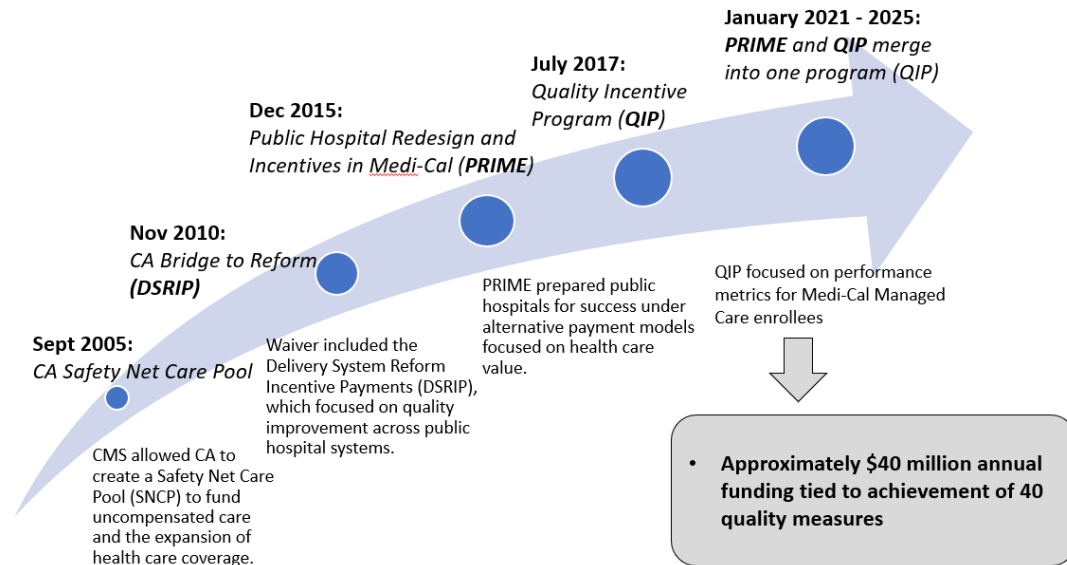## Overview of Medi-Cal Incentive Programs - QIP

The Quality Incentive Pool (QIP) Program is the largest pay-for-performance program supported by UCSF Primary Care and the Office of Population Health. Over time, a greater portion of the payments made by Medi-Cal have been tied to attaining quality measure targets.

Medi-Cal: 20 Year History Tying Payment to Quality Performance

January 2021 - 2025:
PRIME and *QIP* merge into one program (QIP)

July 2017:
Quality Incentive Program (QIP)

Dec 2015:
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)

Nov 2010:
CA Bridge to Reform (DSRIP)

Sept 2005:
CA Safety Net Care Pool

CMS allowed CA to create a Safety Net Care Pool (SNCP) to fund uncompensated care and the expansion of health care coverage.

Waiver included the Delivery System Reform Incentive Payments (DSRIP), which focused on quality improvement across public hospital systems.

PRIME prepared public hospitals for success under alternative payment models focused on health care value.

QIP focused on performance metrics for Medi-Cal Managed Care enrollees

- **Approximately $40 million annual funding tied to achievement of 40 quality measures**

Why does QIP matter for Primary Care and UCSF?

- QIP potential incentive payments to UCSF exceed $40 million annually and we have consistently achieved 100% of available funding since program inception in 2017.
- UCSF performance in this program is publicly reported along with narratives that showcase quality improvement efforts across our health system.
- Funding from this program has been a driving force for our investment in innovative care models and the data structure that has allowed us to focus on patients with Medi-Cal and improve care for this equity population.

What does QIP measure?

- There are over 50 quality measures included in QIP divided into the following areas:
  - Chronic Conditions
  - Adult Preventive Care
  - Pediatric Preventive Care
  - Behavioral Health
  - Perinatal
  - Patient Safety/Utilization/Care Transitions
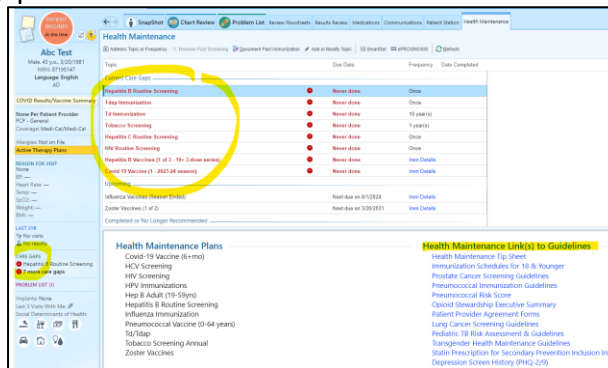- Approximately 80% of these measures cover care provided in Primary Care

Updated May 2024

QIP – Metric Overview

Chronic Conditions	Pediatric Preventive Care	Adult Preventive Care
- Asthma Medication Ratio - Controlling High Blood Pressure - Diabetes HbA1c Poor Control - HIV Viral Load - Diabetes HbA1c Poor Control (Black/Latinx) - Diabetes Comprehensive Kidney Care - Diabetes Eye Exam - Statin Therapy for Cardiovascular Disease - Controlling High Blood Pressure (Black/AA) - Pharmacotherapy for COPD Exacerbation - CAD: ACE/ARB Therapy - CAD: Antiplatelet Therapy - CHF: ACE/ARB for LVSD	- Childhood Immunization Status (COMBO 10) - Developmental Screening in the First 3 Years of Life - Well-Child Visits in the First 30 Months of Life - Child and Adolescent Well-Care Visits - Lead Screening in Children - Weight Assessment and Counseling in Children and Adolescents - Chlamydia Screening in Women - Influenza Immunization	- Breast Cancer Screening - Cervical Cancer Screening - Colorectal Cancer Screening - Tobacco Screening and Counseling - HIV Screening - BMI Screening and Follow-up Plan - Advance Care Plan - Influenza Immunization - Chlamydia Screening in Women - Adult Immunization Status

Behavioral Health	Perinatal	Patient Safety/Utilization/Care Transitions
- Depression Screening and Follow- up Plan - Use of Opioids in Person w/o Cancer - Concurrent Use of Opioids and Benzodiazepines - Depression Remission and Response - 7 day and 30-day Follow-up after ED Visit for Alcohol and Other Drug Abuse - 7 day and 30-day Follow-Up after High-Intensity Care for SUD - 7 day and 30-day Follow-Up after ED Visit for Mental Illness - Pharmacotherapy for Opioid Use Disorder	- Pre-natal Care - Postpartum Care - Contraceptive Care - Exclusive Breast Milk Feeding - Cesarean Birth - Pre-natal vaccinations - Pre-natal depression screening - Post-partum depression screening	- VTE Prophylaxis - Prevention of CVC Bloodstream Infections - Stroke Discharged on Antithrombotic Therapy - Reduction in C-diff infections - Surgical Site Infection - Avoidance of Anti-biotic Treatment - Use of Imaging Studies for Low Back Pain - Plan All-Cause Readmissions - ED Utilization of CT for Minor Blunt Head Trauma - Medication Reconciliation Post Discharge - Appropriate Treatment for URI - Follow up after Hospitalization

■ Primary Care sensitive-measures

How can providers support performance in QIP?

- Our ability to attain 100% of QIP funding has been supported by the high standard of clinical care across Primary Care. QIP measures generally align with clinical practice guidelines and are developed by national bodies like CMS and NCQA.
- Many QIP measures are supported by Health Maintenance Topics in APeX (i.e. "Care Gaps" in the Sidebar in a patient's chart) that serve as prompts for providers, staff, and patients. These also include links to guidelines and explanations for why your patient is showing a care gap.

- The Primary Care quality dashboard enables provider-level performance tracking for high priority QIP measures – please let your medical director know if you would like to view this dashboard (requires access).