



**Department
of Health**

Medicaid
Redesign Team

Behavioral Health (BH) / Health and Recovery Plan (HARP) VBP Clinical Advisory Group (CAG) Meeting #2

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September 13, 2017

Agenda

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| 1. Opening Remarks and Objectives | 5 min |
| 2. DSRIP Measurement Year 2 Inpatient High Utilizers | 10 min |
| 3. Review of Quality Measure Set Development and Maintenance Process | 20 min |
| 4. Update on Measures Currently Under Development | 30 min |
| 5. Next Steps for Finalizing the 2018 Measure Set and Beginning the Process for 2019 | 20 min |
| 6. Closing Remarks and Next Steps | 5 min |

Opening Remarks and Objectives

September CAG Meeting Objectives:

1. Discuss the preliminary findings from the Measure Feasibility Task Force and Sub-team meetings.
2. Update group on the progress and status of Office of Mental Health (OMH) / Office of Alcoholism and Substance Abuse Services (OASAS) measures out for public comment.
3. Gain feedback from the group regarding quality measurement goals for 2019.

Section 2:

DSRIP Measurement Year 2 Inpatient High Utilizers

Section 3:

Review of Quality Measure Set Development and Maintenance Process

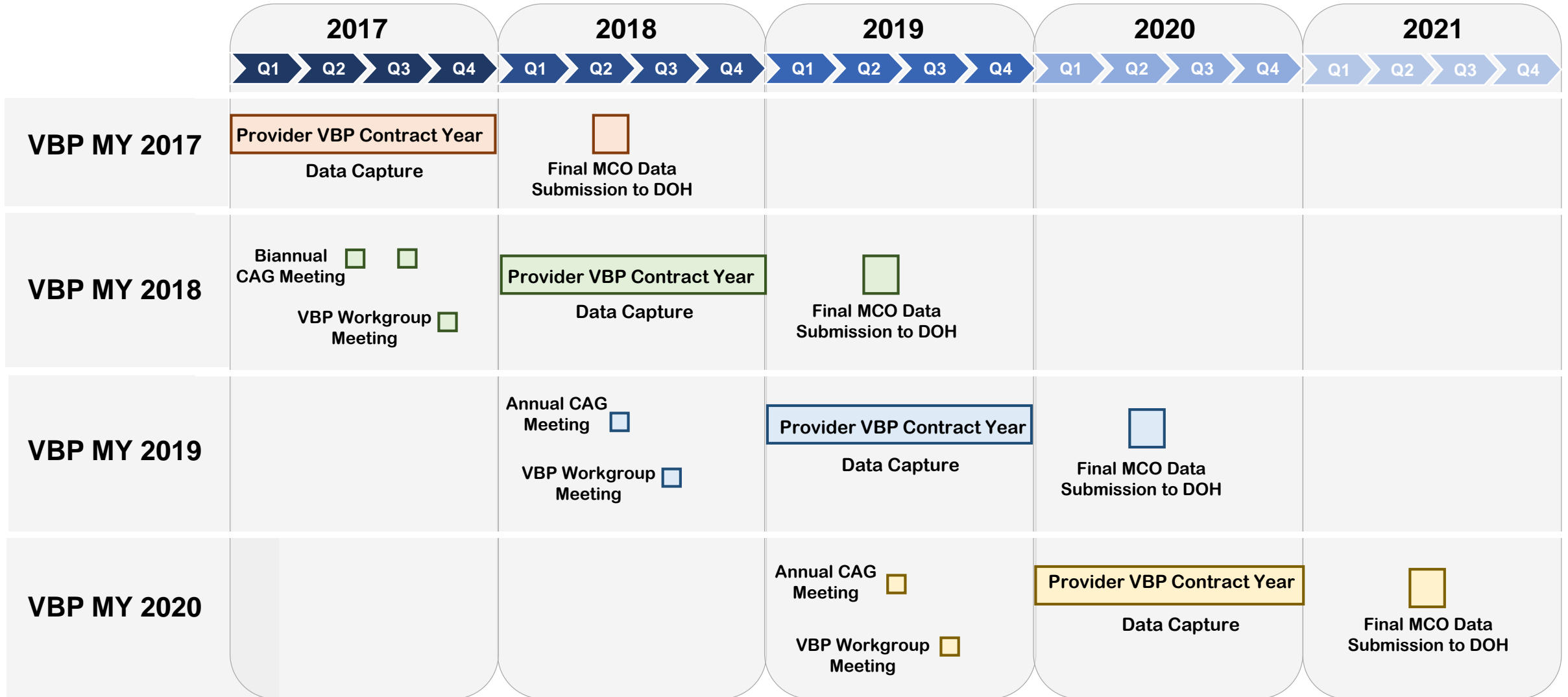
VBP Measure Set Development: *Crawl, Walk, Run!*



Status in VBP	<ul style="list-style-type: none"> • Several measures require final specifications and/or clinical or other data elements 	<ul style="list-style-type: none"> • Work with measure stewards to develop and finalize specifications 	<ul style="list-style-type: none"> • Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	<ul style="list-style-type: none"> • Assess data availability • Identify and investigate potential data sources • Survey technological capabilities 	<ul style="list-style-type: none"> • Implement new data and reporting flows • Develop additional data sources 	<ul style="list-style-type: none"> • Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	<ul style="list-style-type: none"> • Gather requirements for data collection • Begin developing infrastructure to support new data sources 	<ul style="list-style-type: none"> • Initiate testing and evaluation of data collection methodologies • Work closely with technology vendors 	<ul style="list-style-type: none"> • Data and reporting flows have been established • New data source infrastructure established

Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

VBP Contracting, Measure Implementation and Reporting Timeline



Quality Measurement Development and Maintenance

2017-2018 Measure Review Process

Purpose: Review feedback from VBP Pilot Contractors and Managed Care Organizations (MCOs) as it relates to feasibility of data collection and reporting at a VBP Contractor unit of analysis.

- **Cadence:** General Committee: Bi-monthly; Sub-teams: Monthly
- **Stakeholders:** Quality Measurement Professionals, VBP Pilots (Plans and Contractors)

Sub-teams:

- Behavioral Health (BH) / Health and Recovery Plan (HARP)
- Health Information Technology (HIT)-Enabled Quality Measurement
- HIV/AIDS
- Maternity
- Total Care for the General Population (TCGP) / Integrated Primary Care (IPC)

Monthly:
Measure Feasibility Task Force and Sub-teams*

As Needed:
Clinical Validation Groups (CVGs)*

Purpose: Define and refine the episodes of care for each VBP Arrangement as well as for each Potentially Avoidable Complication (PAC) measure.

- **Cadence:** As necessary
- **Stakeholders:** New York State (NYS) Agencies** (OHIP, OQPS, OMH, OASAS, etc.) and Altarum

June – September:
Clinical Advisory Groups (CAGs)

Purpose: Identify and fill critical gaps in the clinical and care delivery goals to strengthen Statewide quality measurement program.

- **Cadence:** Annual (or bi-annual) meeting
- **Stakeholders:** NYS Agencies, CAG Members (Clinicians/ Medical Professionals from across the State)

October:
Release Annual VBP Quality Measure Reporting Manual

Early October:
VBP Workgroup

CAGs:

- BH/HARP
- Children's Health
- Chronic Conditions/ Primary Care
- HIV/AIDS
- Managed Long Term Care (MLTC)
- Maternity

* Initially for 2017-2018, the Measure Feasibility Task Force and CVGs require a more intensive effort. The workload for these groups is expected to taper off after the VBP Pilot program ends after 2018.

** OHIP: Office of Health Insurance Programs, OQPS: Office of Quality and Patient Safety, OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services.

Section 4:

Update on Measures Currently Under Development

Behavioral Health and Substance Use Disorder (SUD) Measures

Stakeholder Engagement Process for Measure Review

Department of Health Approach

Clinical Advisory Groups

The CAG activities focused on refining the priority clinical and care delivery goals for the VBP arrangement measure sets, providing recommendations for future measure development and inclusion within the measure sets to drive improvement and achieve results per VBP Roadmap.

Measure Feasibility Task Force

The Measure Feasibility Task Force reviewed the VBP arrangement measure sets to assist in building a clear picture of the current state and anticipated challenges regarding data capture, data flows, and the approaches taken by MCOs and provider organizations in the selection and utilization of measures within quality programs and VBP contracting.

Public Comment and Survey

In addition to the workgroups above, the state pursued additional outreach efforts including public engagement through request for comment on measurement specifications and a survey of the current state and challenges of measure implementation and reporting.

12 Week Intensive Stakeholder Review Process

50+

Represented Groups
and Organizations

35+

Meeting Hours

200+

Stakeholders
Engaged

Measure Feasibility Task Force BH/ HARP Sub-team

Feasibility Challenges Identified for BH Measures

Measure Feasibility Task Force Sub-teams held several meetings throughout July to conduct focused reviews and identify measure feasibility issues specific to the assigned arrangements and focus areas. Below is a summary of the challenges, barriers, questions, needs, and opportunities (grouped by common themes) identified by the BH/HARP sub-team.

Measurement Population

- Attribution:
 - Pilot participants are looking for additional guidance defining the approach to attribution based on eligibility for or enrollment in a Health Home.

Data Capture for Measurement and Reporting

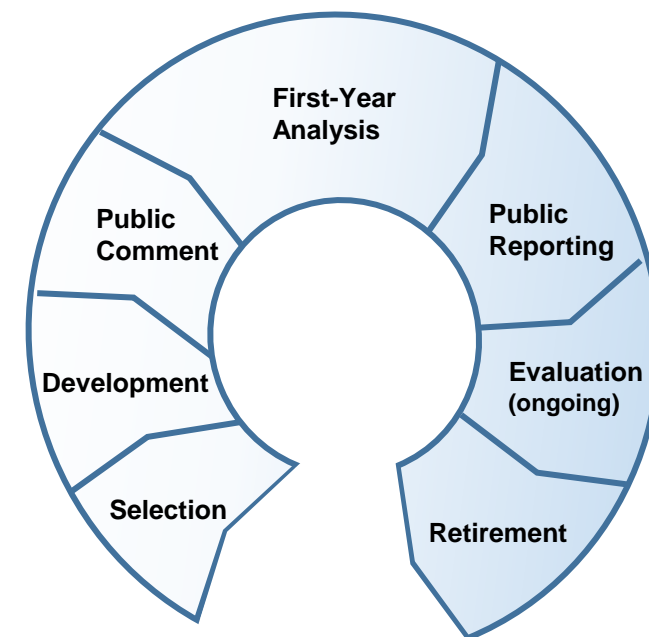
- Resource Requirements:
 - Measures requiring supplemental clinical and administrative data require significant resources and labor-intensive work in the form of chart review, manual data abstraction, and programming electronic systems for data element capture, storage, and reporting. Do plan and provider systems have the capacity to capture new, non-HEDIS measures?
 - Health Homes: Do Health Homes have the resources necessary to capture and electronically report data? Do Health Homes have the financial resources to bear risk in a VBP Arrangement?
- Data Origin and Context:
 - RHIOs are currently unable to distinguish between data belonging to the different plans. This prevents the RHIO from pushing data to plans in the absence of an input file instructing the extraction of member-level data.

Measure Feasibility Task Force Meetings

- Upcoming Meetings:
 - Task Force General Meeting #3: 9/26 (9:00 – 10:30)
 - TCGP Sub-team Meeting #4: 10/24 (11:00 – 12:00)
 - HIV/AIDS Sub-team Meeting #4: 10/25 (9:00 – 10:00)
 - BH/HARP Sub-team Meeting #4: 10/25 (3:00 – 4:00)
 - Maternity Sub-team Meeting #2: 10/26 (9:00 – 10:00)
 - HIT Sub-team Meeting #4: 10/27 (1:00 – 2:00)

Measure Consensus Development Process

1. Topic selection – identify measures consistent with the overall model for performance measurement.
2. Development – ensures that measures are fully defined and tested before the organization collects them.
3. Public Comment – 30-day review period that allows the public and stakeholders to offer feedback on measures.
4. First-Year Analysis – requires organizations to collect, be audited on, and report these measures.
5. Public Reporting – is based on first-year measure evaluation results.
6. Evaluation – ongoing review of a measure's performance and recommendations for its refinement, modification or retirement.
7. Retirement



Specifications for 12 new BH measures were released for public comment on 8/14.

Status of Measure Development

Measure	Status
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Measure to be updated for Medicaid
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	Measure concepts and draft technical specifications under development
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	
Initiation of Pharmacotherapy for Alcohol Dependence	
Initiation of Pharmacotherapy for Opioid Use Disorder	
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	
Utilization of Pharmacotherapy for Alcohol Dependence	
Utilization of Pharmacotherapy for Opioid Use Disorder	State initiated analysis of measures. Researching use of UAS data for measure calculation
Percentage of Members Who Receive Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) for at Least 3 Months in Reporting Year	
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	
Percentage of Members with Maintenance of Stable or Improved Housing Status	
Percentage of Members with Reduced Criminal Justice Involvement	

Preliminary Summary of Public Comment for New 2018 Measures

Substance Use Disorder (SUD) Measures

Measure	Summary of Public Comments
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	<ul style="list-style-type: none"> • Trouble for provider systems to connect and track patient follow up • Follow up can happen with other providers besides Alcohol and Other Drug (AOD); no restriction to AOD • Need more clarity on measure specification/calculation
Initiation and Utilization of Pharmacotherapy for Alcohol Dependence	<ul style="list-style-type: none"> • 30-day window too short a period for initiation; member consent is needed • Is this a clinical guideline? <ul style="list-style-type: none"> ○ Other treatments are appropriate for alcohol dependence (e.g., counseling) • Need more clarity on measure specification/calculation
Initiation and Utilization of pharmacotherapy for opioid use disorder	<ul style="list-style-type: none"> • Trouble for provider systems to connect and track patient follow up (e.g., for the PCP) • How will patients using methadone clinics be captured? • Reversal agents should be added to the measure • Need more clarity on measure specification/calculation

Preliminary Summary of Public Comment for New 2018 Measures

Home and Community Based Services (HCBS) Social Determinant Measures

Measure	Summary of Public Comments
Percentage of Members with Maintenance of Stable or Improved Housing Status	<ul style="list-style-type: none"> • Measure not appropriate for VBP (e.g. “out of my control as a provider”) <ul style="list-style-type: none"> ○ Housing – dependent on availability of low income housing ○ Employment – other barriers exist to employment such as Medicaid eligibility ○ PROS – Community services may not be available in a certain area • Upper limit for 1st and 2nd tracking should be long/unlimited (e.g., 15 months) <ul style="list-style-type: none"> ○ It takes time to connect people and do follow up • Not aware of data that is available to track the measure • Need measure specification clarification
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	
Percentage of Members with Reduced Criminal Justice Involvement	
Percentage of Members Who Receive PROS or HCBS for at Least 3 Months in Reporting Year	

Preliminary Summary of Public Comment for New 2018 Measures

Hospitalization Related Measures

Measure	Summary of Public Comments
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	<ul style="list-style-type: none">• Measure would be helpful• Provider access to data is problematic• PROS and Assertive Community Treatment (ACT) are follow up but bill monthly and may not show as follow up• Hard to separate Potentially Preventable for BH conditions only<ul style="list-style-type: none">○ Needs field testing

Preliminary Summary of Public Comment for New 2018 Measures

General Feedback

1. Need help with data and IT systems development to maintain measures.
2. How will the state integrate these measures? Use QARR as vehicle?
3. Many new measures – helpful to prioritize.
4. More information on measure specifications (e.g., numerator and denominator calculation is needed).

Section 5:

Next Steps for Finalizing the 2018 Measure Set and Beginning the Process for 2019

Finalizing 2018 Measures and Beginning the Process for 2019

Finalizing the Measure Set for 2018

- DOH continues aggregating public comments from new measures
 - The DOH and other agencies will be meeting internally on 9/21 to finalize the 2018 Measure Set in preparation for the VBP Workgroup meeting in early October.
 - Any outstanding comments regarding the proposed measure set must be submitted to DOH by 9/19.
- **Workgroup meets October 2nd – for Final Measure Approval for 2018**

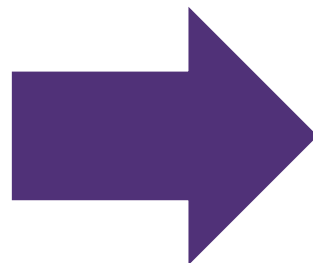
Beginning the Process for 2019

- The CAGs will reconvene next year (date to be determined) to continue to review, identify, and fill critical gaps in the clinical and care delivery goals for measure set development.
- The CAGs will review feedback from the VBP Pilots and Contractors regarding their experiences with VBP quality measurement.

The Role of the CAGs: Then and Now

Recommendations for the Initial Measure Sets

The **VBP CAGs** and subcommittees were created to address the larger VBP design questions. Their charge was to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.



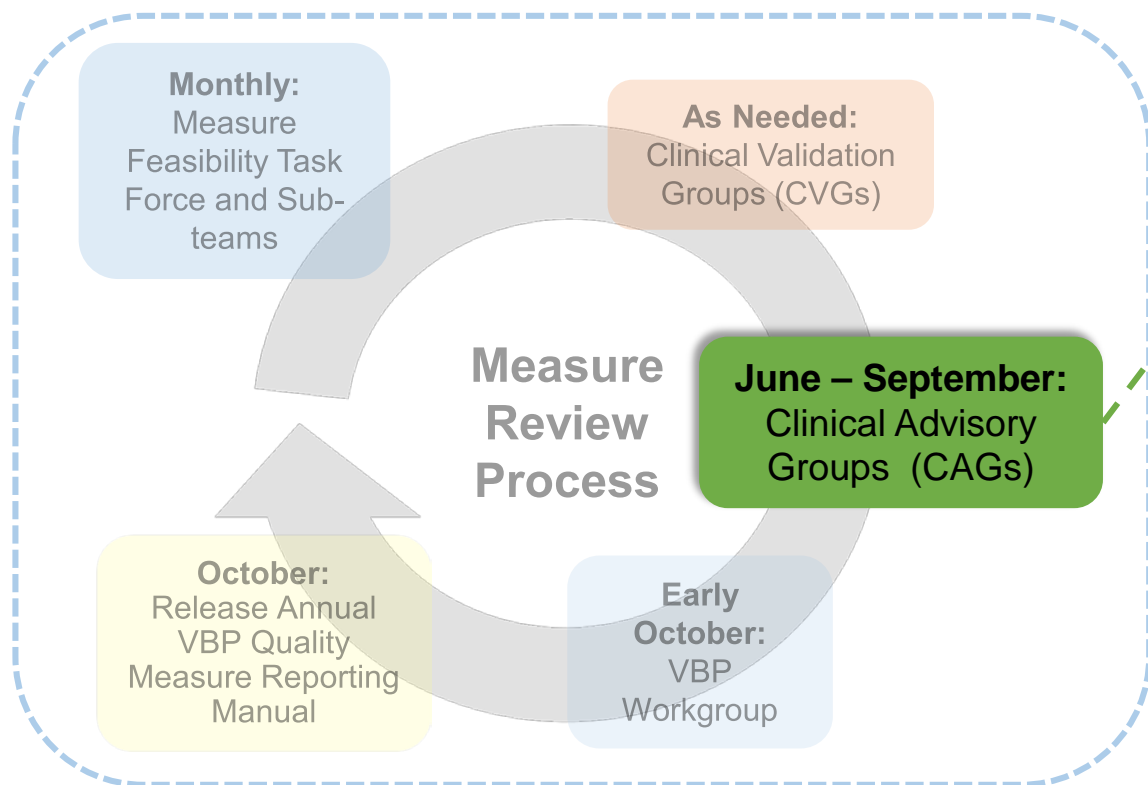
Identification of VBP Measurement Targets and Gaps

The CAG will focus its activities on refining the priority clinical and care delivery goals for the VBP Arrangements and providing recommendations, on an annual basis, to revise, strengthen, and improve the priority goals that will serve as the guide for long-term VBP Measure Set strategy, development and implementation.

The CAG will meet each year to review, identify, and fill critical gaps in the clinical and care delivery goals specific to the Medicaid population. The focus will be on **significant changes in the evidence base and clinical guidelines, along with opportunities for improvement** identified through experience in clinical practice and feedback from MCOs and VBP contractors.

Priority Clinical and Care Delivery Goal Setting Strategy

Clinical care delivery goal setting, facilitated by the CAGs, will establish clear targets and provide **strategic direction and priority goals** for the State to consider in the development of a multi-year VBP quality measurement strategy. This process will drive the development and implementation of a high-value and responsive measure set for the VBP Arrangements.



Purpose: Identify and fill critical gaps in the clinical and care delivery goals to strengthen Statewide quality measurement program.

- **Cadence:** Annual (or bi-annual) meeting
- **Stakeholders:** NYS Agencies, CAG Members (Clinicians/ Medical Professionals from across the State)

- CAGs:**
- BH/HARP
 - Children’s Health
 - Chronic Conditions/ Primary Care
 - HIV/AIDS
 - Managed Long Term Care (MLTC)
 - Maternity

Potential Measurement Gaps – HARP

- **Chronic Physical Disease Treatment & Management for People with Serious Mental Illness (SMI)**
 - Are there specific diseases/conditions that are more prevalent for SMI?
 - Are there additional disease management protocols that make a difference and how are these best measured?
- **Care Coordination**
 - How should health home connectivity & quality be measured?
 - Are measures specifically focused on care coordination important?
- **Social Determinants of Health & Functional Improvements**
 - What key aspects of support drive better outcomes?
 - Employment, educational progress, housing status/stability, interactions with the criminal justice system, etc.?

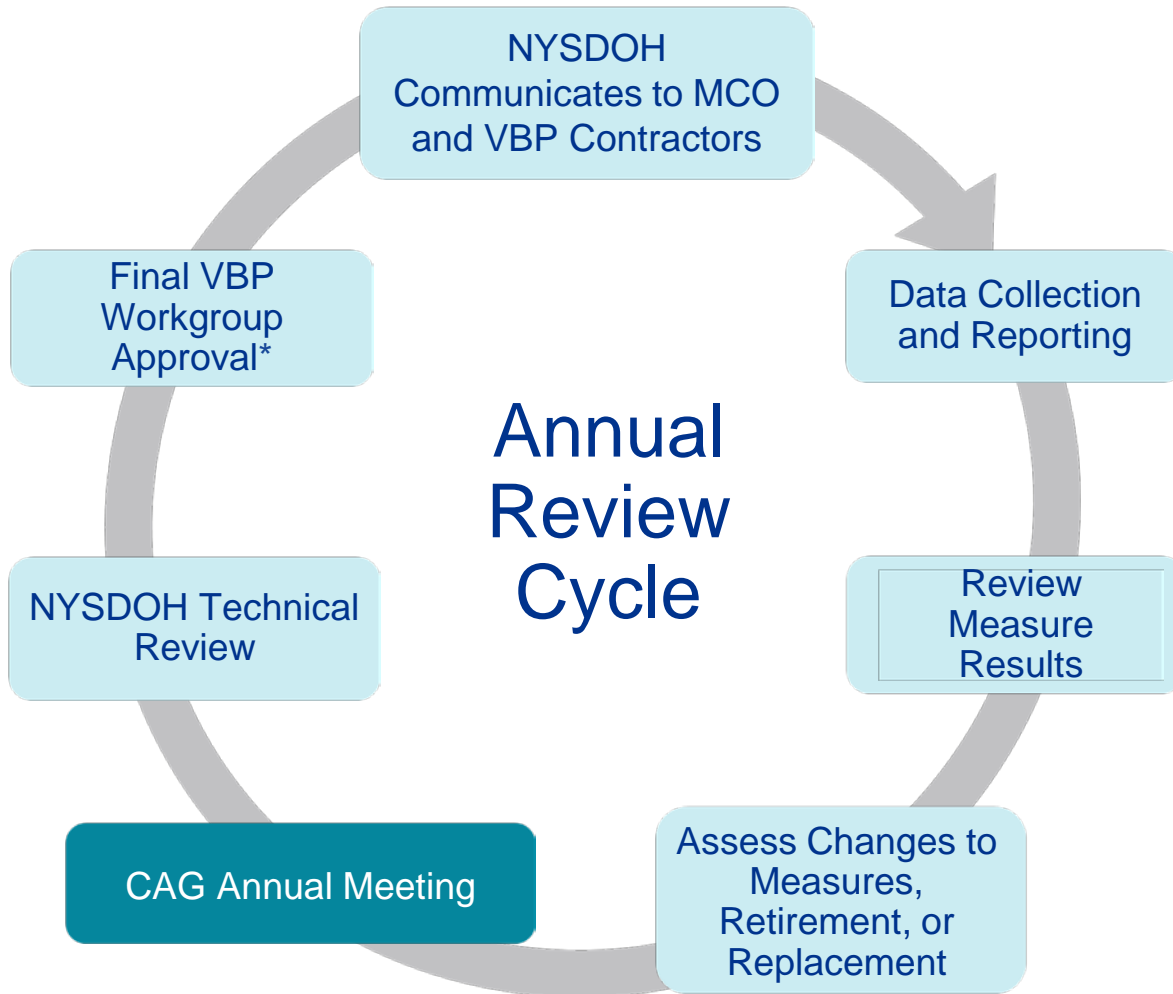
Potential Measurement Gaps – BH/SUD

- **Treatment Effectiveness**
 - How do we move from measuring screening and follow-up to assessing the effectiveness of treatment?
 - Cessation of symptoms, clinical improvement in area of episode focus, etc.? For depression & anxiety, trauma, SUD?
- **Caliber of BH/SUD Care in Integrated Primary Care Practices**
 - How do we ensure that BH/SUD care is appropriate/high quality care in integrated settings driven by primary care practices?
- **Functional Improvement & Quality of Life**
 - Are there emerging themes around improving functioning and quality of life for members with chronic BH conditions not eligible for HARP?
 - Patient reported outcomes, happiness/wellbeing, etc.?

Section 6:

Closing Remarks and Next Steps

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or conceptual gaps in the measurement program

State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate [Cat. 1 vs. Cat. 2; P4P (pay for performance) vs. P4R (pay for reporting)]

* Final Workgroup approval will occur annually in September/ October

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix

2017 HARP-specific Measures Included in the HARP Quality Measure Set

Measure	State Category	Classification
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	1	P4P
Follow-up After Hospitalization for Mental Illness (within 7 and 30 days)	1	P4P
Percentage of Members Enrolled in a Health Home	1	P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	1	P4P
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 days	2	P4R
Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence*	3	
Initiation of Pharmacotherapy for Alcohol Dependence	1	P4R
Utilization of Pharmacotherapy for Alcohol Dependence	2	P4R
Utilization of Pharmacotherapy for Opioid Use Disorder	2	P4R

* Measure overlaps with Tobacco use measure in IPC Measure Set

2017 HARP-specific Measures Included in the HARP Quality Measure Set (cont.)

Measure	State Category	Classification
Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence	1	P4P
Rate of Readmission to Inpatient Mental Health Treatment within 30 days	1	P4P
Continuing Engagement of Alcohol and Other Drug Dependence Treatment (CET)	2	P4R
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	1	P4P
Percentage of Members who Receive PROS or HCBS for at Least 3 months in Reporting Year	1	P4R
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status	1	P4R
Percentage of Members with Maintenance of Stable or Improved Housing Status	1	P4R
Percentage of Members with Reduced Criminal Justice Involvement	1	P4R

2017 Behavioral Health Measures Included in the TCGP/IPC Quality Measure Set

Measure	State Category	Classification	BH Category
Adherence to Mood Stabilizers for Individuals with Bipolar Disorder	1	P4P	Bipolar
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	1	P4P	Bipolar
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	1	P4P	Depression & Anxiety
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence*	2	P4R	Substance Use Disorder (SUD)
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care*	2	P4R	SUD
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	1	P4P	SUD
Initiation of Pharmacotherapy for Alcohol Dependence*	1	P4R	SUD
Initiation of Pharmacotherapy for Opioid Use Disorder*	1	P4P	SUD

* Measure overlaps with HARP Measure Set

2017 Behavioral Health Measures Included in the TCGP/IPC Quality Measure Set (cont.)

Measure	State Category	Classification	BH Category
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	1	P4R	Depression & Anxiety
Utilization of Pharmacotherapy for Alcohol Dependence*	2	P4R	SUD
Utilization of Pharmacotherapy for Opioid Use Disorder*	2	P4R	SUD

* Measure overlaps with HARP Measure Set

Review: Types of Clinical Quality Measures

	CLINICAL QUALITY MEASURES			
	Administrative/ Claims-Based	Hybrid	Proxy	eCQM
Numerator	Derived from Claims	Derived from Claims & Medical Record Review	Derived from EHR or CDR	Derived from EHR or CDR
Denominator	Derived from Claims	Derived from Claims	Derived from EHR or CDR	Derived from EHR or CDR
Additional Information	Supplemental data may also be used to identify numerator events & denominator exclusions	A sample of the population is targeted chart review	Approximates specification using available electronic data. May “loosen” the spec. to account for data gaps	Specification is used to build a query of the clinical data source; specs have known limitations
Uses/ Example	Health plans HEDIS reporting/ APC/ VBP	Health plans HEDIS reporting/ APC/ VBP	QEs generating measures to drive pop. Health management	MU Attestation

Source: NYSTEC, June 2017

Acronyms: EHR: Electronic Health Records; CDR: Clinical Data Repository; HEDIS: Healthcare Effectiveness Data and Information Set; APC: Advanced Primary Care; QE: Qualified Entities; MU: Meaningful Use ; eCQM: Electronic Clinical Quality Measures



Measure Calculation and Reporting Feasibility

Key Themes Identified by Stakeholders

1. Significant Resource Requirements for Data Capture

Securing resources to program data capture workflows for hybrid and non-QARR* (Quality Assurance Reporting Requirements) measures is challenging. System modifications and the build of custom workflows are limited in many systems, further complicating the work required to address data capture and extraction requirements in support of non-standard measures.

2. Disparate Electronic Record and Reporting Systems

Disparate systems and reporting processes present significant challenges for data capture and reporting. Providers must be able to extract and submit data consistent with the unique requirements from each plan contracted.

3. Lack of Clarity Regarding Data Origin and Context

Each plan takes a unique approach to data collection for measure calculation, using data from many sources including commercial lab feeds, lab data from Qualified Entities (QEs), and abstracted data from providers.

4. Challenges Associated with Medical Record Abstraction

Providers challenged to collect administrative data based on practice patterns, e.g. connecting previously run lab work with claims for patient visits when labs are run a week ahead of the visit.

5. Attribution and Measure Alignment for Certain Populations

MCO-assigned PCP (Primary Care Provider) driven attribution may create misalignment between the assigned PCP and providers who are providing most of the care for a member.

6. Transition from Sampling to Population Level Measurement and Reporting

Population sampling is used for a significant number of measures. Movement toward a population level reporting and measurement approach will be challenging and require that resource and workflow issues be addressed to support the reporting and calculation of a population-wide measure.

* QARR is a component of the NY Medicaid Managed Care Quality Incentive Program.