
Metrics & Scoring Committee

November 20, 2014



Oregon
Health
Authority

Consent Agenda

Updates

- Child & Family Wellbeing Measures Workgroup
- November 2014 progress reports
- Committee members are invited to participate in November 24th Metrics Technical Advisory Workgroup meeting for final review of 2015 specifications.
www.oregon.gov/oha/Pages/metricsTAG.aspx

In October

The Committee took the following actions:

- **Removed tobacco use prevalence** from the 2015 measure set; postponed for 2016.
- **Selected benchmarks for 2015 for all but one measure** (effective contraceptive use).

Today's Goals

- ✓ Select 2015 benchmark for Effective Contraceptive Use.
- ✓ Select 2015 challenge pool measures.
- ✓ Determine 2015 Committee meeting schedule.

Effective Contraceptive Use (ECU): 2015 Benchmark

Effective Contraceptive Use Measure

INCLUDES:

- All women 15-50; only adults 18+ are incentivized.
- Services received at PCP and family planning clinics.
- Claims + pharmacy data for evidence of ECU.
- Most effective and moderately effective methods (e.g., IUDs, implants, sterilization, pills, patch, ring, diaphragm)

EXCLUDES:

- Women who are currently pregnant or were pregnant during measurement year; but still gives credit for postpartum ECU.
- Women with hysterectomy, oophorectomy, or menopause.

What we know about ECU in Oregon

Preliminary state level data, July 2013 – June 2014

Age Range	Rate	CCO Range
All ages (15-44)	36.9%	33.8% - 43.7%
Adolescents (15-19)	34.0%	25.7% - 44.9%
Adults (20-44)	38.3%	35.9% - 44.2%

Caveats:

- Does not include full age range, 15-50
- Does not include all NDC codes for contraceptives
- Does not include all codes for pregnancy exclusions

What we know about ECU in Iowa

Preliminary state level data, CY 2012

Age Range	Rate
All ages (15-44)	42.8%
Adolescents (15-20)	33.4%
Adults (21-44)	46.1%

Caveats:

- Iowa is testing specifications under development with CMS / CDC; the specifications used here are different than Oregon's.
- Does not include postpartum contraceptive use or NDC list.
- Different population (Medicaid eligibility criteria).

What we know about ECU in the clinic

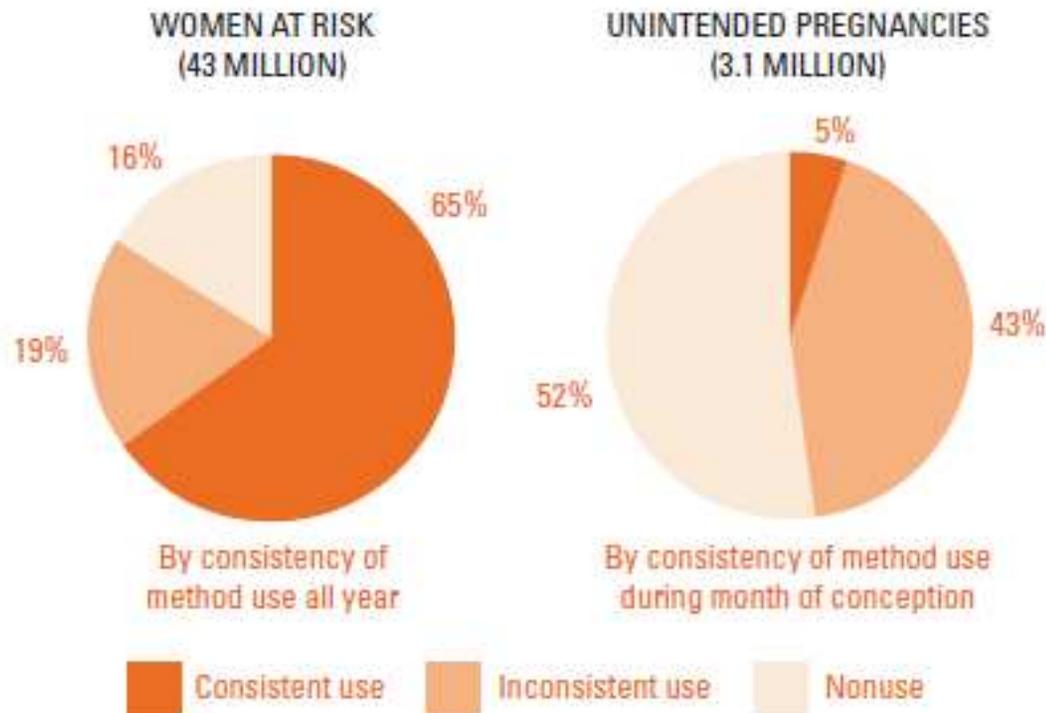
- Unity Health Care Inc. is a network of 29 federally qualified health centers in Washington DC serving low-income patients.
- In 2013:
 - Unity had 32k female patients ages 18-50;
 - Almost 18k women received family planning services (56%);
 - Of those women, about 86% used tier 1 or tier 2 methods (for ECU rate of 48.4%).

<http://www.healthypeople.gov/sites/default/files/Reproductive%20and%20Sexual%20Health.pdf>

What we know about the need for ECU

Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



What we know about the need for ECU

Characteristic	Rate of unintended pregnancy per 1000 women	Increased likelihood of unintended pregnancy
All women ages 15-44	52	
Not a HS grad	80	Women without a high school education are 2.7 times more likely
College graduate	30	
White, non-Hispanic	36	Black women are almost 3 times as likely as white women, and Hispanics are 2.3 times as likely
Black, non-Hispanic	91	
Hispanic	82	
Income <100% FPL	132	Poor women are 5.5 times as likely
Income ≥200% FPL	24	

Benchmark Options

OHA recommends a benchmark of 60%.

Rationale:

- Women on Medicaid are at higher risk for unintended pregnancy; there is a high need for services.
- High performing clinic system (Unity) = ~50%, but that only includes primary care services. Oregon's measure also includes family planning clinics.
- Oregon's high performing CCOs are already approaching 45% (preliminary data) - justifies setting the benchmark higher than 50%.

Additional Benchmark Options

Benchmark	Source
~55%	CMS Maternal & Infant Health Initiative; Calls for 15 percentage point increase over baseline.
50%	Unity Health Care; Reflects high performing clinic system (“we know it is possible to attain this level of performance”).
N/A	Improvement target only; each CCO would have to improve 3 percentage points over their 2014 baseline performance.

2015 Challenge Pool Measures

Current Challenge Pool Measures

Quality pool funds not earned by CCOs meeting the benchmarks or improvement targets are distributed based on CCO performance on selected “challenge pool” measures.

2013 & 2014 challenge pool measures

Originally selected as “most transformational” measures

SBIRT

Depression screening & follow up plan

Diabetes: HbA1c poor control

PCPCH enrollment

2015 Challenge Pool: OHA Recommendation

- Keep SBIRT, Depression Screening, and Diabetes: HbA1c Poor Control as challenge pool measures.
- Drop PCPCH enrollment as challenge pool measure, and replace with a different measure.
- OHA recommends replacing with one of the following (see next slide for rationale):
 - Developmental screening
 - Effective contraceptive use
 - Dental sealants

Potential new 2015 challenge pool measures

Potential Measures (in ranked order)	Rationale
Developmental screening	<ul style="list-style-type: none">• Connection to early learning / kindergarten readiness;• Adds child focus to challenge pool
Effective contraceptive use	<ul style="list-style-type: none">• New measure! Challenge pool will ensure focused improvements.• Adds women's health focus.
Dental sealants	<ul style="list-style-type: none">• New measure! Dental integration / transformative potential• Adds child focus.

2015 Committee Meeting Schedule



Upcoming Meetings

- Propose cancelling the December 19, 2014 meeting.
- OHA also proposes taking short hiatus and regrouping in March 2015.

Proposed 2015 Meeting Schedule

2015 Meetings	Proposed Agenda
Jan / Feb	Hiatus – no meetings.
March	Review July 2013 – June 2014 progress data; Technology / clinical metrics registry update; Presentations from CCOs / OHA on tobacco prevalence; Review OHA’s proposal for 2016 measures.
June	Review CY 2014 final performance / quality pool; Presentations / explore on-deck measures if requested; Adopt 2016 measure set.
September	Review updated progress data; Adopt 2016 benchmarks and challenge pool measures;
Nov / Dec	Determine meeting schedules for 2016 Discuss plan for selecting 2017 measures

Public Testimony