ATTENDING

AllCare Alan Burgess Natalie Case Laura McKeane	**FamilyCare** Iris Grill Kevin McLean	**PrimaryHealth** Jennifer Johnston	**Acumentra** Sara Halvik **Quality Corp** Cindi McElhaney Rebekah Bally
Cascade Thomas Wallace	**GOBHI**	**Trillium** DR Garrett	**Guests** Lynn Knox (OFB) Victoria Demchak (OPCA) Akira Templeton (OPCA) Charlotte Navarre (Providence) Ian Schurr (OCH)
CareOregon Bethany Hollister	**Health Share** Graham Bouldin	**Umpqua** Debbie Standridge Rose Rice	**OHA** Susan Arbor Sarah Bartelmann Lisa Bui Jon Collins Chris Coon Sara Kleinschmit Milena Malone Elizabeth Thorne Frank Wu
ColumbiaPacific	**IHN** Ellen Altman Megan Underwood Eryn Womack	**WOAH**	
Dental Organizations Mike Shirtcliff	**Jackson**	**WVCH** Nancy Rickenbach	
Eastern Oregon Susanna Lai	**PacificSource** Laura Walker	**Yamhill**	

UPDATES

OCTOBER DASHBOARD & SURVEY

The October dashboard will be released on Tuesday, October 27th and will cover an updated measurement period: June 2014 – May 2015. OHA is also interested in dashboard user feedback to better understand how CCOs are currently using the dashboard and what improvements or additional resources could be provided in order to make the dashboard more valuable. The survey is available online at: www.surveymonkey.com/r/CCODashboardUserSurvey/

REMAINING METRICS & SCORING COMMITTEE DECISIONS

While the Metrics & Scoring Committee has finalized almost all of the 2016 measures and benchmarks, three items are still outstanding and will be decided at the upcoming November 20th Committee meeting:

- 2016 benchmark selection for colorectal cancer screening;
- 2016 benchmark selection for tobacco measure; and
- Decision on weighting structure for tobacco measure.

HOSPITAL TRANSFORMATION PERFORMANCE PROGRAM (HTPP)

OHA intends to provide regular updates about the hospital metrics program at the CCO metrics TAG meetings, and regular updates about the CCO metrics program at the hospital metrics TAG meetings. Updates this month include:

- OHA is still waiting to hear from CMS regarding the proposed continuation of year three of the HTPP program.
- The next Hospital Performance Metrics Advisory Committee meeting will be Friday, October 23rd. The group will be reviewing the results of the stakeholder survey.
    - Committee: www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx
    - Survey report: www.oregon.gov/oha/analytics/HospitalMetricsDocs/HTPP%202017%20Stakeholder%20Survey.pdf

MEASURE SPECIFICATIONS

OHA posted revised 2015 specification sheets for four measures, as well as new 2016 incentive measure specific sheets on September 30th. The revisions to 2015 measures were:

- Adolescent well care visits – incorporated ICD10 codes
- SBIRT – incorporated ICD10 codes
- Effective contraceptive use – incorporated ICD codes; updated NDC list*
- DHS Custody – added exclusion for "future enrollments" and clarification about when physical health assessments are provided by psychiatric providers.

Additionally, OHA noted that the new ICD10 standalone code for SBIRT (Z13.89) is also the ICD10 code for depression screening, which may result in a potential over count of SBIRT services if clinics are using Z13.89 to track multiple screening services. OHA does not see a solution to this potential over count that still allows for a standalone diagnosis code option, but encourages CCOs to submit any thoughts or comments on this potential issue.

*Several errors to the Sept 30th code table have been identified; OHA will be posting a corrected version by the end of October.

TRANSITION TO 834S FOR DHS CUSTODY

OHA intends to transition from the weekly notification files that are posted each week for CCOs to identify children in DHS custody to using the daily 834 files to identify these children. OHA will provide weekly notification files through the end of the 2015 to allow CCOs a transition and validation period. Note only children entering custody through October 31st are included in the denominator (to allow 60 days in the

measurement period for follow up services to occur). Beginning January 2016, the 834 enrollment files will be used to identify children in the measure.

For more information, please see the member distributed on September 29th: www.oregon.gov/oha/analytics/CCOData/DHS%20Custody%20834s%20Memo.pdf

TOBACCO MEASURE

Updated draft specifications and cessation benefit survey are included in today's meeting materials and posted online at: www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx

OHA will finalize these specifications after the November 20th Committee meeting when decisions are made about the benchmark and weighted components. OHA will also distribute a link to the online cessation benefits survey in November. Reminder: cessation benefits survey will be optional for 2015.

EHR-BASED SPECIFICATIONS FOR SBIRT

This agenda item was postponed; we will continue the discussion in a future TAG meeting or over email.

ADOLESCENT WELL CARE VISITS: CHALLENGES & STRATEGIES

Liz Thorne from OHA's Public Health Division presented on the new guidance document and strategies for addressing adolescent well care visits. She reviewed common challenges for adolescent well care visits and potential opportunities for improvement, as well as highlighted an example from Yamhill CCO.

Her slides are available in the meeting materials online at: www.oregon.gov/oha/analytics/MetricsTAG/October%2022,%202015%20Presentation.pdf

Discussion included:

- Address Oregon State Athletics policy requiring sports physicals every other year rather than annually. Align requirements with anticipatory guidance to better support well visits.
- Address standalone sports clinics (e.g., $15 for sports physical, athletes directed here instead of school-based health center or primary care).
- Education for providers: how to let them know that well visits should be once / year rather than once every 365 days for Medicaid?
- Big opportunities for improvement in addressing "missed opportunities" (e.g., turning sports physicals or sick visits into well visits).

Liz also invited TAG participants to a webinar to develop evidence-based / informed strategies for adolescent well care as part of the Title V Maternal and Child Health Block Grant. The webinar will be held November 5th from noon – 1:30 pm and more information is available online at: http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx

FOOD INSECUIRTY SCREENING (REVISITED)

Sarah Bartelmann introduced the goals for today's conversation, which included hearing presentations from two health systems that have incorporated food insecurity screening into their EHRs (Providence and One Community Health), and revisiting the measure concept before continuing specification development.

Charlotte Navarre presented on Providence's Screen and Intervene in Childhood Hunger demonstration project, including the pilot model and workflow, interaction with patient navigators, and flow sheets in EPIC. Charlotte's slides are available in the meeting materials online at:
www.oregon.gov/oha/analytics/MetricsTAG/October%2022,%202015%20Presentation.pdf

Ian Schurr also presented on One Community Health's food insecurity screening and workflow in a different installation of EPIC. His handout describing the workflow is available online at:
www.oregon.gov/oha/analytics/MetricsTAG/Food%20Security%20Screening%20Workflow%20Visual.pdf

Discussion included the sustainability of the Providence program, the Pathways model, how patients and providers interact with the navigators and community resource desk, and how data is accessed.

Discussion on the measure concept included:

- Concern with screening people without the ability or system in place to respond to patient need.
- If early intervention (ages 0-5) is really important, screening should be tied to well visits for children, which can reach the entire family, rather than focusing the measure on the whole population.
- Philosophically a population-based measure would be preferred – could focus on interventions with early learning, primary care, mental health, etc.
- Most providers want to help families and address social determinants of health, but how to ensure that there are adequate resources, places to direct families in need, and how to make this 'invisible' and automated to reduce burden on the providers?
- General agreement that it would be better to collect data at the CCO level, rather than provider level, however ability to capture the data outside of the provider's office may be limited and implementation will be challenging.
    - By default, data collection limitations almost force the measure back into those people who have had an encounter with the health system = primary care / well visit model.
    - Add questions to CAHPS survey for CCO level / population monitoring? It might be helpful to review population level data and consider what activities might contribute to the outcome before deciding where the measure should "live."
        - OHA has food insecurity and hunger data at the CCO level from the 2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS) survey. May not need to wait to roll these questions out in CAHPS for this kind of review; can share CCO level data at an upcoming TAG meeting.

        - CCOs have already noted concerns about using CAHPS-based incentive measures (frequency of data, sample of population, confidence intervals, unidentified so cannot follow up with individuals based on results) and it may not be appropriate to propose food insecurity screening as a new CAHPS measure.
    - May need to test as a performance measure for a year or two, before considering incentivizing it.
- Is 12 months a realistic timeframe to reduce food insecurity across a region? This might be better as a multi-year measure, or a monitoring measure, or a performance improvement project.
    - The statewide PIP measure / focus has already been selected and will be opioids; however, CCOs could choose to address food insecurity as one of their optional PIPs. Food insecurity could fit until multiple quality improvement focus areas, particularly population health.
    - Ideally several CCOs will coordinate and work on the same or similar approach to a food insecurity PIP.
- Consider a multi-pronged approach like the tobacco prevalence measure, with multiple components:
    - Component 1: Does the CCO have a food insecurity program in place
    - Component 2-x: TBD
    - With prevalence monitoring at the CCO level from the CAHPS survey.

In summary, while there is CCO interest and support for addressing food insecurity and hunger in multiple ways, the best approach for an incentive measure remains unclear. Staff will draft a 'white paper' summarizing the discussion to date and possible options for moving the work forward (similar to several proposals TAG created in 2013 for the Metrics & Scoring Committee). TAG will review at an upcoming meeting (most likely January – February 2016).

NEXT MEETING

November 19th from 1 – 3 pm. Agenda items include:

- David Labby's presentation on the Health Common's grant.
- Health Equity Index measure development update
- 2016 meeting schedule and work plan