



TOPIC	KEY DISCUSSION	ACTION/TASK /DECISION	RESPONSIBLE	DUE DATE
	<p>DRG hospitals in Oregon are participating in a 2 year program under the Medicaid waiver with CMS (hospital transformation performance program (HTPP)). Information online at:  <a href="http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx">http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx</a></p> <p>A committee selected <b>11</b> metrics and hospital metric performance is tied to a quality pool payment. They are only reporting their <i>baseline data</i> the first year. For the second year, they will receive payments for performance against the benchmark and over their own baseline.</p> <p>The HTPP program operates on the federal fiscal year, vs. the calendar year for CCOs.  Hospitals working on reporting their baseline data now.</p> <p><b>SBIRT measure in the emergency department:</b>  Question: Why do the hospitals have a different measure than the CCO's? Why can't they be aligned as possible?  There was already an existing measure for hospitals from the Joint Commission.  Data sources are different, for hospitals, it comes out of their own electronic health records.</p> <p><b>Tracking measures in the Emergency Department in two parts:</b> (1) Screening rate (can be brief screening, or brief + full screening – up to the hospital's workflow); (2) brief intervention  There is a benchmark for the <i>screening</i>, but not the interventions. There may eventually be a separate benchmark for the <i>brief intervention</i>  Hospitals can choose not to participate in the HTPP but there is a financial incentive to do so. There are currently <b>28</b> Oregon hospitals eligible to participate</p>	<p><b>Sarah will send link to website to everyone</b></p>	<p><b>Sarah</b></p>	

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	<p>There is only approval for the program for 2 years right now- slated to go through the end of Sept. 2015. It will depend on re-negotiation with CMS to extend the program.</p> <p><b>Other Updates:</b> CCO's: no new updates since last month, there will be a dashboard report distributed to CCOs on Monday, Dec. 22</p> <p>Any plans to include non-DRG hospitals in the HTPP? There is nothing to stop them from participating, but currently don't have a quality pool. Washington state had an E.R. program from 2003-08 and would be great to hear how that went.</p> <p><b>Should hospitals be invited to participate in the SBIRT Workgroup?</b> There is a positive response to extending the invitation to participating hospital providers.</p> <p><b>Is there a plan to align measurement of hospitals and CCOs?</b> Yes, in 2017 there is a plan to switch CCOs from claims over to an E.H.R. This will allow for cascading rates (e.g., screening rate separate from brief intervention rate) which will more closely align with the hospital metric.</p> <ul style="list-style-type: none"> <li>❖ Sarah announced a new mailbox for questions at: <a href="mailto:metrics.questions@state.or.us">metrics.questions@state.or.us</a></li> <li>❖ OHA is beginning to report on a new measure: Initiation &amp; Engagement of alcohol and other drug treatment. The measure will be included in the next public report, to be released mid-January 2015.</li> </ul>			

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<b>FUTURE MEETING SCHEDULE/FORMAT</b> (MICHAEL OYSTER)	<ul style="list-style-type: none"> <li>Meetings on the <b>4<sup>th</sup> Friday</b> of the month will begin in January, 2015.</li> </ul>		<b>Michael</b>	
<b>PROBLEM SOLVING OVER IMPLEMENTATION CHALLENGES</b>	<ol style="list-style-type: none"> <li><b>Billing &amp; Encountering (No update)</b></li> <li><b>Adolescent screening and brief intervention process:</b> Workflow is different from the adult process, the adolescent vs. adult screens are differentiated in the guidance document which is being updated. Probably going to roll out slowly</li> <li><b>Referrals to treatment: How are these going?</b> There are no metrics for referrals to adolescent treatment, currently. Adolescent screenings will be measured separately from adults and there may be some data by spring 2015. Sarah B. offered discussion around some preliminary data for upcoming 2015 meetings.</li> <li><b>Re-screening tickler systems (See below)</b></li> <li><b>Others?</b> Let us know of any issues, and how we might address them.</li> </ol> <p><b>Questions:</b>  <b>How are we doing on overall success of SBIRT implementation regarding referral and treatment?</b></p> <ol style="list-style-type: none"> <li>Overall it is increasing. Adults and adolescents are measured separately for data purposes. The report will be out in June 2015. Michael is going to try and get his dashboard refined by age for measuring.</li> </ol>		<b>Michael</b>	

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	<p><b>What is the SBIRT trying to impact?</b>            In general, supposed to increase healthcare outcomes by addressing substance use patterns that is undermining medical stabilization. SBIRT is not supposed to replace current community treatment but to connect community treatment to primary care for better healthcare coordination. SBIRT is right on the line between being a prevention strategy and a treatment methodology. SBIRT is expected to play a role in reduce primary care costs, increase community behavioral treatment access, and reduce repeated emergency department contacts due to substance use.</p> <p>Doctors like the fact that <b>Motivational interviewing</b> is helping to establish rapport with patients;            Washington state E.R. SBIRT project showed success regarding a decrease in Emergency Department usage and a cost savings of <b>\$190.00</b> per Medicaid client per month.</p> <p><b>Does everyone have a rescreening “tickler” system?</b>            A large # of FQHCs use OCHIN Epics which uses an alert for SBIRT screens.</p>			
ANNOUNCEMENTS	<ul style="list-style-type: none"> <li>• Jim Winkle hoping to roll out SBIRT with adolescents starting in Jan. 2015</li> <li>• <b>Are the basic SBIRT contacts going up?</b> <ul style="list-style-type: none"> <li>○ Not sure w/out access to billing claims</li> </ul> </li> <li>• <b>When will the next data report come out?</b> <ul style="list-style-type: none"> <li>○ Sarah B. stated it is <b>Dec. 23<sup>rd</sup></b>, specifically for CCOs, and will show progress through Aug. 2014. The next public report comes out on <b>Jan. 12</b> and will show progress through June of 2014 on SBIRT.</li> </ul> </li> </ul> <p><b>Question:</b> Why does it take so long for the reports to come</p>			

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	<p>out?</p> <p><b>Response:</b> CCO dashboard reports have at least a 3-month claims lag, to allow data to come in plus time to calculate the measure. OHA is providing CCOs with data as quickly as possible within these parameters. Public reports are aligned to the calendar year and mid-year measurement periods for consistency.</p> <ul style="list-style-type: none"> <li>• Michael has a SBIRT dashboard that he will be using for part of the data piece. Gives an idea where each CCO is during the year, and specifically, certain clinics.</li> <li>• Would be nice to have report card on how the group is doing.</li> <li>• Would like everyone to have this meeting as a priority with a standard time of month for the meeting: last Friday of every month from 9:00 – 10:30 a.m.</li> <li>• Send any questions you have to Michael</li> </ul>			
<b>FUTURE TOPICS FOR WORKGROUP?</b>	<ul style="list-style-type: none"> <li>• Email your future topic ideas to Michael as soon as possible</li> </ul>	<b>Email Michael with your agenda ideas</b>	<b>all</b>	
<b>NEXT MEETING</b>	<input type="checkbox"/> Meetings will move to the <b>last Friday</b> of the month starting Jan. 2015, which makes the next meeting: <b>Jan 30, 2015, 9-10:30 a.m. (webinar format)</b>			