Quality & Health Outcomes Committee

Monday, February 10th, 2020

10:00am-3:00pm

1-888-278-0296,,310477#

Oregon Health Authority

Please mute your phones if you aren't speaking.

Do not put your phone on hold.

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

Agenda

MEETING INFORMATION
Meeting Date: February 10, 2020
Location: HSB Room 137 A-D, 500 Summer Street, NE, Salem, OR
Parking: Map Phone: 503-378-5090 x0
Call in information: Toll free dial-in: 888-278-0296 Participant Code: 310477
Webinar: https://attendee.gotowebinar.com/register/7360859116154118923
All meeting materials are posted on the QHOC website.

Time	Topic	Owner	Materials (page#)
Clinical Director Workgroup 10:00 a.m. – 11:00 a.m.			
10:00 a.m.	**Welcome / Announcements**	Holly Jo Hodges	-Speaker's Contact Sheet (2) -Public Health Update (3-4) -TC TA for CCOs (5-10)
10:05am	**HIT Strategic Updates**	Susan Otter	-Presentation slides (11-14) -Health IT Strategic Plan (15-18)
10:15am	**HERC**	Cat Livingston Ariel Smits	-Presentation slides (19-21) -HERC minutes (22-40)
10:45am	**P&T**	Roger Citron	-Presentation slides (41-48)
Learning Collaborative 11:00 a.m. – 12:30 p.m.			
11:00 a.m.	**Kindergarten Readiness Learning Collaborative**		Presentation slides (50-76)
12:30pm	**LUNCH**		
Quality and Performance Improvement Session 1:00 pm – 3:00 p.m.			
1:00 p.m.	**Welcome / Announcements**	Jenna Harms Lisa Bui	
1:05pm	**Updates** **- TQS**	Lisa Bui	
1:20 pm	**CCO Performance Improvement Project**	All	Presentation slides 76-83 PIP matrix
2:45	**Items from the floor**	All	

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General Updates

Lisa Bui, Quality Improvement Director, OHA

Oregon Health Authority

Welcome & Introductions

Holly Jo Hodges, MD, QHOC Medical Director Chair

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HIT Strategic Updates

Susan Otter, Director, Office of Health IT

Oregon Health Authority

Your input: Oregon's health IT strategies

- Oregon's Health IT Oversight Council (HITOC) is revising Oregon's strategic plan for health IT for 2021 and beyond.

- Where are Oregon's strategies working well? Where do we need to change course? HITOC wants your input!

What is Oregon's health IT strategic plan?

- OHA is transforming the health care system; the core of those efforts is the coordinated care model
- The coordinated care model relies on health IT to succeed
- Coordinating health IT efforts at the state level is important because there are so many moving parts
- HITOC is charged with creating a statewide strategic plan for health IT in Oregon

How does health IT support the coordinated care model?

Health IT helps…	
Consumers/patients, their families, and their caregivers	Get access to their own health information and participate in their care
Providers	Securely gather, store, and share patients' clinical data so the care team can work together to provide care
Providers	Track and report on quality measures, which support efforts to hold the health care system accountable for delivering high-quality care
CCOs, health plans, and providers	Analyze data to identify disparities and identify patients who need more care to allow targeted efforts to improve health

Health IT Progress: Key Areas

- Providers are using EHRs/EMRs at high rates overall
- Health information exchange options have grown significantly
- Health IT supports value-based payment
- Health IT can help address social determinants of health
- See handout for details about how HITOC's work supports goals

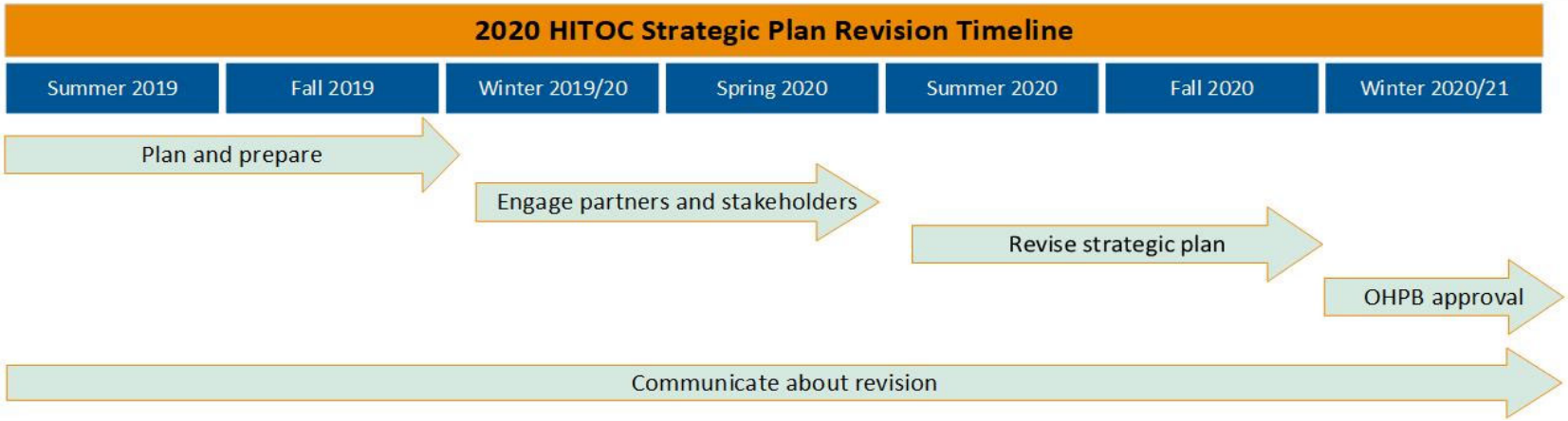
Health IT goals/areas

Goal/Area	Description
Goal 1: Share Patient Information Across the Care Team	Oregonians have their core health information available where needed so their care team can deliver person-centered, coordinated care.
Goal 2: Use Data for System Improvement	Clinical and administrative data are efficiently collected and used to support quality improvement and population health management, and incentivize improved health outcomes. Aggregated data and metrics are also used by policymakers and others to monitor performance and inform policy development.
Goal 3: Patients Can Access Their Own Health Information and Collaborate in Their Care	Individuals and their families access, use and contribute their clinical information to understand and improve their health and collaborate with their providers
Emerging Area: Health IT supports social determinants of health and health equity	

Conversation starters for your input

- Considering the goals/areas on the previous slide:
- How is this going for you today?
- What would achieving this goal look like?
- Where are you experiencing impacts?
- What has been most helpful?
- Where are the biggest challenges/barriers?
- What are the right roles for state, providers, CCOs/health plans, and others?
- What changes would have the biggest positive impact? Biggest negative impact?

Process and input opportunities



- Join a listening session in person or by phone. Register at go.usa.gov/xpzy2.
- Submit a written comment (Feb. 1 – Apr. 30) at go.usa.gov/xpzVt
- Stay up to date at our website, go.usa.gov/xpeQc

Key Resources

- 2017-2020 Strategic Plan for Health IT go.usa.gov/xpzEt
- Health IT Oversight Council (HITOC) Overview go.usa.gov/xpzEK
- Office of Health IT Overview go.usa.gov/xpzEz
- Health IT Roles (HITOC, HIT Commons, and more) go.usa.gov/xpzEJ
- 2019 Data Report to HITOC (draft) go.usa.gov/xpzEh

HERC Update

Ariel Smits, MD, MPH
Cat Livingston, MD, MPH
February 10, 2020

Oregon Health Authority

VbBS/HERC

- January 2020 meeting
  - Bone marrow transplant for sickle cell disease
  - Neuropsychological testing guideline
  - Chronic lower extremity venous disease/Compression stockings
  - Delete pharmacist prescribing guideline
  - Intracardiac echocardiogram
  - Frequency specific microcurrent therapy and similar TENS-like therapies
  - Fetal myelomeningocele repair
  - iStent Inject
  - Spinal cord stimulators
  - Yoga and acupuncture for PSTD and anxiety
  - Yttrium 90 embolization mapping
  - Vitamin D screening

Impella – Coverage Guidance

GUIDELINE NOTE 195, TEMPORARY PERCUTANEOUS MECHANICAL CIRCULATORY SUPPORT WITH IMPELLA DEVICES

Line 69

Temporary percutaneous mechanical circulatory support with Impella devices is included on Line 69 only in the three following circumstances:

During percutaneous coronary intervention (PCI) in patients with ST-Elevation Myocardial Infarction (STEMI) without cardiogenic shock, and

- Ejection fraction (EF) <30%, and
- Patient has complex left main or last remaining conduit disease

During PCI in patients with non-ST-Elevation Myocardial Infarction (NSTEMI) without cardiogenic shock when all of the following conditions are met:

- A heart team discussion determines the patient needs revascularization with coronary artery bypass graft (CABG) or PCI
- A cardiothoracic surgeon is consulted and agrees the patient is inoperable (i.e., is not willing to perform CABG but agree revascularization is indicated)
- Patient has complex left main or last remaining conduit disease
- EF < 30%

In patients with cardiogenic shock who may be candidates for left ventricular assist device (LVAD) (destination therapy) or transplant (bridge to transplant) AND an advanced heart failure and transplant cardiologist agrees that Impella should be used as a bridge to decision for LVAD or transplant. Appropriate effort should be made to consult with an advanced heart failure and transplant cardiologist, but coverage is appropriate in circumstances where consultation cannot reasonably be obtained without endangering the patient's life and the treating physician believes the patient meets the criteria above.

Temporary percutaneous mechanical circulatory support with Impella devices is not included on this or any other line for elective high-risk PCI for patients with stable coronary artery disease.

EbGS Update

EbGS 2/6/2020

- Planned out-of-hospital birth – public comment review
- MSI – Multicomponent interventions to increase colorectal, breast and cervical cancer screening

Issues in development

- MRI of the knee
- Female genital mutilation repair
- Diagnostic spinal injections
- Zio patch
- Pre-operative testing
- Teleconsultation guideline fix
- Compression stockings
- Peripheral nerve ablation
- Bone grafts
- Back guideline update
  - Surgery
  - Non-pharmacologic therapy
  - Opioids
- Acupuncture for cancer-related pain

Drug Use Research & Management (DURM) Program

Roger Citron, RPh

OSU Oregon State University College of Pharmacy

Oregon Health Authority

November P&T Committee
OHA Approved Recommendations

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

Approved November 26, 2019

Antifungals Class Update

- Make no changes to the PMPDP based on clinical evidence
- After comparative cost consideration in executive session:
- Make no changes to the PMPDP

https://www.orpdl.org/drugs/index.php

Anticoagulants Class Update

- Make no changes to the PMPDP based on clinical evidence
- After comparative cost consideration in executive session:
- Make no changes to the PMPDP

Rifamycin
New Drug Evaluation

- Designate rifamycin as non-preferred on the PMPDP based on clinical evidence

- Add rifamycin to the rifamaxin clinical PA criteria and add a question to approve only if there is a contraindication to azithromycin and fluoroquinolones

Amikacin
New Drug Evaluation

- Designate amikacin liposome inhalation suspension as non-preferred on the PMPDP based on clinical evidence

- Implement the proposed PA criteria after amending to: modify question #4 to confirm the patient has been adherent for the past 6 months to a 3-drug regimen

https://www.orpdl.org/durm/PA_Docs/amikacin.pdf

Drugs for Gaucher Disease Class Review

- Create a PMPDP class for lysosomal storage disorder drugs
- Designate miglustat as non-preferred based on FDA labeling as second-line therapy
- Designate eliglustat as non-preferred based on need for additional enzymatic testing
- Implement the proposed PA criteria for all targeted therapies for Gaucher disease
- Refer requests for Type 3 patients to the Medical Director for review
- After comparative cost consideration in executive session:
- Make taliglucerase alfa preferred
- Make all other agents for Gaucher disease non-preferred

https://www.orpdl.org/durm/PA_Docs/gaucherdisease.pdf

Amifampridine
New Drug Evaluations

- Create a PMPDP class for Lambert-Eaton Myasthenic Syndrome (LEMS) agents
- Implement the proposed PA criteria for amifampridine

https://www.orpdl.org/durm/PA_Docs/amifampridine.pdf

- After comparative cost consideration in executive session:
  - make amifampridine (Ruzurgi®) preferred
  - make amifampridine (Firdapse®)non-preferred

Cholic Acid
New Drug Evaluation

- Designate cholic acid as non-preferred on the PMPDP based on clinical evidence
- Implement the proposed PA criteria after amending to:
- Modify initial approval to 3 months
- Include assessment of liver function tests (LFTs) in the renewal criteria

https://www.orpdl.org/durm/PA_Docs/cholicacid.pdf

Substance Use Disorder Literature Scan and Prior Authorization Update

- Make no changes to the PMPDP based on clinical evidence
- Remove the PA requirement for all opioid use disorder (OUD) products, except for the dose limit of 24 mg buprenorphine per day for transmucosal products

(In response to House Bill 2257 form the 2019 legislative session)

- After comparative cost consideration in executive session:
  - make buprenorphine injection (Sublocade™) preferred
  - change buprenorphine sublingual tablets, disulfiram tablets, buprenorphine/naloxone film (Bunavail®) from non-preferred to voluntary non-preferred
- Designate new products coming to market voluntary non-preferred until P&T review

Antidepressant Use in Children Drug Use Evaluation (DUE)

- Implement the proposed safety edit for initiation of tricyclic antidepressant (TCA) therapy in children younger than the FDA-approved minimum age limit with the goal of preventing off-label use, but automatically approve requests for:
  - children with prescriptions identified as being written by a mental health specialist, or
  - children with ongoing TCA therapy, or
  - children with a recent trial of a SSRI

https://www.orpdl.org/durm/PA_Docs/TCAs.pdf

- Implementing a retrospective DUR safety net program to identify patients with denied claims and no subsequent follow-up in order to minimize interruptions and delays in therapy

Dupilumab
Prior Authorization Update

- Update the PA criteria to:
  - include chronic rhinosinusitis with nasal polyposis as an FDA-approved indication when prescribed as add-on therapy to standard of care
  - change “inhaled” steroid in question #15 to “intranasal” and specify the duration of the required steroid course for step therapy (2 or more courses administered for 12 to 26 weeks)

https://www.orpdl.org/durm/PA_Docs/dupilumab.pdf

P&T Committee Meetings

- Meeting scheduled on 2/6/2020 from 1:00 – 5:00pm @ DXC Building
  - https://pharmacy.oregonstate.edu/drug-policy/oregon-pharmacy-therapeutics-committee/meetings-agenda

- Meetings will continue to be held on the first Thursday of even numbered months:
    - **4/2/2020; 6/4/2020; 8/6/2020; 10/1/2020; and 12/3/2020**

- P&T Committee Appointments
    - OHA has reappointed a physician and pharmacist and newly appointed another physician to three year terms
    - Application: https://www.oregon.gov/OHA/HSD/OHP/Pages/PT-Committee.aspx

Questions?

Health Aspects of Kindergarten Readiness Measurement Strategy

Dana Hargunani, MD, MPH
Sara Kleinschmit, MSc

Oregon Health Authority

Presentation outline

1. Measure development history
2. Measurement strategy
3. Specifications for 2020 kindergarten readiness measures
4. Implementing the strategy

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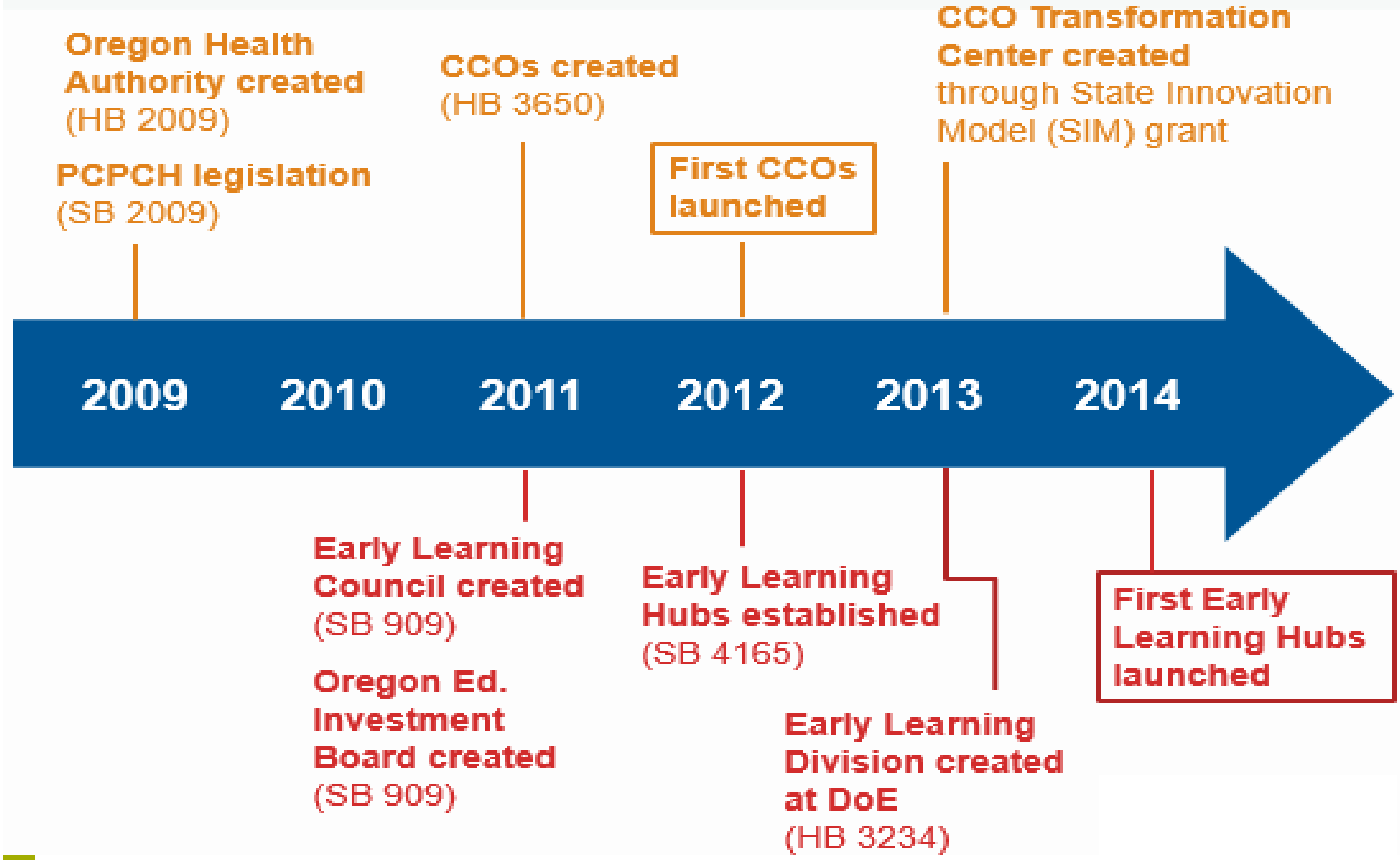

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History: Consideration of health sector role in kindergarten readiness in Oregon

- **2014-2015:** the Child and Family Well-being Measures Workgroup developed initial measurement recommendations for child and family well-being, including kindergarten readiness
- **2015-2017:** the Metrics and Scoring [M&S] Committee remained engaged on the topic of developing a kindergarten readiness metric
- **May 2017:** the M&S Committee voted to sponsor a KR metric technical workgroup, launching an innovative partnership between OHA and the Children's Institute
- **March–November 2018**: Health Aspects of Kindergarten Readiness Technical (HAKR) workgroup convenes

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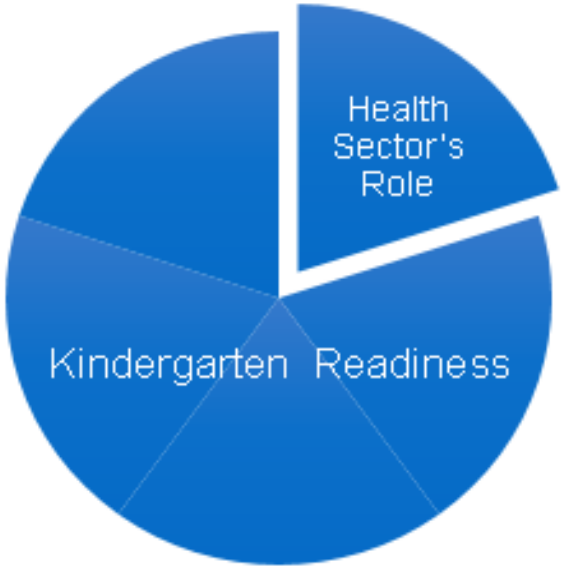
Workgroup Charge

What is the health sector's role and responsibility for achieving kindergarten readiness for Oregon's children?

Recommend one or more health system quality measures that

- Drive health system behavior chance, quality improvement, and investments that meaningfully contribute to improved kindergarte readiness
- Catalyze cross-sector collective action necessary for achieving kindergarten readiness
- Align with the intentions and goals of the CCO metrics program



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Workgroup Composition

- Workgroup members included:
    - CCO representatives
    - Pediatric care providers
    - Early learning hub and early learning program representatives
    - Behavioral health and oral health expertise
    - Health care quality measurement expertise
    - Representatives of families and CYSHCN
- Workgroup convened by **Children's Institute** and the **Oregon Health Authority**, with support from consultants:
    - Colleen Reuland, Oregon Pediatric Improvement Partnership
    - Diana Bianco, Artemis Consulting

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Workgroup Process

March – May 2018

- Reviewed background, including family focus group findings
- Developed conceptual framework for health aspects of kindergarten readiness
- Developed measure criteria

June – August 2018

- Identified priority areas of focus
- Reviewed and assessed existing metrics that could be implemented in near-term
- Discussed interest in new metrics for development

Sep – Nov 2018

- Narrowed options to 13 priority metrics
- Explored options for measurement proposals
- Built consensus on measurement strategy proposal and implementation options

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Working Definition of Kindergarten Readiness

All children arrive at kindergarten with the skills, experiences, and supports to succeed.[1]

- **Supports include assistance and services to families that promote family stability and functioning.**
- **Succeed refers to children making progress toward educational goals set by families and schools. Goals should be tailored to the individual child to optimize educational experience and outcomes.**

[1] Early Learning Council Strategic Plan 2015

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Conceptual Framework for Health Aspects of Kindergarten Readiness

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric[1]	Domains of Specific Health Care Services and Experiences				CCO System-Level: Cross Sector Collaboration
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement	
Children 0-6					
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental) [2]					
Child Social-Emotional Well-Being[2]					
Child Cognitive, Language and Literacy Development[2]					
Family Function and Capacity [3]					
Children with Special Health Needs:					
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother					
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver					

[1]HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed.

[2] Domains aligned with the constructs of kindergarten readiness outlined by the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework: Central Domains, Oregon Early Learning and Kindergarten Guidelines, and the Developmental Foundations of School Readiness for Infants and Toddlers Report.

[3] Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative.

Developed by the Oregon Pediatric Improvement Partnership for the HAKR Technical Workgroup convened by Children's Institute and OHA.

Health Aspects of Kindergarten Readiness Measure Criteria

Required Criteria for Metrics Proposed for Phase 1 (Fall 2018 to Metrics and Scoring for CCO Incentive Metric)

- **Meets CCO Incentive Metric Attributes:** Reportable at the CCO-level in a 12-month time period.
- **Technical Specification Reliability and Validity**: Produces reliable and valid results. A version of the metric has been piloted within a sector of the health care system (e.g. state-, system- or practice-level).
- **Feasible:** The data for calculating the measure are feasible to collect and with large enough denominators to produce reliable results.
- **Attainable:** It is reasonable to expect improved performance on this metric in a 12-month time period. If a clinical process, evidence exists that it can be feasibly and meaningfully implemented. CCO has some degree of control over the health practice or outcome being measured.

Criteria to Assess Individual Metrics:

- **Evidence-Based or Aligned with Clinical Recommendations**: Measures align with clinical recommendations and, where possible, are based on an existing body of evidence demonstrating a significant impact on child health.
- **Outcome-Related to Domains of Kindergarten Readiness (KR):** Addresses actual outcomes, or there is evidence that what is being measured has a strong association with or predicts a positive outcome associated with Kindergarten Readiness (e.g., more young children being read to as a predictor of greater kindergarten readiness).*
- **Actionable:** The intended users can understand the results of the metric, how the corresponding care relates to a promotion of kindergarten readiness, and what should be improved.
- **Engages Health System:** Promotes the health system's awareness, engagement, and role in ensuring children are ready for kindergarten.
- **Understandable to Families**: Successfully communicates to families of young children the health system's role in ensuring that children are ready for kindergarten.
- **Family Priority:** Measures aspects of health care of importance to families.
- **Family-Centered:** Promotes family-centered care and support of parents/caregivers in fostering optimal child health and development, and encourages collaborative communication between families and healthcare providers.
- **High Impact on KR:** Drives investments in areas with a significant and positive impact on a young child's kindergarten readiness.
- **Addresses Social Determinant:** The metric drives the health care system to play a role in addressing social determinants of health.
- **Promotes Cross-Sector Collaboration:** Measures aspects of health care that require cross-sector collaboration to meet the needs of young children.
- **Able to Identify Inequities**: The measure highlights disparities by race, ethnicity, culture, gender, language, geography or other child and family risk factors.
- **Promotes a Focus on Addressing Inequities:** Drives health care systems to provide services that are equitable and culturally competent.
- **Transformative towards KR**: Drives priority areas for transformative health system behavior change.

Criteria if a Composite Measure is proposed:

- Composite metric is parsimonious and limited in number of individual components.
- Includes metrics which, in combination, measure the desired outcome by addressing the array of services that impact a child's kindergarten readiness.
- Includes metrics that utilize various data sources.
- Includes measures with the most transformative potential to drive health system change and stimulate cross-sector collaboration

Health Aspects of Kindergarten Readiness Priority Areas

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric [1]	Domains of Specific Health Care Services and Experiences				
	Promotion, Prevention, & Screening/Early Detection	Follow-Up to Address Risks Identified		Care Coordination and Integration	Family-Centered Care
Children 0-6	• Info. about how to support development at home • Bundle measure of a high-quality well-visit				• Patient engagement
Child Physical, Perceptual, Motor Development [2]	• Vision screening • Hearing Screening	• Access of WIC	• Follow-up to developmental screening [4,5] • Referral coordination overall		• Ask about concerns • Spend enough time with families • Access to translation services • Culturally relevant and responsive services
Child Social-Emotional Well-Being[2]	• Screening for Social/Emotional Development	• Internal behavioral health • Specialty infant and early childhood mental health and dyadic therapies		• Coordination and integration with PH and BH	
Child Cognitive, Language, & Literacy Dev [2]	• Literacy development				
Family Function and Capacity [3]	• Maternal depression screening in child's visits • Screening for ACES, SDOH, toxic stress, resilience	• Follow-up supports for families identified with risks and needs for supports			
Children with Special Health Needs:	Metrics for this population overall [4]				
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother	• Low birthweight • Early deliveries, full-term • Teen pregnancy rate • Screening for risks, strengths				
Parent/Caregiver Health Impacting a Child's KR	• Depression screening • Screening for risks, strengths	• Mental health services for the parent			

Centering Family Voice

How do health services support school readiness?

- Take time to build trust, listen to families, and ask about concerns
- Provide comprehensive prenatal and postpartum care, and parental health services (especially mental health)
- Monitor child development, provide timely immunizations, and ensure proper nutrition
- Make referrals to needed health, early learning and family support services

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Centering Family Voice

How can health services continue to improve to support school readiness?

- Spend more time with families to develop trusting relationships
- Share expertise, information, and guidance about supporting learning at home
- Identify and communicate developmental concerns earlier, provide referrals to needed services, and follow up
- Increase local access to health services (especially in rural areas)
- Approach health care holistically across the life span, and support parents and caregivers in pediatric care

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Workgroup Proposal

The role of the health sector is to provide family-centered and integrated services, and to work collaboratively with other sectors to ensure children are physically, socially, and emotionally healthy in preparation for kindergarten.

- A comprehensive approach to improving kindergarten readiness includes:
  - an array of measures to drive progress in all domains of kindergarten readiness
  - sufficient resources
  - greater capacity for services and system-building
- Kindergarten readiness must continue to be a statewide priority; measures applied through the CCO Quality Incentive Program should be just one of many coordinated and mutually reinforcing efforts to improve kindergarten readiness.

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Measurement Strategy

Multi-year measurement strategy that aims to drive health system behavior change and investments that contribute to improved kindergarten readiness and cross-sector collaboration.

- Kindergarten readiness is complex and the domains are interrelated. There is no one measure that captures all of the health aspects of kindergarten readiness.
- The proposal balances the workgroup's long-term vision for transformative work on kindergarten readiness with current momentum and sense of urgency.
- It includes metrics that are feasible to implement within the next few years, and drives toward the development of future metrics necessary for progress toward kindergarten readiness.

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Health Aspects of Kindergarten Readiness

Multi-year measurement strategy:

Two metrics adopted for 2020 CCO incentive measure set:

1. Well-child visits for children 3-6 years old
2. Preventive dental visits for children 1-5 years olds

Adopt a CCO-level attestation metric focused on children's social-emotional health once specifications are finalized (i.e., for the 2021 or 2022 CCO incentive measure set).

~ Currently under development ~

Replace the existing developmental screening metric with a new follow-up to developmental screening metric in 2022 or 2023.

~ Currently being tested ~

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Health Aspects of Kindergarten Readiness Measurement Strategy Proposal

Stratification and reporting of metrics to examine disparities and for CYSHCN

Preventive Dental Visits for Children 1-5

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 10.8 (out of 13)

Well-Child Visits for Children 3-6

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 8.62 (out of 13)

CCO-Level Metric Focused on Social-Emotional Health

(To be developed)

- Data and information provided by the CCO.
- HAKR domain: Promotion/prevention, Follow-up, and CCO cross-sector collaboration.

Potential components:

- Screen for and identify factors that impact social-emotional health.
- Assess capacity and utilization of behavioral health services.
- Address policies and payment for behavioral health services.

Follow-Up to Developmental Screening*

(Existing practice-level metric to be adapted for a CCO metric; proposed to replace developmental screening metric)

- Data source: EHR.
- HAKR domain: Follow-up.
- Mean score on HAKR measure criteria: 11.5 (out of 13).

CCO-Level Metric Drives Toward a Child-Level Metric to Replace It

(Future) Child-Level Metric Focused on Social-Emotional Health

(To be developed, informed by CCO-level metric)

Potential examples:

- Screening for social-emotional health.
- Screening for social determinants of health and family factors impacting social-emotional health.
- Preventive care bundled metric.
- Dyadic behavioral health services for children 0–6.
- Metric(s) for children and youth with special health care needs.

GOAL

Health system behavior change, investments, and cross-sector efforts that contribute to improved kindergarten readiness.

Estimated Year Metrics Ready for Implementation

2020 → **2022** → **2022 / 2023** → **TDB**

The Health Aspects of Kindergarten Readiness (HAKR) Technical Workgroup met from March – November 2018 to develop measures of the health sector's role in kindergarten readiness for use as CCO incentive metrics, or for use by other health plans. The workgroup developed a conceptual framework for the health aspects of kindergarten readiness, developed measure criteria, prioritized areas of the conceptual framework for measure exploration, and identified priority measures. The HAKR Technical Workgroup proposes this multi-year measurement approach to jointly focus on children's physical, oral, developmental, and social-emotional health. The measures are intended to be adopted as a collective unit to help Oregon achieve its kindergarten readiness goals.

*Metric has been requested by Metrics & Scoring and Health Plan Quality Metrics Committees.

Health Aspects of Kindergarten Readiness

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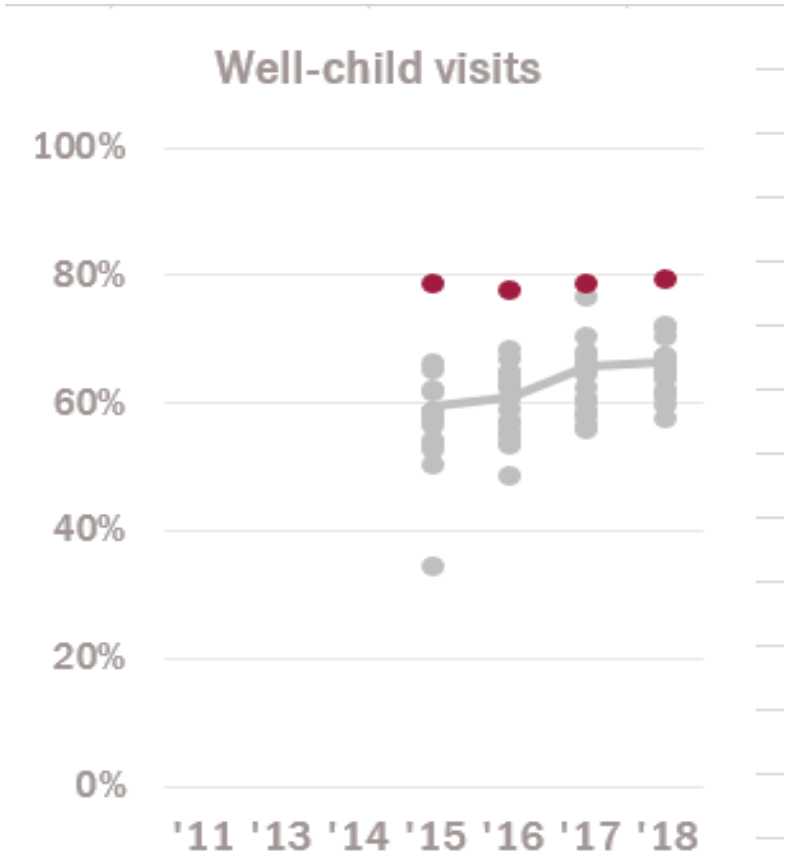
Well-Child Visits

- Room for improvement: Data shows Oregon lower than (Medicaid) 25th percentile nationally, which is 66.18%.
- Measure aligns with Bright Futures clinical recommendations related to well-child visit periodicity.
- Access to primary care is first step in ensuring access to developmental screening and follow-up supports needed to ensure children are ready for kindergarten.
- Communicates to families that preventive care, received annually through age six, is important.



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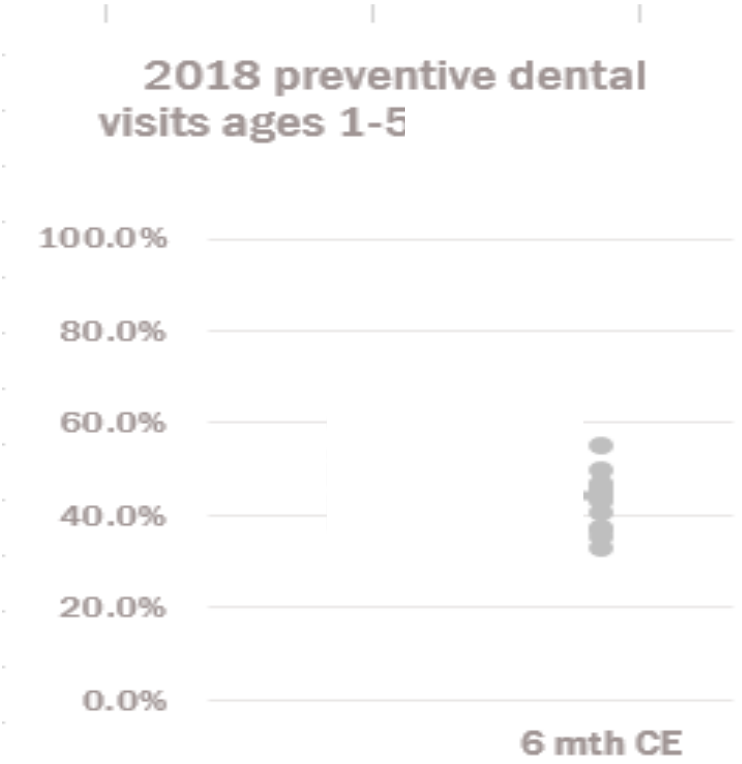
Preventive Dental Visits

- The 2017 Oregon Smile Survey found that 49% of children ages 6-9 had a cavity (30% with treated decay and 19% with untreated decay).
- Tooth decay is one of the most prevalent chronic conditions of childhood and can lead to problems with eating, speaking, playing, and learning.
- In 2013, Oregon ranked last out of 50 states regarding children having at least one preventive dental visit during the year.



OPIP Children's Institute

Well-child Visits for Ages 3-6

- **Overview**: Percentage of children ages 3 - 6 that had one or more well-child visits with a PCP during the year
- **Data Source**: MMIS/DSSURS
- **Continuous Enrollment Criteria**: 12 months with one allowable 45 day gap
- **Benchmark**: 78.5% (2019 National Medicaid 75th percentile)

Preventive Dental Visits

- **Overview**: Percentage of children ages 1-5 / 6-14 who received preventive dental services from a dental provider in the year
- **Data Source**: MMIS/DSSURS
- **Continuous Enrollment Criteria**: Continuously enrolled with the CCO for at least 180 days in the measurement year
- **Benchmark**: Ages 1-5: 45.4%; ages 6-14: 65.5% (CCO 75th percentile from 2018). **must meet both components to achieve measure

OPIP Children's Institute

Current Momentum Across Systems: Governor's Children's Agenda of 2018

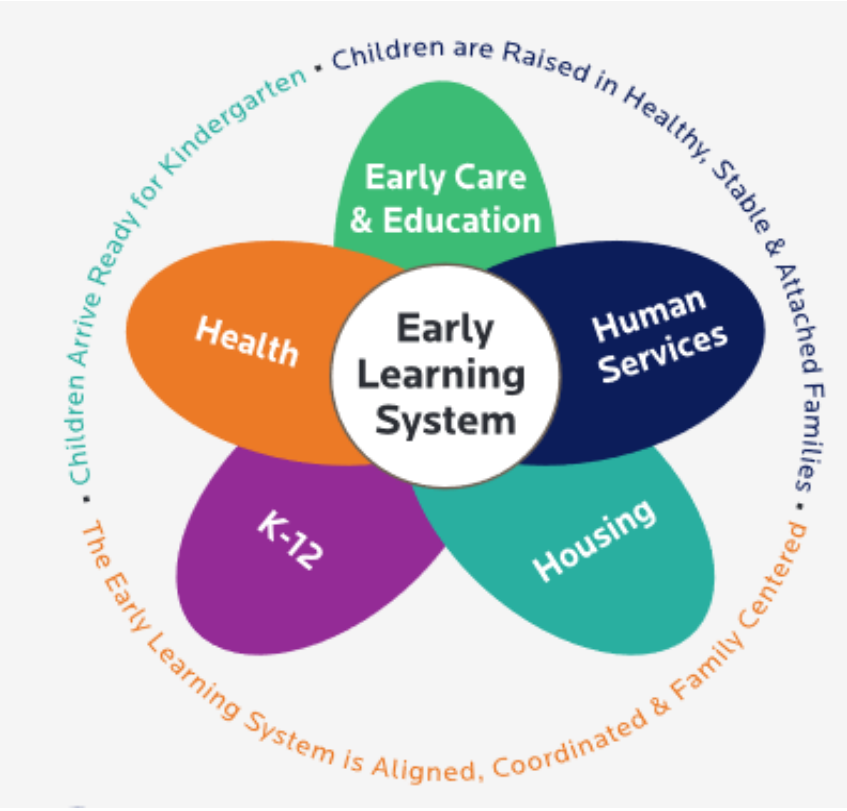
Vision: All Oregon children living in poverty have pathways to rise to the middle class and achieve their full potential

OPIP Children's Institute

Current Momentum Across Systems

Raise Up Oregon: A Statewide Early Learning System Plan
2019-2023, launched

- **System Goal 1:** Children Arrive Ready for Kindergarten
- **System Goal 2:** Children are Raised in Healthy, Stable, and Attached Families
- **System Goal 3:** The Early Learning System is Aligned, Coordinated, and Family Centered



OPIP Children's Institute

Current Momentum Across Systems: Goals of CCO 2.0

- Improve the behavioral health system and address barriers to access to and integration of care
- Increase value and pay for performance
- Focus on social determinants of health and health equity
- Maintain sustainable cost growth and ensure financial transparency

OPIP Children's Institute

Questions?

OPIP Children's Institute

Working with Community Providers to Promote Best Practice

PacificSource

Promoting Provider Health Plan Engagement

- ✓Monthly meetings with providers to include Quality, Risk Assessment, and Care Management staff
  - These meetings offer a chance to provide information and updates, review quality data and understand clinic barriers
- ✓Quarterly all provider meetings
  - Started in the Columbia Gorge and will be standing up in Central Oregon this year
  - Opportunity to help spread best practice in the community

Promoting Provider Health Plan Engagement
cont.

- ✓Provide timely monthly data on performance
  - Review data on a consistent basis
- ✓Provide monthly gap lists in a timely and consistent way
- ✓Assist with EHR reporting if possible

Promoting Provider Health Plan Engagement
cont.

- ✓Provide opportunities for deep dives on new metrics
  - Suggest workflow changes and provide patient facing educational materials
- ✓Research best practice/successful communities and share with providers
- ✓Host community workshops on metrics and/or related topics

Final Thoughts

- ✓Build relationships with community providers
- ✓Understand where your goals intersect
- ✓Help providers understand cross functionality of any new workflows they may need to implement
- ✓Connect to the community (non-profits, health departments, other government agencies)
- ✓Focus on health outcomes

Questions

2020 Initiatives for Well-Child Visits

Courtney Whidden-Rivera, MS, CHES
Kali N. Paine, MPH

Wednesday February 5, 2020

1. Child Wellness Mailing Campaign
2. Interactive Voice Response Calls
3. Clinic Education & Support

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COORDINATED CARE
ORGANIZATION

Child Wellness Mailing Campaign

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Project Overview

- Comprehensive patient education initiative on routine child health recommendations
- Follows patients from birth to age 12
- Tied to past and present CCO incentive measures:

2020 Measures:

- Childhood Immunization Status
- Well-Child Visits
- Preventive Dental Services
- Immunizations for Adolescents

Past Measures:

- Adolescent Well-Care Visits
- Developmental Screenings
- Dental Sealants

eocco

Why This Project?

- Implemented similar campaign for Commercial group ages 0-21 in March 2019
  - Reached 33,000+ patients
- Addresses barriers to child wellness:
  - Demonstrates value
  - Educates parents
  - Streamlines multiple sources of information

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EOCCO Stakeholders

External:

- Patients
- Patients' parent/guardians
- Providers

Internal:

- EOCCO Quality Improvement & Operations
- Marketing
- Document Services
- Analytics

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EOCCO Child Wellness Campaign Program Matrix

Cohort #	Recommendation Age	Mailing Criteria Age	Incentive Measures	Mailings	Mailing Frequency
1	6 months	Child turns 6 months old in same month mailer is sent	CIS	Cohort 1 Letter + Flyer 1	Once per cohort
2	12 months	Child turns 12 months old in same month mailer is sent	CIS & Preventive Dental	Cohort 2 Letter	Once per cohort
3	24 months	Child turns 18 months old in same month mailer is sent	CIS & Preventive Dental	Cohort 3 Letter + Flyer 1	Once per cohort
4	3 - 6 years	Child turns 36, 48, 60, 72 months old in same month mailer is sent	WCV & Preventive Dental	Cohort 4 Letter + Flyer 2	Annually while in cohort
5	9 - 12 years	Child turns 108, 120, 132, 141 months old in same month mailer is sent	IMA & Preventive Dental	Cohort 5 Letter + Flyer 3	Annually while in cohort

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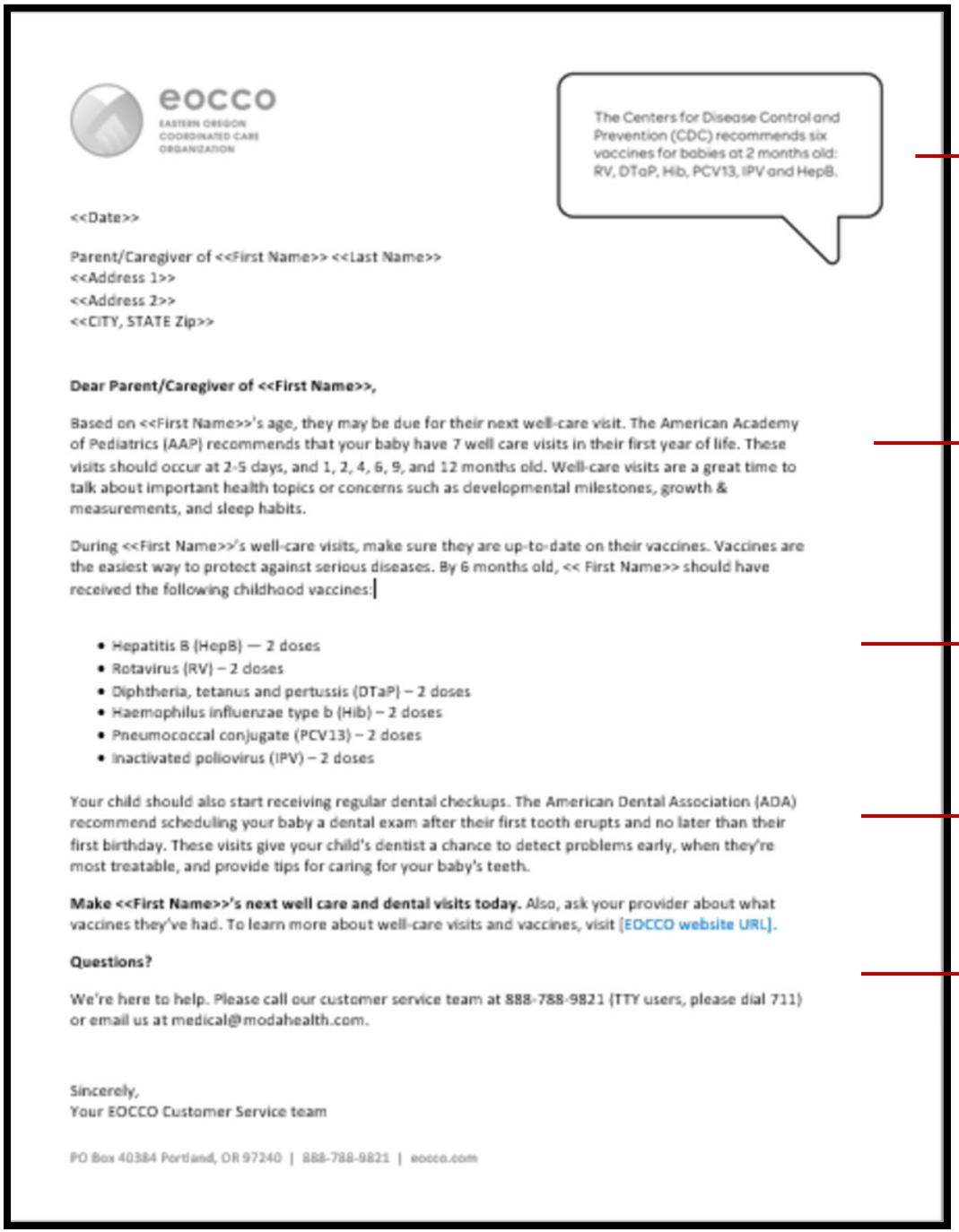

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The Centers for Disease Control and Prevention (CDC) recommends six vaccines for babies at 2 months old: RV, DTaP, Hib, PCV13, IPV and HepB.

<<Date>>

Parent/Caregiver of <<First Name>> <<Last Name>>
<<Address 1>>
<<Address 2>>
<<CITY, STATE Zip>>

Dear Parent/Caregiver of <<First Name>>,

Based on <<First Name>>'s age, they may be due for their next well-care visit. The American Academy of Pediatrics (AAP) recommends that your baby have 7 well care visits in their first year of life. These visits should occur at 2-5 days, and 1, 2, 4, 6, 9, and 12 months old. Well-care visits are a great time to talk about important health topics or concerns such as developmental milestones, growth & measurements, and sleep habits.

During <<First Name>>'s well-care visits, make sure they are up-to-date on their vaccines. Vaccines are the easiest way to protect against serious diseases. By 6 months old, << First Name>> should have received the following childhood vaccines:

- Hepatitis B (HepB) — 2 doses
- Rotavirus (RV) – 2 doses
- Diphtheria, tetanus and pertussis (DTaP) – 2 doses
- Haemophilus influenzae type b (Hib) – 2 doses
- Pneumococcal conjugate (PCV13) – 2 doses
- Inactivated poliovirus (IPV) – 2 doses

Your child should also start receiving regular dental checkups. The American Dental Association (ADA) recommend scheduling your baby a dental exam after their first tooth erupts and no later than their first birthday. These visits give your child's dentist a chance to detect problems early, when they're most treatable, and provide tips for caring for your baby's teeth.

Make <<First Name>>'s next well care and dental visits today. Also, ask your provider about what vaccines they've had. To learn more about well-care visits and vaccines, visit [EOCCO website URL].

Questions?

We're here to help. Please call our customer service team at 888-788-9821 (TTY users, please dial 711) or email us at medical@modahealth.com.

Sincerely,
Your EOCCO Customer Service team

PO Box 40384 Portland, OR 97240 | 888-788-9821 | eocco.com

Immunization summary

Well-child visits

Immunizations

Dental recommendations

Resource referral

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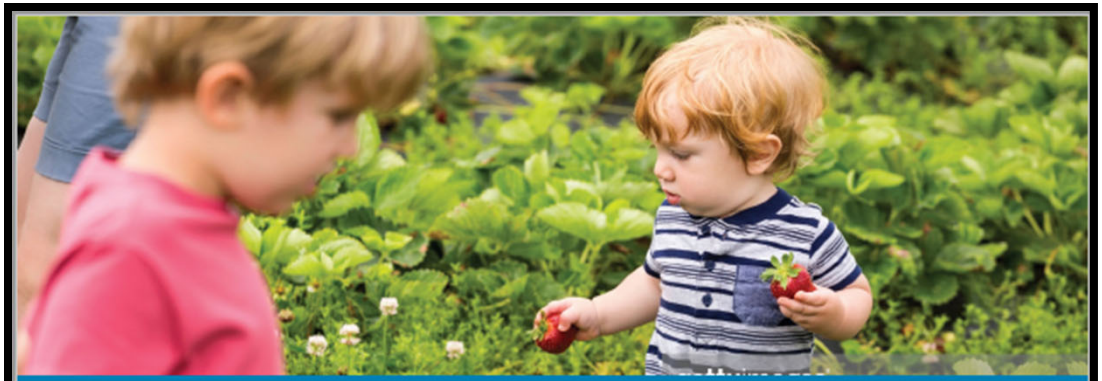

Childhood Wellness eocco.com

Give your baby a *healthy* start

Make sure your child is up to date on all of their vaccines.
Book a well-care visit today.

Child preventive care is how you can help protect your baby from preventable diseases, as well as see how they are developing. Here are a few things that your child needs and what to look for in the first two years of life.

What your child needs

- Ten well-care visits at 2-5 days old, 1 month old, and 2, 4, 6, 9, 12, 15, 18 and 24 months old
- One developmental screening per year
- Some or all doses of these vaccines: hepatitis B (HepB); rotavirus (RV); diphtheria, tetanus and pertussis (DTaP); haemophilus influenzae type b (Hib); pneumococcal conjugate (PCV13); inactivated poliovirus (IPV); annual influenza (IIV); measles, mumps, rubella (MMR); varicella (VAR); hepatitis A (HepA)
- Know that it's just as important to finish a vaccine series as it is to start it. Make sure your child gets all recommended doses of their vaccines.

What to watch for

- By their first year, they may copy gestures, sit up without help, drink from a cup and say words like "mama," "dada" or "hi"
- By 18 months, they may show affection, point to specific items and walk alone
- By two years, they may play with other children, sort shapes and colors, and say short sentences

Book a well-care visit with your baby's provider and talk to them about how to keep your child healthy between 0 and 2 years old.

Questions?

We're here to help. Please call the EOCCO's customer service team toll-free at **888-788-9821**. TTY users, please dial 711.

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55932344 (7/19)

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Quality Performance Improvement (QPI) QHOC session

Lisa Bui, Quality Improvement Director, OHA

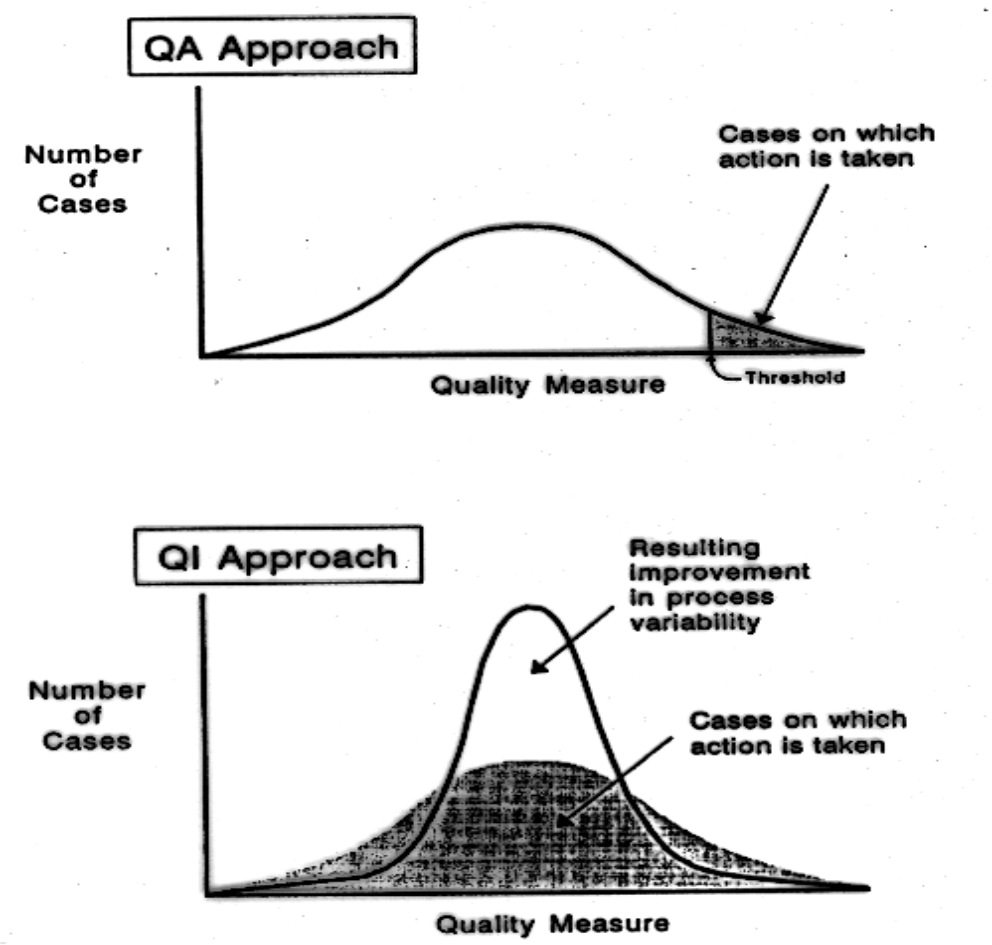
Jenna Harms, QHOC QPI Chair

Oregon Health Authority

Agenda

- Provide overview of Performance Improvement Project (PIP)
  - Purpose
    - QA/QI, Why, What
  - PIP Accountability
    - PIP Reviews and Technical Assistance
  - PIPs
    - CMS 115 waiver focus areas
  - Common PIP Questions
  - Resources

QA vs QI Approach



QA vs QI

	Quality Assurance	Quality Improvement
Goal	Meet standard	Improvement
Focus	Individual Processes	Systems – not fault finding
Attitude	Reactive	Proactive
Source of information	P&P SOP Audit	Dashboards Program reports Surveys
Responsibility	Individuals Managers	Teams Directors
Outcomes	Process/activity change Behavior change	Performance feedback (weakness or strength) Peer learning
Accountable to	Regulation	Organization
Escalation to	Compliance team QI team	Executive Branch

Why have a PIP?

The purpose of a PIP is to:

- To continuously improve for achieving positive health outcomes while reducing health disparities.
- To conduct a project which supports meeting the Triple Aim.
- Assess and improve the processes and outcomes of health care provided by an [CCO].[1]
- The intent of performance improvement is to improve the quality of care provided to enrollees. [2]

1 CMS EQR Protocol #3
2 CFR Parts 431, 433, 438, 440, 457 and 495

What is in a PIP?

PIPs are a lever of quality to:

- Improve quality of care
- Improve in clinical and non-clinical areas
- Follow quality improvement science

PIPs are projects that include:

- Barrier, problem statement
- Interventions to reduce barriers and improve care
- Measures that track progress
  - Measures include outcome measure & intervention measures

What else is in a PIP?

CFR activities for PIP

Federal Rules outlines key actions[1]:

(i) Measurement of performance using objective quality indicators.

(ii) Implementation of interventions to achieve improvement in the access to and quality of care.

(iii) Evaluation of the effectiveness of the interventions based on the performance measures.

(iv) Planning and initiation of activities for increasing or sustaining improvement.

1 CFR Parts 431, 433, 438, 440, 457 and 495

Accountability: How are PIPs accountable?

Compliance Functions

- Requirements set in Code of Federal Regulations

  (e.g. CFR 438.330, 438.366)
- CMS provides guidance to External Quality Review Organizations (EQRO) to conduct review of plans' PIPs.

Improvement Functions

- Assessment of study methodology;
  - Assessment of "real improvement"
- Verify PIP study findings;
- Evaluate overall validity and reliability of study results.
- Reviews are posted to the web as part of the EQRO Annual Report of the state and plan.

PIP Reviews and Technical Assistance

- The three CCO specific PIP quarterly reports are reviewed by an OHA contractor to help determine prioritization of technical assistance needs.
  - Lisa Bui, OHA Quality Improvement Director and/or OHA subject matter experts are accountable for the technical assistance provided to CCOs.

- Current OHA contractor is HSAG. These reviews are not compliance reviews but does draw upon the expertise of HSAG in quality principles.

- Technical assistance will begin to be scheduled with individual CCOs in Spring 2020.

OHA 1115 Waiver Quality Focus Areas

Eight Foci of Quality

- Reducing re-hospitalizations
- Addressing population health issues (such as diabetes, hypertension and asthma) within a specific geographic area by harnessing and coordinating a broad set of resources, including community workers, public health services, and aligned federal and state programs.
- Reducing utilization by “super-utilizers”
- Integration of health: physical health, oral health, and/or behavioral health
- Ensuring appropriate care is delivered in appropriate settings
- Improving perinatal and maternity care
- Improving primary care for all populations
- Addressing social determinants of health

CCO PIPs

Statewide PIP

- One PIP topic
- Integration Focus Area from 1115 waiver *required
- Follows CMS validation protocol; design to implementation
- Topic is selected collaboratively between CCO and OHA
- OHA runs performance measure for validation
- Statewide PIP usually runs for minimum of three years

CCO Specific PIP

- Three PIP topics
- Topic to be more “rapid cycle” improvement
- **CCOs** select focus area for each PIP topic
- **CCOs** select performance measure and develop data monitoring reports
- **CCOs** select performance measure targets

Common Questions

Can a PIP be about an incentive metric?

- Yes - Incentive Metric Alignment is ok.
- Improvement work can be through incentive measures and performance measures as part of PIPs

What is a focus study?

- A focus study, generally speaking, is more exploratory. For example a feasibility study or pilot study. Environmental scan, “Plan” stage of PDSA more extensive.

Common Questions: How To End a PIP?

- In the quarterly progress report include the final report out of interventions, measurement and the “Quarterly Status” of Abandon or Adopt (see Figure 1 below)
- Include a new PIP notification form with the progress report for the PIP that’s ending or no later than 30 days from quarterly submission.
- Email progress report on due date

Figure 1: PIP Progress Reporting Template

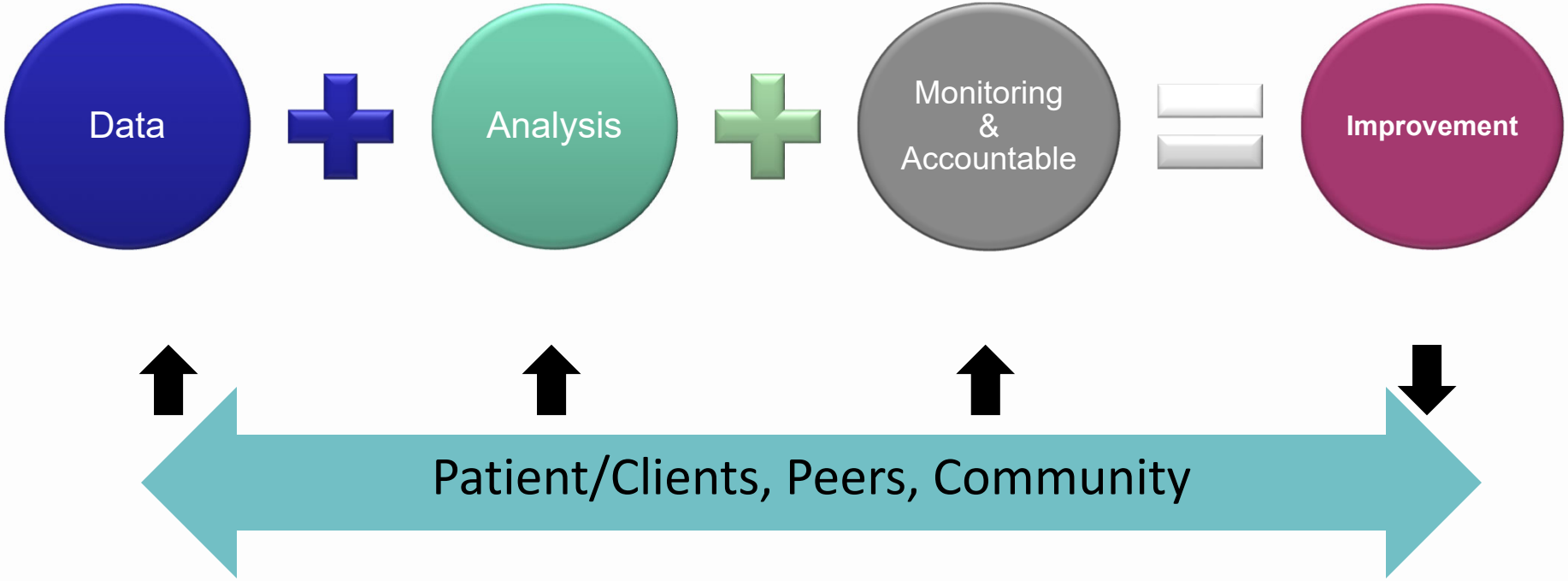
Quarterly Status:	☐ Continue / Monitor ☐ Adapt/Revise ☐ Abandon (drop and move to alternate PIP) ☐ Adopt/systematize interventions

For more information:

- Questions: OHA.qualityquestions@dhsoha.state.or.us

- Resources:
  - OHA Quality Improvement https://www.oregon.gov/oha/HPA/DSI/Pages/Quality-Improvement.aspx
  - CMS PIP Protocol https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf
  - Code of Federal Regulations (CFR), Part 438, Subpart E. https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html
  - Medicaid Waiver Evaluation 2012-2017 https://www.oregon.gov/oha/HPA/ANALYTICS/Evaluation%20docs/Summative%20Medicaid%20Waiver%20Evaluation%20-%20Final%20Report.pdf

What quality is all about…



Questions?