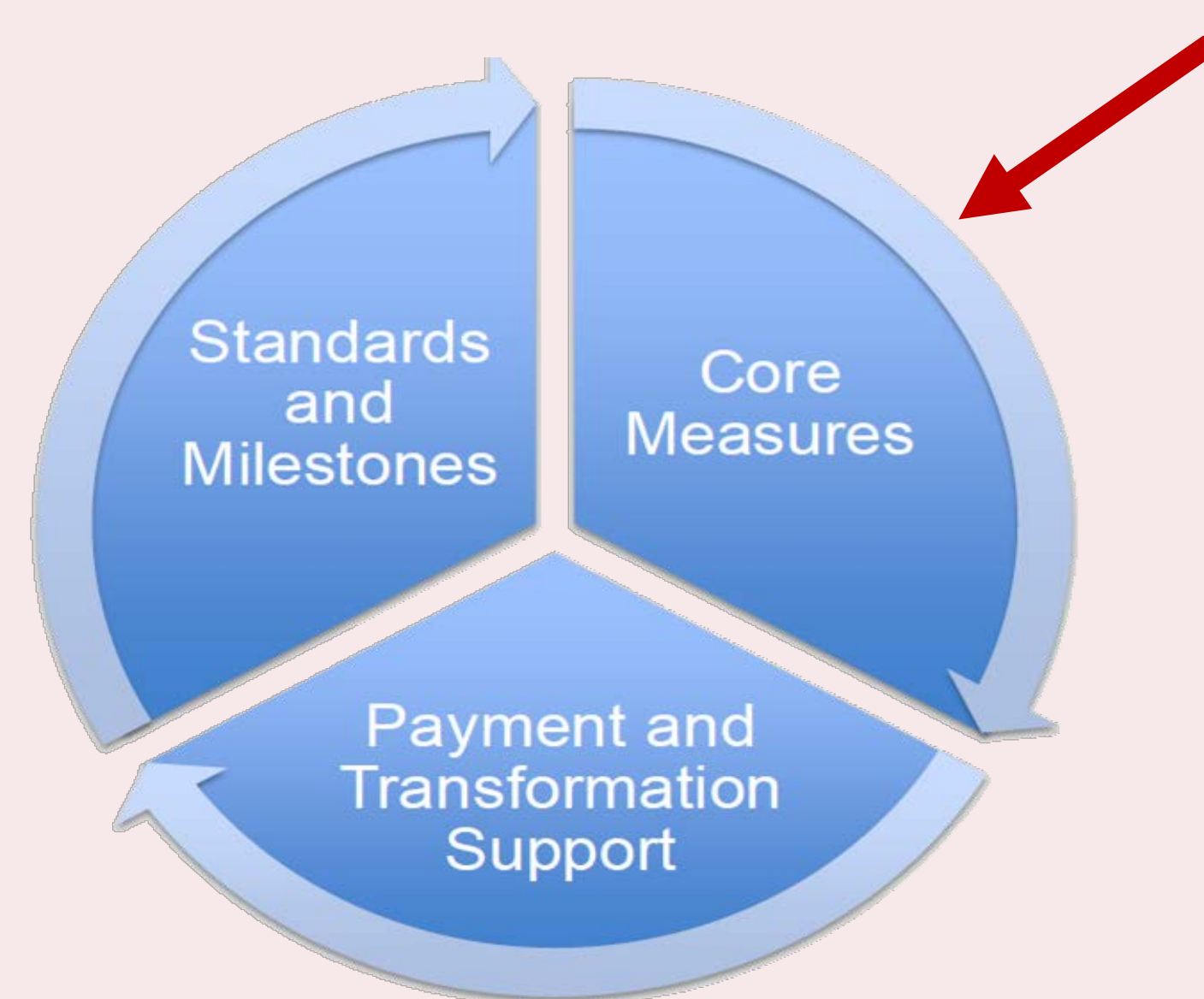


Background

- Through a **State Innovation Model (SIM)** grant, New York State Department of Health (NYSDOH) is scaling the **Advanced Primary Care (APC)** model (enhanced PCMH) linked to value-based payment policies.
- The goal is for 80% of New Yorkers to receive primary care under a value-based payment model by 2020.
- UHF Quality Institute** was tasked with helping the state develop a **Core Measure Set** which will measure **performance at a practice-level** and be critical to quality improvement and value-based payment.

Advanced Primary Care



Core Principles for a Measure Set

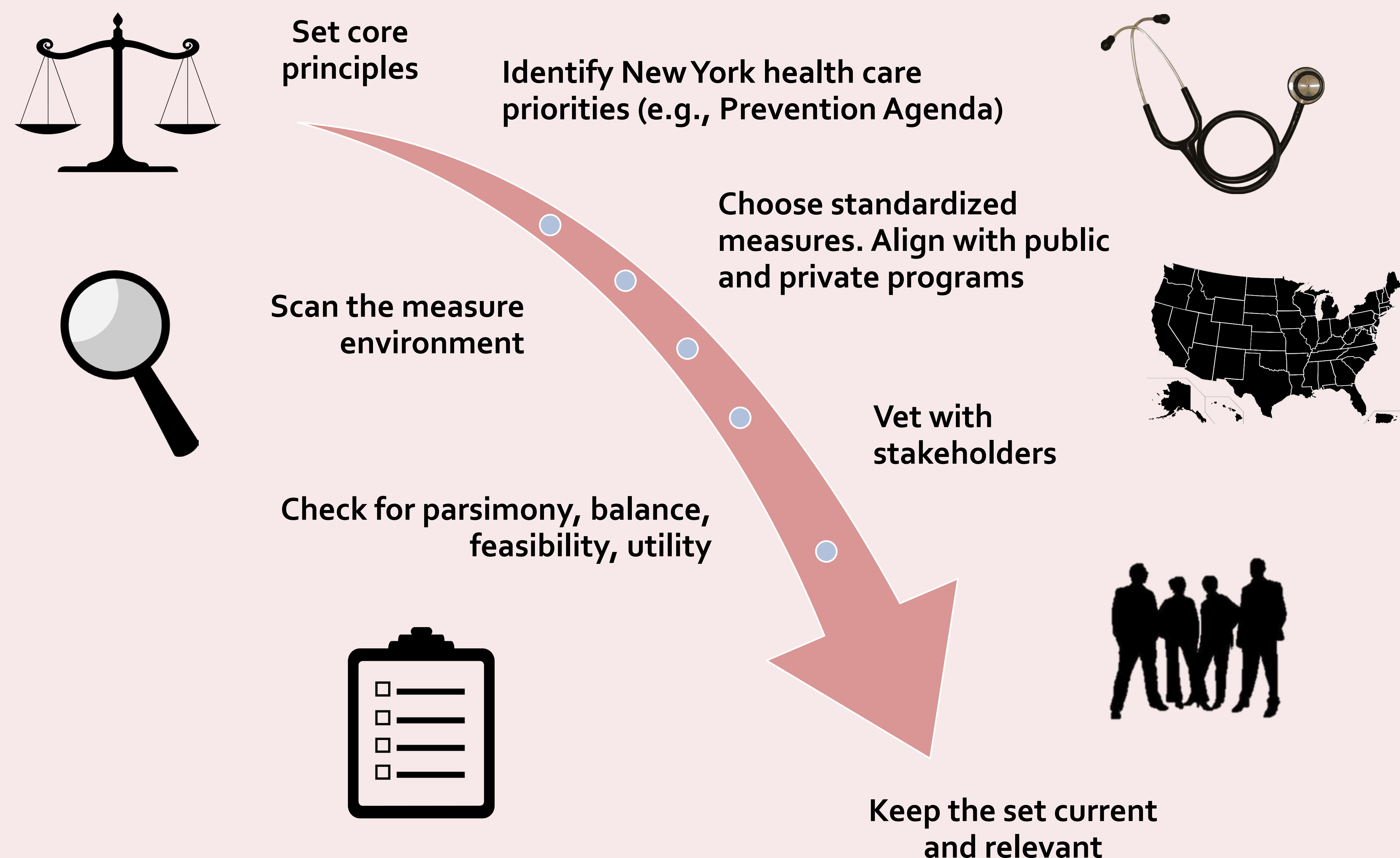
UHF used the **IOM Vital Signs¹** and the national **Core Measures Collaborative²** to identify a set of core principles to inform the APC set:

- National endorsement and standard specifications
- Relevance to population and care needs
- Addresses performance gaps and New York health priorities
- Balance of structure, process, outcome, and utilization
- Feasible to collect and report
- Utility at multiple levels (person, provider, system, state)
- Parsimony
- Alignment with major state and national value-based programs.

SOURCES:

- IOM (Institute of Medicine). 2015. Vital signs: Core metrics for health and health care progress. Washington, DC: The National Academies Press.
- Core Measure Quality Collaborative. Health Affairs Blog, June 23, 2015.

Process of Development: June 2015 – June 2016



Highlights of Process

- UHF and NYSDOH received regular input from the **Integrated Care Work Group**, a **multi-stakeholder group** of payers, providers, TA organizations, consumers, research, and government entities, and the **Northeast Business Group on Health**.
- Aligned set with **key natl. and state initiatives in NY: DSRIP, TCPI, CPC, CPC+, MACRA**
- Reviewed over 60 measures of primary care performance:
 - Some not adopted due to changing clinical guidelines (e.g., Asthma Medication Ratio)
 - Some fiercely debated, yet adopted (e.g., Fluoride Varnish)
- Set then modified to align with the **CMS/AHIP Primary Care Set**, released in March 2016.

Ongoing Challenges

- Aligning specifications of utilization metrics** (e.g., ED use, Readmissions, Total Cost of Care) across payers – not consistently collected
- Attributing at primary care practice level**
 - Ensuring validity given payer variability
 - Poor measure validity for small denominators
- Facilitating reporting of practice-level clinical measures in absence of:**
 - An active all-payer database
 - Robust electronic medical record measure specifications and extraction processes
- Data aggregation across payers to create a meaningful, innovative all-payer scorecard**

Learnings

The process used to develop the APC Core Measure Set can inform other statewide, multi-payer practice transformation efforts.

- ✓ **Be flexible about process.** New developments (e.g., release of a federal guideline) may change your original plan but open other opportunities.
- ✓ **Use regular convening to solicit input.** It may take time for certain issues to surface.
- ✓ **Stick with nationally-endorsed guidelines** when working on a multi-stakeholder initiative.
- ✓ **Listen to stakeholders as well as external content experts.** Try to find a middle ground.
- ✓ **Combine idealism** (e.g., more outcome measures) **with pragmatism** (e.g., what practices can realistically do).
- ✓ **Align with what is already in play.** Avoid "death by measures."
- ✓ Develop a **process for updating measures** in response to a dynamic healthcare environment.

APC Core Measure Set

DOMAIN	DATA SOURCE	MEASURE (NQF#)	FAST FACTS
PREVENTION	Claims/EHR. Claims-only possible.	Cervical Cancer Screening (#32)	<ul style="list-style-type: none"> ➤ 28 Measures ➤ 16 measures can be collected using claims ➤ All NQF-endorsed ➤ Mostly HEDIS ➤ Process: 16, Outcome: 5, Patient-reported: 2, Resource Utilization: 6 ➤ Five domains: prevention, chronic disease, behavioral health, patient-reported, appropriate use, cost ➤ Populations: Children, Adolescents, Adults, Elderly
	Claims/EHR. Claims-only possible.	Breast Cancer Screening (#2372)	
	Claims/EHR. Claims-only possible.	Colorectal Cancer Screening (#34)	
	Claims/EHR. Claims-only possible.	Chlamydia Screening (#33)	
	Claims/EHR/Survey. Claims-only possible.	Influenza Immunization - all ages (#41)	
	Claims/EHR/Survey. Claims-only possible.	Childhood Immunization Status (#38)	
CHRONIC DISEASE	Claims	Fluoride Varnish Application (#2528)	
	Claims/EHR	Tobacco Use Screening and Intervention (#28)	
	Claims/EHR	Controlling High Blood Pressure (#18)	
	Claims/EHR	Comprehensive Diabetes Care: HbA1C Poor Control (#59)	
	Claims	Comprehensive Diabetes Care: HbA1C Testing (#57)	
	Claims	Comprehensive Diabetes Care: Eye Exam (#55)	
	Claims	Comprehensive Diabetes Care: Foot Exam (#56)	
	Claims	Comprehensive Diabetes Care: Medical Attention for Nephropathy (#62)	
	Claims/EHR	Persistent Beta Blocker Treatment after Heart Attack (#71)	
	Claims/EHR. Claims-only possible.	Medication Management for People With Asthma (#1799)	
BEHAVIORAL HEALTH/SUBSTANCE USE	Claims/EHR	[Combined obesity measure] Weight Assessment and Counseling for nutrition and physical activity for children and adolescents (#24)	
	Claims/EHR	[Combined obesity measure] Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (#421)	
	Claims/EHR	Screening for Clinical Depression and Follow-up Plan (#418)	
PATIENT-REPORTED	Claims	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (#4)	
	Claims/EHR. Claims-only possible.	Antidepressant Medication Management (#105)	
APPROPRIATE USE	Claims/EHR	Advance Care Plan (#326)	
	Survey	CAHPS Access to Care, Getting Care Quickly (#5)	
	Claims	Use of Imaging Studies for Low Back Pain (#52)	
COST	Claims	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (#58)	
	Claims	Inpatient Hospital Utilization (HEDIS)	
	Claims	All-Cause Readmissions (#1768)	
	Claims	Emergency Department Utilization	
	Claims	Total Cost Per Member Per Month	