



**Department  
of Health**

Medicaid  
Redesign Team

# HIT-Enabled Quality Measurement SubTeam Task Force Sub-team Meeting #1

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# Agenda

Section	Time		Presenter
<b>Sub-Team Member Introductions</b>	4:00	10 minutes	Jim Kirkwood
<b>Crawl, Walk, Run Approach</b>	4:10	5 minutes	Maria Ayoob
<b>Clinical Quality Measures – Where Does Clinical Data Fit</b>	4:15	5 minutes	Maria Ayoob
<b>Proposed Sub-Team Goals</b>	4:20	5 minutes	Maria Ayoob
<b>Survey</b>	4:25	10 minutes	Lindsay Cogan
<b>Discussion</b>	4:35	25 minutes	Jim Kirkwood

# Introductions

## **One person from each organization:**

- Please identify yourself and your team when called upon
- Describe your goals and/or expectations for the sub-team

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



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

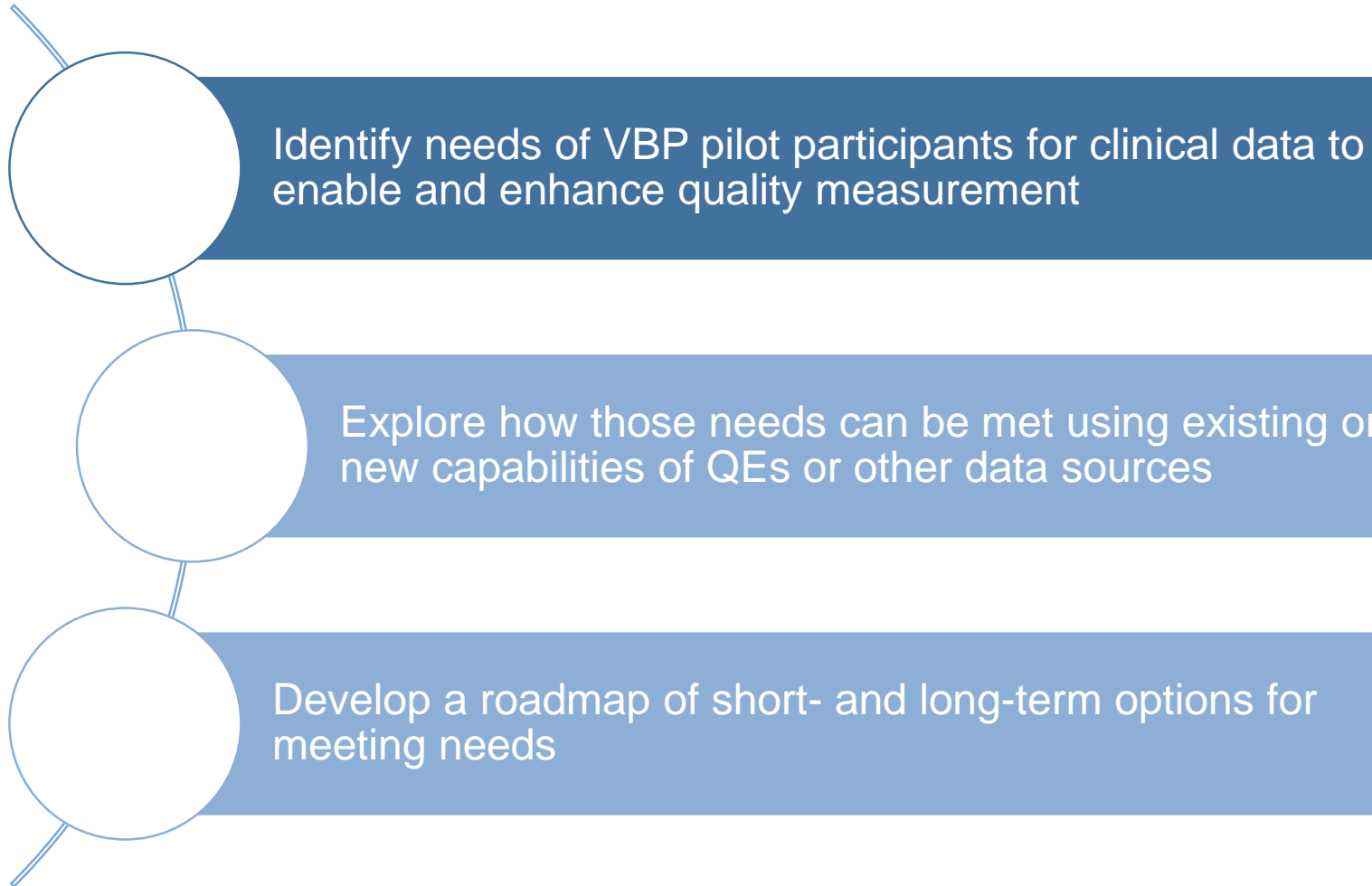
Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

# CQMs – Where Does Electronic Clinical Data Fit?

	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 for 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 plan HEDIS reporting/APC/VBP	Health plan HEDIS reporting/APC/VBP	QEs generating measures to drive pop health mgmt	MU Attestation
<b>CLINICAL QUALITY MEASURES</b>				

EHR – Electronic Health Record  
 CDR – Clinical Data Repository

# Proposed Goals



# Task Force Survey

- The New York State Department of Health is interested in obtaining information from the Pilots in the following categories to help inform the current and future timeline for Value Based Payment (VBP) clinical quality measures:
  1. *Data Collection*
  2. *Unit of Analysis*
  3. *Measure Efficiency*
  4. *Measure Development Process*
- A survey will be distributed to all Pilots on **Friday, June 30<sup>th</sup>**.
- Please respond by July 14<sup>th</sup>, regardless of participation in a Task Force sub-team.
- Responses will inform Task Force sub-team discussions and activities.

# Upcoming Meetings

- Wednesday, July 26, 10:00-11:00 AM
- Thursday, August 24, 4:00-5:00 PM
- Wednesday, September 27, 4:00-5:00 PM
- Friday, October 27, 1:00-2:00 PM