

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

January 7, 2019

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

- Provide recommendations for 2019 report layout and key messages
- Review and approve subcommittee work plan

PHAB members: Muriel DeLaVergne-Brown, Eva Rippetteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer

1:00-1:05 pm	Welcome and introductions <ul style="list-style-type: none">• Approve March 8 and May 23 minutes	Sara Beaudrault, Oregon Health Authority
1:10-1:40 pm	2019 Public Health Accountability Metrics Report <ul style="list-style-type: none">• Hear update on local public health process measures for active transportation and effective contraceptive use• Provide recommendations for report layout and key messages	Myde Boles, Oregon Health Authority
1:40-1:45 pm	Accountability Metrics subcommittee work plan <ul style="list-style-type: none">• Review and approve subcommittee work plan for 2019	Sara Beaudrault, Oregon Health Authority
1:45-1:50 pm	Subcommittee business <ul style="list-style-type: none">• Select subcommittee member to provide update at January 17 PHAB meeting	All
1:50-1:55 pm	Public comment	
1:55 pm	Adjourn	

PUBLIC HEALTH ADVISORY BOARD

DRAFT Accountability Metrics Subcommittee meeting minutes

March 8, 2018

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

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

Welcome and introductions

The January 24, 2018 meeting minutes were approved.

Public health accountability metrics report

Myde walked subcommittee members through the [Public Health Accountability Metrics Report](#).

Eli asked how LPHAs will achieve the benchmark without improvement targets. Myde explained that improvement targets and incentive funding will be discussed at the joint Accountability Metrics and Incentives and Funding subcommittee meeting on March 29.

Jennifer cited the [percent of gonorrhea cases that had at least one contact that received treatment](#) as a process measure where it is important to be specific with numbers.

Jennifer gave the example of Multnomah County which has significantly more cases of gonorrhea than smaller counties but is not represented when shown by percentage.

Myde agreed and will put the raw data on a table in the next iteration of the report.

Eli asked what it means when the benchmark has been established by the Public Health Division. Sara explained that Division programs either use existing benchmarks or look at benchmarks used by other states and/or other resources to establish benchmarks.

Eli expressed concern that some of the benchmarks are very high compared to the baseline and is worried that LPHAs will not be able to hit the benchmark in the given timeline. He gave the example of [the percent of gonorrhea case reports with complete priority fields](#) as a very high benchmark. Muriel said this is a process measure and the high benchmark does not concern her, it tells her that there needs to be more training. Cara clarified that the process measure timeline is more nimble than the accountability metric timeline because process measures reflect how the work is done and accountability metrics have a much longer timeline for change.

Muriel asked if the benchmark is too high for the [percent of top opioid prescribers enrolled in PDMP process measure](#). Subcommittee members cited the passage of [HB 4143](#) as justification for the high benchmark as all providers will now be required to register for PDMP.

Jennifer drafted some language for the introduction of the report that explains the importance of metrics and the process that PHAB used to identify measures and will send to Sara to be included in the report.

The subcommittee moves to present the report to the PHAB for adoption. All in favor.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

March 29, 2018 from 1-3 pm

PUBLIC HEALTH ADVISORY BOARD

DRAFT Accountability Metrics Subcommittee meeting minutes

May 23, 2018

PHAB Subcommittee members in attendance: Eli Schwarz, Teri Thalhofer

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

Welcome and introductions

A quorum was not present. The March 8 minutes were not approved.

The Public Health Accountability Metrics Report has been presented at a handful of other committee meetings. Rebecca Tiel presented the report to the Oregon Health Policy Board. Sara presented it at the CCO Medical Director QHOC meeting. And Jennifer presented to the CCO Metrics and Scoring committee/ The report has been well-received, with support for ongoing efforts to encourage CCO and public health collaborations to improve health outcomes.

Local public health process measures

Sara reviewed [the local public health process measure for opioid overdose deaths](#). The current process measure is “Percent of top prescribers enrolled in PDMP”. Sara asked the subcommittee to consider whether a new local public health process measure should be adopted for opioid overdose deaths given the passage of HB 4143 (2018), which requires all prescribers to enroll in the prescription Drug Monitoring Program (PDMP) program. Subcommittee members reviewed feedback provided by the Coalition of Local Health Officials and recommended we keep the process measure the same and monitor for compliance.

Isabelle Barbour reviewed [the active transportation process measure](#) and shared [proposed changes](#) to the process measure description based on discussions between PHD and Oregon Department of Transportation staff. Subcommittee members recommended simplifying the language in the process measure. Teri and Isabelle will work together on crafting more inclusive language for rural counties. Subcommittee members approved the proposed changes and agreed to move the revised process measure to PHAB for adoption.

Subcommittee business

Teri will give the subcommittee update at the June PHAB meeting.

Eli would like to revisit the 0-5 dental visits process measure after the subcommittee returns from its summer hiatus.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

September 26, 2018 from 1-2 pm

DRAFT

Local public health process measure for active transportation

Local Public Health Authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use

Updates:

- PHD, LPHAs and ODOT collaborated to develop measurement strategy.
- All LPHAs are providing 2018 data.
- This process measure will be reported in 2019 Public Health Accountability Metrics Report.

Local public health process measure for effective contraceptive use

Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use

Updates:

- PHD Reproductive Health program developed new Program Element for Reproductive Health Community Participation and assurance of Access in 2017-18. Effective date: 7/1/18.
- Developing a strategic plan is an optional component under this Program Element. For the current year, 0% of LPHAs selected this component.



Childhood Immunization

Health Outcome Metric

Percent of two-year olds who received recommended vaccines

Foundational program area: Communicable Disease Control

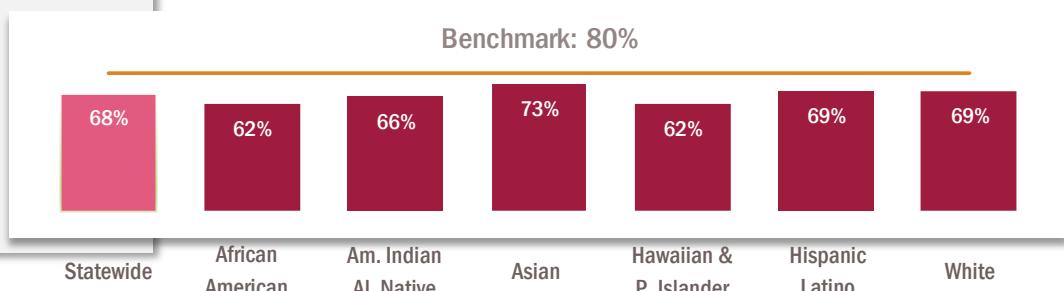
Data source: ALERT Immunization Information System, 2017

Benchmark source: 80%, Oregon State Health Improvement Plan (SHIP) 2020 target

By race and ethnicity

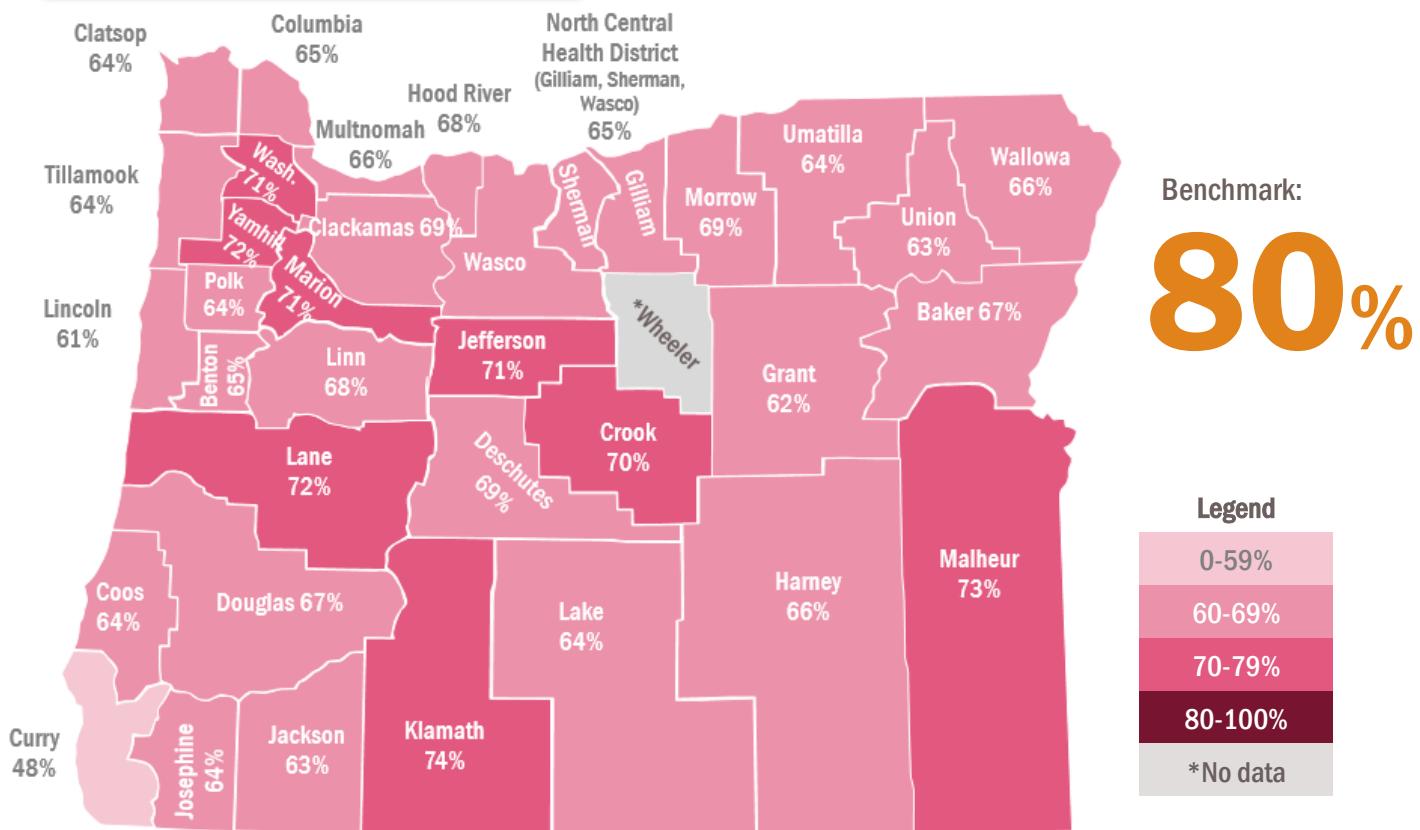
Statewide 2017
Race/ethnicity 2017

Benchmark: 80%



By county

Oregon 2017



Notes:

- Two-year olds are children 24 to 35 months of age residing in the county.
- The official childhood vaccination series is 4 doses of DTaP, 3 doses IPV, 1 dose MMR, 3 doses Hib, 3 doses Hep B, 1 dose Varicella, and 4 doses PCV (4:3:1:3:3:1:4 series).
- * indicates where rates are not displayed for populations of fewer than 50 people in accordance with Oregon Health Authority, Public Health Division confidentiality policy.
- Percentage is calculated by dividing the number of children 24-35 months of age in each county who received the vaccination series (numerator) divided by number of children 24-35 months of age in each county (denominator). Numerators and denominators are provided in the Technical Appendix.
- Race and ethnicity categories are not mutually exclusive, one individual may contribute to one or more categories.



Childhood Immunization

Local Public Health Process Measure

Percent of Vaccines for Children clinics participating in AFIX

Foundational program area: Communicable Disease Control

Data source: Assessment, Feedback, Incentives, and eXchange (AFIX) online tool, 2017–2018

Benchmark source: 25% provided by Oregon Health Authority, Public Health Division, Immunization Program

Local public health funding

All local public health authorities (LPHAs) receive funding to provide immunization services.

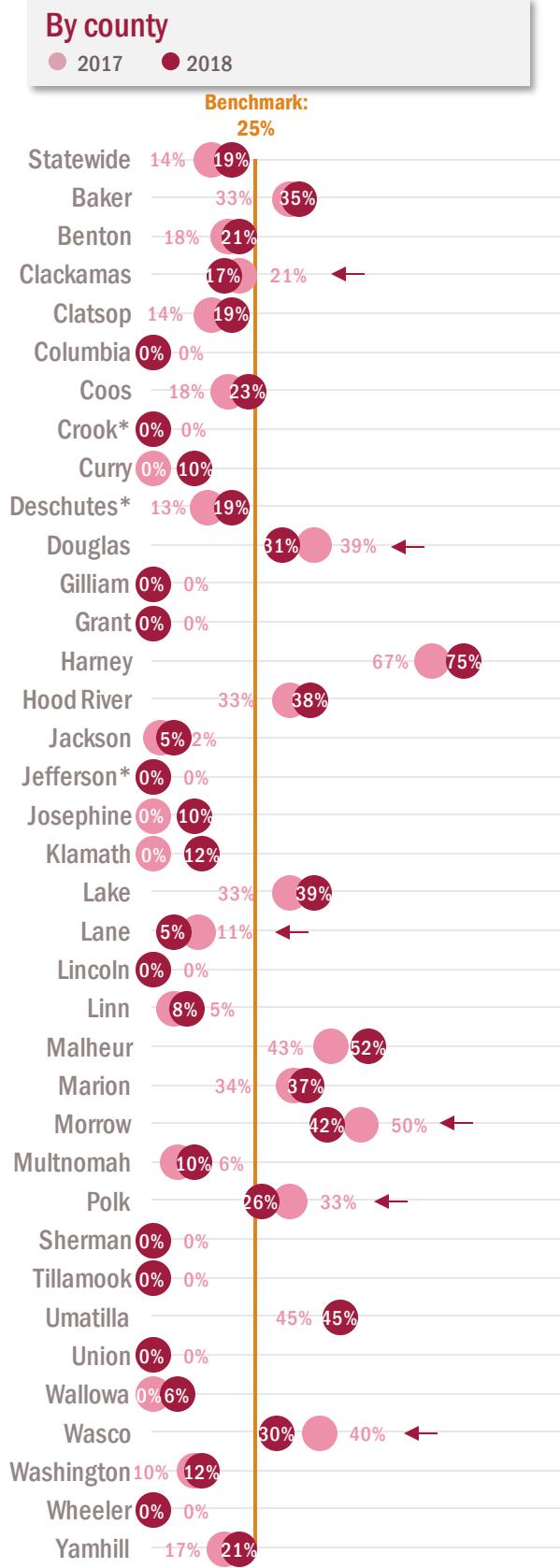
Beginning in July 2018, conducting outreach to engage health care providers in AFIX is a required activity.

Benchmark:

25%

Notes:

- Baseline data are 2017.
- Percentage calculated by dividing the number of clinics with any AFIX visits initiated (numerator) by the number of clinics active in Vaccines for Children (VFC) (denominator).
- Numerators and denominators are provided in the Technical Appendix.
- * indicates counties that completed their own AFIX visits in 2017, but these visits did not meet the CDC data reporting requirements and are not counted toward the process measure.



PHAB Accountability Metrics subcommittee

2019 work plan

Subcommittee members: Muriel DeLaVergne-Brown, Eva Rippetteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer

Key tasks for January-June 2019

1. Review 2019 accountability metrics data and provide oversight for development of 2019 Public Health Accountability Metrics Report.
2. Set benchmarks and targets for communicable disease accountability metrics.
3. Revisit oral health as a developmental metric
4. Establish public health accountability metrics for the 2019-21 biennium.
5. Maintain communication with other metrics committees; seek opportunities to expand cross sector partnerships and provide leadership for population health metrics.

Anticipated timeline

PHAB Accountability Metrics agenda items		Items for PHAB approval
January 7	• Provide recommendations for 2019 accountability metrics report.	
February 4	<ul style="list-style-type: none">• Review preliminary 2019 data for public health accountability metrics.• Hold initial discussion on making changes to the public health accountability metrics set for 2019-21.	
March 4	<ul style="list-style-type: none">• Review final version of 2019 Public Health Accountability Metrics Report.• Meet with Metrics and Scoring Committee to discuss opportunities for aligning and leveraging measure sets.	<ul style="list-style-type: none">• 2019 Public Health Accountability Metrics Report
April 1	<ul style="list-style-type: none">• Discuss methodology and make recommendation for communicable disease control benchmarks and targets.• Hold initial discussion on oral health as a developmental metric.	<ul style="list-style-type: none">• Communicable disease control benchmarks and targets for 2019-21.

May 6	<ul style="list-style-type: none"> • Make recommendation for oral health metric for 2019-21.* • Discuss changes to 2019-21 measure set.* 	<ul style="list-style-type: none"> • Recommendation for oral health as a developmental metric.
June 3	<ul style="list-style-type: none"> • Make recommendations for changes to 2019-21 measure set. * 	<ul style="list-style-type: none"> • Recommended public health accountability metrics set for 2019-21.

*The framework for public health accountability metrics includes health outcome measures and corresponding local public health process measures. From January-June, PHAB Accountability Metrics will be discussing health outcome measures only. If PHAB adopts changes to the health outcome measures for 2019-21, OHA will work with CLHO committees to develop corresponding local public health process measures. PHAB Accountability Metrics would need to be reconvened later in 2019 to approve local public health process measures.

Subcommittee business

- Select subcommittee member to provide update at January 17 PHAB meeting.
- Agenda for February meeting:
 1. Review data for 2019 report.
 2. Hold initial discussion about changes to the public health accountability metrics set for 2019-21.

Public comment

Adjourn