

QIP Office Hours

Wed, June 9, 2021, 11AM-12 PM

[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](#)

Reminder: IZ Sub-Pool Reporting due 6/15

- Carefully read DHCS Policy Letters [QPL 21-001](#) & [QPL 21-002](#)
- For the Flu metric (both the PRIME Transition and Immunization Sub-Pool versions) see graphic posted on [SNI Link](#) and table in [QPL 21-002](#)
 - PY3.5 minimum benchmark remains 55.00%
- **Update:** DHCS will NOT require stratification by MCP for *PRIME 1.3.3 Influenza Immunization* but the 1 MCMC life requirement may still apply. Also stratification will continue to be required for *Q-PC9 IMA* & *Q-PC10 CIS*. DHCS policy letter is forthcoming.

Due	Measures	Performance as of:
June 15, 2021	<p>Immunization Sub-Pool Metrics</p> <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

Reminder: PY4 Webinars to watch

June 2

PY4 Manual Walk
through by
NCQA

To be posted on
[DHCS eQIP](#) &
[SNI Link](#)

June 1

Plan All Cause
Readmission
Walkthrough by
NCQA

On [DHCS eQIP](#) &
[SNI Link](#)

April 7

Using CMQCC
MDC for QIP
Part 1

Posted in CMQCC
MDC support
section

June 10

Using CMQCC
MDC for QIP
Part 2

Register [here](#).
To be posted in
CMQCC MDC
support section

Deep dive on submitting Medi-Cal Payer data including the new required data element "Medi-Cal Enrollee"--which will enable hospitals to report on cases with either primary or secondary Medi-Cal insurance coverage. CMQCC published an updated User Guide to reflect the new data element.

Revised Measure Matrix

- David working to include indication of which measures need non-QIP entity data from Medi-Cal Managed Care Plans.

QIP Entity Specific Denominator Encounters

- Effective PY₄, DHCS agreed to limit the denominator encounters to QIP entity encounters for:
 - Q-LBP: Use of Imaging Studies for Low Back Pain
 - Q-AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
 - Q-URI: Appropriate Treatment for Upper Respiratory Infection
- Only for PY₄, DHCS agreed to limit the denominator encounters to QIP entity encounters:
 - Q-FUA: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
 - Q-PCE: Pharmacotherapy Management of COPD Exacerbation
 - DHCS will revisit decision for Q-FUA & Q-PCE year-by-year depending on how the CMS ADT Notification rule is progressively being operationalized across the nation/state.
- The associated value sets for these 5 will not be listed in the MCP Value Set document for PY₄.
- DHCS policy letter is forthcoming.

R/E Strata for 5 measures + overall MCMC

- Details in forthcoming DHCS Policy Letter.

Please enter your response into the Chat:

At your health system, do individuals who identify as more than one race select a “Two or More”/“Multi-racial” option? Or, do they check off multiple individual race categories and you tabulate “Multi-racial” on the back-end?

COVID Modification Data Request

- Which Measures: Any and all PY₄ measures with readily available data
- What Data: Numerator, denominator, and rate (and target if already calculated)
- What Time Periods:
 - Trended monthly performance data as of December 31, 2020 and each subsequent month to the most current month, with full measure look back for each month
- Look-Back Calculations:
 - For each reported time period, structure the calculation the same as end of year reporting but shift the months back based on the end-of-performance date.
 - Example: For 5/31/21 report shift all measure dates back by 7 months.
- Send to Dana by encrypted email as soon as you are able.
- CRITICAL NOTE: Do not send if it takes more than 30 minutes to put together!

Navigation of NHSN Portal for CDI

Measure Steward	Specification Source	NQF Endorsement	Target Population
Centers for Disease Control and Prevention National Healthcare Safety Network	CDC NHSN MDRO and CDI Module* NQF specification	#1717	Payer Agnostic

*See page 21 for the “Clostridium difficile (C. difficile) LabID Event Reporting” and page 22 for “Figure 3. C. difficile Test Result Algorithm for Laboratory Identified (LabID) Events”

- Request from Kern Medical
- Which NHSN report to use?
 - SIR-ACH CDI FacwideIN LabID Data?
- How to align for QIP reporting?
- How to utilize the numerator and denominator exclusions within NHSN?
 - Does NHSN automatically apply exclusions when calculating the SIR?

- MDRO/CDI Module - LABID Event Reporting
 - All LabID Events
 - All MRSA LabID Events
 - All MSSA LabID Events
 - All C. difficile LabID Events
 - Line Listing for All CDIF LabID Events
 - Frequency Table for All CDIF LabID Events
 - Bar Chart for All CDIF LabID Events
 - Pie Chart for All CDIF LabID Events
 - Rate Tables for CDIF LabID Data
 - SIR SIR - ACH CDI FacwideIN LabID Data**
 - SIR SIR - CAH CDI FacwideIN LabID Data
 - SIR SIR - IRF CDI LabID Data
 - SIR SIR - LTAC CDI FacwideIN LabID Data

Questions?

