

2016 Hospital Quality Incentive Payment Program

Data Measure Details and Instructions

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Health Care, Contractor for HQIP

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Agenda

- Introduction to the HQIP Program team (5 mins)
- Review 2016 HQIP changes and instructions (10 mins)
- Overview of 2016 HQIP Data Collection Tool (15 mins)
- Detail of the 2016 HQIP Measures (15 mins)
- Questions (15 mins)



HQIP Program Team

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Changes to the 2016 HQIP Program

- For purposes of the Data Collection Tool, Base and Optional measure designations have been eliminated.
- Culture of Safety is required for all hospitals.
- Early Elective Deliveries has been moved to a maintenance measure.



Basic Instructions

- There are 50 total possible points available from the HQIP tool.
- You will be asked to answer the first five questions that pertain to the services provided at your hospital.
- If you skip a question that pertains to your hospital, you will not receive the points for that question.
- If you believe there is a chance your hospital will not have the N to report ACR (minimum 30 Medicaid discharges) or HCAHPS, you will be given the option to complete an additional measure.



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Basic Instructions, cont.

- HQIP Tool is based on Survey Monkey.
- You were sent a copy of the instructions and a copy of the survey itself.
- **You cannot save and finish later, the survey must be completed in one session.**
- This year, the tool includes skip logic to minimize errors in data entry and question answers.
- You will receive a copy of your answers in a confirmation letter when you have successfully submitted the completed tool.



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Contact Information

*** Name of the hospital for which you are reporting:**

*** Please provide your contact information:**

Contact name and title

Contact email

contact phone number

*** Please provide the contact information for your hospital's Chief Financial Officer:**

Contact name and title

Contact email

contact phone number

*** Please provide the contact information for your hospital's Quality Officer or equivalent:**

Contact name and title

Contact email

contact phone number

Prev

Next

Question 2: Culture of Safety (10 possible points)

*****ALL HOSPITALS MUST ANSWER THIS QUESTION*****

3 of 4 SUBPARTS MUST BE COMPLETED TO BE ELIGIBLE FOR ALL 10 POSSIBLE POINTS

Please refer to the previously emailed guidance and instructions for details about these subparts.

This measure is designed to promote adoption of a culture of safety in hospitals. Please indicate if your hospital has implemented or is in the process of implementing the following:

* a. Does your hospital have a Patient and Family Advisory Council (PFAC) initiative in place? (A PFAC includes former patients or family members and meets at least four times a year to provide guidance and advice. If you are starting a PFAC, you may include planning meetings)

- Yes, this initiative was implemented. (Please proceed to the text box below.)
- No, we have not implemented this initiative (Please proceed to subpart 2b.)
- We elect not to respond to this subpart

Please summarize your PFAC activities (one to two paragraphs) including: number of meetings held from January 1, 2015-April 30, 2016 (including meetings to create the PFAC), one or two of the major discussion topics at the PFAC, and resulting actions planned or implemented.



Question 3: Cesarean Section – all patients, not just Medicaid (10 possible points)

This measure uses the Joint Commission definition of Cesarean Section rate ([Set Measure ID PC-02](#)) to measure the rate of cesarean section among nulliparous women with a term, singleton baby in a vertex position delivered at your hospital in calendar year 2015.

a. Does your hospital perform non-emergent deliveries?

- Yes (Please continue to subpart 3b.)
- No (This question does not apply to your hospital; please proceed to question 4.)

b. Did your hospital perform more than 30 births in 2015? Include all populations in this answer, not just Medicaid patients.

- Yes (Please continue to subparts 3c and 3d.)
- No (This question does not apply to your hospital; please proceed to question 4.)

c. Please give the total number of nulliparous women with a term, singleton baby in a vertex position who delivered at your hospital in CY 2015:

d. Please give the total number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section at your hospital in CY 2015:

Prev

Next

Attestation

Were you able to answer five questions based on your hospital's services?

- Yes
- No

Colorado Hospital Quality Incentive Payment Program Attestation of Self-Reported Measures for 2016

In accordance with Section 25.5-4-402(3)(a), C.R.S. (2014) and with 10 CCR 2505-10, Section 8.2004.N, I attest that the information reported here is accurate and complete. I further attest to the following (as applicable):

All information provided in this Colorado HQIP Program Questionnaire is complete and accurate.

I understand that my hospital's performance measure data are public information and may be posted on the Colorado Department of Health Care Policy and Financing website. I further understand that the Department may audit compliance with this attestation at any time. As a member of the hospital's executive leadership, I am authorized to make this statement on behalf of the hospital. Entering my name below signifies my agreement with the above statements.

Name	<input type="text"/>
Title	<input type="text"/>
Hospital Name	<input type="text"/>
Medicaid Provider ID	<input type="text"/>
Date	<input type="text"/>



Measure 1: Emergency Department Process

- 10 total points, 2 pts per subpart
- Data source: Hospitals
- 5 subparts:
 - Primary care referral to patients without a PCP
 - Nurse advice line information to discharged ED patients
 - RCCO notification of Medicaid patient ED visits
 - Policies regarding non-replacement of lost or stolen opioids
 - Policies regarding no prescriptions for long-acting opioids.



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Measure 2: Culture of Safety

- Mandatory for ALL hospitals without exception.
- 10 total points.
- Data source: Hospitals
- 3 of 4 subparts must be completed:
 - Patient and Family Advisory councils
 - Hospital Safety Leadership
 - Patient Safety Survey
 - Unit Safety Huddles/Briefings



Measure 3: Cesarean Section

- 10 total points possible.
- Data source: Hospital, CY 2015
- This measure uses the Joint Commission PC-02 definition of cesarean section rate:
 - Denominator is number of nulliparous women with a term, singleton baby in a vertex position who delivered at your hospital in 2015.
 - Numerator is number of nulliparous women with a term, singleton baby in a vertex position who delivered by cesarean section at your hospital in 2015.



Measure 4: Readmission Measure

- 10 total points possible.
- Data source: Department of Health Care Policy and Financing, CY 2015.
- Based off of the CMS 30-day ACR measure, with certain variations detailed in the links included with the HQIP program instructions.
 - Those at risk of having less than 30 discharges will be given the option to complete an additional measure.



Measure 5: HCAHPS scores

- 10 total points possible.
- Data source: data available on Hospital Compare as of July 2016.
- All hospitals participating in HCAHPS are required to complete this measure.
- If you are at risk for not having HCAHPS scores publicly reported, you will be given the option to complete an additional measure.
- If a CAH chooses not to participate in HCAHPS, they may complete another measure.



****ATTENTION****

Most hospitals will be able to complete these first 5 measures and will be done with data collection at this point.

Hospitals with small populations or limited services will continue until they have completed 5 total measures (up to 7 for those hospitals at risk for ineligibility for the ACR and/or HCAHPS measures).



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Measure 6: RCCO Participation

- 10 total points possible.
- Data source: Hospital
- 3 subparts must be completed:
 - Is your hospital involved with your assigned RCCO?
 - RCCO notification of Medicaid inpatient admissions
 - RCCO collaboration on population health and care coordination efforts



Measure 7: Advance Care Planning

- 10 total points possible.
- Data source: Hospital, CY 2015
- This measure is based on NQF measure #0326.
- 3 subparts:
 - Does your hospital provide ACP services?
 - Denominator: Number of patients 65 and older admitted to your hospital in 2015.
 - Numerator: Number of patients 65 and older who either had a documented Advance Care Plan or who did not want an Advance Care Plan.



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Measure 8: Tobacco Screening and Treatment

- 10 total points possible.
- Data source: Hospital, CY 2015
- This measure is based on Joint Commission Tobacco Treatment Core measures TOB-01 and TOB-03.
- 3 subparts:
 - Regular tobacco screening of patients 18+?
 - Numerator and denominator for TOB-01
 - Numerator and denominator for TOB-3

Attestation

- You will be asked to attest to the validity of your answers.
- Attestations must be completed by a member of the hospital executive leadership team.
- Hospitals may be asked to provide documentation for any answer during calendar year 2016.



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Questions?



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Thank You!



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