

Hospital Transformation Performance Program (HTPP): Requirements for Screening, Brief Intervention, and Referral to Treatment (SBIRT) Year 2 (Performance Year) Data Submission

Updated October 9, 2015

Introduction

The purpose of this document is to provide hospitals participating in the Hospital Transformation Performance Program (HTPP) with guidance on fulfilling reporting requirements for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) measure for the performance year (year 2) of the program. Year 2 covers the period October 1, 2014 – September 30, 2015.

Because of the large volume of patients in the emergency department (ED) and the difficulties this can pose in extracting data on all SBIRT screenings and brief interventions performed, OHA is allowing two data submission options for the SBIRT measure. The two data submission options for the performance year (year 2) are outlined below. In addition, because some hospitals did not implement their SBIRT processes until after the start of the second year of the program, OHA will allow hospitals to submit partial year data for the SBIRT measure in year 2. **Note these options only pertain to the SBIRT measure; a full-year of performance year data adhering to HTPP measure specifications must be submitted for all other measures¹.**

Performance Year (Year 2) Data Submission Parameters: Measurement Period

Hospitals must submit data from the time they implemented SBIRT in the ED or for the entire performance year (October 2014 – September 2015), whichever is greater. However, a minimum of 90 consecutive days of data is required (therefore, SBIRT must be implemented in the ED by July 3, 2015).

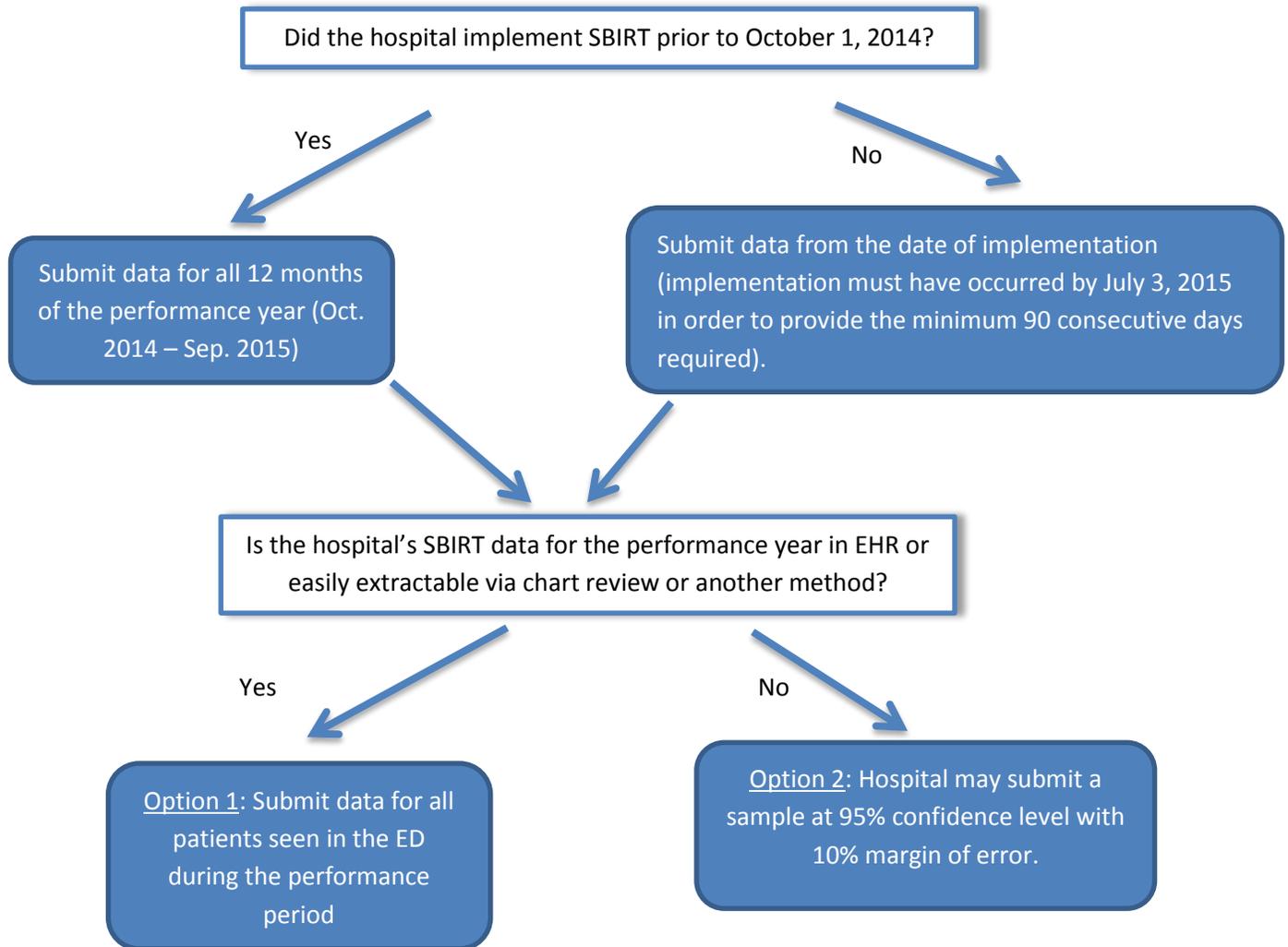
Performance Year (Year 2) Data Submission Parameters: Tiered Reporting Options

OHA is allowing hospitals to submit partial year data for all patients seen in the ED, or, if extraction of data for all patients causes undue hardship to the hospital, sampling will be allowed for the performance year.

Hospitals should use the decision tree below to guide the type of data that should be submitted for year 2.

¹ Detailed information on measure specifications are available here: <http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx>

Decision Tree



Details on the sequence of options from the decision tree are below. **Note this is a sequence of options based on data availability, not on the hospital's preference. Option 1 must be chosen if data are available; a sample is only permissible if the SBIRT data are not in EHR or easily extractable via chart review.**

Option 1: Submit SBIRT performance year data adhering to HTPP measure specifications for all ED patients.

- This option must be chosen if the SBIRT data are in the EHR or are easily extractable via chart review.
- Whether or not data covering the entire 12 month measurement period are provided depends upon when the hospital implemented SBIRT in the ED. At least 90 consecutive days of data are required (therefore, implementation must occur by July 3, 2015).

Option 2: If the hospital's SBIRT data for the performance year are NOT in the EHR or easily extractable via chart review or another method, the hospital may submit a sample.

- Any hospital submitting a sample will be required to provide information on why extracting all of the tracked data would place an undue hardship on the hospital.
- The population size from which the sample is drawn must be reported.
- The sample must be representative of all ED cases for the entire measurement period.
- The sample must be a random sample at the 95% confidence level with a 10% margin of error.
- Hospitals will be required to provide details on the sampling methodology employed. A field for this information is included on the OAHHS reporting platform.
- Required sample sizes are in Table 1. Note that separate samples are NOT required for each aspect of the measure (hospitals should draw one random sample of all ED patients and use this to determine the screening rate; the same patients would be used to determine brief intervention rate).

Population Size (N)	Required Sample Size
30	24
50	34
100	49
250	70
500	81
750	85
1000	88
2500	93
5000	94
10,000	95
Sample sizes assume a 50/50 response distribution	

- If the population size falls between two categories in Table 1, the smaller required sample size should be used (e.g., if the population size is 40, a sample size of 24 is sufficient).
- Whether or not a sample covering the entire 12 month measurement period is provided depends upon when the hospital implemented SBIRT in the ED. At least 90 consecutive days of data are required (therefore, implementation must occur by July 3, 2015).
- **Per the measure specifications, all denominators should be unique counts of individuals seen in the ED over the measurement period; this includes those drawn from samples. A random sample with replacement method should be used until a unique set of patients is included in the denominator.**

Reporting Processes and Mechanisms

Hospitals are responsible for tracking SBIRT data in the ED. OAHHS will collect these data from hospitals and submit baseline and performance year data to OHA on behalf of hospitals. Hospitals should report SBIRT performance on the OAHHS reporting platform. This will also allow hospitals, OAHHS, and OHA to track and report progress as required by the Centers for Medicare and Medicaid Services.

Submitting Brief versus Full Screen Data

In Year 1 (baseline), hospitals were allowed to submit screening rates for *either* the brief screen *or* the full screen. Given this, the Hospital Performance Metrics Advisory Committee identified separate benchmarks for each screening type. The Year 2 benchmark for the **full** screen is aligned with that for the CCOs (which are only allowed to submit the full screen), and is 12.0%. The Year 2 benchmark for the **brief** screen (which CCOs are not allowed to submit), is 67.8%.

Because the separate benchmarks were identified late in Year 2, hospitals that previously submitted baseline data are allowed to switch from the brief to the full screen for Year 2, and vice versa. **Note hospitals will not be allowed to switch screening types in Year 3; this is in keeping with the desire to have limited changes from Year 2 to Year 3. The screening type a hospital submits for Year 2 will be the same screening type on which the hospital will have to meet the improvement target or benchmark in Year 3.**

Hospitals choosing to switch screening types in Year 2 will be required to resubmit baseline data (covering October 1, 2013 – September 30, 2014); this is so the baseline and performance period include data for the same screening type. Switching from one screening type to the other will also result in a revised Year 2 improvement target. Any revised baseline data submitted must adhere to the following sequence of options:

- **Option 1: Submit full baseline year data adhering to HTPP measure specifications (October 1, 2013 – September 30, 2014).** This option must be chosen if the hospital had fully implemented SBIRT for the entire baseline period.
- **Option 2: Submit partial baseline year data adhering to the HTPP measure specifications. This must cover at least 30 consecutive days in the baseline period.** This submission should be for the same timeframe as the original baseline submission.
- **Option 3: Use data from the first part of the performance year (October 1, 2014 – January 15, 2015).** This option may only be used if a hospital does not have 30 consecutive days of data from the baseline period which adhere to HTPP measure specifications. Note this submission should be the same timeframe as the original baseline submission.

Sampling is allowed for the options above, **but is only permissible if the SBIRT data are not in the EHR or easily extractable via chart review.** All records covering the entire period from the point the hospitals began tracking SBIRT with adherence to the HTPP measure specifications must be reported as below:

- Any hospital submitting a sample will be required to provide information on why extracting all of the tracked data would place an undue hardship on the hospital.
- The population size from which the sample is drawn must be reported.
- The sample must be representative of all ED cases for the entire measurement period.
- The sample must be a random sample at the 95% confidence level with a 10% margin of error.
- Hospitals will be required to provide details on the sampling methodology employed. A field for this information is included on the OAHHS reporting platform.

- Required sample sizes are in Table 2. Note that separate samples are NOT required for each aspect of the measure (hospitals should draw one random sample of all ED patients and use this to determine the screening rate; the same patients would be used to determine brief intervention rate).

Table 2. Required Sample Size at 95% Confidence Level with 10% Margin of Error	
Population Size (N)	Required Sample Size
30	24
50	34
100	49
250	70
500	81
750	85
1000	88
2500	93
5000	94
10,000	95
Sample sizes assume a 50/50 response distribution	

- If the population size falls between two categories in Table 1, the smaller required sample size should be used (e.g., if the population size is 40, a sample size of 24 is sufficient).
- Whether or not a sample covering the entire 12 month measurement period is provided depends upon when the hospital implemented SBIRT in the ED.
- Per the measure specifications, all denominators should be unique counts of patients seen in the ED over the measurement period; this includes those drawn from samples. A random sample with replacement method should be used until a unique set of patients is included in the denominator.

Hospitals wishing to switch from one screening type to the other in Year 2 must submit **both** performance year data and revised baseline data. As above, OAHHS/Apprise will collect these data from hospitals via its reporting platform and then make the official submission to the OHA on behalf of all participating hospitals by March 31, 2016.

Receiving Credit for the Measure

The SBIRT measure is in two parts:

- The proportion of patients in the ED who are screened for unhealthy alcohol or drug use with either a full or brief screening tool.
- The proportion of those who screen positive for unhealthy alcohol or drug use who are provided a brief intervention.

To receive credit for the measure in the performance year (year 2), hospitals must report both rates, and they **must also** achieve either a benchmark (~~12%~~) or improvement target on the screening rate. As noted above, if

sampling is used, separate samples need not be drawn for each aspect of the measure (only one random sample should be pulled and used to calculate both rates).

After the final performance year data are submitted in March 2016, OHA will review the data and calculate official performance year rates. OHA will also review the supplemental information provided by any hospitals which provided a sample (i.e., sampling methodology, etc.). As needed, OHA will contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.

For More Information

- Visit <http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx> for:
 - Measures and benchmarks table
 - Detailed timeline
 - Details on the improvement target methodology
- Visit <http://www.oregon.gov/oha/Pages/http.aspx> for information on the Hospital Performance Metrics Advisory Committee
- Visit <http://www.oahhs.org/hospital-transformation-performance-program> for more information on submitting data to OAHHS.

For Questions Contact

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Version Control

- **October 9, 2015:** In Year 1 (baseline), hospitals were allowed to submit screening rates for *either* the brief screen *or* the full screen. Given this, the Hospital Performance Metrics Advisory Committee identified separate benchmarks for each screening type. Because the separate benchmarks were identified late in Year 2, hospitals that previously submitted baseline data can switch from the brief to the full screen, and vice versa, for Year 2. This document was updated to include data submission instructions for hospitals choosing to make this change in Year 2.
- **April 23, 2014:** This guidance was updated to specify that a partial year of data will be accepted from hospitals which did not implement SBIRT prior to the start of the performance year. However, implementation must occur by July 3, 2015 to ensure a minimum of 90 consecutive days of data are available.

- January 6, 2015: This guidance was updated on January 6, 2015 to make it clear that if sampling must be used, only one sample should be drawn. That sample should then be used to calculate both rates (the screening and brief intervention rates).