TEXAS HEALTH AND HUMAN SERVICES COMMISSION

**Value-Based Payment and Quality Improvement
Advisory Committee
DRAFT Meeting Minutes
Tuesday, January 22, 2019
10:00 a.m.**

**Brown-Heatly Building
Public Hearing Room
4900 North Lamar Boulevard
Austin, Texas 78751**

Table 1: Value-Based Payment and Quality Improvement Advisory Committee member attendance at the Tuesday, January 22, 2019 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Bose, Sarojini, MD		X	McNabb, Benjamin, Pharm. D.	X	
Fullerton, Cliff, MD	X		Peterson, Mary Dale, MD	P	
Ganduglia Cazaban, Cecilia, MD, PhD	P		Sowell, Vincent	P	
Garrett, Adam M.	X		Stanley, Michael, MD	X	
Haney-Urrea, Angie	X		Taylor Calhoun, Rose	X	
Hardy-Decuir, Beverly, DNP		X	Isaac, Daverick (Ex-Officio)	X	
Keller, Andy, PhD	X		Kirsch, Lisa C. (Ex-Officio)	X	
Lee, Kathy	X		Ramon, Joseph, III, R. Ph. (Ex-Officio)	X	

Yes: Indicates attended the meeting. **No:** Indicates did not attend the meeting. **P:** Indicates member participated by phone.

Agenda Item 1: Welcome and Introductions
Mr. Jimmy Blanton, Director, Health Quality Institute, HHSC, convened the Value-Based Payment and Quality Improvement (VBPQI) Advisory Committee meeting 10:00 a.m. Table 1 notes committee member attendance at the meeting; it was noted a quorum was present.

Agenda Item 2: Election of the VBPQI Advisory Committee Vice Chair
Ms. Francesca Kupper, Project Manager, Advisory Committee Coordination Office, HHSC, reviewed the nomination process, and called for a motion.

MOTION:
Dr. Mary Dale Peterson moved to accept the VBPQI Advisory Committee Vice Chair election process. Ms. Angie Haney-Urrea seconded the motion. The election process was unanimously approved by voice vote with no nays nor abstentions.

Ms. Kupper opened the floor to nominations for the VBPQI Advisory Committee Vice Chair. Dr. Peterson nominated Ms. Lisa Kirsch; Ms. Kirsch accepted the nomination. Upon receiving no other nominations, Ms. Kupper called for motion.

MOTION:
Dr. Michael Stanley moved to elect Ms. Kirsch as the VBPQI Advisory Committee Vice Chair. Dr. Cliff Fullerton seconded the motion. Ms. Kirsch was elected unanimously by voice vote with no nays nor abstentions.

Agenda Item 3: Review and Approval of the draft August 7, 2018, meeting minutes
Ms. Kirsch called for a motion to approve the draft August 7, 2018, meeting minutes.

MOTION:
Ms. Rose Taylor Calhoun moved to accept the draft August 7, 2018, meeting minutes. Dr. Andy Keller seconded the motion. The minutes were unanimously approved by voice vote with no nays nor abstentions.

Agenda Item 5: Presentation: Behavioral health measures
Dr. Keller, President and Chief Executive Officer, Meadows Mental Health Policy Institute (MMHPI), reviewed the Power Point presentation, "Value Based Purchasing and Quality Improvement Advisory Committee – Improving Managed Care for People with Serious Mental Illness." Highlights included:

- The MMHPI reviewed performance measures for persons with serious mental illness (SMI) in response to Rider 45a, including; the STAR+PLUS Medicaid program in Texas; other states' Medicaid managed care programs; and the Health Effectiveness Data and Information Set (HEDIS) measures.
- The MMHPI recommends 10 performance measures for the SMI population in STAR+PLUS; HHSC currently collects data on seven of the performance measures and could collect data on the remaining three performance measures if the Adult Needs and Strengths Assessment (ANSA) data are shared with the managed care organizations (MCOs).
- The MMHPI offered six recommendations to HHSC, including:
- Share ANSA data with the MCOs.
- Once ANSA data is shared with the MCOs, amend MCO contracts to report on the three remaining performance measures; develop a standardized protocol to identify each adult recipient with SMI in STAR+PLUS; and, develop a standard protocol in STAR+PLUS based on diagnosis and functioning.
- Encourage the use of alternative payment arrangements that are allowable under Medicaid managed care rules and value-based purchasing.
- Add SMI and Seriously Emotionally Disturbed (SED) measures to the Pay for Quality (P4Q) program, and, expand the number of P4Q measures it collects that relate to behavioral health in general and SMI in particular.
- Add a focus on members with SMI and SED to External Quality Review Organization (EQRO) monitoring.
- Add value-based purchasing requirements for members with SMI and SED, and, designate a percentage of value-based purchasing for providers delivering care to the SMI and SED population.

ACTION ITEM:
- Mr. Blanton will follow-up with Dr. Keller regarding behavioral health measures/value-based payment (VBP) models.

Agenda Item 4: Medicaid Value-Based Initiatives: update and progress
Mr. Matt Ferrara, Director, Quality Oversight, HHSC, reviewed the Power Point presentation, "Value-Based Payment and Quality Improvement Advisory Committee Value-Based Project Update." Highlights included:
- Texas Medicaid Managed Care contract targets for Alternative Payment Models (APMs).
- Health Care Payment (HEP) Learning Action Network (LAN) as a common framework for different initiatives including the following categories:
- Category 1/Fee For Services (FFS) - No Link to Quality and Value.
- Category 2/FFS – Link to Quality and Value.
- Category 3/APMs Built on FFS Architecture.
- Category 4/Population-Based Payment.
- Distribution of APMs by HCP LAN Category.
- Financial Risk by Provider;
- Distribution of APMs by HCP LAN Type.
- APM Categories and APM Models.
- Provider Type.
- Claims and Net Incentives by Provider Type.

Agenda Item 6: Legislative report follow-up and action plan
Mr. Blanton referred to the Power Point presentation, "Value-Based Payment and Quality Improvement Advisory Committee Legislative Report and Action Plan," and reviewed the key themes, findings and the recommendations. Mr. Blanton noted the report was published and had been distributed to the HHSC leadership and to the Texas legislative offices. Mr. Blanton advised that HHSC leadership had requested the program work with the VBPQI Advisory Committee to develop and implement an action plan to achieve the recommendations, which Mr. Blanton assigned to three "bucket" areas: Enhanced Informatics, Value-Based Models, and Address Barriers.

Ms. Kirsch reviewed the Power Point presentation, "Looking Ahead: Maximizing Value-Based Care in Texas," noting that Dell Medical has an Episcopal Health Foundation grant to help support the Texas Medicaid program. Ms. Kirsch noted Dell Medical hosted a "Rethink Health Policy" event in December 2018 and highlighted feedback from providers and health plans:
- Desire for additional guidance from HHSC, including on consistent measures, measure definitions, and attribution methodologies.
- Adequate aligned payment incentives for plans and providers are needed to sustain high-value care initiatives.
- Timely, accurate data is critical to support VBP efforts.
- Interest in diverse providers in engaging in APMs (including smaller physician practices, pharmacy, home health).
- Sharing best practices and technical assistance can accelerate progress.

Ms. Kirsch briefed members on two examples of a promising VBP collaboration and on North Carolina's new Medicaid 1115 waiver:
- The Maternity/Newborn Care episode-based APM involving Community Health Choice, the University of Texas Medical Branch (UTMB), and UT Physicians in Southeast Texas.
- The Home Health for Children with Medical Complexity 10-state quality improvement project to improve care and payment for children with medical complexity, funded by the federal Health Resources and Services Administration (HRSA).
- The Centers for Medicaid and Medicare (CMS) approved a demonstration, as part of North Carolina's new Medicaid 1115 waiver, to implement enhanced case management

to address key social determinants of health, including homelessness and housing insecurity, food insecurity, transportation insecurity, and risk of interpersonal violence.

Ms. Kirsch advised members Dell Medical will focus on the following four areas in the coming year, on which it seeks to collaborate with the VBPQI Advisory Committee and HHSC:
- Standardizing health quality outcome measures for APMs.
- The need for timely, accurate data to engage successfully in APMs.
- Develop Quality Improvement use cases.
- Develop toolkit(s).

Members brainstormed possible action topics which were assigned to Mr. Blanton's aforementioned "bucket" areas noted below.
- **Address Barriers**, including: ANSA data; common metrics; VBP models ground rules; Substance Use Disorder (SUD) data; special/extra protectors for mental health claims; primary care cap; identification of use cases; APM webinars for continuing education (CE) credits; credentialing processes; collaborative practice agreement regulation; pharmacy professional services; and, Pharmacy Benefit Managers (PBMs)network access restrictions.
- **VBP Models**, including: virtual health consultative services; VB purchasing statewide standard metrics; coordination between mental health, pharmacy and care coordination; medication synchronization and adherence issues; leverage mental health case management and Medicaid rehabilitation services; integrate mental health with primary care; primary care cap issues; partnership research opportunities; MCOs collaboration to form VBP core set of common metrics; Texas Medical Association (TMA) and MCO establish core collaborative model for primary care, behavioral health and maternity care; pharmacy involvement in opioids crisis, Medication-Assisted Treatment (MAT), education, identification and naloxone dispensing; VBP rural providers enhanced services reimbursement models; pharmacy care cost reduction through alignment of plan sponsors, Primary Care Providers (PCP) and pharmacy; Regional Advisory Councils (RACs) convene RAC chairs to monitor new Intermediate Care Unit (ICU); clinical experts and MCOs both measure finance and clinical quality; attendant case and transportation issues regarding STAR+PLUS and non-medical providers; and, CMS Innovation Accelerator Program (IAP) follow-up.
- **Enhanced Informatics**, including: MCOs need for ANSA data; Pharmacy Quality Solutions (PQS) trademarked Electronic Quality Improvement Platform for Plans and Pharmacies (EquiPP), Pharmacist eCare Plan (PeCP), and potential risk score; convene MCOs, providers and stakeholders to define a standard set of behavioral health-related metrics using currently collected data; Health Information Technology (HIT) strategic plan opportunity to develop relevant data and reports; Long-Term Services and Supports (LTSS) programs need performance measures that reflect value, quality and outcomes; and, MCOs need for HHSC level data in order to collaborate.

ACTION ITEMS:
- Mr. Blanton will use the brainstorming discussion to develop draft work plans that will include how to utilize the VBPQI Advisory Committee members' expertise, and distribute the draft document to the membership.
- Mr. Blanton will draft the VBP action plan and distribute to HHSC leadership for approval.
- Mr. Blanton will follow-up on the creation of a data-focused workgroup.
- Mr. Blanton and staff will pull together for the MCOs data regarding quality measures data aggregation in order to better convene and collaborate with the MCOs.
- Mr. Blanton and staff will track legislation during the 86th Legislature, Regular Session, to look for opportunities and barriers to value-based payment initiatives.

- Mr. Blanton and staff will schedule presentations on ANSA, Home and Community-based Services (HCS), and the Innovation Accelerator Program (IAP).

Agenda Item 7: Panel Discussion: Value-Based Payment in Pharmacy
Mr. Blanton noted the two value-based panel discussions on pharmacy and home health provide opportunities for members to learn and discuss how the two areas could contribute to Medicaid value-based efforts. Mr. Blanton briefly reviewed the home health and pharmacy data on the Power Point slide, "Claims and Net Incentives by Provider Type."

Dr. Benjamin McNabb opened the "Value-Based Payment in Pharmacy" panel discussion and provided a brief introduction of each panelist.

- Ms. Teresa Watkins, Senior Policy Advisor, Vendor Drug Program, HHSC, reviewed the Power Point presentation, "UMass Value-Based Report," noting HHSC had contracted for a comprehensive literature review and environmental scan. Ms. Watkins noted the report will serve as a resource for MCOs as they incorporate value-based models in their programs.

- Dr. Melissa Somma McGivney, Associate Dean for Community Partnerships, Director Community Leadership and Innovation in Practice (CLIP) Center, and Associate Professor of Pharmacy and Therapeutics, School of Pharmacy, University of Pittsburgh, reviewed the Power Point presentation, "Pennsylvania Pharmacists Care Network (PPCN)." Dr. Somma McGivney noted the PPCN vision and mission and the location of PPCN pharmacies by Medicaid region. Dr. Somma McGiveny discussed how PPCN pharmacies are different including: the provision of enhanced services; its partnership with Strand and Gateway Health; initial PPCN Encounters per month (September 1-December 31, 2017); and, three patient case examples.

- Dr. Joe Moose, Director, Strategy and Luminary Development, Community Pharmacy Enhanced Services Networks (CPESN) USA, reviewed the Power Point presentation, "Introducing CPESN & NC CMMI Project." Dr. Moose advised the project involved leveraging frequent patient "touches" to improve medication management and how to scale team-based medication optimization efforts. Dr. Moose discussed the NC CPESN distribution; payment model evolution; the APM tested under the CMMI award; the pharmacy quality report card; initial findings; the objective; and, the current local network growth by launch phase across the country.

- Ms. Emily Endres, Senior Manager, Payer Relations, PQS, reviewed the Power Point presentation, "PQS." Ms. Endres reviewed the PQS mission, and noted PQS is the owner/creator of the trademarked EQuIPP dashboard. Ms. Endres advised the EQuIPP dashboard functions include: manage medication-related performance measures; track performance across value-based contracts; guide performance improvement strategies; identify improvement opportunities; and, benchmark organization performance. Ms. Endres discussed the overall marketplace reach and the Texas marketplace reach, and new measures in the pipeline.

PUBLIC COMMENT:
Mr. Jacob Fuller, representing himself, provided comments off-microphone.

Ms. Trena Weidman, representing herself, provided comments on her pharmacy's practices.

ACTION ITEM:
- Mr. Blanton will distribute the University of Massachusetts Value-Based Report to the members.

Agenda Item 8: Panel Discussion: Value-Based Payment in Home Health Services
Mr. Joe Ramon reviewed the Power Point presentation, "RGVSG – Rio Grande Valley Solutions Group." Mr. Ramon noted the attendant and the agency they work for are the lynchpin for the Medicaid system, and advised the attendant can be the greatest ally or biggest obstacle in the home. Mr. Ramon discussed the factors that improving Texas Medicaid Long-Term Services and Supports (LTSS)/Personal Attendant Services (PAS) care depends on, and reviewed the elements of an attendant training program.

- Mr. Billy Millwee, President and CEO, Millwee & Associates, LLC, discussed antecedents that need to be determined prior to establishing a value-based program; principles for putting the program in place; and, home health potential measures to consider.

- Ms. Rachel Hammons, Executive Director, Texas Association for Home Care & Hospice, discussed the challenge for home care moving forward in the world of value is understanding the scope and diversity of services home health provides and then be able to apply the appropriate model of value to those level of services. Ms. Hammons noted it is critical to know and understand the rules, what is being measured, and understanding the data.

- Ms. Cindy Bigbee, Quality Improvement Consultant, TMF Health Quality Institute Quality Innovation Network (QIN)—Quality Improvement Organization (QIO), reviewed the Power Point presentation, "Reducing Avoidable Admissions and Readmission," and provided an overview of the QIN-QIO program. Ms. Bigbee discussed the National Coordinating Center's National and Texas data reports; improving medication safety; dual eligible reports; and, TMF data reports.

- Ms. Mary Healy, Quality Improvement Consultant, TMF Health Quality Institute QIN—QIO, reviewed the Power Point presentation, "Monitor After Hospital Care Plan (AHCP)." Ms. Healy discussed the nine AHCP components; mobilizing front-line staff; the "*Stop and Watch* Early Warning Tool;" and, the "Zone Tool Diabetes."

Agenda Item 9: Action Items for Staff or Member Follow-up
Mr. Blanton noted staff had collected a list of action items to follow-up on after the meeting.

Agenda Item 10: Public Comment
No public comment was received.

Agenda Item 11: Adjourn
Ms. Kupper thanked meeting participants, and adjourned the meeting at 3:00 p.m.

HHSC webcast archive link: https://texashhsc.swagit.com/play/01222019-2142