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Here at Inspire we have been hard at work within our committees moving toward the next stages of development. The Quality Committee has completed the Incented measures for the Primary Care Practices (PCMH's) and we wanted to roll those out. Still to come will be the incentive program, which will take any shared savings achieved from the employers plans and define how those dollars will be paid out.

Because many of the measures are claims based, we won't have any real measurement data until late in the 2nd quarter. It is our intention to then provide updates on the measurements on a monthly basis.

The incentive program is in the process of finalization as we need to have a market competitive valuation completed before finalizing. We have begun the valuation process and should have feedback by the end of the month. We hope to rollout the incentive program in the 2nd quarter. Any payment would be made on an annual basis.

Lastly, we are working on cleaning up the Phytel data and making sure that we have properly attributed membership to the proper Patient Centered Medical Home. This is critical to delivering accurate Population Health data and in providing accurate measurement data based on each physician's accurate patient panel. Patient attribution work is also critical to handling the payout of the Care Coordination fee.

Please be patient as we work through the entire data cleanup and through patient attribution so we can provide you with the most accurate data to help you manage your population, measure your progress, pay you the upfront Care Coordination fee and create a fair program for incentive dollar payout.

Primary Care Incented Measures

Measure Level	Revised Measure/Condition	Target Performance
Individual	LDL-C screening for patients/ with cardiac conditions	83%
Individual	Appropriate hemoglobin A1C testing (≥2/yr)/diabetes	70%
Individual	Good blood pressure control (≤140/80)/diabetes	45%
Individual	Good blood pressure control (≤140/90)/hypertension	65%
Individual	LDL-C in good control (≤100 mg/dl)/diabetes	50%
Individual	Screening for tobacco use	80%
Individual	Pediatric visits (≥ 5 visits) for date of birth to date of birth plus 365 days	90%
Individual	Pediatric visits (≥ 1 annual visit) for 1st through 3rd birthday during the measurement year	70%
Individual	Pediatric visits (≥ 1 visit) for 4th through 11th birthday during measurement year	60%
Individual	Pediatric visits (≥ 1 visit) for 12th through 18th birthday during the measurement year	50%
Individual	Physician engagement (meeting/education session attendance)	50%
Practice	Post inpatient discharge follow-up (for medical inpatients), within 7 days of inpatient discharge	50%
Practice	2014 NCQA PCMH Recognition application submitted by December 31, 2015 (for practices submitting for 1st time)	Submitted
CRH	Patient satisfaction-communication with physician domain (inpatient HCAPS, rolling 4 quarters)	Top Decile
SMC	Patient satisfaction-communication with physician domain (inpatient HCAPS, rolling 4 quarters)	Top Decile
CRH	Overall 30-day inpatient to inpatient readmission rate	Top Decile
SMC	Overall 30-day inpatient to inpatient readmission rate	Top Decile
CRH	Mortality index	Top Decile
SMC	Mortality index	Top Decile