CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

PRIME / QIP Manager MONTHLY FORUM

Monday, Oct 19, 2020, 12-1PM

Recording

Presenters: David Lown dlown@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

QIP PY3.5

No updates. Same slide as in 9/28 QIP Leads Webinar

PY3.5 Program Updates

- **CMS approved**: Original PY3.5 pre-print (to merge PRIME metrics & $ into QIP)
- **CMS approval pending**: Modified preprint with COVID-flexibilities submitted to CMS on 10/15/2020
    - 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.

No updates. Same slide as in 9/28 QIP Leads Webinar

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: • *PRIME 1.3.3 Influenza Immunization* • *QIP Q-PC9 Immunization for Adolescents* • *QIP Q-PC10 Childhood Immunizations*
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.

No updates. Same slide as in 9/28 QIP Leads Webinar

Estimated $ from missed PY3.5 targets

QIP 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.

PY3.5 HPP FAQ

Q: What is the population definition for the flu vaccination? The same as PRIME(1.3 population)?

A: Yes. It's the PRIME metric exactly as spelled out in the PY3.5 manual. So PRIME Project 1.3 population, encounters Oct-Dec 2020 for flu immunizations received Aug-Dec 2020.

Q: Will the incentive be divided equally between the high performers? Or, will it be adjusted based on their allocation factors?

A: Depends. If the total funds exceed the sum of the DPH's 12 metric values, then each DPH would get exactly their metric value of each IZ metric. Looking at DY15 MY data and estimated PY3 "mid-year" data (i.e., Dec 2019), this is like to be the case. If the total funds < the sum as described above, the funds would be distributed pro-rata based on the value of each DPHs metric value, the same as the way the PRIME HPP fund is distributed pro-rata.

QIP PY4

No updates. Same slide as in 9/28 QIP Leads Webinar

DHCS Proposed Core Subset (19-20)

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

MCAS MPL

Non-MCAS

No updates. Same slide as in 9/28 QIP Leads Webinar

High Performance Pool in Core Subset

- HPP applies only to metrics in the Core sub-set
- High performance =
  - $\geq$ 20% gap closure **and** $\geq$ 50th percentile

  OR
  - $\geq$ 90th 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

A few updates from 9/28 QIP Leads Webinar

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/ *Kidney Health Evaluation for Patients w/ Diabetes*
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

* DHCS would calculate the benchmark for KED

SNI has proposed to remove/replace

**QPP metric – no double reporting

SNI Advocacy

1. **Core Set**
   1. 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. Add high support/evidence based/clinically impactful metrics
      - BIRADS to Biopsy
      - CAD: ACE/ARB - Diabetes or LVSD; CAD: Beta-Blocker -Prior MI or LVSD
      - Receipt of Appropriate Follow-up for Abnormal CRC Screening
      - Heart Failure (HF): ACE/ARB/ARNI) Therapy for LVSD; HF: Beta-Blocker for LVSD
      - Request for Specialty Care Expertise Turnaround Time
   2. Remove low support/utilization metrics (4 metrics in blue on slide 11)
3. **Drive further improvement & reduce financial risk**
   1. Add over-performance claiming in other metrics (~PRIME Method 1 – limited to DPH's own funds)
   2. High Performance Pool across entities unearned funds

Depression Remission or Response for Adolescents & Adults (DRR) : Age Stratification

- PRIME: Total rate across all ages (≥18 yo)
- HEDIS: No total rate, only age stratified rates
  - 12-17; 18-44; 45-64; ≥65yo
- QIP:
  - Benchmark source is Minnesota Community Measurement (the steward). The Minnesota metric only includes two age strata
  - MN has only 11 clinics reporting the adolescent rate (<30, therefore not useable)
  - DHCS said it would be burdensome for Entities to gather Entity data for PY4 benchmarking, particularly when there may be insufficient adolescent denominators
  - Therefore…
- QIP: No total. Two age stratified rates:
  - ≥18 yo – P4P
  - 12-17 – **P4R regardless of denominator size!**

WRAP UP

Telehealth Series

- **Patient Portal Engagement during COVID** Oct 21 (1-2pm)

  Dr. Jim Meyers will share strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase buy-in. Register here.

- **Understanding & Addressing Digital Disparities** Nov 9 (12-1)

  Leaders from Contra Costa Health Services' Digital Disparities Workgroup will discuss early efforts to understand and address disparities in telehealth. Register here.

- **Getting It Right: Matching Patient Preference/Access, Provider Location, & Visit Modality**: Nov 16 (12-1pm)

  Alameda and Riverside will share approaches to adapt provider scheduling templates in response to COVID-19; strategies to match patient preferences, providers' location at home and in-person, and multiple visit modalities, including in-person, telephone, and video. Register here.

- **Best/Next Practices in Pediatric Well-Care and Provision of Immunizations**: Nov 30 (12-1)

  Pediatric leaders from Riverside and LA, as well as webinar attendees will share their approaches to maximizing pediatric well-care and immunizations during the pandemic and how those efforts have reshaped their provision of this care writ-large. Register here.

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

Next meeting: Oct 20th 1-2pm

Topic: Texting and Apps to Maximize Patient Access, Integrating Interpreter Services into Video Visits, and Reporting and Documenting Telehealth Visits.

cSNUG

Cerner Safety Net User Group

Next meeting: Oct 22nd 1-2pm

Topic: Texting and Apps to Maximize Patient Access, Integrating Interpreter Services into Video Visits, and Reporting and Documenting Telehealth Visits.

Questions?