FY24 Quality Priorities

Presented by:
Kathy Crea, PharmD, CPPS, CPHQ
Lori Bryant RN, MBA, CPHQ, CPHRM

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Objectives

- Describe the top quality priorities at OhioHealth
- Identify key opportunity categories of work for team assessment
- Identify the key workteams and your site engagement

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Prioritizing our Work - AGENDA

- **True North** - CMS Stars (Vizient Q&A, HEDIS)
- **Board Goals / Goal Deployment**
  - 1.A.1 – HRO
  - 1.A.2 – Mortality
  - 1.A.3 - Outpatient

1. **Scorecard** (mechanism by which we measure our success)
2. Quality **Priority Grid**
3. Other Priorities
   - Closing the loop and lateralizing lessons learned from repeat **Safety events** or **regulatory findings**
   - **QHIP** improvement
   - **Managed Care Contracts**
4. What **technology** will we use to get there – HRP, QLIK (PCD), AMP

Aspirational Goal / True North

Quality and Patient Safety “True North”

- Zero Preventable Harm

- Care Site Performance
  - 4 or more CMS Stars
  - Top decile/quartile in Vizient performance

- Ambulatory Performance
  - 4 or more MA stars

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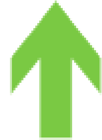
CMS STAR RATINGS

Lagging Indicator
(22% Mortality)
Goal 4+ Stars

VIZIENT RANKING OVERALL

Leading Indicator
Goal Top Decile/Quartile



25%

Inpatient Measurement

VIZIENT MORTALITY PERFORMANCE

OhioHealth Board Goal
Goal: 60th %ile -> 80th %ile
by FY24

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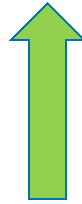
CMS Star Ratings

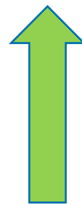
Lagging Indicator
(Goal 4+ Stars)



PCD – Primary Care Dashboard

Leading Indicator
Goal Top Decile/Quartile

Outpatient Measurement



MA Roadmap / HEDIS Metrics

OhioHealth Goal
MA Product by CY27

Updated glidepath to mature quality performance

- Learnings: CAHPS, pharmacy, primary care visit measures will be increasingly important, some of which are not MA Star Measures, therefore incorporating into measure focus areas

	CY21 actual	CY22 target	CY23 target	CY24 target	CY25 target	CY26 target	Mature performance
Quality	• 3.5 star average across 5 metrics	• 4+ star average across 11 measures On pace for 4 stars on 4/10 metrics for CY 2022	• 4+ star average across 10 MA star measures • 50% AWV completion rate • Better than prior year performance on 6 measures	• 4+ star average across 13 MA star measures* • 90% on 4 high value CIN measures (AWV, PCP visits, etc.) • Better than prior year performance on 8 measures	• 4+ average across 21 MA Star measures* • 90% on 4 high value CIN measures (AWV, PCP visits, etc.) • Better than prior year performance on 4 measures	• 4+ average across 25* MA star HEDIS & CAHPS • 90% on 4 high value CIN measures (AWV, PCP visits, etc.)	• 4+ average across 25 MA star measures* • 90th% AWV & PCP visits • 90th% for MSSP measures
Total Measures in flight			17	25	29	29	

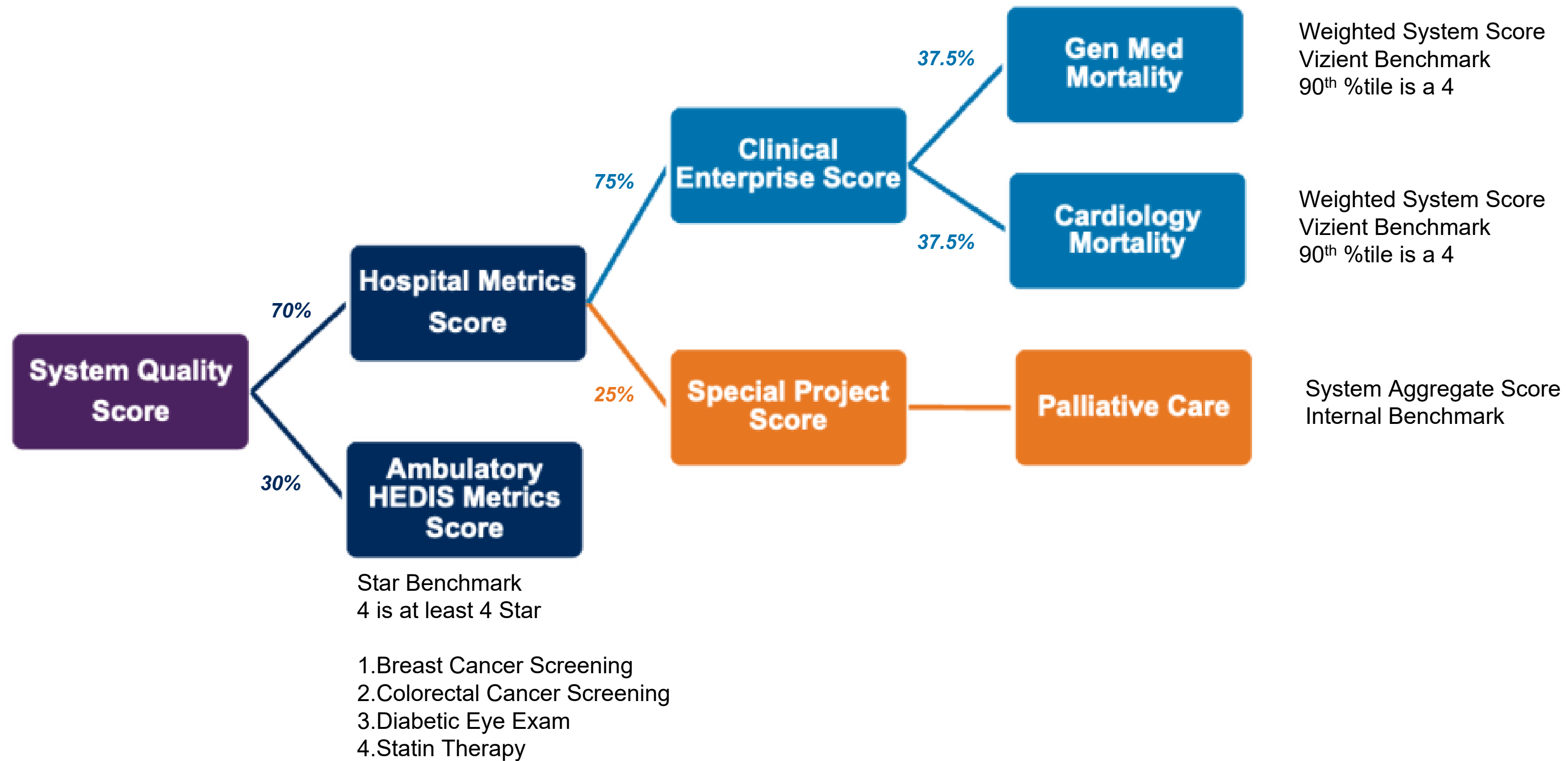
*Includes 21 HEDIS (Part C & Part D) measures and 4 CAHPS measures

Scorecard

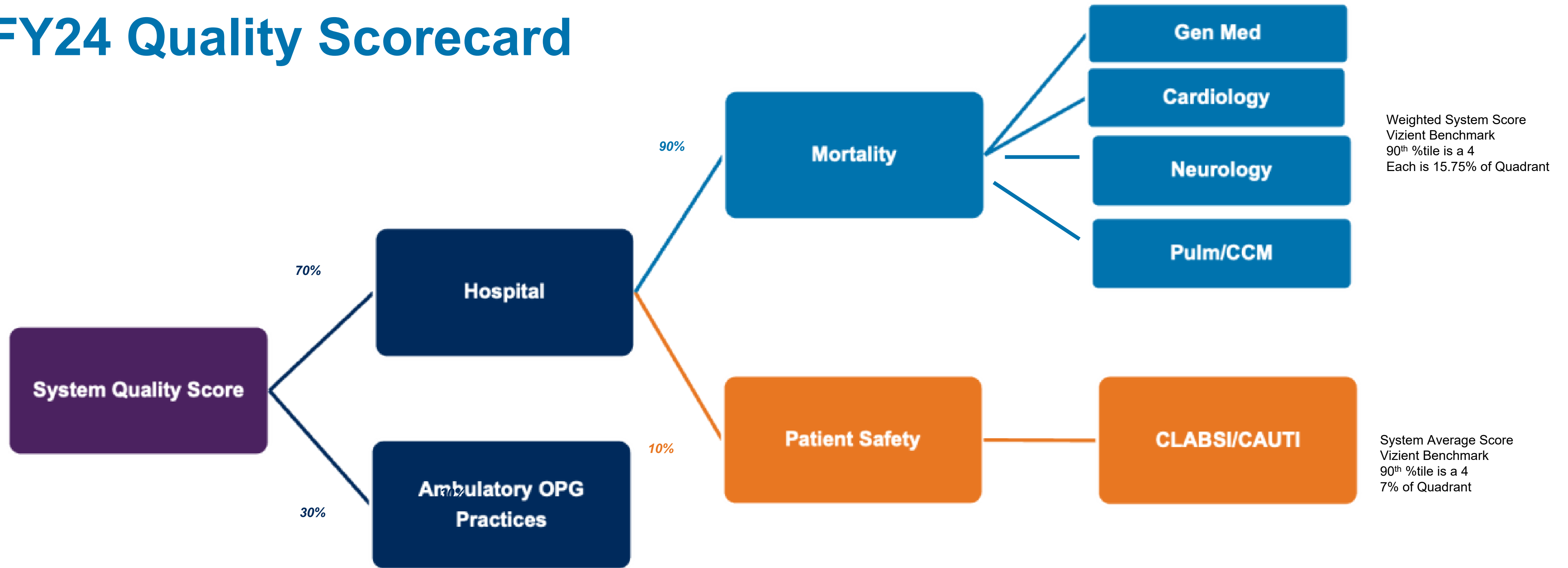
Balanced Scorecard

Quality	Service
Culture	Finance

FY23 Quality Scorecard



FY24 Quality Scorecard



Star Benchmark
4 is at least 4 Star

1. Colorectal Cancer Screening (30% of 30% = 9% of Quadrant)
2. Diabetic Eye Exam (25% of 30% = 7.5% of Quadrant)
3. Statin Therapy (20% of 30% = 6% of Quadrant)
4. Hypertension Control (25% of 30% = 7.5% of Quadrant)

Quality ▲

3.2 3.1 Prior Score

System Quality and Service Scorecard
FY23 Apr YTD

Hospital Score

3.2

3.2 Prior Score

OPG Score

3.1

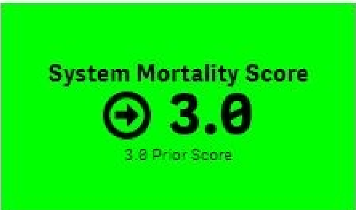
3.0 Prior Score

OPG Scorecard

"There is an issue with the mortality data reported in this app. We are working with Vizient to correct the data. Mortality rates may report higher due to an issue impacting a small number of patients. We will have more information in the next 2 weeks."

Hospital Quality Scorecard FY23 Apr YTD

"There is an issue with the mortality data reported in this app. We are working with Vizient to correct the data. Mortality rates may report higher due to an issue impacting a small number of patients. We will have more information in the next 2 weeks."



System Mortality Measures - 75%

Weight	Measure	System Weighted Score
50%	Cardiology Mortality - Mortality Index	3.0
50%	General Medicine Mortality - Mortality Index	3.0

Palliative Care Initiation - 25%

Weight	Measure	System Aggregate Score
40%	Increase GIP hospice admissions with LOS > 2 days	4.0
60%	Increase Palliative Consults Within 72 Hours	4.0

FY23: Apr

OPG FY23 Quality Scorecard

3.1

Scored Measure	Measure Weight	Baseline Performance (Jul 21 – March 22)	Target	FY23 Rate	FY23 Score
Breast Cancer Screening	35%	67.0%	76%	72.5%	3.5
Colorectal Cancer Screening	35%	64.7%	73%	69.9%	3.7
Diabetes: Eye Exam	15%	34.9%	71%	48.9%	1.6
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	15%	69.8%	84%	76.3%	2.4

Goal Deployment / Board Goals

Focus Area 1.A.1

Execute on becoming a High Reliability Organization

FY24 Target: Complete Phase 3 of the implementation roadmap

Focus Area:	Advance OhioHealth as a "High Reliability Organization"
Last Update:	6/5/23
Status:	On Target
Owner:	Waite / Harmon
Facilitator:	Rudy / Tamulonis
Work Team:	Crea/Hafer (IP), Bryant/Scheuer (AMB), Chao (Change Mgmt), Tamulonis/Firsdon (Support), Press Ganey team (SMEs)

Summary of Current Situation: Through review of various sources of data and diagnostic assessments, we have detected an increase in frequ within sites and across the organization, an increase in associate injuries and workplace violence, and an increase in quality-related events of ha improve the reliability of our processes and behaviors to reflect those of a high reliability organization (HRO).

Core Objectives: The organization seeks to become a high-reliability organziation (HRO), which involves understanding, integrating, and harc predictability and anticipation of risk as well as standardized communication and issue response. This in turn creates a culture of anticipation ar

Defect Legend: #1: Late Start; #2: Late Finish

	Description	Owner	Current Status	Start Date	Expected End Date	Actual End Date	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023
b	and reliability culture transformation.	PG and OH teams	Complete	2/13/23	2/24/23	2/24/23								x						
c	Customize a Performance Management Decision Guide to fit the organization's culture, practices, and policies.	PG and OH teams	On Target	2/27/23	6/28/23															
d	Determine how Fair and Just principles and the PMDG align with any collective bargaining (union) contracts, as applicable.	PG and OH teams	On Target	5/8/23	6/28/23															
e	Work with Peer Review structures to incoproate Fair and Just principles and the PMDG guide into decision making.	Harmon	On Target	3/6/23	7/14/23															
f	Develop oversight processes for PMDG decision making.	Waite	On Target	4/21/23	6/28/23															
g	Align disciplinary and other existing policies with Fair and Just Culture practices and the PMDG.	Crea	On Target	4/21/23	6/28/23															
h	Develop educational and collateral materials.	PG and OH teams	Not Yet Started	6/28/23	7/17/23															
i	Define when and how to launch leader training for Just Culture	PG and OH teams	Not Yet Started	6/28/23	7/17/23															
5	Apparent Cause Analysis Design	Waite	Complete	2/13/23	6/30/23	4/28/23														
a	Determine sub-team 1 participants	Hafer	Complete	2/13/23	3/3/23	3/3/23									x					
b	Finalize design	PG and OH teams	Complete	3/6/23	6/9/23	4/28/23														
c	Gain approval for design/complete	Hafer	Complete	6/9/23	6/16/23	4/28/23														

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Train-the-Trainers

Be a Train-the-Trainer for High Reliability

We need you!

All associates and providers will be taught universal skills to prevent errors, improve communication, and provide a safe environment for care and healing. But, we need you to make that possible! Consider becoming a train-the-trainer:

- Teach associates how high-reliability practices can drive safe, effective, compassionate care in the complex healthcare delivery environment.
- Discuss the three steps for culture change using a behavior-based model and why they are important.
- Use small-group simulations to help learners practice the OhioHealth Universal Skills.

Focus Area 1.A.2

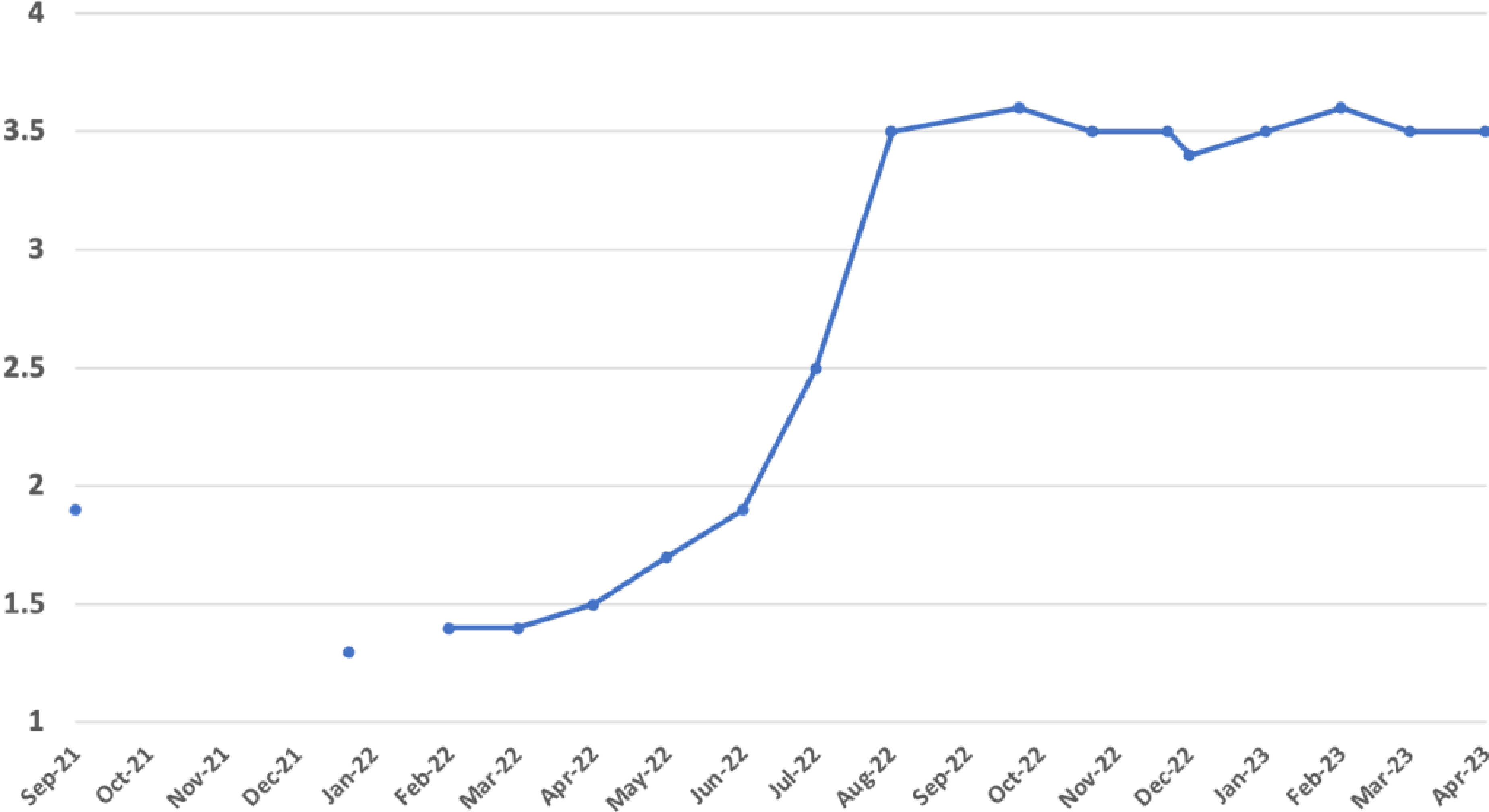
Improve Mortality Rate (observed vs. expected)

FY24 Target: All care sites ≥ 80th %-ile Vizient Mortality

Mortality O/E Performance FY23 Apr YTD

Facility	Weight	Overall* Mortality O/E	Percentile Performance	Target	Accountability Score
Berger	5%	0.69	61%	0.54	2.2
Doctors	10%	0.72	58%	0.54	1.8
Dublin	5%	0.68	62%	0.54	2.3
Grady	5%	0.38	92%	0.54	4.0
Grant	20%	0.77	82%	0.79	4.0
Mansfield	15%	0.63	92%	0.79	4.0
Marion	10%	0.63	91%	0.73	4.0
OBleness	5%	0.28	96%	0.54	4.0
Riverside	25%	0.83	74%	0.79	3.6
System Weighted	100%	0.69	79%	0.71	3.5

Mortality Board Goal Performance



Focus Area 1.A.2

Develop & Implement plans to achieve 80th %tile in Vizient mortality results by end of FY24

LEAD – ***Michael Waite***

Focus Area Team:

- SL: George/Dubey/O'Mara/NS Chief/Bhullar
- QPS: Crea/Bryant
- CE: Armstrong/Rudy/Hallinan
- Michael Huang/Deepi Bathini
- VP Operations (Scott Estep)
- Sunitha Cherukupally
- VPCA's

Workstream	Responsible Lead
1. Implement & Sustain System Mortality Case Review/Clinical Opportunity Identification Team	Crea/Bryant/Waite
2. Improve Deterioration Index	Estep/Kamp/Foster (James)
3. Improve Cardiology Mortality	George / Gastaldo / Bucher
4. Improve Cardiac Surgical Mortality	George / Gastaldo / Bucher
5. Improve General Medicine Mortality	Acute Care SL VP / Weihl / Majzun
6. Improve Pulmonary/Critical Care Mortality	Acute Care SL VP / Weihl / Majzun
7. Improve Neurology Mortality	Neuro SL VP / Huang
8. Improve Neuro Surgery Mortality	Neuro SL VP / Huang
9. Improve Oncology Mortality	Dubey / Schubert
10.Improve General Surgery Mortality	O'Mara / Shaw / Esber
11.Improve Trauma Surgery Mortality	O'Mara / Shaw / Esber
12. Improve Hospice/Palliative Capability	Dubey / Schubert

Focus Area 1A2 – Inpatient mortality

Develop & Implement plans to achieve 80th %tile in Vizient mortality results by end of FY24

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Workstream	Responsible Lead	Quality Director	Key SL Supporter
1. Implement & Sustain System Mortality Case Review/Clinical Opportunity Identification Team	Crea/Bryant/Waite		
2. Improve Deterioration Index	Estep/Kamp/Foster (James)	Kathy Crea	
3. Improve Cardiology Mortality	SL VP / Gastaldo / Bucher	Pat Fizer/Vogel	Lori Wiseman/Brittany Ansel
4. Improve CT Surg Mortality	SL VP / Gastaldo / Bucher	Pat Fizer/Vogel	Lori Wiseman/Brittany Ansel
5. Improve General Medicine Mortality	George/ Weihl / Majzun	Tiffany Tolson	Chris Parkinson
6. Improve Pulmonary/Critical Care Mortality	George/ Weihl / Majzun	Tiffany Tolson	Chris Parkinson
7. Improve Neurology Mortality	Neuro SL VP / Huang	Jen Welsch	Renee Pack/ Lisa Counts
8. Improve Neuro Surgery Mortality	Neuro SL VP / Huang	Jen Welsch	Amiel Mansur / Megan Robertson
9. Improve Oncology Mortality	Dubey / Schubert	Lori Bryant	Angie Mulholland
10.Improve General Surgery Mortality	O'Mara / Shaw / Esber	Shannon Hasenkamp	Stacey Martin / Daniel Christopherson
11.Improve Trauma Surgery Mortality	O'Mara / Shaw / Esber	Shannon Hasenkamp	Stacey Martin / Daniel Christopherson
12. Improve Hospice/Palliative Capability	Dubey / Schubert		Mark Nelson

Milestones

1.) Leads KICK-OFF Initial **Focus Area** teams 4/15

- Identify Workstream leads & team members 4/30
- Identify additional Focus Area team members 4/30
- Commission Workstream leads / teams 4/30
- 1st Workstream Design Progress Check In Completed 5/30
- 2nd Workstream Design Progress Check In Completed 6/30
- Final Workstream Design Progress Check In Completed 7/30
- Recurring Workstream Implementation Progress Check Ins Designed 8/30

2.) Leads KICK-OFF initial **Workstream** teams 5/15

- Determine Workstream scope / charter with team member roles 5/30
- Complete current state evaluation w/measurable objective(s) identified 6/30
- Complete future state plan w/timing to achieve scope 7/30

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Focus Area 1.A.3

Focus Area:
As part of the Medicare Roadmap:
1. Close ambulatory quality care gaps
2. Improve risk coding
3. Reduce medical expense

FY24 Target:
For attributed MA population, OPG and N2V patients achieve:

1. **Quality:**
- Target 4+ star performance in 11 MA measures
- Better than CY22 performance in 6 additional measures

2. **Risk Adjustment:**
- HCC recapture rate better than 79%
- Major depression coding better than 14%
- Morbid obesity coding better than 13%
- Vascular disease coding better than 13%

3. **Medical Expense:**
- Reduce Medicare SNF discharges to < 49.5 SNF stays per 1000;
- Achieve 3% reduction of obs without admission (< 3601/month)
- Formalize process to evaluate medical expense opportunities by Dec 2023.

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OPG Quality Focus for 1.A.3

Ambulatory/OPG System BSC metrics:

1. Colorectal Cancer Screening
2. Diabetic Eye Exam
3. Statin Therapy
4. HTN Control

CIN performance metrics:

1. Breast Cancer Screening
2. Colorectal Cancer Screening
3. Diabetic Eye Exam
4. Hgb A1C Compliance
5. Diabetic Nephropathy
6. Statin Therapy
7. HTN Control

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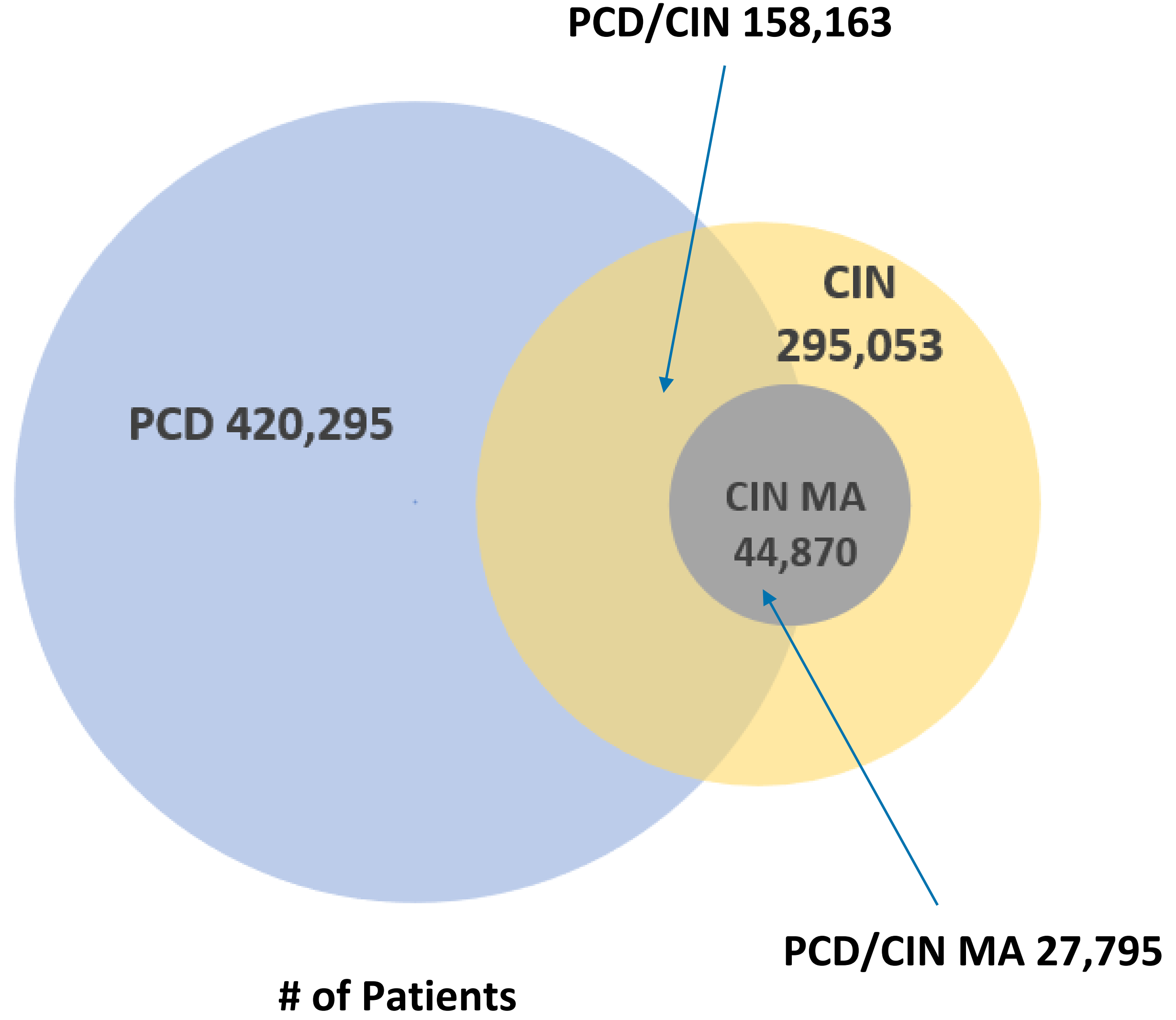
OPG Population: Current State

Patients Included:

- Completed visit of type: Office Visit, Follow-Up, Telemedicine, E-Visit, or Telemedicine Telephone
- In last 3 years
- With *PCP or in PCP's department.

*PCP is defined as the provider listed as the current "General PCP" on the patient's chart.
This field can contain a specialist. PCP field can be edited by anyone.



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4-Star metrics targeted by the CIN

Quality FOR CY23 (this will be complete in Mar-Apr 24)

For attributed Medicare Advantage population, OPG and N2V patients:

Targets 4+ stars:

-Breast cancer screening
-Diabetes med adherence
-Diabetes – kidney disease monitoring
-Diabetes control
-Colorectal cancer screening
-Diabetic eye exams
-Statin therapy in cardiovascular disease
-Med rec post discharge
-Medication review
-Hypertension med adherence
-Annual wellness visits (50% completion rate)

Target – better than final CY22 performance

-Controlling high blood pressure
-Cholesterol med adherence
-Statin use diabetes
-Cervical cancer screening
-HgbA1C testing
-Primary care visits

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Focus Area 1.A.3 – Ambulatory Risk Adjustment

Risk adjustment Targets FOR CY23 (this will be complete in Mar-Apr 24 so can sync to FY24)

For attributed Medicare Advantage population, OPG and N2V patients:

- HCC recapture rate better than 79%
- Major depression coding better than 14%
- Morbid obesity coding better than 13%
- Vascular disease coding better than 13%

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Ambulatory Quality Metric Challenges

- Outpatient metrics based upon a calendar year
- Reset every January
- OhioHealth runs on a fiscal year
- Population is constantly changing – patients move in and out of the population based upon metric definition and patient needs (e.g. CRC 1 yr fit testing, 3 yrs Cologuard, up to 10 years colonoscopy)
- Medicare Advantage data comes from claims – 3 months in arears
- Internal data not available for medication adherence metrics

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Mortality Clinical Opportunity Review (MCOR)

Improve your mortality rankings

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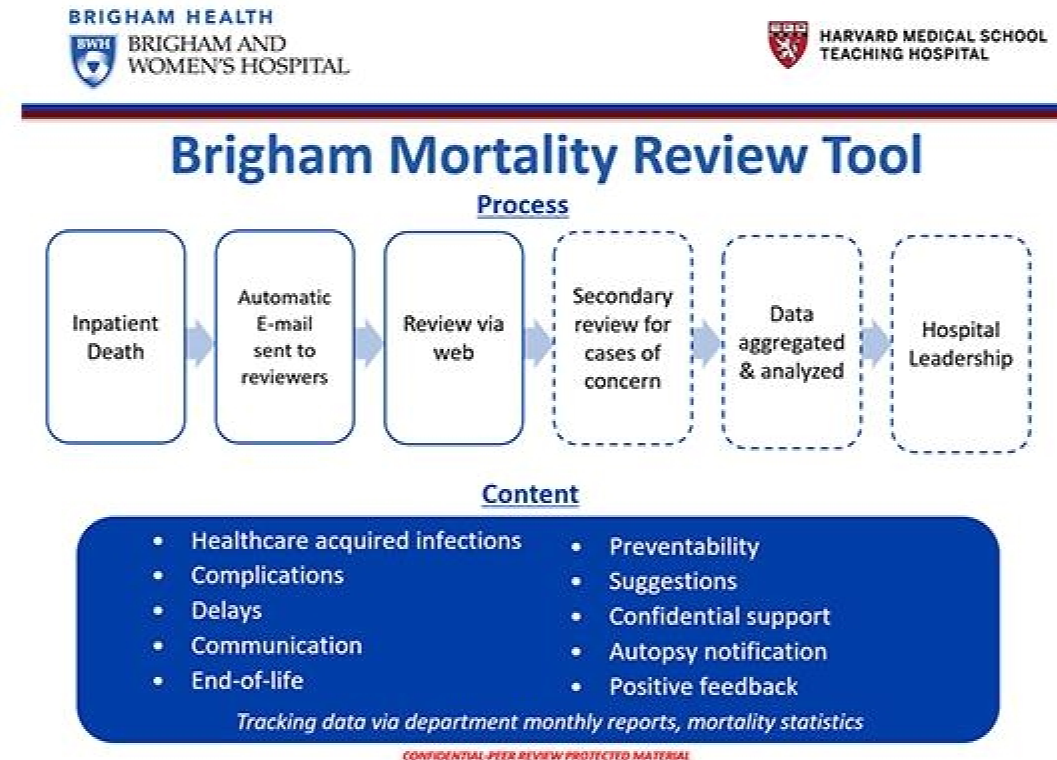
The What and the Why

- Many references encourage 100% mortality reviews (Mayo, Brigham, AHRQ)
- Current state at OhioHealth shows we have many varied reasons and methods for reviewing mortalities:
  - Peer review
  - Disease-specific reviews (cardiology, neurology, sepsis, etc)
  - Patient safety reviews
- Goal:
  - Standardize mortality reviews with a goal of identifying common process opportunities in order to reduce harm to patients and associates
  - Engage multiple disciplines for varied perspectives and identified of opportunities



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MCOR – Mortality Clinical Opportunity Review

- Pilot process: Riverside
  - Modified version of Mayo Clinical Reviews
  - Identified need to modify data collection to enable collation of data
- Trigger methodologies enable aggregation of common cues to process concerns
  - Death within 48 hours of admission or surgery ∗ Held in emergency department longer than 6 hours ∗ Return to ICU within 48 hours of transfer out of ICU ∗ Transfer from unit to ICU within 24 hours of admission
- Think from a process perspective (systems of care concerns)
- Next step – expand to system to learn from multiple sites

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MCOR Update

- Expanded across system
- Divided into 4 teams – scorecard priorities
  - Cardiology
  - Gen Med
  - Pulm CC
  - Neurology
- Focus on below expected mortality cases – 16 cases
- Multi-disciplinary team Review: Nurses, APP, Physicians, Quality
- Great dialogue, learning, and consensus building
- Some tweaks recommended to RedCap and process
- Next Steps: Expanding to all service lines

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Update: AMWT - All Mortality Workteam

- Original purpose:
  - Get teams formed and off the ground with dotphrase generation, education, and utilization
  - Track variable capture for potential optimization
  - One-stop shop for coding questions and case review
- FY24
  - Shift gears from expected focus to observed mortality focus (MCOR)
  - Each SL responsible for A3 and countermeasures
  - Provide a venue for learning for all SL and sites
  - Continue to provide Vizient education
  - Support and review of scorecard progress
  - Determine attendance

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FY24 Quality Priority Grid
Connecting the dots

Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
	MCOR (Mortality Clinical Opportunity Review) Process	Waite	Assess interventions and progress in Mortality metrics; create countermeasure sheets as indicated	Dr. Waite		Shana	SL Advisor from H&V, Neuro and Acute Care (Gen Med and PulCC)
Acute Care	Gen Med Mortality	George	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	Peter George Dr. Weihl Dr. Majzun	Dr. Laura Burelli Dr. Nick Honda Dr. Mike Heinze	Tiffany Tolson	Chris Parkinson
	Pulm Critical Care Mortality	George	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	Peter George Dr. Weihl Dr. Majzun	Dr. Simi Bhullar Dr. Ryan Kamp	Tiffany Tolson	Chris Parkinson
	HAPI (PSI - 3)	Cherie / Kristin Gardner	Understanding and improving HAPI metrics	?	Dr. Bathini Dr. Addington Dr. Esber	Jen Welsch	Charity Coffman
	Falls	Cherie / Kristin Gardner	Understanding metircs and decreasing Falls with injury	N/A	Dr. Bathini Dr. Addington Dr. Esber	Cindy Hafer	Michelle Murray
	Deterioration Index (DI) project	Waite	Reduce pt harm d/t unrecognized deterioration by understanding tool and how to optimize it	Dr. Kamp Dr. James Foster	Dr. Ryan Kamp Sunitha	Kathy Crea	Scott Estep
	CAUTI Pre-existing team	Cherie / Kristin Gardner	Reduce CAUTIs	Joe Gastaldo Jessica Barrett	Dr. Bathini Dr. Addington Dr. Esber	Jo Henman	Dawnyel Donaldson

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Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
Surgery	Gen Surg Mortality	O'Mara	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	Dr. Shay O'Mara Dr. Joel Shaw Dr. Chris Esber	?	Shannon Hasenkamp	Daniel Christofferson
	Trauma Mortality	O'Mara	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	Dr. Shay O'Mara Dr. Joel Shaw Dr. Chris Esber	?	Shannon Hasenkamp	Daniel Christofferson
	Hip & Knee CMS required metrics	O'Mara	Provide the necessary EPIC documentation for CMS data submission	Shay O'Mara	Michael need to provide a champion	Shannon Hasenkamp	Daniel Christofferson
	HRO educ compliance						

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Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
Women's Reproductive Health	HTN Control	Melillo	For preg post partum pts Time to treat less than 60 mins for episodes of severe HTN	Jason Melillo	Dr. Mona Prasad Dr. Shelly Birkenholz	?	Amber Gould
	Team Training	Melillo	Supportive simulation and training around teaming concepts	Jason Melillo	Dr. Mona Prasad	Kathy Crea	Amber Gould
	QHIP eduation						
	Breast Cancer Screening						
	HRO educ compliance						

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Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
Primary & Ambulatory Care	HTN Control	Buckley	Obtain 4 star performance	Andy MacDowell	Dr. Anderson	Lori Bryant	Anton Johnson
	Colorectal Cancer Screening	Buckley	Obtain 4 star performance	Andy MacDowell	Dr. Anderson	Lori Bryant	Anton Johnson
	Diabetic Eye Exam	Buckley	Obtain 4 star performance	Andy MacDowell	Dr. Provanzana	Lori Bryant	Anton Johnson
	Statin Therapy	Buckley	Obtain 4 star performance	Andy MacDowell	Dr. Anderson	Lori Bryant	Anton Johnson
	Breast Cancer Screening	Buckley	Obtain 4 star performance	Andy MacDowell	Dr. Provanzana	Lori Bryant	Anton Johnson
	Hgb A1C	Buckley	Obtain 4 star performance	Andy MacDowell		Lori Bryant	Anton Johnson
	Diabetic Nephropathy	Buckley	Obtain 4 star performance	Andy MacDowell		Lori Bryant	Anton Johnson
	AWV	Buckley		Andy MacDowell		Lori Bryant	Anton Johnson
	Improve Medicare Care Gap Closure	Buckley	Obtain 4 star performance	Andy MacDowell		Lori Bryant	Andrea Green / Anita Ogbuji / Rachel Mori

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Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
Heart & Vascular	Cardiology Mortality	?	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	SL VP Dr. Gustaldo Dr. Bucher	Dr. Davakis	?	Lori Wiseman/Brittany Ansel
	CT Surgery Mortality	?	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	SL VP Dr. Gustaldo Dr. Bucher	Dr. Davakis/ Dr. Geoff Blossom	?	Lori Wiseman
	TAVR Mortality				Dr. Davakis		Lori Wiseman
	PCI Mortality				Dr. Davakis		Lori Wiseman
	HRO educ compliance				Dr. Davakis		Lori Wiseman

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NeuroSciences	Neuro Mortality	Brett Kim	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	SL VP Dr. Huang	Dr. Moheet Dr. Vora Dr. Torres Reveron Dr. Addington	?	Renee Pack / Lisa Counts
	Neurosurgery Mortality	Kim	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMWT	SL VP Dr. Huang	Dr. Addington	?	Amiel Mansur / Megan Robertson
	Behavioral Health Metric						
	HRO educ compliance						

DRAFT

Service Line	Metric	Acct Exec	Objective discuss thru CGC	Quality Phys Lead VPCA/SDCA	Phys Champions	Key Quality Supporter	Key SL Supporter
Oncology	Oncology Mortality	Dubey	Top Decile Performance Understanding dotphrase data and variable conversion rate Engage in MCOR and AMW	Dr. Dubey Dr. Schubert	Dr. Vargas	Lori Bryant	Angie Mulholland
	HRO educ compliance						
Palliative Medicine	Special Project Palliatvie Care Metrics	Dubey / Waite	5/23 per Dr. Dubey, make Palliative part of each SL Mortallity A3. Learn outputs of pilots	Dr. Dubey Dr. Schubert	Dr. Ryan Kamp??	Kathy Crea	Mark?

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QHIP

Anthem Quality- Insights Hospital Incentive Program (QHIP)

Program Overview

- Anthem Q-HIP recognizes and financially rewards hospitals for practicing in evidenced based medicine and implementing nationally endorsed best practices.

Current OhioHealth Participants

- All 12 OhioHealth Hospitals: Berger, Doctors, Dublin, Grady, Grant, Hardin, Hardin, Marion, Mansfield, Shelby, O'Bleness, Riverside
- New hospitals added as amendments to the contract

Program Success

- Success in the Q-HIP program can lead to a bonus on top of the negotiated rates for Anthem inpatient and outpatient fee schedule, impact of Q-HIP can be multiplicative year over year

2023 Anthem hospital quality program – *Components Breakdown*

Summary:

•Anthem Q-HIP is an out of the box program, no ability to influence measures

•20 measures across 4 domains determine a total score; not all measures are applicable to all facilities.

•Performance is not specific to Anthem patients

•Hospital performance is ranked against other hospitals nationally (of similar characteristics) and placed into quartiles

•Quartile rank determines achievement of fee schedule increase

Measurement Category	Categories Measures	Possible points
Patient Safety	• IHI- Post Hospital Care Follow Up Visit • AHRQ- ER is for Emergencies (Reducing Unnecessary ED Use) • Maternal Safety Bundles • Palliative Care Program	14
Health Outcomes	• Perinatal Measures • Antimicrobial Use • Hospital Acquired Conditions Measures • Readmission Measures • Complication Measures • ACC-NCDR Measures • CABG Measures	74
Patient Satisfaction	• Patient Experience Overall (Hospital Rating) • Medication Composite • Discharge Composite • Percentage of Patient who reported 'Always communicated well' • Care Transition Measure	12
Bonus	• Care Coordination Agreements • CQI Sepsis on Hospital Floors • Health Equity • Hospital Wide Readmission Rate	4
		104

Earning Potential: Anthem Program – 2022-2025

- **Summary:** 22-30% of the potential annual fee schedule increase for Anthem patients is tied to quality performance

Central Ohio Hospitals #	Base Rate	Qhip Potential	Total Change
Inpatient	4.95%	2.75%	7.70%
Outpatient	3.75%	0.00%	3.75%
Total*	4.29%	1.24%	5.53%

Regional Hospitals	Base Rate	Qhip Potential	Total Change
Inpatient	4.00%	1.75%	5.75%
Outpatient	4.00%	1.75%	5.75%
Total	4.00%	1.75%	5.75%

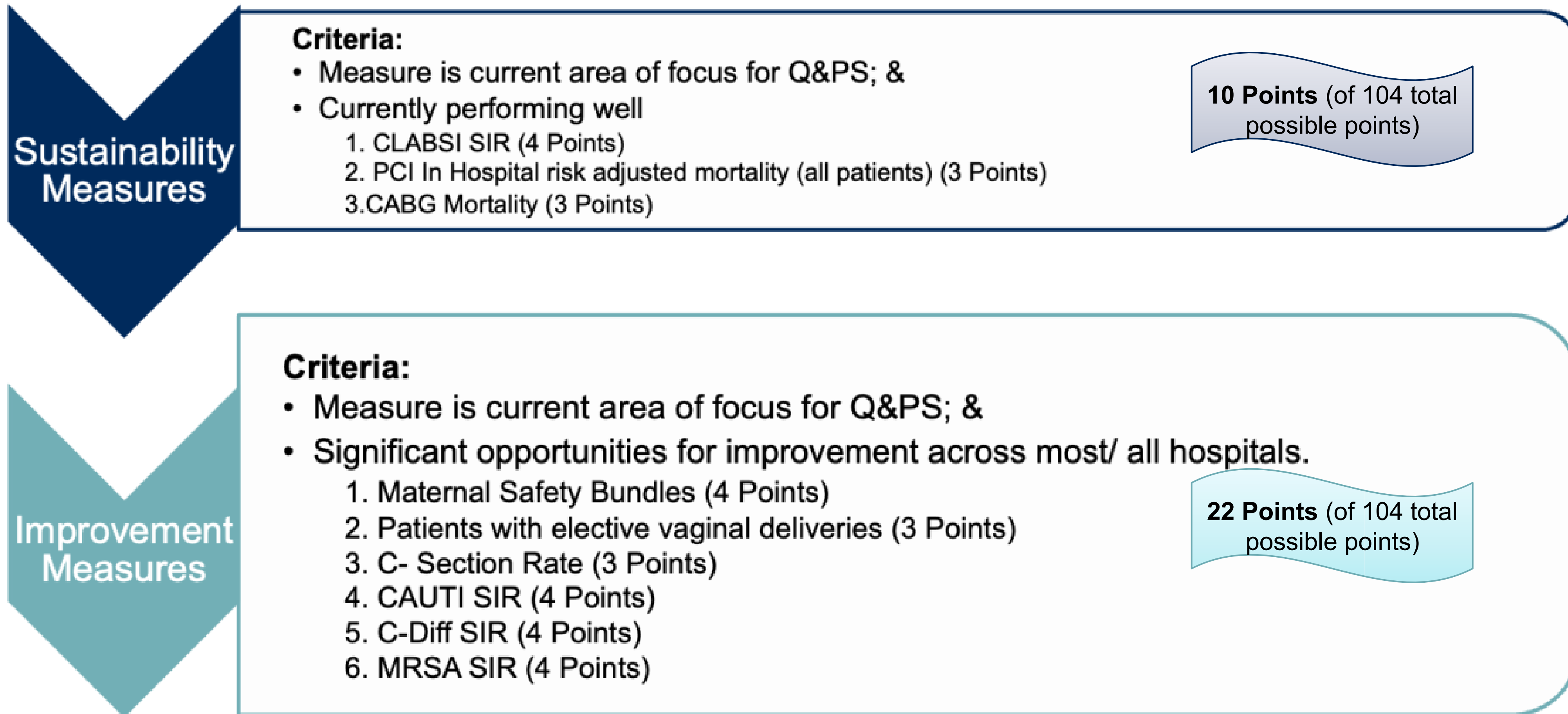
Includes: RMH, GMC, DH, DMH
* Inpatient is appx. 45% of Anthem revenue, which equates to 1.24% Total Potential Increase for Central Ohio Hospitals.

Anthem Q-HIP Financial Impact

Anthem Q-Hip - CY2021 results applied to 8/1/2023 Rate Change									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
FACILITY	Estimated Revenue	Potential Qhip Percentage	Potential $ = (2) x (3)	QHIP Score	Quartile Percentage*	Blended Percentage**	Actual = (3) x (7)	Earned = (4) x (8)	Unearned $ = (4) - (9)
BERGER HOSPITAL	$5,131,305	1.75%	$89,798	49.97	0.0%	0.0%	0.00%	$0	$89,798
DOCTORS HOSPITAL	$47,097,548	1.15%	$541,622	82.25	100.0%	85.0%	0.98%	$460,379	$81,243
DUBLIN METHODIST HOSPITAL	$73,565,254	1.15%	$846,000	69.75	75.0%	85.0%	0.98%	$719,100	$126,900
GRADY MEMORIAL HOSPITAL	$26,516,128	1.75%	$464,032	92.54	100.0%	100.0%	1.75%	$464,032	$0
GRANT MEDICAL CENTER	$123,046,229	1.15%	$1,415,032	59.91	50.0%	85.0%	0.98%	$1,202,777	$212,255
HARDIN MEMORIAL HOSPITAL	$6,383,455	1.75%	$111,710	81.71	75.0%	75.0%	1.31%	$83,783	$27,928
MARION GENERAL HOSPITAL	$46,933,676	1.75%	$821,339	62.54	75.0%	75.0%	1.31%	$616,004	$205,335
MANSFIELD HOSPITAL	$61,306,244	1.75%	$1,072,859	56.15	50.0%	50.0%	0.88%	$536,430	$536,430
SHELBY HOSPITAL	$5,752,936	1.75%	$100,676	96.19	100.0%	100.0%	1.75%	$100,676	$0
O'BLENESS MEMORIAL HOSPITAL	$36,764,396	1.75%	$643,377	77.65	100.0%	100.0%	1.75%	$643,377	$0
RIVERSIDE METHODIST HOSPITAL	$323,063,370	1.15%	$3,715,229	69.63	100.0%	85.0%	0.98%	$3,157,944	$557,284
TOTAL	**$755,560,540**	**1.30%**	**$9,821,675**	**68.68**		**82.2%**	**1.06%**	**$7,984,503**	**$1,837,172**

OhioHealth earned 82.2% of full QHIP potential generating $7.98 Million due to 5 OhioHealth Hospitals scoring in the highest quartile (Doctors, Grady, Shelby, O’Bleness, Riverside)

2023 Internal Focus Areas & Corresponding QHIP Points



Quarterly reporting

Managed Care Contracts

OPG Managed Care Contracts

- Multiple contracts with different payers
- Involves different Populations – Medicare, Medicaid, commercial
- Varying requirements
  - Quality metrics
  - Care Management
  - Prevention / Annual Wellness Visits
  - Action planning
- On target to earn just under $20 million in incentive revenue in FY24

Summarizing: Prioritizing Quality Improvement

- True North - CMS Stars (Vizient Q&A, HEDIS)
- Board Goals / Goal Deployment
  - 1.A.1 – HRO
  - 1.A.2 – Mortality
  - 1.A.3 - Outpatient

1. Scorecard (mechanism by which we measure our success)
2. Repeat Safety events – closing the loop and lateralizing
3. Repeat findings - Regulatory concerns – prioritization and lateralization
4. QHIP improvement
5. What technology will we use to get there – HRP, QLIK (PCD), AMP

IN closing: Think about your work

- How to prioritize
- Where / if it all fits in . . .
- Utilize your leaders to identify opportunities to shift priorities and support messaging

WE are

SAFER

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OhioHealth