

PRIME / QIP Manager MONTHLY FORUM

Monday, Aug 24, 2020, 12-1PM

[Play recording](#)

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

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](#)

PRIME DY₁₅

DY15 Year End Report due Sept 30

- See DHCS PRIME Policy Letter released Aug xx
- DY15 YE payment will be initiated by submission of a complete DY15 report.
- DY15 YE payment will be calculated based on DY14 achievement.
 - See slide 6 of [5/22/20 QIP Leads webinar](#).
- Adhere to DY15 Reporting Manual, measurement period 7/1/19-6/30/20

DY15 Modified Narratives

Report

TBD

Domain

No longer required

Project

Still required – include COVID-19 impacts

Metric: Data

Still required for every metric

Metric: QI

Only required for max of 10 from list

List for Metric-Level QI Narrative

Diabetes: HbA1c Poor Control (>9.0%)
Screening for Depression and Follow-Up Plan
Tobacco Assessment and Counseling
Depression Remission or Response
Colorectal Cancer Screening
Controlling High Blood Pressure
Plan All-Cause Readmissions
Influenza Immunization
Request for SC Expertise Turnaround Time
Specialty Care Touches
Screening for High BP and FU Documented
BIRADS to Biopsy
Breast Cancer Screening
Cervical Cancer Screening
Receipt of appr. FU for abnormal CRC screening
BMI Screening and Follow-up
Weight Assessment & Counseling...

Exclusive Breast Milk Feeding (PC-05)
Cesarean Birth (PC-02)
Prenatal and Postpartum Care
Reconciled Med List Rec'd by Discharged Patients
Childhood and Adolescent Well Care Visits
Developmental Screening in the First 3 Yrs of Life
Assessment and management of chronic pain
Advance Care Plan
Treatment Preferences (Inpatient)
MWM#8 - Treatment Preferences (Outpatient)
Proportion Admitted to Hospice for < 3 Days
Avoidance of Abx Tx for Acute Bronchitis/Bronchiolitis
NHSN Antimicrobial Use Measure (AU)
Peri-op Prophylactic Abx Admin. after Surgical Closure
Reduction in Hospital Acquired C Diff Infections
Use of Imaging Studies for Low Back Pain

QIP PY₃

PY3 Timeline: CMS Approved

- Let SNI know ASAP if you are not able to report by Sept 9.

Measurement Period:

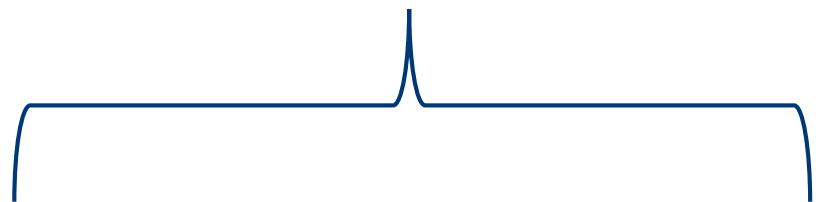
3/1/2019-2/29/20

or whatever the full look back is from
2/29/20 as defined by num. or den. criteria

Portal
Opens
Sept 1

Report
Due
Sept 9

Payment via Plans
June 30, 2021



2019 | 2020

2020 | 2021

PY3 Reporting

- Read [DHCS PY3 Policy Letter](#) released Aug 12
- Use the PY3 Manual for PY3 Reporting, but adjust all the dates in each spec using 2/29/20 as the “end of measurement period”.
- Target: At or above PY3 minimum performance benchmark
- Baseline data fields: Enter 0/30.1 as num. and den. respectively where baselines was not already pre-populated.
- Data methodology narrative: Enter “The baseline data entered are not real data and have been entered to bypass baseline data reporting as directed by DHCS due to COVID-19”
 - Note: The impact this may have on the 2,000 character limit for this field.
- MCP stratification is separate from the stratification of age, gender, race/ ethnicity. The totals for the stratifications will be validated against each other.

QIP PY3.5

PY3.5 Proposal: Not yet CMS Approved

- Target: At or above PY3 minimum performance benchmark
- DHCS is waiting for CMS approval of the original PY3.5 proposal (to merge PRIME & QIP Metrics & \$ all into QIP) before submitting a modified PY3.5 preprint with the COVID-flexibilities (i.e., same approach as PY3)

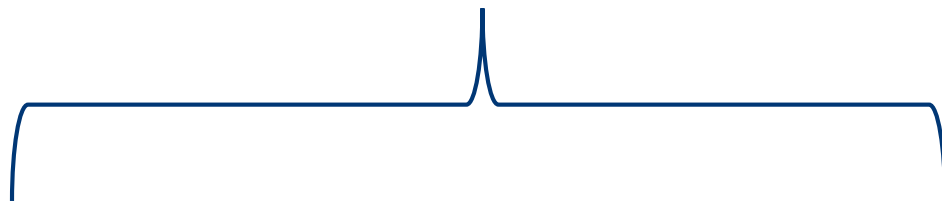
Measurement Period:

3/1/2019-2/29/20

or whatever the full look back is from
2/29/20 as defined by num. or den. criteria

Report due for "PRIME
Transition" Metrics

March 31, 2021



2019 | 2020



2020 | 2021

QIP PY₄

DPH, DMPH, MCP Survey Results

- Heterogeneous results across DPH, DMPH & Medi-Cal Managed Care Plans (MCP)
- Voting based on different assumptions of stakeholder priorities:
 - MCP vs Entity reporting priorities
 - Entities: Population types & volumes, services, minimum # of required metrics
- Only 32 metrics with majority votes across each stakeholder group ([slide #13](#))
- Rationales For:
 - MCPs: Aligns with MCAS, NCQA Accreditation, NCQA Health Plan Rates
 - DPHs/DMPHs: Aligns with strategic priorities, current work
 - Both: Clinically important/impactful, aligns with QI/workflows/services
- Rationales Against:
 - Not aligned..., small population/denominator, service not provided (peds, OB, Dental, etc), specification problematic (e.g., missing critical provider level data), data access limited, impact of COVID (only a few), not clinically meaningful (only a few)
- Others?

Majority “Yes” across DPH/DMPH/MCP (32)

Managed Care Accountability Set (*MPL)

- Breast Cancer Screening*
- Cervical Cancer Screening*
- Child and Adolescent Well-Care Visits (*???)
- Childhood Immunization Status (CIS 10)*
- Chlamydia Screening in Women*
- CDC: HbA1c Poor Control (>9.0%)*
- Controlling High Blood Pressure*
- Immunizations for Adolescents*
- Plan All-Cause Readmissions
- Screening for Depression and Follow-Up Plan
- Weight Assessment & Counseling...*
- Well-Child Visits in the First 15 Months of Life*

Other

- PC-02: Cesarean Birth
- Periop Care: VTE Prophylaxis
- Reduction in Hospital Acquired C Difficile Infections
- Surgical Site Infection (SSI)
- Tobacco Assessment and Counseling

HEDIS

- Appropriate Treatment for URI
- Avoidance of Abx Tx for Acute Bronchitis/Bronchiolitis
- Colorectal Cancer Screening
- CDC: Eye Exam
- Lead Screening in Children
- Statin Therapy for Patients With Cardiovascular Disease
- Statin Therapy for Patients With Diabetes
- Use of Imaging Studies for Low Back Pain

HEDIS but no Medicaid Benchmark

- Med Reconciliation Post-discharge (MRP)***
- Unhealthy Alcohol Use Screening and Follow-Up***

No Medicaid Benchmark

- Advance Care Plan
- Influenza Immunization
- Screening for High BP & FU Documented
- Reconciled Med List Received by Discharged Patients
- Treatment Preferences (Inpatient)**

PY4 Core Set: MCAS MPL+ 6 more?

- DHCS is contemplating a core subset of measures that all DPH would report on.
- If you think any of the measures below are problematic, please send detailed rationale to David and Dana this week.

Antidepressant Medication Management (Acute Phase Treatment; Continuation Phase Treatment)

Asthma Medication Ratio: Ages 5–64

Breast Cancer Screening

Cervical Cancer Screening

Childhood Immunization Status (CIS 10)

Chlamydia Screening in Women (16–24yo Total)

Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

Controlling High Blood Pressure

Immunizations for Adolescents

Prenatal and Postpartum Care (2 rates: Timeliness of Prenatal Care; Postpartum Care)

Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents

Well-Child Visits in the First 15 Months of Life

Improve Equity Metric

- Description: Demonstrate performance improvement on 1-2 selected metrics and/or priority population/s
 - Metrics & Priority Population:
 - MCAS MPL and disparity ID'd from DHCS [2018 Health Disparity Report](#) (or newer version)
 - Colorectal Cancer Screening with disparity compared to overall or higher performing population
 - OR Local Disparity (see later slide)
 - Report: Numerator/Denominator/Rate
 - Baseline: Prior calendar year performance
 - Target Setting: 10% gap closure to state/national benchmark
 - Proviso: If priority group achieves $\geq 90^{\text{th}}$ percentile in any one program year, 3 Program Years later must choose new metric and/or group from QIP menu
 - No “backsies” rule: Even if the performance on the priority group drops below 90^{th} in subsequent years (regardless of whether you report on it or not), by the 3rd PY after achieving 90^{th} percentile performance, if the system wants to continue to report on the metric, they are required to report on a different metric/priority population

DHCS 2018 Health Disparity Report

Measure	Closest Comparison in Report; Language Disparity	Black/African American	Hispanic/Latino	Asian	AmIndian/Nat Alaskan	NatHawaiian/Pacific Islndr
Adolescent Well-Care Visits (AWC)	<i>Children & Adol' Access to PCPs (CAP)</i> • 12 to 14 Months • 25 Mos to 6 Yrs; 7 to 11 Yrs; 12 to 19 Yrs	+				+
Asthma Medication Ratio (AMR)	<i>Same</i> ; Armenian, Hmong (worse than English)				+	
Breast Cancer Screening (BCS)	Hmong (worse)				+	
Cervical Cancer Screening (CCS)	<i>Same</i> ; Farsi, Hmong, Korean				+	+
Childhood Iz Status: (CIS-10)	<i>CIS-3</i> ; Farsi				+	+
CDC: HbA1c Poor Control (>9.0%) (CDC-H9)	<i>CDC-H9</i> ; Gender: Female (worse) <i>HbA1c Control (<8.0 %) (CDC-H8)</i>	+	+		+	+
Controlling High Blood Pressure (CBP)	<i>Same</i> ; Armenian, Hmong, Russian (worse) Gender: Male (worse)	+			+	+
Immunizations for Adolescents: Combination 2 (IMA-2)	<i>Same</i>				+	
Timeliness of Prenatal Care (PPC-Pre)	<i>Same</i> ; Farsi, Hmong, Russian, Other	+			+	+
Postpartum Care (PPC-Pst)	<i>Same</i> ; Russian	+				+
Wt Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: (WCC)	<i>Nutrition (WCC-N)</i> ; Farsi, Russian <i>Physical Activity (WCC-PA)</i>				+	+
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	<i>Same</i> ; Russian (worse)	+			+	

SNI/DHLF proposal to get needed benchmarks

- Once metric set finalized, poll Entities to get their commitment to submit data on all PY₄ metrics that are not calculable by DHCS
- Poll Results:
 - ≥ 20 Entities \rightarrow Metric in PY₄, Entities report early & DHCS calculates benchmark
 - If < 20 :
 - If Medicare benchmark \rightarrow Metric in PY₄, use “Adjusted Medicare”* benchmark
 - If no Medicare benchmark \rightarrow drop for PY₄ (reconsider for PY₅)

*Under QIP PY1-3, “Adjusted Medicare” = Medicare 90th %ile - 8%, or 90%, whichever is lower

PY4 Timeline

- Entities will be notified of the measure set once DHCS approves.
- DHCS still to decide which version of native spec to use.
- There is no commitment to metrics until you report them June 15, 2022.

DHCS sends
measure set

to CMS for
approval
Sept 30

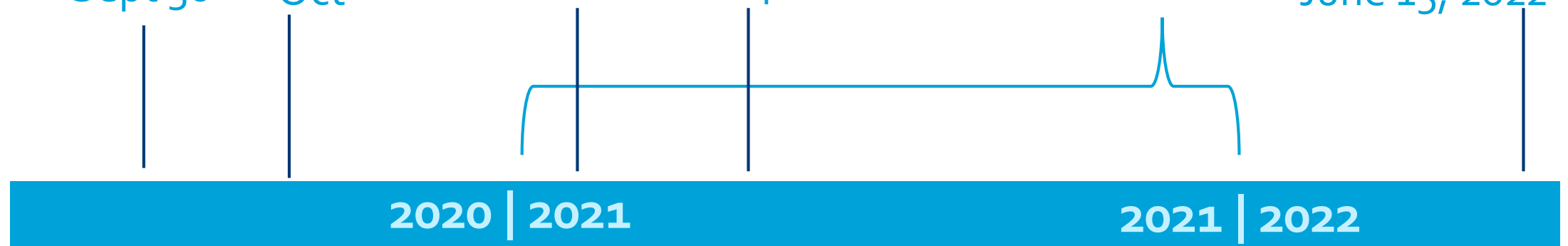
Poll for
Bmarking
Oct

Manual
Release
Jan 2021

Entity Data
for Bmarking
Apr 2021

Measurement
Period:
CY 2021

Report due
June 15, 2022



WRAP UP



SNI Scheduling Changes

Monthly QIP Leads Webinar Oct 19, rescheduled from Oct 26

- DHCS PRIMEd virtual conference Oct 26-28th 10AM-2PM. Attendance by every PRIME entity is required. Info forthcoming.

Oct 8 Office Hours canceled

- Got technical metric Q's? Email [David](#) & [Dana](#) or submit to PCS.

REMINDER: Email Abby Gonzalez if you need calendar invites for monthly QIP Lead webinars, monthly Office Hours.

Creating the New Normal for Primary Care: In-Person Visits During the Pandemic

New SNI
Webinar Series

Registration info
& recordings to
be posted [here](#)

❖ Aug 27 (12-1) Prioritizing Patients & Supporting Attendance

Dr. Shukla at LA County to discuss:

- LA County's approach to the upheaval caused by the COVID-19 pandemic: Surge, Recovery, and Transformation to a better normal.
- 3-stage framework for deciding which patients need in-person visits.
- 6 factors for prioritizing that list. Outreach to facilitate in-person visits

❖ Date TBD. Schedules & Physical Spacing

Dr. Khan and Dr. Bacho at RUHS to discuss:

- Changes made in primary care to maximize safety for staff and patients, including changes to provider schedules and work locations (clinic, home), communication within the care team, and communication with patients.
- Protocols for safer in-person visits, i.e. "remote registration" and drive-through child health screenings.

Telehealth Series

❖ Patient Experience and Access

- New SNI webinar series on patient experience and access in telehealth. Stay tuned!

More information
to come [here](#)



Team-Based Care in a Telehealth Setting

In case you
missed this
SNI Webinar ...

Recording
posted [here](#)

❖ **Leaders from San Mateo Medical Center shared**

San Mateo Medical Center discussed:

- Their experience developing, testing, and adapting standard work flows for team-based care in ambulatory telehealth settings.
- Standard work protocol and lessons in telehealth scheduling and pre-registration, clinic prep and rooming, and team role development.

Technical Considerations for Telehealth

In case you missed this SNI webinar series..

Recordings posted [here](#)

❖ Video Visits: Choosing the Right Platform.

Considerations for selecting the video platform that works best for your health system. Designed for PHS that have not yet selected a platform or those using a platform temporarily during COVID-19 and looking for longer term solutions.

❖ Video Visits: Integration to Support Telehealth.

Opportunities and barriers to integrate video software with the EHR, patient portal, and other systems.

❖ Remote Patient Monitoring – Technical Considerations.

Guidance for selecting & integrating remote patient monitoring devices.

Safety Net User Groups

Who: Reporting, analytics or clinical operations leads

What: Systems well-established on Epic or Cerner share how they address technical & operational practices and lessons learned

Info on [SNI Link](#)

Contact [Zoe So](#) to be added to the listserv

eSNUG Epic Safety Net User Group

10/20 Topic TBD
8/18 [Santa Clara: Video Visit Integration](#)
6/16 [Contra Costa: Electronic Case Reporting w/ OCHIN & Sutter](#)
4/21 [COVID-19](#)
2/18 [Santa Clara: Predictive models](#)

cSNUG Cerner Safety Net User Group

8/26 San Joaquin: Video Visit Integration
6/24 [COVID-19 Peer sharing](#)
4/22 [COVID-19 Peer Sharing](#)
2/26 [HealthIntent](#)

Questions?
