



**Department
of Health**

Medicaid
Redesign Team

Maternity Care VBP Clinical Advisory Group (CAG) Meeting #2

Douglas G. Fish, MD

Medical Director, Division of Program Development & Management

Office of Health Insurance Programs

Lindsay Cogan, PhD, MS

Director, Division of Quality Measurement

Office of Quality and Patient Safety

September 12, 2017

Agenda

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|---|--------|
| 1. Opening Remarks and Objectives | 5 min |
| 2. Texas Maternity Pilot Experience | 15 min |
| 3. New York State Maternity and Nursery Data | 15 min |
| 4. 2018 Proposed Measure Set | 20 min |
| 5. Defining Priority Clinical and Care Delivery Goals | 10 min |
| 6. Challenges Identified by the Maternity CAG | 10 min |
| 7. Closing Remarks and Next Steps | 5 min |

Opening Remarks and Objectives

September CAG Meeting Objectives:

1. Inform the group regarding the bundled payment model used in a Maternity Pilot in Texas of 2 provider systems and a Medicaid HMO.
2. Provide an update on current status of 2018 Maternity Care Value Based Payment (VBP) Program measure set.
3. Review feedback received and review updated tables for priority clinical and care delivery goals related to Maternity Care.
4. Address questions received in prior CAG meetings.

Section 2:

Texas Maternity Pilot Experience

Karen Love | EVP and COO, Community Health Choice

Sean Blackwell, MD | Chair of Obstetrics, Gynecology and Reproductive Sciences, University of Texas Health

Section 3:

New York State Maternity and Nursery Data

Amita Rastogi, MD, MHA | CMO, Altarum Institute

Francois de Brantes | VP & Director, Altarum Institute

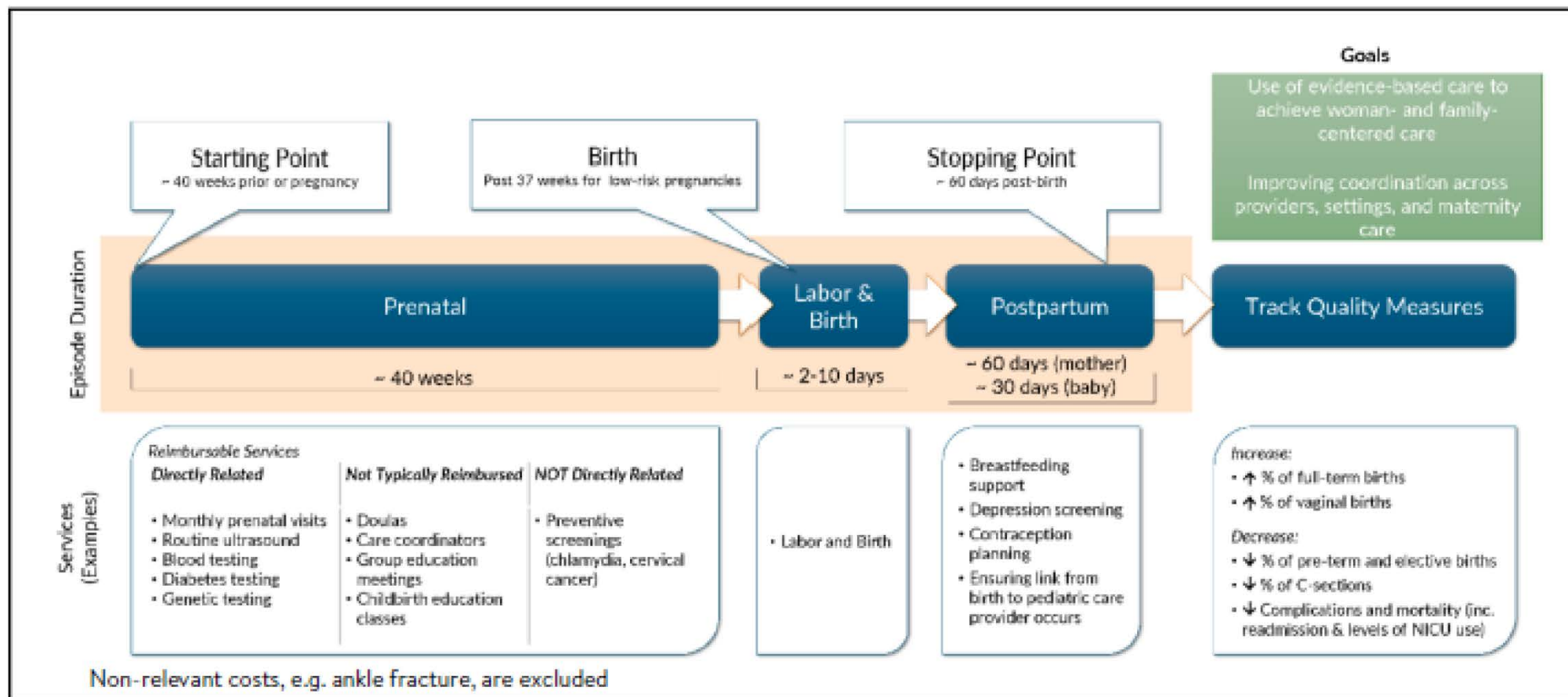


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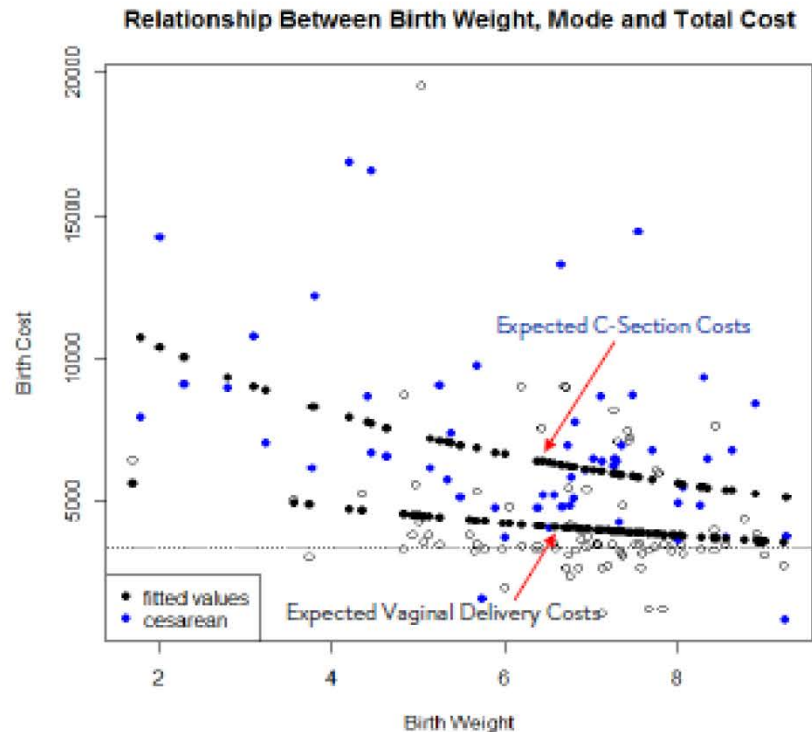
NY MATERNITY & NURSERY DATA



Maternity Bundle - A Single Payment: From Womb To Crib



Birth Weight, Maternity Costs, & Delivery Mode



*Birth costs include pregnancy and delivery only

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▲ Findings:

- Low birth weight babies cost more
- C-Sections cost more
- There's no relationship between delivery mode (C-Section vs. Vaginal Delivery) and baby birth weight

▲ Intervention:

- Decrease C-Sections
- Provide better pre-natal care to avoid low-birth weight babies

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Levels of Nursery Care



Nursery Level	Revenue Code	Code description
Level 1	170 171 179	Nursery – General Classification Newborn – Level 1 Nursery - Other
Level 2	172	Newborn – Level II
Level 3	173	Newborn – Level III
Level 4	174 175	Newborn – Level IV Newborn – Neonatal ICU

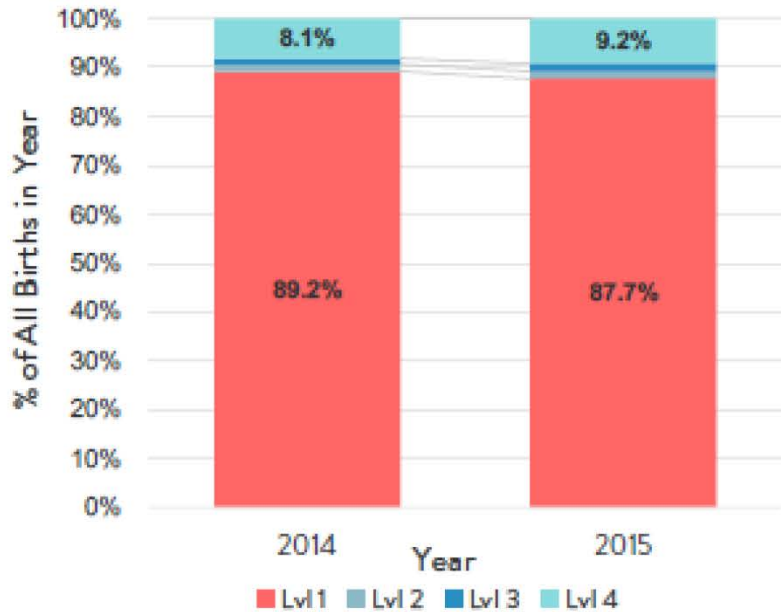
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Nursery Levels in NY Medicaid by the Numbers

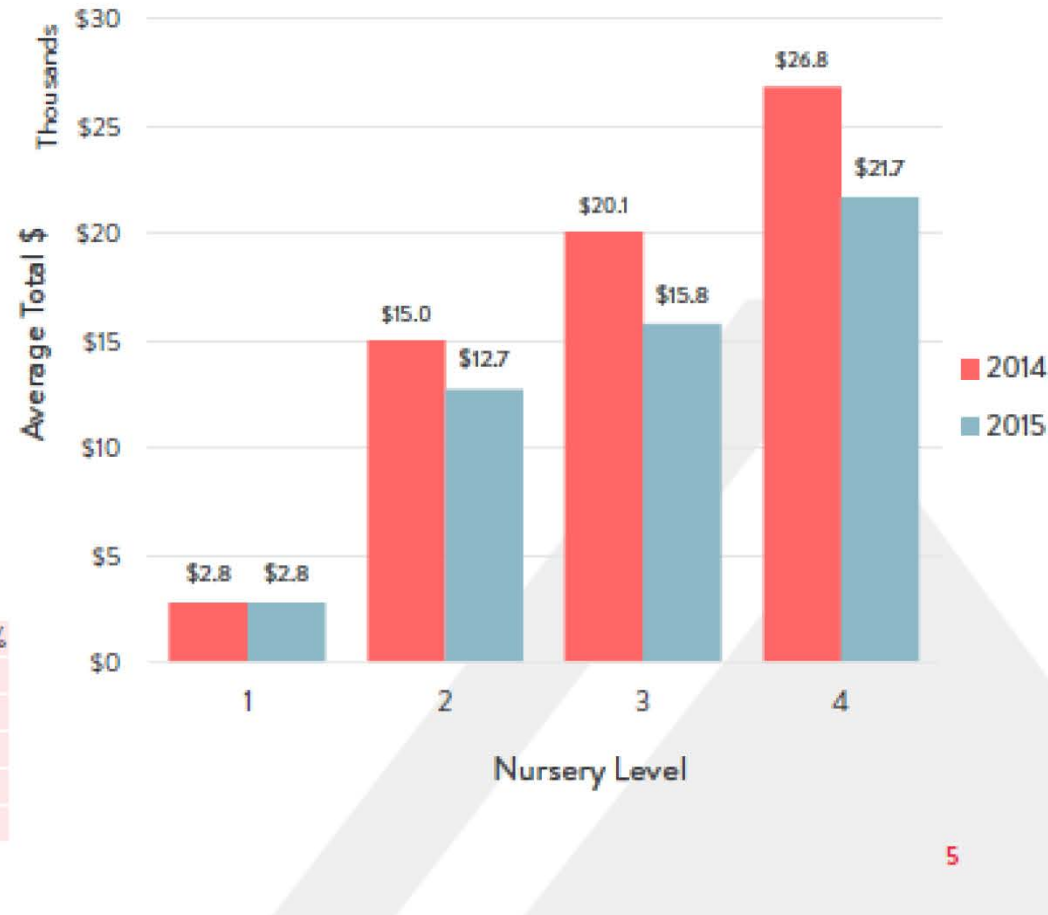


Deliveries by Nursery Type by Year



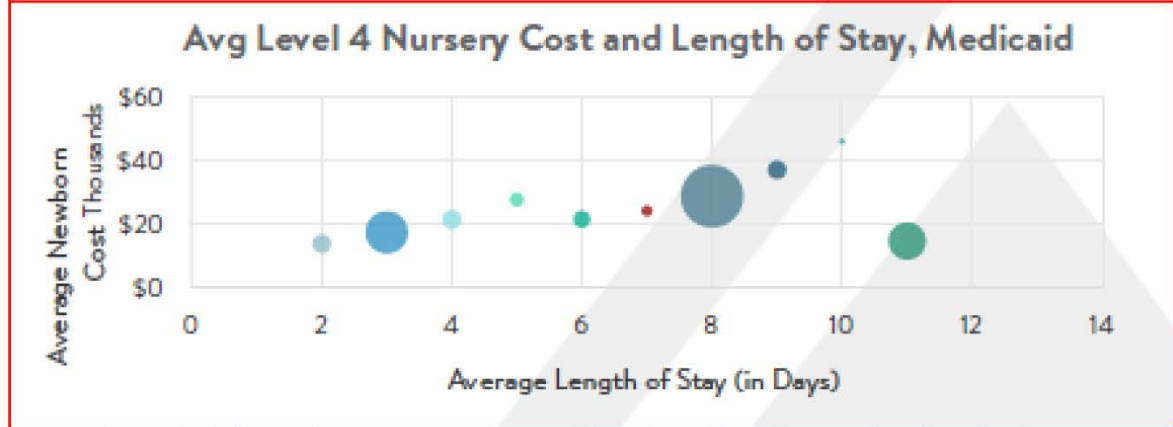
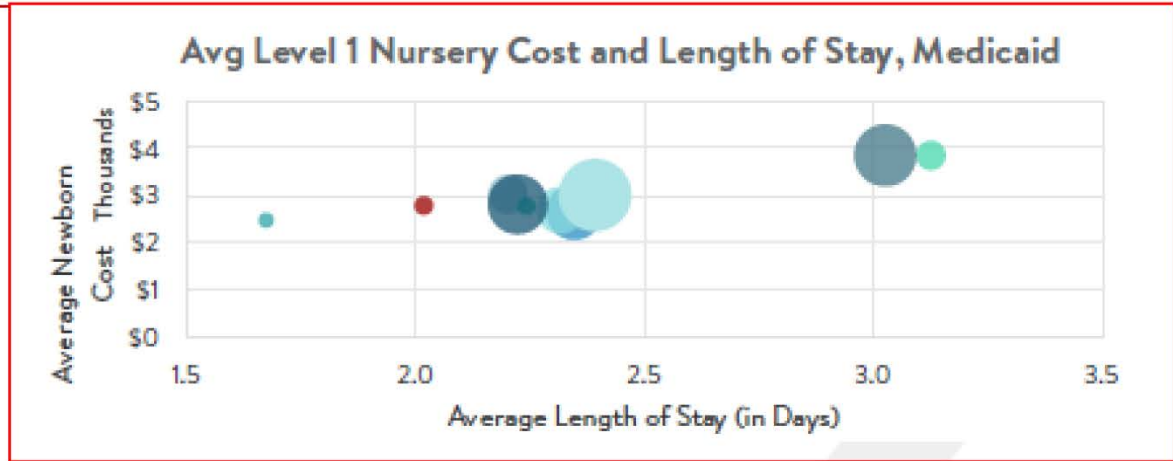
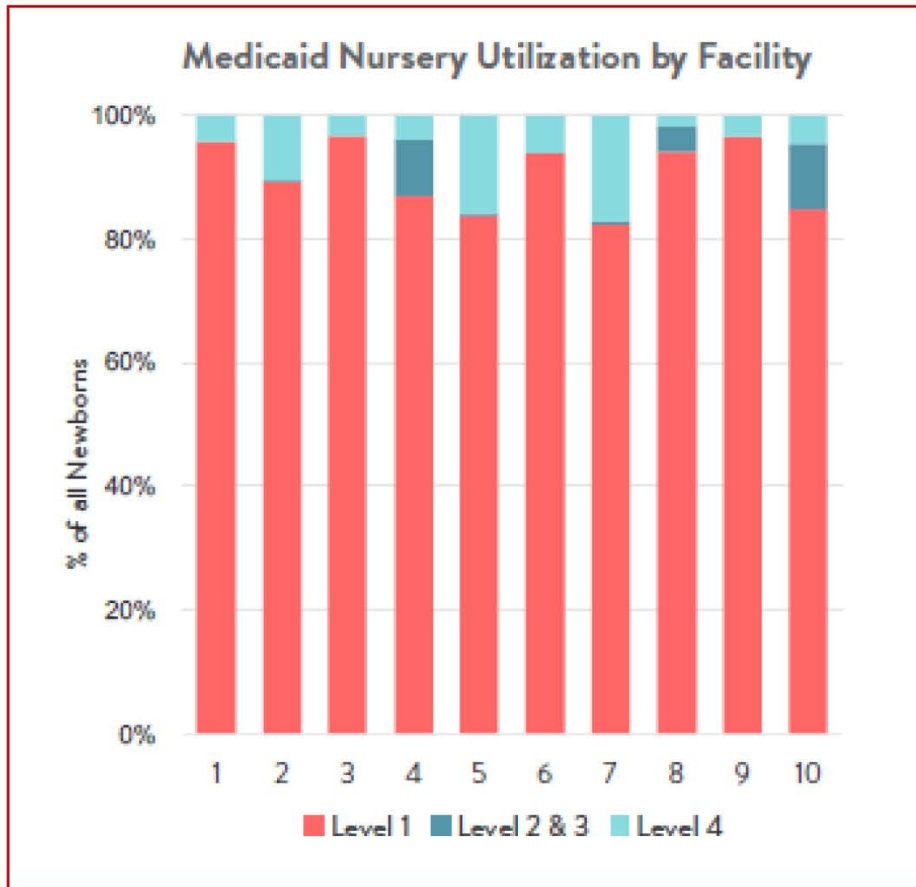
Nursery Level	2014	2015	Combined	Combined %
Level 1	80,806	83,527	164,333	88.4%
Level 2	1,306	1,471	2,777	1.5%
Level 3	1,095	1,491	2,586	1.4%
Level 4	7,374	8,764	16,138	8.7%
Total	90,581	95,253	185,834	100.0%

Average Nursery Cost by Level by Year



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Variation between Facilities* in NY for a single MCO ▲



Size of the bubble is based on volume of Medicaid babies at that level of nursery care

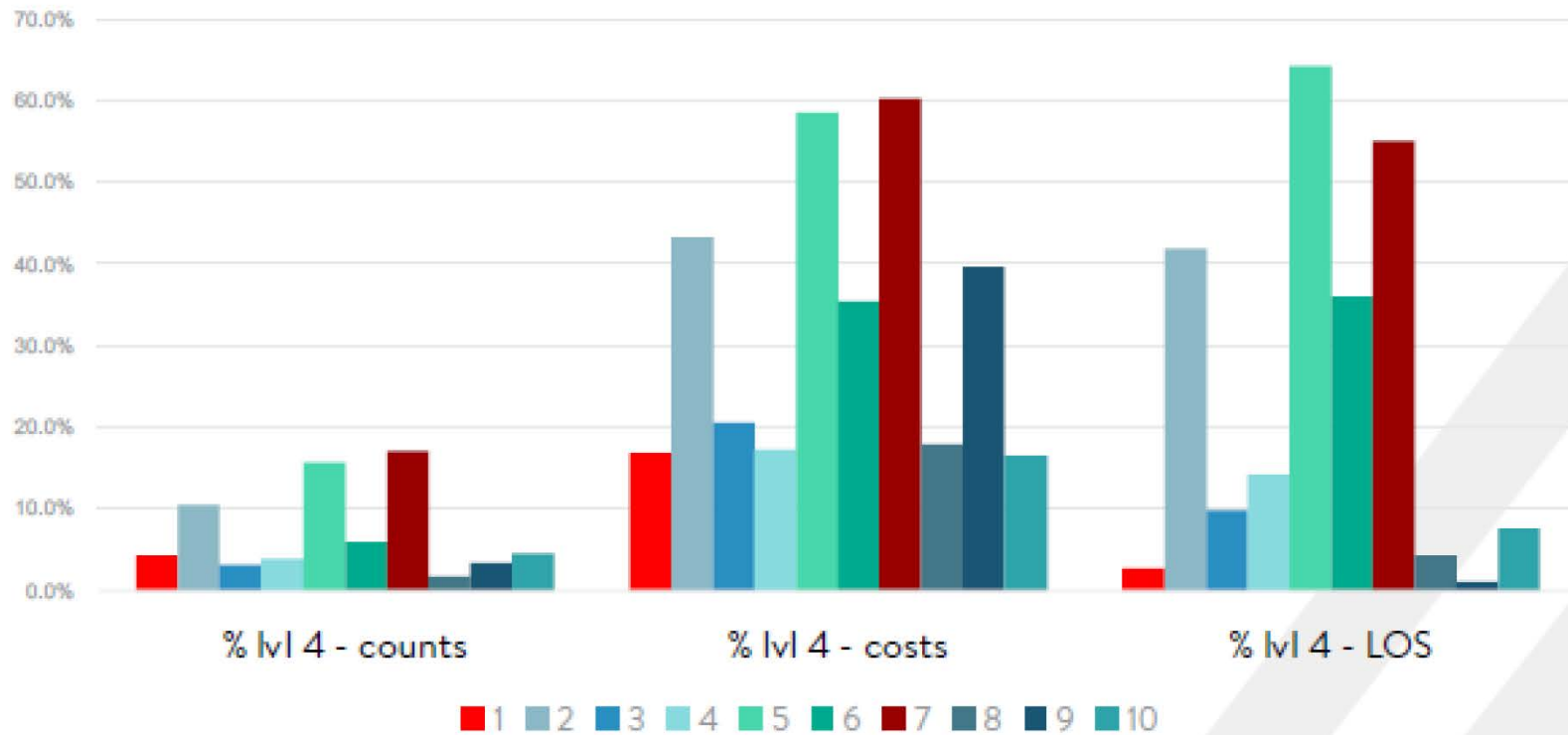
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*Facilities w >100 Medicaid deliveries & >1% level 4 nursery (n=10 out of 27 total)

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Level 4 Comparisons across facilities in NY ▲

Level 4 Nursery, Medicaid



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Additional Thoughts



- ▲ The distribution of babies across nursery levels raises some questions. For example, why are there very few babies in Level 2 and Level 3 nurseries (2.9% of all babies combined)?
- ▲ There is significant variation across facilities in the % of babies that end up in a L2, L3 or L4, and in the associated case costs and lengths of stay. In particular, why do the % of babies and the LOS of those babies in L4 nurseries vary so much?
- ▲ Could the criteria used to assign babies to various nurseries be more standardized, leading to a more effective use of level 4 nurseries?
- ▲ Given the variation that currently exists in nursery assignment, and to avoid the potential to introduce negative incentives, a “best practice” is to include all babies/all levels in a global maternity budget and set a maximum case cost to limit the exposure of VBP contractors to high cost cases, while encouraging the best possible outcomes for all moms and babies.

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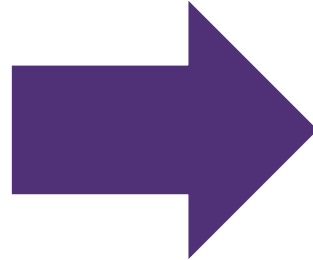
Section 4:

2018 Proposed Measure Set

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.

Maternity Arrangement Measure Set for 2018

Summary of Changes

- At the February 2017 VBP Workgroup meeting the committee identified 9 quality measures as Category 1 (including both Pay-for-Performance (P4P) and Pay-for-Reporting (P4R) measures).
- Since February, the DOH has reconvened the Clinical Advisory Groups and facilitated Measure Feasibility Task Force meetings.
- The following proposed change to the Maternity Care measure set for 2018 is based on the DOH feasibility review activities:

Measure Disposition	Rationale for Change	Count
Unchanged		8
Removed from measure set	Measure retired by NCQA (National Committee for Quality Assurance)	1
Total		9

Measure	Rationale for Change	Change
Frequency of Ongoing Prenatal Care	Measure is being retired	Removed from measure set

Maternity VBP Arrangement – 2018 Measure Set

Category 1

Measure Name	Description	Steward	VBP Category
C-Section for Nulliparous Singleton Term Vertex (NSTV)	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.	TJC	Cat 1 P4R
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Christiana Care Health System	Cat 1 P4R
Long-Acting Reversible Contraception (LARC Uptake)	Primary measure (intermediate outcome): Percentage of women ages 15–44 years of age who are at risk of unintended pregnancy that adopt or continue use of FDA-approved methods of contraception that are most or moderately effective (i.e., male or female sterilization, implants, intrauterine devices [IUD] or intrauterine systems [IUS], Depo-Provera (the ‘shot’), oral contraceptive pills, patch, ring, and diaphragm). Sub-measure (access): Percentage of women ages 15–44 years of age who are at risk of unintended pregnancy that adopt or continue use of FDA-approved methods of contraception that are long-acting reversible contraception (LARC) (i.e., implants, IUDs, or IUSs).	CMS	Cat 1 P4R
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	Low birth weight (< 2,500 grams) infants per 1,000 newborns. Excludes transfers from other institutions.	AHRQ	Cat 1 P4R
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	This measure assesses the number of newborns exclusively fed breast milk feeding during the newborn’s entire hospitalization.	TJC	Cat 1 P4R

Maternity VBP Arrangement – 2018 Measure Set

Category 1

Measure Name	Description	Steward	VBP Category
Percentage of preterm births.	Number of infants born at less than 37 weeks gestation among infants with known gestational age. Four rates reported: (A)Percentage of preterm births (B)Ratio of Black non-Hispanics to White non-Hispanics (C)Ratio of Hispanics to White non-Hispanics (D)Ratio of Medicaid births to non-Medicaid births	NYSDOH	Cat 1 P4R
Prenatal & Postpartum Care (PPC)— Timeliness of Prenatal Care & Postpartum Visits	Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid/CHIP. The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	NCQA	Cat 1 P4P
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	CMS	Cat 1 P4R

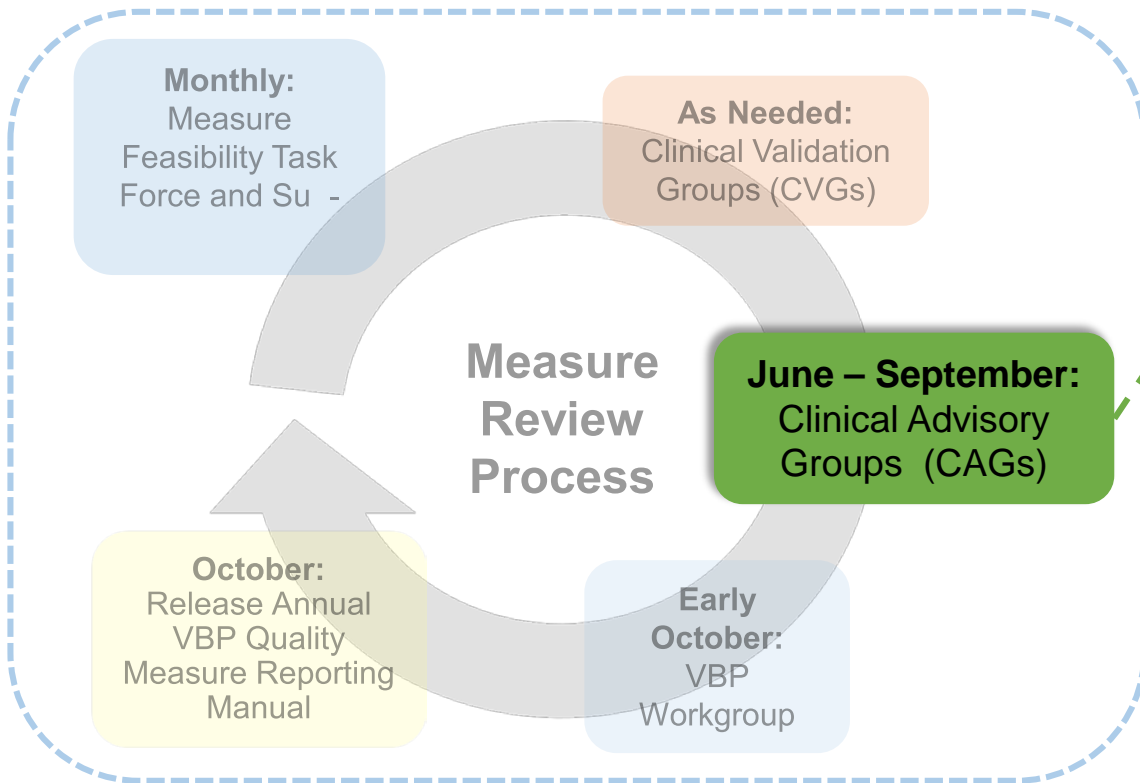
Section 5:

Defining Priority Clinical and Care Delivery Goals

Recommendations for Development of Future VBP Quality Measurement

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** 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

2017 Clinical Advisory Group Feedback Process

Work to Date

- The initial set of Priority Clinical and Care Delivery Goals presented to the CAG in July was based on a review of the CAG and Integrated Care Workgroup (ICWG) Measure Set recommendations.
- Following the July CAG meeting, members were asked to submit their feedback on the priority clinical and care delivery goals and sub-goals for each arrangement's measure set.
- Responses were aggregated and used to update the goals and sub-goals targeted for the Maternity Care arrangement.

June 30, 2017 DRAFT 30

Worksheet: Recommendation of Additional Priority Goals

Phase	Clinical and Care Delivery Goals	Description	Additional Subgoals
1) Phase of Care	Suggested Priority Goal 1	Description	(No Subgoals)
	Suggested Priority Goal 2	Description	<ul style="list-style-type: none"> • Subgoal 1 • Subgoal 2
2) Phase of Care			
3) Phase of Care			
4) Phase of Care			

**Further instructions on how to submit additional recommendations will be sent to the CAG members following this meeting.

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Summary of Feedback

Clinical and Care Delivery Goals

Recommendations for updates and modification of the Clinical and Care Delivery Goal tables have been extracted from both the July CAG meeting member discussion and the worksheets subsequently submitted to the Department of Health (DOH).

Feedback has been analyzed to create a summary of key themes and incorporate recommendations into the updated Clinical and Care Delivery Goal tables.

Key Themes

1**Maternal Morbidity and Mortality**

Most of the feedback received addressed goals for maternal health with primary focus on reduction of maternal morbidity and mortality throughout the maternity episode.

2**Drivers of Maternal Morbidity**

While improved maternal health outcomes are of high-level interest, commenters emphasized the addition of goals related to the specific drivers of maternal morbidity, including chronic conditions, pregnancy-related conditions and complications throughout prenatal care, labor and delivery, and postpartum care.

3**Fetal Development and Neonatal Care**

We received no feedback or recommendations addressing additions, deletions, or modifications to goals for newborn care. The clinical and care delivery goals for this area of focus remain as presented in the previous meeting.

Priority Clinical and Care Delivery Goals

Maternity

Based on feedback received, the Clinical and Care Delivery Goals table for Prenatal Care has been modified to include:

- Drivers of maternal morbidity and mortality:
 - Chronic Conditions including screening and referral for previously undiagnosed/uncontrolled conditions and management of existing diagnoses
 - Pregnancy-related Conditions associated with maternal morbidity and pregnancy outcomes
 - Modifiable Risk Factors and lifestyle behaviors
 - Psychosocial risks including depression/anxiety and drug and alcohol use
- Influenza Immunization
- Goals related to maternal morbidity and mortality outcomes associated with prenatal care
- Patient self-management goals supported by education on risks and warning signs of maternal morbidity and management of hypertension

Phase of Care	Priority Clinical and Care Delivery Goals	
<p>1) Prenatal Care</p>	<p>Access to Care – <i>Timely initiation of prenatal care</i></p> <p>Screening and Referral for Previously Undiagnosed or Uncontrolled Chronic Conditions</p> <p>Management of Existing Chronic Conditions (focus on drivers of maternal morbidity/mortality) – <i>Diabetes</i> – <i>Hypertension</i> – <i>Obesity</i> – <i>Heart Disease</i></p> <p>Early Identification and Management of Pregnancy-Related Conditions – <i>Gestational Diabetes</i> – <i>Pregnancy Related Hypertension</i> – <i>Eclampsia</i> – <i>Preeclampsia</i> – <i>Obstetric Venous Thromboembolism (VTE)</i> – <i>Pregnancy Related Infection</i></p> <p>Early Intervention to Reduce the Risk of Preterm Labor and Related Complications – <i>Antenatal Hydroxyprogesterone; Antenatal Steroids</i></p>	<p>Immunizations/Vaccinations – <i>Influenza Immunization</i></p> <p>Maternal Health Risk Assessment</p> <p>Modifiable Risk Factors – <i>Nutrition</i> – <i>Weight</i> – <i>Tobacco Avoidance and Cessation</i> – <i>Physical Activity/Exercise</i></p> <p>Outcomes of Maternity Care – <i>Maternal Morbidity</i> – <i>Maternal Mortality</i> – <i>Low Birth Weight</i> – <i>Patient Experience of Maternity Care</i></p> <p>Patient Self-Management – <i>Education about the risk and warning signs of maternal morbidity</i> – <i>Patient education and self-management of hypertension</i></p> <p>Psychosocial Risk Assessment and Intervention – <i>Depression, anxiety, and other mental illness</i> – <i>Drug and/or alcohol use</i> – <i>Stress management</i> – <i>Interpersonal violence</i></p>

Priority Clinical and Care Delivery Goals

Maternity

Based on feedback received, the Clinical and Care Delivery Goals table for Labor and Delivery has been modified to include:

- Addition of goals related to complications of pregnancy, labor and delivery that have been identified as leading drivers of maternal morbidity and mortality
- Emphasis on goals for improvement in maternal outcomes tied to care during labor and delivery

Phase of Care	Priority Clinical and Care Delivery Goals	
2) Labor and Delivery	<p>Access to Risk-Appropriate Care</p> <p>Complications of Labor and Delivery</p> <ul style="list-style-type: none"> - <i>Deep Vein Thrombosis (DVT)</i> - <i>Hemorrhage</i> - <i>Obstetric Embolism</i> - <i>Obstetric Trauma</i> - <i>Sepsis</i> - <i>Surgical/Anesthesia Complications</i> <p>Appropriate Use of Clinical Services/Procedures</p> <ul style="list-style-type: none"> - <i>Episiotomy</i> - <i>C-Section</i> 	<p>Breast Feeding Support</p> <p>Full Term Pregnancy</p> <p>Outcomes of Maternity Care</p> <ul style="list-style-type: none"> - <i>Maternal Morbidity</i> - <i>Maternal Mortality</i> - <i>Postpartum Readmissions</i> <p>Prevention of Healthcare Associated Infection</p> <p>Prevention of Neonatal Infection</p>

Priority Clinical and Care Delivery Goals

Maternity

Based on feedback received, the Clinical and Care Delivery Goals table for Postpartum Care has been modified to include:

- Goals focused on timely access to and continuity of care after delivery, including effective transitions from obstetrical care
- Early identification and intervention to address postpartum depression, anxiety, and substance use disorder
- Screening, referral, and care coordination to support management and ongoing care for newly diagnosed chronic conditions
- Postpartum counseling and education to address:
 - Guidance on safe pregnancy spacing, contraception and family planning services, and the importance of interconception health for healthy future pregnancies
 - Ongoing management of conditions determined to be chronic and more than pregnancy associated (e.g., chronic hypertension)

Phase of Care	Priority Clinical and Care Delivery Goals	
3) Postpartum Care	Access to Care <ul style="list-style-type: none"> - <i>Timely postpartum follow up</i> - <i>Continuity/Coordination of Care: Transition from obstetrical care to ongoing care with PCP (Primary Care Provider)</i> - <i>Patient Experience of Maternity Care</i> Postpartum Counseling/Education <ul style="list-style-type: none"> - <i>Counseling on safe pregnancy spacing and family planning</i> - <i>Management of chronic disease and modifiable risk factors for any future pregnancy</i> - <i>Management of Chronic Hypertension</i> 	Psychosocial Risk Assessment and Intervention <ul style="list-style-type: none"> - <i>Early Identification of Depression/Anxiety</i> - <i>Drug and/or alcohol use</i> Screening and Referral for chronic conditions <ul style="list-style-type: none"> - <i>Chronic Hypertension</i> - <i>Diabetes</i> - <i>Cardiovascular Disease</i> Weight and Nutrition
4) Newborn Care	Prevention of Neonatal Infection	Appropriate Use of Clinical Services/Procedures

Children’s Health CAG

Priority Clinical and Care Delivery Goals - *Maternity*

The Children’s Health CAG met between October 2016 and July 2017. During deliberations the committee discussed maternity care and its impact on the newborn child. As a result, some of the clinical and care delivery goals underpinning the Maternity Quality Measure Set were also recommended for inclusion in Total Care for the General Population (TCGP).

All clinical and care delivery goals put forward by the Children's Health CAG are in alignment with the Maternity CAG goals.

Question: Do you agree that these clinical and care delivery goals (see table) should be included in TCGP arrangements?

Phase of Care	Priority Clinical and Care Delivery Goals	
1) Prenatal Care	<p><i>Access to Care</i> <i>Timely initiation of prenatal care</i></p> <p>Modifiable Risk Factors</p> <ul style="list-style-type: none"> - Nutrition - Weight - Tobacco Avoidance and Cessation - Physical Activity/Exercise 	<p>Psychosocial Risk Assessment and Intervention</p> <ul style="list-style-type: none"> - Depression, anxiety, and other mental illness - Drug and/or alcohol use - Stress management - Interpersonal violence <p>Outcomes of Maternity Care</p> <ul style="list-style-type: none"> - Low Birth Weight
2) Labor and Delivery	<p>Breast Feeding Support</p> <p>Full Term Pregnancy</p>	
3) Postpartum Care	<p>Access to Care</p> <ul style="list-style-type: none"> - Timely postpartum follow up 	<p>Postpartum Counseling/Education</p> <ul style="list-style-type: none"> - Counseling on safe pregnancy spacing and family planning

Section 6:

Challenges Identified by the Maternity CAG

Challenges Identified by Stakeholder Groups

- **Attribution:**
 - Multiple Facilities and/or Providers Providing Care:
 - State guidance recommends that attribution should be to the *obstetrician or midwife who provides the majority of prenatal care*. However, most of the Maternity quality measures capture outcomes associated with the actual delivery/birth, which may be carried out by a different provider (or facility) in a different network.
 - Plans and providers have expressed concerns that a Primary Care Provider's quality scores may be impacted by delivery outcomes that are out of his/her control if the delivery occurs in an out-of-network facility.
 - Significant Resource Requirements for Data Collection:
 - In cases where multiple facilities/providers provide care for the mother, gathering quality measure data from multiple facilities and determining the provider a patient is ultimately attributed to is challenging and could be resource-intensive.
- **Episode Costs – Level 4 Nursery Care/ Neonatal Intensive Care Unit (NICU) Costs:**
 - Level 4 Nursery Care costs are included in a facility's target budget. There is concern that providers may be incentivized to transfer mothers to a regional center if a complicated birth is expected in order to avoid incurring high NICU costs.

Challenges Identified by Stakeholder Groups (cont.)

- **Long-Acting Reversible Contraceptives (LARC) Access:**
 - The CAG presented its concerns regarding members getting access to LARC services when a provider does not provide those particular services.
 - According to the New York Medicaid Free Access policy, Medicaid Managed Care (MMC) enrollees are, “Allowed to obtain family planning and reproductive health services from *any* Medicaid participating provider (in or out of network), without referral or prior approval from the plan.”¹ Providers bill Medicaid Fee for Service (FFS) at established rates and fees.²

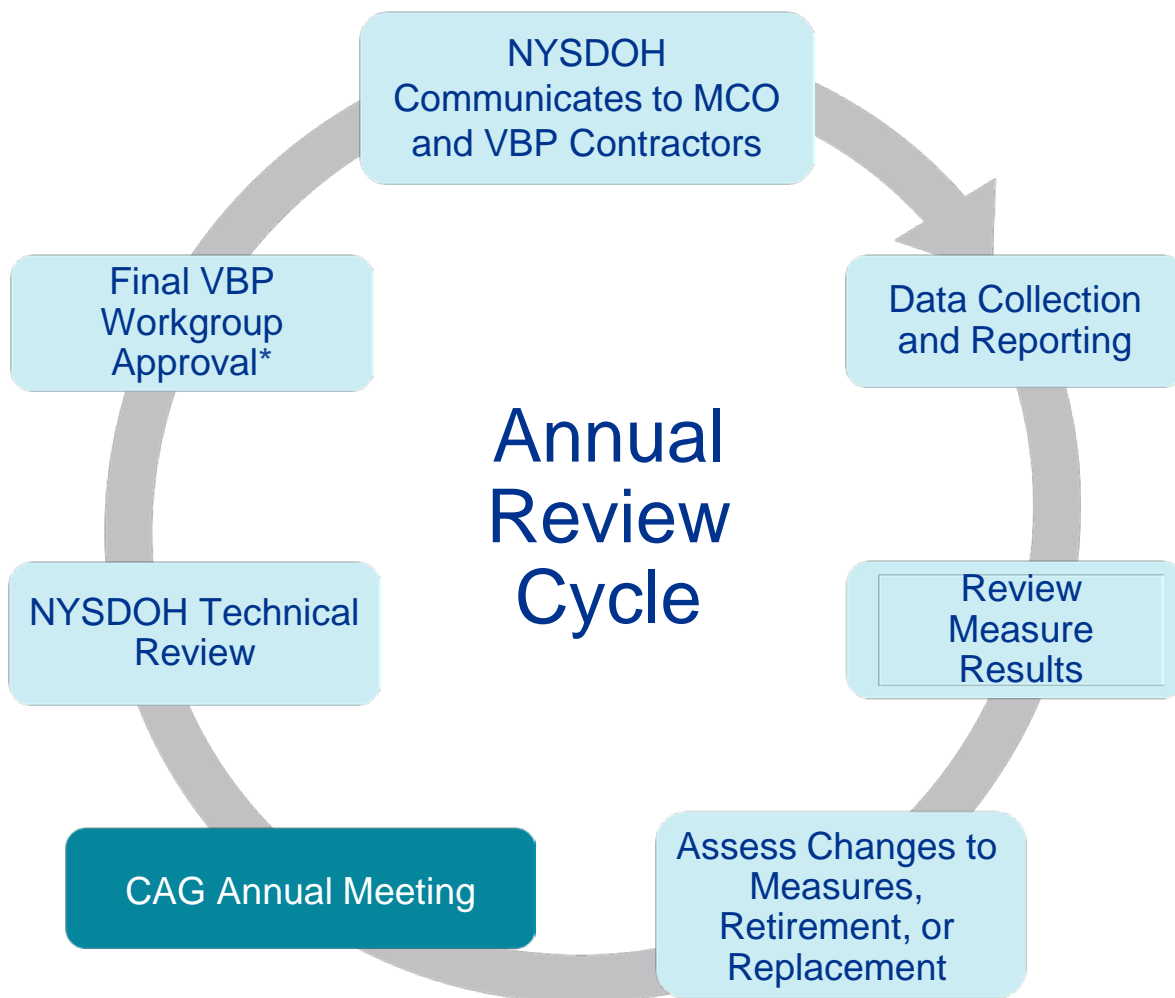
1: New York State Family Planning Services Frequently Asked Questions: https://www.emedny.org/ProviderManuals/NYS_Medicaid_Family_Planning_FAQs_May_2015.pdf

2: New York State Department of Health: https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-09.htm#larc_coverage

Section 7:

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

Next Steps for CAGs

Immediate:

- 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 9/19/17.

Long-Term:

- 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.
- Measure Feasibility Sub-teams will continue to work on implementation of existing measures.

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov