

# 2023-2024 Hospital QIP Kick-off Webinar

**Presented by Partnership HealthPlan of California**

**Date: July 27, 2023**

**Time: 9 a.m.**



## **Speakers:**

**Nancy Steffen,  
Senior Director, Health Services –  
Quality and Performance Improvement**

**Amy McCune,  
Manager of Quality Incentive Programs**

**Troy Foster, Program Manager**

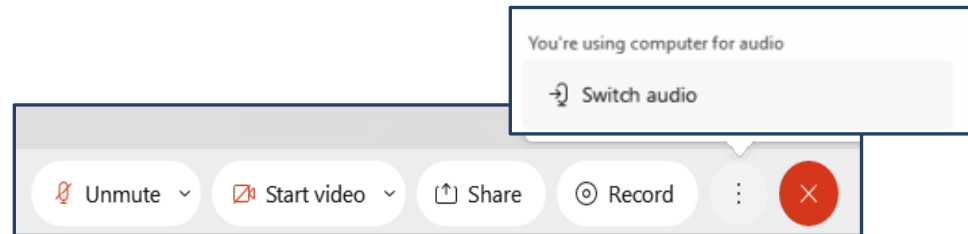


# Webinar Instructions

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.

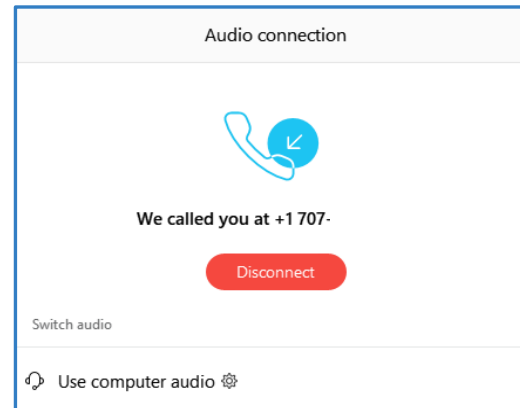
**Figure 1**

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



**Figure 2**

Enter telephone number





# Webinar Instructions

Figure 1

- 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.





# Objectives

1

PHC and Hospital QIP Background

2

2022-23 Close-out Timeline

3

Review of the 2023-24 HQIP Measures

4

Next steps

5

Q&A



# About Us



## Mission:

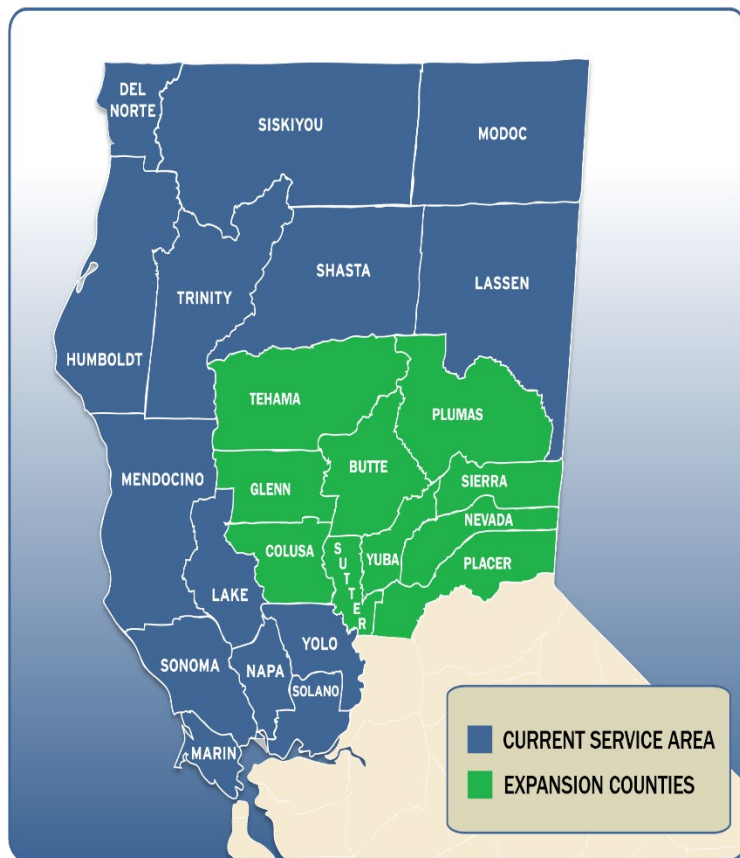
*To help our members, and the communities we serve, be healthy.*

## Vision:

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



# County Expansion



- Partnership is expanding into 10 new counties in 2024!
- This will bring many new Hospitals & PCPs into our network.
- PHC will be hosting Hospital QIP informational sessions for expansion county hospitals in October and November 2023



# Hospital Quality Improvement Program

- Pay-for-performance program **supporting hospitals** serving PHC members **to improve quality and health outcomes.**
- Substantial Financial Incentives: approximately **\$8.1** million awarded among **26 hospitals in the 2021-22** 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





# 2022-23 Hospital QIP Close-Out Timeline





# 2022-23 Hospital QIP Close-Out

| Measure   | Hospital Reporting   |
|---|--|
| Palliative Care Capacity  | <b>Small Hospitals:</b> August 31, 2023 to PHC<br><b>≥ 100 Beds:</b> 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/<br>CAIR Utilization                                | <b>Maternity:</b> N/A<br><b>Non-Maternity:</b> August 31, 2023   |
| Health Equity   | August 31, 2023 to PHC   |



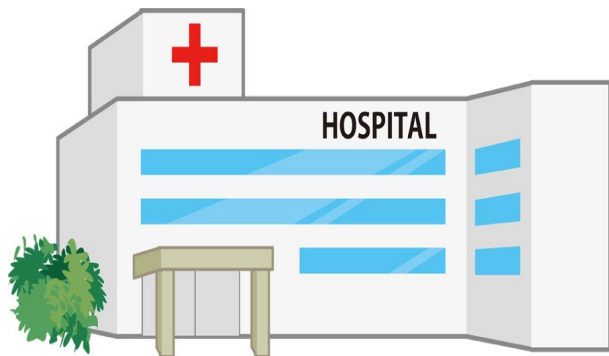
# 2023-24 Hospital QIP

## 2023-24 Measures





## HOSPITAL SIZE



**Large Hospitals**  
 $\geq 50$  licensed general acute beds



**Small Hospitals**  
 $< 50$  licensed general acute beds



# Measure Reporting & Points

| Measure/ Requirement  | Hospital Reporting  | PHC Reporting to Hospital (outside of final reports) | Hospital Size | Max Points            |
|---|---|--|---------------|-----------------------|
| HIE and EDIE Participation                                      | Status due June 30, 2024 to PHC   | N/A  | N/A           | N/A                   |
| Delegation Reporting  | Refer to Delegation Agreement Exhibit A   | N/A  | N/A           | N/A                   |
| Risk Adjusted Readmissions                                      | No reporting necessary. PHC utilizes claims data to measure performance.  | Interim Reporting Available Spring of 2024           | Small & Large | 20                    |
| Palliative Care Capacity  | August 31, 2024 to PHC  | N/A  | Small & Large | Large: 10<br>Small: 5 |
| Hospital Quality Improvement Platform                           | Part I: Verification of participation in HQI Platform by 12/30/23<br>Part II: Timely, consistent (monthly) data submissions through June 30, 2024 | N/A  | Small & Large | 10                    |
| Elective Delivery   | Monthly reporting to CMQCC  | N/A  | Small & Large | 5                     |
| Exclusive Breast Milk Feeding                                   | Monthly reporting to CMQCC  | N/A  | Small & Large | 5                     |
| Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate | Monthly reporting to CMQCC  | N/A  | Small & Large | Large: 5<br>Small: 10 |
| Vaginal Birth After Cesarean                                    | Monthly reporting to CMQCC  | N/A  | Large Only    | 5                     |



# Measure Reporting & Points

|   |   |  |               |                       |
|---|---|--|---------------|-----------------------|
| <b>QI Capacity</b>                                | Registration and attendance of PHCs 2023 Hospital Quality Symposium or other approved training.   | N/A  | Small & Large | 5                     |
| <b>California Hospital Patient Safety (CHPSO)</b> | Report to CHPSO   | N/A  | Small & Large | Large: 5<br>Small: 10 |
| <b>Substance Use Referral</b>                     | No reporting necessary. PHC utilizes claims data to measure performance.  | Interim Reporting Available Spring of 2024 | Small & Large | 10                    |
| <b>Hepatitis B/ CAIR Utilization</b>              | Maternity Hospitals: No reporting necessary (PHC will access CAIR data)<br><br>Non Maternity Hospitals: Submit CAIR report by August 31, 2024 | N/A  | Small & Large | 5                     |
| <b>Cal Hospital Compare-Patient Experience</b>    | August 31, 2024 to PHC  | N/A  | Small & Large | 10                    |
| <b>Health Equity</b>                              | Submission of HE Plan due to PHC August 31, 2024  | N/A  | Small & Large | 5                     |



# 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, 2023 to June 30, 2024, Hospitals must utilize **PointClickCare's (formerly Collective Medical) EDIE**, for their capitated members to alert their internal utilization Management team to out of network admissions.

- PointClickCare (formerly 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.



# 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 = **20 Points:** Ratio < 1.0

Partial Points = **10 points:** Ratio  $\geq$  1.0-1.2



# Palliative Care Capacity (X-Large Hospitals)

## Hospitals $\geq$ 100 beds:

- Require Palliative Care Quality Collaborative (PCQC) participation:
  - Reporting
    - Part 1: rates of all consults who have completed Advance Directive
    - Part 2: Rate of all consults who have a signed POLST on the chart

## Targets:

Full credit: All of the following: (10 points)

Part 1: Minimum of 10 patients

Part 2: > 40%

Partial credit: All of the following: (5 points)

Part 1: 5-9 patients

Part 2: > 40%



# Palliative Care Capacity (Large and Small Hospitals)

## **Large Hospitals with 50-99 Beds:**

- At least two trained\* Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician

## **Hospitals < 50 beds:**

- One Physician Champion or availability of consultation, with trained clinical staff as defined by specification

## **Target:**

Pay for reporting Palliative Care Capacity Attestation Form including the information listed under Measure Requirements.

Full points = 5 points. No partial points are available for this measure.



# 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  $\geq 37$  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  $\geq 37$  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:  $\geq 22.0\% - 23.9\%$  NTSV rate = 2.5 points

## Small Hospital Target:

- Full Points:  $< 22.0\%$  = 10 points
- Partial Points:  $> 22\% - 23.9\%$  = 5 points



# Vaginal Birth After Cesarean (VBAC – Large Hospitals Only)

## **Description:**

For hospitals with  $\geq 100$  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:  $\geq 10$  PHC Members = 10 points
  - Small Hospitals:  $\geq 3$  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, 2023 – June 30, 2024

Target: Full Points  $> 20\% = 10$  Points  
Partial Points  $10\text{-}20\% = 5$  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  $0.20 \text{ to } 1.20 = 5$  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 August 2023
- Attendance at 2023 Symposium counts for points for 2022-23 **and** 2023-24 measurement year.
- CE/CME hours per person are available for attending this event. Attendance verified at the event by PHC

## PHC Hospital Quality Symposium at 2 Locations:

**Register: 9-4 Tuesday, August 8<sup>th</sup>: Fairfield @ PHC Conference Building**

**Register: 9-4 Thursday, August 10<sup>th</sup>: Sheraton Redding Hotel @ Sundial Bridge**



# 2023 Hospital Quality Symposium Agenda

## **SYMPOSIUM AGENDA | 9 a.m. to 4 p.m.** (Session topics, times are subject to adjustment)

|               |  |
|---------------|--|
| 8:30 – 9:00   | <b>Registration and Networking Breakfast</b>   |
| 9:00 – 9:10   | <b>Welcome and Introductions:</b> <i>Robert Moore, MD, MPH, MBA - Partnership</i>  |
| 9:10 – 10:10  | <b>Framework for Addressing Health Inequities in Hospitals:</b> <i>Robert Moore, MD, MPH, MBA; Mohamed Jalloh, Pharm. D., BPSC</i> |
| 10:10 – 10:20 | <b>Break</b>   |
| 10:20 – 11:20 | <b>Focused View of Health Equity Data:</b> <i>Scott V. Masten, PhD - Hospital Quality Institute</i>                                |
| 11:20 – 12:05 | <b>Hospital QIP Overview:</b> <i>Hospital QIP Team - Partnership</i>   |
| 12:05 – 12:35 | <b>Lunch Break</b>   |
| 12:35 – 1:35  | <b>Exploring the New Doula Benefit:</b> <i>Colleen Townsend, MD - Partnership</i>  |
| 1:35 – 2:35   | <b>CalAIM &amp; Risk Adjusted Readmissions:</b> <i>Katherine Barresi, RN, BSN, PHN, NE-BC, CCM - Partnership</i>                   |
| 2:35 – 2:45   | <b>Break</b>   |
| 2:45 – 3:45   | <b>Risk Management in Perinatal Mental Health:</b> <i>Smadar Garritson, LCSW, CLE</i>  |
| 3:45 – 4:00   | <b>Closing Remarks:</b> – <i>Mark Netherda, MD - Partnership</i>   |



# Changes & Additions

## 2023-24 Measure Updates





# Hospital Quality Improvement Platform (Large and Small Hospitals)

**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, 2023)
2. Timely, complete, and consistent submission of discharge data into HQI Platform including NHSN rights conferral (PHC will assess hospital usage June 30, 2024)

## 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, 2023.

**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, 2023 **and** continued submission of all discharge data do to HCAI into the platform for the remainder of the measurement year (June 30, 2024).



# Cal Hospital Compare - Patient Experience (Large and Small Hospitals)

## 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. <sup>1</sup>

## 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, 2024



# 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.

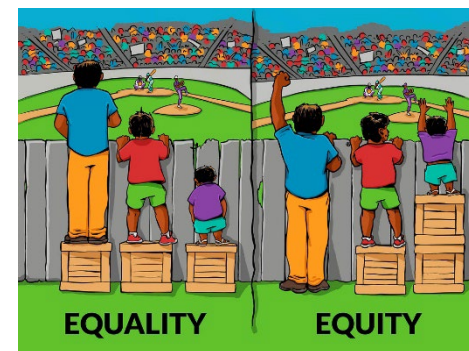
### Target

Submission of an HE report based on identifying health inequities as outlined in measure requirements on next slide.

**Due Date: Report due by August 31, 2024**

**Full Points = 5 Points**

**No Partial Points**





# Health Equity Cont.

## (Large and Small Hospitals)

Submission shall demonstrate:

1. Using hospital data to identify at least one outcome inequity or service inequity of interest to the hospital. Any category of inequity for which the hospital has data, is acceptable. This may include: ethnicity, sex, sexual orientation, gender identity, language, residence, disability.
2. Present data analysis and any drill-down and roll-up analysis done to characterize the scope and drivers of the inequity.
3. A discussion of hypothesized drivers for the inequity.
4. Describe an intervention plan or pilot designed to address the inequity.
5. Provider data measuring the effect of this intervention or pilot
6. Summarize lessons learned from this intervention/pilot and plans for the future.



# Next Steps / Reminders

- ✓ **August 31, 2023 deadline:**
  - ✓ 2022-23 Measurement Year Final Submissions
- ✓ **2022-23 Preliminary Report:** Validate by 10/2/2023
- ✓ **Staff Contact Changes:** Email [HQIP@partnershiphp.org](mailto: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](http://www.partnershiphp.org)

**Email us:**

[HQIP@partnershiphp.org](mailto:HQIP@partnershiphp.org)

## **Hospital QIP Team:**

**Amy McCune**, Manager of Quality Improvement Programs

**Troy Foster**, Program Manager



# The End

*Thank you for joining us today!*

