
Metrics & Scoring Committee

July 18, 2014



Oregon
Health
Authority

The logo for the Oregon Health Authority is centered within a light blue, curved banner. The word "Oregon" is in a smaller, orange, sans-serif font above the "H" in "Health". "Health" is in a large, blue, serif font. "Authority" is in a smaller, orange, sans-serif font below "Health".

Consent Agenda

Updates

New committee members

OHA is pleased to announce three new members joining in August 2014:

- Ken House – Mosaic Medical (representing PacificSource)
- Eli Schwarz – Chair of Community Dentistry at OHSU
- Juanita Santana – Consultant (Head Start, Education)

Elections!

As per the Committee bylaws, the Committee shall select a Chair and a Vice-Chair for a 12-month term.

We will hold elections for a Chair and Vice-Chair at the August meeting.

Please submit nominations for Chair and Vice-Chair to Lori or Sarah by August 19th (you can nominate yourself).

Depression Screening Benchmark for 2014

The Committee agreed to select the 2014 depression screening benchmark after proof of concept data have been submitted for 2013 and the statewide chart review was completed.

2013 Statewide Chart Review

Description	Rate
Depression screening completed in 2013 regardless of whether individual was eligible for the denominator or if age appropriate and standardized screening tool was used.	20.4%
Depression screening completed in 2013, individual was eligible for the denominator.	26.6%
Depression screening completed in 2013, individual was eligible for the denominator, the screening was age appropriate, and a standardized tool was used.	11.1%

2013 Statewide Chart Review

Description	Rate
Of those with an age appropriate and standardized depression screening completed, and who screened positive, a follow up plan was completed on the same day	37.5%

2013 CCO Proof of Concept Data

Depression Screening & Follow Up Plan	OCHIN data, 4/1/2013 – 3/31/14 (55 key practices)	OCHIN data, multiple date ranges (59 key practices)	All PoC data, 4/1/2013 – 3/31/14 (8 CCOs)
25 th percentile	10.66%	10.52%	18.01%
50 th percentile	23.81%	23.57%	37.10%
75 th percentile	64.56%	64.56%	54.48%
90 th percentile	73.23%	74.53%	85.52%

Average rate, 55 key practices: 35.39%

Other benchmark options

22.3% - 2012 mean for depression screening and follow up plan across provider groups that participated in the Physician Quality Reporting System (PQRS). Medicare FFS.

www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/PY2013-Prior-Year-Benchmarks-.pdf

OHA recommendation

OHA recommends a 25% benchmark for 2014.

- Close to the 50th percentile in 2013 proof of concept data.
- Close to the statewide chart review rate for depression screening overall, but a stretch goal for screening + follow up.
- Bar still low (50th percentile rather than 75th or 90th) to accommodate no baseline / improvement target methodology.

Review final 2013 performance and quality pool payout



MEASURING PROGRESS: 2013 CCO PERFORMANCE AND QUALITY POOL

Quality Pool: distribution

To earn their full quality pool payment, CCOs had to:

- ✓ Meet the benchmark or improvement target on at least 12 of the 17 measures; and
- ✓ Have at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

Money left over from the quality pool went to the challenge pool. To earn challenge pool payments, CCOs had to:

- ✓ Meet the benchmark or improvement target on the four challenge pool measures: depression screening, diabetes HbA1c control, SBIRT, and PCPCH enrollment

How did CCOs do?

We saw statewide improvement on all 14 of the 17 incentive measures where 2013 data were available.*

- 11 out of 15 CCOs earned 100% of the quality pool
- One CCO earned 70%
- Three CCOs earned 80%

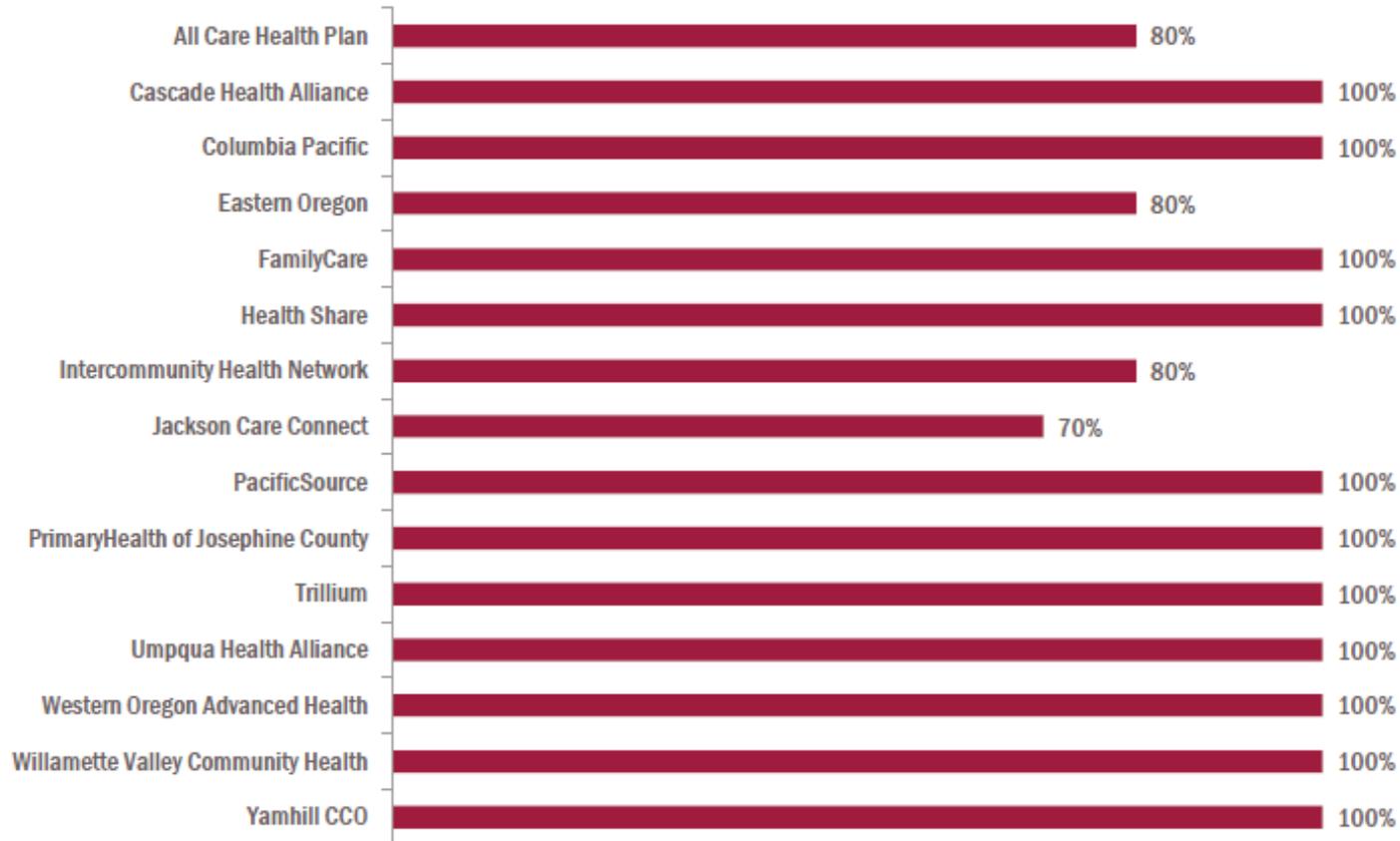
**Remaining three measures were addressed through technology plan and proof of concept data submission.*

On the other 17 statewide performance metrics, we saw improvement on 9 measures.

How did CCOs do?

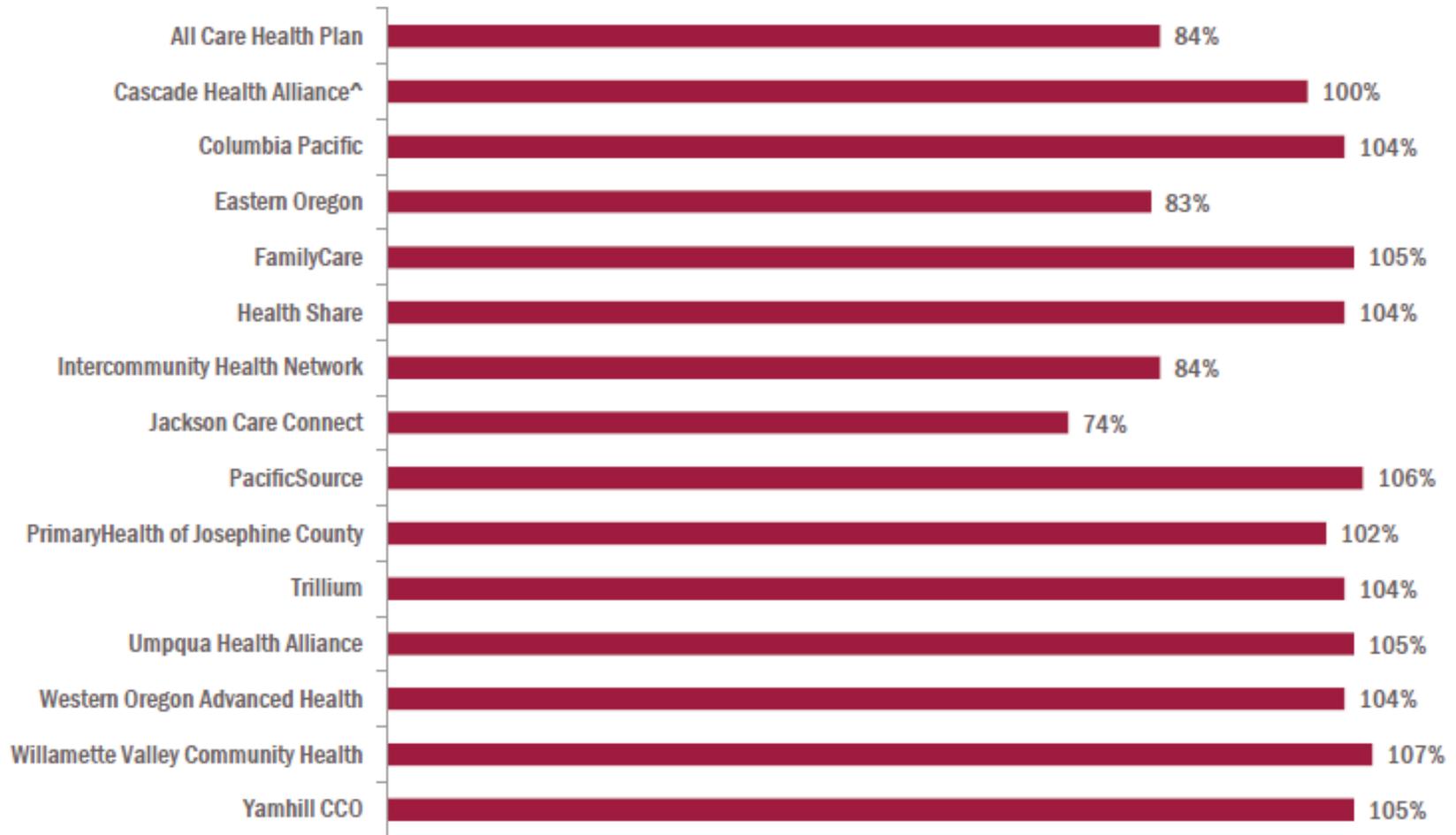
Percent of 2013 Quality Pool: Phase One Distribution Earned

Does not include Challenge Pool funds



Percent of 2013 Quality Pool Earned in Total

Includes both Phase One Distribution and Challenge Pool funds



^ Reflects prorated quality pool for partial year as CCO.

Coordinated Care Organization	Number of measures met*	Percent of total quality pool funds earned†	Total dollar amount earned	CCO Enrollment•	Which challenge pool measures were met
All Care Health Plan	11.6	84%	\$2,239,160	27,878	Diabetes, Depression
Cascade Health Alliance^	13.7	100%	\$748,517	10,153	Diabetes, Depression, PCPCH
Columbia Pacific	13.8	104%	\$1,461,310	14,413	Diabetes, Depression, PCPCH
Eastern Oregon	11.6	83%	\$1,961,432	29,234	Diabetes, PCPCH
FamilyCare	13.7	105%	\$4,354,150	50,064	Diabetes, Depression, PCPCH
Health Share	12.8	104%	\$13,720,133	148,201	Diabetes, Depression, PCPCH
Intercommunity Health Network	11.9	84%	\$2,669,122	32,728	Diabetes, Depression, PCPCH
Jackson Care Connect	11.4	74%	\$1,286,078	18,539	Diabetes, Depression
PacificSource	12.9	106%	\$3,452,010	36,667	Diabetes, Depression, PCPCH, SBIRT
PrimaryHealth of Josephine County	13.0	102%	\$1,024,938	5,957	Diabetes, Depression, PCPCH
Trillium	12.9	104%	\$4,949,647	49,677	Diabetes, Depression, PCPCH
Umpqua Health Alliance	13.7	105%	\$1,716,647	16,102	Diabetes, Depression, PCPCH, SBIRT
Western Oregon Advanced Health	14.7	104%	\$1,282,648	11,664	Diabetes, Depression, PCPCH
Willamette Valley Community Health	14.9	107%	\$4,987,244	64,044	Diabetes, Depression, PCPCH, SBIRT
Yamhill CCO	14.8	105%	\$1,137,005	13,368	Diabetes, Depression, PCPCH



MEASURING SUCCESS

Overall, all CCOs improved on...

Ambulatory care: emergency department utilization.

- ✓ All CCOs met their improvement targets.

Developmental screening

- ✓ All CCOs met their improvement targets; four met the benchmark.

Early elective delivery

- ✓ All CCOs were below the benchmark (lower is better).

Electronic Health Record (EHR) adoption

- ✓ All CCOs met their improvement target or surpassed the benchmark.

Mixed results on...

- Adolescent well-care visits
- Colorectal cancer screening
- Follow up after hospitalization for mental illness
- Follow up care for children prescribed ADHD meds
- Assessments for children in DHS custody
- Prenatal and postpartum care
- Satisfaction with care

Decreased ED utilization

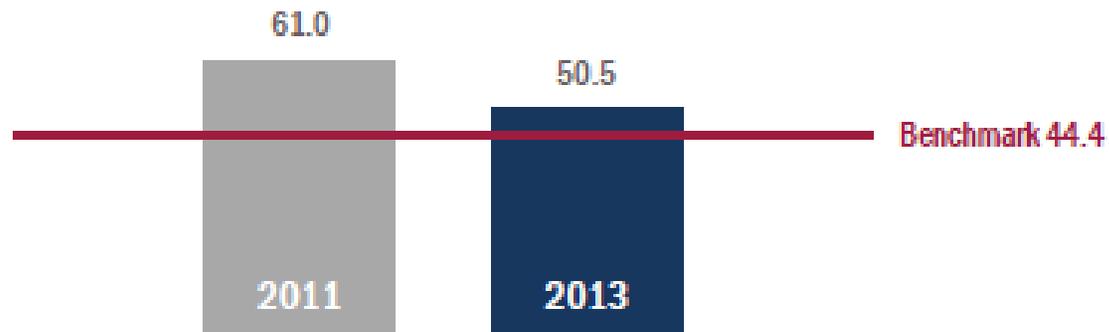
- ED visits decreased 17 percent since 2011.
- The cost of providing services in EDs decreased by 19 percent.

Statewide

(Lower scores are better)

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile



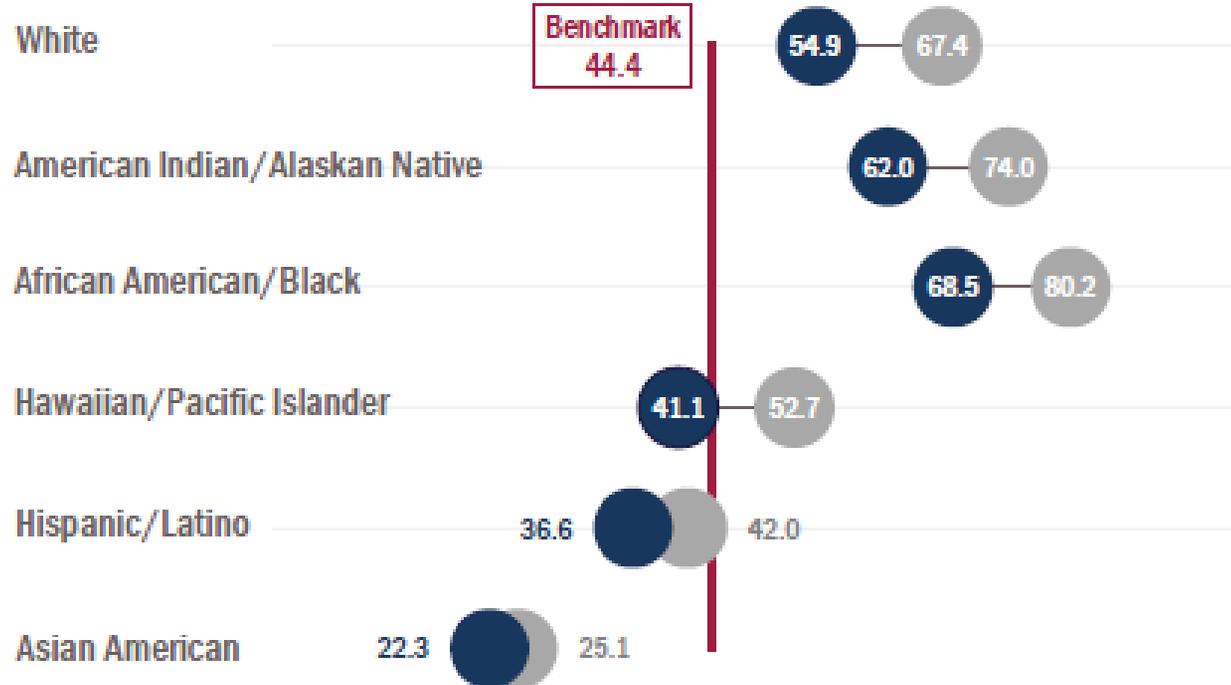
ED utilization by race & ethnicity

Race and ethnicity data between 2011 & 2013

(Lower scores are better)

Data missing for 7.4% of respondents

Each race category excludes Hispanic/Latino

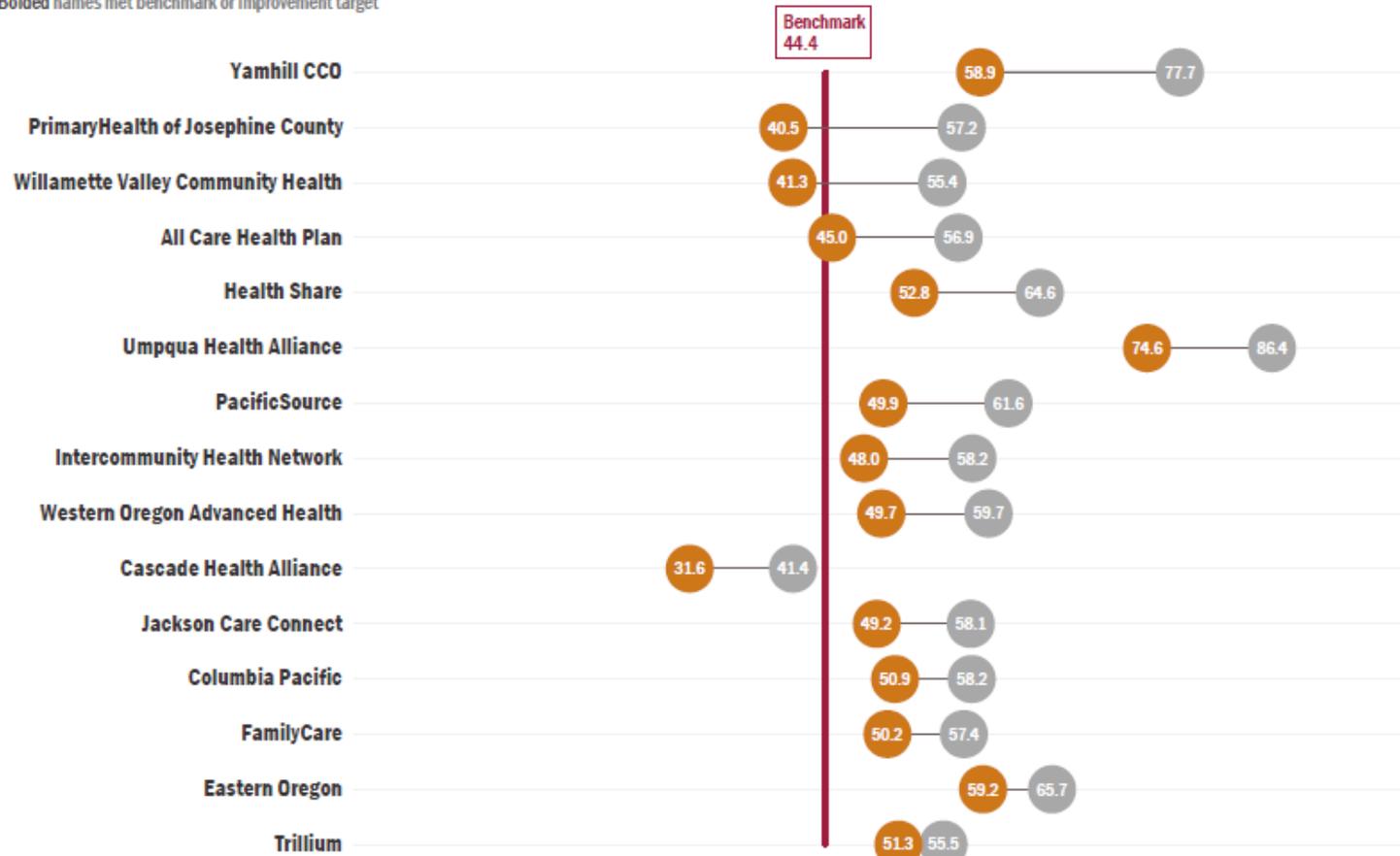


ED utilization by CCO

Rate of patient visits to an emergency department in 2011 & 2013

(Lower scores are better)

Bolded names met benchmark or improvement target



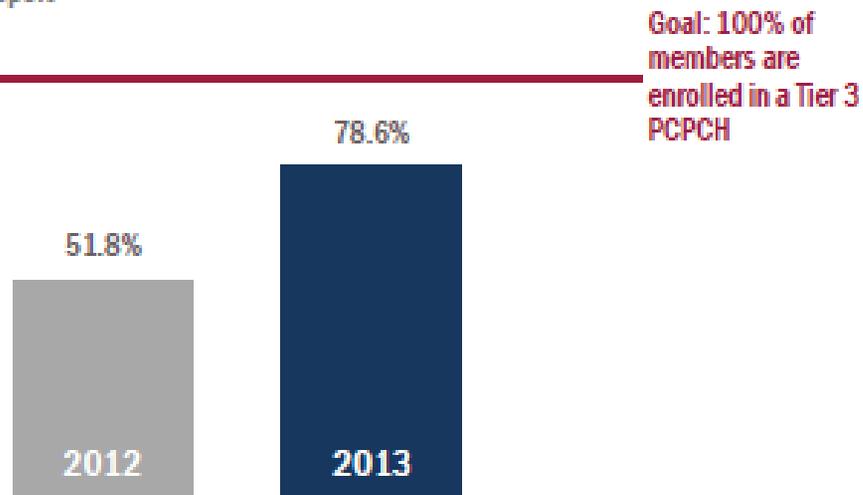
Increased primary care

- Outpatient primary care visits for CCO members' increased by 11%
- Spending for primary care and preventive services are up 20%
- Enrollment in PCPCH has increased by 52% since baseline.

Statewide

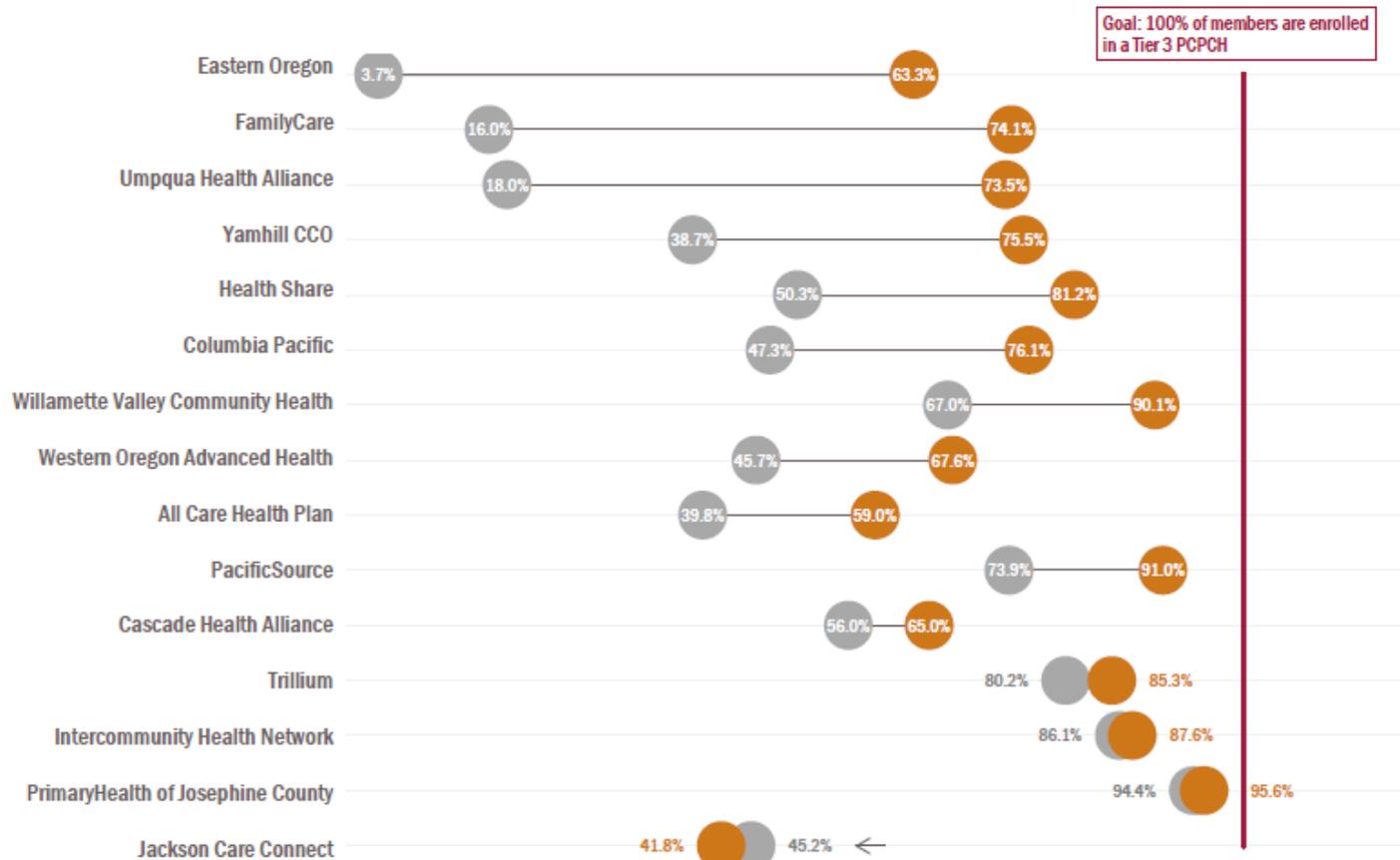
Data source: CCO quarterly report

Benchmark source: n/a



PCPCH enrollment by CCO

Percentage of patients who were enrolled in a recognized patient-centered primary care home in 2012 & 2013



Decreased hospitalizations for chronic conditions: congestive heart failure

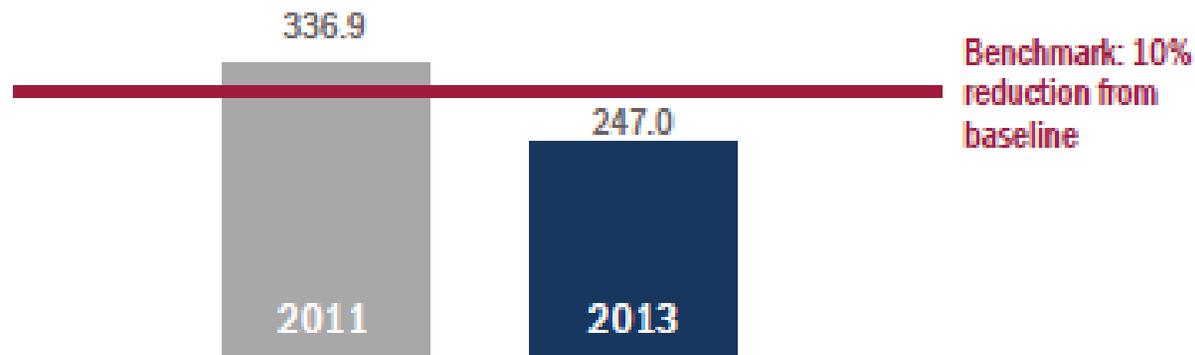
- Admission rate decreased by 27 percent.

Statewide

(Lower scores are better)

Data source: Administrative (billing) claims

Benchmark source: OHA consensus, based on prior performance trend



Decreased hospitalizations for chronic conditions: congestive heart failure

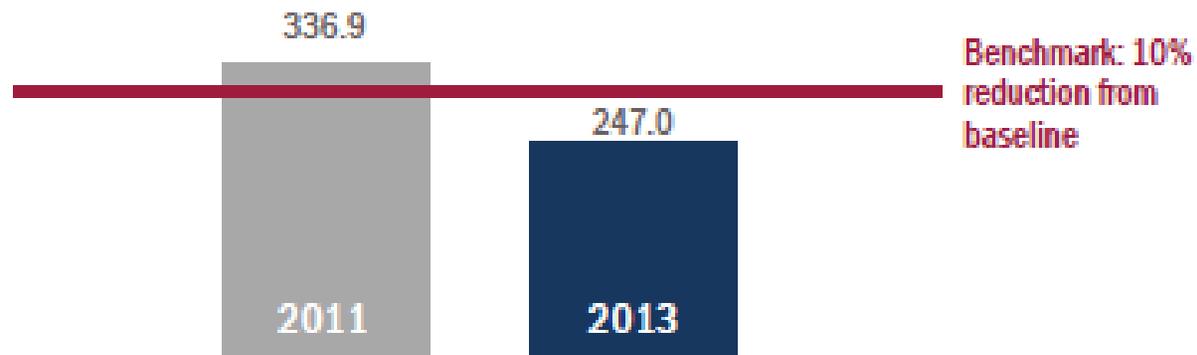
- Admission rate decreased by 27 percent.

Statewide

(Lower scores are better)

Data source: Administrative (billing) claims

Benchmark source: OHA consensus, based on prior performance trend



Decreased hospitalizations for chronic conditions: adult asthma

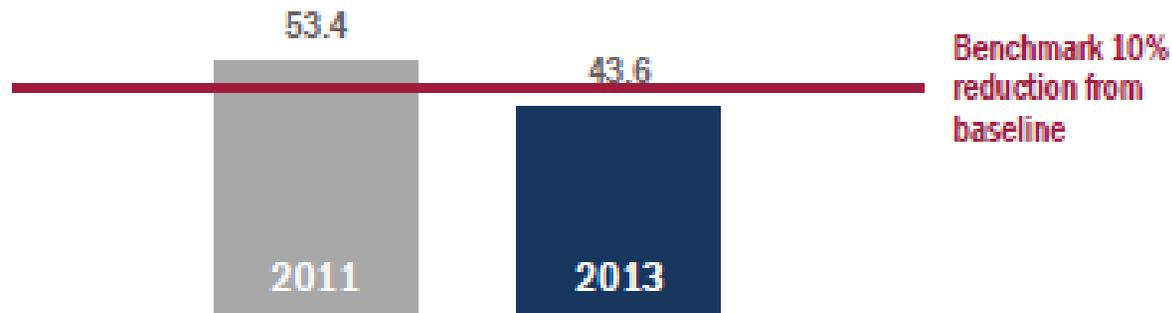
- Admission rate decreased by 18%

Statewide

(Lower scores are better)

Data source: Administrative (billing) claims

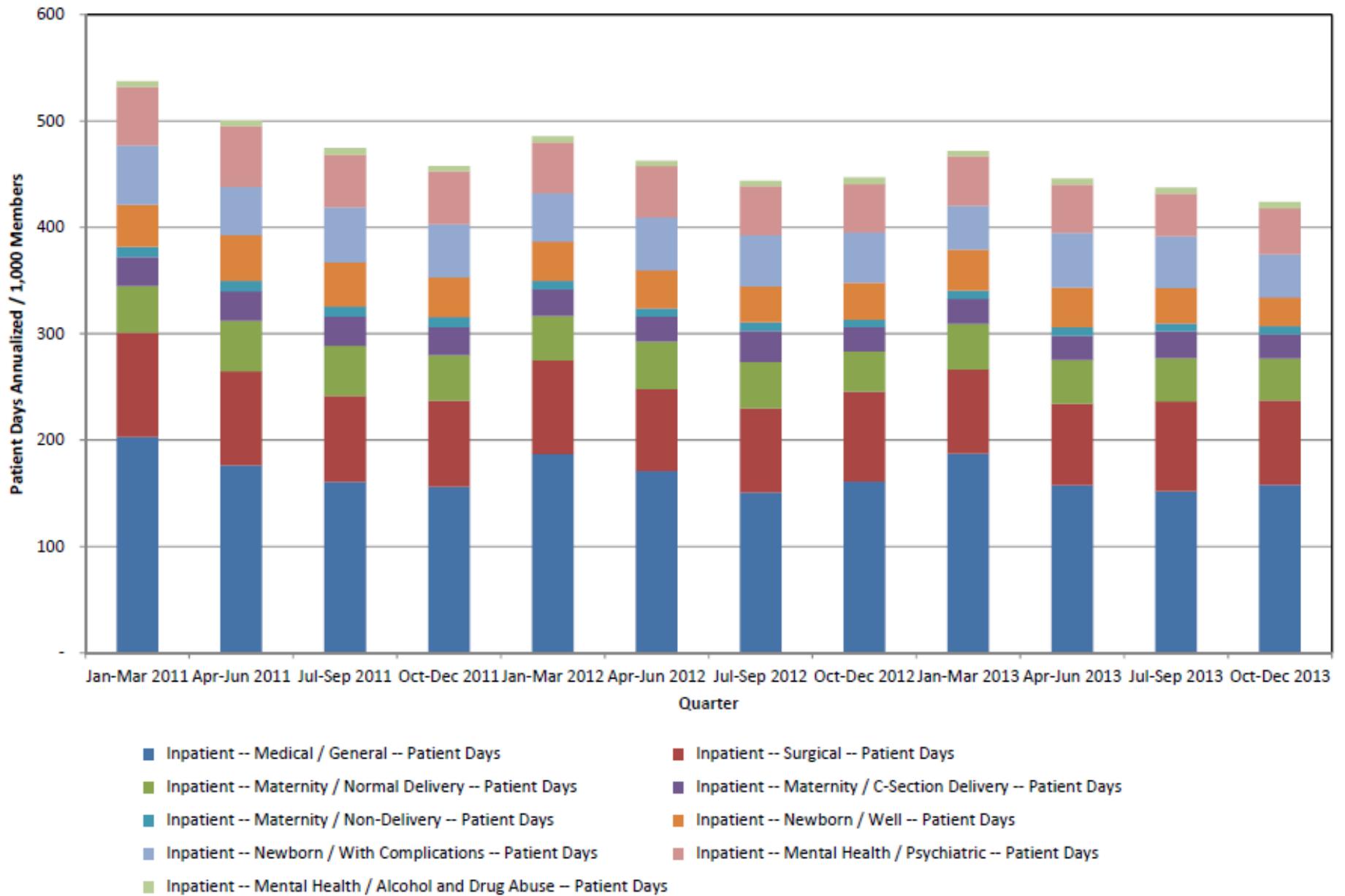
Benchmark source: OHA consensus, based on prior performance trend



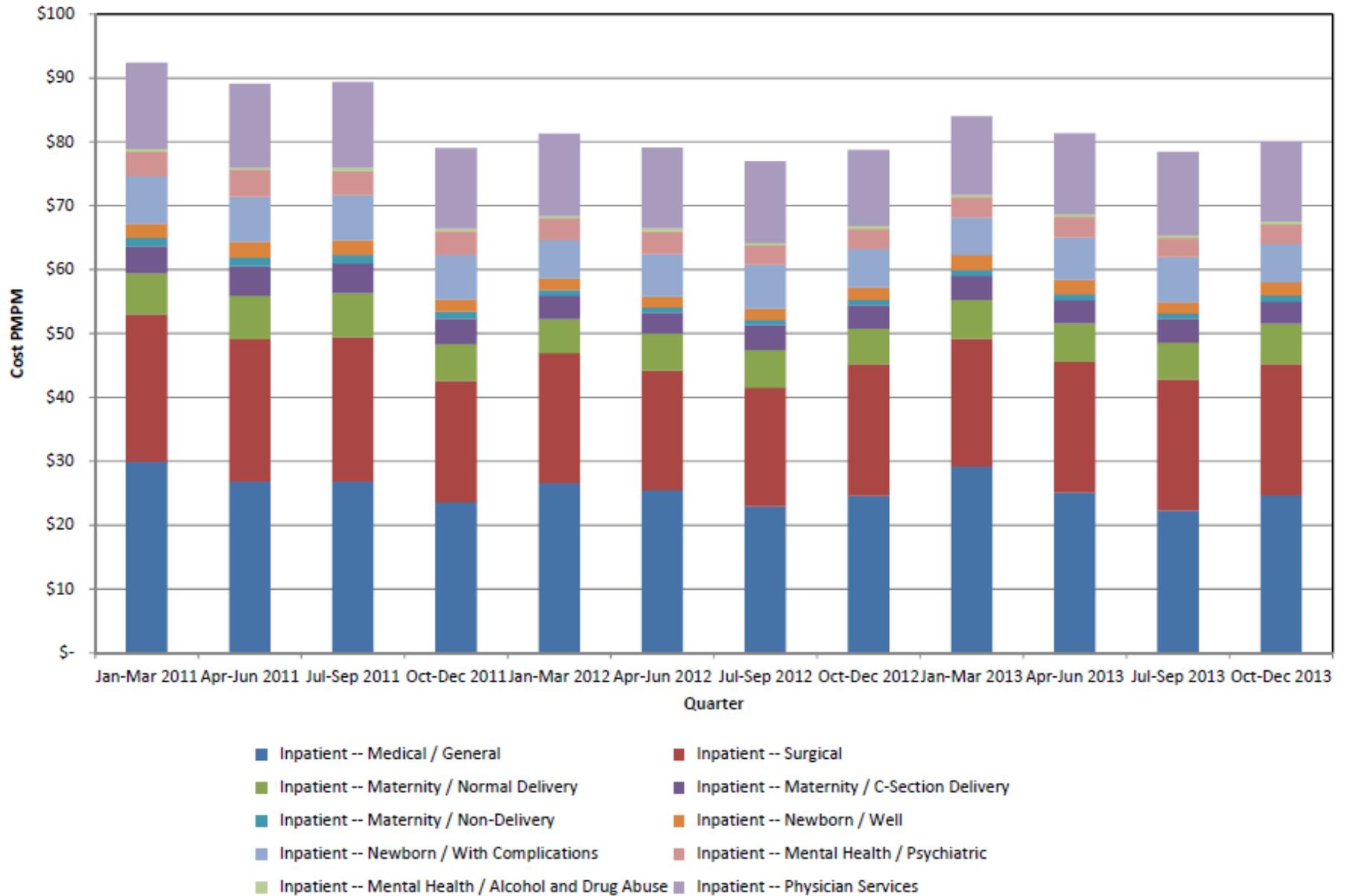


The Big Picture: Cost and Utilization

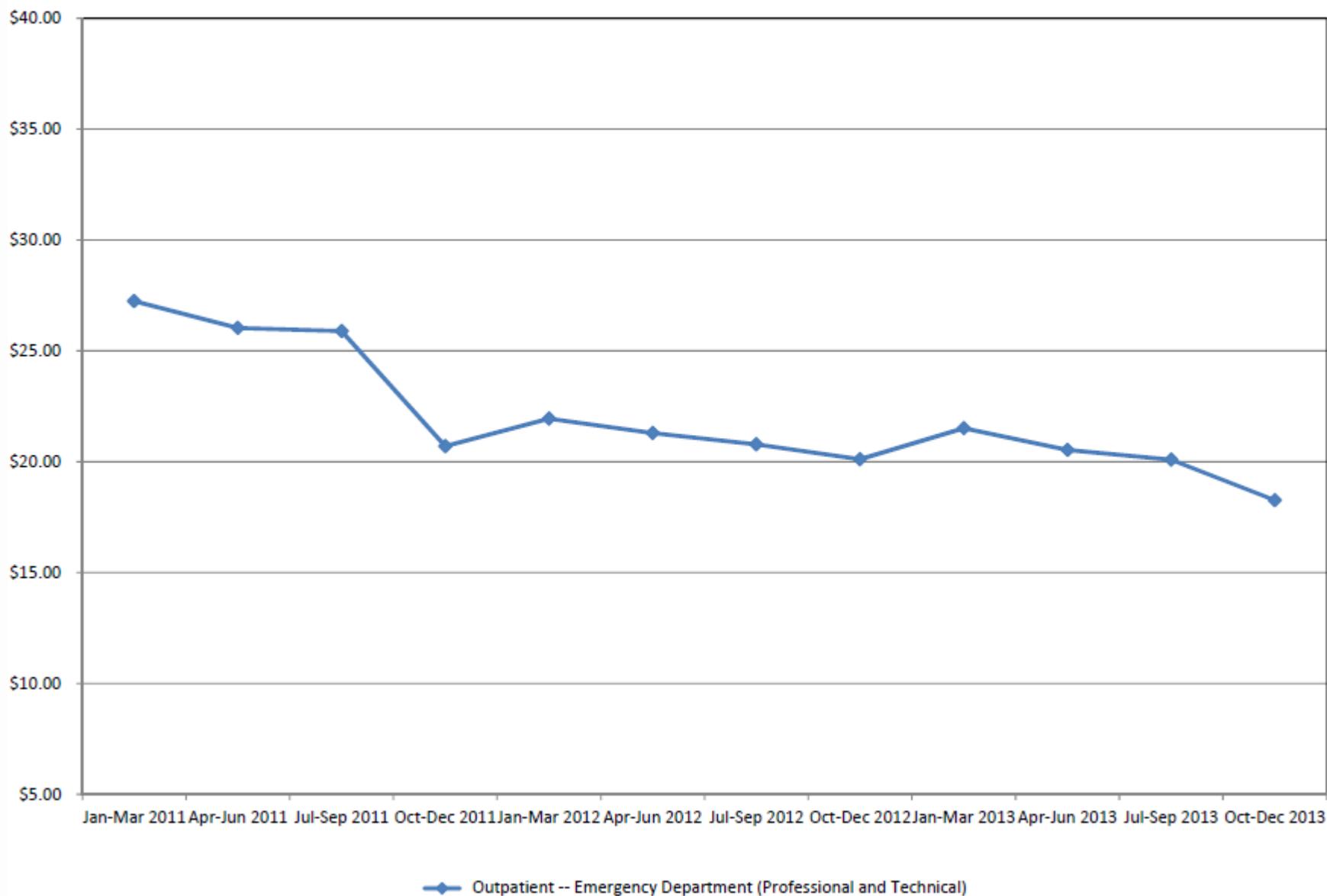
Inpatient Services -- Patient Days



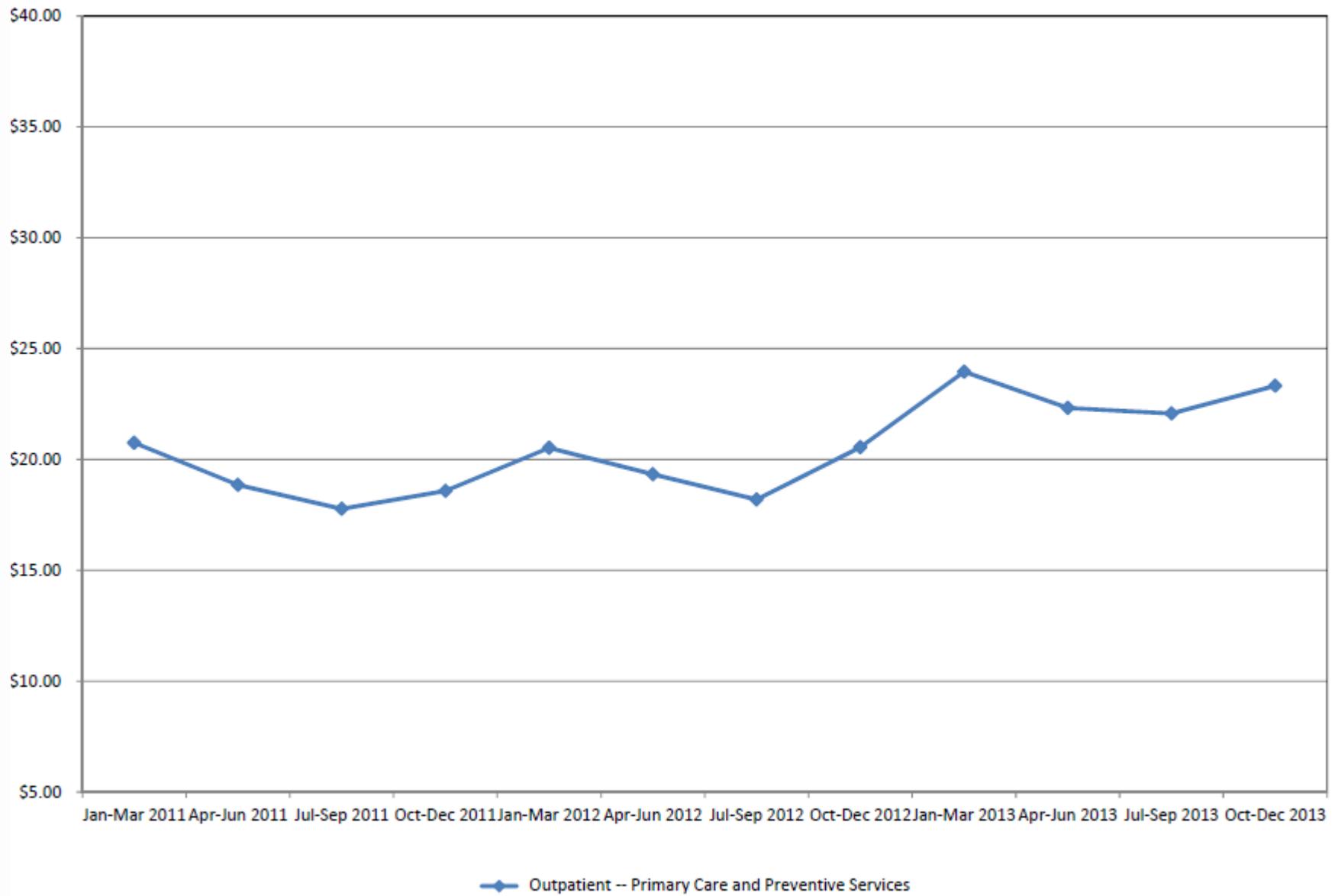
Inpatient Services -- PMPM



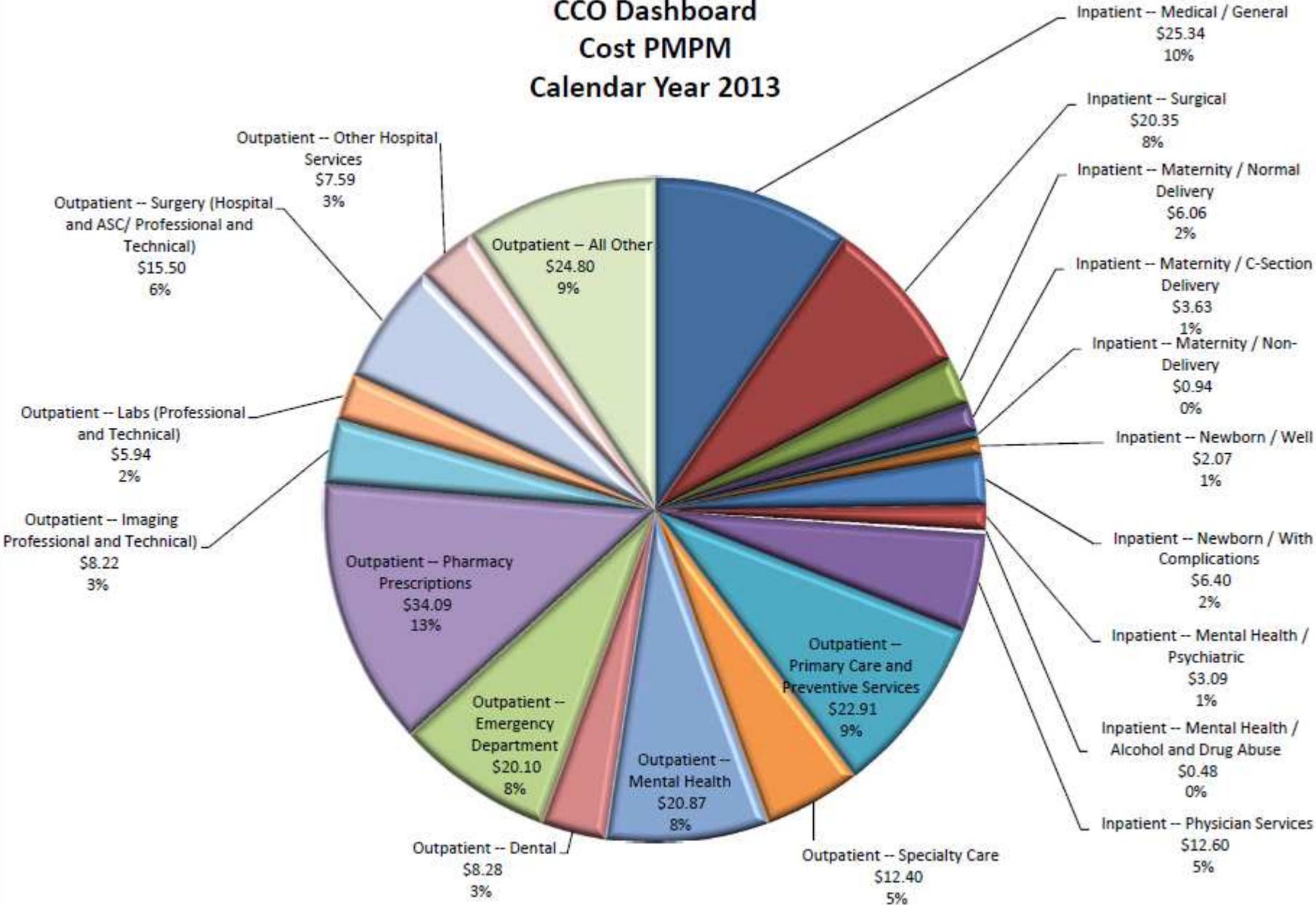
Emergency Costs (Professional and Technical) -- PMPM



Primary Care Costs -- PMPM



CCO Dashboard Cost PMPM Calendar Year 2013



Discussion

- Is this what we expected to see for the first year of the program?
- How do you interpret the extent to which CCOs did or did not demonstrate improvement in 2013 over baseline on the measures, and what implications do you see for the 2015 measure set construction?
- Does continued inclusion of any of the measures in 2015 concern you based on the 2013 results?



Assess 17 current incentive measures for 2015



Today's goal

- Review each of the 17 current CCO incentive measures and determine if the measure should continue as an incentive measure for 2015.
- Use Yes / No / Maybe:
 - Yes: measure will be added to the 2015 measure set; no additional discussion needed. Benchmark will be selected in September / October.
 - Maybe: measure requires more discussion in August before adding / not adding to the 2015 measure set.
 - No: measure will be dropped as a CCO incentive measure and will not be included in the 2015 measure set. No additional discussion.

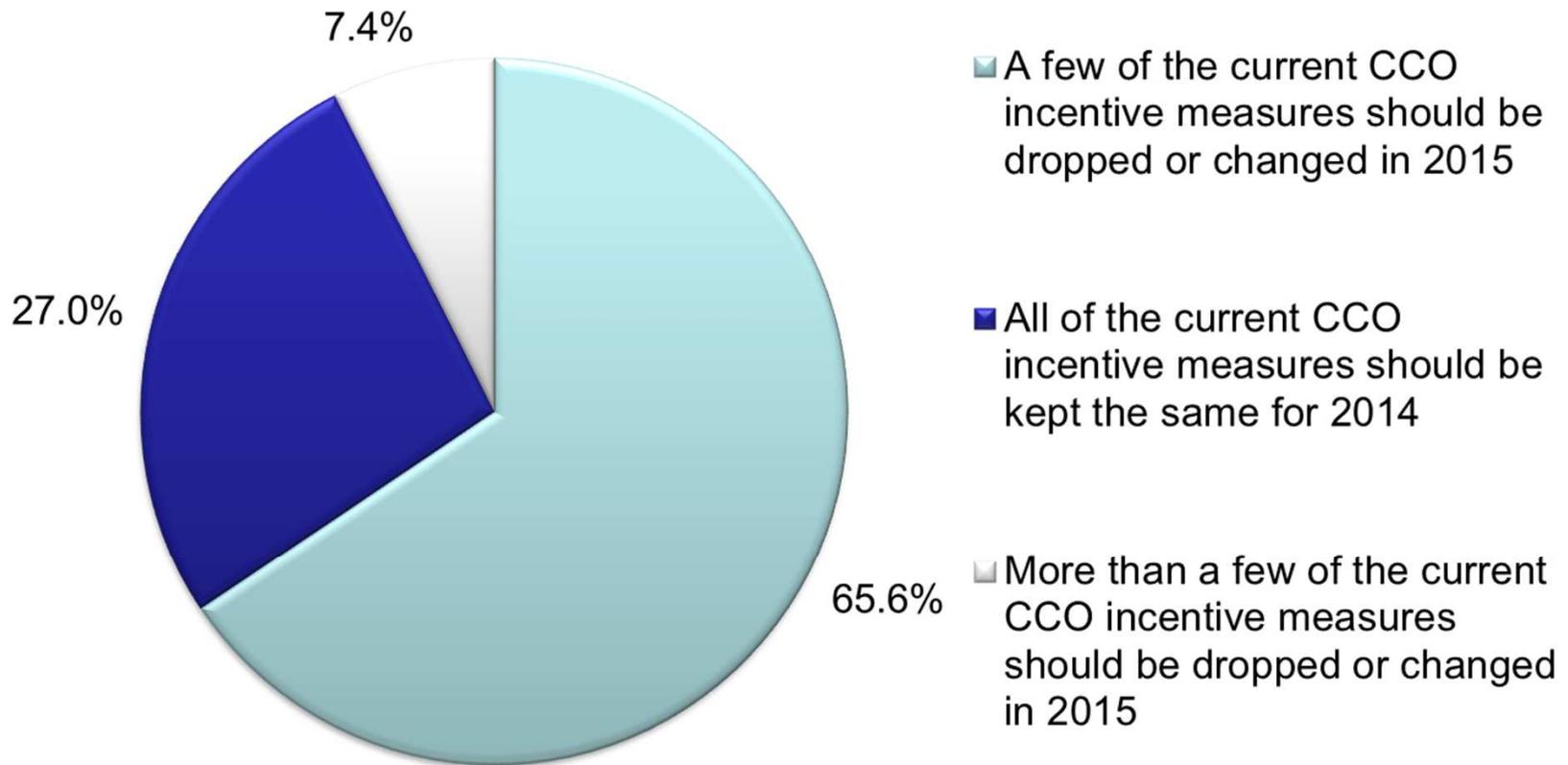
Context for decision making

- Final 2013 performance.
- Stakeholder survey results.
- Measure selection criteria.
- OHA recommendations.

Stakeholder survey

- OHA fielded this survey to inform Committee selection of the 2015 CCO incentive measures.
- OHA received over 200 responses from across the state, including from all 16 CCOs, with strong community partner and provider input.
- Respondents were asked whether each of the current CCO incentive measures should be dropped or modified for 2015. Respondents could also propose new measures for the Committee's consideration.

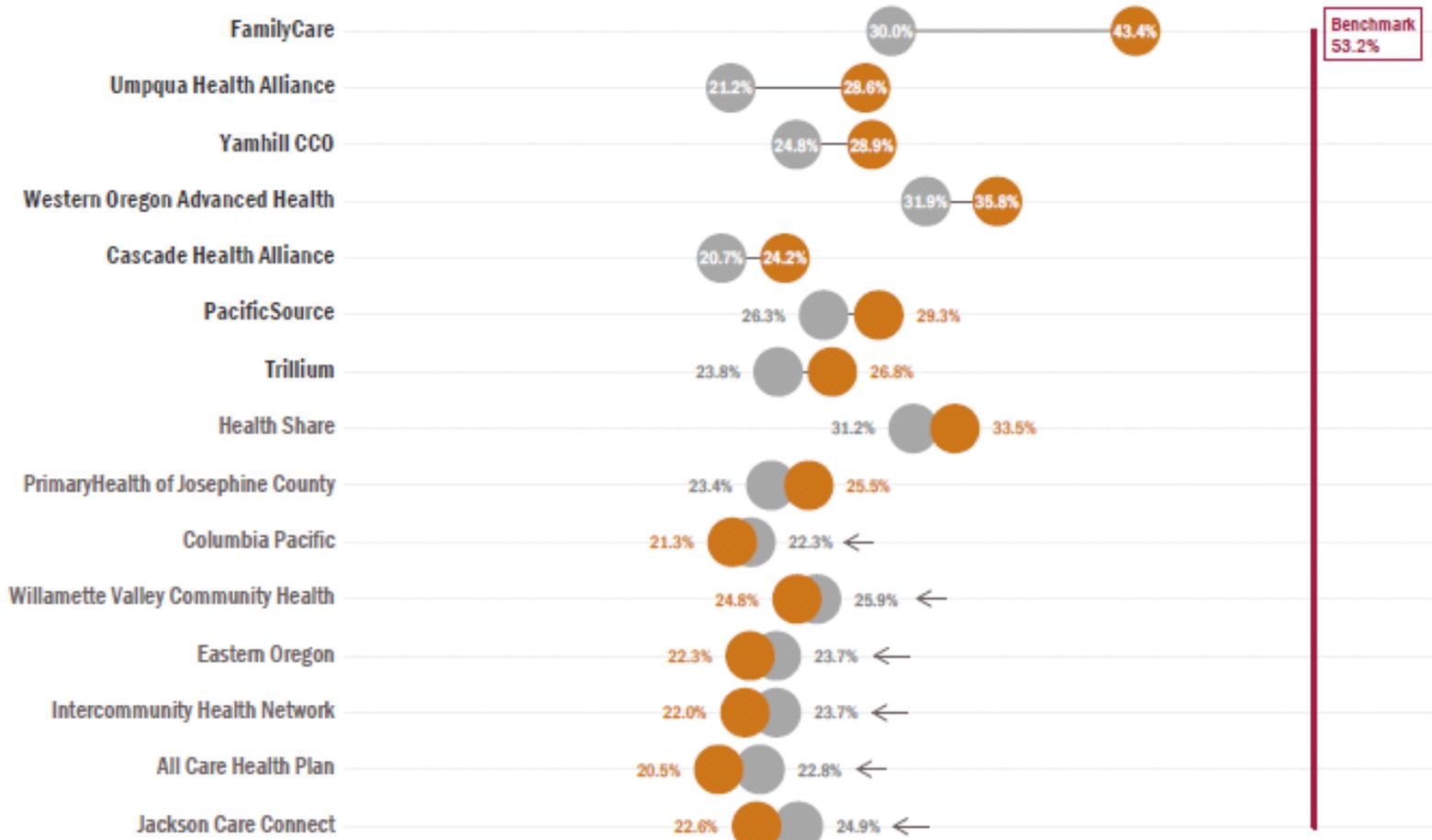
Survey: overall preference for change



Adolescent Well Care Visits

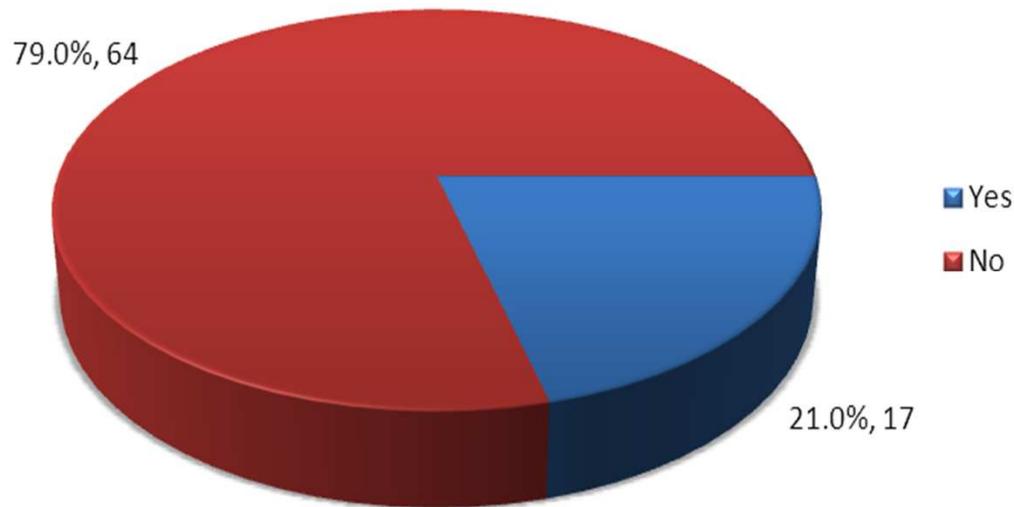
Percentage of adolescents and young adults (ages 12-21) who had at least one well-care during the last year in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Adolescent Well Care Visits

Should the measure be dropped or modified for 2015?



Survey: Adolescent Well Care Visits

“This is the only measure that directly applies to the adolescent population: it is imperative to ensure quality of care and access to care for adolescents. In the future, there will need to be measures that reflect the quality of care for this population (e.g., what actually happens in the visit).”

“Too much energy is being expended trying to meet a guideline... there are other issues people regard as more pressing, such as holding up the primary care providers so they don’t sink under the pressure of all the unanticipated enrollees and increasing access to mental health services directly in primary care.”

Adolescent Well Care Visits

OHA recommendation:

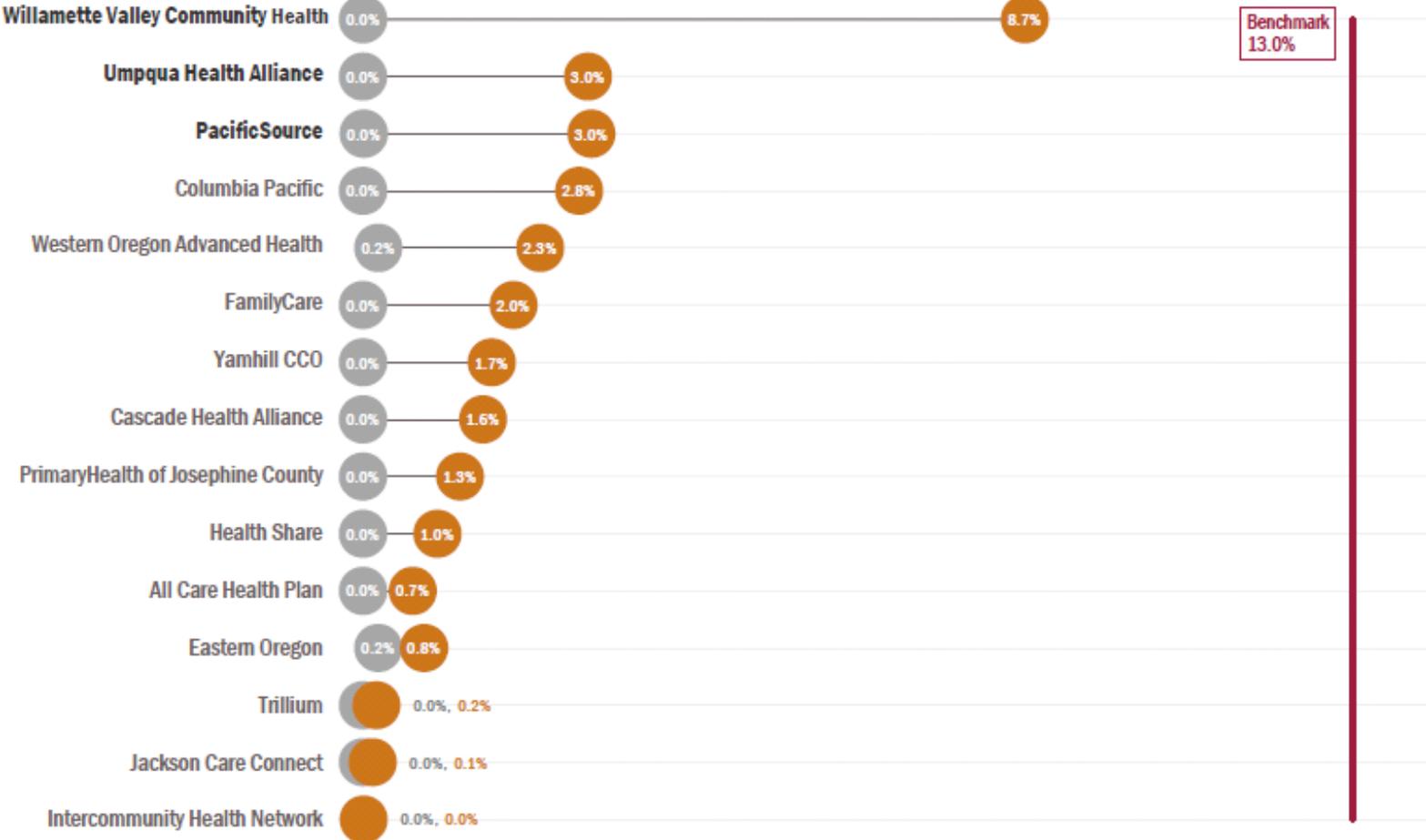
Keep the measure as is for 2015.



Alcohol and Drug Misuse (SBIRT)

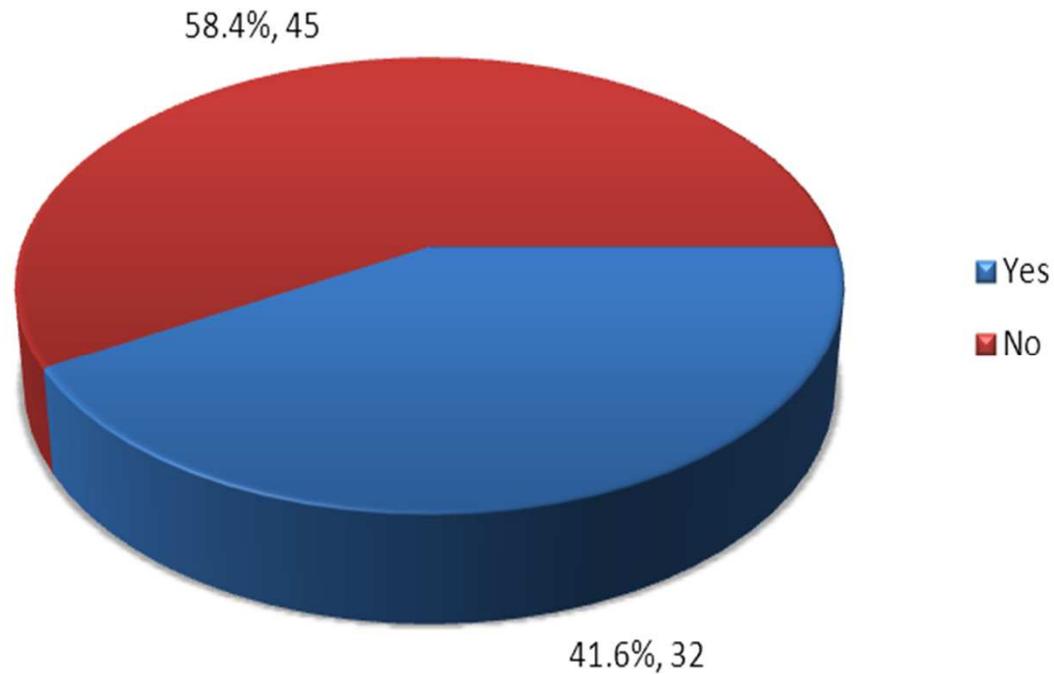
Percentage of adult patients who had appropriate screening and intervention for alcohol or substance abuse (SBIRT) in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Alcohol and Drug Misuse

Should the measure be dropped or modified for 2015?



Survey: Alcohol and Drug Misuse

“The measure should not be dropped. We should take the time, learn the model, invest in prevention, and measure over the long-term.”

“This measure seems out of reach: SBIRT is performed far more than it is recorded in claims data due to billing challenges and clinicians are spending a lot of time and stress trying to figure out how to bump up a number for data collection when the program is already well used.”

Alcohol and Drug Misuse

OHA recommendation:

Keep measure as is for 2015; continue development of electronic clinical quality measure with SBIRT workgroup and plan on switching to e-reporting in 2016.



Ambulatory Care: Emergency Department Utilization

Rate of patient visits to an emergency department in 2011 & 2013

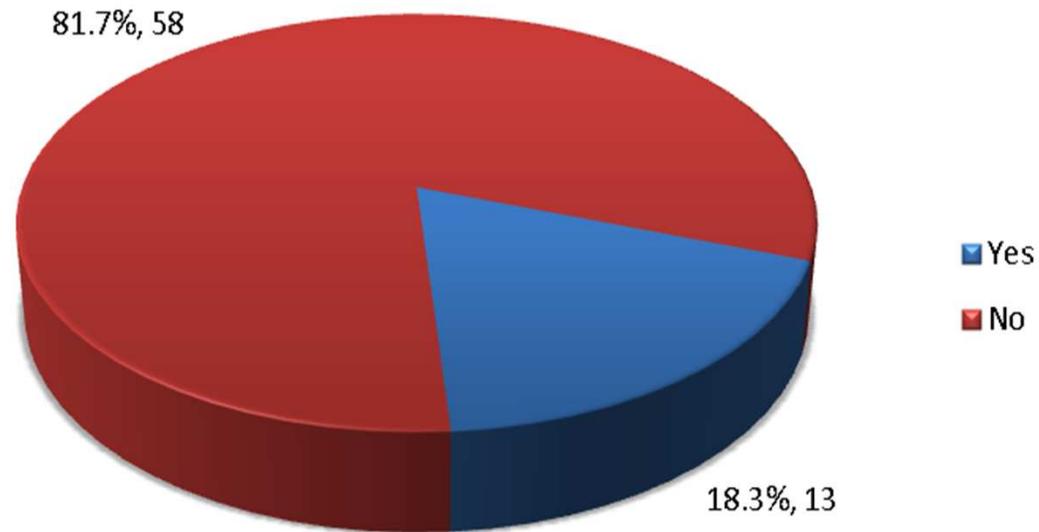
(Lower scores are better)

Bolded names met benchmark or improvement target



Survey: ED Utilization

Should the measure be dropped or modified for 2015?



Survey: ED Utilization

“The incentive measure should continue to be based on ED utilization only. With the innovative work around community health workers and alternative care models, the use of outpatient services in the measure would be misrepresentation of the actual services provided.”

“The measure should be dropped until CCOs can get cooperation from the hospitals on reducing ED visits. This is a high priority revenue stream for hospitals and they have no incentive to reduce these visits.”

ED Utilization

OHA recommendation:

Keep the measure as is for 2015; incentivize ED utilization only.

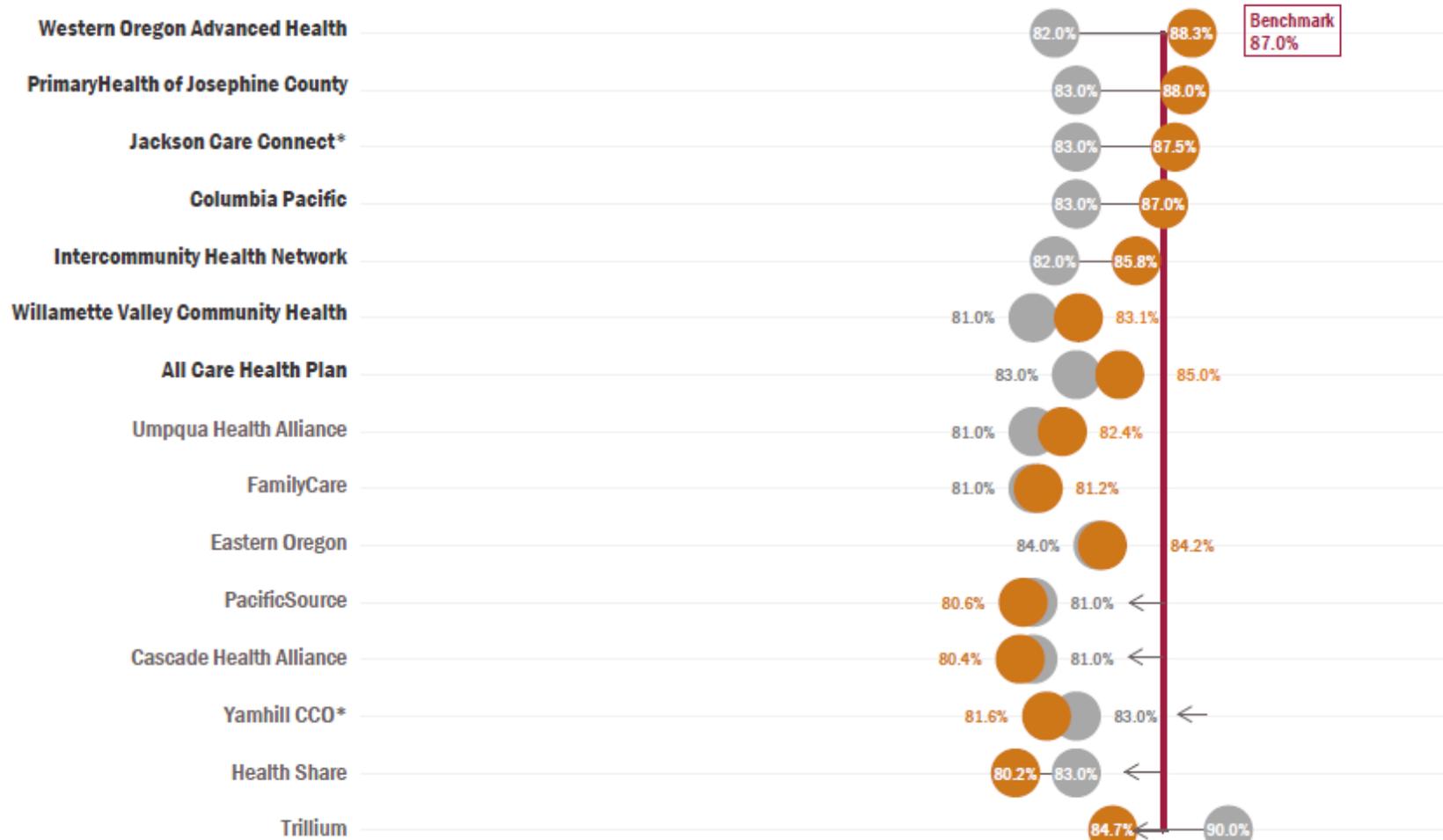


CAHPS: Access to Care

Percentage of patients who thought they received appointments and care when needed in 2011 & 2013

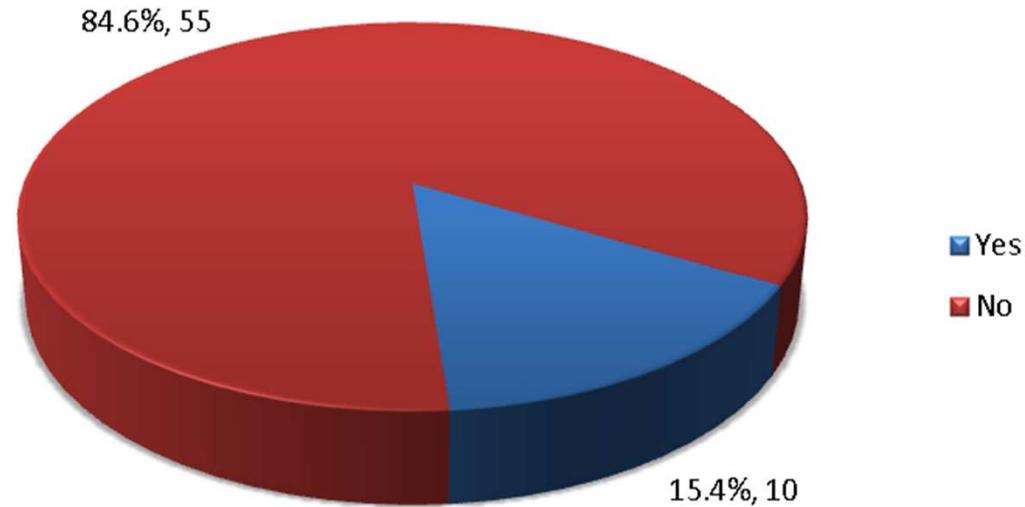
Bolded names met benchmark or improvement target

* CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.



Survey: Access to Care

Should the measure be dropped or modified for 2015?



Survey: Access to Care

“This is the only patient experience of care data that relates to practice-based care. Given the triple aim, it is imperative that this data source be maintained.”

“There are realities of appointment access along with customer satisfaction with those experiences. While CAHPS is great at measuring customer satisfaction, the delay in getting the information inhibits rapid response and change. Suggest dropping this measure and replacing with third-next available appointment as an access measure.”

Access to Care

OHA recommendation:

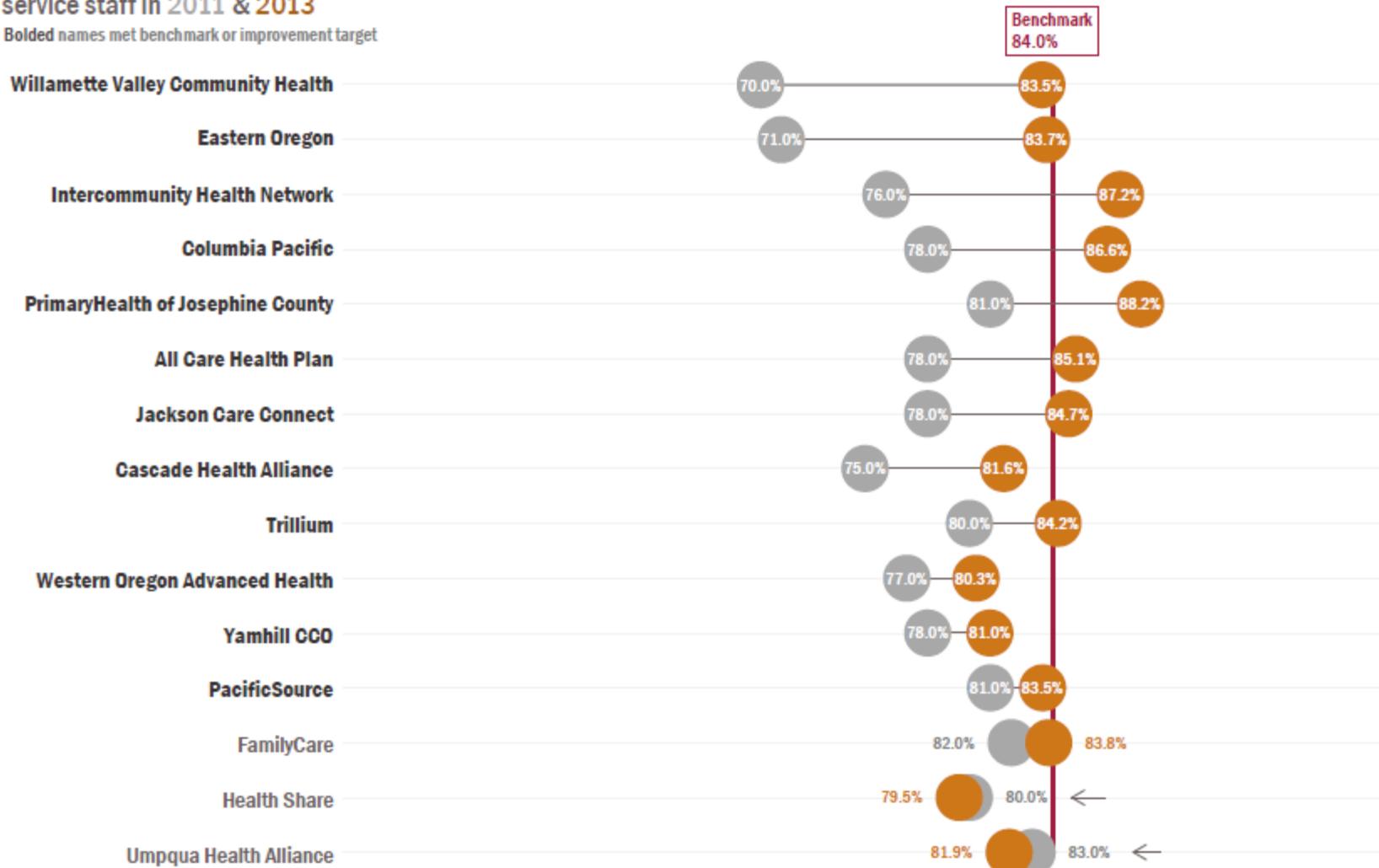
Keep the measure as is for 2015.



CAHPS: Satisfaction with Care

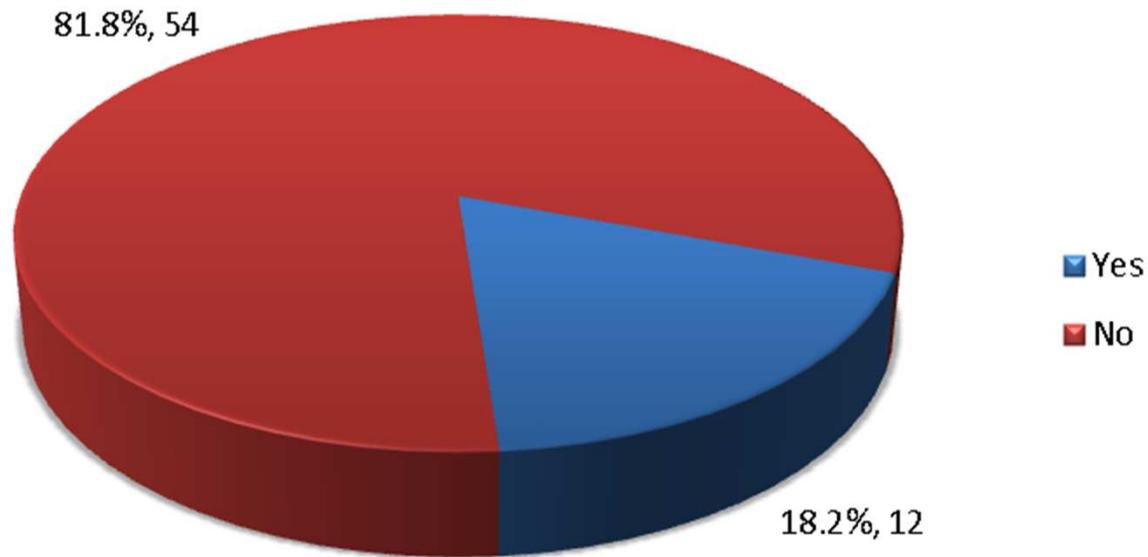
Percentage of patients who received needed information and thought they were treated with courtesy and respect by customer service staff in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Satisfaction with Care

Should the measure be dropped or modified for 2015?



Survey: Satisfaction with Care

“CAHPS measure should only be dropped if it is replaced with a policy that ensures the same end.”

“This measure is a bit superficial. Good manners and polite, respectful treatment of patients are good practices for medical workers to use, but they don’t substitute for helping the patient get well quickly and effectively.”

Satisfaction with Care

OHA recommendation:
Keep the measure as is for 2015.



Colorectal Cancer Screening

Rate of adult patients who had appropriate screenings for colorectal cancer during the measurement year in 2011 & 2013

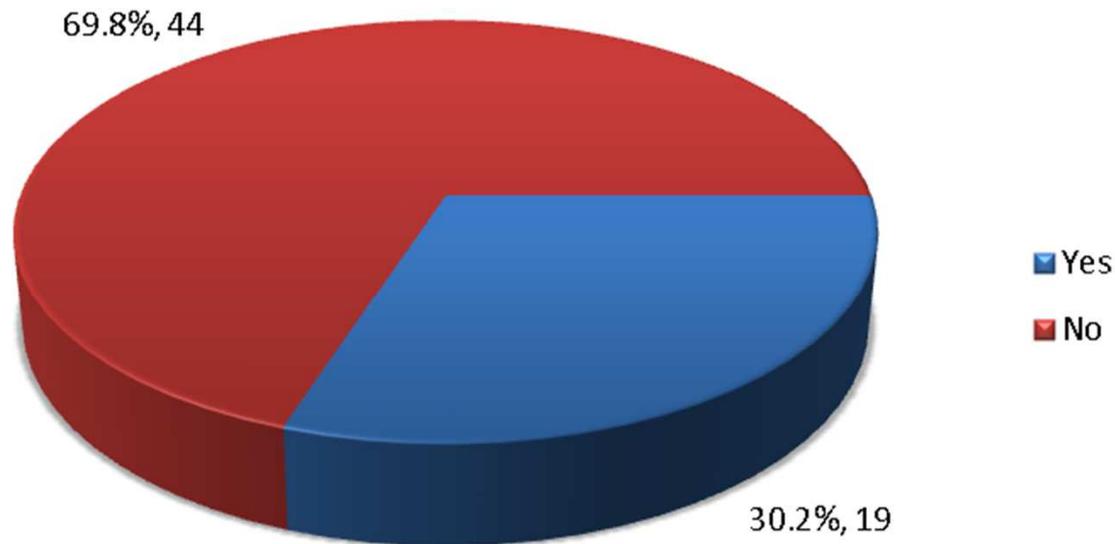
Bolded names met individual benchmark (3% above baseline)

Rates are per 1,000 member months



Survey: Colorectal Cancer Screening

Should the measure be dropped or modified for 2015?



Survey: Colorectal Cancer Screening

“[Measure has already] transitioned to chart-sampling process given long window of time needed to evaluate appropriate screening.”

“Mixed feelings: from a resource utilization standpoint, we out to be focused on increasing FIT as the screening of choice and to be reserving colonoscopy for those who fail screening. Unfortunately, we will not be able to convince the medical industry to change its highly profitable focus on colonoscopy, and there, we will be unlikely to change this measure.”

Colorectal Cancer Screening

OHA recommendation:

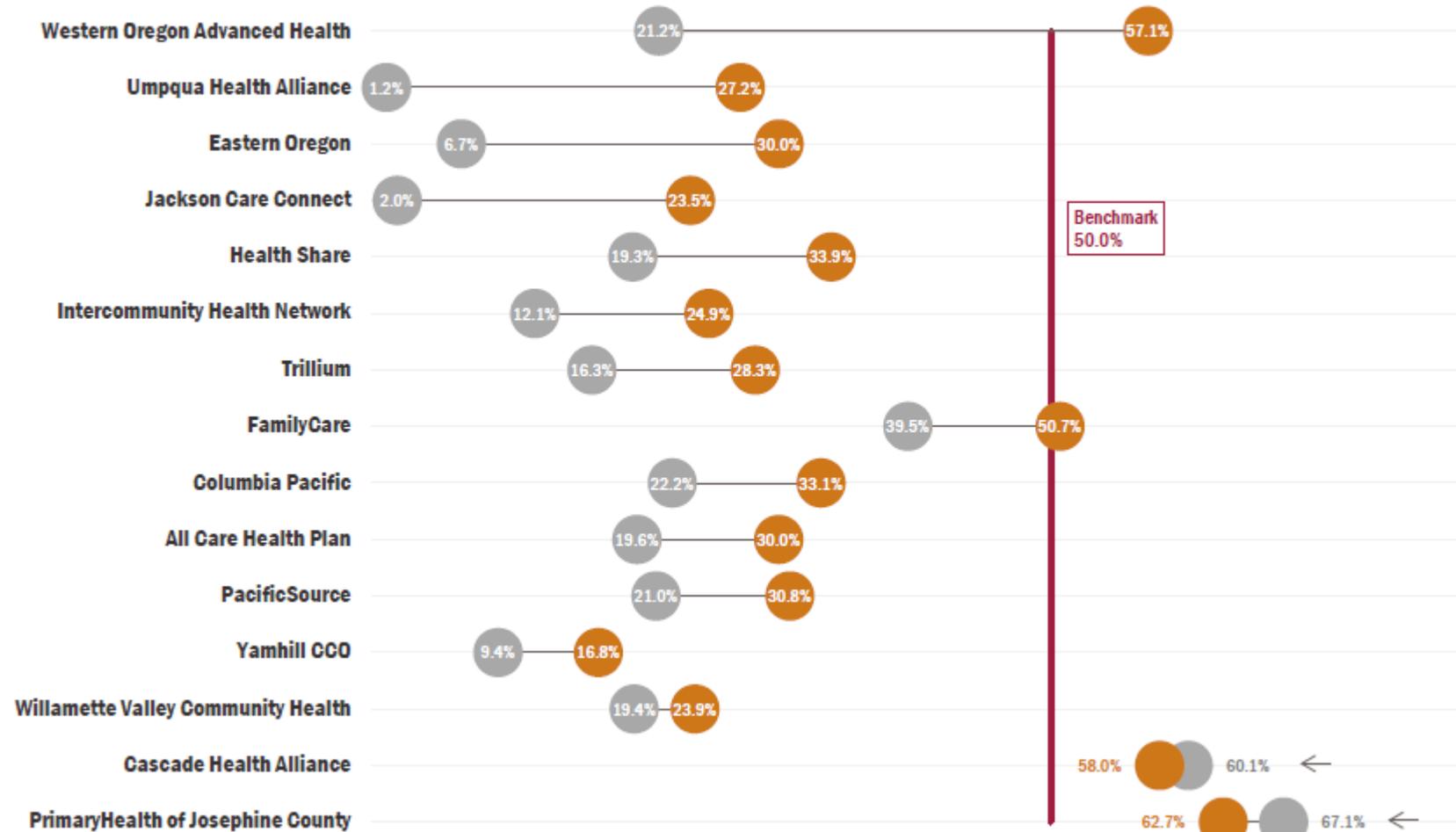
Keep the measure as is (the 2014 approach) for 2015.



Developmental Screening

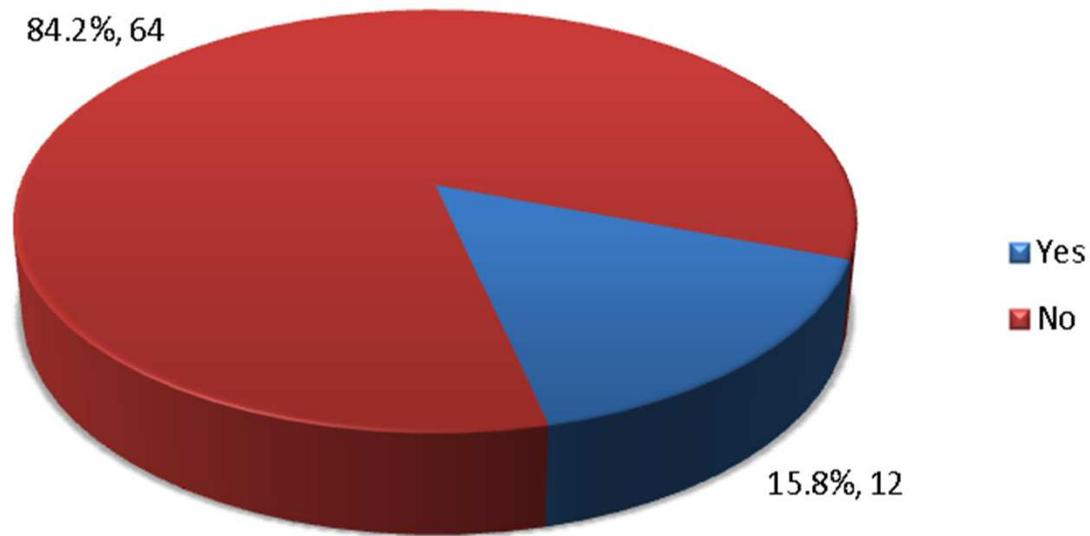
Percentage of children up to three-years-old screened for developmental delays in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Developmental Screening

Should the measure be dropped or modified for 2015?



Survey: Developmental Screening

“Routinized developmental screening in pediatric practices is critical to the earliest possible identified of children with delays, which with early treatment may be reversed or at least resolved to the extent possible. This lowers the societal and medical burden for these patients as they age.”

“There is a question as to whether reacting to a positive ASQ makes any difference in outcomes, so I am not sure the measure is worth the effort.”

Developmental Screening

OHA recommendation:
Keep the measure as is for 2015.



Early Elective Delivery

Percentage of women who had an elective delivery between 37 and 39 weeks of gestation in 2011 & 2013

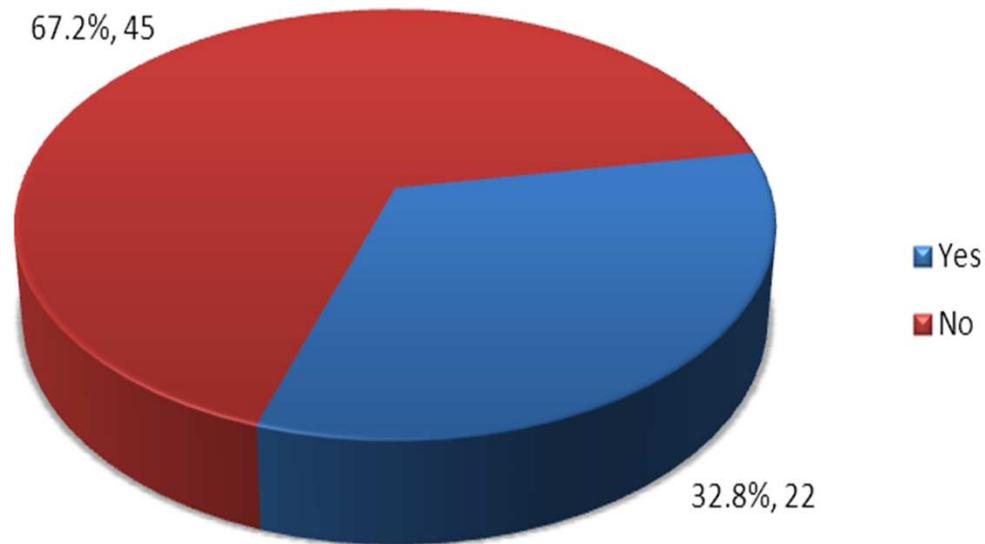
(Lower scores are better)

Bolded names met benchmark or improvement target



Survey: Early Elective Delivery

Should the measure be dropped or modified for 2015?



Survey: Early Elective Delivery

“Early elective delivery is a national priority: late preterm delivery has medical, educational, and societal costs.”

“This should be dropped. There are already many national measures of EED, hospitals track it very closely, and the practice norms have changed to the point that measuring is a waste of time and resources because rates are so incredibly low.”

Early Elective Delivery

OHA recommendation:
Drop the measure for 2015.

Electronic Health Record Adoption

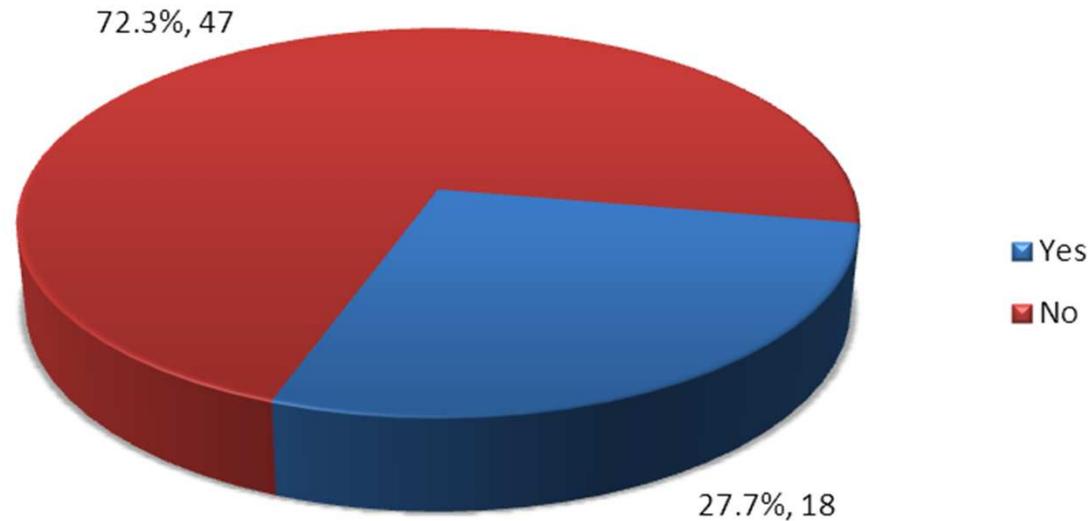
Percentage of providers who qualified for an EHR incentive payment during the measurement year in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: EHR Adoption

Should the measure be dropped or modified for 2015?



Survey: EHR Adoption

“EHR utilization and quality continues to need incentives to improve.”

“By 2015, any practice that has not yet adopted an EHR either voluntarily or as a result of pressures put on them in the preceding years is unlikely to do so.”

EHR Adoption

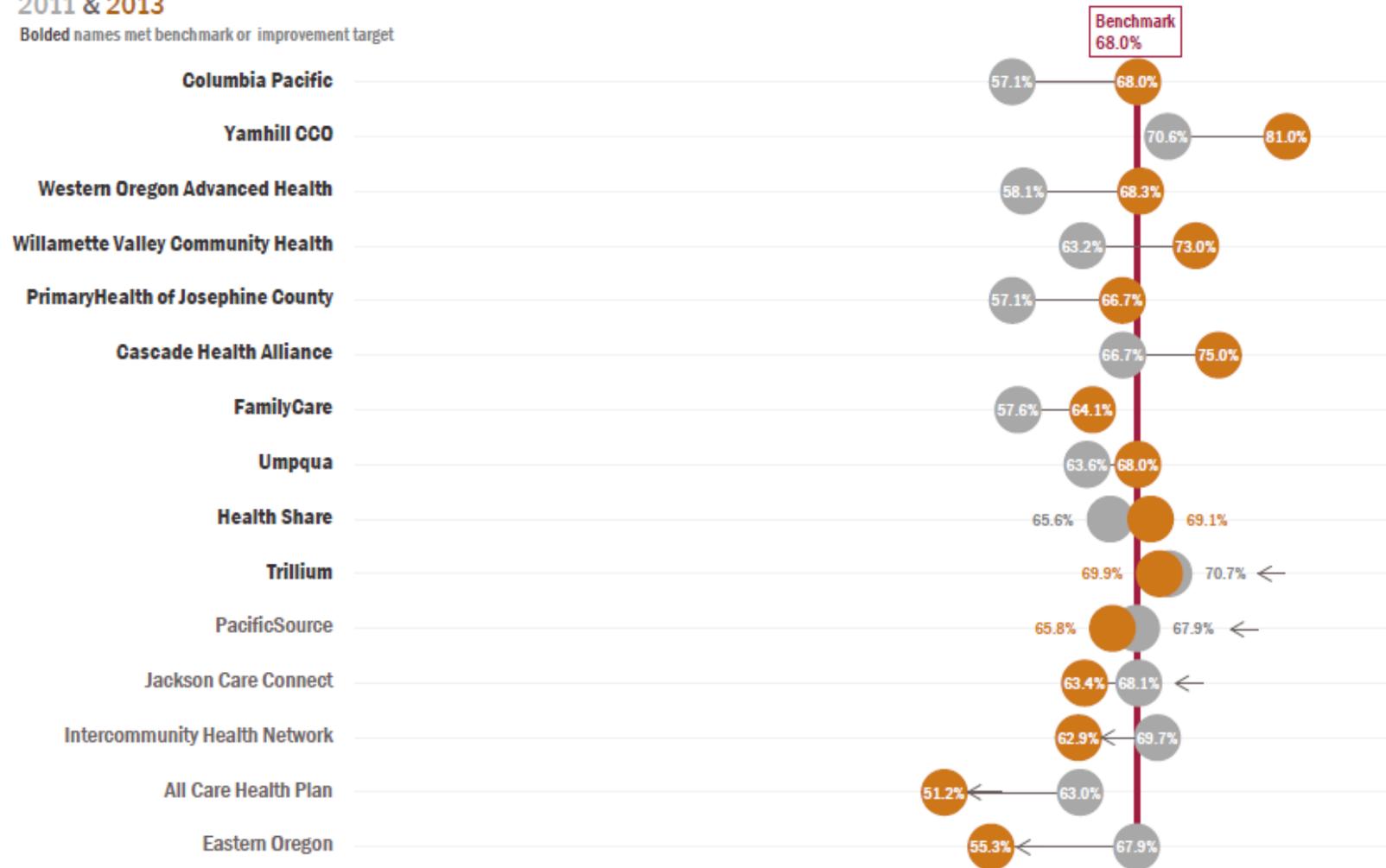
OHA recommendation:
Keep the measure as is for 2015.



Follow Up after Hospitalization for Mental Illness

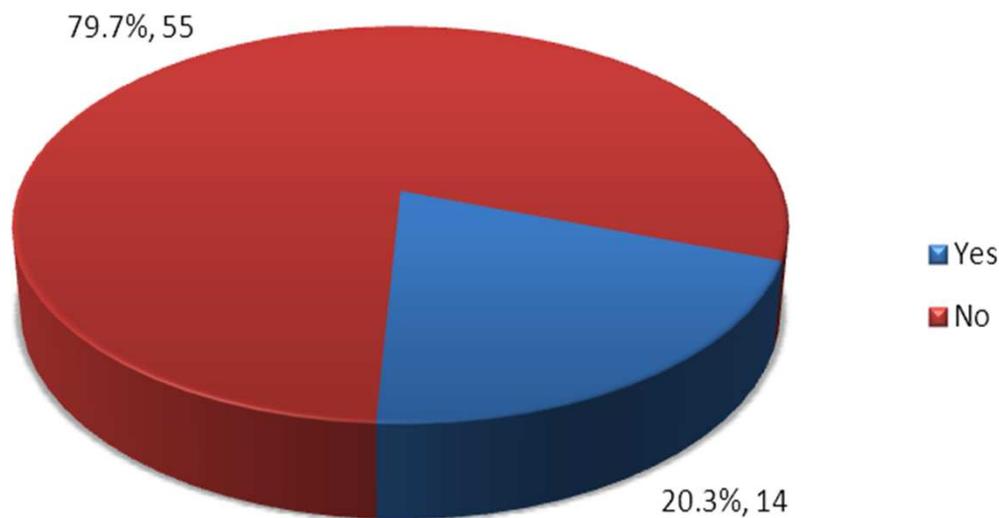
Percentage of patients who received follow-up care within 7 days of being discharged from the hospital for mental illness in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Follow Up after Hospitalization for Mental Illness

Should the measure be dropped or modified for 2015?



Survey: Follow Up after Hospitalization for Mental Illness

“More measures should be like this one.”

“Access to mental health care in general remains a big problem, so perhaps a measure that looks at access in general would be more helpful. This measure represents a very small portion of the population, and a measure that looked at access, wait times, etc... would be more meaningful.”

Follow Up after Hospitalization for Mental Illness

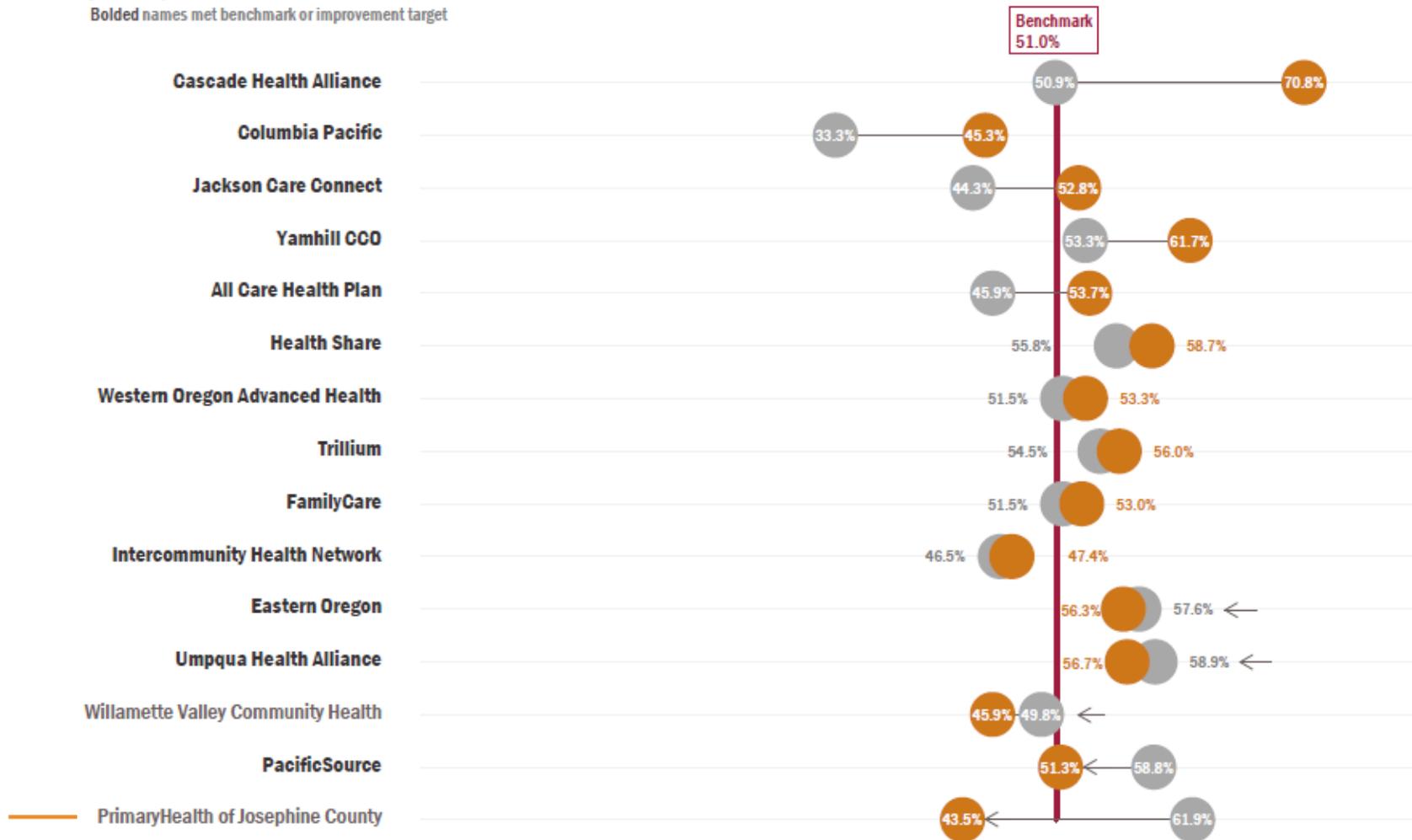
OHA recommendation:
Keep the measure as is for 2015.



Follow Up Care for Children Prescribed ADHD Medication

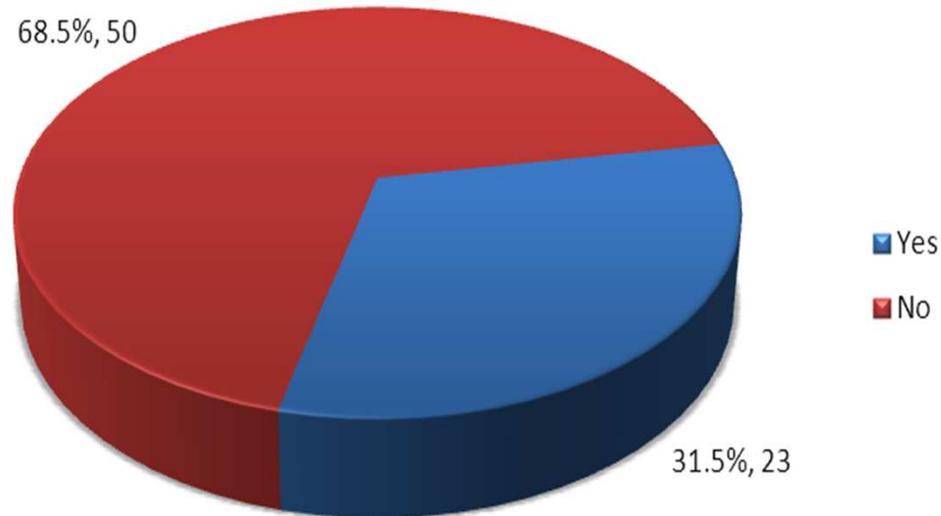
Percentage of children (ages 6-12) who had one follow-up visit with a provider during the 30 days after receiving a new prescription for ADHD medication in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: ADHD Meds

Should the measure be dropped or modified for 2015?



Survey: ADHD Meds

“This is very important to keep. Knowing that foster children in ADHD meds are frequently under the care of multiple providers, medication management is critical. Some of these meds result in weight gain, which might be cause enough for follow up care.”

“This measure has a small denominator. Children are followed up at appropriate initiation intervals but often at 31-39 days, instead of within 30 days. The measure is not meaningful.”

Follow Up Care for Children Prescribed ADHD Medication

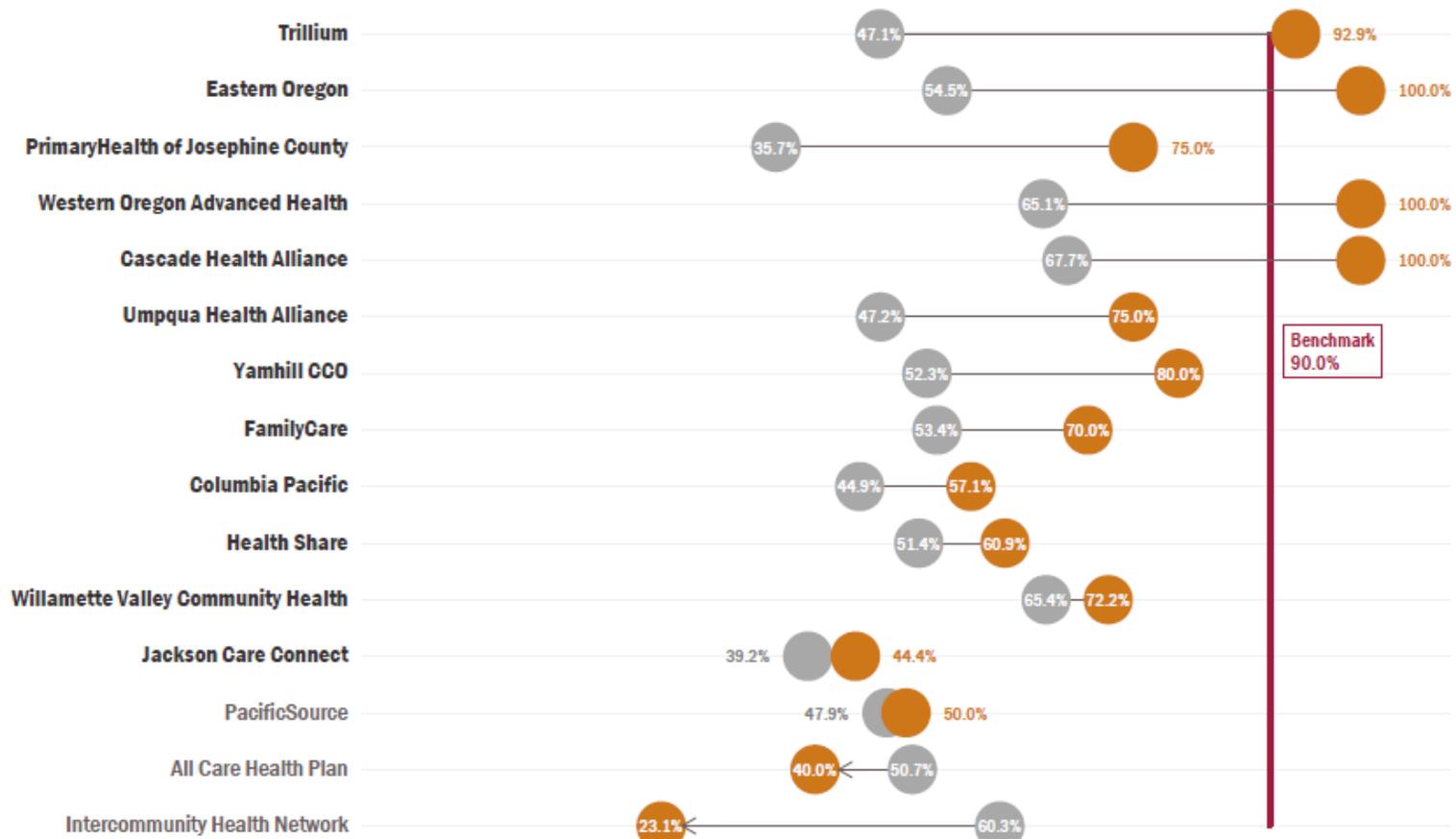
OHA recommendation:

Drop the measure for 2015 – replace with stronger pediatric measure (larger denominator, more room for improvement).

Mental & Physical Health Assessments for Children in DHS Custody

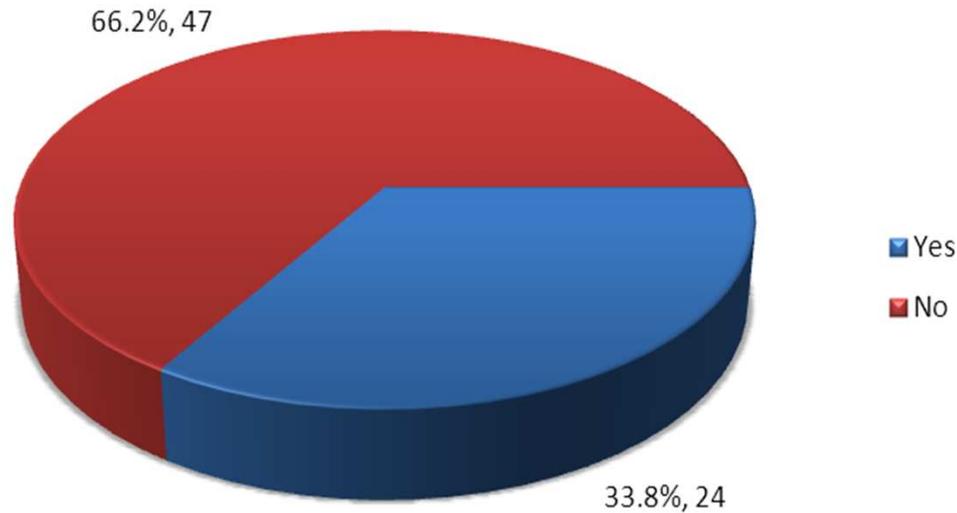
Percentage of children in DHS custody who received a mental and physical health assessment within 60 days in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: DHS Custody

Should the measure be dropped or modified for 2015?



Survey: DHS Custody

“This measure is forcing important and valuable conversations across the community about how to better coordinate care for this important and vulnerable population.”

“This population is so small and so transient and they already receive many more services than our general Medicaid population does, that improving this measure is too costly and has minimal benefit.”

Mental & Physical Health Assessments for Children in DHS Custody

OHA recommendation:
Keep the measure as is for 2015.



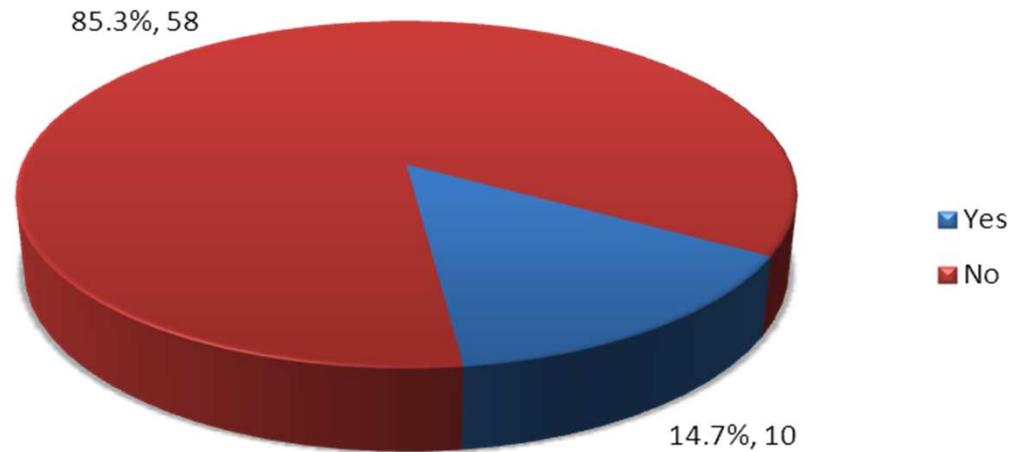
Patient Centered Primary Care Home Enrollment

Percentage of patients who were enrolled in a recognized patient-centered primary care home in 2012 & 2013



Survey: PCPCH Enrollment

Should the measure be dropped or modified for 2015?



Survey: PCPCH Enrollment

“The measure should be kept as is. That said, requirements should be made that a portion of the incentive received should go back to the practice that submitted for PCPCH.”

“By 2015, any practices that have not yet sought recognition as PCPCHs either voluntarily or as a result of pressures put on them in the preceding years is unlikely to do so.”

Patient Centered Primary Care Home Enrollment

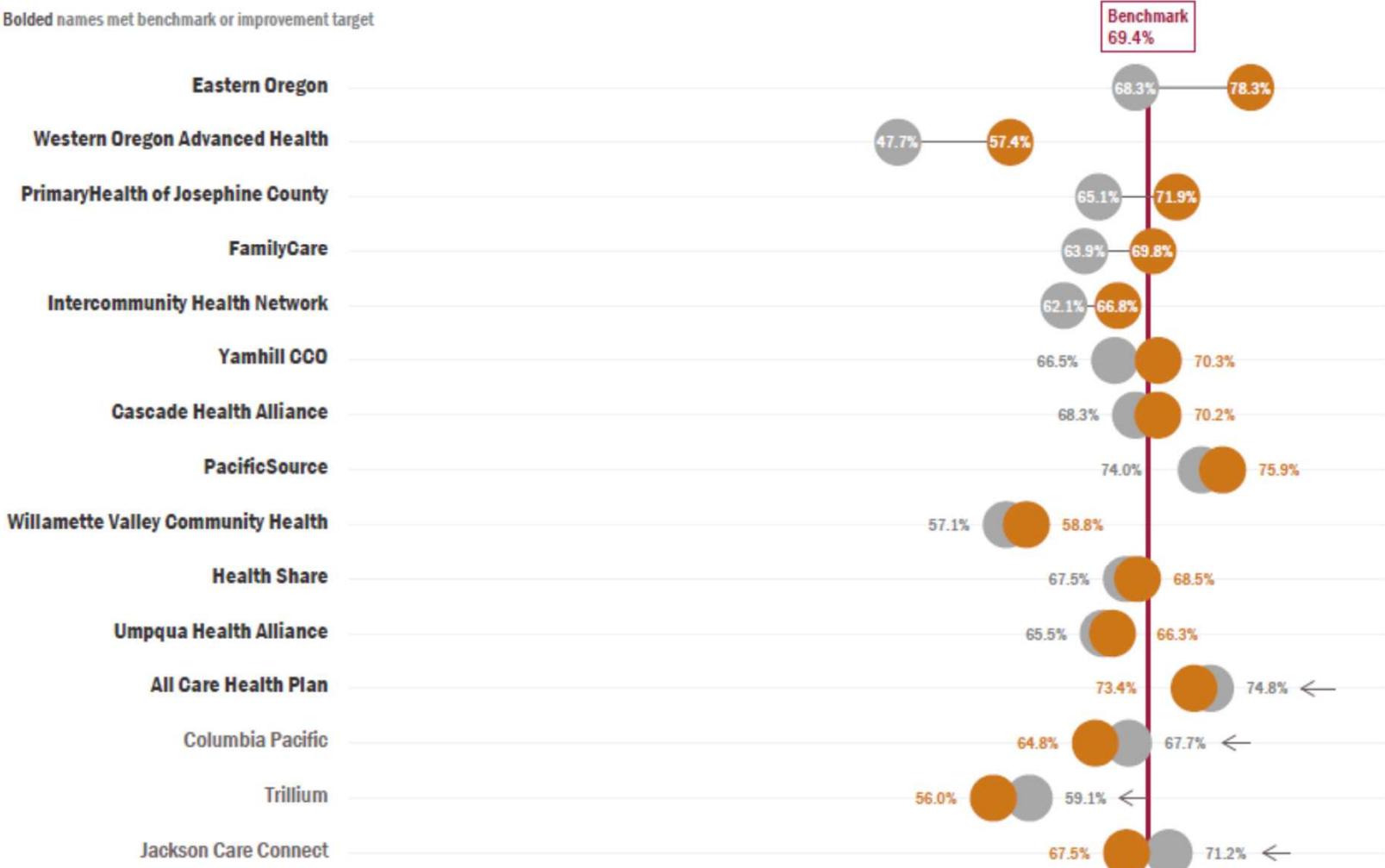
OHA recommendation:
Keep the measure as is for 2015.



Timeliness of Prenatal Care

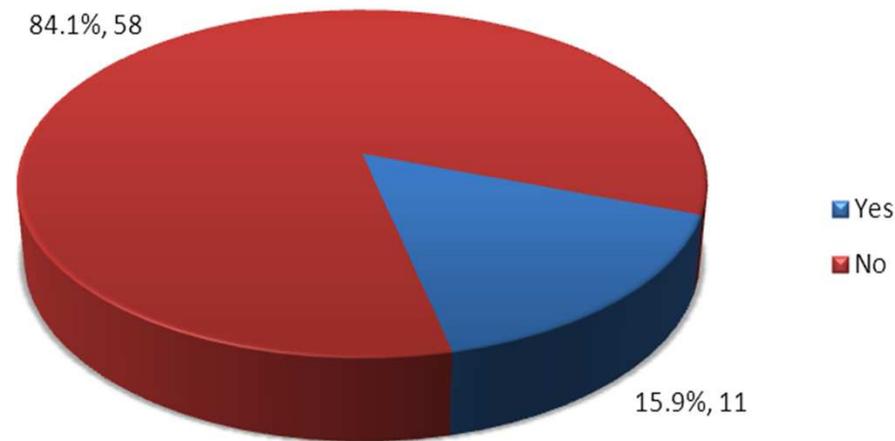
Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid in 2011 & 2013

Bolded names met benchmark or improvement target



Survey: Timeliness of Prenatal Care

Should the measure be dropped or modified for 2015?



Survey: Timeliness of Prenatal Care

“Measures should be kept the same or with as few changes made as possible for at least three years to see if there is any measurable improvement over time.”

“This is a bad way to measure ‘access’. The measure is impacted by pre-conception readiness, which is more actionable.”

Timeliness of Prenatal Care

OHA recommendation:

Keep the measure as is (the 2014 approach) for 2015.



Clinical Measures

OHA recommendation:

- Keep depression screening & follow up plan, diabetes: HbA1c poor control, and hypertension control as incentive measures for 2015.
- Continue building EHR-based reporting capacity across CCOs.



Process to review proposed new measures for 2015



Scenario

Many proposed new measures on the table

- 30+ measures were proposed through the survey.
- Population health measures
- Dental quality measures
- Other measures within OR's measurement strategy

Goal to finalize 2015 measure set in August meeting

Proposed Process

- Small group (chair, other committee members?, Michael Bailit, OHA staff) to convene to review all proposed new measures.
- Group will score all proposed new measures using measure selection criteria / Buying Value tool.
- Present all proposed new measures in ranked order at August meeting for Committee consideration.

Next Meeting

August 22, 2014

9:00 am – noon

Wilsonville

Agenda

- * Review proposed new measures
- * Finalize 2015 measure set

Public Testimony



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