
Possible Incentive Metrics: Public Health Recommendations

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Context

- Improve population health, improve care, lower (long-term) costs
- Address leading causes of death/illness; health disparities
- Evidence-based interventions
 - In clinic
 - In community
- Data exist/ national metrics established

Process

- Public Health Division medical epidemiologists/ evaluation experts
- Content areas: infectious disease, chronic disease, injury, maternal/ child health
- Feedback from PHD director, OHA content experts, the PHD Health Transformation Steering committee

Population Health Definitions

- Health Care Delivery (Clinic focus)
 - Panel of patients: eligible, enrolled
 - Patients with specific conditions or utilization
- Public Health (Community-wide)
 - Defined by time, place, person
 - Indicators are at community level

More Public Health Terms

- Data Sources:
 - Vital Records (birth, death)
 - Health Surveys (BRFSS, OHT)
 - ALERT (immunization registry)
- National guidelines
 - Healthy People 2020
 - Preventive Services Task Force (Community Guide, Guide to Clinical Preventive Services)

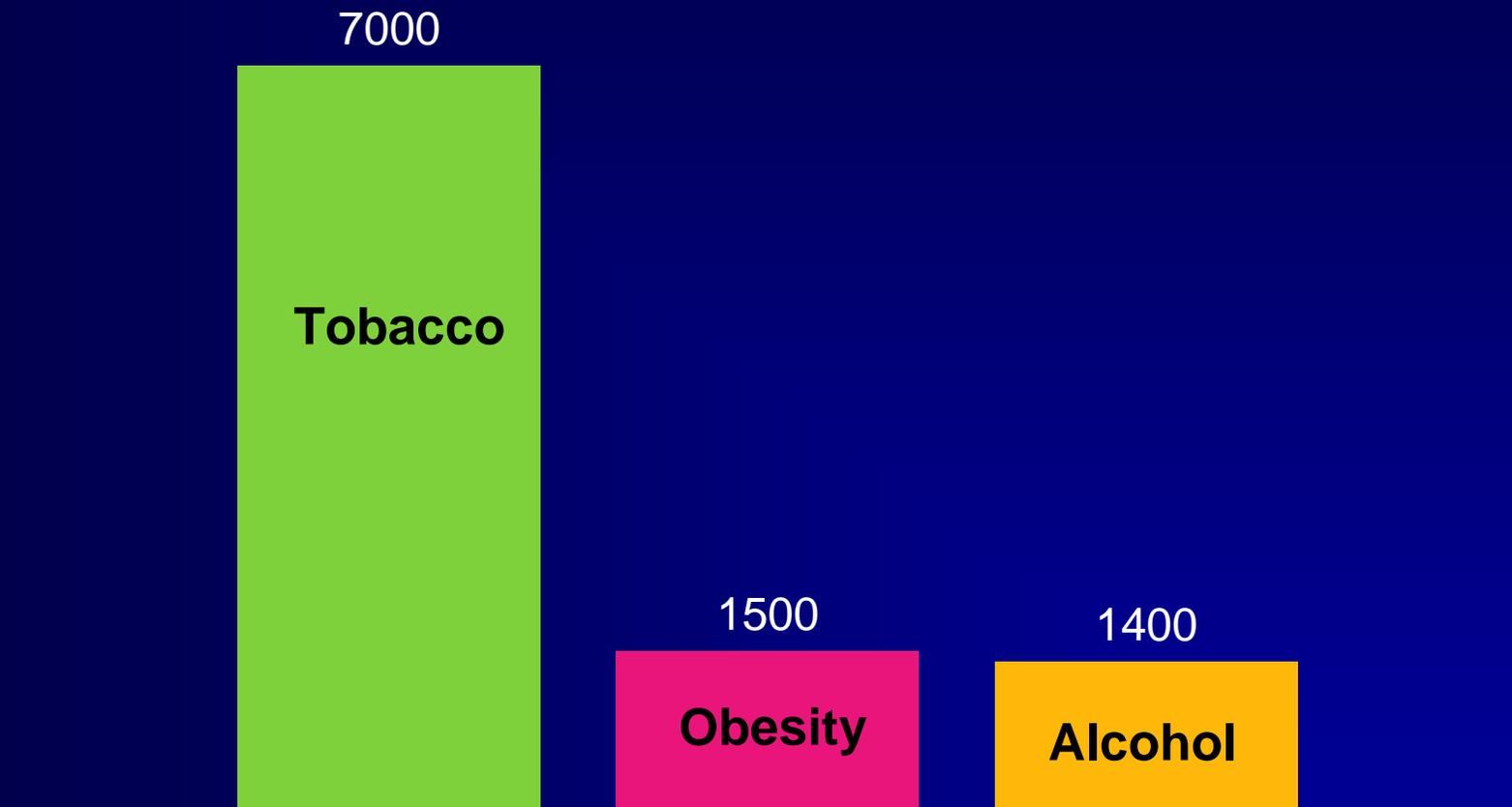
Incentive Metrics

- Tobacco Use
- Obesity
- Teen Pregnancy
- Influenza Vaccination
- HPV Vaccination
- HIV screening

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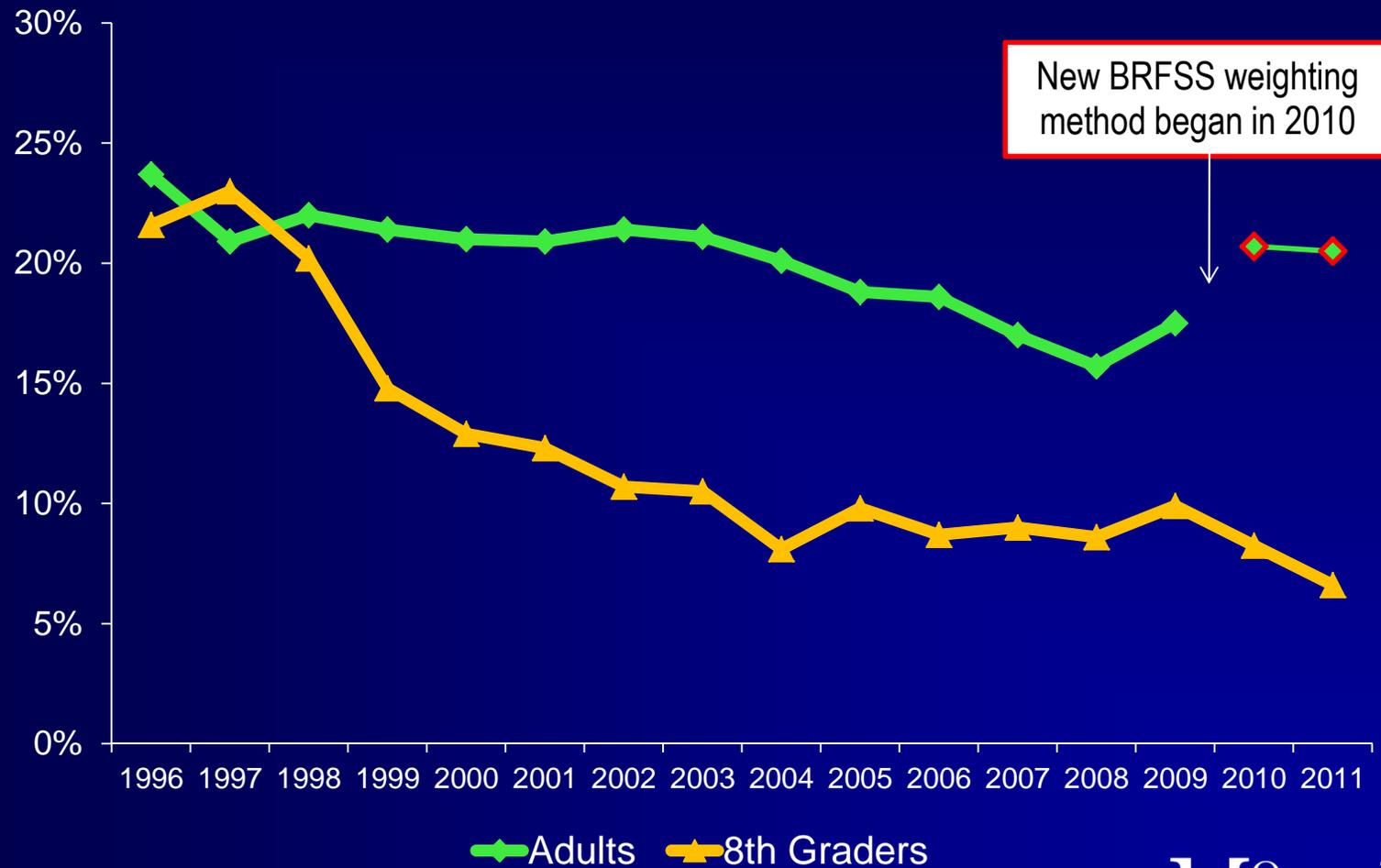
Behaviors that Kill Oregonians



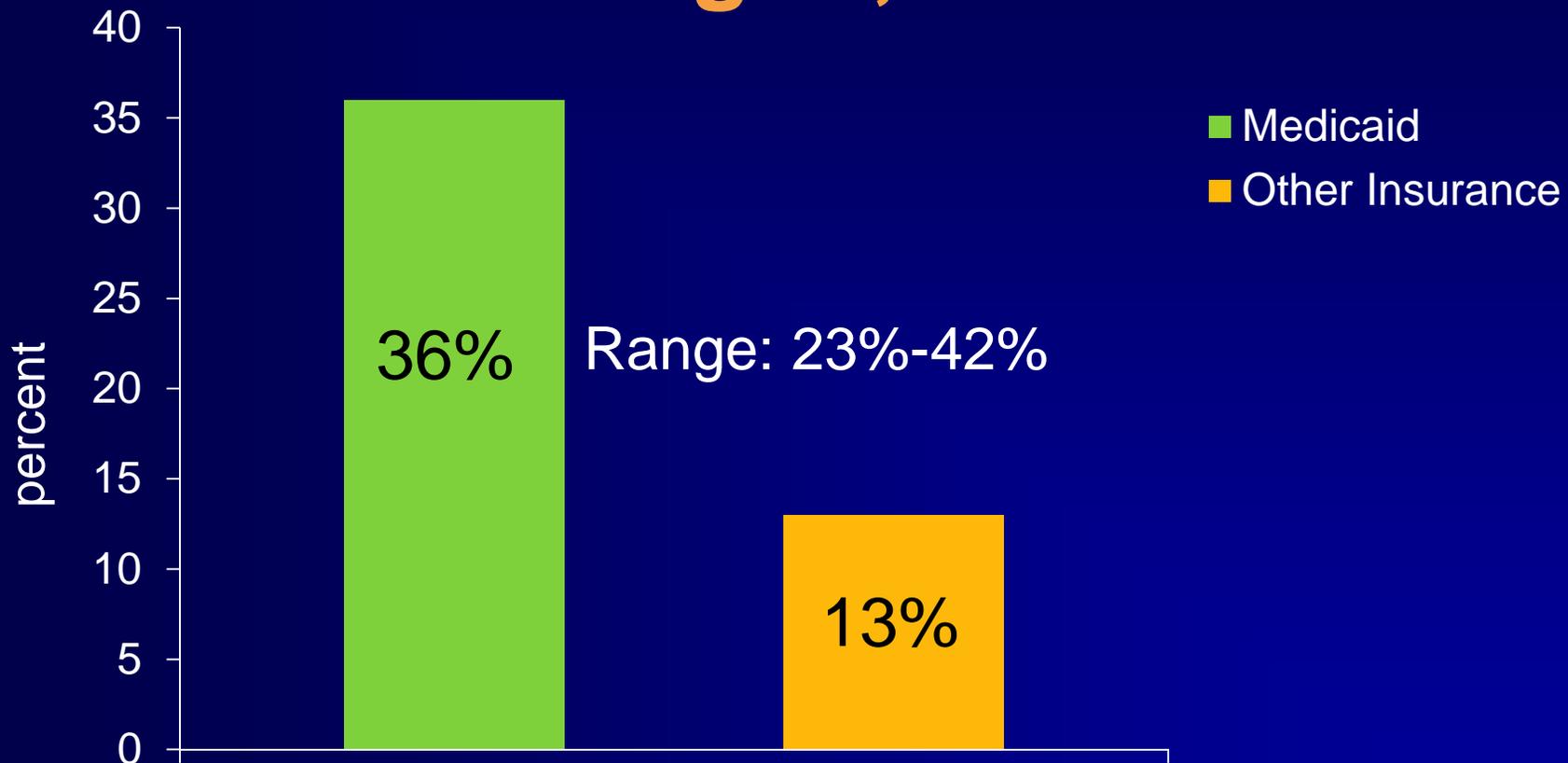
Tobacco Use Prevalence

- Metric: Percent CCO enrollees ≥ 18 years of age who report smoking
- Data source: BRFSS; CAHPS
- Benchmark:
 - HP2020--12% smoking prevalence in adults;
 - 1115 Medicaid waiver– 25% adult smoking prevalence

Cigarette smoking prevalence



Cigarette Use by Insurance Oregon, 2012



Rationale

- Medicaid patients >2.5 times more likely to smoke
- Smoking costs Oregon:
 - \$1.3 Billion overall in medical costs
 - \$374 Million for Medicaid medical costs
- Cessation is evidence-based according to US Preventive Services Task Force

Operationalization

- Assess smoking status
- Advise to quit
- Evidence-based smoking cessation Rx
- Tobacco-free campuses
- Partner with LHD tobacco control



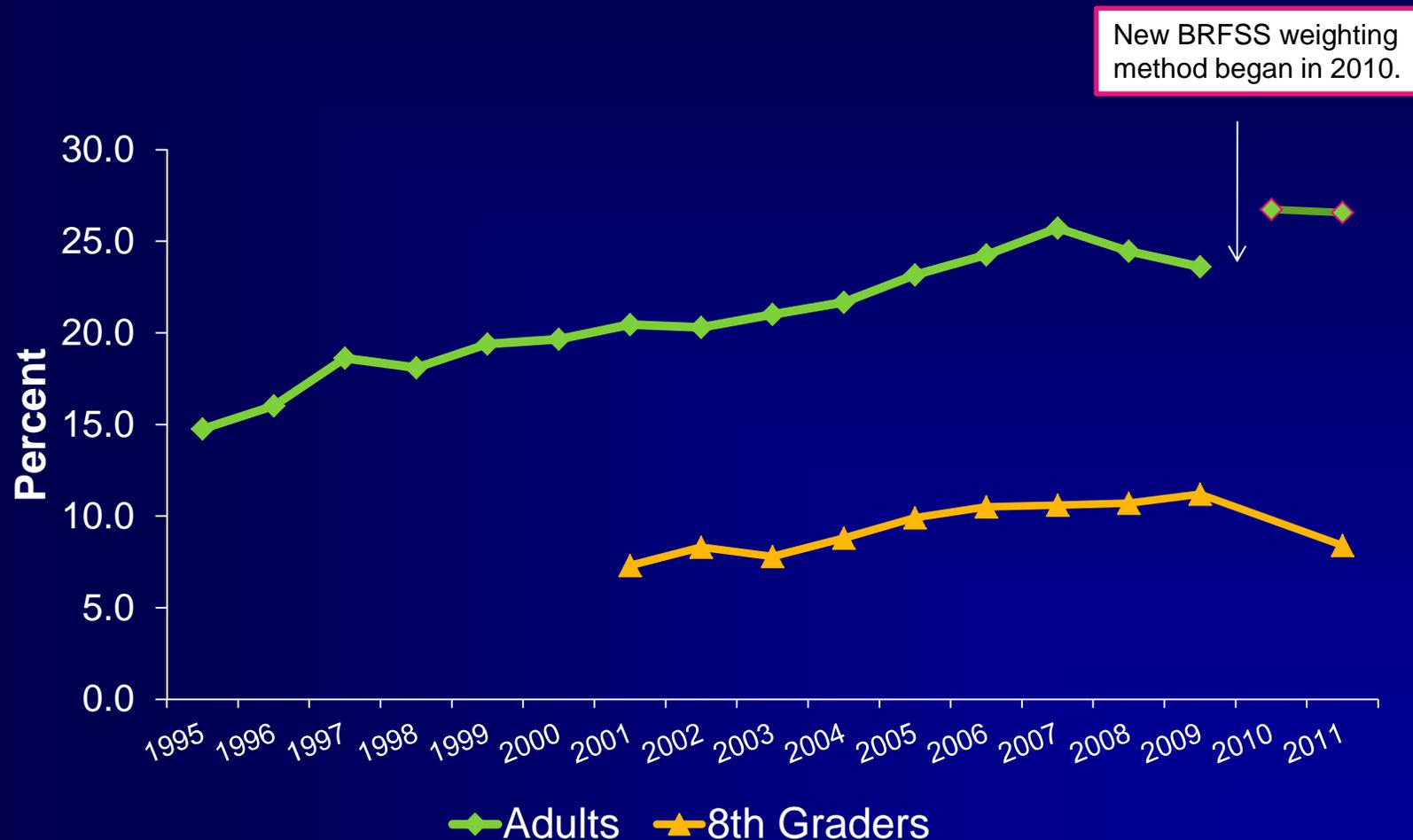
Community Tobacco Control

- Limit access
 - Vending machines
 - Placement of cigarettes
- Increase price
- Smoke-free Air Policies
- Media

Obesity Prevalence

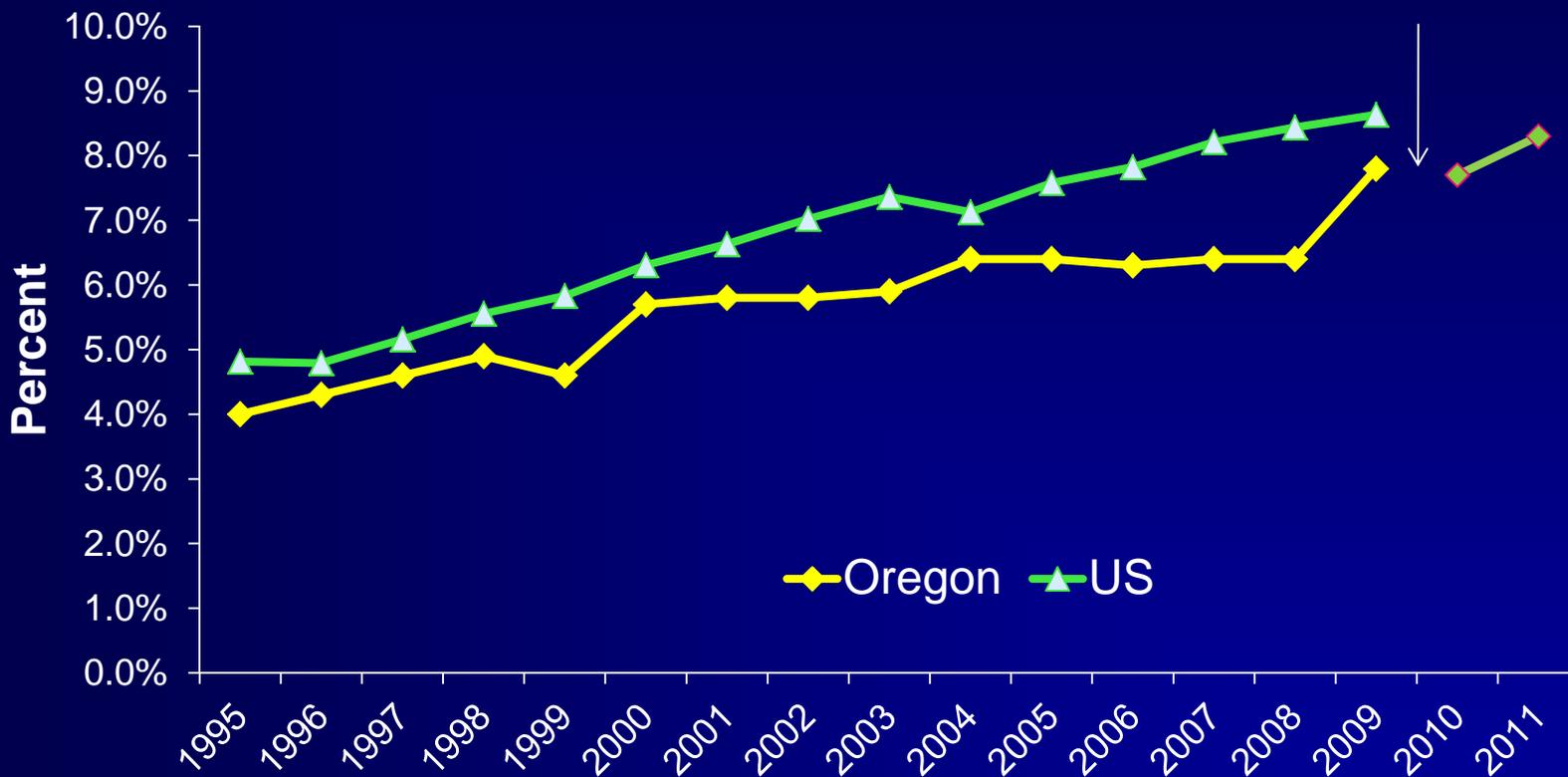
- Metric: Percent of CCO enrollees ≥ 18 years with a Body Mass Index ≥ 30 based on measured height and weight
- Data source: BRFSS; CAHPS
- Benchmark:
 - HP 2020– 30% obesity in adults

Obesity in Oregon Adults and 8th Graders

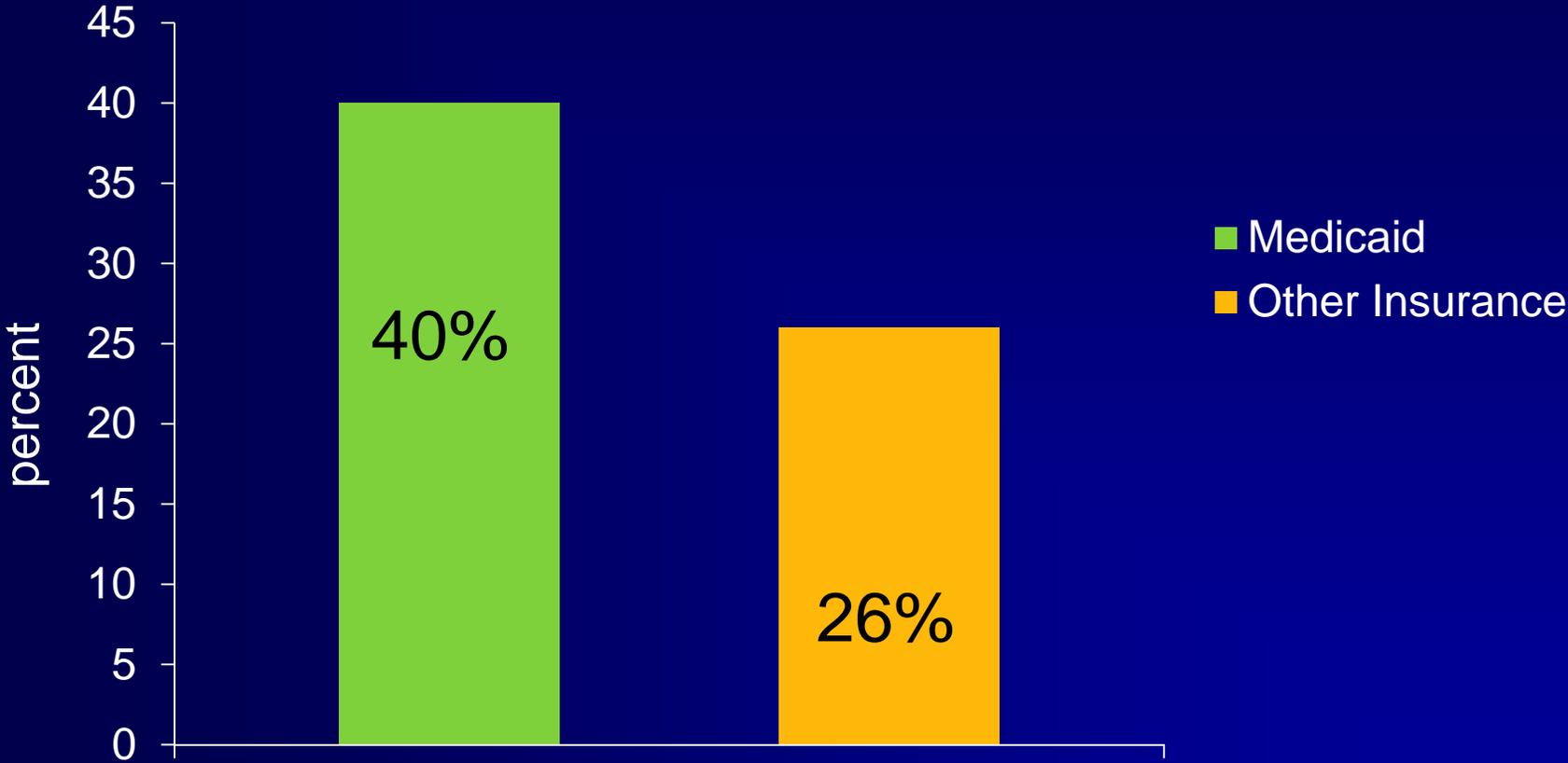


Oregon Diabetes Prevalence

New BRFSS weighting method began in 2010.



Obesity by Insurance Oregon, 2012



Rationale

- Medicaid patients >1.5 times more likely to be obese
- Medical costs:
 - \$1.6 Billion for medical care overall
 - \$333 Million for Medicaid medical care
- Premature deaths: 1,400 Oregonians/ yr

Operationalization: MPOWER

- Monitor: obesity, chronic dz, exercise, diet
- Promote: healthy eating/ active living
- Offer: evidence-based support (e.g. weight watchers)
- Warn: dangers of fats, sugar-sweet drinks
- Enforce: laws (e.g. breast-feeding space)
- Raise: price of unhealthful foods



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Community Healthy Diet Policies

- Access
 - Vending machines (work / school)
- Availability of choice
 - Restaurant / store locations / farmers' markets
- Public Education
 - Menu labeling
- Cost
 - Tax sugar-sweetened beverages / fast food
 - Price incentives / subsidies for healthy foods

Teen Births

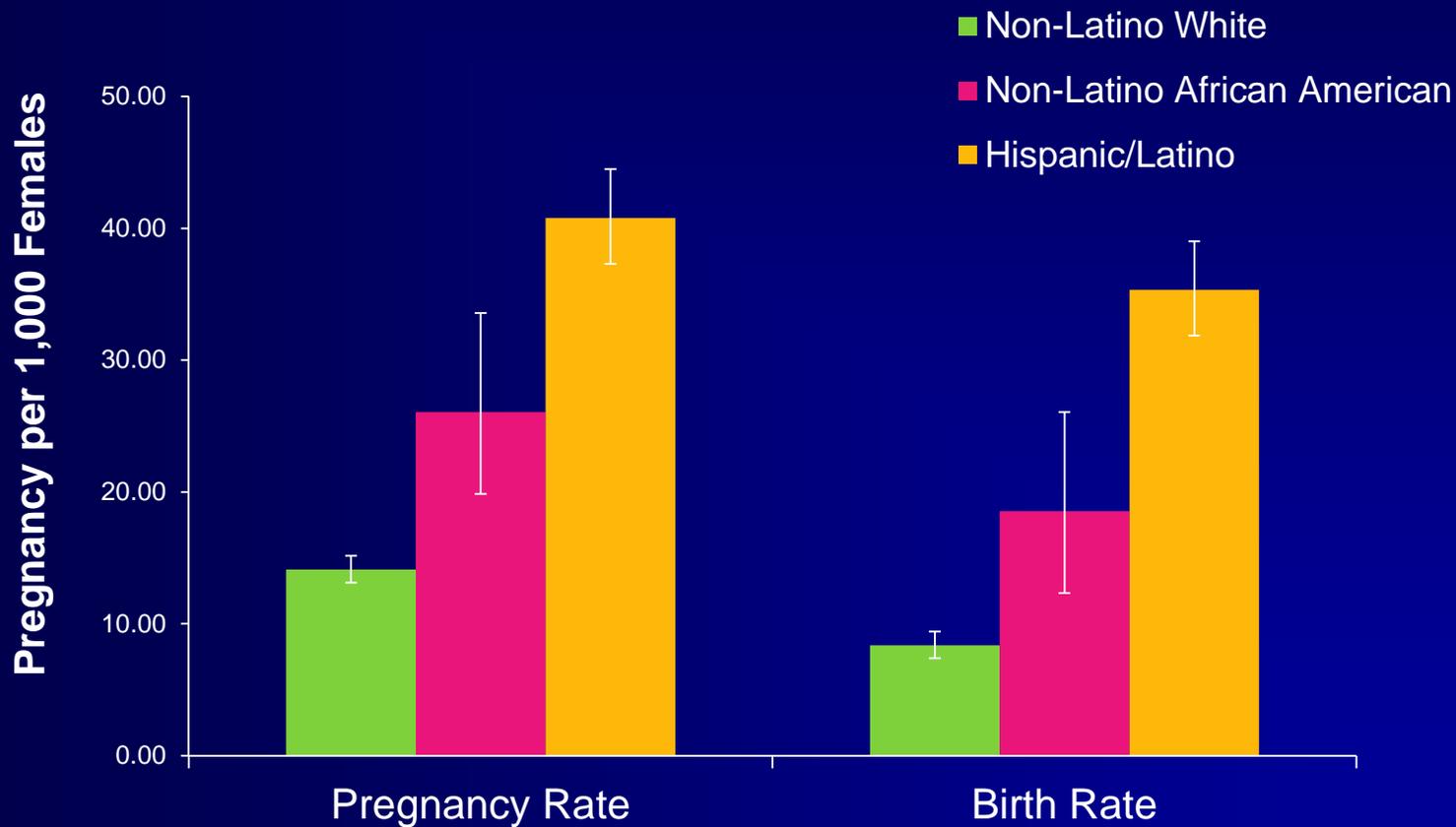
- Metric: Rate of pregnancy in CCO enrolled females 15-17 years
- Data source: MMIS
- Benchmark:
 - HP 2020– 36.2 per 1,000 teens

Teen Pregnancy (15-17 yrs)



Source: Oregon Birth Certificate Data; Induced Termination of Pregnancy Database

Teen Pregnancy Rates by Race / Ethnicity, 2010



Rationale

- Teen pregnancy linked to:
 - Poverty, high school completion, child/family well-being
- Disparity, particularly in Hispanic and African American teens
- Lower teen pregnancy → lower health care costs

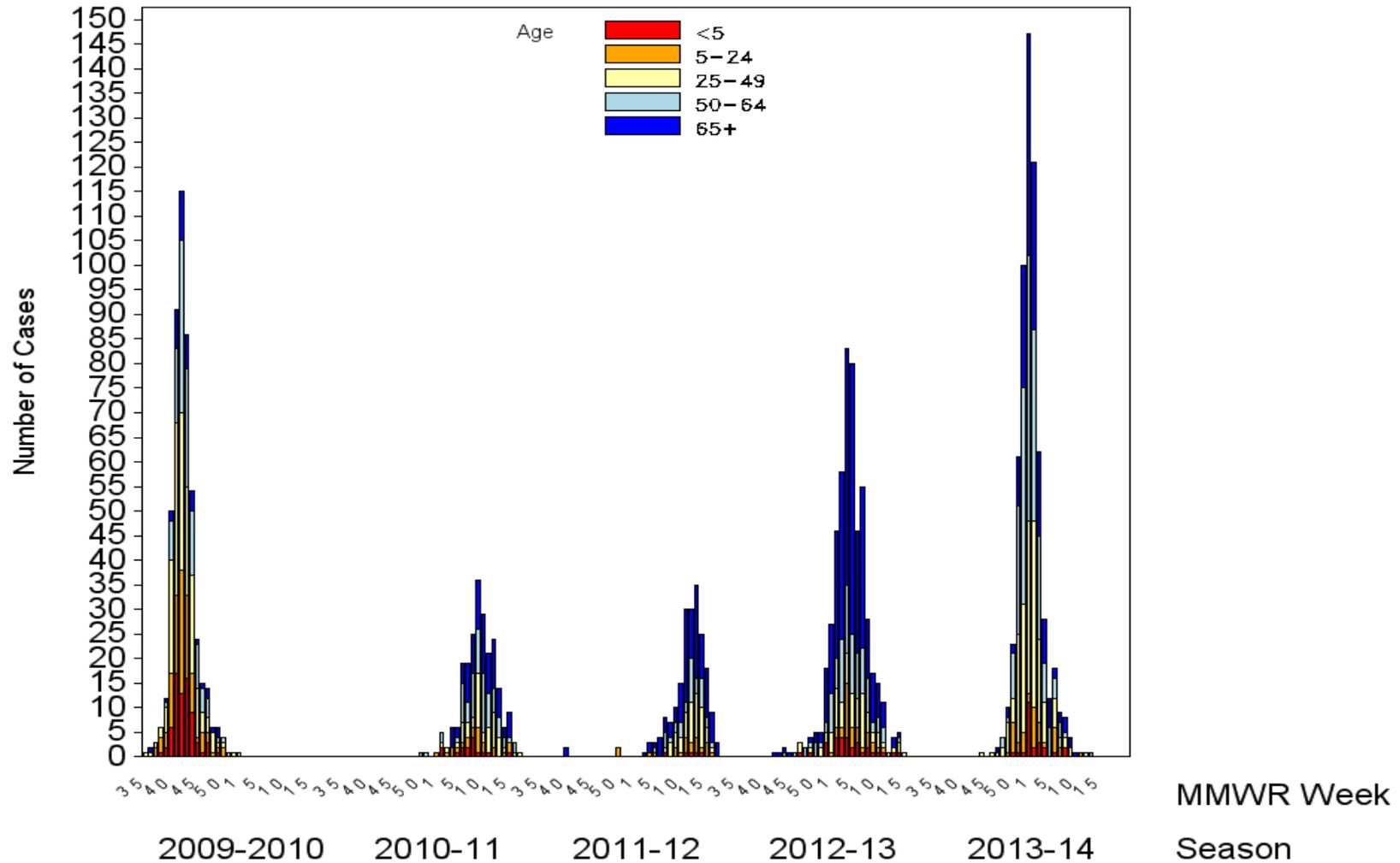
Operationalization

- Assess reproductive health needs at adolescent well-child visit
- Work with LHDs on teen pregnancy prevention
- Support school-based health centers

Influenza Immunization

- Metric: Percent of CCO enrolled patients 6 months - 64 years who received annual flu shot
- Data source: MMIS; ALERT
- Benchmark:
 - HP 2020– 80% for non-high risk; 90% for high risk

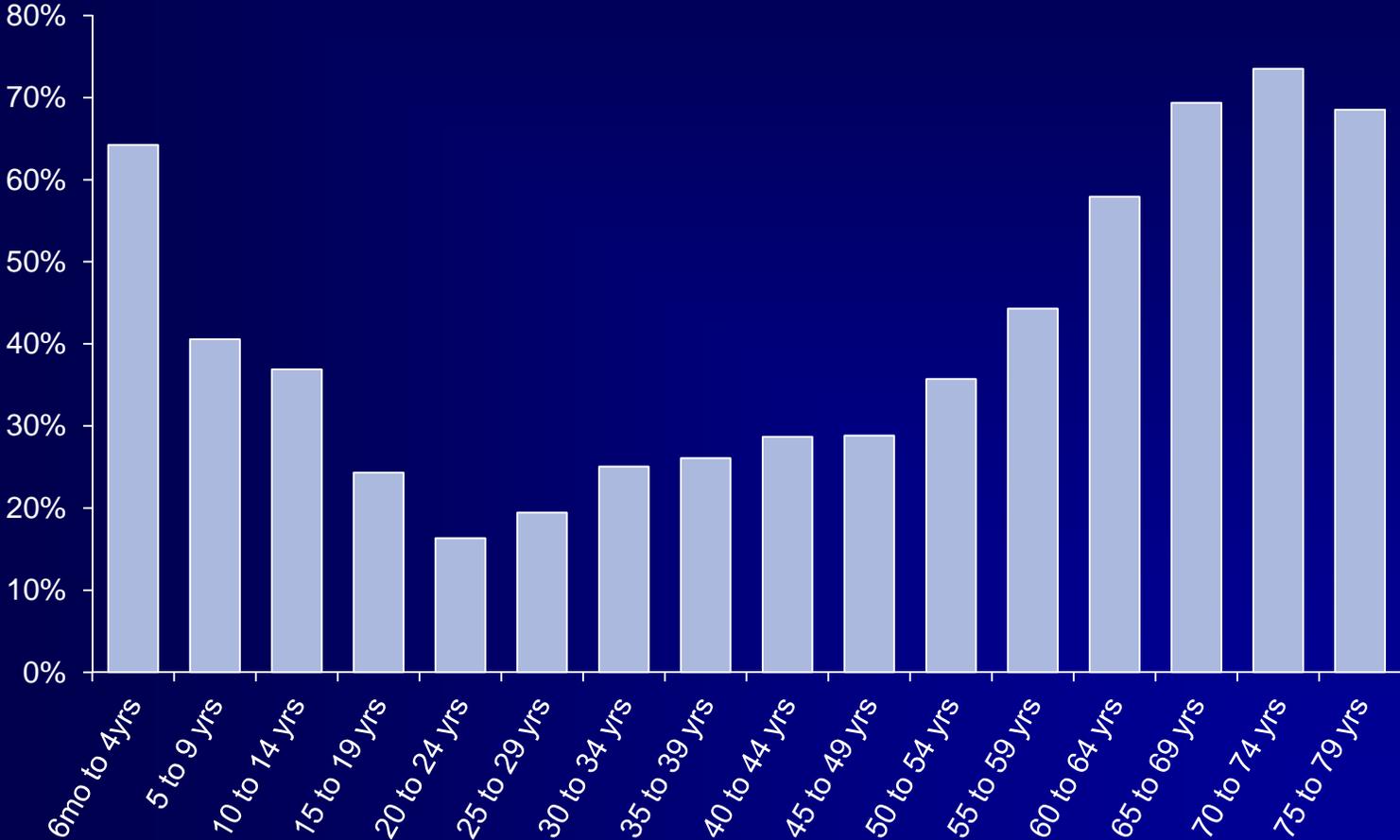
Portland Metro Area Influenza-Associated Hospitalizations By Season, MMWR Week, and Age Group, 2009-2014



Influenza Immunization

- Current data:
 - CAHPS: 58.5% of adults 50-64 yrs
 - BRFSS 29.7% of adults 18-64 years

Influenza Immunization Rates, Oregon 2013-2014



Source: Oregon Immunization Program, Oregon Health Authority

Rationale

- 10%-20% population infected annually
- US:
 - Hospitalizations: 55,000-430,000/ year
 - Deaths: 3,000-49,000/ year
- Complications: <2 years and >65 years; chronic disease, pregnancy
- School-aged kids spread infection
- Vaccine: 73% effective

Operationalization

- Offer flu vaccine to everyone 6 mo-65 yrs in the fall
 - Standing orders
 - Computerized reminders
 - Feedback to providers
 - Telephone reminders to patients
 - Expanding clinic hours/ locations

HPV Immunization

- Metric: Percent of CCO enrolled females age 13 years who have received 3 doses of HPV vaccine
- Data source: MMIS; ALERT
- Benchmark:
 - HP 2020– 80% of females 13-17 years have received 3 doses of HPV vaccine

HPV Immunization

- Current data:
 - 33% of Oregon females 13-17 years have received 3 doses

Rationale

- Most common STD in US: 6.2 million new infections annually
- Major cause of cervical dysplasia and cancer: annually 3500 cases of high-grade dysplasia in Oregon women 21-29 yrs

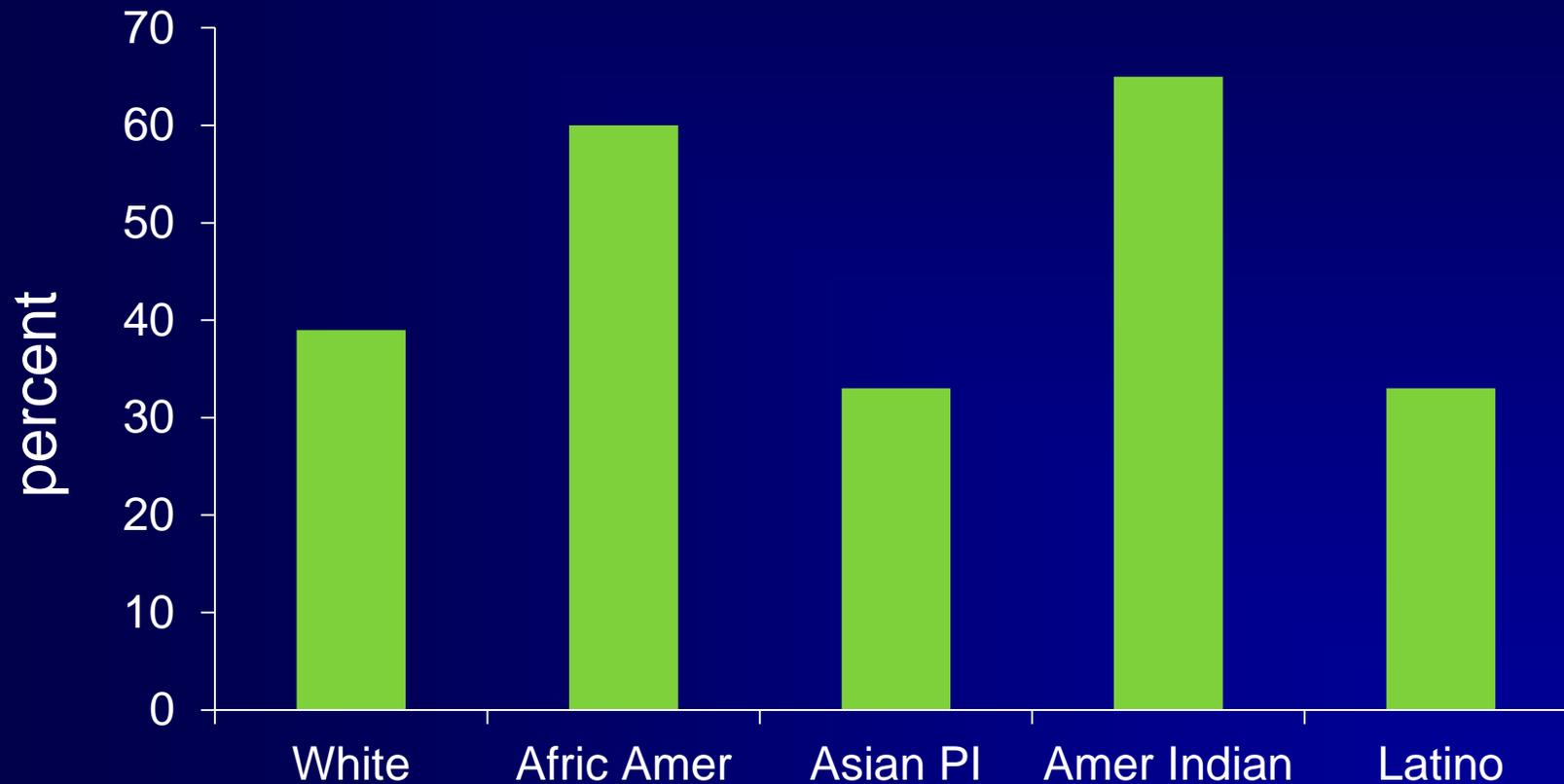
Operationalization

- Education of parents
- Assess HPV vaccination status during adolescent visits
- Reminder notices through ALERT
- Provider-based vaccination coverage assessment by Immunization Program

HIV Screening

- Metric: Percent of CCO enrollees 15-65 years with documentation of HIV screening ever
- Data source: MMIS
- Benchmark:
 - HP 2020– 18.9% of persons aged 15-44 yrs with HIV screening annually

HIV Screening by Race/ Ethnicity: Oregon, 18-64 year olds



HIV Screening

- Current data:
 - 37.5% of Oregon adults 18-64 years report having ever been screened

Rationale

- 5,500 Oregonians are known HIV+; 250 new diagnoses annually
- 500-1000 people unaware HIV+; source for 50%-70% new infections
- 30%-40% of HIV+ diagnosed late stage
- CDC; US Preventive Svc Task Force recommend universal HIV screening

Operationalization

- Patient reminders for screenings
- EHR reminders for HIV screening and documentation
- Routinize HIV screening as part of medical care



Questions?