HTPP Year 4: Reducing Revisits for Frequent Emergency Department Users

Measure Basic Information

Patients may visit the emergency department (ED) for conditions that could be more effectively treated in a more appropriate, less costly setting. This measure is intended to support care coordination between hospitals and primary care providers, through the use of health information technology, with the goal of reducing avoidable ED visits among high utilizers.

Originally a process measure focused on the percentage of outreach notifications sent to primary care providers and the percentage of care guidelines completed for patients frequently utilizing the ED, beginning in the fourth year of HTPP, the measure will be an outcome measure: reducing emergency department revisits for patients frequently treated at the same facility.

Name and date of specifications used: This is a non-standard measure the Oregon Health Authority (OHA) developed in collaboration with the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Health Leadership Council (OHLC).

URL of Specifications: N/A

Measure Type:
HEDIS □  Joint Commission □  Survey □  Other ■  Specify: OHA-developed

Data Source: Emergency Department Information Exchange (EDIE) platform. CMT, the EDIE contractor, will provide OHA with aggregated monthly progress reports directly from EDIE, and a final report at the end of the performance period (this will include a validation period in which hospitals will have a chance to review individual level data behind the final aggregated report before it is submitted to OHA). Monthly progress reports are available to hospitals directly in EDIE. However, for ongoing monitoring and quality improvement throughout the year, hospitals should also enter these data on the online OAHHS/Apprise reporting tool on at least a quarterly basis.

Measurement Period:

Benchmark: 90th percentile of HTPP Year 2 performance (30.1%) (26.6%)

1 OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.
**Improvement Target:** Minnesota method with a 2 percentage point floor\(^2\)

**Equation:** The percent of individuals who have 5 qualifying ED visits at the same facility, who subsequently visit the ED of the same facility within 30 days of the 5\(^{th}\) visit (note count is not a distinct count of individual patients [patients may appear in the measure more than once; see Additional Information]):

\[
\frac{\text{# of patients who visit the ED of the same facility within 30 days of the 5\(^{th}\) visit}}{\text{# of patients with at least 5 qualifying ED visits at the same facility}} \times 100
\]

**Notes:**
Only patients with a discharge disposition of ‘discharge to home’ are included in the denominator, subject to the criteria below:

1. **Discharge Disposition** - If this is set to "Discharge to home or self-care," the visit is counted. If the discharge disposition is set as anything else, the visit will not count on the report except as outlined below.

Not all hospital visits sent to CMT, the EDIE contractor, include a discharge disposition (this field is occasionally blank). Visits without a discharge disposition of “discharge to home or self-care” are included in the metric in the following instances:

- **2 - Discharge Date** - If CMT does not receive a discharge disposition for an ED visit, the discharge date is reviewed. If the visit was less than 12 hours in duration, it is counted in the metric. If the visit was longer than 12 hours, it is not included in the metric. The discharge date is only used if CMT is not sent a discharge disposition. However, there are also instances in which CMT receives neither a discharge disposition nor a discharge date. In these instances, there is an additional criterion, as discussed below.

- **3 - Transfer Within Hospital** - If CMT receives neither the discharge disposition, nor the discharge date, CMT reviews their records to see if there is a record of an internal transfer. If CMT does not have a record of an internal transfer, the visit is counted. If CMT has a record indicating an internal transfer, the visit will not be counted in the

\(^2\) Information on improvement target calculations can be found in the ‘Hospital Improvement Target Brief’, here: [http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx)
metric. This is only used in instances in which there is neither a discharge disposition nor a discharge date.

In order for a patient to be included in the metric, all 5 (or 6) visits must pass these criteria.

In addition, note there are no age exclusions for this measure: There is no restriction or filter based on age or date of birth.

**Data elements required denominator:** Count of patients with at least 5 emergency department visits in 12 months (5/12) at the same facility.

*Note this measure is based on a count of individuals within the same facility, not across the state. For example, if an individual has 5 ED visits at Hospital A, 7 ED visits at Hospital B, and 2 visits at Hospital C, the individual will be in hospital A and B's denominators.*

In addition, a patient may appear in the denominator of the same hospital more than once in the measurement period; this is because the 12 months count is based on a rolling 12 month period. See ‘Additional Information’ for more.

*Hospitals should note that the metric is counting events (specifically, a patient’s fifth visit in 12 months). Only those patients making their fifth visit in 12 months are included in the denominator. A patient on their eight visit in 12 months will not be included in the denominator on the date of the eighth visit. This allows hospitals to focus their efforts on high utilizers before they transition to super utilizers.*

**Required exclusions for denominator:**

Patients who die at any point in the measurement period.

Any visit that did not result in a discharge to home or self-care (with the exceptions indicated in the Notes subsection above)

**Deviations from cited specifications for denominator:** N/A.

**Data elements required numerator:** Among patients in the denominator, count of those who return to the same emergency department within 30 days after their 5th emergency department visit.

*Note that while this measure looks for the five qualifying ED visits at any time within 12 months of each visit (looking back 365 days, or 366 days in the case of a leap year), the 6th qualifying “re-visit” can occur in the 30 days following the close of the measurement period. For example, if an individual has 5 qualifying visits in November and December of the measurement year, and their 6th visit in January of the following year, the individual will be included in the denominator and numerator. See ‘Additional Information’ for more on how visits are counted.*
Required exclusions for numerator: N/A

Deviations from cited specifications for numerator: N/A

**Anchor Date:** Date individual has their 5th qualifying ED visit in a rolling 12 month period. As outlined in ‘Additional Information’, a patient may appear more than once in the numerator and denominator.

**Version Control**

- These specifications were updated on 1 March 2017 to make it clearer that the denominator is a count of fifth visits in 12 months only. Only a patient’s fifth visit in 12 months is counted in the denominator.

- Benchmark was updated July 2017 to reflect recalculated data from Year 2 performance.
Additional Information

The following figure illustrates how an individual can have two qualifying denominator events in the same performance period.

In this example the patient has four visits leading up to the start of the performance period. In the first month of the performance period the patient has visit 5 which is a fifth visit in a twelve month period causing that visit to be counted as an denominator event. The visit 6 happens about nine weeks later. However, by this time, visits 1 and 2 no longer apply toward the twelve month count leaving the patient with only four visits in a twelve month period. This same scenario plays out for the visit 7. When visit 8 occurs the patient once again has met the fifth visit in a twelve month period qualification and the visit is counted toward the denominator. Visit 9 happens within thirty days of visit 8 qualifying it as a numerator visit. Visit 10 occurs near the end of the performance period but does not qualify for a denominator event because it is the sixth, not fifth, visit in a twelve month period.

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