PRIME/QIP Metrics Office Hour

Wednesday, August 21, 12:00-1:00pm

Play recording

Presenters:

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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

- On Office Hours we transcribe 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:**
  - Chatting in your questions

PRIME

Reminder: PRIME Questions are saved on the PCS report on PRIMEone

Poll: All Cause Readmission

POLL TIME!

Please enter:

1. Have you compared your All Cause Readmission performance rate using the *DHCS All Cause Readmission* spec vs. *Plan All Cause Readmission* spec?
   Y/N

2. If so, please type in what difference you are observing and what factors you think account for the difference?
   Open-ended

Q&A: PRIME

- 1.1.5.f Screening for Depression - there is a difference between the eCQM and Core Set spec. eCQM says "Percentage of individuals in the Project 1.1 Target Population aged 18 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter". Core Set says "Percentage of individuals in the Project 1.1 Target Population age 18 and older screened for depression on the date of the encounter"

- Q: What about people seen vritually but also had in-person visit following 6 months of the request? People referred to specialty care that exists in the clinic and given warm handoff, and then handled virtually?

- PRIME 1.2.3 Colorectal Cancer Screening - DY15 spec denominator exclusion. There seems to be a discrepancy on the age for the frailty exclusion in eCQM. In one part of the specs its says exclude patients 66 and older, but in logic says 65 and older.

QIP

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

SC-4: eCQM content error & Initial Pop Logic

- Is anyone (aside from Santa Clara) using the eCQM specs for SC-4?

SC-4: eCQM content error

- "Data Criteria (QDM Variables)" only includes "$CADEncounters145".
  - Neither titles exist in the native spec: CMS145v7 eCQM.

- "$CADEncounters145" should be listed in SC-4 as "Qualifying Encounter"
  - The listed encounters & logic are correct

- Native Definitions, Functions, and Terminology sections are missing in the QIP spec.

- Native Definitions section includes:
  - "Qualifying Encounter"
  - "Qualifying CAD Encounter"
    - Sub-components: "Coronary Artery Disease Encounter", "History of Cardiac Surgery", "Face to Face Encounter During Measurement Period".

SC-4: eCQM content error

Qualifying CAD Encounter

"Coronary Artery Disease Encounter"

    union "History of Cardiac Surgery"

Coronary Artery Disease Encounter

"Face to Face Encounter During Measurement Period" FaceToFaceEncounter

    with ["Diagnosis": "Coronary Artery Disease No MI"] CoronaryArteryDisease

        such that CoronaryArteryDisease.prevalencePeriod overlaps FaceToFaceEncounter.relevantPeriod

History of Cardiac Surgery

"Face to Face Encounter During Measurement Period" FaceToFaceEncounter

    with ["Procedure, Performed": "Cardiac Surgery"] CardiacSurgery

        such that CardiacSurgery.relevantPeriod starts before end of FaceToFaceEncounter.relevantPeriod

Face to Face Encounter During Measurement Period

(["Encounter, Performed": "Office Visit"]

    union ["Encounter, Performed": "Outpatient Consultation"]

    union ["Encounter, Performed": "Care Services in Long-Term Residential Facility"]

    union ["Encounter, Performed": "Home Healthcare Services"]

    union ["Encounter, Performed": "Nursing Facility Visit"]) FaceToFaceEncounter

    where FaceToFaceEncounter.relevantPeriod during "Measurement Period"

SC-4: Initial Pop Logic

1. People who had either a DPH Primary Care or DPH Cardiology Encounter during the MY
   a. Were assigned to the DPH by MCMC on the date of the encounter from #1
      i. Were ≥18 as of the start of the measurement year
         1) Had ≥2 "Qualifying Encounters" during the measurement year (inclusive of #1 if #1 meets criteria)
            a) Had 1 "Qualifying CAD Encounter" during measurement year (inclusive of #1 if #1 meets criteria). Where "Qualifying CAD Encounter = "Coronary Artery Disease Encounter" union "History of Cardiac Surgery"

Q&A: QIP

- For QIP - Our health plan has recently informed us that they spoke with NCQA regarding additional medication to include for Asthma Medication Ratio (PC4). NCQA has said they will include them in next years specs. The Health Plan was apparently approved to include those additional medications in their report for this year. Is this something we may be able to do for PY2 as well?:

- for one of the new QIP metrics centered on chlamydia screening - We have the capacity to locally map structured fields in sexual history taking. Our question is if a patient answers "Never" to being sexually active, can this supersede if patient has a contraceptive prescription?

- For the new QIP PY3 Metrics ....are we suppose to report a baseline number for these new metrics for the PY2 year and then use that baseline to determine PY3 targets? If not, how do we determine our PY3 targets for any of the new metrics we are going to use?

- Q-RU6 new measure in PY3, will SNI obtain and release the value sets before the PY3 specs are released?