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# Metrics & Scoring Committee

May 20, 2016



Oregon  
Health  
Authority

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# Consent agenda

\*Approve April minutes

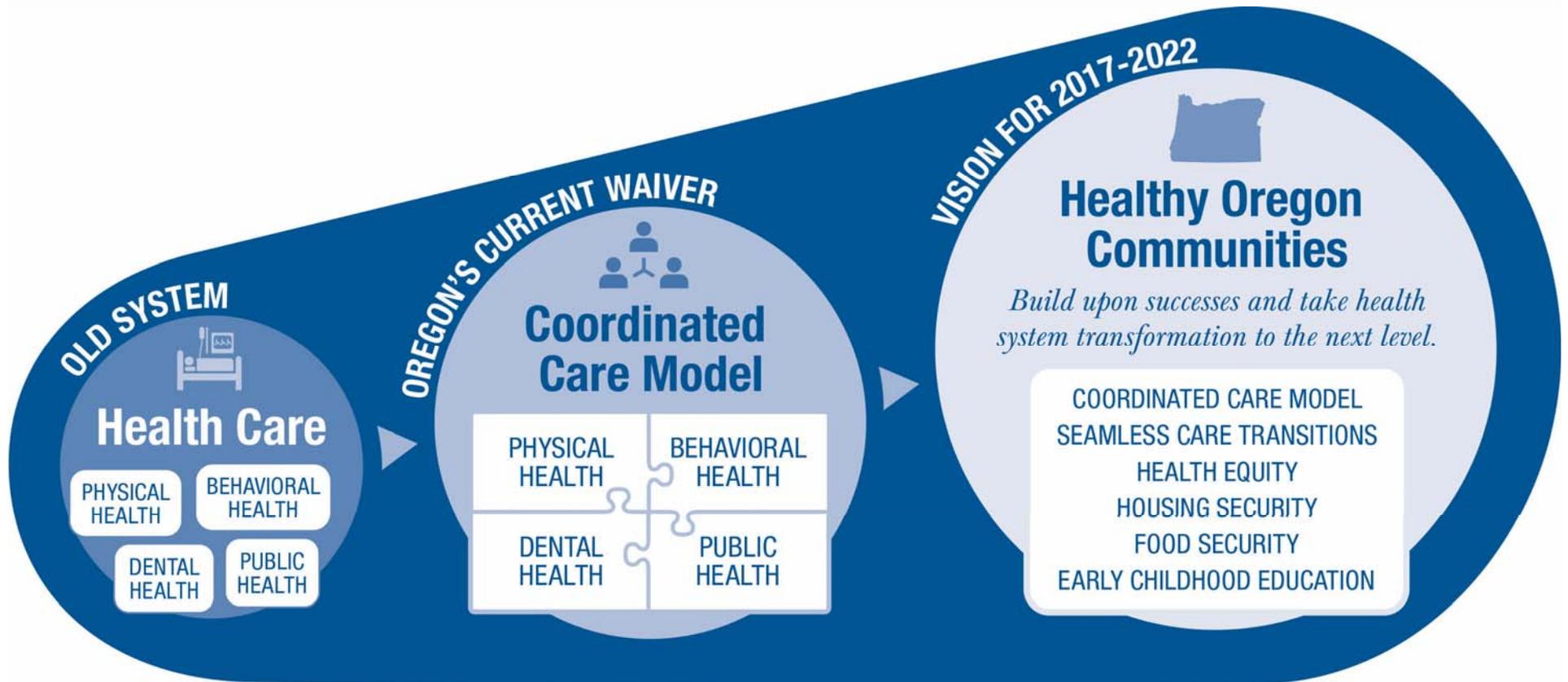
# Agenda overview

- Updates
- Disparities Measurement
- Stakeholder Survey Results
- Public Testimony

# 2015 Close Out

- CCOs are conducting final validation through May 31<sup>st</sup>
- OHA is completing review of EHR-based measures
- CAHPS and chart review based measures to be released May 23<sup>rd</sup>
- Final report to be released week of June 20<sup>th</sup>
- CCOs to receive 2015 quality pool payment no later than June 30<sup>th</sup>

# Waiver Renewal



# Waiver Renewal

- Draft waiver application posted online  
<http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>
  - See Appendix III / C for Measurement Strategy
- OHA accepting public comment through June 1, 2016.

# Public Health Advisory Board: Metrics

- PHAB Accountability Metrics Subcommittee met May 12.
- Subcommittee is charged with identifying measures to be used to monitor the progress of local public health authorities in meeting statewide public health goals.
- Initial discussion?

# Disparities Measurement

# Measures Crosswalk

- Committee requested crosswalk of current CCO incentive and state performance measures with the NQF disparities-sensitive measures.  
*See handout.*
- While a number of measures do align, we do not have more granular data for those coming from EHRs or chart review.
- Measures that could be stratified include:
  - Childhood immunization status
  - Developmental screening
  - Cervical cancer screening
  - Diabetes: HbA1c testing
  - PQIs

# Alternate Proposal: “Must Pass”

Number of Targets Met benchmark or improvement, or measurement & reporting	Percent of Quality Pool Payment for which the CCO is eligible
At least 12 (including equity measure) AND (at least 60% PCPCH enrollment)	100%
At least 12 (not including equity measure) OR (less than 60% PCPCH enrollment)	90%
At least 11.6	80%
At least 10.6	70%

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At least 12 (including equity measure) AND (less than 60% PCPCH enrollment)	90%
At least 11.60 (Including equity measure)	80%
At least 10.6	70%

# Alternate Proposal: “Must Pass”

- Retains familiar methodology, while drawing more attention to equity
- May be best avenue to accommodate “menu” measure option, where CCOs would select their own equity measure(s) based on established criteria.
- Could continue to mask underlying disparities among population groups if more detailed drill-down or population weighting is not applied.

# Alternate Proposal: Granular Stratification

1

- Use existing table to determine how much money a CCO is eligible for given overall performance.

2

- Divide total amount by # of measures met = \$ per measure

3

- For a subset of measures, further divide \$ / measure by selected population groups = \$ per measure per group.

4

- CCO only earns \$ based on population groups meeting the benchmark or improvement target

# Alternate Proposal: Granular Stratification

## CCO Example

- CCO B meets benchmark or target on 12 of 17 measures. Eligible to earn 100% of quality pool (\$4,300,000, or \$358,333 per measure, or \$59,722 per population group, assuming 6 groups by race/ethnicity).
- Assuming 3 measures in subset:
  - Measure 1: met benchmark / target for 3/6 groups = \$179,166
  - Measure 2: met benchmark / target for 1/6 groups = \$59,722
  - Measure 3: met benchmark / target for 1/6 groups = \$59,722
- CCO B earns total of \$298,610 out of a possible \$1,074,999 for these 3 measures. Remaining \$ allocated to challenge pool.
- CCO B earns all funds (\$358,333 per measure) for the other measures, for total of \$3,523,607 (82%).

# Alternate Proposal: Granular Stratification

- Incentivizes CCOs for both overall performance and population group performance.
- May help ensure groups are not being left behind.
- Approach could work for other variables, including language, age, gender, geography.
- Small denominators will still be a problem for some CCOs / measures.
- Granular payments may not be significant enough to incentivize CCOs to focus efforts.



We'll be  
back  
soon...

# STAKEHOLDER SURVEY RESULTS

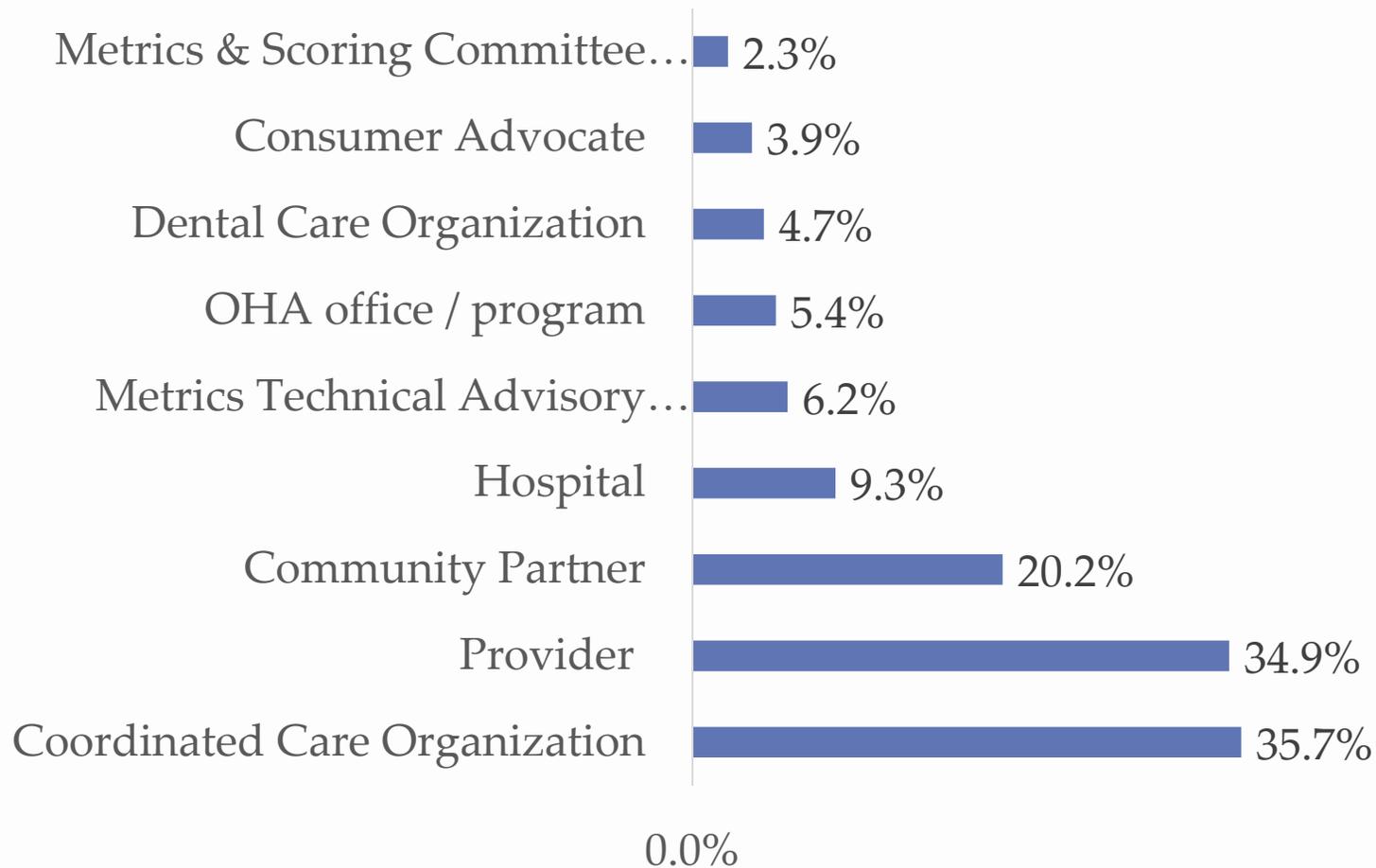
# About

Goal: to collect feedback from a variety of stakeholders on:

- Potential ideas for the incentive program structure under new waiver
- Proposed new (transformational) measures for consideration
- Current (2016) incentive measures

Fielded from April 12 – May 15, 2016.

# Respondents



n=130

# Balancing measurement fatigue concerns with responsibility to reflect services and populations CCOs serve

- Measure alignment across programs / payers
- National, standardized measures.
- Meaningful, actionable measures.
- Flexibility in measure selection.
- Fewer metrics overall / combined metrics.
- Adding new measures without retiring old measures.

# Recommendations for new or revised measure selection / retirement criteria

- Meaningful to patients and providers
- Actionable at CCO and practice level / actionable data
- Align with national programs / specifications
- Do not retire / add more than one measure per year
- Better address measures with small denominators
- Retire when CCOs have achieved benchmark / unable to impact
- Do not retire until we have met benchmark for 2 years

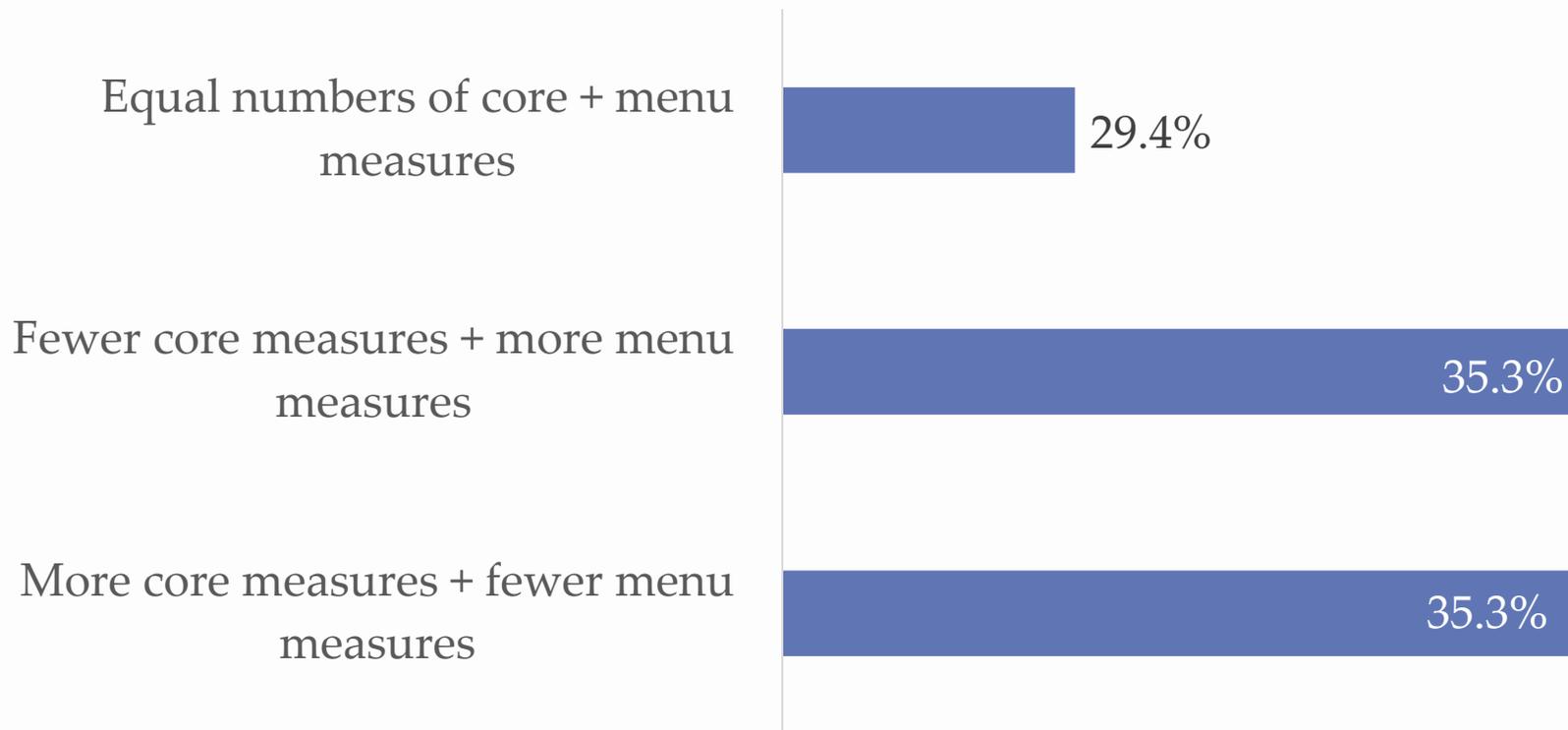
# Under represented populations in current measure set

- Aging members, and members with chronic diseases.
- Adult males ages 19-44
- Children ages 3-5 and 4-11
- Populations experiencing health or health care disparities
- Children in foster care system
- DHS-involved families
- Criminal justice involved members
- Members with severe and persistent mental illness
- Members with mental health diagnoses
- Members with substance abuse
- Members experiencing homelessness
- Members with cognitive/intellectual disabilities
- Members with special health care needs, esp. children

# Under represented services in current measure set

- Dental services, particularly for children, prenatal, & older adults
- Provider capacity / workforce
- Low acuity and preventive mental health services
- Mental health services for children
- Integration and care coordination across services
- Complex care management
- Substance use treatment
- Pediatrics (as a specialty)
- Outcomes
- Specialists
- Hospitals
- Social determinants of health (e.g., hunger, homelessness)
- Medication adherence

# If the Committee moves to a core / menu measure set, which model is most appealing?



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# Criteria for deciding which measures are core versus menu?

## Core Measures

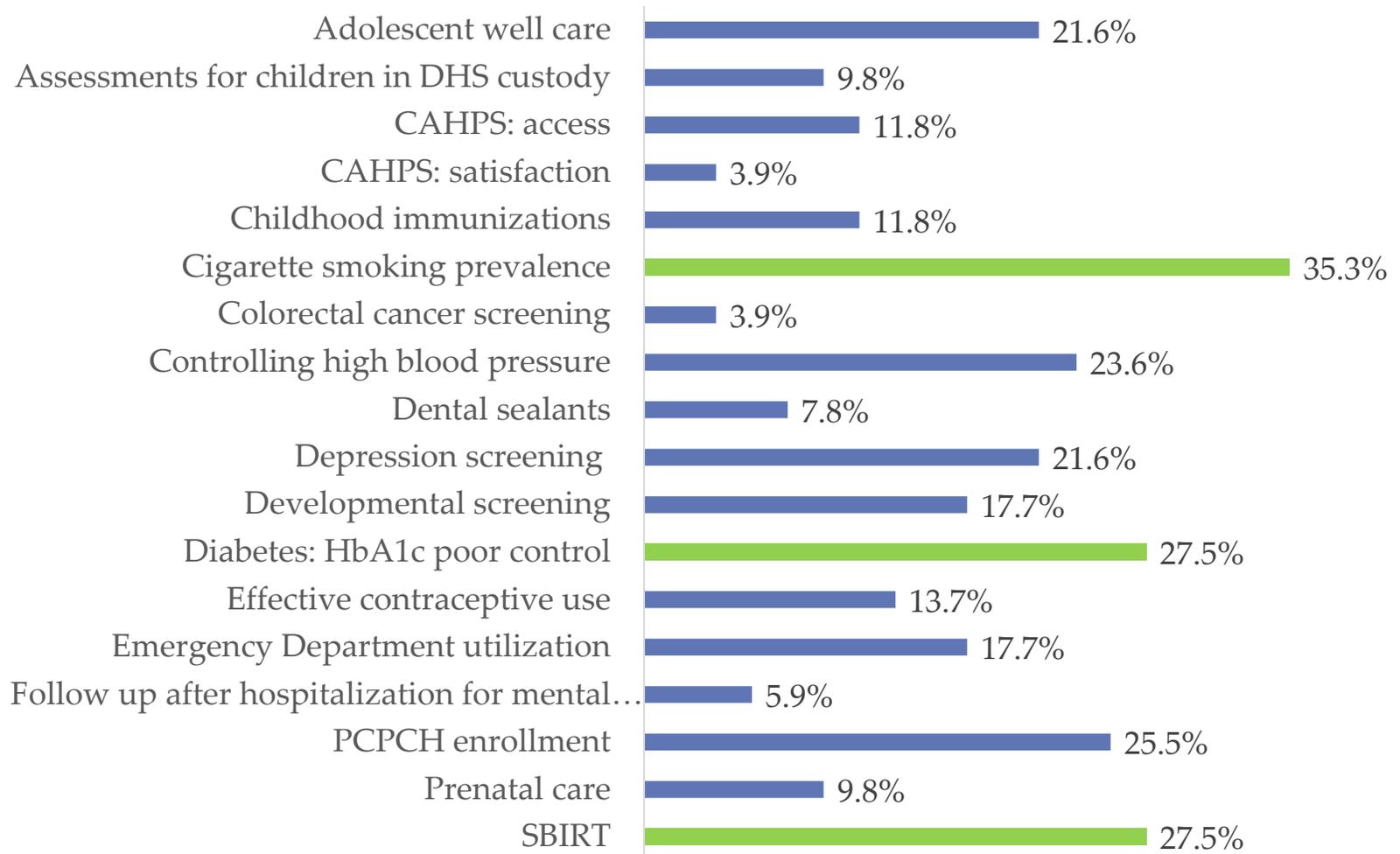
- Address population health / outcomes
- Greatest impact / most vulnerable populations
- Where progress needs to be made / trending in wrong direction
- Have actionable data / monitored during measurement year
- Have larger denominators / more representative of population
- Have high clinical value

## Menu Measures

- Local priorities
- Process measures
- Affect specific / smaller populations (e.g., children in foster care)
- Historically challenging to improve on



# Select the three measures that you believe could be most transformative

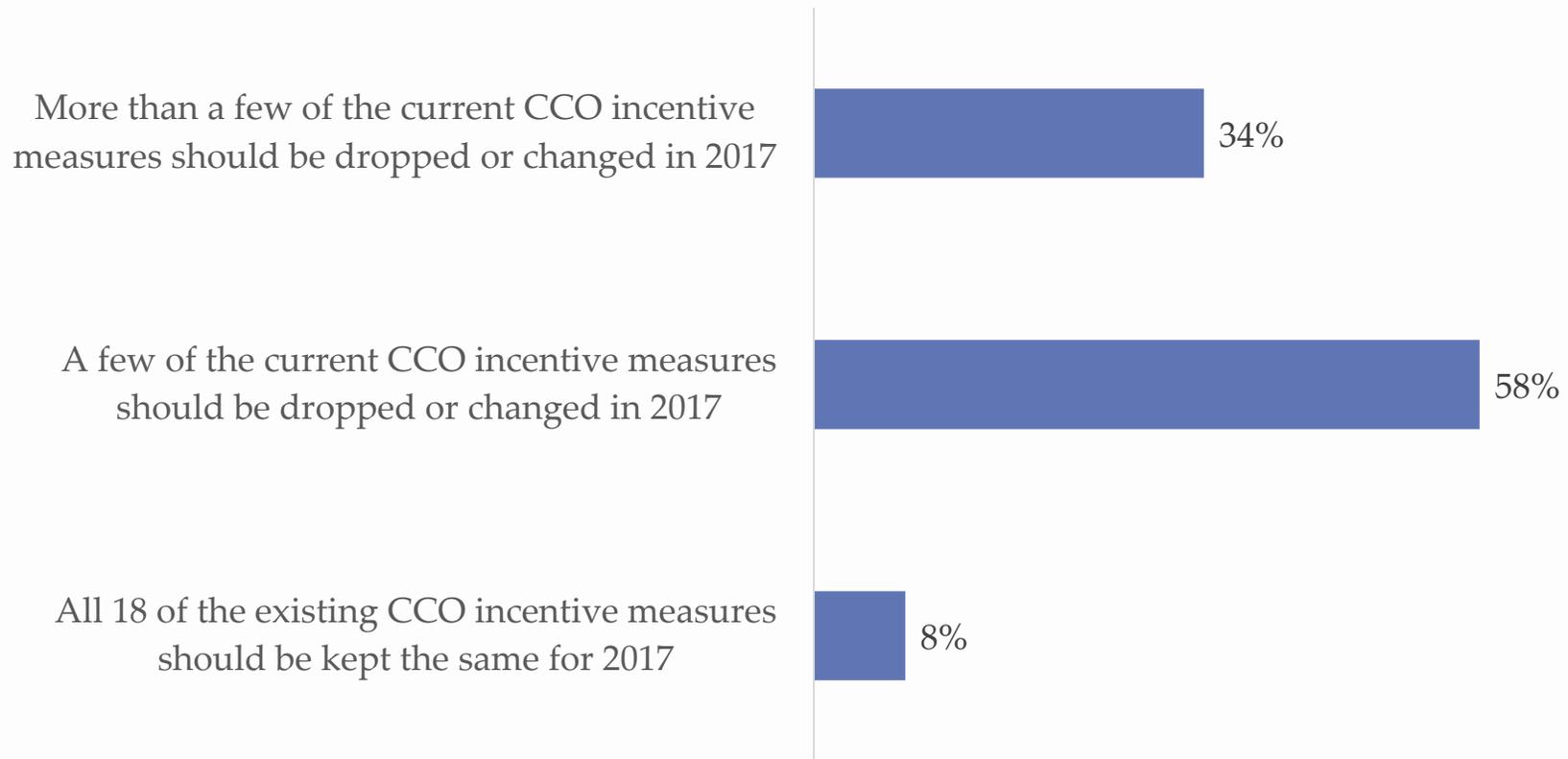


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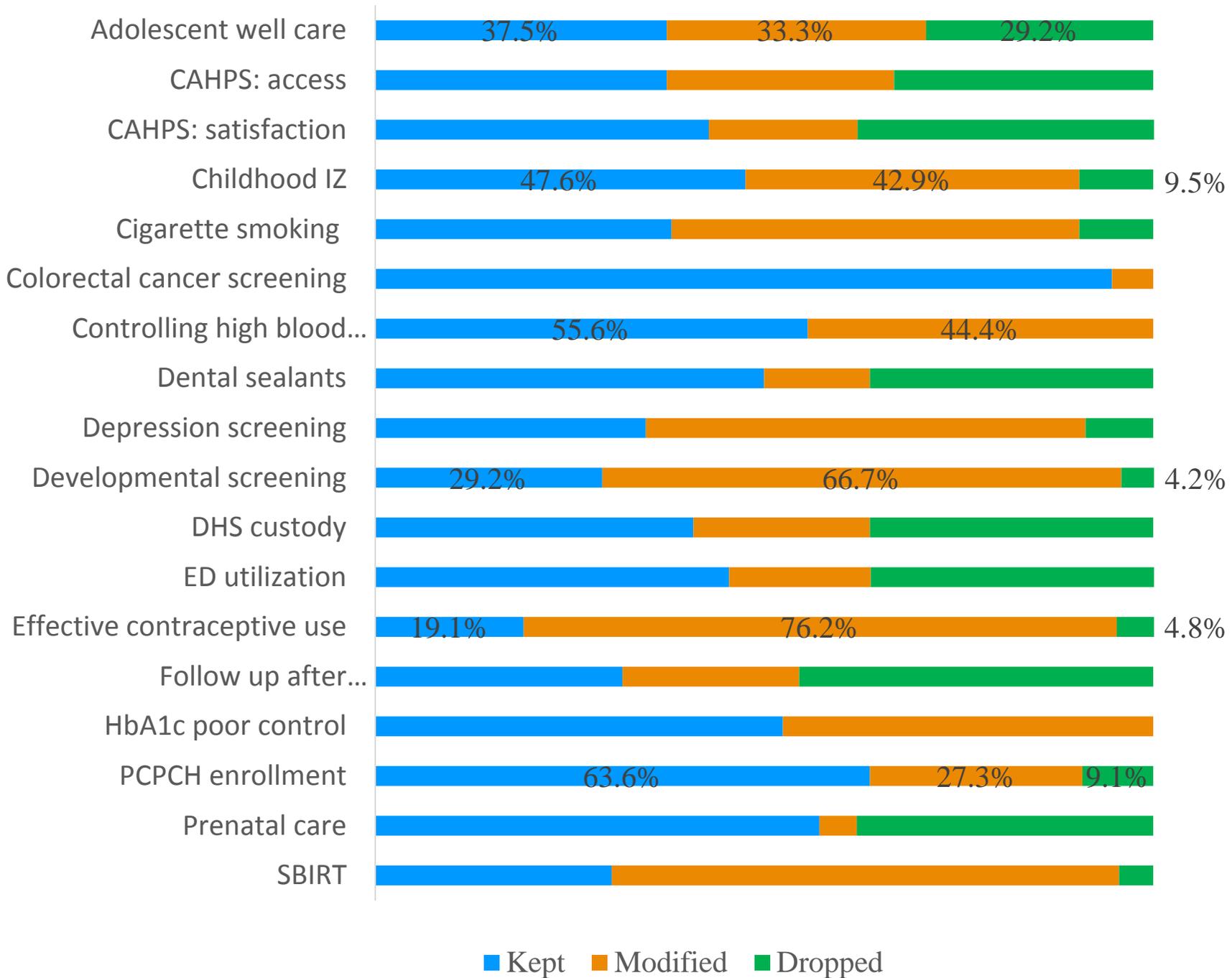
# Proposed Measures

- Adult BMI assessment
- Additional CAHPS measures
- Annual monitoring for patients on persistent medications
- Antiplatelet therapy for patients with cardiovascular disease
- Care coordination for children with medical complexity
- Childhood obesity
- Complete demographic information for Medicaid members
- Continuous Medicaid enrollment
- Food insecurity screening & FU
- Dental access (children / prenatal)
- Fluoride varnish
- FU for children identified at-risk through developmental screening
- Kindergarten readiness
- MTM: completion rate for comprehensive medication review
- Medication reconciliation post-discharge
- Obesity prevalence
- Opioid use MED >90
- Targeted services for children ages 3-5 and families
- Timely updating of member phone & address information
- Weight screening & FU for children, adolescents, and adults
- Well-child visits in first 15 mos
- Well child visits for 3-6 year olds
- Yearly oral health screening in primary care (First Tooth)

# Statement that most closely describes your preference for 2017



n=50



# Public testimony



# Next Meeting: June 17<sup>th</sup> at 9AM - noon

## Agenda

- 2017 measure selection