



2021-2022 Hospital QIP Kick-off Webinar

Presented by Partnership HealthPlan of California

Tuesday, July 13, 2021

Noon – 1 p.m.

Speakers:

Dr. Robert Moore, Chief Medical Officer

Melissa Stewart, Project Manager

Jessica Delaney, Project Manager

**Emergency
Room**



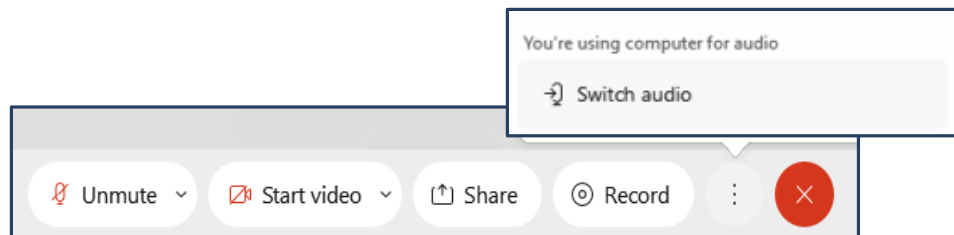
**Main
Entrance**



Webinar Instructions

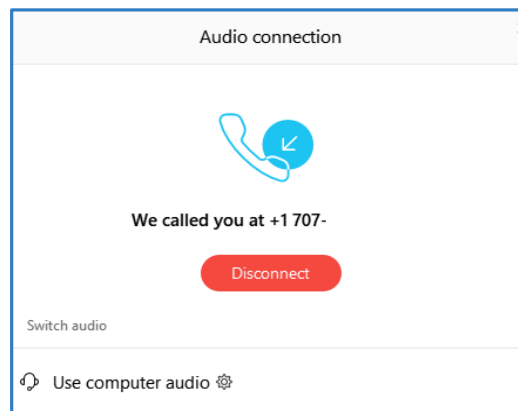
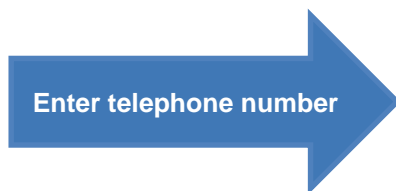
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1



You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

Figure 2



Webinar Instructions

- This webinar will be recorded.
- All attendees have been muted to eliminate any possible noise/ interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select “Everyone” when sending a message.



Figure 1



Objectives

1

PHC and Hospital QIP background

2

2020-21 Close-out timeline

3

Review of the 2021-22 measures

4

Next steps

5

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.

Hospital Quality Improvement Program

- Pay-for-performance program started in 2012 to **support hospitals** serving PHC members to **improve quality and health outcomes**.
- Substantial Financial Incentives; approximately \$12.2 million awarded among 26 hospitals in 2019-2020
- Six domains: Readmissions, Advance Care Planning, Clinical Quality (OB / Newborn / Pediatrics), Patient Safety, Patient Experience, and Operations and Efficiency



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



Timeline and Reporting





2020-21 Hospital QIP Close-Out Timeline



2020-21 Hospital QIP Close-Out

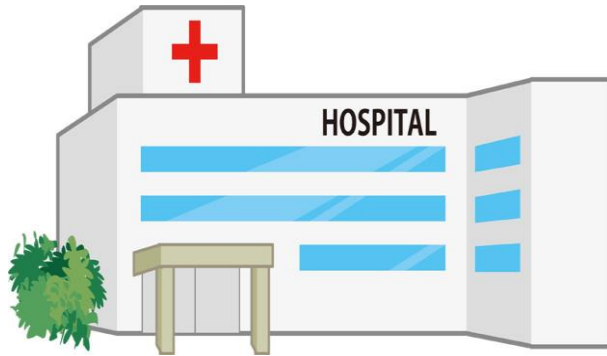
Measure	Hospital Reporting
Palliative Care Capacity	August 31, 2021 to PHC
Elective Delivery	Final Monthly report to CMQCC
Exclusive Breast Milk Feeding	Final Monthly report to CMQCC
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Final Monthly report to CMQCC
Hepatitis B/ CAIR Utilization	Maternity: N/A Non-Maternity: August 31, 2021
Health Equity	August 31, 2021 to PHC
Sexual Orientation/Gender Identity (SOGI) EHR	August 31, 2021 to PHC

2021-22 Hospital QIP

2021-22 Measures



HOSPITAL SIZE



Large Hospitals
≥ 50 licensed general acute beds



Small Hospitals
< 50 licensed general acute beds

HIE + EDIE Participation Requirement

- **Admissions, Discharge, Transfer (ADT)**
plus HL7 or XDS interface with either:
Sac Valley Med Share
North Coast Health Information Network
- **ADT interface with EDIE**
- **Link to one of the following national HIE networks:**
CareQuality,
eHealth Exchange, or
Commonwell

Capitated Hospitals: Utilization Management Delegation

- **Capitated Hospital**

From July 1, 2021 to June 30, 2022, Hospitals must utilize Collective Plan (Module of Collective Medical Technology's EDIE), for their capitated members to alert their internal utilization Management team to out of network admissions.

- **Delegation Reporting**

In order to receive the full Hospital QIP incentive payment. Capitated hospitals must submit timely and accurate delegation deliverables to Partnership HealthPlan according to deadlines outlined in your hospital's delegation agreement.

Hepatitis B / CAIR (large and small hospitals)

Hospitals *with* Maternity Services

Newborn Hepatitis B Vaccine entered in CAIR w/in first month of life

Target: Full Points $\geq 20\%$,
Partial 10-20%

Hospitals *without* Maternity Services

Numerator: Number of vaccines recorded in CAIR

Target:
Full Points Ratio > 1.20 ,
Partial Points Ratio 0.20 to 1.20

Substance Use Disorder Referrals

- **Overview:** Prescription of buprenorphine **or** any subsequent office visit with a diagnosis of F11.2x (anywhere on the claim) between 1 and 60 days post discharge.
- **Data Collection:** PHC will use medical and Buprenorphine pharmacy claims data for the period 1-60 days post-discharge during the Measurement Year, as well as outpatient provider data to determine performance.
- **Target**
≥ 10 PHC Members = 10 points.

Risk Adjusted Readmissions (large and small hospitals)

30-Day Readmission: The number of acute unplanned readmissions for any diagnosis within 30 days of the date of discharge from the Index Hospital Stay on or between July 1 and June 1 of the measurement year by PHC members included in the denominator.

Calculation: **Observed 30 Day Readmissions Rate** =
$$\frac{\text{Observed 30 Day Readmissions}}{\text{Total Count of Index Hospital Stays}}$$

Expected 30-Day Readmission: An Expected Readmission applies stratified risk adjustment weighting. Risk adjusted weighting is based on the stays for surgeries, discharge condition, co-morbidities, age, and gender.

Calculation: **Expected 30 Day Readmissions Rate** =
$$\frac{\text{Expected 30 Day Readmissions}}{\text{Total Count of Index Hospital Stays}}$$

Final Calculation: **Ratio of Observed/Expected Readmissions** =
$$\frac{\text{Observed 30 Day Readmissions}}{\text{Expected 30 Day Readmissions}}$$

Target:

Full Points: Ratio < 1.0

Partial Points: Ratio ≥ 1.0-1.2

Palliative Care Capacity (large and small hospitals)

Hospitals < 100 beds:

- Palliative Care Team Capacity:
 - One Physician Champion or availability of consultation, with trained clinical staff as defined by specification

Hospitals \geq 100 beds:

- Require Palliative Care Quality Collaborative (PCQC) participation:
 - Reporting
 - rates of all consults who have completed Advance Directive
 - Rate of all consults who have a signed POLST on the chart

Maternity Measures (large and small hospitals)

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.

Target:

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

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



Target:

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

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.

Target:

- Full Points: $< 21.7\% = 10$ points
- Partial Points: $\geq 21.7\% - 23.6\% = 5$ points

Vaginal Birth After Cesarean (VBAC)

Description:

For hospitals with ≥ 100 beds that offer maternity services: Percent of patients who had a previous Cesarean delivery who deliver vaginally during the Measurement Year.

Numerator: Patients who deliver vaginally that have had a previous Cesarean delivery.

Denominator: Patients with a previous cesarean birth.

Target:

Full Points: $\geq 5.0\%$ VBAC Uncomplicated = 5 points

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

- Full points for attending the Hospital Quality Symposium in 2022
- CE/CME hours per person are available for attending this event. Attendance verified at the event by PHC



Cal Hospital Compare – Patient Experience

Description

Hospital Patient Experience data collected on Cal Hospital Compare is measured as an aggregate score in comparison to the aggregate score of Patient Experience for all acute care hospitals in the State of California with publicly available information. ¹

Target

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

Full points: 10 points

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

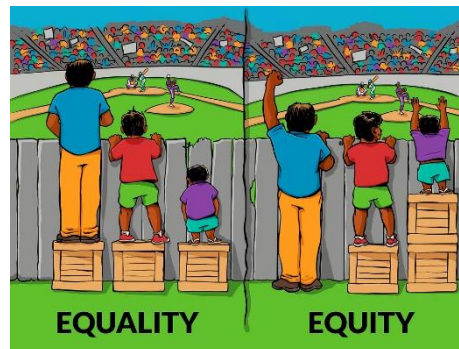
Health Equity

Description

This two-part submission-based measure requests that hospitals submit a written project plan outlining a health equity project that will be implemented during the measurement year. Plans will be submitted in the beginning of the measurement year and reviewed for approval.

Project requirements include how best practices apply to internal domains such as:

- Admissions
- Assessment
- Treatment
- Discharge
- Transfers



Health Equity Reporting

Project Plan Reporting

Submit proposed written project plan by August 31, 2021.

Approval status will be announced by September 15, 2021.

Written conclusion summarizing the results of the project by August 31, 2022.

Target

Full Points: Submission, approval and completion of project plan = 5 points.

Sexual Orientation & Gender Identity (SO/GI)

Definition

This measure embodies the implementation of previously submitted 2020-21 comprehensive implementation plans (over a 12-month period) to capture SO/GI information in a hospital's EHR or a screenshot of an existing SO/GI capture in an implemented EHR system. Demonstration of implemented plan will need to reflect efforts beginning July 1, 2021, with all steps completed by June 30, 2022.

Target

Full Points: Plan completion by June 30, 2022 = 5 points

No partial points are available for this measure.

Reporting

- Hospitals will submit a written summary of the following: evidence of plan completion, such as a timeline of when plan was implemented, a summary of how components implemented, how the data capture now is being managed now, lessons learned and plans for next steps.
- Submissions due by August 31, 2022 to HQIP@partnershiphp.org

Next Steps / Reminders

- ✓ **August 31, 2021 deadline:**
 - ✓ 2020-21 Measurement Year Final Submissions
 - ✓ Health Equity Project Plan Proposal for 2021-22
- ✓ **2020-21 Preliminary Report:** Validate by deadline
- ✓ **Staff Contact Changes:** Email HQIP@partnershiphp.org
- ✓ Keep an eye out for reports and newsletters
- ✓ Review and note measure submission dates



Contact Us

Visit our website:

www.partnershiphp.org

Email us:

HQIP@partnershiphp.org

Hospital QIP Team:

Amy McCune, Manager of Quality Improvement Programs

Tara Fogliasso, Supervisor of Quality Improvement Programs

Melissa Stewart, Project Manager

Jessica Delaney, Project Manager

Deanna Watson, Project Coordinator

Questions?

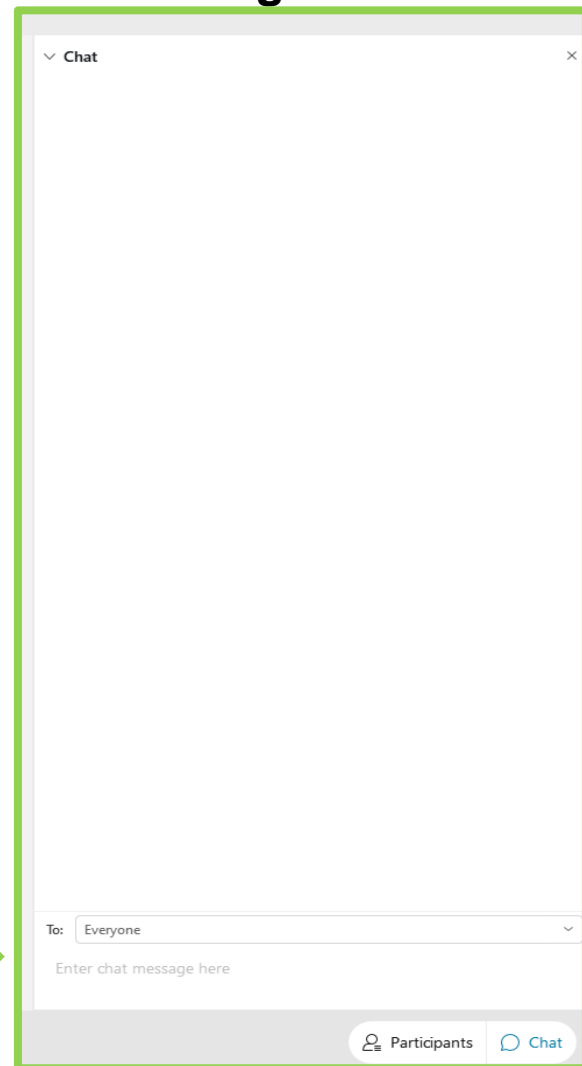
If you have a question:

- **Access Chat Box (see Figure 1)**
- **Type your question in Chat Box (see Figure 2)**

Figure 1



Figure 2



The End

Thank you for joining us today!

