

CCO Incentive Metric Selection Process

- Committee priority areas and values
- Timeline for decision process
- Limitations of metrics
- Future committee structure

Background

- Metrics and Scoring Committee tasked specifically with identifying incentive and challenge pool metrics for CCOs.
 - Larger list of “Test metrics” for which quality cannot deteriorate as part of waiver.
 - State is on the hook for a variety of other measure sets for different reasons (eg. CHIPRA core measures, DOJ measures, hospital measures, etc.)
- All measures selected for incentives must ultimately be approved by CMS as part of our waiver.
- October 2015, M&S had a retreat to plan out measure selection more strategically.
 - Identified priority areas and measure selection criteria.

2016 Measures

- **Adolescent well-care visits (NCQA)**
- **Alcohol or other substance misuse (SBIRT)**
- **Ambulatory Care: Emergency Department utilization**
- **CAHPS composite: access to care**
- **CAHPS composite: satisfaction with care**
- **Childhood immunization status (NQF 0038)**
- Cigarette smoking prevalence
- Colorectal cancer screening (HEDIS)
- Controlling high blood pressure (NQF 0018)
- **Dental sealants on permanent molars for children**
- **Depression screening and follow up plan (NQF 0418)**
- **Developmental screening in the first 36 months of life (NQF 1448)**
- **Diabetes: HbA1c Poor Control (NQF 0059)**
- **Effective contraceptive use among women at risk of unintended pregnancy**
- **Electronic health record (EHR) adoption**
- **Follow-up after hospitalization for mental illness (NQF 0576)**
- **Mental, physical, and dental health assessments within 60 days for children in DHS custody**
- **Patient-Centered Primary Care Home Enrollment**
- **Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)**

2016 Challenge Pool Metrics

- Additional incentive funds for CCOs that meet the benchmarks in certain measures...usually 4 in the pool.
 - SBIRT
 - Depression screening & follow up plan
 - Developmental screening
 - Diabetes: HbA1c poor control
- Future interest in “getting creative” with the Challenge Pool Metrics – may be an area for addressing equity, or bundling measures
 - For example, Adolescent Well Visit + SBIRT + Depression Screening

Priority Areas for 2017 and Beyond

- Behavioral health
- Care coordination
- Post-expansion Medicaid population demographics
- Equity
- Maternal & Child Health Title V Priority Areas
- Public Health Modernization Priority Areas
- Workforce / “quadruple aim”
- Obstacles to health for Oregonians
- Opioid performance improvement projects / measures

Criteria for Selecting New Metrics

- Age agnostic
- Multi-generational (household measures)
- Bundled (multiple concerns / services in a single measure)
- Collaborative across systems
- Aligned with public health / state health priority areas
- High impact – broad opportunity to improve health
- Readiness of system to adopt or improve on a measure (that is, can it be measured, not are people interested)
- Sustainability (keeping measures long enough to drive change)
- Balancing measure set between process and outcome measures
- Balancing measure set between upstream and downstream measures

Timeline for 2016

- January – February
 - Framework for incentive program under new waiver (2018-22)
 - Presentations on additional measurement work and priority areas
- March – April
 - Draft measurement strategy language for incentive program for new waiver
 - Additional presentations on priority areas.
- May – June
 - Begin 2017 measure selection.
 - On the docket: alternate access and patient experience measures, food insecurity screening measure, health equity index.
 - Additional presentations on priority areas.
- July – September
 - Continue 2017 measure selection, benchmark setting for 2017.
 - Final 2017 measure selection and benchmarks must be complete by September 30.
 - Retiring committee members leave in August (at least three have terms expiring).
- October – December
 - Committee retreat (?).
 - Status updates on measurement work.

Limitations

- To date, clinical measures have mostly been claims-based.
 - Two based on surveys, two are electronic reporting, two chart review, and two have been based on demographics (PCPCH and EHR adoption).
- CCOs will push back on additional chart review measures – time, labor, and financial burden.
- Prior child's mental health measure was partly a flop – N was too small for some CCOs to meaningfully measure.

Kindergarten Readiness

- While this has been an interest of the committee (and mine), realities made the metric challenging.
- Envisioned a measure that bundled health and early learning metrics.
- Limitations of data systems...both in terms of what was measurable and the inter-operability of the two systems.

Future Committee Structure

- Still some details to be worked out based on legislation creating new all-payer measures workgroup.
- M&S is part of waiver, therefore can't be replaced by the larger group.
- M&S will be a workgroup that feeds into the larger measures workgroup.
 - Our Technical Advisory Group (TAG) will still provide TA to M&S.
- My term ends in August – will be room for (at least) a CCO representative and two measurement experts.

Questions?

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