Ohio Comprehensive Primary Care

2020 CPC Efficiency Metrics Overview

December 30th, 2019
## 2020 CPC Efficiency Metric Requirements

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rationale</th>
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</table>
| **Ambulatory Care-sensitive Inpatient Admits Per 1,000** | ▪ Strong correlation with total cost of care for large practices  
▪ Metric that PCPs have stronger ability to influence, compared to all IP admissions |
| **Emergency Room Visits Per 1,000** | ▪ Limited range of year over year variability for smaller panel sizes  
▪ Aligned with change in providers’ behavior that the program wants to incentivize |
| **Behavioral Health-related Inpatient Admits Per 1,000** | ▪ Reinforces desired provider practice patterns, with focus on the behavioral health population  
▪ Relevant for a significant number of smaller practices  
▪ Stronger correlation to total cost of care than other BH-related metrics |
| **Episodes-Related Metric** | ▪ Links CPC program to episode-based payments  
▪ Incentivizes primary care providers to refer their patients to higher performing providers |

**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*

1 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
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</table>
| 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 | 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 | Population ages 18 years and older |

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.
## Emergency department visits/1,000

<table>
<thead>
<tr>
<th>Description</th>
<th>Member Months</th>
<th>Events and Calculation</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| This measure summarizes utilization of ambulatory care in the ED visit category | 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 | 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

<table>
<thead>
<tr>
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<th>Member months</th>
<th>Events and Calculation</th>
<th>Exclusions</th>
</tr>
</thead>
</table>
| This measure summarizes utilization of mental health services in the inpatient setting | Report all member months for the measurement year | ▪ 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 | None |

1 Derived from the HEDIS mental health utilization metric; inpatient subset only; rate per thousand rather than percentage of members
## Episode-based Metric

<table>
<thead>
<tr>
<th>Description</th>
<th>Threshold definition</th>
<th>Included episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attributed member visits to PAPs who are above the acceptable</td>
<td>Acceptable threshold for episode PAPs is identical to the threshold used in</td>
<td>▪ Asthma</td>
</tr>
<tr>
<td>threshold and meet quality metrics (−) minus the Number of attributed</td>
<td>the episodes program; equivalent roughly to the highest 10% decile based on cost</td>
<td>▪ COPD</td>
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<tr>
<td>member visits to PAPs who are below the acceptable threshold (/) divided by</td>
<td></td>
<td>▪ Perinatal</td>
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<tr>
<td>the Total Number of attributed member visits to PAPs.</td>
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<td>▪ Colonoscopy</td>
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<tr>
<td></td>
<td></td>
<td>▪ Esophagastroduodenoscopy (EGD)</td>
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<td></td>
<td></td>
<td>▪ Gastrointestinal hemorrhage (GIH)</td>
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<tr>
<td></td>
<td></td>
<td>▪ Cholecystectomy</td>
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</tbody>
</table>