



Navigating the Jumble of Quality Metrics Across Contracts

April 29, 2022

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- Value Based Care Across the Continuum
- Merit-Based Incentive Payment System (MIPS)
- Understanding Stewards & Metrics
- Making it all Work
- Digesting the Data

Value Based Care – Across the Continuum

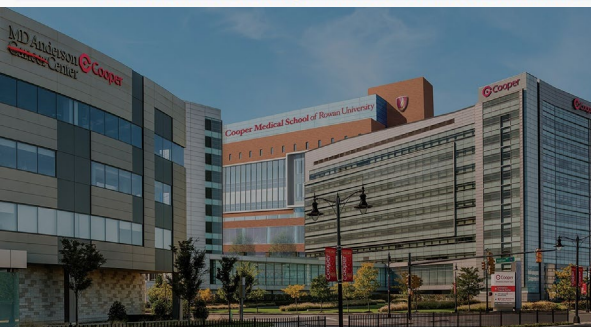
Value Based Care is transforming how providers are reimbursed for services and incentivized for quality of care.

In addition to State and Federal Programs, an increasing number of payers are offering value-based arrangements.

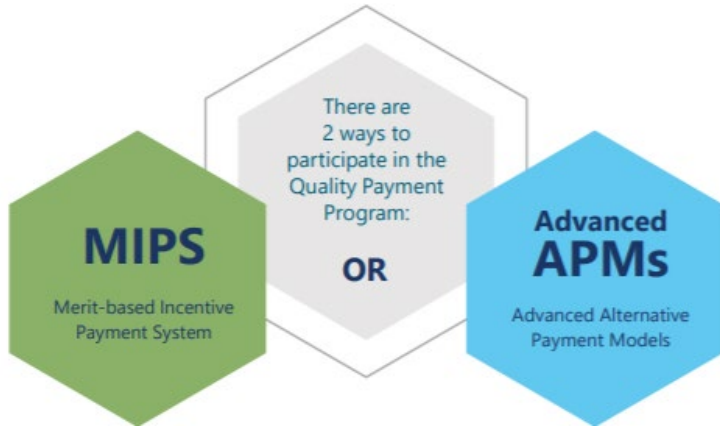
Cooper University Health Care

- Participates in over 24 quality programs across Commercial Payer Programs, State Programs, and Hospital-based
- Reports over 160 metrics across programs, claims-based and EMR Chart Hospital-Reported
- Financial models
 - Shared Savings (1-sided & 2-sided)
 - Rewards & Recognitions (Quality)

Cooper University Health Care Measure Breakdown	
Ambulatory / Access to Care - 72 Access to Care Alcohol or Other Drug Abuse Chronic Condition Management Follow-up After IP or ED Visit Immunizations Maternal Network Participation Patient Safety Screenings	Inpatient Hospital – 55 Admissions/Readmissions Cost of Care HAI / SSI Length of Stay Maternal Medication Mortality Patient Safety / Outcome
Outpatient Hospital - 18 Hospital Outpatient Quality Reporting Length of Stay	Survey - 21 Patient Satisfaction

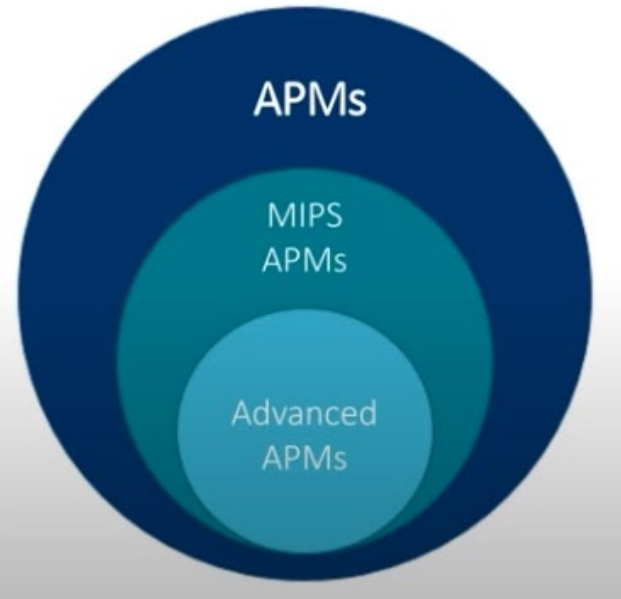


What is Merit-Based Incentive Payment System (MIPS)?

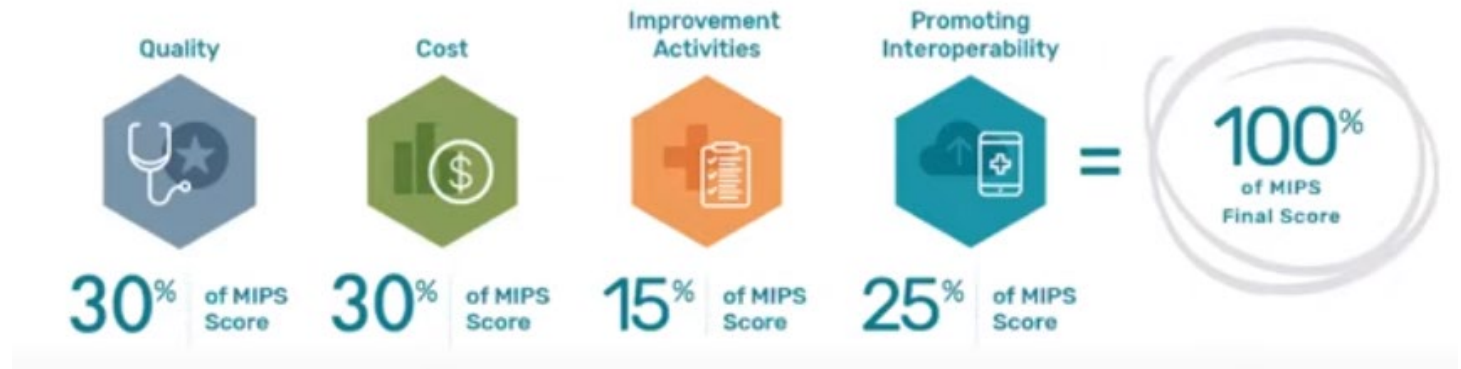


- One of two tracks under the Quality Payment Program
- Medicare Part B providers
- Promotes ongoing improvement and innovation to quality and clinical activities.
- Composite group or individual performance score
- Adjustments of +/- 9% of Medicare Part B Allowed Charges for 2022 depending on performance

(Highest positive 2020 adjustment was 1.87% nation-wide due to budget neutral program)

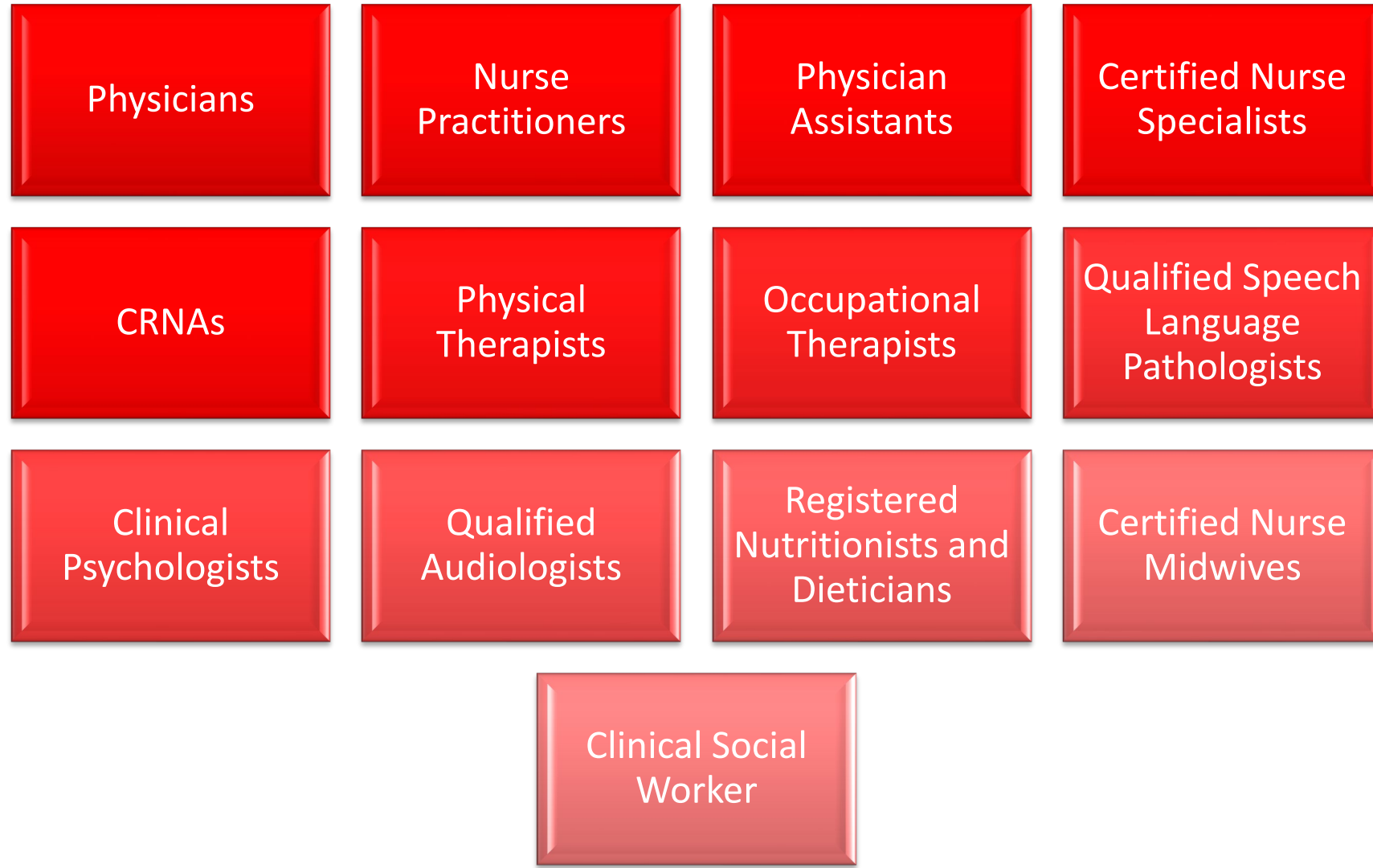


MIPS Performance Categories



APM Entities: 55% Quality; 0% Cost; 15% IA; 30% PI

Eligible Clinicians for 2022 Performance Year



Understanding the Stewards

- Differences in measure specifications across stewards (age range, inclusions, exclusions, etc.)
- Over 85 measure stewards that are endorsed by National Quality Forum. Some common stewards include CMS, NCQA, CDC, Leapfrog, Joint Commission

Example: Statin Therapy for Cardiovascular Disease

	NCQA (HEDIS) Differences	CMS (MIPS) Differences
Measure Description	Has 2 measures reported separately: (1) Statin Therapy for Patients with Diabetes; (2) Statin Therapy for patients with Cardiovascular Disease (ASCVD only)	Roll-up measure that includes combination of 3 measures: (1) Statin Therapy for Patients with Diabetes; (2) Statin Therapy for patients with Cardiovascular Disease (ASCVD only) (3) Statin Therapy for patients with Hypercholesterolemia
Age Range	ASCVD Measure age range: Male 21-75; Females 40-75	CMS age range: <u>All</u> patients
Denominator	Identified as having clinical atherosclerotic cardiovascular disease (ASCVD)	Previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure, before the end of the measurement period
Exclusions/ Exceptions	Includes myalgia, myositis, myopathy, ages 66 and older either in an institutional special needs plan or living long-term in an institution. Includes ages 66 and older with frailty and advanced illness. No exclusions for statin-associated muscle symptoms or allergy to statin.	Does not include exclusions for myalgia, myositis, myopathy, ages 66 and older either in an institutional special needs plan or living long-term in an institution or ages 66 and older with frailty and advanced illness. Does include exclusions for statin-associated muscle symptoms or allergy to statin.



- Even within the same Steward (NCQA – HEDIS), payers capture measures differently depending on population

Payer	Type	A1c NCQA Measure
Aetna ACOA	Commercial	A1c<8
AmeriHealth Commercial	Commercial	A1c<8
Horizon Adult Commercial	Commercial	A1c>9.0 (inverse)
Aetna Better Health	Managed Medicaid	A1c<8
Horizon NJ Health	Managed Medicaid	A1c<8
Aetna MA	Medicare Advantage	A1c \leq 9
Horizon NJ Health	FIDE-SNP (Dual-Eligible)	A1c>9.0 (inverse)

- Payer agnostic approach to quality
- Align our organizational goals: Primary Care
 - “Value Based Composite” / “Diabetes Bundle”
- Selected organizational measures by ranking ***prevalence, financial value***, and importance of ***patient care*** for payer measures.
- **Accountability:**
 - *Workgroups*
 - *Dashboards*
 - *Transparency Reports*
 - *Leadership Goals*
 - *Compensation Models*



- Claims files from contracted payers
- Supplement claims measures with flat-file EMR data and/or PDFs
- Payer portals
- Tableau / IS Platforms
- Collate “attributed” members to master “All Covered Lives” database and match payer member ID to EMR record number
- Discharge Reports



GIM 2021 Dashboard

Quality Metrics	Data Source	Baseline (2020)	2021 Target	Q1	Q2	Q3	Q4	YTD
Diabetes Bundle	EPIC	78.98%	73.00%	74.43%	75.73%	75.67%	75.93%	
DM Bundle: A1C <8 DM Pt's	EPIC	62.81%	65.00%	63.64%	66.02%	66.60%	66.20%	
DM Bundle: Blood Pressure <140/90 NQF 0018 Measure #236 Diabetic Pt's	EPIC	70.64%	73.00%	76.43%	75.75%	75.29%	75.06%	
DM Bundle: Statin Therapy Use in Patients with Diabetes (age 40-75)	EPIC	New	68.00%	70.53%	73.11%	70.64%	70.70%	
DM Bundle: Attention to Nephropathy NQF 0062 Measure#119 DM Pt's	EPIC	92.38%	86.00%	87.12%	88.03%	90.15%	91.76%	
Value Based Composite Family Medicine and General Internal Medicine	EPIC	6/7	5/7	5/7	5/7	5/7	6/7	
CMS 125 Breast Cancer Screening for all patients 50-74 YO MIPS 19272	EPIC	72.83%	70%	63.38%	67.12%	69.23%	73.15%	
CMS 130 Colorectal Cancer Screening for all patients 50-75 YO MIPS 19273	EPIC	70.28%	68%	68.84%	69.22%	69.97%	72.54%	
CMS 165 High Blood Pressure Control >18 YO or for all eligible patients MIPS 19301	EPIC	71.20%	73%	71.01%	72.56%	72.54%	69.82%	
CMS 127 Pneumonia Vaccination Status for Older Adults MIPS 19275	EPIC	85.63%	83%	86.41%	84.28%	84.29%	84.19%	
CMS 69 BMI & treatment Plan >18 YO or for all eligible patients MIPS 19298	EPIC	92.04%	81%	88.55%	95.30%	92.93%	93.53%	
CMS 2 Depression & Treatment Plan >12 YO MIPS 19482	EPIC	83.85%	76%	91.07%	91.47%	91.21%	94.07%	
CMS 138 Tobacco Use: Screening and Cessation Intervention MIPS 19470	EPIC	98.28%	97%	99.36%	98.73%	99.31%	99.31%	
Medicare Annual Wellness Visits	EPIC	New	50%	45%	49%	53%	57%	
Service								
Physician Communication: CGCAHPS	Press Ganey	62%ile	74%ile	65%ile	73%ile	76%ile	79%ile	

Bundle Transparency - Division

Department	Number of patients	2021 Goal	Q1	Q2	Q3	Q4
Internal Medicine	8053	73%	74.43%	75.73%	75.67%	75.93%
Family Medicine	3450	73%	69.09%	71.89%	73.42%	73.85%
CCA	3093	73%	58.81%	69.99%	74.53%	77.47%
Residency Program	497	73%	68.86%	69.38%	70.26%	70.82%
Medical Student Clinic	164	73%	69.69%	68.18%	67.92%	73.14%
DM Bundle Score	15,257	73%	70.08%	73.47%	74.67%	75.54%

Transparency Reports

Bundle by Practice

Filters: Make sure to remove filter by clicking on the x in the right hand corner.

Provider	Division	Patient (no.)	Pass Attn (no.)	Pass Blood Pressure (no.)	Pass Attn to Nephropathy (no.)	Nephropathy Denominator (no.)	Pass Statin Therapy (no.)	Pass Statin Therapy - Denominator or (no.)	Pass Attn (%)	Pass Blood Pressure (%)	Pass Attn to Nephropathy (%)	Pass Statin Therapy (%)	DM Bundle Score	
Filter by Division	CM Collingswood	INTERNAL MEDICINE	60	33	44	17	19	5	5	55.00%	73.33%	89.47%	100.00%	79.45%
Division	CM Medford	INTERNAL MEDICINE	48	15	38	18	20	3	3	31.25%	79.17%	90.00%	100.00%	75.10%
CCA PRIMARY CARE	CM Clementon	INTERNAL MEDICINE	129	67	106	44	56	16	20	51.94%	82.17%	78.57%	80.00%	73.17%
FAMILY MEDICINE	CFM Haddon Heights	FAMILY MEDICINE	93	28	67	50	53	17	18	30.11%	72.04%	94.34%	94.44%	72.73%
INTERNAL MEDICINE	CCA - Fries Mill	CCA PRIMARY CARE	258	82	225	172	214	43	49	31.78%	87.21%	80.37%	87.76%	71.78%
Filter by Practice	CCA - Cooper Landing Road	CCA PRIMARY CARE	57	19	49	41	51	13	15	33.33%	85.96%	80.39%	86.67%	71.59%
Provider	CFM Camden County College - Blackwood	FAMILY MEDICINE	71	22	57	20	27	4	4	30.99%	80.28%	74.07%	100.00%	71.34%
CCA - Brace Road	CFM Camden - 3 Cooper Plaza STE 215	FAMILY MEDICINE	15	3	9	7	7	1	1	20.00%	60.00%	100.00%	100.00%	70.00%
CCA - Cooper Land...	CFM Cherry Hill - 1050 N Kings Hwy	FAMILY MEDICINE	153	47	114	74	86	11	13	30.72%	74.51%	86.05%	84.62%	68.97%
CCA - Cooper Multi...	CM Voorhees - 900 Centennial Dr	INTERNAL MEDICINE	205	87	147	135	155	17	23	42.44%	71.71%	87.10%	73.91%	68.79%
CCA - Delran	CM Gloucester - 430 S. Broadway	INTERNAL MEDICINE	300	99	235	115	145	31	37	33.00%	78.33%	79.31%	83.78%	68.61%
CCA - Fries Mill	CM Camden - 3 Cooper Plaza STE 104	INTERNAL MEDICINE	192	74	137	91	112	33	40	38.54%	71.35%	81.25%	82.50%	68.41%
Directions	CCA - Woodbury	CCA PRIMARY CARE	201	73	184	131	168	42	62	36.32%	91.54%	77.98%	67.74%	68.39%
Breast Cancer Screening	CCA - Willingboro	CCA PRIMARY CARE	383	128	314	278	351	61	80	33.42%	81.98%	79.20%	76.25%	67.71%
Colorectal Cancer Screening	CM Sewell - One Plaza Drive	INTERNAL MEDICINE	254	83	218	93	121	30	41	32.68%	85.83%	76.86%	73.17%	67.13%
Controlling High BP	CM Cherry Hill - 1103 N Kings Hwy STE 20	INTERNAL MEDICINE	353	127	295	150	189	36	52	35.98%	83.57%	79.37%	89.23%	67.04%
Goal: 70%	Mt. Laurel Family Medicine	FAMILY MEDICINE	96	44	62	32	34	4	6	45.83%	64.58%	62.50%	62.50%	62.50%
Goal: 68%	CM Thorofare - 196 Grove Ave	INTERNAL MEDICINE	19	10	10	10	10	10	10	100.00%	100.00%	100.00%	100.00%	100.00%
Goal: 73%	CM RIPA	INTERNAL MEDICINE	14	7	7	7	7	7	7	100.00%	100.00%	100.00%	100.00%	100.00%
Goal: 73%	CFM Moorestown	FAMILY MEDICINE	18	10	10	10	10	10	10	100.00%	100.00%	100.00%	100.00%	100.00%

Provider Names

Division	VBC Score	DM Bundle Score	Breast Cancer Screening	Colorectal Cancer Screening
Most Frequently Seen PCP	Goal: 6/7	Goal: 73%	Goal: 70%	Goal: 68%
INTERNAL MEDICINE	1	68.00%	29	34
FAMILY MEDICINE	3	72.40%	29	35
INTERNAL MEDICINE	2	0.00%	1	2
Resident	1	58.33%	1	1
INTERNAL MEDICINE	4	49.07%	40	52
CCA PRIMARY CARE	6	67.04%	114	159
FAMILY MEDICINE	2	70.88%	17	40
Resident	0	70.00%	0	0
CCA PRIMARY CARE	4	74.26%	46	70
INTERNAL MEDICINE	2	75.10%	26	42
FAMILY MEDICINE	1	68.03%	32	55
Resident	4	62.50%	1	1
FAMILY MEDICINE	3	0.00%	3	5
INTERNAL MEDICINE	6	0.00%	110	131
Resident	0	66.67%	0	0
INTERNAL MEDICINE	1	55.79%	26	42
INTERNAL MEDICINE	1	0.00%	3	3
FAMILY MEDICINE	1	47.54%	12	23
FAMILY MEDICINE	4	71.19%	54	77
INTERNAL MEDICINE	6	0.00%	46	59
CCA PRIMARY CARE	3	80.51%	43	78
CCA PRIMARY CARE	2	75.00%	8	12

Demographics

Click "+" below to expand for gender or highlight all races, right click, "Expand"

By Division	Row Labels	Num	Denom	Result	Num	Denom	Result	Num	Denom	Result	Num	Denom	Result
Division	African American	826	1188	69.53%	1433	2056	69.70%	1587	2309	68.73%	1	1	100.00%
	Asian Indian	30	55	54.55%	67	124	54.03%	88	112	78.57%	1	1	100.00%
	Chinese	21	34	61.76%	49	68	72.06%	35	52	67.31%	1	1	100.00%
	Declined to Answer	27	45	60.00%	47	91	51.65%	69	87	79.31%	1	1	100.00%
	Filipino	19	26	73.08%	22	43	51.16%	51	58	87.93%	1	1	100.00%
	Guamanian			0.00%	1	1	100.00%	1	1	100.00%	1	1	100.00%
	Hawaiian	1	3	33.33%	3	5	60.00%	3	5	60.00%	1	1	100.00%
	Hispanic	454	640	70.94%	753	1107	68.02%	774	1157	66.90%	1	1	100.00%
	Japanese	2	3	66.67%	3	5	60.00%	0	3	0.00%	1	1	100.00%
	Korean	35	53	66.04%	68	88	77.27%	59	78	75.64%	1	1	100.00%
By Office	Multi-Black-Nat Am	2	2	100.00%	2	4	50.00%	3	5	60.00%	1	1	100.00%
	Multi-White-Asian	3	3	100.00%	4	4	100.00%	3	4	75.00%	1	1	100.00%
	Multi-White-Black	8	10	80.00%	10	12	83.33%	10	15	66.67%	1	1	100.00%
	Multi-White-Nat Am	2	3	66.67%	5	8	62.50%	3	8	37.50%	1	1	100.00%

Combined Worklists & Reports

Value Based Composite & Diabetes Bundle Gap Work List by Office

CFM Camden County College Total Care Gaps by office (As of 12/12/21) 1-Gap

MRN	Total Care Gaps	Patient Name	Sex	DOB	A1c Fail (>8 or no value)	A1c No	BREAST CANCER SCREENING	COLORECTAL CANCER SCREENING	CONTROLLING HIGH BLOOD PRESSURE	Attention to Nephropathy Fail	PNEUMOCOCCAL VACCINATION STATUS FOR OLDER ADULTS	SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN	Statin Therapy for patients with DM Fail	Most Frequently Seen PC	Most Frequent
5							1	1	1			1			CFM Camden C
5					1	1		1				1			CFM Camden C
5					1	1	1	1				1			CFM Camden C
4					1	1	1	1							CFM Camden C
4							1	1	1			1			CFM Camden C
4					1	1		1			1				CFM Camden C
4					1	1		1	1		1				CFM Camden C
4							1	1	1		1				CFM Camden C
3							1	1	1						CFM Camden C
3					1	1		1							CFM Camden C
3					1	1		1							CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C
3							1	1	1						CFM Camden C

Cooper
Population Intelligence

IP Discharge Report

Inpatient Daily Discharge Report – Cooper and Camden Health Information Exchange (HIE)

2022-04-03: Discharges from CUH & Camden HIE facilities (Capital Health, Kennedy, Lourdes, St. Frances, Virtua)

Pat Name	MRN	DOB	Age	LACE+ Readmission Risk	Outreach Responsibility	ACO ?	HORIZON ?	COVID19 ?	COVID19 ResultDate	DischargeProvider	Referral RPM	Enrollment RPM	Pulse Oximeter Ordered	Thermo meter Ordered	Admission Date	30-day Readmission ?	LOS	Days Since LastDischarge	Facility	Transfer To	Discharge To	NextAppt	Next ApptSpecialty
			84	HIGH	Population Health	Y	N	N	2022-03-31		N	N	N	N	2022-03-21	N	13	107	Cooper University Hospital	Home			AND
			77	HIGH	Population Health	Y	N	N	2022-04-01		N	N	N	N	2022-03-29	N	5	166	Cooper University Hospital	Home			SUSP
			66	HIGH	Population Health	Y	N	N	2022-04-01		N	N	N	N	2022-04-01	N	2	196	Cooper University Hospital	Home			BRO
			89	HIGH	Population Health	Y	N	N	2022-04-03		N	N	N	N	2022-03-31	N	3	1448	Cooper University Hospital	Home			NOR
			68	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-25	N	7		Virtua Voorhees - Hospital				MEL
			73	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-28	N	5	1360	Virtua Voorhees - Hospital			2022-06-22	Family Medicin VOY
			85	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-21	N	11		Virtua Marlton				MAS
			71	HIGH	Population Health	Y	N	N			N	N	N	N	2022-04-01	N	1		Virtua Voorhees - Hospital			2022-09-16	Internal Medici MAS
			72	HIGH	Population Health	Y	N	N			N	N	N	N	2022-04-02	N	1		Jefferson Cherry Hill Hospital				SCHY
			77	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-26	N	6	4020	Virtua Voorhees - Hospital			2022-06-27	Family Medicin ATK
			86	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-31	N	2		Jefferson Stratford Hospital			2022-05-24	Internal Medici HEC
			86	HIGH	Population Health	Y	N	N			N	N	N	N	2022-03-31	N	2		Jefferson Stratford Hospital			2022-05-24	Internal Medici HEC
			38	HIGH	Population Health	N	Y	N			N	N	N	N	2022-03-27	N	5		Virtua Marlton				CAV
			67	HIGH	Practice Manager	N	N	N	2022-03-28		N	N	N	N	2022-03-24	Y	10	10	Cooper Univei	Transition to E	Home		KIM,
			70	HIGH	Unassigned	N	N	N	2022-03-31		N	N	N	N	2022-03-31	N	3	355	Cooper University Hospital	Home			PHY
			73	HIGH	Unassigned	N	N	N	2022-04-03		N	N	N	N	2022-03-28	N	6	1350	Cooper University Hospital	Home			POW
			58	HIGH	Practice Manager	N	N	N	2022-04-03		N	N	N	N	2022-03-30	N	4		Cooper University Hospital	Home		2022-08-11	Internal Medici BEG
			86	HIGH	Practice Manager	N	N	N	2022-04-01	SHARMA, YOGITA DIN	N	N	N	N	2022-03-28	N	6	52	Cooper University Hospital	Home		2022-06-23	Internal Medici LAN

Advocate Aurora Health



Carrie E. Nelson, MD, MS, FAAFP
SVP/CMO, Population Health and Health Outcomes

BY THE NUMBERS



27 HOSPITALS

500+ SITES OF CARE



Top 12

NOT-FOR-PROFIT HEALTH SYSTEM



Top 10

IN QUALITY AMONG NATIONAL HEALTH SYSTEMS



75K

TEAM MEMBERS

22K

NURSES

10K

PHYSICIANS



3M UNIQUE PATIENTS

1.3M VALUE-BASED LIVES



53

INTEGRATED HEALTH & SAFETY MEASURES TRACKED



\$2.5B+

COMMUNITY BENEFITS IN 2020



10K

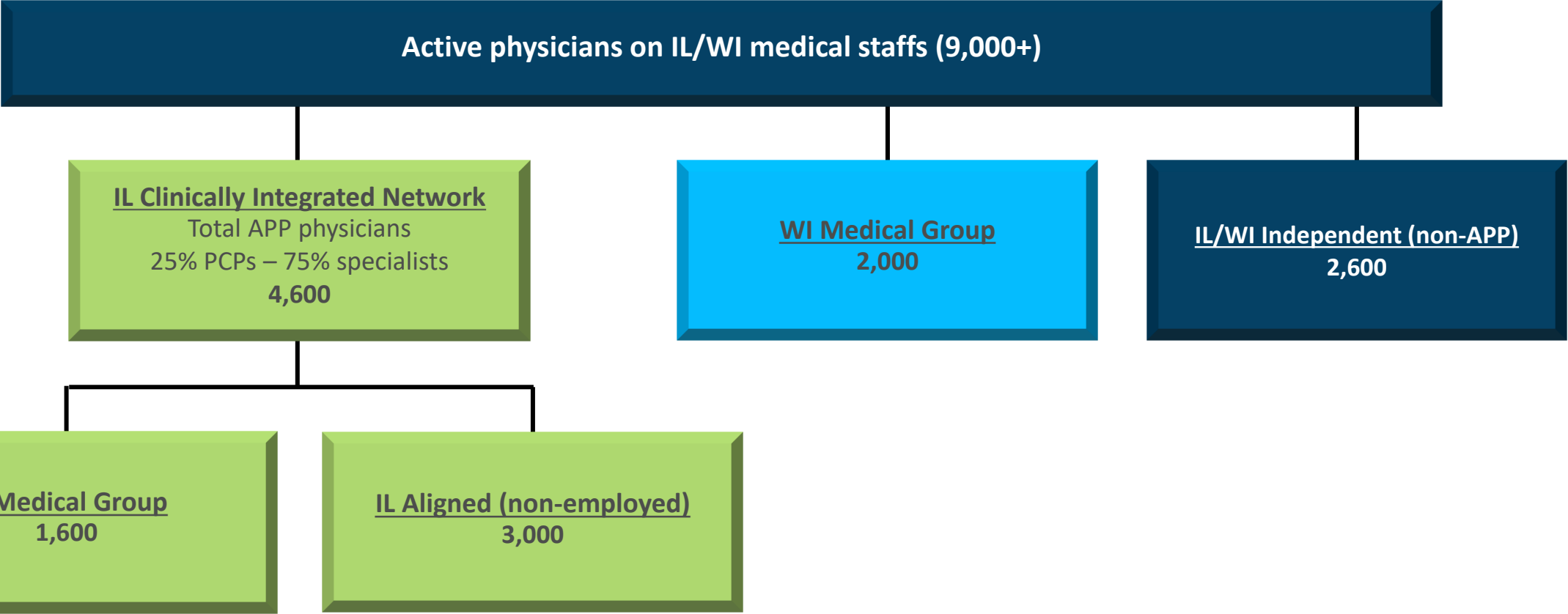
VOLUNTEERS



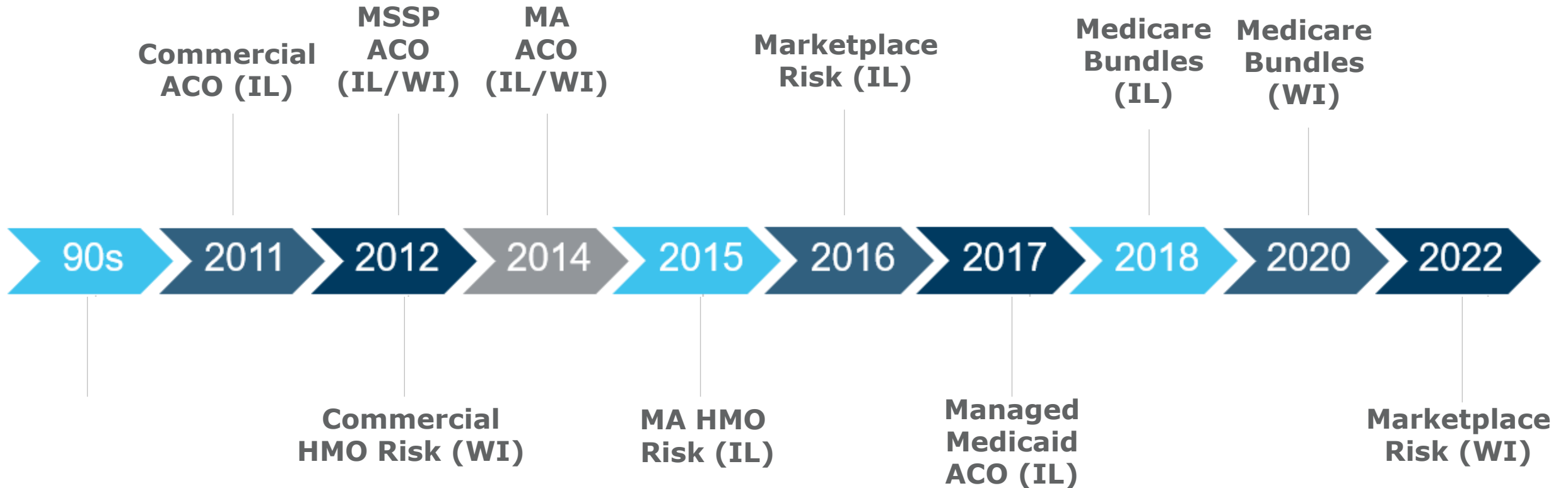
1.2M+

LIVEWELL APP DOWNLOADS

Physician Engagement Approach



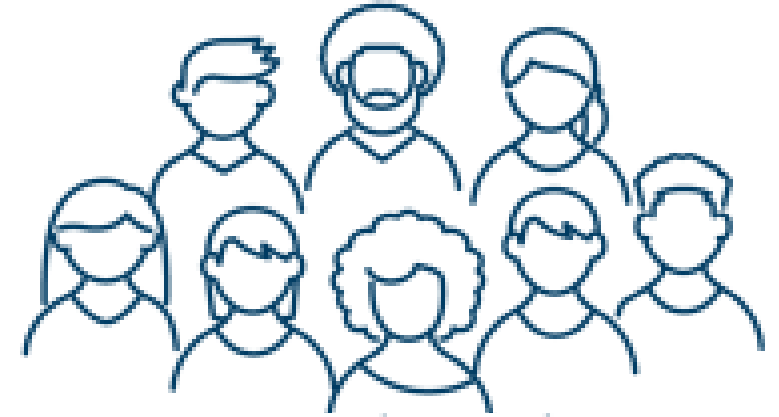
Our History



Early entrant in innovative value-based contracts

Our Population

Caring for 1.3 million lives
in 40+ value-based contracts



Commercial
Shared Savings
577K lives



Commercial
HMO
221K lives



Medicare Shared
Savings Program
179K lives



Medicare
Advantage
105K lives



Advocate Aurora
Team Members
106K lives



Managed
Medicaid
87K lives

Quality Program Goals



Goal 1:
Ensure ongoing alignment with the clinical quality standards of CMS and as measured by HEDIS.



Goal 2:
Align the focus of the program with the drivers of value-based care.



Goal 3:
Combine individual payer requirements to streamline the reporting workflows across plans, consequently reducing the administrative burden to physicians.

Getting to Measures that Matter

2021 CHALLENGES

- Too many measures
- New measures requested to incentivize providers to participate in internal projects
- Provider focus on removing inactive patients
- Lack of meaningful individual specialty measures

VISION

- Utilize only quality measures of **highest value and impact** to improving patient outcomes
- **Reduce** the burden of measurement by eliminating low-value metrics and redundant measures
- **Align** measures with the drivers of the Incentive Fund

BENEFITS



Reduced
measure burden



Increased time
for patient care



Focused
resources



Improved contract
performance

FROM VISION TO REALITY

2021

Redesign PCP measure set
Freeze specialty measure sets

2022

Launch new PCP measure set
Redesign specialty measure sets

2023

Launch new specialty measure sets
Optimize Epic tools

2022 Metric Changes

	2021 Metrics	2022 Metrics
Primary Care Physicians		
Family Medicine	96	26
Internal Medicine	66	18
Pediatrics	43	22

2022 Metric Changes

Primary Care Physicians	2021 Metrics	2022 Metrics
Family Medicine	96	26
Internal Medicine	66	18
Pediatrics	43	22

Primary Care Physician Watchlist:

Measured but Not Scored

1. ALOS: Average Length of Stay (individual, practice)
2. Comprehensive Adult Wellness: High Risk Medicine for Seniors
3. Diabetes: Medication Adherence for Oral Diabetic Medications
4. Hypertension: Medication Adherence for Hypertension
5. Lipid Management: Medication Adherence for Cholesterol
6. Patient Experience
7. SNF Total Cost of Care (PHO Level)
8. Therapeutic Compliance



Building Healthier, Kinder Communities

TOGETHER



Ashish D. Parikh, MD
Chief Quality Officer

Summit Health



340 locations in 5 states

New Jersey | New York | Oregon | Connecticut | Pennsylvania

2,500+
providers

12,000+
employees

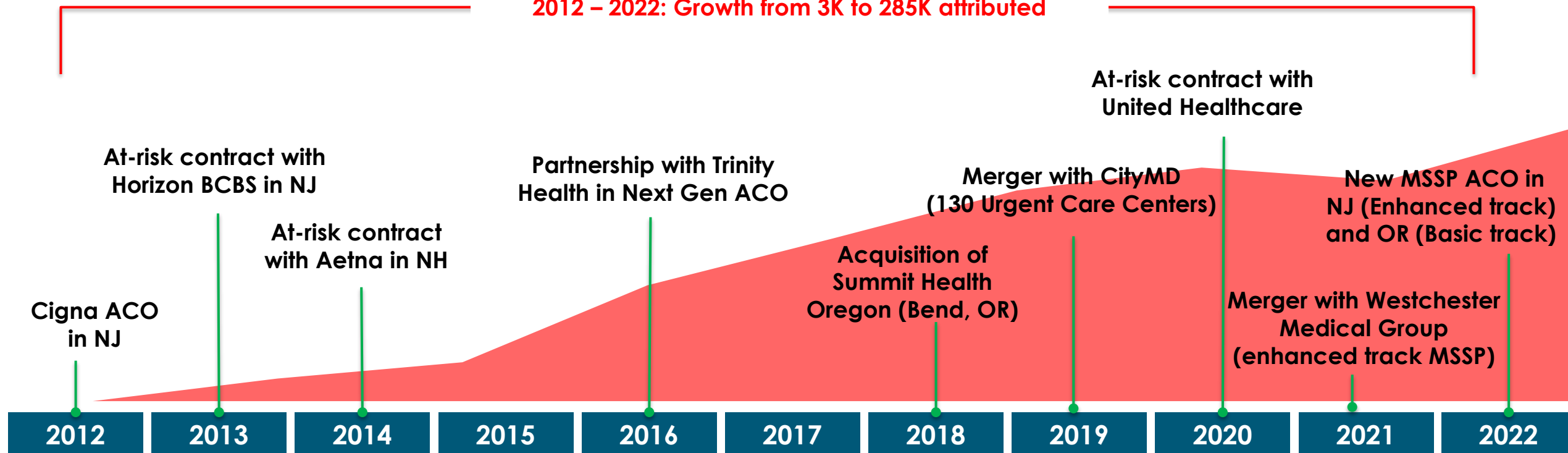
30+
risk-based
contracts

285K+
attributed
patients

“We care for our population across the full age, wellness, and health setting continua”.

Progressive increases in risk over the past decade

2012 – 2022: Growth from 3K to 285K attributed



Progressive increase in number of contracts and level of risk

Parallel growth in providers and clinical services to manage our population

Continuous investments in population health capabilities

Attributed lives by market and line of business

	Medicare Advantage	Commercial	MSSP
Summit Health NJ	12,041	141,060	26,673
WestMed NY	8,356	59,976	14,297
Summit Health Oregon	5,692	8,654	9,297

Quality measures Summit Health is accountable for across our value-based agreements

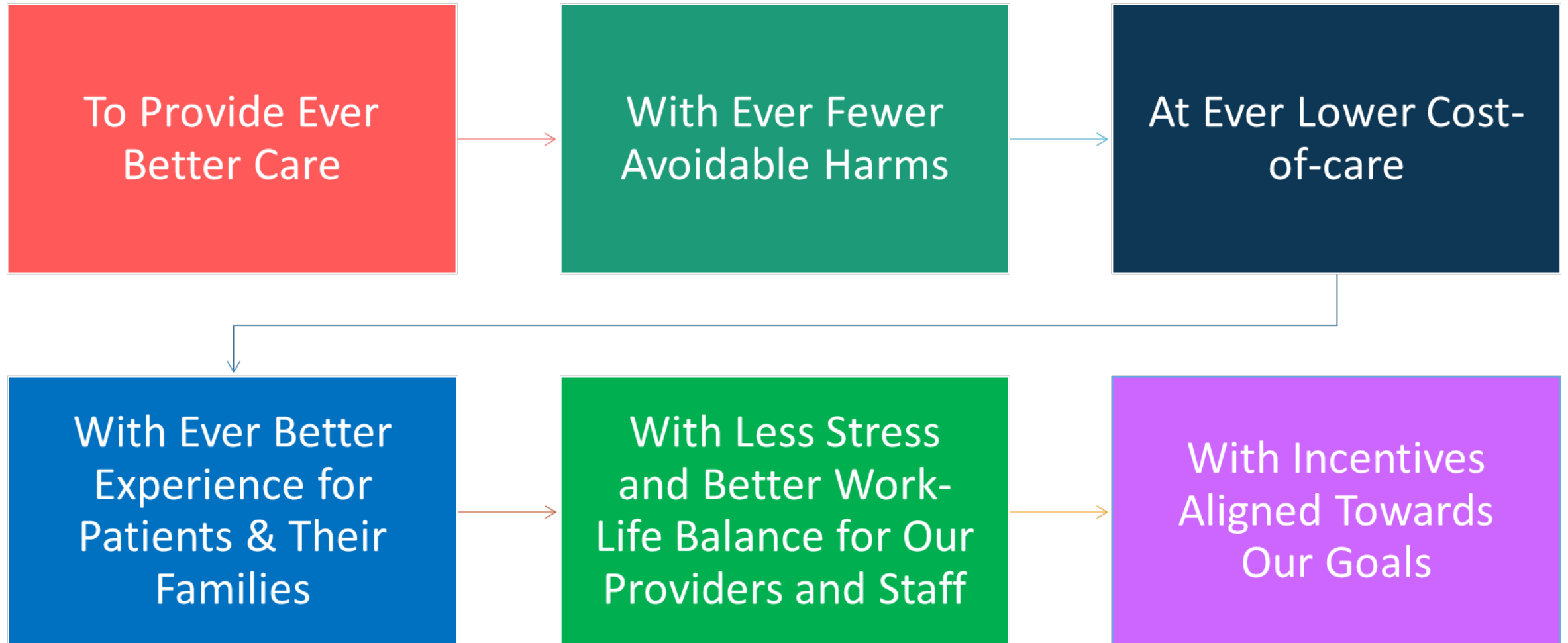
	Measures Across All Contracts
Summit Health NJ	146
WestMed NY	115
Summit Health Oregon	126

- About 70 unique measures
- Majority are “usual” quality metrics: e.g., HEDIS stars, CMS ACO
- Growing number of utilization measures:
 - Admits, readmits
 - ED follow-up, AWVs, TCMs
- Increasing emphasis on patient satisfaction measures
- Measures requiring new methods of collection and reporting: e.g., referral time, access to PCPs

Making Value-Based Believers

$$\begin{array}{c} \text{V} \\ \text{Value} \end{array} = \frac{\begin{array}{c} \text{Q} \\ \text{Quality \& Patient} \\ \text{Experience} \end{array} + \begin{array}{c} \text{D} \\ \text{Disease Burden} \\ \text{Capture} \end{array}}{\begin{array}{c} \$ \\ \text{Cost \& Utilization} \end{array}}$$

Our Shared Goals



Universal Provider Incentive Program

Quality	Patient Experience	Access	Clinical Documentation	Discretionary
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- Specialty specific measures and benchmarks
- Progressive bonus for PCPs based on panel's impact on VBC measure performance

Sample UPIP Dashboard

Measure Category	Measure	Performance	Earned Points	Max Points	Minimum	Target	Stretch Goal	Diff. to Target	Performance Status
Quality	CVD Statin	0%	0	0	41.3%	55%	68.8%	-55	Insufficient Data
Quality	Depression Screening	38%	0	5	68.8%	77.9%	87.1%	-39.9	Below Minimum
Quality	Breast Cancer Screening	84%	5	5	64.2%	73.3%	82.5%	10.7	Above Target
Quality	Colorectal Cancer Screening	87%	5	5	64.2%	73.3%	82.5%	13.7	Above Target
Quality	Diabetes Eye Exam	33%	0	5	45.8%	55%	64.2%	-22	Below Minimum
Quality	Diabetes HbA1c <=9%	39%	0	5	64.2%	73.3%	82.5%	-34.3	Below Minimum
Quality	Diabetes Medical Attention for Nephropathy	53%	0	5	77.9%	82.5%	87.1%	-29.5	Below Minimum
Quality	Diabetes Statin	41%	0	5	41.3%	55%	68.8%	-14	Below Minimum
Quality	HTN Blood Pressure Control	56%	0	5	64.2%	68.8%	73.3%	-12.8	Below Minimum
Quality	Tobacco Screening and Intervention	97%	5	5	77.9%	82.5%	87.1%	14.5	Above Target
Panel Management	Annual Wellness Visit	16%	0	15	65%	75%	85%	-59	Below Minimum
Panel Management	Risk Adjusted Admits/1000 (Lower is Better)	67.95	15	15	190	160	130	92.048373	Above Target
Patient Experience	Patient Experience - NPS	95.7	10	10	-	87	-	8.7	Above Target
Documentation	Timely Chart Closure	99	10	10	70	80	90	19	Above Target

Questions?

Thank you!

