CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

QIP Manager: PY4 Peer Sharing

Monday, Dec 7, 2020, 12-1:30PM

Recording Link

Presenters: David Lown dlown@caph.org, Dana Pong dpong@caph.org
Recordings of the webinar and slide deck posted on SNI Link/QIP/Webinars

Agenda

10 min	Poll | Additional Target Population criteria (David Lown)
35 min	**Breakout Discussion #1**
5 min	Break | Q&A | Peruse Other Group's Discussion Notes
35 min	**Breakout Discussion #2**
5 min	Q&A | Peruse Other Group's Discussion Notes

Poll: Select 2 topics you'd like to discuss

Round 1	Round 2	
✓	✓	Rx data from Medi-Cal RX & plan data requirements/PY4 reporting
✓	✓	Prioritization of QI/report building amidst COVID
✓	✓	Screenings – cervical, colorectal, breast, chlamydia
✓		Immunization – Influenza, Childhood and adolescents
✓		Integrating Data from multiple EHRs/sources
	✓	Diabetes – control, eye exam
	✓	Screening – tobacco use and depression

REMEMBER WHAT YOU SELECTED FOR ROUND 1 & 2

Additional Target Population Criteria

Metric	Denominator in Native Spec	Additional Target Population Criteria
Colorectal Cancer Screening	50-75 yo with a visit during the measurement period	MCMC Beneficiaries with 12 months of continuous assignment to the QIP Entity during the program year OR Individuals enrolled in Medi-Cal (Managed Care of Fee for Service) on the date of a primary care denominator encounter
Screening for Depression & Follow-Up Plan	≥12 yo on date of encounter	
BMI Screening & Follow-up Plan	≥18 on the date of the encounter with at least one eligible encounter during the measurement period	
HIV Viral Load Suppression	≥18 with both a diagnosis of HIV and at least one medical visit in the measurement year	MCMC Beneficiaries with 12 months of continuous assignment to the QIP Entity during the program year OR Individuals enrolled in Medi-Cal (Managed Care of Fee for Service) on the date of a Primary care or HIV specialty care denominator encounter

Revised Draft QIP PY4 List

On Dec 7, SNI received DHCS' revised draft QIP PY4 list:

https://safetynetinstitute.org/wp-content/uploads/2020/12/proposed-qip-py4-metric-list-revised-12.7.20.pdf

- Removed from Priority Set:
  - Tobacco Assessment and Counseling
  - Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
- Added to Priority Set:
  - Developmental Screening in First 3 Years of Life
  - Plan All Cause Readmission
- Removed from Overall Menu:
  - Reconciled Med List
  - NSHN Antimicrobial Use
- In the next week, SNI will discuss next steps on advocacy with the CAPH SNI Clinical Advisory Committee and Metric Technical Advisory Committee.

Instructions

- Open the google slide deck
- In the Breakout Room:
  - Designate a Facilitator
  - Designate a Note-taker who will:
    - Create a new slide to record any high level notes or to help organize discussion
    - Record which systems are represented in the group.
    - Title the slide with your group topic
  - In the 1st minute, SNI host may shuffle some individuals to even out groups.
  - If your group has a question, chat to host and David or Dana will enter.
  - If your group ends discussion early, you can return to the main room for any large group discussion/ Q&A.
- To join room, click "Breakout Room" in toolbar → "Join" next to your selected topic.

In Case You Missed It

Best/Next Practices in Pediatric Well-Care and Provision of Immunizations. Nov 30. SLIDES & RECORDING **– Webinar Recap coming soon!** Leaders from RUHS and LADHS shared their experience maintaining well-child visits and pediatric immunizations throughout the pandemic.

Patient Portal Engagement During COVID-19. Oct 21. WEBINAR RECAP Dr. Jim Meyers shared strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase patient and staff buy-in. Click here to view the Webinar Recap.

Understanding and Addressing Digital Disparities Nov 9. WEBINAR RECAP Leaders from Contra Costa Health Services' Digital Disparities Working Group discussed early efforts to identify and address disparities in telehealth access and engagement.

Getting It Right: Matching Patient Preference/Access, Provider Location, and Visit Modality. Nov 16. WEBINAR RECAP Leaders from Alameda Health System and Riverside University Health System will share approaches to adapt provider scheduling templates in response to COVID-19.

QIP Peer Sharing

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Diabetes - Round 2

Alameda (Anali), UCSF (Clare), UCLA (Nicole) UC Davis (Jeff), San Joaquin (Rajat), Joan, LA County (Toki)

Challenges

- Getting data from outside the health system
- Getting patients in for appointments (different surge levels of COVID)
- Getting data from remote monitoring (especially blood pressure readings)

Tactics

- Data from health payors has been important and incorporating partnered optometry data
- Retinal scanners (exploring at UCLA and UCSF). Do automated (no optometrist) readings count toward the measure?
- Outreach to patients who have not been seen or high risk
- Experimenting with sending letters (24% response) - try every modality
- Integrating data from Care Everywhere (UC Davis in process with Epic/Clarity)

Screenings

Lucy Marrero (Ventura), Elena Tindall,Odette Carreon (Santa Clara), Kevin Jensen (Kern Medical Center), Nooshin Abtahi (Contra Costa)

Challenges and successes

- Patients are not coming into clinic and screening dependent upon face-to-face screening
- In-person follow-ups dependent upon COVID surge capacity and elective surgery availability
- Mail-in samples invalid (FIT); patients not following instructions(?), not in clinic to provide clear patient education, or delayed returns, no availability of staff to answer questions
- Renewed commitment to preventive care/screenings but messaging to patients not particularly easy
- Kaiser pushes patient education to portal for any healthcare needs, even without staff interaction
- Calling patients with care gaps, followed by letters, and then scheduled on patient's behalf
- Set up Cerner recommendations to remind providers/staff of care needed (Recommendations Tab can be configured)
- Use control charts to monitor performance on how well all needs were met in office; leverage competition
- Outreaching to patients with care gaps to see if they will come into clinic, and if not, will set up telehealth (some using risk stratification to prioritize outreach, including COVID-19 vulnerability) based on biopsychosocial factors)
- Using incentives available to encourage preventive/follow-up care; collaborating with health plan to shape incentives
- Identify optimal way to coordinate pop health management strategies, but staffing inadequate for current number of measures
- Optimize EHR where possible to align documentation and reporting as well as population health management outreach

Priorities for QI / Reports

Present: SFHN (Rachel Stern), AHS (Neha Gupta, Cindy Ha), SCVMC (Elena Tindall, Jane Wulf), RUHS (Gift Nguru), Lourdes Carreon, Ventura (Lucy Marrero), SJGH (Ahad Yousuf)

- Current priority is the COVID surge; QIP team will be leaner than years past
- Some systems are not building "new" metrics until set / manual is finalized
- Some systems are starting to build high-priority metrics (10-15) but expect some rework
  - Based on "non-controversial" metrics - e.g., cancer screening
  - Priority measure set - some measures are on every version of the measure set
- Some systems are creating "surrogate" reports in EHR to approximate QIP performance while awaiting final specifications
- Most systems anticipate needing to revise builds to capture new fields to accommodate new workflows in telehealth environment
- Behavioral health screening
  - Screening via phone versus patient portal. Defer suicidality question until live visit
  - Santa Clara is piloting virtual group medical visits for post-partum depression - chief of primary care behavioral health is leading these group visits

Diabetes control/ eye exam

AHS, SFHN, SJGH, SCVMC, SMMC

- Performance has plummeted because of COVID
- Some systems do not have retinal photography
- Some systems unable to keep retinal photography staffed
- Some systems outsourcing to external eye professionals, but 4 month lag to see performance via plan data
- SFHN optometry/ophthalmology - telehealth required prior to office visit
- AHS diabetes pharmDs/RNs - virtual visits for diabetes care

Priorities for QI / Reports Round 2

Present: SFHN; UCI; Alameda; Santa Clara;

- QIP 3.5 is pretty much done/straightforward -- except for high performance pushes; focusing now on QIP 4
- Really trying to prep for next year where P4P - trying to assess what our baselines are
- How are people approaching Y4 builds? Prioritizing?
  - UCI: Looking at other reporting programs (ACO) where we can align or use their code. Pulling populations and getting initial populations going to get a sense of the rates and post on dashboards
  - SCV: getting like measures into dashboards, selecting the more strict criteria to assess performance off of
  - SFHN: Building Y4 in waves (Core first; then subset where measures we have worked on in Prime to estimate for QIP population or ones we think we can do well on/clinically meaningful)
- Hard when measures don't align with leadership or institutions priorities
- Balance messaging uncertainty to execs; re-focus vision on standard of care for our patients/strive for that; rather than too much emphasis on metrics (could be flawed, or explaining the denom/QIP population). Providing high quality of care first…metrics will follow
- Need a toolbox beyond provider-encounters to get to 100%; can't do it all 100% of the time--other solutions and tools to leverage -> patient portals, telemedicine, etc to supplement efforts
- Struggle with measures from PRIME/QIP where harder to improve on performance any further - especially when at some pt doesn't seem best for patients (EBF, choice of formula vs BF); versus take a measure we are performing poorly on and do transformative work.

Tobacco & Depression Screening

Participants: Cindy - Alameda; Ahad - San Joaquin; Michelle - Ventura County; Sam - UCLA Health

Discussion Topics:

- Ventura - CPTII codes; Alameda - no (might try with QIP and NCQA Accreditation), mapping locally and using SNOMED, UCLA Health - no. SF Health Network might be of use when utilizing CPTII codes.
- Remote depression screening:
  - SJ remote pilot w/ HealthNote looking to begin next year. Embedded in EHR (e-clipboards) PHQ-2 & PHQ-9, very few patients use the portal which is a barrier
  - Ventura - 1) Tonic for electronic screening (even pre-covid), email or portal message. In-clinic use for iPad screener 2) built out workflow for MA/back office staff to do screening during rooming and enter it live for provider to view during telehealth visit (but hit & miss success)
  - Alameda - external software implementation, looking at contract currently/legal, etc. No real-time performance
- Tobacco cessation: Alameda - ambulatory referral to smoking helpline, strong referral history among providers although unknown origins but likely follow from previous QI projects

Immunization - Adult, child, adolsc

Participants: Anali - Alameda; Victoria - Natividad; Theresa - Ventura County; Kevin - Kern Medical; Rajat - San Joaquin; Nooshin - Contra Costa; Sam - UCLA Health; Clare UCSF

Discussion Topics

Telehealth visits & immunizations:

- Ventura County- drive up/thru vaccines (no appt needed) or normal visit scheduling
- San Joaquin - partner with Cipher Health to bring in - in progress (2k pts reached) - drive thru
    - All immunizations - generic message due for an immunization, please call to schedule

Other efforts:

- Contra Costa - Bulk messaging for immunization, in person outreach calls to child & adults (prioritized those only needing 1 vaccine/combo to finish vaccine requirement) - No data yet
- Alameda - Do everything during in person visit, new workflow, drive through, daily reports
- UCLA Health - best practice sharing taking place across LA County
- Kern - No drive thru, when pt comes in want to capitalize on that, proactive outreach, creating control charts broken out by provider to see success rate
- Challenges: San Joaquin - availability of staff, burnout for drive thru clinics

Pharmacy Claims (via Plan) to Dispensed

Not all health plans completing the magellan feed, behind in implementation

Unsure if Health Plans will in turn, share dispensed data

Alameda / Natividad / Ventura working with local plans (still in implementation)

San Joaquin says intention is to continue to send flat file (reformat to current style)

Community dispensed (non-organization rx's) may not be shared directly

Concerns - complicated spec for Rx file (500 Page PDF), would appreciate, and possibly need, plans to remap dispensing data to existing claims data integrations

Screenings - Cervical, Breast, and Chlamydia

INSTITUTIONS: UCLA Health, SMMC, SFHN

Huge drop across preventative screenings due to COVID SIP and safety concerns, especially challenging bc it requires a patient to come in person. (Versus Colorectal screening have explored FIT test mailing interventions w/ texts and reminder calls)

- Greater focus on Abnormal Follow up cancer screenings: Abnormal FITs/colonoscopies and BIRADS-BIOPSY: how do you get them in; capacity of appointments. Prioritizing this group at this time.
- Health disparities w/ B/AA patients and colorectal cancer screenings; how do we best serve our community and address and tackle these needs.
- **Bring back to the larger group → any entity that has success stories in recovering cancer screening rates? Lessons learned?**