



Adirondack Health Institute

Lead • Empower • Innovate

February Practice Transformation Workgroup

PRESENTED BY:

Louann Villani, RN AHI

Brenda Stiles, RN ACO

March 19, 2020



PCMH Program Changes – Dec 2019

Summary of Changes Program	What was updated?
PCMH NYS PCMH PCSP	Clarified language in the Manual Reporting Option method for practices that cannot run automated reports; added an example and information in the notes to clarify expectations.
NYS PCMH/ PCMH AR-AC 1	Clarified expectations in the notes for assessing current access methods, to help distinguish between AR-AC 1 and PCMH QI 04A and ensure that practices prioritize assessing appointments.
NYS PCMH/ PCMH AR-CM 2	Modified the question language; added a note regarding attestation to question; clarified the note in question 2 to state that practices may select 1 option.
NYS PCMH/ PCMH AR-QI 2	Revised the title from “Additional Quality Measures” to “Resource Stewardship Measures.”
NYS PCMH/PCMH AR-QI 3	Revised the language in Item F to require 1 measure, rather than 2 measures.
PCSP AR-KM	Updated the concept intent guidance to match language in the PCSP Standards and Guidelines.
PCSP AR-RM 1	Updated “dummy data” dates that must be used in Q-PASS to mirror 2020 dates.
PCSP	Updated the Annual Reporting overview to clarify that organizations with multiple specialties must demonstrate evidence for each specialty during Annual Reporting.
NYS PCMH CC21A Change goes into effect April 3 rd 2020	Guidance language is being updated to specify that NYS practices must be connected to a NYS Statewide Health Information Network for New York (SHIN-NY) Qualified Entity (QE). A new component asking practices to identify which of the 7 QEs they are connected to and use for exchanging patient health information has been added.



****Make sure you have the most recent versions of PCMH Annual reporting guidelines and NYS PCMH program guidelines****

- 1. Log in to the My Downloads section of My NCQA.
- 2. Navigate to the ECommerce folder and PCMH subfolder.
- 3. Locate the publication and select the Download button at right.

- Note: Publications will be flagged with a yellow Updated button if it has been revised since the last time it was downloaded



PCMH Tracking Tools

- Excel spreadsheet sent out to all
- Excel file is locked down to maintain integrity of the spreadsheet
- If you need assistance, please reach out



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DSRIP MY5 Update – June 2019 Data

PRESENTED BY:

Mark Adamick

Performance Improvement Specialist

A cluster of decorative hexagons in yellow, green, and red is located in the bottom left corner. A green hexagon at the bottom contains the date 'March 19, 2020'.

March 19, 2020



AHI PPS Claims Based Measures

AHI PPS Pay for Performance Metrics Data (June 30, 2019 Data)

Measurement Year 4 (MY4) July 1, 2017 to June 30, 2018
 Measurement Year 5 (MY5) July 1, 2018 to June 30, 2019

		30-June-2019													
Metrics on Partner Dashboards	Achieved Values with MAPP Data**	Target Direction	Population (Denominator)	Occurrence (Numerator)	Actual Value	Statewide			Additional Patients Needed to Reach	MY5 P4P	MY5 Current Revenue Projection	High Performance Target MY5	High Performance Status	Additional Patients Needed to Reach High Performance	Additional High Performance Program Eligible
						MY5 Target	Goal	MY5 Status							
1	Potentially Preventable ED Visit Rate (PPV)	Lower is better	78,201	33,197	42.45%	40.89%	6.1%	Not Passing	1,224	\$ 581,437	\$ -	37.07%	Not Passing	4211	Yes
2	PPV rate for patients w/ Behavioral Health Dx	Lower is better	8,512	7,496	88.06%	90.21%	35.3%	Passing	-183	\$ 309,763	\$ 309,763	84.58%	Not Passing	296	Yes
3	Potentially Preventable Readmission (PPR) Rate	Lower is better	79,678	299	375	399	181	Passing	-19	\$ 581,437	\$ 581,437	375	Not Passing	0.1	Yes
4	PDI 90 Rate (Avoidable Admissions - Pediatrics)	Lower is better	18,884	5	26	47	41	Passing	-4	\$ 581,437	\$ 581,437				
5	PQI 90 rate (Avoidable Admissions - Adults)	Lower is better	48,621	375	771	913	245	Passing	-69	\$ 581,437	\$ 581,437				
6	% BH discharge w/ timely follow up - 7 days	Higher is better	702	448	63.82%	55.80%	78.3%	Passing	-56	\$ 154,882	\$ 154,882	58.31%	Passing	-39	Yes
7	% BH discharge w/ timely follow up - 30 days	Higher is better	702	558	79.49%	72.07%	93.4%	Passing	-52	\$ 154,882	\$ 154,882	74.44%	Passing	-35	Yes
8	% w antidepressant med mgmt - acute	Higher is better	1,921	1,087	56.59%	54.44%	60.0%	Passing	-41	\$ 154,882	\$ 154,882	55.06%	Passing	-29	Yes
9	% w antidepressant med mgmt - continuation	Higher is better	1,921	768	39.98%	38.97%	43.5%	Passing	-19	\$ 154,882	\$ 154,882	39.47%	Passing	-10	Yes
10	% diabetic schizophrenics w/ diabetes monitoring	Higher is better	67	48	71.64%	87.37%	89.8%	Not Passing	11	\$ 309,763	\$ -	87.64%	Not Passing	11	Yes
11	% antipsychotic med users with diabetes screening	Higher is better	1,092	871	79.76%	79.46%	89.0%	Passing	-3	\$ 309,763	\$ 309,763				
12	% schizophrenics with antipsychotic Med adherence	Higher is better	295	208	70.51%	70.37%	76.5%	Passing	0	\$ 309,763	\$ 309,763				
13	% on ADHD meds with timely follow-up - initial (30 Days)	Higher is better	501	265	52.89%	53.00%	72.3%	Not Passing	1	\$ 154,882	\$ -				
14	% on ADHD meds with timely follow-up - continuation (9 Months)	Higher is better	190	116	61.05%	57.92%	78.7%	Passing	-6	\$ 154,882	\$ 154,882				
15	% with primary care visit, 12 to 24 months	Higher is better	1,424	1,394	97.89%	97.72%	100.0%	Passing	-3	\$ 145,359	\$ 145,359				
16	% with primary care visit, 25 months to 6	Higher is better	6,159	5,718	92.84%	94.27%	98.4%	Not Passing	88	\$ 145,359	\$ -				
17	% with primary care visit, 7 to 11	Higher is better	5,568	5,398	96.95%	97.21%	100.0%	Not Passing	15	\$ 145,359	\$ -				
18	% with primary care visit, 12-19	Higher is better	7,509	7,195	95.82%	95.75%	98.8%	Passing	-5	\$ 145,359	\$ 145,359				
19	% with primary care visit, 20-44	Higher is better	19,158	15,919	83.09%	83.18%	91.1%	Not Passing	16	\$ 193,812	\$ -				
20	% with primary care visit, 45-64	Higher is better	10,301	9,156	88.88%	89.01%	94.4%	Not Passing	13	\$ 193,812	\$ -				
21	% with primary care visit, 65+	Higher is better	64	44	68.75%	75.44%	94.4%	Not Passing	5	\$ 193,812	\$ -				
22	% with timely initiative of substance abuse treatment	Higher is better	2,651	1,109	41.83%	48.56%	57.1%	Not Passing	178	\$ 154,882	\$ -				
23	% engaged in substance abuse treatment	Higher is better	2,651	493	18.60%	23.76%	28.3%	Not Passing	137	\$ 154,882	\$ -				
Subtotal									\$ 5,966,729	\$ 3,738,728					

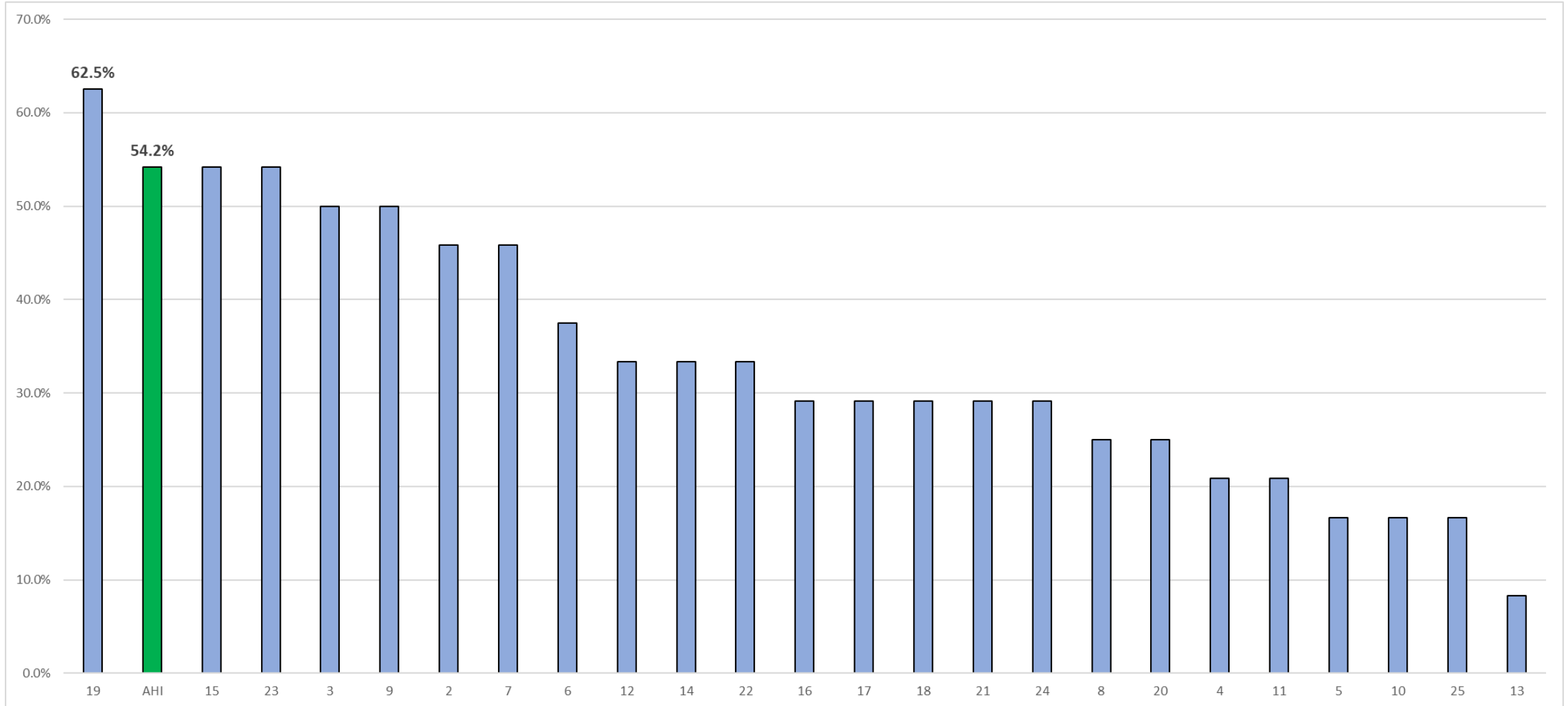


Claims Based Metrics Passing at the 10% Improvement Level

- PPV rate for patients w/ Behavioral Health Dx
- Potentially Preventable Readmission (PPR) Rate
- PDI 90 Rate (Avoidable Admissions - Pediatrics)
- PQI 90 rate (Avoidable Admissions - Adults)
- % BH discharge w/ timely follow up - 7 days
- % BH discharge w/ timely follow up - 30 days
- % w antidepressant med management - acute
- % w antidepressant med management - continuation
- % antipsychotic med users with diabetes screening
- % schizophrenics with antipsychotic med adherence
- % on ADHD meds with timely follow-up - continuation (9 Months)
- % with primary care visit, 12 to 24 months
- % with primary care visit, 12-19

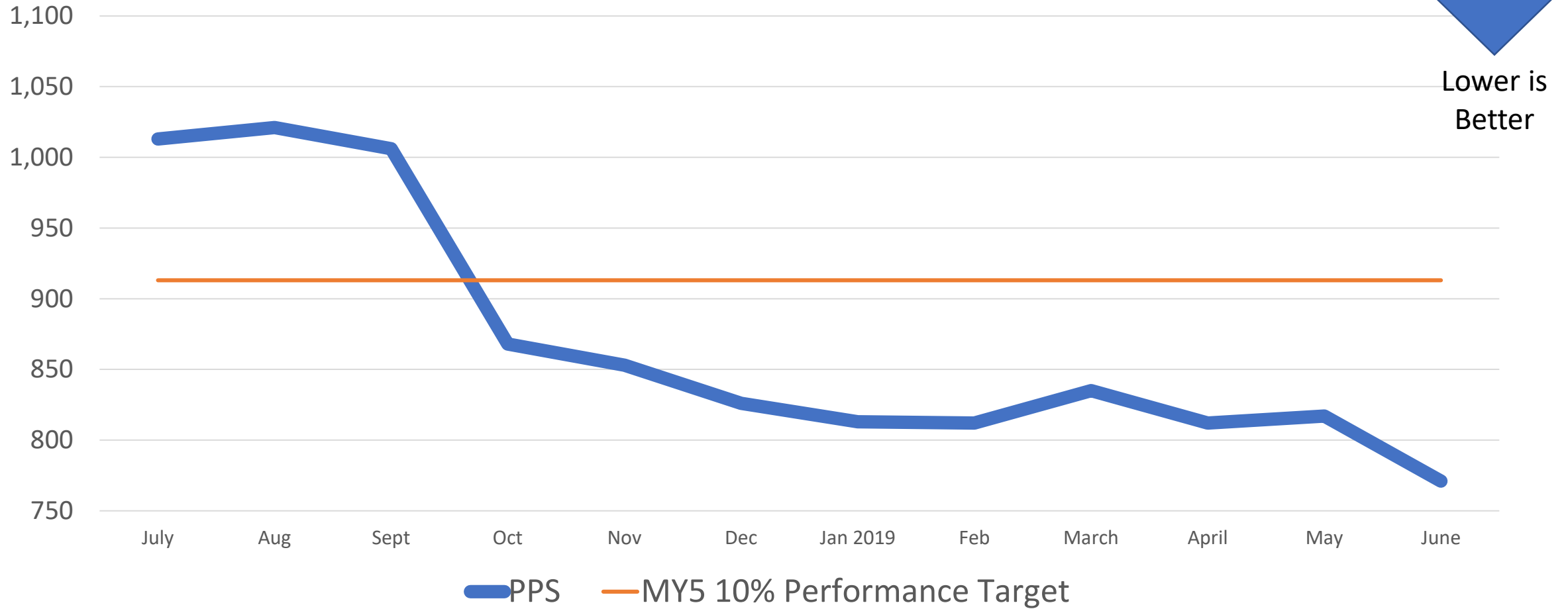


Claims-Based Measures Passing Rate by PPS – MY5



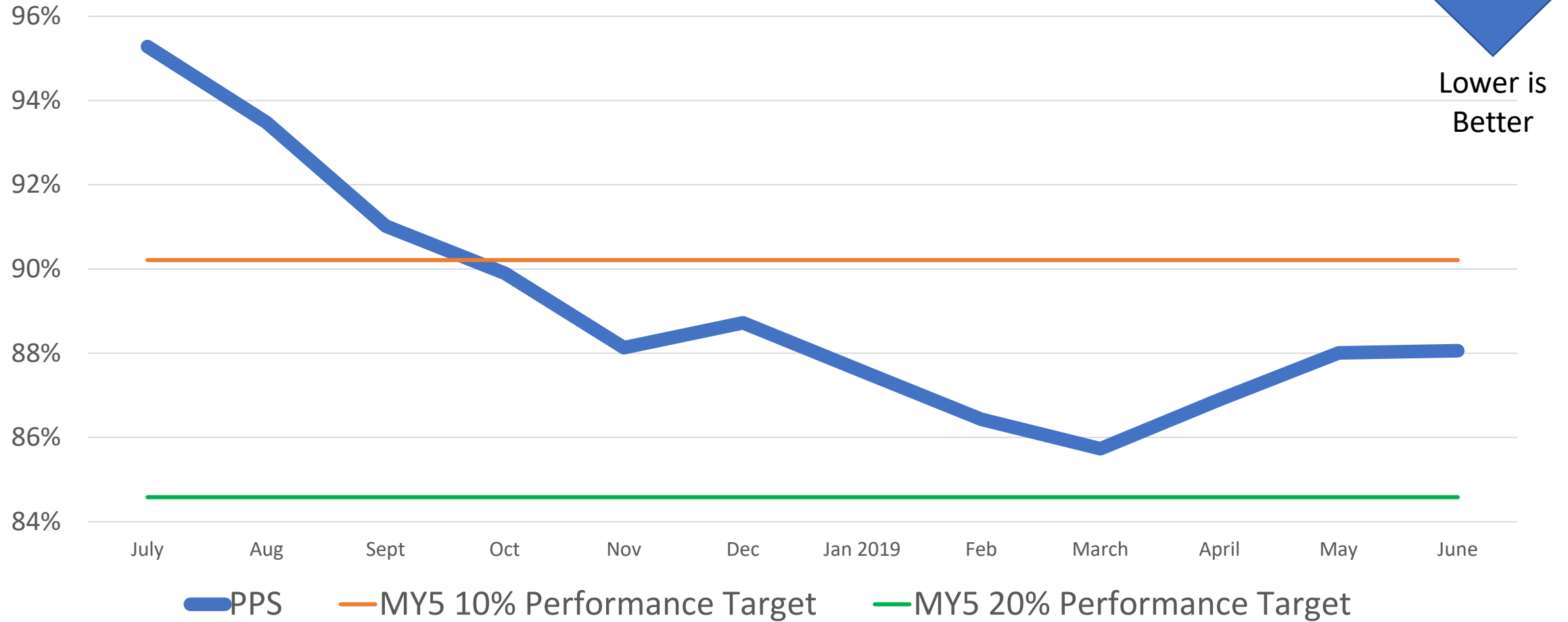


Avoidable Admissions – Adults – June 2019





Potentially Preventable ED Visits (Behavioral Health Patients)





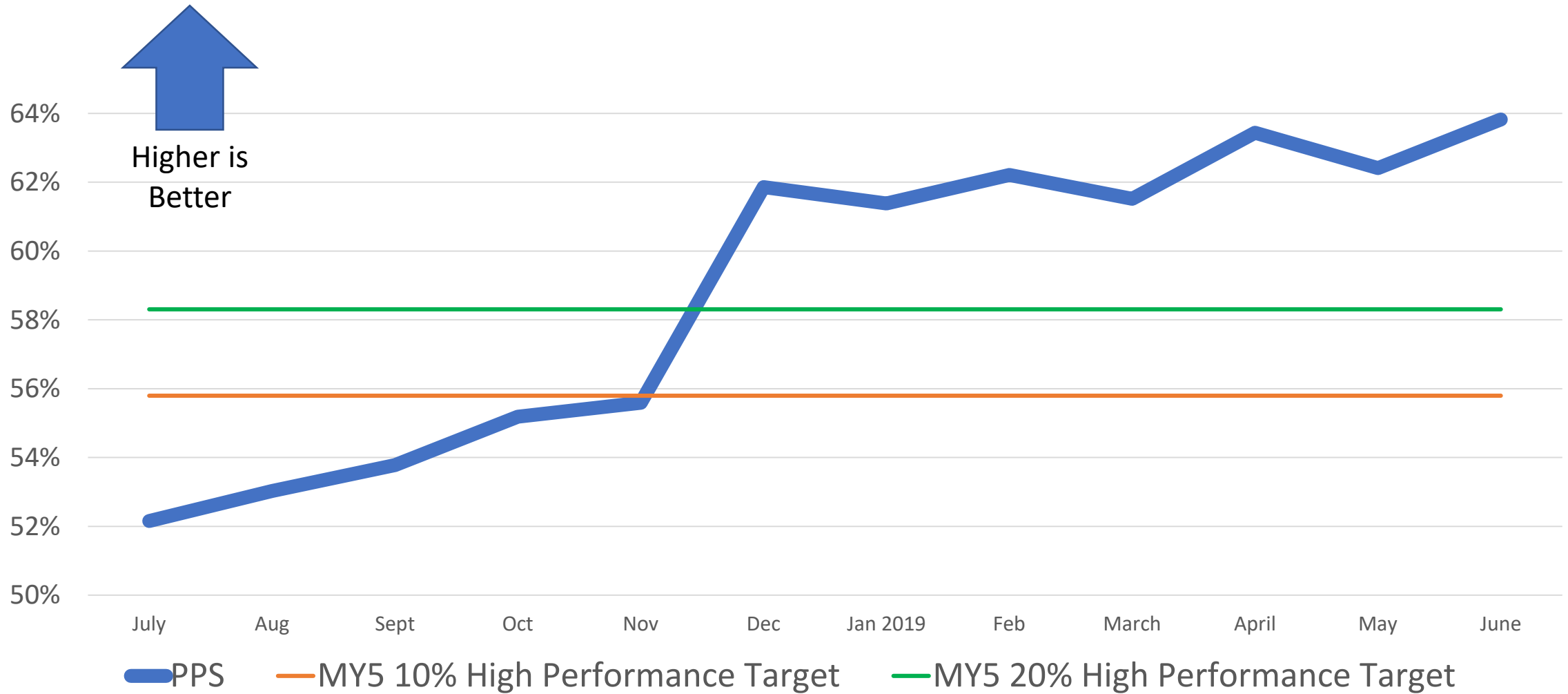
Claims Based Metrics Passing at the 20% High Performance “Powerball” Level

- % BH discharge w/ timely follow up - 7 days
- % BH discharge w/ timely follow up - 30 days
- % w antidepressant med management – acute (3 month)
- % w antidepressant med management – continuation (6 month)



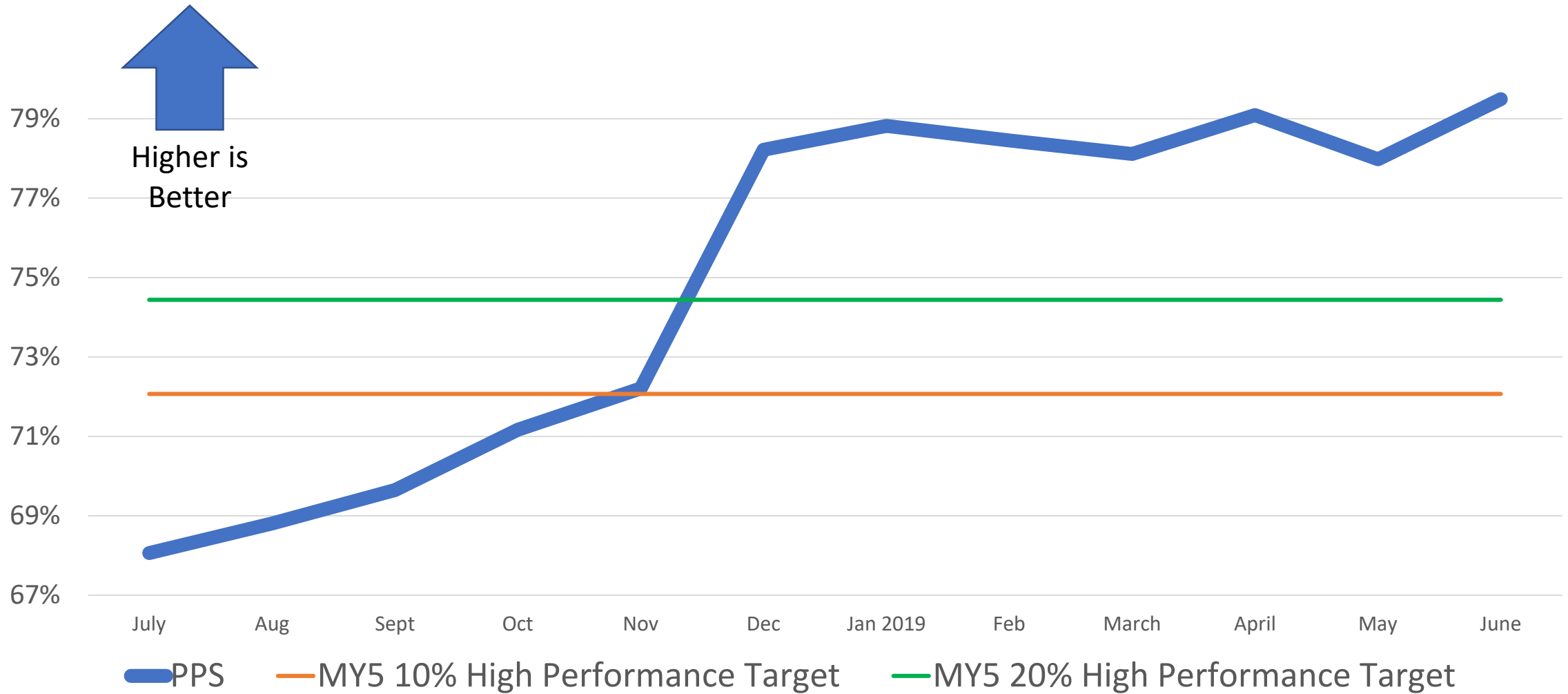


7 Day Follow Up – Mental Health Discharge - 2019



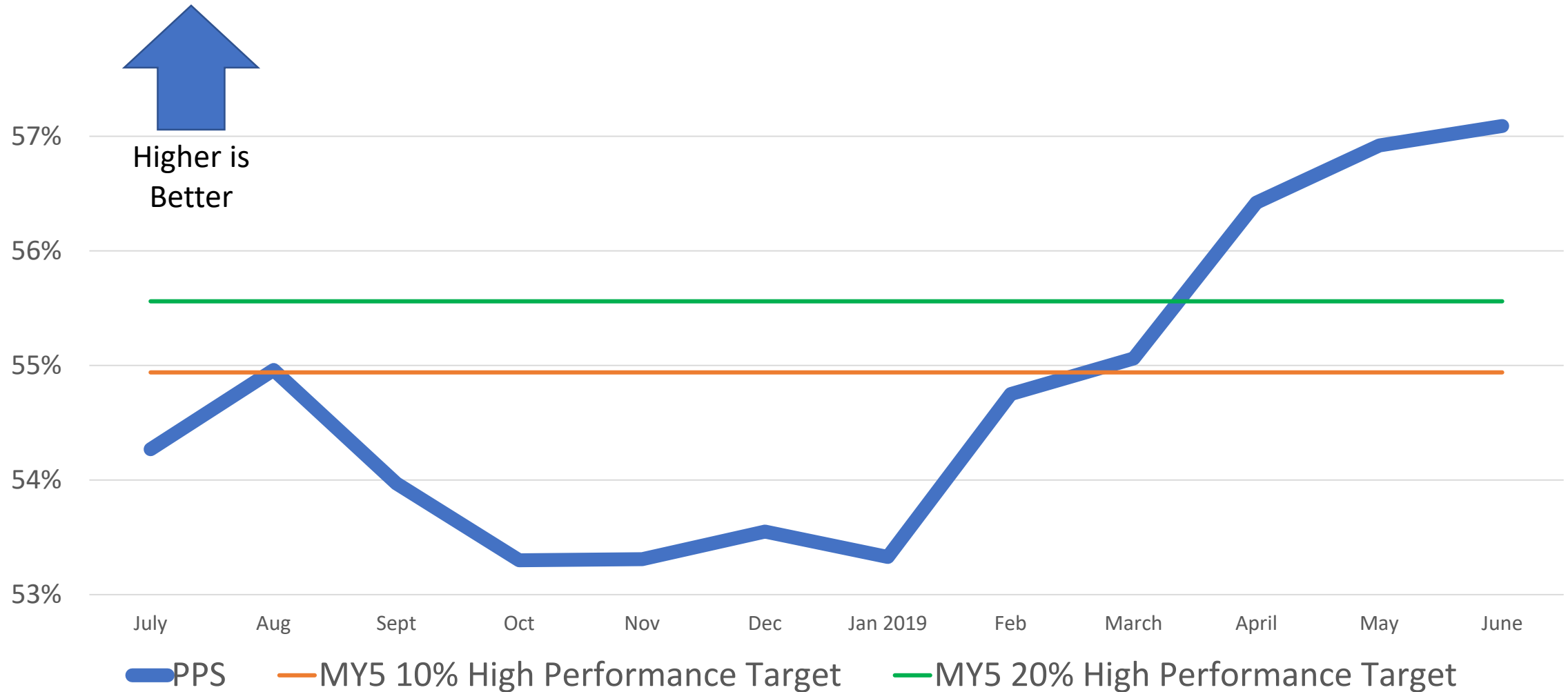


30 Day Follow Up – Mental Health Discharge - 2019



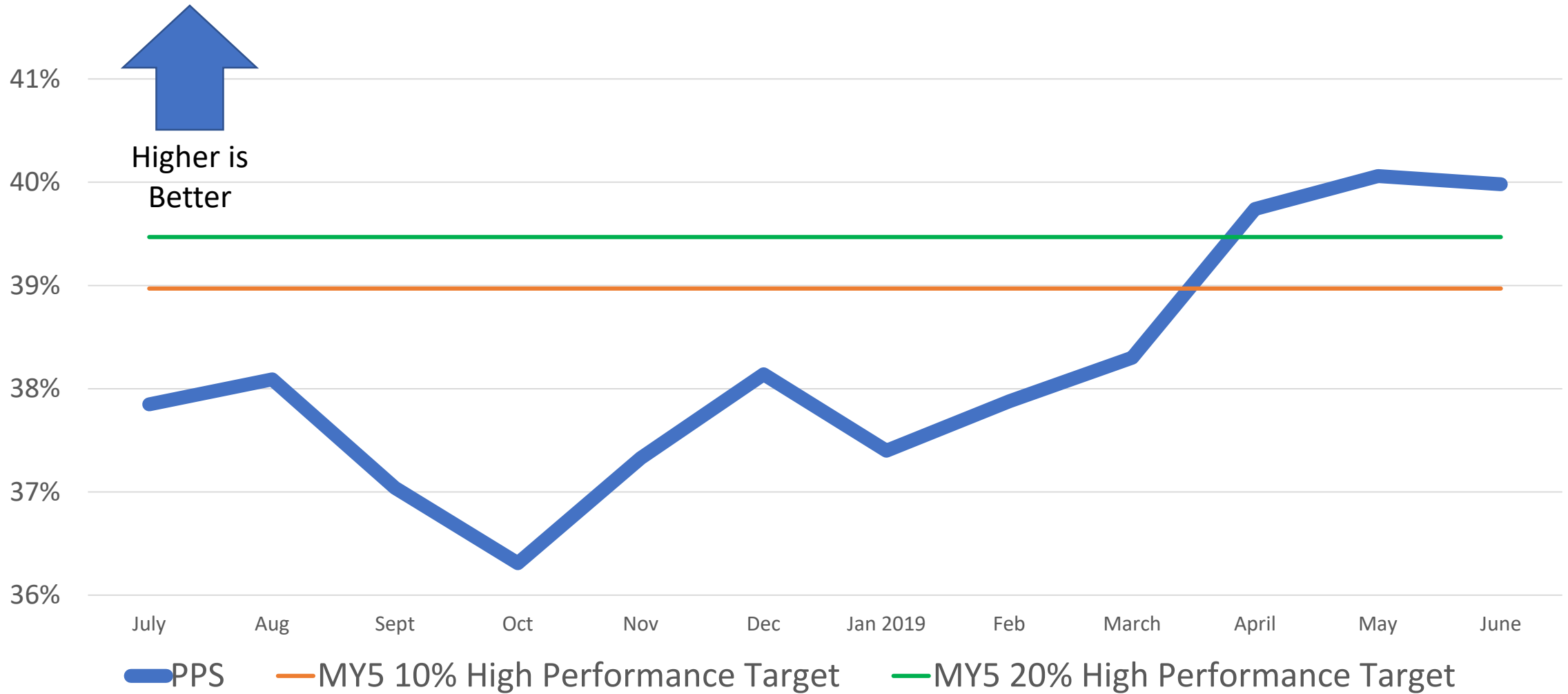


Antidepressant Medication Management (3 Months)



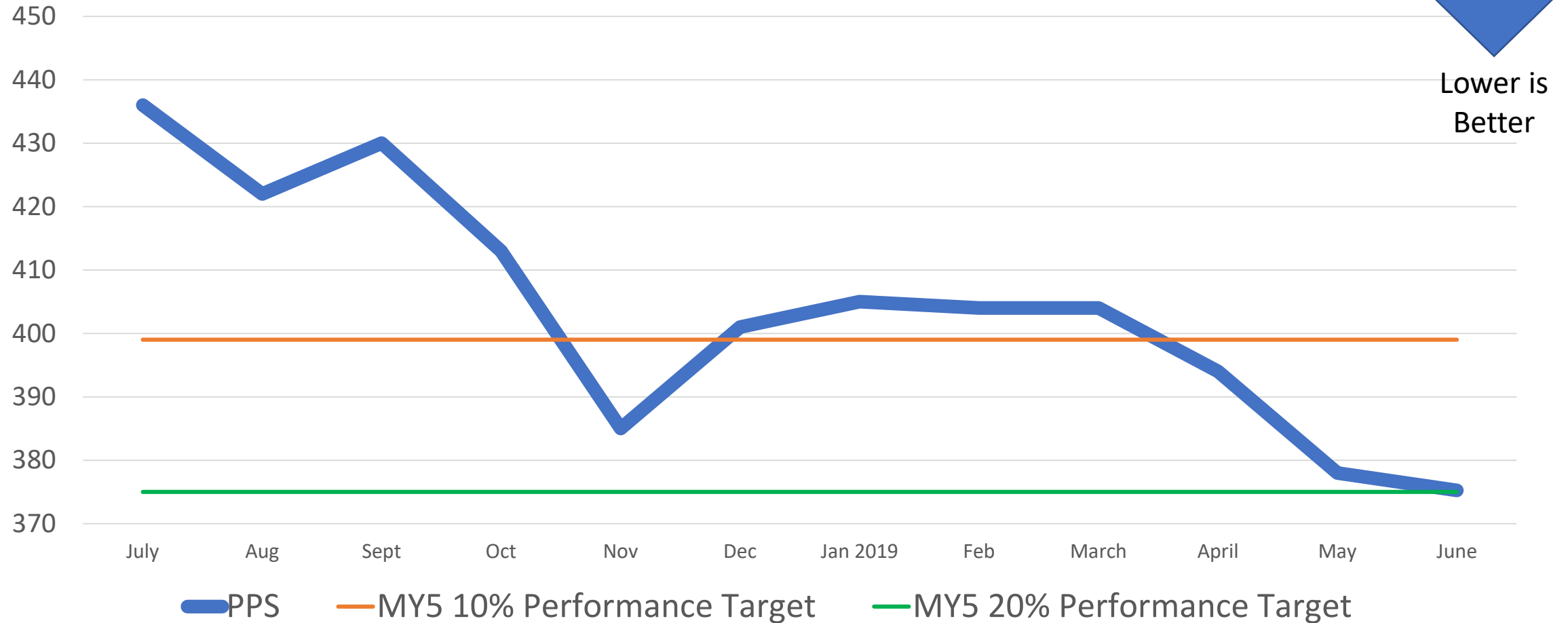


Antidepressant Medication Management (6 Months)





Potentially Preventable Readmissions – June 2019





Statewide High Performance “Powerball” Results

- There were only 39 metrics statewide that reached the High Performance level (i.e. 20% improvement target)
- The AHI PPS hit 4 high performance metrics which was 10.3% of the total



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1. What are you struggling with “getting started” on your journey to your next recognition?
2. What is your process for depression screening? If you have a best practice, please share.



CANCELED

Save the Date

Volume to Value:
20/20 Vision Towards Population Health

Thursday, March 26, 2020

The Queensbury Hotel, Glens Falls, NY

Featuring Keynote Speaker:

Dorcey L. Applyrs, DrPH, MPH, Vice President, Community Health Initiatives,
The Community Foundation for the Greater Capital Region



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