

Oregon Metrics and Scoring Committee

AGENDA

October 10, 2012

8:00 a.m. to 1:30 p.m.

Sheraton Airport Hotel
Cascade Rooms A & B
Portland, OR 97220

Public Listen-Only Conference Line: Dial: 1-877-455-8688; participant code: 915042

#	Time	Item	Presenter	Action Item
1	8:00	Welcome and agenda review	Bob Dannenhoffer	
2	8:10	Consent agenda: September 25 th minutes	Bob Dannenhoffer	X
3	8:15	Review requirements for incentive measures	Michael Bailit	
4	8:30	Continue discussion on candidate measures	Michael Bailit Bob Dannenhoffer	
5	9:45	Select EHR/ Meaningful Use measures	Michael Bailit Bob Dannenhoffer	X
6	10:30	Break		
7	10:45	Status check regarding measure distribution across required domains. Review availability of baseline/ benchmark data for proposed measures. Final selection of incentive measures.	Michael Bailit	X
8	12:00	Working lunch: Review of incentive program framework	Tina Edlund Michael Bailit	
9	1:00	Next steps and wrap up	Bob Dannenhoffer	
10	1:15	Public testimony	Bob Dannenhoffer	

Next Meeting:

TBD

Oregon Metrics and Scoring Committee
Minutes
September 25, 2012
Wilsonville Training Center
29353 SW Town Center Loop E
Room 211
Wilsonville, OR 97070
8:30 – 11:30 a.m.

Item
<p>Welcome and Agenda Review</p> <p>Committee members present: Robert Dannenhoffer, Jeanine Rodriguez, Maggie Bennington-Davis, Gloria Coronado, Bob Joondeph, Phil Greenhill, Jeff Luck (by phone). Absent: David Labby, RJ Gillespie.</p> <p>Consultants present (by phone): Michael Bailit, Kate Bazinsky (Bailit Health Purchasing); CMS attendees (by phone): Michelle Mills, Andy Hackbarth</p> <p>OHA Staff: Tina Edlund, Chief of Policy; Carole Romm, Accountability and Quality Advisor; Sarah Bartelmann, Project Manager.</p>
<p>Consent Agenda</p> <p>The Committee approved the September 11th minutes.</p> <p>The August 22nd minutes were amended to reflect that Robert Dannenhoffer is the interim Chairperson. The Committee approved this correction.</p>
<p>Review of measures selected during meeting #2</p> <p>Michael Bailit provided an overview of the measures the Committee selected for moving forward in the second meeting (“candidate measures”) and introduced an updated spreadsheet of these measures, with baseline data where available. The Committee reviewed the requested background information on candidate measures. These documents are available in the meeting materials online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials120925.pdf</p> <p>The Committee then discussed the OHA staff recommendations for each candidate measure. These recommendations encouraged the Committee to consider measures with national standards and measures that align with the Health Insurance Exchange measures, where appropriate. The staff recommendations are available online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeStaffRecommendations120925.pdf</p>
<p>Next steps and wrap up</p> <p>OHA staff will:</p> <ul style="list-style-type: none">• Meet with the Exchange re: aligning on CAHPS satisfaction measures before the next meeting;• Send out background information on avoidable ED visit methodology;• Send out information on the PCPCH standards;• Bring numerator and denominator definitions for each candidate measure to next meeting;• Put together a one-page reference sheet on CMS requirements for the incentive program — for the next meeting;• Identify a time for an additional Committee meeting between October 10th and 22nd and explore

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options for extending future Committee meetings by 3 to 6 more hours before the end of October.

Committee members will:

- Bring additional suggestions for access measures to the next meeting;
- Bob Dannenhoffer and R.J Gillespie will consider alternate adolescent/pediatric measures and bring suggestions to the next meeting.

Public Testimony

No public testimony was provided.

Adjourn

Next Meeting:

October 10th
8:00 a.m. – 1:30 p.m.
Location TBD

DRAFT

Avoidable ED Usage Methodology

Medi-Cal Approach

- Defines a set of ICD-9 diagnosis codes that should not be treated in the ED and calculates a rate:

$$\frac{\text{\# of ED claims for "avoidable diagnoses"}}{\text{total \# of ED claims}}$$

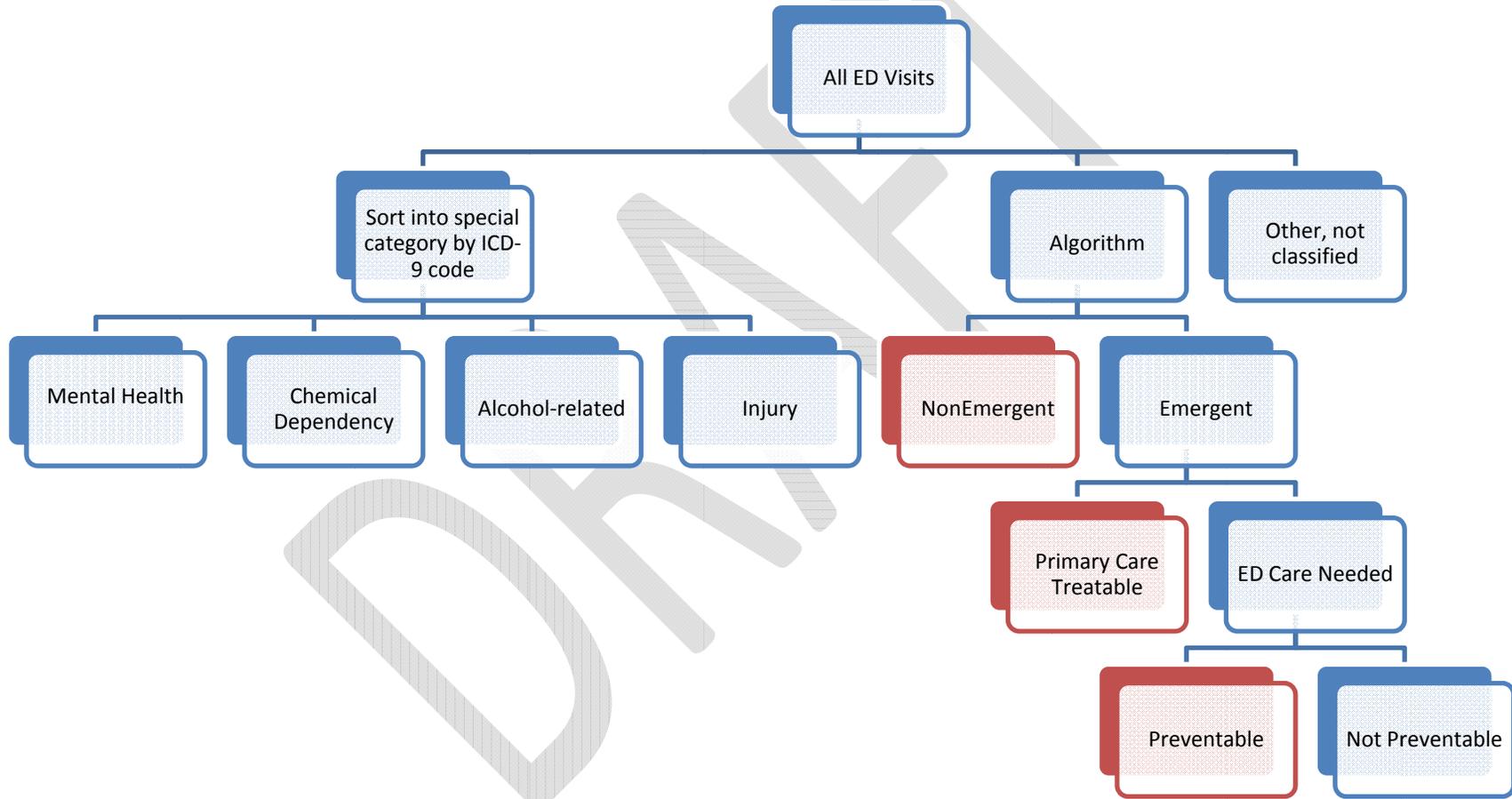
- Exclusions: ED visits that resulted in hospital admission, behavioral health diagnoses
- Limitations:
 - Updating which ICD-9 codes are included
 - Does not take into account that there may be times when an ED visit is needed for any given code.
- Used by: California, Washington, Oregon Health Care Quality Corporation (Q-Corp)

NYU Approach

- Uses algorithm to identify ED visits for conditions that could have been treated and managed in outpatient settings. ED visits are classified as "emergent" or "non-emergent" (see chart on page 2).
- Exclusions: behavioral health diagnoses
- Limitations:
 - Updating which ICD-9 codes are included
 - More complicated calculations
- Used by: Massachusetts, New Jersey, Minnesota, and the Medicare Payment Advisory Committee (MedPAC)

NYU Classification

Red boxes indicate which visits are classified as avoidable.



Requirements for Incentive Measures

Metrics & Scoring Committee Meeting #4

Committee Charge per Waiver Terms:

- Determine which measures will be included in the CCO incentive program
- Establish the performance benchmarks and targets to be used in this incentive program
- Endorse/develop specifications for each measure

Incentive Measure Selection Criteria:

- Representative of the array of services provided and beneficiaries served by the CCOs
- Use valid and reliable performance measures
- Must be consistent with existing state and national quality measures
- Focus on outcomes to the extent possible
- Exclude measures that would be expected to be heavily influenced by patient case mix
- Control for the effects of random variation
 - Measure type
 - Denominator size

Committee must select at least one measure in each of the following domains:

- Access
- Cost
- EHR Adoption/ Meaningful Use
- Quality (Process and Outcomes)
- Satisfaction

Candidate Measures by Domain

Requirement	Candidate Measures selected by the Committee that meet the requirement	Candidate Measures still pending Committee discussion that meet the requirement
Access	<ul style="list-style-type: none"> • Access to Patient Centered Primary Care Homes (rate of PCPCH enrollment) 	<ul style="list-style-type: none"> • CAHPS composite measure(s)
Cost		<ul style="list-style-type: none"> • Potentially avoidable ED visits
EHR Adoption/ Meaningful Use		<i>The Committee has not considered EHR measures yet.</i>
Quality (Process)	<ul style="list-style-type: none"> • Measure #43: Medication reconciliation post-discharge • Measure #28: Alcohol misuse, screening, brief intervention, referral for treatment (SBIRT) • Measure #69: Initiation and Engagement of AOD Dependence Treatment • Measure #42: Follow-up after hospitalization for mental illness • Measure #71: Composite measure: mental health and somatic health assessment for children in DHS custody • Measure #72: Screening for clinical depression and follow up plan 	<ul style="list-style-type: none"> • Measure #127: Elective delivery before 39 weeks • Measure #250a: Prenatal care • Measure #76: Developmental screening by 36 months • Measure #278: Colorectal cancer screening
Quality (Outcome)		<ul style="list-style-type: none"> • Measure #261: Optimal Diabetes Care (D5) or Measure #262: Diabetes A1c Poor Control • Measure #55: Controlling hypertension
Satisfaction		<ul style="list-style-type: none"> • CAHPS composite measure(s)

Candidate Measures in each Category within the Quality Domain

Category within the Quality Domain	Candidate Measures selected by the Committee that meet the requirement	Candidate Measures still pending Committee discussion that meet the requirement
Quality (Process)- Care Coordination	<ul style="list-style-type: none"> • Measure #43: Medication reconciliation post-discharge • <i>Measure #42: Follow-up after hospitalization for mental illness</i> 	
Quality (Process)- Chemical Dependency	<ul style="list-style-type: none"> • Measure #28: Alcohol misuse, screening, brief intervention, referral for treatment (SBIRT) • Measure #69: Initiation and Engagement of AOD Dependence Treatment 	
Quality-End of Life Care		
Quality- Inpatient Care		<ul style="list-style-type: none"> • <i>Measure #127: Elective delivery before 39 weeks</i>
Quality (Process)- Maternal Care		<ul style="list-style-type: none"> • Measure #127: Elective delivery before 39 weeks • Measure #250a: Prenatal care
Quality (Process)- Mental Health	<ul style="list-style-type: none"> • Measure #42: Follow-up after hospitalization for mental illness • Measure #71: Composite measure: mental health and somatic health assessment for children in DHS custody • Measure #72: Screening for clinical depression and follow up plan 	<ul style="list-style-type: none"> •
Quality (Process)- Preventive Care/ Screening	<ul style="list-style-type: none"> • <i>Measure #72: Screening for clinical depression and follow up plan</i> 	<ul style="list-style-type: none"> • Measure #76: Developmental screening by 36 months • Measure #278: Colorectal cancer screening
Quality (Outcome)- Chronic Illness		<ul style="list-style-type: none"> • Measure #261: Optimal Diabetes Care (D5) • Measure #55: Controlling hypertension

Italics indicate measures that primarily belong in another category, but could fit in the second category as indicated.

Revised Matrix of Candidate Measures with Baseline and Benchmarks

Key

Green = baseline or benchmark available.

Yellow = some data available, but not an exact match to the candidate measure.

Red = baseline or benchmark not available.

Library #	Measure	Brief Description	Baseline	Benchmark
69	Initiation and engagement of alcohol and other drug dependence treatment	% of adolescent and adult members with a new episode of alcohol or other drug dependence who received treatment	Initiation: 28% Engagement 13%	Initiation: 2011 Medicaid Total Population National 90 th : 60.72 75 th : 48.84 50 th : 40.81 25 th :35.68 Engagement: 2011 Medicaid Total Population National 90 th : 25.89 75 th : 20.52 50 th : 14.53 25 th : 5.72
250a	Prenatal care	% of deliveries that received a prenatal care visit as a member of the health plan in the first trimester or within 6 weeks of enrollment in the health plan	30.4% based on admin data	2012 Medicaid Benchmarks/ Thresholds (for Prenatal component of the measure): 90 th : 92% 75 th : 89% 50 th : 84% 25 th : 77%

Library #	Measure	Brief Description	Baseline	Benchmark
42	Follow-up after hospitalization for mental illness	% of members with follow-up visit within 7 days after hospitalization <i>Committee proposed expanding provider type – will need to be defined in specifications.</i>	52%	2012 Medicaid Benchmarks/ Thresholds (for HEDIS measure w/out change in provider type): 90 th : 68% 75 th : 58% 50 th : 45% 25 th : 33%
103	Potentially avoidable ED visits	<i>See one pager on MediCal and NYU methodologies.</i>	Medicaid Age <18: 19.4% Age 18+: 12.7% (MediCal formula)	Could compare to CA and WA since they use the MediCal formula
278	Colorectal cancer screening	The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	30.5%	Commercial Colorectal Screening for Regions 9 & 10 (includes OR): 90 th : 70% (nat'l) 75 th : 63% 50 th : 55% 25 th : 51%
	Patient-Centered Primary Care Homes	% of patients assigned to a tier 1 or better PCPCH within 30 days of plan enrollment <i>Committee proposed new measure that would factor in which tier PCPCH a member is enrolled in: we would then multiply the numerator by 1 for tier one, by 2 for tier two, and by 3 for tier 3.</i>	Baseline data feasible but not yet available	None

Library #	Measure	Brief Description	Baseline	Benchmark
76	Developmental screening by 36 months		14.6%	None
72	Screening for clinical depression and follow up plan	% of members 18+ screened for clinical depression using a standardized tool and follow-up plan documented	None	CMS 2010 PQRI Experience report ¹ Average Performance Rate per Eligible Professional: 2008: 83.4% 2009: 67.2% 2010: 84.2% 2010: % of Eligible Professionals who had at least a 90% Performance Rate: 71.4%
55	Controlling high blood pressure	% of patients 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year	None	2012 Medicaid Benchmarks/ Thresholds: 90 th : 66% 75 th : 60%

¹www.cms.gov/pqrs

Library #	Measure	Brief Description	Baseline	Benchmark
				50 th : 56% 25 th : 47%
71	Mental health assessment for children in DHS custody	<p>% of children who receive a mental health assessment within 30 days of DHS custody</p> <p><i>Committee proposed expanding this measure to include mental and physical health in year one, and adding oral health screening in year two.</i></p> <p><i>Committee proposed expanding this measure to within 60 days, as per federal standards.</i></p>	58% for MH assessment No data for physical health check.	None
127	Elective delivery before 39 weeks	Patients with elective vaginal deliveries or elective cesarean sections at ≥ 37 and < 39 weeks of gestation completed	<p>Baseline data feasible but not yet available.</p> <p>The Leapfrog 2011 hospital survey indicates that rates of elective deliveries in Oregon range from 3.9% - 18.2%</p>	<p>The March of Dimes "Less than 39 Weeks" Toolkit's (CA) recommended target is 0% for non-medically indicated deliveries.</p> <p>A 5% rate of elective early term delivery would be reasonable as a national quality benchmark.</p> <p>March of Dimes (OR) agrees this is a reasonable benchmark.</p>

Library #	Measure	Brief Description	Baseline	Benchmark
261	Optimal diabetes use (D5)	Patients meeting all five goals: 1) BL less than 140/90 2) LDL less than 100 mg/dl 3) A1c is less than 8% 4) Tobacco-free 5) Take aspirin	None	Diabetes Minnesota's statewide rate for the D5 (2010): 37% Minnesota's target for the D5: 41% (2012)
43	Medication reconciliation post-discharge	% of patients 65+ discharged from acute or non-acute inpatient facility who had discharge meds reconciled with current medication list in the medical record within 30 days. <i>Committee proposed expanding this measure to all patients, but to still use the HEDIS specifications.</i>	None	None
28	Substance abuse – SBIRT	% of members 18+ with routine visit in the measurement year screened for substance abuse and referred as necessary.	Current data indicates a very low rate.	None

Matrix of Candidate Measures with Specifications

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
43	Medication reconciliation post-discharge	<p>% of patients (age range to be specified) discharged from acute or non-acute inpatient facility who had discharge meds reconciled with current medication list in the medical record within 30 days.</p> <p><i>Committee proposed expanding this measure to all patients, but to still use the HEDIS specifications.</i></p>	Hybrid: admin data and chart review	HEDIS. Modified to expand age group.	<p>Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse, as documented through either administrative data or medical record review on or within 30 days of discharge.</p> <p>Can also be tracked by CPT code 1111F. Currently this codes is not used very frequently but it is allowable.</p>	The number of discharges from acute or non-acute inpatient facilities.	If there is a readmission or the individual is transferred within the 30 follow-up period, the discharge is not counted in the denominator.
28	Substance abuse - SBIRT	% of members 18+ with routine visit in the measurement year screened for substance abuse and referred as necessary.	Admin Data	Follows recommendations from SAMHSA and CMS	Number of encounters/claims utilizing procedure codes: H0049 and H0050	Total number of member months for all clients 18 years or older/1,000 (for whatever time period necessary)	None.
69	Initiation and engagement of alcohol and other drug dependence treatment	% of adolescent and adult members with a new episode of alcohol or other drug dependence who received treatment	Admin Data	<p>HEDIS. Benchmark available for age groups: 13-17 and 18+</p> <p>CMS Adult Quality Measure.</p>	<p>Initiation: A CD enc/claim through inpatient admission or outpatient visit within 14 days of index date (see denominator).</p> <p>Engagement: Initiation of treatment and 2 or more CD enc/claims through inpatient admission or outpatient visit within 30 days of initiation enc/claim.</p>	Individual with an CD outpatient, detox, ED, or inpatient enc/clm. This defines the index date .	Individual must be continuously enrolled in plan for 60 days prior to index date and 45 days after. Individual must not have had an enc/claim for 60 days prior to index date.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
42	Follow-up after hospitalization for mental illness	<p>% of members with follow-up visit within 7 days after hospitalization</p> <p><i>Committee proposed expanding provider type – will need to be defined in specifications.</i></p>	Admin Data	<p>HEDIS. NQF #0576</p> <p>CHIPRA.</p> <p>CMS Adult Quality Measure.</p>	MH outpatient or partial hospitalization enc/claim that occurs within 7 days of discharge.	Discharges from acute inpatient setting with principal mental health diagnosis and age 6+.	<p>Must be enrolled for 30 days after discharge.</p> <p>Readmissions or transfers to other inpatient facilities for non-mental health reasons are excluded.</p> <p>A note on provider type: HEDIS actually calls for a mental health practitioner to see the person within 7 days. HEDIS definition for MH practitioner includes practically all practitioners allowed to encounter a mental health service in Oregon.</p>

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
71	Mental health and/or physical assessment for children in DHS custody	<p>% of children who receive a mental health assessment and/or physical health assessment within 60 days of DHS custody date.</p> <p><i>Committee proposed expanding this measure to include mental and physical health in year one, and adding oral health screening in year two.</i></p> <p><i>Committee proposed expanding this measure to within 60 days, as per federal standards.</i></p>	Admin data and Child Welfare records	None.	<p>-MH assessment (defined by agreed upon set of procedure codes) within 60 days of DHS custody date.</p> <p>-Physical health service (to be defined) within 60 days of DHS custody date.</p>	Children age 4+ taken into custody within a given timeframe (month, qtr or year) who remained in DHS custody for 60 days.	Children must be continuously enrolled for the 60 day follow up period.
	Patient-Centered Primary Care Homes	<p>% of patients assigned to a tier 1 or better PCPCH within 30 days of plan enrollment</p> <p><i>Committee proposed new measure that would factor in which tier PCPCH a member is enrolled in: we would then multiply the numerator by 1 for tier one, by 2 for tier two, and by 3 for tier 3.</i></p>			The number of PCPCH providers by tier on the CCO provider panel.	The total number of primary care providers on the CCO provider panel.	
103	Potentially avoidable ED visits	The % of ED visits that are appropriate	Admin Data	None.			See handout on methodology.
72	Screening for clinical depression and follow up plan	% of members 18+ screened for clinical depression using a standardized tool and follow-up plan documented	hybrid: admin data and chart review	NQF # 0418. CMS is steward. CMS Adult Quality Measure.	Individuals whose screening for clinical depression using an age appropriate standardized tool and follow-up plan is documented.	All enrolled individuals 18+.	Measure to be further evaluated under CMS Adult Quality Measure Grant.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
55	Controlling high blood pressure	% of patients 18-85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year	hybrid: admin data and chart review	HEDIS. CMS Adult Quality Measure.	The number of members in the denominator whose most recent BP is adequately controlled during the measurement year. Controlled= both the systolic and diastolic BP must be <140/90.	Eligible population must be identified as hypertensive by having at least one outpatient encounter with a diagnosis of hypertension during the first six months of the measurement year. Diagnosis must be confirmed in charts or in some other official form of documentation, for example a hospital discharge summary. Diagnosis can occur prior to measurement year.	Individual must be continuously enrolled during the measurement year with no more than one month gap in coverage.
127	Elective delivery before 39 weeks	Patients with elective vaginal deliveries or elective cesarean sections at >=37 and < 39 weeks of gestation completed	Admin Data	NQF #0469. Joint Commission National Quality Measure (PC-01) CMS Adult Quality Measure.	Individuals with elective deliveries with ICD-9-CM principal procedure code or ICD-9-CM other procedure codes for one or more of the following: Medical induction of labor, Cesarean section while no in active labor or experiencing spontaneous rupture of membranes.	Individuals delivering newborns with >=37 and <39 weeks of gestation completed.	None noted.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
250a	Prenatal care	% of deliveries that received a prenatal care visit as a member of the health plan in the first trimester or within 6 weeks of enrollment in the health plan	Admin Data Or Hybrid (recommended)	HEDIS. NQF #1517 CHIPRA. CMS Adult Quality Measure.	Number of live birth deliveries that received a prenatal care visit as a member of the CCO in the first trimester or within 42 days of enrollment.	All identified live births for individuals meeting enrollment criteria. (see relevant list of ICD 9 and CPT codes.)	must be enrolled for 43 days prior to delivery with no gaps. Based on staff review of this metric under the CHIPRA grant, it is strongly recommended that it be a hybrid metric requiring administrative data as well as chart review. Administrative analysis appears to show important data elements as under reported.
76	Developmental screening by 36 months	The % of children with documentation that they were screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding their first, second or third birthday.	Admin Data	NQF # 1448. CHIPRA	Children in denominator who had a claim with CPT code 96110 by their birthday in the measurement year.	The children who turn 1, 2, or 3 years of age of the measurement year and were covered by Medicaid/CHIP program continuously for 12 months between last birthdate and this birthdate, regardless if they had a medical/clinic visit or not in the measurement year.	Cannot verify tools used. Note continuous enrollment specified in denominator.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/notes
278	Colorectal cancer screening	% of individuals 50-75 years of age who had appropriate screening for colorectal cancer.	Admin Data	HEDIS.	Individual who had an appropriate screening if a submitted enc/claim contains appropriate CPT code (see list in HEDIS manual)	All eligible members meeting enrollment criteria and age 50-75 during measurement year.	Continuous enrollment for measurement year and prior year. No more than one gap of up to 45 days.
261	Optimal diabetes use (D5)	Patients meeting all five goals: BL less than 140/90 LDL less than 100 mg/dl A1c is less than 8% Tobacco-free Take aspirin	hybrid: admin data and chart review	HEDIS. Partial CMS Adult Quality Measure.	Individuals ages 18 to 75 with diabetes who met all five D% goals.	Individuals ages 18 to 75 with diabetes who have at least 2 visits for this diagnosis in the last two years with one visit in the last 12 months.	

Pending Candidate Measures:

New access measures – bring suggested measures to meeting #4

CAHPS satisfaction measures – Committee proposed new composite combining 7 CAHPS questions, but would like staff to talk to the Exchange about them aligning with us before making any final decisions.

Adolescent and pediatric well-child care – Bob and R.J. are going to propose alternate measures.

Payment measures from Catalyst for Payment Reform

Candidate Measures Dropped:

#93 – percentage of adults with a chronic disease w/any outpatient visit in past year

#265 – percentage of adults 65+ who have an advance care plan

#135 – ratio of primary care spending to specialty and hospital spending over time