Tips for Meeting Participation



Please remain muted when not speaking

- Zoom: Use the microphone icon to mute/unmute
- Phone: Use *6 to mute/unmute if double muted



When possible, use the "raise hand" function in Zoom under reactions to:

- Be recognized prior to speaking
- Participate in a vote



State your name prior to speaking

- Turn your camera when speaking
- This ensures all listeners can follow the conversation

Quality & Health Outcomes Committee

Monday, October 9, 2023 10:05 a.m. – 3:00 p.m.

Zoom Call-in Info:

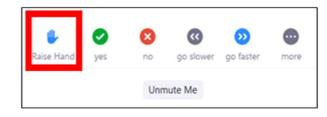
1-669-254-5252 / Meeting ID 160 733 9068 / **Passcode** 217259



Technology Tips: Zoom



- 1. Mute/unmute
- 2. Start video/stop video
- 4. Participant list (see controls at bottom of participant panel)
 - Raise hand, yes/no answering
- 6. Chat (send privately or to all)
 - Note: Chat is public record.





Clinical Director Work Group 10:05 a.m. –12:30 p.m.						
10:05 a.m.	Welcome & Announcements	Jeanne Savage				
		Dawn Mautner				
10:15 a.m.	FFS Dental Rate Update	Jessica Dusek				
10:30 a.m.	COVID Vaccine Access	Nora Zimmerman				
10.30 a.iii.		Irma Murauskas				
10:50 a.m.	Ground Emergency Medical Transportation Qualified Payment [GEMT]	Michelle Meuwissen				
11:00 a.m.	HERC Update	Ariel Smits				
11:30 a.m.	BREAK					
11:40 a.m.	Immunization Quality Childhood &	Albert Koroloff				
	Adolescent Immunization [IQIP]					
12:30 p.m.	LUNCH					
	Quality and Performance Improvement Session 1:05 p.m. – 1:50 p.m.					
1:05 p.m.	QPI Announcements	Courtney Whidden-Rivera Laura Matola				
1:15 p.m.	TQS Update	Carrie W.				
	Exhibit I	Carrie Williamson				
1:35 p.m.	G&A Log Update	Summer Cox				
		Johnny Uriate				
1:40 p.m.	Items from the floor	All				
1:45 p.m.	ADJOURN	All				
3						

Agenda

Have You Registered for the NWPSC?



HQBC HEALTH QUALITY BC





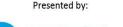
Register today to attend the 20th Annual Northwest Patient Safety Conference (NWPSC) on October 17 and 18, 2023.

"Bringing Patient Safety to Life" is the theme of this year's conference, which has five keynote presentations that will speak to what's worked, what hasn't, and what to do about it. These presentations are both educational and actionable.



Learn more and register









Keynote Presentations

We're excited to hear from this incredible line-up of patient safety leaders:

- Umair A. Shah, MD, Secretary of Health, Washington
 State, Opening Keynote
- Karthik Sivashanker, MD, Operationalizing Racial
 Justice and Equity in Health Care
- Tejal Gandhi, MD, Emerging from COVID: Re-Energizing our Approach to Achieving Zero Harm
- Patricia McGaffigan, Strengthening our Resilience –
 Implementation of Safer Together: A National Action Plan to Advance Patient Safety
- Saul Weingart, MD, Finding the Patient in Patient Safety

Partner name change: Acentra Health FKA Kepro

About Acentra Health

Acentra Health, formed in 2023 by the merger of industry leaders CNSI and Kepro, combines public sector knowledge, clinical expertise, and technological ingenuity to modernize the healthcare experience for state and federal partners and their priority populations. From designing and developing advanced claims, encounter, and provider solutions that drive efficiency and cost savings to delivering clinically focused service models for care management and quality oversight, Acentra Health is accelerating better outcomes. Acentra Health is backed by Carlyle (NASDAQ: CG), a global investment firm.

CNSI and Kepro are Now 'Acentra Health' - Acentra Health



2024 P&T Committee Recruitment

- The OHA will be looking for a physician (MD or DO) and pharmacists interested in being considered for appointment to the Committee
- Need to be licensed and actively practicing in Oregon
- Terms are for 3 years and there are 6 P&T meetings annually

https://www.oregon.gov/OHA/HSD/OHP/Pages/PT-Committee.aspx



Changes coming to Barbara Roberts Human Services Building (HSB)

Beginning Oct. 23, a badge scan will be required on elevators and stairwells from the basement or first floor of the Barbara Roberts Human Services Building (HSB) to access upper floors. The ODHSOHA Agency Identification, Badge and Key Card Policy requires that any individual with business that requires them to go beyond the lobby of an ODHS or OHA building display a badge. Visitors to the building will still need an employee escort from the lobby. Those with business in HSB will be issued a temporary badge to allow access to that floor only.

Use this form to change or request badge access and email to Central.Services@odhsoha.oregon.gov.

This change, along with the new in-person security, supports ODHS and OHA alignment with Oregon State Police safety recommendations and on-going agency efforts to support staff. With more staff working remotely, it's important that we take additional steps to support the security of on-site staff.



Quality Health & Outcomes Committee Updating OHP FFS Dental Rates

October 9, 2023



Jessíca Dusek
Dental Operations & Policy Analyst

Dental FFS Rates Update

Fee For Service (FFS) dental rates have only been updated periodically; many unchanged since 2011 or 2018.

SB 5525, effective July 1, 2023

- Appropriates moneys from General Fund to Oregon Health Authority for certain biennial expenses.
- Providing the budget to update of <u>all</u> dental service codes.



Dental FFS Rate Levels

CCO dental fee schedule was developed in 2021 in consultation with Medicaid dental provider groups.

Fee schedule is used to set dental component of OHA payments to CCOs ("capitation rates")

Each CCO is at liberty to set its own payment rates to providers / subcontractors

The new FFS rates are set at or near CCO dental fee schedule Code-by-code analysis by OHA's Office of Actuarial and Financial Analytics (OAFA).



Top 10 Dental FFS Procedure Codes

Code	Description	Previous FFS Rate	Updated FFS Rate (CCO Rate)	% increase
D1206	Topical fluoride varnish	\$14	\$30	110%
D1354	Int caries med app per tooth	\$14	\$21	49%
D0230	Intraoral periapical ea add	\$6	\$15	144%
D0220	Intraoral periapical first	\$10	\$19	86%
D0150	Comprehensive oral evaluation	\$40	\$61	52%
D0140	Limit oral eval problm focus	\$35	\$53	52%
D1120	Dental prophylaxis child	\$31	\$52	66%
D7140	Extraction erupted tooth/exr	\$100	\$133	33%
D0120	Periodic oral evaluation	\$26	\$43	65%
D0191	Assessment of a patient	\$13	\$24	83%



Scope of the Dental FFS Update

Dental Procedure Codes ("Dxxxx")

Non-"D" codes excluded (vaccinations, anesthesia).

Handicapping Malocclusions (orthodontic) codes reviewed separately

Rates set in 2023.

Services provided at Tribal clinics and FQHCs are paid with Federal funds, not by FFS rates.



Submitting Claims

OHA will file for review to Centers for Medicare and Medicaid Services (CMS) by 12/31/23

Effective date for new FFS rates expected to be 10/1/23

Claims to be submitted as customary Can be backdated up to 12 months



COVID-19 Vaccine Access

Quality + Health Outcomes Committee (QHOC)
October 9, 2023

Irma Murauskas
Medical Countermeasures (MCM) Team Lead
ODHS | OHA
Public Health Division
Oregon Immunization Program (OIP)
Irma.Murauskas@oha.state.or.us



COVID-19 Vaccine Commercialization

- The US Government ended its free COVID-19 vaccine program.
- On September 11th, the federal government announced approval and authorization for emergency use of the updated COVID-19 vaccines for 2023-2024 and ended emergency use authorization for previous vaccines.
- Availability of COVID-19 vaccines are now commercialized they follow traditional procurement, distribution and payment pathways. Traditional pathways of procurement include:
 - State supplied through the Vaccine for Children's Program (VFC) + CDC Bridge Access Program (BAP)
 - Purchased from vaccine suppliers (private market)



COVID-19 Treatment / Therapeutic Commercialization

- The US Government continues to provide COVID-19 treatment Paxlovid + Lagevrio through its no cost therapeutic program.
- COVID-19 treatment is readily available to anyone who needs it.
- OHA has allocated almost 5000 doses to over 100 Oregon providers between September 1st and October 5th.
- Lagevrio transitions to the commercial market in November 2023 and will no longer be available through the federal program.



Coverage

- COVID-19 vaccine is still covered through normal paths like private insurance and Medicaid (OHP) and Medicare.
- CCO Update: We know that it may be necessary for some children to receive COVID-19 from non VFC providers during the commercialization transition period. The requirement that children receive COVID vaccines only from VFC providers is effective November 1, 2023.
- Oregon Health News Blog What to know about insurance coverage for C-19, RSV + flu vaccines



Where can someone get a vaccine?

At a local health provider

CDC will use existing partnerships with state and local health departments (LHDs) to quickly distribute COVID-19 vaccines through providers in their networks.



CDC will manage the purchase and distribution of COVID-19 vaccines for state and LHDs, along with providing oversight and technical assistance.

At a local health center

Federally qualified

health centers (FQHCs)
will partner with LHDs and
state immunization
programs to ensure access
for the many uninsured
adults already served by
these providers.



HRSA will **provide funding**and support to its
network of FQHCs to
ensure outreach and
vaccine delivery in the
communities they serve.

At a nearby pharmacy location

CDC will work with pharmacies to ensure uninsured adults can continue to access free COVID-19 vaccinations and treatments at thousands of locations nationwide.



Pharmacy chains will use their extensive footprints and community partnerships to reach adults who are uninsured and underserved.

CDC Bridge Access Program (BAP) Structure

BAP serves as a temporary bridge until December 31, 2024, to provide COVID-19 access to uninsured adults.



Traditional Pathways of Access

State VFC

- 24,260 doses allocated;
 99.99% of the vaccine available to OHA
- Tiered priority allocation

State BRIDGE

- 4,000 doses allocated;
 99.95% of the vaccine available to the OHA
- 30,000 doses available total
- Tiered priority allocation
- Pharmacy partnerships

PRIVATE MARKET

- We cannot track vaccine supply in the private market.
- COVID-19 Post Commercialization Access Survey fielded 10/6



Next Steps for OHA

- Continue to allocate COVID-19 vaccine to VFC and BAP providers.
- Leverage the COVID-19 vaccine BAP pharmacy partnerships.
- Collect, review and act on the data received from the COVID-19 Access Survey fielded 10/6.
- Work to secure funding and a process to purchase COVID and other new vaccines for Billable clients, including adults on OHP. When those Billable vaccines are available, we will announce it widely.
- Make it easier for Oregonians who want a COVID-19 vaccine to get one.



Ground Emergency Medical Transportation (GEMT) CCO Supplemental Payment Program

& CARES Quality Measurement



Health Systems DivisionMedicaid Programs Unit

GEMT CCO Supplemental Payment Program

The Ground Emergency Medical Transportation (GEMT) CCO Qualified Directed Payment (QDP) Supplemental Payment Program established per House Bill 4030 (2016) and operationalized beginning in CY2021 through Centers of Medicare and Medicaid Services (CMS) approval on a §438.6(c) Preprint.

- ➤ The service-based eligible payments get processed onto monthly capitation cycles, passed through from CCO to GEMT participating providers.
- GEMT Resources:
 - . GEMT program information
 - Oregon Administrative Rule 410-136-3371



GEMT CCO Program Quality

An annual § 438.6(c) Preprint submission to, and approval by CMS, is required for each calendar year.

The Preprint includes:

- ➤ Quality Measurement:
 - In accordance with 42 CFR §438.6(c)(2)(i)(C), this payment arrangement must advance at least one of the goals and objectives in Oregon's Medicaid quality strategy required per 42 CFR §438.340
 - OHA will continue to review progress on the advancement of the state's goal(s) and objective(s) in the quality strategy.



GEMT CCO CARES quality measurement

& Oregon's Medicaid Quality Strategy

Payment Arrangement Quality Strategy Goals and Objectives

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Goal(s)	Objective(s)	Quality strategy page #
IMPROVE INTEGRATION AND CARE COORDINATION	Cardiac Arrest Registry to Enhance Survival (CARES) reporting and coordination with CCOs, to Increase the number of GEMT providers participating in this program payment arrangement who are also participating in the CARES registry by 5%	5
ACCESS TO EQUITABLE PREVENTIVE HEALTHCARE	Ensuring appropriate care is delivered in appropriate settings, to Increase the number of GEMT provider participating in this program payment arrangement who are also participating in the CARES registry by 5%	5

Baseline and target:

Baseline year: CY2021, Baseline statistic: 60.6%, measured for managed care enrollees only. Target: 5 percentage points per year increase of GEMT providers participating on this program and participating in the CARES registry.

GEMT CCO CARES quality measurement

CARES Registry: Cardiac Arrest *Registry* to Enhance Survival

About CARES: https://mycares.net/

- About EMS and Trauma Systems for EMS through Public Health
- CARES 2022 Annual national report

42 C.F.R. § 438.6(c)(2) requires that directed payments be linked to quality improvement.

CARES Data:

CARES registry enrollment data;

CARES Reporting:

- Provider participation in the CARES registry is being reported to CMS;
- CCOs will also receive an annual report on which providers are participating



Questions?

Resources

GEMT Supplemental Payment Program OHA Website: https://www.oregon.gov/oha/HSD/OHP/Pages/policy-ground-emergency-transportation.aspx

- Fact Sheet
- CCO Contacts list for contracts
- Frequently Asked Questions (FAQ)
- Oregon Administrative Rule (OAR) 410-136-3371

About CARES: https://mycares.net/
About EMS and Trauma Systems for EMS through Public Health CARES 2022 Annual national report

2022 related presentations about QDP update including GEMT Oregon's 2022 Medicaid Quality Strategy



Health Systems DivisionMedicaid Programs Unit

Health Evidence Review Commission (HERC) Update

Ariel Smits, MD MPH

HERC Medical Director

10/9/2023



New Vaccine Codes

- Will need to open ASAP if not already open
- New codes effective 9/11/2023:
 - 1) 90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose
 - 2) 91318 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use [intended for age 6 months through 4 years]
 - 3) 91319 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use [intended for ages 5 years through 11 years]
 - 4) 91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use [intended for ages 12 years and older]
 - 5) 91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use [intended for age 6 months through 11 years]
 - 91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use [intended for ages 12 years and older]

 Health

New Vaccine Codes

Will need to open ASAP if not already open

CPT Code	Code Description	Information
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Nirsevimab (Beyfortus; Sanofi)
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Nirsevimab (Beyfortus; Sanofi)
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Abrysvo (Pfizer) Already added to line 3 in August 2023
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	Arexvy (GlaxoSmithKline)

VBBS September Meeting

- VBBS: September 28th
 - Macromastia: further guideline revisions for approving surgery when a co-morbid condition is present; biennial review planned; revised guideline will be presented at November meeting
 - □ CT colonography: recommendation to add coverage in very limited cases
 - □ PSMA PET scans for prostate cancer: recommendation to add coverage for staging and restaging (tabled to November)
 - Cardiac resynchronization therapy: clarifying guideline (tabled to November)

VBBS September Meeting (continued)

- □ HCPCS code placements
- New topics for which advance meeting materials were posted
 - □ Endobronchial valves for COPD: recommendation to add coverage with a new guideline
 - □ Topical oxygen therapy for diabetic foot ulcers: recommendation to not add coverage
- August listening session follow up
 - Edits to the PANDAS/PANS guidelines regarding provider examples
- MILD procedure for low back pain re-review: no changes recommended
- □ Ichthyosis: move to covered line/delete current line in 2026
- □ FoundationOne CDx: add coverage with new guideline
- Nasal fracture repair: review of multiple codes/modify guideline (tabled to November)
- Percutaneous electrical nerve stimulation and neuromodulation for IBS
- □ Treatment of liver metastases with any therapy (tabled to November)

VBBS September Meeting

 Continuous glucose monitoring coverage guidance was approved with modifications, adding coverage for T2DM/GDM (highlights were changes made at the meeting)

Therapeutic continuous glucose monitors are included on Lines 1 and 27 for individuals with type 2 diabetes or gestational diabetes who use short- or intermediate-acting insulin injections when ALL of the following criteria are met:

- A. Have received or will receive diabetes education specific to the use of CGM, AND
- B. Have used the device for at least 50% of the time for a 90-day period by their first follow-up visit (within 3-6 months), AND
- C. Have one of the following at the time of CGM therapy initiation:
 - 1. Baseline HbA1c levels greater than or equal to 8.0%, OR
 - 2. Frequent or severe hypoglycemia, OR
 - 3. Impaired awareness of hypoglycemia (including presence of these conditions prior to initiation of CGM), OR
 - 4. Diabetes-related complications (for instance, peripheral neuropathy, end-organ damage)

Every 6 months following the initial prescription for CGM, the prescriber must conduct an in-person or telehealth visit with the member to document adherence to their CGM regimen to ensure that CGM is used for diabetes treatment planning.

Two trials per year of CGM are allowed to meet adherence for continuation of coverage.

November VBBS Advance Materials

- Foot and Nail care: proposal to add coverage for patients in institutional settings
 - Onychomycosis
 - Nail and foot care
- Central auditory processing disorder:
 - Recommendation against adding coverage for testing
 - □ Recommendation to remove coverage of the disorder itself
- Instrument based ocular screening
 - □ Option 1: continue no coverage
 - □ Option 2: add coverage based on expert input
- OPEN FOR COMMENT until 8 a.m. October 12th!

VBBS November 9, 2023

- Topics tabled from September:
 - **□** Macromastia, PSMA PET, cardiac resynchronization, nasal fracture repair, liver metastases
- BHAP, OHAP, GAP reports
- **2024 CPT code placements**
- Vulvodynia coverage
- Intraocular steroids for uveitis guideline edits
- OncoExTra

Upcoming Meetings

- HERC and Value Based Benefits Subcommittee: November 9th
- Genetics Advisory Panel: October 4th
 - □ 2024 CPT codes related to genetic testing
 - □ Coverage of genetic panels and other genetic testing for intellectual disabilities
- Oral Health Advisory Panel: October 11th
 - □ 2024 CDT codes
 - Dentures and dental implants
- Behavioral Health Advisory Panel: October 13th
 - □ 2024 HCPCS codes regarding coordinated care for psychosis
 - □ 2024 CPT codes related to behavioral health

EBGS

- December 7, 2023:
 - □ Self-management programs for chronic disease (including chronic pain and arthritis)

Your Feedback or Issues

- HERC.Info@OHA.Oregon.gov
- HERC staff
 - ☐ Ariel.Smits@oha.Oregon.gov
 - □ Jason.D.Gingerich@oha.Oregon.gov
 - ☐ Amy.G.Cantor@oha.Oregon.gov
- Topic nominations: https://www.surveymonkey.com/r/HERC-topic-nomination-2023
- Written/verbal public comment/registration:

https://www.surveymonkey.com/r/HERC-Public-Comments

PLEASE MUTE YOUR PHONE OR DROP OFF THE CALL

Do not put your phone on hold.

It is better if you drop off the call and rejoin if needed.





Immunization Quality Improvement for Providers

Albert Koroloff, MPH

Pronouns: He/him/his IQIP Coordinator

Lauren Enciso, MPH

Pronouns: She/her/hers IQIP Consultant

Oregon Immunization Program

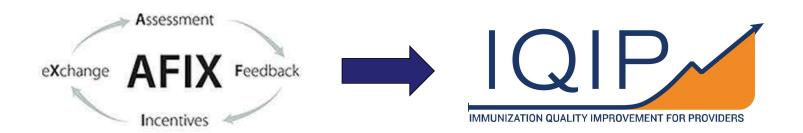






What is IQIP?

You may remember it as AFIX





Focused Intervention

Community



Clinic



Individual





Focused Intervention

Community



Clinic



Individual

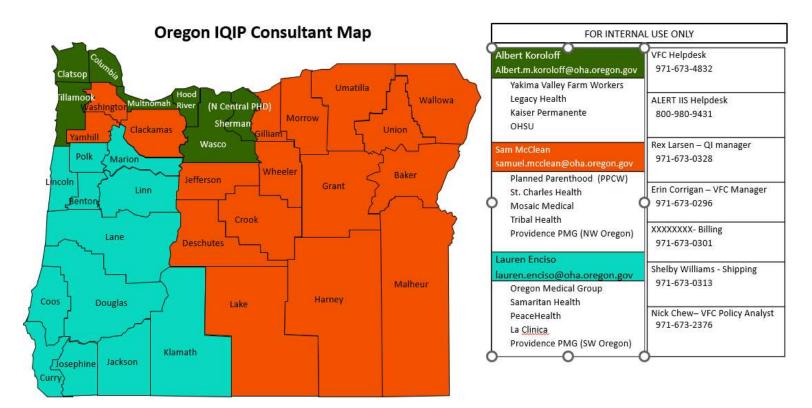




If they have VFC, they have IQIP



Oregon Immunization Program IQIP Team



Roughly700 clinics total





IQIP is the CDC's national quality improvement initiative for providers utilizing the Vaccines for Children program.

Focused on:

- Improving clinical vaccination workflow
- Helping healthcare teams maximize opportunities to vaccinate patients

Benefits:

- Help clinics meet CCO incentive metrics related to childhood and adolescent vaccination coverage
- Strengthen partnerships with other clinics in community and OHA
- Streamlined immunization workflow
- Increased patient satisfaction
- A healthier community

Ages Assessed







With the ability to run older teen (17) rates when requested



Vaccines Assessed (2-year-old)

Oregon CCO Combo 3:

4+DTap, 3+IPV, 1+MMR, 3+HiB, 3+HepB, 1+VZV, 4+PCV

VS

CDC's IQIP Program:

4+ DTaP, 3+ Polio, 1+ MMR, 3+ Hib, 3+ Hep B, 1+ Varicella, 4+ PCV



Vaccines Assessed (13-year-old)

Oregon CCO Adolescent Combo 2:

1+Tdap, 1+ Meningococcal, 2+ HPV

VS

CDC's IQIP Program:

1+Tdap, 1+ Meningococcal, 2+ HPV (Oregon adds 1+ HPV)

 $\begin{tabular}{ll} \textbf{Source}: $\frac{\text{https://www.careoregon.org/docs/default-source/providers/quality-metrics-toolkit/1-9-medicaid-incentive-immunization-for-adolescents.pdf?sfvrsn=c01eafb0_1 \\ \end{tabular}$



IQIP Strategies

- 1. Facilitate return to clinic for vaccination
- 2. Leveraging ALERT IIS or your EHR to improve immunization practice
- 3. Making strong vaccination recommendations
- 4. Improving vaccine communications
- 5. (Custom) Recommend HPV vaccine starting at age 9



IQIP Strategies = Best Practices





The Community Guide

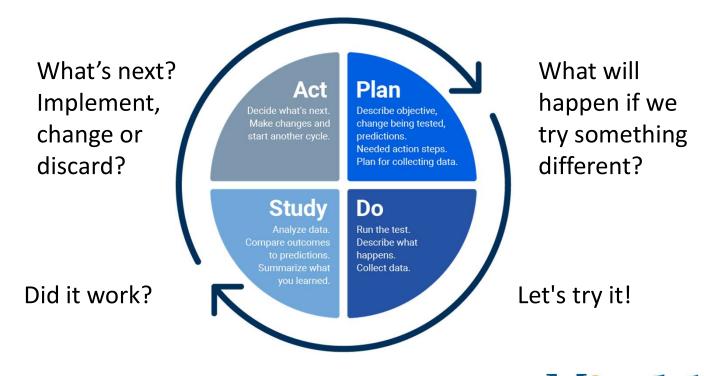
"The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based <u>findings</u> of the <u>Community Preventive Services Task Force (CPSTF)</u>.

It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school."

https://www.thecommunityguide.org/pages/about-community-guide.html

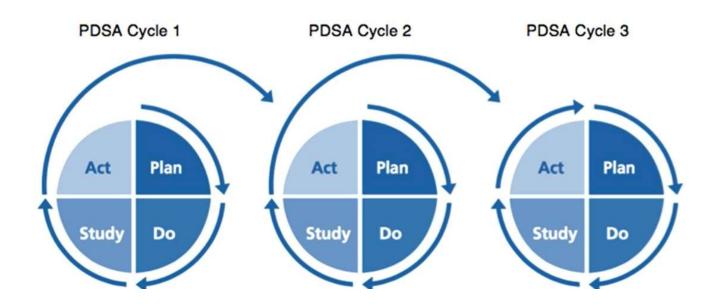


The PDSA Cycle for learning and Improvement



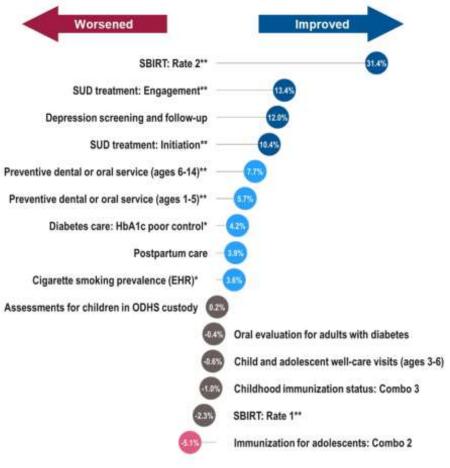


The PDSA Cycle for learning and Improvement



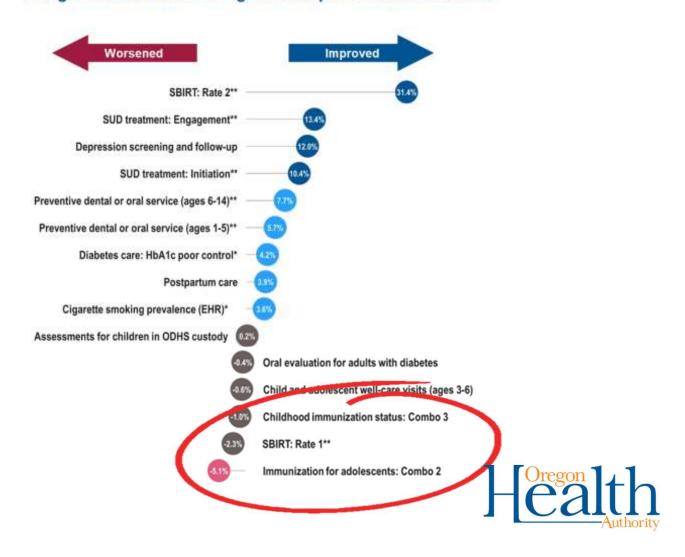


At a glance: Statewide change in CCO performance from 2021





At a glance: Statewide change in CCO performance from 2021



What does an IQIP visit look like?



Time commitment: 2-hour initial meeting (in-person or virtual) followed by a 2, 6 and 12-month support call/check-ins.

Space Commitment: Meeting room with space for the whole team and ability to project PowerPoint on-screen or ability to organize virtually.

Staff Commitment: VFC coordinator, VFC back-up, clinic manager, QI coordinator, MAs, front desk and prescribing providers (whenever possible).



The IQIP Process

IQIP is a 12-month process where public health representatives and VFC providers collaborate to identify QI strategies to increase vaccine uptake by improving and enhancing vaccination workflow.



Site Visit

- Observe workflow
- Review initial coverage
- Select QI strategies
- Provide assistance
- Choose action items for Strategy Implementation



2-month and 6-month Check-ins

- Review progress
- Provide assistance
- Update StrategyImplementation Plan



12-month Follow-up (New Cycle?)

- Review progress toward strategy implementation
- Provide assistance
- Review year-over-year coverage change



Assessing clinic workflow





Assessing clinic workflow

Provider Discussion and Exam		
Strategy	Workflow Topic	Discussion Question
	Vaccine Hesitancy	 □ Does the provider use presumptive language about vaccines during the visit? □ Are all immunization staff trained to use presumptive language about vaccines? □ Are providers familiar with the common reasons why parents request an alternative schedule? □ Do providers feel well-prepared to respond when parents express vaccine fear/concerns? □ Are parents educated about the risks of delaying or not vaccinating their child?
<··>>	Documentation	 □ Does the clinic document vaccine refusals? □ Do staff document all details of the administered vaccines in their EHR? □ Also document in ALERT IIS?

Example Clinic:

Clinic X

Childhood Immunization Assessment



Age: 24-35-month-old

(2-year-olds)

Series:

4 Dtap

3 Polio

1 MMR

3 Hib

3 Hep B

1 Varicella

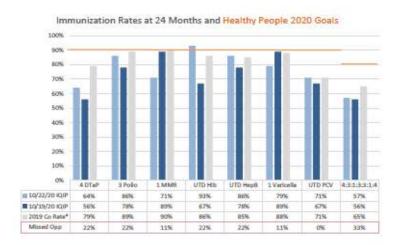
4 PCV

Two-Year-Olds¹ 9 (was 14)

Assessment Date² 10/19/2020 Up to date rate¹

56%

4:3:1:3:3:1:4 series3





Example Clinic:

Clinic X 13-Year-Old Immunization Assessment



Age: 156-167 months

(13-years-old)

Series:

1 HPV

2 HPV

1 Tdap

1 Mening

13-Year-Olds Assessment Date 99 6/3/2021



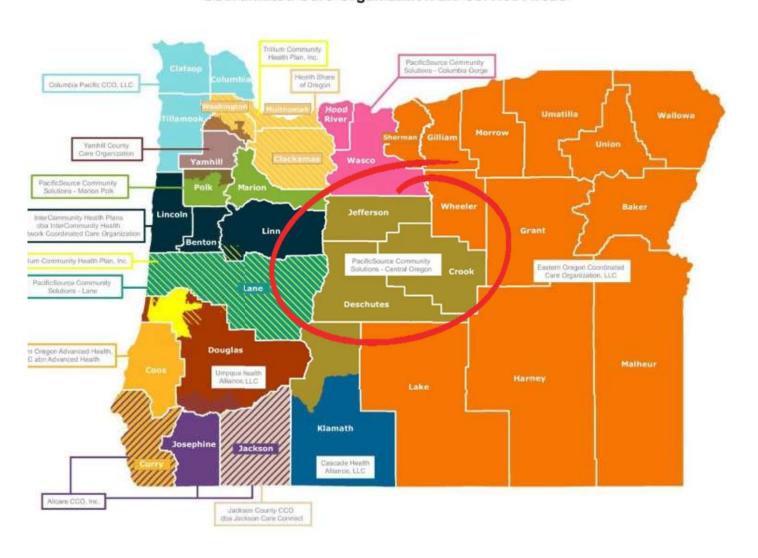


Level of CCO engagement: Support can happen at any level

- Funding for large-scale, multi-county QI project
- Smaller/micro grant opportunities for participating clinics
- Assistance with immunization data and recall efforts
- Identification and introductions to IQIP program
- Mention IQIP in correspondence/newsletters



Coordinated Care Organization 2.0 Service Areas



The Central Oregon Regional Immunization Rate Improvement Project

Project Goal

Increase immunization rates of Crook, Deschutes, and Jefferson County twoyear-olds by implementing the AFIX Program in CCO participating clinics that see children aged two-year-olds and younger.

- 3-year project funded by PacificSource Health Plans (Central Oregon CCO) and managed by Deschutes Health Department
- 15 IQIP participating clinics
- 3000 two-year-olds seen
- Two-year old immunization rate for clinics that participated
 3 years increased by 8.1%
- CCO incentive metric achieved in 2017

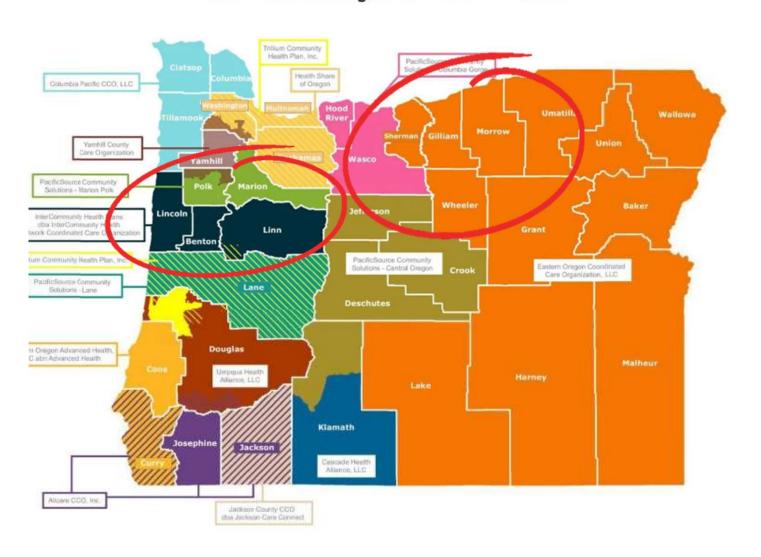


2023 project update



- Grant through the Central Oregon Health Council funding current, three-year IQIP to raise childhood immunization rates across the Deschutes, Jefferson, and Crook County
- Goal: Raise immunization rates to reach the Healthy People 2030 goal of 80%
- Project year 1 saw 18 enrolled clinics
- Support provided by dedicated QI staff and IQIP Consultant

Coordinated Care Organization 2.0 Service Areas



Additional examples:



EOCCO supported IQIP by supplying Union County Health Authority with funds to purchase incentives (coffee cards) to encourage completion of the HPV series by 13.



IHN CCO support IQIP by identifying a clinic in need of Immunization QI support and making a direct introduction to their regional IQIP Consultant.



Key resources



Evidence-based Strategies for Improving Childhood and Adolescent Immunization Rates: A Guide for CCOs, Health Plans and Clinics

Immunizations are among the greatest public health achievements of the 20th century. A recent economic analysis estimated that vaccinating the 2009 U.S. birth cohort with the recommended childhood immunization schedule prevented approximately 42,000 deaths and 20 million cases of disease, and resulted in a net savings of \$14 billion in direct costs and \$69 billion in total societal costs. Despite the effectiveness of vaccines to prevent disease and the incremental increase of vaccination rates in Oregon, significant pockets of need exist, putting our state at risk for preventable outbreaks and slowing our progress impacting diseases such as HPV-related cancers. This resource guide focuses on evidence-based strategies that CCOs (Coordinated Care Organizations, or Health Plans) and health care providers can implement to improve childhood and adolescent vaccination rates.

www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/ CCO-Immunization-Resource-Guide-2022.pdf



Key resources

Oregon-wide rates available on our site:

Access the Data



Child Immunization Rates

Immunization rates for two-year-olds in Oregon - static data
Immunization rates for two-year-olds in Oregon - interactive data



Adolescent Immunization Rates

Immunization rates for adolescents age 13 to 17 - static data Immunization rates for adolescents age 13 to 17 - interactive data



Maternal Immunization Rates

Immunization rates for women in Oregon who delivered their babies in 2017



Adult Immunization Rates

Oregon immunization rates for adults, including healthcare workers.

Who to Contact

Questions about rates

ALERT IIS Help Desk 800-980-9481 9:00am - 4:00pm

Information on clinicspecific rates

Quality Improvement Manager imm.info@dhsoha.state. or.us

School immunization data

School Law Team oregon.imm@dhsoha.state.or.us

https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx



Key resources





The Children's Hospital of Philadelphia





CDC

https://www.cdc.gov/vaccines

BOOST Oregon

http://www.boostoregon.org

Children's Hospital of Philadelphia (CHOP)

https://www.chop.edu

Immunization Action Coalition (IAC)

https://www.immunize.org/

American Academy of Pediatrics

https://www.aap.org/







Albert Koroloff, MPH Albert.m.koroloff@oha.oregon.gov

Lauren Enciso, MPH lauren.enciso@oha.oregon.gov

Oregon Immunization Program
OREGON HEALTH AUTHORITY | Public Health Division

thank

Main Helpdesk: 1-800-980-9431 VFC.Help@oha.oregon.gov

PLEASE MUTE YOUR PHONE OR DROP OFF THE CALL

Do not put your phone on hold.

It is better if you drop off the call and rejoin if needed.



Quality and Performance Improvement Session 1:05 p.m. – 1:50 p.m.		
1:00 p.m.	QPI Introductions & Announcements	Courtney Whidden-Rivera Laura Matola
1:15 p.m.	TQS Update	Carrie Williamson
1:35p.m.	Exhibit I G&A Log Update	Carrie Williamson Summer Cox Johnny Uriate
1:40 p.m.	Items from the floor	AII
1:45 p.m.	ADJOURN	All

Agenda

Partner name change: Acentra Health FKA Kepro

About Acentra Health

Acentra Health, formed in 2023 by the merger of industry leaders CNSI and Kepro, combines public sector knowledge, clinical expertise, and technological ingenuity to modernize the healthcare experience for state and federal partners and their priority populations. From designing and developing advanced claims, encounter, and provider solutions that drive efficiency and cost savings to delivering clinically focused service models for care management and quality oversight, Acentra Health is accelerating better outcomes. Acentra Health is backed by Carlyle (NASDAQ: CG), a global investment firm.

CNSI and Kepro are Now 'Acentra Health' - Acentra Health

Have You Registered for the NWPSC?



HQBC HEALTH QUALITY BC





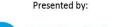
Register today to attend the 20th Annual Northwest Patient Safety Conference (NWPSC) on October 17 and 18, 2023.

"Bringing Patient Safety to Life" is the theme of this year's conference, which has five keynote presentations that will speak to what's worked, what hasn't, and what to do about it. These presentations are both educational and actionable.



Learn more and register









Keynote Presentations

We're excited to hear from this incredible line-up of patient safety leaders:

- Umair A. Shah, MD, Secretary of Health, Washington
 State, Opening Keynote
- Karthik Sivashanker, MD, Operationalizing Racial
 Justice and Equity in Health Care
- Tejal Gandhi, MD, Emerging from COVID: Re-Energizing our Approach to Achieving Zero Harm
- Patricia McGaffigan, Strengthening our Resilience –
 Implementation of Safer Together: A National Action Plan to Advance Patient Safety
- Saul Weingart, MD, Finding the Patient in Patient Safety

2024 P&T Committee Recruitment

- The OHA will be looking for a physician (MD or DO) and pharmacists interested in being considered for appointment to the Committee
- Need to be licensed and actively practicing in Oregon
- Terms are for 3 years and there are 6 P&T meetings annually

https://www.oregon.gov/OHA/HSD/OHP/Pages/PT-Committee.aspx



Transformation and quality strategy (TQS) Revised 2024 timeline

- December 1: OHA guidance posted (previously October 1)
- Early Dec; Jan: TA webinars (previously Oct–Nov)
- May 15: CCO submissions due (previously March 15)
- August: CCOs receive scores/feedback (previously June)
- Aug-Oct: CCO feedback calls (previously June–August)

Technical Assistance Webinars

- December 6 2023 global feedback and 2024 updates
- January 10 Using REALD and SOGI data in TQS
- January 23 CLAS and health equity
- January 24 Utilization review
- January 30 Special health care needs

Technical Assistance Office Hours

■ First Thursdays each month (January–May) 1:05 p.m. – 1:30 p.m.

See the TQS TA page for details: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx.

If you'd like to be added to the calendar appointments, please email Laura.E.Kreger@oha.oregon.gov.

TQS Update





Exhibit I: Grievance System Reporting

Update October 9, 2023

Presenters: Carrie Williamson, Jonathan Uriarte-Lopez, Summer Cox, Nancy Goyer, Tawnya Elmore



COO QUALITY ASSURANCE AND CONTRACT OVERSIGHT DEPARTMENT Health Systems Division

2023 Grievance System Reports Overview

- The OHA CCO Quality Assurance team assumed responsibility for the analysis of the quarterly Grievance System reports beginning in 2021.
- Since then, we have been working internally to update, streamline, and improve the reporting and data analysis.
- We made changes to the 2023 report templates to reduce duplicity and implement the requirements of OR HB 2517 (Prior Authorization data collection).
- Changes included:
 - Addition of Prior Authorization (PA) IDs and Notice of Adverse Benefit Decision (NOABD) IDs
 - Enhanced reporting on PAs and NOABDs
 - Removal of duplicative fields



Data Quality Issues

- Error Logs
 - NOABD ID specific errors
 - Distributed 8/29/2023 to most CCOs
 - Resubmissions due 9/12/2023
 - General Errors
 - · All columns, all errors
 - Distributed 9/14/2023
 - Resubmissions not required this round, but please do not ignore!
- Submission Errors
 - Appeals tab: Some CCOs submitted an extra column called "Partial Denial"
 - · Please remove this column prior to submitting, we no longer use this.



Portal Upload Announcements

- Please submit logs here: Grievance and Appeal System Log and all ABA and Hep C NOABDs
- Please submit quarterly written reports here: Grievance and Appeal System Quarterly Report
- Please upload resubmissions to the same Submission ID as the original (S-####)
- Possible Nomenclature for Grievance & Appeal Logs
 - It would make it easier for OHA to have the CCO name, year, and quarter in the log file name.
- Grievance and Appeals {Year} {Quarter} {CCO}.xlsx (or .txt)
 - Ex/ Grievance and Appeals 2023 Q2 OHA.xlsx
- For resubmissions: add an identifier to file name
 - "Corrected", "resubmission", and/or adding date of resubmission in file name



Next Steps

- The Exhibit I team will return to QHOC to present aggregate G&A data with a focus on observed trends. The timing of this presentation will depend upon the quality of the data and timing of any required CCO resubmissions.
- Deliverable Alignment Project
 - A review of existing deliverables for purpose & value restructuring as needed.
 - While Exhibit I reporting is not among the first set of deliverables to be reviewed, it may be impacted by this process.
 - These conversations are occurring with CCOs during the monthly CCO Contract & Compliance meeting (4th Tuesday of each month from 9:05-10:55am)

