Specific metrics used in prioritization of hospital-based OSCs

Criteria and Description	Metrics and Data Sources
Clinical Quality Performance on standardized, publicly available ratings of clinical processes and outcomes	▪ 30-day readmission performance for Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN) *Source: CMS AMI/HF/PM readmission ratios (predicted/expected)* ▪ CMS Process of Care scoring *Source: 2013 composite Clinical Process of Care scores* CMS Process of Care Score is comprised of the following performance metrics: ▪ AMI-7a (Acute Myocardial Infarction): Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival ▪ AMI-8a (Acute Myocardial Infarction): Primary PCI (Percutaneous Coronary Intervention) Received Within 90 Minutes of Hospital Arrival ▪ HF-I (Heart Failure): Discharge Instructions ▪ PN-3b (Pneumonia): Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital ▪ PN-6 (Pneumonia): Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients ▪ SCIP-Inf-I (Surgical Care Improvement Project-Infection): Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision ▪ SCIP-Inf-2 (Surgical Care Improvement Project-Infection): Prophylactic Antibiotic Selection for Surgical Patients ▪ SCIP-lnf-3 (Surgical Care Improvement Project-Infection): Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time ▪ SCIP-Inf-4 (Surgical Care Improvement Project-Infection): Cardiac Surgery Patients with Controlled 6:00 a.m. Postoperative Serum Glucose ▪ SCIP-Inf-9 (Surgical Care Improvement Project-Infection): Urinary Catheter Removal on Postoperative Day 1 or Postoperative Day 2 ▪ SCIP-Card-2 (Surgical Care Improvement Project-Cardiovascular): Surgery Patients on a Beta-Blocker Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period ▪ SCIP-VTE-1 (Surgical Care Improvement Project-Venous Thromboembolism): Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered ▪ SCIP-VTE-2 (Surgical Care Improvement Project-Venous Thromboembolism): Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery ▪ CMS outcomes metrics *Source: 2013 composite outcome score, based on Pneumonia, Acute Myocardial Infarction, and Heart Failure mortality rates*

Service Offering Across Continuum of Care Range of clinical services offered, including inpatient, outpatient, post-acute, ambulatory, and ancillary care	▪ Count of service lines offered by hospital (e.g., cardiac, long term care) *Source: AHA survey* ▪ Average diagnosis-related group(DRG) weighting *Source: 2013 CMS Case Mix Index (CMI) scores , weighted by NJ AHA admissions size within system*
Consumer Preference Data Strength of reputation and performance on patient surveys as proxy for how attractive inclusion would be for current or potential customers	▪ National and/or local ranking in U.S. News and World Report *Source: US News Ranking 2013-2014* ▪ Patient ratings of hospitals *Source: 2013 CMS HCAHPS survey, containing 21 patient perspectives on care and patient rating items that encompass nine key topics:* ▪ *Communication with doctors* ▪ *Communication with nurses* ▪ *Responsiveness of hospital staff* ▪ *Pain management* ▪ *Communication about medicines* ▪ *Discharge information* ▪ *Cleanliness of the hospital environment* ▪ *Quietness of the hospital environment* ▪ *Transition of care* ▪ % of NJ residents who chose each hospital as their preferred from Horizon's internal surveys *Source: Horizon member survey*
Value-based Care Capabilities Current or demonstrated investments in capabilities required for value-based care and capacity of financial resources to support transition to value- based care	▪ Assessment of the provider's IT infrastructure ▪ Cash on hand as a proportion of net patient revenue *Source: AHA data*
OSC Scale Encompassing the current system's size and scale, and the share of Horizon membership served	▪ Share of Horizon's hospital allowed charges ▪ Share of total patient revenue among hospital systems ▪ Number of beds *Source: AHA data*
Commitment to Value-based Care Willingness and long-term commitment of leadership to change their business models from fee-for-volume to fee-for value	▪ Rating of the organization as a collaborative partner ▪ Extent to which the provider has demonstrated active initiatives in population health / cost-saving initiatives ▪ Understanding from provider that the future is going to require a reduction in cost of care ▪ Demonstration of the organization's urgency to act ▪ Alignment of CEO, CFO and clinical leadership on movement towards to value-based care