

February 26, 2021

New 2021 Clinical Integration Scorecard Metrics

MPP has been operating a Clinical Integration (CI) Program, which includes an MPP Payment Distribution Methodology, with a goal of improving physicians revenue streams by rewarding providers for providing high-quality, evidenced-based, patient-centric, and cost-effective care. In 2021 changes to our CI Scorecard and Payment Distribution Methodology were needed and the CI scorecards are now focused on Commercial and Medicare Advantage plan performance.

Highlights of these changes include:

1. Removal of the ACO related metrics (HCC, AWV, TOC) as they are now included in the ACO Distribution Methodology.
2. A new Pediatric scorecard has been created with an improved pediatric quality metric composite.
3. Quality Metric Composite scoring has been changed to a rolling 12-month score (from a year-end score).
 - a. This will enable providers to track and improve their performance in near-real-time.
4. New Metrics Added
 - a. Key Conversations Metric (**PCP, Pediatric and Specialist Scorecards**)
 - i. Physicians are expected to engage in peer-to-peer interactions with our Quality Team and Regional Medical Directors (RMDs)
 - ii. Practice staff can attend key staff meetings to obtain partial credit
 - b. Care Coordination module to introduce and engage our Specialists and Pediatricians with the MPP care Coordination program (**Specialist and Pediatric Scorecards**)
 - i. Examples for Specialists include:
 1. Referral to MPP Chronic Care Management program
 2. Referral to MHC Palliative Care Program
 3. Promoting patients to choose our SNF Preferred Provider Network
 - ii. Examples for Pediatricians include:
 1. Social Determinants of Health screening and referral
 2. Childhood obesity
 3. Pediatric asthma
 - c. 2015 CEHRT (Certification of Electronic Health Record Technology) (**Specialist Scorecard**)
 - i. EHR's must be maintained at this level of certification.
 - ii. Our Quality staff can assist in determining if an EHR is certified at this level.
5. PCMH Metrics (**PCP, Pediatric and Specialist Scorecards**)
 - i. Michigan Market- will focus on Designation for PCPs and Pediatricians and PCMH-N Capabilities for Specialists.
 - ii. Ohio market- a practice assessment of PCMH/PCMH-N capabilities will be performed.
6. Pediatric PCMH Quality and Utilization (Q/U) Score of 43% or greater is now required to achieve maximum points (**Pediatric Scorecard**)

- a. Q/U score relates to a practice's performance on Quality and Utilization Metrics (see PCMH/VBR video on MPP Website at www.mclarenpp.org for more detail).
7. Appropriate Treatment for Members with Upper Respiratory Infection (**PCP and Pediatric Scorecards**) and Avoidance of Antibiotic Treatment for Members with Acute Bronchitis (**PCP and Pediatric Scorecards**)
 - a. Patients ages 3 months and older diagnosed with URI or Acute Bronchitis who were **NOT** dispensed an antibiotic 30 days prior through 3 days after the diagnosis.
 - b. Counts even if another provider prescribes the antibiotic for your attributed patients.
 - c. Do not prescribe antibiotics for URI until 3 days after initial diagnosis
 - d. Educate patients on the importance of calling the office before going to an urgent care or ER.
 - e. Partner with local Urgent Care
8. Controlling High Blood Pressure (**PCP Scorecard**)
 - a. Control = documentation of a blood pressure of <140 **AND** <90
 - b. Retake BPs that are 140/90 or above
 - c. Document subsequent BP measurements
 - d. Lowest systolic BP from one measurement and lowest diastolic BP from another measurement **on the same data of service** can be combined to report BP of <140 and <90.
 - e. The last BP measurement of the year counts for most insurance plans.
9. Appropriate Testing for Members with Pharyngitis (**Pediatric Scorecard**)
 - a. Patients ages 3 years and older diagnoses with pharyngitis and dispensed an antibiotic should have received a strep test within 3 days prior to diagnosis up to 3 days after diagnosis.
 - b. Create standing order for staff to obtain throat swab on all patients with chief complaint of sore throat.
 - c. Educate patients on importance of calling office before going to urgent care or emergency room.
10. Combination of Physician Education and Practice Evidence-Based Medicine metrics (**Specialist Scorecard**)

Reminders:

- To be eligible for a CI Distribution, member's must participate in our value-based contracts.
- To receive a distribution a physician must meet eligibility rules and be a member in good standing **at the time of payment.**

Please take the time to review the documents by accessing the web link or QR code listed below. If you have any questions, please contact Kim Hamm, MPP Vice President of Quality Operations at (248) 484-4930 or at kim.hamm@mclaren.org.

Instructions for accessing the documents:

1. Type the link into google chrome web browser
2. https://drive.google.com/file/d/1rhxIP_71cHNJLLewyk_RY6Ne50iDpab/view?usp=sharing
3. Using the QR code:
 - a. iPhone: open camera and hover over code, click on **Open "drive.google.com" in Safari**
 - b. Android: use QR code reader app, Click **OPEN LINK**

