

Columbia Gorge 2016 PCP Incentive Matrix: Measure Descriptions and Details

Access to Care (Weight 20%)

1. Patients have 24-hour phone access to a nurse or provider (Physician, PA, NP) (20%)

- Data supplied by clinic
- A hired nurse triage service (vendor) does not count
- Part A (15%): Patients have 24-hour phone access to nurse or provider.
 - o Attestation - to earn 15%, clinic must attest "yes", and provide a description of the process.
- Part B (additional 5%): Patients have 24-hour phone access to nurse or provider with access to the EHR*. Clinics who take call for one another will provide at least read-only EHR access to one another (or, at a minimum, evaluate technology and cost requirements to provide this access)
 - o Attestation - if already meeting this measure, describe current process. If not yet meeting this measure, describe process underway to evaluate feasibility of sharing access with appropriate providers (quarterly attestation should demonstrate continued forward progress on this). By end of Q4, clinics should be meeting this measure or be able to provide a thorough outline of limitations (technology limitations, cost quotes, etc.)

*Provider/nurse may not have access to EHR every single moment - for example, may be driving, away from computer, etc. but in general, he/she has access to the EMR outside of the clinic walls.

Quality and Care Management (Weight 35%)

2. Screening, Brief Intervention, and Referral to Treatment (SBIRT) (15%)

- Data supplied by PacificSource via monthly QIM reports –use report from YTD through the 3rd month of each qtr.
 - To meet this measure, clinic must meet one of the following:
 - o Per data provided by PacificSource, clinic meets 2016 CCO improvement target
 - Appropriate quarterly targets will be provided
- OR**
- o For clinics not meeting the target/quarterly goals, describe process underway for training of clinicians/staff and/or for implementation of SBIRT workflows.

3. Adolescent Well Care Visits (20%)

- Data supplied by PacificSource via monthly QIM reports –use report from YTD through the 3rd month of each qtr.
- Per data provided by PacificSource, clinic meets 2016 CCO improvement target
 - o Appropriate quarterly targets will be provided
 - o Karen will check in with PacificSource each quarter to ensure quarterly gap lists are provided to clinics.

Cost Effectiveness (Weight 35%)

4. Cigarette Smoking Prevalence and Broader Tobacco Use Prevalence (15%)

- Data supplied by clinic
- Clinic will report from EHR:
 - o A. the % of unique patients 13 years old or older seen in 2016 that smoke (Q2-Q4) AND
 - o B. the % of unique patients 13 years old or older seen in 2016 that use other tobacco (Q3 and Q4)
- There is no target for 2016. Goal for 2016 is to be able to consistently report this prevalence data.

5. Emergency Department Utilization (20%)

- Data Supplied by:
 - o Health Plan and/or IPA - Utilization Data
 - o Clinic - will report if attestation to process is necessary
- To meet this measure, clinic must meet one of the following:
 - o Per data provided by PacificSource, for Q3 and Q4 clinic maintains utilization rate at or below 2016 CCO improvement target (TBD – should receive from OHA in June)
 - For Q2, clinic maintains utilization rate at or below 2015 CCO improvement target of 41.7 (since 2016 target is not yet known)

OR

For clinics not meeting these targets, clinic attests to reviewing ED data provided by COIPA, PacificSource, and/or area hospitals, and clinic provides a description of the process being used or developed to reduce/prevent unnecessary ED visits.

Patient Experience (Weight 10%)

6. Patient Experience Survey (10%)

- Data supplied by clinic
- Clinic surveys patients on experience of care. Use of CAHPS survey recommended, but not required.
- Minimum of 15 completed surveys per quarter. 50% or more of survey questions must be answered for survey to be considered complete. May use 3rd party vendor, if desired. Survey should be random, anonymous, and include patients from all provider panels at the clinic.
- Collected survey data to be submitted to COIPA with each quarterly report. Clinic may provide individual, anonymous completed survey forms or aggregate survey answers for each question, whichever the clinic prefers.
 - CG-CAHPS 3.0 surveys are available at no charge from:
<https://cahps.ahrq.gov/surveys-guidance/cg/about/index.html>

Quarterly reports by clinics will be due to COIPA no later than:

For Q2: 7/8/2016

For Q3: 10/7/2016

For Q4: 1/6/2017

Report/attestation materials will be sent out to clinics (from COIPA) approximately one month before each due date.