Welcome
Please read the participation tips below:

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- Have the webinar call you by entering your phone number in the Connect Audio text box when you first log into the webinar room.
- All guest phones have been muted: Background noises, conversations, white noise etc., can be disruptive to a webinar.
- Questions: Please use the Chat feature when asking questions and communicating with the host.
- Any questions we are unable to address today, will be answered at a later time.

Quality Improvement Initiatives Pay-for-Performance Measures

April 9, 2019

Health Partners Plans

Agenda

- Summary of Quality Improvements
- Overview of HEDIS & PCP measures
- Overview of the value proposition for providers
- Discuss strategies to increase performance
- Q&A

Summary of Quality Improvements

Commitment to Quality Excellence

- Rated #1 Medicaid plan in Pennsylvania by NCQA in 2018
- Only Medicaid plan in Pennsylvania to receive an NCQA accreditation status of Excellent (second year in a row and only given to 8 plans in the country)
- Plan with the most MCO P4P Quality HEDIS measures rated in the top 3 in performance across all Pennsylvania MCOs
- First plan to be awarded the NCQA Multicultural Health Care Distinction

Community Education and Engagement

- Community Wellness Center opening soon with more locations planned
- Offering nearly 50 free health and wellness classes for the community
- ***Food Insecurity/Health Literacy:*** Providing medically tailored meals to chronically ill adult members through MANNA partnership; exploring opportunities to serve pediatric diabetic population
- ***Housing Insecurity:*** Piloting a program with Broad Street Ministry and Philadelphia Fight to increase access to care for members experiencing homelessness

HEDIS

Overview of the Healthcare Effectiveness Data and Information Set (HEDIS)

What is it?

- Set of standardized quality-based performance measures (150+) developed by the National Committee for Quality Assurance (NCQA).
- Overlap with clinical guidelines and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) guidelines but *does not* always align.
- Each measure comes with its set of requirements & benchmarks.
- Updated annually to incorporate clinical guidelines changes.

Why is it important?

- Measure your quality of care & population health trends.
- Provider & payer P4P programs are tied to outcomes against benchmarks.
- Compare plans quality of care against local, regional & national benchmarks.

What Counts?

- **Claims based data** – Uses claims and encounters to place a member in the denominator / numerator for each measure, e.g., CPTs, CPT IIs, ICD-10s, LOINC.

- **Electronic based data** – Uses EMR/EHR file extract submitted to HPP for TINs with 5,000+ members to augment claims-based data.

- **Medical Record (Chart) Review based data** – Requires a manual chart review (for each member/measure) by HPP and is only allowed for a subset of the measures. Requirements for compliance are often more robust.

Quality Measures for the Adult Population

Preventive Care

- Adult BMI Assessment
- Adult Immunization Status
- Breast Cancer Screening
- Care for Older Adults
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Flu Vaccinations for Adults Ages 18-64
- Management of Urinary Incontinence in Older Adults
- Non-Recommended PSA-Based Screening in Older Men
- Osteoporosis Management in Women Who Had a Fracture
- Osteoporosis Testing in Older Women
- Physical Activity in Older Adults
- Prenatal and Postpartum Care

Utilization Adults' Access to Preventive/ Ambulatory Health Services

- Acute Hospital Utilization
- Adults' Access to Preventive/Ambulatory Health Services
- Ambulatory Care
- Antibiotic Utilization
- Emergency Department (ED) Utilization
- Frequency of Selected Procedures
- Hospitalization Following Discharge from a Skilled Nursing Facility
- Hospitalization for Potentially Preventable Complications
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Inpatient Utilization—General Hospital/Acute Care
- Plan All-Cause Readmissions
- Standardized Healthcare-Associated Infection Ratio
- Transitions of Care
- Use of Imaging Studies for Low Back Pain

Quality Measures for the Adult Population

Management of Conditions

- Annual Monitoring for Patients on Persistent Medications
- Asthma Medication Ratio
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Follow-Up after ED Visit for People with Multiple High-Risk Chronic Conditions
- Medical Assistance with Smoking and Tobacco Use Cessation
- Medication Adherence for Cholesterol, Diabetes and Hypertension
- Medication Management for People with Asthma
- Medication Reconciliation Post-Discharge
- MTM Program Completion Rate for Comprehensive Medication Reviews
- Persistence of Beta-Blocker Treatment after a Heart Attack
- Pharmacotherapy Management of COPD Exacerbation
- Potentially Harmful Drug-Disease Interactions in the Elderly
- Statin Therapy for Patients with Cardiovascular Disease & Patients with Diabetes
- Statin Use in Persons with Diabetes
- Unhealthy Alcohol Use Screening and Follow-Up
- Use of High-Risk Medications in the Elderly

Behavioral Health

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Antidepressant Medication Management
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Follow-Up after ED Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up after ED Visit for Mental Illness
- Follow-Up after Hospitalization for Mental Illness
- Identification of Alcohol and Other Drug Services
- Mental Health Utilization
- Risk of Continued Opioid Use
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers

Two Opportunities for Providers to Improve Performance

Opportunity	Levers
Increase delivery of HEDIS-related medical services	• Ensuring screenings/services for eligible members • Leverage existing opportunity/visit (where applicable) • Educating members and providers/staff on the services and messaging required for compliance • Creating and deploying interventions to improve HEDIS rates • Creating mechanisms to pro-actively identify and close care gaps
Increase capture/sharing of evidence that screenings/services were delivered	• Maximizing coding accuracy for screenings/services • Leverage all codes allowed (e.g., CPT II codes) • Discuss EMR/Data sharing opportunities

Available Resources

Documents/Tools

- **QCP Manual**: Overview of all measures/payout opportunity and best practices by measure – available on NaviNet
- **NaviNet Portal**: Roster and updated gaps in care info provided monthly
- **HSX**: Provider admit, discharge and transfer data about your members daily
- **HPP communications:** Newsletters, letters and webinars

Actions

- **Network Account Manager**: Coordinate and support ongoing efforts
- **Clinical education:** Provider support on coding guidelines
- **Outreach support:** HPP conducts ongoing outreach efforts through internal/vendor services on an ongoing basis for targeted measures
- **Quality improvement:** Partner with you

Spotlight on Key Measures

	Max PMPM Payout		
Measure	**Medicare**	**Medicaid**	**CHIP**
Medication Management for People with Asthma (MMA): members 5 to 64 years of age, identified as having persistent asthma and are adherent to asthma medication(s) for at least 75% of the measurement year.	n/a	$2.50	$1.75
Controlling High Blood Pressure (CBP): hypertensive members 18 to 85 years of age, whose most recent blood pressure reading was adequately controlled (BP<140/90 mm Hg) during the measurement year.	$2.75	$3.00	n/a
Comprehensive Diabetes Care (CDC) – Eye Exam: diabetic members 18 to 75 years of age, with a retinal or dilated eye exam completed by an eye care professional in the measurement.	$2.00	$1.00	n/a
Comprehensive Diabetes Care (CDC) – HbA1c Control (< 9%): diabetic members 18 to 75 years of age, whose recent HbA1c level is lower than 9% in the measurement year.	$2.75	$2.75	n/a

Spotlight on Key Measures

	Max PMPM Payout		
Measure	**Medicare**	**Medicaid**	**CHIP**
Ambulatory care (AMB): Assesses the utilization of ambulatory care via ED visits per 1,000 patients per month.	n/a	$1.25	$1.25
All-Cause Readmission (PCR): Assesses the rate of acute inpatient stays for patients ages 2 to 64 that were followed by an *unplanned* acute readmission for any diagnosis within 30 days after discharge.	$3.50	$2.50	n/a
Note: For both measures, it is based on events, not patients. This means that a patient may be included in the denominator more than once.			

QUESTIONS?

- What are your biggest challenges in providing care and closing care gaps for your patients?
- What can HPP do to better assist in improving your performance on these measures?
- Does the QCP Program and provider incentive program work?

Thank you for your participation!

Health Partners Plans HPP