

Oregon Metrics Technical Advisory Workgroup Meeting  
January 22, 2015 Minutes DRAFT

**Attending:**

<b>AllCare</b> Alan Burgess Natalie Case Laura McKeane	<b>Health Share</b> Graham Bouldin	<b>WOAH</b> Chris Hogan Chris Wilson
<b>Cascade</b> Beth Hankins Angela Leach	<b>IHN</b> Ellen Altman Megan Underwood Roxanna Neuhaus Eryn Womack	<b>WVCH</b> Greg Fraser Stuart Bradley
<b>CareOregon</b> Christine Castle	<b>Jackson</b>	<b>Yamhill</b> Jenna Harms
<b>Columbia Pacific</b>	<b>PacificSource</b> Coco Yackley Laura Walker Sarah Kingston Jeanette Simms Jeff Stevens	<b>Acumentra</b> Sara Hallvik
<b>DCOs</b> Gary Allen (Advantage Dental) Mike Shirtcliff (Advantage Dental)	<b>PrimaryHealth</b> Sharon Merfeld	<b>Quality Corp</b> Cindi McElhaney Chantel Pelton
<b>Eastern Oregon</b> Hanten Day	<b>Trillium</b> Katharine Carvelli DR Garrett	<b>Guests</b> Eli Schwarz (Metrics & Scoring) Ken House (Metrics & Scoring) Tyler Nass (Mosaic) Nikki Olson (CORE) Krista Collins (OPCA) Brandon Lane (OPCA)
<b>FamilyCare</b> Beth Brenner Kevin McLean Emileigh Canales Kathleen Klemann Anne Larson	<b>Umpqua</b> Ruth Galster Rose Rice Christine Seals Kelley Richardson Nikki Martin	

OHA Staff: Crystal Nielson, Bill Bouska, Milena Malone, Frank Wu, Sarah Bartelmann, Charles Gallia, Jennifer Davis, Summer Boslaugh, Rusha Grinstead, Cindy Bowman, Susan Arbor, Angela Kimball, Marta Makarushka

## Updates

Sarah Bartelmann provided the following updates:

- The 2014 Mid-Year Health System Transformation Report was released last week, and includes state and CCO level performance on metrics, including several new metrics (e.g., initiation and engagement of

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alcohol and drug treatment) and a section on the expansion population. The report is available online at: <http://www.oregon.gov/oha/metrics/>.

The next public report will focus on calendar year 2014 and the 2014 quality pool distribution, and will be released in late June / early July 2015.

- OHA has posted the 2015 measure specifications for CCO incentive measures, and will be publishing the 2015 specifications for state performance measures in February.

Rusha Grinstead provided a brief overview of the National CAHPS survey and Oregon's CAHPS survey.

- National CAHPS survey only includes adults; Oregon CAHPS survey includes adults and children.
- National CAHPS will begin fielding in February 2015; Oregon CAHPS will begin fielding in March.
- OHA is working with CMS to coordinate the samples, to ensure the same households are not included in both surveys.

#### Q&A

- When will the CAHPS survey include the dental questions recommended by the Dental quality Metrics Workgroup?

A: Oregon's 2014 CAHPS survey includes these questions.

- What is the process for Spanish and other languages?

A: CAHPS always includes an English and Spanish version and all mailed materials are in English and Spanish; OHA identifies those with Spanish as a preferred language in the sample and sends them the Spanish version of the survey. Spanish speakers can also request a Spanish version of the survey on the pre-notification letter. No other languages are available at this time.

- When will CCOs receive the 2014 CAHPS banner books and the results of the two incentive metrics?

A: OHA receives the final data set from the vendor on May 30 and the final banner books on June 30 – and will provide to CCOs as close to those dates as possible.

## Metrics Dashboard

Jen Davis provided an overview of the metrics dashboard and highlighted updates in the January dashboard, which will be released Tuesday, January 27.

New measures:

- Follow up after hospitalization for mental illness – was originally included in the dashboard, was omitted during a short hiatus in December, but will be reinstated for January.

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- PQI measures – first claims-based non-incentive measures to be included in the dashboard.

New functionality:

- DHS custody, prenatal care, and colorectal cancer screening measures are now filterable at the member level. Data was included in the December dashboard, but columns were hidden. Will not be hidden in January dashboard.
- New filters include:
  - Disability
  - Age category
  - Rural / urban
  - Individual SPMI diagnosis (4x)
  - Any SPMI – this filter looks for two or more of any of the qualifying SPMI diagnoses within the past 36 months. This filter could pick up a combination of the 4 individual SPMI categories so it is possible that someone could qualify for “any SPMI” but not any individual SPMI diagnosis.
- Small number warning flag: This warning bar will appear when the total population filtered down to is  $n < 30$ . The alert is not related to any individual measure or a numerator / denominator, only the overall population.

OHA is considering implementing a similar small number warning when the denominator  $< 30$ , applying conditional formatting to the individual measure cells. Send any feedback on this change to [metrics.questions@state.or.us](mailto:metrics.questions@state.or.us).

Q&A

- Why are the filters restricted to the measures, e.g., why only one way to stratify age based on the ages for a given measure rather than being able to look at a given service for the whole population?

A: Intent of the dashboard is to provide deeper understanding of the measures, rather than provide a broader analytic tool for all Medicaid claims.

Nikki Olson provided a demonstration of the new dashboard functionality, highlighting the following:

- *Documentation* tab includes details on all filters.
- Measures in the dashboard that are not filterable will zero out when filters that do not apply are selected.

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- State performance measures will be added to the dashboard without conditional red/green formatting, as they are not incentive measures. State performance measures will show the difference between the current rate and the state benchmark, but will not have improvement targets.
- Filters utilize “AND” statements, not “OR” statements, so it is possible to select a combination of filters that violate logic and will result in population n=0. E.g., selecting both ages 19-25 AND age 1 as filters will cancel out.
- Filter descriptions also show at the bottom of the page, if more filters than can fit in the top bar are applied.
- Eligibility filter – shows metrics results by those who are currently enrolled versus termed.

## Clinical Quality Metrics Registry

Crystal Nielson provided a review of the year two process; outlined parameters for years 3-5; and reviewed technical assistance opportunities:

### Updates and reminders:

- An email reminder was sent on January 8 with due dates for Year Two
- Please copy contacts for Year Two email distribution list when the Technology Plan is submitted
- Technology plans and data submission must use the templates provided on the CCO Incentive Measures webpage: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>.

### Year Two review process:

Technology plans will undergo a two-step review; first for completion (all fields complete), followed by a thorough review of content. CCOs must wait for OHA approval of technology plans before submitting data. Initial review will take approximately ten days; secondary review will take an additional thirty. OHA aims to communicate with CCOs no later than March 13 if additional information is needed during the secondary review. Frequently asked questions (and answers) include:

- Q. Can CCOs use a date other than 12/31/14 for member counts when calculating population thresholds?  
A. Yes. Tables 1.1.1 and 2.2.3 each request membership counts and an “as of” date. OHA would expect membership counts to occur close to the end of year, but did not specify a date.
- Q. What is the difference between vendor-provided Meaningful Use report and custom query?  
A. A ‘vendor provided MU report’ is a report directly from the EHR or certified reporting system that would be used of MU attestation. A ‘custom query’ is any other type of report that was created specifically to report on the CCO Incentive Measures.

OHA will hold office hours on technology plans on Friday, January 30<sup>th</sup> from 10am – 12pm during which CCOs can ask questions. **1-877-873-8018**, participant code **947-2340**.

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Expected requirements for Years Three – Five:

A new timeline illustrates how reporting parameters and requirements each year fit into the overall continuum of the Clinical Quality Metrics program. The timeline is available on the TAG webpage:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Technical-Advisory-Group.aspx>. CCOs should remember that official due dates and requirements are published in the Guidance Documents. Year Three guidance should be published in mid-June, 2015.

- Q. Many CCOs have FQHCs (Federally-Qualified Health Clinics) reliant on OCHIN for the data submission – is this group and/or OHA working with OCHIN, so each CCO doesn't have to indecently approach OCHIN?
- A. OHA staff are currently discussing the best way to engage OCHIN, and will provide updates on these conversations at upcoming TAG meetings.

Crystal provided an overview of the main elements of the proposed timeline:

- Stratification: The vision for Year Five is to stratify at the patient level; each year until then is a step toward that process.
- Frequency: in Years Four and Five, OHA anticipates CCOs will submit data on a quarterly basis, following annual submission during the first three years of the program.
- Population threshold: plan is hold at 75% in Y5 and beyond (not 100% because there will always be some percentage of practices that are not on a certified EHR system).
- Format: In the first two years, data have been submitted in an unstructured Excel file. Additional fields will likely be required in Year Three. The ultimate goal is to use QRDA (Quality Reporting Data Architecture) format. OHA has learned of the difficulties associated with getting access to QRDA and this goal may be adjusted.
- Additional measures: the Metrics and Scoring Committee may identify new measures that can be collected by clinical data in future years, and choose to add those measures to the program. Tentative ideas include colorectal cancer screening in Y4 and SBIRT in Y5. Inclusion of these measures as clinical measures (i.e., reporting via clinical data) would require a decision by the Metrics and Scoring Committee and may depend upon additional factors, e.g. developing and testing clinical measure specifications and identifying willing pilot sites.

Expected parameters for Year Three:

- Stratification level: aggregated data at a few levels, patient level testing
- Population threshold: hold at 50% for all three measures
- Submission format: similar to Y1 and Y2 (excel template submitted via SFTP site)
- Measurement period: in Year 2, Q4 or CY 2014 was accepted. In Year Three, calendar year data is expected.

CQM technical assistance reminder: Each CCO has the ten hours of coaching available from Dr. David Dorr and the OHSU team. Dr. Dorr has national relationships and can help CCOs connect with others who are reporting with similar EHRs, i.e. share code and best practice tips. CCOs may also choose to have Dr. Dorr pre-validate data submissions (OHA will apply a face validity developed with his help).

CCOs need only email Crystal ([crystal.nielson@state.or.us](mailto:crystal.nielson@state.or.us)) to be connected with Dr. Dorr.

## Medicaid BRFSS update

David Dowler and Erik Everson from Program Design and Evaluation Services (PDES) provided an overview of the Medicaid Behavioral Risk Factor Surveillance Survey (Medicaid BRFSS, or MBRFSS). BRFSS is an ongoing statewide telephone survey of Oregonians' health behaviors and risk factors; Dr. Dowler and his team applied the survey questions to the Medicaid population. The initial two-part goal has been to analyze the information at the CCO level and at the state level by race/ethnicity.

Survey questions were identified with help from an advisory group. A draft questionnaire was shared with the TAG for input. Many suggested questions and topics could not be included to keep the survey a manageable length. The survey was fielded during the last quarter of 2014, and collected enough information to represent approximately 400 people per CCO and per racial/ethnic group at the state level. The data will be weighted to represent the age and gender groups of the CCOs.

Survey administrators faced challenges contacting Medicaid members by phone, and results (which will be released in March) should thus be analyzed with caution. Future surveys may be conducted by mail for a better response rate.

### Questions and comments:

It would be helpful to phrase tobacco questions in future surveys in a way that is comparable to CAHPS data.

ACA expansion population cannot be assuredly identified from this survey. However PDES will do its best to provide some analysis on stable versus new enrollees.

Broader analysis of these data by researchers and other groups is a possibility, but use of the data needs to be discussed by the Data & Analytics Request Coordinating Committee.

The MBRFSS questionnaire will be distributed by email along with these minutes.

### **Wrap/up**

Sarah Bartelmann invited members to suggest topics for the next couple of TAG meetings. Email [sarah.e.bartelmann@state.or.us](mailto:sarah.e.bartelmann@state.or.us).

The Data Analyst Subgroup has been absorbed into this group; all are welcome to participate.

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