



**Department
of Health**

Medicaid
Redesign Team

Value Based Payment Advisory Group - Children's Health Subcommittee / Clinical Advisory Group (CAG)

Children's Health VBP Advisory Group Meeting #6
Subcommittee Draft Measures Review & Discussion
Webinar Date: June 14, 2017, 4:00 pm – 5:30 pm

June 14, 2017

Webinar Agenda

- Welcome and Introductions
- Brief Progress Update
- Presentation of Measures, Comments and Proposed Changes
- Discussion
- Next Steps and Adjourn

Subcommittee/CAG May and June Progress

- Minor edits to May 2nd meeting slide deck
- Shared with Subcommittee/CAG members for feedback
- Collected input on measures and recommendations based on meeting and off-line comments
- Held recommendations webinar with Subcommittee/CAG members on June 9th

Draft Measures Discussion

Jeanne Alicandro and Kate Breslin, Co-Chairs
Suzanne Brundage and Chad Shearer, UHF

Preparing Measures for Subcommittee Consideration

- Developed library of >70 potential measures used across the nation with a focus on existing use in New York (VBP, DSRIP, QARR, APC, etc.).
- Identified existing quality measures related to Matrix “North Star” goals and primary care strategies.
- Multiple discussions with medical directors at OHIP and OQPS on feasibility, validity, and other quality measure criteria.
- Streamlined measures into two measure sets:
 - **“Universal Set”**: applicable to Total Care for General Population, Integrated Primary Care, and proposed Pediatric Primary Care Capitation VBP arrangements
 - **“Maternity Set”**: applicable to Total Care for General Population and Maternity Bundle arrangements

Starting Points for Selection of Quality Measures

- Alignment with DSRIP (avoidable hospital use)
- Reduce 'drowning' in measures phenomenon: outcome measures have priority
- Measuring the quality of the total cycle of care of the VBP arrangement
- Relevance for patients and providers
- Alignment with Medicare: linking to point of care registration (EHR)
- Alignment with State Health Innovation Plan's Advanced Primary Care measure set
- Transparency of process, of measures, of outcomes

Categorizing and Prioritizing Quality Measures



CATEGORY 1

Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.



CATEGORY 2

Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016/2017 pilot program.



CATEGORY 3

Measures that are insufficiently relevant, valid, reliable and/or feasible.

Measures Comments Summary

Since May 2nd meeting, we received comments for:

- 1 measure from the maternity/TCGP set
- 9 measures from the universal set
- 3 new measures (which would be included in universal set if recommended by Subcommittee/CAG)

Behavioral risk assessment for pregnant women (from Maternity/TCGP set)

Measure Description

Percentage of women who gave birth during a 12-month period who were seen at least once for prenatal care and who were screened for depression, alcohol use, tobacco use, drug use, and intimate partner violence.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child Core</u> <u>Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
AMA-PCPI		Yes	EMR	2	N/A

Comment

- Change measure to Category 1 P4R

Response

- DOH raised feasibility concerns about this measure because data source is EMR.
- Recommend keeping as Category 2.

9 Measures from Universal Set Received Comments

No.	Measure
1	Chlamydia screening, ages 16 – 21 (NQF 0033)
2	Developmental screening using standardized tool, first 36 months of life (NQF 1448)
3	Maternal depression screen done during child's first six months of life
4	Frequency of well child visits, ages 3 to 6 (NQF 1516)
5	Children ages 2-20 having annual dental visit
6	Rate of inpatient admissions for any of four conditions: asthma, diabetes, gastroenteritis, or UTI (PDI #90)
7	Follow-up after ED visit for mental illness, ages 6 and older
8	Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older
9	Use of first-line psychosocial care for children and adolescents on antipsychotics

1. Chlamydia screening, ages 16 – 20 (NQF 0033)

Measure Description

The percentage of women 16–20 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

<u>Steward</u>	<u>QARR/2014 Mean</u>	<u>CMS Child Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes /71%	Yes	Claims	1	P4P

Comment

- Broaden measure specifications to include screening for other STIs, contraception use, and sexual activity in general.

Response

- Cannot change measure specifications.
- Proposed Assessment and Counseling of Adolescents on Sexual Activity, Tobacco Use, Alcohol & Drug Use, Depression (four-part measure) as Category 1 P4R (see appendix), covers these clinical topics
- Recommend keeping chlamydia screening because it is already included in the TCGP/IPC set

2. Developmental screening using standardized tool, first 36 months of life (NQF 1448)

Measure Description

Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. The measure includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and 36 months of age.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child Core</u> <u>Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
Oregon HSU		Yes	Claims or medical record	2	N/A

Comment

- Clarify that social-emotional is an important dimension of the screening.
- Extend measure to the first five years of life.
- Change measure to Category 1 P4R.

2. Developmental screening using standardized tool, first 36 months of life (NQF 1448) (Continued)

Response

- Can change measure title to include social-emotional but measure specifications would stay the same.
- Cannot change official measure specification of first 36 months, although the State could create its own measure with different specifications.
- Recommend keeping this measure, and underscoring its importance per our Measure Recommendation #5:

“The State should **expedite its efforts** to work with providers and plans through its School Readiness VBP Pilot, New York’s Early Childhood Comprehensive Systems federal grant, and other related efforts, to refine its approach to using Developmental Screening in the First Three Years of Life (NQF #1448). The State should consider lessons learned from other states that have modified their billing policies for this measure, including Maine, Minnesota, and Connecticut. The goal of this work should be on reasonably resolving concerns related to NQF #1448’s measure specifications and updating related clinical guidance for providers and plans, **in order to adopt a developmental screening measure as a Category 1 measure by Measurement Year 2019.**”

3. Maternal depression screen done during child's first six months of life

Measure Description

Percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during the child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child</u> <u>Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA		Yes	EMR, CMS eCQM #82	2	N/A

Comment

- Change measure specifications to extend to child's first year of life.
- Change to Category 1 P4R.

Response

- Cannot change measure specifications.
- Can keep, remove, or replace measure.
- Recommend keeping measure and changing to Category 1 P4R, per May 2 meeting.

4. Frequency of well child visits, ages 3 to 6 (NQF 1516)

Measure Description

Percentage of children 3-6 years of age who had one or more well-child visits with a Primary Care Practitioner during the measurement year.

<u>Steward</u>	<u>QARR/2015 Mean</u>	<u>CMS Child Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes/84%	Yes	Claims	1	P4P

Comment

- Concern about whether well child visits are meaningful for this age group.

Response

- Can consider removing, or changing categorization.
- Recommend keeping this measure because it helps measure access across the age continuum.

5. Children ages 2-20 having annual dental visit

Measure Description

Percentage of children ages 2-20 who have at least one dental visit during the year.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child</u> <u>Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NYS	Yes/60%		Dental claims	1	P4R

Comment

- Note that the 2-20 age range is not consistent with ADA and AAPD recommendations. ADA and AAPD recommend beginning dental visits at age 1 or first tooth eruption.

Response

- Measure is consistent with NCQA/HEDIS measure on Annual Dental Visits (not NQF endorsed).
- Could consider recommending NYSDOH changes its measure specifications because NYS is the measure steward.

6. Rate of inpatient admissions for any of four conditions: asthma, diabetes, gastroenteritis, or UTI (*PDI #90*)

Measure Description

Discharges, for patients ages 6 - 17, that meet the inclusion and exclusion rules for the numerator in any of the following PDIs:

- #14 Asthma Admission Rate
- #15 Diabetes Short-Term Complications Admission Rate
- #16 Gastroenteritis Admission Rate
- #18 Urinary Tract Infection Admission Rate

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child Core</u> <u>Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
AHRQ			Hospital discharge data	1	P4P

Comment

- Concern there are no effective strategies for controlling asthma in children under age 3.
- Concern childhood diabetes is not usually managed in primary care.

Response

- Measure is for children ages 6 - 17.
- Measure is a composite of four separate measures.
- Could recommend separate reporting and removing one or more conditions.

7. Follow-up after ED visit for mental illness, ages 6 and older

Measure Description

Percentage of ED visits with a primary diagnosis of mental illness for which the patient received follow-up care with any practitioner within specified time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child</u> <u>Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes-new 2017		Claims	1	P4R

Comment

- Concern that the follow up visit should be with a mental health or substance use provider, not “any practitioner.”

Response

- "Any practitioner" is the language used in the HEDIS measure and which NYS has also adopted. Cannot change measure specifications.
- Can choose to keep, remove, or replace.

8. Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older

Measure Description

Percentage of ED visits with a primary diagnosis of alcohol or other drug dependence for which the patient received follow-up care with any practitioner within specific time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child Core</u> <u>Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes-new 2017		Claims	1	P4R

Comment

- Concern that the follow up visit should be with a mental health or substance use provider, not “any practitioner.”

Response

- "Any practitioner" is the language used in the HEDIS measure and which NYS has also adopted. Cannot change measure specifications.
- Can choose to keep, remove, or replace.

9. Use of first-line psychosocial care for children and adolescents on antipsychotics

Measure Description

Percentage of patients, ages 1-17, who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child</u> <u>Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes	Yes-new 2017	Claims	2	N/A

Comment

- Question over definition of “psychosocial care.”

Response

- The numerator for this measure is defined by documentation of psychosocial care and is identified through the HEDIS Psychosocial Care Value Set billing codes.

3 New Measures Requested by Commenters

No.	Measurement focus area
1	Follow-up after inpatient visit for mental illness
2	Eye exam testing
3	Follow-up after ED visit for a chronic condition (e.g. asthma)

1. Follow-up after inpatient visit for mental illness

➤ Could include the following measure.

Follow-Up After Hospitalization for Mental Illness: 7-Day and 30-Day (NQF 0576)

Measure Description

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the patient received follow-up within 30 days of discharge
- The percentage of discharges for which the patient received follow-up within 7 days of discharge.

<u>Steward</u>	<u>QARR/2015</u> <u>Mean</u>	<u>CMS Child Core</u> <u>Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
NCQA	Yes/ 30 days: 79% 7 days: 65%		Claims	TBD	TBD

2. Eye exam testing

- No widely used or endorsed vision screening or vision exam measure. There is a measure developed by CMS approved for trial use by NQF but the data comes from the EMR, and there are concerns about its use.

Screening for Reduced Visual Acuity and Referral in Children (NQF 2721 - approved for trial use)

Description

The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.

<u>Steward</u>	<u>QARR/2015 Mean</u>	<u>CMS Child Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
CMS			EMR	TBD	TBD

3. Follow-up after ED visit for a chronic condition (e.g. asthma)

- No obvious chronic condition follow-up measures. Could choose to include the following measure, which is the closest matching measure, and dental caries is the most common chronic condition in children.

Follow-Up after Emergency Department Visits for Dental Caries in Children (NQF 2695)

Measure Description

Number of ambulatory care sensitive ED visits by children 0 through 20 years for dental caries in the reporting period.

<u>Steward</u>	<u>QARR/ 2015 Mean</u>	<u>CMS Child Core Set</u>	<u>Data Source</u>	<u>Category</u>	<u>P4P / P4R</u>
American Dental Association on behalf of the Dental Quality Alliance			Claims	TBD	TBD

Summary of Recommendations Based on Comments

Measure	Category	Recommendation
Behavioral risk assessment for pregnant women	2	No change
Chlamydia screening, ages 16 – 20 (NQF 0033)	1 P4P	No change
Developmental screening using standardized tool, first 36 months of life (NQF 1448)	2	No change, combined with Measure Recommendation 5
Maternal depression screen done during child's first six months of life	2	Change to Category 1 P4R
Frequency of well child visits, ages 3 to 6 (NQF 1516)	1 P4P	No change
Children ages 2-20 having annual dental visit	1 P4R	Could consider recommending NYSDOH change its measure specifications
Rate of inpatient admissions for any of four conditions: asthma, diabetes, gastroenteritis, or UTI (PDI #90)	1 P4P	Could recommend separate reporting and removing one or more conditions
Follow-up after ED visit for mental illness, ages 6 and older	1 P4R	No change
Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older	1 P4R	No change
Use of first-line psychosocial care for children and adolescents on antipsychotics	2	No change
Follow-up after inpatient visit for mental illness	TBD	Could consider adopting as new measure
Eye exam testing	TBD	Could consider adopting as new measure
Follow-up after ED visit for a chronic condition	TBD	Could consider adopting "follow-up after ED for dental caries" as new measure

Appendix: Proposed Measure Sets as of May 2, 2017

Additional Measures for Maternity Bundle and TCGP

#	Measure (NQF #)	Category
1	Timeliness and frequency of prenatal and postpartum care visits (NQF 1391)*	1 P4P
2	Live births less than 2500 grams (NQF 1382)*	1 P4R
3	Infants exclusively fed with breastmilk in hospital (NQF 480)*	1 P4R
4	Women provided most or moderately effective methods of contraceptive care within 3 to 60 days of delivery (NQF 2902)*	1 P4R
5	Behavioral risk assessment for pregnant women	2
6	Hearing screen prior to hospital discharge (NQF 1354)	3

*Measure already included in Maternity Bundle based on Maternity CAG recommendations

Child Measures for Universal Set (TCGP/IPC/PPCC)

#	Measure (NQF #)	Category
1	Frequency of well-child visits during the first 15 months of life (NQF 1392)	1 P4P
2	Developmental screening using standardized tool, first 36 months of life (NQF 1448)	2
3	Maternal depression screen done during child's first six months of life	2
4	Frequency of well child visits, ages 3 to 6 (NQF 1516)	1 P4P
5	Experience with care survey using CAHPS Clinician and Group survey 3.0, Child version, including supplemental questions re children with chronic conditions	3
6	Children ages 2-19 having annual dental visit	1 P45
7	Rate of inpatient admissions for any of four conditions: asthma, diabetes, gastroenteritis, or UTI (PDI #90)	1 P4P
8	Follow-up care for children prescribed Rx for ADHD (NQF 0108). Two part measure: initiation phase and continuation phase	1 P4R
9	Child immunization status, age 2 (combo 3) (NQF 0038)*	1 P4P
10	BMI assessment and counseling (NQF 0024)*	1 P4P
11	Medication management for children with asthma, ages 5 – 18 (NQF 1799)*	1 P4P

Child Measures for Universal Set (TCGP/IPC/PPCC) (Continued)

#	Measure (NQF #)	Category
12	Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)	1 P4R
13	Adolescent immunization rate, including rate for HPV (NQF 1407)	2
14	Adolescent well-care visit rate	1 P4R
15	Follow-up after ED visit for mental illness, ages 6 and older	1 P4R
16	Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older	1 P4R
17	Use of first-line psychosocial care for children and adolescents on antipsychotics	2
18	Screen for depression using age appropriate tool and follow-up, ages 12+ (NQF 0418)*	1 P4R
19	Chlamydia screening, ages 16 – 21 (NQF 0033)*	1 P4P
20	Children at elevated risk of caries who received fluoride varnish applications (NQF 2528)*	2

*Measure already included in TCGP/IPC measure set