

Oregon Metrics & Scoring Committee

Minutes

April 22, 2016

9:00 am – 12:00 pm

ITEM

Welcome and consent agenda

Committee members present: Maggie Bennington-Davis, Will Brake, R.J. Gillespie, Ken House, Jeff Luck, Daniel Porter, Thomas Potter, Juanita Santana, Eli Schwarz.

OHA staff: Sarah Bartelmann, Jon Collins, Lori Coyner, Milena Malone, Pam Naylor, Kristen Rohde.

The Committee approved the February 2016 meeting minutes with one correction made to page 3 regarding two suggested measures for monitoring a transformed system.

Updates

Metrics & Scoring Committee applications

Committee applications will be accepted through Friday, May 13. Application materials can be found online at <http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>.

CY 2015 close out

All data for CY 2015 has been compiled and OHA will be sending CCOs final performance reports on Friday, April 29. CCOs have through May 31 to review CY 2015 data and submit any questions or potential corrections to OHA prior to closing out the measurement period and issuing payments.

Stakeholder survey

OHA has fielded a second stakeholder survey on behalf of the Committee. The survey will be open through Friday, May 13. The survey is collecting feedback from CCOs, community partners, providers, etc... on the CCO incentive program structure, transformational measures, proposed new measures, and thoughts on the current (2016) measure set. Survey results will be compiled and presented to the Committee for discussion on May 20.

Public testimony

Cynthia Brown from Trillium Health Alliance noted the percentage of CCO members for whom race/ethnicity data is missing, and how this might factor into disparities reporting.

Measures by Race, Ethnicity, and Language

Milena Malone presented on a selection of CCO incentive and state performance measures stratified by race, ethnicity, gender, geography, and mental health diagnoses. Data are reported here: http://www.oregon.gov/oha/analytics/MetricsDocs/Disparities_report.pdf

Committee discussion noted that the data presented were not tested for statistical significance, and suggested that providing underlying demographics and population sizes for measures would help with future interpretation. The Committee also noted potential areas of interest for additional exploration, including high emergency department utilization for African American members, lower rates of dental sealants for Asian American members with disabilities, and differences between access and utilization of health care services for Hawaiian / Pacific Islander members. The Committee encouraged additional analysis when CY 2015 data are available.

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Health Equity Index

Sarah Bartelmann (OHA) and Kristen Rohde (Program Design & Evaluation Services) presented on the Health Equity Index development process, including a summary of the original proposal to create a “meta-measure”, national work in this area, and creation of a framework for the Index. The workgroup convened to develop the Index has identified several potentially viable models, but requested direction and clarification from the Committee on several key questions.

Is the intent of the Index to reduce variation in performance across groups within a CCO, or to improve performance of all groups toward the benchmark or improvement target?

The Committee considered these options and what affect they might have on operationalizing the Index (i.e., how to address small populations within a CCO).

An example was shared for Mosaic Medical, which has set a strategic objective for clinics to reduce variation, and Committee members noted that there can be different ways to define improvement (i.e., improve average performance, or improve performance for all individual groups).

Is the intent of the Index to reduce measurement burden by using existing CCO incentive measures, regardless of their appropriateness for measuring disparities, or to use measures that are more sensitive to identifying disparities, even if they are not currently in use?

The Committee noted that they do not want the reporting burden on CCOs to increase, but allowed for some flexibility in potential metrics if there are other measures beyond the CCO incentive set that have available data. The Committee considered whether selecting non-incentive measures would create a new body of work for CCOs, or whether non-incentive measures might align with improvement efforts for existing measures.

Staff will crosswalk the current CCO incentive and state performance measures against the disparities-sensitive measure set(s) to identify overlap.

Just because we can make an Index methodology work, should we?

Discussion included whether CCOs will be able to affect a composite score to see improvements, and whether meaningful change can be detected in such an aggregate approach. Specificity in the measures is likely needed to make meaningful improvements in care.

Several alternate suggestions to an Index were presented, including:

- (1) Selecting specific measure(s) of disparities and adopt into measure set or challenge pool.
- (2) Utilizing the core / menu measure set concept to require 1+ of the menu measures be related to disparities.

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The Committee expressed an initial preference for alternate suggestion #2, as long as parameters would be established to ensure that CCOs were selecting menu measures where there were real disparities to be addressed. The Committee also considered whether alternate suggestion #2 should use the reducing variance approach or the improvement toward a benchmark approach, and whether there would be any unintended consequences of this approach (e.g., could result in not collecting complete data to skew performance).

Health Share Presentation

Graham Bouldin and Sandra Clark of Health Share presented on their CCO's approach to metrics and equity work, as well as commentary on what it means to be a CCO addressing health disparities and promoting health equity. Their slides are available in the meeting materials online at http://www.oregon.gov/oha/analytics/MetricsDocs/April_22_2016_Presentation.pdf

Committee discussion included:

- Whether the challenge pool would actually be large enough to incentive equity work.
- Whether we are measuring the right thing, and how the metrics drive improvement.
- Whether CCOs could be incentivized to focus on transformation plan element #8, which requires CCOs to develop annual quality improvement plans to address health care disparities, and if there are opportunities for better alignment between the incentive measures and transformation plans.
- Framing equity as doing work differently, rather than a new body of work.

The Committee also continued their conversation on the Health Equity Index / alternate suggestions presented earlier. Key points included:

- The Committee has given CCOs clear incentive to improve overall performance on the selected measures, however this approach can still leave groups behind. How can CCOs close the gap?
- Composite scores are used for their comprehensiveness and ability to represent systemic concepts. While recognizing challenges with Index methodology, just selecting one or two measures related to disparities may not be sufficient or truly reflective of system inequities.
- Interest in moving away from a single composite measure and identifying ways to more highly incentivize equity. Several suggestions for using quality dollars to better incentivize this work were proposed:
 - (1) Making a selected disparities measure(s) a “must pass” measure for the CCO to be eligible to earn 100% of their quality pool funds (similar to how the current EHR adoption measure is ‘must pass’ now).
 - (2) Rather than adopting a separate disparities measure(s), stratify existing measures, particularly those that are most disparities-sensitive, and then also stratify quality pool dollars tied to that measure (i.e., if a CCO meets the measure for 4 of 5 population groups, they would earn 4/5 of the available funds).

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Staff will provide additional detail on the 'must pass' and more granular payment stratification options for consideration at the May 20th Committee meeting. Staff will also continue conversations with the Health Equity Index Workgroup about alternate suggestions.

Next Meeting

May 20, 2016

Agenda items will include continued discussion on equity measurement, and presentation and discussion of the results of the 2016 stakeholder survey.

DRAFT