AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

November 22, 2017
1:00-2:00 pm
Portland State Office Building, room 918

Conference line: (877) 873-8017
Access code: 767068#
Webinar link: https://attendee.gotowebinar.com/register/5150607625475124481

Meeting Objectives

- Approve October meeting minutes
- Discuss local public health process measures for effective contraceptive use
- Receive update on setting benchmarks and improvement targets for local public health process measures

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

1:00-1:05 pm	**Welcome and introductions** • Review and approve September minutes	Sara Beaudrault, Oregon Health Authority
1:05-1:10 pm	**Subcommittee updates** • 11/9 presentation to Health Plan Quality Metrics Committee • Other updates	All
1:10-1:35 pm	**Effective contraceptive use** • Discuss feedback received at 10/19 PHAB meeting • Discuss options for ECU process measures	Sara Beaudrault, Oregon Health Authority Myde Boles, Program Design and Evaluation Services
1:35-1:50 pm	**Benchmarks and improvement targets** • Review how process measures will be operationalized and how data will be collected • Review concept for how benchmarks and improvement targets will be set	Myde Boles, Program Design and Evaluation Services
1:50-1:55 pm	**Subcommittee business** • Next subcommittee meeting is scheduled for January 3 from 9:30-11:00	All

1:55-2:00 pm	**Public comment**
2:00 pm	**Adjourn**

Public Health Advisory Board (PHAB)
DRAFT Accountability Metrics Subcommittee meeting minutes
October 13, 2017
1:00-3:00 pm

Welcome and roll call
PHAB members present: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Jennifer Vines

Oregon Health Authority (OHA) staff: Sara Beaudrault, Steven Fiala

One correction was noted for the September 26 meeting minutes. Jennifer Vines attended and should be added to the list of PHAB members who were present. Minutes were approved with this change.

Subcommittee updates
No updates were provided.

Local public health process measures
Sara provided an overview of the purpose for establishing local public health process measures for each of the accountability metrics adopted by PHAB in June. Local public health process measures will bring attention to the unique and essential work of public health departments to make improvements in the accountability metrics. The purpose is to emphasize the work that will move the system forward, in part to emphasize the need for sufficient funding to do this work.

The purpose for today's meeting is to review and provide feedback on process measures that have been recommended by OHA, and to provide approval to take recommended measures to PHAB for a vote on October 19. Local public health administrators and health officers reviewed and provided feedback on these measures during a webinar on October 3, and by submitting written comments following the webinar.

A matrix showing recommended process measures, rationale, data sources, current funding, examples of activities to meet the measure and feedback from local public health officials is available in the 10/13 meeting materials. A summary of recommended process measures is included on page 7-8 of these minutes.

Communicable disease control

Two year-old vaccination rates: The subcommittee discussed the measure recommended by OHA, for the percent of clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.

Muriel described Central Oregon's approach to implementing AFIX with health care providers and noted that vaccination rates are going up. Eli questioned how public health and CCOs could work together on this shared metric and suggested that it be tied to the PHAB *Guiding Principles for Public Health and Health Care Collaboration*. Muriel described Central Oregon Health Council's involvement. Muriel also noted that often health care providers receive incentive payments when a CCO meets incentives metrics, but not public health. This needs to be looked at as a systems issue.

Decision: The subcommittee approved recommending this measure to PHAB.

Gonorrhea rates: OHA presented four process measures that have been discussed by local public health officials and staff. These need to be narrowed down to 1-2 process measures.

The subcommittee discussed the process measure for # of FTE trained and employed to conduct gonorrhea case management. Eli suggested that collecting FTE as a baseline should be done for all local public health authorities (LPHAs). He suggested that it be collected but not be used as a metric. Muriel stated there is a need for consistent, standardized training. She stated that we have consistently gone backwards in our resources to support staff training. Training should be a state/local partnership, and training should be looked at for all local public health process measures.

Sara stated that OHA recommends the first two process measures. The purpose for increasing FTE would be to conduct the activities for these two measures.

Decision: The subcommittee approved recommending process measure #1 and #2 (related to treating contacts and completing priority fields on case reports) to PHAB.

Access to clinical preventive services

Effective contraceptive use: The subcommittee discussed two proposed process measures. Assuring access to clinical preventive services is a new area for public health; as such, these process measures focus on working with local partners to complete an assessment of access to effective contraceptives, and working with local partners to develop a plan to address barriers.

Jen expressed concern that many of the recommended process measures require participation from CCOs, so these measures are not owned solely by public health. Eli stated this is a challenge of two systems coming together to focus on improving care for vulnerable populations. Eli noted that effective contraceptive use is also a CCO incentive measure, and this should be included in the rationale. Muriel stated that public health can have ownership of the assurance function but not the provision of care. She also stated that LPHAs should not be required to serve as convener for local assessments and plans; in some instances they may be participants rather than conveners.

Decision: The subcommittee approved recommending the process measure for developing local policy plans or strategies for increasing access to effective contraceptives to PHAB.

Dental visits for 0-5 year olds: The subcommittee reviewed three proposed process measures.

Eli expressed reservations with the proposed process measures. He noted that few LPHAs provide dental services, and access among dental providers for this age group is limited in many areas of the state. Therefore, establishing a process

measure to increase referrals may be unsuccessful if no organizations are able to accept the referrals. Muriel agreed. Eli also stated the process measures are too weak to make any real changes. For example, training can be provided, but that doesn't mean it will be acted upon.

Eli shared state and national data on dental care activity for Medicaid-enrolled children. He stated that more exploration of the data that are currently available is needed before selecting measures and offered suggestions for venues through which this could happen.

Decision: Eli made a motion not to adopt a process measure for dental visits for 0-5 year olds. Instead the subcommittee should continue to assess data that are available and explore public health roles and functions to increase dental visits for this population. Muriel seconded the motion, and all subcommittee members were in favor.

Prevention and health promotion

Adults who smoke cigarettes: The subcommittee discussed the measure recommended by OHA, for the percent of community members reached by local tobacco retail or smoke-free policies.

Muriel stated that flexibility is needed at the local level, in part due to local politics that make it very challenging for some areas to pass ordinances. However, all LPHAs can make progress.

Eli noted that reducing tobacco use prevalence is also a CCO incentive measure, and this should be included in the rationale.

Decision: The subcommittee approved recommending this measure to PHAB.

Opioid overdose prevention: The subcommittee discussed two process measures related to Prescription Drug Monitoring Program (PDMP) top prescribers.

Eli asked for a definition of top prescriber and whether it includes all provider types, including dentists.

A subcommittee member noted the written comment from a local health administrator that being enrolled in PDMP does not mean a top prescriber uses the system. Sara will send the link to the Prescribing and Overdose Data Dashboard for Oregon. There is a tab for PDMP data that allows users to run queries based on top prescriber enrollment and use.

Muriel stated there should be a state law requiring PDMP enrollment and training in order to get a DEA license.

Decision: The subcommittee approved recommending one process measure – the percent of top prescribers enrolled in PDMP – to PHAB.

Environmental health

Active transportation: The subcommittee discussed two process measures for active transportation.

This is an emerging area for public health and few health departments are working in this area now. Muriel stated that interest from transportation and planning for working with public health seems to be increasing. Eli stated if there is interest from both sides, it is important to highlight this as a metric.

The subcommittee recommended changing the second proposed process measure (to give presentations to local decision makers on active transportation barriers and promising policy solutions) to an activity that could be implemented to meet the first measure proposed measure (to ensure local public health seats on transportation or planning governing or leadership boards).

Decision: The subcommittee approved recommending one process measure – the number of active transportation partner governing or leadership boards with LPHA representation – to PHAB.

Drinking water services: The existing program element for drinking water services includes three performance measures for LPHAs. The state and local Drinking Water Services workgroup recommends using all three of these performance measures and to not develop any new measures at this time.

Decision: The subcommittee approved recommending the three established performance measures to PHAB.

Subcommittee business

Myde Boles from Program Design and Evaluation Services will present these recommendations for a vote at the October 19 PHAB meeting. No separate subcommittee update is needed.

The current plan for the November meeting is to bring an outline for the public health accountability metrics report that will be published in 2018 to solicit feedback from the subcommittee. The subcommittee will continue its discussion about dental measures at an upcoming meeting.

Public testimony

No public testimony.

Adjournment

The meeting was adjourned.

The next Accountability Metrics subcommittee meeting is scheduled for:
November 22 from 1:00-2:00 pm

Public Health Advisory Board
Summary of local public health process measure recommendations
October 19, 2017

	Public Health Accountability Metric	Local public health process measures
Communicable disease control	Two-year-old vaccination rates	**PHAB Accountability Metrics subcommittee Recommendation:** 1. Percent of Vaccines for Children clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.
	Gonorrhea rates	**PHAB Accountability Metrics subcommittee Recommendation:** 1. Percent of gonorrhea cases that had at least one contact that received treatment 2. Percent of gonorrhea case reports with complete "priority" fields **Additional measures considered:** 3. Number of community-based organizations (CBOs) / partners engaged by LPHA to decrease gonorrhea rates 4. # of FTE trained and employed to conduct gonorrhea case management
Prevention and Health Promotion	Adults who smoke cigarettes	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of community members reached by local [tobacco retail/smoke free] policies
	Opioid overdose deaths	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) **Additional measures considered:** 2. Percent of top prescribers who completed opioid overdose prevention trainings
Environmental Health	Active transportation	**PHAB Accountability Metrics subcommittee recommendation:** 1. Number of active transportation partner governing or leadership boards with LPHA representation **Additional measures considered:** 2. Number of presentations to local decision makers on active transportation barriers and evidence-based ore promising transportation policies
	Drinking water standards	**PHAB Accountability Metrics subcommittee recommendations:** 1. Number of water systems surveys completed 2. Number of water quality alert responses 3. Number of priority non-compliers (PNCs) resolved
Access	Effective contraceptive use	**PHAB Accountability Metrics subcommittee recommendation:**

		1. Number of local policy strategies for increasing access to effective contraceptives **Additional measures considered:** 2. Number of local assessments conducted to identify barriers to accessing effective contraceptives.
	Dental visits among children ages 0-5 years	**PHAB Accountability Metrics subcommittee recommendation:** Do not adopt a local public health process measure at this time. Continue to explore public health roles and functions to increase dental visits for 0-5 year olds. **Measures considered** 1. Percent of dental referrals made for LPHA 0-5 year old clients 2. Percent of WIC, home visiting and health department medical staff (if applicable) who have completed the "First Tooth" and/or "Maternity Teeth for Two" trainings 3. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers

10/19 PHAB discussion on local public health process measure for effective contraceptive use (ECU)

Recommended measure: Number of local policy strategies for increasing access to effective contraceptives

Decision: Do not adopt a local public health process measure for ECU at this time.

10/19 PHAB discussion on local public health process measure for effective contraceptive use (ECU)

- Concern about “strength” of measure
- Proposal to operationalize One Key Question intervention
- Proposal to count the number of SBHCs or Planned Parenthood sites
- Description of NCPHD’s work to develop referral processes
- Discussion about whether access equals use
- Proposal to focus on culturally responsive care
- Continue to build opportunities for collaboration between public health and the health care system

PHAB Accountability Metrics subcommittee
Local public health process measures for effective contraceptive use
November 22, 2017

Purpose: Discuss options for local public health process measures for effective contraceptive use, based on feedback received from PHAB at 10/19 meeting.

Option	Measure	Data Source	Considerations
#1. Make adjustments to process measure that was recommended by this subcommittee to PHAB	Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use	LPHA reporting[1]	Consistent with activities proposed in new Reproductive Health Program Element. Developing a strategic plan will become a Program Element requirement. Aligns with core system functions for assuring access to clinical preventive services. Although this measure is yes/no, an LPHA would need to demonstrate it meets established criteria for a strategic plan (i.e. working with partners, focusing on reducing disparities, has a plan to monitor implementation, etc).
#2 Reconsider process measures previously reviewed but not recommended by CLHO committee	(see attached list)	LPHA reporting	Significant challenges to measuring most or all of these measures.

[1] For areas where no established data collection system exists, each LPHA would be responsible for creating and supporting an internal mechanism to collect the data.

#3 Focus on specific policy interventions	Examples may include: Percent of providers that have implemented One Key Question (OKQ) or other pregnancy intention screenings Percent of women of childbearing age using long-acting reversible contraceptives (LARCs) Number of Title X or CCare clinics, or number of SBHCs providing ECU	OKQ- no existing data source. Would require LPHA reporting. LARCs- no population-level data source, although data are available for Title X and CCare providers.	Adopting a measure for a specific policy or programmatic intervention is consistent with other local public health process measures adopted by PHAB. Focusing on a single policy may not adequately address local needs and priorities.
#4 Change the outcome measure to unintended pregnancies. Use Effective contraceptive use as the local public health process measure	Percent of pregnancies that are unintended (public health accountability metric) Effective contraceptive use among women at risk of pregnancy (local public health process measure)	Unintended pregnancies: Pregnancy Risk Assessment Monitoring System (PRAMS) and Vital Statistics data Effective contraceptive use: Behavioral Risk Factor Surveillance System (BRFSS)	Using effective contraceptive use as the local public health process measure does not clearly define what an LPHA must do to increase the rate of effective contraceptive use.

Local public health process measures for effective contraceptive use discussed (but not recommended) by CLHO Healthy Families

Process measures
Assessment and Epidemiology
# of community health assessments that include awareness of access to effective contraceptives and use of effective contraceptives
# of community health assessments that include effective contraceptive use and involve partners in planning, implementation, and creation of recommendations
# of community health summaries that include awareness of access to effective contraceptives and use of effective contraceptives
# of community health summaries that include effective contraceptive use and are co-created with partners from communities experiencing disparities in effective contraceptives use
Policy and Planning
# of local policy strategies that include increasing access to effective contraceptives and address local disparities in access to effective contraceptives
Community Partnership Development
# of partners engaged by LPHA to increase access to effective contraceptives
# of populations experiencing disparities in access to effective contraceptives reached by LPHA partnerships
# of community development activities to increase awareness of and access to effective contraceptives
# of community development activities to increase awareness of and access to effective contraceptives among populations experiencing disparities in effective contraceptive use
# of trainings on access to effective contraceptives
# of trainings that specifically address populations experiencing disparities with effective contraceptive use
enrolled in/attended effective contraceptive use trainings
Communications
# of communications and outreach plans for effective contraceptive use
# of educational materials/communications created and distributed that promote awareness of access to effective contraceptives
# of educational materials/communications created and distributed that promote awareness of access to effective contraceptives among populations experiencing disparities in effective contraceptive use

Public Health Accountability Metrics:
Process measure specification and benchmarks and improvement targets

PHAB Accountability Metrics Subcommittee Meeting
November 22, 2017

Oregon Health Authority

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Objectives for today's meeting

- Update on LPHA process measures and timeline
- Introduce interrelationship between process measures and incentive payment system, including:
  - Benchmarks
  - Improvement targets

Accountability metrics timeline

Activity	Timeline
Identify population health outcome metrics	March-May
Conduct stakeholder survey	April-May
Finalize health outcome metrics	June
Identify local public health process measures	July-September
Establish data collection mechanisms	September-October
Collect baseline data	November-December
Publish first accountability metrics report	2018

Local public health process measures

- Measure specification considerations
  - Designed to measure improvement
  - Align with benchmarks and improvement targets
  - Ultimately tied to incentive payments when funding becomes available
- Data collection mechanism
  - Existing systems
  - New LPHA reporting
- Baseline report early 2018

Local public health process measures

Accountability Metric	Process Measure	Specification
Two-year old vaccination rate (annual %)	Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program	Numerator: # VFC clinics in County participating in AFIX Denominator: # VFC clinics in County Benchmark: XX%
Gonorrhea rate (rate per 100,000)	Percent of gonorrhea cases that had at least one contact that received treatment	Numerator: # cases with at least one contact that received treatment documented in Orpheus Denominator: # gonorrhea cases Benchmark: XX%
	Percent of gonorrhea case reports with complete “priority” fields	Numerator: # gonorrhea case reports with all four complete priority fields documented in Orpheus Denominator: # gonorrhea case reports Benchmark: XX%

Local public health process measures

Accountability Metric	Process Measure	Specification
Adults who smoke cigarettes (adult smoking prevalence)	Percent of community members reached by local [tobacco retail/smoke free] policies	Numerator: # community members in County reached by policies Denominator: # community members in County Benchmark: XX%
Prescription opioid overdose mortality rate (deaths/100,000; also include heroin, fentanyl)	Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)	Numerator: # top prescribers in County enrolled in PDMP Denominator: # top prescribers in County Benchmark: XX%
Active transportation (% commuters who use transit, walk, or bike to work)	Number (percent) of active transportation partner governing or leadership boards with LPHA representation	Numerator: # of boards with LPHA representation Denominator: # (local) transportation partner boards (in County) Benchmark: XX%

Local public health process measures

Accountability Metric	Process Measure	Specification
Percent of community water systems meeting health-based standards	Percent of water systems surveys completed	Numerator: # surveys completed Denominator: # surveys required Benchmark: 100%
	Percent of water quality alert responses	Numerator: # alerts responded to Denominator: # alerts generated Benchmark: 100%
	Percent of priority non-compliers (PNCs) resolved	Numerator: # PNCs resolved Denominator: # PNCs Benchmark: 100%
Effective contraceptive use	Under review	
Dental visits among children ages 0-5	Under review	

Benchmarks and improvement targets

For consideration:

Adapt CCO metrics approach

- CCO core performance metric ~= public health accountability metric
  - No financial incentives or penalties for performance on these metrics
- CCO incentive metrics ~= local public health process measures
  - LPHAs receive payment based on their performance on process measures

Process measure benchmarks and improvement targets

- Benchmarks recommended by PHAB Accountability Metrics subcommittee, approved by PHAB
- Benchmarks meant to be aspirational
- Improvement targets indicate progress toward benchmarks
- Incentive payment for either:
  - Achieving benchmark or
  - Achieving improvement target

Benchmarks and improvement targets - example

Step 1. Suppose LPHA's performance in 2017 (baseline) on measure 1 is 60%

Step 2. Benchmark for measure 1 is 100%

Step 3. The gap between baseline and benchmark is 40% (100% - 60%)

Step 4. Use the "Minnesota Method" to determine improvement target which requires at least a 10% reduction in the gap:

>10% of 40% = 4%

>LPHA must improve by at least 4 percentage points in 2018

>The improvement target is (baseline +4%) = (60% + 4%) = 64%

Step 5. If LPHA performance in 2018 is 65%, LPHA achieved their improvement target and will be eligible for incentive payment

Step 6. Technical note: "floor" or minimum level of improvement required (see p.17 of 2016 CCO Metrics Final Report)

Next steps

- Finalize data collection on baseline accountability metrics and LPHA process measures
- Present benchmarks for subcommittee review and approval
- Discuss incentive payment mechanism, including technical components:
  - benchmarks
  - improvement targets
  - “floor” for minimum required improvement
  - eligibility criteria to receive full incentive payments

Public Health Advisory Board Accountability Metrics Subcommittee
Local public health process measures specification
November 22, 2017

	Public Health Accountability Metric	Local public health process measures adopted by PHAB	Process measure specification	Data Collection	Comment
Communicable disease control	Two-year-old vaccination rates	Percent of Vaccines for Children clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program	Numerator: # VFC clinics in County participating in AFIX Denominator: # VFC clinics in County Benchmark: XX%	Data source: AFIX Online Tool Who: state staff generate report from AFIX Online Tool and provide to PDES for annual summary report	• Need to subset denominator to clinics with vaccination disparities • Need to define populations with vaccination disparities and how to measure
	Gonorrhea rates	(1) Percent of gonorrhea cases that had at least one contact that received treatment (2) Percent of gonorrhea case reports with complete "priority" fields	(1) Numerator: # cases with at least one contact that received treatment documented in Orpheus Denominator: # gonorrhea cases Benchmark: XX% (2) Numerator: # gonorrhea case reports with all four complete priority fields documented in Orpheus Denominator: # gonorrhea case reports Benchmark: XX%	Data source: Orpheus Who: state staff generate report from Orpheus system and send to PDES for annual summary report	(1) Cases in current calendar year; contact treatment documented within __ days of calendar year (2) Cases in current calendar year; completed priority fields within __ days of calendar year • Priority fields include: pregnancy status, HIV status/date of most recent test, gender of sex partners, proper treatment of gonorrhea • Completed priority fields means that ALL of them are marked for completion in the Orpheus system
Prevention and Health Promotion	Adults who smoke cigarettes	Percent of community members reached by local [tobacco retail/smoke free] policies	Numerator: # community members in County reached by policies Denominator: # community members in County Benchmark: XX%	Data source: Health Promotion Chronic Disease Prevention Policy Database Who: HPCDP staff generate report and provide to PDES for annual summary report	• Uses HPCDP methodology for calculating reach • Starting with (1) tobacco-free county properties and (2) tobacco retail licensure

	Public Health Accountability Metric	Local public health process measures adopted by PHAB	Process measure specification	Data Collection	Comment
	Prescription opioid overdose deaths	Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)	Numerator: # top prescribers in County enrolled in PDMP in calendar year Denominator: # top prescribers in County in calendar year Benchmark: XX%	Data source: PDMP data using interactive tool on state Opioid website Who: PDES staff extract data from online tool for annual summary report	• Top prescribers are defined as the top 20% statewide • Currently at ~ 70% statewide. Injury section goal is 95%. •
Environmental Health	Active transportation	Number of active transportation partner governing or leadership boards with LPHA representation	Numerator: # of boards with LPHA representation Denominator: # (local) transportation partner boards (in County) Benchmark: XX%	Data source: To be develop by LPHA Who: LPHA staff collect data and provide to PDES for annual summary report	• Working group to develop this measure; will not be available for baseline report • Needs to be expressed as a % to be consistent with other measures and be used in an incentive payment system • Need definition for what is eligible to be counted as a "transportation partner governing or leadership board" • Need to determine if eligible board is local only (i.e., in geographic boundary of the County) or could include regional or state boards • Need to define "representation" • Need to determine benchmark
	Drinking water standards	(1) % of water systems surveys completed (2) % of water quality alert responses (3) % of priority non-compliers (PNCs) resolved	(1) Numerator: # of surveys completed Denominator: # surveys required Benchmark: 100% (2) Numerator: # alerts responded to Denominator: # alerts generated Benchmark: 100% (3) Numerator: # of PNCs resolved Denominator: # PNCs	(1) Data source: Drinking Water website online data tool Who: PDES staff collect data online for annual summary report (2) Data source: New system under development for 2018	• All of these measures will be calculated as a %. This is consistent with Program Element • Water quality alerts not available for baseline report

	Public Health Accountability Metric	Local public health process measures adopted by PHAB	Process measure specification	Data Collection	Comment
			Benchmark: 100%	Who: County staff enter data; state or local or PDES (?) staff generate report from online tool (?) to provide to PDES for annual summary report (3) Data source: State drinking water staff internal query of PNC database Who: State staff generate report and provide to PDES for annual summary report	
Access to Clinical Preventive Services	Effective contraceptive use	Under review	Numerator: #/count achieved Denominator: #/count of all possible Benchmark: XX%	Data source: Who:	
	Dental visits among children ages 0-5 years	Under review	Numerator: #/count achieved Denominator: #/count of all possible Benchmark: XX%	Data source: Who:	