



ADVANCING INTEGRATED HEALTHCARE

Practice Reporting and Transformation

Care Transformation Collaborative of R.I.

PRACTICE REPORTING AND TRANSFORMATION COMMITTEE MEETING

5/26/2021

Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome & Review of Agenda <i>Andrea Galgay and Sarah Fessler, Co-chairs</i>	8:00-8:05AM
OHIC 2021 Measure Set & Target Thresholds <i>Andrea Galgay</i>	8:05-8:20AM
PCMH Kids Cohort 3 Final Year Incentive Recommendation <i>Susanne Campbell, Andrea Galgay, Sarah Fessler to facilitate</i>	8:20-8:40AM
Clinical Quality Report Out <i>Susanne Campbell, Andrea Galgay, Sarah Fessler to facilitate</i>	8:40-9:00AM
High Risk <i>Susanne Campbell, Andrea Galgay, Sarah Fessler to facilitate</i>	9:00-9:15AM
Looking Ahead at Health Equity <i>Susanne Campbell, Andrea Galgay, Sarah Fessler to facilitate</i>	9:15-9:30AM

OHIC 2021-2022 Clinical Quality Requirements

[December 2020 CTC/OHIC Measure Specifications](#)

[May 21st, Revised High-Performance Benchmarks for 2020-2021 \(PPT\)](#)

Measures for Pediatric Practices		
Measure	2021 Benchmark	Benchmark Source
Child and Adolescent Well-Care Visits (adolescent age ranges only)	Commercial: 75.10% Medicaid: 53.66%	<i>Commercial:</i> New England commercial 90th percentile <i>Medicaid:</i> National commercial 75th percentile
Developmental Screening in the First Three Years of Life	67.98%	2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017)
Lead Screening in Children	73.11%	National Medicaid 50 th percentile

- * Final methodology for the 2020-2021 performance year is as follows:
 - practices must meet a high-performance benchmark as summarized above **or**
 - practice performance for the 2020-2021 performance period must be higher than the 2018-2019 performance period.
 - practices are required to meet performance expectations for 2 of 3 pediatric measures.
- * BMI not included in Pediatric Measurement Set

Common Contract - PCMH Kids 2019-2022

Performance Standards for Incentive Payment

PCMH Kids Cohort 2: Incentive Payment \$0.50

Meet 3 out of 4 performance measure thresholds

Clinical Quality: 2 can be clinical quality measures

Customer Experience: 1 can be CAHPS measure (Defined as meeting 2 out of 3 of CAHPS measures)

Utilization: 1 can be ED utilization (5% favorable difference via method of using rolling years to compare the change in trends of CTC practices to the comparison of non PCMH group)


PCMH Kids PY2 Incentive Recommendation (final year)

1. Follow OHIC's guidance for Performance Measures for RI PCMH recognition

April 6, 2021 Measures and Benchmarks for Pediatric Practices		
Measure	2021 Benchmark*	Benchmark Source
Child and Adolescent Well-Care Visits (adolescent age ranges only)	Commercial: 75.10% Medicaid: 53.66%	<i>Commercial:</i> New England commercial 90th percentile <i>Medicaid:</i> National commercial 75th percentile
Developmental Screening in the First Three Years of Life	67.98%	2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017)
Lead Screening in Children	73.11%	National Medicaid 50 th percentile

- * Or demonstrates improvement
- * Add 2 MMR – 90% of 2019 (pre-COVID)
- * Add BMI – use 2019-2020 CTC-RI target of 90% <50% Medicaid; 88% >50% Medicaid
- * Meets 3 out of 5 measures

2. CAHPS – Field CAHPS; reporting only
3. ED Utilization – Forego ED Utilization (validity of APCD given impact of COVID?)



Pending
health plan
approval

Note: 100% of PCMH Kids Cohort 3 met PY1 Performance Incentive Thresholds and health plans were notified.

Practice Transformation Summary Requirements



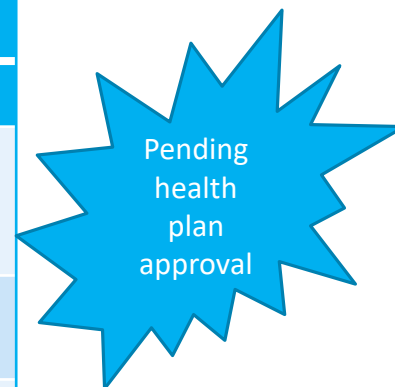
Health plan
approved!

	OHIC	CTC-RI/PCMH Kids Incentive Payment
Data due	By October 15, 2021	By April 15, 2022
Measures & Targets	Well Child: Commercial: 75.10%; Medicaid: 53.66% Developmental Screening: 67.98% Lead Screening: 73.11%	Well Child: <=50% Medicaid: 75.10%; >50% Medicaid: 53.66% Developmental Screening: 67.98% Lead Screening: 73.11% BMI: <=50% Medicaid: 90%; >50% Medicaid: 88% 2 MMR: 90% of December 31, 2019 Immunization rates
Incentive Methodology	<ul style="list-style-type: none"> practices must meet a high-performance benchmark as summarized above or practice performance for the 2020-2021 performance period must be higher than the 2018-2019 performance period. practices are required to meet performance expectations for 2 of 3 pediatric measures. 	<ul style="list-style-type: none"> practices must meet a high-performance benchmark as summarized above or practice performance for the 2020-2021 performance period must be higher than baseline. practices are required to meet performance expectations for 3 of 5 pediatric measures and Field CAHPS Survey (reporting only)
Baseline data	Well Child: October 1, 2018 - September 30, 2019 Developmental Screening: October 1, 2018 - September 30, 2019 Lead Screening: 2017-2018 cohort as of March 1, 2021	Well Child: April 15, 2020 Developmental Screening: April 15, 2020 Lead Screening: 2017-2018 cohort as of March 1, 2021 BMI: April 15, 2020 2 MMR: December 31, 2019

Adolescent Medicine Incentive Recommendation (final year – preparing them for OHIC & PCMH renewal) – to be updated

1. Follow OHIC's guidance for Performance Measures for RI PCMH recognition

April 6, 2021 Measures and Benchmarks for Pediatric Practices		
Measure	2021 Benchmark*	Benchmark Source
Child and Adolescent Well-Care Visits (adolescent age ranges only)	Commercial: 75.10% Medicaid: 53.66%	<i>Commercial:</i> New England commercial 90th percentile <i>Medicaid:</i> National commercial 75th percentile
Developmental Screening in the First Three Years of Life	NA	2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017)
Lead Screening in Children	NA	National Medicaid 50 th percentile



- * Add 2 MMR – 90% of 2019 (pre-COVID) - NA
- * Add BMI – do we make an adjustment to 2019-2020 CTC-RI target of 90%, <50% Medicaid; 88% >50% Medicaid for Adolescent Medicines? Because there is no OHIC target and CTC –RI target is high?
- * Or demonstrates improvement

2. CAHPS – Field CAHPS; reporting only

CAHPS Survey – Report only

Orientation to fielding CAHPS Survey on July 28, 2021

CAHPS Survey fielded in September with results available March 2022.

Methodology (surveys mailed and/or phone) under review for Data and Evaluation Committee.

Looking Ahead at Health Equity

- *How practices capturing race, ethnicity information?*
- *What are barriers? How are practices addressing barriers?*
- *Are practices applying race & ethnicity to the clinical quality measures?*
- *If yes, what are your findings?*

Friendly Reminders...

Due Date	Deliverable / Meeting
May 31 st	PDSAs due
June 3 rd	Virtual Coffee Break with Pat & Beth
June 11 th	Breakfast of Champions
June 29 th	Register for Next Telehealth webinar: – “CTC-RI Advancing Team Based Telehealth in RI Webinar Series: Considerations for Telehealth Interactions with Adults” https://us02web.zoom.us/webinar/register/WN_JiVoRwdhTGWHWsb1m9xZA
July 1 st	PCMH Kids Stakeholder meeting
July 28 th	Next Practice Reporting/Transformation Meeting: Orientation for CAHPS Survey



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Thank you
Stay Healthy and Safe

NEXT MEETING: MOVING TO JULY 28, 2021