



Healthcare Effectiveness Data Information Set (HEDIS[®]) Hospitalization for Potentially Preventable Complications

What: The Hospitalization for Potentially Preventable Complications (HPC) measure is defined as the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 patients ages 67 and older. An ambulatory care sensitive condition is an acute or chronic health condition that can be managed or treated in an outpatient setting¹ and where hospitalizations can frequently be avoided through good care.

The ambulatory care conditions included in this measure are:

Acute ACSC	Chronic ACSC	
<ul style="list-style-type: none"> • Bacterial pneumonia • Cellulitis • Pressure ulcer • Urinary tract infection 	<ul style="list-style-type: none"> • Asthma • COPD • Diabetes long-term complications • Diabetes short-term complications 	<ul style="list-style-type: none"> • Heart failure • Hypertension • Lower-extremity amputation among patients with diabetes • Uncontrolled diabetes

Why: Reducing the rate of hospitalization for potentially preventable complications of acute and chronic conditions for older adults will improve patient health, reduce costs and improve quality of life. It is important to note that some complications or exacerbations are unavoidable and, therefore, the appropriate rate of hospitalization is not “zero”; however, this measure will provide important information to health plans, providers, consumers, and other stakeholders about how well a system of care helps older adults with chronic and acute conditions and prevents hospitalization.²

Who: The health care provider will monitor patients ages 67 and older with an ACSC.

Where: In the ambulatory care setting.

When: Ongoing monitoring during regular office visits and as needed via telephone follow-up for any changes in symptoms/medications.

How Providers Can Minimize Hospitalization for Potentially Preventable Complications:

- Provide a follow-up call to ACSC patients who cancel or miss an appointment.
- Identify high-risk patients and increase monitoring (by telephone) or consider referral to disease or case management for patients needing additional assistance managing their condition.³
- Educate patients/caregivers on condition management, medication adherence (review medications at each visit)³ and prompt reporting of any concerns about their condition.
- Respond promptly to ACSC patients’ calls/inquiries regarding symptoms and medications.
- Engage family/caregivers in patients’ care.
- Schedule next visit prior to ACSC patients leaving the office.
- Work with a specialist for more complex cases and obtain progress notes/updates following specialist office visits.³

References

¹NCQA’s HEDIS 2018 Technical Specification for Health Plans, Volume 2, Washington, D.C., 2017.

²NCQA’s HEDIS 2017 Technical Specification for Health Plans, Volume 1, Washington, D.C., 2016.

³Freund T, et al. Strategies for Reducing Potentially Avoidable Hospitalizations for Ambulatory Care-Sensitive Conditions. *Ann Fam Med*. 2013; 11(4):363-370. Retrieved from www.annfammed.org/content/11/4/363.long.