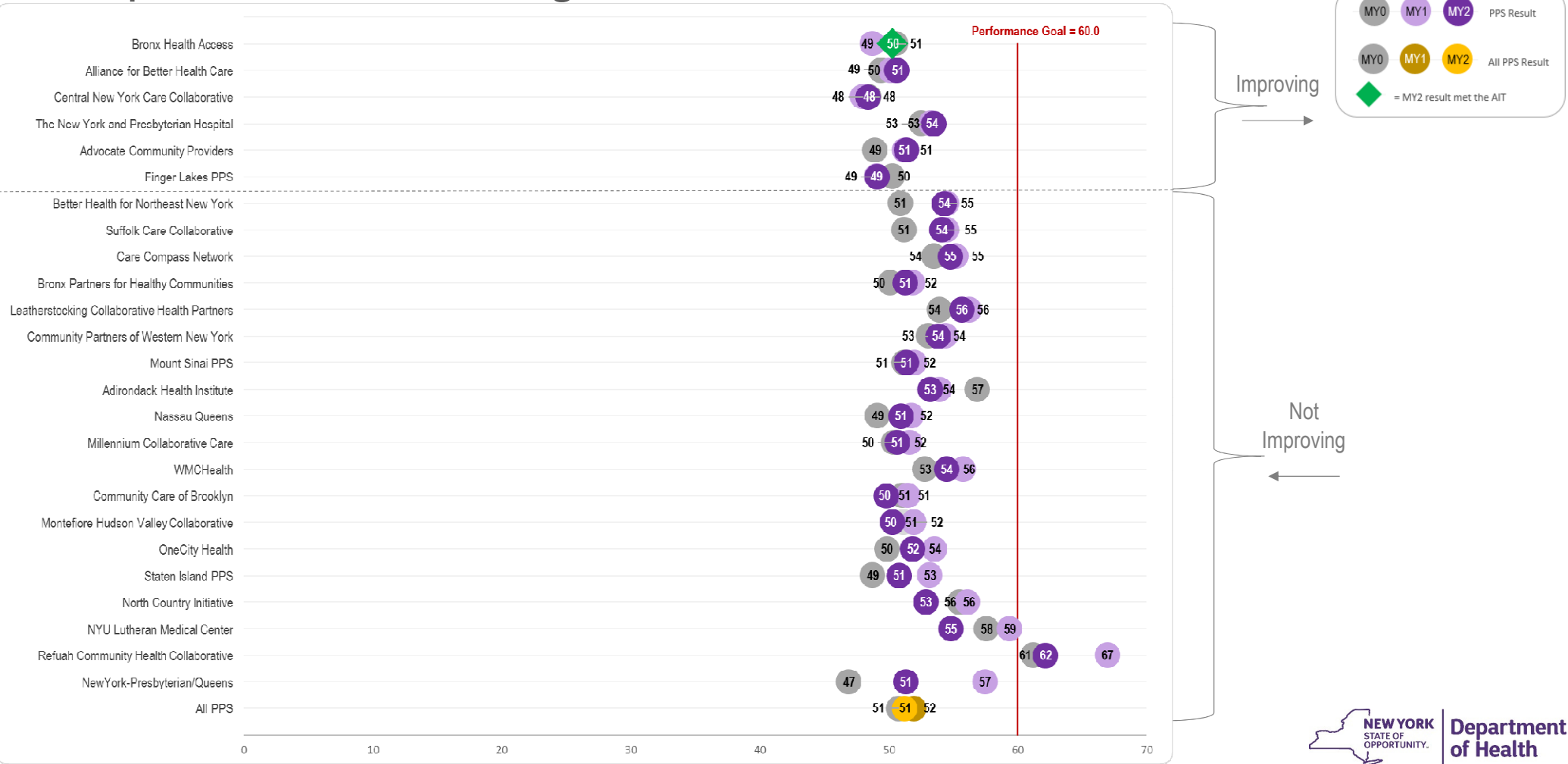
Improving →

← Not Improving

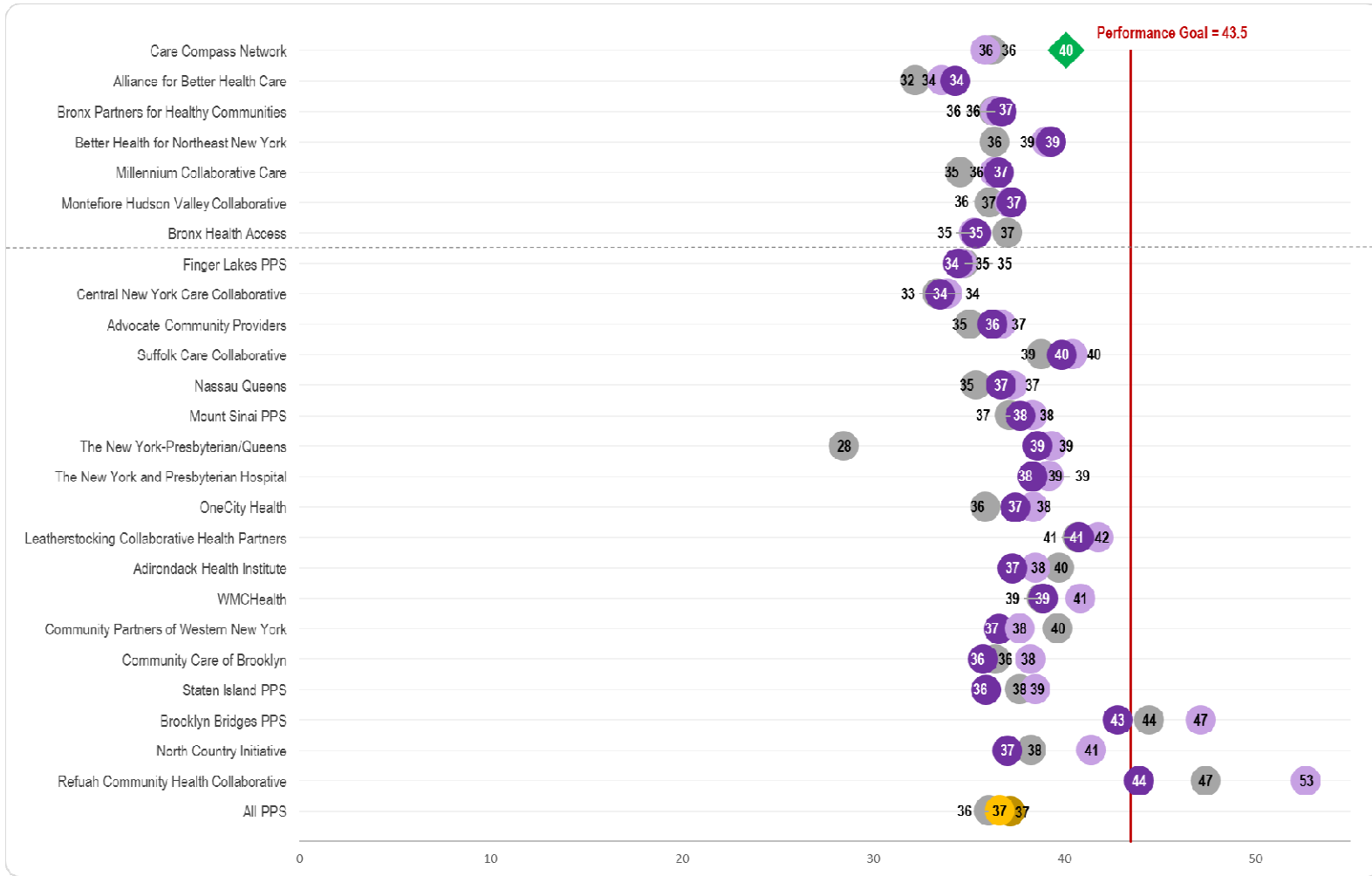
Follow Up After Hospitalization for Mental Illness – within 30 Days



Antidepressant Medication Management – Acute Phase Treatment



Antidepressant Medication Management – Continuation Phase Treatment



● MY0 ● MY1 ● MY2 PPS Result
● MY0 ● MY1 ● MY2 All PPS Result
◆ = MY2 result met the AIT

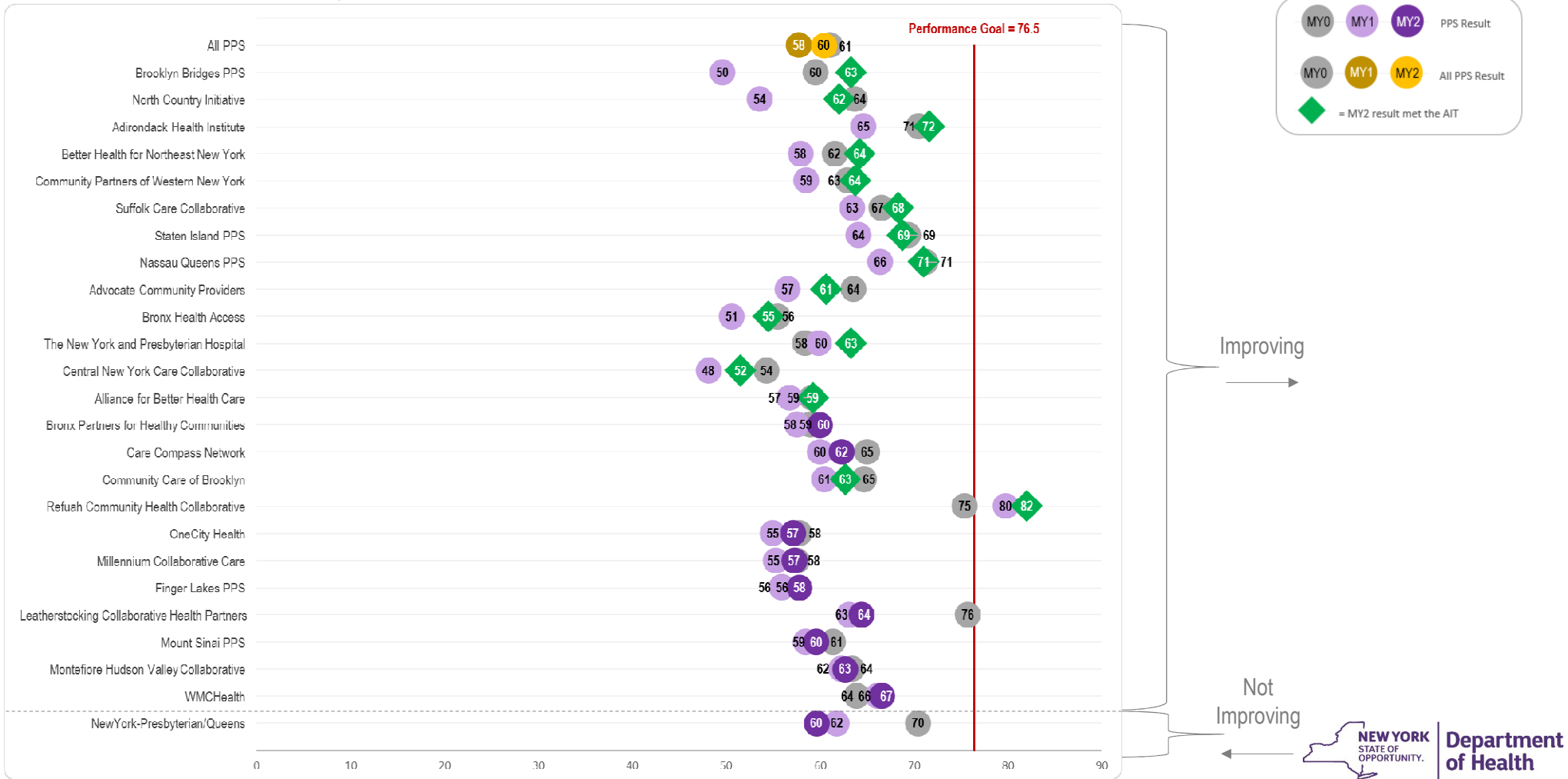
Improving →

← Not Improving

Schizophrenia

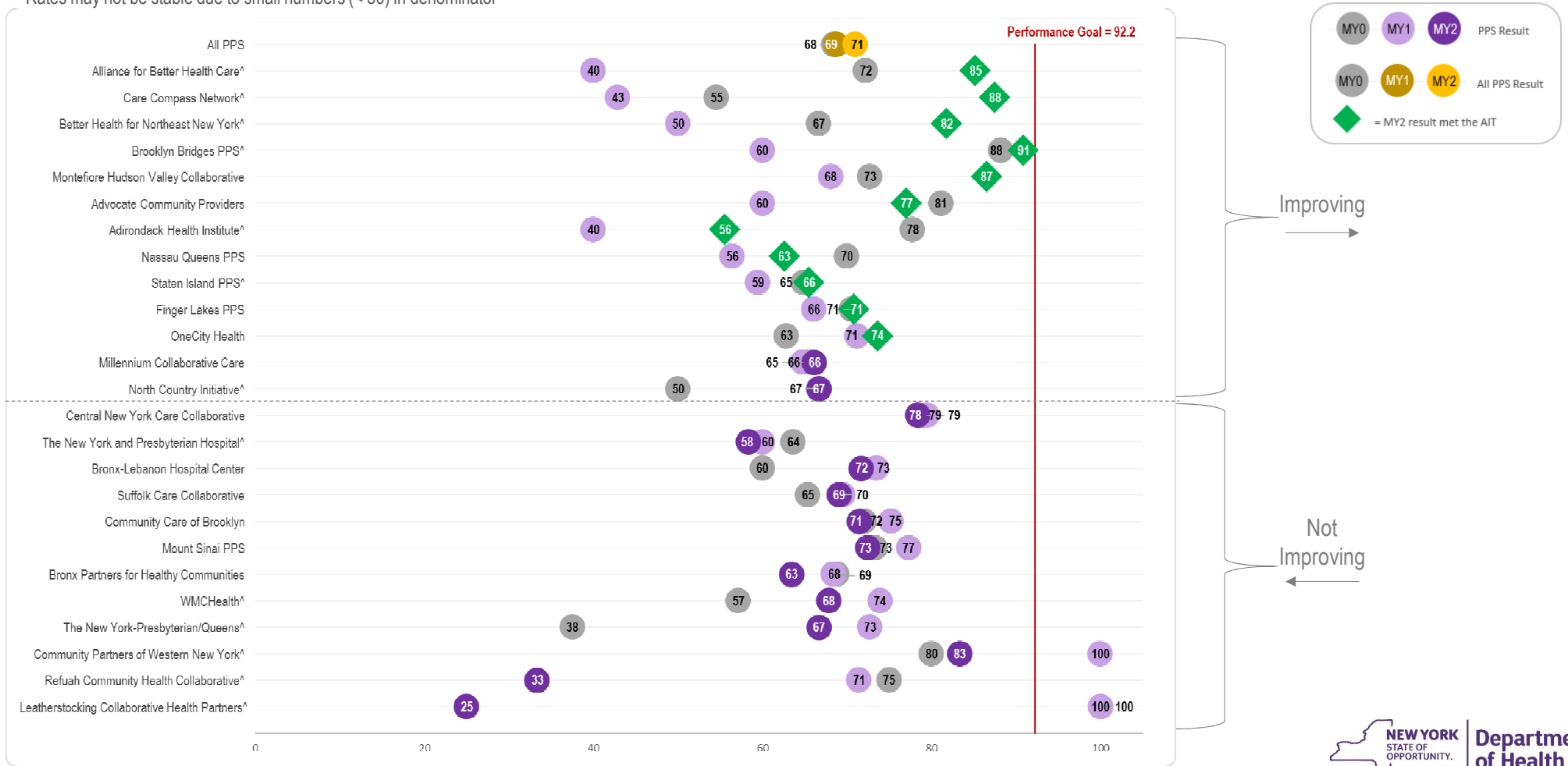
- | | |
|---|------------------|
| 1. Adherence to Antipsychotic Medications for People with Schizophrenia | Turns P4P in MY2 |
| 2. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | Turns P4P in MY2 |
| 3. Diabetes Monitoring for People with Diabetes and Schizophrenia | Turns P4P in MY2 |
| 4. Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication | Turns P4P in MY2 |

Adherence to Antipsychotic Medications for People with Schizophrenia



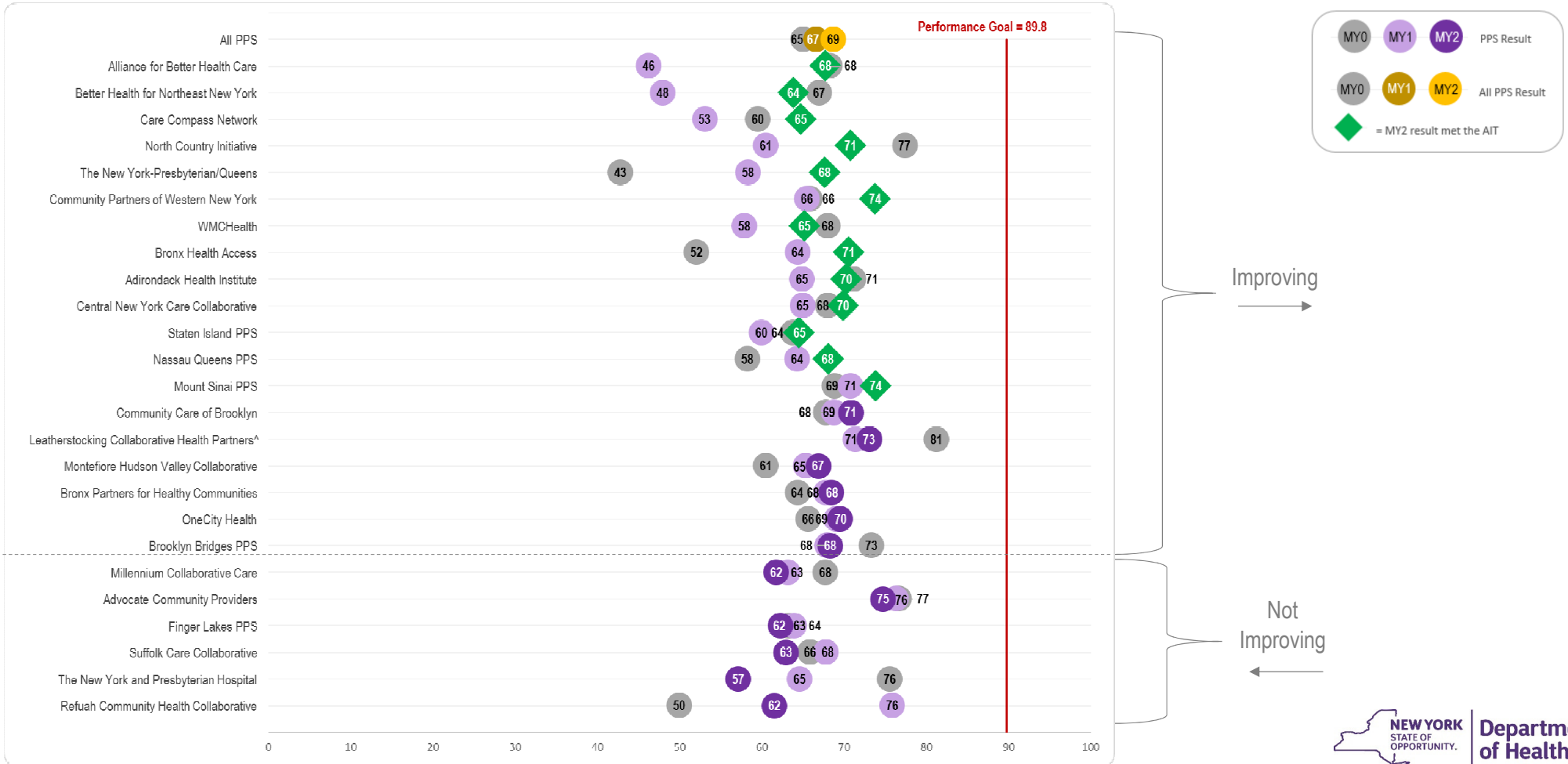
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator

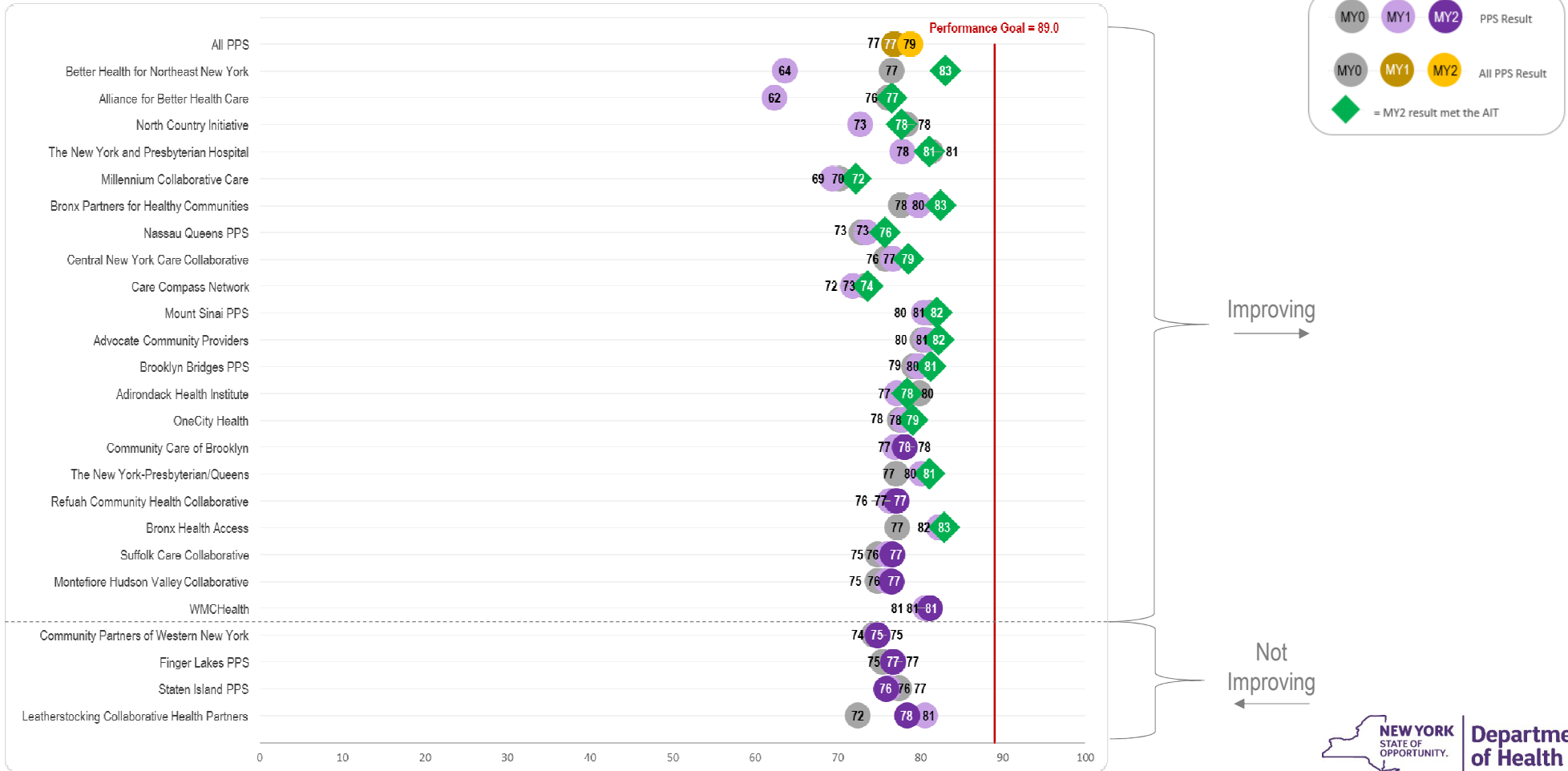


Diabetes Monitoring for People with Diabetes and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator



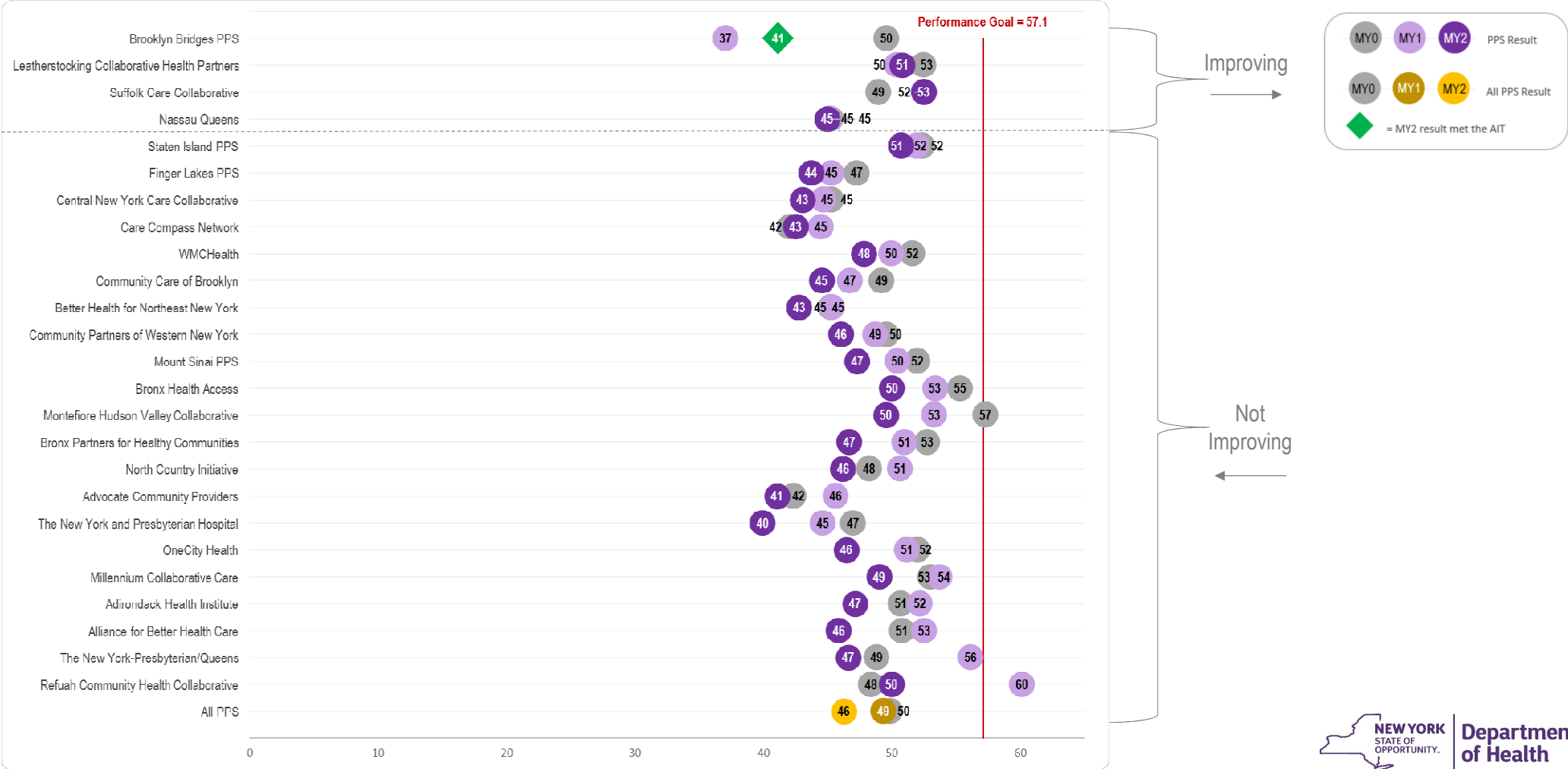
Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication



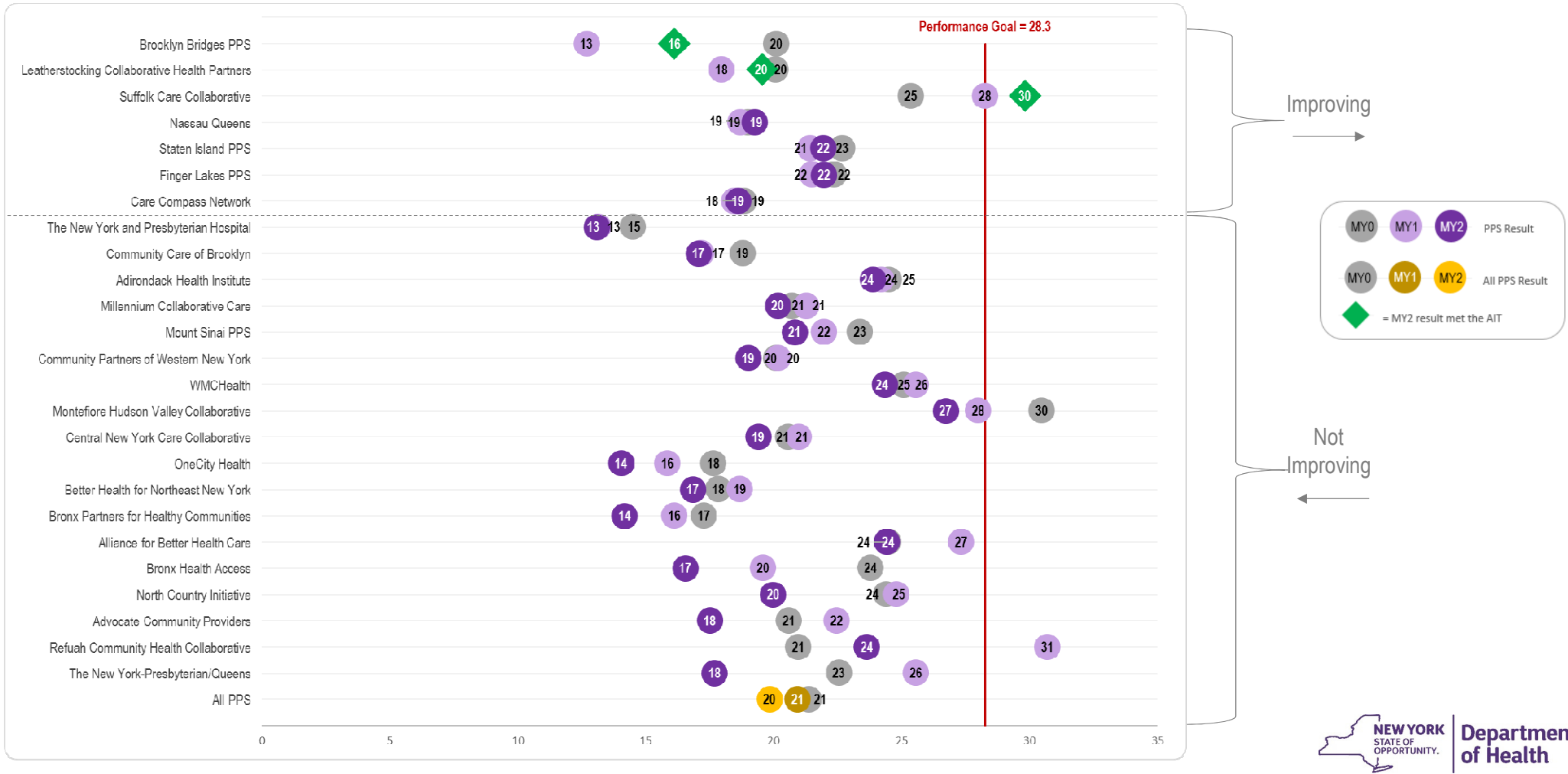
Alcohol and Drug Use

- | | |
|--|------------------|
| 1. Initiation of Alcohol and Other Drug Dependence Treatment | Turns P4P in MY2 |
| 2. Engagement of Alcohol and Other Drug Dependence Treatment | Turns P4P in MY2 |

Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)



Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and two visits within 44 days)

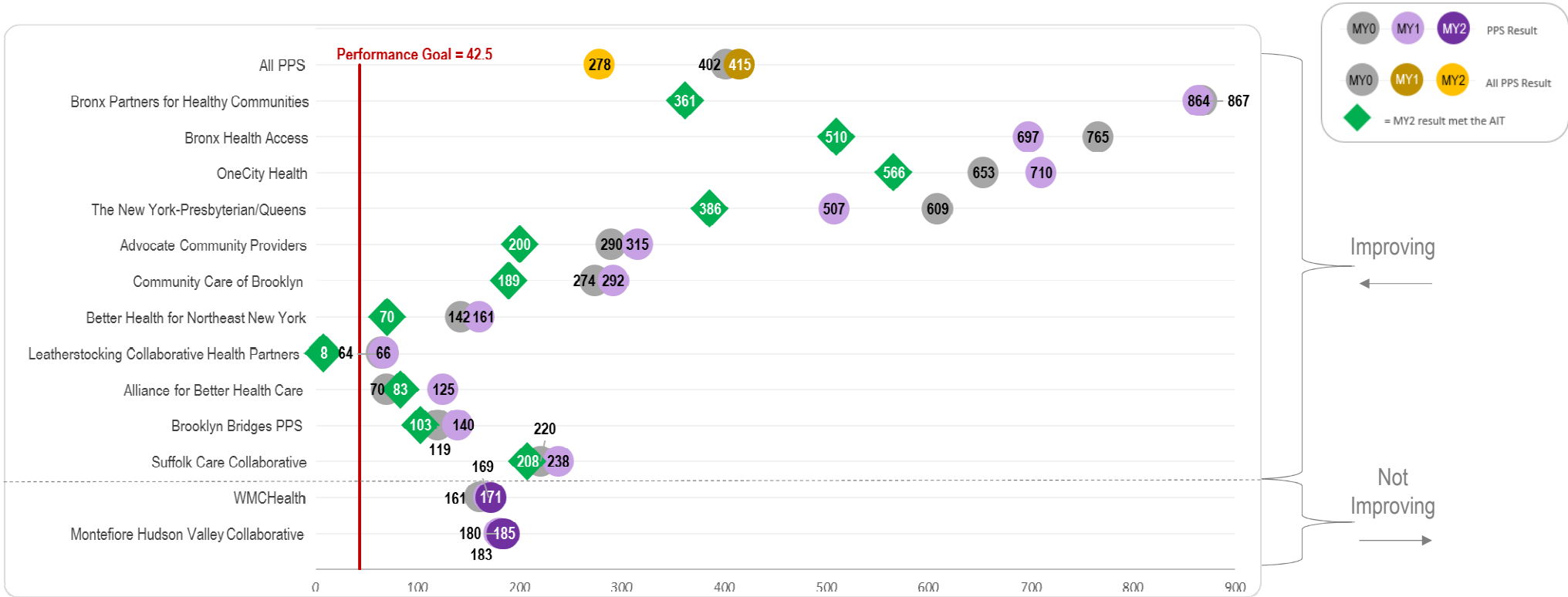


Asthma

- | | |
|--|------------------|
| 1. Pediatric Quality Indicator #14 Pediatric Asthma \pm | Turns P4P in MY2 |
| 2. Prevention Quality Indicator #15 Younger Adult Asthma \pm | Turns P4P in MY2 |
| 3. Medication Management for People with Asthma (5-64 Years) – 50% of Treatment Days Covered | Turns P4P in MY2 |
| 4. Medication Management for People with Asthma (5-64 Years) – 75% of Treatment Days Covered | Turns P4P in MY2 |
| 5. Asthma Medication Ratio (5-64 Years) | Turns P4P in MY2 |

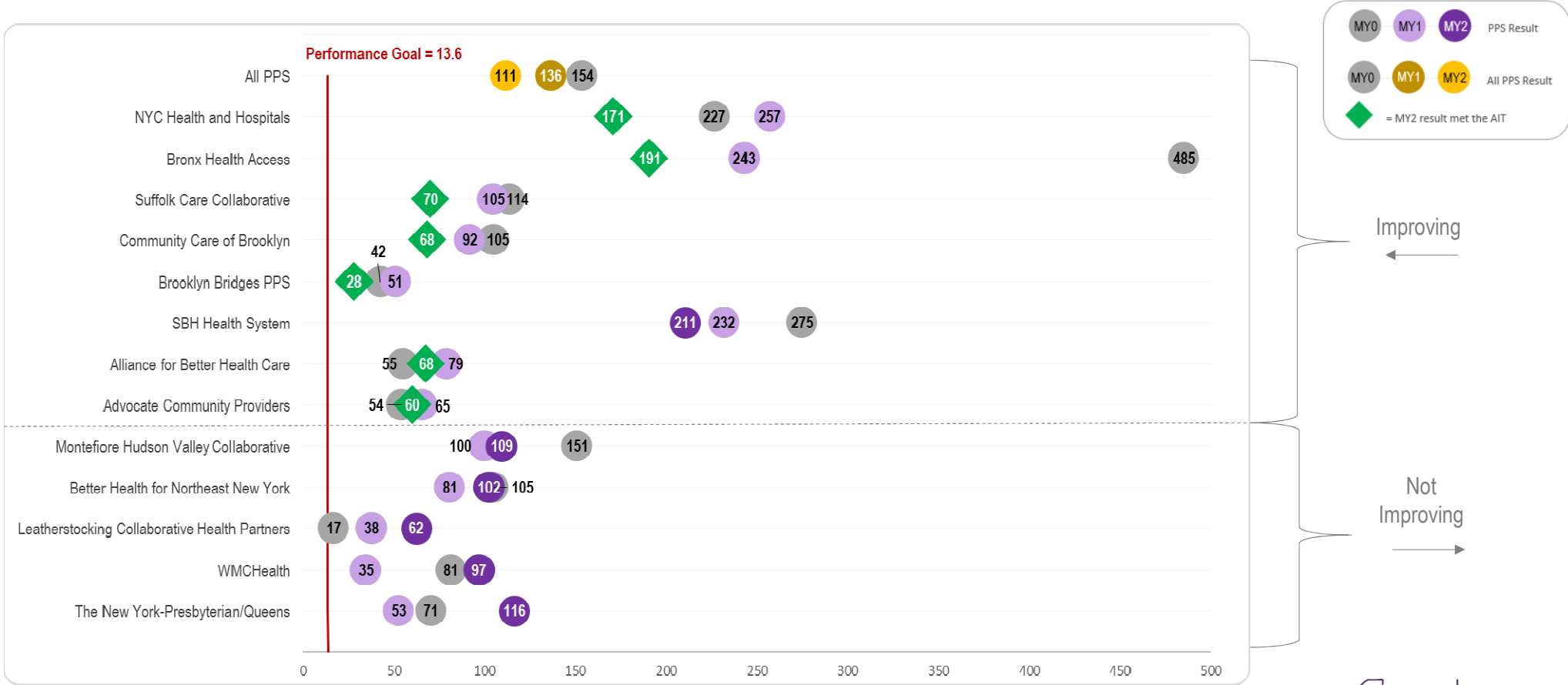
Pediatric Quality Indicator #14 Pediatric Asthma ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.



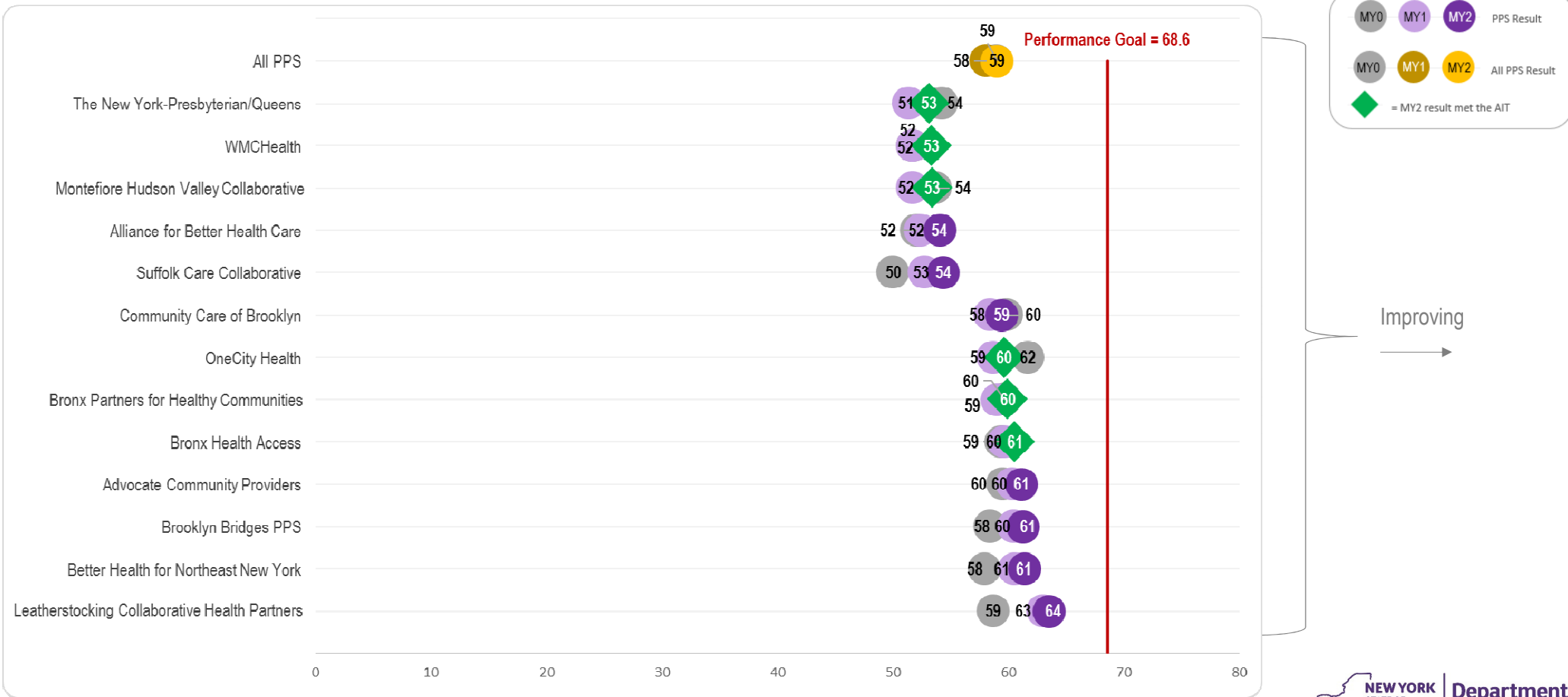
Prevention Quality Indicator #15 – Younger Adult Asthma ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.

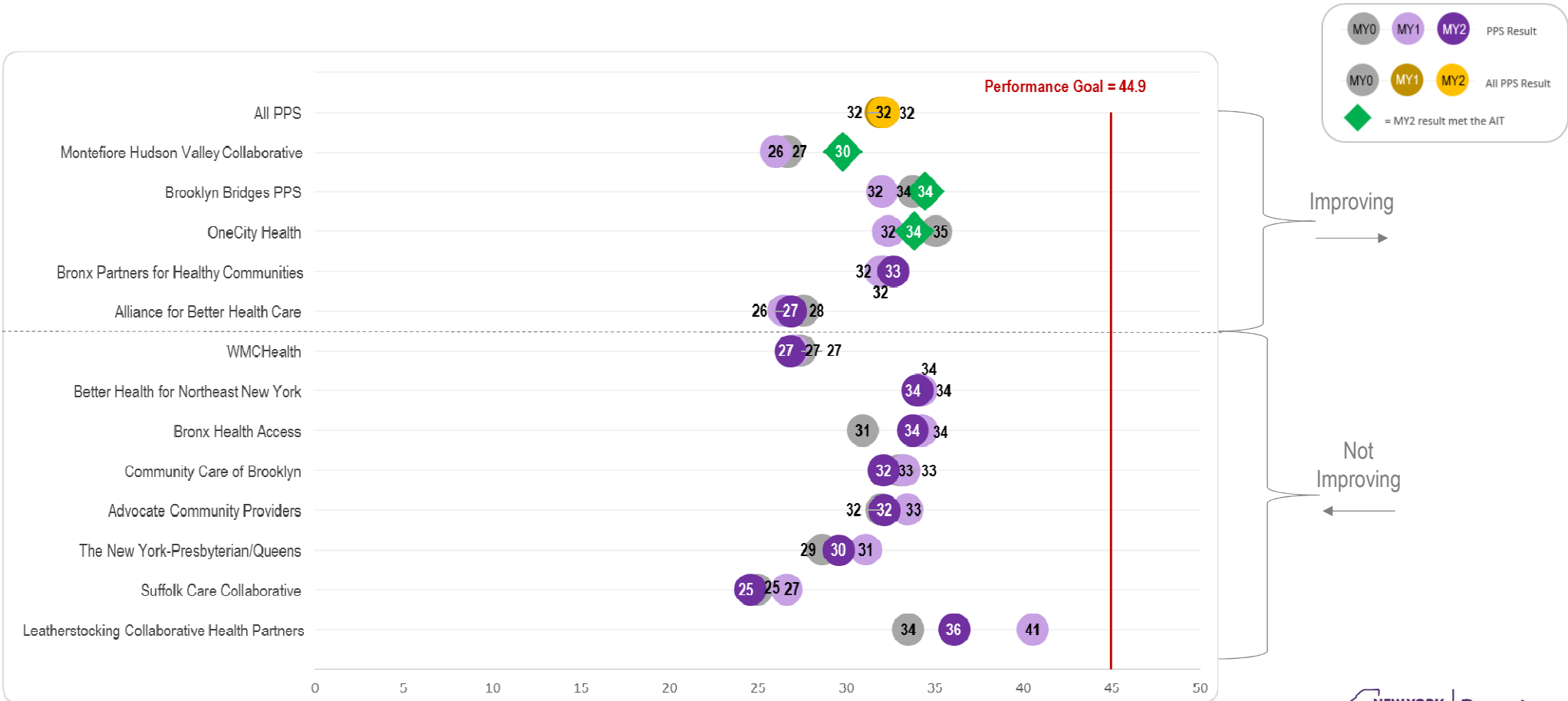


Medication Management for People with Asthma (5-64 years) - 50% of Treatment Days Covered

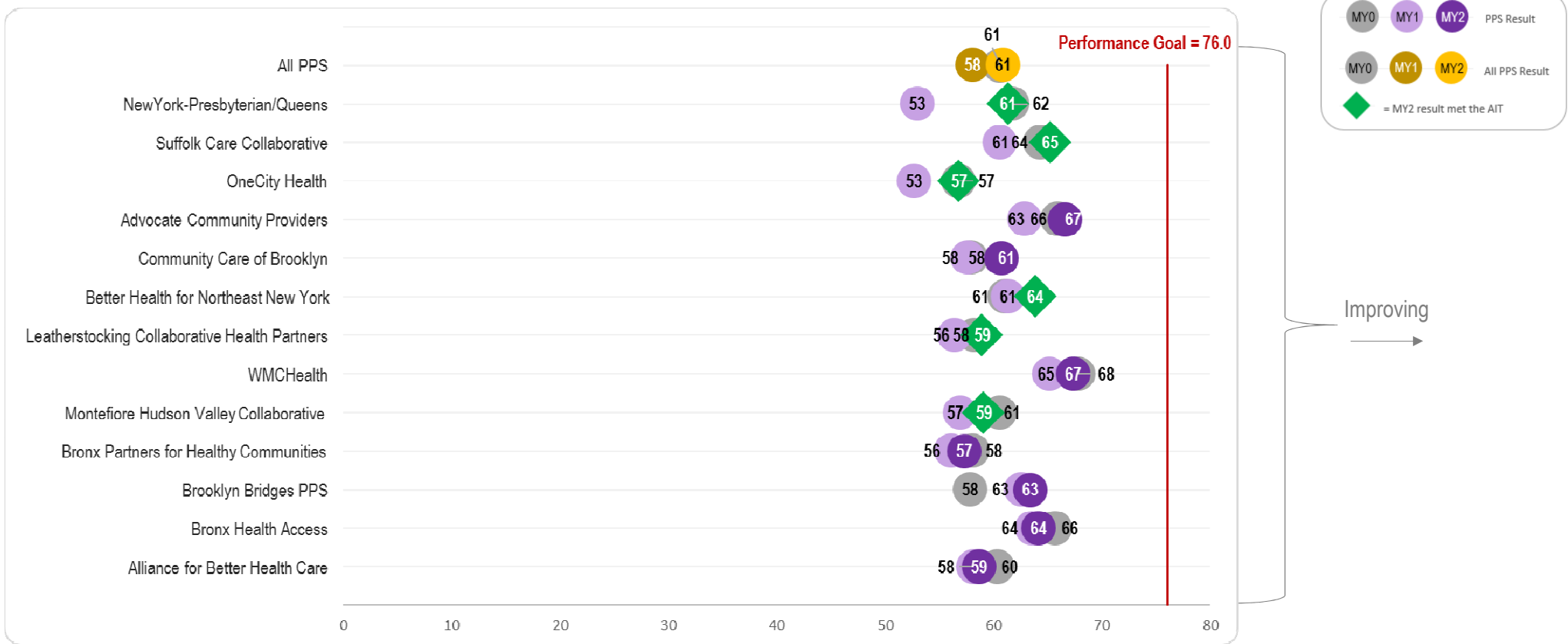
* Indicates that MY2 measure result met the annual improvement target.



Medication Management for People with Asthma (5-64 years) - 75% of Treatment Days Covered



Asthma Medication Ratio (5-64 Years)

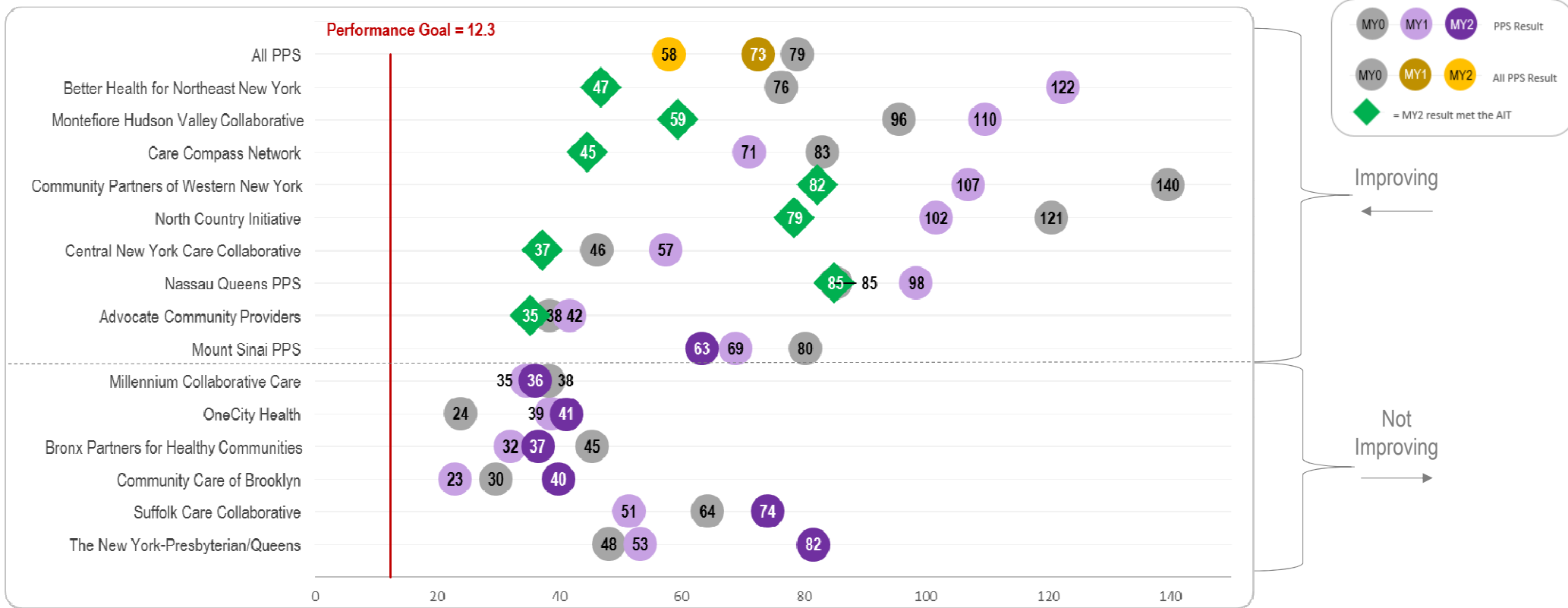


Cardiovascular Health

- | | |
|---|------------------|
| 1. Prevention Quality Indicator #7 (Hypertension) \pm | Turns P4P in MY2 |
| 2. Prevention Quality Indicator #8 (Heart Failure Admission Rate) \pm | Turns P4P in MY4 |
| 3. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia | Turns P4P in MY2 |

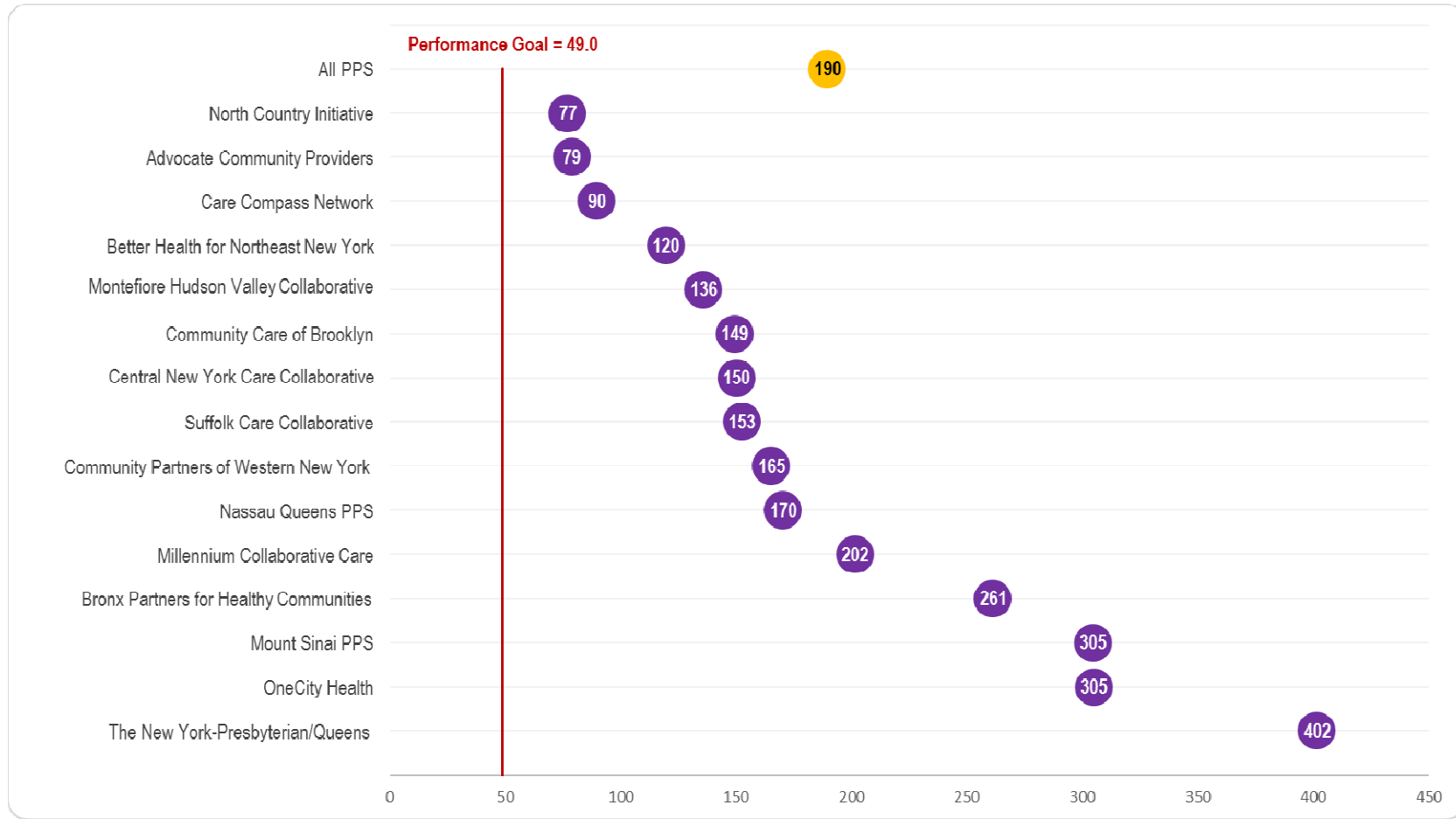
Prevention Quality Indicator #7 – Hypertension ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.



Prevention Quality Indicator #8 – Heart Failure ± §*

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes. * This measure replaced PQI13 in MY2, thus MY2 is the new baseline.



Legend for PPS Results:

- MY0 (Grey circle)
- MY1 (Purple circle)
- MY2 (Yellow circle)

Legend for All PPS Results:

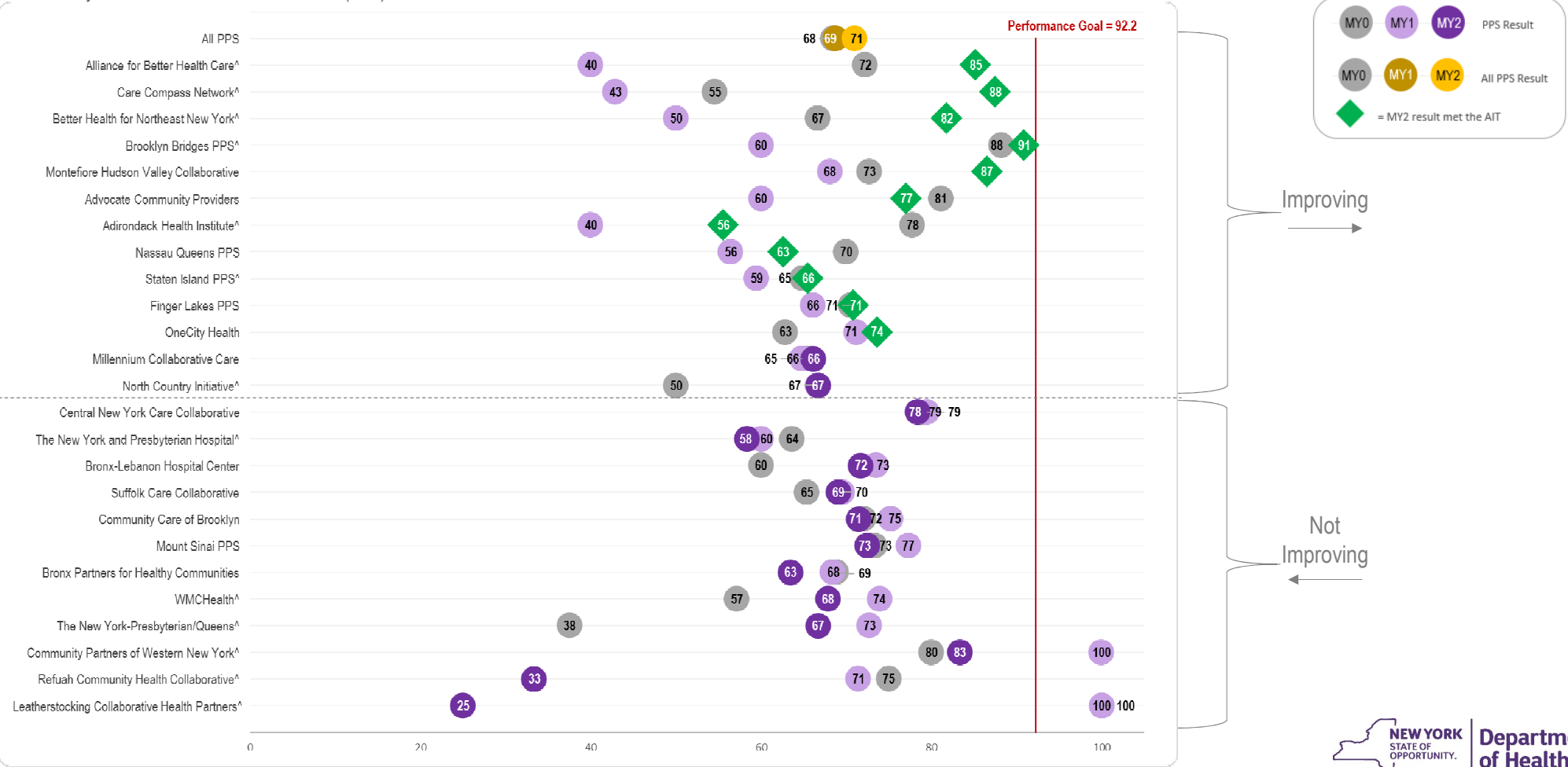
- MY0 (Grey circle)
- MY1 (Yellow circle)
- MY2 (Yellow circle)

Legend for AIT:

- Green Diamond = MY2 result met the AIT

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator

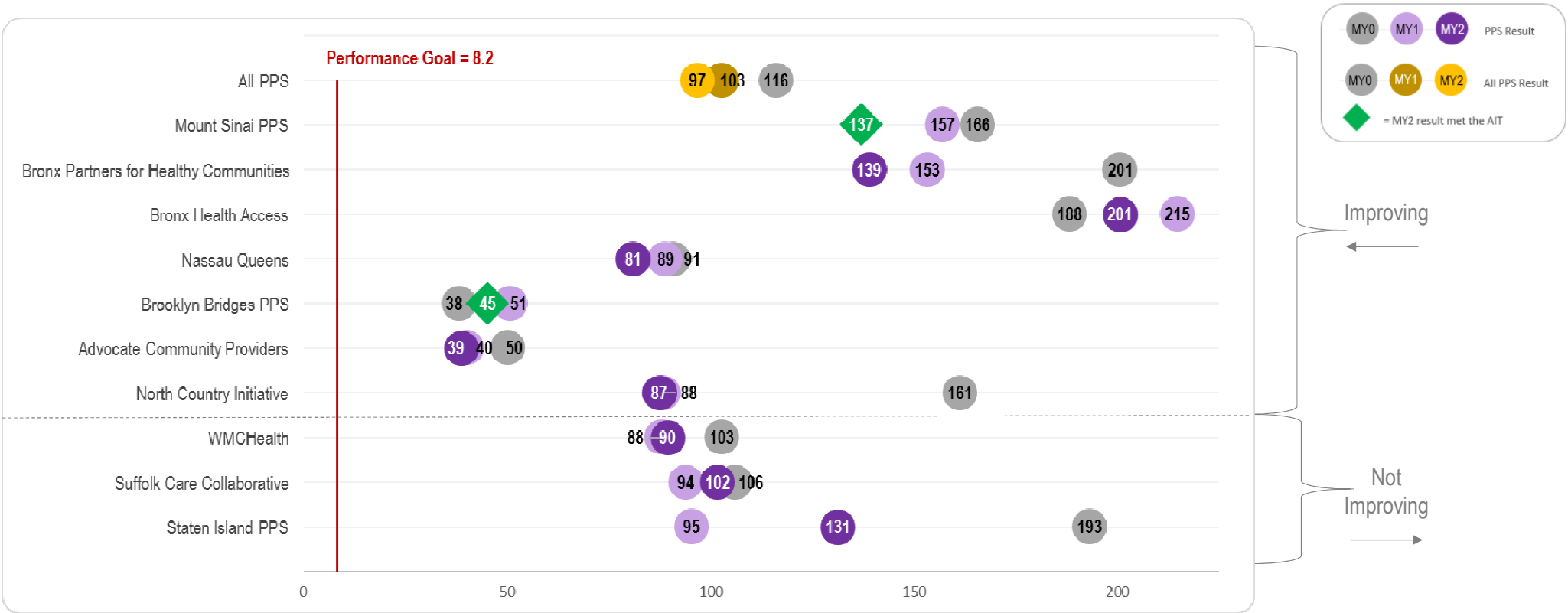


Diabetes Care

- | | |
|---|------------------|
| 1. Prevention Quality Indicator #1 (Diabetes Short Term Complication) \pm | Turns P4P in MY2 |
| 2. Comprehensive Diabetes Screening – All Three Tests | Turns P4P in MY4 |
| 3. Comprehensive Diabetes Screening – Hemoglobin A1c Poor Control \pm | Turns P4P in MY4 |
| 4. Diabetes Monitoring for People with Diabetes and Schizophrenia | Turns P4P in MY2 |
| 5. Diabetes Screening for People with Schizophrenia or Bipolar Disease Who Are Using Antipsychotic Medication | Turns P4P in MY2 |

Prevention Quality Indicator #1 – Diabetes Mellitus Short Term Complications ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.

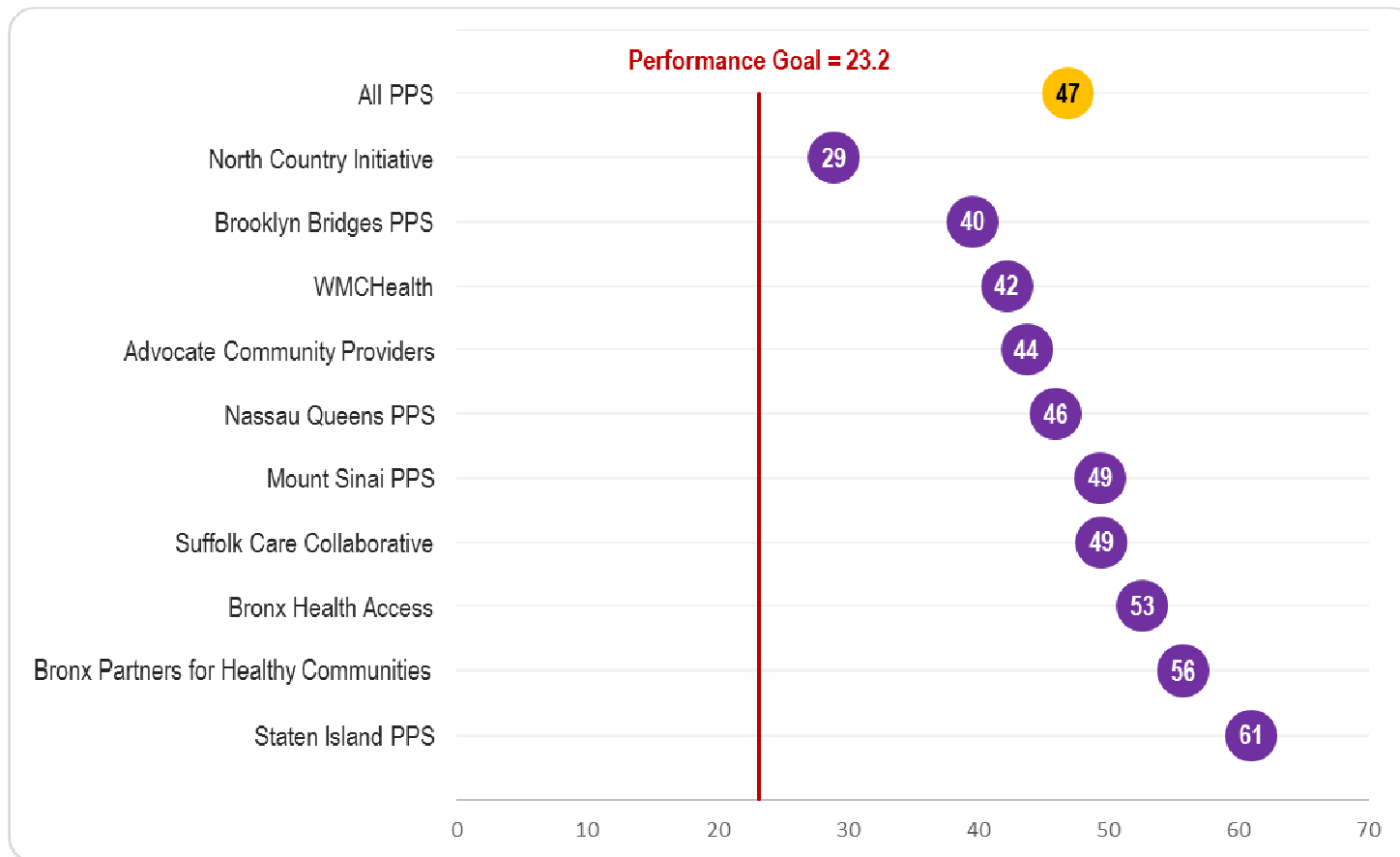


Comprehensive Diabetes Care - All Three Tests (HbA1c, dilated eye exam, nephropathy monitor)



Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Poor Control (>9.0%)±

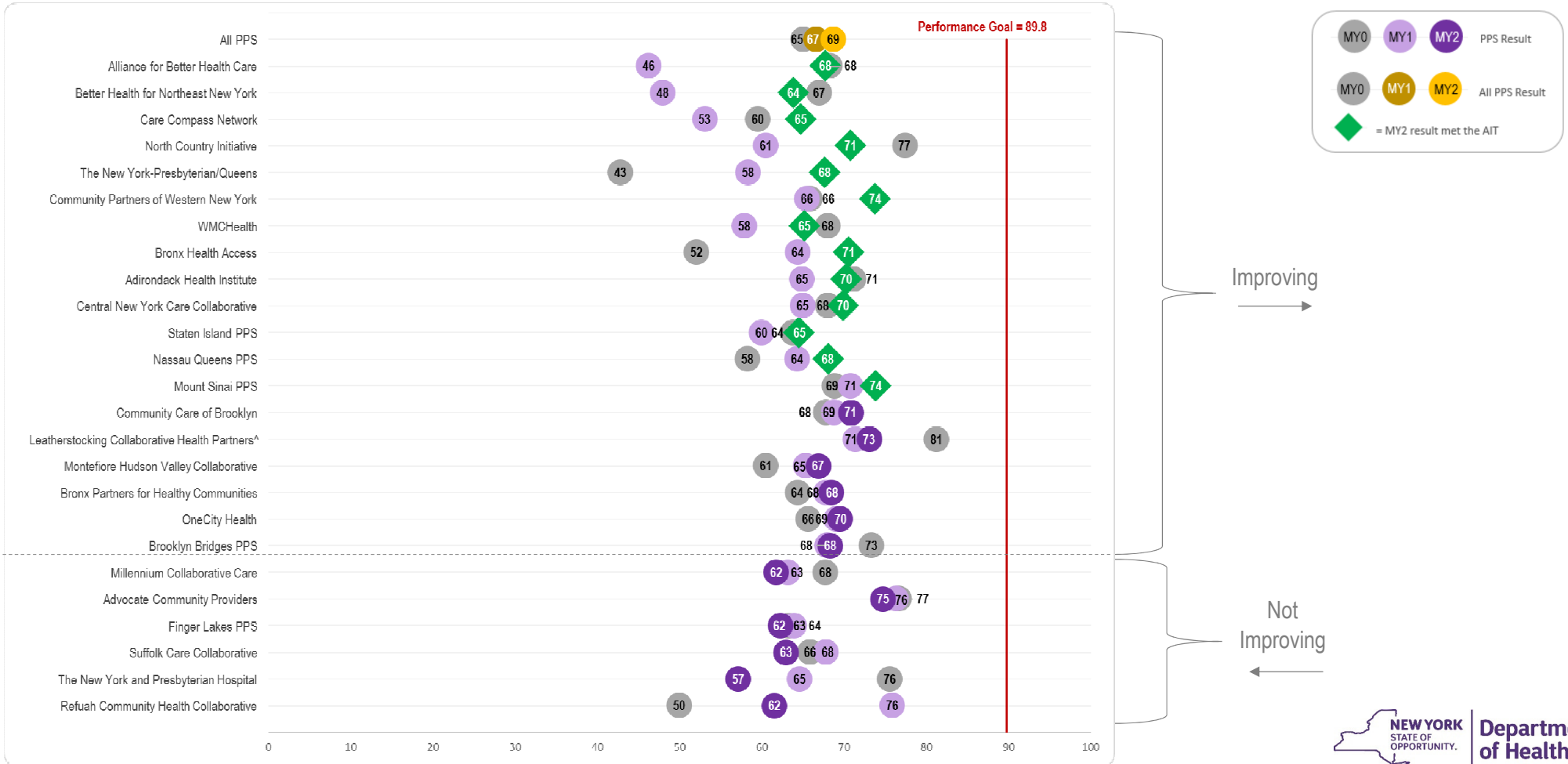
± A lower rate is desirable



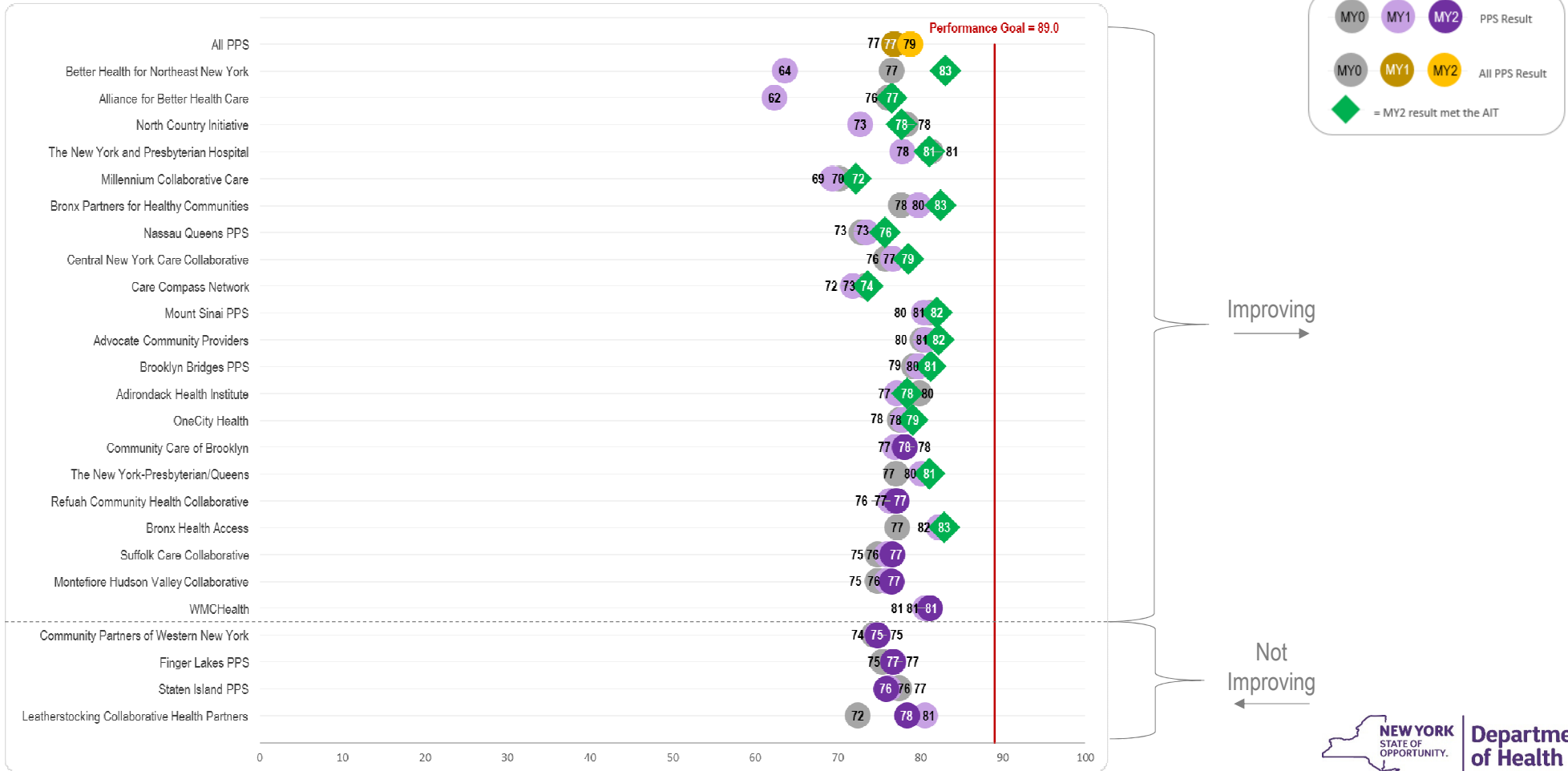
MY0 PPS Result
 MY1 PPS Result
 MY2 PPS Result
 MY0 All PPS Result
 MY1 All PPS Result
 MY2 All PPS Result
 = MY2 result met the AIT

Diabetes Monitoring for People with Diabetes and Schizophrenia ^

^ Rates may not be stable due to small numbers (< 30) in denominator



Diabetes Screening for People with Schizophrenia or Bipolar Disease who are Using Antipsychotic Medication

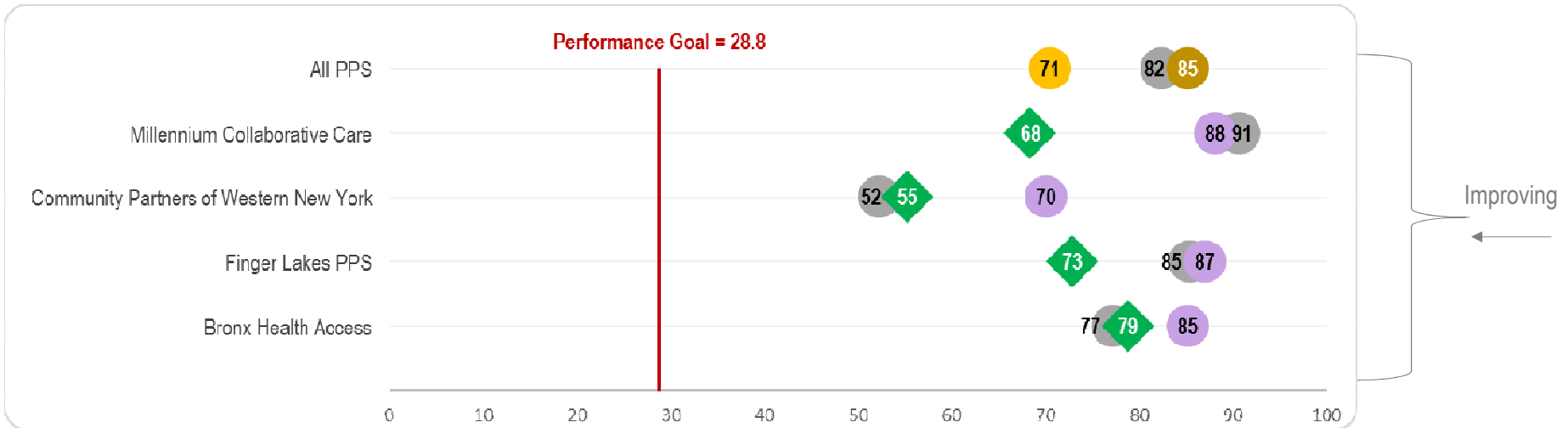


Perinatal Care

- | | |
|--|------------------|
| 1. Prevention Quality Indicator #9 Low Birth Weight \pm | Turns P4P in MY2 |
| 2. Frequency of Ongoing Prenatal Care (> 81% of expected visits) | Turns P4P in MY4 |
| 3. Prenatal and Postpartum Care – Timeliness of Prenatal Care | Turns P4P in MY4 |
| 4. Prenatal and Postpartum Care – Postpartum Visits | Turns P4P in MY4 |
| 5. Early Elective Deliveries +/- | P4R all years |

Prevention Quality Indicator #9 – Low Birth Weight ± §

± A lower rate is desirable / § MY2 measure results should not be compared to measure results for prior years due to the use of ICD-10 diagnosis codes.

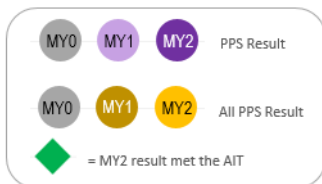
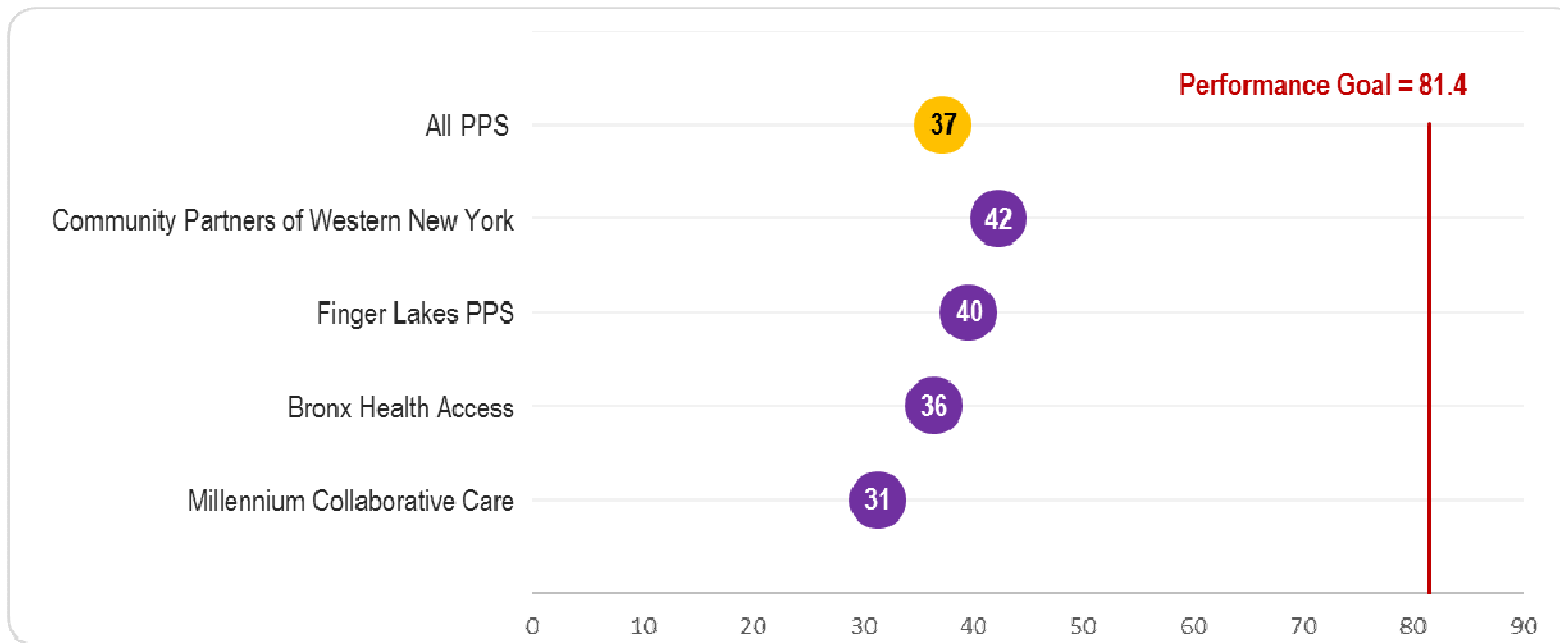


MY0
 MY1
 MY2
 PPS Result

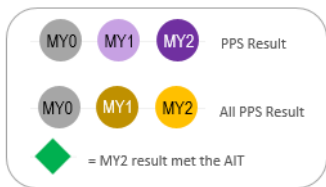
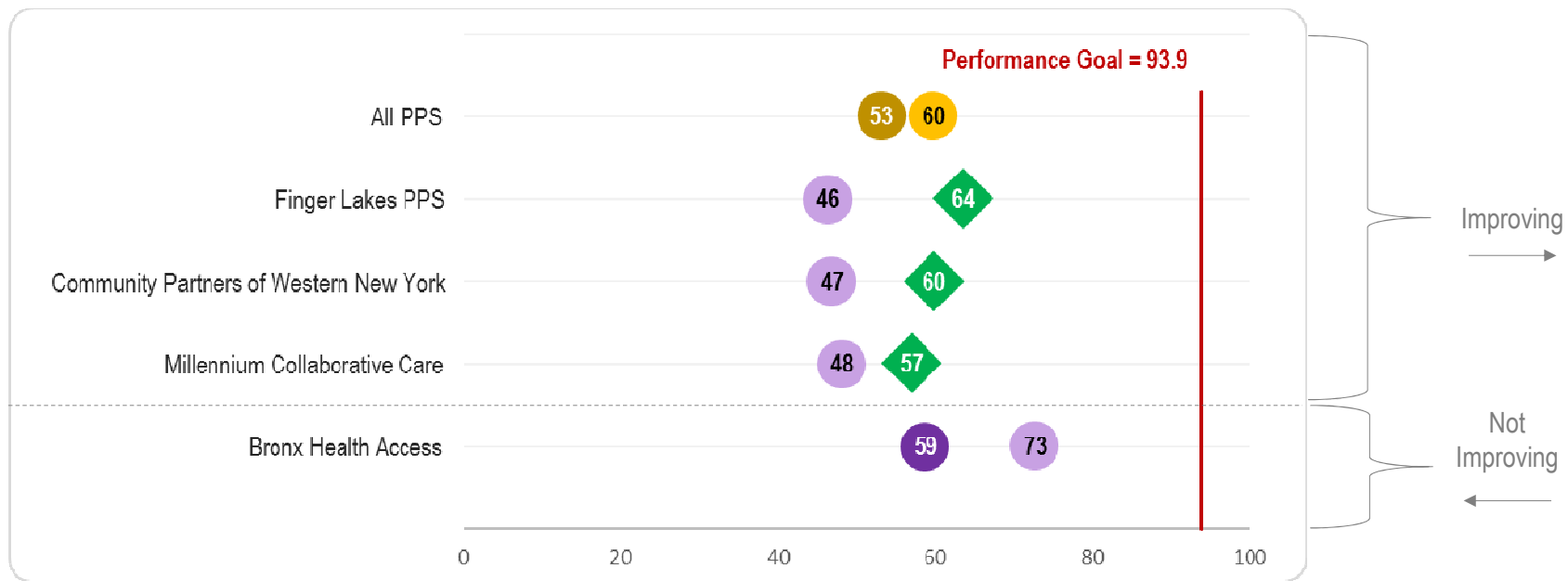
MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

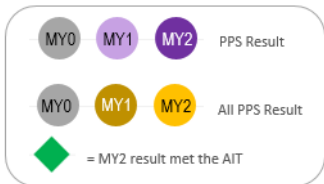
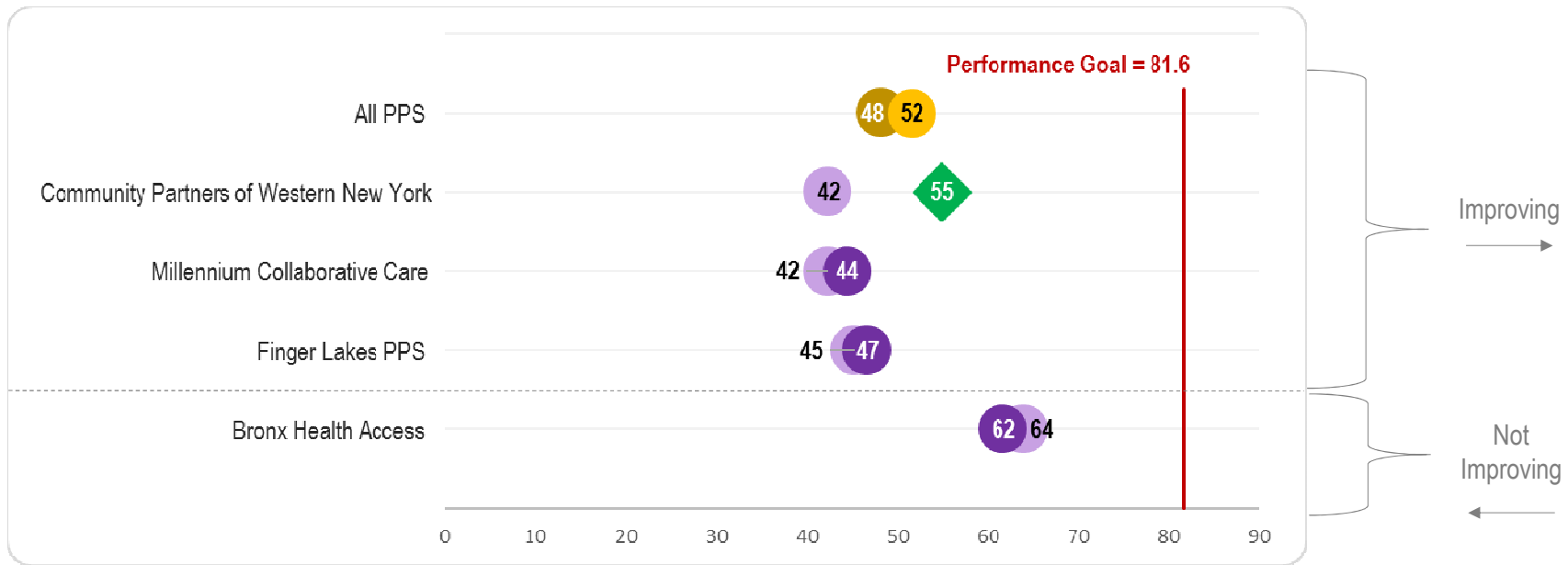
Frequency of Ongoing Prenatal Care ($\geq 81\%$ of expected visits)



Prenatal and Postpartum Care - Timeliness of Prenatal Care

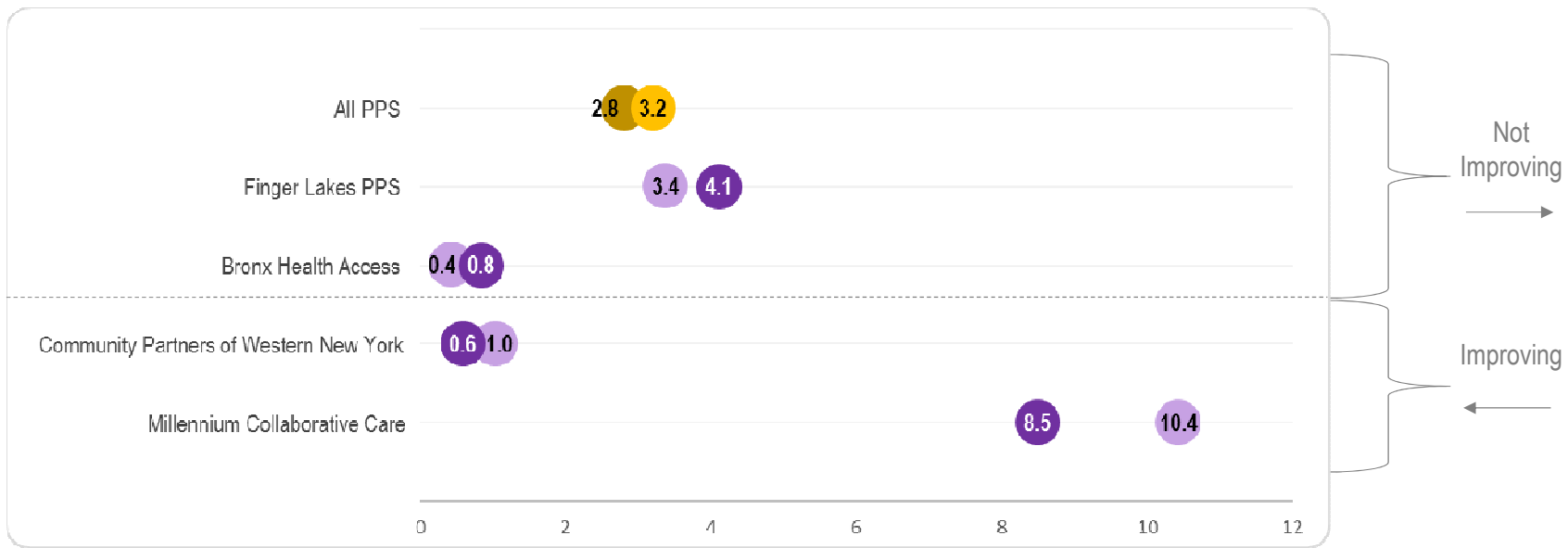


Prenatal and Postpartum Care - Postpartum Visits



Early Elective Deliveries[±]

± A lower rate is desirable



MY0
 MY1
 MY2
 PPS Result

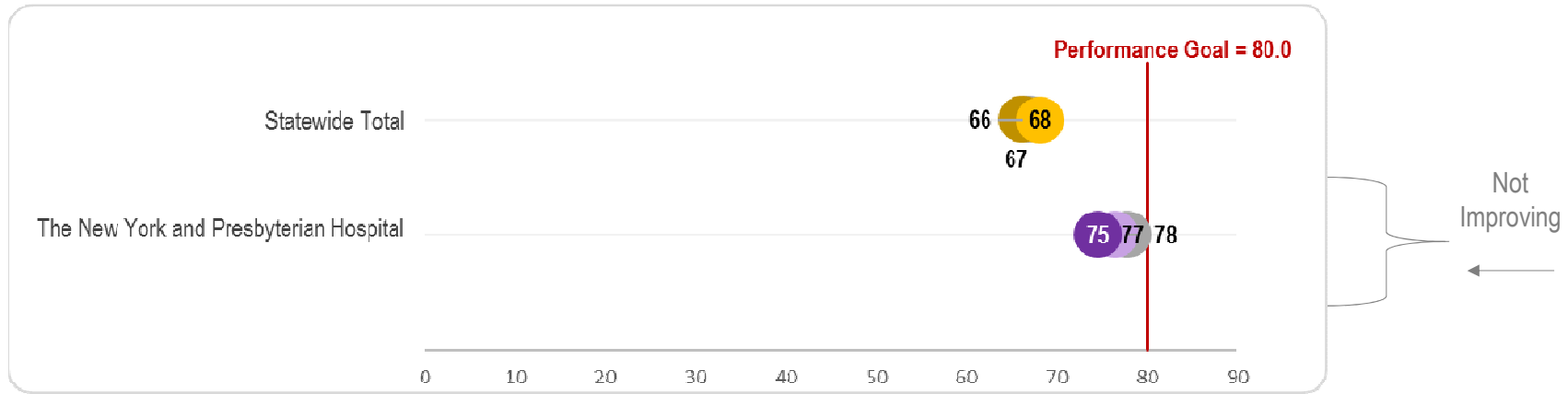
MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

STDs/HIV

- | | |
|---|------------------|
| 1. Chlamydia Screening (16 – 24 Years) | Turns P4P in MY2 |
| 2. HIV/AIDS Comprehensive Care: Engaged in Care | Turns P4P in MY2 |
| 3. HIV/AIDS Comprehensive Care: Syphilis Screening | Turns P4P in MY2 |
| 4. HIV/AIDS Comprehensive Care: Viral Load Monitoring | Turns P4P in MY2 |
| 5. Viral Load Suppression | Turns P4P in MY4 |
| 6. Cervical Cancer Screening | Turns P4P in MY4 |

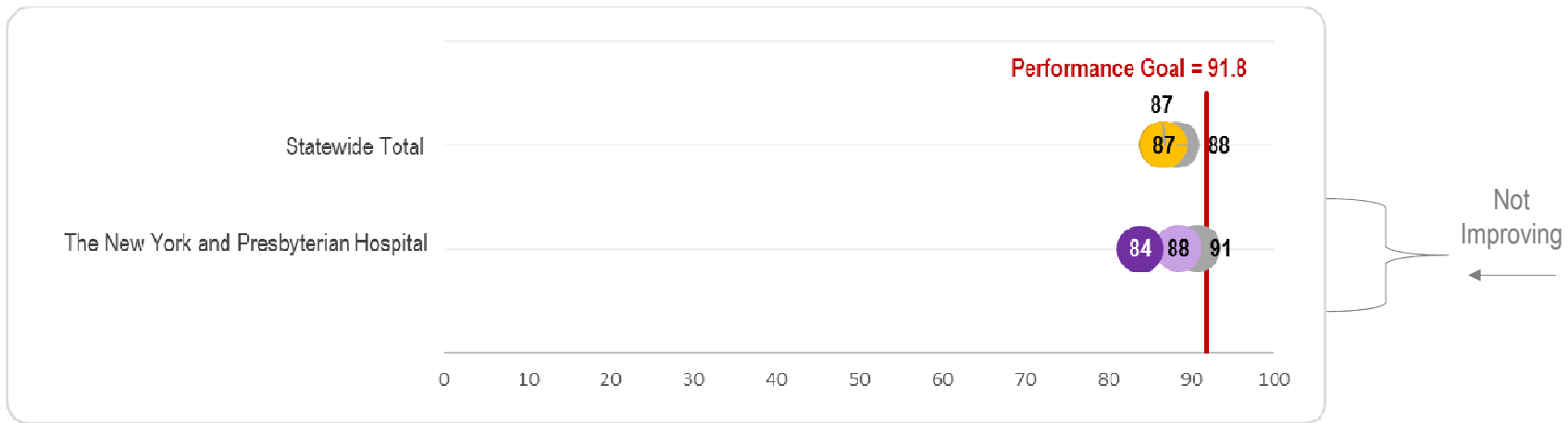
Chlamydia Screening (16-24 Years)



MY0 MY1 MY2 PPS Result
MY0 MY1 MY2 All PPS Result
◆ = MY2 result met the AIT

HIV/AIDS Comprehensive Care – Engaged in Care ^

^ Rates may not be stable due to small numbers (< 30) in denominator



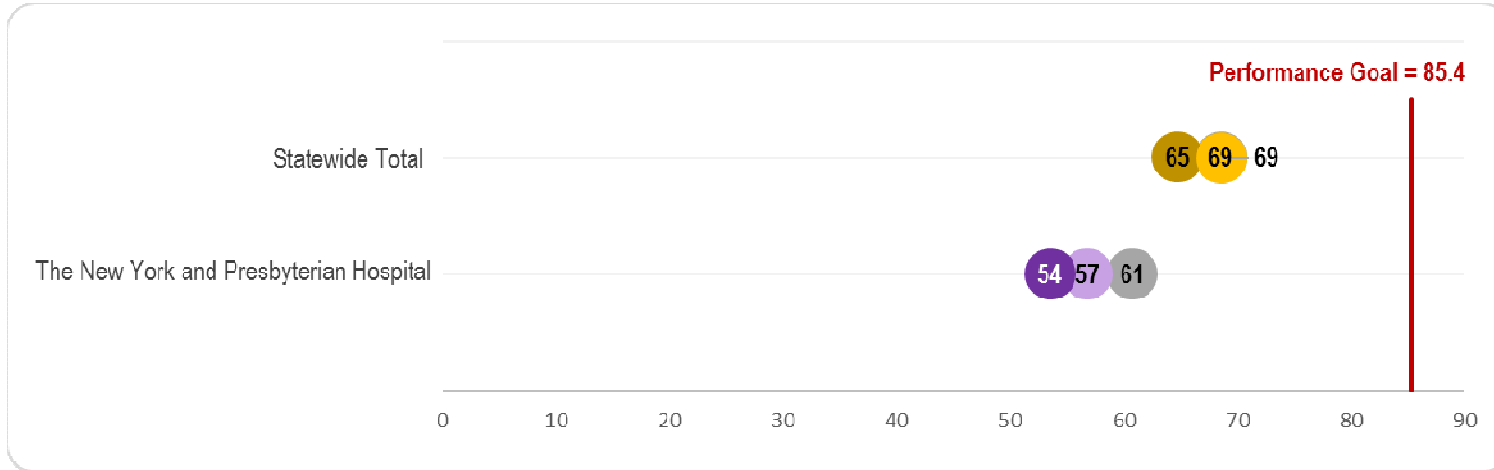
MY0
 MY1
 MY2
 PPS Result

MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

HIV/AIDS Comprehensive Care – Syphilis Screening[^]

Rates may not be stable due to small numbers (< 30) in denominator



Not Improving

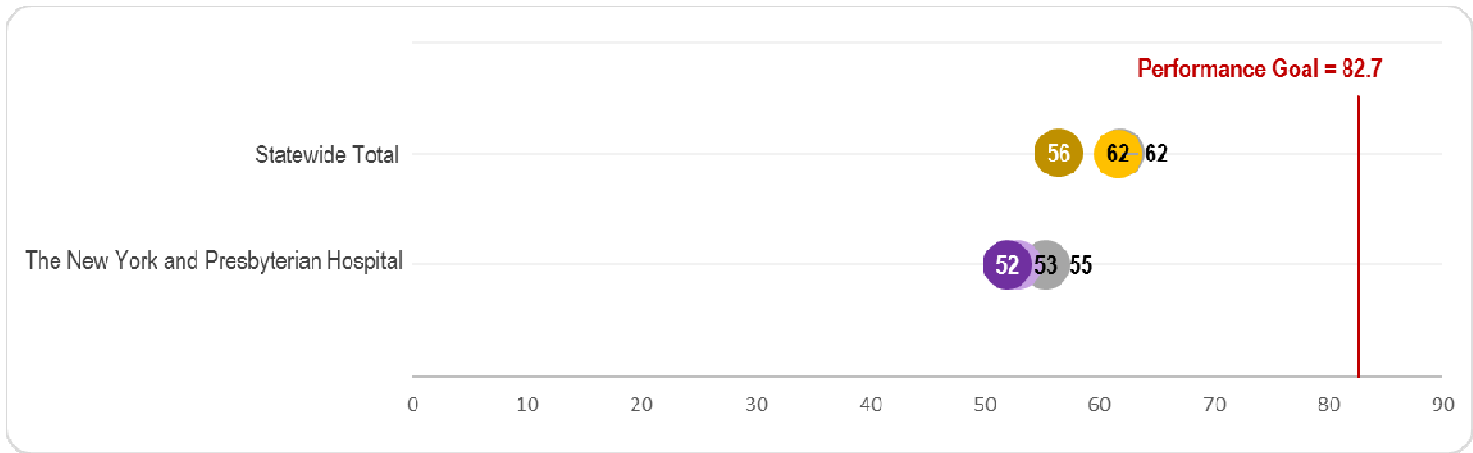
MY0
 MY1
 MY2
 PPS Result

MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

HIV/AIDS Comprehensive Care – Viral Load Monitoring ^

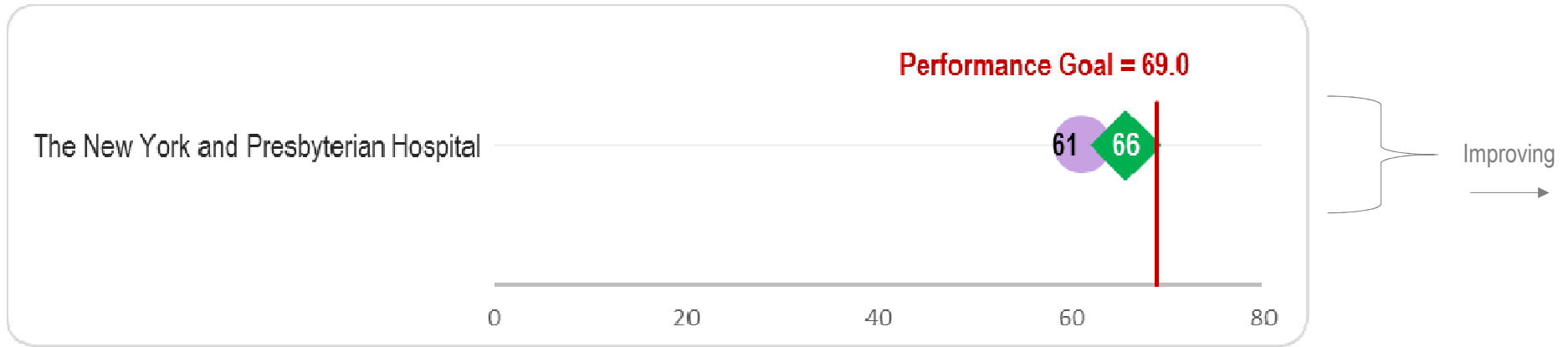
Rates may not be stable due to small numbers (< 30) in denominator



Legend:

- MY0 MY1 MY2 PPS Result
- MY0 MY1 MY2 All PPS Result
- ◆ = MY2 result met the AIT

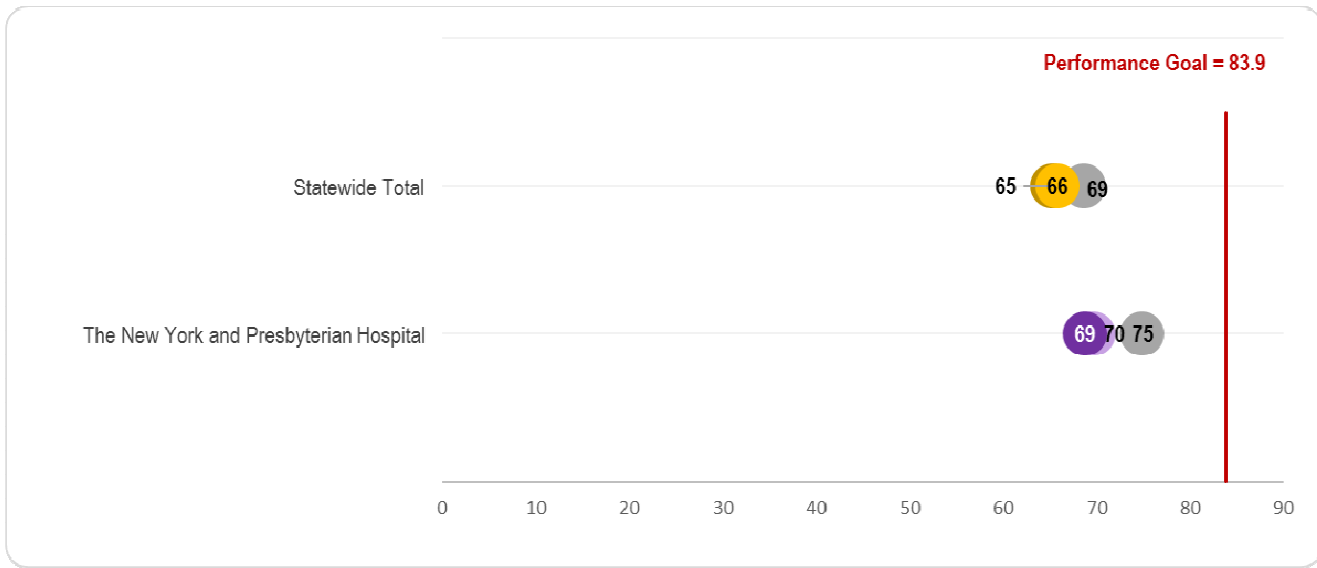
Viral Load Suppression



Legend:

- MY0 (grey circle), MY1 (purple circle), MY2 (dark purple circle) = PPS Result
- MY0 (grey circle), MY1 (yellow circle), MY2 (orange circle) = All PPS Result
- Green diamond = MY2 result met the AIT

Cervical Cancer Screening



Not Improving
←

Legend:

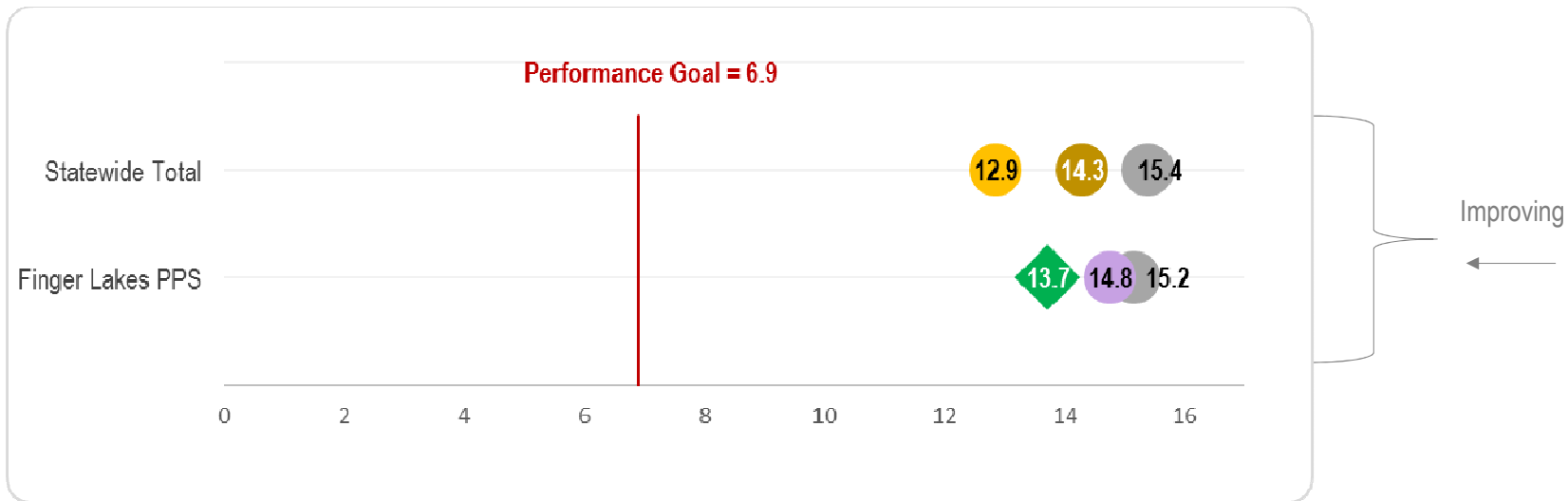
- MY0 MY1 MY2 PPS Result
- MY0 MY1 MY2 All PPS Result
- ◆ = MY2 result met the AIT

Nursing Home Measures

- | | |
|--|------------------|
| 1. Antipsychotic Use in Persons with Dementia \pm | Turns P4P in MY2 |
| 2. Percent of Long Stay Residents who have Depressive Symptoms \pm | Turns P4P in MY2 |

Antipsychotic Use in Persons with Dementia (SNF Long Stay Residents) ±

± A lower rate is desirable

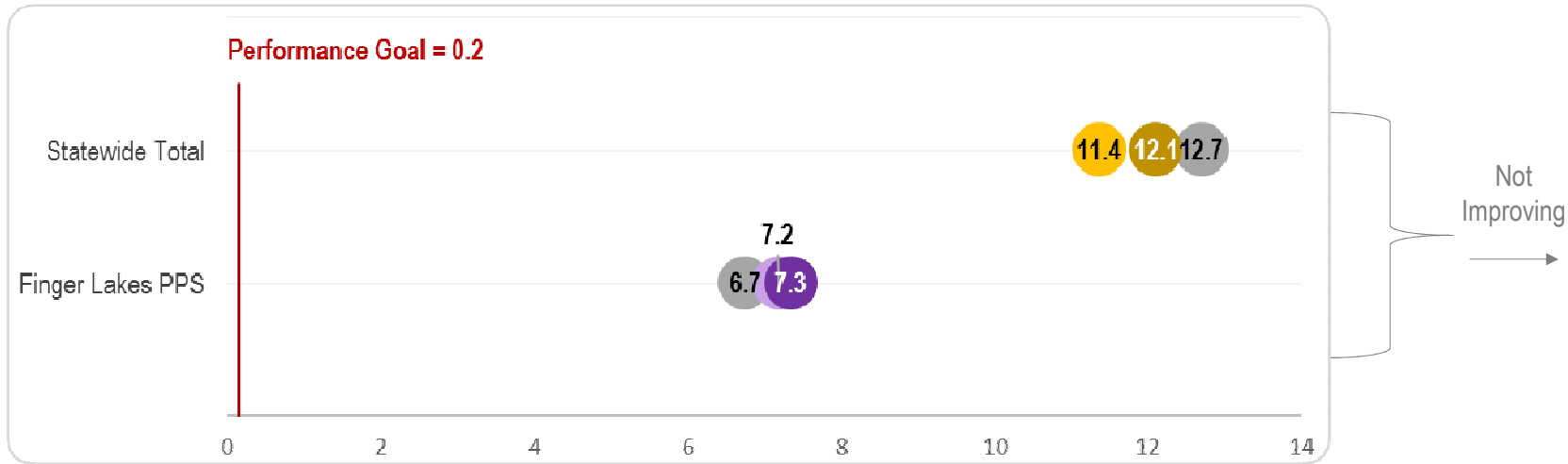


Legend:

- MY0 (grey circle), MY1 (purple circle), MY2 (dark purple circle) = PPS Result
- MY0 (grey circle), MY1 (yellow circle), MY2 (orange circle) = All PPS Result
- Green diamond = MY2 result met the AIT

Long Stay Residents Who Have Depressive Symptoms \pm

\pm A lower rate is desirable



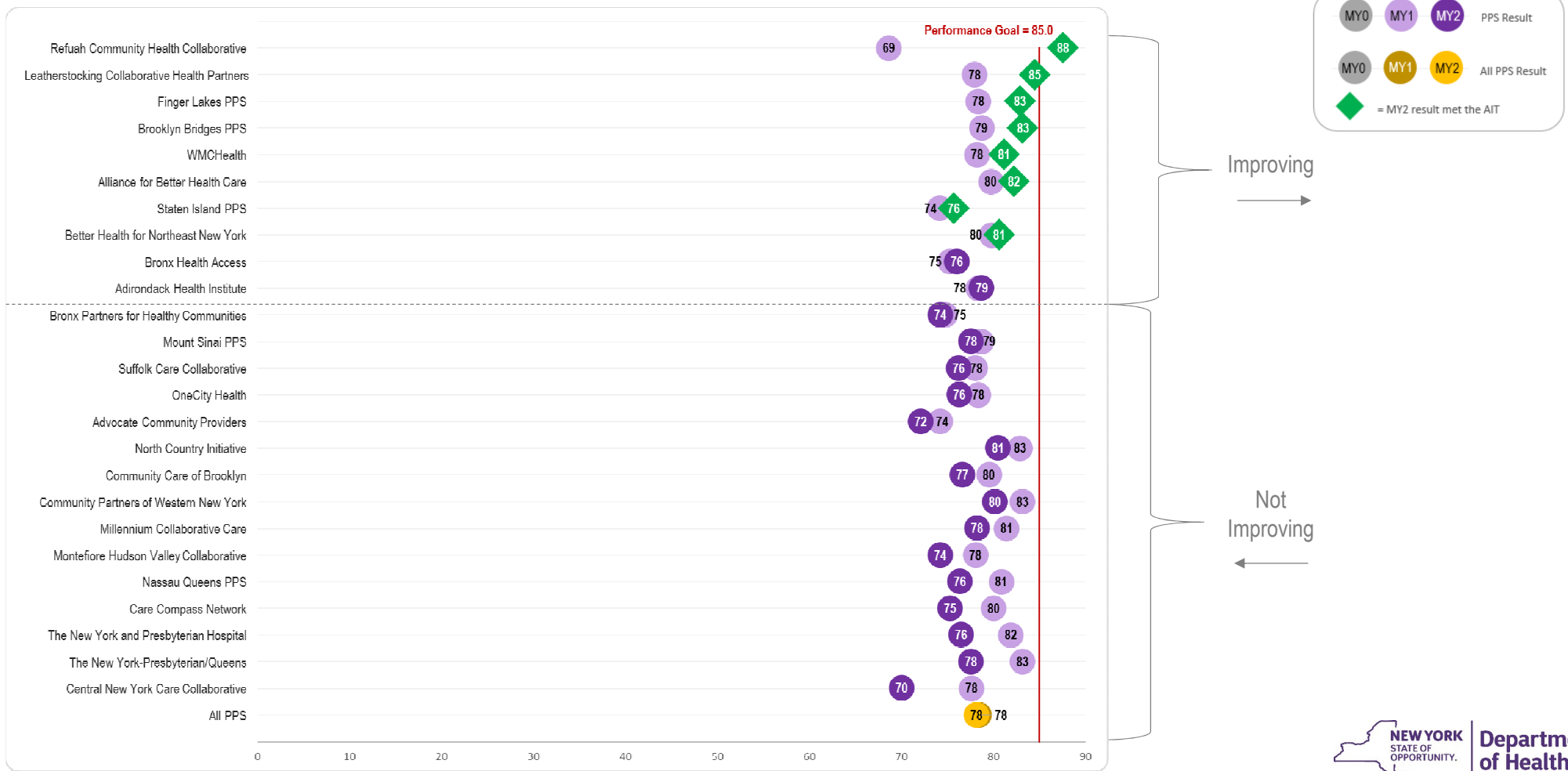
Legend:

- MY0 MY1 MY2 PPS Result
- MY0 MY1 MY2 All PPS Result
- ◆ = MY2 result met the AIT

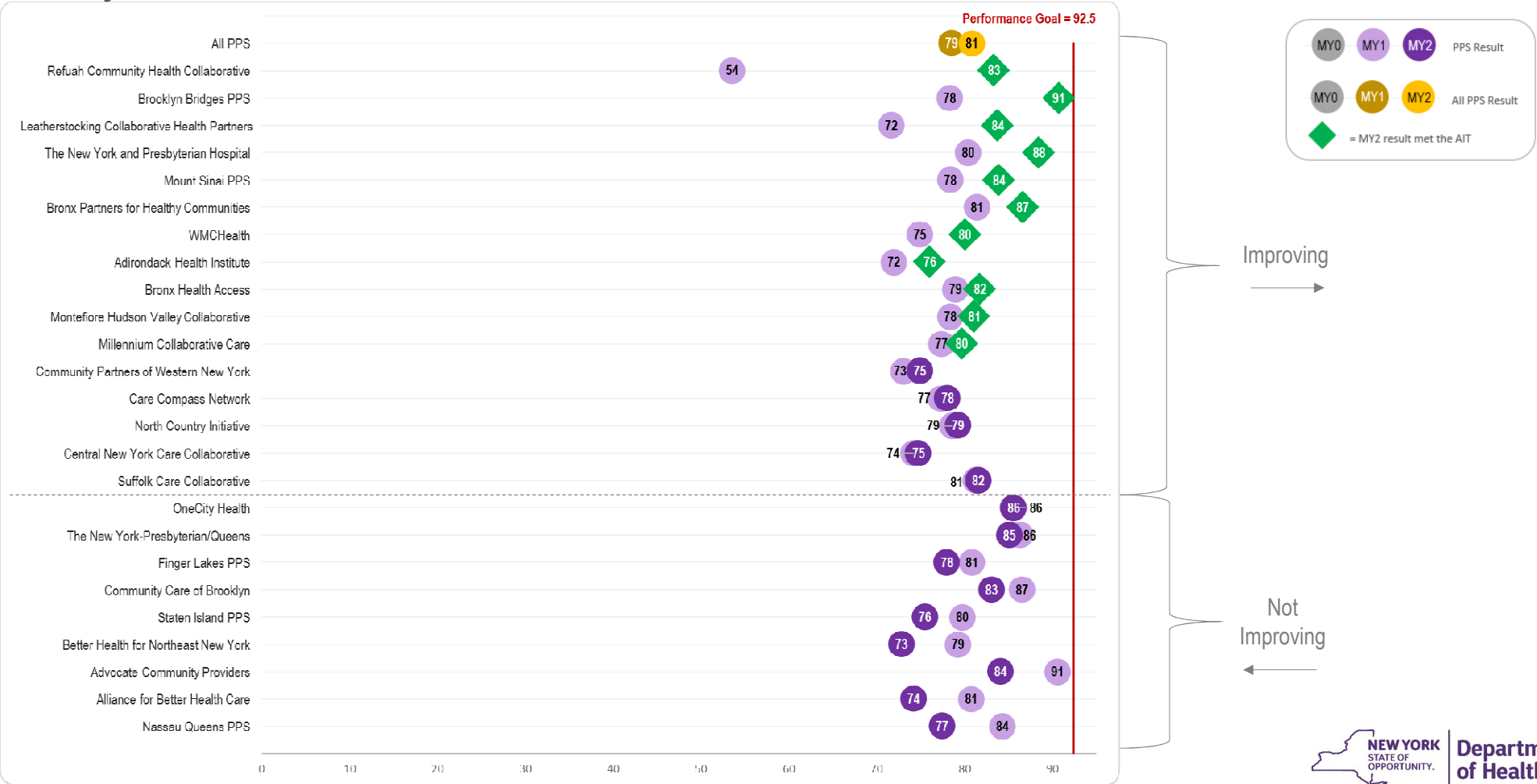
C&G CAHPS Survey (Medicaid population) Measures

- | | |
|--|------------------|
| 1. Getting Timely Appointments, Care and Information | Turns P4P in MY3 |
| 2. Care Coordination | Turns P4P in MY3 |
| 3. Primary Care – Usual Source of Care | Turns P4P in MY3 |
| 4. Primary Care – Length of Relationship | Turns P4P in MY3 |
| 5. Health Literacy – Instructions Easy to Understand | Turns P4P in MY4 |
| 6. Health Literacy – Describing How to Follow Instructions | Turns P4P in MY4 |
| 7. Health Literacy – Explained What to Do If Illness Got Worse | Turns P4P in MY4 |
| 8. Medical Assistance with Tobacco Cessation – Advised to Quit | Turns P4P in MY4 |
| 9. Medical Assistance with Tobacco Cessation – Discussed Medications | Turns P4P in MY4 |
| 10. Medical Assistance with Tobacco Cessation – Discussed Strategies | Turns P4P in MY4 |
| 11. Aspirin Use | Turns P4P in MY4 |
| 12. Discussion of Risks and Benefits of Aspirin Use | Turns P4P in MY4 |
| 13. Flu Shots for Adults | Turns P4P in MY4 |

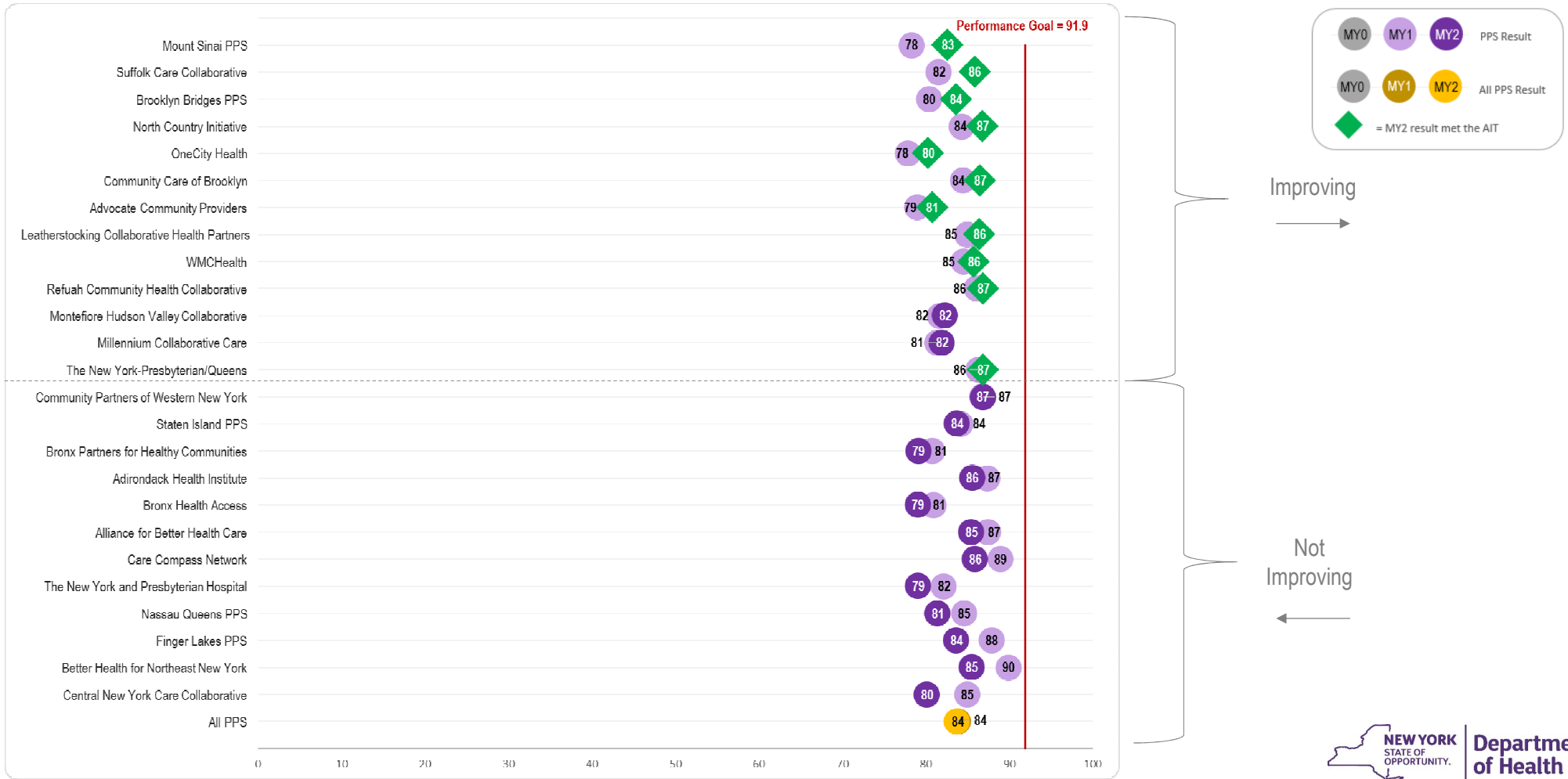
Primary Care - Length of Relationship



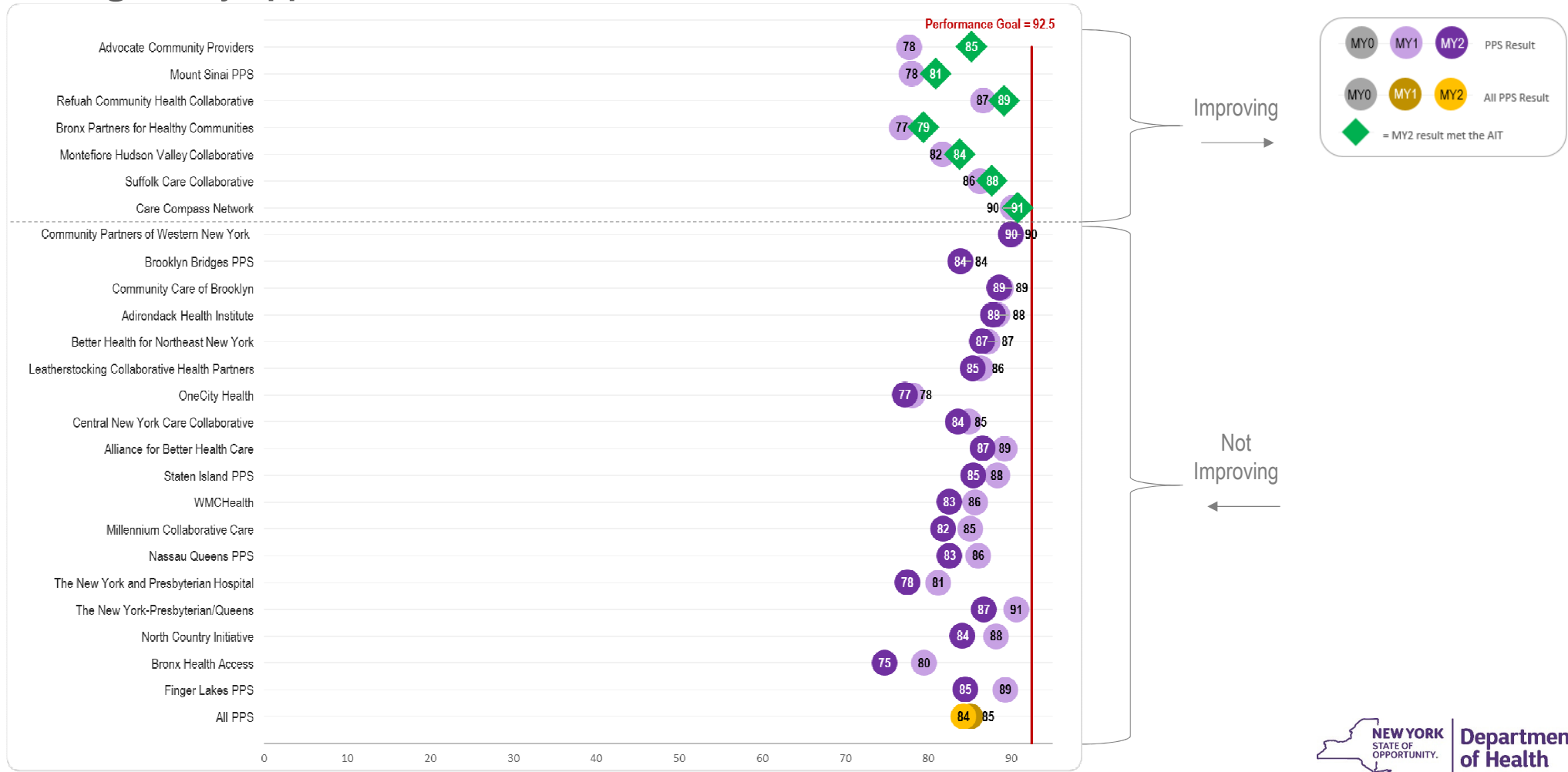
Primary Care - Usual Source of Care



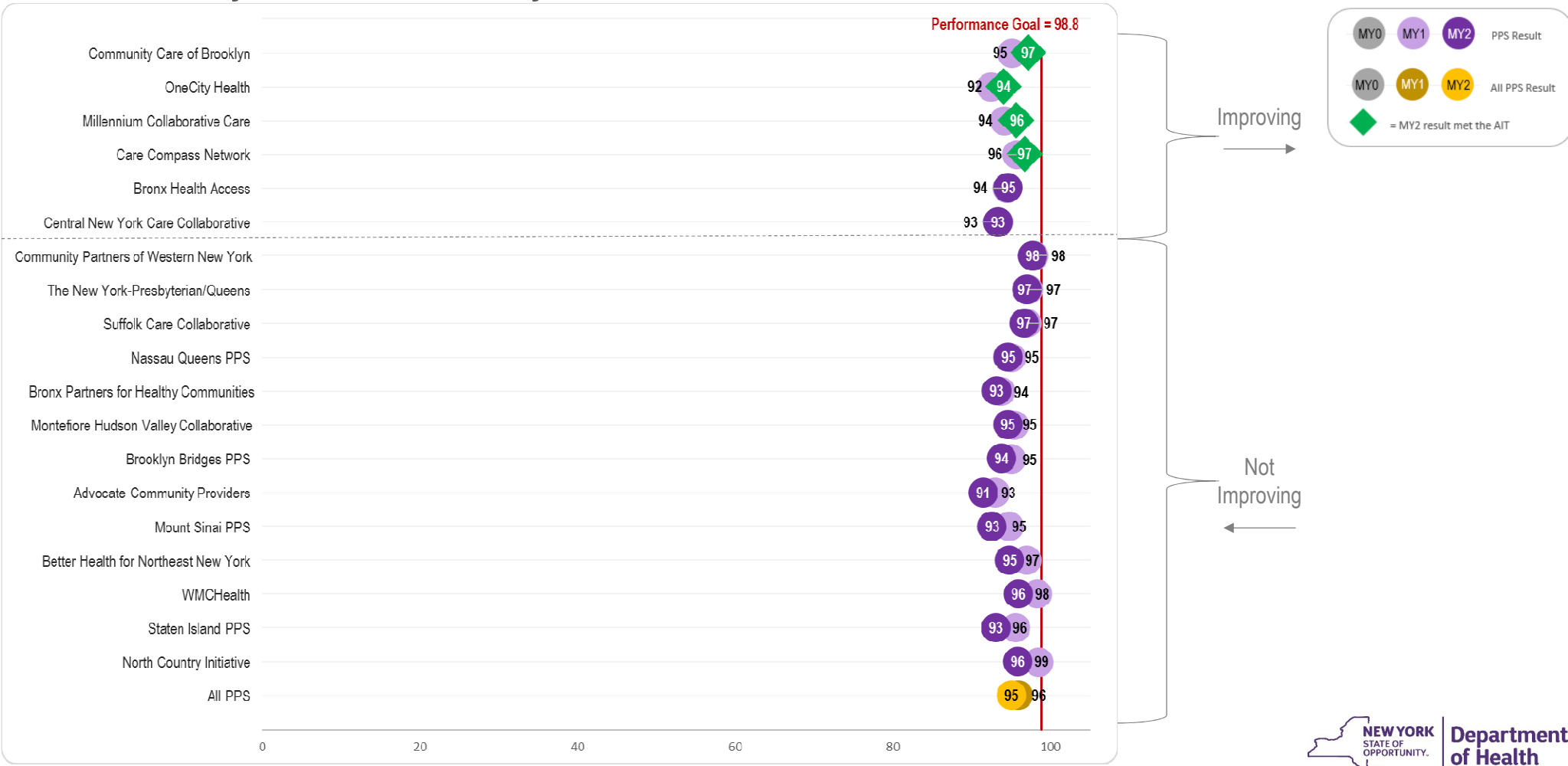
Care Coordination



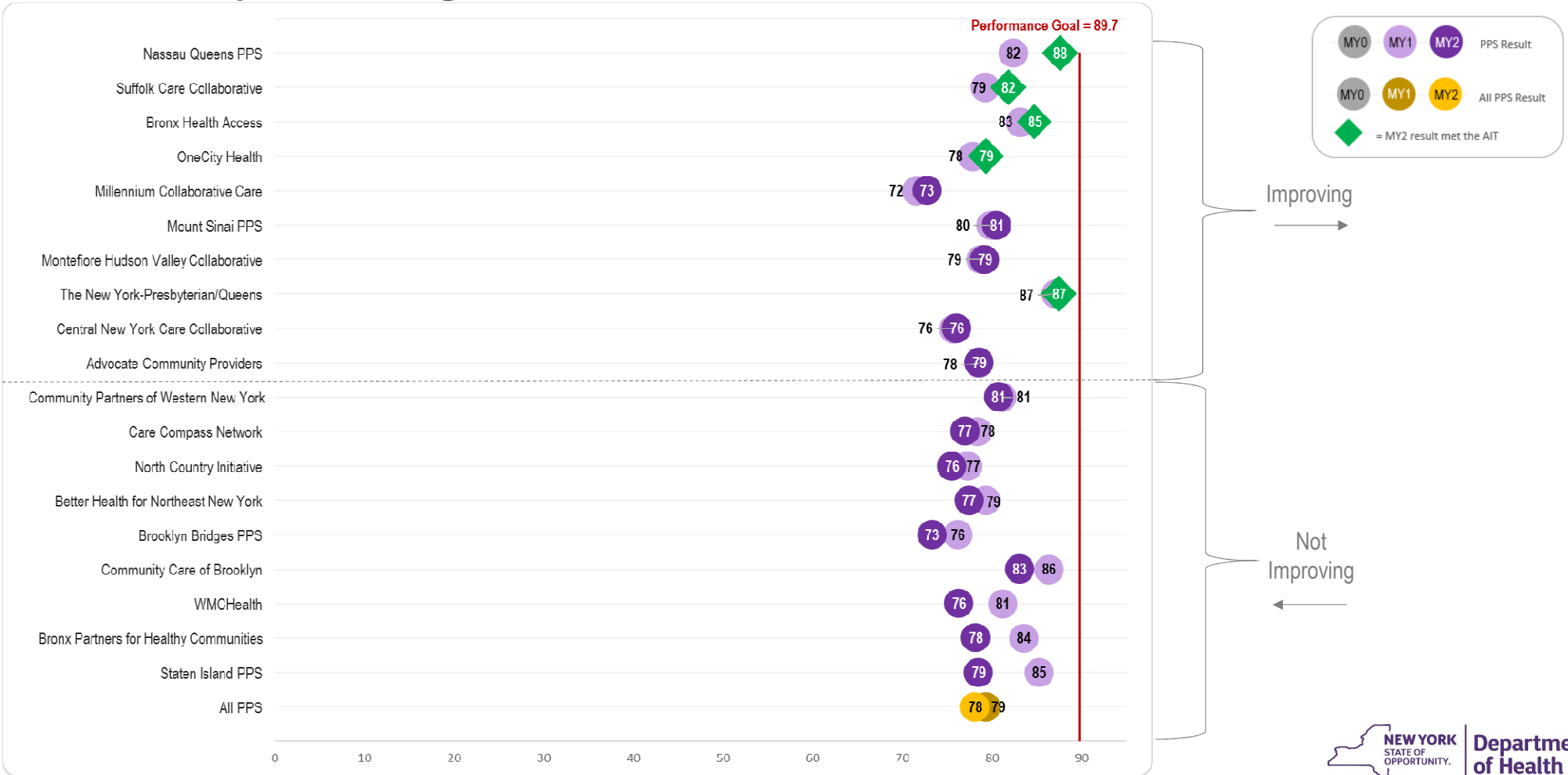
Getting Timely Appointments, Care and Information



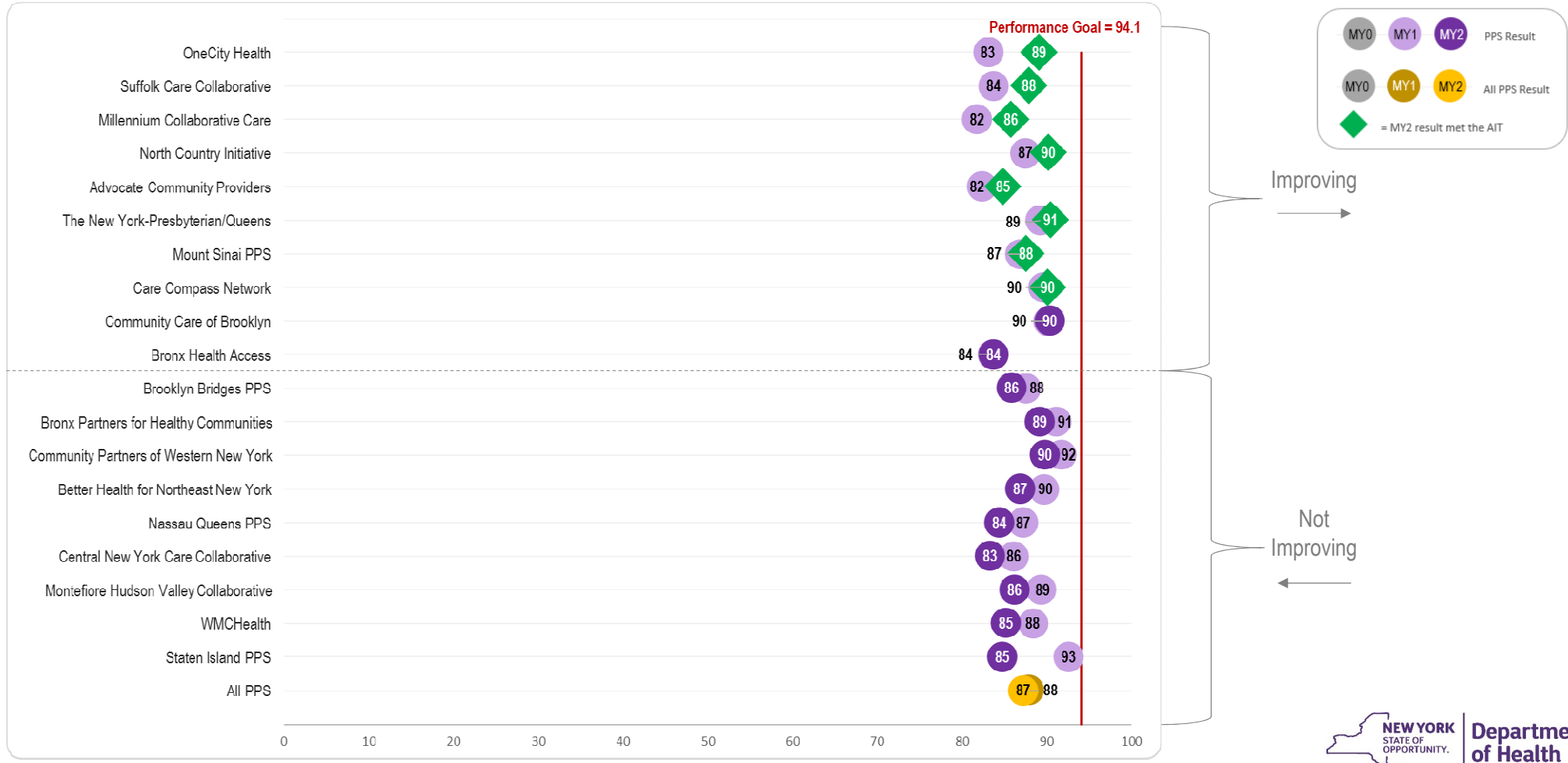
Health Literacy - Instructions Easy to Understand



Health Literacy - Describing How to Follow Instructions



Health Literacy - Explained What To Do If Illness Got Worse



Flu Shots for Adults (Ages 18-64 years)*

* The look-back period for the flu shot question was lengthened by four months in the MY2 C&G CAHPS questionnaire which caused percent increases from MY1 to MY2.



Legend:

- MY0 (Grey circle)
- MY1 (Purple circle)
- MY2 (Yellow circle)
- PPS Result
- MY0 (Grey circle)
- MY1 (Yellow circle)
- MY2 (Yellow circle)
- All PPS Result
- Green Diamond = MY2 result met the AIT

Improving
→

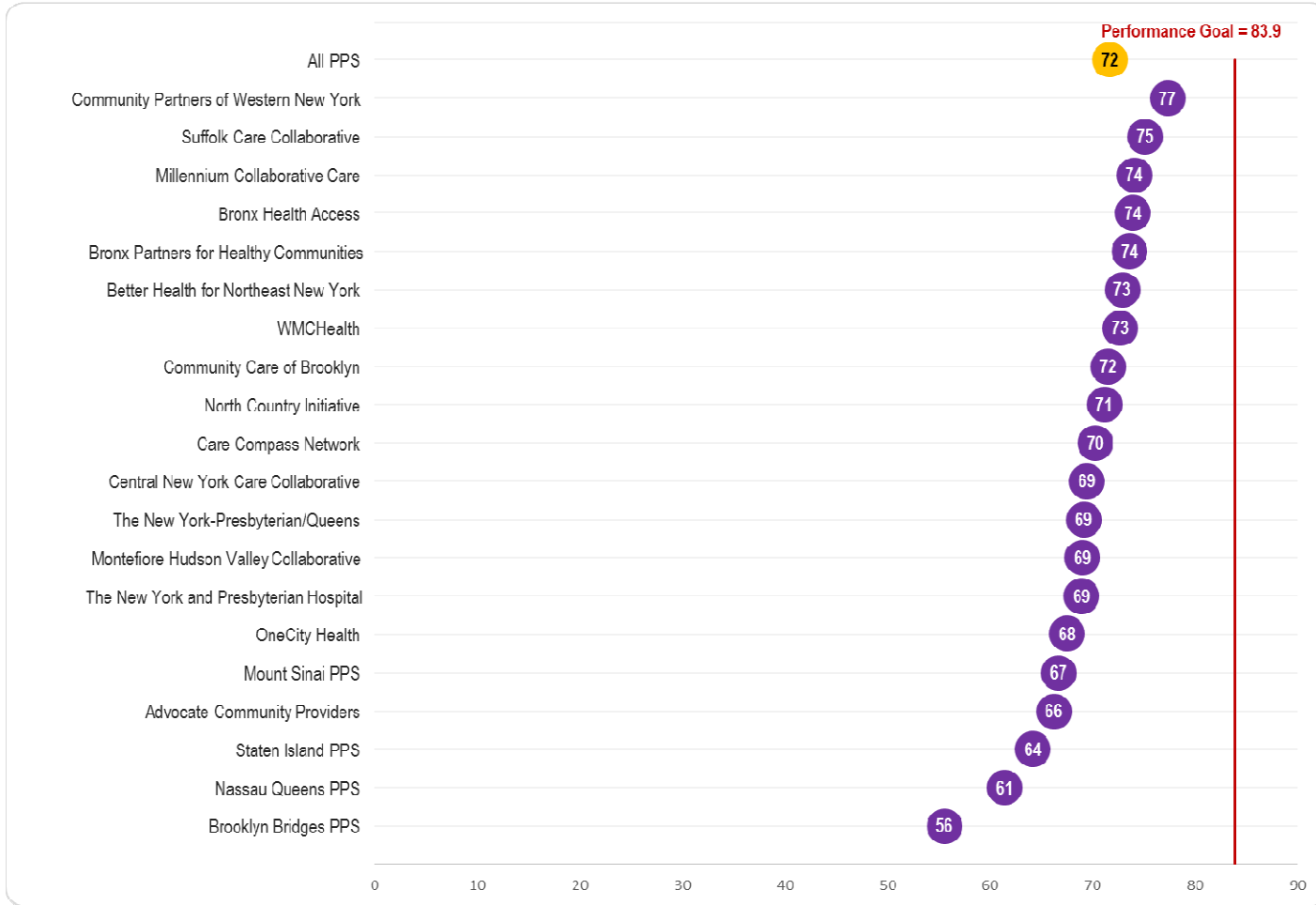
Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit*

* Measure results presented as a 2-year rolling average using both MY1 and MY2



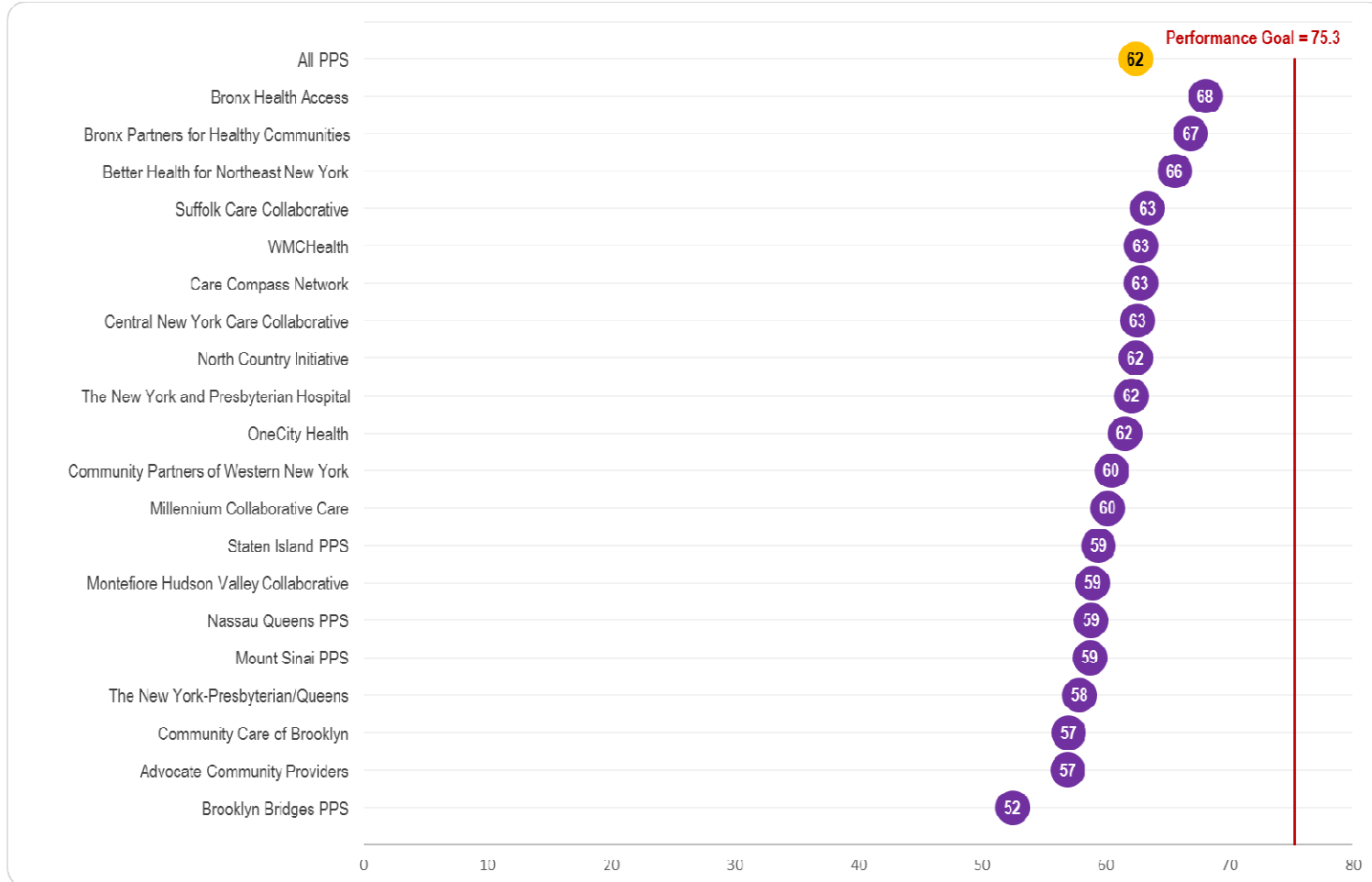
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Medication*

* Measure results presented as a 2-year rolling average using both MY1 and MY2



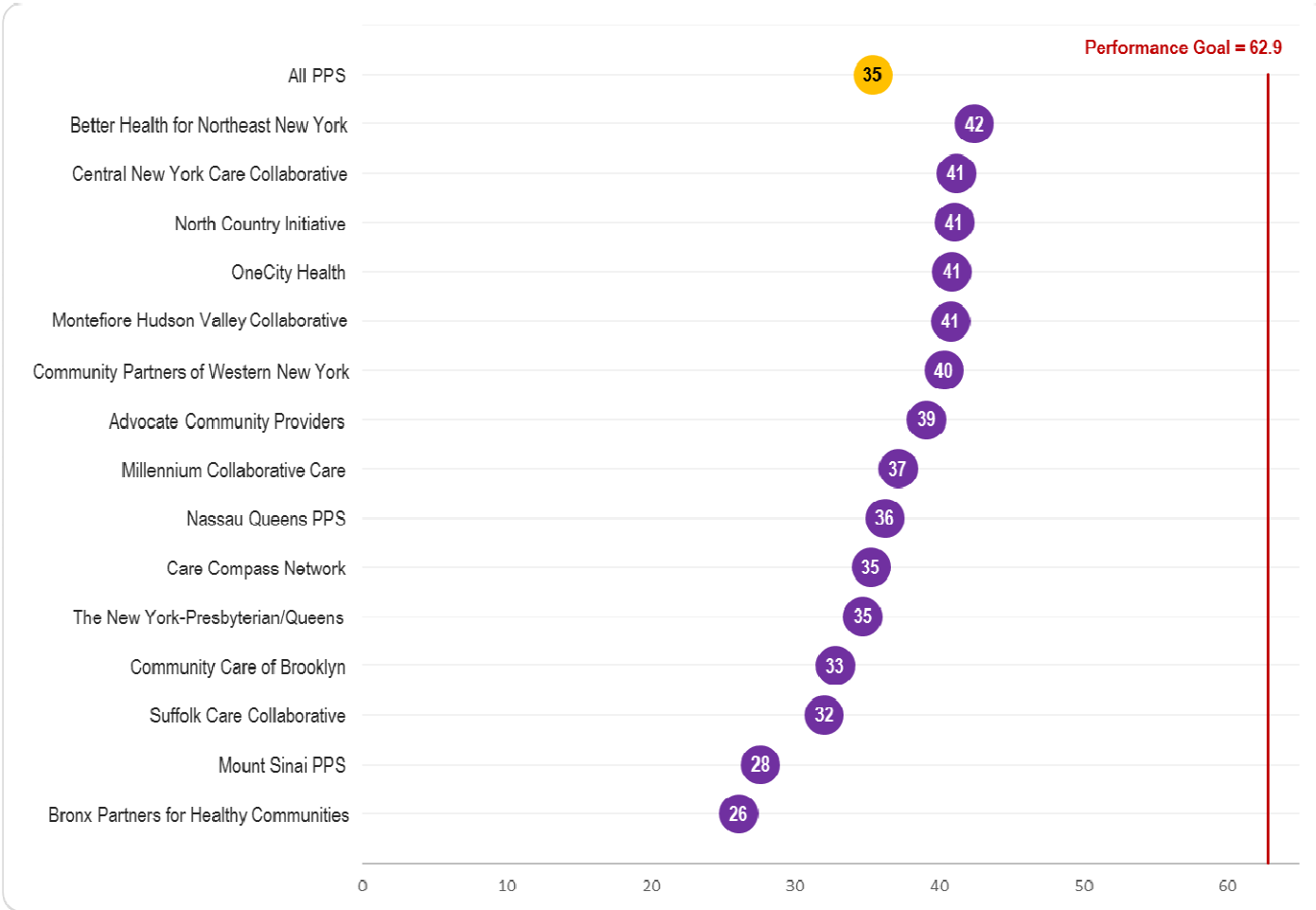
Medical Assistance with Smoking and Tobacco Use Cessation - Discussed Cessation Strategies*

* Measure results presented as a 2-year rolling average using both MY1 and MY2



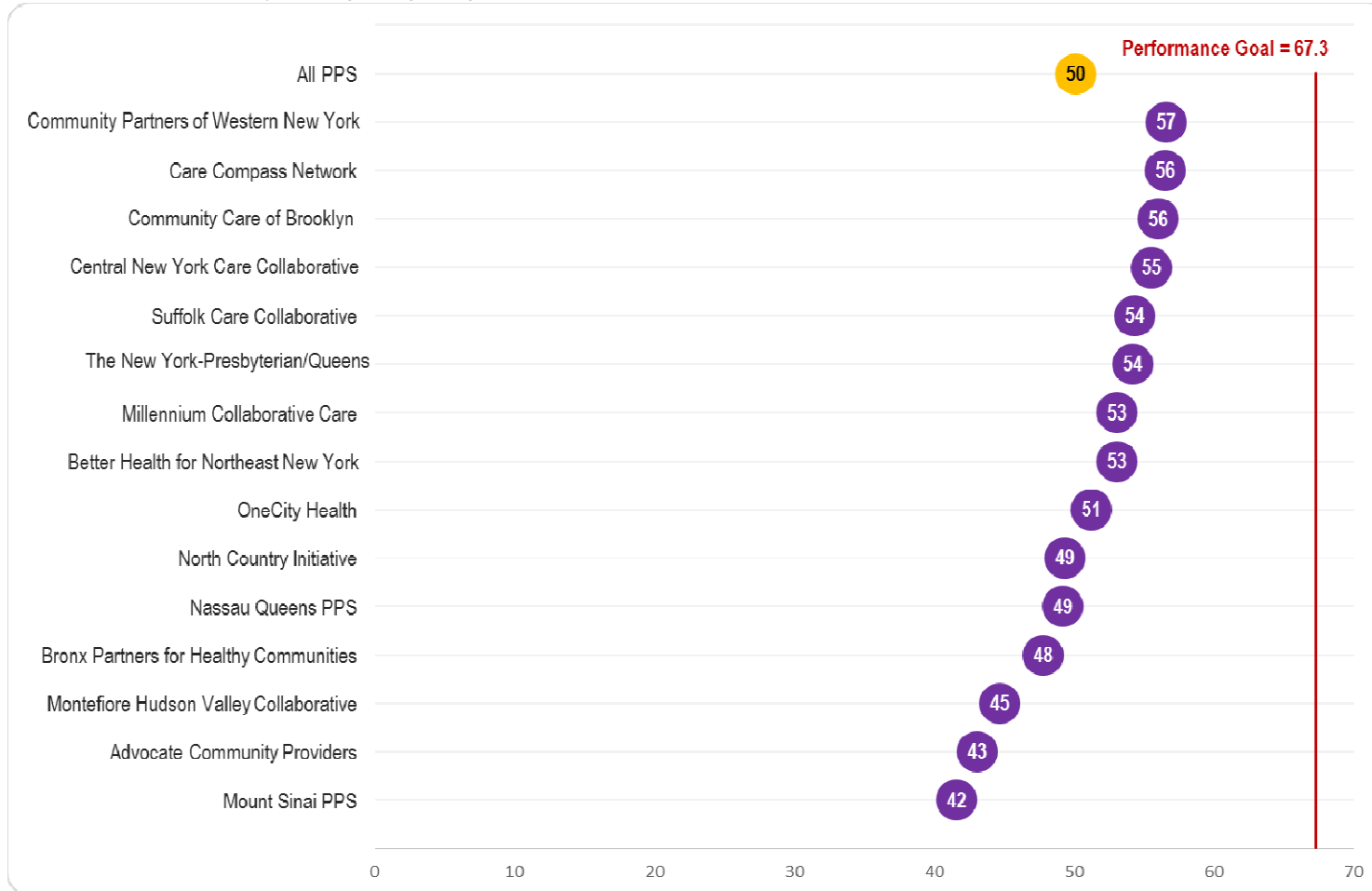
Aspirin Use*

* Measure results presented as a 2-year rolling average using both MY1 and MY2



Discussion of Risks and Benefits of Aspirin Use*

* Measure results presented as a 2-year rolling average using both MY1 and MY2



Medical Record Review Measures

- | | |
|---|------------------|
| 1. Screening for Clinical Depression and Follow-Up | Turns P4P in MY4 |
| 2. Controlling High Blood Pressure | Turns P4P in MY4 |
| 3. Comprehensive Diabetes Care – All Three Tests | Turns P4P in MY4 |
| 4. Comprehensive Diabetes Care – Poor Control | Turns P4P in MY4 |
| 5. Viral Load Suppression | Turns P4P in MY4 |
| 6. Frequency of Ongoing Prenatal Care (81% or more) | Turns P4P in MY4 |
| 7. Timeliness of Prenatal Care | Turns P4P in MY4 |
| 8. Postpartum Visits | Turns P4P in MY4 |
| 9. Childhood Immunization Status | Turns P4P in MY4 |
| 10. Lead Screening in Children | Turns P4P in MY4 |

Screening for Clinical Depression and Follow-Up Care



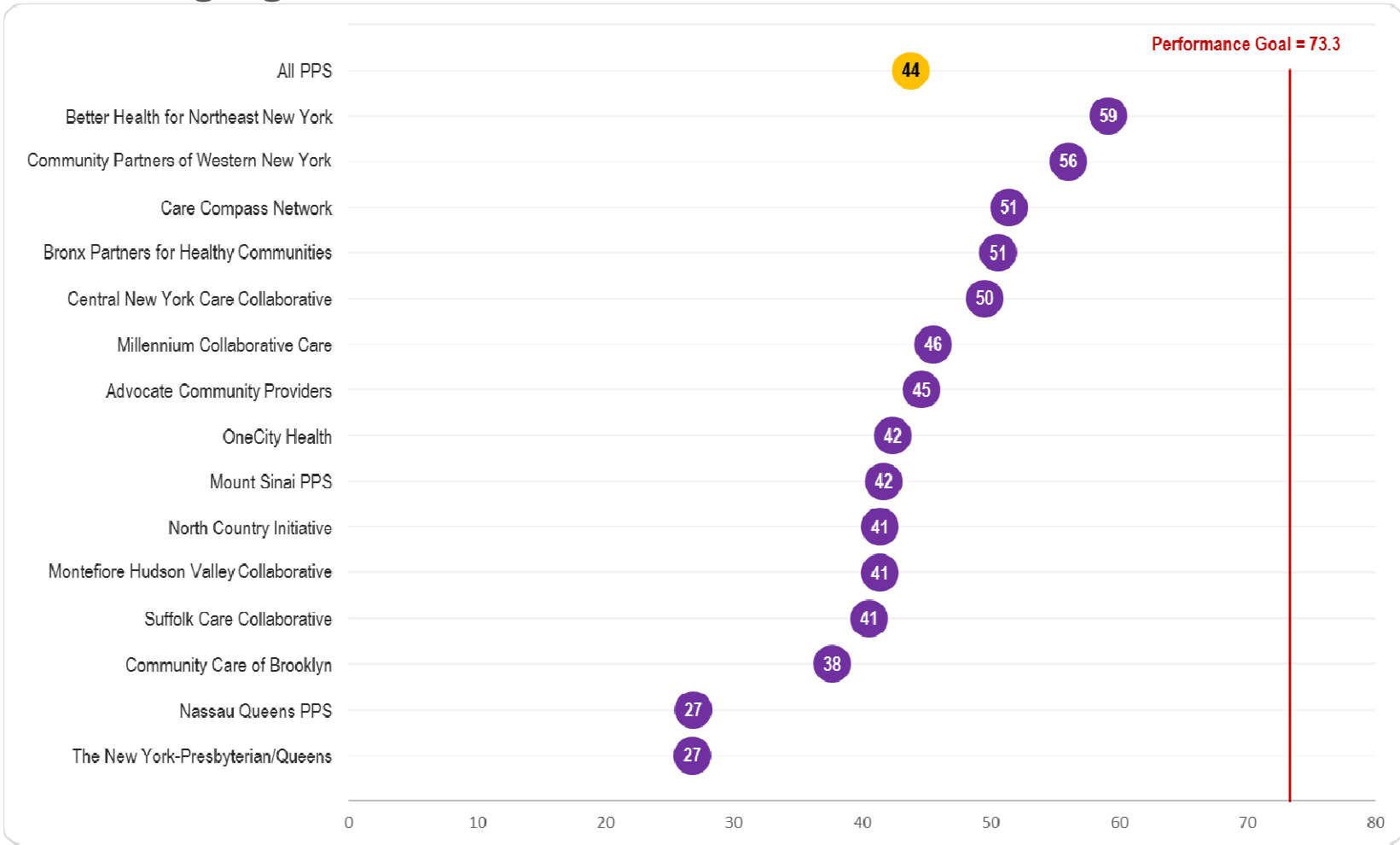
MY0 PPS Result
 MY1 PPS Result
 MY2 PPS Result
 MY0 All PPS Result
 MY1 All PPS Result
 MY2 All PPS Result
 = MY2 result met the AIT

Improving →

← Not Improving



Controlling High Blood Pressure



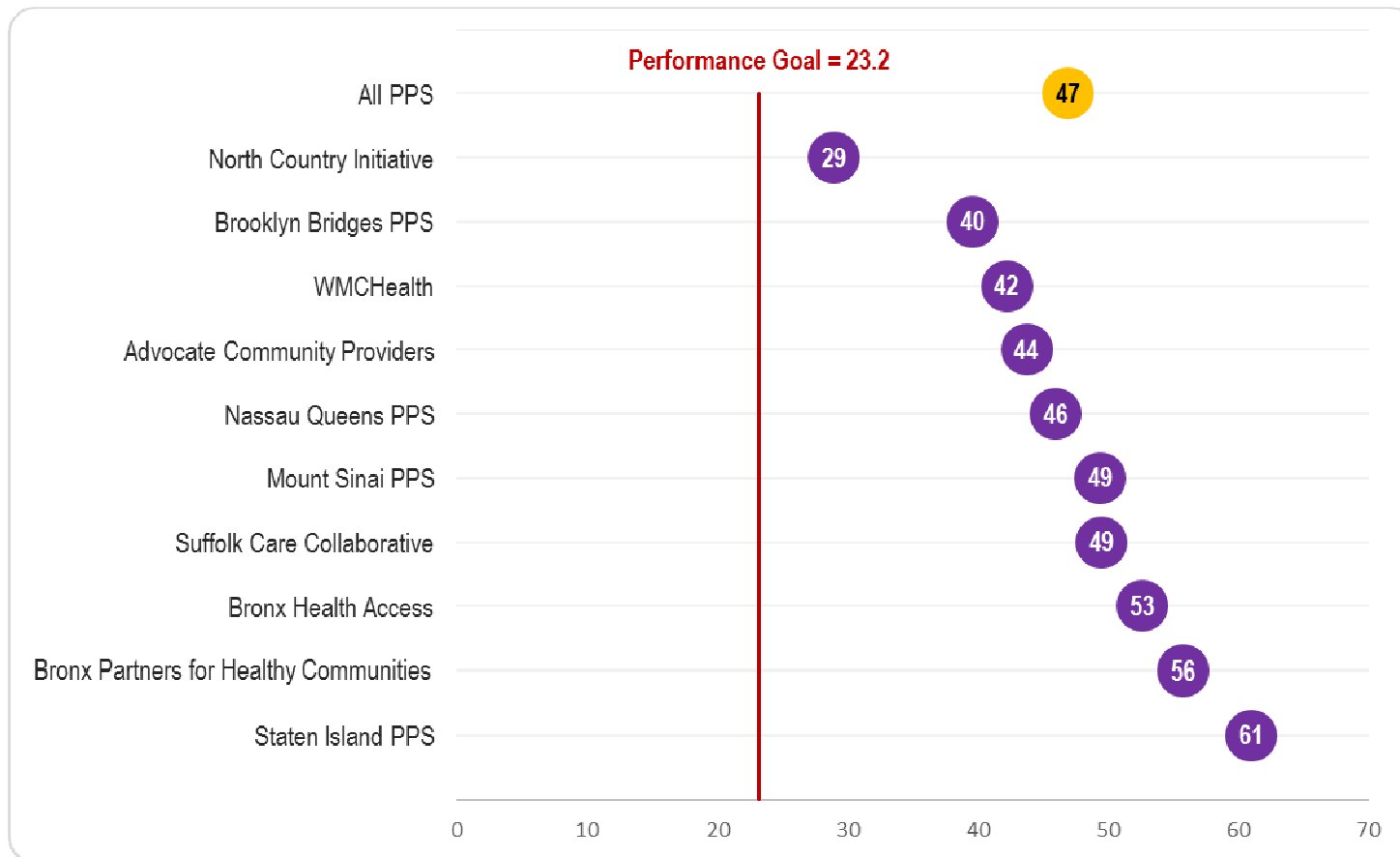
MY0
MY1
MY2 PPS Result
MY0
MY1
MY2 All PPS Result
◆ = MY2 result met the AIT

Comprehensive Diabetes Care - All Three Tests (HbA1c, dilated eye exam, nephropathy monitor)



Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Poor Control (>9.0%)±

± A lower rate is desirable



Legend for PPS Results:

- MY0 (Grey circle)
- MY1 (Purple circle)
- MY2 (Yellow circle)

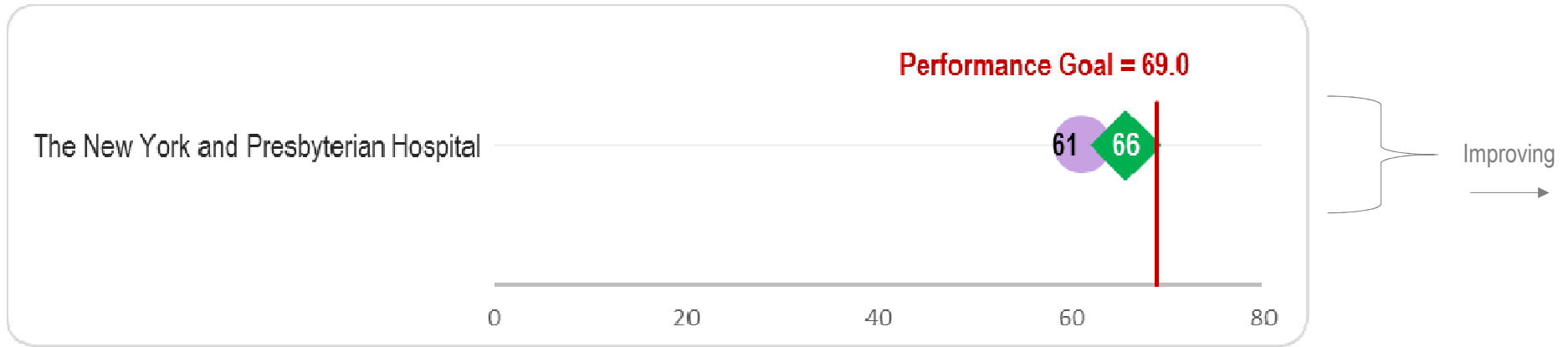
Legend for All PPS Results:

- MY0 (Grey circle)
- MY1 (Yellow circle)
- MY2 (Yellow circle)

Legend for AIT:

- Green diamond = MY2 result met the AIT

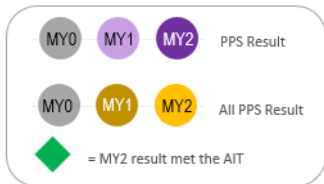
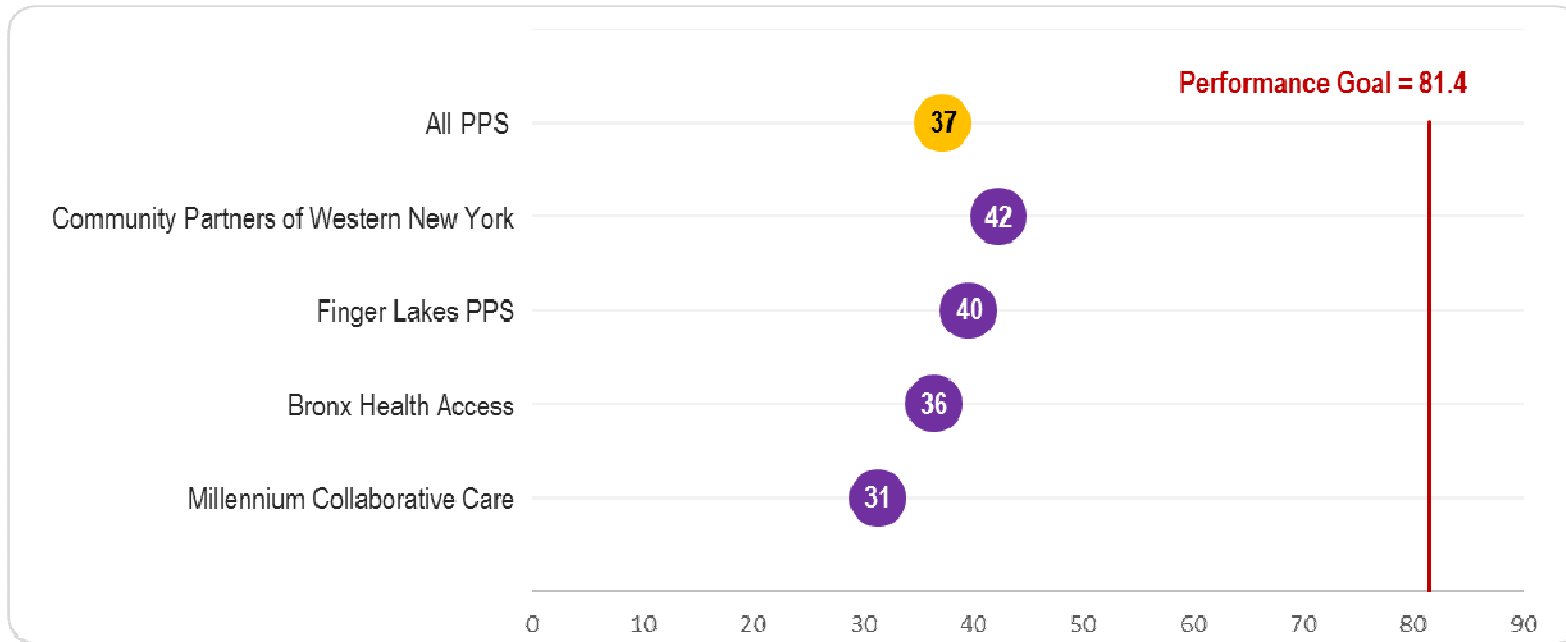
Viral Load Suppression



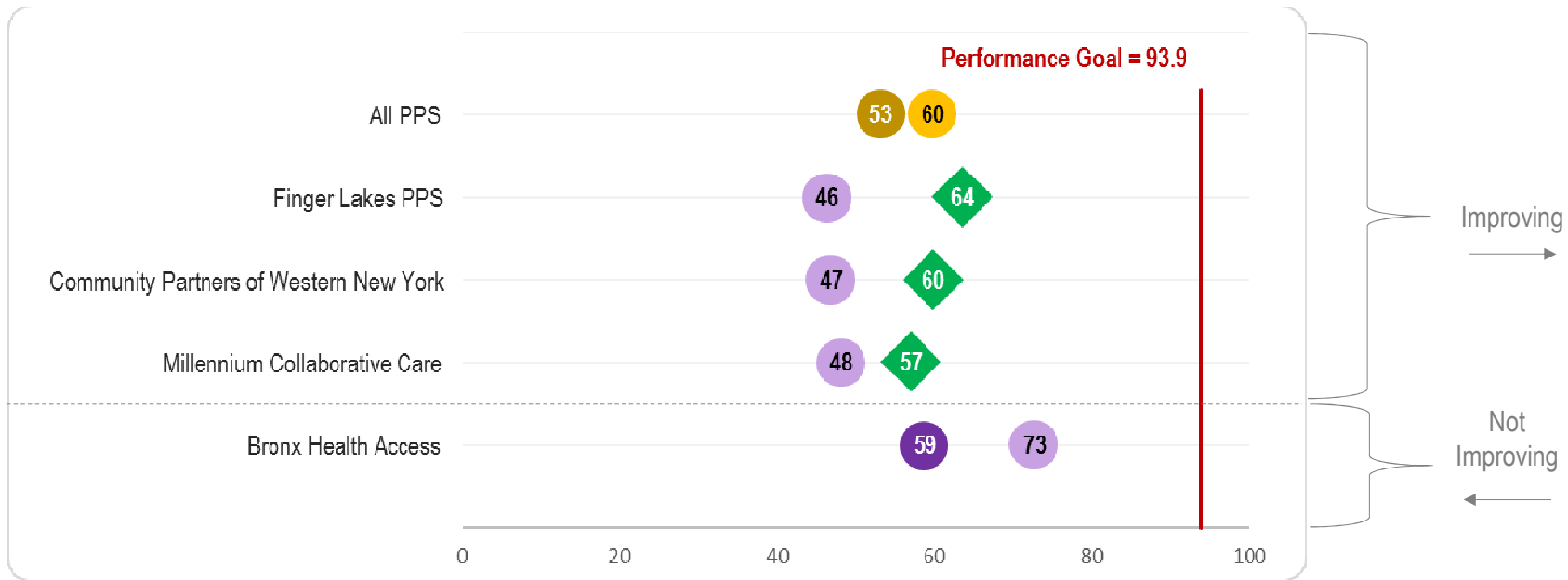
Legend:

- MY0 MY1 MY2 PPS Result
- MY0 MY1 MY2 All PPS Result
- ◆ = MY2 result met the AIT

Frequency of Ongoing Prenatal Care ($\geq 81\%$ of expected visits)



Prenatal and Postpartum Care - Timeliness of Prenatal Care

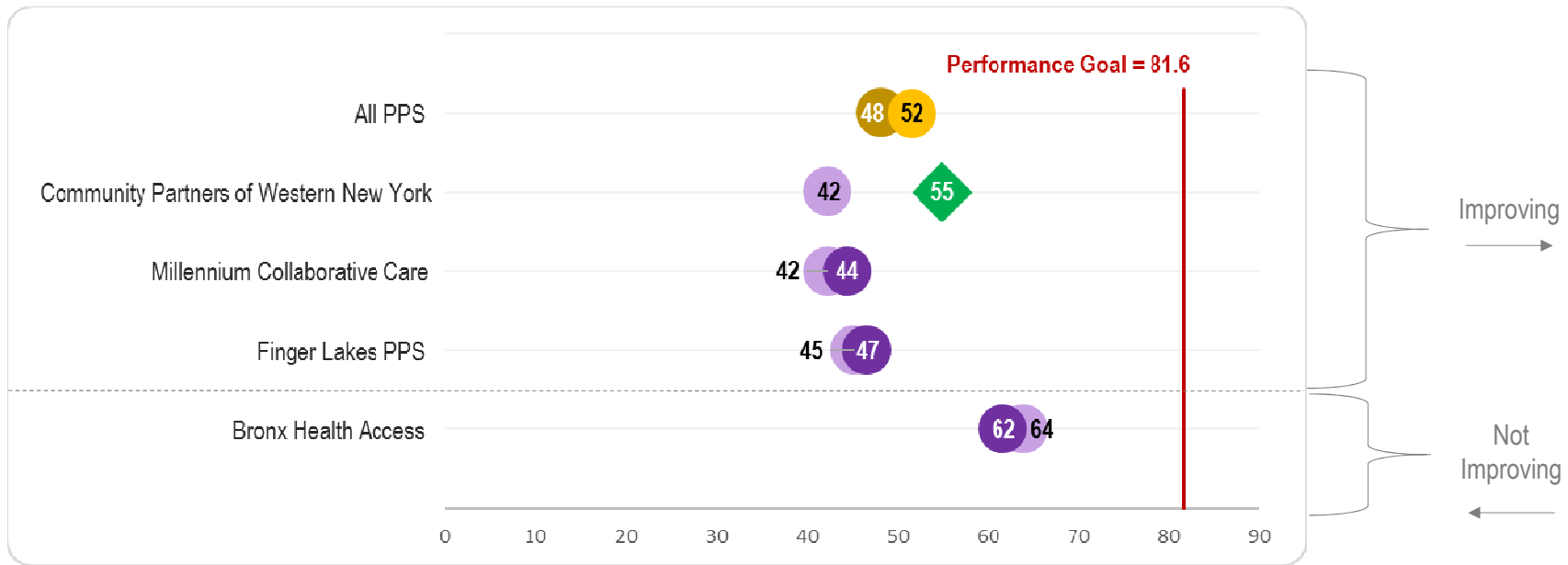


MY0
 MY1
 MY2
 PPS Result

MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

Prenatal and Postpartum Care - Postpartum Visits

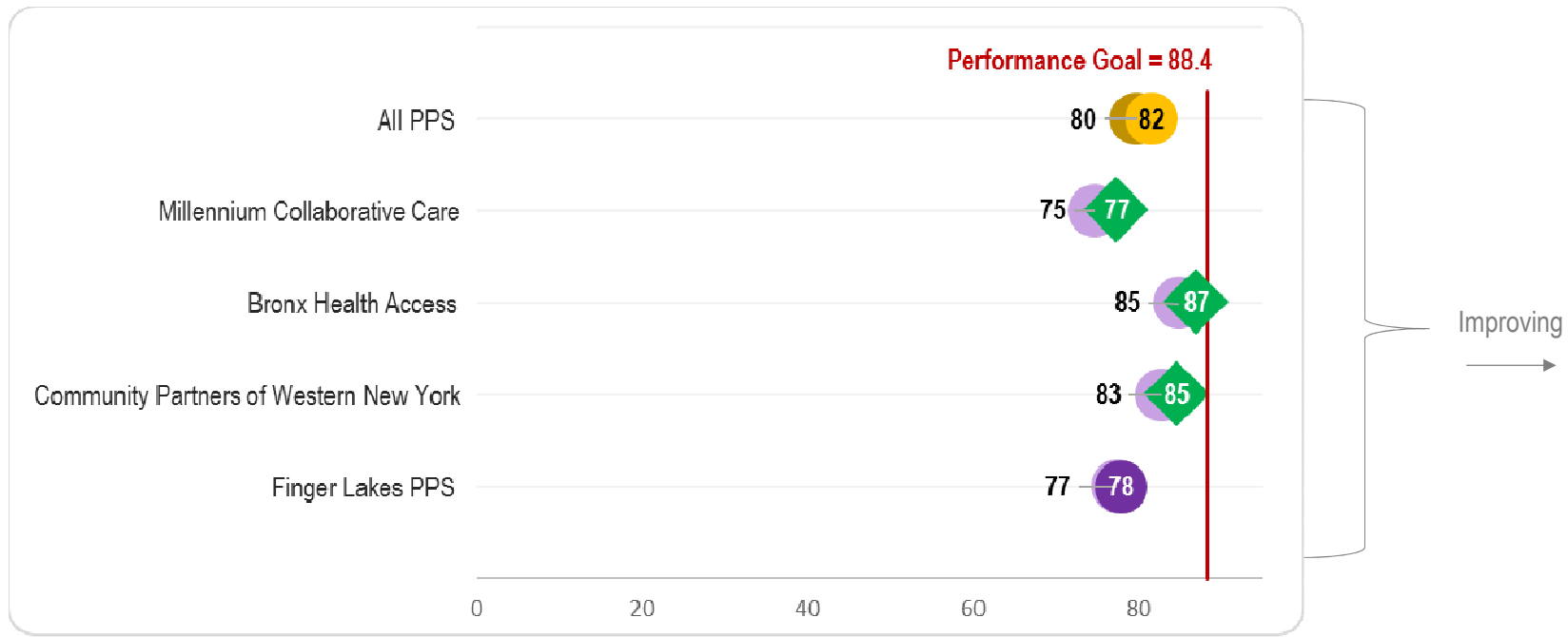


MY0
 MY1
 MY2
 PPS Result

MY0
 MY1
 MY2
 All PPS Result

= MY2 result met the AIT

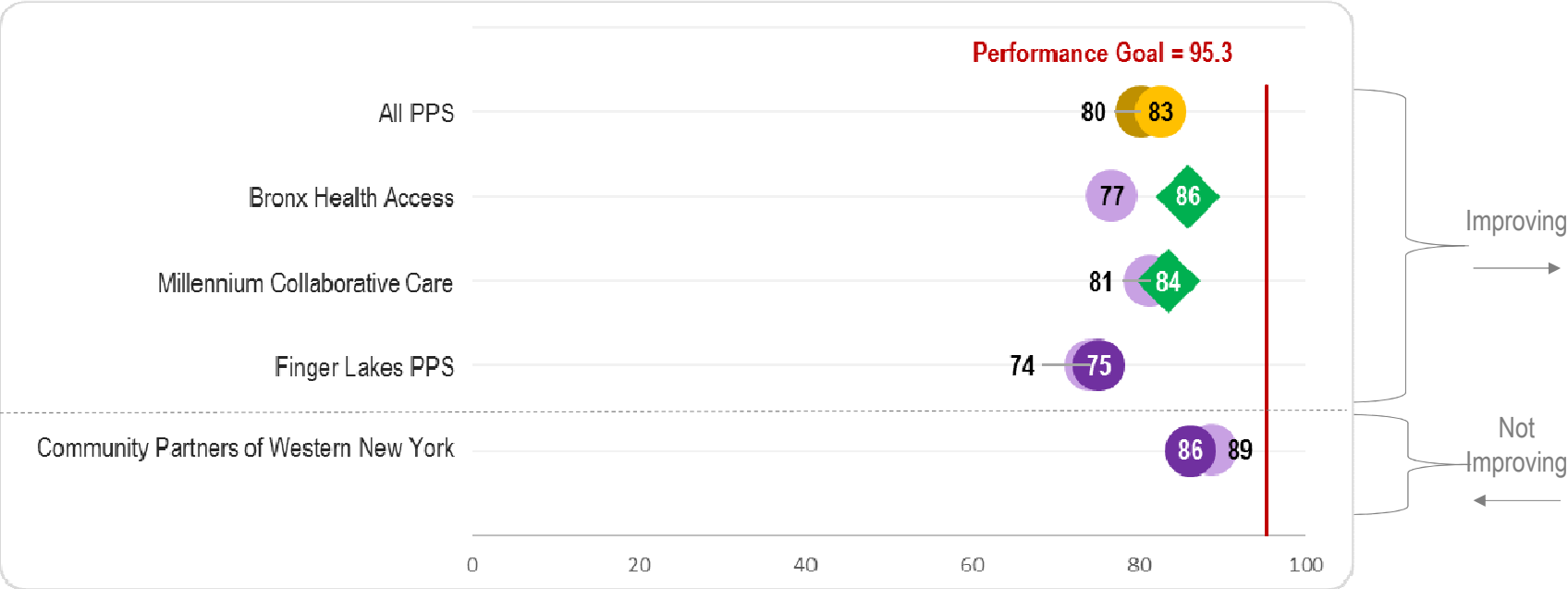
Childhood Immunization Status (Combination 3 - 4313314)



Legend:

- MY0 (Grey circle), MY1 (Purple circle), MY2 (Dark Purple circle) = PPS Result
- MY0 (Grey circle), MY1 (Yellow circle), MY2 (Orange circle) = All PPS Result
- Green Diamond = MY2 result met the AIT

Lead Screening in Children



Legend:

- MY0 (grey circle), MY1 (purple circle), MY2 (dark purple circle) = PPS Result
- MY0 (grey circle), MY1 (yellow circle), MY2 (orange circle) = All PPS Result
- Green diamond = MY2 result met the AIT

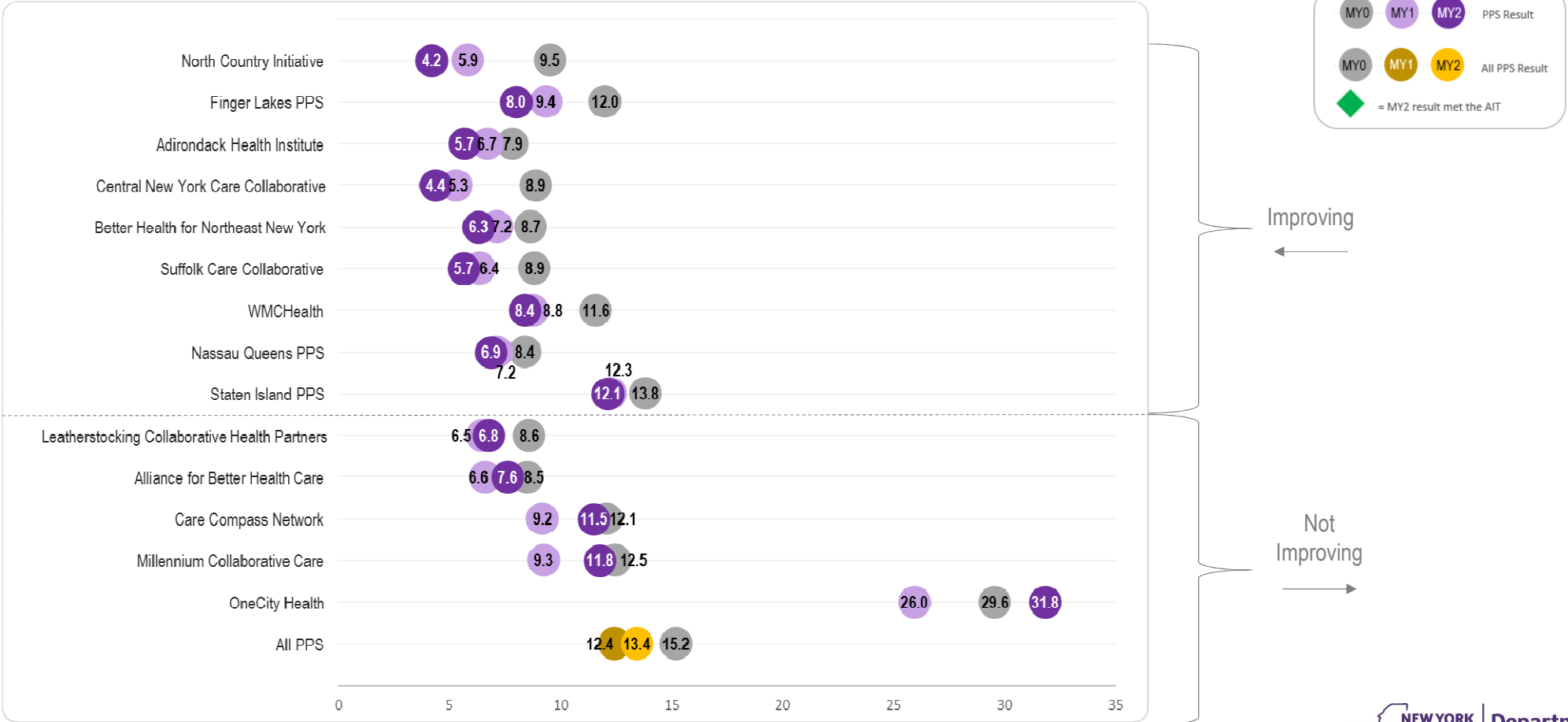
Uninsured Population (Project 2.d.i)

1. Emergency Department Use Among the Uninsured

Turns P4P in MY3

Emergency Department Use by the Uninsured^{+/-}

[±] A lower rate is desirable



Care Transition from Hospital (HCAHPS)

1. Care Transition Metrics

Turns P4P in MY3

Care Transition From Hospital (HCAHPS)

