New York State’s Health Care Transformation: Delivery System Reform Incentive Payment to Value-Based Payment Programs & the Impact on Asthma Care

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Disclosures

1) Faculty at University of Rochester Medical Center
   1) Assoc Professor of Pediatrics, Internal Medicine & Center for Community Health
   - Research from NIH and PCORI
   - See patients
   - Teach students

2) Medical Director: New York State Department of Health
   1) Pediatric lead
   2) First 1000 Days on Medicaid

3) Used to work at TJ’s Big Boy

How DSRIP & Value Based Payment Programs (VBP) Relate
This is what NYS really looks like

25 Regional Performing Provider Systems

VBP Transformation: Overall Goals and Timeline

Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.
How is VBP Different from the Current Payment Structure?

1) **Efficiency Component** - A target budget is set at the beginning of the year, against which costs (expenditures) are reconciled at the end of the year. Services may be reimbursed as fee-for-service as they are now, or as a per member per month (PMPM) prospective payment.

2) **Quality Component** - A percentage of performance measures on the attributed population (those included in the arrangement) must be passed to share in any savings (or to determine the percentage of losses that must be made up).


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**Delivery System Reform Incentive Payment (DSRIP) Program Objectives**

- DSRIP was built on the CMS and State goals in the Triple Aim:
  - Improving quality of care
  - Improving health
  - Reducing costs

- **Quadruple Aim:**
  - Clinician Wellness

DSRIP delivery system changes à VBP Readiness

**DSRIP Project Implementation**

- PPS committed to healthcare reform by choosing a set of Projects best matched to the needs of their unique communities.
- DSRIP Projects are organized into Domains, with Domain 1 focused on overall PPS organization, and Domains 2 - 4 focused on various areas of transformation. All projects contain metrics from Domain 1.
The New World: Paying for Outcomes not Inputs

Value Based Payment (VBP)

- 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

Managed Care Organization and Provider can Choose Different Levels of VBP

In addition to choosing which integrated services to focus on, the MCOs and contractors can choose different levels of Value Based Payments:

<table>
<thead>
<tr>
<th>Level</th>
<th>VBP Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 0 VBP</td>
<td>Retrospective Reconciliation</td>
</tr>
<tr>
<td>Level 1 VBP</td>
<td>Retrospective Reconciliation</td>
</tr>
<tr>
<td>Level 2 VBP</td>
<td>Prospective (requires mature contractors)</td>
</tr>
<tr>
<td>Level 3 VBP</td>
<td>Prospective capitation PMPM or Bundle (with outcome-based component)</td>
</tr>
</tbody>
</table>

FFS Payments
- FFS Payments
- FFS with bonus and/or withhold based on quality scores
- FFS with upside-only shared savings available when outcome scores are sufficient
- FFS with upside & downside risk

No Risk Sharing
- Upside Only
- Upside & Downside Risk

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. New York State Department of Health, updated version approved by CMS March 2017

VBP Arrangements

- Arrangement Types:
  - Total Care for the General Population (TCGP)
  - Integrated Primary Care (IPC)
  - Maternity Care
  - Health and Recovery Plans (HARP)
  - HIV/AIDS Care
  - Managed Long Term Care (MLTC)
- Arrangements do not yet include Dually Eligible members

- Two VBP implementation subcommittees were created to focus on:
  - Social Determinants of Health and Community Based Organizations
  - Advocacy and Engagement
  - The full recommendations that came from these Subcommittees are available in the Department of Health (DOH) VBP Resource Library – New York State DOH VBP website

Acronym Definition: Fee for Service (FFS); Per Member Per Month (PMPM)
### Asthma Statistics, New York State

**Snapshot of Asthma spend in NYS for 2017-2018:**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Asthma Cohort</th>
<th>% of total Asthma Pop</th>
<th>% of total Medicaid ED + IP Spend</th>
<th>Non-ED/IP Asthma Spend</th>
<th>Asthma spend % of total Medicaid Spend for that age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>24,844</td>
<td>4%</td>
<td>4%</td>
<td>$17,087,348</td>
<td>$1,728,738</td>
</tr>
<tr>
<td>2-11</td>
<td>159,747</td>
<td>26%</td>
<td>2.6%</td>
<td>$60,875,220</td>
<td>$40,191,191</td>
</tr>
<tr>
<td>12-20</td>
<td>37,955</td>
<td>6%</td>
<td>7.6%</td>
<td>$78,108,624</td>
<td>$36,033,469</td>
</tr>
<tr>
<td>21+</td>
<td>362,984</td>
<td>59%</td>
<td>5.9%</td>
<td>$673,225,828</td>
<td>$271,198,849</td>
</tr>
<tr>
<td>Total</td>
<td>620,450</td>
<td>100%</td>
<td>10.1%</td>
<td>$847,372,030</td>
<td>$349,152,246</td>
</tr>
</tbody>
</table>

### Addressing access to and quality of Medicaid asthma management services via the NYS DSRIP Program

- 13 Performing Provider Systems (PPS) covering various geographic regions throughout the state selected to address their Medicaid population with asthma via DSRIP initiatives:
  - Project 3.d.i - Expansion of asthma home-based self management program
    - 8 PPS implementing (6 NYC, 1 Long Island, 1 Capital Region)
  - Project 3.d.ii - Implementation of evidence-based medicine guidelines for asthma management
    - 5 PPS implementing (1 NYC, 1 Long Island, 1 Capital Region, 1 Hudson Valley, 1 Central NY)
- Associated Performance Measures:
  - PQI 15 (Asthma in Younger Adults Admission Rate) Ages 18-39
  - PD14 (Asthma Admission Rate) Ages 2-17
  - Asthma Medication Ratio (5-64 Years)
- Medication Management for People with Asthma (5-64 Years) - 50% of Treatment Days Covered
- Medication Management for People with Asthma (5-64 Years) - 75% of Treatment Days Covered

### Progress and Performance through DY3

- Project 3.d.i - Expansion of asthma home-based self management program
  - 7 of 8 PPS have completed implementation, with over half passing all project milestones
  - 8th PPS has this project due for completion next quarter
  - PPS partnering with community-based organizations, Regional Asthma Coalitions, primary care providers, local health departments, among others.
- Project 3.d.ii - Implementation of evidence-based medicine guidelines for asthma management
  - 4 of 5 PPS have completed implementation, with all but one passing all project milestones
  - 5th PPS has this project due at the close of DY4.
  - PPS partnering with primary care providers, specialists, pharmacists, and others.
DSRIP Mid Point Assessment

- Of the 13 PPS implementing Asthma Management projects (3.d.ii and 3.d.iii), four PPS had a total of six Mid Point Assessment recommendations from the Independent Assessor (IA) for these projects.
  1. PPS to develop a corrective action plan to successfully complete the project requirements that the IA determined were not completed by the PPS Speed & Scale commitment date for this project.
     - The PPS must provide a revised timeline for the completion of the three project requirements that were not completed by DY2, Quarter 2 as part of this action plan.
  2. PPS workforce committee to develop a strategy to recruit Certified Asthma Educators.
  3. PPS to develop a standard curriculum to train community health workers in asthma home-based self-management.
  4. PPS to develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project.
     - The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage patients in the project.
  5. PPS should continue to pursue workforce solutions through its identified workforce partners to foster workforce pipelines for necessary workers with appropriate skillsets.
  6. PPS should continue to collaborate with the NYS Asthma Regional Coalitions to provide asthma education certification trainings.

Progress and Performance through MY3

- Pay-for-Performance in MY3 (most recent period completed):
  - Asthma Medication Ratio (5 – 64 Years)
    - 11 of 13 PPS improved in performance compared to previous year
    - 7 of 13 PPS met their MY1 Annual Improvement Target (calculated on gap-to-goal)
    - All PPS rate has improved year-to-year
  - Medication Management for People with Asthma (5 – 64 Years) 50% of Tx Days Covered
    - 8 of 13 PPS improved in performance compared to previous year
    - 7 of 13 PPS met their MY1 Annual Improvement Target (calculated on gap-to-goal)
    - All PPS rate has improved year-to-year
  - Medication Management for People with Asthma (5 – 64 Years) 75% of Tx Days Covered
    - 6 of 13 PPS improved in performance compared to previous year
    - 4 of 13 PPS met their MY1 Annual Improvement Target (calculated on gap-to-goal)
    - All PPS rate has improved year-to-year

- PQI 15 (Asthma in Younger Adults Admission Rate) ages 18-39
- PDI 14 (Asthma Admission Rate) ages 2-17

As of October 2015, AHRQ transitioned from using ICD-9 to ICD-10 diagnosis codes for PQI and PDI measures. As such, these measures will not be trended from MY0, and instead, MY3 results will serve as baseline for Pay-for-Performance beginning in MY4.
Standard: Implementation of SDH Intervention

"To stimulate VBP contractors to venture into this crucial domain, VBP contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention. Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk." (VBP Roadmap, p. 41)

Description:
VBP contractors in Level 2 or 3 arrangement must implement at least one social determinant of health intervention. Language fulfilling this standard must be included in the MCO contract submission to count as an 'on-menu' VBP arrangement.
The SDH Intervention Menu is available at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/sdh_intervention_menu.xlsx

NYS Medicaid Health Homes

- Health Homes are a Care Management model that provide:
  - Integration of behavioral and physical health and social supports to provide “Care Management for All”
  - Enhanced care coordination and integration of primary, acute, behavioral health (mental health and substance abuse) services,
  - Linkages to community services and supports, housing, social services, and family services for persons with chronic conditions
- Adult Health Homes and Health Homes Serving Children use the below Chronic Condition Eligibility Criteria:
  - The individual must be enrolled in Medicaid and have:
    - 2 or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes)* OR
    - One single qualifying chronic condition:
      - HIV/AIDS or
      - Serious Mental Illness (SMI) (Adults) or
      - Serious Emotional Disturbance (SED) or Complex Trauma (Children)

Asthma Education for Health Homes

ACP partnered with OHIP to offer an asthma webinar for Medicaid Health Home Care Managers to present:
- Asthma basics
- Guidelines-based care
- Strategies to support care coordination

The session was attended by over 300 HH care managers.
Survey of Managed Care Organizations (MCOs) on Coverage and Availability of Asthma Services

- Conducted in partnership with Office of Health Insurance Programs’ (OHIP) Division of Program Development & Management
- Purpose
  - Explore variations and identify barriers
- Methods
  - Designed to inquire about key elements of the NAEPP EPR-3 guidelines
  - Three electronic questionnaires were developed
  - Pharmacy and durable medical equipment (DME) coverage
  - Medical coverage and provider support
  - Health plan support for Medicaid enrollees with asthma.
  - OHIP identified the 18 NYS MCO plans, points of contact for each, and distributed the surveys via email:
    - 100% response rates for each

### Summary Results: Pharmacy & DME

#### Quantity Limits and tracking of medication fills

- **Type of benefit coverage for medical devices**
  - MCO only
  - Pharmacy only
  - Both

<table>
<thead>
<tr>
<th>Medical Device</th>
<th>MCO only</th>
<th>Pharmacy only</th>
<th>Both</th>
</tr>
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<tbody>
<tr>
<td>Peak Flow Meters</td>
<td>11% (2/18)</td>
<td>17% (3/18)</td>
<td>72% (13/18)</td>
</tr>
<tr>
<td>Valved Holding Chambers</td>
<td>0%</td>
<td>28% (5/18)</td>
<td>72% (13/18)</td>
</tr>
<tr>
<td>Spacers</td>
<td>0%</td>
<td>28% (5/18)</td>
<td>72% (13/18)</td>
</tr>
</tbody>
</table>

#### Notifications by the plans that track fill data

- **Quick Relief Medications**
  - Notifications provided to prescriber? 100% (7/7)
  - outreach provided to enrollee? 100% (7/7)

- **Controller Medications**
  - Notifications provided to prescriber? 100% (5/5)
  - outreach provided to enrollee? 100% (5/5)

#### Medical device benefit coverage limitations

- **Type of benefit coverage for medical devices**
  - MCO only
  - Pharmacy only
  - Both

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### Types of Allergy Testing and Allergen Immunotherapies Covered

- **Types of Allergy Testing and Allergen Immunotherapies Covered**
  - Skin tests
  - Serum / blood tests
  - Allergy shots

<table>
<thead>
<tr>
<th>Allergy Testing Method</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin tests</td>
<td>100% (18)</td>
</tr>
<tr>
<td>Serum / blood tests</td>
<td>50% (9)</td>
</tr>
<tr>
<td>Allergy shots</td>
<td>0% (0)</td>
</tr>
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### Challenges linking patients living in HPSAs to asthma specialty care services

- **Challenges linking patients living in HPSAs to asthma specialty care services**
  - Extended wait times
  - Geographic distance
  - Available specialists

<table>
<thead>
<tr>
<th>Challenge Type</th>
<th>Coverage</th>
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</thead>
<tbody>
<tr>
<td>Extended wait times</td>
<td>39% (7)</td>
</tr>
<tr>
<td>Geographic distance</td>
<td>33% (6)</td>
</tr>
<tr>
<td>Available specialists</td>
<td>22% (4)</td>
</tr>
<tr>
<td>No challenges</td>
<td>50% (10)</td>
</tr>
</tbody>
</table>

### Medical Coverage

- **Supports offered to providers in managing Medicaid patients with asthma**
  - Medical education
  - Pharmacy support
  - Provider support
  - Medicaid enrollees
  - Ambulatory care
  - Other

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical education</td>
<td>33% (6)</td>
</tr>
<tr>
<td>Pharmacy support</td>
<td>22% (4)</td>
</tr>
<tr>
<td>Provider support</td>
<td>50% (10)</td>
</tr>
<tr>
<td>Medicaid enrollees</td>
<td>17% (3)</td>
</tr>
<tr>
<td>Ambulatory care</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Other</td>
<td>33% (6)</td>
</tr>
</tbody>
</table>
Asthma Care Coverage: Key Findings

- Plans exhibit variation in coverage and some barriers remain
- Quantity and cost limitations on asthma medications and devices
- Tracking data for asthma medication over and underfills and outreach
- Challenges in linking patients in HPSAs with specialists
- Comprehensive asthma care management vs. standard case management services
  - Eligibility criteria targets enrollees whose asthma is not well controlled
  - Comprehensive care management is more likely to include NAEPP guidance-aligned services
  - Opportunities for alignment with CDC’s 6|18 Initiative

Prevention Agenda VBP Pilot: Asthma & Healthy Homes

Governor Cuomo Announces Proposal in FY 2020 Executive Budget to Reduce Asthma-Related Injuries

- Multi-Agency “Healthy Homes” Pilot to serve 500 low-income households in high asthma-burden regions
NYS Healthy Homes Pilot

- New York State Energy Research and Development Authority (NYSERDA) and DOH joint initiative
- Aims to develop and validate an approach for delivering a comprehensive healthy homes intervention within the context of VBP
- Streamlined integration of services to address home environmental triggers and housing-related hazards to improve asthma health outcomes and avoid home-based injury
  - Components include: asthma self-management education, environmental home assessment, and energy efficiency services

Cost-Benefit Analysis: NYS Funded Healthy Homes for Residents with Asthma, NYS Health Neighborhoods Program

Objective: Evaluate Costs/Savings of Asthma Intervention of State-funded healthy homes program.

Participants: 550 Children, 791 adults with active asthma, 791 households with 448 children and 551 adults with asthma events, previous year

Intervention: Home environmental assessments intervention to address asthma trigger-promoting conditions, and asthma self-management.
  Conditions reassessed 3-6 months after initial visit.

Results: Per Person savings, medical encounters and medications filled was $1,083 per in-home asthma visit, average cost of visit $302, net savings: $781.
  Active Asthma Group: $613 savings per visit, net benefit to program $311.

According to the CDC’s Community Preventive Services Task Force and the National Asthma Education and Prevention Program, the best Asthma interventions are...

- **Multi-component**
  - A team of experts conduct individualized education, visits, or support groups on asthma self-management, medication management, and disease awareness.
- **Home-based**
  - A certified, experienced professional will identify and address the home’s environmental asthma triggers.
- **Multi-trigger**
  - Remediation within the home is directed at eliminating multiple asthma triggers (allergens and irritants) including mice, cockroaches, dust mites, excess moisture and mold, household pets, and tobacco smoke.

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**Addressing Social Determinants of Health in a VBP Context**

- **Disparities in asthma burden**
  - Income
  - Housing quality and exacerbations
  - Impacts on overall health and productivity
  - Leads to higher health system costs
- **Pilot will support VBP Roadmap Requirements by:**
  - Level 2 and 3 arrangements include at least one SDH intervention
  - MCOs and VBP Contractors include at least one Tier 1 CBO (non-Medicaid billing) in their Level 2 and 3 arrangements
  - Pilot will build market support and foster provider engagement

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**Questions and Discussion**

Thank you!

*Please send questions and feedback to:*

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vbp@health.ny.gov