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NEWSLETTER OF THE NWIP QUALITY COMMITTEE

CHAIR: SARAH PETERS, MD

# Quality Focus

## this issue



## NWIP Quality Committee

### PURPOSE

The Clinical Quality Committee has the responsibility for maintaining a culture of clinical integration and quality care throughout the NWIP provider network and establish priorities for quality initiatives that emphasize improved clinical quality and integration while decreasing resources consumption and costs as contemplated or directed by the NWIP Board of Directors. This committee shall ensure that policies and procedures are in place to advance initiatives of NWIP and that of the Quadruple Aim.

### MEMBERS

SARAH PETERS, MD, Chair
DOUG ELIASON, DO, *Ex-officio*
BETH KING, MD
HEIDI FLETEMIER, MD
MARY MILLER, ANP
MARK SCHERLIE, DO
BARBARA HOOVER, DO

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NORTHWEST INTEGRATED PROVIDERS

## Love in the Time of ~~Cholera~~ COVID

For over three years now, Northwest Integrated Providers has been working towards the Quadruple Aim with a focus on quality improvement. We have seen improvement in all of the NWIP measures over that time thanks to your fine patient care.

Now the pandemic crisis is exposing big challenges with payment mechanisms that are based on volume and not outcomes. Many observers think this will accelerate the development and expansion of value-based reimbursement. We believe that NWIP can be a leader in quality and in working with payers on these non-fee-for-service financial models.

We realize that COVID-19 has put tremendous stress on the practice of medicine. Many practices have had to lay off or furlough staff. Some have temporarily closed. Ironically, during a pandemic healthcare accounted for more job losses than any industry except leisure and hospitality. Nationwide, ambulatory visits decreased nearly 60% and have only recently begun to partially rebound. Adoption of telehealth has exploded but only makes up for a portion of the lost revenue, even when aided by reimbursement changes and regulatory relaxation. Overall healthcare spending has fallen sharply.

We know that quite a bit of care has been deferred, whether it's wellness visits, cancer screenings, immunizations, or chronic illness management. The long-term effects of this are still unknown, as will be how best to deal with the pent up demand when the "gates" fully open again.

In this environment, it's natural and understandable not to be thinking much about quality measures. Physicians are concerned about patient care, business continuity, financial health, personal and employee safety, and what comes next.

We, too, have experienced changes - with our membership, our reporting platform, and measure specifications. When combined with the expectation that certain measures will be adversely affected by COVID, we're in the middle of a baseline reset.

NWIP's long-term focus remains on helping you continue to improve quality of care and measure it appropriately for the benefit of providers and the community of patients you serve.

Greg Fraser, MD MBI

# Practice Revenue and Quality Measurement

## QUALITY PROGRAMS

You should care. There's money at stake.

NWIP wants to help.

Practices are deriving an increasing amount of their annual reimbursement from participation in quality programs. Fee for service without strings attached is disappearing. Examples of programs with a quality measurement component:

- MIPS/QPP
- CPC Plus
- PCPCH
- CCO
- Medicare Advantage
- Other Commercial Payer Programs (e.g. Providence PEBB)

## 2020 ADJUSTMENTS

Due to the COVID-19 pandemic, some of these programs are making adjustments for this year. For example, Providence PEBB has suspended its quality measures for rest of this year. OHA has suspended the CCO Quality withhold. Any other PacificSource CCO amendments are pending.

On the Medicare Advantage side, so far HealthNet doesn't expect any portion of the quality or STARS programs being discontinued.

We're watching closely as this is ever changing. Expect more information as the year goes on.

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# Quality Improvement Services for You and Your Practice

## What's being done to support NWIP member providers?

### CLINICAL SUPPORT PROVIDERS
**by Danielle Shannon, PharmD**

The WVP Clinical Support Providers is the result of a grant proposal to Willamette Valley Community Health CCO written by WVP Health Authority in conjunction with 15 small WVP IPA and NWIP Primary Care Clinics.

The goal of CSP is to increase access to adjunct service providers that smaller clinics may not have the funds to hire on full time.

Additionally, integrated access to these services supports smaller clinics to meet the CPC+ and/or PCPCH measures.

WVP-CSP consists of:

- 2 clinical pharmacists;
- 2 licensed clinical social workers;
- a registered dietitian;
- a Case Management team; and
- 2 quality improvement coordinators

Integration is critical to ensure practice collaboration and improved patient care; therefore the providers for the CSP deliver services in your office or the patient's home. This allows for a dynamic communication flow and improved quality of care.

### QUALITY IMPROVEMENT COORDINATORS
**by Jennifer Miller**

The WVP Quality Improvement Team (QIT) can offer Primary Care clinics, as well as Specialty clinics, a wide variety of collaborative services that help to increase value-based quality care provided to patients. WVP QIT works with clinics on innovative processes for improved efficiency while maintaining integrity and regulatory compliance. Our QIT department assists practices with Patient-Centered Primary Care Home (PCPCH) application preparation, including education and understanding of measures, site visit support, as well as provide feedback on ways to increase their tier status. Education is offered in various areas, such as payer quality metrics (Star measures, Chronic Conditions, Annual Wellness Visits), as well as helping clinics close quality care gaps. Closing quality care gaps requires uploading chart notes to payer portals, and coordination of data extracts to payers, thus reducing clinic staff time. WVP QIT provides experience and support to practices that attest to Quality Payment Programs such as Medicaid/Medicare Merit-based Incentive Payment Program System (MIPS), including Promoting Interoperability measures.

WVP QIT learns the intricacies of each program/measure to provide a better explanation and why they are necessary. The QIT department takes time to understand the needs of each clinic. QIT connects practices with various resources, such as the NextGen team for diverse EHR/Practice Management support and the Clinical Support Providers for more integrative services. QIT provides resources and tools to assist clinics in their many quality needs (e.g., posters, handouts, forms, etc.). WVP QIT also helps with education on best practices to maintain CMS documentation guidelines and compliance. WVP QIT strives to unite provider practices with each other for a more cohesive clinical community and improved overall patient health.

### CONTRACTING
**by Lisa Ladd**

In contracting, we strive for contractual agreements with payers that financially reward clinically integrated networks for delivering evidence-based care with outcomes that promote the overall health of your patients. We advocate for consistent application of STAR measures, HCC coding, CAHPS measure, and annual wellness visits and reporting criteria. Equitable and fair compensation for time spent by support staff and providers for the reporting of quality is also sought. Parity amongst the payers is also important.

With each health plan having its own provider portal, we provide feedback on ease of use, consistent deadlines and information sharing. We also seek like measures for quality reporting and look for root cause issues when there are variances between risk scoring or STAR rating between the payers. Standing meetings are held to review dashboards and performance to identify performance opportunities and outreach.

Having innovative conversations around clinical pathways and new models of care under alternative payment arrangements are ongoing to support the additional work that maintaining quality requires. We have been adding quality and/or bonus opportunities to our contracts as incentive to maintain and achieve quality. We maintain collaborative relationships with our payers for ongoing support of quality healthcare for the promotion of better health.

# Technology for NextGen Practices

There are some pieces of wrap-around technology that are available to practices using the WVP instance of NextGen EHR. These are offered only to those practices that are also NWIP members.

### CARESENTRY

CareSentry is a tool that allows us to build custom registries that will automatically identify specified care gaps. A Care Sentry toolbar sits on the NextGen EHR to provide visual indicators and real-time clinical decision support to clinicians and staff right at the point of care.

### EAGLEDREAM HEALTH

Right now this is available to primary care clinics. EagleDream (EDH) is a powerful and user-friendly population health management and analytics tool. It is capable of accepting clinical feeds from multiple EHRs as well as claims feed from multiple payers. At present it is incorporating clinical data from NextGen, claims data from CMS/CMMI/CPC+, and historical claims data from PHTech (WVCH and Atrio). We hope that we will be able to reinstitute a claims feed from Atrio and start receiving claims data from PacificSource in the near future.

Key functions of EDH include analysis of multiple demographic variables, risk stratification, clinical registries, gaps in care, identification of patients who may be lost to follow-up, and clinical metrics for multiple different programs

Every primary practice in the system is able to track performance on all 10 of the NWIP measures, with easy drill down to provider performance and individual patient data.

Most recently, EDH added a rules engine to identify patients most at risk of COVID-19.

Later this summer, EDH is adding a new module that will encompass an array of Care Management functions.

### WEBSITE

Don't forget that the "For Providers" section of the NWIP website has multiple resources for your use, e.g.:

- measure descriptions
- measure one-pagers explaining how to ensure your care is being counted
- workflow videos showing how to close CareSentry-identified care gaps

## We want to hear from you!

**Q: I would like more information. I want to become more engaged in quality. Whom should I contact?**

A: If you have a general inquiry about NWIP, please contact Dr. Tim Peters, President (tim.raintreetropical@gmail.com).

For inquiries about the Clinical Support Providers you may contact Dr. Danielle Shannon (dshannon@mvipa.org).

For inquiries about the Quality Improvement Coordinators, please contact Jennifer Miller (jmiller@mvipa.org)

If you have questions about CareSentry or EagleDream, or need help with workflow in NextGen EHR, please contact your Clinical Support Analyst or else the Help Desk (ehrhelp@mvipa.org).

If you have questions about the work of the Quality Committee, or if your providers would like to have a meeting to discuss QI and NWIP, please contact Dr. Sarah Peters (peterssarah1@hotmail.com) and/or Dr. Greg Fraser (fraser@mvipa.org).



## NWIP MEASURE SET Specifications

**ADULT BMI**
= HEDIS: Percentage of patients aged 18 years and older with a BMI documented during the measurement period.

**PEDIATRIC BMI**
= CMS 155v8, Numerator 1

**BREAST CA SCREENING**
= CMS 125v8

**COLORECTAL CA SCREENING**
= CNS 130v8

**CONTROL OF HBP**
= CMS 165 v8

**GOOD CONTROL OF DM**
= HEDIS: Percentage of patients 18-75 years of age with diabetes whose most recent hemoglobin A1c during the measurement period was < 8.0%.

**DM EYE EXAM**
= CMS 131V8

**DM ATTN TO NEPHROPATHY**
= CMS 134V8

**DEPRESSION SCREENING**
= CMS 2V9

**CHILDHOOD IMMUNIZATION**
= HEDIS COMBO 2: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); and one chicken pox (VZV) by their second birthday.

## About the Data

The data on the NWIP Quality Dashboard is the aggregated measured performance from nine primary care practices that use NextGen.

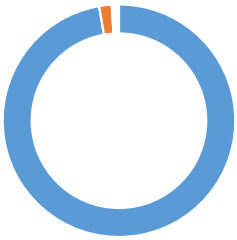
This data is for a rolling 12 month period ending May 31, 2020.

The measure targets have been updated by the committee for 2020. They are generally based upon current Medicare 4 STAR cut points or OHA benchmarks. They are intended to be aspirational. Once 4 STAR targets have been reached, the intention is to raise the bar to 5 STAR.

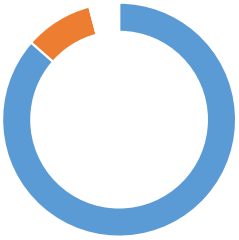
The Quality Committee is looking forward to adding additional data to the aggregate from non-NextGen member practices on most, if not all, of these measures during 2020.

# NWIP Quality Measure Dashboard

**Adult BMI**
**NWIP Aggregate 97.26%, Target 99%**



**Pediatric BMI**
**NWIP Aggregate 86.46%, Target 95.9%**



**Breast Cancer Screening**
**NWIP Aggregate 62.48%, Target 76%**

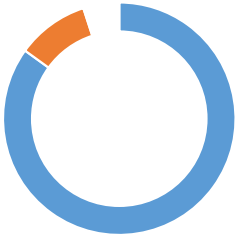
**Colorectal Cancer Screening**
**NWIP Aggregate 57.76%, Target 73%**

**Control of High Blood Pressure**
**NWIP Aggregate 71.42%, Target75%**

**Good Control of Diabetes (HbA1c < 8)**
**NWIP Aggregate 69.35%, Target 72%**

**Diabetes Eye Exam**
**NWIP Aggregate 53.22%, Target 73%)**

**Diabetes Attn to Nephropathy**
**NWIP Aggregate 84.96%, Target 95%**



**Depression Screening & Follow-up Plan**
**NWIP Aggregate 41.23%, Target 63%**

**Childhood Immunizations (HEDIS Combo 2)**
**NWIP Aggregate 71.58%, Target 80.8%**