



**Department
of Health**

**Medicaid
Redesign Team**

Value Based Payment Quality Measure Feasibility Task Force

Kickoff Meeting

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Agenda

- VBP Measure Process to Date
- Value Based Payment (VBP) Quality Measure Feasibility Task Force Charter
- Objectives of VBP Feasibility Workgroup
- Examples of Task Force Efforts
- Review Proposed VBP Submission Format
- Qualified Entities (RHIO) Opportunities
- VBP Measure Discussion
- Next Steps

VBP Measure Process to Date

Clinical Advisory Groups (CAGs): Provide recommendations on clinical measures to consider for inclusion in VBP Arrangements

Managed Care Organization Medical Directors and Quality Team meeting to inform measure classification – March 2017

VBP Workgroup: Reviewed recommendations and finalized list for measurement year 2017

VBP Measure Feasibility Task Force: Testing implementation of measures to inform measure selection process for MY 2018

2018
CAG
activity to
begin in
July

VBP Quality Measure Feasibility Task Force Charter

Charter

- The New York State (NYS) Department of Health (DOH) has established the VBP Quality Measure Feasibility Task Force to assist with assessment of quality measure data capture, calculation mechanisms, and reporting feasibility for the NYS VBP program. Task Force members represent Managed Care Organizations (MCOs), VBP Pilot Participants and Contractors, NYS DOH agencies, and other stakeholders with expertise in quality measurement and health information technology (HIT).
- The Task Force will be charged with soliciting and distilling feedback from VBP Contractors, MCOs, and VBP Pilots as it relates to quality measure feasibility, reporting, calculation and utility. Efforts will also focus on developing strategies to assist with testing of new measures that require clinical data for calculation. This information will aid the DOH in implementing best practices and further align quality measurement efforts statewide.

Objectives of VBP Feasibility Workgroup

1. Clarification of the Unit of Analysis

- VBP Contractor -> Practice Group -> Providers
- VBP Contractor may be the focus for payment, while the practice group or provider may be focus for improvement efforts

2. Data Collection Responsibilities

- Current state and new needs for VBP
- Impact or Gaps - Data flows, data availability, sources of data

3. Maximize Measure Efficiency

- Leverage internal systems, explore use of Qualified Entities (QEs), develop use cases for plans and contractors, avoid duplication of effort

4. Measure Development Process

- Responsibilities for prioritizing measures, measure specification development, field testing and validation

Examples of Task Force Efforts

- Review State reporting requirements. Assess and advise on alignment opportunities for work flow and data submission.
- Partner across stakeholders to investigate implementation of quality measures requiring clinical data for result calculation.
- Review measures for development and prioritize based on plans' projected use.

Review Proposed VBP Submission Format

Proposed VBP Data Submission Format

Goals:

- (1) Alignment of data submission to reduce reporting burden.
- (2) Create one submission file to be used for multiple programs by the State.

New Process:

- Data file submission modified to support QARR* (HEDIS measures) and Advanced Primary Care (APC) Scorecard.
- Data files will leverage modified QARR submission for VBP quality measure reporting requirements
 - Additional elements will include the provider/practice attribution (using your own plan's attribution methodology).

*Quality Assurance Reporting Requirements (QARR) is a component of NYS Quality Incentive (QI) Program for MCOs.

Qualified Entities (QEs/RHIOs) Opportunities

Qualified Entities Opportunities

- The QEs' clinical data sources can potentially fill gaps in quality measurement
- OQPS is engaged in an assessment of the QEs' current and planned involvement in supporting quality measurement
- OQPS will be identifying a path towards leveraging the QEs to support VBP
- The next step is to understand plans and VBP contractors' needs for clinical data for quality measurement
- Organizations interested in assisting in this effort can participate in the "HIT-Enabled Quality Measurement" sub-team.

VBP Measure Discussion

VBP Quality Measures

- Pilots: 2 Health and Recovery Plans (HARP), 2 Integrated Primary Care (IPC), 1 Pediatric, and 9 Total Care for the General Population (TCGP) Pilots for 2017
- Task Force efforts will focus on VBP Measures that are not currently part of 2017 QARR.
 - 1st Priority:
 - Category 1 P4P measures
 - Category 2 Measures included in Pilot Contracts
 - Category 1 P4R measures
 - 2nd Priority:
 - Category 2 measures not included in Pilot Contracts
- Activities will be tracked in a workplan that incorporates both State agency and sub-team specific efforts for each measure.

Announcement: Measure Steward Change

Statin Therapy for Patients with Diabetes

- The original measure sets published in March 2017 included an error for one measure steward. CMS was incorrectly identified as the steward for *Adherence to Statins for Individuals with Diabetes Mellitus*. The intended Steward is the National Committee for Quality Assurance (NCQA). Therefore the measure sets have been updated to reflect NCQA as the measure steward for *Statin Therapy for Patients with Diabetes*. This measure is currently part of New York State's Quality Incentive Program, thus further aligning measures across VBP and QI programs.
- This measure steward change affects the 2017 VBP Quality Measure Sets for TCGP/IPC, HIV/AIDS, and HARP arrangements.
- The corrected documents have been posted to the DOH website and can be found under the "VBP Quality Measures" tab ([Link](#))

Announcement: Measure Title Modifications

- The original measure sets published in March 2017 included 4 measures that will have a modification in their title:

Original Measure Title	Category	Revised Measure Title
Initiation of Medication-Assisted Treatment (MAT) for Opioid Dependence	Cat 1 P4P	Initiation of Pharmacotherapy for Opioid Use Disorder
Initiation of MAT for Alcohol Dependence	Cat 1 P4R	Initiation of Pharmacotherapy for Alcohol Dependence
Utilization of MAT for Opioid dependence	Cat 2	Utilization of Pharmacotherapy for Opioid Dependence
Utilization of MAT for Alcohol Dependence	Cat 2	Utilization of Pharmacotherapy for Alcohol Dependence

- This title change affects the 2017 VBP Quality Measure Sets for TCGP/IPC and HARP arrangements.
- The corrected documents will be updated and posted to the DOH website under the “VBP Quality Measures” tab ([Link](#)).

Task Force Sub-teams

Goal: Create sub-teams to focus on specific areas which require increased development and understanding. Focus on how to operationalize VBP Arrangements, including investigation of data collection and data flows. Ideally, the members will represent the broader MCO and VBP Contractor community (e.g. non-Pilot members).

Proposed sub-teams:

- TCGP and IPC
- Behavioral Health / HARP
- Maternity
- HIV/AIDS
- HIT-Enabled Quality Measurement

Next Steps

- Task Force members will meet bi-monthly.
 - Sub-teams to report out on activity during monthly Task Force meetings.
- Individuals to self-identify for sub-team participation by this Friday (6/9).
 - Sub-teams will meet monthly.
 - Members can volunteer for more than one sub-team.
 - Pilots participants will be assigned based on contracted arrangements.
 - Please email Valerie Clark (Valerie.Clark@health.ny.gov) with the name of the sub-team in which you would like to participate.
- Sub-teams will have kick-off meetings and a proposed list of activities.
 - Kick-off meetings to be announced next week.

Thank you!

Questions?

VBP BML email: vbp@health.ny.gov

NYS Resources

The NYS VBP Resource Library Website ([Link](#)):

- *TCGP/IPC Quality Measure Set*
- *HARP Quality Measures Set*
- *HIV/AIDS Quality Measures Set*
- *Maternity Quality Measures Set*