

2015 PROGRAM GUIDE FOR

# PHYSICIANS

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This guide reflects attributes of the program as of January 1, 2015. Program requirements are subject to change at any time by approval of the board. This guide is intended to reflect the legal terms and conditions arising under the physician participation agreement and Hawai'i Health Partners policies, but in the event of any conflict between this guide and either the participation agreement or Hawai'i Health Partners policy, the latter control.

# Overview

HMSA, Hawai'i Pacific Health (HPH), and Hawai'i Health Partners (HHP) implemented a new payment and service arrangement designed to better align clinical and financial goals to enhance the provision of cost-effective and quality care delivered to HMSA members.

To engage individual physicians under these goals, there are potentially two pools of funds to be distributed and each has unique characteristics and methodologies for how funds are allocated. HHP members can earn points toward a bonus payment at the end of the year by addressing one or more defined clinical measures. This guide explains the measures for 2015 and describes the program's mechanism.

## **Some Basics about HHP's Performance and Savings Programs**

The **Quality Performance Program** is designed to engage and recognize physicians who have an impact on the hospital-based pay for performance score. These measures are focused on aligning physician behavior with hospital operating metrics.

The **Shared Savings Program** is designed to engage and recognize physicians who have the largest impact on population health in an effort to align behavior to slow growth in the medical cost trend for HHP's attributed members.

## **Individual vs. Group Physician Participation**

Individual performance and incentives will be calculated for all HHP physicians, regardless of if the physician joined as an individual or as a member of a group (e.g. HPH employed physicians). If any incentive funds are earned for physicians participating as members of a group, such funds will be distributed at the group level. It is the group's discretion as to how those funds are distributed to its physicians.

## **Scoring Period**

Both programs are annual programs starting on January 1, 2015. Eligibility for incentive payments will be determined no earlier than April 30, 2016. Eligible payments will be made promptly thereafter.

# Performance Measures by Category

## QUALITY PERFORMANCE MEASURES

### Evidence-Based Care

VTE prophylaxis given upon hospital admission	Hospitalists
Stroke patients prescribed antithrombotic therapy	Hospitalists Neurologists
Stroke patient with high LDL prescribed statin medication	Hospitalists Neurologists
Pre-surgery glucose measurement taken	Surgeons
Post-surgery glucose measurement taken	Anesthesiologists
Severe Sepsis patients with a lactic acid level ordered in the ED	ED
Severe Sepsis patients with a repeat lactic acid level ordered within 4 hours of an elevated result	ED Hospitalists Intensivists
Exclusively breastfed newborns throughout hospitalization	Pediatricians
Vermont Oxford Network (VON) measures for very low birth weight and expanded database patients (includes 8 sub-measures)	Neonatologists
Elective deliveries within appropriate gestation period	OB

### Specialties

### Complications

AUC documentation available at the time of elective PCI	Cardiologists
Patients who had both pre-procedure and post-procedure creatinine measurements taken	Cardiologists

### Specialties

### Advance Care Planning

Honoring POLSTs at the hospital
Advance care planning in the ambulatory setting

### Specialties

Attending ED Intensivists
All PCPs

### Care Transition

Active use of EHR or registration with HHIE
All physicians

### Specialties

### Engagement

Participation in hospital quality work groups
All specialties as approved

### Specialties

## SHARED SAVINGS MEASURES

### Specialties

Active use of EHR or registration with HHIE	All physicians
Achievement of PCMH Level 3	All PCPs
Avoidable ED visits	All PCPs
Participation in ambulatory quality / shared savings work groups	All specialties as approved

# Performance Measures by Specialty

The following lists the measures applicable for certain specialties. For a complete list of all specialties, see next page.

## **Surgical Specialties**

- Pre-surgery glucose measurement taken
- Elective deliveries within appropriate gestation period (OB only)
- Participation in hospital quality work groups
- Participation in ambulatory quality / shared savings work groups
- Active use of EHR or registration with HHIE

## **Cardiologists**

- AUC documentation available at the time of elective PCI
- Patients who had both pre-procedure and post-procedure creatinine measurements taken
- Participation in hospital quality work groups
- Participation in ambulatory quality / shared savings work groups
- Active use of EHR or registration with HHIE

## **Emergency Medicine**

- Severe Sepsis patients with a lactic acid level ordered in the ED
- Severe Sepsis patients with a repeat lactic acid level ordered within 4 hours of an elevated result
- Honoring POLSTs at the hospital
- Participation in hospital quality work groups
- Active use of EHR or registration with HHIE

## **Hospitalists / Intensivists**

- VTE prophylaxis given upon hospital admission
- Stroke patients prescribed antithrombotic therapy
- Stroke patient with high LDL prescribed statin medication
- Severe Sepsis patients with a repeat lactic acid level ordered within 4 hours of an elevated result
- Honoring POLSTs at the hospital
- Participation in hospital quality work groups
- Active use of EHR or registration with HHIE

## **Primary Care Physicians**

- Advance care planning in the ambulatory setting
- Exclusively breastfed newborns throughout hospitalization (pediatricians only)
- Participation in ambulatory quality / shared savings work groups
- Active use of EHR or registration with HHIE
- Achievement of PCMH Level 3
- Avoidable ED visits

## **Select Specialists**

- Participation in ambulatory quality / shared savings work groups
- Participation in hospital quality work groups
- Active use of EHR or registration with HHIE

# Possible Points by Specialty

Specialty	Total Possible Quality Performance Points	Total Possible Shared Savings Points	VTE prophylaxis given upon hospital admission	Stroke patients prescribed antithrombotic therapy	Stroke patient with high LDL prescribed statin medication	Pre-surgery glucose measurement taken	Post-surgery glucose measurement taken	Exclusively breastfed newborns throughout hospitalization	Severe Sepsis patients with a lactic acid level ordered in the ED	Severe Sepsis patients with a repeat lactic acid level ordered within 4 hours of an elevated result	Vermont Oxford Network (VON) measures for very low birth weight & expanded database patients.	Elective deliveries within appropriate gestation period	AUC documentation available at the time of elective PCI	Patients who had both pre-procedure and post-procedure creatinine measurements taken	Honoring POLSTs at the hospital	Advance care planning in the ambulatory setting	Participation in hospital quality work groups	Active use of EHR or registration with HHIE	Active use of EHR or registration with HHIE	Achievement of PCMH Level 3	Avoidable ED visits	Participation in ambulatory quality / shared savings work groups
Anesthesiology	2	1																				*
Cardiology	3	1																				*
Cardiothoracic	2	1			1																	*
Critical Care Medicine	3	1							1													*
Dermatology	1	1																				*
Developmental-Behavioral Peds	1	1																				*
Emergency Medicine	4	1						1	1							1		*	1	1		*
Endocrinology	1	1																*	1	1		*
Family Medicine	2	3															1	*	1	1	1	*
Gastroenterology	1	1																*	1	1		*
General Practice	1	3																*	1	1	1	*
General Surgery	2	1			1													*	1	1		*
Geriatric Medicine	1	1																*	1	1		*
Gynecologic Oncology	2	1				1												*	1	1		*
Gynecology	2	1				1												*	1	1		*
Hematology/Oncology	1	1																*	1	1		*
Hospice and Palliative Medicine	2	1														1		*	1	1		*
Hospitalist	6	1	1	1	1				1							1		*	1	1		*
Hospitalist - Pediatrics	3	1						1								1		*	1	1		*
Infectious Disease	2	1														1		*	1	1		*
Internal Medicine	3	3														1	1	*	1	1	1	*
Mat & Fetal Med (Perinatology)	1	1																*	1	1		*
Medical Genetics	1	1																*	1	1		*
Medical Oncology	1	1																*	1	1		*
Neonatology	5	1													4			*	1	1		*
Nephrology	1	1																*	1	1		*

Continued on next page

# Possible Points by Specialty

(continued)

Specialty	Total Possible Quality Performance Points	Total Possible Shared Savings Points	VTE prophylaxis given upon hospital admission	Stroke patients prescribed antithrombotic therapy	Stroke patient with high LDL prescribed statin medication	Pre-surgery glucose measurement taken	Post-surgery glucose measurement taken	Exclusively breastfed newborns throughout hospitalization	Severe Sepsis patients with a lactic acid level ordered in the ED	Severe Sepsis patients with a repeat lactic acid level ordered within 4 hours of an elevated result	Vermont Oxford Network (VON) measures for very low birth weight & expanded database patients.	Elective deliveries within appropriate gestation period	AUC documentation available at the time of elective PCI	Patients who had both pre-procedure and post-procedure creatinine measurements taken	Honoring POLSTs at the hospital	Advance care planning in the ambulatory setting	Participation in hospital quality work groups	Active use of EHR or registration with HHIE	Achievement of PCMH Level 3	Avoidable ED visits	Participation in ambulatory quality / shared savings work groups	
Neurology	4	1		1	1									1			*	1	1		*	
Neurosurgery	2	1				1											*	1	1		*	
Nuclear Medicine	1	1															*	1	1		*	
Obstetrics & Gynecology	3	1			1								1				*	1	1		*	
Occupational Medicine	1	1															*	1	1		*	
Ophthalmology	1	1															*	1	1		*	
Orthopedic Surgery	2	1			1												*	1	1		*	
Otolaryngology	1	1															*	1	1		*	
Pathology	1	1															*	1	1		*	
Pediatric Subspecialty	4	1			1	1							1				*	1	1		*	
Pediatrics	3	3				1							1				*	1	1	1	1	*
Physical Medicine & Rehab	1	1															*	1	1		*	
Plastic Surgery	2	1			1												*	1	1		*	
Psychiatry	1	1															*	1	1		*	
Pulmonary Disease	2	1											1				*	1	1		*	
Radiology	1	1															*	1	1		*	
Repro Endocrin/ Infertility	1	1															*	1	1		*	
Rheumatology	1	1															*	1	1		*	
Sports Medicine	1	1															*	1	1		*	
Thoracic Surgery	2	1			1												*	1	1		*	
Urogynecology & Pelvic Reconst	2	1			1												*	1	1		*	
Urology	2	1			1												*	1	1		*	
Vascular Surgery	2	1			1												*	1	1		*	

\* The possibility for points under the participation measures is only if a workgroup has been chartered and approved by the Quality & CI Committee. Committee chairs may earn 4 points. Committee members may earn 1-2 points.

# Quality Performance Measure Detail and Clinical Guidelines

## VTE PROPHYLAXIS GIVEN UPON HOSPITAL ADMISSION

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
<b>CMS VTE-1</b> The percentage of Included Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission	An Eligible Physician shall be any admitting physician of at least 5 Included Patients to an HPH hospital during the calendar year	• Hospitalists	100% = 1 point
Inclusions	Exclusions		
Included Patients shall be a sampled subset of all patients admitted to an HPH hospital	Patients shall be excluded from the measure if they: <ul style="list-style-type: none"><li>are less than 18 years of age</li><li>have an LOS less than two days and greater than 120 days</li><li>have Comfort Measures Only documented on day of or day after hospital arrival</li><li>are enrolled in clinical trials</li><li>are direct admits to intensive care unit (ICU), or transferred to ICU the day of or the day after hospital admission with ICU LOS greater than or equal to one day</li><li>have a principal diagnosis code of Mental Disorders or Stroke</li><li>have a principal or other diagnosis codes of Obstetrics or VTE</li><li>have a principal procedure code of Surgical Care Improvement Project (SCIP) VTE selected surgeries as defined in the CMS specifications manual to include Intracranial Neurosurgery, General Surgery, Gynecological Surgery, Urological Surgery, Elective Hip Replacement, Elective Total Knee Replacement, or Hip Fracture Surgery</li></ul>		

### Clinical Guideline

- Use the HPH admission orderset and order from the required VTE prophylaxis section

▼ VTE Prophylaxis – **Required**  
Click on the link below for

2014 CMS Approved VTE Prophylaxis and Risk Stratification

Enoxaparin 40 mg (LOVENOX)  
40 mg, Subcutaneous, DAILY

Enoxaparin 30 MG (LOVENOX) for use when CrCl is 20-30 ml/min  
30 mg, Subcutaneous, DAILY

Heparin 5000 SQ for use when Enoxaparin contraindicated, CrCl < 20 ml/min, or in Dialysis Patients  
5,000 Units, Subcutaneous, TID

Order IPC and Document No Anticoagulant VTE Prophylaxis

No Anticoagulant VTE Prophylaxis and No IPC Indicated for Low Risk NONSURGICAL Patient

Already on Appropriate VTE Prophylaxis  
Routine, UNTIL DISCONTINUED, Starting 11/10/14

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #3.

# Quality Performance Measure Detail and Clinical Guidelines

## STROKE PATIENTS PRESCRIBED ANTITHROMBOTIC THERAPY

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
CMS STK-2 The percentage of Included Patients who were prescribed antithrombotic therapy at hospital discharge	An Eligible Physician shall be any discharging physician of at least 5 Included Patients to an HPH hospital during the calendar year	<ul style="list-style-type: none"><li>• Hospitalists</li><li>• Neurologists</li></ul>	100% = 1 point
Inclusions	Exclusions		
Included Patients shall be patients admitted to an HPH hospital with an ICD-9 principal diagnosis code for ischemic or hemorrhagic stroke	<p>Patients shall be excluded from the measure if they:</p> <ul style="list-style-type: none"><li>• are less than 18 years of age</li><li>• have an LOS greater than 120 days</li><li>• have Comfort Measures Only documented</li><li>• are enrolled in clinical trials</li><li>• are admitted for Elective Carotid Intervention</li><li>• are discharged to another hospital</li><li>• left against medical advice</li><li>• expired</li><li>• are discharged to home for hospice care</li><li>• are discharged to a health care facility for hospice care</li><li>• have documented Reason For Not Prescribing Antithrombotic Therapy at Discharge</li></ul>		

### Clinical Guideline

- Use the Discharge Order Set and merge the Stroke Best Care Measures. Record here if an antithrombotic was ordered on discharge or a reason why not.

#### ▼ Stroke Antiplatelet (Antithrombotic) Therapy Core Measure Documentation — **Required**

##### 2014 CMS Approved Core Measure Medications for Antithrombotic Medications

Antiplatelet (Antithrombotic) ordered on discharge  
 Antiplatelet (Antithrombotic) NOT ordered on discharge

- Use order entry for a new prescription.
- Use medication reconciliation to continue a home medication or prescribe an inpatient med.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #3.

# Quality Performance Measure Detail and Clinical Guidelines

## STROKE PATIENT WITH HIGH LDL PRESCRIBED STATIN MEDICATION

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
CMS STK-6 The percentage of Included Patients who were prescribed statin medication at hospital discharge	An Eligible Physician shall be any discharging physician of at least 5 Included Patients to an HPH hospital during the calendar year	<ul style="list-style-type: none"><li>• Hospitalists</li><li>• Neurologists</li></ul>	100% = 1 point
Inclusions	Exclusions		
Included Patients shall be patients admitted to an HPH hospital with an ICD-9 principal diagnosis code for ischemic stroke with an LDL greater than or equal to 100 mg/dL, OR LDL not measured, OR who were on a lipid-lowering medication prior to hospital arrival	<p>Patients shall be excluded from the measure if they:</p> <ul style="list-style-type: none"><li>• are less than 18 years of age</li><li>• have an LOS greater than 120 days</li><li>• have Comfort Measures Only documented</li><li>• are enrolled in clinical trials</li><li>• are admitted for Elective Carotid Intervention</li><li>• are discharged to another hospital</li><li>• left against medical advice</li><li>• expired</li></ul>		

### Clinical Guideline

- Use the Discharge Order Set and merge the Stroke Best Care Measures. Record here if a statin was ordered on discharge or a reason why not. This following section also reminds you to review LDL or order the lab test.

#### ▼ Stroke Intensive Statin Therapy Core Measure Documentation — **Required**

Examples of recommended doses are Atorvastatin at 80 mg qhs and Rosuvastatin at 20 mg daily

##### 2014 CMS Approved Core Measure Medications for Statins

Statin ordered on discharge  
 Statin NOT ordered on discharge

#### ▼ Stroke LDL Assessment Core Measure Documentation — **Required**

LDL documented within last 30 days  
Routine

Lipid profile panel (click here to order before discharge)  
Routine

LDL cholesterol, direct (click here to order before discharge)  
Routine

- Use order entry for a new prescription.
- Use medication reconciliation to continue a home medication or prescribe an inpatient med.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #3.

# Quality Performance Measure Detail and Clinical Guidelines

## PRE-SURGERY GLUCOSE MEASUREMENT TAKEN

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Pre-Surgery Glucose</b> The percentage of Included Patients who had a pre-surgery glucose measurement taken after the arrival time and prior to the start of surgery	An Eligible Physician shall be any rendering provider of surgical or anesthesia services for at least 5 Included Patients at an HPH hospital during the calendar year	<ul style="list-style-type: none"><li>• All Surgical Specialties</li><li>• Anesthesiology</li></ul>	$\geq 60\% = 1$ point
<b>Inclusions</b>		<b>Exclusions</b>	
Included Patients are patients that present to the ambulatory surgery unit of an HPH hospital as a planned inpatient admission and went to the PACU after surgery		Patients shall be excluded from the measure if they: <ul style="list-style-type: none"><li>• are less than 18 years of age</li></ul>	

## POST-SURGERY GLUCOSE MEASUREMENT TAKEN

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Post-Surgery Glucose</b> The percentage of Included Patients who had a post-surgery glucose measurement taken following the end of surgery but prior to leaving the PACU unit	An Eligible Physician shall be any rendering provider of surgical or anesthesia services for at least 5 Included Patients at an HPH hospital during the calendar year	<ul style="list-style-type: none"><li>• All Surgical Specialties</li><li>• Anesthesiology</li></ul>	$\geq 60\% = 1$ point
<b>Inclusions</b>		<b>Exclusions</b>	
Included Patients are patients that present to the ambulatory surgery unit of an HPH hospital as a planned inpatient admission and went to the PACU after surgery		Patients shall be excluded from the measure if they: <ul style="list-style-type: none"><li>• are less than 18 years of age</li></ul>	

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## SEVERE SEPSIS PATIENTS WITH A LACTIC ACID LEVEL ORDERED IN THE ED

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
Severe Sepsis early testing The percentage of patients meeting the definition of Included Patients with a lactic acid level ordered in the ED	An Eligible Physician shall be any Emergency Department Physician of at least 5 Included Patients at an HPH hospital during the calendar year	• Emergency Department Physicians	≥50% = 1 point (max)

### Inclusions

Included Patients shall be patients who present to the emergency department of an HPH hospital with a discharge diagnosis of severe sepsis/septic shock

### Exclusions

Patients shall be excluded from the measure if they:

- are less than 18 years old
- have indicated the wish for limitation of resuscitation (e.g., a DNR or POLST)

### Clinical Guideline

- The sepsis best practice alerts, as shown below, have a link to sepsis orderset with all multiple evidence based treatment options for sepsis.

▼ Your patient meets clinical criteria for early sepsis. Select 'Sepsis and Septic Shock - HPH' order set below to order labs, IV fluids, and antibiotics OR select the appropriate acknowledgement reason below to turn off this alert.

**PATIENT MAY BE SEPTIC**

Patient's most recent vital signs/labs:

Temp: 38.6 °C (101.5 °F)  
Pulse: 122  
Resp: 24  
BP: 60/50 mmHg

WBC	Date/Time	Value	Range	Status
	10/14/2014 8:41 AM	25		Final

Criteria for alert:

1. Presence of systemic infection OR a blood culture order placed AND
2. WBC  $> 12 \times 10^9/L$  or  $< 4 \times 10^9/L$ , OR bands  $> 10\%$  OR lactate  $\geq 2.2 \text{ mmol/L}$  AND
3. Two of the following:
  - Temp  $< 36.0^{\circ}\text{C}$  ( $96.8^{\circ}\text{F}$ ) or  $> 38.0^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )
  - Heart Rate  $> 105$  beats/min
  - Resp Rate  $\geq 22$  breaths/min
  - Systolic BP  $< 90$  mm Hg

Chief complaint of "Altered Mental Status"

Acknowledge reason:    

Treatment underway  Diagnosis not likely  Will evaluate patient  Will notify primary care team

Open Order Set: SEPSIS AND SEPTIC SHOCK - HPH preview

# Quality Performance Measure Detail and Clinical Guidelines

## SEVERE SEPSIS PATIENTS WITH A LACTIC ACID LEVEL ORDERED IN THE ED (continued)

### Clinical Guideline

Sepsis Orderset:

Order Sets

- ▷ Manage User Order Sets
- ▷ SEPSIS AND SEPTIC SHOCK - HPH
  - \* If source is suspected to be meningitis, merge with the Meningitis orderset\*
  - \* If severely ill, consider using meropenem instead of zosyn\*

Up to Date - Evaluation and Management of Sepsis

▷ Sepsis Orders

▷ Nursing - Sepsis

- Aspiration precautions  
Aspiration precautions on all critical patients receiving TPN
- CVP To Monitor  
UNTIL DISCONTINUED for 1 occurrence, CVP q1h
- Elevate HOB 45 degrees
- SVO2  
SVO2 q8h

▷ IV Fluids and Hydrocortisone - Sepsis  
Patients meeting septic shock criteria should receive 30 mL/kg of crystalloid bolus within 3 hours of identification. Adjust the number of boluses to adjust total volume ordered.

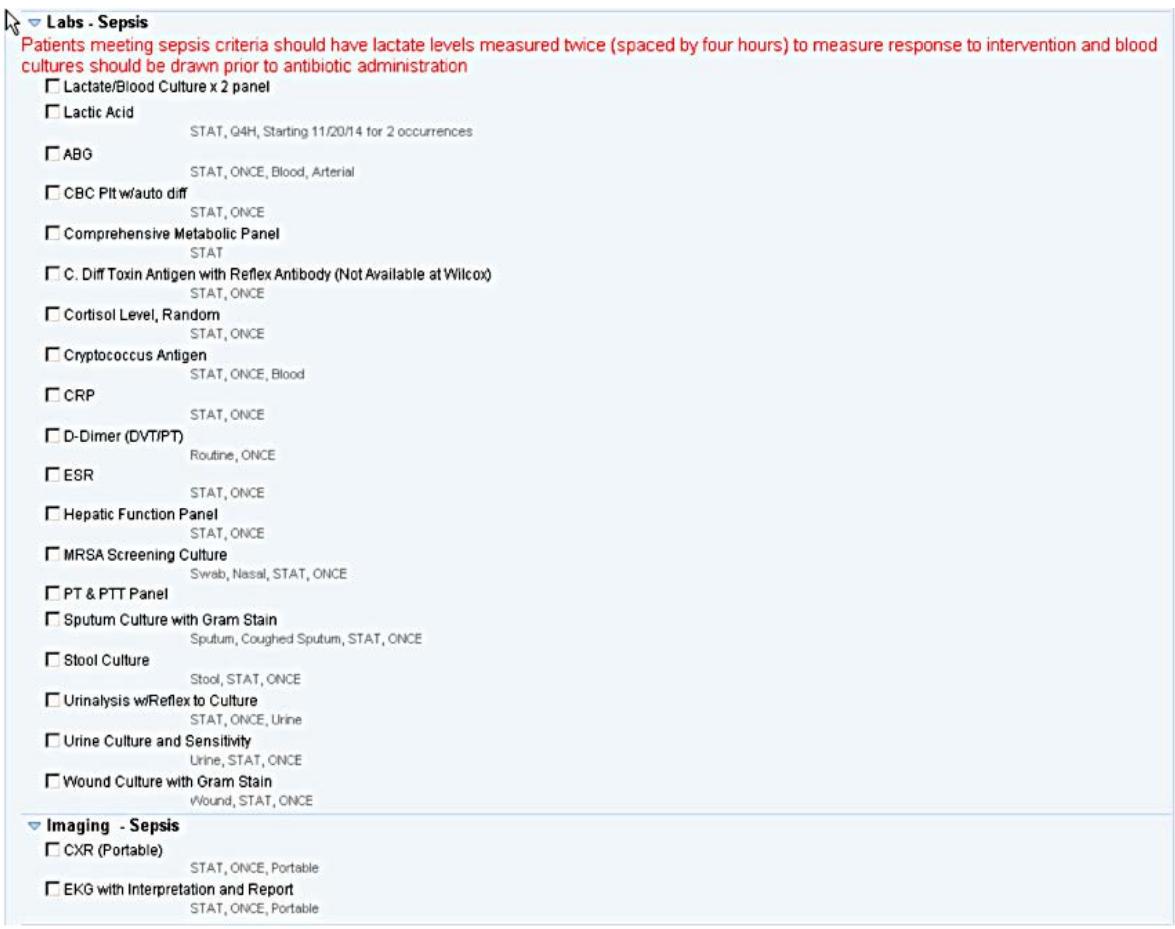
- NS bolus  
at 999 mL/hr, Intravenous, Q1H for 2 doses, STAT
- NS  
at 100 mL/hr, Intravenous, CONTINUOUS
- LR bolus  
at 999 mL/hr, Intravenous, Q1H for 2 doses, STAT
- LR  
at 100 mL/hr, Intravenous, CONTINUOUS
- Hydrocortisone Succinate 50 mg (SOLU-CORTEF) for Persistent Hypotension  
50 mg, Intravenous, Q6H, STAT

▷ Meds - Sepsis - Intraabdominal Infection	0 of 2 selected
▷ Meds - Sepsis - Lung Source with Low Probability of Pseudomonas	0 of 3 selected
▷ Meds - Sepsis - Lung Source with High Probability of Pseudomonas	0 of 3 selected
▷ Meds - Sepsis - Skin Infections	0 of 4 selected
▷ Meds - Sepsis - Urinary Tract Infection	0 of 4 selected
▷ Meds - Sepsis - Unknown Source	0 of 2 selected
▷ Meds - Sepsis - MRSA Coverage **use in addition to antibiotic regimens above**	0 of 1 selected
▷ Meds - Sepsis - Antifungals	0 of 2 selected

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## SEVERE SEPSIS PATIENTS WITH A REPEAT LACTIC ACID LEVEL ORDERED WITHIN 4 HOURS OF AN ELEVATED RESULT

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
<b>Severe Sepsis repeat testing</b> The percentage of patients meeting the definition of Included Patients who had a repeat lactic acid level ordered within 4 hours of the initial elevated lactic acid level result	An Eligible Physician shall be any Emergency Department and admitting physician of at least 5 Included Patients to an HPH hospital during the calendar year who provided treatment during the 4 hours after initial elevated lactic acid level result	<ul style="list-style-type: none"><li>Emergency Department Physicians</li><li>Hospitalists</li><li>Intensivists</li></ul>	$\geq 50\% =$ 1 point (max)
<b>Inclusions</b>			
Included Patients shall be patients who present to the emergency department of an HPH hospital with a discharge diagnosis of severe sepsis/septic shock and receive a blood test that results in a lactic acid level $\geq 2.2$			
<b>Clinical Guideline</b>			
<ul style="list-style-type: none"><li>An elevated lactate level of 4.0 mmol/L or greater should have a follow-up lactate remeasure to access patient status. A lactic acid test is made available on the sepsis orderset with a Q4H remeasure if the first value is elevated. The utilization of these tools will help in simplifying lactate tests.</li></ul>			
			

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## EXCLUSIVELY BREASTFED NEWBORNS THROUGHOUT HOSPITALIZATION

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
CMS PC-05a The percentage of Included Patients that are exclusively fed breast milk throughout hospitalization, excluding newborns whose mothers chose not to breast feed	An Eligible Physician shall be any discharging physician of at least 20 Included Patients from an HPH hospital during the calendar year	• Pediatricians	≥80% = 1 point (max) ≥70% = .5 points

### Inclusions

Included Patients shall be patients with an ICD-9-CM principal diagnosis code for single liveborn newborn (excludes multiples)

### Exclusions

Patients shall be excluded from the measure if they:

- are admitted to the hospital neonatal intensive care unit (NICU) during hospitalization
- have an ICD-9-CM diagnosis code for galactosemia
- have an ICD-9-CM principal procedure code or ICD-9-CM other procedure codes for parenteral infusion
- expired
- have an LOS greater than 120 days
- are enrolled in clinical trials
- have documented an acceptable reason(s) for not exclusively feeding breast milk
- are transferred to another hospital
- are given ICD-9-CM other diagnosis codes for premature newborns

### Clinical Guideline

- Educate about the value of exclusive breastfeeding when meeting with mothers prenatally, and at the first post-delivery visit.
- Discuss the feeding plan with the RN when first notified about the newborn admission. Assess whether there are valid reasons for supplementation. If no valid reason for supplementation, reiterate to RN that infant should not receive formula.
- Use the Infant Feeding order as it contains the necessary elements for feeding formula to a breastfed baby. See 1A below.
- Approved reasons for formula feeding if the mother is not exclusively breastfeeding. See 1B.

- Use the above order along with other orders used to direct the nurses' care. Examples include the following orders:
  - Formula Choice May be Specified by Mother
  - Allow Mother to Give Formula by Cup or by Bottle

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #5.

# Quality Performance Measure Detail and Clinical Guidelines

## VERMONT OXFORD NETWORK (VON) MEASURES FOR VERY LOW BIRTH WEIGHT AND EXPANDED DATABASE PATIENTS

Title/Description <sup>1</sup>	Measures	Eligible Physicians	Related Specialties	Target
Vermont Oxford Network (VON) and Expanded Database Measures	VLBW Incidence of Necrotizing Enterocolitis (NEC)			
The amount of points earned by an Eligible Physician under the Vermont Oxford Network (VON) Measures for very low birth weight (VLBW) and expanded database patients	VLBW Chronic Lung Disease: Use of oxygen at 36 weeks			Top Quartile = .5 points for each measure
	VLBW Nosocomial Infection			
	VLBW Severe Retinopathy of Prematurity			
	VLBW Any Human Milk at Discharge to Home			
	EXPANDED Nosocomial Infection			
	EXPANDED Any Human Milk at Discharge to Home			
	EXPANDED Chronic Lung Disease: Oxygen at Discharge to Home			

### Inclusions

- All patients admitted to the NICU at KMCWC
- Expanded Definition: all NICU admissions
- VLBW Definition: all very low birth weight NICU admissions (a subset of the expanded dataset)

### Exclusions

- Admitted from home after being hospitalized
- Admitted >28 days of life

### Clinical Guideline

- Refer to weekly provided patient list to follow-up on the oxygen status of infants approaching Week 36.
- Promote breastfeeding in the delivery room, when appropriate.
- Encourage mothers to breastfeed, set up a lactation consultation within 24 hours of discharge.
- Carefully set the “expected O2 sat levels” and then ensure that O2 administration matches those desired levels.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #4.

# Quality Performance Measure Detail and Clinical Guidelines

## ELECTIVE DELIVERIES WITHIN APPROPRIATE GESTATION PERIOD

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Elective Deliveries</b> <b>PC-01</b> The percentage of Included Patients with elective vaginal deliveries or elective cesarean sections between 37 and 39 completed weeks of gestation	An Eligible Physician shall be any rendering provider of obstetrical and newborn delivery services for at least 5 Included Patients at an HPH hospital during the calendar year	• Obstetricians	Less than 5% = 1 point
<b>Inclusions</b>	<b>Exclusions</b>		
Included Patients shall be patients who are between 37 and 39 completed weeks of gestation	Patients shall be excluded from this measure if they: <ul style="list-style-type: none"><li>• upon arrival, are in labor or experience spontaneous rupture of membranes</li><li>• have a diagnosis or condition that justifies elective delivery prior to 39 weeks</li><li>• are less than 8 years old</li><li>• are greater than or equal to 65 years old</li><li>• have an LOS greater than 120 days</li><li>• are enrolled in clinical trials</li><li>• have undergone prior uterine surgery</li></ul>		

### Clinical Guideline

- Be aware of EDC, and don't schedule any elective delivery before 39 weeks.
- Check the EDC in the hospital record, clerical errors do happen.
- Ask for the list of diagnostic conditions that justifies elective delivery prior to 39 weeks if you are unsure.

**“Elective Cesarean Section”** shall mean a Cesarean section while not in Labor or experiencing Spontaneous Rupture of Membranes

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #5.

# Quality Performance Measure Detail and Clinical Guidelines

## AUC DOCUMENTATION AVAILABLE AT THE TIME OF ELECTIVE PCI

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
<b>NCDR #34 – Elective Cardiac Catheterization</b> The percentage of Included Patients for whom documentation is available at the time of elective PCI that meets the NCDR appropriate use criteria 5	An Eligible Physician shall be any rendering provider of cardiac catheterization services for at least 5 Included Patients at an HPH hospital during the calendar year	• Cardiologists	Top 10% of NCDR Registry = 1 point (max)
			Top 25% of NCDR Registry = .5 points

### Inclusions

Included Patients are patients who receive any of the following services from an

Eligible Physician:

- Coronary Angiography
- Left Heart Catheterization
- PCI

### Exclusions

Patients shall be excluded from the measure if they:

- are less than 18 years old
- have PCI performed for a condition that includes acute coronary syndrome

### Clinical Guideline

- Use of cath PCI order set to include AUC order.
- Use of AUC smart phrase.
- Implementation of second time out for ad hoc PCI.

▼ CARDIAC CATH PRE OP - SH — **Required**

▼ Appropriate Use Criteria — **Required**

▼ Appropriate Use Criteria — **Required**

Required for all outpatient cardiac cath procedures prior to procedure

Please document one of the following on-ACS or ACS appropriate use criteria

Appropriate Use Criteria (Non-ACS)  
Routine, ONCE, Starting 12/16/13

Appropriate Use Criteria (ACS - Unstable Angina)  
Routine, ONCE, Starting 12/16/13

Not applicable - Inpatient  
Routine, ONCE, Starting 12/16/13

Continued on next page

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## AUC DOCUMENTATION AVAILABLE AT THE TIME OF ELECTIVE PCI (continued)

### Clinical Guideline

Appropriate Use Criteria (Non-ACS)  
Routine, ONCE First occurrence Today at 1500

Priority: Routine Frequency: ONCE

Starting: 12/16/2013 Today Tomorrow At: 1500

First Occurrence: Today 1500

Scheduled Times: Hide Schedule  
12/16/13 1500

Questions:

Prompt	Answer
1. Ischemic symptoms: ①	Asymptomatic (no ischemic symptoms) CCS I (ordinary physical activity does not cause angina symptoms) CCS II (slight limitation of ordinary activity) CCS III (marked limitation of ordinary activity) CCS IV (inability to carry out any physical activity without discomfort)
2. Anti-ischemic symptoms: ①	No therapy Minimal therapy (1 class of medication) Maximal therapy (2 classes of medication)
3. Non-invasive test results ①	No non-invasive testing performed Low-risk stress test findings: cardiac mortality <1%/year Intermediate-risk stress test findings: cardiac mortality 1-3%/year High-risk stress test findings: cardiac mortality >3%/year Equivocal test results
4. Prior CABG ①	No prior CABG Previous CABG

Accept Cancel

Appropriate Use Criteria (ACS - Unstable Angina)  
Routine, ONCE First occurrence Today at 1500

Priority: Routine Frequency: ONCE

Starting: 12/16/2013 Today Tomorrow At: 1500

First Occurrence: Today 1500

Scheduled Times: Hide Schedule  
12/16/13 1500

Questions:

Prompt	Answer
1. Unstable angina without MI ①	Age >= 65 Known CAD (stenosis >= 50%) ASA use in past 7 days Severe angina (>= 2 episodes within 24 hours) ST segment deviation >= 0.5mm Elevated cardiac biomarkers Diabetes Mellitus Cigarette smoking Hypertension (BP 140/90mm hg or on antihypertensive medications) Low HDL cholesterol (<40mg/dL) Family history of premature CAD

Accept Cancel

# Quality Performance Measure Detail and Clinical Guidelines

## PATIENTS WHO HAD BOTH PRE-PROCEDURE AND POST-PROCEDURE CREATININE MEASUREMENTS TAKEN

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>NCDR #24 – Creatinine Measurement</b> The percentage of Included Patients who had both pre-procedure and post-procedure creatinine measurements taken: <ul style="list-style-type: none"><li>• between one month prior to procedure and the start of the procedure, AND</li><li>• following the procedure but before discharge (or within 30 days of procedure if patient remains an inpatient for longer than 30 days)</li></ul>	An Eligible Physician shall be any rendering provider of cardiac catheterization services for at least 25 Included Patients at an HPH hospital during the calendar year	• Cardiologists	≥90% = 1 point
<b>Inclusions</b>			
Included Patients are patients who receive any of the following services from an Eligible Physician: <ul style="list-style-type: none"><li>• Coronary Angiography</li><li>• Left Heart Catheterization</li><li>• PCI</li></ul>			
<b>Exclusions</b>			
Patients shall be excluded from this measure if: <ul style="list-style-type: none"><li>• they are less than 18 years old</li><li>• they received dialysis treatment during the month prior to the procedure</li><li>• the patient's LOS was less than 1 day (i.e., 24 hours) following the PCI procedure</li></ul>			

### Clinical Guideline

- Consistent use of pre- and post-PCI order sets.



- Lab draw done for creatinine for all emergent cases.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## HONORING POLSTS AT THE HOSPITAL

### Title/Description<sup>1</sup>

#### Honoring POLSTs

The percentage of Included Patients with a completed POLST upon presenting for care, who had their POLST wishes honored while receiving services at an HPH hospital

### Eligible Physician

An Eligible Physician shall be any physician who orders POLST-related care within 12 hours of arrival for at least 5 Included Patients at an HPH hospital during the calendar year

### Related Specialties

- Attending Physicians
- Emergency Department Physicians
- Hospitalists
- Geriatricians
- Palliative Care Physicians
- Intensivists

### Target

100% =  
1 point

### Inclusions

Included Patients shall be any patients who present for care at an HPH hospital

- with a completed POLST in EPIC, OR
- for whom a completed POLST is provided by the patient, EMS, a family member, or other individual

### Exclusions

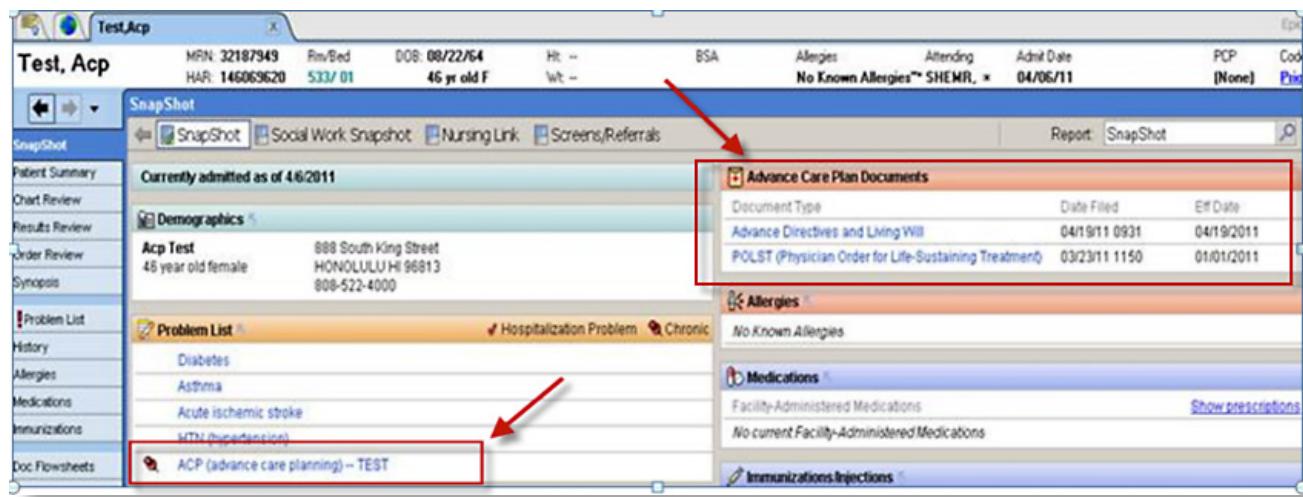
Patients shall be excluded from this measure if:

- the POLST is provided to the Eligible Physician after care has been initiated (e.g., if the POLST form requests no cardio-pulmonary resuscitation, but the resuscitation is initiated prior to the information being provided to the Eligible Physician)
- the patient will also be excluded if they are discharged from the ED

### Clinical Guideline

- Review available scanned ACP file documents located in your physicians' navigator or snapshot in EPIC.
- All physicians should be involved in reviewing ACP documents on file and encourage ACP discussions early with patient/family especially for the Last Stages Patients.
- Specifically for ACP – 2, review the POLST and clarify goals of care with critically ill patients in ED and all inpatient admissions within 12 hours of arrival. Document that you have reviewed POLST in your notes and/or ACP problem list.

### SNAPSHOT - ACP problem list and ACP documents (links to scanned ACP on file – most current)



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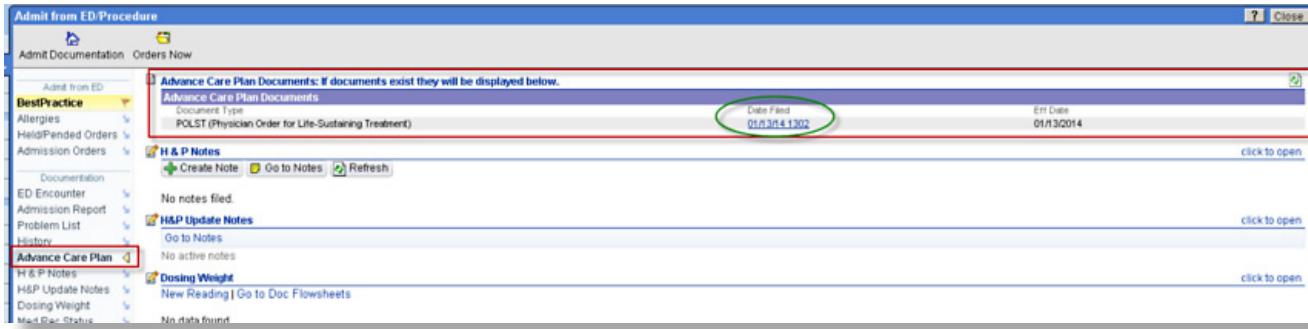
<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance Measure Detail and Clinical Guidelines

## HONORING POLSTS AT THE HOSPITAL (continued)

### Clinical Guideline

Advance Care Plan Sections - link to all scanned ACP on file



Admit from ED/Procedure

Admit Documentation Orders Now

Admit from ED BestPractice

Allergies

Hold/Pended Orders

Admission Orders

Documentation

ED Encounter

Admission Report

Problem List

History

Advance Care Plan

H & P Notes

H & P Update Notes

Dosing Weight

Med (Rx) Status

Advance Care Plan Documents

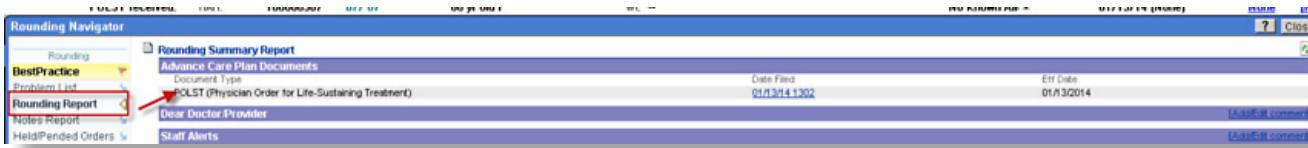
Document Type: POLST (Physician Order for Life-Sustaining Treatment)

Date Filed: 01/13/14 1302

Eff Date: 01/13/2014

click to open

PHYSICIAN Rounding Navigator - link to all scanned ACP on file



Rounding Navigator

Rounding

BestPractice

Problem List

Rounding Report

Notes Report

Hold/Pended Orders

Rounding Summary Report

Advance Care Plan Documents

Document Type: POLST (Physician Order for Life-Sustaining Treatment)

Date Filed: 01/13/14 1302

Eff Date: 01/13/2014

(Add/Ed comment)

(Add/Ed comment)

PHYSICIAN OVERVIEW REPORT - link to all scanned ACP on file



PCP

Primary Care Provider

None Specified

Advance Care Plan Documents

Document Type: POLST (Physician Order for Life-Sustaining Treatment)

Date Filed: 08/01/11 1446

Eff Date: 01/01/2011

EPIC HEADER (ER) - If patient has a "POLST scanned", "POLST received" will be noted in header



Ipstest, Elissa  
Female, 34 yr old, 08/07/1979  
MRN: 3000001

CC: HEARTBURN; E... Allergies: Pcn (Penicillins)

Room: 14 41.7 °C (107 °F)  
120 bpm, 80/60

RN: None  
Attend: None

Ins: None  
Code: None  
Last HPH Hospital Encounter: 07/24/2013

PCP: None  
POLST received: 9/24/13

Continued on next page

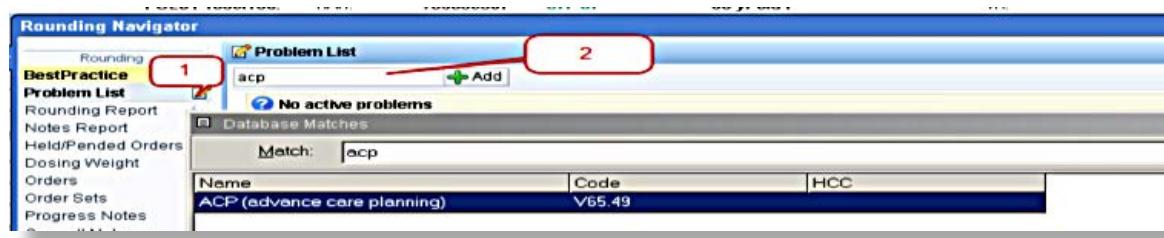
# Quality Performance Measure Detail and Clinical Guidelines

## HONORING POLSTS AT THE HOSPITAL (continued)

### Clinical Guideline

Documentation is required to get credit that POLST has been reviewed either in notes and/or ACP problem list

- To Enter ACP into the Problem List,
  - #1 - type ACP and
  - #2 - choose the Advance Care Planning problem

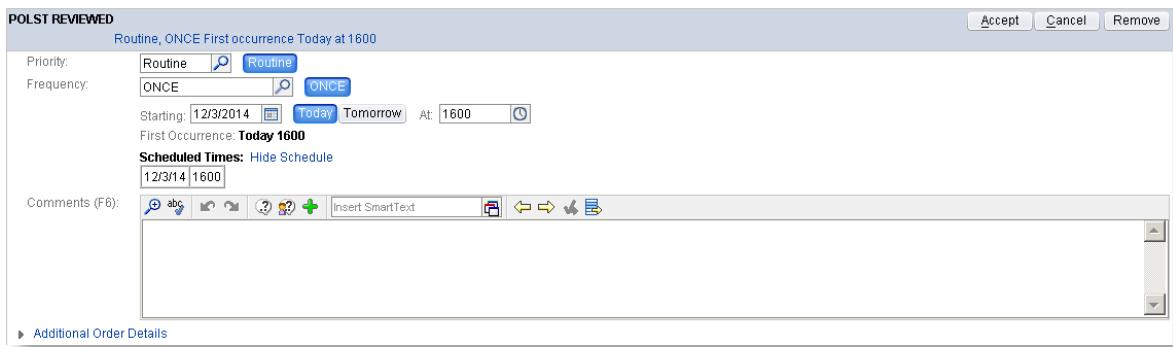


- If goals of care are different from current POLST orders and patient wishes a change, documentation of change should be noted in ACP problem list. POLST should be revised to reflect current patient wishes.
- BPA (Best Practice Alert) for POLST will pop up.

BPA for POLST will notify you if a patient has a scanned POLST on file



### POLST Review Order



# Quality Performance Measure Detail and Clinical Guidelines

## ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Advance Care Planning in the Ambulatory Setting</b> The percentage of Included Patients who had an advance care plan and/or an advance care planning discussion with their PCP and the plan or discussion is documented in the patient's medical record	Adult PCPs as defined by the HNSA 2015 PCMH Adult program	<ul style="list-style-type: none"> <li>Internal Medicine</li> <li>Family Medicine</li> </ul>	$\geq 80\% = 1$ point (max)
			$\geq 25\% = .75$ points
			$\geq 20\% = .5$ points
			$\geq 15\% = .25$ points

### Inclusions

- Included Patients shall be Attributed Patients 75 years of age and older

### Exclusions

A patient shall be excluded from this measure if:

- the patient's culture and/or spiritual beliefs preclude a discussion of advance care planning (CPT 1124F)

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #6.

## PARTICIPATION IN HOSPITAL QUALITY WORK GROUPS

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Physician Participation</b> Participation in clinical work groups focused on developing standards of care to improve hospital quality performance under the Hospital QPP.	All Physicians with specialties involved in chartered clinical work groups that qualify as approved by the Quality and CI committee for improving hospital quality performance under the Hospital QPP.	<ul style="list-style-type: none"> <li>All Specialties as approved</li> </ul>	Chair of a committee = 4 points (maximum for committee chairs)  Participation as determined by the committee chair = 1-2 points (maximum unless acting as a chair)

### Inclusions

NA

### Exclusions

None

**“Participation”** shall mean abiding by the ground rules and expectations set by the committee regarding participation. This includes review of background material, attendance at meetings, providing input, communicating decisions made to colleagues, and following up on other tasks set forth for the team. Tracking of participation will be done by meeting attendance, and level of participation as determined by the committee chair, subject to review and approval by the Quality & CI committee to ensure the intent of participation was met.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Quality Performance and Shared Savings Measure Detail

## ACTIVE USE OF EHR OR REGISTRATION WITH HHIE

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Medical Neighborhood</b> (1) Active use of EHR by the Eligible Physician during the calendar year, and (2) registration with HHIE to establish a secure messaging address	An Eligible Physician shall be any physician who provided services to at least 5 Included Patients during the calendar year	• All physicians	Active use of 2014 Edition Certified EHR Technology by December 1, 2015 as certified by HHIE or HHP, AND HHIE registration = 1 point (maximum)
			Active use of 2011 Certified EHR Technology by December 1, 2015 as certified by HHIE or HHP, AND HHIE registration = .5 points
			Registration and 10 communication messages or referrals sent or received as determined by HHP or HHIE = .25 points
<b>Inclusions</b>	<b>Exclusions</b>		
Included Patients are defined as <ul style="list-style-type: none"><li>Attributed Patients for services provided in an ambulatory setting</li><li>Any admitted patients to an HPH hospital for services provided in a hospital setting</li></ul>	Service provided at a site of service at a non HPH hospital		

**“Active Use”** shall mean that the Eligible Physician demonstrates the adoption and active use of EHR in physician’s practice by providing documentation of the same in a form and format acceptable to HHP, such as a signed attestation, screen shot of note documentation, e-prescribing and receipt of lab results, etc. All Eligible Physicians who practice primarily with a site of service at an HPH hospital or clinic, or utilize the HealthAdvantage CONNECT EHR do not need to provide documentation of their active use.

**“HHIE Registration”** shall mean registration with the HHIE to exchange health information. Hawai‘i Pacific Health’s registration with the HHIE covers the registration of those Eligible Physicians who practice primarily with a site of service at an HPH hospital or clinic, or utilize the HealthAdvantage CONNECT EHR. All other Eligible Physicians must demonstrate registration with the HHIE.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Shared Savings Measure Detail

## ACHIEVEMENT OF PCMH LEVEL 3

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
PCMH Accreditation Achievement of Level 3 or higher PCMH accreditation under HNSA's or NCQA's PCMH program	PCPs as defined by the HNSA 2015 program	• All PCPs	PCMH Level 3 or higher achieved by December 31, 2015 = 1 point
<b>Inclusions</b>	<b>Exclusions</b>		
NA	None		

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #1.

# Shared Savings Measure Detail

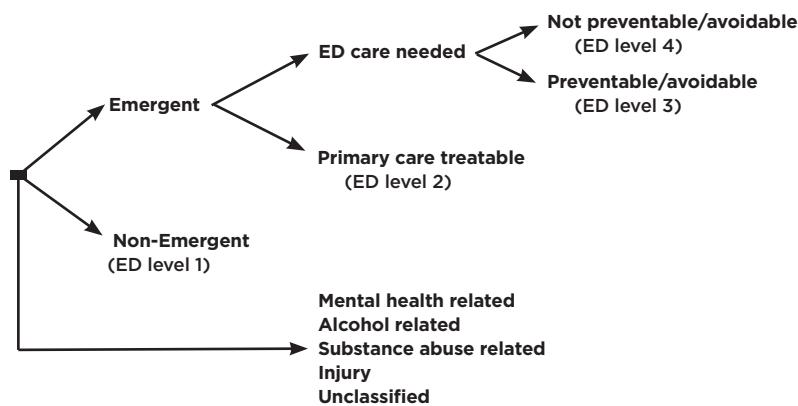
## AVOIDABLE ED VISITS

Title/Description <sup>1</sup>	Eligible Physician	Related Specialties	Target
<b>Avoidable Emergency Department (ED) Visits</b> The percentage of ED visits by Included Patients that are attributed to an Eligible Physician that are "Avoidable"** during the calendar year	PCPs as defined by the HMSA 2015 PCMH program with at least 400 Attributed Patients as of December 31, 2015	<ul style="list-style-type: none"> <li>All PCPs</li> </ul>	Avoidable visits comprise less than 36% of total ED visits = 1 point (maximum) Avoidable visits are between 36.1% and 41% of total ED visits = .5 points
<b>Inclusions</b>		<b>Exclusions</b>	
Included Patients are Attributed Patients that present to the ED of any hospital		Patients shall be excluded from this measure if they have a primary diagnosis of: <ul style="list-style-type: none"> <li>injury</li> <li>mental health problems</li> <li>alcohol or substance abuse</li> </ul>	

\* "Avoidable" shall be defined according to the NYU Avoidable ED algorithm to determine the likelihood for each ED visit for attributed lives for each PCP (attribution is based on the HMSA eligibility file). A visit is considered avoidable if the likelihood of that visit according to the NYU Avoidable ED algorithm to fall into the first three of the following four categories is 80% or more:

- 1. Non-emergent (ED level 1):** The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours
- 2. Emergent/Primary Care Treatable (ED level 2):** Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests)
- 3. Emergent – ED Care Needed – Preventable/Avoidable (ED level 3):** Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., flare-ups of asthma, diabetes, congestive heart failure, etc.)
- 4. Emergent – ED Care Needed – Not Preventable/Avoidable (ED level 4):** Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.)

## ED Classification Process



<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D. For references to original source specifications, refer to Appendix E, Reference #2.

# Shared Savings Measure Detail

## PARTICIPATION IN AMBULATORY QUALITY / SHARED SAVINGS WORK GROUPS

<b>Title/Description<sup>1</sup></b>	<b>Eligible Physician</b>	<b>Related Specialties</b>	<b>Target</b>
<b>Physician Participation</b> Participation in clinical work groups focused on developing standards of care for improving ambulatory pay for quality performance and slow growth in the medical cost trend	All Physicians with specialties involved in chartered clinical work groups approved by the Quality & CI committee for improving ambulatory pay for quality performance and slow growth in the medical cost trend	• All Specialties as approved	Chair of a committee = 4 points (maximum for committee chairs)  Participation as determined by the committee chair = 1-2 points (maximum unless acting as a chair)
<b>Inclusions</b>	<b>Exclusions</b>		
NA	None		

**“Participation”** shall mean abiding by the ground rules and expectations set by the committee regarding participation. This includes review of background material, attendance at meetings, providing input, communicating decisions made to colleagues, and following up on other tasks set forth for the team. Tracking of participation will be done by meeting attendance, and level of participation as determined by the committee chair, subject to review and approval by the Quality & CI committee to ensure the intent of participation was met.

<sup>1</sup>For abbreviation used throughout this document, refer to Appendix D.

# Appendix A: Program Eligibility / Preconditions

## Quality Performance Program (QPP)

A physician is eligible to receive incentive payments under this program if all of the following criteria have been met:

1. The physician is a participating provider of HHP during any part of the measurement year.
2. The collective HPH Hospital (System) Performance threshold was achieved for the measurement year.
3. The individual HPH Hospital Performance threshold (70% for 2015) was achieved for the HPH hospital at which the physician is associated, based on medical staff membership. In the event a physician is a member of the medical staff of more than one HPH hospital, the physician will be asked to designate one hospital where the majority of his or her work is done by 6/30 of the measurement year, subject to review and approval by the HHP board.
4. The physician meets the quality thresholds for those measures that are applicable based on the physician's specialty and meets the following minimum eligibility thresholds for the applicable measures:
  - a. Measures with volume-based thresholds – the care for the patients that qualify must be within the time period that the physician is a participating provider of HHP.
  - b. Measures with no volume-based thresholds –
    - i. the physician meets eligibility for another measure with a volume based measure OR
    - ii. is a participating provider of HHP for at least 90 days.

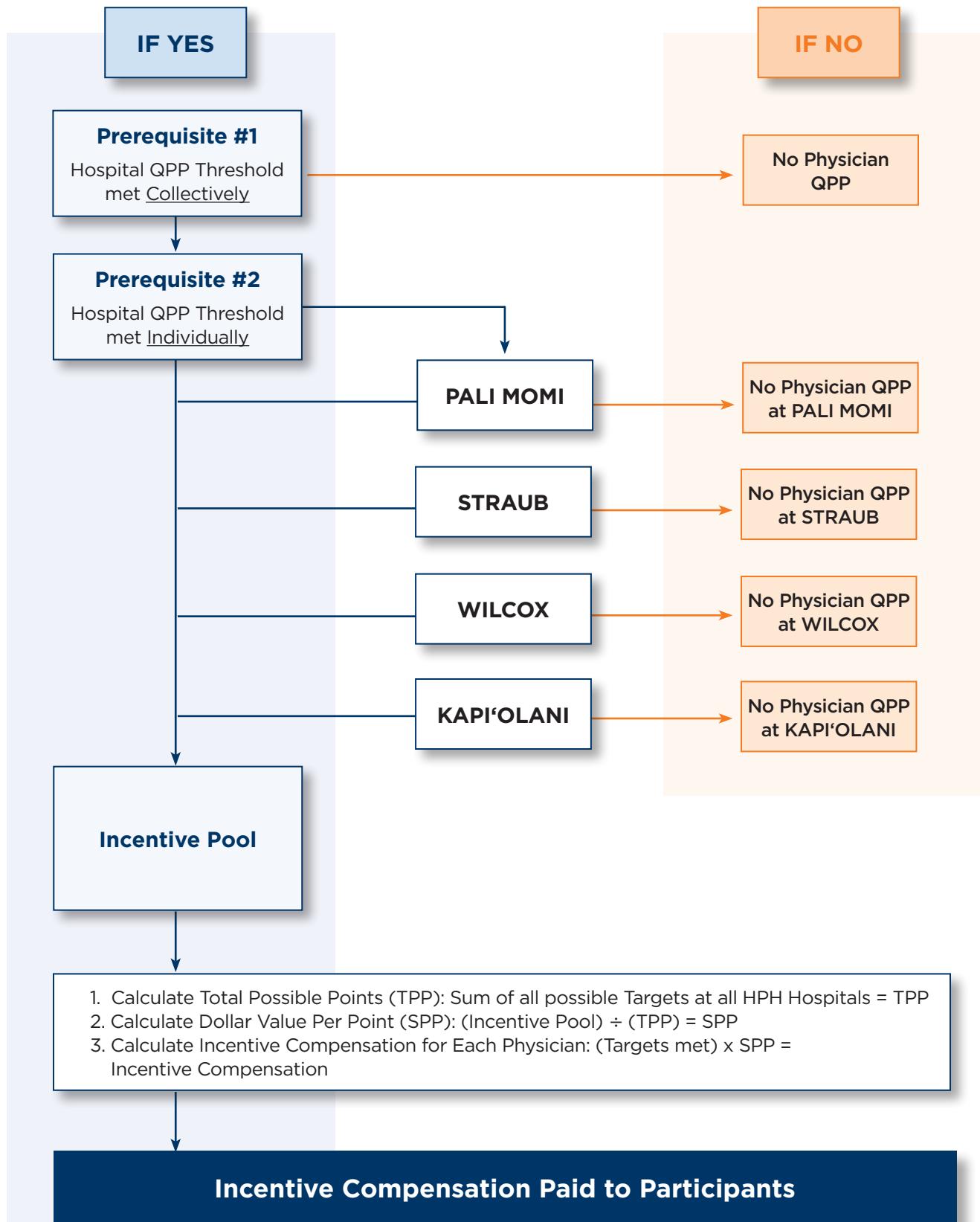
## Shared Savings Program (SSP)

A physician is eligible to receive incentives under this program if all of the following criteria have been met:

1. The physician is a participating provider of HHP for at least 90 days of the measurement year.
2. If the physician is a PCP, he or she has attributed his or her patient lives to HHP for at least 90 days of the measurement year. The Shared Savings Payout will be calculated based on the number of attributed lives as of 12/31/2014.
3. HPH has earned and received payments from HSPA under the Shared Savings Arrangement with HSPA.
4. The physician meets the quality thresholds for those measures that are applicable, based on the physician's specialty.

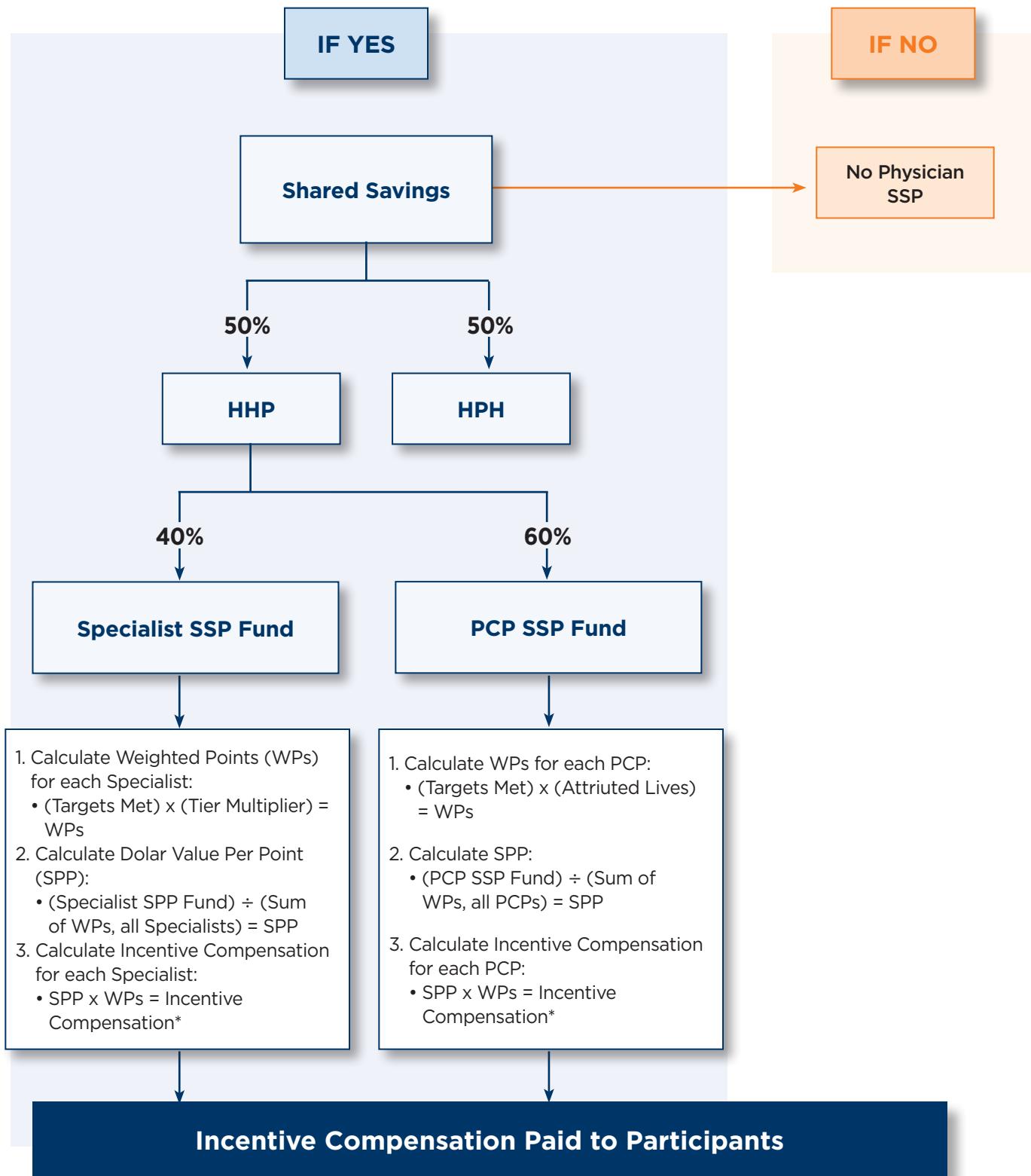
## Appendix B: How Incentive Pools get funded

### QUALITY PERFORMANCE PROGRAM:



## Appendix B: How Incentive Pools get funded

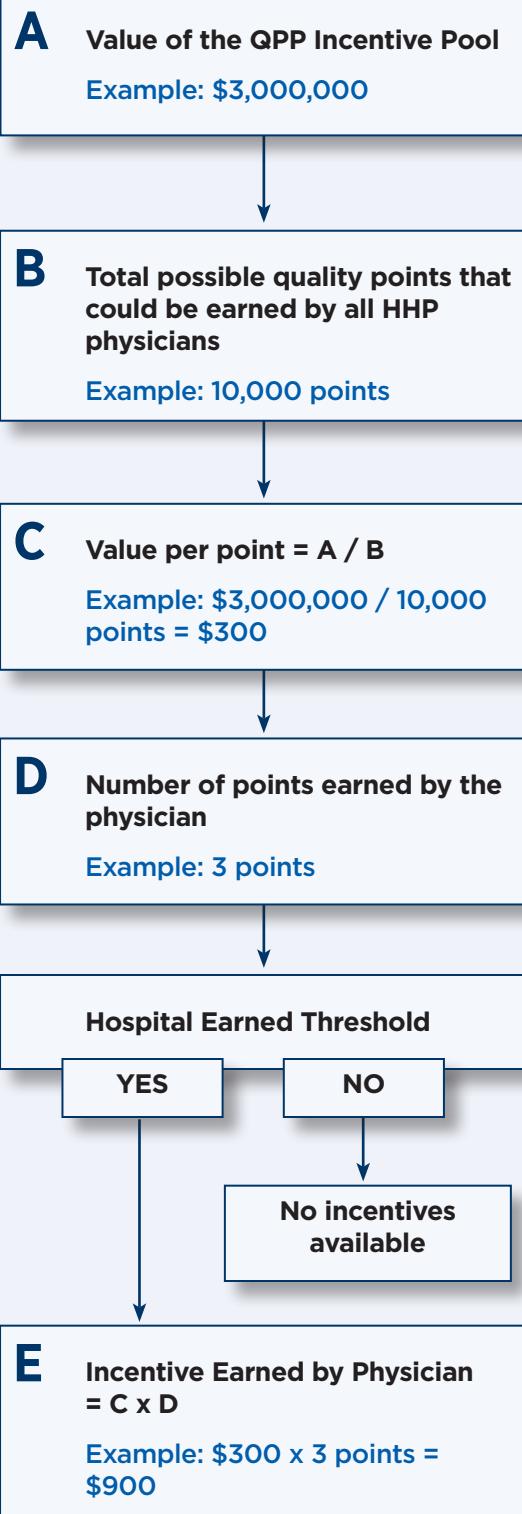
### SHARED SAVINGS PROGRAM:



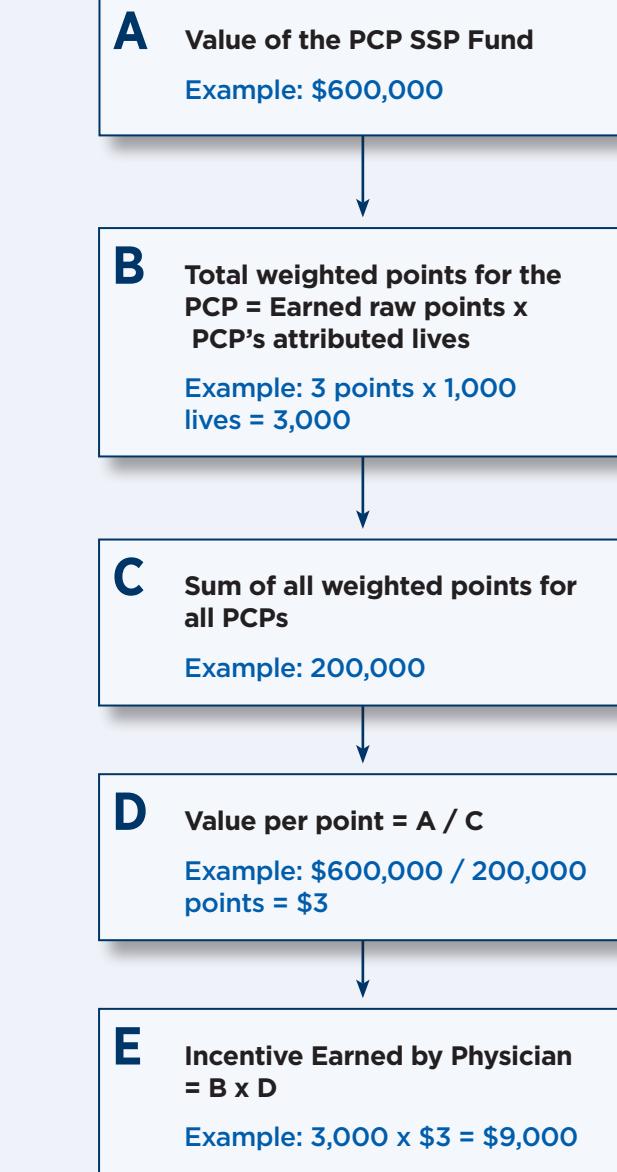
\* No PCP or Specialist shall be entitled to receive incentive compensation under the HHP Shared Savings program that is equal to or greater than a factor of two times the amount that the same PCP or Specialist would have received if all PCPs and Specialists earned full points under the SSP Measures of the Physician SSP.

# Appendix C: Physician Payout Calculations

## QUALITY PERFORMANCE PROGRAM (QPP)



## SHARED SAVINGS PROGRAM (SSP) FOR PCPS



# Appendix C: Physician Payout Calculations

## SHARED SAVINGS PROGRAM (SSP) FOR SPECIALISTS

### A Value of the Specialist SSP Fund

Example: \$400,000

### B Total weighted points for the Specialist = Earned raw points x Tier Multiplier

Example: 1 point x 5.0 = 5

### C Sum of all weighted points for all Specialists

Example: 4,000

### D Value per point = A / C

Example: \$400,000 / 4,000 points = \$100

### E Incentive Earned by Physician = B x D

Example: 5 x \$100 = \$500

For purposes of compensating specialists based on their potential to generate shared savings, the following tier multiplier is used for calculating shared savings distribution:

Tier Name: FOUNDATIONAL	Specialties	Tier Multiplier: 1.0
	<ul style="list-style-type: none"><li>• Allergy and Immunology</li><li>• Anesthesiology</li><li>• Dermatology</li><li>• Genetics</li><li>• Nuclear Medicine</li></ul>	<ul style="list-style-type: none"><li>• Pathology</li><li>• Podiatry</li><li>• Sports Medicine</li><li>• Surgery, Oral and Maxillofacial</li><li>• Transplant/Organ Retrieval</li></ul>
Tier Name: POPULATION HEALTH	Specialties	Tier Multiplier: 2.0
	<ul style="list-style-type: none"><li>• Critical Care Medicine</li><li>• Endocrinology</li><li>• Gastroenterology</li><li>• Hematology/Oncology</li><li>• Infectious Disease</li><li>• Neonatology</li><li>• Neurology</li><li>• Ophthalmology</li><li>• Orthopedics</li><li>• Otolaryngology/Neurotology</li><li>• Pediatric Cardiology</li><li>• Pediatric Critical Care</li><li>• Pediatric Endocrinology</li><li>• Pediatric Gastroenterology</li><li>• Pediatric Hematology/Oncology</li><li>• Pediatric Nephrology</li><li>• Pediatric Neurology</li><li>• Pediatric Otolaryngology</li><li>• Pediatric Rheumatology</li></ul>	<ul style="list-style-type: none"><li>• Pediatric Sports Medicine</li><li>• Pediatric Surgery</li><li>• Pediatric Thoracic Surgery</li><li>• Pediatric Urology</li><li>• Physical Medicine and Rehab</li><li>• Psychiatry</li><li>• Radiology, Diagnostic</li><li>• Radiation Oncology</li><li>• Rheumatology</li><li>• Surgery, General</li><li>• Surgery, Breast</li><li>• Surgery, Colorectal</li><li>• Surgery, Neurological</li><li>• Surgery, Oncological</li><li>• Surgery, Plastic and Reconstructive</li><li>• Surgery, Thoracic</li><li>• Surgery, Vascular</li><li>• Urology</li></ul>
Tier Name: TARGETED INITIATIVES	Specialties	Tier Multiplier: 5.0
	<ul style="list-style-type: none"><li>• Cardiology</li><li>• Emergency Medicine</li><li>• Hospitalist</li><li>• Internal Medicine (Hospitalist)</li><li>• Obstetrics and Gynecology</li></ul>	<ul style="list-style-type: none"><li>• Palliative Medicine</li><li>• Pediatric (Hospitalist)</li><li>• Pediatric Emergency Medicine</li><li>• Pediatric Palliative Medicine</li><li>• Pulmonology</li></ul>

\* It is possible that a low percentage of providers earn points. If this occurs, a test of fair market value and if necessary, a cap on incentives will be applied.

## Appendix D: Abbreviations

ACP	Advance care planning
AUC	Appropriate use criteria
DNR	Do not resuscitate
ED	Emergency Department
EDC	Estimated Date of Confinement
EHR	Electronic health record
EMS	Emergency medical services
HHIE	Hawai'i Health Information Exchange
HHP	Hawai'i Health Partners
HPH	Hawai'i Pacific Health
ICU	Intensive Care Unit
LOS	Length of stay
NCDR	National Cardiovascular Data Registry
NICU	Neonatal Intensive Care Unit
NYU	New York University
PACU	Post Anesthesia Care Unit
PCI	Percutaneous coronary intervention
PCMH	Patient Centered Medical Home
PCP	Primary Care Provider
POLST	Provider Orders for Life-Sustaining Treatment
RN	Registered Nurse
STK	Stroke
VTE	Venous thromboembolism

## Appendix E: References

1. Specifications for the HMSA PCMH program are available at  
[http://www.hmsa.com/providers/assets/HMSA\\_PCMHProgramGuide.pdf](http://www.hmsa.com/providers/assets/HMSA_PCMHProgramGuide.pdf)
2. Specifications and background for the NYU Avoidable ED Visit algorithm are available at <http://wagner.nyu.edu/faculty/billings/nyued-background>
3. The complete specifications for this measure, including but not limited to the ICD-9-CM codes to be considered an “Included Patient” under the measure, are published in the CMS Specifications Manual for national hospital inpatient quality measures, available at: <http://www.qualitynet.org/dcs/ContentServer?cid=1141662756099&pagename=QnetPublic%2FPage%2FQnetTier2>.  
For purposes of this exhibit, Hawai‘i Health Partners shall apply the version of the CMS Specifications Manual that corresponds to the date of service or date of discharge, as appropriate.
4. Specifications for these measures can be found at  
<http://www.vtoxford.org/downloads>.
5. Specification for this measure can be found at  
<http://manual.jointcommission.org/releases/TJC2013B/>
6. Specifications for this measure can be found at  
[http://hmsa.com/providers/assets/HMSA\\_P4QGuide.pdf](http://hmsa.com/providers/assets/HMSA_P4QGuide.pdf)

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1100 Ward Avenue, Suite 980 • Honolulu, Hawai'i 96814

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