**Redcap Application for COVID-19 Data Capture & Collation:**

Incident commands at each ministry are entering key data related to the COVID-19 pandemic into the Redcap application. This is entered each day by a colleague(s) designated by the local IC and is used by System Office' Epidemiology Section to monitor and support patient needs.

**NHSN:**

System Office Incident Command has determined that reporting of HAI data into NHSN is optional for the 1st and 2nd quarters of calendar year 2020.

- **Rationale:** Infection preventionists are fully occupied with support of colleagues and their affiliates response to the pandemic. As indicated below, CMS is waiving use of HAI data for these two quarters under their performance improvement programs, and NHSN only requires enrolled hospitals enter 6 months of HAI data/year. Most ministries have already entered HAI data for Jan. & Feb. of this CY20. They will be able to fulfill this requirement by beginning to enter HAI data again in July.

- **Actions needed:**
  - Infection preventionists that oversee surveillance and reporting HAI data will need to modify monthly surveillance plans to indicate for which months no HAI data will be reported.
  - Assess if HAI data for months already entered is complete or needs to be removed if they fall within these two quarter of CY20.
  - Assure the monthly surveillance plan is reactivated in July to ensure a minimum of 6 months is entered by end of CY20.

Use of NHSN COVID-19 is optional. The ministry’s Infection preventionists need to determine if resources permit entry of data into this system. If so, all specific data elements are being captured in Redcap and can be extracted from that application.

**CMS/ TJC**
- 03.22.20- CMS will not count data from January 1, 2020 through June 30, 2020 (Q1–Q2) for performance or payment programs. Data does not need to be submitted to CMS for this time period.” That announcement includes measures for the Hospital IQR Program
  - Majority of ministries chose not to submit Q1 and Q2- Decisions submitted on behalf of enterprise MIDAS ministries to not submit Q1 & Q2 data to CMS/ TJC
- Sepsis Core Measure:
  - If resources are available, abstract a sepsis sample per CMS guidelines consistent with other core measures do not submit data
- TJC Data:
  - TJC: Majority of ministries chose not to submit Q1 and Q2 and not to be included in the comparative database. Decisions submitted on behalf of enterprise MIDAS ministries to not submit Q1 & Q2 data

Action needed:
- Ministries, not using enterprise MIDAS solution, notify abstraction and submission vendors of data submission decisions
- 04.22.20 Update: Qualified Health Plan Issuers Guidance: Health Insurance Exchange Quality Reporting System; QHP Enrollee Experience Survey
  - Suspension of all data collection and reporting for the Qualified Health Plan (QHP) Enrollee Survey, Quality Improvement Strategy (QIS), and Quality Rating System (QRS) for plan year 2021. CMS’ decision to suspend quality reporting allows providers to focus on patient care and keeps payers safe.
  - Temporary relaxation of all clinical quality and survey data submission for eligible QHP issuers due to be submitted in May- June 2020.
  - This will be a challenge in many value-based contracts for payers because many HEDIS, PQA, and QHP Enrollee Survey metrics are used as quality measures for value-based care contracting. While CMS is no longer mandating reporting, payers still need to monitor these measures if they are to report and pay out value-based care contracts to providers.
  - State based issuers are encouraged to adopt similar submission requirements

CAPS:
- HCAHPS
  - Q1 & Q2 2020 (Jan. 1 – June 30): No data will be submitted
- MIPS CAHPS & ACO CAHPS
  - Performance Year 2020
    - CMS is evaluating options for providing relief around MIPS/Medicare Shared Savings Program participation and data submission
- Continue patient surveying for data consistency and capturing voice of patients during the pandemic.
NDNQI

Recommendation:
- Magnet ministries to submit
- All other TH ministries submit if possible
- Submit data retroactively if unable to meet the standard deadline

Additional Supporting Information

COVID-Enterprise
- MIDAS-QualityRep

Merit-based Incentive Payment System (MIPS)

A new high weighted improvement category has been added to the 2020 Improvement Activities Inventory. CMS is encouraging clinicians who participate in the Quality Payment Program (QPP), such as physicians, physician assistants, nurse practitioners, and others, to contribute to scientific research and evidence to fight the Coronavirus Disease 2019 (COVID-19) pandemic. Clinicians may now earn credit in the Merit-based Incentive Payment System (MIPS), a performance-based track of QPP that incentivizes quality and value, for participation in a clinical trial and reporting clinical information by attesting to the new COVID-19 Clinical Trials improvement activity. This action will provide vital data to help drive improvement in patient care and develop innovative best practices to manage the spread of COVID-19 within communities.

In order to receive credit for the new MIPS COVID-19 Clinical Trials improvement activity, clinicians must attest that they participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study.

It also carries a high weight from a scoring perspective. Clinicians who report this activity will automatically earn half of the total credit needed to earn a maximum score in the MIPS improvement activities performance category, which counts as 15 percent of the MIPS final score.

Refer to the link below for the MIPS Automatic Extreme and Uncontrollable Circumstance Policy for 2019 data submission due by 04-30-2020