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Value-Based Payment and Quality Improvement Advisory Committee (VBPQI)

February 16, 2018

Full Committee Meeting #5

10:00 AM

Meeting Overview

Main Objectives

- Elect a presiding officer and assistant presiding officer
- Review and approve meeting minutes
- Receive welcome from Stephanie Muth, Associate Commissioner and Medicaid Director, Medicaid and CHIP Services
- Receive presentation from Mark McClellan, MD, PhD, Dell Medical School and Duke-Margolis Center for Health Policy
- Discuss Senate interim charges for healthcare quality and efficiency
- Receive workgroup reports
- Discuss the 2018 legislative report and topics
- Hear from stakeholders

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Value-Based Payment and Quality Improvement Advisory Committee

Election of presiding officer and assistant presiding officer

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Election of Officers

Responsibilities of the Chair

- Preside at committee meetings
- Provide democratic leadership
- Maintain an atmosphere in which the members have an opportunity to express their views freely
- Ensure reports and other deliverables are submitted as required
- Confer with HHSC Staff in:
  - Preparing agendas
  - Planning committee activities
  - Establishing meeting dates and calling meetings
  - Establishing workgroups

The Vice-Chair performs the same functions as the Chair in the Chair's absence

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Election of Officers

The Committee Rule States:

The Quality Committee selects from among its members a presiding officer and an assistant presiding officer.

(1) The presiding officer serves until December 31st of each odd-numbered year. The assistant presiding officer serves until December 31st of each even-numbered year.

(2) The presiding officer and the assistant presiding officer remain in their positions until the committee selects a successor; however, the individual may not remain in office past the individual's membership term.

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Election of Officers

Current Bylaw States:

- The Chair and Vice-Chair are elected according to procedures adopted by a majority vote of the members.
- No limits are set on the number of terms a member may serve as Chair or Vice-Chair.
- In the event the Chair and Vice-Chair offices are vacant simultaneously, the election for Chair will precede that for Vice-Chair.

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Election of Officers

Example Election Process

- Members are allowed to nominate themselves or another member.
- Members will have an opportunity to discuss the nominations.
- Members will write the name of their candidate on the confidential ballot.
- *The votes will be tallied and the nominee with the most votes will become chair.
- The committee will then do the same process to elect the vice chair.
- In the event of a tie between two candidates, the floor will be open for any additional member discussion. A second vote will take place in the same manner as the first. In the event of another tie, the chair and/or vice chair will be determined by the flip of a coin.

*Prior to voting, the committee should determine whether they want a run off if no candidate receives more than 50% of the votes on the initial ballot.

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Update from the Chair

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Review and approval of meeting minutes from: September 22, 2017

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Welcome from Stephanie Muth, Associate Commissioner and Medicaid Director, Medicaid and CHIP Services

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Presentation: Dell Medical School/Episcopal Health Foundation Project to Advance Value-Based Care in Texas Medicaid
by Mark McClellan, MD, PhD, Dell Medical School and Duke-Margolis Center for Health Policy

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Discussion on Texas Senate interim charges

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Senate Interim Charges

Medicaid Quality and Value-Based Payments

- Review the Health and Human Services Commission's efforts to improve quality and efficiency in the Medicaid program, including pay-for-quality initiatives in Medicaid managed care.
- Compare alternative payment models and value-based payment arrangements with providers in Medicaid managed care, the Employees Retirement System, and the Teachers Retirement System, and identify areas for cross-collaboration and coordination among these entities.

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State Agency Collaboration

Article IX, Special Provision 10.06

Workgroup of state agencies that have large, state-funded healthcare expenditures: HHSC, DSHS, ERS, TRS, and TDCJ.

- **Objectives:**
  - Develop recommendations and a comprehensive plan for integration of data to support analyses
  - Identify potential opportunities for improved quality and efficiency of health care.
- **May 1, 2018 Report to the Legislature:**
  - Costs for recommendations and plan;
  - Any necessary statutory changes; and
  - Potential impacts to data governance planning at each agency.

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State Agency Collaboration

Article IX, Special Provision 10.07

Cross-agency Collaboration on Value-based Payment Strategies

- HHSC, ERS, and TRS are developing potential value-based payment strategies.
- Work is just beginning on this requirement

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Value-Based Payment and Quality Improvement Advisory Committee

Quality and program improvement staff update

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Staff update

Quality and program improvement staff update

- New committee appointments
- Updated committee bylaws
- Healthcare Quality Plan and Dashboard
- Measurement year begins for P4Q programs
- Measurement year begins for MCO Alternative Payment Model (APM) Requirements

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Healthcare Quality Plan

Strategic Priorities

1. Keeping Texans healthy
2. Providing the right care in the right place at the right time
3. Keeping patients free from harm
4. Promoting effective practices for chronic disease
5. Supporting patients and families facing serious illness
6. Attracting and retaining high performing providers and other healthcare professionals

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Value-Based Care

Programs and Initiatives

1. MCO/DMO Pay-for-Quality (P4Q)
2. MCO Alternative Payment Models (APM)
3. Hospital Quality Payment Program
4. Delivery System Reform Incentive Payment (DSRIP) Program
5. Nursing Home Quality Incentive Payment Program (QIPP)
6. VBP Toolkit for All Stakeholders
7. MCO Performance Indicator Dashboard
8. Texas Healthcare Learning Collaborative Portal
9. Advisory Committees and workgroups

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Value-Based Care

Medical P4Q Program

- 3.0% percent of MCO capitation is placed at-risk, contingent upon performance on quality measures.
- MCO performance is evaluated in three ways:
  1. Performance compared to benchmarks
  2. Performance compared to self
  3. Bonus Pool measures
     - Examples: Percentage of low-birthweight births (STAR); Member access to urgent care (per survey).
     - Remaining funds after recoupments and distributions from 1 and 2 yield a pool of funds for incentive payments to MCOs that excel on Bonus Pool measures.
- The 2018 medical P4Q program measures focus on prevention, chronic disease management (including behavioral health), and maternal and infant health.
- Measurement year began January 1, 2018.

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Value-Based Care

Dental P4Q Program

- 1.5% of each DMO's capitation is at risk.
- DMO performance compared to performance from two years prior.
- 2018 dental P4Q measures were selected to focus on annual oral evaluations and primary prevention against dental caries (cavities).
- Measurement year began January 1, 2018.

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Value-Based Care

MCO APM Requirements

- HHSC MCO contract requires a minimum percentage of provider payments linked to quality-based APMs.
- Measurement year begins January 2018 to coincide with P4Q start date.
- Annual percentage increases to 4th year target.

Period	Minimum Overall APM Ratio	Minimum Risk-Based APM Ratio
Year 1 (CY 2018)	>= 25%	>= 10%
Year 2 (CY 2019)	Year 1 Overall APM % +25%	Year 1 Risk-Based APM % +25%
Year 3 (CY 2020)	Year 2 Overall APM % + 25%	Year 2 Risk-Based APM % + 25%
Year 4 (CY 2021)	>= 50%	>= 25%

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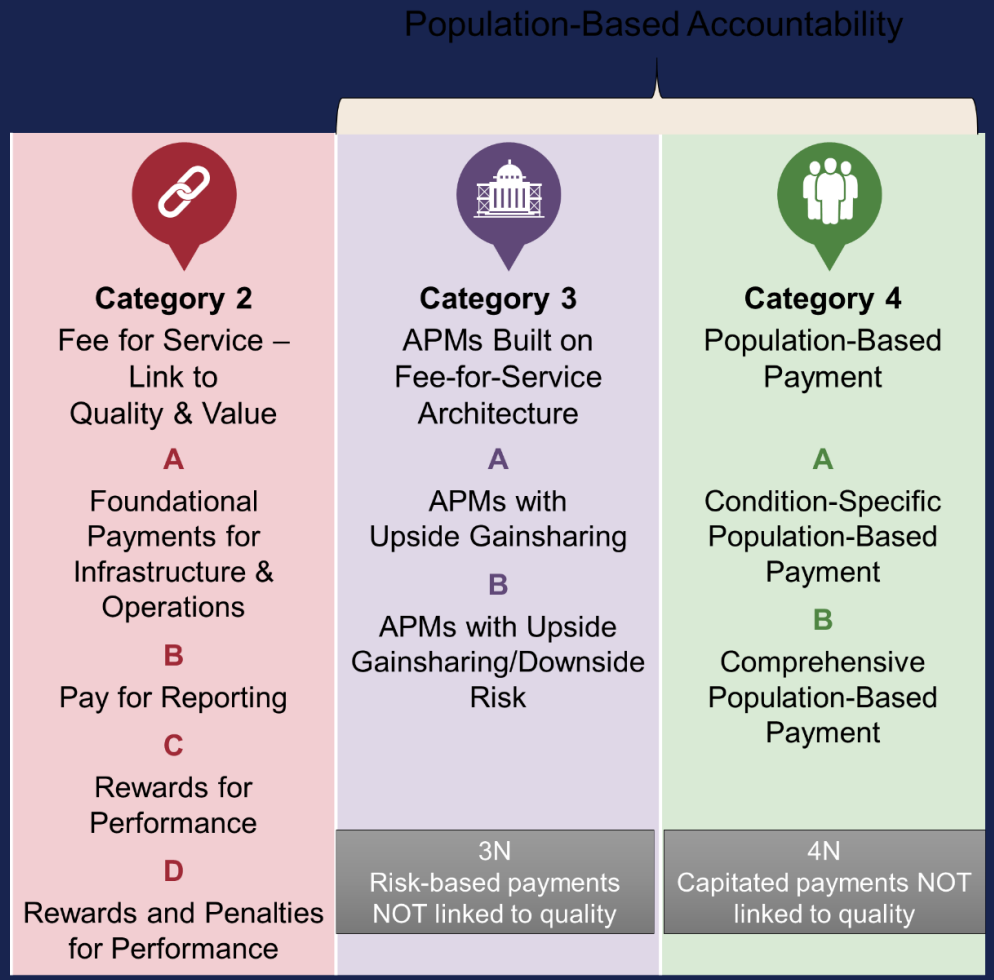
MCO APM Requirements

Contract requirements include:

- Exceptions for high quality
- Penalties for low performance
- Provider data sharing

- Goal: Mutual progress – by MCOs and providers – along the continuum of alternative payment models; through aligned incentives.



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Workgroup (WG) reports

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WG 1: Data driven quality improvement

Potential topics for 2018 report:

1. Data sharing with plans, providers, and consumers to support care coordination
2. Data integration and linking across the HHS system, particularly Medicaid-Birth Certificate-Death Certificate
3. Data access and collaborative analytics for quality improvement
4. Public reporting for policy makers and consumers
5. Identifying best/promising practices from Delivery System Reform Incentive Payment (DSRIP) projects

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WG 2: Foundational steps toward value-based care in Medicaid and CHIP

Potential topics for 2018 report:

1. Transparency and Stakeholder Involvement
2. Data sharing with plans, providers, and consumers to support care coordination
3. Maternal/Newborn Care
4. DSRIP 2.0/Social Determinants
5. Behavioral Health/Opioids
6. Alleviation of Administrative Burdens
7. Workforce Development to Support VBP

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Legislative report discussion

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Guidelines for Recommendations

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Elements of a good recommendation:

1. Avoid the obvious
2. Recommend actions that can be evaluated
3. Recommend options to accomplish the goal(s) of the recommendation
4. Express recommendations in an active voice (actor, action, time frame)
5. Clearly identify recommended actions as recommendations
6. Make recommendations as succinct as possible
7. Remember that less is more

Consensus!

Legislative report discussion

Next steps:

1. Workgroup calls to establish background and recommendations for each topic
2. Workgroups begin drafting respective sections of legislative report
3. Workgroups will have first draft complete by April 30
4. Review and approve recommendations and legislative report language at May committee meeting

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VBPQI
Legislative Report

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2018 Milestones
Legislative Report Timeline

Value-Based Payment and Quality Improvement Advisory Committee

Staff action items

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Public Comment

Onsite participants, please come to the podium and provide your name and organization for the record.

Comments may also be submitted in writing to staff to be read aloud or for inclusion in the meeting record.

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Thank you

For more information contact:

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Health Quality Institute

Medicaid and CHIP Services

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Visit the VBPQI Advisory Committee webpage to learn more:

https://hhs.texas.gov/about-hhs/leadership/advisory-committees/value-based-payment-quality-improvement-advisory-committee