Introduction to Value Based Payments: Maternity Care in Measurement Year 2017

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NY State’s Population Health Initiatives

**PREVENTION AGENDA**
- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

**STATE HEALTH INNOVATION PLAN (SHIP)**
 Pillars and Enablers:
- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation

**ALIGNMENT:**
- Improve Population Health
- Transform Health Care Delivery
- Eliminate Health Disparities

**MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM**
 Key Themes:
- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability

**POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)**
 PHIP Regional Contractors:
- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems
Value Based Payments: Why is this important?

- An approach to Medicaid reimbursement that rewards value over volume
- An approach to incentivize providers through shared savings and financial risk
- A method to directly tie payment to providers with quality of care and health outcomes
- A component of DSRIP that is key to the sustainability of the program

By DSRIP Year 5 (2020), all Managed Care Organizations (MCOs) must employ VBP systems that reward value over volume for at least 80 – 90% of their provider payments.

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published March 2016.
**Total Population including Subpopulations**

- General Population: 72%
- HARP: 9%
- I/DD: 10%
- HIV/AIDS: 6%
- MLTC: 2%
- HARP & HIV/AIDS: 1%

**Total Care for General Population (excluding Subpopulations)**

- Other: 68%
- IPC: 27%
- Maternity Care: 5%

**Disclaimer:** The data presented in this deck should not be considered final as the analysis environment continues to mature and validation of data input and analytical output continues. Source: NYS Medicaid Data Warehouse, 2014 Medicaid Claims unless otherwise indicated. Members included are Medicaid-only (duals excluded). Members attributed to NPIs that are also on other potential VBP contractor’s lists will not be in the dataset.
NYS 2014 Medicaid Costs and VBP Arrangement Breakdown

Data for Maternity Care is based on Calendar Year 2014 Members in Managed Care for 3 months or more.
VBP Governance and Stakeholder Engagement

The **VBP Workgroup** is a governing body that consists of NYS Health Plans, MCOs, and representative organizations including health plan associations; hospital associations; legal firms specializing in health care contracting; NYS HHS Agencies; CBOs; patient advocates; physicians, PPSs and other industry experts. **Its goal is to develop a strategy and monitor the implementation of VBP in NYS.**

The **VBP CAGs and SCs** were created to address the larger VBP design questions. Their charge was/is to make recommendations to the VBP Workgroup and to the State with their best design solutions. As a result, a number of VBP standards and guidelines were developed (included in the current version of the Roadmap) by the Subcommittees. The CAGs scope of work included selecting Quality Measures for specific arrangements.

Additional CAGs and Subcommittees might be created as the need arises.
Categorization of Quality Measures

**CATEGORY 1**
Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.

**CATEGORY 2**
Measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 Pilot program.

**CATEGORY 3**
Measures that are insufficiently relevant, valid, reliable and/or feasible.

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. NYSDOH DSRIP Website. Published June 2015.
Quality Measure Classifications

Legend:
- VBP stakeholder
- Data flow
- Funds flow

**Pay for Performance (P4P) Classification Guidelines:**
- Measures designated as P4P are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
- Performance on the measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.

**Pay for Reporting (P4R) Classification Guidelines:**
- Measures designated as P4R are intended to be used by MCOs to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under the VBP contract.
- MCOs and VBP Contractors will be incentivized based on timeliness, accuracy & completeness of data reporting.
- Measures can move from P4R to P4P through annual CAG and State review or as determined by MCO and VBP Contractor.

Note: Measure classification is a State recommendation. Implementation to be determined between MCO and VBP Contractor.
Quality Measures for VBP Arrangements

1. MCOs and VBP Contractors select arrangements.

- Total Care for the General Population (TCGP)
- Total Care for the HARP (Health And Recovery Plan) Subpopulation
- Total Care for the HIV/AIDS Subpopulation
- Total Care for the MLTC (Managed Long Term Care) Subpopulation
- Total Care for the I/DD (Intellectual/Developmental Disability) Subpopulation
- Integrated Primary Care (IPC)
- Maternity Care

2. VBP Contractors report on non-claims based quality measures associated with their selected arrangement(s).

3. The quality measures results are intended to be used to determine the amount of shared savings for which VBP contractors are eligible. Adjustments to the target budget are based on quality measure performance.
Maternity Care Episode
Maternity Care

- **Pregnancy Care**: Includes all services associated with pregnancy care, such as pre-natal care and visits, lab tests, medication, ultrasound, etc.

- **Delivery & Post-partum Care**: Includes all services associated with the delivery, whether vaginal or cesarean section, up to 60 days post-discharge for the mother. Services such as facility costs, professional services, and any associated complications for mother and child are included.

- **Newborn Care**: Includes all services associated with the newborn’s care up to 30 days post-discharge.
Maternity Bundle Example

Included in bundle:
- Both low risk and high risk pregnancies with severity markers
- **For the mother**: all related services for delivery including post discharge period (60 days post discharge) and entire prenatal care period (270 days prior to delivery)
- **For the infant**: initial delivery stay and all services/costs up to 30 days post discharge.
Clinical Logic for Maternity Care

The maternity care episodes include all services (inpatient services, outpatient services, ancillary, laboratory, radiology, pharmacy and professional billing services) related to the care of the pregnancy, delivery and newborn, starting from the initial Obstetrical visit.

**Pregnancy Episode (PREGN)**

- **Initial OB visit.**
- **Doctor visit for a broken bone (e.g. a sports injury) unrelated to the pregnancy.**
- **ER Visits and inpatient admissions related to pregnancy episode.**
- **Prescription medicine to treat an unrelated flu.**
- **Inpatient admission caused by a urinary tract infection.**
Maternity Care Measure Set

Measurement Year 2017 VBP Measure Sets
Maternity – Category 1 Measures

The Category 1 Maternity measure set table includes measure title, measure steward, the NQF, number and/or other measure identifier (where applicable), and State determined classification for measure use.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Steward</th>
<th>Measure Identifier</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Ongoing Prenatal Care</td>
<td>National Committee for Quality Assurance (NCQA)</td>
<td></td>
<td>P4P</td>
</tr>
<tr>
<td>Prenatal &amp; Postpartum Care —Timeliness of Prenatal Care &amp; Postpartum Visits</td>
<td>NCQA</td>
<td></td>
<td>P4P</td>
</tr>
<tr>
<td>C-Section for Nulliparous Singleton Term Vertex (NSTV)</td>
<td>The Joint Commission (TJC)</td>
<td>National Quality Forum (NQF )471</td>
<td>P4R</td>
</tr>
<tr>
<td>Incidence of Episiotomy</td>
<td>Christiana Care Health System</td>
<td>NQF 470</td>
<td>P4R</td>
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## Maternity – Category 1 Measures (cont.)

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Measure Identifier</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Acting Reversible Contraception (LARC) Uptake&lt;sup&gt;1&lt;/sup&gt;</td>
<td>US Office of Population Affairs</td>
<td>Prevention Quality Indicator (PQI) 2902</td>
<td>P4R</td>
</tr>
<tr>
<td>Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>NQF 9</td>
<td>P4R</td>
</tr>
<tr>
<td>Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay</td>
<td>The Joint Commission</td>
<td>NQF 480</td>
<td>P4R</td>
</tr>
<tr>
<td>Percentage of preterm births</td>
<td>NYSDOH Vital Statistics</td>
<td>-</td>
<td>P4R</td>
</tr>
<tr>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>NQF 0418</td>
<td>P4R</td>
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</table>

<sup>1</sup> LARC is a two-part measure. The State recommends the Contraceptive Care - Postpartum measure be used.
## Maternity – Category 2 Measures

The Category 2 Maternity measure set table includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable).

<table>
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<th>Measure</th>
<th>Measure Steward</th>
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<tbody>
<tr>
<td>Antenatal Hydroxyprogesterone</td>
<td>New Measure</td>
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<tr>
<td>Antenatal Steroids</td>
<td>The Joint Commission</td>
<td>NQF 476</td>
</tr>
<tr>
<td>Appropriate Deep Vein Thrombosis Prophylaxis in Women Undergoing Cesarean Delivery</td>
<td>Hospital Corporation of America</td>
<td>NQF 0473</td>
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<tr>
<td>Experience of Mother With Pregnancy Care</td>
<td>New Measure</td>
<td>-</td>
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<tr>
<td>Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Discharge</td>
<td>Centers for Disease Control and Prevention</td>
<td>NQF 475</td>
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## Maternity – Category 2 Measures (cont.)

<table>
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<th>Measure</th>
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<th>Measure Identifier</th>
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<tr>
<td>Intrapartum Antibiotic Prophylaxis for Group B Streptococcus</td>
<td>Massachusetts General Hospital</td>
<td>NQF 1746</td>
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<tr>
<td>Monitoring and Reporting of Neonatal Intensive Care Unit Admission Rates</td>
<td>New Measure</td>
<td>-</td>
</tr>
<tr>
<td>Postpartum Blood Pressure Monitoring</td>
<td>New Measure</td>
<td>-</td>
</tr>
<tr>
<td>Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated</td>
<td>AHRQ</td>
<td>Inpatient Quality Indicator (IQI) 22</td>
</tr>
</tbody>
</table>
Annual Review

Clinical Advisory Groups will convene to evaluate the following:

- Feedback from VBP Contractors, MCOs, and stakeholders
- Evaluate any significant changes in evidence base of underlying measures and/or measurement gaps
- Review categorization of measures and make recommended changes

State Review Panel

- Review data, technical specification changes or other factors that influence measure inclusion/exclusion*
- Review measures under development to test reliability and validity
- Review measure categorizations from CAG and make recommendations where appropriate (Cat. 1 vs. Cat. 2; P4P vs. P4R)

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*DOH policy for inclusion/exclusion criteria within VBP measure sets should mirror other NYSDOH programs
Resources

1. NYS VBP Roadmap (Year 2 – June 2016 Update)
2. VBP Resource Library
   - VBP Bootcamp Presentations
3. VBP Website
4. CAG Meeting Materials
5. CAG Recommendation Reports
Thank you!

Please send questions and feedback to:

vbp@health.ny.gov