QIP Leads Monthly Forum

Mon, April 11, 12-1PM

Recording Link

Presenter: David Lown dlown@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 Updates

QIP Audits

Audit/MCP Comparison Activities Timing:

1. Workgroups:
   - Monthly x 3 mtgs starting 4/~~18~~28
   - Who: Entity & association (SNI & DHLF) representatives and HSAG
   - Purpose: Streamline upcoming audits to reduce entity burden and to info MCP comparison activities

2. Summer: PY4 Audit Activities begin
   - Scope: Any reported PY4 MCAS measures (14 Priority + 6 Elective – see next slide)
   - 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: PY5 Audit (exact timing and scope TBD)

PY4 Audit (aka MCAS) Measures

- Q-AMR Asthma Medication Ratio
- Q-BCS Breast Cancer Screening
- Q-CCS Cervical Cancer Screening
- Q-WCV Child and Adolescent Well-Care Visits
- Q-CIS10 Childhood Immunization Status (CIS 10)
- Q-CHL Chlamydia Screening in Women
- Q-CDC-H9 CDC: HbA1c Poor Control (>9.0%)
- Q-COB Concurrent Use of Opioids and Benzodiazepines
- Q-CCW Contraceptive Care – All Women
- Q-CBP Controlling High Blood Pressure
- Q-DEV Developmental Screening in the First Three Years of Life
- Q-FUA Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence

- Q-IMA Immunizations for Adolescents
- Q-PCR Plan All-Cause Readmissions
- Q-PPC-Pst: Postpartum Care
- Q-PPC-Pre: Timeliness of Prenatal Care
- Q-CMS2 Screening for Depression and Follow-Up Plan
- Q-OHD Use of Opioids at High Dosage in Persons Without Cancer
- Q-WCC Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents
- Q-W30 Well-Child Visits in the First 30 Months of Life

PY4 Reporting

- QIP POLICY LETTER 22—002 released on 4/5/2022

- COVID Narratives
  - 2000-character limit, same as other narratives
  - DHCS will not be providing any clarification beyond the above policy letter
  - So, it is left to the entity to define any undefined terms (e.g., "employee", "vaccinated", "Medi-Cal beneficiaries", "community")

- Minimum performance for P4P measures
  - In QIP PY4 Final Benchmarks_2021.10.29 every measure has a minimum, median, and high-performance benchmark.
  - Minimum is 25th %ile for most measures.

- Audit & data sharing with HSAG
  - QPL*: All entities must participate and provide any information, records or access deemed necessary by DHCS auditors, **who are HIPAA business associates of DHCS**.*
  - HIPPA colleagues of CAPH say that under HIPPA the above direction is allowable each entity have their own legal counsel sign off on that.

PY4 Reporting (continued)

- QIP Reporting Application open date
  - DHCS is doing their best to open it as soon as possible once full testing is completed. Not 2 months before the deadline but maybe 5-6 weeks before.

- Stratifications in the Reporting App:
  - By Race and Ethnicity (XII.B): the Reporting App will be structured the same as QPL 21-006 released 9/9/21. This table will also be included in the PY5 Manual.
  - By Medi-Cal Health Plan: same as it was in past QIP PYs
  - Q-PCR All Cause Readmissions
    - In addition to the various elements that must be reported (see next slide), those elements will also need to be stratified by Medi-Cal Health Plan

PY4 Q-PCR: Entity Calculations vs Reporting

- On pages 321-323 of the PY4 Manual, the PCR specs define elements as "Reporting" vs "Calculated"
- For <u>all</u> PYs you report PCR, you are required to <u>calculate</u> all the "Reporting" elements
- For <u>all</u> PYs you must also calculate <u>all age strata</u> (tables Q-PCR-1 & B-1, p 322-3), as those are use for the risk stratification calculations.

- NCQA has approved the QIP Reporting App to calculate all the "Calculated" elements (p 321-2)
- So, in the QIP Reporting App, <u>only submit</u> the "Reporting" elements & age <u>totals</u>

- You probably will still want to also calculate your own O/E so you know where you stand.

REMINDER:
- PY4 is the first year that DPHs will be using the O/E score. PRIME never used that.
- PY4 still uses gap closure for PCR target setting (notice that in the PY4 benchmark document, it includes 25th, 50th and 90th percentile benchmarks).
- Threshold target setting methodology starts in PY5

PY4 Q-PCR: Entity Reporting vs QIP App Calculations

Data Element	Required For Calculation	QIP Reporting Requirements and Calculations
MemberCount	Each Age Stratification	Entities Report Total only
OutlierMemberCount	Each Age Stratification	Entities Report Total only
OutlierRate	**OutlierMembercount / MemberCount (Permille)** Each Age Stratification	Entities Do Not Report QIP Reporting Application to calculate Total Outlier Rate
Denominator	Each Age Stratification	Entities Report Total only
ObservedCount	Each Age Stratification	Entities Report Total only
ObservedRate	**ObservedCount / Denominator (%)** Each Age Stratification	Entities Do Not Report QIP Reporting Application to calculate Total Observed Rate
ExpectedCount	Each Age Stratification	Entities Report Total only
ExpectedRate	**ExpectedCount / Denominator (%)** Each Age Stratification	Entities Do Not Report QIP Reporting Application to calculate Total Expected Rate
CountVariance	Each Age Stratification	Entities Report Total only
OE	**ObservedCount / ExpectedCount** Each Age Stratification	Entities Do Not Report QIP Reporting Application to calculate Total Expected Rate

Cumulative Attributable Difference (CAD)

Starting PY5 for Q-PCR, Q-CDI and Q-SSI QIP entity performance targets are calculated using the following methodology (PY4 uses gap closure to 90th):

- Calibrated O/E = (Entity O/E) / (National or State Average O/E)
- AV = 1 if Entity Calibrated O/E < 0.9
- AV = 0 if Entity Calibrated O/E ≥ 0.9

To track your Calibrated O/E over time and calculate the number of events to prevent to get an AV=1, use the Cumulative Attributable Difference (CAD):

- CAD is the difference between the # of observed infections and a numerical prevention target, the latter of which is the # of predicted infections multiplied by the Calibrated O/E goal
- CAD = OBSERVED – (PREDICTED $*$ Calibrated O/E$_{goal}$)

CAD: Example Calculation (mock data)

Entity February 2022 Observed Readmissions	64
Entity February 2022 Expected Readmissions	65.652
Entity February 2022 Observed/Expected (O/E) ratio	0.975
PCR O/E Mean = 0.998	0.998
Calibrated O/E Goal <0.9	0.899
Entity Calibrated 2022 O/E = (Entity O/E)/(PCR O/E) Mean	0.977
Entity O/E Goal = (Calibrated O/E Goal) * (PCR O/E Mean)	0.897
CAD = OBS - (Pred * Entity Goal O/E)	5.097
Goal Entity O/E = (Obs - CAD)/Pred	0.897

- So, the entity must prevent an additional 6 readmissions to have only 58 readmissions on an annual basis to meet their 2022 QIP target

Q-CMS2v10: Screening for Depression & Follow-Up

PCS #00382486: "screening tools do not qualify as an appropriate follow-up plan".

Background
In 2017 (PRIME DY13, CMS Core Set 2017 & eCQM CMS2**v7**), PCS #00144026, asked if it was acceptable to use PHQ2 as the screening tool and PHQ9 as the Numerator compliant follow-up. The answer, referencing the eCQM, was YES this was ok.

For DY14 (Core Set 2018, eCQM CMS2**v8**) the eCQM specs (pp 17 & 244 DY14 Manual) noted removal of these two codes:
• "Standardized adolescent depression screening tool completed" SNOMED – 428161000124109
• "Standardized adult depression screening tool completed" SNOMED - 428151000124107).
So, <u>for the eCQM</u>, PHQ9 or other screening tools, have <u>not been numerator compliant</u> since DY13.

However, CMS Core Specs used in PY11-14 were silent on use of a screening tools for follow-up.
In the 2019 Core Specs (DY15), the first sentence in the definition of "Follow-up Plan" is *"Proposed outline of treatment to be conducted as a result of depression screening."*

The eCQMs referenced by the native specs were two versions behind the eCQM versions that PRIME used each year (e.g., 2018 Core referenced CMSv6, not v8), so for DY14 & DY15 there was a discrepancy in numerator compliance rules between the two specs.

Lastly, the 2020 CMS Core Set (not used in PRIME or QIP) specifically state: "An additional screen alone would not count toward a valid follow-up intervention to an initial positive screen". And 2020 references eCQM v8.

Q-CMS69v9: BMI – 2 Specification Issues*

- Narrative & Logic Misaligned
  - v8 narrative & logic say:
    - a follow-up plan is documented during the encounter or during the previous 12 months of the current encounter
  - v9 : Change made to numerator logic timing, but numerator narrative stayed the same
  - v9 logic (but not narrative) says:
    - documented follow-up plan within 12 months after the most recent BMI now meets performance
- Current logic results in reporting of follow-up plans that fall outside of the measurement period
  - Measure Steward (CMS) says to use the measure logic but only report follow-up plans that occurred during the measurement period (i.e., the Program Year)
- Because of these two issues CMS is excluding this measure from MIPS calculations
- CMS to "fix" these issues for v11

* CMS69 reporting guidance

CMS69v9: BMI – QIP Benchmark issue

- PY4 & PY5 Benchmarks use HRSA MY2020 data which used v8 specs (look back) & therefore aren't consistent with the specifications

- HRSA MY2021 benchmarks (based on v9) to be published August of 2022.

- SNI has emailed HRSA to learn how many FQHCs are aware of the above issues and whether/how that will impact HRSA reported data

- These issues are being brought to CAC & to MTAC for recommendations on how to Entities and DHCS should proceed
  - For now, SNI recommends not reporting BMI for P4P in PY4 & 5 if it can be avoided

- FYI: The question to CAC & MTAC are:
  - Should QIP disallow BMI P4P reporting in PY4 & PY5 allowing time for stewards to fix the specs and benchmarks to be reported appropriately (possibly for PY6)?

PY5 Reporting Manual

- Release date: THIS FRIDAY APRIL 15!!!!

- Unless we tell you otherwise, download the manual from SNI Link QIP Reporting page:
  - https://safetynetinstitute.org/member-portal/programs/medicaid-managed-care/quality-incentive-program/reporting/

- DHCS is working on enabling downloads of QIP Manuals directly from eQIP, complete with click-wrap agreement. That functionality will likely not be ready for several more weeks

Resources

SNI Learning Opportunities

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…

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.

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. webinar slides and recording.

Questions?