



Objectives

1 Overview of Comprehensive Diabetes

- Understand Clinical Diagnosis of Diabetes
- Review Comprehensive Diabetes Care
- Review the Treatment Options for Managing Diabetes

PHC Quality Incentive Program

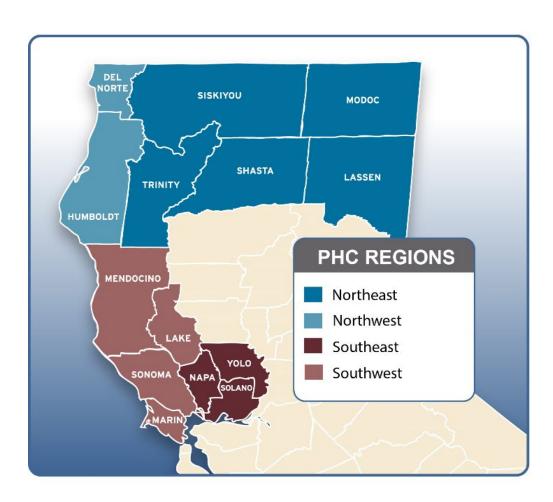
- Review 2022 Threshold and Targets
- Understand Compliant vs. Non-compliant Documentation
- Review Exclusions

Best and Promising Practices

- Review Promising Practices to Increase High Blood Pressure Rates
- Best Practice Sharing from High Performing Organization



Partnership HealthPlan of California (PHC) Regions



Southeast: Solano,

Yolo, Napa

Southwest: Sonoma,

Marin, Mendocino, Lake

Northeast: Lassen,

Modoc, Siskiyou, Trinity,

Shasta

Northwest: Humboldt,

Del Norte



PHC Mission, Vision, Focus

Mission

To help our members, and the communities we serve, be healthy

Vision

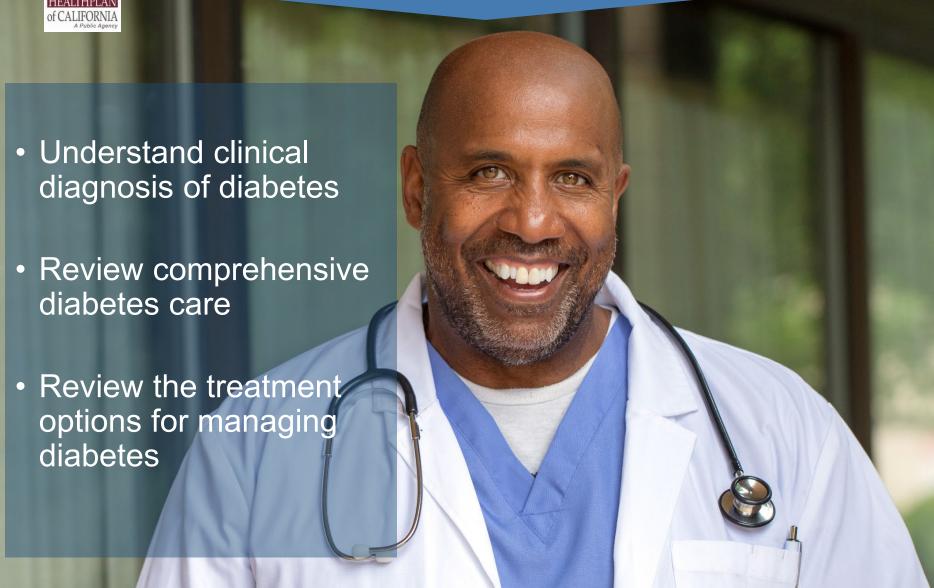
To be the most highly regarded managed care plan in California

Focus

- Quality in everything we do
- Operational excellence
- Financial stewardship



Overview of Diabetes



Redding

Santa Rosa

Eureka

Fairfield



Diabetes: An Ancient Problem

- Egypt 1500 BC
 - Night time urination and weight loss
- First Century AD Greece
 - Term Diabetes = "Great Sieve" due to high volume urination and weight loss
- 400 500 AD India
 - "Sweet urine attracts ants"
- 18th Century Great Britain Differentiates two types of diabetes disorders
 - Diabetes Mellitus coined mellitus = honey added to reflect sweetness in the urine
 - Diabetes Insipidus condition which causes thirst and produces volume of "bland colorless urine
- 19th 20th Century
 - Diabetes Mellitus is defined as a disease tied to pancreatic dysfunction
 - o Identification insulin development of animal then human insulin
 - Oral medications developed in 1950s



Diabetes Mellitus: What is the Problem?

Compromised ability to metabolize carbohydrates and control blood sugar leading to sustained hyperglycemia

- Type 2 Diabetes progressive loss of sensitivity to insulin and decreased production of insulin
- Type 1 Diabetes acquired decreased production of insulin



Types of Diabetes Mellitus

Type 1 Diabetes

- 5 10% of the people who have diabetes
- Requires treatment with insulin

Type 2 Diabetes

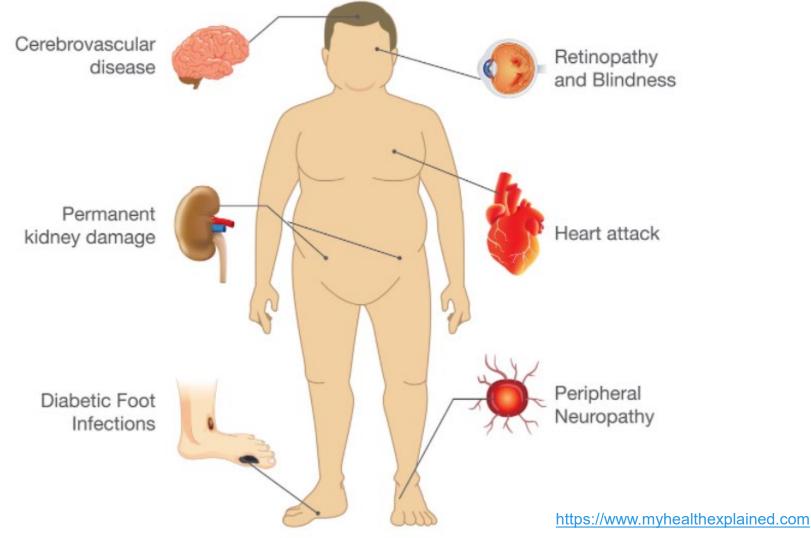
- 90 95% of people with diabetes
- Can be prevented or delayed

Gestational Diabetes

- 2 10% of pregnancies in U.S.
- Usually goes away after the birth



What's the Problem with Being Too Sweet?



Eureka | Fairfield | Redding | Santa Rosa



Symptoms of Diabetes Mellitus

- Polydipsia excessive thirst
- Polyuria frequent urination
- Nocturia night time urination
- Weight loss body unable to metabolize and store carbohydrates
- Blurred vision due to swelling of the eye



Diagnosis and Monitoring of Diabetes Mellitus

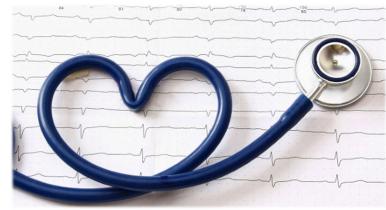
What HbA1c Measure

Percentage of glycated hemoglobin

 Reflects average levels of blood glucose over the previous two to three months

How the HbA1c Used

- Diagnosis of diabetes
- Monitor the efficacy of treatment
- Monitor chronic glycemic control to minimize complications





Diagnosing Diabetes Mellitus with the Hemoglobin A1c Test

What do HbA1c numbers mean?

	HbA1c	eAG	
Normal	below 5.7%	114	
Prediabetes	Between 5.7 and 6.4%	117 - 137	
Diabetes	6.5% or higher	140	

eAG: estimated average glucose Note: 28.7 X A1C – 46.7 = eAG



Hemoglobin A1c and Blood Sugar Levels

A1c and eAG Comparison

Hgb A1c (%)	eAG (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

eAG: estimated average glucose Note: 28.7 X A1C – 46.7 = eAG



Goals of Diabetes Mellitus Treatment

Reducing Blood Sugar Levels

- Targeted HbA1c control:
 - Target 7 8% in general (ACP recommendation 2018)
 - Limiting wide variation in daily blood sugars
 - Lowering high blood sugars while avoiding low blood sugars

Reducing Co-Morbidities

- Blood pressure control
- Tobacco cessation
- Cholesterol screening and management
- Kidney protection and monitoring
- Foot care
- · Limiting infection risks
- Weight management, increasing activity





Modes of Treatment: Nutrition Education and Counselling

Provided by Registered Dietician (RD) or Certified Diabetes Educators (CDE):

- Nutrition and activity education improves blood sugar control
- Engages patients in self management

PHC Covered Benefit for Adult and Pediatric Patients:

- Individual or group visits
- No RAF required
- May not be eligible for enhanced or "PPS" rate



WebMD.com



Optimizing Blood Glucose Control

Glucose monitoring is a tool to achieve A1C goals while avoiding low blood sugars

Type 1 Diabetes Mellitus

- Frequent Blood Glucose testing is necessary to achieve A1C control without hypoglycemia – at least 4 times per day
 - Prior to meals and bedtime
 - o Sometime after meals, before exercise and sometimes at night

Type 2 Diabetes

- The benefit and frequency of Blood Glucose testing is based on the type of medications being used and patients risk for low blood sugar
 - Orals/ injectable that do not cause low BG not routinely necessary
 - Orals/ Injectable/ Insulin that can cause hypoglycemia varies based on medications and individual needs usually less often than is needed for Type 1 DM



Continuous Glucose Monitors

- Demonstrated benefit in T1DM for achieving A1 control with limiting hypoglycemic episodes for motivated and adherent patients
- May benefit a subset of patient with T2DM who have established frequent hypoglycemia, nocturnal hypoglycemia, hypoglycemia unawareness in motivated and adherent patients



Glucometers as a Tool for Blood Glucose Control

Blood Glucose Monitors

- They are a Medi-Cal benefit accessed through MediCalRx.
- No device has been proven superior; all are accurate (+/-10%)
- Should be approved by International Organization for Standardization or the Food and Drug Administration (FDA)

Continuous Glucose Monitors

- CGMs have a specific use based on medical necessity
- Require management by clinician experienced in managing complex cases of DM (Endocrinologist, Diabetologist)
- May be covered by PHC requires a TAR for T1DM and T2DM on a case-by-case basis in which the medical necessity is met and supportive documentation is submitted



Treatment Options for Managing Diabetes Mellitus

Management of diabetes includes:

- Healthy eating
- Regular exercise
- Weight management
- Blood sugar monitoring
- Diabetes medication or insulin therapy









Choice of Medication

Based on individual factors:

- Baseline A1C level
- Age
- Comorbidities
 - Atherosclerotic cardiovascular disease
 - Kidney disease
- Risk for low blood sugar
- Need for weight loss
- Glucose-lowering efficacy of medication







Medications to Treat Diabetes Oral

Drug Class	Generic Name	Trade Name	~ A1C lowering	
Biguanide	Metformin	Glucophage	1.0 to 2.0	
Sulfonylurea	Glipizide Glimepiride	Glucotrol Amaryl	1.0 to 2.0	
Meglitinide	Repaglinide Nateglinide	Prandin Starlix	0.5 to 1.5	
Thiazolidinedione	Pioglitazone Rosiglitazone	Actos Avandia	0.5 to 1.4	
α-Glucosidase Inhibitor	Acarbose Miglitol	Precose Glyset	0.5 to 0.8	
DPP- 4 Inhibitor	Sitagliptin Linagliptin	Januvia Tradjenta	0.5 to 0.8	
SGLT-2 Inhibitor	Empagliflozin Canagliflozin Dapagliflozin	Jardiance Invokana Farxiga	0.5 to 1.0	



Medications to Treat Diabetes: Oral/Injectable

Drug Class	Generic Name	Trade Name	~ A1C lowering
GLP-1 Agonist injectable	Dulaglutide Liraglutide Semaglutide	Trulicity Victoza Ozempic	1.0 to 1.5
GLP-1 Agonist oral	Semaglutide	Rybelsus	1.0 to 1.3
GLP-1 Agonist/Insulin combination	Insulin Glargine/Lixisenatide Insulin Degludec/Liraglutide	Soliqua Xultophy	1.9 +
Amylin Analog	Pramlintide	Symlin	0.5 to 1.0



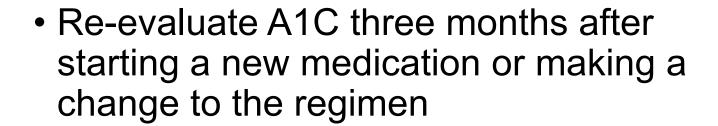
Medications to Treat Diabetes: Insulin Products

Drug Class	Generic Name	Trade Name	~ A1C lowering	
Rapid-acting Bolus Insulin	Insulin lispro Insulin Aspart	Admelog, Humalog Novolog	1.5 to 3.5	
Short-acting Bolus Insulin	Insulin Regular	Novolin R, Humulin R U-100		
Intermediate Basal Insulin/Mixtures	Insulin NPH	Novolin N, Humulin N Novolin 70/30 Novolog 70/30 Humalog 50/50		
Long-acting Basal Insulin	Insulin Glargine U-100 Insulin Detemir U-100	Lantus, Semglee Levemir		
Rapid-acting Inhaled Insulin	Insulin Regular	Afrezza		



Monitoring Effectiveness of Treatment

Is the A1C at goal?





- A1C is not at target
 - Re-evaluate medication regimen
 - Assess how the patient is taking their medications







Measure Specifications

Measure Description:

 The percentage of members 18 - 75 years of age who had a diagnosis of Type 1 or Type 2 diabetes with evidence of HbA1c levels at or below 9.0% during the measurement year.

Denominator:

 The number of continuously enrolled Med-Cal members 18 - 75 years of age with diabetes identified any time before the end of the measurement year (12/31/22).

Numerator:

 The number of diabetics in the eligible population with evidence of the most recent measurement (during the measurement year) at or below the threshold for HbA1c ≤ 9.0%.



Claims/Encounter Data

Members who met any of the following criteria during the measurement year or the year prior (count services that occur over both years [January 1, 2021 - December 31, 2022])

- At least two outpatient visits, observations visits, telephone visits, evisits or virtual check-ins, ED visits, or non-acute inpatient encounters, on different dates of service with a diagnosis of diabetes.
- The visit types does not need to be the same for the two visits.
- At least one acute inpatient encounter with a diagnosis of diabetes.



PCP QIP 2022

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	61.63%	75 th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	56.81%	50 th



QIP Documentation

Compliant Documentation of HbA1C

- The number of diabetics in the eligible population with evidence of the most recent measurement HbA1c ≤ 9.0%.
 - A distinct numeric result (7.8%, 7.0%) is required for numerator compliance.

Noncompliant Documentation of HbA1c

- The most recent HbA1c level in the measurement year is > 9.0% or is missing, or if an HbA1c test was not performed during the measurement year.
 - Ranges and thresholds (8 9%, <9 or >7) *do not meet criteria* for these indicators.





Exclusions

- Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or year prior to measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to measurement year.
- Members in hospice or receiving palliative care during the measurement year.



eReports and PQD Notes

- All QIP diabetes care measures will have the same denominator because they share the same eligible population.
- 2022 PCP QIP
 - HbA1c is the only diabetes measure included in the core measure set.
 - Diabetes Eye Exam performance remains visible as a monitoring measure.





Timeline for addressing 2022 and 2023 PCP QIP Measures

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 hospit	Year-round: On call system to reduce ED visits; Quick hospital follow-up to prevent readmissions; Control of CHF and COPD to reduce admissions					
Childhood Immunization Status (0-2 yrs)		Annual Measures				
 Well-Infant Visits (0-15 months) Asthma Medication Ratio Controlling High Blood Pressure (18-85 yrs) Diabetes Management: HbA1C good control (18-75 yrs) Child (Turning 3-11 yrs) and Adolescent Well Care (12-17 yrs) Visits*** 	Breast Cancer Screening (50-74 yrs) Cervical Cancer Screening (21-64 yrs) Colorectal Cancer Screening (51-75 yrs) Adolescent Immunization (10- 12 yrs)	Multi-year M Well-Infant Visits (0-15 months) Schedule those with Jan-March birthdays: Childhood Immunization Status (0-2 yrs) Adolescent Immunization (Tuming 13 yrs) Final push to close gaps in annual measures Controlling High Blood Pressure (18-85 yrs) (eReports available in Q4) Diabetes Management: HbA1C good control (18-75 yrs) Well-Child and Well- Adolescent Visits (3-17 yrs)	Early Measures Diabetes Management: Retinal Eye Exams (18-75 yrs) January 17-31 Enter missing data in eReports system for prior year			

36





Best and Promising Practices

HbA1c Measurement Workflows

- On-site HbA1c testing
- Prompts for HbA1c at huddle
- Perform/order testing (if due) regardless of the reason for the office visit

Practice Workflows

- Cross departmental coordination of care
 - Incorporate care team members using standing orders for nursing, pharmacists, and registered dieticians
- Ensure patients are informed of results and next step(s)
- Submit claims and encounter data within 90 days of service
- Refer/enroll with Chronic Case Management



Best and Promising Practices

Outreach

- Designate a team member to contact patients due for testing (phone call, post card, letter signed by provider, text).
- Call patients within a week to reschedule missed in-house blood draws.

Education

- Assess and address patients knowledge gaps and barriers related to self management (financial, social support, transportation).
- Reinforce medication use and physical activity.
- Refer to nutrition education, in-house, or via telehealth.
- Use all visits to increase health literacy.
- Ensure information is person centered.



Questions





Voices from the Field

IP





Petaluma Health Center

Population-Level Interventions to Promote Diabetes Control

Rachel Joseph, FNP, MPH, Director of Quality Improvement rjoseph@phealthcenter.org

Outline

- Background
- Best Practices
- Ideas for Further Improvement

Background

- Total HC Population:
 - 42,795 unique UDS visits/ in last 12 mo
- Proportion Uninsured:
 - 34% (17,087 unique patients with visit in the last 24 mo)
- Integrated, multidisciplinary model of care delivery











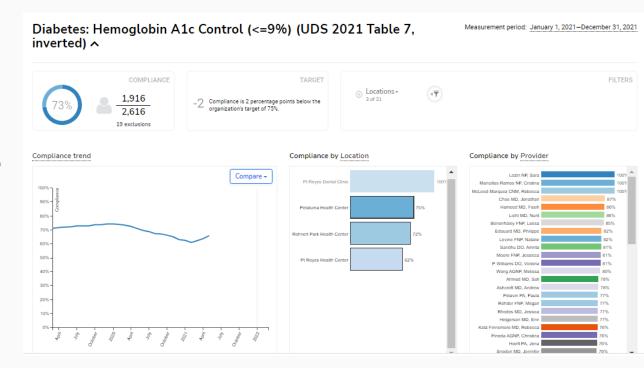






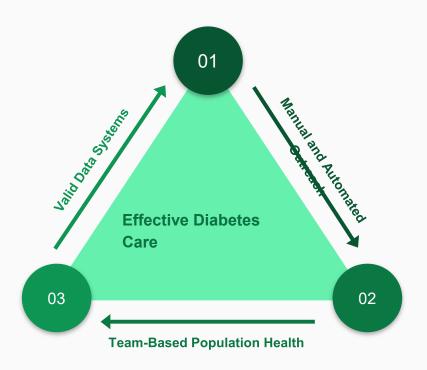
Diabetes: Deep Dive

- 2,616 active patients diagnosed with diabetes
- 60% (1,584 patients living with diabetes) are uninsured or have Medi-Cal
- Disproportionately impacted by structural determinants of health



Diabetes Management Strategy

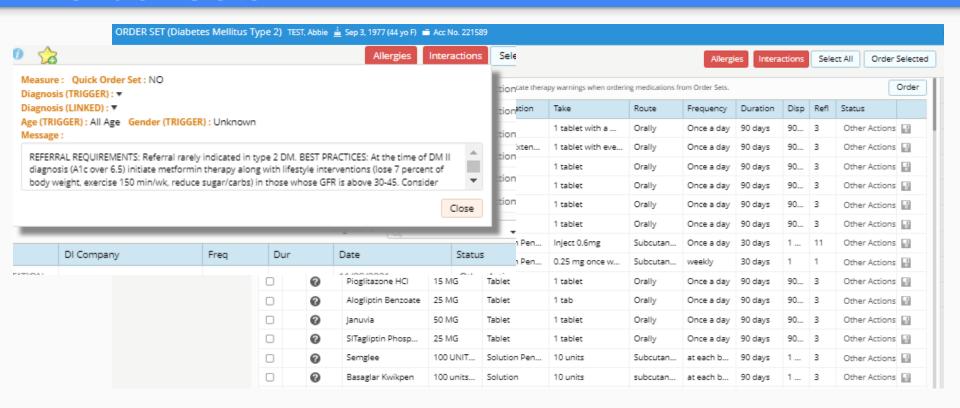
- Huddle
- Structured templates and order sets
- Integrated care teams:
 - On-site podiatry
 - On-site optometry
 - On-site RN Certified Diabetes Educators
 - Telephonic nutrition
 - Telephonic clinical pharmacy consultation



Templates

```
Subjective:
 Chief Complaint(s):
 HPI: 🔻 🚎
  Diabetes 🖘
     HYPOGLYCEMIA (LOW BLOOD SUGAR) _____, ____.
     MEDICATION ADHERENCE _____, ____.
     DIET ____.
     GLUCOSE MONITORING _____, ____.
     GLUCOSE CONTROL _____, ____.
     SYMPTOMS ____, ____.
  Cardiovascular 📆
    HYPERLIPIDEMIA _____.
     HYPERTENSION .
     HOME BP MONITORING .
     MEDICATION ADHERANCE _____.
     ASSOCIATED SYMPTOMS _____.
  Chronic Care 📻
     HIGH RISK FOR SEVERE ILLNESS FROM COVID19 _____, ____.
     RESOURCES RECOMMENDED
  Treatment Plan/Self Management 🐬
     LAST SELF MANAGEMENT GOAL: .
     SELF MANAGEMENT GOAL: Documented in Preventive Medicine.
```

Order Sets



Opportunities for Integrated Care Delivery

- Podiatry, Optometry, RN CDE and BH services via "Procedure"
- Integrated Clinical Pharmacist and Dental scheduling
- Robust system for consultation with experts (DM "Clinic")
- Support of all staff working to the max allowed level allowable by scope

Outreach/Inreach

- EMR-based automated outreach
- Q 2-3 mo teamlet "population health management time" and *live teamlet* outreach
- Patient incentives



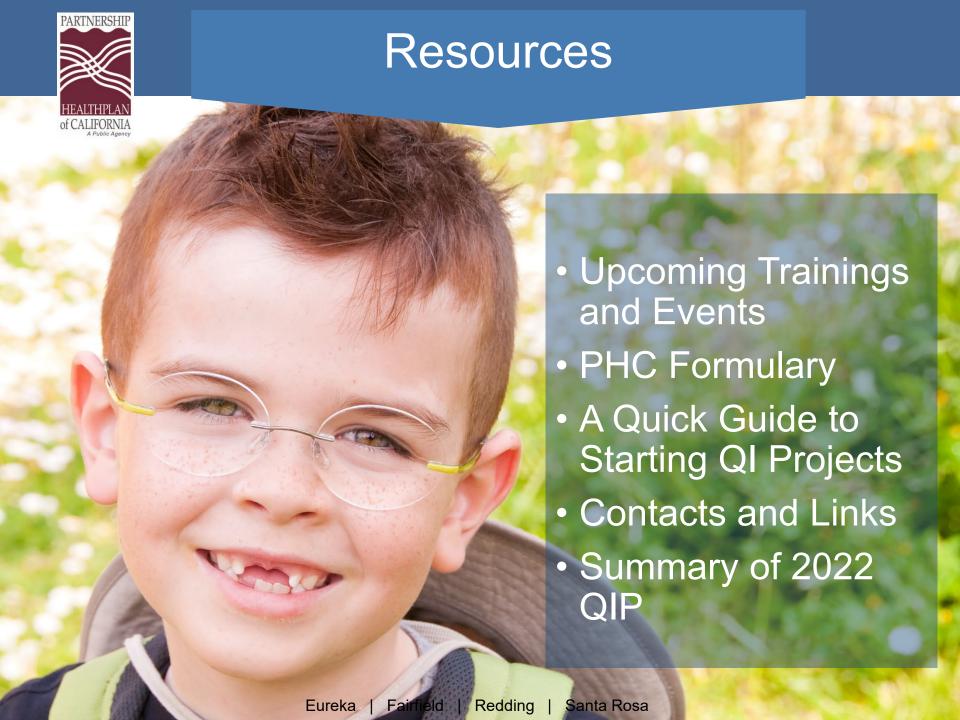
Ongoing Targets for Improvement

- Return of SMV's
- Downstream targets:
- Nephropathy screening
- Retinopathy screening
- Statin prescribing

Implementation of monthly goal-setting and assessment

- # of A1c's performed/needed
- # of patients with A1c > 9% scheduled for appropriately close f/u

QUESTIONS?





Upcoming Trainings / Events

Accelerated Learning Education Program

The Accelerated Learning webinars are designed to enhance learning on a subgroup of measures that are part of our Primary Care Provider Pay for Performance Program (PCP QIP). *CME/CE credits are available for each session.*

- January 18 Pediatric Health: A Cluster of Services for 0-2 Year Olds (Recorded)
 Additional session scheduled June 7.
- February 15 Pediatric Health: Child and Adolescent Well Care Visits (3-17 years)
 (Recorded) Additional session is scheduled July 12.
- March 15 Controlling High Blood Pressure
- April 12 Early Cancer Detection (Cervical, Breast, and Colorectal Screening)
 *All sessions are from noon to 1 p.m.

http://www.partnershiphp.org/Providers/Quality/Pages/Quality Events.aspx



Quality Improvement Trainings

On-Demand Courses

http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx

Webinars



PHC provides resources and webinars to help our providers improve performance across a variety of clinical, operational and patient experience metrics.

Click Here for On Demand Courses

- Accelerated Learning
- PCP QIP High Performers -How'd They Do That?
- Project Management 101
- Tools for Prioritizing Quality Measures
- Understanding the Benefits Delivery System



PHC QI Resources

JD

A Quick Guide to Starting Your Quality Improvement Projects

http://www.partnershiphp. org/Providers/Quality/Pag es/PIAcademyLandingPa ge.aspx





PHC Resources

JE

QI/Performance Team: lmprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2022 PCP QIP Webpage:

http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx

QI Monthly Newsletters:

http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx

Measure Highlights:

http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx

eReports: https://qip.partnershiphp.org/



Resources

Diabetic Retinopathy Screening

http://www.partnershiphp.org/Providers/Quality/Pages/DiabeticRetinopathy.aspx

Northwest Regional Telehealth Resource Center, Quick Start Guide to Telehealth During the Current Public Health Emergency March 2020 https://nrtrc.org

California Telehealth Resource Center

http://www.caltrc.org/knowledge-center/best-practices/sample-forms

California Primary Care Association

www.CPCA.org

Center for Care Innovations

https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf



Medications to Treat Diabetes: Insulin Products

Drug Class	Medication	Strengths/Dosages	Medi-Cal Formulary	
Biguanides	Metformin	500mg, 850mg, 1000mg	Covered	
	Metformin ER	500mg, 750mg, 1000mg	Covered	
	Metformin HCl Oral Solution	100mg/mL	Covered	
Sulfonylureas	Chlorpropamide	100mg, 250mg	Covered	
	Glimepiride	1mg, 2mg, 4mg	Covered	
	Glipizide	5mg, 10mg	Covered	
	Glipizide ER	2.5mg, 5mg, 10mg	Covered	
	Glipizide/Metformin	5mg/500mg	Covered	
	Glyburide	1.25mg, 2.5mg, 5mg	Covered	
	Glyburide Micronized Tablet	1.5mg	Covered	
	Glyburide/Metformin	1.25mg/250mg, 2.5mg/500mg, 5mg/500mg	Covered	
Thiazolidinediones (TZDs)	Pioglitazone	15mg, 30mg, 45mg	Covered	
	Pioglitazone/Glimepiride	30mg/2mg, 30mg/4mg	Covered	
	Pioglitazone/Metformin	15mg/500mg, 15mg/850mg	Covered	
	Rosiglitazone	2mg, 4mg, 8mg	Covered	
Alpha-Glucosidase Inhibitors	Acarbose	25mg, 50mg, 100mg	Covered	
	Miglitol	25mg, 50mg, 100mg	Covered	
Meglitinides	Repaglinide	0.5mg, 1mg, 2 mg	Covered	
	Nateglinide	60mg, 120mg	Covered	
DPP-4 Inhibitors	Alogliptin	6.25mg, 12.5mg, 25mg	Covered	
	Alogliptin/Metformin	12.5mg/500mg, 12.5mg/1000mg	Covered	
	Alogliptin/Pioglitazone	12.5mg/15mg, 12.5mg/30mg, 12.5mg/45mg, 25mg/15mg, 25mg/30mg, 25mg/45mg	Covered	
	Januvia (Sitagliptin)	25mg, 50mg, 100mg	Covered	
	Onglyza (Saxagliptin)	2.5mg, 5mg	Covered	
	Tradjenta (Linagliptin)	5mg	Covered	
	Jentadueto/XR (linagliptin/metformin)	2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg	Covered	
	Kombiglyze/XR (saxagliptin/metformin)	5mg/500mg, 2.5mg/1000mg, 5mg/1000mg	Covered	
	Janumet (sitagliptin/metformin)	50mg/500mg, 50mg/1000mg	Covered	
	Janumet/XR (sitagliptin/metformin)	50mg/500mg, 50mg/1000mg, 100mg/1000mg	Covered	
	Steglujan (ertugliflozin/sitagliptin)	5mg/100mg 15mg/100mg	Not Covered	

Eureka | Fairfield | Redding | Santa Rosa



Medications to Treat Diabetes: Insulin Products

SGLT-2 Inhibitors	Steglatro (ertugliflozin)	5mg, 15mg	Not Covered
	Segluromet	2.5mg/1000mg,	Not Covered
	(ertugliflozin/metformin)	2.5mg/500mg,	
		7.5mg/1000mg,	
		7.5mg/500mg,	
	Farxiga (Dapagliflozin Propanediol)	5mg, 10mg	Covered
		0, 1	
	Invokana (Canagliflozin)	100 mg, 300 mg	Not Covered
	Jardiance (Empagliflozin)	10mg, 25mg	Covered
	Glyxambi (empagliflozin/linagliptin)	10mg/5mg, 25mg/5mg	Covered
	Invokamet, Invokamet XR	50mg/1000mg,	Not Covered
	(canagliflozin/metformin)	50mg/500mg,	
		150mg/1000mg,	
		150mg/500mg,	
	Synjardy (empagliflozin/metformin)	5mg/500mg,	Covered
		5mg/1000mg,	
		12.5mg/500mg,	
		12.5mg/1000mg	
	Synjardy XR	5mg/1000mg,	Covered
		10mg1000mg,	
		12.5mg/1000mg,	
		25mg/1000mg	
	Xigduo XR (dapagliflozin/metformin)	5mg/500mg,	Covered
		5mg/1000mg,	
		10mg/500mg,	
		10mg/1000mg	
	Qtern (dapagliflozin/saxagliptin)	5mg/5mg, 10mg/5mg	Not Covered
	Trijardy XR	5mg/2.5mg/1000mg,	Covered
	(empagliflozin/linagliptin/metformin	10mg/5mg/1000mg,	
)	12.5mg/2.5mg/1000mg,	
		25mg/5mg/1000mg	
GLP-1 Agonists	Victoza (Liraglutide)	18mg/3mL pen	Covered
	Trulicity (Dulaglutide)	0.75mg/0.5mL,	Covered
		1.5mg/0.5mL,	
		3mg/0.5mL,	
		4.5mg/0.5mL	
	Adlyxin (Lixisenatide)	10 mcg, 20 mcg pen	Not Covered
	Bydureon (Exenatide Microspheres)	2mg pen	Covered
	Bydureon BCise (Exenatide ER)	2mg pen	Not Covered
	Byetta (Exenatide)	5mcg/mL	Covered
		10mcg/mL	
	Ozempic (Semaglutide) SC	0.25-0.5mg/1.5mL,	Covered
		1mg/1.5mL, 1mg/3mL	
	Rybelsus (Semaglutide) Oral	3mg, 7mg, 14mg	Covered
GLP-1 Agonist + Insulin Combos	Soliqua (Insulin	3mg, 7mg, 14mg 100 units/33 mcg	Covered Not Covered
GLP-1 Agonist + Insulin Combos		100 units/33 mcg	Not Covered
GLP-1 Agonist + Insulin Combos	Soliqua (Insulin		

Eureka | Fairfield | Redding | Santa Rosa



Medications to Treat Diabetes: Insulin Products

Rapid-Acting Rolus Insulins Admelog (Insulin Lispro) 100 units/ml

Please refer to the Medi-Cal formulary for up-to-date drug coverage:

https://medicalrx.dhcs.ca.gov/cms/medical rx/staticassets/documents/provider/for ms-and-information/cdl/Medi-Cal Rx Contract Drugs List FINAL.pdf

Rapid-Acting Bolus Insulins	Admelog (Insulin Lispro)	100 units/mL	Not Covered
	Humalog generic (Insulin	100 units/mL,	Covered
	lispro)	200 units/mL	
	Novolog generic	100 units/mL	Covered
	(Insulin aspart U-100)		
	Apidra (Insulin Glulisine)	100 units/mL	Not Covered
	Fiasp (Insulin Aspart)	100 units/mL	Not Covered
	Afrezza (insulin inhalation)	4, 8, 12 units	Not Covered
Short-Acting Bolus Insulins	Novolin R (Insulin Regular)	100 units/mL	Covered
	Humulin R U-100 (Insulin Regular)	100 units/mL	Covered
	Humulin R U-500	500 units/mL	Covered
Intermediate Basal Insulins/Mixtures	Novolin N (Insulin NPH Human Isophane)	100 units/mL	Covered
	Humulin N (Insulin NPH Human Isophane)	100 units/mL	Covered
	Novolin 70/30 (Insulin NPH/ Regular Insulin Human)	100 units/mL	Covered
	Novolog Mix 70/30	100 units/mL	Covered
	Humulin 70/30 (Insulin NPH/ Regular Insulin Human)	100 units/mL	Covered
	Humalog 50/50	100 units/mL	Covered
	Humalog 75/25	100 units/mL	Covered
Long-Acting Basal Insulins	Basaglar (Insulin Glargine)	100 units/mL	Not Covered
	Lantus (Insulin Glargine U- 100)	100 units/mL	Covered
	Levemir (Insulin Determir U- 100)	100 units/mL	Covered
	Toujeo (Insulin Glargine U- 300)	300 units/mL	Not Covered
	Tresiba (Insulin Degludec U-100, U- 200)	100 units/mL, 200 units/mL	Covered
Amylin Analog	Symlin (Pramlintide Acetate)	60 pen injector, 1.5mL 120 pen injector, 2.7mL	Covered



Contact Us

Regional Medical Director:

Dr. Colleen Townsend ctownsend@partnershiphp.org

Quality Improvement Advisor:

Flora Maiki

fmaiki@partnershiphp.org

Medication Questions:

PHC Pharmacy Call Center: 707-863-4414

MediCalRx Customer Service Center: 800-977-2273

QI/Performance Team:

ImprovementAcademy@partnershiphp.org





Evaluation

IF

Please complete your evaluation. Your feedback is important to us!





Primary Care Provider Quality Improvement Program (PCP QIP)



Summary of 2022 QIP

	CLINICAL DOMAIN										
PR/	PRACTICE TYPE		MEASURE	MEASURE	AGE RANGE	TAI	RGETS	FULL / PARTIAL POINTS			
FAMILY	INTERNAL	PEDS	MEASURE	CATEGORY	AGE KANGE	FULL	PARTIAL	FAMILY	INTERNAL	PEDS	
✓	✓	✓	Asthma Medication Ratio		5 - 64 YRS	70.67%	64.78%	7/5	12.5 / 9	12/9	
✓	✓		Comprehensive Diabetic Care - HbA1c Control	CHRONIC DISEASE MGMT.	18 - 75 YRS	61.63%	56.81%	7/5	12.5 / 9		
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	62.53%	55.35%	7/5	12.5 / 9		
✓		✓	Immunization for Adolescents - Combination 2		13 YRS	43.55%	36.74%	7/5	-	12/9	
✓	✓		Breast Cancer Screening		50 - 74 YRS	58.70%	53.93%	7/5	12.5 / 9		
✓	✓		Cervical Cancer Screening			21 - 64 YRS	63.66%	59.12%	7/5	12.5 / 9	
✓		✓	Childhood Immunization Status - Combination 10	PREVENTATIVE SCREENING	2 YRS	45.50%	38.20%	7/5		12/9	
✓	✓		Colorectal Cancer Screening		51 - 75 YRS		TBD	6/5	12.5 / 9	-	
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	76.64%	70.11%	-	-	12/9	
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	72.81%	66.18%	-	-	12/9	
✓		✓	Child and Adolescent Well Care Visit	- UTILIZATION	3 - 17 YRS	53.83%	45.31%	10/8	-	12.5 / 9	
✓		✓	Well Child Visits in the First 15 Months of Life	OTILIZATION	15 MONTHS	61.25%	54.92%	10/8	-	12.5 / 9	



Summary of 2022 QIP

PRA	ACTICE TYPI	E	NON-CLINICAL			FULL / PARTIAL POINTS				
FAMILY	INTERNAL	PEDS					FAMILY	INTERNAL	PEDS	
			ACCESS AN	ID OPERATIO	NS					
√	Ambulatory Care Sensitive Admissions		FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5/4	5/4				
			Risk Adjusted Readmission Rate	FULL POINT TARGET TBD	PARTIAL POINT TARGET TBD	5/4	5/4			
			APPROPRIATE I	JSE OF RES	OURCES					
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	5/4	5/4	5/4		
			PATIENT	EXPERIENCE						
				CAHPS	ACCESS	COMMUNICATIONS				
					CAHPS	FULL POINTS 50TH Percentile 47.62%	FULL POINTS 50TH Percentile 75.17%	10 / 8	10 / 8	10 / 8
✓	✓	✓	Patient Experience		PARTIAL POINTS 25TH Percentile 43.17%	PARTIAL POINTS 25TH Percentile 70.97%				
				SURVEY	FULL POINTS	PARTIAL POINTS	10/8	10/8	10/8	
				OPTION	PARTS1AND2	PARTS1OR2	1010	10.10	1010	



Summary of 2022 QIP

	UNIT-OF-SERVICE							
PR/	ACTICE TYPE	E	MEASURE	CRITERIA				
FAMILY	FAMILY INTERNAL PEDS		WEASURE	CRITERIA				
·	_		Advance Care Planning Attestations	Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for: • \$100 per Attestation, maximum payment \$10,000. • \$100 per Advance Directive/POLST, maximum payment \$10,000				
·		✓	Extended Office Hours	Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification).				
		· •	PCMH Certification	\$1,000 yearly for achieving or maintaining PCMH accreditation.				
~	~		Peer-led Self-Management Support Groups (both new and existing)	\$1,000 per group (Maximum of 10 groups per parent organization).				
✓	✓	√	Health Information Exchange	One time \$3000 incentive for signing on with a local or regional health information exchange; Annual \$1500 incentive for showing continued participation with a local or regional health information exchange. The incentive is available once per parent organization.				
			Initial Health Assessment	\$2,000 per parent organization for submitting all required parts of improvement plan regardless of visit volume.				
./	./		Health Equity	\$2000 per parent organization for submission of proposed plan to adopt internal best practices supporting a Health Equity initiative.				
•	•	•	Tobacco Screening	\$5.00 per tobacco use screening or counseling of members 11-21 years of age after 3% threshold of assigned members screened.				
,			Blood Lead Screening	Tier 1-3, \$1000, \$3000, \$5000 per parent organization for the number of children between 24 to 72 months who had capillary or venous lead blood test for lead poisoning.				
V		~	Dental Varnish	\$1,000 per parent organization for submission of proposed plan to implement fluoride varnish application in the medical office.				



2022 eReports Upload Schedule

CLINICAL MEASUREMENT SET:

CLINICAL MEASUREMENT SET.				
Cervical Cancer Screening				
Childhood Immunization Status - Combo 10				
Counseling for Nutrition Counseling for Children/Adolescents				
Counseling for Physical Activity for Children/Adolescents	MAR 01, 2022 - JAN 31, 2023			
Comprehensive Diabetes Care - Retinal Eye Exams				
Colorectal Cancer Screening				
Immunizations for Adolescents - Combination 2				
Comprehensive Diabetes Care - HbA1c Control (A1c)				
Controlling High Blood Pressure		OCT 01, 2022 - JAN 31, 2023		
Well-Child Visits in the First 15 Months of Life				
Breast Cancer Screening		IAN 40, 2022 IAN 24, 2022		
Child and Adolescent Well Care Visits		JAN 10, 2023 - JAN 31, 2023		
*Asthma Medication Ratio		N/A *		

^{*} Asthma Medication Ratio - Data is captured through claims and pharmacy data only. Uploads are not accepted for this measure.



Claims Companion

	CLINICAL DOMAIN									
	CTICE T		MEASURE	CODING	NUMERATOR CODING RULES	NUMERATOR COMPLIANCE				
FAMILY	INTERNAL	PEDS	Asthma Medication Ratio			CLAIMS & PHARMACY DATA ONLY NO eREPORTS UPLOAD AVAILABLE				
✓	✓		Comprehensive Diabetic Care - HbA1c Control							
✓	✓		Controlling High Blood Pressure							
✓		✓	Immunization for Adolescents - Combination 2	REFERENCE MEASURE(S) REFERENCE DETAILED SPECIFICATIONS - IN eREPORTS						
✓	✓		Breast Cancer Screening		3)					
✓	✓		Cervical Cancer Screening							
✓		✓	Childhood Immunization Status - Combination 10	CODE-SET IN EREPORTS DIAGNOSIS CROSSWALK		eREPORTS UPLOAD - ADHERE TO UPLOAD SCHEDULE				
✓	✓		Colorectal Cancer Screening							
		✓	Counseling for Nutrition for Children/Adolescents							
		✓	Counseling for Physical Activity for Children Adolescents							
✓		✓	Child and Adolescent Well Care Visit							
✓		✓	Well Child Visits in the First 15 Months of Life		ADHERE TO 14-DAY RULE (IN-BETWEEN DATES OF SERVICE)					