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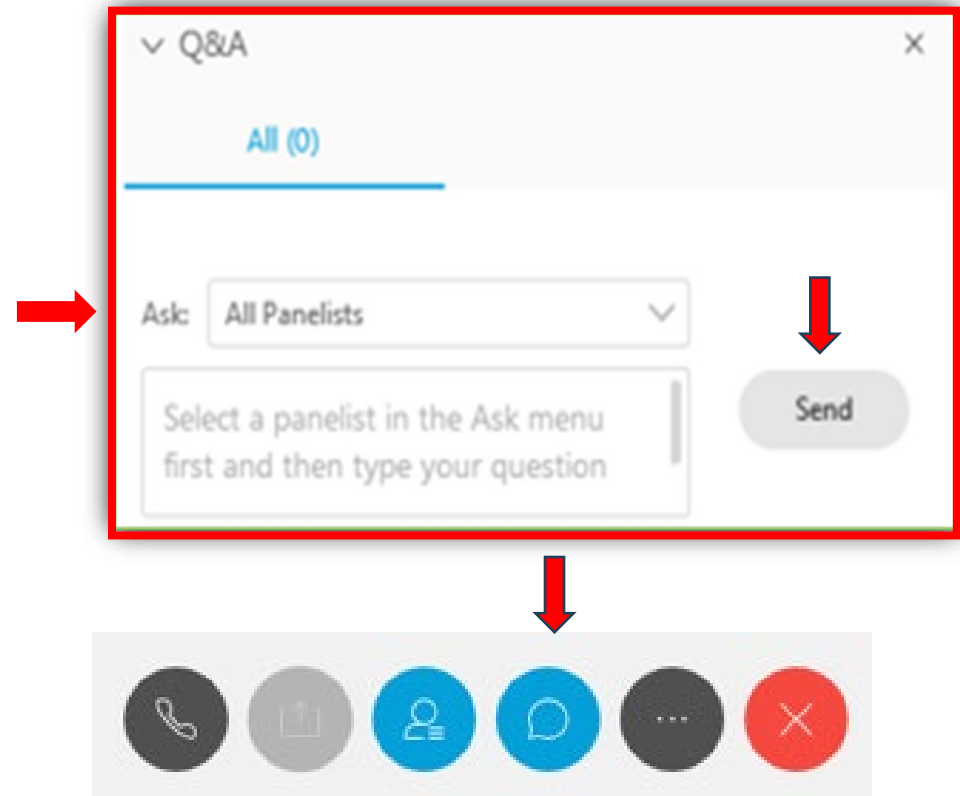


Primary Care Provider
Quality Incentive Program –
Reducing Health Care Disparity

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Housekeeping

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, please type your question in the CHAT BOX, and address to “ALL PANELISTS.”



Objective

- Introduction
- Measure Overview
- Disparity Analysis Dashboard
- Incentive Payment
- Health Equity UOS Measure
- Q & A



Introduction

“In health care, there is no quality without equity, and no equity without quality” – Institute of Medicine



- This is most important for the racial and ethnic minority populations, who tend to receive lower quality of care than other populations
- Our quality performance for our entire patient population can appear as if improvement for better health outcomes have occurred but it does not account for the remaining or worsening disparities between the racial and ethnic populations.
- As health care professionals, it is important for us to recognize and address these existing disparities among our patient populations. We must understand the reason for the existence of disparities, such as the differences in care and outcomes and determine how we positively influence the cause.

Introduction

“In health care, there is no quality without equity, and no equity without quality” – Institute of Medicine



- This requires our teams to be creative, innovative, collaborative, and committed while implementing change.
- Partnership is actively engaged in Health Equity (HE) initiatives that bring equitable awareness and result in improved quality performance within the 24 counties we serve.
- These initiatives are intended to help address disparities and improve outcomes for the racial and ethnic minority populations. We are highly encouraging our providers to partner with us in these efforts.
- Together, we can help move our communities toward equitable access to health care.

Options for Health Equity Incentives

Option #1
Clinical
Measure -
Reducing
Health Care
Disparity



Option #2
Unit of Measure
- Health Equity

Measure Overview

This new clinical measure will incentivize participating PCP sites with set dollar amounts if they improve performance in a specific priority group within an identified measure of focus:

1. **Child and Adolescent Well Care Visits (primary focus)**
2. **Breast Cancer Screening**
3. **Controlling High Blood Pressure**
4. **Colorectal Cancer Screening**

To help our provider organizations identify and address disparities in their member populations, we have created the Disparity Analysis dashboard.

Housed within eReports, the Disparity Analysis dashboard promotes the identification of disparities across all PCP QIP clinical measures based on race/ethnicity groups.





Who Qualifies?

1. Parent organizations with sufficient member assignment volume.
 - Sufficient member assignment volume is defined as having **at least one (1) visit by 2400 unique Partnership members** between January and December of the prior measurement year.
2. If a parent organization does not meet the criteria for sufficient member assignment volume they may still participate in the **Unit of Service – Health Equity Implementation measure**.

****Please note: Participation in the Reducing Health Care Disparity measure is optional.**

Intent to Participate:

- All qualifying parent organizations will be notified of qualification status via email **between March 3 and March 7, 2025.**
- Qualifying parent organizations must indicate intent to participate by notifying the PCP QIP team at qip@partnershiphp.org **by end of business, March 31, 2025.**





Measure of Focus and Race/Ethnicity Assignment Criteria

Choosing a Measure of Focus

The PCP QIP team will review Parent Organization denominator counts in eReports. There must be at least **100 assigned members in the Child and Adolescent Well Care measure denominator**. If there are less than 100 assigned members in this measure the following other measures of focus will be reviewed:

1. Breast Cancer Screening
2. Colorectal Cancer Screening
3. Controlling High Blood Pressure

Race/Ethnicity Assignment

Once denominator criteria is met, the PCP QIP team will review race/ethnicity groups, using the Disparity Analysis dashboard, who have at least **50 members** in the denominator and are below the Minimal Performance Level (MPL). The performance of the targeted racial group must be at least 5% lower than the White population.

Example: The targeted racial group is the Black population

- MPL = 40%
- White population performance = 43%
- Black population performance = 37% (score is 16.22% below the white population, and total score is below the MPL)

Partnership Health Equity Officer reviews and approves all identified measures of focus and race/ethnic groups for each PCP site. Assignments will be shared via email by the PCP QIP team in May 2025



Disparity Analysis Dashboard

Purpose: To promote the ease of identification of PCP QIP measure performance across Race/Ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race/ethnicity group stratification.

Filters: Change Refresh date (measurement year), Measure Name, Parent Organization, Provider (site name), Race/Ethnicity Group and Denominator Size with the drop-down menu.

- View/Change the Geographic Breakout in 3 different ways: Sub Region, County, Parent Org, PCP name (site).
- Color-code measure performance against most recent HEDIS report-year NCQA Quality Compass benchmarks (Internal targets used for the Colorectal Cancer Screening measure).

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- Partnership Quality Dashboard
- Preventive Care Reports
- Disparity Analysis Dashboard**

Disparity Analysis Dashboard

Partnership HealthPlan of California
Quality Dashboard
Disparity Analysis - Measure and Race Geo Drilldown

Filters and Breakouts to Modify the Table Display

Refresh Date: Apr 24 | Measure Name: (All) | Provider Name: (All) | Race/Ethnicity Group: (All) | Denominator Size: (All)

Geo Breakout 1: None | Geo Breakout 2: None

Color Legend: Below MPL (orange), 50th (light blue), 75th (medium blue), 90th (dark blue)

Length of the horizontal color bar represents denominator size in log scale.

EXAMPLE

Measure Name	Geo Breakout 1	Geo Breakout 2	SPANISH ISLANDER	BLACK	ASIAN	HISPANIC	NATIVE AMERICAN	OTHER	SOUTH ASIAN	SOUTHEAS ASIAN	UNKNOWN	WHITE
Breast Cancer Screening	None	None	33.33	33.64	48.98	58.74	25.00	40.24	48.39	42.14	46.81	37.50
Cervical Cancer Screening	None	None	39.58	44.44	34.75	45.84	34.04	46.74	50.35	42.09	42.45	39.15
Child and Adolescent Well Care Visits	None	None	7.58	12.17	8.11	16.09	11.76	12.10	11.40	16.06	13.32	11.83
Childhood Immunization Status CIS 10	None	None	37.50	12.50		34.51		22.86	0.00	37.50	25.82	17.33
Colorectal Cancer Screening	None	None	24.71	23.56	32.43	31.36	27.50	31.02	31.36	34.60	30.41	27.91
Controlling High Blood Pressure	None	None	6.90	7.14	0.00	7.62	0.00	8.75	7.81	4.61	4.46	10.60
Diabetes - HbA1C Good Control	None	None	26.42	14.00	37.50	19.08	0.00	22.62	13.43	26.73	15.20	23.54
Diabetes - Retinal Eye exam	None	None	26.42	24.00	37.50	21.19	14.29	21.49	26.87	38.61	21.57	20.90
Immunization for Adolescents IMA 2	None	None	14.29	19.35	50.00	51.93	50.00	23.40	37.78	33.33	26.09	16.28
Lead Screening In Children	None	None	33.33	69.23		33.44		70.37	100.00	50.00	78.11	74.51
Well Child First 15 Months	None	None	0.00	16.67		15.61		16.67	42.86	0.00	17.14	17.65

Payment

A 3% or 7% bonus can be earned through the following methods:

3% Bonus:

- 20% reduction in disparity (absolute value, not a relative improvement nor a percentage of baseline)

OR

- Reaching the MPL for the Measure of Focus

Example #1: A Race/Ethnicity group has a baseline score of **10%**, and the **MPL is 40%**, we would incentivize if there is a final rate of 30% or higher.

Example #2: A race/ethnicity group has a baseline score of **29%** and the **MPL is 40%**, if the final rate is 41%, they would earn the full 3% bonus.

7% Bonus:

- Final score for target Race/Ethnicity group results in the Race/Ethnicity group achieving the High-performance level (HPL) or better.

Example: If baseline rate is **29%**, **MPL is 40%** and **HPL is 50%**, and the final performance is 52%, they would earn the 7% bonus.

Payment Example

The 3% or 7% bonus will be calculated on the providers base pay from MY2025.

For example:

- **Site A's Base QIP payment** = $\$100,000 \times 3\% = \$3,000$ earned in addition to the rest of the core measure QIP incentive.
- **Site A's Base QIP payment** = $\$100,000 \times 7\% = \$7,000$ earned in addition to the rest of the core measure QIP incentive.





Health Equity – Unit of Service Measure

\$2,000 per Parent Organization for either:

- Submission of an initial health equity report based on identifying health disparities as outlined in measure requirements below.
- An updated annual report based on HE implementation for sites who were incentivized in the prior measurement year.

HE Submission Criteria:

Must 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.

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

Submission Process:

- All reports must be submitted by January 31 of the following measurement year via email to QIP@partnershiphp.org or faxed to (707) 863-4316.

****If participating the Reduction of Inequity Adjustment Measure,** Parent Organizations will **not** be able to participate in the Health Equity Unit of Service Measure. If a Parent Organization does not qualify to participate in the Reducing Healthcare Disparity Measure, they are able to participate in the Health Equity Unit of Service Measure.





Submission Examples

Successful Submissions

- Community event coordination for disparity seen in community
- QI intervention conducted for disparity seen in community
- ★ Plan for upcoming QI intervention or community event per root-cause analysis
- Project for improving recruitment and diversity of workforce
- Project for REAL/SOGI data collection
- IHI Framework Score Tool Completion with Plan
- ★ NCQA Health Equity Accreditation Designation

Unacceptable Submissions

- Attendance sheet for DEI Training
- Summary of importance of Health Equity or DEI work
- Submission of meeting minutes or presentations of meetings
- Submissions of general QI work with no specific targeted community or community experiencing disparity



Checklist for Submission

- ✓ Health Equity Disparity Identification
- ✓ Hypothesis of Root Cause
- ★ ✓ Plan of Project or Results of Project



Q&A



If you have any additional questions following this webinar, please contact our QIP Team at:

qip@partnershiphp.org

If you have any additional questions about the health equity submission requirements or project plans, please reach out to Dr. Mohamed Jalloh at:

mjalloh@partnershiphp.org

Q – How would a provider know if they are eligible to participate? Will the PCP QIP team assist with determining the measure which the provider is to track if we do not have in-house reporting?

A – The PCP QIP Team will be notifying providers of qualification to participate in the Reducing Healthcare Disparity measure, the week of March 3-7, 2025. Providers will have until EOB March 31, 2025 to notify the PCP QIP Team of their intent to participate in the measure. After the PCP QIP team has received this notification of intent, they will work with the Health Equity director to select the measure and racial groups of focus. Once selected, the PCP QIP team will send this information to the provider in May of 2025.

Q – Will drill down reports be available through the Disparity Analysis Dashboard in 2025 eReports?

A – No, not at this time. However, we are currently exploring system enhancement to be available with the 2025 PQD launch in May/June 2025.

Q – Does the Disparity Analysis Dashboard include a drill down list? Or just stratified performance data?

A – At this present time, it only includes stratified performance data. We are exploring system enhancement to include a member drill down list which includes race/ethnicity.

Q – Do providers need to have 2,400 unique Partnership member visits to participate in the Health Equity UOS measure?

A – No. This criteria only applies to the Reducing Healthcare Disparity measure.

Q - Will this health equity work continue if federal funding is blocked?

A - Dr. Jalloh will need to bring this question back to our legal and communications team and he will share any updates.

Q – How can a provider leverage the work which Partnership has engaged in with the Indian Health Centers during 2024 and build upon that workgroup’s momentum to drive improvement in this population?

A – If the provider is already aware of known disparities in their native population, this would be a great opportunity to leverage that engagement.