NEW YORK STATE | Department of Health | Medicaid Redesign Team

Measure Support Task Force: Combined Sub-team Meeting #2

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Agenda

1. Welcome & Introductions

2. Social Determinants of Health (SDH) Discussion

3. Health Information Technology (HIT) Update

4. Measure Support Task Force Goals for 2018

Section 1: Welcome & Introductions

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Section 2: Social Determinants of Health Discussion

Emily Engel | Bureau of Social Determinants of Health

Social Determinants of Health and Quality Measurement

<u>Goals</u>

1)   Introduce the Bureau of Social Determinants of Health and its goals

2)   Describe current strategy for SDH data in quality measurement

3)   Discuss any upcoming/new work in this area

4)   Discuss ways plans/ providers are currently addressing SDH

Bureau of Social Determinants of Health

Emily Engel | Bureau of Social Determinants of Health

Bureau of SDH: 2018 Goals

| Implement the VBP Roadmap Requirements Related to SDH and CBOs | • Review VBP Level 2 and 3 Contracts and Amendments
• Track SDH Interventions and CBO
• Provide support and technical assistance |

| CBO Engagement | • Learning collaboratives with MCOs, VBP contractors, CBOs, & health care providers
• Maximize CBO and SDH interventions in the health care system. |

| Improve SDH Measures in Population Health and Payment Reform | • Increase data collection on SDHs (i.e. electronic health records)
• Standardize SDH Quality Measures and incorporating into QARR
• Risk Adjustment MMC Plans for SDH |

| Prevention Agenda | • The State intends to introduce a dedicated value based payment arrangement pilot to focus specifically on achieving potentially trailing Prevention Agenda targets through CBO-led community-wide efforts |

| Create a New Housing Referral Process | • Integrate MRT SH with PPSs, VBP Contractors, and Health Systems
• Create a plan to expand to families to align with the First 1,000 Days |

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Standard: Implementation of SDH Intervention

*"To stimulate VBP contractors to venture into this crucial domain, VBP **contractors in Level 2 or Level 3 agreements** will be **required**, as a statewide standard, **to implement** at least **one social determinant of health intervention**. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk." (VBP Roadmap, p. 41)*

Description:

VBP contractors in Level 2 or 3 arrangement must implement at least one social determinant of health intervention. Language fulfilling this standard must be included in the MCO contract submission to count as an "on-menu" VBP arrangement.

Guideline: SDH Intervention Selection

A Path toward Value Based Payment

New York State Roadmap

For Medicaid Payment Reform

June 2015

*"The **contractors will have the flexibility to decide on the type of intervention** (from size to level of investment) that they implement…The guidelines recommend that selection be based on information including (but not limited to): SDH screening of individual members, member health goals, impact of SDH on their health outcomes, as well as an assessment of community needs and resources."   (VBP Roadmap, p. 42)*

Description:

VBP contractors may decide on their own SDH intervention. Interventions should be measurable and able to be tracked and reported to the State. SDH Interventions must align with the five key areas of SDH outlined in the *SDH Intervention Menu Tool,* which includes:

1) Education, 2) Social, Family and Community Context, 3) Health and Healthcare 4) Neighborhood & Environment and 5) Economic Stability

The SDH Intervention Menu Tool was developed through the NYS VBP SDH Subcommittee and is available here:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/
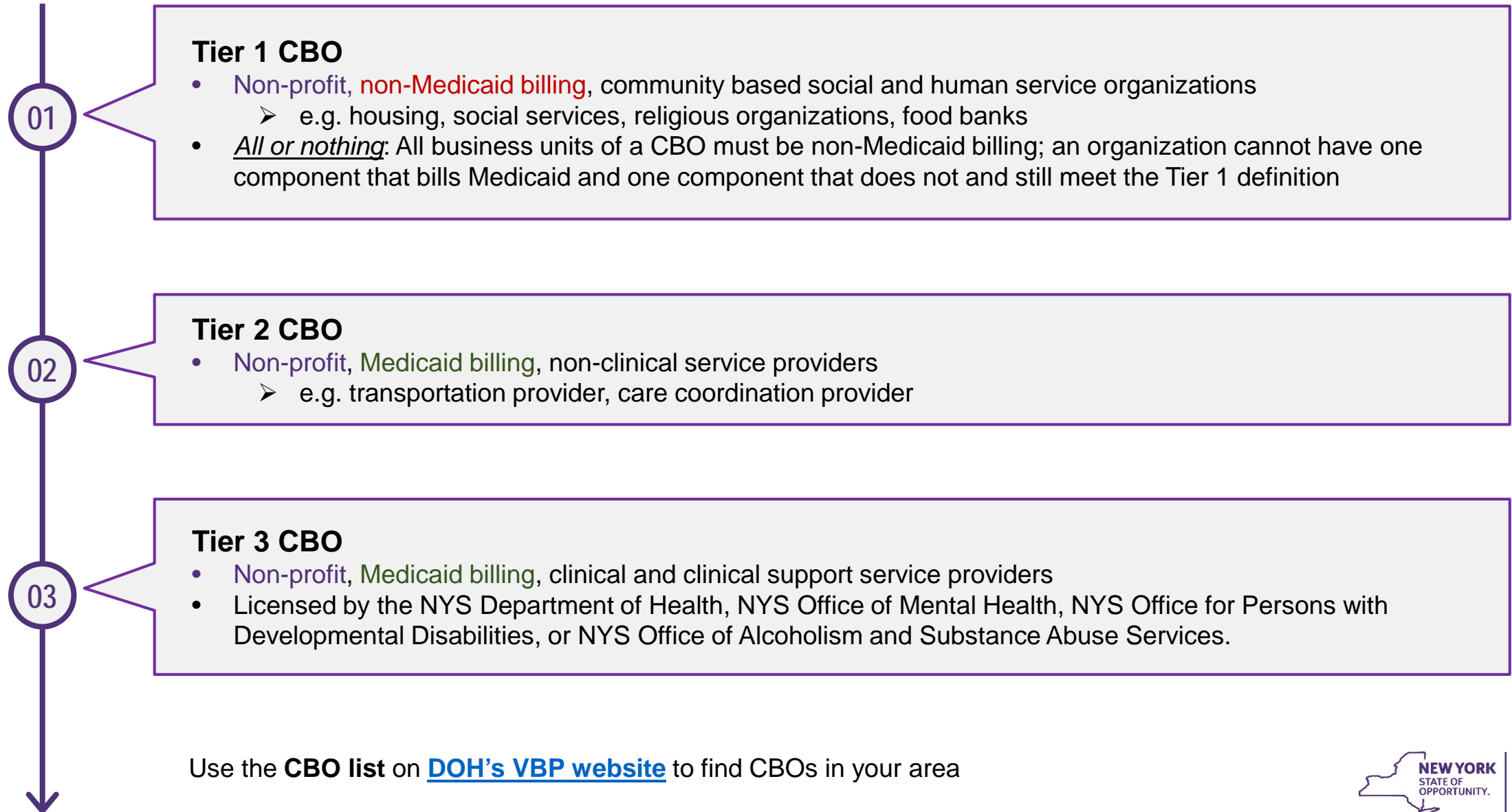
Standard: Inclusion of Tier 1 CBOs

*"Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, it is also critical that community based organizations be supported and included in the transformation. It is therefore a **requirement** that **starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO**."* *(VBP Roadmap, p. 42)*

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A Path toward Value Based Payment
New York State Roadmap
For Medicaid Payment Reform
June 2015

Description:
Starting January 2018, VBP contractors in a Level 2 or 3 arrangement **MUST contract with at least one Tier 1 CBO**. Language describing this standard must be included in the contract submission to count as an "on-menu" VBP arrangement.

This requirement **does not preclude VBP contractors from including Tier 2 and 3 CBOs in an arrangement** to address one or more social determinants of health. In fact, **VBP Contractors and Payers are encouraged to include Tier 2 and 3 CBOs in their arrangements.**

Tier 1, Tier 2, and Tier 3 CBO Definitions

01

Tier 1 CBO
- Non-profit, non-Medicaid billing, community based social and human service organizations
    - ➤ e.g. housing, social services, religious organizations, food banks
- *All or nothing*: All business units of a CBO must be non-Medicaid billing; an organization cannot have one component that bills Medicaid and one component that does not and still meet the Tier 1 definition

02

Tier 2 CBO
- Non-profit, Medicaid billing, non-clinical service providers
    - ➤ e.g. transportation provider, care coordination provider

03

Tier 3 CBO
- Non-profit, Medicaid billing, clinical and clinical support service providers
- Licensed by the NYS Department of Health, NYS Office of Mental Health, NYS Office for Persons with Developmental Disabilities, or NYS Office of Alcoholism and Substance Abuse Services.

Use the **CBO list** on **DOH's VBP website** to find CBOs in your area

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Current Strategy

Lindsay Cogan | Office of Quality and Patient Safety

Bureau of Quality Measurement of Special Populations

- Managed Long-Term Care
  - Community Health Assessment of the Uniform Assessment System for New York (UAS-NY):
    - Homelessness current (0.1%), history of homelessness (0.5%)
    - Education

- Health Homes (adult)
  - Medicaid Analytics Performance Portal (MAPP)
    - Homelessness

- Health Homes Serving Children
  - MAPP portal
    - Homelessness
  - Child and Adolescent Needs and Strengths (CANS-NY) assessment gathers information on: Employment, Education, Financial Resources, Housing Safety and Stability, and Caregiver Health Literacy.

- Health and Recovery Plans (HARPs)
  - Community Mental Health Assessment, we have information on and measures developed to assess:
    - Maintaining/Improving Employment or Higher Education Status
    - Maintenance of Stable or Improved Housing Status
    - No or Reduced Criminal Justice Involvement

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Bureau of Quality Measurement and Evaluation

<u>Medicaid Managed Care (MMC)</u>

- QARR Health Disparity Report
  - Age
  - Gender
  - Race/Ethnicity
  - Supplemental Security Income (SSI)
  - Cash Assistance
  - Serious Mental Illness (SMI)
  - Substance Use Disorder (SUD)
  - English Spoken Language (ESL)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Health literacy
  - Educational Level
- Vital Statistics
  - Educational level
  - Marital status
  - Drug use/Alcohol use/Tobacco use

- Centers for Medicaid & Medicare Services (CMS) Core Measures
  - Delivery System (Fee-for-service vs MMC)
  - Race
  - Ethnicity
  - Rural vs Urban
- American Community Survey (ACS)
  - Employment
  - Transportation
  - Household Income
  - Primary Language Spoken
  - Community Poverty Proportion
  - Education
- Lead Registry

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Healthcare Innovation

- Statewide Health Information Network for NY (SHIN-NY)
  - Data sharing
  - Health IT-Enabled Quality Measurement
  - Qualified Entity (QE) data quality assessment
  - Standardization of data available in QE
    - Federal government setting standard for SDH data
- NYS Patient Centered Medical Home (PCMH)/ Advanced Primary Care
  - 2017 standards include Social Determinants of Health: Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data.

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Section 3: Health Information Technology (HIT) Update

Isaac Lutz | NYSTEC

HIT-Enabled Quality Measurement

- Quality measurement is a critical component of healthcare system transformation
  - NYSDOH initiatives like the Delivery System Reform Incentive Payment (DSRIP) program, State Innovation Models (SIM) and VBP all rely on quality measures to assess and compare performance and to inform payment decisions
- Measuring outcomes requires clinical data
- Electronic clinical data is not well integrated into current quality measurement processes

HIT-Enabled Quality Measurement

- NYSDOH will be initiating several projects to address quality measurement challenges through Health Information Technology and Health Information Exchange, including:
  - VBP Measure Testing Project
    - Test methods for calculating Controlling High Blood Pressure for VBP Contractors' attributed populations
  - QE Quality Measurement Pilots
    - Test methods of supporting Advanced Primary Care quality measurement leveraging Qualified Entities
  - Lab Data Delivery Strategic Planning
    - Determine specific requirements for lab data delivery for quality measurement
    - Assess current methods of delivering lab data
    - Identify policy barriers and enablers
    - Identify and assess technical options

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Section 4: Measure Support Task Force Goals for 2018

Doug Fish | Office of Health Insurance Programs

Quality Measure Consolidation: Goals for 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

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Thank you!

Our next Measure Support Task Force Sub-team meeting will be held in June

Please send questions and feedback to:

vbp@health.ny.gov