

Hospital Quality Incentive Payment (HQIP) Program

CHASE Board Meeting

February 2024

Department of Health Care Policy &
Financing



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Agenda

1. Introductions
2. Recap of 2024 Program Changes
3. Review Proposed 2025 Antibiotics Stewardship Modifications (Action Item)
4. Review Proposed 2025 Zero Suicide Measure Modifications (Action Item)
5. Review Proposed 2025 Postpartum Discharge Transition Measure Bundle (Action Item)



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Recap of 2024 Program Changes

Recap of 2024 Program Changes

The following changes were approved by the CHASE board in 2023 and are integrated into the 2024 HQIP program

- The Reduction of Racial and Ethnic Disparities Patient Safety Bundle has been renamed the Health Equity Patient Safety Bundle.
 - Two elements, Leadership and Accessibility Regarding Communications Disabilities, have been added to Readiness. One element, Accountability, has been added to Reporting/Systems Learning.
 - Available points for this measure have increased from 10 to 15
- The Advanced Care Planning Measure has been retired.
 - The 5 available points from this measure have been reallocated to Measure 2B – Health Equity Patient Safety Bundle

Health Equity Measure Details

Hospitals will report the following information related to health care equity:

1. Provide evidence that your hospital has a written, public-facing statement from leadership that supports and prioritizes the implementation and/or administration of a program improving health disparities by ensuring equitable care is provided to all patients. ***(R1 - Leadership)***
2. Provide name(s), roles, tasks, and qualifications of team members responsible for the management, implementation, and outcomes of health disparity improvement and health equity initiatives. ***(R1 - Leadership)***
3. Describe the current plan that is to be implemented if your hospital does not achieve or sustain its health disparity improvement and healthcare equity goals ***(R4 - Reporting/Systems Learning)***



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Health Equity Measure Details

Hospitals will report the following information related to auxiliary aids/services for individuals with communications disabilities with supporting documentation (***R1 - Accessibility Regarding Communications Disabilities***):

1. *Hospital's policy for providing appropriate auxiliary aids and/or services to individuals with a record of, or regarded as, living with a communications disability.*
2. *Auxiliary aids/services for Individuals who are deaf or hard of hearing (ex: telecommunications devices (TDDs), interpretation services, assistive listening devices, television captioning and decoders, note-takers)*
3. *Auxiliary aids/services for Individuals living with speech deficits (ex: TDDs, computers, flashcards, alphabet boards, communication boards)*
4. *Auxiliary aids/services for individuals living with vision impairments (ex: qualified readers, Brailled, taped, or large-print materials)*
5. *Auxiliary aids and services for individuals living with manual impairments (ex: TDDs, computers, flashcards, alphabet boards, communication boards)*



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Health Equity Scoring

Additional Elements

- 2 additional Readiness “gate” elements have been added to the Increasing Health Equity measure (Leadership)
- 1 additional element has been added to Readiness (Accessibility Regarding Communications Disabilities)
- 1 additional element has been added to Reporting/Systems Learning (Accountability)

Scoring

- 5 points will be earned for achievement of all Readiness “gate” elements
- Up to 10 points may be earned for achievement across 14 additional elements
- Possible bundle score will increase from 10 to 15 points



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

2025 HQIP Changes and Action Items

Proposed 2025 Antibiotic Stewardship Modifications



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Proposed Antibiotics Stewardship Modifications

Measure 2.E - Antibiotic Stewardship

Deliverable	2024 Language	2025 Proposed Language
Group 1	<p>Deliverables</p> <p>To receive point(s) on this section hospitals must:</p> <ul style="list-style-type: none"> •Deliverable 1a: Provide an updated letter from a senior-level leader with oversight over the antibiotic stewardship program or documentation of an active formal policy statement/charter indicating support and prioritization for the implementation and/or administration of an antibiotic stewardship program. •Deliverable 1b: Provide names, titles, and roles of physician and pharmacist co-leaders. •Deliverable 1c: Dates of antibiotic stewardship committee meetings; names and titles or roles of attendees (e.g., “physician leader”). •Deliverable 1d: Documentation of committee feedback to leadership or hospital board of directors (e.g., PowerPoint, report, etc.) 	<p>Deliverables</p> <p>To receive point(s) on this section hospitals must:</p> <ul style="list-style-type: none"> •Deliverable 1a: Provide an updated letter from a senior-level leader with oversight over the antibiotic stewardship program or documentation of an active formal policy statement/charter indicating support and prioritization for the implementation and/or administration of an antibiotic stewardship program. •Deliverable 1a: Provide names, titles, and roles of physician and pharmacist co-leaders. •<u>Deliverable 1b: Describe how stewardship responsibility are included in job descriptions, contracts, or performance reviews of physician and pharmacy co-leads.*</u> •Deliverable 1c: Dates of antibiotic stewardship committee meetings; names and titles or roles of attendees (e.g., “physician leader”). •<u>Deliverable 1c: Describe the relevant infectious disease training or experience of the physician and pharmacist co-leads(i.e.: infectious diseases specialty training, certificate program, or other training in antimicrobial stewardship).*</u> •Deliverable 1d: Documentation of committee feedback to leadership or hospital board of directors (e.g., PowerPoint, report, etc.)

*New deliverable

Proposed Antibiotics Stewardship Modifications

Measure 2.E - Antibiotic Stewardship

Deliverable	2024 Language	2025 Proposed Language
Group 2	<p>Deliverables</p> <ul style="list-style-type: none">•Deliverable 2a: Upload evidence of facility-specific treatment recommendations based on national guidelines for pneumonia, urinary tract infection, and skin and soft-tissue infection.•Deliverable 2b: Provide a thorough description of at least one of the processes for the above intervention(s) (pre-authorization, prospective audit with feedback, or stewardship rounds), including Who, What, Where, When and How, as appropriate, or upload associated policy/procedure if available (preferred).•Deliverable 2c: Provide a complete description of how DOT or DDD are measured or upload an example of measurement (an uploaded example is preferred).	<p>To receive point(s) for this section hospitals must:</p> <ul style="list-style-type: none">• Deliverable 2a: Upload evidence of implementation of treatment recommendations based on national guidelines for pneumonia, urinary tract infection, and skin and soft-tissue infection.• Deliverable 2b: Provide a thorough description of at least one of the processes for the above intervention(s) (pre-authorization, prospective audit with feedback, or stewardship rounds), including Who, What, Where, When and How, as appropriate, or upload associated policy/procedure if available (preferred).• Deliverable 2c: Provide a complete description of how DOT or DDD are measured or upload an example of measurement (an uploaded example is preferred).

Proposed Antibiotics Stewardship Modifications

Measure 2.E - Antibiotic Stewardship

Deliverable	2024 Language	2025 Proposed Language
Group 3	<ul style="list-style-type: none"> • Deliverable 3a: Provide dates and topics of education to prescribers, include any supporting materials (PowerPoints, handouts, flyers). Must include at least one (1) education session during the measurement period. • Deliverable 3b: Provide a copy of the hospital's latest antibiogram. Antibiograms must be dated within two (2) years of the end of the measurement period (May 2022-April 2024). • Deliverable 3c: Upload example(s) of how antibiotic utilization information is reported to prescribers. Examples could include: antibiotic utilization reports, screenshots of antibiotic use dashboards, de-identified examples of report cards or e-mails sent to individual prescribers, or summaries of antibiotic prescribing. Examples must be dated from within the measurement period. (Jan.,1 2023 - April 30, 2024) 	<ul style="list-style-type: none"> • Deliverable 3a: Provide dates and topics of education to prescribers, include any supporting materials (PowerPoints, handouts, flyers). Must include at least one (1) education session during the measurement period. • Deliverable 3b: Provide a copy of the hospital's latest antibiogram. Antibiograms must be dated within two (2) years of the end of the measurement period (May 2022-April 2024). • Deliverable 3a: Upload example(s) of how antibiotic utilization information is reported to prescribers. Examples could include: antibiotic utilization reports, screenshots of antibiotic use dashboards, de-identified examples of report cards or e-mails sent to individual prescribers, or summaries of antibiotic prescribing. Examples must be dated from within the measurement period. (Jan.,1 2024 - April 30, 2025) • <u>Deliverable 3b: Provide a description of how adherence to treatment recommendations is monitored and upload an example of measurement.</u>

*New deliverable

Proposed Antibiotics Stewardship Modifications

Measure 2.E - Antibiotic Stewardship

Deliverable	2024 Language	2025 Proposed Language
Group 4	<ul style="list-style-type: none">• Deliverable 4a: Provide the dates of reporting antibiotic use data to NHSN, as well as evidence of at least three months reporting (e.g., sample graph, report, SAAR report or line listing).	<ul style="list-style-type: none">• Deliverable 4a: Provide the dates of reporting antibiotic use data to NHSN, as well as evidence of at least three months reporting (e.g., sample graph, report, SAAR report or line listing).• <u>Deliverable 4b: Provide the dates of reporting antibiotic resistance data to NHSN, as well as evidence of at least three months reporting (e.g., sample graph, report, or line listing)*.</u>

*New deliverable



CHASE

Colorado Healthcare Affordability and Sustainability Enterprise

Proposed Antibiotics Stewardship Scoring

2024 Antibiotic Stewardship Scoring Rubric:

Total Possible	Group 1	Group 2	Group 3	Group 4
10	2	5	2	1

2025 Proposed Antibiotic Stewardship Scoring Rubric:

Total Possible	Group 1	Group 2	Group 3	Group 4
10	2	4	2	2

Proposed 2025 Zero Suicide Modifications



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Proposed Zero Suicide Modifications

Measure 2.A - Zero Suicide

Deliverable	2024 Language	2025 Proposed Language
1d and 1e	<p><i>Organizational Self-Survey</i></p> <ul style="list-style-type: none"> Deliverable 1d: Submit the organizational Self-Study (annually) <p><i>Reflections</i></p> <p>Deliverable 1e: After completing the Organizational Self-Study, make a plan that identifies current strengths and opportunities for improvements in suicide care, and accounts for any systemic barriers and challenges. After determining some short and long-term next steps, please identify any support/resources needed and questions about implementation.</p> <ul style="list-style-type: none"> Strengths & Opportunities: In implementing the Zero Suicide framework, what are the strengths your system already has? What Opportunities do you see for furthering Zero Suicide initiatives? Any next steps? Challenges & Barriers: What are some barriers your system has faced in improving safer suicide care? What do you see as current and future challenges to overcome? Support, Resources & Questions: What support or resources from the Office of Suicide Prevention (OSP), Colorado Hospital Association (CHA), or Dept. of Health Care Policy and Financing (HCPF) are needed, if applicable? Please reach out at any point with questions. 	<p><i>Organizational Self-Survey</i></p> <ul style="list-style-type: none"> Deliverable 1d: Submit the complete organizational Self-Study (annually) (Optional) Support, Resources & Questions: Are support or resources from the Office of Suicide Prevention (OSP), Colorado Hospital Association (CHA), or Dept. of Health Care Policy and Financing (HCPF) needed? <p><i>Reflections</i></p> <ul style="list-style-type: none"> Deliverable 1e: After completing the Organizational Self-Study, make a plan that identifies current strengths and opportunities for improvements in suicide care, and accounts for any systemic barriers and challenges. After determining some short and long-term next steps, please identify any support/resources needed and questions about implementation.

Proposed 2025 Postpartum Discharge Transition Measure Bundle



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Postpartum Discharge Transition Bundle

- It is proposed that this bundle replace Measure 1.e - Reproductive Life/Family Planning in the 2025
- This measure is based on the [AIM Postpartum Discharge Transition Bundle](#), with one element incorporated from the [AIM Care for Pregnant People with Substance Use Disorder Patient Safety Bundle](#).
- The complete measure bundle developed for HQIP features 13 elements.
- In the 2025 HQIP program year, hospitals will report on deliverables across 5 elements.



Postpartum Discharge Transition Bundle Scoring

Measure	Points Available	Scoring Method	Scoring Tiers
Postpartum Discharge Transition Bundle	5	Scoring tiered depending on number of element deliverables in place	3

Scoring Tier	Elements	Deliverables	Points Available
1	1, 2, 8	1a, 2a, 8a, 8b	1
2	1, 2, 8, and 6 <u>or</u> 7	1a, 2a, 8a, 8b, and 6a <u>or</u> 7a	3
3	1, 2, 8, and 6, 7	1a, 2a, 8a, 8b, 6a <u>and</u> 7a	5



Postpartum Discharge Transition Bundle

Tier 1 (required gate)			
Element Number	Element Description	Deliverable	Resource
1	Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families.	1a: Provide community resource list or link to relevant website. The submitted supporting documentation must include the last date of update to qualify for points.	<p>CPCQC has a template for referral resource mapping and can support hospitals with technical assistance in completing these documents.</p> <p>CPCQC can share examples of resource lists that other L&Ds have already created (both urban and rural).</p> <p>CPCQC and other entities have a database of referral resources that teams can use to supplement their local knowledge.</p>
2	Establish a multidisciplinary care team to design coordinated clinical pathways for patient discharge and a standardized discharge summary form to give to all postpartum patients prior to discharge.	2a: Provide documentation of multidisciplinary care team membership, meeting cadence, and high-level agendas of each meeting addressing high level topics discussed during the measurement period.	<p>CPCQC can share resources, examples, connections, and provide technical assistance to hospitals trying to get this off the ground.</p> <p>CPCQC can provide examples, templates, and technical assistance for clinical pathways for patient discharge and a standardized discharge summary form, including speaking with your EMR/informatics team.</p>



Postpartum Discharge Transition Bundle

Tier 1 Continued (required gate)			
Element Number	Element Description	Deliverable	Resource
8	Provide patient education prior to discharge that includes life-threatening postpartum complications and early warning signs, including mental health conditions, in addition to individual patient-specific conditions, risks, and how to seek care.	<p>8a: Submit materials shared with patients regarding life-threatening postpartum complications</p> <p>8b:</p> <ul style="list-style-type: none"> • Provide a narrative of your processes for providing verbal and written education on life-threatening postpartum concerns before discharge from birth hospitalization. • Provide a narrative of your processes and capabilities for reporting the percentage of all maternal discharges following a live birth that have had counseling on life-threatening postpartum concerns. 	<p>CPCQC, as well as other entities such as AWHONN, the CDC Hear Her campaign, and the Preeclampsia Foundation, can provide resources for patient and provider education and handouts related to life-threatening postpartum complications and early warning signs. Printed patient education materials can be ordered for handouts to patients, including from entities like AWHONN and CDC's Hear Her Campaign.</p> <p>CPCQC can help your team identify the best training opportunities for your team upon request.</p>



Postpartum Discharge Transition Bundle

Tier 2			
Element Number	Element Description	Deliverable	Resource
6	Screen each patient for current or history of Substance Use	6a: Provide the percentage of patients admitted for live birth screened for current or history of Substance Use or Substance Use Disorder	Since 2020, CPCQC has supported teams implementing universal SUD screening using a validated tool on L&D through its Colorado AIM: Substance Use Disorder Collaborative. CPCQC can provide technical assistance, resources, and templates for recommended validated tools
OR			
7	Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	7a: Provide written documentation of processes and systems for screening for current or recent pregnancy in the emergency department	CPCQC can support as your ED implements this, including providing templates, resources, learnings, and EMR tools from other states and hospitals that have implemented this screening in the ED, including New Jersey and Florida.



Postpartum Discharge Transition Bundle

Tier 2			
Element Number	Element Description	Deliverable	Resource
6	Screen each patient for current or history of Substance Use	6a: Provide the percentage of patients admitted for live birth screened for current or history of Substance Use or Substance Use Disorder	Since 2020, CPCQC has supported teams implementing universal SUD screening using a validated tool on L&D through its Colorado AIM: Substance Use Disorder Collaborative. CPCQC can provide technical assistance, resources, and templates for recommended validated tools
AND			
7	Has your ED established or continued standardized verbal screening for current pregnancy and pregnancy in the past year as part of its triage process?	7a: Provide written documentation of processes and systems for screening for current or recent pregnancy in the emergency department	CPCQC can support as your ED implements this, including providing templates, resources, learnings, and EMR tools from other states and hospitals that have implemented this screening in the ED, including New Jersey and Florida.



2025 HQIP Summary

2025 HQIP Summary

Maternal Health and Perinatal Care Group	
Measure	Points Available
Exclusive Breast-feeding (PC-05)	1
C-section	5
Perinatal Related Depression	5
Maternal Emergencies	5
Postpartum Discharge Transition	5
Total	21

Patient Safety Group	
Measure	Points Available
Zero Suicide	10
Health Equity Patient Safety Bundle	15
<i>C. Diff</i> infections	5
Sepsis	7
Antibiotics Stewardship	10
Adverse Event	5
Culture of Safety Survey	5
Handoffs and Sign-outs	7
Total	64

Patient Experience Group	
Measure	Points Available
HCAHPS composite 5	5
HCAHPS composite 6	5
HCAHPS composite 7	5
Total	15

Action Items

Action Items

- Antibiotic Stewardship
 - Modify Deliverables in Groups 1, 2, 3 and 4
 - Shift 1 point from Group 2 to Group 4
- Zero Suicide
 - Remove Deliverable 1.e
- Postpartum Discharge Transition Measure Bundle
 - Adopt the measure bundle to replace 1.E - Reproductive Life/Family Planning in 2025.



Thank You

Matt Haynes
Special Finance Projects Manager
Department of Health Care Policy & Financing
Matt.Haynes@state.co.us



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise