

# The Town Hall will begin shortly...

Thank you for joining us today

Due to the number of attendees, please mute yourself unless you plan to speak.

To ask a question at anytime during the presentation, please use the chat to submit your question.

# NW Momentum Health Partners ACO

## Town Hall

8/11/22

# Agenda

GPDC 2022 Program Updates

REACH...for 2023!

Data & Reporting

CAHPS Best Practices

# GPDC 2022 Program Updates



# GPDC Program Updates

## Beneficiary Notification

1. CMS identified an issue with the address they sent us for several aligned beneficiaries
2. CMS required that NWMHP re-sends the Beneficiary Notification letters to all impacted beneficiaries **by July 31<sup>st</sup>**
  1. 722 total beneficiaries
  2. 404 TRC beneficiaries
  3. 318 Legacy beneficiaries
3. NWMHP sent these letters with a small sentence for beneficiaries that may be receiving the letter for the second time

# GPDC Program Updates

## Quality Payment Program Thresholds

### Why is it important?

- Incentive for providers to participate in Advanced APMs under MACRA rules.
  - Opportunity for eligible Participant Providers to receive a bonus from CMS – 5% of Part B spend
  - Allows eligible Participation Providers to be excluded from reporting MIPS

### Has NWMHP achieved the QP Thresholds for 2022?

- Yes, NWMHP ACO has achieved the 2022 QP Thresholds

### When will the 5% Bonus be paid to eligible Participant Providers?

- CMS pays the provider’s Billing TIN directly 2 years after achieving the QP Thresholds
- Payment for achieving the 2022 QP Thresholds will take place in Summer of 2024

NWMHP	2018	2019	2020	2021	2022
Payment	30%	31%	38%	51%	56%
Patient Count	33%	33%	44%	56%	72%
<b>Achieved</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>

# GPDC Program Updates

## Auditing & Monitoring

The NWMHP GPDC network has undergone 2 audits so far in 2022.

NWMHP has submitted the documentation and is preparing for potential future audits.

**Completed**

- Voluntary Alignment
- Written Arrangement

**Future**

- Beneficiary Notifications
- Voluntary Alignment Tracking
- Benefit Enhancements Utilization

# Voluntary Alignment

## **REMINDER:**

NWMHP has created a branded Electronic Voluntary Alignment Flyer and a branded Paper-Based Form.



### CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM

#### **1. CONFIRM**

By signing below I am confirming that my main doctor or other healthcare professional – or the main place I go to for routine medical care – is \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Medicare Beneficiary Identifier (MBI)

Note: If the names listed above and in the attached letter are incorrect - do not sign this form. If you would like to receive a new form with a different doctor, other healthcare professional, or practice listed, please call NWMHP at 1-877-943-4337 option 6 to request a new form.

These forms can be found on the Partner Portal and should be available in the common areas of provider practices.

Please mail completed Paper-Based Forms to NWMHP or Fax to (360) 999-5677

**This flyer cannot be modified in any way. This is a CMS provided flyer.**



# 2023 ACO REACH



# ACO REACH Preparation

What can you expect?

## **September 2022:**

September 1<sup>st</sup>: 2023 NWMHP ACO Provider contracts must be completed

## **October – December 2022:**

1. Education, planning, and operations for January 2023 Performance Year start
2. Additional Town Hall for new incoming Participants – will be open to current network
3. ACO Handbook – Geared towards new members but open to the entire network

# Changes from GPDC to REACH

Topic	2022	2023	Same or different?
Risk Option with CMS	Professional (50/50 with CMS)	Professional (50/50 with CMS)	<u>Same</u>
Payment Mechanism	Primary Care Capitation	Primary Care Capitation	<u>Same</u>
Provider Fee Reduction	5% - Minimum Option	10% - Minimum Option	Same ( <u>increased minimum</u> )
Provider Billing	Providers bill as normal	Providers bill as normal	<u>Same</u>
Benefit Enhancements	6 Benefit Enhancements	7 Benefit Enhancements	New Nurse Practitioner BE
Advanced APM QP Status	Available to Participants	Available – 5% Bonus expires	Participants <b>still excluded from MIPS</b> Reporting
Health Equity	No Health Equity Elements	Health Equity Plan/Data Collection	Different
Quality Measures	3-Claims Based + CAHPS	3-Claims Based + CAHPS	<u>Same</u>
Voluntary Alignment	Available each quarter	Available each quarter	<u>Same</u>

# REACH Health Equity Plan (HEP)

Disparities Impact Statement - Framework for HEP

## ➤ CMS Guideline – 5 step worksheet

### 1. Identify health disparities and priority populations

- Data Sources

### 2. Define your goals

- Specific short and long term goals aimed at decreasing chosen disparity(ies)

### 3. Establish your organization's health equity strategy

- Underserved Communities with number of **aligned** beneficiaries in those communities
- Disparities within those communities

### 4. Determine what your organization needs to implement its strategy

- Interventions

### 5. Monitor and evaluate your progress

- Tools for assessment of progress and effectiveness of the HEP

**\*\*DO NOT selectively target or discriminate based on race, ethnicity or protected class**

# Timeline for Implementation

- Preliminary Health Plan Submission Window opens : **July 20, 2022**
- Preliminary HEP Submission Window Closes: **September 16, 2022**
- CMS releases request for information (RFI) and Technical Assistance (TS) for additional clarity regarding preliminary HEP answers: **October/ November 2022**
- RFO preliminary HEP responses due to CMS: **November 2022**
- PY 2023 HEP is released **Fall 2022**
- PY2023 HEP submission deadline **March 31, 2023**
- CMS approval of PY2023 HEP **May 15, 2023**
- REACH ACOs implementation of Health Equity activity **Upon CMS approval**



# SDoH Data & Reporting



# ACO REACH Data Requirements

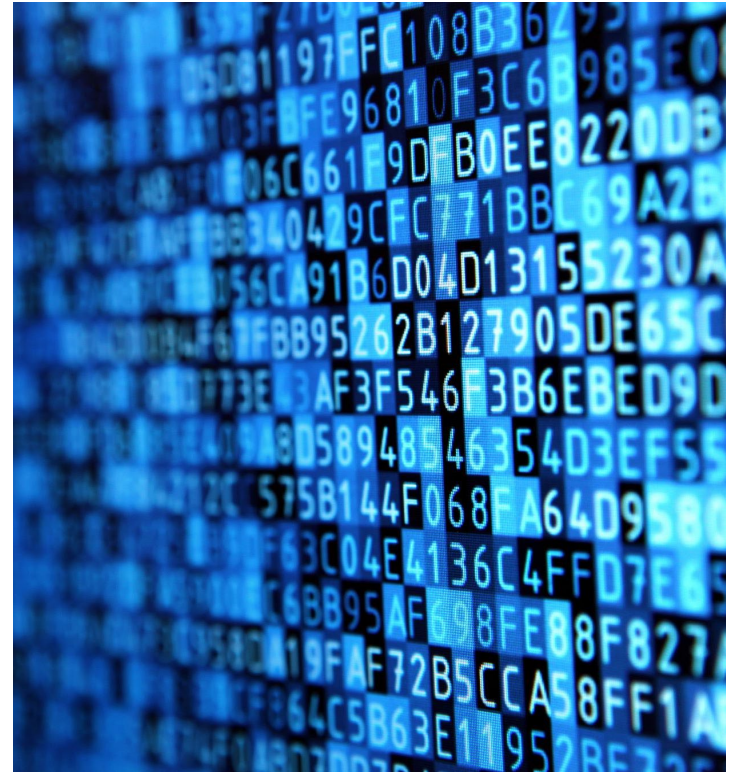
## Demographic Data

- In PY2023, ACOs will be required to collect and submit beneficiary-reported demographic data on an annual basis.
  
- Submitted demographic data must consist of all elements as specified in the United States Core Data for Interoperability Version 2 (USCDI v2), which includes race, ethnicity, language, gender identity and sexual orientation.
  
- Two Options for ACOs to report to CMS:
  1. CMS provided questionnaire utilizing Fast Healthcare Interoperability Resources (FHIR) data standard.
  2. CMS provided excel template provided USCDI v2 demographic data specifications are met.
  
- CMS is proposing a bonus of up to 10 percentage points on the ACO's Total Quality Score in PY2023 for successful reporting. There will be no downward adjustments for non-submission and the ACO Total Quality Score cannot exceed 100%. The 10%-point bonus will be awarded on a sliding scale to encourage gathering of data.
  
- Future years may receive a downward adjustment for not reporting.

# ACO REACH Data Requirements

## Social Determinants of Health Data (SDoH)

- ACOs will be encouraged to collect and submit beneficiary-level data on SDoH to CMS.
- The CMS provided questionnaire will include an optional section on SDoH.
- **Submission of SDoH data is optional for PY2023 and will not have an impact on the ACO's quality score.**
- CMS expects to include submission of SDoH data as a component of quality performance in future Performance Years.





# How will we help you prepare?

## ➤ **NWMHP will assist to develop plan to collect patient demographics and social determinants of health data**

- Data is important in ensuring the underserved populations are identifiable.
- Up to **10% in bonus points applied to quality score in 2023** for submission of data. No reductions for not reporting.
- Beginning in 2024, CMS may impose a reduction in benchmark for non-reporting of demographic and SDoH data.

**\*\* A patient response of “Do not wish to disclose information” will count as a response.**

## ➤ **CEHRT survey**

- 75% of Participant Providers EHR systems must meet or exceed the CEHRT criteria established by CMS.
- NWMHP has sent out a survey to the network to gather updates on your EMR information.
- This survey will help ensure all Participant Providers are using technology that is CEHRT compliant.

# Data Analytics



# Innovaccer Use case





## Annual Wellness Visits

### ➤ Quarterly Reports provide information on Quality Performance, Cost Utilization and Risk Management of a Provider's patient population.

- Scorecard provides a Provider snapshot of current statistics and areas needing improvement.
- HURR provides information on patients with high utilization of Emergency Department and Inpatient Services as well as incomplete AWW.
- PEF provides HCC coding information.
- Gap report provides patient list of AWW needing to be completed.

### ➤ Why is completion of AWW important?

- Providers who complete the Health Risk Assessment during AWW are more likely to close care gaps in other screening assessments.
- Shifts care from "Intervention" in disease process to "Prevention" of the disease.

Name	
	SCORECARD
	HURR
	PEF
	GAP

# Innovaccer Home Page

Log in to Innovaccer and click on Analytics tab

The screenshot shows the top navigation bar with tabs for Data, Patients, Analytics, and Care Management. Below the navigation bar, the user's name 'Hi Sherri' and email 'sherrick@pswipa.com' are displayed. The 'My applications' section contains four cards: Data, Patients, Analytics, and Care Management. A red arrow points to the Analytics card.

## Dashboard Menu

Analytics tab will open Dashboard menu. Click Quality Management tab in the dashboard.

The screenshot shows the dashboard menu with a search bar and five dashboard cards: Cost Utilization, Risk Management, Quality Management, Task completion per week, and Care Management. Each card includes a 'NEW' badge, the last updated time, and an 'Explore' button. A red arrow points to the Quality Management card.



# Quality Performance Tab

## Quality Management

Last Updated: 7/11/2022 5:00:37 AM

Attributed Lives  
**24,500**  
YoY Change: 0.0 %

Measures Meeting Target  
**0%(0/1)**  
YoY Change: 0.0 %

Quality Performance  
**19.2 %**  
YoY Change: 0.0 %

HMV Score  
**9.0 %**  
YoY Change: 0.0 %

**Filter Here**



Quality Performance

Process Measures    Visit Measures    Inverse Measures

**Synopsis**

Closing open gaps to goal for ACO-38 measures will improve the measure met goal to 100%.

14/33 practices have their quality performance greater than the network average

Quality Score by Organization/Practice/Provider

Organization	Quality Performance	Attributed Lives
PSW	19.2 %	24,500
Total	19.2 %	24,500

Quality Distribution (Process Measures)

Quality Performance Trend

Month	Quality Performance
Jan	~27%
Feb	~27%
Mar	~27%
Apr	~28%
May	23%
Jun	19.2%

Quality Performance by Measures

Code	Measure Name	Performance	Goal	Eligible	Gaps Closed	Gaps Open	Open Gaps to Goal
ACO-38	Rate of risk-standardized acute, unplanned hospital admissions among Medicare fee-for-service (FFS) beneficiaries 65 years and older with multiple chronic conditions	19.2 %	90.0 %	48,456	777	47,679	42,834

My Patients

Year: 2022

Month: Jun

Organization: PSW

Line of Business: DCE

Payer: All

Area of Service: All



# Quality Process Measures

Filter Here



Quality Performance
Quality Distribution (Process Measures)
My Patients

**Synopsis**

Focusing 00 members with HMV due and more than six care gaps open will result in -91.7% increase in quality score to 1.6%

**HMV vs Quality Performance by Org/Practice/Provider**

Organization	Quality Performance	HMV Score	Attributed Lives
PSW	19.2 %	9.0 %	24,500
<b>Total</b>	<b>19.2 %</b>	<b>9.0 %</b>	<b>24,500</b>

**Care Gap**

**Contribution of Open Care Gaps across Documented Risk**

Year: 2022

Month: Jun

Organization: PSW

Line of Business: DCE

Payer: All

Area of Service: All

Clinic: All

Provider: All

Period mode: All

Continuous Enrollment: All

Addressable Care Gaps: All

**HMV Distribution by Status**

**Contribution of Open Care Gaps across Undocumented Risk**

# Apply Filters

Make sure you “Shift click” to filter on multiple items at a time

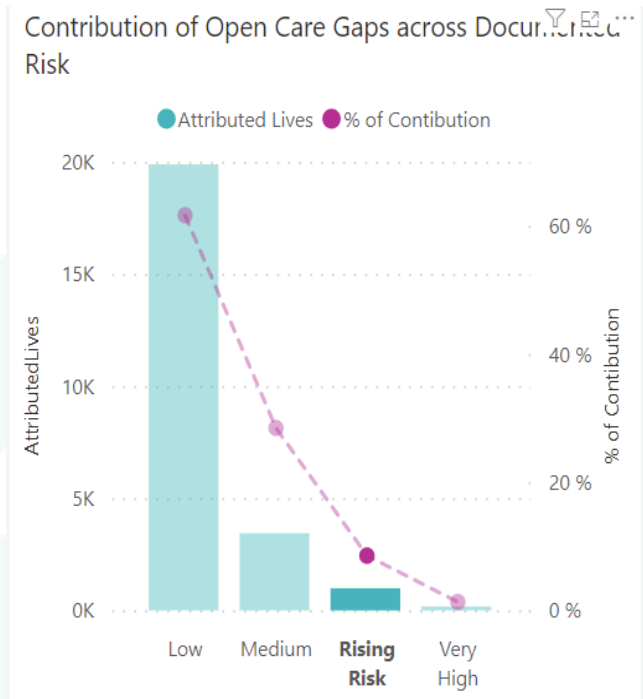
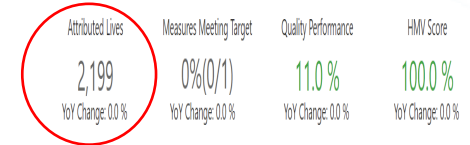
## Quality Distribution

Last Updated: 7/11/2022 5:00:37 AM



## Quality Distribution

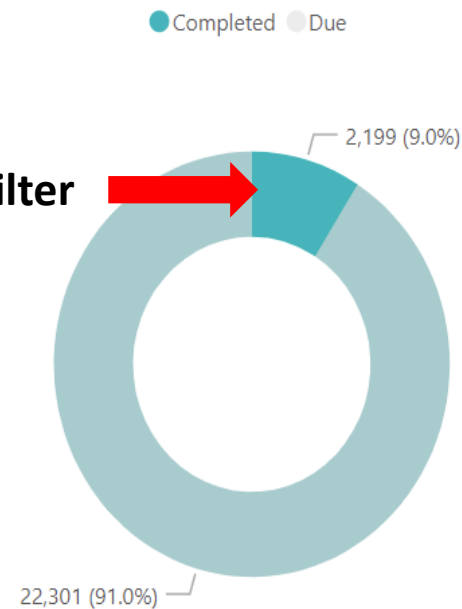
Last Updated: 7/11/2022 5:00:37 AM



Click to filter

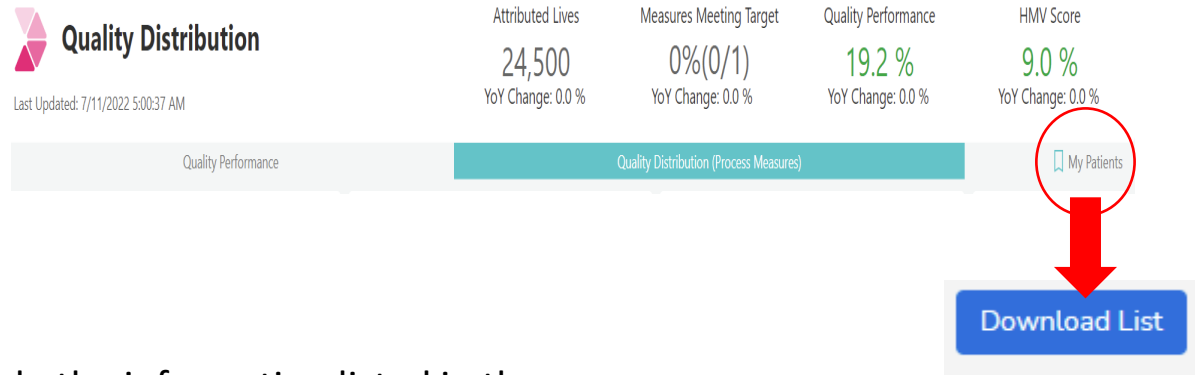
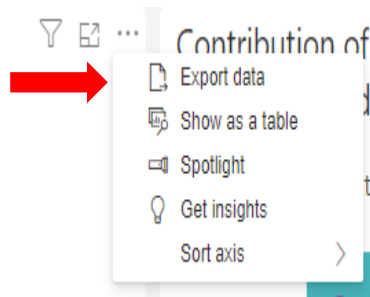
## HMV Distribution by Status

Click to filter



# Export Data

Export data or Download Patient Specific Data



- Exporting data will provide the information listed in the graph (ie., the numbers)
- Click “My Patients” for patient information (ie., Patient name, EMPI#, Practice/ PCP attribution and AWV completion data)
- Download list and Innovaccer will email the excel spreadsheet



# Questions?

# Risk Management

Click Risk Management tab on Dashboard page

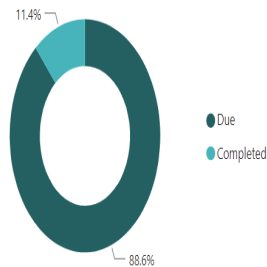
## Risk Management

Last Updated: 8/2/2022 3:21:56 AM (Version: v2.0.0)

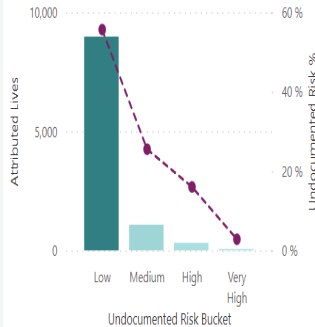
Attributed Lives	Current Risk Recapture Rate (RRR)	Average Documented Risk	Average Potential Risk
24,266	57.3 %	0.798	1.054
Change PY: 0.0 %	Change PY: 0.0 %	Change PY: 0.0 %	Change PY: 0.0 %



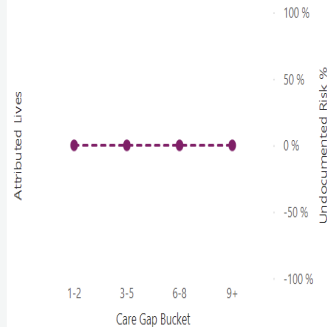
Health Maintenance Visit Distribution



Contribution of Undocumented Risk Across Undocumented Risk Bucket



Contribution of Undocumented Risk Across Care Gap Bucket



Area of Service: All

Clinic: All

Provider: All

Period Mode: ytd

**Filter as before, click "My Patients" above to download patient list with individual risk scores**



# Risk Management – Social Vulnerability Index

## Social Vulnerability Index (SVI)

Data ▾ Patients Analytics ▾ Care Management ▾

- Click Patients Tab
- Choose Patient
- Click "Risk" Tab from menu.

SVI CSMHCC CDPS HSHCC

- Clinical Data
- Care Management ^
- Timeline
- Care Protocols
- Assessments
- Tasks
- Risk** ←
- Claims
- Profile
- Patient Notes

MEDIUM

46.1

State Percentile ⓘ  
98631, Washington

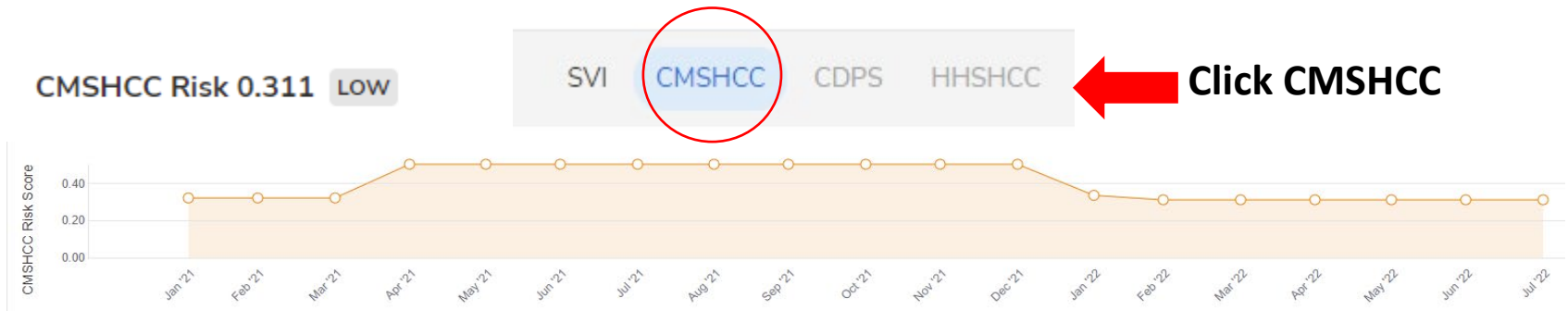
National Percentile: 57.5 M ⓘ County Percentile: 72.7 H ⓘ

Factors	State Percentile
Access to healthcare	76.6 H
Housing and Transportation	70.8 H
Socio-Economic	58.1 M
Housing Composition/Disability	51.6 M
Lifestyle	39.8 M
Food insecurity	39.5 M
Minority Status/Language	39.4 M

Risk Tab opens to SVI data →

# Risk Management – CMSHCC Coding

Trends tab identifies missing HCC codes and indicates difference in risk score



Potential Codes Confirmed Diagnosis **Trends** ← **Click Trends Tab**

**Risk Trend Analysis**

HCC Category	HCC	Diagnosis	Last Recorded	2022 ⓘ	2021 ⓘ
Breast, Prostate, And Other Cancers And Tumors HCC12 • RAF 0.212	HCC12	Malignant Neoplasm Of Thyroid Gland ICD-10 C73 • Chronic	04/18/2021	✗	✓
F45_54 F45_54 • RAF 0.348	F45_54	-	-	✓	✓
<b>Risk Score</b>				<b>0.311(1)</b>	<b>0.502(2)</b>

Notice difference in risk score due to missed coding opportunities

# GPDC CAHPS

How to improve performance and why it should matter to you

Joe Huang, MD, PSW Medical Director

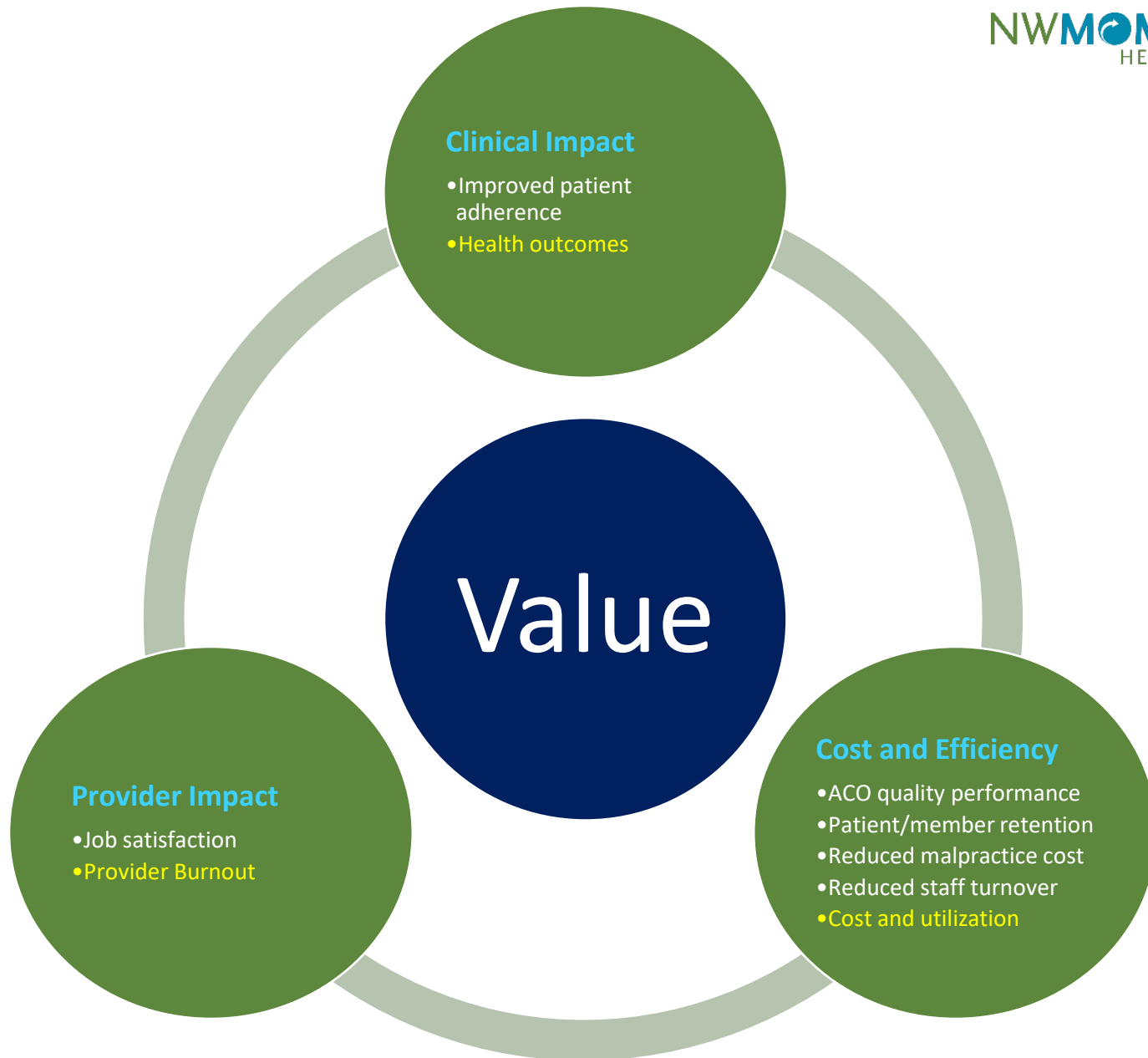
SURVEY RESEARCH METRIC  
PRODUCTS MEET KPI FULFILL  
MARKETING  
CUSTOMER ACASI BUSINESS SATISFACTION  
SERVICES BUSINESS LOYALTY METHODOLOGY MANAGEMENT  
EXPECTATION PERCENTAGE  
EXCEED MEASURE

## GPDC CAHPS basics

- 54 question survey
- Direct Contracting Entities scored on 8 roll-up measures
- 2022 performance year – Pay for Reporting
  - Surveys go out September 2022
  - CMS will draw a random sample of 860 survey-eligible aligned beneficiaries.
- 2023 and beyond – Pay for Performance
  - P4P benchmarks and scoring methodology to be determined







# CAHPS Performance Measures

How are we doing?

**OVERALL PROVIDER RATING**

Percent responding 9 or 10 with 10 being best and 0 being worst

	Base	2021 Freq.	2020	2021	SPH Norm	MSSP ACOs Norm
(ACO-3) Patient's Rating of Provider	233	183	-	90.6	92.2	92.7

**SUMMARY SURVEY MEASURES**

	Base	2021 Freq.	2020	2021	SPH Norm	MSSP ACOs Norm
(ACO-1) Getting Timely Care, Appointments and Information	217	179	-	75.5	84.1 (+)	85.9
(Q6) Patient got appointment for urgent care as soon as needed	116	92	-	73.9	83.1 (+)	85.6
(Q8) Patient got appointment for routine care as soon as needed	177	157	-	81.9	88.3 (+)	90.2
(Q10) Patient got answer to medical question the same day he/she contacted provider's office	105	83	-	70.8	81.0 (+)	81.8
(ACO-2) How Well Your Providers Communicate	238	225	-	91.4	93.8 (+)	94.1
(Q11) Provider explained things in way that was easy to understand	236	223	-	91.4	93.0	93.5
(Q12) Provider listened carefully to patient	237	224	-	92.1	94.2	94.3
(Q14) Provider showed respect for what patient had to say	236	225	-	92.8	95.3	95.7
(Q15) Provider spent enough time with patient	236	221	-	89.1	92.7 (+)	92.9
(ACO-4) Access to Specialists - easy to get appointments	167	134	-	73.3	78.0	81.5
(ACO-5) Health Promotion and Education	264	145	-	54.8	62.7 (+)	60.4
(Q27) Health care team talked with patient about a healthy diet and healthy eating habits	260	129	-	49.6	59.7 (+)	58.9
(Q28) Health care team talked with patient about exercise or physical activity	262	183	-	69.8	75.0	75.2
(Q32) Health care team asked patient if there was a period of time when he/she felt sad, empty or depressed	261	138	-	52.9	63.9 (+)	60.3
(Q33) Health care team talked with patient about things in his/her life that worry him/her or cause stress	258	121	-	46.9	52.1	47.3

Individual questions are scored on an ordinal scale, the range of the scale varies. Summary Survey Measures are the average of scores on their contributing questions. The original mean score is converted to a 0-100 scale using linear transformation. For all scores, 0 is the lowest and 100 is the best performance. 2019, 2020 and SPH Norm scores are not case-mix adjusted. Vendors do not have sufficient information to replicate CMS case-mix adjustment.

Figures based on a cell size of fewer than 11 responses cannot be displayed.  
 If any question in a composite has zero responses, the composite score is not directly comparable to the norm.  
 "SPH Norm" represents data from the 2021 SPH Client Average (based on the SPH book of business n=1,152 ).  
 "MSSP ACOs Norm" is based on data released by CMS from reporting period 2019 survey administration, adjusted to reflect current SSMS.

A (+) or (-) on the current period column indicates your Score is significantly different than the previous reporting period at the 95% confidence level.  
 A (+) or (-) on the SPH Norm column indicates your current Score is significantly different than the SPH Norm at the 95% confidence level.  
 All calculations reflect our current understanding of CAHPS® for ACO specifications.

SUMMARY SURVEY MEASURES

	2021		2020	2021	SPH Norm	MSSP ACOs Norm
	Base	Freq.				
(ACO-6) Shared Decision Making	225	145	-	64.5	62.3 (-)	62.8
<b>The individual items combined into the (ACO-6) Shared Decision Making composite are: (%Yes)</b> - (Q19) Provider asked patient what he/she thought was best for him/her regarding starting or stopping a prescription medicine - (Q20) Provider talked with patient about how much personal health information he/she wanted to share with family or friends						
(ACO-7) Health Status and Functional Status	263	159	-	71.5	72.3	73.8
(Q34) Overall health rating	260	84	-	51.8	52.8	54.1
(Q35) Overall mental health rating	261	149	-	62.6	63.3	66.2
(Q40) Patient's physical health has not interfered with social activities during last 4 weeks	261	187	-	77.0	76.3	76.9
(Q36/37) Patient has not seen provider three or more times for the same condition lasting at least 3 months	254	129	-	50.8	55.4	57.5
(Q39) Patient does not take medicine for a condition that has lasted at least 3 months	239	-	-	1.3	2.0	9.0
(Q49) Patient does not have serious difficulty concentrating, remembering or making decisions due to physical, mental or emotional condition	262	236	-	90.1	88.1	87.7
(Q50) Patient does not have serious difficulty walking or climbing stairs	259	173	-	66.8	69.7	69.6
(Q51) Patient does not have difficulty dressing or bathing	262	234	-	89.3	90.5	90.6
(Q52) Patient does not have difficulty doing errands alone due to physical, mental or emotional condition	260	218	-	83.8	83.0	83.1
(Q31) Health care team talked with patient about how much his/her prescription medicines cost	255	53	-	20.8	24.2	26.2

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**SUMMARY SURVEY MEASURES**

	Base	2021 Freq.	2020	2021	SPH Norm	MSSP ACOs Norm
(CG-CAHPS CORE) Courteous and Helpful Office Staff	235	230	-	92.2	93.0	92.8
(Q22) Clerks and receptionists at provider's office were as helpful as patient thought they should be	234	228	-	89.3	90.3	90.3
(Q23) Clerks and receptionists at provider's office treated patient with courtesy and respect	228	224	-	95.0	95.8	95.4
(CG-CAHPS CORE) Care Coordination	266	233	-	84.0	86.3 (+)	86.9
(Q13) Provider knew important information about patient's medical history	237	222	-	90.3	92.2	92.2
(Q17) Provider's office followed up with results for blood test, x-ray or other tests	191	172	-	87.1	88.9	89.4
(Q30) Health care team talked with patient about all the prescription medicines he/she was taking	255	201	-	74.5	77.7	79.1

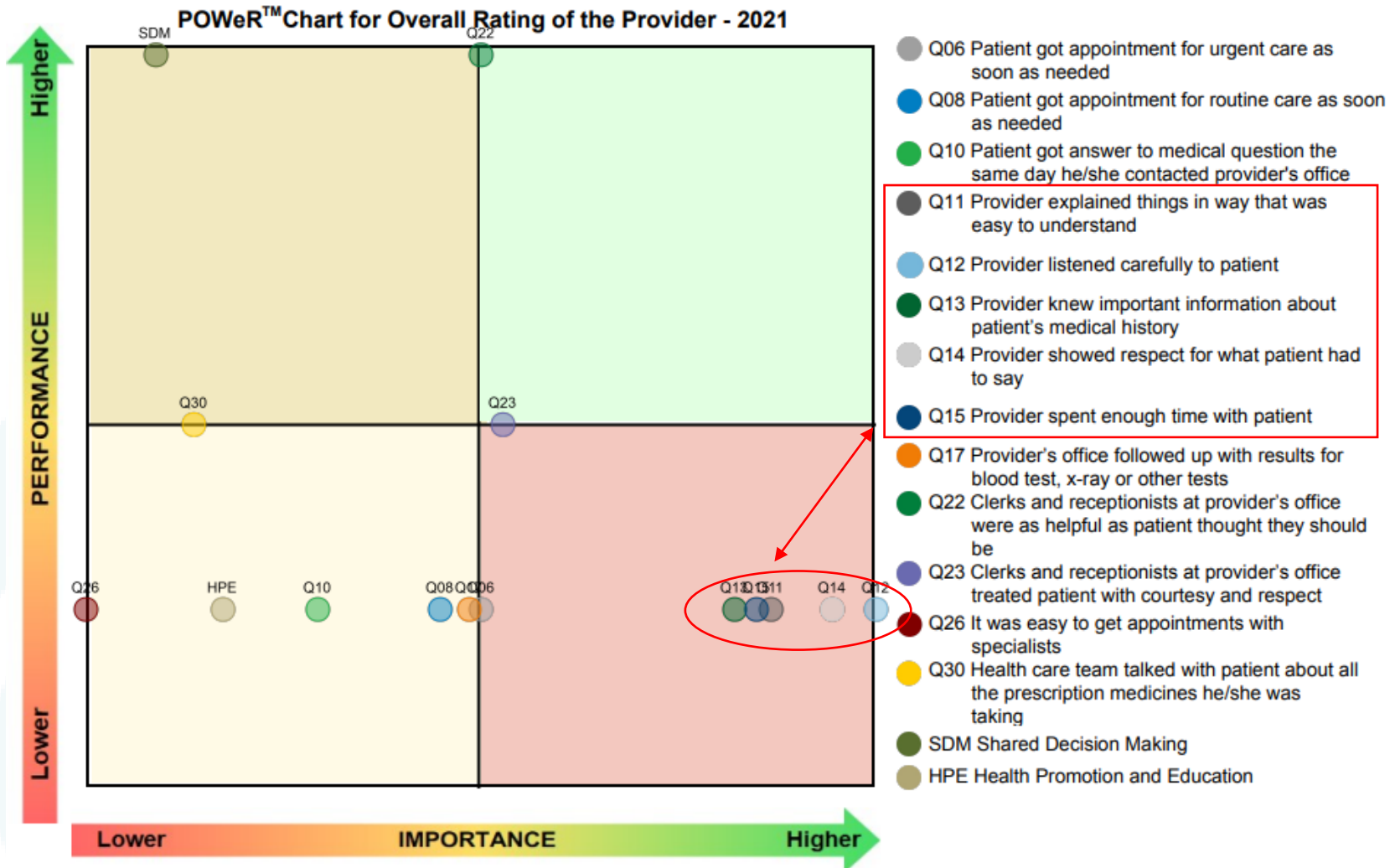
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All calculations reflect our current understanding of CAHPS® for ACO specifications.



# Overall Performance Driver: Provider Communication



## Best Practices for Improving Patient Experience Measures

- Build culture and process to support quality improvement
- Measure how you're doing over time and determine where to focus improvement efforts
  - Understand your results
  - Evaluate care delivery processes
  - Engage your stakeholders
- Rounding on patients
- Provider and staff training
- Provider and staff coaching



# Improving physician communication: Consistency and Connection

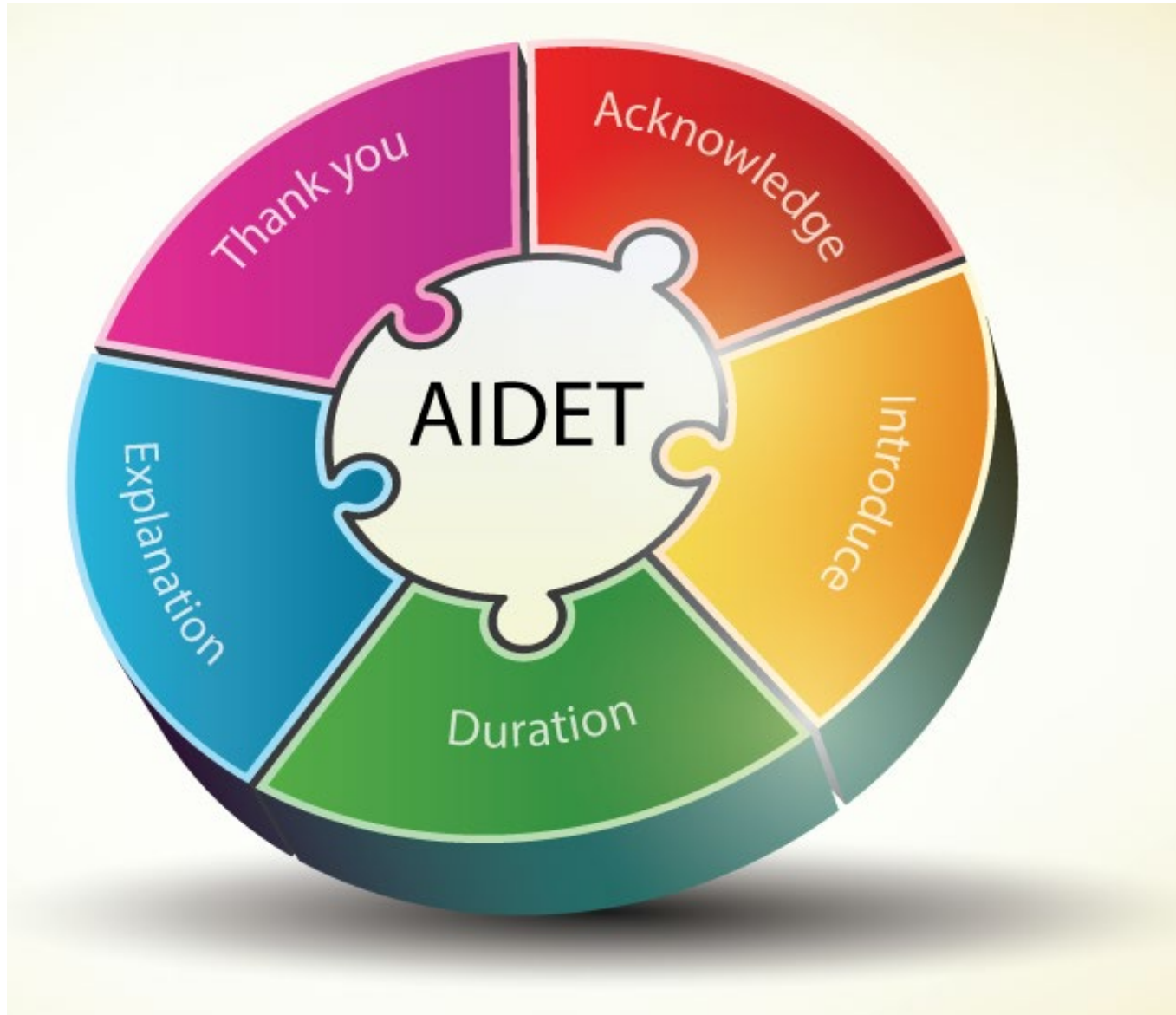


AIDET<sup>®</sup>



Empathy





## Practicing Patient Empathy

Patient empathy plays a huge role in patient satisfaction, but putting it into practice every day isn't easy. Ways to practice empathy in a healthcare setting include the following:

Nonverbal communication	Verbal communication
Body orientation 	 Paraphrasing and mirroring patients' words
Eye contact 	 Recognizing patients' feelings
Active listening 	 Asking clarifying questions

Sources:  
AMN Healthcare, Wolters Kluwer

## Next Meeting

**November 3<sup>rd</sup> at 7:30am**

Thank You

319 7th AVE SE, St. #201, Olympia, WA 98501

Phone: 360.943.4337





Fax: 360.754.4324

[www.nwmomentumhealthaco.com](http://www.nwmomentumhealthaco.com)

# Quarterly Reports in BOX.COM

Information to help manage your Population of Patients

Name

-  SCORECARD
-  HURR
-  PEF
-  GAP

**Scorecard** – Information on Provider performance of quality metrics and utilization.

**HURR** – (High Utilization and Risk Report) IP/ED/AWV

**PEF** – (Patient Evaluation Form) HCC Coding information

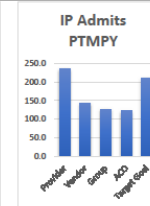
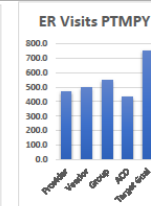
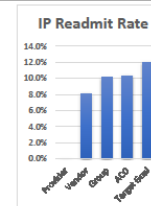
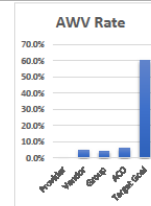
**GAP** – Wellness Visit GAP Report

		% of Population Receiving AWVs	IP Readmit Percentage	ER Visits PTMPY	IP Admits PTMPY
<b>Target Goal</b>		<b>60.0%</b>	<b>12.0%</b>	<b>751.0</b>	<b>210.0</b>
	Members				
<b>ACO Performance 2022</b>	<b>24819</b>	<b>6.0%</b>	<b>10.3%</b>	<b>431.3</b>	<b>121.7</b>
<b>Group</b>					
Rurals	13717	3.8%	10.1%	545.9	126.8
<b>Vendor</b>					
[Redacted]	1033	4.6%	8.1%	495.6	143.3
<b>Provider</b>					
[Redacted]	17	0.0%	0.0%	470.6	235.3

\* Based on Paid Claims received on or before 04/18/2022  
\* DOS: 1/1/2022 - 03/31/2022

Color Key

- Not Meeting Goal
- Meeting Goal, Worse Than ACO Avg
- Meeting Goal, Better Than ACO Avg



### Your Provider

1. Our records show that you visited the provider named below in the last 6 months.

PRFNAME VIS PRLNAME VIS  
PRTITLE VIS

Is that right?

- Yes  
 No → If No, go to 26 on page 4

The questions in this survey will refer to the provider named in Question 1 as “this provider.” Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes  
 No

3. How long have you been going to this provider?

- Less than 6 months  
 At least 6 months but less than 1 year  
 At least 1 year but less than 3 years  
 At least 3 years but less than 5 years  
 5 years or more

### Your Care From This Provider in the Last 6 Months

These questions ask about **your own** health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?
- None → If None, go to 26 on page 4  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
5. In the last 6 months, did you contact this provider’s office to get an appointment for an illness, injury or condition that needed care **right away**?
- Yes  
 No → If No, go to 7
6. In the last 6 months, when you contacted this provider’s office to get an appointment for care you needed **right away**, how often did you get an appointment as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always
7. In the last 6 months, did you make any appointments for a **check-up or routine care** with this provider?
- Yes  
 No → If No, go to 9 on page 3
8. In the last 6 months, when you made an appointment for a **check-up or routine care** with this provider, how often did you get an appointment as soon as you needed?
- Never  
 Sometimes  
 Usually  
 Always

9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- Yes  
 No → If No, go to 11

10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never  
 Sometimes  
 Usually  
 Always

11. In the last 6 months, did you contact this provider's office with a medical question after regular office hours?

- Yes  
 No → If No, go to 13

12. In the last 6 months, when you contacted this provider's office after regular hours, how often did you get an answer to your medical question as soon as you needed?

- Never  
 Sometimes  
 Usually  
 Always

13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- Never  
 Sometimes  
 Usually  
 Always

14. In the last 6 months, how often did this provider listen carefully to you?

- Never  
 Sometimes  
 Usually  
 Always

15. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- Never  
 Sometimes  
 Usually  
 Always

16. In the last 6 months, how often did this provider show respect for what you had to say?

- Never  
 Sometimes  
 Usually  
 Always

17. In the last 6 months, how often did this provider spend enough time with you?

- Never  
 Sometimes  
 Usually  
 Always

18. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- Yes  
 No → If No, go to 20

19. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- Never  
 Sometimes  
 Usually  
 Always

20. In the last 6 months, did you and this provider talk about starting or stopping a prescription medicine?

- Yes  
 No → If No, go to 22 on page 4



21. When you and this provider talked about starting or stopping a prescription medicine, did this provider ask what you thought was best for you?
- Yes  
 No
22. In the last 6 months, did you and this provider talk about how much of your personal health information you wanted shared with your family or friends?
- Yes  
 No
23. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10 Best provider possible

**Clerks and Receptionists at this Provider's Office**

24. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?
- Never  
 Sometimes  
 Usually  
 Always

25. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
- Never  
 Sometimes  
 Usually  
 Always

**Your Care from Specialists in the Last 6 Months**

26. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is the **provider named in Question 1** of this survey a specialist?
- Yes → **If Yes, please include this provider as you answer these questions about specialists**  
 No
27. In the last 6 months, did you try to make any appointments with specialists?
- Yes  
 No → **If No, go to 29 on page 5**
28. In the last 6 months, how often was it easy to get appointments with specialists?
- Never  
 Sometimes  
 Usually  
 Always



### All Your Care in the Last 6 Months

These questions ask about **all your** health care. Include all the providers you saw for health care in the last 6 months. Do **not** include the times you went for dental care visits.

29. Your health care team includes all the doctors, nurses, and other people you see for health care. In the last 6 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?
- Yes  
 No
30. In the last 6 months, did you and anyone on your health care team talk about the exercise or physical activity you get?
- Yes  
 No
31. In the last 6 months, did you take any prescription medicine?
- Yes  
 No → If No, go to 34
32. In the last 6 months, how often did you and anyone on your health care team talk about all the prescription medicines you were taking?
- Never  
 Sometimes  
 Usually  
 Always
33. In the last 6 months, did you and anyone on your health care team talk about how much your prescription medicines cost?
- Yes  
 No

34. In the last 6 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?
- Yes  
 No
35. In the last 6 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?
- Yes  
 No

### About You

36. In general, how would you rate your overall health?
- Excellent  
 Very good  
 Good  
 Fair  
 Poor
37. In general, how would you rate your overall mental or emotional health?
- Excellent  
 Very good  
 Good  
 Fair  
 Poor
38. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
- Yes  
 No → If No, go to 40 on page 6
39. Is this a condition or problem that has lasted for at least 3 months?
- Yes  
 No

40. Do you now need or take medicine prescribed by a doctor?

- Yes  
 No → If No, go to 42

41. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes  
 No

42. What is your age?

- 18 to 24  
 25 to 34  
 35 to 44  
 45 to 54  
 55 to 64  
 65 to 69  
 70 to 74  
 75 to 79  
 80 to 84  
 85 or older

43. Are you male or female?

- Male  
 Female

44. What is the highest grade or level of school that you have completed?

- 8th grade or less  
 Some high school, but did not graduate  
 High school graduate or GED  
 Some college or 2-year degree  
 4-year college graduate  
 More than 4-year college degree

45. How well do you speak English?

- Very well  
 Well  
 Not well  
 Not at all

46. Do you speak a language other than English at home?

- Yes  
 No → If No, go to 48

47. What is the language you speak at home?

- Spanish  
 Chinese  
 Korean  
 Russian  
 Vietnamese  
 Some other language

*Please print:*

48. Because of a health or physical problem, are you unable to do or have any difficulty doing the following activities? (Please mark one response for each activity.)

	I am unable to do this activity	Yes, I have difficulty	No, I do not have difficulty
a. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting in or out of chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Do you ever use the internet at home?

- Yes  
 No

50. Are you of Hispanic, Latino, or Spanish origin?
- Yes, Hispanic, Latino, or Spanish
  - No, not Hispanic, Latino, or Spanish  
→ If No, go to 52

51. Which group best describes you?
- Mexican, Mexican American, Chicano  
→ Go to 52
  - Puerto Rican → Go to 52
  - Cuban → Go to 52
  - Another Hispanic, Latino, or Spanish origin → Go to 52

52. What is your race? Mark one or more.
- White
  - Black or African American
  - American Indian or Alaska Native
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander

53. Did someone help you complete this survey?
- Yes
  - No → Thank you. Please return the completed survey in the postage-paid envelope.

54. How did that person help you? Mark one or more.
- Read the questions to me
  - Wrote down the answers I gave
  - Answered the questions for me
  - Translated the questions into my language
  - Helped in some other way
- Please print:*

**Thank you. Please return the completed survey in the postage-paid envelope.**

*If you no longer have the envelope, you can mail your survey to:*

Medicare Provider Experience Survey  
[INSERT VENDOR ADDRESS]

**RESPONDENT PROFILE**

	2020	2021	SPH Norm
Average age	-	74.6	74.9
% Female	-	59.2%	57.2%
Avg. length of time with provider (in years)	-	4.5	5.0 (+)
Avg. # of visits to provider (in last 6 months)	-	2.3	2.4
% White	-	98.8%	94.3% (-)
% Black/African American	-	-	3.2%
% Hispanic/Latino/Spanish origin	-	-	2.6%
% With at least some college	-	70.7%	68.1%
% With seeing difficulty or blind	-	5.0%	6.2%
% With hearing difficulty or deaf	-	25.4%	22.2%
% Speaking English Very Well/Well	-	100.0%	98.1% (-)
% Speaking language other than English at home	-	-	7.8%
% Speaking Spanish at home	-	-	21.3%
% Speaking Chinese at home	-	-	-
% Speaking Korean at home	-	-	-
% Speaking Russian at home	-	-	-
% Speaking Vietnamese at home	-	-	-
% Speaking some other language at home	-	80.0%	67.2%
% Use Internet at home	-	79.3%	74.8%

Figures based on a cell size of fewer than 11 responses cannot be displayed.  
 If any question in a composite has zero responses, the composite score is not directly comparable to the norm.  
 "SPH Norm" represents data from the 2021 SPH Client Average (based on the SPH book of business ). n=1,152  
 All calculations reflect our current understanding of CAHPS® for ACO specifications.

A (+) or (-) on the current period column indicates your Score is significantly different than the previous reporting period at the 95% confidence level.  
 A (+) or (-) on the SPH Norm column indicates your current Score is significantly different than the SPH Norm at the 95% confidence level.

## AHRQ CAHPS links

- <https://www.ahrq.gov/cahps/index.html>
- <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>



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