

# QIP Leads Monthly Forum

---

Mon, July 26, 2021, 12-1PM

[Recording Link](#)

Presenters: David Lown [dlownd@caph.org](mailto:dlownd@caph.org), Dana Pong [dpong@caph.org](mailto: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](#)

# Program Year 4

---

# PY<sub>4</sub> Policy Updates

---

## Pending:

- CMS approval of original PY<sub>4</sub> Pre-print. Through PY<sub>6</sub> or PY<sub>9</sub>?
- DHCS release of “PY<sub>4</sub> Value Sets for Managed Care Plans”
- DHCS Policy Letter: R/E stratification structure for 5 priority measures + overall MCMC
  - See slide 9-10 from [6/28 QIP Leads Webinar](#)
- DHCS Policy Letter: Non-Entity Data
  - See slide 11 from [6/28 QIP Leads Webinar](#)
- DHCS thinking on audits possibly starting for PY<sub>4</sub>
  - Update during 8/23 QIP Monthly Webinar

# PY4 COVID Modification Proposal

---

# COVID Modification Proposal: Status

---

- SNI & DHLF (representing the DMPH) submitted P<sub>4</sub>R proposal to DHCS in June
- DHCS discussing internally but has indicated likelihood of needing alternate proposals
- SNI exploring other possibilities (not yet proposed to DHCS):
  - Apply % Funding Earned from PY<sub>3.5</sub> to PY<sub>4</sub> Funding (best backup option – similar to DY<sub>15</sub>)
  - Reduce # measures (<40) required to meet a P<sub>4</sub>P target
    - E.g., 10 Priority measures (of DPH choice) + 10 Elective measures
  - Modified Target possibilities:
    - ≥ baseline (performance as of 12/31/20. “Better”= to the precision of the benchmark)
    - ≥ 10th percentile
    - ≥ 25th percentile
- To support alternate proposals, SNI requested data from members in May/early June.
  - Received data on 50 of 56 possible measure rates
  - Received 1/3 of total possible data: 40 measures x 17 members = 680. # received=229 → 33%.
  - Reporting Bias: Ability to report correlates with performance? If so, data overestimates DPH-wide performance.

# Initial PY<sub>4</sub> Data Request

---

- To support alternate proposals, SNI requested data from members in May/early June.
  - Received data on 50 of 56 possible measure rates
    - No data on: CDI; CMS<sub>349</sub> HIV Screening; PCR; SSI; W<sub>30</sub> 15-30 mos rate
  - Data received represents 1/3 of total possible data:
    - 40 measures x 17 members = 680.
    - # received=233 → 34%.
  - Reporting Bias:
    - SNI suspects that ability to report PY<sub>4</sub> data (at this point in the year) was/is correlated with performance
    - If so, the data received so far overestimates DPH-wide performance.





# Fewer measures had both Dec '20 & May/June'21 data points

	Dec	Jan	Feb	Mar	Apr	May	Mid-Jun
AHS	●	●	●	●	●	●	
ARMC							
CCRMC	●	●	●	●	●	●	
KMC							
LACDHS		●					
NMC							
RUHS	●	●	●	●	●	●	
SCVMC							
SFHN	●	●	●	●	●		
SJGH							
SMMC	●	●	●	●			
UCD	●	●	●	●			
UCI	●	●	●	●	●	●	●
UCLA	●	●	●	●	●	●	●
UCSD							●
UCSF	●	●	●	●	●	●	
VCMC							

# Results from the Data Received

- Latest Performance  $\geq 25^{\text{th}}$  for a high majority ( $\geq 3/4$ ) of members

## Measure Source

PRIME	PY3	PY4
14 of 24 reported measures (58%)	11 of 17 (65%)	2 of 10 (20%)

## Priority vs Elective

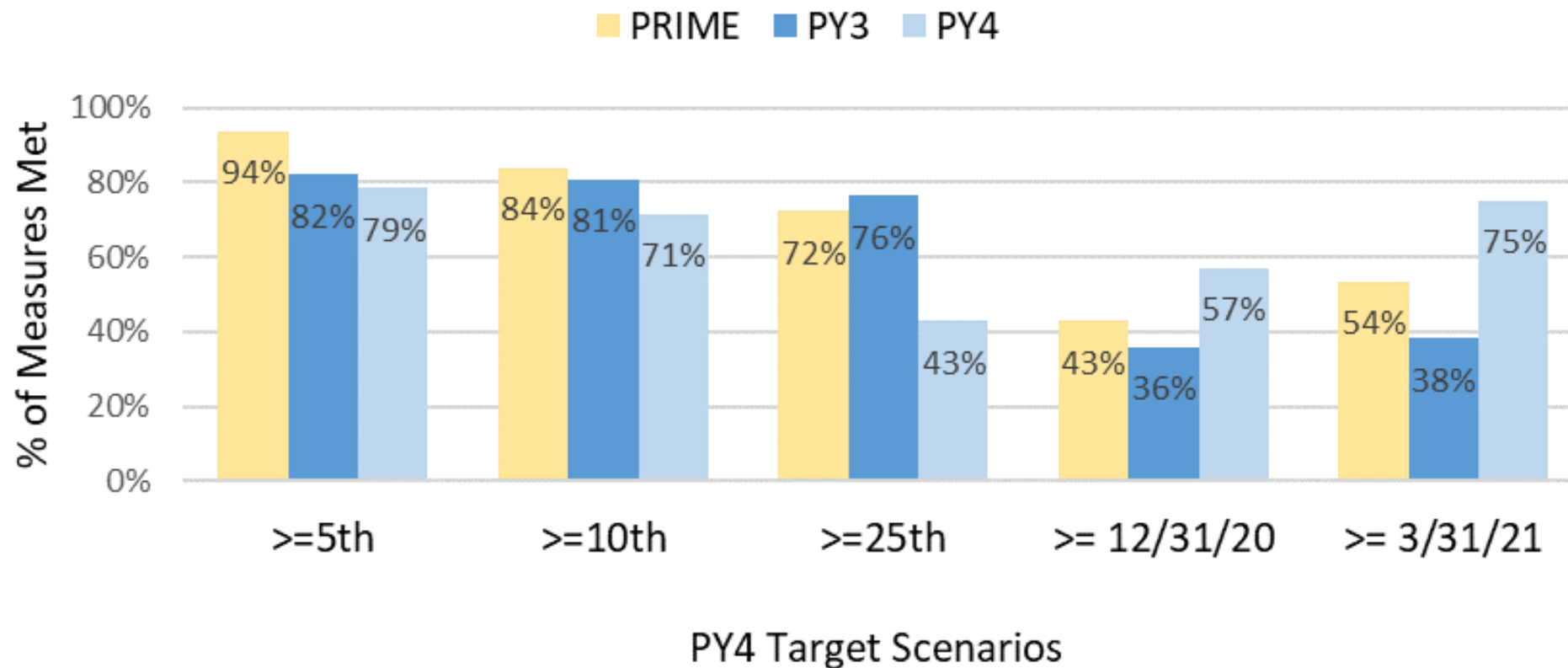
Priority	Elective
10 of 19 (52%)	11 of 17 (65%)

- Latest Performance better than “baseline” for a high majority ( $\geq 3/4$ ) of members

Vs December 2020	Vs March 2021
8 of 50 (16%)	12 of 50 (24%)

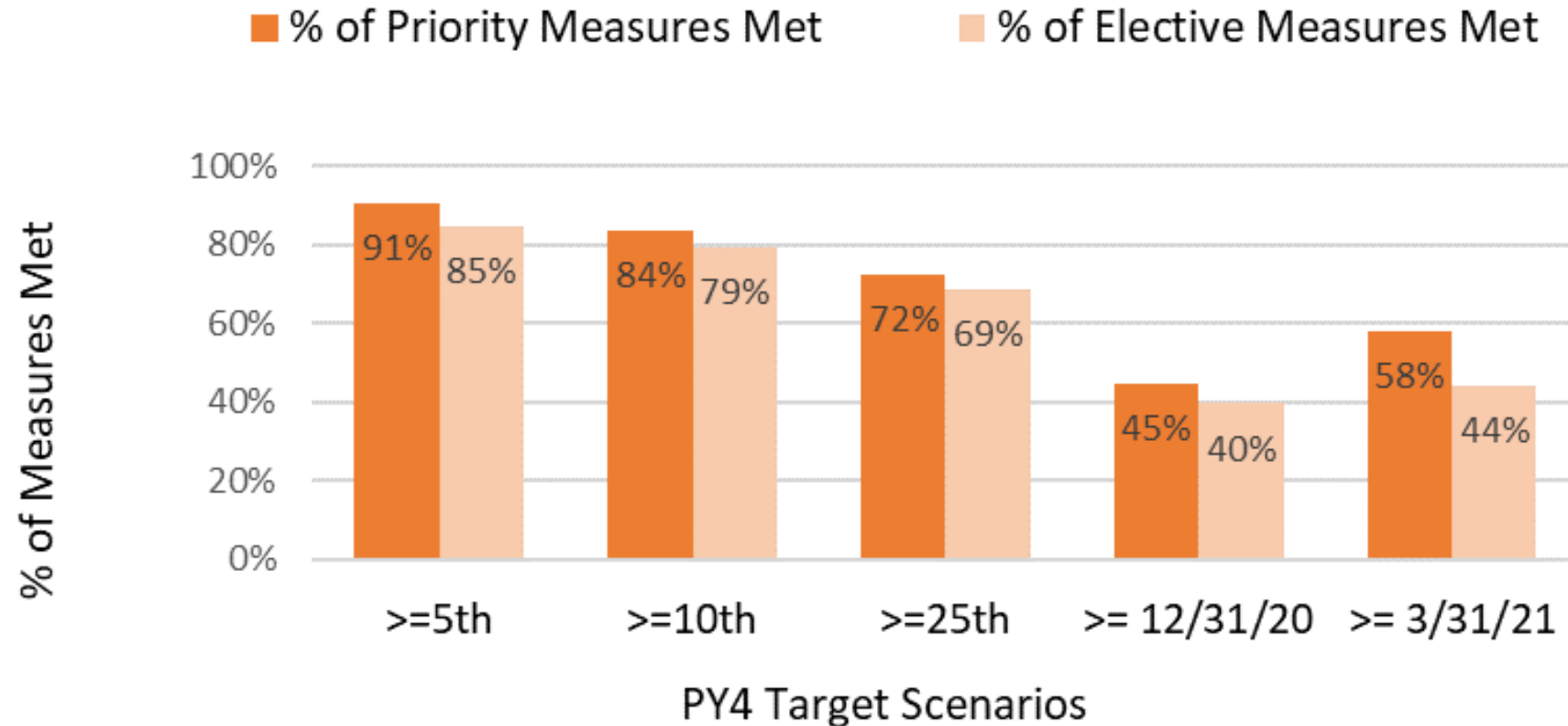
# Results from Data Received

% Measures Met: PRIME v. PY3 v. PY4



# Results from Data Received

## % of Measures Met: Priority v. Elective



# More Data is Needed

---

- The more DHCS pushes for explicit targets (i.e., anything other than P4R including a threshold of 25th percentile or lower), the more data SNI needs to close the gap between our knowledge of actual performance and any target proposals.
- Possible future data request:
  - For every measure, make best prediction(Yes/No) if 12/31/21 performance will meet or exceed 25<sup>th</sup> percentile; and baseline (performance as of 12/31/20)

For now, if you happen to easily have any updated data (not previously shared with SNI), please send to [dpong@caph.org](mailto:dpong@caph.org) via encrypted email at any time.

At minimum, for as many measures as you have available data, send performance (per PY<sub>4</sub> specs but with look-back anchored to below dates):

- as of Dec 31, 2020
- as of March 31, 2021 AND
- your most current performance.

# PY4 Measure Matrix posted on [SNI Link](#)

---



Updated based on feedback from last QIP Leads call and per latest discussions with DHCS on Non-Entity Data



If you see any errors or have questions, email David [dldown@caph.org](mailto:dldown@caph.org)

# Program Year 5

FINAL MEASURE SET

---

# Changes for PY5

---

- **Deletions**
  - Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDC-MN)
  - Contraceptive Care - All Women Ages 15-44 (CCW-AD)
- **Additions**
  - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
  - Pharmacotherapy for Opioid Use Disorder (POD)
  - Prenatal Immunization Status (PRS-E)
  - Kidney Evaluation for Diabetes (KED)
- **54 PY5 Measures in Total**
  - Includes 2 IHE measures
- See QIP PY5 Measures Set 2021.07.22\_FINAL (posted on [SNI Link](#)) for details on versions and benchmarks (doesn't list the two IHE measures but those are definitely part of PY5).



Please do not disseminate  
information in this slide deck  
outside your health system.  
Information is strictly for  
CAPH members only

# SNI Offerings

---

# Patient Portal Resources from SNI

---

## Patient Portal Redeployment Guide and Resource Toolkit

- a step-by-step deployment process along with 30+ tools and example resources that aims to add value to the patient portal and improve enrollment and active use.

View [Toolkit](#).

## Strategies to Increase Patient Portal Utilization

- In May, experts from RUHS shared strategies to increase patient portal utilization across clinics and departments. View [webinar recap](#) or [webinar slides & recording](#).



# IHI Scholarship Opportunities

---

Through Kaiser Permanente Community Benefit's Institute for Healthcare Improvement (IHI) Endowment, SNI offers a limited number of scholarships to members to cover the cost of registration fees for select IHI programs.

- Sep 7 [Redesigning Event Review w/ Root Cause Analyses & Actions](#)
- Sep 14 [Finding and Creating Joy in Work](#)
- Sep 28 [Moving Quality Improvement from Theory to Action](#)
- Dec 5-8 [IHI Forum 2021](#)

On the first page of the [application](#), select SNI (Manager: [Abby Gonzalez](#))



**MEETING**  
**THE**  
**MOMENT**  
ANNUAL CONFERENCE 2021

**CAPH**

**SN**

**Save the Date!**  
December 1-3, 2021

THE MERITAGE HOTEL IN NAPA

# Quality Leaders Awards (QLAs)

---

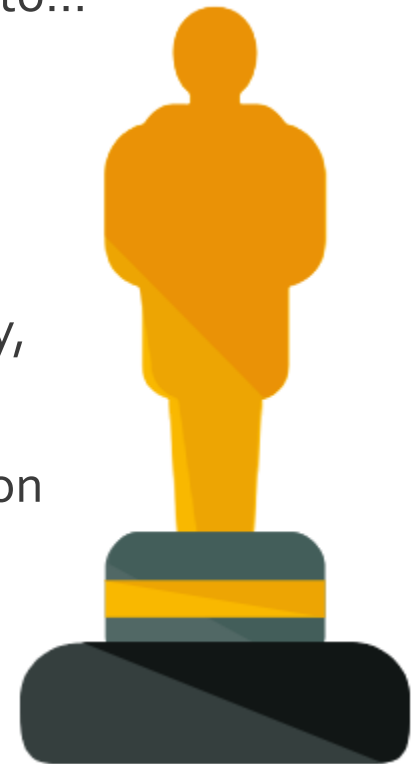
## Applications are open for the 2021 QLAs!

This year, the QLAs feature new award categories that recognize an outstanding effort to...

- Promote *health equity* and reduce disparities (**Health Equity**)
- Improve *population health* by using data-driven approaches to identify and address multiple drivers of health outcomes (**Population Health**)
- *Redesign care* processes in a way that increases efficiencies, advances clinical quality, and enhances the patient experience (**Care Redesign**)
- Demonstrate *innovation* in technology, models of care, and/or system transformation that improves health outcomes and care delivery (**Innovation**)

This year's QLAs will be celebrated at our Annual Conference, which will take place on December 1-3. Applications can be found at [www.safetynetinstitute.com/](http://www.safetynetinstitute.com/)

**Applications are due Friday, August 27, to Zoe So ([zso@caph.org](mailto:zso@caph.org)).**



# Questions?

---

