

# AGENDA

## **PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee**

**July 28, 2016  
2:00-3:00 pm**

Conference line: (877) 873-8017  
Access code: 767068

### Meeting Objectives

- Discuss applicability of CCO incentive, hospital quality and child and family well-being measures to state and local health departments
- Discuss next steps

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

---

2:00-2:05 pm	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Introduce Emilie Sites</li><li>• Review and approve June 9 minutes</li></ul>	Cara Biddlecom, OHA Public Health Division
2:05-2:40 pm	<b>Discuss applicability of existing Oregon measure sets to state and local public health</b> <ul style="list-style-type: none"><li>• Review CCO incentive measures</li><li>• Review state performance test measures</li><li>• Review child and family well-being measures</li></ul>	All
2:40-2:50 pm	<b>Next steps for future meetings</b> <ul style="list-style-type: none"><li>• Continue discussion of current measure sets</li><li>• Begin examining national public health measure sources</li><li>• Public input survey</li><li>• Determine who will provide the update at the August 18 PHAB meeting</li></ul>	All
2:50-3:00 pm	<b>Public comment</b>	
3:00 pm	<b>Adjourn</b>	

---

**PUBLIC HEALTH ADVISORY BOARD  
DRAFT Accountability Metrics Subcommittee Meeting Minutes**

**June 9, 2016  
1:00 – 2:00pm**

**PHAB Subcommittee members in attendance:** Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer

**PHAB Subcommittee members absent:** Jennifer Vines

**OHA staff:** Sara Beaudrault, Cara Biddlecom, Angela Rowland, Joey Razzano

**Members of the public:** Kelly McDonald, Kelly McDonald, LLC, Laura Moses, Multnomah County Health Department, Kathleen Johnson, Coalition of Local Health Officials.

**Welcome and introductions:** The May 12 draft meeting minutes were unanimously approved by the subcommittee.

**Review measurement structure proposal from May 12 meeting**

Cara reviewed the decisions on the measure criteria questions discussed at the last meeting.

Eva asked if there had been process measures identified. An example of a process measure is the number of policies determined. Identification of actual measures will be the next step in our process

Teri commented that process measures are used for county work plans because health outcomes change very slowly. For example: reduce tobacco use by 3% is a large undertaking so the process measures help move the outcomes along the way.

The subcommittee agreed it was important to use both process and outcome measures.

The subcommittee agreed that the framework should align with the foundational programs and capabilities.

Cara reviewed the list of criteria for measure selection. Eli is concerned with the large number of measurement principles. The subcommittee decided to break the principles into two categories: “must pass” and “additional principles”. In lieu of “flexible”, wording was changed to “respectful of local health priorities”. The subcommittee placed the following criteria in “must pass”: promotes health equity; respectful of local health priorities; transformative potential; consistency with state and national quality measures; and feasibility of measurement. The remaining were retained as “additional principles”.

Cara reviewed the discussion from the May 12 meeting about measure application. Subcommittee members agreed that measures should be applied with individual improvement targets based on current data. Subcommittee members agreed that there

should be a core measure set for the state and local health departments with locally selected measures derived from community health improvement plan priorities.

### **Existing measure sets to be used to populate measure matrix**

Cara presented the list of existing measure sets for state and local health authorities.

Muriel shared that County Health Rankings are not helpful since the measure specifications change every year and not all counties get ranked. This makes it difficult to track progress over time. Muriel reiterated that data that Oregon already has are used for County Health Rankings, so it would be possible to use similar measures but calculate them the same way over time.

Teri shared that the University of Washington has a set of measures for chronic disease, communicable disease and environmental health:

<http://phastdata.org/measures>.

Cara asked if the county health rankings should be removed from the list, and suggested that the subcommittee review the state health profile indicators compared to the county health rankings data in a future meeting.

Coordinated care organization incentive measures include 18 measures but only a small number are related to the role of public health. Eli has reviewed the coordinated care organization incentive measures for what would be applicable to public health will send his thoughts on these measures to Cara. Muriel stated that a lot of these measures are clinical in nature.

The subcommittee discussed the large number of measures being collected and reported and the need to be mindful of this context as measures are selected.

The subcommittee agreed to start by identifying what health care and education measures are relevant for public health at the next meeting, before populating state and national public health measures.

### **Review measure matrix**

Cara reviewed the measure matrix created for the subcommittee. Eli requested adding a label to the foundational capabilities and programs.

### **Public comment**

*Kathleen Johnson, Coalition of Local Health Officials*

Kathleen shared information about public health activities and services tracking (PHAST) data. There is a lot of crossover between public health accreditation and these process and outcome measures. Washington State is going through a similar

modernization process with this research performed by the University of Washington. The measures can compare county by county. This data could help compare our process with another state. The components include: physical activity, communicable disease, environmental health, obesity, and maternal health measures.

For more information please reach out to Dr. Betty Bekemeier who serves as the lead on this project. Kathleen can send out research studies that have looked at the effectiveness of public health delivery as it relates to cross jurisdictional sharing.

<http://phastdata.org/measures>

### **Adjournment**

Eva has agreed to report back to the Board on June 16 regarding today's meeting.

The meeting was adjourned.

DRAFT

## **CCO Incentive Measures**

Adolescent well-care visits

Alcohol and other substance misuse (SBIRT)

Ambulatory Care: Outpatient and ED utilization

CAHPS composite: access to care

CAHPS composite: satisfaction with care

Childhood immunization status

Cigarette smoking prevalence

Colorectal cancer screening

Controlling high blood pressure

Dental sealants on permanent molars for children

Depression screening and follow up plan

Developmental screening in the first 36 months of life

Diabetes: HbA1c Poor Control

Effective contraceptive use among women at risk of unintended pregnancy

Follow-up after hospitalization for mental illness

Mental, physical and dental health assessments within 60 days for children in DHS custody

PCPCH enrollment

Prenatal and postpartum care: Timeliness of Prenatal Care

<http://www.oregon.gov/oha/analytics/CCODData/2016%20Measures.pdf>

### **State Performance "Test" Measures**

Adolescent well-care visits  
Alcohol and other substance misuse  
Ambulatory Care: Outpatient and ED utilization  
CAHPS composite: access to care  
CAHPS composite: satisfaction with care  
Childhood immunization status  
Colorectal cancer screening  
Controlling high blood pressure  
Depression screening and follow up plan  
Developmental screening in the first 36 months of life  
Diabetes: HbA1c Poor Control  
Electronic health record adoption  
Follow-up after hospitalization for mental illness  
PCPCH enrollment  
Prenatal and postpartum care: Timeliness of Prenatal Care  
Appropriate testing for children with pharyngitis  
CAHPS: medical assistance with smoking cessation  
Cervical cancer screening  
Child and adolescent access to primary care practitioners  
Chlamydia screening in women ages 16-24  
Comprehensive diabetes care: LDL-C Screening  
Comprehensive diabetes care: Hemoglobin A1c testing  
Elective delivery before 39 weeks  
Follow-up care for children prescribed ADHD meds  
Immunization for adolescents  
Plan all-cause readmissions  
Prenatal and postpartum care: Postpartum care rate  
PQI 01: Diabetes, short term complication admission rate  
PQI 05: Chronic obstructive pulmonary disease admission  
PQI 08: Congestive heart failure admission rate  
PQI 15: Adult asthma admission rate

Well-child visits in the first 15 months of life

Provider access questions from the physician workforce survey: to what extent is your primary practice accepting new Medicaid/OHP patients? Do you currently have Medicaid/OHP patients under your care? What is the current max payer mix at your primary practice?

[alytics/HospitalMetricsDocs/Year%203%20Benchmarks%20and%20Improvement%20Targets.pdf](#)

### **Hospital Transformation Measures**

Potentially preventable readmissions

HCAPS - medication

HCAPS - discharge

CLABSI

CAUTI

Hospitals sharing emergency department visit information with

SBIRT - brief screen

SBIRT - full screen

Hypoglycemia in patients receiving insulin

Excessive anticoagulation with Warfarin

Adverse drug events due to opioids



## CCO Accountability Measures

Measure Name	Frequency of Data Update	Data Source
The Percentage of Children Who Received Well-Child Visits in the First 15 Months of Life	Annual	Claims
The Percentage of Children Who Have Received Developmental Screening by 36 Months	Annual	Claims
The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year	Annual	Claims
Among CYSHCN who needed mental health/counseling, percent of CYSHCN who received all needed care	Annual	CAHPS
Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year	Annual	Claims
Getting Care Quickly Composite - CAHPS 5.0H (child version including Medicaid and children with chronic conditions supplemental items)	Annual	CAHPS
Prenatal and Postpartum Care: Timeliness of Prenatal Care – The percentage of deliveries that received a prenatal care visit in the first trimester	Annual	Claims and Clinical Data
Among CYSHCN who needed specialized services, percentage of CYSHCN who received all needed care.	Annual	CAHPS
Childhood Immunization Status: The percentage of children 2 years of age who have received specific immunizations.	Annual	Claims and ALERT
Adolescent Well-Care Visit: The percentage of adolescents ages 12-21 who had at least one well-care visits with a PCP.	Annual	Claims
Percentage of patients with an outpatient visits who had alcohol or other substance misuse screening, brief intervention and referral to treatment	Annual	Claims

Percentage of women who adopted or continued use of effective contraception methods among women at risk of unintended pregnancy	Annual	Claims
Percent of Children with Sealants on Permanent Molars	Annual	Claims
Percent of Children with Mental, Physical and Dental Health Assessment within 60 Days for Children in DHS Custody	Annual	Claims and DHS Data (OrKids)

### Early Learning Hub Accountability Measures

Measure Name	Frequency of Data Update	Data Source
Rate of Child Abuse and Neglect per 1000 Children	Annual	SACWIS
Percentage of child population spending at least one day in foster care during federal fiscal year	Annual	SACWIS
Percent of Children Meeting or Exceeding 3rd Grade Reading and Math Standards	Annual	OR Dept. of Education
Kindergarten Assessment: Average Score by Domain	Annual	OR Dept. of Education
Availability of Rated Childcare Programs: Percent of regulated programs that have earned a 3 Star or higher rating.	Biannual	QRIS Childcare Research
Percentage of Children at Risk Enrolled in Rated Programs	Biannual	Partnership Cumulative Average Daily
Kindergarten Attendance Rate	Annual	Membership Collection

### Joint CCO/Early Learning Hub Accountability Measures

Measure Name	Frequency of Data Update
--------------	--------------------------

Rate of follow up to early intervention after referral

Annual

## Monitoring Measures

Measure Name	Frequency of Data Update	Data Source
The Percentage of Adults Who Have Had 4 or Adverse Childhood Experiences (ACEs)	Annual	BRFSS
Disproportionality in Foster Care: percentage of children in out-of-home placement by race and ethnicity compared to overall percentage of the under- 18 population by race and ethnicity	Annual	U.S. Department of Health and Human Services, Children's Bureau, US Census Bureau Data
Absence of Repeat Maltreatment: percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization	Annual	SACWIS
Connections to Community – Percent of Children Ages 0-5 Who Go on Outings	Historically every 4 years, going Annual data at the state level are usually available 6 mos after the end of the survey year. National benchmark data	National Survey of Children's Health
Pregnancy Related – Intimate Partner Violence Composite		PRAMS
Percentage of Children Living in Single-Parent Families	Annual	US Census American Community Survey
Children Served by Child Welfare Residing In Parental Home	Annual	SACWIS

Intimate Partner Violence - Healthy Teens: Responses to two Survey Questions: Percent of 11th Graders Who Reported Being Forced to Have Sexual Intercourse When They Did Not Want to. Percent of 11th Graders who Reported that Their Boyfriend or Girl Friend Physically Hurt Them.	Biannual	Oregon Healthy Teens Survey
Rate of Emergency Department Visits Coded for Intimate Partner Violence	Annual, but with 12-22 month time	OHA Oregon Emergency Department data/AHRQ
Connections to Community - Children Participate in Extracurricular Activities – Percent of Children Ages 6-17 who participated in one or more extracurricular activities.	Historically every 4 years, going forward annual	National Survey of Children's Health
Child Poverty Rate: The percentage of children estimated to live in families with incomes at or below the Federal Poverty Level	Annual	US Census American Community Survey Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March
Percent of Total Population by Federal Poverty Level	Annual	Oregon Department of Education Homeless Student Data Collection
Homeless students: percentage of all public school students without a decent, safe, stable, or permanent place to live	Annual	US Census American Community Survey Client Maintenance System and Child Welfare Data Warehouse
Median Family Income	Annual	US Census American Community Survey
TANF Family Stability: rate per 1,000 of children receiving TANF who subsequently entered foster care within 60 days	Annual	US Census American Community Survey
Percent of Children In Low-Income Working Families By Age Group	Annual	US Census American Community Survey
Percent of Children Living in Households Where No Adults Work	Annual	US Census American Community Survey

Food Insecurity Among Children: The percentage of households with children that reported reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members	Annual	Feeding America
Percent of Children in Low-income Households with a High Housing Cost Burden	Annual	US Census American Community Survey
Use of Fluorinated Water: Percent of population on public water systems receiving fluorinated water.	Biannual	CDC Water Fluoridation Reporting System
Children with an Incarcerated Parent per 1,000 Children Ages 0-18	Annual	Family Survey
Rate of Crimes Against Persons, Property and Behavioral Crimes: The rate of crime per 1,000 population.	Annual	Oregon Uniform Crime Reporting
Child Lives in a Safe Community: Percent of Children that Live in a Safe Community	Historically every 4 years, going	National Survey of Children's Health
Neighborhood Amenities: Percent of children that live in neighborhoods with some of the following amenities: sidewalks and walking paths, a park or playground, recreation center, library or bookmobile.	Historically every 4 years, going forward annual	National Survey of Children's Health
Child Lives in a Supportive Neighborhood: Percent of children that live in neighborhoods that their parents feel are supportive.	Historically every 4 years, going forward annual	National Survey of Children's Health
Percent of Women who Report Being Informed About Maternal Depression During and/or After Pregnancy by a Healthcare Worker	Annual- national benchmark data are usually	PRAMS
Percentage of Live Births Weighing Less Than 2500 Grams	Annual	Claims
Pregnancy Rate Among Adolescent Females Ages 14 and under and 15-19	Annual	Oregon Birth Records
Percentage of Preconception and Pregnant Women who Reported Drinking Alcohol	Annual- national benchmark data	PRAMS
Infant Death Rate per 1,000 live births	Annual	Death Certificates
Percent of Mothers who Reported Breastfeeding 8 Weeks After Delivery	Annual- national benchmark data	PRAMS

Percentage of Persons (Families, Parents, Mothers, Children and Adolescents) with Medical Insurance	Annual	National Health Interview Survey
Rate of Non-medical Exemptions for Immunizations	Annual	Oregon Immunization Data and ALERT
Getting Needed Care Composite	Annual	CAHPS
5-year Completion Rate (GEDs, modified, extended, adult high school diplomas)	Annual	Oregon Department of Education High School
Exclusionary Discipline Rates	Annual	Oregon School Discipline Data collection
Frequency of Reading to Young Children: Percent of children ages 0-6 read to during the week.	Annual going forward	National Survey of Children's Health
Child Care Affordability Index	Biannual	Biennial Oregon Market Price Survey
Childcare and Education Availability: Early Childcare and Education Slots Available per 100 Children	Biannual	Childcare Research Partnership
Compensation of Early Learning Center Workforce: Median low and median high wages for early learning center teachers and number of benefits offered	Biannual	Childcare Research Partnership
Early Intervention (EI)/Early Childhood Special Education (ECSE) Child Outcomes	Biannual	Childcare Research Partnership
Percentage of Low-income Oregonians Served by SNAP	Annual	DHS Food Stamp Management Information
Percentage of Eligible Foster Youth Not Served by Independent Living Program Services	Annual	SACWIS
Percentage of Children Lifted Out of Poverty by Safety Net Programs Based on the Supplemental Poverty Measure	Annual, using a three-year rolling average	Census Data: Supplemental Poverty Measure Public Use