Health Aspects of Kindergarten Readiness CCO System-Level Social-Emotional Health Metric

Oregon Health Policy Board Educational Webinar

April 27, 2021

Elena Rivera, Children's Institute

Colleen Reuland, Oregon Pediatric Improvement Partnership

Agenda

- Background
- Why we're bringing this work to the attention of OHPB again, update on status of Health Aspects of Kindergarten Readiness Work
- CCO System-Level Social-Emotional Health measure overview
- Next steps for proposing the measure to HPQMC and M&SC
  - Request for your support
- Q&A

Background

Growing Opportunity

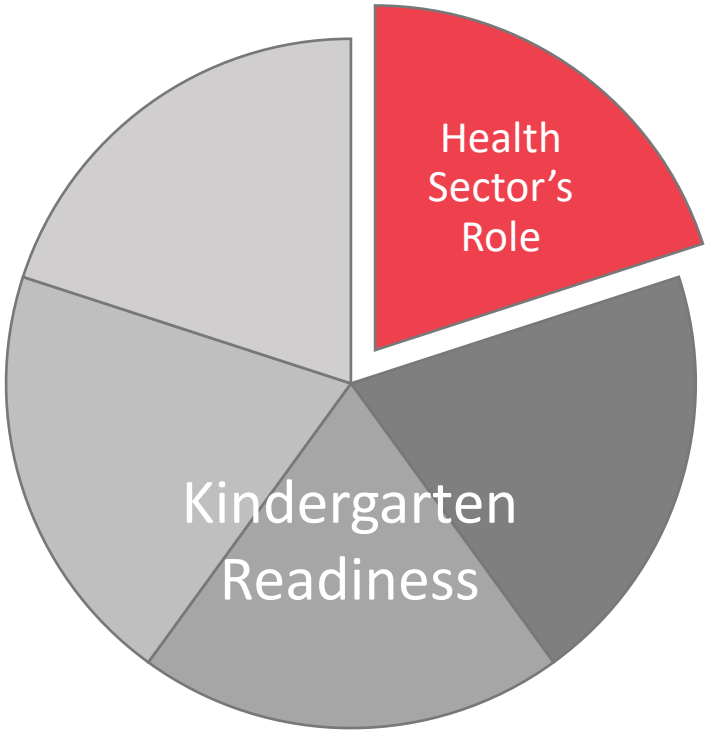
- Early learning system and health system reforms laid a foundation for collaboration to support children.
- Governor Kate Brown has prioritized young children prenatal to age 5, including in her September 2018 Children's Agenda focused on health, early learning, human services, and housing supports.
- Oregon Health Policy Board adopted policy recommendations for CCO 2.0, including key elements focused on improving children's physical, oral, and behavioral health outcomes and value-based care.
- Raise Up Oregon calls for deeper cross-system work to support children and families.
- National landscape is evolving, with great attention on Oregon.

Health Aspects of Kindergarten Readiness Technical Workgroup (2018)

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 Aspects of Kindergarten Readiness Technical Workgroup (2018)

- Workgroup roster included:
  - CCO representatives
  - Health care providers
  - Early learning hub and early learning program representatives
  - Health care quality measurement expertise
  - Health care consumer representatives
- Support team included Children's Institute, Oregon Health Authority, and consultants
  - Facilitator: Diana Bianco, Artemis Consulting
  - Measurement Expertise: Colleen Reuland, Oregon Pediatric Improvement Partnership (Current Member ember of Health Plan Quality Metrics)

Centering Family Voice

How do health services **support school readiness**?

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

How can health services **continue to improve**?

- Spend more time with families, develop trust
- Share expertise, information, and guidance about supporting learning at home
- Identify developmental concerns early, provide referrals to needed services and follow up
- Increase local access to health services, especially in rural areas
- Approach health care holistically, and provide support to parents and caregivers

Portland State UNIVERSITY

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**

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GOAL

Health system behavior change, investments, and [illegible]ss-sector efforts [illegible]ntribute to improved kindergarten readiness.

We are here.

Estimated Year Metrics Ready for Implementation

2020 | 2022 | 2022 / 2023 | TDB

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 metric 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.

2020-21 Measure Development Progress

Informed Broad and Deep Stakeholder & Community-Level INput

Gathered input on barriers to access and opportunities for supporting children's social-emotional health from **families** (n=87), **health care and early learning providers** (n=673), and **cross-system leaders** (n=228).

Generated **list of themes, focusing on outcomes desired**, not specific strategies. Affirmed themes with stakeholders.

Identified **priority CCO activities** that address barriers and can fit as components of a CCO system-level metric within the scope of the incentive measure program.

Used **design parameters** to **narrow activities and draft measure specifications**, with careful attention to the **levers in the metric and how they interact** to build on, but not duplicate, other CCO levers.

Created plan for **piloting the metric** and **started data analysis**.

Identified Barriers and Opportunities

- Lack of understanding of young children's social-emotional health and services to address needs
  - Within health care system
  - Within families and communities
- Limited service capacity, especially parent-child dyadic services
- Workforce needs, including skills and training to serve children 0-5 and cultural and linguistic diversity
- Limited familiarity with data on service and provider capacity
- Limited pathways to community-based services
- Barriers to access, including location of services, transportation, and child care
- Payment barriers

Design Parameters for CCO System-Level Metric

- Includes **varied components** that relate to **system-level** activities and use of **person-level data**
  - Ensure activities and attestation components line up to a child-level metric
- Set of items address **gaps in the current CCO Incentive metric set** and **sectors impacted**
- Set of items addresses the **continuum of services and supports** that address social-emotional health from prevention to treatment.
- Prioritizes efforts that **address integration of care and cross-sector** collaboration.
  - Includes a component of **community-level engagement** on the solutions, with a requirement to partner with early learning and leverage community advisory committees, including Early Learning Hub Parent Advisory Committees and CCO Community Advisory Councils.
- **Parsimonious** in number of components – prioritizes the most essential
- **Limited number** of items that would require auditing by OHA to ensure feasibility
- Ensure a focus on **health equity**

April – August 2020	September – November 2020	December 2020 – February 2021	February – April 2021	May – June 2021
• Used past proof pilot data, stakeholder engagement, and design parameters to narrow activities and draft measure specifications, with careful attention to the levers in the metric.	• Created plan for piloting the metric and started data analysis. • Heard strong support from Metrics and Scoring Committee at November 2020 meeting, support to move forward with pilot phase to have a final measure to propose for 2022 measure set.	• Refined plan for piloting the metric. • Continued work on draft metric specifications and tools. • Presented pilot opportunity to Metrics Technical Advisory Group in January. 11 CCOs enrolled in pilot. • Presented to Early Learning Council.	• CCO piloting. • Presentation of metric to Health Plan Quality Metrics Committee April 27th by Metrics and Scoring Committee chairs, OHA leadership (Hargunani) and measure development team.	If approved by HPQMC, presentation of metric to Metrics and Scoring Committee for consideration for 2022 CCO incentive measure set.

Support for Measurement Strategy & Development of a Social-Emotional Health Metric

- **July 2017:** **Metrics & Scoring** Committee **sponsors** the creation of a Health Aspects of Kindergarten Readiness Technical Workgroup to recommend measures of the health sector's role in school readiness.
- **September 2018:** Health Aspects of Kindergarten Readiness Technical Workgroup **endorses** a System-Level Social-Emotional Health Metric to be included in four-part measurement strategy recommendations.
- **November 2018:** **Metrics & Scoring** Committee **unanimously endorses** Health Aspects of Kindergarten Readiness four-part measurement strategy.
- **January 2019:** **Health Plan Quality Metrics** Committee **unanimously endorses** four-part measurement strategy, including giving go-ahead to develop new System-Level Social-Emotional Health Metric.
- **2019-2020:** Children's Institute, Oregon Pediatric Improvement Partnership, and Oregon Health Authority **develop draft metric components** based on learnings from improvement pilots and stakeholder input.
- **November 2020**: **Metrics & Scoring** Committee reviewed measure progress and **supported moving into piloting** to broaden testing base and collect data to assess feasibility, reliability, and validity.
- **February 2011:** High-level background presentation to **Health Plan Quality Metrics** Committee to provide background and measure overview with opportunity for one-on-one follow-up for additional context.
- **February - April 2021:** 11 CCOs voluntarily engage in Social-Emotional Health Metric pilot opportunity, demonstrating interest. **Feedback captured to inform refinements to metric.**

Why We're Bringing this Work to the Attention of OHPB

Board Priorities (2021 – 2023)

IMPLEMENTATION OF THE COST GROWTH TARGET PROGRAM

OHA'S 1115 WAIVER RENEWAL

COMMITTEES OF THE BOARD WORK

ENSURING WORK IS CENTERED ON HEALTH EQUITY

Committee Work (2021 – 2022)

	2021	2022
HPQMC	Review measure development for equity & transformational measures; Approvals for metrics changes; Select targeted measures for Cost Growth Target Program focus	
M&SC	Select 2022 incentive measures and targets for CCO Quality Incentive Program August 2021; monitor pandemic impact on performance on 2021 measures	Move beyond medical model with introduction of framework & strategy around SDOH and equity for use in measure selection
PHAB	Health equity review policy and procedure; Support implementation of SHIP	Public health strategic data plan; Updates to public health accountability measures; Implementing 2021-23 public health modernization investments, if passed
HEC	Update health equity definition; Liaison between OHPB and RJC; Support Waiver Renewal and Cost Growth Target Program	Liaison between OHPB and RJC; Support Waiver Renewal and Cost Growth Target Program
PCPRC	VBP primary care adoption; Collaborate with Cost Growth Target on VBP; Adoption of health equity framework into PCPRC work	2020 Progress Report; Promote and monitor implementation of recommended behavioral health/primary care integration payment model

Alignment with National and State Priorities Paired with Increasing Need

National:

- Updated Bright Futures recommendations on addressing social-emotional health
- Public Health priorities for child health and school readiness (E.g., Healthy People 2020)
- Numerous efforts focused on social-emotional health led by AAP, CHCS, NICHQ

State:

- **Children's health, behavioral health, and health equity** priorities of the Governor, the Oregon Health Policy Board, and the Oregon Health Authority (OHA).
- Raise Up Oregon names school readiness and family support goals, including ensuring children are connected to social-emotional health services
- Cross-sector health equity priorities
- New CCO Performance Improvement Project on Child Behavioral Health

Increasing Need:

- Findings in Secretary of State's September 2020 audit, "Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis"
- Persistent lack of social emotional supports for children with needs despite CCO focus on integration of services, Patient Centered Primary Care Home efforts, and other community-based efforts focused on young children. (Social-emotional reach metric findings)
- Enhanced need and urgency for the metric given COVID-19 and response impacts on young children during a critical period of brain development.

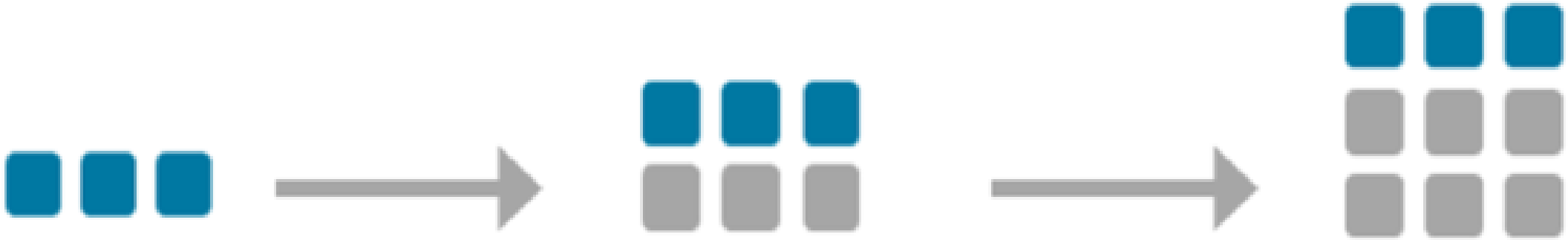
Intentional Focus on Aspects of Health Equity

- Education is a social-determinant of health.
  - Metric addresses aspects of health equity given focus on children and the research and proof pilots across Oregon that have identified inequitable capacity, access, and quality of services that support school readiness.
- Cross-sector community engagement activities required in the metric are critical for driving collective impact and supporting Oregon's health equity goals.
  - Activities will support transformative work across the health care system, impacting other child health metrics and quality efforts.
- Within each component of the attestation metric, specific requirements to engage populations who have been historically marginalized as a result of racism and systemic bias:
  - *Black, Indigenous, and people of color (BIPOC)*
  - *Families experiencing social challenges including poverty, substance use disorder, mental illness, child welfare involvement, parental incarceration, parental disability, parental death, or language access barriers*
  - *Other communities, depending on region history and context (e.g., families living in geographically isolated areas)*
- For the child-level reach metric that CCOs will be reviewing internally and with community partners:
  - Data provided by social complexity factors
  - Attestation requirement is to look at data by populations with historical inequitable outcomes

CCO System-Level Social-Emotional Health Measure Overview

Glidepath from System-Level Metric to Child-Level Metric

I specifically went in to [child's provider] to say I need him to see a specialist because I don't know what to do at this point. I asked, "Who could you refer me to?" and they said, "We don't have anyone here and I don't really know anyone nearby." I just didn't know what to do at that point.



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

System-Level Metric Activities: 4 Components

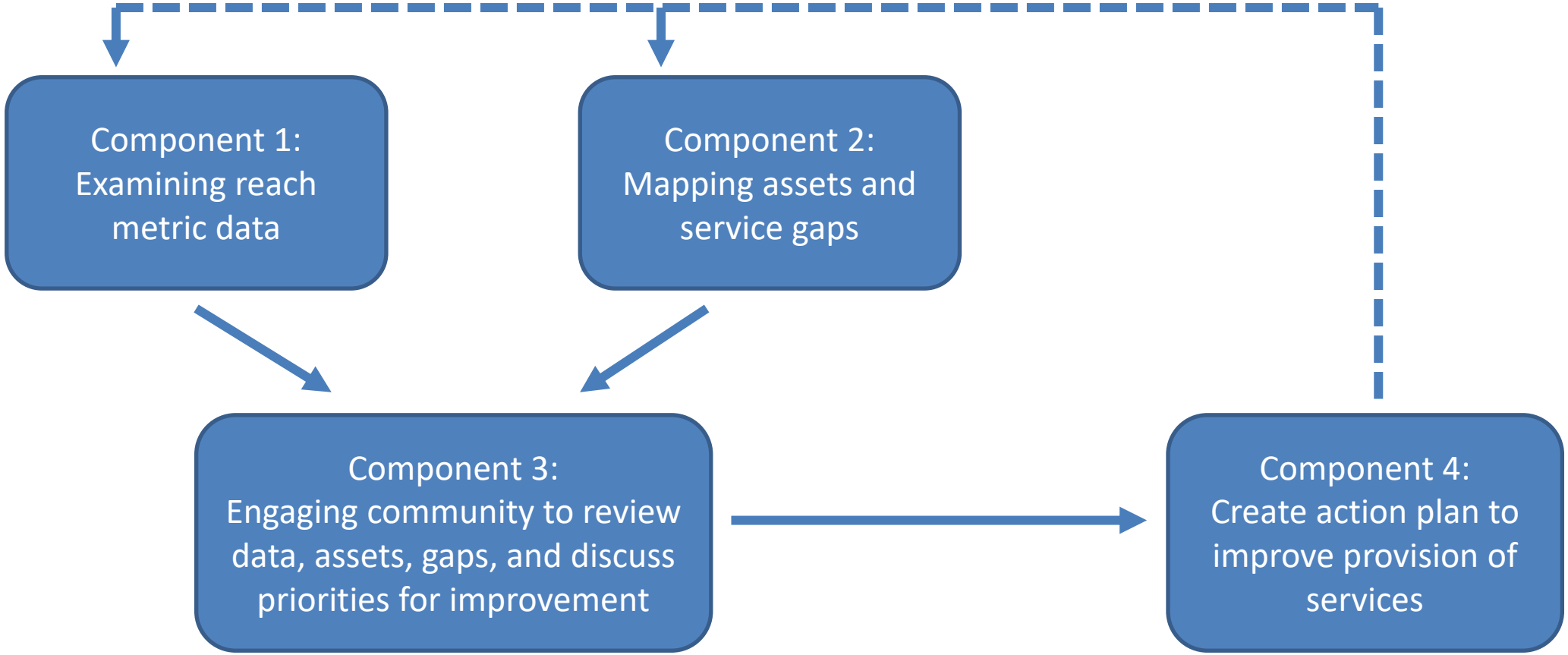
Component 1: Social-Emotional Health Reach Data Review and Assessment

Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

Component 3: CCO-Led Cross-Sector Community Engagement

Component 4: Action Plan to Enhance Social-Emotional Health Capacity

Metric Components Build Toward Improving Provision of Social-Emotional Health Services



- *Data- and community-driven health system transformation*
- *Activities build off each other and create a continuous feedback loop*

Component 1: Social-Emotional Health Reach Data Review and Assessment

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 1: Social-Emotional Health Reach Metric Data Review and Assessment			
1.	The CCO reviewed the Social-Emotional Health Reach Metric Report provided by OHA, including: 1) **aggregate reports**, and 2) **child-level data file**.	Must pass	Must pass	Must pass
2.	The CCO 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)	Must pass	Must pass	Must pass
3.	The CCO assessed payment policies and contracts for claims in the Social-Emotional Health Reach Metric to ensure a continuum of services addressing Social-Emotional health from prevention to treatment, including community options and arrangements.	Must pass	Must pass	Must pass
4.	The CCO identified missing assessment or service claims and submitted additional data capturing children accessing services not yet reflected in the reach metric data.	Optional	Optional	Optional

Social-Emotional Health Reach Data to be Provided by OHA to CCOs for Review

- Novel metric, no current tracking of access of services for this population in OHA or in 11 pilot CCOs.
- Child-level data meant to capture a ***range of assessments (including screening) and services*** provided across the spectrum of providers and to allow for innovative billing by early learning and other community-based providers.
- Two components:

  Component A: Assessments *(Includes Bright Future's recommended screening for all children)*

  Component B: Services

  - ❖Services can be provided in an array of settings – integrated behavioral health, home visiting, and in specialty mental health.
  - ❖Includes applicable codes that are valid, even though they may not be currently used given feedback through engagement and attestation focus on payment and policies.
- Described at February 2021 HPQMC Meeting, Including overview of rates
- Background materials provide state-level rates.

Numerator: All members age 1-5 receiving a behavioral health assessment or service within the 12-month measurement year

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Denominator: All attributed Children ages 1-5 within the 12-month measurement year who meet a cont. enrollment requirement

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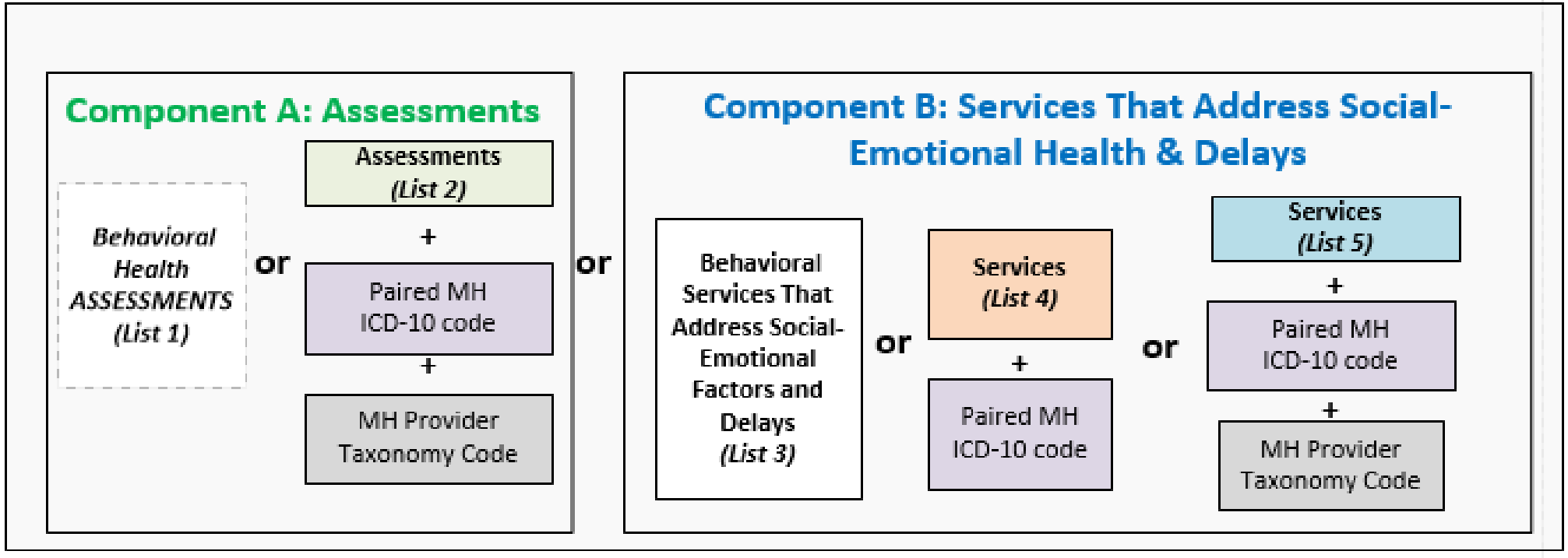
REACH Percentage:
Proportion of attributed children age 1-5 who received an assessment (A) or services (B) in the last 12 months.



Version: 4-18-2021

Data Provided to CCO Pilot Participants

1. Child-Level Data File: Whether child had a social-emotional health assessment or services, list-level indicators
2. Aggregate Report: Reach metric findings over four-year period
3. Aggregate Report: Reach metric findings by social complexity factors

Social-Emotional Health Assessments and Services by Social Complexity Factors

Factor	Assessments Rate	Services Rate	Any Rate
Poverty –TANF (Child or Either/Both Parent), Below 37% of Poverty Level	6.65%	5.03%	8.09%
Foster care – Child received foster care services since 2012	20.22%	14.62%	23.27%
Parent death – Death of parent/primary caregiver in OR	10.91%	10.10%	13.54%
Parental incarceration – Parent incarcerated or supervised by the Dept. of Corrections in Oregon	7.50%	5.87%	9.22%
Mental Health: Child – Received mental health services through DHS/OHA	17.83%	16.58%	22.61%
Mental Health: Parent – Received mental health services through DHS/OHA	6.71%	5.23%	8.26%
Substance Abuse: Child – Substance abuse treatment through DHS/OHA	Too small to report		
Substance Abuse: Parent – Substance abuse treatment through DHS/OHA	8.29%	6.29%	10.01%
Child abuse/neglect: ICD-9, ICD-10 dx codes related used by provider	25.80%	20.00%	30.10%
Potential Language Barrier: Language other than English listed in the primary language	5.90%	4.08%	7.06%
Parent Disability: Parent is eligible for Medicaid due to recognized disability	10.20%	7.70%	12.13%

Purpose for Inclusion of Social Complexity Data in Reach Metric Data Report

- Overall need for all children to have their social-emotional health assessed, and for children with factors identified to have services to address delays or to provide preventive behavioral health anchored to the risk.
- Adverse Childhood Experiences data and other evidence suggest that children who experience one or more of the social complexity factors would benefit from at least an assessment.
    - Lifelong and potential two-generational impact of ACES
- Examination of data for children who have specific social complexity factors can inform community-level outreach, partner engagement, and potential strategies to target efforts for children with historically inequitable outcomes.

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3.	The CCO assessed payment policies and contracts for claims in the Social-Emotional Health Reach Metric to ensure a continuum of services addressing Social-Emotional health from prevention to treatment, including community options and arrangements.	Must pass	Must pass	Must pass
4.	The CCO identified missing assessment or service claims and submitted additional data capturing children accessing services not yet reflected in the reach metric data.	Optional	Optional	Optional

Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 2: Asset Map of Existing Social-Emotional Health Services and Resources			
5.	The CCO developed an Asset Map to capture services in the CCO region that address children's Social-Emotional health, including service and provider characteristics to assess capacity and gaps. • MY 1: Asset map for **contracted behavioral health services**. • MY 2: Expand asset map to **Social-Emotional health services provided in integrated behavioral health**. • MY 3: Expand asset map to **early learning and other community-based Social-Emotional health services**.	Must pass	Must pass	Must pass
6.	The CCO reviewed key considerations and submitted a summary of reflections about asset mapping process.	Optional	Optional	Optional

Component 2: Asset Map of Existing Social-Emotional Health Services and Resources

- Asset map ensures a focus on communities who have been historically marginalized and experience inequitable access to services and support.
  - Template provided to CCOs based on improvement pilots
  - Ensure standardization
  - Framework anchored to evidence based.
- Within each component of the asset map, requirement to identify:
  - Location of services (addressing geographic disparities in access)
  - Race and ethnicity of providers
  - Language(s) spoken by providers

Component 3: CCO-Led Cross-Sector Community Engagement

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 3: CCO-Led Cross-Sector Community Engagement			
7.	The CCO engaged cross-sector community partners to review and discuss: 1) **Social-Emotional Health Reach Metric data,** 2) **Asset Map** of Social-Emotional Health Services and Providers, and 3) **Barriers and opportunities** to improve Social-Emotional Health service capacity and access.	Must pass	Must pass	Must pass
8.	The CCO engaged communities who have been historically marginalized* to review and discuss: 1) **Social-Emotional Health Reach Metric data,** 2) **Asset Map** of Social-Emotional Health Services and Providers, and 3) **Barriers and opportunities** to improve Social-Emotional Health service capacity and access.	Must pass	Must pass	Must pass
9.	The CCO implemented best-practice strategies to obtain meaningful input from the historically marginalized communities*	Must pass	Must pass	Must pass
10.	The CCO submitted a summary of reflections from conversations with cross-sector community partners and families.	Optional	Optional	Optional

Component 4: Action Plan to Enhance Social-Emotional Health Capacity

		Measurement year requirements		
	Work to be accomplished	**MY 1**	**MY 2**	**MY 3**
	Component 4: Action Plan to Improve Social-Emotional Health Service Capacity and Access			
11.	The CCO has developed an Action Plan informed by data review, asset mapping, and community conversations in Components 1-3. Action Plan includes: • **Target areas** selected • **Improvement strategies** and **progress milestones**	Must pass		
12.	The CCO has included input from communities who have been historically marginalized* in the development of the Action Plan.	Must pass		
13.	The CCO has assessed progress on their Action Plan, measured by meeting target area milestones and making improvements to Social-Emotional Health Reach Metric data, and has revised Action Plan accordingly.		Must pass	Must pass
14.	The CCO included input from cross-sector partners and communities who have been historically marginalized* in the revision of the Action Plan.		Must pass	Must pass

Next Steps for Proposing this Metric to HPQMC and M&SC

Proposal to HPQMC: Include the CCO System-Level Social-Emotional Health Metric in Aligned Measure Menu.

Doing so will allow the Metrics & Scoring Committee, which has requested and consistently supported this metric, to consider it for adoption and inclusion in their 2022 CCO Incentive Measure Set.

Adoption of metric is aligned with HPQMC's unanimous support for the four-part Health Aspects of Kindergarten Readiness measurement strategy.

Proposal to M&SC: Include the CCO System-Level Social-Emotional Health Metric in the 2022 CCO Incentive Measure Set.

Adoption of metric is aligned with M&SC's unanimous endorsement of the four-part Health Aspects of Kindergarten Readiness measurement strategy, consistent support for this metric, and extensive public comment regarding the measure's importance and anticipated impact.

Metric Meets HPQMC and M&SC Criteria

- ✓Community improvement pilots, multi-year stakeholder engagement, and CCO piloting demonstrate feasibility, meaningfulness, validity, and reliability.
- ✓Significant gap in quality and opportunity to improve.
- ✓Intentional focus on health equity.
- ✓Intentional focus on upstream factors impacting health and well-being.
- ✓Metric fills gap in current Aligned Measure Menu and CCO Incentive Measure set:
  - Supports continuum of social-emotional health services across various sectors and settings.
    - Specialty dyadic behavioral health services
    - Integrated behavioral health in primary care
    - Supports transformational partnerships and billing opportunities for social-emotional health services provided by early learning and other community-based providers

Recent and Anticipated Public Comment

November 2020 Metrics & Scoring Committee Meeting:

https://www.oregon.gov/oha/HPA/ANALYTICS/MetricsScoringMeetingDocuments/2-MSC_Nov2020_mins_draft.pdf

- ✓Private Sector (Ford Family Foundation)
- ✓Primary Care
- ✓Integrated Behavioral Health
- ✓CCO, Including Behavioral Health

May 2021 Metrics & Scoring Committee Meeting (Anticipated):

- ✓Primary Care
- ✓Integrated Behavioral Health
- ✓Specialty Behavioral Health
- ✓CCOs

Why we believe the time for this metric is now

- Young children and families have faced barriers to accessing social-emotional health services that they critically need, and the need is growing in the pandemic.
- This has been a long-standing gap in the CCO incentive measure set and the HPQMC aligned measure menu.
  - Integrated behavioral health in primary care for children
  - Specialty, dyadic behavioral health for children that focuses on attachment between the child and parent
  - Transformative opportunity to support billable community-based services provided by public health and early learning partners
- Metric aligns with key statewide health equity priorities.
- Feasible, meaningful community and cross-sector engagement work for CCOs to engage in during COVID-19 pandemic
- Importance of a focus on children, investments in upfront prevention and building resilience for known factors that impact lifelong health in a global budget environment that will be focused on cost growth measure

Request for OHPB Support

Consider writing a letter of support for this measure to the Metrics & Scoring Committee.

Doing so is aligned with your prioritization of committee work and the request from M&SC for guidance on ensuring measure selection meets OHPB goals.

Committee Requests for OHPB Support

	2021	2022
HPQMC	Ongoing review of slate of appointees	Ongoing guidance for menu set alignment and equity lens
M&SC	Guidance on set of questions will help in ensuring measure selection meets broader OHPB goals (regarding definition of transformation, goals, balance of priorities, etc.)	

Broader discussion of this request to take place at May 4th meeting.

Thank you!

Questions?

Background Slides For Committee Members

How the Measure Meets HPQMC Criteria

Must Pass Criteria:

- ☑ Is likely to create positive change towards an identified goal.
- ☑ Assesses an activity or type of care that has not been demonstrated to be harmful or ineffective for the population to which it is applied.
- ☑ Can be used for minimum of three years.
- ☑ Includes adequate detail for results to be aggregated and reported comparably.
- ☑ Maps to the planned use and timeline over which change will be measured.

☑ Is likely to create positive change towards an identified goal.

- Improvement pilots in multiple counties have demonstrated that the activities required in each of the four components of the metric lead to enhanced capacity for providing social-emotional health services.
- Elements of attestation anchored to stakeholder feedback about opportunities and barriers needing to be addressed.
- Required activities are also anchored to the barriers and opportunities for improving social-emotional health services and outcomes identified by those most impacted by this topic: families with young children and providers serving children birth to age 5.
- CCO participating in the pilot noted activities are novel and focused on deep work not currently occurring in the CCOs.

☑ Assesses an activity or type of care that has not been demonstrated to be harmful or ineffective for the population to which it is applied.

- Families, providers, and other stakeholders engaged to inform the development of the metric have prioritized family-centered and attachment-focused social-emotional health services as beneficial and desired.
- Social-emotional health services included in the child-level reach data and in required asset mapping are evidence-based and evidence-informed, with flexibility to include additional services identified and prioritized by communities, including families who have been historically marginalized and underserved as a result of racism and systemic bias.

☑ Can be used for minimum of three years.

- System-level metric is intended to be implemented for a minimum of three years in order to progressively build capacity for CCO and community-based provision of comprehensive social-emotional health services. Addressing systemic needs like workforce capacity and diversity, integration of child behavioral health and primary care, and payment and policy opportunities will require sustained effort.
- Specific activities outlined in way that was considering feasible implementation in one year.
- Intention to replace system-level metric with child-level metric with accountability for improving the provision of social-emotional health services for children from birth to age 5.

☑ Includes adequate detail for results to be aggregated and reported comparably.

- Data will be collected via an attestation survey, with clear and objective reporting for activities across the four components via Yes/No items, scale items, drop-down menu items, and check-box items.
- CCOs to maintain additional evidence of meeting metric requirements in the case of OHA auditing.
- Social-Emotional Reach metric standardized across all CCOs.

☑ Maps to the planned use and timeline over which change will be measured.

- System-level metric is intended to be implemented for a minimum of three years in order to progressively build capacity for CCO and community-based provision of comprehensive social-emotional health services. Addressing systemic needs like workforce capacity and diversity, integration of child behavioral health and primary care, and payment and policy opportunities will require sustained effort.
- Intention to replace system-level metric with child-level metric with accountability for improving the provision of social-emotional health services for children from birth to age 5.

Alignment: Need to meet SOME of these principles, not all

1. Has research evidence or professional consensus that the care or activity measured will successfully achieve an identified goal.
2. Fills a gap in current measures.
3. Is currently in active use.
4. Is understandable to consumers and other audiences.
5. Uses a readily available data source, or the benefit will outweigh the reporting burden on providers, plans, and the state.
6. Has current performance that falls significantly short of goal, indicating meaningful opportunity for improvement.
7. Is one for which improvement is reasonably attainable.
8. Assesses integration of care types within a single setting.
9. Improves integration across sectors by aligning work towards a common goal.
10. Incentivizes transformation to new structures or types of care that are not widely available

1. Has research evidence or professional consensus that the care or activity measured will successfully achieve an identified goal.

- Improvement pilots in multiple counties have demonstrated that the activities required in each of the four components of the metric lead to enhanced capacity for providing social-emotional health services.
- Elements of attestation anchored to stakeholder feedback about opportunities and barriers needing to be addressed.
- Families, providers, and other stakeholders engaged to inform the development of the metric have prioritized family-centered and attachment-focused social-emotional health services as beneficial and desired.
- Social-emotional health services included in the child-level reach data and in required asset mapping are evidence-based and evidence-informed, with flexibility to include additional services prioritized by communities.

2. Fills a gap in current measures.

- Addresses a long-standing gap in the HPQMC aligned measure menu and CCO incentive measure set.
  - Screenings and assessments of social-emotional health.
  - Integrated behavioral health in primary care for children.
  - Specialty, dyadic behavioral health for children that focuses on attachment between the child and parent.
- Transformative opportunity to support billable community-based services provided by public health and early learning partners.
- No existing metrics focused on this topic area in Oregon, no existing nationally endorsed metrics.

5. Uses a readily available data source, or the benefit will outweigh the reporting burden on providers, plans, and the state.

- Child-level reach data comes from existing, readily available claims data and will be provided to CCOs by OHA for review and discussion with partners as part of required activities.
- Additional data to be collected via attestation survey with clear and objective reporting for activities across the four components via Yes/No items, scale items, drop-down menu items, and check-box items.
- While attestation requires significant and new work that was seen as significant and robust by CCO pilot participants, the work would be transformative and novel in galvanizing action:
  - Requires synergy across CCO efforts (alignment in OHA)
  - Work focused on historically marginalized populations
  - Technical assistance support, learning across CCOs

6. Has current performance that falls significantly short of goal, indicating meaningful opportunity for improvement.

- Findings in **Secretary of State's September 2020 audit**, "Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis".
- Improvement proof pilots found consistent and persistent gaps in care across regions.
- Consistent agreement by stakeholders engaged, including families and providers serving young children, that service capacity and access gaps are pervasive and connected to systemic issues.
- Child-level reach data demonstrates only 6% of children ages 1 to 5 receive any social-emotional health assessments or services. Bright Futures guidelines recommend all children should receive regular screening for their social-emotional health, and state-level data on child health complexity demonstrates that over 41% of children from birth to age 5 are experiencing two or more social risk factors impacting social-emotional health.
- CCO pilot sites indicated work in attestation was novel and not duplicative of existing efforts, CCO pilot sites confirmed known gaps the metric addresses.

7. Is one for which improvement is reasonably attainable.

- Metric activities are feasible and meaningful activities that CCOs can lead during the COVID-19 pandemic.
- Required activities are aligned with CCO 2.0 contract requirements, PCPCH requirements, and other state health system transformation priorities. Activities build on cross-sector engagement, health equity work, and behavioral health integration activities CCOs have already launched.
- While attestation requires significant and new work that was seen as significant and robust by CCO pilot participants, the work would be transformative and novel and galvanize action
  - Requires synergy across CCO efforts (alignment in OHA)
  - Work focused on historically marginalized populations
  - Technical assistance support, learning across CCOs

8. Assesses integration of care types within a single setting.
9. Improves integration across sectors by aligning work towards a common goal.
10. Incentivizes transformation to new structures or types of care that are not widely available

- Metric components create a focus on improving access to and provision of:
  - Integrated behavioral health in primary care for children.
  - Specialty, dyadic behavioral health for children that focuses on attachment between the child and parent.
  - Care coordination and family-centered referral pathways between health care, early learning, and other community-based services to collectively promote children's social-emotional health.
- Metric requires considering increasing access overall, but also engaging in conversations to identify service and access needs anchored to feedback from historically marginalized populations.

HPQMC Criteria for Developmental Priority Metrics

- ✓ The measure addresses an **HPQMC and/or OHPB health priority topic** for which there is a gap in the HPQMC Measures Menu.
- ✓ **No measures specific to the topic have been endorsed by HPQMC**, by national metric endorsing body.
- ✓ Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health and/or patient experience. **Evidence may include community and consumer experience-informed research**.
- ✓ Structured pilot testing or **local experience operationalizing the measure** has confirmed: a) operational feasibility, including how the metric is collected, scored and reported, and b) face validity or perceived positive impact of metric use on a care process or outcome.

1. The measure addresses an HPQMC and/or OHPB health priority topic for which there is a gap in the HPQMC Measures Menu.

- Metric addresses key health system transformation priority areas shared by the Governor, the Oregon Health Policy Board, and OHA related to **children's health**, **behavioral health**, and **health equity**.
- Metric also supports cross-agency and cross-sector priorities for supporting school readiness and child and family well-being outlined in Raise Up Oregon.
- Metric fills gap in HPQMC aligned measure menu for child behavioral health services, including specialty dyadic behavioral health services and integrated behavioral health services.
- Metric supports upstream, transformational activities as discussed by the Metrics and Scoring Committee.

2. No measures specific to the topic have been endorsed by HPQMC, by national metric endorsing body, or the HPQMC has evaluated the nationally endorsed measures as failing to meet other HPQMC measure selection criteria.

- Conducted extensive review of nationally endorsed measures and health plan measures in use in other states related to children's social-emotional health or behavioral health as part of process for Health Aspects of Kindergarten Readiness Technical Workgroup.
- No existing metrics focused on this topic area in Oregon, no existing nationally endorsed metrics.

3. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health and/or patient experience. Evidence may include community and consumer experience-informed research.

- Improvement pilots in multiple counties have demonstrated that the activities required in each of the four components of the metric lead to enhanced capacity for providing social-emotional health services.
- Stakeholder feedback across sectors obtained input about community experience.
- Required activities are also anchored to the barriers and opportunities for improving social-emotional health services and outcomes identified by those most impacted by this topic: families with young children and providers serving children birth to age 5.
- Conducted CCO pilot with 11 CCOs.

4. Structured pilot testing or local experience operationalizing the measure has confirmed:
   - operational feasibility, including how the metric is collected, scored and reported, and
   - face validity or perceived positive impact of metric use on a care process or outcome.

- Improvement pilots in multiple counties anchored to specific components of attestation metric have demonstrated that the activities required in each of the four components of the metric lead to enhanced capacity for providing social-emotional health services.
- Face validity based on stakeholder feedback across sectors obtained input about community experience, improvement pilots and CCO Pilot sites.
- Awaiting responses from 11 CCO pilot sites via close-out survey which will capture feedback related to feasibility.

Metric Contributes to Overall Strength and Comprehensiveness of the Measure Set

Measure Set Criteria:

- Representative across conditions addressed (physical, mental, substance use, and oral conditions)
- Representative across the sectors whose work is being measured (outpatient specialty, hospital, primary care, specialty behavioral health, dental, etc.)
- Representative across data source (claims, clinical, patient questionnaire)
- Representative across population measured, focus on populations of special concern, and representation of the diversity of patients served.
- Include measures of system capacity, processes, outcomes, waste, and costs, with some measures supporting integration and transformation.
- Comprehensiveness while eliminating redundancy and minimizing the total number of measures

HPQMC Metric Set by Domain: SE Metric Fills Gaps

Domain	Subdomain	Count of Measures
Acute, Episodic and Procedural Care (Includes Maternity and Hospital)		5
Chronic Disease and Special Health Needs	All Conditions	2
	Mental Health Conditions	4
	Physical Health Conditions	7
	Substance Use Disorder (SUD) Conditions	2
Cost/ Efficiency		2
Patient Access and Experience		4
Prevention/Early Detection	All Conditions	1
	Mental Health Conditions	2
	Oral Health Conditions	3
	Physical Health Conditions	16
	Substance Use Disorder (SUD) Conditions	4
System Integration and Transformation		2
Grand Total		54

HPQMC Metric Set by Sector: SE Metric Fills Gaps

Domains	Subdomains	Dental Health	Behavioral Health	Primary Care	Specialty Phys Health	Hospital	Public Health
Acute, Episodic and Procedural Care (Incl. Maternity and Hospital)			1	4		4	
Chronic Disease and Special Health Needs	All Conditions			2	2		
	Mental Health Conditions		4	3		2	
	Physical Health Conditions			7	6		
	Substance Use Disorder (SUD) Conditions		2	2		2	
Cost/ Efficiency		2	2	2	2	2	
Patient Access and Experience		2	1	2	2	2	
Prevention/Early Detection	All Conditions	1	1	1			
	Mental Health Conditions			2			
	Oral Health Conditions	3					
	Physical Health Conditions		2	16			7
Substance Use Disorder (SUD) Conditions				3		1	2
System Integration and Transformation				1		1	
Grand Total		8	13	45	12	14	9

HPQMC Metric Set by Population: SE Metric Fills Gaps

Domains	Subdomains	Total measures	Older Adults	Adults	Adolescents	Children
Acute, Episodic and Procedural Care (Incl. Maternity, Hospital)		5	5	5	3	2
Chronic Disease and Special Health Needs	All Conditions	2			2	2
	Mental Health Conditions	4	4	4	3	2
	Physical Health Conditions	7	7	7	2	2
	Substance Use Disorder (SUD) Conditions	2	2	2	2	
Cost/ Efficiency		2	2	2	2	2
Patient Access and Experience		4	4	4	4	4
Prevention/Early Detection	All Conditions	1			1	1
	Mental Health Conditions	2	2	2	2	
	Oral Health Conditions	3	2	2	2	2
	Physical Health Conditions	16	5	9	7	6
	Substance Use Disorder (SUD) Conditions	4	4	4	2	
System Integration and Transformation		2	2	2	1	1
Grand Total		54	39	43	33	24