



**Department  
of Health**

**Medicaid  
Redesign Team**

# **HIV/AIDS**

## **Task Force Sub-team Meeting #3**

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# Agenda

- High-level Strategy Review
- Claims-based Measures Strategy
- Claims Based HIV/AIDS Category 1 Measures
- “Crawl” Strategy Proposal for Non-claims Based Measures
- Non-claims Based HIV/AIDS Category 1 Measures
- Draft HIV/AIDS Category 1 Measures not in QARR
- Viral Load Suppression Data Source Alignment
- Public Comment Period Reminder for Draft HIV/AIDS Quality Measures
- Open Forum

# 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 have been 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.

## Claims-based Category 1 Measures: Interim Measure Collection Strategy

- Leverages the Advanced Primary Care Scorecard Data Collection request
  - Initial request made to plans on May 24, 2017
  - Aligns closely with QARR and TCGP/IPC Quality Measure Sets
  - Provides a modified version of NCQA's Patient Level Detail (PLD)
  - Adding provider/practice that the member was attributed to using your own plan's attribution methodology
  - DOH aggregates across plans for full VBP Contractor and Arrangement view
  
- State would require provider attribution file by VBP Arrangement

# Claims Based HIV/AIDS Category 1 Quality Measures

## Claims Based Measures

### QARR

Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment  
Breast Cancer Screening  
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications  
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)  
Medication Management for People With Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered  
Statin Therapy for Patients with Cardiovascular Disease  
Statin Therapy for Patients with Diabetes  
Use of Spirometry Testing in the Assessment and Diagnosis of COPD

### Non-QARR

Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder  
Initiation of Pharmacotherapy for Alcohol Dependence  
Initiation of Pharmacotherapy for Opioid Use Disorder  
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis  
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year\*

*\*This measure will not be ready for MY2017.*

## Proposed Strategy for Non-claims based Measures as Part of the “Crawl” Step

- Based on the recent feedback from the Managed Care Organizations, a proposed interim solution for MY 2017 is to report non-claims based Category 1 measures that are in QARR using the Administrative specifications.
- Recommendation to include Category 1 non-claims based measures not currently part of QARR into QARR over a multi-year phase-in starting in 2018
  - To align with vendor process
  - To facilitate auditability

# Non-claims Based HIV/AIDS Category 1 Quality Measures

## Non-claims Based Measures

### QARR

- Cervical Cancer Screening
- Colorectal Cancer Screening
- Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)
- Comprehensive Diabetes Care: Eye Exam (retinal) performed
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8%)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Controlling High Blood Pressure
- HIV Viral Load Suppression
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

### Non-QARR

- Comprehensive Diabetes Care: Foot Exam
- Linkage to HIV Medical Care
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- Preventive Care and Screening: Influenza Immunization
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Substance Use Screening

# Viral Load Suppression Data Source Alignment

- It was confirmed that the existing process can likely be used to calculate Viral Load Suppression for the purposes of VBP reporting to the State, pending legal review.
- The State will, however, need reporting MCOs to provide a file of attributed members and providers/contractors participating in the arrangement.

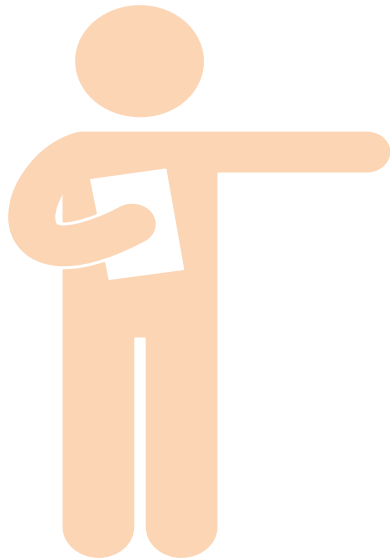


# Public Comment: DRAFT HIV/AIDS Quality Measures (Category 1)

Control No	Proposed New Measure	Description	Arrangement Type(s)	Measure Classification (if Cat 1) or Steward (if Cat 2)	Category
1	Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	The percentage of individuals who initiate pharmacotherapy with at least 1 prescription or visit for opioid treatment medication within 30 days following an index visit with a diagnosis of opioid abuse or dependence.	HIV/AIDS	P4P	1
			TCGP/IPC	P4P	1
			HARP	P4P	1
2	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	The percentage of individuals who initiate pharmacotherapy with at least 1 prescription for alcohol treatment medication within 30 days following an index visit with a diagnosis of alcohol abuse or dependence.	HIV/AIDS	P4R	1
			TCGP/IPC	P4R	1
			HARP	P4R	1

The **Public Comment Period** is now open for these measures. Comments and questions specifically relating to the measures should be submitted in writing via the Public Comment Submission Form by September 11<sup>th</sup> to [vbp@health.ny.gov](mailto:vbp@health.ny.gov).  
*Please see the MRT announcement email from August 11<sup>th</sup>.*

# Open Forum



Are there any additional areas of concern that you have with respect to the new measures?

If you have additional questions, please contact the VBP mailbox: [vbp@health.ny.gov](mailto:vbp@health.ny.gov)

# Meeting Schedule

- Upcoming meetings:
  - Please join us at the HIT Sub-team meeting this Thursday:
    - HIT Task Force Sub Team Meeting #3: 8/24 from 4:00 – 5:00
    - HIV/AIDS Task Force Sub Team Meeting #4: 9/26 from 11:00 – 12:00
    - HIV/AIDS Task Force Sub Team Meeting #5: 10/25 from 9:00 – 10:00
- Task Force General Meeting: 10/4 from 4:00 – 5:00
- Additional materials and meeting information will be sent out in the coming weeks