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Proposed 2021 QIP Measures
Invitation for Provider Comment

Partnership HealthPlan of California is pleased to propose the measurement set for the 2021 Quality Improvement Program (QIP) and invite your comment. The measures were developed from feedback compiled from providers throughout the past year and in collaboration with PHC's QIP Advisory Group, which is comprised of medical and administrative leadership across all fourteen participating counties. Your involvement is very important to the success of the program, and we hope to hear your comments on the merits of the measures.

Please carefully review this document, which includes the following:

1) An overview of the guiding principles of the QIP (p.2);
2) A summary of proposed measures (p.3-5);
3) Definitions of new measures and rationale for proposed changes to the measurement set (p.6-8).
4) Summary of change(s) to existing measure(s) (p.8)

Comments on any of the measures, as well as its relative weight, are welcome. Note that measure thresholds are not part of this provider comment.

Please email your response no later than September 15, 2020 to QIP@partnershiphp.org. A comment section is provided next to each proposed measure starting in section III, or on p.9. additional space is available for comments or questions.

Provider comments are reviewed and discussed with the QIP Technical Workgroup and all comments are considered prior to finalizing recommendations for the 2021 measurement set. Final recommendations for measures will be presented to the PHC Physician Advisory Committee (PAC) for review and approval by the end of October

Thank you for your participation in the QIP!

I. Guiding Principles of the Quality Improvement Program

1. Pay for 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

II. Summary of Proposed Measures

(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 Suggested Measure || Change to Measure Design || ~~Measure removed~~

2020 Measures	2021 Recommendations
Clinical Domain	
Family Medicine: 1. Controlling High Blood Pressure 2. Colorectal Cancer Screening 3. Diabetes Management: HbA1C Good Control 4. Well Child Visits First 15 months of Life 5. Childhood Immunization Combo 10 6. Asthma Medication Ratio (5-64 years of age)	**Family Medicine:** 1. Asthma Medication Ratio (5-64 years of age) 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Child and Adolescent Well Care Visits (WCV) 5. Childhood Immunization Combo 10 6. Chlamydia Screening in Women (16-24 years) 7. Colorectal Cancer Screening 8. Controlling High Blood Pressure 9. Diabetes Management: Eye Exams 10. Diabetes Management: HbA1C Good Control 11. Immunization for Adolescents Combo 2 12. Kidney Health Evaluation for Patients with Diabetes 13. Well Child Visits First 15 months of Life 14. Well Child Visits First 30 Months of Life
Internal Medicine: 1. Asthma Medication Ratio (5-64 years of age) 2. Controlling High Blood Pressure 3. Colorectal Cancer Screening 4. Diabetes Management: HbA1C Good Control	**Internal Medicine:** 1. Asthma Medication Ratio (5-64 years of age) 2. Breast Cancer Screening 3. Cervical Cancer Screening 4. Chlamydia Screening in Women (16-24 years) 5. Colorectal Cancer Screening 6. Controlling High Blood Pressure 7. Diabetes Management: Eye Exams

	8. Diabetes Management: HbA1C Good Control 9. Kidney Health Evaluation for Patients with Diabetes
Pediatric Medicine: 1. Asthma Medication Ratio (5-64 years of age) 2. Childhood Immunization Combo-3 3. Well Child Visits First 15 months of Life	**Pediatric Medicine:** 1. Asthma Medication Ratio (5-64 years of age) 2. Child and Adolescent Well Care Visits (WCV) (3-21 years of age) 3. Childhood Immunization Combo 10 4. Chlamydia Screening in Women (16-20 years) 5. Counseling for Nutrition for Children/Adolescents 6. Counseling for Physical Activity for Children/Adolescents 7. Immunization for Adolescents Combo 2 8. Well Child Visits First 15 months of Life 9. Well Child Visits First 30 Months of Life

Appropriate Use of Resources	
Family Medicine & Internal Medicine: 1. Measure suspended	**Family Medicine & Internal Medicine:** 1. Ambulatory Sensitive Admissions 2. Plan All-Cause Readmissions Rate
Access and Operations	
All Practice Types: 1. PCP Office Visits	**All Practice Types:** 1. Avoidable ED Visits 2. PCP Office Visits
Patient Experience	
All Sites: 1. Measure suspended	**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. Alcohol Misuse Screening and Counseling 3. Extended Office Hours 4. Health Information Exchange 5. Initial Health Assessment 6. PCMH Certification 7. Peer-led Self-Management Support Groups	**All Sites:** 1. Advance Care Planning Attestations 2. Alcohol Misuse Screening and Counseling 3. Extended Office Hours 4. Health Information Exchange 5. Initial Health Assessment 6. PCMH Certification 7. Peer-led Self-Management Support Groups

(C) Relative Improvement (RI) Change

For most existing clinical measures, sites can also earn partial points based on relative improvement (RI). Please note that if a provider site was not eligible for payment for a specific measure in the previous measurement year, the site is not eligible for earning points through relative improvement in the current measurement year. Relative improvement measures the percentage of the distance the provider has moved from the previous year's rate toward a goal of 100 percent. 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.

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure.

- *RI Change*: A minimum of 10% was reduced to 5% RI will be needed to earn partial points.

III. Descriptions of Potential Measures and Measure Changes for Measurement Year 2021

A. Potential Additions as New Measures – Core Measurement Set

Child and Adolescent Well Care Visits (WCV) (3-21 years of age) (Family and Pediatrics)
The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Rationale:
PHC is responsible for reporting to DHCS for the entire age range of 5-64 for this measure. In the Northern region, very few members (n ≤ 20) are captured for this measure with only one Pediatric site. Expanding the measure to all ages would make it the single clinical measure for which all provider types would be eligible.

Comment Section:

Chlamydia Screening in Women (CHL) (All practice types)
The percentage of women 16–20 and 21-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Rationale:

This measure is now part of the state's Managed Care Accountability Set (MCAS) and PHC is held accountable by DHCS for our performance. Chlamydia is the most commonly reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females.[1,2] Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV.1 Screening is important, as approximately 75% of chlamydia infections in women and 95% of infections in men are asymptomatic. This results in delayed medical care and treatment.[3]

Comment Section:

Counseling for Nutrition for Children/Adolescents (WCC-N)

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition the following during the measurement year.

Rationale:

This measure is now part of the state's Managed Care Accountability Set (MCAS) and PHC is held accountable by DHCS for our performance. Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening

Comment Section:

Counseling for Physical Activity for Children/Adolescents (WCC-PA)

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity the following during the measurement year.

Rationale:

This measure is now part of the state's Managed Care Accountability Set (MCAS) and PHC is held accountable by DHCS for our performance. Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents. Behaviors established during childhood or adolescence, such as eating habits and physical activity, often extend into adulthood. Well-care visits provide an opportunity for providers to influence health and development and they are a critical opportunity for screening

Comment Section:

Kidney Health Evaluation for Patients with Diabetes (KED) (All practice types)

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Rationale:

This measure requires PHC to report HEDIS performance to NCQA and is used by Adult Medicaid Quality Grant (AMQG). One in three American Adults are at risk for kidney disease. Anyone can get kidney disease at any time. If kidney disease is found and treated early, you can help slow or even stop it from getting worse. Most people with early kidney disease do not have symptoms. That is why annual screening to

check albumin-to-creatinine ratio (ACR) and glomerular filtration rate (GFR) is an important step in early detection[4].

Comment Section:

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

Controlling High Blood Pressure (CBP) (Family and Internal Medicine)

The percentage of members 18–85 years of age (DOB 01/01/1936 – 12/31/2003) who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Denominator Change: Members who had at least two visits on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year **AND** June 30th of the measurement year (01/01/2020 – 06/30/2021). Visit type need not be the same for the two visits. Any of the following code combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension.
- A telephone visit with any diagnosis of hypertension.
- An e-visit or virtual check-in with any diagnosis of hypertension.

Well Child Visits First 15 months of Life (W15) (Family and Pediatrics)
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.

Numerator Change:
The number of members with at least six well child visits with a PCP during their first 15 months of life. Six dates of service must occur on or before the child's 15-month birthday to be counted as a numerator.

NEW: 14 Day Rule
*There must be at least 14 days between each date of service. For example, if the first date of service was completed on 12/1, the next date of service, would have to be 12/15 or later. A date of service on 12/14, wouldn't count towards the numerator.
*Note only non-duplicate date of service values should be counted towards the number of well-visits.

References

1. Centers for Disease Control and Prevention (CDC). 2014. "Sexually Transmitted Diseases: Chlamydia—CDC Fact Sheet." http://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm
2. National Chlamydia Coalition. 2010. "Research Briefs: Developments in STD Screening: Chlamydia Testing." 2010 Series, No. 1.
3. Meyers, D.S., H. Halvorson, S. Luckhaupt. 2007. "Screening for Chlamydial Infection: An Evidence Update for the U.S. Preventive Services Task Force." Ann Intern Med 147(2):135–42.
4. National Kidney Foundation. 2014. "Know Your Kidney Numbers: Two Simple Tests." https://www.kidney.org/atoz/content/know-your-kidney-numbers-two-simple-tests
5. Centers for Disease Control and Prevention (CDC). 2017. "Chlamydia—CDC Fact Sheet." https://www.cdc.gov/std/chlamydia/Chlamydia-FS.pdf

IV. Additional Comments/Questions