Table of contents

Executive summary

The Hospital Transformation Performance Program (HTPP) is an incentive metric program for Oregon's 28 diagnosis related group (DRG) hospitals which are typically large, urban hospitals. This is the third report detailing the performance of Oregon's hospitals with incentive metrics and the second time hospitals will be paid for performance. This report is another example of Oregon's health system transformation through increased transparency, accountability and paying for value rather than volume of service.

This report demonstrates how hospitals are performing on key health quality metrics. These metrics are designed to indicate how well hospitals are advancing health system transformation by improving the quality of care, reducing costs, and improving patient safety.

Eleven outcome metrics are included in this report and cover six domains. These metrics were selected through a transparent process by the legislatively established Hospital Performance Metrics Advisory Committee, in coordination with the Oregon Health Authority (OHA), the Oregon Association for Hospitals and Health Systems (OAHHS), and with approval from the Centers for Medicare & Medicaid Services (CMS). Hospitals can earn incentive payments by achieving the targets associated with these metrics.

This report provides data for the third year of the program, October 2015 through September 2016, with comparison to the previous performance period (October 2014 through September 2015).

In this third year of the program, a total of $87,482,365 in quality pool funds are being awarded based upon performance data submitted for each of the 11 incentive measures. A two-phase distribution method determines the amounts awarded to each hospital:

- In phase one, all participating hospitals are eligible for a $500,000 "floor" payment if they achieve at least 75 percent of the measures for which they are eligible. Thirteen hospitals achieved this, resulting in $6,500,000 payments to hospitals in phase one.
- In phase two, a hospital receives quality pool funds based on the number of measures for which it achieves an absolute benchmark or improvement target. For the first time since hospitals were paid based upon performance, one hospital (Legacy Mount Hood) met the target on all eleven measures.

As in year two of the program, hospitals continued to demonstrate progress toward achieving several domain areas in year three. Key findings include:

- Hospitals continue doing well in the area of medication safety:
    - Adverse drug events due to opioids: All hospitals again achieved the benchmark.
    - Excessive anticoagulation with warfarin: Twenty-seven of 28 eligible hospitals again achieved the benchmark.
    - Hypoglycemia in inpatients receiving insulin: 23 hospitals achieved the benchmark in year three, and one additional hospital received payment for achieving its improvement target.
- Hospitals also saw improvement in terms of reductions in health care-associated infections.
    - There was a marked reduction in central line-associated bloodstream infections (CLABSI)

Background

Context: In 2013, Oregon's House Bill 2216 directed the Oregon Health Authority to establish an incentive metric program for diagnosis-related group (DRG) hospitals. In 2014, Oregon's Hospital Transformation Performance Program (HTPP) was established. This report covers the third year of the program (measurement period October 2015 through September 2016) and is the second time hospitals will be paid for performance.

Policy: HTPP is approved through OHA's 1115 Medicaid waiver agreement with the Centers for Medicare & Medicaid Services (CMS). The program issues incentive payments to participating hospitals for quality improvement efforts as determined by the hospital incentive measures. Oregon's vision for achieving the triple aim of better health, better care, and lower costs means that all aspects of the delivery system must coordinate their transformation efforts. The program is an integral aspect of Oregon's health system transformation.

Metrics: Eleven outcome and quality measures covering six domains were developed by the Hospital Performance Metrics Advisory Committee. The six domains and 11 measures are captured in two overarching focus areas: 1) hospital-focused and 2) hospital-coordinated care organization coordination-focused. The hospital-CCO coordination-focused domains support greater collaboration and alignment of the work that hospitals and CCOs are doing to further health system transformation.

Measurement: The benchmarks and improvement targets were recommended by the Hospital Performance Metrics Advisory Committee and approved by CMS as a way to measure progress toward the state's health system transformation goals. In each performance year, hospital performance is measured against a specified benchmark for each of the 11 incentive measures. Hospitals that do not meet the benchmark for a given measure will be assessed against improvement from their own year 2 performance ("improvement target"). For more information on improvement target calculation, see page 11.

Payments: Hospitals must achieve benchmarks or improvement targets in order to qualify for payment in the third year of the program. The incentive payments for the third year total $87,482,365.

Funding: Funding for HTPP comes from the Hospital Provider Assessment Program authorized by the Oregon Legislature. Oregon's DRG hospitals pay the provider assessment.

Committee: Additional information about the Hospital Performance Metrics Advisory Committee is available online at www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx.

Measure specifications and additional program documentation: Additional information about measure specifications and program structure is available online at http://www.oregon.gov/oha/hpa/analytics/Pages/Hospital-Baseline-Data.aspx.

Performance overview

■ Hospital achieved **BENCHMARK** in Year 3
■ Hospital achieved **IMPROVEMENT TARGET**
✱ Top performing hospital in each measure
\+ Tied top performers

	CAUTI	CLABSI	Opioids	Warfarin	Hypoglycemia	HCAHPS: Medicines	HCAHPS: Discharge	Readmissions	Follow-up after hosp.	SBIRT in the ED	EDIE
Adventist	■	+	+	■	■					■	■
Asante Rogue Regional	■	■	■	■	■			■	■	■	■
Asante Three Rivers		■	■	■	■			■	✱	■	■
Bay Area Hospital		■	■	■	■				■		■
Good Samaritan Regional	■		■	■						■	
Kaiser Sunnyside	■	■	+	■	■				■	■	■
Kaiser Westside		■	+	■	■	■	✱	■	■	■	✱
Legacy Emanuel		■	■	■				■	■	■	■
Legacy Good Samaritan			■	■	■	■	■	■	■	■	■
Legacy Meridian Park	■	+	■	■	■		■		■	■	■
Legacy Mount Hood	■	+	■	■	■	✱	■	■	■	■	■
McKenzie-Willamette		+	■				■	■		■	
Mercy		+	■	■	■	■	■		■		■
OHSU Hospital	■	■	■	■	■	■	■		■		
PeaceHealth Sacred Heart - RiverBend	■		■	■	■				■	■	■
PeaceHealth Sacred Heart - University		+	■	■	■		■	■	■	■	■
Providence Medford			■	■	■	■		■	■	■	■
Providence Milwaukie	■	+	■	■	■			■	■	■	■
Providence Portland			■	■	■		■	■	■	■	■
Providence St. Vincent	■	■	■	■	■	■		■	■	■	■
Providence Willamette Falls	■	+	■	■	■		■	■	■	■	■
Salem Hospital	■	■	■	■	■				■	■	■
Samaritan Albany General Hospital	■	+	■	■	■	■	■			■	■
Shriners Hospital for Children	+	+	■	✱	✱	n/a	■	✱		n/a	n/a
Sky Lakes	■	+	■		■		■		■	■	■
St. Charles Bend	■	■	■	■	■				■		■
Tuality Healthcare		■	■	■		■	■		■	✱brief	
Willamette Valley	+	+	■	■	■	■	■	■		✱full	■

Excessive anticoagulation due to warfarin

Domain: Medication safety

Description

This measure is part of the domain aiming to increase medication safety and avoid adverse drug events. Adverse drug events are defined as any injuries resulting from medication use, including physical or mental harm, and loss of function. Warfarin is a type of blood thinner used to prevent blood clots. Incorrect dosage can cause too much thinning (excessive anticoagulation), which increases the risk of bleeding.

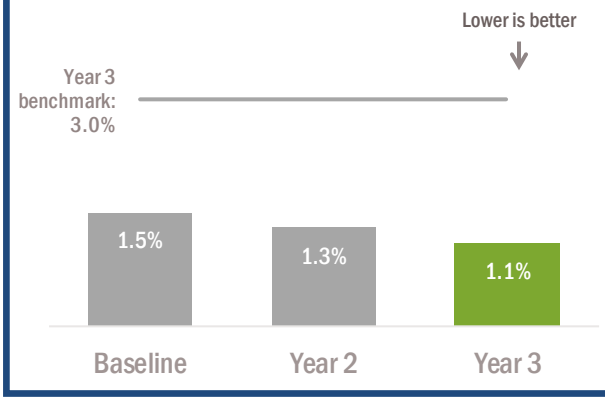
The measure is defined as the percentage of times inpatients receiving warfarin anticoagulation therapy experienced excessive anticoagulation. A lower score for this measure is better.

Data source: Self-reported by hospitals (tracked internally through electronic health records, chart abstraction, or other manual process)

Benchmark source: Hospital Performance Metrics Advisory Committee recommendation

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since Year 2: -15.4%

# of hospitals that improved: 13

# of hospitals achieving measures: 27 of 28 eligible

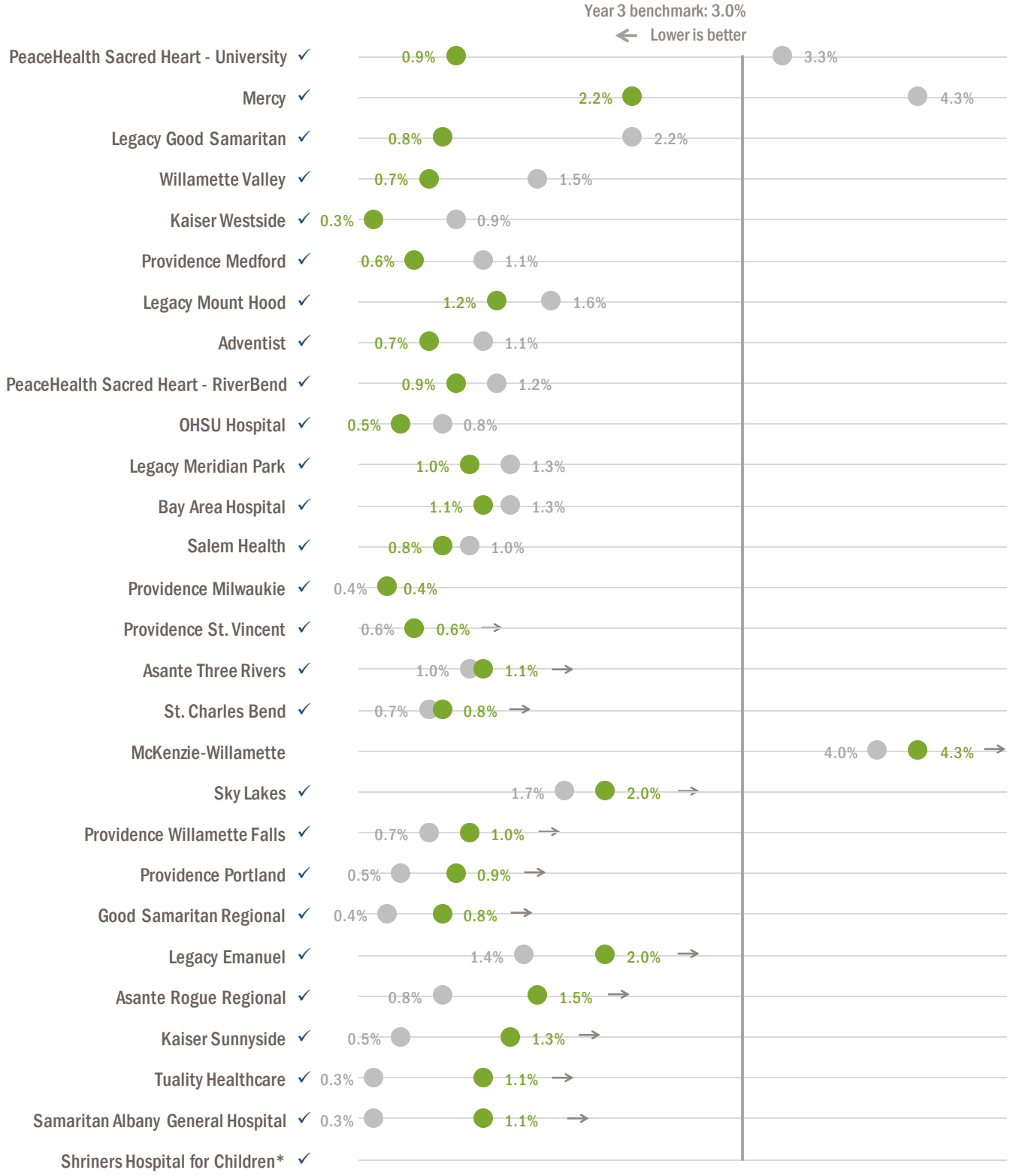
Most improved: PeaceHealth Sacred Heart (University District)

Excessive anticoagulation due to warfarin

Twenty-seven hospitals achieved target in year 3.

Grey dots represent year 2 performance

✓ indicates hospital met benchmark or improvement target



*Shriners Hospital for Children had zero qualifying denominator events for this measure

Hypoglycemia in inpatients receiving insulin

Domain: Medication safety

Description

This measure is part of the domain aiming to increase medication safety and avoid adverse drug events. Adverse drug events are defined as any injuries resulting from medication use, including physical or mental harm, or loss of function. Insulin is an important component of diabetes care. If dosage is incorrect or the patient is not carefully monitored, hypoglycemia (low blood sugar) may occur.

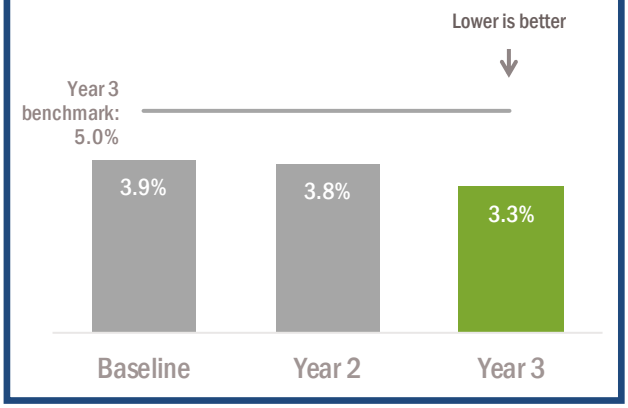
The measure is defined as the percentage of inpatients receiving insulin who had experienced hypoglycemia. A lower score is better.

Data source: Self-reported by hospitals (tracked internally through electronic health records, chart abstraction, or other manual process)

Benchmark source: Hospital Performance Metrics Advisory Committee recommendation

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since year 2: -13.2% (lower is better)

# of hospitals that improved: 17

# of hospitals achieving measures: 24 of 28 eligible

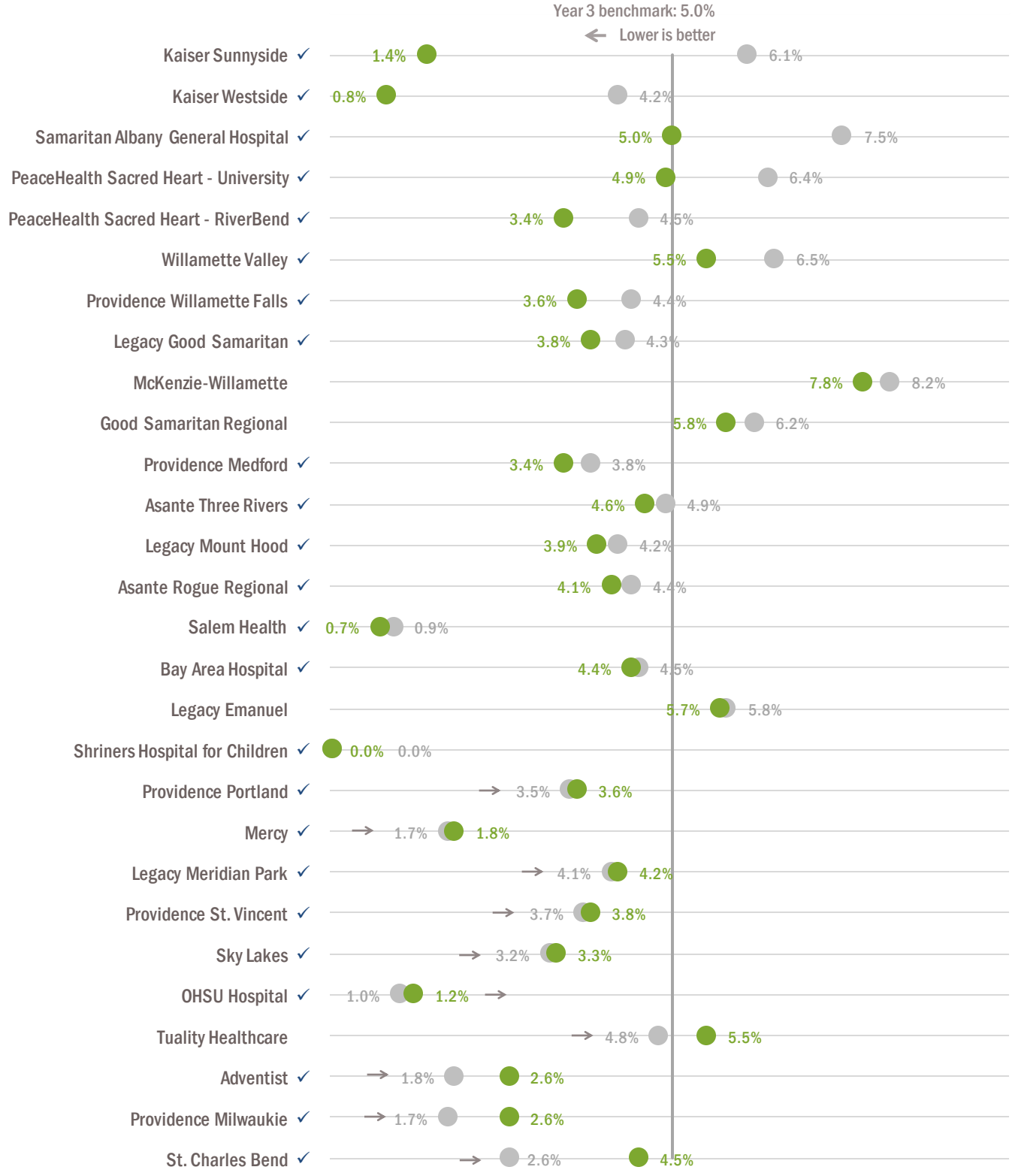
Most improved: Kaiser Sunnyside

Hypoglycemia in inpatients receiving insulin

Twenty-four hospitals achieved target in year 3.

Grey dots represent year 2 performance

✓ indicates hospital met benchmark or improvement target



HCAHPS: Staff always explained medicines

Domain: Patient experience

Description

To support improvements in internal customer services and quality-related activities, this measure uses survey data to measure patients' perspectives on their hospital care experiences. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey asks patients who were given a medicine that they had not taken before how often staff explained the medicine (on a scale of never, sometimes, usually, or always). "Explained" means that hospital staff told the patient what the medicine treated and possible side effects before they gave it to the patient.

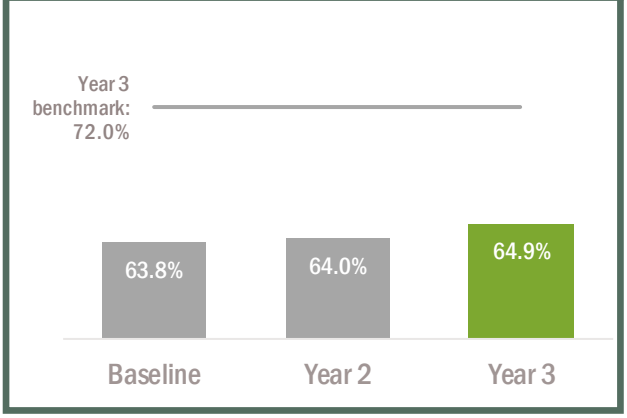
The measure is defined as the percentage of patients who said hospital staff "always" told them (1) what their medication was for and (2) possible medication side effects in a way the patient understood. A higher score for this measure is better.

Data source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Benchmark source: National 90th percentile, April 2015

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since Year 2: +1.4%

# of hospitals that improved: 20

# of hospitals achieving measures: 10 of 27 eligible

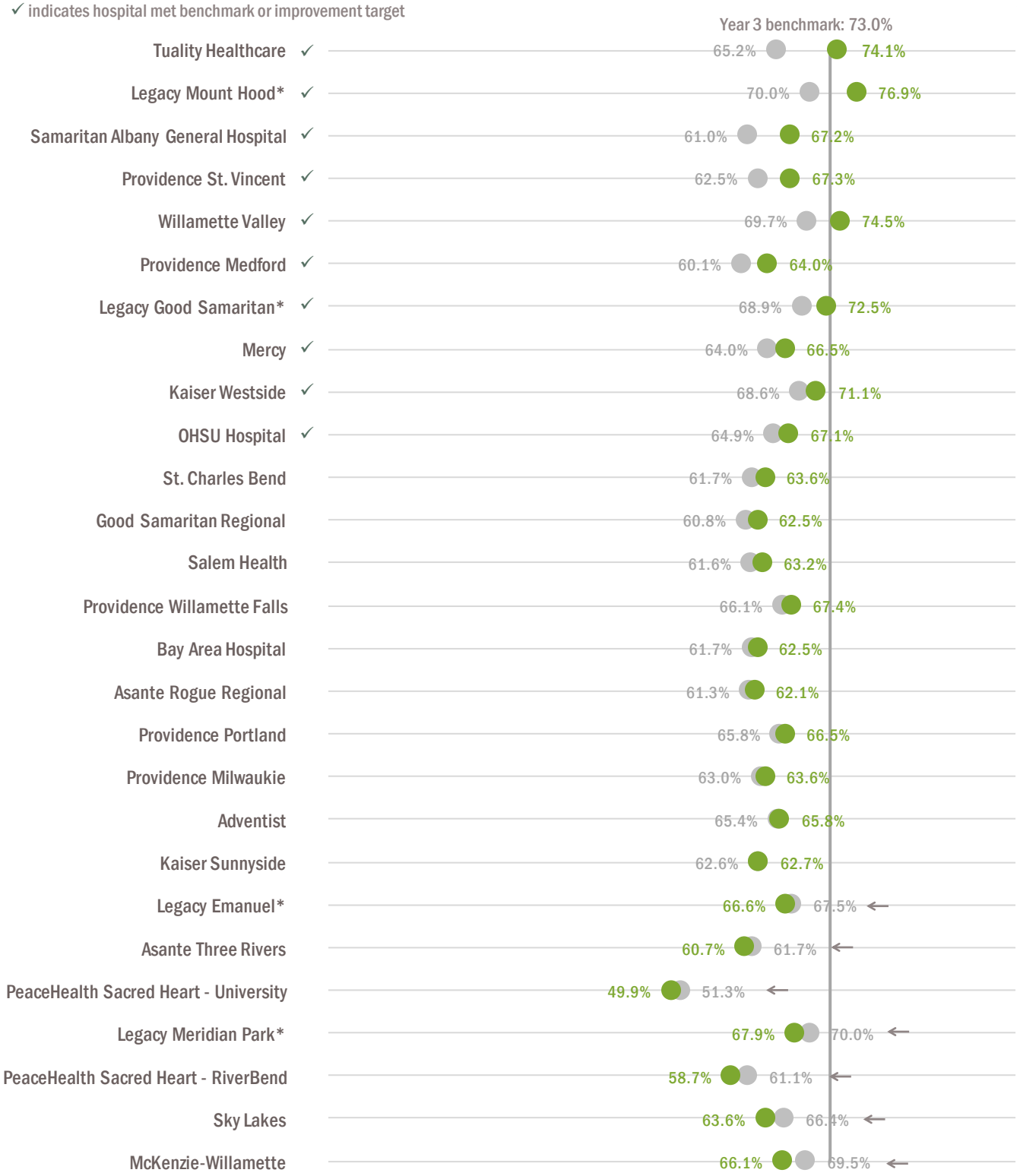
Most improved: Tuality Healthcare

HCAHPS: Staff always explained medicines

Ten hospitals achieved target in year 3.

Grey dots represent year 2 performance

✓ indicates hospital met benchmark or improvement target



*Due to vendor issues, the year 3 measurement period for Legacy hospitals is January through September 2016.

Note: Shriners Hospital for Children uses the Press Ganey Inpatient Survey rather than HCAHPS. Since there is no analogous question on the Press Ganey Survey, Shriners cannot participate in this measure.

HCAHPS: Staff gave patient discharge information

Domain: Patient experience

Description

To support improvements in internal customer services and quality-related activities, this measure uses survey data to measure patients' perspectives on their hospital care experiences. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey asks patients whether hospital staff discussed the help they would need at home, and whether they were given written information about symptoms or health problems to watch for during their recovery. Response options are "Yes" or "No."

The measure is defined as the percentage of patients who said hospital staff (1) talked about whether the patient would have the help needed when they left the hospital and (2) provided information in writing about what symptoms or health problems to look out for after the patient left the hospital. A higher score for this measure is better.

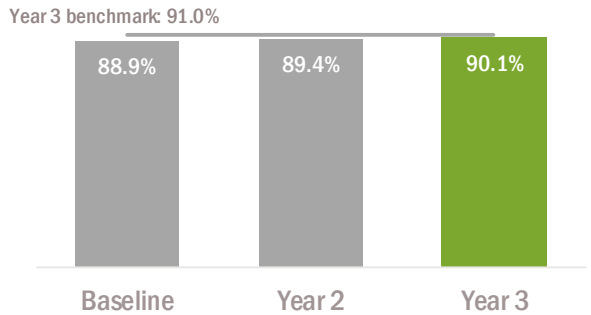
Shriners Hospital for Children is unable to field an HCAHPS Survey, and instead uses the Press Ganey Inpatient Pediatric Survey Thus, the benchmark for Shriners is the 90th percentile of all Press Ganey Database Peer Group: 92.6% (Feb 2015 through Jan 2016).

Data source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

Benchmark source: National 90th percentile, April 2015

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since year 2: +0.8%

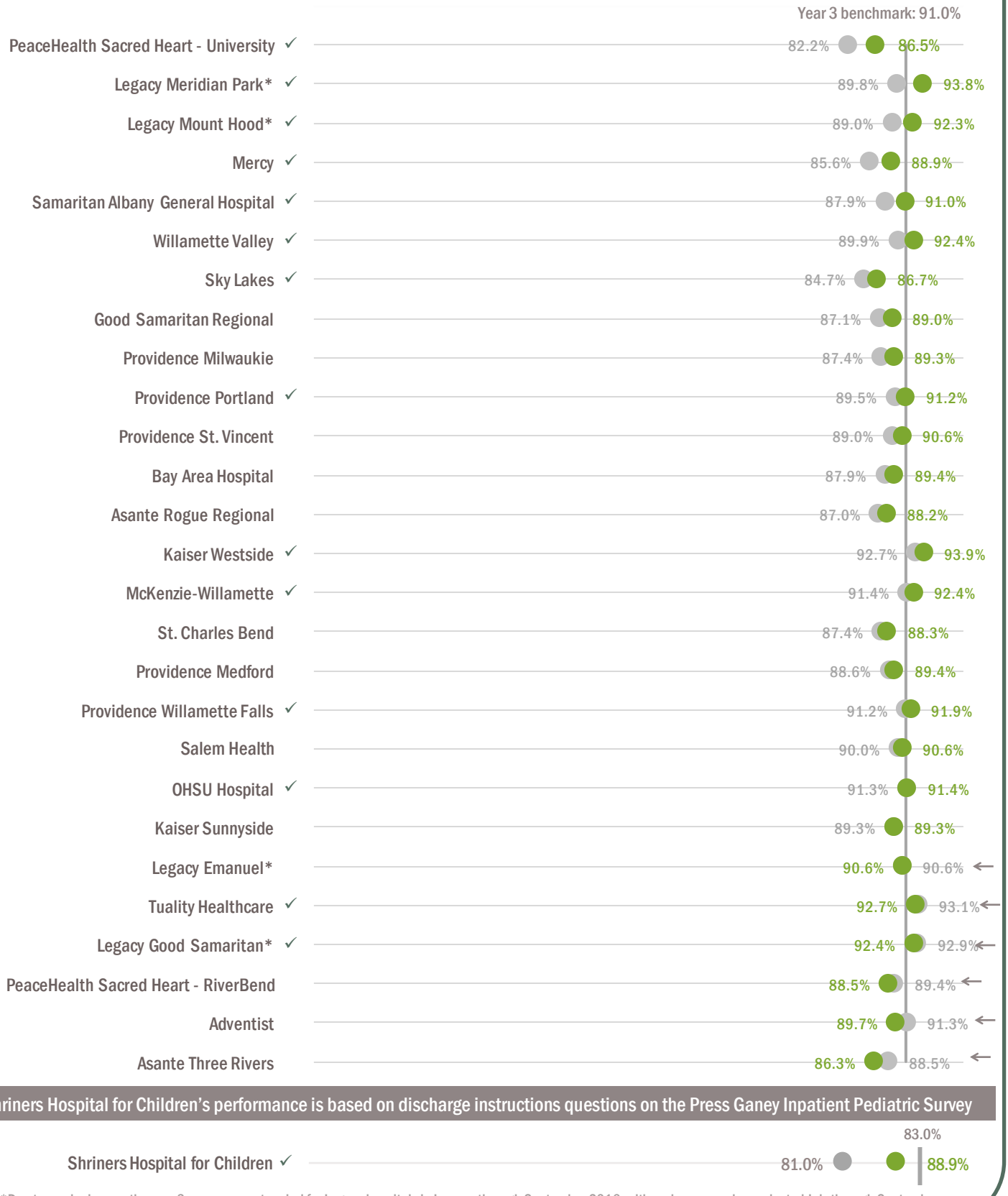
# of hospitals that improved: 20

# of hospitals achieving measures: 15 of 28 eligible

Most improved: PeaceHealth Sacred Heart (University District)

HCAHPS: Staff gave patient discharge information

Fifteen hospitals achieved target in year 3.



*Due to vendor issues, the year 3 measurement period for Legacy hospitals is January through September 2016, with and oversample conducted July through September.

Hospital-wide all-cause readmissions

Domain: Patient experience

Description

Some patients who leave the hospital are admitted again shortly after discharge. These costly and burdensome "readmissions" are often avoidable. Reducing the preventable problems that send patients back to the hospital is the best way to keep patients at home and healthy. This metric therefore measures all patients (of all ages) who were readmitted within 30 days for any reason.

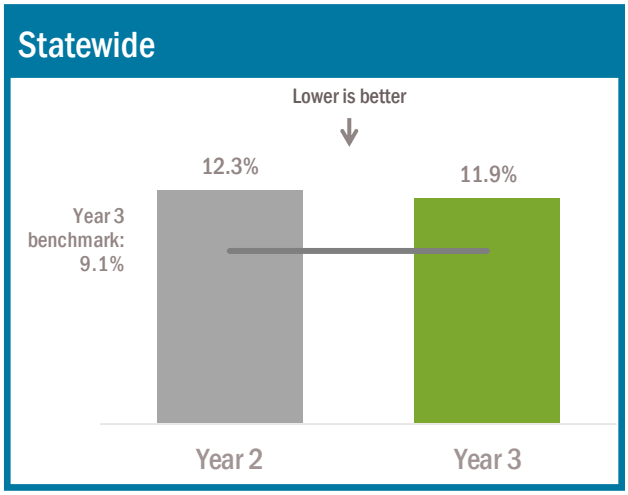
The measure is defined as the percentage of patients (all ages) who had a hospital stay and were readmitted for any reason within 30 days of discharge. A lower score for this measure is better.

Data source: Oregon Association of Hospitals and Health Systems (OAHHS)

Benchmark source: 90th percentile of HTTP year 2

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since year 2: -3.3% (lower is better)

# of hospitals that improved: 17

# of hospitals achieving measures: 15 of 28 eligible

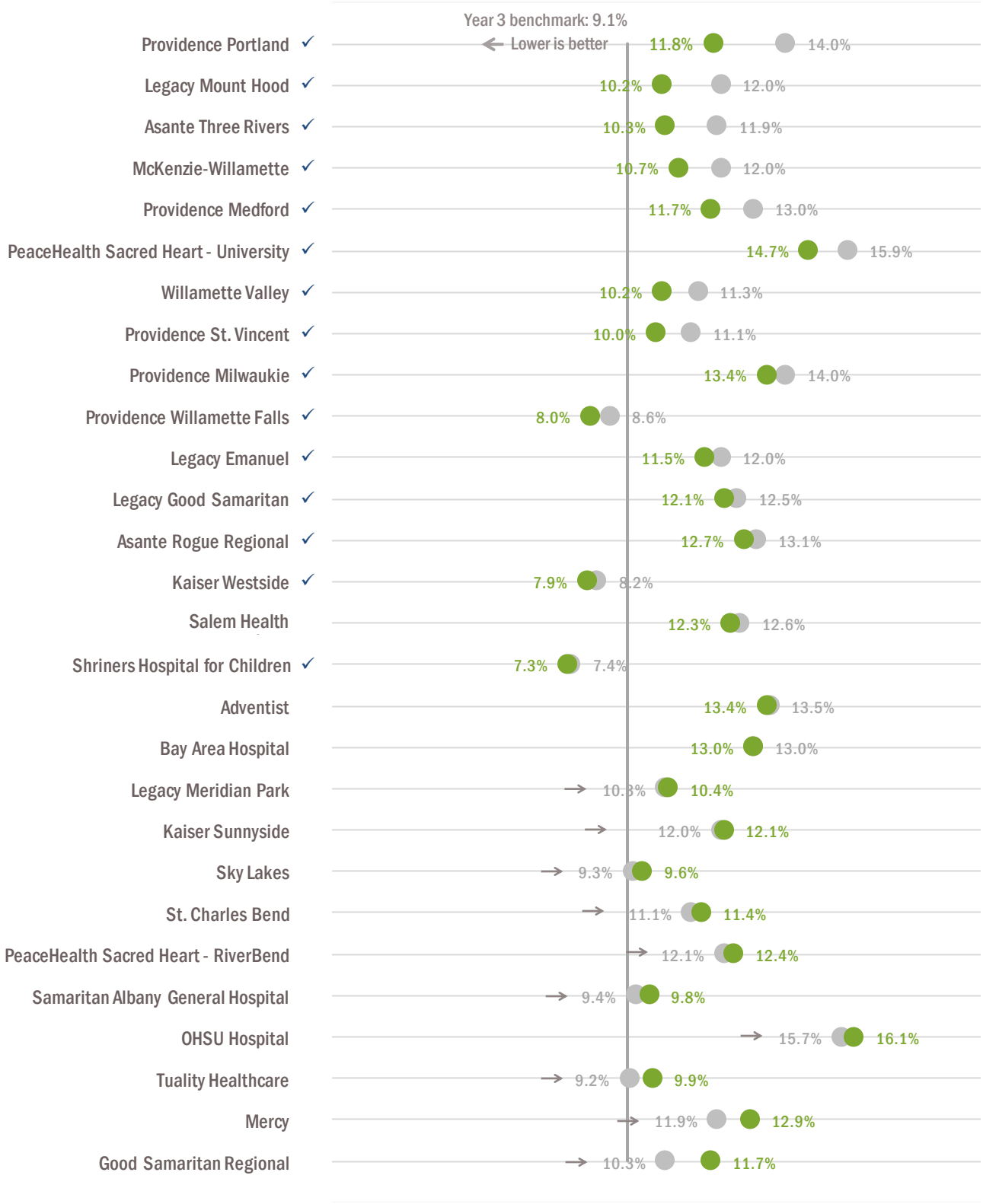
Most improved: Providence Portland Medical Center

Hospital-wide all-cause readmissions

Fifteen hospitals achieved benchmark or improvement target in year 3.

Grey dots represent year 2 performance

✓ indicates hospital met benchmark or improvement target



Note: Year 2 results have been recalculated and may differ from previously published results

Follow-up after hospitalization for mental illness

Domain: Behavioral health

Description

Research shows that follow-up care helps keep patients from returning to the hospital, providing an important opportunity to reduce health care costs and improve health. This measure supports coordination between hospitals and Oregon's CCOs in facilitating appropriate follow-up care for Medicaid members hospitalized with mental illness. This measure aligns the work of hospitals and CCOs, as it is a also a CCO incentive measure.

The measure is defined as the percentage of Medicaid patients (ages 6 and older) who received a follow-up visit with a health care provider within seven days of being discharged from the hospital for mental illness. A higher score for this measure is better.

Note: Hospitals with fewer than 10 mental health discharges in the measurement period are allocated either their hospital system rate (for hospitals in systems with more than one DRG hospital) or their local CCO's rate. This allows all hospitals to participate in the measure and facilitates further hospital-CCO collaboration.

Data source: Medicaid billing claims

Benchmark source: 90th percentile of HTPP year 2 (excluding hospitals receiving system or CCO rate)

Year 3: October 2015 through September 2016

Highlights

# of hospitals that improved: 23

# of hospitals achieving measures: 22 of 27 eligible

Most improved: Sky Lakes Medical Center

[Due to performance attribution methodology, a statewide rate is not available.]

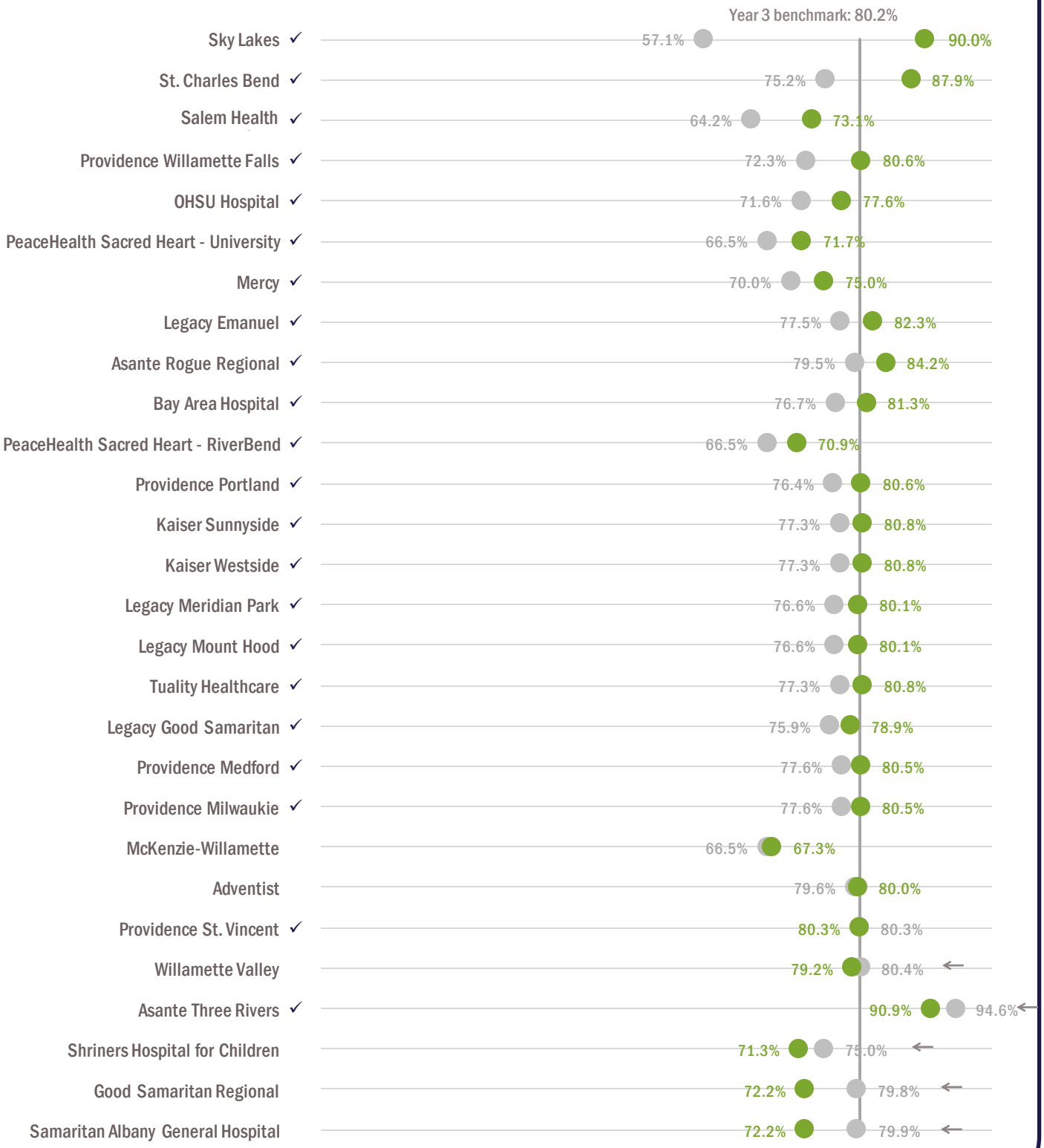
Year 3 benchmark: 80.2%

Follow-up after hospitalization for mental illness

Twenty-two hospitals achieved target in year 3.

Grey dots represent year 2 performance

✓ indicates hospital met benchmark or improvement target



Screening, brief intervention, and referral to treatment

Domain: Behavioral health

Description

Research shows that the emergency department can be an effective place to screen and refer patients for substance use services. This measure supports the statewide quality improvement focus area of integrating behavioral and physical health, and also aligns the work of hospitals and CCOs.

The measure tracks screening, brief intervention, and referral to treatment (SBIRT) in the emergency department. This measure has two rates: percent of patients who receive a brief, initial screening, and of those who receive the brief screening and are found positive, those who receive a second, full screening.

The percent of patients who screen positive on the second screening and receive a brief intervention is also being tracked. However, the brief intervention rate is not reported here as this part of the measure is not tied to a benchmark or incentive for the third year of the program. A higher score for this measure is better.

Data source: Self-reported by hospitals (tracked internally through electronic health records, chart abstraction, or other manual process)

Benchmark source: Full screen - 90th percentile of HTPP Year 2 full screen; Brief screen - 90th percentile of HTPP year 2 brief screen

Year 3: October 2015 through September 2016

Highlights

Full screen

# of hospitals that improved: 19

# of hospitals achieving measures: 4 of 6 eligible

Most improved: Asante Rogue Regional

Year 3 benchmark: 83.5%

Brief screen

# of hospitals that improved: 4

# of hospitals achieving measures: 19 of 21 eligible

Most improved: Kaiser Westside

Year 3 benchmark: 71.3%

[Due to performance attribution methodology, a statewide rate is not available.]

Screening, brief intervention, and referral to treatment

Twenty-three hospitals achieved target in year 3.

Grey dots represent year 2 performance / ✓ indicates hospital met benchmark or improvement target

† Inconsistencies between year 2 and year 3 reporting.

* Mercy Medical Center performs SBIRT per the full process, conducting a full screen only on patients who first screen positive on a brief screen. As other hospitals held to the full screening benchmark are not first conducting brief screens, the benchmark (90th percentile of year 2 performance) is artificially inflated. Thus, Mercy is held to a 3 percentage improvement target instead of the full screen benchmark.

Emergency Department Information Exchange (EDIE)

Domain: Sharing emergency department visit information

Description

Patients may visit the emergency department (ED) for conditions that could be more effectively treated in a more appropriate, less costly setting. This measure was created to support more coordination between hospitals and Oregon's CCOs to promote care in the right setting. It encourages hospitals and primary care providers to make use of health information technology to reduce unnecessary ED visits among high utilizers.

The Emergency Department Information Exchange (EDIE) system allows EDs to identify in realtime patients who visit the ED more than five times in a 12-month period so care can be better coordinated and patients can be directed to the right care setting.

This measure is the percentage of times hospitals notified a patient's primary care provider when a frequent user of the ED was seen in the ED. Patients are considered a frequent user of the emergency department if they visit the ED five or more times in 12 months. A higher score for this measure is better.

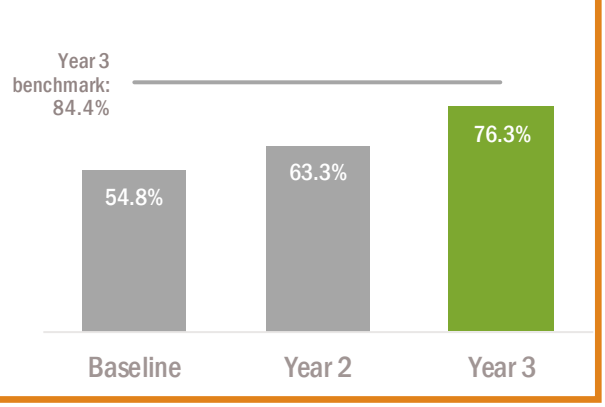
This is the first part of the two-part measure using EDIE. The second part looks at the number of care guidelines completed for frequent ED users. These data are not reported. The second part of the measure is not tied to a benchmark incentive for the third year of the program.

Data source: Emergency Department Information Exchange

Benchmark source: 90th percentile of HTPP year 1.

Year 3: October 2015 through September 2016

Statewide



Highlights

Statewide change since Year 2: +20.5%

# of hospitals that improved: 22

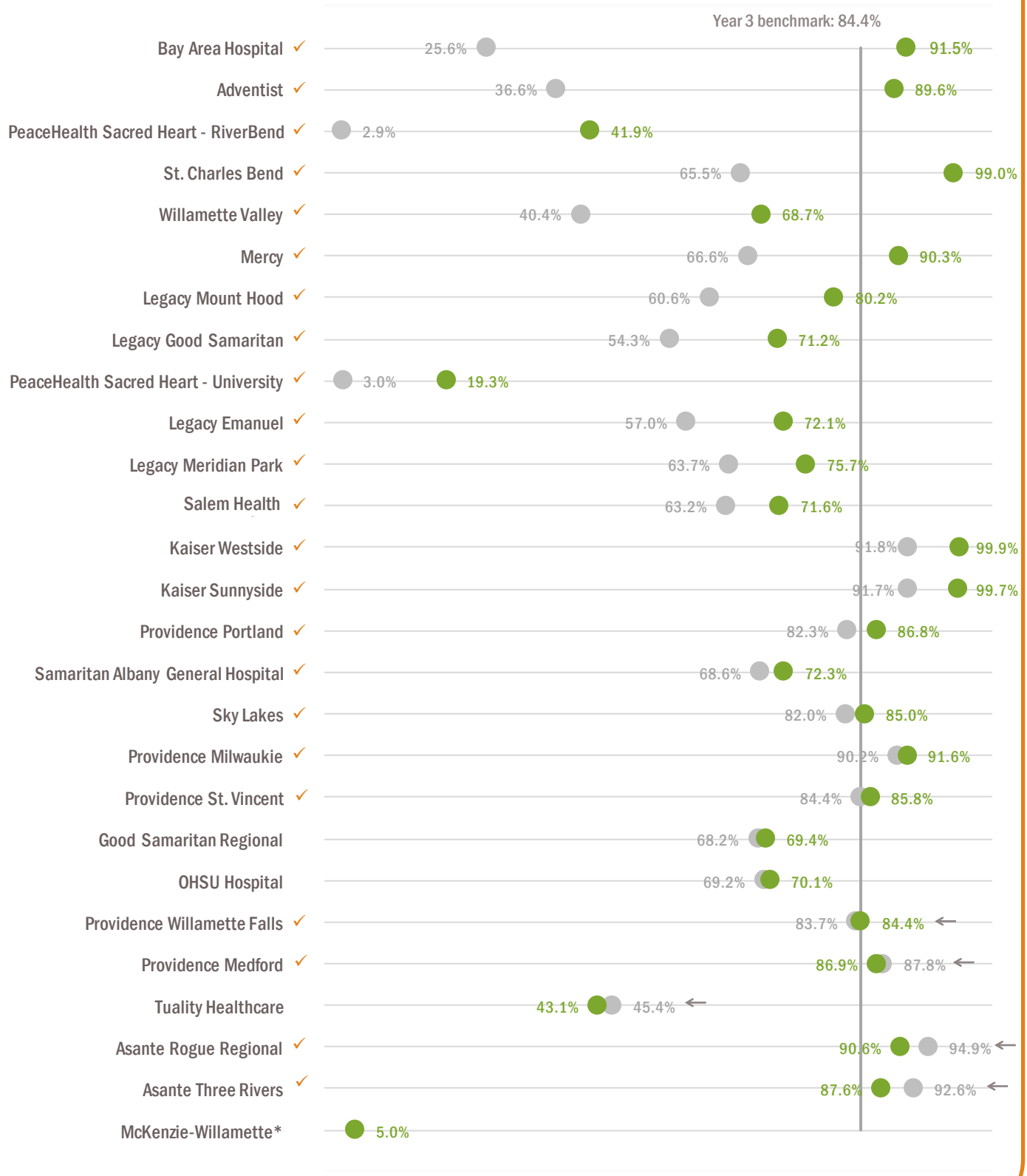
# of hospitals achieving measures: 23 of 27 eligible

Most improved: Bay Area Hospital

Emergency Department Information Exchange (EDIE)

Twenty-three hospitals achieved benchmark or improvement target in year 3.

Grey dots represent year 2 performance



*Hospital did not submit year 2 data for this measure.

This page intentionally blank.

Oregon Health Authority

You can get this document in other languages, large print, braille, or a format your prefer. Contact the Oregon Health Authority Director's Office at 503-947-2340 or OHADirectorsOffice@state.or.us.