

Short List of Candidate Measures for 2015

This table includes the top three measures identified by Committee members and OHA staff in advance of the August 22nd meeting.

Library Number	Measure	Description	Rationale
19	Comprehensive dental exam rate <i>(for high risk populations)</i>	Options for high risk could include Dental Quality Alliance risk assessment approach or to stratify measure by population: children, pregnant women, and adults with disabilities.	Addresses need of high risk populations. Part of integrating is joining the mouth to the head, neck, and body. Dental Workgroup recommended measure.
22	Fluoride varnish for children / topical fluoride intensity	Percentage of children who received at least one dental service and who received (1, 2, 3, >4) topical fluoride applications.	Part of integrating is joining the mouth to the head, neck, and body. Provides information on preventive dental services for children carried out by any medical or dental provider and has considerable long term preventative effects. Dental Workgroup recommended measure.
23	Any dental service	Total members (ages 0-21) receiving at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 – D9999	Important measure to track a new area of CCO activity in oral health. Dental Workgroup recommended measure.
n/a	Annual dental visit	Percentage of Medicaid enrollees (child and adult!) with an annual dental visit in last 12 months	This is easy to measure. Unaddressed dental problems are a major cause of school absenteeism in children, ED visits in adults, and pain treatment.

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
36	Effective contraceptive use among women at risk of unintended pregnancy	<p>Proportion of women (ages 15-50) at risk of unintended pregnancy who use an effective method of contraception “every time” they have sex.</p> <p>Denominator: women 15-50, exclude hysterectomy, pregnant or trying to get pregnant</p> <p>Numerator: documented use of sterilization, IUD, implant, diaphragm or hormonal method of birth control</p>	<p>Unintended pregnancy is costly and produces poor health outcomes in mom and child. Since we are removing one maternity measure (early elective delivery) and Medicaid delivers 53% of children, we need another measure. This is a critical one.</p> <p>Bold, transformational, replaces a delivery measure with a women’s health measure. See public testimony (Bellanca).</p> <p>If not adopted for 2015, put on deck for 2016.</p>
36a	Effective contraception use among men and woman of risk of unintended pregnancy.	<p>TBD</p> <p>Measuring men alongside women will change the idea of looking at women of reproductive age at risk of unintended pregnancy, but there are options for defining the broader target population.</p>	<p>Focusing on <u>both</u> men and women consistently using effective contraception methods will decrease the number of high-risk pregnancies and high-risk new-born babies.</p> <p>The measure should place equal emphasis on both men and women. The concept of birth control has historically placed most of the responsibility on women. Placing specific emphasis and effort to educate and access services purposefully to men will be helpful.</p>

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
5	Opioid use / control	Appropriate opioid use: percentage of members (18+) who were prescribed an opioid medication above the widely used cutoff for appropriate opioid dose. Specifications pending.	Alignment with HB 2118 measures.
53	Child immunization status (NQF 0038)	<p>Percentage of children who received recommended vaccines before their 2nd birthday.</p> <p>Consider adding adolescent immunization (HPV and Meningococcal immunizations – NQF 1407) for a combined immunization measure.</p>	<p>Oregon has one of the lowest rates of childhood immunization in the country. Public health is unrolling an educational initiative statewide for parents who refuse vaccination so there is alignment with a major Oregon health initiative.</p> <p>Uptake of adolescent vaccines is low. Plus we are already working on Adolescent WCCs and making them more impactful.</p>
60	Kindergarten readiness	Early Development Instrument (EDI) or Oregon Kindergarten Readiness Assessment (KA)	<p>Captures many process measures; gets us thinking more broadly in systems; integrates physical and mental health, as well as social factors.</p> <p>See Dana Hargunani’s presentation to the Committee in April 2014.</p> <p>As close to an outcome measure as we can get. If not adopted for 2015, put on deck for 2016.</p>

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
68	Child obesity prevalence	Rate of children (2-18) classified obese as determined by BMI-for-age-and-sex percentiles.	<p>Obesity’s HIGH link to many chronic health conditions; build provider awareness and tools for addressing the issue; teaches us about communities, access to food.</p> <p>Partnership with schools is ready-built; daily contact with kids in trusting / influential environment, nutrition and exercise programs, staff, facilities, etc. Must make sports / activities more accessible to lower income population.</p>
72	Plan all-cause readmission rate (NQF 1768)	Percentage of members (18+) who had a hospital stay and were readmitted for any reason within 30 days of discharge.	<p>Good indicator of overall quality of healthcare system; inpatient quality, discharge / transition planning, primary care access, etc.</p> <p>Would encourage more community-wide partnerships around transitions and effective communication. Would complement ED utilization measure well.</p> <p>Faster return on investment (ROI) compared to population health initiatives.</p>
79	Prenatal risk assessment	Percentage of women receiving pregnancy care who had codes for H1000, depression screening, and SBIRT at first prenatal care visit.	I think it is important to focus on life course issues as best we’re able. This is as far upstream as risk assessments can currently be done (until we’re able to measure some aspect of pre-conception planning other than unintended pregnancy...I don’t think we can yet measure healthy conception otherwise).

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
85	Rate of tobacco use among members	<p>Percentage of members who smoke cigarettes or use other tobacco products.</p> <p>Proposed options include 18+ and all-ages.</p>	<p>Major cause of death and disability, higher rates in Medicaid than in general population, measureable via CAHPS survey.</p> <p>See Katrina Hedberg’s presentation to the Committee in April 2014.</p> <p>Tobacco remains a root cause of much avoidable cost and morbidity in society. Oregon is good, but still 1 of every 6 Oregonians smoke.</p> <p>If not adopted for 2015, put on deck for 2016.</p>
90	Weight assessment and counseling for nutrition and physical activity for children/ adolescents (NQF 0024)	Percentage of members (3-17) who had their body mass index recorded, counseling for nutrition, or counseling for physical activity.	Currently no measures that directly affect the school aged children; also focus on obesity is an important way of attempting to prevent a lot of the chronic health issues of adults.
n/a	Access to services	The measure can be broken down by specific types of barriers that prevent access for the neediest populations, for example identifying the most effective approaches to addressing preventive care and the special health needs for homeless individuals and families.	This measure can include access to non-English speaking populations; culturally appropriate services; and, target progress/outcomes in specific economically disadvantaged populations with health specific issues (cancer, malnutrition, obesity, etc.), and high risk living conditions such as homelessness.

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
n/a	Reducing health disparities	Measure progress to eliminate disparities as seen across specific groups (racial / ethnic/ sexual preference / aging / homeless, and other minorities).	

Additional comments

- If we are adding kindergarten readiness for 2015, suggest dropping developmental screening, since it is included.
- Is Mental and Physical Health Assessments for Children in DHS Custody still a necessary measure?
- Keep the following measures for 2015:
 - Follow up after hospitalization for mental illness. An important piece of crisis prevention which CCOs must concentrate on in order to relieve overuse of EDs and keep customers engaged in their health maintenance.
 - Developmental screening. Essential for cuing early intervention services to minimize downstream disability and public costs.
 - Patient Centered Primary Care Home (PCPCH) Enrollment. Extremely important for customers with special needs, chronic conditions and disabilities. Many still rely upon ED for first point of service.

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Suggested modifications for current CCO incentive measures

Measure	Comment
Adolescent Well Care Visits	Modify to include well care visits for children (e.g., percentage of children up to 15 months old who had at least six well child visits with a health care provider – NQF 1392). The earlier health needs are identified, the most cost effective and less intrusive interventions can be delivered.
Alcohol and Drug Misuse (SBIRT)	Lower age limit to 12+. Consider combining SBIRT and depression screening into one measure.
Follow Up Care for Children Prescribed ADHD Medications	If keeping this measure, follow up to make sure the prescription is having the intended effect without adverse effects, but do not mandate a face-to-face office visit. The follow up could be completed via call.

“On Deck” Measures for 2016

This table includes potential measures identified for 2016 – the Committee will consider these measures first when selecting measures for 2016.

Library Number	Measure	Description	Rationale
1	ACES screening	Rate of patients with Adverse Childhood Experiences study (ACES) screening in primary care record.	
?	Dental access	All ages. Not sure which specific measure would be best. If selecting “annual exam rate” does that actually do anything to help the person receive the treatment plan that the annual exam identified?	Encourages continued integration of dental services into CCOs.
7-8 / ?	Chronic pain management	Not sure which measure is best, very complicated topic.	Major pain point in primary care across Oregon and cause of many ED visits.
41 / ?	Assessment and referral: food insecurity and/or homelessness	Rate of patients who were assessed for food insecurity and for those who signaled food insecurity, were provided with or referred to an appropriate service.	Start with a process measure, but move to a measure of prevalence. If we move too quickly upstream to social determinants of health, we risk detracting from other improvement initiatives. But good to incent community discussions and partnerships toward this end and be sure connections are being made.

Oregon CCO Metrics and Scoring Committee
August 22, 2014

Library Number	Measure	Description	Rationale
76	PQI 92: Prevention quality chronic composite	Rate of adult patients with chronic conditions (PQIs 1, 3, 5, 7-8, 13-16).	Good overall outcome measure of potentially avoidable hospitalizations.
n/a	Health risk assessment completed at enrollment and results provided to assigned PCP		This information will help risk-stratify outreach to new members and prioritize access to primary care.
n/a	Depression in the context of diabetes or heart disease		Conditions are very much related, affects mortality.
n/a	Measurement of successful integration of physical and mental health services.	The number of individuals who receive mental health medications or services, who also receive at least one physical screening or diagnostic service each year.	Office has received many complaints that CCOs have been slow to understand the purpose and practice of integration of physical and mental health services.