Oregon Metrics & Scoring Committee
Minutes
January 31, 2014
1:00 – 3:00 PM

ITEM
Welcome Committee members present: Maggie Bennington-Davis, Gloria Coronado, Robert Dannenhoffer, David Labby, Jeff Luck, R.J. Gillespie, Not attending: Phil Greenhill, Bob Joondeph, Jeanine Rodriguez OHA Staff: Lori Coyner, Sarah Bartelmann, Tracy Hulett Consultants: Michael Bailit, Bailit Health Purchasing
Consent Agenda The Committee approved the December 13, 2013 meeting minutes with one correction: R.J. Gillespie did not attend the meeting.
Committee Bylaws Lori Coyner introduced the proposed bylaws for the Committee's consideration. The bylaws will clarify Committee term-lengths, duties of the chair and vice-chair, and decision making processes. The draft bylaws are available in the meeting materials online here: www.oregon.gov/oha/MetricsMeetingMaterials/January%2031,%202014%20Materials.pdf The Committee agreed to submit any questions or proposed modifications on the draft bylaws to staff in advance of the February 21st meeting. The Committee will vote to adopt the bylaws in February. Committee members interested in the chair or vice-chair positions should notify Lori Coyner prior to the February meeting.
Updates Lori Coyner and Sarah Bartelmann provided updates on the dental quality metrics workgroup process and the availability of the measure specification sheets for 2014 and revised guidance documents.
SBIRT Workgroup / Specifications Lori Coyner provided an overview of the new SBIRT workgroup and their recent discussion of billing challenges providers and practices are facing with this measure. Challenges include provider hesitancy to code for SBIRT because patients may be charged, rejection / exclusion of claims with $0 charges, and inconsistencies of billing processes across payer types. The workgroup proposes a modification to the SBIRT measure specifications for 2014 which would allow for use of the v79.1 diagnosis code as a standalone service, without also requiring use of one of the CPT codes, to document SBIRT screenings. The Committee discussed positives and negatives of the proposed modification and requested additional information on how widespread these issues are across the state. Staff will collect additional information from the SBIRT workgroup and provide a recommendation for the Committee's consideration and final decision at the February meeting.

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2014 Benchmarks

The Committee revisited benchmark setting for the three incentive measures that were not addressed in the December 2013 meeting: colorectal cancer screening, diabetes: HbA1c poor control, and depression screening. The diabetes and depression screening benchmarks are needed only for the challenge pool distribution in 2014; CCOs will still "meet" these measures by submitting year two technology plans and expanded electronic clinical data. The Committee requested more information on the 2014 challenge pool distribution methodology for the February meeting.

- *Colorectal Cancer Screening*
  Michael Bailit presented three benchmark options: adjusting or estimating a Medicaid-specific benchmark using other NCQA benchmarks, and utilizing national data from the Centers for Disease Control and Prevention. Options are in the meeting materials available online here: www.oregon.gov/oha/MetricsMeetingMaterials/January%2031,%202014%20Materials.pdf

  The Committee agreed that the benchmark options converge around 40%, which seems appropriate given what is known about the range of screening rates across 26 clinics, but will make a final decision at the February meeting.

- *Diabetes: HbA1c Poor Control*
  The Committee agreed to adopt the national 2013 Medicaid 75th percentile (34% of patients with poorly controlled diabetes / 66% of patients in good control) as the 2014 benchmark.

- *Depression Screening and Follow Up Plan*
  Michael Bailit provided information on other states using depression screening as a measure; however, no data from other states are currently equivalent to our measure specifications and population.

  The Committee agreed to wait to set the 2014 benchmark for this measure until the year one proof of concept data is available to provide context about Oregon's performance. The Committee will revisit this benchmark in June.

Measurement Framework

The Committee reviewed the CCO incentive measures listed by the seven quality improvement focus areas and considered the modified drivers as adopted by the HB 2118 (CoverOregon) metrics committee. The Committee then discussed the following purposes for establishing a measurement framework:

- Criteria or tool for selecting future measures;
- Identifying gaps and opportunities (e.g., specific populations not represented)
- Statewide alignment on measures where possible;
- Alignment with established state health priorities / desired outcomes;
- Codifying Committee work / decisions for future Committee members;

Staff will prepare draft criteria / tool for evaluating measures for the Committee's continued discussion in February. Staff will also provide additional information on existing state health goals and priorities as

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established in the 1115 waiver with CMS and other policy for the February meeting.
Public Testimony No public testimony was provided.

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