

Oregon Metrics Technical Advisory Workgroup Meeting  
April 23, 2015 Minutes DRAFT

**Attending:**

|  |   |   |
|--|---|---|
| <b>AllCare</b><br>Alan Burgess<br>Natalie Case                         | <b>Health Share</b><br>Graham Bouldin   | <b>WOAH</b>   |
| <b>Cascade</b><br>Angela Leach   | <b>IHN</b><br>Ellen Altman<br>Megan Underwood   | <b>WVCH</b><br>Greg Fraser<br>Stuart Bradley  |
| <b>CareOregon</b>  | <b>Jackson</b>  | <b>Yamhill</b><br>Jenna Harms<br>Jim Rickards   |
| <b>Columbia Pacific</b>  | <b>PacificSource</b><br>Laura Walker  | <b>Acumentra</b><br>Sara Hallvik  |
| <b>DCOs</b>  | <b>PrimaryHealth</b><br>Sharon Merfeld  | <b>Quality Corp</b><br>Cindi McElhanev  |
| <b>Eastern Oregon</b><br>Susanna Lai<br>Hanten Day                     | <b>Trillium</b><br>Katharine Carvelli<br>DR Garrett   | <b>Guests</b><br>Stephanie Renfro (OHSU)<br>David Dowler (PDES)   |
| <b>FamilyCare</b><br>Kevin McLean<br>Emileigh Canales<br>Ron Lagergren | <b>Umpqua</b><br>Debbie Standridge<br>Christine Seals<br>Kelley Richardson<br>Rose Rice<br>Nikki Martin | <b>OHA Staff</b><br>Susan Arbor<br>Sarah Bartelmann<br>Summer Boslaugh<br>Jon Collins<br>Jen Davis<br>Rusha Grinstead<br>Bruce Gutelius<br>Milena Malone<br>Scott Montegna<br>Crystal Nielson<br>Frank Wu |
| <b>GOBHI</b><br>Matthew Byrne  |   |   |

## Updates

Sarah Bartelmann provided the following updates:

- CY 2014 data and quality pool amounts will be released on April 30<sup>th</sup>. CCOs will have until May 31<sup>st</sup> to review these data and submit any questions, validation requests, etc. See full timeline for closing out CY 2014 online here:  
<http://www.oregon.gov/oha/analytics/CCOData/2014%20Metrics%20Timeline.pdf>
- Legislative update:
  - HB 2027, which would require at least two oral health measures be adopted by the Metrics & Scoring Committee, has died.
  - SB 832, which would require an integrated PCPCH enrollment measure, is still alive.
  - SB 440 has been amended twice, a third amendment is expected. Current draft of the bill establishes the Metrics & Scoring Committee as a subcommittee of the new Health Quality Metrics Committee. New Committee will be charged with selecting a menu of measures, from which measures for CCOs, PEBB, OEBC, and health plans sold on the Exchange will be selected.

## Dental Sealant Modification?

OHA proposes a modification of the continuous enrollment criteria for the 2015 dental sealant measure. Currently the measure requires 90 days continuous enrollment and a child could be in multiple CCOs during the measurement year, which opens up a question of which CCO(s) should receive credit for the sealant. OHA proposes using a 12-month continuous enrollment criteria instead, where a child can only be attributed to one CCO during the measurement year.

Discussion:

- Limit the denominator vs changing the benchmark? Clinical practice says we want every child to have a sealant, but requiring longer continuous enrollment will drop more children out of the measure, result in smaller denominators.
- Consider consistency – 12 months continuous enrollment would be consistent with many of the other measures.

- In a perfect world where all children received sealants in one year, we would have low rate / zero in the next two years while they were in that age group. Do we remove children from the denominator if they had a sealant in the first year?
- OHA will look at the data when we run 2014 baseline, see how many children drop out when we go from 90 days to 12 months continuous enrollment. Bring back to a future TAG meeting for additional discussion.

### **2014 Medicaid BRFSS Overview**

David Dowler from Program Design and Evaluation Services provided an overview of the survey methodology, including sampling, survey implementation, weighting, and reading the data tables. David also presented preliminary state level findings. His presentation is online at: <http://www.oregon.gov/oha/analytics/MetricsTAG/2014%20MBRFSS%20Presentation.pdf>

Additional information about the 2014 MBRFSS is available online at: <http://www.oregon.gov/oha/analytics/Pages/MBRFSS.aspx>

Discussion:

- Gender: Medicaid has been more female in the past, might make a difference in some of these measures when compared to the general population BRFSS?
  - More men in the group due to the expansion population, difference isn't much. Weighted % of gender: 56% in MBRFSS and 51% in general population. Much closer than in previous years when Medicaid was more likely to be female.
  - Binge drinking / risky drinking – more for men; ACES – more for women.
- Clarification: the response rate noted is 17% for MBRSS, 40% for general population BRFSS – not CAHPS.

### **Tobacco in EHR**

Sarah Bartelmann provided a summary of the results from the Tobacco Prevalence in EHRs survey. Additional details were provided in a draft summary report, available online at: <http://www.oregon.gov/oha/analytics/MetricsTAG/Tobacco%20Prevalence%20using%20EHRs%20Summary.pdf>

Discussion included:

- How did the survey ask about stratifying by payers?  
The survey only asked if the Meaningful Use attestation reports could be filtered by

payer, not whether EHRs/ practices have the ability to report their custom queries by payer. This might be a good follow up question.

- Who responded to the survey?  
The survey was distributed to CCOs, but intended for practice / EHR level responses. Some CCOs distributed to their provider network, other CCOs that host an EHR for multiple providers responded directly.
- Would tobacco prevalence be added to the technology plan?  
Yes and no. OHA would want to include tobacco prevalence as a fourth clinical quality measure and use a similar data submission process as the other EHR-based measurement. However, as per the agreement with CMS, OHA can no longer pay for reporting, so CCOs will not be earning payment for submitting technology plans in future years and technology plan requirements will be changing.

OHA will open the Tobacco/EHR survey up for several more weeks to allow additional CCOs / providers to respond, and updated results will be discussed at the May TAG meeting.

### **Bundled Tobacco Measure**

Sarah Bartelmann and Scott Montegna provided an overview of the proposed cessation benefit floor; which would include coverage for three types of counseling, all seven FDA approved medications, and removal of barriers. The proposed benefit is aligned with the ACA / USPSTF guidelines.

Discussion:

- How will we prove how CCOs are meeting these requirements / offering these benefits? OHA has fielded the cessation benefits survey and would likely continue the survey, or a similar survey, as the data source for this component of the bundled measure.
- How to ensure that the right people at CCOs are completing a survey and that the information collected is accurate? Survey responses may be too nebulous; policies or documentation in a provider manual may be more stringent.
- What is the evidence-based for only limiting prior authorizations for nicotine patches and gum, as opposed to all seven FDA-approved medications? Is this an arbitrary decision?

The Health Evidence Review Commission (HERC) is currently reviewing the evidence-base for cessation services. Any recommended cessation benefit that is part of the measure should align with the HERC guidance. Staff will follow up with Cat Livingston.

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- What is the anticipated timeline for a bundled measure?  
Unknown and dependent on the Metrics & Scoring Committee actually adopting this for 2016. OHA's current plan is to work on developing specifications over the next two TAG meetings and be ready with a proposal / recommendation for the Committee if needed this summer. If selected as a measure, OHA would publish all documentation for a tobacco measure no later than October 2015. It is likely that OHA would release guidance in several steps, e.g., :
  - Mid-June – Year Three Guidance Documentation
  - Mid-July – Year Three Measure Specifications, draft tobacco measure specifications.
  - October – Data submission template, any final modifications to a tobacco measure based on Metrics & Scoring Committee decisions.
- The current cessation benefits survey does not differentiate between a benefit that the CCO covers (pays for) and a benefit that is available to the member. May be a factor in rural Oregon. The 2014 benefits survey found that 15 of 16 CCOs say they cover group counseling, but no information is available on where / how often group counseling is available to members. Recommend reviewing question wording for future surveys.

**Wrap up / next meeting**

Thursday, May 28<sup>th</sup>

1:00-3:00 pm