



CALIFORNIA ASSOCIATION of  
**PUBLIC HOSPITALS  
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE  
**SAFETY NET INSTITUTE**

# PRIME/QIP METRICS OFFICE HOUR

Thursday, March 14, 12:00-1:00pm

Presenters:

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[Play recording](#)

# Housekeeping



Lines are muted on entry



Please mute locally & unmute to ask questions



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on SNI Link:

[PRIME Webinars](#) and [QIP Webinars](#)

# Reminder: transcribing questions



- Today, we will be transcribing questions asked into the live PowerPoint deck, which will be saved on SNI Link
- Goal is to create more user-friendly resource
- Help us today by:
  - Having patience!
  - Chatting in your questions
  - Letting us know how it worked at end of survey

Questions?

PRIME

**Reminder:** PRIME Questions are saved on the [PCS report on PRIMEone](#)

# Q&A: PRIME

- Q: Given that PRIME reporting portal is not working correctly, is there any discussion about a PRIME MY report extension for March?
- Q: Is the PRIME Portal working?
- Q: 1.2.5 Controlling Blood Pressure, how will trending break be reported?
- Q: Does 3.2.4 also get reported as the other trending break metrics?
- Q: If the Controlling Blood Pressure metric is our selected disparity reduction metric, does the trending break policy apply as well?
- Q: Do we follow Trending Break Policy for our disparity?
- Q: For targets at or above the 90th percentile, is there such a thing as over performance?
- Q: Have the High Performance Pool funds or amounts been released?
- Q: For 3.2.1 headache imaging, if a patient is imaged for a diagnosis unrelated to headache (such as a gunshot to the head a week after initial headache dx) and is subsequently imaged, can we exclude these patient types?
- Q (for group): Now that PQI90 is staying in PRIME, does any entity have QI structures or activity to share?
- Q: 1.3.6 Specialty expertise via non-face to face: for procedures such as colonoscopy where a patient is referred to a specialty provider for a procedure rather than a consultation, can we exclude from the denominator?

# Q&A: PRIME (cont.)

- Q: 1.3.6 Specialty expertise via non-face to face: for procedures such as colonoscopy where a patient is referred to a specialty provider for a procedure rather than a consultation, can we exclude from the denominator?

## PRIME 2.2.2 HCAHPS - exclude "meds not given"

PCS # 00224848

**Metric:** H-CAHPS: Care Transition Metrics

■ **Question Title:** Meds not Given

■ **Question:** For question 25 on Understood Purpose of Taking Meds, there is a patient response option of "no meds given", which is basically not applicable. Shouldn't these people be excluded from the denominator (for calculating a composite top box score)? Otherwise, how would they strongly agree they understood the purpose if they aren't getting any meds?

■ **Answer:** That is correct - patients that respond "I was not given any medications when I left the hospital" should be excluded from the denominator when calculating the Care Transition composite score. CMS HCAHPS has noted that for Question #25: Per HCAHPS guidance, do not factor in the response if the response is "I was not given any medications when I left the hospital".

# Questions?

# QIP

**Reminder:** QIP Questions are saved on the [PCS report on SNI Link](#)



# Q&A: QIP

- Q: For Q-RU5 opioid, if prescription is filled for 10 days before end of measurement year, we have to count 20 days in the new measurement year?