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# Metrics & Scoring Committee

July 15, 2016



Oregon  
Health  
Authority

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# Consent agenda

\*Approve June minutes

# Agenda overview

- Updates
- 2015 Metrics Final Report Presentation
- Public Testimony
- 2017 Benchmark Selection
- Review 2015 Metrics by Race/Ethnicity

# Welcome New Members!

## CCO Representative

Anna Jimenez, Medical Director, FamilyCare

## Measure Expert

Karen Volmar, Clinical Associate Professor of Health Management and Policy, Oregon State University

## At Large

*Pending -- seeking representative with behavioral health expertise.*

# Waiver Renewal

- OHA leadership in discussions with CMS about the application.
- Waiver application to be submitted later in July.

# Hospital Performance Metrics Committee

Hospital Performance Metrics Advisory Committee: Effective July 1, 2016			
Role	Name	Organization	Term
Quality expert	Laura Duffey	Kaiser	July 2016 – June 2018
Quality expert	Mark Tomlinson	Physician (OB) / Oregon Perinatal Collaborative	July 2016 – June 2018
Quality expert	Jeff Luck	Oregon State University	Feb 2014 – June 2017
Hospital rep.	Manny Berman	Tuality Healthcare	Feb 2014 – June 2017
Hospital rep.	Doug Koekkoek	Providence	Feb 2014 – June 2017
Hospital rep.	Aisha Furbach	Legacy	July 2016 – June 2018
Hospital rep.	Sheri Johnson	Good Samaritan	July 2016 – June 2018
CCO rep.	Maggie Bennington-Davis	Health Share of Oregon	July 2015 – June 2017
CCO rep.	Ken House	PacificSource	July 2015 – June 2017

# Public Health Advisory Board: Metrics

- Finalized measure selection criteria.
- Will start looking at applicability of existing measure sets (CCO, hospital, etc..) to public health on July 28<sup>th</sup>.

# CY 2015 Complete!

## Oregon's Health System Transformation: CCO Metrics 2015 Final Report

 June 2016

# Public testimony



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# CCO Metrics 2015 Update

Jon Collins, PhD  
Director of Health Analytics

503.569.0044

[Jon.C.Collins@state.or.us](mailto:Jon.C.Collins@state.or.us)

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon  
Health  
Authority

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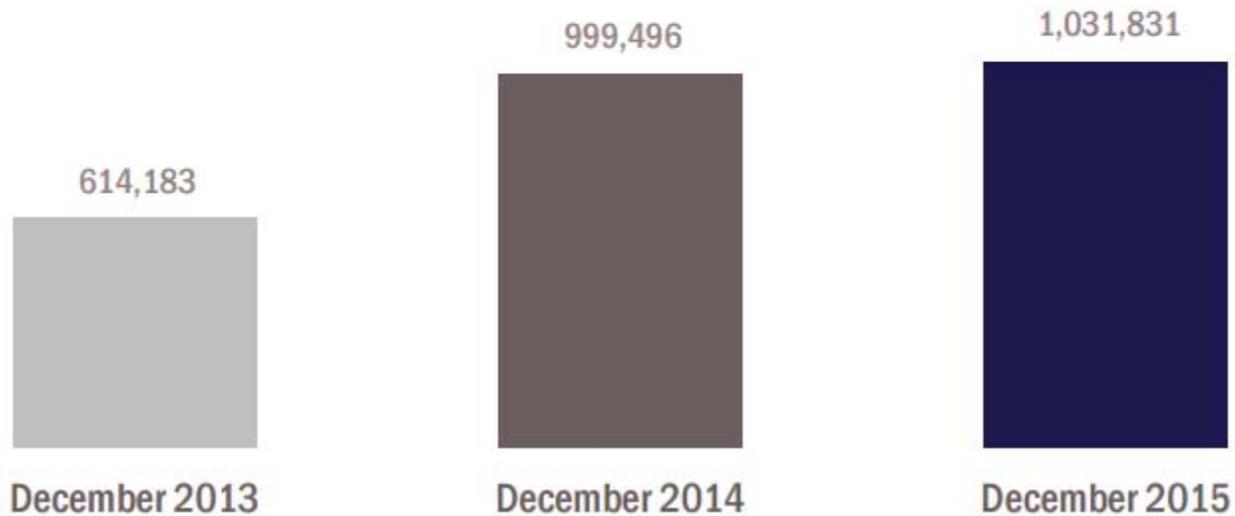
# Oregon's Health System Transformation: CCO Metrics Report

- Published June 23, 2016
- Includes state and CCO level performance on 50 metrics
- Measurement period: Calendar year 2015
- Measures reported for members with disability, with mental health diagnosis, and with severe and persistent mental illness.

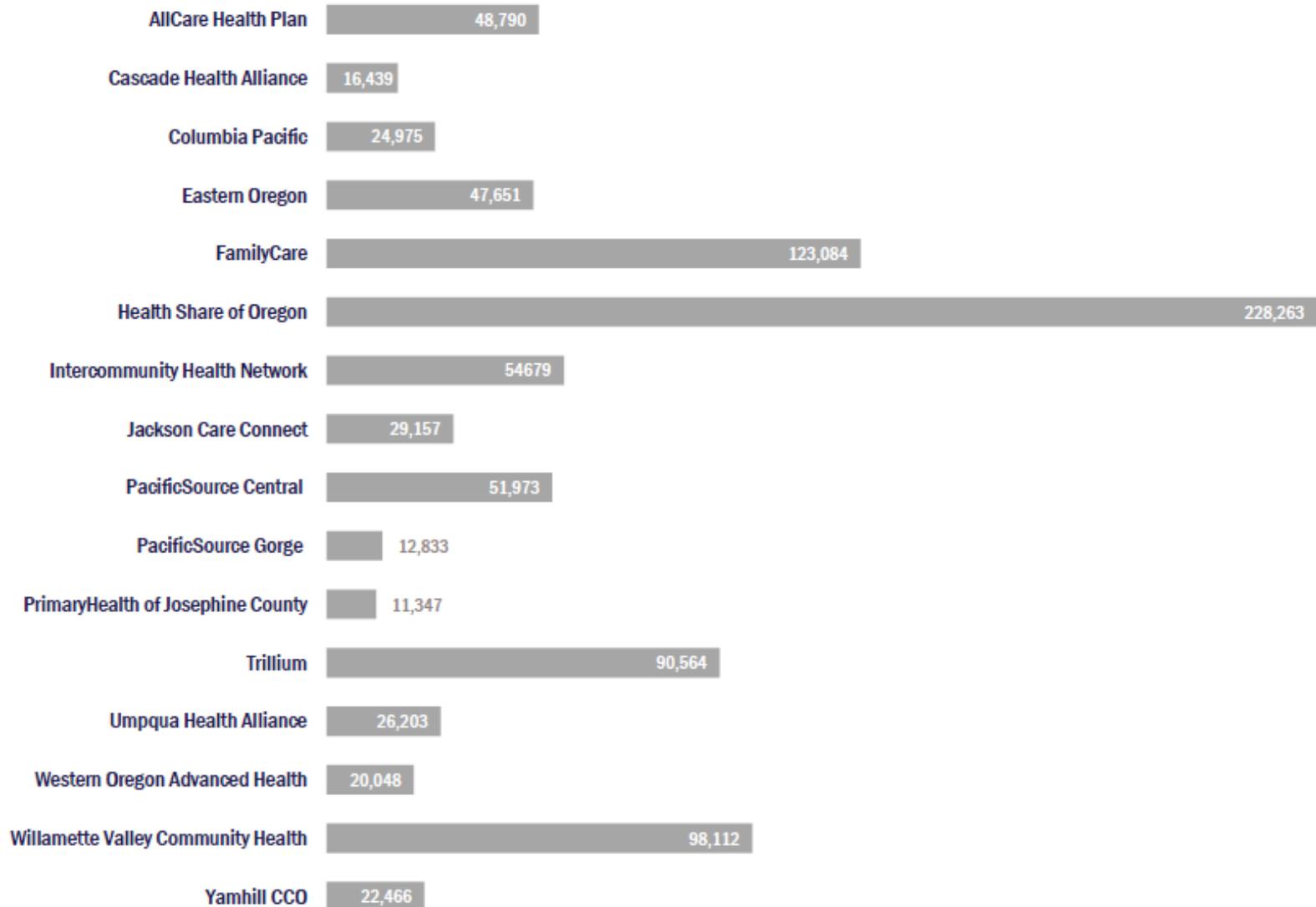
[www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx](http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx)

# Oregon Health Plan Population

Total Medicaid enrollment has increased 68 percent since 2013.

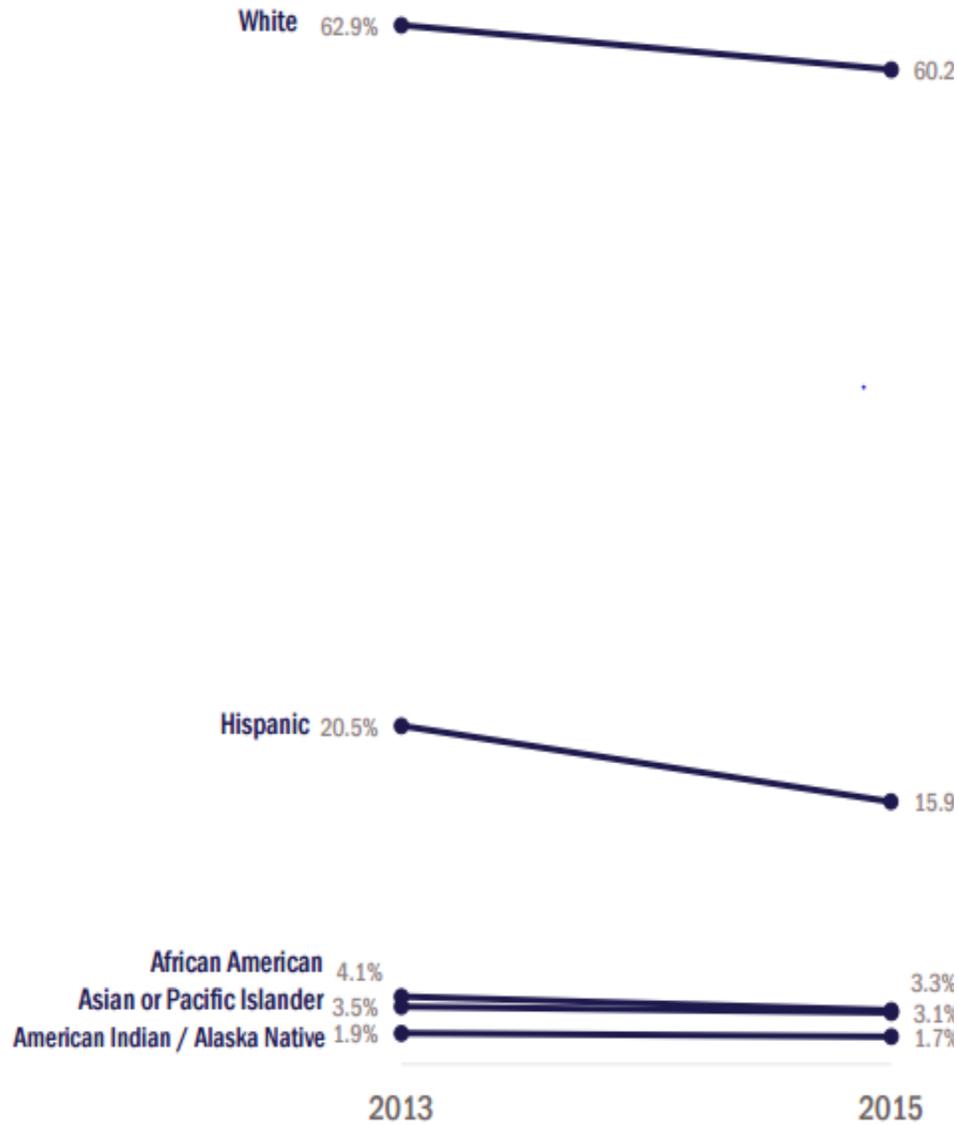


# TOTAL CCO ENROLLMENT (DECEMBER 2015)



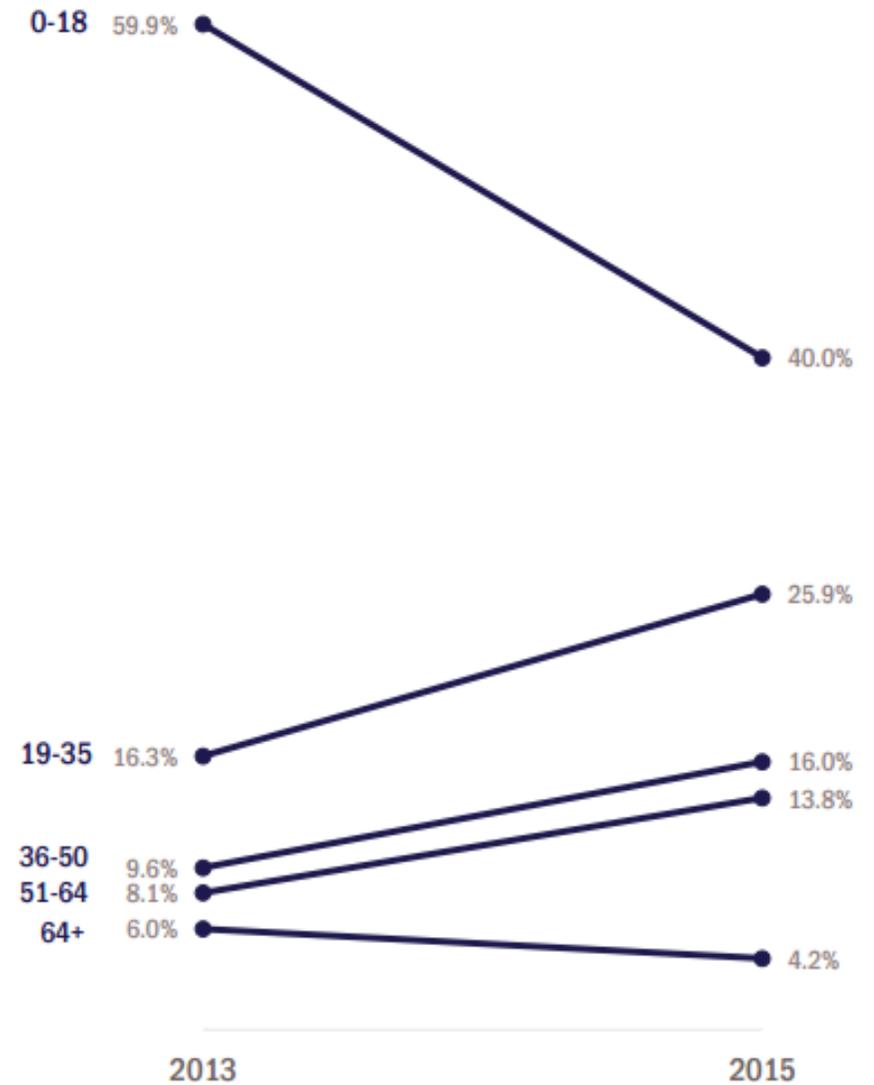
### Racial and ethnic distribution of Oregon's Medicaid population between 2013 and 2015.

Data missing for 8% of respondents in 2013 and 10% of respondents in 2015

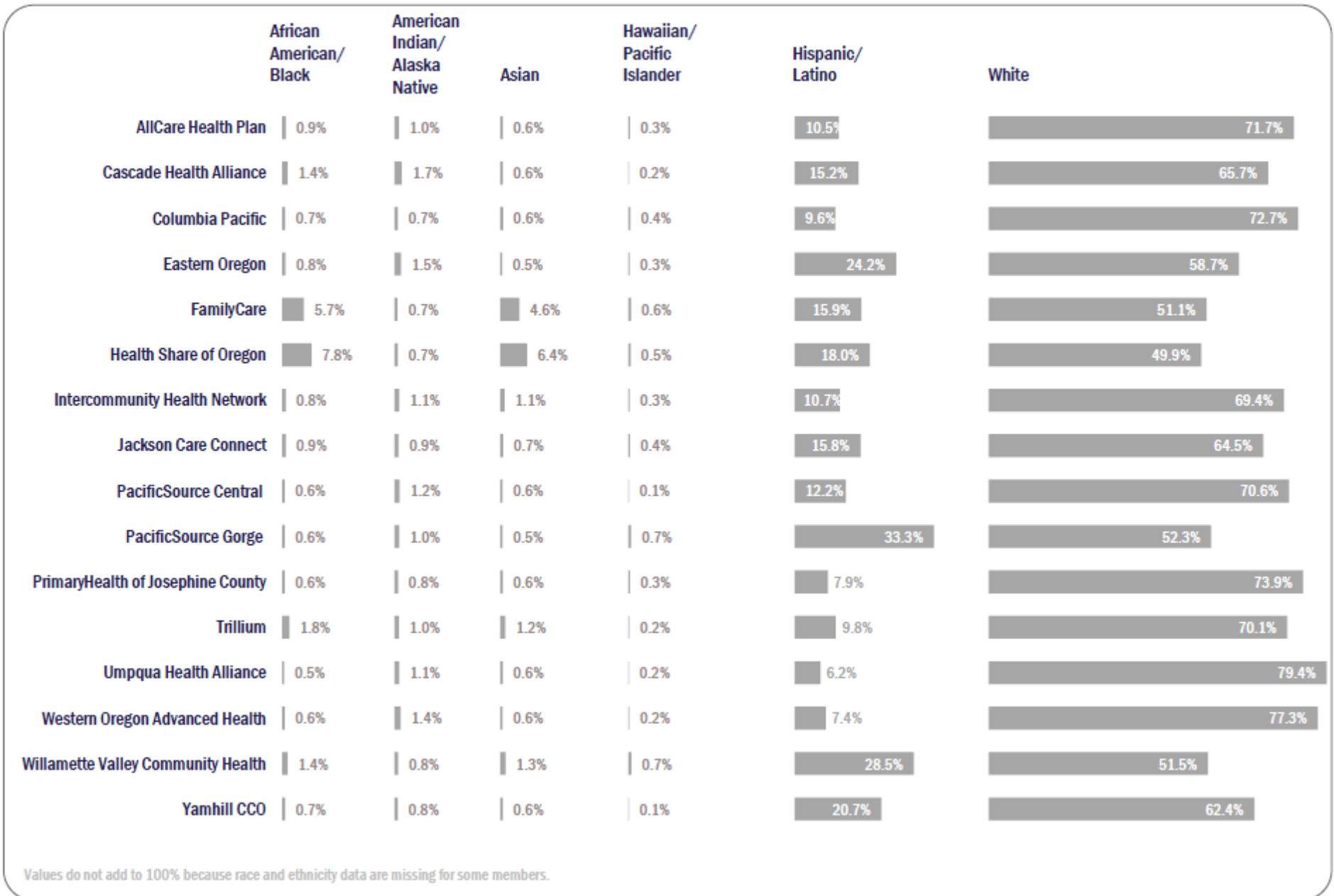


### Age distribution of Oregon's Medicaid population between 2013 and 2015.

Children make up a smaller share of Medicaid members in 2015.



# RACE AND ETHNICITY DISTRIBUTION BY CCO (DECEMBER 2015)



## AGE DISTRIBUTION BY CCO (DECEMBER 2015)

	0-18	19-35	36-50	51-64	65+
AllCare Health Plan	38.3%	25.8%	16.7%	16.5%	2.7%
Cascade Health Alliance	40.8%	26.1%	15.9%	15.1%	2.1%
Columbia Pacific	39.7%	25.0%	16.9%	17.0%	1.5%
Eastern Oregon	47.5%	23.4%	14.3%	13.0%	1.8%
FamilyCare	39.0%	30.4%	17.2%	12.0%	1.4%
Health Share of Oregon	40.3%	25.1%	16.4%	13.6%	4.5%
Intercommunity Health Network	39.4%	26.8%	16.1%	15.2%	2.5%
Jackson Care Connect	42.7%	24.9%	15.9%	14.3%	2.2%
PacificSource Central	41.6%	25.3%	16.7%	14.3%	2.1%
PacificSource Gorge	48.1%	22.6%	14.2%	13.4%	1.6%
PrimaryHealth of Josephine County	33.5%	26.0%	18.2%	19.7%	2.7%
Trillium	36.9%	28.2%	17.4%	15.4%	2.2%
Umpqua Health Alliance	36.8%	26.4%	17.5%	16.6%	2.7%
Western Oregon Advanced Health	35.0%	24.3%	17.4%	19.9%	3.5%
Willamette Valley Community Health	48.8%	23.6%	13.8%	11.3%	2.5%
Yamhill CCO	46.6%	24.7%	14.7%	12.4%	1.5%

# Oregon Health Authority Quality & Accountability



## Core Performance Measures

- From Oregon's 1115 waiver - some focus on population health.
- No financial incentives or penalties associated with them.

## State Performance Measures



- Annual assessment of statewide performance on 33 measures.
- Financial penalties to the state if quality goals are not achieved.

## CCO Incentive Measures



- Annual assessment of CCO performance on 17 measures.
- Quality pool paid to CCOs for performance.
- Compare performance to prior year.

# 2015 Quality Pool Distribution

To earn their **full quality pool payment**, CCOs had to:

- ✓ Meet the benchmark or improvement target on at least 12 of the 17 measures (including EHR adoption); and
- ✓ Have at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

**Money left over** from quality pool went to the **challenge pool**.

To earn challenge pool payments, CCOs had to:

- ✓ Meet the benchmark or improvement target on the four challenge pool measures: depression screening, diabetes HbA1c control, SBIRT, and PCPCH enrollment.

# Meeting goals and what they mean

The Metrics and Scoring Committee establishes a benchmark and/or improvement target for each incentive measure. The Committee reviews measures and targets each year.

**Benchmarks:** These are national-level benchmarks, set for exceptionally high achieving Medicaid programs. We expect these to be reached in the long term, rather than short term (5 to 10 years.) They may shift slightly year to year as national performance shifts or be increased as needed.

**Improvement targets:** In addition to the benchmark, an improvement target is calculated for each incentive measure. The improvement target is unique for each CCO and focuses on reducing the gap between the CCO's prior year performance and the benchmark by 10%.



**How did CCOs do?**

# 2015 QUALITY POOL DISTRIBUTION

CCO	Phase 1 distribution			Challenge pool		Total	
	Number of measures met (of 17 possible)	Payment earned in Phase 1*	Percent of quality pool funds earned	Number of challenge pool measures met (of 4 possible)	Challenge pool earned	Total payment (Phase 1 + Challenge pool)	Total quality pool earned
AllCare Health Plan	15.8	\$ 8,791,057	100%	4	\$ 68,621	\$ 8,859,678	100.8%
Cascade Health Alliance	9.8	\$ 1,881,680	60%	2	\$ 11,853	\$ 1,893,533	60.4%
Columbia Pacific	12.8	\$ 5,641,275	100%	3	\$ 27,450	\$ 5,668,725	100.5%
Eastern Oregon	12.7	\$ 10,160,105	100%	4	\$ 66,393	\$ 10,226,498	100.7%
FamilyCare	13.9	\$ 19,054,681	100%	4	\$ 170,320	\$ 19,225,001	100.9%
Health Share of Oregon	13.9	\$ 42,388,765	100%	4	\$ 326,518	\$ 42,715,283	100.8%
Intercommunity Health Network	12.9	\$ 10,938,166	100%	4	\$ 77,006	\$ 11,015,172	100.7%
Jackson Care Connect	14.8	\$ 5,223,448	100%	4	\$ 40,947	\$ 5,264,395	100.8%
PacificSource – Central Oregon	14.9	\$ 10,118,519	100%	4	\$ 73,973	\$ 10,192,492	100.7%
PacificSource – Gorge	16.9	\$ 2,473,127	100%	4	\$ 18,021	\$ 2,491,148	100.7%
PrimaryHealth of Josephine County	15.0	\$ 2,072,690	100%	4	\$ 15,764	\$ 2,088,454	100.8%
Trillium	12.8	\$ 17,470,578	100%	4	\$ 124,374	\$ 17,594,952	100.7%
Umpqua Health Alliance	13.9	\$ 4,834,093	100%	4	\$ 36,685	\$ 4,870,778	100.8%
Western Oregon Advanced Health	14.9	\$ 4,340,382	100%	4	\$ 28,081	\$ 4,368,463	100.6%
Willamette Valley Community Health	12.9	\$ 17,304,864	100%	4	\$ 137,128	\$ 17,441,992	100.8%
Yamhill CCO	13.7	\$ 4,038,860	100%	4	\$ 31,314	\$ 4,070,174	100.8%
<b>Total</b>		\$ 166,732,290			\$ 1,254,448	\$ 167,986,738	

# 2015 PERFORMANCE OVERVIEW

## CCO Incentive Measures

	AllCare	Cascade	Columbia Pacific	Eastern Oregon	FamilyCare	Health Share	IHN	Jackson	PacSource Central	PacSource Gorge	PrimaryHealth	Trillium	Umpqua	WOAH	WVCH	Yamhill
■ CCO achieved BENCHMARK in 2015																
■ CCO achieved IMPROVEMENT TARGET in 2015																
* Highest performing CCO in each measure																
Access to care (CAHPS)								*								
Adolescent well care visits																*
Alcohol and drug misuse screening (SBIRT) 12+															*	
Ambulatory care - Emergency department utilization											*					
Colorectal cancer screening													*			
Controlling high blood pressure								*								
Dental sealants for children											*					
Depression screening and follow up																*
Developmental screening											*					
Diabetes HbA1c poor control		*														
Effective contraceptive use (ages 18-50)													*			
Electronic health record (EHR) adoption											*					
Follow up after hospitalization for mental illness										*						
Assessments for children in DHS custody										*						
Patient-Centered Primary Care Home (PCPCH) enrollment†											*					
Prenatal and postpartum care: Prenatal care										*						
Satisfaction with care (CAHPS)		*														

†CCOs earn payment for this measure if at least 60 percent of members are enrolled in a patient-centered primary care home.



## ADOLESCENT WELL-CARE VISITS

**2015 data** (n=114,953)

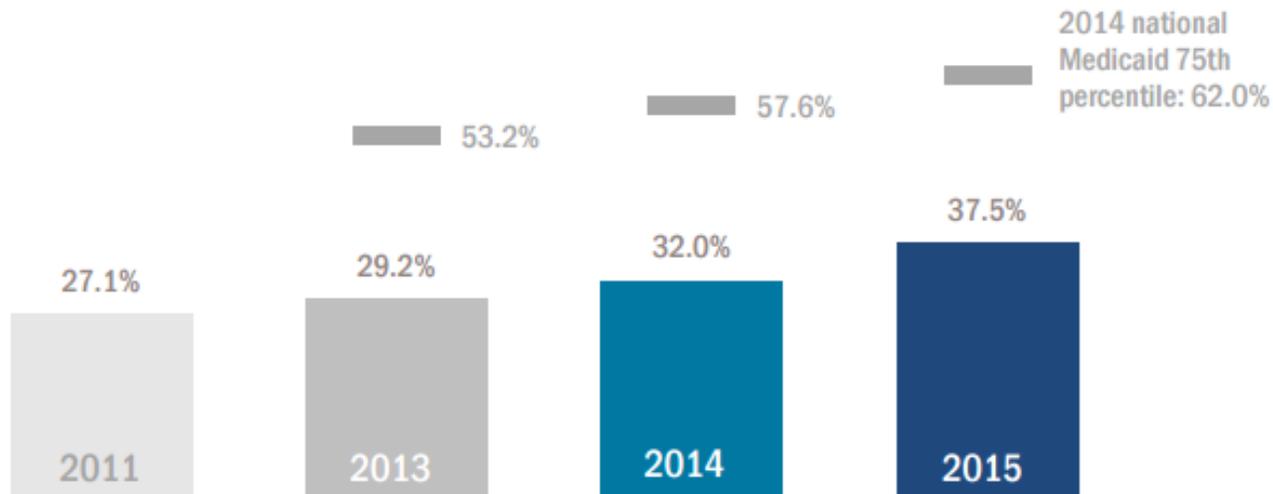
Statewide change since 2014: **+17%**

Number of CCOs that improved: **15**

Number of CCOs achieving benchmark or improvement target: **12**

**Statewide, adolescent well-care visits continue to increase but remain well below the benchmark.**

Data source: Administrative (billing) claims)



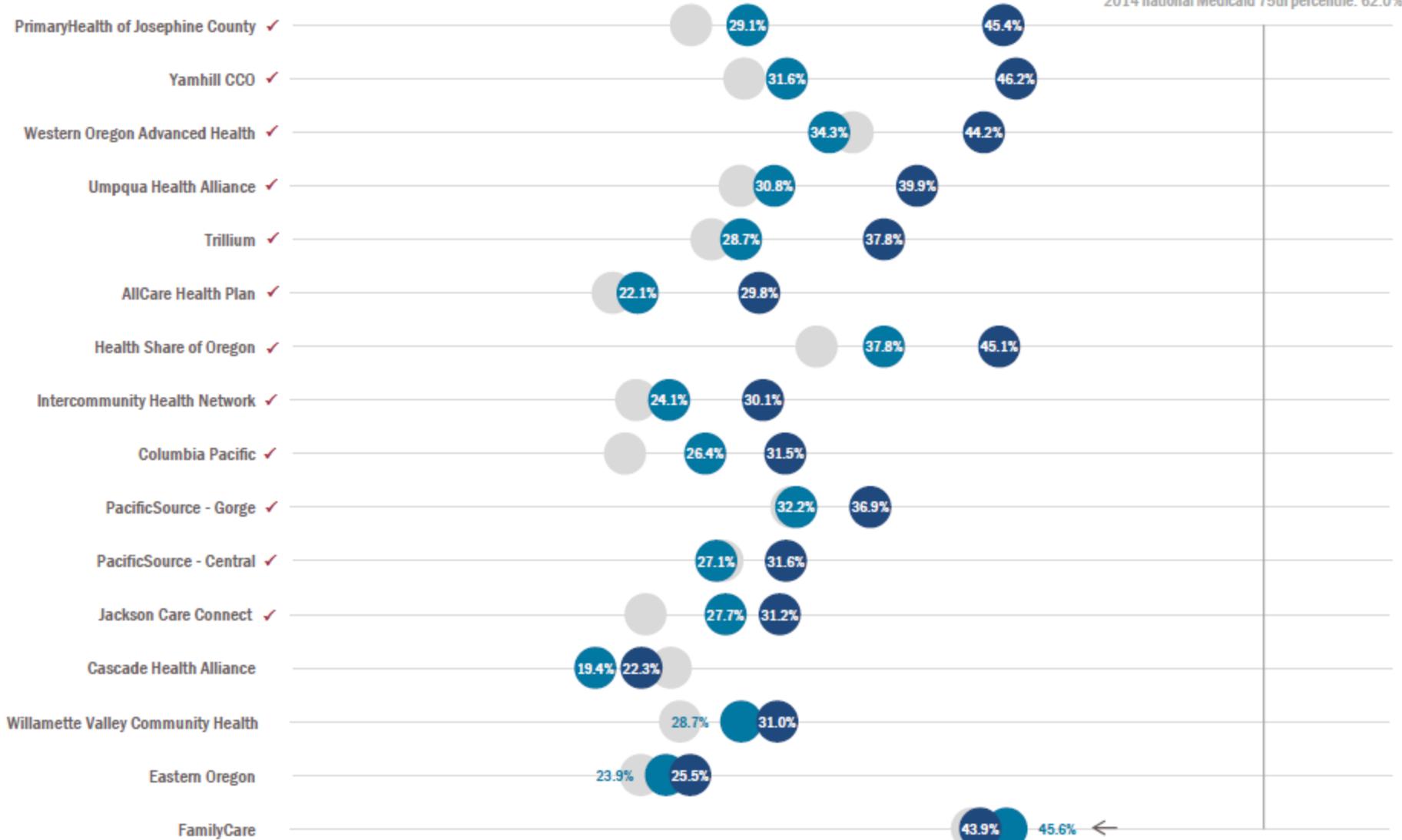


# ADOLESCENT WELL CARE VISITS

Twelve CCOs achieved their improvement target for adolescent well-care visits between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target / Grey dots represent 2013

2014 national Medicaid 75th percentile: 62.0%



## **\$** ALCOHOL OR OTHER SUBSTANCE MISUSE SCREENING (SBIRT) (all ages)

**2015 data** (n=511,413)

Statewide change since 2014: **+98%**

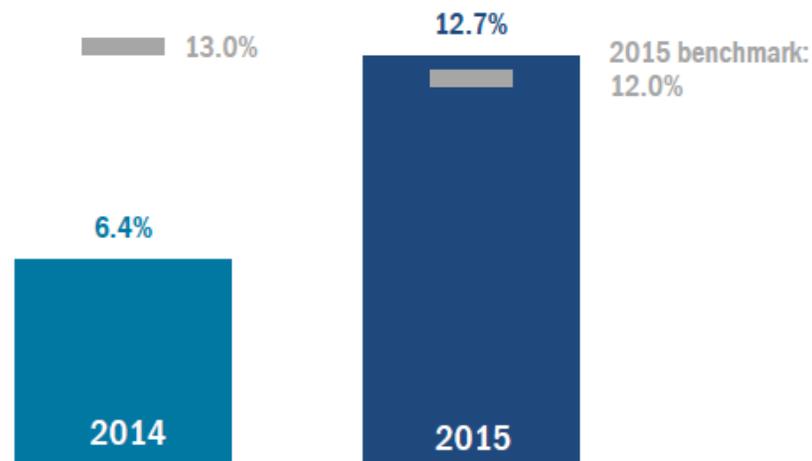
Number of CCOs that improved: **15**

Number of CCOs achieving benchmark or improvement target: **14**

**Statewide, SBIRT for all ages surpassed the benchmark in 2015.**

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus



# ALCOHOL OR OTHER SUBSTANCE MISUSE SCREENING (SBIRT) (all ages)

Fourteen CCOs achieved benchmark or improvement target between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target / Grey dots represent 2013  
 2014 CCO results have been slightly revised and may differ from previously published reports





# AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

**2015 data** (n=10,895,454 member months)

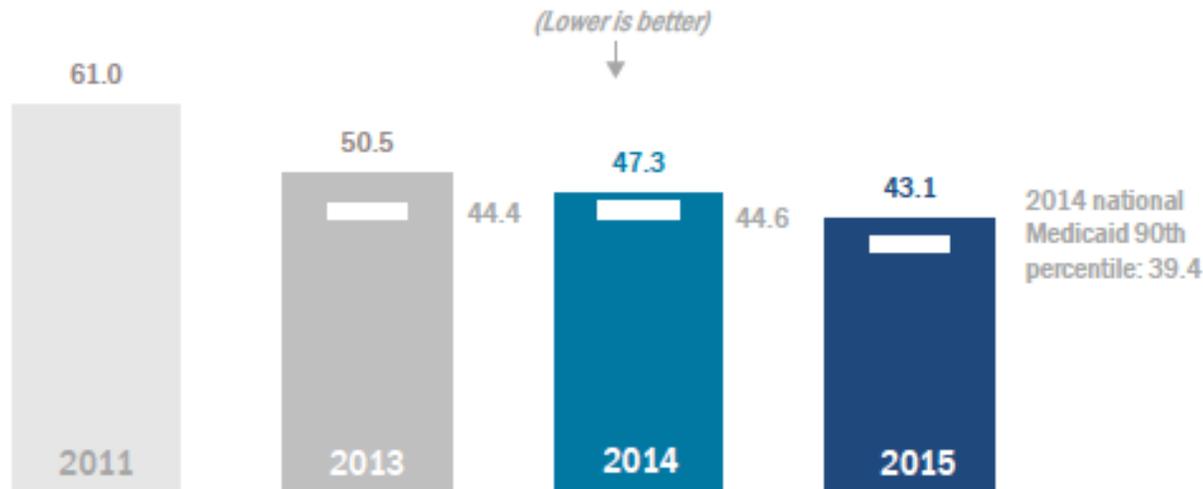
Statewide change since 2014: **-2%** (lower is better)

Number of CCOs that improved: **14**

Number of CCOs achieving benchmark or improvement target: **12**

**Statewide, the rate of emergency department use continues to improve.**

Data source: Administrative (billing) claims  
Rates are reported per 1,000 member months

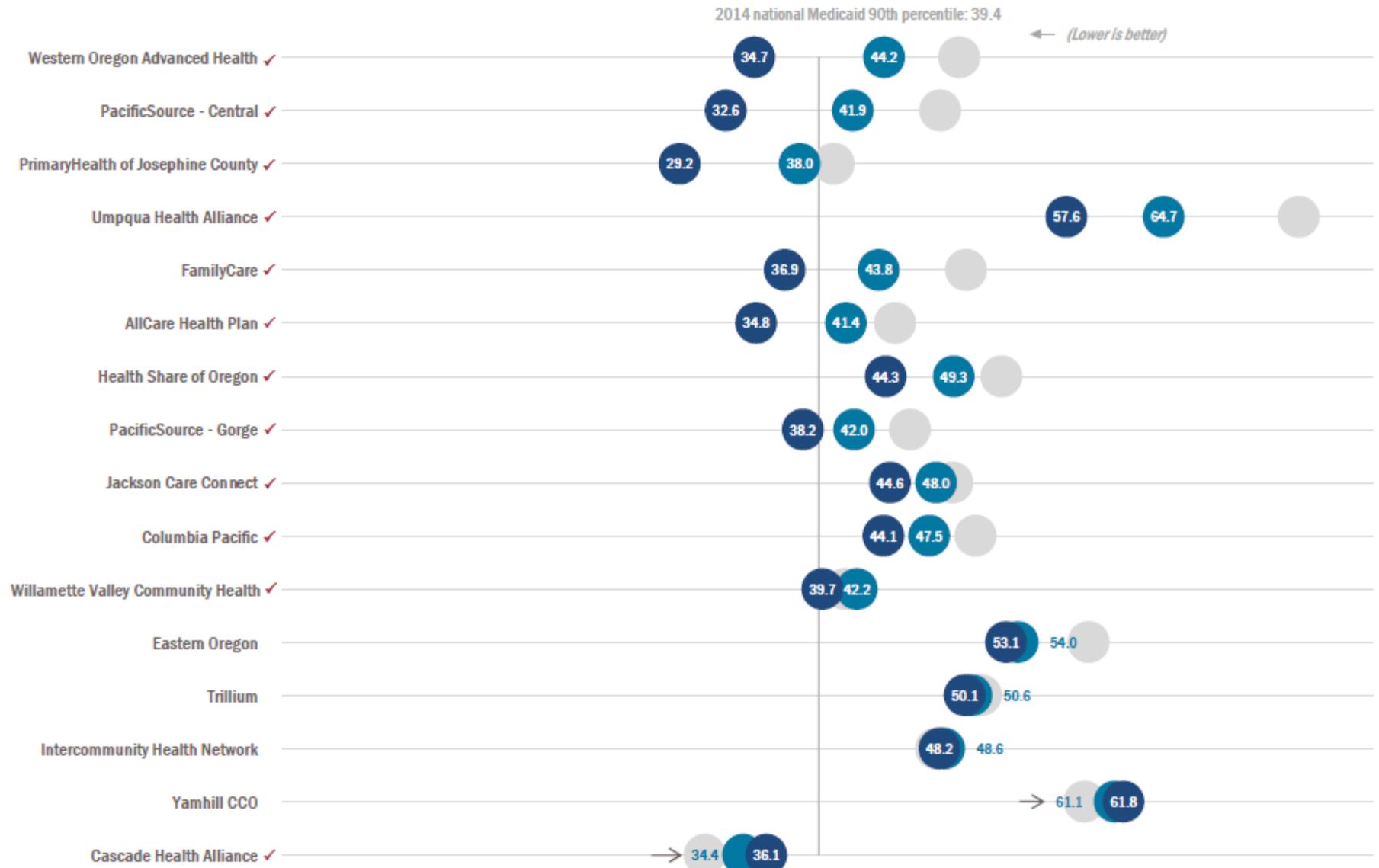




# AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

**Twelve CCOs achieved benchmark or improvement target for emergency department utilization between 2014 & 2015.**

✓ indicates CCO met benchmark or improvement target / Grey dots represent 2013 / Rates are reported per 1,000 member months



## \$ DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (all ages)

**2015 data** (n=132,569)

Statewide change since 2014: **+65%**

Number of CCOs that improved: **all 16**

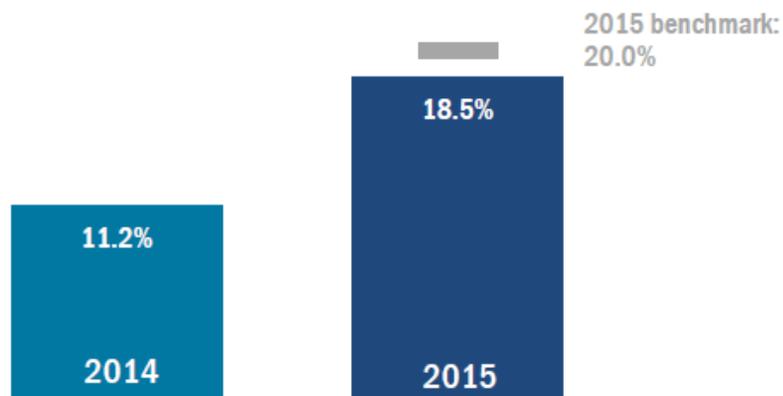
Number of CCOs achieving benchmark or improvement target: **all 16**

**Statewide, dental sealants for children ages 6-14 have increased.**

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

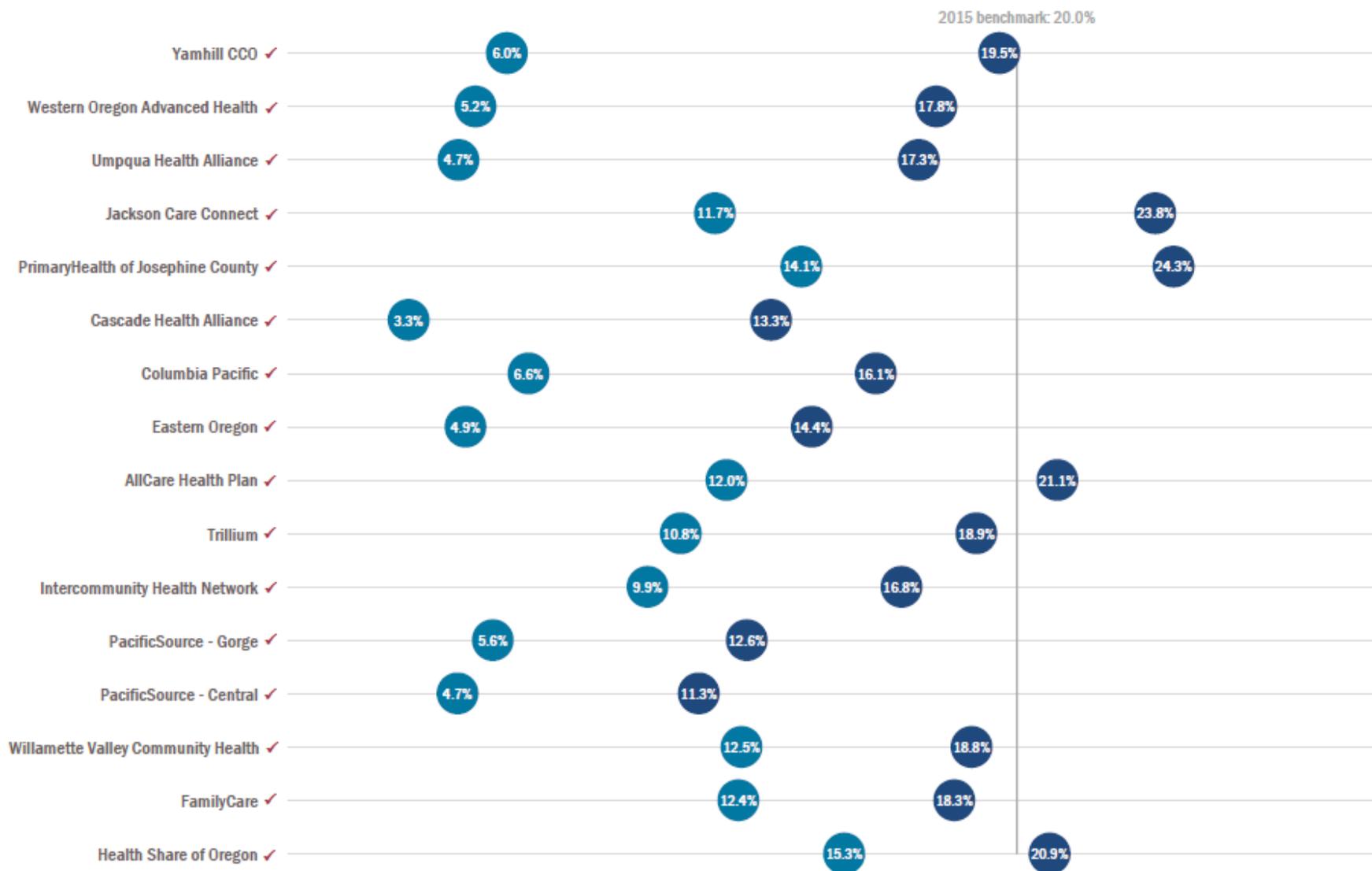
New measure



# \$ DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (all ages)

All 16 CCOs achieved benchmark or improvement target for dental sealants between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target





# DEVELOPMENTAL SCREENING IN THE FIRST 36 MONTHS OF LIFE

**2015 data** (n=51,093)

Statewide change since 2014: **+28%**

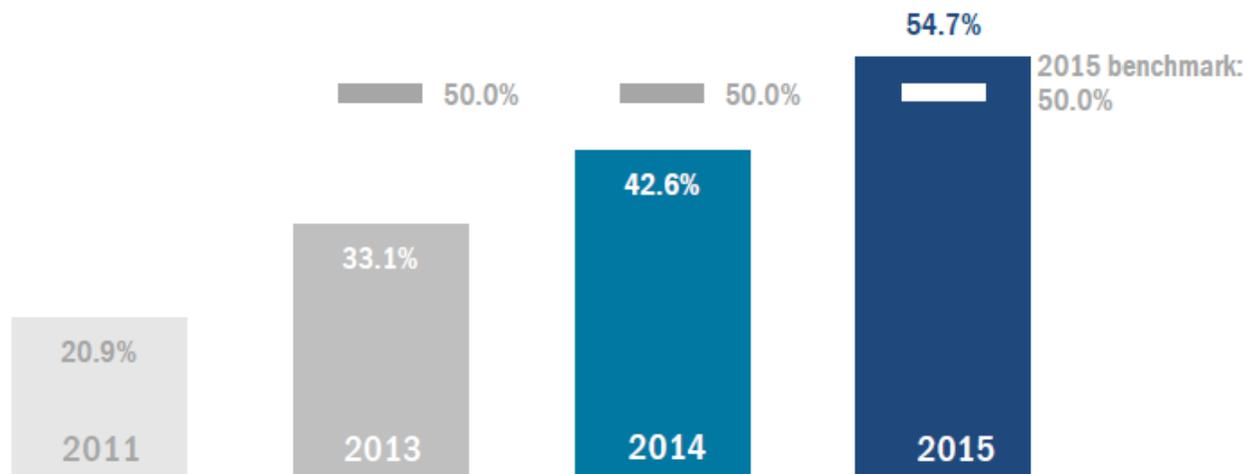
Number of CCOs that improved: **15**

Number of CCOs achieving benchmark or improvement target: **all 16**

**Statewide, developmental screening continues to improve and surpassed the benchmark for the first time in 2015.**

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

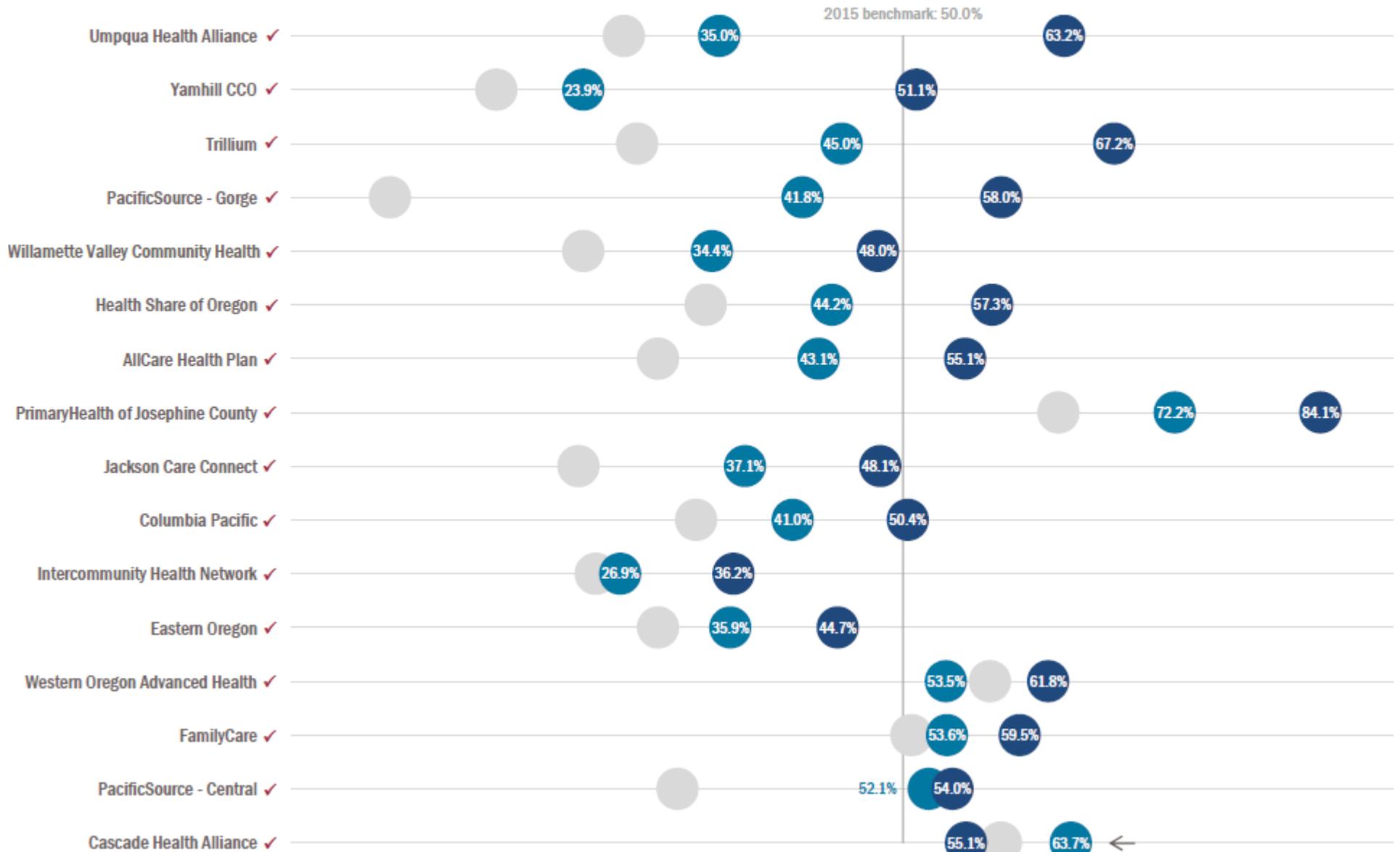




# DEVELOPMENTAL SCREENING IN THE FIRST 36 MONTHS OF LIFE

All 16 CCOs achieved benchmark or improvement target for developmental screening between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target / Grey dots represent 2013





## EFFECTIVE CONTRACEPTIVE USE AMONG WOMEN AT RISK OF UNINTENDED PREGNANCY (ages 18-50)

**2015 data** (n=127,643)

Statewide change since 2014: **+9%**

Number of CCOs that improved: **14**

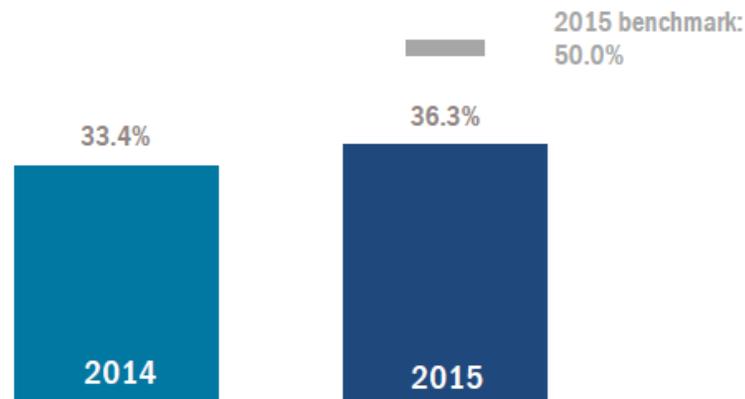
Number of CCOs achieving benchmark or improvement target: **9**



Statewide, effective contraceptive use among adults increased slightly.

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

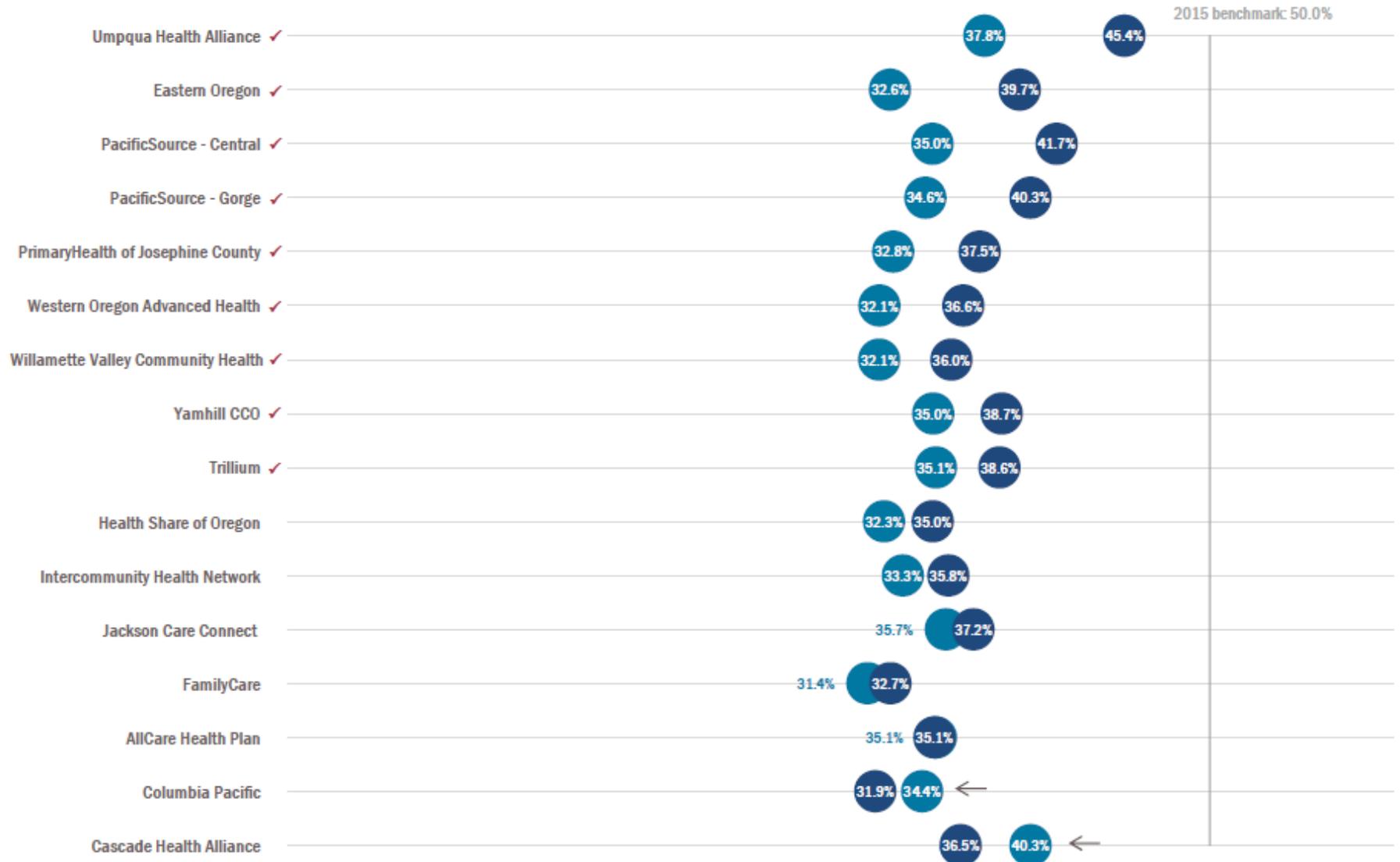




# EFFECTIVE CONTRACEPTIVE USE AMONG WOMEN AT RISK OF UNINTENDED PREGNANCY (ages 18-50)

Nine CCOs achieved their improvement target for effective contraceptive use between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target





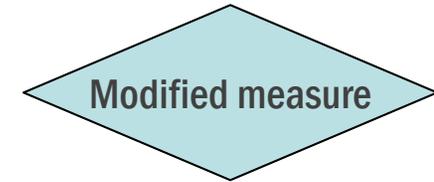
## MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY

**2015 data** (n=1,830)

Statewide change since 2014: **+109%**

Number of CCOs that improved: **all 16**

Number of CCOs achieving benchmark or improvement target: **15**

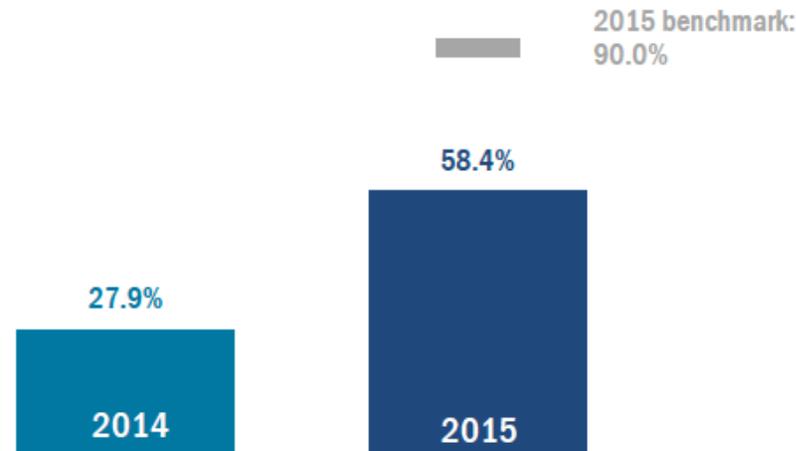


Statewide, health assessments for children in DHS custody more than doubled between **2014** and **2015**, but remain well below the benchmark.

Data source: Administrative (billing) claims + ORKids

Benchmark source: Metrics and Scoring Committee consensus

2014 results have been recalculated according to updated measure specifications and differ from previously published reports





# MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY

**Fifteen CCOs achieved improvement target on health assessments for children in DHS custody between 2014 & 2015.**

✓ indicates CCO met benchmark or improvement target / 2014 results have been recalculated according to updated measure specifications and differ from previously published reports

~ Note small denominator (n<30)





## PATIENT-CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT

**2015 data** (n=906,584)

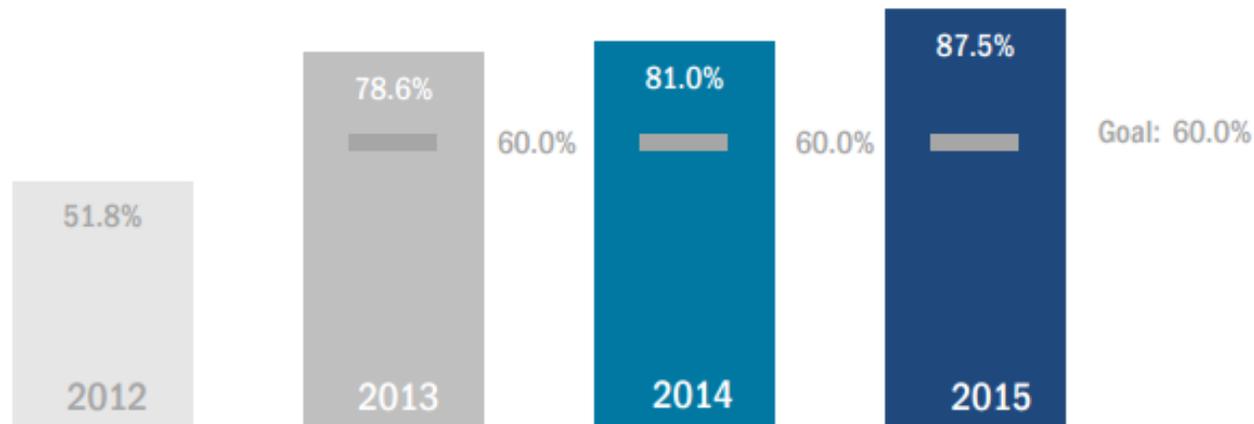
Statewide change since 2014: **+8%**

Number of CCOs that improved: **12**

Number of CCOs achieving benchmark: **all 16**

**Statewide, patient-centered primary care home continues to increase.**

Data source: CCO quarterly reporting

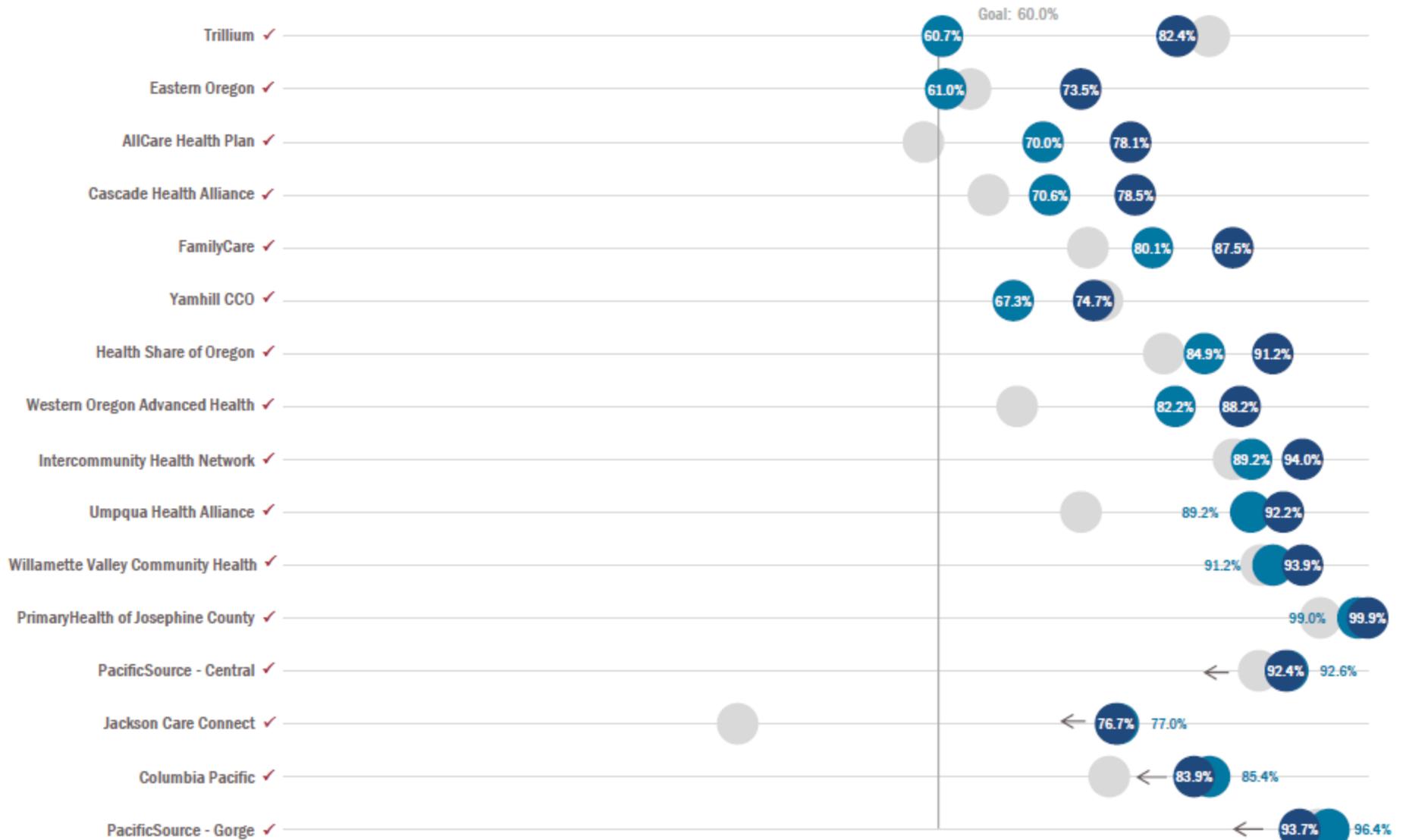




# PATIENT-CENTERED PRIMARY CARE HOME ENROLLMENT

Overall, CCOs continued to increase patient-centered primary care home enrollment between 2014 & 2015.

✓ indicates CCO met requirement for quality pool payment (at least 60% enrollment) / Grey dots represent 2013





# SATISFACTION WITH CARE (CAHPS SURVEY)

## 2015 data

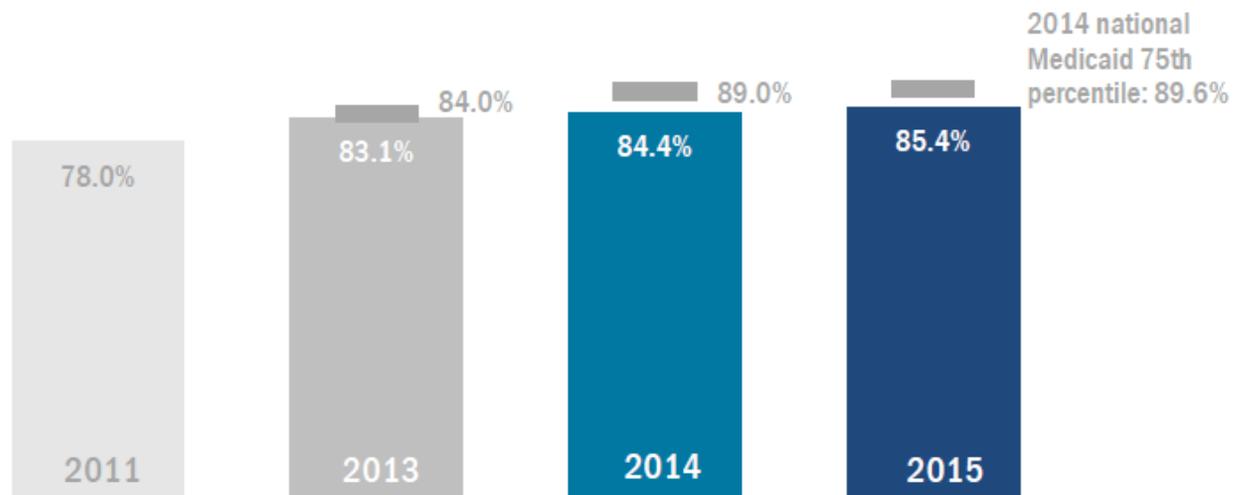
Statewide change since 2014: **+1%**

Number of CCOs that improved: **11**

Number of CCOs achieving benchmark or improvement target: **8**

**Statwide, satisfaction with care increased slightly in 2015.**

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)





# SATISFACTION WITH CARE (CAHPS SURVEY)

Eight CCOs achieved their improvement target for satisfaction with care CCO between 2014 & 2015.

✓ indicates CCO met benchmark or improvement target / Grey dots represent 2013

2014 national Medicaid 75th percentile: 89.





# ALL-CAUSE READMISSIONS

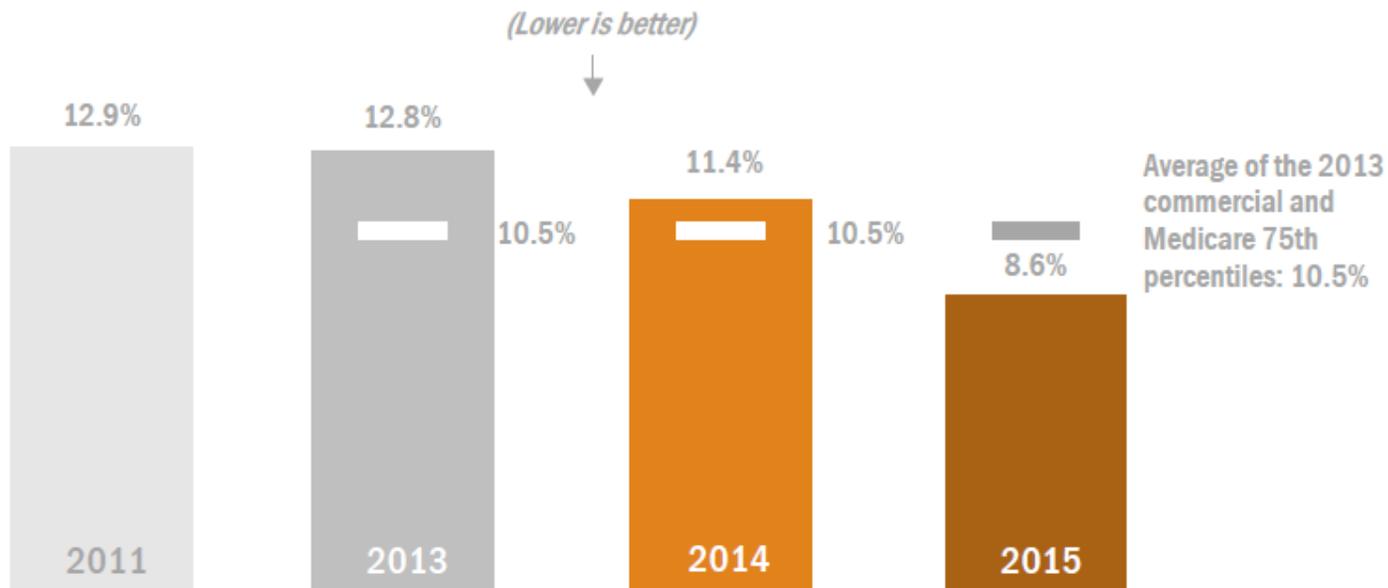
**2015 data** (n=29,075)

Statewide change since 2014: **-24%** (lower is better)

Number of CCOs that improved: **13**

## All-cause readmissions, statewide.

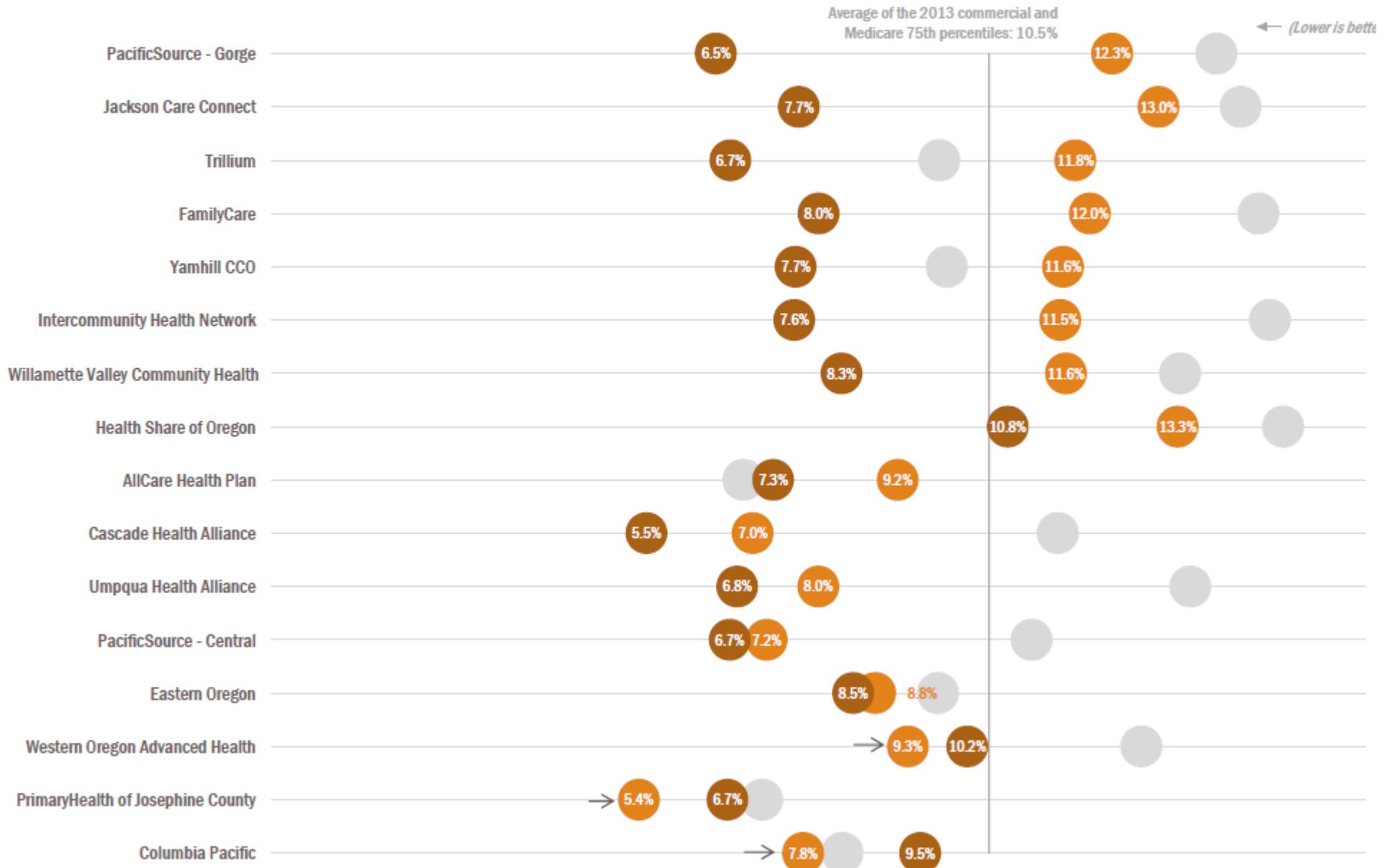
Data source: Administrative (billing) claims



# ALL-CAUSE READMISSIONS

## All-cause readmissions in 2014 & 2015, by CCO.

Grey dots represent 2013







## INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (INITIATION PHASE)

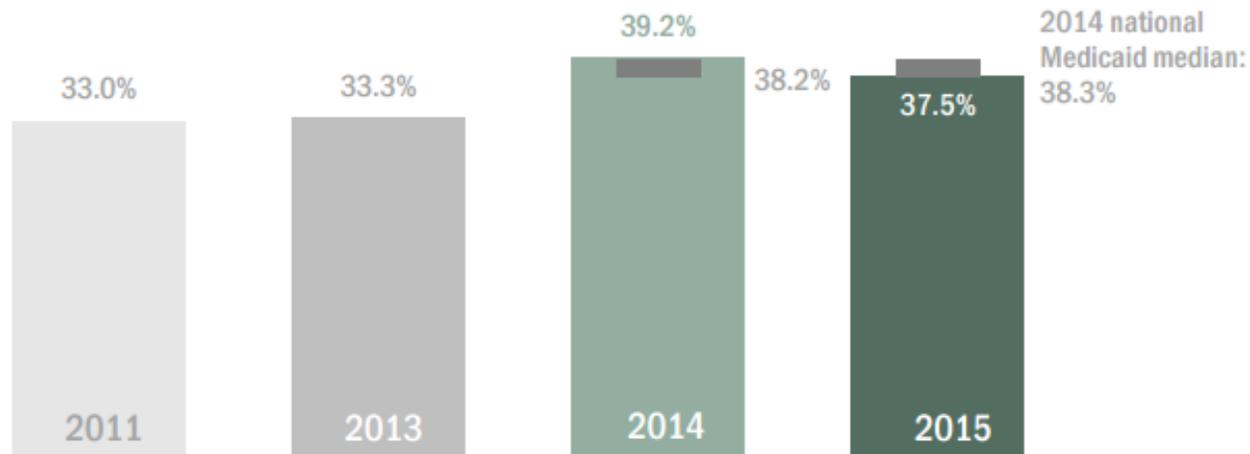
**2015 data** (n=19,047)

Statewide change since 2014: **-4%**

Number of CCOs that improved: **6**

**Initiation of treatment for members diagnosed with alcohol or other drug dependence, statewide.**

Data source: Administrative (billing) claims



## INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (ENGAGEMENT PHASE)

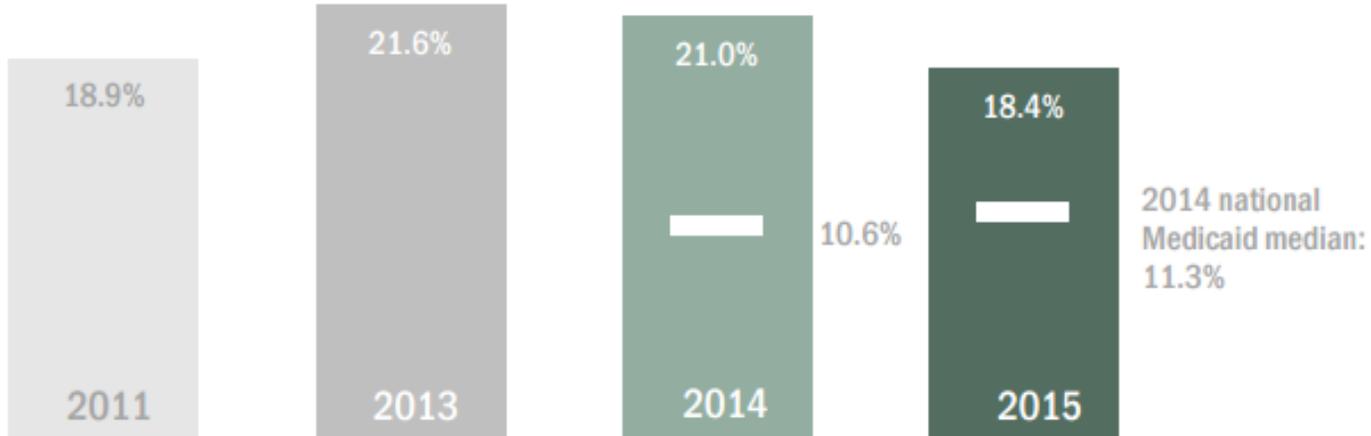
**2015 data** (n=19,047)

Statewide change since 2014: **-12%**

Number of CCOs that improved: **3**

### Engagement of alcohol or other drug treatment, statewide.

Data source: Administrative (billing) claims





## MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (ADVISED TO QUIT)

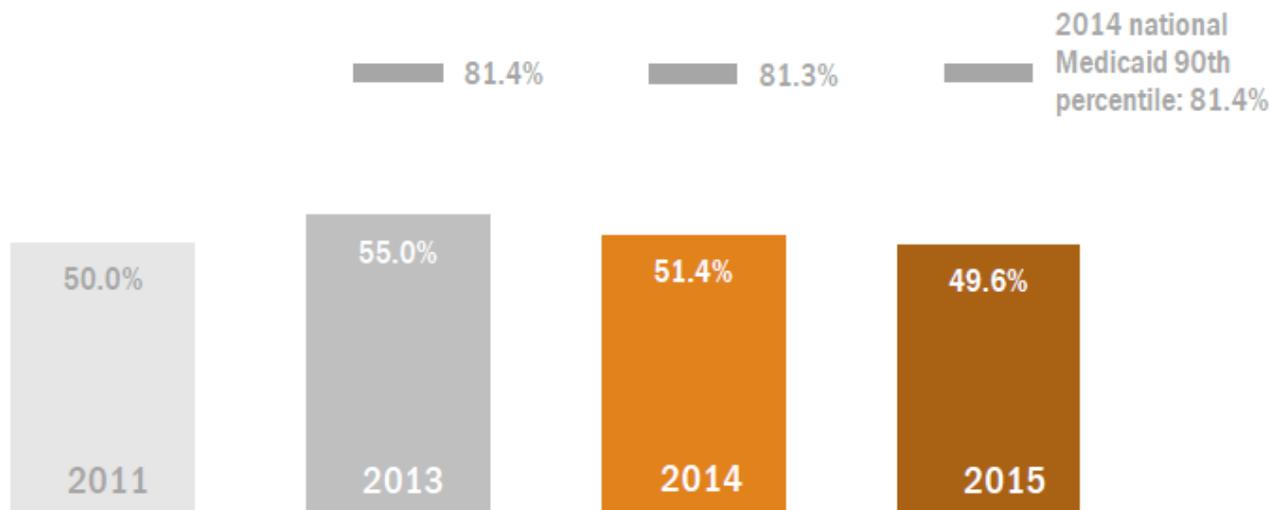
### 2015 data

Statewide change since 2014: **-4%**

Number of CCOs that improved: **6**

Percentage of tobacco users who were advised by their doctor to quit, statewide.

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)



 MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (ADVISED MEDICATION TO QUIT)

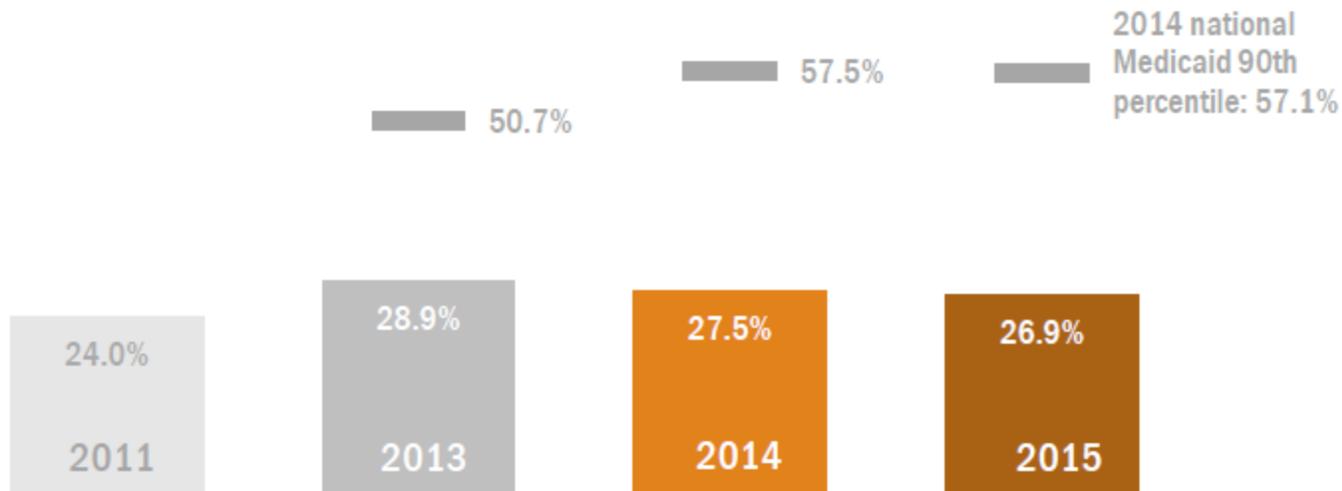
**2015 data**

Statewide change since 2014: **-2%**

Number of CCOs that improved: **9**

**Percentage of tobacco users who said their doctor recommended medication to quit smoking, statewide.**

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)



 MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (ADVISED STRATEGIES TO QUIT)

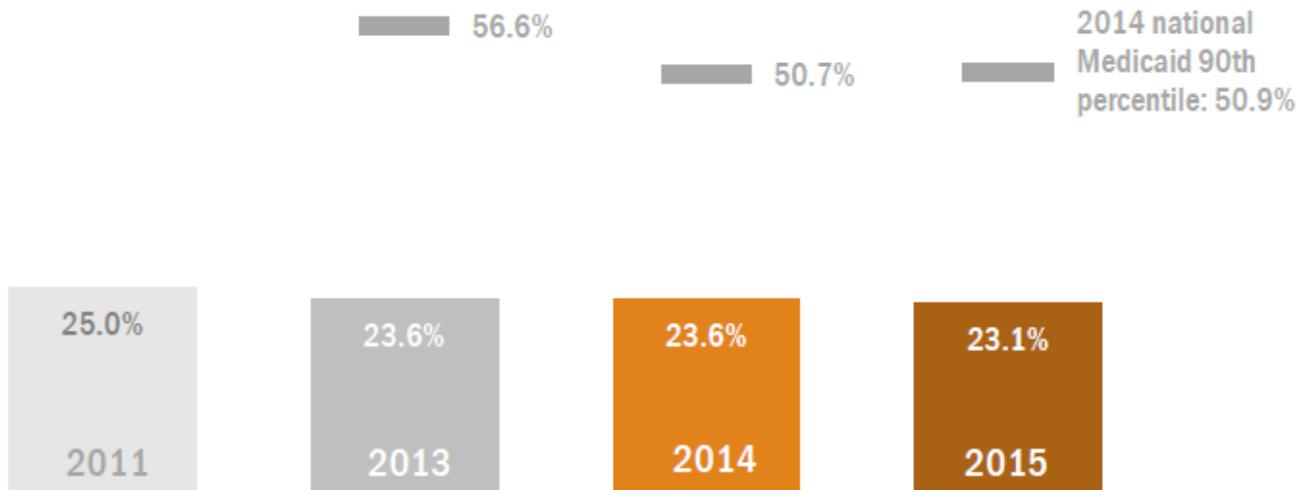
## 2015 data

Statewide change since 2014: **-2%**

Number of CCOs that improved: **7**

Percentage of members who said their doctor advised alternate methods to quit smoking, statewide.

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)



# Discussion

- Is this what you expected to see in the third year of the program?
- Are there any areas of concern?
- Implications for 2018 measure selection?





We'll be  
back  
soon...

# 2017 Benchmark Selection

# Proposed Guiding Principles

- Adopt NCQA service year 2015 benchmarks reported in 2016 (“2016 national Medicaid”) for all measures where applicable.
- Keep “Minnesota Method” for improvement targets.
- Where actual values for NCQA benchmarks are not yet available, adopt conceptual benchmark (e.g., 2016 national Medicaid 75<sup>th</sup> percentile). Committee can confirm benchmark selection at later meeting once NCQA benchmarks are available.

# 2017 Benchmark Selection

*See handout for 2015 and 2016 benchmarks, and staff recommendations*



# Next Meeting: August 19<sup>th</sup> at 9 am - noon

## Agenda

- Welcome new members / Recognize departing members
- Finalize 2017 benchmarks (if needed)
- Review 2018 measure selection workplan
- Continue equity measure discussion