

# PCP QUALITY INCENTIVE PROGRAM NEWSLETTER

OCTOBER 2022

In honor of **National Breast Cancer Awareness** month, we want to shine a spotlight on Breast Cancer Preventive Screenings-Mammography. It is a key part of PHC members in taking care of themselves. We also want to specifically celebrate the survivors of breast cancer and honor the memory of family and community members whom we have lost to this disease.



As a reminder the [PCP QIP Measure Description for Breast Cancer screening](#) is the following:

*The percentage of continuously enrolled Medi-Cal women 50-74 years of age who had a mammogram to screen for breast cancer.*

Please visit the QIP PHC [webpage](#) for the Measure Performance, Practice Type, Points, Threshold, Percentile, Denominator, Numerator, and Exclusions.

When the COVID-19 pandemic hit in early March 2020, most health systems paused “elective” or non-emergent procedures and screenings to slow the spread of COVID19 and priorities evaluation and treatment of COVID patient and to keep healthy patients out of their facilities. This included postponing annual mammogram screenings scheduled in the early months of the pandemic. Consequently breast cancer screenings markedly decreased in 2020.

The number of cancer screening tests received by people through the CDC National Breast and Cervical Cancer Early Detection Program [declined by 87%](#) during April 2020 compared with previous five-year averages. [Additional data](#) from Epic Health Research Network – which collected numbers from 60 healthcare organizations representing 10 million people – found about 50% of people scheduled for a routine mammogram missed their appointments and 25% of people postponed care for breast cancer symptoms, resulting in delayed diagnoses and treatment.

Provider organizations and imaging centers continue to experience the post-COVID ramifications of postponed preventive screenings and necessary exams, including later-stage diagnoses and a surge in cancer rates. Now more than ever is the time for your practice to stress the importance of breast cancer screening and getting members back on track with regular mammograms.

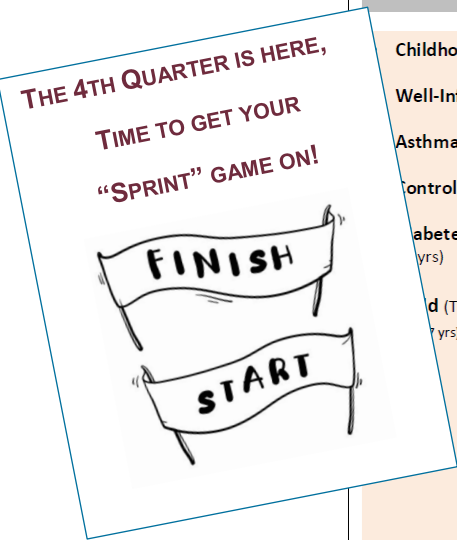
The goal of breast cancer screening is to detect breast cancer at an early stage, before a person discovers a lump. Breast cancer is more easily treated and more likely to be cured when it is caught earlier. Screening mammography is the primary imaging modality for early detection of breast cancer because it is the only method of breast imaging that consistently has been found to decrease breast cancer-related mortality. Preventive care mammograms are covered by PHC at no extra cost and they generally take less than 20 minutes.

The following are a sample of Best and Promising Practices for you and staff to review: Please visit the [Quality Measure Highlights](#) for additional best practices.

- Establish a practice-wide commitment to early cancer detection screening: It is essential to start communicating before members schedule an appointment, as their health journey starts long before they enter through your doors. In particular, your organization needs to prioritize communicating with members who were already overdue for mammogram appointments. Knowing they may have personal hesitations, start a discussion with them toward scheduling a mammogram now and emphasize the importance of screening.
  - Utilize “flag” alerts in the EMR/EHR system that each staff member can use to identify and communicate to members who are due for their screening services at every member encounter.
  - Create scripts that all staff can use to simplify the message that encourages breast cancer screening – includes text messages (reminders and confirmation messages).
  - Be persistent with reminders. You may need to remind patients several times before they will follow through.
- Understand the power of the clinical provider recommendation: Your recommendation is the most influential factor in whether a person decides to get screened. Patients are 90% more likely to get a screening when they reported a physician recommendation. “My doctor did not recommend it,” is the primary reason for screening avoidance. ( Nov 1, 2021 - State & Federal / Medi-Cal Managed Care The American Cancer Society).
- Build relationship with the mammography/imaging facility to collaborate on the active pursuit of patients who have been referred yet have not completed their screening. Explore if a variety of service options and choices can be offered: such as, after-hours and same-day appointments, and weekend breast cancer screening day(s).
- Ensure information is consistent, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications. **Ask the patient** what their preferred communication delivery is.
- Explore possible barriers that may impact screening services, such as access to care, psychosocial, change in life circumstances. There are many types of barriers to mammography services. As the environment and people change, these barriers change over time, dynamically impacting whether a patient completes a mammogram. Discuss with your patients what may be keeping them from getting their mammogram.

**PCP QIP FOURTH QUARTER MEASURE FOCUS: Well-Infant Visits (0-15 months), Childhood Immunization Status (0-2 yrs), and Adolescent Immunization (Turning 13 years).**

2022				2023
Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Q1: Jan - Mar
Year-round: On call system to reduce ED visits; Quick hospital follow-up to prevent readmissions; Control of CHF and COPD to reduce admissions				
<b>Childhood Immunization Status (0-2 yrs)</b> <b>Well-Infant Visits (0-15 months)</b> <b>Asthma Medication Ratio</b> <b>Controlling High Blood Pressure (18-85 yrs)</b> <b>Diabetes Management: HbA1C good control (18-75 yrs)</b> <b>Well-Child (Turning 3-11 yrs) and Adolescent Well Care (10-17 yrs) Visits***</b>			<b>Annual Measures</b> <b>Multi-year Measures</b> <b>Early Measures</b>	
			<ul style="list-style-type: none"> <li>Breast Cancer Screening (50-74 yrs)</li> <li>Cervical Cancer Screening (21-64 yrs)</li> <li>Colorectal Cancer Screening (51-75 yrs)</li> <li>Adolescent Immunization (10-12 yrs)</li> </ul>	
			<ul style="list-style-type: none"> <li>Well-Infant Visits (0-15 months)</li> </ul>	
			Schedule those with Jan-March birthdays: <ul style="list-style-type: none"> <li>Childhood Immunization Status (0-2 yrs)</li> <li>Adolescent Immunization (Turning 13 yrs)</li> </ul>	
			<b>Diabetes Management: Retinal Eye Exams (18-75 yrs)</b>	
			<b>Final push to close gaps in annual measures</b> <ul style="list-style-type: none"> <li>Controlling High Blood Pressure (18-85 yrs) (eReports available in Q4)</li> <li>Diabetes Management: HbA1C good control (18-75 yrs)</li> <li>Well-Child and Well-Adolescent Visits (3-17 yrs)</li> </ul>	
			<b>January 17-31</b> Enter missing data in eReports system for prior year	
<small>*** Should include counseling for Nutrition and Physical Activity for Children/Adolescents.</small>			<small>Rev. 12092021</small>	



**READY, SET, GO.....! ARE YOU READY?**

As we transition into the last quarter of 2022, also referred to as “Sprint Season”, the QIP Team would like to offer encouragement to the Provider Network to reach out to us for any help or guidance.

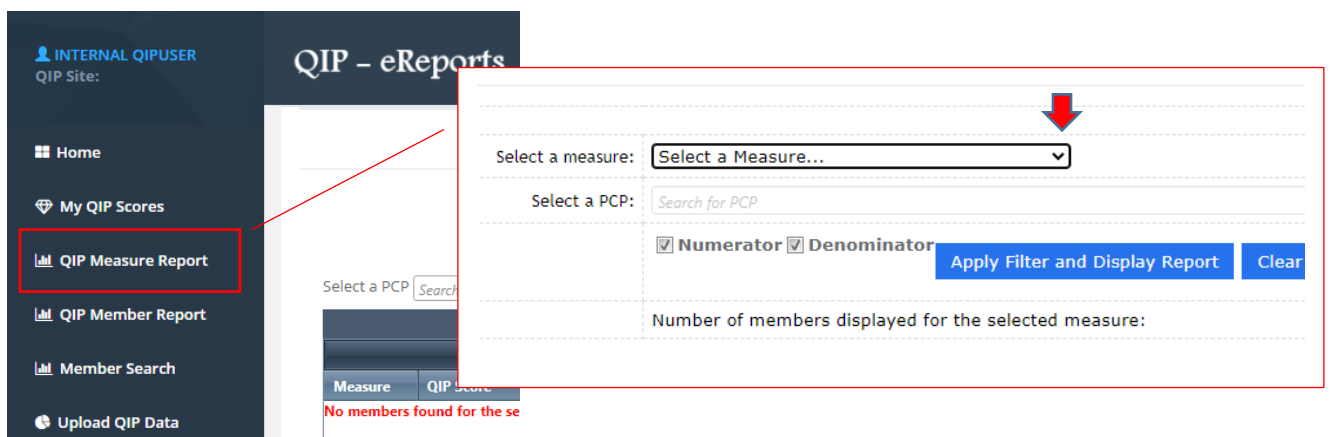
One great approach to improve QI performance scores and the potential to increase incentives is to use Q4 as a focused quarter to work on measures within striking distance. Referred to as “low hanging fruit”, some measures are only a few members away from your site earning partial or full points. Below, we offer guidance on two ways to look for these opportunities



## PRO TIPS & RECOMMENDED STRATEGIES:

### Managing measure performance through measure denominator checks:

- 1) Log In to [eReports](#) Need access?”  
Please contact your site’s eReports administrator or email us at;  
[QIP@Partnershiphp.org](mailto:QIP@Partnershiphp.org). After regaining access, please proceed to the next step.
- 2) Click on the **QIP Measure Report Link** from the Home Page left side menu navigation.



- 3) Use dropdown field and select [**Well Child First 15 Months 2022**] measure
- 4) Select either one, many or all sites within your organization.
- 5) Apply [**Denominator**] filter (note, these are eligible members that require screening).
- 6) Now, you should be ready to work the list from eReports or export the list. Don’t forget to click on the Excel Icon.

### Managing measure performance through Next Needed to Treat (NNT) calculation:

- 1) Click on **Home** from the left side menu navigation.
- 2) Use dropdown field to select your site
- 3) Any 25<sup>th</sup>/50<sup>th</sup>/75<sup>th</sup> Threshold with **red numbers** indicates a clinical measure that has not earned partial or full points
- 4) Look for QIP scores in measures that are close to hitting the 25th/50th/75th threshold
- 5) To determine your sites NNT number(s), subtract your achieved from your target (example below). This number indicates how many members left until you have achieved the partial or full point target.

**QIP - eReports**

**Threshold Report**

\*Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set.\*

GROUP NAME:

Remove Impersonation

Search by PCP: [Search by PCP] Select Provider: [Clear]

**Core Clinical Measurement Set** Refresh

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
Child and Adolescent Well Care 2021	33.08 %	2930	11879	NA	NA	47.54%	5648/3930	NA	NA
Asthma Medication Ratio 2021	71.89 %	232	314	NA	NA	63.58%	200/232	68.52%	216/232
Breast Cancer Screening 2021	69.29 %	863	1751	NA	NA	58.67%	1028/863	63.98%	1121/863
Cervical Cancer Screening 2021	58.19 %	4233	7275	NA	NA	60.65%	4413/4233	66.49%	4838/4233
Childhood Immunization Status OS 10 2021	28.07 %	208	743	NA	NA	34.79%	258/208	42.02%	312/208
Colorectal Cancer Screening 2021	39.70 %	1347	4354	32.24%	1463/1347	41.84%	1898/1347	NA	NA
Controlling High Blood Pressure 2021	7.97%	5	395	NA	NA	40.39%	114/5	69.1%	122/5
Diabetes - HbA1C Goal Control 2021									
Immunization for Adolescents 2021									
Nutrition Counseling 2021									

**Core Clinical Measurement Set** Refresh

25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)
NA	NA	47.54%	5648/3930	NA	NA
NA	NA	63.58%	200/232	68.52%	216/232
NA	NA	58.67%	1028/863	63.98%	1121/863
NA	NA	60.65%	4413/4233	66.49%	4838/4233
NA	NA	34.79%	258/208	42.02%	312/208
32.24%	1463/1347	41.84%	1898/1347	NA	NA
NA	NA			66.91%	1222/5
NA	NA			67.15%	936/736
NA	NA			40.39%	356/354
NA	NA			NA	NA

**25<sup>th</sup> Percentile Target**

Target = 1,463

Achieved = 1,347

Calculate, Number Needed to Treat (NNT)

$1,463 - 1,347 = 116$

## eReports Template Upload Schedule

1. Well-Child Visits in the first 15 Months of Life, is available in **October 2022**
2. Child and Adolescent Well Care Visits is available starting on **January 10, 2022 – January 31, 2022**

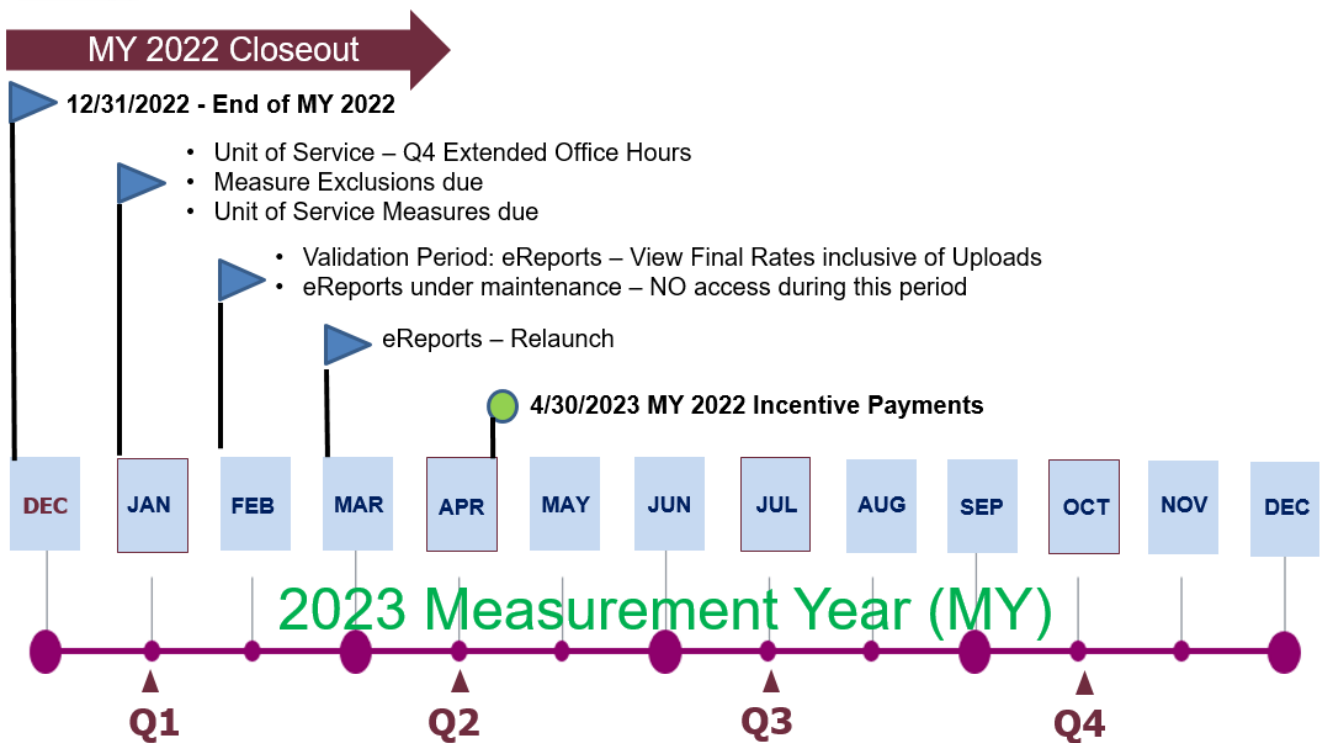
## eREPORTS AND PQD REFRESH SCHEDULE

SYSTEM	FREQUENCY	DAYS	NOTES
eReports	Biweekly	Tuesday Thursday	Update occurs during business hours. The QIP team recommends uploading before Noon or use Monday and Wednesday as upload days.
PQD	Monthly	10th of the month	Prior month data displayed.

## IMPORTANT 2022 PCP QIP PROGRAM DATES AND TIMELINE

Please review the following table for important dates.

DATE	EVENT	NOTES TO PROVIDERS
October 1, 2022	Controlling High Blood Pressure template  Well-Child Visits in the first 15 months  Comprehensive Diabetes Care – HbA1c Good Control	Template will be available October 1 of the measurement year. Upload data will be accepted between October 1 through the end of the measurement year grace period (January 31, 2023).
October 2022	Proposed PCP QIP – 2023 Measures	QIP Team to present proposed measures to PAC for review and approval.



## TRAINING OPPORTUNITIES

## Quality & Performance Improvement Training Events

For up-to-date events and trainings by the Quality and Performance Improvement Department, please view our [Quality Events Webpage](#).

Looking for more educational opportunities? The Quality & Performance Improvement Department has many pre-recorded, on-demand courses available to you. Trainings include:

ABCs of Quality Improvement: An introduction to the basic principles of quality improvement.  
Accelerated Learning Educational Program: An overview of clinical measures including Virtual ABC's of QI: The following topics are covered in this five-session course. Participants are eligible for 1:1 coaching with an Improvement Advisor after attending.

- What is quality improvement?

- Introduction to the Model of Improvement

- How to create an aim statement (project goal)

- How to use data to measure quality and to drive improvement

- Tips for developing change ideas that lead to improvement

- Testing changes with the Plan-Do-Study-Act (PDSA) cycle

You can find these on-demand courses, and more, on our [Webinars Webpage](#).