

Oregon Hospital Performance Metrics Advisory Committee
Meeting Minutes
May 29, 2015
1:00 pm – 4:00 pm

ITEM

Welcome and consent agenda

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

Not attending: N/A

OHA staff: Sarah Bartelmann, Stacy Delong, Sara Kleinschmit, Milena Malone

OAHHS staff: Elyssa Tran, Diane Waldo

Guest presenters: Sharon Meieran, OHLC

Steve Gordon welcomed members and Sara Kleinschmit provided a recap of the May 1 meeting decisions. The May 1 meeting minutes were **approved**.

Public Testimony

None was provided.

Finalize benchmarks for Year 2 – Improvement Target Floors

HCAHPS, Discharge Information – Shriners Improvement Target Floor

Rather than the HCAHPS survey, Shriners Hospital for Children administers the Press Ganey Inpatient Pediatric Survey. Thus a separate benchmark and improvement target floor are needed. Opting for consistency with other hospitals in the program, the Committee previously recommended a 92.7% benchmark (Press Ganey Database Peer Group 90th percentile); at this meeting **the Committee recommended a 2 percentage point improvement target floor for Shriners** (which is consistent with the floor for other hospitals).

CAUTI Improvement Target Floor

Previously, the Committee recommended a benchmark of 1.13 per 1,000 catheter days (50th percentile from HTPP baseline); at this meeting **the Committee recommended a 3% improvement target floor**.

CLABSI Improvement Target Floor

Previously, the Committee recommended a benchmark of 0.18 per 1,000 catheter days (2010 NHSN Data Summary Report 50th percentile); at this meeting **the Committee recommended a 3% improvement target floor**. Additional discussion included:

Because the absolute number of central line days is very low, performance on this measure can vary greatly from year to year. Even a single case can impact whether or not the hospital achieves the benchmark. Using a rolling average over a longer period of time (for example two years) may mitigate this problem. **The Committee requested that, once established, the HTPP Technical Advisory Group analyze this problem and make a formal recommendation.**

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**Finalize benchmarks for Year 2 – Review baseline performance on individual measures
(continued from May 1 meeting)**

Sharing Emergency Department Visit Information (EDIE)

Dr. Sharon Meieran (Oregon Health Leadership Council) spoke about the practical use of EDIE and progress being made around widespread adoption. Care guidelines are particularly useful and provide meaningful context to the outreach notifications.

Sara Kleinschmit reminded members that this is two-part measure: 1) Outreach notification to primary care providers for high utilizers, and 2) Care guideline completion rate. Only Part 1 (outreach notification) will have a benchmark; Part 2 is reporting only. Performance in the baseline year was wide-ranging (0.3% to 92.9%) because hospitals were at different stages of implementation. It was also clarified that patients for whom a primary care provider cannot be identified are included in the denominator.

The Committee recommended an outreach notification benchmark **of 78.7% (75th percentile from baseline) and an improvement target with a 3 percentage point floor.**

Follow-up after hospitalization for mental illness

So that all hospitals can participate in this measure a performance attribution methodology is 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. During its May 1 meeting, the Committee asked staff to provide additional allocation options for hospitals with few or no mental health discharges, as well as details on the allocation methodology by individual hospital. This information was presented here to the Committee (see slides).

Noting that hospitals have considerably more influence on their local CCO, the Committee recommended **amending the specification to use a hospital's local CCO rate (versus the statewide rate) for hospitals with fewer than 10 discharges which are not part of a system. However, "local CCO" should be defined as the CCO(s) in which the hospital is a participating member, rather than the geographic service area where it is located.** This change will involve recalculating the baseline for affected hospitals.

The Committee then considered hospitals that are part of a system: However, the only Committee member who represents a hospital that is part of a system was not present to provide input. The Committee thus **recommended using the system rate for hospitals with fewer than 10 discharges which are part of a system,** but asked OHA to consult with affected hospitals to ensure there isn't a concern about using the system over the CCO rate. **OHA will consult affected hospitals and report back at the next meeting of the Committee. The Committee reserves to right to revisit its recommendation based upon feedback from affected hospitals.**

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SBIRT in the ED

Sara Kleinschmit reminded members that because this is a new process, hospitals received numerator credit for the brief screen *or* full screen. Furthermore, some hospitals had not yet implemented broader screening and instead reported data for only at-risk populations. However the current 12% benchmark, aligned with that for CCOs, was set by the CCO Metrics and Scoring Committee specifically for the full screening rate. Thus, there is a mismatch between the data and the benchmark for some hospitals.

The Committee recommended that separate benchmarks be established for the brief and full screening rate; payment would be tied to achieving *either* benchmark. However, hospitals that targeted only special populations will be expected to expand to full population. The Committee recommended the following benchmarks and improvement targets:

- **Brief screen benchmark: 67.8% (75th percentile from HTPP baseline); 3 percentage point improvement target floor**
- **Full screen benchmark: 12% (CCO SBIRT benchmark); 3 percentage point improvement target floor**

All-cause readmissions

At its May 1 meeting, the Committee noted that this measure does not exclude planned readmissions, and was concerned that the measure might penalizes hospitals with higher-needs patients and neonatal intensive care, rehabilitation, or psychiatric units (which are associated with higher readmissions). The Committee requested further information and options to consider, which was provided here (see slides). Discussion included:

- All hospitals that performed below the benchmark in the baseline year will need to improve by a full percentage point in Year 2 to qualify for payment (the improvement target floor).
- For hospitals that are already performing very well, a full percentage point is setting the bar extremely high (more than ten percent improvement for some hospitals, which can be very difficult for all-cause readmissions).
- To switch an adjusted Potentially Preventable Readmissions (PPR) measure would narrow the performance range and bring convergence so that higher performers rank lower and lower performers rank higher.
- If the measure were to change to PPR, the absolute benchmark would change, but it would remain the 90th percentile.
- The Committee felt the improvement target floor was too high. A lower floor would help, although staff reminded members that the purpose of a floor is to ensure that year-over-year changes are not due to statistical noise.
- Staff explained that changes to the benchmark or improvement target floor might require CMS approval.

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The Committee prioritized the following recommended that the measure be changed for Year 2 as follows (in order of preference and potentially subject to CMS approval):

- 1. Amend the improvement target floor;**
- 2. If that is not possible, the Committee would like hospitals to be allowed to receive credit for hitting the benchmark (90th percentile) for either the all-cause or the potentially preventable readmissions measure;**
- 3. If neither of these changes are possible, the Committee would like to explore dropping this measure and reallocating the funds to the other measures.**

The Committee requested staff 1) provide additional information so that it can make a recommendation on a different improvement target floor; 2) see if CMS approval would be required to change the Year 2 improvement target floor or benchmark;

Staff will provide this information by email as soon as possible and before the next meeting (June 26), and the Committee will then decide whether to vote email or hold a phone call.

Review work plan and meeting schedule

Sara Kleinschmit summarized key dates around negotiations with the Center for Medicare and Medicaid Services (CMS) related to the continuations of HTTP program and the establishment of a Technical Advisory Group to provide recommendations on measure specifications and data collection. In addition, the Committee discussed the need to coordinate efforts with the CCO Metrics & Scoring Committee

Adopt Bylaws and vice-chair selection

The Committee elected Doug Koekkoek (Providence Health & Services) as the new Committee Vice-Chair.

The Committee **adopted the draft bylaws with the following clarifications/amendments:**

Article II, new bullet: **Chair and Vice-Chair terms shall run July 1 – June 30.**

Article II, third bullet: *The Committee shall select a Vice-Chair from among its members. The Vice-Chair shall become the Chair the year following their election as Vice-Chair (“chair elect”). The Vice-Chair will serve for 24 months from the date of their election: **the first 12 months as Vice-Chair (chair elect), and the second 12 months as Chair.***

Article III, first bullet: *The Committee shall meet at least ~~quarterly~~ **four times per year** and more frequently at the call of the Chair in consultation with the Committee members and staff.*

The Committee also wanted to allow the Chair to be reelected for an additional year.

Year 3 of the program

Sara Kleinschmit recapped legislation, CMS negotiations, and the anticipated Year 3 timeline and measurement period. Of note, the Oregon Legislature extended the HTTP four additional years, to September 30, 2019. OHA will work with CMS on a one year extension of the current program (“Year 3”) through June 2017, which coincides with expiration of Oregon’s current Medicaid 1115 waiver. Additional years of the program will be negotiated as part of Oregon’s

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larger waiver negotiation. OHA will also request to change the measurement period from the federal fiscal year to calendar year, in alignment with the CCO incentive measure program. This means Year 3 of the program would potentially span five quarters, from October 1 2015 through December 31, 2016. Elyssa Tran of OAHHS noted that shifting to calendar year would mean limited time between the data the data are submitted and the date the payment would need to be made.

While OHA will seek to limit substantive changes to the program until its fourth year, the Committee discussed potential areas for additional measures (should they be required by CMS). Steve Gordon noted that CMS will likely be most interested in measures that further hospital-CCO coordination. **Staff will explore these areas and provide additional information to the Committee at its next meeting.** The Committee mentioned:

- PQI 92
- Medication safety (some change)
- Diabetes/hypertension
- Maternal health: reducing C-sections or breastfeeding (or some other)
- Sepsis
- CCO dental integration
- Consult the priority areas of the Oregon Patient Safety Commission

The Committee also requested that the Provider Tax Advisory Committee managed by Apprise Health Insights be convened to provide a recommendation to the Committee on the floor and payment weighting methodologies. **Elyssa Tran from Apprise will reconvene the Provider Tax Advisory Committee and provide its recommendations at a future meeting of the Hospital Performance Metrics Advisory Committee.**

Next Steps and Wrap Up

Next meeting is scheduled Friday June 26, 2015 from 1-4 pm in Wilsonville.