

## Oregon Metrics & Scoring Committee

### Minutes

February 26, 2016

9:00 am – 12:00 pm

#### ITEM

##### **Welcome and consent agenda**

Committee members present: Maggie Bennington-Davis, Will Brake, R.J. Gillespie, Ken House, Jeff Luck, Daniel Porter, Thomas Potter, Juanita Santana, Eli Schwarz.

OHA staff: Sarah Bartelmann, Lori Coyner, Suzanne Hoffman, Lillian Shirley, Jennifer Uhlman.

The Committee approved the January 2016 meeting minutes.

##### **Updates**

###### *Hospital Transformation Performance Program (HTPP)*

CMS has given verbal approval for Year 3 of the HTPP. Although CMS had earlier been pushing for a revised program structure with new and innovative measures, they have instead approved Year 3 with no changes from the first two years of the program, i.e. the same 11 measures. OHA is still awaiting formal, written approval.

###### *Clinical Quality Measures*

All CCOs have submitted and received approval for Year 3 data proposals. Data submission deadline is April 1.

###### *Waiver renewal*

Upcoming meeting with CMS to kick off waiver renewal discussions. Oregon intends to submit waiver renewal application by May 1<sup>st</sup> with a goal of approval this calendar year. The first application in May will be high level and there will be additional opportunities to discuss the details, including the measurement strategy.

##### **Public testimony**

None was provided. However, the Committee discussed opportunities for engaging with the community and keeping stakeholders informed about the Committee's work.

There was strong support for doing a stakeholder survey to help inform 2017 measure selection. Staff will send the 2015 stakeholder survey report to the Committee for reference, and work with the Committee over email to develop a 2017 survey.

##### **Continued discussion on framework and mechanics for CCO incentive program under new waiver**

*At the January meeting, the Committee began discussing how the structure of the CCO incentive program might be modified under the new Medicaid demonstration waiver, which will be effective in 2018. That initial discussion focused on measurement fatigue and increased alignment, and developing a shared understanding of what "health system transformation" means. Each member was asked to review the quality strategy in Oregon's current waiver, define what a transformed*

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*system would look like, and prioritize 2-3 measures to help achieve such transformation in advance of the February meeting. That discussion was continued today; key points included:*

- Although the quality strategy in the current waiver is well-defined and remains relevant today, more focus needs to be given to disparities. While outcomes may be improving at the statewide level, there are still disparities between populations that need to be reduced. Every region within the state is different, and every region will have a different approach to improving quality and access.
- A transformed system should have less variation between CCOs / regions. Current efforts to reduce this variation should be more aggressive in the next phase of transformation. The Committee would like to invite staff from OHA's Office of Equity and Inclusion and Transformation Center to present on the work they do.
- Regional transformation plans are extremely important; perhaps individual transformation plan measures could be incentivized to support that work.
- A core/menu program design would support transformation efforts at the local/regional level.
- CCOs are required to select and report on measures as part of their transformation plans. Staff will share additional information about transformation plans.
- Measures are currently limited by the availability of comprehensive data. Ideally, a comprehensive Electronic Health Record system would include data from multiple organizations.
- Workforce vitality and support for the workforce throughout transformation is missing from current quality strategy and measures.

Committee members were asked to rank, from the existing incentive measure set, the handful of measures they consider to be most transformative and would include in a potential core measure set (i.e. required participation by all CCOs). Results of the exercise are below:

Votes	Measure	Modification?
5	Diabetes HbA1c control	Total new incidence of diabetes
4	Depression screening	MH status not limiting goals/activities
	Assessments for children in DHS custody	
3	Ambulatory care: ED utilization	With increase in PCP visits
	PCPCH enrollment	
2	Dental sealants	Healthy teeth through childhood
1	Adolescent well care visits	
	Alcohol and drug screening (SBIRT)	
	CAHPS: Access to care	
	CAHPS: Satisfaction with care	Switch to: CAHPS Health status
	Cigarette smoking prevalence	
	Developmental screening	With follow up

Committee members noted several potential modifications that could be made to help move the system from process focused (e.g. counting services) to outcomes focused, for example measuring

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the reduction of the incidence of diabetes in the population rather than HbA1c control, or looking at reductions in emergency department use in conjunction with access to primary care to ensure that CCOs are building a better system. This may also help focus on the broader goals of health and wellbeing across sectors, rather than just within the health system (e.g. children in DHS custody who end up in juvenile detention).

The Committee also considered that transformative measures should: focus on early intervention and prevention; include follow-up (e.g. screening measures should look at the result of the screening, rather than the process); and measure the effects of health system transformation for the most vulnerable populations (e.g. children experiencing ACEs, people with severe and persistent mental illness, etc.). The current measures are presumed solutions to move people toward improved health, which is the ultimate goal.

Transformational measures should also be broad, rather than discrete. It was suggested that a transformed system could potentially be monitored with just two measures: (1) how well does the population feel (self-reported health status, or health-related quality of life); (2) how much is spent on health care.

Maggie will follow up with Dr. Berwick to seek feedback on the current CCO measure set.

### Quality pool structure

Sarah Bartelmann presented potential options for a revised quality pool structure (handout available online at: [www.oregon.gov/oha/analytics/MetricsDocs/MS-02262016-ProgramStructure.pdf](http://www.oregon.gov/oha/analytics/MetricsDocs/MS-02262016-ProgramStructure.pdf)). Discussion included:

- Quality pool distribution methodology should be simple to understand, explain, and implement.
- Social science research has shown that equal weighting supports performance as well as differential weighting; unless there is overwhelming reason to assign different weights to different measures, it is not recommended.
- Core measures should be those that are most transformative. There may also be multiple measures that are non-negotiable (e.g. CCO must meet measure(s) to earn 100% of the quality pool).
- Truly transformative measures will require far more work and be a longer stretch for CCOs and providers.
- Some menu measures could potentially be derived from individual CCO transformation plans, but given existing (presumed) alignment between transformation plan measures and CCO incentive measures, and administrative difficult to implement, is not recommended. It may make more sense to incorporate shared measures into future statewide performance improvement projects.

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Staff will compile and distribute the results of the voting exercise over email.

#### **Public Health Modernization & the State Health Improvement Plan**

Lillian Shirley, Director of the Public Health Department, presented on public health modernization and the State Health Improvement Plan (SHIP). Her presentation can be found online at:

<http://www.oregon.gov/oha/analytics/MetricsDocs/MS-02262016-Presentation.pdf>.

#### Public health modernization

- The Public Health Department is responsible for: assessing and monitoring the health of communities; formulating public policies to solve health problems; and assuring Oregonians have access to appropriate care.
- In 2014 a taskforce developed recommendations for modernizing Oregon's public health system. Recommendations included: adopting national recommendations for foundational capabilities and programs; allowing local jurisdictions to choose the structure that best suits regional needs; and creating a Public Health Advisory Board to govern and drive outcomes.
- The Public Health Advisory Board meets monthly and will develop a plan to use incentives to encourage effective and equitable provisions. Committee members Jeff Luck and Eli Schwarz are members of the Advisory Board. The Board will report assessment results to the Legislature in June 2016 (this Committee will be kept updated).

#### State Health Improvement Plan (SHIP)

- The SHIP is Oregon's plan for improving the health of all residents by 2020, and is intended to bring individuals and communities together around a common set of goals.
- The SHIP's seven priority areas address the leading causes of death, disease and injury in Oregon, and/or areas where Oregon is trending in the wrong direction.

The Committee discussed alignment between the State Health Improvement Plan priorities and incentive metrics including tobacco, oral health, substance use, immunization rates, and suicide, as well as the lack of competition between the SHIP priorities and the metrics. The Committee also considered potential opportunities where efforts can be combined to improve the overall health of Oregonians.

#### **Next Meeting**

March meeting is canceled. Next meeting is Friday, April 22.