

Oregon Hospital Performance Metrics Advisory Committee
DRAFT Meeting Minutes
August 11, 2015
10:00 am – 12:00 pm

ITEM

Welcome and consent agenda

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

Not attending: Doug Koekkoek, Pam Steinke

OHA staff: Lori Coyner, Sara Kleinschmit, Milena Malone, Pam Naylor

OAHHS staff: Barbara Wade, Elyssa Tran

Chair Gordon welcomed members (this meeting was held by phone/webinar). The July 10 meeting minutes were approved.

Public testimony

Terese Scollard (Oregon Academy of Nutrition and Dietetics) testified in favor of reporting and tracking diagnosis codes for malnutrition, and requested that the Committee consider a malnutrition-related metric (written testimony is available [here](#)).

Committee members noted that the Coordinated Care Organization (CCO) Metrics and Scoring Committee is considering a *food insecurity* measure for 2017; its Technical Advisory Group is working on measure development with representatives from the Oregon Food Bank and Oregon Primary Care Association. Staff should invite Ms. Scollard to present to the workgroup and discuss potential alignment.

Charmaine Kinney (Multnomah County Mental) also testified, thanking the Committee for adopting the *Follow-up after hospitalization after mental illness* measure expressing support for continuing it in the future.

Update on CMS negotiations

Lori Coyner explained that the phone call that had been scheduled with CMS July 20 to discuss the HTPP has been rescheduled (date TBD). OHA is also scheduled to meet with OAHHS prior to the call with CMS.

As part of this process, OHA has developed a concept paper that incorporates feedback the Committee provided at its July 10 meeting. The paper requests little or no change in Year 3, with substantive changes (e.g. additional measures, core and menu sets, challenge pool) beginning in Year 4. The paper has also been shared with OAHHS. Staff will share the draft concept paper with members.

Formal process for selecting 'on-deck' measures and domains

Staff proposed a process whereby a stakeholder survey is conducted to establish potential domains and measures for consideration (Committee members will be included in the survey).

Oregon Hospital Performance Metrics Advisory Committee
DRAFT Meeting Minutes
August 11, 2015
10:00 am – 12:00 pm

The Committee will review this list together with staff assessments of feasibility and eliminate measures that do not meet the Committee’s measure selection principles, or are not feasible or relevant. It was noted that the regional health impact assessments being completed by the CCOs would help inform the domain and measure recommendations. After discussion, the Committee adopted this measure selection process.

Members were then asked to review the *Hospital Performance Metrics Principles* adopted by the Committee in 2014. The Committee recommended the following changes:

- The selection criterion “Measure aligns with Health System Transformation and CCO performance measures” should fall under the *Transformation Potential* principle.
- Amend “It is reasonable to expect improved performance on this measure (can move the meter) ~~within the next biennium.~~
- Strike “Changes in hospital performance will be visible in the measure in the next two years.”

The Committee will review a revised statement of principles at its next meeting.

Year 3 measure decisions

Readmissions

The Committee had previously expressed concern with the *Plan all-cause readmissions* measure used in Years 1 and 2 because it does not exclude planned readmissions and might penalize hospitals with higher-needs patients. The Committee also requested information on the risk-adjusted *Potentially Preventable Readmissions (PPR)* measure. This information was presented today. Committee discussion included:

- Question: Would every participating hospital need to purchase 3M software? (No; OAHHS has the software and would run the measure for hospitals.)
- Question: Did the Hospital Metrics Technical Advisory Group (H-TAG) provide a recommendation on switching to PPR? (The H-TAG did not provide a formal recommendation specifically for PPR; however it was in agreement with the Committee’s concerns.)
- Clarification on staff recommendation to set benchmark at 90th percentile from DRG hospital baseline (i.e. 90th percentile of baseline data).
- Recommendation that the baseline upon which the benchmark is calculated should exclude Shriners’ Hospital for Children because the population it serves is considerably different and a review of PPR rates shows it to be an outlier.
- Review of the PPR baseline year data presented in the May 29, 2015 meeting materials (available online at: www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx). The Committee reviewed these data and asked whether this represents a full year or partial year of data. It was clarified that the data represents 12 months of data.

Oregon Hospital Performance Metrics Advisory Committee
DRAFT Meeting Minutes
August 11, 2015
10:00 am – 12:00 pm

- Recommendation that the Year 3 benchmark calculation exclude Shriner’s Hospital for Children because the population it serves is considerably different and a review of PPR rates shows it to be an outlier.

The Committee recommended **dropping Hospital-wide all-cause readmissions and adopting Potentially Preventable Readmissions. It also recommended that the benchmark be the 90th percentile from the DRG hospital baseline (excluding Shriner’s) with a 3 percent improvement target floor in Year 3.**

CAUTI / CLABSI

The Committee had previously expressed concern that the *CAUTI* and *CLABSI* measures are based on device days. Hospitals' primary strategy to reduce CLABSIs is to reduce the total number of central lines and days used. This will shrink the denominator, which could result in the rate increasing, even when the absolute number of infections decreases. Today, staff provided information on the risk-adjusted Standardized Infection Ratio (SIR), which compares the number of infections in a facility to the number of infections that would be expected to have occurred based on previous years of reported data.

The Committee made a **provisional recommendation to switch to Standardized Infection Ratios for CAUTI and CLABSI in Year 3, contingent upon review by the H-TAG.**

Discuss potential future measures

Staff reminded members that CMS has signaled that it may require more substantive changes to the HTPP in Year 3. Although OHA will seek few or no changes as recommended by the Committee, staff would like feedback on which measures it should put forth *should CMS requires additional measures* in Year 3.

A feedback form of potential measures was distributed as part of the meeting materials. Members are asked to complete the form and return it to Sara Kleinschmit (sara.kleinschmit@state.or.us) by Friday, August 21. **The Committee requested staff also share the feedback form with H-TAG members.**

Today, staff walked through the list of potential measures. This list was compiled based on suggestions the Committee has raised at previous meetings. Questions and brief discussion included:

- Sepsis: H-TAG input would be helpful as there are many different ways to measure this, and small numbers may be an issue.
- C-difficile:

Oregon Hospital Performance Metrics Advisory Committee
DRAFT Meeting Minutes
August 11, 2015
10:00 am – 12:00 pm

- C-difficile is frequently acquired in the community and may therefore be seen as aligned with the work of the CCOs.
- Question: Has the CCO Metrics and Scoring Committee discussed infection prevention measures? (It has not, but that could be an interesting opportunity for alignment).
- Both maternal health measures (*cesarean section* and *exclusive breast milk feeding*) promote general alignment with CCOs.
- *Neonatal abstinence syndrome* was suggested as an additional potential maternal health measure, and would align with the Health Authority's Medicaid Performance Improvement Program. A specific measure would have to be created.
- Medication reconciliation:
 - The H-TAG has expressed preference for the Meaningful Use measure (as opposed to the NQF endorsed measure). In the past CMS has not wanted to approve Meaningful Use measures because hospitals were already being incentivized. It was noted, however, that this measure is no longer a direct incentive from CMS, so their viewpoint may have changed.
 - The Committee has had discussions in the past about incentivizing measures that are already incentivized through another program. The Committee has felt that double-incentivizing can reinforce areas needing transformation.
- Transition of Care measure promotes alignment with CCOs.
- Falls with Injury
 - CCOs have a very small population of elders so this measure lacks alignment.
 - Concern that hospitals with geriatric psychiatric units would have a very different fall rate than general acute care hospitals.
 - There would need to be further discussions of the data source and appropriate benchmarks.

Next Steps and Wrap Up

Next meeting is scheduled for September 24, 2015 from 1:00 pm – 4:00 pm at the Wilsonville Training Center.