



**Department
of Health**

Medicaid
Redesign Team

HIV/AIDS

Clinical Advisory Group

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Office of Health Insurance Programs

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Agenda

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| 1. Welcome and Review of Meeting Objectives | 5 min |
| 2. Background | |
| 2.1 Review Value Based Payment (VBP) Arrangement | 10 min |
| 2.2 VBP Measure Development and Implementation Timeline | 15 min |
| 3. Review Quality Measure Set and Identify Gaps | |
| 3.1 Intro: Priority Clinical and Care Delivery Goals | 5 min |
| 3.2 Confirm Priority Goals and Opportunities for Improvement | 20 min |
| 3.3 Identify Gap Areas: Addition/Modification of Goals | 20 min |
| 4. Wrap-Up / Final Thoughts and Next Steps | 15 min |

Part 1

Welcome and Review of Meeting Objectives

Review of Meeting Objectives

Objectives:

- Review work to date and current state
- Understand the new role of the Clinical Advisory Groups (CAGs) in charting the course for VBP quality measurement beyond 2017
- Identify Gaps in VBP Quality Measurement Program

Part 2

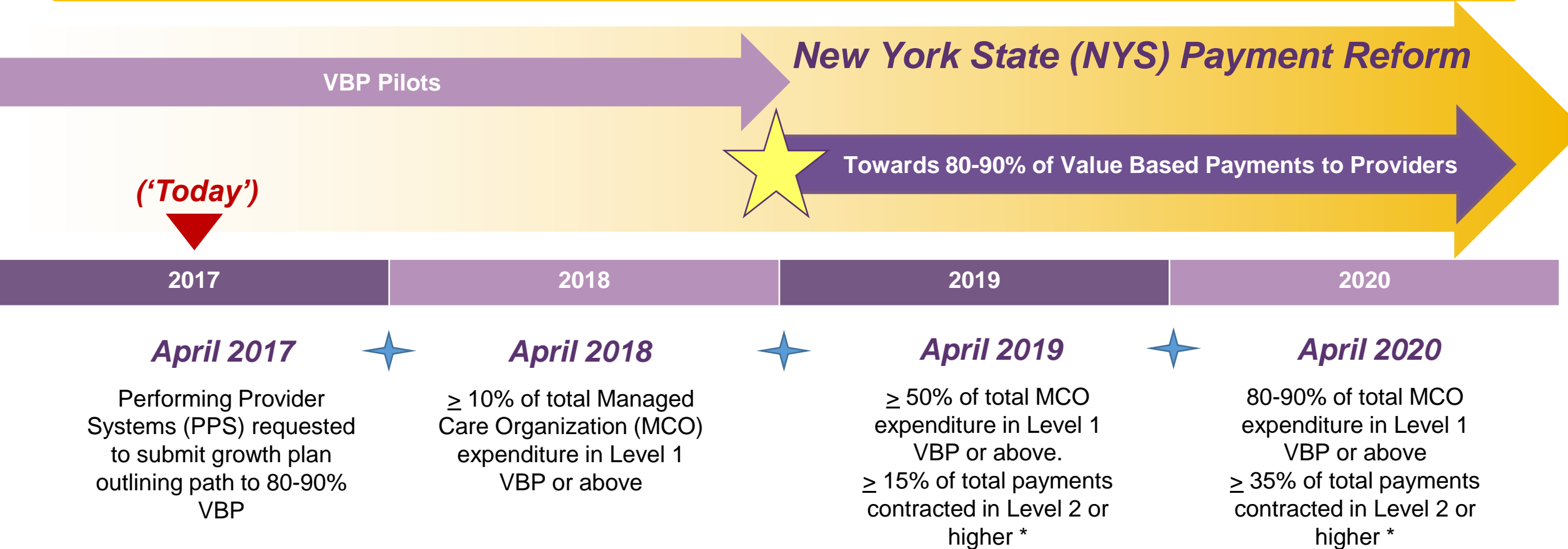
Background

2.1 Review VBP Arrangement

- VBP Program Timeline and Progress to Date with Pilots
- High-level Review of the Arrangement

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.



* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.

An Overview of the VBP Pilot Program

Effective January 1, 2017 through December 31, 2018, the two year VBP Pilot Program is intended to support the transition to VBP, establishing best practices and sharing lessons learned.

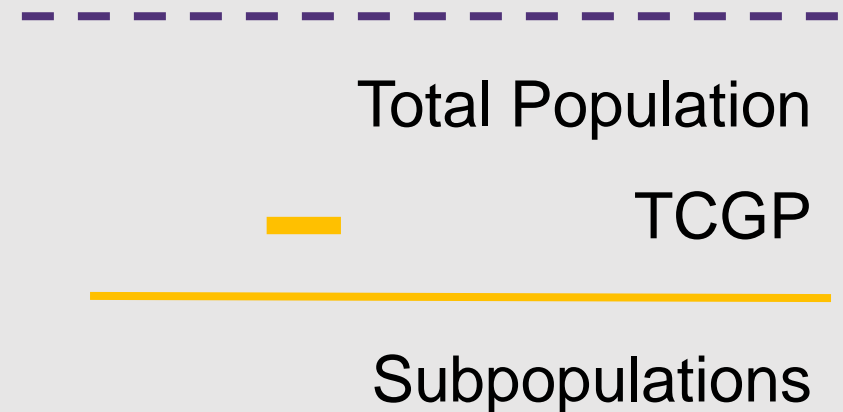
Arrangement	Provider	Managed Care Organization	VBP Level (Year 1)
HARP	Maimonides Medical Center	Healthfirst PHSP, Inc.	1
	Mount Sinai Health Partners	Healthfirst PHSP, Inc.	1
IPC	Community Health IPA	Affinity Health Plan, Inc.	1
	Hudson Headwaters Health Network	New York State Catholic Health Plan, Inc.	1
TCGP	Greater Buffalo United ACO	Yourcare Health Plan, Inc.	1
	Somos Your Health IPA	Affinity Health Plan, Inc.	2
	Somos Your Health IPA	HealthPlus HP, LLC	2
	Somos Your Health IPA	New York State Catholic Health Plan, Inc.	2
	Somos Your Health IPA	Healthfirst PHSP, Inc.	2
	Somos Your Health IPA	United Healthcare of New York, Inc.	2
	Somos Your Health IPA	Wellcare of New York, Inc.	2
	St. Joseph's Hospital Health Center	New York State Catholic Health Plan, Inc.	1
	St. Joseph's Hospital Health Center	Molina Healthcare of New York, Inc.	1

Total Care for Special Needs Subpopulations

Goal: Improve population health through enhancing the quality care for specific subpopulations that often require highly specific and costly care needs.

- Subpopulations include:
 - **HIV/AIDS**
 - Health and Recovery Plans (HARP)
 - Managed Long Term Care (MLTC)
 - Intellectual and Developmental Disabilities (I/DD)*
- All services covered by the associated managed care plans are included, and all members fulfilling the criteria for eligibility to such plans are included.
- The Category 1 measure sets for HIV/AIDS Subpopulations listed in the tables were expanded to include Integrated Primary Care measures relevant to the subpopulation.
- Although plans and VBP Contractors may choose their own attribution method, New York State's guidance for member attribution in HIV/AIDS VBP Arrangements is to the Medicaid MCO-assigned PCP.

In this arrangement the VBP Contractor assumes responsibility for the care of the specific population, where co-morbidity or disability may require specific and costly care needs, so that the majority (or all) of the care is determined by the specific characteristic of these members.



2017 HIV/AIDS Arrangement Measure Set

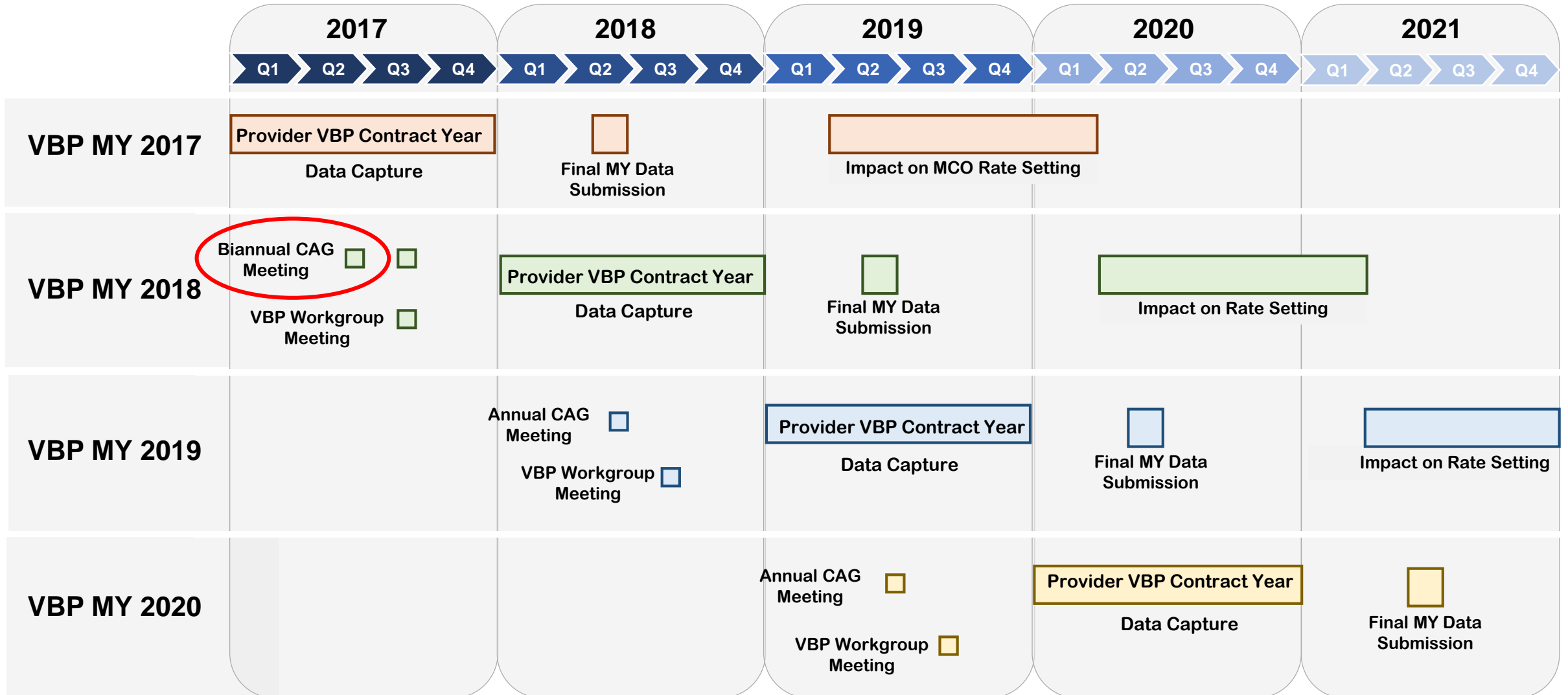
- The HIV/AIDS VBP arrangement will include quality measures related to retaining individuals with HIV/AIDS in the healthcare system and facilitating maximum viral load suppression.
- The Measure Set has been made available to providers and MCOs contracting the HIV/AIDS Arrangement and are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible and to monitor quality of care delivered to members under the VBP contract.¹
- Category 1 quality measures, as identified by the HIV/AIDS CAG and accepted by the State, are to be reported by VBP Contractors.
 - Category 1 P4P measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but present concerns regarding feasibility.

Access the complete *HIV/AIDS Value Based Payment Quality Measure Set* on the VBP Resource Library!

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/index.htm

¹ New York State Department of Health, Medicaid Redesign Team, *A Path toward Value Based Payment: Annual Update, June 2016: Year 2, New York State Roadmap for Medicaid Payment Reform, June 2016.* ([Link](#))

VBP Contracting, Measure Implementation and Reporting Timeline



2.2 VBP Measure Development and Implementation Timeline

- VBP Measure Development, Implementation and Reporting: Stakeholders and Timeline
- Role of the CAGs: Then and Now
- VBP Annual Measure Update Cycle

VBP Measure Set Development: *Crawl, Walk, Run!*



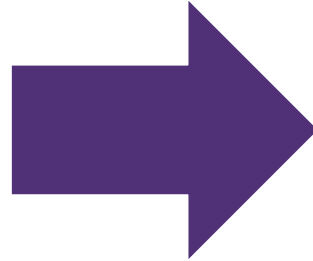
Status in VBP	<ul style="list-style-type: none"> • Several measures require final specifications and/or clinical or other data elements 	<ul style="list-style-type: none"> • Work with measure stewards to develop and finalize specifications 	<ul style="list-style-type: none"> • Fully developed VBP measures included in Measurement Years 2018 and 2019
Data Availability and Sources	<ul style="list-style-type: none"> • Assess data availability • Identify and investigate potential data sources • Survey technological capabilities 	<ul style="list-style-type: none"> • Implement new data and reporting flows • Develop additional data sources 	<ul style="list-style-type: none"> • Coordination established with Qualified Entities (QEs) for clinical data integration
Data Collection and Infrastructure	<ul style="list-style-type: none"> • Gather requirements for data collection • Begin developing infrastructure to support new data sources 	<ul style="list-style-type: none"> • Initiate testing and evaluation of data collection methodologies • Work closely with technology vendors 	<ul style="list-style-type: none"> • Data and reporting flows have been established • New data source infrastructure established

Note: Timelines will vary. The intent is to make substantive contributions within each phase to help realize NYS VBP Roadmap goals.

The Role of the CAGs: Then and Now

Recommendations for the Initial Measure Sets

The **VBP CAGs** and subcommittees were created to address the larger VBP design questions. Their charge was to produce recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs' scope of work included selecting Quality Measures for specific arrangements.



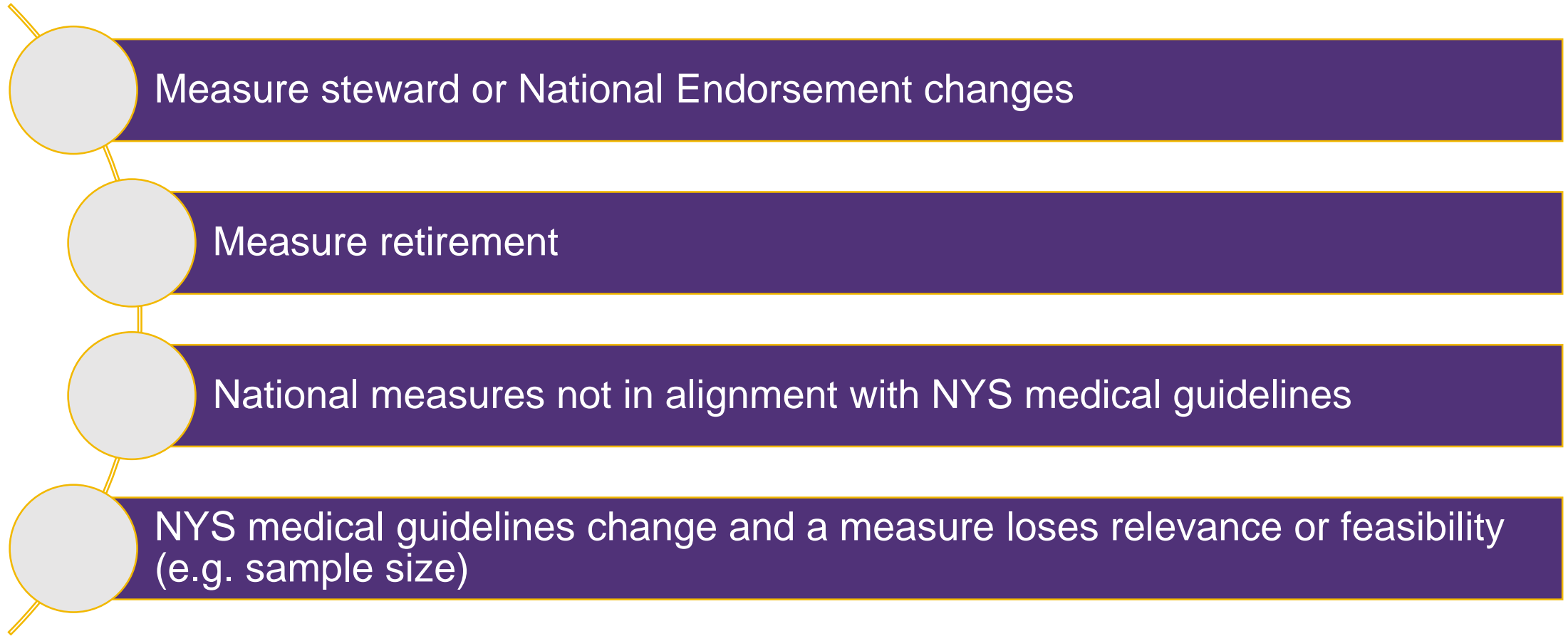
Identification of VBP Measurement Targets and Gaps

The CAG will focus its activities on refining the priority clinical and care delivery goals for the HIV/AIDS Arrangement and providing recommendations, on an annual basis, to revise, strengthen, and improve the priority goals that will serve as the guide for long-term VBP Measure Set strategy, development and implementation.

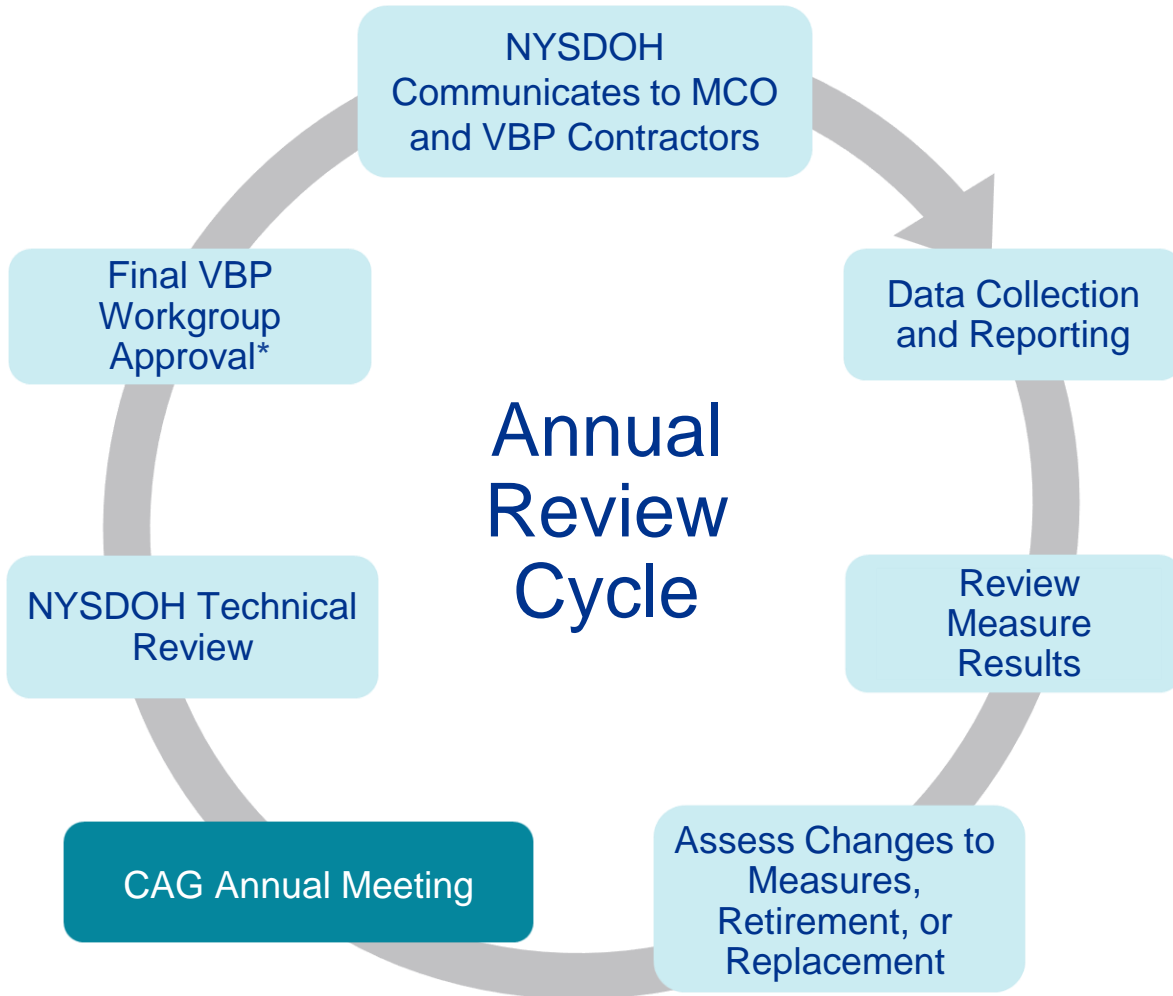
The CAG will meet each year to review, identify, and fill critical gaps in the clinical and care delivery goals specific to the Medicaid population. The focus will be on **significant changes in the evidence base and clinical guidelines, along with opportunities for improvement** identified through experience in clinical practice and feedback from MCOs and VBP contractors.

Annual Measure Maintenance

Measures are assessed for various changes to their status



VBP Quality Measure Set Annual Review



Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Any significant changes in evidence base of underlying measures and/or conceptual gaps in the measurement program

State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

* Final Workgroup approval will occur annually in September

Part 3

Review of the Arrangement Measure Set and Identify Gaps

3.1 Priority Clinical and Care Delivery Goals

Introduction to Priority Clinical and Care Delivery Goals and Gap Identification

Introduction: Priority Clinical and Care Delivery Goals and Gap Identification

- The initial set of Priority Clinical and Care Delivery Goals for the HIV/AIDS Arrangement are based on the review of CAG Categorization and Discussion of Measures table published in the HIV/AIDS CAG Final Report.
 - Measures reviewed by the CAG were associated with a clinical or care delivery goal based on the measure detail **and** the purpose or intent for use extracted from the discussion notes column.
- Goals are broad-based aims that promote optimal patient outcomes through the delivery of safe, effective, and efficient evidence-based care delivery.
- Goal setting for the HIV/AIDS Arrangement will establish clear clinical and care delivery targets and will provide strategic direction for the State to consider in the development of a multi-year strategy and plan for the development and implementation of a high-value and responsive Measure Set for the HIV/AIDS Arrangement.

3.2 Confirm Priority Goals and Opportunities for Improvement

Confirm Clinical Priorities and Opportunities for Improvement within the Arrangement.

Priority Clinical and Care Delivery Goals Identified by the CAG

Phase of Care	Priority Clinical and Care Delivery Goals	
1) HIV/AIDS Diagnosis and Baseline Evaluation	<ul style="list-style-type: none"> • Diagnosis 	<ul style="list-style-type: none"> • Therapy
2) HIV/AIDS Management and Monitoring	<ul style="list-style-type: none"> • Access to Care • Immunization • Outcomes • Prophylaxis 	<ul style="list-style-type: none"> • Patient Engagement / Self-management • Screening • Therapy/Medication Management • Viral Load Monitoring
3) Prevention and Chronic Disease Management	<ul style="list-style-type: none"> • Cardiovascular Disease • Cancer Screening • Diabetes 	<ul style="list-style-type: none"> • Oral Health • Tobacco Cessation
4) Mental and Behavioral Health	<ul style="list-style-type: none"> • Mental Health Screening • Substance Use 	<ul style="list-style-type: none"> • Therapy

3.3 Identify Gap Areas: Addition/ Modification of Goals

1) HIV/AIDs Diagnosis and Baseline Evaluation

Domain	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>Category 1 (bolded) and Category2 Measures</i>	Additional Subgoals
1) HIV/AIDs Diagnosis and Baseline Evaluation	Diagnosis		
	Baseline Evaluation	<ul style="list-style-type: none"> • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow– Up Plan 	

Guideline updates (examples):

National:

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents: Revisions to the January 28, 2016 version updated July 14, 2016 ([Link](#))

New York State:

- Updated: Management of IRIS Guideline (6/29/2017)
- Selecting an Initial Antiretroviral (ART) Regimen (4/27/17)
- Clinical Manifestations and Management of HIV-Related Periodontal Disease Guideline (3/8/17)
- Reducing HIV Transmission During Pregnancy, Labor and Delivery, and Postpartum Care Guideline (2/28/17)
- HIV Testing During Pregnancy and at Delivery Guideline (2/28/17)
- HIV Testing (7/16)

([Link](#))

2) HIV/AIDS Management and Monitoring

Domain	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>Category 1 (bolded) and Category 2 Measures</i>	Additional Subgoals
2) HIV/AIDS Management and Monitoring	Access to Care	<ul style="list-style-type: none"> • Linkage to Medical Care 	
	Immunization	<ul style="list-style-type: none"> • Preventive Care and Screening: Influenza Immunization 	
	Outcomes	<ul style="list-style-type: none"> • Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year 	
	Prophylaxis		
	Patient Engagement and Self Management	<ul style="list-style-type: none"> • <i>Housing Status</i> • <i>Medical Case Management: Care Plan</i> 	

2) HIV/AIDs Management and Monitoring (cont.)

Domain	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>Category 1 (bolded) and Category2 Measures</i>	Additional Subgoals
2) HIV/AIDs Management and Monitoring	Screenings	<ul style="list-style-type: none"> • <i>Diabetes Screening</i> • <i>Hepatitis C Screening</i> • <i>Sexual History Taking: Anal, Oral, and Genital</i> • Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis 	
	Therapy / Medication Management	<ul style="list-style-type: none"> • <i>Prescription of HIV Antiretroviral Therapy</i> 	
	Viral Load monitoring	<ul style="list-style-type: none"> • HIV Viral Load Suppression 	

3) Prevention and Chronic Disease Management

Domain	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>Category 1 (bolded) and Category 2 Measures</i>	Additional Subgoals
3) Prevention and Chronic Disease Management	Cardiovascular Disease	<ul style="list-style-type: none"> • Controlling High Blood Pressure • Statin Therapy for Patients with Cardiovascular Disease 	
	Cancer Screening	<ul style="list-style-type: none"> • Breast Cancer Screening • Cervical Cancer Screening • Colorectal Cancer Screening 	
	Diabetes	<ul style="list-style-type: none"> • 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: Foot Exam • Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) • 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 • <i>Diabetes Screening</i> • Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications • Statin Therapy for Patients with Diabetes* 	

* Measure is part of the 2017 QARR measure set and replaces “Adherence to Statins for Individuals with Diabetes Mellitus.”

3) Prevention and Chronic Disease Management (cont.)

Domain	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>Category 1 (bolded) and Category 2 Measures</i>	Additional Subgoals
3) Prevention and Chronic Disease Management	Oral Health		
	Tobacco Cessation	<ul style="list-style-type: none"> • <i>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</i> 	

* Measure is part of the 2017 QARR measure set and replaces “Adherence to Statins for Individuals with Diabetes Mellitus.”

4) Mental Health and SUD

Phase	Clinical and Care Delivery Goals	HIV/AIDS Arrangement Measure Set <i>(Category 1 and 2 Measures)</i>	Additional Subgoals
4) Mental and Behavioral Health	Mental Health Screening	<ul style="list-style-type: none"> • Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan 	
	Substance Use	<ul style="list-style-type: none"> • Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET) • Initiation of Pharmacotherapy for Alcohol Dependence • Initiation of Pharmacotherapy for Opioid Use Disorder • <i>Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence</i> • <i>Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care</i> • Substance Use Screening • <i>Utilization of Pharmacotherapy for Alcohol Dependence</i> • <i>Utilization of Pharmacotherapy for Opioid Use Disorder</i> 	
	Therapy	<ul style="list-style-type: none"> • Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder • Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment 	

Note: Due to the inclusion of the IPC Measure Set, additional primary care-related measures are also included in the final HIV/AIDS Measure Set. See Appendix for full list of measures.

Worksheet: Recommendation of Additional Priority Goals

Phase	Clinical and Care Delivery Goals	Description	Additional Subgoals
1) HIV/AIDs Diagnosis and Baseline Evaluation	<i>Suggested Priority Goal 1</i>	<i>Description</i>	<i>(No Subgoals)</i>
	<i>Suggested Priority Goal 2</i>	<i>Description</i>	<ul style="list-style-type: none"> • <i>Subgoal 1</i> • <i>Subgoal 2</i>
2) HIV/AIDs Management and Monitoring			
3) Prevention and Chronic Disease Management			
4) Mental Health and SUD			

Instructions on how to submit additional recommendations will be sent to the CAG members following this meeting.

Part 4

Final Thoughts and Next Steps

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov

Appendix

HIV/AIDS Arrangement Category 1 Measures (1/4)

Measures	Measure Steward	Measure Identifier	Classification
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Antidepressant Medication Management - Effective Acute Phase Treatment & Effective Continuation Phase Treatment	National Committee for Quality Assurance (NCQA)	NQF 0105	P4P
Breast Cancer Screening	NCQA	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R

HIV/AIDS Arrangement Category 1 Measures (2/4)

Measures	Measure Steward	Measure Identifier	Classification
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
HIV Viral Load Suppression	Health Resources and Services Administration (HRSA)	NQF 2028	P4P
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	NQF 0004	P4P
Initiation of Pharmacotherapy for Alcohol Dependence	NYS Office of Alcoholism and Substance Abuse Services (NYS OASAS)	-	P4R
Initiation of Pharmacotherapy for Opioid Use Disorder	NYS OASAS		P4P

HIV/AIDS Arrangement Category 1 Measures (3/4)

Measures	Measure Steward	Measure Identifier	Classification
Linkage to HIV Medical Care	HRSA	-	P4R
Medication Management for People With Asthma (ages 5 - 64) – 50 % and 75% of Treatment Days Covered	NCQA	NQF 1799	P4P
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	NQF 0418	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Altarum Institute (Formerly HCI3)	-	P4R
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	NCQA	NQF 0409	P4P

HIV/AIDS Arrangement Category 1 Measures (4/4)

Measures	Measure Steward	Measure Identifier	Classification
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Statin Therapy for Patients with Diabetes*	NCQA	-	P4R
Substance Use Screening	NYS Department of Health (DOH) AIDS Institute	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

* Measure is part of the 2017 QARR measure set and replaces 'Adherence to Statins for Individuals with Diabetes Mellitus'.

HIV/AIDS Arrangement Category 2 Measures

Measures	Measure Steward	Measure Identifier
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	NYS OASAS	-
Continuity of Care (CoC) within 14 Days of Discharge from any Level of SUD Inpatient Care	NYS OASAS	-
Diabetes Screening	NYS DOH AIDS Institute	-
Hepatitis C Screening	HRSA	-
Housing Status	HRSA	-
Lung Function/Spirometry Evaluation (asthma)	AAAAI	-
Medical Case Management: Care Plan	HRSA	-
Patient Self-Management and Action Plan	AAAAI	-
Prescription of HIV Antiretroviral Therapy	HRSA	NQF 2083
Sexual History Taking: Anal, Oral, and Genital	NYS DOH AIDS Institute	-
Use of Imaging Studies for Low Back Pain	NCQA	NQF 0052
Utilization of Pharmacotherapy for Alcohol Dependence	NYS OASAS	-
Utilization of Pharmacotherapy for Opioid Use Disorder	NYS OASAS	-