



**Department
of Health**

Medicaid
Redesign Team

Measure Feasibility Task Force:

HIT-Enabled Quality Measurement

Sub-team Meeting #2

July 26, 2017

Agenda

- Introductions
- Update on Measure Feasibility Survey Results
- Questions for Discussion
- 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.

Survey Results - Data Collection

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)
 - **Additional Detail:**
 - 5 of the plans that collect other data for administrative measures said they collect immunization registry data as well as lab data
 - 2 plans mentioned collecting encounter data (from hospitals and/or data providers)
 - 2 plans mentioned EHR data; 1 from a hospital and 1 from a data aggregator comprising data from several providers
 - Other sources of data for administrative measures include Medicaid FFS data, gaps in care data, and prior year chart reviews
 - VBP contractors indicated that EHR data is the primary source of data for quality measurement, whether through a data aggregator, in a population health platform or using the EHR directly

Survey Results - Data Collection

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:**
 - Two plans mentioned EHR data – one collecting data manually from EHRs and one has some access to extracted EMR data (1 noted this is treated as an administrative data source for a hybrid measure)
 - 2 provider groups noted that they are collecting claims data to supplement EHR Data

Survey Results - Data Collection (cont.)

4. Are there other data sources you would like to be able to collect?
 - **Results:** All respondents indicated there are other sources they would like to collect.
 - **Key Themes:**
 - The ability to supplement claims data with registry and clinical data via the QE/RHIO or EHRs is desired by most organizations, plans and providers alike.
 - 5 plans specifically stated they would like to receive data from RHIOs
 - One plan noted that while they are able to get data from a national lab, they are not able to from smaller community labs; they stated that the RHIOs could potentially act as a conduit for these labs.
 - **Barriers:**
 - Legal barriers (access to patient level data)
 - Technical barriers regarding multiple EHR systems and file formats
 - Cost/resource restraints were cited by almost all respondents
 - Variation in providers' willingness and ability to share supplemental data

Survey Results - Data Collection (cont.)

5. If you are collecting supplemental data, is any of it being provided by a RHIO/QE?
 - **Results:** Mixed (Plans: 1/8 YES, Providers: 4/5 – 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.

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.

Questions for Discussion

Data Collection

- Can EHR data be used for plans' hybrid measures and how? If so, is there the potential to reduce the burden of medical record review using EHR data (and still meet NCQA and audit requirements)?
- How are lab data received by plans (format, transport, attribution)?
- In terms of planning for more effective use of clinical data for quality measurement, would you prioritize specific measures or a common set of data elements for use in a variety of measures?
 - Who could best define the specific data elements that would be needed?
- What kind of data/information/results, if made available, would help your organization to bolster VBP quality measurement programs?

Other Areas

- What are the key unmet needs for VBP Contractors in terms of HIT/electronic clinical data for quality measurement?
- How can the State/plans/providers begin to collect non-QARR measure results as part of the 'crawl' strategy?
 - Collection and reporting (data flows)
- 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.
 - 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?

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:

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