

Oregon Metrics & Scoring Committee

Minutes

July 15, 2016

9:00 am – 12:00 pm

ITEM

Welcome and consent agenda

Committee members present: Will Brake, R.J. Gillespie, Ken House, Jeff Luck, Daniel Porter, Juanita Santana.

Guests: Anna Jimenez and Karen Volmar (phone), incoming Committee members.

OHA staff: Sarah Bartelmann, Jon Collins, Kate Lonborg, Milena Malone, Jennifer Uhlman

Newly-appointed Committee members Anna Jimenez (FamilyCare) and Karen Volmar (Oregon State University) introduced themselves. Terms begin in August.

The Committee approved the June 17 meeting minutes with the following modification (page 3):

~~“Priority areas~~ Areas of interest for 2018 measure selection include: ...”

Updates

Waiver renewal

OHA leadership are in discussions with the Centers for Medicaid and Medicare Service (CMS) about the waiver renewal application. The application will be submitted later this summer; staff will notify Committee members when the application is posted.

Hospital Performance Metrics Advisory Committee

Four new members have been appointed to the Hospital Committee. The Committee did not meet in June or July, and an August meeting is being scheduled.

Public Health Advisory Board (PHAB): Accountability Metrics Subcommittee

The PHAB Subcommittee finalized measure selection criteria and will start looking at applicability of existing measure sets at its July 28 meeting. The Committee noted the PHAB’s formal endorsement of the collective impact model, and is interested in opportunities for alignment/collaboration across sectors.

CCO incentive metrics 2015 close out

Measure validation, reporting, and quality pool payments for the 2015 measurement year are complete. The public report was published June 23. The program is now transitioning from 2015 to 2016 specifications.

CCO Metrics 2015 Update

Jon Collins presented on the CCO Metrics 2015 Performance Report. His presentation is available in the meeting materials online at: <http://www.oregon.gov/oha/analytics/MetricsDocs/July-15-2016-presentation.pdf> (pages 8-49).

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Committee discussion included:

- The quality pool will continue to increase in 2016 and 2017, although likely less than a full percentage point increase each year. The current draft of the waiver renewal caps the quality pool at 5% but includes additional mechanisms for financial incentives.
- The State is financially accountable to CMS for 33 performance measures. Similar to the CCO incentive metrics, benchmarks are aspirational and the State is not expected to achieve the benchmark each year. Rather, performance in aggregate must *improve toward* the benchmark.
- The report lays out performance across CCOs and across the state. It is easy for CCOs to focus solely on individual performance against the benchmark, and the broader context is enlightening.
- Although adolescent well-care visits have improved each year, overall performance remains well below the national Medicaid 75th percentile.
- There was wide variation across CCOs on dental sealants, but everybody improved and achieved their improvement target. Committee members commented that availability of dentists in rural areas, and contracting rules may be affecting performance.
- Dental health assessments were added to the DHS custody measure in 2015. Statewide performance more than doubled in that year, but overall performance remains quite low. Communication with DHS continues to be a challenge. The Committee discussed the importance of follow up / adherence to treatment identified in the initial assessments.
- All-cause readmissions is also a Hospital Transformation Performance Program incentive measure, and statewide all-payer readmissions increased slightly, whereas CCO readmissions declined/improved. This may be due in part to CCOs' use of the EDIE/PreManage systems.
- The decrease in initiation and engagement of alcohol or other drug treatment may be due in part to CCOs' focus on using SBIRT codes. Technical assistance might help turn around performance on this measure. Staff will publish technical specifications for this measure.

Public Testimony

DR Garrett (Trillium CCO) called attention to the fact that a CCO can be a top performer on a measure, yet still not qualify for payment if improvement from the previous year was negligible or went slightly backward. This will likely become more common as the program matures and initial large gains give way more steady high performance. CCOs who make a big leap in one year are essentially penalized in later years. The Committee took note of this trend and would like to consider possible solutions for the 2018 measurement year and beyond.

Written testimony was provided by the AARP and can be found on the Committee webpage at:

[http://www.oregon.gov/oha/analytics/MetricsDocs/July%2015,%202016%20Testimony%20\(AARP\).pdf](http://www.oregon.gov/oha/analytics/MetricsDocs/July%2015,%202016%20Testimony%20(AARP).pdf)

2017 Benchmark Selection

The Committee reviewed current benchmarks and CCOs' 2015 performance, as well as staff recommendations for the 2017 benchmark selection.

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In general, the Committee agreed to adopt the annual updated national Medicaid benchmarks where available from NCQA (will be released in September or October), and to keep the Minnesota (MN) methodology for improvement target calculation. The formula for improvement target calculation can be found online at: www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx.

CCO Incentive Metric	2017 Benchmark and Source	2017 Improvement Target
Access to care (CAHPS)	Value TBD (pending data from NCQA) <i>2016 national Medicaid 75th percentile; weighted average of adult and child rates.</i>	MN method with 2 percentage point floor
Adolescent well care visits	Value TBD (pending data from NCQA) <i>2016 national Medicaid 75th percentile (admin)</i>	MN method with 3 percentage point floor
Alcohol and substance misuse (SBIRT)	16.5% <i>90th percentile of 2015 CCO performance, excluding top performer. Committee consensus</i>	MN method with 3 percentage point floor
Ambulatory care: emergency department utilizations	Value TBD (pending data from NCQA) <i>2016 national Medicaid 90th percentile</i>	MN method with 3 percent floor
Assessments for children in DHS custody	90.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Childhood immunization status	Value TBD (pending data from NCQA) <i>2016 national Medicaid 75th percentile</i>	TBD
Cigarette smoking prevalence	25% <i>Committee consensus and alignment with 1115 demonstration waiver goals</i>	MN method with 1 percentage point floor
Colorectal cancer screening	50.8% <i>90th percentile of 2015 CCO performance</i>	MN method with a 3 percentage point floor
Controlling high blood pressure	Value TBD (pending data from NCQA) <i>2015 <u>or</u> 2016 national Medicaid 90th percentile, <u>whichever is lower</u>.</i>	MN method with 3 percentage point floor
Dental sealants	20.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Depression screening and follow up	52.9% <i>75th percentile of 2015 CCO performance</i>	MN method with 3 percentage point floor
Developmental screening	60.1% <i>75th percentile of 2015 CCO performance</i>	MN method with 3 percentage point floor
Diabetes: HbA1c poor control	19.0% <i>2015 national commercial 90th percentile</i>	MN method with 3 percentage point floor
Effective contraceptive use	50.0% <i>Committee consensus</i>	MN method with 3 percentage point floor

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Follow up after hospitalization for mental illness	TBD – <u>Table discussion until August meeting.</u>	
PCPCH enrollment	N/A – 60% threshold <u>The Committee would like to discuss weighting with the new 2017 PCPCH standards at the August meeting.</u>	N/A – 60% threshold
Satisfaction with care (CAHPS)	Value TBD (pending data from NCQA) <i>2016 national Medicaid 75th percentile; weighted average of adult and child rates</i>	MN method with 2 percentage point floor
Timeliness of prenatal care	Value TBD (pending data from NCQA) <i>2016 national Medicaid 90th percentile</i>	MN method with 3 percentage point floor
<p>Review 2015 Metrics by Race/Ethnicity Due to time constraints, this agenda item will be held for the August meeting. 2015 CCO metrics reported by race/ethnicity were provided for Committee member review and can be found online at: www.oregon.gov/oha/analytics/MetricsDocs/2015-Disparities-Report-v2.pdf</p>		
<p>Next Meeting: August 19, 2016 Agenda items will include finishing benchmark recommendations, reviewing 2015 metrics by race/ethnicity to inform the equity measure discussion, and reviewing the work plan for 2018 measure selection.</p>		