

# QIP Office Hours

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

**Recording Link** 

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

# 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: <u>QIP Webinars</u>

# Reminder: IZ Sub-Pool Reporting due 6/15

- Carefully read DHCS Policy Letters <u>OPL 21-001</u> & <u>OPL 21-002</u>
- For the Flu metric (both the PRIME Transition and Immunization Sub-Pool versions) see graphic posted on <u>SNI Link</u> and table in <u>OPL 21-002</u>
  - 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	<ul> <li>Immunization Sub-Pool Metrics</li> <li>Project 1.3 Influenza Immunization</li> <li>Q-PC9 Immunization for Adolescents</li> <li>Q-PC10 Childhood Immunizations</li> </ul>	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 <u>DHCS eQIP</u> & 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 <u>here</u>.
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!

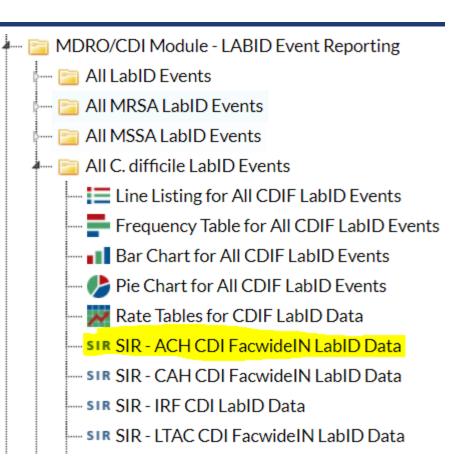


# Navigation of NHSN Portal for CDI

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

<sup>\*</sup>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?





# Questions?

