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HIV CARE & TREATMENT

Recognizing quality with value-based payment for Ryan White Part A medical case management services

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Program

Disclosures



- Jennifer Carmona has no relevant financial or non-financial interests to disclose.
- Commercial support was not received for this activity.

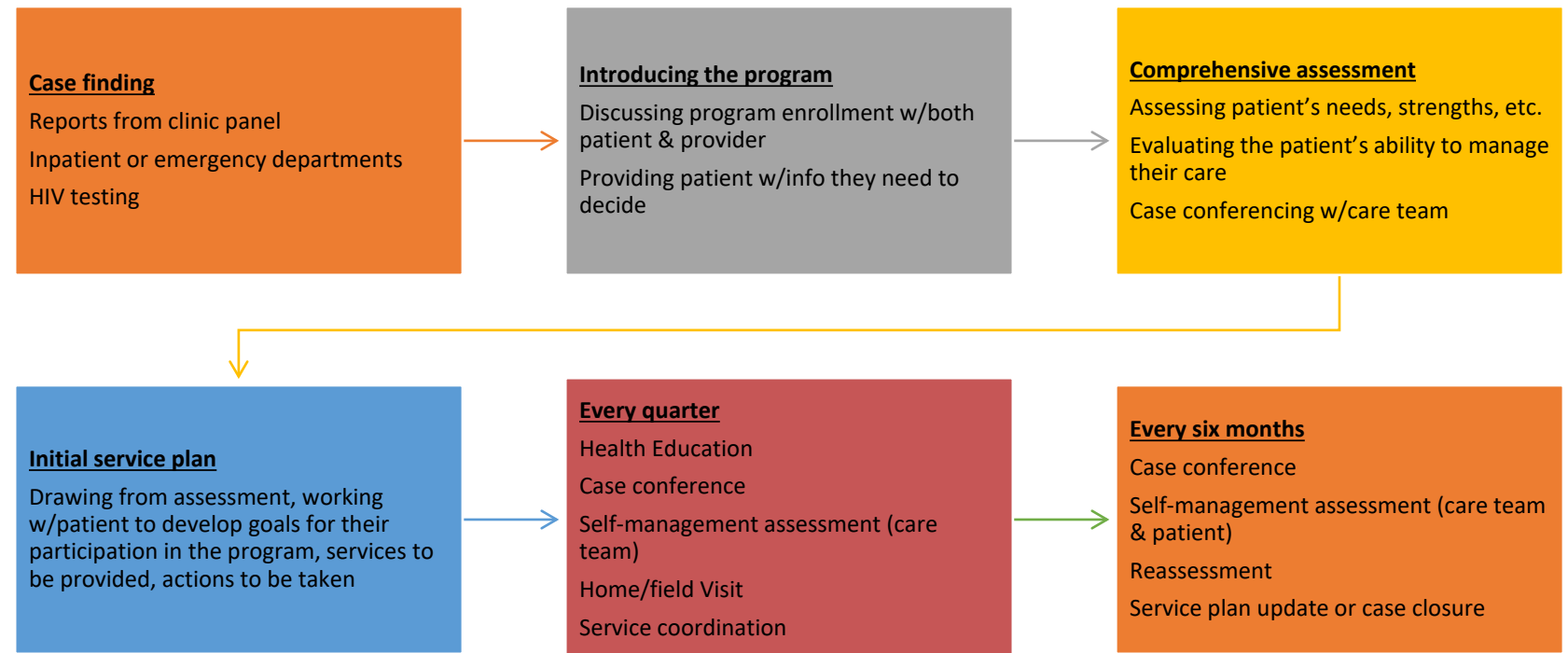
Learning objectives



- Illustrate how value-based payment aligns incentives with service quality for subrecipients.
- Describe the design of a system for value-based payment guided by the principles of implementation science.
- Demonstrate participatory methods and tools for designing and implementing a system for value-based payment in collaboration with subrecipients and other key stakeholders in the Ryan White Part-A system.

Care coordination program design

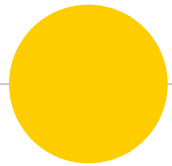
- Medical case management
- Team-based (care coordinator, patient navigators, primary care provider)
- 25 programs in NYC
- Reimbursed fee-for-service (FFS)



Why consider VBP for RWPA-funded services?



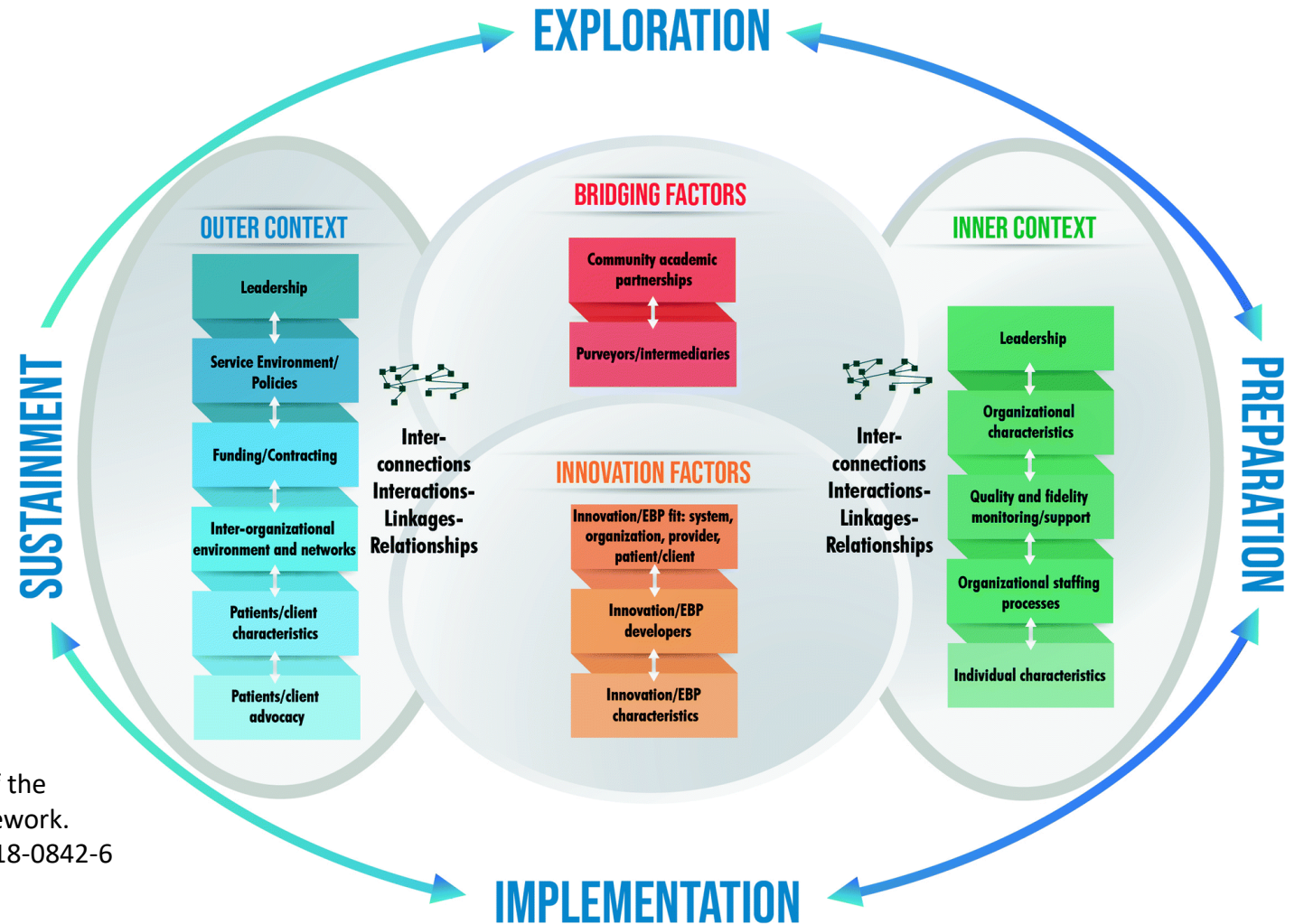
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Align incentives with service quality

Implementation science framework: EPIS

- ✓ Exploration
- ✓ Preparation
- Implementation
- Sustainment



Moullin, J.C., Dickson, K.S., Stadnick, N.A. *et al.* Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Sci* **14**, 1 (2019). <https://doi.org/10.1186/s13012-018-0842-6>

Solicitation for RWPA Care Coordination: November 2017

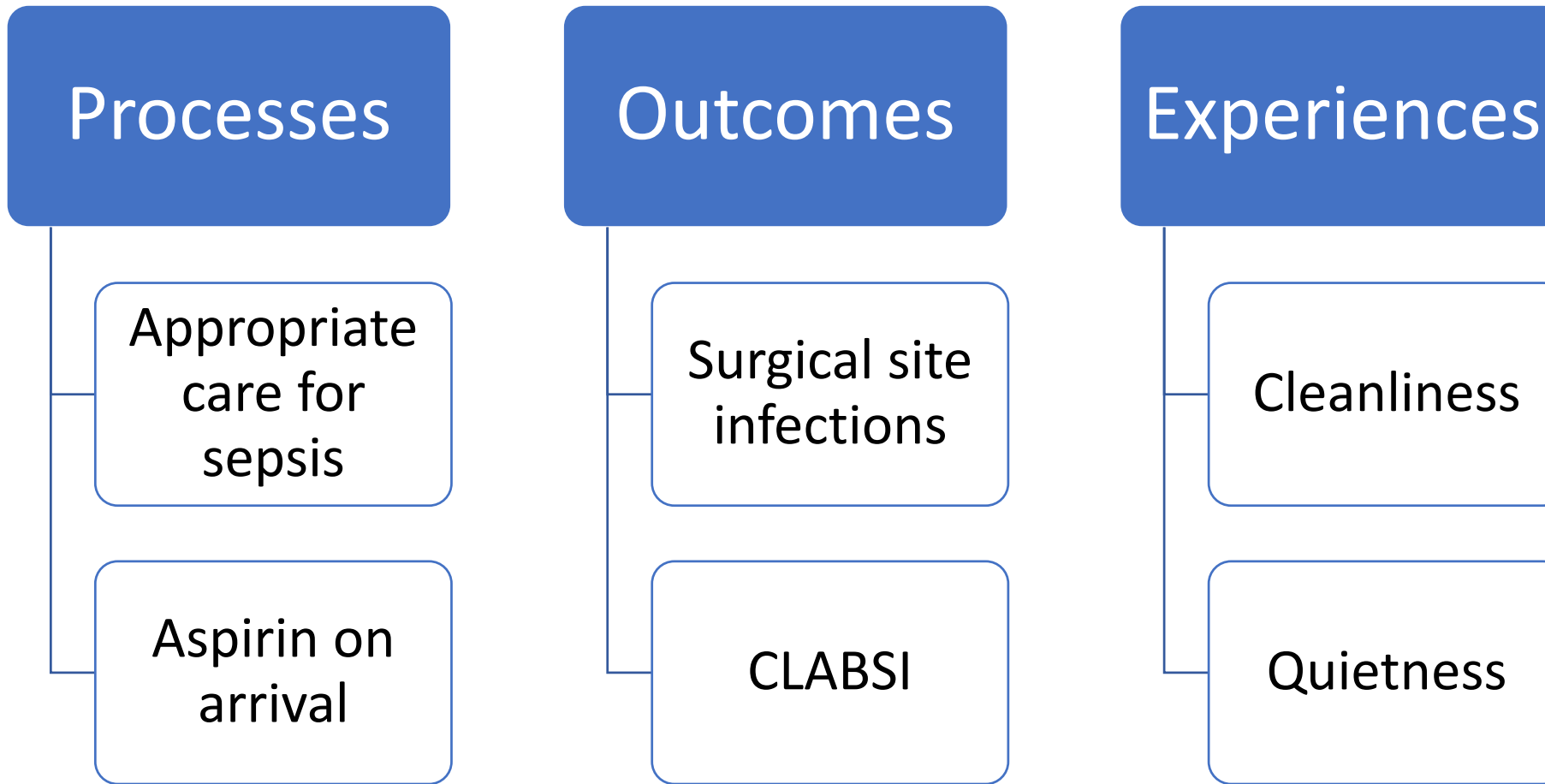


*“...Payment during subsequent contract years will be fee-for-service (reimbursement per month not to exceed 1/6 of total maximum reimbursable amount). NYC DOHMH and PHS also reserve the right to incorporate **value-based payments.**”*

Project timeline



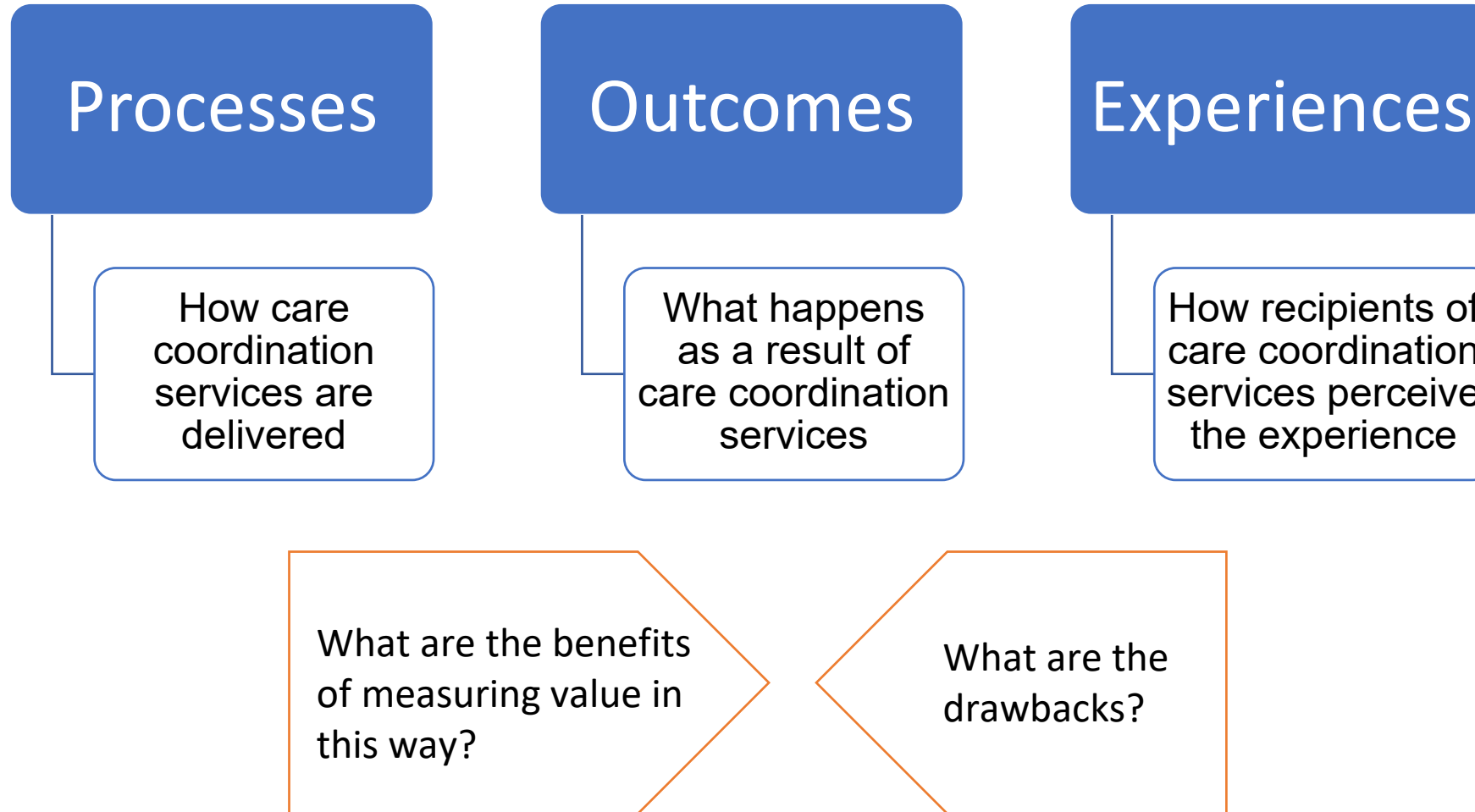
Types of measures



Types of measures



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Types of measures

Processes

What processes should we use to measure value for care coordination services?

e.g. Case conferencing

Outcomes

What outcomes should we use to measure value for care coordination services?

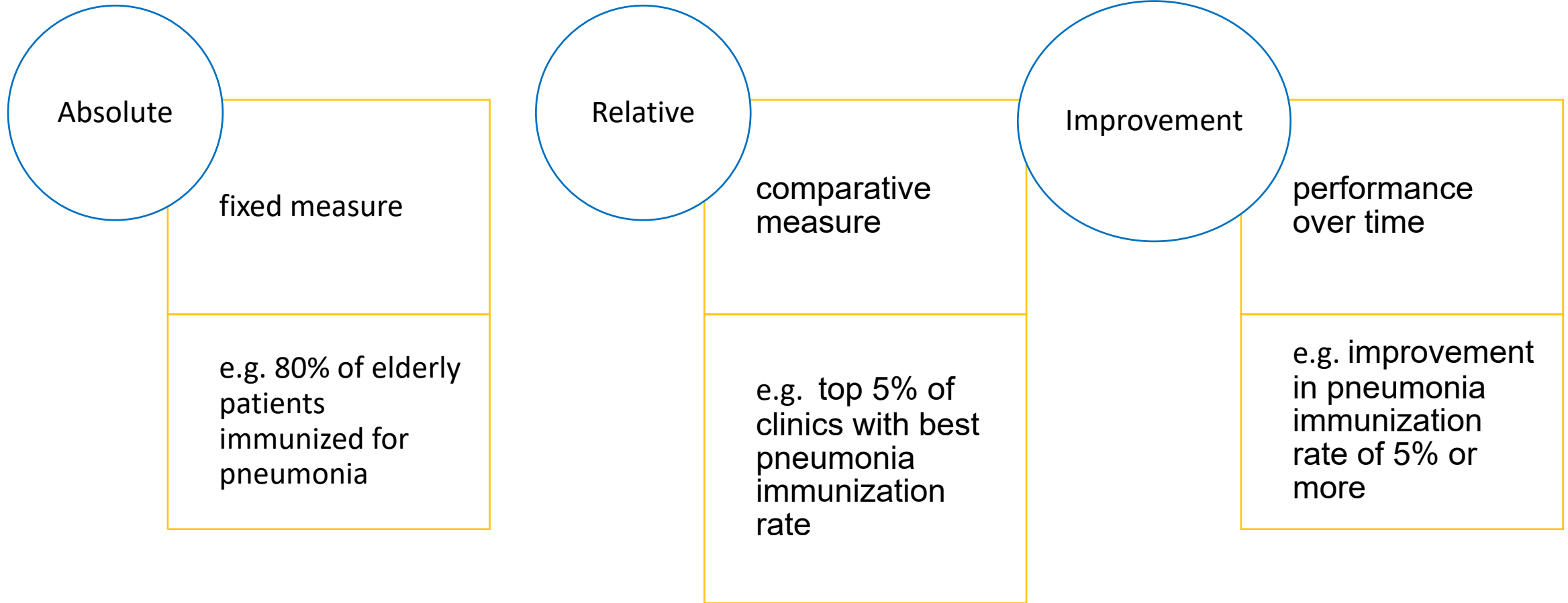
e.g. Viral load suppression

Experiences

What aspects of the client experience should we use to measure value for care coordination services?

e.g. Treated with respect

Options for setting performance benchmarks



Options for making payments

Carve out part (%) of contract value

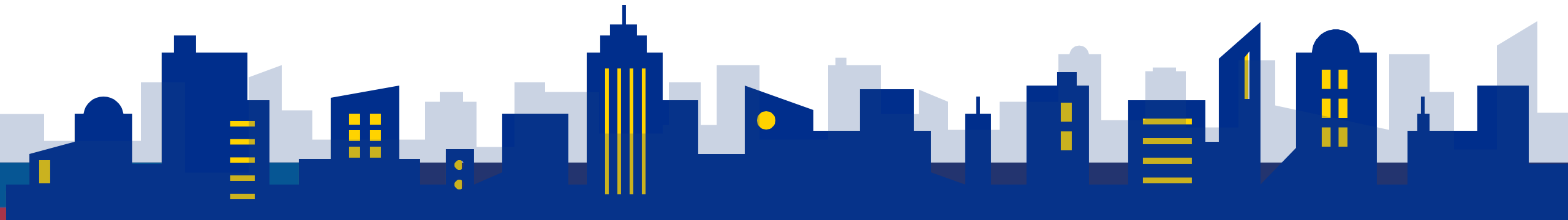
- Payment made only if benchmark is met

Enhance FFS rates

- Increase rates for services the following contract year

Use accruals

- Enhance contracts only for those programs meeting benchmarks



Soliciting feedback from other programs

- Conference call to review progress so far with all programs (draft measures, benchmark options, payment options)
- Survey for feedback on draft measures
- Survey (inspired by DCE method) for feedback about:
 - ❖ Types of measures & benchmark options
 - ❖ Number of measures & award trigger



These indicators are currently measurable using existing data reported in eSHARE

1. % of clients enrolled who were not virally suppressed at intake

	Not at all			Very much
Relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



These are possibly measurable using eSHARE with the collection of additional/alternative data

10. % of clients whose need for housing services was met within the first 6 months of program participation

	Not at all				Very much
Relevant	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Accurate	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Fair	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>



These are not readily measurable using eSHARE but may be measurable in some other way

13. % of clients who have kept all of their scheduled PCP visits in the last 12 months

	Not at all		Very much	
Relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Selecting measures for VBP



Type	#	Readily measurable	Average			
			Relevance	Accuracy	Fairness	Total score
Process	7	7	3.3	3.2	3.0	3.1
Outcome	6	2-5	3.3	2.9	2.5	2.9
Experience	11	0	3.3	3.0	2.8	3.0

Selecting measures for VBP



12 measures scored above average overall

- 4 process
- 2 outcome
- 6 experience

How would you prioritize (on a scale of 1-12)?

- How relevant is it to the purpose of the care coordination program?
- How accurately does it reflect the quality of the program?
- How fair is it to hold care coordination programs accountable for the measure?

Selecting measures for VBP



Measure	Type
% of clients with at least one <i>community-based</i> patient navigation service (coordination, accompaniment, linkage, engagement, assistance)/ quarter	Process
% of clients enrolled who were not virally suppressed at intake	Process
% of clients with at least one case conference service/quarter	Process
% of clients whose self-management skills have improved since intake within the first 12 months of program participation	Outcome

Measure	Type
% of clients with at least one health education session per quarter	Process
% of patients reporting satisfaction with the care coordination programs	Experience
% of clients reporting that program staff help them get the care they needed	Experience
% of clients who have achieved viral load suppression within the first 6 months of program participation	Outcome

PROMISE Survey

Imagine that you had to choose between two programs with the features below.
Select the one you would prefer.

(1 of 10)

Option A

Help with Adherence to ART



Clients receive DOT or modified DOT

Help with Primary Care Appointments



Staff provide reminders and attend all primary care appointments with clients

Help with Issues other than Primary Care



Staff help with insurance, SSI benefits, and other general paperwork for health care coverage and benefits

Where Program Visits Happen



Staff meet with clients at the program location

Select

Option B

Help with Adherence to ART



Clients don't receive medication reminders, but are assessed and helped with medication adherence

Help with Primary Care Appointments



Staff provide reminders and arrange transportation for clients to get to primary care appointments

Help with Issues other than Primary Care



Staff help with connections to specialty medical care (cardiology, oncology, neurology, ear-nose-throat, etc.)

Where Program Visits Happen



Staff meet with clients by phone or video chat

Select



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From: Program Refinements to Optimize Model Impact & Scalability based on Evidence (PROMISE) Study, CUNY ISPH & NYC Department of Health & Mental Hygiene

Types of measures & benchmarks

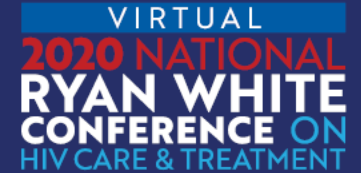


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Types of measures & benchmarks

Attributes	Levels
Type of measure	1. Measures that reflect fidelity to program model
	2. Measures that reflect program responsiveness to clients' needs
	3. Measures that reflect client level outcomes
	4. Measures that reflect client experience or client satisfaction
Type of benchmark	1. Absolute benchmark: a fixed measure that all programs must meet to be eligible for value-based reimbursement
	2. Relative benchmark: a comparative measure that rewards performance when it exceeds others' performance
	3. Improvement over time: a measure that rewards programs when they improve their own performance over time

Number of measures & award triggers



Number of measures & award trigger

Attributes

Levels

Number of
measure

1. Three measures
2. More than three measures

Payment trigger

1. Programs must meet benchmark for all measures in order to be eligible for VBP
2. Programs must meet benchmark for over 50% in order to be eligible for VBP



1. Which option do you prefer?

- Measures that reflect **fidelity to program model** (e.g. % of clients with at least one case conference service per quarter) combined with an **absolute benchmark** (a fixed measure that all programs must meet to be eligible for value-based reimbursement (e.g. 85% of clients have at least one case conference service per quarter for the program to be eligible for VBP))

- Measures that reflect program **responsiveness to clients' needs** (% of clients whose need for housing services was met within the first 6 months of program participation) combined with a **relative benchmark** (a comparative measure that rewards performance when it exceeds others' performance (e.g. top 5 % of programs with best quarterly case conference rate for the program to be eligible for VBP))

Prioritizing measures & benchmarks



Measures

- Process: measures that reflect fidelity to program model
- Responsiveness: measures that reflect program responsiveness to clients' needs
- Outcomes: measures that reflect client level outcomes
- Experience: measures that reflect client experience or client satisfaction

Benchmarks

- Absolute benchmark: a fixed measure that all programs must meet to be eligible for value-based reimbursement
- Relative benchmark: a comparative measure that rewards performance when it exceeds others' performance
- Improvement over time: a measure that rewards programs when they improve their own performance over time

Prioritizing number of measures & payment triggers



Number of measures

- Three
- More than three

Payment triggers

- Programs must meet benchmarks for all measures in order to receive payment
- Programs must meet benchmark for over half of the measures in order to receive payment

Final selections: conditions



Measures & benchmarks

- Measures
 - ❖ Process strongly preferred
- Benchmarks – toss-up
 - ❖ Absolute
 - ❖ Improvement over time



Value?

Number & triggers

- Number of measures
 - ❖ No clear preference
- Trigger
 - ❖ Programs must meet benchmark for over half of the measures in order to receive payment

Exercise



Measure	Measure type	Include in VBP array? (Y/N)	Benchmark type (select one)		Benchmark value
			Absolute	Improvement	
% of clients enrolled who were not virally suppressed at intake	Process	Y	X		75%

Steps

- Select the measures you think we should use for VBP
- For each measure that you select, decide whether we should apply an absolute benchmark or one that recognizes improvement over time
- Then, propose a value for the benchmark

VBP measures for care coordination services



- Five measures selected for pilot
- Must meet benchmark for over half of the measures

Measure	Measure type	Benchmark type	Benchmark value
% of clients with at least one community-based patient navigation service (coordination, accompaniment, linkage, engagement, assistance) per quarter	Process	Absolute	85%
% of clients enrolled who were not virally suppressed at intake	Process	Improvement	10%
% of clients with at least one case conference service per quarter	Process	Absolute	85%
% of clients with at least one health education session per quarter	Process	Absolute	85%
% of clients who have achieved viral load suppression within the first 6 months of program participation	Outcome	Improvement	10%

Lessons learned (so far)

- Active involvement of stakeholders (especially service providers)
 - ❖ Clear from the outset about the commitment involved
- Intended to roll out March 1, 2020
 - ❖ “...the dynamics, complexity, and interplay of the outer and inner contexts.”
- Postponed until March 2021



U.S. DEATHS NEAR 100,000, AN INCALCULABLE LOSS

They Were Not Simply Names on a List. They Were Us.

Names almost never come publicly necessary the impact of the coronavirus in America, whether it is the number of patients treated, jobs interrupted or lives cut short. As the country rears a grim toll of 200,000 deaths attributed to the virus, The New York Times named individuals and described the lives of the victims. The 1,000 people here represent just a percent of the toll. None were mere numbers.

Patricia Dowd, 55, San Jose, Calif., an author in Silicon Valley. **Marian Krueger, 65, Kirkland, Wash.,** great-grandmother from an early high school with little time to enjoy a new marriage. **Catharine Lyster, 84, Baltimore, Md.,** whose eyes were closed in a coma after a stroke. **John J. O'Connell, 78, Chicago, Ill.,** a former mayor. **Lisa Jones, 24, Romeville, Ga.,** traveled often to the United States and Mexico. **Maria C. Drey, 55, Tulsa, Okla.,** an artist and musician. **Alan Land, 65, Washington, D.C.,** an author with "the most amazing ear." **Black Miki, 44, New Orleans, La.,** a DJ and radio personality. **Michael Miki, 73, Chicago, Ill.,** a former vice president of the American Express. **John Cohen, 52, New Jersey,** an administrator at a nursing facility. **Donald Raymond Hays, 53, Jacksonville, Fla.,** an administrator who worked at a hospital. **Paul Walker, 69, 70, Boston County, Wash.,** died for his own and his family's health. **John Staden-Smith, 51, Charleston, S.C.,** lived to read and covered much of the globe. **Ronald W. Lewis, 65, New Orleans, La.,** an author who wrote a performance criticism. **John Sebastian, 70, Los Angeles, Calif.,** a member of a famous musical family. **Carroll Field, 62, Chicago, Ill.,** an author who wrote a memoir to recall his early childhood. **Larry Ruppberg, 68, West Bloomfield Hills, Mich.,** an engineer who led the first 200 mph stock car. **Alan Elms, 68, Chicago, Ill.,** an author who wrote a biography on a poet. **Arnold Ober, 73, San Jose, Calif.,** an author, educator and mariner. **Doris H. Havel, 72, Rydal, Pa.,** an author who wrote about computers. **Charles P. de la Motte, 64, Seattle, Wash.,** an author and a former editor of The New York City jazz magazine, composer and educator. **Bobby Lopez, 64, New York, N.Y.,** an author, composer and New York Times General Editor. **John G. Gorman, 64, New York, N.Y.,** an author and a former basketball player. **David Alan Rosen, 65, New York, N.Y.,** an author and a former high school principal. **Charles Rockwell, 67, Denver, Colo.,** an author and a former professional dancer. **Leslie B. Lewis, 76, Baton Rouge, La.,** an author and a former dancer. **George Freneman Wood, 72, Shelburne, Vt.,** an author who wrote a memoir. **Harold L. Lipkin, 73, Berkeley, Calif.,** an author and a former clinical researcher at a hospital. **Thomas E. Brennan, 74, New York, N.Y.,** an author and a former editor of the New York City magazine. **Joseph Gorman, 67, Chicago, Ill.,** an author and a former journalist. **Theresa D. Dineen, 65, New Orleans, La.,** an author and a former business executive. **Shirley Dineen, 78, Arlington, Va.,** an author and a former business executive. **Alan P. Fisher, 78, Ridgewood, N.Y.,** an author and a former New York Times journalist. **Paul G. Fisher, 68, Manhattan, N.Y.,** an author and a former New York Times journalist. **Alan P. Fisher, 78, Ridgewood, N.Y.,** an author and a former New York Times journalist. **Paul G. Fisher, 68, Manhattan, N.Y.,** an author and a former New York Times journalist.

Thank you



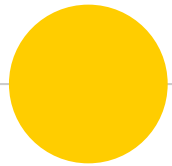
- Staff & clients of RWPA-funded care coordination programs in NYC
- Care & Treatment program, BHIV

Value-based payment stakeholder group

Bettina Carroll	Mary Irvine
Deserie Bundy	Migdalia Vientos
Essie York Lewis	Nadine Alexander
Fidel Bu Contreras	Ryan Rasmussen
Jessica Klajman	Stephanie Hubbard
Johnell Lawrence	Tempestt Perkins
Katrina Estacio	Vanessa Pizarro
Lauren Hay	Vanessa Haney
Lynn Chan	Venus Vacharakitja
Maria Rodriguez	Wendy Truong



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