



QIP Manager MONTHLY FORUM

Thursday, May 23, 2019 12:00 to 1pm

Play recording



Time	Торіс	Lead(s)
2 min	Welcome & Roll-Call	Kristina Mody
10 min	Reporting & Program Updates	David Lown
25 min	 OIP Program Evolution PY3 Metric Update Py3+ Development 	David
10 min	PY1 Data: Member SharingQ-IP1 Surgical Site Infection	Kristina
3 min	Wrap-up & AnnouncementsUpcoming SNI events	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



PY1 Report: DHCS Review

What kind of feedback has DHCS provided? Additional info requested?

- Explanation of challenges or high achievement rate
- Explanation on why the numerator is zero and what efforts were made to establish a non-zero value.
 - Re-submit with what data you may have, from whatever sources may be available (e.g. manual chart review)
- Q-IP1 narrative: Sum of "Predicted Infection Count" across all 6 procedure categories for CY2016
- Other?

What's the status of your PY1 Report?

REMINDER

- Please cc' <u>Dana Pong</u> & <u>David Lown</u> on email exchanges with DHCS.
 - Most of you have been forgetting to!
- Please share your final, DHCS-approved report with <u>Dana Pong</u> via encrypted email.

Status Updates Manuals & Benchmarks

- **PY2** (report due December 15, 2019)
 - ✓ Manual [<u>on SNI Link</u>]
 - ✓ Walkthrough webinar [on SNI Link]
 - ✓ Benchmarks V6 released 5/1/19 [on SNI Link]
 - UPDATED RU5 and RU4
- **PY3** (report due December 15, 2020)
 - June 30: Measure information (num., denom., link to native spec)
 - More information to be provided later in today's webinar
 - June 30: Benchmarks to be released
 - Non-HEDIS measures: remain the same as PY2 except for Q-IP6: min perf level = 50%, high perf level = 95%.
 - Fall 2019: Reporting Manual to be released

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
 - No feedback as of yet from DHCS
- Payment to occur Fall 2019

Status Updates: Policies

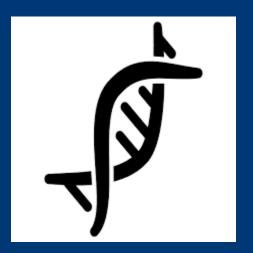
Forthcoming

• None at this time

Released to date (posted on <u>DHCS website & SNI Link</u>)

- *new* QIP PY2 Value Sets by Measures for MCPs for DPH Reporting
- Minimum Reporting Requirements (SUPERSEDES QPL-18-002, Minimum # of Cases) QPL-19-001 (3/29/19)
 - REMINDER: Watch SNI explanation on March & April's QIP Lead Webinar on <u>SNI Link</u>
 - 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)

QIP Evolution



Confirmed PY₃ Changes

- Q-RU₅ Rate 1 eliminated. Report only *Rate 2* as P₄P
- Q-PC8 Childhood Immunization Status: Combo 3 to Combo 10

	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Influenza
Combo 3	Х	Х	Х	Х	Х	Х	Х			
Combo 10	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х

• Implications for benchmarks: Combo 10 < Combo 3

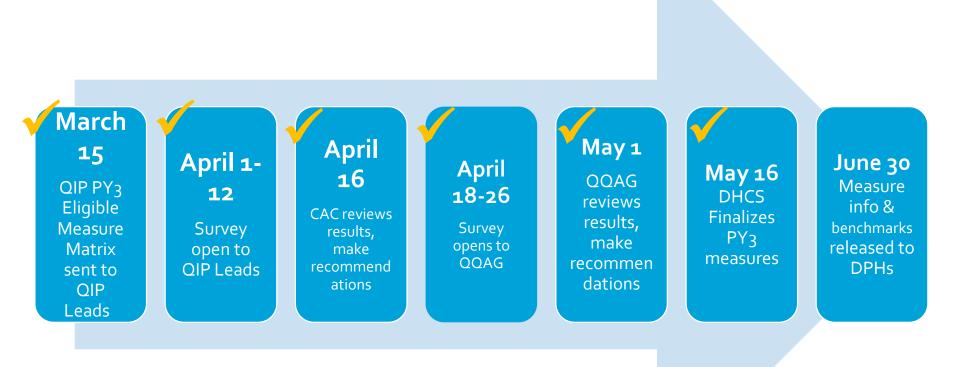
	25 th	90 th
Combo 3	65%	80%
Combo 10	28%	48%

- Removed:
 - Q-PC6 7 Day Post-Discharge F/U for High Risk Beneficiaries
 - Q-RU₄ 30-Day Unplanned Return to OR (NSQIP)

Confirmed PY₃ Changes

- Added:
 - **1.** Chlamydia Screening in Women: ages 16–24 total rate only
 - 2. HIV Viral Load Suppression
 - 3. Use of Opioids at High Dosage in Persons Without Cancer
 - 4. Well-Child Visits in the First 15 Months of Life: 6+ rate only
 - **5.** Contraceptive Care All Women (Pending Effective rate: ages: 15–44 total rate)
 - Native specs to be used for the 5 measures above a.k.a. no DPH Engagement criteria see slide 17.
 - DHCS to send email announcement regarding the changes.
- Plus any impacts of change to 18 mos Rate Year (discussed later in today's webinar)

PY3 Measure Set Timeline



PY₃ Reporting Manual Released October 2019

$\mathsf{PRIME} \xrightarrow{\rightarrow} \mathsf{PY}_3 + \mathsf{QIP}$

- Exploring implications of an 18-month rate year
 - Six-month funding gap July December 2020
- Identifying scenarios and gathering feedback

CURRENT STRUCTURE									
Year	CY2019	CY2019 CY2020 CY2021 CY2022							
RY	RY 19	/20	RY2	0/21	RY21/22		RY 22/23		
PRIME	DY	L5	No PRIME						
QIP	PY	3	P	Y 4	PY5 PY6				
18 Month Rate Year									
Rate Year	RY 19/20			RY2	021	RY	2022		



QIP Funding

- Funding in an 18-month program year
 - QIP Inflator (already approved)
 - Add six months of QIP funding for the July December 2020 time period
 - Add six months of PRIME funding
 - Propose \$700 million gross (with the internal distribution from PRIME)



18-month QIP Program Year

Current Structure										
Year	CY2019	CY2	020 CY2021 CY2022				2022			
RY	RY 19	9/20	RY2	0/21	RY21/22		RY 22/23			
PRIME	DY15		No PRIME							
QIP	РҮЗ Р			Y4	P١	/5	PY6			
	Program Year Options									
Rate Year	RY 19/20			RY2021		RY2022				
QIP A	РҮЗ		PY4		PY5					
QIP B	РҮ	′3	PY4	PY5 PY6			Y6			

- 1st question posed to CAC and MTAC
 - 18-month program year vs 12-month and 6-month program years
 - Preference for 18-month program year

18-month QIP: Metrics

- Strong candidates for inclusion in 18-mos QIP Program Year
 - In the CMS Core Sets AND
 - In DHCS proposed Medi-Cal Accountability Set
- Includes
 - Adult BMI Assessment
 - Adolescent Well-Care Visits
 - Breast Cancer Screening
 - Controlling High Blood Pressure
 - Cervical Cancer Screening
 - Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
 - Plan All-Cause Readmissions
 - Prenatal and Postpartum Care: Postpartum Care
 - Prenatal and Postpartum Care: Timeliness of Prenatal Care
 - Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
 - Weight Assessment & Counseling for Children & Adolescents

"QIP"ification of PRIME Measures

- Population: Medi-Cal only
- For PRIME HEDIS metrics, will default to HEDIS Continuous Enrollment criteria
 - "The continuous enrollment period and allowable gaps are specified in each measure.
 - "continuously enrolled with the benefit specified for each measure (e.g., pharmacy or mental health) gap
 - "One gap in continuous enrollment period may not exceed 45 days"
- Which is similar to PRIME Eligible Population #2:
 - "12 months of continuous Medi-Cal Managed Care assignment to the PRIME Entity during the Measurement Period.
 - No more than one gap in assignment with the PRIME Entity of up to 45 days during the Measurement Period.
 - Individual must be enrolled assigned to the PRIME Entity on the final day of the Measurement Period."
- TBD:
 - Further measure-specific population criteria for non-HEDIS measures.
 - Assigned Medi-Cal Managed Care vs. All MCMC plus Medi-Cal FFS



OTHER QUESTIONS?

YOU ARE ALL UNMUTED

Pyı Data Member Sharing



PY1: Q-IP1 Surgical Site Infection



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. 20

Peer Sharing Q-IP1 Surgical Site Infection

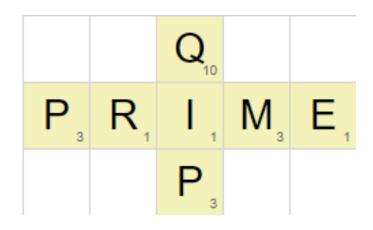
If you're performing well: What did you do to get this high performance? Are there lessons to share?

If you're working on it: What are you doing to improve? What do you want to learn from high performers or external experts?



PRIME/QIP Express

- Sent 5/15/19
 - Let us know if you didn't receive
- Frequency = 2nd week of the month
- Includes PRIME & QIP
 - Policy & reporting updates
 - Deadlines
 - Webinars/workshops
- Will be posted on <u>PRIME</u> and <u>OIP</u>SNI Link pages
- Open to feedback as we optimize!



Quality Leaders Awards

AWARD CATAGORIES:

TOP HONOR

AMBULATORY CARE REDESIGN

DATA DRIVEN ORGANIZATION

PERFORMANCE EXCELLENCE

ABOUT THE AWARDS:

For more than 20 years, CAPH/SNI has delivered the QLAs to recognize outstanding initiatives across California's public health care systems. The awards highlight forward-thinking and innovative approaches to improve care and advance population health.

Awards are presented at the CAPH/SNI Annual Conference on December 4-6 at the Paradise Point Resort in San Diego.

APPLY NOW! safetynetinstitute.org/qla

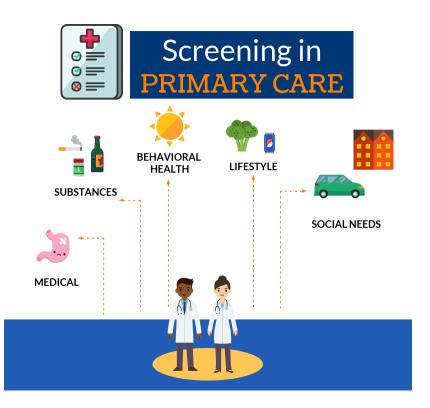
DEADLINE TO APPLY IS AUGUST 31, 2019

SAVE THE DATE

> CAPH/SNI Annual conference is Dec. 4-6 San Diego

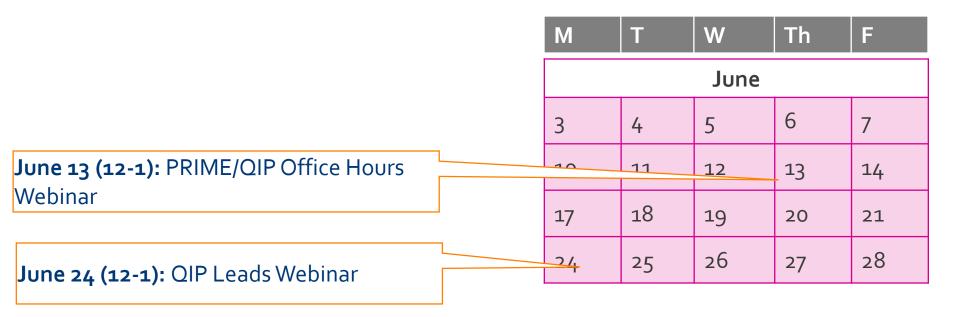
http://safetynetinstitute.org/qla

Care Delivery Workshop Recap



- Focused on operational improvements for screening and acting on medical, BH, and social Needs
- Helpful resources for:
 - Social needs screening & partnerships
 - BH training
 - Intake optimization
- <u>SNI Link/Care</u> <u>Delivery/Workshops</u>

Upcoming Dates





July = summer holiday No PRIME/QIP Office Hours / QIP Webinar Next office hours = Thursday, August 8 (12—1)