

2022-2023 Hospital QIP Kick-off Webinar

Presented by Partnership HealthPlan of California

**Tuesday, July 26, 2022
12:00 – 1:00 p.m.**



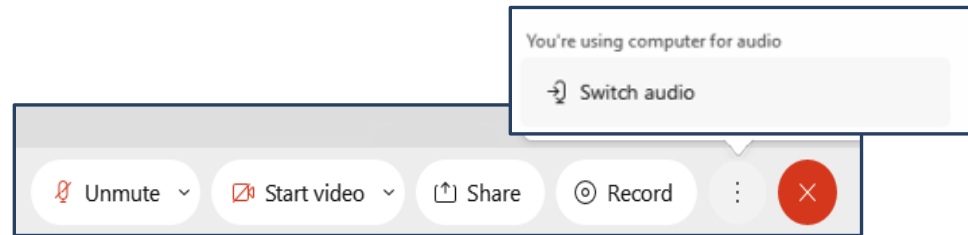
Speakers:

Dr. Robert Moore, Chief Medical Officer
Jessica Delaney, Program Manager
Staci Vercellotti, Program Manager

Webinar Instructions

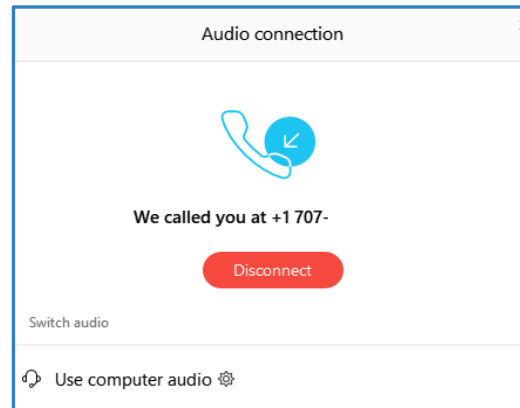
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

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

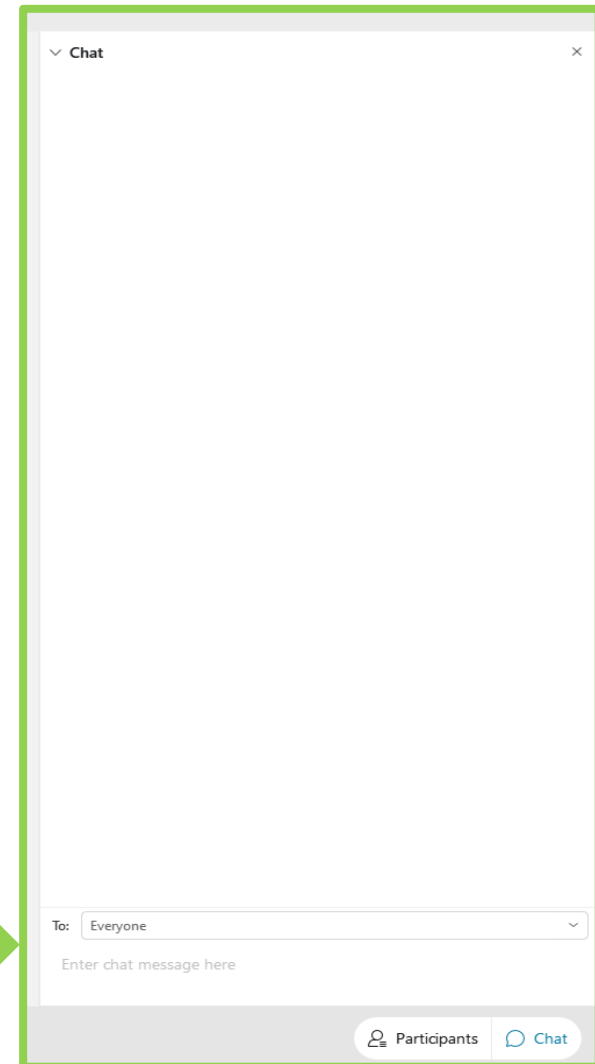


Webinar Instructions

- 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 2021-22 Close-out Timeline
- 3 Review of the 2022-23 HQIP 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 **supporting hospitals** serving PHC members **to improve quality and health outcomes.**
- Substantial Financial Incentives: approximately \$7 million awarded among 26 hospitals in the 2020-21 measurement year
- 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



Hospital QIP

Timeline and Reporting



2021-22 Hospital QIP Close-Out Timeline



2021-22 Hospital QIP Close-Out

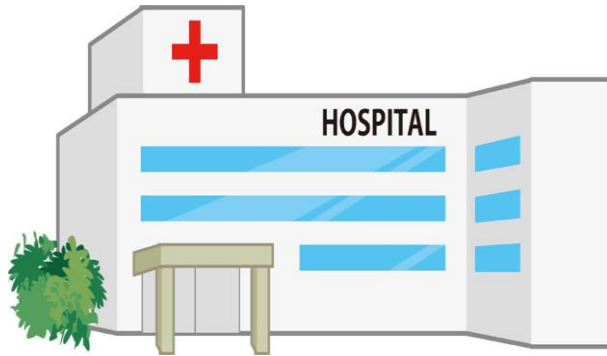
Measure	Hospital Reporting
Palliative Care Capacity	Sm: August 31, 2022 to PHC ≥ 100 Beds: Final report through June to PCQC
Elective Delivery	Final Monthly report to CMQCC
Exclusive Breast Milk Feeding	Final Monthly report to CMQCC
Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Final Monthly report to CMQCC
Vaginal Birth After Cesarean (VBAC)	Final Monthly report to CMQCC
Hepatitis B/ CAIR Utilization	Maternity: N/A Non-Maternity: August 31, 2022
Health Equity	August 31, 2022 to PHC
Sexual Orientation/Gender Identity (SOGI) EHR	August 31, 2022 to PHC

2022-23 Hospital QIP

2022-23 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, 2022 to June 30, 2023, 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.

- Collective Medical will report usage data to Partnership HealthPlan confirming routing (month-by-month) utilization of the Collective Plan module via responsiveness to previously established alerts

- **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.



Measure Reporting & Points

Measure/ Requirement	Hospital Reporting	PHC Reporting to Hospital	Max Points
HIE and EDIE Participation	Status due June 30, 2023 to PHC	N/A	N/A
Delegation Reporting	Refer to Delegation Agreement Exhibit A	N/A	N/A
1. Risk Adjusted Readmissions	No reporting necessary. PHC utilizes claims data to measure performance.	Reports distributed by PHC	15
2. Palliative Care Capacity	August 31, 2023 to PHC	N/A	5
3. Hospital Quality Improvement Platform	Part I: Proof of participation in HQI Platform due 12/30/22 Part II: Timely, consistent data submissions through June 30, 2023 Part III: Signed data sharing agreement with PHC	N/A	10
4. Elective Delivery	Monthly reporting to CMQCC	N/A	5
5. Exclusive Breast Milk Feeding	Monthly reporting to CMQCC	N/A	5
6. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Monthly reporting to CMQCC	N/A	10
7. QI Capacity	Registration and attendance of Partnership HealthPlan's 2023 Hospital Quality Symposium.	N/A	5
8. California Hospital Patient Safety (CHPSO)	Report to CHPSO	Interim Reporting Available Spring of 2023	10
9. Substance Use Disorder - MAT	N/A	Interim Reporting Available Spring of 2023	10
10. Hepatitis B/ CAIR Utilization	Maternity Hospitals: No reporting necessary (PHC will access CAIR data) Non Maternity Hospitals: Submit CAIR report by August 31, 2023	N/A	10
11. Cal Hospital Compare-Patient Experience	August 31, 2023 to PHC	N/A	10
12. Health Equity	Submission of Translation & Interpretation Services template due to PHC August 31, 2023	N/A	5

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.

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

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.

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

Target:

Full Points = **15 Points:** Ratio < 1.0

Partial Points = **7.5 points:** Ratio \geq 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.

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 within the measurement year.

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

Denominator: Patients delivering newborns at ≥ 37 to < 39 weeks gestation.

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 within the measurement year

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

NTSV C Section Rate (large and small hospitals)

Description:

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

Numerator: Patients with cesarean births.

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

Large Hospital Target:

- Full Points: $< 22\% = 5$ points
- Partial Points: $\geq 22\% - 23.6\% = 2.5$ points

Small Hospital Target:

- Full Points: $< 22.0\% = 10$ points
- Partial Points: $> 22\% - 23.6\% = 5$ points

Vaginal Birth After Cesarean (VBAC – Large Hospitals Only)

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
- Full Points = 10 Points

Large Hospitals (≥50 beds):

- Participation in at least 4 Safe Table Forums
- Submission of 100 patient safety events to CHPSO
- Full Points = 5 Points

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

Substance Use Disorder Referrals

(large and small hospitals)

- **Numerator:** Any subsequent prescription of buprenorphine **or** any subsequent office visit with diagnosis of F11.2x (anywhere on the claim) between 1 and 60 days post discharge.
- **Denominator:** Emergency Department or inpatient admissions of PHC Members with ICD10: F11.2x diagnosis code of opioid use disorder billed in any position on the claim.
- **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**
 - Large Hospitals: ≥ 10 PHC Members = 10 points
 - Small Hospitals: ≥ 3 PHC Members = 10 points

Hepatitis B / CAIR

(large and small hospitals)

Hospitals *providing* Maternity Services

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

Denominator: Newborn births at the hospital between July 1, 2022 – June 30, 2023

Target: Full Points $\geq 20\%$ = 10 Points
Partial Points 10-20% = 5 points

Hospitals *not providing* Maternity Services

Numerator: Number of vaccines recorded in CAIR

Denominator: Number of Licensed acute inpatient beds

Target: Full Points Ratio > 1.20 = 10 Points
Partial Points Ratio 0.20 to 1.20 = 5 Points

Quality Improvement Capacity (large and small hospitals)

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 2023
- CE/CME hours per person are available for attending this event. Attendance verified at the event by PHC



Changes & Additions

2022-23 Measure Updates





Hospital Quality Improvement Platform

(large and small hospitals)

SV

Description: This measure is designed to encourage hospitals to participate in the Hospital Quality Improvement Platform and submit timely, complete data submissions.

Two part Measure:

1. Participation in HQI Platform (proof of participation due December 30, 2022)
2. Timely, complete, and consistent submission of discharge data into HQI Platform including NHSN rights conferral (PHC will assess hospital usage June 30, 2023)

Target:

Partial Points = 5 Points: Hospitals successfully sign up, confer NHSN rights, and submit all discharge data due to HCAI into the HQI Platform by December 30, 2022.

Full Points = 10 Points: Hospitals successfully sign up, confer NHSN rights, and submit all discharge data due to HCAI into the HQI Platform by December 30, 2022 **and** continued submission of all discharge data do to HCAI into the platform for the remainder of the measurement year (June 30, 2023).





Cal Hospital Compare – Patient Experience

(large and small hospitals)

SV

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

- Hospital aggregate score is greater than average California hospital score *0.95

Full points = 10 points

No Partial Points

Reporting:

PHC will collect data that hospitals submit to Cal Hospital Compare directly from hospitals and compare aggregate score to the average California hospital score*.

Hospital Patient Experience data submission due to PHC no later than August 31, 2023.



Health Equity

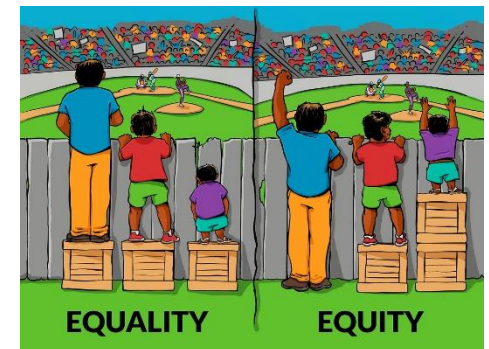
(large and small hospitals)

Description: PHC promotes Health Equity through responsive, respectful and open processes involving our internal workforce, healthcare providers, community organizations, and our members. This submission-based measure requests that hospitals submit a completed Translation and Interpretation Services Template to PHC.

Target

Submission of completed Translation and Interpretation Services Template to PHC no later than August 31, 2023.

Full Points = 5 Points
No Partial Points



Next Steps / Reminders

- ✓ **August 31, 2022 deadline:**
 - ✓ 2021-22 Measurement Year Final Submissions
- ✓ **2021-22 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.partnershipphp.org

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Hospital QIP Team:

Amy McCune, Manager of Quality Improvement Programs

Jessica Delaney, Program Manager

Staci Vercellotti, Program Manager

Questions?

If you have a question:

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

Figure 1

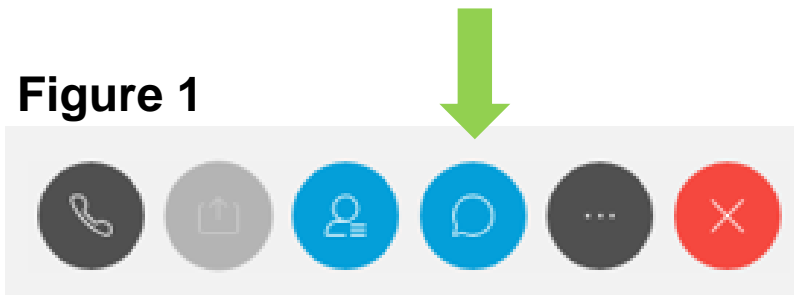
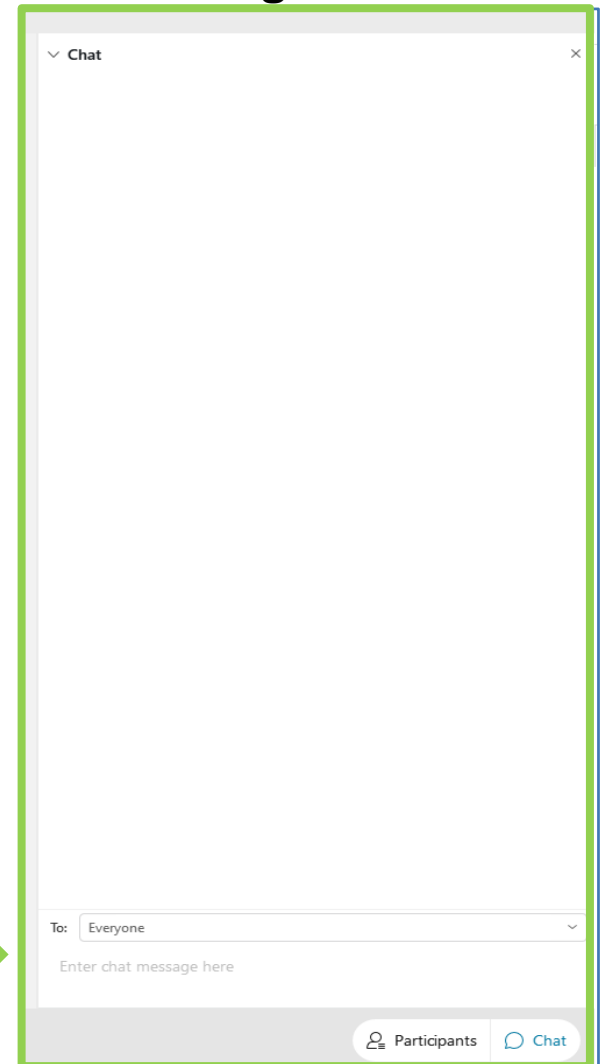


Figure 2



The End

Thank you for joining us today!

