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Behavioral Health Clinical Advisory Group Recommendations on VBP Arrangements

OVERVIEW

On June 24th, the New York State Department of Health (DOH) posted a report on the Health and Recovery Plan (HARP) eligible subpopulation from the Behavioral Health Value-Based Payment (VBP) Clinical Advisory Group (CAG). The CAGs were convened to provide recommendations about how to define various aspects of the VBP arrangements included in the Delivery System Reform Incentive Payment (DSRIP) program's VBP Roadmap.

The report describes proposed subpopulation and episode definitions, risk adjustment criteria, and quality measures for VBP arrangements for total care for the HARP eligible subpopulation. This document summarizes aspects of the Behavioral Health CAG report.

The report is available here. Public comments will be accepted at dsrip@health.ny.gov through July 24th.

BEHAVIORAL HEALTH CAG RECOMMENDATIONS

The Behavioral Health CAG held a series of meetings on the HARP subpopulation. The CAG discussed key components of the Behavioral Health VBP arrangements, including subpopulation definitions and behavioral health quality measures.

Definition of the HARP Subpopulation

The HARP subpopulation targets Medicaid-only members who are eligible for a Health and Recovery plan. HARP eligible individuals include adults (21 years or older) enrolled in Medicaid with select Serious Mental Illness (SMI) and/or serious Substance Use Disorder (SUD) diagnoses having behavioral health issues. Individuals receiving both Medicaid and Medicare benefits are not eligible for HARP plans. HARP enrollment began in New York City in October 2015, and enrollment in the rest of NYS will begin in July 2016.

Behavioral Health Quality Measures

The Behavioral Health CAG reviewed current and new outcome measures that will be used to measure quality related to the HARP subpopulation for VBP levels one through three. Measures have been sorted into two categories and assessed based on their clinical relavence, reliability and validity, and feasibility. During the CAG review, a third category of measures was eliminated as they were determined to be insuffentially relevant, valid, reliable and/or feasible.

A complete list of over 50 measures can be found here.

Category	Defintion	Examples of Measures
Category 1	• Approved process and outcomes measures that are felt to be clinically relevant, reliable and valid, and feasible	• Tobacco Use Screening and Follow-up for People with SMI or Alcohol or Other Drug Dependence; • Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications;

		• Adherence to Antipsychotic Medications for Individuals with Schizophrenia; and • Follow-up After Hospitalizations for Mental Illnesses (within 7 and 30 days).
Category 2	• Outcomes measures that are clinically relevant and central to the transformation goals of the HARP program. • These measures focus on social and functional outcomes and access to behavioral health rehabilitation and recovery-oriented services. • Category 2 measures must be reported in VBP pilot arrangements. However, they will not be included in HARP pilot contractually specified incentive payment arrangements in the first year, as many of these measures have not yet been sufficiently tested for reliability and validity.	• Screening, Brief Intervention and Referral to Treatment (SBIRT) Screening; • Depression Utilization of the PHQ-9 Tool; • Major Depressive Disorder (MDD): Diagnostic Evaluation; • Potentially preventable ED vsits (for persons with behavioral health diagnosis); • Readmission to mental health inpatient care within 30 days of discharge; and • Health Home disenrollment.

The CAG will be re-assembled on a yearly basis during at least 2016 and 2017 to review and revise Category 1 and 2 measures based on the experience in NYS.