

PRIME / QIP Metrics Office Hour

Tuesday, June 16, 2020, 12-1PM

Presenters: David Lown dlownd@caph.org, Dana Pong dpong@caph.org
Recordings of the webinar and slide deck posted on [SNI Link/QIP/Webinars](#)

[Play recording](#)

Housekeeping



Please mute locally. Lines are also muted on entry.

Please don't use a speakerphone in order to prevent an audio feedback loop, an echo.



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



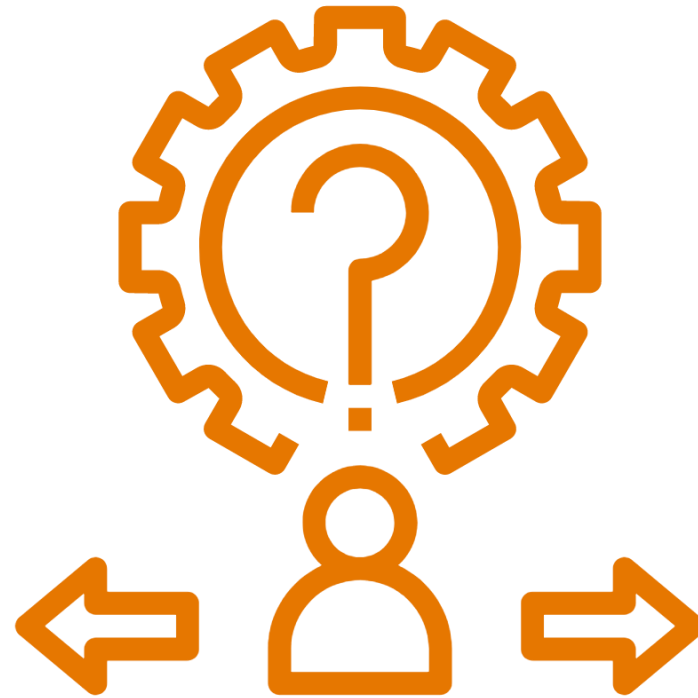
Webinar will be recorded and saved on SNI Link: [PRIME Webinars](#) and [QIP Webinars](#)

Updates

QIP PY3.5 COVID Catch-22

Entities need to know targets in advance of the program year

Financial accountability for performance only really ideal in a stable performance environment



Solving for either one alone risks huge loss of funds

Unless using prior performance (e.g., DY15, PY3), it is not possible to know the right target setting methodology until end of the program year

DHCS wants to incentivize delayed primary and chronic care

QIP PY3.5 COVID Mitigation

- DHCS intends to include proposal or placeholder language in PY3.5 pre-print which they will submit for a final time in the next few weeks
- SNI in discussion with DHCS. SNI drafting proposals
 - Simple approach: performance from before the program period against a minimum threshold
 - Would require incredibly significant CMS flexibility
 - Complex approach: multiple year-end scenarios, multiple level decision tree impacting individual metrics and even individual system/geographies/regions
 - Would be incredibly complicated to detail and get approval for, let alone to implement
- DHCS has proposed replacing some PY3.5 metrics with COVID specific metrics

QIP PY3.5 COVID Metrics – Draft Ideas

- Hospital COVID Preparedness Plan (process)
 - adapted from [CDC's Comprehensive Hospital Preparedness Plan for COVID-19](#).
 - Establishing and/or update.
 - Existence of a Crisis Care Policy (updated CPHD [version](#) 6/8/2020)
- Health System: COVID-19 Testing By Race/Ethnicity/SO/GI
 - # of tests with race/ethnicity/ SO/GI data divided by # of tests administered
 - FYI only: stratification of tests by race/ethnicity, SO/GI and test result
- % COVID-19 Asxix Hospital Admissions Tested for COVID-19
- % Asxix D/Cs to SNF Tested for COVID-19
- Testing or screening of ambulatory patients being seen in-person
- Telehealth: % of primary vs specialty utilization via in-person, phone, video.
 - FYI: Further stratified by race/ethnicity/SO/GI/age/zip code

Timeline: PY4-8 Survey, Pre-print submission

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan 2021	Feb	Mar	April	May	
Scenarios	DY15/PY3			PY3.5						PY4 → → → → → → → → → → → → → →					
1.	High # COVID cases: Entity staffing shifted to COVID activities		↓ COVID Case load: Clinical SME & Analytic Staff available for QIP survey & programming												
			Survey	QQAG	Metrics with CMS			PY4 Manual							
2.	High # COVID cases: Entity staffing shifted to COVID activities				↓ COVID cases: Staff free for QIP survey & programming										
					Survey	QQAG	Metrics with CMS			PY4 Manual					
3.	↑ COVID cases		↓ COVID cases	↑ COVID cases		↓ COVID cases	↑ COVID cases	↓ COVID cases	↑ COVID cases	↓ COVID cases	↑ COVID cases	↓ COVID cases			
			Survey	QQAG	Metrics with CMS			PY4 Manual							

PY4-8 Survey Metric Matrix Revisions

To be released week of June 15

- For HEDIS measures not slated for telehealth additions, revised matrix includes scores on whether or not an in-person service is required for the numerator and/or denominator and whether Telehealth is explicitly excluded from the denominator.

To be released early July

- On July 1, HEDIS will release MY2020 and MY 2021 Volume 2 specs which include updates to certain measures to better align with telehealth changes.
- 20 of the 40 HEDIS metrics in the QIP PY4-8 survey are being updated by HEDIS for telehealth.
- Entities to review updates in July and respond to the survey accordingly.

HEDIS Retirements

- Retired as of July 1 spec release
 - *Adult BMI Assessment*
 - not yet retired from CMS Core set but likely will be for 2021
 - *Medication Management for People with Asthma*
- Retired for Medicaid as of HEDIS 2020 (aka MY 2019)
 - *Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis*
- Slated for retirement as of HEDIS MY2023 – kept in survey
 - *Annual Dental Visit*

HEDIS Retirements

Officially retired but still exist as, or in, other measures, so kept in survey:

- *Medication Reconciliation Post-Discharge (MRP)*
 - In Transitions of Care (TOC)
 - Still need DHCS to produce Medicaid benchmark
- *Comprehensive Diabetes - Medical Attention for Nephropathy*
 - Replaced with (new) *Kidney Health Evaluation for Patients With Diabetes*
 - First year status in MY2020, so first benchmark available Oct 2021
 - Name updated in survey

PY4 Benchmarks & Target Setting

- Some of the survey metrics still don't have established benchmarks. (20-28)
- Pre-COVID benchmarks still represent high quality care
- Application of existing benchmarks against Dec 31, 2020 performance allows gap closure against a new (COVID-impacted) baseline
- Target setting: minimum threshold vs adjusted gap closure, TBD

QIP



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

PRIME



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