

Hospital Quality Improvement Program
Follow-up treatment after ED visit for Opioid Use Disorder (OUD)
Phase 2
May 2020

DHS established a new hospital quality incentive program based on a modified HEDIS® specification of follow up within 7 days for opioid treatment after a visit to the emergency department (ED) for opioid use disorder (OUD). Under the program, DHS is implementing the OUD incentive program as a two-phase initiative. In phase one, hospitals were provided with the opportunity to earn “process” incentives by implementing defined clinical pathways. These pathways will help the health systems get more individuals with OUD into treatment and improve the 7 day follow up performance. Health systems may implement all or any of the following four clinical pathways:

1. ED initiation of buprenorphine with warm hand off to the community;
2. Direct warm hand off to the community for MAT or abstinence based treatment;
3. Specialized protocol to address pregnant women with OUD; and
4. Direct inpatient admission pathway for methadone or observation for buprenorphine induction.

In 2019, the emergency departments of health systems, based on their attestations which were submitted to DHS, were awarded a base payment of \$25,000 for the initial pathway implemented and additional payments for the 2nd, 3rd, and 4th pathways implemented as follows: 2nd Pathway - \$37,000, 3rd Pathway - \$56,000, 4th Pathway - \$75,000.

This allowed a hospital that implemented all 4 pathways to receive a payment totaling \$193,000. Any remaining funds available after the pathway payments were completed were distributed to eligible hospitals based on the proportion of each eligible hospital’s CY2016 OUD related ED visits divided by the total CY2016 OUD related ED visits for all eligible hospitals. A hospital was eligible to receive a remaining funds payment by attesting to and implementing at least one pathway. The amount allocated for clinical pathway payments was \$30 million. Payment was made in July 2019.

In 2020, phase two will incentivize hospitals to utilize the established pathways to make warm hand-offs and provide treatment for patients with an OUD diagnosis, thus improving rates of 7-day follow-up for these patients. Hospitals that increase the rates of the number of HealthChoices (HC) members receiving OUD treatment within 7 days following treatment in an ED setting from the prior year’s rates of members will receive the improvement payment. Hospitals that have achieved better performance than the PA DHS established benchmark will receive the benchmark payment. If a hospital has both improved performance and has achieved performance better than the benchmark, the hospital will receive both payments.

The hospital performance is measured based on the rates of HC members with the 7 day follow up treatment. The event denominator will be the number of any HC members at the ED for OUD. The event numerator will be any members counted in the denominator seen for OUD treatment within 7 days of discharge from the ED. Each ED will have the opportunity to earn benchmark and incremental improvement incentives using CY 2018 as a base year and CY 2019 as the first year to earn a performance incentive. The payout structure will be similar to our preventable admissions QIP. Incentive payments will be made in October 2020. The amount allocated for benchmark and incremental improvement payments will be \$35 million.

Historical Data Analysis

The following table provides the ED data from 2016 to 2018 for HC individuals with a diagnosis of OUD in the first 9 diagnosis code positions on the Health Choices encounters. The table also lists 7 day follow-up rates for at least one OUD treatment.

	Recipients with ED Visits with OUD diagnosis	Recipients who received Follow-up within 7 days from ED visits	Rate
CY 2016	11,961	3,600	30.10%
CY 2017	13,304	4,095	30.78%
CY 2018	13,935	4,895	35.13%

Below is a summary of the results of CY 2018 modeling for benchmark and incremental improvement using the first 9 diagnoses codes and 7day follow-up data.

Hospitals/ED no payment	17.72%
Hospitals/ED both	55.06%
Hospitals/ED benchmark only	12.03%
Hospitals/ED incremental only	15.19%

Payment Methodologies

Incremental Improvement: Each hospital's incremental improvement relating to 7-day follow up for obtaining treatment for OUD patients seen in EDs is measured as below.

$$\frac{\text{CY19 HC recipients from denominator seen for OUD treatment within 7 days of ED}}{\text{CY 19 HC recipients seen in the ED for OUD}} - \frac{\text{CY18 HC recipients from denominator seen for OUD treatment within 7 days of ED}}{\text{CY 18 HC recipients seen in the ED for OUD}} = \text{Incremental Improvement}$$

Each hospital has the ability to earn an incremental incentive payment based on the sliding scale shown below. A hospital must improve by at least 0.5% to qualify for an Incremental Improvement payment.

Incremental Improvement	Percent Payout
≥ 3 Percentage Point Improvement	100%
≥ 2 and < 3 Percentage Point Improvement	90%
≥ 1 and < 2 Percentage Point Improvement	80%
≥ 0.5 and < 1 Percentage Point Improvement	70%

Benchmark Achievement: Each hospital's benchmark comparison statistic is calculated as below.

$$\frac{\text{CY19 HC recipients from denominator seen for OUD treatment within 7 days of ED visit}}{\text{CY 19 HC recipients seen in the ED for OUD}} = \text{Hospital's benchmark comparison statistic}$$

The following percentiles which are based on the CY 2018 claim data and the percentage payout will be used to determine the 2019 Performance year Benchmark payouts.

50 th Percentile	75 th Percentile
34.13%	39.69%
90% Payout	100% Payout