

PRIME / QIP Manager MONTHLY FORUM

Monday, Sept 28, 2020, 12-1PM

[Recording Link](#)

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

Congratulations for submitting the final PRIME report under the 1115 Waiver!



Reminder: Email dpong@caph.org the pdf and excel copies of

- DY15 Year End report once submitted to DHCS 9/30
- DY15 Mid Year report once DHCS gives finishes the comprehensive review

DHCS PRIMEd Virtual Annual Conference

- Oct 26-28, 2020
- Registration info forthcoming from Aurrera Health/DHCS
- Attendance required
- By Oct 9, each entity must submit one 3-minute video or poster. See “The PRIME Times – September 2020” email from Aurrera Health/DHCS.
- Rescheduled: SNI’s monthly QIP Leads Webinar from Oct 26 to Oct 19.
- Canceled: SNI’s Office Hours Oct 8.

QIP PY₃

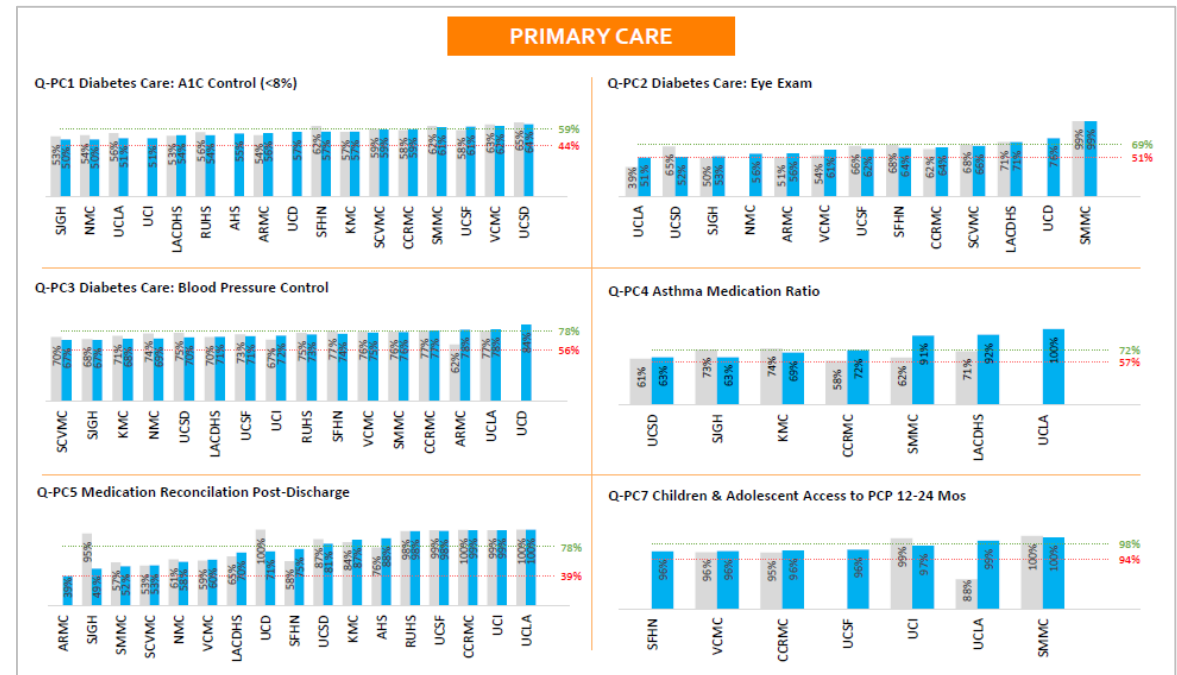
Submitted PY3 Data is Posted on SNI Link

<https://safetynetinstitute.org/member-portal/programs/medicaid-managed-care/quality-incentive-program/reporting/>

QIP PY Reports

- **Reminder to PRIME Managers:** Please cc' SNI [document](#) for further details on purpose and in
- **NOTE:** This data has not yet been approved by sharing only. Please do not share this data out

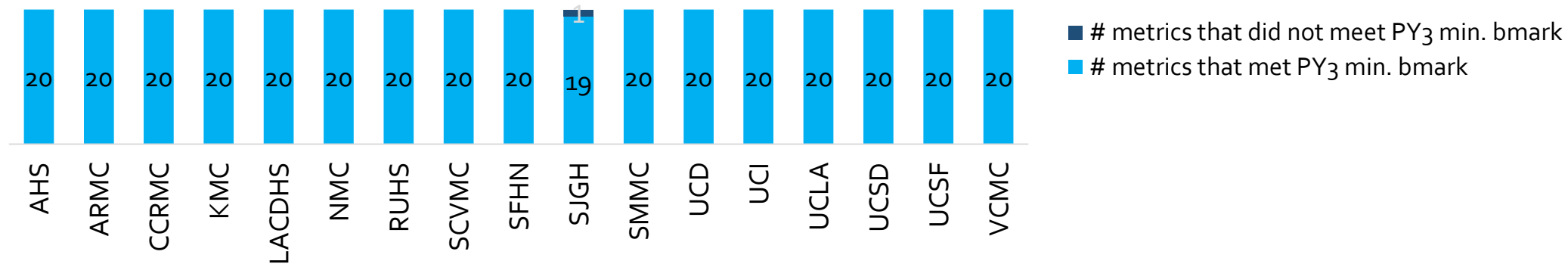
- 📄 QIP PY1-3 data posted 9/24/20
- 📄 QIP PY3 graphs posted 9/24/20
- 📄 QIP PY2 graphs posted 1/27/20
- 📄 QIP PY2 narrative highlights posted 2/12/20 post
- 📄 QIP PY1 graphs posted 3/25/19



Targets Met By System: PY3 vs PY2

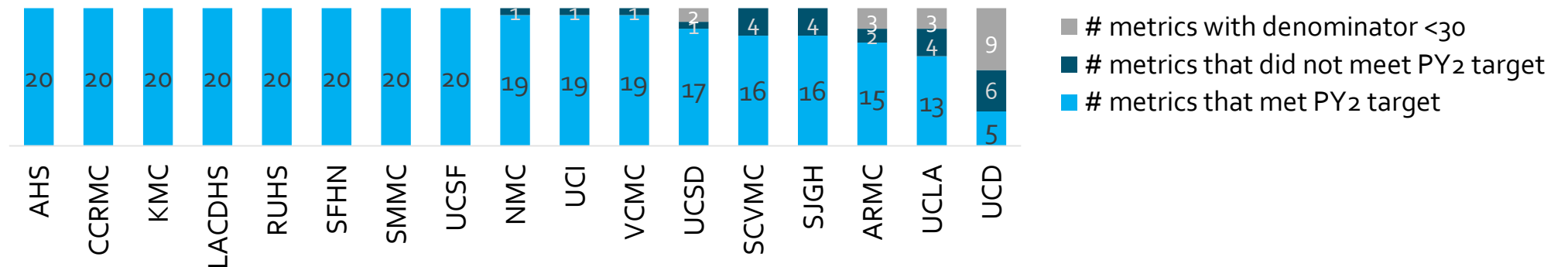
PY3:

DPH met targets on 99% (319/320) of all reported metrics



PY2:

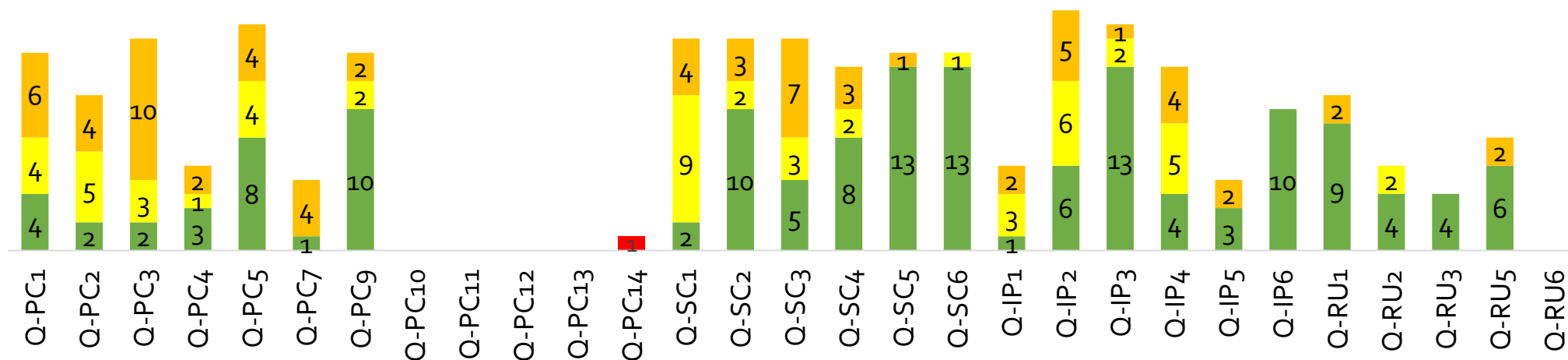
DPH met targets on 88% (299/340) of all reported metrics



PY3 data not yet approved by DHCS.

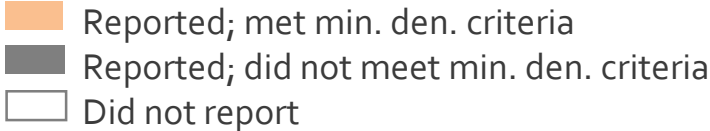
Performance By Metric: PY3 vs. PY2

- # DPH, PY3 worse than PY3 min. benchmark (0.3%)
- # DPH, PY3 worse than PY2 (22%)
- # DPH, PY3 better than PY2 (26%)
- # DPH, PY3 better than PY3 high benchmark (52%)

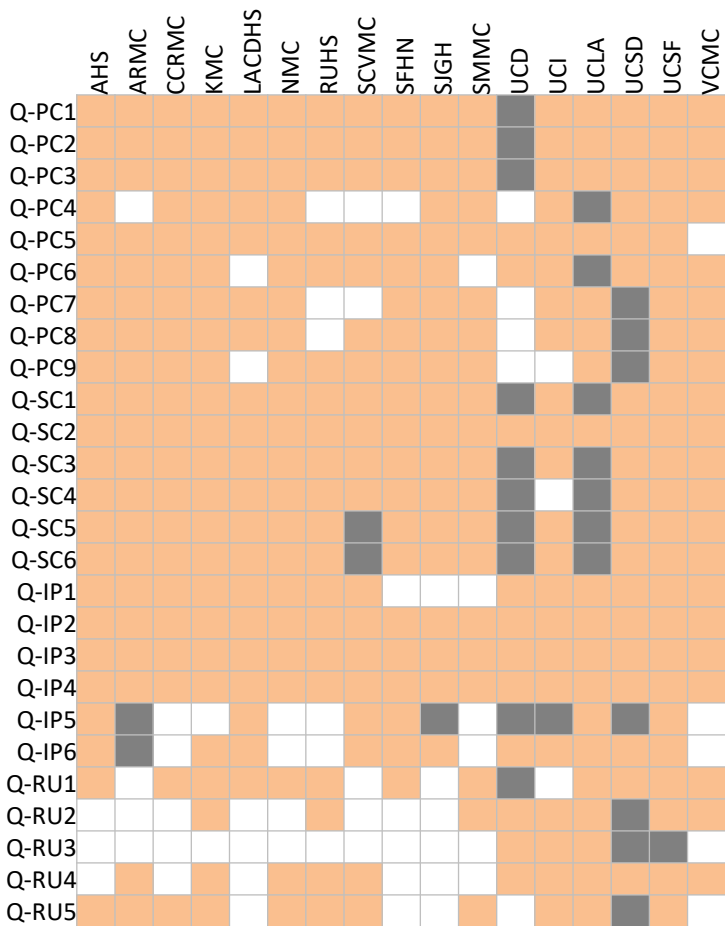


Only PY2 rates reported in PY2 were included in analysis. PY3 data not yet approved by DHCS.

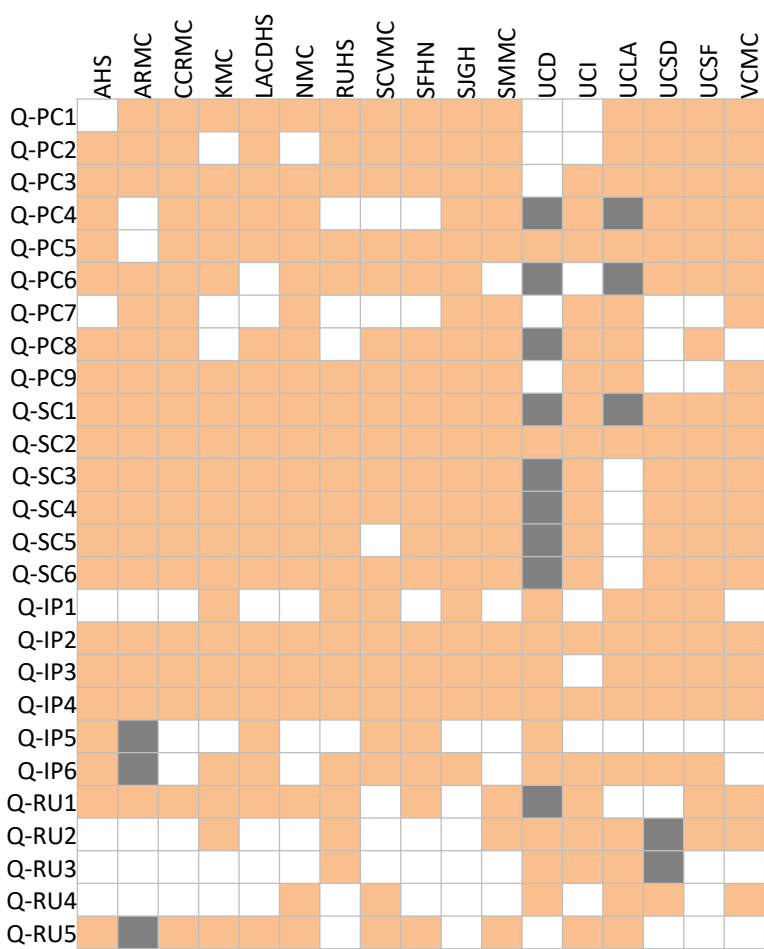
Measure Selection



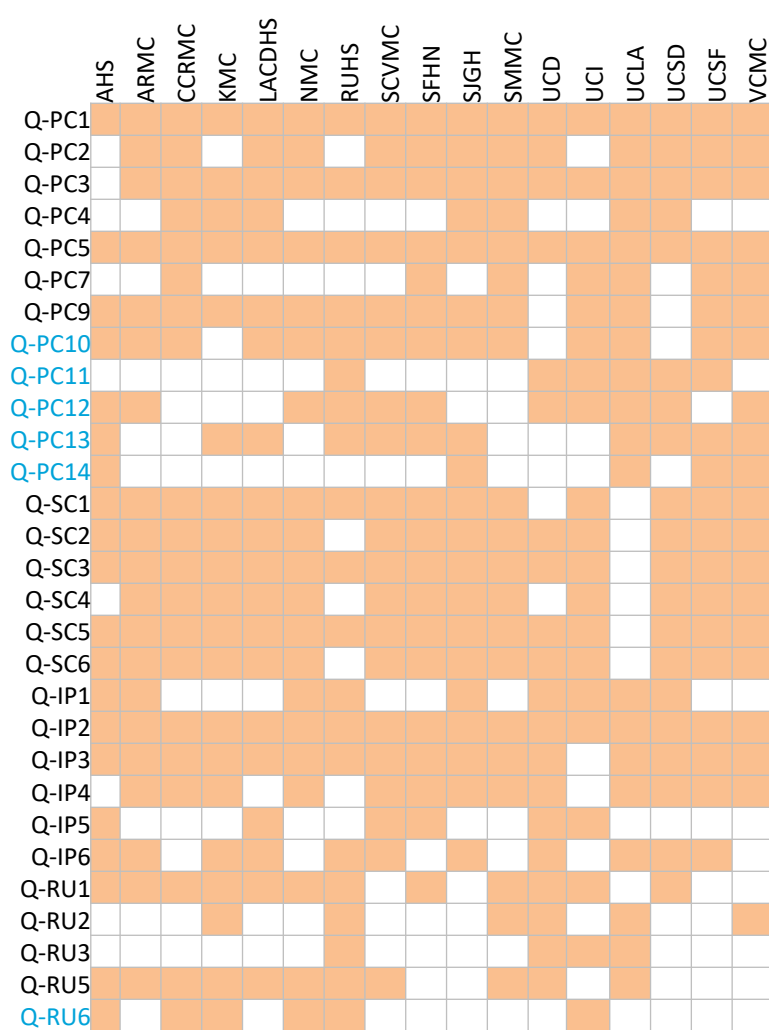
PY1



PY2



PY3



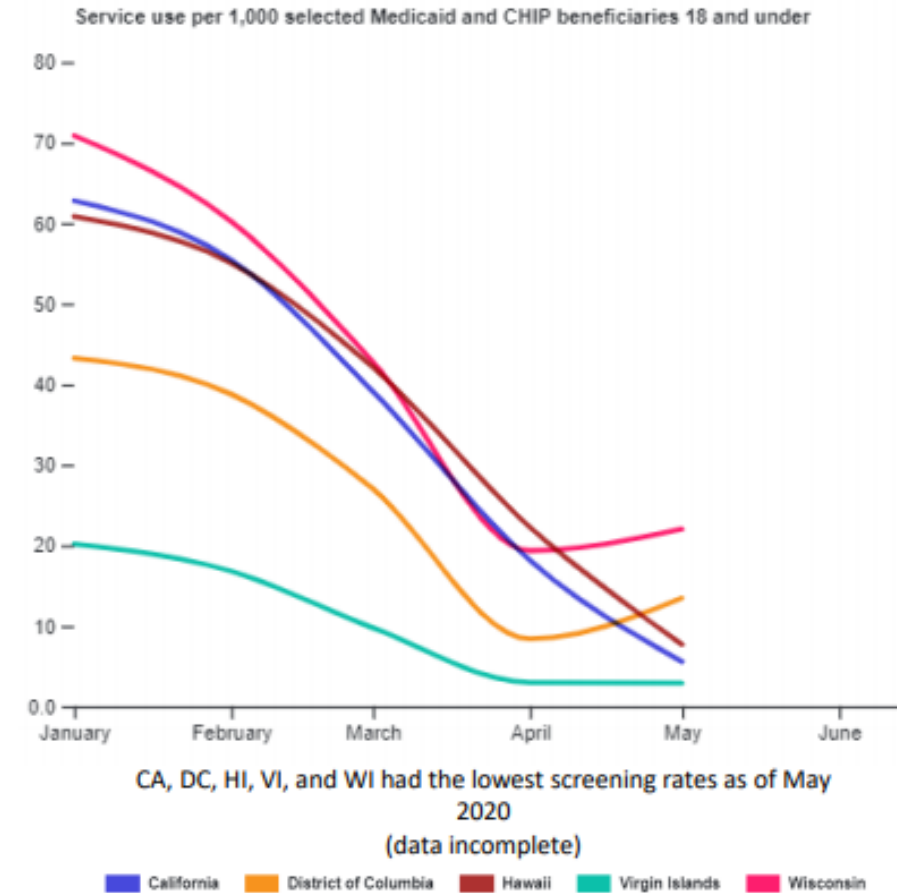
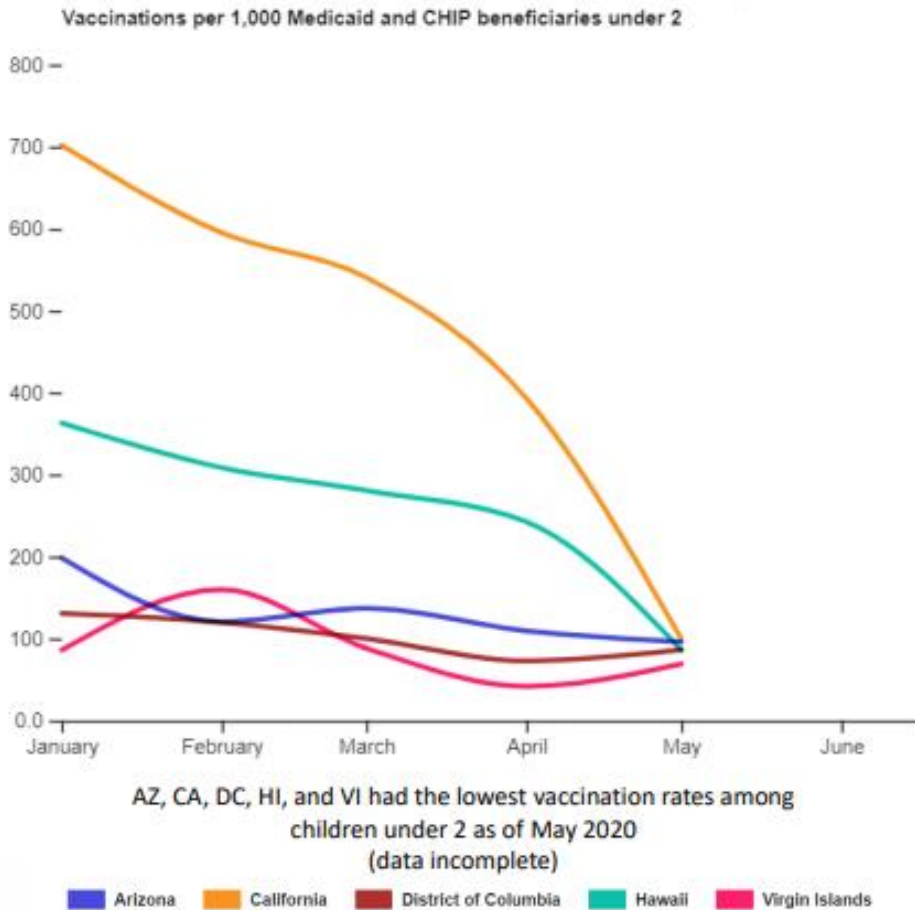
Only PY2 rates reported in PY2 were included in analysis. PY3 data not yet approved by DHCS.

QIP PY3.5

PY3.5 Program Updates

- **CMS approved:** Original PY3.5 pre-print (to merge PRIME metrics & \$ into QIP)
- **CMS approval still pending:** Modified preprint with COVID-flexibilities
 - Use performances as of 2/29/20
 - Targets = minimum performance benchmark
 - Reporting:
 - Baseline data not needed
 - Due 3/31/2021: QIP “PRIME transition” metrics’ performance as of 2/29/20.
 - New: High Performance Pool based on Immunization metrics
 - details on next slides
- **2.1.6 Postpartum Metric**
 - DHCS decided to use HEDIS 2020 Medicaid benchmark instead of DY15MY entity data. HEDIS data released by NCQA on Sept 25. DHCS notification forthcoming.

DHCS Priority: Child IZs & Preventive Services



Source: [Preliminary Medicaid & CHIP Data Snapshot](#)

PY3.5 High Performance Pool for Immunizations

Source of Incentive \$	Unearned \$ from missed targets (< min. performance benchmark) in PY3.5 across all DPH
Eligibility Criteria	4 highest-performing DPHs on 3 metrics: <ul style="list-style-type: none">• <i>PRIME 1.3.3 Influenza Immunization</i>• <i>QIP Q-PC9 Immunization for Adolescents</i>• <i>QIP Q-PC10 Childhood Immunizations</i>
Measurement Period	Performance as of 12/31/20 (separate report from performance for proposed PY3.5 period)
Reporting Required By All DPH	March 31, 2021 for PRIME 1.3.3 June 15, 2021 (or sooner, TBD) for QIP PC9 & PC10 Required even if you are not in the top 4; Even if you didn't report PC9 or PC10 in PY3 or PY3.5.

Estimated \$ from missed PY3.5 targets

PY3.5	SNI estimates based on	Estimated
"PRIME Transition Metrics"	PRIME DY15 MY data (performance as of 12/31/19) For DY15MY, across all DPHs, 6% of metrics missed the min. performance target Note: Performance as of 2/29/20 could be different than DY15MY	\$26,604,938
"Core QIP Metrics"	PY3 data (performance as of 2/29/20) Note: If CMS approves the PY3.5 proposal, PY3 = PY3.5 data. 1 DPH missed the min. performance target for 1 metric in PY3	\$1,272,080

\$27,877,018

- For the PY3.5 HPP, each DPH's eligible amount will be calculated on a pro-rata basis, using each DPH's metric value as the proportional factor and as a cap.

QIP PY₄

DHCS Proposed Core Subset (19-20)

MCAS MPL
Non-MCAS

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. PPC - Timeliness of Prenatal Care (PPC-Pre)
10. PPC - 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 3,4,5,6th Years of Life (W34)*
14. Asthma Med Ratio (AMR) **
15. Influenza Immunization
16. Colorectal Cancer Screening
17. Tobacco Assessment and Counseling
18. Screening for Depression & Follow-Up Plan
19. HIV Viral Load Suppression **
20. Diabetes: Eye Exam (CDC-E)

* May be replaced by WCW & W30 for PY4. DHCS would calculate the benchmarks

** SNI is proposing to remove. SNI is considering proposing CAD: Antiplatelet Therapy

High Performance Pool in Core Subset

- HPP applies only to metrics in the Core sub-set
- High performance =
 - $\geq 20\%$ gap closure **and** $\geq 50^{\text{th}}$ percentile
 - OR
 - $\geq 90^{\text{th}}$ percentile / high performance benchmark
- Source of HPP \$
 - Funds remaining in each entity's QIP PY allocation after determining that entity's PY funding earned by 10% gap closure on each of the metrics reported in that PY.
 - TBD - pooled unearned funds across DPHs/DMPHs vs only entity's own unearned funds

DHCS Proposed Non-Core Set (34)

1. Advance Care Plan
2. Appropriate Treatment for Upper Respiratory Infection
3. Avoidance of Antibiotic Tx for Acute Bronchitis/Bronchiolitis
4. BMI Screening and Follow-up
5. CAD: Antiplatelet Therapy
6. Comprehensive Diabetes Care: Medical Attention for Nephropathy*
7. Concurrent Use of Opioids and Benzodiazepines
8. Contraceptive Care – All Women
9. Depression Remission or Response for Adolescents & Adults
10. Developmental Screening in the First Three Years of Life
11. Discharged on Antithrombotic Therapy
12. ED Utilization of CT for Minor Blunt Head Trauma
13. Exclusive Breast Milk Feeding (PC-05)
14. F/U After ED Visit for Alcohol & Other Drug Abuse or Dependence
15. HIV Screening Measure
16. Lead Screening in Children
17. Medicine Reconciliation Post Discharge (MRP)
18. NHSN Antimicrobial Use Measure
19. PC-02: Cesarean Birth
20. Perioperative Care: VTE Prophylaxis
21. Peri-op Prophylactic Abx Administered after Surgical Closure
22. Pharmacotherapy Management of COPD Exacerbation
23. Plan All-Cause Readmissions
24. Prevention of CVC - Related Bloodstream Infections
25. Reconciled Med List Received by Discharged Patients
26. Reduction in Hospital Acquired C Difficile Infections
27. Statin Therapy for the Prevention and Treatment of CVD
28. Surgical Site Infection (SSI)
29. Treatment Preferences - Inpatient
30. Unhealthy Alcohol Use Screening and Follow-Up
31. Use of Imaging Studies for Low Back Pain
32. Use of Opioids at High Dosage in Persons Without Cancer
33. Health Equity metric placeholder
34. Health Equity metric placeholder

* May be replaced by *Kidney Health Evaluation for Patients w/ Diabetes*. DHCS would calculate the benchmarks
SNI is considering proposing to remove/replace

Not on DHCS List; Majority Yes Votes by DPH

Metric

CAD: ACE/ARB) Therapy - Diabetes or LVSD

CAD: Beta-Blocker Therapy-Prior MI or LVSD

BIRADS to Biopsy

Atrial Fibrillation/Flutter: Chronic Anticoagulation Therapy

Heart Failure (HF): ACE/ARB/ARNI) Therapy for LVSD

Heart Failure (HF): Beta-Blocker Therapy for LVSD

Cardiac Stress Imaging Not Meeting Appropriate Use Criteria

Screening for High Blood Pressure and Follow-Up Documented

Non-Recommended Cervical Cancer Screening in Adolescent Females

Appropriate Testing for Pharyngitis

Persistence of Beta-Blocker Treatment after a Heart Attack

Statin Therapy for Patients With Cardiovascular Disease

Statin Therapy for Patients With Diabetes

Assessment and Management of Chronic Pain (Utox & Pain Agreement)

Receipt of Appropriate Follow-up for Abnormal CRC Screening

Request for Specialty Care Expertise Turnaround Time

Specialty Care Touches

MWM#8 - Treatment Preferences (Outpatient)

Benchmark Options

DHCS vs Entities vs Adjusted Medicare (QPP)

DHCS vs Entities vs Adjusted Medicare (QPP)

DHCS vs Entities?

Entities vs Adjusted Medicare (QPP)?

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HEDIS Medicaid

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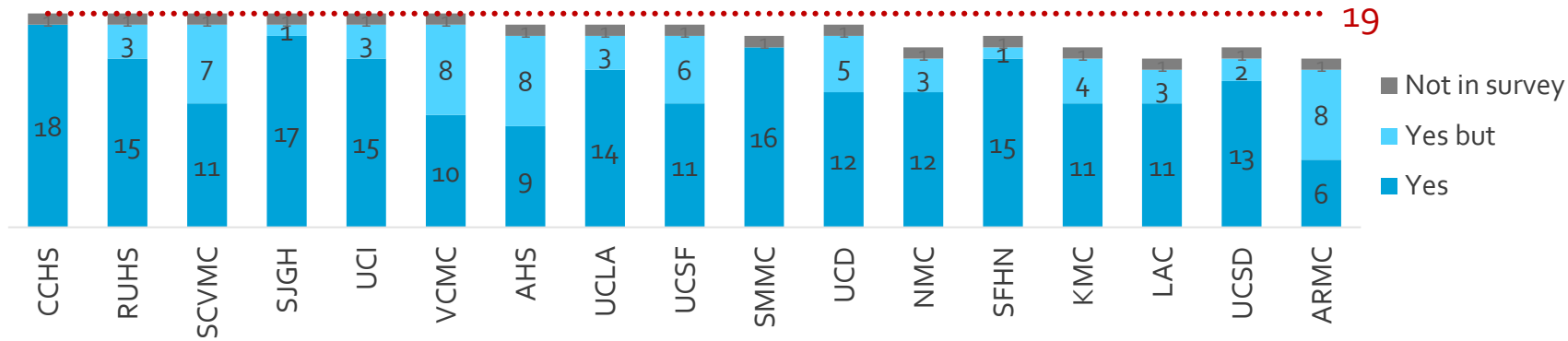
Entities?

DHCS is not inclined to include these unless there is very strong clinical rationale

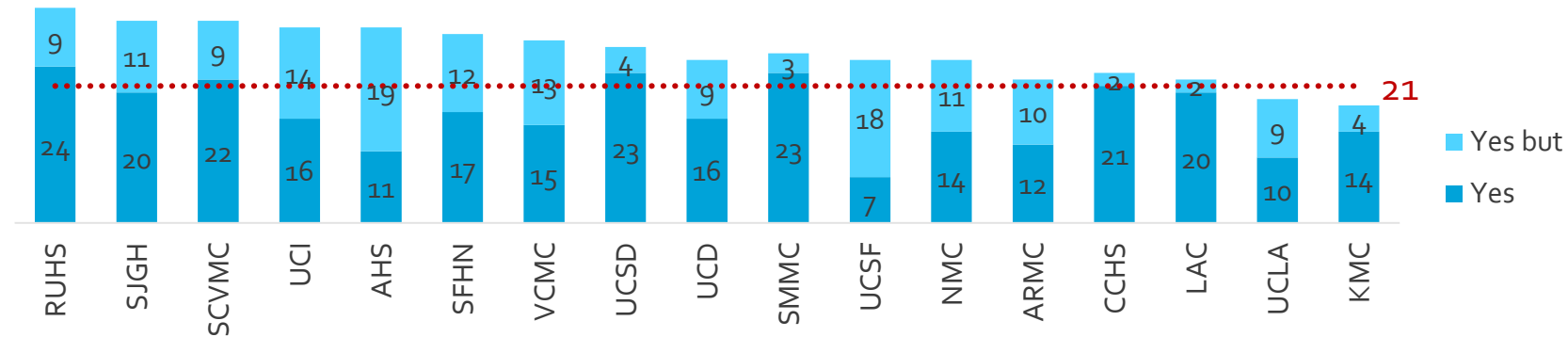
SNI is considering as replacements for metrics proposed for removal

Flexibility, Financial Risk

SNI Core Set = 19



SNI Set (52) - SNI Core Set (19) = 33



SNI Planned Advocacy

1. Core Set

1. Modify: Remove AMR, HIV VL. Add back CAD-Antiplatelet
2. Flexibility: Allow DPHs to only report 18-19 out of the 20

2. Overall Menu Set

1. Replace low support/utilization metrics with high support/evidence based/clinically impactful metrics
2. Or just add the latter metrics

3. Drive further improvement & reduce financial risk

1. Add reclaiming via over-performance in other metrics (similar to PRIME Method 1 – limited to DPH's own funds)
2. High Performance Pool across entities unearned funds

WRAP UP



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).



Telehealth Series

❖ Patient Experience and Access

Patient Portal Activation and Engagement with Jim Meyers.
Wednesday, October 21, 1-2pm

Digital Disparities in Telehealth with Contra Costa. Date TBA

Details and registration will be posted on [SNI Link/Telehealth](#) shortly.



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

- 10/22 Discussion: Texting to increase access, integrating interpreters, and telehealth reporting
- 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

October cSNUG rescheduled!

- ~~10/28~~ 10/22 Discussion: Texting to increase access, integrating interpreters, and telehealth reporting
- 8/26 [San Joaquin: Video Visit Integration](#)
- 6/24 [COVID-19 Peer sharing](#)
- 4/22 [COVID-19 Peer Sharing](#)
- 2/26 [HealthIntent](#)

Questions?
