Oregon Hospital Transformation Performance Program (HTPP)

Year 4 Performance Report

Measurement period: Calendar year 2017

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Oregon Health Authority

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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 fourth report detailing the performance of Oregon's hospitals with incentive metrics and the third 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. The program, in its current form, is sunsetting with the publication of this report. Nevertheless, the state and our hospital partners remain highly committed to hospital performance as an important contributor along the continuum of health care.

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 covering six domains are included in this report. 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) and 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 fourth year of the program, which covers calendar year 2017, with comparison to the previous performance period ("year 3") which covered October 2015 through September 2016.

In this fourth year of the program, a total of $89,758,990 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. Eight achieved this, resulting in $4,000,000 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. One hospital (Legacy Meridian Park) met the target on all eleven measures.

As in previous years of the program, hospitals continued to demonstrate progress in several domain areas. Key findings include:

- Hospitals once again continue to do very well in the area of medication safety:
    - Adverse drug events due to opioids: All hospitals again achieved the benchmark.
    - Excessive anticoagulation with warfarin: All hospitals again achieved the benchmark.
    - Hypoglycemia in inpatients receiving insulin: 20 hospitals achieved benchmark or target in year four with a 21.2 percent improvement statewide.
- Health care-associated infections: Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) improved among participating hospitals (lower is better for the measure).

Executive summary

- Collaboration between hospitals and coordinated care organizations (CCOs) is another area in which hospitals continued to improve:
    - Follow-up after hospitalization for mental illness: 25 of 28 hospitals achieved benchmark or improvement target on this measure in year 4.
    - Screening, brief intervention, and referral to treatment (SBIRT) in the emergency department: 22 of 27 hospitals eligible for this measure achieved benchmark or improvement target in year 4.
- Reducing revisits for frequent emergency department visits: This measure changed from a process measure (sharing emergency department use with primary care providers) to an outcome measure (reducing revisits for frequent emergency department users) in year 4. Fifteen of 27 hospitals eligible for this measure achieved benchmark or improvement target. Statewide, this measure improved from 30.2 percent to 28.3 percent (lower is better for this measure).

Potential areas for improvement:

- Hospital-wide all-cause readmissions: Only 12 of 28 eligible hospitals achieved their target, and the statewide rate remained flat.
- The percent of patients who said that hospital staff provided discharge information upon leaving the hospital also remained flat at the statewide level. Nineteen of 28 hospital showed some improvement, and 15 achieved their target.

This publication shows the advancement of Oregon's hospitals in key health services using standardized measures. The HTPP program has been a valuable tool for advancing the vision of a healthy Oregon as the state progresses on the triple aim of better health, better care, and lower costs.

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 fourth year of the program (measurement period calendar year 2017) and is the third time hospitals will be paid for performance. The program, in its current form, is sunsetting with the publication of this report. Nevertheless, the state remains highly committed to hospital performance as an important contributor along the continuum of health care.

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 3 performance ("improvement target"). For more information on improvement target calculation, see page 12.

Payments: Hospitals must achieve benchmarks or improvement targets in order to qualify for payment in the fourth year of the program. The incentive payments for the fourth year total $89,758,990.

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.

Measures and domains

Focus area	Domain	Measures
Hospital focus	Health care-associated infections	Catheter-associated urinary tract infections (CAUTI) Central line-associated bloodstream infection (CLABSI)
	Medication safety	Adverse drug events due to opioids Excessive anticoagulation with warfarin Hypoglycemia with inpatients receiving insulin
	Patient experience	HCAHPS: Staff always explained medicines HCAHPS: Staff gave patient discharge information
	Readmissions	Hospital-wide all-cause readmissions
Hospital-CCO collaboration focus	Behavioral health	Follow-up after hospitalization for mental illness Screening, brief intervention, and referral to treatment in the ED
	Sharing ED visit information	Reducing revisits for frequent emergency department users

DRG hospitals

Hospital name	Location
Adventist Medical Center	Portland
Asante Rogue Regional Medical Center	Medford
Asante Three Rivers Medical Center	Grants Pass
Bay Area Hospital	Coos Bay
Good Samaritan Regional Medical Center	Corvallis
Kaiser Sunnyside Medical Center	Clackamas
Kaiser Westside Medical Center	Hillsboro
Legacy Emanuel Medical Center	Portland
Legacy Good Samaritan Medical Center	Portland
Legacy Meridian Park Medical Center	Tualatin
Legacy Mount Hood Medical Center	Gresham
McKenzie-Willamette Medical Center	Springfield
Mercy Medical Center	Roseburg
Oregon Health & Science University (OHSU) Hospital	Portland
PeaceHealth Sacred Heart Medical Center at RiverBend	Springfield
PeaceHealth Sacred Heart Medical Center University District	Eugene
Providence Medford Medical Center	Medford
Providence Milwaukie Hospital	Milwaukie
Providence Portland Medical Center	Portland
Providence St. Vincent Medical Center	Portland
Providence Willamette Falls Medical Center	Oregon City
Salem Health	Salem
Samaritan Albany General Hospital	Albany
Shriners Hospital for Children	Portland
Sky Lakes Medical Center	Klamath Falls
St. Charles Bend Medical Center	Bend
Tuality Healthcare	Hillsboro
Willamette Valley Medical Center	McMinnville

What is a DRG hospital? DRG (diagnosis-related group) hospitals are larger hospitals that receive payments on a prospective basis. Rather than paying the hospital exactly what it spent caring for a patient (e.g. every dose of medicine, bandage, and room fee), Medicaid pays a fixed amount based on the patient's DRG or diagnosis. Oregon's DRG hospitals pay the provider assessment, which funds HTPP.

Quality pool distribution

Performance year quality pool

In this fourth and last year of the HTPP, Oregon's DRG hospitals qualify for quality pool payment by achieving an absolute benchmark or demonstrating improvement over their year 3 performance ("improvement target") on the 11 incentive measures.

As required by 2015 House Bill 2395, the total funding allocated for the year 4 quality pool is equivalent to the federal match of state dollars generated by 0.5 percent of the Hospital Provider Assessment Program. The year 4 quality pool is $89,758,990. All funds are distributed this year; there is no carryover of funds. The amount of funds each hospital is eligible to receive is based on the number of measures submitted and hospital size. Hospital size is determined by the proportion of total Medicaid discharges and inpatient days (50% based on discharges and 50% based on inpatient days). The methodology for distribution occurs in two phases.

Quality pool: Phase 1 distribution

All participating hospitals are eligible for a $500,000 floor payment by achieving at least 75% of the measures for which they are eligible. Achieving a measure in year 4 means the hospital met the benchmark or improvement target.

Step 1:

OHA determines the number of hospitals qualifying for the floor payment and multiplies that number by $500,000.

Number of hospitals earning floor payment	8
Floor payment per hospital	x $500,000
Total floor payment	= $4,000,000

Step 2:

The total floor payment is then subtracted from the quality pool, with the remainder to be allocated in phase 2.

Total in quality pool	$89,758,990
Subtract floor payment	- $4,000,000
Amount remaining for payment on individual measures	= $85,758,990

Quality pool distribution

Quality pool: Phase 2 distribution

The remaining amount of funds are allocated to hospitals based on their performance on the individual measures:

Step 1

Determine the number of hospitals achieving each measure.

Step 2

Calculate total amount each measure is worth by multiplying each individual measure's weight (outlined in table below) by the amount remaining in the pool after phase 1. This is the "base amount."

Step 3

Allocate base amount to hospitals that have achieved the measure according to relative hospital size (50 percent Medicaid discharges and 50 percent Medicaid days).

Measure	Measures weight	Total amount available for measure	Number of hospitals qualifying for payment
CAUTI in all tracked units	9.38%	$8,039,905	14
CLABSI in all tracked units	9.38%	$8,039,905	24
Adverse drug events due to opioids	6.25%	$5,359,937	28
Excessive anticoagulation with warfarin	6.25%	$5,359,937	28
Hypoglycemia in inpatients receiving insulin	6.25%	$5,359,937	20
HCAHPS: Staff always explained medicines*	9.38%	$8,039,905	14
HCAHPS: Staff gave patient discharge information	9.38%	$8,039,905	15
Hospital-wide all-cause readmissions	18.75%	$16,079,811	12
Follow-up after hospitalization for mental illness	6.25%	$5,359,937	25
SBIRT: Screening for alcohol and other substance misuse in the ED*	6.25%	$5,359,937	22
Reducing revisits for frequent emergency department users	12.50%	$10,719,874	15
Total	100.00%	$85,758,990	

*As a children's hospital, Shriners Hospital for Children fields the Press Ganey Inpatient Pediatric Survey, rather than HCAHPS The Press Ganey survey does not include a question analogous to the HCAHPS question on staff explaining new medications, so Shriners is not eligible for payment on this measure Similarly, Shriners does not have an emergency department (ED), so it is ineligible for payment on the two ED-based measures: SBIRT, and EDIE

Quality pool distribution by hospital

Hospital	Total Medicaid discharges	# measures met	Phase one payment earned	Phase two payment earned	Total dollar amount earned
Adventist	3,002	9	$ 500,000	$ 4,622,076	$ 5,122,076
Asante Rogue Regional	4,384	10	$ 500,000	$ 8,213,212	$ 8,713,212
Asante Three Rivers	1,964	9	$ 500,000	$ 2,701,441	$ 3,201,441
Bay Area Hospital	1,556	6	-	$ 1,046,664	$ 1,046,664
Good Samaritan Regional	1,993	8	-	$ 2,609,077	$ 2,609,077
Kaiser Sunnyside	1,355	7	-	$ 992,517	$ 992,517
Kaiser Westside	406	8	-	$ 441,281	$ 441,281
Legacy Emanuel	7,825	7	-	$ 6,682,779	$ 6,682,779
Legacy Good Samaritan	2,270	9	$ 500,000	$ 2,995,359	$ 3,495,359
Legacy Meridian Park	1,036	11	$ 500,000	$ 1,788,836	$ 2,288,836
Legacy Mount Hood	2,053	8	-	$ 1,826,301	$ 1,826,301
McKenzie-Willamette	1,824	10	$ 500,000	$ 2,697,123	$ 3,197,123
Mercy	1,844	8	-	$ 2,624,527	$ 2,624,527
OHSU Hospital	9,267	8	-	$ 10,802,453	$ 10,802,453
PeaceHealth Sacred Heart - RiverBend	5,698	9	$ 500,000	$ 7,318,880	$ 7,818,880
PeaceHealth Sacred Heart - University	685	6	-	$ 670,737	$ 670,737
Providence Medford	1,379	8	-	$ 1,175,041	$ 1,175,041
Providence Milwaukie	544	8	-	$ 469,181	$ 469,181
Providence Portland	6,395	8	-	$ 9,347,882	$ 9,347,882
Providence St Vincent	4,891	7	-	$ 4,548,135	$ 4,548,135
Providence Willamette Falls	1,272	8	-	$ 1,847,716	$ 1,847,716
Salem Health	5,602	6	-	$ 3,903,892	$ 3,903,892
Samaritan Albany General Hospital	965	7	-	$ 918,838	$ 918,838
Shriners Hospital for Children	150	6	$ 500,000	$ 120,110	$ 620,110
Sky Lakes	1,376	8	-	$ 1,843,295	$ 1,843,295
St Charles Bend	3,689	6	-	$ 2,310,702	$ 2,310,702
Tuality Healthcare	1,234	7	-	$ 845,491	$ 845,491
Willamette Valley	894	5	-	$ 395,445	$ 395,445
TOTAL	**75,553**		**$ 4,000,000**	**$ 85,758,990**	**$ 89,758,990**

Performance overview

Hospital achieved **BENCHMARK** in Year 4 Hospital achieved IMPROVEMENT TARGET	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											
Willamette Valley											

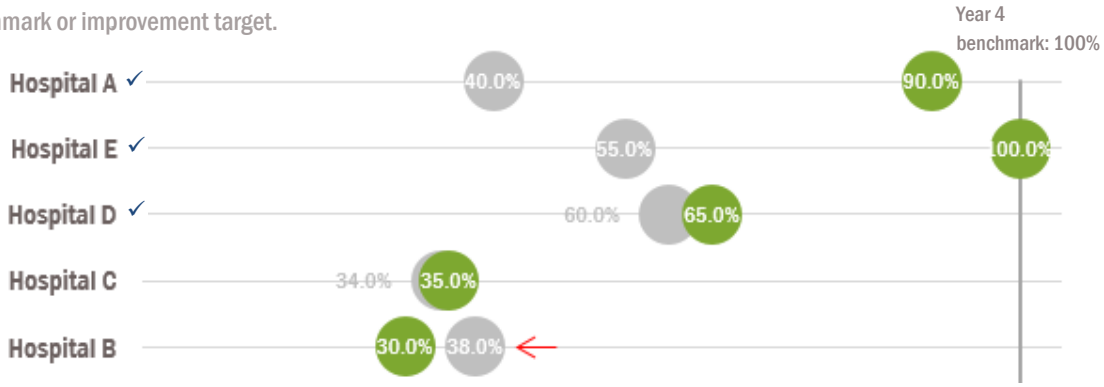
How to read the graphs

[# of hospitals achieving] benchmark or improvement target in year 4.

Grey dot represent year 3 performance.

✓ indicates hospital met benchmark or improvement target.

Hospitals are sorted by magnitude of change between year 3 and year 4. That is, hospitals with the **most improvement** in year 4 are listed first.



Arrows highlight change in the "wrong direction" (away from the benchmark).

Benchmarks are recommended by the Hospital Performance Metrics Advisory Committee. Hospitals can earn quality pool payment for: a) achieving the benchmark or b) making considerable *improvement toward* the benchmark. To measure improvement, each hospital has an individual "improvement target" which requires at least a 10 percent reduction in the gap between year 3 performance and the benchmark.

In the example above, suppose Hospital D's year 3 performance was 60%.

The gap between Hospital D's baseline and the benchmark is 40%.

100% - 60% = 40%

Ten percent of that gap is 4%.

4%

Hospital D must improve by 4 percentage points in year 4 to meet its improvement target.

(60% + 4% = improvement target)

Hospital D's performance in year 4 is 65%. They have met their improvement target . While Hospital D did not meet the aspirational benchmark, they are considered to have "achieved the measure" by demonstrating improvement toward the benchmark and will earn incentive payment.

In most cases, the committee will also establish an "improvement target floor," meaning that an improvement target can't be less than X% above baseline. In the example above, if the floor was six percentage points, Hospital A would need to earn at least [baseline + 6% =] 66% in year 4 to earn incentive payment.

Cather-associated urinary tract infections (CAUTI)

Domain: Health care-associated infections

Description

This measure is part of the domain aimed at addressing health care-associated infections, which are infections patients can get while receiving medical treatment in a healthcare facility. A catheter is a drainage tube inserted into a patient's bladder through the urethra and is left in place to collect urine. If not inserted correctly, not kept clean, or left in place too long, germs can enter the body and cause serious infections in the urinary tract called a catheter-associated urinary tract infection, or CAUTI.

This measure is the Standardized infection ratio (SIR) of hospital-onset Catheter-Associated Urinary Tract Infection or CAUTI events among all inpatients in the facility in all tracked units as defined by Oregon Public Health reporting. A lower score for this measure is better. This measure changed to SIR measurement in year 4 and, therefore, can only be compared to prior year data. Baseline and benchmark data for previous years are not available.

The SIR is used in reporting to the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN). If the number of predicted infections for a facility is less than 1.0, NHSN cannot calculate an SIR. In the event that a SIR cannot be calculated, the hospital will have met the measure if the facility has less than one observed infection in the measurement period.

Data source: Oregon Health Authority, Public Health Division

Benchmark source: HHS 2020 Target

Year 4 (2017)

Highlights

# of hospitals that improved: 8

# of hospitals achieving measure: 14 of 28 eligible

Most improved: Legacy Good Samaritan

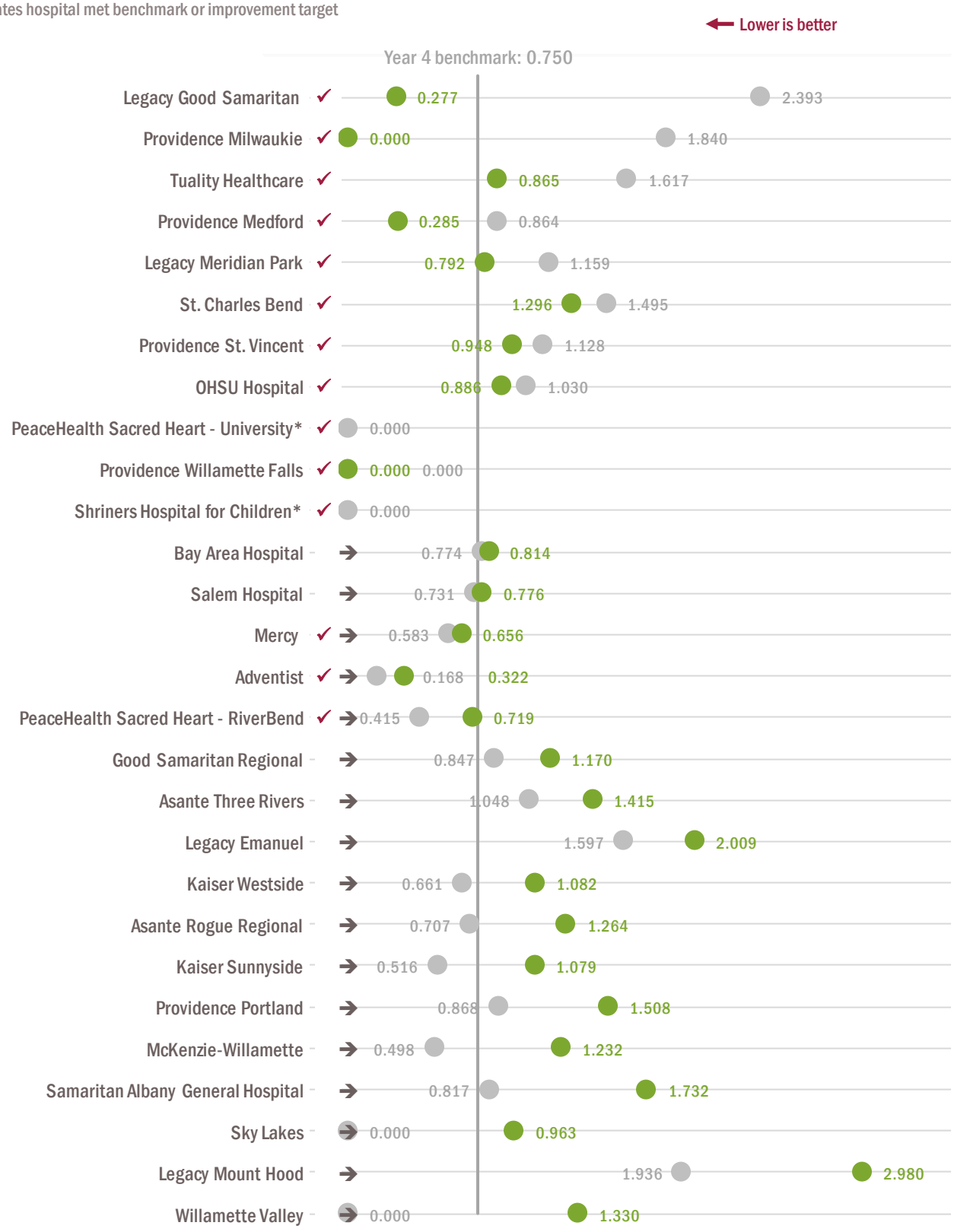
[Due to performance attribution methodology, a statewide rate is not available.]

Cather-associated urinary tract infections (CAUTI)

Fourteen hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



*Year 4 SIR cannot be calculated because the number of predicted infections at this facility is less than 1.0.

Central line-associated bloodstream infections (CLABSI)

Domain: Health care-associated infections

Description

This measure is part of the domain that addresses infections patients can get while receiving medical treatment in a health care facility. A central line is a tube inserted into a large vein of a patient's neck or chest to provide medical treatment. If not inserted correctly or kept clean, germs can enter the body and cause serious infections in the blood.

This measure is the Standardized infection ratio (SIR) of hospital-onset CLABSI events among all inpatients in the facility in all tracked units as defined by Oregon Public Health reporting. A lower score for this measure is better. This measure changed to SIR measurement in year 4 and, therefore, can only be compared to prior year data. Baseline and benchmark data for previous years are not available.

The SIR is used in reporting to the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN). If the number of predicted infections for a facility is less than 1.0, NHSN cannot calculate an SIR. In the event that a SIR cannot be calculated, the hospital will have met the measure if the facility has less than one observed infection in the measurement period.

Data source: Oregon Health Authority, Public Health Division

Benchmark source: HHS 2020 Target

Year 4 (2017)

Highlights

# of hospitals that improved: 10

# of hospitals achieving measures: 24 of 28 eligible

Most improved: Providence Medford

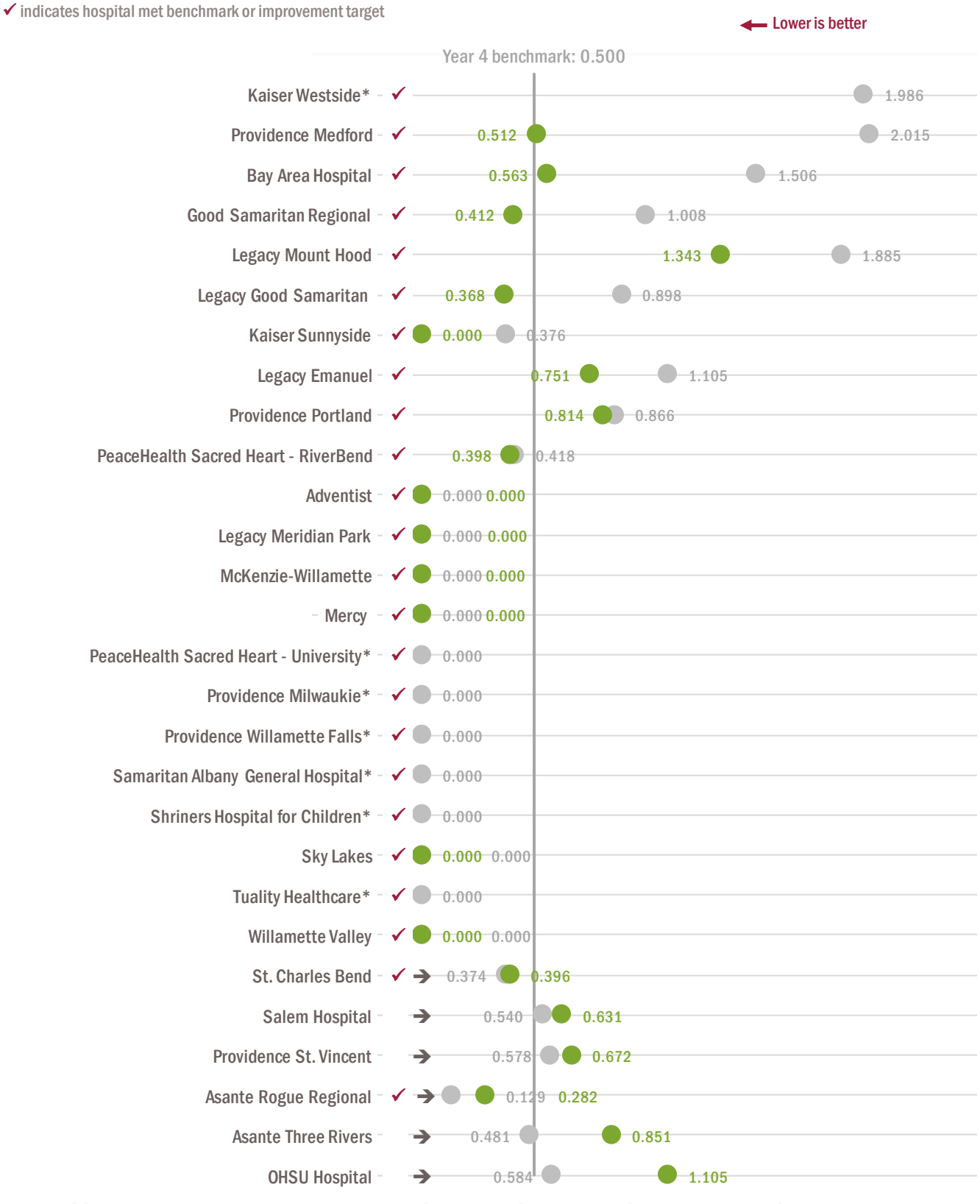
[Due to performance attribution methodology, a statewide rate is not available.]

Central line-associated bloodstream infections (CLABSI)

Twenty-four hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



*Year 4 SIR cannot be calculated because the number of predicted infections at this facility is less than 1.0.

Adverse drug events due to opioids

Domain: Medication safety

Description

This measure is part of the medication safety domain, which aims to increase medication safety and avoid adverse drug events. Adverse drug events or ADEs are injuries resulting from medication use, including physical or mental harm, and loss of function.

The measure is defined as the percentage of times an inpatient receiving an opioid agent also received Naloxone, an antidote for opiate overdose that reverses opioid intoxication. The measure uses Naloxone administration to identify patients who may have experienced an adverse drug event due to an opioid. 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 4 (2017)

Statewide

Highlights

Statewide % change since year 3: 0

# of hospitals that improved: 23

# of hospitals achieving measures: 28 of 28 eligible

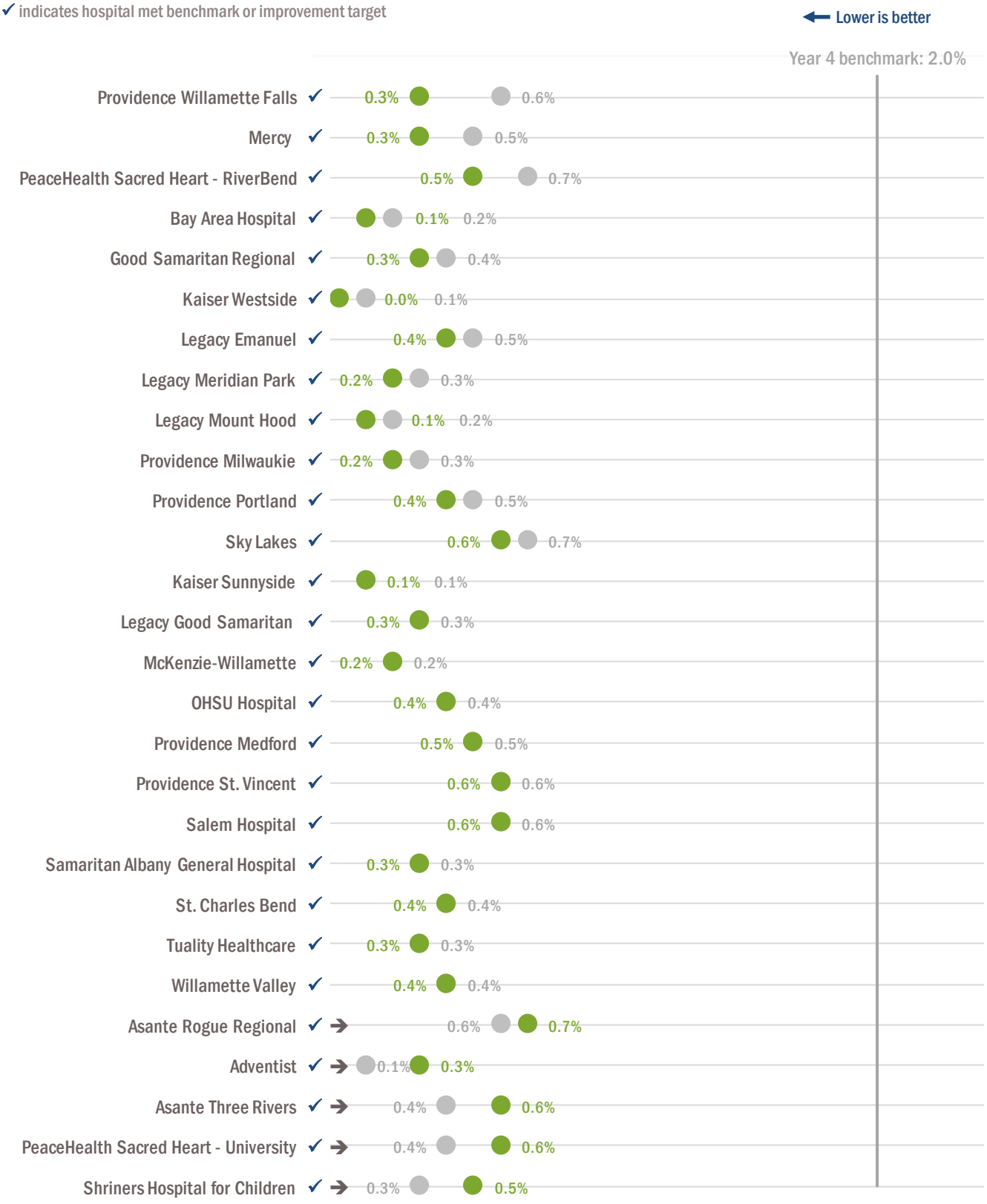
Most improved: Providence Willamette Falls

Adverse drug events due to opioids

All twenty-eight hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



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.

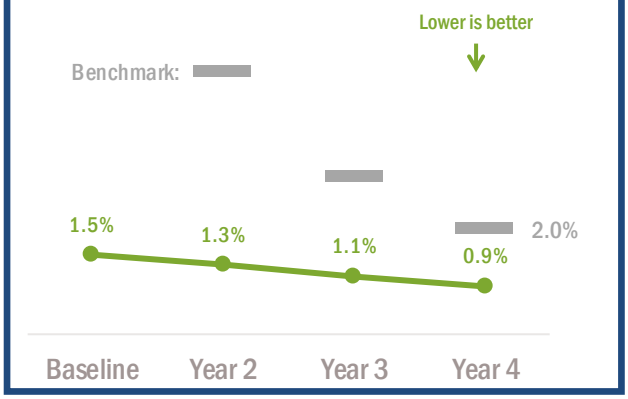
The measure is defined as the percentage of times inpatients receiving warfarin anticoagulation therapy experienced excessive anticoagulation. A lower score for this measure is better.

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 4 (2017)

Statewide



Highlights

Statewide % change since Year 3: -18.2% (lower is better)

# of hospitals that improved: 14

# of hospitals achieving measures: 28 of 28 eligible

Most improved: McKenzie-Willamette

Excessive anticoagulation due to warfarin

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.

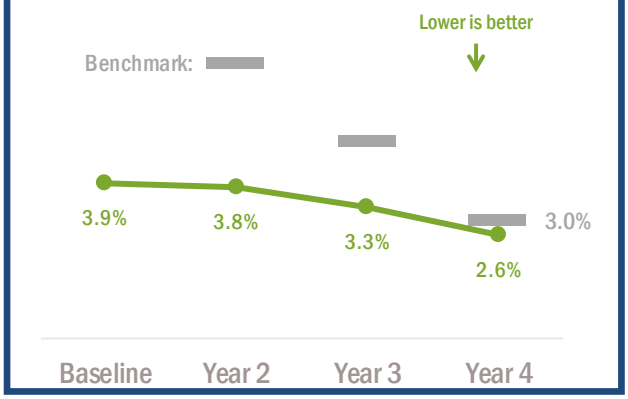
The measure is defined as the percentage of inpatients receiving insulin who had experienced hypoglycemia. A lower score is better.

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 4 (2017)

Statewide



Highlights

Statewide % change since year 3: -21.2% (lower is better)

# of hospitals that improved: 22

# of hospitals achieving measures: 20 of 28 eligible

Most improved: McKenzie-Willamette

Hypoglycemia in inpatients receiving insulin

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.

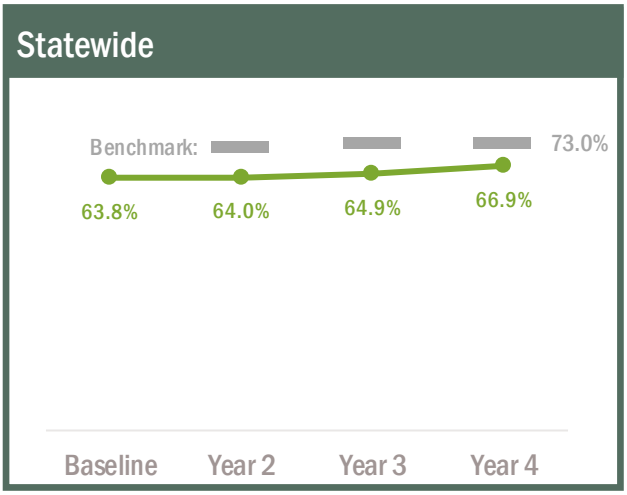
The measure is defined as the percentage of patients who said hospital staff "always" told them (1) what their medication was for and (2) possible medication side effects in a way the patient understood. A higher score for this measure is better.

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

Benchmark source: National 90th percentile, April 2016

Year 4 (2017)

Statewide



Highlights

Statewide % change since Year 2: +3.1%

# of hospitals that improved: 18

# of hospitals achieving measures: 14 of 27 eligible

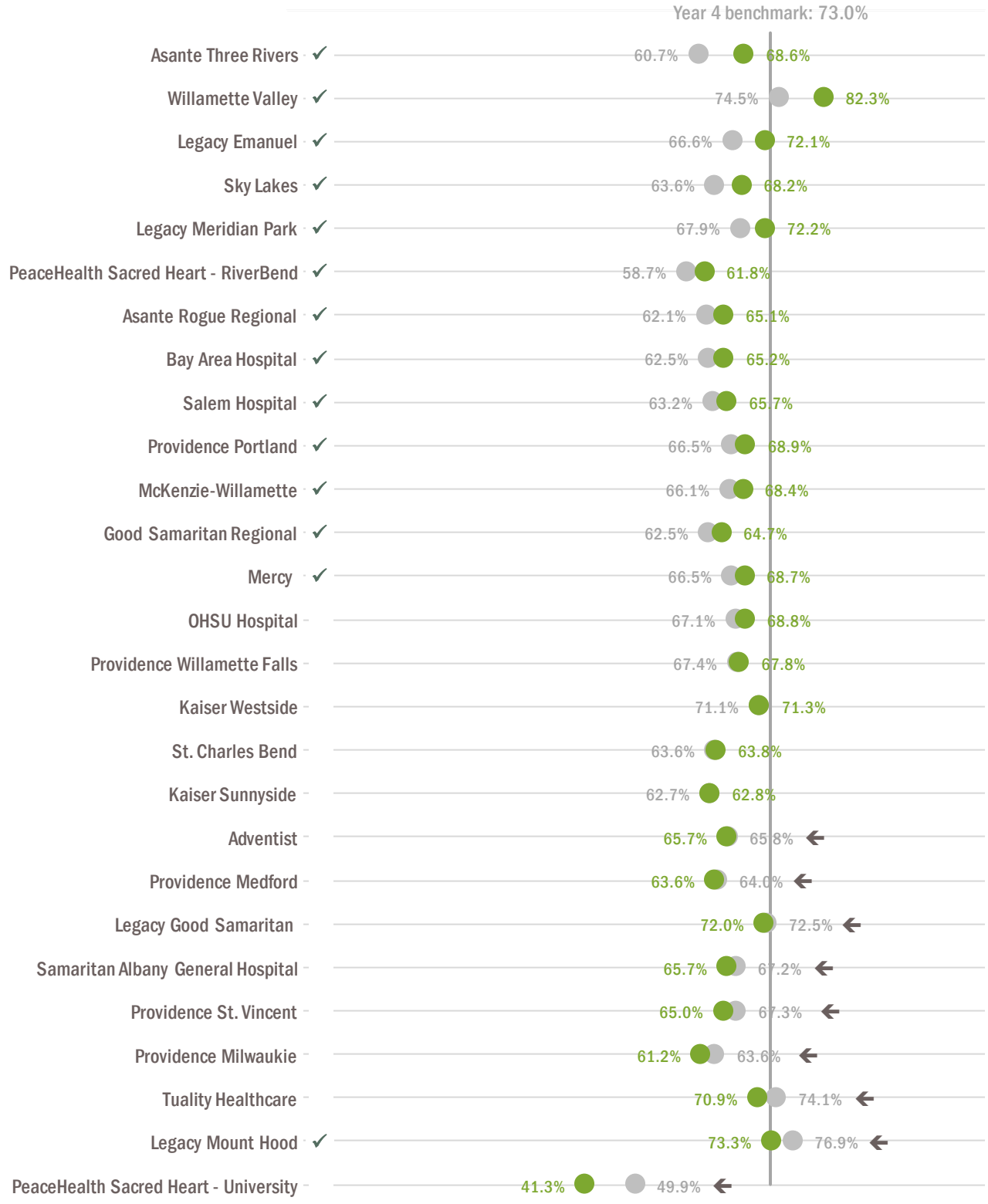
Most improved: Asante Three Rivers

HCAHPS: Staff always explained medicines

Fourteen hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



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.

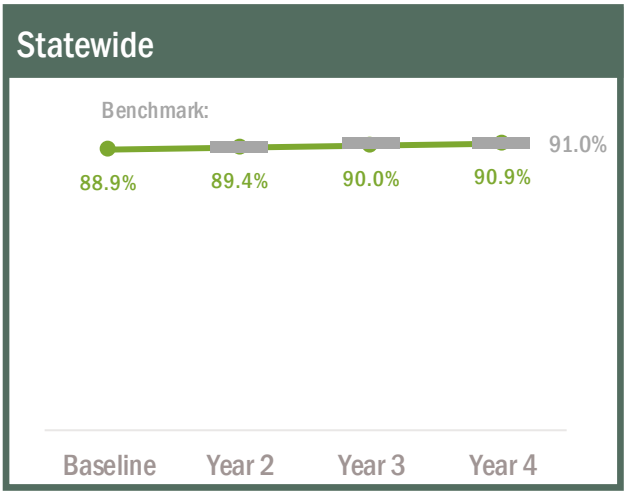
Shriners Hospital for Children is unable to field an HCAHPS Survey, and instead uses the Press Ganey Inpatient Pediatric Survey Thus, the benchmark for Shriners is the 90th percentile of all Press Ganey Database Peer Group: 93.2% (Feb 2015 through Jan 2016).

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

Benchmark source: National 90th percentile, April 2016

Year 4 (2017)

Statewide



Highlights

Statewide % change since year 3: +1.0%

# of hospitals that improved: 15

# of hospitals achieving measures: 15 of 28 eligible

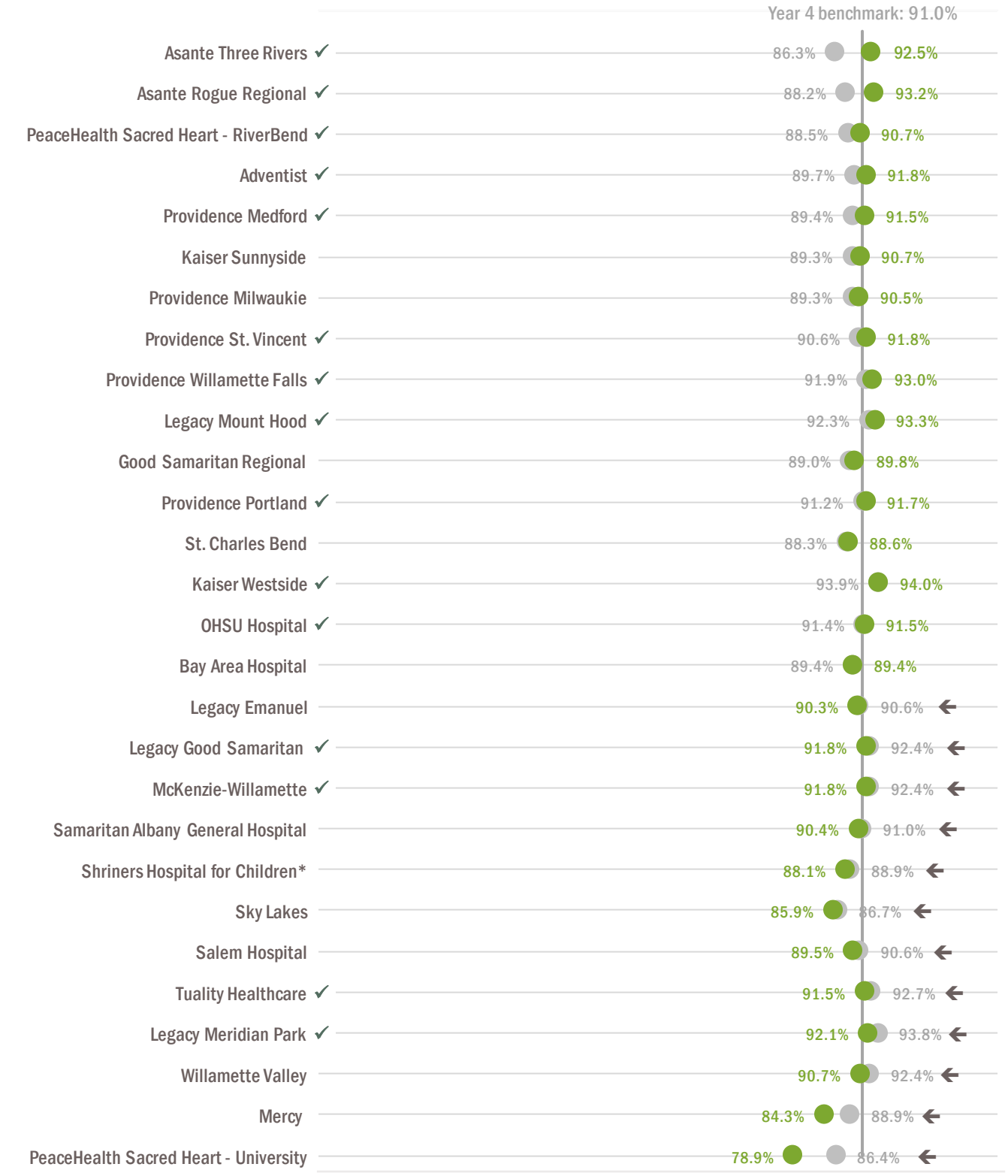
Most improved: Asante Three Rivers

HCAHPS: Staff gave patient discharge information

Fifteen hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



Shriners Hospital for Children's performance is based on discharge instructions questions on the Press Ganey Inpatient Pediatric Survey. **Shriner's benchmark is 93.2%** (90th percentile, all PG Database Peer Group).

Hospital-wide all-cause readmissions

Domain: Readmissions

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) inpatient discharge data

Benchmark source: 90th percentile of HTTP year 1 performance

Year 4 (2017)

Statewide

Highlights

Statewide % change since year 3: -0.8% (lower is better)

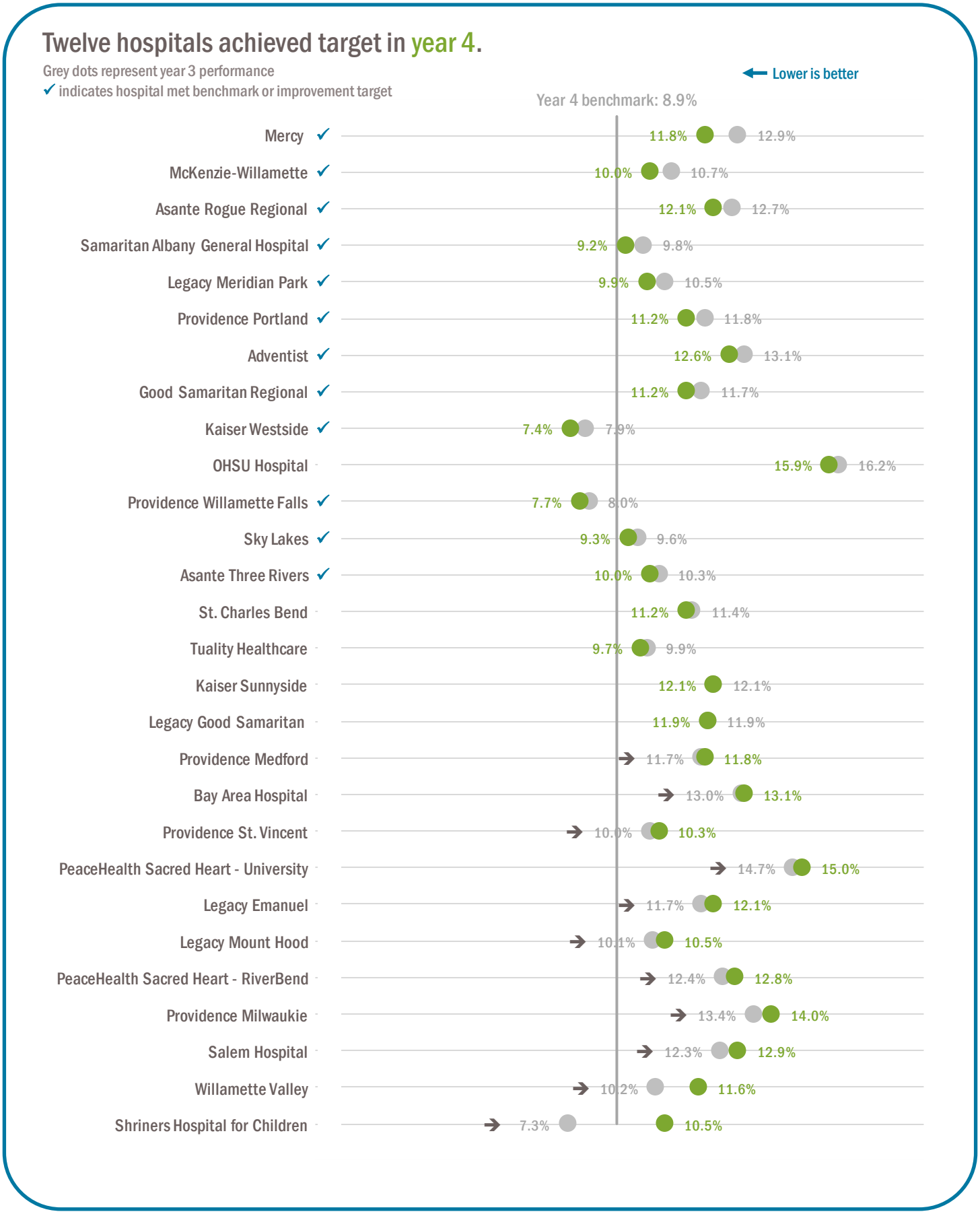
# of hospitals that improved: 15

# of hospitals achieving measures: 12 of 28 eligible

Most improved: Mercy Medical Center

Note: Baseline year data are not available for this measure.

Hospital-wide all-cause readmissions



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 4 (2017)

Highlights

# of hospitals that improved since year 3: 24

# of hospitals achieving measures: 25 of 28 eligible

Most improved: PeaceHealth Sacred Heart - RiverBend

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

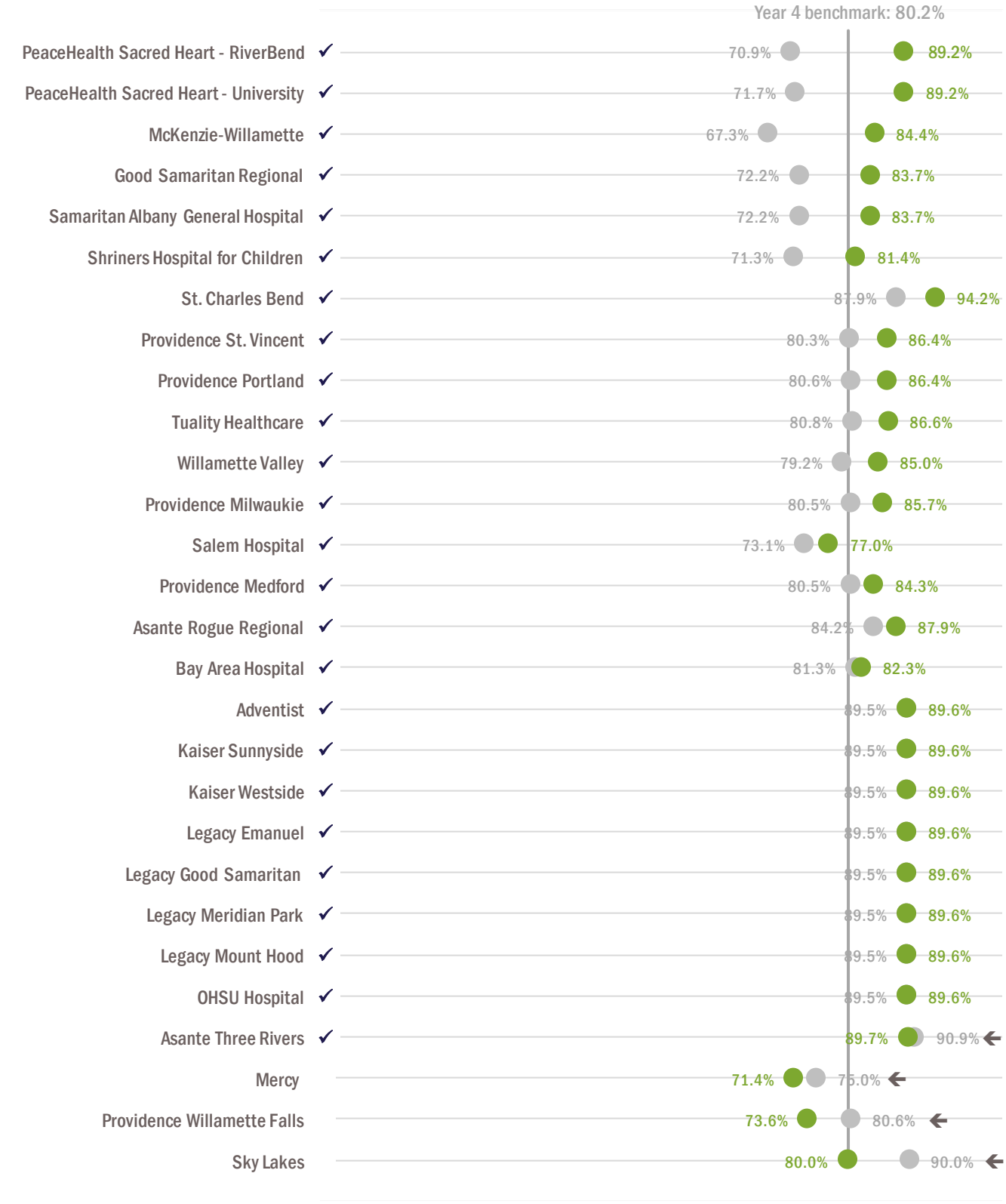
Year 4 benchmark: 80.2%

Follow-up after hospitalization for mental illness

Twenty-five hospitals achieved target in year 4.

Grey dots represent year 3 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. 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 4 (2017)

Highlights

Brief screen

# of hospitals that improved: 15

# of hospitals achieving measures: 19 of 21 eligible

Most improved: St. Charles Bend

Year 4 benchmark: 83.5%

Full screen

# of hospitals that improved: 3

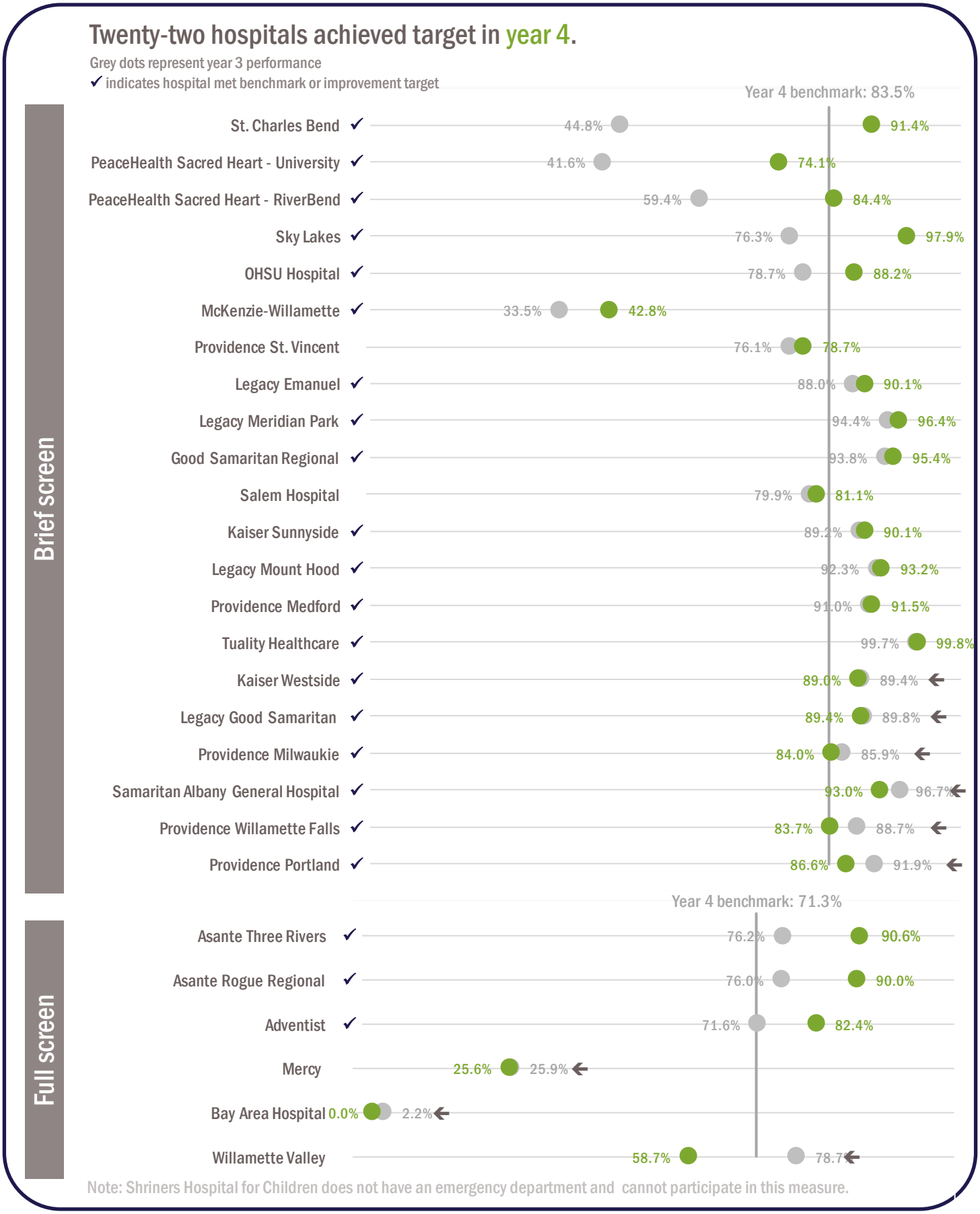
# of hospitals achieving measures: 3 of 6 eligible

Most improved: Asante Three Rivers

Year 4 benchmark: 71.3%

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

Screening, brief intervention, and referral to treatment



Note: Shriners Hospital for Children does not have an emergency department and cannot participate in this measure.

Reducing revisits for frequent emergency department users

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 is intended to support care coordination between hospitals and primary care providers, through the use of health information technology, with the goal of reducing avoidable ED visits among high utilizers.

Beginning in program year 4, the measure focused on reducing emergency department revisits for patients frequently treated at the same facility. This is a change from the previous year in which the measure assessed the percentage of outreach notifications sent to primary care providers and the percentage of care guidelines completed for patients frequently utilizing the ED. For this reason, no baseline or benchmark data for previous years are available. Year 3 data was made available retrospectively in order to measure change over time.

A lower score for this measure is better.

Data source: Emergency Department Information Exchange

Benchmark source: 90th percentile of HTPP year 2 performance

Year 4 (2017)

Statewide

Highlights

Statewide % change since Year 3: -6.3% (lower is better)

# of hospitals that improved: 18

# of hospitals achieving measures: 15 of 27 eligible

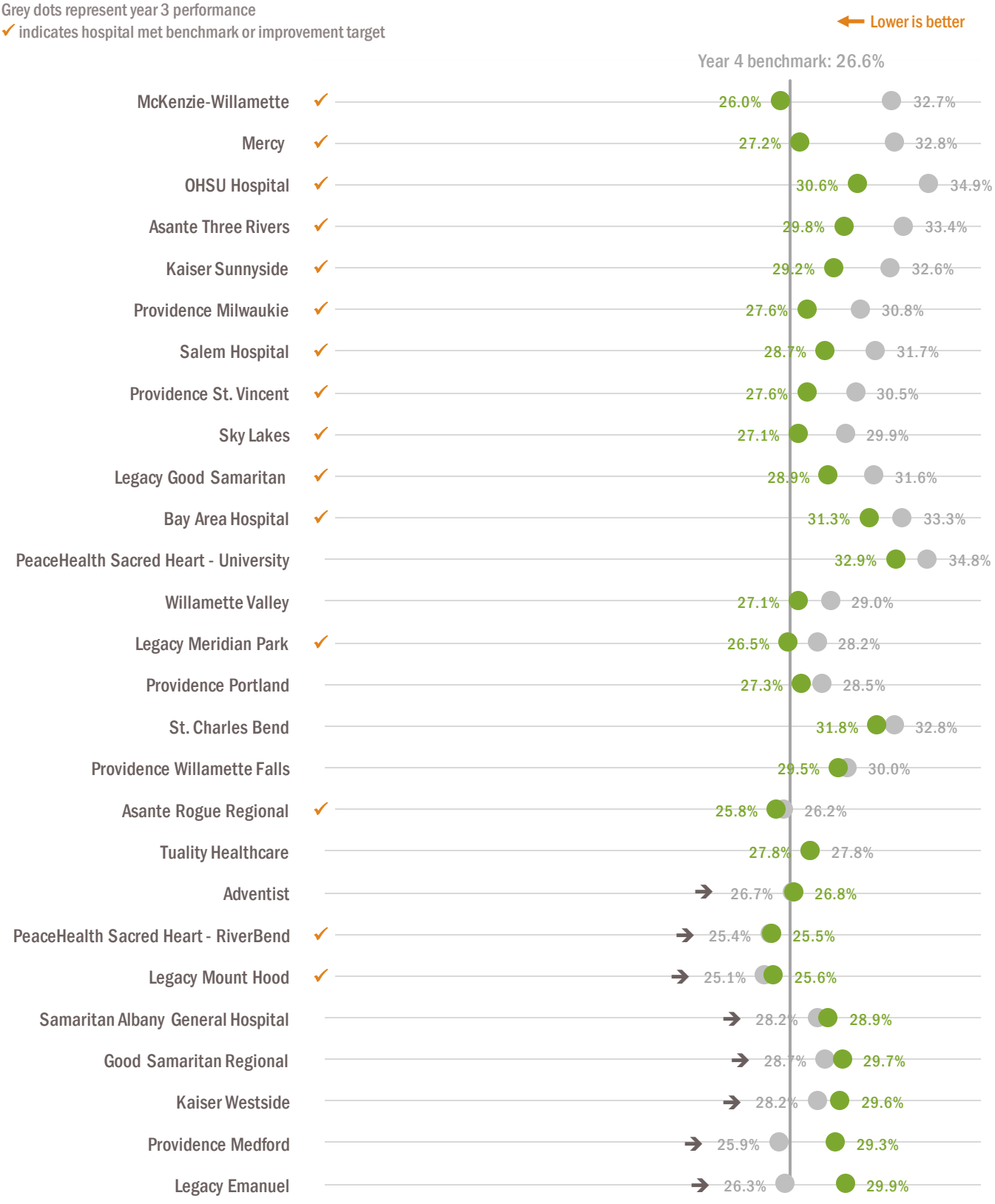
Most improved: McKenzie Willamette

Reducing revisits for frequent emergency department users

Fifteen hospitals achieved target in year 4.

Grey dots represent year 3 performance

✓ indicates hospital met benchmark or improvement target



Note: Shriners Hospital for Children does not have an emergency department and cannot participate in this measure.

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Oregon Health Authority

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