Central Oregon 2017 PCP Incentive Matrix: Measure Descriptions and Details

Contact for all questions related to Specialty Incentive Matrix:
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Access to Care (Weight 20%)

1. **Expanded Office Hours (20%)**
    - **10%: 4 weekday hrs outside 8-5**
    - **Full 20%: 4 or more weekend clinic hours**
    - Data supplied by clinic – quarterly attestation
    - This is similar to the 2016 measure, but we are increasing relative incentivization for weekend clinics in order to emphasize important access hours

Quality and Care Management (Weight 50%)

2. **Adolescent Well Care (15%)**
    - **Meet or exceed quarterly targets identified by PacificSource,** with intent to meet 2016 CCO improvement target by end of year. COIPA will include target on each quarter's attestation materials.
    - Data supplied by PacificSource via monthly QIM reports
    - Shiela Stewart, RN is available to help with outreach, workflow and EMR development for QIM measures (sstewart@coipa.org).

3. **Hypertension Control (15%)**
    - OHA measure specifications
    - Incremental implementation:
        - **Q1: describe reporting capability**
        - **Q2: submit data (no target)**
        - **Q3-4: meet or exceed 2017 OHA QIM target of 69% control**
    - Rationale:
        - **Aligns with many CCO/regional/federal measures**
            - QIM: Regularly an at-risk/failed QIM
                - The population threshold set by OHA for submitting eCQM* data increases every year – in order to meet the 2017 requirement, we will need to add several new clinics to QIM eCQM reporting
            - Included in OHP contract as an incentive measure (tied to QIM performance, but additional money attached)
            - COHC RHIP
            - Medicare: PQRS, MIPS, and HEDIS
        - **There are resources to assist with improvement on this measure**
            - **Dr. Mark Backus of Cascade Internal Medicine** will be performing provider education – if you are interested in bringing him to your clinic for a breakfast or lunch session (COIPA provides the food!), contact Sue Monette, smonette@coipa.org.
            - **Ashley Zeigler (Data & Analytics)** and **James McCormack (Informatics)** will be available to assess your data and reporting capabilities, and **Shiela Stewart (QIM**

Improvement Coordinator) can assist with workflow development – contact Ashley Zeigler (azeigler@coipa.org) if you are interested in any of these services.

4. **Opioid Prescribing (10%)**
    - 80% of clinic providers complete one Category 1 CME on the topic of responsible opioid prescribing **over the course of the year**
        - Recommended: **SAFE Opioid Prescribing** course from the American College of Physicians
        - If any clinic providers would like to complete an alternative CME, the desired course **must be approved by COIPA** in order to receive credit. The Central Oregon Pain Standards Task Force will be offering opioid-prescribing CME locally, and COIPA will notify clinics of these opportunities as they are scheduled.
    - Data supplied by clinic – copies of CME certificates of completion for at least 80% of clinic providers
        - This measure will be paid out to each clinic **once** in 2017 – when your clinic has reached the 80% of providers threshold, submit ALL certificates of completion for the **full amount of the incentive dollars allocated to your clinic for the year. This can be done in any quarter.**

5. **Cortext Usage (10%)**
   Cortext is a secure provider communications platform which allows for improved coordination of care across multiple providers, both within practices and across the entire continuum of care. We believe widespread use of this technology will improve health outcomes and increase efficiency of care. ***St. Charles will provide Cortext licenses for all providers with admitting privileges, and COIPA will provide this support for all other IPA members. Contact Ashley Zeigler (azeigler@coipa.org) to sign up.***

    - All quarters: Registration and at least one instance of utilization per quarter
    - Data supplied by Imprivata Cortext (vendor) and St. Charles via quarterly Cortext usage reports
    - This measure is aligned with the current Specialty Incentive Matrix

<u>Cost Effectiveness (Weight 30%)</u>

6. **Effective Contraceptive Use (15%)**
    - **Meet or exceed quarterly targets identified by PacificSource,** with intent to meet 2016 CCO improvement target by end of year. COIPA will include target on each quarter's attestation materials.
    - Data supplied by PacificSource via monthly QIM reports
    - Shiela Stewart, RN is available to help with outreach, workflow and EMR development for QIM measures (sstewart@coipa.org).

7. **Emergency Department Utilization (15%)**
    - **Maintain ED utilization rate at or below the 2017 OHA QIM target** (benchmark as of 1.31.17 is 42.9 per 1,000 member months)
    - Data supplied by PacificSource via monthly QIM reports

Retired measures from 2016 Matrix: Rationale

1. **Third Next Available Appointment**
   Although TNAA is widely recognized as a measure of access, it is very difficult to produce comparable data across very disparate clinics and clinic systems. The consensus by the Primary Care QVOC was that TNAA was an excellent tool for measuring a clinic's access internally, but when used as a matrix measure, unable to create a meaningful picture of access in our region generally.

2. **24-hour on call provider/nurse with access to the EMR**
   All clinics met this measure by Q3 2016.

3. **SBIRT**
   This measure was removed because OHA has eliminated SBIRT as a claims-based measure and thus COIPA will be unable to receive consistent data from PacificSource. **We remind clinics that SBIRT will likely return in 2018 as an EMR-based eCQM and we recommend continuing to ensure that these screenings are emphasized in your clinic workflow.** Shiela Stewart, RN is available to assist with your SBIRT efforts (sstewart@coipa.org), and when new specifications are released by OHA, COIPA will work with you to prepare for 2018 requirements.

4. **Responsible Opioid Prescribing – PDMP Use Attestation**
   COIPA received extensive feedback from clinics that seeking signatures from 80% of providers every quarter was excessively onerous and was not sufficiently meaningful, as many providers use delegates to access PDMP. Our main aim is to increase responsible opioid prescribing in the region, so this measure was retired in favor of a measure that more directly targets prescribing practices.

*eCQM= electronic Clinical Quality Measures
**Central Oregon Health Council's Pain Standards Task Force will be offering some CME opportunities locally as well during this year