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# 2020 Kindergarten Readiness Incentive Measures

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HEALTH POLICY & ANALYTICS  
Office of Health Analytics

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# Agenda

- Health aspects of kindergarten readiness measurement strategy overview (Sara)
- Importance of measurement strategy and Metrics & Scoring Committee vision (Dave)
- Performance history on two 2020 kindergarten readiness measures (Sara)
- Importance of 2020 kindergarten readiness measures (Dr. Clemens & Dave)
- 2020 measure specifications (Sara)
- Discussion, Q&A (all)

**Oregon Health Authority created (HB 2009)**

**PCPCH legislation (SB 2009)**

**CCOs created (HB 3650)**

**First CCOs launched**

**CCO Transformation Center created through State Innovation Model (SIM) grant**

**2009**

**2010**

**2011**

**2012**

**2013**

**2014**

**Early Learning Council created (SB 909)**

**Oregon Ed. Investment Board created (SB 909)**

**Early Learning Hubs established (SB 4165)**

**Early Learning Division created at DoE (HB 3234)**

**First Early Learning Hubs launched**

# 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

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

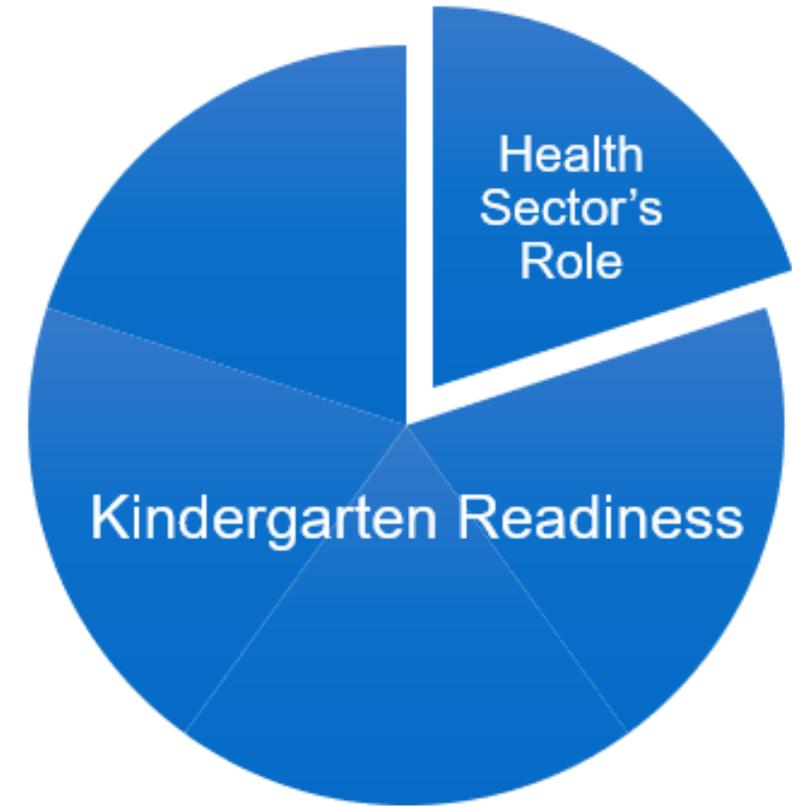
- **December 2017:** the Measuring Success Committee of the Early Learning Council received a presentation on the KR workgroup and provided input
- **March – November 2018:** Health Aspects of Kindergarten Readiness Technical (HAKR) workgroup convenes

# 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 change, quality improvement, and investments that meaningfully contribute to improved kindergarten readiness
- catalyze cross-sector collective action necessary for achieving kindergarten readiness
- align with the intentions and goals of the CCO metrics program



# 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 Proposal – Broader Context

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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# Workgroup Proposal

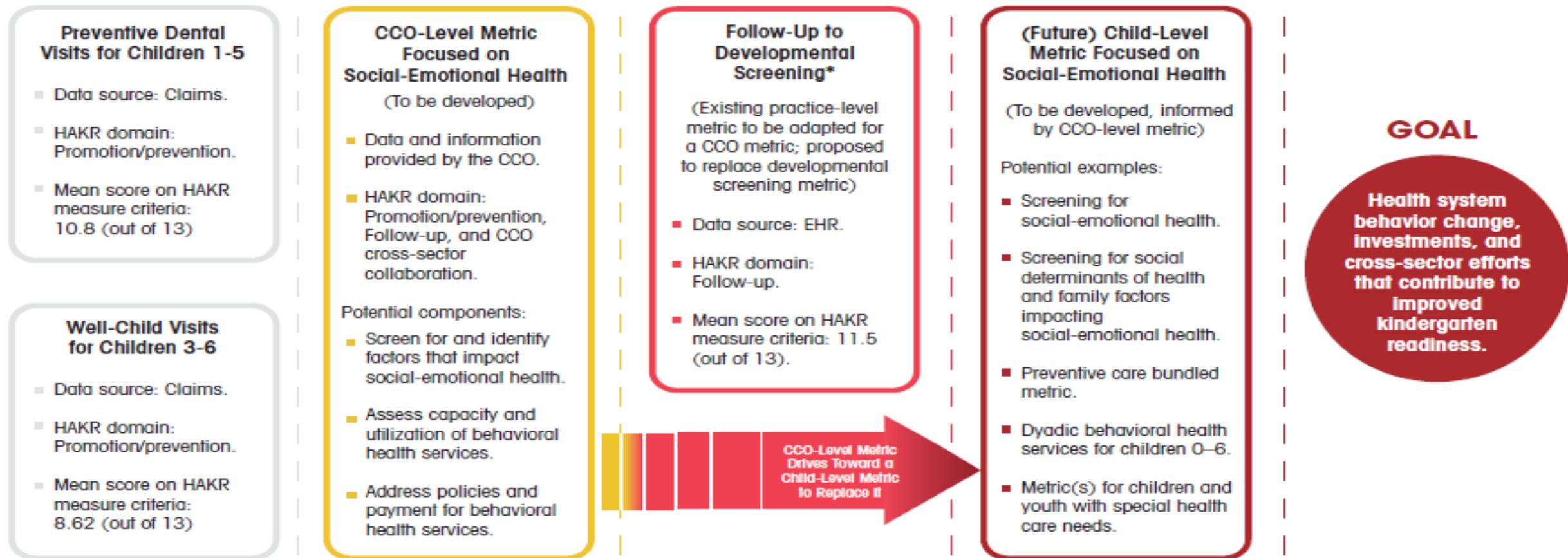
The workgroup proposes a multi-year measurement strategy that aims to drive health system behavior change and investments that contribute to improved kindergarten readiness and cross-sector collaboration.

- 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 builds on the existing CCO incentive metrics focused on children prenatal through age five.
- 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.



# Health Aspects of Kindergarten Readiness Measurement Strategy

Stratification and reporting of metrics to examine disparities and for CYSHCN



## Estimated Year Metrics Ready for Implementation



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.

# Metrics & Scoring Committee perspective on strategy

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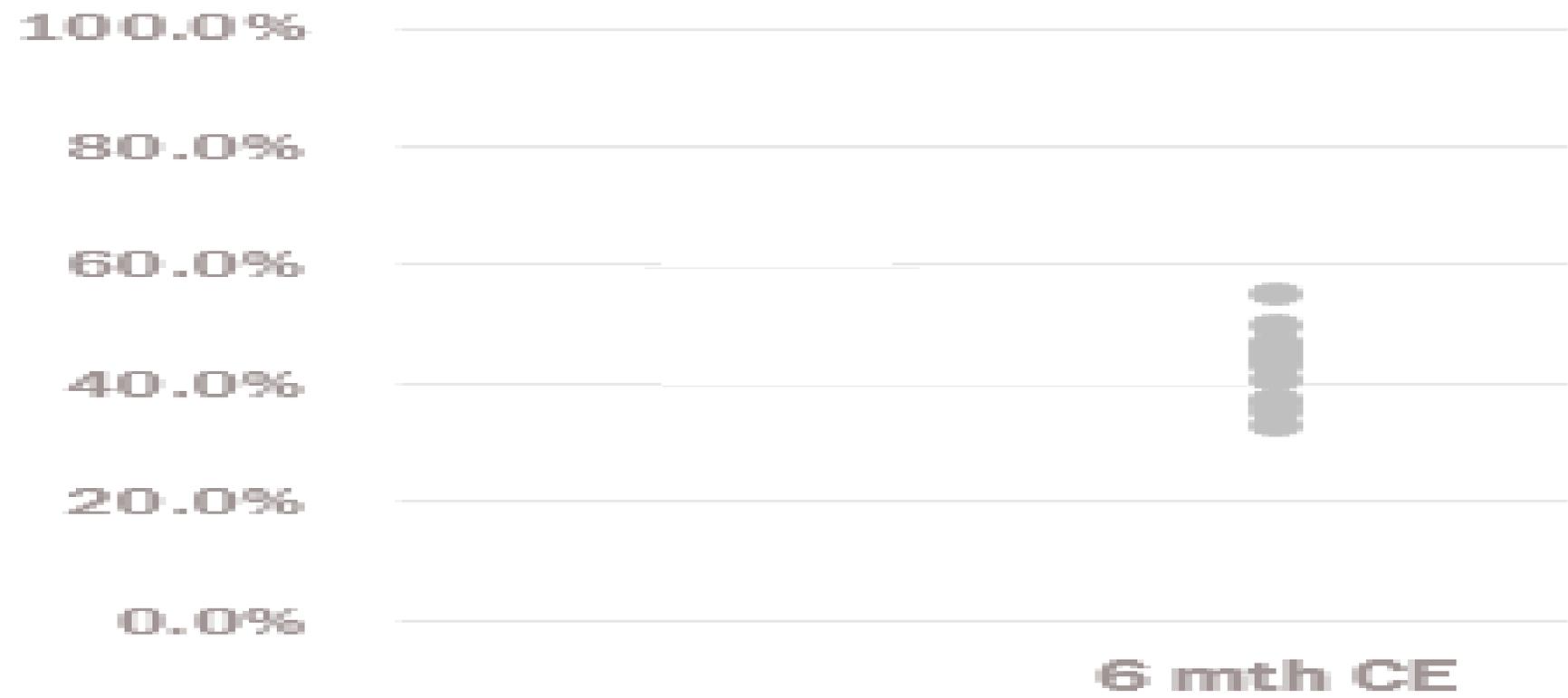


# Performance History – 2020 measures

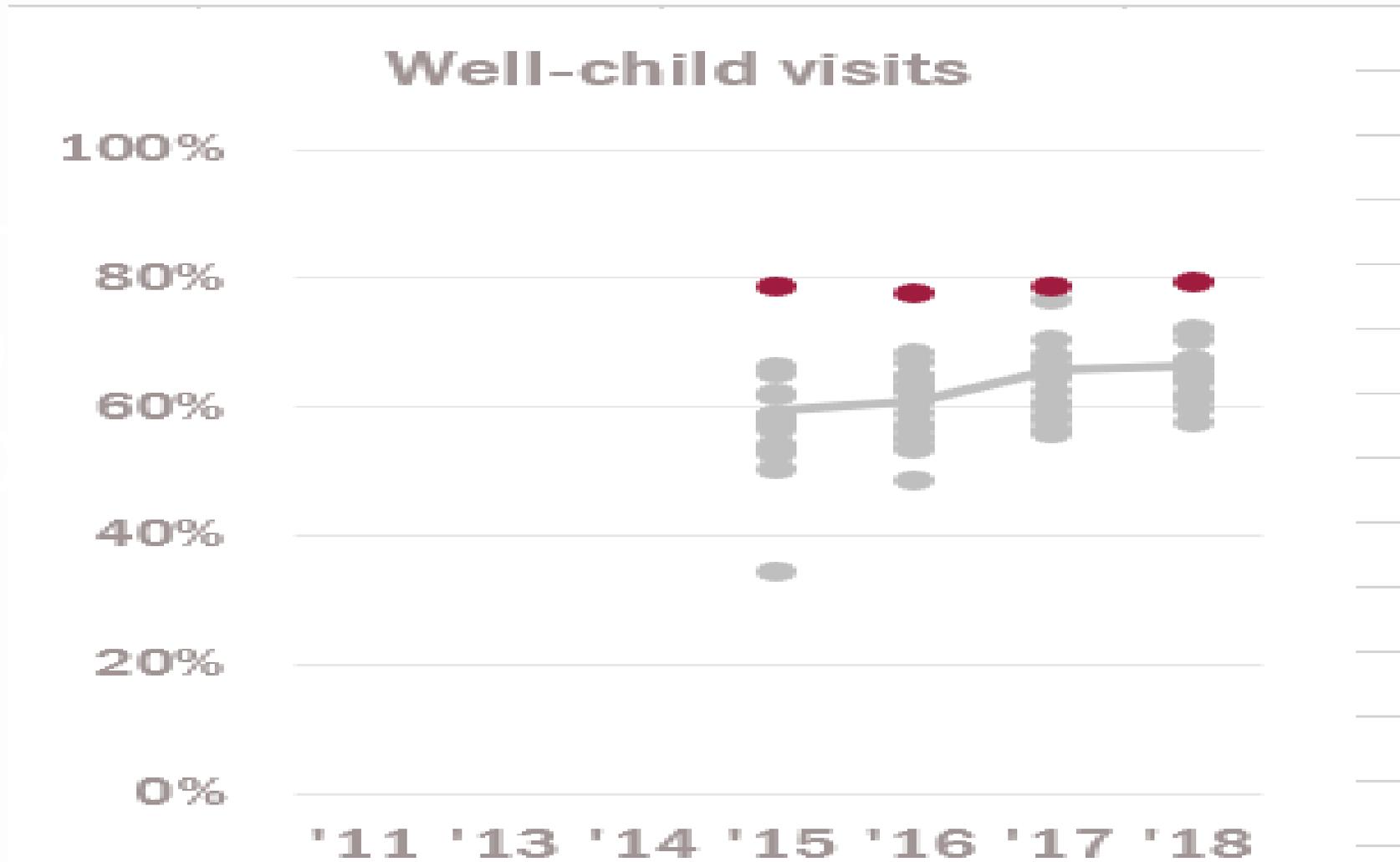
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## 2018 preventive dental visits ages 1-5



Well-  
child  
visits



# Importance of 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.
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# Importance of 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.

# Specifications

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# Health Aspects of Kindergarten Readiness Strategy – Measure 1, Preventive Dental Visits, 1-5

- **Overview:** Percentage of children ages 1-5 who received preventive dental services from a dental provider in the year.
- **Data Source:** MMIS/DSSURS
- **Equation:**

$$\frac{\text{Number of children ages 1-5 who received preventive dental services from a dental provider in the year.}}{\text{Number of children ages 1-5* in the CCO}}$$

# Health Aspects of Kindergarten Readiness Strategy – Measure 1, Preventive Dental Visits, 1-5

- **Continuous Enrollment Criteria:** Continuously enrolled with the CCO for at least 180 days in the measurement year
- **Benchmark (REVISED):**
  - Ages 1-5: 45.4%; ages 6-14: 65.5% (CCO 75<sup>th</sup> percentile from 2018). \*\*must meet both components to achieve measure

## **NB:**

- The measure also follows Dental Quality Alliance (DQA) Dental Services Utilization measure for the continuous enrollment criteria and qualifying dental provider taxonomy codes (without requiring dental hygienists under supervision of a dentist):

[https://www.ada.org/~media/ADA/DQA/2020\\_Dental%20Services\\_UtilizationofServices.pdf?la=en](https://www.ada.org/~media/ADA/DQA/2020_Dental%20Services_UtilizationofServices.pdf?la=en)

# Health Aspects of Kindergarten Readiness Strategy – Measure 2, 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
- **Equation:**

Number of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year

Number of children ages 3 to 6

# Health Aspects of Kindergarten Readiness Strategy – Measure 2, Well-child Visits for Ages 3-6

- **Continuous Enrollment Criteria:** test data used the measurement year with one allowable 45 day gap

## **Benchmark:**

- 78.5% (2019 National Medicaid 75<sup>th</sup> percentile)

# Questions?

# Resources

- Measure specifications, benchmarks, etc.:  
[www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx)