

Oregon Metrics & Scoring Committee

Minutes

July 17, 2015

9:00 am – 1:00 pm

ITEM

Welcome and consent agenda

Committee members present: Maggie Bennington-Davis, Gloria Coronado, RJ Gillespie, Ken House (phone), Jeff Luck, Juanita Santana.

Not present: Eli Schwarz

Guests: Thomas Potter (incoming member, effective August 2015), David Labby.

OHA: Sarah Bartelmann, Lori Coyner, Milena Malone, Jennifer Uhlman.

New members

Maggie Bennington-Davis introduced the three new Committee members who have been appointed for two-year terms beginning in August:

- Will Brake (CCO representative) is the Business Services Manager at AllCare CCO; in this position he oversees the CCOs' Transformation Grant and works with CCO staff and providers to improve on the incentive measures and to develop and implement an alternate payment methodology.
- Daniel Porter (measure expert) is a senior analyst for care transformation at Legacy Health; in this role he is responsible for an analytics program to support population health management activities and consolidating and monitoring metrics across payers and programs, including the CCO incentive metrics.
- Thomas Potter (member at large) is the Director of Healthcare Reform and EMR/IT Support at Eugene Pediatrics; he leads clinic teams on performance improvement efforts and pilot projects, such as the First Tooth Program (offering oral health services in a medical setting).

Recognition

Lori Coyner presented a certificate of appreciation to Gloria Coronado for her work with the Committee since its establishment in 2012. Lori, Maggie, and Committee members spoke to Gloria's content knowledge and commitment to disparate populations and colorectal cancer screenings. Gloria spoke to the importance of the Committee's work and the great deal she has learned while serving.

Consent agenda

The Committee did not approve the June 26th draft minutes and requested to add official adoption of the measure retirement criteria. The Committee will review the revised minutes at the next meeting.

Elections

The Committee elected **Ken House to serve as Vice-Chair**. Per the by-laws, Ken will serve for 12 months as Vice-Chair, followed by 12 months as Chair.

Updates

Sarah Bartelmann provided an overview of CCO priorities across Community Health Improvement Plans (CHIPs), as requested by the Committee in June. This summary provides an overview of the CCOs' original CHIPs; the next round of community health assessments is currently underway and **the Committee would like to stay apprised of developments**. The Committee then discussed the importance of understanding its role in the larger context of health system transformation in order to be most effective, particularly as its role will change soon in light of Senate Bill 440 and a new

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Medicaid waiver.

Sarah also explained that the Quality Health and Outcomes Committee (QHOC) has requested the Committee consider an alternate access measure. The current incentive measure, *CAHPS Access to Care*, is only available annually and CCOs cannot monitor progress nor implement rapid cycle improvements. Ideas and discussion included:

- *Third next available appointment* is a standard access measure, but difficult to explain.
- Patient Centered Primary Care Home (PCPCH) attestation criteria include some items related to access that could be considered.
- A measure related to new members enrolled / demographics.
- This could be an opportunity to roll two or more standard measures into a combined metric, as discussed at the June meeting.
- There is value in knowing member perception; if access is perceived to be difficult, members may turn to the emergency department.

The Committee requests the Metrics Technical Advisory Group (TAG) 1) address this issue so that the Committee can better understand CCOs' concerns around the CAHPS Access measure, and 2) make a formal recommendation for a different Access measure. This recommendation should be complete by spring 2016 in order to be considered for the 2017 measure set.

The Committee also requests staff find out what data OHA is currently collecting around access, and report back.

Presentation: The Health Commons Grant: What Have We Learned About Transforming Population Health

Dr. David Labby presented on Health Share of Oregon's work to build a regional system of care for high needs / high cost Medicaid members. The central theme is understanding that these patients have often lived very traumatic lives and have limited choices and resources at their disposal. Medical providers are a critical touch point and are in a unique opportunity to help break the cycle. In fact, the health care system is the social institution with the most contact with young children and their families. The full presentation can be found online at:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx> (beginning on slide number 59 in the July 17 presentation deck).

The Committee expressed appreciation and **recommended the TAG and QHOC see this presentation.**

Discussion included:

- A Kindergarten readiness measure wasn't well enough developed for 2016, but the Committee should think seriously about well-child visits, and not just *that* they happened, but *what* happens during the visits.
- The health care system needs to cultivate partnerships with the early learning system.
- Pregnant women should be provided with parenting resources, support groups, and home visits.
- This framework is essential to measure selection and the work of this Committee.

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Public Testimony: None was provided.

Finalize 2016 Measure Selection

Lori Coyner reminded members that in June, the Committee short-listed the majority of 2015 CCO incentive measures to continue in 2016, and flagged three measures (*Colorectal cancer screening, EHR adoption, and PCPCH enrollment*) for additional discussion, which occurred today:

- *Colorectal cancer screening* - The TAG provided fairly positive feedback on the chart review process. The Committee elected to **keep Colorectal cancer screening in 2016**, but will move the benchmark. The Committee is also interested in exploring race/ethnicity/language disparities for this measure.
- *EHR adoption* - The Committee elected to **retire EHR adoption in 2016**, because EHR-based clinical quality measures are now being incentivized. OHA will continue to report on this measure as it is a state performance “test” measure.
- *PCPCH enrollment* - The Committee expressed concern over changing PCPCH recognition standards, but also agreed that this is an important measure and worried that retirement may send an unintended message of “un-endorsement”. There was some discussion about potentially dropping this measure in 2016 and then adding it back in 2017. However, the Committee ultimately elected to **keep PCPCH enrollment in 2016**.

The Committee then discussed the 2016 “on-deck” measures:

- *Childhood immunization status* - Performance improved slightly between 2013 and 2014 but remained below the 75th percentile benchmark. This measure may be related to well-child visits. Vaccine refusal is a hot topic. This measure is standardized and has a national benchmark.
- *Oral health evaluation* –Eli Schwarz had previously expressed more interest in a measure of integrated dental care rather than a standalone measure.
- *Chronic health composite (PQI 92)* – The Committee reviewed preliminary data, which showed considerable improvement between 2013 and 2014. This measure cannot be risk adjusted and there was also a lot of variation in CCO performance. This measure encourages collaboration between inpatient and outpatient settings.
- *Tobacco prevalence* - This bundled measure addresses both cessation benefits offered by the CCO and tobacco use prevalence for ages 13+. While adding a new EHR-based measure will be challenging, CCOs will be able to submit 2015 data as a practice run. This measure might encourage providers not to ask about tobacco use at all (this problem could be mitigated by establishing a threshold for number of blank entries accepted; i.e. setting a minimum proportion of members who need to be asked and have answers recorded). This measure was previously adopted for 2015 and then dropped/postponed. Tobacco use is an important topic that results in poor health outcomes and premature death. **The Committee wanted to**

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officially thank the Metrics TAG for the work it put into developing this measure.

Committee members ranked *Childhood immunization status* and *Tobacco prevalence* as the top two measures among the on-deck measures and **ultimately agreed to add both measures as CCO incentive measures for 2016**, bringing the total number of incentive measures to 18.

The Committee noted they would not have added a second new incentive measure if it also required heavy lifting to develop or implement, but *Childhood immunization status* is a HEDIS metric and is very simple to measure, although may be difficult to improve on. However, incentive measures really receive the most attention from CCOs and providers and incentivizing immunizations will drive change.

In summary, the 2016 CCO incentive measures are:

1. Adolescent well-care visits
2. Alcohol or other substance misuse (SBIRT)
3. Ambulatory care: Emergency department utilization
4. CAHPS composite: Access to care
5. CAHPS composite: Satisfaction with care
6. **Childhood immunization status**
7. Colorectal cancer screening
8. Controlling high blood pressure
9. Dental sealants on permanent molars for children
10. Depression screening and follow-up plan
11. Diabetes: HbA1c poor control
12. Effective contraceptive use among women at risk of unintended pregnancy
13. Follow-up after hospitalization for mental illness
14. Mental, physical, and dental health assessments within 60 days for children in DHS custody
15. Patient-Centered Primary Care Home enrollment
16. Prenatal and postpartum care: Timeliness of prenatal care
17. **Tobacco use prevalence bundle**

Wrap up / Adjourn

- The Committee will select 2016 benchmarks and challenge pool measures at the September meeting.
- Staff will work with members to schedule a day-long retreat in October.

Next meeting

September 18, 2015

9:00 am – 12:00 pm

Wilsonville Training Center