

Oregon Metrics & Scoring Committee

Minutes

August 22, 2014

9:00 am – 12:00 pm

ITEM

Welcome and introductions

Committee members present: Maggie Bennington-Davis, Robert Dannenhoffer, R.J. Gillespie, Ken House, David Labby (phone), Jeff Luck, Juanita Santana, Eli Schwarz

Not attending: Gloria Coronado

OHA staff: Lori Coyner, Sarah Bartelmann, Milena Malone

The Committee welcomed three new members: Ken House, Juanita Santana, and Eli Schwarz. New members will serve a two-year term, through August 2016.

Consent agenda

The Committee approved the July 18th, 2014 minutes and agreed to send a letter of appreciation to departing Committee members.

Elections

The Committee elected Dr. Dannenhoffer as chair, and Dr. Bennington-Davis as vice-chair. As per the Committee bylaws, the chair and vice-chair will serve for 12 months.

Updates

Lori Coyner provided the following updates:

- OHA distributed the first progress reports containing 2014 data to Coordinated Care Organizations in August; OHA is using a rolling 12-month reporting period.
- OHA published the 2014 quality pool estimates by CCO in August. As written in the 1115 demonstration waiver, the quality pool increased from two percent to three percent. The 2014 quality pool is significantly larger than the 2013 quality pool (more than double) due to the percent increase and the expansion population.
 - The quality pool is distributed according to performance on individual measures. CCOs can strategically choose to focus attention and resources on a handful of measures; however there has been no evidence of CCOs ignoring any measures outright.
- OHA continues to negotiate the hospital quality pool program with CMS. This program is a two-year program with pay for reporting in year one and pay for performance in year two. CMS is encouraging OHA to drop the early elective delivery measure for hospitals, as all but two hospitals have already met the benchmark.
 - Three measures are in both the hospital performance and CCO incentive measures sets: early elective delivery; follow-up after hospitalization for mental illness; and SBIRT (for hospitals, in the emergency department).

OHA staff will continue to develop orientation materials for new Committee members.

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Public testimony

Dr. Bruce Gutelius and Michael Tynan, Oregon Health Authority, Public Health Division spoke in support of population health measures: tobacco use, obesity prevalence among adults, and vaccination measures (particularly HPV and influenza, as Oregon has very low rates).

Committee discussion focused on tobacco use:

- Best mechanism for data collection is the annual CAHPS survey, which includes a question about adult tobacco use.
- Methodology, baseline data, and improvement targets are available.
- Tobacco use among Oregon Medicaid recipients is approximately 36%, compared with 13% for commercially insured individuals.
- Tobacco use prevalence is an outcome (versus process) measure. Evidence shows it is sensitive to change in a year-to-year program: after Massachusetts instituted a program to broaden smoking cessation benefits, the smoking rate among the Medicaid populations declined from 38.3% to 28.3% over 30 months.
 - Additional information about the Massachusetts program is available online at <http://www.oregon.gov/oha/Pages/metrix.aspx>.

Lynn Knox, Oregon Food Bank spoke in support of screening for food insecurity. Written testimony is available online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>

Committee discussion included:

- NCQA methodology, baseline data, and improvement targets are not currently available for this measure. Data collection would likely require chart review.
- The measure should include both screening for food insecurity and intervention. However, there is no way to standardize follow-up procedure because available resources vary greatly across the state.
- The OHA's Office of Health Information Technology is building a clinical metrics registry, which might make data collection for this measure easier in the future.

Victoria Demchak, Oregon Primary Care Association spoke about the importance of social determinants of health, and explained that pilot projects between clinics, the Oregon Food Bank, and other community partners may provide useful information for the Committee to consider in conversations moving forward.

Dr. Helen Bellanca, Health Share of Oregon spoke in support of measuring effective contraceptive use among women at risk of unintended pregnancy. Written testimony, including recommendations for draft measure specifications, can be found online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>.

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Committee discussion included:

- The age range for this measure could be 15-50 if administrative data are used, or 18-44 with BRFSS (Behavioral Risk Factor Surveillance System) data.
- Preference would be to include men in the measure; however the only claims data available for men are vasectomy procedures.
- The Centers for Medicare & Medicaid Services is promoting a state-level incentive program; however the proposed measure only includes women who use an identified family planning clinic. A key aspect of Dr. Bellanca's proposed measure is that is primary care based, and thus covers a much broader population.
- The proposed measure directly targets the Medicaid expansion population, because the Affordable Care Act greatly expanded coverage for non-pregnant women.
- A reasonable benchmark may be around 80%, because approximately only 5-10% of women are actively trying to get pregnant at any given time. Postpartum data show that 36% of women who just gave birth did not want to be pregnant.
- Selection of this measure could catalyze conversations to other lines of coverage. The issue of unintended pregnancies is not unique to Medicaid.

Select CCO incentive measures for 2015

Based upon discussion at the July 2014 meeting, the Committee formally adopted the following changes for 2015 measure set:

1. Drop early elective delivery measure.
2. Drop follow-up care for children prescribed ADHD medication (initiation phase) measure.
3. Add sealants on permanent molars for children measure.
4. Modify SBIRT measure to expand the age range from 18+ to 12+.
5. Modify follow-up after hospitalization measure to include services occurring on day of discharge.
6. Colorectal cancer screening measure will have both a benchmark and improvement target.
7. Add dental assessments to DHS custody measure.

Additional discussion included:

- Follow-up care for children prescribed ADHD medication is an important measure and will remain part of the set of 33 state performance measures reported at the state and CCO levels. OHA is still responsible for reporting all 33 measures to CMS as part of the 1115 waiver agreement. New incentive measures will also be reported to CMS, but the state may not be held accountable or these measures as part of the quality and access "test". OHA staff will alert the Committee if a decline in follow-up care is observed.
- The depression screening and SBIRT measures, which share the same workflows but are currently measured differently, could be combined into one measure. The Committee will consider this approach a for 2016.

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After the July meeting, Committee members were asked to submit their top selection of 2-3 measures. Sarah Bartelmann presented this “short list,” which is available online at:

<http://www.oregon.gov/oha/Pages/metrix.aspx>.

After brief discussion, the Committee proposed a list of five measures for official consideration as CCO incentive measures for 2015. Dr. Dannenhoffer then asked Committee members and public guests to cast votes based on this measure set. The proposed measures and votes were:

Measure	Committee Votes	Public Votes
Childhood immunization status	0	0
Childhood obesity prevalence	3	2
Effective contraceptive use among women at risk of unintended pregnancy	6	4
Plan all-cause readmissions	0	0
Rate of tobacco use among members	7	6

The Committee adopted effective contraceptive use among women at risk of unintended pregnancy and rate of tobacco use among members as new CCO incentive measures for 2015.

The new 2015 measure set now includes 18 measures, which the Committee agreed is a reasonable number. The Committee also discussed adding the childhood obesity prevalence measure, but agreed that adding another clinical measure at this time is unwise.

The Committee identified the following list of “on-deck” measures, to be considered first when selecting the 2016 incentive measures:

1. Any dental service
2. Assessment and management of chronic pain
3. Childhood immunization status
4. Childhood obesity prevalence
5. Fluoride varnish
6. Food insecurity and hunger
7. Homelessness screening
8. Kindergarten readiness
9. PQI 92: Prevention quality chronic composite
10. Reducing health disparities

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Wrap up and next steps

The Committee will establish benchmarks and improvement targets and discuss measure specifications at the October 17 meeting.

Staff will present data and background information on the 9 on-deck measures at future meetings. The Committee will select the 2016 measure set in early 2015, allowing plenty of time for CCOS to make adjustments.

DRAFT