Oregon Health Authority

AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

September 22, 2016
2:00-3:00 pm

Conference line: (888) 251-2909
Access code: 8975738
Webinar link: https://attendee.gotowebinar.com/register/8160646047412113665

Meeting Objectives

- Hear an update on subcommittee staffing; review subcommittee work-plan and deliverables
- Discuss Oregon's State Health Improvement Plan measures related to communicable disease control.
- Discuss next steps for subcommittee work over the coming months

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

2:00-2:05 pm	**Welcome and introductions** • Review and approve August 25 minutes	All
2:05-2:15 pm	**Accountability and Metrics Subcommittee – Staffing and work-plan review** • Provide an update on subcommittee staffing • Review subcommittee work-plan and identify priority focus areas and short-term deliverables	Jeff Luck, PHAB Chair
2:15-2:50 pm	**Review Communicable Disease Control measures** • Review the SHIP's communicable disease control measures and compare to criteria questions • Discuss public input survey	All
2:50-3:00 pm	**Public comment**	
3:00 pm	**Adjourn**	

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes

August 25, 2016
2:00 – 3:00pm

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Eli Schwarz, Teri Thalhofer, Jennifer Vines

PHAB Subcommittee members absent: Eva Rippeteau

OHA staff: Cara Biddlecom, Joey Razzano, Angela Rowland, Emilie Sites

Members of the public: Alison Martin, Oregon Center for Children of Special Health Needs

Welcome and introductions: The July 28 draft meeting minutes were unanimously approved by the subcommittee.

Discuss applicability of existing Oregon measure sets to state and local public health

Child and Family Well-Being (Monitoring) Measures

Measures selected for consideration:

- *Pregnancy Related – Intimate Partner Violence Composite*
- *Children Served by Child Welfare Residing in Parental Home*
- *Intimate Partner Violence – Healthy Teens*
- *Food Insecurity Among Children*
- *Use of fluoridated water*
- *Neighborhood Amenities*
- *Percent of women who report being informed about maternal depression during and/or after pregnancy by a healthcare worker*
- *Percentage of live births weighing less than 2500 grams*
- *Pregnancy rate among adolescent females ages 14 and under and 15-19*
- *Percentage of preconception and pregnant women who reported drinking alcohol*
- *Infant death rate per 1000 live births*
- *Percent of Mothers who reported breastfeeding 8 weeks after delivery*
- *Percentage of Persons with medical insurance*
- *Rate of non-medical exemptions for immunizations*

There is a need for more clarity around the *Connections to Community – Percent of Children Ages 0-5 who go on outings* in the National Survey of Children's Health.

Teri stated that it is important to remember that CCOs cover the Medicaid population and public health modernization covers the whole population. Aim to think about the future of public health services to help determine this list.

Review Public input survey draft

Cara provided an overview on the proposed survey for public input with partners. It will allow our stakeholders to suggest their own measures to consider.

Jen asked if people will get a menu of selections from the survey to weigh in on. Cara stated we need a shorter list to work on for selection criteria. Jen says that as we whittle down on potential measures and have people weigh in on those that would be helpful as opposed to a completely open ended survey. Muriel says she is looking through these lists and getting a bit overwhelmed. She suggests to be thoughtful so that isn't too many measures.

Eli discussed the *Healthy Columbia Willamette Assessing Community Needs, Improving health needs assessment*. He says there are some excellent models in here and he is worried that this subcommittee is moving too fast as the definitions are not ready.

Muriel stated that the CCO model is very different than the modernization of public health model.

Next steps for future meetings

After the short list has been populated we will then revisit how to gain public input.

Public comment
No public testimony.

Adjournment

The meeting was adjourned.

Oregon Public Health Advisory Board
Accountability Metrics Subcommittee
2016-17 Work Plan
May 2016 DRAFT

Key subcommittee deliverables:

- Develop accountability metrics for state and local public health departments, considering:
  - The foundational capabilities and programs for governmental public health
  - Alignment with related measurement systems in Oregon (coordinated care organizations, hospitals, early learning hubs, etc.)
- Inform the development of the local public health authority funding formula, currently under the purview of the Public Health Advisory Board Incentives and Funding Subcommittee

Meeting Date	Topics	Presenters(s)	Actions/Deliverables
May 12, 2016	Discuss organizational business	Cara Biddlecom, OHA Public Health Division	• Potential for subcommittee chair role • Determine meeting time and frequency
	Review scope of the subcommittee, including timeline for deliverables per House Bill 3100	Cara Biddlecom, OHA Public Health Division	
	Discuss resources and information needed to fulfill deliverables	Subcommittee members	• Compile list of needed resources • Compile list of potential presenters
	Discuss initial measurement domains and considerations	Subcommittee members	• Make adjustments to domains and considerations to provide a framework for measures
June 2016	Refine measurement domains and considerations	Subcommittee chair	• Finalize measurement domains and considerations and bring forward to the full Public Health Advisory Board

July 2016	Crosswalk existing measurement systems for public health, coordinated care organizations, hospitals and early learning hubs	Subcommittee members	• Identify shared priorities for public health and its partners
August 2016	Identify possible measures for each domain	Subcommittee members	• Begin prioritizing measures
September 2016	Identify possible measures for each domain	Subcommittee members	• Begin prioritizing measures
October 2016	Identify possible measures for each domain	Subcommittee members	• Bring prioritized list forward to the full Public Health Advisory Board
November 2016	Begin discussion of measure application (performance targets, improvement goals, etc.)	Subcommittee members	• Develop framework for measure application
December 2016	Continue discussion of measure application (performance targets, improvement goals, etc.)	Subcommittee members	• Develop initial performance targets and improvement goals
January 2017	Continue discussion of measure application (performance targets, improvement goals, etc.)	Subcommittee members	• Develop initial performance targets and improvement goals
February 2017	Finalize and vet performance targets and improvement goals	Subcommittee members	• Bring performance targets and improvement goals forward to the full Public Health Advisory Board • Vet proposal with stakeholders
March 2017	Finalize accountability measures and plan	Subcommittee members	• Final measurement plan established • Measurement plan details shared with stakeholders

Oregon Public Health Advisory Board – Accountability Metrics Subcommittee

Measure criteria questions

June, 2016

1. **At what level should measures be selected?**
    a. Outcome: impacts of the public health system's activities on health
    b. Process: activities the public health system does

2. **How should the measures be framed?**
    a. Foundational programs
    b. Foundational capabilities

3. **What principles should be applied to measure selection?** ***(adapted from coordinated care organization measurement principles)***
    a. Promotes health equity
    b. Flexible
    c. Transformative potential
    d. Consumer engagement
    e. Relevance
    f. Consistency with state and national quality measures, with room for innovation
    g. Attainability
    h. Accuracy
    i. Feasibility of measurement
    j. Reasonable accountability
    k. Range/diversity of measures

4. **How should measures be applied to state and local public health authorities?**
    a. Individual performance targets based on the jurisdiction with incremental improvement over time for all
    b. Core measure set for the state with locally selected measures derived from community health improvement plan priorities

OREGON STATE HEALTH IMPROVEMENT PLAN – COMMUNICABLE DISEASE CONTROL

Priority targets		
Measure		
Hospital-onset Clostridium difficile infections	Standardized Infection Ratio (SIR) 0.76 (2013)	
Rate of Gonorrhea infections in Oregon residents	79.2 cases/100,000 residents (2014)	
Proportion of people living with HIV in Oregon that have a suppressed viral load within the previous 12 months	71% (2013)	
HIV infections in Oregon residents	5.8 cases/100,000 residents (2013)	
Infections caused by Shiga toxin-producing Escherichia O157	1.6 cases/100,000 residents (2010-2014)	
Rate of early syphilis infections in Oregon residents (primary, secondary and early latent infections)	14.1 cases/100000 residents (2015)	
Incidence of TB disease among U.S born persons	0.7 cases per 100,000 residents (2014)	

Population interventions		
Measure		
Strategy 1: Reduce infections caused by pathogens commonly transmitted through food		
Measure 1.1: Infections caused by Salmonella species commonly transmitted through food	10.3 cases/100,000 residents (2013)	
Measure 1.2: Number of specimens tested in support of norovirus outbreak investigations	541 Norovirus specimens related to outbreaks (2013)	
Measure 1.3: Infections caused by Campylobacter commonly transmitted through food	25.8 cases/100,000 residents per year (2010-2014 average)	
Measure 1.4: Implement whole genome sequencing (WGS) for Salmonella isolates submitted to OSPHL	PFGE (DNA fingerprinting) replacement percent completed annually (2016)	
Strategy 2: Reduce spread of emerging pathogens		
Measure 2:1 Percent of identified carbapenemase producers with evidence of transmission	0% (2010-2015)	
Measure 2:2 Percentage of cases of invasive pneumococcal disease that are resistant to at least one antibiotic	26.4% (2014)	
Measure 2.3: Number of tests for Zika using CDC approved methods	Forthcoming (Zika testing began June 2016)	
Strategy 3: Reduce non-judicious antibiotic prescriptions		
Measure 3.1: Rate of non-judicious prescriptions	47% (2012)	
Strategy 4. Reduce and control the spread of Tuberculosis		
Measure 4.1: Proportion of contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection who start treatment.	84% (2014)	
Measure 4.2: Proportion of contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection who complete treatment.	87% (2014)	

Health equity interventions		
Measure		
Strategy 1: Reduce new hepatitis C infections among African Americans, American Indians and other disproportionately affected groups.		
Measure 1.1: New asymptomatic hepatitis C cases per 100,000 reported annually	0.38 per 100,000 (2013)	
Strategy 2: Reduce norovirus infections in long-term care facilities		
Measure 2.1: Number of norovirus outbreaks reported by long-term care facilities within the previous 12 months	80 norovirus outbreaks (2010-2014 average)	
Strategy 3: Promote routine syphilis screening for men who have sex with men		
Measure 3.1: Active Oregon Reminders users receiving regular reminders to test for sexually transmitted infections	1,156 users (2015)	
Measure 3.2: Proportion of men with HIV who have sex with other men and participate in the Oregon Medical Monitoring Project with evidence of having been tested for syphilis in the preceding 12 months	65% (2013)	
Strategy 4: Reduce TB transmission among immigrant and refugee populations		
Proportion of immigrants and refugees (B waivers) with abnormal chest X-rays read overseas as consistent with TB that were examined within 30 days of notification	59% (2014)	

Health system interventions	
Measure	
Strategy 1: Create incentives for private and public health plans and health care providers to prevent communicable diseases	
Measure 1.1: Number of public health plans with a financial incentive or penalty related to communicable disease prevention services or outcomes	CCOs: 0 PEBB: 0 OEBB: 0 (2014)
Measure 1.2: Number of public health plans that met an improvement or benchmark metric related to communicable disease prevention services or outcomes	CCOs: 0 PEBB: 0 OEBB: 0 (2014)
Strategy 2: Promote annual chlamydia screening of women aged 15–24 by health care providers	
Measure 2.1: Proportion of women aged 15–24 years screened annually for chlamydia/gonorrhea	54.4% (2013)
Strategy 3: Promote use of expedited partner therapies by health care providers and local health departments	
Measure 3.1: Proportion of women aged 15–44 years diagnosed with chlamydia or gonorrhea who received partner-delivered expedited therapy	19% (2015)
Strategy 4: Improve hospital capacity to detect and prevent health care-associated infections	
Measure 4.1: Percentage of hospitals that meet the APIC-recommended 100:1 ratio for infection preventionists	67% (2014)
Strategy 5: Educate clinicians about foodborne disease assessment and prevention	
Measure 5.1: Number of Presentations, publications, or notifications about foodborne assessment or prevention aimed at clinicians	Forthcoming