KHC Office Hours

What's New with KHC's Quality Improvement initiatives and Applying Area-based Measures Data in Your Improvement Efforts

October 23, 2024

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1

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Today's Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
  - Update CMS QIN-QIO 13th Statement of Work
  - Applying Area-based Measures Data in Your Improvement Efforts
  - KHC Technical Assistance Programs for Fall 2024
- Q&A 5 Mins
- Closing Comments 2 mins

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4

4

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QIN-QIO 13th Statement of Work

Bre Holt, Sr. Director of Population Health at Comagine Health

Jennifer Brockman, Chief Clinical Programs Officer, Iowa Healthcare Collaborative

Chat In: What questions do you have/what do you hope is answered in today's session?

5

Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Program

Social Security Act

- "improve the effectiveness, efficiency, economy and quality of services" delivered to people with Medicare
- CMS contracts with organizations to deliver QI services to providers

Five-Year QIN-QIO Program and Contract Period

Figure 5: Five-Year QIN-QIO program and Task Order Period.

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6

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Important QIN-QIO Program Changes

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Cross-Setting Approach

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8

13th SoW CMS QIN-QIO National Design

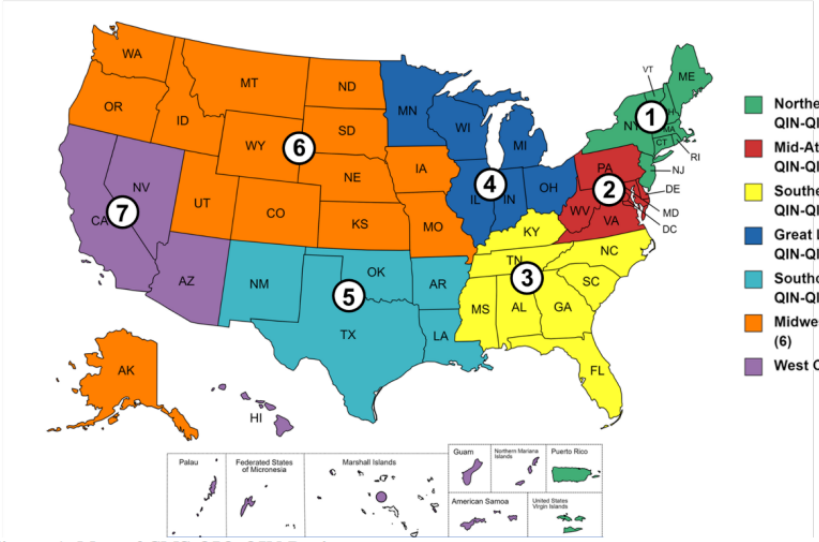

Figure 4: Map of CMS QIO-QIN Regions

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9

A3C

Table 4: A3C Model

A3C Model	
A: Assess the State's/Territory's landscape for healthcare quality and safety, and identify federal, state, local, community organizations and private partners, and interested parties and their quality-related activities. Utilize this Assessment to identify the most impactful, necessary, and unique role for the QIN-QIO. **Based on the Assessment, the QIN-QIO shall advise CMS on whether they will work in a role that either complement, coordinates, or creates quality improvement initiatives.**	
C: Complement	If quality improvement initiatives exist, the QIN-QIO shall complement the work where gaps may exist. This will eliminate duplication of services and focus QIN-QIO resources where the QIN-QIO can make the most impact through complementary and supportive actions, finding opportunities to fill in gaps with necessary work.
C: Coordinate	If quality improvement initiatives exist, and there are no evident and clear gaps in the work, the QIN-QIO shall serve, in a welcoming collaborative manner with partners and interested parties, as an effective coordinator of quality improvement work, acting as a force multiplier to deliver synergies, communication support, and unify efforts.
C: Create	If quality improvement initiatives do not exist, and there are no effective opportunities to complement or coordinate efforts, the QIN-QIO shall create quality improvement work.

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10

Provider Engagement

Servicing Providers List
Hospitals, Nursing Homes, Outpatient Providers

Establish Provider Service Agreements
90% of Hospitals, Nursing Homes
60% of Outpatient Providers

Assessment and Quality Action Plans
Refreshed annually

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11

Priority Focus Areas for the 13th SOW QIN-QIO Program

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Prevention & Chronic Disease Management
4 Sub-Aims
- Vaccinations
- Type 2 Diabetes
- Hypertension
- Chronic Kidney Disease

Patient Safety
3 Sub-Aims
- Infection Prevention and Control
- Adverse Drug Events
- Safety Events

Behavioral Health
3 Sub-Aims
- Depression and Suicide Prevention
- Substance Use Disorders
- Chronic Pain

Care Coordination
3 Sub-Aims
- Hospital 30-Day Readmissions
- Readmissions to Hospital from Long-Term Care
- Community-Based Emergency Department Utilization

Foundational Aim: Quality Management Infrastructure
7 Sub-Aims: Quality Management Systems, Emergency Preparedness, Climate Change, Workforce Planning, Supply Chain, Drug Shortages, and Cybersecurity

Providers/practitioners in need of QI assistance, those furnishing services to underserved populations (health equity), and those with limited access to QI resources

12

12

Comagine Health QIN-QIO Approach

We bring national expertise to local solutions with a demonstrated ability to support innovation in QI, health IT and community health

Established and integrated collaborators in the community with the credibility to effectively support rural communities

Program model that centers the needs of providers and communities

Patient and family engagement and health equity focus

Midwest QIN-QIO Partners

Comagine Health
Alliance for Health Outcomes and Performance Excellence
Center For Improving Value in Health Care
Colorado Hospital Association Center for Clinical Leadership and Excellence
Contexture/Quality Health Network
Iowa Healthcare Collaborative
Great Plains Quality Innovation Network
Midwest Health Initiative
Missouri Hospital Association
Montana Health Research and Education Foundation
Quality Health Associates of North Dakota
South Dakota Foundation for Medical Care
University of Missouri Sinclair School of Nursing's Focused Improvement in NH Care Quality, Leadership, & Staff (FIN-QLS)

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13

13

Questions?

14

14

AHRQ Quality Indicators

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15

AHRQ Quality Indicators

- Provided by the AHRQ Quality Indicators Program
  qualityindicators.ahrq.gov
- Designed for hospital administrative claims data (HIDI)
- AHRQ provides free software to produce estimates
  qualityindicators.ahrq.gov/software/cloudqi

PQI – Prevention Quality Indicators
IQI – Inpatient Quality Indicators
PSI – Patient Safety Indicators
PDI – Pediatric Quality Indicators
PQE – Prevention Quality Indicators in Emergency Department Settings
MHI – Maternal Health Indicators (BETA)

16

AHRQ PQEs

Indicator	Issue Brief
PQE 01	Visits for Non-Traumatic Dental Conditions
PQE 02	Visits for Chronic Ambulatory Care Sensitive Conditions
PQE 03	Visits for Acute Ambulatory Care Sensitive Conditions
PQE 04	Visits for Asthma
PQE 05	Visits for Back Pain (Not available*)

PQE indicators are:

- "Area-based"- reported for geographic areas, usually counties
- "Avoidable use" – sensitive to the health status of the county and the availability of health care services
- Not used for measuring quality at the hospital level

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* Kansas does not link records across visits.

17

17

Issue Briefs

PQE 01 – Visits for Non-Traumatic Dental Conditions

https://khconline.org/files/EDPQI/KHC_and_KHA_Issue_Brief_-_Dental_Sept_2024.pdf

PQE 02 – Visits for Chronic Ambulatory Care Sensitive Conditions

https://khconline.org/files/EDPQI/KHC_and_KHA_Issue_Brief_-_Chronic_ACSC_October_2024.pdf

PQE 03 – Visits for Acute Ambulatory Care Sensitive Conditions

November Release

PQE 04 – Visits for Asthma

December Release

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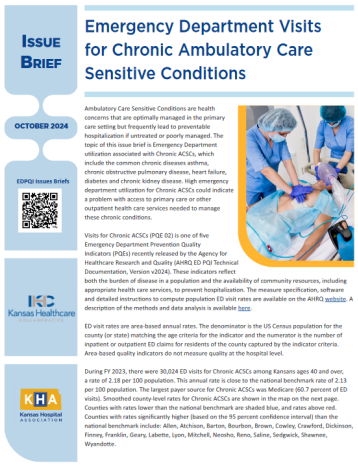
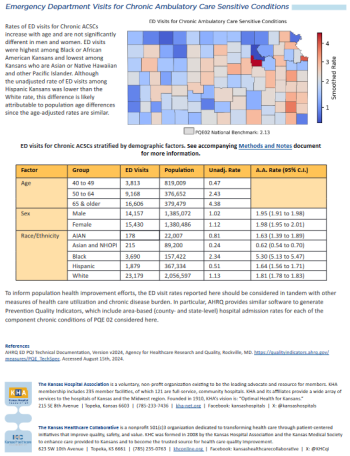
18

Issue Briefs

- High level summary of the issue
- Choropleth map
- Stratified state-level rates
- Brief narrative description of results
- Methods and Notes document

https://www.khconline.org/files/EDPQI/Methods_and_Notes.pdf

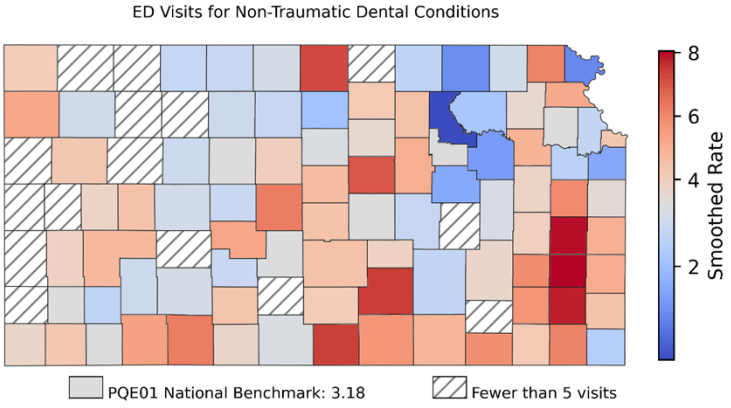




19

PQE 01 - Visits for Non-Traumatic Dental Conditions, Kansas, FY2023

Age range	5 & older
Observed visits	10,749
Population within the specified age range	2,765,558
Observed rate (O)	3.89 per 1,000
Risk-adjusted rate [95% Conf. Interval]	3.97 per 1,000 [3.90, 4.04]
Smoothed Rate	3.97 per 1,000
National Benchmark	3.18 per 1,000



https://khconline.org/files/EDPQI/KHC_and_KHA_Issue_Brief_-_Dental_Sept_2024.pdf

20

PQE 01 - Visits for Non-Traumatic Dental Conditions, Kansas, FY2023

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	5 to 24	1,847	819,009	2.26	
	25 to 34	3,413	376,652	9.06	
	35 to 44	2,723	379,479	7.18	
	45 to 54	1,335	329,515	4.05	
	55 & older	1,238	860,903	1.44	
Sex	Male	4,867	1,385,072	3.51	3.76 (3.66 to 3.87)
	Female	5,689	1,380,486	4.12	4.61 (4.49 to 4.74)
Race/Ethnicity	AIAN	79	22,007	3.59	3.74 (2.95 to 4.68)
	Asian & NHOPI	63	89,200	0.71	0.68 (0.52 to 0.87)
	Black	1,997	157,422	12.69	12.78 (12.22 to 13.36)
	Hispanic	931	367,334	2.53	2.56 (2.39 to 2.74)
	White	7,204	2,056,597	3.50	3.99 (3.89 to 4.08)

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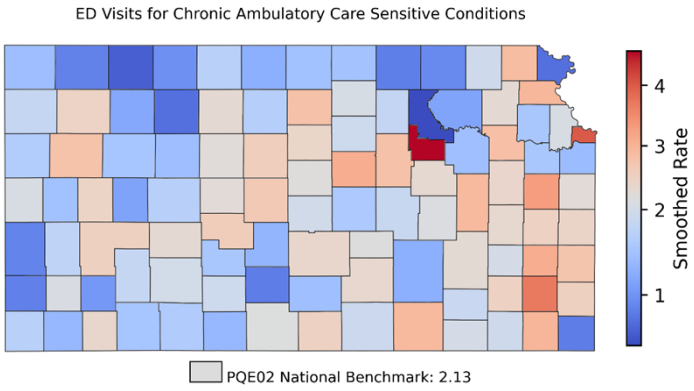
21

PQE 02 - Visits for Chronic Ambulatory Care Sensitive Conditions, Kansas, FY2023

Age range	**40 & older**
Observed visits	30,024
Population within the specified age range	1,380,301
Observed rate (O)	2.18 per 100
Risk-adjusted rate [95% Conf. Interval]	2.13 per 100 [2.10, 2.15]
Smoothed rate	2.13 per 100
National Benchmark	2.13 per 100



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https://khconline.org/files/EDPQI/KHC_and_KHA_Issue_Brief_-_Chronic_ACSC_October_2024.pdf 22

22

PQE 02 - Visits for Chronic Ambulatory Care Sensitive Conditions, Kansas, FY2023

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	40 to 49	3,813	819,009	0.47	
	50 to 64	9,168	376,652	2.43	
	65 & older	16,606	379,479	4.38	
Sex	Male	14,157	1,385,072	1.02	1.95 (1.91 to 1.98)
	Female	15,430	1,380,486	1.12	1.98 (1.95 to 2.01)
Race/Ethnicity	AIAN	178	22,007	0.81	1.63 (1.39 to 1.89)
	Asian & NHOPI	215	89,200	0.24	0.62 (0.54 to 0.70)
	Black	3,690	157,422	2.34	5.30 (5.13 to 5.47)
	Hispanic	1,879	367,334	0.51	1.64 (1.56 to 1.71)
	White	23,179	2,056,597	1.13	1.81 (1.78 to 1.83)

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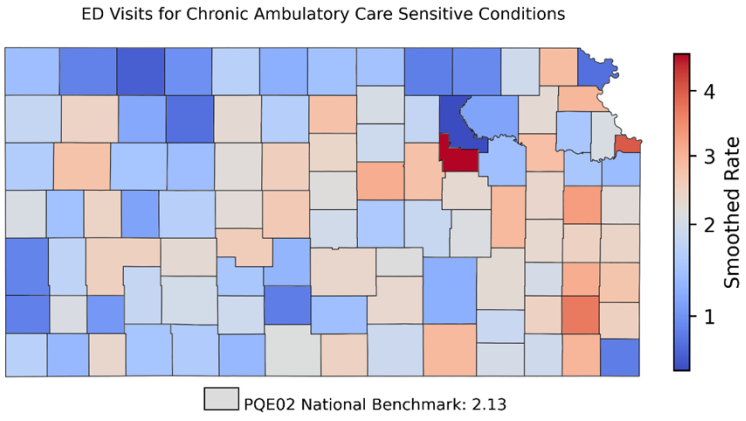
23

PQE 03 - Visits for Acute Ambulatory Care Sensitive Conditions, Kansas, FY2023

Age range	40 & older
Observed visits	30,024
Population within the specified age range	1,380,301
Observed rate (O)	2.18 per 100
Risk-adjusted rate [95% Conf. Interval]	2.13 per 100 [2.10, 2.15]
Smoothed rate	2.13 per 100
National Benchmark	2.13 per 100



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PQE 03 - Visits for Acute Ambulatory Care Sensitive Conditions, Kansas, FY2023

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	40 to 49	3,813	819,009	0.47	
	50 to 64	9,168	376,652	2.43	
	65 & older	16,606	379,479	4.38	
Sex	Male	14,157	1,385,072	1.02	1.95 (1.91 to 1.98)
	Female	15,430	1,380,486	1.12	1.98 (1.95 to 2.01)
Race/Ethnicity	AIAN	178	22,007	0.81	1.63 (1.39 to 1.89)
	Asian & NHOPI	215	89,200	0.24	0.62 (0.54 to 0.70)
	Black	3,690	157,422	2.34	5.30 (5.13 to 5.47)
	Hispanic	1,879	367,334	0.51	1.64 (1.56 to 1.71)
	White	23,179	2,056,597	1.13	1.81 (1.78 to 1.83)

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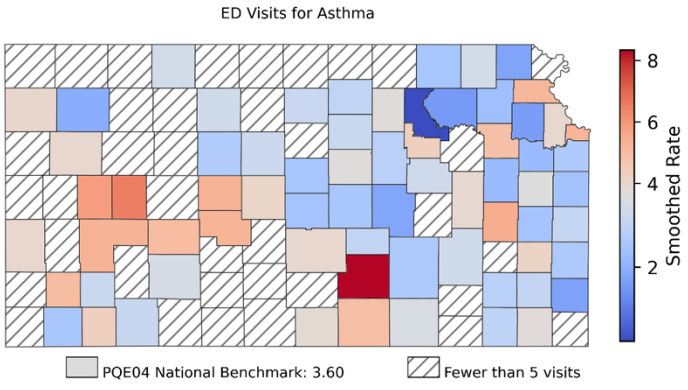
PQE 04 - Visits for Asthma, Kansas, FY2023

Age range	**5 to 39**
Observed visits	5,671
Population within the specified age range	1,385,257
Observed rate (O)	4.09 per 1,000
Risk-adjusted rate [95% Conf. Interval]	4.08 per 1,000 [3.98, 4.18]
Smoothed rate	4.08 per 1,000
National Benchmark	3.60 per 1,000



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26

26

PQE 04 - Visits for Asthma, Kansas, FY2023

Factor	Group	ED Visits	Population	Unadj. Rate	A.A. Rate (95% C.I.)
Age	5 to 17	2,488	819,009	3.04	
	18 to 29	1,994	376,652	5.29	
	30 to 39	1,075	379,479	2.83	
Sex	Male	2,821	1,385,072	2.04	3.91 (3.77 to 4.06)
	Female	2,736	1,380,486	1.98	4.05 (3.90 to 4.20)
Race/Ethnicity	AIAN	31	22,007	1.41	2.76 (1.86 to 3.98)
	Asian & NHOPI	75	89,200	0.84	1.57 (1.23 to 1.97)
	Black	1,710	157,422	10.86	19.13 (18.23 to 20.06)
	Hispanic	963	367,334	2.62	3.68 (3.45 to 3.93)
	White	2,512	2,056,597	1.22	2.69 (2.59 to 2.80)

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27

27

Considerations

- Expect fluctuations from year to year
- Intended audience: hospital leaders, quality directors and community partners engage in population health improvement activities
  - Improving access to preventive dental services
  - Educating the public on appropriate ED use
  - Access to primary care for managing chronic conditions
  - Reduce burden on emergency departments
  - Reduce overall cost of care
  - Addressing disparities in health outcomes

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28

28

Poll Question One

- What is your level of interest in these briefs?

29

Poll Question Two

- How likely are you to use this information in your work?

30

Poll Question Three

- To learn about this kind of analysis, which format is your preference?

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31

Questions?

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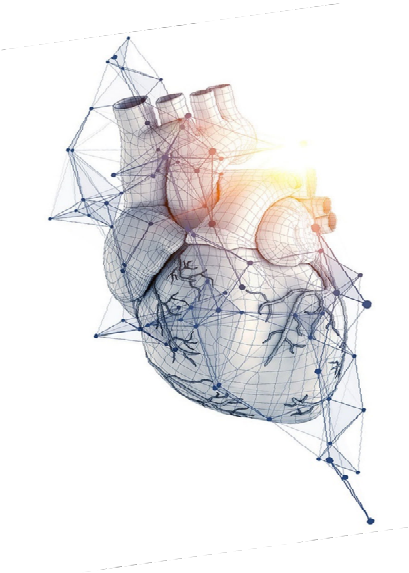

KHC Quality Improvement Technical Assistance Programs for Fall 2024

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33

33

KHC Quality Initiatives

- KDHE Cancer Programs
- KDHE Cardiovascular & Diabetes Programs

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34

34

Cancer Quality Initiatives

Two Programs:

- Breast & Cervical Cancer (B&C)
  - *Currently accepting Applications of Interest for Participation*
- Colorectal Cancer (CRC)
  - Screening rates below 60%
  - Serve underserved patient populations
    - Low income
    - Uninsured or Underinsured
    - Rural
    - Other high-risk populations

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35

35

Cancer Quality Initiatives

Goals and Objectives:

- Improve preventive screening rates
- Increase patient engagement in screening
- Improve early detection for better outcomes
- Increase team-based care and standing orders

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36

36

Cancer Quality Initiatives

Strategies/Evidence-Based Interventions (EBIs):

- Patient Reminders
  - Outreach by phone, text, email, portal
- Provider Reminders
  - Inform provider patient is due or overdue for screening
- Reducing Structural Barriers
  - Non-Economic burdens or obstacles
- Provider Assessment and Feedback
  - Comparison of Provider performance to goal or standard

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37

2304-Cardiovascular Disease (CVD) and 2320-Diabetes Technical Assistance Programs

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38

38

Cardiovascular and Diabetes Initiatives

- Two Programs:
  - 2304-Cardiovascular Disease
  - 2320-Diabetes
  - Statewide initiatives
  - KDHE will review applications and select participants based on the following criteria:
    - Rural or Underserved locations
    - Demographics of the population served
    - State Health Rankings
    - Current availability of funding

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39

39

2304-Cardiovascular Disease (CVD)

Goals and Objectives:

- Improve cardiovascular health in adults by reducing the proportion of adults with high blood pressure and high cholesterol.
- Improve quality of care and early detection of those with hypertension and high cholesterol.
- Implement and evaluate evidence-based strategies contributing to the prevention and management of cardiovascular disease (CVD), including lifestyle change programs.
- Support efforts to establish and improve systems to address social drivers of health.

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40

2304-Cardiovascular Disease

Strategies:

- Implement/enhance use of clinical systems and care practices to improve clinical quality measures.
- Implementation of a SDOH screening tool, log and track SDOH screening.
- Establish standardized workflows for screening, logging, tracking, and reporting social services and support needs of patients at risk for CVD.
- Facilitate use of self-measured blood pressure monitoring (SMBP).
- Support engagement of non-physician team members (e.g., nurses, nurse practitioners, community health workers, pharmacists, nutritionists, physical therapist, social workers).
- Implement systems to facilitate systemic referral of adults with hypertension/high cholesterol to community programs/resources.

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41

41

2304-Cardiovascular Disease

Currently accepting Application of Interest for participation

Benefits:

- 1yr QI Project
- Free Technical Assistance (includes assessment, workflows, PDSA, and other tools)
- Small stipend for completed project

Target Counties:

Allen	Saline
Labette	Sedgwick
Linn	Shawnee
Marshall	Reno
Osage	Wyandotte

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42

2320-Diabetes

Goals and Objectives:

- Decrease risk for type 2 diabetes among adults at high risk.
- Improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Implement and evaluate evidence-based strategies contributing to the prevention and management of diabetes.
- Support efforts to establish and improve systems to address social determinants of health (SDOH)-related barriers including linking community resources and clinical services.

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43

43

2320-Diabetes

Strategies:

- Improve acceptability and quality of care for priority populations.
- Increase enrollment and retention of priority populations in the National Diabetes Prevention Program (National DPP) lifestyle intervention and the Medicare Diabetes Prevention Program (MDPP).
- Improve capacity of the diabetes workforce to address SDOH-related barriers.

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44

44

2320-Diabetes

Currently accepting Application of Interest for participation

Benefits:

- 1yr QI Project
- Free Technical Assistance (includes assessment, workflows, PDSA, and other tools)
- Small stipend for completed project

Target Counties:

Finney	Sedgwick
Ford	Shawnee
Geary	Stanton
Leavenworth	Reno
Seward	Wyandotte

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45

45

Questions?

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46

46

Upcoming Education and Important Dates

- 10/30 Kansas Health Equity Summit, Wichita
- 11/5 Flipping the Iceberg: Seeing, Understanding, and Managing Risk – An Evidence-Producing Standard
- 11/7 Navigating Rural Health - Mobile Health
- 11/21 KHA Rural Health Symposium, Wichita
- **12/2 Last day to register for MIPS Value Pathway (MVP) for PY 2024**
- **Dec 2024 - Final MIPS Eligibility will be provided by CMS for PY 2024**
- **12/31 Last day to apply for Promoting Interoperability (PI) Exceptions**

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47

47

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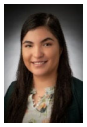
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48

48

49