2020

PROGRAM GUIDE

HAWAIʻI PACIFIC HEALTH | HAWAIʻI HEALTH PARTNERS

Creating a healthier Hawaiʻi

CONTENTS

Creating a healthier Hawai'i

LETTER TO COLLEAGUES 3

PROGRAM GUIDE FOR PROVIDERS

Overview 4

Quality Performance Program 4

Shared Savings Program 4

Individual vs. Group Provider Participation 4

Measurement Period 4

POSSIBLE POINTS BY SPECIALTY

Quality Performance Program (QPP) 5-7

Shared Savings Program (SSP) 8-13

QUALITY PERFORMANCE AND SHARED SAVINGS PROGRAM

Quality Performance Program (QPP)

Criteria for Receiving Incentives 14

Shared Savings Program (SSP)

Criteria for Receiving Incentives 14

MEASURES IN BOTH QPP AND SSP

Attendance at HHP Annual Membership Meeting 16

HHP Learning Modules 17

Participation in HHP Clinical Workgroups 18

QUALITY PERFORMANCE PROGRAM MEASURES

Advance Care Planning in the Ambulatory Setting 22

Advance Care Planning in the Inpatient Setting 24

Enhanced Recovery After Surgery (ERAS) Order Sets 25

Hospital Acquired Harm 26

Obstructive Sleep Apnea Screening 27

Oncology Staging: Clinical 28

Perioperative Surgical Home: Surgeon Participation 31

Sepsis and Septic Shock: Management Bundle (Composite Measure) 32

Vermont Oxford Network for VLBW and Expanded Database Measures 34

SHARED SAVINGS PROGRAM MEASURES

Adolescent HPV Immunization 36
Adolescent Immunizations. 38
Adolescent Well-Care Visit 41
Avoidable ED Utilization 42
Controlling High Blood Pressure. 44
Diabetes Bundle – Primary Care 47
Diabetes: Eye Exam – Specialists 51
Diabetes: Hemoglobin A1c (HbA1c) Control – Specialists. 53
Diabetes: Hemoglobin A1c (HbA1c) Lab Completion Rate 55
End of Life Care for Cancer Patients 56
Mammogram Imaging Callback Rates 57
National Imaging Associates (NIA)/Magellan Prior Authorizations 58
NSAID Utilization in CKD Patients. 59
Osteoporosis Management in Women Who Had a Fracture 60
Postpartum Care 62
Prenatal Care 63
Provider Use of Epic eConsults 64
Provider Use of MyChart eVisits 65
Referral of High Risk Patients to HHP Complex Care Program 66
Use of High Risk Medications in the Elderly 67
Use of HHP Dashboard 68

APPENDIX

Appendix E: Compensating Specialists
Shared Savings Program 73

COLLEAGUES:

In 2014, Hawai'i Health Partners was formed giving impetus to the healthcare transformation movement in Hawai'i. Six years later, with over 130,000 patient lives and a membership of more than 900 healthcare providers, we are still the leader of value-based healthcare and advocates of the quadruple aim framework in Hawai'i – improving patient experience (quality and satisfaction); improving population health; decreasing health care costs; and increasing care team wellbeing.

Now in our third year of moving toward global capitation and second year of the three year Accountable Care Agreement (ACA), the design of this year's Quality Performance and Shared Savings Programs (QPP/SSP) is important to our success in value-based care. An expanded and improved QPP/SSP has been created through the collaborative efforts of the Finance and Quality & Clinical Integration Committees as well as the Metrics Subcommittee, the physician-led HHP Board of Managers, HHP administration, and with input from the membership at large.

It is our pleasure to present the 2020 Program Guide, developed with your feedback along with these guiding principles:

- Clinically meaningful and impactful measures
- Broad participation for members
- Promoting appropriate, high-quality care
- Improving patient access
- Developing more efficient processes for better patient outcomes
- Sharing provider knowledge across referring specialties

This year's Program Guide spans 78 specialties and clinical practice areas for Primary Care and specialists, with more than 30 measures – opportunities to earn points and deliver high-quality and high-value care to your patients. Over the next year, we ask that you take advantage of the QPP/SSP and use it as a conduit for driving change.

You are the forward-thinkers and decision-makers in our journey to transform health care. Your engagement determines what it looks like for providers to own their future, and to that end, we will continue to be your partners, in the thick of it.

Thank you for your commitment to transform healthcare in Hawai'i.

Sincerely,

Gerard Livaudais, MD, MPH, FACP

Vice President

Hawai'i Health Partners Overview

As the state's first physician-led Accountable Care Organization (ACO), Hawai'i Health Partners (HHP) manages the integration of a high-performing network of providers, facilities, and hospitals; aligned to provide patient-centered, high-quality care. We are a physician-led ACO; our goal is to improve health care in Hawai'i by focusing on value-based care, increasing efficiency and developing a network that provides highly coordinated care with optimal patient health outcomes.

To engage individual providers under these goals, Hawai'i Health Partners has two performance programs, the Quality Performance and Shared Savings Programs, with potential for incentive payments. Each has unique characteristics and methodologies for how the programs are funded and rewards are 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 **eligible** HHP providers, regardless of whether the provider joins as an individual or as a member of a group. 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.

Measurement Period

Both programs are annual programs starting on January 1, 2020 and ending December 31, 2020. Quarterly interim reports are provided throughout the year. However, final eligibility for incentive payments and final performance scores are determined after the end of the calendar year. Payment will be made following determination of fund availability.
For more information, contact Info@hawaiihealthpartners.org.

QPP

POINTS BY SPECIALTY
QUALITY PERFORMANCE PROGRAM

Page	16	17	18	22	24	25	26	27	28	31	32	34
	Attendance at HHP Annual Membership Meeting	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	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Obstructive Sleep Apnea Screening	Oncology Staging: Clinical	Perioperative Surgical Home: Surgeon 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	0.25	1	1								
Family Medicine (PCP)	0.5	0.25	1	1								
General Practice (PCP)	0.5	0.25	1	1								
Internal Medicine (PCP)	0.5	0.25	1	1								
Pediatrics (PCP)	0.5	0.25	1									
SPECIALIST												
Adolescent Medicine (non-PCP)	0.5	0.25	1									
Allergy & Immunology	0.5	0.25	1									
Anesthesiology	0.5	0.25	1			1	1	1				
Cardiac Electrophysiology	0.5	0.25	1				1					
Cardiology	0.5	0.25	1				1					
Clinical Psychology	0.5	0.25	1									
Critical Care Medicine	0.5	0.25	1		1		1				2	
Dermatology	0.5	0.25	1									
Dermatopathology	0.5	0.25	1									
Developmental-Behavioral Peds	0.5	0.25	1									
Diagnostic Radiology	0.5	0.25	1									
Emergency Medicine	0.5	0.25	1				1				2	
Endocrinology	0.5	0.25	1									
Family Medicine (non-PCP)	0.5	0.25	1									
Gastroenterology	0.5	0.25	1				1		1			
General Practice (non-PCP)	0.5	0.25	1									
General Surgery	0.5	0.25	1			1	1		1	1	1	
Geriatric Medicine	0.5	0.25	1	1								
Gynecologic Oncology	0.5	0.25	1			1	1		1	1	1	

QPP

POINTS BY SPECIALTY
QUALITY PERFORMANCE PROGRAM

	Page	16	17	18	22	24	25	26	27	28	31	32	34
		Attendance at HHP Annual Membership Meeting	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	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Obstructive Sleep Apnea Screening	Oncology Staging: Clinical	Perioperative Surgical Home: Surgeon Participation	Sepsis and Septic Shock: Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
Gynecology		0.5	0.25	1			1	1		1	1	1	
Hematology/Oncology		0.5	0.25	1				1		1			
Hospice and Palliative Medicine		0.5	0.25	1		1		1					
Hospitalist - Family Medicine		0.5	0.25	1		1		1				2	
Hospitalist - Internal Medicine		0.5	0.25	1		1		1				2	
Hospitalist - Pediatrics		0.5	0.25	1				1				2	
Infectious Disease		0.5	0.25	1				1					
Internal Medicine (non-PCP)		0.5	0.25	1									
Interventional Radiology		0.5	0.25	1				1					
Maternal & Fetal Medicine		0.5	0.25	1				1					
Medical Genetics		0.5	0.25	1									
Neonatology		0.5	0.25	1				1					2.5
Nephrology		0.5	0.25	1				1					
Neurology		0.5	0.25	1				1					
Neuroradiology		0.5	0.25	1									
Neurosurgery		0.5	0.25	1				1		1	1	1	
Nuclear Medicine		0.5	0.25	1									
Obstetrics & Gynecology		0.5	0.25	1			1	1		1	1	1	
Occupational Medicine		0.5	0.25	1									
Ophthalmology		0.5	0.25	1				1		1	1	1	
Orthopedic Surgery		0.5	0.25	1			1	1		1	1	1	
Otolaryngology		0.5	0.25	1				1		1	1	1	
Pathology		0.5	0.25	1									
Pediatric Cardiology		0.5	0.25	1				1					
Pediatric Critical Care		0.5	0.25	1				1				2	
Pediatric Emergency Medicine		0.5	0.25	1				1				2	
Pediatric Endocrinology		0.5	0.25	1				1					

QPP

POINTS BY SPECIALTY
QUALITY PERFORMANCE PROGRAM

	Page	16	17	18	22	24	25	26	27	28	31	32	34
		Attendance at HHP Annual Membership Meeting	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	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Obstructive Sleep Apnea Screening	Oncology Staging: Clinical	Perioperative Surgical Home: Surgeon Participation	Sepsis and Septic Shock: Management Bundle	Vermont Oxford Network for VLBW and Expanded Database Measures
Pediatric Gastroenterology		0.5	0.25	1				1		1			
Pediatric Hematology/Oncology		0.5	0.25	1				1		1			
Pediatric Infectious Diseases		0.5	0.25	1				1					
Pediatric Nephrology		0.5	0.25	1				1					
Pediatric Neurology		0.5	0.25	1				1		1			
Pediatric Pulmonology		0.5	0.25	1				1					
Pediatric Rheumatology		0.5	0.25	1									
Pediatric Sports Medicine		0.5	0.25	1									
Pediatric Surgery		0.5	0.25	1			1	1		1	1	1	
Pediatric Urology		0.5	0.25	1				1		1	1	1	
Pediatrics (non-PCP)		0.5	0.25	1									
Physical Medicine & Rehab		0.5	0.25	1									
Plastic Surgery		0.5	0.25	1				1		1	1	1	
Podiatry		0.5	0.25	1				1		1	1	1	
Psychiatry		0.5	0.25	1									
Pulmonology		0.5	0.25	1				1					
Radiation Oncology		0.5	0.25	1									
Repro Endocrin/Infertility		0.5	0.25	1									
Rheumatology		0.5	0.25	1									
Sleep Medicine		0.5	0.25	1									
Sports Medicine		0.5	0.25	1									
Surgical Oncology		0.5	0.25	1			1	1		1	1	1	
Thoracic Surgery		0.5	0.25	1				1		1	1	1	
Urgent Care/Walk-In		0.5	0.25	1									
Urogynecology & Pelvic Reconstruction		0.5	0.25	1			1	1		1	1	1	
Urology		0.5	0.25	1				1		1	1	1	
Vascular Surgery		0.5	0.25	1				1		1	1	1	

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	16	17	18	36	38	41	42	44	47	51	53	55
		Attendance at HHP Annual Membership Meeting	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: Eye Exam - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Control - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Lab Completion Rate
PRIMARY CARE (carrying a panel)													
Advanced Practice RN (APRN) carrying a primary care panel		0.5	0.25	1	2	2	2	1	1.5	9			2
Family Medicine (PCP)		0.5	0.25	1	2	2	2	1	1.5	9			2
General Practice (PCP)		0.5	0.25	1	2	2	2	1	1.5	9			2
Internal Medicine (PCP)		0.5	0.25	1				1	1.5	9			2
Pediatrics (PCP)		0.5	0.25	1	2	2	2	1					2
SPECIALIST													
Adolescent Medicine (non-PCP)		0.5	0.25	1				1					
Allergy & Immunology		0.5	0.25	1				1					
Anesthesiology		0.5	0.25	1				1					
Cardiac Electrophysiology		0.5	0.25	1				1					
Cardiology		0.5	0.25	1				1	1.5				
Clinical Psychology		0.5	0.25	1				1					
Critical Care Medicine		0.5	0.25	1				1					
Dermatology		0.5	0.25	1				1					
Dermatopathology		0.5	0.25	1				1					
Developmental-Behavioral Peds		0.5	0.25	1				1					
Diagnostic Radiology		0.5	0.25	1									
Emergency Medicine		0.5	0.25	1				1					
Endocrinology		0.5	0.25	1				1	1.5		1.5	3	
Family Medicine (non-PCP)		0.5	0.25	1				1					
Gastroenterology		0.5	0.25	1				1					
General Practice (non-PCP)		0.5	0.25	1				1					
General Surgery		0.5	0.25	1				1					
Geriatric Medicine		0.5	0.25	1				1					
Gynecologic Oncology		0.5	0.25	1				1					
Gynecology		0.5	0.25	1				1					
Hematology/Oncology		0.5	0.25	1				1					
Hospice and Palliative Medicine		0.5	0.25	1				1					

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	56	57	58	59	60	62	63	64	65	66	67	68
		End of Life Care for Cancer Patients	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Postpartum Care	Prenatal Care	Provider Use of Epic eConsults	Provider Use of MyChart eVisits	Referral of High Risk Patients to HHP Complex Care Program	Use of High Risk Medications in the Elderly	Use of HHP Dashboard
PRIMARY CARE (carrying a panel)													
Advanced Practice RN (APRN) carrying a primary care panel				1	1	1	1	1	1	1	1	1	1
Family Medicine (PCP)				1	1	1	1	1	1	1	1	1	1
General Practice (PCP)				1	1	1	1	1	1	1	1	1	1
Internal Medicine (PCP)				1	1	1	1	1	1	1	1	1	1
Pediatrics (PCP)				1	1		1	1	1	1			1
SPECIALIST													
Adolescent Medicine (non-PCP)				1	1				1			1	
Allergy & Immunology				1	1				1			1	
Anesthesiology					1				1			1	
Cardiac Electrophysiology				1	1				1			1	
Cardiology				1	1				1			1	
Clinical Psychology				1	1				1			1	
Critical Care Medicine					1				1			1	
Dermatology				1	1				1			1	
Dermatopathology				1	1				1			1	
Developmental-Behavioral Peds				1	1				1			1	
Diagnostic Radiology			1						1				
Emergency Medicine					1				1			1	
Endocrinology				1	1				1			1	
Family Medicine (non-PCP)				1	1				1			1	
Gastroenterology				1	1				1			1	
General Practice (non-PCP)				1	1				1			1	
General Surgery				1	1				1			1	
Geriatric Medicine				1	1				1			1	
Gynecologic Oncology				1	1				1			1	
Gynecology				1	1		1	1	1			1	
Hematology/Oncology		1		1	1				1			1	
Hospice and Palliative Medicine				1	1				1			1	

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	16	17	18	36	38	41	42	44	47	51	53	55
		Attendance at HHP Annual Membership Meeting	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: Eye Exam - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Control - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Lab Completion Rate
Hospitalist - Family Medicine		0.5	0.25	1				1					
Hospitalist - Internal Medicine		0.5	0.25	1				1					
Hospitalist - Pediatrics		0.5	0.25	1				1					
Infectious Disease		0.5	0.25	1				1					
Internal Medicine (non-PCP)		0.5	0.25	1				1					
Interventional Radiology		0.5	0.25	1				1					
Maternal & Fetal Medicine		0.5	0.25	1				1					
Medical Genetics		0.5	0.25	1									
Neonatology		0.5	0.25	1				1					
Nephrology		0.5	0.25	1				1	1.5				
Neurology		0.5	0.25	1				1					
Neuroradiology		0.5	0.25	1									
Neurosurgery		0.5	0.25	1				1					
Nuclear Medicine		0.5	0.25	1									
Obstetrics & Gynecology		0.5	0.25	1				1					
Occupational Medicine		0.5	0.25	1				1					
Ophthalmology		0.5	0.25	1				1			1.5		
Orthopedic Surgery		0.5	0.25	1				1					
Otolaryngology		0.5	0.25	1				1					
Pathology		0.5	0.25	1									
Pediatric Cardiology		0.5	0.25	1				1					
Pediatric Critical Care		0.5	0.25	1				1					
Pediatric Emergency Medicine		0.5	0.25	1				1					
Pediatric Endocrinology		0.5	0.25	1				1					
Pediatric Gastroenterology		0.5	0.25	1				1					
Pediatric Hematology/Oncology		0.5	0.25	1				1					
Pediatric Infectious Diseases		0.5	0.25	1				1					
Pediatric Nephrology		0.5	0.25	1				1					
Pediatric Neurology		0.5	0.25	1				1					

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	56	57	58	59	60	62	63	64	65	66	67	68
		End of Life Care for Cancer Patients	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Postpartum Care	Prenatal Care	Provider Use of Epic eConsults	Provider Use of MyChart eVisits	Referral of High Risk Patients to HHP Complex Care Program	Use of High Risk Medications in the Elderly	Use of HHP Dashboard
Hospitalist - Family Medicine					1				1			1	
Hospitalist - Internal Medicine					1				1			1	
Hospitalist - Pediatrics					1				1			1	
Infectious Disease				1	1				1			1	
Internal Medicine (non-PCP)				1	1				1			1	
Interventional Radiology									1				
Maternal & Fetal Medicine				1	1				1				
Medical Genetics									1				
Neonatology				1	1				1			1	
Nephrology				1	1				1			1	
Neurology				1	1				1			1	
Neuroradiology									1				
Neurosurgery				1	1				1			1	
Nuclear Medicine									1				
Obstetrics & Gynecology				1	1		1	1	1			1	
Occupational Medicine					1				1			1	
Ophthalmology				1	1				1			1	
Orthopedic Surgery				1	1				1			1	
Otolaryngology				1	1				1			1	
Pathology									1				
Pediatric Cardiology				1	1				1			1	
Pediatric Critical Care				1	1				1			1	
Pediatric Emergency Medicine				1	1				1			1	
Pediatric Endocrinology				1	1				1			1	
Pediatric Gastroenterology				1	1				1			1	
Pediatric Hematology/Oncology		1		1	1				1			1	
Pediatric Infectious Diseases				1	1				1			1	
Pediatric Nephrology				1	1				1			1	
Pediatric Neurology				1	1				1			1	

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	16	17	18	36	38	41	42	44	47	51	53	55
		Attendance at HHP Annual Membership Meeting	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: Eye Exam - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Control - Specialists	Diabetes: Hemoglobin A1c (HbA1c) Lab Completion Rate
Pediatric Pulmonology		0.5	0.25	1				1					
Pediatric Rheumatology		0.5	0.25	1				1					
Pediatric Sports Medicine		0.5	0.25	1				1					
Pediatric Surgery		0.5	0.25	1				1					
Pediatric Urology		0.5	0.25	1				1					
Pediatrics (non-PCP)		0.5	0.25	1				1					
Physical Medicine & Rehab		0.5	0.25	1				1					
Plastic Surgery		0.5	0.25	1				1					
Podiatry		0.5	0.25	1				1					
Psychiatry		0.5	0.25	1				1					
Pulmonology		0.5	0.25	1				1					
Radiation Oncology		0.5	0.25	1				1					
Repro Endocrin/Infertility		0.5	0.25	1				1					
Rheumatology		0.5	0.25	1				1					
Sleep Medicine		0.5	0.25	1				1					
Sports Medicine		0.5	0.25	1				1					
Surgical Oncology		0.5	0.25	1				1					
Thoracic Surgery		0.5	0.25	1				1					
Urgent Care/Walk-In		0.5	0.25	1				1					
Urogynecology & Pelvic Reconstruction		0.5	0.25	1				1					
Urology		0.5	0.25	1				1					
Vascular Surgery		0.5	0.25	1				1					

SSP

POINTS BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	56	57	58	59	60	62	63	64	65	66	67	68
		End of Life Care for Cancer Patients	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Postpartum Care	Prenatal Care	Provider Use of Epic eConsults	Provider Use of MyChart eVisits	Referral of High Risk Patients to HHP Complex Care Program	Use of High Risk Medications in the Elderly	Use of HHP Dashboard
Pediatric Pulmonology				1	1				1			1	
Pediatric Rheumatology				1	1				1			1	
Pediatric Sports Medicine				1	1				1			1	
Pediatric Surgery				1	1				1			1	
Pediatric Urology				1	1				1			1	
Pediatrics (non-PCP)				1	1				1			1	
Physical Medicine & Rehab				1	1				1			1	
Plastic Surgery				1	1				1			1	
Podiatry				1	1				1			1	
Psychiatry				1	1				1			1	
Pulmonology				1	1				1			1	
Radiation Oncology				1	1				1			1	
Repro Endocrin/Infertility				1	1				1				
Rheumatology				1	1				1			1	
Sleep Medicine				1	1				1			1	
Sports Medicine				1	1				1			1	
Surgical Oncology				1	1				1			1	
Thoracic Surgery				1	1				1			1	
Urgent Care/Walk-In				1	1				1			1	
Urogynecology & Pelvic Reconstruction				1	1				1			1	
Urology				1	1				1			1	
Vascular Surgery				1	1				1			1	

QUALITY PERFORMANCE PROGRAM & SHARED SAVINGS PROGRAM

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 credentialed, participating provider of HHP for at least 90 days of the measurement year.

2. The collective HPH hospital system quality 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. Providers may contact HHP to change their primary facility. This designation is reviewed during the credentialing and reappointment process, and is subject to approval by the HHP Board of Managers. Measure eligibility will be based on the provider's primary facility during the majority of the measurement period.

4. The provider meets the quality thresholds for those applicable measures, based on the provider's specialty or clinical practice area 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 credentialed, 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 applicable measures, based on the provider's specialty or clinical practice area and the minimum patient threshold for measures with defined thresholds.

    a. For PCPs, the Shared Savings payout will be calculated based on the points earned multiplied by either 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.

    b. 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.

Creating a *healthier* Hawai'i

MEASURES IN BOTH QUALITY PERFORMANCE AND SHARED SAVINGS PROGRAMS

ENGAGEMENT

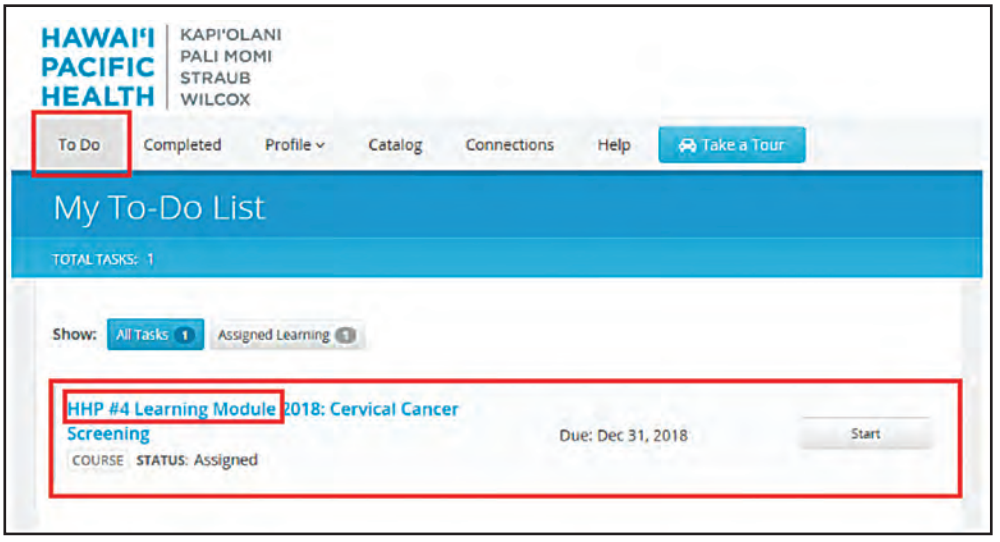
ATTENDANCE AT HHP ANNUAL MEMBERSHIP MEETING

Measure Objective	Encourage provider engagement and provide opportunities for collaboration and networking among HHP members; share information about HHP programs, initiatives, and physician-led enterprises.
Description	Attendance at and participation in the HHP Annual Membership Meeting
Points	Total Points: 1 • QPP: 0.5 point • SSP: 0.5 point
Program	QPP & SSP
Inclusion	All eligible HHP members
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Arrival and registration by the designated time. An exception will be made for those providers with late attendance or absence due to unavoidable clinical duties. Prior notification to Info@Hawaiihealthpartners.org is required for late attendance or absence due to unavoidable clinical duties. Scheduled viewings will be made available at a future date for those providers who were absent due to unavoidable clinical duties. Available dates and times of the scheduled viewings will be sent to those who provide prior notification. Points will be awarded upon attendance of the meeting or scheduled viewing.
Eligible Members	All eligible HHP embers

ENGAGEMENT

HHP LEARNING MODULES

Measure Objective	Provide an educational resource to support implementation of care improvement processes that target care quality, outcomes, and efficiency
Description	Completion of HHP learning modules
Points	Completing one HHP learning module earns **0.25 QPP point** and **0.25 SSP point** (a total of 0.5 point). Maximum 4 points possible (2 QPP and 2 SPP points). Creating and recording one HHP learning module earns **1 QPP point** and **1 SSP point** (a total of 2 points). Maximum 4 points possible (2 QPP and 2 SPP points).
Program	QPP & SSP
Inclusion	All eligible HHP members
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Completion of HHP learning modules To create and record a learning module, contact Info@hawaiihealthpartners.org.
Eligible Members	All eligible HHP members
Proposed Learning Module Topics	**Topics to be determined**
How to Meet the Measure	Complete assigned HHP specific learning modules. If learning modules do not appear in assigned learning, providers should contact Info@hawaiihealthpartners.org.



CITIZENSHIP

PARTICIPATION IN HHP CLINICAL WORKGROUPS

Measure Objective	Increase multi-specialty participation in HHP-chartered hospital or ambulatory clinical workgroups aimed at developing standards of care to improve quality, population health, care coordination, and cost of care
Description	Participation in HHP-chartered clinical workgroups *See hawaiihealthpartners.org for more information on available workgroups and related responsibilities.*
Points	Total possible points per workgroup: 1 - 4 points **Workgroup Member** Meaningful participation and attendance of at least 50% of meetings held earns **0.5 QPP point** and **0.5 SSP point** (a total of 1 point). Meaningful participation and attendance of at least 75% of meetings held earns **1 QPP point** and **1 SSP point** (a total of 2 points). **Workgroup Chair** Chairing a workgroup earns **2 QPP points** and **2 SSP points** (a total of 4 points).
Program	QPP & SSP
Inclusion	All eligible HHP members
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Active participation in workgroups as reflected by attendance of at least 50% and demonstration of meaningful participation of workgroup member
Eligible Members	All eligible HHP members
How to Meet the Measure	**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 provider 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, verified by workgroup chair, and then summarized in quarterly reporting to the Quality and Clinical Integration (QCI) Committee.**

continued on next page

PARTICIPATION IN HHP CLINICAL WORKGROUPS

Workgroup Chair Job Description

Each workgroup chair is eligible to receive up to four points: two QPP points and two SSP points.

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 QCI 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.

Creating a healthier Hawai'i

QUALITY PERFORMANCE PROGRAM MEASURES

ADVANCE CARE PLANNING IN THE AMBULATORY SETTING

Measure Objective	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, 2020 - December 31, 2020
Performance Target	≥80% Primary Care: Individual score at or above 80% in Coreo or the HHP Dashboard Specialists: **Overall HHP aggregate score** at or above 80% in Coreo
Eligible Members	Primary Care: Internal Medicine, General Practice, Family Medicine, and APRNs carrying a primary care panel of attributed lives Specialists: Geriatric Medicine
How to Meet the Measure	Providers should use the following codes: **CPT-II Codes:** • 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:

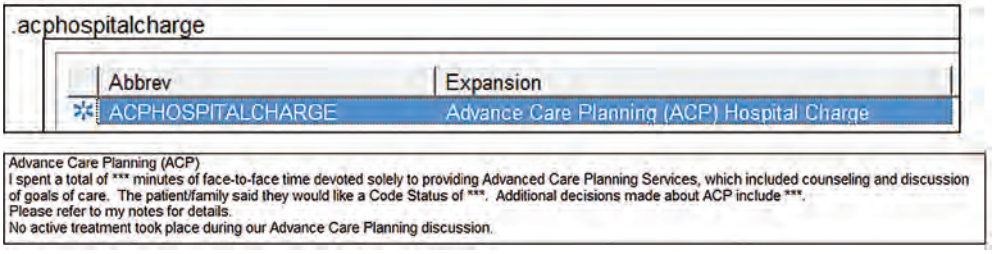
- S0257 – Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)

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	Encourage inpatient advance care planning (ACP) discussions and appropriate documentation for tracking such conversations, for patients age 65 years and older
Description	Assist patients with advance care planning during the inpatient stay—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 properly coded (see below)
Denominator	N/A
Exclusions	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥15 completed and coded inpatient ACP discussions
Eligible Members	Critical Care Medicine, Hospitalist - Family Medicine, Hospitalist - Internal Medicine, Hospice and Palliative Medicine
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)



CARE DELIVERY

ENHANCED RECOVERY AFTER SURGERY (ERAS) ORDER SETS

Measure Objective	Promote the use of ERAS order sets for colorectal, gynecologic, hip fracture, and total joint surgical procedures
Description	Percentage of patients for whom an ERAS order set was completed pre-surgery, post-surgery, and intraoperatively
Points	Pre-surgical order set: 0.5 Point Post-surgical order set: 0.5 Point Intra-operative order set: 0.5 Point
Program	QPP
Numerator	Patients for whom an ERAS order set was used appropriately: • If discharged home post-surgery, patients for whom an ERAS order set was completed pre-surgery and intraoperatively • If admitted post-surgery, patients for whom an ERAS order set was completed pre-surgery, post-surgery, and intraoperatively
Denominator	Patients with an elective surgical procedure that falls into one of the following categories: colorectal, gynecology, hip fracture, total joint.
Exclusions	Ambulatory patients are excluded from the post-surgical ERAS order set measurement
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	• Pre-surgical order set: 25 order sets completed • Post-surgical order set: 25 order sets completed • Intra-operative order set: 25 order sets completed
Eligible Members	Anesthesiologists and surgeons (who perform colorectal, orthopedic, or gynecologic surgeries, including, but not limited to, the following specialties): - General Surgery - Gynecologic Oncology - Gynecology - Obstetrics & Gynecology - Orthopedic Surgery - Pediatric Surgery - Urogynecology & Pelvic Reconstruction
How to Meet the Measure	Complete the appropriate templated ERAS order set in Epic

HOSPITAL ACQUIRED HARM

Measure Objective	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: ≤4 events / 10,000 patient days in **aggregate by facility** • 1 Point: ≤2 events / 10,000 patient days in **aggregate by facility**
Program	QPP
Numerator	Total number of harm incidents
Denominator	Number of patient days
Exclusions	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≤2 events / 10,000 patient days in **aggregate by facility**
Case Threshold	5 hospital encounters
Eligible Members	Facility based physicians: • 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 • Neurology • Neurosurgery • Obstetrics & Gynecology • 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 Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Pulmonology • Surgical Oncology • Thoracic Surgery • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery

CARE DELIVERY

OBSTRUCTIVE SLEEP APNEA SCREENING

Measure Objective	Reduce perioperative risk by increasing appropriate screening to detect undiagnosed obstructive sleep apnea in patients
Description	Total number of patients aged 18 years or older who are screened for obstructive sleep apnea (OSA) by an anesthesiologist
Points	1
Program	QPP
Numerator	Patients aged 18 years or older who are screened for obstructive sleep apnea by an anesthesiologist
Denominator	N/A
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥20 patients screened for OSA
Eligible Members	Specialists: Anesthesiology
How to Meet the Measure	Epic: The STOP-BANG* screener should be completed in Epic. It is available for documentation in the Preop Clinic nurses' navigator. The information documented will flow over to a view only section in the Anesthesiologist's navigator. **STOP-BANG is an acronym which stands for Snoring, Tiredness, Observed apnea, blood Pressure, Body mass index, Age, Neck circumference, and Gender.*

ONCOLOGY STAGING: CLINICAL

Measure Objective	Improve effectiveness and efficiency of oncology care by consistent cancer staging
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
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥60%
Case Threshold	5
Eligible Members	Applicable surgeons: • 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

continued on next page

ONCOLOGY STAGING: CLINICAL

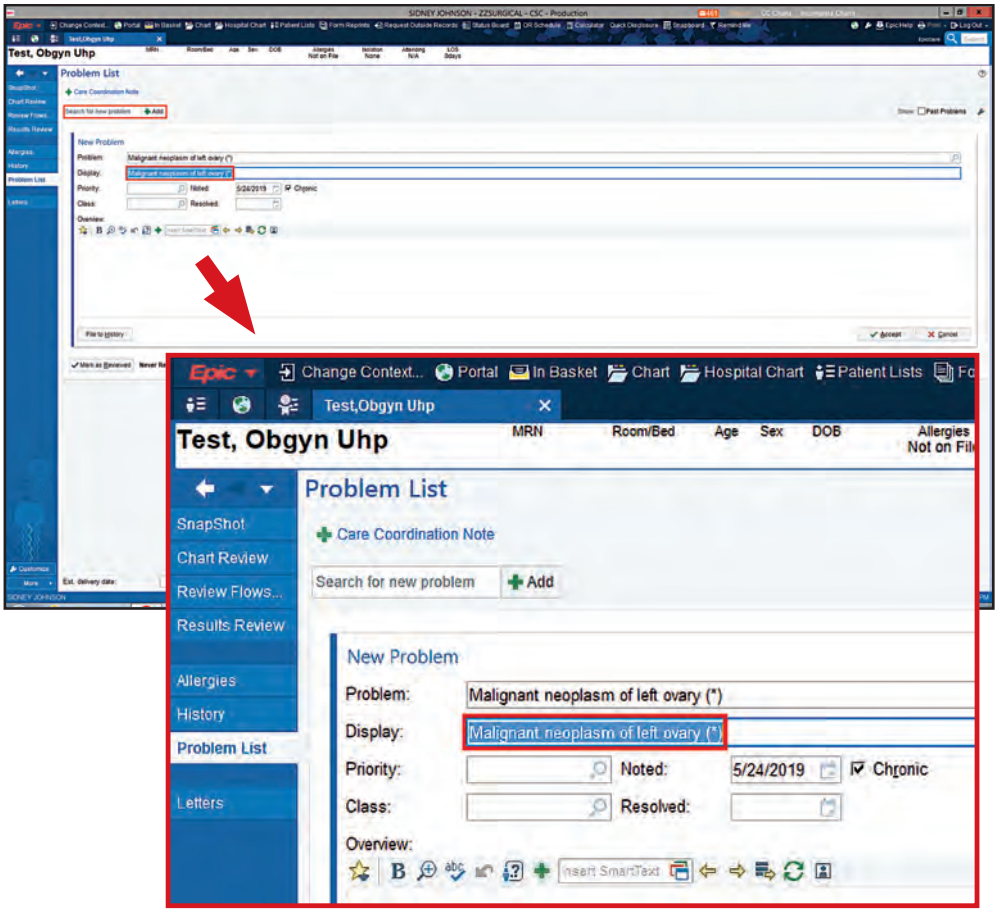
How to Meet the Measure

Providers must complete the clinical oncology staging forms in Epic. They can be accessed directly from the problem list (see below).

The first three treating eligible surgeons are considered a member of the treatment team. If staging is completed by any of the three eligible surgeons, all will earn credit towards the measure.

Contact Oncology Service Line at oncologyserviceline@hawaiipacifichealth.org for more information.

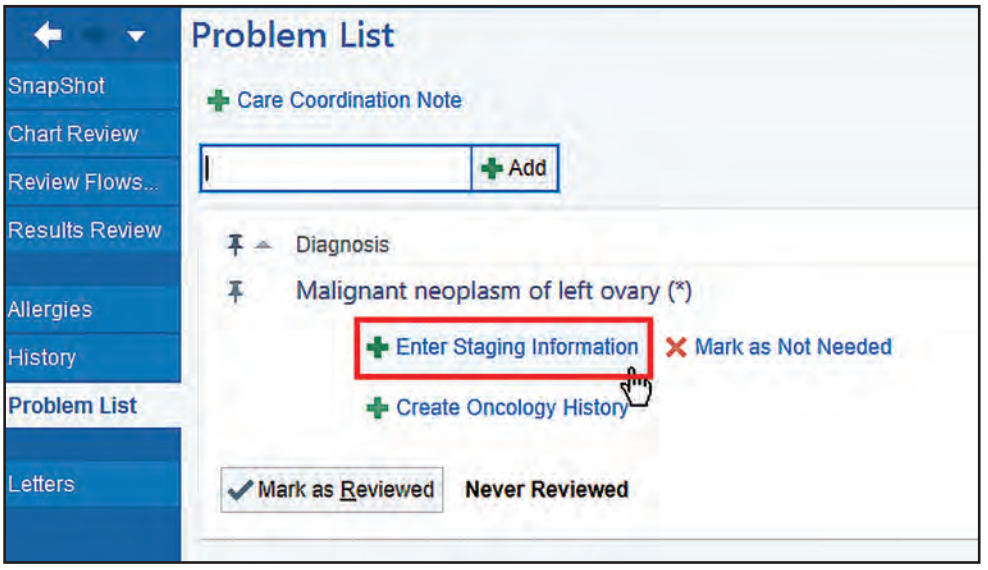
Step 1



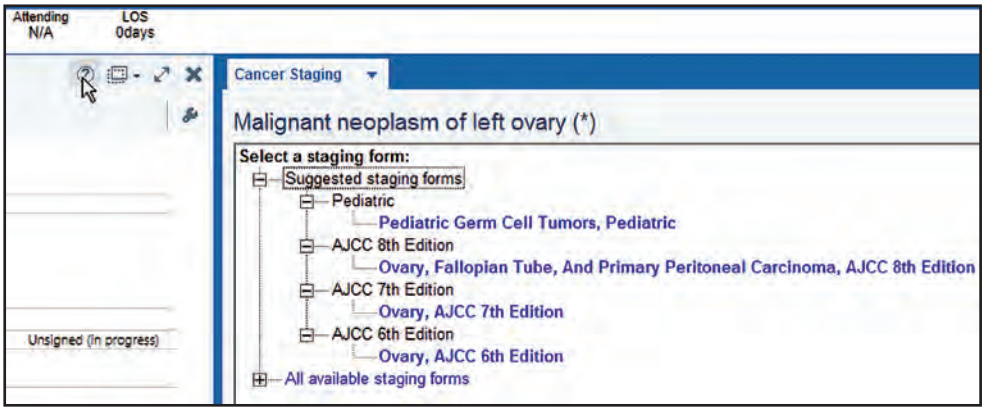
continued on next page

ONCOLOGY STAGING: CLINICAL

Step 2



Step 3



CARE DELIVERY

PERIOPERATIVE SURGICAL HOME: SURGEON PARTICIPATION

Measure Objective	Improve surgical outcomes by assuring 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	January 1, 2020 - December 31, 2020
Performance Target	≥60%
Case Threshold	20
Eligible Members	Applicable surgeons: • 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. **Step 1.** Type SmartPhrase: ***.readyforsurgery*** or ***.readyforsurgerypeds*** **Step 2.** Answer all screening questions in the presurgical risk screening tool built in Epic. • If all responses are 'no,' the patient may be scheduled for surgery. • If any one answer is 'yes,' the patient needs anesthesia clearance before surgery. Please schedule a preanesthesia visit and assist the patient to obtain indicated testing and/or necessary evaluation by their PCP, cardiologist, pulmonologist, etc. prior to the PACT visit. Contact Info@hawaiihealthpartners.org for more information.

SEPSIS AND SEPTIC SHOCK: MANAGEMENT BUNDLE (COMPOSITE MEASURE)

Measure Objective

Support comprehensive care of sepsis and septic shock

Description

Cumulative monthly sepsis and septic shock core measure result (%)

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).

Points

Critical Care Medicine, Emergency Medicine, Hospitalist - Family Medicine, Hospitalist - Internal Medicine, and Hospitalist - Pediatrics eligible to earn:

≥70% = 1 point
≥80% = 2 points

Applicable surgeons eligible to earn:
≥70% = 0.5 point
≥80% = 1 point

Program

QPP

Numerator

Patients from the denominator who received all the following care elements (see A, B, and C below) within 3 hours of time of presentation.

IF septic shock is present (defined by hypotension or lactate >=4 mmol/L), patients from the denominator who also received additional care elements (see D, E, F, and G below) within 6 hours of time of presentation.

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 arterial pressure = 65)

F. In the event of persistent hypotension after initial fluid administration (MAP <65 mmHg) or if initial lactate was = 4 mmol/L, re-assess volume status and tissue perfusion and document findings.

To meet the requirements, a focused exam by a licensed independent practitioner (LIP) or any 2 other items are required:

- 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

All patients presenting with sepsis or septic shock and discharged with a diagnosis of sepsis or septic shock (the cohort is defined by discharge coding)

Exclusion

A) Patients with advanced directives for comfort care

B) Clinical conditions that preclude total measure completion (e.g. mortality within the first 6 hours of presentation)

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)

D) Patients for whom a central line was attempted but could not be successfully inserted

E) Patient or surrogate decision maker declined or is unwilling to consent to such therapies or central line placement

F) Patients transferred to an acute care facility from another acute care facility

Measurement Period

January 1, 2020 - December 31, 2020

Performance Target

To be scored in **aggregate by facility**

≥80%

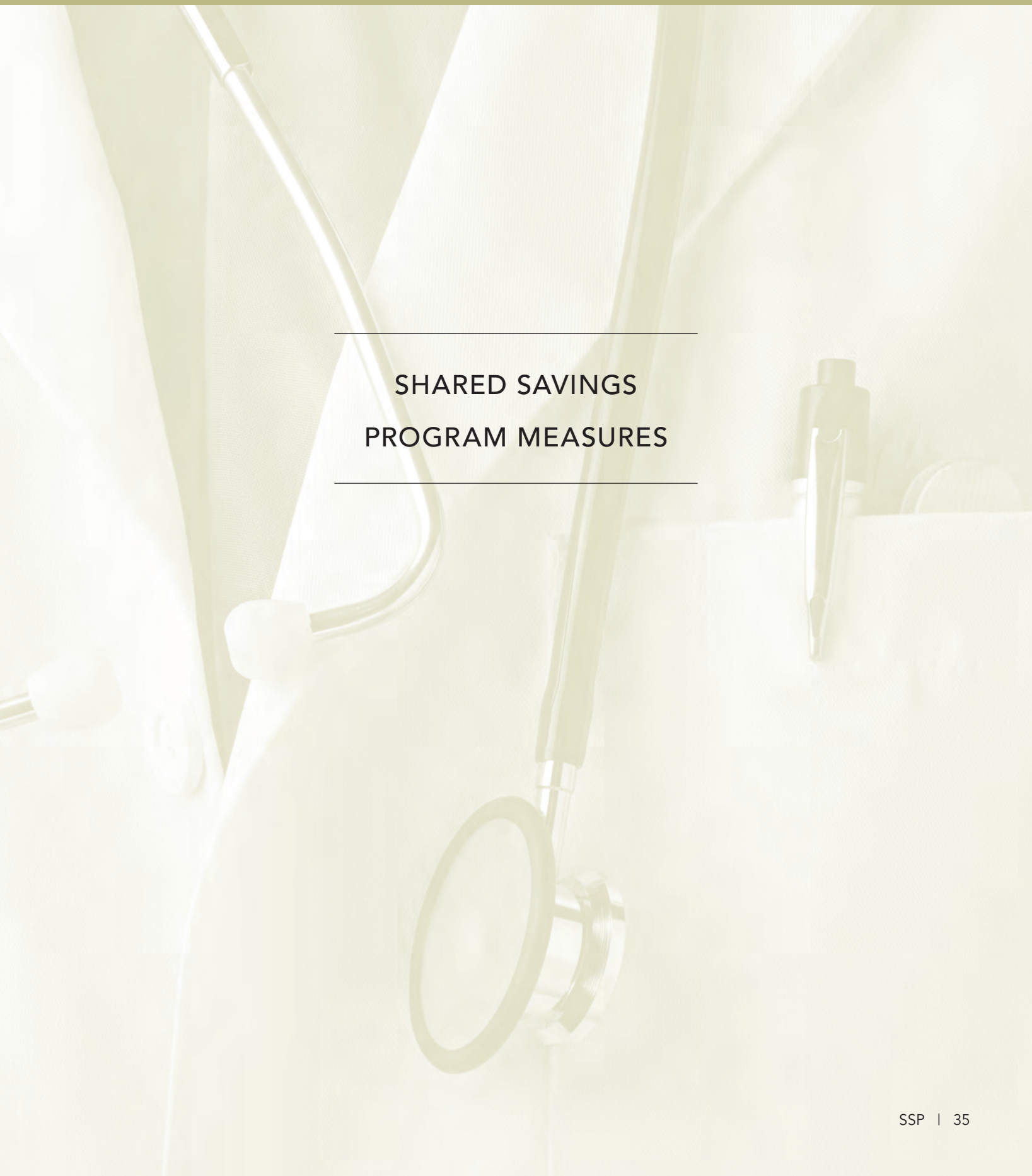
Eligible Members

Critical Care Medicine, Emergency Medicine, Hospitalist - Family Medicine, Hospitalist - Internal Medicine, Hospitalist - Pediatrics, and applicable surgeons:

- 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

VERMONT OXFORD NETWORK FOR VLBW AND EXPANDED DATABASE MEASURES

Measure Objective	Encourage optimal clinical management of premature newborns
Description	The amount of points earned by an eligible provider 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 • VLBW - Oxygen at 36 weeks • Expanded - Nosocomial infection • Expanded - Any human milk as discharge to home • Expanded - Mortality Excluding Early Deaths
Points	Maximum 2.5 8 measures x 0.3125 points/measure
Program	QPP
Numerator	Patients who meet each individual VON metric criteria
Denominator	All patients admitted to the NICU at Kapi'olani Medical Center for Women & Children (KMCWC) Expanded definition: All NICU admissions VLBW definition: All very low birth weight NICU admissions (a subset of the expanded dataset)
Exclusion	Admitted from home after being hospitalized Admitted ≥28 days of life
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Top quartile = 0.3125 points for each measure x 8
Eligible Members	Neonatologists and Pediatricians practicing as NICU Hospitalists who are members of the Kapi'olani Medical Specialists Division of Neonatology



SHARED SAVINGS PROGRAM MEASURES

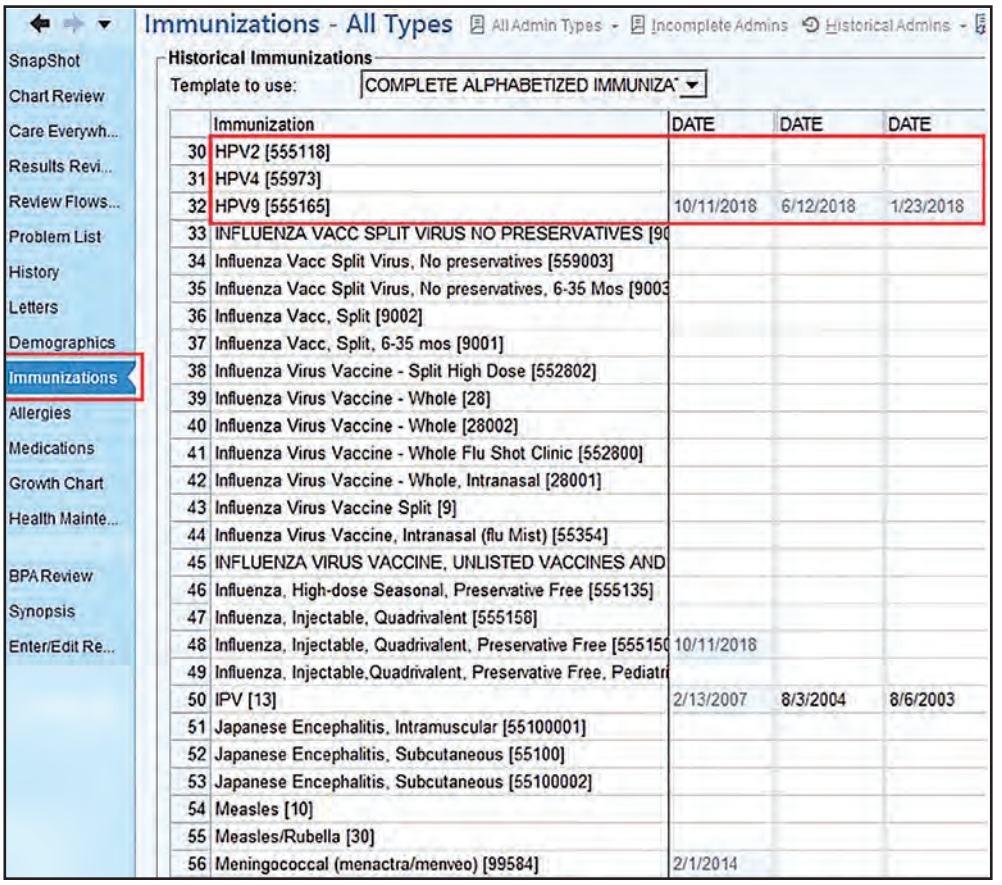
ADOLESCENT HPV IMMUNIZATION

Measure Objective	Prevent cancers caused by Human Papillomavirus (HPV), especially cervical and oropharyngeal cancers, by immunizing for HPV in adolescents
Description	Percentage of attributed adolescent patients who received the HPV vaccine on or before the patient's 13th birthday
Points	Total possible: 2 points • 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 patient'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, 2020 - December 31, 2020
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. *For updated codes: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm* 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).

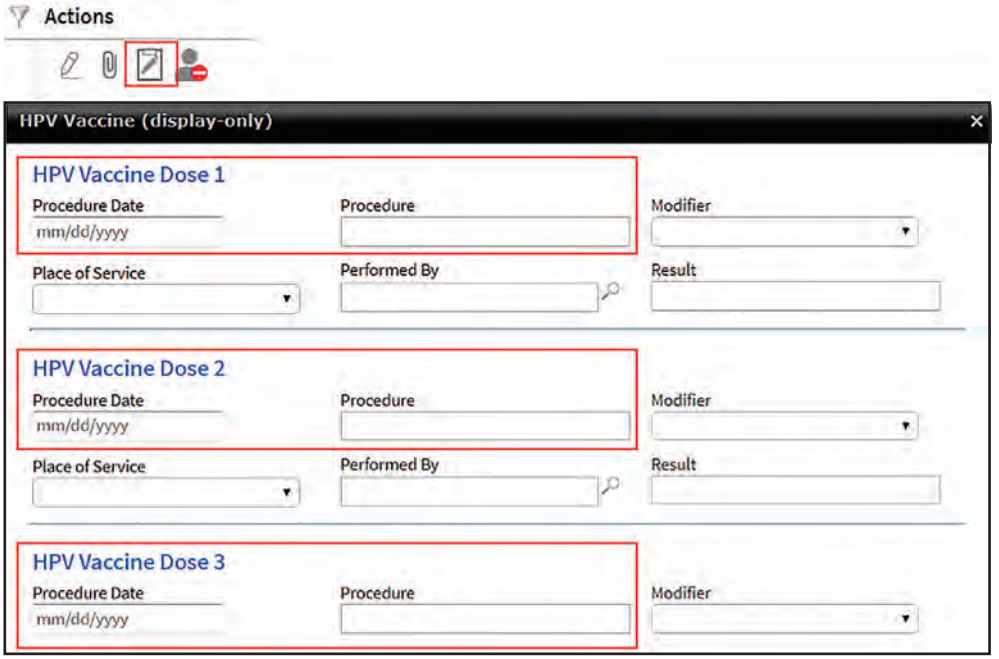
continued on next page

ADOLESCENT HPV IMMUNIZATION

Outside Immunizations (Epic)



Coreo Immunization Documentation



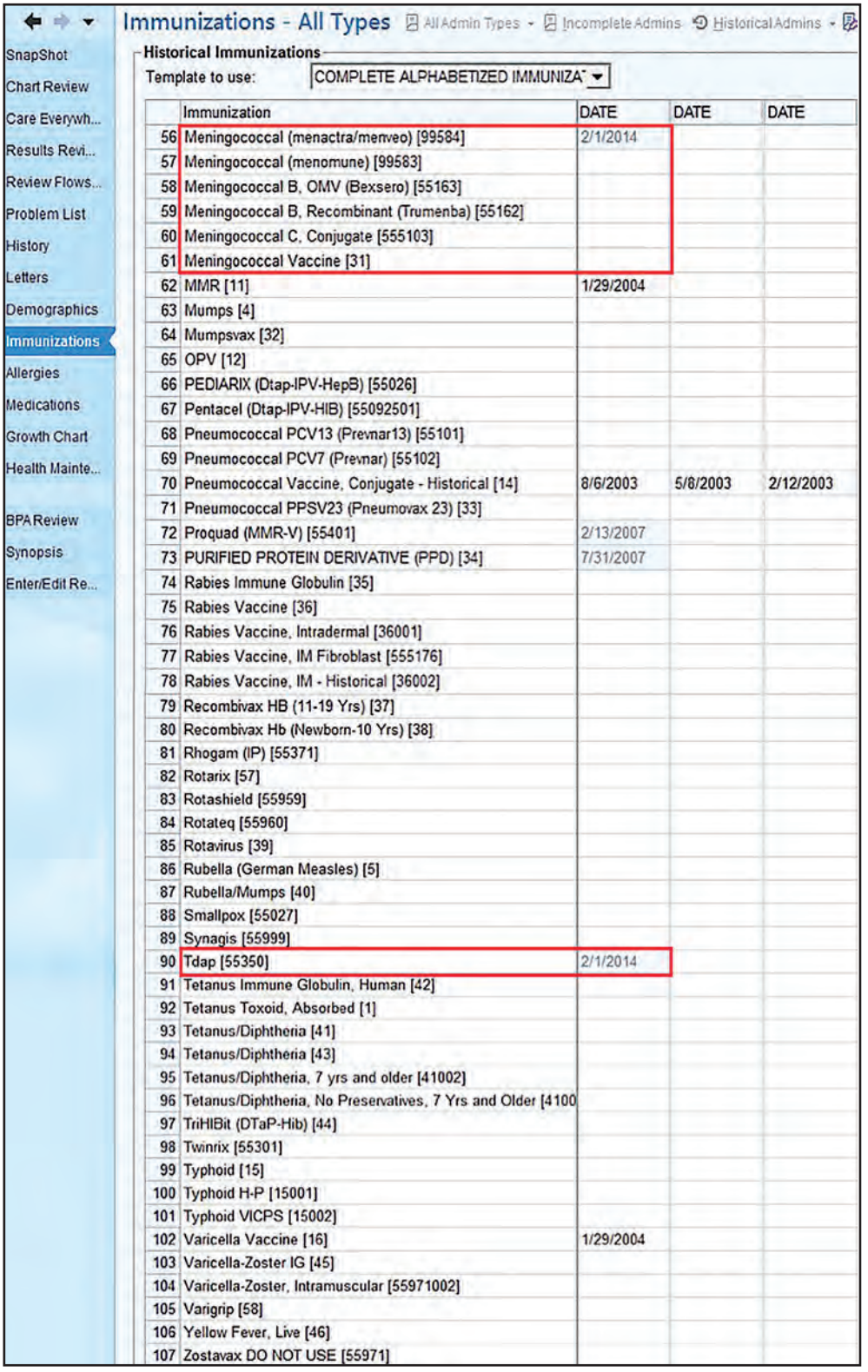
ADOLESCENT IMMUNIZATIONS

Measure Objective	Improve immunization rates in adolescents
Description	Percentage of 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
Points	Total possible: 2 points • 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	Adolescents who have a contraindication for one of these vaccines Exclusion must have occurred before the adolescent's 13th birthday
Measurement Period	January 1, 2020 - December 31, 2020
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	In office (Epic & non-Epic): Providers should use the appropriate immunization procedure code: 90733, 90734, 90644, 108, 114, 136, 147, 148, 90715, 115. *For updated codes: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm* 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).

continued on next page

ADOLESCENT IMMUNIZATIONS

Outside Immunizations (Epic)



Immunizations - All Types | All Admin Types | Incomplete Admins | Historical Admins

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

Historical Immunizations

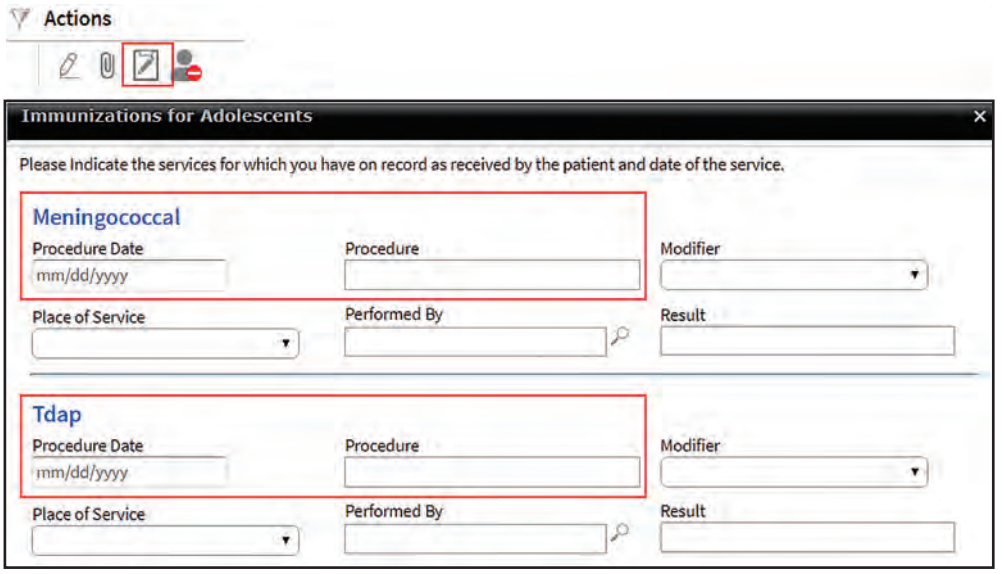
Template to use: COMPLETE ALPHABETIZED IMMUNIZA

	Immunization	DATE	DATE	DATE
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	Mumpsvax [32]			
65	OPV [12]			
66	PEDIARIX (Dtap-IPV-HepB) [55026]			
67	Pentacel (Dtap-IPV-HIB) [55092501]			
68	Pneumococcal PCV13 (Prevnar13) [55101]			
69	Pneumococcal PCV7 (Prevnar) [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]			
92	Tetanus Toxoid, Absorbed [1]			
93	Tetanus/Diphtheria [41]			
94	Tetanus/Diphtheria [43]			
95	Tetanus/Diphtheria, 7 yrs and older [41002]			
96	Tetanus/Diphtheria, No Preservatives, 7 Yrs and Older [4100			
97	TriHIBit (DTaP-Hib) [44]			
98	Twinrix [55301]			
99	Typhoid [15]			
100	Typhoid H-P [15001]			
101	Typhoid VICPS [15002]			
102	Varicella Vaccine [16]	1/29/2004		
103	Varicella-Zoster IG [45]			
104	Varicella-Zoster, Intramuscular [55971002]			
105	Varigrip [58]			
106	Yellow Fever, Live [46]			
107	Zostavax DO NOT USE [55971]			

continued on next page

ADOLESCENT IMMUNIZATIONS

Coreo Immunization Documentation



CARE DELIVERY

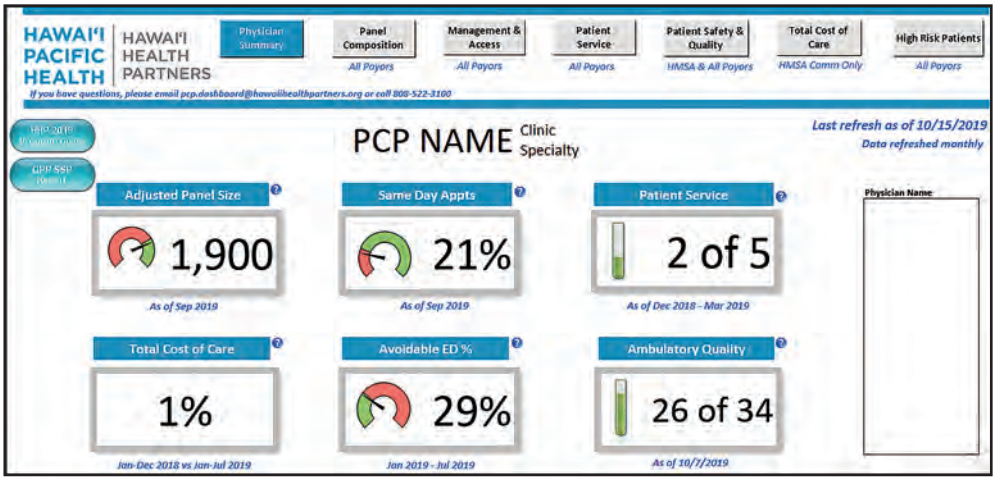
ADOLESCENT WELL-CARE VISIT

Measure Objective	Improve the care of adolescents
Description	Percentage of patients 12 up to 17 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 • HMSA Commercial: 1 point • HMSA Quest: 1 point
Program	SSP
Numerator	Patients 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 17 years of age at the end of the measurement period
Exclusions	None
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥55% Individual score at or above 55% in either Coreo or HHP dashboard
Eligible Members	Primary Care: Pediatrics, Family Medicine, General Practice, and APRNs carrying a primary care panel of attributed lives with ≥100 HMSA attributed patients ages 12 up to 17 years of age at the end of the measurement period
How to Meet the Measure	Providers should use the appropriate HMSA Payment Transformation well-care visit codes: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm *Note: This is an HMSA Payment Transformation related measure.*

AVOIDABLE ED UTILIZATION

Measure Objective	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 adapted NYU criteria
Points	1
Program	SSP
Numerator	Patient ED visits from the denominator that are "avoidable" according to adapted NYU criteria
Denominator	HMSA Commercial attributed patients that present to an ED
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Primary Care: Individual performance scored at or below 15% in HHP Dashboard Specialists: **Overall HHP aggregate score** at or below 15%
Eligible Members	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 Specialists: Specialties engaging in face-to-face patient care Excludes Diagnostic Radiology, Medical Genetics, Neuroradiology, Nuclear Medicine, and Pathology
How to *Monitor* the Measure	Primary Care Providers should monitor avoidable ED visits on the HHP Dashboard in Epic to identify appropriate interventions (see below).

Hawai'i Health Partners Primary Care Dashboard



continued on next page

AVOIDABLE ED UTILIZATION

Each ED visit is considered "avoidable" as determined by the likelihood that an individual ED visit was "avoidable" according to NYU's Avoidable ED algorithm. This is determined for attributed lives for each PCP (attribution is based on the HMSA eligibility file). Both the primary and secondary diagnoses will be evaluated to determine if the visit was avoidable. A visit is considered avoidable if the likelihood of that visit according to the adapted NYU Avoidable ED algorithm falls into the first three of the following four categories:

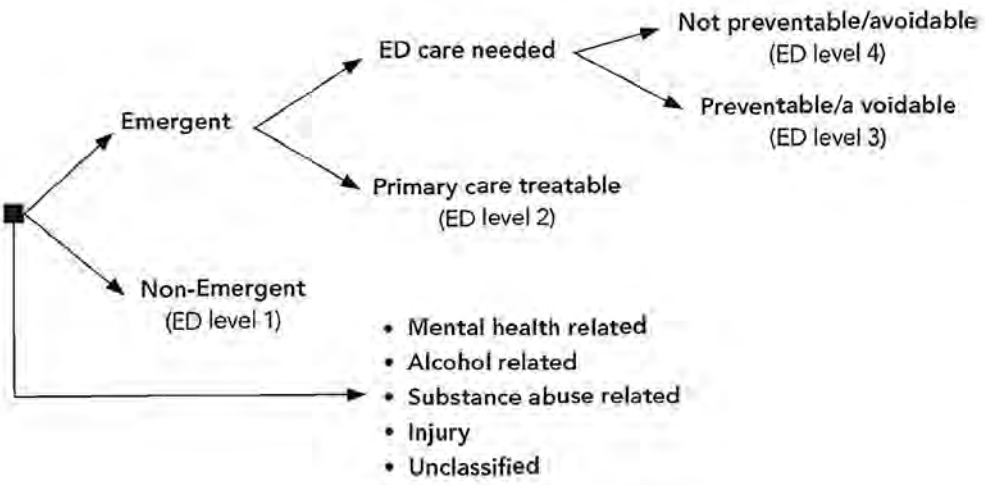
1. **Non-Emergent (ED level 1):**
   The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours.

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	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 • 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 hypertension during the measurement year or the year before the measurement year
Exclusion	• 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, 2020 - December 31, 2020
Performance Target	Performance by line of business: • HMSA Commercial: ≥85% • HMSA Akamai and Essential Advantage: ≥85% • HMSA Quest: ≥85% Primary Care: Individual score at or above 85% in Coreo or the HHP Dashboard Specialists: **Overall HHP aggregate 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

continued on next page

CONTROLLING HIGH BLOOD PRESSURE

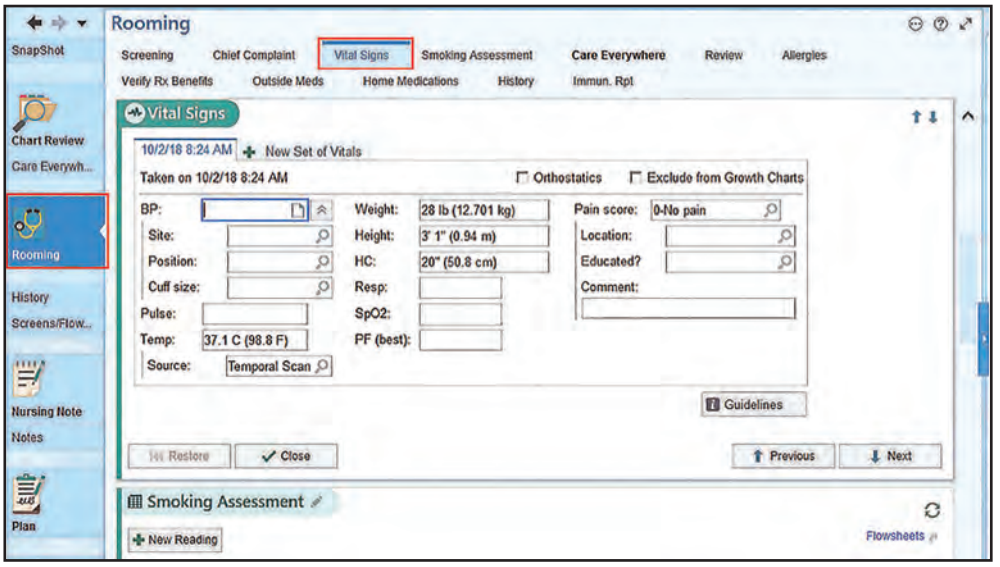
How to Meet the Measure

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 next page for two ways to document).

Note: This is an HMSA Payment Transformation related measure.

Epic Vital Signs section

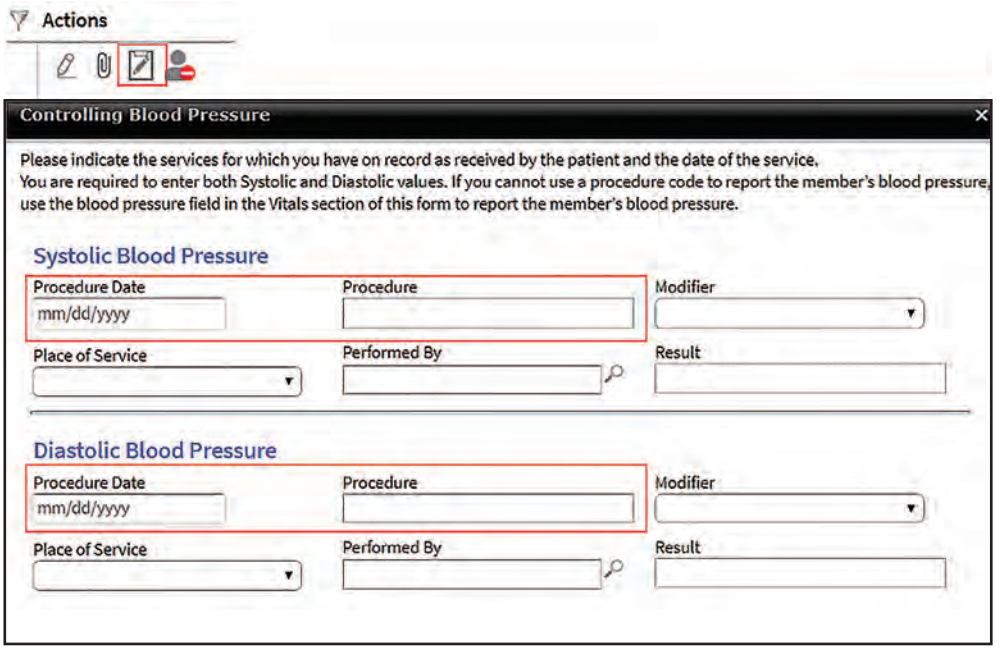


continued on next page

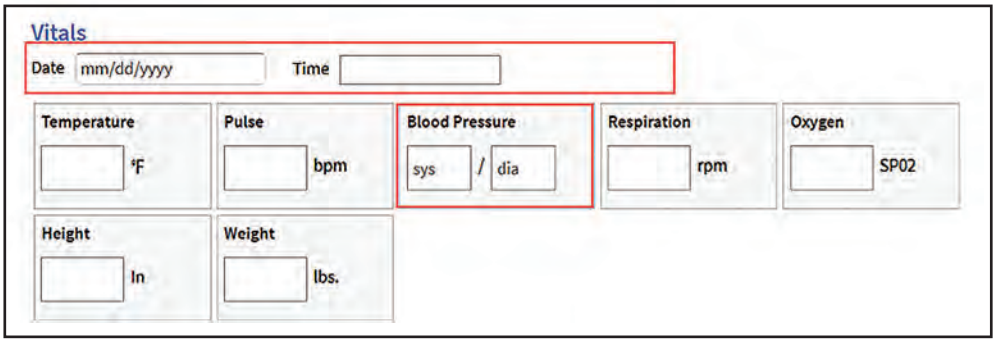
CONTROLLING HIGH BLOOD PRESSURE

Coreo Blood Pressure Documentation

Option 1:



Option 2:



CARE DELIVERY

DIABETES BUNDLE - PRIMARY CARE

Measure Objective

Reduce morbidity associated with diabetes by encouraging glycemic control and the identification and timely management of both diabetic retinopathy and nephropathy

Description

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

- Diabetes: Eye exam
- Diabetes: Hemoglobin A1c control
- Diabetes: Nephropathy screening

Points

If 50% of the HMSA attributed diabetic patients meet all three care goals (A1c, eye exam, and nephropathy screening), then points are awarded.

Total possible: 9 points
- HMSA Commercial: 3 points
- HMSA Akamai and Essential Advantage: 3 points
- HMSA Quest: 3 points

Program

SSP

Numerator

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

1. 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

2. Diabetes: Hemoglobin A1c Control

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

3. 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

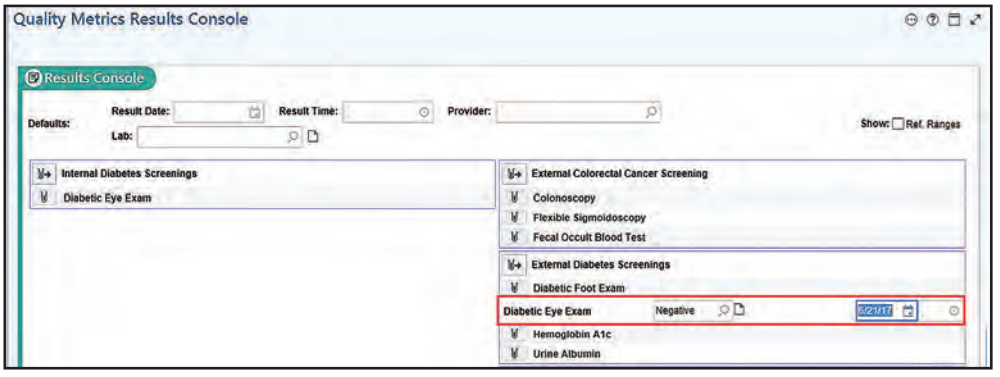
Billing codes from claims will also be used to identify screening for nephropathy and evidence of nephropathy: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm

continued on next page

DIABETES BUNDLE - PRIMARY CARE

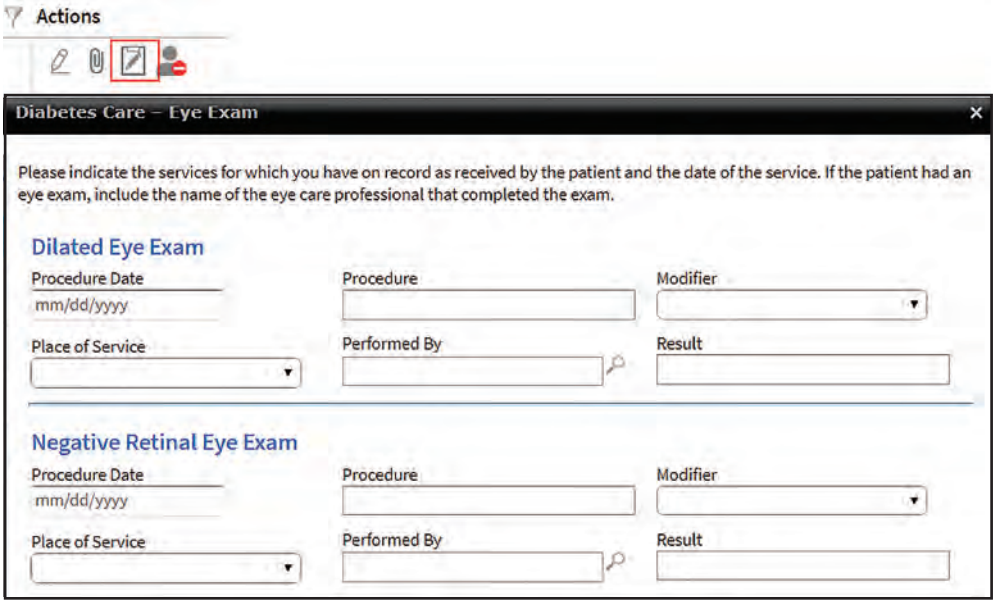
Denominator	HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18 to 75 years of age with diabetes
Exclusions	Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥50% of individual diabetic patients who are compliant with all 3 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
How to Meet the Measure: Eye Exam	**Diabetes: Eye Exam** In Office (Epic & non-Epic): Providers performing eye exam should use the appropriate 2020 HMSA Payment Transformation codes when applicable: hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm Outside Exams (Epic): Providers must document external eye exams in the quality metrics results console (see below). Outside Exams (non-Epic): Providers must document in Coreo (see next page).

Epic Quality Metrics Results Console



continued on next page

Coreo Eye Exam Documentation



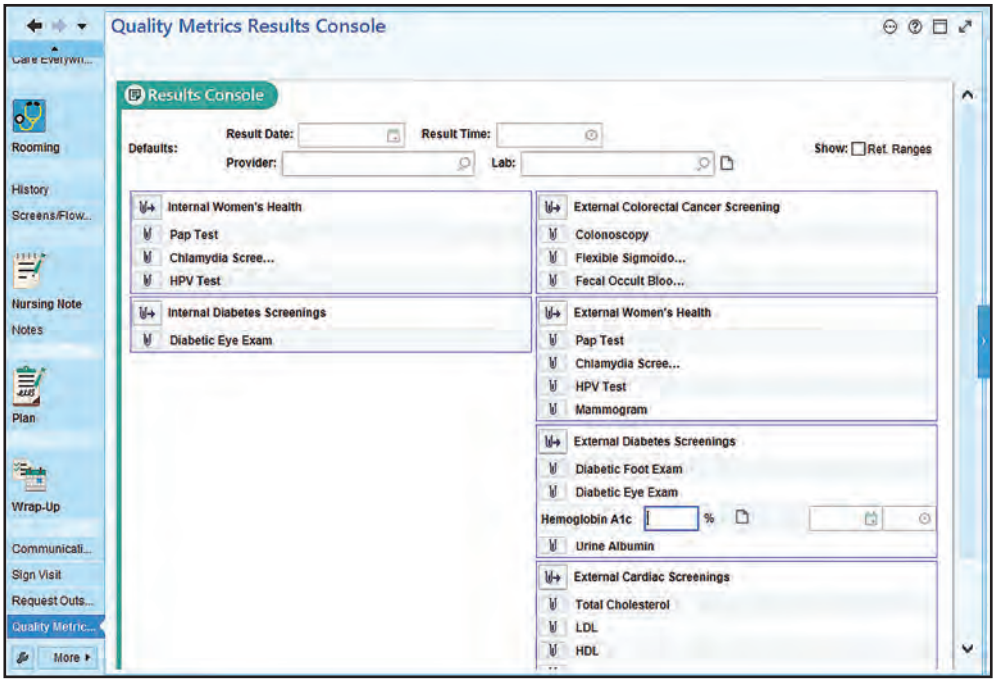
How to Meet the Measure: HbA1c Control

Diabetes: Hemoglobin A1c Control

Epic: Providers must document external labs in Epic using the quality results console (see below).

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

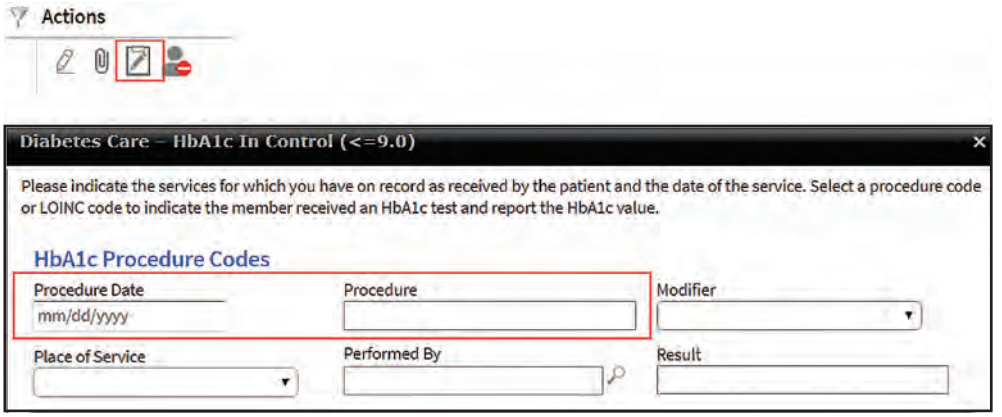
Epic Quality Metrics Results Console



continued on next page

DIABETES BUNDLE - PRIMARY CARE

Coreo HbA1c Documentation

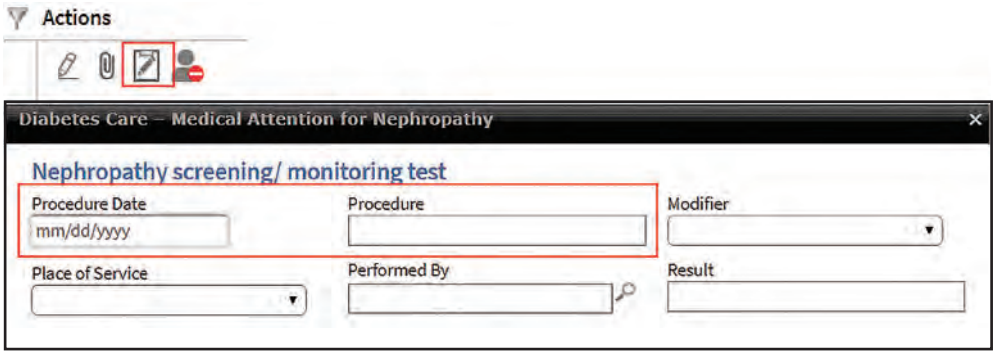


How to Meet the Measure: Nephropathy Screening

Diabetes: Nephropathy screening

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

Coreo Nephropathy Documentation



CARE DELIVERY

DIABETES: EYE EXAM - SPECIALISTS

Measure Objective	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 to 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
Points	Total possible: 1.5 points • 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: • 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 to 75 years of age with diabetes
Exclusion	Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2020 - December 31, 2020 (once per reporting period)
Performance Target	Performance by line of business: • HMSA Commercial: ≥80% • HMSA Akamai and Essential Advantage: ≥80% • HMSA Quest: ≥80% Specialists: **Overall HHP aggregate score** at or above 80% in Coreo by line of business
Eligible Members	Specialists: Endocrinology, Ophthalmology

continued on next page

DIABETES: EYE EXAM - SPECIALISTS

How to Meet the Measure

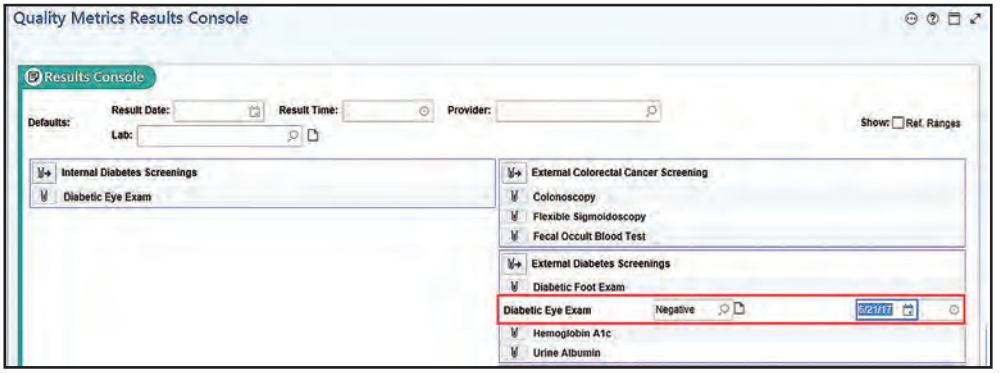
Collaborate with Primary Care Providers on diabetic eye care management.

Epic & non-Epic: Providers performing eye exam should use the appropriate 2020 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



CARE DELIVERY

DIABETES: HEMOGLOBIN A1C (HBA1C) CONTROL - SPECIALISTS

Measure Objective	Reduce morbidity associated with diabetes by supporting glycemic control
Description	Percentage of HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18 to 75 years of age with diabetes who had hemoglobin A1c ≤9.0% during the measurement period
Points	Total possible: 3 points • HMSA Commercial: 1 point • HMSA Akamai and Essential Advantage: 1 point • HMSA Quest: 1 point Total: 3 points
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 to 75 years of age with diabetes
Exclusion	Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Performance by line of business: • HMSA Commercial: ≥85% • HMSA Akamai and Essential Advantage: ≥85% • HMSA Quest: ≥85% Specialists: **Overall HHP aggregate score** at or above 85% in Coreo by line of business
Eligible Members	Specialists: Endocrinology

continued on next page

DIABETES: HEMOGLOBIN A1C (HBA1C) CONTROL - SPECIALISTS

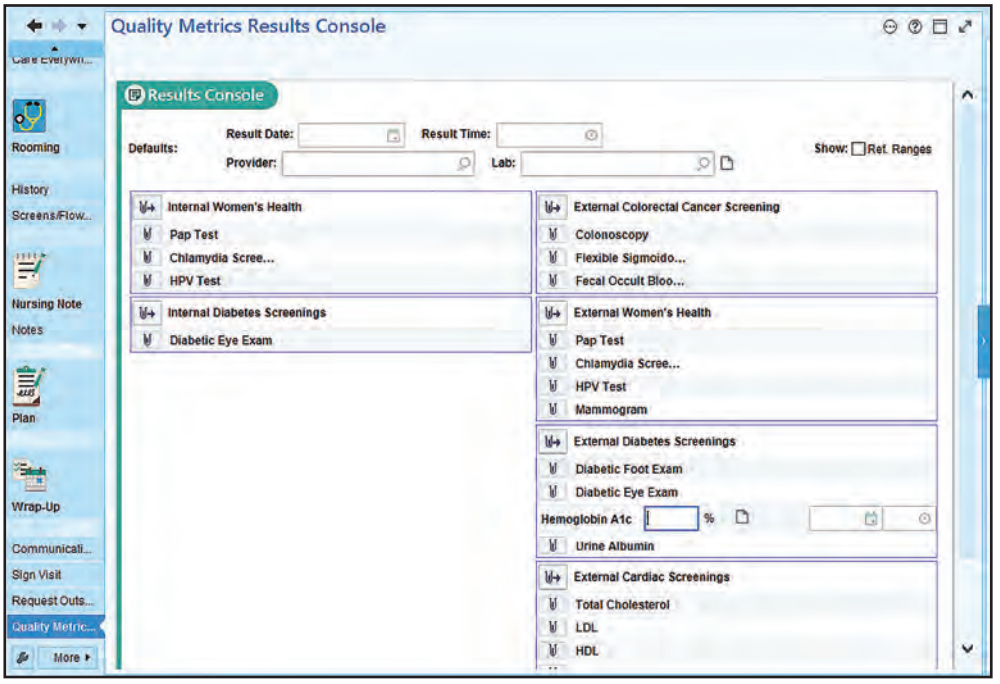
How to Meet the Measure

Collaborate with Primary Care Providers on diabetic care management.

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

Note: This is an HMSA Payment Transformation related measure.

Epic Quality Metrics Results Console



CARE DELIVERY

DIABETES: HEMOGLOBIN A1C (HBA1C) LAB COMPLETION RATE

Measure Objective	Reduce morbidity associated with diabetes by supporting measurement of glycemic control
Description	Percentage of diabetic patients who have completed at least one HbA1c lab during the measurement year
Points	2
Program	SSP
Numerator	Patients from the denominator who had at least one HbA1c lab completed during the measurement year
Denominator	HMSA Commercial, Akamai, Quest, and Essential Advantage attributed patients 18 to 75 years of age with diabetes attributed to the clinic* on December 31, 2020 **Note: If a PCP leaves a clinic, their patients will remain attributed to the clinic until attributed to another PCP.*
Exclusion	Patients who were in hospice care during the measurement period
Measurement Period	January 1, 2020 - December 31, 2020
Clinic Size Threshold	Clinics with ≥100 attributed diabetic patients
Performance Target	≥88% = 0.5 point ≥90% = 1 point ≥92% = 2 Point Primary Care: **Aggregate clinic score** at or above 92%
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives

END OF LIFE CARE FOR CANCER PATIENTS

Measure Objective	Improve quality of life at end of life, and optimize oncological services for patients by improving access to more appropriate care at the end of life
Description	Proportion of patients who passed away with a diagnosis of cancer with one or more emergency department visits in the last 30 days of life
Points	1
Program	SSP
Numerator	Patients who passed away with cancer and had one or more emergency department visits in the last 30 days of life
Denominator	Patients who passed away with cancer during the measurement year
Exclusions	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	**Overall HHP aggregate score** at or below 30%
Eligible Members	Specialists: Hematology/Oncology
How to Meet the Measure	The cancer care team should work to prevent emergency department visits by educating patients about options for end of life care

CARE DELIVERY

MAMMOGRAM IMAGING CALLBACK RATES

Measure Objective	Improve patient experience by reducing variation in mammogram imaging callback rates
Description	The frequency that patients are asked to come back for additional images from screening
Points	1
Program	SSP
Numerator	Number of mammograms identified as needing additional imaging evaluation
Denominator	Total number of mammograms performed
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≤14%* Specialists: **Aggregate score by facility** at or below 14% **Carney PA, Sickles EA, Monsees BS, et al. Identifying Minimally Acceptable Interpretive Performance Criteria for Screening Mammography. Radiology. 2010;255(2):354-361. doi:10.1148/radiol.10091636.*
Eligible Members	Specialists: Radiology

NATIONAL IMAGING ASSOCIATES (NIA) / MAGELLAN PRIOR AUTHORIZATIONS

Measure Objective	Improve patient and provider experience by streamlining prior authorization process, and improve appropriateness of ordering advanced diagnostic imaging studies
Description	Percentage of clinically appropriate imaging studies ordered
Points	Maximum points possible are based on total order volume: ≤5 orders = 0.5 point >5 orders = 1 point
Program	SSP
Numerator	Number of advanced diagnostic imaging studies ordered appropriately
Denominator	Total advanced diagnostic imaging studies ordered by the provider and reviewed by NIA/ Magellan
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	≥95% Individual score at or above 95%
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives Specialists: All ordering providers Excludes non-NIA participating providers, including, but not limited to, Anesthesiology, Critical Care Medicine, Diagnostic Radiology, Emergency Medicine, Hospitalists, Interventional Radiology, Medical Genetics, Neuroradiology, Nuclear Medicine, Occupational Medicine, Pathology
How to Meet the Measure	To learn how to use the clinical decision software to improve ordering appropriateness, providers can view the 2020 HHP NIA/Magellan Prior Authorizations learning module on the HPH Learning Center (HLC). Contact Info@hawaiihealthpartners.org if you have questions.

CARE DELIVERY

NSAID UTILIZATION IN CKD PATIENTS

Measure Objective	Reduce the incidence of acute kidney injury in patients with Chronic Kidney Disease (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 whose most recent serum creatinine in the last year is greater than or equal to 2.0, OR whose most recent eGFR in the last year is less than 60. This measure is intended to alert providers of patients who have CKD and the potential harm of NSAIDS worsening renal dysfunction. Providers should consider alternative medication options when medically appropriate. Clinical judgement takes precedence.
Points	1
Program	SSP
Performance Measurement	An applicable NSAID order for this measures is a medication order of an oral or intravenous NSAID for patients 18 years of age or older with: • a diagnosis of CKD stage 3-5 or • serum creatinine in the last year greater than or equal to 2.0 or • eGFR in the last year less than 60 **Inpatient & ED:** Includes intravenous administration & oral medications **Ambulatory:** Includes only oral medications
Exclusions	• Medication frequency is set as a one time or PRN order • Patients diagnosed with gout
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Provider will earn credit in one of two ways: • Five or less applicable NSAID orders in 2020 or • 50% reduction in applicable NSAID orders compared to 2019
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 Diagnostic Radiology, Interventional Radiology, Medical Genetics, Neuroradiology, Nuclear Medicine, and Pathology
How to Meet the Measure	HHP will email providers their 2019 performance via Info@hawaiihealthpartners.org. For more information, contact HHP at Info@hawaiihealthpartners.org.

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Measure Objective	Encourage appropriate treatment following a fracture
Description	Percentage of women 67 to 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture
Points	1
Program	SSP
Numerator	Patients from the denominator who received either a BMD test or a prescription for a drug to treat osteoporosis in the six months after the fracture BMD test must take place within six months of the fracture. If the fracture resulted in an inpatient stay, a BMD test administered during the stay will satisfy the measure. Osteoporosis therapies will be identified through pharmacy data. Osteoporosis medication within six months of the fracture will satisfy the measure. Patients will not be excluded if the medications aren't tolerated. If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will satisfy the measure.
Denominator	HMSA Commercial, Akamai, and Essential Advantage attributed female patients, 67 to 85 years of age, who experienced a fracture (except fractures of the finger, toe, face or skull)
Exclusions	• Patients who had a BMD test 24 months prior to the fracture • Patients who had osteoporosis therapy 12 months prior to the fracture • Patients who were dispensed a medication or had an active prescription for medication to treat osteoporosis 12 months prior to the fracture • Patients in hospice anytime during the measurement year • Patients living in long-term care institutions or enrolled in an Institutional SNP (I-SNP) anytime during the measurement year • Patients age 81 and older as of January 1 of the measurement year with frailty
Measurement Period	January 1, 2020 - December 31, 2020 Patients with fractures: September 1, 2019 - August 31, 2020
Performance Target	**Overall HHP aggregate score** at or above 80%
Case Threshold	1

continued on next page

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Eligible Members

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

How to Meet the Measure

Appropriate medical record detail of any of the following:
- Medication list
- Progress notes
- BMD test results

BMD test
- BMD test must take place within six months of the fracture.
- If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care gap.

Providers should use the following codes:
CPT/CPT II: 76977, 77078, 77080, 77081, 77082, 77085, 77086
HCPCS: G0130
ICD-10 Procedure: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Osteoporosis therapies
- Osteoporosis medication must be dispensed within six months of the fracture.
- Documentation that the medications aren't tolerated isn't an exclusion for this measure.
- If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care gap.

Providers should use the following codes:
HCPCS: J0630, J0897, J1740, J3110, J3489

Drug category	Medications	
Biphosphonates	• Albandronate • Alendronate • Alendronatecholecalciferol	• Ibandronate • Risedronate • Zoledronic acid
Other agents	• Calcitonin • Denosumab	• Raloxifene • Teriparatide

See HMSA Formulations at hmsa.com/help-center/your-hmsa-drug-formulary-list.

POSTPARTUM CARE

Measure Objective	Encourage postpartum visits to improve maternal and perinatal health outcomes
Description	Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery
Points	1
Program	SSP
Numerator	Patients from the denominator with a postpartum visit for a pelvic exam or postpartum care on or between 7 and 84 days after delivery
Denominator	Number of HMSA Commercial and Quest attributed patients who delivered live births on or between November 6 of the year before the measurement year and November 5 of the measurement year
Exclusions	Patients whose OB/GYN is not an HHP member
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Primary Care & Specialists: **Overall HHP aggregate score** at or above 50%
Case Threshold	Primary Care: 5 or more patients who fall into the denominator Specialists: None
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives with 5 or more patients who fall into the denominator Specialists: Obstetrics & Gynecology, Gynecology
How to Meet the Measure	For information on codes for maternity services, please refer to hmsa.com/portal/provider/zav_pel.ph.pre.650.htm

CARE DELIVERY

PRENATAL CARE

Measure Objective	Reduce the risk of pregnancy complications and improve the chances of a healthy pregnancy
Description	Percentage of deliveries that received a prenatal care visit as an HMSA attributed patient in the first trimester, on the enrollment start date or within 42 days of enrollment
Points	1
Program	SSP
Numerator	Patients from the denominator with a prenatal visit in the first trimester
Denominator	Number of HMSA Commercial and Quest attributed patients who delivered live births on or between November 6 of the year before the measurement year and November 5 of the measurement year and whose OB/GYN received the HMSA global maternity fee
Exclusions	Patients whose OB/GYN is not an HHP member
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Primary Care & Specialists: Individual score at or above 90%
Case Threshold	Primary Care: 5 or more patients who fall into the denominator Specialists: None
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives with 5 or more patients who fall into the denominator Specialists: Obstetrics & Gynecology, Gynecology
How to Meet the Measure	For information on codes for maternity services, please refer to hmsa./com/portal/provider/zav_pel.ph.pre.650.htm

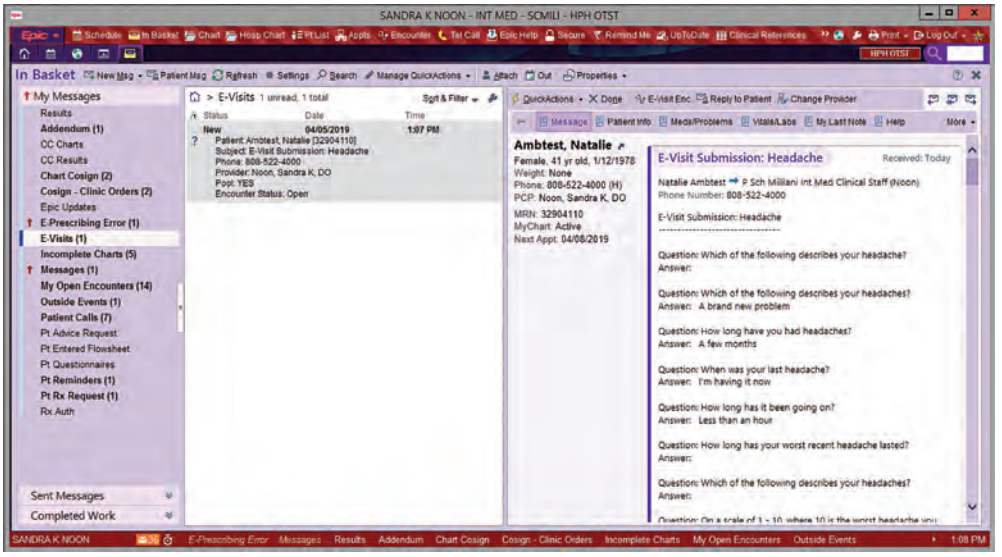
PROVIDER USE OF EPIC ECONSULTS

Measure Objective	Encourage the use of technology to support provider-to-provider communication via Epic
Description	Provider-to-provider consults completed via Epic
Points	1
Program	SSP
Numerator	Total number of provider-to-provider consults* completed via Epic in the measurement year **An eConsult sent or received by a provider in Epic will count as one provider-to-provider consult.*
Denominator	N/A
Exclusions	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	10 provider-to-provider consults completed via Epic
Eligible Members	All participating providers
How to Meet the Measure	Use Epic eConsults function to complete provider-to-provider consults

CARE DELIVERY

PROVIDER USE OF MYCHART EVISITS

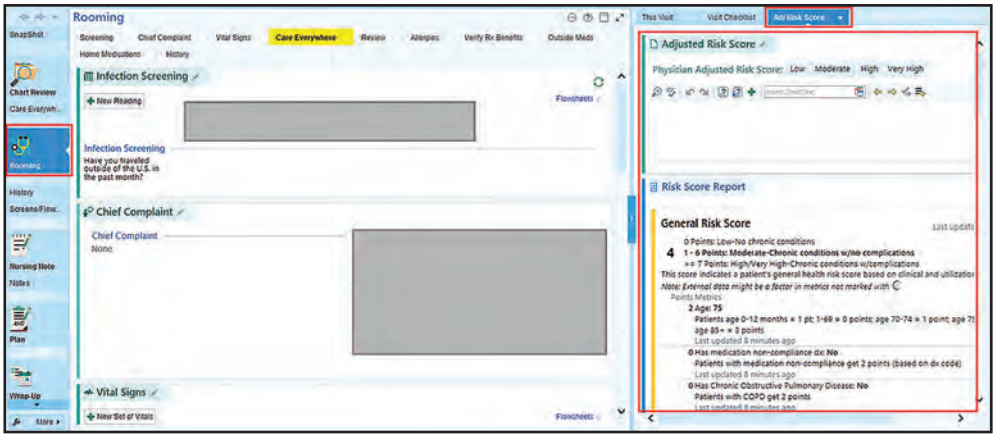
Measure Objective	Encourage the use of technology to support patient-provider communication via MyChart and improve patient experience and access
Description	Patient encounters completed via MyChart eVisits
Points	1
Program	SSP
Numerator	Total number of eVisit patient encounters completed via MyChart in the measurement year
Denominator	N/A
Exclusions	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	25 eVisit patient encounters completed via MyChart
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives
How to Meet the Measure	Complete patient encounters via MyChart eVisits. To learn how to utilize eVisits, providers can view the 2019 HHP MyChart learning module on the HPH Learning Center (HLC). Contact Info@hawaiihealthpartners.org if you have questions.



REFERRAL OF HIGH RISK PATIENTS TO HHP COMPLEX CARE PROGRAM

Measure Objective	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 primary care panel of attributed lives) to refer patients classified as High Risk or Very High Risk per Epic Risk Stratification classification, with at least 3 referrals ultimately enrolling in the HHP Complex Care Program
Points	1
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, 2020 - December 31, 2020
Performance Target	Primary Care Provider referral of High Risk or Very High Risk patients to HHP Complex Care via established referral process with 3 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 3 patients must enroll to meet the measure.

Epic Risk Score



CARE DELIVERY

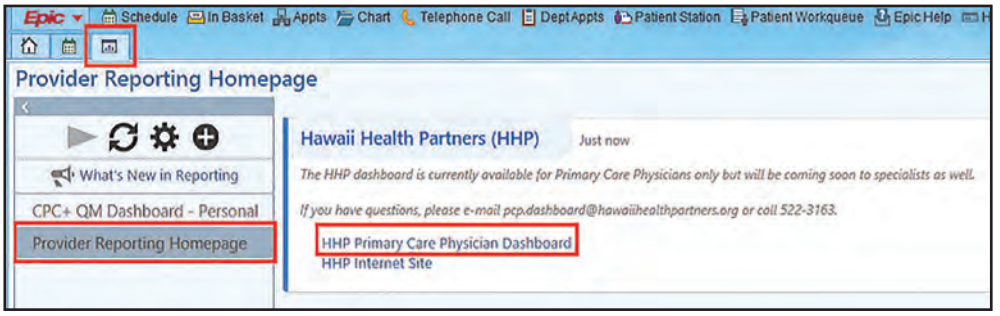
USE OF HIGH RISK MEDICATIONS IN THE ELDERLY

Measure Objective	Reduce adverse outcomes by avoiding high-risk medications for patients 65 years of age and older
Description	Avoid ordering high-risk medications for patients 65 years of age and older (e.g., anticholinergics [excluding TCAs], barbiturates, long-acting sulfonylureas, etc.) whose route is oral, transdermal, or rectal. The measure is intended to alert providers of patients who are 65 years of age and older to consider alternative medication options when medically appropriate. Clinical judgement takes precedent.
Points	1
Program	SSP
Numerator	Patients who were ordered at least one high-risk medication during the measurement period
Denominator	Patients 65 years and older who had a visit during the measurement period
Exclusion	Non-Epic providers
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Provider will earn credit in one of two ways: • ≤20 applicable high-risk medication orders in 2020 or • 50% reduction in applicable high-risk medication orders compared to 2019
Case Threshold	100 Epic encounters with a patient 65 years of age or older
Eligible Members	All ordering physicians (includes all specialties other than those excluded below) and APRNs carrying a primary care panel of attributed lives Excludes Diagnostic Radiology, Interventional Radiology, Maternal & Fetal Medicine, Medical Genetics, Neuroradiology, Nuclear Medicine, Pathology, and Repro Endocrin/Infertility. Excludes non-Epic providers.
How to Meet the Measure	HHP will email providers their 2019 performance via Info@hawaiihealthpartners.org. For more information, contact HHP at Info@hawaiihealthpartners.org.

USE OF HHP DASHBOARD

Measure Objective	Support effective population health management by encouraging the evaluation of patient data through the use of the HHP Dashboard by Primary Care Providers
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 by October 1, 2020
Exclusion	N/A
Measurement Period	January 1, 2020 - December 31, 2020
Performance Target	Provider 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, Pediatrics, 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.hawaiipacifichealth.org to access the HHP Dashboard in Epic.

HHP Dashboard (all providers)



APPENDIX E: 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 Multiplier = 5.0

Tier Name	Specialties	
Targeted Initiatives	• Cardiology • Emergency Medicine • Endocrinology • Geriatric Medicine • Gynecology • Hospice and Palliative Medicine • Hospitalist – Family Medicine	• Hospitalist – Internal Medicine • Hospitalist – Pediatrics • Nephrology • Obstetrics & Gynecology • Pediatric Emergency Medicine • Pulmonology

Tier Multiplier = 2.0

Tier Name	Specialties	
Population Health	• 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 • Internal Medicine (non-PCP) • Interventional Radiology • Maternal & Fetal Medicine • Medical Oncology • Neonatology • Neurology • Neuroradiology • Neurosurgery • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Cardiology • Pediatric Critical Care	• 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 • Urgent Care/Walk-In • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery

Tier Multiplier = 1.0

Tier Name	Specialties	
Foundational	• Allergy & Immunology • Anesthesiology • Dermatology • Dermatopathology • Developmental-Behavioral Peds • Medical Genetics	• Nuclear Medicine • Occupational Medicine • Pathology • Podiatry • Sleep Medicine • Sports Medicine

Creating a healthier Hawai‘i

HAWAI‘I PACIFIC HEALTH | HAWAI‘I HEALTH PARTNERS

CREATING A HEALTHIER HAWAI‘I

1100 Ward Ave. Suite 670 • Honolulu, Hawai‘i 96814
HawaiiHealthPartners.org