



**Department  
of Health**

**Medicaid  
Redesign Team**

# Value Based Payment Quality Measure Feasibility Task Force

## Meeting #3

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# Opening Remarks and Roll Call

# Agenda

- 1.) Opening Remarks and Roll Call 5 min
- 2.) Summary of Public Comments 35 min
  - a) *New Behavioral Health (BH) and Substance Use Disorder (SUD) Measures*
  - b) *HIV/ AIDS Measure Set*
- 3.) Review Proposed VBP Quality Measure Sets for 2018 45 min
  - a) *Total Care for the General Population (TCGP)/ Integrated Primary Care (IPC) Arrangement*
  - b) *Maternity Care Arrangement*
  - c) *HIV/ AIDS Arrangement*
  - d) *BH/ Health and Recovery Plans (HARP) Arrangement*
- 4.) Next Steps 5 min

# Quality Measurement Development and Maintenance

## 2017-2018 Measure Review Process

**Purpose:** Review feedback from VBP Pilot Contractors and Managed Care Organizations (MCOs) as it relates to feasibility of data collection and reporting at a VBP Contractor unit of analysis.

- **Cadence:** General Committee: Bi-monthly; Sub-teams: Monthly
- **Stakeholders:** Quality Measurement Professionals, VBP Pilots (Plans and Contractors)

**Sub-teams:**

- Behavioral Health (BH) / Health and Recovery Plan (HARP)
- Health Information Technology (HIT)-Enabled Quality Measurement
- HIV/ AIDS
- Maternity
- Total Care for the General Population (TCGP) / Integrated Primary Care (IPC)

**Monthly:**  
Measure Feasibility Task Force and Sub-teams\*

**As Needed:**  
Clinical Validation Groups (CVGs)\*

**Purpose:** Define and refine the episodes of care for each VBP Arrangement as well as for each Potentially Avoidable Complication (PAC) measure.

- **Cadence:** As necessary
- **Stakeholders:** New York State (NYS) Agencies\*\* (OHIP, OQPS, OMH, OASAS, etc.) and Altarum

**June – September:**  
Clinical Advisory Groups (CAGs)

**Purpose:** Identify and fill critical gaps in the clinical and care delivery goals to strengthen Statewide quality measurement program.

- **Cadence:** Annual (or bi-annual) meeting
- **Stakeholders:** NYS Agencies, CAG Members (Clinicians/ Medical Professionals from across the State)

**October:**  
Release Annual VBP Quality Measure Reporting Manual

**Early October:**  
VBP Workgroup

**CAGs:**

- BH/ HARP
- Children’s Health
- Chronic Conditions/ Primary Care
- HIV/ AIDS
- Managed Long Term Care (MLTC)
- Maternity

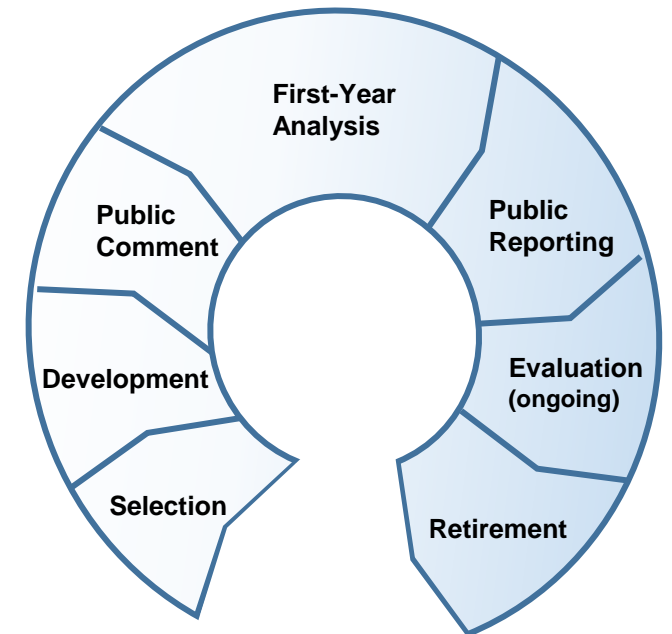
\* Initially for 2017-2018, the Measure Feasibility Task Force and CVGs require a more intensive effort. The workload for these groups is expected to taper off after the VBP Pilot program ends after 2018.

\*\* OHIP: Office of Health Insurance Programs, OQPS: Office of Quality and Patient Safety, OMH: Office of Mental Health, OASAS: Office of Alcoholism and Substance Abuse Services.

# Measure Consensus Development Process

1. Topic selection – identify measures consistent with the overall model for performance measurement.
2. Development – ensures that measures are fully defined and tested before the organization collects them.
3. Public Comment – 30-day review period that allows the public and stakeholders to offer feedback on measures.
4. First-Year Analysis – requires organizations to collect, be audited on, and report these measures.
5. Public Reporting – is based on first-year measure evaluation results.
6. Evaluation – ongoing review of a measure's performance and recommendations for its refinement, modification or retirement.
7. Retirement

**Specifications for 12 new BH/SUD measures were released for public comment on 8/14. The comment period closed on 9/11. 90 comments were received.**



## Summary of Public Comments

- *New BH/ SUD Measures*
- *HIV/ AIDS Measure Set*

# Public Comment Statistics by Measure

#	Measure	# of Entries*	Do Not Support	Support with Modification	Support
1	Continuity of Care from Inpatient Detox to Lower Level of Care	7	1	3	3
2	Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	8	1	4	3
3	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	8	2	3	3
4	Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	12	1	7	4
5	Maintaining/Improving Employment or Higher Education Status	7	4	2	1
6	Maintenance of Stable or Improved Housing Status	7	4	2	1
7	No or Reduced Criminal Justice Involvement	6	3	2	1
8	Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS)	8	5	1	2
9	Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days	7	1	4	2
10	Potentially Preventable Mental Health Related Readmission Rate 30 Days	7	2	1	4
11	Use of Alcohol Abuse or Dependence Pharmacotherapy	6	3	2	1
12	Use of Opioid Dependence Pharmacotherapy	7	2	3	2
	<b>Total</b>	<b>90</b>	<b>29</b>	<b>34</b>	<b>27</b>

\*Each entry may have more than one comment/suggestion.

# Key Themes & Insights from Public Comments

Some of the common feedback themes include but are not limited to the following:

- Enhanced clinical integration will be required between providers
- Information technology system enhancements will be required at provider level
- Enhanced data sharing between providers (interoperability) is needed
- The role of Primary Care Providers (PCP) is unclear for some measures
- Additional academic and field testing is necessary
- Adjustments or clarifications to measure specifications are necessary
- Alternative measures are preferred



# Summary of Public Comment for New Measures

## *Substance Use Disorder (SUD) Measures*

Measure	Summary of Public Comments
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	<ul style="list-style-type: none"> <li>• Trouble for provider systems to connect and track patient follow up</li> <li>• Follow up can happen with other providers besides Alcohol and Other Drug (AOD); no restriction to AOD</li> <li>• Need more clarity on measure specification/calculation</li> <li>• Could potentially use the HEDIS follow-up after hospitalization for mental illness measure with substitutions of SUD value sets*</li> </ul>
Initiation and Utilization of Pharmacotherapy for Alcohol Dependence	<ul style="list-style-type: none"> <li>• 30-day window too short a period for initiation; member consent is needed</li> <li>• Is this a clinical guideline? Other treatments are also appropriate for alcohol dependence (e.g., counseling)*</li> <li>• Need more clarity on measure specification/calculation</li> </ul>
Initiation and Utilization of Pharmacotherapy for Opioid Use Disorder	<ul style="list-style-type: none"> <li>• Trouble for provider systems to connect and track patient follow up (e.g., for the PCP)</li> <li>• How will patients using methadone clinics be captured?</li> <li>• Reversal agents should be added to the measure</li> <li>• Need more clarity on measure specification/calculation*</li> </ul>

\* Indicates comments supported by the New York Health Plan Association (NYHPA)

# Summary of Public Comment for New Measures

## Home and Community Based Services (HCBS) Social Determinant Measures

Measure	Summary of Public Comments	
Percentage of Members with Maintenance of Stable or Improved Housing Status	<ul style="list-style-type: none"> <li>• Measure not appropriate for VBP* (e.g., “out of my control as a provider”)               <ul style="list-style-type: none"> <li>○ Housing – dependent on availability of low income housing</li> <li>○ Employment – other barriers exist to employment such as Medicaid eligibility</li> <li>○ PROS – Community services may not be available in a certain area</li> </ul> </li> <li>• Upper limit for 1<sup>st</sup> and 2<sup>nd</sup> tracking should be long/unlimited (e.g., 15 months)               <ul style="list-style-type: none"> <li>○ It takes time to connect people and do follow up</li> </ul> </li> <li>• Not aware of data that is available to track the measure</li> <li>• Need measure specification clarification</li> <li>• Plans agree that this data would be helpful, but do not believe that such a measure is appropriate at this time.*</li> </ul>	
Percentage of Members Who Maintained/Obtained Employment or Maintained/Improved Higher Education Status		
Percentage of Members with Reduced Criminal Justice Involvement		
Percentage of Members Who Receive PROS or HCBS for at Least 3 Months in Reporting Year		

\* Indicates comments supported by the New York Health Plan Association (NYHPA)

# Summary of Public Comment for New Measures

## *Hospitalization Related Measures*

Measure	Summary of Public Comments
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days/ Potentially Preventable Mental Health Related Readmission Rate 30 Days	<ul style="list-style-type: none"> <li>• Measure would be helpful</li> <li>• Provider access to data is problematic</li> <li>• PROS and Assertive Community Treatment (ACT) are follow up but bill monthly and may not show as follow up</li> <li>• Hard to separate Potentially Preventable for BH conditions only               <ul style="list-style-type: none"> <li>○ Needs field testing</li> </ul> </li> <li>• Requires further discussion with NCQA regarding validity of 2+ visits*</li> </ul>

\* Indicates comments supported by the New York Health Plan Association (NYHPA)

# Public Comments Submitted on HIV/ AIDS Measure Set

*Amida Care, Inc.*

Amida Care supports the 12 new BH/ SUD measures, but is concerned that enhanced HIV quality measures and reporting requirements are not included.

- Proposed that the following three measures be added to the 2018 Quality Measure Set:
  - A standard panel of preventative screenings, such as HIV testing
  - Viral Load testing every 6 months for positive individuals
  - Viral Load suppression.

# Public Comments on HIV/ AIDS Measure Set

*AIDS Institute - Quality Advisory Committee meeting 9/19/17*

- STI Measure: Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis
  - “The measure is so basic and not tailored to the HIV population that it is not meaningful.”
  - “For years, we have been tracking screening rates with no focus on whether those who are positive are treated.”
- Initiation of Pharmacotherapy for Opioid Use Disorder
  - “The perception is that the measure is promoting only *one* modality of drug treatment which may not be appropriate for the patient.”

## Review Proposed VBP Quality Measure Sets for 2018

- *TCGP/ IPC Arrangement*
- *Maternity Care Arrangement*
- *HIV/ AIDS Arrangement*
- *BH/ HARP Arrangement*

# TCGP/ IPC Arrangement Measure Set for 2018

- At the March 2017 VBP Workgroup meeting the committee approved 40 Category 1 and 2 quality measures (including both P4P and P4R measures).
- The following potential changes to the TCGP/ IPC VBP Quality Measure Set for 2018 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Add to Cat 1	Recommended by Children's Health CAG	8
Add to Cat 2	Recommended by Children's Health CAG	6
Remove from Cat 2	Measure specification change	2
Unchanged		36

# Children's Health CAG: Recommended Measures for Inclusion in the TCGP/ IPC Measure Set

- The Children's Health CAG met between October 2016 and July 2017. During deliberations the committee discussed including care for the general pediatric population within the TCGP Arrangement.
- As a result, additional quality measures have been recommended for consideration to ensure that providers are striving to improve and achieve high performance for children under the TCGP VBP Arrangement.
  - Stakeholder Recommendation: **Add eight Category 1 measures and six Category 2 measures to the TCGP/ IPC VBP Quality Measure Set**



# Children's Health CAG Recommended Measures

## TCGP/ IPC, Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<b>Adolescent well-care visit rate</b> <i>Percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN practitioner during the measurement year.</i>	NCQA		Cat 1 P4R	Recommended by Children's Health CAG
<b>Assessment and counseling of adolescents on sexual activity, tobacco use, alcohol and drug use, depression (four-part measure)</b> <i>Percentage of adolescents ages 12–17 who had at least one outpatient visit with a primary care provider or OB/GYN practitioner during the measurement year and received assessment, counseling or education on sexual activity, depression, tobacco use, and alcohol or other drug use.</i>	NYS		Cat 1 P4R	Recommended by Children's Health CAG
<b>Children ages 2-20 having annual dental visit</b> <i>Percentage of children ages 2-20 who have at least one dental visit during the year.</i>	NYS		Cat 1 P4R	Recommended by Children's Health CAG
<b>PDI #14 asthma admission rate, ages 2 through 17 years</b> <i>Rate of inpatient admissions of children with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years.</i>	AHRQ		Cat 1 P4P	Recommended by Children's Health CAG
<b>Follow-up care for children prescribed Rx for ADHD (NQF 0108):</b> <b>Two part measure: initiation phase and continuation phase:</b> <i>Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period after the first ADHD medication was dispensed. The measure includes two separate rates: an initiation phase rate (follow-up visit within the 30 days after starting the medication) and a continuation and maintenance phase rate (children who remained on the medication for 7 months and who, in addition to the visit in the initiation phase had at least two follow-up visits in the 9 month period after the initiation phase ended).</i>	NCQA	0108	Cat 1 P4R	Recommended by Children's Health CAG

# Children's Health CAG Recommended Measures

## TCGP/IPC, Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<b>Frequency of well-child visits, ages 3 to 6 (NQF 1516)</b> <i>Percentage of children 3–6 years of age who had one or more well-child visits with a primary care provider during the measurement year.</i>	NCQA	1516	Cat 1 P4P	Recommended by Children's Health CAG
<b>Frequency of well-child visits during the first 15 months of life (NQF 1392)</b> <i>Percentage of children 15 months old who had the recommended number of well-child visits with a primary care provider during their first 15 months of life.</i>	NCQA	1392	Cat 1 P4P	Recommended by Children's Health CAG
<b>Adolescent immunization rate, including rate for HPV (NQF 1407)</b> <i>Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap, and 3 doses of HPV by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.</i>	NCQA	1407	Cat 1 P4P	Recommended by Children's Health CAG

# Children's Health CAG Recommended Measures

## TCGP/ IPC, Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<b>Screening for Reduced Visual Acuity and Referral in Children (NQF 2721—approved for trial use)</b> <i>The percentage of children who received visual acuity screening at least once by their 6th birthday; and if necessary, were referred appropriately.</i>	CMS	2721	Cat 2	Recommended by Children's Health CAG
<b>Maternal depression screen done during child's first 6 months of life</b> <i>Percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during the child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.</i>	NCQA		Cat 2	Recommended by Children's Health CAG
<b>Developmental screening using standardized tool, first 36 months of life (NQF 1448)</b> <i>Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. The measure includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and 36 months of age.</i>	Oregon Health & Science University	1448	Cat 2	Recommended by Children's Health CAG
<b>Follow-up after ED visit for mental illness, ages 6 and older</b> <i>Percentage of ED visits with a primary diagnosis of mental illness for which the patient received follow-up care with any practitioner within specified time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.</i>	NCQA		Cat 2	Recommended by Children's Health CAG
<b>Follow-up after ED visit for alcohol and other drug dependence, ages 13 and older</b> <i>Percentage of ED visits with a primary diagnosis of alcohol or other drug dependence for which the patient received follow-up care with any practitioner within specific time frames. Reported in two separate rates: within 7 days of the ED visit and within 30 days of the visit.</i>	NCQA		Cat 2	Recommended by Children's Health CAG
<b>Use of first-line psychosocial care for children and adolescents on antipsychotics</b> <i>Percentage of patients, ages 1–17, who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</i>	NCQA	2801	Cat 2	Recommended by Children's Health CAG

# Proposed TCGP/ IPC 2018 Measure Set

# TCGP/ IPC VBP Quality Measure Set (1/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	0105	Cat 1 P4P	
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
Childhood Immunization Status	NCQA	0038	Cat 1 P4P	
Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	

# TCGP/ IPC VBP Quality Measure Set (2/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	0004	Cat 1 P4P	
Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	<del>Cat 1 P4R</del> Cat 2	Measure demoted because timeframe for measurement is too narrow
Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	

# TCGP/ IPC VBP Quality Measure Set (3/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	0024	Cat 1 P4P	

# TCGP/ IPC VBP Quality Measure Set

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0058	Cat 2 Remove from Measure Set	Measure specification change
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	OASAS	Not endorsed	Cat 2	
Continuity of Care (CoC) Within 14 Days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 2	
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (process)	TJC	0338	Cat 2	
Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	ADA	2528	Cat 2	
Use of Imaging Studies for Low Back Pain	NCQA	0052	Cat 2 Remove from Measure Set	Measure specification change
Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	Cat 2 Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	



# Proposed Maternity Care 2018 Measure Set

# Maternity Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 18 Category 1 and 2 quality measures (including both Pay-for-Performance (P4P) and Pay-for-Reporting (P4R) measures).
- The following potential change to the Maternity Care VBP Quality Measure Set for 2018 is based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendation:

Measure Disposition	Rationale for Change	Count
Remove from Measure Set (Cat 1)	Measure is being retired by steward	1
Unchanged		17

# Maternity Care VBP Quality Measure Set

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Contraceptive Care – Postpartum Women	United States Office of Population Affairs	2902	Cat 1 P4R	
C-Section for Nulliparous Singleton Term Vertex (NSTV)	TJC	0471	Cat 1 P4R	
Frequency of Ongoing Prenatal Care	NCQA	1391	<del>Cat 1 P4P</del> Remove from Measure Set	Measure being retired by NCQA
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Christiana Care Health System	0470	Cat 1 P4R	
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278	Cat 1 P4R	
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	0480	Cat 1 P4R	
Percentage of Preterm Births.	NYS	Not endorsed	Cat 1 P4R	
Prenatal & Postpartum Care (PPC)—Timeliness of Prenatal Care & Postpartum Visits	NCQA	1517 (lost endorsement)	Cat 1 P4P	
<sup>IPC</sup> Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Acronyms:** TJC: The Joint Commission, NCQA: National Committee for Quality Assurance, CMS: Centers for Medicare and Medicaid Services, AHRQ: Agency for Healthcare Research and Quality, NYS: New York State

# Maternity Care VBP Quality Measure Set

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Antenatal Hydroxyprogesterone	Texas Maternity Bundle	Not endorsed	Cat 2	
Antenatal Steroids	TJC	0476	Cat 2	
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	HCA	0473	Cat 2	
Experience of Mother With Pregnancy Care	-	Not endorsed	Cat 2	
Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge	CDC	0475	Cat 2	
Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)	Massachusetts General Hospital	1746	Cat 2	
Monitoring and Reporting of NICU Referral Rates		Not endorsed	Cat 2	
Postpartum Blood Pressure Monitoring	Texas Maternity Bundle	Not endorsed	Cat 2	
Vaginal Births after Cesarean Section [Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated]	NYS OQPS	Not endorsed	Cat 2	

*IPC Measure is also part of TCGP/ IPC Measure Set*

**Acronyms:** HCA: Hospital Corporation of America, CDC: Centers for Disease Control and Prevention, OQPS: Office of Quality and Patient Safety

# Proposed HIV/ AIDS 2018 Measure Set

# HIV/ AIDS Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 44 Category 1 and 2 quality measures (including both P4P and P4R measures).
- The following recommendation is based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendation:

Measure Disposition	Rationale for Change	Count
Remove from Cat 2	Measure specification change	1
Unchanged		43

# HIV/ AIDS VBP Quality Measure Set (1/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	
IPC Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	0105	Cat 1 P4P	
IPC Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
IPC Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
IPC Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	0055	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	

# HIV/ AIDS VBP Quality Measure Set (2/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
<sup>IPC</sup> Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
<sup>IPC</sup> Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
HIV Viral Load Suppression	HRSA	2082	Cat 1 P4P	
<sup>IPC</sup> Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	0004	Cat 1 P4P	
<sup>IPC</sup> Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
Linkage to HIV Medical Care	HRSA	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
<sup>IPC</sup> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Acronyms:** HRSA: Health Resources and Services Administration, OASAS: Office of Alcoholism and Substance Abuse Services



# HIV/ AIDS VBP Quality Measure Set (3/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
<sup>IPC</sup> Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	Cat 1 P4R	
<sup>IPC</sup> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Proportion of Patients with HIV/ AIDS that have a Potentially Avoidable Complication during a Calendar Year	Altarum	-	Cat 1 P4R	
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	0409	Cat 1 P4P	
<sup>IPC</sup> Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
Substance Abuse Screening	HRSA	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Acronyms:** AMA: American Medical Association, PCPI: Physician Consortium for Performance Improvement

# HIV/ AIDS VBP Quality Measure Set (1/2)

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
<sup>IPC</sup> Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
<sup>IPC</sup> Continuity of Care (CoC) within 14 days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 2	
Diabetes Screening (HIV/ AIDS)	NYSDOH AIDS Institute	Not endorsed	Cat 2	
Hepatitis C Screening	HRSA	Not endorsed	Cat 2	
Housing Status	HRSA	Not endorsed	Cat 2	
<sup>IPC</sup> Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
Medical Case Management: Care Plan	HRSA	Not endorsed	Cat 2	
<sup>IPC</sup> Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Prescription of HIV Antiretroviral Therapy	HRSA	2083	Cat 2	
Sexual History Taking: Anal, Oral, and Genital (HIV/ AIDS)	NYSDOH AIDS Institute	Not endorsed	Cat 2	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Acronyms:** AAAAI: American Academy of Allergy, Asthma, and Immunology

# HIV/ AIDS VBP Quality Measure Set (2/2)

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Use of Imaging Studies for Low Back Pain	NCQA	0052	Cat 2 Remove from Measure Set	Measure specification change
<sup>IPC</sup> Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	Cat 2	
<sup>IPC</sup> Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	

# Proposed BH/ HARP 2018 Measure Set

# HARP Arrangement Measure Set for 2018

- At the February 2017 VBP Workgroup meeting the committee approved 41 Category 1 and 2 quality measures (including both P4P and P4R measures).
- The following recommendations are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and from other stakeholder groups.
  - Stakeholder Recommendations:

Measure Disposition	Rationale for Change	Count
Change from Cat 1 to Cat 2	Measure demoted because timeframe for measurement is too narrow	1
Change from Cat 1 to Cat 2	Measure specification being refined	1
Change from Cat 2 to Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad	1
Remove from Cat 2	Measure specification changed	2
Unchanged		36

# BH/ HARP VBP Quality Measure Set (1/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
IPC Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	1880	Cat 1 P4P	
IPC Breast Cancer Screening	NCQA	2372	Cat 1 P4P	
IPC Cervical Cancer Screening	NCQA	0032	Cat 1 P4P	
IPC Chlamydia Screening for Women	NCQA	0033	Cat 1 P4P	
IPC Colorectal Cancer Screening	NCQA	0034	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	0055	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Foot Exam	NCQA	0056	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575	Cat 1 P4R	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	0057	Cat 1 P4P	
IPC Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	Cat 1 P4P	

# BH/ HARP VBP Quality Measure Set (2/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Comprehensive Diabetes Screening: All Three Tests (HbA1c, Dilated Eye Exam, and Medical Attention for Nephropathy)	AHRQ	Composite Scoring Measure not endorsed, but includes 0055, 0062, and 0057	Cat 1 P4P	
<sup>IPC</sup> Continuity of Care (CoC) Within 14 Days of Discharge From Any Level of SUD Inpatient Care	OASAS	Not endorsed	Cat 1 P4P	
<sup>IPC</sup> Controlling High Blood Pressure	NCQA	0018	Cat 1 P4P	
<sup>IPC</sup> Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	NCQA	-	Cat 1 P4P	
Follow-up After Hospitalization for Mental Illness (A)within 30 days; (B)within 7 days	NCQA	0576	Cat 1 P4P	
<sup>IPC</sup> Initiation of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	<del>Cat 1 P4R</del> Cat 2	Measure demoted because timeframe for measurement is too narrow
<sup>IPC</sup> Initiation of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 1 P4P	
<sup>IPC</sup> Medication Management for Patients with Asthma	NCQA	1799	Cat 1 P4P	
Percentage Enrollment in HH	OMH/OASAS	Not endorsed	Cat 1 P4R	

<sup>IPC</sup> Measure is also part of TCGP/ IPC Measure Set

**Acronyms:** OMH: Office of Mental Health

# BH/ HARP VBP Quality Measure Set (3/3)

## Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Percentage of Members Who Maintained/ Obtained Employment or Maintained/ Improved Higher Education Status	OMH/OASAS	Not endorsed	Cat 1 P4R	
Percentage of Members Who Receive PROS or HCBS for At Least 3 Months in Reporting Year	OMH/OASAS	Not endorsed	<del>Cat 1 P4R</del> Cat 2	Measure specification being refined
Percentage of Members with Maintenance of Stable or Improved Housing Status	OMH/OASAS	Not endorsed	Cat 1 P4R	
Percentage of Members with Reduced Criminal Justice Involvement	OMH/OASAS	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	0421	Cat 1 P4R	
<sup>IPC</sup> Preventive Care and Screening: Influenza Immunization	AMA PCPI	0041	Cat 1 P4R	
<sup>IPC</sup> Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	0028	Cat 1 P4R	
Readmission to Mental Health Inpatient Care within 30 Days of Discharge	OMH	Not endorsed	Cat 1 P4P	
<sup>IPC</sup> Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Statin Therapy for Patients with Diabetes	NCQA	Not endorsed	Cat 1 P4R	
<sup>IPC</sup> Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R	



# BH/ HARP VBP Quality Measure Set

## Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
<sup>IPC</sup> Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	Not endorsed	Cat 2	
<sup>IPC</sup> Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0052	<del>Cat 2</del> Remove from Measure Set	Measure specification change
<sup>IPC</sup> Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	OASAS	Not endorsed	Cat 2	
<sup>IPC</sup> Lung Function/Spirometry Evaluation (asthma)	AAAAI	Not endorsed	Cat 2	
<sup>IPC</sup> Patient Self-Management and Action Plan	AAAAI	Not endorsed	Cat 2	
Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 days	OMH	Not endorsed	Cat 2	
<sup>IPC</sup> Use of Imaging Studies for Low Back Pain	NCQA	0052	<del>Cat 2</del> Remove from Measure Set	Measure specification change
<sup>IPC</sup> Utilization of Pharmacotherapy for Alcohol Dependence	OASAS	Not endorsed	<del>Cat 2</del> Cat 1 P4R	Measure promoted because timeframe for measurement is sufficiently broad
<sup>IPC</sup> Utilization of Pharmacotherapy for Opioid Use Disorder	OASAS	Not endorsed	Cat 2	

# Next Steps

# Next Steps

## **2018 Quality Measure Guidance and Reporting:**

- 10/2 – VBP Workgroup Meeting: Final 2018 VBP Quality Measure Sets will be reviewed
- 10/2 – NCQA locks measure technical specifications
- 10/5 – OQPS locks measure technical specifications
- 10/11 – OQPS webinar with Managed Care Organizations to review 2018 Measures in QARR
- 10/16 – VBP Workgroup comment period ends
- 10/31 – 2018 Reporting Requirements released

## **Upcoming Measure Feasibility Task Force Meetings:**

- 10/24 – TCGP/ IPC Sub-team Meeting #5
- 10/25 – HIV/ AIDS Sub-team Meeting #5
- 10/25 – BH/ HARP Sub-team Meeting #5
- 10/26 – Maternity Sub-team Meeting #2
- 10/27 – HIT Sub-team Meeting #5

# Thank you!

*Please send questions and feedback to:*

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