

Oregon Hospital Performance Metrics Advisory Committee
Meeting Minutes
April 22, 2016
1PM – 4PM

Welcome and consent agenda

Committee members present: Steve Gordon (Chair, phone), Manny Berman (Phone), Janet O'Hollaren (phone), Pam Steinke (phone), Ken House, Maggie Bennington-Davis, Jeff Luck, Doug Koekkoek

OHA staff: Lori Coyner, Jon Collins, Sarah Bartelmann, Milena Malone, Lisa Bui, Sara Kleinschmit (phone)

Partners: Barbara Curtis (Apprise), Elyssa Tran (Apprise), Diane Waldo (OAHHS)

Chair Gordon welcomed members and guests. The February 26 meeting minutes were approved.

Public testimony

There was none.

CMS Feedback on Year 3

Lori Coyner provided an update on CMS' approval of HTPP Year 3: OHA still does not have final, signed approval. CMS provided verbal approval in January to continue the program into the third year, with the same metrics from Years 1-2; however additional discussion with CMS has focused on the measurement period and whether the Year 3 benchmarks and improvement targets are rigorous enough to ensure continuous quality improvement.

OHA recommended revised benchmarks for Follow Up after Hospitalization for Mental Illness and SBIRT; CMS requested revised benchmarks for the three medication safety measures. OHA agreed to send CMS proposed benchmarks immediately following the April 22nd discussion with the Committee.

The Committee reviewed the originally proposed benchmarks for Year 3, set at 5 percent (for the Warfarin and Adverse Drug Events due to opioids measures), and 7 percent (for the Hypoglycemia measure). Preliminary Year 2 performance indicates that most hospitals perform around 1 percent. The Committee considered options for reducing the gap between hospital performance and the current benchmark without adversely affecting hospitals (i.e., setting a benchmark that is so low one event could affect a hospital meeting the benchmark).

The Committee agreed to propose the following revised benchmarks for Year 3:

- **Excessive anticoagulation with Warfarin: 3 percent**
- **Adverse Drug Events due to Opioids: 3 percent**
- **Hypoglycemia in inpatients receiving insulin: 5 percent.**

Oregon Perinatal Collaborative Presentation: Measures for Maternal & Child Health Domain

Duncan Nielson and Liz Whitworth presented on behalf of Oregon Perinatal Collaborative (OPC) on recommended perinatal measures for Year 4, and a potential transformative measure for Year 5: proportion of Oregon births screened for the Healthy Families Oregon program.

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For access to the presentation please go to:

<http://www.oregon.gov/oha/analytics/HospitalMetricsDocs/April%2022,%202016%20Presentation.pdf>

Committee discussion included:

- Whether the proposed metric was coordinated or duplicative with public health home visiting programs;
- How hospitals without maternity services would be included if this measure was adopted;
- Evidence of outcomes for the Healthy Families program;
- How hospitals might support home visiting services, and how to support program capacity if screening results in an increase in referrals / demand; and
- Whether the proposed metric is consistent with the Committee objective for Years 4-6 and if the Committee would be interested in a more formal proposal.

Committee members agreed that the Oregon Perinatal Collaborative should continue developing this measure, and expressed interest in inviting Dr. Helen Bellanca to present at a future meeting.

Year 4: Overall Proposal

Lori Coyner reviewed the Year 4 proposal for inclusion in the Medicaid waiver renewal application, which will be posted for public comment in May. The original proposal for Year 3 has been rolled into Year 4, reflecting changes to the domains and payment structure. Three new measures are proposed for Year 4: C.diff (*clostridium difficile*), opioid prescribing in the Emergency Department, and reducing cesarean sections.

Lori asked the Committee for feedback on dropping the medication safety measures, given CMS' concern with strong hospital performance and benchmark setting for Year 3. The Committee considered whether there was a "right" number of measures for the hospitals that would be affected by dropping the medication safety measures, but did not see a material difference between 10 and 13 measures.

The Committee agreed that it would be reasonable to remove measures from the measure set where hospitals are reliably achieving the benchmark, and **removed Warfarin and Adverse Drug Events due to opioids from the proposed Year 4 measures. However, the Committee agreed to keep the Hypoglycemia because there is still room for hospitals to improve.**

Staff will incorporate these changes into the Year 4 proposal as part of the waiver renewal materials, and will share with the Committee for review.

Lori also shared information about a pilot program that will be proposed as part of the waiver renewal application focused on transitions of care and housing supports and services for vulnerable populations, including Medicaid members with mental illness, multiple chronic conditions, and those at risk of homelessness. The pilot program will look to provide care coordination for members pre-adjudication, care coordination for members in the state hospital prior to discharge, and transitional housing when members leave acute care settings. The Committee was interested in hearing more about the proposed pilot; staff will send additional information.

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Updates

Sarah Bartelmann provided updates on the CCO and Hospital Metrics Committee applications, the ongoing evaluation of the first two years of the Hospital Transformation Performance Program being conducted by OHSU's Center for Health Systems Effectiveness, and final review of Year 2 data prior to payments and reporting in June.

Year 4: Measure Development: Safe Opioid Prescribing in the Emergency Department

Sarah Bartelmann provided an update on the Hospital Technical Advisory Workgroup (H-TAG)'s efforts to develop specifications for the opioid measure. H-TAG has requested additional information in the form of a literature review to help make specification decisions and select from three current numerator options:

- Total number of opioid pills dispensed in the measurement period
- Morphine equivalent doses dispensed in the measurement period
- Total number of Rx for opioids written in the measurement period.

Committee discussion included:

- Whether any of the measure options could be calculated from each other;
- Whether the measure should focus more on preventing addiction, or preventing overdose deaths;
- The importance of avoiding selecting a measure that would have to be revised as national metrics and benchmarks on this topic emerge; and
- Whether any of the measure options are aligned with the new CDC guidelines.

The Committee expressed a preference for requiring more granular data than is needed for a singular measure option. More granular data could potentially be used to calculate multiple measures. Staff will continue to work with H-TAG to develop the measure specifications.

Staff also shared information on the new Opioid Prescribing Guidelines Task Force that will begin meeting on April 29th. Information about the Task Force, including charter and membership, is available online at <http://public.health.oregon.gov/PreventionWellness/SubstanceUse/Opioids/Pages/task-force.aspx>

Year 4: Measure Development: EDIE: Reducing Emergency Department Revisits

Susan Kirchoff with the Oregon Health Leadership Council presented on EDIE (Emergency Department Information Exchange) implementation in Oregon and some emerging unintended consequences of the hospital EDIE measure.

Susan Kirchoff and Sarah Bartelmann presented draft specifications for a revised EDIE measure for Year 4 that would shift the focus from the process of creating care guidelines and notifications, to an outcome measure focused on reducing ED re-visits among high utilizers. Test data for the revised measure were shared, showing that across DRG hospitals, among patients who have had 5 ED visits at the same hospital in the past 12 months, 25-40 percent of them went on to have a 6th ED visit within 30 days.

Committee discussion included:

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- Whether limiting the measure to ED visits at the same hospital created any bias for rural hospitals;
- How despite geographic and size variations, all DRG hospitals have opportunities for improvement;
- The potency of this measure to focus on something that can be addressed; and
- How to best incentivize hospitals to work with their communities, and reward ‘doing-the-right-thing’.

The Committee expressed enthusiasm about shifting to an outcome measure for Year 4 and agreed to include this measure in the Year 4 proposal as part of the waiver renewal application. The Committee also suggested that this measure should not be improvement target only for Year 4, but rather have an absolute benchmark (e.g., 90th percentile of DRG hospitals from Year 3) and improvement targets.

Staff will look into reporting mental health related ED re-visits as a subset of the proposed measure.

Next Meeting

The next meeting is May 20, 2016 from 1 – 4 pm.