



**Department
of Health**

Medicaid
Redesign Team

Measure Feasibility Task Force:

HIV/AIDS Sub-team Meeting #2

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Agenda

- Introductions
- Update on Measure Feasibility Survey Results
- Additional Questions to Consider
- Next Steps

Measure Feasibility Survey

- Survey broken into three main sections: Data Collection, Calculation and Reporting, and Use of Measures.
- Received 13 responses as of Monday, July 24th.
 - Respondents:
 - 8 health plans
 - 5 provider groups
- Survey responses to date demonstrate a wide variety of capabilities across plans and providers.
- **Please continue to send in surveys if you have not done so already.**

Survey Results - Data Collection

1. Does your organization have any system limitations (e.g., claims system, HEDIS repository) for collecting clinical, claims and administrative data sources that limit your ability to calculate and report any of the required VBP measures accurately and timely?
 - **Results:** Mixed (Plans: 4/8 YES, Providers: 2/5 YES)
 - **Key Theme:** Data for non-QARR, non-NCQA measures are not being reported at this time. Capability and resource gaps are barriers to adoption.
2. Does your organization capture data, other than standard claim coding, for the calculation of performance measures using the administrative methodology?
 - **Results:** Overwhelming majority said YES (Plans: 7/8, Providers: 5/5)
 - **Key Theme:** Plans are more likely to collect a combination of registry and supplemental data, while providers are more likely to collect only supplemental data.
3. Does your organization use any electronic clinical data sources for the calculation of performance measures using the *hybrid* method?
 - **Results:** Mixed (Plans: 3/8 YES, Providers: 5/5 YES)
 - **Key Themes:**
 - If clinical data is collected from EHRs, it is often performed by a third party vendor.
 - All provider respondents use the hybrid method.

Survey Results - Data Collection (cont.)

4. Are there other data sources you would like to be able to collect?
 - **Key Theme:** The ability to supplement local data with registry and clinical data via the QE or EHRs is desired by most organizations, plans and providers alike.
 - **Barriers:** Legal barriers (access to patient level data), technical barriers regarding multiple EHR systems and file formats, and cost/resource restraints were cited by almost all respondents.
5. If you are collecting supplemental data, is any of it being provided by a RHIO/QE?
 - **Results:** Mixed (5/11 – yes)
 - **Key Themes:** About half of respondents currently receive data in various formats from the QE and several are currently pursuing data sharing agreements to allow for this capability.
6. Does your organization have the capability of capturing EHR/ECDS data administratively?
 - **Results:** Mixed (Plans: 4/8 YES, Providers: 4/5 YES)
 - **Key Theme:** Most providers are able to capture this data via a third party vendor.

Survey Results - Calculation and Reporting

1. In developing the source code to calculate performance measures, does your organization use internal staff and systems, NCQA source code vendor or non-NCQA certified vendor?
 - **Results:** Majority of plans use NCQA-certified Source Code Vendor (7/8). Provider responses vary widely.
2. Are you currently able to calculate measures by arrangement at a VBP Contractor level?
 - **Results:** Majority said YES (Plans: 6/8, Providers: 4/5)
 - **Key Themes:** Most respondents indicated new reports will need to be built to report at the VBP Contractor level.

From a plan - “We leveraged data from our monthly builds of HEDIS measures from our certified software and are sending to the third party analytic vendor for creation of reports at the VBP Contractor level.”

3. Does your organization have a strategy for addressing small sample sizes at the provider/organization level of analysis?
 - **Results:** Mixed (Plans: 5/8 YES, Providers: 2/5 YES)
 - **Key Themes:** Small sample size continues to be an issue as indicated by several respondents. Most plans indicated they follow NCQA guidelines.

From a plan - “You can’t escape from the ‘small sample size’ problem. Often the population is small, so even a 100% sample is well below the standard HEDIS sample of 411. This is a question of meaning – does a measure based on a small number of patients reflect the quality of the practice?”

Survey Results - Calculation and Reporting (cont.)

4. When calculating performance measures, does your organization house data in a repository or warehouse, or do you extract information directly from your transactional system?
 - **Results:** Majority of plan and provider respondents said data repository or combination of repository and extract files. (Plan: 6/8 BOTH, Providers: 3/4 Repository ONLY)
5. Do you have the capability of reporting VBP Measures on a provider or practice level (TIN) basis?
 - **Results:** Overwhelming majority said YES (Plans: 6/8, Providers: 5/5)
 - **Key Theme:** Most respondents are able to report measures at the provider level, which theoretically can be rolled up to the TIN level.
6. Do you have the capability (including the capacity) to report data on a more frequent basis (quarterly)?
 - **Results:** Overwhelming majority said YES (Plans: 7/8, Providers: 5/5)
 - **Key Theme:** Most respondents indicated *monthly* reporting was standard.
7. Please provide feedback on how VBP measurement calculation and reporting can be aligned with Private and Federal requirements to reduce burden and improve efficiencies.
 - **Key Theme:** The inclusion of non-HEDIS measures presents a variety of challenges for plans and providers. Common data standards are also desired.

From a plan - "The use of non-HEDIS measures requires custom programming by vendors and will easily cost \$20-\$30K per measure, and for complex measures with episode logic the cost can be much greater."

Survey Results - Use of Measures

1. Does your organization use benchmarks to compare provider performance or to establish performance targets?
 - **Results:** Overwhelming majority said YES (Plans: 8/8, Providers: 4/5)
 - **Key Theme:** Most provider respondents use NYS QARR benchmarks. Several plan respondents indicated they rely on NCQA benchmarks.
2. Do you currently use results from quality measures in any of your contracts?
 - **Results:** Overwhelming majority said YES (Plans: 8/8, Providers: 4/5)
 - **Key Theme:** Inclusion of HEDIS/QARR measures in contracts is common across plan respondents.
3. Are you using progress in care gap reports for payment?
 - **Results:** Mixed (Plans: 3/5 NO, Providers: 2/5 NO)
 - **Key Theme:** Increased uptake in care gap reports could be explored. Most respondents are not currently using the reports, while at least one payer uses these reports to incentivize care improvement activities.
4. Do you have any experience with Episode-Based Payment or bundle of care payments?
 - **Results:** Overwhelming majority said NO (Plans: 7/8, Providers: 4/5)
 - **Key Theme:** Respondents interested in learning more about bundle of care payments. One provider indicated it is currently engaged in CMS BPCI* arrangements.

From a plan - "Can the State please share what you've learned from other states/health plans on successful bundled payment methodologies?"

* BPCI: Bundled Payments for Care Improvement

Survey Results - Other

- Is there anything else that you would like to make the Task Force aware of that we have not covered in this survey? Please explain below.
 - **Key Themes:** Common data standardization, pursuit of additional data sources for health plans, and direct access to the Salient Performance Data were several additional ideas identified by the respondents.

Additional Questions to Consider

- How can the State/ plans/ providers begin to collect non-QARR measure results as part of the ‘crawl’ strategy?
 - Collection and reporting (data flows)
 - Results vetting, etc.
- How are the plans currently using quality measurement data for payment?
 - Majority of respondents in the survey indicated they are not paying on progress in care gaps.
- What kind of data/ information/ results, if made available, would help your organization to bolster VBP quality measurement programs?
 - Most respondents indicated they already had existing reports (or were building out reports) for monitoring purposes.
 - How are you attributing quality measure results at a VBP contractor level? Is member attribution run separately from the measure results?
- In terms of leveraging clinical data for quality measurement, should we prioritize certain measures or certain data elements?
- What are the key needs for VBP Contractors in terms of clinical data?

Next Steps

- Upcoming Meetings:
 - Task Force General Meeting #2: 8/4 (1:00 – 2:00)
 - TCGP Sub-team Meeting #3: 8/21 (11:00 – 12:00)
 - BH/HARP Sub-team Meeting #3: 8/21 (3:00 – 4:00)
 - HIV/AIDS Sub-team Meeting #3: 8/23 (11:00 – 12:00)
 - HIT Sub-team Meeting #3: 8/24 (4:00 – 5:00)

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov