

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

March 4, 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

 Review 2019 Public Health Accountability Metrics Annual Report; recommend that PHAB approve the report

Hold discussion with Metrics and Scoring Chair and staff on opportunities for the PHAB Accountability
Metrics subcommittee and the Metrics & Scoring committee to work together on using metrics to achieve
health improvements

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

1:00-1:05 pm	Welcome and introductionsApprove February 13 minutes	Sara Beaudrault, Oregon Health Authority
1:05-1:30 pm	Discussion with Metrics and Scoring on using metrics to achieve health improvements Review structure and goals of CCO incentive program Discuss opportunities to leverage the work of these two metrics committees to achieve health improvements	Will Brake, Metrics & Scoring Chair Sara Kleinschmit,
		Oregon Health Authority
1:30-1:50 pm	 2019 Public Health Accountability Metrics Report Review and discuss changes to Executive Summary, Introduction and Technical Appendix Recommend that PHAB review and approve the 2019 report at the March meeting 	Myde Boles, Oregon Health Authority
1:50-1:55 pm	 Subcommittee business Myde will present the 2019 report at the March 21 PHAB meeting Next subcommittee meeting is scheduled for Monday, April 1 from 1:00-2:00 	All

1:55-2:00 pm	Public comment
1:00 pm	Adjourn



PUBLIC HEALTH ADVISORY BOARD DRAFT Accountability Metrics Subcommittee meeting minutes

February 13, 2019 12:00-1:00 pm

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

Oregon Health Authority staff: Sara Beaudrault, Myde Boles

Welcome and introductions

Minutes from the January 7, 2019; May 23, 2018; and March 8, 2018 were approved.

2019 Public Health Accountability Metrics Report

Myde reviewed health outcome and process measure data for the 2019 accountability metrics report. She noted that the executive summary has not been updated yet and the technical appendix is partially complete. Myde will add a data table to the appendix that includes numerators and denominators for all measures, when possible, as requested by PHAB last year.

Jeanne asked who the target audience is. This report is statutorily required, and communicating with legislators about how public health funding is being used to improve health outcomes is a primary purpose of the report. Teri and Muriel report that they share it with commissioners, staff and other groups in the community, including CCOs and regional health councils.

Eli suggested adding a sentence to the executive summary and introduction to describe 2017-19 funding for public health modernization, and the connection to communicable disease accountability metrics.

Two year-old immunization rates: The report shows improvements to the process measure for engaging health care providers in the AFIX immunization quality improvement program. This is partially due to the local use of modernization funding to support AFIX outreach and engagement. The OHA Immunization Program has increased staff capacity to support LPHAs in their work with health care providers. This improvement, and the local/state partnership, will be highlighted in the executive summary.

Gonorrhea rates: Gonorrhea rates increased statewide between 2016 and 2017 and continue to move in the wrong direction. Since 2017 is the measurement year for this measure, we cannot yet see any changes resulting from local modernization investments in sexually transmitted infection response and prevention. We may see improvements in next year's report, which will reflect work that occurred in 2018.

Adult smoking prevalence: Minimal changes to the health outcome measure and process measures.

Prescription opioid mortality: Data in the 2019 report show that Oregon has met the benchmark for prescription opioid mortality rate. The subcommittee noted that this is a narrow definition of the opioid overdose problem in Oregon. Eli urged caution that PHAB not overlook the broader context around non-prescription overdoses and how those rates might increase with reduced access to prescription opioids. The local public health process measure for opioids looks at PDMP enrollment. Overall, rates of enrollment decreased in 2018. Myde will follow up with the Injury and Violence Prevention program to confirm the data are correct and to understand any changes that may have led to decreased in enrollment.

Active transportation: The 2019 report includes local public health process measure data that shows LPHA participation in local active transportation, parks and recreation or land use planning initiatives. This has not been reported previously.

Drinking water standards: There are three process measures for drinking water standards. The percent of water quality alert responses decreased between 2016 and 2017. Myde will work with the OHA Drinking Water Services program to understand reasons for a decrease in responses from 2016 to 2017.

Effective contraceptive use: The 2019 report includes local public health process measure data that shows whether LPHAs are developing a strategic plan with community partners to ensure access to reproductive health services. For this year's report, no counties met the measure. Teri and Muriel stated this process measure may not reflect the work happening within communities. Subcommittee members suggest that the OHA Reproductive Health program provide some language to clarify how Program Element funds are being used to assure access to reproductive health services.

Dental visits for children aged 0-5: The report shows improvements in the percent of children with any dental visit. This is a developmental measure with no corresponding local public health process measure. The subcommittee will discuss whether to move this measure from a developmental measure to an accountability measure this spring.

March discussion with Metrics and Scoring

At the March PHAB Accountability Metrics meeting, the subcommittee will be joined by a member and staff of OHA Metrics and Scoring to discuss opportunities to align work across the committees.

The subcommittee had limited time to plan for the March discussion with Metrics and Scoring. Eli suggested that one desirable outcome could be for the two committees to meet to jointly discuss all areas where there are shared metrics. Sara will email subcommittee members for additional suggestions or ideas for what the PHAB

Accountability Metrics subcommittee would like to get out of the discussion with Metrics and Scoring.

Subcommittee business

Teri will give the subcommittee update at the February 21 PHAB meeting.

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.



CCO Quality Incentive Program: Using Metrics to Improve Health

Will Brake, Metrics & Scoring Committee Chair (COO, All Care CCO)

Sara Kleinschmit, Metrics & Scoring Committee lead staff (Policy Advisory, OHA Office of Health Analytics)



OFFICE OF HEALTH ANALYTICS
Health Policy & Analytics

Overall Accountability

- Metrics incentive program is just a piece of the accountability puzzle
- Multi-faceted transformation
- Other areas of accountability and opportunity:
 - Global budget and flexibility
 - Transformation and quality strategy plans
 - Transformation grants
 - Non-incentive based reporting
 - Technical assistance opportunities



CCO Quality Incentive Program

- Annual assessment of CCO performance on selected measures.
- CCO performance tied to bonus \$
- Compare annual performance against prior year (baseline), to see if CCO met benchmark or demonstrated minimum amount of improvement
- Measures selected by public Metrics & Scoring Committee from measure menu created by Health Plan Quality Metrics Committee

Committee Vision

Continue to lead on and expand influence of incentive measures to improve the health of Oregonians, through Health System Transformation and cross-system collaboration

-Metrics & Scoring Committee Retreat, Oct 2015



Waiver Goals

Governor's Direction for CCO 2.0	Waiver - Four Key Goals (p. 10)
Increasing value-based payment	Commit to ongoing sustainable rate of growth and adopt a payment methodology and contracting protocol for CCOs that promotes increased investments in health-related services, advances the use of value-based payments;
Focus on social determinants of health and equity	Increase the state's focus on encouraging CCOs to address the social determinants of health and improve health equity across all low-income, vulnerable Oregonians to improve population health outcomes;
Maintaining a sustainable rate of growth	Commit to ongoing sustainable rate of growth and adopt a payment methodology and contracting protocol for CCOs that promotes increased investments in health-related services, advances the use of value-based payments;
Improving the behavioral health system	Enhance Oregon's Medicaid delivery system transformation with a stronger focus on integration of physical, behavioral, and oral health care through a performance- driven system aimed at improving health outcomes and continuing to bend the cost curve;
	Expand the coordinated care model by implementing innovative strategies for providing high-quality, cost-effective, person-centered health care for Medicaid and Medicare dualeligible members.
5	Authority

Measure Selection Criteria

Technical Criteria

- Evidence-based and scientifically acceptable
- 2. Has relevant benchmark
- 3. Not greatly influenced by patient case mix

Program-Specific Criteria

- 4. Consistent with goals of program
- 5. Useable and relevant
- 6. Feasible to collect
- 7. Aligned with other measure sets
- 8. Promotes increased value
- Present opportunity for QI
- 10. Transformative potential
- 11. Sufficient denominator size

Measure Set Criteria

- 12. Representative of the array of services provided by the program
- 13. Representative of the diversity of patients served by the program
- 14. Not unreasonably burdensome to payers or providers

Priority Areas Moving Forward – Selecting the 2020 Measure Set

- Reviewing all 19 current incentive measures, plus five potential new measures under consideration for inclusion in the 2020 incentive measure set.
- Selected committee member measure ambassador
- Reviewing:
 - Specifications;
 - Past performance as available; and,
 - Completing informal assessments of each measure against the Committee's measure selection criteria.
- These reviews will provide the background and initial discussions that will inform the Committee's final decisions about the 2020 measure set.



Priority Areas Moving Forward – Selecting the 2020 Measure Set

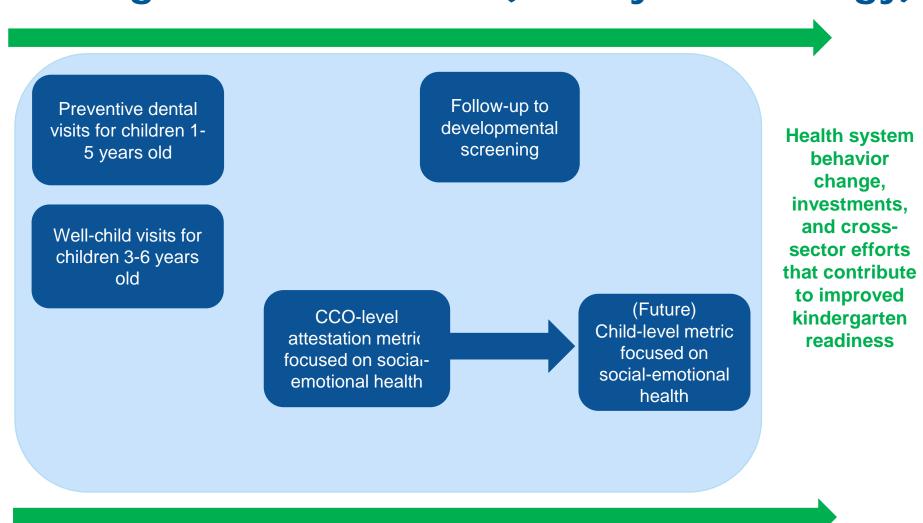
	2019 Incentive Measure Set
1. Adoleso	cent well-care visits
2. Emerge	ncy department utilization
3. Assessr	ments for children in DHS custody
4. Access	to care (CAHPS)
5. Childho	ood immunization status
6. Cigarett	te smoking prevalence
7. Colored	ctal cancer screening
8. Control	ling hypertension (EHR)
9. Dental	sealants
10. Depre	ssion screening and follow-up (EHR)
11. Develo	opmental screenings
12. Diabet	tes: Hba1c poor control
13. Dispar	rity measure: ED utilization for members w MI
14. Effecti	ive contraceptive use
15. PCPCH	l enrollment
16. Weigh	t assessment and counseling for kids and adol.
17. Postpa	artum care
18. Adults	s with diabetes – oral evaluation
19. Drug a	and alcohol screening (SBIRT)

Additional Measures Under Consideration

- Kindergarten readiness (package of two separate measures)
 - Preventive dental visits for children 1-5
 - Well-child visits for 3-6 yearolds
- Initiation and engagement in drug and alcohol treatment
- Adolescent immunization status
- Equity measure
 - Under development CCOlevel, structural measure related to traditional health workers and language access



Priority Areas Moving Forward – Developmental Measures – Kindergarten Readiness (multi-year strategy)



Priority Areas Moving Forward – Developmental Measures

- Evidence-based obesity measure (two-part measure to address child and adult obesity)
 - Glide path to introduce Component 1/ Multisector
 Interventions in 2021 (year 1) and add EHR-sourced BMI measurement change to the measure in 2023 (year 3)
- Social determinants of health
 - Internal planning beginning at OHA; public workgroup to be convened in autumn



Priority Areas Moving Forward

- Additional areas the Metrics & Scoring Committee would like to see included/expanded upon in future versions of HPQMC measures menu:
 - Suicide
 - Flu immunizations
 - Substance use disorders



For more information

All CCO measure specifications, guidance docs, quality pool etc.: http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx

Metrics reports:

http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Pages/HST-Reports.aspx

CCO Metrics & Scoring Committee:

http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx

Health Plan Quality Metrics Committee:

http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Quality-Metrics-Committee.aspx



How can PHAB Accountability Metrics and Metrics and Scoring work together to use metrics to achieve health improvements?

- What are the technical and operational overlaps between public health and CCO measure sets? (Timelines/reporting requirements, decision-making authority, etc)
- What are the similarities and differences in goals for the CCO incentive program and public health accountability metrics? Are there shared goals?
- What are the opportunities for these committees to work together to achieve health improvements?



2019 accountability metrics report

- Review Executive Summary, Introduction and Technical Appendix.
- Make recommendation for PHAB to approve the 2019 report at the March 21 meeting.



Subcommittee business

- Myde will lead the review of the accountability metrics report at the March PHAB meeting.
- Agenda for April meeting:
 - 1. Discuss process for finalizing 2019-21 measure set.
 - 2. Discuss benchmarks and targets for communicable disease control metrics.
 - 3. Hold initial discussion on oral health as a developmental metric.



Public comment



Adjourn

