

Oregon Metrics & Scoring Committee

Minutes

July 18, 2014

9:00 am – 1:00 pm

ITEM

Welcome

Committee members present: Maggie Bennington-Davis, Gloria Coronado, Robert Dannenhoffer, R.J. Gillespie, David Labby, Jeff Luck (phone)

Not attending: Phil Greenhill, Bob Joondeph, Jeanine Rodriguez

OHA staff: Lori Coyner, Sarah Bartelmann, Milena Malone

Consent Agenda

The Committee approved the May 16th, 2014 minutes.

Updates

Lori Coyner provided the following updates:

- CCOs will be receiving 2013 data by race/ethnicity at the CCO level, and the CAHPS 2013 banner books in the next few weeks.
- New Metrics & Scoring Committee members are Ken House (CCO representative), Juanita Santana (at large), and Eli Schwarz (measurement expert). Terms begin in August 2014 and all were invited to attend today's meeting; Ken House is present by phone. Farewell and thanks to outgoing committee members Phil Greenhill, Bob Joondeph, and Jeanine Rodriguez.
- Elections for a chair and vice chair will be held at the August meeting. The role of vice chair is new to this Committee. Members are requested to submit nominations to Lori or Sarah for consideration and discussion at the next meeting.

Select depression screening and follow up plan benchmark for 2014

The Committee selected the 2014 benchmark for the depression screening and follow up plan measure. The benchmark must be met for CCOs to earn challenge pool dollars in 2014. Data from the 2013 statewide chart review and proof of concept data submission were considered.

Discussion included: how follow-up planning is measured, and whether it is appropriate to include additional screening; technical challenges and proposed timeline for implementation; are pediatric and maternity included? (Yes).

- The Committee selected a benchmark of 25% for 2014.

Review final 2013 performance and quality pool payout

Lori Coyner provided an overview of final 2013 performance data and quality pool payout. Statewide, there was improvement on all 14 of the 17 incentive measures where data were available, and 11 out of 15 CCOs earned 100 percent of their quality pool. CCOs that did not earn 100% were all in rural areas, but there was variation in metrics they met / did not meet.

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Committee discussion included:

- Most CCOs met measures by meeting the improvement targets; progress is positive.
- There was a large shift toward PCPCH enrollment, which should help build a solid foundation for improved care and lower cost in the future.
- CCO representatives expressed that the incentive program has resulted in a dramatic shift in thinking toward better communication and care coordination between providers.
- The Committee expressed interest in learning about specific challenges rural CCOs are facing and ensuring that the selected incentive metrics are not setting rural CCOs up for failure.
- Whether or not “easy fixes” resulted in big gains in 2013 and if improvement may slow in 2014.
- Changing demographics of newly enrolled members (expansion population).

The Committee requested demographic information on new Medicaid members (age ranges, gender, distribution by County); OHA will provide at the August meeting.

Assess 17 current incentive measures for 2015

The CCO Incentive Measure Selection Survey, which included over 200 responses from community stakeholders, CCOs, and OHA staff, indicated a strong preference for some change in the 2015 measure set, rather than comprehensive adoption of new measures. CCO CEOs met recently and expressed the same sentiment.

Lori Coyner presented each of the 17 current CCO incentive measures with survey results, CCO performance in 2013, and OHA staff recommendations. The presentation is available online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>

The Committee discussed and made recommendations as outlined in the table below. Committee members reminded one another that any incentive measures that are dropped will still need to be reported to CMS as part of the waiver requirements.

Measure	Discussion	Decision
Adolescent Well Care Visits	N/A	Keep as CCO incentive measure for 2015
Alcohol and Drug Misuse (SBIRT)	<ul style="list-style-type: none"> - All CCOs improved, but started out at or near 0%. - SBIRT workgroup is investigating feasibility of adopting a modified EHR-based SBIRT measure, but these changes will not be ready for 2014. - Including adolescents in the measure: <ul style="list-style-type: none"> - would increase the denominator and make the metric even harder to meet; - unless the denominator only includes 	Keep as CCO incentive measure for 2015, with changes and future discussion: <ul style="list-style-type: none"> • Expand age group to 12+ • Continue development of EHR-based measure •

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	<p>those 12-18 who received an adolescent well care visit;</p> <ul style="list-style-type: none"> - this would simultaneously incentivize screening during adolescent well care visits. 	
Ambulatory Care: Emergency Department Utilization	<ul style="list-style-type: none"> - Expansion population uses ED at a higher rate - CCO CEOs proposed excluding expansion population members from the measure in 2014, but include all members in 2015. 	Keep as CCO incentive measure for 2015, but stratify population in reporting where possible
CAHPS: Access to Care	Data looks back one year, so it takes time to see change	Keep as CCO incentive measure for 2015
CAHPS: Satisfaction with Care	N/A	Keep as CCO incentive measure for 2015
Colorectal Cancer Screening	After switching from administrative data only to hybrid approach, 2014 data will not be comparable to 2011 or 2013. No improvement targets can be calculated in 2014 because of this change, but will have improvement target in 2015.	Keep as CCO incentive measure for 2015 Reinstate improvement targets for 2015
Developmental Screening	<ul style="list-style-type: none"> - Screens that are performed by community partners, for example schools and child care, are not counted. - Consider raising benchmark for 2016, or requiring improvement target for CCOs already at or above benchmark. 	Keep as CCO incentive measure for 2015
Early Elective Delivery	- Success has been achieved; this measure is no longer aspirational.	Drop as CCO incentive measure for 2015
Electronic Health Record Adoption	- This measure is required by CMS to satisfy the meaningful use requirement.	Keep as CCO incentive measure for 2015, but revisit for 2016 (once three other EHR based measures have been established)
Follow Up after Hospitalization for Mental Illness	- There are some challenges with measuring follow-up that is provided on the day of discharge. TAG is considering modifications for 2015.	Keep as incentive measure in 2015; ask the TAG to address follow up provided on day of discharge.
Follow Up Care for	- Most CCOs are above the benchmark, and	Drop as CCO incentive measure

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<p>Children Prescribed ADHD Medication</p>	<p>the state is above benchmark.</p> <ul style="list-style-type: none"> - CMS required the Committee to add this measure in 2012 to cover certain focus areas (school-children, mental health focus, and cost). Thus, the Committee should replace this measure with another behavioral health integration measure and/or another pediatric measure in order to strengthen its case with CMS to drop this measure. - Inclusion of children 12+ in SBIRT and depression screening measures might meet this requirement. 	<p>for 2015, but consider replacing with a measure that will cover the same area.</p>
<p>Mental & Physical Health Assessments for Children in DHS Custody</p>	<ul style="list-style-type: none"> - Took time to get systems in place, so these data are based on a 3-month slice (Oct-Dec) rather than full 12 months. - Modifications have been made, so 2014 measure will cover full 12-month period. - Committee had previously discussed adding dental assessments to the measure once dental was incorporated into CCOs. 	<p>Keep as CCO incentive measure for 2015</p>
<p>Patient Centered Primary Care Home Enrollment</p>	<p>N/A</p>	<p>Keep as CCO incentive measure for 2015</p>
<p>Timeliness of Prenatal Care</p>	<ul style="list-style-type: none"> - Challenging measure; has moved to hybrid measure for 2014. - Preconception readiness is an important aspect of this metric, but is difficult to measure. 	<p>Keep as CCO incentive measure (using 2014 hybrid approach) for 2015</p>
<p>Clinical Measures</p> <ol style="list-style-type: none"> 1. Depression Screening and Follow Up Plan 2. Diabetes: HbA1c Poor Control 3. Hypertension Control 	<ul style="list-style-type: none"> - CCOs have put tremendous effort into these measures and they should not change. - This could replace the EHR Adoption metric in 2016. Progress on these measures, combined with two years of data on EHR Adoption, would make a strong case to CMS. -Each measure has a different data source (screening, lab value, and clinical). Committee might consider additional domains within EHR use. 	<p>Keep as CCO incentive measures for 2015, and continue building EHR-based capacity</p>

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Additional Committee discussion included:

- Does dropping the Early Elective Delivery (EED) and ADHD measures leave any of the CMS domains empty? (No: EED encompassed hospital coordination and maternal care, which are satisfied by Follow Up after Hospitalization for Mental Illness and Prenatal Care, respectively.)
- A metric focused on the effectiveness of onboarding the expansion population would be valuable. For example, this measure set does not include re/hospitalization rates, which will be important to track considering the high rate of chronic illness in the new population.
- This Committee should strive for alignment with other metrics, for example those proposed in the Hospital Transformation Performance Program, or recommended in HB 2118.
Staff will provide an update on HB 2118 and HTPP metrics at the August meeting.
- Suggestion to consider adding metric on the length of time it takes for new members to enroll in a PCPCH; members have heard anecdotes of 13-month waits; the media will likely focus on this issue; CMS will complete a Medicaid access audit.
- Suggestion to consider adding metric that focuses on health disparities, e.g. health literacy/promotion, self-management, mental health accountability.

Process to review proposed new measures for 2015

More than 30 measures were proposed through the CCO Incentive Measure Selection Survey, including population health, dental, and social determinants of health. The Committee decided to briefly review and brainstorm proposed measures for 2015, to be discussed at greater length and finalized at the August meeting. Benchmarks and specifications will be determined this fall.

The Committee called attention to the following measures:

- ACES (Adverse Childhood Experience Study) – agreement that this is an interesting measure.
- Universal AIDS screening
- Hepatitis C testing
- Cesarean section – the Hospital Metrics Committee discussed this measure at length, and agreed it is an important issue but choosing a benchmark would be problematic.
- Physical activity screening (Kaiser model)

and discussed the following potential categories:

- Pain management
- Contraception/unintended pregnancy
- Mental health integration – homelessness screening and rate of OHP members receiving care for mental health.
- Culturally specific intelligent services, language services

A request was made for staff to prepare the following for the August meeting:

- A full set of all measures under consideration for 2015, including measures that are part of HB

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2118; were recommended by the Hospital Metrics Committee; and others.

- Categorize proposed measures into the 7 CMS quality improvement focus areas.
- Categorize proposed measures by population affected (e.g. age group, gender, etc).

While this Committee's mandate is to choose CCO incentive measures, it may ask OHA to gather data, track, and report on additional measures for consideration in 2016. This data would be for information purposes only and not reported to CMS as part of the waiver agreement. Further, the Committee may recommend a list of "on deck" measures to be considered in 2016 (Vermont follows a similar model).

Public Testimony

Testimony was provided by Victoria Demchak (Oregon Primary Care Association) and Rachel Post (Central City Concern) in support of a food insecurity and hunger metric. Written testimony is available online at: <http://www.oregon.gov/oha/Pages/matrix.aspx>

The Committee agreed food and housing insecurity are important issues and requested assistance from OPCA and CCC to move the idea forward to a technical and policy issue. Specific suggestions and/or comparable state models would be helpful. The Committee also requested staff to provide information on the Medicaid enrollment form at the August meeting.