Metrics & Scoring Committee

July 17, 2015

Oregon Health Authority

Consent agenda

New Committee members

Will Brake
AllCare CCO
CCO Representative

Thomas Potter
Eugene Pediatrics
At Large

Daniel Porter
Legacy Health
Measurement Expert

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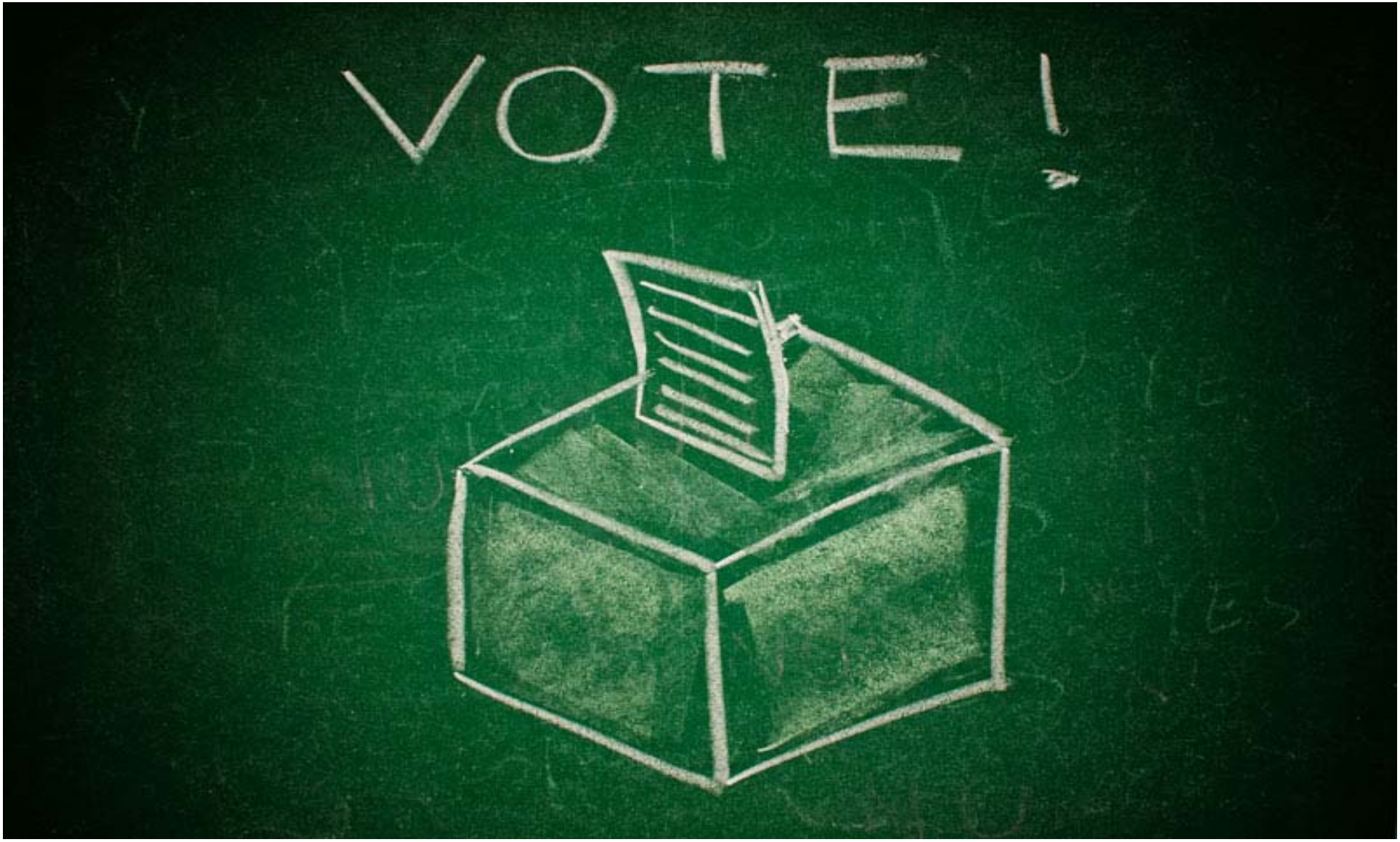

Vice Chair elections

Follow up from June

- **CCO community health priorities**

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Updates

- **Feedback from QHOC: alternate access metrics?**

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Health System Transformation
2014 Final Performance Report

2014 Final Performance Report

- ✓ State and CCO progress is reported for calendar year 2014, compared with calendar 2013 and baseline year 2011.
- ✓ The 2014 quality pool payments were distributed based on these results.

www.oregon.gov/oha/metrics/

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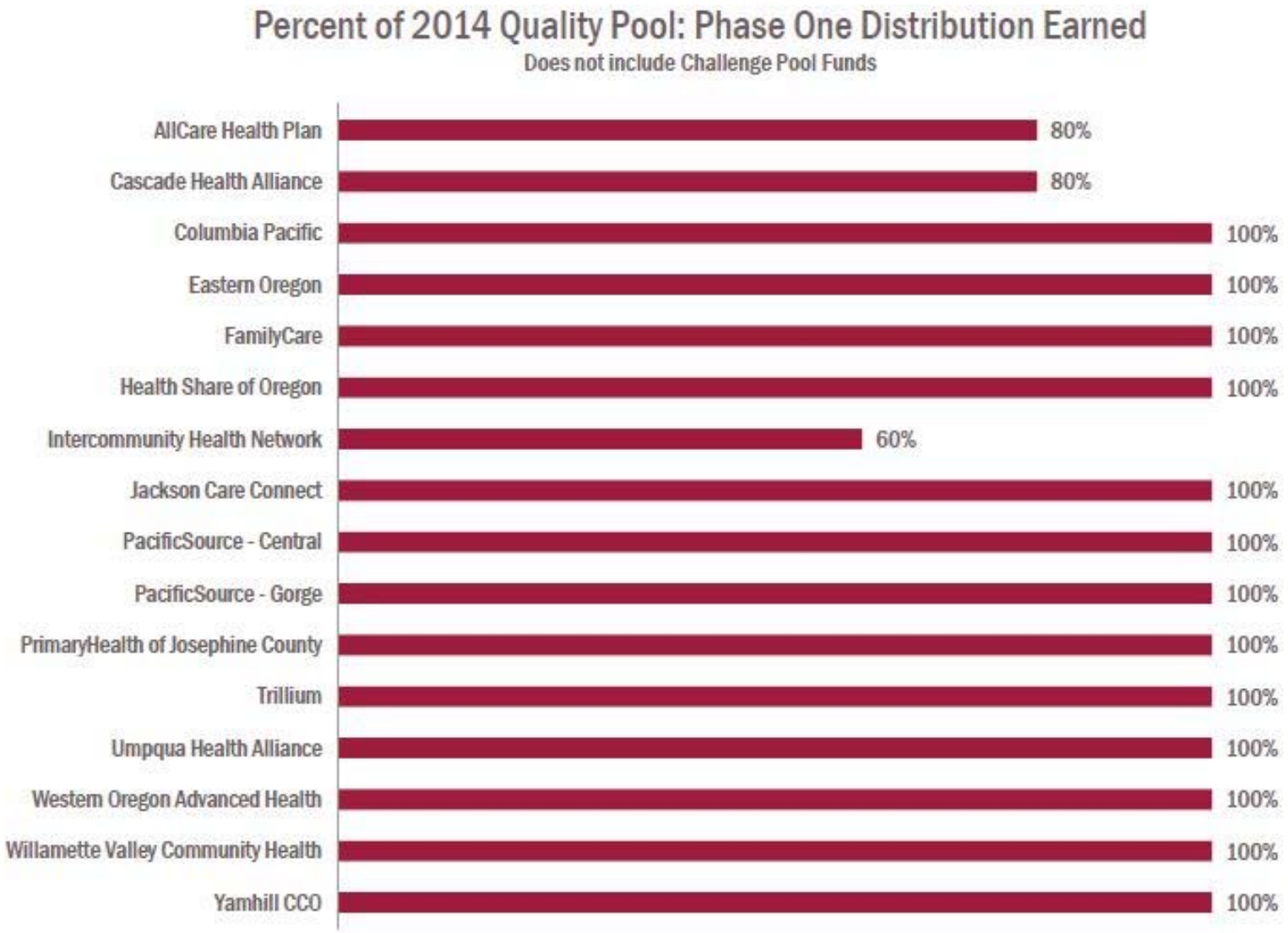
2014 Quality Pool: How did CCOs do?

Quality Pool Size

- 2013 pool = 2% of global budget, $47million
- 2014 pool = 3% of global budget, $128 million



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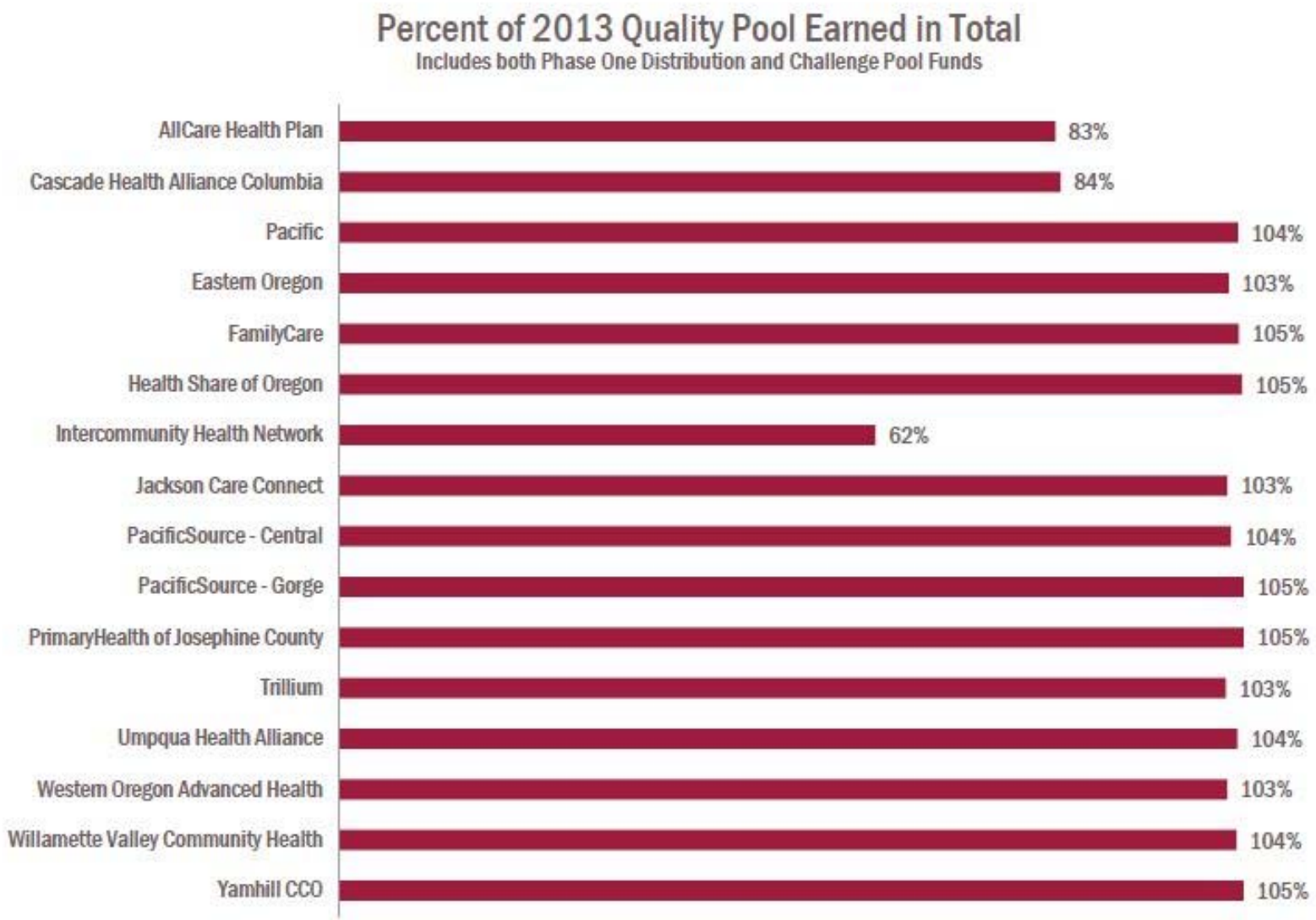

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Coordinated Care Organization	Number of measures met*	Percent of quality pool funds earned†	Total dollar amount earned	CCO enrollment°	Which challenge pools measures were met
AllCare Health Plan	11.7	83 %	$ 6,170,421	47,178	Diabetes, PCPCH, SBIRT
Cascade Health Alliance	11.7	84 %	$ 1,423,801	15,636	Depression, Diabetes, PCPCH
Columbia Pacific	13.9	104 %	$ 4,247,607	25,530	Depression, Diabetes, PCPCH, SBIRT
Eastern Oregon	12.6	103 %	$ 6,847,819	44,801	Diabetes, PCPCH, SBIRT
FamilyCare	13.8	105 %	$ 17,157,018	110,324	Depression, Diabetes, PCPCH, SBIRT
Health Share of Oregon	16.8	105 %	$ 34,592,657	225,068	Depression, Diabetes, PCPCH, SBIRT
Intercommunity Health Network	9.9	62 %	$ 5,310,493	52,742	Diabetes, PCPCH
Jackson Care Connect	13.8	103 %	$ 4,704,838	27,828	Diabetes, PCPCH, SBIRT
PacificSource - Central Oregon	12.9	104 %	$ 8,177,907	50,875	Depression, Diabetes, PCPCH
PacificSource - Gorge	13.0	105 %	$ 1,872,161	12,244	Depression, Diabetes, PCPCH, SBIRT
PrimaryHealth of Josephine County	16.0	105 %	$ 1,601,588	10,565	Depression, Diabetes, PCPCH, SBIRT
Trillium	13.6	103 %	$ 12,658,814	72,187	Diabetes, PCPCH, SBIRT
Umpqua Health Alliance	12.9	104 %	$ 4,491,875	25,195	Depression, Diabetes, PCPCH, SBIRT
Western Oregon Advanced Health	12.8	103 %	$ 3,449,486	19,614	Diabetes, PCPCH, SBIRT
Willamette Valley Community Health	14.9	104 %	$ 12,802,864	93,357	Diabetes, PCPCH, SBIRT
Yamhill CCO	12.7	105 %	$ 2,981,967	20,753	Depression, Diabetes, PCPCH, SBIRT

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CCO	2013 # of measures met	2014 # of measures met	2013 % of pool	2014 % of pool
AllCare	11.6	11.7	80%	80%
Cascade	13.7	11.7	100%	80%
ColumbiaPacific	13.8	13.9	100%	100%
Eastern Oregon	11.6	12.6	80%	100%
FamilyCare	13.7	13.8	100%	100%
Health Share	12.8	16.8	100%	100%
IHN	11.9	9.9	80%	60%
Jackson	11.4	13.8	70%	100%
PacSource – Central	12.9	12.9	100%	100%
PacSource – Gorge		13.0		100%
PrimaryHealth	13.0	16.0	100%	100%
Trillium	12.9	13.6	100%	100%
Umpqua	13.7	12.9	100%	100%
WOAH	14.7	12.8	100%	100%
WVCH	14.9	14.9	100%	100%
Yamhill	14.8	12.7	100%	100%

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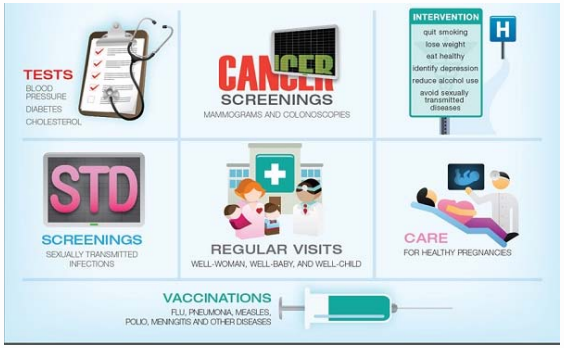
Overall, all CCOs improved on…

Electronic Health Record (EHR) adoption

- All CCOs increased EHR adoption and met improvement target in 2014.
- 10 CCOs met or exceeded the benchmark.



Timeliness of Prenatal Care

- All CCOs met the benchmark or improvement target in 2014.

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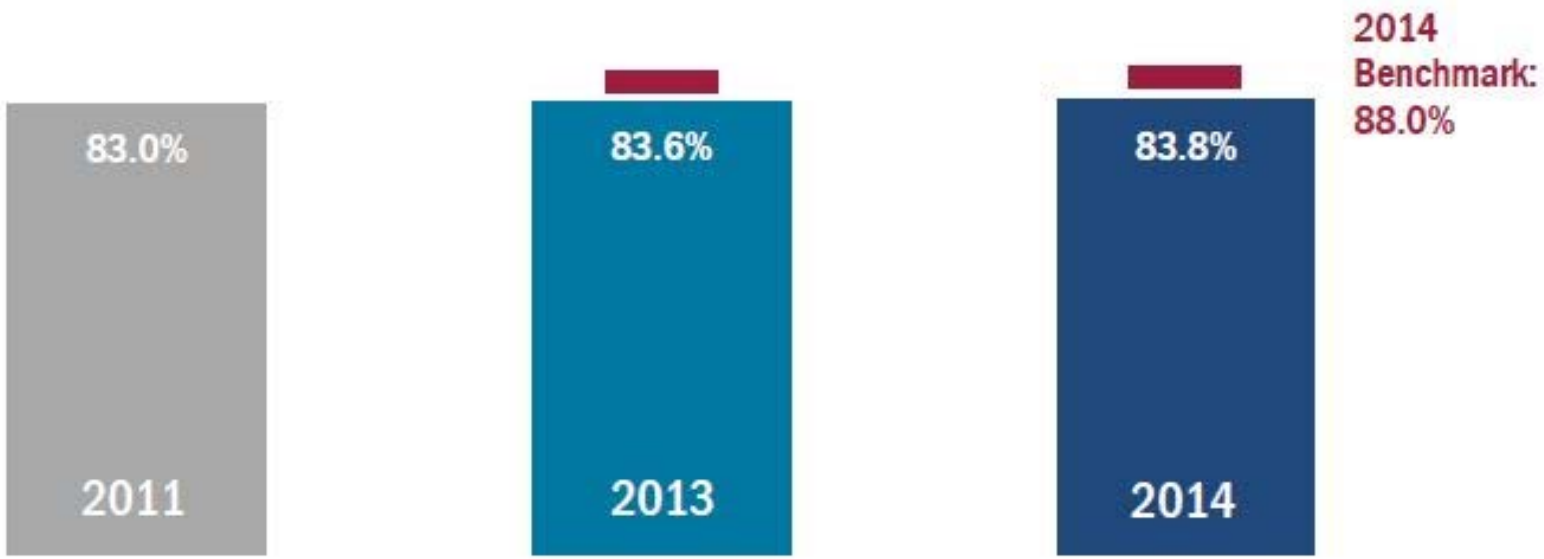
Never discourage anyone who makes continual progress,
no matter how slow.

Access to Care (CAHPS)

Statewide, members overall reported their access to care improved slightly in 2014.

Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: average of the 2013 national Medicaid 75th percentiles for adults and children



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Members in half of 16 CCOs reported improved access to care between 2013 & 2014.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.

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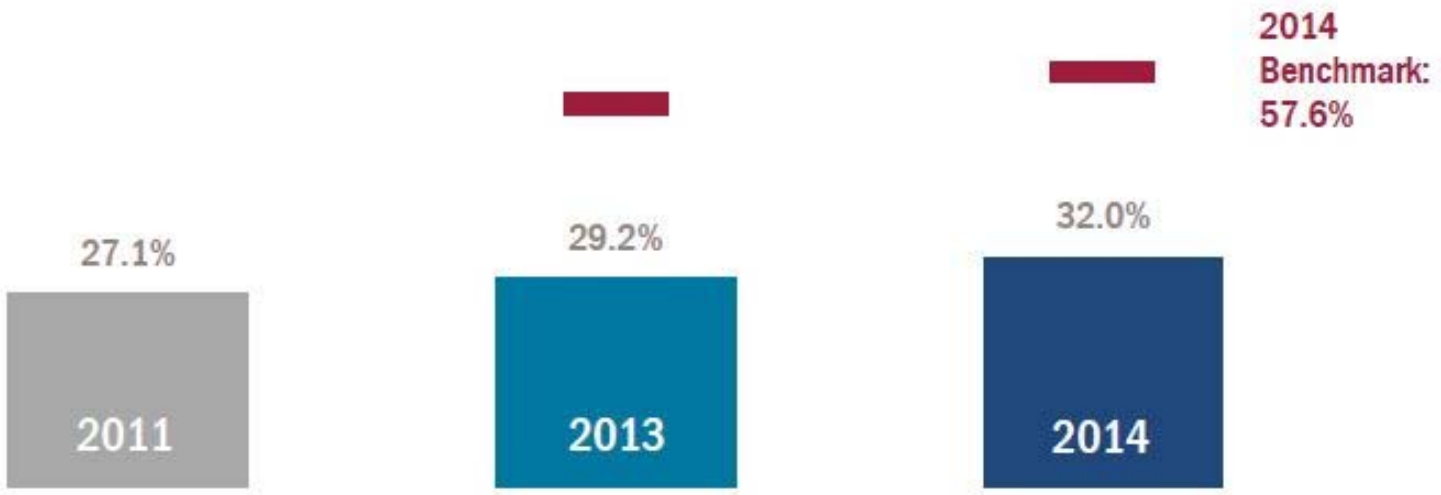
Adolescent Well-Care Visits

Statewide, the percentage of adolescents receiving a well-care visit increased slightly in 2014.

Data source: Administrative (billing) claims

2014 benchmark source: 2013 National Medicaid 75th percentile (administrative data only)



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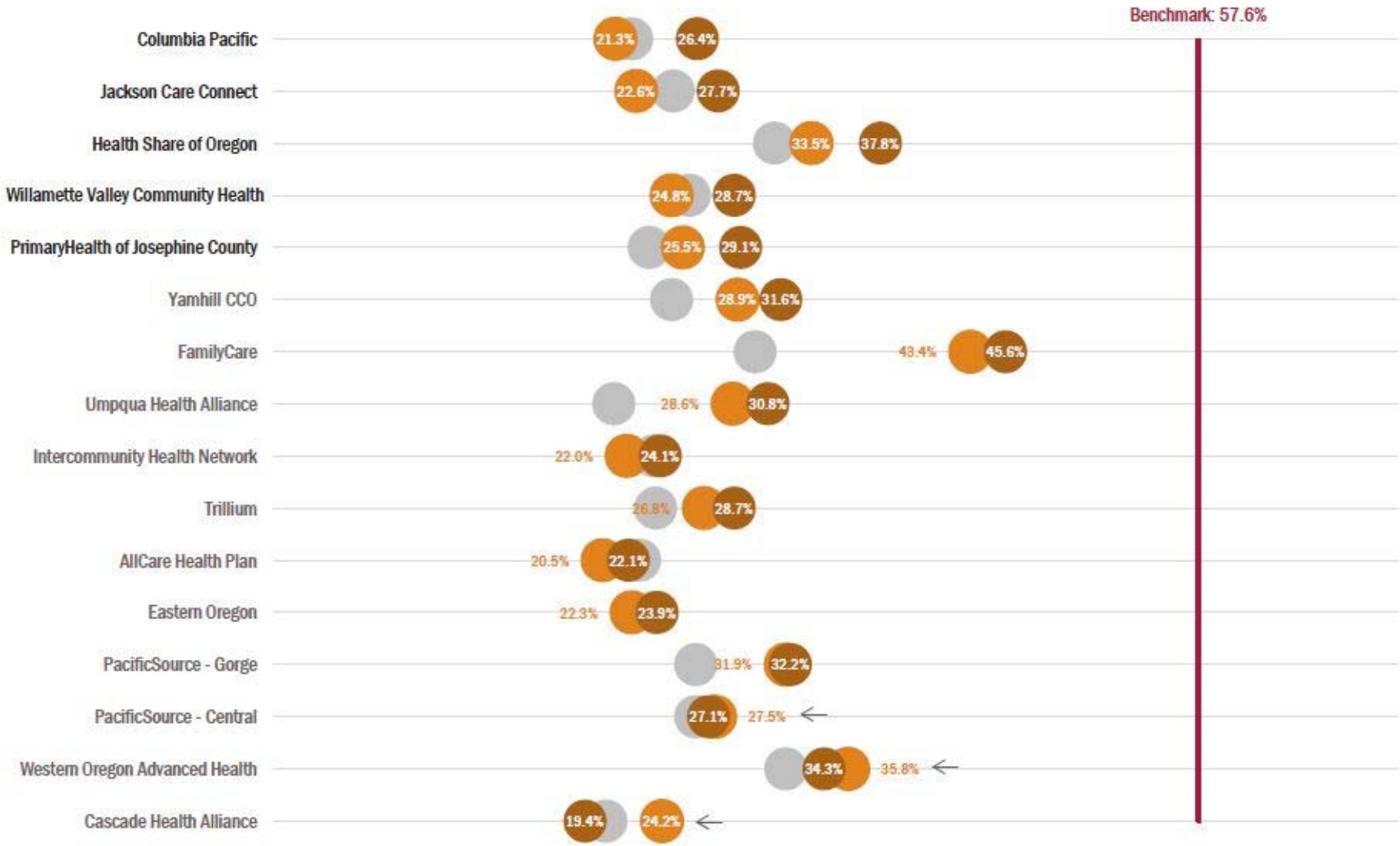
Thirteen of 16 CCOs increased adolescent well-care visits between 2013 & 2014, although none reached the benchmark.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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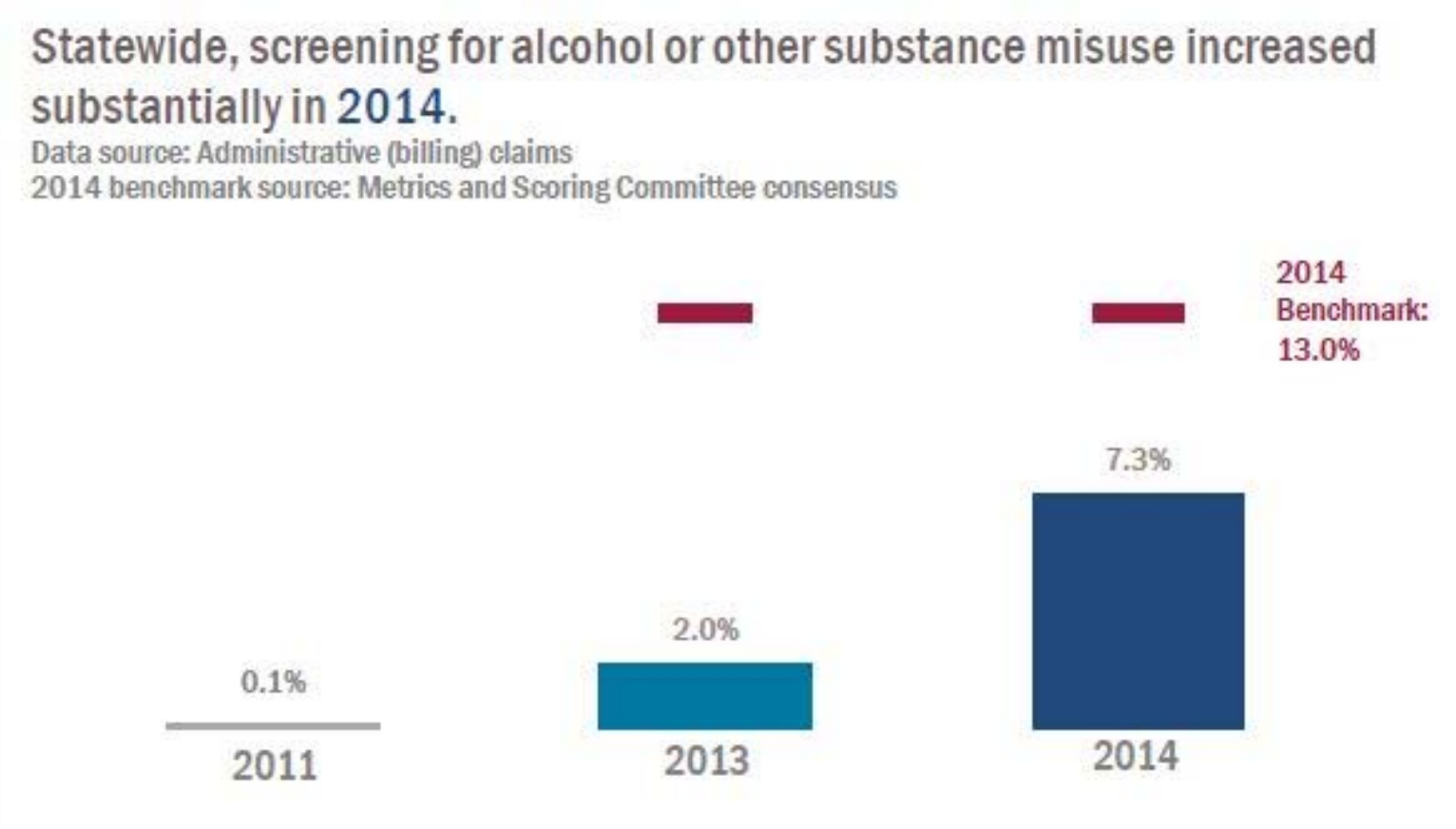
Alcohol or other substance misuse screening (SBIRT)



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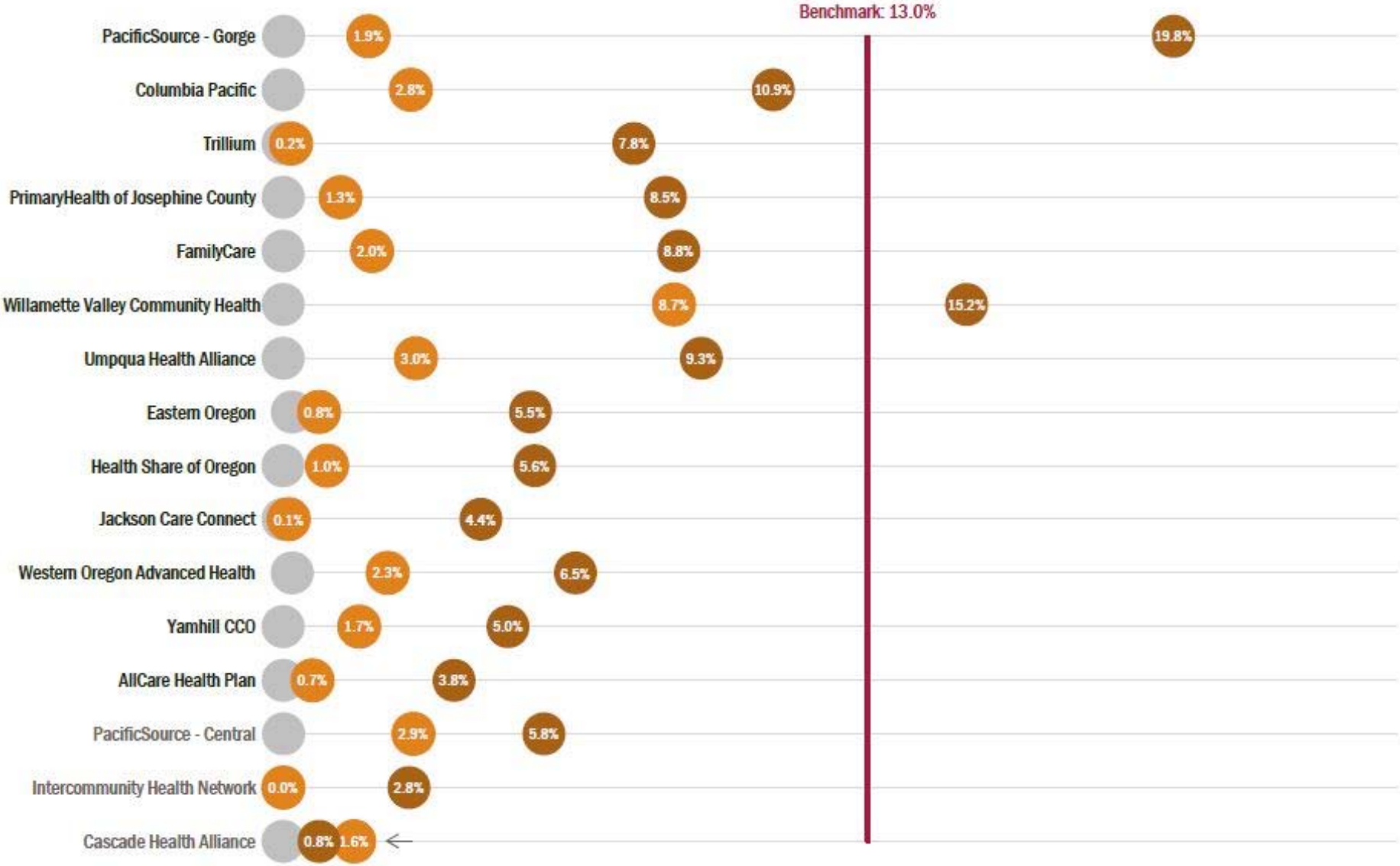
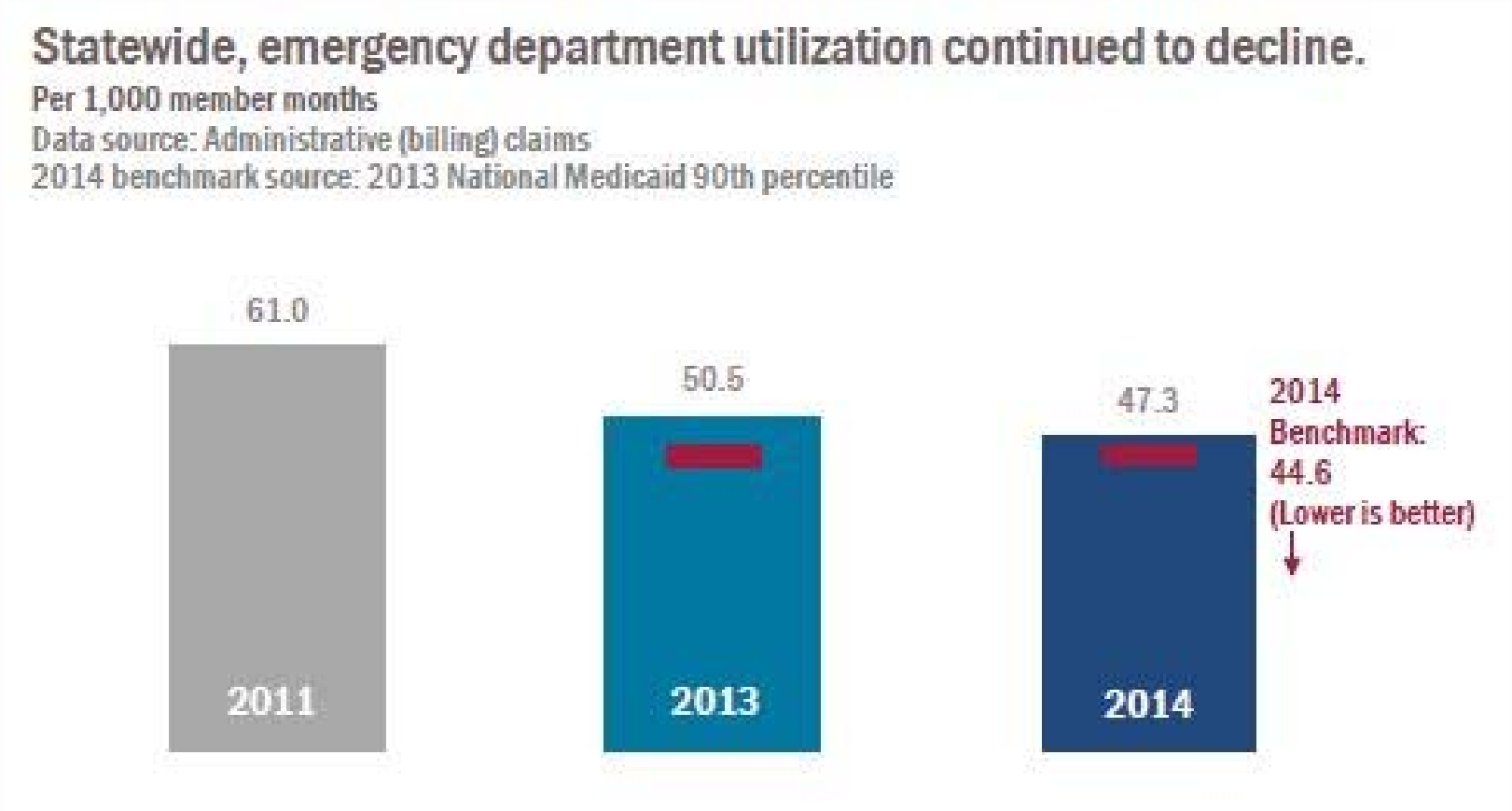
CCOs improved markedly on SBIRT between 2013 & 2014, and two achieved the benchmark.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



Ambulatory Care: Emergency Department Utilization



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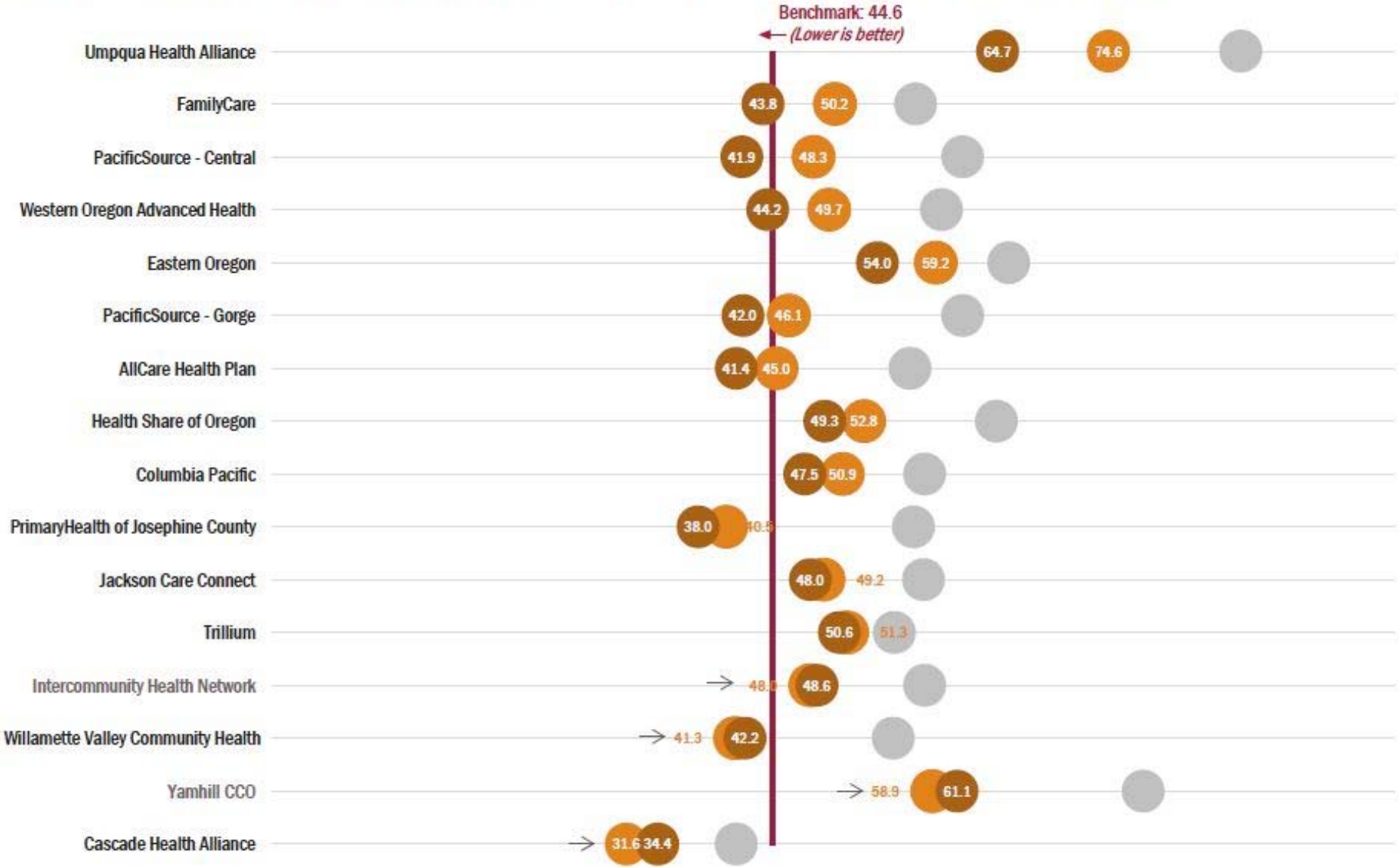
Twelve of 16 CCOs reduced emergency department utilization between 2013 & 2014.

Per 1,000 member months
Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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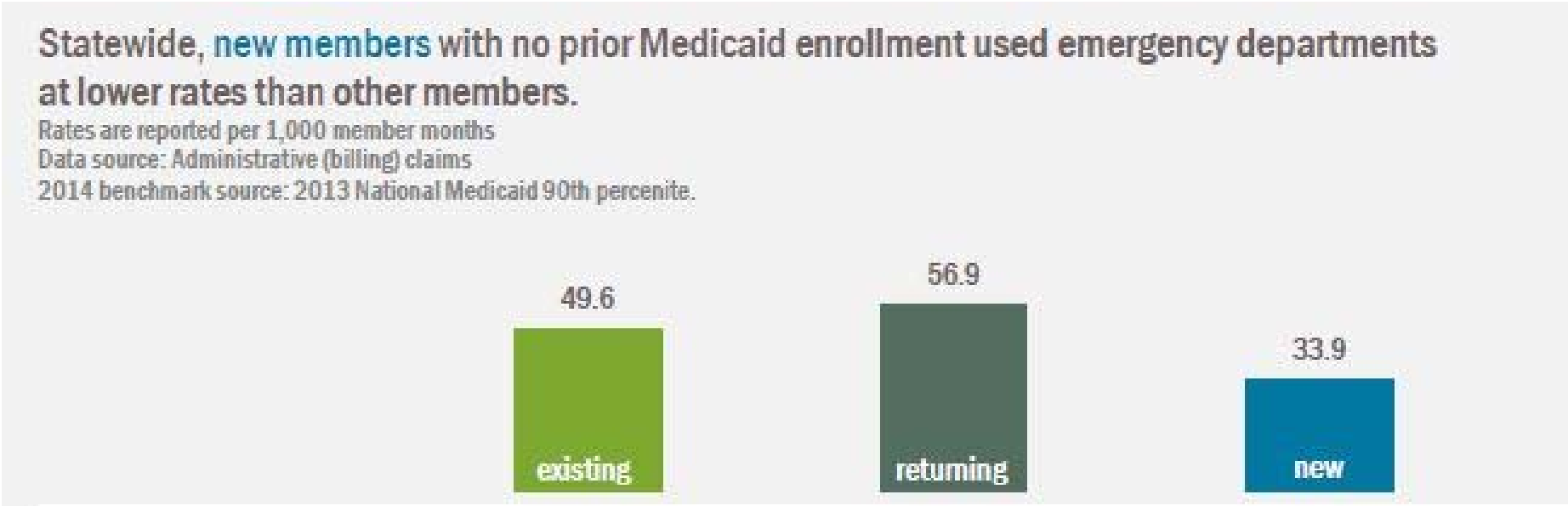

"Existing" members are clients whose enrollment in the Oregon Health Plan began prior to 2014.

"Returning" members are clients who were not enrolled in the Oregon Health Plan during CY 2013 but were at some time prior to 2013.

"New" members are clients who were newly enrolled in 2014 and were not eligible before that point.

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Benchmark
44.6
Lower is better
Cascade Health Alliance
34.6
38.7
29.8
PrimaryHealth of Josephine County
41.0
40.3
27.2
Yamhill CCO
42.4
53.3
33.8
AllCare Health Plan
44.0
48.1
32.6
Willamette Valley Community Health
45.6
56.5
33.0
PacificSource - Gorge
46.4
49.0
27.1
PacificSource - Central
47.1
43.8
31.8
FamilyCare
47.2
58.7
30.6
Columbia Pacific
48.6
58.2
38.4
Jackson Care Connect
49.9
53.0
36.0
Health Share of Oregon
51.3
58.1
33.4
Intercommunity Health Network
51.7
55.1
34.0
Trillium
52.3
61.6
35.7
Eastern Oregon
56.0
59.8
44.4
Umpqua Health Alliance
61.0
80.0
48.5
Western Oregon Advanced Health
69.5
71.9
44.7

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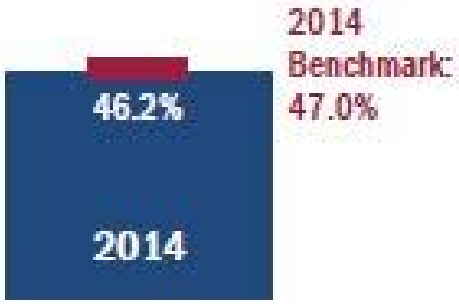
Colorectal Cancer Screening

Statewide, colorectal cancer screening was just below the benchmark in 2014.

Data source: Administrative (billing) claims and medical record review
Benchmark source: Metrics and Scoring Committee consensus
2014 data are not comparable to earlier years due to changed methodology



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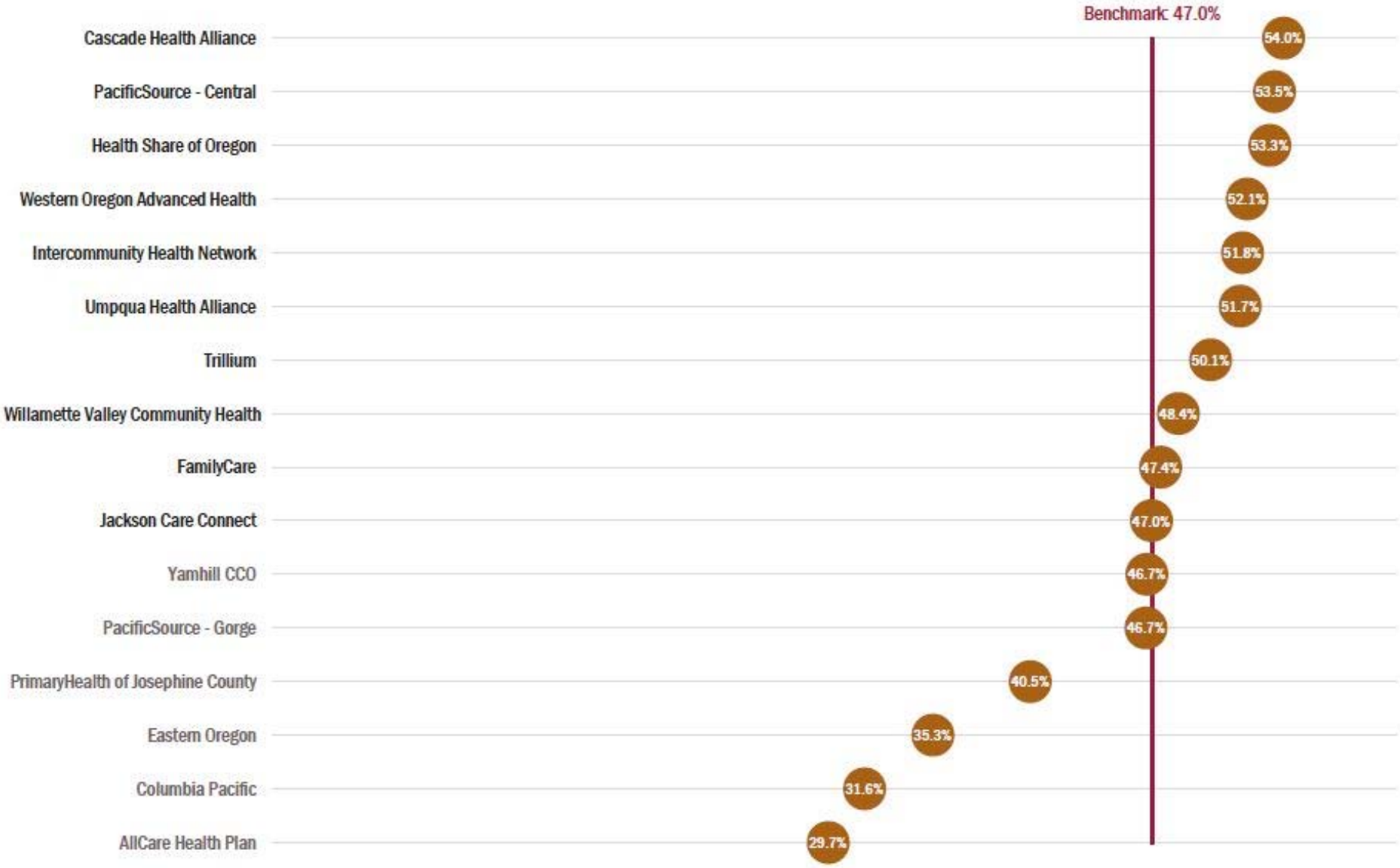
Ten of 16 CCOs met the benchmark for colorectal cancer screening in 2014.

Bolded names met benchmark. This measure does not have an improvement target for 2014.
2014 data are not comparable to earlier years due to changed methodology.



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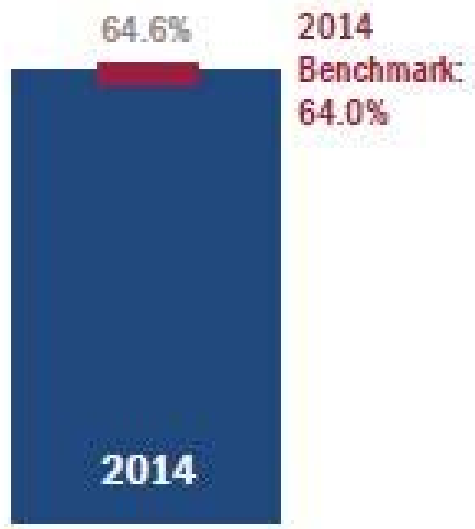
Controlling High Blood Pressure

Statewide, 64.6 percent of adults with high blood pressure had their blood pressure adequately controlled in 2014.

Data source: Clinical data - Electronic Health Records
Benchmark source: 2013 National Medicaid 75th percentile.



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CCO performance on controlling high blood pressure ranged between 52.2 and 72.5 percent in 2014.

All CCOs received credit for submitting Year Two Technology Plans and required data for this measure.
2011 and 2013 data are not available for this measure.

Depression Screening & Follow Up Plan

Statewide, depression screening and follow-up was higher than the benchmark in 2014.

Data source: Clinical data - Electronic Health Records
Benchmark source: Metrics and Scoring Committee consensus.

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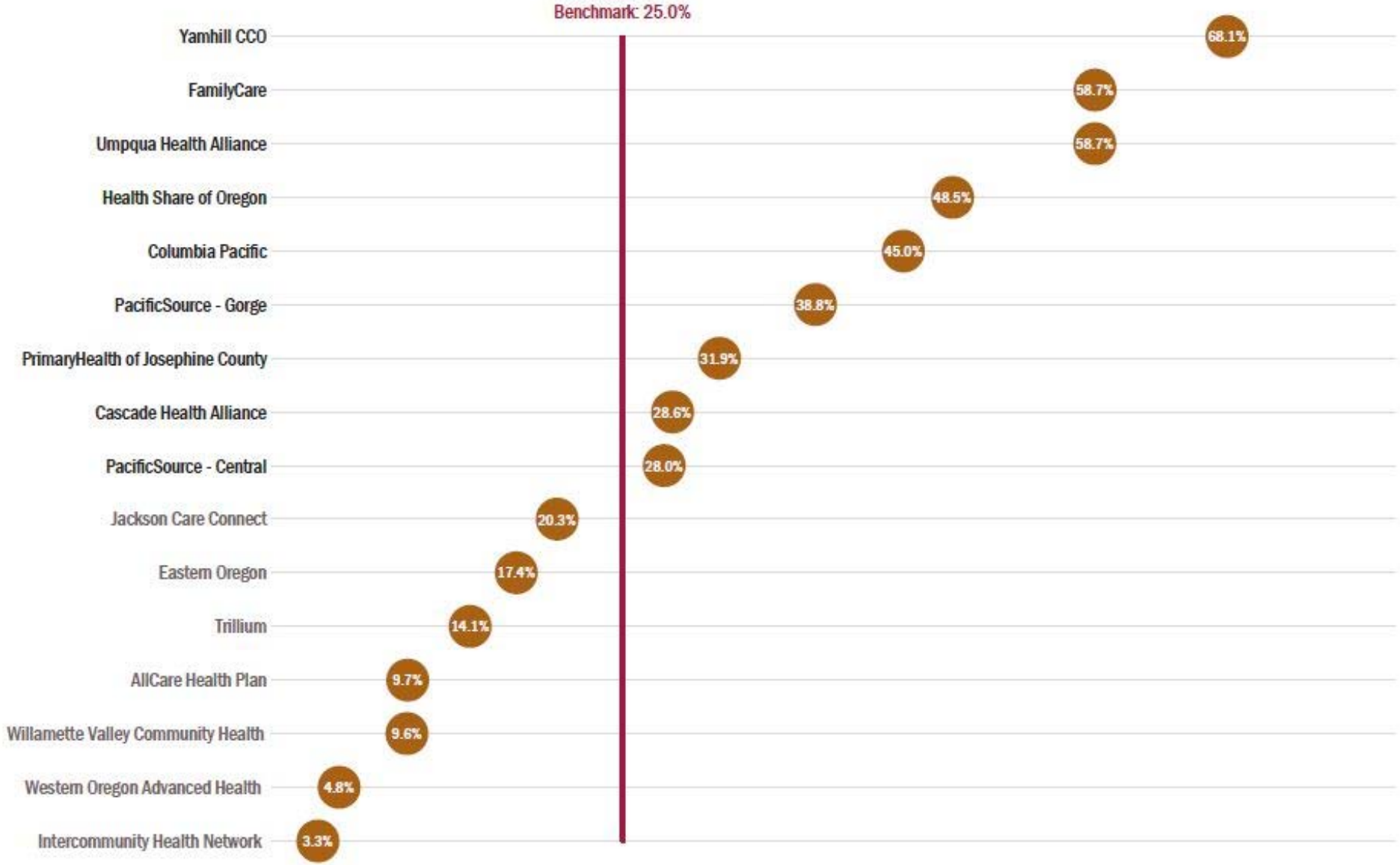
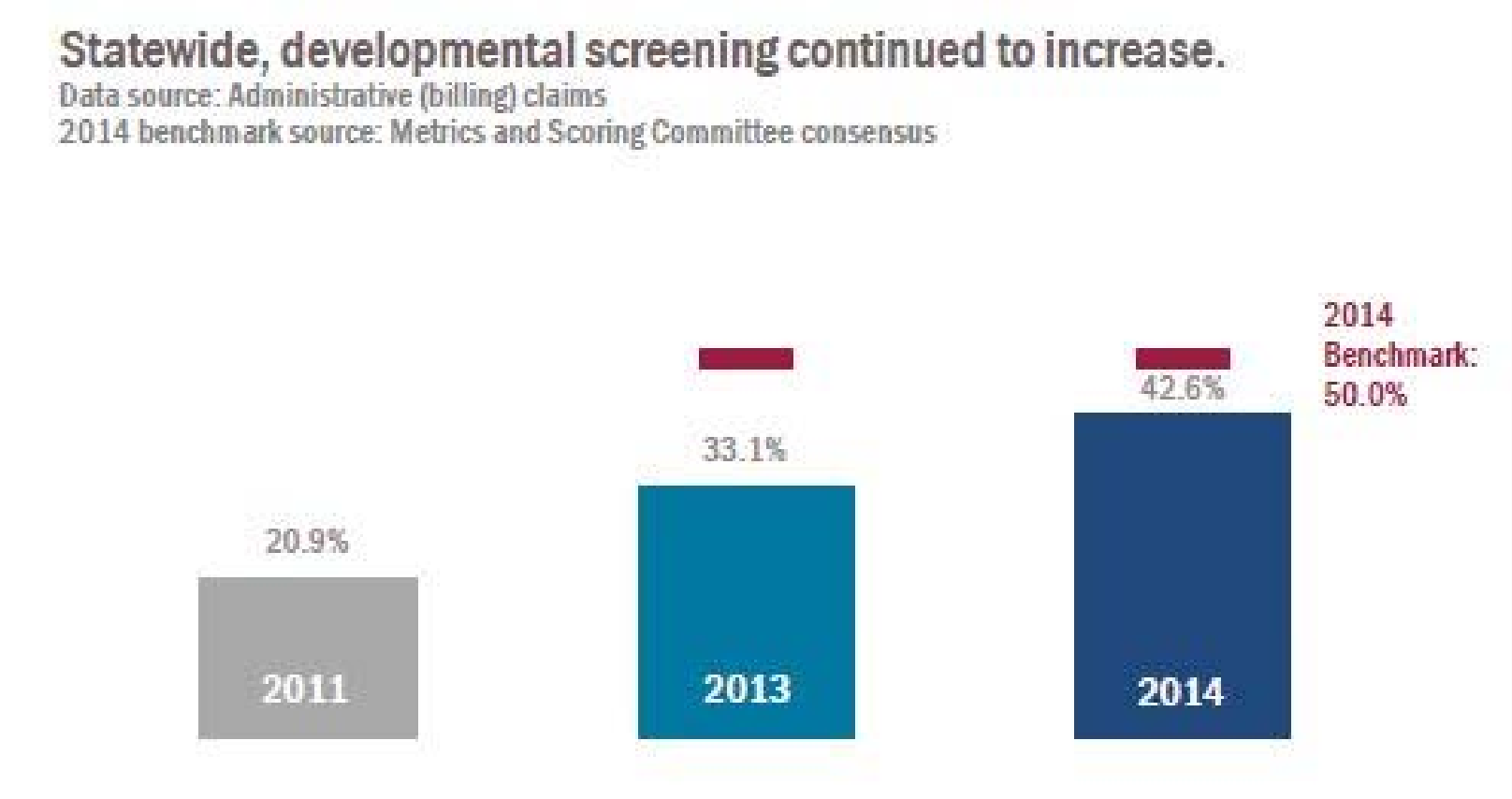
CCO performance on depression screening and follow-up was varied in 2014.

All CCOs received credit for submitting Year Two Technology Plans and required data. **Bolded names** received credit for achieving the benchmark for this measure.
2011 and 2013 data are not available for this measure.



Developmental Screening



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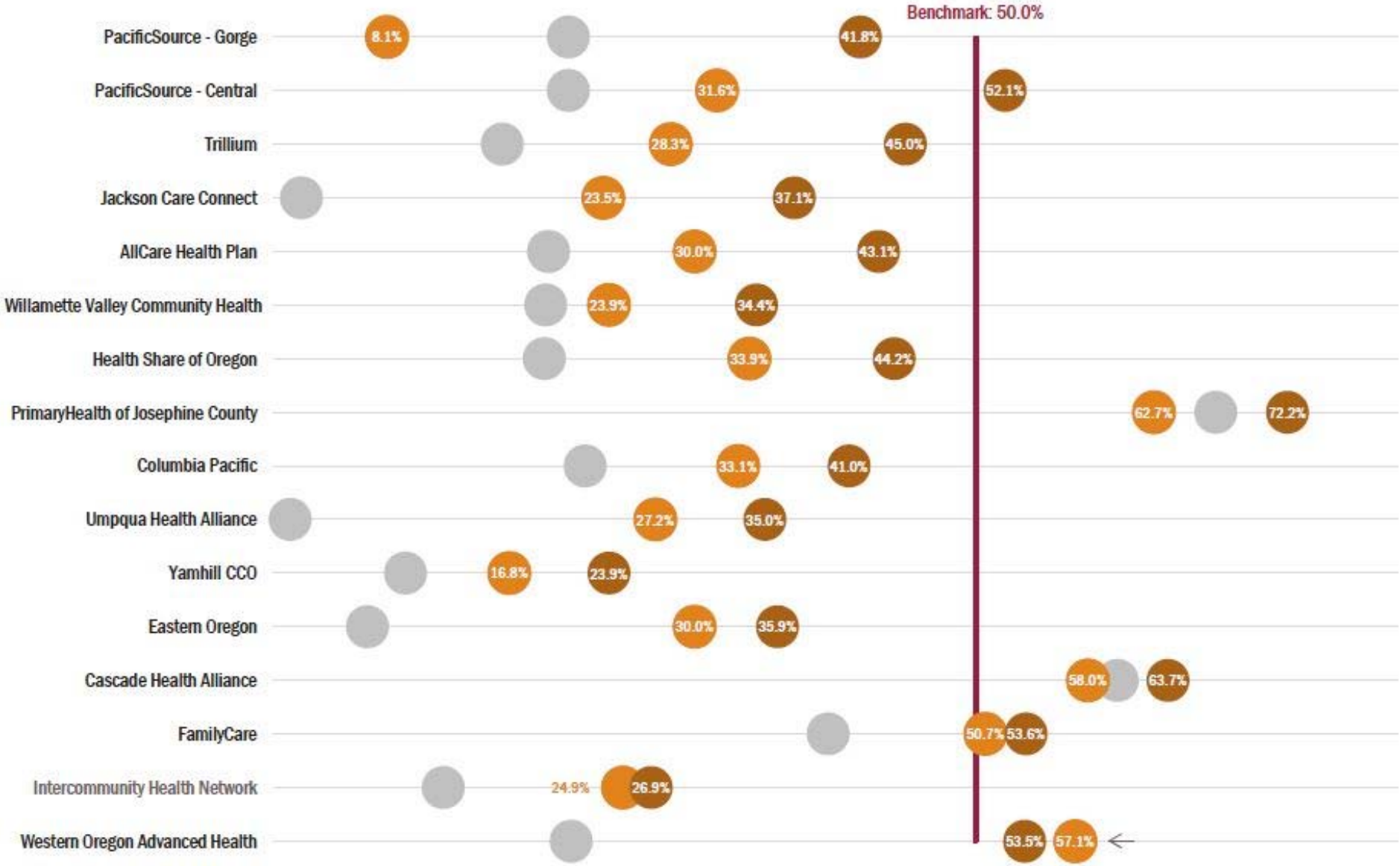
Overall, CCOs increased developmental screenings between 2013 & 2014, and 15 of 16 achieved the benchmark or improvement target.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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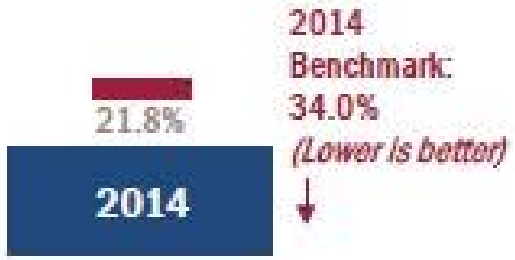
Diabetes: HbA1c Poor Control

Statewide, only 21.8 percent of people with diabetes had poorly controlled diabetes in 2014.

(Lower scores are better)

Data source: Clinical data - Electronic Health Records

Benchmark source: 2013 National Medicaid 75th percentile.



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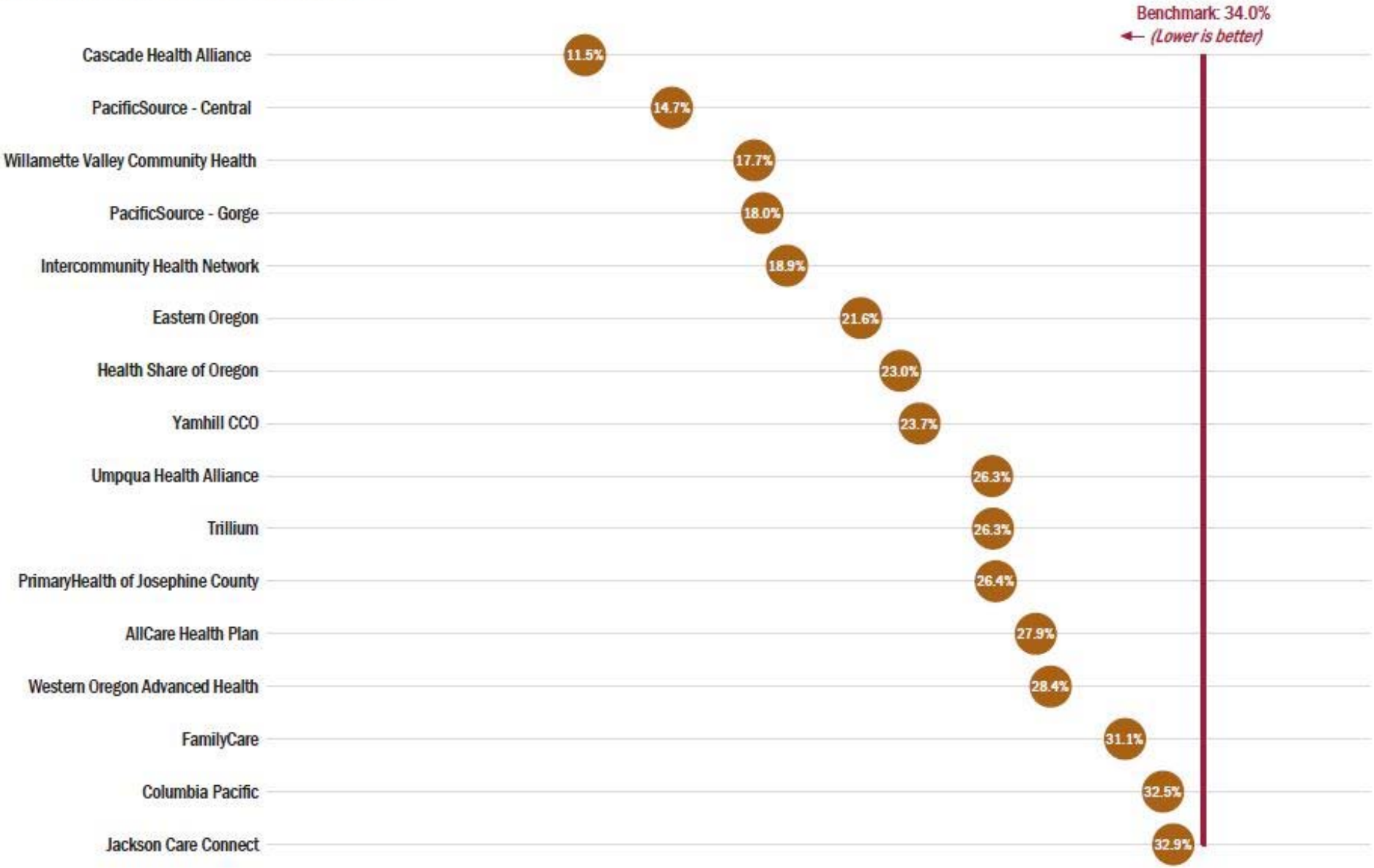
All 16 CCOs met the benchmark for diabetes HbA1c poor control in 2014.

All CCOs received credit for 1) submitting Year Two Technology Plans and required data and 2) achieving the benchmark for this measure.
2011 and 2013 data are not available for this measure.



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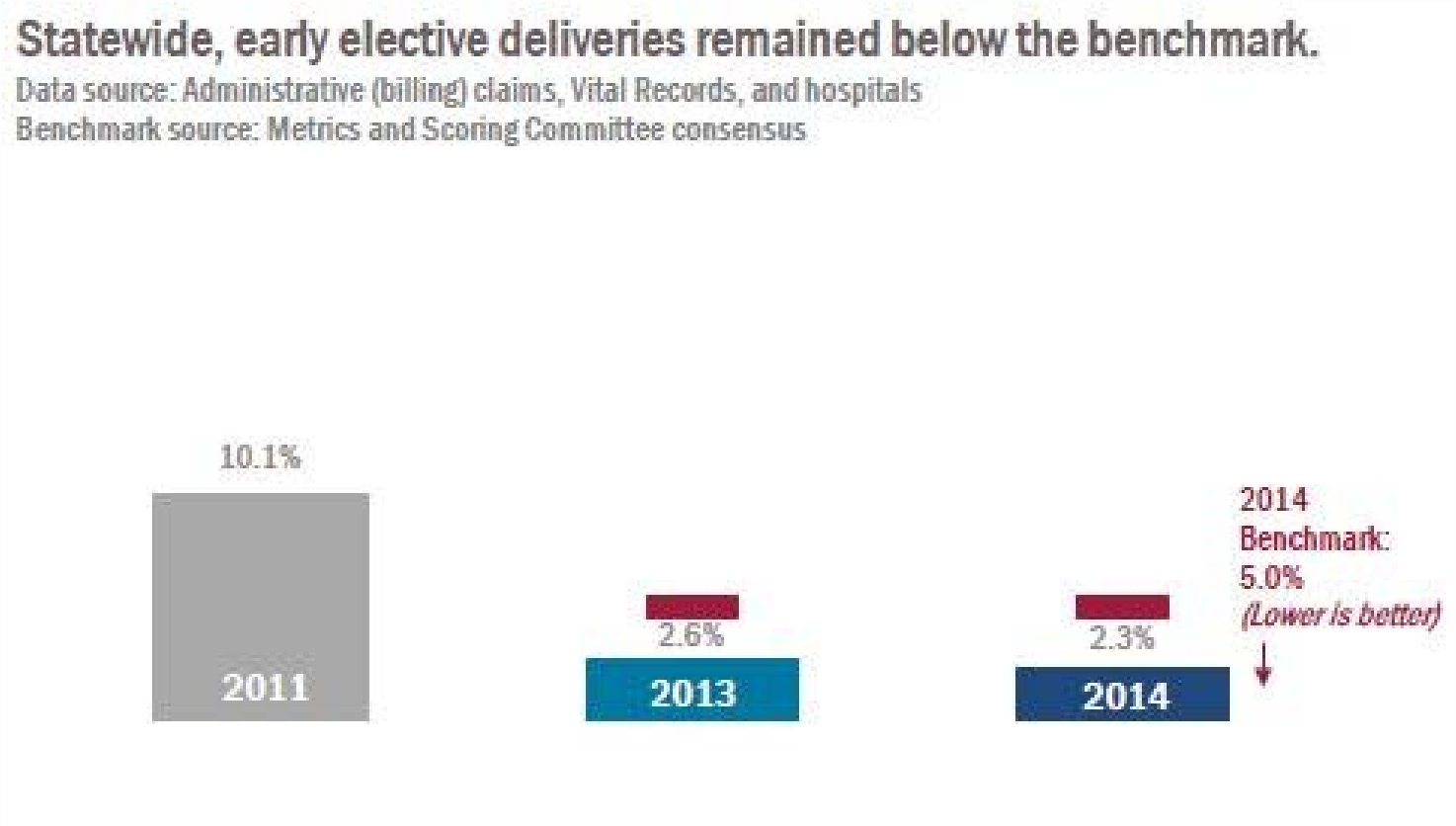
Early Elective Delivery



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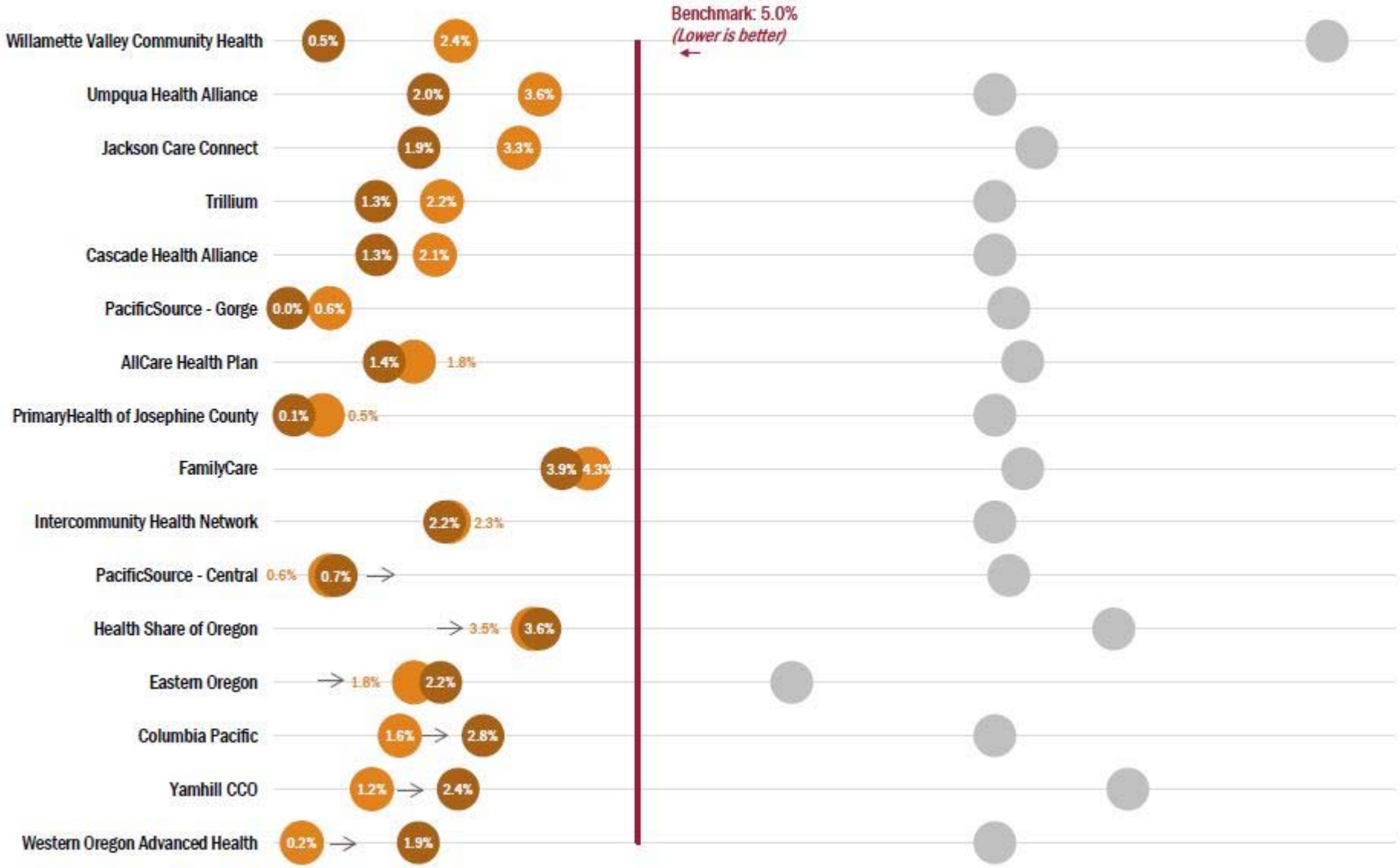
All 16 CCOs remained below the benchmark on early elective deliveries in 2013 & 2014.

All CCOs met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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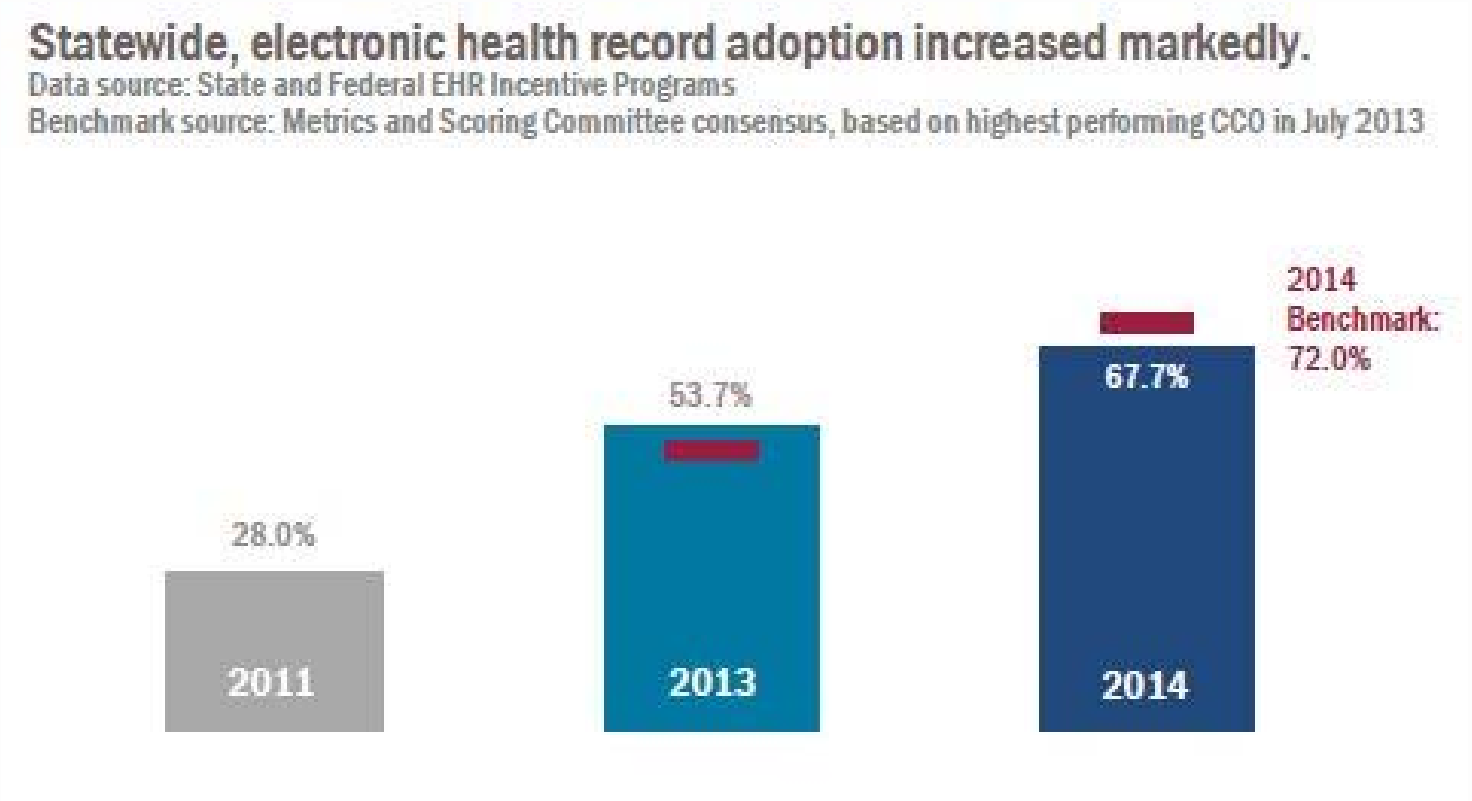
Electronic Health Record Adoption



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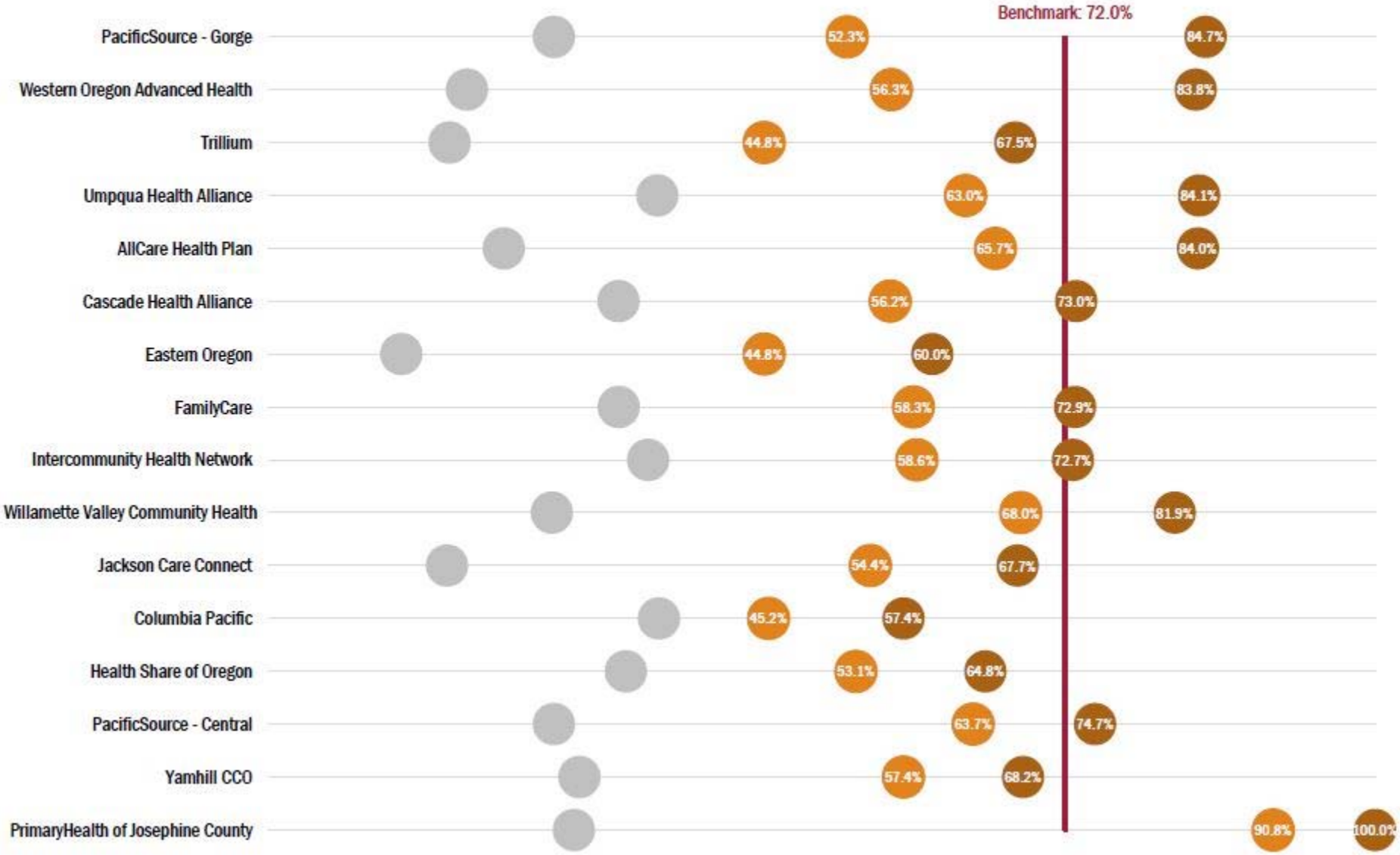
All 16 CCOs increased electronic health record adoption between 2013 & 2014, and 10 achieved the benchmark.

All CCOs met benchmark or improvement target.

Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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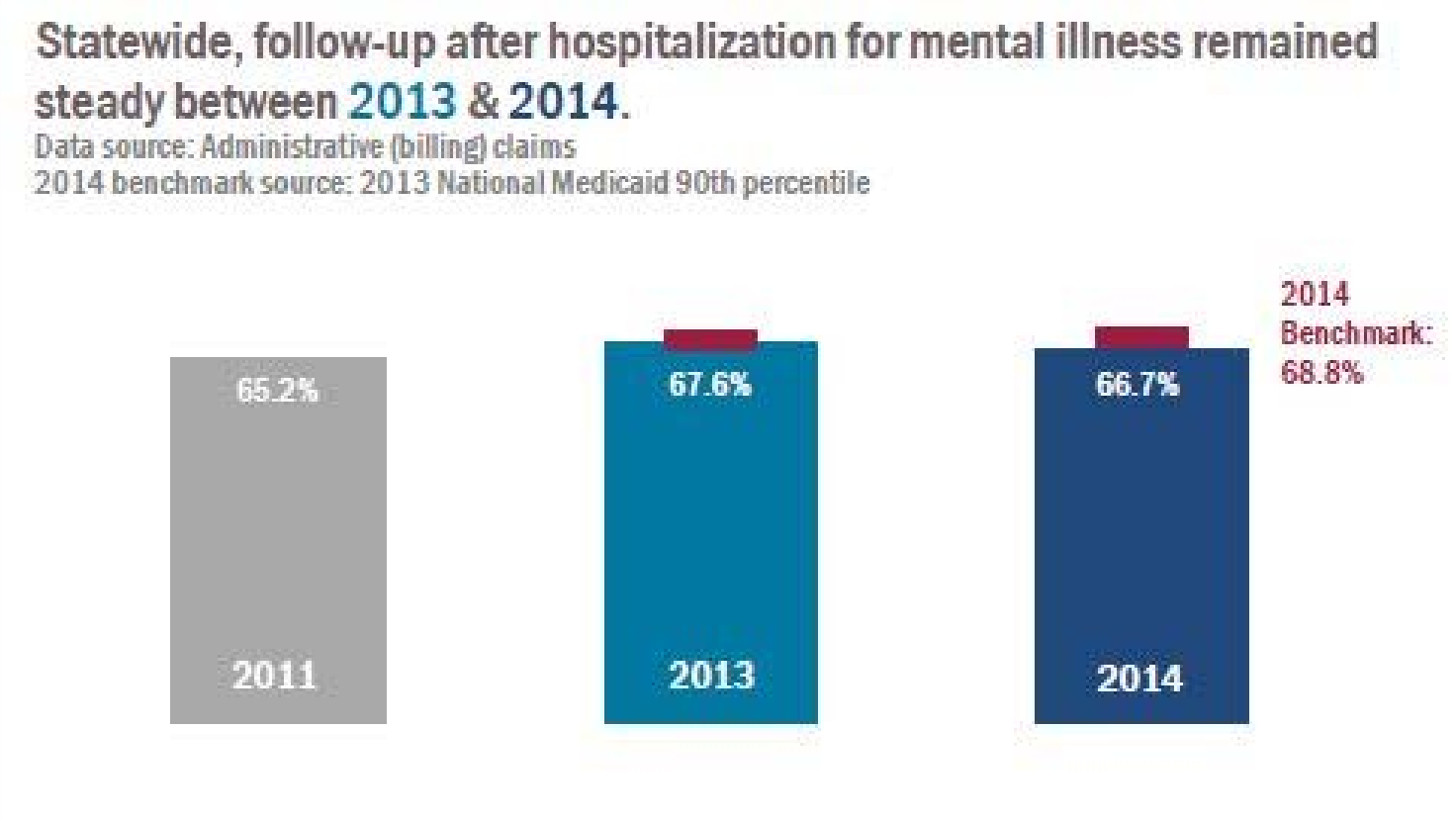
Follow-Up After Hospitalization for Mental Illness



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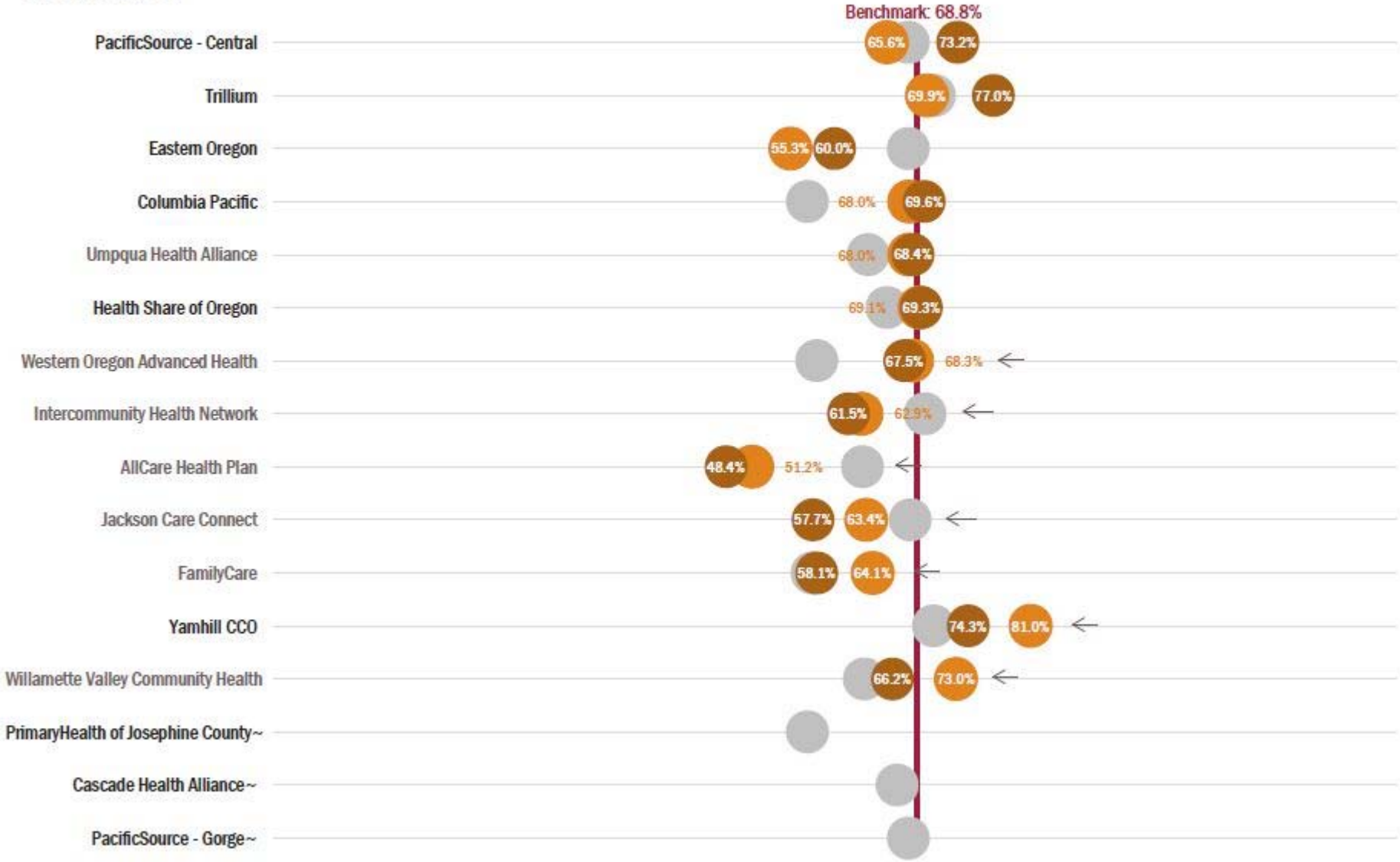
CCO performance on follow-up after hospitalization was mixed between 2013 & 2014.

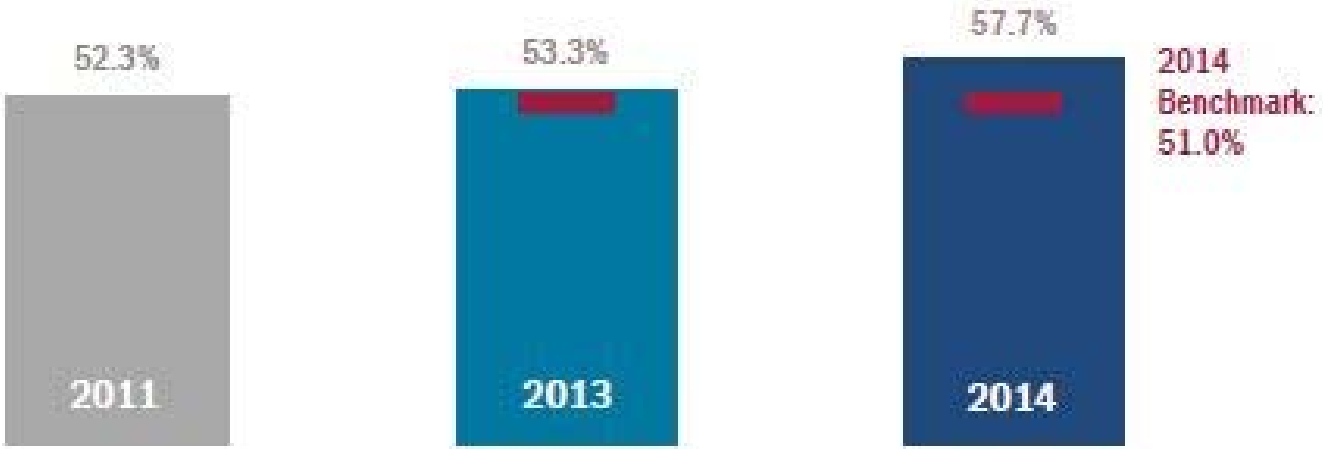
Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.
~ Data suppressed (n<30)



Follow-Up Care for Children Prescribed ADHD Medications (Initiation)

Statewide, initiation of follow-up care for children newly prescribed ADHD medication improved in 2014.

Data source: Administrative (billing) claims
2014 benchmark source: 2013 National Medicaid 90th percentile



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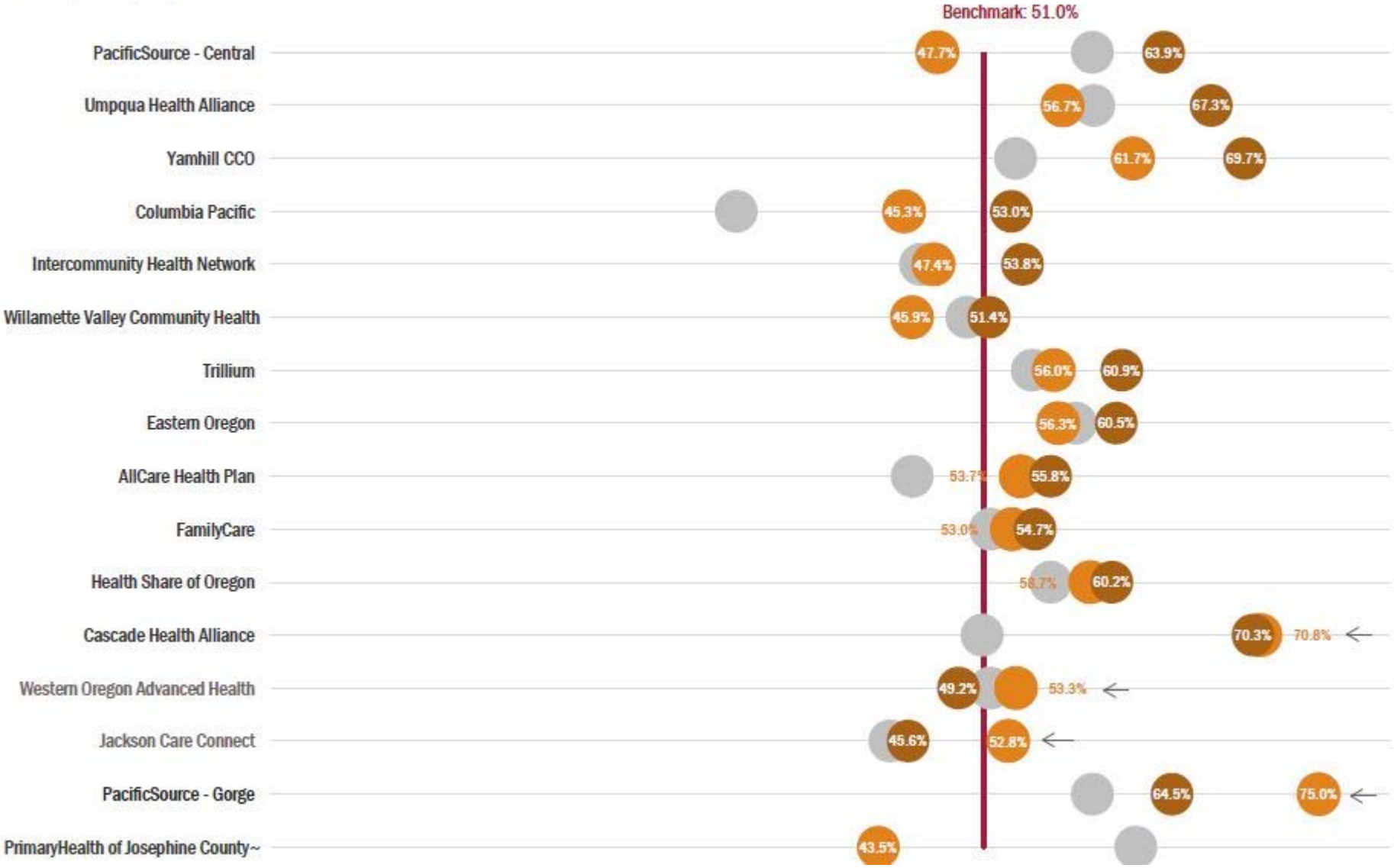
Twelve of 16 CCOs increased follow-up care for children prescribed ADHD medication between 2013 & 2014, and 14 met the benchmark.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.

~ Data suppressed (n<30)



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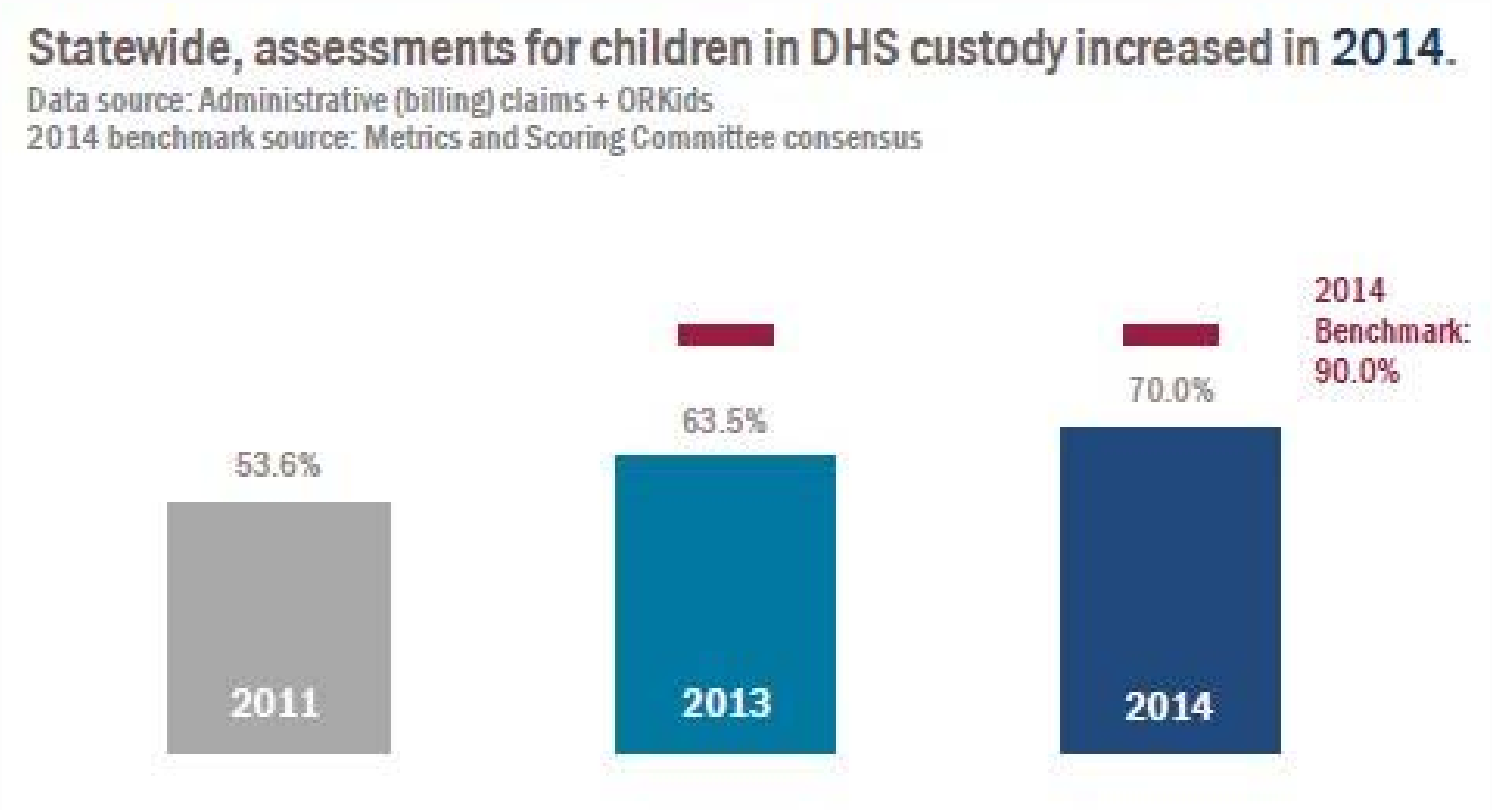
Mental & Physical Health Assessments for Children in DHS Custody



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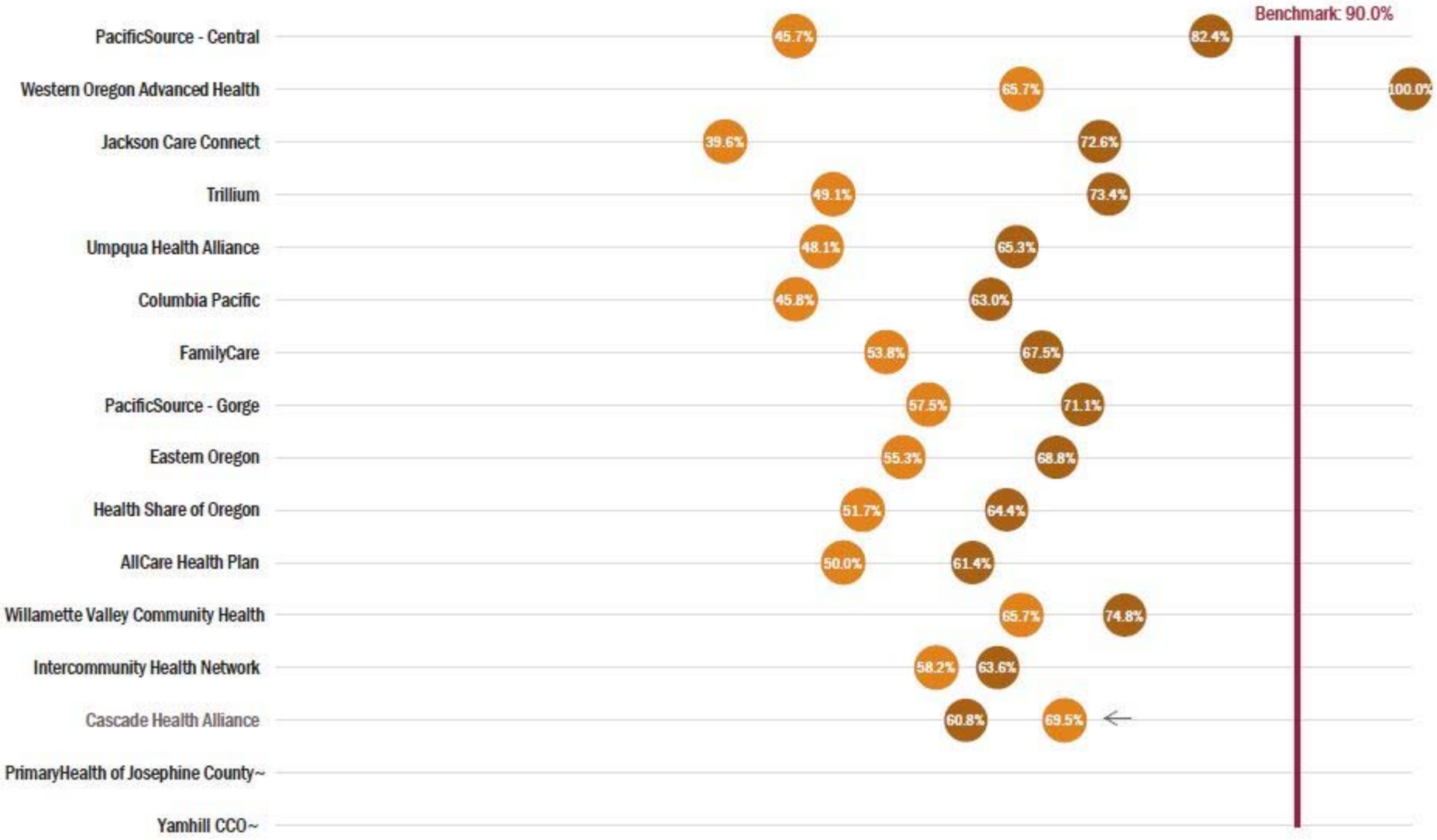
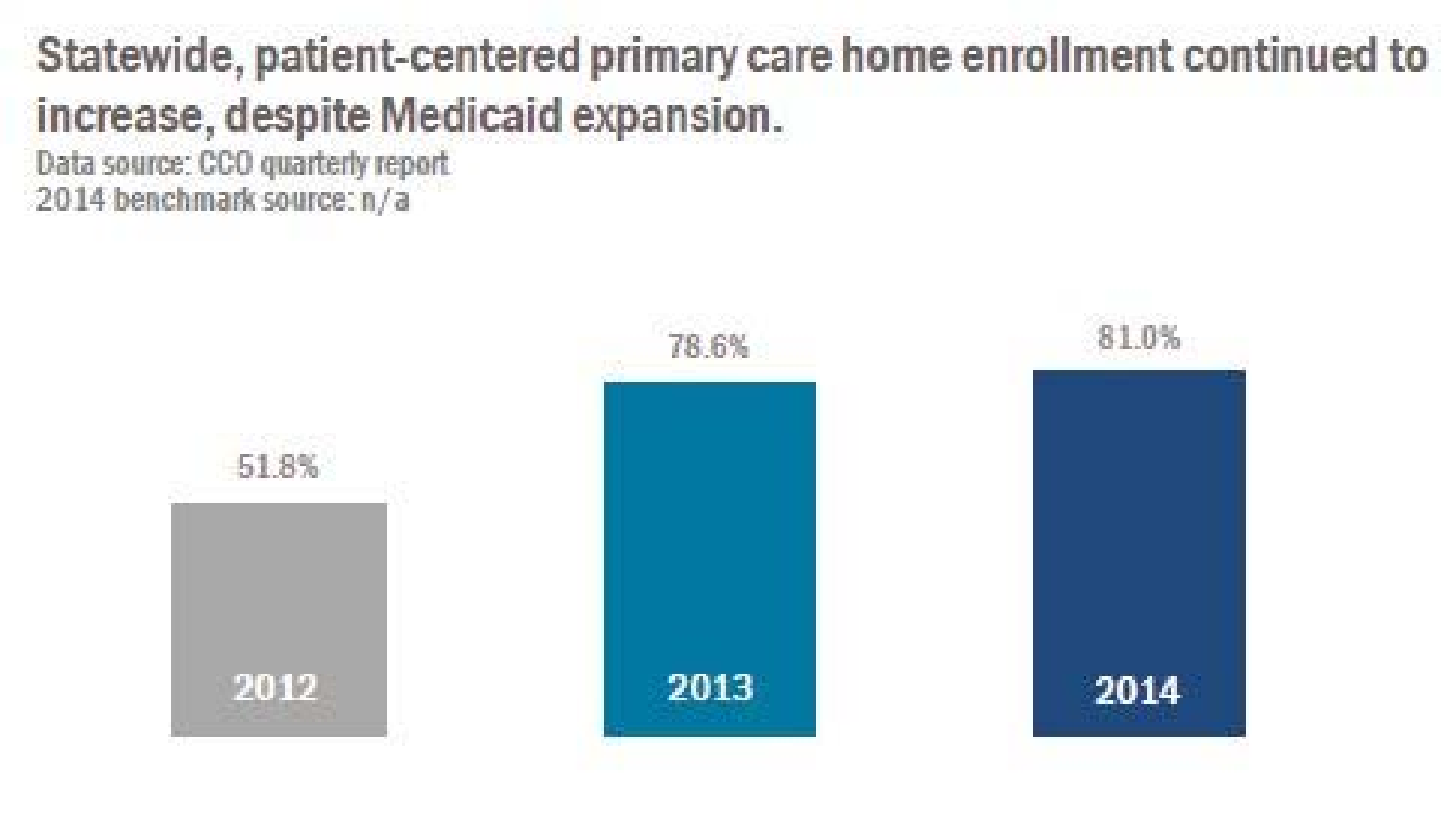
Overall, CCOs improved markedly on this measure between baseline & 2014, with 15 of 16 meeting the benchmark or improvement target.

Bolded names met benchmark or improvement target.
Baseline data represent combined 2011 and 2013 performance. These combined data provide larger denominators and are more comparable to 2014 performance.
~ Data suppressed (n<30)



Patient-Centered Primary Care Home Enrollment



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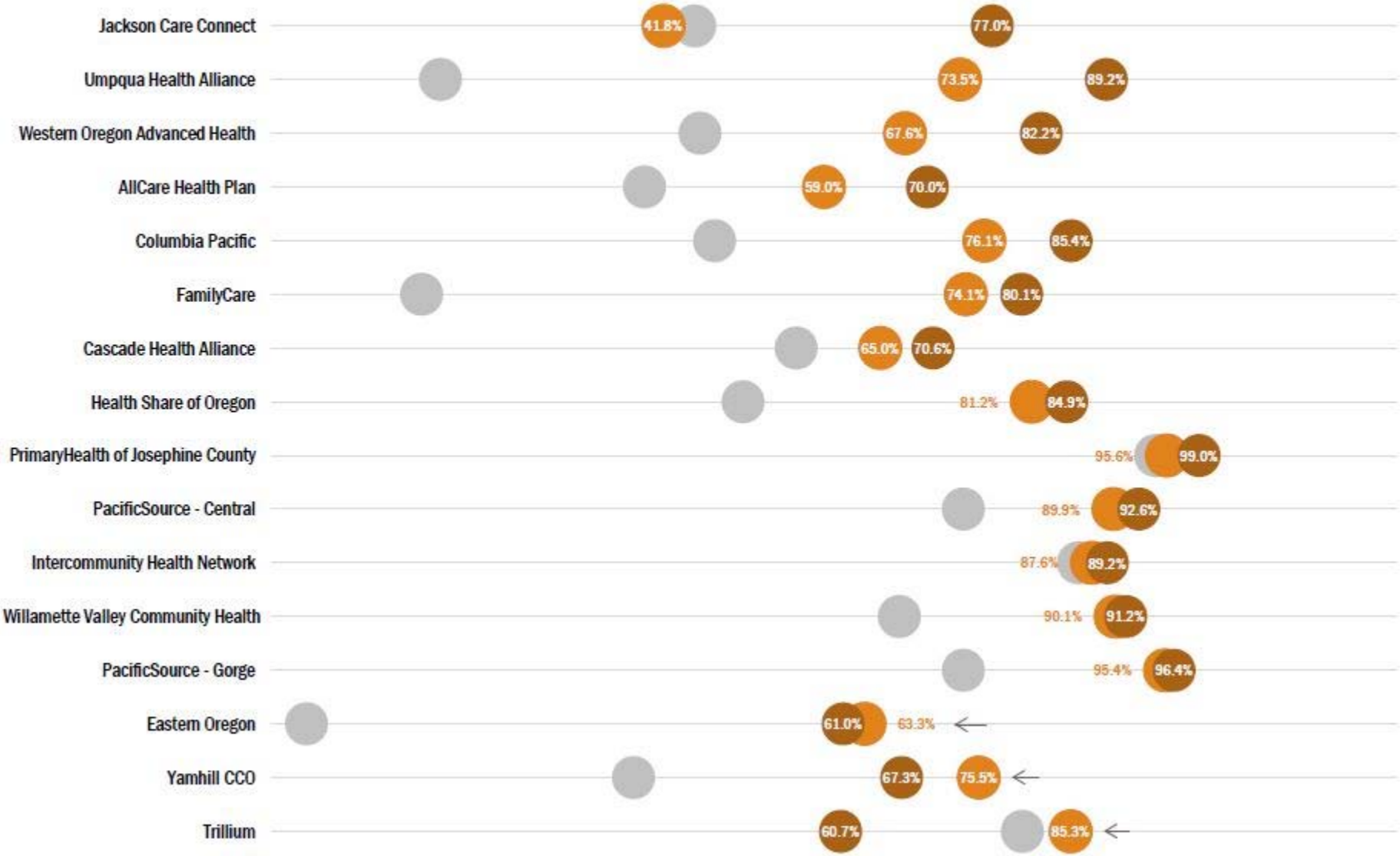
Overall, PCPCH enrollment continued to increase between 2013 & 2014.

All CCOs met requirement for quality pool payment (at least 60% enrollment).
Gray dots represent 2012 baselines, which are pre-CCO and based upon a predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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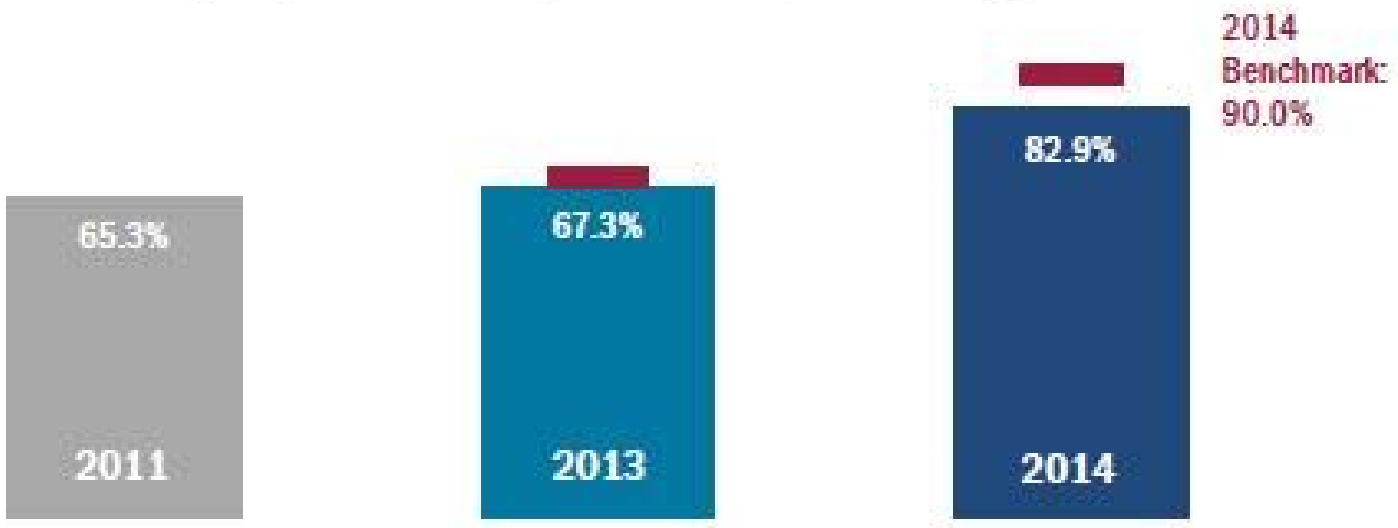
Timeliness of Prenatal Care

Statewide, four out of five pregnant members received timely prenatal care in 2014.

Data source: Administrative (billing) claims and medical record review
2014 benchmark source: 2013 National Medicaid 75th percentile
2014 data are not directly comparable to earlier years due to changed methodology



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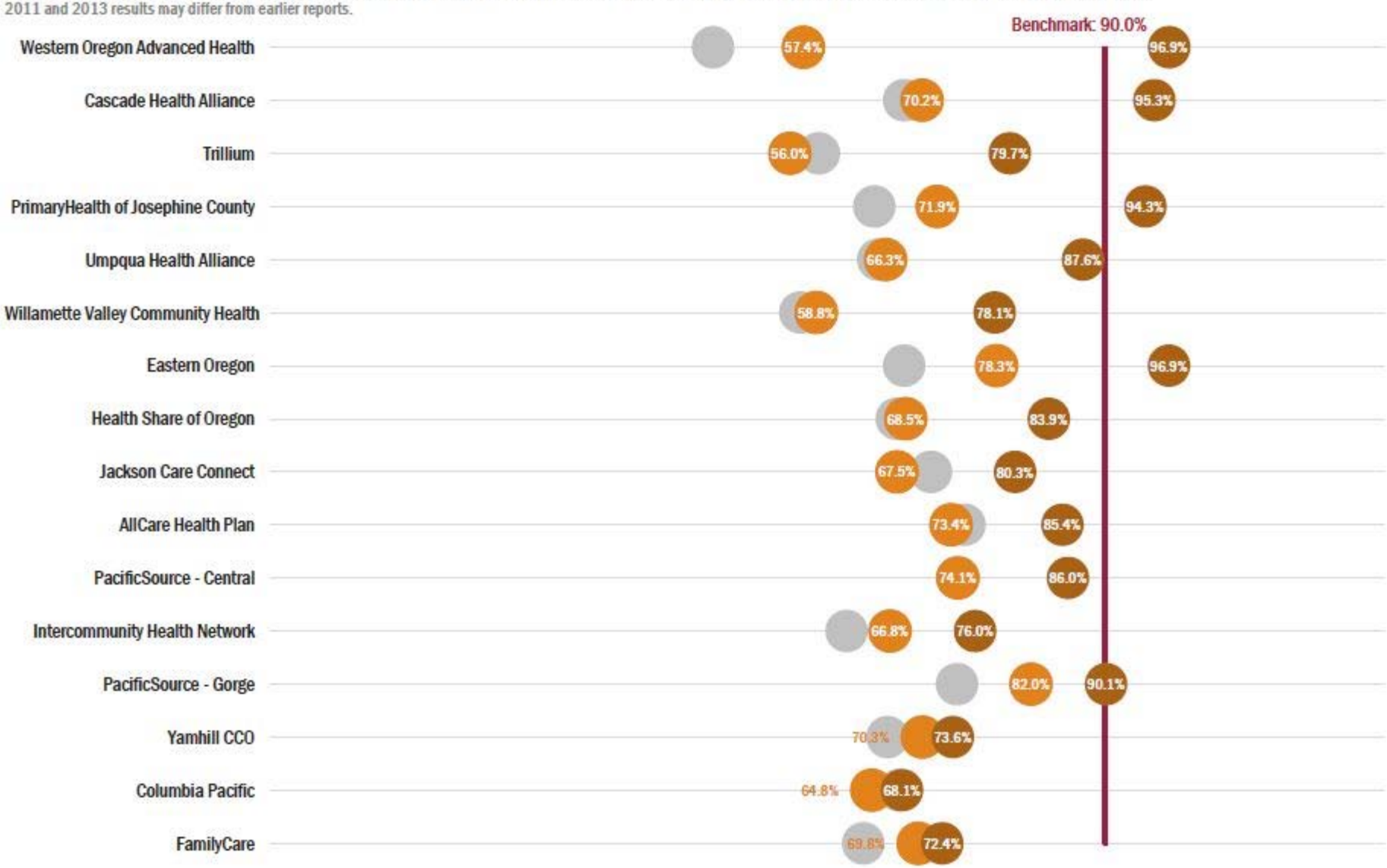
All 16 CCOs met the benchmark or improvement target in 2014.

All CCOs met benchmark or improvement target.

Light orange dogs represent 2013. 2014 results include information from medical records in addition to administrative data; prior years are administrative data only and are not directly comparable to 2014.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.
2011 and 2013 results may differ from earlier reports.



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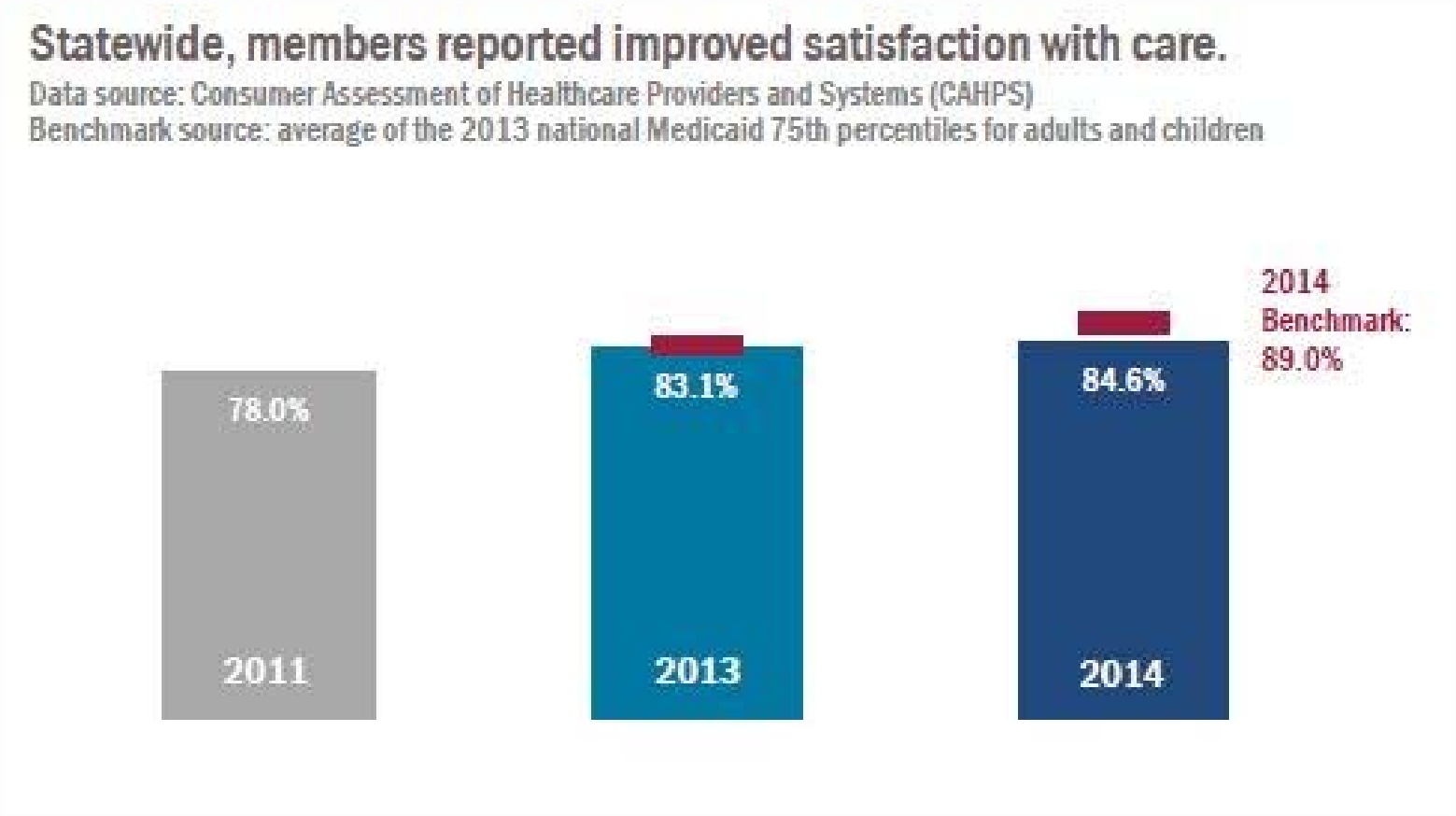
Satisfaction with Care



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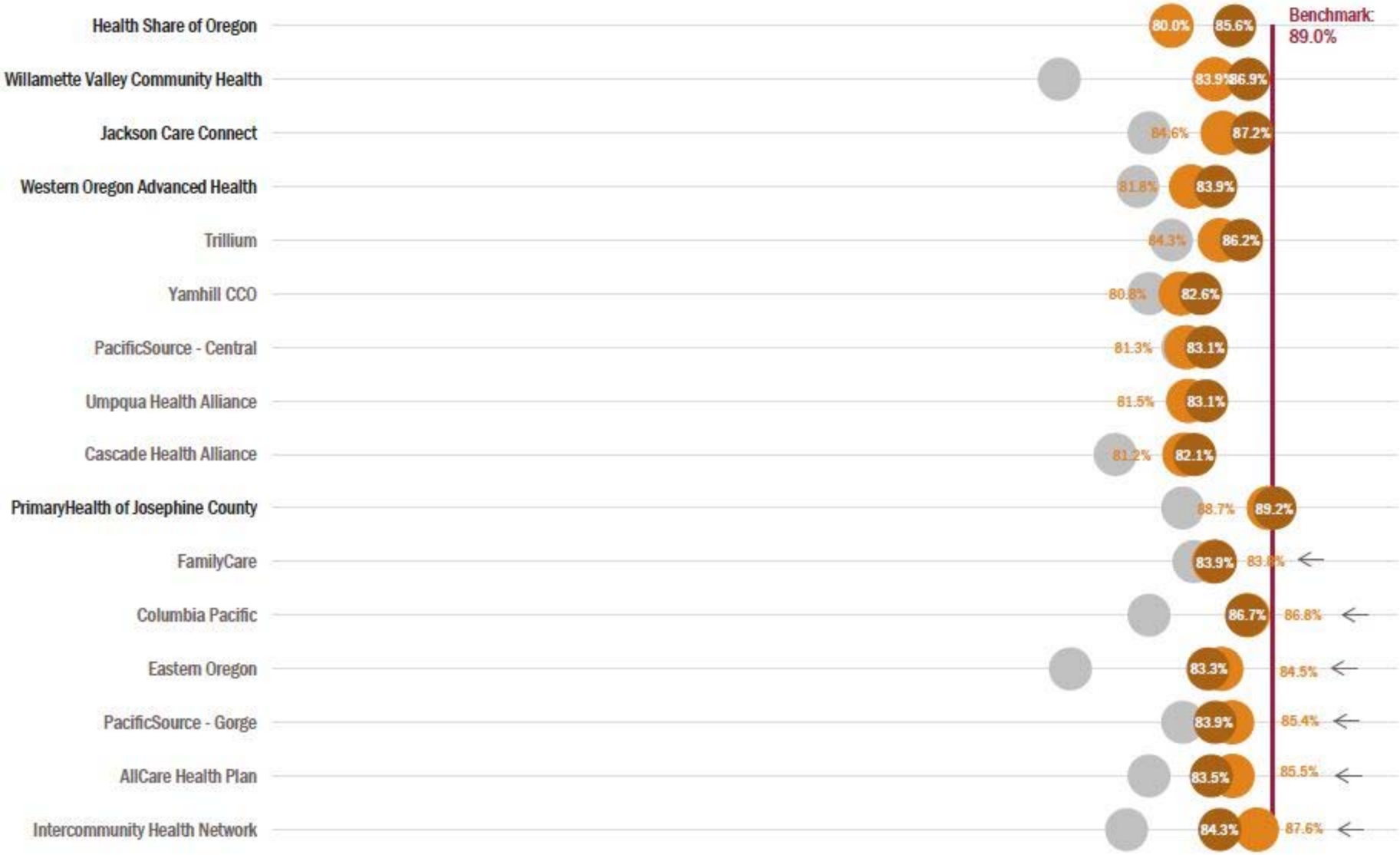
Members in 10 of 16 CCOs reported improved satisfaction with care between 2013 & 2014.

Bolded names met benchmark or improvement target.
Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



State Performance Measures: Improvements in…

- **All-cause readmissions**
  - Decreased 11.6 percent since 2011 (lower is better).
  - 13 of 16 CCOs saw decreases between 2013 and 2014.

- **Adolescent immunization status**
  - Increased 12 percent since 2011.
  - 10 of 16 CCOs saw improvement between 2013 and 2014.

- **Hospital admissions for chronic conditions (PQIs)**
  - Adult admissions for short-term complications from diabetes dropped by 26.9 percent since 2011.
  - Adult admissions for COPD decreased by 60 percent since 2011.,

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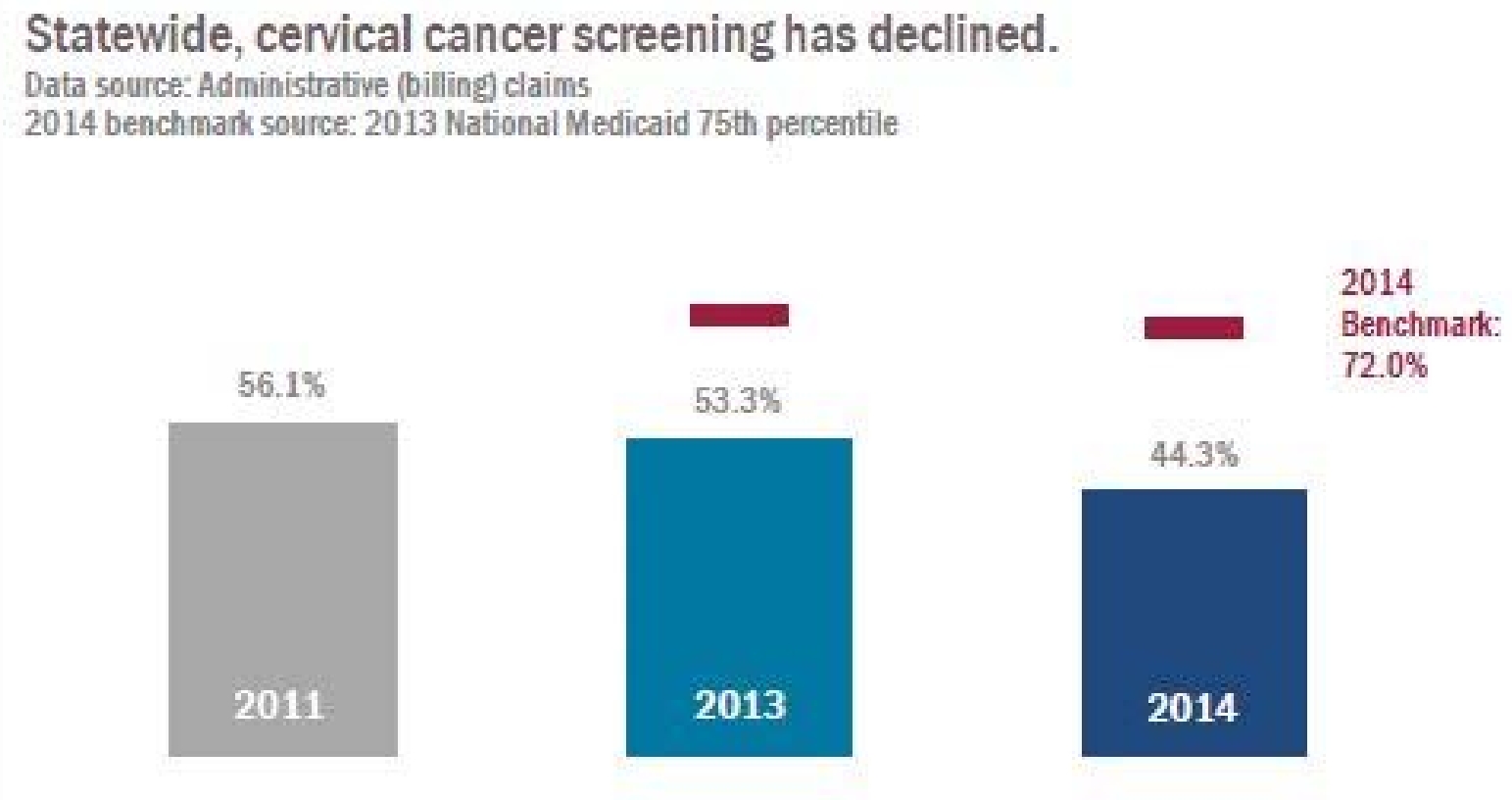
The largest room in the world is
the room for improvement
- Meiji Stewart

Cervical Cancer Screening



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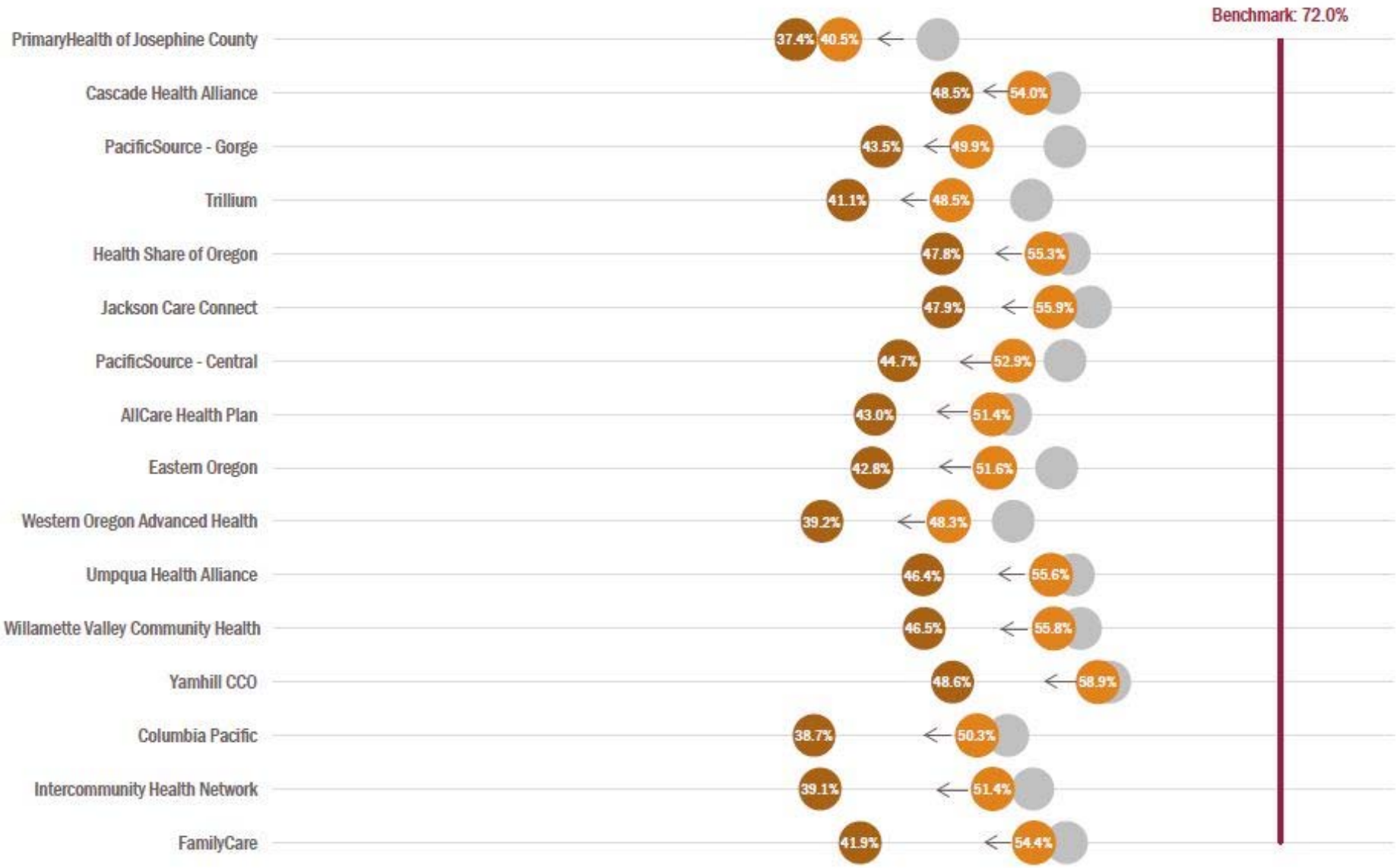
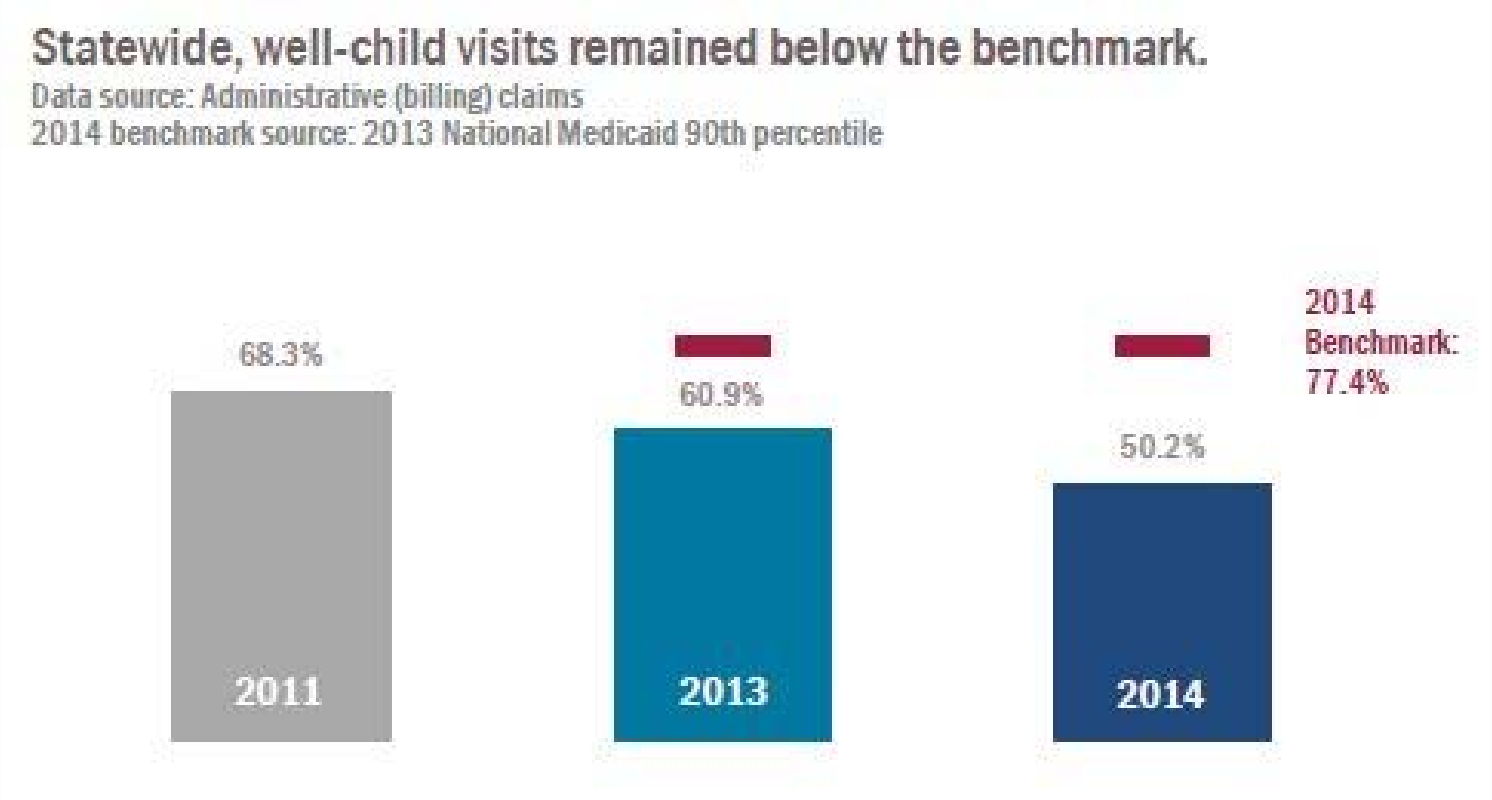
All CCOs experienced a reduction in cervical cancer screening between 2013 & 2014.

Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



Well-Child Visits in the First 15 Months of Life



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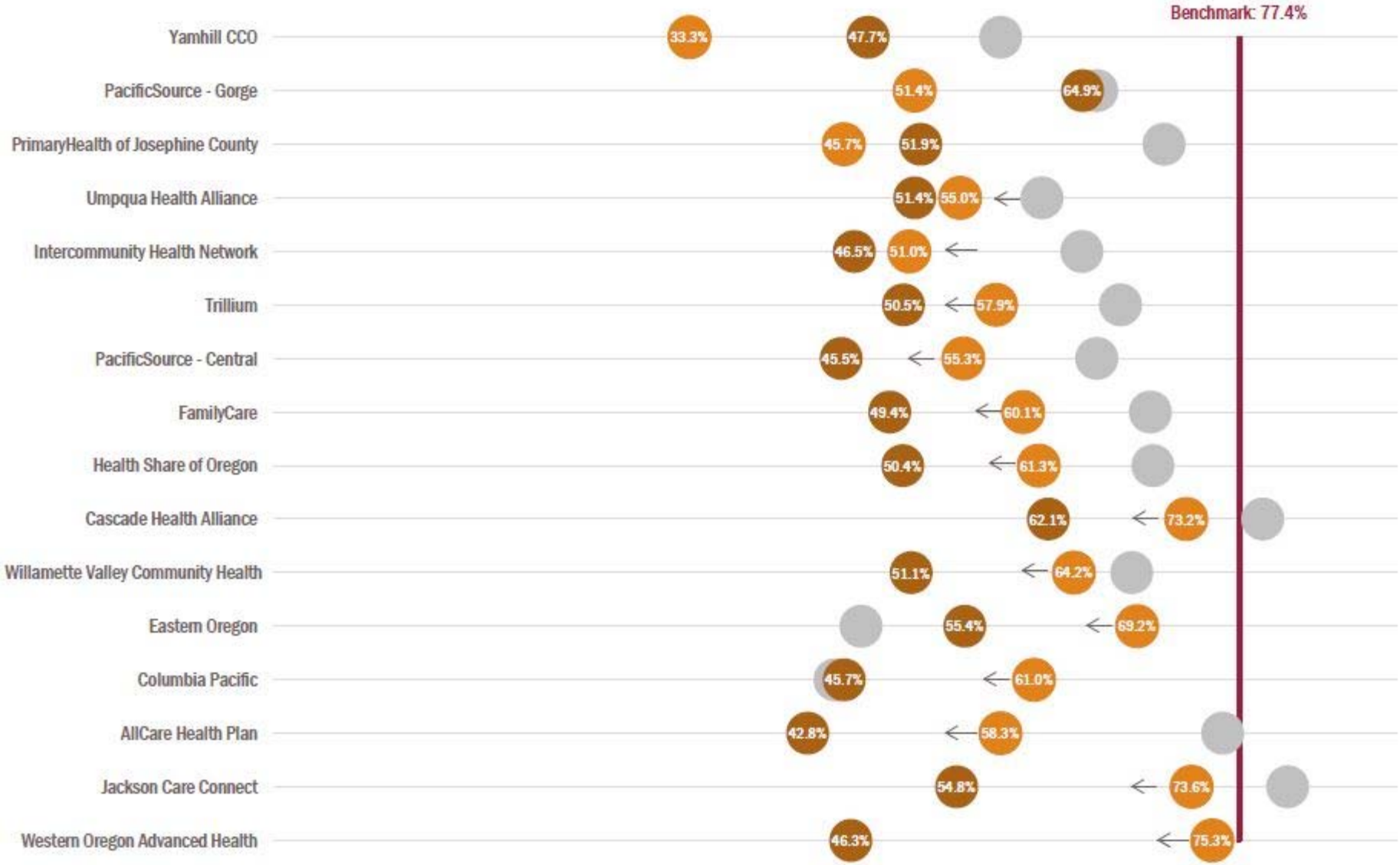
Three of 16 CCOs increased the percentage of children receiving six or more well-child visits between 2013 & 2014.

Gray dots represent 2011 baselines, which are pre-CCO and based on data from the predecessor care organization. Baseline data for PacificSource Central and Gorge are combined.



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Discussion

- Is this what we expected to see in the second year of the program?
- How do you interpret the extent to which CCOs did or did not demonstrate improvement on the measures in 2014 over 2013, particularly given the Medicaid expansion?
- Implications for the 2016 measure set construction?

Oregon Health Authority

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The Health Commons Grant:

What Have We Learned About Transforming Population Health

***David Labby**, MD PhD*

Health Share of Oregon

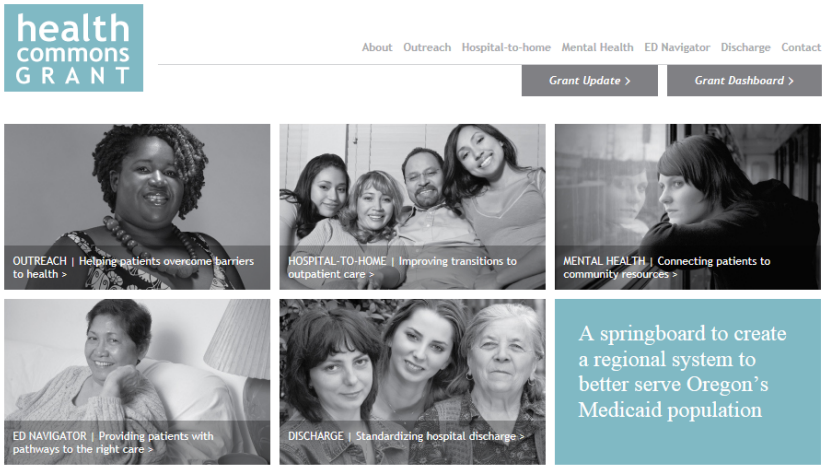
CCO Metrics Committee

July, 2015

health commons GRANT

health share
Health Share of Oregon

"Health Commons" Initiative – CMMI Innovation Challenge Grant

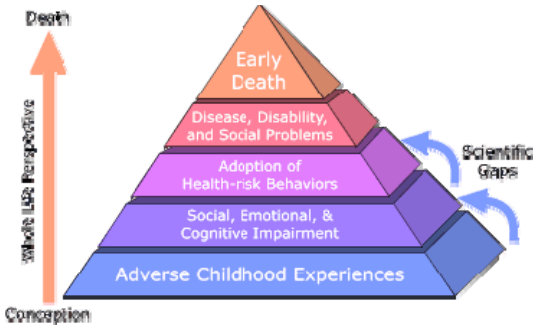


Building a Regional System of Care for High Needs / High Cost Medicaid Members

- Transitional Care teams for medical and psychiatric discharges; ED Guides; Standardized d/c transitions
- Ambulatory based community outreach workers for vulnerable Medicaid enrollees
  - Majority in large volume Medicaid PCP practices
  - Other teams in EMS (911), ED, Supportive Housing / Drop In Center, Corrections (soon)

health share
Health Share of Oregon

What "High Needs / High Cost" Patients (aka "High Utilizers") Have Taught Us



- **It is not "What's wrong with them"… but "What has happened to them:"**
  - High prevalence of reported "Adverse Childhood Experiences"
    - ACE Study Categories : Parent Substance Use, Separation, Mental Illness, Domestic Violence, Criminal Behavior, Abuse, Neglect (Felitti, Anda. Amer J Prev Med 1998)

- **Formal qualitative study of "Adverse Life Events"**
  - Health Resilience participant "open ended" interviews
  - Survey now being sent to 9000 Health Share members
    - Can we identify common pathways to "high utilization?"

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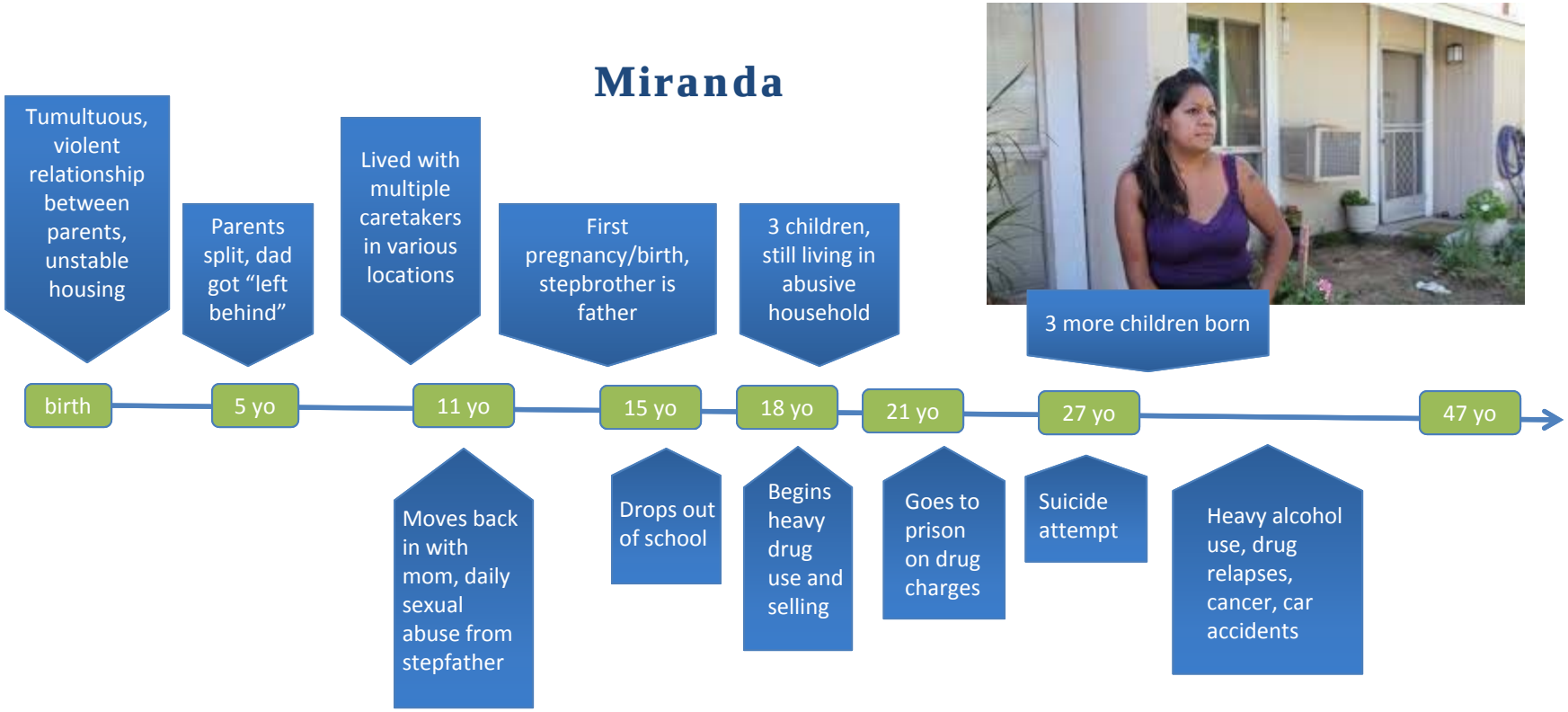
What we learned: Life stories with chain reactions of adversity



Age 47
6 children age 15-32
No GED/diploma, no employment
In recovery from severe substance use
Chronic pain, cancer, multiple surgeries, no teeth or dentures
Multiple psychiatric medications

The Prevalence of Adverse Life Experiences

0-6 yo

30% Suffered repeated physical, sexual or emotional abuse in early childhood

47% Neglect

17% Had unmet basic needs (food, clothing)

13% Lived with an adult with a substance use issue

17% Were separated from parents

7-19 yo

54% struggled in school
50% dropped out of school

28% Ran away or left home early

30% Became teen parents

15% Became homeless at some point

46% Were substance users

19-30 yo

30% Were arrested or incarcerated at some point

52% Were substance users

26% Were homeless

74% Report job insecurity or become unable to work at all

28% Were separated from their children

30+ yo

40% Struggle with mental health

70% Describe struggling to get needed healthcare

30% Struggle to manage their medication

NONE able to work

30% Describe being socially isolated

What the Numbers Tell Us

Before Age 19:

63% experienced some form of abuse; 52% experienced extended maltreatment

Lauren Broffman, Center for Outcomes Research and Education (CORE)

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Adverse Life Events In "High Utilizers:" *Cumulative Burden Across Life Span*

- ✓ Abuse: Emotional, Physical, Sexual
- ✓ Substance Use: Drugs, Alcohol
- ✓ Abandonment
- ✓ Traumatic Loss
- ✓ School Failure
- ✓ Job Failure
- ✓ Homelessness
- ✓ Incarceration

Age Greater Than 30

Age/Gen Race	0-5	6-12	13-19	20-30	30+
48 F AA	Abuse (e)	Abuse (e)	Drugs/ Alc, Loss, DV, Sex work	Sex Work, Drugs, Arrest	DV, Drugs
57 M AA	Parent SU	Rape, Drugs	Aband, Quit Sch, Abus, Drugs, Loss	Jobless	Drugs, Arrest
68 F	Abuse (e)	In State Home for Dev Delay	Abuse (P)	Unable to work	Disabled
34 M	Parent SU	Loss	Leaves Home, Expelled	Drugs	Drugs
35 F AA	Adopted	Abuse (p)	Drugs, Quit School	Drugs, DV	Alc
51 F	Sibling SU	Drugs/ Alch	Drugs, Quit Sch, Homeless	Drugs, Arrests	Drugs, Suicide At
44 M	Parent SU, Abuse (p/e)	Abuse (p/e)	Abuse (s), Alc, Quit School, Homeless	Jail, Suicide At	Probabtion
36 F	Parent SU	Abuse (s), Run Away, Homeless	Quit Sch (8), Foster care, Drugs, Dentition Home	Drugs, Homeless	Jobless
52 F	Abuse (p/v)	Abuse (s)	Abuse (s), Drugs, Alc, Quite School (9), jail	Drugs, Alc, Homeless, DV	Alc
73 F AA	Parent SU, DV		Quit School	Loss	Suicide At
55 F	Abuse (p/v)		Alc, Drugs	Sex Work, Abuse (s) DV, Drugs, Alc	Suicide At
35 M	Abuse (p)		Homeless	Prison	Homeless
62 M AA	Abuse (v)	Major trauma		Jail	Drugs, Alc
46 F		Abuse (s)	Quit Sch (8) Drugs	Drugs, Prison, A. Suicide At	Drugs
56 M AA		Quit Sch (8)	Drugs, Alc, Abuser	Drugs, Alc, Prison, Homeless	Drugs, Alc
55 F		Abuse (s)	Bullied	Loss, Suicide At	Loss
71 F AA		Abuse (s)	Quit School		Disabled
50 M AA			Drugs. expelled	Drugs. prison	Drugs. Prison x2
44 M AA			Abuse (e/p) Alc, drugs	Alc, Drugs, Sex Offender, Pris, Abuser	Prison
40 M	Parental SU	Abuse (s)	Burglary, Dentition Home, Foster Care (many)	Drug, jail	
36 F	FAS, Abuse (s/p), Foster care (12)	Adopted		Evicted, Foster Care	
31 M AA		Abuse (e), Neglect, Race	Drugs, Alc, Arrest		
50 F H			Abuse (e)		Loss, Disabled
40 F AA				Injury; unable to work	
62 M AA	Parental SU				
41 M AA					Arrest
31 F				Rape, Homeless	

Age Less Than 30

Age/Gender Race	0-5	6-12	13-19	20-30
25 F	Parent SU Abuse (e)	Abuse (s) Bullied / Assaulted	Alc/ Drugs Abuse (p)	Drops College dt Alc; Loss
29 F	Parental conflicts; family chaos	Parental conflicts; family chaos	Runaway; Traumatic Brain Injury; Quit school; Drugs	Unable to work; self harm
24 F AA	Abuse (v)	Bullying	Self Harm, Quit School	Alc, Self Harm, Loss

Self reported life events from 30 Medicaid "High Utilizers" enrolled in intensive management program

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Adverse Life Events In "High Utilizers:" *Cumulative Burden Across Life Span*

- ✓ **Abuse: Emotional, Physical, Sexual: 70%**
- ✓ Substance Use: Drugs, Alcohol
- ✓ Abandonment
- ✓ Traumatic Loss
- ✓ School Failure
- ✓ Job Failure
- ✓ Homelessness
- ✓ Incarceration

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55 F		Abuse (s)	Bullied	Loss, Suicide At	Loss
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Adverse Life Events In "High Utilizers:" *Cumulative Burden Across Life Span*

- ✓ **Abuse: Emotional, Physical, Sexual: 70%**
- ✓ **Substance Use: Drugs, Alcohol: 60%**

- ✓ **School Failure: 60% do not graduate HS; 1 College Grad**
- ✓ **Job Failure: none fully employed**
- ✓ **Homelessness: 23%**
- ✓ **Incarceration: 30% in jail / prison; 17% "been arrested"**

Age Greater Than 30

Age/Gen Race	0-5	6-12	13-19	20-30	30+
48 F AA	Abuse (e)	Abuse (e)	Drugs/ Alc, Loss, DV, Sex work	Sex Work, Drugs, Arrest	DV, Drugs
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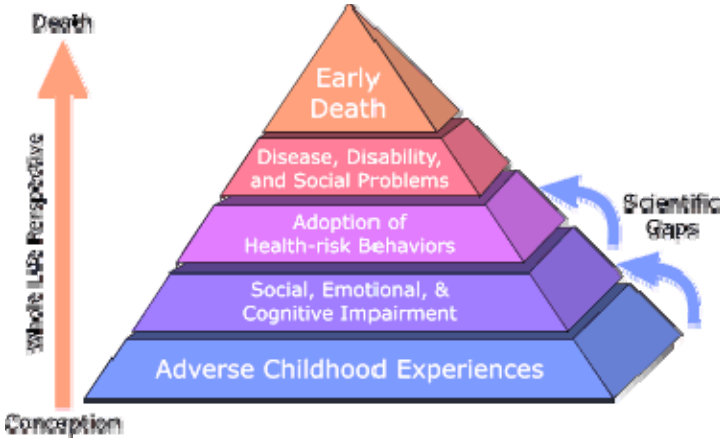
66



What Does This Mean For CCO "Population Health" Strategy?

Children in low SES households have 5 times the rate of maltreatment than other children: 3 times more likely to be abused, 7 times more likely to be neglected (NIS 2006)

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What We Are Most Trying to Prevent:

- Future generations of "high utilizers"
- Cascading adverse life events that derail a healthy life

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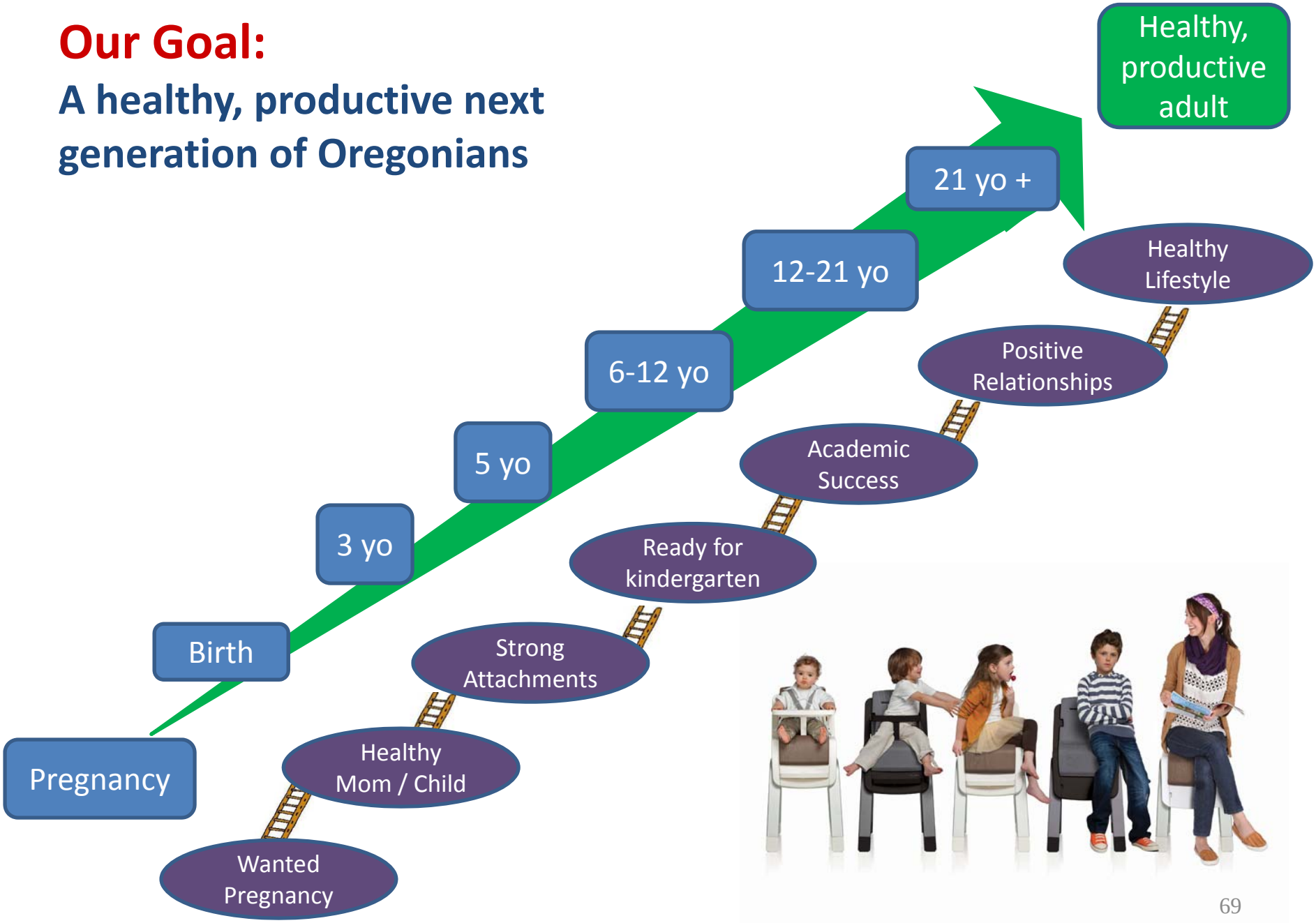
Our Goal:

A healthy, productive next generation of Oregonians



What does this mean for a CCO prevention strategy?

- **Identify key touch points in the care delivery system where we can provide meaningful support:**
  - Promote stable families with healthy early attachments
    - Current: CCO P4P metric on effective contraception = desired pregnancy
  - Ensure that at risk families get the mental health, SUD treatment and social services they need to prevent adverse outcomes
    - Current: CCO charge to integrate care
  - Focus on highest risk children (Foster care)
    - Current: CCO metric on physical / behavioral / dental assessments
  - Help children be ready for kindergarten by age 5 to increase the likelihood of school success
    - Current: CCO P4P metric on developmental screening

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What does this mean for a CCO Population Health strategy?

- **Before entering school, the Health Care System is the social institution with the most contact with young children and their families (Bright Futures: 12 WCC before 3 yo)**

	INFANCY								EARLY CHILDHOOD						
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●

- **Can we help make a difference for early families at risk?**

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Can CCOs Help Make A Difference?

Developmental Disabilities

- Children on Medicaid have 1.7 x the rate of "any developmental disability" than children with commercial insurance and 1.8 x the rate of "learning disabilities"
  - Do we need more developmental pediatricians? Or earlier interventions?

Condition	Health Insurance Coverage,%		
	Private	Medicaid or CHIP	Uninsured
Any developmental disability	12.10	20.28[k]	11.61
ADHD	6.01	9.55[k]	4.97[l]
Autism	0.45	0.67	0.19
Blind/unable to see at all	0.10	0.17	0.17
Cerebral palsy[a]	0.61	0.60	0.33
Moderate to profound hearing loss	0.34	0.77	0.44
Learning disabilities	5.94	10.87[k]	6.16[l]
Intellectual disabilities[b]	0.44	1.68[k]	0.38[l]
Seizures in the past 12 months	0.49	1.31[k]	0.46[l]

K= p<.05

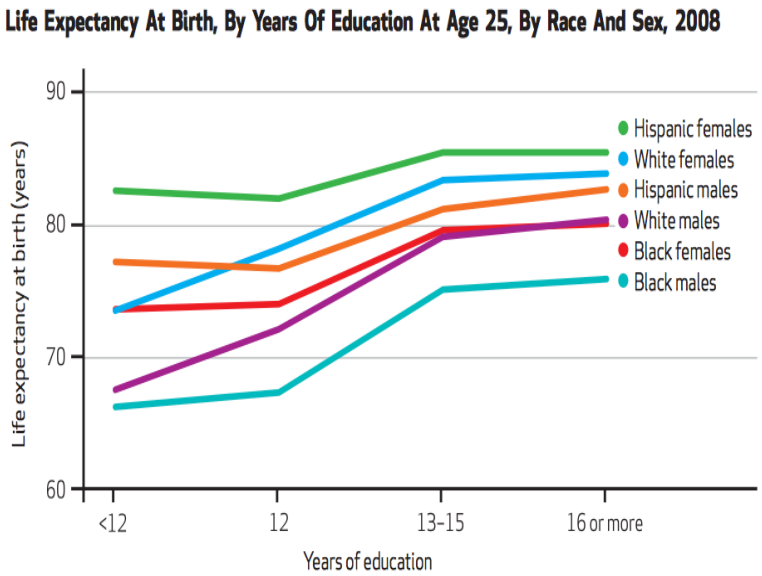
Boyle et al. Rend in the Prevalence of Developmental Disabilities in US Children, 1997-2008. Pediatrics 2011; 127

Can CCOs Help Make A Difference?

Ensuring Early (and Later) Life Success

- School readiness:
  - Starting out poorly increases the likelihood of school failure and social failure
    - 15% of children with 2+ ACEs repeated a grade vs 5.7% with no ACE (Bethell C Health Affairs Dec 2014)

- Not graduating high school correlates with poor health outcomes and shorter life:
  - Decrease in life expectancy with <12 years of education vs ≥ 16 :
    - Black men -9.7 years
    - Black women -6.5
    - White men -12.9
    - White women -10.4
    - Hispanic men -5.5
    - Hispanic women -2.9



(Olshansky et al. Health Affairs Aug 2012)

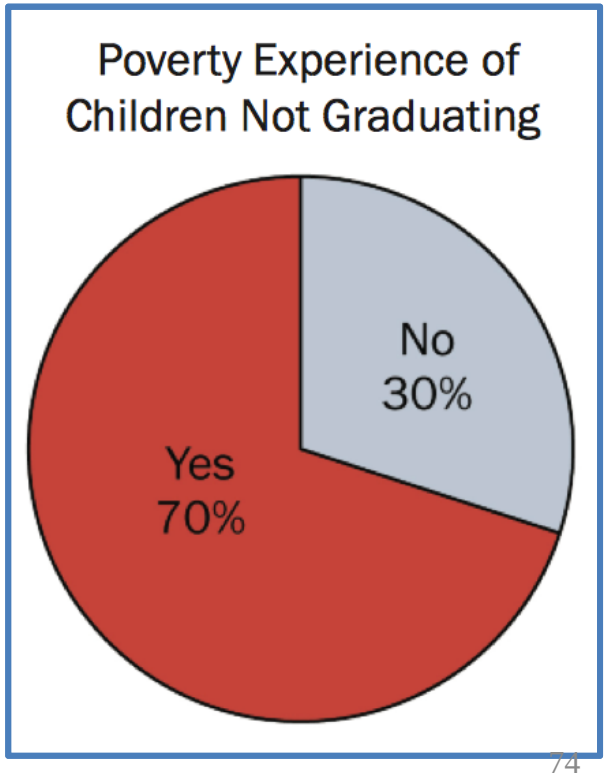
Can CCOs Help Make A Difference?

"Kindergarten Readiness"

- 80% of children from low income families failed to achieve "proficient" reading by the end of third grade (Annie E Casey Foundation 2010)

- 35% of children from poor neighborhoods not reading proficiently at third grade do not graduate High School

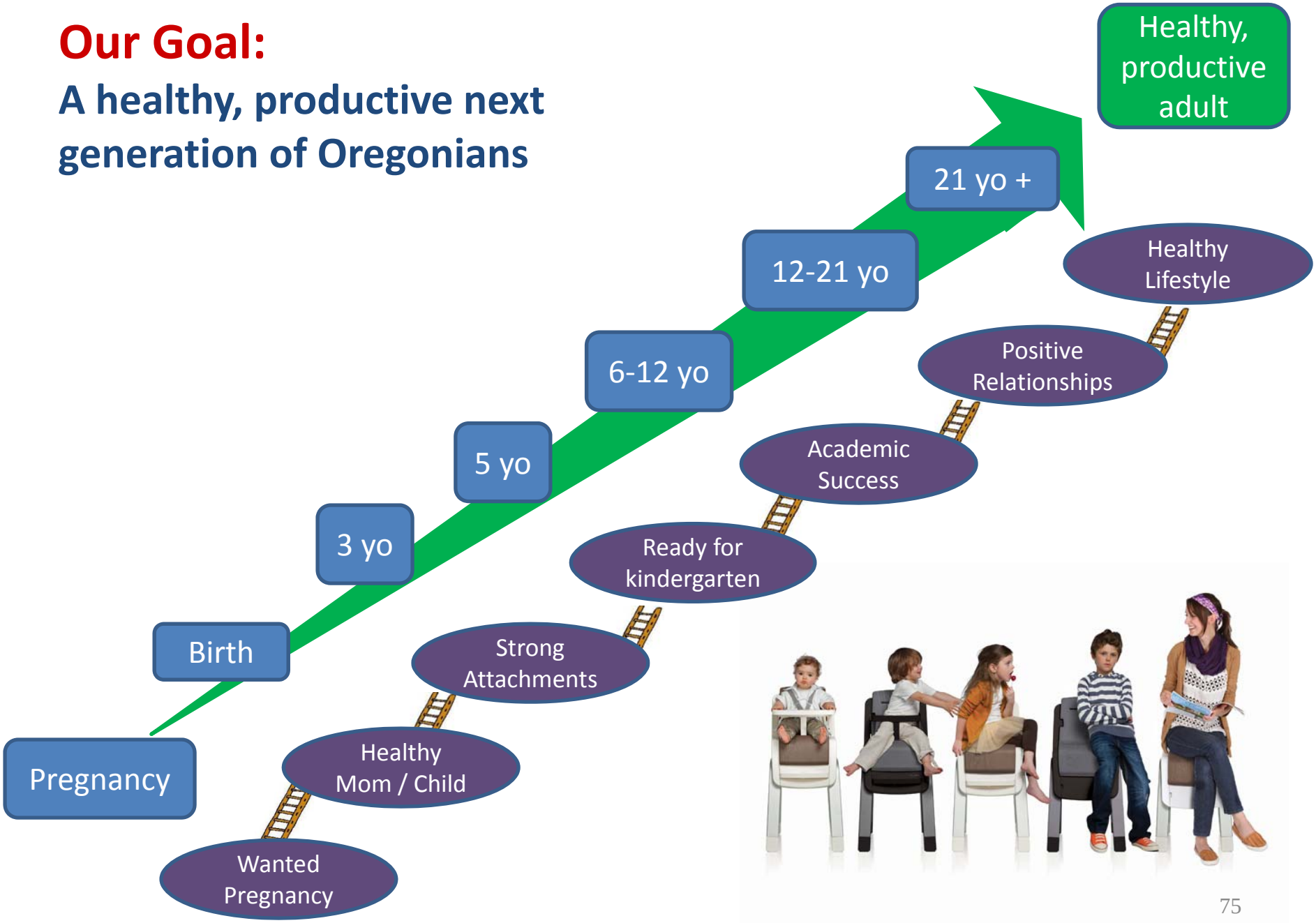
- For those not reading proficiently but have never been poor it is 9% (~4x less)
  - For children reading proficiently, this drops to 11% for with any poverty, and 2% for those without. Percentages for minorities are worse.



Hernandez JH. Double Jeopardy: How 3rd Grade Reading Skills and Poverty Influence High School Graduation. Annie E Casey Foundation 2011

Our Goal:

A healthy, productive next generation of Oregonians

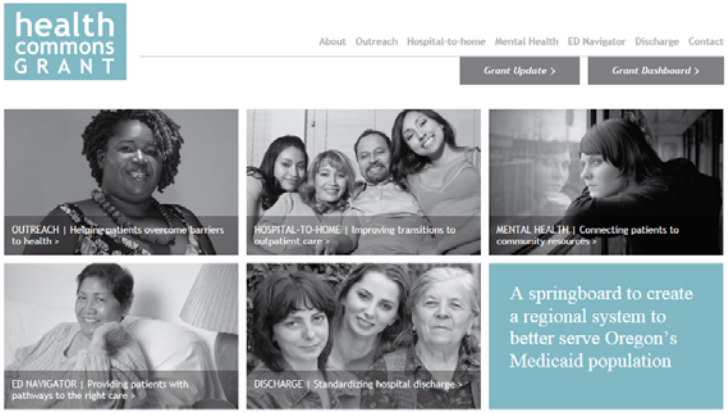


Thank You!

david@healthshareoregon.org

www.healthshareoreogn.org

www.healthcommonsgrant.org



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Break

Public testimony

Finish 2016 Measure Selection

Recap from June

The Committee previously short-listed the majority of CCO incentive metrics to continue in 2016.

Several metrics required additional information / discussion prior to making a decision.

- Colorectal cancer screening
- EHR adoption
- PCPCH enrollment

Oregon Health Authority

Today

1) Staff will present the requested information for the Committee to continue decision-making.

2) Committee will finish 2016 incentive measure selection.

Staff recommends NOT holding any measure selection decisions over until September meeting, as this will delay OHA's ability to provide CCOs with sufficient notice of the 2016 measures and specifications before January 1, 2017.

3) **Review all selected 2016 measures as a set; confirm decisions (adoption and/or retirement).**

Oregon Health Authority

Colorectal cancer screening

The Committee expressed an interest in keeping this measure for 2016, pending additional feedback from CCOs on the chart review process.

Brief feedback from the June TAG meeting:

- Preliminary sample and chart review forms that OHA provided were helpful for CCOs; several that did not use them in 2014 will in 2015.
- The length of time provided to complete chart review was sufficient.
- CCOs have some ‘lessons learned’ related to workflow and process for conducting the review that they will implement in 2015, especially re: communication with provider offices.

Oregon Health Authority

EHR adoption

The Committee discussed retiring this measure versus raising the bar by adopting modification.

1) Review current CCO performance (see handout).

2) Consider potential modifications.

Oregon Health Authority

EHR adoption: modification?

The Committee suggested potentially measuring EHR adoption by stage of adoption.

OHA can identify:

- # of Medicaid and Medicare providers in Stage 1
- # of Medicaid and Medicare providers in Stage 2
- # of Medicaid providers who have only received a payment for AIU (adopt, implement, upgrade)

However, Meaningful Use rules are likely changing for 2015-2017 and <u>all providers will be in the same stage.</u> Rules should be finalized Sept 2015.

Oregon Health Authority

EHR adoption: modification?

Oregon Medicare EHR adoption (as of Dec 2014)	
Total unique providers receiving Medicare payments	4,172
* Providers in stage 2	262 (6.3%)

Given the upcoming rule change AND the ability of providers to switch between Medicaid and Medicare programs, staff recommend NOT modifying this measure to look at EHR adoption by stage.

Oregon Health Authority

PCPCH enrollment

The Committee discussed how we can know we have topped out on this measure.

1) Review current CCO performance (see handout).

2) Consider potential modifications (e.g., measuring only Tier 3 recognized clinics, or how many clinics increased from Tier 1 to 2, or 2 to 3).

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PCPCH enrollment: considerations

- PCPCH Advisory Committee to meet this fall and refine the current tier structure / measurement system.
- New structure could potentially lead to current Tier 3 practices being re-classified as Tier 1 or 2 under new standards, which may look like “backsliding” in the metric.
- Without focus on PCPCH enrollment through a measure, what is the incentive for CCOs to support their practices in the recognition process?

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2016 on-deck measures

The Committee also requested additional information on several of the 2016 on-deck measures:

- Childhood immunization status
- Comprehensive oral health evaluation
- PQI 92
- Tobacco prevalence

The health equity measure also remains on-deck, but for the 2016 challenge pool.

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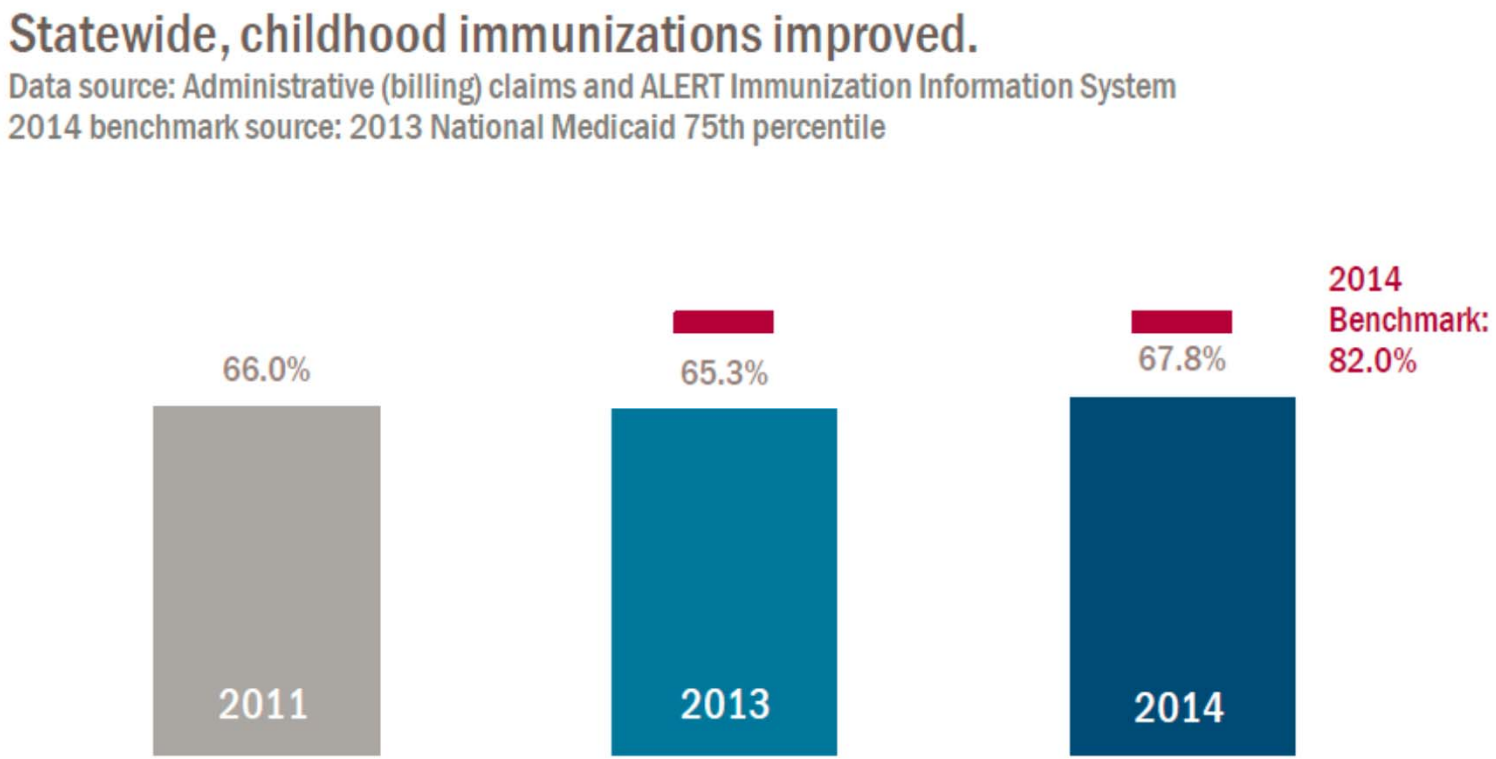
Childhood immunization status

This measure looks at the percentage of children who received recommended vaccines before their second birthday.



Comprehensive oral health evaluation

This Dental Quality Alliance measure looks at the percentage of children who received a comprehensive or periodic oral evaluation in the measurement year.

The Committee expressed interest in expanding the measure to adults (all enrollees).

[Data pending]

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PQI 92: chronic composite

This measure combines 9 separate prevention quality indicators (PQIs) into a composite admission rate, reported per 100,000 member years:

- PQI 01: diabetes short-term complications
- PQI 03: diabetes long-term complications
- PQI 05: COPD in adults >40 years old
- PQI 07: hypertension
- PQI 08: congestive heart failure
- PQI 13: angina
- PQI 14: uncontrolled diabetes
- PQI 15: asthma in adults 18-39
- PQI 16: diabetes lower extremity amputation

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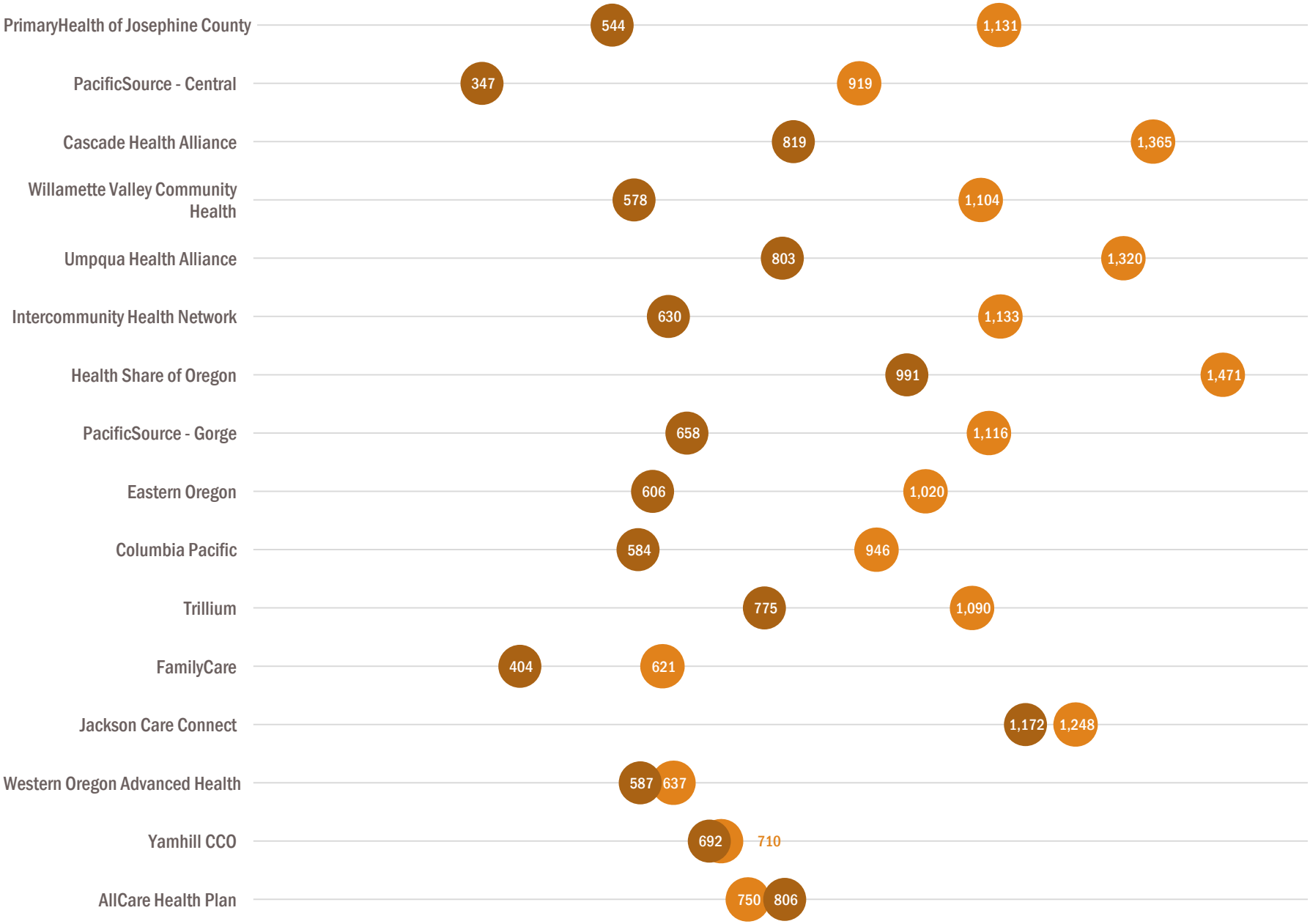
PQI 92 CCO performance between 2013 & 2014.

Rates per 100,000 member years.



Tobacco prevalence

Intent of the bundled measure is to address both cessation benefits and tobacco prevalence.

To meet the bundled measure, CCOs would have to:

1) Meet the cessation benefit floor; AND
2) Submit EHR-based data; AND
3) Meet prevalence benchmark or improvement target.

See draft specifications under development with TAG.

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Health equity

OHA is continuing to explore ways to operationalize the proposed ‘meta-measure’ and is working with Program Design & Evaluation Services (and the Metrics TAG) to develop a proposal for a health equity challenge pool measure.

OHA will present this proposal to the Committee in September.

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2016 benchmark selection

Meeting Date	Goals
September 18th	Finalize benchmark setting for 2016. Determine 2016 challenge pool measures / structure. Revisit on-deck measures for 2017 and measures needing additional development.
October TBD	Committee retreat! • Planning for SB 440 / new Health Plan Quality Metrics Committee. • Developing new 5-year measurement framework to inform new Committee and new Waiver.

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Next meeting: September 18th
9 am – 12 pm
Wilsonville

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