

Oregon Metrics and Scoring Committee

AGENDA

October 22, 2012

1:00 p.m. – 4:00 p.m.

Clackamas Community College

29353 SW Town Center Loop E

Wilsonville, OR 97070

Public Listen-Only Conference Line: Dial: 1-877-581-9247; participant code: 604851

#	Time	Item	Presenter	Action Item
1	1:00	Welcome and agenda review	Bob Dannenhoffer	
2	1:10	Consent agenda: October 10 th minutes	Bob Dannenhoffer	X
3	1:15	Review updated measure specifications	Michael Bailit	
4	1:30	Continue setting performance and improvement targets	Michael Bailit	X
5	2:30	Continue discussing questions to inform quality pool operation: <ul style="list-style-type: none">• Modeling for distribution of funds• Options for distributing 'left over' funds• Algorithm design	Michael Bailit	
6	3:30	Next steps and wrap up	Bob Dannenhoffer Tina Edlund	
7	3:45	Public testimony	Bob Dannenhoffer	

Next Meeting:
TBD

Oregon Metrics and Scoring Committee

Minutes

October 16, 2012

By phone

8:30 – 11:30 a.m.

Item
<p>Welcome</p> <p>Committee members present: Maggie Bennington-Davis, Gloria Coronado, Robert Dannenhoffer, R.J. Gillespie, Phil Greenhill, Bob Joondeph, David Labby, Jeff Luck, Jeanine Rodriguez.</p> <p>Consultants present: Michael Bailit, Kate Bazinsky (Bailit Health Purchasing).</p> <p>OHA Staff: Tina Edlund, Chief of Policy; Carole Romm, Accountability and Quality; Sarah Bartelmann, Project Manager; Ari Ettinger, Assistant to the Health Policy Board.</p>
<p>Consent Agenda</p> <p>The Committee approved the October 10th minutes.</p>
<p>Review final incentive measure set with modifications</p> <p>Michael Bailit provided a brief summary of the incentive measures that Committee identified at the meeting on the 10th and noted that staff will provide updated specifications for these measures at the meeting on the 22nd. Michael suggested grouping measures by topic area in future documentation.</p> <p>The incentive measure set with modifications is available in the meeting materials online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121016.pdf</p>
<p>Discuss recommendations for performance and improvement targets</p> <p>The Committee discussed methodologies for setting performance and improvement targets for the selected incentive measures. The suggested methodology for defining improvement and performance target is available in the meeting materials online at: http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121016.pdf</p> <p>Michael Bailit introduced an alternate methodology for setting improvement targets for measures where external benchmarks are available: a tiered approach that would require different levels of improvement based on a CCO's individual baseline. Lower performers would be required to improve at a greater rate compared to higher performers.</p> <p>The Committee agreed that when performance and improvement targets are communicated to the CCOs that the performance targets will be based on most recently available NCQA benchmark data, rather than updated data that might become available during the measurement year.</p> <p>Tina Edlund clarified that any alternative methodology identified for incentive measures will need to be</p>

Oregon Metrics and Scoring Committee

Minutes

October 16, 2012

By phone

8:30 – 11:30 a.m.

approved by CMS and any chart review that varies from established processes will need to be reviewed by Acumentra.

Review questions to inform quality pool operation

Michael Bailit presented a series of questions on the structural elements on the incentive pool for the Committee to discuss. Michael's presentation is available in the meeting materials online at:

<http://www.oregon.gov/oha/Documents/MetricsScoringCommitteeMaterials121016.pdf>

Next steps and wrap up

OHA will provide baseline data broken out by predecessor organizations (MCOs and MHOs) where available for the next meeting.

Michael and OHA will provide some modeling for allocating funds to CCOs based on member months.

Robert Dannenhoffer asked Committee members to weigh in on the remaining questions and algorithm design over email – these messages will be posted publically with the Committee materials. OHA will send out rules on public discussion.

Adjourn

Next Meetings:

October 22nd – 1 p.m. – 4 p.m.
Clackamas Community College
29353 SW Town Center Loop E
Wilsonville, OR 97070

**Summary of M&S Committee Agreed Upon Targets for Incentive Measures
October 22, 2012**

Final Measure Set	Improvement Target	Performance Target	Notes
ED Utilization (HEDIS)	MN method with 3% floor	Medicaid 90 th percentile <i>2011 Medicaid 90th percentile: 44.4</i>	See baseline handout for predecessor organization data.
Initiation and Engagement of Alcohol and Drug Treatment	MN method with 3% floor Initiation baseline: 28% Engagement baseline: 13% Average: 20.5	Average of the Medicaid 75 th percentiles for the two rates <i>2011 Medicaid Initiation 75th percentile: 48.84%</i> <i>2011 Medicaid Engagement 75th percentile: 20.52%</i> <i>Average 75th percentile: 34.68</i>	See baseline handout for predecessor organization data.
Follow-up after hospitalization for mental illness	MN method with 3% floor <i>Baseline: 51%</i>	Medicaid 90 th percentile <i>2012 Medicaid 90th percentile: 68%</i>	See baseline handout for predecessor organization (MHO) data.
Bundled measure: mental health and physical health assessment for children in DHS custody	MN method with 3% floor <i>Baseline for MH: 58%</i> <i>Baseline for PH: feasible but not currently available</i>	90% or above (state goal)	Baseline data by plan feasible but will not be available prior to the end of the 120 period.
Reducing elective delivery before 39 weeks	MN method with 1% floor	5% or below	Baseline data by plan feasible but will not be available prior to the end of the 120 period.

Final Measure Set	Improvement Target	Performance Target	Notes
Prenatal care initiated in the first trimester (hybrid approach)	MN method with 3% floor <i>Baseline: 30.4% (admin data)</i>	Medicaid 75 th percentile <i>2012 Medicaid benchmark data 75th percentile: 89%</i>	See baseline handout for predecessor organization data.
Developmental screening by 36 months (hybrid or claims-based data) Agreed to measure using claims-based data for year one and in year 2 move to hybrid collection.	5% over baseline <i>Baseline: 19.6% using admin data only.</i>	50% <i>National survey for children's health indicates a range of 9%-52%. 52% was the highest performing state.</i>	See baseline handout for predecessor organization data.
Alcohol and Drug misuse, screening, brief intervention, and referral for treatment (SBIRT)	No improvement target for year one set.	20%	Assume baseline is zero. Info from MO: All of their Section 2703 health home sites are doing SBIRT screening. They have embedded the initial screen in their EMR and do the subsequent assessment and interventions using a web-based tool that collects guides the interviews and collects data that is pushed back to the EMR if desired. They also added the PHQ-2 depression screen.

Final Measure Set	Improvement Target	Performance Target	Notes
Optimal diabetes care (D3)	No improvement target for year one set.	20% <i>Mean for D5 in MN in 2009 was 28% for total population</i>	Baseline information for individual CCOs on two of the three components may be feasible but not yet available.
Controlling hypertension	No improvement target for year one set.	75 th percentile 2012 Medicaid Benchmark 75 th percentile: 60%	No baseline information available.
Adolescent well care visits	MN method with 3% floor <i>Baseline: 26.7%</i>	Recommend 75 th percentile <i>2011 Medicaid data 75th percentile: 56.93%</i>	See baseline handout for predecessor organization data.

Measures that Require Additional Discussion on Improvement and Performance Targets

Final Measure Set	OHA Recommendation	Improvement Target	Performance Target	Notes
CAHPS Composite (7Qs)	OHA will present alternative to the 7 questions composite.	MN method with 3% floor;	Medicaid 75 th percentile	See baseline handout for predecessor organization (MCO) data.
<p>Rate of PCPCH enrollment:</p> <p>As of the last day of the measurement period, by percent of enrollees in each level</p> <p>Numerator: Number of enrollees in tier 3 x3 Number of enrollees in tier 2 x2 Number of enrollees in tier 1 x1 Sum and divide by</p> <p>Denominator: number of enrollees times three</p>	OHA recommends no improvement target for year one.	OHA recommends no improvement target for year one.	<p>.8 or above</p> <p>Or</p> <p>75% in tier 3 12.5% in tier 2 12.5% in tier 1</p> <p>Or</p> <p>50% in tier 3 25% in tier 2 25% in tier 1</p> <p>Or</p> <p>33.3% in tier 3 33.3% in tier 2 33.3% in tier 1</p>	Baseline data feasible but will not be available prior to the end of the 120 period.

Final Measure Set	OHA Recommendation	Improvement Target	Performance Target	Notes
Colorectal cancer screening (hybrid)	OHA recommends adopting the improvement and performance targets as written.	MN method with 3% floor <i>Baseline: 30.5% (using admin data only)</i>	64.34% or above <i>2012 Commercial data, unadjusted 75th percentile: 65.76%</i> <i>Adjustment factor:4.42</i> <i>Adjusted 75th percentile: 61.34%</i>	See baseline handout for predecessor organization (MCO) data (HEDIS). The Star Methodology uses the NCQA 2012 HEDIS specifications. See separate document for adjustment factor calculation.
Screening for clinical depression and follow-up plan	OHA recommends data reporting only for year one.	No improvement target for year one set.	90% or above <i>CMS 2010 PQRI data: 71.4% of Eligible Professionals had at least a 90% Performance Rate</i>	Collect baseline data in year one.
EHR composite (3Qs)	TBD			Waiting for benchmark data from CMS.

Requested baseline data by plan for selected incentive measures

	HEDIS - ADOLESCENT WELL CARE VISITS CY2010	HEDIS - COLECTORAL CANCER SCREENING CY2010	HEDIS - Prenatal Care CY 2010	HEDIS - 36 month Developmental Screening rates (CPT: 96110) CY 2011	HEDIS - ER Visits not resulting in an Inpatient Stay ER Visits-No Mental Health Diagnosis CY 2011
Recipient Health Plan	Percent of All Recipients Meeting	Percent of All Recipients Meeting	% with care in 1st trimester or w/in 42 days of enrollment	Screening Rate	Per 1000 Member Months
MCO 1	27.5%	31.6%	37.9%	16.2%	59.2
MCO 2	22.2%	24.6%	29.0%	61.5%	36.2
MCO 3	29.3%	30.9%		19.6%	133.4
MCO 4	25.3%	27.3%	37.6%		
MCO 5	19.6%	34.5%	28.7%	0.3%	76.8
MCO 6	30.1%	30.2%	27.6%	21.3%	52.6
MCO 7	25.1%	27.2%	21.7%	30.8%	44.9
MCO 8	24.3%	36.9%	40.5%	13.3%	50.8
MCO 9	34.2%	68.2%	22.3%	0.1%	37.4
MCO 10	24.1%	31.4%	18.6%	17.7%	50.1
MCO 11	26.1%	28.6%	28.4%	18.7%	46.2
MCO 12	24.2%	31.7%	39.3%	20.2%	50.0
MCO 13	22.4%	19.0%	30.4%	7.3%	63.0
MCO 14	25.7%	27.9%	20.5%	69.5%	46.5
MCO 15	24.1%	26.3%	60.0%	1.2%	
MCO 16	29.7%	31.0%	37.5%	14.3%	49.3
MCO 17	30.0%	35.1%	34.4%	35.6%	44.6
FEE-FOR-SERVICE	27.6%	27.1%	21.8%	11.0%	44.0
Totals:	26.7%	30.5%	30.4%	19.6%	52.6

Follow-up after hospitalization for mental illness

Seen within 7 days with any type of MH service	
MHO 1	70.6%
MHO 2	48.7%
MHO 3	34.6%
MHO 4	52.1%
MHO 5	44.9%
MHO 6	50.8%
MHO 7	63.0%
MHO 8	47.9%
MHO 9	52.1%
MHO 10	55.2%
FFS	27.3%
Total	51.2%

Child Medicaid 4.0 Trending

State of Oregon

Getting Care Quickly for a Child Composite Combines responses from two questions regarding how often consumers received various types of care in a timely manner.

Sponsor

	Always	Usually	Never + Sometimes
2011 State of Oregon	67%	21%	13%

Plan

	Always	Usually	Never + Sometimes
2011 MCO 1	65%	21%	14%
2011 MCO 2	67%	19%	13%
2011 MCO 3	58%	22%	19%
2011 MCO 4	68%	18%	13%
2011 MCO 5	63%	26%	12%
2011 MCO 6	62%	22%	16%
2011 FFS/PCCM (Medicaid)	66%	23%	11%
2011 MCO 7	68%	18%	14%
2011 MCO 8	68%	20%	12%
2011 MCO 9	76%	17%	6%
2011 MCO 10	61%	25%	14%
2011 MCO 11	72%	19%	9%
2011 MCO 12	62%	24%	14%
2011 MCO 13	73%	18%	9%
2011 MCO 14	71%	12%	17%
2011 MCO 15	66%	25%	9%

Child Medicaid 4.0 Trending

State of Oregon

Health Plan Information and Customer Service Composite Combines responses from two questions about getting needed information and help from your health plan.

Sponsor

	Always	Usually	Never + Sometimes
2011 State of Oregon	58%	22%	19%

Plan

	Always	Usually	Never + Sometimes
2011 MCO 1	59%	19%	22%
2011 MCO 2	53%	26%	21%
2011 MCO 3	57%	24%	19%
2011 MCO 4	55%	26%	19%
2011 MCO 5	64%	20%	16%
2011 MCO 6	63%	23%	14%
2011 FFS/PCCM (Medicaid)	50%	33%	17%
2011 MCO 7	52%	23%	26%
2011 MCO 8	54%	25%	20%
2011 MCO 9	59%	22%	18%
2011 MCO 10	52%	22%	27%
2011 MCO 11	57%	20%	23%
2011 MCO 12	48%	29%	24%
2011 MCO 13	64%	16%	20%
2011 MCO 14	68%	18%	14%
2011 MCO 15	69%	18%	13%

Adult Medicaid 4.0 Trending

State of Oregon

Getting Care Quickly Composite Combines responses from two questions regarding how often consumers received various types of care in a timely manner.

Sponsor

	Always	Usually	Never + Sometimes
2011 State of Oregon	51%	28%	21%

Plan

	Always	Usually	Never + Sometimes
2011 MCO 1	49%	29%	22%
2011 MCO 2	45%	28%	26%
2011 MCO 3	47%	34%	19%
2011 MCO 4	49%	28%	23%
2011 MCO 5	50%	26%	25%
2011 MCO 6	46%	31%	23%
2011 FFS/PCCM (Medicaid)	52%	31%	17%
2011 MCO 7	50%	30%	20%
2011 MCO 8	54%	24%	21%
2011 MCO 9	53%	31%	15%
2011 MCO 10	48%	28%	25%
2011 MCO 11	53%	28%	19%
2011 MCO 12	50%	30%	20%
2011 MCO 13	54%	26%	20%
2011 MCO 14	54%	21%	25%
2011 MCO 15	56%	26%	19%

Adult Medicaid 4.0 Trending

State of Oregon

Health Plan Information and Customer Service Composite Combines responses from two questions about getting needed information and help from your health plan.

Sponsor

	Always	Usually	Never + Sometimes
2011 State of Oregon	53%	23%	24%

Plan

	Always	Usually	Never + Sometimes
2011 MCO 1	51%	26%	23%
2011 MCO 2	42%	30%	29%
2011 MCO 3	59%	22%	19%
2011 MCO 4	54%	19%	27%
2011 MCO 5	54%	27%	19%
2011 MCO 6	57%	21%	23%
2011 FFS/PCCM (Medicaid)	59%	17%	24%
2011 MCO 7	63%	15%	22%
2011 MCO 8	50%	24%	25%
2011 MCO 9	58%	19%	23%
2011 MCO 10	38%	29%	33%
2011 MCO 11	54%	25%	21%
2011 MCO 12	47%	18%	35%
2011 MCO 13	58%	21%	20%
2011 MCO 14	57%	26%	18%
2011 MCO 15	39%	33%	28%

Incentive Measures with Revised Specifications

October 22, 2012

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
n/a	Total ED Utilization	Summary of ED visits	Admin Data	HEDIS CHIPRA	Number of ED visits (multiple visits on one day are counted as one visit)	Member months per 1000	ED visits that result in hospital admission and CD/MH visits are excluded.
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	HEDIS. Benchmark available for age groups: 13-17 and 18+ CMS Adult Quality Measure.	Initiation: A CD enc/claim through inpatient admission or outpatient visit within 14 days of index date (see denominator). Engagement: Initiation of treatment and 2 or more CD enc/claims through inpatient admission or outpatient visit within 30 days of initiation enc/claim.	Individual with an CD outpatient, detox, ED, or inpatient enc/claim. 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	% of members with follow-up visit within 7 days after hospitalization	Admin Data	HEDIS. NQF #0576 CHIPRA. CMS Adult Quality Measure.	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+.	Must be enrolled for 30 days after discharge. Readmissions or transfers to other inpatient facilities for non-mental health reasons are excluded. A note on provider type: HEDIS 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.
277	Adolescent Well Child Visits	The percentage of enrolled member 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Admin Data	HEDIS CHIPRA	Received at least one comprehensive well-care visit during the measurement year	Members 12-21 years of age continuously enrolled in a specific health plan, FFS, or primary care management for the measurement year with up to one 45 day gap in enrollment allowed.	The member may not have more than a 1-month gap in coverage.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
71	Mental health and/or physical assessment for children in DHS custody	% of children who receive a mental health assessment and/or physical health assessment within 60 days of DHS custody date. <i>Committee proposed expanding this measure to include oral health screening in year two.</i>	Admin Data and Child Welfare records	None.	MH assessment (defined by agreed upon set of procedure codes) within 60 days of DHS custody date. Physical health service (to be defined) within 60 days of DHS custody date.	Children age 4+ taken into custody within a given timeframe (month, quarter or year) who remained in DHS custody for 60 days.	Children must be continuously enrolled for the 60 day follow up period.
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	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. From July 1, 2009, managed care plans receive bundled payments for prenatal, delivery and postpartum services in addition to capitation rates: a significant portion of ambulatory services may not generate a claim. Therefore, this measure could have unstable result.
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 Or Hybrid	NQF # 1448. HEDIS CHIPRA	Children in denominator who had a claim with CPT code 96110 by their birthday in the measurement year. If hybrid: OHA may accept other forms of evidence. This would need to be defined and standardized across plans.	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. Hybrid method loses national comparison benchmark.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
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 screened 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.
28	Substance abuse - SBIRT	% of members 12+ with routine visit in the measurement year screened for substance abuse and referred as necessary.	Admin Data	Follows recommendations from SAMHSA and CMS	Individuals screened using SBIRT as indicated by billing codes: H0049 or H0050.	All enrolled individuals 12+.	Modeled after depression screening except for the chart review.
278	Colorectal cancer screening	% of individuals 50-75 years of age who had appropriate screening for colorectal cancer.	Admin Data Or Hybrid	HEDIS.	Individual who had an appropriate screening if a submitted enc/claim contains appropriate CPT code (see list in HEDIS manual) Hybrid approach: One or more screenings for colorectal cancer: FOBT during measurement year; Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year; or colonoscopy during the measurement year or the nine years prior to the measurement year.	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.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
n/a	Patient-Centered Primary Care Homes	% of PCPCH members by tier.	Admin Data	None.	The number of PCPCH enrolled members by tier.	All enrolled members.	
261	Optimal diabetes use (D3)	Patients meeting all three goals: <ul style="list-style-type: none"> • BL less than 140/90 • LDL less than 100 mg/dl • A1c is less than 8% 	Hybrid: Admin Data and chart review	HEDIS. Partial CMS Adult Quality Measure (LDL-C screening and Hemoglobin A1c testing).	Individuals ages 18 to 75 with diabetes who met all three 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.	

DRAFT

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 who's 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.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
n/a	CAHPS Composite (access and satisfaction)	<p>5 Questions from the CAHPS 4.0 H Adult Questionnaire:</p> <ol style="list-style-type: none"> 1. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? 2. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers? 3. In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? 4. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed? 5. In the last 12 months, how often did your health plan's customer service give you the information or help you needed? <p>2 Questions from the CAHPS 4.0 H Child Questionnaire:</p> <ol style="list-style-type: none"> 1. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem? 2. In the last six months how often was it easy to get this treatment or counseling for your child? 					See OHA proposal.

Library #	Measure	Brief Description	Source	National Standard	Numerator	Denominator	Exclusions/Notes
n/a	EHR Composite	<ol style="list-style-type: none"> <li data-bbox="693 269 1112 537">1. 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.) <li data-bbox="693 570 1112 935">2. 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.) <li data-bbox="693 967 1112 1300">3. 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 					Pending feedback from CMS

**Oregon Metrics and Scoring Committee
October 22, 2012**

Next Steps

Next Steps	Timeline
Determine ongoing meeting schedule	By October 31 st
Review and discuss CMS decisions on Oregon's proposed incentive program	At December meeting
Review OHA access measures	January/February 2013
Feedback/Input on a CCO learning collaborative around measurement and reporting concerns	March/April 2013
Overall OHA Measurement Framework (parking lot topics): <ul style="list-style-type: none"> • Review all measures across the lifespan • Identify gaps in measurement • Measure short-term (costs) and long-term (population health) • Identify additional metrics for integration • Consider 'write-in' measures (see below) 	January – June 2013
Identify process for including dental measures	TBD
Refine incentive measures: <ul style="list-style-type: none"> • Define process for adding or retiring measures • Review year one measures and CCO performance 	2013

Parking Lot of 'Write-In' Measures:

- 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
- Immunizations
- 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.