



Maryland Primary Care Program
New MDPCP CRISP Reports
PQI-Like Reports and Other Enhancements

Program Management Office

April 28, 2020

COVID-19 Update – Save a Life Now

- Maryland stats – 19,487 cases, 858 deaths, 1,513 hospitalized as of April 27
- Identify and contact high-risk patients
- Maximize non-face-to-face visits using telemedicine
- Maximize access to care
- Identify appropriate candidates for testing
- Maximize clinical management of patients
- Stay current, stay safe
- Next COVID-19 Update webinar (with Provider Panel): Wednesday, April 29 (5-6 PM)
<https://attendee.gotowebinar.com/register/5570382498503337228>

Announcement: MDPCP Staff Training Academy



****Free and Virtual****

New) PY1 MDPCP Practices: Virtual Training 001

Friday, May 15 (1:00 pm - 4:00 pm) - Please register [Here](#)

PY2 MDPCP Practices: Virtual Training 002

Friday, May 22 (1:00 pm - 4:00 pm) - Please register: [Here](#)

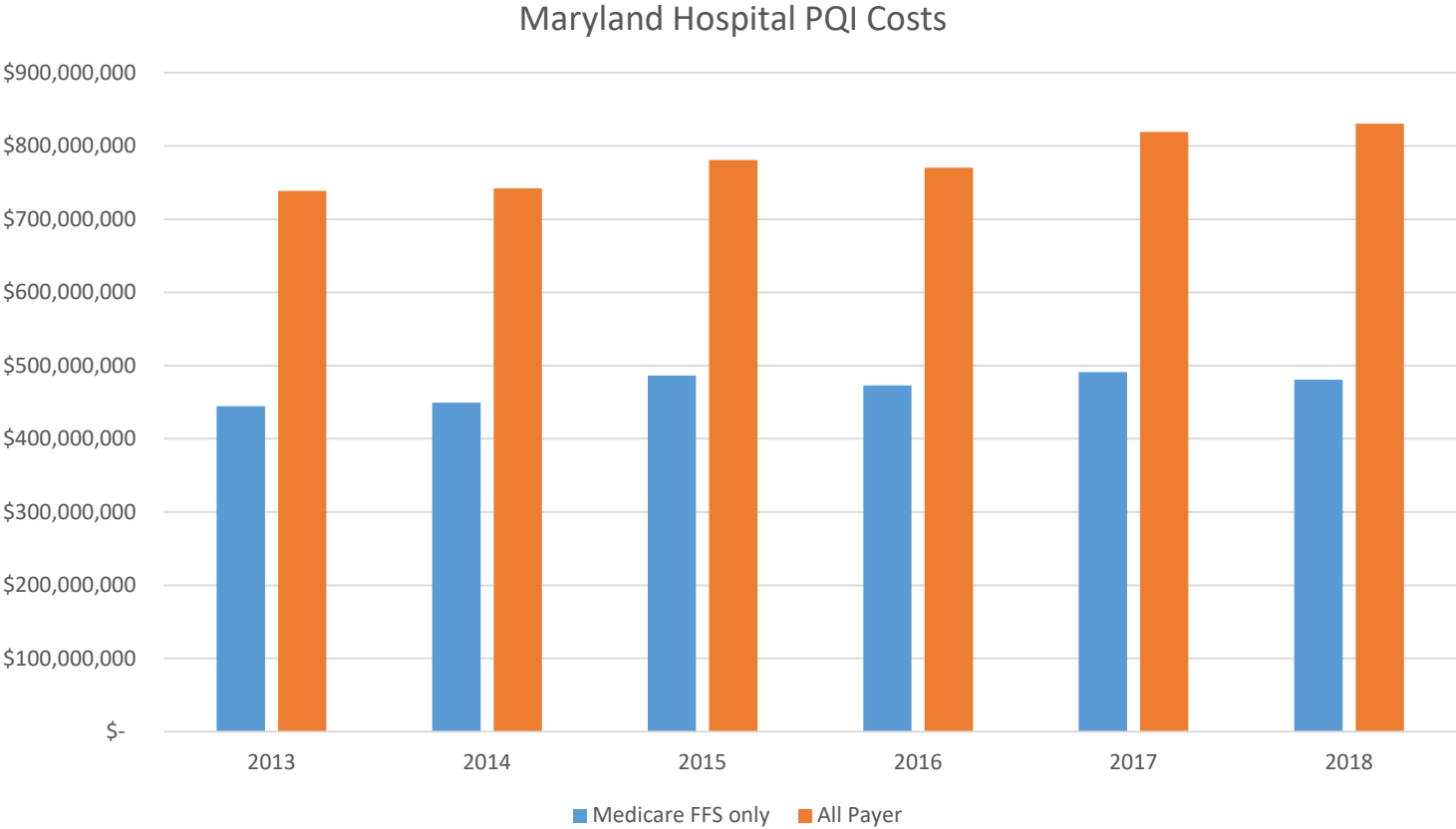
Agenda

- Prevention Quality Indicators (PQIs) and MDPCP
- Overview of CRISP tools to address PQIs
- Overview of COVID-19 enhancements to CRISP tools
- Demo of tools

Prevention Quality Indicators (PQIs)

- Conditions that are better served in Primary Care
- Early intervention can prevent complications or more severe disease
- Accounts for \$1.6 Billion annually in Maryland (Hospitalization and ED visits)
- Hospitalizations account for approximately \$400 Million annually in Medicare FFS in Maryland

Maryland PQI Hospitalizations costs \$830 million annually



Source: HSCRC

Notes: Hospital Charges Associated with PQIs* among Maryland residents at Maryland acute care hospitals

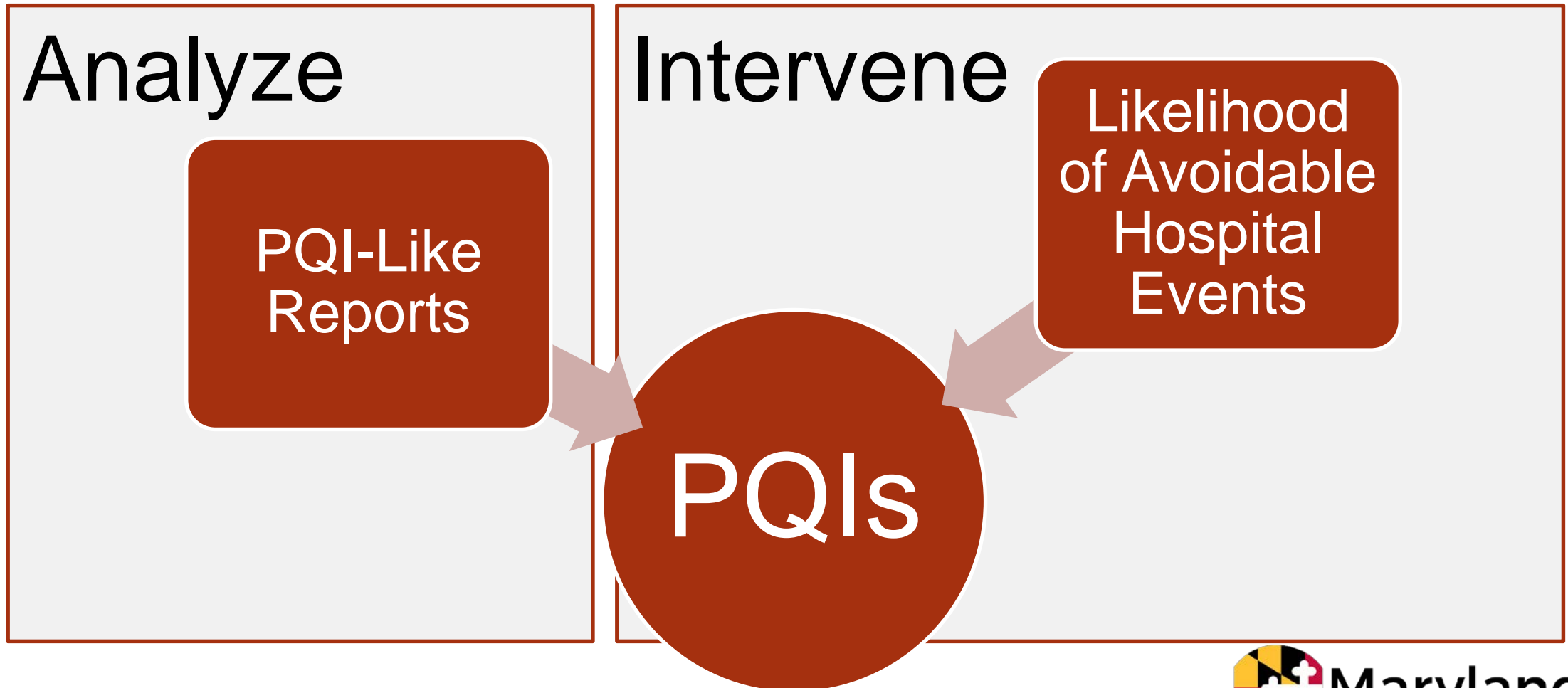
*PQI90 (overall composite) flag on inpatient discharges and observation stays > 23 hours among discharges with a valid Maryland zip code at a Maryland acute care hospital. PQI version 6.0 for ICD9 and PQI v2018 for ICD10 time period



MDPCP role in TCOC and reducing PQIs

- The Total Cost of Care Model (Maryland Health Model) aims to reduce the total Medicare Part A and B spending in Maryland by an annual run rate of \$300 million by 2023
- When this goal is reached, in addition to other associated quality goals, the Maryland Health Model will be considered for permanency
- The calculation of costs related to the Maryland Health Model expenses include all Care Management Fees, Performance Based Incentive Payments and all Part A & B claims (Source – Total Cost of Care Model Contract)
- **MDPCP's sustainability relies on these costs being offset by reducing PQIs and improving the health of the population served**

MDPCP CRISP Tools to Address PQIs



What PQIs are Included in CRISP CRS Reports?

Diagnosis flags from Part A inpatient and ED claims are identified for 11 PQIs:

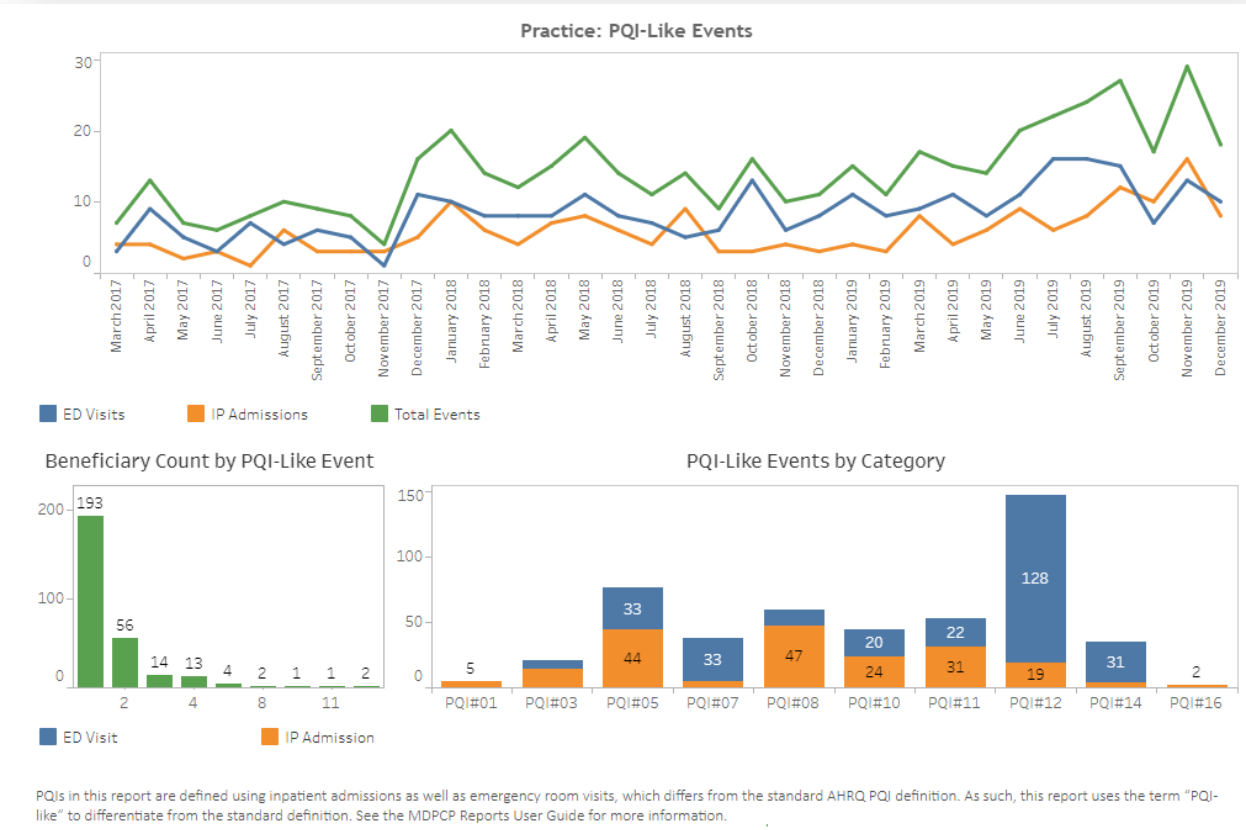
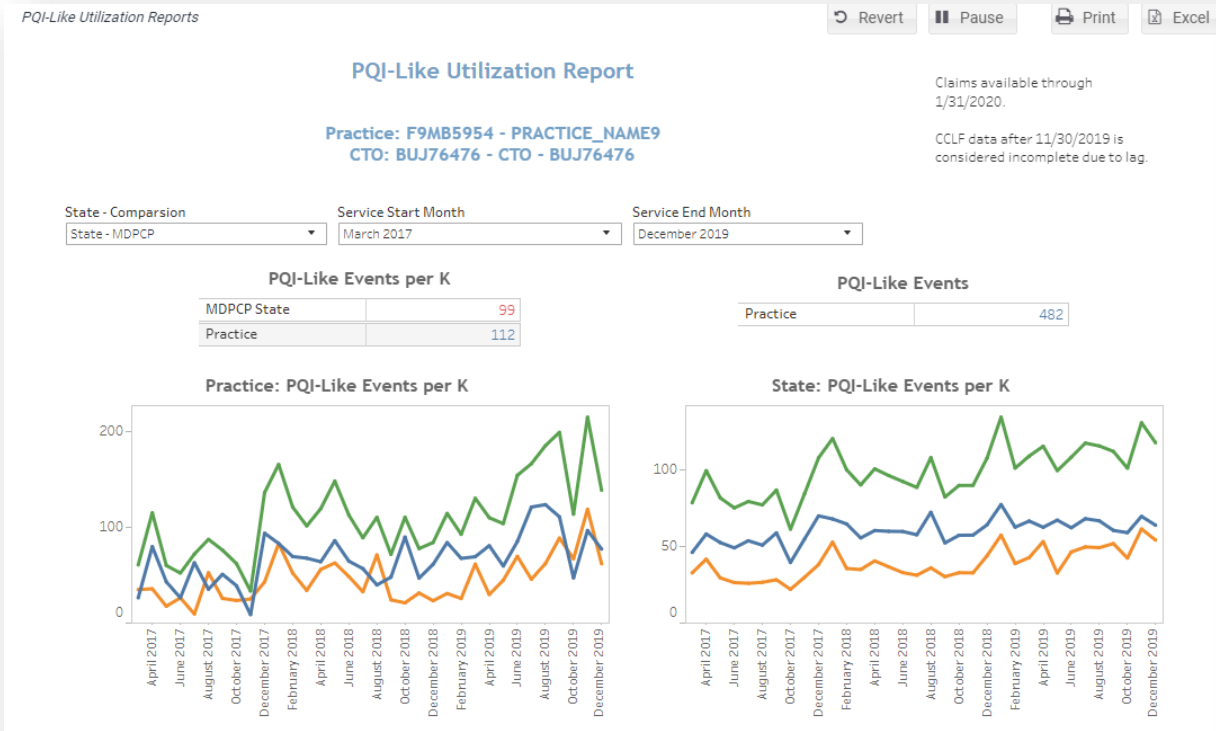
- PQI #1: Diabetes Short-Term Complications
- PQI #3: Diabetes Long-Term Complications
- PQI #5: COPD or Asthma in Older Adults
- PQI #7: Hypertension
- PQI #8: Heart Failure
- PQI #10: Dehydration
- PQI #11: Bacterial Pneumonia
- PQI #12: Urinary Tract Infection
- PQI #14: Uncontrolled diabetes
- PQI #15: Asthma in Younger Adults
- PQI #16: Lower-Extremity Amputation among Patients with Diabetes

Not an exhaustive list of conditions that Primary Care can impact

PQI-Like Utilization Report

- New report allows users to track PQI-Like utilization for their attributed population and compare it to the MDPCP population overall
- PQIs are defined consistently with Hilltop's algorithm for calculating the Likelihood of Avoidable Hospital Events
 - Based on inpatient admissions and emergency room visits that align with AHRQ's 2018 PQI algorithms
 - Note that AHRQ's standard definition does not include emergency rooms visits, therefore the report is referred to as "PQI-Like"
- Users can identify PQI categories with high prevalence among their population and identify beneficiaries with either a high volume of PQI-like events or those with utilization in a specific PQI-like category

PQI-Like Utilization Report



- Charts contain drill-throughs to access beneficiary and claim-level details

PQI-Like Utilization Report

PQI-Like Utilization Reports

Revert Pause Print Excel

PQI-Like Events

Practice:F9MB5954 - PRACTICE_NAME9
CTO:BUJ76476 - CTO - BUJ76476

PQI Category

Likelihood of Avoidable Hospital Event Score Identifier

Search By Beneficiary Sort By Highlight Top Pre-AH Score Percentile

Beneficiary Name (All) MBI 20% In Top Percentile Not In Top Percentile

MBI	Beneficiary Name	Claim No	Claim Type	Claim From Date	Claim Through Date	PQI	Primary Diagnosis	Provider Name	APR DRG w Description	Claim Payment Amount
OAS4UW8X..	Kierra,Baru..	2008788130	IP Admissio..	08/04/2017	08/09/2017	PQI#10 : Dehydration Admission Ra..	K529 : Noni..	Augusta Un..	249: Other gastroe..	\$7,716.91
		2085179757	IP Admissio..	07/10/2017	07/12/2017	PQI#08 : Heart Failure Admission R..	I5033 : Acut..	Augusta Un..	194: Heart failure	\$2,145.58
OAV9JR4Q..	Carrie,Hug..	2370427000	ED Visits	07/17/2018	07/17/2018	PQI#14 : Uncontrolled Diabetes Ad..	E11649 : Ty..	Augusta Un..		\$582.92
OBN1IW1J..	Corey,Culbe..	2125904039	IP Admissio..	02/07/2018	02/10/2018	PQI#12 : Urinary Tract Infection Ad..	N390 : Urin..	Augusta Un..	951: Moderately e..	\$3,130.85
		2556409187	IP Admissio..	08/28/2019	08/31/2019	PQI#10 : Dehydration Admission Ra..	N179 : Acut..	Augusta Un..	469: Acute kidney i..	\$3,720.75
		2679422065	IP Admissio..	09/22/2019	09/26/2019	PQI#10 : Dehydration Admission Ra..	N179 : Acut..	Augusta Un..	469: Acute kidney i..	\$8,795.68
OBU6Z67BC..	Blair,Yates,	1964460890	ED Visits	06/09/2017	06/09/2017	PQI#12 : Urinary Tract Infection Ad..	N390 : Urin..	Augusta Un..		\$633.64
OCI6OP0ZO..	Jacob,Knap..	2640141483	IP Admissio..	12/20/2019	12/23/2019	PQI#10 : Dehydration Admission Ra..	N179 : Acut..	Augusta Un..	469: Acute kidney i..	\$4,464.73
OCV4J02WJ..	David,Sulek,	2164664617	ED Visits	03/01/2018	03/02/2018	PQI#10 : Dehydration Admission Ra..	E860 : Dehy..	Augusta Un..		\$778.00
		2182418579	IP Admissio..	11/18/2017	11/24/2017	PQI#11 : Community-Acquired Pneu..	J189 : Pneu..	Augusta Un..	139: Other pneum..	\$10,018.97
OD24MV7D..	Veronica,Fr..	2162788973	ED Visits	01/28/2018	01/30/2018	PQI#14 : Uncontrolled Diabetes Ad..	E11649 : Ty..	Augusta Un..		\$4,376.63
OD79E88PV..	Amie,Siemo..	2349899215	IP Admissio..	11/01/2018	11/03/2018	PQI#14 : Uncontrolled Diabetes Ad..	E11649 : Ty..	Augusta Un..	420: Diabetes	\$2,476.41
OD94QV8H..	Ethan,Stew..	2374675222	ED Visits	08/08/2018	08/09/2018	PQI#10 : Dehydration Admission Ra..	N179 : Acut..	Augusta Un..		\$1,461.77
ODL2BK4XV..	Edrose,Pur..	2526840682	ED Visits	07/12/2019	07/12/2019	PQI#10 : Dehydration Admission Ra..	E860 : Dehy..	Augusta Un..		\$1,110.86
OE81XISN..	Jack,Akuna,	2142066098	IP Admissio..	12/02/2017	12/06/2017	PQI#10 : Dehydration Admission Ra..	N179 : Acut..	Augusta Un..	469: Acute kidney i..	\$6,066.95
OFI4SB7MV..	Donna,Ken..	1908742182	IP Admissio..	03/24/2017	03/28/2017	PQI#11 : Community-Acquired Pneu..	J181 : Loba..	Augusta Un..	139: Other pneum..	\$6,043.90

COVID-19 Vulnerability Index

- CRISP partnered with Socially Determined, Inc., to develop a COVID-19 Vulnerability Index (CVI)
 - CVI was designed to help care teams identify the most vulnerable patients for proactive outreach and support
- CVI has been added into the MDPCP Reporting Suite to enable practices to maximize the impact of their outreach and care coordination among their attributed populations
 - Added within the Likelihood of Avoidable Hospital Event Report so users can use the risk models together for maximum impact

COVID-19 Vulnerability Index

- CVI represents an individual's:
 - Likelihood of exposure to COVID-19
 - Potential to experience severe complications requiring inpatient or critical care
 - Socio-clinical support needs to effectively managed in place
- Based on a multivariate model that includes the following factors:
 - Demographic factors, such as advanced age
 - Chronic disease burden, such as asthma, diabetes, hypertension
 - Community-level SDOH risk factors, such as economic climate and resilience
 - Social risk factors, such as elevated risk of food insecurity or housing instability
 - Environmental factors, such as congregate sites (e.g., senior living facilities, shelters, prisons)
 - Health care infrastructure, including inpatient and critical care capability

COVID-19 Vulnerability Index (CVI) & Likelihood of Avoidable Hospital Events Report

- CVI was added into the Likelihood of Avoidable Hospital Events Report
- CVI Score indicators:
 - 3: Moderate Risk
 - 4: High Risk
 - 5: Severe Risk
 - Blank: Not at increased risk (Level 1 or 2)
- Target beneficiary outreach to those who are both at high risk for avoidable hospital events (“Likelihood of Avoidable Hospital Events” score) and at high risk for COVID-19-related vulnerabilities (CVI)

Likelihood of Avoidable Hospital Events

Claims available through 2/29/2020

Practice: F9MB5954 - PRACTICE_NAME9
CTO: BUJ76476 - CTO - BUJ76476

Risk Score Key

- Top 1st Percentile
- Between 2nd and 5th Percentile
- Between 6th and 10th Percentile
- Between 11th and 20th Percentile
- Between 21st and 100th Percentile

The percentiles are determined at a single practice-level and do not vary when comparing the percentiles between practices within a practice

Search By: Beneficiary ID | Key: (All) | CVI & LAHE Score

MBI	Beneficiary Name	Gender	DOB	Age	Medicare Status	Dual Status	PracticeID	HCC Tier	COVID-19 Vulnerability Index *	Likelihood of Avoidable Hospital Events	Claim Payment Amount
9KE7CC4UL66	Alexander, Oviea L	Female	10/1/1941	78	Aged without ESRD	Yes	F9MB5954	Complex	5	39.39%	\$227,279
2X45Q00QP07	Alston, Tania R	Female	5/1/1948	71	Aged without ESRD	Yes	F9MB5954	Complex	4	19.51%	\$224,609
1QM1V50NO37	Morton, Iwona P	Male	1/1/1933	87	Aged without ESRD	No	F9MB5954	Complex	5	18.39%	\$73,764
1XV6VK2YQ84	Conner, Don J	Female	8/1/1941	78	Aged without ESRD	Yes	F9MB5954	Complex	4	16.28%	\$168,469
5WI4ZR9UX29	Stewart, Laura M	Female	7/1/1953	66	Aged without ESRD	Yes	F9MB5954	Tier 2	5	12.21%	\$49,850
2LI9ME0HW58	Vu, Kimberly A	Male	2/1/1949	71	Aged without ESRD	No	F9MB5954	Complex		11.54%	\$275,128
7BV3MP3BB32	Sekar, Frank D	Male	10/1/1940	79	Aged without ESRD	Yes	F9MB5954	Complex	3	9.39%	\$62,541
2A27OF6UC74	Nuccio, An A	Male	12/1/1950	69	Aged without ESRD	No	F9MB5954	Complex		8.37%	\$74,991
7D55SU5IC80	Lape, Azucena E	Female	12/1/1945	74	Aged without ESRD	Yes	F9MB5954	Complex		8.30%	\$55,984
3DE6SM9YT92	Milne, Christine J	Female	6/1/1937	82	Aged without ESRD	Yes	F9MB5954	Complex	3	8.23%	\$50,155
7MJ5VK0DG06	Smith, Rita A	Female	10/1/1955	64	Disabled without ESRD	Yes	F9MB5954	Complex	5	7.33%	\$36,300

Additional Columns to Enable Beneficiary Outreach and Follow-up Tracking

- Three additional columns are available in the Excel export of the Likelihood of Avoidable Hospital Events Report to allow users to track beneficiary follow-up
 - **Contacted:** Tracks whether the beneficiary has been contacted regarding COVID-19 and the mode of communication, for example "SPOKE TO" or "LEFT VM"
 - **Follow Up Guidance:** Tracks the guidance provided to the beneficiary, for example "PROVIDED INSTRUCTIONS", "SDOH REFERRAL", "SCHEDULED TELEHEALTH"
 - **Status:** Tracks current health status of beneficiary, for example "HEALTHY - FOLLOW UP IN 2 WEEKS", "OKAY - FOLLOW UP IN 1 WEEK", "AT - RISK - TELEHEALTH VISIT" or "SICK - REFERRED TO ER"

H	I	J	K	L	M	N	O	P	Q	R
Age	Medicare Status	Dual Status	PracticeID	HCC Tier	COVID-19 Vulnerability Index	Likelihood of Avoidable Hospital Events	Claim Payment Amount	Contacted	Follow Up Guidance	Status
78	Aged without ESRD	Yes	F9MB5954	Complex	5	39.39%	\$227,278.51			
71	Aged without ESRD	Yes	F9MB5954	Complex	4	19.51%	\$224,608.58			
87	Aged without ESRD	No	F9MB5954	Complex	5	18.39%	\$73,763.89			
78	Aged without ESRD	Yes	F9MB5954	Complex	4	16.28%	\$168,468.78			
66	Aged without ESRD	Yes	F9MB5954	Tier 2	5	12.21%	\$49,849.81			
71	Aged without ESRD	No	F9MB5954	Complex		11.54%	\$275,127.69			
79	Aged without ESRD	Yes	F9MB5954	Complex	3	9.39%	\$62,541.18			

Access

- Tool is available in MDPCP reporting suite accessible from the CRS Reports Portal
 - <https://reports.crisphealth.org/>
- CRISP services are accessible through the following browsers:
 - Google Chrome 59 or higher
 - Internet Explorer 11 or higher
 - Firefox 52 or higher



Next Steps

Training Materials

- Hands-on support available from your State Practice Coach as well as CRISP
- Additional documentation and training materials available in the following places:
 - MDPCP Report Help section: <https://reports.crisphealth.org/>
 - CRISP Training materials section: <https://www.crisphealth.org/resources/training-materials/>
 - MDPCP Web page: <https://health.maryland.gov/mdpcp/Pages/practices.aspx>
 - Connect site: <https://app.innovation.cms.gov/MDPCPConnect/CommunityLogin>

Questions? Contact MDH at mdh.pcmode@Maryland.gov

Thank you!



Updates and More Information:

<https://health.maryland.gov/MDPCP>

For more information: contact mdh.pcmode@Maryland.gov