



QIP Manager MONTHLY FORUM

Monday, April 22, 2019 12:00 to 1pm

Play recording (45 min)



Time	Торіс	Lead(s)
2 min	Welcome & Roll-Call	Kristina Mody
15 min	Reporting & Program Updates	David Lown
20 min	PY3 Metric Update	David
10 min	PY1 Data Spotlight: Q-PC7 Pediatric Access to PCP	Kristina
5 min	 Wrap-up & Announcements Poll: Tracking QIP Deadlines Upcoming SNI events Post-Event Survey 	Kristina

Roll-Call & Webinar Reminders

AHS	ARMC	CCRMC	КМС	LACDHS	NMC	RUHS	SCVMC	SFHN
Tangerine Brigham, Tanvir Hussain	Rolando Mantilla	Karin Stryker	Tyler Bangerter, Kevin Jenson	Paul Giboney	Jane Finney	Corinne Matthews	Elena Tindall, Vickie Wilson	Reena Gupta
SJGH	SMMC	UCD	UCI	UCLA	UCSD	UCSF	VCMC	
Ahad Yousuf; Farhan	Brenda Macedo	Jeff Berg	Scott Thompson	Brandy Bryant	Heather Erwin	Sara Coleman	Theresa Cho	

WEBINAR REMINDERS:

Chat Questions typed here will only be seen by CAPH/SNI Staff, who will repeat question and answer for group

Attendance Designate one person (QIP lead or project lead) to speak

Contact <u>Abby</u> if you want to add other team members

Post-Webinar Please take our post-event survey!

Recordings of the webinar and slide deck posted on <u>SNI Link/QIP/Webinars</u>

<u>OIP Contact List & Leads</u> posted on SNI Link

Updates to leads? Additions/deletions to team?

Please contact <u>Abby</u>

Reporting & Program Updates



Status Updates Manuals & Benchmarks

- **PY2** (report due December 15, 2019)
 - ✓ Manual [on SNI Link]
 - ✓ Walkthrough webinar [on SNI Link]
 - ✓ Benchmarks [on SNI Link]
 - UPDATED benchmarks for RU5 to be released by DHCS
 - RU4 Benchmark pending; webinar to be held May 2019 once benchmark released
- **PY3** (report due December 15, 2020)
 - June 30: Measure information (numerator, denominator, link to native spec & benchmarks) to be released
 - Fall 2019: Reporting Manual to be released

RU5 Updated PY2 Benchmark



Q-RU1 Cardiac Stress Imaging: Low Risk Surgery Pts Q-RU3 Pediatric-ED CT for Minor Blunt Head Trauma Q-RU5 Concurrent Use: Opioids & Benzodiazepines Q-RU2 Adult-ED CT for Minor Blunt Head Trauma Q-RU4 Unplanned Reoperation w/in 30 Day Postop





< PY2 min benchmark</pre> > PY2 min & < PY2 high perf benchmarks

■ > PY2 high perf benchmark

Status Updates: Payment

QIP Internal Distribution Amounts

- CAPH analyzed Medi-Cal MC unduplicated patient count members submitted for 2017-18
- Data has been sent to DHCS for determining QIP internal distribution
- Payment to occur Fall 2019

Status Updates: Policies

Forthcoming

- QIP PY₂ Value Sets by Measures for MCPs for DPH Reporting
- Data Modification Policy
 - Resetting Targets following EHR Implementation
- Released to date (posted on DHCS website & SNI Link)
- Minimum Reporting Requirements (SUPERSEDES QPL-18-002, Minimum # of Cases) - QPL-19-001 (3/29/19)
 - ***New*** Minimum Managed Care Lives in Denominator (see next slides)
 - Achievement calculation for sub-rates; denom <30
- PY1 Reporting Requirements QPL 18-001 (11/28/18)
- Minimum Number of Cases QPL 18-002 (12/5/18)
- QIP Data Integrity Policy (signed copy due 12/15/18)

QPL-19-001: Minimum # of Cases -

- We will walk through the policy
 - Posted on <u>DHCS website & SNI Link</u>)
- Please bring any questions & scenarios you may have

Reminder: Important SNI Guidance

If you have 20 payable measures based on the minimum case # criteria:

- Do NOT report any additional measures that do NOT meet these criteria.
- Do not report any measure just to a establish baseline or else YOU WILL LOSE FUNDING

If you have < 20 payable measures based on the minimum case # criteria

• In order to report 20 to be eligible for ANY funding, for reporting non-payable measures you should only report measures that you will not use as a payable measure in the subsequent year (since you can't correct data once reported)

Program Year 3



PY3 Measure Set Timeline



PY₃ Reporting Manual Released October 2019

PY₃ Measure Update

DHCS has officially removed the following two measures from the PY3 measure set (as we had mentioned they might do):

- Q-PC6 Post Discharge Follow-up for High Risk beneficiaries
- Q-RU₄ 30 Day Unplanned Return to the OR
 - Emailed NSQIP members re: intention to report ROR in PY2
 - Mixed response



Removal of PY3 Survey Measure Options

- PQI #01, #05, #08, #15
 - Overlap with PRIME PQI #90 Overall Composite
- Adult BMI Assessment
 - Overlap with PRIME 1.7.1 BMI Screening & Follow Up
- Contraceptive Care All Women Ages 15–20 (LARC)
 - HHS guidance to NOT use Access to LARC for P4P due to concerns of "coercive practices related to contraception and sterilization, especially practices targeting racial/ethnic minorities and low-income individuals."

DPH Survey Results

Link to detailed results with DPH rationales

Sorted by Green = # of DPH that voted to ADD *Red = # of DPH that voted to NOT ADD* Total # of DPH responses = 17

Adult BMI Assessment			15
HIV Viral Load Suppression			13
Chlamydia Screening in Women Ages 16–24+		10	
Use of Opioids at High Dosage in Persons Without Cancer		8	
Well-Child Visits in the First 15 Months of Life		7	
PQI 15. Asthma in Younger Adults Admission Rate	5		
PQL 08: Heart Failure Admission Rate	5		
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or	5		5
- PQI 01: Diabetes Short-Term Complications Admission Rate			
Follow-Up After ED Visit for Alcohol & Other Drug Abuse or	4		5
Antidepressant Medication Management*	4	3	
Follow-Up Care for Children Prescribed ADHD Medication*	3		Q
Follow-Up After ED Visit for Mental Illness*	3	Л	
Live Births Weighing Less Than 2,500 Grams	3		
Contraceptive Care – All Women Ages 15–44*+	3	2	
Contraceptive Care – All Women Ages 15–44 + Contraceptive Care – Postpartum Women Ages 15-44*+	3	3	
	3	1	•
Dental Sealants for 6–9 Year-Old Children at Elevated Caries	2		9
Use of Multiple Concurrent Antipsychotics in Children &	1	8	
Percentage of Eligibles Who Received Preventive Dental	1	8	
Adherence to Antipsychotic Medications for Individuals		11	
Use of First-Line Psychosocial Care for Children &		7	
-			



DPH Recommendations: ADD

Top 6 Measures to Add

- 1. Adult BMI Assessment
- 2. Chlamydia Screening in Women Ages 16-24: Total Rate
- 3. HIV Viral Load Suppression
- 4. Use of Opioids at High Dosage in Persons Without Cancer
- 5. Well-Child Visits in the First 15 Mos of Life
- 6. Contraceptive Care Post-Partum 15-44. Overlapping preference for 21-44 yo, 60 day rate.

Mixed vote "don't add" measure

7. Anti-Depressant Med Management



DPH recommendations: DON'T Add

Top 5 Measures to NOT Add

Rationales: DPH doesn't provide SMI care, dental care. BH & dental data separate & difficult to access. Small denominators.

- 1. Adherence to Antipsychotic Meds for Individuals w/ Schizophrenia
- 2. Use of 1st-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- 3. % of Eligibles Who Received Preventive Dental Services
- 4. Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- 5. Dental Sealants: 6–9 yo Children at Elevated Caries Risk

Mixed vote "don't add" metrics

- 6. Follow-up for Children Prescribed ADHD Meds
- 7. Follow-up after ED for Alcohol & Other Drug Abuse or Dependence
- 8. Follow-up ED for Mental Illness

PY3 Measure Selection Process

- We may follow a similar stakeholder input process for PY4 feedback collection, so...
 - What went well?
 - What would you change?





PY1 Reported Data

- Data posted for CAPH member peer sharing on SNI Link:
 - <u>https://safetynetinstitute.org/member-</u> portal/programs/medicaid-managed-care/qualityincentive-program/reporting/</u>
 - Please do not share outside your system.
 - Updated March 25 2019 with Q-RU5 and aggregate graphs

PRIMARY CARE Q-PC7



Q-PC7 Pediatric Access to PCP: 7-11 Yrs



Q-PC7 Pediatric Access to PCP: 25 Mos-6 Yrs



Q-PC7 Pediatric Access to PCP: 12-19 Yrs





Minimum performance benchmark in red. High performance benchmark in green. DPH with denominator <30 are excluded. Better performance runs left to right. PY1 data not yet approved by DHCS. 21

Peer Sharing on Q-PC7: Pediatric Access to PCP

How have you been approaching improvement?

What are you doing in the next ten weeks to close the improvement gap?



METRIC/OTHER QUESTIONS?

YOU ARE ALL UNMUTED



Poll Tracking PRIME/QIP Deadlines

HELP! I'm drowning in requests!

- We understand that there are many deadlines covering PRIME AND QIP. What would be a useful tool?
 - 1. QIP Digest* monthly newsletter
 - 2. QIP/PRIME Digest monthly newsletter inclusive of both programs and approaching deadlines
 - 3. Other write-in.
 - Please be as specific as possible: format, frequency

*PRIME Express is sent monthly and archived on SNI Link/PRIME

Q-PC4 Webinar: Strategies to Improve Asthma Controller Use in Persistent Asthma

Dr. Marilyn Li, Associate Professor of Pediatrics at USC Keck School of Medicine and Ambassador presented on their patient education and engagement successful practices for high-quality asthma care.

 Materials posted on <u>SNI Link/Ambulatory Care</u>



Upcoming Dates

Apr 25 (12-1): Webinar: CAPH Member Screening Approaches (register <u>here</u>)		Μ	Т	W	Th	F	
		April					
May 2 (Oakland, CA): Care Delivery Workshop – Better Screening for Improved		22	23	24	25	26	
Health (details <u>here</u>)		Мау					
May 9 (12-1): PRIME/QIP Office Hours		29	30	1	2	3	
May 16 (12-1): PRIME DY14 Mid-Year Data		6	7	8	9	10	
webinar		3	1/	15	16	17	
		20	21	-22	-23	24	
May 23 (12-1): QIP Leads Webinar		27	28	29	30	<u>31</u>	
May 31 (Sacramento, CA): DHCS PRIMEd Learning Collaborative Meeting		June					
g		3	4	5	6	7	

Share Your Feedback



PLEASE COMPLETE OUR POP-UP SURVEY