

# MICAH Quality Network

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## 2018-2019 PG5 P4P Program Year

Blue Cross Blue Shield of Michigan  
Hospital Incentive Programs  
February 16<sup>th</sup>, 2018



# Topics for Today's Discussion

1

Review proposed program structure for upcoming 2018-2019 PG5 P4P Program Year

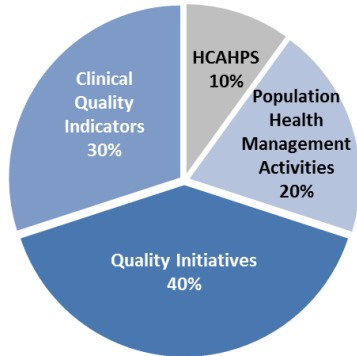
2

Review next steps for closing out 2017-2018 Program Year

# 1) 2018-2019 PG5 P4P Program Year Program Structure

## Critical Access Hospitals (CAH)

- CMS Outpatient Measures:
  - OP – 5a
- CMS Influenza Measures:
  - OP – 27
  - IMM – 2
- EDTC Composite Measure



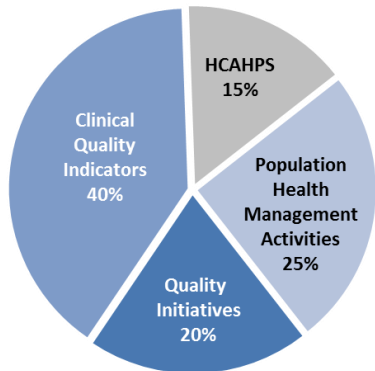
### Health of the Community:

1. HCAHPS
2. Population Health Management Activities:
  - Population Health Champion
  - Admit, Discharge, Transfer (ADT) Notification Service

- MICAH Quality Network Participation
- MHA Hospital Improvement Innovation Network (HIIN)

## Non-Critical Access Hospitals (Non-CAH)

- CMS Outpatient Measures:
  - OP – 5a
- CMS Influenza Measures:
  - OP – 27
  - IMM – 2
- EDTC Composite Measure



### Health of the Community:

1. HCAHPS
2. Population Health Management Activities:
  - Population Health Champion
  - Admit, Discharge, Transfer (ADT) Notification Service

- MHA Hospital Improvement Innovation Network (HIIN)

## Notable Enhancements

- 1) Update to Clinical Quality Indicator measures
- 2) Retirement of Community Service Plan
- 3) Admit, Discharge, Transfer (ADT) Notification service and Population Health Champion now required for **all** hospitals

# Clinical Quality Indicators (CAH 30%; Non-CAH 40%)

- Retired Measures (Removed from MBQIP)
  - OP-4a: Aspirin at arrival – overall (AMI & Chest Pain)
  - OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel
- Emergency Department Transfer Communication (EDTC) Measures Composite Score added
- Weight per measure has increased from 6% to 7.5% for CAH and from 8% to 10% for Non-CAH

Measure Name	Program Weight CAH	Program Weight Non-CAH
<b>*NEW*</b> Emergency Department Transfer Communication (EDTC) measures composite score*		
OP - 5a Median time to ECG - overall (AMI & chest pain)	7.5% Each	10.0% Each
OP - 27 Influenza Vaccination Coverage among Healthcare Personnel		
IMM - 2 Immunization for Influenza		

\*Includes the following components:

1. EDTC-1: Administrative Communication
2. EDTC-2: Patient Information
3. EDTC-3: Vital Signs
4. EDTC-4: Medication Information
5. EDTC-5: Physician or Practitioner Generated Information
6. EDTC-6: Nurse Generated Information
7. EDTC-7: Procedures and Tests

# Health of the Community (CAH 30%; Non-CAH 40%)

Measure Name	Program Weight CAH	Program Weight Non-CAH
HCAHPS Survey Submission	10.0%	15.0%
Population Health Management Activity	10.0%	15.0%
Admission, Discharge and Transfer (ADT) Notification Service	10.0%	10.0%

## HCAHPS Survey Submission

- Continue to submit, at a minimum, for the following four questions:
  1. **Question 3** – During this hospital stay, how often did nurses explain things in a way you could understand?
  2. **Question 7** – How often did doctors explain things in a way you could understand?
  3. **Question 19** – Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?
  4. **Question 20** – Did you get the information in writing about what symptoms or health problems to look out for after you left the hospital?

## Population Health Management “Champions”

- Continue to review Population Insights reporting and explain current population health management activities taking place in hospital
- Champion attestations due June 1, 2019

## Admission, Discharge, Transfer (ADT) Notification Service

- **Introduced in 2016-2017**, for those hospitals who are interested in Health Information Exchange activities

# Population Health Management Champion Attestation (10% CAH; 15% Non-CAH)



**BCBSM Peer Group 5 Pay-for-Performance Program (P4P)  
Population Health Champion Attestation  
4/1/2018 – 3/31/2019 P4P (Due June 1, 2019)**

I certify that I have reviewed the December 2018 Population Insights Report and Population Profiling Tool for Peer Group 5 Pay-for-Performance Program, and it is true to the best of my knowledge.

_____	_____
Printed Name – Population Health Champion	Title
_____	_____
Signature	Email
_____	_____
Facility	Facility Code

❖ EGIP Physician Organizations (PO) with whom Hospital has a shared patient population:

Physician Organization (PO)	Sub-Physician Organization (SubPO)

❖ Using BCBSM's Population Insights Report, identify partnering EGIP PO utilization measures showing opportunity for improvement, if applicable:

Utilization Metrics	

❖ For the above, identify any interventions currently in place to improve utilization rates (if none, explain how your hospital intends on working on the issue):

❖ Fill out the table below according to current population health management activities your hospital is participating in:

Population Health Activities	
Does your hospital currently participate in an Accountable Care Organization (ACO)? If yes, which one?	
<b>ACO Participants</b>	
What population health activities does your hospital participate in as part of an ACO?	
What are your long term goals of ACO participation?	
Are there any programs or population health management activities your hospital participates in outside of ACO-related activities?	
<b>Non-ACO Participants</b>	
What are your barriers to entry in participating in an ACO?	
Are you participating in any population health management activities? (i.e. actively engaging with physician partners to better coordinate care)	

# Admit, Discharge, Transfer (ADT) Notification Service (10% CAH; 10% Non-CAH)

Program Weight	Activity
2%	Initiate work with MiHIN
5%	Engage in a hospital-specific work plan with MiHIN
3%	Execute successful ADT transmission with MiHIN*

\* Implementation issues in executing successful ADT transmission that are beyond a hospital’s reasonable ability to resolve will be taken into account by Blue Cross when scoring the measure.

**Initiate work with MiHIN:**

- Appoint hospital IT staff to the HIE initiative and request that the appointed IT staff contact MiHIN at [help@mihin.org](mailto:help@mihin.org).
- Indicate you are a Blue Cross PG5 hospital interested in implementing the HIE ADT measure.
- Schedule a kick-off meeting to include a discussion of the hospital’s current environment and how to best move forward with the initiative.

**Engage in a hospital-specific work plan with MiHIN:**

- Execute all respective data sharing and use case agreements associated with the notification service.
- Work with MiHIN to develop an implementation timeline and estimated completion date for implementation.
- Communicate agreed upon completion dates with Blue Cross.
- Engagement will be measured by a hospital’s ability to meet the agreed upon implementation due dates with final points being distributed at the end of the program year on March 31, 2019.

**Execute successful ADT transmission with MiHIN:**

- Conduct MiHIN testing: Connect to MiHIN test environment, send initial set of test messages for validation.
- Meet validation criteria for production messages.
- Transmit the MiHIN required minimum ADT data elements on a real-time basis, in the production environment.

# Admit, Discharge, Transfer (ADT) Notification Service Continued

Program Weight	Activity
2%	Initiate work with MiHIN
5%	Engage in a hospital-specific work plan with MiHIN
3%	Execute successful ADT transmission with MiHIN*

\* Implementation issues in executing successful ADT transmission that are beyond a hospital's reasonable ability to resolve will be taken into account by Blue Cross when scoring the measure.

- Two informational webinars have been scheduled to help ease non-participating PG5 hospitals into ADT reporting:
  - Thursday, February 15<sup>th</sup>: 4:00-5:00pm
  - Monday, February 19<sup>th</sup>: 2:00-3:00pm
  
- For those unable to attend either of the above, feel free to reach out to Jen Cerre (Jcerre@bcbsm) for meeting materials



## 2) Next Steps: Closing Out 2017-2018 Program Year



### 2017 – 2018 Peer Group 5 Pay-for-Performance Program Requirements & Checklist

#### Materials to Submit to BCBSM by June 1<sup>st</sup>, 2018

##### From Hospital:

1. CEO Attestation Form
2. Community Service Plan Form   
(if selected as one of two health of the community activities)
3. Population Health Champion Attestation Form   
(if selected as one of two health of the community activities)
4. HCAHPS Survey Results (if not submitted to Hospital Compare)

##### From Hospital or Quality Vendor:

5. CMS Clinical Quality Indicator Results

##### From MHA Keystone or MICAHQN:

6. MICAH Meeting Attendance
7. MHA HIIN Scores

##### From Michigan Health Information Network (MiHIN):

8. ADT performance and conformance   
(if selected as one of two health of the community activities)

## BCBSM Contact Information

### **General PG5 P4P Related Questions:**

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