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Boston Children's Hospital
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PPOC member update

August 2, 2019

Dear PPOC Colleagues,

"Then followed that beautiful season...summer...Filled was the air with a dreamy and magical light; and the landscape lay as if new created all in the freshness of childhood." ~Henry Wadsworth Longfellow

I hope you have taken some time during summer to relax, enjoy time off, take a vacation, or just indulge in some self-care. These months seem to pass all too quickly, culminating in a fast and busy fall season. During the last month, the PPOC has continued to shape our strategy for the next five years - conducting five regional meetings across the network to gather your input. In my travels to each of these meetings, I gained a greater insight about what clinical and business issues you're seeing in your local communities, about your current concerns, about what your goals are for the next five years, and how the PPOC can help you get to that point. Your comments were incredibly helpful. I have shared many of the ideas with the Board of Directors and will be sure that they inform our new strategy. Among the themes that emerged was that many of you wanted to know how our quality goals are determined, and how we implement quality efforts within the PPOC.

Where Do Our PPOC Quality Measures Come From?

The quality measures we focus on as a network are generally a blend of those that are part of our insurance contracts and those that come from our clinical initiatives. As an example, our behavioral health screening rate goal came from the PPOC itself, while our well child visit rate derives from our contracts. But how do the insurance companies choose the metrics? They need to be measurable (meaning that data must be available), and there have to be similar data from other providers so that specific goals can be set and we can be compared to peers. Many of the metrics are chosen from amongst those promulgated from national policy-making organizations - primarily The National Committee on Quality Assurance (NCQA) which develops the national standard HEDIS measures. All insurance companies are rated according to their providers' performance on HEDIS measures, and they are keen to reward us for doing well on them. In many cases, we recommend measures to the insurer, and they are willing to build them into the contract, as BCBSMA did with our pediatric AQC agreement. Lastly, some measures are driven by federal or state government public health goals, as in the case of the Medicaid ACO contract.

How Do We Implement Quality Measures/Efforts Within the PPOC?

In previous years, the PPOC reported quality primarily through claims-based reports from the insurance companies. These suffered from a significant time lag (usually in excess of three months) and only applied to the relatively small subset of patients that were part of our managed care insurance products. Our transition to a unified electronic medical record gives us the opportunity to:

1. Give quality feedback in real-time (up to the day) on each PCP and practice's quality dashboard.
2. Provide data on all of a practice's active patients, not just those who have managed care insurance products.

The benchmarks we provide on your Epic quality dashboard (i.e., green/yellow/red colors for each quality measure) reflect performance *relative to your PPOC peers*, not any external benchmark and the Epic dashboard allows you to see a comparison between members of your office as well as the entire PPOC network. A performance measure highlighted in green means that a PCP or practice is performing around the top 5% of PPOC practices; a performance measure highlighted in red means a performance is within approximately the bottom 25% of the PPOC network.

At times we modify the details of a measure from our contracts to make them more clinically meaningful to our members. For example:

- For HPV vaccination, the contractual measure is to have the vaccine series complete by the date of the 13th birthday. As a supplement to that measure, we provide additional data that shows your success in initiating the series at the 11 year-old checkup because this is the surest way to build success towards getting more patients completed by 13; and it also gives practices a quality measure where they can see immediate improvement.
- For chlamydia, since many clinicians feel the HEDIS measure identifies patients who are not in need of testing (e.g., patients on OCPs for dysmenorrhea or acne), our dashboard measure reports the proportion of female patients screened for chlamydia *among those identified by the clinicians as sexually active.* We feel this is a much more clinically meaningful measure than the HEDIS measure; furthermore, we feel that if we do our job well in testing those patients who are sexually active, our network-level performance on the HEDIS measure will take care of itself.
- It is worth it to note that your Epic dashboard contains pre-built reports that are associated with each measure in the dashboard. These reports allow providers to quickly identify the patients contributing to your performance, and take any action where appropriate.

We are always looking to improve our quality measure reporting. For instance, we are working hard to incorporate claims data into Epic so that we can identify patients who had a service completed elsewhere (e.g., a chlamydia test performed by a gynecologist). Incorporating claims data into Epic will also allow us to capture utilization data such as emergency department and specialty clinic visits and allow us to report your performance on those important Total Medical Expense (TME) - related measures on your Epic quality dashboard.

Does the PPOC Have a Say in the Quality Measures that Make it into our Contracts?

The PPOC does have a say in the quality measures that make it into our negotiated contracts. We negotiate our contracts with insurance companies-including the quality measures that are part of the contracts. Of course, the result of any negotiation reflects the input of all parties. The insurance companies often have fixed sets of quality measures that they are not willing to deviate from; for example, the BCBS Alternative Quality Contract (AQC) contains a fixed set of measures that they use with all pediatric networks and the measure set is "baked into" the structure of the AQC. Other AQC measures were suggested by us and accepted by BCBS. Over the years, we have had input into the development of those measure sets with insurance companies, especially regarding which measures are inappropriate for a pediatric-only network. We've taken advantage of the facts that there are relatively few pediatric measures compared to adult measures, and that the insurers have limited resources to invest in developing specific pediatric goals. They often welcome input from the PPOC, PO and BCH as the contract is negotiated. We are currently putting significant effort into providing input to MassHealth about the ACO quality measure set.

It is almost impossible to place equal emphasis on all of the quality measures in our contracts; therefore, we set goals within the Quality department around a limited

number per year that meet certain criteria:

- There is room for improvement within that measure. Other measures have "ceilinged out" with minimal room to further improve - both clinically and in terms of gaining further revenue on our contracts.
- The measures are of important clinical interest to our members and their patients and families.

Annually, the PPOC distributes practice opportunity packets to help focus your attention on the quality needs of your practice as they relate to the PPOC's goals. By this point, you may have met with your practice consultants to develop a quality improvement goal for the year. As of mid-July, 92% of PPOC practices have chosen a quality improvement goal for 2019. As a reminder, our network quality improvement goals for 2019 are:

1. Increase the proportion of 3-6 year-olds with a completed well visit within the 2019 calendar year measured in Epic (2019 target 89.3%).
2. Increase the proportion of 12-21 year-olds with a completed well visit within the 2019 calendar year measured in Epic (2019 target 77.9%).
3. Increase the proportion of patients receiving at least one dose of HPV vaccine by the date of their 11-year-old checkup across the entire PPOC (2019 target 48.9%).
4. Increase proportion of patients screened for chlamydia among females 16-24 years of age identified by the clinician as sexually active across the PPOC (2019 target 83.7%).
5. Analyze ED Utilization data using claims data from commercial insurers and Mass Health ACO and engage at least 5 of the 10 PPOC practices with the highest gaps in quality improvement cycles intended to reduce this gap.

I am happy to say that the network is on pace to meet the QI goals for well visits, HPV vaccination at the 11 year-old well visit, and chlamydia screening for sexually active females.

We take on these goals with the intention of ultimately improving the quality of care for children throughout Massachusetts - especially those served in our network. And as you will remember, providing the best healthcare for the children we serve is the first part of our PPOC mission.

If you continue to have questions about the quality measures on which the PPOC focuses, I welcome your feedback. Our quality programs are a major part of what differentiates us from other pediatric networks, and it is one of the reasons we are such a high-performing network.

Most Sincerely,

Gregory J. Young, MD
President and Chief Executive Officer
PPOC