

# HTPP Year 3 Benchmarks and Improvement Targets

In year 3 (October 1, 2015 – September 30, 2016), hospitals will receive payment for submitting data to OHA and achieving the benchmark or improvement target.<sup>1</sup> Unless otherwise noted, all Year 3 improvement targets will be calculated using the Minnesota Method with a floor, and will compare Year 3 performance with Year 2 performance. Please note improvement target calculations *could* be higher than the percentage point floor listed below, depending on the gap between the hospital’s Year 2 performance and the Year 3 benchmark.

Measure	Year 2 Benchmarks	Year 3 Benchmarks	Year 3 Improvement Target Floor
Alcohol and drug misuse, screening, brief intervention, and referral to treatment (SBIRT) in the emergency department (ED) – brief screen	75 <sup>th</sup> percentile from HTPP baseline (57.0%)	90 <sup>th</sup> percentile of HTPP Year 2 performance: 86.4%	3 percentage point improvement from Year 2 performance.
Alcohol and drug misuse, screening, brief intervention, and referral to treatment (SBIRT) in the emergency department (ED) – full screen	Alignment with CCO benchmark (12%)	90 <sup>th</sup> percentile of HTPP Year 2 performance: 71.3%	3 percentage point improvement from Year 2 performance.
Follow-up after hospitalization for mental illness	National 2014 Medicaid 90 <sup>th</sup> percentile (70.0%)	90 <sup>th</sup> percentile of HTPP Year 2 performance: 79.3%	3 percentage point improvement from Year 2 performance.
Hospital-wide all-cause readmissions	90 <sup>th</sup> percentile for all hospital types (8.0%)	90 <sup>th</sup> percentile of HTPP Year 2 performance: 8.4%	3 percent improvement from Year 2 performance.

<sup>1</sup> Hospitals can earn quality pool payments for achieving the benchmark, or making considerable improvement toward the benchmark. To measure improvement, an individual improvement target has been calculated for each hospital, which requires at least a 10 percent reduction in the gap between baseline and the benchmark. This methodology was adopted from Minnesota Community Measurement and is referred to as the “MN method”. Additional details at <http://www.oregon.gov/oha/analytics/HospitalData/Hospital%20Improvement%20Target%20Brief%20%28updated%2030%20July%202015%29.pdf>.

Measure	Year 2 Benchmarks	Year 3 Benchmarks	Year 3 Improvement Target Floor
Hypoglycemia in inpatients receiving insulin	7% or below	5% or below	1 percentage point improvement from Year 2 performance
Excessive anticoagulation with Warfarin	5% or below	3% or below	1 percentage point improvement from Year 2 performance
Adverse Drug Events due to opioids	5% or below	3% or below	1 percentage point improvement from Year 2 performance
HCAHPS – staff always explained medicines	National 2014 90 <sup>th</sup> percentile (72%)	National 2015 90 <sup>th</sup> percentile (73.0%)	2 percentage point improvement from Year 2 performance
HCAHPS – staff gave patient discharge information	National 2014 90 <sup>th</sup> percentile (90%)	National 2015 90 <sup>th</sup> percentile (91.0%)	2 percentage point improvement from Year 2 performance
CLABSI	2010 NHSN 50 <sup>th</sup> percentile (0.18 per 1,000 device days)	N/A – improvement target only	3 percent improvement from Year 2 performance
CAUTI	50 <sup>th</sup> percentile from HTPP baseline (1.02 per 1,000 catheter days)	N/A – improvement target only	3 percent improvement from Year 2 performance
Hospitals sharing ED visit information with PCPs	75 <sup>th</sup> percentile from HTPP baseline (77.4%)	90 <sup>th</sup> percentile from HTPP baseline (84.4%)	3 percentage point improvement from Year 2 performance.