Approved 2022 PCP QIP Measure Summary

(A) Core Measurement Set Measures

Providers have the potential to earn a total of 100 points in four measurement areas: 1) Clinical Domain; 2) Appropriate Use of Resources; 3) Access and Operations; and 4) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key:

New Measure || Change to Measure Design || ~~Measure removed~~

2021 Measures	2022 Measures
Clinical Domain	
Family Medicine: 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits 5. Childhood Immunization Status: Combo 10 6. Colorectal Cancer Screening 7. Comprehensive Diabetes Care: HbA1c Control 8. Controlling High Blood Pressure 9. Immunizations for Adolescents – Combo 2 10. Well-Child Visits in the First 15 Months of Life **Monitoring Measures:** Diabetes Management: Eye Exams	**Family Medicine:** 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits 5. Childhood Immunization Status: Combo 10 6. Colorectal Cancer Screening 7. Comprehensive Diabetes Care: HbA1c Control 8. Controlling High Blood Pressure 9. Immunizations for Adolescents – Combo 2 10. Well-Child Visits in the First 15 Months of Life **Monitoring Measures:** Diabetes Management: Eye Exams
Clinical Domain	
Internal Medicine: 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Colorectal Cancer Screening 5. Comprehensive Diabetes Care: HbA1c Control 6. Controlling High Blood Pressure **Monitoring Measures:** Diabetes Management: Eye Exams	**Internal Medicine:** 1. Asthma Medication Ratio 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Colorectal Cancer Screening 5. Comprehensive Diabetes Care: HbA1c Control 6. Controlling High Blood Pressure **Monitoring Measures:** Diabetes Management: Eye Exams
Clinical Domain	
Pediatric Medicine: 1. Asthma Medication Ratio 2. Child and Adolescent Well Care Visits 3. Childhood Immunization Status: Combo 10 4. Counseling for Nutrition for Children/Adolescents	**Pediatric Medicine:** 1. Asthma Medication Ratio 2. Child and Adolescent Well Care Visits 3. Childhood Immunization Status: Combo 10 4. Counseling for Nutrition for Children/Adolescents

5. Counseling for Physical Activity for Children/Adolescents 6. Immunizations for Adolescents – Combo 2 7. Well-Child Visits in the First 15 Months of Life	5. Counseling for Physical Activity for Children/Adolescents 6. Immunizations for Adolescents – Combo 2 7. Well-Child Visits in the First 15 Months of Life

Appropriate Use of Resources	
Family Medicine & Internal Medicine: 1. Ambulatory Care Sensitive Admissions 2. Risk Adjusted Readmission Rate (RAR)	**Family Medicine & Internal Medicine:** 1. Ambulatory Care Sensitive Admissions 2. Risk Adjusted Readmission Rate (RAR)
Access and Operations	
All Practice Types: 1. Avoidable ED Visits **Monitoring Measures:** PCP Office Visits	**All Practice Types:** 1. Avoidable ED Visits **Monitoring Measures:** PCP Office Visits
Patient Experience	
All Sites: 1. Patient Experience	**All Sites:** 1. Patient Experience

(B) Unit of Service Measures

Providers receive payment for each unit of service they provide.

Unit of Service	
All Sites: 1. Advance Care Planning Attestations 2. Extended Office Hours 3. PCMH Certification 4. Peer-led Self-Management Support Groups 5. Alcohol Misuse Screening and Counseling 6. Health Information Exchange 7. Initial Health Assessment	**All Sites:** 1. Advance Care Planning Attestations 2. Extended Office Hours 3. PCMH Certification 4. Peer-led Self-Management Support Groups ~~5. Alcohol Misuse Screening and Counseling~~ 6. Health Information Exchange 7. Initial Health Assessment 8. **Health Equity** 9. **Dental Fluoride Varnish Use** 10. **Blood Lead Screening** 11. **Electronic Clinical Data Systems (ECDS)**

Programmatic Changes:

I. Descriptions of Potential 2022 Measures and Measure Changes for Core Measurement Set

A. Potential Additions as New Measures – Core Measurement Set

No Proposed Changes

B. Change(s) to Existing Measures – Core Measurement Set

No Proposed Changes

II. Descriptions of Potential 2022 Measures and Measure Changes for Unit of Service Measurement Set

A. Potential Additions as New Measures – Unit of Service

Health Equity

Parent Organization (PO) submission of proposed plan and adoption of internal best practices that support a Health Equity (HE) initiative. May include existing best practices in place.

Rationale: Partnership HealthPlan of California (PHC) is actively engaged in HE initiatives that bring about equitable awareness and result driven change within the 14 counties we serve and we highly encourage provider organizations to join our efforts. At PHC, we believe in diversity by accepting, respecting, and valuing individual differences and capitalizing on the diverse backgrounds and experiences of our members, community partners, and staff. Together, we can help move our communities toward equitable access to healthcare.

Measure Requirements: Submission shall demonstrate HE characteristics PCPs can successfully integrate as a core strategy. Should include how best practices apply to internal domains such as: Access, Referral Processes, Avoidable ED Visits, Community Partnerships, and Staff Education.

1. Make HE a leader-driven priority.
2. Identify specific health disparities, then act to close the gaps.
3. Confront institutional racism.
4. Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee).
5. Partner with community organizations.

Incentive:

$2,000 per Parent Organization

Dental Fluoride Varnish Use

An incentive to improve dental fluoride application at site level or submission of protocol and implementation plan.

Rationale: Studies have shown that low-income young children are often at higher risk for dental decay. According to the American Dental Association (ADA), drinking local public water that provides fluoridation and applying dental fluoride varnish combined is the best methods to reduce early tooth decay. Primary care exams occur earlier and more frequent with young children compared to dentistry and early detection and varnish application during annual check-up is more likely to occur.

Measure Requirements:

Part 1: Parent Organization (PO) submission of proposed plan to implement fluoride varnish application in the medical office. The protocol should accomplishing the following objectives:

- A plan to identify children at risk for, dental decay and who would benefit from fluoride varnish.
- Provide education plan that will afford consultation and written member (parent or guardian) information on the importance of dental hygiene and fluoride varnish use.
- Provide clinical staff training on varnish application.
- Implementation target date.

Part 2: The percentage of members 6 months to 5 years of age within the PCP, Family or Pediatric practice having at least one or more dental varnish application during the measurement year.

Incentives:

Part 1:

$1,000 per Parent Organization

Part 2:

Thresholds: Minimum 2% of the sites assigned monthly assigned members must receive fluoride varnish. The incentive payment amount for reaching this threshold is $5.00 per application.

Administrative, CPT code: 99188 (Non-dental practitioner)

Blood Lead Screening

Offer an incentive to improve blood lead screening at site level.

Rationale: Blood lead screening of young children enrolled in Medi-Cal is a federal and state law requirement, coupled with low PHC Plan-wide screening rates.

Description: The number of children between 24 to 72 months who had one or more capillary or venous lead blood test for lead poisoning in the lifetime of the member.

Denominator: The number of assigned members 24 to 72 months during the measurement year. (DOB between January 1, 2017 and December 31, 2020).

Numerator: The number of children in the denominator who had one or more capillary or venous lead blood test for lead poisoning in the lifetime of the member.

Codes Used: Administrative (Claims), CPT code: 83655, LOINC (Lab) codes 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7.

Incentive paid at Parent Organization (PO)

Blood Lead Screening Threshold: 50 lead screens performed (denominator population) anytime in the past 60 months on the following incentive tiers.

Tier 1: Minimum lead screening - $1,000

Tier 2: Lead screening rate >75% - $5,000

Tier 3: Lead screening rate of 50%, and at least 15% Relative Improvement (RI) on 2021 lead screenings - $3,000

Relative Improvement (RI) methodology

The method of calculating relative improvement is based on a Journal of the American Medical Association article authored by Jencks et al in 2003, and is as follows:

$$\frac{\text{(Current year performance) – (previous year performance)}}{\text{(100 – Previous year performance)}}$$

The formula is widely used by the Integrated Healthcare Association's commercial pay for performance program as well as by the Center for Medicare and Medicaid Services.

Tobacco Use Screening

Offer incentive to improve early detection of and intervention toward tobacco use.

Rationale: This measure supports National Committee for Quality Assurance (NCQA) #226 (National Quality Forum (NQF) 0028), which assesses the percentage of beneficiaries 18 years of age and older screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (4004F). Tobacco use includes any type of tobacco and aligns with U.S. Preventive Services Task Force (USPSTF) recommendations with regards to screening/counseling for tobacco.

Description: The percentage of members 11– 21 years of age who had tobacco use screening or counseling one or more times during the measurement year.

Threshold: Minimum 3% of the sites assigned monthly assigned members must have one or more tobacco screenings in the measurement year. The incentive payment amount for reaching this threshold is $5.00 per screening.

Administrative, HCPCS: 4004F

Electronic Clinical Data Systems (ECDS)

Sites will receive an incentive for participating in Electronic Clinical Data System (ECDS) implementation by the end of the measurement year.

Rationale: Allows for data exchange from Provider Electronic Health Records to PHC in order to capture clinical screening, follow-up care and outcomes. ECDS implementation is a vital component of furthering the quality of care for covered PHC members.

Measure Requirements: The ECDS measure will focus on data collection of the following clinical components for all PHC members within your organization.

- Attention-deficit/hyperactivity disorder (ADHD)
- Breast Cancer Screening (BCS)
- Alcohol Screening and Counseling (11 years and older)
- Depression Screening

Incentive:

$5,000 per Parent Organization

B. Change(s) to Existing Measures – Unit of Service

Alcohol Screening and Counseling (11 years and older)

Adoption of the ECDS measure will remove this measure as a standalone Unit of Service measure.

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