

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

January 24, 2018

1:00-2:00 pm

Portland State Office Building, room 918

Conference line: (877) 873-8017

Access code: 767068#

Webinar link: <https://attendee.gotowebinar.com/register/5150607625475124481>

Meeting Objectives

- Approve January 3 meeting minutes
- Make recommendation for oral health metric
- Provide input to public health accountability metrics report
- Make recommendation to approve benchmarks for accountability metrics and process measures

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

1:00-1:10 pm	Welcome and introductions <ul style="list-style-type: none">• Review and approve January 3 minutes• Subcommittee member updates	Sara Beaudrault, Oregon Health Authority
1:10-1:50 pm	Public health accountability metrics report <ul style="list-style-type: none">• Provide input to draft report• Make recommendation to approve benchmarks	Myde Boles, Program Design and Evaluation Services
1:50-1:55 pm	Subcommittee business <ul style="list-style-type: none">• Discuss meeting structure. Should a Chair be appointed?• Identify who will provide subcommittee update at February 15 PHAB meeting• Identify agenda items for February 28 subcommittee meeting	All
1:55-2:00 pm	Public comment	
2:00 pm	Adjourn	

PUBLIC HEALTH ADVISORY BOARD

DRAFT Accountability Metrics Subcommittee meeting minutes

January 3, 2018

PHAB Subcommittee members in attendance: Eva Rippeteau, Eli Schwarz, Eva Rippeteau, Teri Thalhofer, Muriel DeLaVergne-Brown, Jennifer Vines

Oregon Health Authority staff: Sara Beaudrault, Cara Biddlecom, Myde Boles and Julia Hakes

Welcome and introductions

The November 22, 2017 meeting minutes were approved.

Effective contraceptive use

Sara shared feedback provided by Conference of Local Health Officials (CLHO) members on the [effective contraceptive use process measure](#) recommendations during their December 21, 2017 meeting.

Eli noted that option #2 could result in meaningless data from BRFSS and PRAMs for smaller counties. Eli stated that option #1 seems like what is naturally progressing in the field (new proposed program elements).

Myde shared that option #1 is challenging to create an incentive measure tied to funding for because it is a yes/no question.

Jen expressed concern that measuring unintended pregnancies puts focus on the individual rather than the system and does not have an equity-based lens. Teri noted that data show unintended pregnancy spans across socioeconomic status.

Eli said option #2 is a CCO measure which could create opportunity for additional partnership.

Sara shared that Oregon Health Authority has an Unintended Pregnancy Workgroup. She will have additional information to share about how the public health accountability metric aligns with the OHA Workgroup before the next PHAB Meeting.

Both process measures will be shared with PHAB on January 18. The goal is that PHAB will vote to adopt one.

Local public health process measure benchmarks and targets

Myde gave [a presentation](#) and [shared data](#) on the public health accountability metrics report and local public health process measure benchmarks and targets.

Eli asked how benchmarks are being set. Myde answered that in some areas there is an established benchmark, while in other areas PHD sections are making recommendations.

Eli made the recommendation to list counties in the metrics report from lowest to highest and asked that we standardize the way the graphs look. Myde clarified that graphs are still in draft form. Teri would like to see counties still listed in alphabetical order and clarified the differences between scope of work at the county and CCO level. Muriel agreed with Teri.

Myde reviewed the section for the [Prescription Opioid Mortality Metric](#). Eli asked for clarification around what “top 20% of Top Opioid Prescribers Enrolled in PDMP” means. Myde clarified that top 20% includes all prescribers.

Subcommittee members provided suggestions for presenting data in the report, including use of rates and absolute numbers, and confidence intervals. Data sources and additional context for how the data for each measure are reported should be added. Myde noted that some data are suppressed due to small numbers.

Sara told the Subcommittee that OHA will continue to work on the metrics report. OHA uses many different data sources and data collection mechanisms. We will standardize to the extent we can but there will be variations in what is reported.

Myde reviewed a concept for applying benchmarks and improvement targets. Eli said benchmarks are used and vetted in the CCO work and suggested that we look at each measure and see where variability arises. Sara noted this will be discussed at the next Subcommittee meeting.

Eva asked how funding would work if an improvement target is not met. Sara clarified that the Incentives and Funding Subcommittee will work on a mechanism for awarding incentive funds. Failure to meet improvement targets would not affect base funding.

OHA’s priorities for oral health

Amanda Peden gave a presentation on [OHA Oral Health Priorities and Metrics](#).

Eva asked if there is an oral health element in well-child visits. Amanda said there are, like dental varnish. This can be captured but there are issues with under-reporting.

Amy Umphlett and Kelly Hansen gave a presentation about [Accountability Metric: Dental Visits for Children 0-5: Review of public health data](#).

Sara stated that this subcommittee needs to determine whether we have a metric that meets the selection criteria set forth by the committee, and if it is possible to define the unique role of a local public health authority to make improvements in dental visits for 0-5 year olds. This will be on the agenda for the next meeting.

Teri and Muriel both noted that lack of funding for local public health programs is a huge issue and voiced that they would feel more comfortable with the accountability metrics when the system is fully funded.

Subcommittee business

Teri will be giving the Accountability Metrics Subcommittee update at the next PHAB meeting on January 18, 2018.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:
January 24, 2018 from 1-2 pm

DRAFT

PHAB Accountability Metrics subcommittee
 2018 work plan
 January 3, 2018

Current membership: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

Key tasks for January-June 2018

1. Provide recommendations for setting metrics benchmarks and targets
2. Review and provide recommendations for public health accountability metrics report
3. Continue to develop oral health metric
4. Maintain communication with Metrics and Scoring; seek opportunities to expand cross sector partnerships for shared metrics

Key task for July-December 2018

1. Consider whether changes are needed to accountability metrics for 2019-21

	Agenda items	Outcomes and deliverables
January 3	<ul style="list-style-type: none"> • Recommend an ECU process measure to take to PHAB • Hear about OHA's oral health priorities and data • Review data for public health accountability metrics and process measures; review process used to set benchmarks 	<ul style="list-style-type: none"> • ECU process measure recommendation • Guidance on oral health outcome metric • Approved methodology for setting benchmarks and targets
January 24	<ul style="list-style-type: none"> • Continue oral health metrics discussion • Continue review of accountability metrics data 	<ul style="list-style-type: none"> • Guidance on oral health process measure • Oral health outcome metric and process measure recommendation to take to PHAB
February 28	<ul style="list-style-type: none"> • Review public health accountability metrics report 	<ul style="list-style-type: none"> • <i>Tentative: accountability metrics report approved to take to PHAB</i>
March (to be scheduled)	<ul style="list-style-type: none"> • Joint meeting with PHAB Incentives and Funding subcommittee 	<ul style="list-style-type: none"> • Strategy for incorporating incentives into funding formula
April 25, May 23, June 27	<ul style="list-style-type: none"> • Agenda to be determined 	
July-December	<ul style="list-style-type: none"> • Discuss whether any changes will be made to the accountability metrics measure set for 2019-21 	<ul style="list-style-type: none"> • Final set of public health accountability metrics for 2019-21

Written Updates for Metrics Committees

SHARED WITH METRICS & SCORING, HEALTH PLAN QUALITY METRICS, AND QUALITY AND HEALTH OUTCOMES COMMITTEES.

Public Health Advisory Board: Accountability Metrics

The Public Health Advisory Board continues its work to establish public health accountability metrics for effective contraceptive use and dental visits for 0-5 year olds. The first public health accountability metrics report will be published in 2018. Information about public health accountability metrics is available at www.healthoregon.org/metrics

Behavioral Health Collaborative

No new updates this month.

<http://www.oregon.gov/oha/HPA/CSI-BHP/Pages/Behavioral-Health-Collaborative.aspx>.

Comprehensive Primary Care Plus (CPC+)

The Oregon CPC+ Payers met November 28, continuing discussion on data aggregation, specifically the data needs of practices.

<http://www.oregon.gov/oha/Transformation-Center/Pages/SB231-Primary-Care-Payment-Reform-Collaborative.aspx>.

CPC+ website: <http://www.oregon.gov/oha/HPA/CSI-TC/Pages/Comprehensive-Primary-Care-Plus.aspx>.

Primary Care Payment Reform Collaborative

Three workgroups have been identified by the collaborative:

1. Payment improvement and alignment
2. Metrics and evaluation
3. Behavioral health integration

Workgroups convened in November 2017 and January 2018 to identify key areas of focus for the collaborative. Workgroups will report to the collaborative at the January 18, 2018 meeting.

Hospital Performance Metrics Advisory Committee

The Hospital Transformation Performance Program will sunset at the end of the 2017 calendar year. Payments for Program Year 4 will be distributed in June 2018; the final program report will be available soon thereafter. For more information on hospital metrics, visit:

<http://www.oregon.gov/oha/analytics/Pages/Hospital-Performance-Metrics.aspx>

Health Plan Quality Metrics Committee

The Health Plan Quality Metrics Committee met on Thursday December 14 to continue review of candidate measures for the statewide aligned measures set. At the December meeting the committee made the following decisions with regard to tentative inclusion of measures in the statewide aligned measures set:

- Committee consensus to include a hospital infection composite measure
- Endorsed the following measures:
 - SBIRT measure to align with revised specifications expected from Metrics & Scoring TAG
 - Timeliness of Prenatal Care
 - Prenatal and Postpartum care – Postpartum Care (NQF #1517)
 - Ambulatory Care ED Visits
 - Avoidance of Antibiotic treatment in adults with acute bronchitis
- Optimal Asthma Control endorsed as an on deck measure
- Three measures were endorsed by the committee as developmental measures, recognizing that these measures require additional work to implement and consistently track
 - Asthma patients receiving a flu shot during flu season
 - Unexpected complications in term newborns
 - Maternity Care: Postpartum follow up and care coordination

The committee expressed general agreement that prenatal, intrapartum, and postpartum care present opportunities to reduce variability in outcomes and disparities. Committee consensus was that these areas of care should be further examined to develop additional measures aimed at improving outcomes and reducing variation. To date the committee has reviewed 63 measures and has tentatively endorsed 36 measures (with six of these being on deck measures or measures in need of further development work). The committee has roughly 40 candidate measures remaining for review, though this total may increase slightly if additional candidate measures are identified. Once review of candidate measures is complete the committee will further refine the measures set to ensure key gaps are identified and addressed and that the measures set as a whole is parsimonious. The committee's next meeting is scheduled for Thursday January 11.

<http://www.oregon.gov/oha/analytics/Pages/Quality-Metrics-Committee.aspx>

Metrics & Scoring Committee

At its November meeting, the Metrics and Scoring Committee received an update on the Health Aspects of Kindergarten Readiness measure development. The Committee discussed the fact that this work group will focus on the health aspects / health system's role in kindergarten readiness, and the importance of framing this work as a significant step toward a cross-sector metric.

The Committee did not meet in December. Next meeting (January 19) will focus on general program structure and support, including an overview of other CCO accountability measures (i.e. measure sets in addition to the CCO incentive measures), OHA structure, and available metrics support.

Meeting information and committee materials are available online at:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>

Opioid Initiative

Statewide Performance Improvement Project (PIP)

Effective January 2018, the CCO Statewide PIP will monitor high dose opioid medications for > 50 MED, > 90 MED. MED as defined by morphine equivalent dose. CCOs will begin receiving the updated metric by early February 2018. This third year of the opioid high dose statewide PIP will end December 31, 2018. Potential topics are being explored for 2019-2022.

PDMP Registration Eligibility change

Effective January 2018, Medical Directors and/or Pharmacy Directors are eligible to register for access to PDMP reports for overseeing the operations of their respective entities; this includes CCOs. To register for an account, <https://oregon.pmpaware.net/>. Questions can be directed to PDMP staff at pdmp.health@state.or.us.

For general questions regarding opioid initiative please connect with Lisa Bui, lisa.t.bui@state.or.us or 971-673-3397.

Measuring Success Committee (early learning)

In December, the Measuring Success Committee heard from representatives from OHA and the Children's Institute regarding the development of a potential coordinated care organization measure of "health aspects of kindergarten readiness." The long-term goal of these efforts is to adopt a health system accountability measure that drives health system change, quality improvement, and investments as well as promotes a shared accountability for kindergarten readiness across sectors. To inform this work, five questions selected by health and early learning professionals will be added to the annual statewide CAHPS survey. While the Committee was supportive of these efforts, members expressed concern with potential confusion and conflicts in relation to the term "kindergarten readiness" as it is generally used in early learning to refer to the results on the Oregon Kindergarten Assessment. Members agreed that that the concept is complex and efforts should be made to differentiate the various aspects. <https://oregonearlylearning.com/public-meetings/measuring-success-committee/>