

## ATTENDING

<b>AllCare</b> Will Brake Alan Burgess Natalie Case Andi Franchi Laura McKeane	<b>FamilyCare</b> Kevin McLean	<b>PrimaryHealth</b> Sharon Merfeld	<b>Acumentra</b> Jody Carson  <b>Quality Corp</b> Cindi McElhanev
<b>Cascade</b> Angela Leach	<b>GOBHI</b>	<b>Trillium</b> DR Garrett	<b>Guests</b> Laura Etherton (OPCA) Alicia Atalla-Mei (OPCA) Krista Collins (OPCA) Lynn Knox (OFB)
<b>CareOregon</b> Jaclyn Testani Jeremiah Rigsby Rosemary Zanke	<b>Health Share</b> Jetta Moriniti (Providence)	<b>Umpqua</b> Debbie Standridge Rose Rice	<b>OHA</b> Sarah Bartelmann Lisa Bui Cindy Bowman Sheila Clauson Jen Davis Estela Gomez Rusha Grinstead Tyler Lamberts Milena Malone Scott Montegna Crystal Nielson Ty Schwoeffermann Frank Wu
<b>Columbia Pacific</b>	<b>IHN</b> Ellen Altman Megan Hogland Roxanna Neuhaus Megan Underwood Eryn Womack	<b>WOAH</b>	
<b>Dental organizations</b> Gary Allen (Advantage)	<b>Jackson</b>	<b>WVCH</b> Greg Fraser	
<b>Eastern Oregon</b> Susanna Lai	<b>PacificSource</b> Beth Quinlan Laura Walker Coco Yackley Tyler Nass (Mosaic)	<b>Yamhill</b> Jim Rickards	

## UPDATES

### YEAR 3 CLINICAL QUALITY MEASURES GUIDANCE

Crystal Nielson (OHA, Office of Health Analytics) provided an update on the year three guidance documentation for the clinical quality measures, which was published on July 1<sup>st</sup>. The final guidance document does not include significant changes from what was discussed at the previous TAG meeting, although clarifying language regarding the measurement period and an exception process for those clinics that are transitioning EHRs mid-year has been added.

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The guidance document is available online at:

<http://www.oregon.gov/oha/analytics/CCOData/Year%20Three%20EHR-Based%20Measure%20Reporting%20Guidance%20Documentation.pdf>

Crystal also requested feedback on what kind of technical assistance from OHSU (David Dorr) would be most helpful to CCOs in reporting EHR-based measures. OHA has remaining TA hours available that each CCO can request, or remaining hours can be repurposed to create documents that would be useful for all CCOs (e.g., Year 3 CQM analysis guide). Please send any questions or feedback to Crystal at:

[Crystal.M.Nielson@state.or.us](mailto:Crystal.M.Nielson@state.or.us).

## 2015 CHART REVIEW GUIDANCE

Sarah Bartelmann (OHA, Office of Health Analytics) provided an update on the 2015 chart review guidance document, which was published July 23<sup>rd</sup>. Updates for the 2015 chart review include a requirement for CCOs to review all three measures (colorectal cancer screening, prenatal, and postpartum care), confirmation that OHA will provide a preliminary and final sample, an revised due date, and clarification for using administrative (claims) data as part of the review process.

The guidance document is available online at:

<http://www.oregon.gov/oha/analytics/CCOData/2015%20Chart%20Review%20Guidance%20Document.pdf>

Question: how close were the 2014 preliminary and final samples?

Answer: OHA to investigate and report back out on the differences between the 2014 samples.

*Updated to add: there were very few changes in 2014 between the preliminary and final samples. A quick review of the prenatal care measure indicated that only a handful of members changed between the samples and the most number of members that changed between samples for any given CCO was four.*

## DASHBOARDS

Jen Davis (OHA, Office of Health Analytics) provided an overview of the July and August dashboard releases. Two new measures will be included in the July 28<sup>th</sup> dashboard: effective contraceptive use and follow up after hospitalization for mental illness (moved to the 2015 specifications, inclusive of same-day follow-up).

The August 25<sup>th</sup> release will be the first time OHA releases a CCO level comparison; a static snapshot for each measure so CCOs can see their performance compared to their peers.

## METRICS & SCORING COMMITTEE

Milena Malone (OHA, Office of Health Analytics) provided an update on the Metrics & Scoring Committee, including the appointment of three new members for terms beginning August 2015. New members include:

- Will Brake, CCO representative
- Daniel Porter, measurement expert
- Thomas Potter, member at large.

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Milena provided a summary of the Committee's June and July meetings, in which the 2016 incentive measure set was selected. The Committee chose to retire the EHR adoption measure for 2016, but added two new measures: childhood immunization status and tobacco prevalence (bundle). The Committee did consider whether or not to increase the number of incentive measures to 18, but ultimately agreed that immunization was easy to report, even if not as easy to drive improvements on.

The Committee also sent their formal thanks to the Metrics TAG for work done to develop the tobacco prevalence measure.

At their July meeting, the Committee also considered feedback from the CCO medical directors to consider alternative access measures for a future measurement year, given the limitations of only being able to see CAHPS results once/year. The Committee requested TAG provide feedback on the limitations of the CAHPS-based access measure and recommendations for alternative access measures. TAG will address this topic later this fall, and will provide a recommendation back to the Committee for spring 2016.

The Committee also recommended that David Labby present again to the TAG and the CCO medical directors. TAG agreed that it would be good to hear this presentation (even those who have already heard it) and would like to have advance notice of the presentation date to invite other staff to attend.

## CAHPS Q&A

Rusha Grinstead (OHA, Office of Health Analytics) provided a brief update on the new CAHPS webpage, online at: <http://www.oregon.gov/oha/analytics/Pages/cahps.aspx>.

Rusha also let CCOs know that the raw data sets will be released this week or next, via each CCO's secure FTP site. If CCOs have particular staff who need access to the raw data sets, or need notification when the data sets are posted, contact Rusha at [Rusha.Grinstead@state.or.us](mailto:Rusha.Grinstead@state.or.us).

Rusha is also available to answer questions about the CAHPS data, additional analysis, or to help identify targeted improvement strategies based on CAHPS data.

### Discussion

- CCO score on one of the CAHPS measures missed the improvement target by 0.1% - could this be a calculation error?
  - OHA calculates the composite measures and matches with survey vendor's calculations to make sure there aren't mistakes or discrepancies.
- Can CCOs get preliminary CAHPS results during the fielding period?
  - No, preliminary CAHPS results can be misleading, especially if pulled prior to the last round of phone follow-up, when the response rate usually improves dramatically.

## MEASURE DEVELOPMENT FOR 2016

Sarah Bartelmann (OHA, Office of Health Analytics) recapped the measure and specification development work remaining for 2016. OHA intends to publish 2016 incentive measure specifications in late October / early November and anticipates additional discussion with TAG over the next few meetings.

### CHILDHOOD IMMUNIZATION STATUS

OHA is already measuring and reporting on this measure as part of the set of 33 state performance measures. Updating the 2016 specifications will be straightforward. CCOs can view 2014 performance in the HST report (online here: <http://www.oregon.gov/oha/Metrics/Pages/measure-childhood.aspx>).

Question: Specifications call for a hybrid approach, will CCOs be required to conduct chart review?

Answer: No, OHA already matches claims data with ALERT immunization registry data for a hybrid approach. Chart review will not be necessary.

### TOBACCO PREVALENCE (BUNDLE)

OHA has several outstanding questions to work through before finalizing the specifications and will be working with Public Health and HERC to bring an updated draft to an upcoming TAG meeting.

Question: Will the measure include e-cigarettes?

Answer: No, they will be excluded. Need to clearly state in the specifications.

Follow up: How are providers documenting e-cigarettes in the EHR? Some might be counting as smoking. CCOs will need guidance on what counts / doesn't count for inclusion in the prevalence; this guidance is more critical than "why cessation is important."

Question: Will the measure include marijuana use? Implications of providers asking "do you smoke?"

Answer: No, marijuana use will also be excluded. Specifications / guidance will need to clarify.

Question: What is the age group for the measure?

Answer: Age 13+

OHA would like TAG to consider benchmark and/or improvement target options for the tobacco prevalence measure for recommendation to the Committee as they select 2016 benchmarks in September. Several options that have been discussed to date include:

- 25 percent benchmark, from the goal established in the 1115 demonstration waiver.
- Improvement target only (e.g., 1 percentage point improvement over baseline)
- Regional benchmarks, based on variations in prevalence across the state

#### Discussion

- Improvement target only option seems the most reasonable, given the range of prevalence across the CCOs (based on CAHPS data).

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- Could look at racial/ethnic specific benchmarks, based on prevalence. However, this would require reporting by race/ethnicity out of the EHR and that may not be feasible yet.
- Regional benchmark option not only could institutionalize disparities, but would open the door for setting regional targets for other measures. Better to be consistent across measures.
- Have any ACOs or other states incentivized or set benchmarks for tobacco prevalence? OHA will investigate.

*Updated to add: while several programs are using tobacco as part of a measure, or have adopted process measures related to tobacco, comparable benchmarks for Oregon's intent are not readily available.*

- *Minnesota Community Measurement does not have a separate tobacco measure, but includes documented tobacco-free status as part of their optimal diabetes care and optimal vascular care performance measures.<sup>1</sup>*
- *ACO quality measures include tobacco use assessment / cessation intervention, and tobacco non-use as part of the diabetes composite (similar to MN above).<sup>2</sup>*
- *New York State's DSRIP program includes discussion of cessation strategies as one of their incentivized high performance measures.<sup>3</sup>*
- *California's DSRIP program potentially includes specific goal(s) related to smoking/tobacco use rates among the Medi-Cal population (which may lead to future performance measures).<sup>4</sup>*

## FOOD INSECURITY SCREENING: MEASURE DEVELOPMENT FOR 2017

Lynn Knox (Oregon Food Bank) presented on food insecurity in America and Oregon, the intersections between food insecurity and health / development, and the Screen & Intervene program developed by the Child Hunger Coalition in Oregon.

Lynn's presentation opened with a video from Feeding America, which is available online here: <https://www.youtube.com/watch?v=bNQUdwdMzOo> and her slides are available online here: <http://www.oregon.gov/oha/analytics/MetricsTAG/OFB%20Presentation.pptx> (link will prompt download).

Lynn highlighted the particular effects on children and older adults, and the relationship between food insecurity and health, as well as the rationale for addressing food insecurity in health care settings. The Oregon Food Bank has developed tools for use in clinics that provide local food and nutrition information for every county. About 200 clinics and hospitals across the state are implementing food insecurity screening and intervention with support from OFB.

<sup>1</sup> <http://mncm.org/wp-content/uploads/2015/02/2014-Health-Care-Quality-Report-FINAL-2.19.2015.pdf>

<sup>2</sup> <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Shared-Savings-Program-Quality-Measures.pdf>

<sup>3</sup> [https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/dsrip\\_specif\\_report\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_specif_report_manual.pdf)

<sup>4</sup> [http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/DSRIP3\\_CLS.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/DSRIP3_CLS.pdf)

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Coco Yackley (PacificSource – Gorge) presented on a community survey conducted in the region regarding food insecurity and the implementation of food insecurity screening tied to a new “Veggie Rx” program. Coco’s slides are available online at:

<http://www.oregon.gov/oha/analytics/MetricsTAG/Gorge%20Presentation.pdf>

Laura Etherton (Oregon Primary Care Association) provided several additional examples of Federally Qualified Health Center programs / projects addressing food insecurity, including:

- Tillamook County Health Centers have integrated food insecurity screening into their overall wellness screening (i.e., along with SBIRT and other screening). Currently expanding screening from adult to adolescent visits.
- Multnomah County Mid-County Health Center began a new program in June to subsidize patient participation in a CSA (community support agriculture). Strong early interest from patients.
- Wallace Medical Concern conducting food insecurity screening, have integrated this with community health workers.

Discussion:

- Ideas for reporting on the metric – CPT codes, chart review, electronic reporting?
  - Health Analytics does not believe a code / claim based approach is viable, but will continue exploring options; a measure will likely rely on medical record data, but whether data is extracted electronically or gathered via chart review TBD.
- Do any EHRs have the two question screening already embedded?
  - Providence is currently building it into their EHR.
  - Conversations with OCHIN to build it into EPIC statewide as part of broader social determinants of health tool.
    - Several CCOs are experiencing difficulty with EPIC support for integrating metrics into the EHR. EPIC says they will only address Meaningful Use, not CCO metrics.
    - Challenges with EHR vendors taking metrics seriously; if not built into the EHR, have difficulty with provider engagement.
    - Need OHA to play a role to push EHR providers (not just OCHIN).
- Should the new measure just be food insecurity screening, or screening and follow-up (like the depression measure)?
  - Start with just screening, work to incorporate follow-up into the measure once screening is established? Or is it better to build EHR up front to support screening and follow-up?
- Role of health care system / providers to address client hunger – where is the line between the health system’s responsibility and other social service organizations? If a provider screens and makes a referral, who is responsible for follow up with the client?

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- The intent of the new measure would be to hold providers / health systems accountable for the screening and follow-up (e.g., referral), rather than accountable for reducing the prevalence of hunger in their member population.
- Hunger affects chronic conditions and health care utilization, for example recent article examining emergency department utilization increasing at the end of the month for people with diabetes due to their inability to access food and manage blood glucose.
- FQHCs are becoming much more accountable for health outcomes; Medicare 2016 goal to tie 50 percent of payments to value-based outcomes; need to look at social determinants of health to address outcomes because payments will be shifting.
- Do payers want to affect food insecurity?
  - Yes, there is definite value especially if there is an impact on utilization, but important to note the responsibility is not just on the provider. Members / patients must also share responsibility.
- Can we consider a narrower measure, e.g., food insecurity for people with diabetes? Start with a subset of the population where we know there is a connection between food insecurity and condition / utilization.
  - Technically challenging – will still have to screen the population and report to be able to look at the subset of the population.
  - No CCO wants to be held accountable for ending hunger in Oregon, but CCOs should want to know who is hungry and why. Begin with screening to figure out the population(s) affected, then look at interventions that help and incentivize that.

Next steps:

- Lynn will provide examples of county resource lists that providers can use for referrals, as well as the two question screening tool.
- OHA will send out summary of relevant articles for additional information on food insecurity and the connections between food insecurity and health.
- Intent to schedule additional presentations from systems who have built or are building food insecurity screening into their EHR for September TAG meeting.

**Wrap up / Next meeting**

The next meeting will be August 27, 2015 from 1:00 – 3:00 pm