

ATTENDING

AllCare Alan Burgess Natalie Case Laura McKeane David Farmer	Health Share Chandra Elser Graham Bouldin Jetta Moriniti (Providence)	Trillium DR Garrett	OHA Susan Arbor Sarah Bartelmann Jon Collins Jen Davis Estela Gomez Rusha Grinstead Sara Kleinschmit Kate Lonborg Milena Malone Kian Messkoub Scott Montegna Frank Wu Dustin Zimmerman Guests Victoria Demchak (OPCA) Krista Collins (OPCA) Brian Frank (OHSU) Lynne Knox (OFB) Stephanie Renfro (OHSU) Aaron Hoch (Milliman)
Cascade Angela Leach Amanda Blodgett	IHN Staci Alber Ellen Altman Steve Hadachek Eryn Womack	Umpqua Rose Rice Ruth Galster Nikki Martin Debbie Standridge	
CareOregon Christine Castle Nicole Merrithew Jaclyn Testani	Jackson	WOAH	
ColumbiaPacific	PacificSource Beth Quinlan Laura Walker Donna Mills (COHC) Tyler Nass (Mosaic)	WVCH Greg Fraser Nancy Rickenbach	
Eastern Oregon Jordan Rawlins		Yamhill Jenna Harms	
FamilyCare Kevin McLean	PrimaryHealth Jennifer Johnstun Shannon Cronin	Q Corp Cindi McElhaney Acumentra Sara Hallvik	

UPDATES

Sarah Bartelmann provided the following updates:

TRANSFORMATION CENTER TECHNICAL ASSISTANCE

Colorectal cancer screening: CCOs are invited to join the next webinar entitled "Operationalizing Direct-Mail Interventions in Practice: EMR Tools and Practice Readiness Assessment" on July 20th at 11 am. Information and registration online at: www.oregon.gov/oha/Transformation-Center/Documents/CRC-Webinar.Series.pdf. Transformation Center staff will be reconvening with subject matter experts to determine next steps for colorectal cancer screening TA. More details will be shared once they are available.

Adolescent well-care visits: The Oregon Pediatric Improvement Project (OPIP) will provide a webinar series between June and September to address adolescent well-care visits. More information and registration is available online at www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx.

2015 FINAL REPORT

The CCO Metrics 2015 Final Report was published the morning of the TAG meeting, June 23rd. CCOs received payment notification and the final CY 2015 dashboard the day before. The report is available online at: <http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx>. Presentations and discussion of results are scheduled for the July 11 QHOC; July 15 Metrics and Scoring Committee; and July 28 Metrics TAG meetings.

IMMUNIZATION DATA

OHA provided ALERT immunization files for all CCO enrollees younger than age 18 years on Wednesday, July 15th. OHA will provide these data on a quarterly basis going forward (schedule TBD).

TAG members expressed interest in holding a standalone meeting to share ideas and discuss how CCOs are slicing the data. Members should email metrics.questions@state.or.us if they are interested in taking part. Staff will schedule a meeting for late July / early August.

DASHBOARDS

The next dashboard, to be released June 30th, will cover March 2015 – February 2016 and will use 2016 specifications. 2016 improvement targets are being calculated now using final 2015 results and will be included in either the June or July dashboard.

METRICS & SCORING COMMITTEE

The Committee met June 17th and agreed not to add or drop any new measures for 2017 (i.e. 2017 measures will be the same as 2016). The Committee will devote meetings through the summer and fall to focus on 2018 measure selection, to ensure time for development and testing of new measures.

2016 SPECIFICATION UPDATES

Many excellent questions were raised during the 2015 validation process. In response, OHA will add clarification to several 2016 specification sheets and will repost online in the next few weeks.

2016 CESSATION BENEFIT REQUIREMENT CLARIFICATION

Several CCOs submitted trial cessation benefit surveys. Upon reviewing these trials, OHA determined several places where the 2016 measure specifications are unclear. Because it is halfway through the measurement year and final surveys are due soon, OHA will allow some flexibility for 2016 and tighten the requirements to align with original intent in 2017 in the following areas:

1. Number of quit attempts:
 - Original intent / 2017 requirement: CCOs must cover two quit attempts per year for both cessation medication *and* counseling.
 - 2016 flexibility: CCOs must cover two quit attempts per year for cessation medications, and at least one quit attempt for counseling.
2. Duration of counseling:

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- Original intent: CCOs must cover 4 sessions of at least 10 minutes for each type of counseling (individual, group, telephonic) per quit attempt and two quit attempts per year.
- 2016 flexibility: CCOs must cover 4 sessions of at least 10 minutes for at least one type of counseling, and some coverage for the other two types of counseling.
- 2017 requirement: PENDING REVIEW by Public Health Division.

Additional clarifications:

- CCOs must cover telephone counseling to meet the cessation benefit requirement. Counseling can be provided by in-house staff or through a quit line contract. The State Quit Line does not meet this requirement.
- A “covered benefit” is defined as a benefit the CCO would pay for should a member receive that service. However, all services may not actually *be available* in each community. In such cases, the CCO would nonetheless receive credit for offering the benefit.

Technical assistance is available from the Public Health Division, including help with strategies to promote quit line services to members, tobacco free campuses, and making connections with local partners. This TA will be discussed in more detail at the July 28th TAG meeting.

SBIRT CODING REVISITED

OHA has noted a large increase in SBIRT numerator compliance beginning in October 2015 and believes this is due to standalone use of the ICD-10 code z13.89, which is only for “screening–other.” OHA initially proposed removing the standalone ICD-10 option for the SBIRT measure in CY 2016; however TAG discussion at the May meeting indicated it would be preferable to wait until CY 2017 to make this change.

OHA thus proposes removing the ICD-10 standalone option from the SBIRT measure specifications for CY 2017, and rebasing 2016 without the standalone code to set 2017 improvement targets. TAG members agreed with this approach.

Additional discussion included:

- Rebasing 2016 without the standalone code will artificially lower the baseline and cause 2017 improvement targets to be more lenient.
- Transitioning SBIRT to an EHR-based measure will likely not happen until 2018.
- Interest in proposing a specific SBIRT code to the ICD10 Committee (longer term solution).

FOOD INSECURITY SCREENING REVISITED

After several months of reviewing draft specifications and discussing intent for the proposed PIP measure, in April TAG suggested a bifurcated approach and writing two versions of the measure specifications: 1) Population-based and 2) Provider / clinic-based. Either version could be benchmarked against county-level

data, allowing CCOs flexibility in their interventions and measurement approach. Members reviewed draft specifications today; discussion included:

- For population-based measure, food insecurity screening questions could simply be added to the CAHPS survey. Population data for monitoring purposes would then be available to all CCOs. TAG agreed this solves the data problem, but may not align with the intent of the measure, as CAHPS data would not support interventions.
- Reminder that this is not a required incentive measure. The Metrics and Scoring Committee – while interested in social determinants of health – decided not to move forward with food insecurity screening. These specifications are meant to be a standardized measurement tool for CCOs who are already doing or would like to do work in this area.
- Drop the population-based measure; the PIP measure should be provider / clinic-based only. TAG participants discussed whether this would be an expansion of provider scope of practice and create more burden on providers.
- Discussion about provider / clinic-based draft specifications:
 - Denominator should be broader than members who had a primary care visit. For example, include behavioral health settings, public health, virtual encounters, etc. Screening also needn't happen on day of visit.
 - Should screening information be shared with provider or with CCO? Resources for action/intervention are more likely at CCO level, but this depends where the intervention is being implemented (which may vary by CCO).
 - Members who are receiving benefits (e.g. SNAP, food bank) may still be experiencing food insecurity and should be screened.

The TAG will continue discussion at future meetings.

EHR-BASED MEASURES: YEAR 4 REPORTING REQUIREMENTS

Kate Lonborg provided a high-level overview of 2016 requirements that are anticipated to be included in the guidance documentation to be published in late July. Slides are available on the TAG webpage:

www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx.

CCOs are encouraged to email katrina.m.lonborg@state.or.us with feedback by July 15.

TOBACCO PREVALENCE REPORTING ROUNDTABLE

Greg Fraser (Willamette Valley Community Health) and David Farmer (AllCare) shared their experiences pulling tobacco prevalence data for 2015.

Found that while recording cigarette/tobacco use status (numerator #1) was very straightforward, there were some hiccups in determining numerators #2 and #3 (of those whose status was recorded, how many used cigarette or other tobacco products?).

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Found that if status was not recorded recently enough, the report would indicate no status recorded, rather than pulling the most recent status on record through. Given the look back period in the specifications for when status can be recorded, this will result in inaccurate data. Providers can see status in the EHR and confirm with the patient, but may not be prompted to confirm/re-save with new date stamp. One solution may be to modify the EHR to include an option to “confirm status is unchanged” with a date stamp.

There may be options for having the patient update their smoking status as part of health history forms in the patient portal with some kind of self-check in tool.

NEXT MEETING: JULY 28TH FROM 1-3 PM

DRAFT