RCHN Performance Improvement Program

Program Year 2018

PIP Program Guiding Principles

RCHN's PIP program is a risk pool based performance incentive program.

- Measures will reflect both preventive care and chronic disease management
- Where possible measures should both improve quality and appropriate utilization of services
- Measures are based on community need
- Measures are aligned with national standards

2018 Changes

- Continue with the current quality measures but transition to a points system with specific thresholds rather than percent of goal
- Colorectal cancer screening will become a rolling year measure
- Discontinue the patient experience measure as it stands and replace it with a separate measure of access.
- Add a process measure for cost of care:
  - Implementation of risk stratification
  - Implementation of standard care plan
- Participate in RCHC coding training
- Implementation of data feed to RCHC/N data warehouse (electronic reporting of results)
- Participate in QI workgroup and share at least one best practice/year

Program timelines

- The PIP program runs on an annual period beginning January 1 and ending December 31.
- Measurement periods for clinical quality measures are for the 12 months preceding the end of the reporting period unless otherwise noted in the measurement description.
- All improvement measures: Health centers report to RCHN quarterly by the end of the month following the quarter's close.
- Annual measures: Health centers report to RCHN quarterly by the end of the month following the year's close.
- Payment: RCHN distributes payment to health centers within 45 days of the close of the quarter.

Measure/Results	Cervical Cancer Screening	HTN – BP control	DM <9	Colon Cancer Screening
TARGETS				
2014 Target	n/a	55%	65%	
2015 Target	55%	61%	71%	
2016 Target	65%	64%	71%	
2017 Target	68%	65%	71%	40%
2018 Targets	68% full points 64% ¾ points 60% half points	65% full points 62% ¾ points 59% half points	71% full points 63% ¾ points 55% half points	40% full points 36% ¾ points 32% half points
CURRENT PIP PERFORMANCE				
Q1- 2017 Average	70.6%	71.1%	66.9%	39.2%
Q2 - 2017 Average	71.1%	70.3%	66.4%	42.0%
Q3 - 2017 Average	70.3%	72.3%	67.6%	41.7%
BENCHMARK COMPARISONS				
HP 2020	93%	61.2%	83.9%	70.5%
QIP Targets 2016-17	73.1 (full pts) HEDIS 90th percentile 67.9 (half pts) HEDIS 75th percentile	70.3% (full pts) HEDIS 90th percentile 65.3% (half pts) HEDIS 75th percentile	70.3% (full pts) HEDIS 90th percentile 65.3% (half pts) HEDIS 75th percentile	HEDIS 50th Percentile = 67.5% (Medicare)
UDS CA – 2016	57.7%	63.9%	67.1%	41.7%

Clinical Quality Measures

Redwood Community Health Network

Measure	Full Points 20	¾ Points 15	½ Points 10
Cervical Cancer Screening	68%	64%	60%
Colon Cancer Screening	40%	36%	32%
Hypertension Control	65%	63%	60%
A1c Control in Diabetics	71%	66%	61%

Access &Care Management Measures

Redwood Community Health Network

Access Measurement

Health centers will collect and report new patient wait times to RCHC as a measure of access to care. The measurement should be taken on the first Tuesday of each month at any time of day. Health centers should report three months data for each licensed site.

Site Name	Measurement Month	Number of Days for New Patient Appointment
	Month 1 in quarter	
	Month 2 in quarter	
	Month 3 in quarter	

Access &Care Management Measures

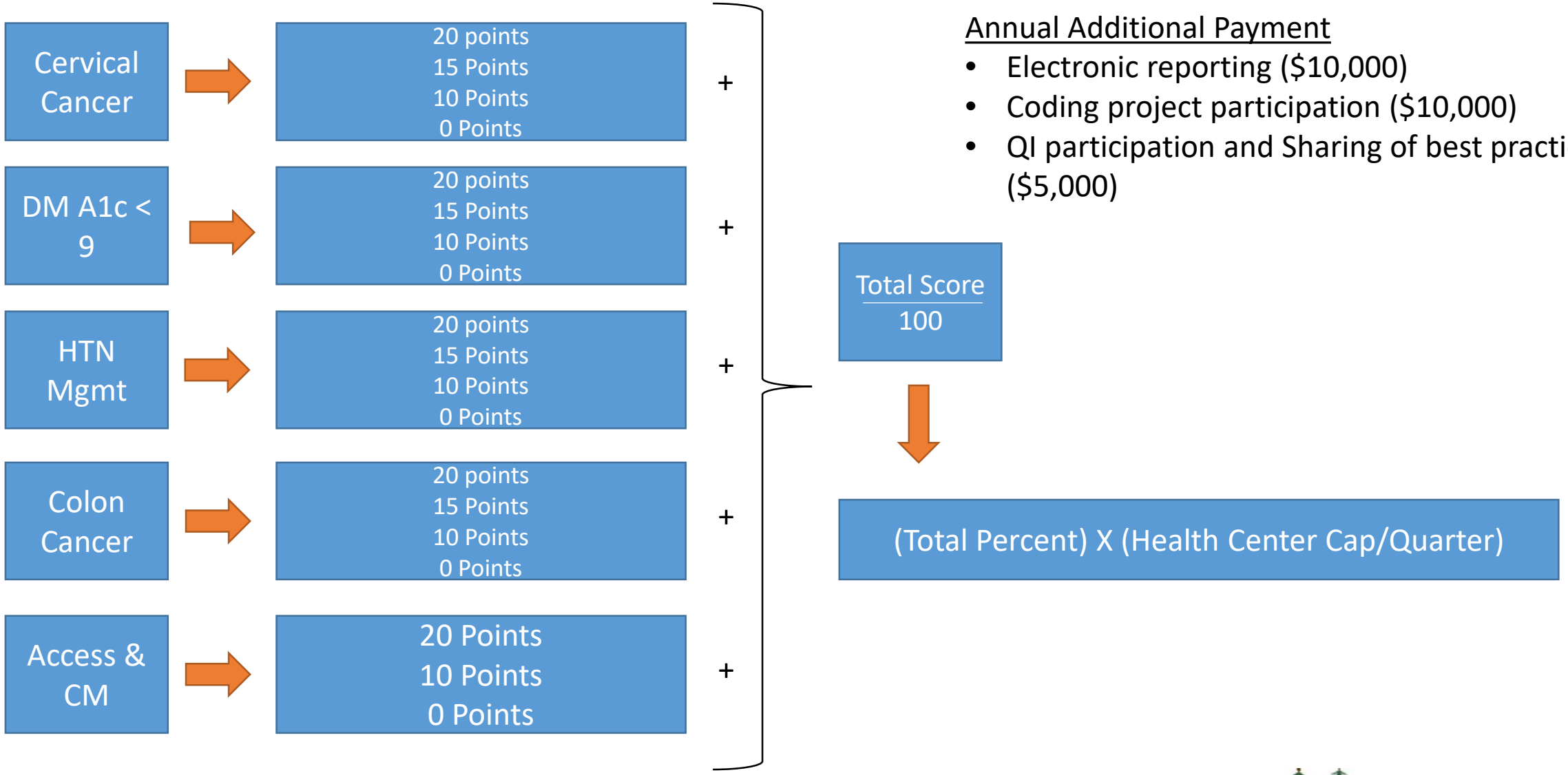
Care Management

Health Centers will demonstrate implementation and use of standard care plan elements by sending RCHC one example of completed care plan de-identified. Health Centers should also report the total active caseload for care management as of the end of quarter in the table below. Because of overlapping caseloads the total may be not equal the sum of each role's caseload.

Case Manager Role	Total active caseload	Medicare or Dual	Medicaid only	No insurance	Other
Nurses					
Licensed Social Workers					
Community Health Workers/Navigators					
Total unique patients in care management:					

One-Time Annual Payment Measures

- Participate in RCHC coding project
- Implementation (or contracting) of data feed to RCHC/N data warehouse
- Attend at least 50% of QI workgroups and share at least one best practice/year with QI



Annual Additional Payment

- Electronic reporting ($10,000)
- Coding project participation ($10,000)
- QI participation and Sharing of best practices ($5,000)

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