HTPP Year 4 Benchmark Selection: Staff Recommendations

Measure	Year 3 Performance (YTD, Oct-June)	Year 2 Benchmark	Year 3 Benchmark	Additional Information	Year 4 Benchmark - Staff Recommendation
All-Cause Readmissions[1] **lower is better*	State: 10.4% High: 14.7% Low: 6.1%	8.0% (90th percentile for HTPP Year 1) MN method with 3 *percent* floor	8.4% (90th percentile HTPP Year 2) MN method with 3 *percent* floor	***Draft* YTD percentiles:** 95th: 6.4% 90th: 6.7% 75th: 8.6% **Year 2 percentiles:** 95th: 8.0% 90th: 8.4% 75th: 9.4% **Number achieving benchmark or improvement target in Year 2:** 6	90th percentile of **Year 2** performance (8.4%) MN method with 3 *percent* floor
Potentially preventable readmissions[1] **lower is better*	N/A – new measure	N/A	N/A	**CY 2015 Performance:** State: Unavailable at this time High: 6.6% Low: 3.9% **CY 2015 Percentiles:** 95th: 4.9% 90th: 5.0% 75th: 5.2%	90th percentile of **CY 2015** performance (5.0%) MN method with 3 *percent* floor

[1] Data for the two readmissions measures are for October – December 2015, the latest available.

Measure	Year 3 Performance (YTD, Oct-June)	Year 2 Benchmark	Year 3 Benchmark	Additional Information	Year 4 Benchmark - Staff Recommendation
HCAHPS: Staff always explained medicines	State: Unavailable at this time High: 75.1% Low: 48.3%	72.0% (National 90th percentile, April 2014) MN method with 2 percentage point floor	73.0% (National 90th percentile, April 2015) MN method with 2 percentage point floor	**National percentiles, April / May 2016[2]:** 95th: 77.0% 90th: 73.0% 75th: 68.0% **Number achieving benchmark or improvement target in Year 2:** 6	National 90th percentile, April / May 2016 (73.0%) MN method with 2 percentage point floor
HCAHPS: Staff gave patient discharge information	State: Unavailable at this time High: 94.2% Low: 86.6%	90.0% (National 90th percentile, April 2014) *Shriners: 92.7% (90th percentile, all PG Database Peer Group, 2/1/2014 – 7/31/2014)* MN method with 2 percentage point floor	91.0% (National 90th percentile, April 2015) *Shriners: 92.6% (90th percentile, all PG Database Peer Group, 2/1/2015 – 1/31/2016)* MN method with 2 percentage point floor	**National percentiles, April / May 2016[2]:** 95th: 93.0% 90th: 91.0% 75th: 89.0% **Number achieving benchmark or improvement target in Year 2:** 11	National 90th percentile, April / May 2016 (91.0%) *Shriners: 90th percentile, all PG Database Peer Group* MN method with 2 percentage point floor

[2] http://www.hcahpsonline.org/Files/April-May_2016_Summary%20Analyses_States.pdf

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Catheter Associated Urinary Tract Infection (CAUTI) in all tracked units **lower is better*	N/A - Year 4 will use Standardized Infection Ration (SIR), and change from HTPP Years 1-3.	N/A	N/A	Year 4 is a switch from device days measure to the Standardized Infection Ration (SIR); previous benchmarks not comparable. SIR data across *all tracked units* not currently available (will be available in 2015 report)[3]. 2014 state rate for adult and pediatric ICUs is 1.11. Eleven (11) DRG hospitals meet the *draft* CDC target of 0.75[3].	Per OHA Public Health Division, use CDC HHS 2020 targets for HAIs. *Drafts* are included below; CDC should finalize by 2017. Recommendation is to use finalized CDC target (available by early 2017): *Draft* CDC target is 25% reduction from the 2015 national baseline (SIR benchmark of 0.75 or lower to receive payment) MN method with 3 *percent* floor
Central Line-Associated Bloodstream Infection (CLABSI) in all tracked units [4] **lower is better*	Year 4 will use Standardized Infection Ration (SIR), and change from HTPP Years 1-3.	N/A	N/A	Year 4 is a switch from device days measure to the Standardized Infection Ration (SIR); previous benchmarks not comparable. SIR data across *all tracked units* not currently available (will be available in 2015 report)[5]. 2014 state rate for adult ICUs is 0.24. Eighteen (18) DRG hospitals meet the *draft* CDC target of 0.50.	Per OHA Public Health Division, use CDC HHS 2020 targets for HAIs. *Drafts* are included below; CDC should finalize by 2017. Recommendation is to use finalized CDC target (available by early 2017): *Draft* CDC target is 50% reduction from the 2015 national baseline (SIR benchmark of 0.5 or lower to receive payment) MN method with 3 *percent* floor

[3] CAUTI data for intensive care units only are available in the Oregon Public Health Division's Health Care-Associated Annual Infections Report, here: https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/Reports/2014-HAI-ProviderRept.pdf.

[4] This measure is included as it relates to data availability for the C-section measure. An allocation methodology will be used for hospitals without Obstetrics and Gynecology services. Those hospitals that are part of systems will receive the DRG system rate for the C-section measure. In lieu of data for the C-section measure, any hospital without OB services that is not in a system (currently only Shriners Hospital for Children) will be eligible for an incentive payment based upon performance on CLABSI.

[5] CLABSI data for intensive care units only are available in the Oregon Public Health Division's Health Care-Associated Annual Infections Report, here: https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/Reports/2014-HAI-ProviderRept.pdf.

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C-difficile (Clostridium difficile) **lower is better*	N/A – new measure	N/A	N/A	**Facility-specific 2014 Annual Hospital SIRs (across all hospitals in state, not just DRGs)[6]** State: 0.73 SIR High: 6.35 Low: 0.00 Number DRG hospitals that would achieve *draft* CDC reduction target of 0.70 (based off 2014 report): 19[5]	Per OHA Public Health Division, use CDC HHS 2020 targets for HAIs. *Drafts* are included below; CDC should finalize by 2017. Recommendation is to use finalized CDC target (available by early 2017): *Draft* CDC target is 30% reduction from the 2015 national baseline (SIR benchmark of 0.70 or lower to receive payment) MN method with 3 *percent* floor
Hypoglycemia in inpatients receiving insulin **lower is better*	State: 3.7% High: 7.3% Low: 0.0%	7% or below MN method with 1 percentage point floor	5% or below MN method with 1 percentage point floor	**Number achieving benchmark or improvement target in Year:** 26	4% or below MN method with 1 percentage point floor
Excessive anticoagulation with Warfarin **lower is better*	State: 1.4% High: 4.4% Low: 0.0%	5% or below MN method with 1 percentage point floor	3% or below MN method with 1 percentage point floor	**Number achieving benchmark or improvement target in Year 2:** 28	2% or below MN method with 1 percentage point floor
Adverse drug events due to opioids **lower is better*	State: 0.5% High: 1.3% Low: 0.1%	5% or below MN method with 1 percentage point floor	3% or below MN method with 1 percentage point floor	**Number achieving benchmark or improvement target in Year 2:** 28	2% or below MN method with 1 percentage point floor

[6] https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Documents/Reports/2014-HAI-ProviderRept.pdf

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Emergency Department Information Exchange (EDIE): reducing emergency department re-visits **lower is better*	N/A – switching to re-visit metric in Year 4	N/A	N/A	**Performance from 10/2014 – 09/2015 (period covering HTPP Year 2)**[7] State: 32.9% High: 49.8% Low: 26.5% **HTPP Year 2 Percentiles:** 95th: 29.0% 90th: 30.1% (4 hospitals meeting) 75th: 31.7% (7 hospitals meeting) 50th: 32.9%	90th percentile of **Year 2** performance (~~45.6%)~~ **30.1%** MN method with 2 percentage point floor
Follow-up after hospitalization for mental illness	State: N/A[8] High: 90.7%[9] Low: 71.1%	70.0% (National Medicaid 90th percentile, alignment with CCO benchmark) MN method with 3 percentage point floor	80.2% (90th percentile HTPP Year 2) MN method with 3 percentage point floor	***Draft* YTD percentiles:** 95th: 86.0% 90th: 82.8% 75th: 81.2% **Year 2 percentiles:** 95th: 86.0% 90th: 80.2% 75th: 79.6% **Number achieving benchmark or improvement target in Year 2:** 23	90th percentile of **Year 2** performance (80.2%) MN method with 3 percentage point floor

[7] CMT, the EDIE contractor, provided data covering HTPP Year 2 (October 2014 – September 2015) using the revised, Year 4 specifications for this measure. These data can be used in establishing baselines and setting benchmarks and improvement targets.
[8] Because of performance attribution used, statewide rate is not available.
[9] Year to date data for the follow-up after hospitalization for mental illness measure are through March 2016 (first two quarters of Year 3). In addition, range shown is only for hospitals receiving individual hospital rate (hospitals receiving their pooled system rate or CCO rate are not included.

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SBIRT in the emergency department (two-part measure)	*Brief Screen* High: 99.8% Low: 32.2% *Full Screen* High: 82.4% Low: 9.7% Intervention High: 73.3% Low: 0.0%	*Brief Screen* 57.0% (75th percentile HTPP Year 1 for brief screens *Full Screen* 12.0% (alignment with CCO full screen benchmark) MN method with 3 percentage point floor Brief Intervention: N/A – reporting only	*Brief Screen* 83.5% (90th percentile HTPP Year 2 brief screens) *Full Screen* 71.3% (90th percentile HTPP Year 2 full screens) MN method with 3 percentage point floor Brief Intervention: N/A – reporting only	**Draft YTD percentiles:** **Year 2 percentiles:** *Brief Screen* *Brief Screen* 95th: 97.1% 95th: 88.0% 90th: 93.8% 90th: 83.5% 75th: 91.5% 75th: 75.6% *Full Screen* *Full Screen* 95th: 81.1% 95th: 71.4% 90th: 79.8% 90th: 71.3% 75th: 75.8% 75th: 71.1% **Number achieving benchmark or improvement target in Year 2:** 22	*Brief Screen* 90th percentile of **Year 2** performance (83.5%) *Full Screen only (no brief screen)* 90th percentile of **Year 2** performance (71.3%) **as hospitals conducing a full screen only being including a brief screen in their processes, they will become improvement target only (3 percentage points, not using MN method)* MN method with 3 percentage point floor
Safe opioid prescribing	N/A – new measure	N/A -	N/A	This is a developmental measure. OHA's waiver proposal to CMS states that any new measures will be pay-for-reporting in their first year. Hospitals would receive payment for submitting data to OHA timelines and which adheres to the program measure specifications. OHA plans for this measure to be pay-for-reporting in HTPP Year 4.The Committee is asked to select a benchmark in case this is not approved by CMS (i.e., CMS requires that all measures be pay-for-performance.	Improvement target only: 1 percentage point floor.
Reducing unnecessary C-sections/ unexpected newborn complications **lower is better*	N/A – new measure	N/A	N/A	Oregon Perinatal Collaborative being consulted for benchmark recommendations	Per Oregon Perinatal Collaborative MN method with X percentage point floor