

# *HQIP Report to OAB*

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Department of Health Care  
Policy & Financing

# *Our Mission*

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



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# *Discussion Topics*

- 2016 HQIP Recommended Scoring Methodology
- Recommended Quality Payment Methodology
- Maintenance Measures



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# *HQIP Sub-committee*

- Bonnie Wasli; Director of Finance, Valley View Hospital
- David Solawetz; Director of Quality, Process Improvement and Risk Management, Middle Park Medical Center
- Lindy Garvin; Vice President of Quality and Patient Safety, HealthOne
- Lisa Campese; Vice President of Clinical Quality, Centura Health
- Thomas Mackenzie; Chief Quality Officer, Denver Health
- Janet McIntyre; Vice President of Professional Services, Colorado Hospital Association
- Nancy Griffith; Director of Quality Improvement and Patient Safety, Colorado Hospital Association



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# *Recommended Scoring Methodology*

## **Base Measure 1: Emergency Department Process**

Two points awarded for each of five ED Process initiatives (same methodology as prior year)

1. Information about PCP's provided to patients
2. Nurse advice line in place
3. RCCO notified within 24 hours of an ED visit
4. Policy in place prohibiting opioid replacement in ED
5. Policy in place prohibiting long-acting opioid scripts



# Recommended Scoring Methodology

## Base Measure 1: Emergency Department Process

Points Awarded	0	2	4	6	8	10	Total Hospitals Reporting
2016 # of Hospitals	0	0	2	8	17	49	76
2015 # of Hospitals	2	1	2	14	16	37	72



# *Recommended Scoring Methodology*

## Base Measure 2: Cesarean Section

- For 2016 the scoring buckets are based on quartiles with the exception that no points are awarded for c-section rates equal to or greater than 25%.
- For 2015 no hospital received points if their C-section rate was equal to or greater than 25%. Hospitals were evenly distributed across the remaining three buckets.



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# Recommended Scoring Methodology

## Base Measure 2: Cesarean Section

2016

Quartile	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
Percentage Range	<=16.69%	>16.69% and <=20.81%	>20.81% and <=25%	>=25%	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	13	12	7	18	50
Hospital Size:					
Low Volume Hospitals (Less Than 200 Deliveries)	9	7	3	15	34
Medium Volume Hospitals (Btwn 200 and 499 Deliveries)	2	3	3	1	9
High Volume Hospitals (500 or More Deliveries)	2	2	1	2	7

2015

Quartile	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
Percentage Range	<=17.99%	>17.99% and <=20.99%	>20.99% and <=24.99%	>24.99%	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	14	11	11	12	48
Hospital Size:					
Low Volume Hospitals (Less Than 200 Deliveries)	9	8	5	7	29
Medium Volume Hospitals (Btwn 200 and 499 Deliveries)	4	1	4	4	13
High Volume Hospitals (500 or More Deliveries)	1	2	2	1	6



# *Recommended Scoring Methodology*

## **Base Measure 3: 30-Day All Cause Re-admissions**

- Re-admission calculation defined by CMS
- For 2016 the scoring buckets are based on quartiles
- For 2015 the scoring buckets were determined using the median re-admission rate as the split between the 2nd and 3rd buckets. The number of hospitals were distributed evenly between the 1st & 2nd and 3rd & 4th buckets.



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# Recommended Scoring Methodology

## Base Measure 3: 30-Day All Cause Re-admissions

2016

Quartile	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
Percentage Range	<=7.87%	>7.87% and <=10.15%	>10.15% and <=12.64%	>12.64%	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	13	13	13	12	51

2015

Quartile	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total
Percentage Range	<=10.05%	>10.05% and <=12.36%	>12.36% and <=14.54%	>14.54%%	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	12	11	10	11	44



# *Recommended Scoring Methodology*

## Base Measure 4: HCAHPS

- Percentage of patients who rated the hospital a “9” or “10” on a scale from 0 (lowest) to 10 (highest)
- Scoring buckets are based on quartiles (same methodology as prior year)



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# Recommended Scoring Methodology

## Base Measure 4: HCAHPS

2016

Quartile	4 <sup>th</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	Total
Percentage Range	$\geq 78\%$	$\geq 75\%$ and $< 78\%$	$\geq 70\%$ and $< 75\%$	$< 70\%$	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	15	14	17	19	65

2015

Quartile	4 <sup>th</sup>	3 <sup>rd</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	Total
Percentage Range	$\leq 80\%$	$\geq 75\%$ and $< 80\%$	$\geq 71\%$ and $< 75\%$	$< 71\%$	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	14	16	16	15	61



# *Recommended Scoring Methodology*

## **Base Measure 5: Culture of Safety**

- Base measure for 2016, optional measure in 2015
- Hospitals can choose to implement/report on any three of the following four activities for up to 10 points:
  1. Patient and family advisory council
  2. Hospital Safety Leadership
  3. Patient safety survey
  4. Unit safety huddles/briefings
- 2016 scoring is a function of HCPF evaluation of hospital responses. Each hospital was given a scoring category of 0 (0 points), 1 (3 points), 2 (7 points) or 3 (10 Points).
- For 2015 Hospitals were awarded 2 points for each element in place prior to 2015, 5 points for each element put in place in 2015 and 10 points if all 4 elements were in place for 2015 with a maximum overall score of 10 points.



# Recommended Scoring Methodology

## Base Measure 5: Culture of Safety

2016

<b>Points Awarded</b>	<b>10</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>Total Hospitals Reporting</b>
# of Hospitals Reporting	43	18	11	13	85

2015

<b>Points Awarded</b>	<b>10</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>Total Hospitals Reporting</b>
# of Hospitals Reporting	9	1	4	3	1	3	2	23



# *Recommended Scoring Methodology*

## **Optional Measure 1: Active Participation in RCCOs**

Hospitals receive 10 points if they notify the RCCO of Medicaid admissions and at least one of 5 additional criteria (same methodology as prior year):

1. Joint efforts to improve population health
2. Care coordination collaboration
3. Case management collaboration
4. Collaboration on high utilizers
5. Participation in RCCO level advisory committee meetings



# Recommended Scoring Methodology

## Optional Measure 1: Active Participation in RCCOs

Criteria	2016 # of Hospitals	2015 # of Hospitals
Notification of Inpatient Hospitalization	30	15
a. Joint Efforts to Improve Population Health	18	9
b. Care Coordination Collaboration	24	10
c. Case Management Collaboration	20	9
d. Collaboration on High Utilizers	15	6
e. Participation in RCCO Meetings	11	8
# of Hospitals Receiving 10 points	29	15



# *Recommended Scoring Methodology*

## **Optional Measure 2: Advance Care Planning**

The Advance Care Planning measure is based on the definition provided by the National Quality Forum (NQF) for the number of patients 65 years of age or older who have an advanced care plan documented or who did not wish to provide an advance care plan



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# Recommended Scoring Methodology

## Optional Measure 2: Advance Care Planning

2016

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	$\geq 95\%$	$\geq 75\%$ and $< 95\%$	$\geq 60\%$ and $< 75\%$	$< 60\%$	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	9	7	1	14	31

2015

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	$\geq 86\%$	$\geq 75\%$ and $< 86\%$	$\geq 60\%$ and $< 75\%$	$\leq 60\%$	
Points Awarded	10	7	3	0	
# of Hospitals Reporting	7	2	1	2	12



# *Recommended Scoring Methodology*

## **Optional Measure 3: Tobacco Screening and Follow-up**

- The Tobacco Screening and Follow-Up measure is based on the Joint Commission definitions for the number of patients 18 years of age or older who were screened for tobacco use and, if positive, referred to or refused treatment
- Hospitals receive 0, 2, 3 or 5 points each, for Tobacco Screening (TOB-01) and Tobacco Use Treatment/Intervention (TOB-02) depending on how their screening and intervention rates fall within four buckets



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# Recommended Scoring Methodology

## Optional Measure 3a: Screening for Tobacco Use

2016

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	>75%	>50% and <=75%	>25% and <=50%	<=25%	
Points Awarded	5	3	2	0	
# of Hospitals Reporting	12	1	0	6	19

2015

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	>75%	>50% and <=75%	>25% and <=50%	<=25%	
Points Awarded	5	3	2	0	
# of Hospitals Reporting	7	0	1	1	9



# Recommended Scoring Methodology

## Optional Measure 3b: Tobacco Use Treatment Provided or Offered

2016

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	>75%	>50% and <=75%	>25% and <=50%	<=25%	
Points Awarded	5	3	2	0	
# of Hospitals Reporting	4	1	2	12	19

2015

Bucket	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Total Hospitals Reporting
Percentage Range	>75%	>50% and <=75%	>25% and <=50%	<=25%	
Points Awarded	5	3	2	0	
# of Hospitals Reporting	1	1	0	5	7



# *Recommended Quality Payment Methodology*

Consistent with prior year

$$\begin{aligned} & \text{Quality Points} \\ & \times \\ & \text{Medicaid Adjusted Discharges} \\ & \times \\ & \text{Tiered \$ Per Discharge Point} \\ & = \\ & \text{Quality Payment} \end{aligned}$$

(Medicaid Adjusted Discharges = Total Medicaid Charges / Medicaid Inpatient Charges \* Medicaid Discharges)



# Maintenance Measures

Measure	Source	ETA
PE/DVT	Colorado Hospital Report Card	Oct/Nov
CLABSI	CDPHE	Oct
Early Elective Deliveries	Hospital Compare	Oct/Nov



# *Questions or Concerns?*



# *Contact Information*

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*Thank You!*



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