



**Department
of Health**

**Medicaid
Redesign Team**

HIV/AIDS VBP Quality Measurement

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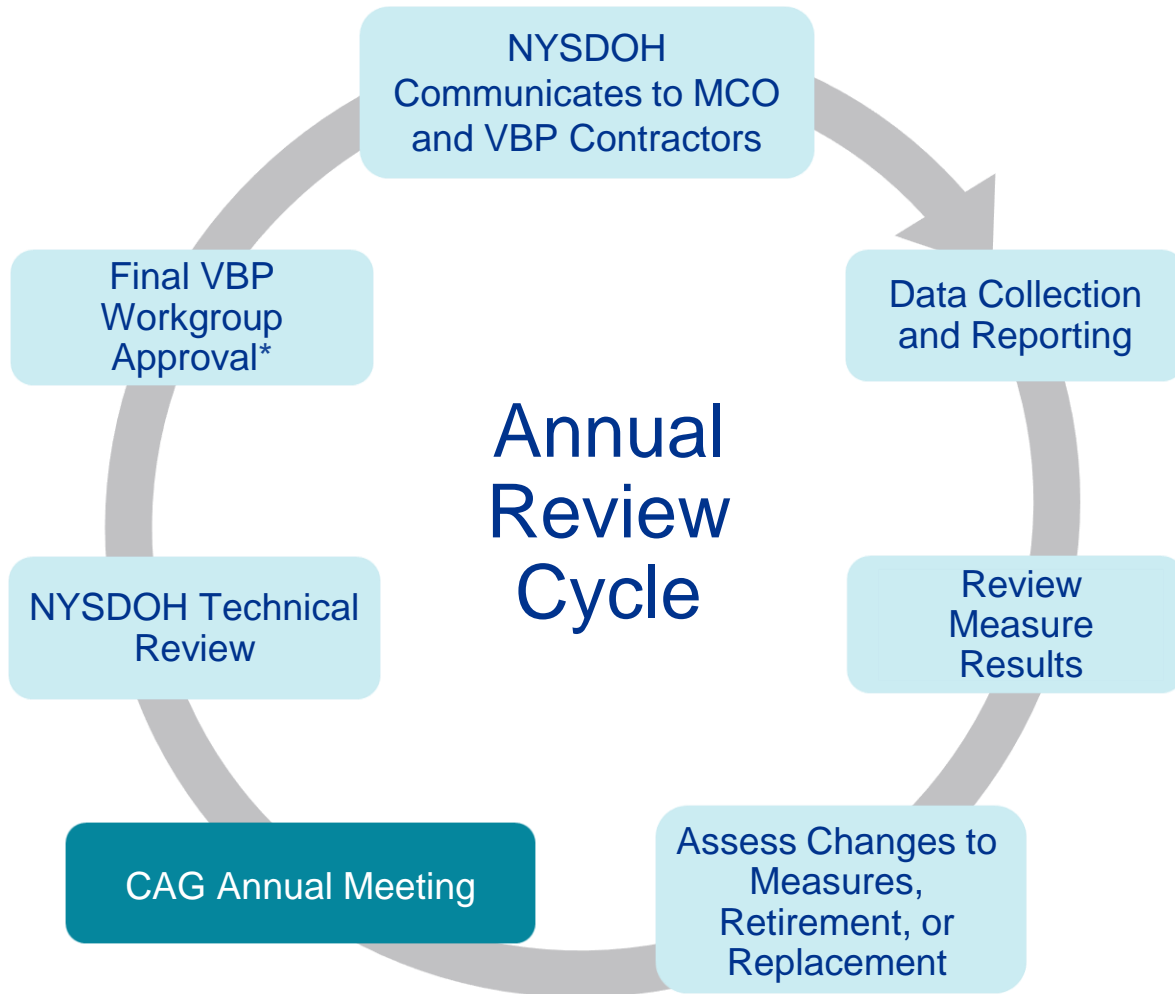
Agenda

1. NYS Quality Measurement Strategy Discussion 10 min
2. MY 2019 HIV/AIDS VBP Measure Set Discussion 10 min
3. Discussion and Next Steps 10 Min

Section 1: Introduction

VBP Timeline

VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

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

New York State Department of Health (NYSDOH) and 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; and
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R).

Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.
- **At least one Category 1 P4P measure must be included in a VBP contract.**

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

Pay for Performance (P4P)

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

Pay for Reporting (P4R)

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Category 2 measures are P4R and are not required to be reported, with the exception of the VBP Pilots.

Section 2: NYS Quality Measurement Strategy

Quality Measure Prioritization: Goals for 2018 Measure Set Review

Quality Measure Prioritization: Goals for MY 2019

- Prioritize a focused list of high-value quality measures for VBP in MY 2019.
- Key Principles in measure prioritization:
 - Process → Outcome; and
 - Focus on efficient measurement.
- Goals
 - Focus on a core set of measures and minimize administrative burden for providers where possible;
 - Select measures compiled from clinical data, rather than claims, to allow for feedback loops from the measure result back into clinical decision-making; and
 - Align quality measurement efforts across stakeholder communities and State and Federal quality programs.
- **Gain agreement from statewide stakeholders and CMS to focus NYS quality measurement efforts on high-value measures applicable to all payers.**

Consensus-Based Decision Process

- Consensus decision-making is a creative and dynamic way of reaching agreement between all members of a group.
- Participants make decisions by agreement rather than by majority vote.
- Levels of Consensus
 1. Do not Support
 2. Still have questions
 3. Can live with/will publicly support
 4. Support
 5. Strongly Support

HIV/AIDS VBP Priority Measures – Approved by VBP Workgroup for 2019

Priority HIV/AIDS Measure	Category	Claims Based	Non Claims Based
<i>Outcome / Intermediate Outcome Measures</i>			
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Cat 1	No	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records
Controlling High Blood Pressure	Cat 1	No	E.H.R., CMS Web Interface
Depression Remission Response for Adolescents and Adults	Cat 2 (?)	No	-
HIV Viral Load Suppression	Cat 1	No	Hybrid measure, Medical Record Review
<i>Priority Evidence Based Process Measures</i>			
Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET)	Cat 1	Yes	-
Medication Management for People with Asthma	Cat 1	Yes	-

- **HIV Viral Load Suppression** has previously been discussed as the priority outcome measure with this group.

* “Prioritizing” is synonymous with recommending a measure for inclusion in an HIV arrangement, for this condition.

Section 3: *MY 2019 HIV/AIDS-Specific VBP Measure Set*

MY2019 HIV/AIDS-Specific Measure Set

<i>HIV/AIDS Measure</i>	<i>Category</i>	<i>Classification</i>	<i>Measure Steward</i>	<i>NQF Endorsed?</i>
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	Cat 1	P4P	NYSDOH	No
Viral Load Suppression	Cat 1	P4P		Yes
Potentially Avoidable Complication (PAC) in Patients with HIV/AIDS	Cat 1	P4R	Altarum	No
Linkage to HIV Medical Care	Cat 2	-	NYS	No
Substance Abuse Screening	Cat 2	-	HRSA, HIV/AIDS Bureau	No

This does not include the Integrated Primary Care (IPC) measures also included in any HIV arrangement
Acronyms: NCQA = National Center for Quality Assurance; HRSA = Health Resources Services Administration; MY = Measurement Year.

Measures Requiring Feedback

Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis

- Consensus as of last meeting: *Still have questions*
 - Single site (at least one site) vs multiple site testing
- Denominator: HIV positive patients 13 years of age or older
- Three separate numerators:
 - Patients with Syphilis Screening Performed during measurement year
 - Patients with at least One **Urine/Cervical/Urethral** Test for *Chlamydia* during measurement year
 - Patients with at least One **Urine/Cervical/Urethral** Test for Gonorrhea during the measurement year

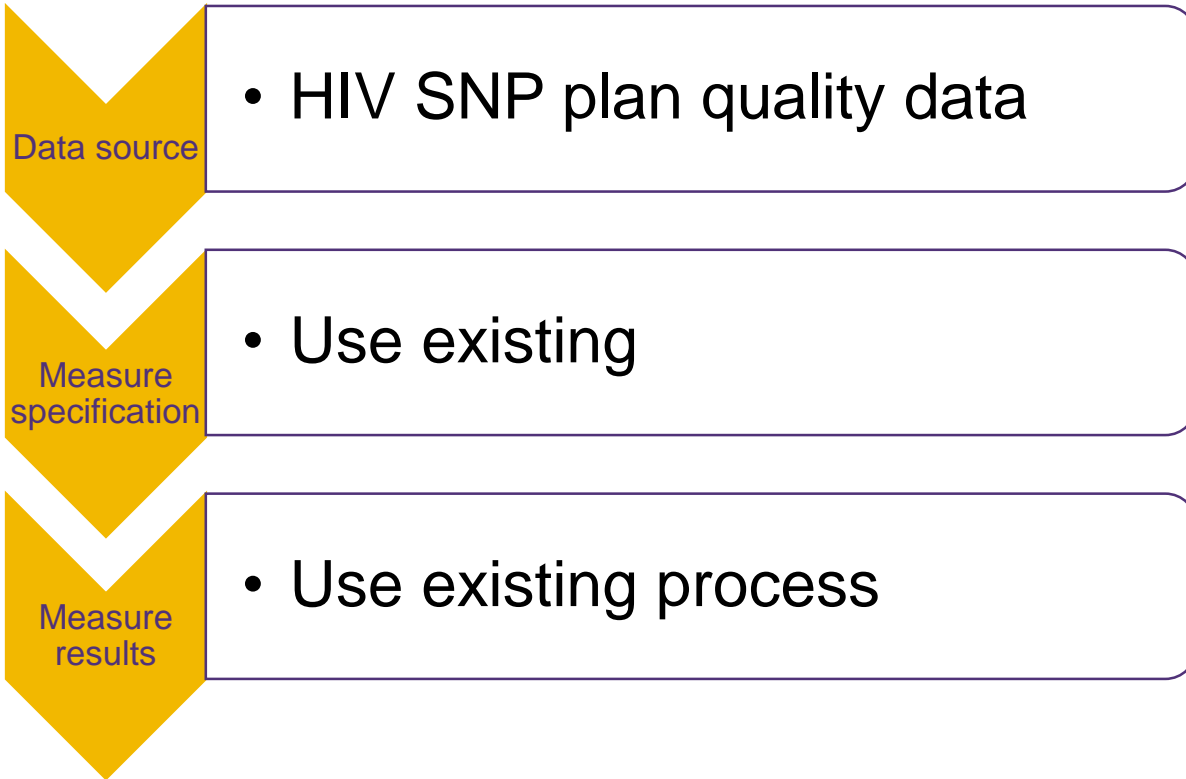
Goals

Come to consensus on measure definition for STI screening measure

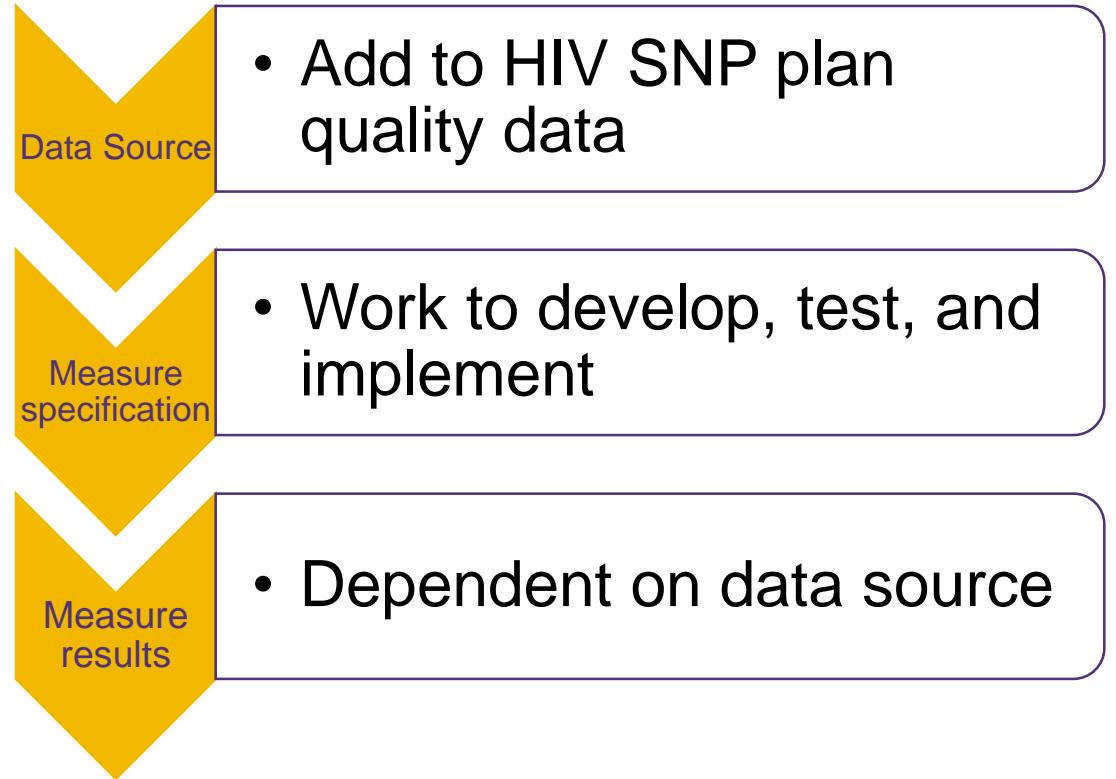
	2016 HIV SNP Average
Screened for Syphilis	73%
Genital Chlamydia Screening	51%
Rectal Chlamydia Screening Among MSM and M/F Transgender Population	35%
Genital Gonorrhea Screening	49%
Rectal Gonorrhea Testing Among MSM and M/F Transgender Population	35%
Pharyngeal Gonorrhea testing Among MSM and M/F Transgender Population	30%

STI Screening Measure Alternatives

1. Adopt current measure



2. Change to Multisite Test



STI Screening Measure Discussion

- Recommend adopting current measure
 - Patients with Syphilis Screening Performed during measurement year
 - Patients with at Least One Urine/Cervical/Urethral Test for *Chlamydia* during measurement year
 - Patients with at Least One Urine/Cervical/Urethral Test for Gonorrhea during the measurement year
- Levels of Consensus
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support

Next Steps

- Please provide any feedback on the evolving HIV/AIDS Quality Measure set and send suggestions or recommendations.
- Provide additional feedback /recommendations to the following addresses by December 13, 2018:

vbp@health.ny.gov

matthew.reuter@health.ny.gov

Thank you!