

Welcome

2023 LTC QIP Kick-off Webinar

Date/Time

January 11, 2023

Noon – 1 p.m.

Presenter

Deanna Watson

Program Manager

Objectives

1

Background & Guiding Principles

2

Program Structure

3

2023 Measurement Set

4

Next Steps / Q & A

1

Background & Guiding Principles



Background



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

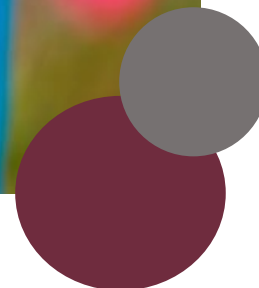
- PHC Mission: To help our members, and the communities we serve, be healthy
- Serves over 600,000 Medi-Cal members in 14 counties through local care providers
- Strategic focus areas: High quality health care, operational excellence, financial stewardship
- Quality Improvement Programs (QIPs) in primary care, hospital care, specialty care, and community pharmacy
- About 75 contracted long-term care facilities

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

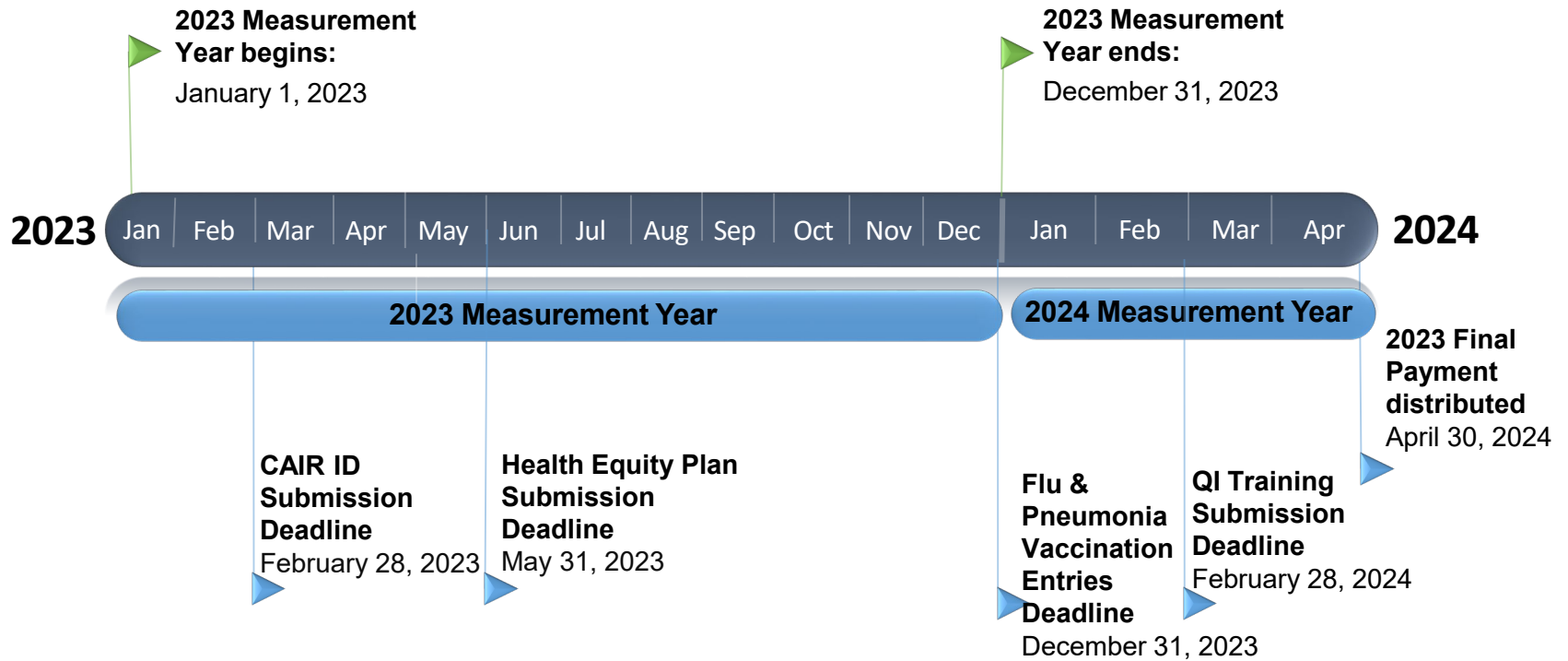
2

Program Structure



Program Structure

2023 Measurement Year Timeline



Program Structure

Eligibility Requirements

- Contracted with PHC from January 1, 2023 to December 31, 2023
- Facilities that are invited to participate must be in Good Standing with state and federal regulators as of the month the payment is to be disbursed. In addition, PHC has the sole authority to further determine if a provider is in Good Standing.

Program Structure

Payment Methodology

- Separate and distinct from usual reimbursement
- 2% of average annual payment
- Compete independently of other facilities
- Determined by PHC member volume and performance on quality measures

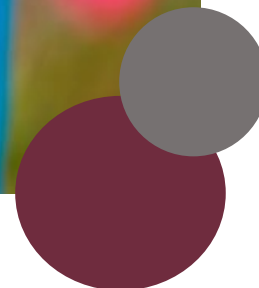
Program Structure

Payment Methodology: Example

A	B	C	D	E	F
	Number of PHC Custodial Members (assume the same number for all 365 days)	Annual Payment (\$224 per custodial member per day on average)	Potential Earning Pool (Annual payment*2%)	QIP Score (out of 100)	QIP Dollars Earned
LTC Facility 1	20	\$1,635,200	\$32,704	45 points	\$14,716
LTC Facility 2	10	\$817,600	\$16,352	90 points	\$14,716
LTC Facility 3	50	\$4,088,000	\$81,760	90 points	\$73,584

3

2023 Measurement Set



2023 Measurement Set

- Developed in collaboration with long-term care facility and industry representatives
- Approved by PHC's Physician Advisory Committee
- Data reporting burden is light
- 2 gateway measures
- 11 measures in 4 domains
- Measures add up to 100 points



2023 Measurement Set

Clinical

% of high-risk residents with pressure ulcers (10 pts)

% of residents who lose too much weight (10 pts)

% of residents who needed and got a flu shot AND vaccine entered in CAIR(10 pts)

% of residents who got a vaccine to prevent pneumonia AND vaccine entered in CAIR (10 pts)

Functional Status

% of residents experiencing one or more falls with major injury (10 pts)

% of residents who have or had a catheter inserted and left in their bladder (10 pts)

Resource Use

Hospital Admissions/1000 resident days (10 pts)

Operations / Satisfaction

Health Inspection Rating (10 pts)

Staffing Rating (10 pts)

Quality Improvement Training (5 pts)

Health Equity Plan (5 pts)

2023 Measurement Set

Gateway Measure 1: CMS Rating

Facilities must have a minimum of two stars from the CMS Five-Star Quality Rating in order to be eligible for points from all other measures. A rating of one star will make facilities ineligible for incentives, although they are invited to participate in other program elements.





2023 Measurement Set

Gateway Measure 2: CAIR Enrollment

Enrollment in the California Immunization Registry (CAIR) is required to be eligible for other program elements. Proof of CAIR enrollment must be submitted by February 28, 2023.

this
MONTH

CAIR TRAINING WEBINAR

January 31, 2023

Noon – 1 p.m.

REGISTER NOW! Email the LTC QIP team for registration link



2023 Measurement Set

Clinical Domain

Measure	Submission Required	Submission Due Date	Threshold*
Measure 1: % of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2024	N/A	<ul style="list-style-type: none"> ▪ Full Points (10): < 7.4% ▪ Partial Points (5): 7.8 - 8.0%
Measure 2: % of residents who lose too much weight		N/A	<ul style="list-style-type: none"> ▪ Full Points (10): < 5.1% ▪ Partial Points (5): 5.1 - 5.9%
Measure 3: % of residents who needed and got a flu shot AND successful entry into CAIR	N/A	December 31, 2023	<ul style="list-style-type: none"> ▪ Full Points (10): > 98.5% ▪ Partial Points (5): 95.5 - 98.5%
Measure 4: % of residents receiving pneumonia vaccine AND successful entry into CAIR	N/A	December 31, 2023	<ul style="list-style-type: none"> ▪ Full Points (10): > 98% ▪ Partial Points (5): 92.8 - 98%

2023 Measurement Set

Functional Status Domain

Measure	Submission Required	Submission Due Date	Threshold*
Measure 5: % of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2023	N/A	<ul style="list-style-type: none"> ▪ Full Points (10): < 1.7% ▪ Partial Points (5): 1.7 - 3.3%
Measure 6: % of residents who have/had a catheter inserted and left in their bladder			<ul style="list-style-type: none"> ▪ Full Points (10): < 1.6% ▪ No Partial Points

2023 Measurement Set

Resource Use Domain

Measure	Submission Required	Submission Due Date	Threshold
Measure 7: Hospital Admissions/1000 long-stay resident days	No; based on Nursing Home Compare data extracted February 2024	N/A	<ul style="list-style-type: none"> ▪ Full Points (10): < 1.50% ▪ No Partial Points

2023 Measurement Set

Operations & Satisfaction Domain

Measure	Submission Required	Submission Due Date	Threshold / Assigned Points
Measure 8: Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2024	N/A	<ul style="list-style-type: none"> ▪ Full Points (10): 4 or more stars ▪ Partial Points (5): 3 stars
Measure 9: Staffing Rating			
Measure 10: Quality Improvement Training	Submission of evidence of training attendance (not registration)	February 28, 2024	<ul style="list-style-type: none"> ▪ Full Points (5) ▪ No Partial Points
Measure 11: Health Equity	Submission of a project/plan addressing Health Equity	May 31, 2023	<ul style="list-style-type: none"> ▪ Full Points (5) ▪ No Partial Points



Measure 1: Pressure Ulcers

Description: Measures the percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers

Denominator: All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated
2. Comatose
3. Malnutrition or at risk of malnutrition

Numerator: Stage II-IV pressure ulcers are present

Exclusions: Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.

If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator).

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.

Measure 2: Weight Loss

Description: Measures the percentage of long-stay residents who had significant weight loss

Denominator: Long-stay nursing home residents with a selected target assessment

Numerator: Those in the denominator who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight-loss regimen

Exclusions: Target assessment is an OBRA admission assessment. Weight loss item is missing on target assessment.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.



Measure 3: Flu Shot

Description: Measures the number of long-stay residents who needed and got a flu shot, and successful entry of the vaccination into CAIR

Denominator: All long-stay residents, regardless of payer, with a selected target assessment, except those with exclusions

Numerator: Residents meeting any of the following criteria on the selected target assessment:

1. Resident received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]) AND vaccination was documented in CAIR; or
2. Resident was offered and declined the influenza vaccine (O0250C = [4]); or
3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months).

Exclusions: Resident was not in facility during the current or most recent influenza season.

Reporting: PHC will extract summary data from Nursing Home Compare in February 2024. Vaccination must be entered into CAIR by December 31, 2023.

Measure 4: Pneumonia Shot

Description: The percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date AND the vaccination is documented in CAIR.

Denominator: All long-stay residents, regardless of payer, with a selected target assessment.

Numerator: Residents meeting any of the following criteria on the selected target assessment:

1. Have an up to date pneumococcal vaccine status (O0300A = [1]) AND vaccination was documented in CAIR; or
2. Were offered and declined the vaccine (O0300B = [2]); or
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]).

Reporting: PHC will extract summary data from Nursing Home Compare in February 2024. Vaccination must be entered into CAIR by December 31, 2023.

Measure 5: Falls with Major Injury

Description: Measures the percentage of long-stay residents who have experienced one or more falls with major injury

Denominator: All long-stay nursing home residents with a one or more look-back scan assessments

Numerator: Those in the denominator whose assessments indicate one or more falls that resulted in major injury

Exclusions: Resident is excluded if one of the following is true for all of the look-back scan assessments:

1. The occurrence of falls was not assessed; **OR**
2. Zero (0) assessment indicates that a fall occurred; **AND**
3. the number of falls with major injury was not assessed.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.

Measure 6: Catheter Inserted and Left in Bladder

Description: Measures the percentage of long-stay residents who have had an indwelling catheter in the last 7 days

Denominator: All long-stay residents with a selected target assessment

Numerator: Those in the denominator whose assessment indicates the use of indwelling catheters

Exclusions:

- Target assessment is an admission assessment of a PPS 5-day or readmission/return assessment.
- Target assessment indicates that indwelling catheter status is missing.
- Target assessment indicates neurogenic bladder or neurogenic bladder status is missing.
- Target assessment indicates obstructive uropathy or obstructive uropathy status is missing.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.

Measure 7: Inpatient Admissions

Description: Measures the rate of long-stay residents who had one or more inpatient hospital admissions during the review period

Denominator: Total number of days (in thousands) that all long-stay residents were in the facility after they attained long-term resident status

Numerator: Number of admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, occurring while the individual is a long-term nursing home resident.

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.

Measure 8: Health Inspection Rating

Description: Measures the results of inspections conducted by federal surveyors to ensure safe and clean conditions for long term care residents

Full Points: Health Inspection rating of 4 stars or above

Partial Points: Health Inspection rating of 3 stars

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.

Measure 9: Staffing Rating

Description: Measures the ratio of staffing hours per resident day for long term care residents

Full Points (10): Staffing Rating of 4 stars or above

Partial Points (5): Staffing Rating of 3 stars

Reporting: No reporting by facility to PHC is required. PHC will extract summary data on Nursing Home Compare in February 2024.



Measure 10: QI Training

Description: Measures the attendance of training focusing on quality improvement methods and practices.

This measure is intended to introduce resources to all PHC network facilities to provide administrators, physicians, and staff of all levels with tools, strategies, and inspiration for improving the quality of care provided to our members. We offer this event with the desire to encourage PHC-contracted facilities to send staff of all levels to an informative learning session.

Full Points (5): Training attendance
No Partial Points

Reporting: Facilities attending PHC Hospital Quality Symposium do not need to submit evidence of attendance. Those attending other trainings must submit evidence of training attendance by February 28, 2024.

Measure 11: Health Equity

Description: This submission-based measure requests facilities to submit a proposed plan for adopting internal best practices that support Health Equity. This may include existing best practices already in place.

Suggestions how to successfully integrate Health Equity as a core strategy.

1. Make Health Equity a priority (articulate, act on, and build the vision into all decisions).
2. Develop structures and processes that support equity (dedicate resources and establish a governance/structure to oversee Health Equity work).
3. Take specific actions that address Social Determinants of Health (identify health disparities and needs of people facing disparities, then act to close the gaps).
4. Confront institutional racism within the organization. Identify, address, and dismantle structures, policies, and norms that perpetuate a race-based advantage.
5. Partner with community organizations.

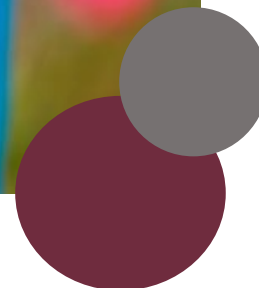
Full Points: 5

No Partial Points

Reporting: Facilities will submit a proposed plan addressing Health Equity by May 31, 2023. The submission will be an outline of proposed project. PHC will review and notify facilities if the project is approved or rejected.

4

Next Steps / Q&A



Next Steps

Stay Tuned: Potential Changes to PHC's LTC QIP

As part of **Assembly Bill 186: Nursing Facility Financing Reform**, DHCS is implementing 3 major new programs:

1. Workforce & Quality Incentive Program (WQIP)
2. Workforce Standards Program
3. Accountability Sanctions Program

The Workforce & Quality Incentive Program (WQIP):

- provides directed payments to facilities to incentivize workforce and quality
- is under finalization with an expectation to be implemented in early to mid 2023
- may affect participation in some or all of PHC's LTC QIP.

PHC will provide you with a 30-day notice should LTC QIP program changes occur.

Next Steps

- ✓ Bookmark the [LTC QIP webpage](#)
- ✓ Mark your calendar for measure submission deadlines
- ✓ Stay tuned for the 2023 Hospital Quality Symposium dates & locations
- ✓ Help us help you! Email any staffing contact changes to the LTC QIP Team



Contact Information

LTC QIP Team:

Amy McCune, Manager, Quality Improvement Programs

Deanna Watson, Program Manager

Southern Region (Fairfield)

Contact Us: LTCQIP@partnershiphp.org

Visit Us: [LTC QIP webpage](#)

Q & A

Please type your question in the CHAT BOX



Thank you for joining us today!

Resources

Medicare.gov. CMS. Nursing Home Compare.
<https://www.medicare.gov/care-compare/>

Department of Health Care Services. Nursing
Facility Financing Reform (AB 186).
[https://www.dhcs.ca.gov/services/medi-
cal/Pages/Nursing-Facility-Financing-Reform-AB-
186.aspx](https://www.dhcs.ca.gov/services/medical/Pages/Nursing-Facility-Financing-Reform-AB-186.aspx)