

# Hospital Metrics Advisory Committee

April 18, 2014

# Welcome and Agenda

## Review of Committee Goals

Steve Gordon, Chair

# Review of Committee Goals

House Bill 2216 specifies that:

- Committee recommends 3 to 5 quality metrics
- Metrics are consistent with state and national quality standards
- Performance standards are reasonably attainable by hospitals within the two-year program period
- All quality pool funds paid out (50% for data submission, 50% for meeting performance standards)

# CMS Update

Lori Coyner, OHA

# Review and Discussion of Potential Measures

Steve Gordon, Chair

Lori Coyner, OHA

# Previous Decisions

- Selected PC-01 Elective Delivery as measure
- Agreed there should be a readmission measure

# Today's Decisions

- **Select readmission measure:** Potentially Preventable Readmissions (3M) or Hospital-Wide All-Cause Unplanned Readmissions (CMS)
- **Rank remaining measures:**
  - Medication Safety (Adverse Drug Events)
  - Patient Experience (HCAHPS)
  - Health Care Acquired Infections (CLABSI/CAUTI)
  - PC-02 Cesarean Section
  - Potentially Avoidable Emergency Department Utilization
- **Weighting of measures:** Should certain measures be worth more than others?

# Readmission Comparison

	Potentially Preventable Readmissions (PPR)	Hospital-Wide Readmissions (HWR)
<b>Measurement</b>	Percentage of qualifying inpatient discharges with a clinically-related readmission within 30 days	Risk-standardized rate of unplanned all-cause readmissions within 30 days of discharge for patients aged 18 and older
<b>Steward</b>	3M	CMS
<b>NQF Endorsed</b>	No	Yes (NQF 1789)
<b>Alignment with Other Programs</b>	Partnership for Patients	National Hospital Inpatient Quality Measures

- ✓ Recommend HWR due to alignment with national hospital quality programs

# Hospital-Wide Readmissions

## Distribution of Hospital RSRRs for Hospital-Wide Readmissions\*

7/1/2011 – 6/30/2012

	<u>U.S.</u>	<u>Oregon DRG</u>
90 <sup>th</sup> percentile	17.2	16.1
75 <sup>th</sup> percentile	16.5	15.8
Median	15.9	15.2
25 <sup>th</sup> percentile	15.4	14.6
10 <sup>th</sup> percentile	14.8	14.2

Note: A lower score is better.

\*For Medicare FFS population, 65 years and older

Source: Hospital Compare

# Proposed HWR Measure

Year 1: Hospital receives payment for submitting HWR data to OHA.

Year 2: Hospital receives payment for submitting HWR data to OHA *and* performing equal to or better than national median.

# Medication Safety Measures

- Adverse drug events (ADEs) are defined as any injuries resulting from medication use, including physical harm, mental harm, or loss of function.
- Adverse drug events (ADEs) comprise the largest single category of adverse events experienced by hospitalized patients, accounting for about 19 percent of all injuries.
- The occurrence of ADEs is associated with increased morbidity and mortality, prolonged hospitalizations, and higher costs of care.
- The Institute of Medicine (IOM) estimates that 1.5 million preventable Adverse Drug Events (ADE) occur each year.<sup>1</sup>
- The occurrence of ADEs in hospitalized patients varies between 2 and 52 ADEs per 100 admissions. An estimated 15% to 59% of these ADEs are considered preventable.<sup>2</sup>

1. "How-to Guide: Prevent Harm from High-alert Medications." Cambridge, MA: Institute for Healthcare Improvement, 2012. Web February 2013. <http://www.ihp.org/knowledge/Pages/Tools/HowtoGuidePreventHarmfromHighAlertMedications.aspx>

2. Cano FG, Rozenfeld S: Adverse drug events in hospitals: a systematic review. *Cad Saude Publica* 2009, 25(Suppl 3):S360-S372.

# Medication Safety Measures

## Adverse Drug Events from Partnership for Patients (PfP) Measures\*

- **Focus is to prevent harm from high alert medication, which increases the risk of injury to patients if the dosage is not correct**
- Hypoglycemia in inpatients receiving insulin
  - Defined as hypoglycemia (blood glucose of 50mg per dl or less) in patients receiving insulin/all inpatients receiving insulin during the tracked time period
  - American Society of Health Systems Pharmacist (ASHP) Safe Use of Insulin measure
- Excessive anticoagulation with Warfarin
  - Defined as # of inpatients experiencing excessive anticoagulation (INR > 6)/all inpatients receiving warfarin anticoagulation therapy during the tracked time period
  - Institute for Safe Medication Practices (ISMP) measure
- ADEs due to opioids
  - Defined as # of patients treated with opioids who received naloxone/all patients who received an opioid agent during the tracked time period
  - Institute for Safe Medication Practices (ISMP) measure

\* All three measures are endorsed by HRET Partnership for Patients program funded by CMS, and used by more than 1600 hospitals nationwide

# Medication Safety Measures

## Data for baselines and benchmarks

- 34 Oregon PfP hospitals (18 DRG) are tracking measures in 2014
- No baseline or benchmark data available yet
- Propose that:
  - Year 1: Collect data for baseline
  - Year 2: Aim to reduce the rate of ADE related to each of the three measures by X% for hypoglycemia, Y% for excessive anticoagulants, and Z% for opioids for each hospital from baseline
  - Composite measure for incentive payment (each measure would be worth 1/3 of the ADE measure value)

# Patient Experience: CAHPS Hospital Survey (HCAHPS)

- National, standardized survey of patients' perspectives of hospital care
- NQF 0166
- Aligned with CMS public reporting, including Hospital Value-Based Purchasing program
- An HCAHPS measure would create an incentive for hospitals to improve quality of care and patient experience

# HCAHPS Results

Category	United States	Oregon DRG Hospitals
Nurses always communicated well	78%	77%
Doctors always communicated well	81%	79%
Patients always received help as soon as they wanted	67%	63%
Pain was always well controlled	71%	70%
Staff always explained medicines	64%	62%
Room was always clean	73%	70%
Always quiet at night	61%	54%
Staff gave patient discharge information	85%	86%
Patients would definitely recommend hospital	71%	73%

US and Oregon DRG hospital averages for survey responses on inpatient stays between 4/1/2012 and 3/31/2013

Percentages represent respondents answering “always” or “yes” or “definitely” to survey question, with adjustments for patient mix and survey mode.

Source: Hospital Compare, CMS



# Specific HCAHPS Items

	Staff Always Explained Medicines		Staff Gave Patient Discharge Information	
	U.S.	Oregon DRG	U.S.	Oregon DRG
90 <sup>th</sup> percentile	72%	66%	90%	88%
75 <sup>th</sup> percentile	67%	64%	88%	87%
Median	63%	63%	85%	86%
25 <sup>th</sup> percentile	60%	60%	82%	84%
10 <sup>th</sup> percentile	56%	59%	80%	83%

Results for Oregon DRG hospitals for survey responses on inpatient stays between 4/1/2012 and 3/31/2013

Source: Hospital Compare, CMS

# Proposed Patient Experience Measure

Year 1: Hospital receives payment for submitting HCAHPS medicine and discharge measures to OHA.

Year 2: Hospital receives payment for submitting HCAHPS data to OHA *and* performing equal to or better than national median.

# Healthcare-Associated Infections (HAI)

CDC's HAI prevalence survey<sup>1</sup> shows:

- On any given day, about **1 in 25** hospital patients has at least one healthcare-associated infection.
- Estimated **722,000** HAIs in U.S acute care hospitals in 2011
- About **75,000** hospital patients with HAIs died during their hospitalizations.
- More than half of all HAIs occurred outside of the intensive care unit.

Propose a composite HAI measure with:

- Central line associated blood stream infections (CLABSI) for all tracked units
- Catheter-associated urinary tract infection (CAUTI) for ICU

1. Magill SS, Edwards JR, Bamberg W, et al. [Multistate Point-Prevalence Survey of Health Care–Associated Infections](#). *N Engl J Med* 2014;370:1198-208.

# CLABSI – All tracked units

- **Data definition**

- Total number of observed CLABSI in all tracked units/total number of predicted CLABSI in all tracked units
- NQF 0139

- **Considerations**

- CLABSI effort and surveillance in Oregon focused on ICUs
- Propose to expand from ICU to all tracked units (including specialty care areas (hematology/oncology), pediatrics (medical/surgical), etc.)
- Most patient stays are outside the ICU, and about 20% of these patient days include a central line.<sup>1</sup>
- Although data are sparse, in one study<sup>2</sup> CLABSI rates were:
  - 5.7 per 1,000 catheter-days in 4 inpatient wards
  - 5.2 per 1,000 catheter-days for medical ICU

1. Magill SS, Hellinger W, et al. Prevalence of healthcare-associated infections in acute care facilities. *Infect Control Hosp Epidemiol.*, 2012;33:283-91

2. Klevens RM, Edward JR, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Reports* 2007;122:160-166.

# CAUTI

- **Data definition**

- Total number of observed healthcare-associated CAUTIs among inpatients in ICU/total number of expected
- NQF 0754

- **Considerations**

- UTIs account for more than 15% of infections in acute care hospitals<sup>1</sup>
- Complications associated with CAUTI cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality; more than 13,000 deaths each year are associated with UTIs<sup>2</sup>
- CMS required reporting since 2012; Oregon required reporting in 2014 (in adult and pediatric ICU)
- Need active and additional intervention such as Comprehensive Unit-based Safety Program (CUSP) to bring down the rate

1. Magill SS, Hellinger W, et al. Prevalence of healthcare-associated infections in acute care facilities. *Infect Control Hosp Epidemiol.*, 2012;33:283-91

2. Kleven RM, Edward JR, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. *Public Health Reports* 2007;122:160-166.

# HAI Data

## Standardized Infection Ratios for CY 2012

	CLABSI (all tracked units)		CAUTI (ICU)	
	U.S.	Oregon	U.S.	Oregon
90 <sup>th</sup> percentile	0.00	0.00	0.00	0.00
75 <sup>th</sup> percentile	0.19	0.00	0.32	0.76
Median	0.47	0.37	0.80	1.31
25 <sup>th</sup> percentile	0.82	0.48	1.45	1.82
10 <sup>th</sup> percentile	1.22	0.77	2.20	2.21

Oregon data represents 47 hospitals. For CLABSI, only 16 hospitals reported non-critical care wards.

Lower is better.

Source: CDC and NHSN

# Proposed HAI Measure

Year 1: Hospital receives payment for submitting CLABSI and CAUTI data to OHA.

Year 2: Hospital receives payment for submitting CLABSI and CAUTI data to OHA *and* performing X percent below national baseline.

As a composite measure, each measure would be worth ½ of the HAI measure value

## PC-02 Cesarean Section

- Assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section.
- NQF 0471

# Cesarean Section Considerations

- A reduction in C-section deliveries could improve health outcomes for mothers and newborns and reduce hospital costs.
- Hospitals not actively doing improvement strategies to address C-section deliveries, which could make improvement over two-year program period difficult
- Baseline data not currently available. Partnership for Patients has been tracking similar measure: AHRQ IQI 21 (# of C-section deliveries/all deliveries)
  - 2012 baseline: 29%
  - 2013 rates for 29 PfP birthing hospitals: ranges from 23-26%

# Proposed Cesarean Section

Year 1: Hospital receives payment for submitting the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section to OHA.

Year 2: Hospital receives payment for submitting cesarean section data to OHA *and* reducing their baseline by x%.

# Emergency Department Utilization

Why include an ED measure?

- Ensuring appropriate care is delivered in appropriate settings
- Reducing preventable and unnecessary costly utilization
- Potential cost driver
- Aligns with CCO incentive measure

## CCO ED Measure

**Measure:** Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests more appropriate use of this care.

**Results:** Data shows a preliminary trend toward fewer emergency department visits from January to September 2013.

Continued focus and tracking important as there is concern about potential access issues and overuse of ED with ACA expansion

# Potential ED Measures

## Medi-Cal Potentially Preventable ED Visits

- Likely understates potentially preventable ED visits—limited to a relatively small set of CPT codes
- Does not include mental health, substance abuse, or dental visits
- Easier to interpret

## NYU ED Algorithm

- More comprehensive: identifies visits that could have been provided in primary care setting or emergencies that could have been avoided if primary care had been delivered at earlier stage of illness
- Complicated to understand (results don't match number of patients)
- Methodology developed in 2001
- More widely used

# ED Measure Considerations

- Measure is a community-wide issue
- Aligns with efforts of CCOs
- Medi-Cal and NYU only two measures in use
- Captures ED visits that could be avoided through programs, outreach, and care-coordination
- ED measures do not have national benchmarks

# Proposed ED Visit Measure

Year 1: Hospital receives payment for submitting the ED visit measure to OHA.

Year 2: Hospital receives payment for submitting ED visit measure data to OHA *and* reducing their baseline by x%.

# Weighting of Measures

Would the committee like to emphasize selected measures more than others?

If no, then all measures weighted equally. For example, if 5 measures, then each measure worth 20% of available funds.

Alternatively, committee could choose to emphasize specific measures either by making them worth larger share of initial available funds or part of the challenge pool

# Next Steps

Steve Gordon

Lori Coyner

# Public Comment