Metrics Technical Advisory Workgroup

September 22, 2016

PLEASE DO NOT PUT YOUR PHONE ON HOLD – IT IS BETTER IF YOU DROP OFF THE CALL AND REJOIN IF NEEDED

Today's Agenda

- Updates
- Tobacco Quit Line TA / Communications
- Updated SBIRT / CRAFFT Tools
- Tobacco reporting from EHRs
- Equity Measure Request
- PCPCH Enrollment Weighting
- Metrics & Scoring Committee Workplan

Updates

Dashboards

- Most recent dashboard released September 7th
  - Rolling 12 months: May 1, 2015 – April 30, 2016
  - Rebased FUH on 2016 specs – Final 2015 results and 2016 targets updated
  - Updated Opioid PIP files
- 2015 FUH rebased member-level files posted on September 12th
- Next dashboard will be released by September 28th

Metrics & Scoring Committee

- Met August 19th
  - reviewed 2017 benchmark options for several measures
  - reviewed a proposed work plan to review all areas of interest leading up to 2018 measure selection

- Met September 16th
  - selected the 2017 challenge pool measures
    - Replaced HbA1c with ECU
  - introduction to the Kindergarten Readiness measure
  - Introduction to potential medication / pharmacy related measures

Hospital Metrics

- OHA continues discussions with CMS regarding continuation of the program
- Subject to CMS approval, the new program year (HTPP Year 4) begins October 2016
  - Note OHA is seeking to align the HTPP measurement period with that of the CCOs (to calendar year); if CMS approves, Year 4 will begin in January 2017

Hospital Metrics

- The Hospital Performance Metrics Advisory Committee met on 21 September
  - The agenda will focus on setting benchmarks for Year 4 of the HTPP, and administration of the first HTPP challenge pool

Clinical Quality Metrics Registry (CQMR) RFP Update

CQMR RFP SCHEDULE	
RFP Release Date	August 26, 2016
Q&A Period	August 26-September 2
RFP Response Due Date	September 22 (4 weeks)
Down-Selected Vendor Demos	October 7-27
Down-Selected Vendor Site Visits	October 28-November 17
Vendor Selection	November/ December 2016

Transformation Center Incentive Measure Technical Assistance Overview for TAG

September 22, 2016

Adrienne Mullock
Anona Gund

Oregon Health Authority

Health Equity Consultations
with Ignatius Bau

- All CCOs are invited to participate in a SIM-funded one-on-one consultation with Ignatius Bau, an independent consultant and national expert who provides technical assistance and training to advance health equity.

- During these consultation, Ignatius focuses on the CCOs' transformation plans, community health improvement plans and incentive measures.

- Thus far, the Transformation Center has provided nine CCOs with these health equity consultations with Ignatius Bau. The Transformation Center is also offering ten additional hours of follow-up technical assistance focused on health equity for those CCOs that take part in a health equity consultation.

- Interested? Questions? Contact Adrienne.p.Mullock@state.or.us

Oregon Health Authority

Adolescent Well Care Visits: Additional Eye-to-Eye Training

When: November 18, 2016, 2-5 pm

Where: Carpenter Rooms (ground floor of Asante hospital) – 2825 E. Barnett Rd., Medford, OR 97504

Register: https://eyetoeyemedford.Eventbrite.com

Questions: Contact Laura.E.Kreger@state.or.us

Oregon Health Authority

Measure Specific TA

- Adolescent Well Care Visits
- Colorectal Cancer Screening
- Immunizations
- Tobacco Cessation

See handout for additional details about ongoing TA opportunities.

Reducing tobacco use: communications intervention

Holly Heiberg and Scott Montegna

Oregon Health Authority

How communications affects tobacco cessation

2015: Surge in Oregon Quit Line calls

2013-2014 Baseline Call Activity

	DEC	JAN	FEB	MAR	APR	TOTAL
All Calls	616	674	727	773	698	3,488
Web	79	123	81	97	86	466
TOTAL	**695**	**797**	**808**	**870**	**784**	**3,954**

2014-2015 Campaign Effect

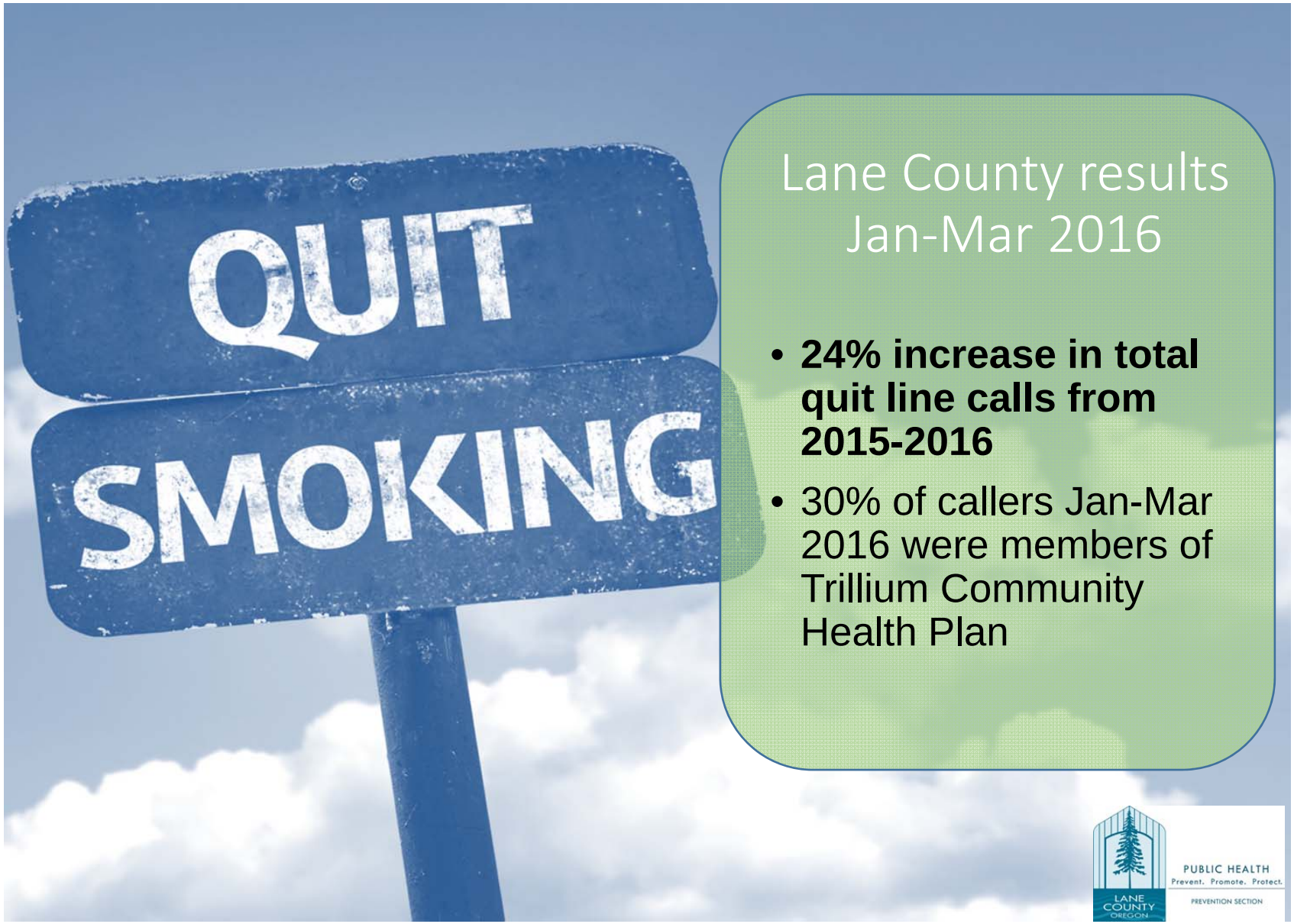
	DEC	JAN	FEB	MAR	APR	TOTAL
All Calls	922	1,653	1,213	1,072	1056	5,916
Web	316	557	354	270	234	1,731
TOTAL	**1,238**	**2,210**	**1,567**	**1,342**	**1,290**	**7,647**

Why it Worked

- Based upon CDC best practices
- Messages tested with audience for effectiveness
- Multi-media approach
- Targeted media to reach people who smoke multiple times

Value: Turn-key for CCOs and community partners

- Content creation
- Audience testing
- Media planning and execution



Lane County results Jan-Mar 2016

- **24% increase in total quit line calls from 2015-2016**
- 30% of callers Jan-Mar 2016 were members of Trillium Community Health Plan

PUBLIC HEALTH
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LANE COUNTY OREGON
PREVENTION SECTION

Contact

Holly Heiberg
Holly.Heiberg@state.or.us

Oregon Health Authority

Updated SBIRT / CRAFFT Tools

Jim Winkle

Tobacco Reporting from EHRs

Nicholas Colin

Kate Lonborg

Poll / Request for feedback

Are you experiencing challenges getting data on any of the three rates? If so, which parts?

1) Of all patients with a qualifying visit, how many have their cigarette smoking or tobacco use status recorded?

2) Of all patients with their cigarette smoking or tobacco use status recorded, how many are cigarette smokers?

3) Of all patients with their cigarette smoking or tobacco use status recorded, how many are smokers and/or tobacco users?

Do you have any tips or best practices to share?

Interest in collaborative calls?

- Timing
- Initial thoughts on which EHRs to focus on
- Please return interest forms to metrics.questions@state.or.us by Friday, Oct 7

Equity Measure Request

Background

- The M&S Committee has been discussing potential options for incentivizing CCOs to focus on health equity beginning in CY 2018.
- The current option for a health equity incentive metric utilizes the existing set of incentive measures and focuses on improving performance for selected populations experiencing a disparity.
- The Committee is requesting information from CCOs to help inform their decisions and selection of equity measures for CY 2018.

Equity Measure current proposal ("all boats rise")

- Committee would select 1 measure that would be the same for all CCOs (the "core" measure).
- Each CCO would select a 2nd measure based on their own local priorities / community need and established parameters (the "menu" measure).
- CCOs would then select at least two specific populations experiencing a disparity for the measures.
- CCOs would only "meet" the measure if each selected population met the benchmark or improvement target

Equity Measure Request

- OHA asked CCOs to complete a template by November 4th
- The Committee is interested in knowing:
    - What measure should be the “core” measure?
    - What measure would each CCO select for their “menu”?
    - Which specific populations would each CCO select?
- This is a non-binding request. The Committee will review each CCO’s selection and use this information to inform their decisions about 2018.

PCPCH Enrollment Weighting

PCPCH Enrollment Weighting

In August, the Committee reviewed options for calculating the PCPCH enrollment measure, given the change to the new standards in 2017.

Option 1:

$$\frac{\text{(Tier 1 members *1) + (Tier 2 members *2) + (Tier 3 members *3) + (Tier 4 and 5 STAR members *4)}}{\text{(Total CCO enrollment *4)}}$$

Option 2:

$$\frac{\text{(Tier 1 members *1) + (Tier 2*2) + (Tier 3*3) + (Tier 4*4) + (5 STAR *5)}}{\text{(Total CCO enrollment *5)}}$$

Option 3:

$$\frac{\text{(Tier 1 members *1) + (Tier 2*2) + (Tier 3*3) + (Tier 4*4) + (\# of 5 STAR)}}{\text{(Total CCO enrollment *4)}}$$

The Committee suggested:

- Tier 1 should not count toward the PCPCH measure in 2017
- The measure formula should still give weight to higher tiers of recognition
- The measure formula should give the most benefit to moving clinics to 5 STAR status, with the caveat that it may take time for all site visits to be completed.

PCPCH staff suggest:

- 5 STAR should remain a separate, heavier part of the numerator, given the effort required to reach this level of certification.
- It would be inconsistent to have separate Tier 4 and 5 STAR certifications, but then lump them together for the purposes of this metric.
- Using Option 2 as the incentive measure formula.

Projections

Using Q2 2016 enrollment data and current points by clinic, staff projected CCO performance on the measure for two options:

Option 2

$$\frac{(\text{Tier 1 members} * 1) + (\text{Tier 2} * 2) + (\text{Tier 3} * 3) + (\text{Tier 4} * 4) + (\text{5 STAR} * 5)}{(\text{Total CCO enrollment} * 5)}$$

Option 4

$$\frac{(\text{Tier 1 members} * 1) + (\text{Tier 2} * 2) + (\text{Tier 3} * 3) + (\text{Tier 4} * 4) + (\text{5 STAR} * 5)}{(\text{Total CCO enrollment} * 4)}$$

Overall, metric performance = 66.8% with Option 2, and 83.5% with Option 4.

Q2 2016 metric performance with the original formula = 88.8%

TAG Input Requested

Comments will be shared with the Committee for their final decision in October. Given the 4 options, the Committee comments, and the PCPCH staff comments:

- Which measure formula option makes the most sense?
- What should the “at least 60% of members enrolled in PCPCH” threshold be modified to?

Metrics & Scoring Committee Workplan

Next Metrics TAG meeting: October 22nd, 1-3 pm

Potential agenda items include

- Connections between SBIRT and Initiation & Engagement of Alcohol and Other Drug Treatment
- Introduction to developing Kindergarten Readiness and MTM/Pharmacy measures