

2021 Hospital Quality Incentive Payment (HQIP) Program

Measure Summary

July 6, 2020

DRAFT



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

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I. 2021 Measure Introduction

The proposed measures for the 2021 HQIP program are listed below. These measures have been reviewed and recommended with consensus by the HQIP subcommittee and Consumer Advisory Council (CAC). However, final approval from CHASE is still pending. Once approved, the full measure details will be published on the Department's website.

Hospitals will be requested to complete all three measure groups. Measures with an asterisk (*) denote a new or modified measure for the 2021 HQIP program year.

2021 Measure Groups

A. Maternal Health and Perinatal Care Measure Group

Measure	Measure Basis	Source	Measurement Period
Cesarean Section (PC-02)	The Joint Commission /CMS	Hospital Reported	January 1, 2020 to December 31, 2020
Perinatal Depression and Anxiety*	Council on Patient Safety in Women's Health Care	Hospital Reported	In place on April 30, 2021
Maternal Emergencies*	National Partnership for Maternal Safety	Hospital Reported	In place on April 30, 2021
Reduction of Peripartum Racial and Ethnic Disparities*	Council on Patient Safety in Women's Health Care	Hospital Reported	In place on April 30, 2021
Reproductive Life/Family Planning	Department of Health Care Policy and Financing/US Office of Population Affairs	Department/Hospital Reported	In place on April 30, 2021
Incidence of Episiotomy	Christiana Care Health System	Department	January 1, 2020 to December 31, 2020

B. Patient Safety Measure Group

Measure	Measure Basis	Source	Measurement Period
Zero Suicide*	Colorado Department of Public Health and the Environment (CDPHE)	Hospital Reported	In place by April 30, 2021

Measure	Measure Basis	Source	Measurement Period
Clostridium difficile (C. Diff)	Center for Disease Control (CDC)	Department/Hospital Reported	January 1, 2020 to December 31, 2020
Sepsis*	HQIP	Hospital Reported	In place by April 30, 2021
Antibiotics Stewardship*	Colorado Department of Public Health and the Environment (CDPHE)	Hospital Reported	In place by April 30, 2021
Adverse Event	HQIP	Hospital Reported	January 1, 2020 to December 31, 2020
Culture of Safety Survey	Agency for Healthcare Research and Quality (AHRQ)	Hospital Reported	Within the 24 months prior to data collection
Handoffs and Signouts*	HQIP - based on Agency for Healthcare Research and Quality (AHRQ) & The Joint Commission	Hospital Reported	In place by April 30, 2021

C. Patient Experience Measure Group

Measure	Measure Basis	Source	Measurement Period
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	AHRQ/ Hospital Compare	Department	July 1, 2019 to June 30, 2020
Advance Care Plan	National Committee for Quality Assurance (NCQA)	Hospital Reported	January 1, 2020 to December 31, 2020

Modified Measures

- **Perinatal Depression and Anxiety**
 - Scoring Modification: Hospitals must earn 3 “Rs” to earn points in 2021.
- **Maternal Emergencies**
 - Scoring Modification: Hospitals must answer all Structure and Process measures to earn points in 2021.
- **Reduction in Peripartum Racial and Ethnic Disparities**
 - New measure for 2021. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.
- **Zero Suicide**

- New measure for 2021
- **Sepsis**
 - New measure for 2021. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.
- **Antibiotic Stewardship**
 - New measure for 2021. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.
- **Handoffs and Signouts**
 - New measure for 2021. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.

Scoring Rubric

For the FFY2020-21 program year the total number of available points are provided below for the successful completion of the following three measure groups: Perinatal and Maternal Care, Patient Safety and Patient Experience.

A. Maternal Health and Perinatal Care Measure Group

This measure group awards up to 35 total points for the successful completion of the following seven sub-measures:

Measure	Measure Score	Proposed Scoring Method	Scoring Levels
a. C-section	5	Ranking method -no points awarded to equal to or above threshold rate	3
b. Pregnancy Related Depression	5	Pay for reporting—scoring tiered depending on number of elements in place	2
c. Maternal Emergencies	5	Pay for reporting—points for Structure and Process Measures awarded on an all-or-nothing basis.	1-All or Nothing
d. Reduction of Peripartum Racial and Ethnic Disparities	10	Pay for reporting—points awarded for Readiness; additional points for each additional element, up to 5	2
e. Reproductive Life and Family Planning	5	Pay for reporting—points awarded on an all or nothing basis	1-All or Nothing
f. Incidence of Episiotomy	5	Ranking method - points awarded for hospitals above Leapfrog benchmark; points awarded for improvement if below benchmark	3

B. Patient Safety Measure Group

This measure group awards up to 45 total points for the successful completion of the following seven sub-measures:

Measure	Measure Score	Proposed Scoring Method	Scoring Levels
a. Zero Suicide	10	Pay for reporting—scoring tiered depending on number of elements in place	4
b. <i>C. Diff</i> infections	5	Ranking method based on “worse, same, better” ranking. Points only awarded to those in “same” or “better” categories	3
c. Sepsis	5	Pay for reporting— points awarded on an all or nothing basis	2
d. Antibiotics Stewardship	10	Pay for reporting—scoring tiered depending on number of elements in place	4
e. Adverse Event	5	Pay for reporting—points awarded on an all or nothing basis	1-All or Nothing
f. Culture of Safety Survey	5	Pay for reporting—points awarded on an all or nothing basis	1-All or Nothing
g. Handoffs and Sign-outs	5	Pay for reporting—scoring tiered depending on number of elements in place	4

C. Patient Experience Measure Group

This measure group awards up to 20 total points for the successful completion of the following four sub-measures:

Measure	Measure Score	Proposed Scoring Method	Scoring Levels
a. HCAHPS Communications about Medicines Composite 5	5	Ranking method—points awarded to top three quartiles only	3
b. HCAHPS Discharge Information Composite 6	5	Ranking method—points awarded to top three quartiles only	3
c. HCAHPS Care Transition Composite 7	5	Ranking method—points awarded to top three quartiles only	3

Measure	Measure Score	Proposed Scoring Method	Scoring Levels
d. Advance Care Planning	5	Ranking method—points only awarded to those above performance threshold	3

II. Proposed 2021 Measure Details

Measures modifications for the 2021 HQIP program are listed below. Hospitals will be requested to complete all three measure groups. Proposed modifications to the scoring criteria or total number of points available are provided below:

Maternal Health and Perinatal Care Measure Group

A. Cesarean Section

Measure Criteria

No proposed modifications to the measure criteria for Cesarean Section for 2021.

In order to receive a score for the hospital's Cesarean Section rate, the hospital will be required to describe their process for notifying physicians of their respective Cesarean Section rates and how they compare to other physicians' rates and the hospital average.

Scoring

No proposed scoring modifications of this measure in 2021.

Points will be assigned based on relative performance with hospitals performing worse than minimum standard of 23.9% (Healthy People 2020) receiving no points and the remaining divided into terciles

Cesarean Section Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	1	3	5	N/A

B. Perinatal Depression and Anxiety

Measure Criteria

No proposed modifications to the measure criteria for Perinatal Depression and Anxiety for 2021.

The Perinatal Depression and Anxiety measure is based on the Council on Patient Safety in Women’s Health Care Perinatal Depression and Anxiety. The measure is modeled after 4 “Rs”: Readiness, Recognition and Prevention, Response, Reporting/Systems Learning.

Hospitals should report the requested information and documentation that addresses each of the four “Rs” (1-4) in the measure. Screening rates under the Reporting/Systems Learning category must be greater than 0 in order to receive points.

Scoring

The following scoring modification is proposed for 2021:

In 2021, hospitals must report on at least 3 Rs to earn points. Previously, scoring was tiered with points earned for completion of two, three, or four “Rs” (1-4).

Perinatal Depression and Anxiety Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	3	5	N/A	N/A

Scoring Level	# of “Rs”
Level 1	3 “Rs”
Level 2	4 “Rs”

C. Maternal Emergencies and Preparedness

Measure Criteria

No proposed modifications to the measure criteria for Maternal Emergencies and Preparedness for 2021.

This measure is based on the National Partnership for Maternal Safety Consensus Bundle on Severe Hypertension During Pregnancy and the Postpartum Period.

Hospitals will report on the structure and process measures below through attestation, narratives that describe processes and provide supporting evidence. The Department will calculate the outcome measures based on claims data. The Department will evaluate the structure and process measures based on the Council on Patient Safety in Women’s Health Care Severe Hypertension in Pregnancy 4 “Rs”. (Readiness, Recognition and Prevention, Response, Reporting/Systems Learning).

Scoring

The following scoring modification is proposed for 2021:

In 2021, hospitals must answer all Structure measures as well as all Process measures to earn any points. Previously, hospitals needed to answer Structure Measure 1 and two of the three remaining measures (2,3,4), as well as all Process measures.

Maternal Emergencies and Preparedness Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	5	N/A	N/A	N/A

D. Reduction of Peripartum Racial and Ethnic Disparities Patient Safety Bundle

Measure Criteria

This is a new measure for the 2021 HQIP Program Year. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.

Non-birthing hospitals must report hospital-wide processes to meet measure requirements.

Hospitals must reply to all of the questions in the survey to be eligible to earn points. Scoring will be based on having particular components of each “R” in place. The measurement period should be the hospital’s experience as of the date the survey is filled out. This survey is for all patients regardless of insurance status.

Hospitals that do not have Obstetrics or labor and delivery will clarify that in the answer fields and discuss how they work to meet the requirements across their hospital. Hospitals will still have to answer all the questions to earn any points. Each question will be answered by choosing a categorical response and providing details on the response

Scoring

Hospitals will earn 5 points if they have all of the elements of the first “R” Readiness in place. Hospitals can earn an additional point for each element of the three remaining “R”s they have in place up to a total of 10 points.

Reduction of Peripartum Racial and Ethnic Disparities Patient Safety Bundle Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
10	5	One point for each additional bullet	N/A	N/A

E. Reproductive Life/Family Planning

Measure Criteria

No proposed modifications to the measure criteria for Reproductive Life/Family Planning in 2021.

This is a process measure where hospitals attest if they have a program in place that offers counseling about all forms of postpartum contraception in a context that allows informed decision making. Immediate postpartum long-acting reversible contraception (LARC)

should be offered as an effective option for postpartum contraception. The immediate postpartum period can be a particularly favorable time for discussion and initiation of contraceptive methods, including LARC.

If a hospital does not offer contraception counseling for religious or other reasons, it should attest that there is a program in place that offers counseling on reproductive life/family planning and describe how they communicate what family planning services are available.

Scoring

No proposed scoring modifications for this measure in 2021.

Hospital will attest that they have a program in place and upload evidence and descriptions of their processes and policies. Points will be earned on an all or nothing basis.

Reproductive Life/Family Planning Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	5	N/A	N/A	N/A

F. Incidence of Episiotomy

Measure Criteria

No proposed modifications to the measure criteria for Incidence of Episiotomy in 2021.

This measure is a claims-based outcome measure. The measure is NQF# 0470 Incidence of Episiotomy - Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.

Scoring

No proposed scoring modifications for the Incidence of Episiotomy measure in 2021.

Proposed scoring methodology is to award points for those better than the Leapfrog benchmark of 5%. For hospitals that are worse than the benchmark award points based on improvement.

Incidence of Episiotomy Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	1	3	5	N/A

Patient Safety Measure Group

A. Zero Suicide

Measure Criteria

This is a new measure for the 2021 HQIP Program Year

In 2021, hospitals will be awarded points for the Zero Suicide measure for successful completion of the following four levels:

Level I: Leadership and Planning

Hospitals must report and provide supporting documentation related to leadership buy-in, a Zero Suicide implementation team, an organizational self-survey, and formal work plan.

Level II: Training

Hospitals must report and provide supporting documentation related to the administration of a workforce survey, completion of non-clinical workforce training, and completion of clinical workforce training.

Level III: Identify, Treat, Engage

Hospitals must report and provide supporting documentation related to suicide risk screening protocols, positive screening assessment procedures, and safety planning policies and procedures.

Level IV: Transition and Improve

Hospitals must report and provide supporting documentation related to follow-ups for individuals who screen positive for suicide risk, and Zero Suicide data tracking capabilities.

Scoring

The following scoring criteria is proposed for Zero Suicide in 2021:

Hospitals will earn points for the successful completion of four levels. Levels are cumulative, for example, hospitals must complete all criteria within measure Level I and measure Level II to be eligible to earn 5 points under scoring level 2. In order to receive the highest points, hospitals must complete all four measure levels.

Zero Suicide Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
10	3	5	7	10

B. Hospital Acquired Clostridium Difficile (C. Diff) Infections

Measure Criteria

No proposed modifications to the measure criteria for the Hospital Acquired Clostridium Difficile (C. Diff) Infections in 2021.

Hospitals must submit data for this measure to National Healthcare Safety Network (NHSN); this allows for risk adjusting and calculation of an SIR rate. NHSN rates are then used in the Colorado Department of Public Health and Environment's Healthcare Associated Infections in Colorado annual report. The Department will pull hospital data from that report. Hospitals that do not submit C. Diff data to NHSN will receive a zero for this element.

Scoring

No proposed scoring modifications for this measure in 2021.

Hospital Acquired Clostridium Difficile infections points will be earned based on hospital performance over self, with points earned for maintaining the same rate or improving.

Hospital Acquired Clostridium Difficile (C. Diff) Infections

Total Possible	Level 1	Level 2	Level 3	Level 4
5	1	3	5	N/A

C. Sepsis

Measure Criteria

This is a new measure for the 2021 HQIP Program Year. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.

This process measure focuses on systems for improving the early identification and treatment of sepsis. Hospitals must report protocols for identifying and treating sepsis, describe and provide evidence of conducting trainings and providing regular feedback, and provide the process and outcome measures used by the hospital to track sepsis identification and treatment as well as any results for the purpose of quality improvement.

Scoring

This measure will use a pay for reporting method: points will be awarded on an all or nothing basis.

Sepsis Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	3	5	N/A	N/A

D. Antibiotics Stewardship

Measure Criteria

This is a new measure for the 2021 HQIP Program Year. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.

This measure is based on the work that the Colorado Department of Public Health and Environment (CDPHE), the Colorado Hospital Association (CHA), Colorado Health Care Association (CHCA), and Telligen have done on antibiotic stewardship working towards developing an Antibiotic Stewardship Honor Roll. This measure has four levels which will correspond to a tiered point structure:

Level I: Commitment

Level II: Education

Level III: Guidance

Level IV: Collaboration

Scoring

This measure will use a pay for reporting method; points will be awarded on based on the number of elements in place.

Antibiotic Stewardship Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
10	3	5	7	10

E. Adverse Event Reporting

Measure Criteria

No proposed modifications to the measure criteria for Adverse Event Reporting in 2021.

This measure is a pay for reporting measure where hospitals provide narratives and documentation of their processes for adverse event reporting. These processes must include the capability of anonymous reporting, reports received by a broad range of personnel, summaries of

reported events that are disseminated in a timely fashion, and a structure mechanism for reviewing reports and developing action plans.

Scoring

No proposed scoring modifications for this measure in 2021.

Adverse Event Reporting is pay for reporting; points will be earned on an all or nothing basis.

Adverse Event Reporting Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	5	N/A	N/A	N/A

F. Culture of Safety Survey

Measure Criteria

No proposed modifications to the measure criteria for Culture of Safety Survey in 2021.

To receive points for this measure, hospitals will attest to using the AHRQ survey or provide a copy of the survey that has at least ten questions and has been tested for validity and reliability. Hospitals must provide a copy of the survey instrument, key findings of the survey highlighting areas of low performance, and a plan to address the low performing areas

Scoring

No proposed scoring modifications for this measure in 2021.

Culture of Safety Survey is pay for reporting; points will be earned on an all or nothing basis.

Culture of Safety Survey Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	5	N/A	N/A	N/A

G. Handoffs and Signouts

Measure Criteria

This is a new measure for the 2021 HQIP Program Year. This measure was originally scheduled to be introduced in 2020 but was delayed as a result of COVID-19.

The Handoffs and Signouts measure is a tiered scoring measure, where hospitals earn points for successfully demonstrating the completion of the following three steps, as well as additional points for providing measurement results from the previous year.

Step 1: Hospitals must identify the areas of handoffs and signouts that they need to improve on and focus on the area that has the most need.

Step 2: Hospitals must describe the process they are using to address handoffs and transitions.

Step 3: Hospitals must describe how they will measure the implementation and performance of the program.

Scoring

For Handoffs and Signouts points will be earned in tiers by completing the requirements for each of the three steps of the measure.

Handoffs and Signouts Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	2	3	4	5

Patient Experience Measure Group

A. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Measure Criteria

No proposed modifications to the measure criteria for HCAHPS Composites 5-7 in 2021.

The Department will collect data for three HCAHPS composites from Hospital Compare:

Composite 5: Communication About Medicines (questions 16, 17)

Composite 6: Discharge Information (questions 19, 20)

Composite 7: Care transition (questions 23, 24, 25)

Scoring

No proposed scoring modifications for this measure in 2021.

Each HCAHPS Composite measure will be evaluated independently using a ranking method. Points will be earned based on quartile tiering; the top quartile will receive maximum points, the second and third quartiles will receive lower tier of points, and the lowest quartile will receive no point.

HCAHPS Composite 5-7 Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	1	3	5	N/A

B. Advance Care Planning (ACP)

Measure Criteria

No proposed modifications to the measure criteria for the Advance Care Planning measure in 2021.

The Advance Care Planning measure is based on the definition provided by the National Quality Forum (NQF) for the number of patients, regardless of payer, 65 years of age or older who have an advanced care plan documented in the medical record or who did not wish to provide an advance care plan. Measure specifics can be found on the NQF website (measure ID: 0326). Note that this measure includes initial hospital observation care services, inpatient services and critical care services (refer to NQF measure #0326 for CPT codes). Hospitals will be required to submit data from calendar year 2020 to the Department. Sampling is allowed. There is no minimum denominator for this measure.

Hospitals are also required to summarize their process for discussing/initiating advanced care planning when a patient does not have an ACP or when their ACP is not available to the hospital. This short summary (up to 2 paragraphs) will not be scored.

Scoring

No proposed scoring modifications for this measure in 2021.

Advanced Care Planning will be scored by setting a performance threshold and then awarding points based on rank. Only those above the performance threshold earn points.

Advance Care Planning Scoring Rubric

Total Possible	Level 1	Level 2	Level 3	Level 4
5	1	3	5	N/A

Maintenance Measures

No proposed modifications to Maintenance Measures in 2021.

Maintenance Measures are those measures that are important to quality of care and patient safety but have little room for improvement over current statewide performance levels. The HQIP Subcommittee will continue to review the statewide rates to be sure that gains are maintained. No points are assigned for Maintenance Measures.

Maintenance Measure #1: PE/DVT (no points). Hospitals do not need to submit data for this measure. The data source for this measure is the Colorado Hospital Report Card.

Maintenance Measure #2: CLABSI (no points). Hospitals do not need to submit data for this measure. The data source for this measure is the NHSN data submitted to the Colorado Department of Public Health and Environment and will be obtained from the annual Health Care Associated Infections Report in Colorado report.

Maintenance Measure #3 Early Elective Deliveries (no points). Hospitals do not need to submit data for perinatal care measure set. The data source for this measure is Hospital Compare.

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