Fundamentals of Pay-for-Performance (P4P) Measurement: Part 1

May 31, 2017
Webinar Logistics

- All attendees will be automatically muted and in listen-only mode for the duration of the presentation
- Participation is highly encouraged!
  - The speaker will take questions throughout the presentation and at the end of the webinar.
  - Don’t forget the satisfaction survey following the webinar.
- All slides and the audio recording will be made available on our website following the presentation
  - http://www.nyp.org/pps/resources/pps-webinars
Putting A Face to the Name

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- Manager, DSRIP Strategy & Project Management Division of Community & Population Health
  NewYork-Presbyterian

- Key Responsibilities
  - Alignment of PPS program operations
  - Management of PPS governance committees
  - P4P metric quality improvement strategy
Agenda: P4P Metrics Part 1

A. Pay-for-Performance & the Imperative for Change

B. What are We Actually Asked to Improve?

C. Measurement Year Cycle + PPS Performance Evaluation & Payment
Keep an Eye Out for Core Concepts
There’s More Opportunity to Learn: Part 2!

Fundamentals of Pay-for-Performance (P4P) Measurement

Part 1 (Today)
- Basic orientation to PPS performance data

Part 2
- Translating performance data into improvement activities
- Interactive!
- In-person!
- Late Summer 2017
Key Terms

- **Pay-for-Reporting (P4R):** PPS reimbursement for reporting activities to NYS.

- **Pay-for-Performance (P4P):** PPS reimbursement from NYS for improving care on specific sets of metrics.

- **Adjudicated Claims:** Finalized, paid bills (claims) submitted to insurance companies (payers). Often, the process can take upward of 6 months to complete.
## Impact of Metrics Derived from Medicaid Claims

<table>
<thead>
<tr>
<th>Medicaid Billing</th>
<th>Non-Medicaid Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directly attributable data</td>
<td>Data not directly attributable</td>
</tr>
<tr>
<td>NPI / MMIS ID-level detail</td>
<td>Trends over time</td>
</tr>
<tr>
<td>Patient-identifiable data</td>
<td>Overlap hotspots with catchment areas</td>
</tr>
<tr>
<td>Easily quantifiable impact to P4P metrics</td>
<td>Social determinants value proposition</td>
</tr>
<tr>
<td>Available Data Sources</td>
<td></td>
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<td>------------------------</td>
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<tr>
<td><strong>Resources</strong></td>
<td><strong>Details</strong></td>
</tr>
</tbody>
</table>
| Medicaid Analytics Performance Portal (MAPP) | • Adjudicated performance data  
• 9 months old  
• PHI |
| Salient Interactive Miner | • Adjudicated performance data  
• 9 months old  
• Non-PHI (for now)  
• All billed services for PPS members in every network |
| Raw Medicaid Claims Data | • 9-12 months old  
• P4P metrics must be replicated  
• PHI  
• All billed services for PPS members, in or out of PPS network |
| Internal Organizational Data | • EHR, administrative & billing data  
• Current  
• PHI  
• Only those PPS members seen at org. |
| Healthix RHIO | • Opt-in, patient-level data  
• Current  
• PHI |

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Why Talk about Pay-for-Performance at All?
P4P Drives at the Heart of the Triple Aim

- …and the Triple Aim is at the heart of everything we do

- Our Pay-for-Performance (P4P) metric portfolio:
  - Quality
  - Engagement / Satisfaction
  - Cost
Shift from Pay-for-Reporting (P4R) to Pay-for-Performance (P4P)

Note: As part of a December 2015 waiver amendment request to the federal Centers for Medicare and Medicaid Services, New York is seeking to slightly modify these percentages.

What are We (the PPS) Actually Asked to Improve?
Majority of nearly 90,000 patients from Manhattan & Bronx

35% are < 18 yo, 37% are 18-44 yo, 17% are 45-64 yo and 11% are 65+

Most prevalent conditions: hypertension, diabetes, asthma, cardiovascular disease, HIV/AIDS, depression and schizophrenia.
Our Metrics Fall into Six Categories, Assigned to PPS Based on Project Participation

- Access to Primary Care
- Labs & Screenings
- Utilization
- Behavioral Health
- Sexual Health
- Satisfaction & Engagement
Let’s Dive into a Metric Example

Adult Access to Preventive or Ambulatory Care

- Definition Source: HEDIS
- One metric, subdivided into 3 age brackets: 20-44, 45-64, 65+

Number of adults who had an ambulatory or preventive care visit during the measurement year

\[ \frac{\text{Number of adults ages 45 to 64 as of June 30 of the measurement year}}{\text{Number of adults who had an ambulatory or preventive care visit during the measurement year}} \]
Nationally-Validated Metric Stewards

NCQA
Measuring quality. Improving health care.

HEDIS

AHRQ

3M

New York State Department of Health

NewYork-Presbyterian Performing Provider System
Majority of Metrics from HEDIS

- The Healthcare Effectiveness Data and Information Set (HEDIS®)
  - Tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.
  - Altogether, HEDIS® consists of 81 measures across 5 domains of care.

- **HEDIS® metrics address broad range of important health issues:**
  - Asthma Medication Use
  - Comprehensive Diabetes Care
  - Antidepressant Medication Management
  - Access to Preventive/Ambulatory Health Services
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Click Here to Learn More
## Other Examples of Metrics by Data Steward

<table>
<thead>
<tr>
<th>Steward</th>
<th>Category</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEDIS</strong></td>
<td>Access</td>
<td>Adult &amp; child access to PCP</td>
</tr>
<tr>
<td></td>
<td>Labs / Screenings</td>
<td>Chlamydia &amp; cervical ca screens</td>
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<tr>
<td></td>
<td>Behavioral Health</td>
<td>Initiation of substance abuse tx</td>
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<tr>
<td></td>
<td>Behavioral Health</td>
<td>Follow-up after hospitalization</td>
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<tr>
<td></td>
<td>Labs / Screenings &amp; Behavioral Health</td>
<td>Diabetes &amp; CVD management for patients with Schizophrenia</td>
</tr>
<tr>
<td><strong>AHRQ</strong></td>
<td>Utilization</td>
<td>Preventable admissions for ambulatory-sensitive conditions</td>
</tr>
<tr>
<td><strong>3M</strong></td>
<td>Utilization</td>
<td>Preventable ED visits &amp; readmissions</td>
</tr>
<tr>
<td></td>
<td>Utilization / Behavioral Health</td>
<td>Preventable ED visits for BH pts</td>
</tr>
<tr>
<td><strong>NYS DOH &amp; Survey-Based</strong></td>
<td>Satisfaction &amp; Engagement</td>
<td>Continuity of care</td>
</tr>
<tr>
<td></td>
<td>Sexual Health</td>
<td>HIV engagement in care &amp; viral load monitoring</td>
</tr>
</tbody>
</table>
Back to Our Metric Example

Adult Access to Preventive or Ambulatory Care

- Definition Source: HEDIS
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\[
\frac{\text{Number of adults who had an ambulatory or preventive care visit during the measurement year}}{\text{Number of adults ages 45 to 64 as of June 30 of the measurement year}}
\]
Illustration of How a Measure Population is Derived from the Total PPS Attributed Population
Every (Good) Story has a Beginning, Middle & End

Performance as of June 30, 2016
(Month 12/12, Measurement Year 2)
PPS Performance Defined by Four Values

1. **Baseline (Beginning)**
   - PPS performance at start of each Measurement Year (MY)

2. **Annual Goal (End)**
   - PPS target to receive full reimbursement
   - 10% of remaining gap-to-5 year PPS goal
   - Select metrics have Annual *High Performance* Goal (extra $)

3. **Five-Year PPS Goal**
   - PPS target for end of NYP DSRIP
   - PPS *not expected* to close 100% of gap

4. **Five-Year NYS Goal**
   - Statewide target
How to Set Performance Improvement Targets

PERFORMANCE GOAL, ANNUAL IMPROVEMENT AND HIGH PERFORMANCE

Follow Up after Hospitalization for Mental Illness – 30 Days

PPS Result from most recent MY

62.4  65.0  67.6

Gap from most recent MY result to Performance Goal

88.6 – 62.4 = 26.2

Performance Goal for this measure; same throughout all 5 years

Annual Improvement Target is 10% reduction in the gap to goal

26.2 * 0.1 = 2.62

High Performance Fund Eligible – reduces gap to goal by 20% or more or exceeds performance goal

26.2 * 0.2 = 5.24

Percent of discharges with at least one follow up visit in 30 days

MY = measurement year
Measurement Year Cycle + PPS Performance Evaluation & Payment
Important Measurement Elements to Remember

1. **Measurement Year (MY)**
   - July 1 – June 30; Aka measurement period; Period of activity that counts as the PPS’ performance

2. **Review Period**
   - 6 months immediately after MY closes
   - PPS medical record review
   - NYS calculates PPS’ MY performance; Indep. Assessor (IA) validates

3. **MY Performance Release Date**
   - Approx. March following close of MY
   - NYS informs PPS of past MY’s performance
NYS Sets Performance Baseline & Targets

Annual Measurement Year Cycle Timeline
Measurement Year 2 (July 1, 2015 - June 30, 2016)

- 7/1/2015 - 6/30/2016
- PPS Conducts Medical Record Data for Measures
  8/2016 - 12/2016
- Independent Assessor Determines Achievement Value of PPS
- NYS DOH calculates final Measure Results for MY2
- Random Sample sent to PPS for MRR 8/2016
- Member Detail Files due to NYS DOH 1/2017
- PPS Achievement Scores MY2 Released 3/2017
- Annual Improvement Targets for MY3 Set

2015
- Jul 1/2015 Start of MY2
- Oct
- Jan 2016
- Apr
- Jul 6/30/2016 End of MY2
- Oct
- Jan 2017
- 2017

NewYork-Presbyterian
Performing Provider System
PPP Measurement Year Timeline Overview

1. Demonstration/DSRIP Year 2 (DY): April 1, 2016 – March 31, 2017
How the PPS is Supporting Providers & Partners with Actionable Data

1. Opening multiple data sources; Training on data mining tools

2. Building performance dashboards

3. Population Lines accountable to specific performance measures

4. Governance Committee Activities
   - Monitoring performance
   - Identifying trends
   - Guidance to Population Lines
## Part 1 Wrap Up

### Remember these key take-away’s:

- Shift to pay-for-performance pushes us to focus more comprehensively
- P4P metrics address quality, patient engagement & cost
- PPS Goal = Improve each metric by at least 10% each year
- PPS *is not* asked to close 100% of the performance gap
- Multiple steps of the Measurement Year Cycle
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- For non-data questions, or to sign a BAA/DEAA, email the PPS directly and we’ll connect you to the right resource:
  - ppsmembership@nyp.org

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