

**Oregon Metrics & Scoring Committee**

**Minutes**

**May 15, 2015**

**9:00 am – 1:00 pm**

ITEM
<p><b>Welcome and introductions</b></p> <p>Committee members present: RJ Gillespie, Maggie Bennington-Davis, Juanita Santana, Ken House, Jeff Luck, Eli Schwarz, Gloria Coronado, David Labby.</p> <p>OHA: Lori Coyner, Sarah Bartelmann, Milena Malone, Jennifer Uhlman, Dana Hargunani, Nicole Merrithew, Rita Moore.</p>
<p><b>Consent agenda</b></p> <p><u>The Committee approved the March 20, 2015 minutes.</u></p>
<p><b>Updates</b></p> <p>Lori Coyner and Sarah Bartelmann provided updates on metrics-related legislation and the process for closing out the CY 2014 measurement period and distributing the 2014 quality pool.</p> <p>Of the three 2015 bills potentially affecting the Metrics &amp; Scoring Committee:</p> <ul style="list-style-type: none"><li>• <b>HB 2027</b> (dental metrics) is no longer alive.</li><li>• <b>SB 832</b> (integrated PCPCH enrollment metric) has been amended and now primarily focuses on the ability for behavioral health providers to bill in primary care settings and vice versa.</li><li>• <b>SB 440</b> (establishes Health Plan Quality Metrics Committee; charges them to select a menu of metrics for use with CCOs, PEBB, OEBC, and health plans sold on the Exchange) has been amended. The new Committee will begin in 2017 and the Metrics &amp; Scoring Committee will become a sub-committee, charged with selecting the metrics for CCOs from the menu. The new Committee will have fifteen members, appointed by the Governor. Language has been added to support a dialogue between the Metrics &amp; Scoring sub-committee and the new Committee.</li></ul> <p>Committee discussion included:</p> <ul style="list-style-type: none"><li>• Questions about how the Metrics &amp; Scoring Committee and the new Committee established by SB 440 will function in the context of CMS and Oregon’s 1115 demonstration waiver.</li><li>• History of SB 440 and prior work to establish statewide metrics under HB 2118 (2013).</li><li>• Opportunities for metric alignment and setting specific health goals or priorities for the state.</li></ul>
<p><b>Public Testimony</b></p> <p><u>Cindy Becker, Vice President of Community and Government Relations at FamilyCare</u> shared the CCO’s finding that there is a lack of incentive to improve beyond the benchmark or improvement target, as there is no recognition of improving beyond the benchmark.</p> <p>The Committee discussed opportunities to incentivize CCOs for raising their performance beyond the benchmark, including potentially reallocating some of the challenge pool dollars to support this sustained improvement. <u>OHA will bring a proposal for the 2016 challenge pool to a future meeting for discussion.</u></p> <p>Additional public testimony was heard during the discussion of specific measures and is noted below.</p>
<p><b>Patient-Centered Primary Care Home (PCPCH) Program Update</b></p>

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Nicole Merrithew, PCPCH Program Director, provided an overview of the PCPCH program, including current spread throughout Oregon, evaluation results, provider / clinic perceptions of the PCPCH model, and next steps for the program. Nicole's slides and a PCPCH Fact Sheet are available online at:

[www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx](http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx)

Committee discussion included:

- What do we know about clinics that are not certified? What are the barriers?
- Do we have enough capacity to serve Medicaid population in existing certified PCPCHs?
- How to define highest performing PCPCHs and does high performing translate to high quality, outcomes, or patient experience?
- Does the PCPCH enrollment CCO incentive measure still drive improvement? Given the new standards and the high enrollment of CCO members in PCPCH members, this measure may need additional justification or modification to continue to support the best outcomes.

Additional information about the PCPCH program is available online at

<http://www.oregon.gov/oha/pcpch/Pages/index.aspx>. In particular, the PCPCH 2014 Recognition Criteria Quick Reference Guide, including which standards are "must-pass" for recognition, is available online at: <http://www.oregon.gov/oha/pcpch/Documents/2014%20PCPCH%20Criteria%20Quick%20Reference.pdf>

### Adolescent Well Care Visits and Confidentiality Update

Dana Hargunani, OHA's Child Health Director, provided an overview of the exploratory work occurring across the state to identify barriers to improvement on the adolescent well visit measure. Potential barriers include (but are not limited to) cultural shifts and cultural competency, inadequate optimization of comprehensive well-care visits, and copayment and confidentiality concerns.

Dana's slides are available online at:

<http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Presentation.pdf>

Committee discussion included:

- Are there disparities in utilization by race/ethnicity, or by gender?
- If providers change coding to maintain adolescent confidentiality, how does this affect metrics?
- The importance of the cultural competency barrier and the need to frame the issue with a compelling package on how important this period of life is, the connection with low graduation rates, long-term health outcomes, etc. to change the narrative around adolescent well visits.

### 2016 Measure Selection – Framework

Lori Coyner provided a refresher on metrics selection criteria previously used by the Committee and introduced draft measure retirement criteria for the Committee's consideration. Materials are available online at: <http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Materials.pdf>

The Committee suggested adding several additional criteria to the measure retirement, including relative importance / meaningful value, parsimony, and unintended consequences. OHA will update the draft retirement criteria for the Committee to review and adopt in June.

Lori also summarized two potential measurement frameworks: domains from the in-development Triple Aim dashboard for the Oregon Health Policy Board, and the newly recommended core metrics from the

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Institute of Medicine (IOM). Slides and a brief on the IOM core metrics are available online at:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>

Committee discussion included:

- The “generic-ness” of the draft Triple Aim dashboard – this kind of product should focus on Oregon specific priorities (e.g., low graduation rates, integration model). Need to use Oregon data to drive priorities and measure selection for any of these domains or models.
- Merging the draft Triple Aim dashboard with the IOM domains for a framework: “this is what a health / wellness system in a community should cover”, then can fill in Oregon specific priorities.
- Need to look beyond health care settings if we want to influence health outcomes: how to incorporate social determinants of health focus and integrate with other systems (e.g., Early Learning, poverty, homelessness).
- Mapping the Committee’s work to the IOM framework may lend credibility.
- IOM framework includes interesting domains, e.g., personal spending, individual engagement, etc. More measure development work needed.
- What is the product we want to create, the global question we want to answer?
  - Is the coordinated care model working? Is it working for all populations, those more severely affected?
  - Are there gaps in our measurement strategy that a framework can help us identify?

OHA staff will crosswalk the IOM core measures with the draft Triple Aim dashboard.

### **Metrics Deeper Dive: Emergency Department Utilization and Developmental Screening**

Sarah Bartelmann presented on the results of the metrics “deeper dive” survey OHA fielded at the Committee’s request to learn more about what interventions and quality improvement activities CCOs have implemented to reduce emergency department utilization and increase developmental screening.

The full Metrics Deeper Dive report is available in the meeting materials online at:

<http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Materials.pdf>

Committee discussion included:

- Can any of the developmental screening learnings apply to adolescent well care visit barriers?
- How long it takes CCOs to implement new measures and affect performance, which may emphasize the need to keep measures stable over time for greatest effect.
- Identification of the most successful activities and any outliers – look at high performers and assess how they did it in the future.

### **2016 On-Deck Measures – Status Updates**

Sarah Bartelmann provided a summary of each of the measures the Committee had previously identified as “on deck” for 2016. Public testimony on individual measures was heard throughout this discussion and is noted below. A more detailed status update is available in the meeting materials online at:

<http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Materials.pdf>

*Kindergarten Readiness*

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Pam Curtis, Chair of the Early Learning Council, and Zeke Smith, Chair of the Oregon Health Policy Board provided an update on the Child and Family Wellbeing Measures Workgroup's work to develop a bundled measure for kindergarten readiness and the need for the individual and joint boards to continue to think about ways to connect clinical metrics with early learning metrics and to establish shared goals for both systems. While the Kindergarten Readiness measure is not ready for 2016, they asked the Committee to keep it on the list as an 'on-deck' measure for a future year.

Committee discussion included:

- What can be done in the next 12 months to help make the Kindergarten Readiness measure ready for 2017? The Committee will revisit on-deck measures for 2017 after 2016 measure selection is complete. More in-depth discussion about measure development should be on hold until then.
- Potential for more Committee members to engage in the Child and Family Wellbeing workgroup?
- Using nationally endorsed measures vs home-grown measures that push for transformation.
- Continued work with the Oregon Health Policy Board to make a successful transition to statewide metrics and a new shared accountability system.

*Any dental service*

Committee discussion included:

- Recent un-endorsement of this measure from NQF. Measure steward no longer updating the measure. Reluctant to push this measure forward given the un-endorsement, when there are alternative dental measures.
- Consider integrated dental measures instead, or newly endorsed oral evaluation measure.

*Assessment and management of chronic pain*

Jennifer Valley, from Stoney Girl Gardens, and Erin Purchase, an OHP member, provided public testimony in support of medical marijuana products for chronic pain and chronic disease management and recommended integration of medical marijuana products into the Oregon Health Plan.

Committee discussion included:

- Keep a measure around chronic pain 'on-deck' for a future measurement year. OHA staff will explore any additional potential pain-related measures.

*Childhood immunization status*

Committee discussion included:

- How much does the immunization measure overlap with well-child visit measure, given that immunization is a component of a well visit?

*Childhood obesity prevalence*

Committee discussion included:

- This measure is really about broader community, upstream framework – is this within the scope of the CCO? There are good examples of programs and CCO activities around obesity; stakeholders are at the table.

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- Is there evidence that activities / interventions can actually decrease the prevalence of childhood obesity in a sensitive enough way to tie incentive payments to it? More information is needed.
- Data exist in electronic health records, similar to discussion about tobacco prevalence measurement, childhood obesity could be extracted from EHRs.
- Topic is conceptually important and this would be a good outcome measure, but not ready yet. Keep measure on-deck.

#### *Fluoride varnish*

Committee discussion included:

- This measure reflects an evidence-based prevention strategy for early childhood, but doesn't provide information about the rest of the population, particularly older adults.
- Can the measure be modified to include the whole population (i.e., all children with a dental benefit), not just those who had a dental visit?
- Measure includes services provided by dentists and non-dentists (medical doctors / primary care can provide fluoride varnish).
- Might be more important to focus on access to dental care rather than specific dental services.

#### *Food Insecurity*

Laura Etherton, State and Federal Policy Director with the Oregon Primary Care Association spoke to the increasing number of clinics that are screening patients for food insecurity screening and using this as an opportunity to address social determinants of health with clear actions providers can take. She encouraged the Committee to continue considering food insecurity screening as an on-deck measure and to let OPCA know how they can be helpful in moving this work forward.

Elaine Friesen-Strang, a member of the Older Oregon Hunger Coalition and the Executive Council of AARP Oregon spoke to food insecurity among older adults and the importance of providers / clinics addressing nutrition to improve the health of older adults. Written testimony is available online at: <http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Testimony.pdf>

Suzanne Hansche, a member of the Farmers Market Fund board, spoke to the importance of providers screening for food insecurity and providing follow-up interventions and resources, which helps community programs improve access to healthy foods. She advocated for the adoption of food insecurity questions in routine assessments as part of preventive health care.

Lynn Knox, the Screen & Intervene Coordinator at the Oregon Food Bank, spoke to the need to work with the Committee and OHA staff to understand the specific criteria needed for a viable social determinants of health measure.

Committee discussion included:

- Recognition of food insecurity screening as an important topic and the need to figure out how to communicate and collaborate with communities to implement these preventive health practices.
- The importance of capturing the whole population, not just young families or older adults.

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- The need to identify who is working on developing measures like this that need more work before they are ready to implement. OPCA is working towards a standardized measure, piloting with FQHCs, as is OCHIN.
- There is a need to balance measure development and early adopters (e.g., FQHCs) with the standardization and uniformity of a measure across the state. Avoid having each CCO come up with their own measure.
- Hesitation to adopt another screening measure for primary care; are there broader prevalence measures or focus on intervention that could be used?

In summary, some measures should be left on-deck for a future measurement year as more development work is needed. The Committee will develop a plan for bringing these measures on and prioritizing them at a future meeting.

Measures	Status	Next steps
Kindergarten Readiness	On-deck for 2017 or beyond	Measure development needed
Any dental service	Remove from on-deck list	Explore additional dental measures
Assessment and management of chronic pain	On-deck for 2017 or beyond	Explore additional pain management measures
Childhood immunization status	On-deck for 2016	N/A
Childhood obesity prevalence	On-deck for 2017 or beyond	Measure development needed
Fluoride varnish	On-deck for 2016	N/A
Food insecurity	On-deck for 2017 or beyond	Measure development needed

**Next steps**

The Committee will carry over the remainder of the May 15<sup>th</sup> agenda to the June 15<sup>th</sup> meeting.

- OHA will continue working with the technical advisory workgroup on developing specifications for the food insecurity, tobacco prevalence, and health disparities measures for the Committee’s consideration.
- Committee members are asked to read the disparity measure proposal in advance of the June meeting, online at:  
<http://www.oregon.gov/oha/analytics/MetricsDocs/May%2015,%202015%20Testimony.pdf>
- OHA will explore options for a longer Committee ‘retreat’ in the fall to allow more time to discuss some of the broader questions and planning for 2017.