
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Federal Employee Insurance Operations

Letter No. 2012-17

Date: June 06, 2012

Fee-for-service [xx]

Experience-rated HMO [xx]

Community-rated HMO [xx]

SUBJECT: Reducing Readmissions, Preventable Complications and Prematurity

Background

OPM's 2012 Call Letter (No. 2012-09) described our strategic emphasis on advancing quality of care principles and outlined goals to:

- reduce hospital readmissions by 20 percent;
- decrease preventable hospital acquired conditions by 40 percent; and
- focus on maternity and neonatal care to reduce adverse neonatal outcomes and eliminate early elective delivery before 39 weeks.

These goals are highlighted by HHS in their *Partnership for Patients, Better Care, Lower Costs* (<http://www.healthcare.gov/compare/partnership-for-patients/>) and *Strong Start* (<http://innovations.cms.gov/initiatives/strong-start/initiatives>) initiatives and championed through the National Priorities Partnership (NPP). *Strong Start* builds on medical and public policy research showing that elective deliveries before 39 weeks increase the risk of significant complications for both mother and baby.

The NPP, convened by the National Quality Forum, includes ten federal government agencies and 42 partner organizations, representing professional societies, hospitals, consumers, quality advocates and business groups. The combined stakeholders have identified key drivers which can improve quality, safety and coordination of care in these critical clinical areas. A combination of certification, accreditation, public reporting, guideline adherence, payment reform and informed consumer decision making are needed to produce sustainable system-level change.

The American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics developed guidelines to help eliminate elective delivery before 39 weeks gestation to reduce adverse neonatal outcomes. The NPP adopted these guidelines and set goals to reduce the percentage of babies electively delivered prior to 39 weeks gestation to 5 percent or less and to reduce elective cesarean births among low risk women to 15 percent.

This letter outlines expectations for FEHBP Carriers to develop baselines for each of the above parameters and report on successful programs.

Measurement and Monitoring

1. Healthcare Associated Conditions

OPM Carrier Letter 2009-08 (http://www.opm.gov/carrier/carrier_letters/2009/2009-08.pdf) addressed health care associated conditions. Carriers were encouraged to explore strategies to reduce preventable medical errors and given guidance regarding nonpayment of claims related to “never events” that cause serious injury or death. To follow up, carriers should report all such events by category. We are requesting data for 2009, 2010 and 2011 on **Attachment I**. Based on these responses and updated information about health care associated conditions, OPM will issue a new Carrier Letter later in 2012.

2. Readmissions

FEHBP Carriers already use National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Sets (HEDIS) to monitor quality outcomes. Accordingly, OPM has selected the NCQA Plan All Cause Readmission Rate as our metric for readmissions. The measure includes behavioral health as well as acute care hospitalizations and is risk adjusted. Technical specifications regarding measurement appear on pages 317-325 of *HEDIS 2012 Volume 2*. FEHBP Carriers should report readmission rates for 2010 and 2011 on **Attachment II**.

3. Prematurity

When evaluating metrics indicative of early elective deliveries, we encountered varying definitions of prematurity and recognized that gestational age is not commonly available through administrative data. Accordingly, we will begin our focus on this issue by requesting you report neonatal intensive care unit days per 1000 live births and overall cesarean section rates for 2011 on **Attachment II**.

Successful Programs

To reinforce our efforts to improve health and control the costs of care, we are particularly interested in information about successful programs, *beyond traditional case management and disease management*, which have helped health plans reduce readmissions, avoid preventable complications, decrease prematurity, and achieve benchmark levels of performance plan-wide.

Please include a brief description of up to three successful programs in your response. We are especially interested in whether you require evidence of perinatal quality from network hospitals offering maternity services, such as Joint Commission Perinatal Core measures, “Baby Friendly” designation, ACOG checklists, “hard stop”

policies or use of toolkits like those available through the March of Dimes, American Hospital Association or Institute for Healthcare Improvement. Please provide your descriptions on the worksheet included as **Attachment III**.

Please return all three Attachments to your Contract Specialist **no later than Friday, June 29.**

Thank you for your continued commitment to advancing the quality of care delivered to our 8 million federal employees and their families.

Sincerely,

John O'Brien, Director
Healthcare and Insurance