



ER is for Emergencies Medicaid Quality Initiative(MQI) Training Webinar

- **Collective**
- **Washington State Hospital Association**
- **July 9, 2020**



Welcome & Introductions

Collective
Washington State Hospital Association

Introductions-Collective

- **Janel Grimmett**
- Director of Product Operations

- **Rachel Leiber**
- General Manager, PNW



Introductions-WSHA



- **Matt Shevrin**
- Senior Data Analyst

- **Tina Seery**
- Senior Director Safety & Quality

Today's Discussion

- Review ER is for Emergencies Initiative
- Discuss the WA State Collective Platform and MQI Patient Cohort List
- Example the Data Reporting
- Engage with audience to share frequently asked questions
- Support members with Q & A Session

ER is for Emergencies Initiative

- In Washington State, as in other states, patients may visit the hospital emergency department (ED) for conditions that could be effectively treated in an alternative, less costly setting.
- Third Engrossed Substitute House Bill 2127 set forth seven best practices aimed at reducing unnecessary emergency department use by Medicaid clients.
- Percent of Patients with Five or More visits to the Emergency Room to the same facility with a Care Guideline (adult acute and pediatric hospitals with emergency rooms only).

ER is for Emergencies: Seven Best Practices

1. Track emergency department visits to reduce “ED shopping”.
2. Implement patient education efforts to re-direct care to the most appropriate setting.
3. Institute an extensive case management program to reduce inappropriate emergency department utilization by frequent users.
4. Reduce inappropriate ED visits by collaborative use of prompt (72 hour) visits to primary care physicians and improving access to care.
5. Implement narcotic guidelines.
6. Track data on patients prescribed controlled substances by widespread participation in the state’s Prescription Monitoring Program (PMP).
7. Track progress of the plan to make sure steps are working.

Medicaid Quality Incentive Program (Washington State)

Hospitals in Washington State have the opportunity to earn a one percent incentive payment under the Medicaid Quality Incentive Program. The payments is funded in part from the hospital's contribution to the Safety Net Assessment and federal matching dollars.

'ER is for Emergencies' Medicaid Quality Incentive (MQI)

Collective (EDie) Training

July 9, 2020

Washington State Hospitals

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Collective Medical – Who's Voice am I Hearing?



Janel Grimmatt
Manager of Product Operations

Agenda

ER is for Emergencies - Overview

Collective Medical (aka EDie)

'Quality Measure Population' Group

QMI – Denominator, Numerator, and Percentage

Collective (EDie) Workflow

Questions

ER is for Emergencies (Medicaid Quality Incentive)

While there are multiple measures contained within the Medicaid Quality Incentive, Collective Medical (EDie) assists specifically with the 'ER is for Emergencies' measure.

- **ER is for Emergencies (overview)** – Patients may visit the hospital Emergency Department (ED) for conditions that could be effectively treated in an alternative, less costly setting. This measure focuses on patients with increased ED utilization and encourages providers to share information regarding the coordination of their care.
- **Best Practices** – Third Engrossed Substitute House Bill 2127 set forth seven best practices aimed at reducing unnecessary ED use. Best practices include the adoption of a system to exchange patient information electronically among Emergency Departments.
 - The Emergency Department Information Exchange (EDie) provided by Collective Medical, assists hospitals in Washington State by surfacing patients who are experiencing higher levels of ED utilization at their facility and provides a way for care team members to create patient 'care insights' that are shared across all Emergency Departments.
- **Applies to Adult and Pediatric Acute Care Hospitals w/ an ED** – this measure is used in the quality incentive only applies to hospitals with an Emergency Room, serving either adult or pediatric patient populations.

Who is Collective Medical?

- Collective Medical is the company that supplies the Emergency Department Information Exchange (EDie) to hospitals within Washington, as well as throughout the United States.
- Emergency Departments currently receive ‘Collective Notifications’ (formerly known as EDIE Alerts) when patients present at the ED and meet a criteria of interest.
 - 5+ ED Visits in 12 months
 - 3+ ED Locations in 90 Days
 - Patients with Care Insights
- Collective Medical also provides a portal application where users can login to see additional information related to patients and their recent activity at hospitals on the Collective network.

COLLECTIVE NOTIFICATION 1/31/2019 12:53 Walters, Noel MRN: 34340371

Criteria Met

- 5+ ED Visits in 12 Months
- Security and Safety
- Care Guidelines
- Prescription Drug Report

Security and Safety

Date	Location	Type	Specifics	Security Events (18 Mo.)	Count
5/5/18 1:51 AM	County Community Hospital	Physical	<ul style="list-style-type: none"> • Patient physically assaulted a care provider, staff or patient. • Details: Assaulted a physician, hit, slapped, and bit. Combative when she doesn't get her way. 	Physical	1
				Total	1



Email Address

Password

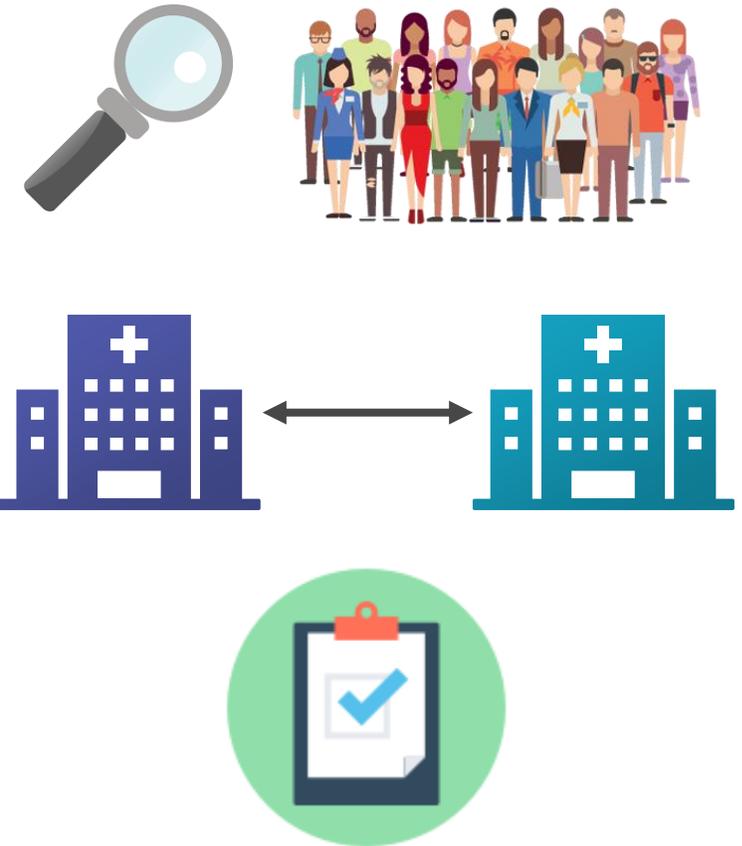
[Forgot password?](#)

Sign In

How does Collective Medical help?

Collective Medical assists with the ER is for Emergencies measure in three main ways:

- 1.) Identifies and surfaces a subset of patients who are experiencing frequent ED visits at your individual hospital.
- 2.) Provides a feature within the Collective portal called 'care insights' (care guidelines + care histories) where hospital staff can add relevant information about a patient that is then shared across all Emergency Departments.
- 3.) Reports directly to WSHA all quality measure metrics involving the ER is for Emergencies identified denominator, numerator, and measure percentage.



Collective Medical (EDie) Portal

To access the feature that supports the ER is for Emergencies quality measure, log into the Collective Portal (EDie)

- Login to an existing user account via your username (traditionally email) and password
 - URL to access the application is www.secure.collectivemedical.com
 - If your organization participates in single sign on (SSO) you may use your existing credentials, and you may also have a unique URL to access the Collective Portal (ex: www.prov.collectivemedical.com)
 - Note: you must still have a user account within the Collective Portal (EDie) to use SSO
 - Issues logging in or need a user account? Reach out to the Collective Support Team via email or phone.
 - Authorization from an Account Manager is required to create new accounts, reset passwords, or reactivate dormant accounts.



Collective Support Team
support@collectivemedical.com
801-285-0770

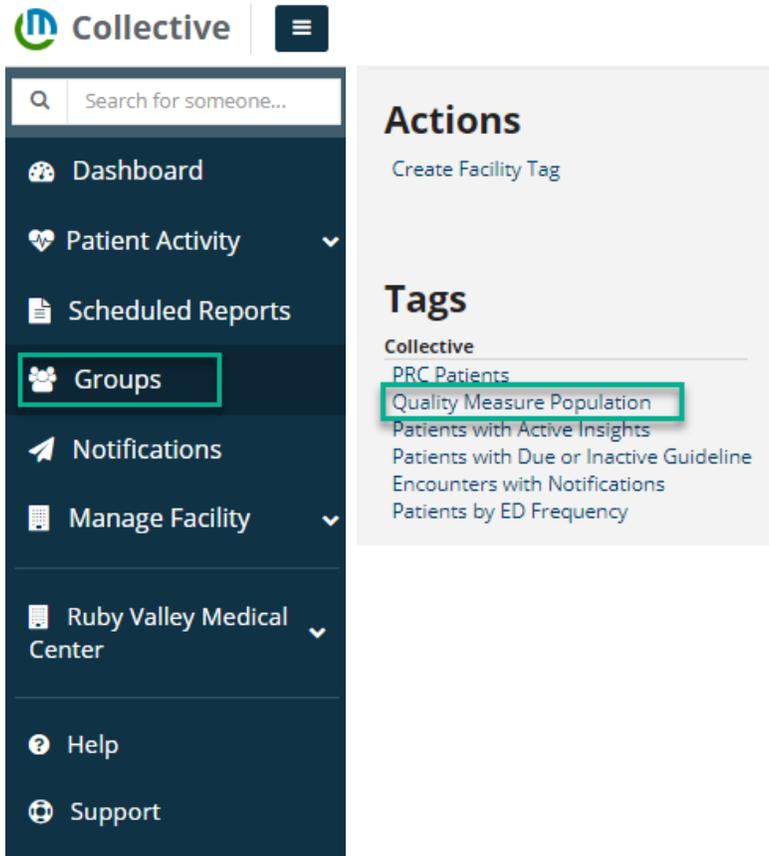


The screenshot shows the login interface for the Collective Medical portal. At the top right is a "Contact Us" button. The logo "collectivemedical" is displayed. Below it are two input fields: "Email Address" and "Password". A "Forgot password?" link is located below the password field. At the bottom is a large blue "Sign In" button.

Collective Medical (EDie) Portal

Access quality measure information related to your individual hospital.

- Select 'Groups' on the Navigation Bar (left hand side of the page)
- Select 'Quality Measure Population' under the 'Tags' section
- This will populate a patient list for your specific hospital.



The screenshot shows the left-hand navigation bar with the following items: Dashboard, Patient Activity, Scheduled Reports, **Groups** (highlighted with a red box), Notifications, Manage Facility, Ruby Valley Medical Center, Help, and Support. To the right, the 'Actions' section contains 'Create Facility Tag'. The 'Tags' section, under the 'Collective' header, contains 'PRC Patients' and 'Quality Measure Population' (highlighted with a red box), along with other tags like 'Patients with Active Insights' and 'Patients with Due or Inactive Guideline Encounters with Notifications Patients by ED Frequency'.

Note: all screen shots are from our DEMO site

Quality Measure Population
 Qualified Denominator: 147
 Qualified Numerator: Guidelines/Care Histories: 0
 Measure: 0.00%

Filter:

Excel PDF

Name	Insight Status	Insight Last Edited	Fac. Enc. 1yr	Qualified Guidelines/Care Histories	Facility Guidelines	Care Guidelines	Last Facility Encounter
MILES, CALVIN N	Inactive	01/07/2013	5	No	Yes	Yes - 3	07/02/2019
Collett, Sidney C Stuart	Inactive	12/28/2015	4	No	Yes	Yes - 2	09/19/2019
JORDAN, JUANITA D	Inactive	01/30/2013	4	No	Yes	Yes - 2	11/16/2019
JOLLY, CAROLE C	Inactive	04/05/2016	5	No	Yes	Yes - 2	09/15/2019
SLATER, STEFANIE J			5	No	No	Yes - 1	07/09/2019
REEVES, KASEY S			11	No	No	Yes - 1	10/04/2019
PINA, LUPE M			6	No	No	Yes - 1	11/13/2019
Laroche, Juliette Marie			19	No	No	Yes - 1	12/14/2019
DUNBAR, EUGENIO Y			9	No	No	Yes - 1	11/26/2019
Abelson, Samuel	Inactive	12/28/2015	6	No	Yes	Yes - 1	09/15/2019
KHAN, KRISTIE M			3	No	No	Yes - 1	08/05/2019
Keane, Daniel	Inactive	04/08/2016	2	No	Yes	Yes - 1	09/16/2019
HOBSON, ELEANOR S	Inactive	12/28/2015	4	No	Yes	Yes - 1	09/12/2019
Duran y More, Asuncion			5	No	No	Yes - 1	07/08/2019
SHEAL, ANDY I			6	No	No	Yes - 1	12/02/2019
PARHAM, THADDEUS K	Inactive	12/28/2015	8	No	Yes	Yes - 1	12/15/2019
HODGE, JACQUELYN Z	Inactive	02/19/2016	10	No	Yes	Yes - 1	12/15/2019
Hämäläinen, Anna			8	No	No	Yes - 1	11/07/2019
HAGAN, IRA F			7	No	No	Yes - 1	11/14/2019
FLORES, OSVALDO D			8	No	No	Yes - 1	12/15/2019
Corbett, Irene Colvin			14	No	No	Yes - 1	11/29/2019
CANO, ADAN K			6	No	No	Yes - 1	07/23/2019
Thorne, Gertrude Maybelle			8	No	No	Yes - 1	12/06/2019
PEARCE, LINCOLN E			4	No	No	No	10/22/2019
Nolin, Jack			5	No	No	No	11/05/2019

Show 25 entries
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Quality Measure Population

- The 'Quality Measure Population' group provides a list of all patients for your specific hospital that have met the criteria to qualify for the 'denominator' of the ER is for Emergencies measure.
 - Once the patient also qualifies in the 'numerator' they are removed from this list
- Columns included on this list can be adjusted by each individual users to include up to 7 additional columns of information related to the identified patient (gear icon, upper right corner).
- At the top of the group there is a header that contains the current total for the quality measure Denominator and Numerator, as well as the current measure percentage.
- The Quality Measure Population is updated regularly on a frequent interval. However it may take between 6-24 hours for patients to appear in the denominator or be removed to the numerator.
- Patients will only be 'counted' once in the denominator and numerator during the evaluation period, even if they have multiple ED visits that qualify for the denominator (de-duplication logic).

Quality Measure Population – Collective Group

Quality Measure Population
 Qualified Denominator: 147
 Qualified Numerator Guidelines/Care Histories: 0
 Measure: 0.00%

Columns displayed are based on individual users and can be modified!

Filter

[Excel](#) [PDF](#)

Name	Insight Status	Insight Last Edited	Fac. Enc. 1yr	Qualified Guidelines/Care Histories	Facility Guidelines	Care Guidelines	Last Facility Encounter
MILES, CALVIN N	Inactive	01/07/2013	5	No	Yes	Yes - 3	07/02/2019
Collett, Sidney C Stuart	Inactive	12/28/2015	4	No	Yes	Yes - 2	09/19/2019
JORDAN, JUANITA D	Inactive	01/30/2013	4	No	Yes	Yes - 2	11/16/2019
JOLLY, CAROLE C	Inactive	04/05/2016	5	No	Yes	Yes - 2	09/15/2019
SLATER, STEFANIE J			5	No	No	Yes - 1	07/09/2019
REEVES, KASEY S			11	No	No	Yes - 1	10/04/2019
PINA, LUPE M			6	No	No	Yes - 1	11/13/2019
Laroche, Juliette Marie			19	No	No	Yes - 1	12/14/2019
DUNBAR, EUGENIO Y			9	No	No	Yes - 1	11/26/2019
Abelson, Samuel	Inactive	12/28/2015	6	No	Yes	Yes - 1	09/15/2019
KHAN, KRISTIE M			3	No	No	Yes - 1	08/05/2019
Keane, Daniel	Inactive	04/08/2016	2	No	Yes	Yes - 1	09/16/2019
HOBSON, ELEANOR S	Inactive	12/28/2015	4	No	Yes	Yes - 1	09/12/2019
Duran y More, Asuncion			5	No	No	Yes - 1	07/08/2019
SHEA, ANDY I			6	No	No	Yes - 1	12/02/2019
PARHAM, THADDEUS K	Inactive	12/28/2015	8	No	Yes	Yes - 1	12/15/2019
HODGE, JACQUELYN Z	Inactive	02/19/2016	10	No	Yes	Yes - 1	12/15/2019
Hamalainen, Anna			8	No	No	Yes - 1	11/07/2019
HAGAN, IRA F			7	No	No	Yes - 1	11/14/2019
FLORES, OSVALDO D			8	No	No	Yes - 1	12/15/2019
Corbett, Irene Colvin			14	No	No	Yes - 1	11/29/2019
CANO, ADAN K			6	No	No	Yes - 1	07/23/2019
Thorne, Gertrude Maybelle			8	No	No	Yes - 1	12/06/2019
PEARCE, LINCOLN E			4	No	No	No	10/22/2019
Nolin, Jack			5	No	No	No	11/05/2019

Show entries

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Always load this tag first

[Configure Tag Columns](#)

CONFIGURE COLUMNS

To configure the columns you'd like to view for this tag, select a desired column from **Potential Columns** and drag the selected to **Current Columns**.

You may arrange the order of the columns by dragging and dropping your selections into the desired order.

Once you've configured your columns, click **Save**.

Potential Columns

- MRN
- City
- All Enc. 1yr
- Last ED Visited
- Last ED Encounter
- DOB
- Insurance
- Most Frequent Facility
- Gender
- Phone
- Patient URL
- Care Team
- Groups - My Facility
- Group Columns - My Facility
- Groups - Shared
- Group Columns - Shared

Current Columns

- Name
- Insight Status
- Insight Last Edited
- Fac. Enc. 1yr
- Qualified Guidelines/Care Histories
- Facility Guidelines
- Care Guidelines
- Last Facility Encounter

Quality Measure Population – Denominator Logic

To qualify to be included in the Denominator population a patient must meet the following criteria:

1. The patient has an ED visit at your facility between 7/1/20 – 12/31/20
 - The patient is 'Discharged to Home' and is not admitted into the hospital (Inpatient)
2. The patient has 4+ additional ED visits at your facility within 12 months of the admit date/time of current visit
 - ED visits counted must also result in a 'Discharge to Home' disposition and not an Inpatient admission
3. The patient does NOT have an active Care Insight from any facility on the Collective Network
 - Active is defined by created or updated (edited) in the last 18 months
 - Care Insight is defined by either a care guideline or care history on the Collective patient overview page.

Quality Measure Population – Denominator Logic

Current ED Visit	ED Visits – past 12 months	Care Insights	Summary
			Total ED: 5 ED at THIS Facility: 2 Care Insight: NO
			Total ED: 6 ED at THIS Facility: 5 Care Insight: Not Active
			Total ED: 10 ED at THIS Facility: 5 Care Insight: NO
			Total ED: 6 ED at THIS Facility: 5 Care Insight: YES (active)

Quality Measure Population – Numerator Logic

To qualify to be included in the Numerator population a patient must meet the following criteria:

1. The patient must first be included in the denominator for that facility
2. A Collective 'user' navigates to the individual patient overview page for that patient and enters or updates a Care Insight at the facility where the patient qualified for the denominator (note: the user will need to have the proper permissions to contribute to this section – ex: Patient Access).
 - Care Guideline – note regarding ED care recommendations for the patient
 - Each patient can only have ONE care guideline for each patient
 - Care History – note regarding important history or context for a patient relevant to patient care.
3. Immediately after this action is taken the patient will update on the 'Quality Measure Population' to have a YES – [date] in the column for 'Qualified Guidelines / Care Histories'
4. The patient will be removed from the Quality Measure Population list and counted in the numerator when Collective executes its scheduled query to evaluate the numerator (every 6-24 hours).

Quality Measure Population – Numerator Logic

Quality Measure Population

Qualified Denominator: 276
 Qualified Numerator Guidelines/Care Histories: 148
 Measure: 53.62%

Filter

Excel PDF

Name	Insight Status	Insight Last Edited	Fac. Enc. 1yr	Qualified Guidelines/Care Histories	Facility Guidelines	Care Guidelines	Last Facility Encounter
YOUNGBLOOD, MARTY F	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	11/09/2019
Young, Patricia	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	08/14/2019
Young, Marie Grice	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	12/08/2019
YARBROUGH, MARIBELY	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	10/17/2019
Wright, George	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	10/03/2019
Woolner, Hugh	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	08/25/2019
Wilson, Helen Alice	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	10/05/2019
WILLIS, LOURDES	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	09/21/2019
Williams-Lambert, Fletcher Fellows	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	09/26/2019
Williams, Richard Norris II	Active	12/16/2019	7	Yes - 12/16/2019	Yes	Yes - 1	12/16/2019
Williams, Charles Duane	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	11/08/2019
Willard, Constance	Active	12/16/2019	6	Yes - 12/16/2019	Yes	Yes - 1	09/24/2019
Widener, Harry Elkins			5	No	No	Yes - 1	11/09/2019
Widener, George Dunton	Inactive	10/15/2017	5	No	Yes	Yes - 2	09/16/2019
Widener, Eleanor Elkins			4	No	No	No	11/10/2019
Wick, Mary Natalie	Inactive	11/12/2013	5	No	Yes	Yes - 1	10/21/2019
Wick, Mary Hitchcock	Inactive	11/03/2017	4	No	Yes	Yes - 1	09/17/2019
Wick, George Dennick			5	No	No	No	12/04/2019
White, Richard Frasar	Inactive	10/23/2014	5	No	Yes	Yes - 2	12/05/2019
White, Percival Wayland			2	No	No	No	08/07/2019
White, Ella Holmes	Inactive	12/02/2013	3	No	Yes	Yes - 1	08/20/2019
Weir, Col. John	Inactive	08/10/2016	6	No	Yes	Yes - 1	11/04/2019
Warren, Frank Manley			5	No	No	No	11/27/2019
Warren, Anna Sophia	Inactive	07/26/2015	3	No	Yes	Yes - 1	10/06/2019
Ward, Emma Eliza	Inactive	05/06/2016	5	No	Yes	Yes - 1	11/08/2019

Show 25 entries

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- The total number of patients included on the QMP group list should equal the denominator minus the numerator.
- Patients who recently had a Care Insight created or updated will remain on the list with a 'Yes-[date]' in the Qualified column.
- Every 6-24 hours a query will run that will recognize these patients, add them to the numerator and remove from the group list.

Collective 'Care Insights' – Care Guidelines

Care Guidelines are one option within 'Care Insights' where facilities can add a note about a patient. Users from the same facility can create and edit notes within their own individual tab, however they can only view information from other facilities.

Insights

RUBY VALLEY MEDICAL CENTER VIRGINIA FAMILY CLINIC

Care Recommendation:

- Provide a safe, quiet environment until care manager or family arrives
- Keep an eye out for any signs of aggression
- Immediately assess risk of suicide, patient has been known to self-inflict harm in the past
- Avoid asking too many questions, it only tends to agitate him
- Do not administer opioid pain medications in the ER.

Bill fails to adhere to his medication as prescribed, he tends to take too much or not enough to be effective. Risk for self and other directed violence can be minimized if patient is kept calm. Bill has a history of leaving against medical advice.

Care Coordination:

When patient presents at the ED, please contact Psychiatric Care Manager, Judy Bell, RN, 125-714-6767, patient is eligible for long-term psychiatric care at Tanner View.

These are guidelines and the provider should exercise clinical judgment when providing care.

Created by Kristina Keene on Sep 27, 2019

Collective 'Care Insights' – Care Histories

Care Histories are the other option within 'Care Insights' where users can add one or multiple notes about a patient (various 'sections'). Starting in 2018 Care Histories became the recommended feature to contribute insights about patients to help coordinate their care.

SUMMARY MEDICAL/SURGICAL INFECTION/CHRONIC SUBSTANCE USE/OVERDOSE BEHAVIORAL SOCIAL RADIATION

+ Add Information

Medical/Surgical History

+ 0 | 0 2019-12-15 Ruby Valley Medical Center Darlene Chou  

Past Medical History:

Insulin Dependent Diabetes Mellitus, MI, CVA (no residual functional deficits), atrial fibrillation (managed with Xarelto), CHF, adenocarcinoma, COPD, active smoker.

Infection/Chronic History

+ 0 | 0 2019-12-15 Ruby Valley Medical Center Darlene Chou  

COPD exacerbations resulting in multiple readmissions secondary to continued tobacco use, poor connectivity to Primary Care and inconsistent adherence to using nebulizer treatments. Responds well to Z Pack. May benefit from pulmonary rehab.

Behavioral History

+ 0 | 0 2019-12-15 Ruby Valley Medical Center Darlene Chou  

Jack lives with depression, PTSD, chronic pain and mood variation when glucose levels are elevated. Jack may demonstrate anger, verbal outbursts or physical aggression when CBGs over 200.

Social History

+ 0 | 0 2019-12-15 Ruby Valley Medical Center Darlene Chou  

He lives home alone and needs front wheeled walker or wheelchair for community mobility secondary to dyspnea. Daughter Kathy Woodland is primary support who supervises IADLs.

Quality Measure Population – Measure % Logic

To calculate the Measure %, Collective uses the following logic:

1. The total number of patients currently counted in the Numerator (removed from the Quality Measure Population group list)
2. Divided by the total number of patients counted in the Denominator, during the July-December evaluation time period.
3. Represented in a percentage (%) up to two decimals values

Note: once patients qualify for the denominator they are never removed from that count. In order to increase the measure % users need to add or update Care Insights for these patients so that they ‘move’ to the numerator and are **also** counted there. If an organization were to enter an insight for every patient that qualified for the denominator they would have 0 patients in their Quality Measure Population list and both their denominator and numerator count would be the same number, giving them a 100% measure value.

MQI – Measure Threshold & Reporting 2020

In regards to the ER is for Emergencies Medicaid Quality Incentive the following information outlines the threshold and points awarded for the 2020 evaluation period.

Threshold	Points Awarded
<= 25%	0
> 25% to 35%	3
> 35% to 50%	5
> 50%	10

Collective Medical will provide a report directly to WSHA monthly, providing updates about the current thresholds for each Hospital in the state.

ER is for Emergencies – Beyond 2020, Upcoming Changes in 2021!

- Based on user feedback and technical configurations, WSHA & Collective Medical are planning to partner in 2021 to support the 'Quality Measure Population' group within the Collective Platform all year long (essentially it won't go away anymore).
- This will allow users to create a consistent workflow related to these patients and 'not have to wait until the back half of the year to find patients who could really benefit from a new or updated care insight.'
- Additional details about the transition from the 2020 evaluation period to the 2021 calendar year and evaluation period will be provided later this year.

Data Reporting: ER is for Emergencies

Matt Shevrin, WSHA



ER is for Emergency measure

Numerator:

- Number of care guidelines completed in the calendar month by the facility for patients with five or more visits to the same facility in the last year without a care guideline.

Denominator:

- Number of patients without a care guideline with five or more visits to the same facility in the last year seen by the facility in the month and are not admitted.

Data Status and Scoring Reports

Data Status Reports

- Monthly starting in October 2020
- Cumulative over time
- Scoring NOT reported

Scoring Reports

- Starting in March 2021
- Award thresholds
- Attestation letters in April 2021

Data Status Reports Cumulative by Month

- July = July data
- August = July + August data
- September = July + August + September data...and so on

Data Status Reports Cumulative by Month

- July = 192/265
- August = 192/265 + 132/181
- September = 192/265 + 132/181 + 83/123

Measures	JUL2019	AUG2019	SEP2019	OCT2019	NOV2019	DEC2019
ER is for Emergencies	192/265	324/446	407/569	492/731	588/872	814/993

Award Thresholds and Scoring Report

Measures	Numerator	Denominator	Rate / Percentage	Points Awarded
ER is for Emergencies	814	993	82%	10

Threshold	<= 20%	> 20% to 30%	> 30% to 40%	> 40%
Point Award	0	3	5	10

**MQI 2019 Threshold/Point Award Table above illustrated for example only; threshold/award may vary during 2020 MQI calendar year*

Any Questions?



Collective Support Team
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801-285-0770

THANK YOU



Washington State Hospital Association

 **collectivemedical**[®]

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