

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

Hospital QIP

2020-21 Kick-Off Webinar

July 28, 2020

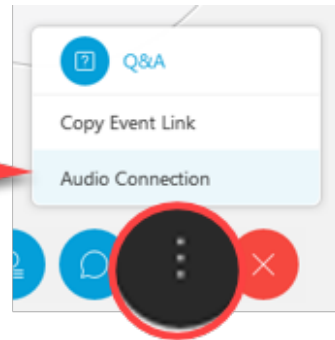
Speakers:

Dr. Robert Moore, Chief Medical Officer
Melissa Stewart, Project Manager, Southern Region
Jessica Delaney, Project Manager, Northern Region

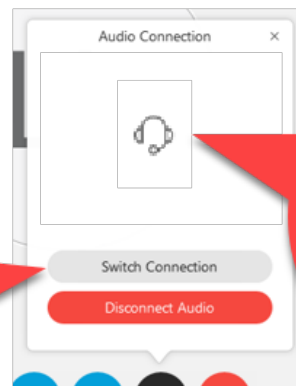
Housekeeping

To avoid echoes and feedback, we request that you use the telephone instead of your computer microphone for listening and talking during the webinar.

Click
Audio Connection



Click
****Switch Connection
to change from
computer to phone.*



This icon indicates the computer audio is selected for audio. We will not be able to hear you if the computer audio does not have a microphone. Please use the chat box or Q&A box to communicate with the host and panelist(s).

Housekeeping

1.) I Will Call In -

Participant to call event number, enter access code and attendee ID.

1. Select: I Will Call In

2. Follow Steps 1 - 3 with information provided in your Webex window

3. Click Close

Audio and Video Connection

Select Audio Connection

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I Will Call In

No Video

Call using other application

1. Call
+1-415-655-0001 (US Toll)
All global call-in numbers

2. Enter this access code:
808 013 802 #

3. Enter your Attendee ID:
31 #

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Close

Housekeeping

- 2.) Call Me -
- Participant enters a number to call, Webex will call number, participant answers the phone and follows voice instructions.

Audio and Video Connection

Select Audio Connection

Select Video Connection

1. Select: Call Me

2. Enter phone number you want to be called on

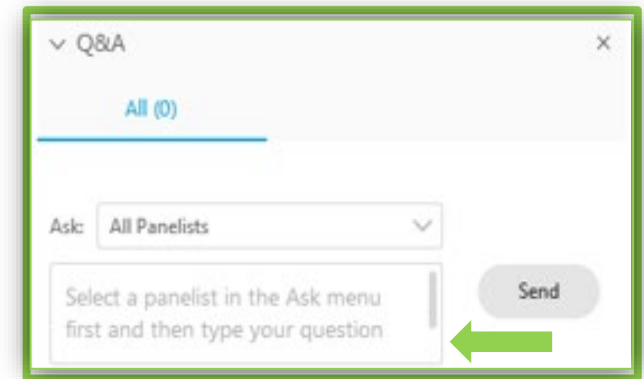
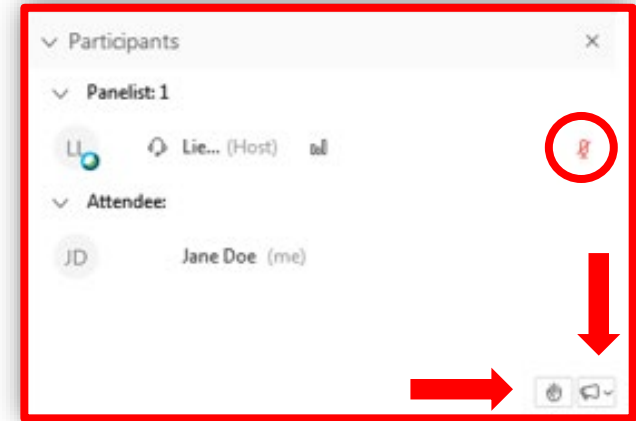
3. Click Connect Audio when it turn green and wait for the call on the number you provided

We can't detect a video camera device. Make sure your camera device is connected and try again.

Connect Audio

Housekeeping

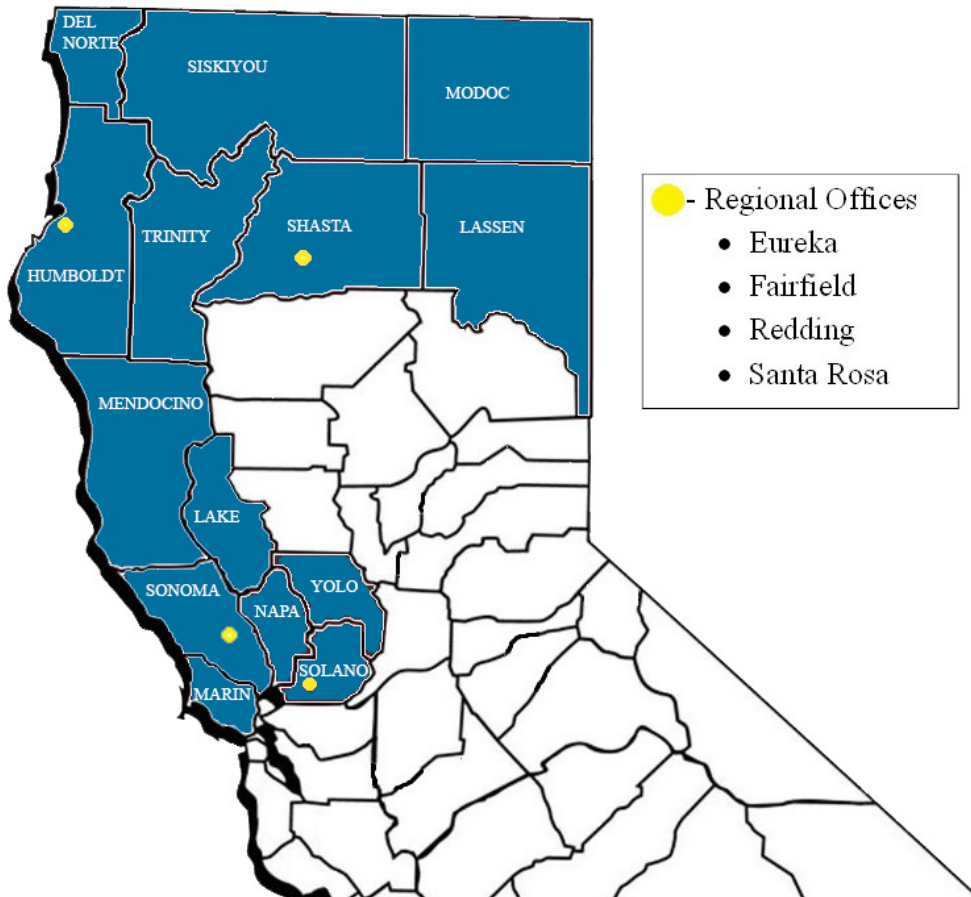
- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- There is time put aside for questions at the end of the webinar.
- If you have a question, please click on the “raised hand” icon located in the Participants box, or type your question in the “Q&A” box.



Objectives

- Hospital QIP Background
- Timeline and Reporting
- 2020-21 Measures
- Q & A

About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Background

- Pay-for-performance program started in 2012 for hospitals serving Medi-Cal patients in the PHC network.
- Substantial Financial Incentives: approximately \$12.6 million awarded among 25 hospitals in 2018-19
- Six domains: Readmissions, Advance Care Planning, Clinical Quality, Patient Safety, Operations and Efficiency, and Patient Experience

Guiding Principles

1. Where possible, pay for outcomes instead of processes
2. Actionable measures
3. Feasible data collection
4. Collaboration with providers in measure development
5. Simplicity in the number of measures
6. Representation of different domains of care
7. Align measures that are meaningful
8. Stable measures

HQIP Participants

- 25 hospitals are participating in 2020-21 HQIP
- County locations: Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Tehama, and Trinity counties

Timeline and Reporting

Hospital QIP Timeline



Submission Templates

Submission templates are located

at the end of Specifications document on the PHC webpage:

<http://www.partnershiphp.org/Providers/Quality/Pages/Hospital-QIP-2020-21.aspx>

Summaries of 2020-21 Measurement Sets

Hospital Size

“Large Hospitals” : ≥ 50 licensed general acute beds

“Small Hospitals” : < 50 licensed general acute beds

HIE + EDIE Participation Requirement

Participation for the 2020-21 measurement year, HIE and EDIE participation is a pre-requisite to joining the Hospital QIP.

Requirements apply to all hospitals, and are as follows:

- Hospitals with an existing community HIE interface will maintain Admissions, Discharge, Transfer (ADT) plus either an HL7 interface or a XDS interface with one of the following community HIEs:

Sac Valley Med Share

North Coast Health Information Network

Marin County Health Information Exchange.

- ADT interface with EDIE (direct with collective medical technologies (CMT), or through another HIE)
- Active link to one of the following national HIE network (directly, or through another HIE):

CareQuality,

eHealth Exchange, or

Commonwell

HIE + EDIE Participation Requirement

- **100%** of eligible dollars: Community HIE interface with ADT plus HL7 or XDS; link to national network; and interface with EDIE available by June 30, 2021
- **90%** of eligible dollars: One or more of community HIE interface with ADT plus HL7 or XDS; link to national network; and interface with EDIE available not active on June 30, 2021, but all available by September 30, 2021
- **85%** of eligible dollars: Community HIE interface with ADT (but without HL7 or XDS interface); link to national network; and interface with EDIE available active by September 30, 2021.
- **75%** of eligible dollars: Two of three interfaces active by September 30, 2021
- **50%** of eligible dollars: One of three interfaces completed by September 30, 2021
- **0%** of eligible dollars: None of three interfaces completed by September 30, 2021

2020-21 Summary: Large Hospitals

Table 2. 2020-2021 Large Hospital QIP Reporting Timeline

Measure/ Requirement	Measurement Period	Hospital Reporting	PHC Reporting to Hospital <i>(outside of final reports)</i>	Points
HIE and EDIE Participation	July 1, 2020- June 30, 2021	October 31, 2020 to PHC	N/A	N/A
Delegation Reporting	July 1, 2020- June 30, 2021	Refer to Delegation Agreement Exhibit A	N/A	N/A
Plan All-Cause Readmission	July 1, 2020- June 30, 2021	N/A	Interim Report : March 31, 2021	20
Palliative Care Capacity	July 1, 2020- June 30, 2021	August 31, 2021 to PHC	N/A	10
Elective Delivery	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	5
Exclusive Breast Milk Feeding	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	5
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	10
QI Capacity	July 1, 2020-June 30, 2021	N/A	N/A	5
California Hospital Patient Safety (CHPSO)	July 1, 2020- June 30, 2021	Report to CHPSO	Interim Report: March 31, 2021	5
Substance Use Disorder Bundle	July 1, 2020- June 30, 2021	N/A	Interim Report: March 31, 2021	10
Hepatitis B/ CAIR Utilization	July 1, 2020- June 30, 2021	Option 1: N/A Option 2: August 31, 2020	N/A	10
Cal Hospital Compare-Patient Experience	July 1, 2020-June 30, 2021	N/A	N/A	10
Health Equity	July 1,2020-June 30, 2021	August 31, 2021 to PHC	N/A	5
Sexual Orientation/Gender Identity (SOGI) EHR	July 1, 2020-June 30, 2021	June 30, 2021 to PHC	N/A	5

2020-21 Summary: Small Hospitals

Table 2. 2020-2021 Small Hospital QIP Reporting Timeline

Measure/ Requirement	Measurement Period	Hospital Reporting	PHC Reporting to Hospital <i>(outside of final reports)</i>	Points
HIE and EDIE Participation	July 1, 2020- June 30, 2021	October 31, 2020 to PHC	N/A	N/A
Delegation Reporting	July 1, 2020- June 30, 2021	Refer to Delegation Agreement Exhibit A	N/A	N/A
Plan All-Cause Readmission	July 1, 2020- June 30, 2021	N/A	Interim Report : March 31, 2021	20
Palliative Care Capacity	July 1, 2020- June 30, 2021	August 31, 2021 to PHC	N/A	5
Elective Delivery	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	5
Exclusive Breast Milk Feeding	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	5
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	July 1, 2020- June 30, 2021	Monthly reporting to CMQCC	N/A	10
QI Capacity	July 1, 2020-June 30, 2021	N/A	N/A	5
California Hospital Patient Safety (CHPSO)	July 1, 2020- June 30, 2021	Report to CHPSO	Interim Report: March 31, 2021	10
Substance Use Disorder Bundle	July 1, 2020- June 30, 2021	N/A	Interim Report: March 31, 2021	10
Hepatitis B/ CAIR Utilization	July 1, 2020- June 30, 2021	Option 1: N/A Option 2: August 31, 2020	N/A	10
Cal Hospital Compare-Patient Experience	July 1, 2020-June 30, 2021	N/A	N/A	10
Health Equity	July 1,2020-June 30, 2021	August 31, 2021 to PHC	N/A	5
Sexual Orientation/Gender Identity (SOGI) EHR	July 1, 2020-June 30, 2021	June 30, 2021 to PHC	N/A	5

2020-21 Measures

Hepatitis B / CAIR (large and small hospitals)

Option 1: Hospitals *with* Maternity Services

Numerator: # of Hep B vaccinations in CAIR from any source

Denominator: Children born at the hospital occurring between July 1, 2020 – June 30, 2021

Option 2: Hospitals *without* Maternity Services

Numerator: # of vaccines in CAIR from July 1, 2020 – June 30, 2021

Denominator: # of Licensed acute inpatient Beds

Reporting

- Hospitals providing Maternity Services: None (PHC will pull data)
- Hospitals Not Providing Maternity: Hospital must submit CAIR report for time period July 1, 2020 to June 30, 2021, of all vaccines recorded to PHC by July 31, 2020 via email to HQIP@partnershiphp.org

Target

- Target Option 1: Full Points $\geq 20\%$, Partial 10-20%
- Target Option 2: Full Points Ratio > 1.20 , Partial Points Ratio 0.20 to 1.20

Substance Use Disorder (large and small hospitals)

Medication Assisted Treatment (MAT) in the Emergency Department Setting

To meet the criteria the following must be achieved:

- At least 5 patients or 33% of the patient denominator defined as treatment for an Opioid Use Disorder diagnosis (ICD-10 F11.2x) and referred to community based treatment with a licensed specialty provider and/or on Medication Assisted Treatment (MAT).
- PHC will use medical and pharmacy claims data for the period 1-60 days post-discharge, as well as outpatient provider data to validate hospital-reported information.

Target

PHC Members started on MAT in the ED setting

- Small Hospitals < 50 Beds: ≥ 2 PHC Members
- Large Hospitals ≥ 50 beds: ≥ 5 PHC Members

Readmissions (large and small hospitals)

Description:

For members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days coupled with the defined predicted probability of an acute readmission.

Ratio of Observed Readmissions/Expected 30-Day Readmissions

Target

- Full Points: Ratio < 1.10
- Partial Points: Ratio $\geq 1.10-1.50$

Reporting:

PHC calculates rate and reports to hospitals

Palliative Care Capacity (large and small hospitals)

Small hospitals:

Hospitals < 50 beds

One Physician Champion, one trained* Licensed Clinical Social Worker or trained* Licensed RN, NP, or PA, and availability of consultation with Palliative Care Physician

-OR-

At least two trained* Licensed Clinician (RN, NP, or PA), and availability of consultation with a Palliative Care Physician.

Large hospitals:

Hospitals \geq 50 beds

Requires Palliative Care Quality Network (PCQN) participation:

- Report summarizing # of Palliative Care Consults per month
- Rate of all consults who have completed Advance Directive
- Rate of all consults who have a signed POLST on the chart

*Training must total 4 CE or CME hours. Training options include [ELNEC](#), [EPEC](#), the [CSU Institute for Palliative Care](#), or other approved Palliative Care Training. Training valid for 4 years.

Maternity Measures (large and small hospitals)

Measures 3-5: Data Submission Instructions

Hospitals must submit timely* data to California Maternal Quality Care Collaborative (CMQCC). Hospitals must authorize PHC to receive data from CMQCC by completing the authorization form available on the Maternal Data Center.

- **For hospitals new to CMQCC:**
 - Legal agreement: due September 30
 - First data submission for July – October: due December 15. Timely data submission after that, starting January.
- **For hospitals already participating in CMQCC:** 12 months of timely data submission for each month during the measurement year.

*Per CMQCC, timely submissions are defined as those submitted within 45-60 days after the end of the month.

Rate of Elective Delivery before 39 weeks (large and small hospitals)

Description

Percent of patients with newborn deliveries at ≥ 37 to < 39 weeks gestation completed, where the delivery was elective.

Numerator: The number of patients in the denominator who had elective deliveries.

Denominator: Patients delivering newborns with ≥ 37 and < 39 weeks of gestation completed during the measurement year.

Target:

- Full Points: $\leq 1.0\%$ = 5 points
- Partial Points: $> 1.0\%$ - 2.0% = 2.5 points

Reporting: Large and small hospitals with maternity services report to CMQCC on a monthly basis. No reporting by hospital to PHC.

Exclusive Breast Milk Feeding Rate (large and small hospitals)

Description

Exclusive breast milk feeding rate for all newborns during the newborn's entire hospitalization

Numerator: The number of newborns in the denominator that were fed breast milk only since birth

Denominator: Single term newborns discharged alive from the hospital during the measurement year

Target:

- Full Points: $\geq 75.0\%$ = 5 points
- Partial Points: $70.0\% - < 75.0\%$ = 2.5 points

Reporting: Large and small hospitals with maternity services report to CMPQCC on a monthly basis. No reporting by hospital to PHC.

NTSV C Section Rate (large and small hospitals)

Description

Rate of Nulliparous, Term, Singleton, Vertex Cesarean births occurring at each HQIP hospital within the measurement period.

Numerator: Patients with cesarean births.

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation.

Target:

- Full Points: $< 22.0\%$ = 10 points
- Partial Points: $\geq 22.0\% - 23.9\%$ = 5 points

Reporting: Large and small hospitals with maternity services report to CMPQCC on a monthly basis. No reporting by hospital to PHC.

CHPSO Participation (large and small hospitals)

Description

Active participation in the California Hospital Patient Safety Organization (CHPSO) via data submission and participation in Safe Table Forums.

Specifications

Small Hospitals (<50 beds):

- Participation in at least 1 Safe Table Forum
- Submission of 50 patient safety events to CHPSO

Large Hospitals (\geq 50 beds):

- Participation in at least 4 Safe Table Forums
- Submission of 100 patient safety events to CHPSO

Reporting: Hospitals report directly to CHPSO. No reporting by hospital to PHC.

Quality Improvement Capacity

Description

This measure is intended to introduce resources to all PHC network hospitals, to provide hospital administrators, physicians, and staff of all levels with tools, strategies, and inspiration for improving the quality of care provided to our members

Specifications

- Small hospitals (< 50 beds):
Full points for attending the Hospital Quality Symposium in 2021
- Large Hospitals (\geq 50 beds):
Full points for attending the Hospital Quality Symposium in 2021

Reporting: CE/CME hours per person are available for attending this event
Attendance at this event will be verified at the event by PHC staff members.

Cal Hospital Compare - Patient Experience

Description

Hospitals are scored based on patient experience results from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Survey questions are related to communication, responsiveness, care transition, pain management, discharge information, cleanliness, quietness as well as an overall rating of the hospital and if the patient would or would not recommend that hospital. This rating combines information about different aspects of patient experience to make it easier for consumers to compare hospitals.

Target

- Patient Experience average subcategory scores compared to average score for California hospitals

Full points: 10 points, no partial

- If [individual hospital composite score] is greater than [Average California Hospital score * 0.95]

Website for your reference: <http://calhospitalcompare.org/>

Health Equity

Description

This submission-based measure requests hospitals to submit a proposal for adopting internal best practices that support Health Equity.

As an example, proposals may consider the suggestions below demonstrating five characteristics that health systems can successfully integrate Health Equity as a core strategy⁽³⁴⁾. Additionally, proposals should include how the best-practices apply to internal domains such as: Admissions, Assessment, Treatment & Discharge and Transfers

Target

Small hospitals (< 50 beds):

Submission of hospital plan (best practice) for addressing health equity

Large Hospitals (\geq 50 Beds):

Submission of hospital plan (best practice) for addressing health equity

Sexual Orientation & Gender Identity (SOGI)

Definition

Submission of a comprehensive implementation plan (over a 12-month period) to capture information in a hospital's EHR or a screenshot of an existing SO/GI capture in an implemented EHR system will satisfy this measure. Organizations can discuss options with their EHR vendor prior to starting the implementation process to see if the vendor has existing SO/GI customizations. In some cases, a vendor may have an updated version that includes SO/GI data fields such as:

- What is your legal name?
- What gender were you assigned at birth?
- What is your legal gender?
(we will use gender on ID card)
- What is your preferred name?
- What is your gender identity?
- What pronouns do you use?

Small Hospital (< 50 beds):

- Submission of implementation plan over a 12-month period, or screenshot of existing SO/GI in EHR

Large Hospital (\geq 50 beds):

- Submission of implementation plan over a 12-month period, or screenshot of existing SO/GI in EHR

Resources and Contact Information

PHC Hospital QIP web page:

<http://www.partnershiphp.org/Providers/Quality/Pages/HQIPLandingPage.aspx>

Contact the HQIP Team at:

HQIP@partnershiphp.org

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Deanna Watson

Project Coordinator II, Quality Incentive Programs



Next Steps

- Email HQIP@partnershiphp.org to be added to our email list
- Keep an eye out for reports and newsletters
- Review and note measure submission dates

Questions?

If you have a question, please click on the “raised hand” icon located in the Participants box, or type your question in the “Q&A” box.

