Colorado Hospital Transformation Program Measures List Overview

November 16, 2020

I. Focus Area – Reducing Avoidable Hospitalization Utilization

A. Statewide Measures:

SW-RAH1 – 30 day All-Cause Risk Adjusted Hospital Readmission

Reduce Rate of Readmissions to Hospital Within 30 Days of Discharge
For Medicaid patients 18 years of age and older (18-64 years), the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. This measure is reported as the ratio of actual readmissions to expected readmissions based on risk adjustment for patient severity.

Data Source: Medicaid claims data

SW-RAH2 – Pediatric All-Condition Readmission Measure

Reduce Rate of Readmissions for Children Within 30 Days of Hospital Discharge
This measure is a case-mix-readjusted readmission rate, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old adjusted to reflect the readmission rate the hospital would have if it treated a patient cohort with the case mix composition of all eligible index admissions within the national hospital dataset used for analysis. Case mix adjustment is done by the Center of Excellence for Pediatric Quality Measurement using their national dataset.

Data Source: Center of Excellence for Pediatric Quality Measurement

B. Local Measures:

RAH1 – Follow up appointment with a clinician made prior to discharge and notification to the Regional Accountable Entities (RAE) within one business day

Ensure Patients Discharged from The Hospital Receive Appropriate Follow Up
Percentage of Medicaid patients discharged from an inpatient admission to home with a documented follow up appointment with a clinician and notification to the RAE within one business day.

A documented follow up appointment or notification to the RAE within one business day alone is not considered adequate for this measure. The measure is reported as one overall score counting in the numerator only those patients who receive both a documented follow up appointment AND notification to their RAE within one business day.

Data Source: Hospital self-report from electronic medical record (EMR) or medical records

RAH2 - Emergency Department (ED) visits for which the member received follow-up within 30 days of the ED visit

Ensure Patients Discharged from The Emergency Department Receive Appropriate Follow Up
Percentage of level 4 and 5 Medicaid patient emergency encounters where the patient is discharged to home in which the patient has a follow up visit with a clinician within 30 days of discharge.

Data Source: Medicaid claims data

RAH3 - Home Management Plan of Care (HMPC) document given to pediatric asthma patient/caregiver

Ensure Pediatric Asthma Patients Discharged from The Hospital Have A Plan of Care for Home
An assessment verifying documentation in the medical record that a HMPC document was given to the pediatric asthma patient/caregiver (eCQM – Electronic clinical quality measures).

Data Source: Hospital self-report from EMR or medical records

RAH4 - Percentage of patients with ischemic stroke who are discharged on statin medication

Ensure Patients Hospitalized for A Stroke Are Prescribed Cholesterol Lowering Medications at Discharge
This measure captures the proportion of ischemic stroke patients who are prescribed a statin medication at hospital discharge. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in the Joint Commission's hospital accreditation and Disease-Specific Care certification programs. (eCQM)

Data Source: Hospital self-report from EMR or medical records

II. Focus Area – Core Populations

A. Statewide Measures:

SW-CP1 - Social needs screening and notification

Identify Social Needs of Patients Admitted to The Hospital and Ensure They Are Appropriately Followed Up Post Discharge
Measurement of the number of Medicaid patients discharged to home from an inpatient admission who have formal social needs screening during or within 12 months of the admission, results documented in the medical record and, if there is a positive social needs screen, referral to an appropriate entity and notification to the RAE utilizing a process that is mutually agreed upon.

A patient with a positive social needs screen must be referred to an appropriate entity and the RAE notified for the patient to be considered having met this measure and included in the numerator. Screening alone without appropriate referral and RAE notification for a patient who screens positive is not considered adequate for this measure. The measure is reported as one overall score counting all patients who are screened and screen negative, and patients with positive screens only if they are appropriately referred and the RAE is notified about them.

Social needs screening should include at a minimum five core domains consisting of housing instability; food insecurity; transportation problems; utility help needs and interpersonal safety.

Data Source: Hospital self-report from EMR or medical records

B. Local Measures:

CP1 – Readmission rate for a high frequency chronic condition – 30 day

Reduce Rate of Readmissions to Hospital Within 30 Days of Discharge for Patients with Chronic Illness
Percentage of Medicaid patients discharged who have a high frequency chronic condition who are readmitted to the hospital within 30 days. In the pediatric population, the report will calculate a case-mix-adjusted, 30-day all-condition readmission for patients 18 years old and younger.

A high frequency chronic condition is defined as hypertension, diabetes mellitus, heart failure, chronic obstructive pulmonary disease and asthma.

Data Source: Medicaid claims data

CP2 - Pediatric Bronchiolitis - Appropriate Use of Bronchodilators

Ensure Appropriate Treatment of Children Hospitalized with Bronchiolitis
Percentage of patients with a primary diagnosis of bronchiolitis admitted to the inpatient setting who receive bronchodilators (Note: lower percentage is better).

Data Source: Hospital self-report from EMR or medical records

CP3 - Pediatric Sepsis – Timely Antibiotics

Ensure Rapid Emergency Room Treatment of Children with Overwhelming Infections
Percentage of pediatric patients with suspected sepsis who receive antibiotics in less than or equal to 3 hours after an initial diagnosis of suspected sepsis. This includes patients in the emergency department, urgent care and inpatient settings.

Data Source: Hospital self-report from EMR or medical records

CP4 - Screening for transitions of care supports in adults with disabilities

Ensure Patients with Disabilities Have the Support They Need When Discharged from The Hospital
The percent of admitted patients with disabilities screened for transitions of care supports. Screening shall include an assessment of functional status using the "Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set Version 4.0 or similar comprehensive screen and if needed supports are identified, contact appropriate agencies to put in additional services.

Data Source: Hospital self-report from EMR or medical records

CP5 - Reducing Neonatal Complications

Reduce Hospital Complications for Newborns
Reducing the percent of infants with unexpected newborn complications among full term newborns with no preexisting conditions.

Data Source: Hospital Chart Abstraction

CP6 – Screening and Referral for Perinatal and Post-Partum Depression and Anxiety and notification of positive screens to the Regional Accountable Entities (RAE)

Identify and Ensure Outpatient Follow Up for Pregnant and Post-Partum Patients with Depression or Anxiety
Percentage of pregnant Medicaid patients screened at any hospital encounter for perinatal and post-partum anxiety and depression during pregnancy and the postpartum period (60 days) with the RAE notified within one business day if the screen is positive.

The RAE must be notified within one business day if a patient has a positive screen for that patient to be considered having met this measure and included in the numerator. Screening alone without RAE notification for a patient who screens positive is not considered adequate for this measure. The measure is reported as one overall score counting all patients who are screened and screen negative, and patients with positive screens only if the RAE is notified about them within one business day.

Data Source: Hospital self-report from EMR or medical records

CP7 – Increase Access to Specialty Care

Increase Access to Hospital Specialists
The annual number of Medicaid visits with specialist physicians contracted through or employed by a hospital.

Data Source: Hospital self-report from hospital system

III. Focus Area – Behavioral Health/Substance Use Disorder

A. Statewide Measures:

SW-BH1 - Collaboratively develop and implement a mutually agreed upon discharge planning and notification process with the appropriate RAE's for eligible patients with a diagnosis of mental illness or substance use disorder (SUD) discharged from the hospital or ED

Ensure Appropriate Follow Up for Patients with Mental Illness or Substance Use Disorder Discharged from The Hospital or Emergency Room
Percentage of eligible Medicaid patients 18 years or older discharged from the hospital or emergency department to home with a principal or secondary diagnosis of mental illness or SUD with a collaboratively mutually agreed upon discharge planning process and notification process with or to the RAE within one business day.

Data Source: Hospital self-report from EMR or medical records

SW-BH2 - Pediatric screening for depression in inpatient and emergency department (ED) including suicide risk

Screen Children for Depression and Suicide Risk in The Hospital or Emergency Room
Percent of pediatric patients 12 years or older who were screened for depression including suicide risk during an inpatient or emergency department encounter.

Data Source: Hospital self-report from EMR or medical records

SW-BH3 - Using Alternatives to Opioids (ALTO's) in hospital ED's: Decrease use of opioids and Increase use of ALTO's.

Ensure Appropriate Treatment of Pain in The Emergency Room
This two-part measure will track:

1. Total per oral (PO) morphine equivalents units (MEUs) per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway.

2. Total number of listed ALTO drugs of interest medications administered per 1,000 Emergency Department (ED) Visits for patient ages 18 year and older broken down by Pain Pathway.

Data Source: Numerator: Hospital self-report from EMR or medical records, Medication Administration Record (MAR). Denominator: EMR data, billing systems or other tracking systems

B. Local Measures:

BH1 – Screening, Brief Intervention, Referral and Treatment (SBIRT) in the ED

Identify Patients with Alcohol or Substance Use Disorder in The Emergency Department and Refer for Appropriate Treatment
The percent of Medicaid ED patients age 12 years and older who are screened for alcohol or other substance use at the time of an ED visit and those who score positive have also received a brief intervention during the ED visit.

Screening alone without a brief intervention for patients who score positive is not considered adequate for this measure. The measure is reported as one overall score counting in the numerator all patients who are screened and screen negative, and patients with positive screens only if there is a brief intervention.

Data Source: Hospital self-report from EMR or medical records

BH2 - Initiation of Medication Assisted Treatment (MAT) in ED or Hospital Owned Certified Provider Based Rural Health Center

Initiate Medical Treatment in The Emergency Department or Rural Health Center for Patients with Opioid Use Disorder
The number of patients with an opioid use disorder (OUD) diagnosis for whom MAT with Buprenorphine, Methadone, or Naltrexone is initiated during an emergency department visit or hospital owned certified provider based rural health center.

Data Source: Hospital self-report

IV. Focus Area – Clinical and Operational Efficiencies

A. Statewide Measures:

SW-COE1 - Hospital Index

Reduce Unnecessary Hospital Care
A measure of avoidable care across procedural episodes.

Data Source: Claims data

B.   Local Measures:

COE1 - Increase the successful transmission of a summary of care record to a patient's primary care physician (PCP) or other healthcare professional within one business day of discharge from an inpatient facility to home

Improve Follow Up After A Hospital Admission
Successful transmission of a summary care of record as described in the intervention to a Medicaid patient's PCP or other healthcare professional within one business day of discharge from an inpatient facility to home.

Data Source: Hospital self-report from EMR or medical records documenting successful transmission

COE2 - Implementation/expansion of telemedicine visits

Increase Patient Access to Telehealth Visits
The annual number of telemedicine visits supported through the hospital.
A telemedicine visit is an interactive telephone or video encounter between a clinician and a patient that meets the following definition: *"Telemedicine – The delivery of medical services and any diagnosis, consultation, treatment, transfer of medical data or education related to health care services using interactive audio, interactive video, or interactive data communication instead of in-person contact. Any health benefits provided through telemedicine shall meet the same standard of care as in-person care." (Defined in Colorado rule 10 CCR 2505-10 8.200.3.B)*

Data Source: Hospital self-report from hospital system

COE3 - Implementation/expansion of e-Consults

Increase Electronic Consults Between Primary Care Physicians and Specialists
The annual number of e-Consults supported through the hospital.
e-Consults are a communication about a specific patient between a primary care clinical and a specific documented in the patient's medical record and conducted through a "web-based system that allows for an asynchronous exchange between primary care providers and specialists to securely share health information and discuss patient care."

Data Source: Hospital self-report from hospital system

COE4 - Energy Star Certification Achievement and Score Improvement for Hospitals

Increase Hospital Energy Efficiency
The ENERGY STAR Score for Hospitals applies to general medical and surgical hospitals, including critical access hospitals and children's hospitals. The objective of the ENERGY STAR score is to provide a fair assessment of the energy performance of a property relative to its peers, taking into account the climate, weather, and business activities at the property. To identify the aspects of building activity that are significant drivers of energy use and then normalize for those factors, a statistical analysis of the peer building population is performed. The result of this analysis is an equation that will predict the energy use of a property, based on its experienced business activities. The energy use prediction for a building is compared to its actual energy use to yield a 1 to 100 percentile ranking of performance, relative to the national population. To be eligible for ENERGY STAR certification and any credit for this measure, a hospital must earn an ENERGY STAR score of 75 or higher, indicating that it performs better than at least 75 percent of

similar buildings nationally. Hospitals will also be expected to demonstrate improvement in the score during the program.

Data Source: Hospital systems data

V. Focus Area – Population Health/Total Cost to Care

A. Statewide Measures:

SW-PH1 - Severity Adjusted Length of Stay (LOS)

Improve Efficiency of Hospital Care
The Severity Adjusted Length of Stay (LOS) compared to the statewide average. This measure is reported as the ratio of actual average length of stay to expected average length of stay based on statewide average and risk adjustment for patient severity.

Days LOS Admit Acute is the average length of stay for acute admissions, defined as:

$$Days\ LOS\ Admit\ Acute = Days\ Admit\ Acute\ /\ Admits\ Acute$$

Acute Admissions identifies Medicaid admissions that took place in an acute inpatient setting. Acute inpatient settings include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities. The setting value is derived from the Admission record, Medstat Place Group Code value. The value is filtered to Group Code=1.

Data Source: Medicaid claims data

B. Local Measures:

PH1 - Increase the percentage of patients who had a well visit within a rolling 12-month period

Ensure Pediatric Patients Receive Needed Well Visits
The percentage of Medicaid patients who had a well visit within a rolling 12-month period.

Data Source: Medicaid claims data

PH2 – Increase the number of patients seen by Co-Responder hospital staff

Work with Local Law Enforcement to Improve Response to Patients with Mental Health Disorders
Increase the number of patients seen by Co-Responder hospital staff. Program description can be found on the Department of Health Care Policy & Financing website.

Data Source: Hospital self-report

PH3 – Improve leadership diversity

Increase Diversity in Hospital Leadership
Increase the percentage of management staff from underrepresented groups.

Management staff are defined as hospital employees who manage a department or have a title of director or above.

Data Source: Hospital self-report from human resource records

VI. Statewide Priorities

SP-PH1   Conversion of freestanding ED to address community needs

Ensure Best Use of Freestanding Emergency Rooms
The conversion of freestanding emergency departments (FSED) to meet community needs.

SP-PH2   Creation of dual track ED

Improve Efficiency of Treatment for Emergency Room Patients with Minor Illness
A separate process for lower acuity patients presenting to the emergency room department with less serious conditions.