

Transition Metrics & Scoring Committee March 15, 2012 Meeting Summary

Attendance

Committee members present:

- Cynthia Ackerman
- Mylia Christensen
- Bob Dannenhoffer
- Ken House
- Margaret Rowland
- Maggie Bennington-Davis
- Mark Nichols
- Pierre Morin for Danette Haynes

Staff present:

- Tina Edlund
- Lisa Angus
- Gretchen Morley
- Jon Collins
- Charles Gallia
- Matt Bartolotti
- Tiffany Reagan

Meeting goal

To review and agree on Coordinated Care Organization (CCO) metrics and reporting requirements for Year One, building on past stakeholder work.

Review: Stakeholder work to date

Lisa Angus highlighted the principles and domains for CCO accountability metrics which resulted from guidance from the Oregon Health Policy Board's stakeholder work group on Outcomes, Quality and Efficiency Metrics. The principles include: transformative potential, consumer engagement, relevance, consistency with existing state and national quality measures, attainability, accuracy, feasibility of measurement, reasonable accountability and range/diversity of measures. The domains of measurement that the Outcomes, Quality and Efficiency Metrics workgroup identified as important include: accountability for system performance in all service areas for which the CCO is responsible (Adult and children's mental health, addictions, outpatient and inpatient physical, women's health, dental, prevention and end-of-life care) and accountability for transformation (care coordination and integration, patient experience and activation, access, equity, efficiency and cost control, and community orientation.)

Comments on this review included:

- A comment that cultural competency should be added to the list of domains.
- A question about whether the workgroup had considered the cost to CCOs of collecting these kinds of performance measures. It was noted that many measures (10 of the 15 proposed core metrics) can be generated from administrative data but that administrative data was likely a temporary bridge until outcome and clinical data are more readily available.
- One idea that came from the Outcomes, Quality and Efficiency Metrics workgroup in the fall was that CCOs be allowed to choose 1 or 2 measures from the “transformational” set.

Review: Schedule for reporting & accountability; Timeline for development of benchmarks and incentive structures

Tina Edlund led a discussion about the reporting and accountability schedule, and the timeline for development of benchmarks and incentive structures. Edlund said during Year One, CCOs will be accountable for reporting only, without budgetary or contractual consequences. She noted that after Year One data is compiled, benchmarks and incentive structures will be developed. Edlund said the permanent Metrics and Scoring Committee will be charged with determining what methodology is used to develop benchmarks and what approach is used for incentives.

Review: Proposed Year One measures

Tina Edlund stated that Year One will include a small group of key measures, related to transparency, and clarified that Year 1 would begin January 2013 for all CCOs. Lisa Angus led a discussion on potential metrics. She noted that the discussion document categorized potential metrics as core or transformational but that that distinction was not relevant for Year 1, when CCOs would be responsible for reporting only. Comments raised during this discussion included:

- The possibility of splitting measures by language and country of origin (as well as race and ethnicity)
- The need for measures to be both technically correct and emotionally captivating (e.g. Kindergarten readiness) but also the desire to minimize work at the CCO level in the first year, when CCOs are still forming and developing systems.
- A strong interest in that moving away from provider-centric measurement to focus on system-level outcomes as a key component of transformation.
- The possibility of collecting some basic health status and/or risk data at enrollment (and annual re-determination). Suggestions for data to be collected at in this way included tobacco use, height and weight (for BMI), need for interpretation, quality of life, functional status, and information on social determinants of health such as employment and housing status, education, incarceration history, etc.

The group made some tentative recommendations:

- Explore the application of a health screening/health risk assessment at enrollment to capture data for BMI, tobacco use, health and functional status, and possibly other factors. The group felt that this could provide a transformational metrics platform.

- For Year 1, avoid measures that require CCOs to collect the data themselves *except* when the measure touches on an agreed-upon important topic that would not otherwise be captured and/or when the measure is on CMS' list of Medicaid Adult Core measures or CHIPRA Core Measures that the state is required report to CMS.

Next Steps

Based on the meeting discussion, staff will revise the list of proposed Year 1 measures and send the revised list around for the Transition Committee to review on a quick turn-around. The approved list must be included with the CCO RFA that will be posted online on Monday, March 19.

The approved list is attached.