

---

# Metrics & Scoring Committee

March 20, 2015



Oregon  
Health  
Authority

---

# Consent Agenda

Today:

- Introduction to Lynne Saxton
- Updates
- Public testimony
- 2014 mid-year report presentation and discussion
- Tobacco prevalence panel and discussion
- Committee workplan for 2015



# Updates

# Committee Nominations

- OHA is seeking up to three new members for the Metrics & Scoring Committee for a two-year term beginning August 2015.
- OHA is also seeking new members for the Hospital Performance Metrics Committee for a two-year term beginning April 2015.
- Nominations must be submitted by 5 pm, April 10, 2015.
- Committee members whose terms are up in August 2015 and wish to continue with the Committee for an additional year must also submit an interest form.
- <http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>

# Revised Bylaws

- OHA is proposing revisions to the bylaws for the Committee's consideration:
  - Clarify that the vice-chair is also the chair-elect.
  - Clarify Committee membership when professional affiliations and organizations change.
- The Committee will hold elections again in August 2015.

# 2014 Quality Pool Update

- On February 27<sup>th</sup>, OHA released revised estimates of the 2014 quality pool by CCO.
- Estimates include Hospital Reimbursement Adjustment (HRA) dollars.
- OHA will provide final 2014 quality pool amounts on April 30, 2015.

February estimates are online at

<http://www.oregon.gov/oha/analytics/CCODData/2014%20Quality%20Pool%20Estimates%20by%20CCO.pdf>

# Legislative Update

- HB 2027 – requires Metrics & Scoring Committee to adopt at least two oral health care measures.
- SB 832 – requires Metrics & Scoring Committee to adopt measure based on % of CCOs participating in PCPCHs that offer integrated behavioral health care.
- SB 440 – sunsets Metrics & Scoring Committee in 2017; replaces with multi-payer Health Quality Metrics Committee.

# Policy Board Update

- At their March 6<sup>th</sup> meeting, OHPB reviewed a draft policy statement in support of immunizations.
- The draft policy statement included a recommendation that the Metrics & Scoring Committee create an incentive metric for vaccination rates for CCOs and PEBB / OEGB plans.
- Online at <http://www.oregon.gov/oha/OHPB/2013MeetingMaterials/March%203,%202015%20Materials%20-%20Updated%202-27.pdf> (pages 8-9)

# Public Testimony



# Health System Transformation 2014 Mid-Year Performance Report

# Tobacco Prevalence

## In October 2014, the Committee

- Removed tobacco use prevalence measure from the 2015 measure set;
- Expressed interest in having a 2016 tobacco use prevalence measure;
- Asked staff to address methodology and improvement target concerns with CAHPS data;
- Asked for information from CCOs on policies and programs they plan to implement to reduce tobacco use.

# Today

- Overview of methodology concerns;
- Summary of February Metrics TAG discussion;
- Presentations from CCOs on their work to reduce tobacco use;
- Public health resources.

OHA proposes the Committee hold any decisions about a tobacco prevalence measure for the May and June meetings, when all measures for 2016 can be considered in concert.

# Concerns

- What factors are within CCO and provider control to reduce tobacco use among Medicaid members?
- Are CAHPS survey confidence intervals too wide to detect change? Assuming ~1% decline in prevalence per year, from NYC data.
- Are there other options for setting baselines and improvement targets that would detect change?

# February 2015 Metrics TAG

- OHA presented TAG with several prevalence measure options for discussion.
- All options were variations on CAHPS data, attempting to reduce confidence intervals so measurable change could be detected.
- TAG suggested using electronic health record (EHR) data for this measure, rather than CAHPS survey.

<http://www.oregon.gov/oha/analytics/MetricsTAG/TAG%2022615%20Minutes.pdf>

## EHR-based Measure

- Meaningful Use stage 1 and 2 core objective: record smoking status for patients 13 years or older.
- Core Clinical Quality Measure (NQF 0028):
  - % of patients ages 18+ who were screened for tobacco use one or more times within 24 months
  - % of patients ages 18+ who were identified as tobacco users within the past 24 months and have received a cessation intervention (counseling, medications, etc).

## TAG Discussion on EHR-based Measure

- Would allow analysis at provider / facility level;
- Data are more actionable than CAHPS survey;
- Not a prevalence measure;
- Only captures members who visit doctor, not the member population as a whole;
- Additional burden to CCOs, but this is the direction reporting / measurement needs to head;
- Phased-in approach advised if possible:
  - Provide CCOs with a reporting-only option for EHR-based tobacco measure in 2015 as part of year 3 CQMs.

- TAG will review MU specifications at March 26<sup>th</sup> meeting and can prepare a recommendation for Committee's consideration in May.
- Additional Committee questions or concerns for staff to address for May meeting?



# CCO Presentations

- Strategies for Policy and Environmental Change
  - Marilyn Carter, PhD – ADAPT
  - Cindy Shirtcliff, LCSW – Advantage Dental.
- Tobacco Cessation and Prevention in Lane County
  - Jennifer Webster, Lane County Public Health
  - Amanda Cobb, Trillium CCO

## Resources

- Tobacco Cessation Services – 2014 Survey Report (see meeting materials).
- Tobacco Strategies discussion guide (coming later this month).
- Technical assistance from state and county public health departments

# Review 2015 Workplan

Meeting Date	Goals
May 15 <sup>th</sup>	<p>Adopt approach for measure selection (2016 + 2017 versus 2016, then 2017);</p> <p>Presentations and requested information for any on-deck measures of interest;</p> <p>Begin measure selection.</p>
June 19 <sup>th</sup>	Continue measure selection;
July 17 <sup>th</sup>	<p>Review final 2014 performance and quality pool distribution;</p> <p>Finalize 2016 measure selection.</p>
September 18 <sup>th</sup>	Benchmark setting for 2016.
November 20 <sup>th</sup>	Finalize anything outstanding for 2016.

## On-Deck Measures for 2016

In August 2014, the Committee identified this list of measures to be considered first when selecting the 2016 incentive measures:

Any dental service	Food insecurity and hunger
Assessment and management of chronic pain	Homelessness screening
Childhood immunization status	Kindergarten readiness
Childhood obesity prevalence	PQI 92: prevention quality chronic composite
Fluoride varnish	Reducing health disparities

# Wrap Up

Next meeting:

May 15<sup>th</sup> 9 am - noon