

HEDIS MEASURE OVERVIEW

Hospitalization for Potentially Preventable Complications (HPC)

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

The Centers for Medicare & Medicaid Services (CMS) has retained Hospitalization for Potentially Preventable Complications (HPC) as a HEDIS display measure. This measure tracks the number of observation stay discharges and admissions for complications of chronic and acute ambulatory care-sensitive conditions (ACSCs) and is an indicator of care coordination.

Who is included in the HPC measure?

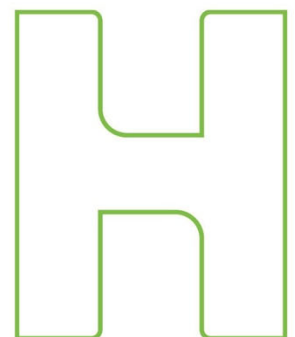
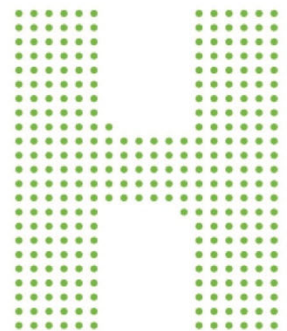
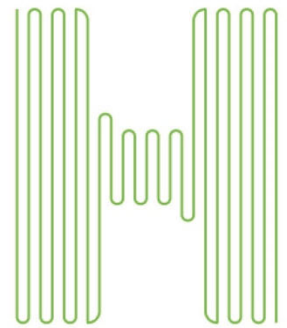
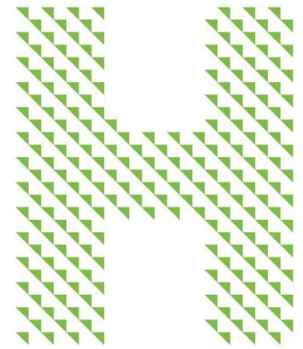
Patients who are 67 years old and older as of Dec. 31 of the measurement year are included. The measure looks at the rate of acute inpatient discharges with a diagnosis considered an ACSC per 1,000 members and the risk-adjusted ratio of observed to expected discharges for an ACSC. The rate is risk adjusted based on comorbidity, age and gender. Patients listed below who are high utilizers of hospital stays will be excluded.

Exclusions

- Chronic ACSC outlier – patients with three or more inpatient or observation stays with a diagnosis for chronic ACSCs during the measurement year
- Acute ACSC outlier – patients with three or more inpatient or observation stays with a diagnosis for acute ACSCs during the measurement year
- Required exclusions – patients in hospice or using hospice services, enrolled in an Institutional Special Needs Plan (I-SNP) or residing long-term in an institutional setting as defined by Medicare enrollment data

Performing well on the HPC measure

Organizations that reduce preventable and/or unnecessary admissions for complications of the chronic and acute ACSCs listed below will perform better on the HPC measure. Detailed code descriptions are available in the National Committee for Quality Assurance (NCQA) HEDIS 2024 Volume 2 Technical Specifications for Health Plans and corresponding Value Set Directory.



Humana®

ACSC list

An ACSC is defined as an acute or chronic health condition that can be managed or treated in an outpatient setting. The ambulatory care conditions included in the HPC measure include:

Chronic ACSC	<ul style="list-style-type: none">• Alzheimer's disease and related disorders• Chronic kidney disease• Depression• Diabetes short-term complications• Uncontrolled diabetes• Chronic obstructive pulmonary disease• Hypertension	<ul style="list-style-type: none">• Diabetes long-term complications• Lower-extremity amputation among patients with diabetes• Asthma• Heart failure• Acute myocardial infarction• Atrial fibrillation• Stroke and transient ischemic attack
Acute ACSC	<ul style="list-style-type: none">• Bacterial pneumonia• Cellulitis	<ul style="list-style-type: none">• Urinary tract infection• Pressure ulcer

Measure best practices

Primary care physicians (PCPs) play a significant role in directing healthcare for all patients, especially those most at risk for potentially preventable health complications. Physician office visits are essential for preventing hospital stays; therefore, please consider the following:

- Ensure early identification of patients and appropriate outpatient management for ACSCs, with an emphasis on:
 - Increasing patient engagement through disease management and lifestyle change programs
 - Developing condition-specific action plans for exacerbations
- Promote health coaching, case management services, and coordinate efforts with specialists and other healthcare providers to prevent complications and subsequent admissions.
- Provide prompt follow-up care post-discharge to prevent complications and subsequent readmissions.
- Inform patients of access to after-hours care by providing a list of options (PCP after-hours clinic, access to urgent care, telemedicine, etc.).
- Use in-home programs as necessary for evaluation and treatment to prevent unnecessary emergency department and inpatient care.

NCQA copyright notice and disclaimer

The HEDIS measure specifications were developed by and are owned by NCQA. The HEDIS measure specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measure specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2024 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The full text of this notice and disclaimer is available here:

<http://apps.humana.com/marketing/documents.asp?file=4274309>