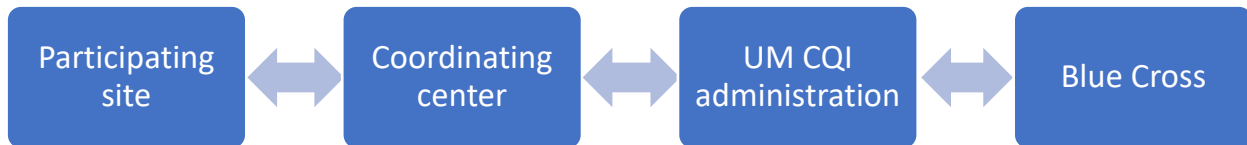


CQI COVID-19 Activities Frequently Asked Questions

The information in this document is intended to keep the CQI community informed of changes to CQI activities in response to the COVID-19 pandemic. The Blue Cross team will use this document to capture questions and concerns and communicate our responses. As such, this document should be considered the official Blue Cross position on these questions and will supersede any information that is shared via other means, such as CQI touchpoint meetings, phone calls, emails, etc.

To ensure all coordinating centers receive the same information at the same time, we ask that everyone use the following process for communicating questions and updates during this time:

- Participating sites communicate with their respective coordinating center
- Coordinating centers (Michigan Medicine and Henry Ford Health System) communicate with UM CQI Administration
 - In some situations, coordinating centers are asked to notify *both* the UM CQI Administration team as well as the Blue Cross team. These situations are specifically noted below.
- UM CQI Administration communicates with Blue Cross



The Blue Cross team will work with the UM CQI Administration team to update this FAQ document as needed. The UM CQI Administration team will then notify coordinating centers (Michigan Medicine and Henry Ford Health System) when updates have been made. The notification from the UM CQI Administration team will clearly specify what has changed so there is no need to search the entire document each time an update is made.

1. Reassignment of data abstractors and other critical staff

BCBSM understands **participating sites**¹ may need to shift staff resources to manage a looming surge of COVID-19 cases. We ask that CQI coordinating centers be lenient with data abstraction expectations and other requirements during this crisis to enable participating sites to divert their resources to essential health care services, if that is what the individual site needs to do. Blue Cross will not penalize participating hospitals with lower P4P scores due to data abstractor reassignment during this period. Also, Blue Cross will not reduce data abstraction funding for lags caused by this crisis (see Communication to CQI dated March 17, 2020).

¹ Note that “participating hospitals” has been changed to “participating sites” throughout this document to address professional practices.

1a. How long will the ability to approve reassignment of CQI resources be in effect?

The period of leniency is set to extend through April 30th. Blue Cross will reassess whether further extensions are needed well in advance of April 30th and notify the UM CQI Administration team accordingly. The UM CQI Administration team will then notify the coordinating centers.

1b. What type of CQI resources are eligible for this extension?

This exception applies to any CQI staff or resources the site deems critical for purposes of addressing the COVID-19 pandemic.

1c. Can the coordinating center approve a reassignment, or does it have to be approved by Blue Cross?

Each coordinating center will approve reassignments as needed. However, coordinating centers should obtain from the site a short attestation identifying who is being reassigned and for what time period.

Blue Cross is aware sites may reassign resources prior to notifying the coordinating center. In these situations, once the coordinating center becomes aware of the reassignment it should obtain the information as soon as feasible.

1d. Who from the site needs to sign the attestation form?

In most cases the attestation should be signed by the site's CQI champion or whomever has made the determination a reassignment is necessary. However, this may vary by site, so coordinating centers may accept attestations from whomever they feel is appropriate.

1e. Does the attestation need to be physically signed and sent to the coordinating center?

No. The coordinating center can accept an email attestation so long as it includes the relevant information (abstractor's name, reassignment time-period, requester's name).

1f. What does the coordinating center do with the attestation? Does it need to send it to Blue Cross?

The coordinating center should keep the attestation in its records for tracking and documentation purposes. It does not need to send a copy to Blue Cross.

1g. Does the reassignment attestation cover ALL abstractor activities (for example required calls, meeting or webinar attendance, and QI log submissions)?

Unless otherwise noted the attestation should be interpreted to cover all abstractor activities. However, if the coordinating center wishes other abstractor activities to continue, it should clearly communicate and document these expectations with the site requesting the reassignment.

1h. Does the CQI coordinating center need to inform Blue Cross when an exception is made?

The coordinating center does not need to inform Blue Cross when exceptions are made while in the midst of this pandemic. However, the coordinating center should track the reassignment of resources so it can report the information to Blue Cross and determine what adjustments to data abstraction requirements are appropriate once the pandemic has ended.

1i. Can one “blanket” attestation be submitted for an entire health system?

No. The coordinating center should obtain an attestation for each abstractor who is reassigned. The attestation is very brief to ensure this requirement does not create a burden.

1j. Can a participating site notify the coordinating center “after the fact” if it has reassigned a CQI resource to address the COVID-19 crisis?

The site should notify the coordinating center and submit an attestation *prior* to reassigning a resource. But this may not always be feasible during the midst of a crisis. In such situations, the coordinating center should allow sites flexibility in the process. However, the coordinating center should ensure it eventually receives an attestation for all reassigned resources, even if they are delayed.

1k. Will sites be expected to “make up” the data collection gaps that result from a reassignment?

Once the pandemic has passed, Blue Cross will work with each coordinating center to determine what adjustments to the data collection requirements are necessary to ensure a site is not penalized if it needed to reassign resources due to the COVID-19 pandemic.

Regardless of what adjustments are made, all data abstracted for the registry should continue to meet all applicable data quality standards. Blue Cross will work with the coordinating centers to make sure all adjustments are equitable across CQIs.

1l. Can coordinating centers ask sites to abstract data for this period, but collect fewer data elements?

Yes. If the coordinating center determines it is best to obtain case data for this period, but with a more limited number of data elements, it may choose to do so. Once the pandemic has passed, Blue Cross will work with each coordinating center to determine what adjustments to the data collection requirements are necessary.

1m. What if either Michigan Medicine or Henry Ford Health System reassigns CQI coordinating center staff to COVID-19 related duties?

If CQI staff are called to perform critical COVID-19 related duties, they should advise the UM CQI Administration team, who will in turn notify Blue Cross. Once the COVID-19 crisis has passed, Blue Cross will work with the impacted coordinating center to determine whether adjustments to SOW deliverables or other expectations are needed. Adjustments approved by Blue Cross will not result in changes to coordinating center payments.

1n. Our coordinating center activities have significantly slowed or been delayed because of the COVID-19 pandemic. What are Blue Cross expectations for coordinating centers in this situation?

Coordinating centers experiencing slowed activity are encouraged to discuss opportunities with their CQI lead. For example, some may have potential to expand their CQI's data analysis, while others may be able to assist other coordinating centers that are struggling to meet their workload during the crisis.

1o. CQI activities at some participating sites have significantly slowed or been rescheduled because of the COVID-19 pandemic. How should these sites be advised to use their CQI data abstractors if they are not reassigned to help address COVID-related needs?

Blue Cross recognizes hospitals will have different needs during this time, and these needs will change as the pandemic progresses. However, they should be strongly encouraged to temporarily reassign available abstractors to collect data for the MI-COVID-19 registry. Sites should contact Elizabeth McLaughlin (emcnair@med.umich.edu) for more information.

If the abstractor cannot be reassigned to the MI-COVID-19 registry, the hospital should use the abstractor as it sees fit. However, once the COVID-19 crisis has passed, the site will be expected to have all abstractors back in place immediately to resume data abstraction for their CQIs. Therefore, the site should be clearly advised that all Blue Cross funded abstractors should retain their positions throughout the duration of this crisis.

Regardless of how a site reassigns an abstractor, it should submit a reassignment attestation to the coordinating center.

2. Changes to CQI Measures and Other Expectations

2a. How will the reassignment of CQI resources impact a participating site's Pay-for-Performance or VBR scores?

Blue Cross does not want to penalize sites or physician organizations who need to reassign resources to address COVID-19 needs. Therefore, once the crisis has passed, the Blue Cross CQI team will work with each coordinating center to determine what measurement modifications are needed.

2b. Can a coordinating center make immediate changes to its measurements to address issues related to the COVID-19 pandemic?

If a coordinating center feels an immediate adjustment is necessary, it should notify the CQI Administration team and Blue Cross regarding its intention. Such changes should be limited to time critical needs, such as modifying a measure to allow telehealth visits for 7-day follow up appointments. This may include data abstraction expectations, meeting attendance and measure performance.

- Please note: In this situation the coordinating center should send the notification to *both* their Blue Cross CQI lead and the UM CQI Administration team.

2c. How should data audits be handled during the period CQI resources are reassigned?

The coordinating center may, at its discretion, postpone data audits or perform them remotely during the reassignment period. The coordinating center will be responsible for rescheduling the data audits

once the relevant CQI resources are back in place. Blue Cross will work with the coordinating centers to make sure all adjustments are equitable across CQIs.

2d. What if a CQI site asks to suspend its CQI-related quality improvement activities?

Coordinating centers should use their discretion when adjusting quality improvement expectations. The coordinating center should notify the UM CQI Administration team and Blue Cross if such adjustments will be made. Blue Cross will work with the coordinating centers to make sure all adjustments are equitable across CQIs.

- Please note: In this situation the coordinating center should send the notification to *both* their Blue Cross CQI lead and the UM CQI Administration team.

2e. Can modifications be made to the data quality standards during this period?

No. All data abstracted for the registry is still expected to meet data quality standards for completeness and accuracy. If sites cannot meet data quality expectations due COVID-19 resources strains, they should communicate this with their respective coordinating center. Cases that do not meet minimum data quality standards should not be entered in the registry. However, as noted above, the coordinating center may choose to allow sites to collect fewer data elements per case during this period.

2f. Can the CQI platform be used to address other COVID-19 needs?

Yes. Blue Cross encourages coordinating centers to consider how the CQI infrastructure can be used to respond to COVID-19 needs, such as communicating best practices with providers, coordinating resources, etc.

Abstractors from other CQI's idle due to limited surgeries or other procedures, and that have not been reassigned, can collect data on COVID-19 patients temporarily during this crisis working with HMS. This would bring together all the BCBSM CQI's to help our fellow colleagues understand this virus and help to care for these patients.

3. CQI meetings

3a. Should CQI consortium meetings be cancelled or just changed to a webinar format?

Each coordinating center will need to assess their agenda, as well as the demands on attendees, to determine whether to cancel meetings outright or hold them via webinar. Prior to making a final decision the coordinating center should first notify the UM CQI Administration team and Blue Cross.

- Please note: In this situation the coordinating center should send the notification to *both* their Blue Cross CQI lead and the UM CQI Administration team.

3b. How should cancelled meetings, or meetings held via webinar, be scored for P4P purposes?

CQI measures regarding meeting attendance should be adjusted appropriately to reflect cancelled meetings. Coordinating centers should continue to require and track attendance for meetings held via webinar.

3c. Do cancelled CQI meetings need to be rescheduled?

The coordinating center should determine whether a meeting should be rescheduled based on factors such as critical agenda items, time period until next meeting, venue and participant availability, etc. Prior to making a final decision the coordinating center should first notify the UM CQI Administration team and Blue Cross.

- Please note: In this situation the coordinating center should send the notification to *both* their Blue Cross CQI lead and the UM CQI Administration team.

3d. How should coordinating centers handle non-refundable meeting expenses?

The coordinating center should make every effort to secure a full refund. However, non-refundable expenses should be accounted for in the same manner as all meeting expenses.

3e. What are the expectations regarding other CQI meetings, such as advisory committee meetings, regional participant meetings, and data abstractor trainings?

All other CQI meeting decisions should be made using the same criteria noted above.