
Metrics & Scoring Committee

August 19, 2016

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

Oregon
Health
Authority

Recognize
outgoing
members

Welcome
new
members

Approve
July
minutes

Vice-chair
election

Consent Agenda

Updates

Waiver Renewal

Waiver Renewal Application was submitted July 28th

www.oregon.gov/oha/OHPB/Documents/Waiver%20Renewal%20Submission.pdf

OHA has been working closely with CMS on this application:

- CMS reviewed prior to formal submission and is committed to ensuring Oregon's Medicaid Demonstration is in effect on July 1, 2017.
- CMS will now publish the application on its website and solicit public comment for 30 days.

Hospital Metrics

- Hospital Metrics Committee will meet in September (date TBD) to select Year 4 benchmarks.
- Continuing work with the Hospital TAG to develop opioid prescribing in ED measure specifications.

Public Health Advisory Board: Metrics

July 28th Accountability Metrics Subcommittee

- Reviewed CCO incentive, quality and access test, and HTPP measures to determine which are applicable to governmental public health.
 - This subset of measures will be reviewed against adopted selection criteria once a full list of measures is developed.
- Completed a partial review of the Child & Family Wellbeing measures – will complete in August.
- Will also look at state and national public health measures in August, and review public input survey results.

Public testimony



2017 Benchmark Selection

Recap

- Committee selected majority of 2017 benchmarks in July (see minutes).
- Outstanding questions for several measures:
 - Childhood Immunization improvement target
 - Follow-up After Hospitalization for Mental Illness benchmark
 - PCPCH weighting

Childhood Immunization Status: Improvement Target

In the 2017 benchmarks recommendation document from July, the 2016 improvement target for childhood immunization status was incorrect. Confirm decision with correction.

Measure (page #)	2015 Performance	2015 Benchmark	2016 Benchmark	2017 Benchmark Recommendation
Childhood immunization status (69)	State: 70.7% High CCO: 83.5% Low CCO: 55.5%	N/A	82.0% 2015 National Medicaid 75 th percentile MN method with 2 3 percentage point floor	TBD 2016 National Medicaid 75 th percentile – pending NCQA MN method with 2 3 percentage point floor

Follow-up After Hospitalization for Mental Illness: Benchmark

Committee postponed decision pending OHA determination of whether to re-base CY 2015 performance given specification change. OHA is rebasing.

Measure (page #)	2015 Performance	2015 Benchmark	2016 Benchmark	2017 Benchmark Recommendation
FUH (103)	<p>Original State 75.3% High CCO: 90% Low CCO: 60%</p> <p>Rebased State: 76.6% High CCO: 93.8% Low CCO: 66.7%</p>	<p>70.0%, 2014 National Medicaid 90th percentile</p> <p>MN method with 3 percentage point floor</p>	<p>79.9%, 2014 CCO 90th percentile</p> <p>MN method with 3 percentage point floor</p>	<p>Original 86.8%, 2015 CCO 90th percentile</p> <p>Rebased 88.8%, 2015 CCO 90th percentile</p> <p>MN method with 3 percentage point floor</p>

PCPCH Enrollment: 2017 Measure Weighting

The PCPCH Enrollment measure is currently weighted by Tier:

$$\frac{(\text{Tier 1 members} * 1) + (\text{Tier 2 members} * 2) + (\text{Tier 3 members} * 3)}{(\text{Total CCO enrollment} * 3)}$$

2017 PCPCH standards move to four Tiers and 5 STAR option (i.e., clinics recognized at Tier 4 who meet additional criteria earn 5 STAR designation)

How should the 2017 measure be structured to accommodate new standards?

Weighting Options

Option 1:

$$\frac{(\text{Tier 1 members} *1) + (\text{Tier 2 members} *2) + (\text{Tier 3 members} *3) + (\text{Tier 4 and 5 STAR members} *4)}{(\text{Total CCO enrollment} *4)}$$

Option 2:

$$\frac{(\text{Tier 1 members} *1) + (\text{Tier 2} *2) + (\text{Tier 3} *3) + (\text{Tier 4} *4) + (5 \text{ STAR} *5)}{(\text{Total CCO enrollment} *5)}$$

Option 3:

$$\frac{(\text{Tier 1 members} *1) + (\text{Tier 2} *2) + (\text{Tier 3} *3) + (\text{Tier 4} *4) + (\# \text{ of 5 STAR})}{(\text{Total CCO enrollment} *4)}$$

Weighting Options Example

Option	Calculation	Result
1	$((0*1)+(15*2)+(620*3)+((45+10)*4))/(700*4)$	75.4%
2	$((0*1)+(15*2)+(620*3)+(45*4)+(10*5))/(700*5)$	60.6%
3	$((0*1)+(15*2)+(620*3)+(45*4)+10)/(700*4)$	74.3%

Sample CCO

Tier 1: 0

Tier 2: 15

Tier 3: 620

Tier 4: 45

5 STAR: 10

Total enrollment: 700

2018 Measure Selection Work Plan



We'll be
back
soon...

EQUITY MEASUREMENT

Review 2015 Metrics by Race/Ethnicity

- Full CY 2015 Metrics Report
<http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx>
- Summaries from previous Committee meetings:
 - Mid-year metrics by CCO and by race/ethnicity, language, and gender
<http://www.oregon.gov/oha/analytics/MetricsDocs/Measures%20by%20Race,%20Ethnicity,%20CCO.pdf>
 - CY 2015 metrics by CCO and by race/ethnicity
<http://www.oregon.gov/oha/analytics/MetricsDocs/2015-Disparities-Report-v2.pdf>

DSRIP Request

June Committee meeting request to see whether any other states or pay for performance programs have models we could adopt for our health equity measurement. Staff agreed to check DSRIP models for examples.

In summary, DSRIP programs consistently demonstrate a commitment to equity, primarily expressed through measure stratification or specific initiatives.

Staff were not able to identify new models or aggregate measures for measuring equity that could be a potential model for this Committee's work.

Equity Measure Development Status

- Committee conversations in May and June focused on identifying measures that overlap with NQF's disparities-sensitive measures.
- Committee requested data for review / continued discussion.
- Committee discussed, but did not land, on whether goal of equity measure was to reduce variation among groups, or have all groups meet the benchmark or improvement target.
 - Including discussion of acceptable range, e.g., all population groups for the childhood immunization measure must be within x percent of the benchmark, or x percent of each other, regardless of benchmark.

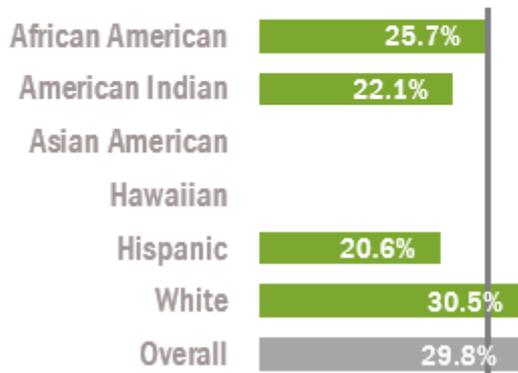
Equity Measure: “all boats rise” proposal

- Select 1-3 (at most) of the existing metrics
- Report performance on all standard demographic groups (TBD)
- In the next measurement year, CCOs can only “meet” the measure if ALL of those demographic groups (that meet denominator criteria, e.g., n>30) meet the benchmark or improvement target.

AWC Example: “all boats rise” proposal

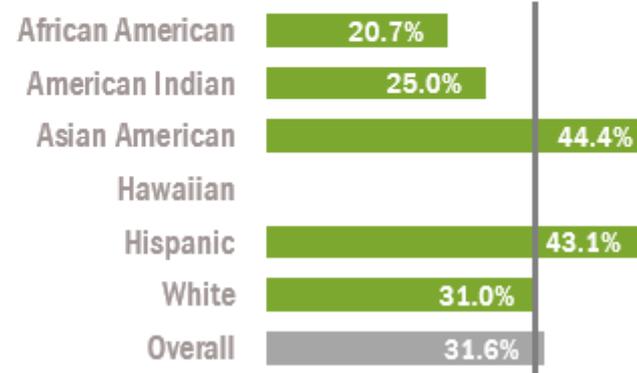
AllCare Health Plan

Improvement target: 26.1% CCO benchmark: 62.0%



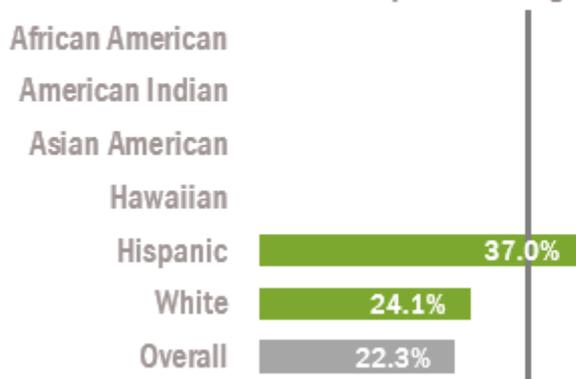
Pacific Source Central

Improvement target: 30.6%



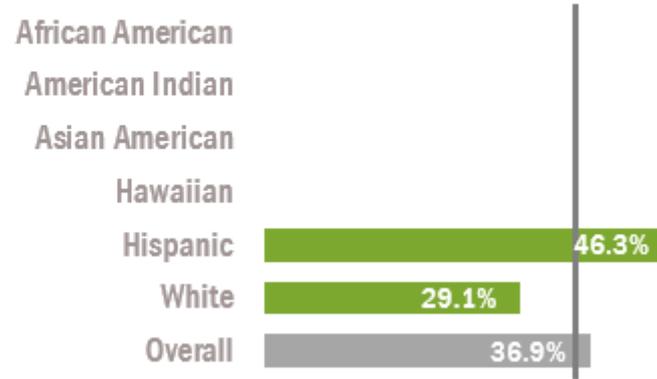
Cascade Health Alliance

Improvement target: 30.6%



Pacific Source Gorge

Improvement target: 35.2%



Equity Measure: Workgroup Debrief

- Equity Measure #1: Selected by Committee for all CCOs, focus on race/ethnicity. Use ‘all boats rise’ proposal.
- Equity Measure #2: CCOs select, based on criteria:
 - Must have sufficient membership in stratified populations. CCOs can select, not limited to race/ethnicity. Encourage intersectionality.
 - Must have demonstrated disparity for measure / population(s)
 - Must align with community priority (e.g., CHIP, CHA, etc)

Measures should not be part of the challenge pool.

Consider unintended consequences – should training / consultation be required for CCOs?

2017 CHALLENGE POOL

Current (2016) Challenge Pool Measures

Alcohol or other substance misuse screening (SBIRT)

Developmental screening

Depression screening and follow up plan

Diabetes: HbA1c poor control

The challenge pool is used to distribute any remaining quality pool funds (i.e., if any CCOs do not earn 100% of their pool).

Currently, there are 4 challenge pool measures and if a CCO meets the benchmark or improvement target for these measures, they earn an additional payment.

Challenge pool payment availability is based on how well CCOs do overall, and how well CCOs do on these specific measures.

Next Meeting: September 16th