

HPIO 2017 *Health Value Dashboard*
Healthcare System Metric Selection Workgroup
Meeting One: Pre-meeting materials (March 16, 2016)

The purpose of our conference calls will be to review the list of metrics in the Healthcare System domain from the 2014 Dashboard and identify any needed changes. Keep in mind that the Dashboard is intended to assess progress toward improved health value in Ohio over time. For this reason, metrics included in the Dashboard should be as consistent as possible across editions. We will not increase the total number of metrics (any new metrics will need to replace existing metrics).

To prepare for these meetings, please:

1. Familiarize yourself with the list of metrics in the [Healthcare System](#) domain.
2. Review the [metric selection criteria](#) and the ["bike rack/wish list"](#).
3. Review:
 - a. "Figure 3.5 Brief inventory of recommended clinical-level metrics" listed below (from the *Improving population health planning in Ohio* report).
 - b. [Centers for Medicare & Medicaid Services \(CMS\) Core Measure sets](#)
 - c. [CMS Hospital Compare Measures](#)

Consider: Are there any **metrics or topic areas** that are listed here that are not in the Dashboard but you think should be—specifically for the Healthcare System domain?

- a. **We currently do not address obesity and asthma in healthcare system performance. Although we do address diabetes/heart disease which relate to obesity. Obesity prevalence is in the population health domain.**
- b. **Consider metric around low back pain.**
- c. **Hospital Compare metrics we may want to consider:**
 - o **Percent of newborns whose deliveries were scheduled early**
 - o **Children and their caregivers who received a home management plan of care document while hospitalized for asthma**
4. Review the conceptual framework *stages in the life course* diagram below. Consider: Do you think the current set of metrics reflects a good balance across the life course? If not, what's missing in the Healthcare System domain? **We have a good balance across the life course.**
5. Review metrics that are "not ranked" in the Healthcare System domain. Are there any metrics that we can replace to ensure that we have comparable data for Ohio and all states?
 - **Prenatal care metric had more than 10 missing states.**
 - **Cancer metrics are Ohio only data.**
 - **Behavioral health/Substance use metrics are Ohio only data.**
 - o **Consider Medicare beneficiaries who received at least one drug that should be avoided in the elderly (Commonwealth Fund State Scorecard)**
 - **All payer readmission metric is Ohio only data.**
 - o **Consider the 30-day hospital-wide all cause unplanned readmission metric from CMS or removing.**

Our discussion during the conference calls will be to answer the following question:

1. Given the above considerations, are there any metrics you recommend we add to the Dashboard for this domain? If yes,

- a. Identify which existing metric the new metric should replace.
- b. Provide a link or source where we can find state-level data for the metric.
- c. "Make the case" for the metric using the selection criteria.

- a. **Asthma: Hospital admissions for pediatric asthma, per 100,000 children**
- b. <http://datacenter.commonwealthfund.org/scorecard/state/37/ohio/>
- c. **Relevance with top ten population health priority areas, alignment with national scorecard**

Figure 3.5 Brief inventory of recommended clinical-level metrics

Metric (measure developer)	Patient-centered medical home (PCMH) quality measure	HPIO recommended for future phases	National Quality Forum (NQF) #
Obesity, physical activity, nutrition			
Adult body mass index (BMI). The percentage of adults 18–74 years of age who had an outpatient visit and whose BMI was documented in the past two years (HEDIS)			NA
Adult BMI screening and follow-up. Percent of patients aged 18 years and older with a BMI documented during the current encounter or the previous six months, and when BMI is outside of normal parameters, a follow-up plan is documented during the encounter or the previous six months (CMS)			0421
Weight assessment and counseling for nutrition and physical activity for children/adolescents. Percent of patients 3-17 years of age who had an outpatient visit with a primary care provider (PCP) or an OB/GYN and who had evidence of the following during the measurement year: BMI percentile documentation, counseling for nutrition, counseling for physical activity (HEDIS)			0024
Well-child visits in the first 15 months of life. Percent of children 15 months old who had the recommended number of well-child visits with a PCP during their first 15 months of life (HEDIS)			1392
Well-child visits in the 3rd, 4th, 5th and 6th years of life. Percent of children 3-6 years of age who had one or more well-child visits with a PCP during the measurement year (NCQA)			1516
Adolescent well-care visit. Percent of members 12-21 years old who had at least one PCP well-care visit (HEDIS)			NA
Tobacco use			
Tobacco use assessment and tobacco cessation intervention. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the two-year measurement period and who received cessation counseling intervention if identified as a tobacco user (HEDIS)			0028
Tobacco use and quitting help among adolescents. Percent of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user (NCQA)			NA
Infant mortality			
Timeliness of prenatal care. Percent of deliveries that received a prenatal care visit as a patient of the organization in the first trimester or within 42 days of enrollment in Medicaid/CHIP (HEDIS)			1517 (rate 1)
Postpartum care. Percent of deliveries that had a postpartum visit on or between 21 and 56 days after delivery (HEDIS)			1517 (rate 2)
Live births weighing less than 2,500 grams. Percent of live births that weighed less than 2,500 grams (CDC)			NA
Mental health			
Screening for clinical depression and follow-up plan. Percent of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow-up plan documented (CMS)			0418
Depression remission at twelve months. Adult patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5 (MNCM)			0710
Follow up after hospitalization for mental illness.* Percent of discharges for children ages 6 to 20 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner (HEDIS)			0576
Anti-depressant medication management.* The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment (NCQA)			0105
Substance abuse			
Substance use disorder treatment retention. At least one clinical encounter within the first 14 days post assessment and two additional encounters within the 30-day period (Washington Circle/ ODMHAS)			NA
Unhealthy alcohol use: screening. Percent of patients aged 18 years and older who were screened for unhealthy alcohol use at least once within 24 months using a systematic screening method (PCPI)			2152
Initiation and engagement of alcohol and other drug dependence treatment. Percent of Medicaid enrollees age 18 and older with a new episode of alcohol or other drug dependence who initiated treatment through an inpatient alcohol or other drug (AOD) admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis, or initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit (HEDIS)			0004

Figure 3.5. continued

Metric (measure developer)	Patient-centered medical home (PCMH) quality measure	HPIO recommended for future phases	National Quality Forum (NQF) #
Diabetes			
Comprehensive diabetes care: Hemoglobin A1c (HbA1c) poor control (>9.0%).* The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year (NCQA)			0059
Screening for prediabetes and follow up. Percent of overweight or obese patients aged 40 to 70 years who had appropriate screening for abnormal blood glucose as part of cardiovascular risk assessment and were appropriately referred to intensive behavioral counseling interventions to promote a healthful diet and physical activity (consistent with USPSTF recommendation)			NA
Cancer			
Breast cancer screening. Percent of women 50-74 years of age who had a mammogram to screen for breast cancer (NCQA)			2372
Colorectal cancer screening. Percent of patients 50-75 years of age who had appropriate screening for colorectal cancer (NCQA)			0034
Heart disease			
Controlling high blood pressure. Percent of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year (NCQA)			0018
Statin therapy for patients with cardiovascular disease. Percent of males 21-75 and females 40-75 who were identified as having cardiovascular disease and were dispensed a moderate intensity statin for at least 80% of treatment period (NCQA)			NA
Heart failure readmission for Medicare beneficiaries. Hospital-level risk-standardized readmission rate — unplanned readmission for any cause within 30 days of the discharge date — for patients 18+ years-old discharged from the hospital with a principal diagnosis of heart failure (CMS)			0330
Screening for high blood pressure and follow-up documented. Percent of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure and a recommended follow-up plan is documented based on the current blood pressure reading as indicated (PQRS)			NA
Child health/ Asthma			
Medication management for people with asthma. Percent of members 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period (NCQA/HEDIS)			1799

*To be finalized in 2016

Source for PCMH quality measures:

Governor's Office of Health Transformation, preliminary as of Jan. 4, 2016

Abbreviations

- CDC: Centers of Disease Control and Prevention
- CMS: Centers for Medicare and Medicaid Services
- HEDIS: Healthcare Effectiveness Data and Information Set
- MNMCM: Minnesota Community Measurement
- NCQA: National Committee for Quality Assurance
- ODMHAS: Ohio Department of Mental Health and Addiction Services
- PCPI: Physician Consortium Performance Improvement
- PQRS: Physician Quality Reporting System
- USPSTF: U.S. Preventive Services Task Force

Stages in the life course

2H.3. HPIO Health Value Dashboard conceptual framework

