Metrics Technical Advisory Workgroup

May 26, 2016

PLEASE DO NOT PUT YOUR PHONE ON HOLD – IT IS BETTER IF YOU DROP OFF THE CALL AND REJOIN IF NEEDED

Today’s Agenda

- Updates
- 2015 close out
- 2016 ECU specifications
- SBIRT coding
- Stakeholder survey results / Committee debrief

Hospital Metrics Committee

- Met May 20th to continue discussing opioid prescribing measure and proposed new maternal health measure.

- Proposed new measure: proportion of hospital births screened for eligibility for home visiting programs or other types of parenting support.

  - Use new program-agnostic tool
  - Hospitals check if screening happened prenatally (preferred), if not, hospitals conduct screening.

Public Health Advisory Board: Metrics Subcommittee

- PHAB Accountability Metrics Subcommittee met May 12th

- Subcommittee is charged with identifying measures to be used to monitor the progress of local public health authorities in meeting statewide public health goals.

- Interested in learning from CCO work and finding areas for alignment.

Waiver Renewal

- Draft waiver application posted online
  - www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx
  - See Appendix III / C for Measurement Strategy

- OHA accepting public comment through June 1, 2016.

Strategic Plan for Health Care Data Collection

- SB 440 (2015) charged the Oregon Health Policy Board with developing a strategic plan for health care data collection in Oregon.

- OHA has contracted with Q Corp to develop a data inventory and gap analysis, and conduct stakeholder engagement.

- Online survey now open: **https://www.surveymonkey.com/r/OregonDATA**

Transformation Center Incentive Measure Technical Assistance Overview for TAG

May 26, 2016

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TRANSFORMATION CENTER
Health Policy & Analytics Division

Colorectal Cancer Screening TA

CCO medical directors, providers, quality improvement staff and other partners working to improve colorectal cancer screening rates are welcome to join CRC webinar series.

The next webinar entitled **Operationalizing this in Practice: EMR tools and Practice Readiness Assessment** is on **June 29th from 11-noon**.

For more information and to register for the webinars visit: https://www.oregon.gov/oha/Transformation-Center/Documents/CRC-Webinar-Series.pdf

Colorectal Cancer Screening TA

Additionally, CCO teams can choose to participate in individual follow-up consultation calls with the presenters: Gloria Coronado, PhD (Kaiser) and Melinda Davis, PhD (OHSU/ORPRN).

If you are interested in participating in a consultation call with these consultants, please be sure to complete the consultation intake form by **May 31, 2016**.

https://www.oregon.gov/oha/Transformation-Center/Documents/Consultation%20Form.docx

Adolescent Well Visit TA

The Oregon Pediatric Improvement Partnership (OPIP) will provide the following three webinar series to address the adolescent well visit at the Coordinated Care Organization (CCO).

Series 1: Adolescents –What, Why, and How You Educate About Adolescent Well-Visits

- June 16, & September 29

Series 2: From Recommendations to Implementation: Key Learnings Related to Implementing Adolescent Well-Visits and Documenting in a Way that is Aligned with the CCO Incentive Metrics

- **June 2**, June 30, July 7, July 27, & September 8

Series 3: Going to Them! Leveraging Partnerships with School Based Health Centers

- August 18 & September 20

For more information and to register for these series, visit: http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx

Immunization and Smoking Cessation TA

Topic	Description	Timeline
Childhood immunization rates	1. Root cause analysis and quality improvement train-the-trainer consultation for CCO-level and clinic-level quality improvement 2. Regional community convenings (tentative)	Completed by 12/31/16
Want to participate in the immunization root causes analysis TA? Email metrics.questions@state.or.us to request information.		
Smoking cessation TA	1. Tobacco cessation counseling training for providers: a. Current, easily accessible training resources packaged for CCOS for use with providers by 8/31/16 b. Training plan to complement existing training resources with emphasis on specific populations and culturally responsiveness developed and implemented by 12/31/16.	Completed by 12/31/16

Questions?

- If you have any questions, please send them to: metrics.questions@state.or.us

2015 Close Out

Validation Timeline

- May 18th
  - Refreshed dashboard incorporating missing diagnosis codes from adjusted claims
- May 23rd
  - Preliminary chart review results
  - CAHPS results
- May 31st
  - All CCO questions regarding CY 2015 validation must be submitted to OHA. Email metrics.questions@state.or.us.

Validation Timeline cont.

- TBD
  - Final 2015 chart review results
  - Final 2015 EHR based measure summary
  - Potential rebase for 2014 CAHPS results / 2015 targets
  - Updated immunization results

- June 6th
  - CAHPS 2015 banner books released

Validation Timeline cont.

- June 23rd
  - Final 2015 dashboard released with all measure results and quality pool / challenge pool payment amounts.
- June 24th
  - Final 2015 report publicly released.
- June 30th
  - CCOs will receive quality pool payments by this date.
  - June dashboard released (rolling window: March 2015 – February 2016).

2016 ECU Specifications

Proposed Exclusion for Transgender Individuals

- Known limitations of the claims-based measure include challenges identifying transgender individuals.

- Proposed specification change for CY 2016 to help identify these members.

- TAG input requested by Friday, June 3rd on this proposed change.

Proposed Exclusion Codes

ICD10	ICD9
Q51.0 – congenital absence of uterus Q50.02 – congenital absence of ovaries	752.31 or 752.49 752.0
Looking at frequency since ICD10 implementation to present: identified 4 individuals with these Dx codes	

SBIRT Coding Revisited

Recap

- OHA noted large increase in SBIRT numerator compliance post ICD10.
- A more detailed look indicated that standalone coding (Z13.89) was driving the increase (79% change after ICD10).
- OHA proposed removing the standalone ICD10 option from the SBIRT measure for CY 2016.

April TAG discussion

- Concern about over-manipulating the measure.
- Pairing z13.89 with 99420 (also generic) still doesn't guarantee an SBIRT service was conducted.
- Limited value to tinkering with claims-based SBIRT if we expect to transition to EHR-based soon.
- Potential to implement in July 2016 for second half of the year, rather than start Jan 2016.
- Agreed to table discussion until May meeting – CCOs were to look at data, talk to providers, staff, etc.

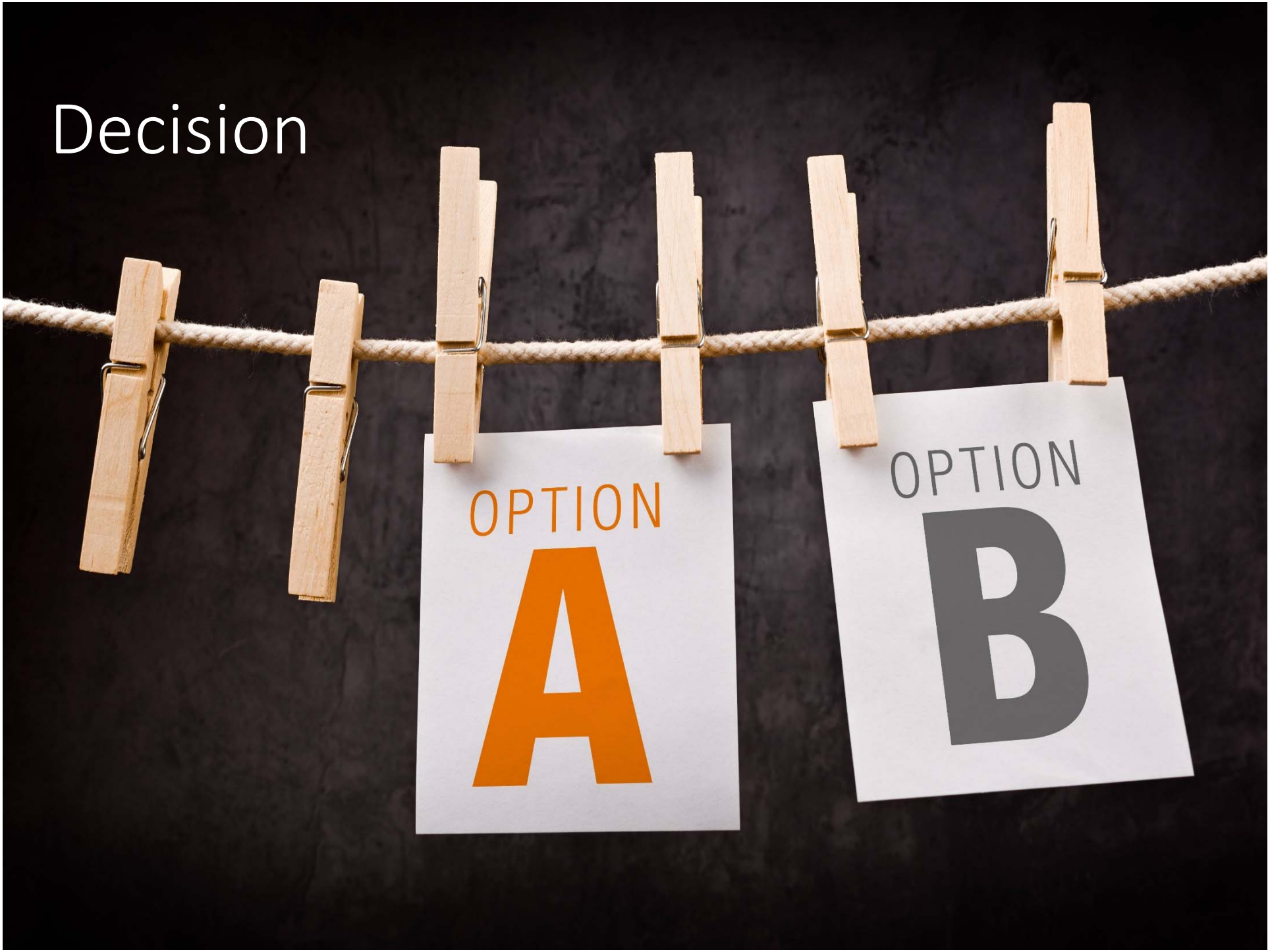
Increase in standalone coding by CCO

CCO	% increase in # of SBIRT standalone claims submitted between Q1-3 and Q4
ALLCARE	73%
CASCADE HEALTH ALLIANCE	47%
COLUMBIA PACIFIC	2%
EASTERN OREGON CCO	118%
FAMILYCARE	30%
HEALTH SHARE	58%
IHN	465%
JACKSON CARE CONNECT	106%
PACIFICSOURCE - GORGE	-29%
PACIFICSOURCE - CENTRAL	-3%
PRIMARYHEALTH	28%
TRILLIUM	179%
UMPQUA	66%
WOAH	43%
WVCH	17%
YAMHILL	62%
Statewide	63%

Feedback

- Observed correlation: providers that used ICD9 standalone code switched to ICD10 standalone code.
- Chart review findings?
- Drop ICD coding option entirely – limit to established SBIRT codes (99408, G0442, etc).
- EPIC may have dropped the 99420 + Dx pairing option, which could drive a lot of this change.
- Propose new ICD10 code(s) to the ICD review committee that would be specific.

Decision



Stakeholder Survey Results

About

Goal: to collect feedback from a variety of stakeholders on:

- Potential ideas for the incentive program structure under the new waiver.
- Proposed new (transformational) measures for consideration.
- Current (2016) incentive measures.

Fielded from April 12 – May 15, 2016.

Respondents

n=130

Balancing measurement fatigue concerns with responsibility to reflect services and populations CCOs serve

- Measure alignment across programs / payers
- National, standardized measures
- Meaningful, actionable measures
- Flexibility in measure selection
- Fewer metrics overall / combined metrics
- Adding new measures without retiring old ones

Recommendations for new or revised measure selection / retirement criteria

- Meaningful to patients and providers
- Actionable at CCO and practice level / actionable data
- Align with national programs / specifications
- Do not retire / add more than one measure per year
- Better address measures with small denominators
- Retire when CCOs have achieved benchmark / unable to impact
- Do not retire until we have met benchmark for 2 years

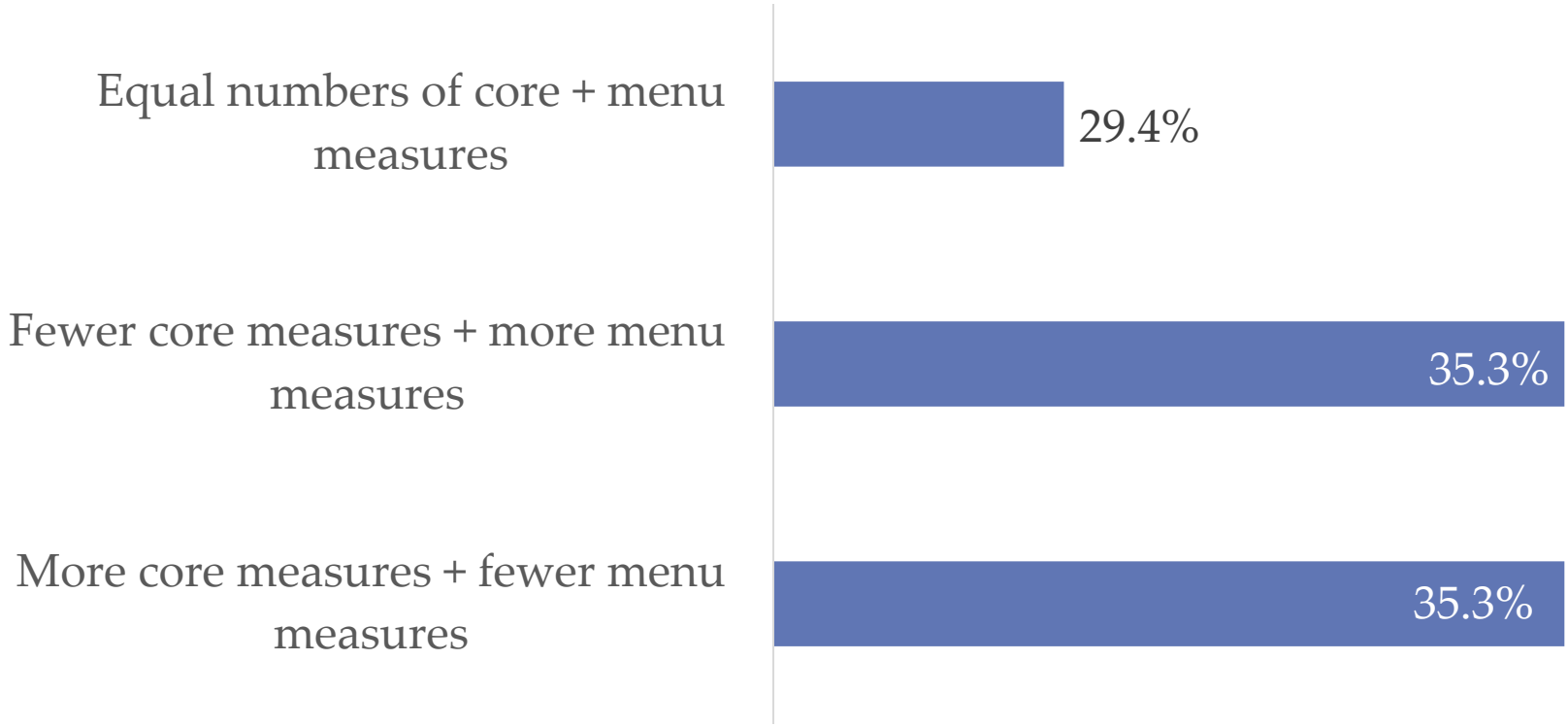
Under represented populations in current measure set

- Aging members, and members with chronic diseases.
- Adult males ages 19-44
- Children ages 3-5 and 4-11
- Populations experiencing health or health care disparities
- Children in foster care system
- DHS-involved families
- Criminal justice involved members
- Members with severe and persistent mental illness
- Members with mental health diagnoses
- Members with substance abuse
- Members experiencing homelessness
- Members with cognitive/intellectual disabilities
- Members with special health care needs, esp. children

Under represented services in current measure set

- Dental services, particularly for children, prenatal, & older adults
- Provider capacity / workforce
- Low acuity and preventive mental health services
- Mental health services for children
- Integration and care coordination across services
- Complex care management
- Substance use treatment
- Pediatrics (as a specialty)
- Outcomes
- Specialists
- Hospitals
- Social determinants of health (e.g., hunger, homelessness)
- Medication adherence

If the Committee moves to a core / menu measure set, which model is most appealing?



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Criteria for deciding which measures are core v. menu

Core Measures

- Address population health / outcomes
- Greatest impact / most vulnerable populations
- Where progress needs to be made / trending in wrong direction
- Have actionable data / monitored during measurement year
- Have larger denominators / more representative of population
- Have high clinical value

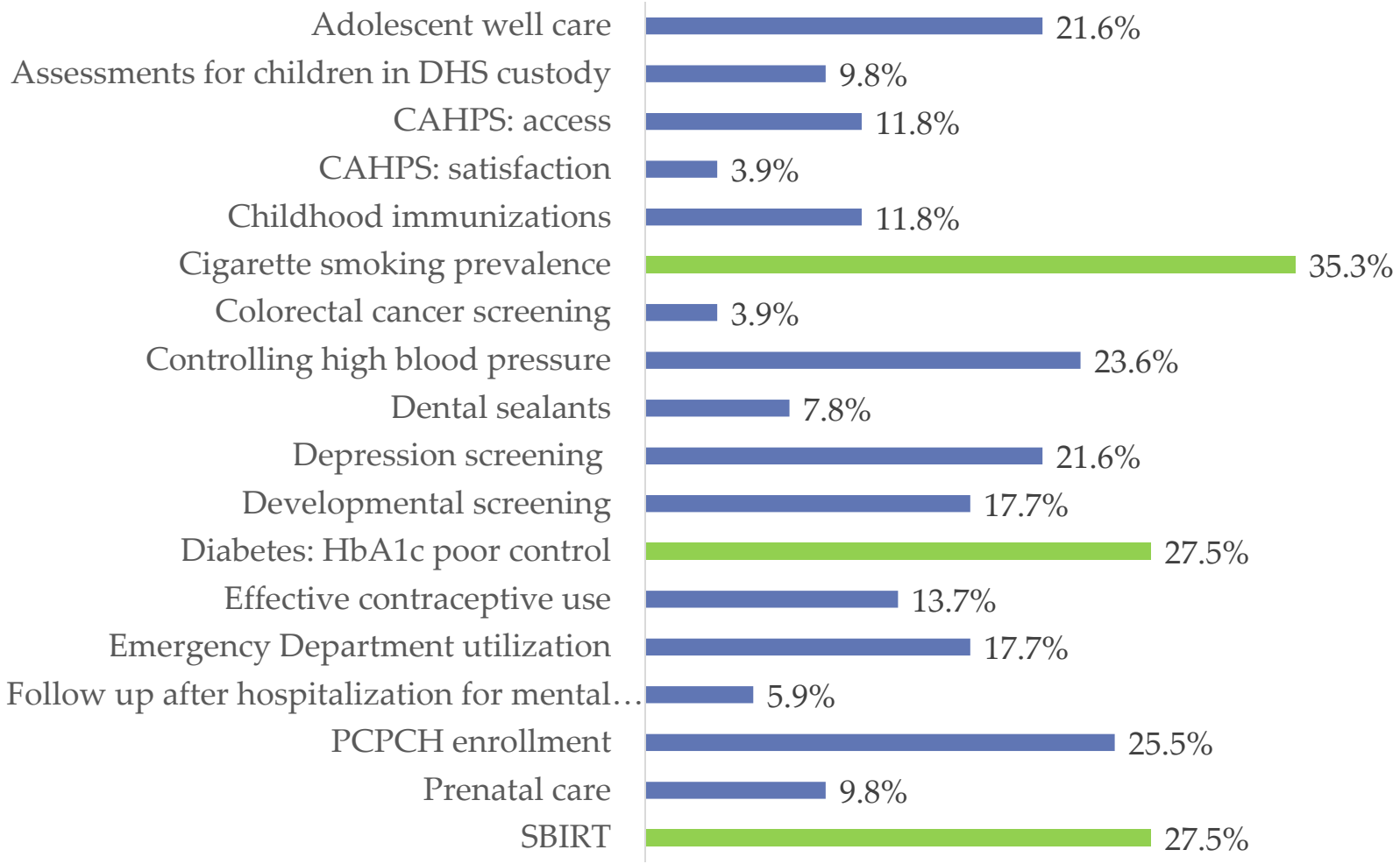
Menu Measures

- Local priorities
- Process measures
- Affect specific / smaller populations (e.g., children in foster care)
- Historically challenging to improve on

What would tell you that health system transformation in Oregon was successful?

Provide
System
Transform
More
Access
Population
Measure
Medical
Patient
Coordinated
Member
Time
Far
Cost
Quality
Services
Receive
Metrics
Control
Friction
Sbirt
Effects
Reduced
Between
Etc
Need
Go
Goal
Way
Adherence
Try
Healthier
Racial
Social
Lives
Place
Success
True
Truly
Rise
Increased
Contribute
Clinics
Process
Issues
Small
Vast
End
Gets
Well
Pharmacy
Claim
Percent
Few
Outcomes
Prescribed
Prevent
Seamless
Decrease
Many
Based
Communities
Work
Use
Pay
Johnson
Incentive
Avoiding
Immediate
Include
Role
Take
Lie
Class
Sense
Proper
Hit
Settings
Primary
Institute
Occurs
Spending
Achieved
Enroll
Individual
Healthcare
Screening
Meet
Vulnerable
Prescription
Curve
Up
Actions
Experience
Facilities
Visits
Monies
Difficult
Progress
Show
Hba
Net
Fqhcs
Arise
Due
Contributors
Believe
Medicine
Eliminate
Therefore
Involve
Scale
Such
Recently
Comprised
Optional
Vital
Illnesses
Fewer
Toward
Result
Person
Tackle
Despite
Demonstrable
Value
Actually
Ensured
Enable
Coded
Depends
Out
Hear
Life
Data
Total
Side
People
Over
Move
Drivers
Healthy
Hard
Groups
Twenty
Regard
Profits
Won
Impact
Non
Miss
Aim
Poverty
See
Assess
Positively
Secondly
Foundation
Funding
Studies
Lowest
Majority
Keeping
Cancer
State
Less
Dynamic
Churn
Robert
Larger
Violence
Appropriate
Renew
Investors
Proposed
Partnerships
Reflected
Utilization
Reduction
Half
Through
Operability
Bending
Medicaid
Affordable
Management
Referrals
Empowerment
Attention
Cause
Outside
Difficult
Ability
Unified
Result
Toward
Person
Tackle
Despite
Due
Arise
Medicine
Contributors
Believe
Eliminate
Occurs
Achieved
Enroll
Ability
Screening
Healthcare
Individual
Meet
Therefore
Hit
Vital
Illnesses
Fewer
Beyond
Big
Comprised
Such
Recently
Involve
Scale
Proper
Class
Sense

Select the three measures that you believe could be most transformative



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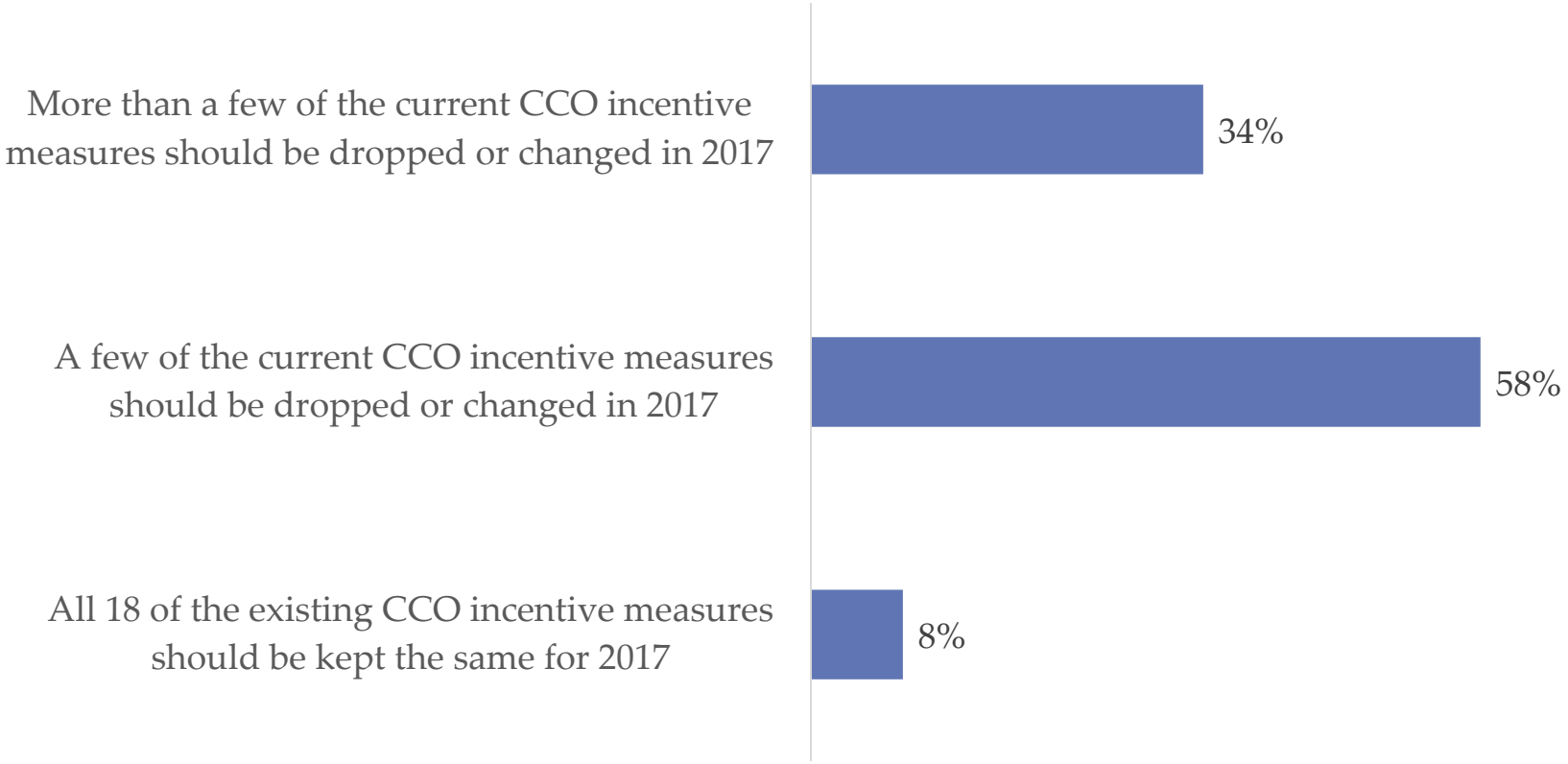
Proposed New Measures

- Adult BMI assessment
- Additional CAHPS measures
- Annual monitoring for patients on persistent medications
- Antiplatelet therapy for patients with cardiovascular disease
- Care coordination for children with medical complexity
- Childhood obesity
- Complete demographic information for Medicaid members
- Continuous Medicaid enrollment
- Food insecurity screening & FU
- Dental access (children / prenatal)
- Fluoride varnish
- FU for children identified at-risk through developmental screening
- Kindergarten readiness
- MTM: completion rate for comprehensive medication review
- Medication reconciliation post-discharge
- Obesity prevalence
- Opioid use MED >90
- Targeted services for children ages 3-5 and families
- Timely updating of member phone & address information
- Weight screening & FU for children, adolescents, and adults
- Well-child visits in first 15 mos
- Well child visits for 3-6 year olds
- Yearly oral health screening in primary care (First Tooth)

Statement that most closely describes your preference for 2017



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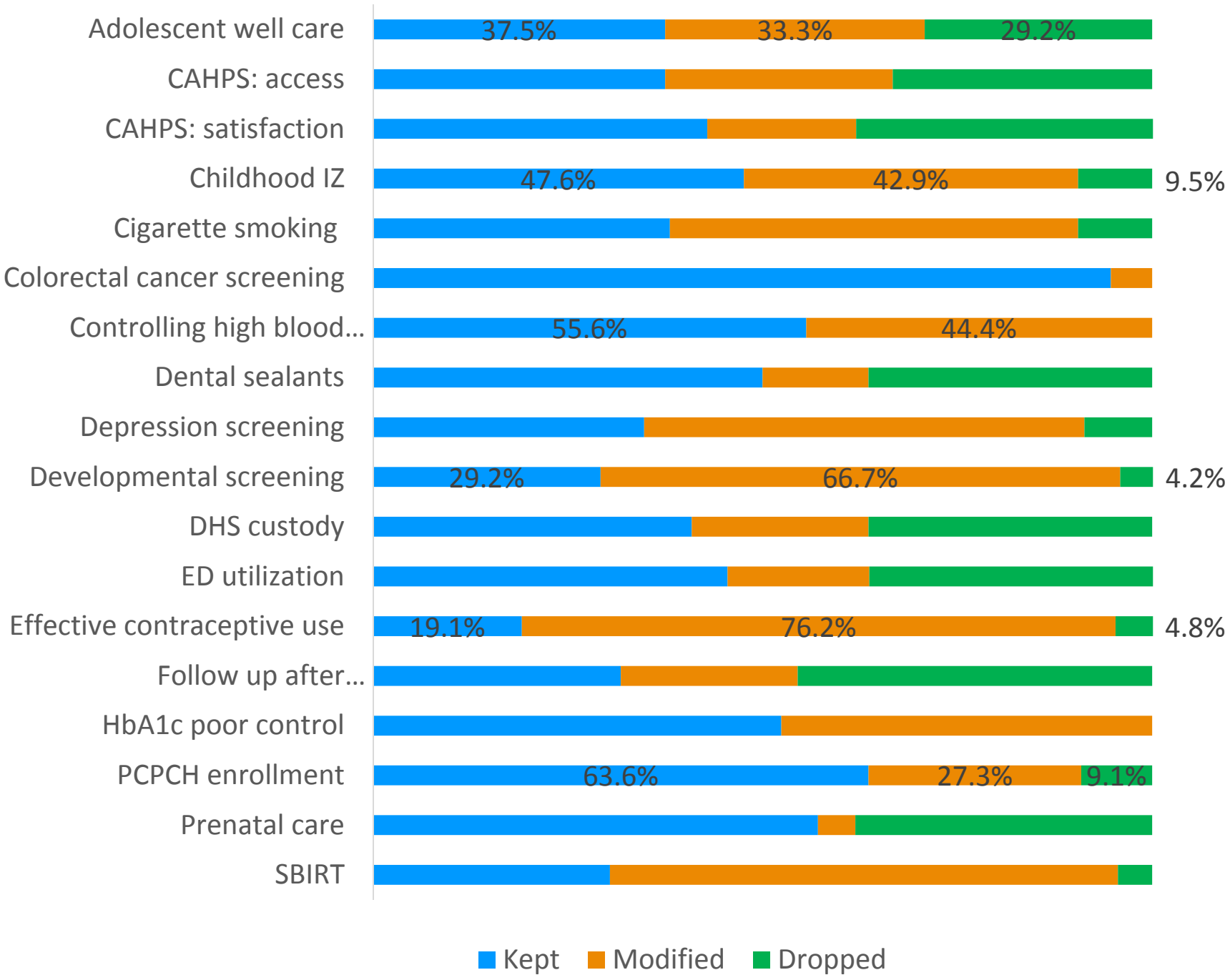
Adolescent well care
37.5%
33.3%
29.2%
CAHPS: access
CAHPS: satisfaction
Childhood IZ
47.6%
42.9%
9.5%
Cigarette smoking
Colorectal cancer screening
Controlling high blood...
55.6%
44.4%
Dental sealants
Depression screening
Developmental screening
29.2%
66.7%
4.2%
DHS custody
ED utilization
Effective contraceptive use
19.1%
76.2%
4.8%
Follow up after...
HbA1c poor control
PCPCH enrollment
63.6%
27.3%
9.1%
Prenatal care
SBIRT
Kept
Modified
Dropped

Committee Debrief

Committee homework:

- Short list of measure to be dropped for 2017 or 2018
- Short list of measures for the Committee to consider adding for 2017 or 2018
- Whether any of the measures should be modified (and how)

2017 measure selection to begin at June meeting.

Next TAG meeting

- June 23rd, 1-3 pm
  - Tobacco prevalence reporting roundtable
  - Food insecurity screening specifications