AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 1, 2019
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

- Make recommendations for oral health developmental metric
- Discuss process for making changes to the 2019-21 public health accountability metrics measure set

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer

1:00-1:05 pm	**Welcome and introductions** • Approve March 4 minutes	Sara Beaudrault, Oregon Health Authority
1:05-1:35 pm	**Oral health developmental measure** • Review new and updated data and data sources for child oral health measures. • Discuss changes to the current measure	Amy Umphlett and Kelly Hansen, Oregon Health Authority
1:35-1:50 pm	**Developing 2019-21 public health accountability metrics** • Develop process for making changes to the 2019-21 measure set • Discuss specific outcome and process measures that the subcommittee will review	Sara Beaudrault, Oregon Health Authority
1:50-1:55 pm	**Subcommittee business** • Decide who will provide subcommittee update at April 18 PHAB meeting • Next subcommittee meeting is scheduled for Monday, May 6 from 1:00-2:00	All
1:55-2:00 pm	**Public comment**	
1:00 pm	**Adjourn**	

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee meeting minutes

March 4, 2019
1:00-2:00 pm

PHAB Subcommittee members in attendance: Jeanne Savage, Eli Schwarz, Muriel DeLaVergne-Brown

Oregon Health Authority staff: Sara Beaudrault, Myde Boles, Sara Kleinschmit

Guest presenter: Will Brake, Chair of CCO Metrics and Scoring Committee

Welcome and introductions

Minutes from the February 13, 2019 meeting were approved.

Discussion with Metrics and Scoring on using metrics to achieve health improvements

Sara Kleinschmit and Will Brake provided an overview of the CCO Quality Incentive Program. Metrics are one piece of the overall accountability structure for CCOs. The CCO Metrics and Scoring Committee selects CCO incentive measures from the measure menu created by the Health Plan Quality Metrics Committee. The Metrics and Scoring Committee is committed to using incentive measures to improve health through health system transformation and cross-sector collaboration. Sara and Will highlighted some measures under consideration for the 2020 measure set, including health aspects of kindergarten readiness, initiation and engagement in drug and alcohol treatment, adolescent immunizations, and a health equity measure that is currently under development. Sara and Will also reviewed developmental measurement areas including kindergarten readiness, an evidence-based obesity measure, and a social determinants of health measure.

Eli noted the challenge of developing and using measures that are not part of a validated measure set like NQF. He mentioned use of measure selection criteria and opportunities to line up with the State Health Improvement Plan or other policies and priorities.

Muriel requested additional information on the Health Aspects of Kindergarten Readiness measure that's under consideration for the CCO 2020 measure set.

Jeanne asked about an evidence-based obesity measure and interventions to address obesity. Sara stated that the Health Evidence Review Commission has published multisector interventions for prevention and treatment of obesity, which are policy and community-based interventions that CCOs can use.

Jeanne stated that CHP priorities in her area of the state include housing and behavioral health. Eli stated that there is a bias toward physical health in the CCO metrics set. Jeanne stated that when topics like housing and behavioral health are not reflected in the CCO incentive measure set, it is challenging to incentivize or pay behavioral health providers for their work. There is an opportunity to do more.

The group ran out of time for further discussion. We will schedule a follow up meeting between PHAB Accountability Metrics subcommittee members and Will Brake and Sara Kleinschmit.

2019 Public Health Accountability Metrics Report

Myde reviewed changes to the Executive Summary and Introduction sections of the report. Subcommittee members made a recommendation for PHAB to review and hold a vote to approve the report at the March meeting.

Subcommittee business

Myde will present the 2019 report at the March 21 PHAB meeting. There's no need for a subcommittee member to provide an update at the March meeting.

The next meeting is scheduled for Monday, April 1 from 1:00-2:00.

Public comment

No public comment was provided.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for March 4 from 1:00-2:00.

Developmental Accountability Metric: Dental Visits for Children 0-5

Oregon Health Authority

Metric history

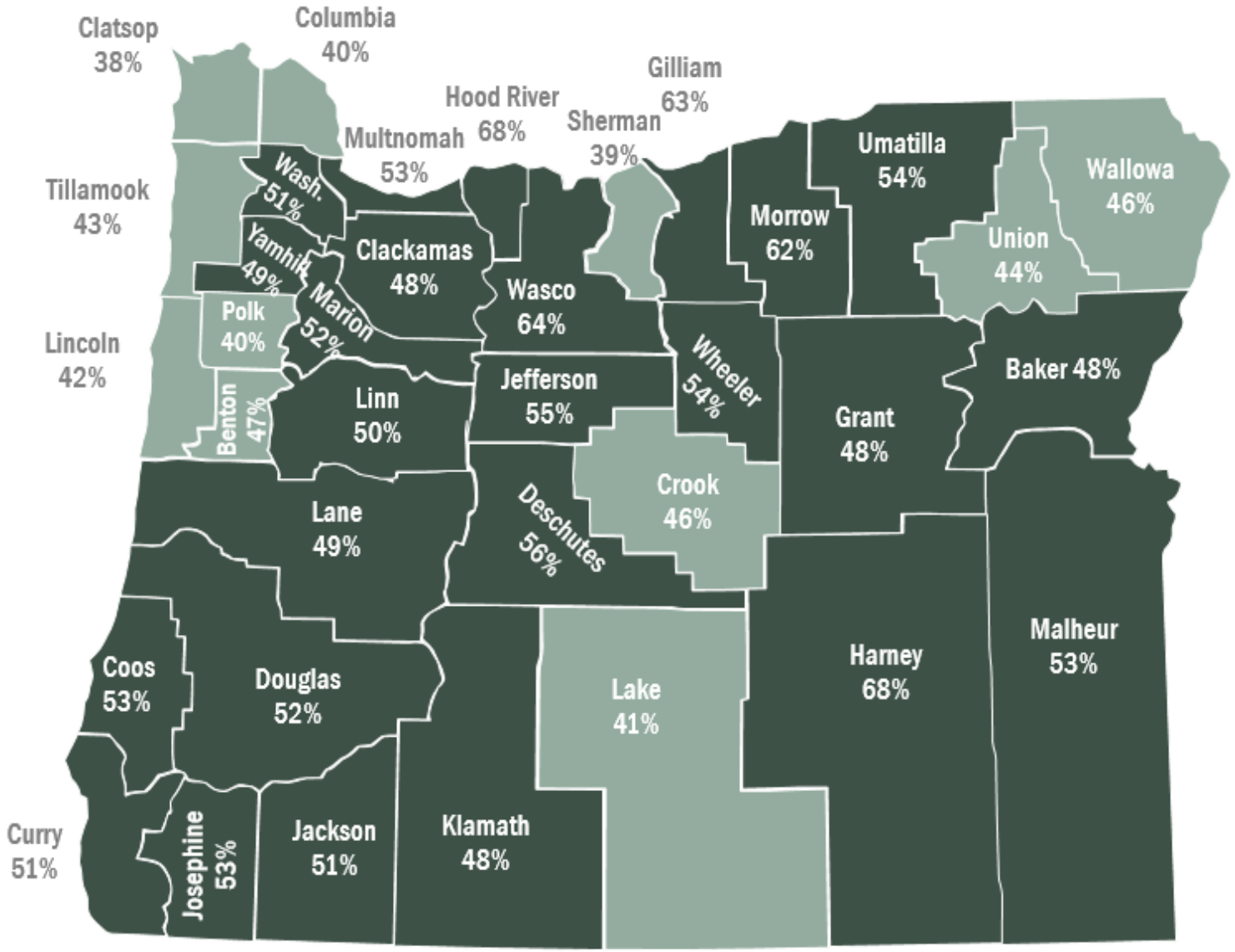
June 2017	PHAB adopted dental visits for children 0-5 as a public health accountability metric without adopting a measure
September 2017-January 2018	Accountability Metrics subcommittee reviewed potential outcome and process measures.
January 2018	PHAB made decision for the metric be changed from an accountability metric to a developmental metric because: 1. Subcommittee could not identify an outcome measure that met selection criteria; and 2. Subcommittee and CLHO could not identify an acceptable local public health process measure.

Percent of children age 0-5 with any dental visit

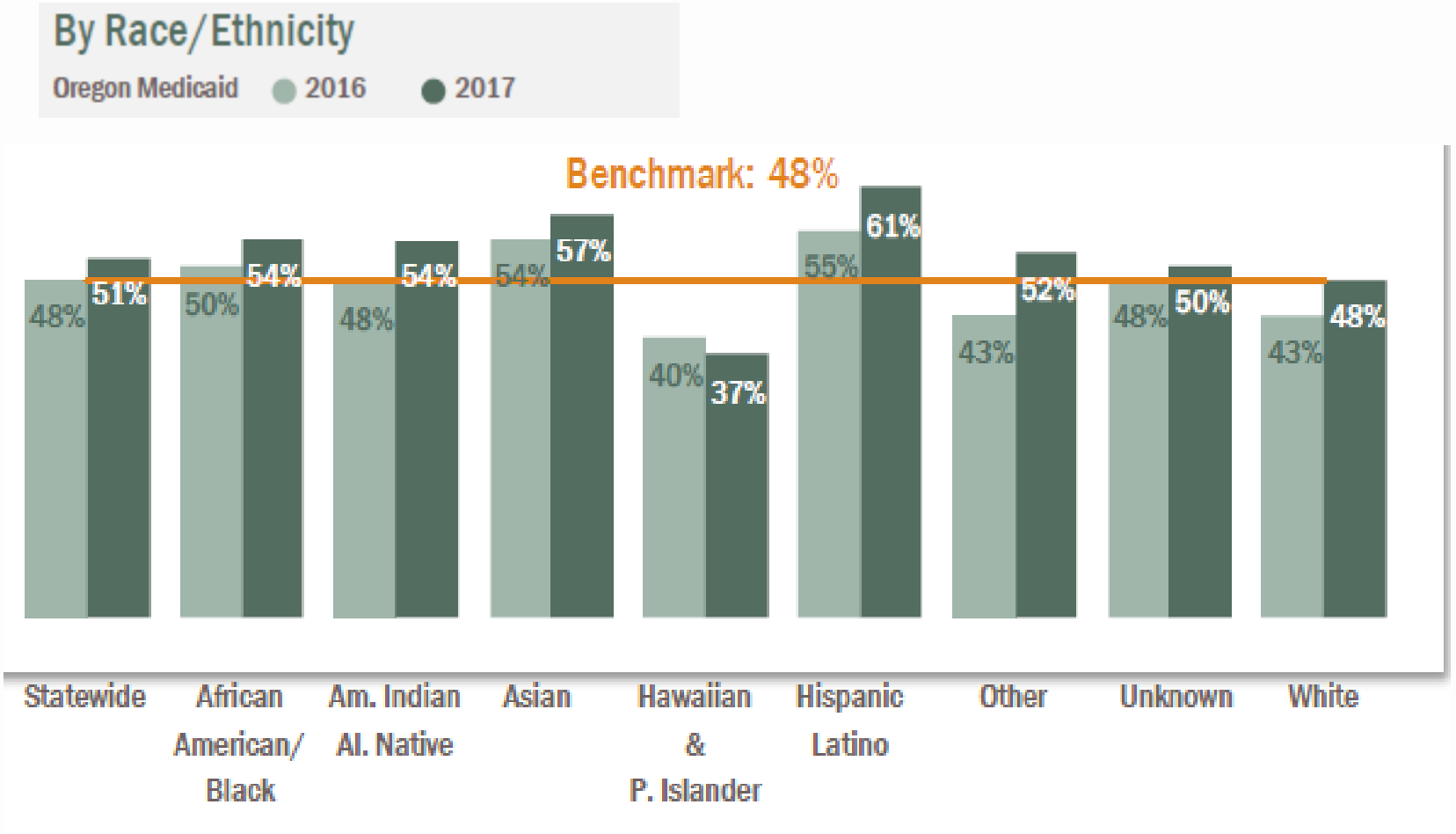
Medicaid Claims Data 2017

Benchmark:

48%



Percent of children age 0-5 with any dental visit



Benchmark is based on SHIP 2020 target

Oregon Health Authority

Medicaid Data

- Medicaid claims data is for the 2017 calendar year
- Numerator – Number of clients who received any dental service under the supervision of a dentist or dental hygienist in the measurement year
- Denominator – Number of clients who have continuous enrollment for 12 months in a CCO
- Limitations:
  - Not population-based
  - Includes Medicaid enrollees only
  - Does not include dental services provided in a medical setting

Dental Sealant CCO Incentive Metric

- Metrics & Scoring Committee decided this state-specific measure will follow Dental Quality Alliance (DQA) specifications beginning in 2020
- DQA has convened a workgroup to review specifications
  - Oregon is assisting with testing data
  - Testing age range is limited to 6-9 years old
- Shifts the emphasis to new patients who have at least one sealable first permanent molar
  - Two new exclusions achieve this

Dental Sealant CCO Incentive Metric

	Current CCO Specifications (2019)	*Draft* Dental Quality Alliance (DQA) Specifications for 2020
Who is counted?	All children on Medicaid ages **6-14** meeting continuous enrollment criteria	All children on Medicaid ages **7-14** meeting continuous enrollment criteria, except those below

Who is excluded?	None	• Children with ALL FOUR first permanent molars restored or extracted
		  • Indicates no sealable permanent molars
		• Children with at least one sealant on any of the first permanent molars in the three years prior to the measurement year
		  • Indicates not the first time the child has a sealable permanent molar

Continuous enrollment criteria	Measurement year with one allowable 45 day gap	At least 180 days in measurement year

Kindergarten Readiness Metrics

- Multi-year measurement approach
  - First year (2020)
    - Preventive dental visits for children 1-*5*
    - Well-child visits for children 3-6
- Age range of dental metric may change to 1-6 if the dental sealant metric changes to 7-14
- Measure: Percentage of children ages 1-*5* who received preventive dental services from a dental provider in the year

Kindergarten Readiness Metrics

- Data Source: MMIS/DSSURS
- Numerator: Number of children ages 1-*5* who received preventive dental services from a dental provider in the year
- Denominator: Number of children ages 1-*5* in the CCO
- Continuous Enrollment Criteria: test data used the measurement year with one allowable 45 day gap
  - CMS has a similar measure that uses 90 day continuous enrollment criteria

Options

- Not have an oral health accountability metric at all
- Keep the current metric:
  - Does it stay developmental?
  - Should the age range change to 0-6 versus 0-5?
- Should another oral health metric be used?
  - Limited options for a population-based measure
  - See spreadsheet of data source options

Public Health Advisory Board

Accountability Metrics Subcommittee Meeting

April 1, 2019

Oral Health Metrics

Measure	Children aged 0-5 with a dental visit in the previous year; percentage of OHP enrolled children who received any dental service during the measurement year	Percentage of **enrolled** children (ages 0-18) who received a **preventive** dental service during the measurement year	Percentage of **enrolled** children (ages 0-18) who received **any** dental service during the measurement year	Children (ages 6-9) with the presence of untreated decay	Percent of 2-year-olds who have **ever** been to a dentist.	Percent of children with a **preventive** dental visit in the past year
Data Source	Medicaid claims data	Medicaid claims data	Medicaid claims data	Smile Survey	PRAMS-2	National Survey of Children's Health
Data collection method	Medicaid claims	Medicaid claims	Medicaid claims	School-based survey	Statewide survey	National survey with state estimates
Sample	OHP enrolled and use services	OHP enrolled	OHP enrolled	1st, 2nd, 3rd grade sample	Sample of Oregon women	Children age 1-5 subgroup available
Description	Measure 2.3 in State Health Improvement Plan: Children aged 0 to 5 with a dental visit in the previous year Target: 10% increase from baseline	Medicaid Oral Health Dashboard measure; measure specifications currently under review	Medicaid Oral Health Dashboard measure; measure specifications currently under review	Last Survey in 2017; publication under review	Resurvey of Oregon PRAMS respondents (all had a live birth) when their child was 2 years old Results available for 2006-2017	Indicator 4.2: During the past 12 months/since [his/her] birth, how many times did [child name] see a dentist for preventive dental care such as check-ups and dental cleanings?
Results	2017: 50.95% statewide	2017: 55.8% statewide	2017: 60.3% statewide	19% untreated decay (6-9 year old's)	2017: 49.2% statewide	2016-17: 63.7% of 1-5 year old's statewide
Weaknesses	Medicaid population only; baseline not defined; SHIP measure is considered developmental; measure does not specify count or %; measure does not specify type of visit (assume all visits)	Medicaid population only	Medicaid population only	Not conducted annually; not population of interest; does not measure dental access	Covers only 2 year-olds; no data for 2014, 2015 Future surveys will cover 3 year-olds, but will not be comparable to past surveys	Data from survey year 2016 and onward cannot be compared to prior years' surveys (2011/12, 2007); no county or regional estimates
Frequency	Annual	Annual	Annual	Every five years	Annual	State level: every two years National: annual
Statewide	Yes	Yes	Yes	Yes	Yes	Yes
By County/Region	Reported by CCO, county	Reported by CCO	Reported by CCO	Reported by region	May be reportable by region as a weighted percentage depending on sample counts	No
By Race/Ethnicity	Reported by race/ethnicity for statewide	Reported by race/ethnicity for statewide	Reported by race/ethnicity for statewide	Yes	Yes, of child's mother (from child's birth certificate)	Sample size for Oregon too small for analysis by race and ethnicity
	Note: Dental claims are expected to be included in the Oregon All Payer All Claims (APAC) Database in the future, which would provide a stronger population-based dataset. The timeline for implementation does not allow for data availability for several years.					

Process for making changes to public health accountability metrics for 2019-21

- To what extent do subcommittee members want to consider focused or broad changes to the measure set?
  - The subcommittee could have targeted discussions for specific measures or a broad consideration of all measures.
- Are there opportunities to strengthen alignment with the 2020-24 SHIP priorities, CCO incentive measures, or other statewide priorities?
- Discuss process for soliciting feedback from stakeholders.

Selection Criteria for Public Health Accountability Metrics

Table 1 lists the selection criteria PHAB used to select public health accountability metrics for 2017-19. Table 2 shows the selection criteria assessment for adopted metrics.

Table 1: Accountability Metrics Selection Criteria

Selection criteria	Definition
Top 5 "must have" criteria	
Promotes health equity	• Measure addresses an area where health disparities exist. • Data are reportable by race/ethnicity.
Respectful of local priorities	• Collectively, the set of public health accountability metrics covers a range of health priorities for state and local public health authorities. • Data are reportable at the county level.
Transformative potential	• Measure aligns with core public health functions in the Public Health Modernization Manual that represent an emerging area of public health deemed important for the future.
Consistency with state and national quality measures, with room for innovation	• Measure is nationally validated. • Measure aligns with CCO, hospital or early learning metrics. • Measure is a required reporting element for other public health initiatives. • National or other benchmarks exist for performance on this measure.
Feasibility of measurement	• Data for measure are already collected, or a mechanism for data collection has been identified.
Additional important criteria	
Consumer engagement	• Measure successfully communicates to consumers what is expected of the public health system.
Relevance	• Condition or practice being measured has a significant impact on issues of concern or focus.

	• Measure aligns with evidence-based or promising practices.
Attainability	• It is reasonable to expect improved performance on this measure.
Accuracy	• Changes in public health system performance will be visible in the measure. • Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years
Reasonable accountability	• State and local public health authorities have some control over the outcome in the measure
Range/diversity of measures	• Collectively, the set of public health accountability metrics covers a range of health priorities for Oregon for each of the public health foundational programs

Table 2: Assessment of Top 5 "Must Have" Selection Criteria

	Promotes health equity	Respectful of local priorities	Transformative potential	Consistency with state and national quality measures	Feasibility of measurement
Two-year old vaccination rate	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[8]
Gonorrhea rate	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[9]
Adults who smoke cigarettes	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[8]
Opioid mortality	Yes[1,2]	Yes[4]	Yes[5]	Yes[6,7]	Yes[10,11]
Active transportation	Yes	Yes	Yes[5]	Yes	Yes[10]
Drinking water standards	Yes	Yes[4]	No	Yes[7]	Yes[12]
Effective contraceptive use	Yes[1,2]	Yes[4]	Yes[5]	Yes[6,7]	Yes[8]
Dental visits, children 0-5	Yes[1]	Yes	Yes[5]	Yes[6,7]	Yes[11]

Notes:

1. Disparities documented
2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent an emerging area for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics
7. Benchmarks exist
8. Data available from BRFSS
9. Data available from OHT
10. Data available from ALERT IIS
11. Data available from Medicaid claims
12. Data available from PHD Oral Health program data

PHAB Accountability Metrics subcommittee
Public Health Accountability Metrics – 2019-21 measures for review
April 1, 2019

Background: On March 21, 2019 the Public Health Advisory Board adopted the 2019 Public Health Accountability Metrics Annual Report. PHAB requested that the Accountability Metrics subcommittee review the following measures before finalizing the 2019-21 measure set.

Measure	Outcome or process measure	Notes from PHAB discussion
Prescription opioid mortality	Outcome	PHAB needs to look at what we're measuring. Oregon met the benchmark of three deaths per 100,000 in 2017. However, Oregon has a long way to go in solving the opioid crisis and this metric must be considered within the broader context of illicit opioid deaths and overdoses not resulting in deaths.
Prescription opioid mortality: Percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)	Process	Since 2018, Oregon law requires all opioid prescribers to be enrolled in the PDMP. Does this measure still provide useful information?
Adult smoking prevalence: Percent of population reached by tobacco-free county properties policies	Process	LPHAs met the benchmark for comprehensive (all properties) or partial (some properties) tobacco-free county properties. As reported, this measure does not reflect incremental progress, and it does not reflect that there is still work to be done in counties with partial policies.
Active transportation: LPHA participation in leadership or planning initiatives related to active transportation, parks and recreation or land use	Process	The measure should reflect LPHA participation in implementation, in addition to planning.
Drinking water: Percent of water system surveys completed, and	Process	Both measures are at close to 100%. Do they provide meaningful information?

Percent of priority non-compliers resolved		
Effective contraceptive use: Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use	Process	Need to develop a new data collection mechanism.
Dental visits for children aged 0-5	Outcome	Need to determine whether available data sources meet the criteria to move this from a developmental to an accountability metric.

Subcommittee business

- Decide who will give subcommittee update at 4/18 PHAB meeting
- The next subcommittee meeting is scheduled for May 6 from 1:00-2:00
- Agenda for April meeting:
  1. Changes to the 2019-21 measure set.
  2. Benchmarks and targets for communicable disease control metrics.

Public comment

Oregon Health Authority

Adjourn

Oregon Health Authority