

2019 PROGRAM GUIDE



**HAWAI'I
PACIFIC
HEALTH**

HAWAI'I
HEALTH
PARTNERS

Creating a *healthier* Hawai'i

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Creating a *healthier* Hawai'i

COLLEAGUES:

On behalf of Hawai'i Health Partners, welcome to a new year with our Quality Performance and Shared Savings Programs (QPP/SSP). Each year brings new challenges, opportunities, and innovations to improve our industry and provide exemplary care to the people of Hawai'i.

Provider engagement levels hit an all-time high in 2018. From the annual membership meeting, to the member satisfaction and proposed 2019 QPP/SSP surveys, you were active and clear in advocating for the type of changes you wanted to see in health care. After months of careful review, fielding comments and numerous meetings with many of you, we believe this year's measures reflect your continued commitment to transforming health care.

Here are some of the guiding principles in building the 2019 Program:

- Use clinically meaningful and impactful measures that are aligned with the ACO contract.
- Avoid and minimize administrative burden.
- Provide broad participation opportunities for HHP members.
- Create room for innovation in improving outcomes.
- Expand participation to Advanced Practice Registered Nurses carrying primary care panels.

These goals are aligned with yours and that of Hawai'i Pacific Health, and seek the same outcome – to transform health care by changing the way in which we deliver high-quality, coordinated, patient-centered care. Each and every measure was carefully evaluated and constructed while weighing their potential impact on your patients and practice with your colleagues on the board of managers, the QCI committee and the metrics subcommittee, and with input solicited from the membership at large.

Over the next year, you will see provider engagement as a recurring theme on our path to transforming health care. This is what you showed us in your 2017 performance and what you continue to demonstrate in 2018. It goes without saying that the measures in the 2019 QPP/SSP were created by a team of qualified professionals who know the complexities of Hawai'i's health care system: you and your colleagues and your partners here at Hawai'i Health Partners.

We look forward to working with you in the coming year and will be here to support you in meeting these performance goals. Please accept our gratitude for your continued commitment to improve health care delivery. We look forward to our continued success in 2019.

Sincerely,

Gerard Livaudais, MD, MPH, FACP
Vice President

PROGRAM GUIDE FOR PROVIDERS

Overview

A new Accountable Care Agreement has been reached between Hawai'i Pacific Health (HPH), Hawai'i Health Partners (HHP), and HMSA beginning in 2019. This payment and service arrangement is 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 providers under these goals, Hawai'i Health Partners has created two performance programs with bonus potential (i.e. Quality Performance and Shared Savings Programs). Each has unique characteristics and methodologies for how the programs are funded and rewards distributed.

Quality Performance Program

The Quality Performance Program (QPP) is designed to engage and recognize providers who contribute to achieving quality performance goals in the inpatient setting benefitting the care of HHP's attributed members.

Shared Savings Program

The Shared Savings Program (SSP) is designed to engage and recognize providers who improve population health by contributing to quality and appropriate, efficient care. The combined effect improves quality and slows unnecessary growth in the medical cost trend for HHP's attributed members.

Individual vs. Group Provider Participation

Individual performance and incentives will be calculated for all HHP providers, regardless of whether the provider joins as an individual or as a member of a group (e.g., HPH-employed providers). For providers participating as members of a group, allocation of incentives and related funds will be made to the group. It is the group's discretion as to how those funds are distributed to its providers.

Scoring Period

Both programs are annual programs starting on January 1, 2019 and ending December 31, 2019. Scoring reports are provided during the scoring period. However, final eligibility for incentive payments and final performance scores are determined after the end of the calendar year. Eligible payments will be made thereafter.

Page	12	13	16	18	19	20	22	23	24	25	27
	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Advance Care Planning in the Ambulatory Setting	Advance Care Planning in the Inpatient Setting	Hospital Acquired Harm	Oncology Staging: Clinical	Oncology Staging: Pathological	Perioperative Surgical Home: Surgeon Participation	Perioperative Surgical Home: Anesthesia Participation	Sepsis and Septic Shock Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
PRIMARY CARE (carrying a panel)											
Advanced Practice RN (APRN) carrying a primary care panel	0.5	2	1								
Family Medicine (PCP)	0.5	2	1								
General Practice (PCP)	0.5	2	1								
Internal Medicine (PCP)	0.5	2	1								
Pediatrics (PCP)	0.5	2									
SPECIALIST											
Adolescent Medicine (non-PCP)	0.5	2									
Allergy & Immunology	0.5	2									
Anesthesiology	0.5	2			1				1		
Cardiac Electrophysiology	0.5	2			1						
Cardiology	0.5	2			1						
Clinical Psychology	0.5	2									
Critical Care Medicine	0.5	2		1	1					2	
Dermatology	0.5	2									
Dermatopathology	0.5	2									
Developmental-Behavioral Peds	0.5	2									
Diagnostic Radiology	0.5	2									
Emergency Medicine	0.5	2			1					2	
Endocrinology	0.5	2									
Family Medicine (non-PCP)	0.5	2									
Gastroenterology	0.5	2			1	1					
General Practice (non-PCP)	0.5	2									
General Surgery	0.5	2			1	1		1			
Geriatric Medicine	0.5	2	1								
Gynecologic Oncology	0.5	2			1	1		1			



QUALITY PERFORMANCE PROGRAM

POSSIBLE POINTS BY SPECIALTY

Page	12	13	16	18	19	20	22	23	24	25	27
	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Advance Care Planning in the Ambulatory Setting	Advance Care Planning in the Inpatient Setting	Hospital Acquired Harm	Oncology Staging: Clinical	Oncology Staging: Pathological	Perioperative Surgical Home: Surgeon Participation	Perioperative Surgical Home: Anesthesia Participation	Sepsis and Septic Shock Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
Gynecology	0.5	2			1	1		1			
Hematology/Oncology	0.5	2			1	1					
Hospice and Palliative Medicine	0.5	2									
Hospitalist - Family Medicine	0.5	2		1	1					2	
Hospitalist - Internal Medicine	0.5	2		1	1					2	
Hospitalist - Pediatrics	0.5	2			1					2	
Infectious Disease	0.5	2			1						
Interventional Radiology	0.5	2			1						
Maternal & Fetal Medicine	0.5	2			1						
Medical Genetics	0.5	2									
Neonatology	0.5	2			1						2.5
Nephrology	0.5	2			1						
Neurosurgery	0.5	2			1	1		1			
Neuroradiology	0.5	2									
Neurology	0.5	2			1						
Nuclear Medicine	0.5	2									
Obstetrics & Gynecology	0.5	2			1	1		1			
Occupational Medicine	0.5	2									
Ophthalmology	0.5	2			1	1		1			
Orthopedic Surgery	0.5	2			1	1		1			
Otolaryngology	0.5	2			1	1		1			
Pathology	0.5	2					1				
Pediatric Cardiology	0.5	2			1						
Pediatric Critical Care	0.5	2			1					2	
Pediatric Emergency Medicine	0.5	2			1					2	
Pediatric Endocrinology	0.5	2			1						

Page	12	13	16	18	19	20	22	23	24	25	27
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Pediatric Gastroenterology	0.5	2			1	1					
Pediatric Hematology/Oncology	0.5	2			1	1					
Pediatric Infectious Diseases	0.5	2			1						
Pediatric Nephrology	0.5	2			1						
Pediatric Neurology	0.5	2			1	1					
Pediatric Pulmonology	0.5	2			1						
Pediatric Rheumatology	0.5	2									
Pediatric Surgery	0.5	2			1	1		1			
Pediatric Sports Medicine	0.5	2									
Pediatric Urology	0.5	2			1	1		1			
Pediatrics (non-PCP)	0.5	2									
Physical Medicine & Rehab	0.5	2									
Plastic Surgery	0.5	2			1	1		1			
Podiatry	0.5	2			1	1		1			
Psychiatry	0.5	2									
Pulmonary Disease	0.5	2			1						
Radiation Oncology	0.5	2									
Repro Endocrin/Infertility	0.5	2									
Rheumatology	0.5	2									
Sports Medicine	0.5	2									
Surgical Oncology	0.5	2			1	1		1			
Thoracic Surgery	0.5	2			1	1		1			
Urogynecology/Pelvic Reconstruction	0.5	2			1	1		1			
Urology	0.5	2			1	1		1			
Vascular Surgery	0.5	2			1	1		1			

Page	12	13	29	31	34	35	38	41	46	48	50	52	54	55	56	58	59	60
	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Adolescent HPV Immunization	Adolescent Immunizations	Adolescent Well Care Visit	Avoidable ED Utilization	Controlling High Blood Pressure	Diabetes Bundle – Primary Care	Diabetes: Blood Pressure Control (<140/90) - Specialists	Diabetes: Eye Exam - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Control (>9%) - Specialists	Falls Risk Assessment	NSAID Utilization in CKD Patients	Referral of High Risk Patients to HHP Complex Care Program	Screening for Depression	Attendance at the HHP Annual Membership Meeting	Patient Enrollment in MyChart	Use of HHP Dashboard
PRIMARY CARE (carrying a panel)																		
Advanced Practice RN (APRN) carrying a primary care panel	0.5	2	2	2	2	1	1.5	9				1	1	1	1	1	1	1
Family Medicine (PCP)	0.5	2	2	2	2	1	1.5	9				1	1	1	1	1	1	1
General Practice (PCP)	0.5	2	2	2	2	1	1.5	9				1	1	1	1	1	1	1
Internal Medicine (PCP)	0.5	2				1	1.5	9				1	1	1	1	1	1	1
Pediatrics (PCP)	0.5	2	2	2	2	1							1		1	1	1	1
SPECIALIST																		
Adolescent Medicine (non-PCP)	0.5	2				1							1			1		
Allergy & Immunology	0.5	2				1							1			1		
Anesthesiology	0.5	2				1							1			1		
Cardiac Electrophysiology	0.5	2				1							1			1		
Cardiology	0.5	2				1	1.5		1.5				1			1		
Clinical Psychology	0.5	2				1							1			1		
Critical Care Medicine	0.5	2				1							1			1		
Dermatology	0.5	2				1							1			1		
Dermatopathology	0.5	2				1							1			1		
Developmental-Behavioral Peds	0.5	2				1							1			1		
Diagnostic Radiology	0.5	2														1		
Emergency Medicine	0.5	2				1							1			1		
Endocrinology	0.5	2				1	1.5		1.5	1.5	3		1			1		
Family Medicine (non-PCP)	0.5	2				1						1	1		1	1		
Gastroenterology	0.5	2				1							1			1		
General Practice (non-PCP)	0.5	2				1						1	1		1	1		
General Surgery	0.5	2				1							1			1		
Geriatric Medicine	0.5	2				1						1	1		1	1		
Gynecologic Oncology	0.5	2				1							1			1		

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Gynecology	0.5	2				1							1			1		
Hematology/Oncology	0.5	2				1							1			1		
Hospice and Palliative Medicine	0.5	2				1							1			1		
Hospitalist - Family Medicine	0.5	2				1							1			1		
Hospitalist - Internal Medicine	0.5	2				1							1			1		
Hospitalist - Pediatrics	0.5	2				1							1			1		
Infectious Disease	0.5	2				1							1			1		
Interventional Radiology	0.5	2				1							1			1		
Maternal & Fetal Medicine	0.5	2				1							1			1		
Medical Genetics	0.5	2														1		
Neonatology	0.5	2				1							1			1		
Nephrology	0.5	2				1	1.5		1.5				1			1		
Neurosurgery	0.5	2				1							1			1		
Neuroradiology	0.5	2														1		
Neurology	0.5	2				1						1	1			1		
Nuclear Medicine	0.5	2														1		
Obstetrics & Gynecology	0.5	2				1							1		1	1		
Occupational Medicine	0.5	2				1							1			1		
Ophthalmology	0.5	2				1				1.5			1			1		
Orthopedic Surgery	0.5	2				1							1			1		
Otolaryngology	0.5	2				1							1			1		
Pathology	0.5	2														1		
Pediatric Cardiology	0.5	2				1							1			1		
Pediatric Critical Care	0.5	2				1							1			1		
Pediatric Emergency Medicine	0.5	2				1							1			1		
Pediatric Endocrinology	0.5	2				1							1			1		

Page	12	13	29	31	34	35	38	41	46	48	50	52	54	55	56	58	59	60
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Pediatric Gastroenterology	0.5	2				1							1			1		
Pediatric Hematology/Oncology	0.5	2				1							1			1		
Pediatric Infectious Diseases	0.5	2				1							1			1		
Pediatric Nephrology	0.5	2				1							1			1		
Pediatric Neurology	0.5	2				1							1			1		
Pediatric Pulmonology	0.5	2				1							1			1		
Pediatric Rheumatology	0.5	2				1							1			1		
Pediatric Surgery	0.5	2				1							1			1		
Pediatric Sports Medicine	0.5	2				1							1			1		
Pediatric Urology	0.5	2				1							1			1		
Pediatrics (non-PCP)	0.5	2				1						1	1		1	1		
Physical Medicine & Rehab	0.5	2				1							1			1		
Plastic Surgery	0.5	2				1							1			1		
Podiatry	0.5	2				1							1			1		
Psychiatry	0.5	2				1							1			1		
Pulmonary Disease	0.5	2				1							1			1		
Radiation Oncology	0.5	2				1							1			1		
Repro Endocrin/Infertility	0.5	2				1							1			1		
Rheumatology	0.5	2				1							1			1		
Sports Medicine	0.5	2				1							1			1		
Surgical Oncology	0.5	2				1							1			1		
Thoracic Surgery	0.5	2				1							1			1		
Urogynecology/Pelvic Reconstruction	0.5	2				1							1			1		
Urology	0.5	2				1							1			1		
Vascular Surgery	0.5	2				1							1			1		

QUALITY PERFORMANCE AND SHARED SAVINGS PROGRAMS

QUALITY PERFORMANCE PROGRAM

A PROVIDER IS ELIGIBLE TO RECEIVE INCENTIVES UNDER THIS PROGRAM IF ALL OF THE FOLLOWING CRITERIA HAVE BEEN MET:

1. The provider is a participating provider of HHP for at least 90 days 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 was achieved for the HPH hospital at which the provider is associated, based on medical staff membership. In the event a provider is a member of the medical staff of more than one HPH hospital, the provider will be asked to designate one hospital where the majority of his or her work is done by June 30 of the measurement year, subject to review and approval by the HHP board.
4. The provider meets the quality thresholds for those measures that are applicable based on the provider's specialty and the minimum patient threshold for measures with defined thresholds.

SHARED SAVINGS PROGRAM

A PROVIDER IS ELIGIBLE TO RECEIVE INCENTIVES UNDER THIS PROGRAM IF ALL OF THE FOLLOWING CRITERIA HAVE BEEN MET:

1. The provider is a participating provider of HHP for at least 90 days of the measurement year.
2. Medical Cost Trend performance has been lower than target, resulting in the funding of the bonus pool for the Shared Savings Program.
3. The provider meets the quality thresholds for those measures that are applicable based on the provider's specialty and the minimum patient threshold for measures with defined thresholds.
4. For PCPs, the Shared Savings payout will be calculated based on the points earned multiplied by the number of attributed lives at the end of the measurement year or the date of their departure from HHP in the event of separation.
5. For Specialists, the Shared Savings payout will be calculated based on the points earned multiplied by their specialty tier. Specialty tiers are set according to impact on Medical Cost Trend.



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**MEASURES IN BOTH
QUALITY PERFORMANCE
AND SHARED SAVINGS
PROGRAMS**

HHP LEARNING MODULES

Measure Objective

To provide an educational resource to support implementation of care improvement processes that improve care quality, outcomes, and efficiency

Description

Completion of HHP learning modules

Points

Up to 12 HHP learning modules will be available during the measurement period

Completion of one HHP learning module earns **0.25 QPP points** and **0.25 SSP points** (a total of 0.5 points).

Creating and recording one HHP learning module earns **1 QPP point** and **1 SSP point** (a total of 2 points).

Program

QPP & SSP

Inclusion

All HHP Members

Exclusions

N/A

Measurement Period

January 1, 2019 - December 31, 2019

Performance Target

Completion of any or all HHP learning modules

To create and record a learning module, contact info@hawaiihealthpartners.org.

Eligible Members

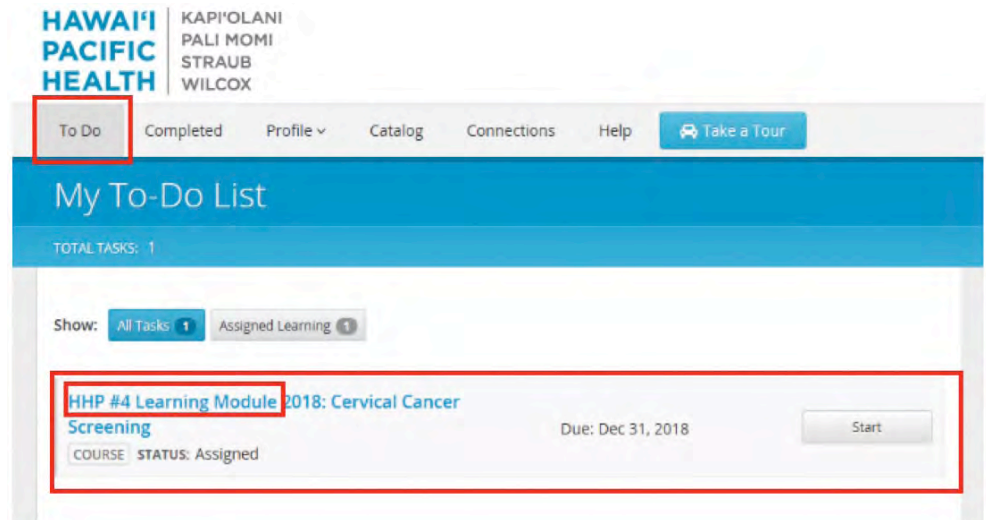
All HHP Members

Proposed Learning Module Topics

Topics to be determined

How to Meet the Measure

Providers must complete assigned HHP specific learning modules.



PARTICIPATION IN HHP CLINICAL WORKGROUPS

Measure Objective	To increase multi-specialty participation in HHP-chartered hospital or ambulatory clinical workgroups aimed at developing or implementing standards of care to improve quality, population health, care coordination and cost of care
Description	<p>Participation in HHP-chartered clinical workgroups</p> <p>See hawaiihealthpartners.org for more information on available workgroups and related responsibilities.</p>
Points	<p>Total possible points per workgroup: 1 - 4 points</p> <p>Meaningful participation and attendance of at least 50% of meetings held earns 0.5 QPP points and 0.5 SSP points (a total of 1 point).</p> <p>Meaningful participation and attendance of at least 75% of meetings held earns 1 QPP point and 1 SSP point (a total of 2 points).</p> <p>Chairing a workgroup earns 2 QPP and 2 SSP points (a total of 4 points).</p>
Program	QPP & SSP
Inclusion	All HHP Members
Exclusions	N/A
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Active participation on workgroups as reflected by attendance of at least 50% and demonstration of meaningful participation of workgroup member
Eligible Members	All HHP Members
How to Meet the Measure	<p>Points earned will be determined by meaningful participation and contribution through attendance of at least 50% of meetings and through the demonstration of actual and verifiable work performed by workgroup members. Actual, verifiable work is defined as completing a workgroup task appropriate to the skills, education and/or training of a physician member that is documented in the minutes. Examples include researching and sharing evidence on appropriate use to the workgroup, presenting a case study to inform colleagues about a more efficient care delivery process/treatment method or leading a discussion with colleagues about reducing practice variation within the group. Attendance and meaningful participation must be performed by provider member and not by a staff proxy. Attendance and meaningful participation must be captured in meeting minutes, then summarized in quarterly reporting to QCI.</p>

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PARTICIPATION IN HHP CLINICAL WORKGROUPS

**Workgroup Chair
Job Description**

Each workgroup chair is eligible to receive up to two points under the Quality Performance Program and two points under the Shared Savings Program.

Accordingly, each workgroup chair must be willing to assume the responsibility of ensuring a smoothly run and effective team.

The chair is expected to:

1. Ensure continued alignment of workgroup deliverables with Shared Savings and hospital quality performance interests
2. Report workgroup status updates to the Q/CI Committee on a quarterly basis or more frequently as needed
3. Develop specific expected outcomes and methods to track and measure progress
4. Ensure adequate documentation of all workgroup related activities
5. Ensure sustained engagement and participation of workgroup members
6. Ensure workgroup produces stated deliverables in established timeline
7. Include a plan for communicating any clinical process change or implementation
8. Identify dependencies external to the workgroup and interact with the necessary departments or individuals to address the issue. (e.g., working with Epic project management to modify an Epic workflow).
9. Maintain a workgroup environment that welcomes all points of view, with a willingness to thoroughly discuss contentious or complex issues
10. Encourage support for decisions made by majority rule
11. Produce final document at the close of the workgroup summarizing work performed, results achieved, and lessons learned

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**QUALITY PERFORMANCE
PROGRAM MEASURES**

ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

Measure Objective	To encourage advance care planning discussions and appropriate documentation for tracking such conversations, for HMSA attributed patients age 65 years and older
Description	Percentage of HMSA attributed patients who had an advance care plan and/or an advance care planning discussion documented in the patient record using standard coding (see below)
Points	1
Program	QPP
Numerator	Patients from the denominator who had an advance care plan and/or an advance care planning discussion, which is properly coded for in the patient's record
Denominator	HMSA attributed patients age 65 years or older
Exclusions	N/A
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	<p>≥80% = 1 Point</p> <p>Primary Care: Individual score at or above 80% in Coreo or the HHP Dashboard</p> <p>Specialists: Overall HHP group score at or above 80% in Coreo</p>
Eligible Members	<p>Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives</p> <p>Specialists: Geriatrics</p>
How to Meet the Measure	<p>Providers should use the following codes:</p> <p>CPT-II Codes:</p> <ul style="list-style-type: none"> • CPT 1157F – Advance care plan or similar legal document present in the medical record • CPT 1158F – Advance care plan discussion in the medical record • CPT 1123F (Medicare) – Advance care planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record • CPT 1124F – Advance care planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

continued on next page

ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

CPT Codes:

- 99497 – Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- 99498 – Each additional 30 minutes (list separately in addition to code for primary procedure)

HCPCS Code:

- S0257 – Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)

Note: Epic will automatically update your ACP Health Maintenance (HM) Due when the codes listed above are used.

Note: This is an HMSA Payment Transformation related measure

ADVANCE CARE PLANNING IN THE INPATIENT SETTING

Measure Objective

To encourage inpatient advance care planning discussions and appropriate documentation for tracking such conversations, for patients age 65 years and older

Description

Inpatient stays present an important opportunity to help patients with advance care planning – whether to initiate, confirm, or modify.

Points

1

Program

QPP

Numerator

Patients who had an advance care plan and/or advance care planning discussion during an inpatient encounter, which is properly documented in the Problem List and coded properly (see below)

Denominator

N/A

Exclusions

N/A

Measurement Period

January 1, 2019 - December 31, 2019

Performance Target

≥15 completed and coded inpatient ACP discussions

Eligible Members

Hospitalists, Intensivists in the ICU

How to Meet the Measure

1. Document the ACP discussion using this smartphrase: .acphospitalcharge
2. Use the appropriate CPT code: 99497 (16 to 45 minutes) or 99498 (46+ minutes)

.acphospitalcharge	
Abbrev	Expansion
* ACPHOSPITALCHARGE	Advance Care Planning (ACP) Hospital Charge

Advance Care Planning (ACP)
 I spent a total of *** minutes of face-to-face time devoted solely to providing Advanced Care Planning Services, which included counseling and discussion of goals of care. The patient/family said they would like a Code Status of ***. Additional decisions made about ACP include ***.
 Please refer to my notes for details.
 No active treatment took place during our Advance Care Planning discussion.

HOSPITAL ACQUIRED HARM

Measure Objective	To engage hospital based physicians to continue efforts in eliminating six types of hospital acquired harm: CLABSI, CAUTI, Clostridium difficile, MRSA, hospital associated injury, hospital acquired stage 3 or 4 pressure ulcers.		
Description	This outcomes-based measure rewards strategies to reduce hospital acquired harm depending on the condition, which include but are not limited to: reduction of central line or urinary catheter days, recognition and early testing of patients at risk for C. difficile identified at time of admission, respectful interaction with clinical staff regarding appropriate identification and management of patients at risk for harm.		
Points	0.5 point for ≤ 4 events / 10,000 patient days; 1 Point for ≤ 2 events / 10,000 patient days in aggregate by facility		
Program	QPP		
Numerator	Total # of harm incidents		
Denominator	Number of patient days		
Exclusions	N/A		
Measurement Period	January 1, 2019 - December 31, 2019		
Performance Target	≤ 2 events / 10,000 patient days		
Eligible Members	<p>Facility based physicians</p> <ul style="list-style-type: none"> • Anesthesiology • Cardiac Electrophysiology • Cardiology • Critical Care Medicine • Emergency Medicine • Gastroenterology • General Surgery • Gynecologic Oncology • Gynecology • Hematology/Oncology • Hospitalist - Family Medicine • Hospitalist - Internal Medicine • Hospitalist - Pediatrics • Infectious Disease • Interventional Radiology • Maternal & Fetal Medicine • Neonatology • Nephrology • Neurosurgery • Neurology • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Cardiology • Pediatric Critical Care Medicine • Pediatric Emergency Medicine • Pediatric Endocrinology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Infectious Diseases • Pediatric Nephrology • Pediatric Neurology • Pediatric Pulmonology • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Pulmonary Disease • Surgical Oncology • Thoracic Surgery • Urogynecology/Pelvic Reconstruction • Urology • Vascular Surgery 		

ONCOLOGY STAGING: CLINICAL

Measure Objective	To improve clinical oncologic staging for appropriate cancer treatment		
Description	Intended to encourage the appropriate staging of oncologic disease uniformly across HPH via Epic's cancer staging tool		
Points	1		
Program	QPP		
Numerator	Number of newly diagnosed malignant cancer tumor cases clinically staged within Epic		
Denominator	Patients with stageable oncologic disease as determined by malignant pathological lab results		
Exclusions	N/A		
Measurement Period	July 1, 2019 - December 31, 2019		
Performance Target	≥60%		
Case Threshold	5		
Eligible Members	<p>Applicable Surgeons</p> <ul style="list-style-type: none"> • Gastroenterology • General Surgery • Gynecologic Oncology • Gynecology • Hematology/Oncology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Neurology • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Surgical Oncology • Thoracic Surgery • Urogynecology/Pelvic Reconstruction • Urology • Vascular Surgery 		

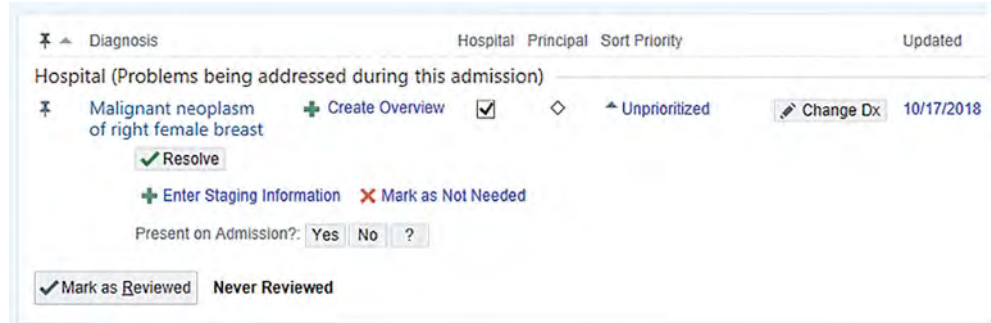
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ONCOLOGY STAGING: CLINICAL

How to Meet the Measure

Providers must complete the clinical oncology staging forms in Epic. They can be accessed directly from the problem list (see below). Contact Oncology Service Line at oncologyserviceline@hawaiipacifichealth.org for more information.

Epic Cancer Staging Tool



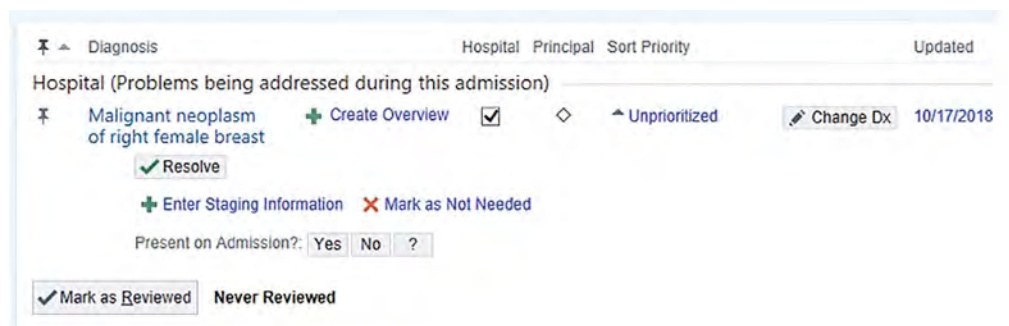
ONCOLOGY STAGING: PATHOLOGICAL

Measure Objective	To improve pathological oncologic staging for appropriate cancer treatment
Description	Intended to encourage the appropriate staging of oncologic disease uniformly across HPH via Epic's cancer staging tool
Points	1
Program	QPP
Numerator	Number of newly diagnosed malignant cancer tumor cases pathologically staged within Epic
Denominator	Patients with stageable oncologic disease as determined by malignant pathological lab results
Exclusions	N/A
Measurement Period	July 1, 2019 - December 31, 2019
Performance Target	≥60%
Case Threshold	5
Eligible Members	Pathology

How to Meet the Measure

Providers must complete the pathological oncology staging forms in Epic. They can be accessed directly from the problem list (see below). Contact Oncology Service Line at oncologyserviceline@hawaiipacifichealth.org for more information.

Epic Cancer Staging Tool



CARE DELIVERY

PERIOPERATIVE SURGICAL HOME:
SURGEON PARTICIPATION

Measure Objective	To assure appropriate preoperative optimization for elective surgery
Description	Percentage of elective surgical patients with preoperative surgical screening checklist completed within Epic
Points	1
Program	QPP
Numerator	Patients with an appropriate preoperative surgical screening checklist completed in Epic
Denominator	Patients with an elective surgical procedure
Exclusions	Inpatient and emergent surgical procedures
Measurement Period	July 1, 2019 - December 31, 2019
Performance Target	≥60%
Case Threshold	20
Eligible Members	<p>Applicable Surgeons</p> <ul style="list-style-type: none"> • General Surgery • Gynecologic Oncology • Gynecology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Surgical Oncology • Thoracic Surgery • Urogynecology/Pelvic Reconstruction • Urology • Vascular Surgery
How to Meet the Measure	Providers should complete the preoperative surgical screening checklist in Epic.

PERIOPERATIVE SURGICAL HOME: ANESTHESIA PARTICIPATION

Measure Objective	To assure appropriate preoperative optimization for elective surgery
Description	Percentage of elective surgical patients flagged for a necessary preoperative anesthesia evaluation who received an appropriate anesthesia evaluation as documented in Epic
Points	1
Program	QPP
Numerator	Patients with an appropriate anesthesia evaluation as documented in Epic
Denominator	Patients with an elective surgical procedure who were referred for anesthesia evaluation as determined by the preoperative surgical screening checklist
Exclusions	Inpatient and emergent surgical procedures
Measurement Period	July 1, 2019 - December 31, 2019
Performance Target	≥75% performance as a group by facility
Eligible Members	Anesthesiology
How to Meet the Measure	Ensure services are completed for patients requiring anesthesiology evaluation.

SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Measure Objective	To support comprehensive care of sepsis and septic shock
Description	<p>Cumulative monthly sepsis and septic shock core measure result (%)</p> <p>This measure will focus on patients aged 18 years and older who present with symptoms of sepsis or septic shock. These patients will be eligible for the 3 hour (sepsis) and/or 6 hour (septic shock) early management bundle. (ref: CMS measure: SEP-1)</p>
Points	1 to 2 (maximum)
Program	QPP
Numerator	<p>Patients from the denominator who received all the following: A, B, and C within 3 hours of time of presentation AND IF septic shock is present (as either defined as hypotension or lactate ≥ 4 mmol/L) who also received D and E and F and G within 6 hours of time of presentation</p> <ol style="list-style-type: none"> A. Measure lactate level B. Obtain blood cultures prior to antibiotics C. Administer broad spectrum antibiotics D. Administer 30 ml/kg crystalloid for hypotension or lactate = 4 mmol/L E. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation to maintain a mean areterial pressure = 65) F. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was = 4 mmol/L, re-assess volume status and tissue perfusion and document findings. <ul style="list-style-type: none"> * To meet the requirements, a focused exam by a licensed independent practitioner (LIP) or any 2 other items are required: <ul style="list-style-type: none"> • Measure CVP • Measure ScvO₂ • Bedside cardiovascular ultrasound • Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge • Focused exam including vital signs, cardiopulmonary, capillary refill, pulse and skin findings G. Remeasure lactate if initial lactate is elevated

continued on next page

SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Denominator	<p>All patients presenting with sepsis or septic shock</p> <p>Should actually be discharged with a diagnosis of sepsis or septic shock (the cohort is defined by discharge coding)</p>
Exclusions	<p>A) Patients with advanced directives for comfort care</p> <p>B) Clinical conditions that preclude total measure completion (e.g. mortality within the first 6 hours of presentation)</p> <p>C) Patients for whom a central line is clinically contraindicated (e.g. coagulopathy that cannot be corrected, inadequate internal jugular or subclavian central venous access due to repeated cannulations)</p> <p>D) Patients for whom a central line was attempted but could not be successfully inserted</p> <p>E) Patient or surrogate decision maker declined or is unwilling to consent to such therapies or central line placement</p> <p>F) Patients transferred to an acute care facility from another acute care facility</p>
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	<p>To be scored as a group by facility:</p> <p>≥70% = 1 point</p> <p>≥80% = 2 points</p>
Eligible Members	Hospitalists, Emergency Medicine, Critical Care Medicine

CARE DELIVERY

VERMONT OXFORD NETWORK FOR VLBW AND EXPANDED DATABASE MEASURES

Measure Objective

To encourage optimal clinical management of premature newborns

Description

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 - Incidence of necrotizing enterocolitis
- VLBW - Nosocomial infection
- VLBW - Any human milk at discharge to home
- VLBW - Death or Morbidity
- Expanded - Nosocomial infection
- Expanded - Any human milk as discharge to home
- Expanded - Mortality Excluding Early Deaths

Points

Maximum 2.5
(7 measures x 0.357 points/measure)

Program

QPP

Numerator

Patients who meet each individual VON metric criteria

Denominator

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

Measurement period

January 1, 2019 - December 31, 2019

Performance Target

Top quartile = 0.357 points for each measure x 5

Eligible Members

Neonatologists and Pediatricians practicing as NICU Hospitalists who are members of the Kapi'olani Medical Specialists Division of Neonatology

Creating a *healthier* Hawai'i

**SHARED SAVINGS
PROGRAM MEASURES**

CARE DELIVERY

ADOLESCENT HPV IMMUNIZATION

Measure Objective	To prevent cancers caused by Human Papilloma Virus (HPV), especially cervical and oropharyngeal cancer, by immunizing for HPV in adolescents
Description	Percentage of HMSA attributed adolescent patients who received the HPV vaccine on or before the member’s 13th birthday
Points	Total possible: 2 points <ul style="list-style-type: none"> • HMSA Commercial: 1 point • HMSA Quest: 1 point
Program	SSP
Numerator	Patients from the denominator with at least two HPV vaccines with different service dates on or before the patient’s 13th birthday. The first and second doses must be administered at least 146 days apart OR at least three HPV vaccines with different dates of service on or before the member’s 13th birthday.
Denominator	Adolescent HMSA patients who turn 13 years of age during the measurement period
Exclusions	Adolescents who have a contraindication for one of these vaccines (exclusion must have occurred before the adolescent’s 13th birthday)
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	≥60%
Eligible Members	Primary Care: Pediatrics, Family Medicine, and APRNs carrying a primary care panel of attributed lives with ≥40 HMSA attributed patients who turn 13 years of age during the measurement period
How to Meet the Measure	In office (Epic & non-Epic): Providers should use the appropriate immunization procedure code: 90649, 90650, 90651. Outside immunizations (Epic): Providers must complete Historical Immunizations in Epic for outside immunizations (see next page). Outside immunizations (non-Epic): Providers must make all updates in Coreo (see next page).

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ADOLESCENT HPV IMMUNIZATION

Outside Immunizations (Epic)

← → ▾ Immunizations - All Types All Admin Types ▾ Incomplete Admins Historical Admins ▾

Snapshot
Chart Review
Care Everywh...
Results Rev...
Review Flows...
Problem List
History
Letters
Demographics
Immunizations
Allergies
Medications
Growth Chart
Health Mainte...
BPA Review
Synopsis
Enter/Edit Re...

Historical Immunizations
Template to use: COMPLETE ALPHABETIZED IMMUNIZA'

Immunization	DATE	DATE	DATE
30 HPV2 [555118]			
31 HPV4 [55973]			
32 HPV9 [555165]	10/11/2018	6/12/2018	1/23/2018
33 INFLUENZA VACC SPLIT VIRUS NO PRESERVATIVES [9002]			
34 Influenza Vacc Split Virus, No preservatives [559003]			
35 Influenza Vacc Split Virus, No preservatives, 6-35 Mos [9003]			
36 Influenza Vacc, Split [9002]			
37 Influenza Vacc, Split, 6-35 mos [9001]			
38 Influenza Virus Vaccine - Split High Dose [552802]			
39 Influenza Virus Vaccine - Whole [28]			
40 Influenza Virus Vaccine - Whole [28002]			
41 Influenza Virus Vaccine - Whole Flu Shot Clinic [552800]			
42 Influenza Virus Vaccine - Whole, Intranasal [28001]			
43 Influenza Virus Vaccine Split [9]			
44 Influenza Virus Vaccine, Intranasal (flu Mist) [55354]			
45 INFLUENZA VIRUS VACCINE, UNLISTED VACCINES AND			
46 Influenza, High-dose Seasonal, Preservative Free [555135]			
47 Influenza, Injectable, Quadrivalent [555158]			
48 Influenza, Injectable, Quadrivalent, Preservative Free [555158]	10/11/2018		
49 Influenza, Injectable, Quadrivalent, Preservative Free, Pediatr			
50 IPV [13]	2/13/2007	8/3/2004	8/6/2003

Core Immunization Documentation

Actions

HPV Vaccine (display-only)

HPV Vaccine Dose 1

Procedure Date: mm/dd/yyyy
 Procedure:
 Modifier:

Place of Service:
 Performed By:
 Result:

HPV Vaccine Dose 2

Procedure Date: mm/dd/yyyy
 Procedure:
 Modifier:

Place of Service:
 Performed By:
 Result:

HPV Vaccine Dose 3

Procedure Date: mm/dd/yyyy
 Procedure:
 Modifier:

ADOLESCENT IMMUNIZATIONS

Measure Objective	To improve immunization rates in adolescents
Description	<p>Percentage of HMSA attributed adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria, and acellular pertussis vaccine (Tdap) by their 13th birthday</p> <p>This measure calculates a rate for each vaccine and one combination rate.</p>
Points	<p>Total possible: 2 points</p> <ul style="list-style-type: none"> • HMSA Commercial: 1 point • HMSA Quest: 1 point
Program	SSP
Numerator	Adolescents who receive both: One meningococcal conjugate vaccine on or between their seventh and 13th birthdays, and one Tdap on or between their seventh and 13th birthdays
Denominator	Adolescents who turn 13 years of age during the measurement period
Exclusions	<p>Adolescents who have a contraindication for one of these vaccines</p> <p>Exclusion must have occurred before the adolescent's 13th birthday</p>
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	≥85%
Eligible Members	Primary Care: Pediatrics, Family Medicine, and APRNs carrying a primary care panel of attributed lives with ≥40 HMSA attributed patients who turn 13 years of age during the measurement period
How to Meet the Measure	<p>In office (Epic & non-Epic): Providers should use the appropriate immunization procedure code: 90733, 90734, 90644, 108, 114, 136, 147, 148, 90715, 115.</p> <p><i>For updated codes: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm</i></p> <p>Outside immunizations (Epic): Providers must complete Historical Immunizations in Epic for outside immunizations (see next page)</p> <p>Outside immunizations (non-Epic): Providers must make all updates Coreo (see next page)</p> <p style="text-align: right;"><i>continued on next page</i></p>

ADOLESCENT IMMUNIZATIONS

Outside Immunizations (Epic)

← → ▾ Immunizations - All Types All Admin Types Incomplete Admins Historical Admins

Snapshot
 Chart Review
 Care Everywh...
 Results Revl...
 Review Flows...
 Problem List
 History
 Letters
 Demographics
Immunizations
 Allergies
 Medications
 Growth Chart
 Health Mainte...
 BPAReview
 Synopsis
 Enter/Edit Re...

Historical Immunizations
 Template to use: COMPLETE ALPHABETIZED IMMUNIZA'

	Immunization	DATE	DATE	DATE
56	Meningococcal (menactra/menveo) [99584]	2/1/2014		
57	Meningococcal (menomune) [99583]			
58	Meningococcal B, OMV (Bexsero) [55163]			
59	Meningococcal B, Recombinant (Trumenba) [55162]			
60	Meningococcal C, Conjugate [555103]			
61	Meningococcal Vaccine [31]			
62	MMR [11]	1/29/2004		
63	Mumps [4]			
64	Mumpsvox [32]			
65	OPV [12]			
66	PEDIARIX (Dtap-IPV-HepB) [55026]			
67	Pentacel (Dtap-IPV-HIB) [55092501]			
68	Pneumococcal PCV13 (Prenar13) [55101]			
69	Pneumococcal PCV7 (Prenar) [55102]			
70	Pneumococcal Vaccine, Conjugate - Historical [14]	8/6/2003	5/8/2003	2/12/2003
71	Pneumococcal PPSV23 (Pneumovax 23) [33]			
72	Proquad (MMR-V) [55401]	2/13/2007		
73	PURIFIED PROTEIN DERIVATIVE (PPD) [34]	7/31/2007		
74	Rabies Immune Globulin [35]			
75	Rabies Vaccine [36]			
76	Rabies Vaccine, Intradermal [36001]			
77	Rabies Vaccine, IM Fibroblast [555176]			
78	Rabies Vaccine, IM - Historical [36002]			
79	Recombivax HB (11-19 Yrs) [37]			
80	Recombivax Hb (Newborn-10 Yrs) [38]			
81	Rhogam (IP) [55371]			
82	Rotarix [57]			
83	Rotashield [55959]			
84	Rotateq [55960]			
85	Rotavirus [39]			
86	Rubella (German Measles) [5]			
87	Rubella/Mumps [40]			
88	Smallpox [55027]			
89	Synagis [55999]			
90	Tdap [55350]	2/1/2014		
91	Tetanus Immune Globulin, Human [42]			

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ADOLESCENT IMMUNIZATIONS

Coreo Immunization Documentation

Actions

Immunizations for Adolescents

Please Indicate the services for which you have on record as received by the patient and date of the service.

Meningococcal

Procedure Date mm/dd/yyyy	Procedure	Modifier
Place of Service	Performed By	Result

Tdap

Procedure Date mm/dd/yyyy	Procedure	Modifier
Place of Service	Performed By	Result

ADOLESCENT WELL CARE VISIT

Measure Objective	Improve the care of adolescents
Description	Percentage of members 12 up to 21 years of age who had at least one comprehensive well-care visit with an eligible PCP during the measurement period
Points	Total possible: 2 points <ul style="list-style-type: none"> • HMSA Commercial: 1 point • HMSA Quest: 1 point
Program	SSP
Numerator	Members with at least one well-care visit with an eligible PCP during the measurement period The visit does not need to be completed by the patient's attributed PCP
Denominator	HMSA Attributed patients 12 up to 21 years of age at the end of the measurement period
Exclusions	None
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Individual score at or above 45% in either Coreo or HHP dashboard
Eligible Members	Primary Care: Pediatrics, Family Medicine, and APRNs carrying a primary care panel of attributed lives with ≥ 100 HMSA attributed patients ages 12 up to 21 years of age at the end of the measurement period
How to Meet the Measure	Providers should use the appropriate 2019 HMSA Payment Transformation well care visit codes: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm <i>Note: This is an HMSA Payment Transformation related measure</i>

CARE DELIVERY

AVOIDABLE ED UTILIZATION

Measure Objective	To encourage patients to first seek care in the most appropriate care setting
Description	Percentage of ED visits by HMSA Commercial attributed patients that are “avoidable” according to NYU criteria
Points	1
Program	SSP
Numerator	Patient ED visits from the denominator that are “avoidable” according to NYU criteria
Denominator	HMSA Commercial attributed patients that present to an ED
Exclusions	N/A
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Primary Care: Individual performance scored at or below 31% in HHP Dashboard Specialists: Overall HHP group score at or below 31%
Eligible Members	<p>Primary Care: Internal Medicine, General Practice, Family Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives with ≥400 attributed patients at the end of the measurement period</p> <p>Specialists: Specialties engaging in face-to-face patient care</p> <ul style="list-style-type: none"> • Advanced Practice RN (APRN) carrying a primary care panel • Family Medicine (PCP) • General Practice (PCP) • Internal Medicine (PCP) • Pediatrics (PCP) • Adolescent Medicine (non-PCP) • Allergy & Immunology • Anesthesiology • Cardiac Electrophysiology • Cardiology • Clinical Psychology • Critical Care Medicine • Dermatology • Dermatopathology • Developmental-Behavioral Peds • Emergency Medicine • Endocrinology • Family Medicine (non-PCP) • Gastroenterology • General Practice (non-PCP) • General Surgery • Geriatric Medicine • Gynecologic Oncology • Gynecology • Hematology/Oncology • Hospice and Palliative Medicine • Hospitalist - Family Medicine • Hospitalist - Internal Medicine • Hospitalist - Pediatrics • Infectious Disease • Interventional Radiology • Maternal & Fetal Medicine • Neonatology • Nephrology • Neurosurgery • Neurology • Obstetrics & Gynecology • Occupational Medicine • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Cardiology • Pediatric Critical Care • Pediatric Emergency Medicine • Pediatric Endocrinology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Infectious Diseases • Pediatric Nephrology • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Pediatric Surgery • Pediatric Sports Medicine • Pediatric Urology • Pediatrics (non-PCP) • Physical Medicine & Rehab • Plastic Surgery • Podiatry • Psychiatry • Pulmonary Disease • Radiation Oncology • Repro Endocrin/Infertility • Rheumatology • Sports Medicine • Surgical Oncology • Thoracic Surgery • Urogynecology/Pelvic Reconstruction • Urology • Vascular Surgery

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AVOIDABLE ED UTILIZATION

How to Monitor the Measure

Primary Care Providers should monitor avoidable ED visits on the HHP Primary Care Dashboard in Epic to identify appropriate interventions (see below).

Hawai'i Health Partners Primary Care Dashboard



continued on next page

AVOIDABLE ED UTILIZATION

“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).

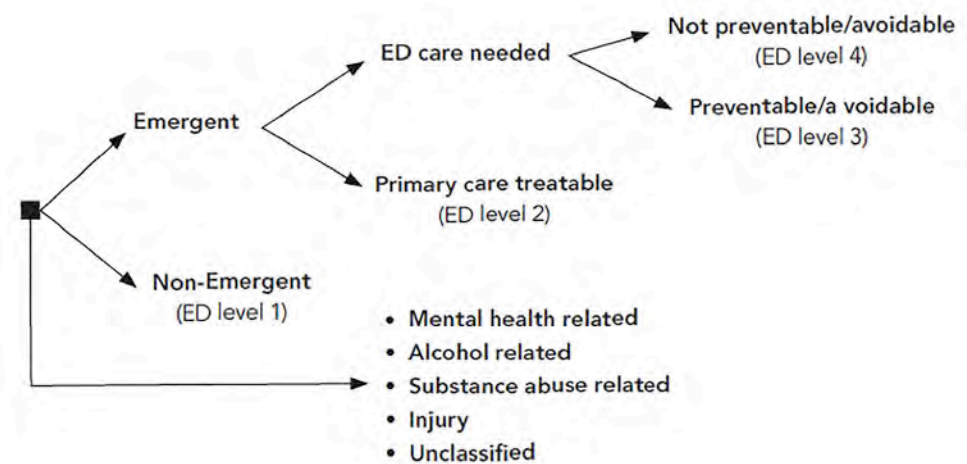
3. Emergent – ED Care Needed – Preventable/Avoidable (ED level 3):

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., the 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.).

Specifications and background for the NYU Avoidable ED Visit algorithm are available at: wagner.nyu.edu/faculty/billings/nyued-background



CONTROLLING HIGH BLOOD PRESSURE

Measure Objective	To avoid morbidity associated with uncontrolled hypertension by supporting active monitoring and management of hypertension in patients
Description	HMSA Commercial, Akamai, Quest and Essential Advantage attributed patients 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement period
Points	Total possible: 1.5 points <ul style="list-style-type: none"> • HMSA Commercial: 0.5 point • HMSA Akamai and Essential Advantage: 0.5 point • HMSA Quest: 0.5 point
Program	SSP
Numerator	Patients whose blood pressure at the most recent visit in a primary care setting is adequately controlled (<140/90 mm Hg) during the measurement period.
Denominator	HMSA Commercial, Akamai, Quest and Essential Advantage attributed patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period
Exclusions	Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period Patients with a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Performance by line of business: <ul style="list-style-type: none"> • HMSA Commercial: ≥85% • HMSA Akamai and Essential Advantage: ≥85% • HMSA Quest: ≥85% PCPs: Individual score at or above 85% in Coreo or the HHP Dashboard Specialists: Overall HHP group score at or above 85% in Coreo
Eligible Members	Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives Specialists: Cardiology, Nephrology, Endocrinology

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CONTROLLING HIGH BLOOD PRESSURE

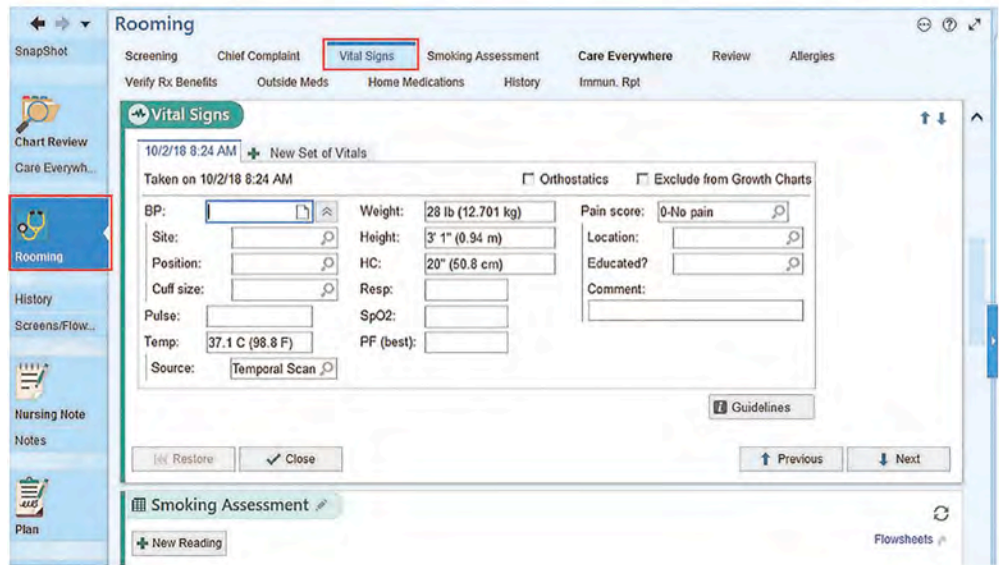
How to Meet the Measure

Epic: Providers must document blood pressure in the Vital Signs section in Epic (see below).

Non-Epic: Providers must document blood pressure in Coreo (see below for two ways to document).

Note: This is an HMSA Payment Transformation related measure

Epic Vital Signs Section



continued on next page

CONTROLLING HIGH BLOOD PRESSURE

Coreo Blood Pressure Documentation

Actions

Option 1:

Controlling Blood Pressure ✕

Please indicate the services for which you have on record as received by the patient and the date of the service. You are required to enter both Systolic and Diastolic values. If you cannot use a procedure code to report the member's blood pressure, use the blood pressure field in the Vitals section of this form to report the member's blood pressure.

Systolic Blood Pressure

Procedure Date mm/dd/yyyy	Procedure	Modifier
Place of Service	Performed By	Result

Diastolic Blood Pressure

Procedure Date mm/dd/yyyy	Procedure	Modifier
Place of Service	Performed By	Result

Option 2:

Vitals

Date mm/dd/yyyy Time

Temperature °F	Pulse bpm	Blood Pressure sys / dia	Respiration rpm	Oxygen SP02
Height In	Weight lbs.			

DIABETES BUNDLE – PRIMARY CARE

Measure Objective

To reduce morbidity associated with diabetes by supporting glycemic control, blood pressure control, supporting the identification and timely management of both diabetic retinopathy and nephropathy

Description

Percentage of HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18-75 years of age with diabetes who are compliant with each of the following four care goals:

- Diabetes: Blood pressure control (<140/90)
- Diabetes: Eye exam
- Diabetes: Hemoglobin A1c control
- Diabetes: Nephropathy screening

Points

If 50% of the HMSA attributed diabetic patients meet all four care goals (A1C, BP, eye exam, and nephropathy screening), then points are awarded.

Total possible: 9 points

- HMSA Commercial: 3 point
- HMSA Akamai and Essential Advantage: 3 point
- HMSA Quest: 3 point

Program

SSP

Numerator

Patients from the denominator who are compliant with ALL the following care goals during the measurement period:

1. Diabetes: Blood pressure control (<140/90)

Patients from the denominator whose most recent blood pressure reading in the primary care setting during the measurement period was adequately controlled (less than 140/90)

2. Diabetes: Eye exam

Patients who had one of the following eye screenings for diabetic retinal disease:

- A retinal or dilated eye exam by an eye care professional in the measurement period
- or
- A negative retinal or dilated exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period

3. Diabetes: Hemoglobin A1c control

Patients whose most recent HbA1c level (performed during the measurement period) is $\leq 9.0\%$

continued on next page

DIABETES BUNDLE – PRIMARY CARE

4. Diabetes: Nephropathy screening

Patients who had one of the following:

- Screening for nephropathy
- Evidence of nephropathy
- Evidence of ACE inhibitor/ARB therapy (from pharmacy claims)
- Evidence of stage 4 chronic kidney disease
- Evidence of ESRD
- Evidence of kidney transplant
- A visit with a nephrologist, as identified by the organization’s specialty provider codes

Billing codes from claims will also be used to identify screening for nephropathy, evidence of ESRD, and evidence of nephropathy:

hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm

Denominator

HMSA Commercial, Akamai, Quest and Essential Advantage attributed patients aged 18-75 years of age with diabetes

Exclusions

Patients who were in hospice care during the measurement period

Measurement Period

January 1, 2019 - December 31, 2019

Performance Target

≥50% of individual diabetic patients who are compliant with all 4 measures in either Coreo or HHP Dashboard by line of business

Performance by line of business:

- HMSA Commercial: ≥50%
- HMSA Akamai and Essential Advantage: ≥50%
- HMSA Quest: ≥50%

Eligible Members

Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives

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DIABETES BUNDLE – PRIMARY CARE

How to Meet the Measure: Blood Pressure Control

Diabetes: Blood Pressure Control

Epic: Providers must document blood pressure in the Vital Signs section in Epic (see below).

Non-Epic: Providers must document blood pressure in Coreo (see below).

The screenshot shows the Epic Rooming interface with the 'Vital Signs' section active. The 'Vital Signs' tab is highlighted with a red box. The form contains the following fields and values:

- Taken on: 10/2/18 8:24 AM
- BP: [Empty]
- Weight: 28 lb (12.701 kg)
- Pain score: 0-No pain
- Site: [Empty]
- Height: 3' 1" (0.94 m)
- Location: [Empty]
- Position: [Empty]
- HC: 20" (50.8 cm)
- Educated?: [Empty]
- Cuff size: [Empty]
- Resp: [Empty]
- Comment: [Empty]
- Pulse: [Empty]
- SpO2: [Empty]
- Temp: 37.1 C (98.8 F)
- PF (best): [Empty]
- Source: Temporal Scan

Core Blood Pressure Documentation

Actions

Option 1:

Controlling Blood Pressure

Please indicate the services for which you have on record as received by the patient and the date of the service. You are required to enter both Systolic and Diastolic values. If you cannot use a procedure code to report the member's blood pressure, use the blood pressure field in the Vitals section of this form to report the member's blood pressure.

Systolic Blood Pressure

Procedure Date: mm/dd/yyyy | Procedure: [Empty] | Modifier: [Empty]

Place of Service: [Empty] | Performed By: [Empty] | Result: [Empty]

Diastolic Blood Pressure

Procedure Date: mm/dd/yyyy | Procedure: [Empty] | Modifier: [Empty]

Place of Service: [Empty] | Performed By: [Empty] | Result: [Empty]

continued on next page

DIABETES BUNDLE – PRIMARY CARE

How to Meet the Measure: Eye Exam

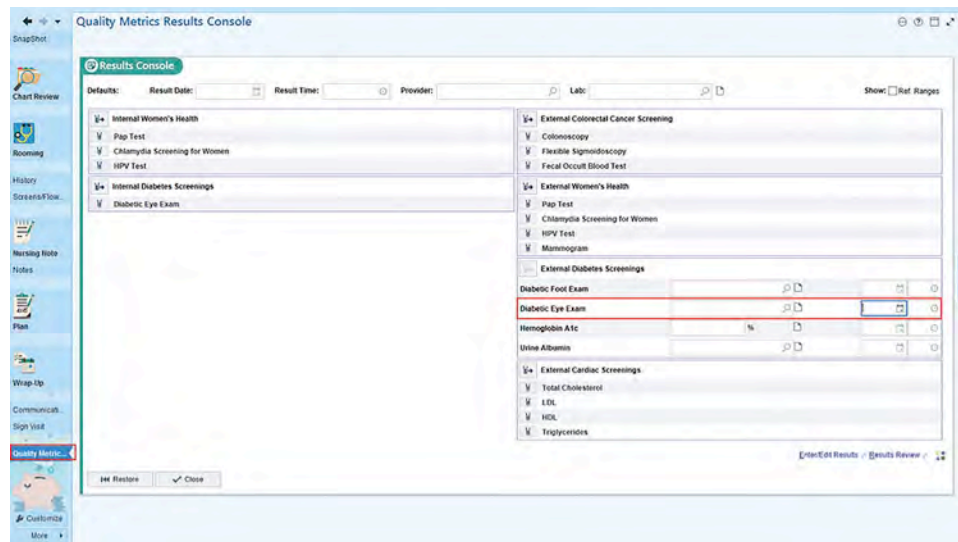
Diabetes Eye Exam

In Office (Epic & non-Epic): Providers performing eye exam should use the appropriate 2019 HMSA Payment Transformation codes when applicable: hmsa.com/portal/provider/zav_pel_aa.PAY.100.htm

Outside Exams (Epic): Providers must follow proper procedures for documenting external eye exams in the quality metrics results console (see below).

Outside Exams (non-Epic): Providers must follow proper procedures for documenting external eye exams in the quality metrics results console (see below).

Epic Quality Metrics Results Console



Coreo Eye Exam Documentation

Actions

Diabetes Care – Eye Exam

Please indicate the services for which you have on record as received by the patient and the date of the service. If the patient had an eye exam, include the name of the eye care professional that completed the exam.

Dilated Eye Exam

Procedure Date: mm/dd/yyyy | Procedure: | Modifier: |

Place of Service: | Performed By: | Result: |

Negative Retinal Eye Exam

Procedure Date: mm/dd/yyyy | Procedure: | Modifier: |

Place of Service: | Performed By: | Result: |

continued on next page

DIABETES BUNDLE – PRIMARY CARE

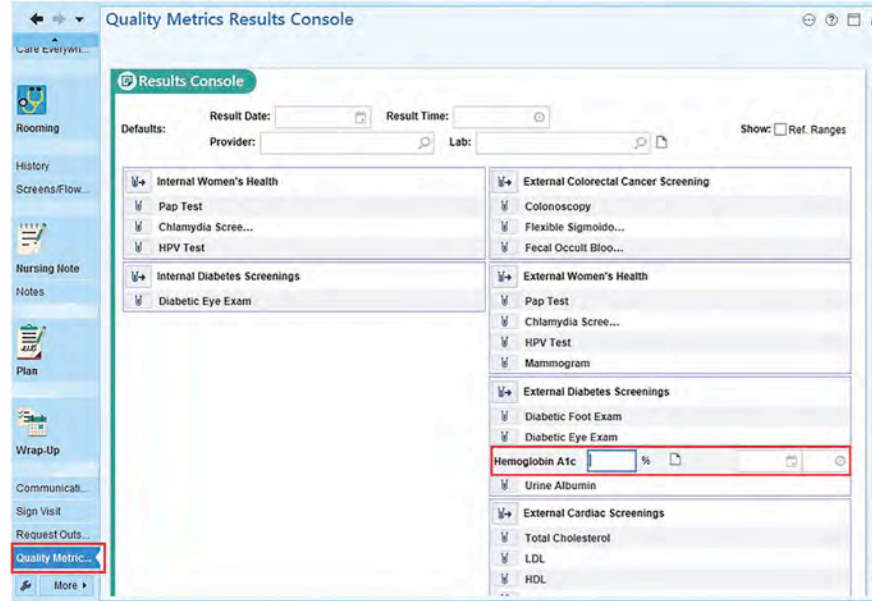
How to Meet the Measure:
HbA1c Control

Diabetes: Hemoglobin A1c Control

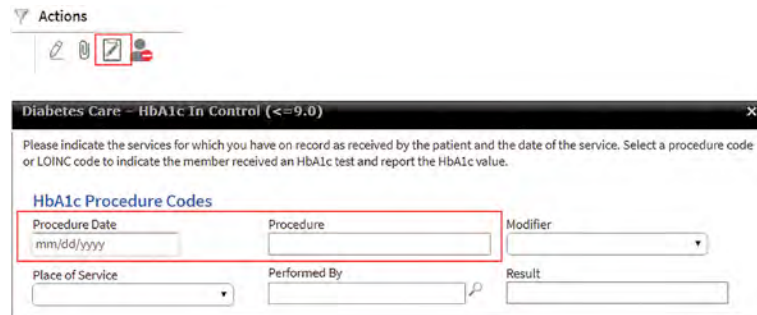
Epic: Providers must follow proper procedures for documenting external labs in the quality metrics results console (see below).

Non-Epic: Providers must document in Coreo (see below).

Epic Quality Metrics Results Console



Coreo HbA1c Documentation

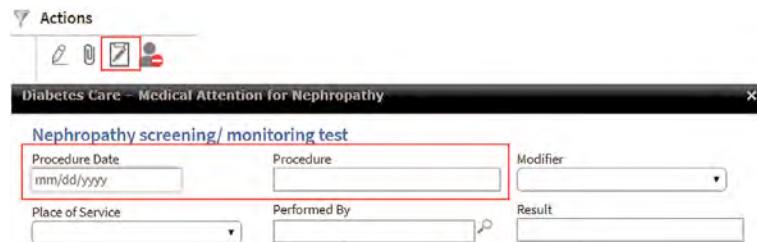


How to Meet the Measure:
Nephropathy Screening

Diabetes: Nephropathy screening

Non-Epic: Providers must document in Coreo (see below).

Coreo Neuropathy Documentation



DIABETES: BLOOD PRESSURE CONTROL (<140/90) – SPECIALISTS

Measure Objective	To encourage the adequate blood pressure control (<140/90) for patients with diabetes
Description	Percentage of HMSA attributed patients with diabetes 18-75 years of age whose blood pressure was adequately controlled (<140/90) during the measurement period based on the most recent blood pressure reading
Points	Total possible: 1.5 points <ul style="list-style-type: none"> • HMSA Commercial: 0.5 point • HMSA Akamai and Essential Advantage: 0.5 point • HMSA Quest: 0.5 point
Program	SSP
Numerator	Patients from the denominator whose most recent blood pressure reading during the measurement period was adequately controlled (less than 140/90)
Denominator	HMSA Commercial, Akamai, Quest and Essential Advantage attributed patients aged 18-75 years of age with diabetes
Exclusions	Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Specialists: Overall HHP group score at or above 85% in Coreo by line of business
Eligible Members	Specialists: Cardiology, Nephrology, Endocrinology
How to Meet the Measure	Collaborate with PCPs on blood pressure management. Epic: Providers must document blood pressure in the Vital Signs section in Epic (see next page). <i>Note: This is an HMSA Payment Transformation related measure</i>

continued on next page

DIABETES: BLOOD PRESSURE CONTROL (<140/90) – SPECIALISTS

Epic Vital Signs section

The screenshot displays the Epic Rooming interface for entering vital signs. The 'Rooming' tab is active, and the 'Vital Signs' sub-tab is highlighted with a red box. The form is titled 'Vital Signs' and shows data for a patient taken on 10/2/18 at 8:24 AM. The data includes:

Field	Value
BP	[Empty]
Weight	28 lb (12.701 kg)
Pain score	0-No pain
Site	[Empty]
Height	3' 1" (0.94 m)
Location	[Empty]
Position	[Empty]
HC	20" (50.8 cm)
Educated?	[Empty]
Cuff size	[Empty]
Resp	[Empty]
Comment	[Empty]
Pulse	[Empty]
SpO2	[Empty]
Temp	37.1 C (98.8 F)
PF (best)	[Empty]
Source	Temporal Scan

Additional interface elements include a 'New Set of Vitals' button, checkboxes for 'Orthostatics' and 'Exclude from Growth Charts', a 'Guidelines' button, and navigation buttons for 'Previous' and 'Next'. Below the vital signs section, the 'Smoking Assessment' section is partially visible with a 'New Reading' button.

DIABETES: EYE EXAM – SPECIALISTS

Measure Objective	To support the identification and timely management of diabetic retinopathy in patients with diabetes
Description	Percentage of HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period (ref: CMS measure: 131v7)
Points	Total possible: 1.5 points <ul style="list-style-type: none"> • HMSA Commercial: 0.5 point • HMSA Akamai and Essential Advantage: 0.5 point • HMSA Quest: 0.5 point
Program	SSP
Numerator	Patients with an eye screening for diabetic retinal disease This includes diabetics who had one of the following: <ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional in the measurement period or • A negative retinal or dilated exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period
Denominator	HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18-75 years of age with diabetes
Exclusions	Patients who were in hospice care during the measurement period
Measurement period	January 1, 2019 - December 31, 2019 (once per reporting period)
Performance Target	Performance by line of business: <ul style="list-style-type: none"> • HMSA Commercial: ≥80% • HMSA Akamai and Essential Advantage: ≥80% • HMSA Quest: ≥80% Specialists: Overall HHP group score at or above 80% in Coreo by line of business
Eligible Members	Specialists: Endocrinology, Ophthalmology

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DIABETES: EYE EXAM – SPECIALISTS

How to Meet the Measure

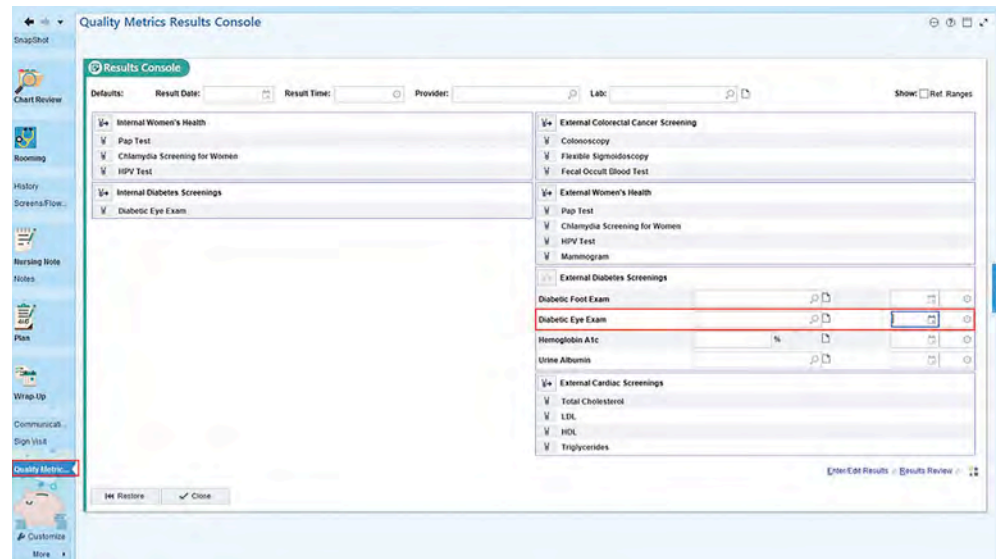
Collaborate with PCPs on diabetic eye care management.

Epic & non-Epic: Providers performing eye exam should use the appropriate 2019 HMSA Payment Transformation codes when applicable: hmsa.com/portal/provider/zav_pel_aa.PAY.100.htm

Epic: Providers must follow proper procedures for documenting external eye exams in the quality metrics results console (see below).

Note: This is an HMSA Payment Transformation related measure

Epic Quality Metrics Results Console



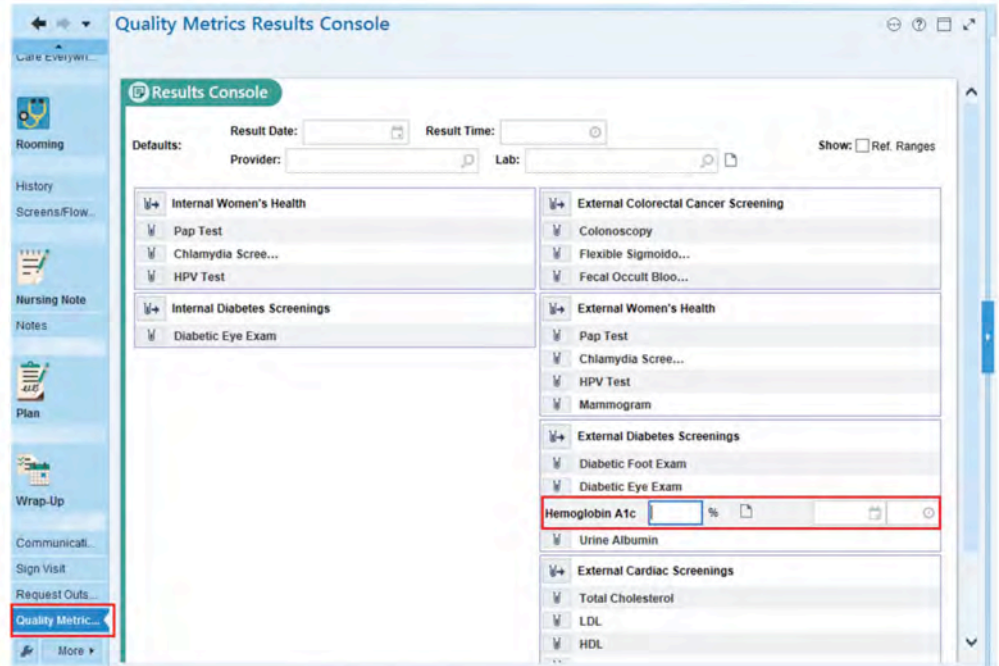
DIABETES: HEMOGLOBIN A1C (HBA1C) CONTROL – SPECIALISTS

Measure Objective	To reduce morbidity associated with diabetes by supporting glycemic control
Description	Percentage of HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
Points	<p>Total possible: 3 points</p> <ul style="list-style-type: none"> • HMSA Commercial: 1 point • HMSA Akamai and Essential Advantage: 1 point • HMSA Quest: 1 point <p>Total: 3 points</p>
Program	SSP
Numerator	Patients from the denominator whose most recent HbA1c level (performed during the measurement period) is > 9.0%
Denominator	HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18-75 years of age with diabetes.
Exclusions	Patients who were in hospice care during the measurement period
Measurement period	January 1, 2019 - December 31, 2019
Performance Target	<p>Performance by line of business:</p> <ul style="list-style-type: none"> • HMSA Commercial: ≤15% • HMSA Akamai and Essential Advantage: ≤15% • HMSA Quest: ≤15% <p>Specialists: Overall HHP group score at or below 15% in Coreo by line of business</p>
Eligible Members	Specialists: Endocrinology
How to Meet the Measure	<p>Collaborate with PCPs on diabetic care management.</p> <p>Epic: Providers must follow proper procedures for documenting external labs in the quality metrics results console (see next page).</p> <p><i>Note: This is an HMSA Payment Transformation related measure</i></p>

continued on next page

DIABETES: HEMOGLOBIN A1C (HBA1C) CONTROL – SPECIALISTS

Epic Quality Metrics Results Console



FALLS RISK ASSESSMENT

Measure Objective	To initiate a regular falls screening program to identify patients at risk for falls with the ultimate goal of preventing related, adverse consequences
Description	Percentage of HMSA commercial, Akamai Advantage and Essential Advantage attributed patients 65 years of age and older who were screened for future fall risk at least once within the measurement period (ref: CMS measure: 139v7)
Points	Total possible: 1 points <ul style="list-style-type: none"> • HMSA Commercial: 0.5 point • Akamai and Essential Advantage: 0.5 point
Program	SSP
Numerator	Patients who were screened for future fall risk at least once within the measurement period
Denominator	HMSA Commercial, Akamai Advantage, and Essential Advantage attributed patients 65 years of age and older who had a visit with an eligible specialty during the measurement period
Exclusions	Patients who were in hospice care during the measurement period Patients who were assessed to be non-ambulatory during the measurement period
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Performance by line of business: <ul style="list-style-type: none"> • HMSA Commercial: 80% • HMSA Akamai and Essential Advantage: 80% Primary Care & Specialists: Individual score at or above 80%
Eligible Members	Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives (including walk-in clinic and urgent care) Specialists: Neurology, Geriatrics

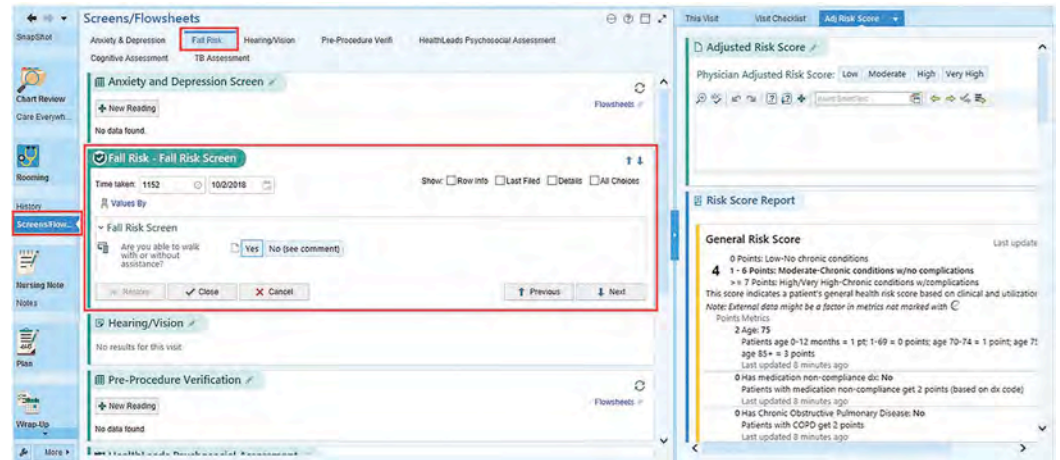
FALLS RISK ASSESSMENT

How to Meet the Measure

Epic: Providers must complete Fall Risk Screen tool in Epic (see below).

Non-Epic: Providers must submit documentation of completed screenings to HHP.

Epic Fall Risk Screen Tool



NSAID UTILIZATION IN CKD PATIENTS

Measure Objective

To reduce the incidence of acute kidney injury in patients with CKD by avoiding nonsteroidal anti-inflammatory drugs (NSAIDs) in individuals with CKD

Description

Avoid ordering NSAIDs in individuals with a diagnosis of CKD stage 3-5, OR the most recent serum creatinine in the last year is greater than or equal to 2.0, OR the most recent eGFR in the last year is less than 60.

This measure is intended to alert providers of patients who have Chronic Kidney Disease and the potential harm of NSAIDs worsening renal dysfunction. Providers should consider alternative medication options when medically appropriate. Clinical judgement takes precedent.

Points

1

Program

SSP

Performance Measurement

An applicable NSAID order for this measure is a medication order of an oral or intravenous NSAID for patients 18 years of age or older with:

- a diagnosis for CKD stage 3-5

or

- serum creatinine in the last year is greater than or equal to 2.0

or

- eGFR in the last year is less than 60.

Inpatient & ED: Includes intravenous administration and oral meds

Ambulatory: Includes only oral meds

Exclusions

Medication frequency excludes one time or PRN order; OR patients diagnosed with gout.

Measurement Period

January 1, 2019 - December 31, 2019

Performance Target

Provider will earn credit in one of two ways:

- Five or less applicable NSAID orders in 2019

or

- 50% reduction in applicable NSAID orders compared to 2018

Eligible Members

All ordering physicians (includes all specialties other than those excluded below) and APRNs carrying a primary care panel of attributed lives with a minimum of five Epic encounters with a CKD patient meeting the criteria in the performance measurement.

Excludes Radiology, Pathology, Nuclear Medicine, and Medical Genetics

How to Meet the Measure

HHP will notify providers of their 2018 performance (sent from info@hawaiihealthpartners.org). If a provider is unsure of their 2018 performance, he/she should contact HHP.

CARE DELIVERY

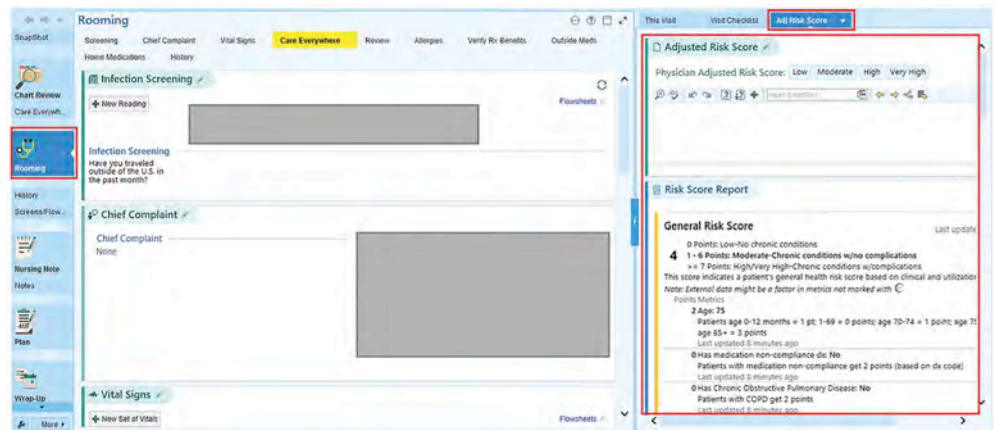
REFERRAL OF HIGH RISK PATIENTS TO HHP COMPLEX CARE PROGRAM

Measure Objective	To improve management of high risk patients, via enrollment in HHP Complex Care Program, with the aim of bettering patient engagement, clinical outcomes and satisfaction, and reducing the projected cost of care
Description	Primary Care Provider (Internal Medicine, Family Medicine, General Practice, APRNs carrying a panel of attributed lives) to refer patients classified as High Risk or Very High Risk per Epic Risk Stratification classification, with at least 2 referrals ultimately enrolling in the HHP Complex Care program
Points	1 point
Program	SSP
Numerator	High Risk or Very High Risk patients referred to, and enrolled in, the HHP Complex Care program
Denominator	HMSA Commercial patients classified as High Risk or Very High Risk per Epic Risk Stratification
Exclusions	N/A
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	Primary Care Provider referral of High Risk or Very High Risk patients to HHP Complex Care via established referral process with 2 of these patients successfully enrolled in the HHP Complex Care program
Eligible Members	Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives with ≥400 HMSA Commercial attributed patients

How to Meet the Measure

Step 1: Check that the patient is high risk or adjust the patient (see below).
 Step 2: At least two patients must enroll to meet the measure.

Epic Risk Score



SCREENING FOR DEPRESSION

Measure Objective	To avoid morbidity associated with depression by increasing early identification and treatment
Description	Percentage of HMSA Commercial attributed patients 12 years of age and older who had an office visit with an eligible PCP type during the measurement period and who were screened for symptoms of depression using an approved screener
Points	1
Program	SSP
Numerator	<p>Patients 12-17 years of age as of December 31st of the measurement period, who were screened for symptoms of depression during the measurement period using one of the following approved tools:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire-2 (PHQ-2) • Patient Health Questionnaire-4 (PHQ-4) • Patient Health Questionnaire-9 (PHQ-9) • Patient Health Questionnaire for Adolescents (PHQ-A) <p>Patients 18 years of age and older who were screened for symptoms of depression during the measurement period, using the following tool:</p> <ul style="list-style-type: none"> • Patient Health Questionnaire-4 (PHQ-4)
Denominator	HMSA Commercial attributed patients ≥ 12 years of age
Exclusions	Patients with diagnosis of depression during the measurement period or year prior
Measurement Period	January 1, 2019 - December 31, 2019
Performance Target	<p>Primary Care: Individual performance scored at or above 70% in either Coreo or HHP Dashboard</p> <p>Specialists: Overall HHP group score at or above 70% in Coreo</p>
Eligible Members	<p>Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives (including walk-in clinic and urgent care)</p> <p>Specialists: Geriatrics, Obstetrics/Gynecology</p>

continued on next page

SCREENING FOR DEPRESSION

How to Meet the Measure

Epic: Providers must complete one of the appropriate screening tools in Epic (see next page).

Non-Epic: Providers must document in Coreo.

Epic depression screening tools

The screenshot shows the 'Anxiety and Depression Screen' flowchart in Epic. The interface includes a navigation pane on the left with options like 'Snapshot', 'Chart Review', 'Rooming', 'History', 'Screens/Flowsheets', 'Nursing Note', 'Notes', 'Plan', 'Wrap-Up', 'Communicate...', 'Sign Visit', 'Request Out...', 'Quality Metric...', and 'Customize'. The main content area displays the 'Anxiety and Depression Screen - Anxiety and Depression Screen' with a time taken of 1244 and a date of 10/15/2018. The form is divided into three main sections, each with a red border:

- PHQ-4:** Over the last 2 weeks, how often have you been bothered by any of the following problems?
 - GAD: Feeling nervous, anxious or on edge. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - GAD: Not being able to stop or control worrying. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - PHQ: Little interest or pleasure in doing things. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - PHQ: Feeling down, depressed, or hopeless. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
- Calculate score? (MyChart):** Yes=0. Below this, there are input fields for 'GAD-2 Total Score' and 'PHQ-2 Total Score'.
- PHQ-9:** Over the last 2 weeks, how often have you been bothered by any of the following problems?
 - Trouble falling or staying asleep, or sleeping too much. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - Feeling tired or having little energy. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - Poor appetite or overeating. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - Feeling bad about yourself - or that you are a failure or have let yourself or your family down. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.
 - Trouble concentrating on things, such as work or school. Options: 0=Not at all, 1=Several days, 2=More than half the days, 3=Nearly every day.

ATTENDANCE AT HHP ANNUAL MEMBERSHIP MEETING

Measure Name	Attendance at HHP Annual Membership Meeting
Measure Objective	To encourage and provide opportunities for collaboration and networking among HHP Members
Description	Attendance and participation at the HHP Annual Membership Meeting
Points	1
Program	SSP
Inclusion	All HHP Members
Exclusions	N/A
Measurement period	January 1, 2019 - December 31, 2019
Performance Target	Arrival and registration at the HHP Annual Meeting by 6:30 pm. Registration will open at 5:30 pm. An exception will be made for those providers with an absence due to unavoidable conflict. Scheduled viewings will be made available at a future date. Email info@hawaiihealthpartners.org for more information. Point will be awarded upon attendance of the scheduled viewing.
Eligible Members	All HHP Members

ENGAGEMENT

PATIENT ENROLLMENT IN MYCHART

Measure Objective	To support the use of technology to support patient-provider communication
Description	Percentage of a Primary Care patient panel who have an activated MyChart account
Points	1
Program	SSP
Numerator	Patients from the denominator who have an activated MyChart account
Denominator	All patients on the panels of HHP Primary Care Providers
Exclusions	N/A
Measurement period	January 1, 2019 - December 31, 2019
Performance Target	≥55% of patients on panel with an activated MyChart account
Eligible Members	Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives on Epic
How to Meet the Measure	Patients must activate MyChart account

USE OF HHP DASHBOARD

Measure Objective

To support effective population health management by encouraging the evaluation of patient data through the use of the HHP Dashboard by PCPs

Description

Access and use of the HHP Dashboard for population health management

Points

1

Program

SSP

Inclusion

All PCPs with an active HHP Dashboard account as of October 1, 2019

Exclusions

N/A

Measurement period

January 1, 2019 - December 31, 2019

Performance Target

Physician must log in to dashboard at least once per month for at least 10 months of the measurement period OR if a provider joined HHP during the measurement period, at least 80% of the months dashboard was active.

Eligible Members

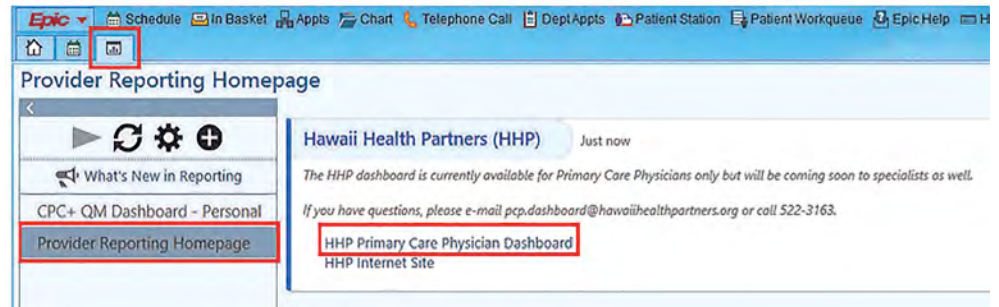
Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives

How to Meet the Measure

The HHP dashboard is available in Epic.

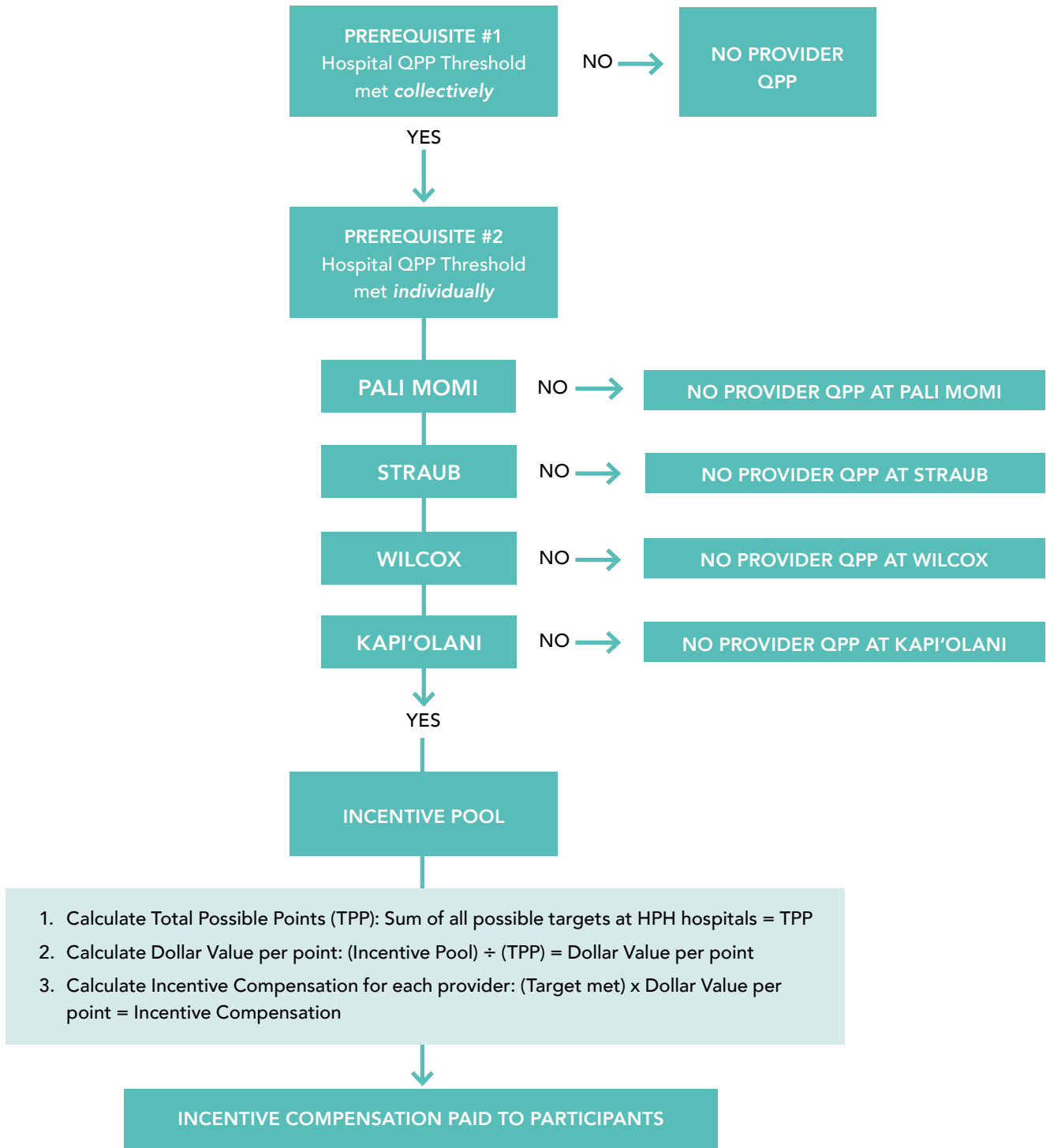
Health Advantage Connect (HAC) providers should log into portal.hawaiiipacifichealth.org to access the HHP Dashboard in Epic.

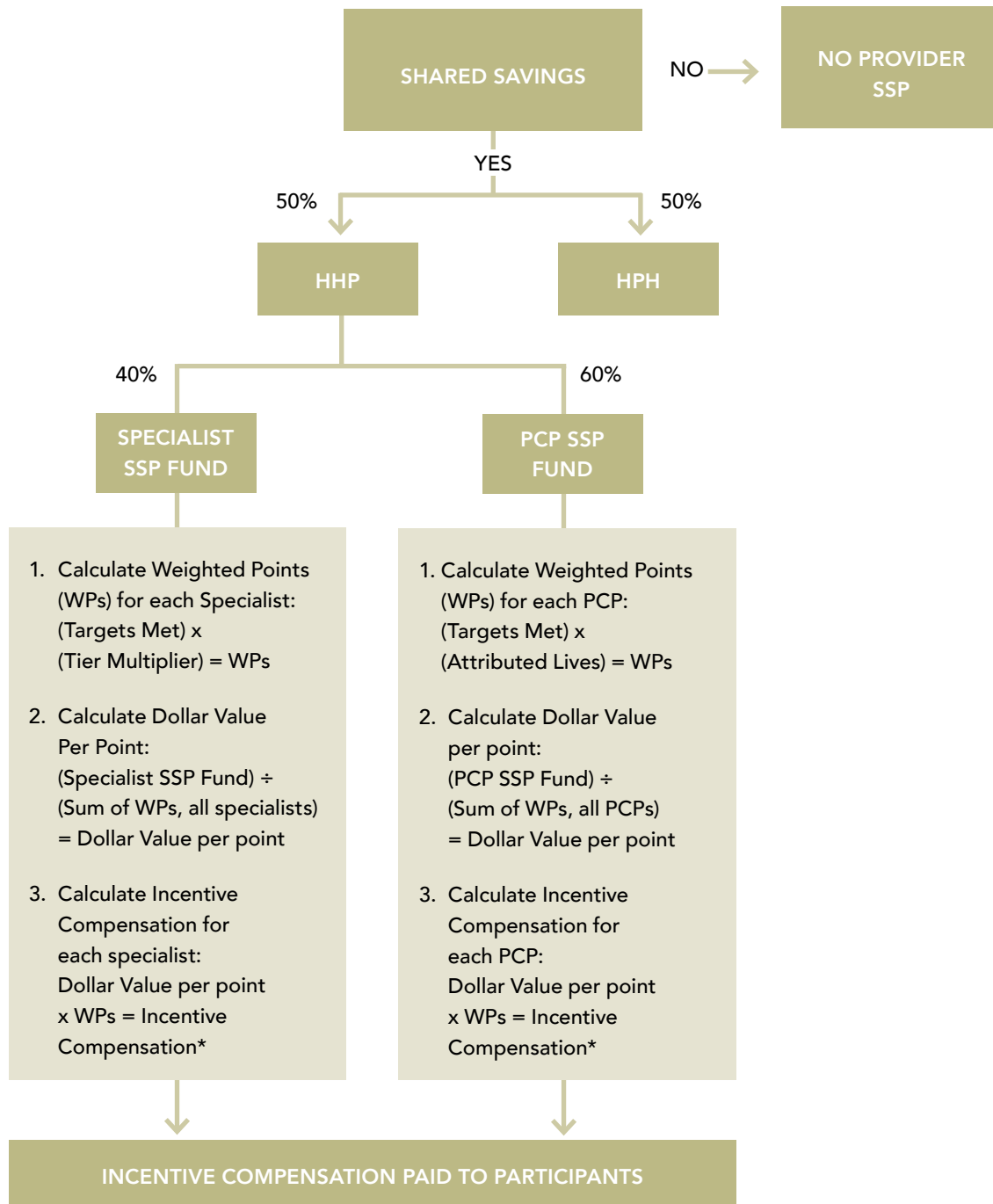
HHP Dashboard (all providers)



APPENDIX A:

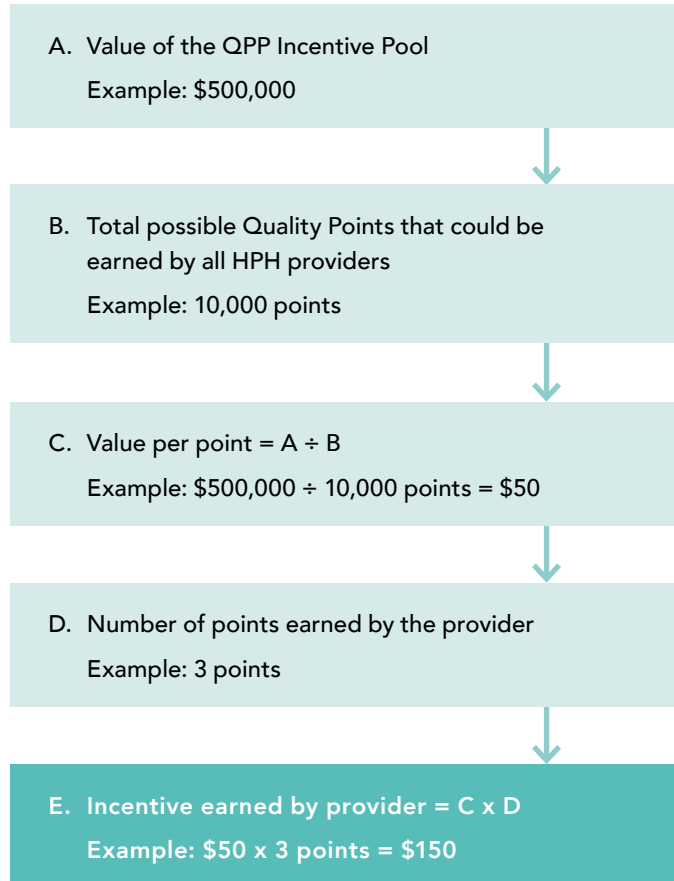
HOW INCENTIVE POOLS GET FUNDED
QUALITY PERFORMANCE PROGRAM





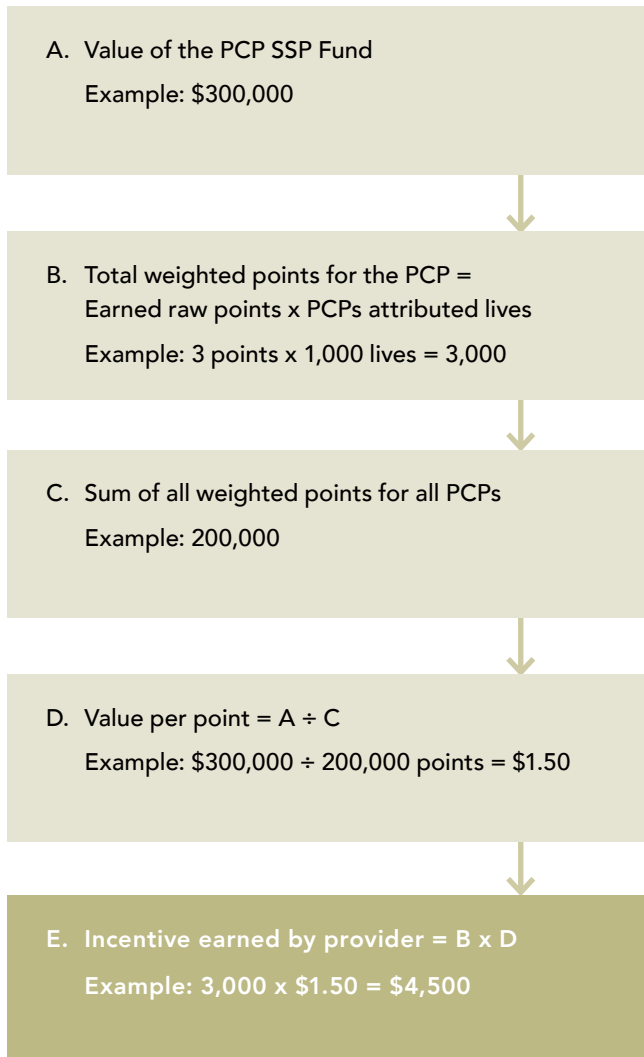
*No PCP or specialist shall be entitled to receive incentive compensation under the HHP Shared Savings Program that is equal to or greater than a factor of two times the amount that the same PCP or specialist would have received if all PCPs and specialists earned full points under the SSP Measures of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

APPENDIX C:

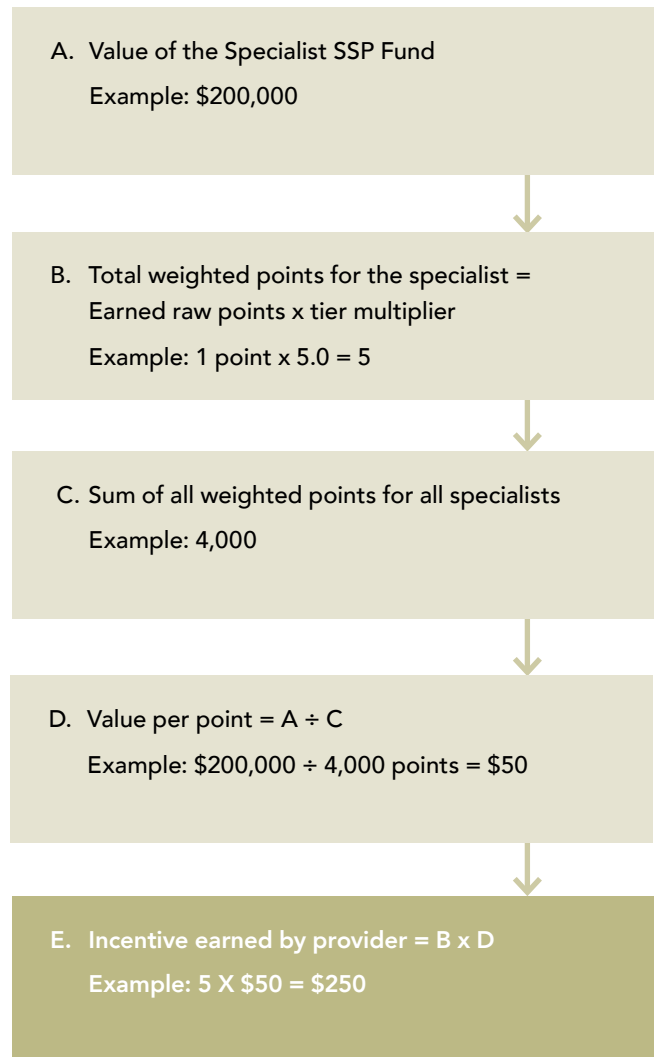
PROVIDER PAYOUT CALCULATIONS
QUALITY PERFORMANCE PROGRAM

*If the provider's affiliated HPH Hospital Performance threshold was not met, then no incentives are distributed.

SHARED SAVINGS PROGRAM FOR PCPS



SHARED SAVINGS PROGRAM FOR SPECIALISTS



APPENDIX D:

COMPENSATING SPECIALISTS
SHARED SAVINGS PROGRAM

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	Specialties	Tier Multiplier 1 Behavioral
Foundational	<ul style="list-style-type: none"> • Allergy & Immunology • Anesthesiology • Dermatology • Dermatopathology • Developmental-Behavioral Peds • Medical Genetics 	<ul style="list-style-type: none"> • Nuclear Medicine • Occupational Medicine • Pathology • Podiatry • Sports Medicine

Tier Name	Specialties	Tier Multiplier 2
Population Health	<ul style="list-style-type: none"> • Adolescent Medicine (non-PCP) • Cardiac Electrophysiology • Clinical Psychology • Critical Care Medicine • Diagnostic Radiology • Family Medicine (non-PCP) • Gastroenterology • General Practice (non-PCP) • General Surgery • Gynecologic Oncology • Hematology/Oncology • Infectious Disease • Interventional Radiology • Maternal & Fetal Medicine • Medical Oncology • Neonatology • Neurology • Neuroradiology • Neurosurgery • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Cardiology • Pediatric Critical Care 	<ul style="list-style-type: none"> • Pediatric Endocrinology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Infectious Diseases • Pediatric Nephrology • Pediatric Neurology • Pediatric Pulmonology • Pediatric Rheumatology • Pediatric Sports Medicine • Pediatric Surgery • Pediatric Urology • Pediatrics (non-PCP) • Physical Medicine & Rehab • Plastic Surgery • Psychiatry • Radiation Oncology • Repro Endocrin/Infertility • Rheumatology • Surgical Oncology • Thoracic Surgery • Urogynecology/Pelvic Reconstruction • Urology • Vascular Surgery

Tier Name	Specialties	Tier Multiplier 5
Targeted Initiatives	<ul style="list-style-type: none"> • Cardiology • Emergency Medicine • Endocrinology • Geriatric Medicine • Gynecology • Hospice and Palliative Medicine • Hospitalist – Family Medicine 	<ul style="list-style-type: none"> • Hospitalist – Internal Medicine • Hospitalist – Pediatrics • Nephrology • Obstetrics & Gynecology • Pediatric Emergency Medicine • Pulmonary Disease

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