AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 1, 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
- Make recommendations for oral health developmental metric
- Discuss process for making changes to the 2019-21 public health accountability metrics measure set

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00-1:05 pm</td>
<td>Welcome and introductions</td>
<td>Sara Beaudrault, Oregon Health Authority</td>
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<tr>
<td></td>
<td>• Approve March 4 minutes</td>
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<tr>
<td>1:05-1:35 pm</td>
<td>Oral health developmental measure</td>
<td>Amy Umphlett and Kelly Hansen, Oregon Health Authority</td>
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<td></td>
<td>• Review new and updated data and data sources for child oral health measures.</td>
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<td>• Discuss changes to the current measure</td>
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<tr>
<td>1:35-1:50 pm</td>
<td>Developing 2019-21 public health accountability metrics</td>
<td>Sara Beaudrault, Oregon Health Authority</td>
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<td></td>
<td>• Develop process for making changes to the 2019-21 measure set</td>
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<td></td>
<td>• Discuss specific outcome and process measures that the subcommittee will review</td>
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<tr>
<td>1:50-1:55 pm</td>
<td>Subcommittee business</td>
<td>All</td>
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<tr>
<td></td>
<td>• Decide who will provide subcommittee update at April 18 PHAB meeting</td>
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<td></td>
<td>• Next subcommittee meeting is scheduled for Monday, May 6 from 1:00-2:00</td>
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<tr>
<td>1:55-2:00 pm</td>
<td>Public comment</td>
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<tr>
<td>1:00 pm</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>
PHAB Subcommittee members in attendance: Jeanne Savage, Eli Schwarz, Muriel DeLaVergne-Brown

Oregon Health Authority staff: Sara Beaudrault, Myde Boles, Sara Kleinschmit

Guest presenter: Will Brake, Chair of CCO Metrics and Scoring Committee

Welcome and introductions
Minutes from the February 13, 2019 meeting were approved.

Discussion with Metrics and Scoring on using metrics to achieve health improvements

Sara Kleinschmit and Will Brake provided an overview of the CCO Quality Incentive Program. Metrics are one piece of the overall accountability structure for CCOs. The CCO Metrics and Scoring Committee selects CCO incentive measures from the measure menu created by the Health Plan Quality Metrics Committee. The Metrics and Scoring Committee is committed to using incentive measures to improve health through health system transformation and cross-sector collaboration. Sara and Will highlighted some measures under consideration for the 2020 measure set, including health aspects of kindergarten readiness, initiation and engagement in drug and alcohol treatment, adolescent immunizations, and a health equity measure that is currently under development. Sara and Will also reviewed developmental measurement areas including kindergarten readiness, an evidence-based obesity measure, and a social determinants of health measure.

Eli noted the challenge of developing and using measures that are not part of a validated measure set like NQF. He mentioned use of measure selection criteria and opportunities to line up with the State Health Improvement Plan or other policies and priorities.

Muriel requested additional information on the Health Aspects of Kindergarten Readiness measure that’s under consideration for the CCO 2020 measure set.

Jeanne asked about an evidence-based obesity measure and interventions to address obesity. Sara stated that the Health Evidence Review Commission has published multisector interventions for prevention and treatment of obesity, which are policy and community-based interventions that CCOs can use.
Jeanne stated that CHP priorities in her area of the state include housing and behavioral health. Eli stated that there is a bias toward physical health in the CCO metrics set. Jeanne stated that when topics like housing and behavioral health are not reflected in the CCO incentive measure set, it is challenging to incentivize or pay behavioral health providers for their work. There is an opportunity to do more.

The group ran out of time for further discussion. We will schedule a follow up meeting between PHAB Accountability Metrics subcommittee members and Will Brake and Sara Kleinschmit.

2019 Public Health Accountability Metrics Report

Myde reviewed changes to the Executive Summary and Introduction sections of the report. Subcommittee members made a recommendation for PHAB to review and hold a vote to approve the report at the March meeting.

Subcommittee business

Myde will present the 2019 report at the March 21 PHAB meeting. There’s no need for a subcommittee member to provide an update at the March meeting.

The next meeting is scheduled for Monday, April 1 from 1:00-2:00.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for March 4 from 1:00-2:00.
Developmental Accountability Metric: Dental Visits for Children 0-5
## Metric history

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2017</td>
<td>PHAB adopted dental visits for children 0-5 as a public health accountability metric <strong>without</strong> adopting a measure</td>
</tr>
<tr>
<td>September 2017-</td>
<td>Accountability Metrics subcommittee reviewed potential outcome and process measures.</td>
</tr>
</tbody>
</table>
| January 2018         | PHAB made decision for the metric be changed from an accountability metric to a developmental metric because:  
                        1. Subcommittee could not identify an outcome measure that met selection criteria; and  
                        2. Subcommittee and CLHO could not identify an acceptable local public health process measure. |
Percent of children age 0-5 with any dental visit

Medicaid Claims Data 2017

Benchmark: 48%
Percent of children age 0-5 with any dental visit

Benchmark: 48%

By Race/Ethnicity
Oregon Medicaid 2016 2017

Statewide 48% 51%
African American/Black 50% 54%
Am. Indian Al. Native 48% 54%
Asian 54% 57%
Hawaiian & P. Islander 40% 37%
Hispanic Latino 55% 61%
Other 43% 52%
Unknown 48% 50%
White 43% 48%
Medicaid Data

• Medicaid claims data is for the 2017 calendar year
• Numerator – Number of clients who received any dental service under the supervision of a dentist or dental hygienist in the measurement year
• Denominator – Number of clients who have continuous enrollment for 12 months in a CCO
• Limitations:
  – Not population-based
  – Includes Medicaid enrollees only
  – Does not include dental services provided in a medical setting
Dental Sealant CCO Incentive Metric

- Metrics & Scoring Committee decided this state-specific measure will follow Dental Quality Alliance (DQA) specifications beginning in 2020.

- DQA has convened a workgroup to review specifications:
  - Oregon is assisting with testing data
  - Testing age range is limited to 6-9 years old

- Shifts the emphasis to new patients who have at least one sealable first permanent molar:
  - Two new exclusions achieve this.
## Dental Sealant CCO Incentive Metric

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Who is counted?</strong></td>
<td>All children on Medicaid ages 6-14 meeting continuous enrollment criteria</td>
<td>All children on Medicaid ages 7-14 meeting continuous enrollment criteria, except those below</td>
</tr>
</tbody>
</table>
| **Who is excluded?**     | None                                                                                           | • Children with ALL FOUR first permanent molars restored or extracted  
• Indicates no sealable permanent molars  
• Children with at least one sealant on any of the first permanent molars in the three years prior to the measurement year  
• Indicates not the first time the child has a sealable permanent molar                                                  |
| **Continuous enrollment criteria** | Measurement year with one allowable 45 day gap                                                | At least 180 days in measurement year                                                                                   |
Kindergarten Readiness Metrics

• Multi-year measurement approach
  – First year (2020)
    • Preventive dental visits for children 1-5
    • Well-child visits for children 3-6

• Age range of dental metric may change to 1-6 if the dental sealant metric changes to 7-14

• Measure: Percentage of children ages 1-5 who received preventive dental services from a dental provider in the year
Kindergarten Readiness Metrics

• Data Source: MMIS/DSSURS

• Numerator: Number of children ages 1-5 who received preventive dental services from a dental provider in the year

• Denominator: Number of children ages 1-5 in the CCO

• Continuous Enrollment Criteria: test data used the measurement year with one allowable 45 day gap
  – CMS has a similar measure that uses 90 day continuous enrollment criteria
Options

• Not have an oral health accountability metric at all

• Keep the current metric:
  – Does it stay developmental?
  – Should the age range change to 0-6 versus 0-5?

• Should another oral health metric be used?
  – Limited options for a population-based measure
  – See spreadsheet of data source options
### Oral Health Metrics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Data collection method</th>
<th>Sample</th>
<th>Description</th>
<th>Results</th>
<th>Weaknesses</th>
<th>Frequency</th>
<th>Statewide</th>
<th>By County/Region</th>
<th>By Race/Ethnicity</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 2.3 in State Health Improvement Plan: Children aged 0 to 5 with a dental visit in the previous year; percentage of OHP enrolled children who received any dental service during the measurement year</td>
<td>Medicaid claims data</td>
<td>Medicaid claims</td>
<td>OHP enrolled and use services</td>
<td>Medicaid Oral Health Dashboard measure; measure specifications currently under review</td>
<td>2017: 50.95% statewide</td>
<td>Medicaid population only; baseline not defined; SHIP measure is considered developmental; measure does not specify count or %; measure does not specify type of visit (assume all visits)</td>
<td>Annual</td>
<td>Yes</td>
<td>Reported by CCO, county</td>
<td>Reported by race/ethnicity for statewide</td>
<td>Dental claims are expected to be included in the Oregon All Payer All Claims (APAC) Database in the future, which would provide a stronger population-based dataset. The timeline for implementation does not allow for data availability for several years.</td>
</tr>
<tr>
<td>Measure of enrolled children (ages 0-18) who received a preventive dental service during the measurement year</td>
<td>Medicaid claims data</td>
<td>Medicaid claims</td>
<td>OHP enrolled</td>
<td>Medicaid Oral Health Dashboard measure; measure specifications currently under review</td>
<td>2017: 55.8% statewide</td>
<td>Medicaid population only</td>
<td>Annual</td>
<td>Yes</td>
<td>Reported by CCO</td>
<td>Reported by race/ethnicity for statewide</td>
<td></td>
</tr>
<tr>
<td>Measure of enrolled children (ages 0-18) who received any dental service during the measurement year</td>
<td>Medicaid claims data</td>
<td>Medicaid claims</td>
<td>OHP enrolled</td>
<td>Medicaid Oral Health Dashboard measure; measure specifications currently under review</td>
<td>2017: 60.3% statewide</td>
<td>Medicaid population only</td>
<td>Annual</td>
<td>Yes</td>
<td>Reported by CCO</td>
<td>Reported by race/ethnicity for statewide</td>
<td></td>
</tr>
<tr>
<td>Children (ages 6-9) with the presence of untreated decay</td>
<td>Medicaid claims data</td>
<td>Medicaid claims</td>
<td>OHP enrolled</td>
<td>Medicaid Oral Health Dashboard measure; measure specifications currently under review</td>
<td>19% untreated decay (6-9 year old's)</td>
<td>Not conducted annually; not population of interest; does not measure dental access</td>
<td>Every five years</td>
<td>Yes</td>
<td>Reported by region</td>
<td>Reported by race/ethnicity for statewide</td>
<td></td>
</tr>
<tr>
<td>Percent of 2-year-olds who have ever been to a dentist.</td>
<td>Medicaid claims data</td>
<td>School-based survey</td>
<td>1st, 2nd, 3rd grade sample</td>
<td>Last Survey in 2017; publication under review</td>
<td>2017: 49.2% statewide</td>
<td>Covers only 2 year-olds; no data for 2014, 2015</td>
<td>Annual</td>
<td>Yes</td>
<td>Sample of Oregon women</td>
<td>Sample of child's mother (from child's birth certificate)</td>
<td></td>
</tr>
<tr>
<td>Percent of children with a preventive dental visit in the past year</td>
<td>Medicaid claims data</td>
<td>Statewide survey</td>
<td>Sample of Oregon women</td>
<td>Resurvey of Oregon PRAMS respondents (all had a live birth) when their child was 2 years old</td>
<td>2017: 49.2% statewide</td>
<td>Data from survey year 2016 and onward cannot be compared to prior years' surveys (2011/12, 2007); no county or regional estimates</td>
<td>Annual</td>
<td>Yes</td>
<td>Children age 1-5 subgroup available</td>
<td>Sample size for Oregon too small for analysis by race and ethnicity</td>
<td></td>
</tr>
</tbody>
</table>

**Data Source**
- Medicaid claims data
- Medicaid claims data
- Medicaid claims data
- Smile Survey
- PRAMS-2
- National Survey of Children's Health

**Data collection method**
- Medicaid claims
- Medicaid claims
- Medicaid claims
- School-based survey
- Statewide survey
- National survey with state estimates

**Sample**
- OHP enrolled and use services
- OHP enrolled
- OHP enrolled
- 1st, 2nd, 3rd grade sample
- Sample of Oregon women
- Children age 1-5 subgroup available

**Description**
- Medicaid Oral Health Dashboard measure; measure specifications currently under review
- Medicaid Oral Health Dashboard measure; measure specifications currently under review
- Last Survey in 2017; publication under review
- Resurvey of Oregon PRAMS respondents (all had a live birth) when their child was 2 years old
- Results available for 2006-2017
- Indicator 4.2: During the past 12 months/since [his/her] birth, how many times did [child name] see a dentist for preventive dental care such as check-ups and dental cleanings?

**Results**
- 2017: 50.95% statewide
- 2017: 55.8% statewide
- 2017: 60.3% statewide
- 19% untreated decay (6-9 year old's)
- 2017: 49.2% statewide
- 2016-17: 63.7% of 1-5 year old's statewide

**Weaknesses**
- Medicaid population only; baseline not defined; SHIP measure is considered developmental; measure does not specify count or %; measure does not specify type of visit (assume all visits)
- Medicaid population only
- Medicaid population only
- Not conducted annually; not population of interest; does not measure dental access
- Covers only 2 year-olds; no data for 2014, 2015
- Future surveys will cover 3 year-olds, but will not be comparable to past surveys
- Data from survey year 2016 and onward cannot be compared to prior years' surveys (2011/12, 2007); no county or regional estimates

**Frequency**
- Annual
- Annual
- Annual
- Every five years
- Annual
- State level: every two years
- National: annual

**Statewide**
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

**By County/Region**
- Reported by CCO, county
- Reported by CCO
- Reported by region
- May be reportable by region as a weighted percentage depending on sample counts
- No

**By Race/Ethnicity**
- Reported by race/ethnicity for statewide
- Reported by race/ethnicity for statewide
- Reported by race/ethnicity for statewide
- Yes
- Yes, of child's mother (from child's birth certificate)
- Sample size for Oregon too small for analysis by race and ethnicity
Process for making changes to public health accountability metrics for 2019-21

• To what extent do subcommittee members want to consider focused or broad changes to the measure set?
  – The subcommittee could have targeted discussions for specific measures or a broad consideration of all measures.

• Are there opportunities to strengthen alignment with the 2020-24 SHIP priorities, CCO incentive measures, or other statewide priorities?

• Discuss process for soliciting feedback from stakeholders.
Selection Criteria for Public Health Accountability Metrics

Table 1 lists the selection criteria PHAB used to select public health accountability metrics for 2017-19. Table 2 shows the selection criteria assessment for adopted metrics.

<table>
<thead>
<tr>
<th>Table 1: Accountability Metrics Selection Criteria</th>
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<tbody>
<tr>
<td>Selection criteria</td>
</tr>
<tr>
<td><strong>Top 5 “must have” criteria</strong></td>
</tr>
</tbody>
</table>
| Promotes health equity | • Measure addresses an area where health disparities exist.  
• Data are reportable by race/ethnicity. |
| Respectful of local priorities | • Collectively, the set of public health accountability metrics covers a range of health priorities for state and local public health authorities.  
• Data are reportable at the county level. |
| Transformative potential | • Measure aligns with core public health functions in the Public Health Modernization Manual that represent an emerging area of public health deemed important for the future. |
| Consistency with state and national quality measures, with room for innovation | • Measure is nationally validated.  
• Measure aligns with CCO, hospital or early learning metrics.  
• Measure is a required reporting element for other public health initiatives.  
• National or other benchmarks exist for performance on this measure. |
<p>| Feasibility of measurement | • Data for measure are already collected, or a mechanism for data collection has been identified. |
| <strong>Additional important criteria</strong> | |
| Consumer engagement | • Measure successfully communicates to consumers what is expected of the public health system. |
| Relevance | • Condition or practice being measured has a significant impact on issues of concern or focus. |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attainability</td>
<td>• It is reasonable to expect improved performance on this measure.</td>
</tr>
<tr>
<td>Accuracy</td>
<td>• Changes in public health system performance will be visible in the measure.</td>
</tr>
<tr>
<td></td>
<td>• Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years</td>
</tr>
<tr>
<td>Reasonable accountability</td>
<td>• State and local public health authorities have some control over the outcome in the measure</td>
</tr>
<tr>
<td>Range/diversity of measures</td>
<td>• Collectively, the set of public health accountability metrics covers a range of health priorities for Oregon for each of the public health foundational programs</td>
</tr>
</tbody>
</table>
Table 2: Assessment of Top 5 “Must Have” Selection Criteria

<table>
<thead>
<tr>
<th></th>
<th>Promotes health equity</th>
<th>Respectful of local priorities</th>
<th>Transformative potential</th>
<th>Consistency with state and national quality measures</th>
<th>Feasibility of measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-year old vaccination rate</td>
<td>Yes¹,²</td>
<td>Yes³,⁴</td>
<td>No</td>
<td>Yes⁶,⁷</td>
<td>Yes⁸</td>
</tr>
<tr>
<td>Gonorrhea rate</td>
<td>Yes¹,²</td>
<td>Yes³,⁴</td>
<td>No</td>
<td>Yes⁶,⁷</td>
<td>Yes⁹</td>
</tr>
<tr>
<td>Adults who smoke cigarettes</td>
<td>Yes¹,²</td>
<td>Yes³,⁴</td>
<td>No</td>
<td>Yes⁶,⁷</td>
<td>Yes⁸</td>
</tr>
<tr>
<td>Opioid mortality</td>
<td>Yes¹,²</td>
<td>Yes⁴</td>
<td>Yes⁵</td>
<td>Yes⁶,⁷</td>
<td>Yes¹⁰,¹¹</td>
</tr>
<tr>
<td>Active transportation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes⁵</td>
<td>Yes</td>
<td>Yes¹⁰</td>
</tr>
<tr>
<td>Drinking water standards</td>
<td>Yes</td>
<td>Yes⁴</td>
<td>No</td>
<td>Yes⁷</td>
<td>Yes¹²</td>
</tr>
<tr>
<td>Effective contraceptive use</td>
<td>Yes¹,²</td>
<td>Yes⁴</td>
<td>Yes⁵</td>
<td>Yes⁶,⁷</td>
<td>Yes⁸</td>
</tr>
<tr>
<td>Dental visits, children 0-5</td>
<td>Yes¹</td>
<td>Yes</td>
<td>Yes⁵</td>
<td>Yes⁶,⁷</td>
<td>Yes¹¹</td>
</tr>
</tbody>
</table>

Notes:
1. Disparities documented
2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent an emerging area for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics
7. Benchmarks exist
8. Data available from BRFSS
9. Data available from OHT
10. Data available from ALERT IIS
11. Data available from Medicaid claims
12. Data available from PHD Oral Health program data
**Background:** On March 21, 2019 the Public Health Advisory Board adopted the 2019 Public Health Accountability Metrics Annual Report. PHAB requested that the Accountability Metrics subcommittee review the following measures before finalizing the 2019-21 measure set.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Outcome or process measure</th>
<th>Notes from PHAB discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription opioid mortality</td>
<td>Outcome</td>
<td>PHAB needs to look at what we’re measuring. Oregon met the benchmark of three deaths per 100,000 in 2017. However, Oregon has a long way to go in solving the opioid crisis and this metric must be considered within the broader context of illicit opioid deaths and overdoses not resulting in deaths.</td>
</tr>
<tr>
<td>Prescription opioid mortality: Percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)</td>
<td>Process</td>
<td>Since 2018, Oregon law requires all opioid prescribers to be enrolled in the PDMP. Does this measure still provide useful information?</td>
</tr>
<tr>
<td>Adult smoking prevalence: Percent of population reached by tobacco-free county properties policies</td>
<td>Process</td>
<td>LPHAs met the benchmark for comprehensive (all properties) or partial (some properties) tobacco-free county properties. As reported, this measure does not reflect incremental progress, and it does not reflect that there is still work to be done in counties with partial policies.</td>
</tr>
<tr>
<td>Active transportation: LPHA participation in leadership or planning initiatives related to active transportation, parks and recreation or land use</td>
<td>Process</td>
<td>The measure should reflect LPHA participation in implementation, in addition to planning.</td>
</tr>
<tr>
<td>Drinking water: Percent of water system surveys completed, and</td>
<td>Process</td>
<td>Both measures are at close to 100%. Do they provide meaningful information?</td>
</tr>
<tr>
<td>Percent of priority non-compliers resolved</td>
<td>Effective contraceptive use: Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use</td>
<td>Process</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Dental visits for children aged 0-5</td>
<td>Outcome</td>
<td>Need to determine whether available data sources meet the criteria to move this from a developmental to an accountability metric.</td>
</tr>
</tbody>
</table>
Subcommittee business

- Decide who will give subcommittee update at 4/18 PHAB meeting
- The next subcommittee meeting is scheduled for May 6 from 1:00-2:00
- Agenda for April meeting:
  2. Benchmarks and targets for communicable disease control metrics.
Public comment