

ATTENDING

AllCare Alan Burgess Natalie Case Laura McKeane	Health Share Chandra Elser Graham Bouldin Jetta Moriniti (Providence)	Trillium DR Garrett Arielle Goranson (PeaceHealth)	OHA Joell Archibald Sarah Bartelmann Lisa Bui Jon Collins Jen Davis Estela Gomez Anona Gund Rasha Grinstead Cyndi Kallstrom Kate Longborg Milena Malone Kian Messkoub Adrienne Mullock Frank Wu Guests Victoria Demchak (OPCA) Stephanie Renfro (OHSU) Dental
Cascade Angela Leach Amanda Blodgett	IHN Staci Alber Ellen Altman Steve Hadachek Eryn Womack	Umpqua Rose Rice Ruth Galster Debbie Standridge	
CareOregon Nicole Merrithew Jaclyn Testani	Jackson	WOAH Anna Warner	
ColumbiaPacific	PacificSource Beth Quinlan Jeanette Sims Laura Walker Coco Yackley Ken House (Mosaic) Donna Mills (COHC)	WVCH Greg Fraser Nancy Rickenbach	
Eastern Oregon Lenore Diaz del Castillo		Yamhill Jenna Harms	
FamilyCare Kevin McLean Emileigh Canales	PrimaryHealth Jennifer Johnston	Acumentra Sara Hallvik Q Corp Cindi McElhane	

UPDATES

Sarah Bartelmann provided the following updates:

HOSPITAL METRICS COMMITTEE

The Hospital Committee met May 20th to continue discussing an opioid prescribing measure and heard a presentation on a proposed new measure: proportion of hospital births screened for home visiting programs or other types of parenting support.

PUBLIC HEALTH ADVISORY BOARD: ACCOUNTABILITY METRICS SUBCOMMITTEE

The Public Health Advisory Board has convened an accountability metrics subcommittee charged with identifying measures to be used to monitor the progress of local public health authorities in meeting statewide public health goals. The subcommittee is interested in learning from CCO work and finding areas for alignment. A member of the Metrics & Scoring Committee is participating in the subcommittee.

WAIVER RENEWAL

OHA has posted the draft waiver renewal application online and it is open for public comment through June 1, 2016. Content related to the quality measures can be found in Appendix III / C.

<http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>

STRATEGIC PLAN FOR HEALTH CARE DATA COLLECTION

SB 440 (2015) charged the Oregon Health Policy Board with developing a strategic plan for health care data collection in Oregon. OHA has contracted with Oregon Health Care Quality Corporation (Q Corp) to develop a data inventory and gap analysis, and conduct stakeholder engagement to inform the strategic plan. CCOs and partners may be contacted for interviews, and all are welcome to complete the online survey.

TRANSFORMATION CENTER TECHNICAL ASSISTANCE

Adrienne Mullock and Anona Gund provided this update:

Colorectal cancer screening:

- CCOs are invited to join the next webinar entitled “Operationalizing this in Practice: EMR tools and Practice Readiness Assessment” on June 29th at 11 am. The webinar will be recorded. Information and registration online at: www.oregon.gov/oha/Transformation-Center/Documents/CRC-Webinar.Series.pdf.
- CCOs can participate in individual consultation with subject matter experts. The consultation intake form must be completed by May 31, 2016. <http://www.oregon.gov/oha/Transformation-Center/Documents/Consultation%20Form.docx>

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.

Childhood immunizations: If interested in more information about the root-cause analysis technical assistance, contact metrics.questions@state.or.us.

Cigarette smoking cessation: the Transformation Center has contracted with Carol Gelfer to help identify existing provider training resources, and will be providing a summary of available resources in late August or early September, then developing a training plan to address any gaps in available resources.

The Transformation Center confirmed these technical assistance offerings are in addition to the 35 hours of technical assistance available through the TA Bank, but that CCOs could request additional TA in these focused areas through the TA Bank.

CY 2015 CLOSE OUT

On May 18th, OHA provided a refreshed dashboard that incorporated missing diagnosis codes from adjusted claims and on May 23rd provided preliminary chart review results and CAHPS results. CCOs have through 11:59 pm on May 31st to submit any questions or validation requests for CY 2015.

In June, OHA will provide remaining files, including final 2015 chart review results, final 2015 EHR-based measures, updated immunization results, and a potential rebase for 2014 results / 2015 improvement targets for the two CAHPS measures to reflect the same population weighting used for 2015 results. OHA will also provide the 2015 CAHPS banner books on June 6th.

All final 2015 measure results and quality pool payment amounts will be released to CCOs June 23, and CCO Metrics 2015 Final Report will be released publicly on June 24. CCOs will receive quality pool payments no later than June 30. Also on June 30, a dashboard with rolling window March 2015 – February 2016 will be available to CCOs.

2016 EFFECTIVE CONTRACEPTIVE USE SPECIFICATIONS

A new exclusion to better identify transgender individuals has been proposed for the 2016 specifications. Five diagnosis codes would be added as exclusions: Q51.0, Q50.02, 752.31, 752.49, and 752.0. These codes would identify congenital absence of uterus or ovaries, which would help identify people who identify as female (and are thus being pulled into the measure denominator), but were born with male genitalia. OHA reviewed the frequency of these codes since ICD10 implementation and found only 4 individuals with these codes. This change is likely to have little impact on the overall measure performance, but will provide further refinement.

TAG input is requested by Friday, June 3rd.

SBIRT CODING REVISITED

Continuing the discussion from April, OHA noted a large increase in SBIRT numerator compliance beginning in October 2015 and believes this is due to the switch from ICD-9 to ICD-10. Specifically, the change from diagnosis code v79.1 (ICD-9) to z13.89 (ICD-10) led to an average 79% increase in claims per month.

This new ICD-10 code lacks specificity -- it is only for “screening - other” – and is very likely picking up non-SBIRT screenings. However, when z13.89 is combined with 99420, the increase in claims during measurement period Oct-Dec (i.e. ICD-10) compared with Jan-Sep (i.e. ICD-9) is only 16% instead of 79%. Staff believes this is a reasonable change that will reduce the likelihood that the SBIRT numerator is over-counting and picking up non-SBIRT services, and proposes removing the standalone coding option for CY 2016.

TAG participants were asked to look into this locally and provide any feedback about how this coding may be implemented within their networks. Feedback shared included an observed correlation that providers that used ICD9 standalone codes switched to ICD10 standalone codes, concern that EPIC dropped the 99420 + Dx pairing option which may be driving this change, and a suggestion to drop the ICD coding option entirely.

CCOs shared additional findings:

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- Jennifer Johnston from PrimaryHealth shared that of the 280-some encounters billed with the standalone code, 82 percent had evidence of full SBIRT screening. Some were billing for brief screening or depression screening.
- Anna Warner from WOA shared that they checked with several providers and determined that most of the standalone codes were being used for depression screening, rather than SBIRT.
- Angela Leach from Cascade shared that their increase in the standalone code was due to 0 providers billing appropriately in August, but then beginning to.
- DR Garrett from Trillium shared that they also see depression screening as a common reason for using the standalone code, however some of the noted increase in coding likely comes from pediatric practices who are beginning to implement SBIRT now that adolescents are included in the measure.
- WVCH's clinical advisory panel did not find many providers using the standalone option.

Discussion about how to handle the issue for 2016 included:

- Removing Z13.89 from the measure, but not until 2017. The code is a poor reflection of actual performance, but will be disappointing to providers who are making progress.
- Seeing if EPIC can reinstate the 99420+ Dx coding option (without resulting in charging individuals)
- Closing out 2016 without modifying the specifications, then rebasing 2016 without the standalone diagnosis code for accurate comparison to 2017.
- Whether it would be better to change SBIRT to a chart review measure for 2016 or 2017, and the plans to move this to an EHR-based measure eventually.
- General consensus is that this change will be necessary, but frustrating, so better to wait for 2017 to allow lead time to implement in late 2016.

Next steps:

- CCOs will continue discussing internally and with EHR vendors.
- Will revisit at the June TAG meeting for a final decision.

STAKEHOLDER SURVEY RESULTS

OHA fielded a stakeholder survey on behalf of the Metrics & Scoring Committee to collect feedback on potential ideas for the incentive program structure under the new waiver, proposed new (transformational) measures for consideration, and the current (2016) CCO incentive measures. Sarah Bartelmann presented a summary: <http://www.oregon.gov/oha/analytics/MetricsTAG/May%2026,%202016%20Presentation.pdf>

The survey report and appendix are also available in the May Committee materials online at:

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

Discussion included:

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- The survey results highlight the interrelationship between OHA processes and accountability and CCOs (e.g., the proposed new measures related to complete enrollment and demographic files), and whether OHA should have different/ additional accountability measures, and what, if any, implications this might have on the CCO quality pool structure. TAG participants were encouraged to share thoughts on this as part of the current waiver renewal application public comment process.
- Whether anything was done to address the affects the Expansion population had on the colorectal cancer screening measure denominator, which had been reviewed by the Metrics & Scoring Committee upon request. The Committee agreed to leave the benchmark the same for 2016, but did not make any additional changes.

NEXT MEETING: JUNE 23RD FROM 1-3 PM

DRAFT