

Oregon Metrics and Scoring Committee

Minutes

October 10, 2012

Sheraton Airport Hotel

Cascade Rooms A & B

Portland, OR 97220

8:00 – 1:30 p.m.

Item

Welcome

Committee members present: Gloria Coronado, Robert Dannenhoffer, R.J. Gillespie, Phil Greenhill, Bob Joondeph, David Labby, Jeff Luck, Jeanine Rodriguez. Excused: Maggie Bennington-Davis.

Consultants present (by phone): Michael Bailit, Kate Bazinsky (Bailit Health Purchasing).

OHA Staff: Tina Edlund, Chief of Policy; Carole Romm, Accountability and Quality; Sarah Bartelmann, Project Manager; Ari Ettinger, Assistant to the Health Policy Board; Kelly Ballas, Chief Financial Officer, Melissa Hanks, OHA.

Consent Agenda

The Committee approved the September 25th minutes.

Review requirements for incentive measures / Continue discussion on candidate measures

Michael Bailit provided a refresher on the requirements for incentive measures and the Committee's charge, and an overview of the current measures under consideration ("candidate measures") by domain. The handout "Requirements for Incentive Measures" can be found in the meeting materials online at: <http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121010.pdf>.

The Committee then discussed the pending candidate measures and came to agreement on the following set of 15 incentive measures:

1. CAHPs Composite (7Qs)
2. Rate of PCPCH enrollment
3. ED Utilization (HEDIS)
4. Initiation and Engagement of Alcohol and Drug Treatment
5. Follow-up after hospitalization for mental illness
6. Composite measure: mental health and physical health assessment for children in DHS custody
7. Screening for clinical depression and follow-up plan
8. Reducing elective delivery before 39 weeks
9. Prenatal care initiated in the first trimester
10. Developmental screening by 36 months (hybrid)
11. Colorectal Cancer Screening (hybrid)
12. Alcohol and Drug misuse, screening, brief intervention and referral for treatment (SBIRT)
13. Optimal Diabetes Care (D3)
14. Controlling Hypertension
15. Adolescent Well-Care visits

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Select EHR/Meaningful Use measures

Michael Bailit presented a set of EHR and Meaningful use candidate measures for the Committee's consideration. The Committee selected a composite consisting of three EHR measures:

- Eligible Professional Meaningful Use Core Measure #2: Implement drug-drug and drug-allergy interaction checks (The EP has enabled this functionality for the entire EHR reporting period).
- Eligible Professional Meaningful Use Core Measure #4: Generate and transmit permissible prescriptions electronically (eRx) (>40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology).
- Eligible Professional Meaningful Use Core Measure #5: Active Medication List: >80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

OHA staff will connect with CMS for more information on benchmarks for this measure and bring the information back to the next Committee meeting.

Write-In Candidate Measures

Several organizations responded to the Committee's invitation at the September 25th meeting to propose additional measures for consideration. Proposed measures include:

- Pharmacotherapy management of COPD exacerbation
- Use of spirometry testing in the assessment and diagnosis of COPD
- Asthma medication management
- Asthma planned care visits, smoking cessation, flu shots, urgent care visits, and ER visits.
- Number of enrollees on anti-psychotic medications receiving an annual PCP visit
- Antidepressant medication management:
 - Follow up care for children newly prescribed ADHD
 - % of members diagnosed with a new episode of major depression and treated with antidepressant medication and who remained on treatment.
- Immunizations

The Committee agreed that these are important measures to include in the overall measurement framework for CCOs, but that they would not be added to the set of incentive measures. The Committee recommended that these measures be considered in future discussions on the overall measure framework.

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Status check regarding measure distribution across required domains

The Committee agreed that the set of 16 measures covers all required domains.

Review availability of baseline/benchmark data for proposed measures

Michael Bailit provided an overview of improvement and performance targets and asked the Committee to consider appropriate methods for determining targets for each incentive measure. The Committee agreed that it is appropriate to treat measures differently and use varying methodologies to come up with improvement and performance targets. One option considered was the Minnesota Quality Improvement Payment system. Additional details about the MN methodology are available online at: <http://www.health.state.mn.us/healthreform/measurement/QIPReport051012final.pdf>

The Committee considered improvement and performance targets for each of the incentive measures and requested that Michael Bailit and OHA staff construct recommended methodologies for improvement and performance targets for each incentive measure before the next meeting. Existing baseline and benchmark data on candidate measures can be found in the meeting materials available online at: <http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121010.pdf>.

Review of incentive program framework

Tina Edlund gave a high-level overview of the incentive program framework and CMS' and the Governor's expectations. The quality pool will have to operate within the parameters in the waiver, and:

- Oregon has committed to keeping Medicaid expenditures below trend on a pmpm basis—the agreement translates to 4.4% from this year to next - the Quality Pool must exist under this ceiling.
- The entire pool is at risk and will be paid out each year.

Robert Dannenhoffer proposed designating half the available funds for trend increases CCOs cannot control and the other half for bonuses. All CCOs would see some increase in funds, although the amount would depend on performance on the incentive measures.

OHA will work with CMS to design how the quality pool works and ensure that the proposed structure complies with rules for federal financial participation. OHA in consultation with Michael Bailit will design the structure of the quality pool and bring an outline back to the Committee for comment.

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Next steps and wrap up

Michael Bailit and OHA will bring updated numerator and denominator statements, details on data sources, and methodology for all incentive measures to the next meeting.

Michael Bailit and OHA will send out suggestions for improvement and performance target methodology for the Committee's consideration on Friday, October 12th.

OHA will provide a document or graphic that lays out the measurement and incentive payment timelines for the next meeting.

Public Testimony

The Committee heard public testimony from Andy Smith, Oregon Association of Community Mental Health Programs. Andy asked that the Committee consider two additional measures: tobacco use, particularly for people with mental health and/or substance abuse issues, and addressing behavioral health through the EHR measures.

Adjourn

Next Meetings:

October 16th – 8:30 a.m. – 11:30 a.m.
By phone.

October 22nd – 1 p.m. – 4 p.m.
Clackamas Community College
29353 SW Town Center Loop E
Wilsonville, OR97070