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**Sent:** Thursday, July 15, 2010 11:46 AM  
**To:** Melissa Schoen  
**Subject:** UPDATED: Tools for Quality: incentive awards opportunity (1:2)

Please note the changes in yellow made to this memo (originally sent on July 12, 2010) and additional links at the bottom of the page.

All Clinic Organizations originally *eligible*\* for *Tools for Quality* Initiative funds

FM: Jan Eldred and Melissa Schoen, CHCF; Jane Stafford and Olivia Nava (CCI/Tides)

**RE: *Tools for Quality* Initiative: additional incentive awards for reporting on AQICC clinical and/or operational measures**

DATE: July 15, 2010 (REVISED)

The *Tools for Quality* Initiative was created in early 2008 to spur the adoption of automated disease registries to help community clinic providers across the state manage and improve the care they provide to patients with chronic conditions. In addition to providing matching grants to help support the purchase and implementation of electronic disease registries, the Initiative included funds for one-time incentive payments to reward clinic corporations for automated reporting on standardized clinical measures as defined by the CHCF-funded *Accelerating Quality Improvement through Collaboration* (AQIC) program. These funds were not to be limited to those clinic organizations that received *Tools for Quality* grants, but to be made available to any *Tools for Quality-eligible* clinic corporation using an automated system (registry or EHR) for reporting on the standardized measures.

Incentive payments were paid out earlier this year to clinic organizations that reported on AQICC clinical measures for the reporting period ending January 31, 2010. As it turns out, there are additional unanticipated funds remaining in the *Tools for Quality* Initiative as a result of the smaller than expected number of clinics moving forward with registry implementation in the second cycle. We are therefore in a position to provide another round of incentive awards to clinics reporting in the second AQICC reporting round. The outline of the awards program is similar to the previous one, with one exception: awards will be higher for those organizations that report on both clinical and operational measures than it will be for those that report on only one set of measures.

These are the parameters:

- **Total funds available** for disbursement in late fall 2010: \$350,000 to \$400,000.
- **Potential Eligibility:** all community clinic organizations that were eligible to apply for *Tools for Quality* grants (all CCI-eligible clinics \*) regardless of whether or not they participated in AQIC or received a *Tools* grant.

For clinical measures reporting, organizations must be using an automated registry or EHR to track patients and care, and at least 50% of the patients with diabetes receiving care at the clinic organization (corporation) must be in the registry at the time of reporting.

• **Reporting Requirements:**

- **Clinical measures:** to receive an award for reporting on clinical measures, clinic corporations must report the AQIC quality data to CPCA from their automated registries or EHRs on all four clinical quality measures (two HbA1C measures and two LDL measures), using the current AQICC/Preparing for Meaningful Use reporting process. (See link below for attachment for measures definition.)

- **Operational measures:** To receive an award for reporting on operational measures, organizations must report on at least one of the two core operational measures: cycle time or third next available appointment. (See link below for attachment for measures definitions)

- **Deadline for Reporting to CPCA:** August 31, 2010. The reporting period covered for clinical measures is July 1, 2009 – June 30, 2010; for operational measures, it is May 1 to August 31, 2010. Please see reporting schedule.

- **Amount available per clinic corporation:** It is anticipated that incentive award payments will most likely be somewhere around \$3,000 for an organization reporting on only one set of measures and about \$6,000 for those reporting on both clinical and operational measures, although these are rough estimates since we don't know how many organizations will be reporting on each.

- **Audit of clinical data:** the *Tools* initiative may contract with a consultant to conduct random audits of data on a small subset of the clinical data submissions. This would be done after the awards have been released and would not be used as a means of penalizing clinic organizations. The intent is to provide a learning opportunity to understand discrepancies between the reported data and the source data and to gain knowledge about data validation and data integrity issues that clinics face. This audit could be conducted in partnership with host consortia staff and used as a basis from which to conduct further training or determine what other curricula development is needed.

**Timeline for incentive award payments:**

- Data submission to CPCA: August 31, 2010
- CPCA staff review data: Sept. 1– October 8, 2010
- Data submitted by CPCA to CHCF: October 8, 2010
- CHCF staff approves payments; release of awards by CCI/Tides: November 2010

**\*Clinic Eligibility Criteria for the Tools for Quality Initiative**

**Clinic eligibility will be the same as in the first set of award payments: organizations that were eligible to apply for *Tools for Quality* grants defined as follows:**

Clinic corporations that provide comprehensive primary care services, including family planning clinics, school-based clinics and American Indian Health Centers, are eligible.

Clinic corporations must also meet the following eligibility criteria:

- Licensed by the State of California as a community clinic or tribally designated clinic, providing direct medical care to underserved populations
  - Freestanding (not formally part of a county, university or hospital)
  - Community-based and owned
  - Nonprofit, 501(c)(3) or a tribally chartered/sanctioned organization
- Provides services regardless of ability to pay