Oregon Metrics and Scoring Committee

AGENDA

February 1, 2013
1:00 p.m. – 3:45 p.m.
Wilsonville Training Center
29353 SW Town Center Loop E
Wilsonville, OR 97070

Public Listen-Only Conference Line: Dial: 1-877-581-9247; participant code: 604851

#	Time	Item	Presenter	Action Item
1	1:00	Welcome back • Agenda review • Oct. 22 minutes • Introduction for Lori Coyner • Congratulations	Bob Dannenhoffer	
2	1:10	Where we landed • Final measure sets • Where there are differences and why • Summary of Accountability Plan	Tina Edlund Carole Romm	
3	1:45	Review of quality pool	Tina Edlund	
4	2:15	Status report: incentive measures baselines and measurement strategy	Sarah Bartlemann	
6	2:45	Next steps for the Committee • Charter review and update • 2013 meeting schedule • Other items	Tina Edlund	
7	3:30	Public testimony	Bob Dannenhoffer	
	3:45	Adjourn	Bob Dannenhoffer	

Next Meeting:
TBD

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Oregon Metrics and Scoring Committee
Minutes
October 22, 2012
1:00 p.m. – 4:00 p.m.
Clackamas Community College
29353 SW Town Center Loop E
Wilsonville, OR 97070

Item
Welcome Committee members present: Maggie Bennington-Davis, Robert Dannenhoffer, R.J. Gillespie, Bob Joondeph, David Labby, Jeff Luck, Jeanine Rodriguez. Absent: Gloria Coronado, Phil Greenhill. Consultants present: Michael Bailit, Kate Bazinsky (Bailit Health Purchasing). OHA Staff: Tina Edlund, Chief of Policy; Carole Romm, Accountability and Quality; Sarah Bartelmann, Project Manager; Ari Ettinger, Assistant to the Health Policy Board; Jon Collins, Program Analysis and Evaluation Manager.
Consent Agenda The Committee approved the October 10th minutes.
Review updated measure specifications Michael Bailit reviewed the updated incentive measure specifications document, available in the meeting materials online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121022.pdf. Michael proposed that OHA staff prepare a version of this measure specification document that links to all the correct CPT codes, HEDIS specifications (if online), etc for the committee to have for reference.
Continue setting performance and improvement targets Michael Bailit introduced the five incentive measures that required additional committee discussion before setting performance and improvement targets. The Committee clarified the remaining measures and set targets. Summaries of performance and improvement targets discussed on October 10th and baseline data by predecessor organization where available are available in the meeting materials online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121022.pdf.
Review questions to inform quality pool operation Michael Bailit presented a series of questions on the structural elements on the incentive pool for the Committee to discuss. Michael's presentation is available in the meeting materials online at:http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121022.pdf

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Additional feedback from Committee members: as the start-up costs will be significant for small plans, there should be a million dollar floor.
The Committee considered four options for distribution of incentive funds, and preferred redistribution of funds, rather than an even distribution of funds across the CCOs. The Committee prefers option #2 – establishing a minimum available amount that all CCOs could earn.

The Committee considered several distribution options for 'left over' incentive funds and recommends revising option D – distributing the remaining funds among the CCOs that achieve the improvement or performance targets on the selected 'transformational measures' (from the incentive measure set).

The Committee identified four 'transformational measures':

- PCPCH enrollment
- Depression screening and follow-up
- SBIRT
- Diabetes care (D3)

OHA will work with Michael Bailit on the overall algorithm design, but requested comments from the Committee on algorithm design elements. The Committee provided the following feedback:

- Each CCO should be assessed on either a performance target or an improvement target.
- Performance against target should be valued the same as performance improvement.
- All performance measures should be considered to represent equivalent value.
- All CCOs can receive a distribution if performance on a specific measure warrants it, regardless of overall performance.
- CCOs should only be rewarded for attaining performance target or meeting improvement target, not penalized.

The Committee unanimously approved the measures, methodologies and performance and improvement targets selected over the past six meetings.

Next steps and wrap up

The Committee requested the opportunity to review the overall incentive and measurement strategy before OHA submits to CMS. OHA will send a draft to the Committee on Thursday, October 25th for

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concurrent review with CMS. OHA staff will poll committee members for available times to establish an ongoing Committee meeting time (meetings in November and December, then quarterly meetings in 2013).
Public Testimony The Committee heard public testimony from Ben Hoyne, Community Outreach Director with CCO Oregon, suggesting the Committee consider LEED metrics and methodology for parallels in building the incentive program.
Adjourn

Next Meetings:

TBD

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Oregon Medicaid Accountability Plan

February 1, 2013

Presentation to the Metrics and Scoring Committee

Oregon Health Authority

What is the Accountability Plan?

- Addresses the Special Terms and Conditions that were part of the $1.9 billion agreement with the Centers for Medicare and Medicaid Services (CMS).
- Describes accountability for reducing expenditures while improving health and health care in Oregon's Medicaid program, focusing on:
  - CCO reporting to state
  - State reporting to CMS
- Approved by CMS on December 18, 2012

Oregon Health Authority

Accountability Plan

a. Quality Strategy
b. State “Tests” for Quality and Access
c. Measurement Strategy
d. Quality Pool
e. Expenditure Review
f. Evaluation

Oregon Health Authority

Oregon's Medicaid Program Commitments to CMS:

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Establish a 1% withhold for timely and accurate reporting of data
- Establish a quality pool

Oregon Health Authority

Purpose of the Quality Strategy

- Address the Special Terms and conditions of the waiver and how Oregon proposes to meet them, including:
  - Transformation goals
  - Strategies for transformation
- Address how Oregon will meet federal requirements

Oregon Health Authority

Quality Strategy

Quality Assurance

- On-site reviews
- Quarterly and annual financial reporting
- Complaints, grievances and appeals reports
- Fraud and abuse reports

Quality Improvement

- 7 quality improvement focus areas. CCOs choose 4.
  - Performance improvement projects (PIPs)
  - Rapid-cycle improvement (Plan, Do, Study, Act- PDSA)
- Contractual requirements
- Transparency
- Financial incentives

Oregon Health Authority

Quality Strategy Includes Supports for Transformation

- Transformation Center and Innovator Agents
- Learning collaboratives
- Peer-to-peer and rapid-cycle learning systems
- Community Advisory Councils: Community health assessments and improvement plan
- Non-traditional healthcare workers
- Primary care home adoption

State "Test" for Quality and Access

- Annual assessment of Oregon's statewide performance on 33 metrics, in 7 quality improvement focus areas:
  - Improving behavioral and physical health coordination
  - Improving perinatal and maternity care
  - Reducing preventable re-hospitalizations
  - Ensuring appropriate care is delivered in appropriate settings
  - Improving primary care for all populations
  - Reducing preventable and unnecessarily costly utilization by super users
  - Addressing discrete health issues (such as asthma, diabetes, hypertension)

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State "Test"

- 2011 = base year
- For 2013 and 2014, performance must not decline
- For remainder of the demonstration, performance must improve
- Significant financial penalties to the state if quality goals are not achieved

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Measurement Strategy

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Measurement Strategy: CMS requirements

- Quality and Access Measures for Quality Pool
- Transparency: Core measures and Quality Pool measures will be posted on OHA website by CCO
- First public reports expected late summer, 2013

Oregon Health Authority

Measurement Strategy: Timeline and Data Collection

- Baseline year: 2011
- Implementation year: 2012
- Measurement year: 2013 = year 1
- Administrative (claims/billing) data
- Hybrid measures (claims and other): OHA will work with CCOs to develop the most effective, least burdensome strategy for collecting this data, e.g.:
  - Surveys
  - Chart reviews

Oregon Health Authority

Quality Pool

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Quality Pool

- A bridge strategy in moving from capitation to paying for outcomes
- Pool size will increase each year:

  Year 1 = 2% per member per month (pmpm)
- 17 metrics in the 7 quality improvement focus areas selected by the statutorily created Metrics and Scoring Committee

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Quality Pool Metrics

Behavioral health metrics, addressing underlying morbidity and cost drivers

1. Screening for clinical depression and follow-up plan
2. Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT)
3. Mental health and physical health assessment for children in Department of Human Services (DHS) custody
4. Follow-up after hospitalization for mental illness
5. Follow-up care for children on ADHD medication

Quality Pool Metrics

Maternal/child health metrics reflecting the large proportion of women and children in Medicaid:

6. Prenatal care initiated in the first trimester
7. Reducing elective delivery before 39 weeks
8. Developmental screening by 36 months
9. Adolescent well care visits

Quality Pool Metrics

Metrics addressing chronic conditions which drive cost:

10. Optimal diabetes care
11. Controlling hypertension
12. Colorectal cancer screening

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Quality Pool Metrics

Metrics to ensure appropriate access:

13. Emergency department and ambulatory care utilization
14. Rate of enrollment in Patient-Centered Primary Care homes (PCPCH)
15. Access to care: getting care quickly (Consumer Assessment of Healthcare Providers and Health Systems Survey (CAHPS): adult and child)

Quality Pool Metrics

16. Patient experience of care: Health plan information and customer service (CAHPS, adult and child)
17. Electronic health record (EHR) adoption and meaningful use

Quality Incentive Pool: How it will work

- All money in the pool is distributed every year
- Potential pool award determined by plan size (pmpm) with a minimum amount established as a floor for all CCOs
- CCOs can access $ by meeting performance or improvement benchmarks

Quality Incentive Pool: How it will work

Two phases:

- Phase 1: Distribution by meeting improvement ***or*** performance target
- Phase 2: Challenge pool (remainder) distributed based on 4 metrics:
  - PCPCH enrollment
  - Screening for depression and follow-up plan
  - SBIRT
  - Optimal diabetes care

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Expenditure Review

- 2 percentage point reduction in expenditure trend will be evaluated based on:
  - All services provided through CCOs over the course of the demonstration
  - Wrap-around payments to Federally Qualified Health Centers (FQHCs) for services provided through CCOs
  - Financial incentives and shared savings payments made to CCOs

Evaluation

- Ongoing monitoring with quarterly reporting and consistent feedback
- Mid-point, rigorous analysis of impacts
- Final comprehensive demonstration evaluation

Questions?

More information:

- OHA has posted the full Accountability Plan at www.health.oregon.gov
- More details on metrics at http://www.oregon.gov/oha/pages/metrix.aspx

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Sarah Bartelmann: sarah.e.bartelmann@state.or.us

Oregon Health Authority

Final Measure Sets

Metrics & Scoring Committee

February 1, 2013

CCO Incentive Measures *CCOs are accountable to OHA*	**Quality and Access "Test" Measures** *OHA is accountable to CMS*
Alcohol or other substance misuse (SBIRT)	Alcohol or other substance misuse (SBIRT)
Follow-up after hospitalization for mental illness (NQF 0576)	Follow-up after hospitalization for mental illness (NQF 0576)
Screening for clinical depression and follow-up plan (NQF 0418)	Screening for clinical depression and follow-up plan (NQF 0418)
Follow-up care for children prescribed ADHD meds (NQF 0108)[1]	Follow-up care for children prescribed ADHD meds (NQF 0108)
Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)	Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
PC-01: Elective delivery (NQF 0469)	PC-01: Elective delivery (NQF 0469)
Ambulatory Care: Outpatient and ED utilization[2]	Ambulatory Care: Outpatient and ED utilization
Colorectal cancer screening (HEDIS)	Colorectal cancer screening (HEDIS)
Patient-Centered Primary Care Home Enrollment	Patient-Centered Primary Care Home Enrollment
Developmental screening in the first 36 months of life (NQF 1448)	Developmental screening in the first 36 months of life (NQF 1448)
Adolescent well-care visits (NCQA)	Adolescent well-care visits (NCQA)
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF 0018)
Diabetes: HbA1c Poor Control (NQF 0059)[3]	Diabetes: HbA1c Poor Control (NQF 0059)
CAHPS adult and child composites: • Access to care • Satisfaction with care	CAHPS adult and child composites: • Access to care • Satisfaction with care
EHR adoption (Meaningful Use 3 question composite)	EHR adoption (Meaningful Use 3 question composite)
Mental and physical health assessment within 60 days for children in DHS custody	

[1] Measure added at CMS' request. Replaced "initiation and engagement of alcohol and other drug treatment."

[2] Measure expanded to add outpatient utilization rates at CMS' request.

[3] Measure substituted for "D3: diabetes care composite" measure at CMS' request.

CCO Incentive Measures *CCOs are accountable to OHA*	**Quality and Access "Test" Measures** *OHA is accountable to CMS*
	Prenatal and postpartum care: Postpartum Care Rate (NQF 1517)
	Plan all-cause readmission (NQF 1768)
	Well-child visits in the first 15 months of life (NQF 1392)
	Childhood immunization status (NQF 0038)
	Immunization for adolescents (NQF 1407)
	Appropriate testing for children with pharyngitis (NQF 0002)
	Medical assistance with smoking and tobacco use cessation (CAHPS) (NQF 0027)
	Comprehensive diabetes care: LDL-C Screening (NQF 0063)
	Comprehensive diabetes care: Hemoglobin A1c testing (NQF 0057)
	PQI 01: Diabetes, short term complication admission rate (NQF 0272)
	PQI 05: Chronic obstructive pulmonary disease admission (NQF 0275)
	PQI 08: Congestive heart failure admission rate (NQF 0277)
	PQI 15: Adult asthma admission rate (NQF 0283)
	Chlamydia screening in women ages 16-24 (NQF 0033)
	Cervical cancer screening (NQF 0032)
	Child and adolescent access to primary care practitioners (NCQA)
	Provider Access Questions from the Physician Workforce Survey: • To what extent is your primary practice accepting new Medicaid/OHP patients? • Do you currently have Medicaid/OHP patients under your care? • What is the current payer mix at your primary practice?

Status Report
Metrics & Scoring Committee
February 1, 2013

CCO Incentive Measures - Baseline Production	
OHA will provide each CCO with preliminary baselines for the incentive measures that use administrative data.[1] • Alcohol or other substance misuse (SBIRT) • Follow-up after hospitalization for mental illness (NQF 0576) • Follow-up care for children prescribed ADHD meds (NQF 0108) • Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517) • PC-01: Elective delivery (NQF 0469) • Ambulatory Care: Outpatient and ED utilization • Colorectal cancer screening (HEDIS) • Patient-Centered Primary Care Home Enrollment • Developmental screening in the first 36 months of life (NQF 1448) • Adolescent well-care visits (NCQA) • CAHPS composites: access to care and satisfaction with care	By February 15th
OHA will provide CCOs with a detailed package containing technical specifications for each of the incentive measures.	By February 15th
CCOs will have 30 days to review preliminary baselines and specifications and provide any feedback to OHA.	February 15 – March 15th
OHA will provide each CCO with preliminary baselines for the remaining incentive measures that require chart review or other data collection. • Screening for clinical depression and follow-up plan (NQF 0418) • Controlling high blood pressure (NQF 0018) • Diabetes: HbA1c Poor Control (NQF 0059) • Mental and physical health assessment within 60 days for children in DHS custody • EHR adoption (Meaningful Use 3 question composite)	By May 13th
CCOs will have 30 days to review preliminary baselines and specifications and provide any feedback to OHA.	May 13 - June 10th
OHA will review and incorporate CCO feedback and publish final baselines for all 17 incentive measures.	By July 31st

[1] Preliminary baselines will be based on calendar year 2011 data from predecessor organizations (MCOs and MHOs).

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Proposed 2013 Metrics and Scoring Committee Schedule:

Friday, February 1, 2013

- Where we landed: review of final measure sets and discussions with CMS.
- Review of the Quality Bonus
- Report on status of incentive measures baselines
- Future work of the committee:
    - Reviewing the charter
    - Setting the schedule for 2013
    - Setting priorities

May

August

November

Possible topics for consideration:

- Measurement strategy
- Dental measures
- Maternal and childhood measures
- Public health measures
- Reevaluation and retirement of measures