



**Department
of Health**

Physical Health/Chronic Conditions Clinical Advisory Group (CAG) Meeting

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Agenda

- | | |
|--|---------------|
| 1. Introduction | 5 min |
| - Roll Call | |
| 2. VBP Roadmap | 5 min |
| - Roadmap Changes | |
| 3. National Quality Measurement Updates | 10 min |
| 4. Asthma | 35 min |
| 5. Oral Health Measures | 10 min |
| 6. Depression Remission and Response | 10 min |
| 7. Proposed 2020 Measure Set | 35 min |
| 8. Summary & Next Steps | 5 min |

Section 1: Introduction

Roll Call

Section 2: VBP Roadmap

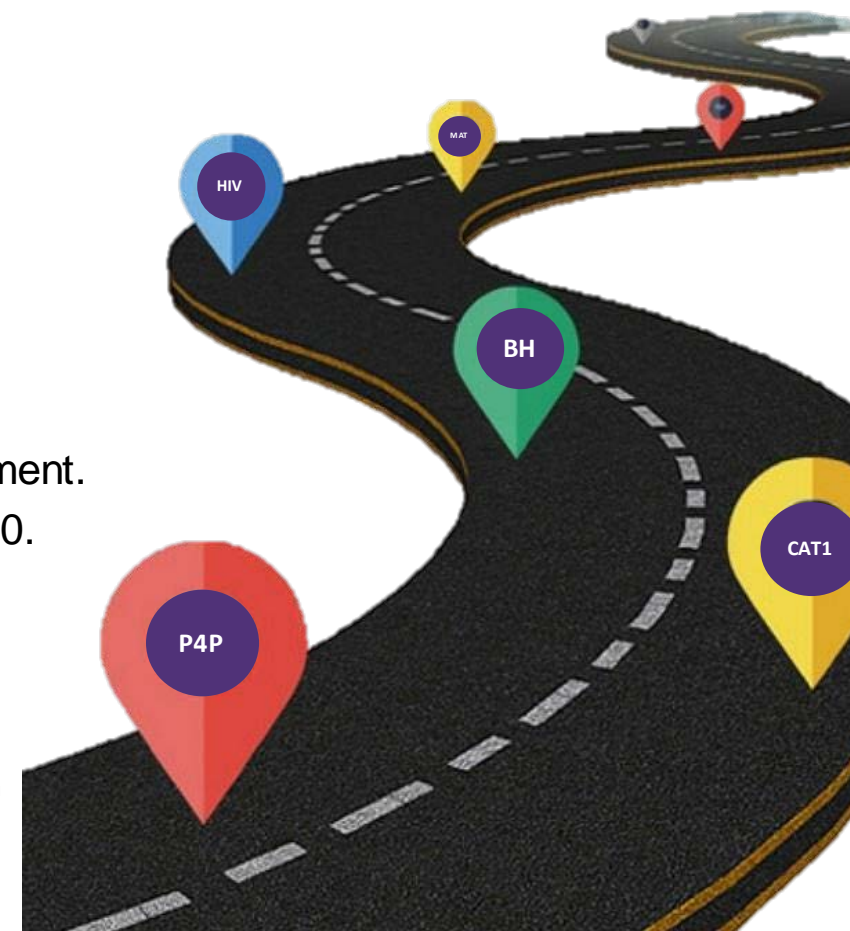
Roadmap Requirements for 2019 - Quality Measures

Managed Care Organizations (MCOs) (excluding MLTC) that execute a total cost of care for general population (TCGP) VBP arrangement must base shared savings and risk distribution on quality measures that include at least one, Category 1 P4P measure from each of the following domains:

- I. **Primary Care**
- II. Mental Health
- III. Substance Use Disorder
- IV. HIV/AIDS
- V. Maternity
- VI. Children's

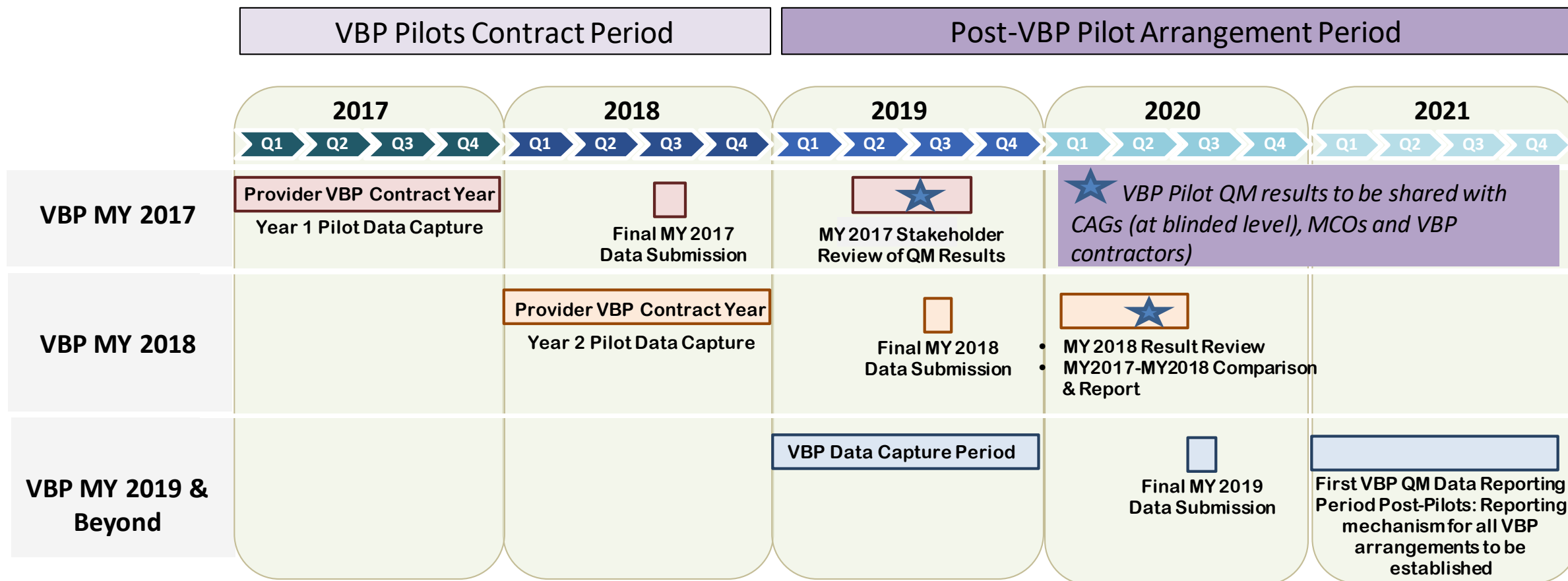
- All new contracts submitted on or after October 1st, 2019 must meet this requirement.
- All other existing contracts must be updated to meet this requirement by July 2020.

*If a VBP contractor & MCO are contracting for a total care for HARP explicitly carving them out of the TCGP arrangement, then the TCGP contract does not need to include the measure(s) for the respective population since these measures would be incorporated in the population-specific arrangement (e.g., HARP contract).



VBP Pilots: Quality Measure Results and Future Plans

Quality measures for the HARP Pilots and other arrangement types undergoing stakeholder review and feedback. Future plans call for year-over-year pilot reporting and new report development in a post-pilot environment.



Section 3: National Quality Measure Updates

NCQA HEDIS® 2020 New Measures

- **Changes to Existing Measures**

- ↳ Postpartum Care

- **New Measures**

- ↳ Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- ↳ Pharmacotherapy for Opioid Use Disorder **



* Aligned with NYS Category 2- Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care

** Aligned with NYS Category 2- Use of Opioid Dependence Pharmacotherapy

Postpartum Care

- ~ **Previously** only postpartum visits on or between 21 and 56 days after delivery counted as numerator compliant.
- ~ **ACOG** [*American College of Obstetricians and Gynecologists*] recently published an updated guideline for postpartum care and now recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth.
- ~ **NCQA** [*National Committee for Quality Assurance*] proposes replacing the current postpartum rate with three rates to better align with guidelines:
 1. **Early postpartum visit:** percentage with a postpartum visit within 21 days after delivery.
 2. **Later postpartum visit:** percentage with a postpartum visit during 22 and 84 days after delivery.
 3. **Early and later postpartum visit:** percentage with both an early and a later postpartum visit (numerator compliant for both indicators).

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- Follow-Up After High-Intensity Care for Substance Use Disorder: The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder (SUD) that result in a follow-up visit or service for substance use disorder among members 13 years of age and older. Two rates are reported:
 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Denominator: The eligible population.

Numerators:

- ✦ **30-Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.
- ✦ **7- Day Follow-Up:** A follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. Do not include visits that occur on the date of the denominator episode.

Pharmacotherapy for Opioid Use Disorder (POD)

- The percentage of new opioid use disorder (OUD) pharmacotherapy episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD

Denominator: The eligible population.

Numerator: At least 173 days of treatment with OUD pharmacotherapy, beginning on the New Episode of OUD Pharmacotherapy date through 179 days after the New Episode of

- w OUD Pharmacotherapy date (180 total days). This allows a gap in medication treatment up to a total of 7 days during the 180-day period.
- w Identify calendar days covered by OUD pharmacotherapy, beginning on the New Episode of OUD Pharmacotherapy date through 179 days after the New Episode of OUD Pharmacotherapy date (180 total days).
- w For dispensing events (Opioid Use Disorder Treatment Medications List), use days supply from the pharmacy data.
- w For medication treatment events (Opioid Use Disorder Medication Treatment 1 Day Supply Value Set; Opioid Use Disorder Medication Treatment 31 Days Supply Value Set;
- w Opioid Use Disorder Medication Treatment 180 Days Supply Value Set), use the days supply in the value set name.

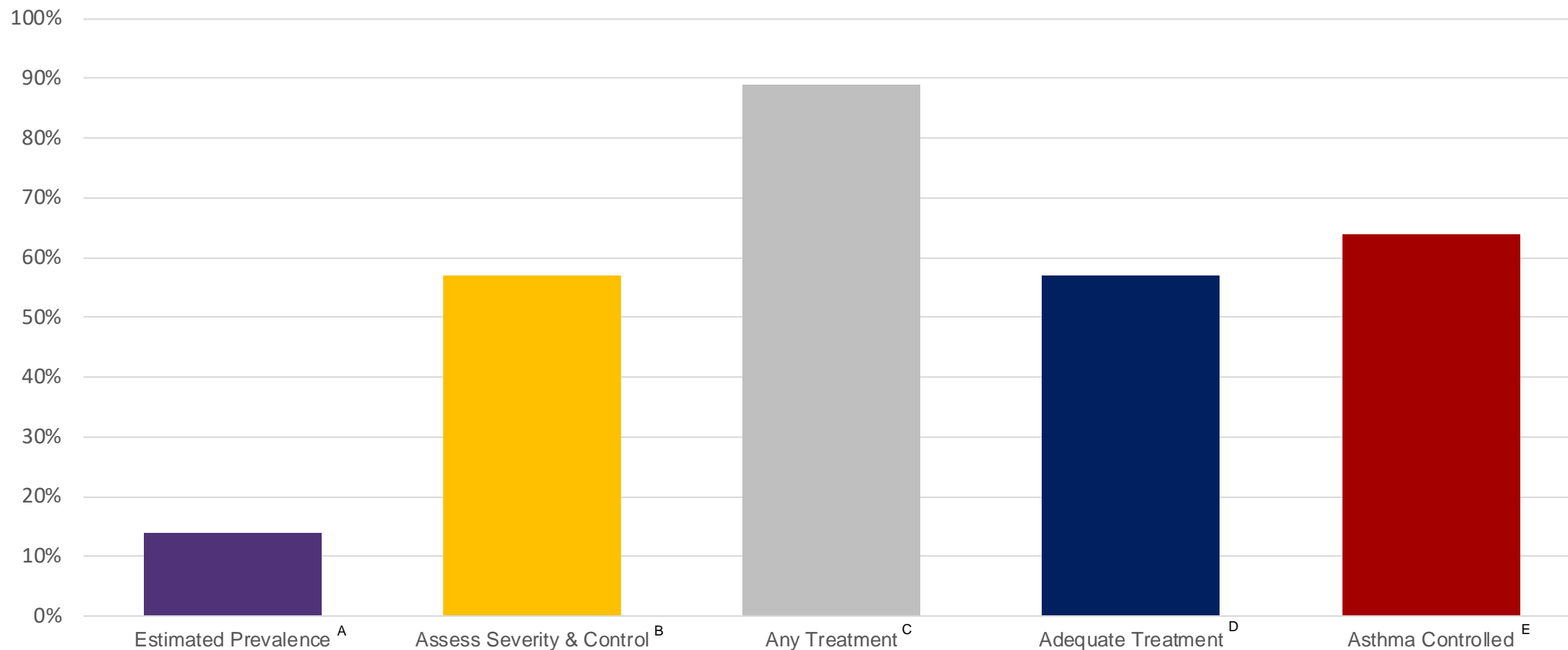
Section 4: Asthma

Cascade to Clinical Quality Measures

- ~ Recognized Clinically
- ~ Severity and Control Assessment
- ~ Any Treatment
- ~ Adequate Treatment
- ~ Outcomes



Asthma Treatment “Cascade”



^A Asthma Prevalence among children in NYS https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/asthma_dashboard/ad_dashboard&p=sh

^B Asthma Severity among Children with Current Asthma https://www.cdc.gov/asthma/asthma_stats/severity_child.htm

^C Use of Appropriate Medications for People with Asthma https://www.health.ny.gov/publications/3346_2012.pdf

^D Medication Management for Asthma- 50% (Ages 5-18) https://health.ny.gov/health_care/managed_care/reports/docs/health_comp_report/health_comp_report_2018.pdf

^E Uncontrolled Asthma among Persons with Current Asthma https://www.cdc.gov/asthma/asthma_stats/uncontrolled_asthma.htm

Cascade to Clinical Quality Measures*

Cascade Step	VBP Quality Measure
Assess Severity & Control:	• Asthma: Spirometry Evaluation (Category 2)
	• Asthma: Assessment of Asthma Control – Ambulatory Care Setting (Category 2)
Any Treatment:	• <i>Use of Appropriate Medications for People with Asthma (Measure Retired)</i>
Adequate Treatment:	• Asthma Medication Ratio (Category 1)
	• Medication Management for People with Asthma 50% Days Covered and 75% Days Covered (Category 1)
	• Asthma Action Plan (Category 2)
	• Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (Category 2)
Asthma Controlled:	• Asthma Admission Rate (PDI 14) (Category 1)
	• Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care (Category 1)

*The data presented on the previous slide is not representative of the measures above.

Treatment and Follow-up

Current Measure Compare (1)

	Asthma Medication Ratio	Medication Management for People with Asthma
NQF #	1800	1799
Measure Description	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.</p> <ol style="list-style-type: none"> 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.
Numerator	The number of patients who have a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<p>The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.</p> <ol style="list-style-type: none"> 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.

Current Measure Compare (2)

	Asthma Medication Ratio	Medication Management for People with Asthma
Denominator	<p>All patients 5–64 years of age as of December 31 of the measurement year who have persistent asthma by meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year:</p> <ul style="list-style-type: none"> • At least one emergency department visit with asthma as the principal diagnosis or • At least one acute inpatient encounter with asthma as the principal diagnosis or • At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events. Visit type need not be the same for the 4 visits. or • At least four asthma medication dispensing events for any controller medication or reliever medication 	<p>All patients 5–64 years of age as of December 31 of the measurement year who have persistent asthma by meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year:</p> <ul style="list-style-type: none"> • At least one emergency department visit with asthma as the principal diagnosis or • At least one acute inpatient claim/encounter with asthma as the principal diagnosis or • At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma AND at least two asthma medication dispensing events. Visit type need not be the same for the 4 visits. or • At least four asthma medication dispensing events for any controller medication or reliever medication
Exclusion*	Members who had no asthma medications (controller medications or reliever medications) dispensed during the measurement year.	Members who had no asthma controller medications dispensed during the measurement year.
Measure Type	Process	Process
Endorsed ?	YES	Endorsement Removed
MIPS	NO	YES

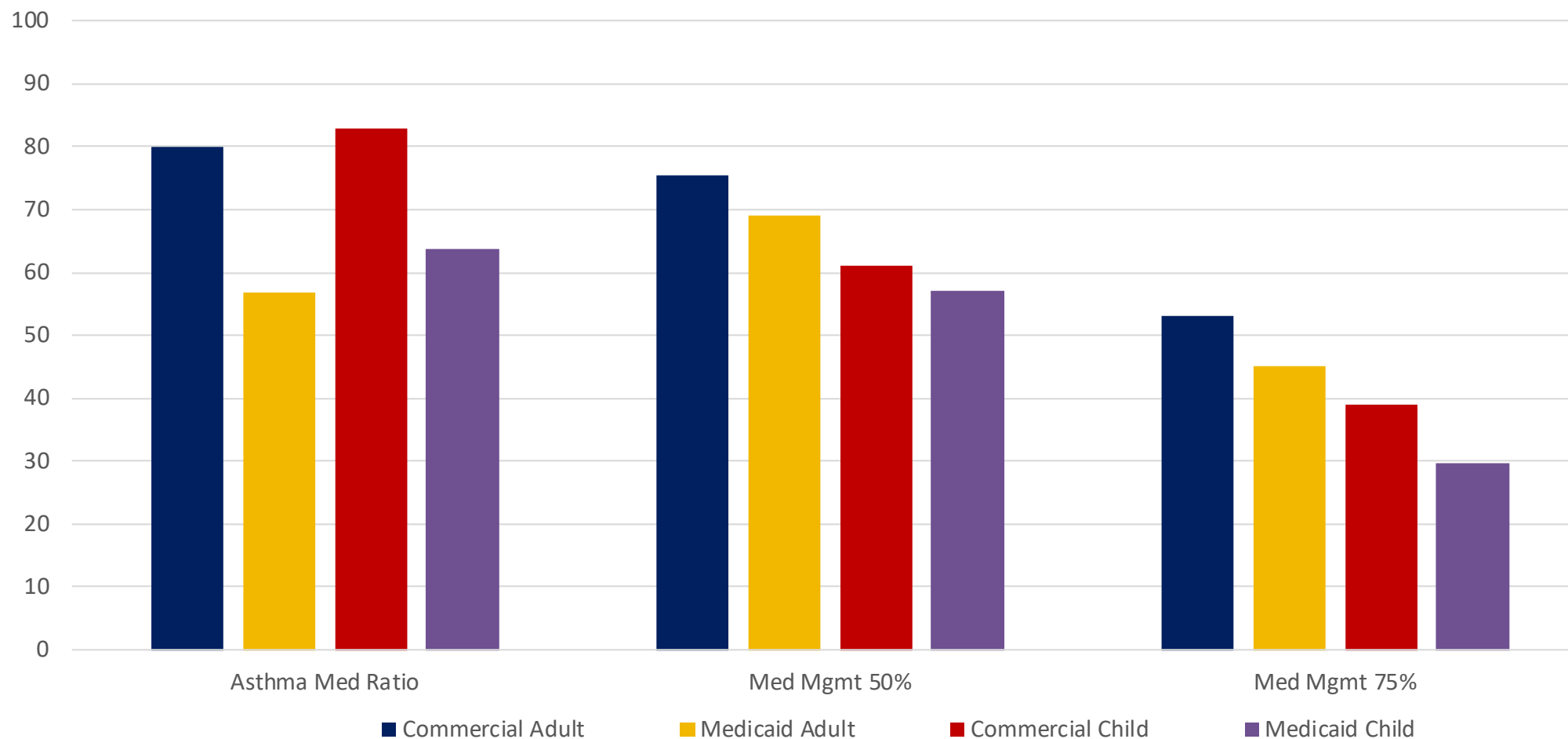
Global Initiative for Asthma (GINA)

Guideline Updates:

- ↪ **GINA 2019- Landmark Changes in Asthma Management**
- ↪ For safety, **GINA** no longer recommends SABA-only treatment for Step 1
 - This decision was based on evidence that SABA-only treatment increases the risk of severe exacerbations, and that adding any ICS significantly reduces the risk
- ↪ **GINA** now recommends that all adults and adolescents with asthma should receive symptom-driven or regular low dose ICS-containing controller treatment, to reduce the risk of serious exacerbations
 - This is a population-level risk reduction strategy, e.g. statins, anti-hypertensives



Managed Care 2017 Statewide Rates



Costs of Pediatric Asthma Care

- Pediatric asthma imposes a significant economic burden to the US healthcare system:
 - ↳ Total direct costs of pediatric asthma were \$5.92 billion in 2013
 - ↳ Average annual costs per child ranged from \$3,076 to \$13,612
 - ↳ The total cost of ED visit to Medicaid was estimated at \$272 million in 2010
- Children with asthma have significantly higher healthcare utilization rates than children without asthma.

Perry, R., Braileanu, G. Palmer, T. et al. (2019), The Economic Burden of Pediatric Asthma in the United States: Literature Review of Current Evidence, *PharmacoEconomics*, 37: 155-167. Accessed 5/31/2019 from <https://link.springer.com/article/10.1007/s40273-018-0726-2>

Importance of Outpatient Follow Up After an ED Visit for Asthma

- NYSDOH has been working with University of Michigan, Quality Measurement, Evaluation, Testing, Review, and Implementation Consortium (QMETRIC) Implementation and Quality Improvement Project on a quality measure that examines the outpatient management of asthma.
- Children who require an ED visit for asthma have poor short term outcomes, including persistent symptoms, missed days of school, and need for hospital admission.
- Outpatient follow up has been associated with lower rates of ED revisits.
- Studies have shown 30-day follow up rates of 29% to 48% after an ED visit for asthma.





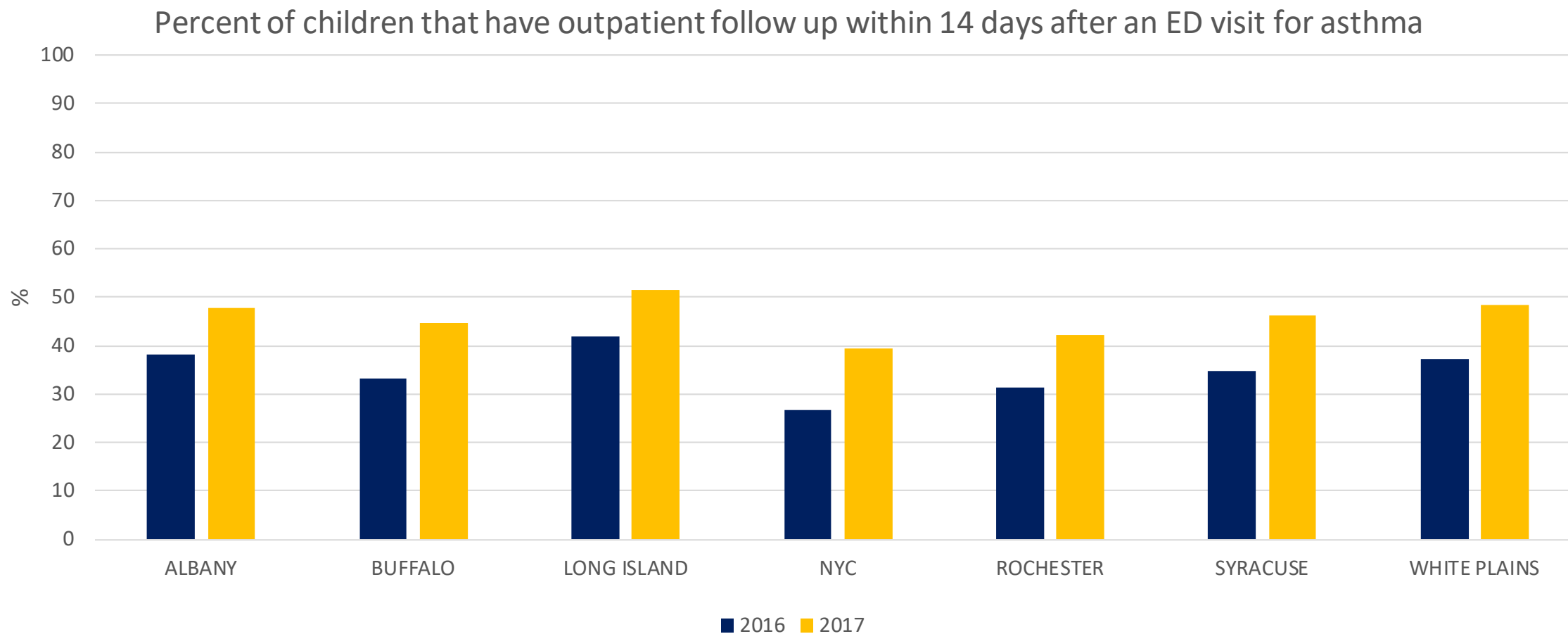
Timeliness of Outpatient Visit for Children Following an ED Visit for Asthma

- This measure assesses the timeliness of an outpatient visit following an emergency department (ED) visit for asthma among children ages 1 through 17 years old. For this measure, timeliness of a follow-up visit is defined as an outpatient visit with a healthcare provider ≤ 14 days following an ED visit for asthma during the measurement year. A higher proportion indicates better performance.
 - Denominator - The number of ED visits with a primary or secondary diagnosis of asthma, among children ages 1 through 17 years,
 - Numerator - Among the ED visits in the denominator, the number of ED visits that have an outpatient visit within the following 14 days.
- **Measure Not Final. Still in Development.**

Why follow up within 14 days?

- Both the National Asthma Education and Prevention Program (NAEPP) and Global Initiative for Asthma (GINA) 2019 recommend follow-up from an ED for asthma within 1-4 weeks.
 - NAEPP 1997 References: 3-5 days
 - NAEPP 2007: 1 -4 weeks
 - GINA: 2-7 day follow-up
- No specific trials or evidence that a specific time frame matters
- QMETRIC expert panel identified 14-day follow up as feasible

Follow-up After ED Visit for Asthma by Region & Year



Asthma Feedback

- Do you think a measure of Follow-up after ED visits for asthma would complement our suite of asthma-related VBP measures?
 - Poll

- What are your thoughts on the two measure components?
 - Follow-up within 14 days?
 - Primary diagnosis or any diagnosis of asthma as a qualifying ED visit?



Section 5: Oral Health Measures

Fluoride Varnish by Non-Dental Providers

Fluoride varnish is a highly concentrated fluoride product that, when applied two to four times a year, will help prevent dental caries.

Recommended by:

- ❏ AAP American Academy of Pediatrics
- ❏ ADA American Dental Association
- ❏ AAPD American Academy of Pediatric Dentistry
- ❏ ASTDD Association of State and Territorial Dental Directors

Studies Show:

- ❏ 80% of children have a wellchild visit by age one and most will see their PCP up to seven times before their first birthday
- ❏ By comparison only 8% of children see a dentist by age one
- ❏ Fluoride varnish application in the primary dentition can reduce decayed, missing and filled tooth surfaces by 37%
- ❏ Low implementation by medical practices in the U.S.

Working to Promote Fluoride Varnish Measure in a Primary Care Office



Coding Reminders

Scope of Practice

Training for Non-Dental Providers

Coding reminders:

- CPT code 99188 is reimbursable to Medical Doctors (MD) and Nurse Practitioners (NP)
- Reimbursable once per 3 mos. between 6 mos. and 6 years of age

Scope of Practice:

- Promoting utilization of auxiliary staff to maximize workflow of fluoride varnish application in a primary care office by MD, NP, Registered Nurse(RN) & Licensed Practical Nurse(LPN)

Training non-dental providers to apply fluoride varnish application:

- https://www.health.ny.gov/prevention/dental/docs/child_oral_health_fluoride_varnish_for_hcp.pdf

Increasing Interprofessional Approach to Oral Care Through Academic Programs

Oral Health Nursing Education and Practice (OHNEP)

- “As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients.”

<http://ohnep.org/file/faculty-tool-kits-second-editionjpg>

National Interprofessional Initiative on Oral Health, the Center for Integration of Primary Care and Oral Health, and the PA Leadership Initiative in Oral Health

- A recent study released in June issue of the Journal of Physician Assistant Education document continued progress in integrating oral health education into their curriculum.

https://journals.lww.com/jpae/Abstract/2019/06000/Integrating_Oral_Health_Physician_Assistant.3.aspx

Section 6: Depression Remission /Response

NCQA - Depression Remission or Response for Adolescents & Adults (DRR)

- The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.
 - Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Remission: The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
 - Depression Response: The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

New Depression Measure Feedback

- Do you support the addition of the ***Depression Remission or Response for Adolescents and Adults*** measure to the TCGP measure set?
- Poll - Yes or No



Section 7: MY 2020 Proposed Measure List

Proposed TCGP Measure Set for 2020

- At the October 2018 VBP Workgroup meeting the committee approved 52 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 TCGP Quality Measure Set.
- The following recommended changes to the TCGP VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.
- Measure domains were added to the TCGP measure set. As a result measures were moved from category 2 to category 1 and additional measures were added to fill these domains and ensure adequate representation for all populations covered in a TCGP arrangement.

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Removed / Removed and replaced with another measure	3
Add to Measure Set (Cat 1 P4P)	New measures added	2
Add to Measure Set (Cat 1)	Measures included from Population Specific VBP measure sets – domain specific	4
Category Change (Cat 2 to Cat 1)	Cat 1 measure in original domain measure set	3
Classification Change (P4R to P4P)	Measure Changed from P4R to P4P to align with Roadmap Changes	1
Unchanged between MY 2019 and MY 2020		44

2020 TCGP Primary Care Domain - Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification
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
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P
Breast Cancer Screening	NCQA	2372	Cat 1 P4P
Cervical Cancer Screening	NCQA	0032	Cat 1 P4P
Chlamydia Screening in 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: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	0059	Cat 1 P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062	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
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P

2020 TCGP Primary Care Domain - Category 1 P4R

Measure Name	Measure Steward	NQF Measure Identifier	Classification
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
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
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	0577	Cat 1 P4R

2020 TCGP Mental Health Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	CMS	1879	Cat 1 P4P	Measure Added
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	2605	Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Follow-up After Hospitalization for Mental Illness	NCQA	0576	Cat 1 P4P	Measure Added
Potentially Preventable Mental Health Related Readmission Rate 30 Days	NYS		Cat 1 P4P	Measure Added

Acronyms: AHRQ = Agency for Healthcare Research and Quality; Cat = Category; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red**: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

2020 TCGP Substance Use Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up After High-Intensity Care for Substance Use Disorder (<u>FUI</u>)	NCQA		Cat 1 P4P	Measure added
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence	NCQA	2605	Cat 1 P4P Cat 2	Measure Moved from Category 2 to Category 1
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	
Pharmacotherapy for Opioid Use Disorder (<u>POD</u>)	NCQA	3175	Cat 1 P4P	Measure Added

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP HIV/AIDS Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Viral Load Suppression	HRSA	2082	Cat 1 P4P	Measure Added

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP Maternity Domain- Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Prenatal & Postpartum Care	NCQA	1517 (lost endorsement)	Cat 1 P4P Gat 1 P4R	Measure Changed from P4R to P4P to align with Roadmap Changes

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP Children's Domain - Category 1 P4P

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Admission Rate - PDI #14	AHRQ	0728	Cat 1 P4P	N/A
Childhood Immunization Status – Combination 3	NCQA	0038	Cat 1 P4P	N/A
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	0024	Cat 1 P4P	N/A
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P	N/A
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P	N/A

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research & Quality

2020 TCGP Children's Domain - Category 1 P4R

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Adolescent Preventive Care- Assessment, counseling or education on risk behaviors and preventive actions associated with: 1) sexual activity, 2) depression, 3) tobacco use, 4) substance use	NYS		Cat 1 P4R	N/A
Adolescent Well-Care Visit (AWC)	NCQA		Cat 1 P4R	N/A
Annual Dental Visit	NCQA	1388	Cat 1 P4R	N/A
Follow-up care for children prescribed ADHD Medication	NCQA	0108	Cat 1 P4R	N/A
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278 (lost endorsement)	Cat 1 P4R	N/A

Red: Indicates proposed change to measure

Acronyms: CMS: Centers for Medicare and Medicaid Services, NCQA: National Committee for Quality Assurance

2020 TCGP Quality Measures - Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Action Plan	AAAAI	-	Cat 2 P4R	
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-	Cat 2 P4R	
Asthma: Spirometry Evaluation	AAAAI	-	Cat 2 P4R	
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-	Cat 2 P4R	
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	Cat 2 P4R	Measure Removed
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	Cat 2 P4R	Measure Removed
Depression Remission or Response for Adolescents and Adults (DRR)	NCQA	-	Cat 2 P4R	Measure Moved to Category 1
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448 (Lost endorsement)	Cat 2 P4R	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	NCQA	-	Cat 2 P4R	Measure Moved to Category 1
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	Cat 2 P4R	Measure Moved to Category 1

Red: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

2020 TCGP Quality Measures - Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	The Joint Commission (TJC)	NQF 0338	Cat 2 P4R	
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	NYS		Cat 2 P4R	Measure Removed
Maternal Depression Screening	NCQA	NQF 1401		
Screening for Reduced Visual Acuity and Referral in Children	CMS	NQF 2721		
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	American Dental Association (ADA)	NQF 2528		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801		
Use of Opioid Dependence Pharmacotherapy	NYS	-		

Red: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

Proposed IPC Measure Set for 2020

- At the October 2018 VBP Workgroup meeting the committee approved 50 Category 1 and 2 quality measures (including both P4P and P4R Category 1 measures) for the 2019 IPC Quality Measure Set.
- The following recommended changes to the IPC VBP Quality Measure Set for 2020 are based on the feedback received by the DOH from the Clinical Advisory Groups, Measure Feasibility Task Force and Sub-teams, and proposed VBP Roadmap updates.

Measure Disposition	Rationale for Change	Count
Remove from Measure Set	Removed / Removed and replaced with another measure	3
Add to Measure Set	New measures added	2
Category Change (Cat 2 to Cat 1)	Moved from Cat 2 to Cat 1	1
Unchanged between MY 2019 and MY 2020		46

2020 Integrated Primary Care Measure Set - 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	N/A
Adolescent Preventive Care- Assessment, counseling or education on risk behaviors and preventive actions associated with: 1) sexual activity, 2) depression, 3) tobacco use, 4) substance use	NYS		Cat 1 P4R	N/A
Adolescent Well-Care Visit (AWC)	NCQA		Cat 1 P4R	N/A
Annual Dental Visit	NCQA	1388	Cat 1 P4R	N/A
Antidepressant Medication Management – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	NCQA	105	Cat 1 P4P	N/A
Asthma Medication Ratio	NCQA	1800	Cat 1 P4P	N/A
Asthma Admission Rate - PDI #14	AHRQ	728	Cat 1 P4P	N/A
Breast Cancer Screening	NCQA	2372	Cat 1 P4P	N/A
Cervical Cancer Screening	NCQA	32	Cat 1 P4P	N/A
Childhood Immunization Status – Combination 3	NCQA	38	Cat 1 P4P	N/A
Chlamydia Screening in Women	NCQA	33	Cat 1 P4P	N/A
Colorectal Cancer Screening	NCQA	34	Cat 1 P4P	N/A

2020 Integrated Primary Care Measure Set - Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	55	Cat 1 P4P	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	59	Cat 1 P4P	
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	62	Cat 1 P4P	
Controlling High Blood Pressure	NCQA	18	Cat 1 P4P	
Depression Remission or Response for Adolescents and Adults	NCQA		Cat 1 P4P Cat 2	Measure moved from Category 2 to Category 1
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	1932	Cat 1 P4P	
Follow-up care for children prescribed ADHD Medication	NCQA	108	Cat 1 P4R	
Immunizations for Adolescents – Combination 2	NCQA	1407	Cat 1 P4P	
Initiation and Engagement of Alcohol and other Drug Dependence Treatment (IET)	NCQA	4	Cat 1 P4P	
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	NYS	Not endorsed	Cat 1 P4P	
Medication Management for People with Asthma	NCQA	1799	Cat 1 P4P	

Acronyms: AHRQ = Agency for Healthcare Research and Quality; Cat = Category; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; P4P = Payment for Performance; P4R = Payment for Reporting; **Red**: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

2020 Integrated Primary Care Measure Set - Category 1

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Potentially Avoidable Complications (PAC) in Routine Sick Care or Chronic Care	Altarum	Not endorsed	Cat 1 P4R	N/A
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	421	Cat 1 P4R	N/A
Preventive Care and Screening: Influenza Immunization	AMA/PCPI	41	Cat 1 P4R	N/A
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	418	Cat 1 P4R	N/A
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA/PCPI	28	Cat 1 P4R	N/A
Statin Therapy for Patients with Cardiovascular Disease	NCQA	Not endorsed	Cat 1 P4R	N/A
Use of Pharmacotherapy for Alcohol Abuse or Dependence	NYS	Not endorsed	Cat 1 P4R	N/A
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	577	Cat 1 P4R	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	24	Cat 1 P4P	N/A
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NCQA	1516	Cat 1 P4P	N/A
Well-child Visits in the First 15 Months of Life	NCQA	1392	Cat 1 P4P	N/A

2020 IPC Quality Measures - Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Asthma Action Plan	AAAAI	-	Cat 2	
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	AAAAI	-	Cat 2	
Asthma: Spirometry Evaluation	AAAAI	-	Cat 2	
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-	Cat 2	
Continuity of Care from Inpatient Detox to Lower Level of Care	NYS	-	Cat 2	Measure Removed
Continuity of Care from Inpatient Rehabilitation for Alcohol and Other Drug Abuse or Dependence Treatment to Lower Level of Care	NYS	-	Cat 2	Measure Removed
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	NCQA		Cat 2	Measure added
Depression Remission or Response for Adolescents and Adults (DRR)	NCQA	-	Cat 2	Measure Moved to Category 1
Developmental Screening in the First Three Years of Life	Oregon Health & Science University	NQF 1448 (Lost endorsement)	Cat 2	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	NCQA	-	Cat 2	

Red: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

2020 IPC Quality Measures - Category 2

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Follow-Up After Emergency Department Visit for Mental Illness	NCQA	NQF 2605	Cat 2	
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	The Joint Commission	NQF 0338	Cat 2	
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	NYS		Cat 2	Measure Removed
Maternal Depression Screening	NCQA	NQF 1401		
Pharmacotherapy for Opioid Use Disorder (POD)	NCQA	3175	Cat 2	Measure Added
Screening for Reduced Visual Acuity and Referral in Children	CMS	NQF 2721		
Topical Fluoride for Children at Elevated Caries Risk, Dental Services	American Dental Association	NQF 2528		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA	NQF 2801		
Use of Opioid Dependence Pharmacotherapy	NYS	-		

Red: Indicates proposed change to measure ~~Red~~: Indicates proposed measure removal

Section 8: Summary & Next Steps

- *Request for Feedback*
- *Submission Of Suggestions And Recommendations*

Next Steps

- ~ Please provide any additional comments by Friday, August 9.
- ~ Will go before the VBP Workgroup after that.



Department
of Health

Thank you!

Please send questions and feedback to:

vbp@health.ny.gov