

PARTNERSHIP



of CALIFORNIA

# **Primary Care Provider (PCP) Quality Improvement Program (QIP)**

## **2019 Kick-Off and Measurement Set Webinar**

Date: January 30, 2019

Presenters:

Tara Fogliasso – QIP Project Manager, Northern Region  
Ro Summers – QIP Project Manager, Southern Region

# Audio Instructions

**You are currently muted!**

To avoid echoes and feedback, we request that you **use the telephone** *instead* of your computer microphone for listening/talking during the webinar.

THIS WEBINAR IS BEING RECORDED!



# Agenda

Background, Guiding Principles, and Timeline

Payment Methodology

Resources

## **2019 Measures**

Core Measurement Set

Unit of Service Measures

Next Steps

Questions

# Background

- The QIP provides financial incentives, data reporting, and technical assistance
- Core Measurement Set and Unit of Service Measures
- All primary care providers with Medi-Cal assigned members are automatically enrolled
- 2017: 223 providers participated in the QIP
- A total of \$36m in incentives was distributed for the 2017 Transition Period

# Guiding Principles

1. Pay for outcomes, exceptional performance and improvement
2. Sizeable incentives
3. Actionable Measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures

# Timeline/ Important Dates

## Measurement Year 2019

January 1 – December 31, 2019

### 2019

March 4

eReports Launch

July 31

Patient Experience Part 1 Due

### 2020

January 31

Final Submission Deadline

April 30

Payment Distribution

# Resources

- **2019 Program Page:**  
<http://www.partnershiphp.org/Providers/Quality/Pages/Introduction-to-PCP-QIP-Current-Year.aspx>
- **Measure Specifications** (one for each practice type)
- **Code List**
- [eReports](#)
- **Webinars**
- **QI Newsletter**
- [QIP@PartnershipHP.org](#)

# Payment Methodology

**Points earned:** the number of points a site earns out of the total points distributed across the measurement set

**Member months:** the sum of monthly enrollment counts over the course of the 12 month measurement period

- Example: If a site has 1,000 members each month, for the full measurement year the site has accumulated 12,000 member months

**PMPM (Per Member Per Month):** amount budgeted for incentive payment



# Payment Methodology

$$\text{QIP Score \%} * \text{Annual MMs} * \text{PMPM} = \text{Incentive}$$

Example:

- Site earns 55% of its QIP Core Measurement Set points
- 1000 members each month  
12,000 member months
- \$10.00 PMPM (illustrative purposes only)

$$55\% * 12,000 * \$10 = \$66,000$$

# Agenda

- Core Measurement Set
  - Terminology
  - Overview
  - Changed measures
  - New measures
- Unit of Service measures
- Upcoming Events
- Questions

# Core Measurement Set Terminology

- Assigned Medi-Cal PHC members
- Clinical Measures
  - Denominator/Numerator
    - Less than 10
  - Continuous enrollment
  - Thresholds/Percentile
  - Relative improvement
- Non-clinical Measures
  - Denominator/Numerator
  - Risk Adjusted Targets

# Clinical Domain

Measures	Family	Internal	Pediatric
<i>Monitoring Patients on Persistent Medications</i>	--	--	--
Cervical Cancer Screening	10	10	--
Colorectal Cancer Screening (51-75 years)	5	5	--
Controlling High Blood Pressure (18-85 years)	5	10	--
Retinal Eye Exam (18-75 years)	5	5	--
HbA1C Control (18-75 years)	5	10	--
Nephropathy (18-75 years)	10	10	--
Breast Cancer Screening	5	10	--
Childhood Immunization Combo 3	10	--	15
Well Child Visits (3-6 years)	5	--	15
Immunization for Adolescents	10	--	15
Asthma Medication Ratio	10	10	15
Nutrition Counseling (3-17 years)	--	--	15
Physical Activity Counseling (3-17 years)	--	--	15
<b>Total Points:</b>	<b>80</b>	<b>80</b>	<b>90</b>

# Specification Change – CCS

- **Cervical Cancer Screening:** percentage of women 21-64 years of age who were screened for cervical cancer according to evidence-based guidelines

## **Denominator:**

Number of women 24-64 years of age as of December 31, 2019

# Specification Change – CCS

## Numerator:

Number of members in the eligible population who were appropriately screened according to evidence based-guidelines

- Women aged 21-64 who had cervical cytology performed every three years
- Women aged 30-64 who had cervical cytology and HPV co-testing every five years
- Women aged 30-64 who had high-risk human papillomavirus (hrHPV) co-testing performed every five years

# Specification Change – CBP

- **Controlling High Blood Pressure:** percentage of members 18-85 years of age who had a diagnosis of hypertension and whose most recent BP reading taken during the measurement year was adequately controlled

# Specification Change – CBP

## Denominator:

Number of members 18-85 years of age as of December 31 with at least two visits on different dates of service with a diagnosis of hypertension, during the measurement year or the year prior to the measurement year

## Numerator:

Number of eligible population whose most recent BP during the measurement year (both systolic and diastolic) is adequately controlled. For BP to be controlled the reading must be  $<140/90$



# Specification Change – CBP

## **Administrative:** MORE DETAILS IN

To become numerator compliant, the member must have a compliant code for both diastolic and systolic on the same claim number, and the same non-compliant code for both diastolic and systolic to fall back to a denominator

## REFERENCE SLIDES AT END OF

## **Medical Record:**

If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. If no BP is recorded during the measurement year, assume that the member is not controlled.

# New Family and Internal Medicine Measure – AMR

- **Asthma Medication Ratio:** percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater

# New Family and Internal Medicine Measure – AMR

## Denominator:

Number of members 5-64 years of age who were identified as having persistent asthma during the measurement year and the year prior to the measurement year

## Numerator:

Number of members in the eligible population who have a medication ratio of .5 or greater

# Specification Change: Immunizations for Adolescents – 2

## Description:

The percentage of continuously enrolled Medi-Cal adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine by their 13<sup>th</sup> birthday.

## Denominator:

The number of members who turn 13 years of age during the measurement year.

# Specification Change: Immunizations for Adolescents – 2

## Numerator:

The number of members in the denominator who are compliant for all three indicators

Meningococcal: 1+ conjugate vaccine with a date of service on or between the members' 11<sup>th</sup> and 13<sup>th</sup> birthdays

Tdap: 1+ vaccine with a date of service between the member's 10<sup>th</sup> and 13<sup>th</sup> birthdays

HPV: 2+ vaccines with different dates of service on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays

***\*Must have at least 146 days between 1<sup>st</sup> and 2<sup>nd</sup> doses***

# Specification Change: Childhood Immunizations – Combo 3

## Description:

Percentage of members 2 years of age who had

- 4 diphtheria, tetanus and acellular pertussis,
- 3 polio,
- 1 measles, mumps, and rubella,
- 3 haemophilus influenza type B,
- 3 hepatitis B,
- 1 chicken pox, and
- 4 pneumococcal conjugate vaccines.

# Specification Change: Childhood Immunizations – Combo 3

## Denominator:

The number of continuously enrolled Medi-Cal members that turn 2 years old during the measurement year

# Specification Change: Childhood Immunizations – Combo 3

## Numerator:

*On or before the child's 2<sup>nd</sup> birthday, with different dates of service for doses of the same vaccines*

DTap: 4+ • IPV: 3+ • HiB: 3+ • PCV: 4+

Do not count vaccines administered prior to 42 days after birth.

AND

## MMR:

- 1 MMR vaccine with a date of service **between the child's first and second birthday**
- OR
- 1 measles and rubella vaccine AND one mumps vaccine or history of the illness on or before the child's 2<sup>nd</sup> birthday

AND...



# Specification Change: Childhood Immunizations – Combo 3

## Numerator (continued):

### Hepatitis B:

- 3+ HepB vaccines with different dates of service
- OR
- History of hepatitis illness

AND

### VZV:

- 1 VZV vaccine, with a date of service **between the child's first and second birthday**
- OR
- History of varicella illness on or before the child's 2<sup>nd</sup> birthday

# Specification Change: Childhood Immunizations – Combo 3

## MMR:

1 MMR vaccine with a date of service **between the child's first and second birthday**

## VZV:

1 VZV vaccine, with a date of service **between the child's first and second birthday**

# Upcoming: Childhood Immunizations Webinar

- Spring 2019
- Focus on:
  - Specifications of immunization measures
    - How to earn points within the QIP
  - Sharing of best practices from Performance Improvement
  - Population Health Reports
- More details will be provided in the QI Newsletter when available

# Agenda

- Core Measurement Set
  - Terminology
  - Overview
  - Clinical Domain
    - Overview
    - Changed/new measures
  - Non-Clinical Domains
    - Changed/new measures
- Unit of Service measures
- Upcoming Events
- Questions

# Appropriate Use of Resources

Measures	Family	Internal	Pediatric
Ambulatory Care Sensitive Admissions	5	5	n/a
Readmission Rate	5	5	n/a
<b>Total Points:</b>	<b>10</b>	<b>10</b>	<b>0</b>

# AUoR – Measure Change

- **Ambulatory Care Sensitive Admissions:** rate of ambulatory care sensitive admissions during the measurement year per 1000 members

## Denominator:

Total admissions for eligible population during the measurement period

## Numerator:

Inpatient admissions with a qualifying diagnosis from the provided list of PQIs and PDIs

Details found in [Measure Specifications](#)!

# Access and Operations

Measures	Family	Internal	Pediatric
Primary Care Utilization	5	5	5
<b>Total Points:</b>	<b>5</b>	<b>5</b>	<b>5</b>

# Patient Experience

Measures	Family	Internal	Pediatric
CAHPS/In-House Survey	5	5	5
<b>Total Points:</b>	<b>5</b>	<b>5</b>	<b>5</b>



# Agenda

- **Core Measurement Set**
  - Terminology
  - Overview
  - Clinical Domain
    - Overview
    - Changed/new measures
  - Non-Clinical Domains
    - Changed/new measures
- **Unit of Service measures**
- **Upcoming Events**
- **Questions**

# Unit of Service Measures

- Optional measures/BONUS measures
  - No points, just dollars!
- Incentive is independent from and additional to the Core Measurement Set
- Available to all practice types

# Unit of Service Measures

Measure	Incentive Amount	Threshold
Advanced Care Planning	\$5,000 for 50-99 attestations \$10,000 for 100+ attestations	≥50 attestations
Access/Extended Office Hours	Equivalent payment of 10% cap	1) 35+ points in 2018 QIP 2) Open for extended office <8 hours beyond business hours
PCMH Certification	\$1000 yearly for maintain certification	n/a
Peer-Led Self Management Support Groups	\$1000 per group per year	Maximum of 10 groups per parent organization
Alcohol Misuse Screening and Counseling	\$5 per screening	Minimum of 10% of eligible adult members
Health Information Exchange	\$3000 for initial establishment \$1000 for continued participation	Once per parent organization
Initial Health Assessment	\$2000 for submitting all required parts of improvement plan	Must have 1,200 unique PHC patients with a visit
Timely Data Submission via eReports	1% of site's potential earning pool or \$1000, whichever is higher	Must load 70% of data on eReports before December 1
Palliative Care Identification & Referral	\$2000 for sharing plan for communicating with potential pts	Once per parent organization

# Upcoming Events

- **Grace Period Closes**
  - **TOMORROW**, January 31<sup>st</sup>, 5pm
  - **No uploads accepted after 5pm**
  - **All submissions for all measures (PE, UOS) due by 5pm**
- **Validation Period**
  - February 1 – February 8
  - Time to review clinical rates and report any discrepancies
- **Preliminary Reports**
  - Distributed first week of March
  - One week to review UOS participation and NCMs
- **eReports Webinar**
  - March 13, 2019. Look for registration link in the next QI Newsletter.
- **Payment Distribution**
  - Final reports and incentives mailed for 2018 on 4/30

# Questions



# Reference Slides

Please review the additional details provided in following slides. Full details of all measures can be found in the [Measure Specifications](#) documents.

# Specification Change – CCS

## Numerator:

Step 1: Identify women 24-64 years of age as of December 31 who had cervical cytology in the measurement year or the two years prior.

Step 2: From the women who did not meet step one criteria, identify women 30-65 years of age as of December 31 who have had cervical cytology and HPV co-testing OR hrHPV test during the measurement year or the four years prior to the measurement year and who were 30 years or older on the date of both tests.

# Specification Change – CCS

## Numerator (continued):

Step 3: From the women who did not meet step 1 or step 2 criteria, identify women 30-64 years of age who had cervical cytology and a HPV test OR hrHPV with dates of service four or less days apart during the measurement year or the four years prior to the measurement year AND who were 30 years or older on the date of both tests.

Step 4: Add the numbers from steps one and two to obtain a total rate for women who were identified with appropriate screening for cervical cancer



# Specification Change – CCS

NOTE: For steps one and two, count any cervical cancer screening method that includes collection and microscopic analysis of cervical cells. Do not count lab results that explicitly state the sample was inadequate or that “no cervical cells were present”; this is not considered appropriate screening. Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening. Lab results that indicate the sample contained “no endocervical cells” may be used if a valid result was reported for the test

# Specification Change – CBP

## Administrative:

Identify the most recent BP reading taken during an outpatient visit, a non-acute inpatient encounter, or remote monitoring event in combination with codes from the diastolic and systolic value sets during the measurement year. To become numerator compliant, the member must have a compliant code for both diastolic and systolic on the same claim number, and the same non-compliant code for both diastolic and systolic to fall back to a denominator

# Specification Change – CBP

## Medical Record:

The BP reading must occur on or after the date when the second diagnosis of hypertension occurred. To determine if the member's BP is adequately controlled, the representative BP must be identified. Representative BP is defined as the most recent BP reading during the measurement year (as long as it occurred after the second diagnosis of hypertension). If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. The systolic and diastolic results do not need to be from the same reading. If no BP is recorded during the measurement year, assume that the member is "not controlled"

# Specification Change – CBP

## Medical Record (continued):

The member is not compliant if the BP reading is  $\geq 140/90$  mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e. if either level is missing). Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the patient. BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. Member-reported results to the provider from a remote monitoring device are not acceptable.

# Childhood Immunizations – Combo 3

## Numerator Notes

### Documented history of illness:

- must be a note indicating the date of the event, which must have occurred by the member's 2<sup>nd</sup> birthday

### Notes indicating immunization “at delivery”:

- may be counted toward the numerator only for immunizations that do not have minimum age restrictions (e.g., before 42 days after birth).

# Childhood Immunizations – Combo 3

## Numerator Notes

A note that the “member is up to date” with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for QIP reporting.

# Immunizations Parent Information

## Parent Info and Resources

- All studies show the PCP is the most trusted source for information and recommendations on their children's immunizations
- Texting, social media
- Parent having IZ record
- Immunity Community—WA state parent blog
- AAP.org
- CDC.gov
- Vaccine Education Center----CHOP.edu (NOT National Vaccine Information Center)

# Immunizations: Strategies for Success

## Provider Info and Resources

### Nine Practical Ways to Improve Clinic Immunization Rates

1. Voice your strong support of immunizations.
2. Participate in state vaccine registry
3. Don't let cost be a barrier: promote the VFC program.
4. Implement standing orders.
5. Follow true contraindications.
6. Offer immunization-only clinics at alternate times and advertise them.
7. Minimize missed opportunities for immunization.
8. Use the accelerated ACIP immunization schedule.
9. Keep up to date on immunization recommendations.

Additional websites on previous slide