

Metrics & Scoring Committee – Recommended Measures for Inclusion in 2019 HPQMC Measures Menu

This document is divided into two sections:

1. Measures that the Metrics and Scoring Committee recommends be included in the 2019 measures menu

These are a combination of the 17 2018 CCO incentive measure set, with the addition of six measures. The Metrics and Scoring Committee would like the option of including some or all of these as incentive measures for CCOs in 2019, so respectfully requests that they, as well as the entirety of the 2018 CCO incentive measure set, be included in the 2019 HPQMC measures menu.

These measures are sorted such that have been initially endorsed by the HPQMC are listed first, ending with measure number 9. Those to be considered by the HPQMC begin with number 11.

In terms of prioritizing decisions, the Metrics and Scoring Committee **requests that any decisions that would impact any of the first 17 measures (the 2018 CCO measure set), be made in November if at all possible.** Decisions made after November cause difficulties as CCOs prioritize their 2018 quality improvement efforts.

If the HPQMC is not able to make decisions on the remainder of the 2018 CCO measure set (measures 9-17 below), the Metrics and Scoring Committee requests that the HPQMC make decisions on:

- Possible changes to the effective contraceptive use specifications, which for 2018 includes adolescents (#9);
- The weight assessment measure (#10 and its relation to the proposed development of an evidence-based obesity measure, B); and,
- The cigarette smoking prevalence measure (#13), and its relationship to NQF 0028, Tobacco Use Screening and Cessation Intervention, also under consideration by the HPQMC.

2. Proposed “on deck” measures

The Metrics and Scoring Committee proposes that the HPQMC adopt its “on deck” concept for developmental measures. That is, the HPQMC identify areas with transformational potential, but for which standardized measures are not currently available, and direct staff to prioritize these areas for developmental work. The on deck concept not only aids staff in prioritizing developmental areas, but provides a road map for plans in terms of areas which may be included in the measures menu in the future. The HPQMC has already done so with regard to the health aspects of kindergarten readiness; in addition to this work, the Metrics & Scoring Committee asks that the HPQMC include two additional measurement areas in its on deck list, as outlined below.

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
1	Adolescent well-care visits	Prevention	2013	Percentage of adolescents and young adults (ages 12-21) who had at least one well-care visit during the measurement year.	HEDIS (excluding provider specialty requirement)	Youth who can easily access preventive health services are more likely to be healthy and able to reach milestones such as high school graduation and entry into the work force, higher education or military service.	VOTED TO INCLUDE Notes: <ul style="list-style-type: none"> • One member noted that there are many activities that occur during a well-visit that might not be captured with this measure. Another member noted this measure could address access to care. • One member noted that it is hard to get adolescents into the office to receive care, and this measure begins to address that gap.
2	Assessments within 60 days for children in DHS custody	Prevention	2013	Percentage of children ages 4+ who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.	OHA-developed	Children who have been placed in foster care should have their health checked so that an appropriate care plan can be developed. Comprehensive health assessments are a requirement for the foster program because of their importance to improving the health and well-being of a child in a trying situation.	VOTED TO INCLUDE Notes: <ul style="list-style-type: none"> • Follow-Up: Potentially adopt as Medicaid-only • The group believed that this measure assessed a valid, important service that targets a very vulnerable population. • It was noted that there are issues with small denominators amongst Medicaid CCOs, and that small denominators would be an even bigger issue amongst a commercial population.
3	Childhood immunization status	Prevention	2016	Percentage of children who received recommended vaccines (DTaP, IPV, MMR, HiB, Hepatitis B, VZV) before their second birthday.	HEDIS (OHA emits rule not to count vaccinations administered prior to 42 days after birth, due to negligible insurances and occasional issues with the date of birth in eligibility data. OHA counts members given a specified list of codes from its detailed measure specifications as compliant in the MMR category, without requiring a combination of subcategories. OHA is not including disease histories for the numerator.)	Vaccines are one of the safest, easiest and most effective ways to protect children from potentially serious diseases. Vaccines are also cost-effective tools that help to prevent the spread of serious diseases which can sometimes lead to widespread public health threats.	VOTED TO INCLUDE Notes: <ul style="list-style-type: none"> • Follow-up: Determine which sub-component rate to adopt during the second pass • There was unanimous support for this measure. • The group indicated that it should specify which Combo to adopt during the second pass of measures. It was noted that Oregon CCOs use Combo 2.

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
4	Colorectal cancer screening	Prevention	2013	Percent of adult members (ages 50-75) who had appropriate screening for colorectal cancer.	HEDIS (no deviations)	Colorectal cancer is Oregon’s second leading cause of cancer deaths. With appropriate screening, abnormal growths in the colon can be found and removed before they turn into cancer. Colorectal cancer screening saves lives, while also keeping overall health care costs down.	VOTED TO INCLUDE Notes: <ul style="list-style-type: none"> • There was unanimous support for this measure because colorectal cancer is a leading cause of unnecessary cancer morbidity and the screening is highly effective. • There was preference for adopting specifications that utilize a hybrid methodology because it aligns with practice patterns.
5	Controlling high blood pressure	Chronic illness	2013	Percentage of adult members (ages 18–85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled.	Meaningful Use (no deviations)	Uncontrolled hypertension can have serious complications, including heart disease and stroke. Better control of blood pressure has been shown to reduce the probability that these complications will occur.	VOTED TO INCLUDE Notes: <ul style="list-style-type: none"> • The HEDIS measure, which aligns with clinical guidelines, currently does not align with NQF measure (the latter is in the process of being updated). • The group was uncertain about which version of the measure to adopt. The group was in favor of adopting both measures because (1) the HEDIS measure is best practice, but (2) some federal programs still require use of the NQF-endorsed measure. • The group agreed to switch to the HEDIS measure when NQF or MIPS aligns with HEDIS
6	Depression screening and follow-up plan	Behavioral Health	2013	Percentage of members (ages 12 and older) who had appropriate screening and follow-up planning for major depression.	Meaningful Use (no deviations)	Depressive disorders are highly prevalent, chronic and costly, affecting medical outcomes, economic productivity and quality of life. Comprehensive screening in primary care may help providers identify undiagnosed depression and initiate appropriate treatment, improving these members’ depression and alleviating their suffering sooner or more thoroughly than if they had not been screened.	VOTED TO INCLUDE but note change in future Notes: <ul style="list-style-type: none"> • Follow-up: Switch to new HEDIS measure when viability confirmed • The group acknowledged that there is a newer, more robust HEDIS measure, but agreed to adopt only it if and when it becomes viable. In the meantime, the group unanimously agreed to include the CMS version of the measure. • One member noted that screening is not a diagnostic test and would have preferred if there was a service component tied to it.

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
							<ul style="list-style-type: none"> A representative from OEBC noted that stress, depression, and anxiety are some of its biggest concerns.
7	Developmental screening in the first 36 months of life	Prevention/Early Detection	2013	Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.	NCQA & CAHMI	Early childhood screening helps find delays in development as early as possible, which leads to better health outcomes and reduced costs. Early developmental screening provides an opportunity to refer children to the appropriate specialty care before problems worsen. Often, developmental delays are not found until kindergarten or later – well beyond the time when treatments are most helpful.	<p>VOTED TO INCLUDE</p> <p>Notes:</p> <ul style="list-style-type: none"> There was discussion about why the measure lost NQF endorsement and whether that should impact whether the HPQMC adopted the measure. It was noted that the measure lost endorsement because of the lack of resources required to submit the measure for re-endorsement. The measure is still endorsed by CMS and is in use by 21 states. There was unanimous support for the measure. The group also discussed whether kindergarten readiness could be an important component of developmental screening (note: a kindergarten readiness measure is under development by a M&S work group).
8	Diabetes care: HbA1c poor control	Chronic illness	2013	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Meaningful Use (no deviations)	Controlling blood sugar levels is important to help people with diabetes manage their disease. It is also a key way to assess the overall effectiveness of diabetes care in Oregon. By improving the quality of care for diabetes, Oregon can help patients avoid complications and hospitalizations that lead to poor health and high costs.	<p>VOTED TO INCLUDE</p> <p>Notes:</p> <p>There was unanimous support for this measure.</p> <ul style="list-style-type: none"> One member wondered if the "good control" version of the measure should be included instead. Michael noted that both measures are similar, but that poor control is adopted more frequently than "good control."

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)							
	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
9	Effective contraceptive use among women at risk of unintended pregnancy	Maternity care	2015	Percentage of women (ages 15-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.	OHA-developed, aligned closely with CMS CCW measure	<p>Providing high quality primary care for women by improving contraception access. Women are fertile for about 40 years, on average they are trying to avoid pregnancy for 35 of them. Contraception is the most commonly needed primary care service for women. At least 70% of women age 18-50 need contraception, only 36% of those receiving Medicaid got it in 2015.</p> <p>Having an unintended pregnancy means a woman is three times more likely to end up below the poverty line two years later. Unintended pregnancies can derail education and job options, relationships and are associated with worse maternal and infant outcomes.</p> <p>The Committee voted to include adolescents aged 15-17 in the beginning in 2018. This aligns with NQF 2903, which includes women ages 15-44. Further, the latest available data from the Oregon Healthy Teens survey found that among 11th graders who have had sexual intercourse, 66.9% used less effective methods (condoms and withdrawal), 3.3% used emergency contraception, and 7.8% did use any method to prevent pregnancy¹.</p>	<p>VOTED TO INCLUDE</p> <p>Notes:</p> <ul style="list-style-type: none"> • Follow-Up: Revisit age range during second pass • The group overall supported the measure. However, there was concern about challenges with billing (chlamydia screens are confidential and not all women want the screen to be documented). This concern is prominent with the younger age range (women under age 17).

¹ See <http://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2015/Gender/11th/Sex11.pdf>

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
10	Weight assessment and counseling for nutrition and physical activity for children/adolescents	Prevention	2018	<p>Percentage of patients (age 3-17) who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period. Three rates are reported.</p> <ol style="list-style-type: none"> 1. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation 2. Percentage of patients with counseling for nutrition 3. Percentage of patients with counseling for physical activity 	NCQA (no deviations)	<p>Childhood obesity is the primary health concern among parents in the USA, topping drug abuse and smoking, and has both immediate and long-term effects on health. There evidence that this measure contributed to increased rates of BMI percentile assessments (33.7%), counseling for physical activity (18.6%), and counseling for nutrition (21.0%) among youth ages 3-17 year enrolled in Medicaid from 2009-2014². Therefore, it is useful in terms of getting BMI reporting up to standard across the state, in preparation for an evidence-based obesity the Metrics & Scoring Committee proposes be developed and tested (see 'on deck' below).</p> <p>This measure is also important beyond any connection with obesity, in terms of PCPs promoting overall health and wellness. It requires nutrition and physical activity counseling for <i>all children</i>, not just those with BMIs outside normal range. These discussions are important to work PCPs can do to promote overall health and wellness generally, and counseling about healthy diet, physical activity, and screen time is widely recommended.</p>	<p>VOTED TO DEFER</p> <p>Notes:</p> <ul style="list-style-type: none"> • Follow-Up: Discuss with M&S and find additional candidate measures related to obesity • The group agreed that obesity is a major health issue, but expressed concern with this measure because activities such as counseling are not necessarily linked with improved outcomes. The group also noted this measure was sometimes viewed as a low value "check-the-box" measure. • There are some guidelines, however, that suggest that counseling is an important activity to address obesity. • The group deferred making a decision on the measure because it wanted to hear why M&S chose it as a CCO incentive measure.

² National Committee for Quality Assurance. (2016). *The State of Health Care Quality Report 2015* from *Building a Culture of Health in Childhood Obesity: Overview & Action Plan for Medicaid Health Plans*. (2016). Robert Wood Johnson Foundation. http://www.medicaidinnovation.org/_images/content/final_chopt_toolkit.pdf

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)							
	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
11	Ambulatory care: Emergency department utilization	TBD	2013	Rate of patient visits to an emergency department.	HEDIS (no deviations)	Emergency departments are sometimes used for problems that could have been treated at a doctor's office or urgent care clinic. Reducing inappropriate emergency department use can help to save costs and improve the health care experience for patients	NOT YET DISCUSSED
12	Access to care (CAHPS)	Patient experience	2013	Percentage of members (adults and children) who thought they received appointments and care when they needed them.	HEDIS / survey (no deviations)	Improving access to timely care and information helps increase the quality of care and reduce costs. Measuring access to care is also an important part of identifying disparities in health care and barriers to quality care, including a shortage of providers, lack of transportation, or long waits to get an appointment.	NOT YET DISCUSSED

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
13	Cigarette smoking prevalence	Behavioral Health	2016	Bundled measure is intended to address both cessation benefits offered by CCOs and cigarette smoking prevalence: 1) Meeting minimum cessation benefit requirements 2) Submitting EHR-based cigarette smoking and tobacco prevalence data according to data submission requirements 3) Meeting benchmark or improvement target established by the Metrics & Scoring Committee.	OHA-developed, bundled measure. Considering switching to Meaningful Use specifications, which were not previously available	<p>Proposal: The Metrics and Scoring Committee is aware that the HPQMC is also considering NQF 0028, Tobacco Use: Screening and Cessation Intervention. Key differences between the two measures:</p> <ul style="list-style-type: none"> • Age range <ul style="list-style-type: none"> – Age 13+ for CCO measure – Age 18+ for NQF0028 • Payer mix <ul style="list-style-type: none"> – Medicaid only for CCO measure – All payers for NQF0028 • Smoking v. broader tobacco use <ul style="list-style-type: none"> – Separate reporting of these rates in CCO measure – No separate reporting of smoking in NQF0028 – CCO measure includes minimum smoking cessation benefit provision (NQF0028 has no such requirement) <p>The Committee therefore recommends that the HPQCM adopt the existing 2018 CCO cigarette smoking prevalence measure AND NQF 0028; but, if the HPQMC will only accommodate one smoking measure, that it modify the NQF measure so (1) it is reportable by payer, and (2) that it adds the cessation benefit provision of the CCO measure. The Committee feels it is important to encourage a minimum cessation benefit package through the CCO incentive measures.</p>	NOT YET DISCUSSED

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)							
	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
14	Dental sealants on permanent molars for children	Oral health	2015	Percentage of children ages 6-14 who received a dental sealant during the measurement year.	OHA, modified from CMS EPSDT and DQA	Childhood tooth decay causes needless pain and infection, and can affect a child's academic performance and nutrition. According to the 2012 Smile Survey, half of children in Oregon ages 6-9 have had at least one cavity, and at least one in five has untreated decay. Children from lower-income households have substantially higher rates of cavities and untreated decay, and more than twice the rate of rampant decay than children from higher-income households. Dental sealants are a widely recognized tool used to prevent tooth decay.	NOT YET DISCUSSED
15	Disparity measure: ED utilization among members with mental illness	TBD	2018	Rate of visits to an emergency department among adult members experiencing mental illness.	Population subset of HEDIS <i>ambulatory care ED utilization</i> measure (see #2 above)	Adults with mental illness have higher rates of preventable health conditions and use the emergency department at much higher rates than the general population. Improved coordination between physical and mental health care reduces unnecessary ED utilization and is a cornerstone of health system transformation.	NOT YET DISCUSSED
16	Patient-centered primary care home enrollment	TBD	2013	Percentage of members who were enrolled in a recognized patient-centered primary care home (PCPCH)	OHA-developed	Patient-centered primary care homes are clinics that have been recognized for their commitment to quality, patient-centered, coordinated care. Patient-centered primary care homes help improve a patient's health care experience and overall health.	NOT YET DISCUSSED

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
17	Prenatal and postpartum care: Timeliness of prenatal care	Maternity care	2013	Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid.	HEDIS (no deviations)	Care during a pregnancy is widely considered the most productive and cost effective ways to support the delivery of a healthy baby. This measure helps ensure timeliness by tracking the percentage of women who receive an early prenatal care visit (in the first trimester). Improving the timeliness of prenatal care can lead to significantly better health outcomes and cost savings - as more than 40 percent of all babies born in Oregon are covered by Medicaid.	NOT YET DISCUSSED
18	EHR-based Alcohol or other substance misuse screening (SBIRT)	Behavioral Health	EHR in development (currently piloting; plan to be ready by 2019) 2013-16: claims based	Percentage of members (ages 12 and older) who received appropriate "screening, brief intervention, and referral to treatment" (SBIRT) for alcohol or other substance abuse.	Previously (2013-2016) OHA-developed claims-based specifications were used. Due to coding challenges resulting from ICD-10, the measure has been retired until EHR specifications are developed and tested.	By offering a simple but effective screening for alcohol or drug abuse during an office visit, providers can help patients get the care and information they need to stay healthy. If risky drinking or drug use is detected, a brief intervention, and in some cases referral to additional treatment, helps the patient recover more quickly and avoid serious health problems.	NOT YET DISCUSSED (though did endorse ED SBIRT measure)
19	Dental care for adults with diabetes	Oral health	Not currently in use	Percentage of adult CCO members identified as having diabetes who received at least one dental service within the reporting year.	DQA (currently being tested, modified slightly by OHA). Included in Oral Health in Oregon's CCOs report	<ul style="list-style-type: none"> ○ Oral health and primary care integration ○ Link between diabetes and periodontitis, and HbA1c levels ○ Supported by CCO Oregon 	NOT YET DISCUSSED

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
20	Preventive dental services utilization for adults	Oral health	Not currently in use	Percentage of members who received preventive dental services under the supervision of a dentist or a dental hygienist.	EPSDT specifications (CMS-416), with modifications made to expand the age range to adults and include full set of preventive dental services in ADA CDT codes, as well as to look at children and adults without elevated risk. Included in Oral Health in Oregon's CCOs report	Regular preventive dental visits are important for both children and adults, as oral diseases are common and largely preventable. In fact, dental caries (tooth decay) is the most common chronic disease for children aged 6 through 11 years and 12 through 19 years in the United States. Baseline data show overall low performance (19.4% in mid-2016) among CCOs. This measure has also been recommended by MAC Oral Health Workgroup and supported by CCO Oregon.	NOT YET DISCUSSED
21	Coordination of care (CAHPS)	Patient experience	Not currently in use	Adult survey question: "In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?" Child question: "In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?"	HEDIS / survey	Coordination of care is central to the purpose of CCOs and a pillar of Oregon's health system transformation. Baseline data show low overall state performance and high CCO variation (room for improvement).	NOT YET DISCUSSED

2018 CCO Incentive Measures (1-17) Plus Proposed Additions (18-23)

	Measure	HPQCM domain(s)	CCO measure since	Measure description	Specs used (note deviations)	Metrics & Scoring Committee Rationale	HPQMC Status
22	Obesity: BMI screening and follow-up for adults	Prevention /Early Detection	Not currently in use	Percentage of patients 18 and older who had one eligible encounter during the measurement year with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.	CMS	Recent studies found that obesity contributes to nearly 1 in 5 deaths in the United States. BMI provides the most useful population-level measure of overweight and obesity. Careful monitoring of BMI will help health care providers identify adults who are at risk and provide focused advice and services to help them reach and maintain a healthier weight.	VOTED TO DEFER Notes <ul style="list-style-type: none"> • Follow-Up: M&S will present additional information on obesity measures. Bailit Health will research additional candidate measures related to obesity. • The group agreed that obesity is a major health issue, but expressed concern with this measure because performing a BMI assessment is not causally linked with improved outcomes. • The group deferred making a decision on the measure because it wanted to hear why M&S chose the child-focused version of this measure.
23	Food Insecurity Screening	TBD	Not currently in use	Percentage of patients who were (1) screened for food insecurity at least once during the measurement year AND (2) if screen positive, received an intervention or referral to community or health plan resources (part 2 can be phased in)	OHA-developed, in collaboration with the Oregon Food Bank, the Oregon Primary Care Association, and the CCO Metrics Technical Advisory Workgroup.	Food insecurity is linked with increased risk for poor health outcomes, including obesity and mental health, and function impairments in older adults. ^{3, 4}	NOT YET DISCUSSED

³ Institute of Medicine, *Capturing Social and Behavioral Health Domains and Measures in Electronic Health Records: Phase 2*. Washington, DC. The National Academies Press, 2014.

⁴ <http://psychogerontology.oxfordjournals.org/content/56/2/S94.full>

Proposed 'On Deck / Developmental' Measures						
	Measure	Status	HPQCM domain(s)	Measure description	Specs used (note deviations)	Rationale
A	Kindergarten readiness	In development (very early states)	TBD	TBD	TBD	With the support of HPQMC, the Metrics and Scoring Committee has created workgroup, supported by the Children's Institute, to create a measure(s) that could be used to assess (the health aspects of) kindergarten readiness. The HPQMC has requested an update with vision and deliverables in January 2018.
B	Developmental screening in the first 36 months of life <i>and follow-up</i>	Yet to be developed	TBD	Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday AND who had appropriate follow-up care.	TBD	Including follow-up makes existing measure more transformational; process versus outcome; requires system capacity for needed services.
C	Evidence-based obesity measure	In development (very early stages)	TBD	Could include testing of Institute for Clinical Systems (ICSI) measures ⁵ or development of a measure that could include the following: BMI reporting; Referral; Receipt of evidence-based interventions (i.e. ≥ 26 hours for children, 12 encounters for adults); BMI improvement; Investment in multisector interventions	TBD	Obesity is the number two cause of preventable death in Oregon and nationally, second only to tobacco use. Addressing obesity is a statewide priority (e.g., slowing the increase in obesity is a priority area in Oregon's State Health Improvement Plan). Obesity is also a health equity issue: Rates of obesity among adults on Medicaid are higher than for the general population, and also vary by race and ethnicity.

⁵ ICSI Measures:

ADULTS:

2a: % with BMI > 25 who received education and counseling;

3a: % with BMI ≥ 25 who reduced weight by 5%;

3b: % patients with BMI > 25 have 30 mins physical activity 5x/week;

3c: % with BMI > 25 who weight by 10%;

3d: % patients with BMI > 40 provided with referral to bariatric specialist.

PEDIATRIC (age 2-17): 3a: Percentage of patients with BMI screening percentile > 85 whose BMI percentile decreased within 12 months of screening