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

May 31, 2017

NewYork-Presbyterian
Performing Provider System

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

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Putting A Face to the Name

Andrew Missel, MPH

- 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

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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*

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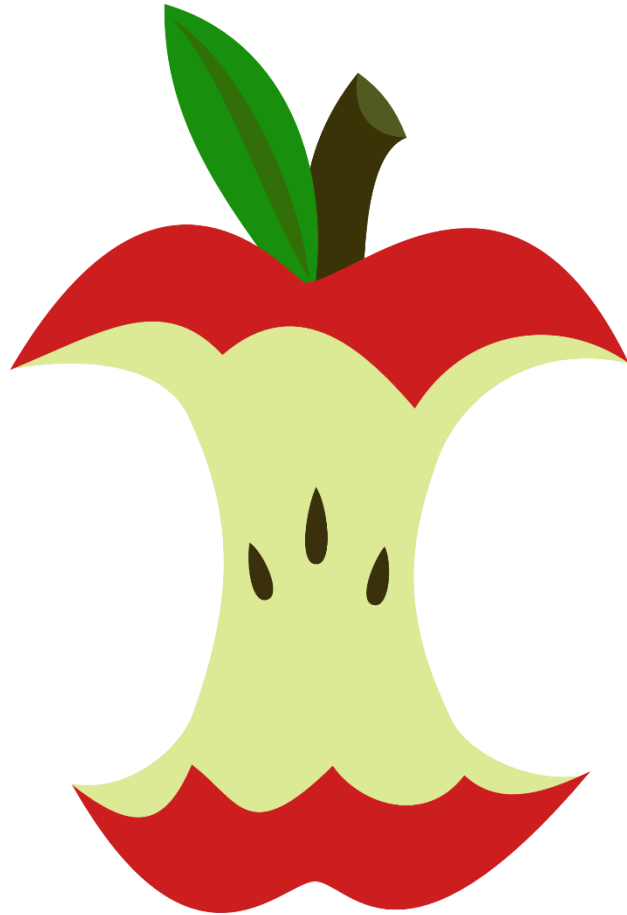
There's More Opportunity to Learn: <u>Part 2!</u>

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

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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

Medicaid Billing	Non-Medicaid Billing
Directly attributable data	Data not directly attributable
NPI / MMIS ID-level detail	Trends over time
Patient-identifiable data	Overlap hotspots with catchment areas
Easily quantifiable impact to P4P metrics	Social determinants value proposition

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# Available Data Sources

| Resources	Details
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

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
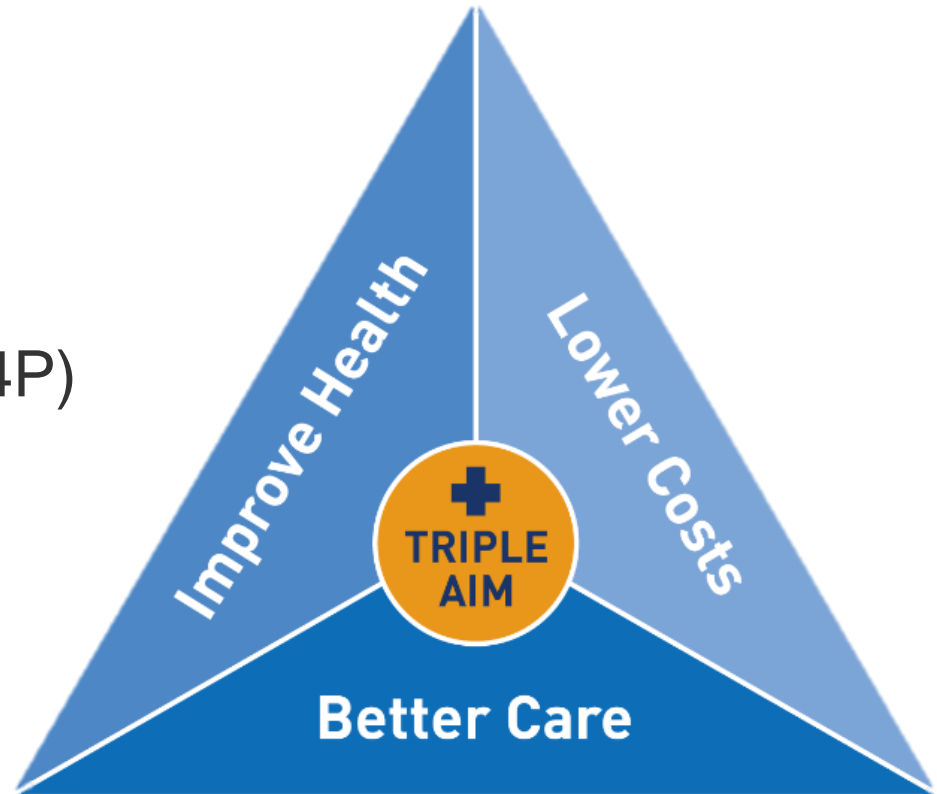
Shift from Pay-for-Reporting (P4R) to Pay-for-Performance (P4P)
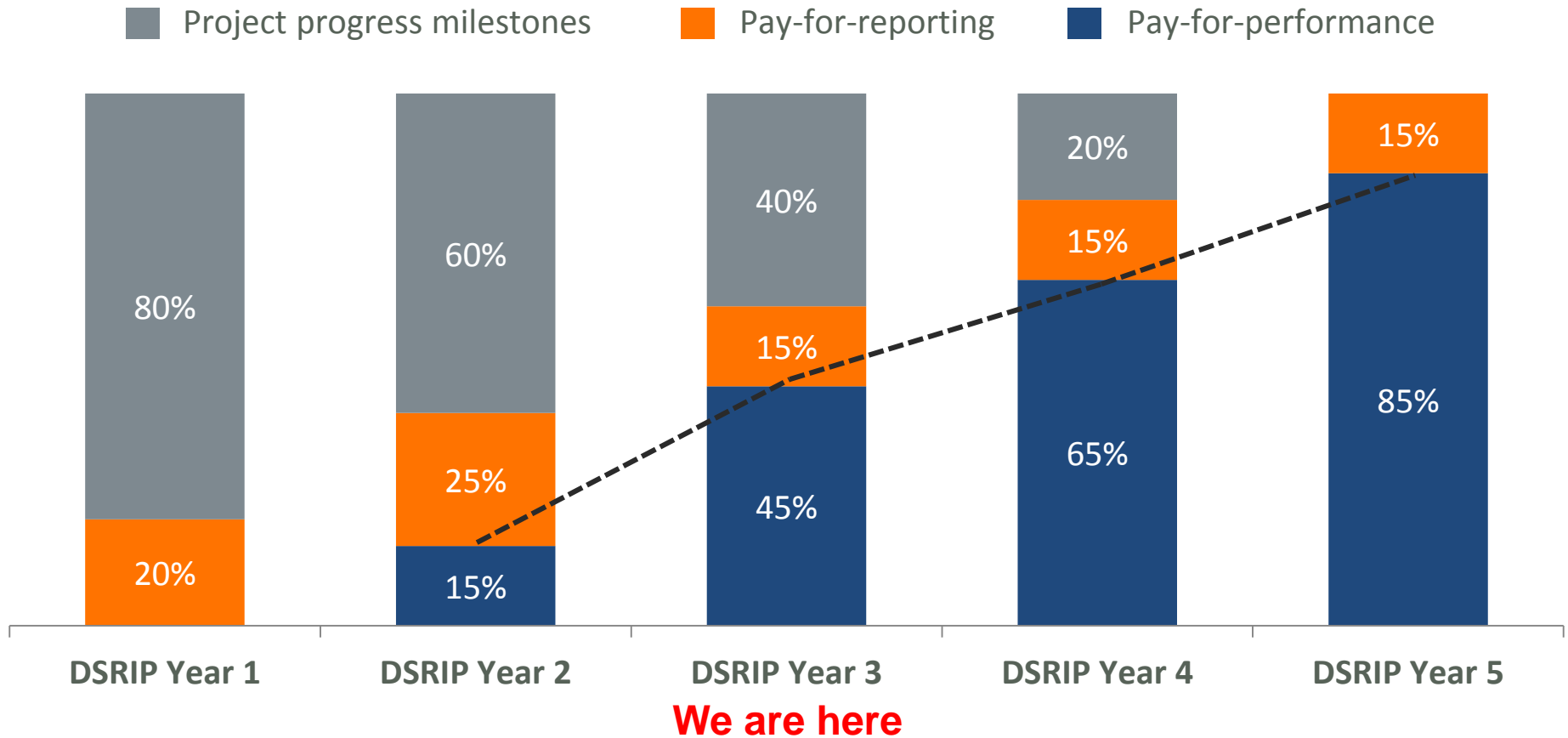
Note: As part of a December 2015 waiver amendment request to the federal Centers for Medicare and Medicaid Services, New York is seeking to slightly modify these percentages.

Source: New York State Department of Health, Attachment I—NY DSRIP Program Funding and Mechanics Protocol, April 2014.

What are We (the PPS) Actually Asked to Improve?

The Patient Populations Covered by Our P4P Metrics Mirror 's Diverse Service Areas

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

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> Number of adults ages *45 to 64* as of June 30 of the measurement year

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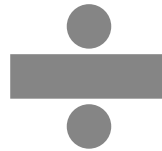
Nationally-Validated Metric Stewards

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

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Other Examples of Metrics by Data Steward

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

Back to Our Metric Example
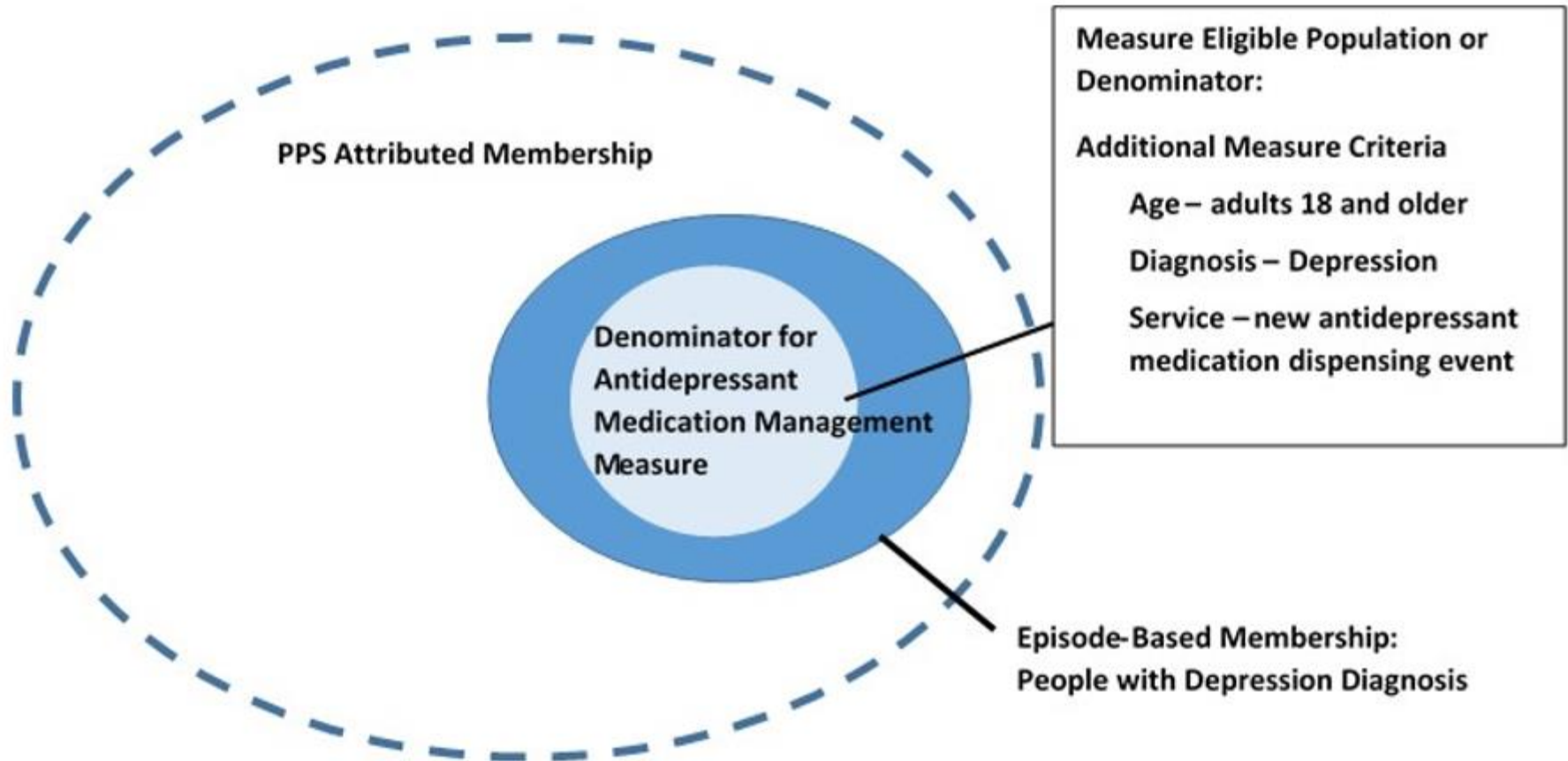
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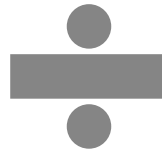
Illustration of How a Measure Population is Derived from the Total PPS Attributed Population

PPS Attributed Membership

Denominator for Antidepressant Medication Management Measure

Measure Eligible Population or Denominator:

Additional Measure Criteria

Age – adults 18 and older

Diagnosis – Depression

Service – new antidepressant medication dispensing event

Episode-Based Membership: People with Depression Diagnosis

Every (Good) Story has a Beginning, Middle & End

Adult Access Preventive (45 – 64)

On Target!

▲ 0.86

91.44%   91.73%

92.59

91.6   91.8   92   92.2   92.4%

▮ Prior Year Result   ▮ Annual Target   ▮ Monthly Target Zone
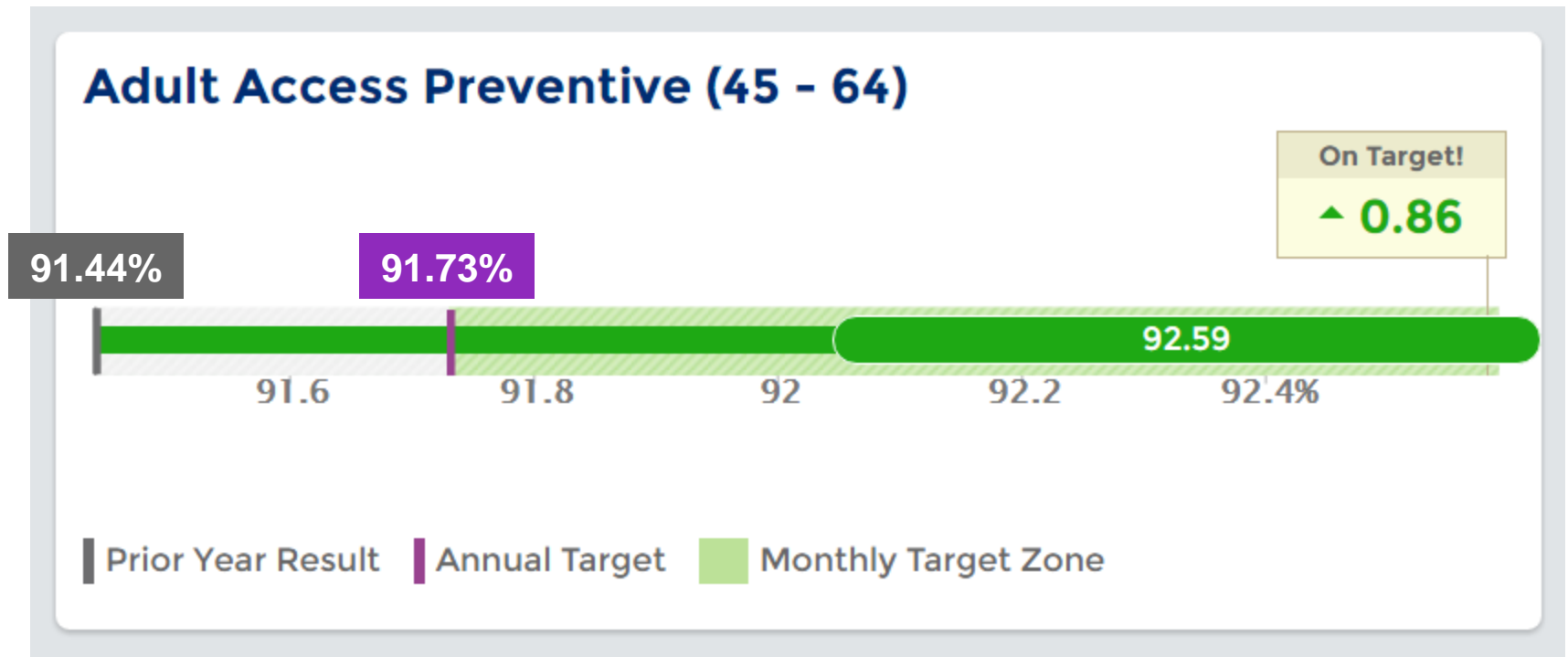
Performance as of June 30, 2016
(Month 12/12, Measurement Year 2)

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
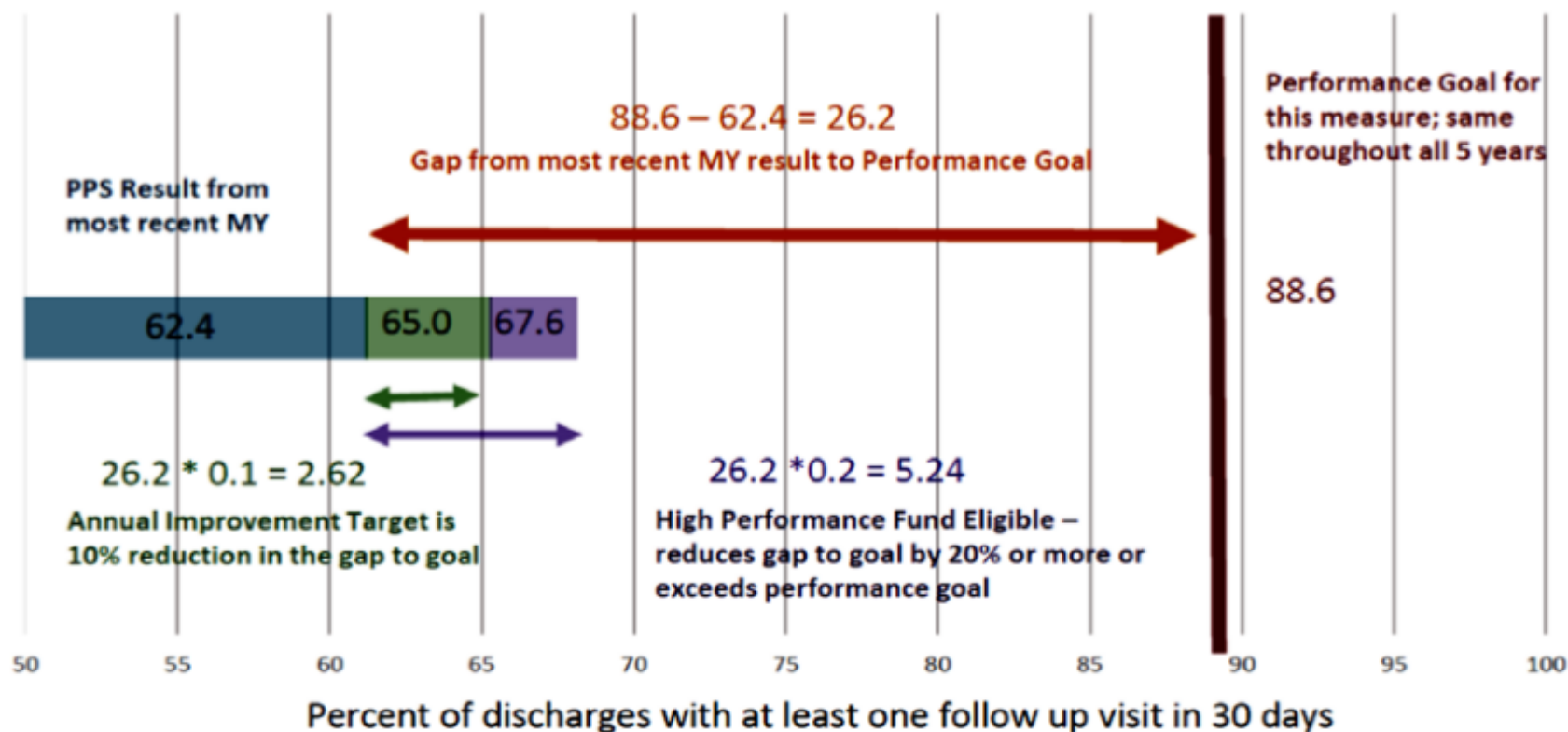   – PPS *not expected* to close 100% of gap

4. **Five-Year NYS Goal**
   – Statewide target

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How to Set Performance Improvement Targets

PERFORMANCE GOAL, ANNUAL IMPROVEMENT AND HIGH PERFORMANCE

Follow Up after Hospitalization for Mental Illness – 30 Days

$88.6 - 62.4 = 26.2$

Gap from most recent MY result to Performance Goal

Performance Goal for this measure; same throughout all 5 years

88.6

PPS Result from most recent MY

62.4   65.0   67.6

$26.2 * 0.1 = 2.62$

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

$26.2 * 0.2 = 5.24$

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

50   55   60   65   70   75   80   85   90   95   100

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
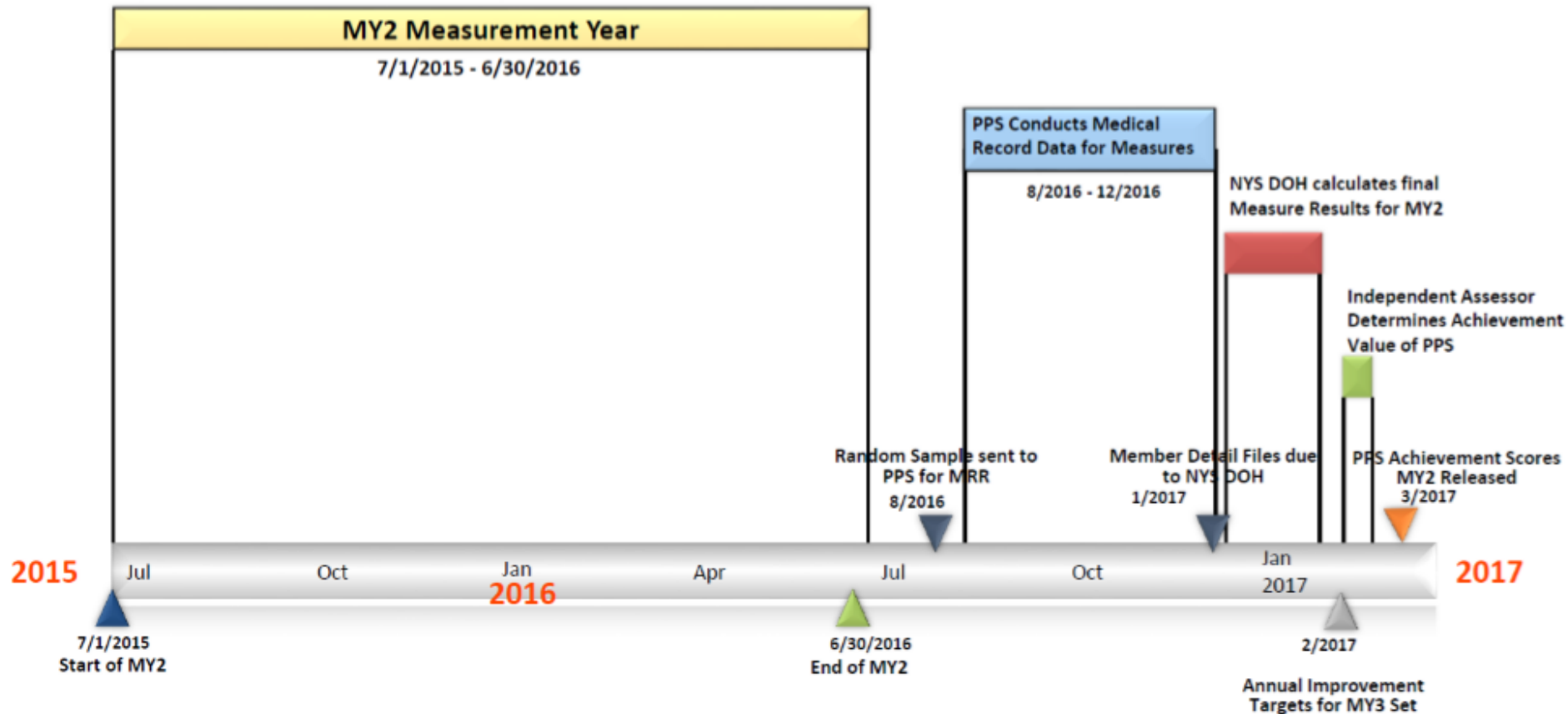
3. **MY Performance Release Date**
   – Approx. March following close of MY
   – NYS informs PPS of past MY's performance

NYS Sets Performance Baseline & Targets

Annual Measurement Year Cycle Timeline

Measurement Year 2 (July 1, 2015 - June 30, 1016)

MY2 Measurement Year
7/1/2015 - 6/30/2016

PPS Conducts Medical Record Data for Measures
8/2016 - 12/2016

NYS DOH calculates final Measure Results for MY2

Independent Assessor Determines Achievement Value of PPS

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

2015 — Jul — Oct — Jan 2016 — Apr — Jul — Oct — Jan 2017 — 2017

7/1/2015
Start of MY2

6/30/2016
End of MY2

2/2017

Annual Improvement Targets for MY3 Set

PPS Measurement Year Timeline Overview

1. **Demonstration/DSRIP Year 2 (DY): April 1, 2016 – March 31, 2017**
2. **Measurement Year 3 (MY): July 1, 2016 – June 30, 2017**
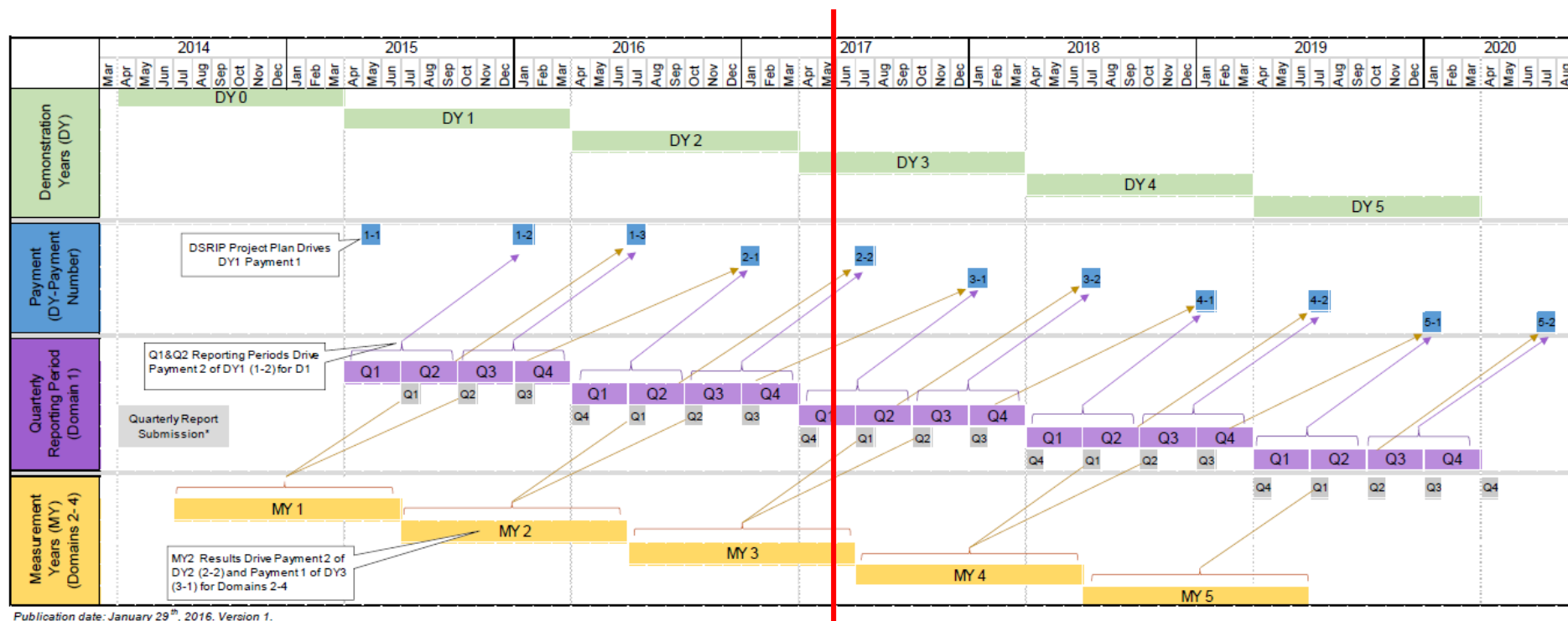
Publication date: January 29th, 2016. Version 1.

* Quarterly reports are generally due on the last day of the month following the close of the quarter

We are here

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

Contact Info

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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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