

## Oregon Metrics & Scoring Committee

### Minutes

September 19, 2015

9:00 am – 12:00 pm

#### ITEM

##### **Welcome and consent agenda**

Committee members present: Will Brake, R.J. Gillespie, Ken House, Jeff Luck, Daniel Porter, Thomas Potter, Eli Schwarz.

Not present: Maggie Bennington-Davis, Juanita Santana.

OHA staff: Sarah Bartelmann, Lori Coyner, Jennifer Uhlman.

Ken House welcomed the three new Committee members:

- Will Brake – Director of Provider Network Transformation, AllCare CCO
- Thomas Potter – Director of Healthcare Reform, Eugene Pediatrics
- Daniel Porter – Senior Analyst, Legacy Health

The Committee approved the June 26<sup>th</sup> minutes and the July 17<sup>th</sup> metrics with one correction (developmental screening missing from the list of measures).

##### **Updates**

###### *Child and Family Wellbeing Workgroup*

Lori Coyner provided an update on the work of the Child and Family Wellbeing Workgroup and their recently released recommendations to the joint Oregon Health Policy Board / Early Learning Council subcommittee. The Workgroup and the recommendations are available online at:

<http://www.oregon.gov/oha/analytics/Pages/Child-Family-Well-Being-Measures.aspx>. The Committee requested additional information or presentation on this work at an upcoming meeting.

###### *2014 Baseline Data*

Lori Coyner presented 2014 baseline data for the new and revised CCO incentive measures, including effective contraceptive use, dental sealants, and SBIRT for adolescents. Baseline data is available in the meeting materials online at:

<http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>.

Committee discussion included:

- Modifying the next oral health surveillance survey to provide better prevalence data on sealants at the CCO level.
- Need to communicate with CCOs about OHA's definition of dental examinations and role of expanded practice dental hygienists.
- Complexities of billing for SBIRT services.

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#### 2015 Quality Pool

OHA has published the 2015 quality pool methodology and initial estimates of quality pool size (\$167 million). The quality pool will increase one percentage point each year under the current 1115 demonstration waiver, but will be renegotiated with CMS in 2017.

#### Public Testimony

DR Garrett from Trillium Community Health Plan provided a local perspective on two of the measures for the Committee's consideration:

- There are discrepancies between OHA and DHS notifications of children entering foster care, which makes it confusing for CCOs to track and provide services and coordination. There are system level issues that need to be addressed at the state level.
- Different messages are being communicated to providers regarding how to bill for adolescent SBIRT; some of the variation in the baseline data may be due to this confusion, rather than variation in care. R.J. will follow up with the Oregon Pediatric Society about their training.

#### Hospital Transformation Performance Program (HTPP)

Lori Coyner provided an overview of the HTPP structure, funding, and current metrics, as well as plans for additional years of the program. Lori also provided an overview of the intent of the joint hospital and CCO metrics committee learning session focused on behavioral health, scheduled for October 30<sup>th</sup>. Committee members noted another area of potential shared interest with hospitals could be population health metrics.

#### 2016 Benchmark Selection

The Committee reviewed 2014 performance data and the 2014 and 2015 benchmarks and improvement targets to make decisions about the 2016 benchmarks and improvement targets. The Committee established the 2016 benchmarks for all but two measures, which will be revisited at their October 30<sup>th</sup> retreat.

CCO Incentive Metric	2016 Benchmark	2016 Improvement Target
Adolescent well care visits	[Pending data from NCQA] <i>2015 national Medicaid 75<sup>th</sup> percentile (admin)</i>	MN method with 3 percentage point floor
Access to care (CAHPS)	89.1% <i>2015 national Medicaid 75<sup>th</sup> percentile; weighted average of adult and child rates.</i>	MN method with 2 percentage point floor
Alcohol and substance misuse (SBIRT)	12.0% <i>Committee consensus</i>	MN method with 3 percentage point floor

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Ambulatory care: emergency department utilizations	39.8 / 1,000 member months <i>2015 national Medicaid 90<sup>th</sup> percentile</i>	MN method with 3 percent floor
Assessments for children in DHS custody	90.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Childhood immunization status	82.0% <i>2015 national Medicaid 75<sup>th</sup> percentile</i>	MN method with 2 percentage point floor
Colorectal cancer screening	TBD	TBD
Controlling high blood pressure	69.0% <i>2015 national Medicaid 90<sup>th</sup> percentile</i>	MN method with 3 percentage point floor
Dental sealants	20.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Developmental screening	50.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Depression screening and follow up	25.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Diabetes: HbA1c poor control	19% <i>2015 national Commercial 90<sup>th</sup> percentile</i>	MN method with 3 percentage point floor
Effective contraceptive use	50.0% <i>Committee consensus</i>	MN method with 3 percentage point floor
Follow up after hospitalization for mental illness	79.9% <i>2014 CCO 90<sup>th</sup> percentile</i>	MN method with 3 percentage point floor
PCPCH enrollment	N/A – measure is on sliding scale with 60% threshold	N/A – measure is on sliding scale with 60% threshold
Satisfaction with care (CAHPS)	89.2% <i>2015 national Medicaid 75<sup>th</sup> percentile; weighted average of adult and child rates</i>	MN method with 2 percentage point floor
Timeliness of prenatal care	93.0% <i>2015 national Medicaid 90<sup>th</sup> percentile</i>	MN method with 3 percentage point floor
Tobacco prevalence	TBD	TBD

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#### *Tobacco Prevalence Measure*

The Committee considered an alternate proposal from the Metrics Technical Advisory Group which would change the minimum tobacco cessation benefit requirement from being a pass / fail component to one of three, weighted components. See the description of the alternate proposal and pros / cons in the meeting materials online at: <http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx>.

After discussing the alternate proposal, the Committee agreed to keep the minimum cessation benefit requirement a pass / fail component of the measure, but asks the TAG to consider a way to apply the weighted component concept to the rest of the measure, to phase in the emphasis on reducing prevalence. The Committee will revisit this in their November meeting.

#### **2016 Challenge Pool**

Sarah Bartelmann provided an update on staff work to develop a health equity index and recommended the Committee wait for additional measure development and testing before adopting a health equity index measure for the challenge pool. The Committee agreed that 2016 was too soon to adopt a measure this complex.

The Committee briefly considered removing the SBIRT measure from the 2016 challenge pool, but ultimately agreed to leave the 2016 challenge pool measures the same as the 2015 measures:

- SBIRT
- Depression screening & follow up plan
- Developmental screening
- Diabetes: HbA1c poor control

#### **Next Steps**

The Committee will revisit the colorectal cancer screening benchmark at the beginning of their October 30<sup>th</sup> retreat; staff will provided data on the increase in the number of members eligible for the measure due to the Medicaid expansion.