

# QIP Leads Monthly Form

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Mon, March 28, 12-1PM

[Recording Link](#)

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Recordings of the webinar and slide deck posted on [SNI Link/QIP/Webinars](#)

# Housekeeping

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**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](#)

# Introduction: SNI new Data Analyst!!

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- Welcome to Arlene Marmolejo
  - Masters in Economics
  - Most recently Assoc Governmental Program & Quality Assurance Analyst at CA Dept of Social Services in the IHSS program

# Program Updates

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# QIP Audits

Same slide as from  
3/14/22 QIP Office Hours  
(changes in red)

## Audit/MCP Comparison Activities Timing:

1. Workgroups:
  - Monthly x 3 mtgs starting 4/18~~28~~<sup>28</sup>
  - Who: Entity & association (SNI & DHLF) representatives and HSAG
  - Purpose: Streamline upcoming audits to reduce entity burden and to info MCP comparison activities
2. Summer: PY<sub>4</sub> Audit Activities begin
  - Scope: Any reported PY<sub>4</sub> measures that are [MCAS](#) measures (14 Priority + 6 Elective)
  - July: *Audit Document Request Packet* distributed to Entities; HSAG Kick-off call with entities
  - Mid-August: First submission of data & documentation due to HSAG
  - End October: Submission of final rates to HSAG
3. TBD: Comparison of entities' rates & MCP entity rates.
  - ID causes and solutions for differences
4. Late 2022/Early 2023: PY<sub>5</sub> Audit (exact timing and scope TBD)

# Updated MCP Data Sharing Policy - Released

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[QPL-22-001](#) Released on 3/15/2022

MCPs must assist QIP entities, including DMPHs seeking information related to DHCS-approved contracted DMPH community partners, in collecting any information that is necessary to complete QIP quality improvement efforts and reporting obligations for all years in which the QIP program is in effect. This includes providing QIP entities with the minimum necessary information outlined by DHCS, which may include, but is not limited to, Medi-Cal member eligibility, lab tests and results (to the extent allowed by applicable laws and regulations), pharmaceutical and non pharmaceutical claims data and data for **beneficiaries with other health coverage, which may include dually eligible beneficiaries as defined in state and federal law.**

# MCP Data Sharing – Other Health Coverage

Anthem provides SFHN data in this format→

**Question:** Would the following formula work to determine “Other Health Coverage” status for QIP:

Medicare_A	Medicare_B	Medicare_D	OHC_Code	Other_Health_Coverage
0	0	0	N	None
0	0	0	N	None
0	0	0	N	None
0	0	0	N	None
0	0	0	N	None

- If a member has “1” in Medicare A, B or D or anything other than “None” in “Other\_Health\_Coverage”
  - SNI response: Yes, except for Medicare D (just drug coverage). PY1-3 Duals exclusion was based solely on Parts A & B, so either one of those should qualify. However, to be more specific about the QIP outpatient assigned lives measures, you could focus on whether the person has Medicare Part B since B covers outpatient care ([link](#)).
- Should the MPC identify primary coverage, secondary etc?
  - SNI: doesn’t matter, cause if the person has Medicare or Private/Commercial coverage, that other coverage will always be the primary payer over Medi-Cal.
- **QUESTION TO THE GROUP:**
  - In what format are others receiving Other Health Coverage status info from their Plans?

# PY<sub>4</sub> COVID Modifications

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- SNI awaiting DHCS' Draft Policy document on reporting process for COVID Milestones. Almost certain that there will be no further details to the questions beyond what was included in the pre-print (i.e., slide 4 from [Dec 9 Office Hours](#), meaning there will be no “menu of activities” as we presented in slide 5 & 6 in the Dec 9 Office Hours).
- For info on PY<sub>4</sub> COVID Modifications please review **slide 4** from [Dec 9 Office Hours](#) and **slide 5** from [February 14 Office Hours](#).



# Ratio Based Risk Adjusted Measures PY5+

For all three risk-adjusted QIP measures (Q-PCR, Q-CDI and Q-SSI), where performance is measured by an Observed to Expected ratio (O/E), individual QIP entity performance targets will be calculated using the following Calibrated O/E threshold methodology:

- For each measure, the QIP Entity's O/E Ratio would be converted to a Calibrated O/E using the National or State Average O/E Ratio as follows:
  - $\text{Calibrated O/E} = (\text{Entity O/E}) / (\text{National or State Average O/E})$

All QIP entity targets for these three measures are then set using the Calibrated O/E as follows:

Achievement Value	QIP Entity Calibrated O/E
AV = 1.0	< 0.9
AV = 0	≥ 0.9

Example:

1. QIP entity's Q-PCR O/E ratio = 0.8834
2. HEDIS PCR National Average O/E = 0.9880
3. Entity's Calibrated O/E ratio = (Entity's O/E / National average O/E) = 0.8834 / 0.9980 = **0.8851**
4. **Outcome** → The entity's calibrated O/E is less than 0.9 therefore, the entity would receive an Achievement Value of '1' indicating they performed better than expected (compared to the national average).

# Improving Health Equity - Poll

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1. Are you reporting on either IHE measures for PY4?
  - If yes, please chat in which Eligible Equity Measure(s) and Priority Populations
2. Have you already selected your IHE-1 for PY5?
  - If yes, please chat in which Eligible Equity Measure and Priority Population
3. Are you planning on reporting IHE-2 for PY5?
  - If yes, please chat in which Eligible Equity Measure and Priority Population

# Improving Health Equity – Issues to Consider

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Information to consider when selecting PY5 IHE-1 (and/or IHE-2):

## **PY4 Measures Stratified by Race & Ethnicity:**

- Q-BCS: Breast Cancer Screening
- Q-CBP: Controlling High Blood Pressure
- Q-CMS2: Screening for Depression and Follow-Up Plan
- Q-CMS130: Colorectal Cancer Screening
- Q-CMS147: Influenza Immunization

## **DHCS Bold Goals: 50% by 2025 (Equity)**

- **Close racial/ethnic disparities in well-child visits and immunizations by 50% (state level).**
  - Q-WCV: Child and Adolescent Well-Care Visits
  - Q-CIS: Childhood Immunization Status
  - Q-IMA: Immunizations for Adolescents
- **Close maternity care disparity for Black and Native American persons by 50% (state level).**
  - Q-PPC-Pre: Prenatal and Postpartum Care: Timeliness of Prenatal Care
  - Q-PPC-Pst: Prenatal and Postpartum Care: Postpartum Care

For PY5, these are the measures QIP entities must stratify by race & ethnicity (informational only)

We have just begun discussing PY6 QIP equity targets with DHCS and CAC (how many & which ones). Unfortunately, the state has not yet decided on MCAS MY2023 as to which measures/sub-rates will have equity targets for the Plans.

And this decision will definitely have an impact on QIP PY6

# Improving Health Equity 1 & 2: Rules

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1. Choose Measure & Population from the Eligible Equity Measures list (no change for PY5)
2. Q-IHE1 must use an Eligible Equity Measure that is also a Priority Measure.
3. IHE-1 & IHE-2 must use different measures but can use the same Priority Population
4. All entities must report on the parent measure if reporting on a Q-IHE measure.
5. The priority population must be  $\leq 50\%$  of the Entity's total, non-stratified denominator for the chosen measure.
6. In the first PY of reporting on a specific Priority Population within a specific Eligible Equity Measure, the **Priority Population must have a baseline performance rate that is at least 3 percentage points less than the baseline performance rate of the parent measure** (more info in Manual about requirements for when that gap becomes  $< 3\%$  points)
7. Any newly selected Priority Population's baseline rate for the selected Eligible Equity Measure cannot be at or above that measure's 90th percentile benchmark (more info in Manual about requirements for when Priority Population performance is  $\geq 90^{\text{th}}$  percentile)

# IHE: Examples meeting & not meeting the rules

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- Entity did not report any IHE in PY<sub>4</sub>. Here's what they choose for PY<sub>5</sub>:
  - IHE-1: Q-PCo<sub>2</sub>: Cesarean Birth – Hispanic/Latinx population
  - IHE-2: Q-PCo<sub>2</sub>: Cesarean Birth – Black/African American population
  - PY<sub>5</sub> PCO<sub>2</sub> 90<sup>th</sup> percentile = 22%
- Here's their baseline data (i.e., as of 12/31/2021):
  - Overall PCo<sub>2</sub> Population = 400
  - PCo<sub>2</sub> performance rate = 18.94%
  - Hispanic/Latinx population = 204
  - Hispanic/Latinx population performance rate = 21.85%
  - Black/African American population = 52
  - Black/African American population performance rate = 30.27%

WHAT'S WRONG HERE?

WHAT'S RIGHT HERE?

# Q-FUA & Q-FUI

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Q-FUA: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence

Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder

Alameda Health System has been working on understanding and implementing these two measures and is interested in knowing who else is working on the measures and would like to connect with those who are to learn more.

**REQUEST:** Please put in the chat your system name, if you are working on one or both measures, which one(s), and if you are open to connecting with AHS.

# Resources

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# SNI Learning Opportunities

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## **Designing the Future State: How a Mixed Model Approach Can Optimize Virtual Care for Patients**

**March 30, 3-4pm**

Leaders from Contra Costa Health Services (CCHS) and West County Health Center (WCHC) will share their experiences developing and adapting a mixed model approach for in-person and virtual care. CCHS will present their hybrid scheduling template and share evaluation results from piloting the template across 3 clinic sites. WCHC will discuss implementation of their West County Virtual Clinics using Zoom to build effective care teams and re-create the physical clinic environment online with an easy check-in process and dedicated virtual spaces for patients and the care team. [Register Here](#)

## **Reframing the Pandemic Response: UCSD Health's Framework for Endemic COVID-19 Operating Procedures**

**April 13, 1-2pm**

Motivated by the need to transition from a “perpetual state of emergency” to a proactive approach that recognizes COVID-19 as one of many endemic viruses, UCSD Health recently developed “new normal” COVID-19 guidelines that inform patient and staff testing, PPE, telehealth, surge planning, return to office, and other health system operations. In this webinar, UCSD Health leaders will describe how they defined and operationalized three tiers of COVID-19 prevalence based on data-informed wastewater thresholds. Strategic, operational, clinical, and informatics leads are encouraged to attend. [Register here](#).

## **Integrating Navigation and Virtual Care: How to Improve Patient Access and Sustain Virtual Care Teams**

**April 14, 12-1pm**

The Center for Innovation in Access and Quality at the Zuckerberg San Francisco General Hospital will share their experiences and strategies for developing their Tech Navigator Program using a volunteer-based model to ensure smooth daily operations and implementation of virtual care services, including onboarding new clinical services, developing resources and tools to screen patients for Zoom video visits, and providing staff trainings across the San Francisco Health Network. Public health care system leaders will discuss early lessons from the field, including successes, challenges, and opportunities for designing various Tech Navigator approaches to advance equity and improve patient access and adoption of virtual care. [Register Here](#)



# In Case You Missed it...

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## **Community-Centered Outreach and Engagement: Contra Costa Health Services' Approach**

**February 23, 12-1pm**

In this webinar, Contra Costa Health Services (CCHS) shared how they leverage their Historically Marginalized Community Engagement Unit, which includes multiple workgroups specific to African American, Asian American and Pacific Islander, Latinx, and other historically marginalized communities in Contra Costa County, to tailor COVID-19 outreach and engagement. Presenters described how they have leveraged and managed the workgroups for COVID-19 testing and vaccinations, as well as plans for future initiatives beyond COVID-19. View the [webinar recap](#) for key takeaways or view the [webinar slides and recording](#).

## **Virtual Care Measures of Success: 3-Month Check-in**

**March 1, 12-1:30pm**

In the third session of this 3-part series on virtual care measures of success, system leaders from UCSD shared their experience launching a virtual care strategic planning process, including reorganizing their governance structures, identifying and testing new key performance indicators (KPIs), and building a long-term virtual care strategy. View the [webinar recap](#) for key takeaways or view the [webinar slides and recording](#).

# Questions?

