CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

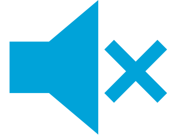
QIP Leads Monthly Forum

Monday, May 23, 12-1PM

Recording Link

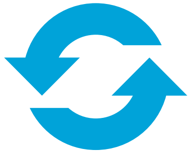
Presenter: David Lown dlown@caph.org
Recordings of the webinar and slide deck posted on SNI Link/QIP/Webinars

Housekeeping

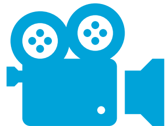


Please mute locally. Lines are also muted on entry. Please don't use a speakerphone in order to prevent an audio feedback loop or an echo.

At any time, feel free to chat your question or raise your hand.



Please update your Zoom accounts – helps to fix issues/glitches.



The webinar will be recorded and saved on SNI Link: QIP Webinars

Program Updates

PY4 Reporting Updates – Plan Stratification

- Review Slide 4 from 5/9/22 QIP Office Hours for COVID Milestone Employee Vax info
- Plan Selection/Stratification:
  a. In addition to selecting your contracted Plan(s), also select "Other Medi-Cal MCPs". Then use that category to report denominator individuals who were assigned to a non-contracted MCP but who were seen at your system. This applies for the following measure types:
     i. Payer Agnostic (other than SSI, CDI which do not include Plan Stratification)
     ii. Measures with two Target Populations (CRC Screening, Q-HVL, Depression Screening, BMI – latter two just for PY4)
     iii. "MCMC beneficiaries as of the date of the denominator"(3 - CAD & Heart Failure)
        i. Just for PY4, since these become "Enrolled in Medi-Cal as of…" in PY5 (not MCMC)
  b. Other Health Coverage/Medicare:
     a. Categorize by Type of Medi-Cal (i.e., FFS vs MCMC).
        a. If MCMC assigned to entity or assigned elsewhere→include in contracted Plan or "Other Medi-Cal MCPs".

PY4 Reporting – Category Narratives & Q-PCR

- Category Level Narratives
  - DHCS has given approval for entities to enter "not applicable" for PY4 Category narratives
  - Category level narratives will not exist in PY5.
- Q-PCR
  - In data fields:
    - Observed Count = "Count of observed IHS among nonoutlier individuals with a 30-day readmission" (top of page 322 in PY4 Manual)
    - Expected Count = "Count of Expected 30-Day Readmissions" (pg 322 – Steps 1 and 2)
  - In Narrative:
    - Observed Count stratified by Plan.
      - OMD confirmed that no other PCR elements need to be Plan stratified.
    - Total Population Counts **and Rates**
      - Member Count
      - Outlier Member Count
      - Outlier Rate
      - Denominator
      - Observed Rate
      - Expected Count
      - Expected Rate
      - Count Variance
    - Rates were to have been calculated by the Reporting Application, but the state couldn't add that functionality in time for PY4, but it will be included for PY5

PY4 Reporting – Q-PCR

Update Metric: Plan All-Cause Readmissions (PCR)

When reporting data for this metric, all data fields are required to be filled out prior to submitting. If there are no data to report then please hit the cancel button to continue.

QIP entities are not allowed to deviate from the most current PY QIP Specifications Manual. Did your calculation of the measure deviate from the specifications manual in any way? If yes, DHCS will contact you during the review process. ○ Yes ○ No

Data Collection Source: Data Warehouse

Data Collection Type: ○ Total Population ○ Sample Population

Name	Observed	Expected
Plan All-Cause Readmissions (PCR)		

Be sure to follow Measure Specification rules around Sampling. Q-PCR DOES NOT ALLOW SAMPLING. Only measures with Hybrid Specifications allow for sampling

Medi-Cal Excellence in Early Childhood Outcomes Collaborative Learning Community

- QIP Pediatric Measures (DHCS Bold Goal measures in green):
  - Q-CIS; Q-CHL (adolescents); Q-CMS2 (adolescents); Q-DEV; Q-IMA; Q-LSC; Q-W30; Q-WCC; Q-WCV

- What are the challenges your system is experiencing with these measures (chat in or unmute to respond)?
- The Medi-Cal Excellence in Early Childhood Outcomes (MEECOC) Collaborative Learning Community was launched in February 2022 to leverage the local experience throughout the state and share resources towards quality improvement for infant well-child visits in Medi-Cal
  - The working aim is to: "Increase the percent of children in intervention counties who complete two or more well-child visits by 6 months of age by 10 percentage points from the 2021 baseline and decrease rate disparities for at least one racial/ethnic group by 10 percent from the 2021 baseline."
  - 10 PHS Participating: AHS; CCHS; Kern; NMC; RUHS; SJGH; SMMC; CSCHS; UCD; UCI
  - Timing: Meeting every other month
  - Resources available on the above linked website
  - Comments on usefulness?

QIP PY4 & PY5 Performance status - request

As of 5/20, SNI has received:

- PY4 data from 13 members
  - PY4 Preliminary Analysis:
    - 80% of measures are above the 25th percentile
    - Of 541 rates (including sub-rates)
      - 80% ≥25th
      - 62.5% ≥ 50th
      - 33% ≥ 90th
- PY5 data from 10 members
  - PY5 Preliminary Analysis (not finalized, so rough estimate)
    - Of 456 rates (including sub-rates) 44.5% are already at or above the PY5 target
    - Percentile benchmark comparison in progress

Question: Advance Care Planning Strategies

- Advance Care Planning 25th percentile benchmark for PY5?
  - PY4 to PY5: 18.69% → 47.99%
- Dr. Rebecca Sudore (UCSF Prof of Medicine, Geriatrics), a leading expert in ACP, presented at AHS recently and shared some nationwide statistics on ACP completion. Her numbers were lower than the 25th% for QIP and significantly lower for disadvantaged populations.
- AHS is finding the increased benchmark means a multi-pronged approach across the organization is needed and is interested in learning from their peers.
- **QIP LEADS POLL QUESTIONS**
  - Are any systems working on ACP this year?
  - What strategies are systems using to tackle this measure?
  - Does anyone have best practices they can share?

Resources

Upcoming Webinar

eVisit Transformation: Billable Medical Advice through EHR Messaging.

May 26, 11am-12pm

In response to an unprecedented surge in EHR messages, UCSF Health implemented a new model of billable Medical Advice Messages (or "eVisits"), which are reimbursable by Medi-Cal for non-FQHC providers. In doing so, UCSF Health is combating provider burnout by acknowledging the unpaid, after-hours time spent responding to messages. In this webinar, an expert from UCSF Health will share how they implemented Medical Advice Messages in Epic, updated their provider workflows, educated patients and staff on the change, and monitored for disparities.

Note: This webinar was originally intended for our CIO/CMIO peer group, but we are extending the invite to anyone interested. Operational, finance, and informatics leads are encouraged to attend. Register here.

In Case You Missed it…

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. View our Webinar Recap and Webinar Slides & Recording.

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. View Webinar Slides & Recording Link.

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?