

# Oregon Metrics and Scoring Committee

## Minutes

February 1, 2013

1:00 p.m. – 3:45 p.m.

Clackamas Community College

29353 SW Town Center Loop E

Wilsonville, OR 97070

### Item

#### Welcome

Committee members present: Maggie Bennington-Davis, Robert Dannenhoffer, R.J. Gillespie, Bob Joondeph, David Labby, Jeff Luck, Gloria Coronado, Phil Greenhill, Jeanine Rodriguez.

OHA Staff: Tina Edlund, Chief of Policy; Carole Romm, Accountability and Quality Consultant; Lori Coyner, Director of Accountability and Quality; Sarah Bartelmann, Project Manager; Ari Ettinger, Assistant to the Health Policy Board,

Introduction of Lori Coyner, OHA's new director of Accountability and Quality (formerly Lori Lambert of Oregon's Health Care Quality Corporation). Lori will be the lead staff for the Metrics & Scoring Committee moving forward. Carole Romm will continue to provide consultation through a transition period.

#### Consent Agenda

The Committee approved the October 22<sup>nd</sup> minutes.

#### Where we landed

Tina Edlund provided an overview of the final measure sets and the quality pool design, and Carole Romm presented on OHA's final Accountability Plan. OHA's negotiations with CMS addressed both the relationship between OHA and CCOs (via 17 CCO incentive measures) and the relationship between OHA and CMS (33 state performance measures).

Summary of changes to the CCO incentive measures during OHA's negotiations with CMS:

- CMS felt SBIRT and Initiation and Engagement of Alcohol and Other Drug Treatment measures were too conceptually similar. Initiation and Engagement was replaced with Follow-up Care for Children Prescribed ADHD Medications.
- CMS was concerned that Oregon could show improvement on the Emergency Department utilization measure by just limiting access to ED – the measure was expanded to include both ED and ambulatory care (outpatient visits).
- CMS was concerned that very tight control of diabetes (HbA1c) may be harmful for certain populations. The diabetes control composite measure (D3) was replaced with a measure that only includes HbA1c >9%.

A list of final measures and the presentation are available in the meeting materials online at:

<http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials020113.pdf>.

#### USDOJ Metrics

Tina Edlund introduced Oregon and the US Department of Justice's agreement around a system of measurement for mental health services for people with serious and persistent mental illness. A press

# Oregon Metrics and Scoring Committee

## Minutes

February 1, 2013

1:00 p.m. – 3:45 p.m.

Clackamas Community College

29353 SW Town Center Loop E

Wilsonville, OR 97070

release and the full agreement are available online at:

[http://www.justice.gov/usao/or/PressReleases/2012/20121109\\_civil.html](http://www.justice.gov/usao/or/PressReleases/2012/20121109_civil.html)

While there are over 100 unique elements in the USDOJ measures, the majority of them can be monitored through existing state data systems. OHA only needs to ask CCOs for 10 items (for example, number of sub-contractors with each CCO that offer mobile crisis teams). OHA will send the CCOs the list of which elements they will need to provide.

### **Status report**

Sarah Bartelmann gave an update on OHA's plans to produce and share preliminary baselines and detailed specifications for the 17 CCO incentive measures. A summary of the planned process is available in the meeting materials online at:

<http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials020113.pdf>

### **Next steps for the Committee**

The Committee agreed to meet quarterly during 2013. The next meeting will be scheduled for April.

Agenda items will include:

- Reviewing preliminary baseline data and establishing remaining benchmarks (with Michael Bailit)
- An overview of the SBIRT project (with staff from OHSU)
- The 2% test and FQHCs / wrap around rates (with Gretchen Morley – Health Analytics)
- Monitoring the US Department of Justice measures (with staff from AMH)

Future topics for the Committee include: developing an overall measurement strategy that incorporates dental measures, maternal and child health measures, etc.; and identifying a process for adding and retiring measures.

### **Public Testimony**

No public testimony was provided

### **Adjourn**

### **Next Meeting:**

TBD

# Oregon Health Authority

## Statewide Draft Baseline Data 2011

---

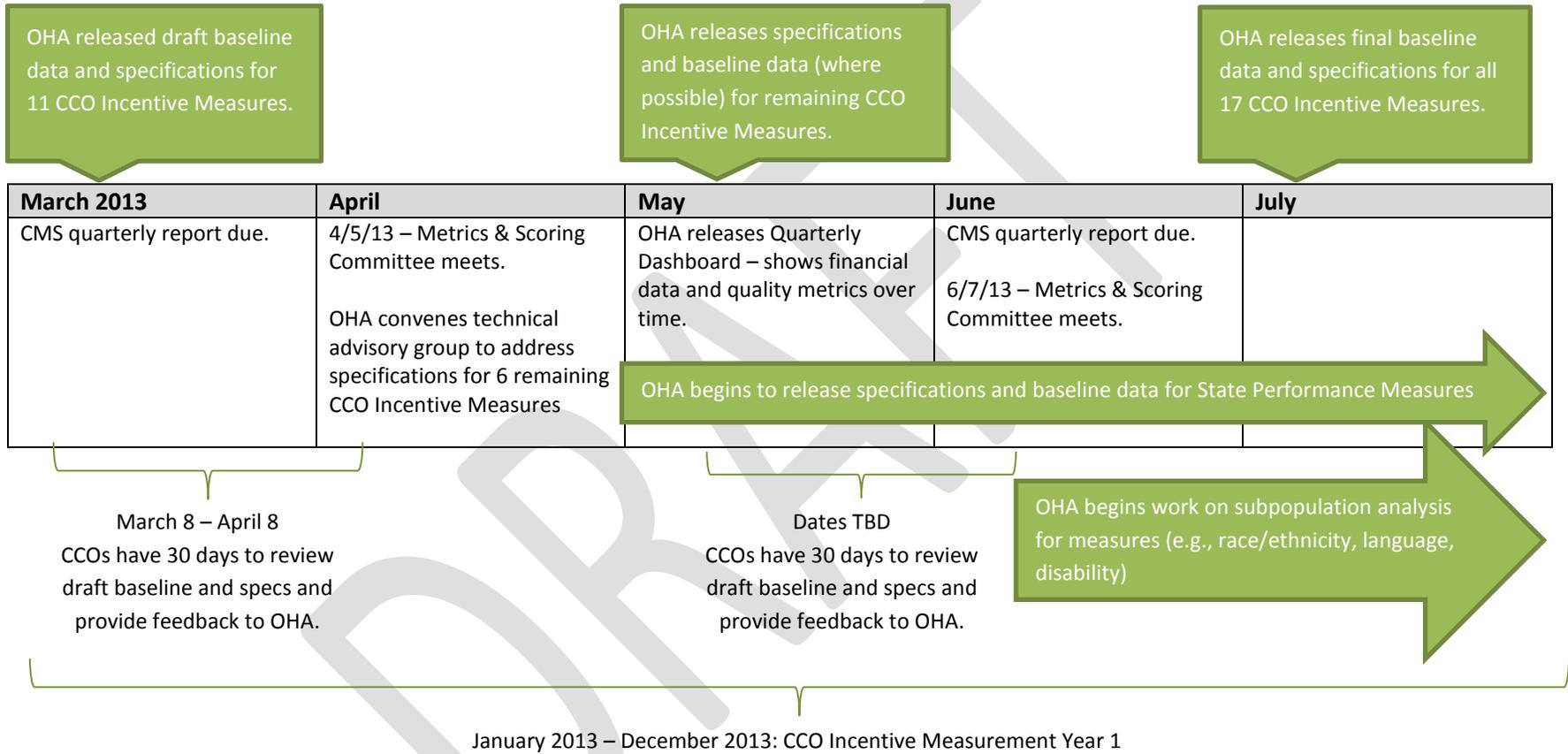
The Oregon Health Authority (OHA) has produced state and coordinated care level (CCO) level draft baseline data for 11 of the 17 CCO Incentive Measures to date. CCO level draft baseline data has been provided to CCOs for their review.

Draft baseline data for the remaining measures will be provided in May 2013. CCO level baseline data will be published online in July 2013.

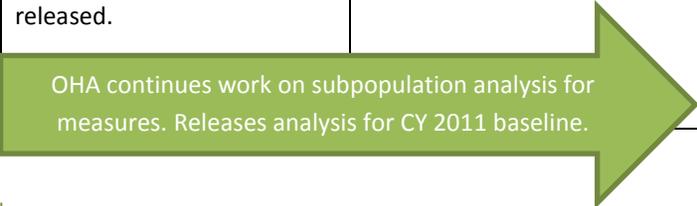
CCO Incentive Measures	Statewide Baseline (CY 2011)	Benchmark
Alcohol and drug misuse: screening, brief intervention and referral for treatment (SBIRT)	0.6/1,000 adult outpatient visits	440/1,000 adult outpatient visits (44.0%)  Determined by Metrics & Scoring Committee, based on screening data provided by Oregon SBIRT Primary Care Residency Initiative. <i>Publication pending.</i>
Follow up after hospitalization for mental illness (NQF 0576)	57.6%	68.0%  2012 National Medicaid 90 <sup>th</sup> percentile
Follow-up care for children prescribed ADHD medications (NQF 0108)  *Initiation component will be used to determine the quality pool payment	Initiation: 52.3% C&M: 61.0%	Initiation: 51.0% C&M: 63.0%  National Medicaid 90 <sup>th</sup> percentile
Prenatal and postpartum care: timeliness of prenatal care (NQF 1517)	65.3%	89.0%  2012 National Medicaid 75 <sup>th</sup> percentile
Ambulatory care: outpatient and emergency department utilization	ED Utilization: 55.7/1,000mm  Outpatient Utilization: 395.9/1,000mm	ED Utilization: 44.4/1,000mm  Outpatient Utilization: 439/1,000mm

CCO Incentive Measures	Statewide Baseline (CY 2011)	Benchmark
		2011 National Medicaid 90 <sup>th</sup> percentile
Colorectal cancer screening (HEDIS)	23.7%	61.3%  2012 National Commercial 75 <sup>th</sup> percentile, with an estimated Medicaid adjustment factor of 4.4.
Developmental screening in the first 36 months of life (NQF 1448)	20.9%	50.0%  Determined by Metrics & Scoring Committee, based on results from 2007 National Survey of Children's Health.
Adolescent well-care visits (NCQA)	21.0%	56.9%  2011 National Medicaid 75 <sup>th</sup> percentile
Patient-Centered Primary Care Home (PCPCH) Enrollment  Calculated by: [(# of members in Tier 1)*1 + (# of members in Tier 2)*2 + (# of members in Tier 3)*3 ] / (The total number of members enrolled in the CCO*3)	51.7%	100%  The percentage of dollars available to each CCO for this measure will be tied to the percentage of enrollees in PCPCHs, based on the measure formula.
Access to Care: Getting Care Quickly (CAHPS survey composites for adult and child)	74%	87% Average of the 2012 Medicaid 75 <sup>th</sup> Percentile for adult and child rates.
Satisfaction with Care: Health Plan Information and Customer Service (CAHPS survey composites for adult and child)	78%	84% Average of the 2012 Medicaid 75 <sup>th</sup> Percentile for adult and child rates.

Working Timeline: CCO Incentive Measures and Quality Pool Year 1



Working Timeline: CCO Incentive Measures and Quality Pool Year 1

August 2013	September	October	November	December
OHA Quarterly Dashboard released.	CMS quarterly report due.		OHA Quarterly Dashboard released.	CMS quarterly report due.
				

January 2013 – December 2013: CCO Incentive Measurement Year 1



OHA releases CY 2013 results for 17 CCO Incentive Measures.  
Quality Pool funding is disbursed.

January 2014	February	March	April	May	June
	OHA Quarterly Dashboard released.	CMS quarterly report due.		OHA Quarterly Dashboard released.	CMS quarterly report due.
					

January 2014 – December 2014: CCO Incentive Measurement Year 2

## Straw Measurement Framework\*

Cross Cutting Dimensions			Individual and Family Health Care	Components of Quality Care	Starting Healthy <sup>^</sup>	Staying Healthy	Getting Better	Living with Illness or Disability	End-of-Life Care			
LIFECOURSE	EQUITY	VALUE		Effectiveness								
			Safety									
			Timeliness									
			Person/family-centeredness									
			Access									
			Efficiency									
			Care Coordination									
			Health Systems Infrastructure Capabilities									
			<b>Community Health</b>									
			<b>Population Health</b>									
<b>Social Determinants of Health</b>												

Adapted from the U.S. Health and Human Services National Healthcare Quality Report Framework for use in Oregon and the Maternal, Child and Adolescent Health Conceptual Framework

<sup>^</sup>Starting Healthy added to be inclusive of preconception/perinatal focus and life course orientation

Cross Cutting Dimensions				Care Across the LifeCourse	Starting Healthy^	Staying Healthy	Getting Better	Living with Illness or Disability	End-of-Life Care			
COMPONENTS OF QUALITY CARE	EQUITY	VALUE	<b>Individual and Family Health Care</b>	Infants								
				Pre-school aged								
				School-aged								
				Adolescents								
				Adults								
				Older adults								
			Care Coordination									
			Health Systems Infrastructure Capabilities									
			<b>Community Health</b>									
			<b>Population Health</b>									
<b>Social Determinants of Health</b>												

---

# Technical Advisory Work Group

Metrics and Scoring Committee

April 5, 2013

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

Oregon  
Health  
Authority

---

# Purpose of Technical Advisory Group

Bring together CCO representatives with measurement and clinical expertise to address technical details and questions about operationalizing the CCO Incentive Measures.

This group will operate “in the weeds”.

# Process for Technical Advisory Group

- Ad hoc group to meet often in April/May and as needed thereafter.
- Make recommendations to the Metrics & Scoring Committee regarding measure specifications, process, and data sources and submission.
- Metrics and Scoring Committee to make recommendations to OHA – OHA negotiates with CMS

# Topics for Technical Advisory Group

- Alternate data sources for incentive measures.
- Hypertension and diabetes measures.
- Coding for services and screening
- Future technology infrastructure for CCO reporting

# Logistics

- Representation from 10 CCOs to date.
- Quality Corp and Acumentra staff.
- Planning to meet April 17<sup>th</sup> and 29<sup>th</sup>.

# Discussion

---

# Baseline Data and Specifications Review and Next Steps

Metrics and Scoring Committee  
April 5, 2013

Michael Bailit, Lori Coyner



# Overview

- 2011 baseline data
- CCO feedback on measure specifications
- Proposed strategies to address CCO feedback

# 2011 Baseline Data

- State level baseline data for 11 measures published March 8<sup>th</sup>
- CCO level baseline data provided directly to plans – will be published after April 8<sup>th</sup>

[www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx)

# 2011 Baseline Data – Next Steps

- Draft measure specifications and state and CCO level baseline data for remaining 6 incentive measures:
  - \* EHR adoption
  - \* Depression screening
  - \* Hypertension
  - \* Elective delivery
  - \* Diabetes control
  - \* Mental and physical health assessments for children in DHS custody
- Second 30-day review period for CCO feedback.

# CCO Feedback

- 30 day review period for CCO feedback
- Received feedback from 7 CCOs and one partner
- Majority related to specifications, not baseline data

# Adolescent Well Care Visits

- Feedback on adding specific billing codes
- Adding these billing codes to the specifications would deviate from HEDIS specifications

## Proposed Strategy

- Use nationally endorsed measure specifications as much as possible/practical.
- Review proposed codes with TAG

# Alcohol and Drug Misuse (SBIRT)

- Specifications are confusing : are they based on individual or visit?
- Include Emergency Departments in the measure – do not limit to primary care.
- Feedback on which CPT and G codes should be / not be included in the specifications.
- Consider alternate methods for data capture and reporting outside of claims.
- Modify denominator definition.

# Proposed Strategies

- Revisit codes with the TAG and modify specifications
- Redefine denominator to reflect members with at least one outpatient visit
- Additional discussion today with Jim Winkle (agenda item #6) regarding measure and benchmark
- TAG will address alternate methods for data collection/submission.

# Ambulatory Care: Outpatient and Emergency Department Utilization

- Include mental health in the specifications.

## Proposed Strategy

- Revisit specifications with TAG
- Use nationally endorsed measure specifications as much as possible.

# CAHPS Composites

- Baseline data is for CY 2011 and CCOs will not have 2013 data until mid-2014. Difficult to monitor progress and make improvements on these measures.

## Proposed Strategy

- During the first year of measurement there are constraints on when the survey can be fielded.
- Assess possibility of fielding survey before the end of subsequent measurement years.

# Colorectal Cancer Screening

- Use the original HEDIS specs (full look back period), instead of modified 3 year look back period.
- Use APAC to obtain screening prior to the 3 year look back period.
- Consider alternate methods for data capture and reporting outside of claims.

# Proposed Strategies

- For baseline measures, start with the 3 year look back period and add one year to the look back period each subsequent year of measurement.
- Adjust or remove the benchmark to reflect the shortened look back period.
- TAG will address alternate methods for data collection/submission.

# Developmental Screening

- Consider including screening occurring with the use of non-validated tools.
- Consider alternate methods for data capture and reporting outside of claims.

# Proposed Strategies

- Do not include screenings that used non-validated tools in this measure.
- TAG will address alternate methods for data collection/submission.

# Follow Up after Hospitalization for Mental Illness

- Many of the first post-hospital contacts are for case management or wrap around services. As this is often the most relevant clinical support needed post-hospital, include these codes in the specifications.

## Proposed Strategy

- Assess additional codes with TAG
- Use nationally endorsed measure specifications as much as possible.

# Follow up Care for Children Prescribed ADHD Medications

- Due to weekends and schedules, most of the time follow-up will occur within 25-35 days, not within 30 days.

## Proposed Strategy

- Use nationally endorsed measure specifications as much as possible.

# Patient Centered Primary Care Home Enrollment

- Unrealistic to expect all providers are Tier 3 in the first year. Some providers are NCQA certified and working on PCPCH.

## Proposed Strategy

- Keep methodology as is since partial credit is given in the quality pool for tier 1 and tier 2 providers.

# Timeliness of Prenatal Care

- Confusion about inclusion/exclusion of bundled payments in the measure specifications.
- If excluding bundled payments, are the baselines understated?
- Consider alternate methods for data capture and reporting outside of claims.

# Proposed Strategies

- Bundled payments are included in the baseline data provided. Evaluate impact of any numerator capture issues due to bundled payments.
- TAG will address alternate methods for data collection/submission.

# Additional Feedback

Measures that are time or event dependent (e.g., elective delivery, timeliness of prenatal care, etc...) should only be measured using data from the second half of 2013, once specifications have been finalized and published.

## Proposed Strategy

- Assess pros and cons with TAG

# Potential policy decisions

- Use nationally endorsed measures when possible
- Allow the use of alternate data sources – balance variation in CCOs capability to submit own data
- Phase challenging measures in when technical issues are daunting
- CCOs with denominators less than 30 – modify quality pool approach.

# Discussion

---

# Communications Plan

Metrics and Scoring Committee

April 5, 2013

Alissa Robbins



# Communications Office

- Media relations
- Story gathering
- Showing, rather than telling:  
*making metrics meaningful*
- [health.oregon.gov](http://health.oregon.gov)

# Communications Plan

- Goals
- Audience
- Tools
- Messaging

# Media Coverage

Reporters are excited about what is happening.  
They want to cover it in-depth.

## Resources for You

# Contact Information

Alissa Robbins, Office of Communications

503.490.6590

[Alissa.Robbins@state.or.us](mailto:Alissa.Robbins@state.or.us)



# Primary Care Residency Initiative

**John Muench, MD    Jim Winkle, MPH**  
**OHSU Family Medicine**



SBIRT

# Website

[www.sbirtoregon.org](http://www.sbirtoregon.org)

**SBIRT PRIMARY CARE RESIDENCY INITIATIVE**

Addressing alcohol and drug use with primary care patients

Home   Clinic flow   Screening forms   Clinic tools   Training curriculum   Reimbursement   About our project

Watch video demonstrations of a brief intervention:

**SBIRT** stands for screening, brief intervention, and referral to treatment— an evidence-based, effective method to intervene in alcohol and drug misuse, but that is currently underused in the primary care setting in the United States.

Because we believe that primary care clinicians of the future will practice in the team-based environment of the “patient-centered medical home”, our SBIRT Oregon curriculum begins with teaching a specific office process in which annual screening is conducted by clinic staff using paper or electronic medical record screening tools. We then teach our resident physicians to perform patient-centered brief interventions through video examples and role play. Having completed the three-hour curriculum, they return to their clinics with office screening systems in place, ready to immediately take part in a process that can usually be carried out within the context of a 15-minute primary care visit.

Watch a demonstration of the SBIRT clinic work flow



SBIRT

# SBIRT

Screening

Brief  
Intervention

Referral to  
Treatment

An evidence-based method to intervene in unhealthy alcohol and drug use, but underemployed in medical settings.

## SBIRT

Routine and universal screening

Validated screening tools

Alcohol use seen as a continuum

Evidence-based, patient-centered  
change talk

Transition between primary care  
and treatment

VS.

## Business as usual

Inconsistent and selective  
assessment

Untested questions

Alcohol use seen as dichotomous

Ineffective, directive style of  
communication

Missed opportunities for referrals  
and follow up

## Why implement SBIRT?

- High prevalence of unhealthy alcohol and drug use
- Significant morbidity, mortality, and cost
- Screening instruments work
- Brief interventions effective, inexpensive, and acceptable



# Background

- Funded by SAMHSA in 2008 – 2013
- Trained over 400 clinicians and staff
- Implemented SBIRT in seven clinics
- Designed clinic tools, screening forms, and training videos adopted around the country.



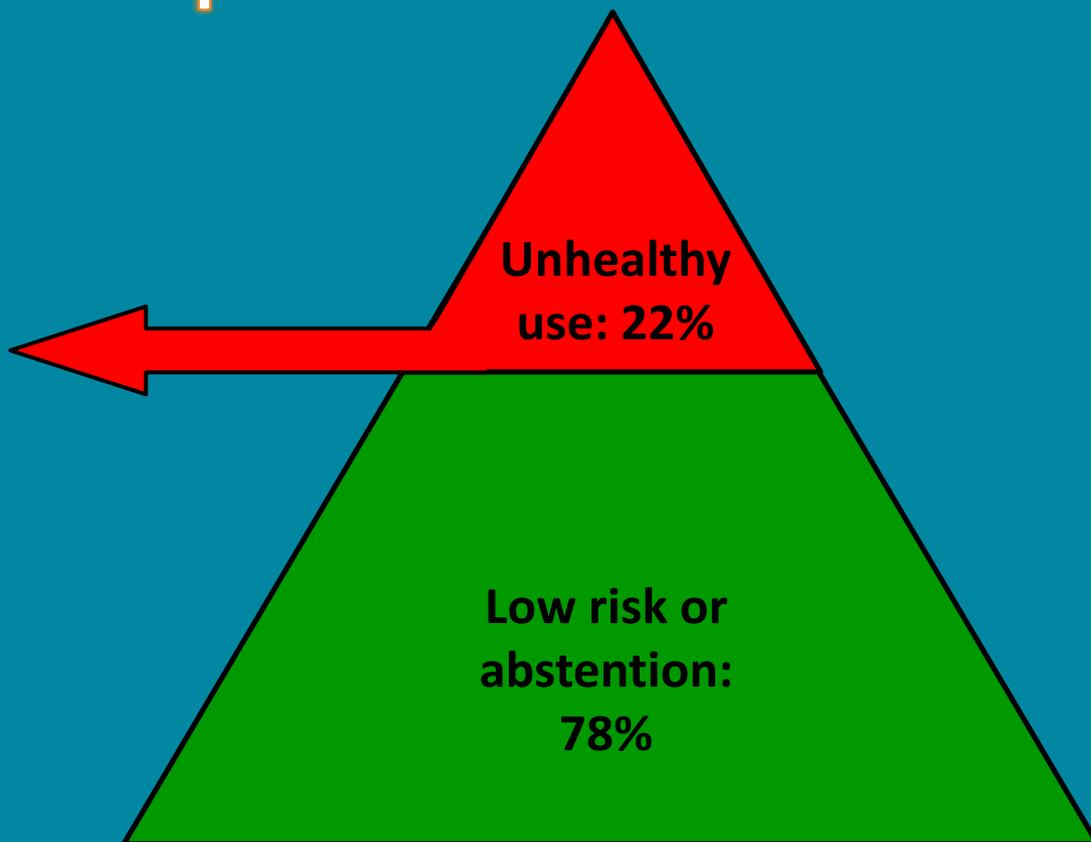
Primary Care  
Residency Initiative

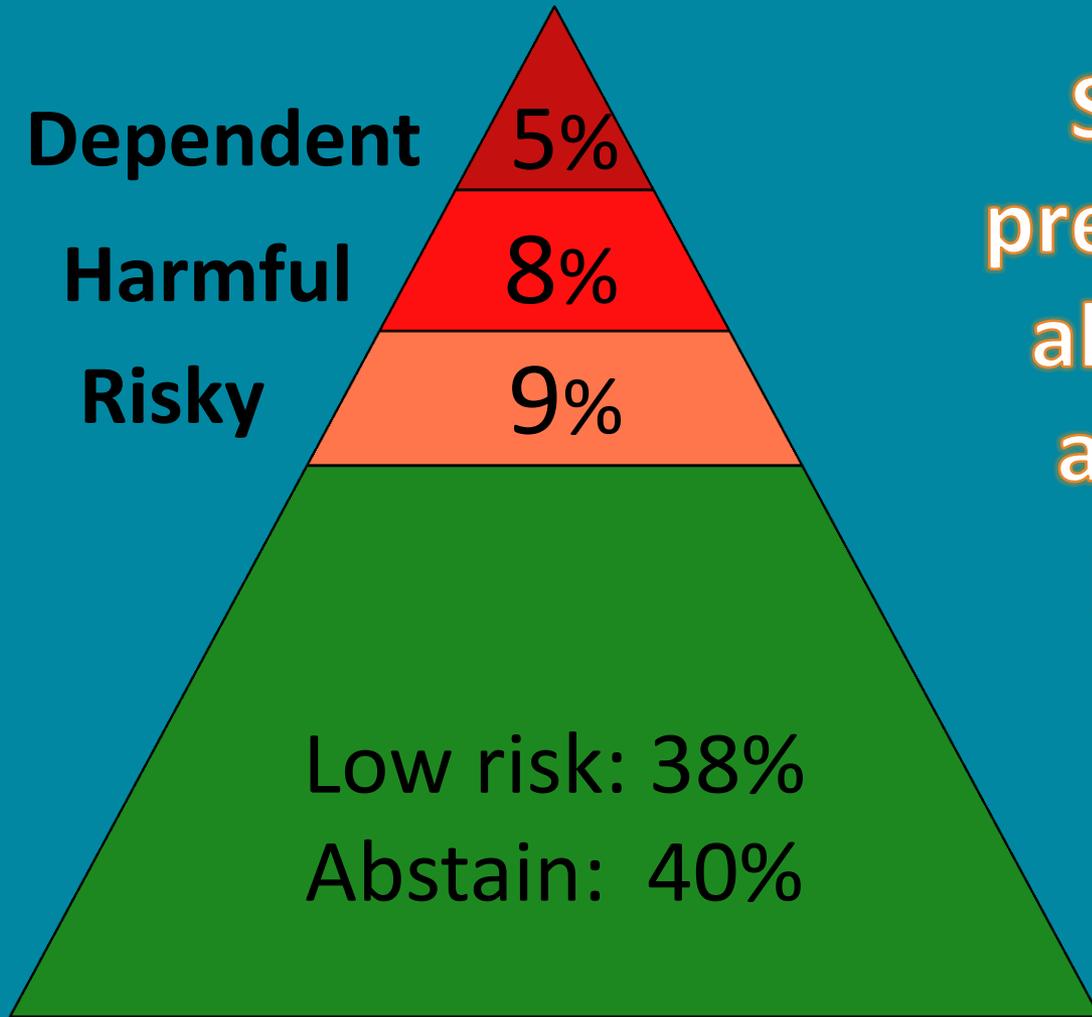
# Clinics in our project

Clinic	Location	Total # of providers	Avg visits per month	Exam rooms	Pts using public payers	EMR
OHSU Richmond	Portland	34	2288	28	69%	OCHIN EPIC
OHSU South Waterfront		37	3,323	26	16%	OSHU EPIC
OHSU Gabriel Park		33	2,722	25	14%	
OHSU Internal Medicine		80	2,483	31	29%	
Providence Southeast		16	1,275	14	60%	Centricity → EPIC
Providence Milwaukie	Milwaukie	20	1,375	16	52%	
OHSU Cascades East	Klamath Falls	38	2000	24	40%	Meditech → OCHIN

# Unhealthy alcohol use among PC patients

Low-risk limits		
	Drinks per week	Drinks per day
Men	14	4
Women	7	3
All age >65	7	3



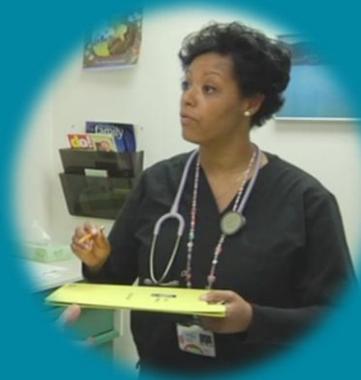


Stratified prevalence of alcohol use among PC patients

# The SBIRT clinic flow



Reception

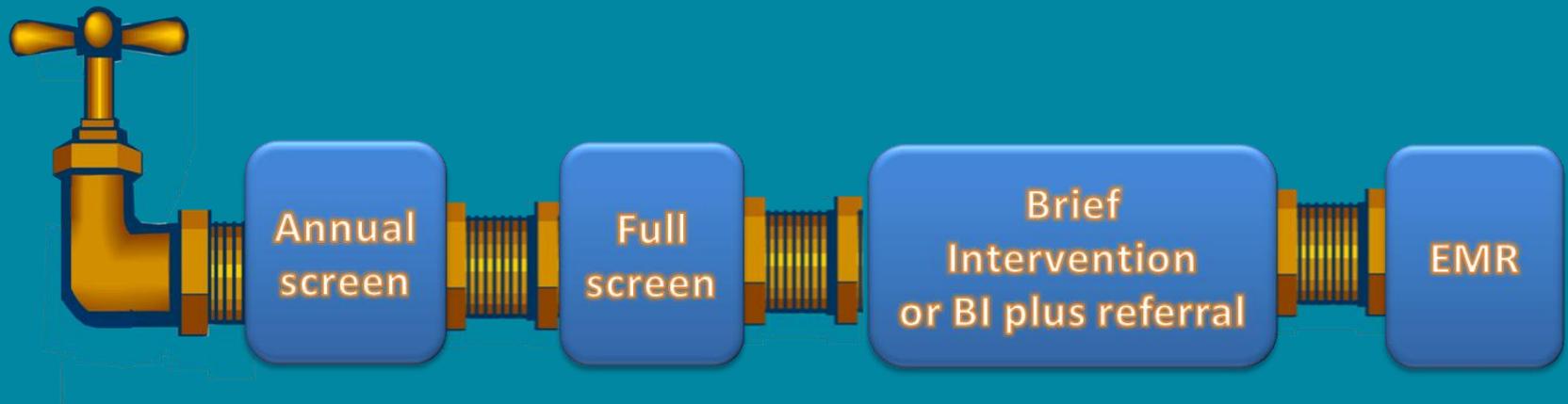


MA or Nurse



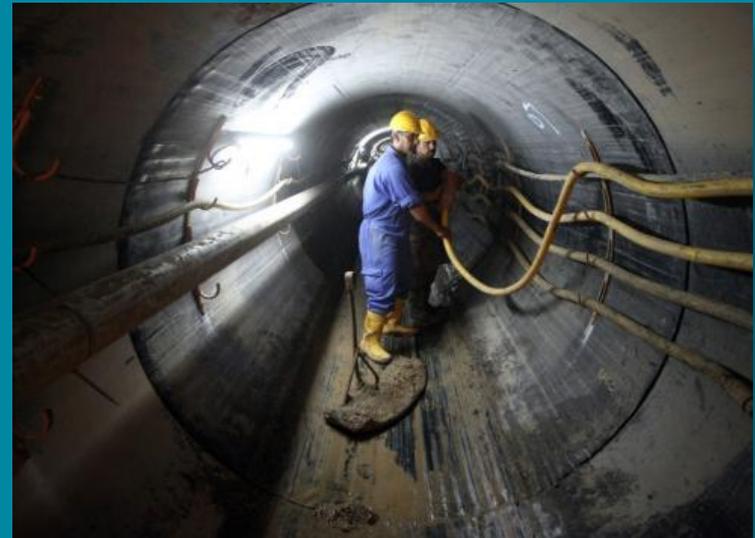
Clinician, Behavioralist,  
of Health Educator

# Clinic pipeline



# Installing the pipeline

- Training
- Screening forms
- Clinic champions
- Clinic tools
- EMR tools



# Screening forms

- Validated questionnaires
- Formatted for clinic use
- Translated into six languages

**Alcohol screening questionnaire (AUDIT)**  
 Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

One drink equals:  12 oz beer  1.5 oz liquor

**Annual questionnaire**  
 Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

Which recreational drug... \_\_\_\_\_

Are you currently in recovery for alcohol or substance use?  Yes  No

Alcohol: One drink =  12 oz beer  5 oz wine  1.5 oz liquor (one shot)

MEN: How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
	<input type="radio"/>	<input type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
	<input type="radio"/>	<input type="radio"/>

**Drugs:** Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

	None	1 or more
	<input type="radio"/>	<input type="radio"/>

**Mood:**

During the past two weeks, have you been bothered by little interest or pleasure in doing things?

	No	Yes
	<input type="radio"/>	<input type="radio"/>

During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

	No	Yes
	<input type="radio"/>	<input type="radio"/>

**Drug Screening Questionnaire (DAST)**  
 Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

Which recreational drug... \_\_\_\_\_

Are you currently in recovery for alcohol or substance use?  Yes  No

Alcohol: One drink =  12 oz beer  5 oz wine  1.5 oz liquor (one shot)

**Drugs:** Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

	None	1 or more
	<input type="radio"/>	<input type="radio"/>

**Mood:**

During the past two weeks, have you been bothered by little interest or pleasure in doing things?

	No	Yes
	<input type="radio"/>	<input type="radio"/>

During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

	No	Yes
	<input type="radio"/>	<input type="radio"/>

# Annual screen

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
<b>MEN:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>

- All patients >18 years old.
- Risky alcohol use:  
82% sens.  
79% spec.
- Current drug use:  
93% sens.  
94% spec.

# Full screen

## AUDIT

## DAST

**Alcohol screening questionnaire (AUDIT)**  
 Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Parent name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

One drink equals:

 12 oz. beer

 5 oz. wine

 1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	Zero to two	Three or four	Five or six	Seven to nine	Ten or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year	Yes, in the last year	Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year	Yes, in the last year	Yes, in the last year

0 1 2 3 4

I II III IV  
0 8 16 20

**Drug Screening Questionnaire (DAST)**  
 Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Parent name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

Which recreational drugs you have used in the past year?

methamphetamines (speed, crystal) cocaine

cannabis (marijuana, pot) narcotics (heroin, oxycodone, methadone, etc.)

inhalants (paint thinner, aerosol, glue) hallucinogens (LSD, mushrooms)

tranquilizers (valium) other \_\_\_\_\_

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

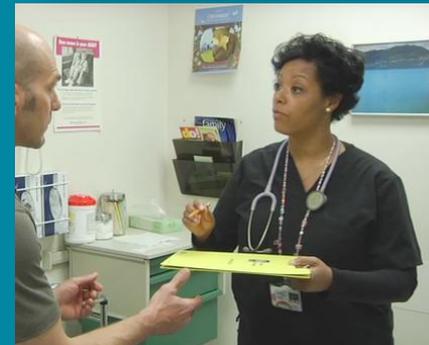
0 1 3 6  
I II III IV

- 10 questions each
- AUDIT: alcohol
- DAST: drugs
- Both validated and commonly used

## Training clinic staff

### Reception and Medical Assistants:

- 30-minute training, annually
- EMR data entry
- Administering screening forms



# Training clinicians

## Residents

- 3-hour training
- More than 90% trained

## Faculty

- About 30% trained
- 20 – 30 min. training



# Clinic champions

## Clinic:

- Physician champion: 4% FTE
- Staff champion: 10% FTE

Champions expected to advocate for implementation, train new staff, attend SBIRT meetings



# Clinic tools

- Clipboards
- Readiness Rulers
- Exam room sheet
- Billing notes

SBIRT Primary Care Residency Initiative www.sbirteregon.org

	Drinks Per week	Drinks Per day
Men	14	4
Women	7	3
All age >65	7	3

Not at all

Very

Categories of drinking



	Drinks per week	Drinks per day
Men	14	4
Women	7	3
All age >65	7	3

Not at all

Very

Categories of drinking

Risks of unhealthy drinking

**Use the SBIRT SmartSet**

AUDIT or DAST plus brief intervention:

Time	15–30 min	>30 min
Procedure code	99408	99409
Additional RVU	.65	1.30

SBIRT [www.sbirteregon.org](http://www.sbirteregon.org)



# EMR: Tracking the Annual screen

The screenshot displays two overlapping windows from an EMR system. The background window is titled "Appointment Desk for Test,Amy [03000073]" and shows patient information for "Test,Amy [03000073]". The foreground window is titled "Edit Patient Messages" and contains a text field with the message: "Annual Screening next due on 7/9/10".

**Appointment Desk for Test,Amy [03000073]**

Make Appt Quick Appt Classes Pt Wait List Pt Hx Report Itinerary Locate Pt Wk @ Glance Reg

**Patient Demographics for Test,Amy [03000073]**

Preferred Name: PCP:  
 Pt. Address: **PO BOX**  
 City/State/Zip: **Portland, OR 97201**  
 Home Phone: **503-555-5555** Work Phone:  
 Cell Phone:  
 E-mail:  
 ADT Status:

Future Admissions

	Rtl	IP/DP	Date	Time	Len	Dept	Provider	Visit Type

**Edit Patient Messages**

Message text:  
 Annual Screening next due on 7/9/10

Patient Options

- Demographics
- Preferences
- Patient Flags
- PCP
- Wait List
- Registration
- Benefits
- Referrals
- Patient Messages**
- Pat VT Mods

# EMR: the Smart Set

The screenshot shows a software window titled "SmartSets" with a sub-section "Opened SmartSets". At the top, there are four buttons: "Associate", "Primary Dx", "New Dx", and "Providers". Below these is a "Pharmacy" section with a dropdown menu currently set to "No Selected Pharmacy". The main content area is a tree view under the heading "SBIRT".

- SBIRT
  - Progress Note
    - SBIRT Progress Note
  - Diagnoses
    - Counseling on substance use and abuse [V65.42]
    - Screening for alcoholism [V79.1]
    - Other specified counseling (i.e. drug) [V65.49]
    - Counseling NOS [V65.40]
  - Medication Orders
  - Lab Orders
  - Patient Instructions
  - Referrals for Consult
  - Level of Service
    - ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 15 MIN [99408]
    - ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURE SCREENING > 30 MINUTES [99409]

# OCHIN dot phrase .sbirtalcohol

Additional Progress Notes - Duck,Donald



Mr. Duck was given an AUDIT today. His score placed her in the harmful zone of use.

In discussing this issue: My medical advice was that he cut back to no more than 4 drinks in one day and no more than 14 in one week. His readiness to change was 5 on a scale of 0-10. We explored why it was not a lower number and discussed the patient's own motivation for change. He agreed that he should cut back to the advised daily and weekly limits. We agreed that he would benefit from a twelve-step program. He will return in 2 weeks to discuss how he is doing with this plan.

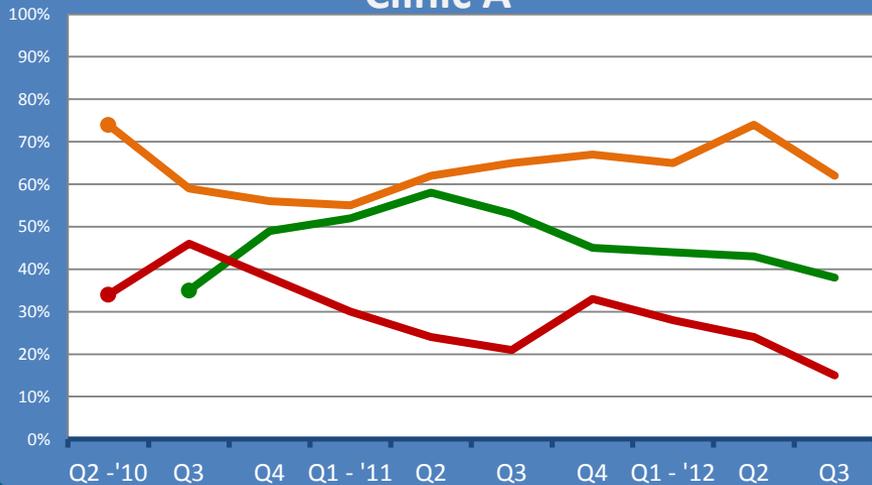
In total, 15-30 minutes of aggregate personnel time was spent administering and interpreting the screen, plus performing a brief intervention.

# Our evaluation measures

	Measure	Measure ratio
Step 1	Percent of patients eligible for a <b>annual screen</b> who received one.	$\frac{\text{Patients } >18 \text{ presenting at clinic and given annual screen}}{\text{Patients } >18 \text{ presenting at clinic who have not received annual screen in 12 months}}$
Step 2	Percent of patients eligible for a <b>full screen</b> who received one.	$\frac{\text{Patients who received full alcohol or drug screen}}{\text{Patients who screen positive on alcohol or drug annual screen}}$
Step 3	Percent of patients eligible for a <b>brief intervention</b> who received one.	$\frac{\text{Patients who score in the Risky, Harmful, or Dependent zones and receive at least the first two steps of a brief intervention}}{\text{Patients who score in Risky, Harmful, or Dependent zones}}$
	Percent of patients eligible for a <b>referral to treatment</b> who received one.	$\frac{\text{Patients who score in the Dependent zone and are advised to seek treatment}}{\text{Patients who score in the Dependent zone}}$

# Variability in clinic performance

## Clinic A



## Clinic B



 **Step 1** completed when indicated.

 **Step 2** completed when indicated.

 **Step 3** completed when indicated.

# Medicaid billing codes

Code	Description	Details	Avg amounts
99420	Full screen only	AUDIT or DAST form, plus others	\$8 Medicaid \$18 Comm.
99408	Full screen + brief intervention	15-30 minutes of aggregate clinic time	\$26 Medicaid \$29 Medicare (G0396) \$33 Comm.
99409		>30 minutes	More \$



**SBIRT**

Jim Winkle, MPH

Project Director

OHSU Family Medicine

Mail Code: FM

3181 SW Sam Jackson Park Rd

Portland, OR 97239

Office: 503-494-1632

Cell: 503-720-8605

Fax: 503-494-4496

Email: [winklej@ohsu.edu](mailto:winklej@ohsu.edu)

[www.sbirtoregon.org](http://www.sbirtoregon.org)



**SBIRT**

**Primary Care  
Residency Initiative**

---

# SBIRT Measure and Benchmark

Metrics and Scoring Committee

April 5, 2013



# Current SBIRT Incentive Measure

Unique counts of members age 18 with one or more Screening, Brief Interventions, and Referral to Treatment (SBIRT) services

---

Members age 18 receiving any of the qualifying outpatient services\*

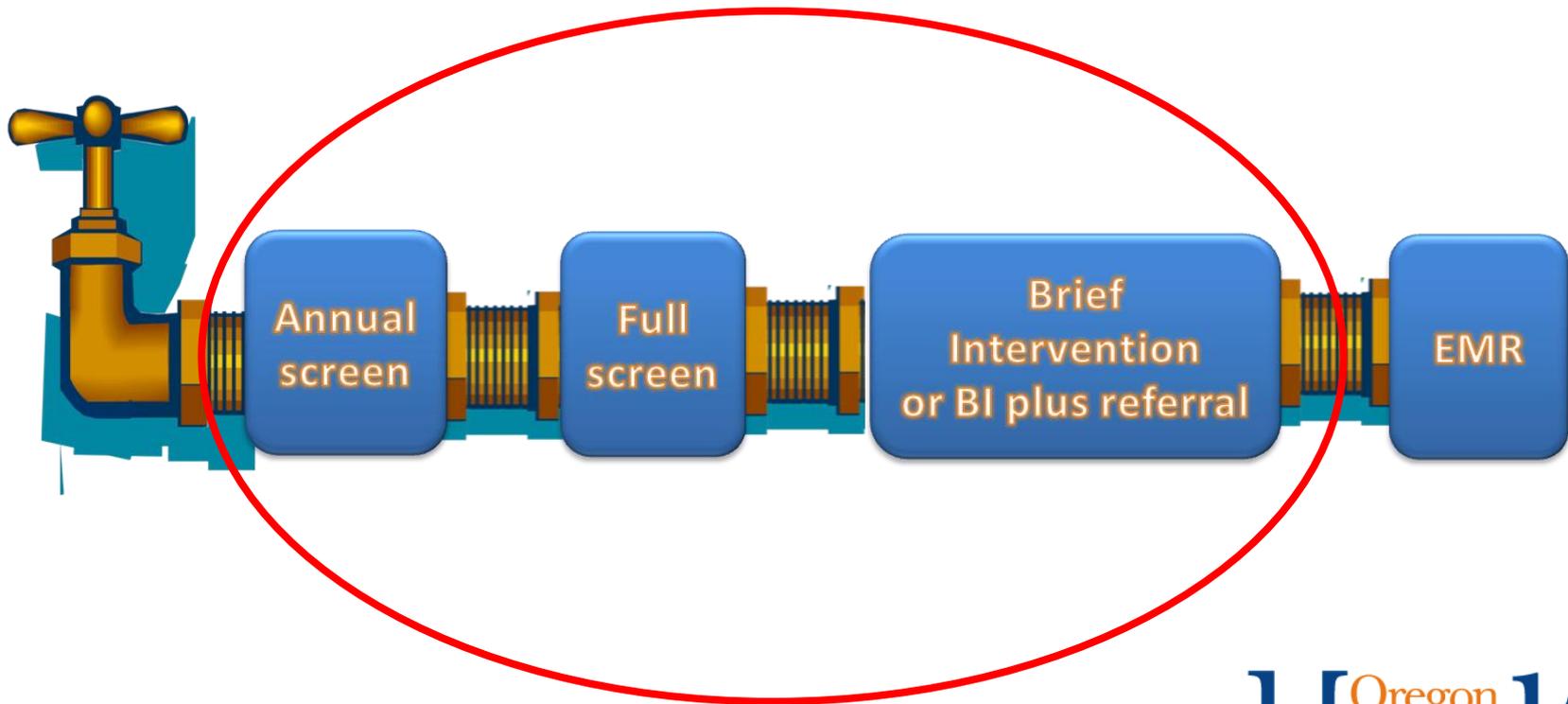
\* Will be corrected – currently reported as adult outpatient visits

## Current Benchmark

440/1,000 adult outpatient visits

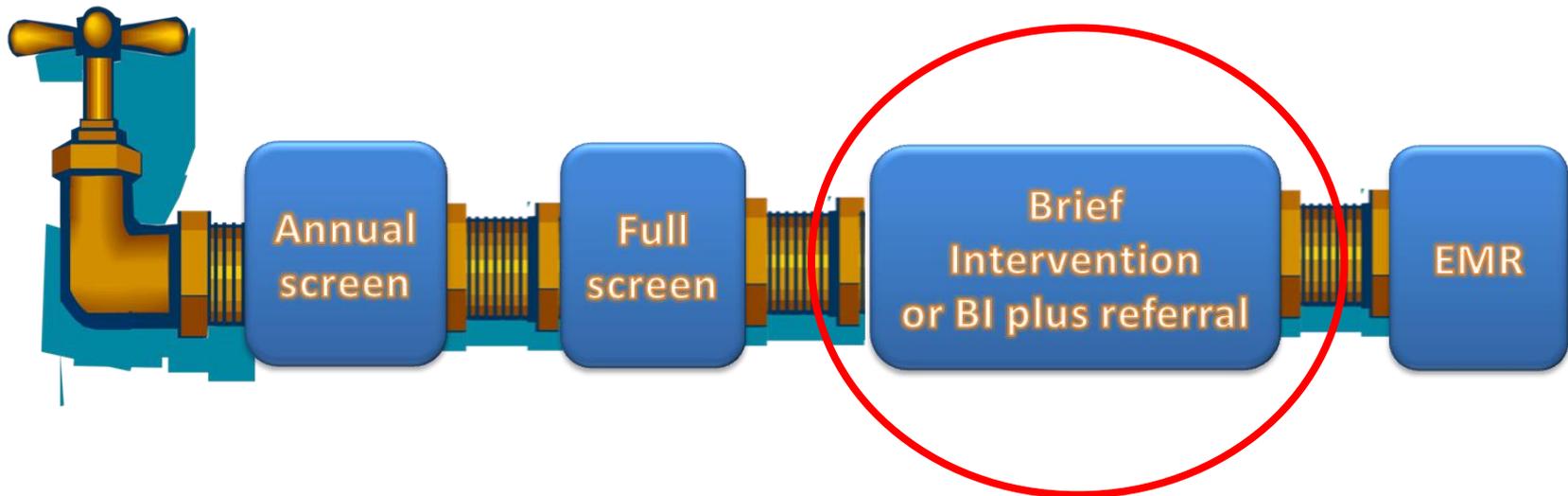
# Challenge

Measuring screening and interventions together.



# Proposed Solution

Measure and report only the Brief Intervention plus Referral



# Proposed Solution

- 1) OHA will report the Brief Intervention rate
- 2) Set new benchmark

# Proposed Benchmark: Intervention

## Ideal world

- Every alcohol and drug user is identified.
- General prevalence of unhealthy alcohol use: 22%
- General prevalence of unhealthy drug use: ??

## Oregon specific

Illicit drug use	13.14%
Marijuana use	11.04%
Alcohol use	64.42%
Binge alcohol use	23.85%
Illicit drug dependence/abuse	2.80%
Alcohol dependence/abuse	8.12%
Drug or alcohol dependence/abuse	9.94%

# Discussion