

PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA

# Hospital QIP 2019-20 Kick-Off Webinar

September 30, 2019

Speakers:

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

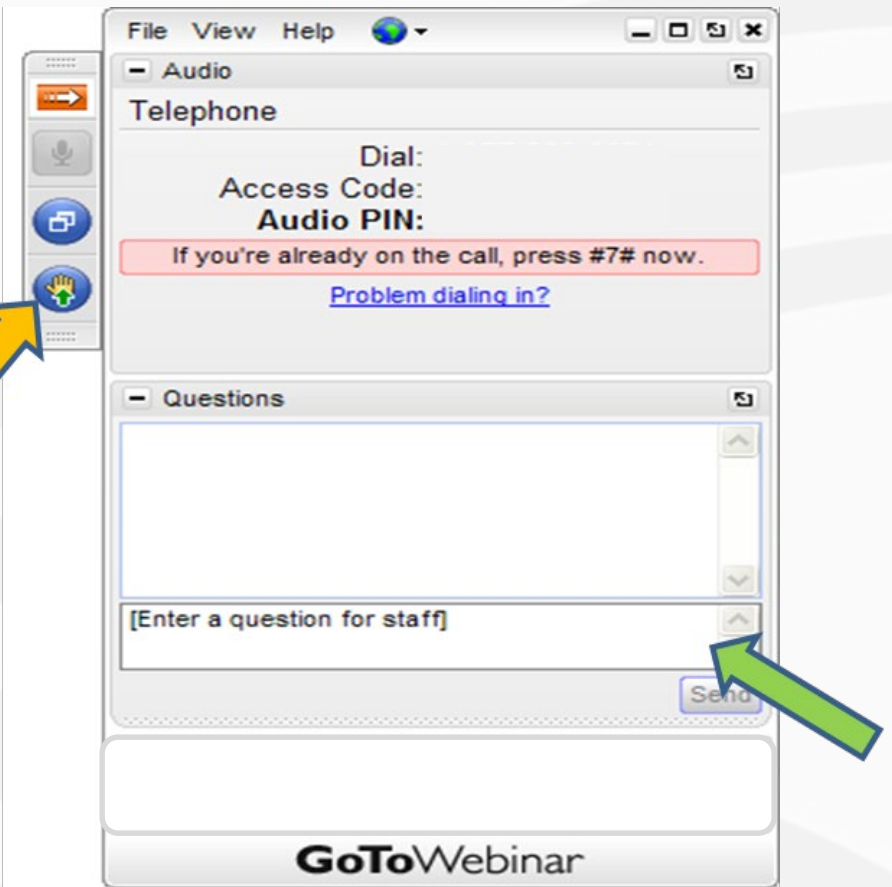
# Housekeeping

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

If you have questions, **please let us know by using the “question” box.**

This webinar is being recorded and will be emailed following the presentation.

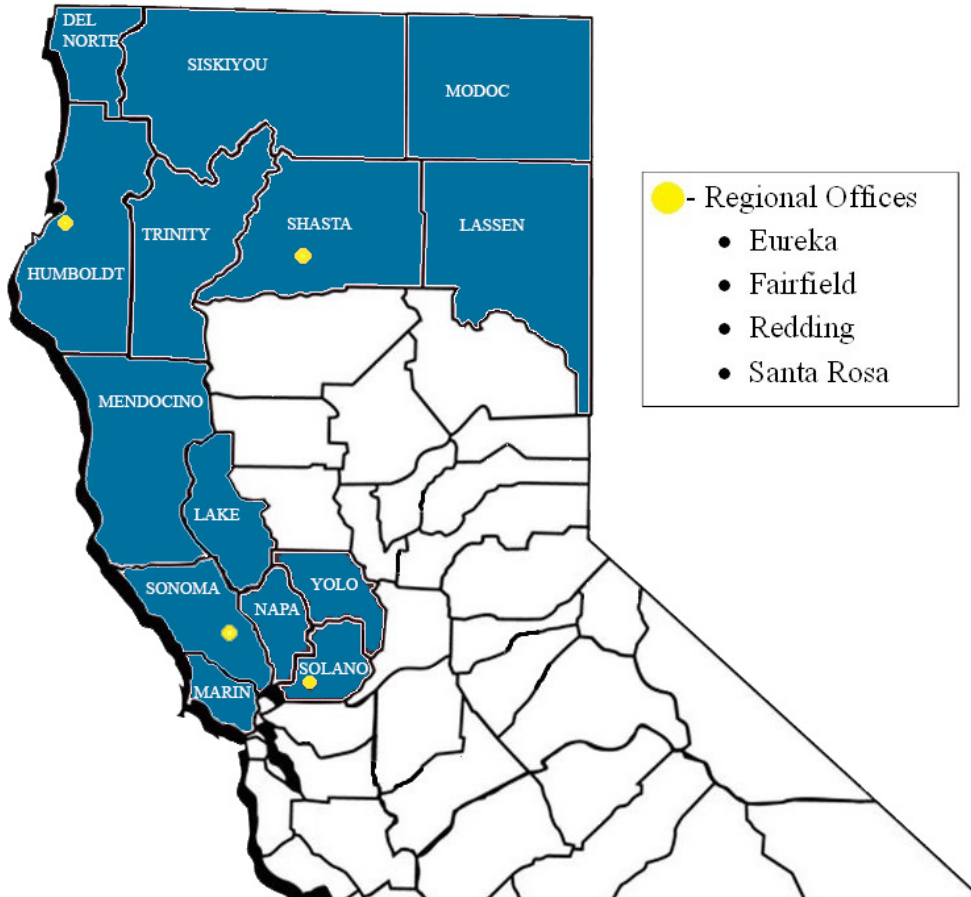
Following the Measurement Set review we will open the floor for Q&A.



# Objectives

- Hospital QIP Background
- Timeline and Reporting
- 2019-20 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 million awarded among 26 hospitals in 2017-18
- Five domains: Readmissions, Advance Care Planning, Clinical Quality: OB/Newborn/Pediatrics, Patient Safety, 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

# HQIP Participants

- 25 hospitals are participating in 2019-20 HQIP
- Located in: Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Tehama, and Trinity counties

# Timeline and Reporting



# Hospital QIP Timeline



# Submission templates

Located at the end of specifications document:

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

# Summaries of 2019-20 Measurement Sets

# Hospital Size

“Large Hospitals” :  $\geq 50$  licensed general acute beds

“Small Hospitals” :  $< 50$  licensed general acute beds

# HIE + EDIE Participation Requirement

As more hospitals are interfacing with HIE across the state, we've expanded this requirement to both large and small hospitals:

- Hospitals are to implement (or maintain) EDIE interface *in addition to* ADT interface with a community HIE.

# 2019-20 Summary: Large Hospitals

Measure/ Requirement	Hospital Reporting	PHC Reporting to Hospital <i>(outside of preliminary and final reports)</i>	Points
<b>HIE and EDIE Participation</b>	October 31, 2018 to PHC	N/A	N/A
<b>Delegation Reporting</b>	Refer to Delegation Agreement Exhibit A	N/A	N/A
<b>Plan All-Cause Readmission</b>	N/A	Interim Report : March 31, 2020	20
<b>Palliative Care Capacity</b>	July 31, 2020 to PHC	N/A	15
<b>Elective Delivery</b>	Monthly reporting to CMQCC	N/A	10
<b>Exclusive Breast Milk Feeding</b>	Monthly reporting to CMQCC	N/A	10
<b>Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate</b>	Monthly reporting to CMQCC	N/A	10
<b>California Hospital Patient Safety Organization (CHPSO)</b>	Report to CHPSO	Interim Report: January 31, 2020	10
<b>Substance Use Disorder Bundle</b>	Option 1-3 N/A Option 4&5 July 31,2020	Interim Report: January 31, 2020	15
<b>Hepatitis B/ CAIR Utilization</b>	Option 1: N/A Option 2: July, 31,2020	Interim Report: January 31, 2020	10

# 2019-20 Summary: Small Hospitals

Measure/ Requirement	Hospital Reporting	PHC Reporting to Hospital <i>(outside of preliminary and final reports)</i>	Points
<b>HIE and EDIE Participation</b>	October 31, 2018 to PHC	N/A	N/A
<b>Delegation Reporting</b>	Refer to Delegation Agreement Exhibit A	N/A	N/A
<b>Plan All-Cause Readmissions</b>	N/A	Interim Report : March 31, 2020	20
<b>Palliative Care Capacity</b>	August 31, 2020 to PHC	N/A	15
<b>Elective Delivery</b>	Monthly reporting to CMQCC	N/A	10
<b>Exclusive Breast Milk Feeding</b>	Monthly reporting to CMQCC	N/A	10
<b>Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate</b>	Monthly reporting to CMQCC	N/A	10
<b>California Hospital Patient Safety Organization (CHPSO)</b>	Report to CHPSO	Interim Report: January 31, 2020	10
<b>Hepatitis B/ CAIR utilization Measure</b>	July, 31, 2020 to PHC	Interim Report: January 31, 2020	10
<b>Substance Use Disorder Bundle</b>	Option 1-3 N/A Option 4 &5 July 31, 2020	Interim Report: January 31, 2020	10
<b>Quality Improvement (QI) Capacity</b>	August 31, 2019 to PHC	Interim Report: January 31, 2020	5

# 2019-20 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, 2019 – June 30, 2020

## Option 2: Hospitals *without* Maternity Services

Numerator: # of vaccines in CAIR from July 1, 2019 – June 30, 2020

Denominator # of Licensed acute inpatient Beds

## Reporting

- Hospitals providing OB Care: None (PHC will pull data)
- Hospitals Not Providing OB Care: Hospital must submit CAIR report for time period July 1, 2019 to June 30, 2020, of all vaccines recorded to PHC by July 31, 2020 via email to [HQIP@partnershiphp.org](mailto:HQIP@partnershiphp.org)

# Substance Use Disorder (large and small hospitals)

## Description:

- Admit at least 5 patients for Voluntary Inpatient Detox
- Naloxone fill
- Medication Assisted Treatment screening
- Medication Assisted Treatment/Inpatient Setting
- Adoption of SHOUT (Support for Hospital Opioid Use Treatment) program

*Large hospitals: fulfill 3 of 5 components.*

*Small hospitals: fulfill 2 of 5 components.*

## Reporting:

PHC will access data from the state and claims for measurement components 1 - 3. Components 4 and 5 will require attestation forms be submitted to PHC by July 31, 2020 at [HQIP@partnershiphp.org](mailto:HQIP@partnershiphp.org).

# 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 and the predicted probability of an acute readmission.

## Ratio of Observed Readmissions/Expected 30-Day Readmissions

Reporting: PHC calculates rate and reports to hospitals

# Palliative Care Capacity (large and small hospitals)

## **Small hospitals**

Dedicated inpatient palliative care team

## **Large hospitals:**

Palliative Care Quality Network (PCQN) Participation:

- Part 1: Submit a report summarizing the number of palliative care consults per month for the Measurement Year. Hospitals can include non-PHC members.
- Part 2: Rate of all consults who have completed an Advance Care Directive
- Part 3: Rate of consults who have signed POLST

# 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)

## No Change

### Description

Percent of patients with newborn deliveries at  $\geq 37$  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  $\geq 37$  and  $< 39$  weeks of gestation completed during the measurement year.

### Target:

- Full Points:  $\leq 1.5\%$  = 10 points
- Partial Points:  $> 1.5\%$  -  $3.0\%$  = 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)

## No change

### 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:  $\geq 70.0\%$  = 10 points
- Partial Points:  $65.0\% - < 70.0\%$  = 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)

## No change

### 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:  $< 23.9\%$  = 10 points
- Partial Points:  $\geq 23.9\% - 25.9\%$  = 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 (>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 (small hospitals only)

## Description

This measure is intended to help PHC better understand the Quality Improvement activities and infrastructure in place at our contracted hospitals.

## Specifications

- Summary of a QI training attended:
  - At least 2 staff members participate in an **in-person**, PHC-approved program or training (min. 4 CE/CME hours per person).
- Summary of a QI Project:
  - Summarize 1 QI project taking place at your hospital. May be unrelated to training from Part I.

## Reporting

Hospitals report summaries of QI training and QI project to PHC via template by August 31, 2019.

# Resources

- PHC Hospital QIP web page:  
<http://www.partnershiphp.org/Providers/Quality/Pages/HQIPLandingPage.aspx>
- For HQIP questions: [HQIP@partnershiphp.org](mailto:HQIP@partnershiphp.org)

# Next Steps

- Email [HQIP@partnershiphp.org](mailto: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?

Please use the “**hand raise**” function to ask questions or the question box.

We will answer questions in the order in which they are received.

