

Technical Advisory Workgroup  
February 27, 2014 Minutes

**Attending**

	Cynthia Ackerman (AllCare)		Jeanette Simms (PacificSource)
x	Scott Munson (Cascade)	x	Sarah Kingston (PacificSource)
	Angela Leach (Cascade)		Molly Williams (PacifiCSource)
x	Amit Shah (CareOregon)		Maggie Rollins (Primary Health of Josephine)
	Hanten Day (Eastern OR)	x	Sharon Merfeld (Primary Health of Josephine)
	Resa Bradeen (FamilyCare)	x	Frank Wu (Trillium)
	Maureen Gaine (FamilyCare)	x	Katherine Caravelli (Trillium)
	Kevin Ewanchyna (FamilyCare)	x	Andy Jacobs (Trillium)
x	Beth Brenner (FamilyCare)	x	Christine Seals (Umpqua)
x	Daniel Dean (Health Share)	x	John Sevier (WOAH)
	Helen Bellanca (Health Share)		Greg Fraser (WVCH)
x	Ellen Altman (IHN)	x	Cindi McElhaney (Quality Corp)
	Tony Stuckart (Samaritan)		Chantel Pelton (Quality Corp)
x	Jim Rickards (Yamhill)	x	Sara Hallvik (Acumentra)
	Ken House (Mosaic Medical)		Jody Carson (Acumentra)
	Lisa Bui (Clackamas County)	x	Kevin Mclean (FamilyCare)
x	Coco Yackley (Columbia Gorge Health Council)		

OHA Staff: Rusha Grinstead, Sarah Bartelmann, Dana Hargunani, Lori Coyner, Crystal Nielson

**Online Developmental Screening**

Dana Hargunani, OHA's child health director, presented on state plans to develop an online portal to support coordination needs around development screening.

- The intention is that a family (with or without the support of a provider) could complete the developmental screening tool online, via computer, phone app, kiosk in a waiting room, etc).
- The information can be shared with the primary care provider via fax, but eventually will be linked online through health information exchange technology to connect results with the primary care provider via direct secure messaging.
- This system will not fulfill the requirements for the CCO incentive measure, but will reduce duplication, improve coordination and communication, and provide opportunities to incorporate referral processes.

Dana asked the TAG to provide her with feedback on ways this online developmental screening could be made more useful to CCOs, including critical challenges and unanticipated issues.

*Discussion:*

- Will the online developmental screening platform feed to a data repository? University of Oregon has a repository of results, but information is de-identified. Working with UO to include identified results and determine how/where they should be stored.
- The direct secure messaging should make it obvious to the primary care provider which children need urgent attention and which just need the results of the screening filed. The system should make it easy for the PCP.

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- Can the registry be populated with deidentified data, but the providers still receive identified results? How to figure this out.
- Need to look beyond traditional health care providers – who else can be connected via direct messaging? (e.g., education, care teams, ELC hubs, etc...)
- Pilot projects will be those with direct secure messaging; Columbia Gorge also volunteers.

### CAHPS Survey

Rusha Grinstead presented an overview of the adult and child 2013 CAHPS survey tools, the new cultural competency and health literacy questions, timing of surveys in the field, and the banner book.

There are three topics that are new to Oregon for the 2013 CAHPS health plan survey:

- Chronic conditions in the adult survey. Questions 35a – 35d. These questions identify adults with chronic conditions, adapted from the supplemental questions recommended by AHRQ / NCQA.
- Cultural competency supplemental module. Until now, this module has been designed for the CAHPS clinician & group survey. Oregon has adapted the questions for the health plan survey. 35E – 35N
- Health literacy supplemental module questions are designed for health plan survey. Questions kept as a separate module, capturing the experience of care for people whose primary language is not English and their experience with the health plan.

To identify which of the 60+ questions from the cultural competency and health literacy modules should be included, the CAHPS steering committee and the Office of Equity and Inclusion reviewed and made recommendations. It was difficult to come up with the final list of questions: Oregon is the first state to include these modules in the health plan survey so there were not other examples to draw from nationally.

OHA is also trying to improve banner book reporting. OHA asks TAG to review the 2011 statewide banner book and make suggestions on how to improve the reporting and make it more useful for the end users, both in the short term (banner book to be published in June/July) and for next year's survey. OHA cannot change 2013 survey questions at this point, but can make improvements in data presentation.

### *Discussion:*

- When will data sets be available to CCOs? Preliminary data files will be distributed to CCOs at the end of April and the final banner books should be available by CCOs by the end of May.
- What is the survey population? A sample of adults and children. The adult inclusion criteria are: 18+ who have been enrolled in the CCO in the last 6 months, with no more than a 30-day break in continuous enrollment. The child inclusion criteria are similar, with an additional sample of children with chronic conditions. 900 children and 900 adults from each CCO are included in the sample, with some oversampling for race/ethnicity at the state level.
- What is the projected response rate? Ideally, NCQA recommends a response rate of 50%. In the 2011 CAHPS survey, OHA had a response rate of 43% (using multiple postcard and phone call

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follow ups to the sample population).

- Why is the sample size fixed across all CCOs, instead of varied by CCO enrollment? Statistically, 900 people per CCO are the minimum sample needed to get to the desired response rate. Increasing beyond the 900 people floor does not make much of a difference in the results.
- Is geographic spread taken into account in the sample? The sample is random for each CCO but was not deliberately designed for a rural/ urban split.
- Can survey results be used to identify members who have not had a visit, or who have care coordination needs? No. CAHPS data are de-identified and is a patient experience survey, not a risk assessment. The survey is fielded anonymously – OHA cannot share this information unless the survey specifically asked members if their information could be shared.
  - ➔ OHA will see if any additional member level information could be provided back to CCOs (like zip codes), and if any CCO results can be broken out across counties. TAG agrees this could be useful.
- How does OHA decide which language to field the survey in? CAHPS fields in English and Spanish only. OHA has preferred language information on members from enrollment data, so can determine which language survey to send to which individual.

TAG members also noted that there is a science behind patient experience of care and patient satisfaction. TAG requests that the Transformation Center address best practices and consider learning collaboratives around improving patient experience of care.

- ➔ Lori will send the TAG information about the CAHPS learning collaborative being coordinated by the Patient Centered Primary Care Home program.

TAG noted that the learning collaborative is practice focused and there are still CCO needs. Lori will work with the Transformation Center around additional support that could be provided to CCOs regarding improving patient experience.

### **Chart Review**

Lori Coyner provided an overview of OHA's approach for the three clinical measures in 2013 and the need for a state level chart review to inform CMS reporting. Lori also outlined the process for working with CCOs on their preference for how Acumentra will contact their providers to conduct the review. Notices had already gone out to providers, but OHA has stopped the review and is collecting CCO feedback, developing a communication plan, and considering options. CCOs would have preferred to have been notified first.

### *Discussion:*

- How many members were included in the sample? 600 charts per measure were sampled statewide. The chart review will not result in CCO specific rates, only statewide.

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- How were the providers identified for the sample? The sample was randomly selected based on members age 18+, who were continuously enrolled for the previous 12 months, and who have the condition (e.g., diagnosis of diabetes).
- Why can't OHA use the aggregated data being reported through OCHIN? The approach will not result in a random sample; OCHIN is only providing numerators and denominators in aggregate, not individual members; and finally, proof of concept data is unlikely to be Medicaid specific – not all providers / CCOs that will be submitting data in May can report by payer.
- This chart review is going to dip into a provider pool that are already engaged in electronic reporting; this is a step backwards.  
  
→ OHA will look at the proof of concept data and see if there is any way to pull a sample.
- When will the chart review restart? As soon as possible – OHA anticipates Acumentra will start up the chart review process again in the next few weeks, once OHA has communicated with all CCOs.

TAG members should send any additional comments or feedback on the chart review to Sarah.

#### **Clinical Practice Guidelines / Measure Specifications**

TAG asked when new guidelines (e.g., JNC8 new guidelines for blood pressure) will be incorporated into measure specifications. OHA has been following HEDIS specifications which lag a year or so behind guidelines. TAG asked OHA to consider “catching up” with measure specifications for 2015.

#### **Summary of Metrics & Scoring Committee February Meeting**

In February, the Metrics & Scoring Committee:

- Adopted bylaws.
- Established colorectal cancer screening benchmark of 47% for 2014. No improvement target.
- Adopted the proposed SBIRT modification of v79.1 as a standalone code for 2014.
- Did not modify the 2014 quality pool methodology; did not select a depression screening benchmark yet (scheduled for June meeting).
- Adopted measurement criteria checklist to help guide future measure selection. Committee is aware of desire to not add many measures for 2015, so establishing a process to consider proposed new measures.
- Adopted the dental sealant measure for children as proposed by the Dental Metrics Workgroup for 2015.

The Transformation Center will holding a metrics retreat / learning collaborative in April to walk through the 2014 measure specifications and benchmarks. 2014 measure specifications for CCO incentive measures are posted online now.

#### **Updates**

- Metrics retreat moved to April 14<sup>th</sup> from 11 – 3 pm.
- Learning Collaborative on March 10<sup>th</sup> will be focused on DHS custody

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- DHS custody and prenatal care data will be included in the March 14<sup>th</sup> progress reports / full CY 2013 data in the March progress report.
- Technology Plan – all plans have passed the initial review and been notified, working on secondary review, will be contacting CCOs shortly, set up phone calls to walk through secondary review. Introduce Crystal Neilson.
- SBIRT workgroup – reconvening in March, TAG welcome to join, let Sarah know.

### Next Meeting

- Hold 5-10 minutes in March to see what people submitted, and final suggestions for CAHPS banner book.
- JNC8 guidelines changing / how can we have the conversation with OHA/ CMS – do what is clinical / evidence-based medicine.
- DHS custody measure – policy and data discussion.
- 11 DOJ measures that CCOs have been asked to report on. TAG can provide input on how to best collect these metrics and would like to discuss specifications.

➔ OHA will send the DOJ memo out to TAG.