HIV/AIDS
VBP Quality Measurement

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Agenda

1. NYS Quality Measurement Strategy Discussion 10 min

2. MY 2019 HIV/AIDS VBP Measure Set Discussion 10 min

3. Discussion and Next Steps 10 Min
Section 1: Introduction

VBP Timeline
**VBP Quality Measure Set Annual Review**

**Annual Review**

*Clinical Advisory Groups* will convene to evaluate the following:

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

**New York State Department of Health (NYSDOH) and 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; and
- 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/October*
Quality Measure Categorization

- Category 1 and 2 quality measures are recommended by the Clinical Advisory Groups (CAGs), accepted by the State, and approved by the VBP Workgroup.

- **At least one Category 1 P4P measure must be included in a VBP contract.**

The State classified each Category 1 measure as P4P or P4R:

**Pay for Performance (P4P)**

- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.

- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

**Pay for Reporting (P4R)**

- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.

- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.

- Category 2 measures are P4R and are not required to be reported, with the exception of the VBP Pilots.
Section 2: NYS Quality Measurement Strategy

Quality Measure Prioritization: Goals for 2018 Measure Set Review
Quality Measure Prioritization: Goals for MY 2019

• Prioritize a focused list of high-value quality measures for VBP in MY 2019.

• Key Principles in measure prioritization:
  o Process → Outcome; and
  o Focus on efficient measurement.

• Goals
  o Focus on a core set of measures and minimize administrative burden for providers where possible;
  o Select measures compiled from clinical data, rather than claims, to allow for feedback loops from the measure result back into clinical decision-making; and
  o Align quality measurement efforts across stakeholder communities and State and Federal quality programs.

• Gain agreement from statewide stakeholders and CMS to focus NYS quality measurement efforts on high-value measures applicable to all payers.
Consensus-Based Decision Process

- Consensus decision-making is a creative and dynamic way of reaching agreement between all members of a group.

- Participants make decisions by agreement rather than by majority vote.

- Levels of Consensus

  1. Do not Support  
  2. Still have questions  
  3. Can live with/will publicly support  
  4. Support  
  5. Strongly Support
HIV/AIDS VBP Priority Measures – Approved by VBP Workgroup for 2019

<table>
<thead>
<tr>
<th>Priority HIV/AIDS Measure</th>
<th>Category</th>
<th>Claims Based</th>
<th>Non Claims Based</th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome / Intermediate Outcome Measures</strong></td>
<td></td>
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<tr>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%)</td>
<td>Cat 1</td>
<td>No</td>
<td>Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>Cat 1</td>
<td>No</td>
<td>E.H.R., CMS Web Interface</td>
</tr>
<tr>
<td>Depression Remission Response for Adolescents and Adults</td>
<td>Cat 2 (?)</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>HIV Viral Load Suppression</td>
<td>Cat 1</td>
<td>No</td>
<td>Hybrid measure, Medical Record Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority Evidence Based Process Measures</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Initiation and Engagement of Alcohol and Other Drug Abuse Dependence Treatment (IET)</td>
<td>Cat 1</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>Medication Management for People with Asthma</td>
<td>Cat 1</td>
<td>Yes</td>
<td>-</td>
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</tbody>
</table>

- **HIV Viral Load Suppression** has previously been discussed as the priority outcome measure with this group.

* “Prioritizing” is synonymous with recommending a measure for inclusion in an HIV arrangement, for this condition.
Section 3: MY 2019 HIV/AIDS-Specific VBP Measure Set
## MY2019 HIV/AIDS-Specific Measure Set

<table>
<thead>
<tr>
<th>HIV/AIDS Measure</th>
<th>Category</th>
<th>Classification</th>
<th>Measure Steward</th>
<th>NQF Endorsed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis</td>
<td>Cat 1</td>
<td>P4P</td>
<td>NYSDOH</td>
<td>No</td>
</tr>
<tr>
<td>Viral Load Suppression</td>
<td>Cat 1</td>
<td>P4P</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Potentially Avoidable Complication (PAC) in Patients with HIV/AIDS</td>
<td>Cat 1</td>
<td>P4R</td>
<td>Altarum</td>
<td>No</td>
</tr>
<tr>
<td>Linkage to HIV Medical Care</td>
<td>Cat 2</td>
<td>-</td>
<td>NYS</td>
<td>No</td>
</tr>
<tr>
<td>Substance Abuse Screening</td>
<td>Cat 2</td>
<td>-</td>
<td>HRSA, HIV/AIDS Bureau</td>
<td>No</td>
</tr>
</tbody>
</table>

*This does not include the Integrated Primary Care (IPC) measures also included in any HIV arrangement*

**Acronyms:** NCQA = National Center for Quality Assurance; HRSA = Health Resources Services Administration; MY = Measurement Year.
Measures Requiring Feedback

Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis

- Consensus as of last meeting: *Still have questions*
  - Single site (at least one site) vs multiple site testing

- Denominator: HIV positive patients 13 years of age or older
- Three separate numerators:
  - Patients with Syphilis Screening Performed during measurement year
  - Patients with at least One Urine/Cervical/Urethral Test for *Chlamydia* during measurement year
  - Patients with at least One Urine/Cervical/Urethral Test for Gonorrhea during the measurement year
Goals

Come to consensus on measure definition for STI screening measure

<table>
<thead>
<tr>
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<th>2016 HIV SNP Average</th>
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<tbody>
<tr>
<td>Screened for Syphilis</td>
<td>73%</td>
</tr>
<tr>
<td>Genital Chlamydia Screening</td>
<td>51%</td>
</tr>
<tr>
<td>Rectal Chlamydia Screening Among MSM and M/F Transgender Population</td>
<td>35%</td>
</tr>
<tr>
<td>Genital Gonorrhea Screening</td>
<td>49%</td>
</tr>
<tr>
<td>Rectal Gonorrhea Testing Among MSM and M/F Transgender Population</td>
<td>35%</td>
</tr>
<tr>
<td>Pharyngeal Gonorrhea testing Among MSM and M/F Transgender Population</td>
<td>30%</td>
</tr>
</tbody>
</table>
STI Screening Measure Alternatives

1. Adopt current measure
   - HIV SNP plan quality data
   - Use existing
   - Use existing process

2. Change to Multisite Test
   - Add to HIV SNP plan quality data
   - Work to develop, test, and implement
   - Dependent on data source
STI Screening Measure Discussion

• Recommend adopting current measure
  - Patients with Syphilis Screening Performed during measurement year
  - Patients with at Least One Urine/Cervical/Urethral Test for Chlamydia during measurement year
  - Patients with at Least One Urine/Cervical/Urethral Test for Gonorrhea during the measurement year

• Levels of Consensus
  • Do not Support
  • Still have questions
  • Can live with/will publicly support
  • Support
  • Strongly Support
Next Steps

• Please provide any feedback on the evolving HIV/AIDS Quality Measure set and send suggestions or recommendations.

• Provide additional feedback /recommendations to the following addresses by December 13, 2018:
  
  vbp@health.ny.gov
  matthew.reuter@health.ny.gov
Thank you!