CCO Learning Collaborative
System-level Social Emotional Health Measure

June 21, 2022

Using reach data report as a tool
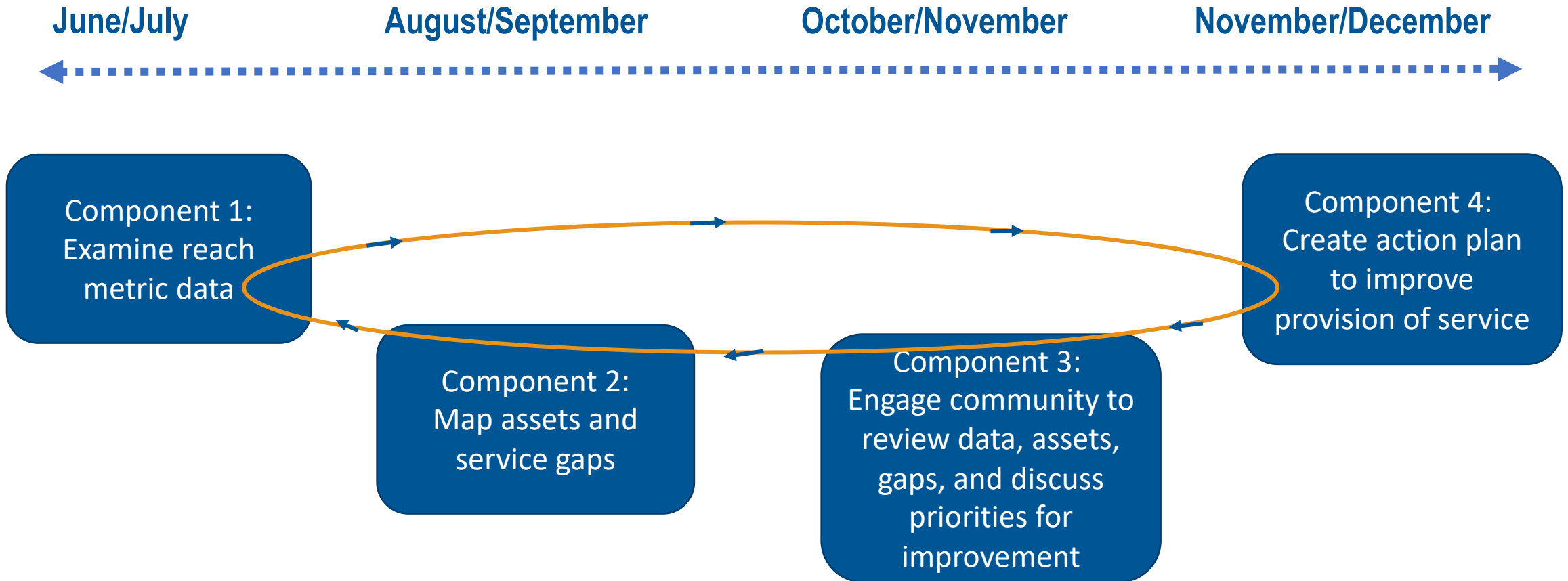
Artemis Consulting & OHA

Goals & Agenda

Goals

➢ Provide additional context around measure and reach data
➢ Learn from other CCOs about how they are analyzing reach data

Agenda

➢ **Introductions and agenda overview** – *Diana Bianco, Artemis Consulting*
➢ **Logistics** – Diana
  - Meeting dates
  - Resource library
  - Prioritization of topics
➢ **Context setting, Part 2** – *Sara Kleinschmit, OHA*
➢ **Small group discussions: Focus on reach data**
  - How are you analyzing reach data?
  - What strategies are you using and what roadblocks are you encountering?
  - What questions do you still have?
➢ **Report out**
➢ **Full group discussion: Visualization of data**
  - How are you presenting the data? What are some ideas?
➢ **Close and next steps** – Diana

Health Policy and Analytics
Transformation Center

Oregon Health Authority

Learning Collaborative Series

June/July   August/September   October/November   November/December

Component 1:
Examine reach
metric data

Component 2:
Map assets and
service gaps

Component 3:
Engage community to
review data, assets,
gaps, and discuss
priorities for
improvement

Component 4:
Create action plan
to improve
provision of service

Oregon Health Authority

Measure Overview

Sara Kleinschmit, OHA

Health Policy and Analytics
Transformation Center

Metric Vision and Purpose

Vision

Children from birth to age 5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs.

Purpose

- Drive CCOs to address complex system-level factors that impact the services kids and families receive and how they receive them, and for which there may be payment or policy barriers that need to be addressed.

- Address gaps in existing CCO incentive measure set

Activities

- Build capacity within CCOs for enhanced services, integration of services, cross-sector collaboration, and future measurement opportunities.

- Use child-level data to guide and inform efforts, assess the sensitivity and specificity of the child-level metric to those efforts.

What is social-emotional health?

*Social-emotional health is the developing capacity of the child from birth to 5 years-old to:

- Form close and secure relationships with their primary caregivers and other adults and peers;

- Experience, manage and express a full range of emotions; and

- Explore the environment and learn all in the context of family, community and culture.

*Babies, toddlers and young children can and do suffer from mental health conditions caused by trauma, neglect, biological factors and environmental situations that disrupt their social-emotional development.

Health Policy and Analytics
Transaction Center

Health aspects of kindergarten readiness

Workgroup Charge

Recommend one or more health system quality measures that:

- Drive health system behavior change, quality improvement, and investments that 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

Health Sector's Role

Children's Institute

OPIP

Oregon Health Authority
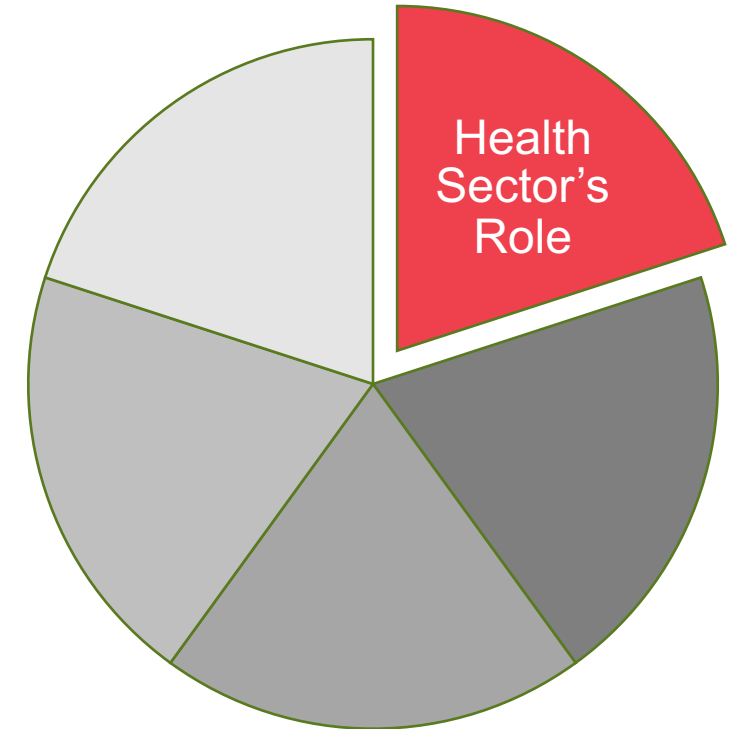
Reach Data Review & Assessment

Glidepath from system-level metric to child-level metric

Year 1

1. Review Social-Emotional Health Reach Metric data
2. Develop Asset Map
3. Community Partner Engagement to identify services and gaps
4. Develop Action Plan

Years 2-3

1. Review Social-Emotional Health Reach Metric data to identify whether Action Plan strategies led to improvement
2. Deepen Asset Map development
3. Deepen Community Partner Engagement
4. Adjust Action Plan targets and strategies

Year 4

Transition to child-level metric with accountability for improving provision of social-emotional health services

Children's Institute

OPIP

Oregon Health Authority
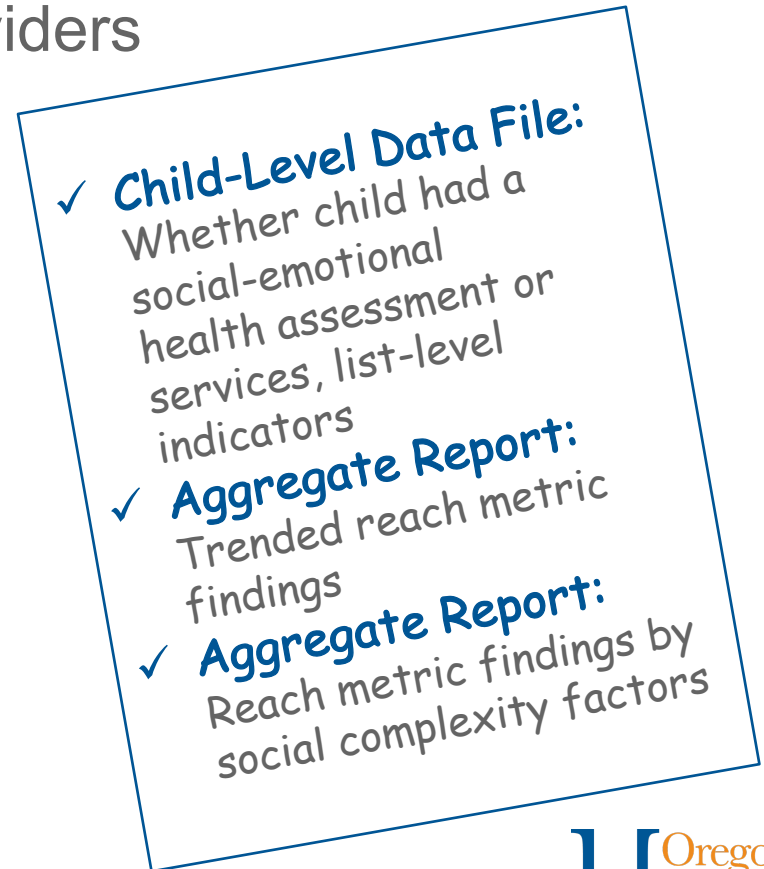
What's in the Reach Data Report?

Child-level data meant to capture a **range of assessments and services** provided across the spectrum of providers and to allow for innovative billing by early learning and other community-based providers

Assessments

- ❖ Bright Futures

Services

- ❖ Services provided in a mix of settings

- ❖ Includes applicable codes

✓ **Child-Level Data File:** Whether child had a social-emotional health assessment or services, list-level indicators

✓ **Aggregate Report:** Trended reach metric findings

✓ **Aggregate Report:** Reach metric findings by social complexity factors

Oregon Health Authority

Reach Data Report – Zooming-in

The reach data report was compiled based on a **broad range** of CPT/billing codes representing pediatric behavioral health (BH) **assessments and services** that would reasonably apply to a family with young children 0-5 years.

➤ **Assessments** – List 1 & 2
  • List 1: codes for BH assessments generally done by a BH provider and can count alone
  • List 2: codes for assessments that are broad and not specific enough unless used by BH provider and paired with appropriate BH diagnosis code

➤ **Services** – List 3, 4, 5
  • List 3: codes for BH services generally done by a BH provider and can count alone
  • List 4: codes for services if paired with an appropriate BH diagnosis
  • List 5: codes for services that are broad and not specific enough unless used by BH provider and paired with appropriate BH diagnosis code

  ➤ Links to CPT/billing codes
    • Social-emotional health HEDIS-style code list (for CCO QI staff)
    • Social-emotional health descriptive code list (for clinical staff)

  ➤ Link to February 2021 pilot webinar on reach data

Reach Data Report as a Tool

	Must Pass Items	Optional Items to Enhance Measure
Component 1		
CCO has reviewed and interpreted the provided Social-Emotional Health Reach Metric data	**The CCO will attest to:** **1.1** The CCO has reviewed the 1) aggregate reports and 2) child-level data file provided in the Social-Emotional Health Reach Metric Report for children ages 1 –5 years. **1.2** The CCO has examined the Social-Emotional Health Reach Metric data for at least one population with historical inequitable outcomes, using CCO data available. (Examples: race, ethnicity, use of translator, geographic region) **1.3** The CCO has assessed payment policies and contracts for the claims and services included in the Social-Emotional Health Reach Metric to ensure there is a continuum of services that address Social-Emotional health from prevention to treatment, including community options and arrangements.	**1.4** The CCO has identified missing assessment or service claims and intends to submit additional data capturing children accessing services not yet reflected in the reach metric results.

Oregon Health Authority

Questions or Reflections?

Small group sessions – focus on reach data

➢ How are you analyzing reach data?

➢ What strategies are you using and what roadblocks are you encountering?

➢ What questions do you still have?