

Oregon Hospital Performance Metrics Advisory Committee
Meeting Minutes
May 1, 2015
9:00 am – 11:00 am

ITEM

Welcome and consent agenda

Committee members present: Manny Berman (phone), Steve Gordon (Chair), Doug Koekkoek, Jeff Luck (phone), Janet O'Hollaren, Pam Steinke (phone)

Not attending: N/A

OHA staff: Lori Coyner, Sara Kleinschmit, Milena Malone, Judy Mohr Peterson (phone), Lynne Saxton

OAHHS staff: Elyssa Tran, Diane Waldo

Lori Coyner explained that the Committee currently has three vacancies (two coordinated care organization [CCO] representatives and one measurement expert representative). Applications for these positions closed April 17th, and are being reviewed by the Oregon Health Authority (OHA). All applicants were invited to listen to this meeting. We hope to have new members on board by the May 29, 2015 meeting.

Introduction to Lynne Saxton

The new Director of OHA, Lynne Saxton, addressed the committee, noting that she sees metrics as a cornerstone to health system transformation. Lynne then described her background and vision for OHA, including the essential role of metrics in assessing improvements in care quality. Lynne noted that OHA will be adopting a new strategic business plan to help guide a more comprehensive and accessible approach to health system transformation.

Legislative update and process for CMS negotiations

Judy Mohr Peterson, State Medicaid Director, provided an update on the legislative session and next steps in working with the Centers for Medicaid and Medicare Services (CMS). She noted the Oregon Legislature recently extended the hospital assessment, which funds the Hospital Transformation Performance Program (HTPP), through 2019. This legislation (HB 2395) also extends HTPP. However, CMS must approve the program via Oregon's 1115 Medicaid waiver. Currently, CMS has only approved the first two years of HTPP, through June 2016, which is how long it had been authorized before this extension. Furthermore, the Oregon Legislature's extension of HTPP extends beyond the current Medicaid waiver, which ends in June 2017. Because the timing extends beyond the current Medicaid waiver, OHA plans to negotiate a one-year extension of the program through the end of the current waiver (June 2017), and then negotiate the additional years as part of the larger waiver renewal negotiations. The third year of HTPP would serve as an interim period to solidify the vision of the program through 2019. OHA will seek to limit substantive changes to HTPP until the fourth year of the program (which would be approved in the new waiver). However, Judy noted that CMS will likely require that OHA at least update the benchmarks and potentially the weighting across measures for the third year of the program. Work will also need to continue to have stronger mechanisms

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for clean data collection and to build the infrastructure for greater collaboration between hospitals and CCOs. OHA will also look to align the HTPP measurement period, currently the federal fiscal year, with that used for the CCOs (calendar year). This approach ensures HTPP aligns with other health systems transformation efforts in the state.

Discussion included:

- The desire for minimal changes to the program in the third year so that there is some consistency to allow hospitals to implement changes that will impact the measures.
- That the problem of opiate-related deaths in Oregon was something that the Committee could consider in the future.
- The need to align the work of the Hospital Metrics Advisory Committee and the CCO Metrics and Scoring Committee. Doug Koekkoek said that we also need to think about the years ahead in a more strategic manner, noting that in selecting the original HTPP metrics the group looked at CCO metrics first and selected those that might apply to hospitals, rather than working together on how the healthcare system can really be transformed. The Committee thought a joint meeting of the two committees might be helpful at some point.
- Senate Bill 440, which would establish a statewide metrics committee in 2017. There would be a larger committee to establish a set of core metrics from which subcommittees would select appropriate metrics. The CCO Metrics and Scoring Committee would be a subgroup of this larger committee. If passed, the legislation would not impact the negotiations with CMS for the third year of HTPP, but would impact subsequent years. **Sara Kleinschmit will send SB 440 to Committee.**

Baseline report overview

The HTPP Baseline Year Report was published on April 27, 2015, and the payments distributed to hospitals on April 29th.

Lori Coyner provided an overview of the domains, measures, and payment weighting (share of available funds allocated to each measure per agreement with CMS):

Hospital-focused:

Readmission domain:

1. Hospital-wide all-cause Readmissions (18.75%)

Medication safety domain:

2. Hypoglycemia in inpatients receiving insulin (6.25%)
3. Excessive anticoagulation with Warfarin (6.25%)
4. Adverse drug events due to opioids (6.25%)

Patient experience domain:

5. Staff always explained medicines (9.38%)
6. Staff gave patient discharge information (9.38%)

Healthcare-associated infections domain:

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7. CLABSI (Central Line-associated Bloodstream Infection) in all tracked units (9.38%)
8. CAUTI (Catheter-associated Urinary Tract Infection) in all tracked units (9.38%)

Hospital-CCO collaboration-focused:

Sharing ED visit information domain:

9. Emergency Department Information Exchange (EDIE) (12.5%)

Behavioral health domain

10. Follow-up after hospitalization for mental illness (6.25%)
11. Screening, brief intervention, and referral to treatment (SBIRT) in the emergency department (6.25%)

Lori Coyner noted that for the first two years of HTPP the hospital-focused measures are worth more than the hospital-CCO collaboration measures: Per CMS, 75% of the funds in the quality pool are allocated across the hospital-focused domains, while 25% of the funds in the quality pool are allocated across the hospital-CCO-focused domains. However, the program will likely see the weighting shift in subsequent years (increasing the amount the hospital-CCO collaboration measures are worth).

Overall, hospitals were successful in reporting baseline data. All hospitals received the \$500,000 floor payment (for successfully submitting data for at least 75% of the measures for which they are eligible). Then, the remaining funds were allocated based on the individual measures met. The formula used to distribute these remaining funds is based upon hospital size, which is determined by the hospital's proportion of Medicaid patient days and discharges.

Review baseline performance on individual measures and begin finalizing benchmarks for Year 2

Lori Coyner provided an overview of baseline performance on individual measures, and Committee members discussed benchmarking options where needed.

Readmissions domain: Hospital-wide all-cause readmissions

All hospitals successfully submitted data on this measure. Performance ranged from 4.9% - 17.5%. One hospital has already met the Year 2 benchmark of 6.1% (lower is better).

Discussion included:

- Doug Koekkoek and Janet O'Hollaren explained that this measure has had much discussion at their hospitals. The measure does not exclude planned readmissions, and also potentially penalizes hospitals with higher needs patients and Neonatal Intensive

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Care Units (NICUs) and rehabilitation, which are associated with higher rates of readmissions. In some hospitals patients transferred from the psychiatric ward may be counted as a readmission.

- It was clarified that readmissions at *any* hospital are counted (not just readmissions to the hospital with the original discharge).
- The benchmark is the 90th percentile for all hospitals in the state, which is 6.1%. The Committee asked what the 90th percentile is if limited to DRG hospitals (it is 8%).
- **OHA will provide clarification on the improvement targets and work with OAHHS to provide information on discharges from different units at the next meeting.**

Medication safety domain: (1) Adverse drug events due to opioids; (2) Excessive anticoagulation due to Warfarin; (3) Hypoglycemia in inpatients receiving insulin.

All hospitals successfully submitted baseline data on these measures. Hospitals performed well on this domain, with most already meeting the Year 2 benchmarks in the baseline year.

Discussion included:

- Diane Waldo noted that the benchmark is the national standard and includes critical access, Type A and Type B hospitals, as well as DRG hospitals.
- Steve Gordon said these measures are rewarding Oregon hospitals for an area in which they are outperforming the rest of the nation. Including these measures incentivizes hospitals to sustain progress and gains made. He also reminded members that the Committee had been tasked with choosing measures on which progress could be made within the duration the two-year program (as originally approved by the Oregon Legislature and CMS). Thus, the Committee tried to focus on measures that already had some momentum behind them.

Patient experience domain: (1) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Staff always explained medicines

All eligible hospitals successfully submitted baseline data on this measure. Hospital performance ranged from 44.8% - 73.0%, with one hospital already meeting the Year 2 benchmark of 72.0%.

Patient experience domain: (2) HCAHPS Staff provided discharge information

All eligible hospitals successfully submitted baseline data on this measure. Hospital performance ranged from 73.2% - 93.2%, with nine hospitals already meeting the Year 2 benchmark in the baseline year.

Discussion included:

- Selection of a benchmark for Shriners Hospital for Children, which uses the Press Ganey Inpatient Pediatric Survey since the HCAHPS survey is for adults only. **The Committee recommended the 90th percentile from the All Press Ganey Database Peer Group for**

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Shriners' benchmark (92.7%). This aligns with the benchmark for the other hospitals (which is at the 90th percentile).

Healthcare-associated infections domain: (1) Catheter-associated urinary tract infections (CAUTI)

Hospital performance ranged from 0.00 – 3.24 CAUTIs per 1,000 catheter days (lower is better). This measure does not yet have a Year 2 benchmark; the Committee was asked to recommend one.

Discussion included:

- The difficulty of this measure is that the biggest intervention hospitals can make to reduce infections is to reduce the number of catheter days. Therefore, just one patient can have a significant impact on the rate.
- **The Committee recommended that the benchmark be set at the 50th percentile from the HTPP baseline, which is 1.13 per 1,000 catheter days.**

Healthcare-associated infections domain: (2) Central line-associated bloodstream infections (CLABSI)

Hospital performance ranged from 0.00 – 2.07 per 1,000 central line days (lower is better). This measure does not yet have a Year 2 benchmark; the Committee was asked to recommend one.

Discussion included:

- Because the absolute number of central line days is very low for most hospitals, performance on this measure can vary greatly from year-to-year.
- Members considered the option of using a two-year trend for Year 2 performance (i.e. combining baseline with Year 2 performance). As the program continues, this could become a four- or five-year trend. However, this would make the improvement target much more difficult to reach, because improvement targets are based on the *difference between two years' performance* in relation to the benchmark.
- It was clarified that if a hospital has already achieved the benchmark in the baseline year, but performance slips in the second year **and still remains better than the benchmark**, the hospital is still eligible for a payment in the second year of the program (since performance remained better than the benchmark).
- **The Committee recommended that the benchmark be set at the 50th percentile from the National Health Safety Network (NHSN) summary report, which is 0.18 per 1000**

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device days. This aligns with the national benchmark recommended for Partnership for Patients.

Behavioral health domain: (1) Follow-up after hospitalization for mental illness

Performance ranged from 62.7% to 81.2% with a benchmark of 70.0% (aligned with the 2015 benchmark for the CCOs). Fifteen (15) hospitals have already achieved the Year 2 benchmark in the baseline year.

Discussion included:

- Clarification on the attribution methodology used for hospitals with fewer than 10 discharges: If such a hospital is in a system with more than one DRG hospital, it received its DRG system rate; if such a hospital is not in a system, it was allocated the statewide CCO rate as its baseline. This impacted 14 hospitals in the baseline year.
- There was concern about the attribution methodology used. The Committee would like to discuss additional options at the next meeting, and have clarification on the attribution methodology used for individual hospitals. **At the next meeting, OHA will provide additional allocation options for hospitals with few or no mental health discharges, as well as details on the allocation methodology by individual hospital.**

Behavioral health domain: (2) Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the emergency department (ED)

Seventeen hospitals successfully submitted baseline data for this measure, with performance ranging from 0.3% to 95.3%. Lori Coyner walked the Committee through the SBIRT process and noted that because this is a new measurement effort for hospitals, the baseline data are developmental. Lori noted that some hospitals had not yet implemented broader screening and instead reported data only for at-risk populations. Also, hospitals were allowed to receive numerator credit for the brief screen **or** the full screen (unlike CCOs, which receive numerator credit for the full screen only). The current benchmark of 12% is the same used for the CCOs and is for the **full screen**. There is therefore a mismatch between the benchmark and the data reported in some instances. Staff recommended allowing hospitals to report **either** the brief or the full screen, with separate benchmarks for each; a hospital would be eligible for payment by achieving either benchmark depending on the reported screening method.

Discussion included:

- Doug Koekkoek expressed the need to ensure that the hospitals which did not participate in the baseline year are incentivized to participate in Year 2, and that the benchmark not be set too high. As these hospitals did not submit baseline data they would not have improvement targets so would need to achieve the benchmark in order to receive payment in Year 2.

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- Pam Bristol noted that getting to the full screen would be difficult for hospitals which are still setting up their processes, while Manny Berman expressed a desire to have data on the full screen over time.
- **OHA will provide clarity on which rates hospitals submitted (brief or full screening rates), and use this information to provide additional benchmarking options for the Committee to consider.**

Sharing ED visit information domain: Emergency Department Information Exchange (EDIE) primary care provider notification measure

Discussion tabled until next meeting due to time constraints.

Charter and bylaws introduction

This Committee does not yet have bylaws because last year's work was to be completed on a limited timeline in response to statute. With the passage of the four-year extension of the program, an updated charter and bylaws are now more necessary. OHA staff prepared drafts of each, which include term limits, rules for chair and vice-chairmanship, etc. A Vice Chair will be selected once the three new members have been appointed. This Vice Chair would succeed the current Chair (Steve Gordon) as Chair after two years. Members who are interested in the position are asked to contact Sara Kleinschmit.

Next Steps and Wrap Up

Next meeting is scheduled May 29, 2015 from 1-4 pm.

Public Testimony

None was provided.