



**Department  
of Health**

Medicaid  
Redesign Team

# Measure Support Task Force Combined Sub-team Meeting

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# Agenda

- Opening Remarks and Roll Call
- Recap of 2017 Measure Review Process
- VBP Core Outcome Measure Strategy for Measurement Year (MY) 2018
- VBP Quality Measures Example - 2016 Advanced Primary Care Data
- Next Steps

# Opening Remarks and Roll Call

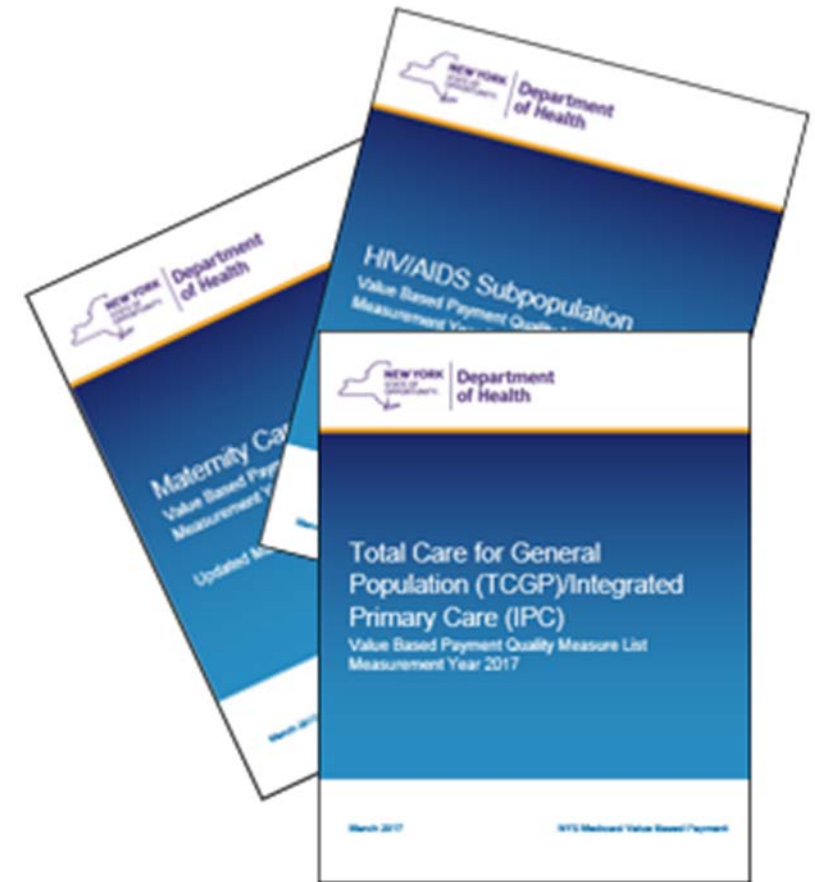
# Recap of 2017 Measure Review Process

- *Final VBP Arrangement Measure Sets and Reporting Guidance*
- *VBP Arrangement Fact Sheets – Updates for MY 2018*

# Annual Update Cycle

## Final VBP Arrangement Measure Sets and Reporting Guidance

- The VBP Quality Measure Sets for each arrangement will be finalized and posted to the NYS DOH VBP website by the end of October of the year preceding the measurement year and have been published for Measurement Year 2018. ([Link](#))
- The VBP Measure Specification and Reporting Manual will be released alongside the QARR reporting manual in October of the measurement year and has been published for Measurement Year 2017. ([Link](#))



# VBP Arrangement Fact Sheets – Updates for MY 2018

The New York State Department of Health (NYSDOH) has published the **2018 Value Based Payment (VBP) Arrangement Fact Sheets** ([LINK](#)) for the Total Care for the General Population (TCGP), Integrated Primary Care (IPC), Health and Recovery Plan (HARP) Subpopulation, HIV/AIDs Subpopulation and Maternity Care Arrangements.

## Major Updates for MY 2018:

### Integrated Primary Care Arrangement: *Tonsillectomy Episode Removed*

- Beginning in Measurement Year 2018, the Tonsillectomy Episode will no longer be included in the grouping for the IPC Arrangement within the Sick Care Component, since tonsillectomy procedures are less directly impactable by PCPs.
- Therefore, providers contracting in an IPC Arrangement will not be held accountable for the episode costs associated with this procedure.

# VBP Core Measure Strategy

*Measurement Year 2018*

# Draft Goals for Measurement Year (MY) 2018

- Implement a focused list of high value quality measures for VBP in MY 2018.
- Key Principles:
  - Process → Outcome
  - Determine the “right” outcomes
  - Focus on efficient measurement:
    - HIT enablement
    - Lab Clearinghouse
    - Integration of Registry Information
- Align quality measurement efforts across stakeholder communities and State-led quality programs
  - DOH and other Health-related Agencies
  - Managed Care Organizations (to include commercial payers)
  - Qualified Entities
  - Electronic Health Record Vendors/ Data Aggregators
  - Healthcare Providers



# CMS Meaningful Measures Framework

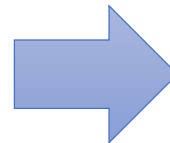
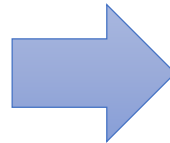
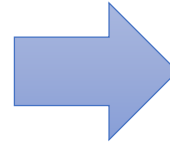
## Focus everyone's effort on the same quality areas:

- Address high-impact measure areas
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Relevant and meaningful to providers
- Minimize level of burden for providers
  - Remove measures where performance is already very high
- Significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or other payers

# NYS Focus on Meaningful Measures Objectives

## Focus Areas:

1. Align across programs and/or other payers
2. Outcome-based where possible
3. Relevant and meaningful to providers
4. Minimize level of burden for providers
  - Remove measures where performance is already very high
5. Address measure needs for population-based payment through alternative payment models



## State Efforts:

- Medicaid Involvement in Advanced Primary Care (APC) Initiative
- Reevaluate Quality Measure Sets (Clinical Advisory Groups, Measure Support Task Force, VBP Workgroup)
- VBP Pilot Measure Testing (Controlling High Blood Pressure)

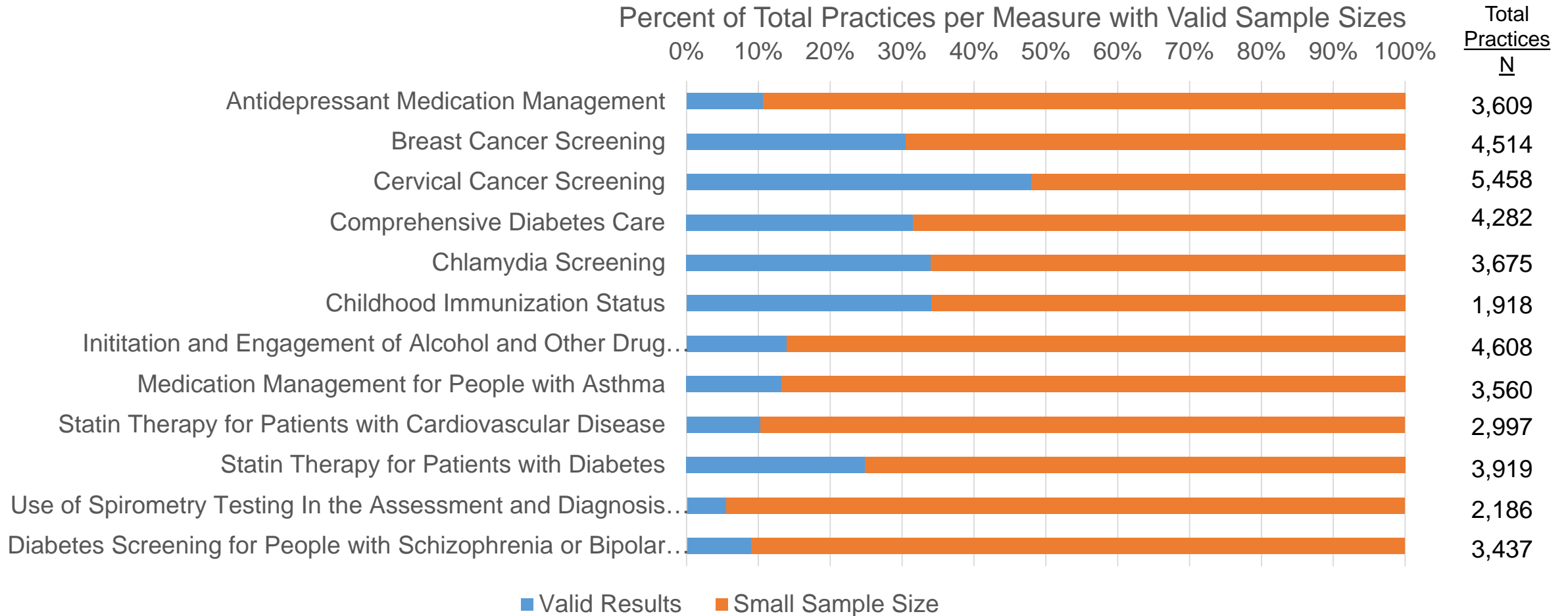
# Outcome Measure Group Discussion

- Discussion topics for the Task Force:
  1. What do outcome measures mean to Plans?
  2. What do outcome measures mean to Providers?
  3. The difference between Intermediate and Long-Term Outcome Measures

# VBP Quality Measures Examples

*2016 Advanced Primary Care (APC) Data*

# Measures and Sample Size per Measure by Practices



**Small Sample Size (SS): Suppressed for Practices with denominator n < 20  
Results for Medicaid Members only**

# Measure Results by Practices

Measure	Min	25th Pctl	Median	75th Pctl	Max	Medicaid (APC) Average	Medicaid (QARR) Average
Antidepressant Medication Management- Effective Acute Phase Treatment	19	47	52	58	85	52	51
Antidepressant Medication Management- Effective Continuation	14	32	36	43	74	37	36
Breast Cancer Screening	20	60	69	78	100	68	71
Cervical Cancer Screening	22	59	66	74	93	66	75 *
Comprehensive Diabetes Care: HbA1c Test	18	86	91	95	100	90	91
Comprehensive Diabetes Care: Eye Exam	14	47	55	63	96	55	64
Comprehensive Diabetes Care: Nephropathy Monitor	56	90	93	97	100	92	92
Chlamydia Screening: 16-20	11	60	77	89	100	73	73
Chlamydia Screening: 21-24	26	69	78	84	100	76	76
Chlamydia Screening: 16-24	13	64	76	85	100	74	74
Childhood Immunization Status	3	57	70	80	98	67	81 *
Initiation of Alcohol and Other Drug Dependence Treatment all ages	4	47	54	61	85	54	52
Engagement of Alcohol and Other Drug Dependence Treatment all ages	0	17	24	31	67	25	24
Medication Management for People with Asthma: 50% all ages	23	53	62	69	100	61	60
Medication Management for People with Asthma: 75% all ages	0	26	35	44	76	35	34
Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy	18	65	76	84	100	73	73
Statin Therapy for Patients with Cardiovascular Disease: Statin Adherence 80%	29	58	64	72	90	65	65
Statin Therapy for Patients with Diabetes: Received Statin Therapy	22	55	64	71	100	63	64
Statin Therapy for Patients with Diabetes: Statin Adherence 80%	20	51	60	68	97	59	60
Use of Spirometry Testing In the Assessment and Diagnosis of COPD	5	36	47	61	95	51	52
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Meds	55	78	83	88	100	83	82

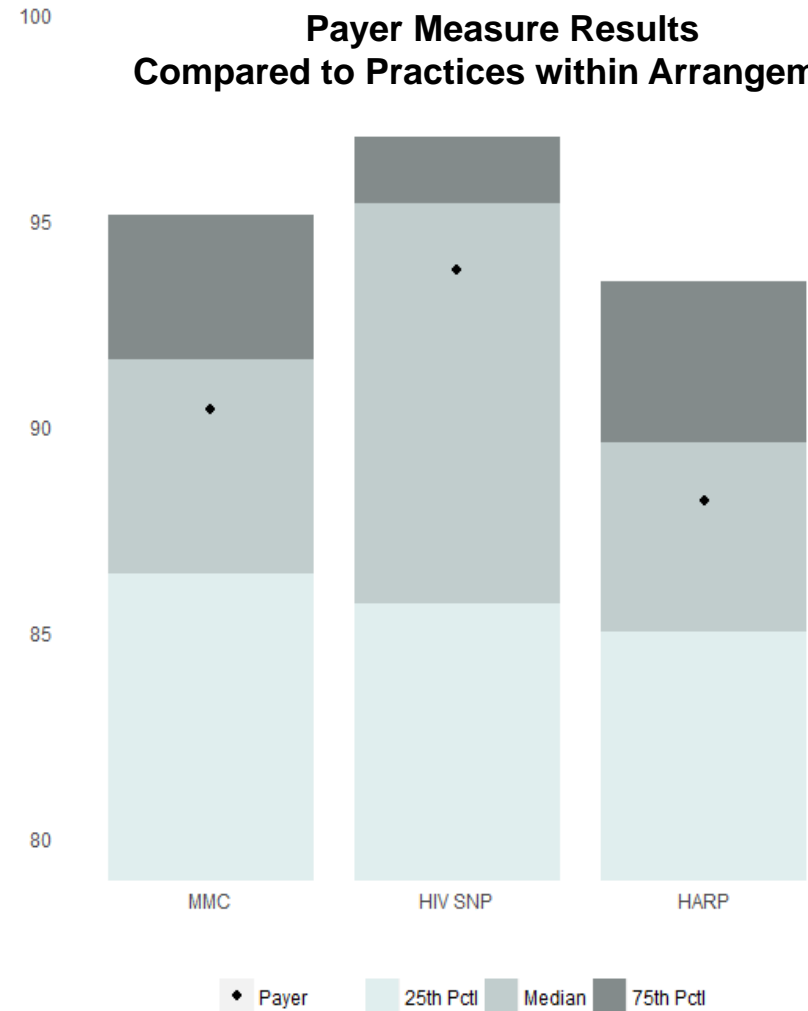
\* Medical Record (Hybrid) Benchmark

# Example VBP Arrangement Measure Results

**Payer Measure Results, Ranges for Health Plans, and Practices**

Quality Measure	Measure Result by Payer*	Range for Measure Result Across Plan	Range for Measure Results Across Practices
<b>Comp. Diabetes Care (CDC): HbA1c Test</b>	<b>MMC (TCGP)</b> 90% (n=155,706)	85% – 93% (N=15)	18% – 100% (N=1,296)
	<b>HIV SNP (HIV)</b> 94% (n=3,764)	94% - 96% (N=3)	81% - 100% (N=22)
	<b>HARP (HARP)</b> 88% (n=12,817)	81% - 95% (N=13)	53% - 100% (N=118)

**Payer Measure Results Compared to Practices within Arrangement**



\* – Payer is an approximation for arrangement  
 n – Number of members who met denominator criteria  
 N – Number of units (e.g. Plans or Practices)

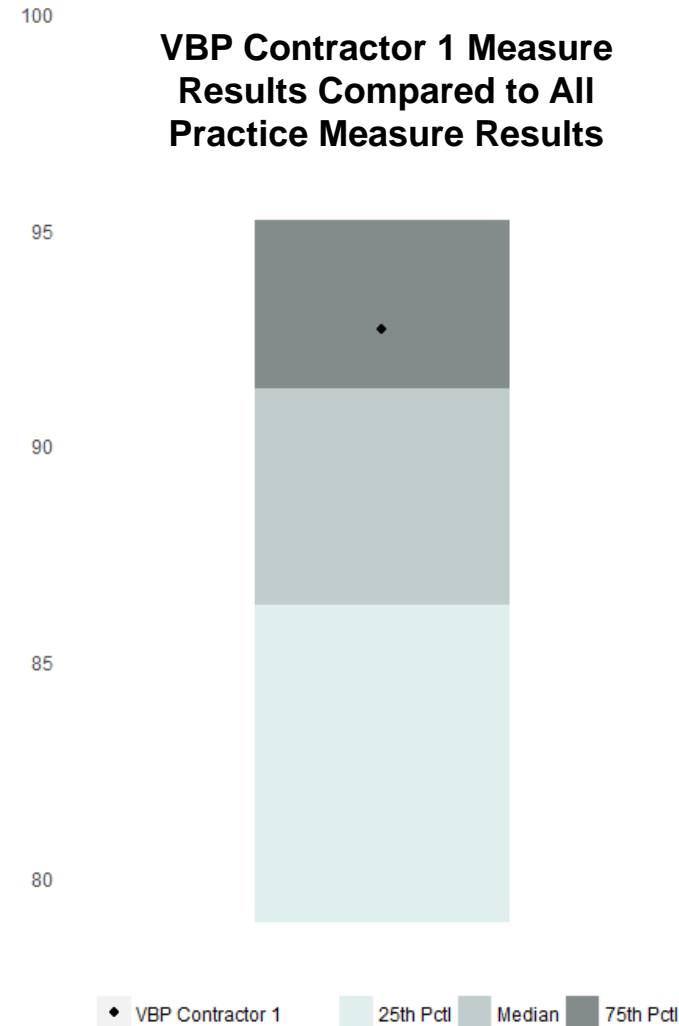
# Example VBP Contractor Measure Results

**VBP Contractor 1 Measure Results Overall, and by Practice**

Quality Measure	VBP Contractor 1 MMC (TCGP)	
	Contractor Overall Measure Result	Range for Measure Results at Practices (N=56)
CDC: HbA1c Test	93% (n=5,670)	59% - 100%

\* – Payer is an approximation for arrangement  
 n – Number of members who met denominator criteria

**VBP Contractor 1 Measure Results Compared to All Practice Measure Results**





# Next Steps

# NCQA Public Comment

- Proposed New Measures:
  1. Risk of Chronic Opioid Use
  2. Adult Immunization Status
  3. Prenatal Immunization Status
  
- Proposed Changes to Existing Measures:
  1. Controlling High Blood Pressure
  2. Follow-up after Emergency Department Visit for Mental Illness
  
- Additional measures and cross-cutting topics on NCQA website. NCQA must receive your comments by **11:59 p.m. (ET), Tuesday, March 13.**
  
- Submit all comments via NCQA's Public Comment website, using the following link:  
<http://publiccomments.ncqa.org>

# VBP Pilot Measure Testing - Controlling High Blood Pressure

- Eligible population changes:
  - Remove the medical record confirmation requirement and use two outpatient encounters to identify the denominator
- Numerator Changes:
  - Add administrative numerator specifications (CPT-II)
  - Allows the use of supplemental data
  - Added telehealth
  - Added remote monitoring device readings
  - Updated the blood pressure target to <140/90 mm Hg for all hypertensive patients 18–85 years of age

# Next Steps

- Measure Support Task Force General Meeting #6 – TBD (late March)
- HIT-Enabled Quality Measurement Task Force Sub-team Meeting – **3/2 from 10:00 AM – 11:00 AM**
  - A representative from the Statewide Health Information Network of New York (SHIN-NY) will be presenting. Content to include:
    - SHIN-NY Overview
      - What is a Qualified Entity (QE)?
      - What is the SHIN-NY?
      - What are the core services?
      - Consent
      - HIE Value
    - 2020 Roadmap
    - Current Initiatives
      - Performance Based Contracting
      - Advisory Groups
- *If you are interested in attending, please send an email to Isaac Lutz ([ilutz@nystec.com](mailto:ilutz@nystec.com)) by 2/23.*

# Thank you!

*Please send questions and feedback to:*

[vbp@health.ny.gov](mailto:vbp@health.ny.gov)