

2021 PROGRAM GUIDE



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Creating a *healthier* Hawai'i

COLLEAGUES:

The 2021 Program Guide was made possible by and is the result of the collaborative efforts of the Hawai'i Health Partners (HHP) Finance and Quality & Clinical Integration Committees, Metrics Subcommittee, the physician-led HHP Board of Managers, HHP administration, and the membership at large.

This Program Guide was created amidst the coronavirus, SARS-CoV-2 (COVID-19) pandemic, and we would be remiss in our role and responsibility to you, our provider members, not to acknowledge the impact and unprecedented challenges you have faced, which have changed the way you interact with patients, the way you code, document, and sustain your practice. Please rest assured we are making considered adjustments to this year's Quality and Performance and Shared Savings Programs (QPP/SSP).

What the pandemic also did was highlight the necessity for a population health approach, the foundations of which were already laid via Hawai'i Pacific Health's establishment of HHP and our ongoing implementation of value-based health care, the cornerstone of better patient outcomes. This gave us a foothold to stabilize so that we could succeed in care coordination, appropriateness, accessibility, and patient experience (quality and satisfaction). This Program Guide is an extension of the HHP Care Model, aligning with the Hawai'i Pacific Health, HMSA Accountable Care Agreement, and our trajectory towards global capitation.

That said, the 2021 Program Guide was designed with the following guiding principles:

- Promoting appropriate, high-quality care
- Effective Care Coordination
- Providing the highest quality care while improving cost of care delivery
- Encouraging alternative patient visit types
- Adjusting measures to incorporate more efficient processes
- Transitioning from Fee-for-Service to Value-Based Care

Your engagement in participation in the program has grown tremendously over the years, most recently, 92% of HHP members earned points in the QPP/SSP; reflecting your commitment to delivering value-based care. Which is why this year's Program Guide spans 86 specialties and clinical practice areas for primary care and specialists, with 24 measures – opportunities to earn points and deliver high-quality and high-value care to your patients.

As always, we remain committed to listening, supporting and advocating for you and your wellbeing in our provider services, partnerships, and programs.

Thank you for driving change and leading the transformation of health care in Hawai'i.

Sincerely,

Andy Lee, MD

Medical Director

PROGRAM GUIDE FOR PROVIDERS

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.

POINTS POSSIBLE BY SPECIALTY

QUALITY PERFORMANCE PROGRAM

	Page	13	14	15	16	19	20	22	24	25	27	28	31	32	34
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Advance Care Planning in the Inpatient Setting	Avoidable ED Utilization	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Medication Reconciliation Post Discharge	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	0.5	0.125	1		1			1					
Family Medicine (PCP)		0.5	0.5	0.125	1		1			1					
General Practice (PCP)		0.5	0.5	0.125	1		1			1					
Internal Medicine (PCP)		0.5	0.5	0.125	1		1			1					
Pediatrics (PCP)		0.5	0.5	0.125	1		1								
SPECIALIST															
Adolescent Medicine (non-PCP)		0.5	0.5	0.125	1		1								
Allergy & Immunology		0.5	0.5	0.125	1		1								
Anesthesiology		0.5	0.5	0.125	1		1		1		1				
Cardiac Electrophysiology		0.5	0.5	0.125	1		1		1						
Cardiology		0.5	0.5	0.125	1		1		1						
Clinical Psychology		0.5	0.5	0.125	1		1								
Child & Adolescent Psychiatry		0.5	0.5	0.125	1		1								
Critical Care Medicine		0.5	0.5	0.125	1	1	1		1					2	
Dermatology		0.5	0.5	0.125	1		1								
Dermatopathology		0.5	0.5	0.125	1		1								
Developmental-Behavioral Peds		0.5	0.5	0.125	1		1								
Diagnostic Radiology		0.5	0.5	0.125	1										
Emergency Medicine		0.5	0.5	0.125	1		1		1					2	
Endocrinology		0.5	0.5	0.125	1		1								
Family Medicine (non-PCP)		0.5	0.5	0.125	1		1								
Gastroenterology		0.5	0.5	0.125	1		1	1	1			1			
General Practice (non-PCP)		0.5	0.5	0.125	1		1								
General Surgery		0.5	0.5	0.125	1		1	1	1			1	1	1	
Geriatric Medicine		0.5	0.5	0.125	1		1								
Gynecologic Oncology		0.5	0.5	0.125	1		1	1	1			1	1	1	
Gynecology		0.5	0.5	0.125	1		1	1	1			1	1	1	
Hematology/Oncology		0.5	0.5	0.125	1		1		1			1			
Hospice and Palliative Medicine		0.5	0.5	0.125	1	1	1		1						

POINTS POSSIBLE BY SPECIALTY QUALITY PERFORMANCE PROGRAM

	Page	13	14	15	16	19	20	22	24	25	27	28	31	32	34
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Advance Care Planning in the Inpatient Setting	Avoidable ED Utilization	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Medication Reconciliation Post Discharge	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
Hospitalist - Family Medicine		0.5	0.5	0.125	1	1	1		1					2	
Hospitalist - Internal Medicine		0.5	0.5	0.125	1	1	1		1					2	
Hospitalist - Pediatrics		0.5	0.5	0.125	1		1		1					2	
Infectious Disease		0.5	0.5	0.125	1		1		1						
Internal Medicine (non-PCP)		0.5	0.5	0.125	1		1								
Interventional Cardiology		0.5	0.5	0.125	1		1		1						
Interventional Radiology		0.5	0.5	0.125	1		1		1						
Maternal & Fetal Medicine		0.5	0.5	0.125	1		1		1						
Medical Genetics		0.5	0.5	0.125	1										
Neonatology		0.5	0.5	0.125	1		1		1						2.5
Nephrology		0.5	0.5	0.125	1		1		1						
Neurology		0.5	0.5	0.125	1		1		1						
Neuroradiology		0.5	0.5	0.125	1										
Neurosurgery		0.5	0.5	0.125	1		1		1			1	1	1	
Nuclear Medicine		0.5	0.5	0.125	1										
Obstetrics & Gynecology		0.5	0.5	0.125	1		1	1	1			1	1	1	
Occupational Medicine		0.5	0.5	0.125	1		1								
Ophthalmology		0.5	0.5	0.125	1		1		1			1	1	1	
Orthopedic Surgery		0.5	0.5	0.125	1		1	1	1			1	1	1	
Otolaryngology		0.5	0.5	0.125	1		1		1			1	1	1	
Pathology		0.5	0.5	0.125	1										
Pediatric Cardiology		0.5	0.5	0.125	1		1		1						
Pediatric Critical Care		0.5	0.5	0.125	1		1		1					2	
Pediatric Diagnostic Radiology		0.5	0.5	0.125	1										
Pediatric Emergency Medicine		0.5	0.5	0.125	1		1		1					2	
Pediatric Endocrinology		0.5	0.5	0.125	1		1		1						
Pediatric Gastroenterology		0.5	0.5	0.125	1		1		1			1			
Pediatric Hematology/Oncology		0.5	0.5	0.125	1		1		1			1			
Pediatric Infectious Diseases		0.5	0.5	0.125	1		1		1						
Pediatric Nephrology		0.5	0.5	0.125	1		1		1						
Pediatric Neurology		0.5	0.5	0.125	1		1		1						

POINTS POSSIBLE BY SPECIALTY

QUALITY PERFORMANCE PROGRAM

	Page	13	14	15	16	19	20	22	24	25	27	28	31	32	34
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Advance Care Planning in the Inpatient Setting	Avoidable ED Utilization	Enhanced Recovery After Surgery (ERAS) Order Sets	Hospital Acquired Harm	Medication Reconciliation Post Discharge	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 Ophthalmology		0.5	0.5	0.125	1		1		1			1	1	1	
Pediatric Orthopedic Surgery		0.5	0.5	0.125	1		1		1			1	1	1	
Pediatric Physical Medicine & Rehab		0.5	0.5	0.125	1		1								
Pediatric Pulmonology		0.5	0.5	0.125	1		1		1						
Pediatric Rheumatology		0.5	0.5	0.125	1		1								
Pediatric Sports Medicine		0.5	0.5	0.125	1		1								
Pediatric Surgery		0.5	0.5	0.125	1		1	1	1			1	1	1	
Pediatric Urology		0.5	0.5	0.125	1		1		1			1	1	1	
Pediatrics (non-PCP)		0.5	0.5	0.125	1		1								
Physical Medicine & Rehab		0.5	0.5	0.125	1		1								
Plastic Surgery		0.5	0.5	0.125	1		1		1			1	1	1	
Podiatry		0.5	0.5	0.125	1		1		1			1	1	1	
Psychiatry		0.5	0.5	0.125	1		1								
Pulmonology		0.5	0.5	0.125	1		1		1						
Radiation Oncology		0.5	0.5	0.125	1		1								
Repro Endocrin/Infertility		0.5	0.5	0.125	1		1								
Rheumatology		0.5	0.5	0.125	1		1								
Sleep Medicine		0.5	0.5	0.125	1		1								
Sports Medicine		0.5	0.5	0.125	1		1								
Surgical Oncology		0.5	0.5	0.125	1		1	1	1			1	1	1	
Thoracic Surgery		0.5	0.5	0.125	1		1		1			1	1	1	
Urgent Care/Walk-In		0.5	0.5	0.125	1		1								
Urogynecology & Pelvic Reconstruction		0.5	0.5	0.125	1		1	1	1			1	1	1	
Urology		0.5	0.5	0.125	1		1		1			1	1	1	
Vascular Surgery		0.5	0.5	0.125	1		1		1			1	1	1	
Weight Management		0.5	0.5	0.125	1		1								
Wound Care		0.5	0.5	0.125	1		1								

POINTS POSSIBLE BY SPECIALTY SHARED SAVINGS PROGRAM

	Page	13	14	15	16	36	37	38	40	42	43	44	45	47	48
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Palliative Care for Cancer Patients	Postpartum Care	Prenatal Care	Provider Use of Epic E-Referrals & E-Consults	Telehealth Usage	Use of High Risk Medications in the Elderly
PRIMARY CARE (carrying a panel)															
Advanced Practice RN (APRN) carrying a primary care panel		0.5	0.5	0.125	1		1	1	1		1	1	1	1	1
Family Medicine (PCP)		0.5	0.5	0.125	1		1	1	1		1	1	1	1	1
General Practice (PCP)		0.5	0.5	0.125	1		1	1	1		1	1	1	1	1
Internal Medicine (PCP)		0.5	0.5	0.125	1		1	1	1		1	1	1	1	1
Pediatrics (PCP)		0.5	0.5	0.125	1		1	1			1	1	1	1	
SPECIALIST															
Adolescent Medicine (non-PCP)		0.5	0.5	0.125	1		1	1					1	1	1
Allergy & Immunology		0.5	0.5	0.125	1		1	1					1	1	1
Anesthesiology		0.5	0.5	0.125	1			1					1	1	1
Cardiac Electrophysiology		0.5	0.5	0.125	1		1	1					1	1	1
Cardiology		0.5	0.5	0.125	1		1	1					1	1	1
Clinical Psychology		0.5	0.5	0.125	1			1					1	1	1
Child & Adolescent Psychiatry		0.5	0.5	0.125	1		1	1					1	1	
Critical Care Medicine		0.5	0.5	0.125	1			1					1	1	1
Dermatology		0.5	0.5	0.125	1		1	1					1	1	1
Dermatopathology		0.5	0.5	0.125	1		1	1					1	1	1
Developmental-Behavioral Peds		0.5	0.5	0.125	1			1					1	1	1
Diagnostic Radiology		0.5	0.5	0.125	1	1							1	1	
Emergency Medicine		0.5	0.5	0.125	1			1					1	1	1
Endocrinology		0.5	0.5	0.125	1		1	1					1	1	1
Family Medicine (non-PCP)		0.5	0.5	0.125	1		1	1					1	1	1
Gastroenterology		0.5	0.5	0.125	1		1	1					1	1	1
General Practice (non-PCP)		0.5	0.5	0.125	1		1	1					1	1	1
General Surgery		0.5	0.5	0.125	1		1	1					1	1	1
Geriatric Medicine		0.5	0.5	0.125	1		1	1					1	1	1
Gynecologic Oncology		0.5	0.5	0.125	1		1	1					1	1	1
Gynecology		0.5	0.5	0.125	1		1	1			1	1	1	1	1
Hematology/Oncology		0.5	0.5	0.125	1		1	1		1			1	1	1
Hospice and Palliative Medicine		0.5	0.5	0.125	1		1	1		1			1	1	1

SSP

POINTS POSSIBLE BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	13	14	15	16	36	37	38	40	42	43	44	45	47	48
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Palliative Care for Cancer Patients	Postpartum Care	Prenatal Care	Provider Use of Epic E-Referrals & E-Consults	Telehealth Usage	Use of High Risk Medications in the Elderly
Hospitalist - Family Medicine		0.5	0.5	0.125	1			1					1	1	1
Hospitalist - Internal Medicine		0.5	0.5	0.125	1			1					1	1	1
Hospitalist - Pediatrics		0.5	0.5	0.125	1			1					1	1	1
Infectious Disease		0.5	0.5	0.125	1		1	1					1	1	1
Internal Medicine (non-PCP)		0.5	0.5	0.125	1		1	1					1	1	1
Interventional Cardiology		0.5	0.5	0.125	1		1	1					1	1	1
Interventional Radiology		0.5	0.5	0.125	1								1	1	
Maternal & Fetal Medicine		0.5	0.5	0.125	1		1	1					1	1	
Medical Genetics		0.5	0.5	0.125	1								1	1	
Neonatology		0.5	0.5	0.125	1		1	1					1	1	1
Nephrology		0.5	0.5	0.125	1		1	1					1	1	1
Neurology		0.5	0.5	0.125	1		1	1					1	1	1
Neuroradiology		0.5	0.5	0.125	1								1	1	
Neurosurgery		0.5	0.5	0.125	1		1	1					1	1	1
Nuclear Medicine		0.5	0.5	0.125	1								1	1	
Obstetrics & Gynecology		0.5	0.5	0.125	1		1	1			1	1	1	1	1
Occupational Medicine		0.5	0.5	0.125	1			1					1	1	1
Ophthalmology		0.5	0.5	0.125	1		1	1					1	1	1
Orthopedic Surgery		0.5	0.5	0.125	1		1	1					1	1	1
Otolaryngology		0.5	0.5	0.125	1		1	1					1	1	1
Pathology		0.5	0.5	0.125	1								1	1	
Pediatric Cardiology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Critical Care		0.5	0.5	0.125	1			1					1	1	
Pediatric Diagnostic Radiology		0.5	0.5	0.125	1	1							1	1	
Pediatric Emergency Medicine		0.5	0.5	0.125	1			1					1	1	
Pediatric Endocrinology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Gastroenterology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Hematology/Oncology		0.5	0.5	0.125	1		1	1		1			1	1	
Pediatric Infectious Diseases		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Nephrology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Neurology		0.5	0.5	0.125	1		1	1					1	1	

SSP

POINTS POSSIBLE BY SPECIALTY
SHARED SAVINGS PROGRAM

	Page	13	14	15	16	36	37	38	40	42	43	44	45	47	48
		Attendance at HHP Annual Membership Meeting	Attendance at HHP Webinars	HHP Learning Modules (points per completed module)	Participation in HHP Clinical Workgroups (points per workgroup)	Mammogram Imaging Callback Rates	National Imaging Associates (NIA) / Magellan Prior Authorizations	NSAID Utilization in CKD Patients	Osteoporosis Management in Women Who Had a Fracture	Palliative Care for Cancer Patients	Postpartum Care	Prenatal Care	Provider Use of Epic E-Referrals & E-Consults	Telehealth Usage	Use of High Risk Medications in the Elderly
Pediatric Ophthalmology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Orthopedic Surgery		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Physical Medicine & Rehab		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Pulmonology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Rheumatology		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Sports Medicine		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Surgery		0.5	0.5	0.125	1		1	1					1	1	
Pediatric Urology		0.5	0.5	0.125	1		1	1					1	1	
Pediatrics (non-PCP)		0.5	0.5	0.125	1		1	1					1	1	
Physical Medicine & Rehab		0.5	0.5	0.125	1		1	1					1	1	1
Plastic Surgery		0.5	0.5	0.125	1		1	1					1	1	1
Podiatry		0.5	0.5	0.125	1		1	1					1	1	1
Psychiatry		0.5	0.5	0.125	1		1	1					1	1	1
Pulmonology		0.5	0.5	0.125	1		1	1					1	1	1
Radiation Oncology		0.5	0.5	0.125	1		1	1					1	1	1
Repro Endocrin/Infertility		0.5	0.5	0.125	1		1	1					1	1	
Rheumatology		0.5	0.5	0.125	1		1	1					1	1	1
Sleep Medicine		0.5	0.5	0.125	1		1	1					1	1	1
Sports Medicine		0.5	0.5	0.125	1		1	1					1	1	1
Surgical Oncology		0.5	0.5	0.125	1		1	1					1	1	1
Thoracic Surgery		0.5	0.5	0.125	1		1	1					1	1	1
Urgent Care/Walk-In		0.5	0.5	0.125	1		1	1					1	1	1
Urogynecology & Pelvic Reconstruction		0.5	0.5	0.125	1		1	1					1	1	1
Urology		0.5	0.5	0.125	1		1	1					1	1	1
Vascular Surgery		0.5	0.5	0.125	1		1	1					1	1	1
Weight Management		0.5	0.5	0.125	1		1	1					1	1	1
Wound Care		0.5	0.5	0.125	1		1	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. Medical Cost Trend performance has been lower than target, resulting in the funding of the bonus pool for the Shared Savings Program.
2. The provider is a participating provider of HHP for at least 90 days of the measurement year.
3. The provider meets the quality thresholds for applicable measures, based on the provider's specialty.
4. For PCPs, the Shared Savings payout will be calculated based on the points earned multiplied by the number of attributed lives at the end of the measurement year or the date of their departure from HHP in the event of separation.
5. For Specialists, the Shared Savings payout will be calculated based on the points earned multiplied by their specialty tier. Specialty tiers are set according to impact on Medical Cost Trend.

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	<p>Total Points: 1</p> <ul style="list-style-type: none"> • QPP: 0.5 point • SSP: 0.5 point
Program	QPP & SSP
Exclusions	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	<p>Arrival and registration by the designated time and/or attendance for a minimum period of time, to be determined by HHP. An exception will be made for those providers with late attendance or absence due to unavoidable clinical duties. Prior notification to Info@hawaiihealthpartners.org by the provider is required for late attendance or absence due to unavoidable clinical duties. Notification by proxy will not be accepted. 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.</p>
Eligible Members	All eligible HHP members

ENGAGEMENT

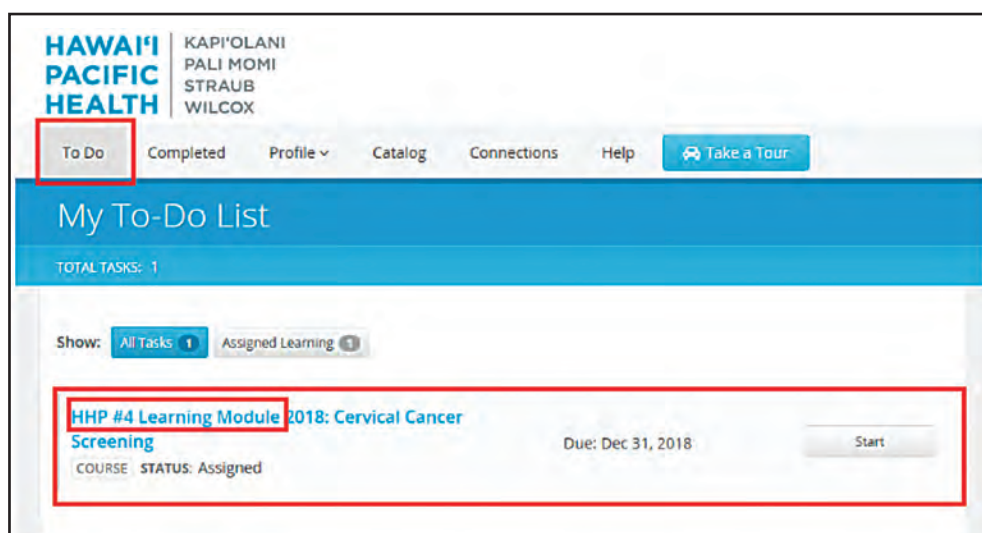
ATTENDANCE AT HHP WEBINARS

Measure Objective	Encourage and provide opportunities for information sharing and engagement with HHP members
Description	Attendance and participation at the HHP Webinars
Points	<ul style="list-style-type: none"> • 0.5 Point - attended 10 live webinars • 1 Point - attended 15 live webinars
Program	QPP & SSP
Exclusions	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	Online attendance at 10 <i>live</i> webinars during the measurement year
Eligible Members	All eligible HHP members
How to Meet the Measure	Providers must register via the pre-survey form and view at least 10 live webinars during the measurement year. Credit will not be given for watching the recording.

ENGAGEMENT

HHP LEARNING MODULES

Measure Objective	Provide an educational resource to support implementation of care improvement processes that improve care quality, outcomes, and efficiency
Description	Completion of HHP learning modules
Points	<p>Completing one HHP learning module earns 0.125 QPP point and 0.125 SSP point (a total of 0.25 point). Up to 2 points possible (1 QPP and 1 SSP point).</p> <p>Creating and recording one HHP learning module earns 1 QPP point and 1 SSP point (a total of 2 points). Up to 4 points possible (2 QPP and 2 SPP points).</p>
Program	QPP & SSP
Exclusion	N/A
Learning Module Availability Period	Learning modules will be posted between January 1, 2021 - December 31, 2021. Learning modules will be available for no less than 90 days and must be completed on or before the deadline determined at the time of publication.
Performance Target	<p>Completion of HHP learning modules</p> <p>To create and record a Learning Module, contact info@hawaiihealthpartners.org.</p>
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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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, 2021 - December 31, 2021
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.

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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.

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QUALITY PERFORMANCE PROGRAM MEASURES

CARE DELIVERY

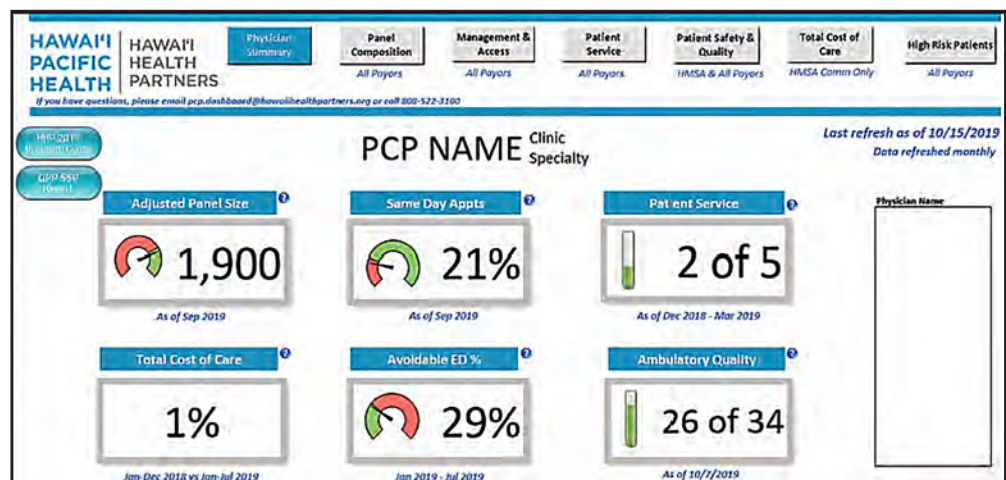
ADVANCE CARE PLANNING IN THE INPATIENT SETTING

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, 2021 - December 31, 2021				
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	<p>All of the following steps must be completed in order to meet the measure:</p> <ol style="list-style-type: none"> 1. Document the ACP discussion using this smartphrase: .acphospitalcharge 2. Use the appropriate CPT code: 99497 (16 to 45 minutes), 99498 (46+ minutes), 1157 (had a discussion), or 1158 (advanced care plan documented)  <p>.acphospitalcharge</p> <table border="1"> <thead> <tr> <th>Abbrev</th> <th>Expansion</th> </tr> </thead> <tbody> <tr> <td>* ACPHOSPITALCHARGE</td> <td>Advance Care Planning (ACP) Hospital Charge</td> </tr> </tbody> </table> <p>Advance Care Planning (ACP) I spent a total of *** minutes of face-to-face time devoted solely to providing Advanced Care Planning Services, which included counseling and discussion of goals of care. The patient/family said they would like a Code Status of ***. Additional decisions made about ACP include ***. Please refer to my notes for details. No active treatment took place during our Advance Care Planning discussion.</p>	Abbrev	Expansion	* ACPHOSPITALCHARGE	Advance Care Planning (ACP) Hospital Charge
Abbrev	Expansion				
* ACPHOSPITALCHARGE	Advance Care Planning (ACP) Hospital Charge				

CARE DELIVERY

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	QPP
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, 2021 - December 31, 2021
Performance Target	Primary Care: Individual performance scored at or below 25% in HHP Dashboard Specialists: Overall HHP aggregate score at or below 25%
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives 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 Primary Care Dashboard in Epic to identify appropriate interventions (see below).



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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):

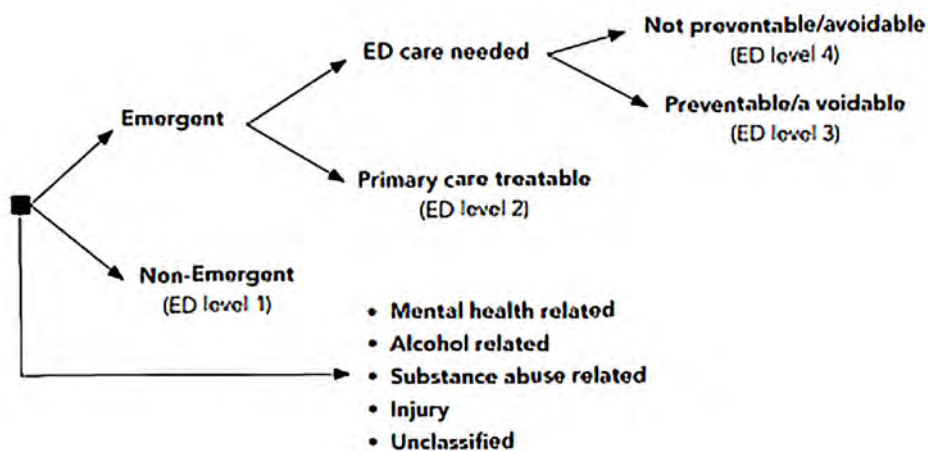
Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, 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



CARE DELIVERY

ENHANCED RECOVERY AFTER SURGERY (ERAS) ORDER SETS

Measure Objective	Promote the use of qualifying ERAS order sets
Description	Percentage of patients for whom an ERAS order set was completed pre-surgery and post-surgery
Points	Pre-surgical order set: 0.5 Point Post-surgical order set: 0.5 Point
Program	QPP
Numerator	Patients for whom a qualifying ERAS order set was used appropriately. (Qualifying ERAS order sets will be approved by the HHP QCI Committee.)
Denominator	Patients with an elective surgical procedure for which a qualifying ERAS order set exists, including, but not limited to, colorectal, hip fracture, total joint, gynecology
Exclusions	Ambulatory patients are excluded from the post-surgical ERAS order set measurement
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	<ul style="list-style-type: none"> • Pre-surgical order set: $\geq 75\%$ • Post-surgical order set: $\geq 75\%$
Eligible Members	<p>Surgeons (who perform applicable surgery types, including, but not limited to, the following specialties)*:</p> <ul style="list-style-type: none"> - Gastroenterology - Gynecologic Oncology - Gynecology - Obstetrics & Gynecology - Orthopedic Surgery - Pediatric Surgery - Surgical Oncology - Urogynecology & Pelvic Reconstruction <p><i>*Subject to change as new order sets are approved by the QCI Committee</i></p>

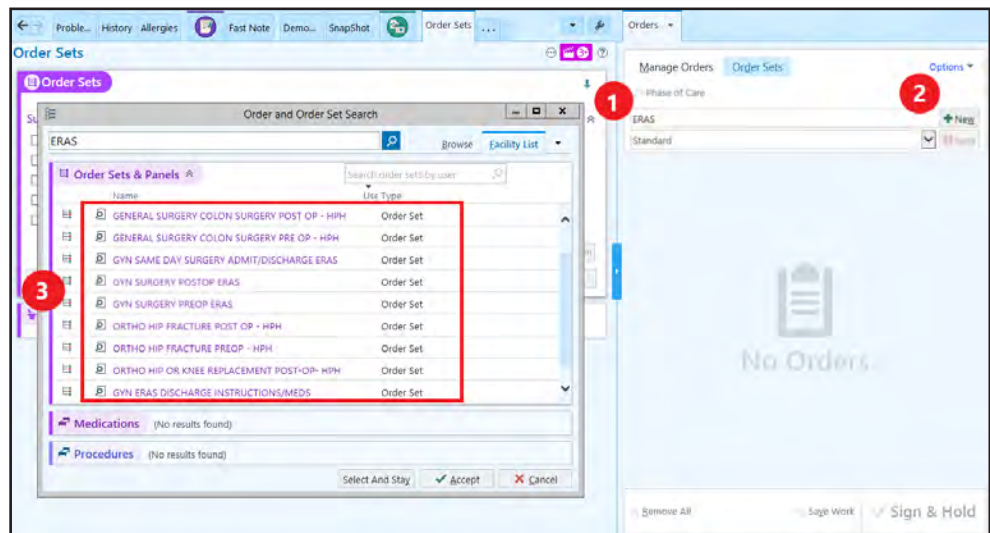
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ENHANCED RECOVERY AFTER SURGERY (ERAS) ORDER SETS

How to Meet the Measure

Complete the appropriate templated ERAS order set in Epic

1. Type in "ERAS"
2. Click on "+New"
3. Select one of the order sets pictured here



CARE DELIVERY

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	<ul style="list-style-type: none"> • 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, 2021 - December 31, 2021		
Performance Target	≤ 2 events / 10,000 patient days in aggregate by facility		
Case Threshold	5 hospital encounters		
Eligible Members	<ul style="list-style-type: none"> • Anesthesiology • Cardiac Electrophysiology • Cardiology • Critical Care Medicine • Emergency Medicine • Gastroenterology • General Surgery • Gynecologic Oncology • Gynecology • Hematology/Oncology • Hospitalist – Family Medicine • Hospitalist – Internal Medicine • Hospitalist – Pediatrics • Infectious Disease • Interventional Radiology • Maternal & Fetal Medicine • Neonatology • Nephrology • 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 Ophthalmology • Pediatric Orthopedic Surgery • Pediatric Pulmonology • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Pulmonology • Surgical Oncology • Thoracic Surgery • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery 		

CARE DELIVERY

MEDICATION RECONCILIATION POST DISCHARGE

Measure Objective	Avoid medication errors such as omissions, duplications, dosing errors, or drug interactions by reconciling medications post discharge
Description	Percentage of discharges from July 1 – December 1 of the measurement year for patients age 65 years or older for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total)
Points	1
Program	QPP
Numerator	Patients from denominator for whom medications were reconciled the date of discharge through 30 days after discharge (31 days total)
Denominator	HMSA Akamai patients age 65 years or older discharged from July 1 - December 1, 2021
Exclusions	<p>Patients in hospice anytime during the measurement year</p> <p>Patients who remain in an acute or non-acute facility through December 1 of the measurement year</p>
Measurement Period	July 1, 2021 - December 31, 2021
Performance Target	Primary Care: Overall HHP aggregate score at or above 50%
Eligible Members	Primary Care: Family Medicine, General Practice, Internal Medicine, and APRNs carrying a primary care panel of attributed lives patients at the end of the measurement period

continued on next page

MEDICATION RECONCILIATION POST DISCHARGE

How to Meet the Measure

Complete medication reconciliation within 30 days of discharge. Check “Mark as Reviewed” in the Medication Review section.

Video Visit

PATIENT REVIEW
Connect
Questionnaires
Chief Complaint
PI Reported Vitals
Substance & Sex...
OB/Gyn Status
PI Clinic Rev
Care Everywhere
Allergies
Medication Review
History
Vital Signs

Medication Review

New medications from outside sources.
Medications need attention. [Go Reconcile](#)

Please verify the patient's list of medications and add new medications as reported.

Add Medication [Add](#)

View by: ☒ Alphabetical [Mark Unselected Taking](#) [Mark Unselected Not Taking](#) [Check Interactions](#) [Informants](#) [End Unreviewed](#)

Pharmacy: LONGS DRUG STORE (MILLANI TOWN CENTER)

Alphabetical	Taking?
Ascorbic Acid (VITAMIN C) 250 MG CHEW Take 2 Tabs by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B Complex CAPS Take 1 Cap by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cholecalciferol (VITAMIN D3) 125 MCG (5000 UT) CHEW Take 1-2 Tabs by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Levonorgestrel (MIRENA, 52 MG,) 20 MCG/24HR IUD Place 1 Each via uterine route one time. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiple Vitamin (MULTIVITAMIN PO) Take 1 Tab by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiple Vitamins- Minerals (HAIR/SKIN/NAILS) TABS Take 2,500 mcg by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Omega-3 Fatty Acids (FISH OIL PO) Take 1,400 mg by mouth one time per day. Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
omeprazole (PRILOSEC) 20 MG capsule Take 1 Cap by mouth one time per day. For stomach, Disp-30 Cap,R-0, E-Rx Last Dose: Taking at Unknown time	<input checked="" type="checkbox"/> Taking <input type="checkbox"/> Taking Differently <input type="checkbox"/> Not Taking <input type="checkbox"/> Unknown <input type="checkbox"/> Taking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Refills: 0 ordered Pharmacy: LONGS DRUG STORE (MILLANI TOWN CENTER)

☒ Mark as Reviewed Last Reviewed by Wong, Jackie, MA on 12/17/2020 at 8:11 AM [History](#)

[Restore](#) [Close](#) [Previous](#) [Next](#)

- Medication reconciliation must be completed on the date of discharge or 30 days afterward and properly coded using one of the following CPT codes:
 - **1111F**: DSCHRG MED/CURRENT MED MERGE
 - **99483**: ASSMT & CARE PLN PT COG IMP
 - **99495**: TRANS CARE MGMT 14 DAY DIS
 - **99496**: TRANS CARE MGMT 7 DAY DIS
- Current medications and discharge medication list reviewed and documentation of any of the following:
 - Status of discharge medications.
 - Notation that discharge medications were reviewed.
 - Review of discharge medication list.
 - Notation if no medications were prescribed at discharge.
- Medication reconciliation can be documented if there's evidence that:
 - A member was seen for a post-discharge follow-up.
 AND
 - Medication review or reconciliation was completed at the appointment.

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, 2021 - December 31, 2021
Performance Target	≥20 patients screened for OSA
Case Threshold	≥20
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.

CARE DELIVERY

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, 2021 - December 31, 2021		
Performance Target	≥60%		
Case Threshold	5		
Eligible Members	<p>Applicable Surgeons:</p> <ul style="list-style-type: none"> • Gastroenterology • General Surgery • Gynecologic Oncology • Gynecology • Hematology/Oncology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Gastroenterology • Pediatric Hematology/Oncology • Pediatric Neurology • Pediatric Ophthalmology • Pediatric Orthopedic Surgery • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Surgical Oncology • Thoracic Surgery • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery 		

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ONCOLOGY STAGING: CLINICAL

How to Meet the Measure

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

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@hawaiiipacifichealth.org for more information.

Step 1

The image displays two screenshots of the Epic EHR interface, specifically the 'New Problem' form for a patient named 'Test, Obgyn Uhp'.

Top Screenshot: Shows the 'New Problem' form with the following fields:

- Problem:** Malignant neoplasm of left ovary (*)
- Display:** Malignant neoplasm of left ovary (*)
- Priority:** Noted
- Class:** Resolved
- Noted:** 5/24/2019
- Resolved:** (empty)
- Chronic:** ☒

A red arrow points to the 'Display' field.

Bottom Screenshot: Shows the same form, but with a red box highlighting the 'Display' field and the 'Add' button. The 'Add' button is located at the bottom right of the form.

continued on next page

ONCOLOGY STAGING: CLINICAL

Step 2

←

▼

SnapShot

Chart Review

Review Flows...

Results Review

Allergies

History

Problem List

Letters

Problem List

+ Care Coordination Note

+ Add

⌵

Diagnosis

⌵

Malignant neoplasm of left ovary (*)

+ Enter Staging Information

✖ Mark as Not Needed

+ Create Oncology History

✓ Mark as Reviewed

Never Reviewed

Step 3

Attending
N/A

LOS
0days

🔍

🖨

🔗

✖

Cancer Staging

Malignant neoplasm of left ovary (*)

Select a staging form:

⊞ Suggested staging forms

⊞ Pediatric

⊞ Pediatric Germ Cell Tumors, Pediatric

⊞ AJCC 8th Edition

⊞ Ovary, Fallopian Tube, And Primary Peritoneal Carcinoma, AJCC 8th Edition

⊞ AJCC 7th Edition

⊞ Ovary, AJCC 7th Edition

⊞ AJCC 6th Edition

⊞ Ovary, AJCC 6th Edition

⊞ All available staging forms

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, 2021 - December 31, 2021
Performance Target	≥60%
Case Threshold	20
Eligible Members	<p>Applicable Surgeons:</p> <ul style="list-style-type: none"> • General Surgery • Gynecologic Oncology • Gynecology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Ophthalmology • Pediatric Orthopedic Surgery • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Surgical Oncology • Thoracic Surgery • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery
How to Meet the Measure	<p>Providers should complete the preoperative surgical screening checklist in Epic.</p> <p>Step 1. Type SmartPhrase: .readyforsurgery or .readyforsurgeryped</p> <p>Step 2. Answer all screening questions in the presurgical risk screening tool built in Epic.</p> <ul style="list-style-type: none"> • 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. <p>Contact Info@hawaiihealthpartners.org for more information.</p>

CARE DELIVERY

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:

- $\geq 70\%$ = 1 point
- $\geq 80\%$ = 2 points

Applicable surgeons eligible to earn:

- $\geq 70\%$ = 0.5 point
- $\geq 80\%$ = 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

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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	<p>A) Patients with advanced directives for comfort care</p> <p>B) Clinical conditions that preclude total measure completion (e.g., mortality within the first 6 hours of presentation)</p> <p>C) Patients for whom a central line is clinically contraindicated (e.g. coagulopathy that cannot be corrected, inadequate internal jugular or subclavian central venous access due to repeated cannulations)</p> <p>D) Patients for whom a central line was attempted but could not be successfully inserted</p> <p>E) Patient or surrogate decision maker declined or is unwilling to consent to such therapies or central line placement</p> <p>F) Patients transferred to an acute care facility from another acute care facility</p>
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	To be scored in aggregate by facility ≥80%
Eligible Members	<p>Critical Care Medicine, Emergency Medicine, Hospitalist - Family Medicine, Hospitalist - Internal Medicine, Hospitalist - Pediatrics, and applicable surgeons:</p> <ul style="list-style-type: none"> • General Surgery • Gynecologic Oncology • Gynecology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatric Ophthalmology • Pediatric Orthopedic Surgery • Pediatric Surgery • Pediatric Urology • Plastic Surgery • Podiatry • Surgical Oncology • Thoracic Surgery • Urogynecology & Pelvic Reconstruction • Urology • Vascular Surgery

CARE DELIVERY

VERMONT OXFORD NETWORK FOR VLBW AND EXPANDED DATABASE MEASURES

Measure Objective	Encourage optimal clinical management of premature newborns
Description	<p>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</p> <ul style="list-style-type: none"> • 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 at discharge to home • Expanded - Mortality Excluding Early Deaths
Points	<p>Maximum 2.5</p> <p>(8 measures x 0.3125 points/measure)</p>
Program	QPP
Numerator	Patients who meet each individual VON metric criteria
Denominator	<p>All patients admitted to the NICU at Kapi'olani Medical Center for Women & Children (KMCWC)</p> <p>Expanded definition: All NICU admissions</p> <p>VLBW definition: All very low birth weight NICU admissions (a subset of the expanded dataset)</p>
Exclusion	<p>Admitted from home after being hospitalized</p> <p>Admitted \geq 28 days of life</p>
Measurement period	January 1, 2021 - December 31, 2021
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 Hawai'i Pacific Health Medical Group Division of Neonatology

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SHARED SAVINGS PROGRAM MEASURES

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, 2021 - December 31, 2021
Performance Target	<p>Aggregate score by facility between 5% and 14%</p> <p>If the aggregate facility score does not meet the performance targets stated above, facility providers may request that the HHP QCI Committee review a sample of the facility's cases. If all reviewed orders are deemed medically necessary, then the facility's providers may earn credit.</p> <p><i>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.</i></p>
Case Threshold	480 mammograms interpreted during the measurement period
Eligible Members	Specialists: Diagnostic Radiology

CARE DELIVERY

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	<p>Maximum points possible are based on total order volume:</p> <p>≤5 orders = 0.5 point</p> <p>>5 orders = 1 point</p>
Program	SSP
Numerator	Number of advanced diagnostic imaging studies ordered appropriately
Denominator	Total advanced diagnostic imaging studies ordered and reviewed by NIA/Magellan
Exclusion	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	<p>≥95%</p> <p>Individual score at or above 95%</p>
Eligible Members	<p>Primary Care: Family Medicine, General Practice, Internal Medicine, Pediatrics, and APRNs carrying a primary care panel of attributed lives</p> <p>Specialists: All ordering providers</p> <p>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</p>
How to Meet the Measure	<p>To learn how to use the clinical decision software to improve ordering appropriateness, providers can view the 2021 HHP NIA/Magellan Prior Authorizations learning module on the HPH Learning Center (HLC). Contact Info@hawaiihealthpartners.org if you have questions.</p> <p>To view the most up-to-date Advanced Imaging Guidelines, visit https://www1.radmd.com/solutions.aspx.</p>

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	<p>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.</p> <p>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.</p>
Points	1
Program	SSP
Performance Measurement	<p>An applicable NSAID order for this measure is a medication order of an oral or intravenous NSAID for patients 18 years of age or older with:</p> <ul style="list-style-type: none"> • a diagnosis for CKD stage 3-5 or • serum creatinine in the last year is greater than or equal to 2.0 or • eGFR in the last year is less than 60. <p>Inpatient & ED: Includes intravenous administration & oral medications</p> <p>Ambulatory: Includes only oral medications</p>
Exclusions	<ul style="list-style-type: none"> • Medication frequency is set as a one time or PRN order • Patients diagnosed with gout
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	<p>Provider will earn credit in one of two ways:</p> <ul style="list-style-type: none"> • Five or less applicable NSAID orders in 2021 or • 50% reduction in applicable NSAID orders compared to 2020 or • If a provider does not meet the performance targets stated above, the provider may request that the HHP QCI Committee review a sample of the provider's cases. If all reviewed orders are deemed medically necessary, then the provider may earn credit.

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NSAID UTILIZATION IN CKD PATIENTS

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 notify providers of their 2020 performance via info@hawaiihealthpartners.org. For more information, contact HHP at info@hawaiihealthpartners.org.

CARE DELIVERY

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Measure Objective	Encourage appropriate treatment following a fracture
Description	Percentage of women 67–85 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	<p>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</p> <p>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.</p> <p>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.</p>
Denominator	HMSA Commercial and Akamai attributed female patients, 67 to 85 years of age, who experienced a fracture (except fractures of the finger, toe, face or skull)
Exclusions	<ul style="list-style-type: none"> • 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	<p>January 1, 2021 - December 31, 2021</p> <p>Patients with Fractures: September 1, 2020 - August 31, 2021</p>
Performance Target	Overall HHP aggregate score at or above 80%
Case Threshold	1

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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 on Epic

How to Meet the Measure

Providers should work with their HHP Health Practice Liaison to determine list of patients who fall into this measure to close gaps.

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	<ul style="list-style-type: none"> • Albandronate • Alendronate • Alendronatecholecalciferol 	<ul style="list-style-type: none"> • Ibandronate • Risedronate • Zoledronic acid
Other agents	<ul style="list-style-type: none"> • Calcitonin • Denosumab 	<ul style="list-style-type: none"> • Raloxifene • Teriparatide
See HMSA Formulations at hmsa.com/help-center/your-hmsa-drug-formulary-list .		

CARE DELIVERY

PALLIATIVE CARE FOR CANCER PATIENTS

Measure Objective	Improve quality of life at end of life, and optimize care coordination and quality outcomes through oncological services and palliative care services prior to the end of life
Description	<p>Proportion of patients with advanced cancer who receive palliative care services as measured by end of life supportive services and/or advanced care planning. Clinical practice guidelines published by the American Society of Clinical Oncology recommend that patients with advanced cancer should receive dedicated palliative care services.</p> <p><i>Ferrell B, Temel J, Temin S et al. Integration of Palliative Care Into Standard Oncology Care: American Society of Clinical Oncology Clinical Practice Guideline Update. Journal of Clinical Oncology. 2017;35(1):96-112. doi:10.1200/jco.2016.70.1474</i></p>
Points	1
Program	SSP
Numerator	Patients with stage 4 cancer who received end of life supportive services and/or advanced care planning during the measurement period
Denominator	Patients with stage 4 cancer
Exclusions	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	Overall HHP aggregate score at or above 90%
Eligible Members	Specialists: Hematology/Oncology, Hospice and Palliative Medicine
How to Meet the Measure	Follow palliative care workflows established by the Oncology Service Line to provide end of life supportive services (e.g., hospice) and/or advance care planning (e.g., advance directive, POLST) to patients with stage 4 cancer. Contact Oncology Service Line at oncologyserviceline@hawaiipacifichealth.org for more information.

CARE DELIVERY

POSTPARTUM CARE

Measure Objective	Encourage postpartum visits and 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, 2021 - December 31, 2021
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	<p>When completing a claim for the routine follow up visit following delivery, please:</p> <ul style="list-style-type: none"> • Complete Block 14 of the CMS 1500 claim form. This block should show the date of the patient's last menstrual period (LMP). • Bill an appropriate level of new patient or established patient office visit. • Indicate a diagnosis of ICD-10-CM: Z39.1 (Encounter for routine postpartum follow-up) or Z39.2 (Encounter for care and examination for lactating mother) as applicable. <p>For more information on codes for maternity services, please refer to hmsa.com/portal/provider/zav_pel.ph.pre.650.htm</p>

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, 2021 - December 31, 2021
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 <i>with 5 or more patients who fall into the denominator</i> Specialists: Obstetrics & Gynecology, Gynecology
How to Meet the Measure	<p>When completing a claim for the initial prenatal visit, please:</p> <ul style="list-style-type: none"> • Complete Block 14 of the CMS 1500 claim form. This block should show the date of the patient's last menstrual period (LMP). • Bill an appropriate level of new patient or established patient office visit. • Indicate a diagnosis of ICD-10-CM: Z34.00 – Z34.93 (supervision of normal pregnancy) or ICD-10-CM: O09.00 – O09.93 (supervision of high-risk pregnancy). • Do not bill a dipstick urinalysis (CPT 81000) separately; this test is considered an integral part of a prenatal visit. However, other diagnostic tests may be billed as appropriate. • Do not bill subsequent prenatal visits separately; these visits are included in the global fee for maternity services. <p>For more information on codes for maternity services, please refer to hmsa.com/portal/provider/zav_pel.ph.pre.650.htm</p>

CARE COORDINATION

PROVIDER USE OF EPIC E-REFERRALS & E-CONSULTS

Measure Objective	Encourage the use of Epic E-referrals tool to support care coordination
Description	Referrals completed via Epic E-referral
Points	1
Program	SSP
Numerator	Total number of referrals completed via Epic E-referral in the measurement year
Denominator	N/A
Exclusion	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	Primary Care: 50 referrals sent via Epic E-referral Specialists: 50 Epic E-referrals responded to via electronic consult
Eligible Members	All participating HHP providers
How to Meet the Measure	PCPs: Send patient referrals using the Epic E-referral tool. 1. Add order and search for "E-REFERRAL" 2. Select the appropriate E-referral and complete the order.

The screenshot shows the Epic E-Referral tool interface. The search bar at the top contains "E-REFERRAL". Below the search bar, there are tabs for Panels, Medications, and Procedures. The Procedures tab is selected, showing a list of e-referral codes and names. A red circle with the number "2" is placed over the "E-REFERRAL - Adult Hematology/Oncology (HHPMG)" entry. At the bottom of the screen, there is a red circle with the number "1" placed over the "E-REFERRAL" entry in the bottom search bar.

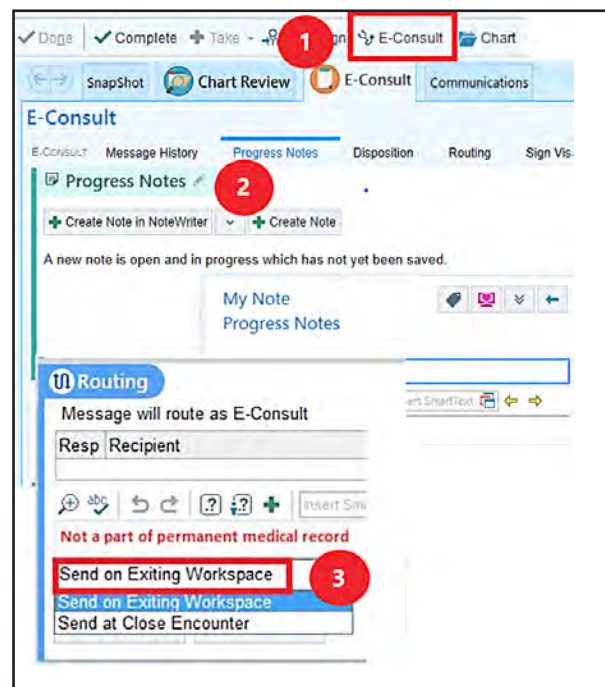
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PROVIDER USE OF EPIC E-REFERRALS & E-CONSULTS

How to Meet the Measure

Specialists: Respond back to requesting physician for patient referrals received via the Epic E-referral tool.

1. Open the E-consult encounter from in-basket
2. Create a new progress note
3. Open the Routing section, change the drop down option to "Send on Existing Workspace"
 - You should need to do this only once when messaging
4. Close workspace if a response is needed from requesting physician
 - **Do not sign visit**
 - E-consult message will be automatically sent to requesting physician



For more information about responding to referrals received via the Epic E-referral tool, visit:
https://rebrand.ly/2021qppssp_specialists-ereferrals

CARE DELIVERY

TELEHEALTH USAGE

Measure Objective	Support the use of technology for patient-provider communication and alternative visit types
Description	Patient encounters completed via telehealth visits
Points	1
Program	SSP
Numerator	<p>Total number of patient encounters completed via telehealth visits and coded in the measurement year using one of the following telehealth codes:</p> <ul style="list-style-type: none"> • 99421 to 99423 • 99441 to 99443 • G0508 • G2010 • G2012 • Modifier -95 • POS 02 • Any of the codes linked here: https://rebrand.ly/2021qppssp_telehealth-services
Denominator	N/A
Exclusions	N/A
Measurement Period	January 1, 2021 - December 31, 2021
Performance Target	100 HMSA Commercial patient encounters completed and coded
Eligible Members	All HHP providers with direct patient interaction
How to Meet the Measure	<p>Complete patient visits via telehealth and properly code using the following CPT codes:</p> <ul style="list-style-type: none"> • 99421 to 99423 • 99441 to 99443 • G0508 • G2010 • G2012 • Modifier -95 • POS 02 • Any of the codes linked here: https://rebrand.ly/2021qppssp_telehealth-services

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	<p>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.</p> <p>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.</p>
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, 2021 - December 31, 2021
Performance Target	<p>Provider will earn credit in one of two ways:</p> <ul style="list-style-type: none"> • ≤20 applicable high risk medication orders in 2021 or • 50% reduction in applicable high risk medication orders compared to 2020 or • If a provider does not meet the performance targets stated above, the provider may request that the HHP QCI Committee review a sample of the provider's cases. If all reviewed orders are deemed medically necessary, then the provider may earn credit.
Case Threshold	100 Epic encounters with a patient 65 years of age or older
Eligible Members	<p>All ordering physicians (includes all specialties other than those excluded below) and APRNs carrying a primary care panel of attributed lives</p> <p>Excludes Diagnostic Radiology, Interventional Radiology, Maternal & Fetal Medicine, Medical Genetics, Neuroradiology, Nuclear Medicine, Pathology, Repro Endocrin/Infertility, Pediatrics (PCP), Pediatric (non-PCP), and all pediatric subspecialties. Excludes non-Epic physicians.</p>
How to Meet the Measure	HHP will notify providers of their 2020 performance via info@hawaiihealthpartners.org . For more information, contact HHP at info@hawaiihealthpartners.org .

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	<ul style="list-style-type: none"> • Cardiology • Emergency Medicine • Endocrinology • Geriatric Medicine • Gynecology • Hospice and Palliative Medicine • Hospitalist – Family Medicine • Hospitalist – Internal Medicine • Hospitalist – Pediatrics • Interventional Cardiology • Nephrology • Obstetrics & Gynecology • Pediatric Emergency Medicine • Pulmonology

Tier Multiplier = 2.0

Tier Name	Specialties
Population Health	<ul style="list-style-type: none"> • Adolescent Medicine (non-PCP) • Cardiac Electrophysiology • Child & Adolescent Psychiatry • 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 Ophthalmology • Pediatric Orthopedic Surgery • Pediatric Physical Medicine & Rehab • 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 • Weight Management • Wound Care

Tier Multiplier = 1.0

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

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