

# Ohio Comprehensive Primary Care

2020 CPC Efficiency Metrics Overview

December 30th, 2019

# 2020 CPC Efficiency Metric Requirements

Deleted in 2020  
Unchanged in 2020

Metric	Rationale
<b>Ambulatory Care-sensitive Inpatient Admits Per 1,000</b>	<ul style="list-style-type: none"> <li>▪ Strong correlation with total cost of care for large practices</li> <li>▪ Metric that PCPs have stronger ability to influence, compared to all IP admissions</li> </ul>
<b>Emergency Room Visits Per 1,000</b>	<ul style="list-style-type: none"> <li>▪ Limited range of year over year variability for smaller panel sizes</li> <li>▪ Aligned with change in providers' behavior that the program wants to incentivize</li> </ul>
<b>Behavioral Healthrelated<sup>1</sup> Inpatient Admits Per 1,000</b>	<ul style="list-style-type: none"> <li>▪ Reinforces desired provider practice patterns, with focus on the behavioral health population</li> <li>▪ Relevant for a significant number of smaller practices</li> <li>▪ Stronger correlation to total cost of care than other BH-related metrics</li> </ul>
<b>Episodes-Related Metric</b>	<ul style="list-style-type: none"> <li>▪ Links CPC program to episode-based payments</li> <li>▪ Incentivizes primary care providers to refer their patients to higher performing providers</li> </ul>

**Generic dispensing rate of select classes**

**Note: efficiency metrics for CPC in 2020 does not include Generic Dispensing Rate; no changes have been made to remaining four efficiency metrics in CPC**

<sup>1</sup> Defined using HEDIS logic- Mental Health Utilization.

Note: CPC efficiency metrics in program year 2020 are all metrics used in previous program year.

Source: ODM working group conversations and stakeholder input.

# Ambulatory care-sensitive inpatient admits/1,000

PQI #90

## Description

Prevention Quality Indicators (PQI) overall composite per 1,000 member months, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection

## Numerator

Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:

- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI #10 Dehydration Admission Rate
- PQI #11 Bacterial Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #13 Angina Without Procedure Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator

## Denominator

- Population ages 18 years and older

# Emergency department visits/1,000

HEDIS AMB

## Description

This measure summarizes utilization of ambulatory care in the ED visit category

## Member Months Events and Calculation

Report all member months for the measurement year

- Count each visit to an ED that does not result in an inpatient encounter once, regardless of the intensity or duration of the visit
- Count multiple ED visits on the same date of service as one visit
- Report ED visits as a rate per 1,000 member months

## Exclusions

Claims and encounters that indicate the encounter was for mental health or chemical dependency, defined as meeting any of the following criteria

- A principal diagnosis of mental health or chemical dependency
- Psychiatry.
- Electroconvulsive therapy.
- Alcohol or drug rehabilitation or detoxification.

# Behavioral health-related inpatient admits/1,000

HEDIS MPT<sup>1</sup>

## Description

This measure summarizes utilization of mental health services in the inpatient setting

## Member months

Report all member months for the measurement year

## Events and Calculation

- Count all acute and non-acute inpatient discharges from either a hospital or a treatment facility with a mental health principal diagnosis
- Report BH-related IP admits as a rate per 1,000 member months

## Exclusions

None

<sup>1</sup> Derived from the HEDIS mental health utilization metric; inpatient subset only; rate per thousand rather than percentage of members

# Episode-based Metric

## Description

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Number of attributed member visits to PAPs who are above the acceptable threshold and meet quality metrics (-) minus the Number of attributed member visits to PAPs who are below the acceptable threshold (/) divided by the Total Number of attributed member visits to PAPs.

## Threshold definition

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Acceptable threshold for episode PAPs is identical to the threshold used in the episodes program; equivalent roughly to the highest 10% decile based on cost

## Included episodes

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- Asthma
- COPD
- Perinatal
- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- Gastrointestinal hemorrhage (GIH)
- Cholecystectomy