**Title:** Hospital Transformation Performance Program, Year 3 (2016) Program Structure Options
**Date:** 20 January 2016

## 1. Introduction

This paper outlines program structure options and decision points for the Hospital Performance Metrics Advisory Committee (hereafter, Committee) to use in making recommendations for the third year (2016) of the Hospital Transformation Performance Program (HTPP). All recommendations are subject to approval by the Oregon Health Authority (OHA) and the Centers for Medicare & Medicaid Services (CMS). OHA is still working with CMS to solidify approval for the third year of the program, but the decisions made as below will ensure the program can be implemented as soon as possible once CMS approval is solidified.

## 2. Revised Program Structure

CMS requested OHA make changes to the program structure and additional measures in order to consider approving a third year of the HTPP. At its meeting on 18 December 2015, the Committee voiced general approval for the revisions to the domains and measures of the HTPP, as outlined in Table 1. This revised structure realigns the eleven HTPP measures from the first two years of the program under five domains. This revised domain structure more effectively communicates the community focused nature of the program. In addition, a new domain focused on improving maternal and child health was added. In Year 3(2016) this domain includes one focus measure (reducing medically unnecessary cesarean sections) and a complimentary balancing measure on unexpected newborn complications; however, the Committee is working with the Oregon Perinatal Collaborative to move beyond these two measures in the future.

**Table 1: Revised Year 3 HTPP Domains and Measures**

| Domains | Measures |
|---|---|
| **NEW:**<br>**1. Fostering Effective Care Transitions** | 1. Potentially preventable readmissions (3M)<br>2. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, Staff always explained medicines (NQF 0166)<br>3. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, Staff gave patient discharge information (NQF 0166) |
| 2. Improving Patient Safety | 4. Central Line-Associated Bloodstream Infection (CLABSI) in all tracked units (adapted from NQF 0139)<br>5. Catheter Associated Urinary Tract Infection (CAUTI) in all tracked units (adapted from NQF 0754)<br>6. Hypoglycemia in inpatients receiving insulin<br>7. Excessive anticoagulation with Warfarin<br>8. Adverse drug events due to opioids<br>**9. NEW: *C-Difficile* (NQF 1717), replace 4 or 5** |
| 3. Reducing Avoidable ED visits | 10. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits (two-part measure) |
| 4. Behavioral Health and Substance Use | 11. Follow-up after hospitalization for mental illness (adapted from NQF 0576)<br>12. SBIRT in the emergency department (two-part measure)<br>**13. NEW: Reducing opioid use** |
| **NEW:**<br>**5. Improving Maternal and Child Health** | **14. Reducing C-sections (NQF 0471, PC-02), working with Oregon Perinatal Collaborative, *with second part monitoring measure of unexpected newborn complications (NQF 716, healthy term newborn)*** |

This revised structure in addition to the maternal and child health measures, the revised structure also includes new c-*difficile* and opioid use reduction measures.

## 3. Decisions Needed

### DECISION 1: WHETHER TO REDUCE PATIENT SAFETY DOMAIN TO EIGHT MEASURES

At its last meeting the Committee discussed reducing the Improving Patient Safety Domain from nine to eight measures. This means the new c-difficile measure would replace one of the existing measures. At the Committee's request, the Hospital Technical Advisory Group (H-TAG) was consulted, and recommended that:

- Dropping CLABSI if a healthcare associated infection focused measure is dropped
- Dropping the insulin measure if a medication safety focused measure is dropped
- Dropping CLABSI if the Committee has no preference in terms of dropping a medication safety or healthcare associated infection measure

***OHA Recommendation:*** Drop CLABSI

### DECISION 2: HOW TREAT HOSPITALS THAT DO NOT PERFORM DELIVERIES

Three of the HTPP-participating hospitals do not perform deliveries. A Committee recommendation is needed on how to treat these hospitals. Whatever is decided would be a Year 3 option only, until additional measures reflecting the intent of the new domain are identified.

Options include:

- Option 1. Hospitals that don't perform deliveries are ineligible for payment on this measure
- Option 2. Use an allocation methodology, similar to that used for follow-up after hospitalization for mental illness, in which hospitals are allocated the rate for local hospitals, or other hospitals in their system
- Option 3. Require such hospitals to report on another measure (perhaps the dropped patient safety measure or an alternative maternal or child health measure, which would need to be developed). This measure would have to be weighted according to the domain weight.

Preliminary feedback from the H-TAG is to exempt such hospitals from this measure, rather than using an allocation methodology such as that used for the follow-up after hospitalization methodology. The outcome of this approach, however, would mean that such hospitals would then be ineligible for payment on this measure.

***OHA Recommendation:*** Option 3, requiring such hospitals to report on whichever measure is dropped on the patient safety domain for the other hospitals, or an alternative maternal or child health measure, which would need to be developed.

### DECISION 3: PAYMENT WEIGHTING ACROSS DOMAINS

HTPP payments are structured around domains, rather than individual measures. As in Table 2, each domain is worth a certain proportion of the total incentive pool; the dollars available for each domain are then allocated across the measures within that domain.

In the first two years of the program the hospitals-focused domains were weighted more heavily than the hospital-CCO collaboration focused measures (75% of the funds were allocated to the hospitals focused domains, while 25% went to the CCO-hospital collaboration focused domains).

**Table 2. Years 1 and 2 Payment Weighting**

| Domains | Measures | Domain Weight | Share of Available Funds by Year* | |
|---|---|---|---|---|
| | | | YR 1 | YR 2 |
| Readmissions | 1. Hospital-Wide All-Cause Readmission | 18.75% | 18.75% | 18.75% |
| Medication Safety | 2. Hypoglycemia in inpatients receiving insulin<br>3. Excessive anticoagulation with Warfarin<br>4. Adverse Drug Events due to opioids | 18.75% | 6.25%<br>6.25%<br>6.25% | 6.25%<br>6.25%<br>6.25% |
| Patient Experience | 5. HCAHPS, Staff always explained medicines (NQF 0166)<br>6. HCAHPS, Staff gave patient discharge information (NQF 0166) | 18.75% | 9.38%<br>9.38% | 9.38%<br>9.38% |
| Healthcare-Associated Infections | 7. CLABSI in all tracked units (modified NQF 0139)<br>8. CAUTI in all tracked units (modified NQF 0754) | 18.75% | 9.38%<br>9.38% | 9.38%<br>9.38% |
| Sharing ED visit information | 9. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits | 12.5% | 12.50% | 12.50% |
| Behavioral Health | 10. Follow-up after hospitalization for mental illness (modified NQF 0576)<br>11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the Emergency Department | 12.5% | 6.25%<br>6.25% | 6.25%<br>6.25% |

As all domains are community focused in Year 3, the payment structure will need to be amended. Options are outlined below. Tables 3-5, overleaf, show how each option would work out.

- Option 1. Equally weighting payment across all domains (Table 3). Because two of the domains have only one measure, however, these measures are worth significantly more money than those included in the other domains.
- Option 2. Adjust the payment so that each measure is worth the same amount (Table 4). However, this approach results in the Improving Patient Safety domain, arguable the least transformative from CMS's viewpoint, is weighted more heavily than the other domains because it has the greatest number of measures.
- Option 3. Adjust weighting across domains to identify areas of particular emphasis (Table 5). OHA's recommendation here would be to shift funding from the Improving Patient Safety Domain and add weight to the Fostering Effective Care Transitions and Coordinating Behavioral Health and Substance Use Interventions domains. Funding could also be shifted from the two domains with only one measure so that these measures are not quite so heavily weighted (the Committee could adjust this in subsequent years).

Note the payment weighting recommendation would only apply to Year 3; the new Year 4 structure would require additional discussion.

***OHA Recommendation:*** Option 3, adjust weighting across domains to identify areas of particular emphasis.

| **Table 3. Year 3 Payment Weighting Option 1 – Equal Weighting Across Domains** | | | |
|---|---|---|---|
| **Domains** | **Measures** | **Domain Weight** | **Share of Available Funds, Year 3** |
| Fostering Effective Care Transitions | 1. Potentially Preventable Readmissions<br>2. HCAHPS, Staff always explained medicines<br>3. HCAHPS, Staff gave patient discharge information | 20.00% | 6.67%<br>6.67%<br>6.67% |
| Improving Patient Safety ***one measure to be replaced with c-diff** | 4. CLABSI in all tracked units<br>5. CAUTI in all tracked units<br>6. Hypoglycemia in inpatients receiving insulin<br>7. Excessive anticoagulation with Warfarin<br>8. Adverse Drug Events due to opioids | 20.00% | 4.00%<br>4.00%<br>4.00%<br>4.00%<br>4.00% |
| Reducing Avoidable ED visits | 9. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits | 20.00% | 20.00% |
| Coordinating Behavioral Health and Substance Use Interventions | 10. Follow-up after hospitalization for mental illness<br>11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the Emergency Department<br>12. Reducing opioid use | 20.00% | 6.67%<br>6.67%<br>6.67% |
| Improving Maternal Health | 13. Reducing C-sections (NQF 0471, PC-02) | 20.00% | 20.00% |

| Table 4. Year 3 Payment Weighting Option 2 – Equal Weighting Across *Measures* | | | |
|---|---|---|---|
| **Domains** | **Measures** | **Domain Weight** | **Share of Available Funds, Year 3** |
| Fostering Effective Care Transitions | 1. Potentially Preventable Readmissions<br>2. HCAHPS, Staff always explained medicines<br>3. HCAHPS, Staff gave patient discharge information | 23.07% | 7.69%<br>7.69%<br>7.69% |
| Improving Patient Safety ***one measure to be replaced with c-diff** | 4. CLABSI in all tracked units<br>5. CAUTI in all tracked units<br>6. Hypoglycemia in inpatients receiving insulin<br>7. Excessive anticoagulation with Warfarin<br>8. Adverse Drug Events due to opioids | 38.45% | 7.69%<br>7.69%<br>7.69%<br>7.69%<br>7.69% |
| Reducing Avoidable ED visits | 9. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits | 7.69% | 7.69% |
| Coordinating Behavioral Health and Substance Use Interventions | 10. Follow-up after hospitalization for mental illness<br>11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the Emergency Department<br>12. Reducing opioid use | 23.07% | 7.69%<br>7.69%<br>7.69% |
| Improving Maternal Health | 13. Reducing C-sections (NQF 0471, PC-02) | 7.69% | 7.69% |

| Table 5. Year 3 Payment Weighting Option 4 – Shifting Funding to Emphasize Most Transformative Domains | | | |
|---|---|---|---|
| **Domains** | **Measures** | **Domain Weight** | **Share of Available Funds, Year 3** |
| Fostering Effective Care Transitions | 1. Potentially Preventable Readmissions<br>2. HCAHPS, Staff always explained medicines<br>3. HCAHPS, Staff gave patient discharge information | 30.00% | 10.00%<br>10.00%<br>10.00% |
| Improving Patient Safety ***one measure to be replaced with c-diff** | 4. CLABSI in all tracked units<br>5. CAUTI in all tracked units<br>6. Hypoglycemia in inpatients receiving insulin<br>7. Excessive anticoagulation with Warfarin<br>8. Adverse Drug Events due to opioids | 20.00% | 4.00%<br>4.00%<br>4.00%<br>4.00%<br>4.00% |
| Reducing Avoidable ED visits | 9. Hospitals share ED visit information with primary care providers and other hospitals to reduce unnecessary ED visits | 10.00% | 15.00% |
| Coordinating Behavioral Health and Substance Use Interventions | 10. Follow-up after hospitalization for mental illness<br>11. Screening for alcohol and drug misuse, brief intervention, and referral to treatment (SBIRT) in the Emergency Department<br>12. Reducing opioid use | 30.00% | 10.00%<br>10.00%<br>10.00% |
| Improving Maternal Health | 13. Reducing C-sections (NQF 0471, PC-02) | 10.00% | 15.00% |

**DECISION 4: BENCHMARK AND IMPROVEMENT TARGET FLOOR RECOMMENDATIONS**

Please refer to slides for January 22, 2016 meeting minutes.