
Hospital Performance Metrics Advisory Committee

April 22, 2016

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned just below the word "Health".

Oregon
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Agenda Overview

- Consent Agenda
- Public Testimony
- CMS Feedback: Year 3
- Maternal and Child Health Domain Presentation
- Updates
- Year 4

Consent Agenda

Public Testimony

CMS Feedback: Year 3

- Verbal approval from CMS
 - Having a Year 3
 - Measurement period
 - Continuation of FFY, October 2015 – September 2016
 - Will propose switch to CY for Year 4
- Still pending with CMS
 - Readmission measure
 - Benchmarks
 - Final, written approval for Year 3

**OPC Presentation:
Hospital Performance Metrics Advisory Committee
April 22, 2016**

Presented by



OPC Understanding of Committee Request

- ▶ **HPP Year 3 Measures:**
 - ▶ No perinatal measures added
- ▶ **HPP Year 4 Measures:**
 - ▶ Confirm earlier discussions around C-section and newborn complications recommended measures
- ▶ **HPP Year 5 Measures:**
 - ▶ Recommendations for expanded perinatal domain of measures



HTPP Year 4 Measures

- ▶ **Recommended Measures:**
 - ▶ NQF #0471: Cesarean Section Rate-Nullip, Term, Singleton, Vertex (PC-02)
 - ▶ NQF #0716: Unexpected Newborn Complications
- ▶ OMDC hospitals (14 participating; 9 additional in queue) currently reporting these measures
- ▶ OPC and CMQCC can assist with setting benchmarks/scoring algorithms for use in HTPP



HTPP Year 5 Measures

- ▶ Committee request was for ‘transformative measures’
- ▶ OPC Data Subcommittee prioritized perinatal measures during 2013-2015 for inclusion in the OMDC
- ▶ Over 150 measures reviewed, scored and prioritized
- ▶ Prioritized measures include those beyond inpatient setting – preconception through postpartum
- ▶ Long term goal for OMDC is to incorporate these additional measures



OPC Data Subcommittee: Priority Perinatal Measures (avg. score of 4.2 higher)

PRECONCEPTION	LABOR & DELIVERY	HIGH RISK NEWBORNS	POSTPARTUM CARE
Effective Contraceptive Use*	(16 CMQCC measures already included in OMDC)	(6 CMQCC measures already included in OMDC)	Post-Partum Follow-Up and Care Coordination
0033: Chlamydia Screening*	1746: Intrapartum Antibiotic Prophylaxis for Group B Streptococcus (GBS)*	MATERNAL COMPLICATIONS	<ul style="list-style-type: none"> Breastfeeding eval & education Depression screening Glucose screening for gestational diabetes patients Family & contraceptive planning
Intent to Become Pregnant (OKQ)*	GENERAL NEWBORN	(4 CMQCC measure already included in OMDC)	NEWBORN / EARLY CHILDHOOD CARE
TEEN PREGNANCY	(6 CMQCC measures already included in OMDC)	Maternal Postpartum Length of Stay	1448: Developmental screening in the first three years of life *
Teen Pregnancy rate	0475: Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge*	Maternal Admission to ICU	
PRENATAL	1360: Newborn Hearing Screening & Follow-Up	EMERGENCY CARE	
Alcohol or other Substance Misuse (SBIRT)*		Maternity-related ED visit rate	
Behavioral Health Risk Assessment Screenings* <ul style="list-style-type: none"> Depression Alcohol Tobacco Drug (illicit, Rx, over the counter) Intimate partner violence 		Maternity-related hospital readmissions rate	
Prenatal Care Screenings <ul style="list-style-type: none"> Neural tube defects Gestational diabetes Asymptomatic Bacteriuria Hepatitis B specific antigen HIV screening Group B streptococcus 			

*Indicates those measures Q Corp already runs or is considering.

PARKING LOT MEASURES

- Health disparities
- Patient satisfaction & experience of care
- AWHONN Nursing Care
- Cost of Care (TCC/TRU)



HPPP Year 5 Measures: For Discussion

Healthy Families Oregon

- Eligibility Screening: Prenatally or within 14 days of birth
- Families enroll before newborn is 90 days old
- Enrolled Families:
 - Weekly Home visits for a minimum of 6 months
 - Home Visits last until child is 3 years old.
 - All Services are Voluntary



Healthy Families Oregon: Eligibility Screening

- **New Baby Questionnaire**
 - Depression
 - Substance Abuse
 - Previous Child Welfare involvement
 - Or 2+ other risk factors

- **Prenatal or in Hospitals**
 - WIC or through other community partners who see women prenatally
 - Hospitals
 - Screening takes roughly 15 minutes
 - All families receive a “Welcome Baby Packet” of information re: caring for a newborn and contact information for local community resources

HTPP Year 5 Measures: Metrics Proposal

Proportion of Oregon births screened for Healthy Families program

- ▶ Current performance 17-18%, aim for 50%?
- ▶ Hospitals would need to invest in an on-site screener to improve performance or use other strategies
- ▶ Part of bonus dollars would need to support service delivery (home visiting by Healthy Families staff)



HTPP Year 5 Measures: Metrics Proposal

▶ Advantages:

▶ Transformational

(shift from “What care does this mother need for a healthy birth?” to “What support does this mother need to be a healthy parent?”)

▶ National program (replicable)

▶ Supported by Oregon Legislature as priority

▶ Aligns with CCO and Early Learning Hub investments and priorities

▶ Disadvantages:

▶ Need to build data field for this (in EHR?)

▶ Need commitment to use incentive dollars (in part) to support home visiting services of the program

▶ What would engagement of hospital teams look like? Would it feel connected to their work or too separate? (is that good or bad?)



Questions / Comments / Next Steps?

Thank you!

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Updates

Committee Nominations

CCO Metrics & Scoring Committee

- Accepting nominations through May 13th for CCO rep, measurement expert, and member at large.

Hospital Committee

- OHA received applications from 11 individuals.
- Applications being reviewed, pending confirmation from Speaker of the House and the President of the Senate.
- OHA hopes to notify applicants by mid-June.

HTPP Evaluation

- OHA has contracted with OHSU's Center for Health Systems Effectiveness to conduct an evaluation of the first two years of HTPP
- Evaluation will be qualitative (hospital survey) and quantitative (using measure performance data).
- HTPP evaluation survey launched April 4th.
- Evaluation will be complete and results shared in June.

Year 2 Close Out

- OHA has received hospital Year 2 data submissions from OAHHS and is reviewing.
- OHA intends to send summary reports to each hospital on May 12th for final hospital review prior to processing payments and populating the Year 2 public report.
- Year 2 report will be published in June.

BREAK

Year 4

Measure development

Overall structure

Opioid Measure Development: Recap

Numerator Options

1	Total number of opioid pills dispensed in the measurement period
2	Morphine equivalent doses dispensed in the measurement period <i>MED = drug strength * (quantity / days' supply) * conversion factor</i>
3	Total number of Rx for opioids written in the measurement period

Reported as a rate per 1,000 emergency department visits

Opioid Measure Development: Outstanding Questions with H-TAG

1. Ages to include in the denominator (12+ or 18+)
2. Denominator population
3. Which of the numerator options best strikes the right balance between feasibility of reporting and improving patient care.



EDIE: Reducing ED Revisits

Susan Kirchoff-OHLC Project Leader EDIE/PreManage



EDIE Background

- Real-Time ED Information Exchange
- Notifies on High Utilizer/Complex Needs Patients
- Improves Communication and Care Coordination
- First Info Exchange Across all WA/OR Hospitals
- Proactive, Concise, Actionable Data at Point of Care
- Push Technology - Notices/Alerts Within Care Provider Workflow
 - Anticipates provider needs (no need to look up a patient)



EDIE in Oregon

2013

- OHLC Evidenced Based Best Practice identifies ED use as a high cost area for all lines of business; explores best practices
- EDIE selected as recommended solution for statewide adoption

2014

- Utility model developed—funding by Health Plans, Hospitals and OHA
- EDIE statewide implementation-- a collaborative effort between CMT, OHLC, OHA, OAHHS

2015

- Adoption of PreManage by a number of CCO's, Health Plans and Primary Care



The Goals of the EDIE Utility in Oregon

- Continue trend of decline in ED utilization by 1% by end of 2015 (reduction of 12,547 visits). Projected savings of \$12,158,000.
- Match State of Washington ED utilization rates per 1000 population by the end of 2016. Represents a 6.3% improvement or 79,046 fewer ED visits. Projected savings of \$79,596,574.
- Meet the Oregon Health System Transformation ED visit benchmark by the end of 2016 for the Oregon Health Plan patient population. This represents a 12% decrease in ED utilization from 2013.



PreManage Background

- Complementary product for health plans, clinics, group practices, etc.
- Expands real-time notifications to medical groups, CCO's, health plans, care managers, social workers etc. to better manage their patients.
- Notifications available: ED Visits, Inpatient Admission, Discharge & Transfers (ADT), Summaries
- Customizable by health plan or provider



Current Status

EDIE

- All 59 hospitals are receiving EDIE notifications
- ED physicians report significant value in knowing all patient' utilization—particularly when accompanied by a care guideline

PreManage

- Many CCO's/Health Plans and primary care practices have adopted PreManage or are in process
- Several communities across Oregon are using these tools to facilitate cross organizational care coordination (hospital, health plan, primary care)



EDIE HTPP Measure

- Current HTPP EDIE measure requires hospitals to notify PCP practices of ED visits for patients with 5 or more ED visits in the past 12 months
- PreManage allows participating primary care practices to see all ED utilization for their population which makes hospital notification duplicative
- In some communities they are creating work arounds to reduce duplication while allowing hospitals to get “credit” for notifications



EDIE HTPP Measure—Year 4

- Utilizing EDIE and PreManage tools as a community resource has supported development of shared workflows and clarification of roles to reduce duplication of care management efforts
- Current process is very dynamic as more organizations adopt PreManage (e.g. mental health, AAA/APD)
- Focusing on an outcome measure of reduced ED revisits by high utilizing patients aligns with overall EDIE goals and enables hospitals and community partners to develop community based processes to reduce ED utilization

Draft EDIE Specifications

Denominator

- Count of patients with at least 5 emergency department visits in 12 months (5/12) at the same facility.
- Exclude patients who die, visits resulting in admissions, and patients who left AMA or without being seen.

Numerator

- Of those patients, count of those who return to the same ED within 30 days after their 5th ED visit.

Test Data

# of visits	Hospital Range (denominator n)	Hospital Range (30 day rate)	Hospital Range (60 day rate)
4 in 12	63 – 4,390	22.21 – 29.03%	32.65 – 44.44%
5 in 12	208 – 2,663	25.48 – 40.00%	37.57 – 73.33%
10 in 12	26 – 535	38.46 – 61.31%	53.85 – 75.91%

Proposed Year 4 Program Structure

- Rolling initial Year 3 proposal → Year 4 proposal
- OHA will include Year 4 proposal in waiver renewal being submitted to CMS this spring.
- Seeking Committee confirmation on proposal.

Year 4 Domains	Measures	Domain Weight	Share of \$
Fostering Effective Care Transitions	1. Potentially preventable readmissions	25%	8.33%
	2. HCAHPS, Staff always explained medicines		8.33%
	3. HCAHPS, Staff gave patient discharge information		8.33%
Improving Patient Safety	4. CLABSI in all tracked units	20%	4.00%
	5. C-difficile		4.00%
	6. Hypoglycemia in inpatients receiving insulin		4.00%
	7. Excessive anticoagulation with Warfarin		4.00%
	8. Adverse Drug Events due to opioids		4.00%
Reducing Avoidable ED Visits	9. EDIE: Reducing ED revisits	15%	15.0%
Coordinating Behavioral Health & Substance Use Interventions	10. Follow-up after hospitalization for mental illness	25%	8.33%
	11. SBIRT in the ED		8.33%
	12. Safe opioid prescribing		8.33%
Improving Maternal Health	13. Reducing C-sections/ Unexpected newborn complications	15%	15.0%

Next Meeting

Friday, May 20th from 1 – 4 pm in Wilsonville