UC DAVIS HEALTH

# Institutional CEMRP

*FY23 Results*

**Year-end Results**

June 30, 2023

# UCDH FY23 Institutional CEMRP Measures

*Year-end update, as of June 30, 2023*

| Domain | | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance | | | FY23 Domain Result |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Threshold (50%) | Target (75%) | Maximum (100%) | |
| Domain 1 **Experience** | 1.1 | Equity – disparity in new patients seen within 10 days of scheduling an appointment by payer category | 3 of 17 service lines | **1 of 17 service lines** | **1 of 17** | Achieve 1/4 | Achieve 2/4 | Achieve 3/4 | **Maximum** |
| | 1.2 | Patient experience – staff work well together (Ambulatory) | 82.94 | **83.10** | **83.10** | | | | |
| | 1.3 | Patient experience – staff work well together (Inpatient) | 81.11 | **81.68** | **80.20** | | | | |
| | 1.4 | Patient experience – Physician Star Ratings (Ambulatory Practice Survey) | 3rd Qtile = 164<br>4th Qtile = 161 | **16 providers (5%) move up one quartile from 3rd or 4th** | **164** | | | | |
| Domain 2 **Quality & Safety** | 2.1 | Patient mortality – reduce adult mortality index | 0.67 | **Maintain Vizient Top 10th Percentile** | **0.50** | Achieve 1/4 | Achieve 2/4 | Achieve 3/4 | **Maximum** |
| | 2.2 | Transitions of Care – expedite follow up for high-risk inpatients being discharged | 36.16% | **37.44%** | **43.7%** | | | | |
| | 2.3 | Population Health – Advanced care planning (PCF in HealthyPlanet – align with UC Health) | 4.00% | **6.00%** | **50.8%** | | | | |
| | 2.4 | Population Health – Depression screening and follow up | 65.00% | **67.00%** | **72.7%** | | | | |
| Domain 3 **Access & Capacity** | 3.1 | Patient access – eConsult | 2,520 | **2,772** | **3,305** | Achieve 1/4 | Achieve 2/4 | Achieve 3/4 | **Maximum** |
| | 3.2 | Patient access – FastPass | 2,544 | **3,053** | **4,515** | | | | |
| | 3.3 | Patient capacity – improve the inpatient discharge process by improving the discharge by 2pm time for discharge reception area (DRA) patients | 34.70% | **36.44%** | **52%** | | | | |
| | 3.4 | Patient capacity – improve the inpatient discharge process through improving discharge reception area eligibility completion rate by nursing | 65.5% | **66.5%** | **80.3%** | | | | |

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# 1.1 Equity measure title goes here

| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| **Domain 1 Experience & Equity** | 1.1 | **Health Equity (Ambulatory):** disparity in new patients seen within 10 days of scheduling an appointment by payer category | **3 of 17** service lines | **1 of 17** service lines | **1 of 17** service lines | |

**Description:** disparity with Medicaid payer categories in comparison to the Commercial payors in the “access to care: new patients seen within 10 days of scheduling an appointment” metric. The target is to reduce the number of service lines showing Medicaid payor disparity using Vizient methodology applied to Ambulatory’s internal tableau dashboard, updated monthly.

**Data sources:** The billing data sent to Vizient CPSC is used to tie back to Ambulatory’s scheduling databases using the following attributes:

- Provider: The billing or servicing provider in the CPSC is matched with the scheduling or billing provider in the Scheduling database.
- Patient: The patient code or date of birth in the CPSC is matched with the Scheduling database.
- Date: The date of service in the CPSC is matched with the appointment date in the Scheduling database.

**Applying Vizient Methodology:**

- the percentage of new patients that was seen within 10 days of scheduling an appointment is calculated, as described for the “access to care: new patients seen within 10 days of scheduling an appointment” metric, for the subset of visits where the payer category in the billing data is mapped to one of the following:
  - (1) Commercial traditional/fee for service; (2) Commercial managed; (3) Commercial capitated; (4) Commercial non-par; (5) Commercial health exchange
  - (1) Medicaid traditional/fee for service; (2) Medicaid managed; (3) Medicaid capitated; (4) Medicaid non-par
- Sites of service: Only visits occurring at the following sites of service are evaluated: Office (11); On-campus outpatient hospital (22); Off-campus outpatient hospital (19); Telehealth (02)
- *Specialty attribution: The CPSC specialty associated with the billing provider in the CPSC is used to attribute each visit to one of the 17 Ambulatory Q&A specialties. If the CPSC specialty associated with a visit is not included in Appendix B, then that visit is not evaluated for this metric.*
- *Patient selection: All patient visits with providers that are attributed to an Ambulatory Q&A specialty are evaluated, with no age criteria applied.*

# 1.2 Staff Worked Together – Ambulatory Clinics

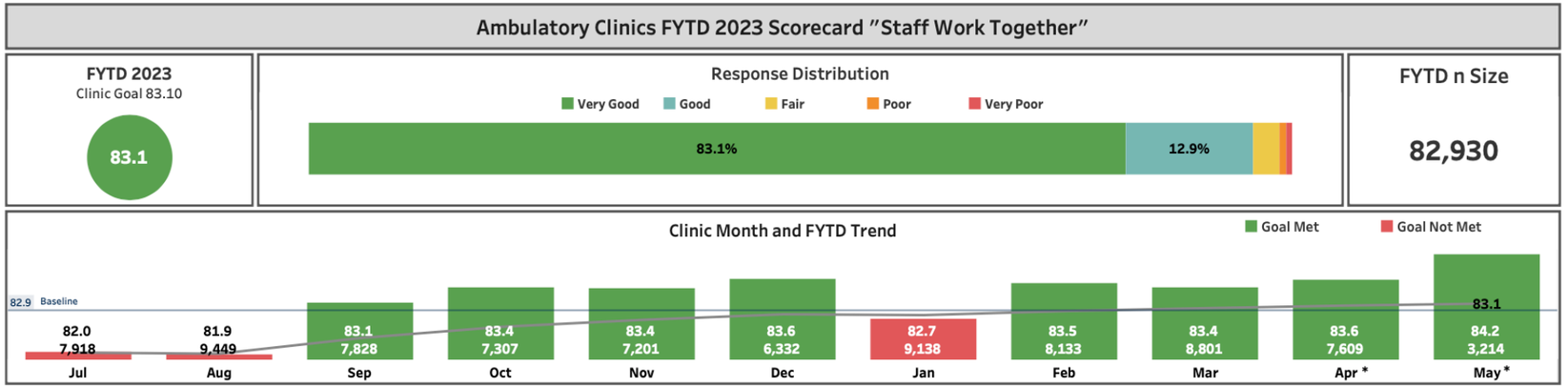
| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| Domain 1 Experience | 1.2 | Staff Worked Together – Ambulatory Clinics | 82.94% | 83.10% | 83.10 | |

Data source: Press Ganey

Baseline Time Period: Jul-21 to Mar-22

Improvement Time Period: Jul-22 to Jun-22 (or earliest available when reporting due)

**Goal Recommendation:** Achieve 50th %ile = 83.10%



# 1.3 Staff Worked Together - Hospital (IP Adult, IP Pediatrics, Ambulatory Surgery)

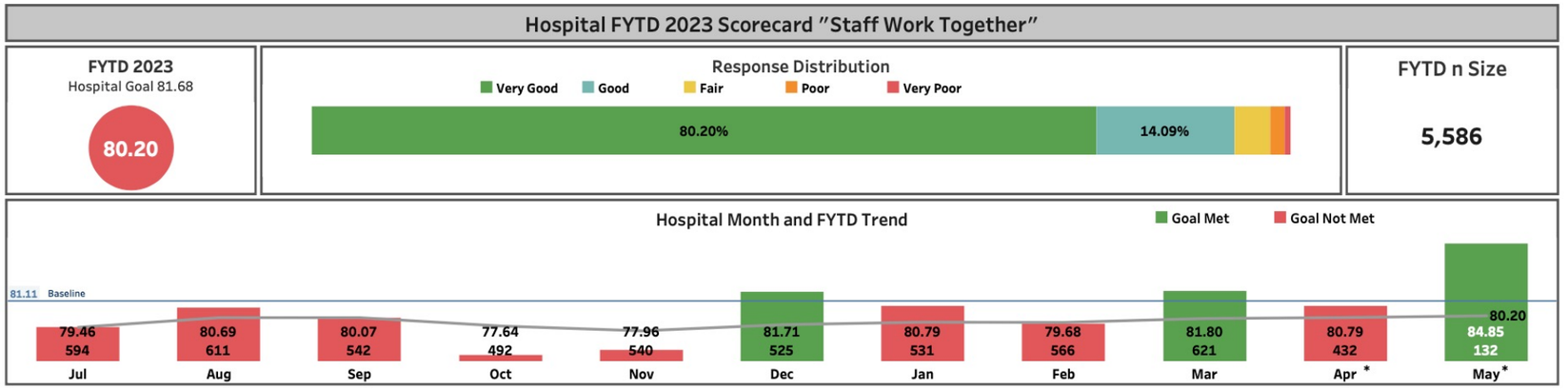
| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 1 Experience | 1.3 Staff Worked Together – Hospital | 81.11% | 81.68% | 80.20 | |

Data source: Press Ganey

Baseline Time Period: Jul-21 to Mar-22

Improvement Time Period: Jul-22 to Jun-22 (or earliest available when reporting due)

**Goal Recommendation:** +.57



# 1.4 Star Rating – Ambulatory Practice Survey

| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 1 Experience | 1.4 Star Rating – Ambulatory Practice Survey | 3rd Qtile = 164<br>4th Qtile = 161 | 16 providers (5%) move up one quartile from 3rd or 4th | 164 | |

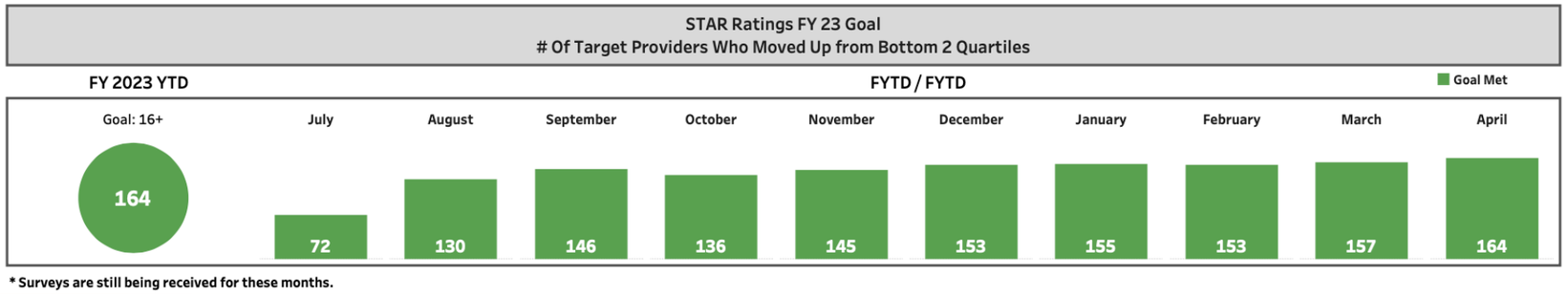
**Questions averaged for computing Star Rating – Pulls from Medical Practice Survey**

- Explanations the care provider gave you about problem or condition
- Care provider's efforts to include you in decisions about your care
- Care provider's discussion of any proposed treatment (options, risks, benefits, etc)
- Concern care provider showed for questions or worries
- Likelihood of recommending care provider to others

**Baseline: 164/161 Providers in Bottom Two Quartiles Respectively, N =/> 10:**

**Target:**

- Move the number of providers in the Bottom Two Quartiles up one quartile respectively, 5% cumulatively (16 providers)

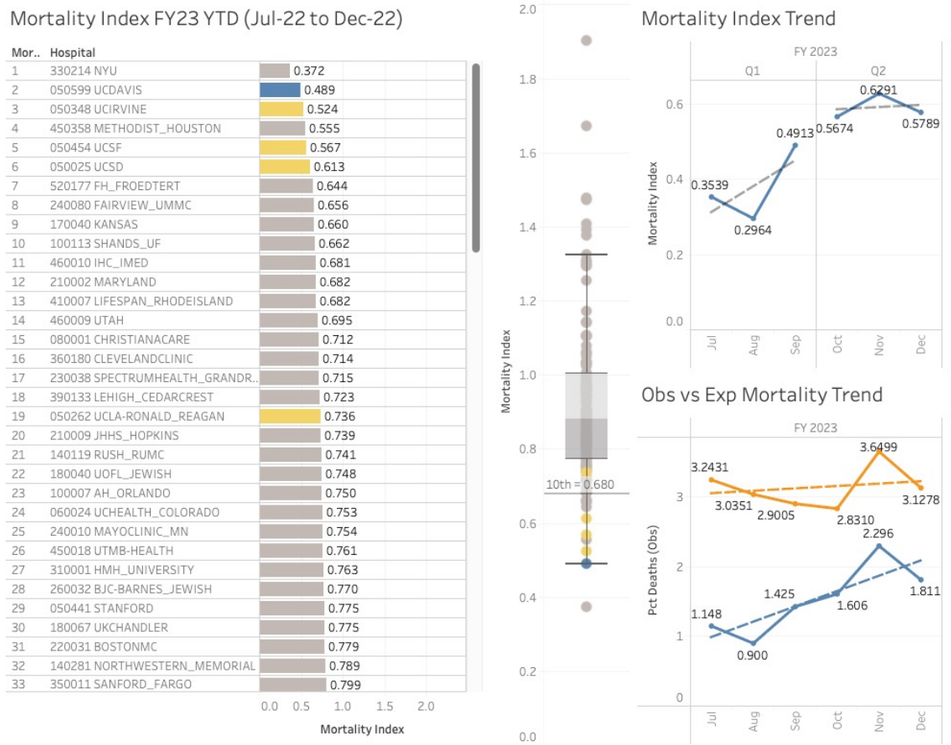



* Surveys are still being received for these months.

# 2.1 Patient Mortality – reduce adult inpatient mortality index (Vizient)

| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 2 Q&S | 2.1 Patient Mortality (Vizient Mortality Index O:E) | 0.67 | Maintain Vizient Top 10th Percentile | 0.50 | |

- The 13 AMC & LSMC Cohort Mortality Service Lines are: Cardiology; Cardiothoracic surgery (includes cardiac surgery and thoracic surgery); Gastroenterology; Medicine, general (excludes gastroenterology, includes HIV); Surgery, general; Oncology; Neurology
- The mortality domain service lines reflect the most currently available definitional changes for service lines and creation of subservice lines. Continuing for 2022 Q&A ranking, gastroenterology is evaluated as a separate service line and those discharges were excluded from the general medicine service line.
- The observed-to-expected (O/E) mortality ratios for these service lines was determined and weighted equally in calculating the service line score. All mortality calculations for Comprehensive Academic Medical Center and Large Specialized Complex Care Medical Center cohorts use the Vizient 2021 Academic Medical Center risk-adjustment models. The Complex Care (CCMC) & Community cohort uses the 2021 community risk model. Both risk models were made available within the CDB in the fall of 2021. Vizient's risk models are based on combinations of Medicare severity diagnosis-related group (MS-DRG), age ranges, and select diagnosis and/or procedure codes. For details regarding Vizient's risk adjustment methodology and resources Vizient risk methodology references



# 2.2 Transitions of Care: expedite follow up for high-risk inpatients being discharged

| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| Domain 2 Q&S | 2.2 | Expedite follow-up for high-risk inpatients being DC'd | 36.16% | 37.44% | 43.7% | |

**Description:** Follow up in the ambulatory setting within 7 days is recommended as best practice for inpatients with high-risk conditions being discharged from hospital. Follow up should be coordinated with patient / family and the appointment set before discharge. High-risk conditions for readmission include pneumonia, UTI, COPD, CHF, and subsets of patients with diabetes.

July – Dec21 (last data available published 4/11/2022), our baseline for UCDH inpatient discharges with follow up within 7 days was 36.16% (115/318). The median in Vizient for this measure is 29.65%, and the 75$^{th}$ percentile performance is 38.71%. We propose to increase timely follow up for high-risk discharges by proactive recognition of these patients, and a coordinated effort to expedite follow up involving the primary team, navigators, coordinated call center, and our ambulatory clinics.

**Measured by: Vizient CDB and Ambulatory Q/S scorecard, measure capturing 7 day follow up for high-risk inpatient discharges.**

**Target:** Increase from baseline 36.16% to 37.44% (50% gap closure to 75$^{th}$ percentile)

# 2.3 Population Health – Advanced care planning

| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 2 Q&S | 2.3 Population Health – Advanced care planning | 4.00% | 6.00% | 50.8% | |

**Description:** This measure focuses on the change of physician behavior to review ACP with patients and document ACP as measured in healthy planet. This metric calculates the percentage of patients who are on the Population Health Registry and are +65, who have their ACP completed. This is defined by the Primary Care First definition using a 12 month rolling look back period.

**Measured by:** Healthy Planet (HP) Metric – Advanced Care Planning

**Target:** increase from 4% to 6%; Improve compliance of discussing with patients and documenting advanced care planning as measured in HP.

# 2.4 Population Health – Depression screening and follow up

| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| Domain 2 Q&S | 2.4 | Population Health – Depression screening and follow up | 65.00% | 67.00% | 72.7% | |

**Description:** This metric calculates the percentage of patients 18 years of age and older who had a depression screening within the last 1 year and if positive, a follow-up plan was documented.

**Measured by:** Healthy Planet Metric – Depression Screening and Follow-up – Pop Health

**Target:** Improve the average to 67% for all primary care patients across the clinics.

# 3.1 Patient Access – eConsult

| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 3 Access & Capacity | 3.1 Patient Access – eConsult | 2,520 | 2,772 | 3,305 | |

**Description:** Increase the volume of e-consults from primary care providers to engage specialists for better turnaround for providing timely assessment of care to improve patient care.

**Measured by:** Tableau Dashboard – Order type of E-consults ordered by primary care depts. Used Jan-Apr 2022 data and annualized for baseline.

**Target:** Improve by 10% from baseline. Utilization of e-consults will improve patient care.

# 3.2 Patient Access – FastPass

| Domain | Measure | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|
| Domain 3 Access & Capacity | 3.2 Patient Access – FastPass | 2,544 | 3,053 | 4,515 | |

**Description:** To alleviate long lags for new patients, ramp up and implement the use of fast pass for better patient experience, more timely patient care, and improve provider utilization.

**Measured by:** IT dept – Fast Pass Business Objects report that reports the number of accepted patient appointments via Fast Pass. Baseline was determined by annualizing Jan-Apr 2022 accepted offers by specialty depts.

**Target:** Improve from baseline by 20%.

# 3.3 Patient Capacity – Improve the inpatient discharge process

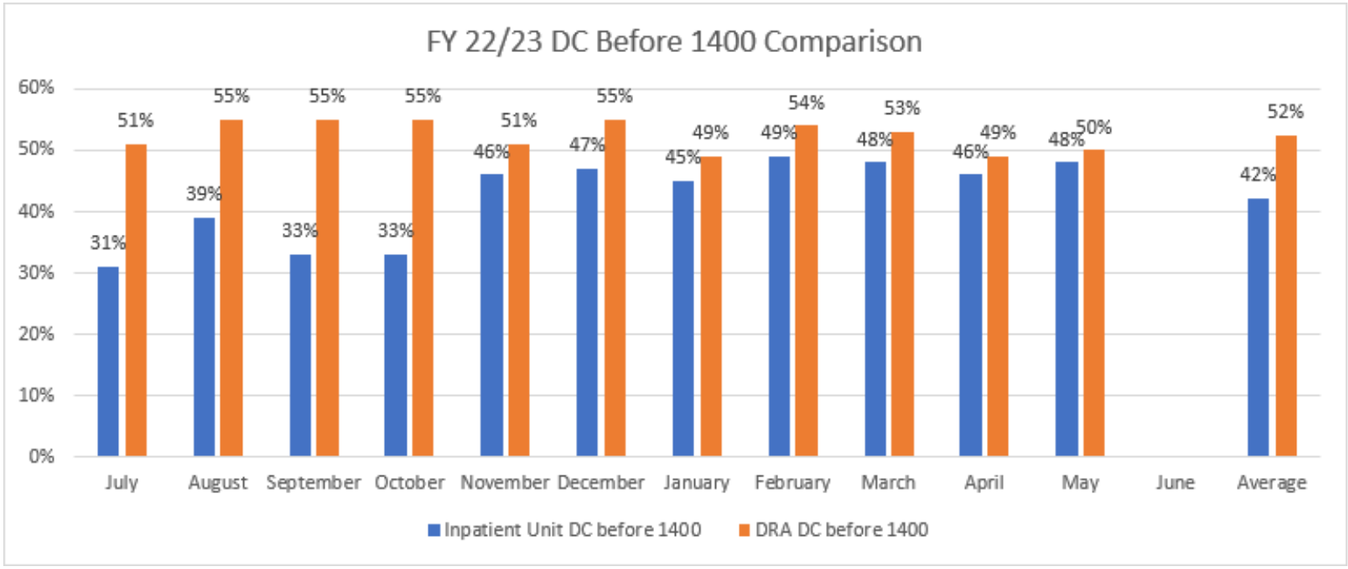
| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| Domain 3 Access & Capacity | 3.3 | Improve the discharge by 2pm rate for patients in the Discharge Reception Area | 34.70% | 36.44% | 52% | |

**Measure 3.3:** Improve discharge by 2pm rate for patients in the discharge reception area 5% better than the FY22 Overall DC by 2pm baseline.

**Measured by:** Discharge by 2pm Dashboard (Tableau).

**Baseline:** Overall Inpatient Rate = 34.70%

**Target:** DRA Rate >= 36.44%



# 3.4 Patient Capacity – Improve the inpatient discharge process

| Domain | Measure | | Measure Baseline | Measure Target | FY23 Measure Result | Measure Performance |
|---|---|---|---|---|---|---|
| Domain 3 Access & Capacity | 3.4 | Improve discharge reception area eligibility completion rate by nursing | 65.5% | 66.6% | 80.28% | |

**Measure 3.4:** Improve discharge reception area eligibility completion rate by nursing

**Description:** DRA eligibility completion for Med/Surg, T3 & Home Dispositions

**Measured by:** Epic reporting.

**Baseline:** 65.5%

**Target:** 66.5%