



**Quality Metrics Update**  
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## Overview

This report provides an update on quality metrics included in PEBB medical plan contracts, including:

- Background on PEBB's quality metric selection process
- Most recent performance (as reported under PEBB's 2018 contracts)
- Timeline for contract year 2019 reporting
- Planned 2020 contract updates

No Board action is requested. This report is for informational purposes.

## PEBB Quality Measures Selection

PEBB's medical plan contracts have included quality metrics reporting in a variety of forms over the past decade, with growing alignment across carriers beginning in 2015 and fees at risk associated with achieving performance targets incorporated in 2017. Initially quality measures tracked were selected to generally align with quality incentive measures identified for coordinated care organizations (CCOs).

Senate Bill 440 (2015) created the Health Plan Quality Metrics Committee (HPQMC) as the single body to align health outcome and quality measures used in Oregon, with the purpose of ensuring measures and requirements are coordinated, evidence-based, and focused on a long-term statewide vision. Under SB 440 PEBB and OEBB are required to select quality measures used in medical plan contracts from the aligned measures menu developed and maintained by the HPMQC.

HPQMC released the first statewide aligned measures menu in spring of 2018 for 2019 contracting. The menu includes 51 health care quality measures categorized into six domains of health care services, listed below:

- Prevention/Early Detection
- Chronic Disease and Special Health Needs
- Acute, Episodic and Procedural Care
- System Integration and Transformation

- Patient Access and Experience
- Cost/Efficiency

For 2019 contracts, PEBB worked closely with OEBC to align the quality measures included in contracts, the methodology for establishing improvement targets, and the framework for attaching fees at risk to performance. The quality measures selected continue to maintain a high degree of alignment with the quality incentive measures used for CCOs.

The Health Plan Quality Metrics Committee makes annual updates to the aligned measures menu, with a goal of identifying and including in the menu measures that are increasingly outcome focused as well as measures that address areas of health care that have historically lacked sound metrics. These updates will continue to guide PEBB's quality measurement strategy in future years.

### **Most Recent Performance (Contract Year 2018)**

In 2018 contracts medical plans had eleven or twelve quality measures with fees at risk attached and were required to meet targets on seven measures to retain 100% of the fees at risk. All three carriers achieved targets on at least seven measures.

The majority of PEBB's quality measures are HEDIS measures, which are developed, maintained, and nationally benchmarked by the National Committee on Quality Assurance (NCQA). PEBB generally relies on the 75<sup>th</sup> percentile of performance nationally as the benchmark rate for each measure. Targets are determined by comparing the previous year's performance on a measure to the benchmark rate. The target is set to reflect an incremental (5%) reduction in the gap between current performance and the benchmark. Where performance already generally meets the benchmark, targets are set to reflect sustained performance levels.

Quality measure reporting is subject to data lag, so results reported in 2018 generally reflect care delivered to members in 2017. Quality measures reported by PEBB carriers in 2018 are summarized in the table on the following page.

PEBB Medical Plan Quality Measures – 2018

Measure	Kaiser 2018 Performance	Kaiser 2018 Target	Moda Health 2018 Performance	Moda Health 2018 Target	Providence Choice 2018 Performance	Providence Choice 2018 Target	PEBB Statewide 2018 Performance	PEBB Statewide 2018 Target
Adolescent Well Care Visits	53.9%	48.4%	35.2%	30.9%	32.3%	28.6%	28.5%	24.7%
Emergency Department utilization	12.7 vis/1000 member months	At or below 13.0 vis/1000 member months	14.3 visits/1000 member months	At or below 14.5 vis/1000 member months	12.4 visits/1000 member months	At or below 14.5 vis/1000 member months	13.3 visits/1000 member months	At or below 14.5 vis/1000 member months
Childhood Immunization Status (combo 2)	89.2%	81.5%	78.0%	70.6%	83.9%	78.7%	81.7%	76.7%
Colorectal Cancer Screening	74.6%	66.7%	60.2%	58.4%	77.6%	60.4%	74.7%	58.4%
Controlling High Blood Pressure	79.1%	71.1%	54.1%	55.3%	71.3%	57.1%	70.3%	55.1%
Depression Screening and Follow up plan*	29.1%	23.3%	24.7%	39.3%	64.4%	Baseline reporting in 2018	67.8%	Baseline reporting in 2018
Developmental screening in the first 36 months of life	54.7%	55.0%	68.4%	55.0%	70.7%	57.0%	65.1%	55.0%
HbA1c poor control (lower is better)	25.6%	not higher than 28.8%	38.7%	not higher than 45.6%	17.3%	not higher than 31.4%	22.1%	not higher than 31.4%
Effective contraceptive use	38.0%	45.0%	35.5%	32.9%	37.5%	47.0%	35.9%	45.0%
Follow up after hospitalization for mental illness (7 day)	n<30	-	60.5%	52.3%	51.1%	54.3%	66.1%	52.3%
PCPCH enrollment**	100.0%	55.0%	67.6%	55.0%	90.5%	60.0%	64.5%	60.0%
Timeliness of prenatal care	95.3%	89.4%	89.9%	80.4%	92.9%	84.1%	91.7%	82.1%

2018 performance generally reflects care delivered in 2017. Green font indicates measure performance target was met. Rates generally reflect carrier PEBB member enrollment except in instances where there were an insufficient number of PEBB cases on a measure. In these cases, carriers reported rates specific to their commercial book of business or coordinated care model network.

\*Depression screening and follow up measure presents reporting challenges where carriers do not have ready access to provider electronic medical records. In these cases, reported rates generally reflect a sampling of records from provider groups that provided data on their commercial book of business.

\*\*PCPCH enrollment rates are not weighted by tier recognition level. In 2019 reporting on this measure will weight by PCPCH tier.

Under 2018 contracts, fees at risk for performance on quality measures were generally based on a percentage of premium rates or ASO fees, in this way calibrating the amount of fees at risk to carrier’s PEBB enrollment. Total fees at risk for quality measure reporting were capped as summarized below. These caps remain unchanged in 2019 contracts.

Carrier	Contractual limit on fees at risk
Kaiser Permanente	0.25% of premium with a \$500,000 annual cap
Moda Health	3.75% of ASO fee with a \$250,000 annual cap
Providence Health Plan	2.5% of ASO fee with a \$375,000 annual cap for each Choice and Statewide, \$750,000 total annual cap <sup>1</sup>

**Timeline for Contract Year 2019 reporting**

PEBB’s 2019 contracts include 15 quality measures with fees at risk (listed below), with carriers required to meet targets on at least 10 measures to retain 100% of fees at risk. Carriers will report performance on these quality measures in fall 2019, with this year’s reporting generally reflecting care delivered to members in 2018.

Adolescent Well Care Visits	Antidepressant Medication Management (acute phase)	Comprehensive Diabetes Care – Poor HbA1c control
Emergency Department Utilization	Antidepressant Medication Management (continuation phase)	Statin therapy for patients with diabetes
Childhood Immunization Status (combo 2)	Developmental screening in the first 36 months of life	Breast Cancer Screening
Colorectal Cancer Screening	Timeliness of prenatal care	PCPCH enrollment
Depression Screening and Follow Up	Timeliness of postpartum care	Follow up after hospitalization for mental illness (7-day)

<sup>1</sup> In PEBB’s 2015-2018 contracts, Providence Health plan included an additional \$15 PEPM of the ASO fees at risk for performance on measures that aligned with the triple aim objectives of Better Health, Better Care, and Lower Cost, contingent upon enrollment maintaining a threshold of the greater of 90,000 members or 75% of total PEBB members.

## 2020 Contract Updates

For 2020 contracts PEBB staff expect to develop the general framework for quality metrics reporting earlier in the contracting cycle to allow more lead time for finalization of contract language and terms. The general quality measure framework for 2020 contracts will be drafted and provided to carriers this spring, with specific target calculations finalized in early fall when the national HEDIS percentiles PEBB uses to benchmark are available.

At present no major changes are expected to the list of 15 quality measures with fees at risk attached included in contract, as retaining general consistency in the measures year over year is essential to tracking progress. Any potential new measures identified may be incorporated on a report-only basis for the initial year of reporting. Included in the general framework for 2020 will be a proposal for increases to the cap on fees at risk attached to quality measures. Fees at risk will continue to be based on a percentage of premium or ASO fees as a means of tying the amount of dollars at risk to carrier enrollment.

Further updates on 2020 contracting will be provided to the Board as this work progresses in the coming months.

## Action

Board action is not required. This report is for informational purposes.