
Metrics & Scoring Committee

June 19, 2015





Consent agenda

Follow up from May

- **Childhood obesity recommended practices**
- **PCPCH standards crosswalk**

Updates: 2014 Timeline

June 23 rd	Final 2014 results released to CCOs; 2014 quality pool funds released.
June 24 th	CY 2014 Health System Transformation Report released publicly.
June 30 th	Last date for CCOs to receive 2014 quality pool funds.
June 30 th	CCOs receive next dashboard report; begin transition to 2015 measures (updated specifications, targets, etc)

Updates:

On-Deck Measure Development

- In July, the Oregon Primary Care Association, Oregon Food Bank, and partners will begin working with the TAG to develop the food insecurity screening metric (currently “on-deck” for 2017).

Measure retirement checklist

In May, the Committee reviewed draft measure retirement criteria and requested several updates before adopting a checklist.



Measure Selection

Framework continued from May



Public testimony



2016 on-deck measures: continued from May

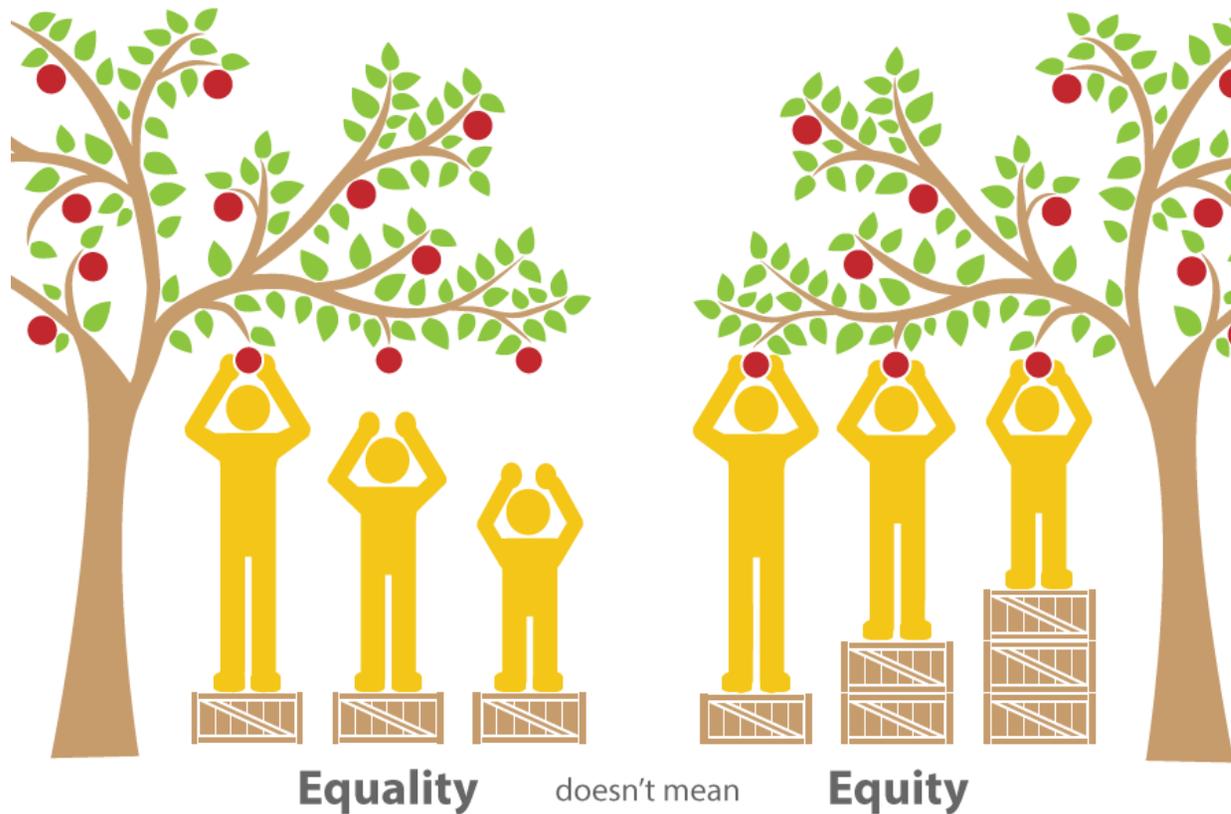


PQI 92: Prevention Quality Chronic Composite

Measure Description: Rate of admissions per 100,000 member years for the following conditions: diabetes (short & long-term complications, uncontrolled, w/lower-extremity amputation), COPD, asthma, hypertension, heart failure, or angina w/o cardiac procedure.

Specifications?	Yes, from AHRQ.
Data source?	Administrative data (claims)
Benchmark source?	No national benchmark available, OHA uses “10% reduction” from prior year for PQI benchmarks
Alignment?	OHA reports on individual PQIs as part of 33 state performance measures; Phase 1 HB 2118 metric
Measure ready by Oct 2015?	Yes

Reducing Health Disparities



Tobacco Prevalence

Committee previously asked the TAG to explore a tobacco prevalence measure based on the Meaningful Use objective for documenting smoking status, and developing a bundled measure (cessation benefit + prevalence).

OHA and the TAG developed a practice-level survey that CCOs fielded across their provider networks to learn more about EHR functionality and how tobacco use status is collected and reported out of EHRs.

Tobacco Prevalence Survey

Respondents were asked about:

- Data collection
- Data reporting from Meaningful Use
- Data reporting from custom query
- Ability to create custom query

Tobacco Prevalence Survey: Takeaway

- All EHRs record smoking or tobacco use status in some way.
- Many EHRs already have some ability to report on prevalence.
- An EHR-based prevalence measure is feasible, if:
 - CCOs and practices are given time to build a custom report if needed; and
 - Measure specifications allow for flexibility in how prevalence is captured.

Bundled Tobacco Measure

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

To “meet” the bundled measure, CCOs would have to:

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

TAG has had initial discussions on draft specifications.

Dental Measures

Annual Dental Visit

- % of patients 2-21 who had at least one dental visit during the measurement year (NQF 1388)
- Originally selected for 2016 on-deck list.
- As of December 2014, NO LONGER NQF ENDORSED

Committee agreed in May to consider newly endorsed oral evaluation measure or integrated dental measures.

Alternate Dental Measures: Oral Evaluation

Measure	Description
Oral evaluation (NQF 2517)	% of enrolled children under age 21 who received a comprehensive or periodic oral evaluation during the measurement year.

Alternate Dental Measures: Dental Metrics Workgroup

Measure	Description
Topical fluoride intensity (NQF 2528)	% of enrolled children 1-21 at elevated risk who received at least 2 topical fluoride applications.
Patient experience with access to dental care	Two questions from CAHPS survey: <ul style="list-style-type: none">• Do you have a regular dentist?• If you needed to see a dentist right away because of dental emergency, did you get to see a dentist as soon as you wanted?

Alternate Dental Measures: Integrated measures

Measure	Description
ED utilization – caries (DQA)	Rate of ED visits for caries-related reasons for all enrolled children.
Follow up after ED utilization – caries (DQA)	Percentage of children (ages 0-20) who visited a dentist (a) 7 days, and (b) 30 days of a caries-related ED visit.
Dental care for people with diabetes	Subset of diabetes care composite: percentage of adults with diabetes who had dental visit during measurement year.
Dental assessments for pregnant women	Subset of prenatal care measure: percentage of women who received timely prenatal care who also received a dental assessment during pregnancy.

Break





2016 Measure Selection

Today's goal

Review each of the 17 CCO incentive measures (2015) and determine if the measure should continue as an incentive measure for 2016.

Review each of the remaining on-deck measures for 2016 and determine if the measure should be selected as an incentive measure for 2016.

→ Make as many decisions today as possible; additional discussion and decisions can carry over into July meeting if needed, but no later than July.

Today's process

Seeking committee consensus, using Yes / No / Maybe:

- Yes: measure will be added to the 2016 measure set; no additional discussion needed. Benchmark will be selected in subsequent meeting.
- Maybe: measure requires more discussion (today / July) before decision.
- No: measure will be dropped as CCO incentive measure and will not be included in the 2016 measure set. No additional discussion.

2016 measure retirement: staff recommendation

Option 1: do not retire any measures for 2016.

- Allow for measure set stability and minimize changes for CCOs and providers.

Option 2: consider retiring EHR Adoption.

- EHR adoption was foundational work to move to EHR-based measurement, which we are continuing to build.
- Will require CMS approval to drop, as this was a CMS-required measure.

Adolescent well care visits

Trend	Very slight increase in mid-year report; statewide and CCO performance well below the benchmark.
Comments	Known challenges include: <ul style="list-style-type: none">• Confidentiality concerns• Well visits vs. sports physicals• Annual visits<ul style="list-style-type: none">• Provider culture• Payer / structural barriers

Alcohol or other substance misuse (SBIRT)

Trend	<p>Increase in mid-year report; statewide performance below benchmark, but several CCOs close / exceeding.</p> <p><i>Does not reflect 2015 inclusion of adolescents.</i></p>
Comments	<p>Coding challenges mostly resolved, current implementation concern is workflow and confidentiality for adolescents.</p>

Ambulatory Care: Emergency Department Utilization

Trend	Continued improvement in mid-year report; state and many CCOs close to benchmark.
Comments	Ongoing exploration of why ED utilization is declining, including more analysis by age, populations, etc... and qualitative 'deeper dive' survey work.

CAHPS Measures

- Access to care composite
- Satisfaction with care composite

2014 data will be released June 24th.

Colorectal cancer screening

Trend	Trend unavailable, given shift in methodology to chart review. <i>2014 data will be released June 24th.</i>
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Clinical Quality Measures

- Controlling hypertension
- Diabetes: HbA1c poor control
- Depression screening and follow up plan

All CCOs successfully submitted year two EHR-based data; 2014 data will be released June 24th.

Dental sealants for children

Trend	Unknown – data not yet available. 2014 baseline data will be available in July.
Comments	Known concerns include documentation of sealants provided in community or school-based programs, but 2015 benchmark was set deliberately low to accommodate.

Developmental screening

Trend

Steady increase in mid-year report, most CCOs continue to show improvement.

Effective contraceptive use

Trend	Unknown – data not yet available. 2014 baseline data will be available June 30 th .
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EHR adoption

Trend

Continued increases in the mid-year report; statewide performance remains below the benchmark but several CCOs have exceeded the benchmark.

Follow up after hospitalization for mental illness

Trend	Slight improvement in mid-year report; progress mixed across CCOs.
Comments	Expecting increase in performance in 2015 when same-day follow up services are added to the measure.

Assessments within 60 days for children in DHS custody

Trend	Continued increase in mid-year report; most CCOs demonstrated improvement.
Comments	Early anecdotes from CCOs indicate coordinating dental assessments is more challenging than mental / physical health assessments.

Patient Centered Primary Care Home enrollment

Trend

Mid-year report shows continued improvement across the state and for almost all CCOs, despite the increase in members due to the Medicaid Expansion.

Timeliness of prenatal care

Trend

Trend unavailable, given shift in methodology to chart review.

2014 data will be released June 24th.

2016 On-Deck Measures

- Childhood immunization status
- Fluoride varnish

Meeting Date	Goals
July 17 th	<p>Review final 2014 performance and quality pool distribution;</p> <p>Finalize 2016 measure selection and begin benchmark setting.</p>
September 18 th	<p>Finalize benchmark setting for 2016.</p> <p>Revisit on-deck measures for 2017 and measures needing additional development.</p>
November 20 th	Finalize anything outstanding for 2016.

To be scheduled: Committee retreat!





Next meeting: July 17th
9 am – 1 pm*
Wilsonville

Oregon
Health
Authority