Quality Incentive Pool (QIP) Program Evaluation Report

Program Year 3.5
July 1, 2020 to December 31, 2020

Measurement Period
March 1, 2019 to February 29, 2020

April 2022

Background

Beginning with the July 1, 2017 rating period (state fiscal year 2017-18), the Department of Health Care Services (DHCS) implemented a managed care Designated Public Hospital (DPH) Quality Incentive Pool (QIP) program. The Department directed Medi-Cal managed care plans (MCPs) to make performance-based quality incentive payments to 17 participating DPH systems based on their performance on at least 20 of 26 specified quality measures that address primary, specialty, and inpatient care, including measures of appropriate resource utilization. QIP payments are linked to delivery of services under MCP contracts and increase the amount of funding tied to quality outcomes. To receive QIP payments, DPHs must achieve specified improvement targets, measured for all Medi-Cal beneficiaries utilizing services at the DPH, which grow more difficult through year-over-year improvement or sustained high performance requirements. The total funding available for QIP payments is limited to a predetermined amount, or pool.

QIP advances the state's managed care quality strategy goal of enhancing quality in DHCS programs by supporting DPHs to deliver effective, efficient, and affordable care. This program also promotes access and value-based payment, increasing the amount of funding tied to quality outcomes, while at the same time further aligning state, MCP, and hospital system targets. It integrates historical supplemental payments to come into compliance with the managed care final rule [42 Code of Federal Regulations (CFR) 438.6(c)], by linking payments to utilization and delivery of services under MCP contracts. The QIP Evaluation reports for PY1, PY2, and PY3 are posted on DHCS' QIP website and were shared with CMS.

The six month QIP PY3.5 Program Year functioned as a transition period to a new calendar year capitated rating period planned to take effect January 1, 2021 (QIP PY4). PY3.5 marked changes to the QIP program incorporating the District and Municipal Public Hospitals (DMPHs) as participating entities (see table 4 for a complete list of District and Municipal Public Hospital (DMPHs) and adding Public Hospital Redesign and Incentives in Medi-Cal (PRIME) measures and funding into QIP. With the PRIME program, part of the Medi-Cal 2020 1115 Demonstration, ending June 30, 2020, PRIME measures and funding were added to QIP to maintain and continue the momentum achieved with DPHs and DMPHs on improvements in the quality of care delivered to Medi-Cal beneficiaries. As a result, for PY3.5, the Centers for Medicaid and Medicare (CMS) approved a QIP budget of $962.18 million.

The originally planned PY3.5 measurement period, calendar year 2020, was heavily affected by the COVID-19 Public Health Emergency (PHE). As a result, DHCS submitted and CMS approved amendments to the PY3.5 DPH and DMPH preprints which included adjusting the PY3.5 measurement period to March 1, 2019 through February 29, 2020 (i.e., the same measurement period as the modified PY3) to avoid the time frame affected by the PHE. PY3.5 performance targets were also adjusted to hold entities accountable for performing at or above the PY3.5 minimum performance benchmark established by DHCS (often but not always the 25th percentile), in contrast to the standard gap closure methodology in prior PYs. Additionally, PY3.5 also added an immunization sub-pool to incentivize QIP entities' routine immunization efforts in the midst of the COVID-19 pandemic (calendar year 2020). For the immunization sub-pool, DHCS paid the top four DPH performers and the top nine DMPHs for each measure. Reporting these three measures was mandatory for the DPHs but optional for the DMPHs. For more details, please see QIP Policy Letter 21-001 and the QIP PY3.5 DPH and DMPH preprints available on the DHCS QIP webpage.

Evaluation Purpose

The purpose of this and future program evaluations is to determine if QIP directed payments made through DHCS contracts with Medi-Cal MCPs to contracted DPHs and DMPHs result in improvement in the quality of inpatient and outpatient services for Medi-Cal members assigned to DPHs and DMPHs.

Evaluation Questions

This evaluation is designed to compare PRIME DY14 and QIP PY3.5 rates on the measures that DPHs and DMPHs reported and to determine:

- For each measure, of DPHs or DMPHs reporting on that measure, what percentage met their quality performance targets

- For each DPH or DMPH, the percentage of measures for which they met their quality performance targets

Evaluation Design and Methods

The state used aggregate data reported by DPHs and DMPHs to DHCS pertaining to the performance measures listed in Attachment 1 of the DMPH and DPH preprints. PY3.5 had an expanded measure set as the PRIME measures (see link above) were incorporated into the QIP Program and called PRIME Transition measures. DPHs and DMPHs were required to continue reporting on the PRIME Transition measures that they had worked on in PRIME DY15. This report compares QIP PY3.5 PRIME Transition measure data to PRIME DY14 (measurement period July 1st, 2018 to June 30th, 2019). PRIME DY14 was chosen for comparison since it was the prior measurement period that had the least months overlap with QIP PY3.5.

Additionally, DPHs were required to work on the QIP measures implemented in PY3, known as Core QIP measures. Given that the Core QIP measures and measurement period were the same as QIP PY3 due to the COVID-19 PHE, DHCS used the data reported in PY3 for PY3.5 payments. The PY3 evaluation comparing the PY3 data to PY2 was previously completed and is available on the QIP webpage.

The achievement rate for each measure was calculated by dividing the numerator by the denominator as reported by the DPH/DMPH. For each hospital system, measure performance was assessed by comparing each measure's PY3.5 achievement rate to the measure's minimum performance benchmark and assigning an Achievement Value (AV) as specified in the QIP COVID-19 PHE Amended Preprint, Attachment 1. An AV would be zero if the DPH/DMPH did not achieve the minimum performance benchmark.

DPHs and DMPHs submitted encrypted aggregated data collected in accordance with the QIP PY3.5 PRIME Transition Measures Reporting Manual to DHCS, using a secure online reporting system. DHCS staff reviewed the reported data for accuracy, asking questions of the entities and/or requesting corrected data when necessary, and then deemed the data final. DHCS conducted its analysis on 100 percent of the finalized data.

A draft of this report was shared with stakeholders (DPHs, DMPHs, California Association of Public Hospitals/California Health Care Safety Net Institute, the District Hospital Leadership Forum,

California Association of Health Plans, Local Health Plans of California, and MCPs) in April 2022, and the final report incorporates stakeholder input.

Results

DPHs

Table 1 shows the number of DPHs that reported on each measure. As required, all 17 DPHs reported on measures from the following projects: 1.1 Integration of Behavioral Health & Primary Care; 1.2 Ambulatory Care Redesign: Primary Care; 1.3 Ambulatory Care Redesign: Specialty Care; 2.2 Care Transitions: Integration of Post-Acute Care; and 2.3 Complex Care Management for High-Risk Medical Populations. All DPHs were also required to report on the measures in project 2.1 Improvements in Perinatal Care; however, one entity did not have the ability to report on these measures and instead elected to report on the measures from project 2.4 Integrated Health Home for Foster Children. DPHs were required to pick one measure from the third domain (included projects 3.1 to 3.4). DPHs did choose to report on more measures than they were required to report and the number of DPHs reporting on the other measures varied. Among the remaining projects, DPHs were more likely to choose to report on project 1.5 Million Hearts® Initiative (7 DPHs), project 2.6 Chronic Non-Malignant Pain Management (9 DPHs), and project 3.3 Resource Stewardship: Therapies Inv. High-Cost Pharmaceuticals (7 DPHs). Only two DPHs chose measures from the following projects: 1.7 Obesity Prevention & Healthier Foods Initiative, 2.5 Transition to Integrated Care: Post Incarceration, and 3.4 Resource Stewardship: Blood Product.

Table 1 also shows how many DPHs met their target for each measure. The number of hospitals meeting their quality improvement targets on the measures varied. DPHs reporting on the following projects met 100 percent of their targets: 1.4 Patient Safety in the Ambulatory Setting (5 DPHs), 1.5 Million Hearts® Initiative (7 DPHs), 1.6 Cancer Screening & Follow-Up (5 DPHs), 1.7 Obesity Prevention & Healthier Foods Initiative (2 DPHs), 2.3 Complex Care Management for High-Risk Medical Populations (17 DPHs), 2.5 Transition to Integrated Care: Post Incarceration (2 DPHs), 3.1 Antibiotic Stewardship (5 DPHs), 3.2 Resource Stewardship: High-Cost Imaging (5 DPHs), and 3.4 Resource Stewardship: Blood Product (2 DPHs). Of the five projects that all 17 DPHs reported on, only project 2.3 Complex Care Management for High-Risk Medical Population had all DPHs meeting their targets for both measures. For the other four projects that all 17 DPHs were required to report, the percent of entities meeting their targets varied by measure. For project 1.1, the percentage of DPHs meeting their targets ranged from 82.4 percent to 100 percent. In project 1.2 it ranged from 76.5 percent to 100 percent, in project 1.3 from 76.5 percent to 100 percent, and in project 2.2 from 76.5 percent to 100 percent. For the required project 2.1, one DPH did not report on the measures because it does not provide any inpatient maternity care; of the remaining 16 DPHs, the percentage of DPHs meeting their targets ranged from 81.3 percent to 100 percent.

Table 2 shows the number and percentage of reported pay for performance measures for which each DPH met their adjusted quality improvement target; three pay-for-reporting measures in project 2.1 were not included in Table 2. Twelve DPHs met the adjusted quality targets for at least 90 percent of their reported measures. Also reported in this table is the number and percentage of pay for performance measures for which DPHs improved from PRIME DY14 (measurement period July 1st, 2018 to July 30th, 2019) to QIP PY3.5 (measurement period March 1st, 2019 to February 29th, 2020) or reported achievement rates in PY3.5 that were at or above the 90th percentile. Improvement was calculated only when DPHs had data from both DY14 and PY3.5. Seven entities had at least 75 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile, and three of these entities had at least 80 percent of their reported performance rates

doing the same. The remaining ten entities had 50 percent to 74.5 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile. The full datasets for PRIME DY14 and QIP PY3.5 can be located on the California Health and Human Services (CHHS) open data portal.

DMPHs

The 33 DMPHs collectively were not required to all report on any specific PRIME transitions measures, but each DMPH was required to continue reporting on the projects and measures they had worked on in PRIME DY15. Table 3 shows that as with the DPHs, the number of measures chosen by DMPHs varied by project. The measures that more DMPHs reported were from the following projects, 1.5 Million Hearts® Initiative (8 DMPHs), 1.7 Obesity Prevention & Healthier Foods Initiative (8 DMPHs), 2.2 Care Transitions: Integration of Post-Acute Care (14 DMPHs), 2.3 Complex Care Management for High-Risk Medical Populations (9 DMPHs), and 3.1 Antibiotic Stewardship (8 DMPHs), while only 2 DMPHs reported on project 1.3 Ambulatory Care Redesign: Specialty Care, and only one for project 3.3 Resource Stewardship: Therapies Involving High-Cost Pharmaceuticals. Lastly, no DMPHs reported on project 2.4 Integrated Health Home for Foster Children or 2.5 Transition to Integrated Care: Post Incarceration.

Table 3 also show how many DMPHs met their quality target for each measure. For project 1.5, the number of DMPHs meeting their quality target varied from 62.5 percent to 100 percent and only for one measure did all DMPHs met their target. Project 1.7 had a range from 50 percent to 87.5 percent, and project 2.2 from 64.3 percent to 92.9 percent. For project 2.3, 88.9 percent of DMPHs met their target for both measures, and for project 3.1, the percentage ranged from 75 percent to 87.5 percent. For Influenza Immunization, Receipt for abnormal CRC screening, and Adherence to Medications Rate 1, none of the DMPHs met their quality target.

Table 4 shows the number and percentage of reported pay for performance measures for which each DMPH met their adjusted quality improvement target, and the number and percentage of pay for performance measures for which DMPHs improved from PRIME DY14 to QIP PY3.5 or reported achievement rates in PY3.5 that were at or above the 90th percentile. Improvement was calculated only when DMPHs had data from both DY14 and PY3.5. For DMPHs, 10 DMPHs met the quality target for over 90 percent of their measures. Sixteen DMPHs had at least 75 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile, and 12 had at least 80 percent doing the same. The remaining 17 entities had 20 percent to 74.4 percent of their measures' performance rates showing improvement or residing at or above the 90th percentile.

QIP Immunization measures

Table 5 in the appendix shows the achievement rates for the immunization sub-pool measures for each DPH in PY3.5, while table 6 shows the achievement rates for these measures for the DMPHs. All 17 DPHs reported on the three immunization measures. Achievement rates were more likely to be highest for measure Preventive Care and Screening: Influenza Immunization for the DPHs (13 entities) and lowest for measure Childhood Immunization Status (CIS) Combination 10. Table 6 shows that only nine out of 33 DMPHs reported any of the three measures and only four reported on all three. For the DMPHs that reported on all three measures, similar to the DPHs, the highest achievement rates were generally for the Preventive Care and Screening: Influenza Immunization measure. The full dataset for these measures will be posted on the CHHS open data portal.

Conclusion

This report provides comparisons between PRIME DY14 and PY3.5 for the quality of inpatient and outpatient services provided to Medi-Cal members at DPHs and DMPHs in the QIP program. One caveat of this report is that the measurement periods for PRIME DY14 and PY3.5 had four overlapping months, so caution is needed when comparing these years and examining improvement in measures. The shared portion of their measurement periods reduces the chances that a rate in PRIME DY14 would be different than in QIP PY3.5.

In PY3.5, both DPHs and DMPHs reported measures, so they were evaluated in this one report. Across all 17 DPHs, for the projects that DPHs were required to report, entities met their payment target on 95 percent of reported measures for projects 1.1 to 1.3 and for projects 2.1 to 2.3. In PY3.5, the number of measures chosen by DPHs varied and only five DPHs met all their quality improvement targets for the measures chosen. The number of measures chosen by DMPHs also varied with only 5 out of 33 DMPHs meeting all of their quality improvement targets for the measures chosen. For DPHs, 12 of 17 (71 percent) entities met their target rates for over 90 percent of their measures, while only 10 of 33 (30 percent) DMPHs did. Conversely, more DMPHs (18 percent) than DPHs (6 percent) had measure performance rates that showed improvement or resided at or above the 90th percentile for over 90 percent of their measures. For the QIP immunization measures, both DPHs and DMPHs tended to have higher achievement rates for the PC 15 Preventive Care and Screening Influenza Immunization measure compared to the other immunization measures. This report and subsequent annual evaluation reports will be posted on the DHCS QIP website and shared with CMS, while the datasets for all reports will be posted on the CHHS open data portal.

Table 1: Percentage of DPHs Meeting Quality Improvement Targets for PY3.5

Measures	Number of DPHs Meeting Target	Number of DPHs Reporting	Percentage of DPHs Meeting Target
Project 1.1. Integration of Behavioral Health & Primary Care			
Alcohol and Drug Misuse (SBIRT)	14	17	82.4%
• Brief Screening only	14	17	82.4%
• SBIRT	16	17	94.1%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)↓	17	17	100.0%
Screening for Depression & follow-up plan	17	17	100.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	17	17	100.0%
Depression Remission or Response for Adolescents and Adults (DRR)	16	17	94.1%
▪ Follow Up	16	17	94.1%
▪ Depression Remission	17	17	100.0%
• Depression Response	17	17	100.0%
Project 1.2 Ambulatory Care Redesign: Primary Care			
Alcohol and Drug Misuse (SBIRT)	14	17	82.4%
• Brief Screening only	14	17	82.4%
• SBIRT	16	17	94.1%
CG-CAHPS: Provider Rating	16	17	94.1%
Colorectal Cancer Screening	17	17	100.0%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)↓	17	17	100.0%
Controlling Blood Pressure	17	17	100.0%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet measure	16	17	94.1%
Prevention Quality Overall Composite #90↓	13	17	76.5%
REAL and/or SO/GI disparity reduction	17	17	100.0%
REAL data completeness	15	17	88.2%
Screening for Depression and follow-up	17	17	100.0%
SO/GI data completeness	16	17	94.1%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	17	17	100.0%

Measures	Number of DPHs Meeting Target	Number of DPHs Reporting	Percentage of DPHs Meeting Target
Project 1.3 Ambulatory Care Redesign: Specialty Care			
Closing the referral loop: receipt of specialist report (CMS504)	17	17	100.0%
Plan All-Cause Readmissions (PCR-AD)↓	16	17	94.1%
Influenza Immunization	15	17	88.2%
Request for Specialty Care Expertise Turnaround Time	16	17	94.1%
Specialty Care Touches: Specialty expertise requests managed solely via non-in-person specialty encounters	13	17	76.5%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	17	17	100.0%
Project 1.4 Patient Safety in the Ambulatory Setting			
Abnormal Results Follow-up	5	5	100.0%
• Potassium	5	5	100.0%
• INR	5	5	100.0%
• BIRADS	5	5	100.0%
Annual Monitoring for Patients on Persistent Medications	5	5	100.0%
INR Monitoring for Individuals on Warfarin	5	5	100.0%
Project 1.5 Million Hearts® Initiative			
Controlling Blood Pressure	7	7	100.0%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet measure	7	7	100.0%
PQRS # 317 Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	7	7	100.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	7	7	100.0%
Project 1.6 Cancer Screening & Follow-Up			
BIRADS to Biopsy	5	5	100.0%
Breast Cancer Screening	5	5	100.0%
Cervical Cancer Screening	5	5	100.0%
Colorectal Cancer Screening	5	5	100.0%
Receipt of appropriate follow-up for abnormal CRC screening	5	5	100.0%

Measures	Number of DPHs Meeting Target	Number of DPHs Reporting	Percentage of DPHs Meeting Target
Project 1.7 Obesity Prevention & Healthier Foods Initiative			
BMI Screening and Follow-up	2	2	100.0%
Partnership for a Healthier America's Hospital Health Food Initiative external food service verification	2	2	100.0%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents – BMI	2	2	100.0%
• BMI	2	2	100.0%
• Counseling for Nutrition	2	2	100.0%
• Counseling for Physical Activity	2	2	100.0%
Project 2.1 Improvements in Perinatal Care*			
Baby Friendly Hospital designation†	15	16	93.8%
Exclusive Breast Milk Feeding (PC-05)	15	16	93.8%
OB Hemorrhage: Massive Transfusion↓	15	16	93.8%
PC-02 Cesarean Birth↓	15	16	93.8%
Prenatal and Postpartum Care	13	16	81.3%
• Prenatal	13	16	81.3%
• Postpartum	14	16	87.5%
Severe Maternal Morbidity (SMM) per 100 women with obstetric hemorrhage↓†	16	16	100%
Unexpected Newborn Complications↓†	16	16	100.0%
OB Hemorrhage Safety Bundle	16	16	100.0%
Project 2.2 Care Transitions: Integration of Post-Acute Care			
Plan All-Cause Readmissions (PCR-AD)↓	16	17	94.1%
H-CAHPS: Care Transition Metrics	13	17	76.5%
Medication Reconciliation - Post-Discharge	17	17	100.0%
Reconciled Medication List Received by Discharged Patients	17	17	100.0%
Timely Transmission of Transition Record	17	17	100.0%
Project 2.3 Complex Care Management for High-Risk Medical Populations			
Medication Reconciliation – 30 Post-discharge	17	17	100.0%
Timely Transmission of Transition Record	17	17	100.0%

Measures	Number of DPHs Meeting Target	Number of DPHs Reporting	Percentage of DPHs Meeting Target
Project 2.4 Integrated Health Home for Foster Children			
Adolescent Well-Care Visit	4	4	100.0%
Developmental Screening in the First Three Years of Life	3	4	75.0%
Documentation of Current Medications in the Medical Record (0-18 yo)	4	4	100.0%
Screening for Depression and follow-up	3	4	75.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention (13 yo and older)	3	4	75.0%
Well Child Visits - Third, Fourth, Fifth, and Sixth Years of life	3	4	75.0%
Comprehensive Medical Evaluation Following Foster Youth Placement in Foster Care	3	4	75.0%
Project 2.5 Transition to Integrated Care: Post Incarceration			
Alcohol and Drug Misuse (SBIRT)	2	2	100.0%
• Brief Screening only	2	2	100.0%
• SBIRT	2	2	100.0%
Controlling Blood Pressure	2	2	100.0%
Screening for Depression and follow-up	2	2	100.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	2	2	100.0%
Project 2.6 Chronic Non-Malignant Pain Management			
Alcohol and Drug Misuse (SBIRT)	6	9	66.7%
• Brief Screening only	6	9	66.7%
• SBIRT	8	9	88.9%
Assessment and management of chronic pain: patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and an annual urine toxicology screen	7	9	77.8%
Patients with chronic pain on long term opioid therapy checked in PDMPs	8	9	88.9%
Screening for Depression and follow-up	9	9	100.0%
Treatment of Chronic Non-Malignant Pain with Multi-Modal Therapy	9	9	100.0%

Measures	Number of DPHs Meeting Target	Number of DPHs Reporting	Percentage of DPHs Meeting Target
Project 2.7 Comprehensive Advanced Illness Planning & Care			
Advance Care Plan	5	5	100.0%
MWM#8 - Treatment Preferences (Inpatient)	5	5	100.0%
MWM#8 - Treatment Preferences (Outpatient)	5	5	100.0%
Palliative care service provided to patients with serious illness	2	5	40.0%
Proportion admitted to hospice for less than 3 days↓	4	5	80.0%
Project 3.1 Antibiotic Stewardship			
Avoidance of antibiotic treatment in adults with acute bronchitis	5	5	100.0%
National Healthcare Safety Network (NHSN) Antimicrobial Use Measure↓	5	5	100.0%
Peri-operative Prophylactic Antibiotics Administered after Surgical Closure↓	5	5	100.0%
Reduction in Hospital Acquired Clostridium Difficile Infections↓	5	5	100.0%
Project 3.2 Resource Stewardship: High-Cost Imaging			
Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	5	5	100.0%
Use of Imaging Studies for Low Back Pain	5	5	100.0%
Appropriate Use of Imaging Studies for Low Back Pain (red flags, no time limit)	5	5	100.0%
Project 3.3 Resource Stewardship: Therapies Involving. High-Cost Pharmaceuticals			
Adherence to Medications Rate 1	5	7	71.4%
High-cost Pharmaceutical Ordering Protocols Rate 1	7	7	100.0%
Documentation of Medication Reconciliation in the Medical Record for Patients on High Cost Pharmaceuticals Rate 1	7	7	100.0%
Project 3.4 Resource Stewardship: Blood Product			
ePBM-01 Pre-op Anemia Screening, Selected Elective Surgical Patients	2	2	100.0%
ePBM-03 Pre-op Type and Crossmatch, Type and Screen, Selected elective Surgical Patients	2	2	100.0%
ePBM-04 Initial Transfusion Threshold	2	2	100.0%

↓Lower achievement rates indicate better care

†Pay for reporting measure

*For this measure, all DPHs were required to report data; however, 1 DPH did not because it did not have a sufficient target population as required to measure success in the measures.

Table 2: Number and Percentage of Pay for Performance Measures with Targets Met and Which Showed Improvement (or Were At Least 90th Percentile) from PRIME DY14 to PY3.5 for Each DPH

DPH	No. Of Measures With Target Met	Percentage of Measures With Target Met	No. of Measures Improved or ≥ 90th percentile	Percentage of Measures Improved or ≥ 90th percentile*
Alameda Health System	44	91.7%	37	77.1%
Arrowhead Regional Medical Center	39	83.0%	31	66.0%
Contra Costa Regional Medical Center	55	100.0%	44	80.0%
Kern Medical Center	45	100.0%	23	51.1%
Los Angeles County Health System	61	98.4%	47	75.8%
Natividad Medical Center	44	93.6%	35	74.5%
Riverside University Health System	47	100.0%	34	72.3%
San Francisco General Hospital	45	95.7%	40	85.1%
San Joaquin General Hospital	44	91.7%	24	50.0%
San Mateo Medical Center	43	86.0%	37	74.0%
Santa Clara Valley Medical Center	46	95.8%	35	72.9%
UC Davis Medical Center	42	89.4%	32	68.1%
UC Irvine Medical Center	39	83.0%	28	59.6%
UC Los Angeles Medical Center	41	89.1%	33	71.7%
UC San Diego Medical Center	48	94.1%	46	90.2%
UC San Francisco Medical Center	48	100.0%	37	77.1%
Ventura County Medical Center	49	100.0%	39	79.6%

* In the last column, the denominator is the number of measures for which hospitals reported both DY14 and PY3.5 data. Measures were only included in the counts for the last two columns if there was both DY14 and PY3.5 data.

Note: The three pay for reporting measures (2.1.1, 2.1.7, and 2.1.8) were not included in this table.

Table 3: Percentage of DMPHs Meeting Quality Improvement Targets in PY3.5

Measures*	Number of DMPHs Meeting Target	Number of DMPHs Reporting	Percentage of DMPHs Meeting Target
Project 1.1. Integration of Behavioral Health & Primary Care			
Alcohol and Drug Misuse (SBIRT)	6	6	100.0%
• Brief Screening only	6	6	100.0%
• SBIRT	6	6	100.0%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)↓	6	6	100.0%
Screening for Depression & follow-up plan	5	6	83.3%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	6	6	100.0%
Depression Remission or Response for Adolescents and Adults (DRR)	5	5	100.0%
• Follow Up	5	5	100.0%
• Depression Remission	5	5	100.0%
• Depression Response	5	5	100.0%
Project 1.2 Ambulatory Care Redesign: Primary Care			
Alcohol and Drug Misuse (SBIRT)	5	5	100.0%
• Brief Screening only	5	5	100.0%
• SBIRT	5	5	100.0%
CG-CAHPS: Provider Rating	4	5	80.0%
Colorectal Cancer Screening	5	6	83.3%
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)↓	6	6	100.0%
Controlling Blood Pressure	4	6	66.7%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet measure	4	5	80.0%
Prevention Quality Overall Composite #90↓	1	5	20.0%
REAL and/or SO/GI disparity reduction	4	5	80.0%
REAL data completeness	5	5	100.0%
Screening for Depression and follow-up	6	6	100.0%
SO/GI data completeness	6	6	100.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	4	6	66.7%

Measures*	Number of DMPHs Meeting Target	Number of DMPHs Reporting	Percentage of DMPHs Meeting Target
Project 1.3 Ambulatory Care Redesign: Specialty Care			
Closing the referral loop: receipt of specialist report (CMS504)	2	2	100.0%
Plan All-Cause Readmissions (PCR-AD)↓	2	2	100.0%
Influenza Immunization	0	2	0.0%
Request for Specialty Care Expertise Turnaround Time	2	2	100.0%
Specialty Care Touches: Specialty expertise requests managed solely via non-in-person specialty encounters	2	2	100.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	2	2	100.0%
Project 1.4 Patient Safety in the Ambulatory Setting			
Abnormal Results Follow-up	3	5	60.0%
• Potassium	5	5	100.0%
• INR	3	5	60.0%
• BIRADS	3	5	60.0%
Annual Monitoring for Patients on Persistent Medications	4	5	80.0%
INR Monitoring for Individuals on Warfarin	2	5	40.0%
Project 1.5 Million Hearts® Initiative			
Controlling Blood Pressure	6	8	75.0%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet measure	5	8	62.5%
PQRS # 317 Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	6	8	75.0%
Preventative Care and Screening: Tobacco Use – Screening and Cessation Intervention	8	8	100.0%
Project 1.6 Cancer Screening & Follow-Up			
BIRADS to Biopsy	1	4	25.0%
Breast Cancer Screening	4	4	100.0%
Cervical Cancer Screening	4	4	100.0%
Colorectal Cancer Screening	4	4	100.0%
Receipt of appropriate follow-up for abnormal CRC screening	0	4	0.0%

Measures*	Number of DMPHs Meeting Target	Number of DMPHs Reporting	Percentage of DMPHs Meeting Target
Project 1.7 Obesity Prevention & Healthier Foods Initiative			
BMI Screening and Follow-up	7	8	87.5%
Partnership for a Healthier America's Hospital Health Food Initiative external food service verification	7	8	87.5%
Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents – BMI	4	8	50.0%
• BMI	5	8	62.5%
• Counseling for Nutrition	4	8	50.0%
• Counseling for Physical Activity	5	8	62.5%
Project 2.1 Improvements in Perinatal Care			
Baby Friendly Hospital designation†	3	5	60.0%
Exclusive Breast Milk Feeding (PC-05)	5	5	100.0%
OB Hemorrhage: Massive Transfusion↓	5	5	100.0%
PC-02 Cesarean Birth↓	3	5	60.0%
Prenatal and Postpartum Care	2	5	40.0%
• Prenatal	2	5	40.0%
• Postpartum	3	5	60.0%
Severe Maternal Morbidity (SMM) per 100 women with obstetric hemorrhage↓†	3	5	60.0%
Unexpected Newborn Complications↓†	5	5	100.0%
OB Hemorrhage Safety Bundle	4	5	80.0%
Project 2.2 Care Transitions: Integration of Post-Acute Care			
Plan All-Cause Readmissions (PCR-AD)↓	9	14	64.3%
H-CAHPS: Care Transition Metrics	9	14	64.3%
Medication Reconciliation - Post-Discharge	10	14	71.4%
Reconciled Medication List Received by Discharged Patients	12	14	85.7%
Timely Transmission of Transition Record	13	14	92.9%

Measures*	Number of DMPHs Meeting Target	Number of DMPHs Reporting	Percentage of DMPHs Meeting Target
Project 2.3 Complex Care Management for High-Risk Medical Populations			
Medication Reconciliation – 30 Post-discharge	8	9	88.9%
Timely Transmission of Transition Record	8	9	88.9%
Project 2.6 Chronic Non-Malignant Pain Management			
Alcohol and Drug Misuse (SBIRT)	6	6	100.0%
• Brief Screening only	6	6	100.0%
• SBIRT	6	6	100.0%
Assessment and management of chronic pain: patients diagnosed with chronic pain who are prescribed an opioid who have an opioid agreement form and an annual urine toxicology screen	5	6	83.3%
Patients with chronic pain on long term opioid therapy checked in PDMPs	5	6	83.3%
Screening for Depression and follow-up	5	6	83.3%
Treatment of Chronic Non-Malignant Pain with Multi-Modal Therapy	5	6	83.3%
Project 2.7 Comprehensive Advanced Illness Planning & Care			
Advance Care Plan	7	7	100.0%
MWM#8 - Treatment Preferences (Inpatient)	7	7	100.0%
MWM#8 - Treatment Preferences (Outpatient)	4	7	57.1%
Palliative care service provided to patients with serious illness	7	7	100.0%
Proportion admitted to hospice for less than 3 days↓	6	7	85.7%
Project 3.1 Antibiotic Stewardship			
Avoidance of antibiotic treatment in adults with acute bronchitis	7	8	87.5%
National Healthcare Safety Network (NHSN) Antimicrobial Use Measure↓	7	8	87.5%
Peri-operative Prophylactic Antibiotics Administered after Surgical Closure↓	7	8	87.5%
Reduction in Hospital Acquired Clostridium Difficile Infections↓	6	8	75.0%

Measures*	Number of DMPHs Meeting Target	Number of DMPHs Reporting	Percentage of DMPHs Meeting Target
Project 3.2 Resource Stewardship: High-Cost Imaging			
Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	3	3	100.0%
Use of Imaging Studies for Low Back Pain	3	3	100.0%
Appropriate Use of Imaging Studies for Low Back Pain (red flags, no time limit)	3	3	100.0%
Project 3.3 Resource Stewardship: Therapies Involving High-Cost Pharmaceuticals			
Adherence to Medications Rate 1	0	1	0.0%
High-cost Pharmaceutical Ordering Protocols Rate 1	1	1	100.0%
Project 3.4 Resource Stewardship: Blood Product			
ePBM-01 Pre-op Anemia Screening, Selected Elective Surgical Patients	2	3	66.7%
ePBM-03 Pre-op Type and Crossmatch, Type and Screen, Selected elective Surgical Patients	2	3	66.7%
ePBM-04 Initial Transfusion Threshold	3	3	100.0%

↓Lower achievement rates indicate better care

†Pay for reporting measure

* No DPMHs reported on any of the measures in projects 2.4 Integrated Health Home for Foster Children or 2.5 Transition to Integrated Care: Post Incarceration.

Table 4: Number and Percentage of Pay for Performance Measures with Targets Met and Which Showed Improvement (or Were At Least 90th Percentile) from PRIME DY14 to QIP PY3.5

DMPHs	No. Of Measures With Target Met	Percentage of Measures With Target Met	No. of Measures Improved or ≥ 90th percentile	Percentage of Measures Improved or ≥ 90th percentile
Antelope Valley Hospital	23	85.2%	24	88.9%
Bear Valley Community Hospital	5	100.0%	3	60.0%
Eastern Plumas Health Care	10	100.0%	6	60.0%
El Camino Hospital	9	69.2%	10	76.9%
El Centro Regional Medical Center	14	77.8%	12	66.7%
Hazel Hawkins Memorial Hospital	2	100.0%	2	100.0%
Healdsburg District Hospital	6	66.7%	5	55.6%
Jerold Phelps Community Hospital	2	50.0%	2	50.0%
John C. Fremont Healthcare District	10	83.3%	9	75.0%
Kaweah Delta Health Care District	36	92.3%	29	74.4%
Kern Valley Healthcare District	5	100.0%	5	100.0%
Lompoc Valley Medical Center	17	77.3%	13	59.1%
Mammoth Hospital, Mammoth Lakes	9	64.3%	11	78.6%
Marin General Hospital	13	76.5%	17	100.0%
Mayers Memorial Hospital District	1	33.3%	1	33.3%
Modoc Medical Center	10	83.3%	8	66.7%
Northern Inyo Hospital	2	50.0%	4	100.0%
Oak Valley Hospital District	12	80.0%	7	46.7%
Palo Verde Hospital	12	80.0%	13	86.7%
Palomar Medical Center (including Pomerado Hospital)	24	96.0%	22	88.0%
Pioneers Memorial Healthcare District	11	64.7%	8	47.1%
Plumas District Hospital, Quincy	4	80.0%	1	20.0%
Salinas Valley Memorial Healthcare System	29	93.5%	24	77.4%
San Bernardino Mountains Community Hospital	3	100.0%	1	33.3%
San Gorgonio Memorial Hospital	11	91.7%	11	91.7%
Seneca Healthcare District	3	60.0%	4	80.0%
Sierra View District Hospital	12	80.0%	13	86.7%
Sonoma Valley Hospital	3	60.0%	3	60.0%
Southern Inyo Hospital	3	50.0%	3	50.0%
Tahoe Forest Hospital District	12	92.3%	7	53.8%
Tri-City Medical Center	16	69.6%	15	65.2%
Trinity Hospital	4	50.0%	7	87.5%
Washington Hospital Healthcare System	13	86.7%	14	93.3%

* In the last column, the denominator is the number of measures that hospitals had both DY14 and PY3.5 data. Measures were only included in the counts for the last two columns if there was both DY14 and PY3.5 data.
Note: The three pay for reporting measures (2.1.1, 2.1.7, and 2.1.8) were not included in this table.

APPENDIX

Table 5: Achievement Rates for the Three QIP Immunization Measures (Measurement Period January 1 through December 31, 2020) by Designated Public Hospital for PY3.5

Hospital	Immunizations for Adolescents Combo 2	Childhood Immunization Status (CIS) Combination 10	Preventive Care and Screening: Influenza Immunization
DPHs			
Alameda Health System	60.2%	57.7%	73.7%
Arrowhead Regional Medical Center	67.7%	33.0%	27.7%
Contra Costa Regional Medical Center	55.3%	52.1%	95.5%
Kern Medical Center	47.8%	31.4%	70.7%
Los Angeles County Health System	66.3%	51.4%	59.0%
Natividad Medical Center	74.7%	51.6%	68.1%
Riverside University Health System	35.3%	32.4%	73.0%
San Francisco General Hospital	73.1%	53.8%	88.7%
San Joaquin General Hospital	56.4%	36.6%	42.5%
San Mateo Medical Center	74.2%	68.0%	74.5%
Santa Clara Valley Medical Center	49.3%	64.5%	66.3%
UC Davis Medical Center	*	39.4%	87.2%
UC Irvine Medical Center	41.3%	61.6%	69.0%
UC Los Angeles Medical Center	43.2%	43.1%	69.3%
UC San Diego Medical Center	0.0%	[a]	82.8%
UC San Francisco Medical Center	52.1%	54.4%	85.6%
Ventura County Medical Center	43.0%	42.1%	73.4%

*Rate suppressed to protect confidentiality because of small numbers
[a] – Rate suppressed because the denominator was less than 30, resulting in a statistically invalid rate

Table 6: Achievement Rates for the QIP Three Immunization Measures (Measurement Period January 1 through December 31, 2020) by District and Municipal Public Hospitals for PY3.5

Hospital	Immunizations for Adolescents Combo 2	Childhood Immunization Status (CIS) Combination 10	Preventive Care and Screening: Influenza Immunization
DMPHs			
Bear Valley Community Hospital	-----	-----	16.6%
Kaweah Delta Health Care District	32.6%	27.7%	67.5%
Kern Valley Healthcare District	*	*	11.5%
Mammoth Hospital	-----	82.1%	37.5%
Modoc Medical Center	*	-----	11.5%
Salinas Valley Memorial Healthcare System	28.6%	13.2%	38.7%
Tahoe Forest Hospital District	57.1%	54.8%	52.7%
Tri-City Medical Center	-----	-----	46.9%
Washington Hospital Healthcare System	46.2%	19.2%	47.8%

----No Rate Reported
*Rate suppressed to protect confidentiality because of small numbers