

Appendix K: Technical specifications (ACH project P4R metrics)

Technical specification sheets for all Pay for Reporting (P4R) metrics are available in Table 52. ACH Project P4R metric specifications. More detail about ACH Project P4R in general is found in Chapter 6: ACH Project Incentives - Pay for Reporting. A few important points on the technical specifications:

- **Each metric is identified as related to Project 2A or Project 3A.** Only practice/clinic sites and CBOs affiliated with Project 2A should respond to metric questions related to Project 2A. Similarly, only practice/clinic sites and CBOs affiliated with Project 3A should respond to metric questions related to Project 3A. For measures related to prescribing, only consider providers with prescribing privileges in determining the appropriate response.
- **Each metric is specified for response at the level of the practice/clinic site or community-based organization.** Some metrics, such as metrics related to improved opioid prescribing practices, may be important indicators of care transformation for practice/clinic sites but are not as applicable to the performance of CBOs. Similarly, some metrics address areas where CBOs have the potential to transform outcomes for clients who have opioid use disorders or behavioral health needs, but are outside the typical scope of practice/clinic sites that may focus on medical care.
- **Respondents may interpret some questions in different ways.** HCA has sought to balance the goals of obtaining important information with offering ACHs flexibility and minimizing ACH burden. HCA encourages respondents to interpret questions in the manner most appropriate to their practice or organization's unique situation, and to retain any records they used to generate responses based on their interpretation to facilitate future compliance and evaluation activities.
- **As an option, ACHs may follow-up with selected respondents to learn more about their progress through a structured interview.** Each metric specifications includes a section of "Potential Follow-up Questions" that reflect topics HCA would expect to ACHs to pursue in such interviews. ACHs are welcome to use these questions in their internal data-gathering as well.
- **ACHs will receive credit for reporting the responses received, based on their P4R metric collection efforts for the reporting period.** These metrics provide additional important information on implementation progress. While there is not a specified minimum response rate, it is HCA's expectation that ACHs will facilitate participation of practice/clinic sites and CBOs and strive for as much participation as possible of practice/clinic sites and CBOs.

Before using the technical specification sheets, review the "How to read the P4R metric specification sheets" guideline on the next page. If there are any questions about the metric specifications, contact the Medicaid Transformation team at medicaidtransformation@hca.wa.gov.

How to read the P4R metric specification sheets

Metric Name**Metric Information**

Metric description: Brief description that includes definitions and additional detail needed to understand the metric.

Reporting period and deadline:

- Reporting period references the interval for which providers should consider their performance for the associated reporting period when responding.
- Reporting deadline references the due date for ACHs to submit P4R metric information to the Independent Assessor.
- It is at the ACHs discretion as to how and when to request the P4R metric information from relevant partnering providers. For example, an ACH may target a response window of April through June to request P4R metric information from their partnering providers, which encourages response that are likely to reflect the associated reporting period, and ensure that information is collected in time for submission to the Independent Assessor by the reporting deadline.

| Reporting Period | Reporting Deadline |
|----------------------|--------------------|
| January – June 2019 | 07/31/2019 |
| July – December 2019 | 01/31/2020 |
| January – June 2020 | 07/31/2020 |
| July – December 2020 | 01/31/2021 |
| January – June 2021 | 07/31/2021 |
| July – December 2021 | 01/31/2022 |

DSRIP Program Summary

Project affiliation: Identifies whether the metric addresses Project 2A or Project 3A.

Metric respondent criteria: Defines the attributes of partnering providers for which metric questions are applicable, and constitute the potential respondent pool from which responses could be fielded. The ACH-maintained Partnering Provider Roster will serve as a primary source listing of potential respondents. However, not all metrics are applicable to all partnering providers affiliated with a particular project. For example, metrics may be relevant only to providers in a particular specialty or providers who are able to prescribe medications. In cases where the Partnering Provider Roster does not provide the fields necessary to identify the providers eligible to respond to a particular metric, ACHs may use discretion in identifying appropriate respondents

Metric Name

DSRIP Metric Details

Question and response format:

| Question | Response format |
|---------------|---|
| Question text | Response options (e.g., Yes/No, select the option that applies, and select all options that apply). |

Practice/clinic/CBO sites are not required to provide detailed information when responding to question prompts. However, the ACH may be called upon to share additional information that supports the responses submitted at any subsequent time for purposes of monitoring and auditing, or general follow-up and learning discussions with the state. Inability of the ACH to share requested information in a timely manner may result in a loss of ACH Project Incentives or other actions as deemed appropriate by HCA.

Potential Follow-up Questions

Follow-up questions are included for some metrics. The Independent Assessor (IA) and/or the Independent External Evaluator (IEE) may use these questions in follow-up conversations with partnering provider sites (practice/clinic, community-based organization) and ACHs. ACHs may elect to use them for their own follow-up activities with partnering provider sites.

Version Control

Record of any changes to the metric specifications from previous releases of the Measurement Guide.

ACH Project P4R metric specifications

Table 52. ACH Project P4R metric specifications

| Project | Site type | Metric | Link to specifications |
|---------|------------------------------------|---|---|
| 2A | Practice/clinic | Level of physical and behavioral health integration at practice/clinic site (MeHAF Site Self Assessment Survey) | https://www.hca.wa.gov/assets/P4R-physical-behavioral-health-integration-practice-site.pdf |
| 3A | Practice/clinic | Provider use of guidelines for prescribing opioids for pain | https://www.hca.wa.gov/assets/P4R-provider-use-of-opioid-guidelines.pdf |
| | | Key clinical decision support features for opioid prescribing guidelines | https://www.hca.wa.gov/assets/P4R-key-clinical-decision-support-opioid-prescribing.pdf |
| | | Linkage to behavioral care and MAT for people with opioid use disorders | https://www.hca.wa.gov/assets/P4R-linkage-behavioral-care-opioid-use-disorders.pdf |
| | | Emergency department has protocols in place to initiate MAT or offer take home naloxone | https://www.hca.wa.gov/assets/P4R-ed-protocols-initiate-MAT-naloxone.pdf |
| | Community-based organization (CBO) | CBO site is an access point in which persons can be referred for MAT | https://www.hca.wa.gov/assets/P4R-CBO-site-access-point-referred-MAT.pdf |
| | | CBO site provides services aimed at reducing transmission of infectious diseases to persons who use injection drugs | https://www.hca.wa.gov/assets/P4R-CBO-site-provides-services-reducing-transmission.pdf |