

Performance Measure:	Title – CMHA Follow-Up Within 3 Days of IP Admission	
	Operational Definition – The % of inpatient admissions (ESH, Community Hospital, E&T) for which a Rehabilitation Case Management encounter occurred within 3 days of admission to an inpatient care setting, and not later than the date of discharge for that episode of inpatient care.	
	Critical Encounter Codes – Rehabilitation Case Management (H0023, no HW modifier)	
Performance Domain(s):	<input type="checkbox"/> Access and Availability <input checked="" type="checkbox"/> Care Coordination and Continuity <input type="checkbox"/> Effectiveness of Care <input type="checkbox"/> Quality of Care <input type="checkbox"/> Hope, Recovery, and Resiliency <input type="checkbox"/> Empowerment and Shared Decision Making <input type="checkbox"/> Self Direction <input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Health and Safety Measures <input type="checkbox"/> Consumer Health Status and Functioning <input type="checkbox"/> Community Integration and Peer Support <input type="checkbox"/> Quality of Life and Outcomes <input type="checkbox"/> Promising and Evidence-Based Practices <input type="checkbox"/> Provider Effectiveness and Satisfaction <input type="checkbox"/> Integrated Programs and Systems Integration
Rationale for Selection:	Both the PIHP and State contracts include a requirement that the RSN “ensure that contact with the inpatient staff occurs within three (3) working days of an authorized voluntary or involuntary admission,” as a mechanism for enhancing inpatient coordination of care. Additionally, there is a Core Performance Measure assessing the degree to which individuals discharged from inpatient care are seen for a routine outpatient service within 7 days of discharge. The RSN views both measures as focusing on continuity of care, which it values, and believes that more closely attending to establishing contact early in the course of an inpatient episode of care will both enhance the discharge planning process and facilitate timely entry/reentry into outpatient services after discharge. Although its Providers report having established processes for ensuring early contact, until recently the RSN had no reliable means by which to measure performance in this area. Now that datasets supplying the necessary elements are available, this requirement is deemed appropriate as content for a Regional Performance Measure.	
Approval:	Quality Management Oversight Committee: <u>12/8/09</u> Board of Directors: <u>1/7/10</u>	
Numerator:	# of admissions in the denominator with an H0023 encounter (no HW modifier) within 3 calendar days of admission (see Data Note 1)	
Denominator:	# of admissions to inpatient care for which total LOS was 3 or more calendar days	
Stratifiers:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Medicaid Status <input checked="" type="checkbox"/> Age Group <input type="checkbox"/> Gender <input type="checkbox"/> Ethnicity <input checked="" type="checkbox"/> Other: Facility Type NOTE: <u>Only one Improvement Target, for the population as a whole, is established, and only the performance score for the entire population is reported to the State.</u> However, to facilitate understanding and performance improvement processes, this measure is calculated and reported <u>internally</u> for the population as a whole, and for the population stratified by Provider, by age group (≤ 17 , ≥ 18), by Medicaid Status (Medicaid, Non-Medicaid), and by Facility Type (Community Hospital/E&T, State Hospital).	
Inclusions:	<ul style="list-style-type: none"> Inpatient admissions to community hospitals and E & T’s within the 11 counties composing the RSN, to Sacred Heart Medical Center in Spokane, to St. Josephs Medical Center in Lewiston, and to Eastern State Hospital. All inpatient admissions included in the ESH admission and GCBH authorization datasets, except as excluded below. Outpatient encounters coded H0023 in the “cpt” field, with no HW modifier. Per the Service Encounter Reporting Instructions, this code is for “specialized mental health coordination activities...intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual.” 	
Exclusions:	<ul style="list-style-type: none"> Inpatient admissions with a Length of Stay of less than 3 days. Inpatient admissions occurring on the same or next day as a discharge from another inpatient setting. These are considered continuations of the same episode of inpatient care. Outpatient encounters coded H0023 HW. 	

<p>Data Elements & Sources:</p>	<ol style="list-style-type: none"> 1. Member ID: GCBH/BHO authorization data 2. RSNID: GCBH dbo_d020 3. RUID: GCBH dbo_d020; GCBH dbo_d120 4. CID: GCBH dbo_d020; GCBH dbo_d120 5. Social Security Number: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 6. Last Name: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 7. First Name: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 8. Date of Birth: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 9. Gender: ESH admissions dataset, GCBH dbo_d020, GCBH/BHO authorization data 10. Name of Inpatient Facility: GCBH/BHO authorization data 11. Inpatient Admission Date: ESH admissions dataset, GCBH/BHO authorization data 12. Inpatient Discharge Date: ESH admissions dataset, GCBH/BHO authorization data 13. svc_date: GCBH dbo_d120 14. cpt : GCBH dbo_d120 15. svc_mod_1 through svc_mod_4: GCBH dbo_d120 16. To be defined after activation of ProviderOne: Data element pertaining to Medicaid eligibility from a GCBH Eligibility table which will provide current data regarding discreet eligibility periods for every individual assigned to the RSN.
<p>Data Notes:</p>	<ol style="list-style-type: none"> 1. The contract requires that contact occurs within 3 <u>working</u> days of admission. However, due to the difficulty inherent in making date-based calculations which exclude weekends and holidays, measurement is based on <u>calendar</u> days. The impact of weekends and holidays is considered when establishing the Improvement Target. Additionally, data presentation will include the use of a histogram, to facilitate understanding of how often the interval falls between 4 and 6 days, i.e., the length likely if a weekend or holiday is involved. 2. This measure requires matching consumers across three datasets. Data elements 1 through 9 are employed for these processes. Where the RSN has established a relationship between the Member ID used in the GCBH/BHO authorization dataset and the RSNID in the RSN’s encounter database, the RSNID is used to relate a consumer’s inpatient admit/discharge dates to H0023 encounters. For individuals in the GCBH/BHO authorization dataset for whom no such relationship has been established, and for individuals in the ESH dataset, matching begins with the SSN; an attempt to validate a match between the inpatient and GCBH demographic data on that variable occurs only if the Date of Birth does not match. Where a match cannot be achieved via an SSN, a unique identifier composed of the first four letters of the last name and the Date of Birth is used to match consumers across the inpatient and outpatient datasets. Matches made by these means are manually checked by comparing the full names and gender across datasets. 3. When an individual can be matched across either inpatient dataset to an individual in the RSN’s database, the RSNID is used to identify Rehabilitation Case Management encounters associated with that individual. An individual for whom no match to an RSNID can be made remains in the denominator, but is designated as “Unknown” in the RSNID field, to facilitate barrier analysis. Because admissions can occur apart from the GCBH/Authorization process, such individuals may represent cases where the RSN had no opportunity to serve because it had no knowledge of the admission. The impact of such individuals on the performance score is considered when setting the Improvement Target. 4. Inclusion of a particular admission in a given quarterly report is based upon the admission date. Data for the quarterly measures are collected in the second month of the following quarter, to provide sufficient time for Providers to meet their “15th of the month after the month of service” data submission deadline. 5. For purposes of stratification analysis, Medicaid status is based on the status on the date of admission to inpatient care, as noted in the GCBH/BHO authorization dataset. Because authorization is not required for admissions to ESH and that facility’s dataset does not include this information, the status of individuals appearing only in the ESH dataset is checked manually, and based on the status reported by WAMED Web for the most recent

date prior to the admission date. Once ProviderOne is active, status will be determined via an “Eligibility Table” in the RSN’s database, as described above.

6. For purposes of stratification analysis, age is established based on the date of admission, and is calculated as “the date of admission minus the date of birth, divided by 365” and rounded down to the nearest whole number.
7. Not all individuals admitted for inpatient care have previously been seen by an RSN Provider. When a Provider is notified of an admission for such an individual, a record must be opened in order for H0023 encounters to be submitted to the RSN. The new consumer’s record is opened by submitting only the demographic information required for GCBH dbo_d020 (i.e., RUID, CID, Last Name, First Name, Middle Name, Gender, Date of Birth, Ethnicity, Hispanic Origin, Preferred Language, SSN, and Sexual Orientation).

Baseline Data Period:	1/1/09 through 12/31/09	Baseline Performance Score:	TBD	Improvement Target:	TBD
Monitoring Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annual	Evaluation of Continued Relevance:	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Biennial		
Notes & Conclusions:	[Use this section to make “progress notes” concerning the implementation of this measure, and to record conclusions about its usefulness, if/when it is suspended or retired.]				