

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics subcommittee meeting minutes

September 26, 2017

PHAB Subcommittee members in attendance: Eva Rippeteau, Eli Schwarz, and Teri Thalhofer, Jennifer Vines

Oregon Health Authority staff: Sara Beaudrault, Cara Biddlecom, Myde Boles, Steve Fiala, Angela Rowland, Amy Umphlett, Suzanne Zane

Members of the public: Jody Daniels, Karen Douglas, Jen Lewis-Goff, Cassandra Leone, and Laura McKeane

Welcome and introductions

The August 23rd, 2017 meeting minutes were approved.

Subcommittee updates

- Eli recently presented at the Metrics and Scoring committee meeting regarding the public health accountability metrics. More than half of the public health accountability metrics align with priorities for CCOs or early learning hubs. Eli highlighted Columbia Pacific CCO's collaborative process with local public health around childhood immunizations. Sara will send the presentation out to the subcommittee.
- OHA will present the public health accountability metrics at the Health Plan Quality Metrics Committee in November.
- OHA will share information about obesity metrics at the October Metrics and Scoring Committee meeting and the November Health Plan Quality Metrics Committee meeting.

Dental visits for 0-5 year olds

Amy Umphlett, Suzanne Zane and Kelly Hanson presented on the *dental visits for 0-5 year olds* public health accountability metric. Child dental visits are measured in various ways, all of which have limitations and none of which meet the selection criteria established by PHAB. The OHA Public Health Division's Oral health Program compiled available measures and recommended two measures for the PHAB Accountability Metrics subcommittee to consider. Whatever measure is selected will be used to begin reporting on *dental visits for 0-5 year olds* in 2018.

1. “Children aged 0-5 with a dental visit in the previous year”. The data source is Medicaid claims data. Data for this measure can be updated annually and may allow for breakdowns by county and by race and ethnicity. However, the existing data source only includes the Medicaid population; therefore this is not a true population measure.
2. “Has your two year-old ever been to a dentist or a dental clinic? The data source is the PRAMS-2 survey. PRAMS-2 is not limited to the Medicaid population. There are limitations to being able to report data by county or by race/ethnicity due to sample size. Also it is limited to 0-2 year olds.

Eli mentioned the tension around total population and Medicaid population. The Metrics and Scoring committee looks at Medicaid data and PHAB looks at population data. He recommends talking with public health colleagues to get feedback on using a measure that only looks at a portion of the population.

Eva inquired if PRAMS includes socio-economic data or what type of insurance they have. To offer a comparison, she asked if there’s a possibility to ask dental insurance companies to offer data for privately insured 0-5 year olds.

OHA has a cross-agency oral health team that is developing a dashboard. The measure is selected by PHAB will be included on the dashboard.

Eventually there may be an opportunity to pull information from the All Payer/All Claims system, which would not be limited to Medicaid claims. But that is at least a few years away.

PHAB members discussed looking at dental sealants instead of dental visits.

Although we are limited in measures that are available now, Amy requested feedback on whether PHAB members are most interested in measuring dental visits, preventive dental visits, or preventive oral health services in medical or dental settings.

Teri stated we should be explicit when taking a recommendation forward that this is the best measure we have currently.

OHA staff will add this to the November subcommittee agenda and will bring data using the two recommended measures to inform the discussion.

Local Public Health Process measures

Steve Fiala presented the local public health process measures developed by Public Health Division and local public health staff. These measures are intended to show the core work of local public health to meet the accountability metrics.

Recommended immunization measure: *% of clinics [that serve populations experiencing disparities] that participate in the Assessment, Feedback, Incentives and*

eXchange (AFIX) program. AFIX is a quality improvement tool for clinics that are enrolled in the Vaccines for Children Program.

- Evidence-based intervention for increasing childhood immunization rates
- Has the potential to build or enhance partnerships
- Aligns with CCO strategies
- Expand state and local partnerships

Teri stated that the CCOs need to participate and be held accountable for working with public health on this shared priority.

OHA provides technical assistance with CCOs on the AFIX intervention.

LPHAs could approach this measure a number of ways, including partnership with CCOs or the PHA Immunization Program to increase local clinics participation. Eli stated we need to have ways to show where success is happening.

All local public health departments receive immunization funding through a program element, although there are no required activities connected to promoting AFIX within the local health care provider community.

Recommended gonorrhea measures:

1. *% of gonorrhea cases that had at least one contact that received treatment*
2. *% of gonorrhea case reports with complete 'priority' fields*
3. *Number of community-based organizations/partners engaged by LPHA to decrease gonorrhea rates*

These three recommended measures should be narrowed down to one or two.

Eva asked if #1 is chosen will it set up LPHAs up for failure since many LPHAs don't have adequate resources. Jen said that Multnomah County is unable to follow through on all gonorrhea cases.

Sara stated that we should focus on what the "right" work is to achieve improved outcomes, even if health departments don't have adequate resources now. This will highlight where to direct the resources we have now and new resources coming into the system.

Jen recommended *FTEs per # of gonorrhea cases* that could reflect burden and infrastructure.

Eva mentioned that #3 could be hard to accomplish since public health departments do not have control over what community-based organizations do.

Teri noted that OHA has eliminated Disease Investigation Specialist positions that had provided support to local public health.

Recommended tobacco measure: *% of community members reached by local policies that restrict tobacco industry influence in retail environment.*

Teri stated this is difficult to do in some communities.

Eli suggests that the measure be simplified.

Cara reminded the subcommittee that all of these measures offer a starting place based on where each LPHAs are today; each LPHA can make incremental improvements toward benchmarks set for each individual county.

CLHO will review and provide feedback on these local public health process measures next week.

Sara asked that this subcommittee meet again before the October 19 PHAB meeting to continue reviewing local public health process measures. PHAB is set to vote on local public health process measures on October 19.

Public comment

Public comment was not requested.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

October 13, 2017 from 1-3pm.