Patients may visit the emergency department (ED) for conditions that could be more effectively treated in a more appropriate, less costly setting. This measure was therefore created out of the desire to support more coordination between hospitals and Oregon’s Coordinated Care Organizations. This measure encourages hospitals and primary care providers to make use of health information technology to reduce unnecessary ED visits among high utilizers. It is in two parts:

1. The rate of outreach notifications that hospitals send to primary care providers for patients visiting the ED five or more times in the last year; and
2. The rate of care guidelines completed for patients visiting the ED five or more times in the last year.

**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). The second part of the measure related to care guidelines is modeled after that used by the Washington State Hospital Association as part of its ER is for Emergencies initiative.

**URL of Specifications:** N/A for outreach notifications; see [http://www.wsha.org/0554.cfm](http://www.wsha.org/0554.cfm) for care guidelines

**Measure Type:**
- HEDIS
- Joint Commission
- Survey
- Other [Specify: OHA-developed]

**Data Source**: Data are submitted to OAHHS via the Emergency Department Information Exchange (EDIE). OAHHS then submits these data to OHA.

**Measurement Period:**
- Year One: October 1, 2013 – September 30, 2014 (baseline)
- Year Two: October 1, 2014 – September 30, 2015 (performance year)

**Benchmark:** Benchmark will be determined after review of baseline data and is tied to the outreach notification rate only. See details below.

The equation for the outreach notification to primary care is the number of outreach notifications sent to primary care providers / number of visits by patients with five or more visits to the ED in the last year * 100.

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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:** TBD²

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**Measure Details**

**Overview**

The measure is in two parts: (1) rate of outreach notifications to primary care providers and (2) care guideline completion rate. Both parts are limited to high utilizers (defined as individuals with five or more ED visits). **Note that while OHA/OAHHS will collect and report data on both the outreach notifications and the care guidelines completed, only hospital performance on the outreach notification rate is tied to the quality pool payment (“incentivized”) for this measure.**

**Data elements required denominator:**

*Rate of Outreach Notifications to Primary Care*

Number of visits by patients with five or more visits to the ED in the last year who are seen by the facility in the month. Visits to any hospital in Oregon are included in the count.

*Care Guidelines Completion Rate*

Number of patients without a care guideline with five or more ED visits in the last year who are seen by the facility in the month. Visits to any hospital in Oregon are included in the count. See ‘additional information’ below for additional notes on the denominators.

**Required exclusions for denominator:**

*Rate of Outreach Notifications to Primary Care*

Patients who die in the ED; patients who leave the ED without being seen; patients who leave the ED without being formally discharged. Note those leaving the ED without being formally discharged must be coded as an elopement in order to be detected and excluded.

*Care Guidelines Completion Rate*

Patients who die at any point in the performance period; patients who leave the ED without being seen; patients who leave the ED without being formally discharged. Note those leaving the ED without being formally discharged must be coded as an elopement in order to be detected and excluded.

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

**Data elements required numerator:**

*Rate of Outreach Notifications to Primary Care*

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).

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).
Number of outreach notifications sent to primary care providers within the period under review. Notification must be sent to provider within 72 hours of discharge from the ED.

*Care Guidelines Completion Rate*
Number of care guidelines completed in the calendar month by the facility for patients with five or more visits in the last year without a care guideline

**Required exclusions for numerator:**

*Rate of Outreach Notifications to Primary Care*
Patients who die in the ED; notifications sent to primary care providers more than 72 hours after the patient was discharged from the ED.

*Care Guidelines Completion Rate*
Patients who die at any point in the performance period

**Deviations from cited specifications for numerator:** N/A

**Explanation of Exclusions and Deviations**

List other required exclusions and or deviations from cited specifications not already indicated: N/A

**Additional Information**

**Additional Information on Notification to Primary Care:**

- Each visit to the ED will count in the denominator for the notification to primary care rate. Hospitals should notify primary care providers of each visit to the ED.
- Patients without a primary care provider are included in the denominator. This is because it is not technically possible to exclude patients without a primary care provider from the baseline year, and the baseline and performance year specifications must be identical. OHA will take this into consideration when setting the benchmark.

**Additional Information on Care Guidelines:**

- This measure is cumulative (the numerator and denominators will grow in each month). This allows hospitals to continue creating care guidelines over the course of the performance period.
- Guidelines created two weeks after the performance year ends will be counted for denominator events that were triggered in the last month of the performance period. This means that hospitals will have until the second week of October 2015 to create care guidelines for high utilizer patients in the ED in September 2015.
• Each hospital’s numerator and denominator created in EDIE, as is a list of patients who do not have care guidelines and have five or more visits. As hospitals write care guidelines for these patients, they are removed from the list of those needing a care guideline (and the hospital’s numerator increases). Each individual hospital is therefore able to check its status toward meeting the incentive.

• A denominator event can happen only once per month, per facility, per patient. This has the following implications:
  o If a patient has her fourth, fifth, and sixth visits in July at Hospital A, then only one denominator event (for the fifth visit), is counted for Hospital A.
  o However, if a patient has her fifth visit to Hospital A in July, and in the same month has a sixth ED visit to Hospital B, then both hospitals have a denominator event attributed to them.
  o If in July a patient has her fifth visit to Hospital A, and then in August visits Hospital A again (for her sixth ED visit), that is two denominator events for Hospital A (one in July and one in August).

• Once a care guideline is created for a patient, any subsequent ED visits are not counted in the denominator.
  o For example, a patient has a fifth visit to Hospital A and Hospital A then creates a care guideline (counted in both denominator and numerator). If that patient later visits Hospital B (for her sixth ED visit), this visit does not count as a denominator event for Hospital B.

• However, it is possible for multiple hospitals to create care guidelines for the same patient and have them count towards their numerators.
  o For example, on June 15th a patient without a care guideline has her fifth visit within 12 months to Hospital A. This visit is counted in Hospital A’s denominator. On June 16th this same patient has an ED visit to Hospital B (sixth in 12 months). This visit is counted towards Hospital B’s denominator because the patient does not yet have a care guideline. On June 17th Hospital B creates a care guideline for the patient. This counts towards Hospital B’s numerator (since the patient has a qualified denominator event on June 16th). From this point on, any subsequent visits, regardless of location or frequency, are not counted as denominator events because she has a care guideline in place. So if on June 20th this patient visits Hospital C (seventh ED visit in 12 months), no denominator event is created at Hospital C. If Hospital C creates a care guideline, it does not count in the numerator for Hospital C since there was no qualifying denominator event. But, if Hospital A creates a care guideline for this patient on June 30, this is counted towards Hospital A’s numerator since the patient had a qualified denominator event at Hospital A on June 15th.

• Note it is possible for a patient visit to trigger a denominator event in one month but not in the following month due to the rolling 12 month period for counting visits.
• These specifications were updated on 16 December 2014 to clarify exclusions from the denominator, to clarify that patients without primary care providers are included in the rates, and to stipulate the time by which hospitals must notify primary care providers after a visit to the ED. Patients who leave the ED before being seen or before being formally discharged are not included in the rates. Note those leaving before being formally discharged must be coded as elopement in order to be detected and excluded. Hospitals must notify primary care providers within 72 hours of an ED discharge.

• These specifications were updated on 7 November 2014. The equation was amended to include the correct numerator and denominator (to make sure it corresponds with the numerator and denominator descriptions in the rest of the document).