

PRIME / QIP Metrics Office Hour

Thursday, September 10, 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 if you're not speaking. Lines are also muted on entry. Please don't use a speakerphone in order to prevent an audio feedback loop, an echo.



Feel free to chat your question & we will read out. If you'd like to verbally ask your question, let us know via the chat and we'll unmute you.



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

Quality Leaders Awards (QLAs)

Applications are open for the 2020 Quality Leaders Awards (QLAs)!

We seek to celebrate all efforts by PHS and will therefore accept both COVID- and non-COVID-related submissions for any of the three categories:

- **Ambulatory Care Redesign:** Delivering “right place, right time” care and ultimately improving population health
- **Data Driven Organization:** Building data infrastructure, developing data analytics and capacity, and/or leveraging data to improve clinical care
- **Performance Excellence:** Improving care processes by removing waste, advancing clinical quality, and/or enhancing patient experience

This year’s QLAs will be celebrated at our Annual Conference, which will take place virtually on Dec. 3-4. Application form and more details can be found [here](#).

Applications are due Friday, October 9, to Zoe So (zso@caph.org).



PY3 reporting: PY2 denominator size irrelevant

DHCS recent clarification to an entity:

- If PY 3 performance meets the minimum benchmark, Achievement Value =1 regardless of whether PY2 denominator size was ≥ 30 or not.
- In which case, DHCS will manually set Achievement Value to 1 during their review process.

Question: Anyone with an extension for PY3 report submission? (chat to Presenter)

DY15 Year End QI Narratives

See [PRIME PPL 20-003](#)

DHCS recent clarification to an entity:

- Metrics that appear in multiple projects (e.g. *Plan-All Cause Readmission*) will be treated as one QI narrative submission toward the 10 even though the denominators are different.

FYI: *Controlling High BP* in MIPS program

For the 2020 CMS Merit-based Incentive Payment System (MIPS) performance period:

- Denominator includes telehealth encounters.
- Numerator compliance:

*For a **blood pressure reading that is taken by** either a clinician, or a **remote monitoring device** (i.e., home device or a device brought by a visiting nurse or caregiver) **and conveyed by the patient to their clinician**, it's considered **acceptable for numerator compliance**, as long as it's the most recent blood pressure reading documented for the patient during the measurement period.*

PY4 Required “Core Subset”

- DHCS wants a Core Subset of metrics, all of which each DPH would be required to report on for P4P.
- SNI is advocating that either:
 - DPH be required to report on ~80% of the metrics
 - The Core subset be shrunk to 12-16
 - AND: Addition of a High performance Pool based on the Core Subset
- Likely candidates (only MPL if only 12):

MCAS MPL measures

1. Adolescent Well-Care Visits (AWC)
2. Breast Cancer Screening (BCS)
3. Cervical Cancer Screening (CCS)
4. Childhood Immunization Status (CIS 10)
5. Chlamydia Screening in Women (CHL)
6. Diabetes: HbA1c Poor Control (>9.0%) (CDC-H9)
7. Controlling High Blood Pressure (CBP)
8. Immunizations for Adolescents (IMA)
9. Timeliness of Prenatal Care (PPC-Pre)
10. Postpartum Care (PPC-Pst)
11. Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents (WCC)

12. Well-Child Visits in the First 15 Mos of Life (W15)
13. Well-Child Visits in the 3-6 Years of Life (W34)
14. \pm Asthma Med Ratio (AMR)

Non-MCAS MPL Measures

1. Preventive Care and Screening: Influenza Immunization
2. Colorectal Cancer Screening
3. Tobacco Assessment and Counseling
4. Screening for Depression & Follow-Up Plan
5. HIV Viral Load Suppression
6. Comprehensive Diabetes Care: Eye Exam (CDC-E)
7. CAD: Anti-Platelet

PRIME Q&A



PRIME Metric Questions

Q at 12:09: Going back to the BP readings, for the digital devices, is there any difference being made between the digital device readings being pulled directly into the EMR, or does it imply acceptance of patient-reported BPs from these devices? Any distinction being made b/w telephone vs video?

Q at 12:13: [new PCS# 00306016] *Could the steward explain the clinical and intervention workflow rationale for including "passive smoker" in the denominator for a metric focused on getting people to quit smoking? The interventions for a person who uses tobacco are very different from a person who is passively exposed to smoke at home, work or in public places. For those exposed at home, an individual's exposure is not in that individual's control. Workplace exposure is an organizational issue not an individual one and exposure in public places is both public policy and personal avoidance. All very different from the 3 min of counseling required for an active tobacco user.*

Steward response: Answer: Thank you for your inquiry. PCPI was this metric's steward at the time it was published; stewardship of this metric has since been transferred NCOA. NCOA will look into this question during future metric updates.

QIP Q&A

