

QIP Leads Monthly Forum

Mon, April 26, 2021, 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: [QIP Webinars](#)

Unrelated to QIP

DY15 Year End Supplemental Payments



DHCS is finishing up calculations and will reach out to PRIME Entities soon.

CAPH SNI Demographic Data Request

**Thank you for
completing!**

Summary of results will
be shared soon.



PY3.5 Reminders

Reminder: IZ Sub-Pool Reporting

- DHCS Policy Letter [QPL 21-002](#) released March 11 via email
- Both the PRIME Transition and Immunization Sub-Pool versions are displayed in the Flu graphic posted on [SNI Link](#).
- PY3.5 minimum benchmark remains 55.00%

Due	Measures	Performance as of:	Portal Access
June 15, 2021	Immunization Sub-Pool Metrics <ul style="list-style-type: none">• Project <i>1.3 Influenza Immunization</i>• <i>Q-PC9 Immunization for Adolescents</i>• <i>Q-PC10 Childhood Immunizations</i>	Dec 31, 2020	DHCS QIP Reporting Application opens May 15

PY4 Updates

Draft PY₄ Measure Specs [on SNI Link](#)

UPDATE:

The final QIP PY₄ Manual will incorporate the [HEDIS MY2021 Technical Updates](#) released 3/31/21

QIP Program Year 4 Draft Measure Specifications

These draft measure specifications are being provided to QIP entities in advance of the release of the official QIP PY4 Reporting Manual (to be released in March). Although there are no anticipated changes to these measure specifications, these are considered draft and not the official, final version of the measure specifications.

📄 [Draft_MeasureSpecs_PrimaryCare](#) posted 3/22/21

📄 [Draft_MeasureSpecs_AcuteChronicConditions](#) posted 3/22/21

📄 [Draft_MeasureSpecs_Appendix](#) posted 3/8/21

📄 [Draft_MeasureSpecs_ImprovingHealthEquity](#) posted 3/8/21

📄 [Draft_MeasureSpecs_Behavioral Health](#) posted 2/26/21

📄 [Draft_MeasureSpecs_CareCoordination](#) posted 2/26/21

📄 [Draft_MeasureSpecs_ExperienceofCare](#) posted 2/26/21

📄 [Draft_MeasureSpecs_MaternalPerinatalHealth](#) posted 2/26/21

📄 [Draft_MeasureSpecs_OveruseAppropriateness](#) posted 2/26/21

📄 [Draft_MeasureSpecs_PatientSafety](#) posted 2/26/21

The General Guidelines Draft is still pending.

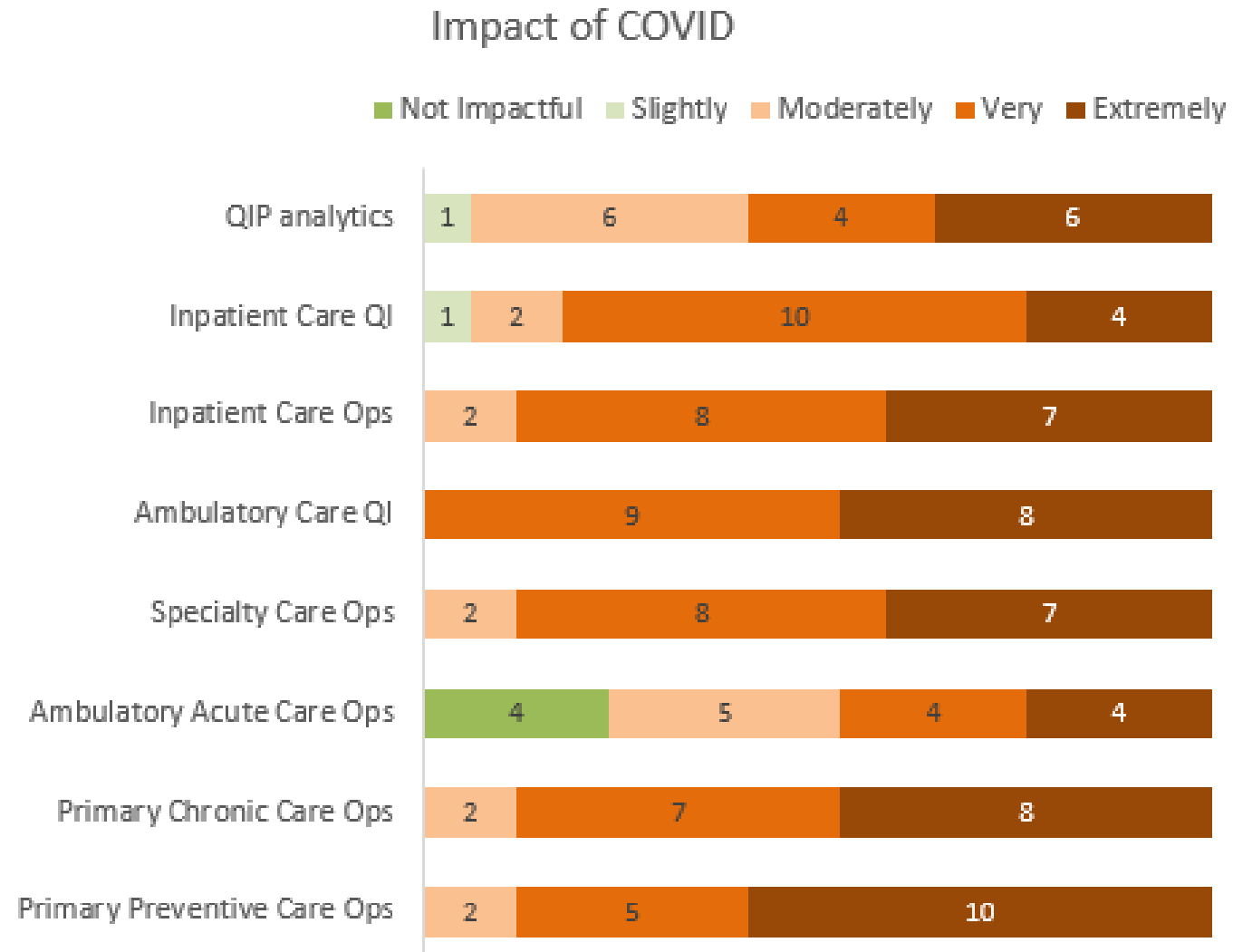
PY₄ Policy Updates

- Pending:
 - PY₄ Manual final draft, including General Guidelines
 - PY₄ Value Sets for Managed Care Plans
 - CMS approval of original PY₄ Pre-print. Through PY₆ or PY₉?
- Clarification on Over-Performance (OP) for sub-rated measures
 - Must over-perform, i.e. $\geq 15\%$ gap closure, on each sub-rates for the measure to be eligible for OP.
 - The sub-rate with the lowest OP value, not the average across the sub-rates, will be used to determine the OP value for the overall measure.
- Reminders
 - DHCS email “QIP Information Update- Response Requested by 4/26”
 - [CMQCC April 7 webinar](#) on reporting Q-PCo₂ & Q-PCo₅ for QIP

DHCS Budget Item for QIP Data Integrity

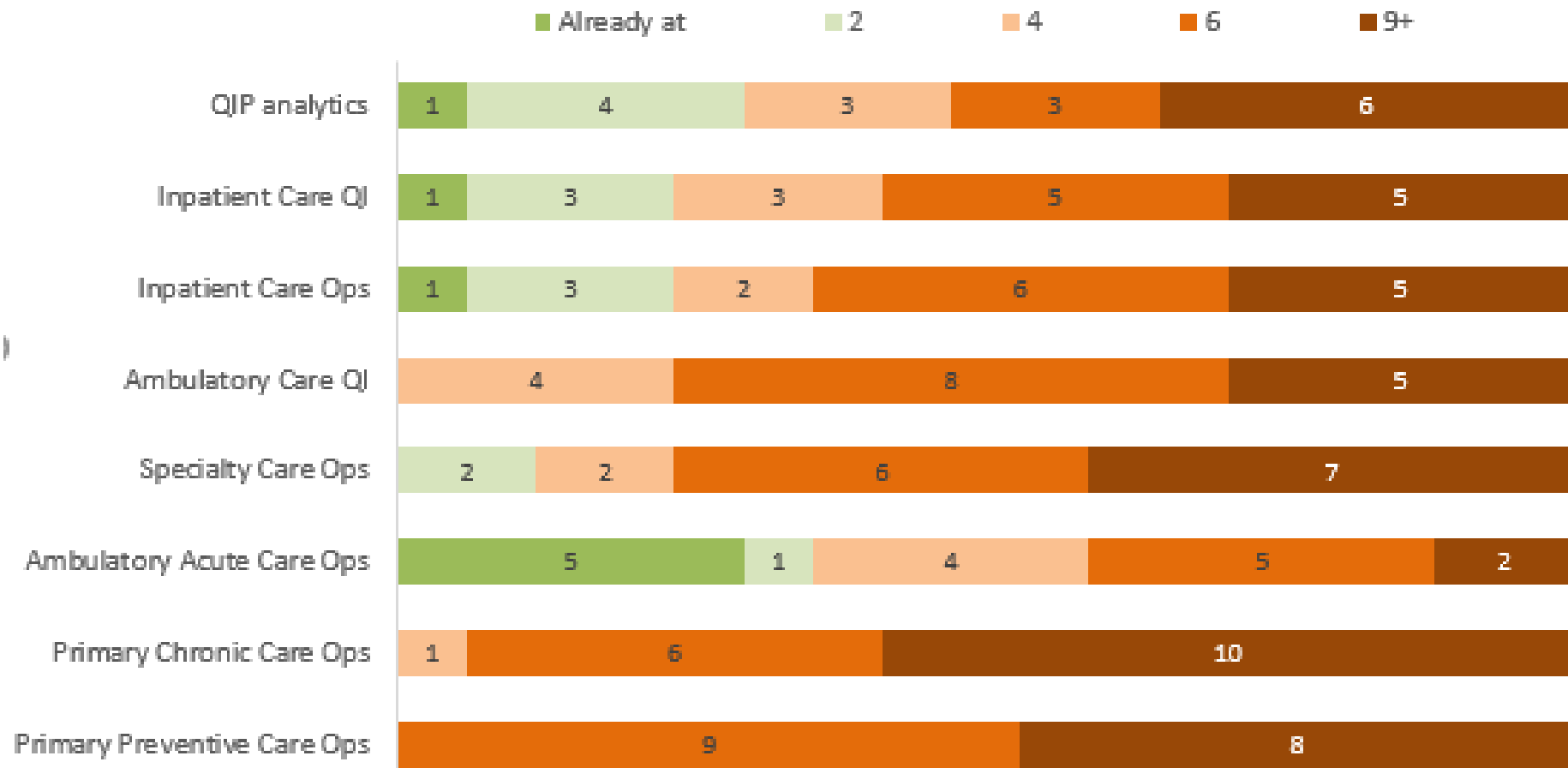
- \$500K in the FY21/22 budget for external auditors to support “validation of QIP reports”.
- DHCS early in thinking about how the funds will be used, including whether the “support” will be applied before or after reports are submitted. Either way it would involve the auditors working with the entities to ensure or correct validity issues.
- Worst case scenario:
 - Requirement that all entities complete a full HEDIS-style audit prior to report submission.
 - In such a case, SNI would propose using the funds to train entities in PY₄ for potential audits in future PYs.
- DHCS said the funds could include technical assistance support. As such, SNI proposed using the funds towards a pool of consultant hours that entities could draw from to support activities such as establishing data governance structures or building measure reports, logic, schemes.
- However, it is clear that even if a “consultant hours pool” was approved, the majority of the funds would be used for report validation

DPH Survey: COVID impact on Ops, QI & QIP



DPH Survey: ETA for return of pre-COVID level of function of function (e.g., productivity)

How many months until a return to pre-COVID level of functioning?



DPH Survey: Impact of COVID qualitative

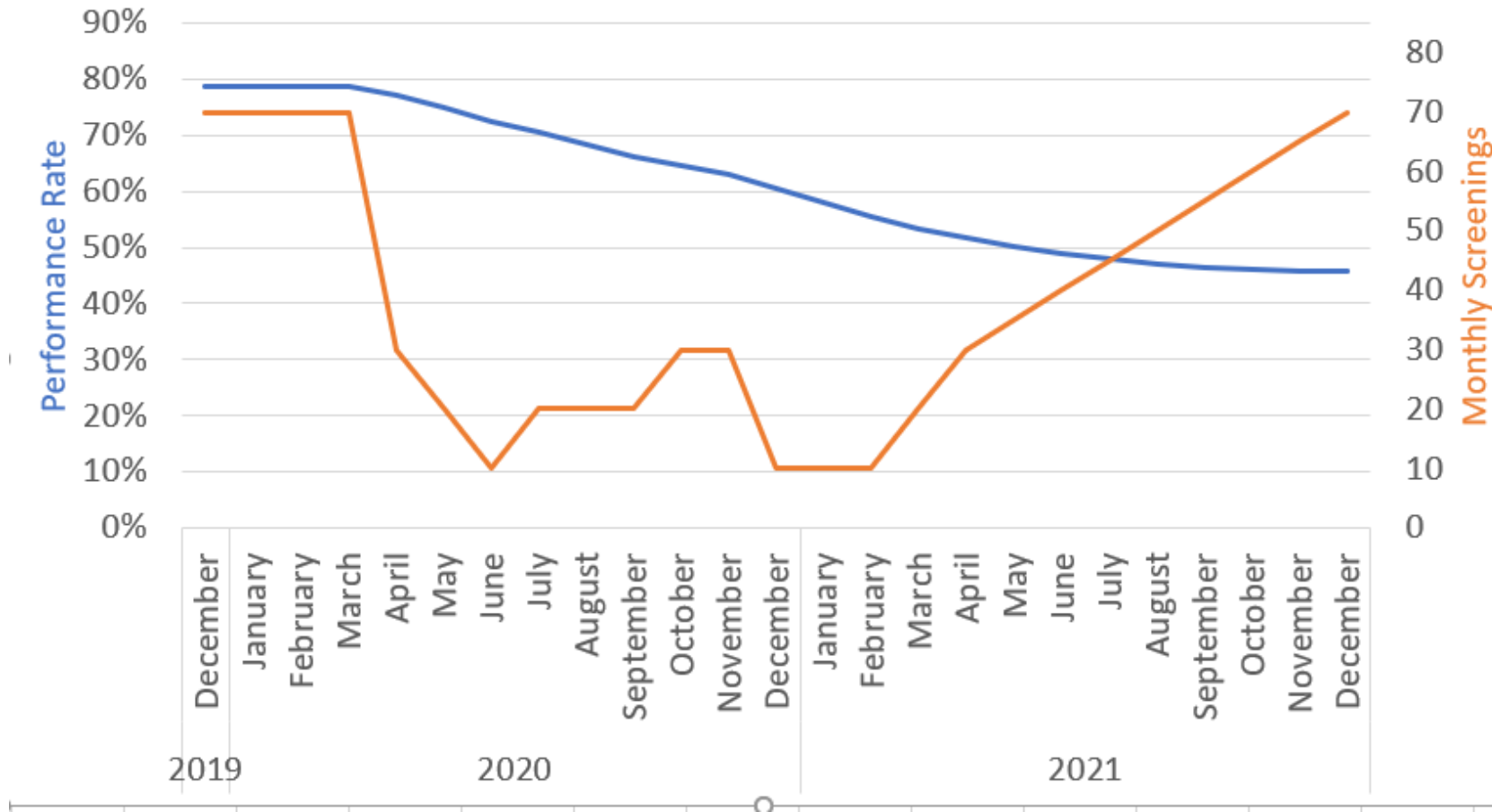
- Patient Factors
 - Not coming for visits (including urgent), diagnostics, IZs, due to fear of getting COVID, unwilling/unable to wear mask, mobility issues
 - ↓ Dz management (self-monitoring), ↑ Dz severity/complexity, ↑ BH issues, ↑ care gaps
 - Digital access/literacy
- Staffing Factors (clinical, analytic, admin)
 - Burnout, re-allocations, new/added/changing responsibilities, staff shortages, hiring difficulties, temp staff unfamiliar with protocols
- Operations
 - Space repurposed (e.g., clinics/ORs → COVID ward/testing); CDPH rules → ↓ clinic efficiency; ↓ mobile units; chlamydia & covid reagents same; COVID IZ sequencing with other IZs/Mammos; ↓ nurse line access inundated w/COVID calls; Impacts of telehealth, ↑ appt time for ↑ complexity, ↓ procedures

COVID Mitigation: Factors

- Will there be another surge due to variants?
- How long before patients feel comfortable seeking in-person care?
- How long before health systems are back to pre-covid level of productivity?
- What approaches are being taken by other P4P programs (including MCAS, IHA, other state P4P programs, QPP, CMS VBP, etc)?
- When will the nadir in quality measure performance occur and can this be categorized by the service measured?
- What is the look-back period for each measure?

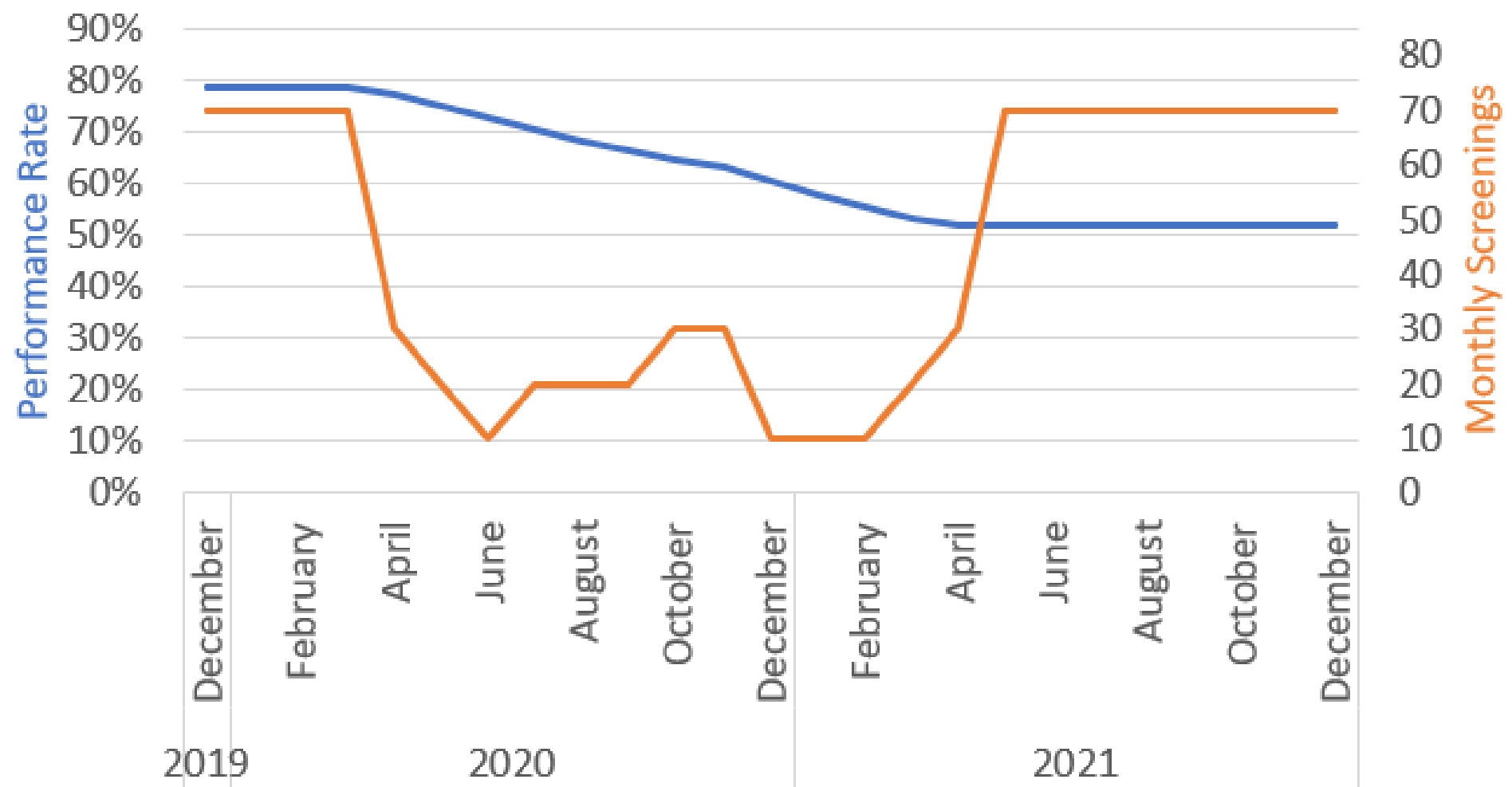
Fake Data

Breast Cancer Screening - Return to normal productivity by Dec



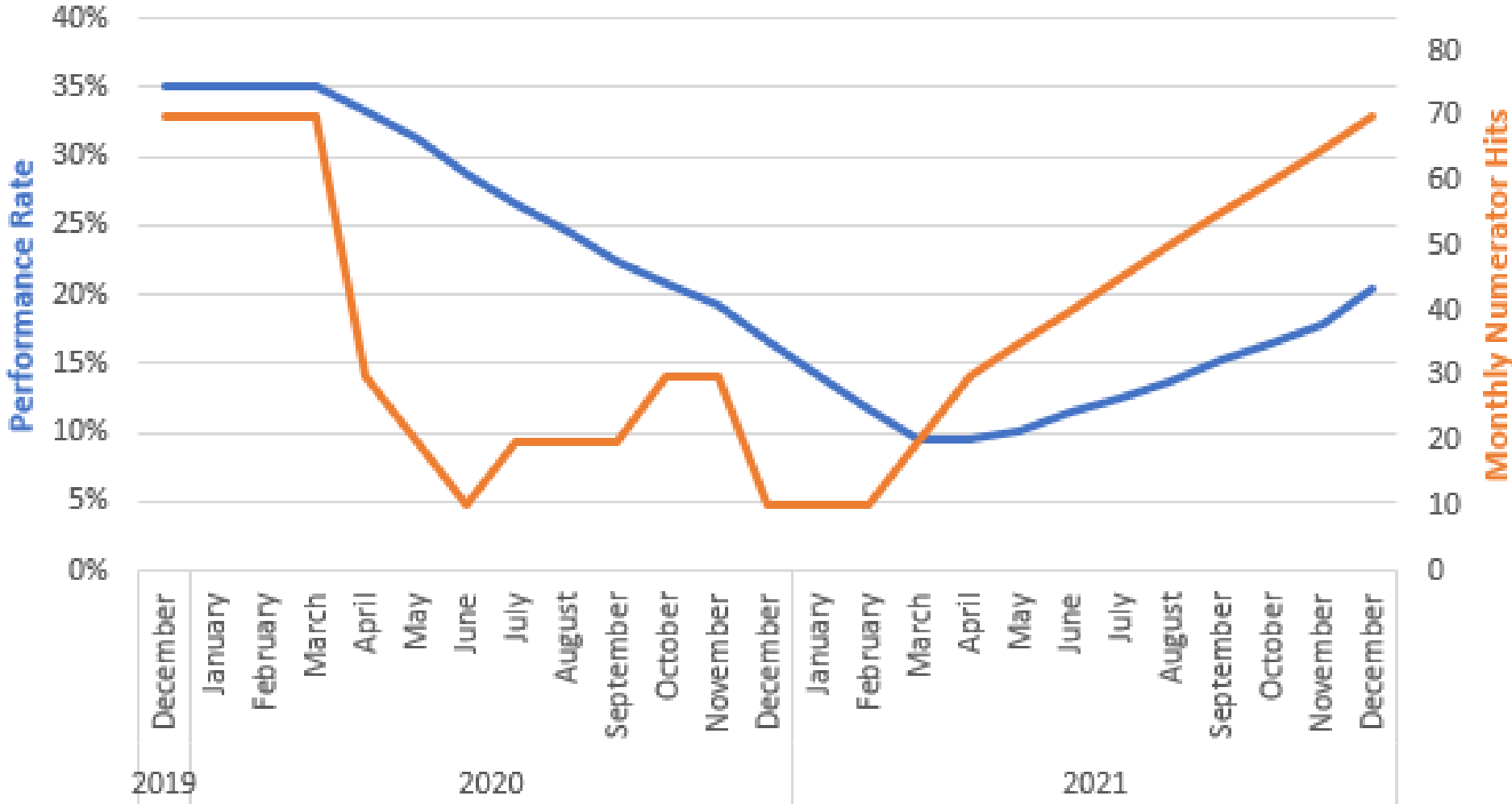
Fake Data

Breast Cancer Screening - Return to normal productivity by May



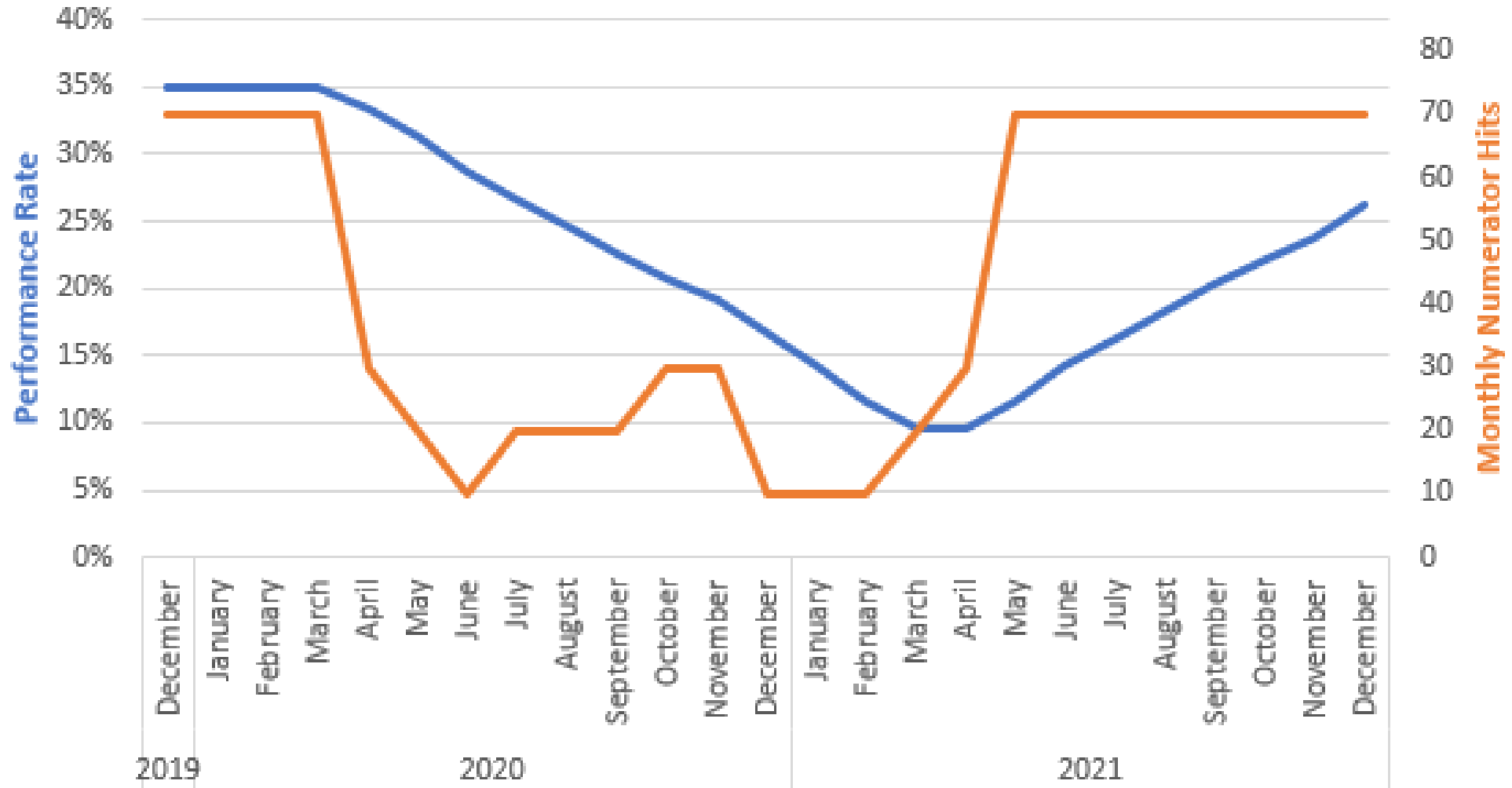
Fake Data

Control of High Blood Pressure - Return to normal productivity by Dec

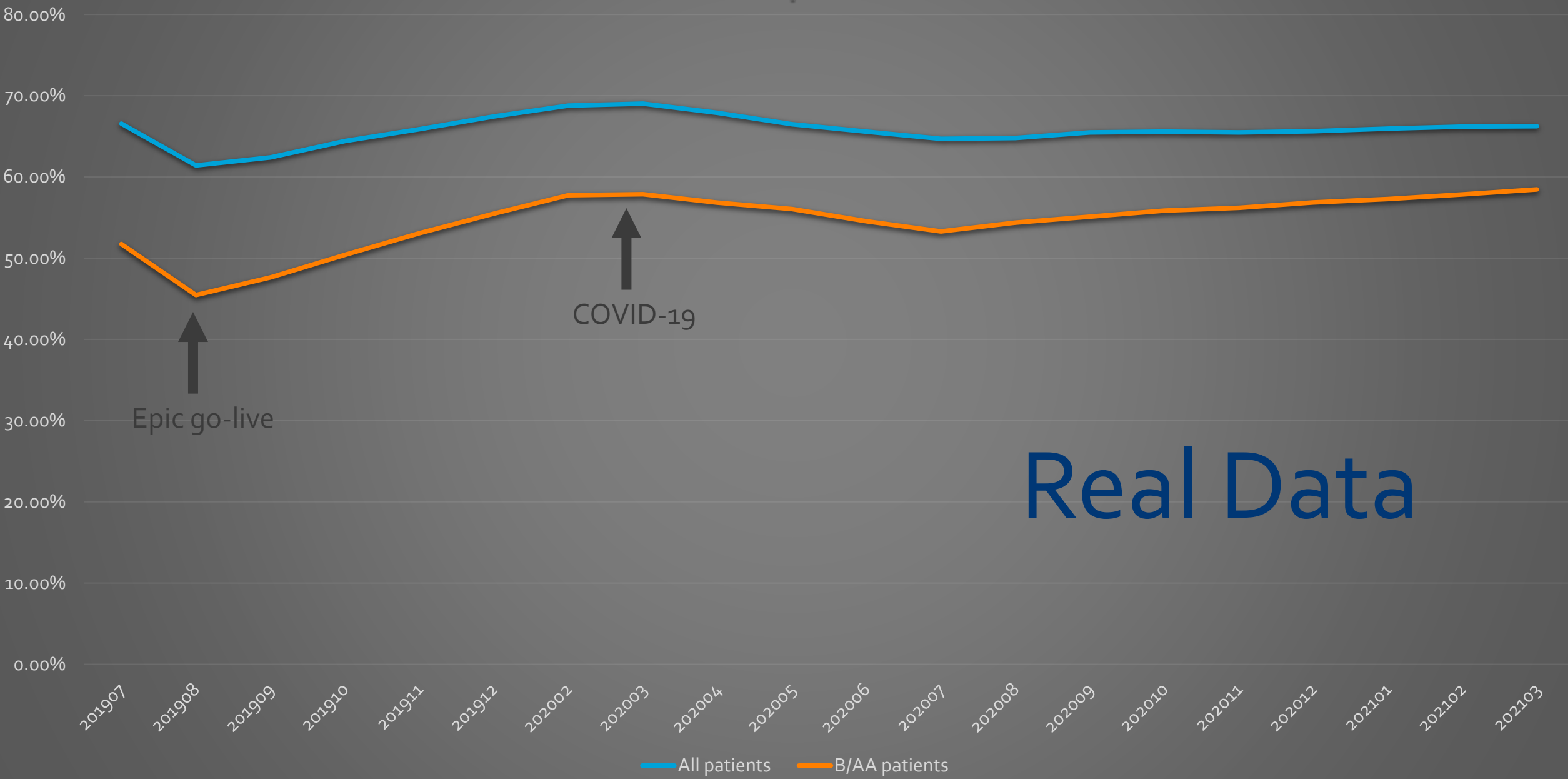


Fake Data

Control of High Blood Pressure - Return to normal productivity by May



Disparity metric: Depression screening and follow up for Black/African American patients



Real Data

BIRADS to BIOPSY: Benchmark Reporting

- Denominator ≥ 30 required in order to report.
- Since the QIP Reporting Portal will be open for submission of Immunization Sub-Pool measure data, entities will also use the Portal to report BIRADS to BIOPSY data under the PY3.5 report.
- This data will be used both to establish the PY₄ Benchmark and will be used as the Entity's PY₄ baseline performance

Please enter in the Chat:

Example: "1.Yes 2. No"

1. Are you on track to report by June 15? Yes / No / Don't know
2. Do you predict having at least 30 in the denominator? Yes / No / Don't know

Key Dates

- May TBD Webinar by NCQA & DHCS - PY4 Manual Walkthrough
- June 1 Webinar by NCQA-Risk adjustment in PCR measure. Register [here](#)
- June 15 Due to DHCS: PY3.5 Reporting on Immunization Sub-Pool Metrics
- June 15 Due to DHCS: BIRADS to Biopsy; measurement period = CY2020

Resources

QIP Orientation Slide Deck & Brief

Feel free to use when you orient internal staff & leadership on QIP. Topics:

- Context for QIP, PRIME -> QIP
- Overall program structure
- Financing & timing of payments
- Alignment w/ DHCS MCAS measures
- Resources on SNI Link

Download from [SNI Link](#)



About:

QIP (Quality Incentive Program) is a pay-for-performance program for California's public health care systems that would convert funding from previously-existing supplemental payments into a value-based structure.

New to QIP?

SNI created a QIP Overview slide deck for CAPH members to use when orienting internal staff and leadership on QIP. Information is subject to updates. Download the most current version [here](#).

Action Item: Email SNI any document you use to educate on QIP

IHI Scholarship Opportunities

[3/29/21 email](#) from Giovanna Giuliani.

- Ongoing [Certified Professional in Patient Safety \(CPPS\) Review Course](#)
- May 11–13 [IHI Patient Safety Congress 2021](#)
- June 1 [Leading, Managing, and Coaching to Excellence](#)
- June 2 [Activating Agency with the Psychology of Change](#)

Applicants must complete an online [application](#) and participate in an impact survey approximately one month after your course/event. On the first page of the application, please select Safety Net Institute (Manager: Abby Gonzalez).

Questions? Contact [Abby Gonzalez](#).

DHCS Topic Specific Learning Collaboratives

- Slides posted on DHCS [eQIP](#)
- QIP entities will share on a behavioral health QI topic of their choice for 15-20 min followed by 5-10 min for peer questions & discussion.
- Sign up via DHCS TLC [survey](#) by April 29

PAST PRESENTATIONS

“Depression-Related Health Disparities”

By DHCS Office of Medical Director

March 15, 2021 | Recording [link](#) | Password: Hope2021

“Disparities in Depression Screening”

San Francisco Health Network &
Ventura County Health Care Agency

April 12, 2021 | Recording [link](#) | Password: Hope2021

DHCS TLC: Tobacco Cessation by CA Quits

DHCS [4/9 email](#) "Tobacco Cessation TLC":

"We encourage all QIP entities to participate in this TLC. The tobacco cessation measure is a priority measure for the new QIP program, and participating entities will be held accountable to both rate 2 and rate 3, which is a change from PRIME."

Hosted by CA Quits project - a statewide project for Integration of tobacco treatment with health systems, funded by the California Department of Public Health's Tobacco Control Program. CA Quits offers:

- Technical assistance and training with screening, intervention, and health equity plans
- Connections with county resources & partners, quitline, and Medi-Cal Managed Care Plans

See [Agendas](#) and [Dates](#) that were in the attached in DHCS email or visit www.caquits.com.

SNI Webinar – Save the Date

Topic: Patient Portals

May 27, 2021 12-1pm

Details to follow in a forthcoming
email announcement



May 6 Office Hour

Breakout Rooms for peer discussion on certain topics.

Please enter in the Chat: Topics/measures you want to discuss

Action Item: Bring Q's you want to ask your peers to May 6 OH

Questions?

