

**CSI-RI: 2013 Contractual Performance Measurement
Standards and Policies (10.31.13)**

Contents

- ❖ **Clinical Quality Performance Standards for 2013.....Page 2**
- ❖ **CAHPS PCMH Patient Experience Performance Standards for 2013.....Page 3**
- ❖ **Utilization Performance Standards for 2013.....Page 4**
- ❖ **Policy for Annual Setting of Thresholds for Clinical Quality Improvement
Measures.....Page 5**
- ❖ **CAHPS PCMH Patient Satisfaction Survey Policy for use of alternate vendors...Page 5**

Clinical Quality Measures

2013 Contractual Performance Standards for Contract Adjudication on 4/1/14

Approved by Data and Evaluation Committee 09.10.13

1. The measures to be reported on and used for performance defined as noted in the table, below: reverse the columns—just realizes that the median and targets are used interchangeably. Need column for medians; one for targets- comments column – target set at the median; target capped out; target remains at prior yr level.

Measure	Contractual performance metric	2013 Target
Adult BMI (18-64)	✓	57%
Adult BMI (65+)	✓	69%
DM A1c Good Control (<8)	✓	69%
DM BP Control (<140/90)	✓	76%
DM LDL Good Control	✓	50%
Hypertension BP Control (<140/90)	✓	72%
Tobacco Cessation	✓	85%
Depression Screen		91%
DM A1c Poor Control		21%
DM BP Good Control		41%
DM-BP Pts w/ Measurement		97%
DM-HbA1c Pts w/ Result		89%
DM-LDL Pts w/ Result		79%
Hypertension BP Measurement		100%
Tobacco Assessment		98%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**		N/A
Chlamydia Screening – Sexual History**		N/A
Chlamydia Screening – Testing**		N/A
Fall Risk Management**		N/A

** - Note that these measures will not be reported until 2014

2. Success in a domain is defined as achieving results in 2014 that meet or exceed the 2013 median. In addition, if the difference between 2013 baseline to 2014 follow-up is 5% points or greater, then a practice can succeed if the improvement achieved is at least half the distance between the baseline result and the 2013 median (“target”), at least a 2.5% point improvement. If there was no 2013 measurement, then the 2013 median must be attained.
3. Practices must successfully meet thresholds according to the rate sheet (attachment H), in the developmental contract. If the appropriate number of thresholds are met (e.g. 4 out of 7), the corresponding performance incentive will be paid accordingly to the practice.

CAHPS PCMH Survey

2013 Contractual Performance Standards for Contract Adjudication on 4/1/14 Approved by Data and Evaluation Committee (08.09.13)

1. The PCMH-CAHPS domains used for contractual performance, will remain the same as last year, using 2013 medians as thresholds. All sites that had their survey completed in a timely fashion in 2013 were used to generate medians for each composite measure as indicated below. Lets use consistent language
 - a. Access Composite Measure: target of **57%**
 - b. Office Staff Composite Measure: target of **73%**
 - c. Communication Composite Measure: target of **82%**
2. Success in a domain is defined as achieving results in 2014 that meet or exceed the 2013 median. In addition, if the difference between 2013 baseline to 2014 follow-up is 5% points or greater, then a practice can succeed if the improvement achieved is at least half the distance between the baseline result and the 2013 “target”, at least a 2.5% point improvement. If a practice does not have a baseline measure, , then the 2013 median must be attained.
 - a. Access remains a must pass measure for success
3. “Top Box” scores will be used to generate scores for each practice
4. This is a practice level performance measure

Note: New domains are under consideration for the 2014-2015 contract period. We may continue using the Access domain and substitute two new domains.

- Self Management and Comprehensiveness
- Adult Behavioral Health

CSI-RI: Recommendations on Utilization Metrics

(10.16.13 Executive Committee Approval)

- All-Cause Inpatient utilization and All-Cause Emergency Department utilization will continue to be used as metrics for contractual performance. Success for each metric will be tied to a corresponding incentive as set forth in the developmental contract.
- New practices joining CSI on 10/01/13 and progress to Performance I on 4/1/14 will represent a separate cohort and will be held to the same targets.
- The following methods will be used to adjudicate the contract for 4/1/14.

Methods for contractual performance

- Practices can successfully meet Utilization targets for 2013 via one of the following two methods:
 - “Difference of Differences” method: This is the current method used for last 2 years. The only change is a reduction in ED target of the difference between CSI practice and the comparison group, for 2013 the target is 5 percentage points. Practices can successfully meet utilization targets, via the current method of using rolling years to compare the change in trends of CSI practices to a comparison group.
 - The target for ED utilization will be changed from a 7.5% change to a **5%** change in differences between year to year trend
 - The target for Inpatient admissions will remain at a **5%** change in differences between year to year trend.
 - Performance Year I and II practices will be pooled together as a cohort (original pilot sites and expansion sites—including BSVCHC and UMF?)
 - Performance Improvement method: Using data ranging from the rolling periods of 07/01/08-6/30/09 through 07/01/11-06/30/12, a best-fit trend line will be generated. The latest data point for the contract period (07/01/11-06/30/12) will be the new starting point and will be the intercept fitted with a trend line of the same slope and projected out 4 quarters to define the threshold mark for 7/1/2012-6/30/13. Practices must meet or exceed the target at the measurement period (7/1/12-6/30/13) to successfully meet this target value. Current Performance I and Performance II sites will be pooled together as a cohort.
 - Inpatient target will be set at: 7.95
 - Best fit linear regression line: $y = -0.0754x + 8.8417$
 - Change in value of y over 4 quarters = $-0.0754 \times 4 = -0.3016$
 - Value of y for period 7/1/2011-6/30/2012 = 8.25
 - Target value = $8.25 - 0.3016 = 7.9484$ Or approximately **7.95**
 - Percentage reduction is $0.3016/8.25$ or **3.7%**
 - Emergency target will be set at: 25.99
 - Best fit linear regression line: $y = -0.1818x + 27.017$
 - Change in value of y over 4 quarters = $-0.1818 \times 4 = -0.7272$
 - Value of y for period 7/1/2011-6/30/2012 = 26.72
 - Target value = $26.72 - 0.7272 = 25.9928$ Or approximately **25.99**
 - Percentage reduction is $0.7272/26.72$ or **2.7%**

CSI-RI: Policy for Annual Setting of Thresholds for Clinical Quality Improvement Measures

Annually, CSI-RI will use the following guidelines to set contractual performance thresholds for Clinical Quality Improvement measures:

1. These are practice level performance metrics.
2. Thresholds for contractual performance will be derived from median values
 - a. 2013-2014 contract year: Aggregate medians from all sites will be used to set thresholds
 - b. Post – 2013-2014 contract years: Thresholds will be set by cohort, based upon the median for each cohort (Start-Up, Transition, Performance I, Performance II).(NB: D+E with acceptance of EC may recommend merging of cohorts, eg in cases where only a few practice sites are in a cohort, making a median meaningless)
3. If a measure seems to be reaching a plateau, Data and Evaluation Committee can set a target performance value that would remain constant regardless of medians (ie the target would be lower than the median).
4. If the current year's median is less than the prior year's, the higher of the two will be used for contractual performance in the current year.
5. The Baseline measurement period for a given measure will be defined as the final result for Q1 of the prior contract year. The contractual performance measurement period will be defined as Q1 of the current contract year.

CSI-RI: CAHPS PCMH Patient Satisfaction Survey Policy for use of alternate vendors

Should a CSI-RI Practice Site, operating under the CSI-RI Developmental Contract, choose to contract with a vendor other than that selected/contracted via the CSI Committee structure, they must do so according to the following policies and guidelines:

1. If a practice chooses to use an alternate vendor, the selected vendor must be an NCQA recognized vendor.
2. The cost of administering the survey will be the responsibility of the practice.
3. A CAHPS PCMH standard survey, as defined by NCQA, must be used
 - a. Mixed mode methods are required along with NCQA's minimum sampling requirements
4. The survey must be administered along the same timeline as that used by CSI. If a different timing method is used (i.e. continuous), the practice is responsible for securing results that meet the timelines required for CSI, including the survey measurement period.
5. If a practice fails to report follow-up results before or on the same day as CSI results are reported, they are not eligible for the PMPM incentive payment.
6. If a practice fails to provide a baseline measurement, they will not be eligible to meet the approved thresholds by the 50% from baseline to threshold improvement method.
7. If results are successfully reported, on time, then they will be included in the appropriate median calculation and be eligible for PMPM payments

Should a practice not follow this policy for using an outside vendor for CAHPS survey administration, they will not be eligible for the associated PMPM incentive payment.