2021 Global Quality P4P
PCP Kickoff Meeting
January 20, 2021

Karen Hansberger, M.D., Chief Medical Officer
Genia Fick, MA, Vice President of Quality
Agenda

- Global Quality P4P Program Overview
- 2021 Program Year- What's New?
- COVID Impact- Updates
- 2020 Performance Year Updates
- 2020 Deadline Reminders
GQ P4P Program Overview
Program Overview

• Global Quality P4P (GQ P4P) Program designed to reward PCPs quality improvement efforts and for high quality performance levels
• Population-based performance incentives for services rendered in 2021
• **Annual Pool: $67 million**
Timeline for IEHP Quality Program Payments

Monthly Quality PMPM payments based on 2019 GQ P4P performance year results (PCP & IPA)

Monthly Quality PMPM payments based on 2020 GQ P4P performance year results (PCP & IPA)

Monthly Quality PMPM payments based on 2021 GQ P4P performance year results (PCP & IPA)
2019 Provider Performance

Count of Providers by Quality PMPM

2019 Quality Score Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Max</td>
<td>3.00</td>
</tr>
<tr>
<td>Avg</td>
<td>1.1334</td>
</tr>
<tr>
<td>Min</td>
<td>0.1111</td>
</tr>
</tbody>
</table>

2019 Quality PMPM Summary

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Max</td>
<td>$11.62</td>
</tr>
<tr>
<td>Average</td>
<td>$4.39</td>
</tr>
<tr>
<td>Min</td>
<td>$0.44</td>
</tr>
</tbody>
</table>

81% of incentive pool paid out to PCPs for 2019 performance

$54.6 million
2021 Program Year – What's New?
Program Updates

What’s New for 2021?

**New**
- CAIR2* Participation Requirement

**Updated**
- Substance Use Assessment in Primary Care
- Child & Adolescent Well-Care Visits

**Retired**
- Timely Prenatal Care
- Concurrent Use Opioids/Benzo

*California Immunization Registry
NEW PARTICIPATION REQUIREMENT
NEW Program Requirement

• CAIR2 Participation Requirement
  – Provider must be connected to CAIR2 by July 1, 2021
  • Provider must demonstrate entry of immunizations into the registry
  • Provider should incorporate use of registry to visit workflow for historical immunizations
MEASURE UPDATES
**Measure Update**

**Substance Use Assessment in Primary Care**

- **Update**: Previously monitor only. Now included in measure set.
- **Measure Description**: The percentage of Members 18 years and older who were screened for substance use during the measurement year (2021).
- **Denominator**: Members 18 years and older during MY

### Substance Use Assessment in Primary Care

**Methodology**: IEHP-Defined Quality Measure

**Measure Description**: The percentage of Members 18 years and older who were screened for substance use during the measurement year (2021).

**What’s New?** This measure was previously in the program as a monitor only measure. It has now been placed into the official reporting measure set. This measure will now be included in the Provider quality score calculation.

### CODES TO IDENTIFY SUBSTANCE USE ASSESSMENT IN PRIMARY CARE:

<table>
<thead>
<tr>
<th>Service</th>
<th>Code Type</th>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Assessment in Primary Care</td>
<td>CPT</td>
<td>99408</td>
<td>Alcohol and/or Substance (other than tobacco) Abuse Structured Screening (e.g., Audit DAST) and Brief Intervention (SBI) Services 15 to 30 Minutes</td>
</tr>
<tr>
<td>Substance Use Assessment in Primary Care</td>
<td>CPT</td>
<td>99409</td>
<td>Alcohol and/or Substance (other than tobacco) Abuse Structured Screening (e.g., Audit DAST) and Brief Intervention (SBI) Services Greater than 30 Minutes</td>
</tr>
</tbody>
</table>
# Measure Update

## Substance Use Assessment in Primary Care – 2021 Goals

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% reduction in non-compliance <strong>AND</strong> Improvement of at least 2% points</td>
<td>If baseline is below 50th percentile: 20% reduction in non-compliance <strong>AND</strong> must meet 50th percentile <strong>OR</strong> If baseline is at or above 50th percentile improvement of at least 2% points</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Substance Use Assessment in Primary Care

Resource Materials can be found here: https://www.iehp.org/en/providers/special-programs

Tools & resources found here!
Substance Use Assessment in Primary Care

Recommended Tools:

- Audit-C
- Brief Addiction Monitor (BAM)

AUDIT-C Questionnaire

1. How often do you have a drink containing alcohol?
   - a. Never
   - b. Monthly or less
   - c. 2-4 times a month
   - d. 2-3 times a week
   - e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?
   - a. 1 or 2
   - b. 3 of 4
   - c. 5 or 6
   - d. 7 to 9
   - e. 10 or more

3. How often do you have six or more drinks on one occasion?
   - a. Never
   - b. Less than monthly
   - c. Monthly
   - d. Weekly
   - e. Daily or almost daily

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Brief Addiction Monitor (BAM)

Date:

Method of Administration:
- Clinician Interview
- Self-Report
- Phone

1. In the past 30 days, how many drinks do you typically have?
   - A. 1-2
   - B. 3-4
   - C. 5-6
   - D. 7-9
   - E. 10 or more

2. In the past 30 days, have you had any drinks on an empty stomach?
   - Yes
   - No

3. In the past 30 days, have you had any drinks at work?
   - Yes
   - No

4. In the past 30 days, have you had any drinks while driving?
   - Yes
   - No

5. In the past 30 days, have you had any drinks while operating machinery?
   - Yes
   - No

6. In the past 30 days, have you had any drinks while using prescription medications?
   - Yes
   - No

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Other drugs (non-prescription drugs and diet pills, Benadryl, Epilepsy, other over-the-counter or unknown medications):
Substance Use Assessment in Primary Care

San Bernardino County Substance Use Resource Materials

Measure Update

Whether it's a problem with alcohol or drugs, we are here to help.

San Bernardino County Department of Behavioral Health (DBH) Substance Use Disorder and Recovery Services (SUDRS) provides a full range of substance use disorder treatment services for San Bernardino County communities and residents.

We have different treatment options designed to provide the necessary services to help move people toward the road to recovery. We offer everything from residential treatment to outpatient services. We also link people to resources and recovery centers where people can enjoy drug-free activities.

In this brochure, you will find more information on DBH SUDRS services. For access to any of these services or if you have any questions, please contact us at (800) 968-3636 or (909) 386-0740 for assistance.

DBH SUDRS Services Overview

DBH SUDRS provides a variety of substance use disorder services to:
- Adults aged 16 and over.
- Youth aged 12 through 17.

Priority admission to substance use disorder treatment is given by:

1. Pregnant injecting drug users.
2. Pregnant substance abuser.
3. Injecting drug users.

Services are available to all county residents regardless of race, religion, gender, sexual orientation or disability, including chronic illness or HIV.

The cost of treatment is based on a sliding scale fee. Medi-Cal and other public assistance funding may pay for some of the treatment. If you do not have a referral and do not have Medi-Cal, please contact us so we can assist you.

DBH SUDRS offers the following treatment services:
- Withdrawal Management (Detoxification)
- Residential Treatment
- Outpatient Treatment
- Intensive Outpatient Treatment
- Mental Treatment
- Narcotics Treatment Program
- Youth Treatment

Services within these treatment options include:
- Individualized Treatment Plans
- Individual Group/Family Therapy
- Case Management
- Crisis Intervention Services
- Educational Components
- Referrals to other services

Additional DBH SUDRS services offered by referral include:
- CalWORKS Mental Health Treatment Services
- CalWORKS Substance Use Disorder Treatment Services
- CalWORKS Family Stabilization
- CalWORKS Life Skills
- Case Management for the New Child Left Unhoused Program and the Veterans Housing Program
- Ready To Rent

Recovery Centers are also available to individuals in the community as a service center whose primary purpose is to support recovery efforts from substance use disorders of persons in the community.

These centers can offer:
- Self-Help Groups
- Social Activities
- Parenting Education

For a complete list of locations, call DBH SUDRS Administration at (800) 968-3636.

If you would like more information on any of these services or programs, please call DBH SUDRS at (800) 968-3636 or (909) 386-0740.

San Bernardino County currently has several Friday Night Live (FNL) and Club Live (CL) prevention programs. FNL, designed for high school aged youth, and CL, designed for middle school aged youth, offer youth an opportunity to connect with others in their school and community through fun, skill building activities and caring relationships in environments free of alcohol, drugs, tobacco and violence.

To find a local FNL/CL chapter visit www.FridayNightLive.org.
Substance Use Assessment in Primary Care

Riverside County Substance Use Resource Materials
Measure Update

Child & Adolescent Well-Care Visits (WCV)

- Update: Combined two well-care visit measures into single measure
  - Well-child visits 3-6 years of life
  - Adolescent well-care visit
- 2021: WCV includes Members ages 3-21
Child & Adolescent Well-Care Visits

- **Measure Description:** The percentage of Members 3-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the MY (2021)

- **Denominator:** Members ages 3-21 in the MY (2021)

- **Numerator:** Members who had a visit with a PCP or an OB/GYN within the MY (2021)
Measure Update

Child & Adolescent Well-Care Visits

- Measure codes can be found on pages 45-46 of the Program Guide
- Reminder: Ensure billing with rendering Provider NPI

Child and Adolescent Well-Care Visits (WCV)

Methodology: HEDIS®

Measure Description: The percentage of Members ages 3-21 who had at least one comprehensive well-care visit with a PCP or an Ob/Gyn practitioner during the measurement year (2021).

- Eligible population in this measure meets all of the following criteria:
  1. Ages 3-21 as of December 31 of the measurement year (2021)
  2. Continuous enrollment with IEHP throughout the measurement year (2021). No more than one gap in enrollment of up to 45 days during the measurement year (2021).

What’s New? This measure has now combined all childhood ages into a single measure. This measure now includes Members ages 3-21 who have received a comprehensive well-care visit sometime in the measurement year (2021). This measure was previously broken up into two separate measures (one for adolescents and one for ages 3-6 years of age). Now all ages from 3-21 are included in this single measure.

<table>
<thead>
<tr>
<th>CODES TO IDENTIFY WELL-CARE VISITS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Well-Care Visit</td>
</tr>
<tr>
<td>Well-Care Visit</td>
</tr>
<tr>
<td>Well-Care Visit</td>
</tr>
<tr>
<td>Well-Care Visit</td>
</tr>
</tbody>
</table>
2021 TIER GOALS
2021 Tier Goals

Tier 1
- 10% reduction in non-compliance
- Improvement of at least 2% points

Tier 2
- If baseline is below 50th percentile: 20% reduction in non-compliance
- AND must meet 50th percentile
- If baseline is at or above 50th percentile: improvement of at least 2% points

Tier 3
- 75th percentile published from 2020 NCQA Quality Compass

Tier 4
- 90th percentile published from 2020 NCQA Quality Compass
2021 Tier Goals

Measure Goals

- Available in 2021 Program Guide (pg 10)
- Tier goals may be adjusted once MY 2020 national benchmarks are available
2021 Tier Goals

50th Percentile Goals:

- 50th percentile rates may be adjusted once MY 2020 national benchmarks are available

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure Name</th>
<th>50th Percentile Rate</th>
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<tbody>
<tr>
<td>Clinical Quality</td>
<td>Comprehensive Diabetes Care - HbA1c Control &lt;8</td>
<td>52%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Controlling High Blood Pressure</td>
<td>62%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Post Discharge Follow Up</td>
<td>55%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Screening for Clinical Depression in Primary Care</td>
<td>20%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Substance Use Assessment in Primary Care</td>
<td>8%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Breast Cancer Screening</td>
<td>59%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Cervical Cancer Screening</td>
<td>61%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Chlamydia Screening in Women</td>
<td>58%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Child and Adolescent Well-Care Visits</td>
<td>63%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Childhood Immunizations - Combo 10</td>
<td>37%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Immunizations for Adolescents - Combo 2</td>
<td>37%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Well-Child Visits First 15 Months of Life</td>
<td>68%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity</td>
<td>67%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>for Children and Adolescents - Counseling for Physical Activity</td>
<td></td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity</td>
<td>72%</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>for Children and Adolescents - Counseling for Nutrition</td>
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<tr>
<td>Clinical Quality</td>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity</td>
<td>81%</td>
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<tr>
<td>Clinical Quality</td>
<td>for Children and Adolescents - BMI Percentile</td>
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</tr>
<tr>
<td>Clinical Quality</td>
<td>Initial Health Assessment</td>
<td>58%</td>
</tr>
</tbody>
</table>
COVID Impact – Update for 2020 & 2021 Program Years
COVID-19 Program Response

• For **2020 Program Year**, tier goals will be re-assessed at the close of the year (April 2021)
• Tier goals may be adjusted at the measure level based on network year-end performance
• Measure-specific guidance provided for:
  – Telehealth
  – Patient-reported biometrics
TELEHEALTH UPDATES
Telehealth

- IEHP strongly supports continued access to preventive healthcare consistent with Bright Futures guidelines
- IEHP’s P4P measures align with American Academy of Pediatrics (AAP) recommendations
- Some visits may be offered through a hybrid model
  - Virtual visits
  - In-person visits
Well-Child Visits

Ages birth to 2 years of age

• Conduct in-person visits to **administer** timely vaccinations
Well-Child Visits

Children & Adolescents (ages 2 and older)

- Well-child visits *may* be conducted via telehealth
  - Provider must determine clinical appropriateness

- Providers must bill the appropriate codes for **each** visit offered. Code visits and each component offered to maximize incentive earnings
  - Telehealth visits: Code all components with Modifier or Place of Service for telehealth
  - In Person visits: Code all components
Well-Child Visits & Telehealth

**Virtual Visit Components:**
- Visual Physical Exam
- Physical Development
- Health Education/Anticipatory Guidance
- Nutrition Counseling
- BMI Assessment
- ACEs Screening
- Health History
- Mental Development
- Age-appropriate SHA/IHEBA
- Exercise Counseling
- Developmental Screening

**In-Person Visit Components:**
- Comprehensive Physical Exam
- Office Testing: Laboratory testing, hearing, vision and oral health screening
- Fluoride varnish
- Immunizations
PATIENT- REPORTED BIOMETRIC VALUES
Patient-Reported Biometrics

Weight Assessment in Children and Adolescents (WCC): Telehealth Visits

• Patient-reported biometric values are **allowed** for billing the weight assessment P4P component
  – Includes height and weight used to calculate the Members BMI percentile
  – Biometric values must be collected by a PCP, **recorded**, dated and maintained in the Members health record
Controlling High Blood Pressure: Telehealth Visits

• Blood pressure reading can be taken by any digital device
  – Member reported blood pressure results allowed
  – Biometric values must be collected by a PCP, recorded, dated and maintained in the Members health record

• Three codes are required for numerator compliance:
  – Systolic blood pressure code
  – Diastolic blood pressure code
  – Visit type code (office visit, telephone, e-visit and remote monitoring)

See pages 13-24 of the Program Guide for code details
2020 Program Year – Performance Updates
## 2020 Performance Update

### Child Measures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Jan- 20</th>
<th>Jan- 21</th>
<th>Rate Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well Care Visits</td>
<td>41.1%</td>
<td>27.3%</td>
<td>-13.8%</td>
</tr>
<tr>
<td><strong>Childhood Immunizations- Combo 10</strong></td>
<td>18.7%</td>
<td>21.2%</td>
<td><strong>2.5%</strong></td>
</tr>
<tr>
<td>Immunizations for Adolescents- Combo 2</td>
<td>34.9%</td>
<td>33%</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Well Child Visits First 15 Months of Life</td>
<td>17.2%</td>
<td>13.7%</td>
<td>-3.5%</td>
</tr>
<tr>
<td>Well Child Visits 3-6 Years of Age</td>
<td>67.4%</td>
<td>48.9%</td>
<td>-18.5%</td>
</tr>
<tr>
<td>Weight Assessment &amp; Counseling- Nutrition</td>
<td>67.2%</td>
<td>62.8%</td>
<td>-4.4%</td>
</tr>
<tr>
<td>Weight Assessment &amp; Counseling- Physical Activity</td>
<td>65.1%</td>
<td>61.1%</td>
<td>-4.0%</td>
</tr>
<tr>
<td>Weight Assessment &amp; Counseling- BMI</td>
<td>72.2%</td>
<td>63.4%</td>
<td>-8.8%</td>
</tr>
</tbody>
</table>

Improvement shown between 2020 and 2021 preliminary rates
# Women’s Measures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Jan- 20</th>
<th>Jan- 21</th>
<th>Rate Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>65.5%</td>
<td>57.6%</td>
<td>-7.9%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>60.0%</td>
<td>55.8%</td>
<td>-4.2%</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>63.7%</td>
<td>61.3%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Timelines in Prenatal Care</td>
<td>74.9%</td>
<td>75.5%</td>
<td><strong>0.6%</strong></td>
</tr>
</tbody>
</table>

*Improvement shown between 2020 and 2021 preliminary rates*
# Adult Measures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Jan- 20</th>
<th>Jan- 21</th>
<th>Rate Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Diabetes Care- HbA1c &lt; 8</td>
<td>45.1%</td>
<td>46.6%</td>
<td>1.45%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>N/A</td>
<td>24.3%</td>
<td>New Measure</td>
</tr>
<tr>
<td>Initial Health Assessment</td>
<td>51.0%</td>
<td>41.0%</td>
<td>-10%</td>
</tr>
<tr>
<td>Post Discharge Follow Up</td>
<td>N/A</td>
<td>48.7%</td>
<td>New Measure</td>
</tr>
</tbody>
</table>

_Improvement shown between 2020 and 2021 preliminary rates_

_N/A: Measure new to the 2020 program year_
2020 Program Year – Deadline Reminders
2020 Program Year – Reminders

Important Data Submission Deadlines

**Encounter Data Submissions**
- All encounter data must be submitted to your IPA no later than 3/1/2021
- Ensure all encounters contain rendering Provider NPI
- Work with IPA to monitor encounter data completeness

**Historical Data Forms**
- All Historical Data Form submissions must be submitted to IEHP no later than 2/1/2021
Thank you!!

Questions?
Email the IEHP Quality Team at: QualityPrograms@IEHP.org