Hospital Quality Incentive Payment (HQIP) Program

CHASE Board Meeting

February 2023
Department of Health Care Policy & Financing



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.

Agenda

- 1. Introductions
- 2. Recap 2023 Advanced Care Planning measure changes
- 3. Review 2023 Peripartum-specific Modifications
- 4. Review Proposed 2024 Health Equity Measures (Action Item)

Advanced Care Planning Measure





Advanced Care Planning: 2022 Measure Scoring

- Advanced Care Planning was scored by setting performance thresholds (quartiles) and awarding points based on rank. Only those above the 80% threshold earned points.
- Nearly 75% of hospitals had a rate between 92.4% and 100%, with only .6% separating the upper bound of Quartile 3 and the upper bound of Quartile 4.

Advanced Care Planning Distribution						
Quartile	Lower Bound	Upper Bound	Points	# Of facilities	%	
1st Quartile (lowest)	0.0%	79.9%	0	8	10%	
2nd Quartile	80.0%	92.3%	1	13	16%	
3rd Quartile	92.4%	99.4%	3	19	24%	
4th Quartile (highest)	99.5%	100.0%	5	39	48%	
			NML	2	3%	

Total

81

100%



Advanced Care Planning: 2023 Measure Scoring

Advanced Care Planning will be scored by setting a performance threshold for the hospital's ACP rate. Those at or above the performance threshold (95%) will receive full points.

- The performance threshold for full points has been lowered from 99.5% to 95%.
- Fifteen hospitals receiving partial points in 2022 with rates between 95% and 99.4% would receive full points under the 2023 scoring methodology.

Those below the performance threshold will receive full points with the submission of a narrative summarizing specific ACP processes.

 Inclusion of a scored narrative option provides hospitals with performance rates under 95% an opportunity to score full points that was unavailable under the 2022 scoring methodology.

Proposed Peripartum-Specific Modifications





Racial and Ethnic Disparities: Peripartum-Specific Responses

 In 2022, several in the Reduction of Racial and Ethnic Disparities measure required labor and delivery hospitals to specifically address elements related to their peripartum populations.

2.b.15

Provide a brief narrative describing how your hospital provides staff-wide education on racial and ethnic disparities and their root causes. (For labor and delivery hospitals please also describe the education your hospital provides on peripartum racial and ethnic disparities.) This can be included as one response.

(1-2 paragraphs)		





Racial and Ethnic Disparities: Peripartum-Specific Responses

- The recommendation is that the 2023 survey will feature a separate, optional text entry box for interventions specifically targeting the peripartum population in addition to all patients (see below).
- This will provide labor and delivery facilities with an opportunity to showcase tailored interventions that are distinct from what it provided to the broader patient population.

2.b.17		
	Provide a brief narrative describing how your hospital provides education to providers on best practices for shared decision making.	
+1	(1-2 paragraphs)	
	(Optional for labor and delivery hospitals) Please describe how your hospital provides education to providers on best practices for shared decision making specific to the periparpopulation.	
	(1-2 paragraphs)	



Proposed Equity Additions





Proposed Equity Additions

It is proposed that hospitals 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)



Proposed Equity Additions

It is proposed that hospitals 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)





Proposed Scoring Changes

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



Action Items



Action Items

- Addition of 4 new health equity elements in the 2024 Increasing Health Equity measure (previously Reduction of Racial and Ethnic Disparities bundle)
- Increasing points in the measure from 10 to 15