

Standards of Excellence Program, 2010

Scoring Instrument, March, 11, 2010

Deadline for Submission: April 16, 2010

(Earlier much appreciated!)

Name of Medical Group:

Name of Responding Person (print please):

E-mail contact:

Your Commercial HMO membership (nearest 1000):

Your Medicare Advantage patient membership (nearest 1000):

Medi-Cal managed care membership (nearest 1000):

Do you want your group name and results available for public view?

Yes, please

No, thank you

Maybe. I will decide after I see the results in late April, 2010, and indicate our desire by May 3, 2010, at the latest.

To be signed by CEO for each participating group, and returned via e-mail (nmaldonado@capg.org), FAX (213-683-0032), or US mail by April 16, 2010.

Participation remains Voluntary, but strongly encouraged by your CAPG Board.

Progressive Transparency: In 2007 and 2008, individual group scores were disclosed confidentially to individual participating groups. Scoring distribution graphs of name-blinded participating groups were published.

In 2009, over 90% of submitting groups elected to have their names and domain results published as “stars” for surpassing thresholds. Several remained “blind.” While those options are available in 2010, your board urges transparency.

Scoring technique: Check box if answer is “Yes.” Leave blank if “No.”

1. Please complete pages 1-16.
2. Please note that some questions require a “**checkbox**” for documentation for qualifying answers.
3. **Important change:** For the purposes of reporting percentages and compliance, “PCP” means primary care physician with 200 or more HMO linked members of the reporting group. “Specialist” means a physician with 50 or more claims per year to the group. This designation allows groups to eliminate low volume and infrequent providers from the scoring tallies and to concentrate upon those most responsible for technical quality, patient centered care, and affordability.
4. **Another Change:** Domain #1—Care Management Practices—has been expanded to a 50 point potential total score, recognizing the central importance of this element for care coordination, improved clinical outcomes, and ethical cost control. The larger point total also accommodates the expanding number, detail, and scale of practices demonstrated to be effective in California.
5. **Definitions** are found on page 16, as some terms such as ‘disease management’ and ‘shared decision making’ can be variably interpreted. Thank you!
6. Estimated **completion time:** <2 hours, optimally with CEO, COO, and CMO jointly.
7. **Scores** will be tallied at CAPG and reported to you. Public presentation of results will be one of the early highlights of the CAPG Annual Conference May 14, 2010.
8. **Early submission** will be appreciated and helpful to all of us to allow inquiries, clarification, and corrections.
9. **Comments and criticism.** We believe we make this survey better every year—more specific, more scalable, more responsive to our environmental demands, with more credible documentation. These improvements come largely as a result of paying attention to your comments and criticisms, as well as active listening to the “voices” of our external audiences. Feedback is most effective when the experience is fresh, and we welcome this feedback. It will help to shape the 2011 instrument.

Questions? Please contact either

- **Nelson Maldonado, CAPG Administrative Assistant at 213-239-5041 or nmaldonado@capg.org, or**
- **Wells Shoemaker MD, CAPG Medical Director at wshoemaker@capg.org**

I. Care Management Processes 50 points total

1. Do you have a **high risk case management** program with these features?
Maximum total for Question 1 is 9 points

(a) Staffed by in-house licensed professionals with specified responsibilities

Yes 2 points

(b) We have a system to identify and enroll high acuity **patients in 2 or more categories** (circle or highlight all that apply below, please)

Yes, we have 2 4 points

Yes, we have 3 or more 6 points

- Frequent ER users
- Recent cancer diagnosis
- History of cardiac ischemic event
- History of stroke
- CHF
- COPD
- Atrial fibrillation and/or long term anticoagulation Rx
- ESRD
- Tertiary referrals
- Palliative Care
- Frail elderly
- Vulnerability to falls
- Dementia
- Special needs children
- Long term wheelchair users
- Diabetics with HbA1C > 9
- Major Depression
- Chemical Dependency
- Other: Please specify _____ *Thank you.*

(c) We have electronically retrievable documentation of patient and physician contacts and interventions for shared responsibilities with our case management staff.

Yes 1 point

Please continue to next page....

2. Does your group offer **Disease Management** programs? **Max total 8 points**
(See definitions page 15)

Yes, we have our **own, in-house** DM programs with all of the following features: (These are more demanding standards than the typical Plan sponsored, remote vendor DM programs.)

- Electronic registry
- Regular telephonic and/or e-mail outreach by designated personnel
- Ability to verify receipt by physician of clinical “alerts.” (Sometimes called “exception reports.”)

Please circle (or highlight) specific diagnoses for in-house programs cited above.

1. Diabetes
2. Coronary disease
3. CHF
4. COPD
5. Asthma
6. Osteoporosis
7. Anticoagulation oversight
8. Cancer
9. ESRD
10. Depression
11. Other (specify _____)

Thank you.

- **Score 2 points for 1, 4 points for 2, 8 points for 3**

Yes, but we use **Plan based programs**, for which we have an **active system** to identify eligible patients and generate referrals on a periodic basis
Max 4 points

- | | | |
|--------------------------|-------------------------|-----------------|
| <input type="checkbox"/> | One diagnosis | 1 point |
| <input type="checkbox"/> | Two diagnoses | 2 point |
| <input type="checkbox"/> | Three or more diagnoses | 4 points |

Please specify “hand off” or referral mechanism to Plan (circle or highlight)

1. Secure E-mail
2. Disk
3. Hardcopy
4. Phone

Thank you.

We use **Plan based disease management programs**, but our group does not generate referrals to those programs. We allow Plans to recruit patients and interact based upon their information but do not formally coordinate local care with these programs.
No points in 2010.

Please continue to next page....

3. (a) Does your group use **Hospitalists** for Med-Surg patients? (Do not include other patients in calculations, i.e. OB.)

Maximum score 3.a + 3.b = 8 points

- Yes, our group utilizes hospitalists for Med-Surg patients at all hospitals at which we maintain an average daily census >12. 6 points

Alternative method to answer:

- Yes. >75% of inpatients are cared for by hospitalists 6 points
- Yes. > 50% of inpatients are cared for by hospitalists 4 points
- Yes >25% of inpatients are cared for by hospitalists 2 points

- (b) Employment relationship: 2 points max

- A majority of our hospitalists are employed by or contracted to the group or IPA with specified response time and communications responsibilities. 2 points
- Some of our hospitalists are employed by or contracted to the group or IPA. 1 point

4. Does your group use **on site, in-person concurrent review nurses** at all hospitals at which it maintains an average daily census > 12, or for smaller groups, your busiest 2 local hospitals? Max 8 points

- Yes, we have seven day & holiday coverage 8 points
- Yes, we have six day coverage 7 points
- Yes, we have Monday through Friday daytime coverage 6 points
- Yes, we have daytime coverage for 1-4 days/week 3 points
- No, not on-site, but we do telephonic coverage on M-F 1 point
- We also offer 24-7 telephonic triage and case management service, including out of network admissions. 1 point

5. Does your group have a post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile? 4 points max
- Yes, for adult med-surg patients in defined diagnostic categories or severity profiles 3 points
- Yes, including OB & Nursery & Peds 1 points
- What is the title of the person(s) supervising this process? _____
6. Does your group staff (RN and/or MD) formally review all **inpatient readmissions**? 4 points max
- Yes, we do concurrent review, with dialogue with individual practitioners during the stay or within 3 working days of discharge 3 points
- Yes, we also report and track our experience to an internal peer oversight committee 1 point
7. Does your group have a plan to improve appropriateness of ER use? 3 points
- Yes, we have a general educational program 1 point
- Yes, we measure individual physician performance and give periodic feedback 2 points
- Yes, we also have an incentive program to reward after hours alternatives for avoidable ER use. (Could be multiple models, i.e. cap bonus for late hours, FFS for after hours care, bonus for low or improved ER use rates, etc.) Information only in 2010
8. Does your group provide primary care practitioners periodic, individual feedback regarding generic drug prescription rates? 4 points max
- Yes 3 points
- Yes, with stratification by drug classes 1 point

9. Does your group have clinical experts in-house or contract to provide guidance on esoteric or highly specialized authorization requests? 2 points max
- Yes, one category 1 point
- Yes, 2 or more categories 2 points

Please specify categories—highlight or circle

- Complex Durable Medical Equipment, i.e. power & custom chairs
- Oncology
- Esoteric genetic testing
- Wound care
- High cost injectables
- Other _____

Thank you.

Survey questions for Care Management Practices—not scored in 2010

10. Does your group or IPA have a formal disaster plan (earthquake, flood, fire) for provider deployment and continuity of patient care in event of significant infrastructure disruption?
- Yes Survey question only—no points in 2010
- Not yet, but we are planning this for 2010-11.
11. Has your group participated in a formal efficiency collaborative in the last 2 years (California Quality Collaborative, IHI, other)
- Yes Survey question only—no points in 2010
- Not yet, but we are planning this for 2010-11.

Please continue to next page....

II. Health Information Technology Applications 25 points total

1. Does your group maintain **Preventive Care & Screening Patient Registries** (see definitions page 16) in key preventive care realms (i.e. Women's Health, Childhood IZ's, Adolescent Health, & Senior Health)? Functionality must **include action lists** (overdue or missing services) **retrievable by practitioners at the clinical office**. Electronic information sharing preferred; regularly updated paper print-outs qualify for same credit.

5 points maximum for question # 1

- Yes, we have registry for **one** preventive care realm (i.e. IZ's) 1 point
- Yes, we have **two** registries (i.e. women & childhood IZ's) 3 points
- Yes, we have **3 or more** (i.e. women's health, childhood IZ's, & colorectal cancer screening) 5 points

2. Does group maintain **Chronic Care Registries** (see definitions page 16) for diagnosis-based conditions (i.e. Diabetes, CHF, asthma, CAD, COPD) which **include all the following features**:

- Real time information (data update cycle \leq 30 days) available to office practitioners
- Action lists for overdue or missing services are generated for practitioners according to standard guidelines
- Action lists are provided to practitioners for patients with measures falling outside target ranges

8 points maximum for question # 2

- Yes, we have a Chronic Care registry for **one condition**, i.e. diabetes 2 points
- Yes, we have Chronic Care registries for **two conditions**, i.e. diabetes and asthma 5 points
- Yes, we have Chronic Care registries for **3 or more conditions**, i.e. diabetes, asthma, and coronary artery disease 8 points

3. Does your group **capture blood pressures in electronically retrievable** form from a majority of your PCP's in adult practice (FP & IM)? (could include EHR, CPT II, advanced capability registry)

- Yes 1 point

Please continue to next page...

4. Does your group sponsor an implementation of **Electronic Medical Record (EMR)** for its member physicians? **Maximum 5 points**
- Yes. Our support includes endorsement by governing body as well as decision support for prospective purchasers **1 point**
- Yes We also offer financial support and/or incentives for deployment **1 point**
- Yes We also offer group-sponsored IT support at the practice sites (*i.e. instruction, updates, maintenance, trouble shooting*) **1 point**
- Yes We also have the ability to exchange data between offices with EMR and the group **2 points**
5. Does your group provide a **secure electronic network** for timely patient care coordination, including provider-to-provider and provider-to-group communication? (*i.e. consultation reports, referral notes, lab data, and image reports*)? (This functionality may be included with an interoperative EMR or a stand-alone system.) **Max 3 points**
- Yes Use of these systems is required for group physicians **3 points**
- Yes Use of these systems is encouraged and incentivized for group physicians **2 points**
- Yes Use is optional for group members **1 points**
6. What percentage of your ambulatory primary care doctors (200 or more linked patients) routinely use electronic prescriptions?
- Cannot quantify _____ **0 points**
- Less than 25% of doctors _____ **0 points**
- 25-50% _____ **1 point**
- 50 – 75% _____ **2 points**
- Over 75% _____ **3 points**

Please continue to next page...

III Accountability and Transparency 25 points possible

1. Patient Satisfaction

5 points max total for question 1

(a) Does your Group participate in the **IHA Patient Satisfaction** Survey?

Yes 2 points

(b) Does your group obtain **individual physician-specific patient satisfaction** data and **share that with practitioners?** (Options: In-house tools, PAS individual surveys, & vendor survey programs qualify if they are applied to all PCPs with 200 or more linked patients.)

Yes, PCPs 2 points

Yes, specialists with >50 visits a year, too 1 point

2. Clinical Measures:

6 points max total for question 2(a) and 2 (b)

(a) Does your Group participate in the **IHA P4P** clinical measures exercise?

3 points max for 2(a)

Yes. We submit audited, self-reported clinical data derived from claims, registries, EHR, and validated data sharing with practitioners 3 points

Yes. We use Plan data reported to IHA 1 points

(b) Does your group share **individual physician clinical performance** data, including benchmarks, with practitioners? 3 points max for 2(b)

Yes. The information is reported to the individual practitioner 2 points

Yes, that information is also published internally and accessible to physicians in the network for review, comparison, and education 1 point

3. Resource Use and Variability by Individual Practitioners 4 points total

(a) Does your Group provide individual practitioners with reports and comparisons regarding their physician-ordered services, such as consultations, imaging, ancillary services, procedures, & devices?

Yes 2 points

(b) Does your group also have a formal program under which a medical director engages practitioners in data-based discussions regarding utilization patterns and choices? (Sometimes called “academic detailing.”)

Yes 2 points

4. **Individual Practitioner Performance Incentives:** Does your group utilize a performance-based compensation or bonus program for individual practitioners? *(Clarify—this question explicitly requires a financial component. May include one or more parameters, i.e. clinical quality, patient satisfaction, efficiency, electronic systems use, etc. Scale and weighting are not specified for the 2010 survey.)*

Yes 4 points

5. **Authorization Turnaround Time:** Does your group process >90% of all urgent pre-service authorizations within the following timeframes? *(Clarify: Exclude authorizations formally pending for additional information per ICE specs.)*

Yes 90% within 72 hours (ICE standard) 1 point

Yes 90% within 48 hours (surpasses ICE Standard) 2 points

6. **Financial Standards:** Does your group meet the following **SB 260 financial** standards? *Score 3 points if all 5 criteria met*

Yes Tangible Net Equity

Yes Working Capital

Yes 95% of claims paid timely

Yes Calculate IBNR

Yes Cash ratio

➤ For groups with statutory exemption, please mark “yes”

7. **Standards of Excellence** 2010 reporting transparency. 1 point

Yes. Our group authorized publication of our 2010 SOE results, reported as “stars” for surpassing threshold in each of the 4 domains.

Please continue to the next page

8. **Individual physician performance public transparency** Does your group make selected, individual physician performance information available to inquiring patients? [Info only for 2010](#)

- Yes. Please specify technique
- Website
 - Hardcopy publication
 - Telephonic response

Thank you

9. **Provider satisfaction surveys.** Does your group survey providers within your group regarding their satisfaction with group procedures and performance?

[Info only for 2010](#)

- Yes. Physicians only
- Yes. Physicians and ancillary contractors

Please continue to next page for Domain IV: Patient Centered Care

IV. Patient Centered Care

25 points possible

Reminder: “PCP” means primary care physician with 200 or more HMO linked patients from your group. Doctors with smaller populations are not necessary to be counted for SOE scoring.

1. Do patients choosing your group have access to HIPAA compliant, secure, **direct electronic communication** between patients and practitioner offices? (i.e. in-house system or vendor service such as Relay Health.)

Yes. For >25% of our PCPs **1 point**

2.a. Does your group assess or survey primary care office availability of same day access and extended hours for patients?

Yes. On at least an annual basis, with retrievable results **1 point**

2.b. Does your group offer **same-day primary care access** for patients who request it? (Advanced access or daily reserved scheduling to meet same-day patient service requests 90% of week days qualifies for “yes.”) **2 points max**

Yes. For >50% of our PCPs **2 points**

Yes. For >25% of our PCPs **1 point**

Cannot quantify **No points**

3. **After-hours and convenience services.** **6 points max for 3.a + 3.b + 3.c**

(3.a) Does your group have a contractual or formal linkage with an urgent care facility (free-standing, hospital based, or group-affiliated) **with electronic and/or FAX next day reports to group or PCP for continuity of care?** **3 points max**

Yes, for the majority of our patients **3 points**

Yes, for some of our patients (i.e. peds, or one region) **1 points**

(3.b) Can your patients make appointments or access a PCP office within the group for **weekday evening care until 7 PM?** (Cooperative arrangements among PCP’s for evening office coverage qualify for “yes.”) **2 points max**

Yes. >50% of our patients weekday evenings **2 points**

Yes. >25% of our patients weekday evenings **1 point**

Cannot quantify **No points**

(3.c) Are such appointments available on **Saturday mornings?**

Yes. >25% of our patients **1 point**

4. Does your group sponsor cultural education for providers and staff? **2 points max**

Yes. Available in 2010. Document below, please **2 points**

Yes. Planned for 2011. Document below, please **1 point**

Please specify format (circle or highlight all that apply, please)

- Web based program
- Lecture series, optional attendance
- Written correspondence with resources
- On-site visits for “professional detailing”
- Incentives for MD participation?
- Other _____

Thank you.

5. Does your group offer spoken **language interpretation services** supplemental to Health Plans’ State-mandated telephonic interpretation services? **2 points max**

Yes. We have a local, in-group program with trained interpreters and/or a group-sponsored telephone or videoconference system. **1 point**

Yes. We rely upon bilingual doctors and bilingual staff in offices. We tally language capabilities for our offices on an annual basis and can provide that information on inquiry from patients. **1 point**

6. Does your group employ one or more **case managers with proficiency in a second language?** **2 points max**

Yes. For the second language most prevalent in our population **1 point**

➤ Please specify this language _____ *Thank you.*

Yes, also with a third language used in our patient population **1 point**

➤ Please specify this language _____ *Thank you.*

7. Does your group have a formal staff function to receive, document, and respond to patient complaints and grievances? **2 points**

Yes

8. Does your group survey or monitor **appointment timeliness** (i.e. # of working days lag time before an appointment can be scheduled, third next available appointment, or similar measure)? **2 points maximum**

Yes. For PCP’s **1 point**

Yes. For specialists, also **1 point**

9. Does your group send **personalized reminders** (mail, phone, or e-mail) to patients regarding recommended preventive screenings? (Answer “yes” if these are sent by the group centrally, or sent on behalf of individual providers, or sent by doctors using group-supplied information)

Yes. 1 point

10. Does your group arrange **home visits** by physicians, advanced practice nurses, or other professionals for homebound and complex patients for whom office visits constitute a physical hardship?

Yes. 1 point

11. Does your group have a **publicly accessible website** which offers physician profiles, language capabilities, office communication options, and geographic location? 2 points max

Yes. 1 point

Yes. Our website also has Spanish language content, or alternatively, the language most prevalent in the group’s service population 1 point

12. As a matter of group policy, do your group physicians offer **shared decision-making protocols** (guideline-based, consistently applied, written, spoken, or video materials identifying choices, risks, and benefits) for 2 or more planned procedures? (Definition on p 16)

Yes. 1 point

Please list clinical conditions (circle or highlight all that apply, please):

- Breast biopsy and cancer surgery (currently mandated in CA)
- Prostate cancer interventions
- Invasive cardiology procedures
- Bariatric surgery
- Spine surgery
- Knee and hip replacement
- Cholecystectomy
- Other(s) _____ *Thank you.*

13. Can your group retrieve **patient ethnicity and/or language preference** from administrative sources, such as demographic fields on registration or eligibility files?

Yes. Information only in 2010

14. Does your group sponsor a **24 hour telephonic advice line** with the capability to notify PCPs of the contact the following day? (Service distinct from customary on-call access to physician.)

Yes.

[Information only in 2010](#)

Thank you very much. That completes the SOE exercise. Signature page follows

Your Medical Group Name _____

Your Name (printed) and Title _____

Your Signature _____

Submit

- By mail to CAPG, 915 Wilshire Blvd # 1620, Los Angeles, CA 90017, *or*
- By FAX to 213-683-0032, *or*
- By e-mail to nmaldonado@capg.org

Definitions

Disease Management: a program which systematically applies evidence-based protocols, regular patient outreach and patient contact, periodic monitoring, and standardized methodology to reduce impact of known, specific disease processes in a defined population. (i.e. CHF, diabetes, asthma, ESRD)

Registry: a list of all eligible patients in pre-paid comprehensive care programs with a given shared feature, i.e. diagnosis (diabetes) or care need (colorectal cancer screening), with identification of responsible physician as a minimum feature. Qualifying registries may have a wide range of functionalities.

Shared Decision Making: a standardized approach to informing patients about choices when facing a defined list of planned procedures for which there is a scientific controversy or a known incidence of preference-sensitive and supply-sensitive care. This can involve standardized written materials, video, or verbal discussion with checklist documentation. All groups have one now by mandate, the breast cancer therapeutic interventions protocol.