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MEMORANDUM

TO: The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair
The Honorable Rep. Dan Rayfield, House Co-Chair
Subcommittee on Human Services

FROM: Janell Evans, Budget Director, Oregon Health Authority

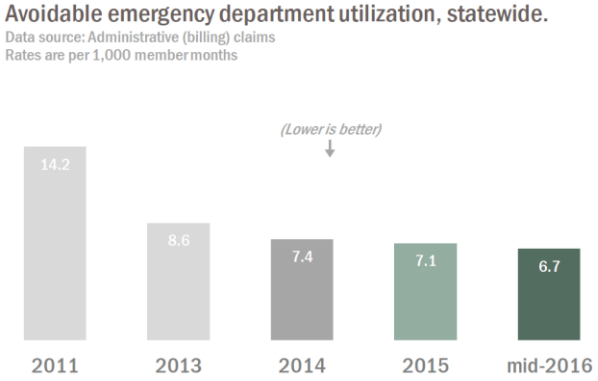
DATE: March 13, 2017

SUBJECT: Responses to March 9 Public Hearing Questions

During OHA's presentation before your committee on Thursday, March 9, committee members asked questions that required additional follow-up. Here are those questions and our responses:

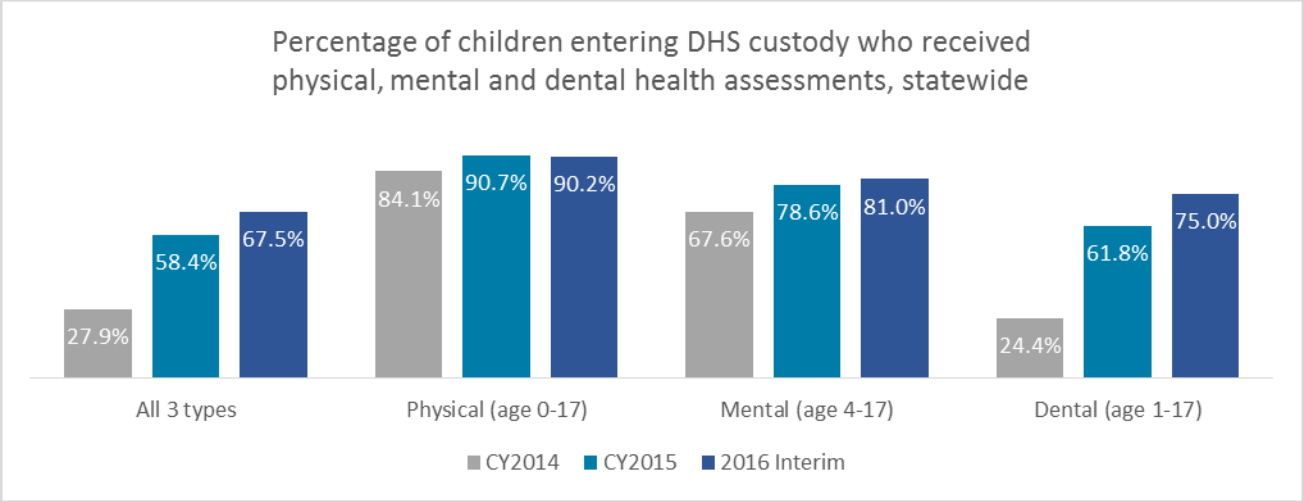
Rep. Rayfield: In reference to avoidable ED utilization – does that data include all CCOs and fee for service utilization? Is there a difference in utilization between the CCO and fee-for-service populations?

This ED utilization metric is specific to CCOs. Avoidable ED visits for the FFS population is 6.6 as compared to 6.7 for CCO members in mid-2016.



Sen. Steiner Hayward: Is the KPM a blended average of mental and physical health assessments?

The bar chart below provides a breakout of the health assessment KPM data between physical, mental, and dental for calendar years 2014, 2015, and 2016. The 2016 percentages are based on interim data.



Rep. Hayden: American Health Care Act – Does OHA have a gut check on what that would mean for this and the next biennium? **Sen. Winters** (45 min): Have you been able to tease out the differentials around the categoricals with the block grants?

Here is a link to a summary of the American Health Care Act by the Kaiser Family Foundation:

http://files.kff.org/attachment/Proposals-to-Replace-the-Affordable-Care-Act-Summary-of-the-American-Health-Care-Act

OHA is completing a high-level analysis of the impacts of the American Health Care Act to Oregon's Medicaid program and, once finalized, will provide it to the committee.

Sen. Steiner Hayward: What is the taskforce learning about the barriers to providing contraceptives? Can you talk about why the goal is 50%?

The Metrics and Scoring Committee set the Effective Contraceptive Use benchmark. The committee reviewed preliminary data from Oregon and Iowa and data from high performing clinics, along with a summary of the need for effective

contraceptive use for low income populations for context. The originally proposal was for 60 percent, but after discussion and the committee opted for a more realistic benchmark and set it at 50 percent. The committee can review and increase the benchmark, as it sees appropriate.

Minutes on this decision are attached. (See *Metrics & Scoring 11-20-2016 Draft Minutes – Effective Contraceptive Use*.) Also, the technical assistance guide (i.e., Effective Use amount Women at Risk of Unintended Pregnancy Guidance Document) provides much of the background. It can be found at the following link:

http://www.oregon.gov/oha/analytics/CCOData/Effective%20Contraceptive%20Use%20Guidance%20Document.pdf

Sen. Alonso Leon: Can you tell us what you've been doing to make sure our education system is aware of our workforce challenge to promote these needs?

OHA has a Health Care Workforce Committee (HCWF) that is dealing with this topic in a variety of ways. The Health Care Workforce Committee was established in 2010 by House Bill 2009, Section 7(3)(a) and reports directly to the Oregon Health Policy Board. The committee coordinates efforts to recruit and educate health care professionals and retain a quality workforce. This work is necessary if Oregon is to meet the demand created by the expansion in health care coverage, system transformation and an increasingly diverse population, and realize the promise of the Triple Aim.

Members of the committee include senior leaders from the medical, behavioral health and dental professions in our state, health care recruiters, leaders in our university system, community representatives, and non-traditional health care providers as well. The director of our state's Area Health Education Center also sits on the committee. His organization plays an important role connecting students from the public education system with training opportunities for the health care field. Over the past seven years, the committee has reviewed projections of provider demand in Oregon in response to an expansion of health care coverages, developed recommendations that removed barriers for new training programs and locations to respond to changes in the market, and identified skills and competencies that are needed for the future workforce system. HCWF also did the initial planning and research work that led to the development of the Traditional Health Worker Commission that exists today.

The Oregon Health Policy Board just provided the committee with a new charter, and over the next two years, HCWF will be working with educational institutions

and leaders in the various health care professions to develop strategies for developing the essential competencies within the health care disciplines, will compile and recommend promising strategies for increasing the diversity of the health care workforce, and helping re-align Oregon's various provider incentives into a more effective and easy to navigate system to help get health care providers to the areas they are most needed among other activities. The committee is also charged with helping establish a collaboration among statewide organizations and communities to help grow the health care workforce pipeline, and is following closely and supportive of the Graduate Medical Education Consortium.

Oregon Metrics & Scoring Committee
Minutes
November 20, 2014
10:00 am – 12:00 pm

ITEM
Welcome and introductions Committee members present: Maggie Bennington-Davis, Gloria Coronado, Robert Dannenhoffer, R.J. Gillespie, Ken House, David Labby, Juanita Santana, Eli Schwarz Not attending: Jeff Luck OHA staff: Lori Coyner, Sarah Bartelmann, Milena Malone
Consent agenda The Committee approved the October 17, 2014 minutes.
Updates • The Child and Family Wellbeing Measures workgroup has continued to meet. The workgroup is still working on their purpose and consensus process, but are aware of the importance of selecting metrics quickly so the Metrics & Scoring Committee can consider them while selecting the 2016 CCO Incentive Measures. More information online at http://www.oregon.gov/oha/Pages/CFWB.aspx. • OHA will provide CCOs with the next progress report on November 25th. This report will include data covering July 2013 – June 2014. These data will be included in the semi-annual Health System Transformation Progress Report which will be publically released in January. • Committee members are invited to attend the November 24th Metrics Technical Advisory Workgroup (metrics TAG) meeting to participate in the final review and discussion of the 2015 measure specifications. Meeting materials are online at http://www.oregon.gov/oha/Pages/metricsTAG.aspx. o The Committee asked about using the dashboard that was presented to the metrics TAG in October or other ways to have access to CCO performance data across the metrics. The Committee will have updated CCO performance data when the Health System Transformation Progress Report is published in January; the new dashboard contains member-level information and cannot be publically distributed, but can be used to take deeper looks at some of the metrics. OHA will bring more detailed analyses for the Committee's consideration in 2015. o The Committee asked about how the redetermination process will affect CCO performance on the metrics. Staff is reviewing each metric to determine the effect of the expansion population and the redetermination process. OHA will provide this information to the CCOs, the Metrics TAG, and the Committee.
Effective Contraceptive Use Benchmark Sarah Bartelmann presented on the measure specification development, preliminary performance data

from Oregon and Iowa, data from a high performing clinic system, and a brief summary of the need for effective contraceptive use for low-income populations, as context for the benchmark setting discussion. OHA recommended the Committee set the 2015 benchmark at 60 percent.

Committee discussion included:

- The CCO incentive measure will be focused on adults (ages 18+); adolescents ages 15-17 will be monitored, but not part of the quality pool payment due to incomplete data and confidentiality issues. Committee members noted it is important to address the rate of teen pregnancy, especially among African-American and Latino and were encouraged that pediatric and family medicine practices will likely be implementing workflows to address effective contraceptive use for ages 18+ that will also affect adolescents. The Committee proposed adding adolescents to the incentive measure for 2016.
- As baseline data from CY 2014 will be available, the effective contraceptive use measure should have both a benchmark and an improvement target, set using the Minnesota method.
- The Committee has historically set benchmarks based on demonstrated achievements, whether national Medicaid percentiles, high performing CCOs, or available national survey data. The recommended benchmark of 60 percent is aspirational: no data currently exist to demonstrate this level of performance, either in-state or nationally. The Committee should select benchmarks consistently across measures, using similar principles.
- If CCOs do well compared to a lower benchmark (e.g., 50 percent), it will be easier for the Committee to raise the benchmark for 2016 than it would be for the Committee to determine the benchmark was initially set too high (60 percent) and then try to lower it for 2016.
- Committee members noted that most CCOs will likely earn their 2015 quality pool payments for this measure based on the improvement targets, rather than the absolute benchmark. It is important to have the measure, but whether the benchmark is 50, 55, or 60 percent is less relevant.
- The effective contraceptive use measure can be stratified by age, race/ethnicity, language, disability, and for people with severe and persistent mental illness. It will be important to review the data once measurement begins to ensure that underserved populations are being reached.

The Committee:

- **Set the 2015 benchmark for effective contraceptive use at 50 percent, and the improvement target using the Minnesota method with a 3 percentage point floor.** Seven of the present Committee members were in favor, with one vote against the lower benchmark.
- **Will revisit the benchmark for 2016.**

Oregon Metrics & Scoring Committee
Minutes
November 20, 2014
10:00 am – 12:00 pm

Challenge Pool Measures

Lori Coyner presented the existing challenge pool measures and a recommendation for modifying the challenge pool measures for 2015. Staff recommends dropping the Patient-Centered Primary Care Home Enrollment measure from the challenge pool and replacing it with Developmental Screening, Effective Contraceptive Use, or Dental Sealants.

Committee discussion included:

- Concern about including one of the new measures as a challenge pool measure because it is so new. Effective contraceptive use in particular is being finalized so close to the start of the measurement period that it will be a heavy lift for CCOs to begin implementation and improvement activities.
- Dental sealants or developmental screening would add a child focus to the challenge pool, which to-date has been adult-centric.
- Developmental screening aligns with Head Start and early learning initiatives, and connects well with kindergarten readiness. Early identification of problems may lead to reduced costs long-term.
- Dental sealants is the only dental measure in the set; important to focus on this as dental was just integrated into CCOs. While dental sealants is a new measure for the CCO incentive set, the measure has been around for a long time as part of the state's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) reporting.
- There are still outstanding data issues around dental sealants – information is collected in both Medicaid claims and the school-based sealant program. A workgroup may be needed to focus on improving sealant data across the state. Staff is working with the Oral Health Program to determine the best way to address these concerns, and will be working with OHA's new dental director once hired, and will bring back updates to the Committee as next steps are determined.

The Committee adopted the following measures for the 2015 challenge pool: Diabetes: Hb1c Poor Control, Depression Screening and Follow Up, Alcohol and Drug Misuse (SBIRT), and Developmental Screening.

2015 Meeting Schedule

The Committee discussed meeting options for 2015 and the timeline for selecting the 2016 CCO incentive measures. The Committee agreed:

- The December 19, 2014 meeting is cancelled.
- The Committee will take a short hiatus in early 2015 and will regroup in March and May 2015.
- The Committee would like to hear more from CCOs and providers on the level of investment and resources needed to focus on the incentive measures and make improvements. The Committee had previously requested to hear from CCOs on what they would do to affect tobacco use in

advance of a 2016 tobacco measure.

- The Committee will meet in June to begin to review the previously identified on-deck measures for 2016.
- The Committee will hold a longer meeting in July to review final 2014 performance data and quality pool distribution, and to continue hearing from CCOs and stakeholders. New Committee members will be invited to attend the July meeting in advance of their official term starting in August.
- The Committee will meet again September to continue selecting the 2016 measures, setting the 2016 benchmarks, and determining the challenge pool measures.
- The Committee will meet in either November or December to finalize plans for 2016.

Public testimony

Representative Barbara Smith Warner expressed strong support for having contraceptive metrics and the importance of decreasing unintended pregnancies. Representative Smith Warner also noted the importance of having aspirational metrics in moving significant public policy discussions forward and encouraged the Committee to not set the bar too low.

Sharon Meieran, Medical Director, and Michele Stranger Hunter, Executive Director at the Oregon Foundation for Reproductive Health commended and thanked the Committee for adopting and supporting the effective contraceptive use measure. Written testimony is also available here: http://www.oregon.gov/oha/MetricsMeetingMaterials/Public%20testimony_OFRH.pdf

Maggie Sullivan, Executive Director of the Health Care Coalition of Southern Oregon spoke in strong support of the reproductive health metric and noted that while CCOs and clinics may complain about the incentive metrics, having a robust, incentivized metric will really ensure universal pregnancy screening intention happens.

Timothie Rochon, Clinic Manager at Outside In spoke in support of the One Key Question™ initiative an incentivized women's reproductive health metric. Ms. Rochon recommended a higher benchmark in order to achieve the best results.

Laura Terrill Patten, Executive Director of Planned Parenthood Advocates of Oregon submitted written testimony supporting the adoption of the effective contraceptive use measure. Full written testimony is available here: http://www.oregon.gov/oha/MetricsMeetingMaterials/Public%20testimony_Planned%20Parenthood.pdf

Becky Straus, Legislative Director at ACLU of Oregon submitted written testimony in support of the proposed 2015 benchmark for effective contraceptive use. Full written testimony is available here: http://www.oregon.gov/oha/MetricsMeetingMaterials/Public%20testimony_ACLU.pdf