



## Redwood Community Health Network

### Addendum to 2020 PIP Program Document

Because of the significant operational changes caused by the COVID emergency RCHN will change the quarter two reportable measures for 2020. Many of the measures chosen for the 2020 program significantly depend on in-person visits. Because of the COVID pandemic health centers have shifted care to telehealth modalities in order to reduce transmission of COVID. RCHN will adopt new measures reflecting improvement of quality of care during this state of emergency. All program elements not addressed in this document including access to care and transition of care measures will remain unchanged. The program will revert to the original targets for quarter three. Any further 2020 changes will be published by June 1, 2020.

### Clinical Quality Measures

The following Quality measures will be replaced for quarter two:

1. Blood Pressure Control
2. Blood Sugar (A1c) Control in Patients with Diabetes
3. Colon Cancer Screening
4. Well Child Care At 15 Months

Replacement Quality measures

#### **1. Increase Telehealth Visits Over Baseline**

##### Rationale:

Telemedicine and virtual care have quickly become important tools in caring for health center patients while keeping health center staff safe during the COVID-19 pandemic. In order to maintain primary care services, health centers have rapidly converted from an all in-person care model to at least partial telehealth model. Providing care via telehealth (video and/or phone) has allowed health centers to continue to provide high quality primary care while keeping costs low and creating a positive patient experience.

Measure alignment: UDS questionnaire

Measure description:

The percentage increase over baseline measure of telehealth visits provided by the health center.

Program Performance Thresholds:

Full points – 35% increase

¾ points – 25% - 34% increase

Half points – 15% - 24% increase

Definitions:

Reporting period telehealth visits = The total number of telehealth visits completed April 1, 2020 through June 30, 2020

Baseline period telehealth visits = The total number of telehealth visit completed October 1, 2019 through December 31, 2019

Telehealth visit = Phone or Video visits that are conducted directly between health center providers and patients

Exclusion = eConsults and specialty consultation that is not directly health center to patient

Final calculation:

$$\frac{(\text{Reporting period telehealth visits}) - (\text{Baseline telehealth visits})}{\text{Baseline telehealth visits}}$$

**2. Sharing workflows, innovations, policies and procedures related to COVID19**

Rationale:

Sharing learning across RCHN health centers has the potential to both improve quality and accelerate the pace of improvement across the network. During this pandemic changing workflows, policies and procedure is needs to happen more quickly than usual. Having a network-wide bank of shared workflows, innovations, policies and procedures related to COVID19 will help all health centers in the network efficiently change systems during this pandemic.

Measure alignment: None

Measure description:

The total number of shared workflows, innovations, policies and procedures shared with RCHN during the reporting period.

### Program Performance Thresholds:

Full points – 5 documents or interviews

$\frac{3}{4}$  points – 3 documents or interviews

Half points – 1 documents or interviews

### Definitions:

The shared workflows, innovations, policies and procedures may be shared in written form or via interview with an RCHN staff member.

Shared documents and interviews will be posted in the COVID19 shared dropbox file as they are received.

### Final calculation:

The shared workflows, innovations, policies and procedures may be shared in written form or via interview with an RCHN staff member.

## **3. Maintenance of medication assisted therapy**

### Rationale:

Patients who use substances are potentially at increased risk for severe illness with COVID because of their comorbidities. In addition, the stay at home orders may make it challenging for patients to get access to needed Medication-Assisted therapy (MAT). During this time it is important for health centers to continue to engage patients with opiate use disorder in treatment.

Measure alignment: HRSA Substance abuse service expansion quarterly reporting

### Measure description:

The number of patients on MAT for the treatment of opiate use disorder during the reporting period divided by the number of patients on MAT for opiate use disorder during the baseline reporting period.

### Program Performance Thresholds:

Full points – 80% or greater

$\frac{3}{4}$  points – 60% - 79%

Half points – 40% - 59%

Definitions:

Patients on MAT should include all patients with opiate use disorder diagnosis that have had a phone, video or in person visit during the reporting period who have been prescribed an MAT medication during the reporting period.

Medications: any medication containing buprenorphine

Final calculation:

**4. Plan for vulnerable populations and young children**

Rationale:

Sharing learning across RCHN health centers has the potential to both improve quality and accelerate the pace of improvement across the network. During this pandemic, with a reduction of in-person care, continuity and high-quality care for vulnerable populations and young children is challenging. It requires engaging patients, implementing new workflows and creative models of care. Sharing plans to engage these patients can help to maintain continuity and high-quality care in the network.

Measure alignment: None

Measure description:

The total number of plans shared with RCHN during the reporting period.

Program Performance Thresholds:

Full points – 2 plans shared

Half points – 1 plan shared

Definitions:

One plan should be submitted for vulnerable populations and one plan may be submitted for young children. The plans may be shared in written form or via interview with an RCHN staff member.

Shared documents and interviews will be posted in the COVID19 shared dropbox file as they are received.

Final calculation:

The plans may be shared in written form or via interview with an RCHN staff member.

