



Specialty Incentive Matrix: Q3 & Q4 2016

The Specialty Incentive Matrix is a pre-funded program designed by COIPA's Specialty Care Quality, Values, and Outcomes committee (S-QVOC). The dollars for this program have been built into the 2016 OHP contract in order to incentivize specialty providers to improve quality of care and reporting in their practices. A similar program for primary care has been in use since early 2016, and has been successful in generating widespread participation and in returning dollars to the clinics. Participation in the Specialty Incentive Matrix will be open to all COIPA members involved in specialty care, with **separate measure sets for providers who do and do not control access to their services (see below)**.

Dollars will be allocated by each provider's percentage of total withhold (WH) in the OHP contract and using a "zero sum game" (all funds distributed, those who participate have an opportunity to earn the dollars of those who don't participate)

- % of WH is how contract surplus is currently distributed; based on total withhold from each provider's claims under the OHP contract

This will be a quarterly program, beginning with Q3 2016. We anticipate sending out the attestation materials in mid-August, to be returned by a mid-September due date (TBD). Incentive checks for participating providers will be sent out by the beginning of the following quarter.

Measures for most specialties:

Access: Weight = 30%

Improving access to specialty care for OHP patients is a high priority for COIPA and our regional partners. These measures are aimed at assessing our current-state community access by specialty and collecting data on practice policies around OHP patients, so that we can better direct resources intended to expand access.

1. Access Attestation (15%)

- Q3: Access Attestation Survey
- Q4: Notable Accomplishments or Areas of Focus related to OHP patients

2. What % of unique patients in practice are OHP (15%)

- Report % in Q3 and Q4; reporting percentage seen in previous quarter is acceptable to allow for complete data

Quality/Cost: Weight = 30%

3. **Cortext secure messaging (15%):**

*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.***

- Registration and at least one instance of utilization (Q3 and Q4)

4. **Report Tobacco Use Screening (15%):**

Tobacco use screenings, already performed by most providers, are an important tool to improve our community health and outcomes. Additionally, tobacco use screening is already included in the Quality Incentive Measures attached to the OHP contract. By providing this additional incentive through the matrix program, we hope to improve our community reporting rates and increase the amount of QIM dollars returned to providers.

- Attestation of whether you are screening in Q3, and % screened in Q4
 - Q4 still simple attestation, but must report the number (paid for reporting even if 0% were screened)
- Reporting may either be all patients together, or separated out by OHP and non-OHP, whichever the practice prefers

Specialty-Specific Measures: (Weight = 40%)

Due to the difficulty in identifying measures that are relevant across many disparate specialties, we encourage each provider or provider group to identify areas of quality improvement that they believe are most meaningful to their practice.

- Q3 2016 – Identify measure(s) – Evidence based, relevant to OHP population.
 - Providers will be encouraged to collaborate in identifying clinic-level measures, but may select individual measures if they wish
- Q4 2016: Begin plans for collecting and reporting data (attestation)
- Q1-Q2 2017: Get reporting mechanisms and EMR workflows in place, train staff as needed (attestation)
- Q3 2017: Begin reporting to IPA on selected measure (report data)

Measures for specialties who do not control access to their services:

Radiology, Pathology, Anesthesiology, Hospitalists, Emergency Medicine, and Urgent Care

Access: None. These specialties generally do not control access for their services

Quality/Cost: Weight = 20%

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1. 20%: Cortext secure messaging (Q3 and Q4)
 - Registration and at least one instance of utilization

Specialty-Specific Measures: Weight = 80%

Due to the difficulty in identifying measures that are relevant across many disparate specialties, we encourage each provider or provider group to identify areas of quality improvement that they believe are most meaningful to their practice.

- Q3 2016 – Clinics identify 2 measure **(40% ea.)** – Evidence based, relevant to OHP population
 - Providers will be encouraged to collaborate in identifying clinic-level measures, but may select individual measures if they wish
- Q4 2016: Begin plans for collecting and reporting data (attestation)
- Q1-Q2 2017: Get reporting mechanisms and EMR workflows in place, train staff as needed (attestation)
- Q3 2017: Begin reporting to IPA on selected measure (report data)

Schedule:

2016

- Quarter 3: July 1st-September 30th ***Submission due September 16th***
- Quarter 4: October 1st-December 31st ***Submission due December 16th***

2017

- Quarter 1: January 1st-March 31st
- Quarter 2: April 1st-June 30th

Specialty Care Quality, Values, and Outcomes Committee

- Mary Ann Ahmed, MD – East Cascade Women’s Group
- Ngocthuuy Hughes, DO – St Charles Surgical Specialists
- Amy Madison – Deschutes Rheumatology
- Larry Paulson – The Center
- Irene Czyszczon – Central Oregon Pathology
- Oliver Wisco – BMC
- Traci Clautice-Engle – Central Oregon Radiology Associates
- Ronald Barrett – Bend Urology
- Mark Belza – Bend Spine & Neurology
- Mike Bell – Bend Neurology
- Tim Holmberg – Bend Anesthesia
- Jason Dimmig – Bend Ophthalmology
- Scott Stevens - Bend Ophthalmology
- Jason Jundt – BMC
- Divya Sharma – COIPA
- Kim Bangerter – COIPA
- Ashley Zeigler – COIPA

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