

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup

First meeting - March 16, 2016

Attendees: Marie Curry (Community Legal Aid), Alyson DeAngelo (Ohio Hospital Association), Stephanie Gilligan (Ohio Hospital Association), Shaun Hamilton (Premier Health), Gina Hemmingway (HealthSpan), Larry Hollingshead (OwlCreek Consulting), Kraig Knudsen (Ohio Department of Mental Health and Addiction Services), Brian Pack (OPERS), Ann Spicer (Ohio Academy of Family Physicians), Susan Wallace (LeadingAge Ohio), Romi Wang (Health Collaborative), Andrew Wapner (Ohio State University), Steven Wermuth (Strategic Health Care)

At our next meeting our goal is to finalize the recommended metrics for the Healthcare System domain. As such, please keep in mind the following Workgroup objectives:

- Keep consistency in the metrics included in the *2014 Dashboard* and the new *2017 Dashboard* so that we are able to track and evaluate Ohio's progress for each metric over time.
- Improve on the Healthcare System domain's metrics as deemed appropriate using the [metric selection criteria](#) to "make the case" for adding a new metric.
- Maintain a set of concise metrics to track healthcare system performance in the *2017 Dashboard*. If the Workgroup decides that a new metric should be included in the Healthcare System domain, the Workgroup will need to identify an existing metric within the Healthcare System domain that this new metric will replace.

Note that Healthcare System workgroup recommendations will go to the full Health Measurement Advisory Group for discussion and approval.

Meeting discussion and follow-up on current Healthcare System domain metrics:

Subdomain	Metric	Metric description	Considerations	Follow-up Tasks (<i>Lead</i>)
Preventive Services	Breastfeeding Support in hospitals	Composite Quality Practice Score for infant nutrition and care provided at hospitals and birth centers to support breastfeeding. The Composite Quality Practice Score is made up of subscores for practices	None.	None.

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		in 7 dimensions of care. Scores range from 0 to 100. 100 is the highest, best possible score. The HPIO rankings differ from mPINC data because of the inclusion of Puerto Rico and other territories in that data.		
Preventive Services	Diabetes A1c measurements	Percent of adults 18 and older with diagnosed diabetes who received 2 or more hemoglobin A1c measurements in the last year (age-adjusted).	<p>Should Diabetes A1c metric be replaced with Wish List metric: <i>Admissions with diabetes with short-term complications per 100,000 population</i> (Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project)</p> <p><i>Reason for including the metric in the 2014 Dashboard:</i> <i>2014 Dashboard</i> Workgroup members felt it was important to include a metric that was in some way indicative of proper treatment and control of diabetes, as well as a metric that depicted total health care system performance.</p> <p>While the Workgroup</p>	<p>Check to see if data is available from AHRQ on this metric or related metrics.</p> <p>(HPIO)</p>

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			preferred the diabetes admission metric on the Wish List, there was no data available for Ohio at that time.	
Preventive Services	Cancer early stage diagnosis, all	Percent of all cancer cases diagnosed at an early stage.	Data is OH only. Is there comparable national data for these metrics?	Consult with Holly Sobotka from the Ohio Department of Health. (HPIO)
Preventive Services	Cancer early stage diagnosis, female breast cancer cases	Percent of female breast cancer cases diagnosed at an early stage. The denominator is total female cases in Ohio and the numerator is early stage female cases.	Is there a need for all three cancer metrics in the Healthcare System domain? Are there better composite or singular metrics available for the Workgroup to consider?	
Preventive Services	Cancer early stage diagnosis, colon and rectal cancer cases	Percent of colon and rectal cancer cases diagnosed at an early stage.	<i>Reason for including the metrics in the 2014 Dashboard:</i> <i>2014 Dashboard</i> Workgroup members felt it was important to include a metric in the <i>Dashboard</i> related to cancer. There are no other cancer-specific metrics included in the <i>2014 Dashboard</i> . The <i>2014 Dashboard</i> Workgroup came to consensus on the male and	

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			female-specific cancer metrics to ensure that the Healthcare System domain reflected a more gender-balanced picture.	
Preventive Services	Flu vaccination	Monthly cumulative influenza vaccination percent coverage estimates for persons ≥ 6 months of age.	None.	None.
Preventive Services	Prenatal care	Percent of women who completed a pregnancy in the last 12 months and who received prenatal care in the first trimester.	This metric was not ranked in the <i>2014 Dashboard</i> because there were more than 10 states with missing data. Is data now available for more states so that this metric can be ranked? <i>Reason for including the metric in the 2014 Dashboard:</i> <i>2014 Dashboard</i> Workgroup members felt it was important to include a metric in the Healthcare System domain that reflected healthcare system performance related to infant mortality.	Review more recent data for availability across 50 states and District of Columbia. <i>(HPIO)</i>
Behavioral health	Mental illness hospitalization follow-up	The percentage of discharges for continuous and non-continuously enrolled Medicaid	Data is OH only. Is there comparable national data for this metric?	Explore availability of data on this metric by other states. <i>(Kraig Knudsen)</i>

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		members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge. The numerator was the number of discharges for psychiatric patients and the denominator was the number of discharges for psychiatric patients to an outpatient provider meeting measure specifications.	<p><i>Reason for including the metric in the 2014 Dashboard:</i> 2014 Dashboard Workgroup members felt it was important to include a metric in the Healthcare System domain that reflected healthcare system performance related to mental health. This metric was considered the best metric with data available for Ohio.</p>	
Behavioral health	Substance use disorder treatment retention	The percent of clients ages 12 or older with an intake assessment who received one outpatient index service within 7 days and 2 additional outpatient index services within 30 days of intake. The numerator was all persons who have at least one clinical service within 7 days of assessment and 2 more clinical services	<p>Data is OH only. Is there comparable national data for this metric?</p> <p><i>Reason for including the metric in the 2014 Dashboard:</i> 2014 Dashboard Workgroup members felt it was important to include a metric in the Healthcare System domain that</p>	<p>Explore availability of data on this metric by other states.</p> <p><i>(Kraig Knudsen)</i></p>

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		within 30 days of assessment and the denominator was all persons receiving an alcohol or other drug assessment at intake.	reflected healthcare system performance related to substance use treatment. This metric was considered the best metric with data available for Ohio.	
Hospital utilization	All payer same hospital readmissions	All payer 30-day same hospital readmissions as a percent of admissions or unplanned readmissions.	<p>Data is Ohio only.</p> <p>This metric represents all payers but does not capture <i>preventable</i> readmissions and only captures <i>same hospital</i> readmissions.</p> <p><i>Reason for including the metric in the 2014 Dashboard:</i> <i>2014 Dashboard</i> Workgroup members felt it was important to capture readmissions across <i>all payers</i>, including younger adults. However, because this metric only captures <i>same hospital</i> admissions, they also included the Medicare readmissions metric below to capture <i>all hospital</i> readmissions.</p>	<ul style="list-style-type: none"> • <i>Aly DeAngelo</i> shared a link to Medicaid preventable readmission metrics: http://medicaid.ohio.gov/RESOURCES/ReportsandResearch/ModernizeHospitalPayments.aspx • <i>Workgroup Members</i> will review the Medicaid preventable readmission metrics and identify whether any should replace an existing metric in the Healthcare System domain. <p><i>(All Workgroup Members)</i></p>
Hospital utilization	Heart failure readmissions for Medicare beneficiaries	Percent of Medicare beneficiaries discharged from the hospital with a principal diagnosis of heart	This metric represents the Medicare population and does not capture <i>preventable</i> readmissions	

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		<p>failure who were readmitted for any cause within 30 days after the index admission date. This metric is hospital-specific, risk-standardized, and all-cause.</p>	<p>but does capture <i>all hospital</i> readmissions.</p> <p><i>Reason for including the metric in the 2014 Dashboard:</i> <i>2014 Dashboard</i> Workgroup members felt it was important to include a metric in the Healthcare System domain related to heart disease. This metric also captures <i>all hospital</i> readmissions and paints a more comprehensive picture of readmissions when paired with the <i>all payer same hospital</i> readmission metric directly above.</p> <p>The Workgroup came to consensus on this metric along with the ED metric directly below to ensure that the Healthcare System domain included metrics for the senior population (> age 65).</p>	
Hospital utilization	Avoidable emergency department visits for Medicare	Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries.	None.	None.

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	beneficiaries			
Timeliness, effectiveness and quality of care	Healthcare-associated infections	Composite of standardized infection ratios across six healthcare-associated infections. The six healthcare-associated infections are: (1) central line-associated bloodstream infections, CLABSI (2) catheter-associated urinary tract infections, CAUTI (3) surgical site infections, Colon Surgery, SSI (4) surgical site infections, abdominal hysterectomy surgery, SSI (5) hospital-onset clostridium difficile infections (6) hospital-onset MRSA bloodstream infections. The SIR for a state is adjusted to account for factors that might cause infection rates to be higher or lower, such as hospital size, teaching status, the type of patients a hospital serves, and surgery and patient characteristics.	None.	None.
Timeliness, effectiveness	Stroke care	Percent of ischemic stroke patients who got medicine	None.	None.

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ss and quality of care		to break up a blood clot within 3 hours after symptoms started.		
Timeliness, effectiveness and quality of care	Nursing home pressure ulcers	Percent of long-stay high-risk nursing home residents impaired in bed mobility or transfer, comatose, or malnourished with pressure ulcers.	None.	None.
Timeliness, effectiveness and quality of care	Patient experience	Percent of Medicare fee-for-service beneficiaries who had a doctor's office or clinic visit in the last 12 months whose doctor sometimes or never explained things in a way they could understand.	None.	None.
Timeliness, effectiveness and quality of care	Mortality amenable to healthcare, all	Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care.	None.	None.
Equity	Mortality amenable to healthcare, Black	Number of Black deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care.	None.	None.

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Equity	Mortality amenable to healthcare, White	Number of White deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care.	None.	None.
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Meeting discussion and follow-up on potential new Healthcare System domain metrics:

Consideration	Follow-up Tasks (<i>Lead</i>)
<p>Steve Wermuth suggested that the Workgroup consider adding a “falls related to readmission” metric to the Healthcare System domain.</p> <p>Note: The Public Health and Prevention domain in the Health Value Dashboard currently includes the following falls metric – <i>Percent of adults age 65 and older who report having had a fall within the last 3 months.</i></p>	<p>Steve will consider whether the current falls metric is adequate in the Public Health and Prevention domain or whether another falls-related metric should be added to the Healthcare System domain.</p> <p>If it is determined that a new metric should be included in the Healthcare System domain:</p> <ol style="list-style-type: none"> 1. Identify which existing metric the new metric should replace. 2. Provide a link or source where we can find state-level data for the new metric. 3. “Make the case” for the metric using the selection criteria. <p><i>(Steve Wermuth)</i></p>

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<p>Andy Wapner suggested that the Workgroup consider adding a blood pressure control in the Medicaid population metric to the Healthcare System domain.</p>	<p>Andy will recommend whether a blood pressure control metric should be added to the Healthcare System domain.</p> <p>If it is determined that a new metric should be included in the Healthcare System domain:</p> <ol style="list-style-type: none">1. Identify which existing metric the new metric should replace.2. Provide a <u>link</u> or <u>source</u> where we can find state-level data for the new metric.3. "Make the case" for the metric using the selection criteria. <p><i>(Andy Wapner)</i></p>
<p>Romi Wang suggested that the Workgroup consider adding a composite measure around prevention services to the Healthcare System domain.</p>	<p>Romi will explore whether a composite metric around prevention is available for Ohio and other states and recommend whether a new metric should be added to the Healthcare System domain.</p> <p>If it is determined that a new metric should be included in the Healthcare System domain:</p> <ol style="list-style-type: none">4. Identify which existing metric the new metric should replace.5. Provide a <u>link</u> or <u>source</u> where we can find state-level data for the new metric.6. "Make the case" for the metric using the selection criteria. <p><i>(Romi Wang)</i></p>
<p>Shaun Hamilton suggested that the workgroup consider adding an obesity metric to the Healthcare System domain.</p> <p>Note: There is a youth obesity metric already included in</p>	<p>Shaun will recommend whether the obesity metric is adequate in the Population Health domain or whether an additional obesity metric should be added to the Healthcare System domain.</p>

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<p>the Population Health domain.</p>	<p>If it is determined that a new metric should be included in the Healthcare System domain:</p> <ol style="list-style-type: none"> 1. Explore whether there is a metric available for Ohio and other states that can address obesity within the Healthcare System domain. 2. Identify which existing metric the new metric should replace. 3. Provide a <u>link</u> or <u>source</u> where we can find state-level data for the metric. 4. "Make the case" for the metric using the selection criteria. <p><i>(Shaun Hamilton)</i></p>
<p>Reem Aly suggested that the Workgroup consider adding an asthma metric to the Healthcare System domain given that asthma is identified as a population health priority area for the State Innovation Model (SIM) work.</p> <p>Two metrics discussed at the Workgroup meeting include:</p> <ul style="list-style-type: none"> • Hospital admissions for pediatric asthma, per 100,000 children (Commonwealth Fund State Scorecard) • Children and their caregivers who received a home management plan of care document while hospitalized for asthma (Centers for Medicare & Medicaid Services) <p>Note: There currently is no asthma-specific metric in the Dashboard.</p>	<p>Workgroup members will consider the addition of an asthma metric to the Healthcare System domain.</p> <p>HPO has compiled some metric options below, however workgroup members should feel free to suggest other metrics:</p> <ol style="list-style-type: none"> 1. <i>Hospital admissions for asthma per 100,000 population, age 18 to 30</i> <ul style="list-style-type: none"> • Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project • Most recently available year: 2012 2. <i>Hospital admission for asthma per 100,000 population, age 2-17</i> <ul style="list-style-type: none"> • Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project • Most recently available year: 2012 3. <i>Children and their caregivers who received a home management plan of care document while hospitalized</i>

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	<p>for asthma</p> <ul style="list-style-type: none">• Source: Centers for Medicare & Medicaid Services• Most recently available year: 2015 <p>If it is determined that a new metric should be included in the Healthcare System domain:</p> <ol style="list-style-type: none">1. Identify which existing metric the new metric should replace.2. Provide a <u>link</u> or <u>source</u> where we can find state-level data for the new metric.3. "Make the case" for the metric using the selection criteria. <p><i>(All Workgroup Members)</i></p>
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