

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

**Attending**

|   |  |   |  |
|---|--|---|--|
|   | Cynthia Ackerman (AllCare)                   | x | Sharon Merfeld (Primary Health of Josephine) |
| x | Alan Burgess (AllCare)                       | x | Katherine Caravelli (Trillium)               |
| x | Natalie Case (AllCare)                       |   | Andy Jacobs (Trillium)                       |
| x | Laura McKeane (AllCare)                      | x | Christine Seals (Umpqua)                     |
| x | Angela Leach (Cascade)                       |   | John Sevier (WOAH)                           |
|   | Amit Shah (CareOregon)                       |   | Greg Fraser (WVCH)                           |
|   | Joclyn Tosch (CareOregon)                    |   | Stuart Bradley (WVCH)                        |
| x | Sarah Bell (Capitol Dental)                  |   | Jim Rickards (Yamhill)                       |
| x | Hanten Day (Eastern OR)                      |   |  |
| x | Kathleen Klemann (FamilyCare)                | x | Chantel Pelton (Quality Corp)                |
| x | Beth Brenner (FamilyCare)                    | x | Cindi McElhaney (Quality Corp)               |
| x | Daniel Dean (Health Share)                   |   | Sara Hallvik (Acumentra)                     |
| x | Helen Bellanca (Health Share)                |   | Jody Carson (Acumentra)                      |
| x | Ellen Altman (IHN)                           |   | Erin Schwartz (Acumentra)                    |
| x | Stephanie Graham (Samaritan)                 |   |  |
|   | Ken House (Mosaic Medical)                   |   |  |
| x | Jeanette Simms (PacificSource)               |   |  |
| x | Sarah Kingston (PacificSource)               |   |  |
| x | Coco Yackley (Columbia Gorge Health Council) |   |  |

OHA staff: Susan Arbor (DMAP), Sarah Bartelmann (Health Analytics), Summer Boslough (Transformation Center), Jon Collins (Health Analytics), Stacy DeLong (Health Analytics), Milena Malone (Health Analytics), Rita Moore (Health Analytics), Mike Morris (AMH), Denise Taray (OHP), Heidi Williams (OEBC)

Guests: Sharon Meieran, Michele Hunter – Oregon Reproductive Health Foundation

**USDOJ Report**

Mike Morris from the Addictions and Mental Health Division (AMH) provided an overview of the draft year two USDOJ report and requested CCO feedback.

About the report:

- The biggest change between this report and the previous version: Medicaid and non-Medicaid data had been presented separately and are now combined. It was difficult for people to view Medicaid and non-Medicaid data in separate tables and have a complete picture of services provided. Some indicators only have Medicaid data – those are noted. Non-Medicaid data is collected primarily from community mental health programs via survey.

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

- Data in the report covers Q3 and Q4 of 2013, and Q1 of 2014. As the report only includes three quarters' worth of data, hesitant to identify trends, but can note patterns where there might be an emerging trend to monitor.
- The report primarily focuses on services delivered to people with severe and persistent mental illness (SPMI), not the broader population of everyone receiving mental health services.

AMH is in the process of compiling narrative to talk about how the data are collected, challenges with data collection, and provide overall context. Several takeaways for TAG consideration:

- In Q1 2014, the first quarter of the Medicaid expansion, we did see an increase in the number of people served (as expected), but the number of services being provided overall went down (the total number of services decreased, not a decrease in rate).

Community and providers suggest that this may be due to lots of work in Q1 to assess the expansion population and get them into treatment as needed. Those previously enrolled in Medicaid may have experienced a decline in services because overall system capacity was stretched. Yamhill noted that individuals who were enrolled in Medicaid prior to expansion reported an increased difficulty in accessing services, but new enrollees were pleased with their access.

- Table 3 reports on what percent of individuals receiving an assessment received routine service within 14 days. The rate remains consistent across the three quarters included in this report – variability is most likely due to small numbers in certain parts of the state. AMH would like to work with CCOs on improving this indicator.
- Table 8 reports on the percentage of individuals who received follow-up services after discharge from a hospital. AMH would like to see this rate improve for people with SPMI. One third of individuals with SPMI who are discharged end up readmitted within 6 months. USDOJ will want to see what Oregon is doing to improve this rate.
  - The follow up after hospitalization for mental illness measure included in the USDOJ report is following the same specifications as the CCO incentive measure. Same day follow up services are not currently included.

#### Questions / Discussion

- Is there a strategy or workgroup established for working with CCOs and community mental health providers?
  - Not yet – AMH will be working with Health Analytics, Transformation Center, and partners to develop that strategy.

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

- Will the USDOJ report be presented to the CCO medical directors at the QHOC meeting in October?
  - Not currently on the October agenda. Mike will follow up with DMAP about bringing the USDOJ report to an upcoming QHOC meeting.
- Do patients boarding in the emergency department counted as inpatient stays? (That is, patients who should technically be psychiatric inpatients, but there are no available beds so they remain in the emergency department).
  - No – the state is working on potential EDIE (Emergency Department Information Exchange) solutions to capture this data.

### Updates

- 1) OHA hosted three webinars on the CAHPS survey and banner books. Webinar recordings and slides are available on the Transformation Center's website:  
<http://transformationcenter.org/metric-resources/>
- 2) OHA held September "office hours" focused on the year two technology plan guidance and data submission templates. A document summarizing Q&A from the call will be posted online, and at the request of participants, OHA will host a second "office hours" closer to the year two technology plan due date.
- 3) OHA will be releasing the next progress report in October. As part of this release, OHA is transitioning from posting member level files on each CCO's secure FTP site to a new online data portal. Multiple personnel from each CCO will be able to have access to the new site; however, registration will be required. OHA will be sending out an online survey for CCOs to sign up for access to the new site.

### Draft 2015 Measure Specifications

OHA provided an overview of the changes to the measures and specifications for 2015 and requested CCO feedback on each. See meeting materials for summary of proposed changes to existing measures and outline of new incentive measures.

OHA will bring more comprehensive draft specifications to the October TAG meeting for additional discussion. CCOs will have the opportunity to review again in October and final discussion of any outstanding concerns at the November TAG meeting. 2015 measure specifications will be finalized and posted online in December 2014.

### SBIRT

- Change adolescent age range from 12-18 to 12-17.

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

- Need to incorporate adolescent alcohol / substance use prevalence into the benchmark somehow. Adolescent data available from the SAMHSA National Survey on Drug Use and Health. <http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/Index.aspx>.
- Need to update the guidance document to address SBIRT for adolescents, including privacy concerns, appropriate screening tools, referral processes, etc.
- Metrics TAG members are invited to participate in Friday's SBIRT Workgroup meeting, which will include presentations on adolescent SBIRT.

#### **DHS Custody**

- The age range for dental assessments should be age 1-17, not 0-17. Average first teeth come in between 5-12 months – not helpful to come in for dental assessment prior to one year of age.
- The benchmark for this measure may need to be adjusted downward to accommodate addition of dental assessments. Need to look at current rate of dental assessments in Medicaid / for foster children to know how much adjusting.
- Consider creating an ad hoc workgroup focused on DHS custody issues, much like the SBIRT workgroup. Need to keep pushing forward on issues related to notification of children in custody, making data more available, coordination with branch offices, and measure implementation.
- Review new EPSDT CDT / CPT code crosswalk for help identifying which dental assessment code(s) should be included in the specifications.
- Some dental codes can be billed through medical providers, not just dental providers – need to confirm which are allowable for this measure.

#### **Tobacco use prevalence**

The tobacco use prevalence measure will utilize the CAHPS survey question about tobacco use: "Do you now smoking cigarettes or use tobacco every day, some days, or not at all." The 2013 statewide Medicaid rate is approximately 34%, significantly higher than the statewide rate for the general population. See Oregon Tobacco Facts online at <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/oregon-tobacco-facts.aspx>

#### **Sealants on permanent molars for children**

- Continuous enrollment as listed in the draft specifications is in error – OHA will correct.
- Need to clarify the scope of practice for non-dentists. Who can actually apply sealants? Measure should reflect scope and specifications should clarify what "dentist or non-dentist" means.

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

- Need to consider the benchmark carefully for this measure; not all sealants are provided through Medicaid and administrative data does not reflect any sealants provided through the school-based sealant program. This is not a measure where we can get to 100%.
- Can surveillance / condition codes indicate the child was assessed for sealant need? Anyway to do a look back in the medical record?
- Note children will age in / out of the measure – this is a snapshot.
- Sarah will send the presentation the dental metrics workgroup gave to the Metrics & Scoring Committee with DCO data for background.

**Effective contraceptive use**

- Consider measure title – how are we addressing “at risk of unintended pregnancy”? Shouldn’t measure just be “contraceptive use among women” since we are not actually determining pregnancy intention? Take measure title discussion offline.
- Consider age range: 15-44 or 18-50?
- Exclusions: add CPT codes for hysterectomy and other exclusion criteria, not just diagnosis codes.
- Exclude tubal ligation? No – deliberately not excluded, since we want that to count as effective contraceptive use.
- Include fertility treatment?
- We know from survey data that at any given time ~20% of women are not at risk – either currently pregnant, trying to get pregnant, never have sex with men, etc. This is another measure where we would not expect to get to 100%, so the benchmark will need to be set accordingly.
- Include additional diagnosis code for surveillance of contraceptive method (V45.59 – presence of other contraceptive device).
- Ideally, we would use hybrid data from the medical record rather than expecting providers to code for presence of contraception. This may be a major lift for providers, but need to set the expectation for coding. The more we look for these codes, the more robust their use will become.
- Code tables are included as “Or” not “and” (that is, use of any of the codes would count, not looking for CPT in combination with NDC codes).

Oregon Metrics Technical Advisory Workgroup  
September 25, 2014 Minutes

- It would be good to know what kind of a difference option 1 versus option 2 makes in the data, before making a recommendation on specifications. Bring back for October meeting.

**Follow up after hospitalization for mental illness (FUH)**

The Metrics & Scoring Committee agreed that this measure should be modified to incorporate follow-up services occurring on the same day / day of discharge. This change to the specifications will be implemented for the third measurement year, CY 2015. It will not be retroactively applied to CY 2014 measurement. OHA is running several options for this modification and will bring data for the TAG's consideration in October.

The option that currently seems most feasible is to use the original HEDIS specifications and include place of service codes and services that occur on the date of discharge, but then add the additional procedure codes from the OHA-modified specifications. This approach may strike the best balance between current specifications that include a broader range of community-based mental health services and re-incorporating services that occur on the day of discharge.

**Next Meeting**

The next Metrics TAG meeting will be October 23, 2014 from 1-3pm. Agenda items will include a demonstration of the new interactive dashboard tool and a continued discussion of the draft measure specifications.