

QIP Manager MONTHLY FORUM

Monday, February 24, 2020, 12-1PM

[Play recording](#)

Agenda

Time	Topic	Lead(s)
5 min	Welcome & Roll-Call <ul style="list-style-type: none">• Announcements	Kristina Mody
10 min	Program & Reporting Updates	David Lown
40 min	QIP PY₄₋₈ Measure Survey	David Dana Pong
5 min	Wrap-up	Kristina

Roll-Call & Webinar Reminders

AHS	ARMC	CCRMC	KMC	LACDHS	NMC	RUHS	SCVMC	SFHN
Tanvir Hussain Annette Johnson Tangerine Brigham Holly Garcia Neha Gupta	Rolando Mantilla Lisa De La Cruz Staci McClane	Karin Stryker Nooshin Abtahi	Tyler Bangerter Kevin Jenson	Paul Giboney Irene Dyer	Jane Finney Anthony Leal	Corinne Matthews	Elena Tindall Vickie Wilson Bob Sheridan	Rachel Stern Jaime Martin Renata Ferreira
SJGH	SMMC	UCD	UCI	UCLA	UCSD	UCSF	VCMC	
Ahad Yousuf Farhan Fadoo Rajat Simhan	Brenda Macedo Kristen Gurley	Jeff Berg	Scott Thompson	Brandy Bryant	Heather Erwin Carlos Ramirez	Sara Coleman Clare Connors	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 [Abby](#) if you want to add other team members

Recordings of the webinar and slide deck posted on [SNI Link/QIP/Webinars](#)

[QIP/PRIME Contact List & Leads](#) posted on SNI Link

Updates to leads? Additions/deletions to team?

Please contact [Abby](#)

So long, and thanks!



After 5+ years at SNI, Kristina Mody is leaving as of 2/28



Thank you, CAPH members, for your consistent dedication toward quality improvement, patient-centered care and peer learning!

You are truly inspirational.

Reporting & Program Updates



PY2 Reporting Reminder

If in PY2 you reported *Q-RU₄: 30 Day Unplanned Return to the OR*:

- Check for your January 2020 Semi-Annual Report (SAR) from NSQIP.
- Contact your QIP liaison to unlock RU₄ in the QIP Reporting Application.
- Update RU₄ data in the Application. Narratives must align with your updated data.

Deadline: Up to one week (7 calendar days) after receiving the SAR from NSQIP

PY3 Reporting Reminders

Benchmarks

- ✓ 7/24/19: Benchmarks v2 released

Manual & Value Sets

- ✓ 6/24/19: Measure additions/removals released. QPL-19-002 on [DHCS QIP site](#)
- ✓ 10/22/19: Q-RU-5 & Q-RU-6 NDC Codes & MMEs posted on [SNI Link](#)
- ✓ 11/22/19: Reporting Manual released on [SNI Link](#)
- ✓ 12/3/19: Reporting Manual Walkthrough Webinar on [SNI Link](#)
- ✓ 12/10/19: PY3 Value Sets by Measure for MCPs on [DHCS QIP site](#)
- ✓ 1/31/20: PY3 Corrections for PC9, PC10, PC13, RU6 posted on [SNI Link](#)

Report Date

- 12/15/20: PY3 report due

PY3.5 Reporting Reminders

Benchmarks

- ✓ 7/24/19: PY3 Benchmarks v2 released on [SNI Link](#) for PY3.5 “Core QIP” metrics.
- ✓ 12/12/19: PRIME DY15 Benchmarks v4 on [DHCS PRIMEone](#) for PY3.5 “PRIME Transition Metrics” except for 1.3.3 and 2.1.6 Postpartum - PY3.5 benchmarks released on [SNI Link](#) 2/14/20

Manuals & Value Sets

- ✓ 10/22/19: Q-RU-5 & Q-RU-6 NDC Codes & MMEs posted on [SNI Link](#)
- ✓ 2/5/20: “QIP Metrics” PY3.5 Manual released on [SNI Link](#) (PY3 updated for CY2020)
- ✓ 2/6/20: PY3.5 Value Sets by Measure for MCPs on [DHCS QIP site](#) (updated date, PPC HEDIS 2020)
- 2/28/20?? “PRIME Transition Metrics” PY3.5 Manual to be released (DY15 updated for CY2020)

Report Dates

- 3/31/21: PY3.5 report due for “PRIME” measures
- 6/15/21: PY3.5 report due for QIP measures

2.1.6 Postpartum: Report twice on Mar 31

- 1) In the 2.1.6 numerator and denominator fields of the PRIME DY15 Mid Year Portal, use the **HEDIS 2019** spec in the “PRIME DY15 Reporting Manual” to report and determine an achievement value in PRIME DY15. The AV will be automated in the platform.
- 1) In the 2.1.6 narrative field for data capture methodology of the PRIME DY15 Mid Year Portal, use the **HEDIS 2020** spec in the “QIP PY3.5 PRIME Transition Metrics Reporting Manual Project 2.1” to report on this metric. This will establish your PY 3.5 baseline and allow DHCS to develop 2.1.6 benchmarks for PY 3.5.

Reminder: You need to purchase HEDIS 2019 and HEDIS 2020.

PY3.5 FAQ

Q: Which version of HEDIS do we use for PRIME DY15 vs. QIP PY3.5?

A: PRIME DY15 uses HEDIS 2019. QIP PY3.5 uses HEDIS 2019 except PY3.5 Postpartum metric uses HEDIS 2020.

Q: What baseline period would be used to set PY3.5 targets?

A: For “PRIME transition” metrics, baselines would be what you reported for PRIME at DY15 Mid-Year (March 31, 2020). For “Core QIP” metrics, baselines would be for CY2019 reported at the time of PY3.5 reporting (June 15, 2021). Exception: 2.1.6.

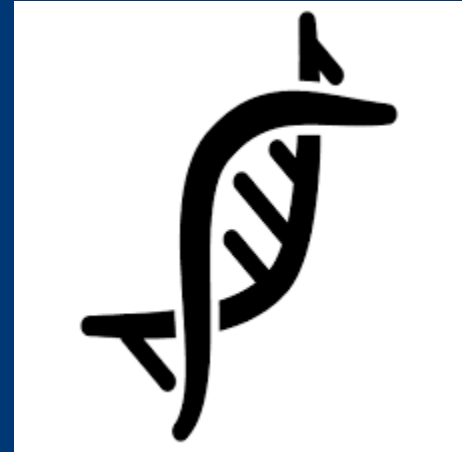
Q: Do the updated benchmarks for 1.3.3 Influenza Immunization 2.1.6 Postpartum apply to both QIP PY3.5 and PRIME DY15 or just QIP PY3.5?

A: Just for QIP PY3.5, not for PRIME DY15.

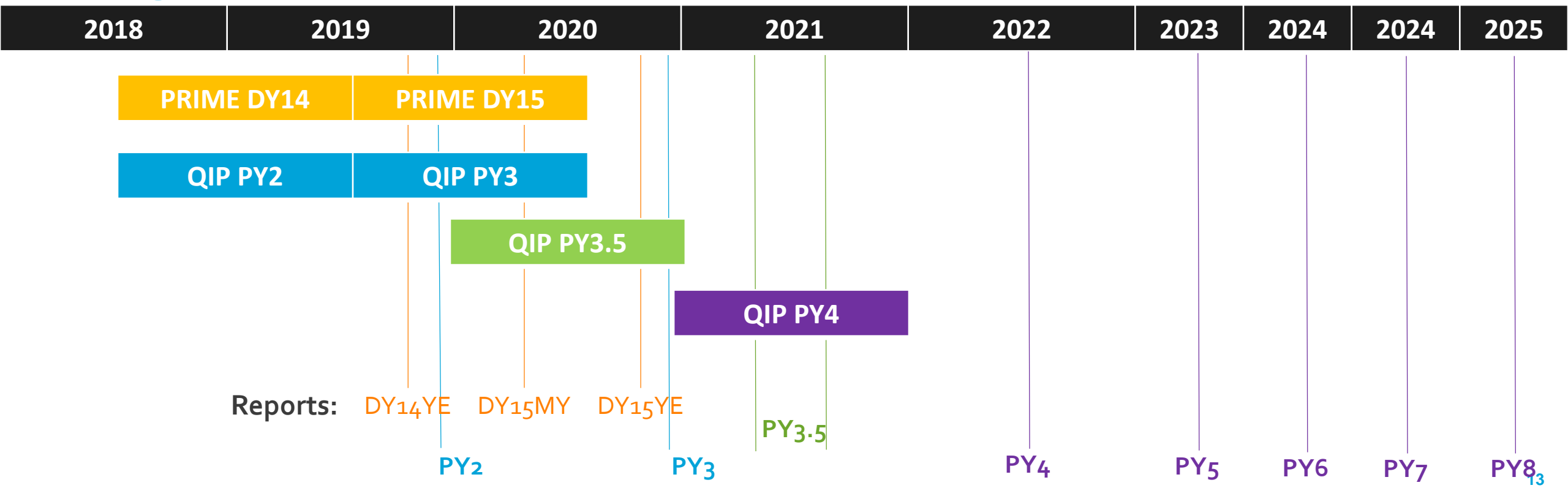
FYI: Revised CAIR policy

- For the California Immunization Registry (CAIR), patients can now choose whether or not to disclose immunization records to providers. Read more at http://cairweb.org/docs/Revised_HEDIS_12112019.pdf.
- Possible impact to immunization measures:
 - PRIME 1.3.3 Influenza Immunization
 - Q-PC9 Immunizations for Adolescents Combo 2
 - Q-PC10 Immunizations for Adolescents Combo 10
- If there's a hybrid spec, there may not be much impact.

QIP PY4-8 Measure Survey



QIP Evolution



What are we trying to achieve for QIP PY4-8?

Improve clinical quality, advance population health, and drive continued system transformation – via a metric set that:

- Builds on the successes of PRIME and QIP and addresses program weaknesses (ideal metric set would be the “best of” PRIME and QIP, plus new metrics, such that the new program would be both a continuation and a departure)
- Aligns DPH efforts with DHCS (and therefore health plan) priorities
- Has an optimal number of metrics to allow for organizational focus (not too many metrics), while also balancing financial risk per metric and choice of metrics (not too few metrics)
- Provides choices of metrics from across the spectrum of care provided by PHS to Medicaid Managed Care beneficiaries (i.e., different types of members, services and populations)

PY₄-8 Overview

Participating Entities:

- Designated public hospitals (DPHs) & Districts & Municipal Hospitals (DMPHs)

Patient population of measurement

- Mainly Assigned Medi-Cal Managed Care beneficiaries. See “Target population” slide.

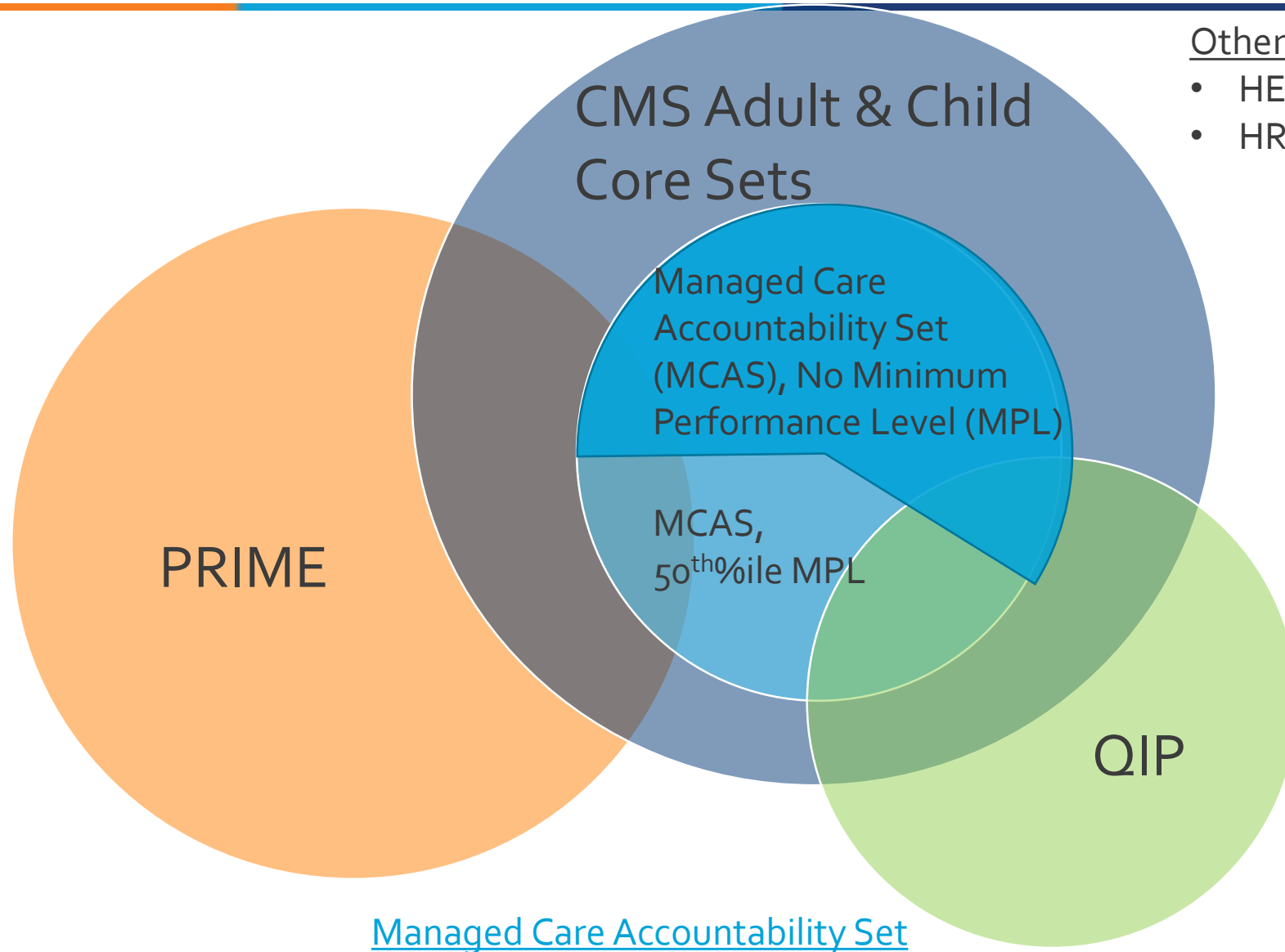
Measures

- Current total between QIP & PRIME: 76-99 metrics/DPH
- Future: 40 minimum/DPH out of menu of ~60

Target Setting:

- 10% gap closure methodology regardless of PY₃ gap closure methodology.
- PY₄ baseline reported at time of PY₄ reporting, unless measure denominator has been deemed by DHCS to be unchanged since PY_{3.5} reporting, then baseline would be PY_{3.5} performance (i.e., QIP PC₁₀₋₁₄)

PY4-8 Metric sources



Others:

- HEDIS
- HRSA

PY4-8 Metric Matrix

- 88 metrics in total
- 56 with reported-data-calculated benchmarks
 - 45 of the 56 have an assigned lives target population
- Remaining 32 metrics have benchmarks that have been either:
 - Estimated from actual data OR
 - Completely ball parked based on no data.
- DHCS strictness in terms of only using state/national benchmarks could have a significant impact on # of final metrics
- SNI has recommended gathering stakeholder input first, then based on demand for specific metrics, either establish the benchmark or drop the metric
- Includes link to specifications where publicly available

PY4-8 Target Populations

Target Population	# Measures in Draft Set	Measures
Medi-Cal Managed Care Assigned Lives	54	CMS Core & HEDIS metrics, some HRSA metrics
Medi-Cal Managed Care beneficiary as of the date(s) of denominator event(s)	9	CMS MIPS/QPP, CMQCC
Medi-Cal as of date(s) of denominator event(s)	16	QPP, HRSA, PRIME Innovatives
Payer Agnostic	9	Inpatient

Survey: Response due April 15

For each measure:

- Question: Are you in favor of including this measure in the PY₄₋₈? (drop down menu)
 - Yes, we will likely report on this measure
 - Yes, but we would only report on this measure if needed
 - No, we would definitely not report on this measure
- Provide comments or rationale for your response
- Your “Yes” responses (either “likely will choose” or “only if needed”) must add up to at least 40 Vote ((red fill goes away once $\text{sum} \geq 40$)
- Comment on every measure in the matrix if possible.
- Submit one completed survey per health system.

Survey & Matrix: Demo

PRIME or QIP ID	Measure Title	QIP-specific target population	Are you in favor of including this measure in the PY4-8 menu set?	Comments or Rationale for your Response
				<p>Response Counter</p> <p>DPH: There should be at least 40 "Yes" responses ("likely will" or "only if needed"). Red fill will disappear once the sum of "Yes" responses hits 40. DPH & DMPH: There should be no "select from drop down" upon survey completion</p> <p>Yes - we likely will report on this measure: 0</p> <p>Yes - but we would only report on this measure if needed: 0</p> <p>No - we would definitely not report on this measure: 0</p> <p>select from drop down: 88</p>
2.4.1	Adolescent Well-Care Visits	MCMC assigned lives	-- select from drop down --	
NA	Adult Body Mass Index Assessment	MCMC assigned lives	-- select from drop down --	
2.7.1	Advance Care Plan	Medi-Cal beneficiary as of	-- select from drop down --	

Survey: Considerations

- The native specification and target population
 - May have different dominator than what was in PRIME (e.g. 2.7.6 Hospice). So read carefully!
- Benchmarks and how your system compares
 - Benchmarks subject to change but national benchmark data included to give you a rough idea.
- Denominator size: is there enough room above the 30 minimum?
- Data sources that you have access to vs. data required by spec
- Reporting burden
- Alignment of priorities (current and near future) with your
 - Health system's organizational goals
 - Patient populations
 - Medi-Cal Managed Care Plans

Survey: Timeline

- Feb 28? DPH and DMPH receive survey
- Mar 12 SNI to answer any DPH questions on Office Hours
- Mar 23 SNI to answer any DPH questions on monthly QIP Leads webinar
- April 3 SNI to answer any DPH questions on Office Hours
- April 15 DPH and DMPH survey responses due
- April 24 SNI reviews DPH results with CAPH SNI Clinical Advisory Committee
- May 6 QIP Quality Advisory Group (QQAG) reviews Entities' survey results & recommendations
- May 6-27 Managed Care Plans comment on draft menu set & Entities' recommendations
- Jun 3 QIP Quality Advisory Group reviews all feedback and makes recommendations to DHCS
- June 30 DHCS makes final decision and sends PY₄₋₈ to CMS for approval

QUESTIONS?

WRAP UP



QIP 3.0 Readiness Summit

[Register here](#)



- When: Thursday, April 2, 8:30am-3:00pm
- Where: Oakland Airport Hilton Hotel
- Who: PRIME/QIP Executive sponsors; program managers; reporting leads
- Participants will understand:
 - Current development status of QIP 3.0 and ways public health systems can prepare
 - Peer public health systems' initial plans for QIP 3.0 program and reporting improvements based on PRIME and QIP lessons learned

eSNUG



eSNUG Epic Safety Net User Group

2/18/20 eSNUG

- [Predictive models with Santa Clara](#)
- Who: reporting, analytics or clinical operations lead
- What: systems well-established on Epic sharing on how they are addressing technical and operational practices and lessons learned
- When: bimonthly meetings, Tuesday 1-2
- Contact Zoe So zso@caph.org to be added to the listserv

Upcoming Dates

Mar 12 (12-1): PRIME/QIP OH

Mar 23 (11-1): QIP Leads

Apr 2 (Oakland): QIP 3.0 Readiness Summit

Apr 3 (12-1): Survey OH

Apr 9 (12-1): PRIME/QIP OH

Apr 21 (1-2): eSNUG: MyChart

Apr 27 (12-1): QIP Leads

Apr 30 (12-1): PRIME MY15 Data webinar

March				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
April				
30	31	1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	