Report:

Health Information Technology-Enabled Quality Measurement Roadmap

Prepared for:

NEW YORK STATE OF OPPORTUNITY. Department of Health

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1 Executive Summary

Health Information Technology (HIT) and Health Information Exchanges (HIEs) play a fundamental role in the national quality measurement landscape. However, these infrastructures are not currently being used to their full potential by stakeholders when conducting quality measurement and reporting activities in New York State (NYS). While the benefits of HIT-enabled quality measurement remain evident - in that it has the potential to improve healthcare quality and outcomes, minimize reporting errors, promote transparent reporting, and eliminate inefficiencies - many healthcare stakeholders have yet to fully adopt NYS' HIT/HIEs for their quality measurement initiatives.

The HIT-Enabled Quality Measurement Roadmap documents the current and planned activities the New York State Department of Health (NYSDOH) is engaged in to advance the state's HIT-enabled quality measurement initiatives. The roadmap is informed by policy and regulatory changes, findings from collaborative quality measurement projects, and healthcare priorities.

1.1 Current Initiatives

In order to leverage electronic clinical data sources for population-level quality measurement, NYS seeks to promote the adoption of new technology and standards through the current initiatives highlighted below:

- Provide guidance to health plans throughout their adoption of new technology and standards
    - Operationalize the National Committee for Quality Assurance's (NCQA) Data Aggregator Validation (DAV) Program by providing guidance to Medicaid Managed Care Organizations (MCOs) as they ingest Continuity of Care Documents (CCDs) from Qualified Entities (QEs) as supplemental data for quality reporting programs.
    - Build capacity for QEs and MCOs that are establishing supplemental data connections.
    - Advance health plans' ability to receive timely and actionable data for care coordination efforts, thus impacting providers downstream.
- Plan and launch the Learning Collaboratives
    - Establish a forum for health plans, QEs, and other stakeholders to share information on and learn about topics related to leveraging electronic clinical data for quality measurement.

1.2 Key Priorities

The following notable priorities are included in the Roadmap to be considered when planning initiatives to further HIT-enabled quality measurement in NYS.

Adopt and Implement FHIR-Enabled Technology and Standards for Quality Measurement

In 2020, NCQA released five draft Fast Healthcare Interoperability Resource (FHIR) digital quality measures (dQMs) for organizations to test and provide feedback on. The measures, which are not eligible for reporting, leverage a new standard and format through which NCQA seeks to promote interoperability and harmonization with industry standards as they transition to a digital quality system.

The draft FHIR dQMs are: 1) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), 2) Cervical Cancer Screening (CCS), 3) Childhood Immunization Status (CIS), 4) Immunizations for Adolescents (IMA), and 5) Non-Recommended PSA-Based Screening in Older Men (PSA).

MCOs widely reported that their knowledge and understanding of how to leverage FHIR for quality measure reporting is limited.[1] While eight MCOs reported they have no plans to adopt FHIR for quality measurement, five MCOs responded that their organizations did have some type of plan in place to adopt FHIR. Notable FHIR-related efforts reported by MCOs include:

- Early research/investigative stages of using FHIR for supplemental data
- Initial planning stages with a third-party vendor that will provide a platform that supports FHIR
- Reviewing opportunities to incorporate FHIR data for analytics review and use
- Focus more directly on FHIR once they achieve better levels of success with CCD and HL7 v2 consumption
- May consider building a FHIR API when establishing an initial connection with a QE

As the MCO Guidance to Adopt New Technology and Standards project progresses, there will be an opportunity to identify early adopter organizations that NYSDOH can target to test the draft FHIR dQM specifications and other FHIR-enabled technology. Findings from this work may be leveraged to inform national priorities for interoperability such as HL7's Da Vinci Project[2] and NCQA's Digital Quality Measurement Initiatives.[3]

[1] Please refer to the Health Plan Readiness Assessment white paper delivered to OQPS on March 17, 2021 for more information.
[2] For more information on HL7's Da Vinci Project, see: https://www.hl7.org/about/davinci/
[3] National Committee for Quality Assurance (NCQA), "Digital Quality Measures (dQMs)," https://www.ncqa.org/hedis/the-future-of-hedis/digital-measures/

Integrating Electronic Clinical Data Systems and Claims Data for Value-Based Payment Programs

While health plans have demonstrated success in reporting certain quality measures (i.e., breast cancer screening) using electronic clinical data systems (ECDS) for NYSDOH's quality reporting program, gaps remain for screening and follow-up measures (i.e., depression screening and follow-up) that require data captured beyond administrative data sources.

Administrative data sources (claims data) provide rich information about the care a person receives however they do not fully support NYSDOH's transition to digital quality measurement. Integrating claims and electronic clinical data through NYSDOH's existing HIT infrastructure could serve as a powerful tool to 1) support health plans through their transition to digital quality measurement and 2) inform performance improvement initiatives in real time. NYSDOH can look to opportunities like the Adirondacks ACO and Hixny partnership to test and document the feasibility of a QE serving as an intermediary to inform value-based payment initiatives in primary care practices.

Measuring Social Determinants of Health

Social determinants of health (SDoH) are critical factors that influence the health outcomes of individuals as they are the conditions in which people are "born, live, learn, work, play, worship, and age".[4] Challenges that exist when measuring the impact of SDoH on health outcomes are due to the nature of how the information is collected by healthcare providers. Data is often captured in unstructured fields or captured by tools that are not integrated into electronic health record (EHR) platforms.

To address these issues, NYSDOH could review the processes used to capture the data, assess how data is stored within systems, and then evaluate the connectivity of those systems to aggregators like QEs or other HIEs that operate across disparate systems for quality measurement.

[4] National Quality Forum, "Social Determinants of Health: Measuring Food Insecurity and Housing Instability," https://www.qualityforum.org/ProjectDescription.aspx?projectID=85702

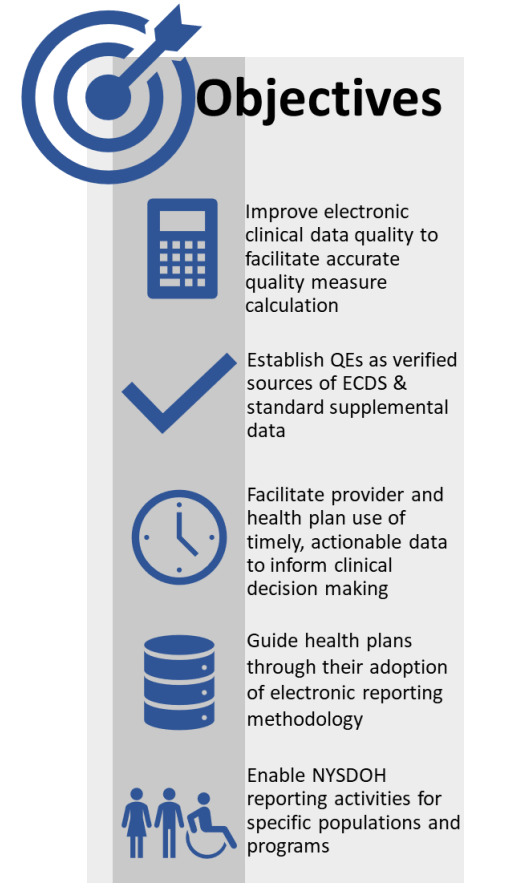
2 Background

Multiple efforts are underway in NYS to address the ability of QEs, provider practices, and health plans to conduct quality measurement activities utilizing the state's existing HIT and HIE infrastructures. These activities align with NYSDOH's HIT-Enabled Quality Measurement Vision, which is to realize:

> An infrastructure of ***technology and policies*** that allow ***multiple stakeholders*** to access ***high-quality data*** that represents a ***complete picture of the care*** delivered to a patient and enables ***measurement*** of the ***health outcomes of a population***.

This Roadmap was developed at the request of NYSDOH and puts forth an actionable approach, guided by the objectives in Figure 1: Objectives, to realize this vision and establish NYS as a leader in HIT-enabled quality measurement. Along with a set of shared objectives that NYSDOH hopes to achieve, the Roadmap describes activities that are underway or planned to test approaches to incorporating HIT and HIE into current quality measurement processes. It further describes a set of activities that NYSDOH can undertake to continue closing gaps in the current state and moving towards the future state of HIT-enabled quality measurement.

FIGURE 1: OBJECTIVES

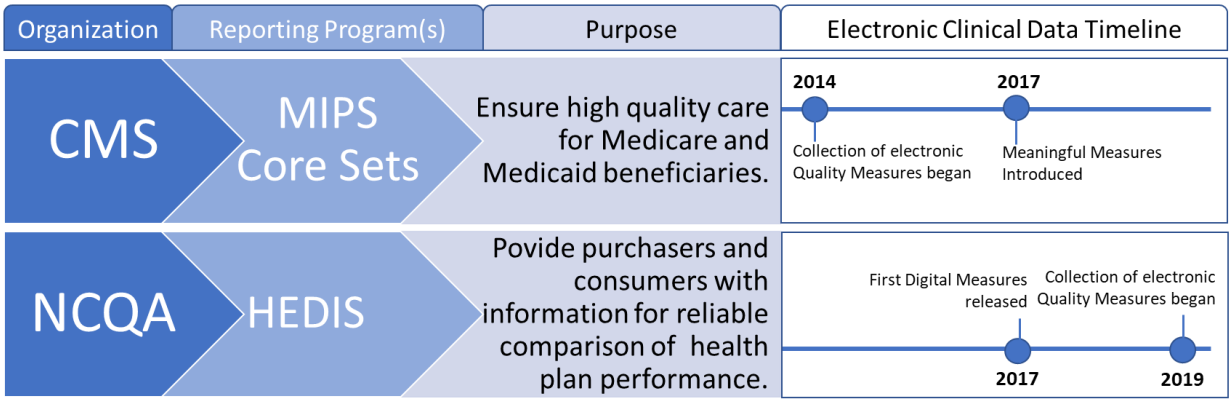


2.1 National Quality Measurement Landscape

Healthcare providers, health plans, and state and federal government agencies all share the goal of transforming the healthcare system from one that pays solely for services rendered to one that bases payment and rewards on the quality of care delivered. Stakeholders are working to leverage HIT and HIEs to improve processes that can store, share, calculate, and report data metrics that allow for the measurement of quality of care. In doing so, stakeholders also emphasize the alignment of efforts across organizations to ensure a comprehensive, streamlined approach to this transformation.

Organizations that serve as quality measure developers and stewards play a key role in shaping the landscape in which healthcare quality is assessed. The Centers for Medicare & Medicaid Services (CMS) implements quality measurement initiatives to ensure high quality care for its beneficiaries. NCQA develops and maintains the Healthcare Effectiveness Data and Information Set (HEDIS) to measure the performance of healthcare organizations, government agencies, and health plans, including MCOs. Both CMS and NCQA have embraced the electronic collection of data to generate quality measures. CMS began collecting electronic clinical quality measures (eCQMs) in 2014 while, in 2017, NCQA began introducing standards-based, machine-readable specifications. NCQA expanded value sets to encourage the use of data from HIT and converted traditionally reported measures to the ECDS reporting method.[5,6]

FIGURE 2: NATIONAL LANDSCAPE



While NCQA's and CMS' quality measurement initiatives each have distinct purposes, the organizations have sought to align their programs to increase efficiency and reduce the burden of quality measurement reporting. In 2017, CMS introduced the Meaningful Measures approach to identify high

[5] Centers for Medicare & Medicaid Services (CMS), "Electronic Specifications for Clinical Quality Measures," (2020). https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Electronic_Reporting_Spec.
[6] NCQA, "The Future of HEDIS," https://www.ncqa.org/hedis/the-future-of-hedis/.

priority areas for quality measurement and improvement to promote alignment in the larger healthcare system.[7] Correspondingly, NCQA's Digital Measures Roadmap was designed to complement the priorities identified in the Meaningful Measure program, align reported measures, and expand the HEDIS measure set to include digital measures.[8] Both the Meaningful Measures program and the Digital Measures Roadmap leverage existing data collection and reporting methods to reduce the burden on the entities that report quality measure data.

Additional efforts towards strategic alignment and standardization include recent federal reporting requirements, such as the Children's Health Insurance Program Reauthorization Act (CHIPRA) and the SUPPORT Act which mandate the reporting of the Child Core Set of measures and the Behavioral Health Core Set of measures, respectively, in 2024.[9,10]

2.2 New York State Quality Measurement Landscape

NYS is engaged in several statewide initiatives to transform its healthcare system and achieve the Triple Aim of improving quality, improving population health, and reducing the cost of care.[11] Each of these initiatives requires the reporting of quality measure data.

NYS Quality Strategy

The NYS Quality Strategy provides detailed guidance to organizations regarding quality measurement reporting and assessment. It also delineates the NYSDOH activities that ensure that high quality care is delivered through the state's Medicaid Managed Care program. Key components of the NYS Quality Strategy include the Quality Incentive Program, Performance Improvement Projects, and the Quality Assurance Reporting Requirements (QARR) program. QARR focuses on health outcome and process measures and requires health plans to report HEDIS measures to NCQA and state-specific measures to NYS.[12]

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[7] CMS, "Quality Measures," (2020). https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualitymeasures.

[8] Bose, Alec. "CMS Meaningful Measures-NCQA's Digital Measures Roadmap: What's the Connection?" NCQA Blog, (May 15, 2019). https://blog.ncqa.org/cms-meaningful-measures-and-ncqas-digital-measures-roadmap-whats-the-connection/.

[9] National Quality Forum, "Strengthening the Core Set of Healthcare Quality Measures for Children Enrolled in Medicaid and CHIP, 2018," 39 (July 2, 2018).

[10] Musumeci, MaryBeth and Tolbert, Jennifer. "Federal Legislation to Address the Opioid Crisis: Medicaid Provisions in the SUPPORT Act," Kaiser Family Foundation, (Oct 5, 2018). https://www.kff.org/medicaid/issue-brief/federal-legislation-to-address-the-opioid-crisis-medicaid-provisions-in-the-support-act/.

[11] Institute for Healthcare Improvement, "The IHI Triple Aim," http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx.

[12] New York State Department of Health (NYSDOH) Office of Quality and Patient Safety (OQPS), "2019 Quality Assurance Reporting Requirements Technical Specifications Manual," (2019). https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2019/docs/qarr_specifications_manual.pdf.

NYS Medicaid Value-Based Payment Roadmap

The Delivery System Reform Incentive Payment (DSRIP) program, created by an amendment to the state's 1115 Medicaid Waiver, was a five-year program (2015 to 2020) that enabled NYSDOH to invest in Medicaid delivery and payment system reform activities performed by Performing Provider Systems (PPS). [13] To document the state's plan to maintain the transformation realized under DSRIP, NYSDOH developed the NYS Medicaid Value Based Payment (VBP) Roadmap ("VBP Roadmap"), which aimed to have 80% of Medicaid managed care payments made in a VBP model. The VBP Roadmap also described the use of quality measures to calculate shared costs within VBP arrangements between provider organizations and health plans. The quality measures chosen for NYS' Medicaid Payment Reform strategy aligned with DSRIP's goals to improve outcomes and reward outcomes over inputs.[14] Per the 2019 New York Scorecard on Medicaid Payment Reform, "80.4% of all Medicaid payments were value-oriented—either tied to performance or designed to cut waste."[15]

Additional priority areas documented in the VBP Roadmap include addressing SDoH through targeted interventions and collaborations with community-based organizations (CBOs). VBP contractors in level 2 or 3 arrangements are required to implement at least one SDoH intervention.[16,17] NYSDOH also noted the need to evaluate the feasibility of incorporating SDoH into QARR measures in order to track and measure successful interventions.[18]

[13] NYSDOH Medicaid Redesign Team, "Delivery System Reform Incentive Payment (DSRIP): Measure Specification and Reporting Manual – Measurement Year 4," (Dec 30, 2017). https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2018/docs/2018-02-05_measure_specific_rpting_manual.pdf.

[14] NYSDOH Medicaid Redesign Team, "A Path toward Value Based Payment: Annual Update, September 2019: Year 5," (September 2019). https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2019/docs/sept_redline2cms.pdf.

[15] NYSDOH DSRIP VBP Resource Library, "2019 NY Scorecard on Medicaid Payment Reform," (2019). https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/scorecard/docs/2019_medicaid_scorecard.pdf

[16] NYSDOH, "Social Determinants of Health (SDH) and Community Based Organizations (CBOs)," https://www.health.ny.gov/health_care/medicaid/redesign/sdh/index.htm, (2020)

[17] Please refer to Introduction to Value Based Payment for more information about VBP arrangements.

[18] NYSDOH, "A Path toward Value Based Payment: Annual Update," https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/docs/2018-06_final_vbp_roadmap.pdf, (2018)

NYS Patient Centered Medical Home

The NYS Patient-Centered Medical Home (NYS PCMH) is a multi-payer model built in collaboration with NCQA to create a unified approach to improving the quality of primary care.[19] The model is designed to integrate a financially sustainable service delivery model with a reimbursement structure that improves health outcomes.[20] To measure the performance of NYS PCMH practices, NYSDOH produces an annual Primary Care Scorecard using data submitted by health plans through QARR. QARR data is also used to produce measures for NYS Medicaid managed care plans participating in VBP arrangements and to report measures contained in the core sets mentioned in Section 2.1, National Quality Measurement Landscape.[11]

Qualified Entities

QEs are NYSDOH-certified organizations that are connected to the Statewide Health Information Network for New York (SHIN-NY). QEs oversee, govern, and facilitate the exchange of health information among their connected participants, which include providers, hospitals, and laboratories, among other entities.[21] Currently, there are six QEs that operate across NYS. The SHIN-NY acts as a "network of networks," enabling QE participants to query patient data across QE regions.[22] QEs are subject to NYSDOH's SHIN-NY regulations and policy guidance as well as their own internal governance models and policies and procedures. The SHIN-NY regulation and policy guidance stipulates security, privacy, and certification requirements, among other aspects of QE operations.[23]

There is significant interest among stakeholders in using electronic clinical data sources to focus on outcome-based quality measures rather than process-based ones. Electronic clinical data can be utilized in quality measurement in several ways:

- As supplemental data to fill gaps in health plans' administrative data sources.
- As the sole source of data for an eCQM.
- As the sole source of data, or in combination with other sources of data such as claims, to calculate a proxy measure.

[19] NYSDOH, "New York State Patient-Centered Medical Home (NYS PCMH)," (January 2021). https://www.health.ny.gov/technology/nys_pcmh/.
[20] NYSDOH, "2019 Value Based Payment Reporting Requirements," (Dec 14, 2018). https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/tech_spec_manual.htm.
[21] New York Codes, Rules and Regulations, "Title: Section 300.4 - Qualified entities," https://regs.health.ny.gov/content/section-3004-qualified-entities.
[22] New York eHealth Collaborative (NYeC), "What is the SHIN-NY?" https://www.nyehealth.org/shin-ny/what-is-the-shin-ny/.
[23] NYSDOH, "SHIN-NY Policy Guidance for 10 NYCRR Part 300," (2021).https://www.health.ny.gov/technology/regulations/.

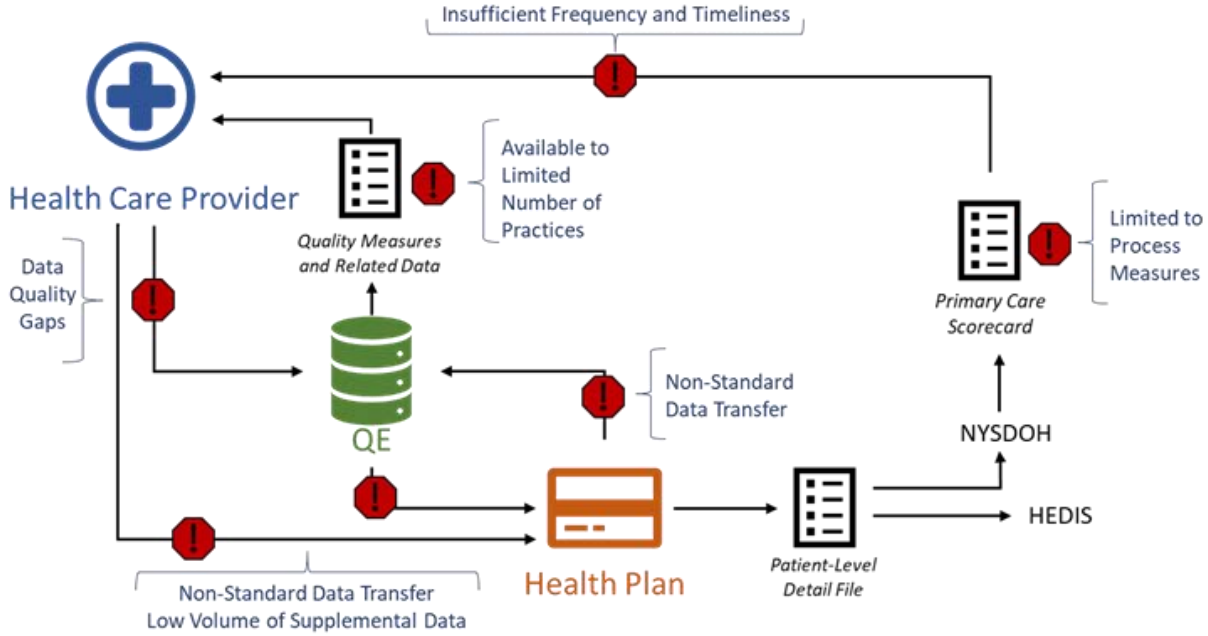
QEs are playing an increasing role in quality measurement, with some QEs now calculating measures for their provider participants and sharing data directly with health plans. Per Version 3.8 of the Privacy and Security Policies and Procedures for Qualified Entities and their Participants in New York State, QEs are permitted to disclose protected health information to payer organizations for the purpose of HEDIS or QARR measure calculation.[24] NYSDOH plans to continue exploring the role of QEs in the quality measurement landscape through the efforts described in the following sections.

[24] "Privacy and Security Policies and Procedures for Qualified Entities and their Participants in New York State," https://www.health.ny.gov/technology/regulations/shin-ny/docs/privacy_and_security_policies.pdf, (2021)

3 Gaps in the Current State

While several efforts are underway to realize NYSDOH's vision for HIT-enabled quality measurement, barriers still exist to improving processes for quality measurement and reporting. Gaps are highlighted in Figure 3: Limitations of the Current State and detailed further in this section.

FIGURE 3: LIMITATIONS OF THE CURRENT STATE



Electronic Clinical Data Exchange

Health plans produce quality measures using a combination of the administrative, hybrid, and ECDS methods. Hybrid measures require medical record review. Not only is this process costly and time-consuming, but the resulting quality measure is calculated using only a sample of the health plan's members. While health plans collect electronic clinical data to supplement their administrative data sources, they do not yet have a sufficient volume of this data to fully transition to administrative or ECDS reporting methods, both of which would provide data on *all* measure-eligible health plan members as opposed to just a sample of those members.

NYSDOH uses data from health plans to calculate measures for NYS PCMH practices and VBP arrangements. When that data, which is already based on a sample of the health plan's member population, is further divided by provider practice setting, the resulting population is generally too small

to yield a valid quality measure result. As a result, NYSDOH is unable to report outcome measures for these populations and NYS PCMH practices are affected.

Use of National Standards

There is inconsistent and infrequent use of national standards when exchanging data required for quality measurement between various stakeholders such as health plans, QEs, providers, etc. Since a standardized exchange mechanism is not in place, health plans and vendors often have varying and incompatible requirements for data file types and layouts. The lack of uniformity decreases the overall efficiency of sharing and exchanging information between organizations that would use the data to calculate quality measures.

Leveraging QEs for Quality Measurement

QEs do not currently serve as the primary source of electronic clinical data despite their potential to provide high-quality data in standard formats. As of May 2021, three out of the six QEs in NYS have participated in the NCQA DAV Program and are certified as standard supplemental data sources.

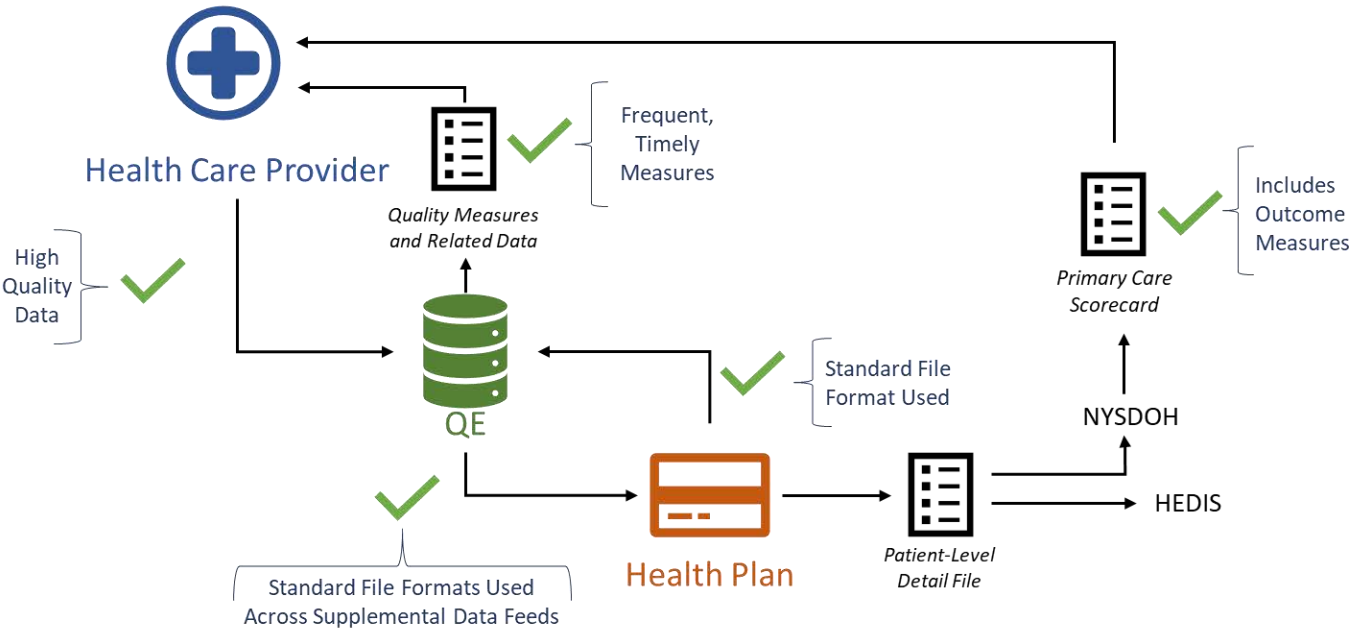
Provider Access to Data

Timely and frequent access to quality measurement results and related data is required for providers to manage patient populations and close gaps in care. Current methods of measuring NYS PCMH practices only allow for annual measurement and as noted above, several priority outcome measures are excluded due to the current data sampling method.

4 Transitioning to the Future State

This Roadmap suggests an incremental approach to achieving the future state by closing the current state gaps. The future state, illustrated in Figure 4, provides a different flow and outlook than the current state. Identified gaps are closed and the HIT-Enabled Quality Measurement Vision is realized.

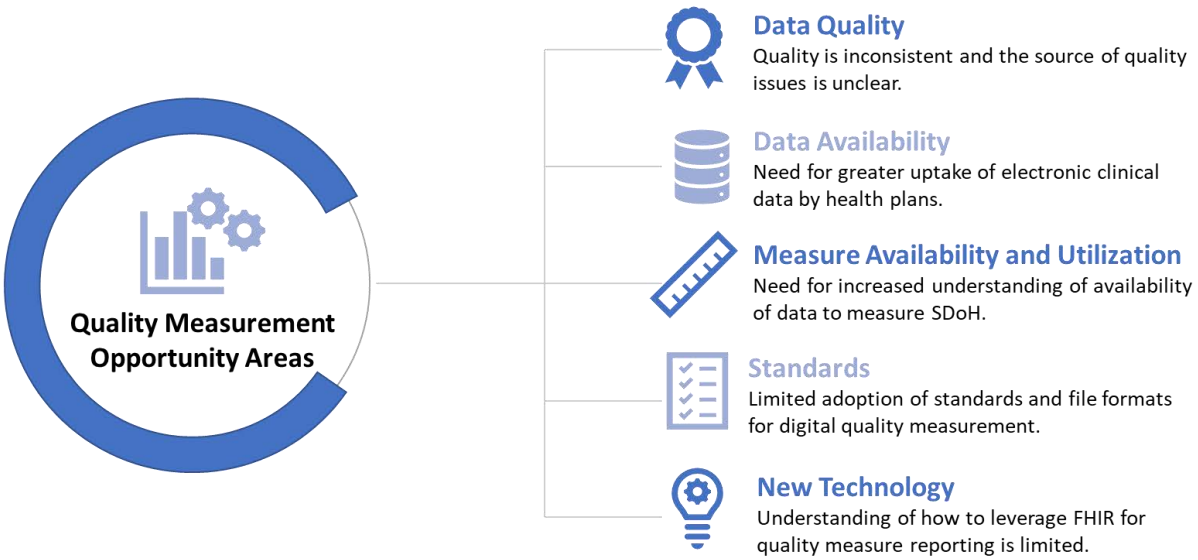
FIGURE 4: FUTURE STATE



4.1 Opportunity Areas

Though NYSDOH has identified several approaches to enable quality measurement through the activities described in the previous section, several opportunity areas remain.

FIGURE 5: OPPORTUNITY AREAS



Data Quality

The quality of the electronic clinical data available for quality measurement is inconsistent and determining the source of data quality issues is challenging. For example, it is unclear what caused the low numerator hits observed in the VBP Measure Testing project and whether this could be mitigated through efforts to improve data quality.[25] Adoption of HIT and HIE-driven solutions depends on data consumers trusting the quality of the data they receive. More focused data quality assessment and improvement activities are foundational to NYSDOH's ongoing quality measurement efforts.

Electronic Clinical Data Availability

Many health plans collect supplemental data from EHRs, laboratories, or other data sources. However due to the challenges associated with collecting comprehensive high-quality supplemental data, health plans still conduct medical record reviews to optimize measure results for many hybrid measures. Barriers to the adoption of supplemental data include rigorous audit requirements, lack of resources required to manage supplemental data feeds, varying data requirements across health plans (i.e. file

[25] Please refer to the VBP Measure Testing Pilot final report delivered to OQPS on March 3, 2020 for more information.

formats), and variation in QEs being deemed as standard supplemental sources by NCQA-certified HEDIS auditors.

As NCQA and NYSDOH continue to adopt digital quality measurement, it is becoming increasingly important for health plans to capture data beyond administrative sources to fulfil reporting requirements. To guide health plans through this transition, NYSDOH will need to address these issues to increase the volume of supplemental data available to health plans.

Measure Availability and Utilization

State and federal stakeholders are engaged in key initiatives to promote health equity through performance measurement. At the federal level, NCQA has recently introduced risk stratification into a set of measures for 2022 that seeks to evaluate the completeness of race and ethnicity data collected by health plans.[26] In NYS, NYSDOH has prioritized health equity by requiring payers and VBP contractors in advanced VBP arrangements (level 2 or 3) to implement targeted SDoH interventions.[27] While SDoH are key components of state and federal initiatives, several challenges remain in order to collect this data for quality measurement. Steps identified in Section 5 outline how NYSDOH could examine the feasibility of incorporating SDoH measures into its reporting program.

Standards

NCQA and CMS have advanced their quality measurement approaches through the development of measure specifications that utilize standard formats and logic and via reporting methods that encourage the use of electronic clinical data. Despite this multi-program national shift, NYS health plan adoption of new specifications, reporting methods, and standard file formats is limited. NYSDOH will benefit from a greater understanding of health plans' readiness to implement the ECDS reporting method, to receive and use data formatted using national standards, and to use digital measure and FHIR specifications. In addition, NYSDOH needs to understand health plans' barriers to adopting new standards so that they can be effectively addressed.

New Technology

As reported in the Health Plan Readiness Assessment, health plans' knowledge and understanding of how to leverage new technology such as FHIR for quality measure reporting is limited. While the NCQA DAV Program seeks to align standards for supplemental data exchange, limitations remain to prepare health plans, QEs, and providers to exchange electronic clinical data using FHIR-enabled technology. To

[26] NCQA, "Health Equity and Social Determinants of Health in HEDIS: Data for Measurement," https://www.ncqa.org/about-ncqa/health-equity/health-equity-and-social-determinants-of-health-in-hedis-data-for-measurement/, (2021)
[27] NYSDOH, "A Path toward Value Based Payment: Annual Update," https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2018/docs/2018-06_final_vbp_roadmap.pdf, (2018)

address these limitations, NYSDOH will need to collaborate with stakeholders to increase readiness and prepare stakeholders to adopt FHIR-enabled technology for quality measurement.

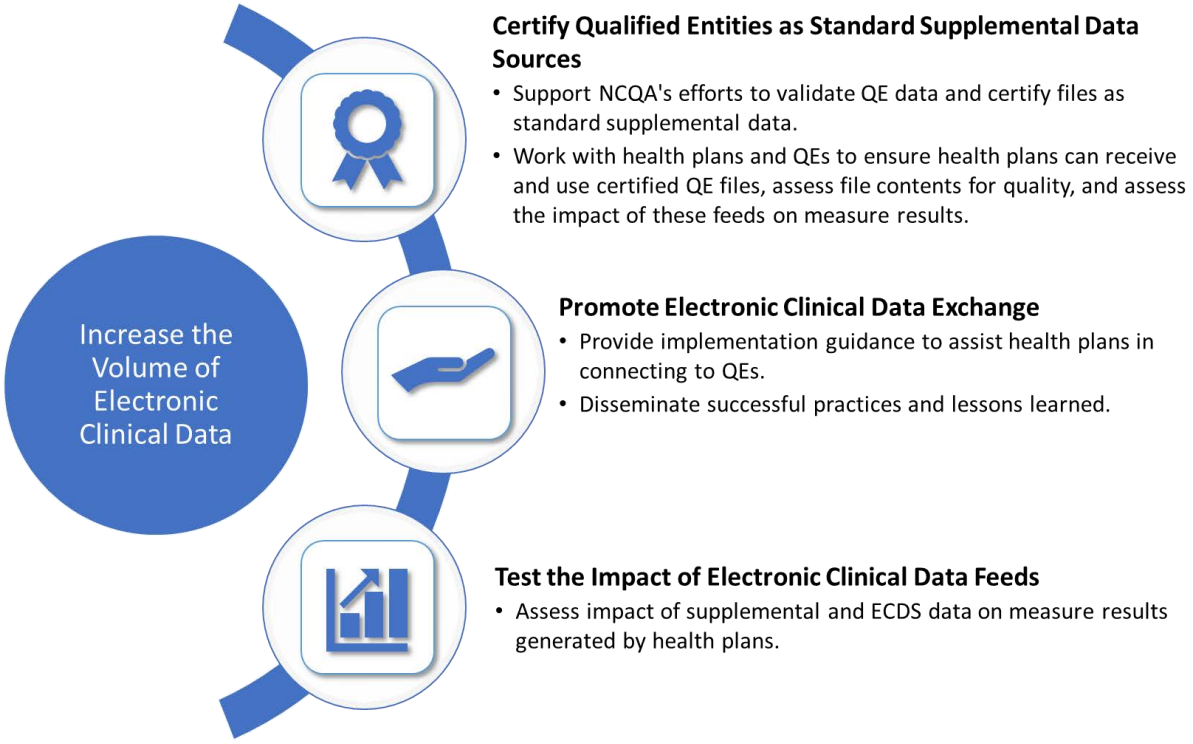
5 Achieving the Future State: An Action Plan

The areas of opportunity described above can be systematically addressed through an informed approach that leverages and builds upon the state's previous efforts. The action plan laid out in this section details specific strategies and projects that NYSDOH, together with its partners, can implement to improve data quality, increase data availability, encourage standardization, and promote new technologies.

Increase the Volume of Electronic Clinical Data

The shift away from hybrid measure specifications towards administrative and ECDS specifications requires a greater volume of electronic clinical data, including supplemental data, to eliminate the need for health plans to conduct medical record reviews. NYSDOH can take several steps outlined in Figure 6 to continue increasing the volume of supplemental data available to health plans.

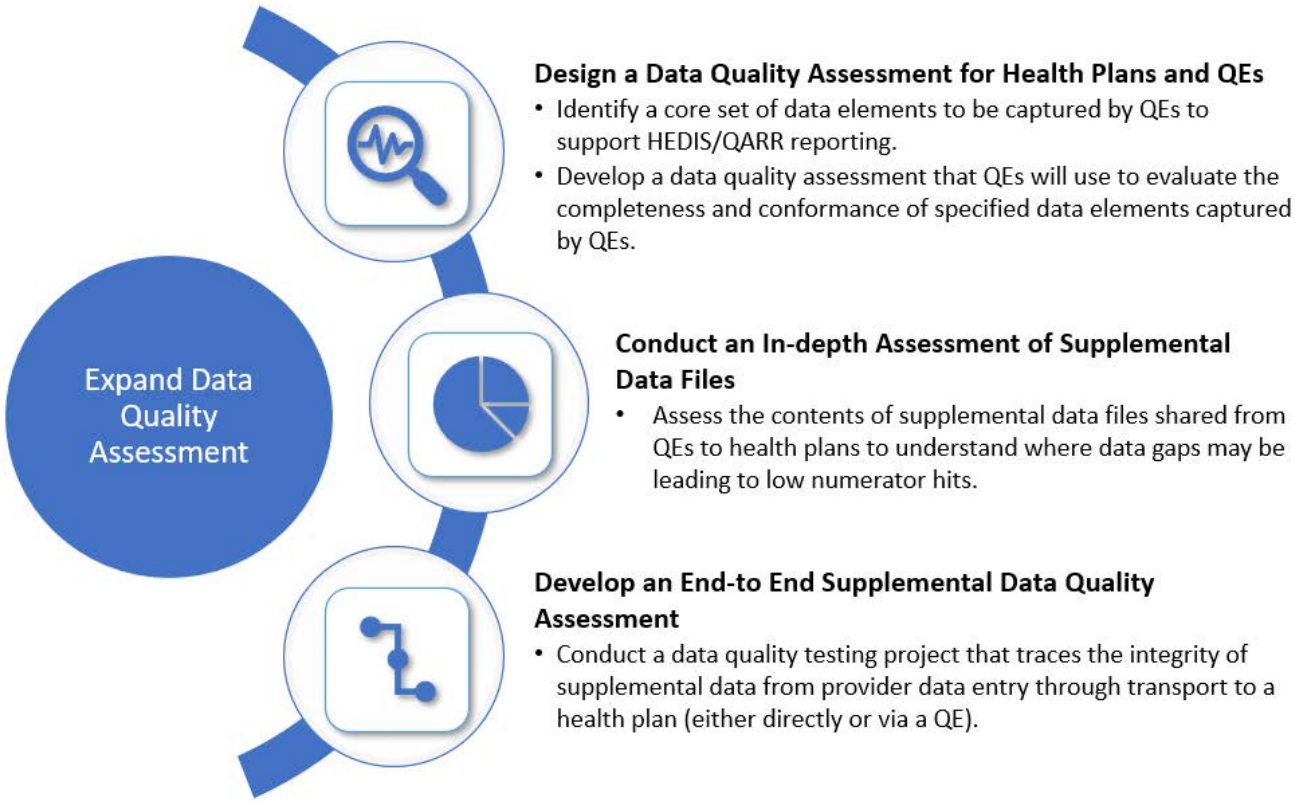
FIGURE 6: INCREASE THE VOLUME OF ELECTRONIC CLINICAL DATA



Expand Data Quality Assessment

While previous projects have identified that gaps (e.g. missing codes, poorly structured data) exist in the clinical data available to health plans, additional information on the details of the gaps, including where and how they originate, needs to be understood. Three key activities outlined in Figure 7 can be used to better understand and address this area.

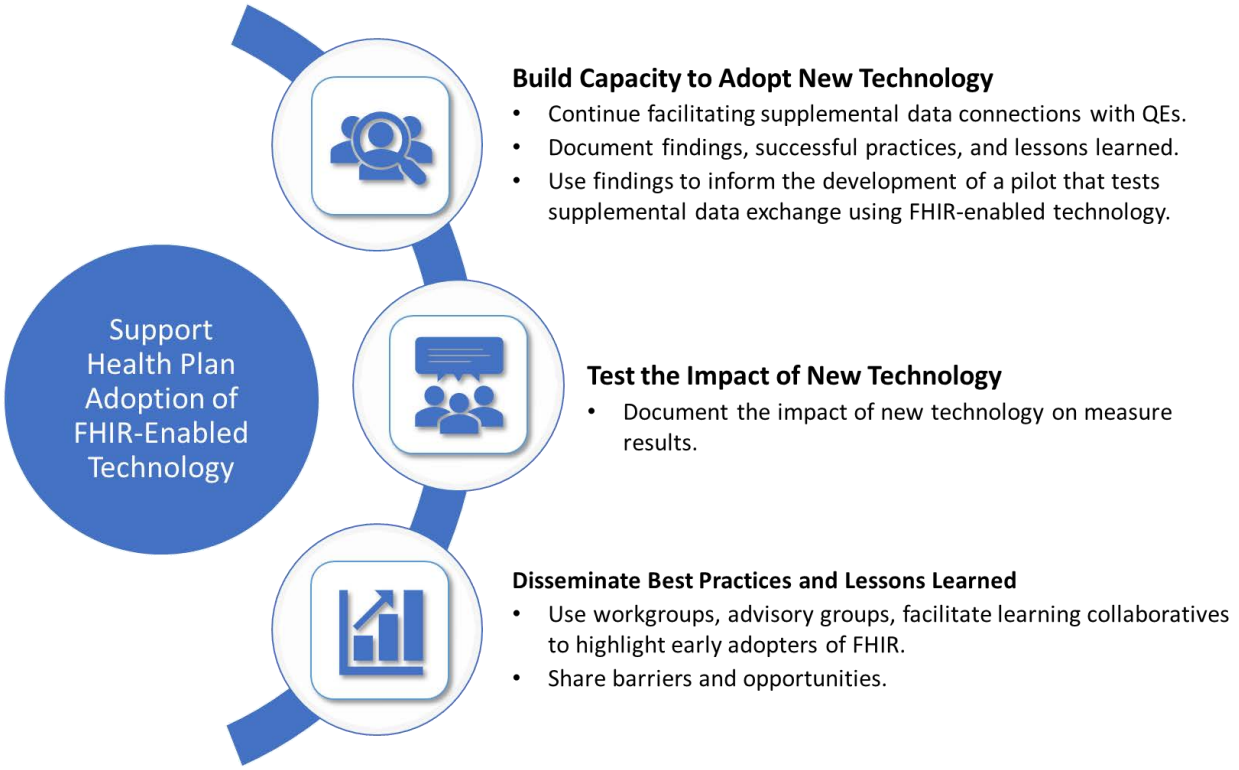
FIGURE 7: EXPAND DATA QUALITY ASSESSMENT



Support Health Plan Adoption of FHIR-Enabled Technology

NYSDOH can leverage findings from the Health Plan Readiness Assessment to identify areas of need related to health plans' capacity for adopting and implementing FHIR-enabled technology for quality measurement purposes.[28] Steps to prepare health plans to use draft FHIR digital measure specifications and other FHIR-enabled technology are described in Figure 8.

FIGURE 8: SUPPORT HEALTH PLAN ADOPTION OF FHIR-ENABLED TECHNOLOGY



[28] Please refer to the Health Plan Readiness Assessment white paper delivered to OQPS on March 17, 2021 for more information.

Improve the Collection of SDoH Data

Integrating health equity metrics into performance measurement has become a key area of focus among state and federal stakeholders. To better understand the extent to which NYS' current HIT infrastructure can support measuring SDoH, NYSDOH can engage in the activities outlined in Figure 9: Improve the Collection of SDoH Data to understand how SDoH data is captured and stored by providers and CBOs to support VBP initiatives. Documenting current processes will allow NYSDOH to identify gaps in the overall system and assess where opportunities lie for increased efficiencies, more comprehensive SDoH data collection, and accurate health equity performance measurement.

FIGURE 9: IMPROVE THE COLLECTION OF SDOH DATA

Implement a Standard SDoH Screening Tool

- Assess the current receipt of SDoH-related data by Medicaid MCOs from provider organizations
- Require the adoption of a standard SDoH tool used by Medicaid MCOs to screen members upon enrollment
- Determine baseline population of Medicaid members screened for SDoH

Increase the Adoption of SDoH-related Data

- Engage key stakeholders to prioritize codes that should be adopted to measure SDoH
- Incentivize the adoption of priority codes through the Quality Incentive Program
- Test Medicaid MCO's ability to collect codes to support SDoH data collection

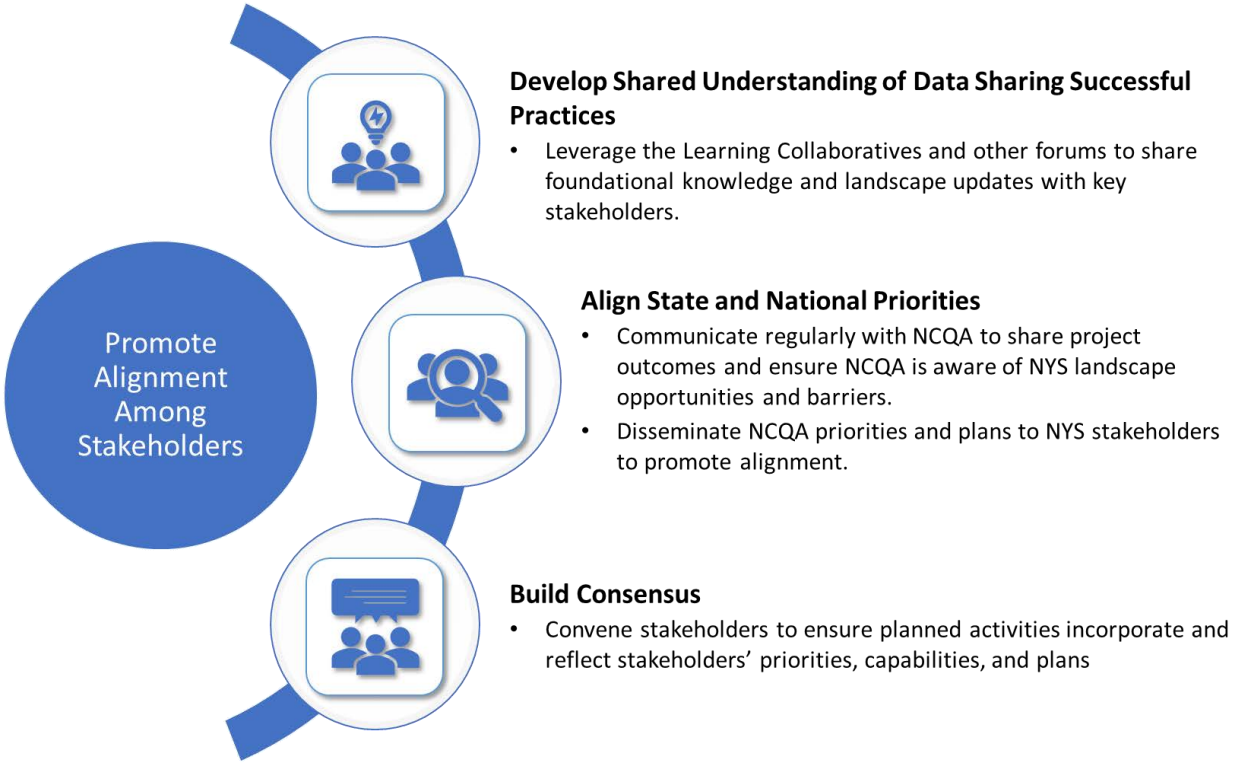
Enable Data Exchange Between Social Care and Healthcare Providers

- Evaluate the Connectivity of SDoH platforms to the SHIN-NY
- Test the ability of the SHIN-NY to serve as an SDoH data source

Promote Alignment among Stakeholders

Ensuring alignment among stakeholders is foundational to accomplishing a transformation of the quality measurement landscape. This includes developing a shared understanding of key concepts, ensuring that priorities are aligned, and developing consensus around the steps needed to achieve desired goals. The activities outlined in Figure 10 aim to increase engagement and collaboration while also aligning priorities across state and national stakeholders.

FIGURE 10: PROMOTE ALIGNMENT AMONG STAKEHOLDERS



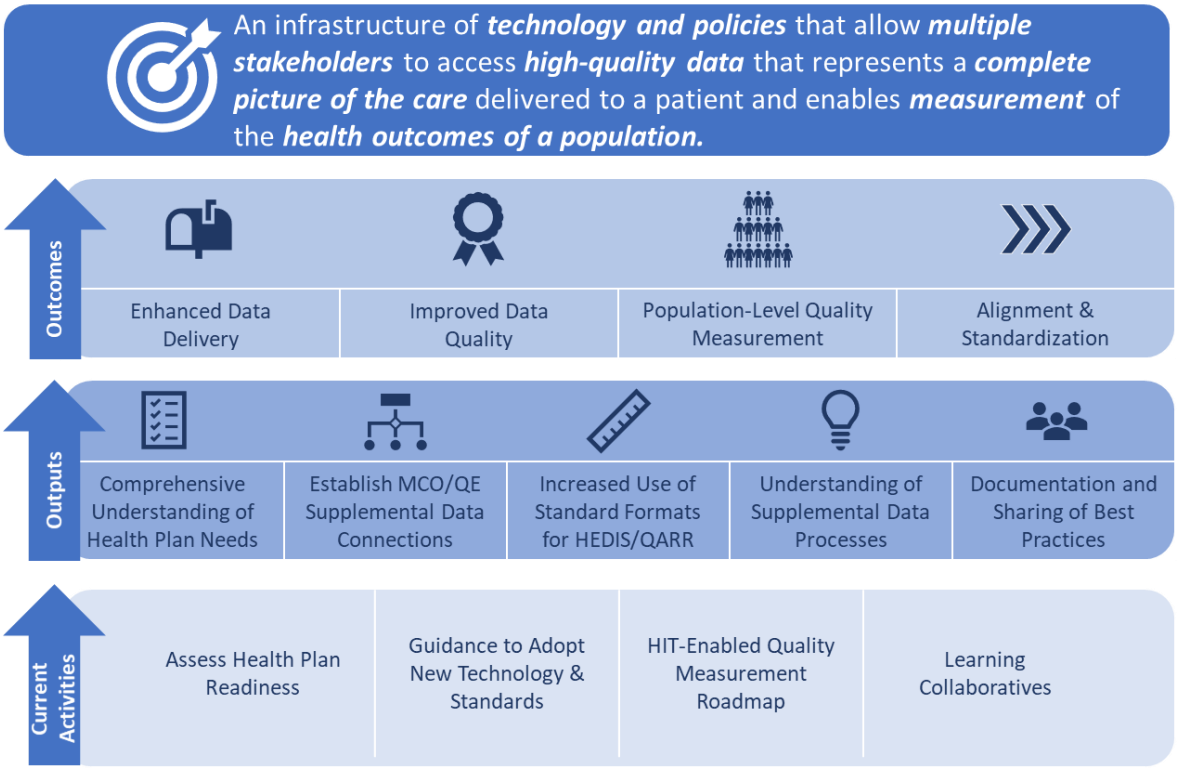
Appendix A: Glossary of Terms

Abbreviations	Terms	Definitions
CCD	Continuity of Care Document	A document representing a patient summary or snapshot.
CHIPRA	Children's Health Insurance Program Reauthorization Act	Legislation that improved Medicaid coverage for children.
CMS	Centers for Medicare & Medicaid Services	The steward of eCQMs; also publishes regulations for the EHR Incentive Programs. Federal regulatory agency that oversees Medicare and Medicaid health insurance programs.
DSRIP	Delivery System Reform Incentive Payment	The main mechanism to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years.
eCQM	Electronic Clinical Quality Measures	A quality measure encoded using the Health Quality Measure Format (HQMF) so that it can be interpreted by information systems such as an electronic health record system. (See also "eMeasure").
EHR	Electronic Health Records	Digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.
FHIR	Fast Healthcare Interoperability Resources	Standard for exchanging healthcare information electronically to advance interoperability.

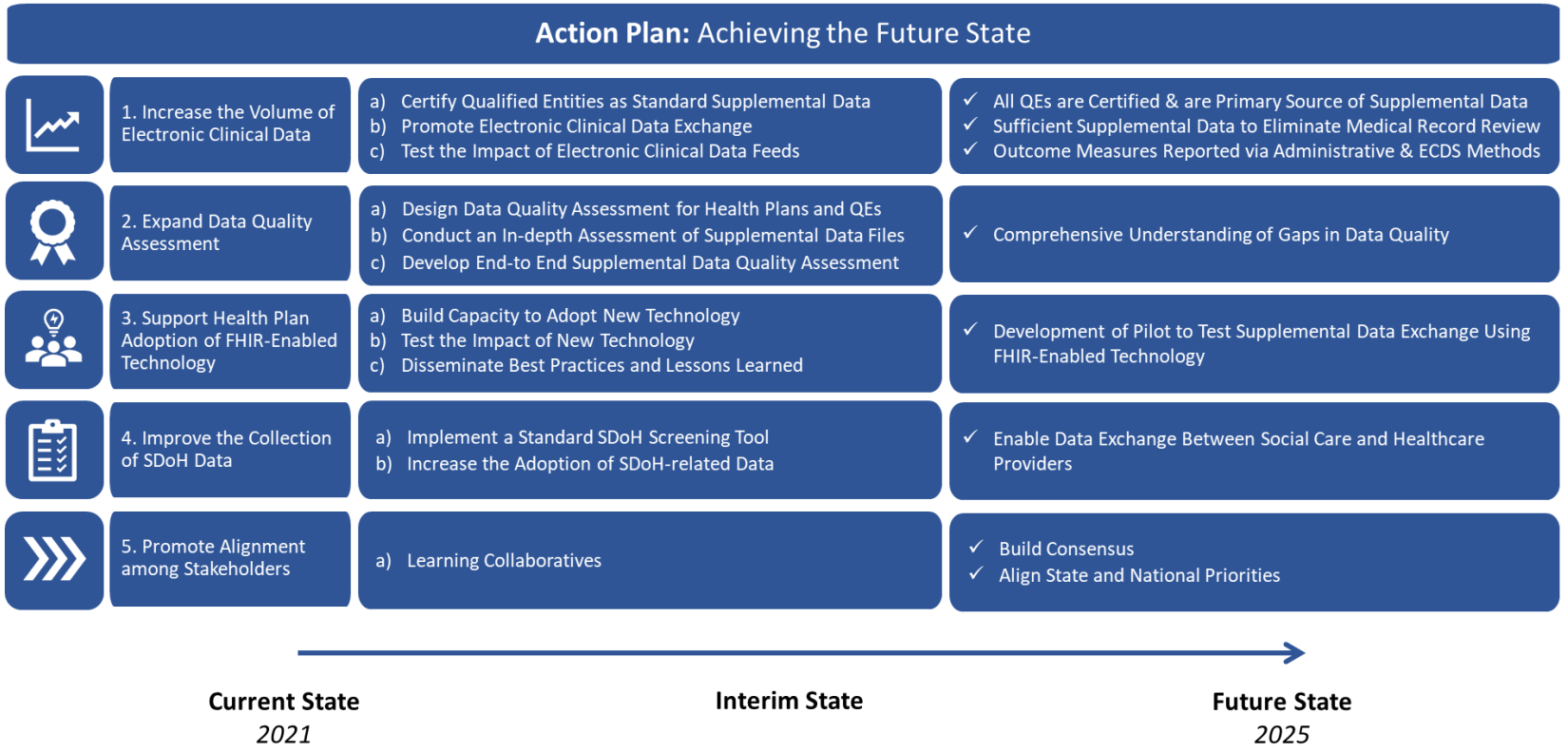
Abbreviations	Terms	Definitions
HEDIS	Healthcare Effectiveness Data and Information Set	A widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA).
HIE	Health Information Exchange	Platform that allows health care providers and patients to access and securely share medical information electronically.
HIT	Health Information Technology	Technology that supports health information management and the secure exchange across computerized systems.
NCQA	National Committee for Quality Assurance	An organization dedicated to improving health care quality.
NYS PCMH	New York State Patient Centered Medical Home	A model of primary care that is patient-centered and emphasizes care coordination. Collaboration between the NYSDOH and NCQA to transform healthcare delivery and shift towards value-based care in NYS.
PHI	Protected Health Information	Health data used by HIPAA-covered entities and their business associates for the provision of healthcare and related services.
PPS	Performing Provider Systems	The group of entities that are responsible for creating and implementing DSRIP.
QARR	Quality Assurance Reporting Requirements	The New York State Department of Health's version of HEDIS and is a set of performance measures that health plans must report on an annual basis.

Abbreviations	Terms	Definitions
QE	Qualified Entities	A regional network where electronic health information is stored and shared.
SDoH	Social Determinants of Health	Critical factors that influence the health outcomes of individuals as they are the conditions in which people are "born, live, learn, work, play, worship, and age."
SHIN-NY	Statewide Health Information Network for New York	Facilitates the connection between the state's QEs to ensure the secure electronic flow of health information throughout New York.
VBP	Value-Based Payment	A payment model that offers financial incentives to physicians, hospitals, medical groups, and other healthcare providers for meeting certain performance measures.

Appendix B: Current Initiatives

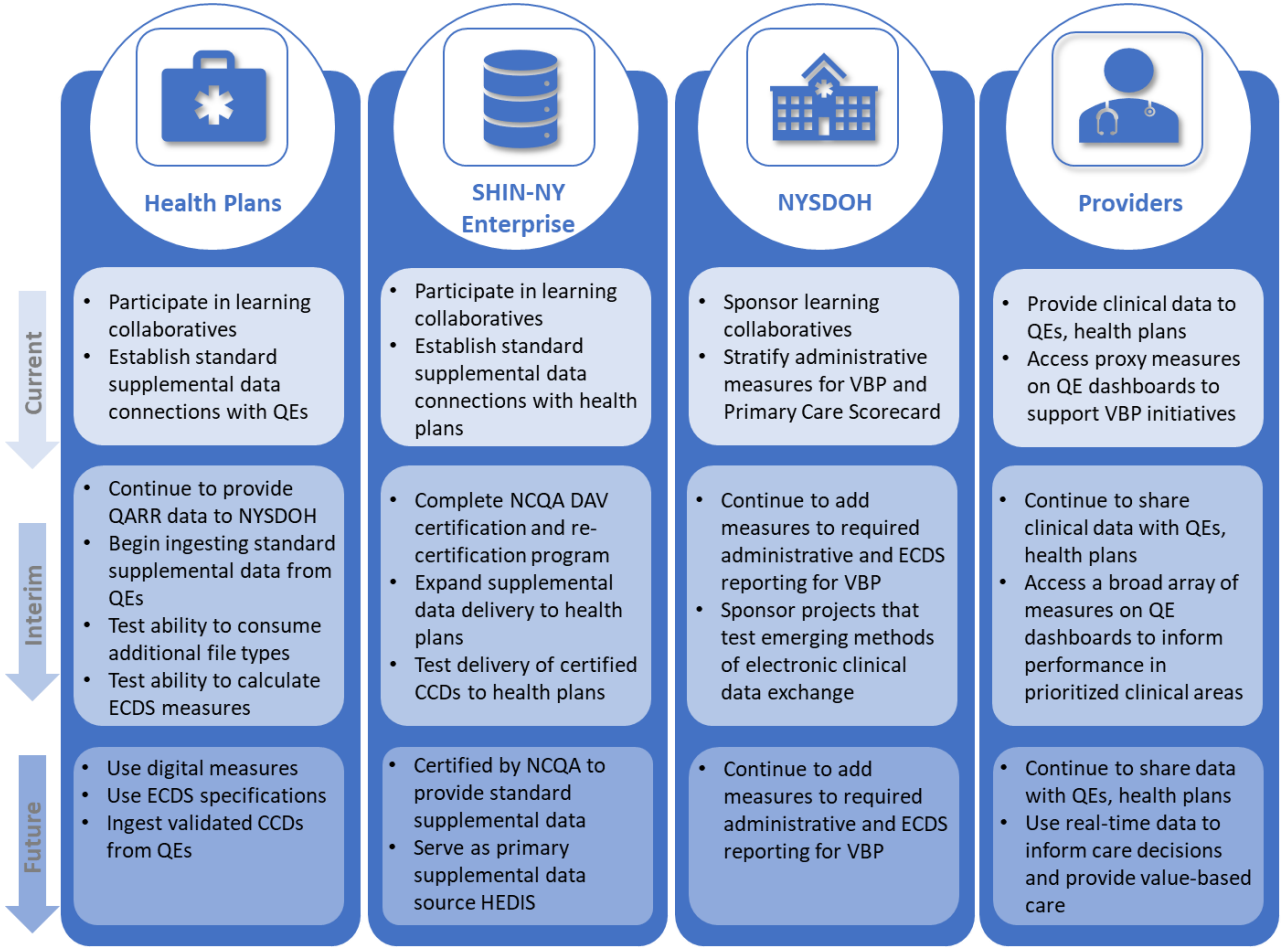


Appendix C: Action Plan Alignment



Note: This timeline reflects state and federal priorities for digital quality measurement.

Appendix D: Stakeholder Roles



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