
Hospital Performance Metrics Advisory Committee

September 21, 2016



Consent Agenda

- Welcome new members
- Approve May minutes
- Chair- and vice-chair nominations (vote to occur in October)
- Agenda overview:
 - Program updates
 - Year 4 opioid metric discussion
 - Select Year 4 benchmarks
 - Select Year 4 challenge pool

Committee Composition

Name	Role	Organization	Term
Laura Duffey	Quality expert	Kaiser	July 2016 – June 2018
Mark Tomlinson	Quality expert	Physician (OB) / Oregon Perinatal Collaborative	July 2016 – June 2018
Jeff Luck	Quality expert	Oregon State University	Feb 2014 – June 2017
Manny Berman	Hospital rep.	Tuality Healthcare	Feb 2014 – June 2017
Doug Koekkoek	Hospital rep.	Providence	Feb 2014 – June 2017
Aisha Furbach	Hospital rep.	Legacy	July 2016 – June 2018
Sheri Johnson	Hospital rep.	Good Samaritan	July 2016 – June 2018
Maggie Bennington-Davis	CCO rep.	Health Share of Oregon	July 2015 – June 2017
Ken House	CCO rep.	Pacific Source	July 2015 – June 2017

Program Updates

CCO Metrics & Scoring Committee Updates

- Met on Friday, 16 September
 - Heard presentations on and discussed kindergarten readiness and the CCO effective contraceptive use measure
 - Had an introduction to medication therapy management measures
 - Selected 2017 challenge pool
 - SBIRT in primary care
 - Developmental screening
 - Depression screening and follow up plan
 - Effective contraceptive use

Health Plan Quality Metrics Committee

- Purpose: to identify health outcome and quality measures that may be applied to services provided by CCOs or paid for by health benefit plans sold through the HIE or offered by the OEGB or the PEBB.
- Will not oversee hospital metrics, but there will be a hospital representative on the Committee
- The deadline to apply is 8:00 am Wednesday, October 19th.

HTPP – summer updates

- Year 2 report published and payments issued in **June** (available at http://www.oregon.gov/oha/Metrics/Documents/HTPP_Year_2_Report.pdf)
- Evaluation findings also shared with CMS in June (per conditions in waiver)
- Official CMS approval of Year 3 extension received from CMS in June
- H-TAG continued to meet throughout summer
- OAHHS began working with OHA on education plan for HTPP hospitals (see plan in packet)

Performance overview

	CAUTI	CLABSI	Opioids	Warfarin	Hypoglycemia	HCAHPS: Medicines	HCAHPS: Discharge	Readmissions	Follow-up after hosp.	SBIRT in the ED	EDIE
■ Hospital achieved BENCHMARK in Year 2											
■ Hospital achieved IMPROVEMENT TARGET											
* Top performing hospital in each measure											
+ Tied top performers											
Adventist	■		■	■	■	■	■	■	■	■	■
Asante Rogue Regional			■	■	■	■	■	■	■	■	*
Asante Three Rivers	■	+	■	■	■	■	■	■	*	■	■
Bay Area Hospital	■		■	■	■	■	■	■	■	■	■
Good Samaritan Regional	■		■	■	■	■	■	■	■	■	■
Kaiser Sunnyside	■		■	■	■	■	■	■	■	■	■
Kaiser Westside	+		+	■	■	■	■	■	■	■	■
Legacy Emanuel	■		■	■	■	■	■	■	■	■	■
Legacy Good Samaritan	■		■	■	■	■	■	■	■	■	■
Legacy Meridian Park	■	■	■	■	■	■	■	■	■	■	■
Legacy Mount Hood	■		■	■	■	■	■	■	■	■	■
McKenzie-Willamette	■	+	■	■	■	*	■	■	■	■	■
Mercy	■		■	■	■	■	■	■	■	■	■
OHSU Hospital	■		■	■	*	■	■	■	■	■	■
PeaceHealth Sacred Heart - RiverBend	■	■	■	■	■	■	■	■	■	■	■
PeaceHealth Sacred Heart - University	■	+	+	■	■	■	■	■	■	■	■
Providence Medford	+		■	■	■	■	■	■	■	■	■
Providence Milwaukie	■		■	■	■	■	■	■	■	■	■
Providence Portland	■		■	■	■	■	■	■	■	■	■
Providence St. Vincent	■		■	■	■	■	■	■	■	■	■
Providence Willamette Falls	+		■	■	■	■	■	■	■	■	■
Salem Hospital	■		■	■	■	■	■	■	■	■	■
Samaritan Albany General Hospital	+	+	■	■	■	■	■	■	■	■	■
Shriners Hospital for Children	+	+	■	■	■	n/a	■	*	■	n/a	n/a
Sky Lakes	■		■	■	■	■	■	■	■	■	■
St. Charles Bend	■	■	■	■	■	■	■	■	■	■	■
Tuality Healthcare	■		■	*	■	■	*	■	■	*	■
Willamette Valley	+	+	■	■	■	■	■	■	■	■	■

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

Where We Are, Year 3

Focus Area	Domains	Measures
Hospital focus	1. Readmissions	1. Hospital-Wide All-Cause Readmission
	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 (adapted from NQF 0139)
		8. CAUTI in all tracked units (adapted from NQF 0754)
Hospital-CCO collaboration focus	5. Sharing ED visit information	9. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits
	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

Years 4+ Waiver Proposal (subject to CMS approval)

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

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

CURRENT STATUS OF WAIVER NEGOTIATIONS FOR YEARS 4+

Public Testimony

Year 4 opioid metric discussion

Proposed Opioid Metric

- An alternate metric based on work from Washington state was proposed and agreed upon by the Committee.
- The proposed metric embraces the spirit of the CDC¹ and OCEP² guidelines.
- To remain comparable to WA and address some of concerns from ED physicians, the current proposal is in three parts (versus two):
 - 1) Average number of pills per opioid Rx in the ED
 - 2) Average morphine equivalent dose (MED) per prescription written in the ED
 - 3) Percent of ED visits that result in an opioid Rx

¹ <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

² <http://www.oregon.gov/oha/analytics/HospitalMetricsDocs/ORACEP%20Opioid%20Prescribing%20Guidelines.pdf>

Committee Decision

- 1) Committee agreement on three-part measure?
- 2) Which part(s) should be incentivized (i.e., have a benchmark / improvement target which must be met, versus being reporting only / monitoring)?

Selecting Year 4 Benchmarks

*please see staff recommendations document in packet



OPC Presentation:
Hospital Performance Advisory Committee

September 21, 2016

OPC Understanding of Committee Request

- ▶ **HTPP Year 3 Measures:**

- ▶ No perinatal measures added

- ▶ **HTPP Year 4 Measures:**

- ▶ Confirm earlier discussions around C-section and newborn complications recommended measures
 - ▶ Recommend measure definition
 - ▶ Recommend benchmarks where applicable



HTPP Year 4 Measures

- ▶ Recommended Measures:

- ▶ NQF #0471: Cesarean Section Rate-Nulliparous, Term, Singleton, Vertex (NTSV) (PC-02)

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

- ▶ NQF #0716: Unexpected Newborn Complications (Healthy Term Newborn)

- ▶ Percent of term singleton live births (excluding those with diagnoses originating in the fetal period) who sustain significant complications during birth or nursery care.



NQF #0471: Cesarean Section Rate Nulliparous, Term, Singleton, Vertex (NTSV) (PC-02)

- ▶ **Recommended benchmark: 23.9%**
 - ▶ Supported by CMQCC (California Maternal Quality Care Collaborative)
 - ▶ Oregon Maternity Data Center (OMDC) includes 15 hospitals currently reporting these measures
 - ▶ Supported by Healthy People 2020



Measure Calculation

- ▶ Numerator Statement: Patients with cesarean sections with ICD Codes as defined by The Joint Commission
- ▶ Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation (exclusions exist)



NQF #0716: Unexpected Newborn Complications

- ▶ No recommended benchmark at this time; instead, recommend monitoring data for first year
 - ▶ OR data notes current range of 1.3-9%
 - ▶ Variability may be due to data entry errors
- ▶ Interest in monitoring changes in the data over time
 - ▶ Concern is less about the overall rate and more about the how the rate may change over time
 - ▶ WA experience: overall range is 2.8-3.5% for the past two years
 - ▶ California experience: overall range is between 2-3%



Measure Calculation

- ▶ **Numerator Statement:** a set of either short or long term newborn complications classified as moderate and severe
- ▶ **Denominator Statement:** Term infants without “pre-existing conditions”:
 - ▶ Exclusions: preterm, <2500gm, multiple gestations, all congenital anomalies (“big or small”), other fetal conditions, and exposures to maternal drug use
- ▶ **Overall rate equation:**
$$\frac{(\text{Severe Complications Numerator} + \text{Moderate Complications Numerator}) \times 1,000}{\text{Final Denominator}}$$



Measure Calculation

- ▶ Measures can be calculated with administrative data alone; however, requires a linked set to provide proper checks and balances
 - ▶ Baby Discharge Diagnosis file (ICD-9 codes, LOS and Disposition)
 - ▶ Birth Certificate (Birth Weight, Gestational Age, Method of delivery)
 - ❖ NOTE: Oregon does not have standardized access to birth certificate data
 - ▶ Linkage algorithms well established by CMQCC



OPC GOAL

- ▶ To see a decline in the NTSV rate without an increase in unexpected newborn complications



Questions / Comments / Next Steps?

Thank you!

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Year 4 Challenge Pool

Challenge Pool

- Per waiver application, challenge pool to include most transformative measures selected by Committee (could include measures outside of existing measure set)
- Pool amount based on dollars remaining after distribution in prior rounds
- Hospitals qualify for payment by achieving either a benchmark or improvement target on these measures

Challenge Pool Payment Structure

- Phase 1. Floor Payment
 - As now, \$500,000 to hospitals achieving 75% of measures for which eligible. **CHANGE: Unearned funds here move to challenge pool**
- Phase 2. Payment per Measure Achieved
 - As now, after floor allocation, remaining funds allocated based on achievement of benchmark or improvement target. **CHANGE: Unearned funds here move to challenge pool.**
- Phase 3. Challenge Pool Payment
 - Unclaimed funds from Phases 1 and 2 form challenge pool.

Challenge Pool Payment Example

- If a challenge pool in Year 2:
 - \$150,000,000 for all payments
 - 3 hospitals qualify for floor payment
 - Year 2 performance across measures; 9/2012 Medicaid discharges and days allocation

Challenge Pool Payment Structure

Phase 1. Floor Payment

- \$1,500,000 paid out
- \$12,500,000 shifted to challenge pool (rather than being redistributed across individual measures)

Phase 2. Payment per Measure Achieved

- \$75,580,817 paid out
- \$60,419,183 shifted to challenge pool (rather than being redistributed across remaining measures)

Subtotal: \$77,080,817 paid out in Phases 1 & 2

Phase 3. Challenge Pool Payment

- Total of \$72,919,183 ($\$12,500,000 + \$60,419,183$) would be paid out to those achieve challenge pool measure(s), allocated based upon Medicaid discharges and days

Selection of Challenge Pool Measure(s)

- Proposed parameters
 - Each measure is treated independently (i.e., if achieve one of challenge pool measures, receive dollars for that measure, regardless of performance on other challenge pool measures)
 - Standardized measures (not developmental)
 - Only measures in which all hospitals can participate

Selection of Challenge Pool Measure(s) (2)

Staff Recommendation:

- Readmissions
- HCAHPS – discharge information

Challenge Pool Measure(s) – Benchmark Structure

Should the initial benchmark be used, or a ‘stretch’ target?

Staff Recommendation:

- Use initial benchmark

Wrap Up

- Next meeting
 - October 21 from 1:00 – 4:00 PM in Wilsonville