Oregon Measurement Strategy

This Measurement Strategy outlines how the Oregon Health Authority (OHA) will measure quality of and access to care for individuals enrolled in Coordinated Care Organizations (CCOs) and for the Oregon Health Plan population as a whole.

OHA Measurement Framework

Oregon has identified over 80 potential measures of cost, quality, access, patient experience, and health status that could be tracked over delivery settings and populations. These measures come from several measure sets, including the CMS Adult Medicaid Quality Measures, Children's Health Insurance Program Reauthorization Act (CHIPRA) Measures, Oregon's core performance measures, and the incentive measures for year one selected by the Metrics and Scoring Committee that will be tied to quality pool funding for CCOs. These measures by set are listed below.

Ensuring Continuous Quality Improvement

In coordination with the Metrics and Scoring Committee, the Oregon Health Authority will be revisiting selected measures annually to ensure that quality of and access to care are being tracked appropriately. OHA will be exploring National Quality Forum (NQF)-endorsed and other healthcare disparities and cultural competency measures for inclusion in the measurement framework. As new measures are identified, potentially through the CMS Adult Core Quality Measures Grant, or endorsed, through NQF or Meaningful Use Stage 2, OHA will add and retire measures from the overall measurement framework.

The Metrics and Scoring Committee will be reviewing CCO performance data, improvement over baseline, and distribution of the quality pool to determine if the initial incentive metrics selected were the right combination of measures to improve quality and access for the Oregon Health Plan population. Incentive measures may be added in subsequent years and it is likely that other measures will be retired from the list, either due to measurement concerns or progress.

Data Collection

The Oregon Health Authority will be responsible for collecting data on all measures selected. An external quality review organization (EQRO) will play a role in data collection and analysis where necessary, assisting with measures that require chart reviews and/or validation of information submitted by a CCO as specified by OHA. OHA is also contracting with the Oregon

Health Care Quality Corporation (Quality Corp) for assistance in data cleaning and analysis, third party validation, and reporting.

Data Analysis

OHA is in the process of developing a more detailed timeline to establish the necessary steps and responsibilities for collecting and analyzing selected measures, while being as efficient with resources as possible. This reporting plan will be developed by February 2013.

OHA will also be responsible for conducting data analysis on these measures. Where possible, measures will be aggregated by CCO, and analyzed for trends, issues, areas of concern and areas of innovative improvement. Data will also be analyzed and reported by racial and ethnic groups, in addition to vulnerable populations such as people experiencing homelessness and people with specific diagnoses (disabling conditions, serious and persistent mental illness (SPMI), chronic conditions, addictions). OHA will be involving data analysts, internal and third party evaluators, the Office of Equity and Inclusion, and other external stakeholders in clearly defining selected subpopulations for analysis. Quality Corp

Data Reporting

The Oregon Health Authority is committed to transparency in health system transformation efforts: all selected measures will be reported publicly on the Oregon Health Authority website. With the exception of data that is collected annually (e.g., patient experience of care surveys), metrics will be reported quarterly to track patterns of utilization and highlight potential issues with performance.

These data will be used to track program goals, address disparities, and drive quality improvement through financial incentives, performance reporting, and rapid cycle feedback processes. Data from selected measures will also be used to meet OHA reporting requirements to the Centers for Medicare and Medicaid Services (CMS) and inform formative and impact evaluation questions.

For More Information

Metrics and Scoring Committee: http://www.oregon.gov/oha/pages/metrix.aspx

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Measures by Set

Incentive Measures – Year One

1. Alcohol and drug misuse, screening, brief intervention, and referral for treatment* (SBIRT)
2. Follow-up after hospitalization for mental illness* (NQF 0576)
3. Screening for clinical depression and follow-up plan* (NQF 0418)
4. Mental and physical health assessment within 60 days for children in DHS custody* (state measure)
5. Follow up care for children prescribed ADHD medication (NQF 0108)
6. Prenatal and Postpartum Care: Timeliness of Prenatal Care (NQF 1517)
7. PC-01: Elective delivery (NQF 0469)
8. Ambulatory care: outpatient and emergency department utilization* (HEDIS)
9. Colorectal cancer screening (HEDIS)
10. Patient-Centered Primary Care Home (PCPCH) enrollment (state measure)
11. Developmental screening in the first 36 months of life* (NQF 1448)
12. Adolescent well child visits* (HEDIS)
13. Controlling high blood pressure* (NQF 0018)
14. Diabetes: HbA1c Poor Control (NQF 0059)
15. Access to Care: Getting Care Quickly* (CAHPS survey composites for adult and child)

    a. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?" (Adult)
    b. "In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?" (Adult)
    c. "In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?" (Child)
    d. "In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?" (Child)

16. Health Plan Satisfaction: Customer Service (CAHPS survey composites for adult and child)

    1. "In the last 6 months, how often did your health plan's customer service give you the information or help you needed?" (Adult)

2. "In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?" (Adult)
3. "In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?" (Child)
4. "In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?" (Child)

17. EHR adoption (composite – 3 Meaningful Use questions)

1115 Demonstration Core Performance Measures

1. Getting needed care and getting care quickly* (CAHPS survey composites)
2. Member health status, adults (CAHPS health status)
3. Rate of tobacco use among CCO enrollees (Medicaid BRFFS, CAHPS)
4. Rate of obesity among CCO enrollees (state measure)
5. Ambulatory Care: Outpatient and emergency department utilization* (HEDIS)
6. Potentially avoidable ED visits (Medi-Cal approach)
7. Ambulatory-care sensitive hospital admissions* (PQI #1: NQF 272; PQI #14: NQF 638)
8. Medication reconciliation post-discharge (NQF 0554)
9. All-cause readmissions (NQF 1789)
10. Alcohol or other substance misuse* (SBIRT)
11. Initiation and engagement in alcohol and drug treatment* (NQF 0004)
12. Mental health assessment for children in DHS custody* (state measure)
13. Follow-up after hospitalization for mental illness* (NQF 0576)
14. Effective contraceptive use among women who do not desire pregnancy (BRFFS)
15. Low birth weight (NQF 0278, PQI #9)
16. Developmental screening by 36 months* (NQF 1448)
17. Screening for clinical depression and follow-up plan* (NQF 0418)

CMS Adult Core Measures[1]

1) Flu shots for adults ages 50-64 (NQF #0039)
2) Adult BMI assessment
3) Breast cancer screening (NQF #0031)
4) Cervical cancer screening (NQF #0032)
5) Medical assistance with smoking and tobacco use cessation (NQF #0027)
6) Screening for clinical depression and follow-up plan* (NQF #0418)

[1] These measures are subject to change by CMS.

7) All-cause readmission
8) PQI 01: diabetes, short-term complications admission rate (NQF #0272)
9) PQI 05: chronic obstructive pulmonary disease (COPD) admission rate (NQF #0275)
10) PQI 08: congestive heart failure admission rate (NQF #0277)
11) PQI 15: adult asthma admission rate (NQF #0283)
12) Chlamydia screening in women age 21-24 (NQF #0033)
13) Follow-up after hospitalization for mental illness* (NQF #0576)
14) PC-01: elective delivery (NQF #0469)
15) PC-03: antenatal steroids (NQF #0476)
16) Annual HIV/AIDS medical visit (NQF #0403)
17) Controlling high blood pressure* (NQF #0018)
18) Comprehensive diabetes care: LCL-C screening (NQF #0063)
19) Comprehensive diabetes care: hemoglobin A1c testing* (NQF #0057)
20) Antidepressant medication management (NQF #0105)
21) Adherence to antipsychotics for individual with schizophrenia
22) Annual monitoring for patients on persistent medications (NQF #0021)
23) CAHPS health plan survey v4.0 – adult questionnaire with CAHPS health plan survey v4.0H – NCQA supplemental
24) Care transition – transition record transmitted to health care professional* (NQF #1391)
25) Initiation and engagement of alcohol and other drug dependence treatment* (NQF #0004)
26) Prenatal and postpartum care: postpartum care rate (NQF #1391)

CHIPRA Measures[2]

1) Prenatal and postpartum care: timeliness of prenatal care* (NQF #1517)
2) Frequency of ongoing prenatal care (NQF #1391)
3) Percentage of live births weighing less than 2,500 grams (e.g., low birth weight) (NQF #1382)
4) Cesarean rate for nulliparous singleton vertex (NQF #0471)
5) Childhood immunization status (NQF #0038)
6) Immunization for adolescents (NQF #1407)
7) Weight assessment and counseling for nutrition and physical activity for children/adolescents: BMI assessment for children/adolescents
8) Developmental screening in the first three years of life*(NQF #1448)

[2] These measures are subject to change by CMS

9) Chlamydia screening in women (NQF #0033)
10) Well-child visits in the first 15 months of life (NQF #1392)
11) Well-child visits in the 3rd, 4th, 5th, and 6th years of life (NQF #1516)
12) Adolescent well-care visit*
13) Total eligibles who received preventive dental services (ages 1-20)
14) Child and adolescent access to primary care practitioners
15) Appropriate testing for children with pharyngitis (NQF #0002)
16) Total eligibles who received dental treatment services (ages 1-20)
17) Ambulatory care: emergency department visits*
18) Pediatric central-line associated bloodstream infections – neonatal intensive care unit and pediatric intensive care unit
19) Annual percentage of asthma patients with one or more asthma-related emergency department visit (age 2-20) (NQF #1381)
20) Follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medication (NQF #0108)
21) Annual pediatric hemoglobin A1c testing (NQF #0060)
22) Follow-up after hospitalization for mental illness (NQF #0576)
23) CAHPS 4.0H (child version including Medicaid and children with chronic conditions supplemental items)

* Measure (or similar measure) appears in more than one measurement set