
Metrics & Scoring Committee

October 17, 2014

The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

Oregon
Health
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Consent Agenda

Updates

- Child & Family Wellbeing Measures Workgroup
- Hospital Transformation Performance Program
www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx
- October 2014 progress reports
- Metrics Technical Advisory Workgroup (TAG) /
2015 measure specifications

In August

The Committee made the following changes to the CCO incentive measure set for CY 2015:

Drop

- Early Elective Delivery
- Follow Up Care for Children Prescribed ADHD Medications

Add

- Sealants on Permanent Molars for Children
- Effective Contraceptive Use
- Tobacco Use Prevalence

In August cont.

The Committee also made the following changes to the CCO incentive measure set for CY 2015:

Modify

- Expand the age range for SBIRT from 18+ to 12+.
- Include services occurring on day of discharge for Follow Up After Hospitalization for Mental Illness.
- Add dental assessments to DHS Custody.
- Use benchmark and improvement target methodology for Colorectal Cancer Screening.

Tobacco Measure Selection

August Meeting Recap

- The Committee considered the proposed measure “rate of tobacco use among members”.
- Committee members and public guests voted on the short list of measures

Measures	Committee Votes	Public Votes
Rate of tobacco use among members	7	6

- The Committee adopted this measure for CY 2015.

Since August... lots of discussion

- Questions:
 - Is this measure the right one?
 - Are CCOs ready for an outcome measure?
 - What can CCOs (and providers) do to affect tobacco use prevalence?
 - And more...
- Several alternative measures have been proposed.

Tobacco Measure Options for 2015

Measure	Data Source
Rate of tobacco use among members <i>(prevalence)</i>	CAHPS
Medical assistance with tobacco use cessation <i>(percentage of adult tobacco users advised to quit by their doctor)</i>	CAHPS
CCO cessation benefit design <i>(CCO benefit compared to a recommended benefit)</i>	TBD
No tobacco measure – drop for 2015.	

OHA staff recommendation

Keep rate of tobacco use among adult members as the CCO incentive measure for 2015.

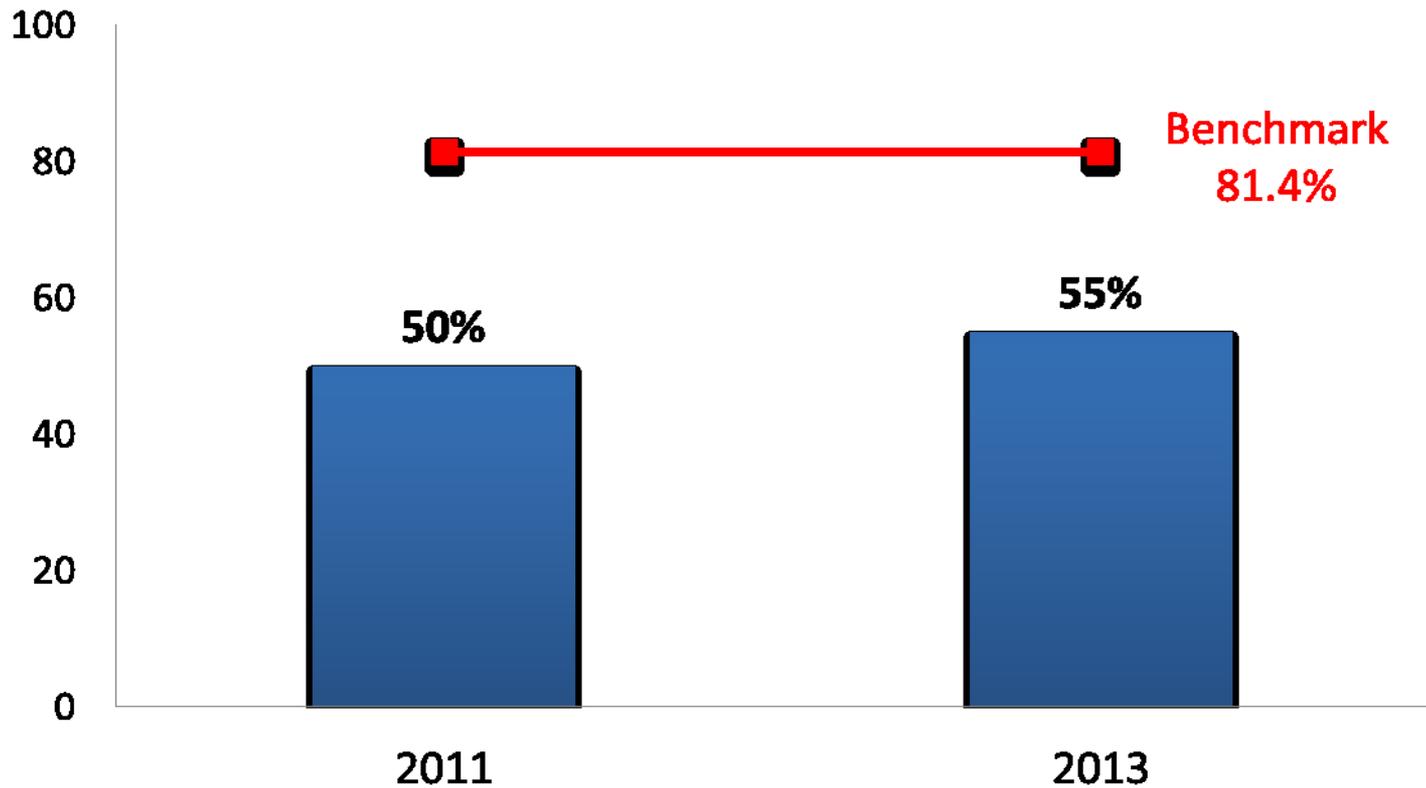
If Committee believes CCOs are not ready for an outcome measure at this time, postpone this measure until 2016:

- No tobacco measure in 2015.
- Use CY 2014 as the baseline for 2016: CCOs will have two year period to affect tobacco use prevalence.

Tobacco use among Medicaid, by CCO

CCO	2013 prevalence	CCO	2013 prevalence
AllCare	34%	PacificSource – Central	33%
Cascade	40%	PacificSource – Gorge	35%
Columbia Pacific	47%	PrimaryHealth	36%
Eastern Oregon	39%	Trillium	36%
FamilyCare	35%	Umpqua	38%
Health Share	34%	WOAH	45%
IHN	40%	WVCH	28%
Jackson	33%	Yamhill	40%
Fee For Service	28%		

Adult tobacco users advised to quit by their doctor



Public Testimony

Tobacco Measure Selection: Decision

2015 Benchmarks & Improvement Targets



Guiding Principle

- Adopt NCQA service year 2013 benchmarks, reported in 2014 (“2014 National Medicaid”) for all measures where applicable.
- Keep “Minnesota Method” for improvement targets.

Adolescent Well Care Visits

	2013	2014
Benchmark	53.2%	57.6%
	2011 National Medicaid 75 th percentile, admin data only	2013 National Medicaid 75 th percentile, admin data only
Improvement Target	Basic formula with 3 percentage point floor	Basic formula with 3 percentage point floor
State Performance	29.2%	29.5% <i>June 2013 – May 2014</i>

Recommendation:

Update benchmark to 2014 National Medicaid 75th percentile (administrative data only): **TBD**

Alcohol and Drug Misuse (SBIRT)

	2013	2014
Benchmark	13% Committee consensus	13% Committee consensus
Improvement Target	Basic formula with 3 percentage point floor	Basic formula with 3 percentage point floor
State Performance	2.0%	4.4% <i>June 2013 – May 2014</i>

Alcohol and Drug Misuse (SBIRT)

Recommendation from Metrics TAG:

Update benchmark to accommodate inclusion of adolescents (percentage of population, adolescent substance use)

Weighted benchmark: 12%

Ambulatory Care: ED Utilization

	2013	2014
Benchmark	44.4/1,000 member months 2011 National Medicaid 90 th percentile	44.6 /1,000 member months 2013 National Medicaid 90 th percentile
Improvement Target	Basic formula	Basic formula
State Performance	50.5/1,000 member months	48.8/1,000 member months <i>June 2013 – May 2014</i>

Recommendation:

Update benchmark to 2014 National Medicaid 90th percentile:
39.4/ 1,000 member months

CAHPS Composite: Access to Care

	2013	2014
Benchmark	87% Average of the 2012 National Medicaid 75 th percentiles for adult and child rates	88% Average of the 2013 National Medicaid 75 th percentiles for adult and child rates
Improvement Target	Basic formula with 2 percentage point floor	Basic formula with 2 percentage point floor
State Performance	83.6%	TBD

Recommendation:

Update benchmark to 2014 National Medicaid 75th percentile:

88.1%

CAHPS Composite: Satisfaction with Care

	2013	2014
Benchmark	84%	88%
	Average of the 2012 National Medicaid 75 th percentiles for adult and child rates	Average of the 2013 National Medicaid 75 th percentiles for adult and child rates
Improvement Target	Basic formula with 2 percentage point floor	Basic formula with 2 percentage point floor
State Performance	83.1%	TBD

Recommendation:

Update benchmark to 2014 National Medicaid 75th percentile:

89.9%

Colorectal Cancer Screening

	2013	2014
Benchmark	N/A – improvement target only.	47% Committee consensus
Improvement Target	3 percent improvement	N/A – benchmark only.
State Performance	11.4/1,000 member months	TBD

Recommendation:

Keep benchmark at 47%; revisit in Q2 2015, when 2014 data from chart review is available.

Controlling Hypertension

	2013	2014
Benchmark	N/A – pay for reporting	N/A – pay for reporting
Improvement Target	N/A	N/A

State performance

2013 Statewide Chart Review	55.3%
Year One Proof of Concept Data (range, depending on measurement period)	39.9 – 65.9%

Controlling Hypertension

Recommendation:

Adopt the 2014 National Medicaid 75th percentile: 64%

Percentile	50 th	75 th	90 th
2014 National	56%	64%	68%

Revisit in Q2 2015 after year two data submission.

Dental Sealants on Permanent Molars

Benchmark options include:

Source	6-9 year olds	10-14 year olds
Healthy People 2020 <i>Dental Workgroup recommendation</i>	28.1%	21.9%
CMS National Oral Health Goal	10% increase over baseline	
EPSDT for FFY 13 Data		
<ul style="list-style-type: none"> National Rate 	15.5%	11.8%
<ul style="list-style-type: none"> Highest performers 	25.1% (MA)	24.6% (KS)
<ul style="list-style-type: none"> Oregon* <i>When OHA calculates at CCO level, 1-2 percentage points higher</i> 	13.4%	10.4%

Dental Sealants on Permanent Molars

Decision: Incentive is tied to...

- CCO performance on both rates (i.e., must meet benchmark or improvement target for both ages to earn quality pool); or
- CCO performance on composite rate (i.e., must meet benchmark or improvement target for average of both age groups); or
- Only one age group is incentivized.

Depression Screening & Follow Up Plan

	2013	2014
Benchmark	N/A – pay for reporting	25% Committee consensus
Improvement Target	N/A	N/A – benchmark only.

Recommendation:

Keep benchmark at 25%; revisit in Q2 2015 when year two data are available.

Developmental Screening

	2013	2014
Benchmark	50% Committee consensus	50% Committee consensus
Improvement Target	Basic formula	Basic formula
State Performance	33.1%	34.7% <i>June 2013 – May 2014</i>

Developmental Screening

Recommendation:

- Keep benchmark at 50%; revisit in Q2 2015, when final 2014 data is available.
- Modify improvement target by adding 3 percentage point floor.
- Require improvement target for any CCOs above the benchmark of 50% (e.g., even if CCO is above the benchmark, must demonstrate improvement over their own 2014 rate to earn quality pool dollars).

Diabetes: HbA1c Poor Control

	2013	2014
Benchmark	N/A – pay for reporting	34% 2013 National Medicaid 75 th percentile
Improvement Target	N/A	N/A – benchmark only.

Recommendation:

Update to 2014 National Medicaid 75th percentile: 34%

No change in national data.

Effective Contraceptive Use

Benchmark Options Include:

Source	Benchmark
CMS Maternal & Infant Health Initiative	15% increase over baseline
<p>OHA recommendation</p> <p><i>Based on proportion of women in eligible age group estimated to be at risk of unintended pregnancy, and the proportion of women using most effective or moderately effective methods of contraception.</i></p>	60%

Electronic Health Record Adoption

	2013	2014
Benchmark	49.2%	72%
	Federal benchmark for EHR adoption by 2014	Committee consensus, based on highest performing CCO in July 2013.
Improvement Target	Basic method with 3 percentage point floor	Basic method with 3 percentage point floor
State Performance	59.0%	63.5% as of Sept 2014

Electronic Health Record Adoption

Benchmark Options

- Keep 2014 benchmark of 72%.
- Increase benchmark to 80%.
- Require that CCOs currently at or above the benchmark meet an improvement target to earn quality pool dollars.

Follow Up After Hospitalization for Mental Illness

	2013	2014
Benchmark	68%	68.8%
	2012 National Medicaid 90 th percentile	2013 National Medicaid 90 th percentile
Improvement Target	Basic method with 3 percentage point floor	Basic method with 3 percentage point floor
State Performance	67.6%	68.3% <i>June 2013 – May 2014</i>

Recommendation:

Update to 2014 National Medicaid 90th percentile: 70%

Mental, Physical, and Dental Health Assessments for Children in DHS Custody

	2013	2014
Benchmark	90%	90%
	Committee consensus	Committee consensus
Improvement Target	Basic method with 3 percentage point floor	Basic method with 3 percentage point floor
State Performance	63.5%	66.1% <i>Oct 2013 – March 2014</i>

Mental, Physical, and Dental Health Assessments for Children in DHS Custody

Benchmark Options

- No change to current benchmark – keep 90% as goal / aspirational benchmark despite addition of dental health assessments.
- Adjust benchmark to accommodate inclusion of dental health assessments.
 - EPSDT reporting for FFY 13 shows 40.7% of Medicaid children ages 1-20 received dental diagnostic services.

Patient Centered Primary Care Home Enrollment

	2013	2014
Goal	100% of members enrolled in a Tier 3 PCPCH	100% of members enrolled in a Tier 3 PCPCH
Improvement Target	N/A	N/A
State Performance	78.6%	79.3% <i>As of Sept 2014</i>

Recommendation:

No changes for 2015.

Timeliness of Prenatal Care

	2013	2014
Goal	69.4%	90%
	2012 National Medicaid 75 th percentile, admin data only	2013 National Medicaid 75 th percentile
Improvement Target	Basic method	Basic method
State Performance	67.3%	TBD

Recommendation:

Update to 2014 National Medicaid 75th percentile: 90%

No change in data.

Tobacco Measure

If selecting prevalence measure:

Source	Benchmark
Oregon's 1115 demonstration waiver goal	25.0%
Oregon's Healthy Future <i>Not Medicaid specific</i>	<15%
Healthy People 2020 <i>Not Medicaid specific</i>	<12%

If selecting cessation measure:

Source	Benchmark
2014 National Medicaid 90 th percentile	81%

2015 Challenge Pool Measures

2015 Challenge Pool

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

Does the Committee wish to select different challenge pool measures for 2015, or keep the current ones?

Upcoming Meetings

2014 Meetings	Proposed Agenda
December 19	Hold for outstanding issues from Oct; potentially cancel?

2015 Meetings	Proposed Agenda
Jan or Feb	Review 2014 progress data
April	Presentations on topics of interest / learn more about on-deck measures
May	Additional presentations on topics of interest if needed
Late June	2014 final performance / quality pool Revisit 2015 benchmarks as needed
July	Begin 2016 measure selection 2016 stakeholder survey results
August	Finish 2016 measure selection
October	2016 benchmark setting