Health Home Performance
Agenda

• Health Home Quality and Utilization Report
• Health Home Measure Specification and Reporting Manual
• Performance Goals (PG)
• Annual Improvement Targets (AIT)
• Draft Performance Report Card
• Reporting Schedule
• Data charts/tools
• Performance Improvement Support
• Data distribution – platform
• Next Steps
Health Home Quality and Utilization Report

• Lead Health Homes and Managed Care Plans received measures rates in report
  • Rates provided for calendar years 2013 – 2016
  • Rates developed using HEDIS or NYS measure specifications
  • 32 measures included within six domains
  • Does not include dual members
    • Medicare data is currently not available
    • This is in line with DSRIP – dual data is only available for PPS reported measures
• Measure name and descriptions included
• New York State Performance Goals and draft Annual Improvement Targets included

Measure Domains
Preventive Care
Care for Chronic Conditions
Mental Health
Substance Use Disorders
Utilization
Avoidable Utilization
Health Home Quality and Utilization Report

• Eligible Population
  • Comprised of all enrolled members attributed to the most recently enrolled Health Home
  • Attributed to the Health Home as of the measurement time frame, such as end of the measurement year. Member eligibility information is evaluated for the measurement window, such as 12 months irrespective of Health Home attribution

• Results are member-centric, evaluating each member for meeting criteria for the measure

• Excludes outreach members

• Members who are dually eligible (Medicare and Medicaid) will not be included in Health Home measure results
Health Home Quality and Utilization Report

• Future Changes to Performance Rates
  • BMI, CBP and NFU are only updated 1x/year
    • Will stay the same throughout measurement year

• PPR and PPV will include duals
  • Will be able to obtain dual data from SPARCS
  • Only updated 1x/year
  • Change to rates will not occur for 1-2 months to allow time for data pull and validation

BMI
Adult Body Mass Index Assessment

CBP
Controlling High Blood Pressure

NFU
Nursing Facility Utilization

PPR
Potentially Preventable Readmissions

PPV
Potentially Preventable ED Visits
Measure Specifications and Reporting Manual

Manual provides an overview of the:

- Methodology for Establishing Performance Goals and Annual Improvement Targets
- Performance Report Card
- Performance Reporting Schedule
- Reporting Submission Process
- Technical Assistance Resources and Performance Improvement Support
- Measure Calculation and Modifications Process
- Performance Measures
Establishing Performance Goals

• Performance Goals
  • Reflect best performance expected in New York State
  
  • Consistently applied to all Health Homes each year and will not be changed for a two-year period (until 2020), when the goal will be re-evaluated
  
  • Utilized the 2015 Health Home performance data to calculate performance goals for each performance measure
  
  • For measures where the goal is to increase the occurrence and a higher result is desirable, the 90th percentile is used, and for measures where the goal is to reduce an outcome or occurrence and a lower result is desirable, the 10th percentile is used
Establishing Annual Improvement Targets (AIT)

• Annual Improvement Targets (AIT)
  • Established using the methodology of reducing the gap to the goal by 10%
  • Most current HH measurement year (MY) result will be used to determine the gap between the Health Home result and the measure’s performance goal, and then 10% of that gap is added to the most current Health Home result to set the annual improvement target for the current MY
  • Each subsequent year will continue to be set with an improvement target using the most recent year’s result
  • If a Health Home result for a MY meets or exceeds the performance goal, then the annual improvement target for the next MY will equal the Health Home’s most recent result
Establishing AIT example

PERFORMANCE GOAL AND ANNUAL IMPROVEMENT TARGET
Follow Up After Hospitalization for Mental Illness – FUH-7 Day

Gap to Goal
60.3 – 49.0 = 11.30

Performance Goal: 60.3

HH Result from most recent Measurement Year (MY)
49.00

11.3 * 0.1 = 1.13 (49.0+1.13=50.13)
Annual Improvement Target is 10% reduction in the gap to goal
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<th>MSR_ID</th>
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<th>'18 NYS HH AIT</th>
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<td>Controlling High Blood Pressure (hybrid)</td>
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<td>Medication management for people with asthma - 50%</td>
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<td>Medication management for people with asthma - 75%</td>
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<td>NFU</td>
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<td>Skilled Nursing Home Admission</td>
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<td>PBH</td>
<td>Care for Chronic</td>
<td>Persistence of beta-blocker treatment after heart attack</td>
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<td>46.38</td>
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<td>Avoidable Utiliz.</td>
<td>Potentially Preventable Readmissions</td>
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<td>PPV</td>
<td>Avoidable Utiliz.</td>
<td>Potentially Preventable Emergency Room Visits</td>
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<td>PGI 92</td>
<td>Utilization</td>
<td>Chronic Condition Hospital Admission Composite:Prev. Quality Indicator</td>
<td>686.06</td>
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<td>Adherence to antipsychotics for individuals with schizophrenia</td>
<td>59.76</td>
<td>60.26</td>
<td>64.70</td>
</tr>
</tbody>
</table>

Four utilization measures do not have Performance Goals:
- ED Utilization
- Inpatient Utilization
- Mental Health Utilization
- Skilled Nursing Home Admission
Draft Health Home Performance Report Card

Performance Report Card consists of the following data (CY 2016):

- Enrollment
- HARP Conversion Rate
- Member Medicaid Cost (PMPM)
- Change in Preventable Cost PMPM (from prior year)
- Retention (for at least six months)
- Avoidable Utilization Composite Score
- Quality Composite Score
- Structural Measures
- A weighting factor is applied to all elements to develop a Summary Score
- Weighting factor may change for 2019
# Draft Health Home Performance Report Card

<table>
<thead>
<tr>
<th>Domain</th>
<th>Metric</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Enrollment</td>
<td>Number of Enrolled Members</td>
<td>Total Health Homes Serving Adults (HHSA) enrollment by HH using A/C indicator (Adult/Children indicator, Adults only)</td>
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<tr>
<td></td>
<td>HARP Conversion Rate</td>
<td>Number of HARP members enrolled in HHSA/number of HARP assigned or in outreach with a HHSA</td>
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<tr>
<td>Cost</td>
<td>Medicaid Cost</td>
<td>Total adult Medicaid cost PMPM (21+, turns 21 anytime in measurement year), only includes the months member was enrolled in the HH</td>
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<tr>
<td></td>
<td>Change in Preventable Utilization</td>
<td>Total Medicaid Cost/Preventable Cost PMPM for Health Home population, (enrolled in health home at time of service), only includes encounters in months member was enrolled in the HH</td>
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</table>
# Draft Health Home Performance Report Card

<table>
<thead>
<tr>
<th>Domain</th>
<th>Metric</th>
<th>Definition</th>
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<tr>
<td>Retention</td>
<td>Retention Rate</td>
<td>Members with 6-month continuous enrollment/members who were active at any point in CY 2016</td>
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<td>Performance Measures</td>
<td>Preventable Utilization-Composite Score</td>
<td>Combined PPR and PPV</td>
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<td>Quality-Composite Score</td>
<td>Remaining performance measures</td>
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<tr>
<td>Structural Measures</td>
<td></td>
<td>Redesignation Site (RD) Visit Level Timely Billing Health Home Development Funds (HHDF) use</td>
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A Summary Score will be calculated for each Health Home based on the Report Card metrics.
**Draft Health Home Performance Report Card**

<table>
<thead>
<tr>
<th>Health Home</th>
<th>Weighting Factor (%)</th>
<th>Enrollment</th>
<th>Cost</th>
<th>Retention</th>
<th>Performance Measure Composite Score</th>
<th>Structural Measures</th>
<th>Score</th>
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<tr>
<td></td>
<td>0%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
<td>15%</td>
<td>25%</td>
<td>5%</td>
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**NEW YORK STATE DEPARTMENT OF HEALTH**
Performance Reporting Schedule

• Each measurement period will encompass six months, from January 1 - June 30 and July 1 – December 31
  • The reason for using a mid-year time period is to allow for a claim lag of six months so data will be as complete as possible when Health Home performance is calculated for the measurement year

• The measurement year will encompass a twelve-month calendar year

• Health Homes will be able to access performance data on a quarterly basis (twelve-month rolling calendar) and monthly in the near future

• NYSDOH-HH will check-in on performance bi-annually
  • Health Homes receiving technical assistance will have more frequent monitoring

• Performance Report Card distributed on an annual basis
Salient Performance Dashboards – Phase 1

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Title</th>
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<tbody>
<tr>
<td>AMM-Acute; AMM-Cont</td>
<td>Antidepressant medication management (Acute &amp; Cont. Phase)</td>
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<tr>
<td>CHL</td>
<td>Chlamydia Screening in Women</td>
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<td>FUH- 7 day, 30 day</td>
<td>Follow Up After Hospitalization for Mental Illness</td>
</tr>
<tr>
<td>HIV/AIDS-Engaged in Care</td>
<td>Comprehensive care for people living with HIV/AIDS</td>
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<td>HIV/AIDS-Syphilis screening</td>
<td>Comprehensive care for people living with HIV/AIDS</td>
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<td>HIV/AIDS-Viral Load</td>
<td>Comprehensive care for people living with HIV/AIDS</td>
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<td>IET-Engagement, Initiation</td>
<td>Initiation and Engagement of Alcohol and ODD Treatment</td>
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<tr>
<td>MMA-50%, 75%</td>
<td>Medication management for people with asthma</td>
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<tr>
<td>PPR</td>
<td>Potentially Preventable Readmissions</td>
</tr>
<tr>
<td>PPV</td>
<td>Potentially Preventable Emergency Room Visits</td>
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Phase 1 – addition of 14 measures (able to use measure data from DSRIP dashboard allowing for a faster implementation)

Phase 2 – addition of remaining measures
### Salient Performance Dashboards – Phase 1

#### Health Home Dashboards Roadmap, 2017 - 2018

<table>
<thead>
<tr>
<th>Early 2017</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>2018 Projections</th>
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<tbody>
<tr>
<td>Adult/Child Indicator Workspace Filter Implemented</td>
<td>MM Metrics: Implemented in Provider Profile &amp; Utilization Dashboards</td>
<td>2.CMART Dashboards: Implemented 1.CMART 2.CMART &amp; Utilization</td>
<td>Post implementation webinar trainings</td>
<td>New Dashboard-Specific Tutorials Implemented</td>
<td>Add CMART3 Data to both CMART Dashboards</td>
</tr>
<tr>
<td>Updated Timeframes in Health Home Provider Profile</td>
<td></td>
<td></td>
<td>Updated Landing Page and New Orientation Resource Implemented</td>
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<td>New Payment Dashboard</td>
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<tr>
<td>Dashboard webinar trainings</td>
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<td>New Performance Measures Dashboard</td>
</tr>
<tr>
<td>FAQ Resource on Landing Page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Children’s HHs</td>
</tr>
</tbody>
</table>

**2017 Completed Deliverables**

- 2018 Draft Dashboard Deliverables
  - OPWDD HHs
Performance Reporting Schedule

<table>
<thead>
<tr>
<th>Annual Measurement Year Cycle</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 – 2016 HH Performance rates/results released to HHs</td>
<td>January 2018</td>
</tr>
<tr>
<td>Health Home Performance Goals released to HHs</td>
<td>January 2018</td>
</tr>
<tr>
<td>Annual Improvement Targets for 2018 calculated and released to HHs</td>
<td>January 2018</td>
</tr>
<tr>
<td>January – June 2017 Performance results released</td>
<td>February 2018</td>
</tr>
<tr>
<td>Health Home Performance Report Card released to HHs</td>
<td>March 2018</td>
</tr>
<tr>
<td>June – August 2017 Performance results released</td>
<td>March 2018</td>
</tr>
<tr>
<td>Annual Performance Review (2017 Measurement Year)</td>
<td>July 2018</td>
</tr>
<tr>
<td>Annual Performance Report Card and Review Results released</td>
<td>August 2018</td>
</tr>
<tr>
<td>Annual Improvement Targets for 2019 calculated and released to HHs</td>
<td>September 2018</td>
</tr>
</tbody>
</table>
Performance Improvement Support

• NYSDOH-HH will analyze data using Tableau:
  • Scatterplot
    • One Plot per Measure
      • CY2016 performance is on the y-axis (high performance at the top), and percent improvement over 2015 is on the x-axis (high improvement to right)
      • Small sample size: the measure must have a denominator of 30 or greater in both 2015 and 2016 for the HH performance to appear on the scatterplot
    • Data Labels and Outliers
      • Extreme outliers are not plotted; the outlier data is shown in a box located in the quadrant in which the data point would appear if the axis were re-scaled
  • Bubble Charts/Dot Plots
    • Easily identifies Statewide and HH improvement from 2014 through 2016
Performance Improvement Support

Support is focused on Health Homes in the LL quadrant.

CRHC does not appear on the plot: -43.7%, 224.9

Corrected 3-2018
Performance Improvement Support

- Used to identify the number of times the Health Home is in a specific quadrant

<table>
<thead>
<tr>
<th>UR</th>
<th>above average and improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>LR</td>
<td>below average but improved</td>
</tr>
<tr>
<td>UL</td>
<td>above average but did not improve</td>
</tr>
<tr>
<td>LL</td>
<td>below average and did not improve</td>
</tr>
</tbody>
</table>
Performance Improvement Support

- Used to identify the number of measures a Health Home is above/below the statewide average and improving/not improving

**Frequency Improving, Not Improving, on 20 Measures**

**Frequency Above and Below Average, for 20 Measures**
Performance Improvement Support
Performance Improvement Support

• The scatterplots/dot plots show us if performance is above or below the statewide average, if performance changed over the prior year, and in what direction: they do NOT tell us why

• The scatterplots and dot plots provide a starting point to explore performance, to ask questions, to dive deeper
Performance Improvement Support

- Performance Management Team will initially meet with each Health Home to:
  - Review HH specific PG and AIT per measure and answer any questions
  - Discuss measures that the HH is performing below the statewide average

- Health Homes falling into the “low performer in current year and performance did not improve from prior year” category will be prioritized for technical assistance
  - Identify root cause of poor performance and develop plan for improving performance
  - Identify additional data reports that would support performance improvement

- Health Homes not falling in the LL quadrant can also request Performance Improvement Support

- DOH State Agency Partners are used as resources and are actively involved in the process, as appropriate
Accessing Performance Data

• A “Space” has been created for Health Home Performance within a web-based platform known as Atrium. This application is within HCS already
  • Atrium allows for provisioned access to specific users; similar to SharePoint
  • Within the Health Home Performance Space, a separate folder has been created for each Health Home for HH Leadership to download/upload reports and other documents between themselves and DOH
  • In addition to the HH-specific folders, a “Statewide Reports” folder has been created and is accessible by every Health Home

• Atrium is presently an application that can be added to your “My Applications” list after you login to HCS
  • No separate login information needs to be created since it is self-contained within HCS.
  • This will allow for easier distribution of reports and other documents to and from DOH.
Accessing Atrium Through HCS

• This application is accessible through HCS and can be added to your list of applications just as MAPP, Secure File Transfer, and other modules are added

• After logging in to HCS, begin by clicking on “My Content” in the top-right toolbar

• Select “All Applications” from the pull-down menu
Accessing Atrium Through HCS

• Click on the button shown below to add “Secure Collaboration” to your list of Applications

• You will receive the confirmation message below, and “Secure Collaboration” will be displayed in your “My Applications” list when you go back to the HCS homepage

<table>
<thead>
<tr>
<th>Application Name</th>
<th>Acronym</th>
<th>Profile</th>
<th>Restricted</th>
<th>Add/Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Drinking Water Information System</td>
<td>SDWIS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>School Survey (HERDS)</td>
<td>HERDS</td>
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<td></td>
</tr>
<tr>
<td>Search for E-mail Address/Phone Number (System Account information)</td>
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<tr>
<td>Secure Collaboration</td>
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<td>Secure File Transfer 2.0</td>
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<td>SIMS - Final Actions</td>
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<td>Yes</td>
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<tr>
<td>SOFA Training Statewide Client Data System</td>
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<td>SPARCS Data Queries</td>
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<td>SPARCS Data Submission</td>
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<td>Yes</td>
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<tr>
<td>SPARCS Quality Reports</td>
<td>SPARCS</td>
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<td></td>
<td></td>
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<tr>
<td>State Wide Perinatal Data System Core</td>
<td>SPWPCS</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

The Application was successfully added to your MyApps list.
Accessing Atrium Through HCS

• From the HCS home page, click on “Secure Collaboration” within My Applications

• You will be taken to your Atrium Home.
• The list of which “Spaces” you have access to will be shown

• Click on the one called: “Health Home Performance”
Accessing Atrium Through HCS

• You will be brought to the Health Home Performance Atrium “Space”
• Each Health Home signing in will see a list of links in the menu at the top of the page
  • This will include a link that will bring you back to this main page, or “home,”
  • The HH-specific reports folder (ie “ABC HH”), and
  • Statewide Reports
Accessing Atrium Through HCS

• When clicking on your specific Health Home reports link at the top of the main page, you will be able to access reports and other files within their respective folders
• Simply click on the file and your browser will prompt you to open or save it
Next steps

• Begin quarterly reporting for HHSA measure data using Atrium
• Move forward with creating interactive Tableau visualizations
• Report on HHSC measures
• Develop HHSC Performance Report Card
• Post performance data on HH Performance Management webpage and in Atrium
• Continue progress on Salient Performance Measure Dashboard Requirements Gathering and HH access to DSRIP Dashboards
• Finalize data analysis and begin performance improvement support
Questions ???
Contacts

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Email Performance Management Team
https://apps.health.ny.gov/pubdoth/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
Select Subject: Performance Management