Breast Cancer Prevention Project a Success —
Haline Grublak, Director of Member Services

The ICHP Stakeholder Committee can be very proud of themselves. Their breast cancer prevention project was a success, and possibly even saved some lives through early detection. Early in the summer of 2012, the Stakeholder Committee talked about doing a population-based preventive outreach project. Lots of good ideas were put on the table, but ultimately, they decided on a project to encourage women over 40 to get a mammogram. As with many cancers, early detection of breast cancer can save a woman’s life.

The ICHP Stakeholder Committee collaborated with the ICHP Performance Improvement Department to develop metrics and put together a process for conducting the project. They decided to start the project in October, because October is Breast Cancer Awareness Month. Based on American Cancer Society recommendations, ICHP reviewed the data to determine how many ICHP members should get an annual mammogram and complete a breast cancer screening. This data query told us that 2044 women had not had a screening in the previous 12 months. Involved the women’s PCMP’s in the outreach. In December 2012, ICHP sent a letter to all of the PCMP practices whose members received a flyer. This letter reminded the providers to discuss the importance of breast screening, breast health and annual mammography screenings with their patients.

April 2013 was the 6-Month measurement interval. At the 6 month interval, ICHP ran new query on those original 2044 members to see if any of them had followed up and received a mammogram. Between October 2012 and April 2013, 197 ICHP members had received a mammogram, a 10% success rate in the first 6 months!

Not only did the women get a mammogram, the imaging center provided women with educational brochures on breast self-examinations and facts about breast cancer. These women will also get reminders from the imaging center when it’s time for their next mammogram, based on their health risk.

We don’t know the results of the mammograms, but we know that early detection saves lives. And many women walked away with peace of mind.

To learn more about the Stakeholder Advisory Committee, or if you have questions about this outreach project, contact Haline Grublak at 719-538-1443 or haline.grublak@valueoptions.com
New Key Performance Indicator (KPI) Starting July 1:

Along with the ER Visits, the 30-day hospital readmissions and the high cost imaging KPIs that all RCCO’s are evaluated on currently, there will soon be a “Well Child Visit” KPI that is added to the RCCO performance indicators as of July 1, 2013. The Department announced that they are using the CMS 416 methodology to calculate this new KPI and one visit annually will count in lieu of multiple visits. (For example, if the periodicity schedule indicates there should be 6 visits for each child up to 15 months of age, having one visit annually will meet the KPI requirement for well child visits.) The Department is following this protocol because that is how they are measured at the federal level and the goal is to have 80% of kids get at least one well-visit each year. However, the Department cautions that as the State improves on this rate, they could potentially move toward using the recommended periodicity scheduled in order to improve quality of care. Additionally, the Department has decided to weigh the KPIs differently depending on if the member is an adult or a child. The KPIs will be broken out as follows:

<table>
<thead>
<tr>
<th>Adults:</th>
<th>Children:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$.30 for ER visits</td>
<td>$.20 for ER visits</td>
</tr>
<tr>
<td>$.30 for Readmissions</td>
<td>$.20 for Readmissions</td>
</tr>
<tr>
<td>$.30 for High-Cost Imaging</td>
<td>$.20 for High-cost Imaging</td>
</tr>
<tr>
<td>$.10 for Well-child Visits</td>
<td>$.40 for Well-child Visits</td>
</tr>
</tbody>
</table>

Health Services Advisory Group (HSAG) Draft Audit Results:

As many of you know, ICHP had our annual HSAG Audit on April 16-17, 2013. We recently received our draft audit results and we scored a 93%! Thanks to everyone for all of their hard work and effort, as we received multiple compliments from the auditors about how the “integration of behavioral health and physical health care is a clear strength in this region.”

Congratulations Everyone!
**KPI Financial Incentive Payments to Begin Soon for Fiscal Year Qtr 2 (Oct – Dec 2012):**

The Department recently announced that physical healthcare provider practices that are participating in their area RCCO will begin to see financial incentives for FY Qtr 2, based on how well they are performing on their Key Performance Indicators. Provider practices that qualify for incentives will be receiving the incentive payment in June 2013. Information on how the financial incentives are calculated is listed below:

The Colorado Department of Health Care Policy and Financing  
KPI Incentive Payment Fact Sheet

**Background:**  
As part of the Accountable Care Collaborative (ACC) Program, the Department of Health Care Policy and Financing (the Department) pays a per-member per-month (PMPM) amount to both the Regional Care Collaborative Organizations (RCCOs) and Primary Care Medical Providers (PCMPs). Beginning in July 2012, RCCOs and PCMPs are able to earn $1 PMPM based on quarterly performance of three Key Performance Indicators (KPIs):

- Hospital All-Cause Thirty (30) Day Readmissions;
- Emergency Room (ER) Visits; and
- High Cost Imaging Services

**KPI Calculation:**  
The KPIs are expressed as a per-thousand members per-year (PKPY) measurement for ease of comparison across populations.  
Each KPI is risk adjusted by RCCO, allowing for accurate comparisons across RCCOs with different illness burden profiles and population sizes. The calculation process involves three components:

- the actual utilization value;
- expected utilization based on a similar population from the baseline period (fiscal year 2011); and
- the percent difference between those two values.

**NOTE:** For the ACC Incentive Program, negative percent differences indicate better-than-expected performance.

RCCO Performance is measured as a percentage point improvement from the base period (Fiscal Year 2011).  
To account for regional variation, each RCCO is compared to its own performance during the baseline year.

PCMP performance is measured as a percentage point improvement from the base period, adjusted for RCCO performance during the baseline period.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital All-Cause 30 day Readmissions</td>
<td>$0.22</td>
<td>$0.33</td>
</tr>
<tr>
<td>Emergency Room (ER) Visits</td>
<td>$0.22</td>
<td>$0.33</td>
</tr>
<tr>
<td>High Cost Imaging Services</td>
<td>$0.22</td>
<td>$0.33</td>
</tr>
<tr>
<td>Total Incentive Payment PMPM</td>
<td>$0.66</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

There are two levels of performance achievement:

⇒ Level 1: a 1.5% reduction in a particular KPI from the base period, and
⇒ Level 2: a greater than 5% reduction in a particular KPI relative to the base period.
ICHP is looking for community members and providers to serve on our Performance Advisory Committee or our Stakeholder Advisory Committee. These committees help us by offering feedback about the program and making suggestions for improvements. If you are a Medicaid Member, have a family member who is Medicaid eligible, work for an agency or a provider who serves Medicaid members, we want to hear from you.

To learn more about our Committees visit our website or call 855-959-7340.

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www.ichpcolorado.com

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**Update on ICHP’s Cost of Care Metrics**

The Cost of Care Metric shows how RCCO 4 is progressing regarding decreasing our overall cost of care for our entire ICHP member population. This metric also allows us to compare RCCO 4 to the aggregate measure for the entire state, so we can determine how we are performing compared to everyone else. An important factor to remember is that unlike the other 3 Key Performance Indicators (KPIs), the Cost of Care metric is not linked to any financial incentives for the provider practices. We are excited to announce that while the rest of the state is averaging a 1.43% decrease in total cost of care (based on Jan 2012 – Dec 2012 data in comparison to the 2011 baseline), our RCCO 4 is averaging a 9.2% decrease in total cost of care. See below for our current graph, which shows how RCCO 4 is performing compared to the rest of the state:

Average of all 7 RCCOs Across the State:  
ICHP RCCO 4:

For more information on any of the announcements contained within the Quality Corner or for any questions you may have about performance improvement in general, please feel free to contact the ICHP Performance Improvement Director, Mona Allen, at (719) 226-7783.