



**Department
of Health**

HIV Clinical Advisory Group (CAG) Meeting

Lindsay Cogan, PhD, MS

Director, Division of Quality Measurement

Office of Quality and Patient Safety

Douglas G. Fish, MD

Medical Director, Division of Medical and Dental

Directors

Office of Health Insurance Programs

Agenda

1. Introduction

10 min

- Value Based Payment in New York State
- CAG 2019 Timeline and Expectations for 2019

2. 2019 HIV Quality Measure Final Sets

15 min

- STI Measure Discussion

3. Priority Clinical and Care Delivery Goals

5 min

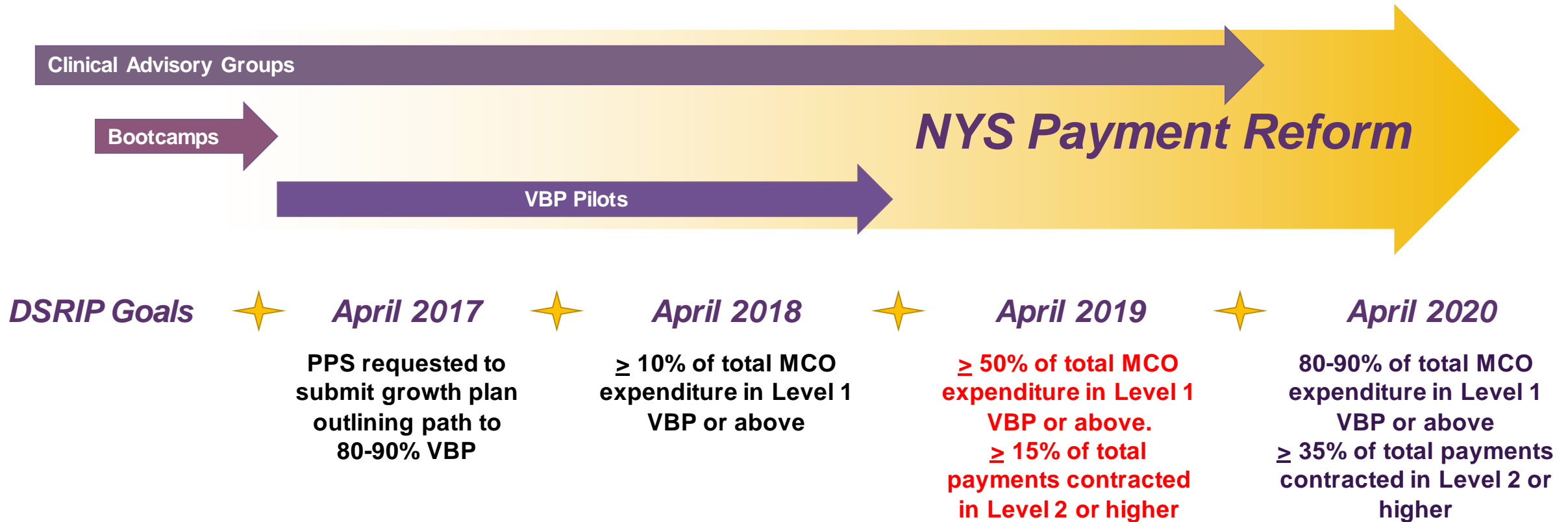
Section 1: Introduction

- *Value Based Payment in New York State*
- *CAG Timeline & Expectations for 2019*

Value Based Payment in New York State

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.



Clinical Advisory group (CAG) Goals for 2019

2019 CAG Goals

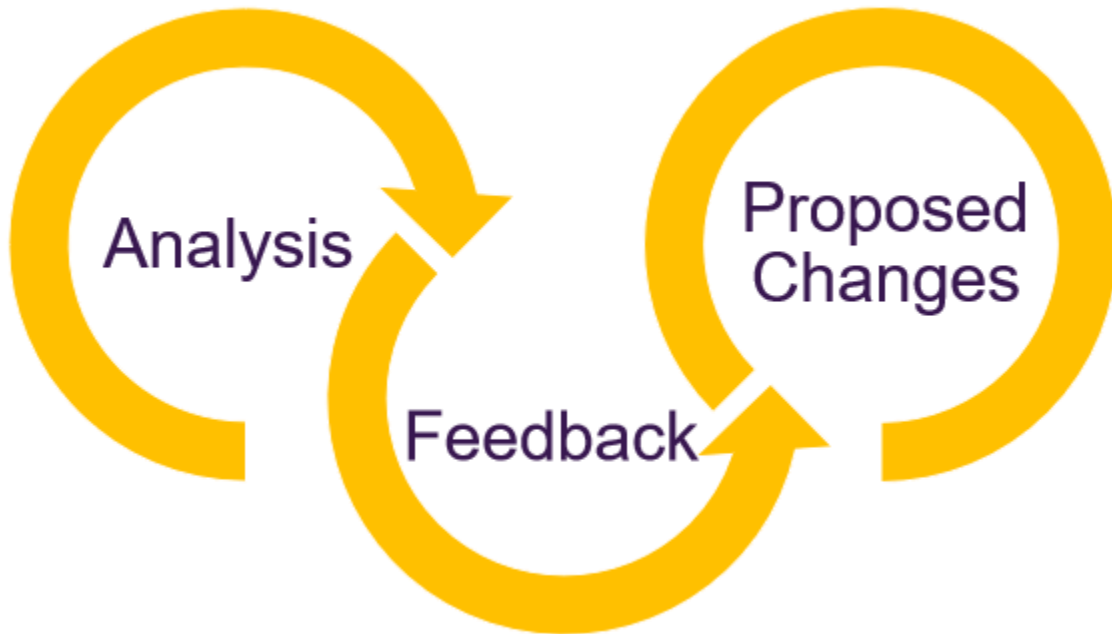
- ~ Conduct annual review of the quality measure sets.
- ~ Identify and analyze clinical and care delivery gaps in current measure sets.
- ~ Propose recommendations for 2020 VBP Measure set.

Clinical Advisory group (CAG) Timeline for 2019

Timeline

- Spring Cycle to convene April through June, with Summer cycle to begin in later June for second round.
- HIV/AIDS CAG is convened in conjunction with the NYS AIDS Institute's Quality Advisory Committee.
- Feedback from the CAGs will be processed and presented in the form of recommended measure sets to the VBP Workgroup for approval in October 2019.
- Measurement Year (MY) 2020 Quality Measure Sets will be released in Fall 2019.
- The MY 2020 VBP Reporting Requirements Technical Specifications Manual will also be released in Fall 2019.

Understanding VBP Quality Measure Use to Date

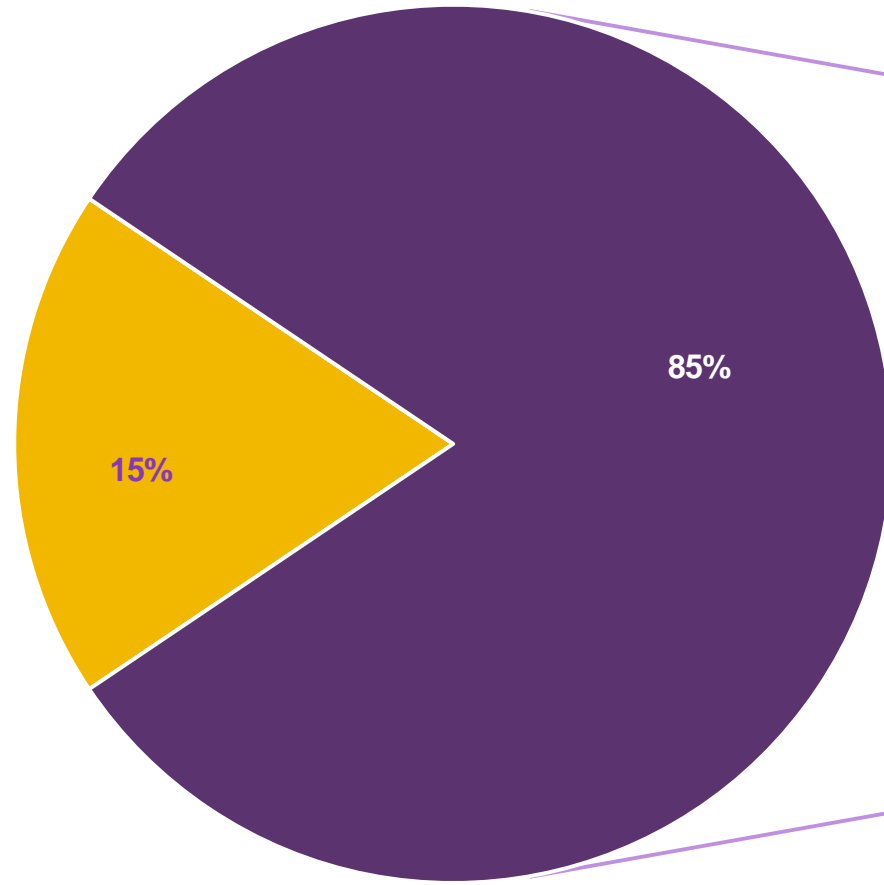


- NYS Office of Quality and Patient Safety examined 53 VBP contracts from 16 MCOs created/modified between 2016-2018. Findings from the analysis included:
 - All contracts included a TCGP/IPC measure
 - Room for improvement for including other diverse measures across the VBP quality measure domains (e.g., maternity, children's)
 - 81.1% indicated specific quality measures used in shared savings calculations
- Findings from the analysis, along with stakeholder feedback, were developed in proposed VBP roadmap changes

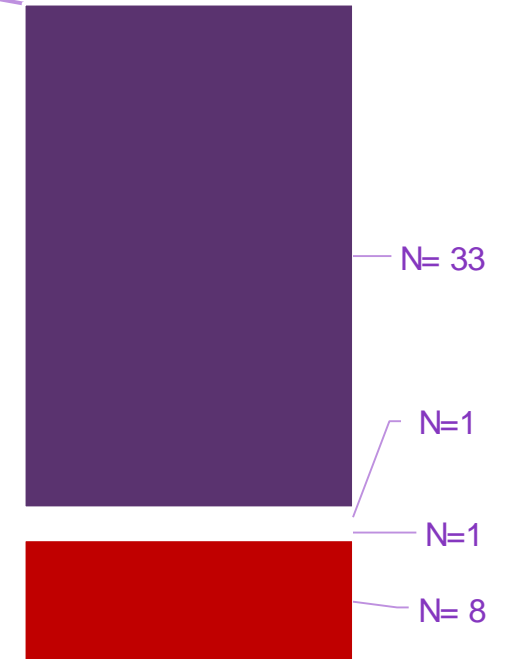
Type of Contracts and Populations Included

Quality Measures Identified in Contracts

- 53 Total Contracts Reviewed
- All Total Cost of General Population (TCGP) contracts
- Most included specific quality measure used in shared savings
- Populations/Line of Business included in contract on bar chart*



Population/Line of Business *



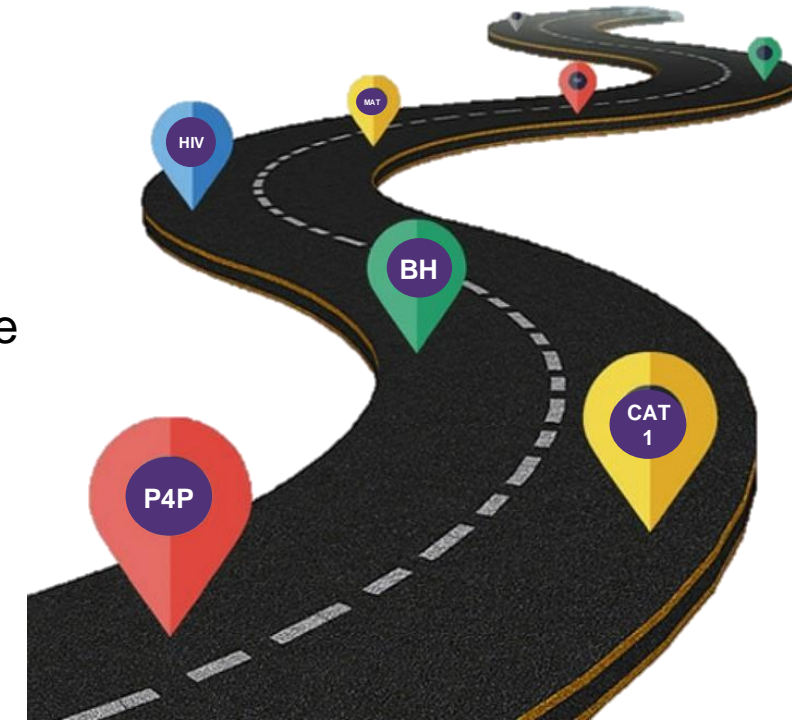
■ Could not ID QM
 ■ No Special Pop
 ■ HIV
 ■ HIV and HARP
 ■ HARP

VBP Measures Most Specified in Shared Savings Calculations

NYS VBP Quality Measures	Unique Appearances in VBP Contracts	Unique Appearances as Percent of Total Contracts with Specific Shared Savings Quality Measures (N 43)
Breast Cancer Screening	34	79%
Adolescent Well-Care Visits	29	67%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	28	65%
Colorectal Cancer Screening	24	56%
Cervical Cancer Screening	21	49%
Chlamydia Screening in Women - Total	21	49%
Annual Dental Visit (Total)	20	47%
Well-Child Visits in the First 15 Months of Life	17	40%
Comprehensive Diabetes Screening: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	14	33%
Medication Management for People with Asthma	14	33%
Comprehensive Diabetes Care - Eye Exams	13	30%
Childhood Immunization Status	12	28%

Proposed Roadmap Requirements for 2019 - Quality Measures

- Managed Care Organizations (MCOs) (excluding Managed Long-term Care) that execute a Total Cost of care for General Population (TCGP) VBP arrangement must include at least one Category 1 P4P measure in addition to the following:
 - At least one Category 1 P4P measure from the Total Care General Population Quality Measure Set for each of the following domains:
 - HIV/AIDS**
 - Integrated Primary Care
 - Mental Health
 - Substance Use Disorder
 - Maternity
 - Children's
 - The population or condition-specific measures selected must be unique to the respective measure set.



Proposed VBP Roadmap Revisions- Viral Load Measure

- w If HIV-positive individuals are included in a TCGP arrangement, the measure selected from the HIV/AIDS measure set must be specific to HIV/AIDS.
- w The State strongly encourage that MCOs and providers that include individuals living with HIV/AIDS in their TCGP arrangement select the Viral Load Suppression measure.
- w This outcome measure is a strong indication of health and well-being of individuals living with HIV/AIDS and, therefore, the Department views this as a priority measure within VBP arrangements intended to address the needs of individuals living with HIV/AIDS.

Section 2: 2019 HIV Quality Measure Final Sets

- *STI measure discussion*

HIV/AIDS VBP Arrangement – 2019 Measure Set

Category 1

HIV/AIDS Measures	Measure Steward	NQF Measure Identifier	Classification
Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis	NYSDOH		Cat 1 P4P
Viral Load Suppression	HRSA		Cat 1 P4P
Potentially Avoidable Complication (PAC) in Patients with HIV/AIDS	Altarum		Cat 1 P4R

A complete list of HIV/AIDS VBP Category 1 Measures can be found at:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/quality_measures/2019/hiv-aids_qms.htm

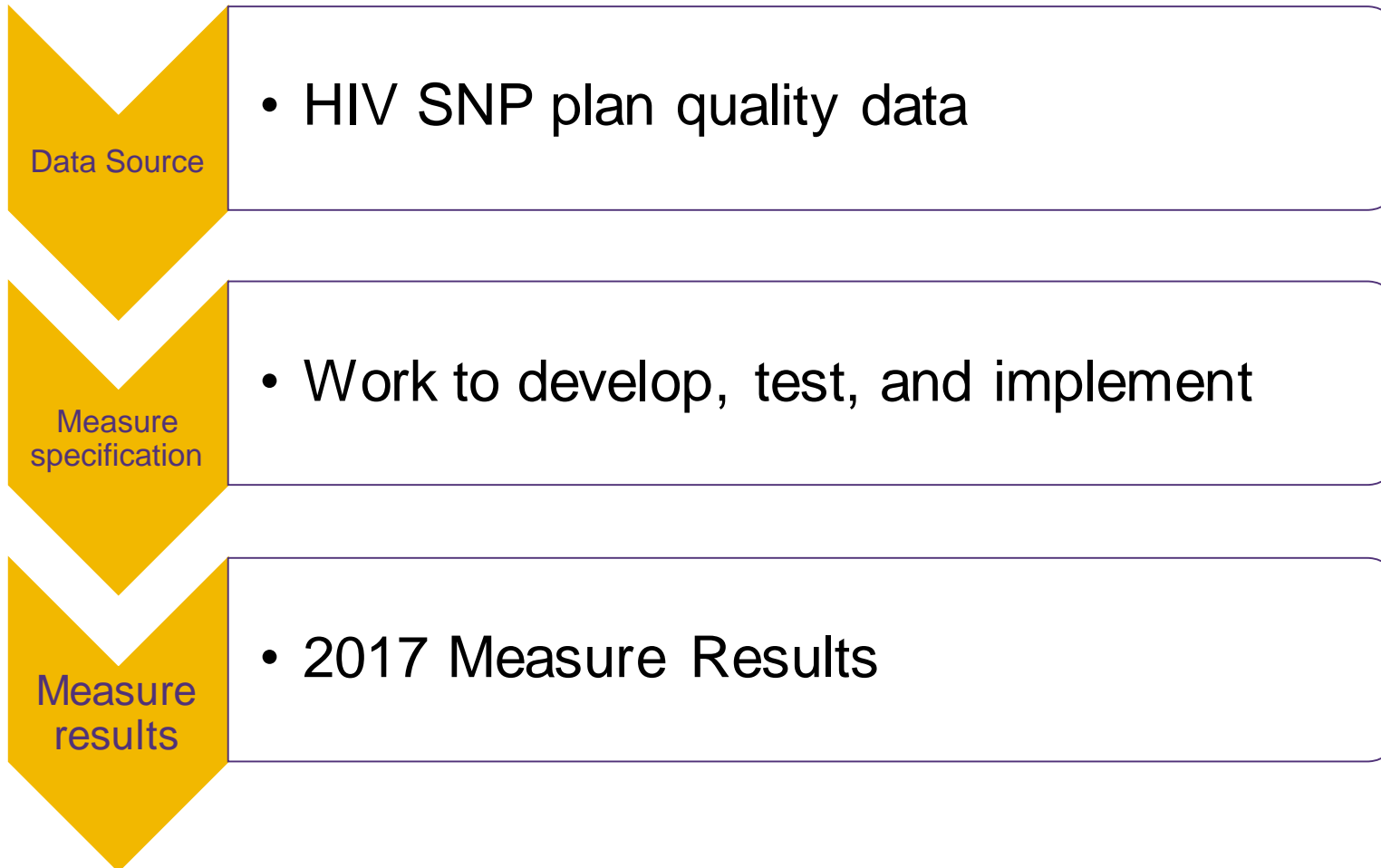
HIV/AIDS VBP Arrangement – 2019 Measure Set

Category 2

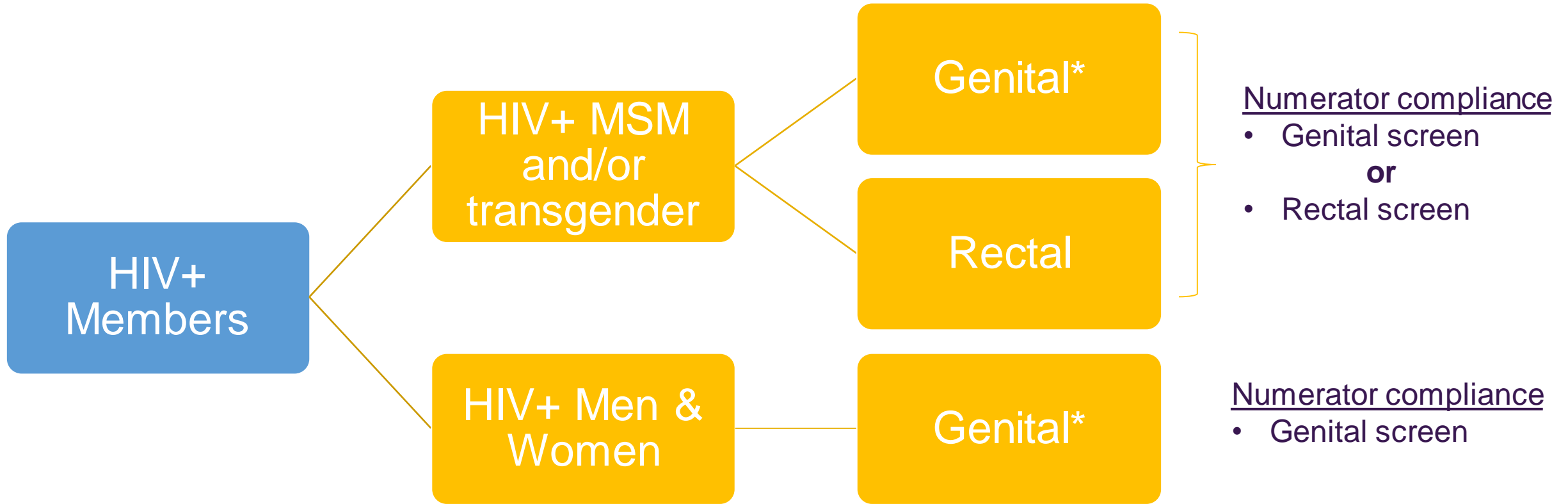
Measure Name	Description	Steward	VBP Category
Diabetes Screening (HIV/AIDS)	Percentage of patients with any random blood sugar > 100 mg/dL who received diabetes screening.	NYS	Cat 2
Housing Status	Percentage of patients with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	HRSA	
Linkage to HIV Medical Care	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. A medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.	NYS	
Prescription of HIV antiretroviral therapy	Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year. A medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.		
Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)			

Acronyms: HRSA - Health Resources and Services Administration

STI Screening Measure Alternatives



STI Screening Measure *Chlamydia*



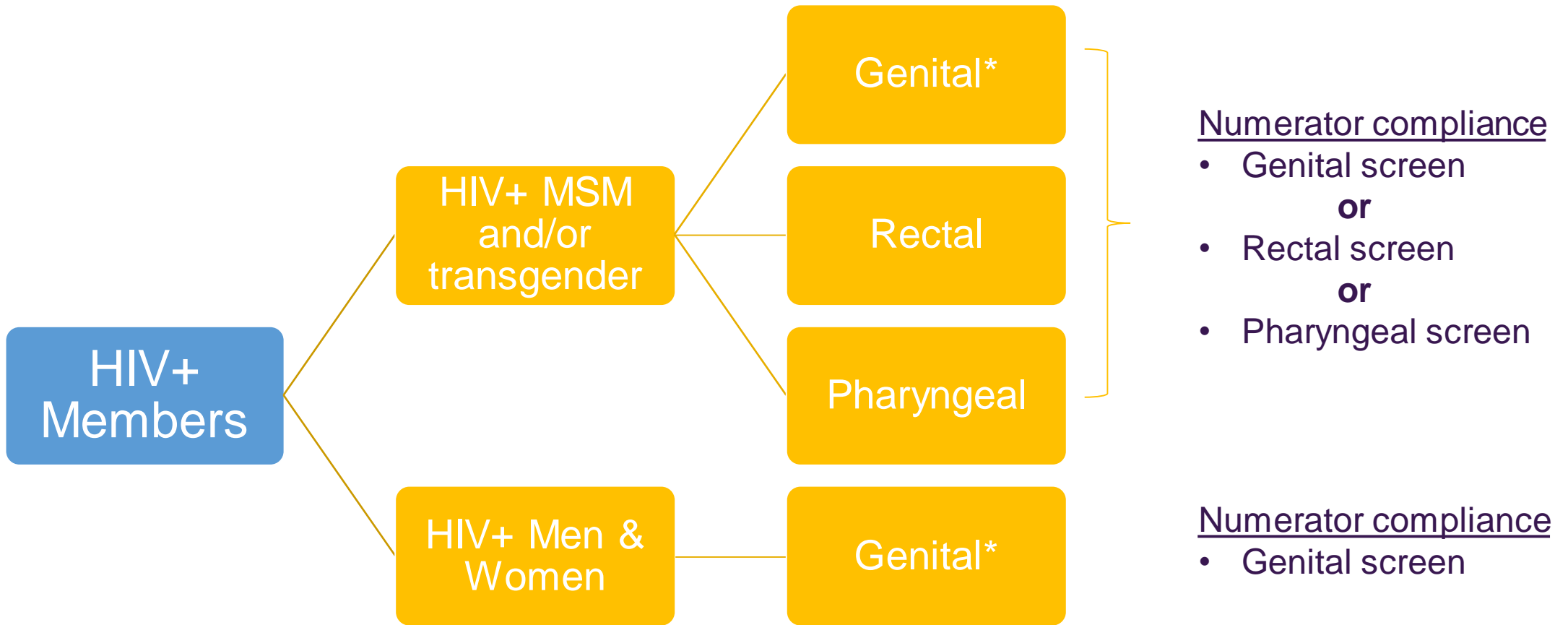
* Genital screening includes ‘urine, urethral, vaginal, or cervical’ screens

Chlamydia Screening Measure Results CY2017

Members	N	Any Test	Genital	Rectal
Total	3,023	1,604 (55%)	1,588 (53%)	252* (31%)
Female	1,029	530 (52%)	530 (52%)	--
Male	1,193	534 (45%)	534 (45%)	--
MSM*	716	481 (67%)	466 (65%)	223 (31%)
Transgender- FM*	3	2 (67%)	2 (67%)	0 (0%)
Transgender- MF*	82	57 (70%)	56 (68%)	29 (35%)

* Denominator for Rectal screen only includes MSM and/or Transgender N=801

STI Screening Measure *Gonorrhea*



* Genital screening includes “urine, urethral, vaginal, or cervical” screens

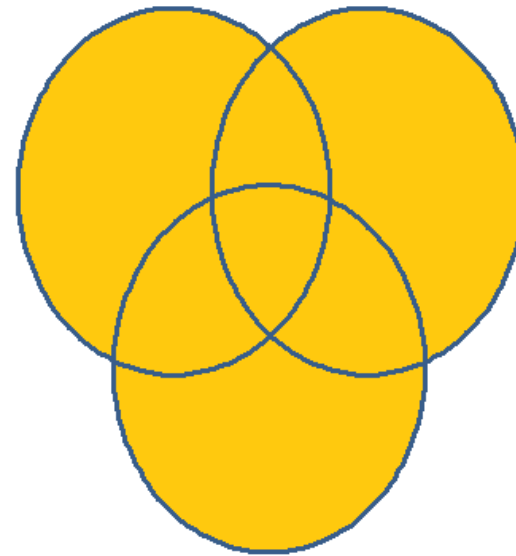
Gonorrhea Screening Measure Results CY2017

HIV+ Members	N	Any Test	Genital	Rectal	Pharyngeal
Total	3,023	1,597 (53%)	1,573 (52%)	258* (32%)	252* (31%)
Female	1,029	526 (51%)	530 (52%)	--	--
Male	1,193	528 (44%)	534 (45%)	--	--
MSM*	716	482 (67%)	466 (65%)	227 (32%)	216 (30%)
Transgender- FM*	3	2 (67%)	2 (67%)	0 (0%)	0
Transgender- MF*	82	59 (72%)	56 (68%)	31 (38%)	36 (44%)

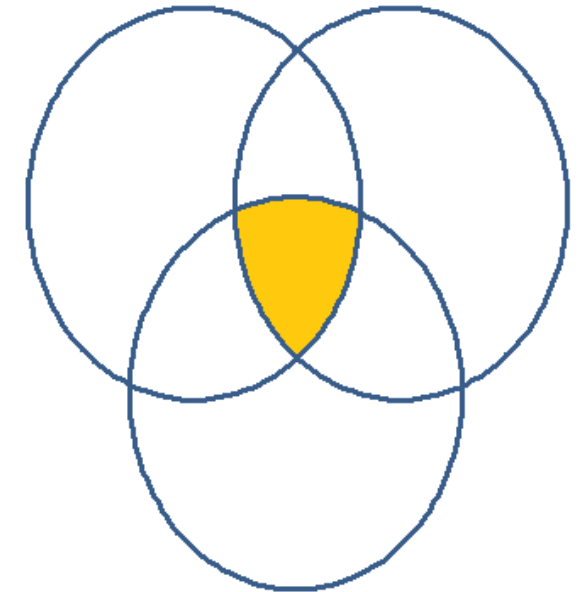
* Denominator for Rectal and Pharyngeal screen only includes MSM and/or Transgender N=801

STI Measure Numerator Discussion

- **How should we define numerator compliance?**
 - Any test- one of more tests during the measurement period: genital OR pharyngeal OR rectal
 - All tests- one of more tests during the measurement period: genital AND pharyngeal AND rectal
- **Levels of Consensus**
 - Do not Support
 - Still have questions
 - Can live with/will publicly support
 - Support
 - Strongly Support



"OR"



"AND"

Section 3: Priority Clinical & Care Delivery Goals

- *Recap of 2018 CAG Feedback*
- *Next Steps*

Confirm and Expand Priority Clinical & Care Delivery Goals

- The initial set of Priority Clinical and Care Delivery Goals for the HIV/AIDS Arrangements were based on review of the HIV CAG meeting materials and Measure Set recommendations.
- Measures were associated with a clinical or care delivery goal focus area and targeted phase of care based on the measure detail and the purpose or intent for use.
- The following slides represent a summary of Priority Clinical and Care Delivery Goals related to the HIV/AIDS arrangement.

Summary of Feedback

Clinical and Care Delivery Goals

Recommendations for updates and modification of the Clinical and Care Delivery Goal tables have been extracted from 2017 and 2018 meeting discussions and the worksheets subsequently submitted to the Department of Health (DOH).

Feedback has been analyzed to create a summary of key themes and incorporate recommendations into the updated Clinical and Care Delivery Goal tables that follow.

Key Themes

1 **Addition to the TCGP/IPC Goals**

Addition of clinical and care delivery goals related to HIV risk assessment, prevention, and testing consistent with CAG recommendations.

2 **HIV/AIDs Management and Monitoring**

Feedback included emphasis on goals related to proactive outreach and patient engagement in care and education in support of successful self-management.

3 **Prevention and Chronic Disease Management**

Feedback included disease screening and management of chronic conditions.

4 **Psychosocial Health**

Recommendations included the addition of goals related to psychosocial health including substance use screening and treatment and strengthening goals around depression to include successful management.

5 **Health System Factors**

Comments submitted included emphasis on the need for goals around transitions of care and successful coordination of care.

Priority Clinical and Care Delivery Goals

1. TCGP/IPC Physical Health Clinical Care and Delivery Goals:

Sexually Transmitted Infection Prevention: HIV Risk Assessment (Identification of at-risk patients), HIV Pre-Exposure Prophylaxis (PrEP)

Sexually Transmitted Infection Early Detection: HIV Screening, HIV Re-screening for at-risk patients (high-risk negatives)

2. HIV/AIDS Management and Monitoring:

Immunizations / Vaccinations: Prevention and Control of Seasonal Influenza with Vaccinations.

Outcomes, Prophylaxis

Patient Engagement: 1) Proactive outreach to engage patients in care, 2) Patient education on use of HIV/AIDS prevention and disease management to decrease the number of newly infected members, reinfection rate, and transmission, & 3) Patient engagement in care plan development

Patient Self-Management: Housing Status, Patient education on disease management, Adherence to care plan

Screening: Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis. Hepatitis C Screening. Sexual History Taking: Anal, Oral, and Genital

Therapy/Medication Management: HIV Antiretroviral Therapy

Viral Load Monitoring: HIV Viral Load Suppression

3. Prevention and Chronic Disease Management:

Chronic Disease Screening and Management: Cardiovascular Disease, Hypertension, Obesity, Diabetes, Chronic Pulmonary Diseases

4. Psychosocial Health:

Depression Screening: Early Identification; Initiation of treatment; Ongoing management, monitoring, and severity assessment

Substance Use: Screening and Prevention of Drug Use and Excessive Alcohol Use, Use of Medication Assisted Therapy to reduce opioid and alcohol use or dependence

Tobacco Avoidance and Cessation

5. Health Systems Factors:

Access to Care: Effective linkage from HIV testing to HIV care

Transitions of Care: Care Coordination – Timely follow up and Medication Reconciliation after inpatient discharge for mental health

Delivery of Evidence-Based Care: Use of Clinical Practice Guidelines in delivery of care

Clinical Gaps: Quality Measures

Preventive Care and Screening: Influenza Immunization - NQF 0041 - CAT 1

Housing Status – HRSA - CAT 2

Medical Case Management: Care Plan – HRSA – CAT 2

Sexually Transmitted Infections: Screening for Chlamydia, Gonorrhea, and Syphilis – NYS – CAT 1

Hepatitis C Screening – HRSA – CAT 2

Sexual History Taking: Anal, Oral, and Genital (HIV/ AIDS) – NYS – CAT 2

Prescription of HIV Antiretroviral Therapy – NQF 2083 – CAT 2

HIV Viral Load Suppression – NQF 2082 – CAT 1

Statin Therapy for Patients with Cardiovascular Disease – NCQA – CAT 1

Controlling High Blood Pressure – NQF 0018 – CAT 1

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan – NQF 0421 – CAT 1

Diabetes Screening – NCQA – CAT 2

Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan – NQF 0418 – CAT 1

Substance Abuse Screening –TBD – CAT 2

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – NQF 0004 – CAT 1

Use of Pharmacotherapy for Alcohol Abuse or Dependence – NYS – CAT 1

Linkage to HIV Medical Care – NYS – CAT 2

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov