

ATTENDING

AllCare Alan Burgess Natalie Case Laura McKeane	Health Share Chandra Elser Graham Bouldin Michael Anderson-Nathe	Umpqua Rose Rice Ruth Galster Debbie Standridge	OHA Sarah Bartelmann Jon Collins Jen Davis Estela Gomez Anona Gund Holly Heiberg Cyndi Kallstrom Sara Kleinschmit Kate Lonborg Milena Malone Scott Montegna Anjie Raber Frank Wu
Cascade Angela Leach Amanda Blodgett	IHN Staci Alber Ellen Altman Steve Hadachek Eryn Womack	WOAH Anna Warner Chris Hogan	
CareOregon	PacificSource Beth Quinlan Laura Walker	WVCH Greg Fraser	Dental Organizations Sharity Ludwig (Advantage) Gary Allen (Advantage)
Eastern Oregon Kaylee Bond (Moda) Patrick Firth	PrimaryHealth Jennifer Johnstun	Yamhill	Guests Victoria Demchak (OPCA) Carol Gelfer (Consultant) Lynne Knox (OFB) Jim Winkle (OHSU)
FamilyCare Emileigh Canales Kevin McLean	Trillium DR Garrett	Q Corp Cindi McElhane Health Insight Sara Hallvik	

UPDATES

Staff provided the following updates:

DASHBOARDS

- The dashboard for May 1, 2015 – April 30, 2016 measurement was released September 7.
- 2015 results for follow-up after hospitalization mental illness were rebased on 2016 specifications for the purpose of setting 2016 improvement targets. Note 2015 final performance is not affected; the rebase is solely for setting accurate improvement targets.
- The next dashboard will be released September 28, and will include updated Child IZ and ALERT data.

METRICS & SCORING COMMITTEE

- At its August 19 meeting, the Committee reviewed 2017 benchmark options for several measures and reviewed a proposed work plan to review areas of interest leading up to 2018 measure selection.
- At its September 16 meeting, the Committee selected 2017 challenge pool measures, replacing HbA1c with ECU; and was introduced to the Kindergarten Readiness concept as well as potential medication / pharmacy-related measures.

HOSPITAL METRICS

Subject to approval by the Centers for Medicaid and Medicare Services (CMS), the new program year (HTTP Year 4) begins October 2016. OHA continues discussions with CMS regarding continuation of the program.

CLINICAL QUALITY METRICS REGISTRY (CQMR) UPDATE

OHA is requesting vendor proposals for a Clinical Quality Metrics Registry, which will help streamline reporting for the EHR-based incentive and Meaningful Use measures. RFP responses are due today (September 22), and vendor demos will occur in October. The registry is expected to be ready in time for reporting 2017 measures (in early 2018).

TRANSFORMATION CENTER TECHNICAL ASSISTANCE

All CCOs are invited to participate in one-one-one health equity consultations with national expert Ignatius Bau. The Transformation Center is offering ten additional hours of follow-up health equity TA for CCOs that take part in the consultation with Mr. Bau. If interested, please email Adrienne.p.Mullock@state.or.us.

Additional Eye-to-Eye Training for Adolescent Well Care Visits is scheduled for November 18 in Grants Pass. Register online <https://eyetoeyegrantspass.eventbrite.com>. For questions, email Laure.E.Kreger@state.or.us.

Ongoing measure-specific TA is available through the Transformation Center for Adolescent Well Care Visits, Colorectal Cancer Screening, Immunizations, and Tobacco Cessation. A handout with additional detail is available in the meeting materials online: <http://www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx>.

TOBACCO QUIT LINE TA / COMMUNICATIONS

Holly Heiberg and Scott Montegna (OHA Public Health Division) presented on how communications campaigns affect tobacco cessation. In 2015, OHA's Smokefree Oregon cessation campaign increased calls to the Oregon Quit Line by 78 percent compared to the year prior when there was no campaign.

Based upon the success of the 2015 cessation campaign, Trillium CCO and Lane County Health Department worked with OHA to expand the Smokefree Oregon campaign in Lane County. The three-month initiative resulted in a 24% increase in Quit Line calls compared to the year prior. In contrast, neighboring counties (which didn't expand the campaign into 2016) experienced a decline in calls. This example might be a model

for future collaboration with local health departments and CCOs. TAG members discussed other ideas for media interventions and partnerships.

UPDATE SBIRT / CRAFFT TOOLS

Jim Winkle (Oregon Health Sciences University) provided an overview of the S2BI, a new adolescent SBIRT screening tool. The S2BI is similar to the existing CRAFFT questionnaire; it was developed by the same Harvard Center and does not require any changes to clinic workflow. While the CRAFFT assigned points to every “yes” answer, the new S2BI tool is based on the frequency of use. Frequency is both helpful information for the clinician, and is also highly correlated with mild/moderate/severe presence of substance use disorder. S2BI also asks more specific questions about “other” drugs, including misuse of prescriptions.

The new tool will be available on www.sbirtoregon within the next few weeks. . Please note that the tool Jim Winkle presented and included in the meeting materials is for the S2BI and the CRAFFT combined.

Discussion included:

- SBIRT is billable if the S2BI tool is used and appropriate follow-up provided. Even if an adolescent responds “never” to all questions, it is important to provide positive reinforcement.
- Upcoming changes to SBIRT codes as CPT 99420 is being retired nationally (more information to come at future TAG meetings). A reminder that there is active advocacy at the national level for new billing codes related to SBIRT; and OHA does intend to develop an EHR-based SBIRT measure in future years.
- The PHQ-9 is valid for depression screening coding; however, the CCO incentive measure is EHR- not claims-based.

TOBACCO REPORTING FROM EHRs

Members shared CCOs’ experiences with pulling smoking cessation measure data. Members described a range of experiences, with some organizations/ practices already able to produce data, some just starting to see reports, and some struggling to get complete data. TAG members indicated that in general, larger organizations are more able to produce reports on this measure than small practices are.

OHA is organizing collaborative calls on this topic. Members who are interested in sharing challenges and tips or best practices are encouraged to submit an interest form (available in the meeting materials online (www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx) with additional suggestions or ideas by Friday, October 7.

EQUITY MEASURE REQUEST

The Metrics and Scoring Committee has been discussing options for incentivizing CCOs to focus on health equity beginning in CY 2018. The current proposal (dubbed “all boats rise”) is to utilize existing incentive metrics and focus on improving performance for selected populations experiencing disparity. More

specifically, the Committee would select one “core” measure that would be the same for all CCOs and each CCO would select a “menu” measure that would be customized based on their own population needs. For each measure, CCOs would select at least two specific populations experiencing a disparity for the measures. CCOs would only “meet” the measures if each selected population met the benchmark or improvement target.

The Committee is requesting CCOs to provide feedback by November 4 on:

- What measure should be the “core” measure?
- What measure would each CCO select as their “menu” measure?
- Which specific populations (broadly defined, not just race/ethnicity) would each CCO select? Ideas/recommendations should be supported by data showing an existing disparity.

A response template was distributed to TAG and QHOC by email. **Responses are non-binding** and will simply be used to inform Committee decisions and help them set parameters for measure selection. CCOs can determine who within their organization completes the responses, but please submit only one per CCO.

Questions and discussion included:

- The Committee does not currently have a strict definition for “disparity.”
- In order to “meet” the measure, would the subpopulations needs to meet the statewide benchmark, or would an individual improvement target be calculated for each population? (Undecided, but likely improvement targets. CCOs are welcome to share feedback via the template.)
- If only two subpopulations are incentivized for a measure, this concept could have an unintended consequence wherein performance for other groups is allowed to fall.
- In selecting populations, does the denominator need to be greater than 30? (Yes.)
- An alternative suggestion to the equity measure concept: If all populations meet the measure, then a CCO earns 100% for that measure, and some number of points is deducted for each subpopulation that does not meet the measure.

Sarah encouraged members to submit these comments and any other suggestions via the template for Committee consideration.

PCPCH ENROLLMENT WEIGHTING

Beginning in 2017, Patient-Centered Primary Care Home standards will move from a 3-tier structure to 4-tiers plus a 5-STAR rating, and the Metrics and Scoring Committee is seeking TAG feedback on how best to reconfigure incentive measure weighting accordingly. At the September Committee meeting, staff provided three suggestions:

1. Weight Tier 4 and 5-STAR members equally (*4) and multiply the denominator [i.e. total CCO enrollment] by 4.

Oregon CCO Metrics Technical Advisory Workgroup Meeting
September 22, 2016 Minutes

2. Weight Tier 4 and 5-STAR separately, giving more weight to the higher rating (Tier 4*4) and (5-STAR*5) and multiply the denominator by 5.
3. Adding (Tier 4 *4) to the numerator and multiplying the denominator by 4, and then essentially treating 5-STAR ratings as “extra credit” by *adding the number of 5-STAR clinics* to the numerator.

Committee discussion around these suggestions included whether Tier 1 should count toward the PCPCH measure in 2017; that the formula ought to give weight to higher tiers of recognition; and the formula should give the most benefit to 5-STAR clinics *with the caveat* that there may be a site visit / certification backlog.

OHA PCPCH program staff suggest that combining Tier-4 and 5-STAR clinics together (i.e. option 1) is inconsistent with the program intent – why have separate certifications if they are counted the same for the metric? – and that the 5-STAR rating should be given higher weight. Staff thus recommends using option #2. Staff ran Q2 2016 data for option 2 listed above, as well as for an “option 4” that gives additional credit to 5-STAR ratings:

Option 2

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

Option 4

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

Overall, metric performance with Option 2 = 66.8%, and with Option 4 = 83.5%. (Q2 2016 metric performance with the original formula = 88.8%). Note: these calculations presume 5 percent of clinics meeting 5-STAR.

Staff are seeking feedback from TAG to share with the Committee at its October meeting. Which formula makes the most sense? Should the 60% threshold be modified? Discussion included:

- The overall goal remains the same: That more members enrolled in PCPCHs, and more credit is given to higher ratings.
- Option 2 is the most direct extension of the current measure. But the Committee had concerns about multiplying the denominator by 5 because of the anticipated backlog in certification site visits.
- Many clinics that are currently recognized at Tier 3 will be quickly upgraded to Tier 4.
- It seems unrealistic to expect CCOs to have 100% of members in 5 STAR.
- From a public opinion or perception standpoint, option 2 artificially deflates PCPCH enrollment. On the other hand, options that multiply the denominator by 4 could lead to CCOs scoring over 100% in the not-too-distant future.
- Option 2 is the most simple and easy to describe / convey the meaning.

Sarah will email a brief online survey to gather additional feedback.

COMMITTEE WORKPLAN

Sarah referred members to the Committee work plan, available in the meeting material online:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx>

NEXT MEETING

Next meeting: Thursday, October 28 from 1-3 pm.

DRAFT