



**Department  
of Health**

**Medicaid  
Redesign Team**

# **HIV/AIDS**

## **Clinical Advisory Group (CAG) Meeting**

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June 14, 2018

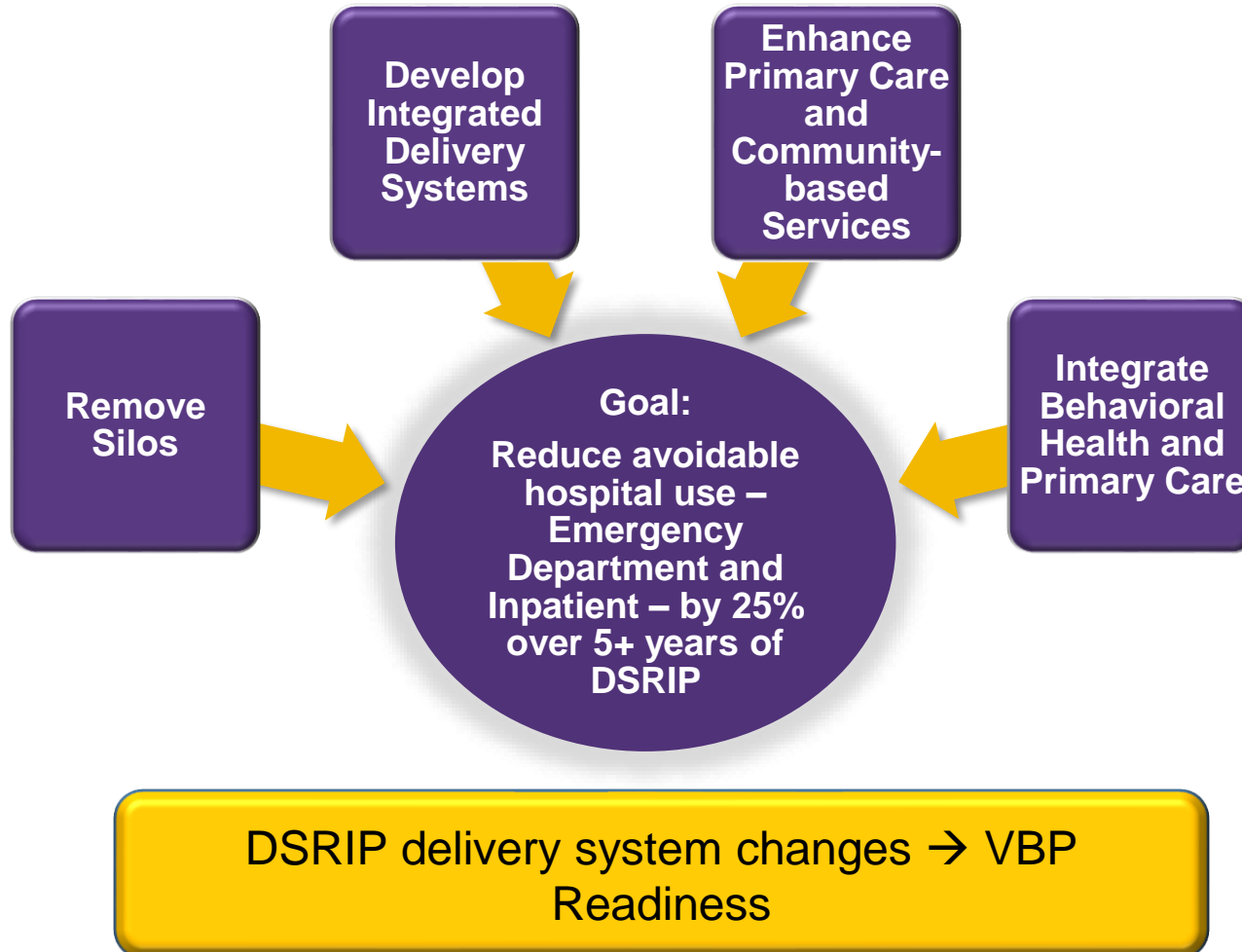
# Agenda

1. Introduction 10 min
2. New York State (NYS) Core Quality Measurement Strategy 20 min
3. National Quality Measurement Updates 5 min
4. Measurement Year (MY) 2018 Priority Clinical and Care Delivery Goals 10 min

# Section 1: Introduction

*DSRIP Program Objectives  
Timelines and Expectations*

# 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
- DSRIP program goes through March 31, 2020 & NYS DOH 1115 Waiver renewed in December 2016 for 5 years until 2021.

# Recap: VBP Levels in New York State

Contractors can choose different levels of Value Based Payments.

- **Underlying FFS payment structure remains in VBP Level 1 and Level 2**
- **No financial risk to providers in Level 1 (upside only)**
  - When the accrued fee-for-service payments for the integrated care service are *lower* than the ‘target budget’, the MCO can share the savings with the parties in the contract

Level 0 VBP	Level 1 VBP <i>Retrospective reconciliation</i>	Level 2 VBP <i>Retrospective reconciliation</i>	Level 3 VBP <i>Prospective</i>
FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings available <b>when outcome scores are sufficient</b>	FFS with risk sharing (upside available <b>when outcome scores are sufficient</b> )	Prospective capitation PMPM or Bundle ( <b>with outcome-based component</b> )
FFS Payments	FFS Payments	FFS Payments	Prospective total budget payments
No Risk Sharing	↑ <b>Upside Only</b>	↑ <b>Upside &amp;</b> ↓ <b>Downside Risk</b>	↑ <b>Upside &amp;</b> ↓ <b>Downside Risk</b>

# Recap: 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.

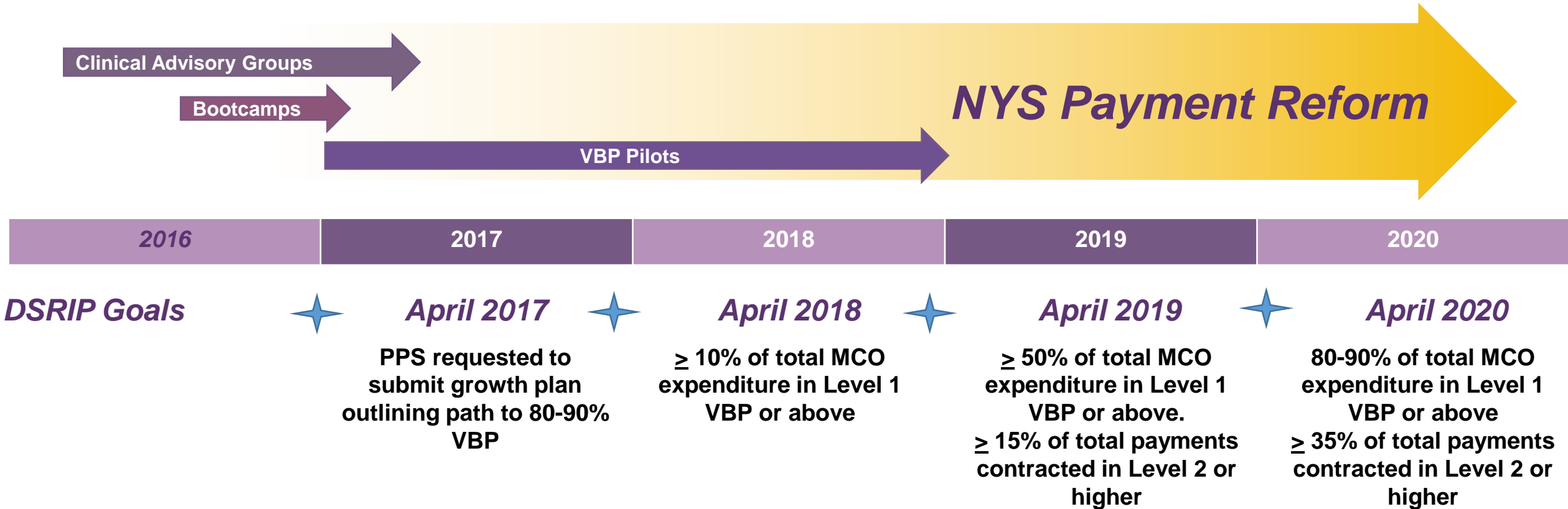
**2**

## 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).

# 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.



# CAG Timeline & Expectations for 2018

## 2018 CAG Goals

- Conduct annual review of the quality measure sets
- Identify and analyze clinical and care delivery gaps in current measure sets
- Propose recommendations for 2019

## Timeline

- CAGs will convene in **Spring & late Summer**
- Based on CAG feedback, the State will present the proposed measure set to the VBP Workgroup for approval in **September**
- The final Measurement Year (MY) 2019 Quality Measure Sets will be released in **October**
- The MY 2018 VBP Reporting Requirements Technical Specifications Manual will be released in **October**



# VBP Quality Measure Integration Timeline

## *Summary of 2017 Measure Readiness by VBP Measure Set*

In February of 2017, a total of **76** unique quality measures were approved by the VBP Workgroup for further review and incorporation into the 2017 VBP Program. Of the unique measures approved by the VBP workgroup, the following were approved for reporting as Cat 1 or Cat 2 in 2017 through the following VBP arrangements:

<b>TCGP/IPC Measure Set</b> (40 Total Measures)	<b>HARP Measure Set</b> (41 Total Measures)	<b>HIV/AIDS Measure Set</b> (44 Total Measures)	<b>Maternity Care Measure Set</b> (18 Total Measures)
<ul style="list-style-type: none"> <li>• <b>5</b> measures are unique to the TCGP/IPC Arrangements</li> <li>• <b>35</b> measures are shared with at least one of the other measure sets.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>9</b> measures unique to the HARP Arrangement</li> <li>• <b>32</b> measures that are also included in the TCGP/IPC Arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>10</b> measures unique to the HIV/AIDS Arrangement</li> <li>• <b>34</b> measures that are also included in the TCGP/IPC Arrangement</li> </ul>	<ul style="list-style-type: none"> <li>• <b>17</b> measures unique to the Maternity Care Arrangement</li> <li>• <b>1</b> measure that is also included in the TCGP/IPC Arrangement</li> </ul>

# 2017 HIV/AIDS VBP Arrangement Summary

2017 HIV/AIDS VBP Quality Measure Set	2017 Measure Feasibility Review				Anticipated Integration			
	Feasible in 2017		Not Feasible in 2017					
Measure Set Total*	All Measures	Unique to HIV/AIDS	All Measures	Unique to HIV/AIDS	2018	2019	2020	Integration Date Unknown
44	20/44	1/10	24/44	9/10	+3 (0 unique)	+6 (2 unique)	+11 (7 unique)	4 (0 unique)
<b>Category 1</b>								
P4P	14/17	1/2	3/17	1/2	2	0	0	0
P4R	4/13	0/2	9/13	2/2	1	1	5	0
<b>Category 2</b>								
	2/14	0/6	12/14	6/6	0	5	6	4

\*34 measures within the set are also included in the TCGP/IPC Measure Set

Acronyms: P4R = Pay-for-Reporting; P4P = Pay-for-Performance

# HIV/AIDS VBP Arrangement Anticipated Measure Integration (1/2)

Total New Measures	2018 + 3 (0 unique)	2019 + 6 (2 unique)	2020 + 11 (7 unique)	Integration Date Unknown 4 (0 unique)
<b>Category 1 Measures</b>				
<b>P4P</b>	Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	-	-	-
	Controlling High Blood Pressure	-	-	-
<b>P4R</b>	<i>Potentially Avoidable Complications in Routine Sick Care or Chronic Care</i>	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow – Up Plan	Preventive Care and Screening: Influenza Immunization	-
	-	-	Preventive Care and Screening: Screening for Clinical Depression and Follow–Up Plan	-
	-	-	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	-
	-	-	Substance Abuse Screening	-
	-	-	Comprehensive Diabetes Care: Foot Exam	-

# HIV/AIDS VBP Arrangement Anticipated Measure Integration (2/2)

Total New Measures	2018 + 3 (0 unique)	2019 + 6 (2 unique)	2020 + 11 (7 unique)	Integration Date Unknown 4 (0 unique)
<b>Category 2 Measures</b>				
	-	Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	Asthma: Assessment of Asthma Control – Ambulatory Care Setting
	-	Continuing Engagement in Treatment (CET) Alcohol and other Drug Dependence	Diabetes Screening (HIV/AIDS)	Continuity of Care from Inpatient Detox or Inpatient Care to Lower Level of Care
	-	Use of Opioid Dependence Pharmacotherapy	Hepatitis C Screening	Patient Self-Management and Action Plan (Asthma)
	-	Linkage to HIV Medical Care	Housing Status	Lung Function/Spirometry Evaluation (Asthma)
		Prescription of HIV Antiretroviral Therapy	Sexual History Taking: Anal, Oral, and Genital (HIV/AIDS)	
	-		Medical Case Management: Care Plan	

# Section 2: NYS Quality Measurement Strategy

*Quality Measure Consolidation*  
*Discussion of Measure Consolidation*  
*2018 VBP HIV/AIDS Measure Set*  
*HIV/AIDS Measure Set Review*

# Quality Measure Consolidation: Goals for MY 2018

- Implement a focused list of high value quality measures for VBP in MY 2018.
- Key Principles:
  - Process → Outcome
  - Determine the “right” outcomes
  - Focus on efficient measurement:
    - HIT enablement
    - Lab Clearinghouse
    - Integration of Registry Information
- Align quality measurement efforts across stakeholder communities and State-led quality programs
  - DOH and other Health-related Agencies
  - Managed Care Organizations (to include commercial payers)
  - Qualified Entities
  - Electronic Health Record Vendors/ Data Aggregators
  - Healthcare Providers

# CMS Meaningful Measures Framework

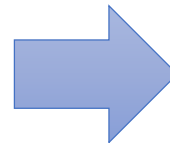
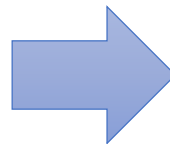
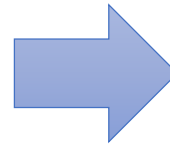
## Focus everyone's effort on the same quality areas:

- Address high-impact measure areas
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Relevant and meaningful to providers
- Minimize level of burden for providers
  - Remove measures where performance is already very high
- Significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or other payers

# NYS Focus on Meaningful Measures Objectives

## Focus Areas:

1. Align across programs and/or other payers
2. Outcome-based where possible
3. Relevant and meaningful to providers
4. Minimize level of burden for providers
  - Remove measures where performance is already very high
5. Address measure needs for population-based payment through alternative payment models



## State Efforts:

- Medicaid Involvement in Advanced Primary Care (APC) Initiative
- Reevaluate Quality Measure Sets (Clinical Advisory Groups, Measure Support Task Force, VBP Workgroup)
- VBP Pilot Measure Testing (Controlling High Blood Pressure)



# Measure Consolidation Efforts by CMS

## Measure Consolidation

### CMS FY 2019 IPPS/LTCH PPS Proposed Rule

- Recognizing the burden currently on providers, CMS is proposing to ***remove unnecessary, redundant, and process-driven quality measures*** from a number of quality reporting and pay-for-performance programs
- This will eliminate a significant number of measures acute care hospitals are required to report and will remove duplicative measures across the five hospital quality and value-based purchasing programs
  - 19 measures removed from the programs
  - De-duplicate another 21 measures
  - Maintain *meaningful* measures of hospital quality and patient safety

# Discussion: Consolidation of VBP Quality Measures

*Reducing provider burden and achieving alignment across programs*

- The current number of quality measures and the reporting challenges across programs place a significant reporting burden on providers.
- Given this context, please consider the following questions:

1

Should the VBP HIV/AIDS Arrangement Quality Measure Set be condensed to achieve greater alignment with other payers? How should measures be prioritized?

2

Should the Measure Set be condensed to a core set of outcome-based measures where possible? How should measures be prioritized (outcome and process measures)?

3

In addition to Viral Load Suppression, what are the most appropriate outcome measures for the HIV/AIDS arrangement population (if any)? Where none exist, what are the most appropriate process measures?

# 2018 VBP HIV/AIDS Measure Set (1/2)

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Outcome / Intermediate Outcome Measures</i>				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Cat 1	P4R	NCQA	Yes
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Cat 1	P4P	NCQA	Yes
Controlling High Blood Pressure	Cat 1	P4P	NCQA	Yes
HIV Viral Load Suppression	Cat 1	P4P	HRSA	Yes
<i>Process Measures</i>				
Adherence to Mood Stabilizers for Individuals with Bipolar 1 Disorder	Cat 1	P4P	CMS	Yes
Antidepressant Medication Manage – Effective Acute Phase Treatment & Effective Continuation Phase Treatment	Cat 1	P4P	NCQA	Yes
Breast Cancer Screening	Cat 1	P4P	NCQA	Yes
Cervical Cancer Screening	Cat 1	P4P	NCQA	Yes
Colorectal Cancer Screening	Cat 1	P4P	NCQA	Yes
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	Cat 1	P4P	NCQA	Yes
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	Cat 1	P4P	NCQA	Yes
Comprehensive Diabetes Care: Foot Exam	Cat 1	P4R	NCQA	Yes
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	Cat 1	P4P	NCQA	Yes
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Cat 1	P4P	NCQA	Yes
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Cat 1	P4P	NCQA	Yes

# 2018 VBP HIV/AIDS Measure Set (2/2)

HIV/AIDS Measure	Category	Classification	Measure Steward	NQF Endorsed?
<i>Process Measures</i>				
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Cat 1	P4P	NCQA	Yes
Initiation of Pharmacotherapy upon New Episode of opioid Dependence	Cat 1	P4P	NYS	No
Medication Management for People with Asthma (ages 5-64) – 50% and 75% of Treatment Days Covered	Cat 1	P4P	NCQA	No
Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Cat 1	P4R	CMS	Yes
Preventive Care and Screening: Influenza Immunization	Cat 1	P4R	AMA PCPI	Yes
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Cat 1	P4R	CMS	Yes
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Cat 1	P4R	AMA PCPI	Yes
Proportion of Patients with HIV/AIDS that have a Potentially Avoidable Complication during a Calendar Year	Cat 1	P4R	Altarum Institute	No
Statin Therapy for Patients with Cardiovascular Disease	Cat 1	P4R	NCQA	No
Statin Therapy for Patients with Diabetes	Cat 1	P4R	NCQA	No
Substance Abuse Screening	Cat 1	P4R	HRSA, HIV/AIDS Bureau	No
Use of Alcohol Abuse or Dependence Pharmacotherapy	Cat 1	P4R	NYS	No
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Cat 1	P4R	NCQA	Yes
Linkage to HIV Medical Care	Cat 2	-	NYS	No
Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis	Cat 2	-	NCQA	Yes

Acronyms: CMS = Centers for Medicare and Medicaid Services; NCQA = National Center for Quality Assurance; HRSA = Health Resources Services Administration; NYS = New York State.  
 Note: This table only highlights specific Category 2 measures. For the complete 2018 HIV/AIDS VBP Measure Set, please see the NYS DOH VBP website ([Link](#)).

# HIV/AIDS Measure Set Review (1/3)

To support the 2018 VBP Measure Set Review process, we are seeking specific feedback regarding the measure below:

## Linkage to HIV Medical Care

- Category 2
- Measure Steward: NYS; Not NQF endorsed
- Percentage of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis

*Q: What timeframe should be used for this measure to align with eHIVQUAL specification?  
Should this measure continue as Category 2?*

# HIV/AIDS Measure Set Review (2/3)

To support the 2018 VBP Measure Set Review process, we are seeking specific feedback regarding the measure below:

## Substance Abuse Screening

- Category 1, P4R
- Measure Steward: HRSA; Not NQF endorsed
- Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year

*Q: Given this measure is a one-time screening at diagnosis, should it remain in Category 1?*

# HIV/AIDS Measure Set Review (3/3)

To support the 2018 VBP Measure Set Review process, we are seeking specific feedback regarding the measure below:

## **Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis**

- Moved from Category 1 to Category 2 in 2018 due to focus on NYS annual screening
- Measure Steward: NCQA; NQF endorsed
- Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, who have received chlamydia, gonorrhea, and syphilis screenings at least once since the diagnosis of HIV infection

*Q: Do you agree with this measure being moved from Category 1 to Category 2?*

# Section 3: National Quality Measurement Updates

*Chronic Pulmonary, Heart, Diabetes and Primary Care  
Mental Health and Substance Use*



# National Quality Measurement Updates

## Chronic Pulmonary, Heart, Diabetes and Primary Care

### HEDIS 2019 Public Comment

- Measure Change – Controlling High Blood Pressure
  - Update the blood pressure target to <140/90 mm Hg for all hypertensive patients 18–85 years of age.
  - Remove the medical record confirmation requirement and use two outpatient encounters to identify the denominator.
  - Add administrative numerator specifications.
  - Allow use of telephone, videoconferencing, and asynchronous telehealth encounters to satisfy one of two required outpatient visits in the denominator.
  - Allow remote monitoring device readings directly transmitted to and interpreted by the provider to satisfy the numerator.

# National Quality Measurement Updates

## Mental Health

### HEDIS 2019 Public Comment

- Follow-up after ED Visit for Mental Illness
  - Include members with a principal diagnosis indicating *intentional self-harm*:
    - Suicide attempt
    - Poisoning by drugs, medicaments and biological substances due to intentional self-harm
    - Toxic effects of nonmedicinal substances due to intentional self-harm
    - Asphyxiation due to intentional self-harm

## Substance Use

### HEDIS 2019 Public Comment

- New Measure – Risk of Chronic Opioid Use

### NQF Endorsement

- 3312 Continuity of Care for Medicaid Beneficiaries after Detoxification (Detox) from Alcohol and/or Drugs (CMS)
- *Spring 2018* Use of Pharmacotherapy for Opioid Use Disorder
- *Fall 2018* Follow-up after Inpatient Hospitalization or Residential Treatment for SUD (alcohol or other drugs)

# Section 4: MY 2018 Priority Clinical and Care Delivery Goals

*Recap of 2017 CAG Feedback  
Homework*

# 2017 Clinical Advisory Group Feedback Process

## Work to Date

- The initial set of Priority Clinical and Care Delivery Goals presented to the CAGs in July 2017 was based on a review of the CAG and Integrated Care Workgroup (ICWG) Measure Set recommendations
- Following the July 2017 CAG meetings, members were asked to submit their feedback on the priority clinical and care delivery goals and sub-goals for each arrangement’s measure set.
- Responses were aggregated and used to update the goals and sub-goals targeted by each arrangement.

June 30, 2017 DRAFT 30

**Worksheet:** Recommendation of Additional Priority Goals

Phase	Clinical and Care Delivery Goals	Description	Additional Subgoals
	<i>Suggested Priority Goal 1</i>	<i>Description</i>	<i>(No Subgoals)</i>
1) Phase of Care	<i>Suggested Priority Goal 2</i>	<i>Description</i>	<ul style="list-style-type: none"> <li>• Subgoal 1</li> <li>• Subgoal 2</li> </ul>
2) Phase of Care			
3) Phase of Care			
4) Phase of Care			

\*\*Further instructions on how to submit additional recommendations will be sent to the CAG members following this meeting.

# Summary of Feedback

## *Clinical and Care Delivery Goals*

Recommendations for updates and modification of the Clinical and Care Delivery Goal tables were extracted from both the July 2017 CAG meeting member discussion and the worksheets subsequently submitted to the Department of Health (DOH).

Feedback has been analyzed to create a summary of key themes and incorporate recommendations into the updated Clinical and Care Delivery Goal tables that follow.

### Key Themes

**1****Addition to the TCGP/IPC Goals**

Addition of clinical and care delivery goals related to HIV risk assessment, prevention, and testing consistent with CAG recommendations.

**2****HIV/AIDs Management and Monitoring**

Feedback included emphasis on goals related to proactive outreach and patient engagement in care and education in support of successful self-management.

**3****Psychosocial Health**

Recommendations included the addition of goals related to psychosocial health including substance abuse screening and treatment and strengthening goals around depression to include successful management.

**4****Health System Factors**

Comments submitted included emphasis on the need for goals around transitions of care and successful coordination of care.

# Priority Clinical and Care Delivery Goals

## HIV/AIDS

Based on feedback received, the Clinical and Care Delivery Goals table for HIV/AIDS has been modified to include:

- HIV risk assessment, Pre-Exposure Prophylaxis, and screening have been added to the TCGP/IPC clinical and care delivery goals consistent with CAG recommendations.
- Patient engagement in care through proactive outreach, development of a patient centered care plan, and patient education on HIV/AIDS prevention and disease management.
- Goals supporting patient self-management including patient education and support for care plan compliance and successful disease management.

Focus of Care	Priority Clinical and Care Delivery Goals	
<b>TCGP/IPC Physical Health Clinical and Care Delivery Goals</b> <i>(added per CAG recommendations)</i>	<b>Sexually Transmitted Infection Prevention</b> <ul style="list-style-type: none"> <li>- HIV Risk Assessment (Identification of at-risk patients)</li> <li>- HIV Pre-Exposure Prophylaxis (PrEP)</li> </ul>	<b>Sexually Transmitted Infection Early Detection</b> <ul style="list-style-type: none"> <li>- HIV Screening</li> <li>- HIV Re-screening for at-risk patients (high-risk negatives)</li> </ul>
<b>1) HIV/AIDS Diagnosis and Baseline Evaluation</b>	<b>Diagnosis</b>	<b>Baseline Evaluation</b>
<b>2) HIV/AIDS Management and Monitoring</b>	<b>Immunization/Vaccinations</b> <ul style="list-style-type: none"> <li>- Prevention and Control of Seasonal Influenza with Vaccinations</li> </ul> <b>Outcomes</b> <b>Prophylaxis</b> <b>Patient Engagement</b> <ul style="list-style-type: none"> <li>- Proactive outreach to engage patients in care</li> <li>- Patient education on use of HIV/AIDS prevention and disease management to decrease the number of newly infected members, reinfection rate, and spread of disease</li> <li>- Patient engagement in care plan development</li> </ul>	<b>Patient Self-Management</b> <ul style="list-style-type: none"> <li>- Housing Status</li> <li>- Patient education on disease management</li> <li>- Adherence to care plan</li> </ul> <b>Screening</b> <ul style="list-style-type: none"> <li>- Sexually Transmitted Diseases: Screening for Chlamydia, Gonorrhea, and Syphilis</li> <li>- Hepatitis C Screening</li> <li>- Sexual History Taking: Anal, Oral, and Genital</li> </ul> <b>Therapy/Medication Management</b> <ul style="list-style-type: none"> <li>- HIV Antiretroviral Therapy</li> </ul> <b>Viral Load Monitoring</b> <ul style="list-style-type: none"> <li>- HIV Viral Load Suppression</li> </ul>

# Priority Clinical and Care Delivery Goals

## HIV/AIDS

(continued from previous slide)

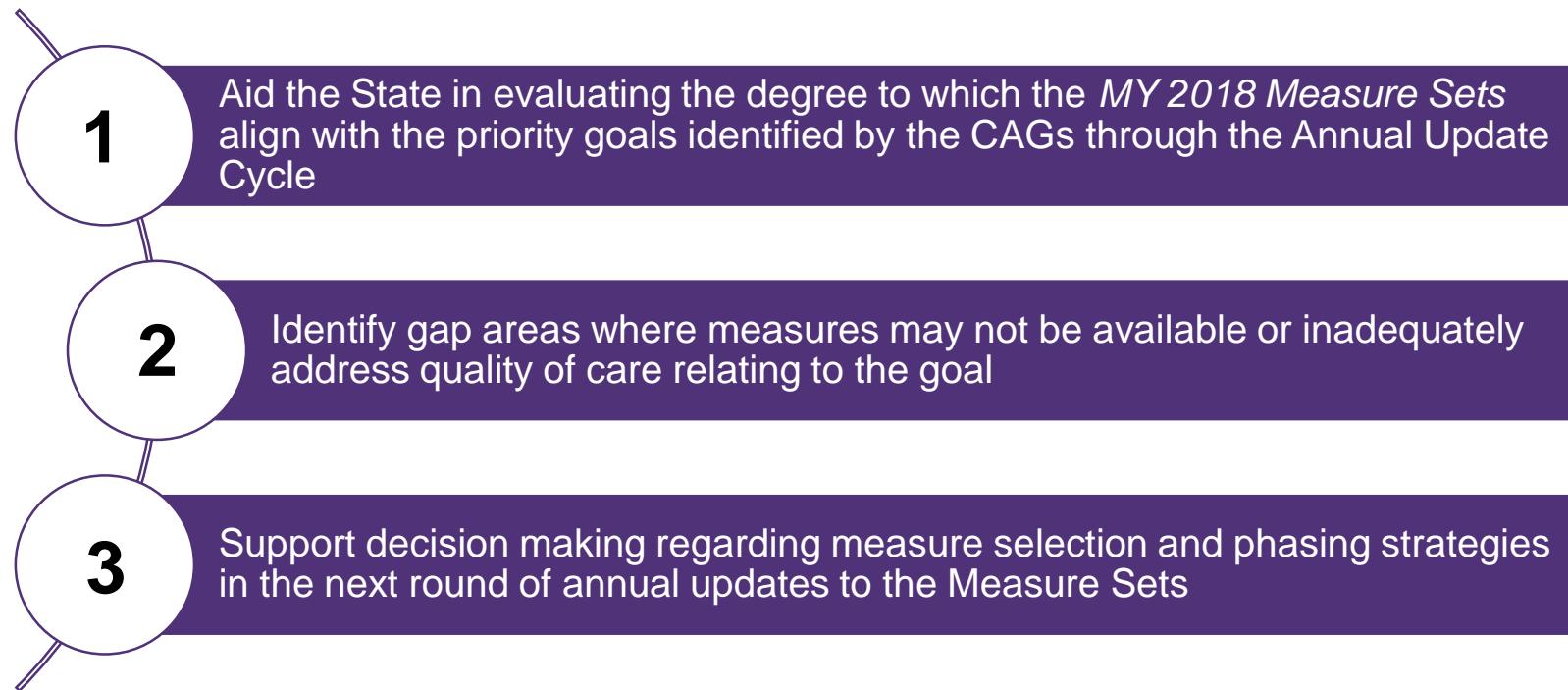
Based on feedback received, the Clinical and Care Delivery Goals table for HIV/AIDS has been modified to include:

- Psychosocial health factors including substance abuse screening, prevention, and treatment.
- Health system factors including care coordination and medication reconciliation for transitions of care and use of clinical practice guidelines to support the delivery of quality, evidence based care.

Focus of Care	Priority Clinical and Care Delivery Goals
3) Prevention and Chronic Disease Management	<p><b>Chronic Disease Screening and Management</b></p> <ul style="list-style-type: none"> <li>- Cardiovascular Disease</li> <li>- Hypertension</li> <li>- Obesity</li> <li>- Diabetes</li> <li>- Chronic Pulmonary Diseases</li> </ul>
4) Psychosocial Health	<p><b>Depression Screening</b></p> <ul style="list-style-type: none"> <li>- Early Identification; Initiation of treatment</li> <li>- Ongoing management, monitoring, and severity assessment</li> </ul> <p><b>Substance Use</b></p> <ul style="list-style-type: none"> <li>- Screening and Prevention of Drug Abuse and Excessive Alcohol Use</li> <li>- Use of Medication Assisted Therapy to reduce opioid and alcohol use or dependence</li> </ul> <p><b>Tobacco Avoidance and Cessation</b></p>
5) Health System Factors	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>- Effective linkage from HIV testing to HIV care</li> </ul> <p><b>Transitions of Care</b></p> <ul style="list-style-type: none"> <li>- Care Coordination – Timely follow up and Medication Reconciliation after inpatient discharge for mental health</li> </ul> <p><b>Delivery of evidence based care</b></p> <ul style="list-style-type: none"> <li>- Use of CPGs in delivery of care</li> </ul>

# HOMEWORK: Priority Clinical and Care Delivery Goals Analysis

- The *MY 2018 Measure Sets* have been reviewed against the priority clinical and care delivery goals identified by the CAGs through the MY 2018 Annual Update Cycle.
- The resulting report, *Measurement Year (MY) 2018 Priority Clinical and Care Delivery Goals: Supporting Measure and Gap Analysis*, aims to:



- The CAG is asked to review this document in advance of the next CAG meeting in August.



# Thank you!

*Please send questions and feedback to:*

[vbp@health.ny.gov](mailto:vbp@health.ny.gov)