

Overview and Orientation

**HTPP: Hospital Transformation  
Performance Program**

July 26, 2016

# Background

- Incentive measure program for DRG hospitals in Oregon
- Mandated by Oregon's 2013 HB 2216 (Years 1-2) and 2015 HB 2395 (Years 3-6)
  - Established Hospital Metrics Advisory Committee (analogous to CCO Metrics & Scoring Committee)
- 28 participating hospitals
- Subject to CMS approval through OHA's 1115 Medicaid waiver



# Timing, Years 1-3

- Initially approved by CMS for two years
  - OHA recently received formal, written approval from CMS for the Year 3 measures and benchmarks
- Year 1: Oct 2013 – Sep 2014
  - Report published and payments distributed **April 2015**
- Year 2: Oct 2014 – Sep 2015
  - Payments distributed and report published **June 2016**
- Year 3: Oct 2015 – Sep 2016
  - Payments and report due **June 2017**



# Timing, Years 4+

- Oregon legislature approved Years 3-6; CMS approved Year 3, but must separately approve Years 4-6
- Included in OHA's 1115 Demonstration renewal
- Year 4: Request to switch to Calendar Year (from Federal Fiscal Year)
  - If CMS approves, Year 4 would start January 2017



# Funding

- Funding is provided by the Hospital Provider Assessment
- In first two years, equal to 1% of federal financial participation (capped at \$150 million per year)
- In subsequent years, equal to 0.5% of federal financial participation, per Oregon HB 2395 (estimated to be \$80-\$100 million)



# Incentive Payments

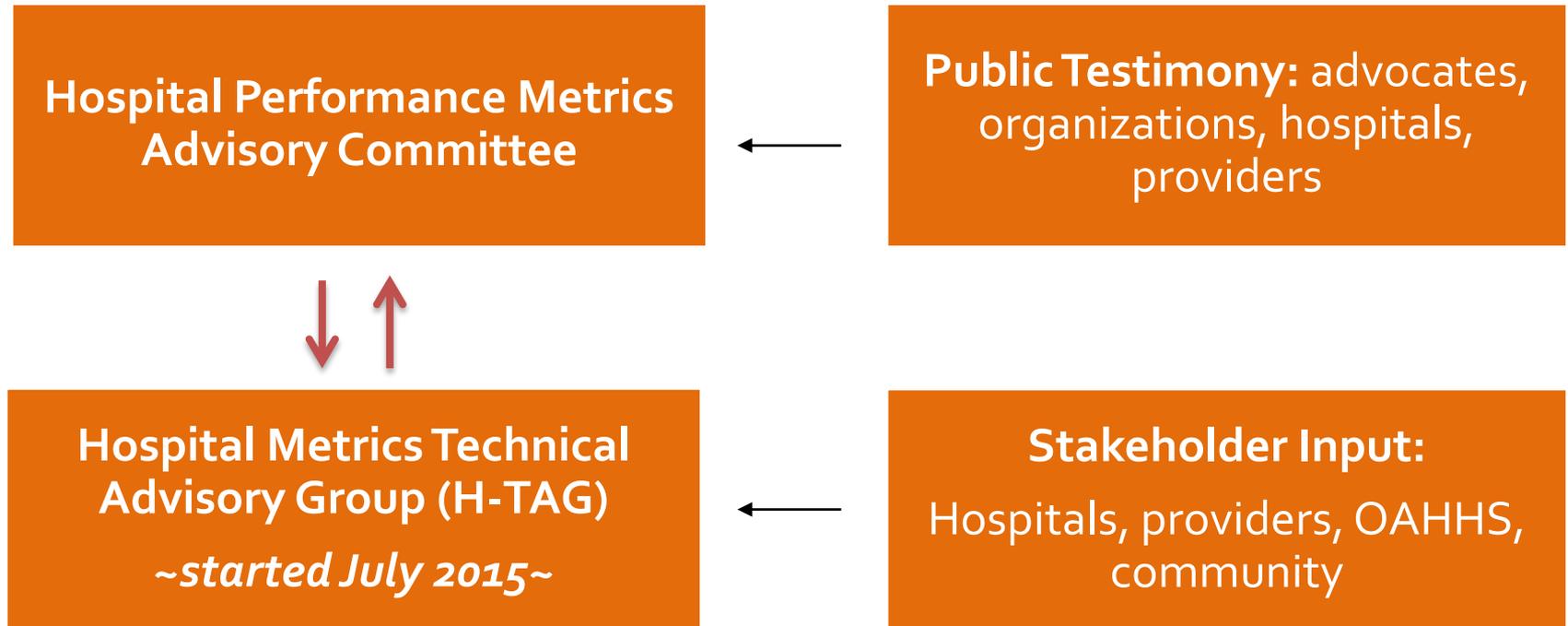
- Payment in Year 1 was for reporting
- Payment in Years 2+ contingent upon meeting benchmarks or improvement targets
- Hospitals achieving 75% of the measures for which they are eligible receive a floor payment of \$500,000
- The remaining funds are distributed based upon performance on individual measures

# Hospital Performance Metrics Advisory Committee

- Charged with identifying measures and targets
  - Initial list of measures had to be approved by CMS
  - Should align with goals of Health System Transformation and CCOs
- Charter dictates that the committee meet at least four times each year

[http://www.oregon.gov/oha/analytics/HospitalMetricsDocs/Hospital%20Committee%20Charter\\_updated%2020150529.pdf](http://www.oregon.gov/oha/analytics/HospitalMetricsDocs/Hospital%20Committee%20Charter_updated%2020150529.pdf)

# Measure Selection: A Public Process



# Hospital Performance Metrics

## Guiding Principles

1. Transformative potential
2. Relevance
3. Consistency with existing state and national quality measures
4. Attainability
5. Accuracy
6. Feasibility of measurement
7. Reasonable accountability
8. Range/diversity of measures

# Years 1-3 Domains and Measures

Focus Area	Domains	Measures
Hospital focus	1. Readmissions	1. Hospital-Wide All-Cause Readmissions (NQF 1789)
	2. Medication Safety	2. Hypoglycemia in inpatients receiving insulin
		3. Excessive anticoagulation with Warfarin
		4. Adverse Drug Events due to opioids
	3. Patient Experience	5. HCAHPS, Staff always explained medicines (NQF 0166)
		6. HCAHPS, Staff gave patient discharge information (NQF 0166)
	4. Healthcare-Associated Infections	7. CLABSI in all tracked units (NQF 0139)
		8. CAUTI in all tracked units (NQF 00754)
Hospital-CCO Coordination focus	5. EDIE	9. Emergency Department Information Exchange (EDIE)
	6. Behavioral Health	10. Follow-up after hospitalization for mental illness (adapted from NQF 0576)
		11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the emergency department

# Year 1 Performance

Overall hospitals were successful in reporting the measures required for payment in the first year

- All hospitals successfully submitted data for at least 8 of the 11 measures
- Twenty-seven hospitals successfully submitted data for 10 of the 11 measures
- For the first year, a total of \$150 million in funds from a quality pool was awarded based on baseline data submitted for the 11 measure

# Year 2 Summary

Hospitals demonstrated progress toward achieving the metrics

- Hospitals did very well in the area of medication safety
- Hospitals did well in the area of hospital/coordinated care organization (CCO) coordination
- Areas in need of improvement: readmissions, CLABSI rates, patient experience measures reported through the (HCAHPS) survey

# Summary Year to Year (1)

Domains	Measures	Statewide Progress Baseline to Year 2
1. Healthcare Associated Infections	1. CLABSI in all tracked units (modified NQF 0139)	 0.83 to 0.89 9 met benchmark or target
	2. CAUTI in all tracked units (modified NQF 0754)	 0.83 to 0.99 22 met benchmark or target
2. Medication Safety	3. Hypoglycemia in inpatients receiving insulin	 3.9% to 3.8% 26 met benchmark or target
	4. Excessive anticoagulation with Warfarin	 1.5% to 1.3% 27 better than benchmark
	5. Adverse drug events due to opioids	 0.5% to 0.5% 28 better than benchmark

# Summary Year to Year (2)

Domains	Measures	Statewide Progress Baseline to Year 2
3. Patient Experience	6. HCAHPS, Staff always explained medicines (NQF 0166)	 63.8% to 64.0% 6 hospitals reached their target
	7. HCAHPS, Staff gave patient discharge information (NQF 0166)	 88.9% to 89.4% 11 met benchmark or target
4. Readmissions	8. Hospital-wide all-cause readmission	 10.9% to 11.3% 6 met benchmark or target

# Summary Year to Year (3)

Domains	Measures	Statewide Progress Baseline to Year 2
5. Behavioral Health	9. Follow-up after hospitalization for mental illness (modified NQF 0576)	23 hospitals reached benchmark
	10. SBIRT	22 hospitals met benchmark or target
6. Sharing ED Visit Info	11. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits	 54.8% to 63.3% 24 met benchmark or target



# Evaluation

- OHSU / Center For Health Systems Effectiveness ran independent evaluation of Years 1 and 2
- Key Findings:
  - Performance incentives were associated with statistically significant improvements on 2 of 11 quality measures
    - EDIE outreach
    - SBIRT screenings



## Evaluation (2)

- Specific activities were associated with change in performance between Baseline and Performance Years
  - Increasing collaboration with CCOs
  - Changing workflows or protocols
  - Investing in new data tools or software
- Surveys and interviews indicate that HTPP increased collaboration between hospitals and CCOs

# Year 3 Benchmarks

Measures	Year 3 Benchmarks
1. Hospital-Wide All-Cause Readmissions	90 <sup>th</sup> percentile Year 2 (8.4%)
2. Hypoglycemia in inpatients receiving insulin	5%
3. Excessive anticoagulation with Warfarin	3%
4. Adverse Drug Events due to opioids	3%
5. HCAHPS, Staff always explained medicines	National 90 <sup>th</sup> percentile (73.0%)
6. HCAHPS, Staff gave patient discharge information	National 90 <sup>th</sup> percentile (91.0%)
7. CLABSI in all tracked units (NQF 0139)	n/a – improvement target only
8. CAUTI in all tracked units (NQF 00754)	n/a – improvement target only
9. Emergency Department Information Exchange (EDIE)	90 <sup>th</sup> percentile, Year 1 (84.4%)
10. Follow-up after hospitalization for mental illness (adapted from NQF 0576)	90 <sup>th</sup> percentile, Year 2 hospital rate (80.1%)
11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the emergency department	90 <sup>th</sup> percentile Year 2: Brief Screen: 88.0%* Full Screen: 71.3%*

# Future of the HTPP

# Proposed Year 4 HTPP Domains and Measures (subject to CMS Approval)

Domains	Measures
<b>1. Fostering Effective Care Transitions</b>	<ol style="list-style-type: none"> <li>1. Potentially preventable readmissions (3M)</li> <li>2. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, Staff always explained medicines</li> <li>3. HCAHPS survey, Staff gave patient discharge information</li> </ol>
<b>2. Improving Patient Safety</b>	<ol style="list-style-type: none"> <li>4. Catheter Associated Urinary Tract Infection (CAUTI) in all tracked units (adapted from NQF 0754)</li> <li>5. Hypoglycemia in inpatients receiving insulin</li> <li>6. C-Difficile (NQF 1717)</li> </ol>
<b>3. Reducing Avoidable ED visits</b>	<ol style="list-style-type: none"> <li>7. EDIE: reducing emergency department re-visits</li> </ol>
<b>4. Behavioral Health and Substance Use</b>	<ol style="list-style-type: none"> <li>8. Follow-up after hospitalization for mental illness (adapted from NQF 0576)</li> <li>9. SBIRT in the emergency department (two-part measure)</li> <li>10. Safe opioid prescribing</li> </ol>
<b>5. Improving Maternal and Child Health</b>	<ol style="list-style-type: none"> <li>11. Reducing C-sections (NQF 0471, PC-02) / monitoring measure of unexpected newborn complications (NQF 716, healthy term newborn)</li> </ol>

# Proposed Program Structure Changes (Subject to CMS Approval)

- Year 4
  - New domain arrangement (previous slide)
  - Implement challenge pool
- Year 5
  - Continue new domain arrangement
  - Continue challenge pool
  - Divide measures into two measure sets:
    - **Core.** Domains and measure applicable to all hospitals. All hospitals expected to report on all measures.
    - **Hospital-specific “menu” set.** Domains and measures from which hospitals choose X number of measures based on local priority and need, and in accordance with parameters set by Committee.

# Next Committee Meeting

- Elect Chair and Co-Chair
- Review potential Year 4 measures (proposal to CMS)
- Begin discussion of Year 4 benchmarks
- Revisit idea of core and menu set
- Note: June and July no meetings held

# Webpages

Program Structure, measure specifications, technical guidance documents

<http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx>

Year 2 Performance Report

[http://www.oregon.gov/oha/Metrics/Documents/HTPP\\_Year\\_2\\_Report.pdf](http://www.oregon.gov/oha/Metrics/Documents/HTPP_Year_2_Report.pdf)

Committee information, Charter, Bylaws

<http://www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx>

# Question and Answer Session

# Thank You!

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