

BHNNY Phase Four Funds Flow Proposed Changes to Partner Deliverables – Clinical Programs

May 28, 2020

BHNNY's clinical team recommends changes to the following contract requirements to support participating partners as they struggle to provide safe and effective care to their members while being negatively impacted by the Covid-19 pandemic.

Key objectives:

- Support participating partner organizations during the current Covid-19 crisis
- Improve the outcomes for individuals with chronic diseases
- Honor partner survey feedback

Proposed changes:

1. Performance Activities (PfAs):

- **Additional team member to satisfy meeting attendance requirement**
 - All partners contracted for PfAs 5, 6, 7 and 8 will be allowed to designate **one** additional non-clinical person to attend BHNNY clinical sub-committee meetings for the duration of the contract to achieve the meeting attendance requirement.

Reason: To allow for current clinical team members to focus on direct patient care

2. Cohort Management Initiatives (CMIs):

- **Extend Initiative timeline – All CMIs**
 - Change the end date for the measurement period from July 31, 2020 to October 31, 2020
 - Adjust the milestone end dates for each CMI accordingly.
- **Reduce P4P measure requirements**
 - Reduce the number of P4P measure requirements from 2 metrics to 1 metric for each CMI.

Reason: Survey feedback

- **Certified Diabetes Educator Program CMI:**
 - **Milestone 3**
 - Increase incentive amount from \$7,500 to \$15,000

- **Milestone 4**
 - Metric 1 – Remove
 - Metric 2 – Reduce target from 50% to 30%
 - 30% of the referred patients are enrolled in the program and attend the first session with the CDE
 - Decrease incentive amount from \$15,000 to \$7,500

Reason: To allow for potential increase in number of patients not keeping non-emergent appointments

- **Depression CMI:**

- **Milestone 3**
 - Increase incentive amount from \$7,500 to \$15,000
- **Milestone 4:**
 - Metric 1 – Reduce target from 50% to 30%
 - 30% of patients in cohort have had 2 or more PHQ-9 screenings administered during the final report period 2/1/20 – 7/31/20
 - Metric 2 – Remove
 - Decrease incentive amount from \$15,000 to \$7,500

Reason: To allow for potential increase in number of patients not keeping follow-up appointments

- **Tobacco CMI:**

- **Milestone 3**
 - Increase incentive amount from \$7,500 to \$15,000
- **Milestone 4:**
 - Metric 1 – Remove
 - Metric 2 – Reduce target from 50% to 30%
 - 30% of patients screening positive for tobacco product and interest in cessation had encounters (telephonic or in-office) on a bi-weekly basis.
 - Decrease incentive amount from \$15,000 to \$7,500

Reason: To allow for potential decrease in screening rates due to competing priorities and decrease in number of patients willing to quit tobacco use and

- **Diabetes and Hypertension Group Visit CMIs:**

- **Milestone 3**
 - Increase incentive amount from \$7,500 to \$15,000
- **Milestone 4**
 - Metric 1 – Reduce target from 50% to 30%
 - 30% of all patients who attend the first session complete at least four of the six sessions for each group visit session

- Metric 2 – Remove
- Decrease incentive amount from \$15,000 to \$7,500

Reason: To allow for potential increase in number of patients not keeping non-emergent follow-up and lab appointments

3. Performance Metrics (PxMs):

- **Pause current performance improvement activities and restart at a later date:**
 - Pause current activities at the end of 2nd Q (Jan 1, 2020-March 31, 2020)
 - Restart the measurement and reporting requirements on July 1, 2020 with an end date of December 31, 2020

Reason: Survey feedback

- **Convert the following PxMs from P4P to P4R (starting Q2):**
 - **Access measures:**
 - PxM_1: Adults' Access to Preventive/Ambulatory Health Services - 20-44 years
 - PxM_2: Adults' Access to Preventive/Ambulatory Health Services - 45-64 years
 - PxM_3: Adults' Access to Preventive/Ambulatory Health Services - 65 years and older
 - PxM_4: Children and Adolescents' Access to Primary Care Practitioners: 12-24 months of age
 - PxM_5: Children and Adolescents' Access to Primary Care Practitioners: 25 months-6 years of age
 - PxM_6: Children and Adolescents' Access to Primary Care Practitioners: 7-11 years of age
 - PxM_7: Children and Adolescents' Access to Primary Care Practitioners: 12-19 years of age
 - **PSYCKES measures:**
 - PxM_11b: Diabetes monitoring for people with diabetes and schizophrenia
 - PxM_12b: Diabetes screening for people with schizophrenia or bipolar disorder prescribed antipsychotic medication
 - PxM_50: Adherence to Antidepressant Medications
 - PxM_51: Adherence to Antipsychotic Medications For Individuals with Schizophrenia
 - **Screening and testing measures:**
 - PxM_54: Breast Cancer Screening
 - PxM_55: Cervical Cancer Screening
 - PxM_56: Chlamydia Screening for Women
 - PxM_57: Colorectal Cancer Screening
 - PxM_60: Diabetes: Eye Exam
 - PxM_62: Diabetes: Hemoglobin A1c (HbA1c) Testing

- PxM_63: Diabetes: Medical Attention for Nephropathy

Reason: To allow for potential increase in number of patients not keeping non-emergent appointments

- **Continue to maintain the following PxMs as P4P measures:**
 - PxM_14: Mental health hospitalization - Referral to care management services prior to discharge
 - PxM_32: ED discharge summary transmitted within 24 hours
 - PxM_43: Hospital Readmission Rate - All
 - PxM_46: Outpatient follow-up visit scheduled prior to discharge
 - PxM_52: Asthma - ACT Tool
 - PxM_53: Asthma - Prescription of Controller Medications
 - PxM_58: Controlling High Blood Pressure
 - PxM_59: Developmental Screening in the Second Year of Life
 - PxM_61: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
 - PxM_64: Hospital Readmission Rate – BH PSYCKES
 - PxM_65: Screening for Depression and Follow-Up Plan
 - PxM_66: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
 - PxM_67: Tobacco Use: Screening and Cessation Intervention (NQF 0028 - Criteria 3)
- **Encounter targets:**
 - For PxMs with encounter targets:
 - Remove all encounter targets (starting Q2)
- **High Performance targets:**
 - For PxMs with high performance targets:
 - Retain high performance targets and associated P4P incentives for applicable measures
- **Telehealth visit:**
 - BHNNY recommends that partners report on **billable** telehealth activity as it applies to PxM performance
 - DOH released guidance relaxing telehealth requirements during the declared COVID-19 state of emergency. This includes **billable** telephonic encounters