

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup
Second meeting – April 6, 2016

Attendees: Reem Aly (HPIO), Kathryn Brod (LeadingAge Ohio), Stephanie Gilligan (Ohio Hospital Association), Kenneth Goetz (Paramount), Nisha Hammel (LeadingAge Ohio), Larry Hollingshead (OwlCreek Consulting), Kraig Knudsen (Ohio Department of Mental Health and Addiction Services), Brian Pack (OPERS), Becky Sustersic (HPIO), Susan Wallace (LeadingAge Ohio), Romi Wang (Health Collaborative), Steven Wermuth (Strategic Health Care)

The goal of this call was to finalize the recommended metrics for the Healthcare System domain, keeping 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.

Healthcare System domain metrics:

Metric	Issue	Discussion	Decision/ Recommendation
Diabetes A1c measurements	Updated data is missing for this metric for more than ten states, which means it would not be able to be ranked.	<ul style="list-style-type: none">• The group agreed that the current metric should be replaced.• Romi Wang recommended using the PQI composite measure as the replacement. However, other group members expressed concerns with using a composite measure since it is not easily understood. With diabetes being such a prevalent and important issue, they felt that a more	The group decided to replace the current metric with the PQI #3 metric - Admissions for a principal diagnosis of diabetes with long-term complications per 100,000 population, ages 18 years and older.

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup
 Second meeting – April 6, 2016

		<p>straightforward metric around diabetes would be a better choice.</p> <ul style="list-style-type: none"> The group ultimately decided that of the choices being considered, the PQI #3 metric was the most telling of healthcare system performance. 	
<p>Cancer metrics:</p> <p>Cancer early stage diagnosis, all</p> <p>Cancer early stage diagnosis, female breast cancer cases</p> <p>Cancer early stage diagnosis, colon and rectal cancer cases</p>	Data is OH only.	<ul style="list-style-type: none"> HPIO asked ODH for recommendations of metrics with comparable data across states, and ODH did not have any suggestions. HPIO recommended using the same metrics with updated data in the 2017 <i>Dashboard</i>, and the group agreed. 	The group recommended keeping the current cancer metrics in the <i>Dashboard</i> .
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 2014 <i>Dashboard</i> because there were more than 10 states with missing data.	<ul style="list-style-type: none"> Data are now available for more states with only four states missing for 2014. 	The group decided to keep the current metric in the <i>Dashboard</i> .
Mental illness hospitalization follow-up	Data is OH only.	<ul style="list-style-type: none"> Kraig Knudsen mentioned that national data are available from NCOA but state-level data are not. Kraig said the methodology for this metric is similar to that of our existing 	The group decided to keep the current metric in the <i>Dashboard</i> .

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup
 Second meeting – April 6, 2016

		<p><i>Dashboard</i> metric.</p> <ul style="list-style-type: none"> • Kraig recommended keeping this metric. 	
Substance use disorder treatment retention	Data is OH only.	<ul style="list-style-type: none"> • Kraig was not able to find any available national data. However, he recommended keeping this metric. 	
All payer same hospital 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>	<ul style="list-style-type: none"> • On the first call, Aly DeAngelo had recommended consideration of a Medicaid readmissions metric, which takes into account potentially preventable readmissions, instead of the all payer readmissions metric. • Group members expressed concerns that this metric actually measures something different than our existing metric. There were also concerns that the metric only represents the Ohio Medicaid population. 	<ul style="list-style-type: none"> • The group decided to keep the current metrics in the <i>Dashboard</i>. However, the group is open to further discussion if a comparable metric is identified which better accounts for preventable readmissions. • Conversation on this metric will continue via e-mail if another potential metric is identified.
<p>Heart failure readmissions for Medicare beneficiaries</p> <p><i>(All Workgroup Members)</i></p>	<p>This metric represents the Medicare population and does not capture <i>preventable</i> readmissions but does capture <i>all hospital</i> readmissions.</p>	<ul style="list-style-type: none"> • Stephanie Gilligan agreed that the proposed metric may not be the best metric for the <i>Dashboard</i>, but she wondered whether a metric around seven day readmissions would provide a better picture of healthcare system performance. However, the group was unaware of any publically available data for such a metric. Stephanie said she would follow up via email if she was able to find the data. 	

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup
 Second meeting – April 6, 2016

Follow-up discussion on suggested potential new Healthcare System domain metrics:

Consideration	Discussion	Decision/Recommendation
<p>Steve Wermuth suggested adding a metric to the Healthcare System domain surrounding falls with major injuries that lead to admissions.</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 mentioned concern that the current falls metric in the Public Health and Prevention domain is based on self-reported data.</p>	<p>The group decided to add this metric to the bike rack.</p>
<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 was unable to find a good metric to compare blood pressure control across the country in a timely way.</p>	<p>The group chose not to add a blood pressure control metric.</p>
<p>Romi Wang suggested that the workgroup consider adding a composite measure around prevention services (i.e., PQI #90 – prevention quality overall composite).</p>	<p>Several members of the workgroup expressed concerns with using a composite measure since it is not easily understood and actionable.</p>	<p>The group decided not to include this metric in the <i>Dashboard</i>.</p>
<p>Shaun Hamilton suggested that the workgroup consider adding an obesity metric to the Healthcare System domain.</p>	<p>Shaun did not recommend a metric for consideration.</p>	<p>The group chose to add this to the Wish List.</p>

METRIC DISCUSSION AND DECISION NOTES

Healthcare System Metric Selection Workgroup
 Second meeting – April 6, 2016

<p>Note: There is a youth obesity metric already included in the Population Health domain.</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 <i>Dashboard</i>.</p>	<p>Group members were generally supportive of including an asthma metric but struggled to identify a metric that it could replace.</p>	<p>The group decided to add these metrics to the bike rack.</p>