Health Plan Quality Metrics Work Group

Final Recommendations Report

May 2014

Health Plan Quality Metrics Work Group Members

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EXECUTIVE SUMMARY

The Health Plan Quality Metrics Work Group was established by the Oregon Legislature under House Bill 2118 (2013) to recommend a core set of health outcomes and quality measures for use by Cover Oregon, the Oregon Health Authority (OHA), the Oregon Educators Benefit Board (OEBB), and the Public Employees' Benefit Board (PEBB). The Work Group identified a small number of measures that have been defined by expert organizations, and that are relevant for Oregonians enrolled in Medicaid Coordinated Care Organizations, Qualified Health Plans available through Cover Oregon, and OEBB's and PEBB's contracted health plans. The recommended measures include 13 Phase I measures that can be reported immediately and 15 proposed Phase II measures that can be reported when needed data are more easily accessible and specifications for all measures are fully developed:

Phase I Measures:

1. Ambulatory Care: Emergency Department Utilization
2. CAHPS: Access to Care, Getting Care Quickly
3. CAHPS: Flu Shots for Adults Ages 50 and Over
4. CAHPS: Medical Assistance with Smoking and Tobacco Cessation
5. CAHPS: Rating of Health Plan
6. Childhood Immunization Status
7. Chlamydia Screening in Women
8. Colorectal Cancer Screening
9. Developmental Screening in the First Three Years of Life
10. Immunization for Adolescents
11. Medication Management for People with Asthma
12. Plan All-Cause Readmissions
13. PQI-92: Prevention Quality Chronic Composite

Proposed Phase II Measures:

1. Alcohol or other substance misuse (SBIRT)
2. Appropriate Opioid Dose
3. Comprehensive Diabetes Care: Eye Exam
4. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control
5. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
6. Comprehensive Diabetes Care: Medical Attention for Nephropathy
7. Controlling High Blood Pressure
8. Effective Contraceptive Use Among Women Who are at Risk of Unintended Pregnancy
9. PC-02: Cesarean Section
10. Prenatal and Postpartum Care
11. Rate of Overweight/Obesity Among Members
12. Rate of Tobacco Use Among Members
13. Screening for Clinical Depression
14. Timely Transmission of Transition Record
15. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure definitions are provided in appendices to the Work Group's final report.

Cover Oregon, OHA, OEBB, and PEBB already collect a substantial number of recommended measures, although specifications and data sources used to calculate specific measures may vary across the organizations. These organizations could incorporate collection of recommended measures they do not already collect into their quality measurement activities.

The Work Group recommends additional effort to identify specifications and data sources that should be used to collect the recommended measures, update the measure set as new data become available, and identify a common set of statewide health improvement priorities and goals to guide the diverse quality measurement efforts in Oregon. Guidelines for these efforts are provided in the final report.

I. BACKGROUND

Within the last five years, Oregon began a process of dramatic health system transformation. Decisions by the Governor, the Legislature, and public purchasers of health coverage have expanded access to health care, promoted coordination among health care providers, and increased availability of information about the quality of health coverage:

- **Coordinated Care Organizations (CCOs).** In 2011, the Legislature authorized the formation of CCOs to deliver care for Oregon Health Plan members. CCOs are networks of health care providers in a given geographic area. They provide physical health, mental health, and dental care using global budgets that grow at a fixed rate.
- **Cover Oregon.** In 2013, Cover Oregon, the state health insurance exchange, was launched. Cover Oregon allows eligible individuals to shop for commercial Qualified Health Plans (QHPs), access financial assistance, and enroll in coverage. To help consumers choose a plan, Cover Oregon provides information about QHP costs and benefits, and about the quality of carriers offering QHPs.
- **Care Coordination and Enhanced Quality Information by Public Purchasers.** OEBB and PEBB supported greater involvement in care coordination from the health plans they contract with, and encouraged members to enroll in patient centered primary care homes (PCPCHs). In addition, OEBB and PEBB required contracted carriers to report new quality measures as part of their contracts.

The Affordable Care Act will also increase availability of information about the quality of health coverage: it requires the federal government to develop a Quality Rating System (QRS) for QHPs, and requires health insurance exchanges to provide ratings from this system to consumers starting in 2015.

In this context, the Legislature passed House Bill 2118 in 2013, creating the Health Plan Quality Metrics Work Group to recommend quality measures for use across health programs and populations.

Work Group Charge

The Health Plan Quality Metrics Work Group ("Work Group") was established to recommend a core set of health outcomes and quality measures for use by Cover Oregon, OHA, OEBB, and PEBB. The Legislature instructed the Work Group to:

- Recommend measures that further the goals of the Oregon Integrated and Coordinated Health Care Delivery System.
- Recognize the unique needs and goals of OHA, Cover Oregon, OEBB, and PEBB.
- Consider quality measures and measurement methodologies used by other state and national quality measurement efforts.
- Use available quality measures and data systems to minimize redundant reporting and reporting with limited value.

This report provides the Work Group's recommendations to the Legislature and describes steps taken by Cover Oregon, OHA, OEBB, and PEBB to implement the recommendations.

What are Quality Measures?

Quality measures indicate how well health care services are being delivered to a group of people, such as members of a health plan. Many measures show how frequently members receive recommended tests and treatments, preventative services, and care for chronic conditions. Other measures reflect health care outcomes, such as frequency of specific illnesses or hospital admissions, or member experience with care and services.

Quality measures are usually shown as a ratio or percentage. Widely used measures include:

- Flu Vaccinations for Adults Age 50 and Over: Percentage of members age 50 and over who received a flu shot.
- Childhood Immunization Status: Percentage of children 2 years of age and older who had recommended vaccinations by their second birthday.
- Controlling High Blood Pressure: Percentage of members age 18 – 75 with high blood pressure whose blood pressure was under adequate control.
- Plan All-Cause Readmissions: Percentage of members age 18 and older who had a hospital stay and were readmitted for any reason within 30 days of discharge.
- Getting Care Quickly: Percentage of members who reported they “Usually” or “Always” got appointments and urgent care as soon as they thought they needed.

Quality measures are defined by expert organizations, such as the nonprofit National Committee for Quality Assurance and the federal Agency for Healthcare Research and Quality. These organizations develop detailed specifications for each measure, including who may be counted in the numerator and denominator, the measurement timeframe, and the type of data that may be used to calculate the measure. The National Quality Forum formally endorses measure specifications.

Many measures (especially those showing percentage of members who received a specific treatment or service) can be calculated using insurance claims data. Other measures (especially those showing percentage of members with specific health outcomes) must be calculated using data from patient medical records or surveys. Measures reflecting member experience must be calculated using data from patient experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Work Group Membership

The Work Group consists of one member each from Cover Oregon, OHA, OEBB, and PEBB, as well as a health care research expert, a health care quality measures expert, an insurer representative, a health care consumer representative, and a self-insured large employer representative appointed by Cover Oregon's executive director in consultation with the directors of OHA, OEBB, and PEBB. The following individuals participated on the committee:

WORK GROUP POSITION	MEMBER NAME
Cover Oregon	Nora Leibowitz, Chief Policy Officer
OHA	Lori Coyner, Director of Accountability and Quality
OEBB	Heidi Williams, Director of Operations
PEBB	Sean Kolmer, PEBB Board Chair
Health Care Research Expert	Ken House, Director of Quality, *Mosaic Medical*
Health Care Quality Measures Expert	Dr. David Labby, Chief Medical Officer, *Health Share of Oregon*
Insurer Representative	Dr. Adrianne Feldstein, Associate Medical Director Quality Systems, *Kaiser Permanente Northwest*
Health Care Consumer Representative	Jesse Ellis O'Brien, Health Care Advocate, *OSPIRG*
Self-Insured Large Employer	Shawna Oliver, US Employees Health & Benefits Manager, *Intel Corporation*

Overall Approach and Relationship to Other Measurement Efforts

The Health Plan Quality Metrics Work Group is one of five major measurement efforts associated with Oregon's health system transformation (see Appendix A for more information about these efforts). Currently, Cover Oregon, OHA, OEBB, and PEBB collect and use a variety of quality measures. Each organization uses quality measures differently to achieve its unique goals:

- To help consumers shop for health plans in the fall 2013 open enrollment period, Cover Oregon used 12 quality measures to create and display overall quality ratings for QHPs available on the health insurance exchange. The nonprofit Oregon Health Care Quality Corporation (Q Corp) calculated the quality measures and overall ratings using data provided by QHP carriers.
- As part of its Medicaid waiver agreement with the federal government, OHA uses quality measures to evaluate CCOs and Oregon's progress toward health system transformation. These include 33 measures OHA reports to the federal government (State Performance Measures) and 17 measures OHA uses to pay CCOs for performance (CCO Incentive Measures).[1]
- OEBB and PEBB use 23 quality measures to evaluate their contracted health insurance plans in order to inform purchasing decisions. OEBB and PEBB contracts require carriers to report their internal estimates of the quality measures.

Quality measures used by the four organizations overlap substantially: the 33 measures in OHA's State Performance Measures set and CCO Incentive Measures set include five of the 12 measures used by Cover Oregon and 14 of the 23 measures used by OEBB and PEBB, although specifications and data sources used to calculate specific measures may vary across organizations.

[1] The 33 State Performance Measures include 16 of the 17 CCO Incentive Measures.

Given the existing measurement efforts in the state, the Work Group identified a small number of quality measures that have been defined by expert organizations, and that are relevant for Oregonians enrolled in CCOs, QHPs, and OEBB's and PEBB's contracted health plans. The Work Group used a measure selection framework incorporating primary "drivers" of better health care and better patient experience of care, better health, and lower medical costs in Oregon to select these measures. Where available, measure scores for Oregon's population and information about salient population health issues in Oregon were used to help select measures. The resulting measure set provides a "purchaser dashboard" that shows quality of health care for these individuals in areas that are critical to achieving better health care and better patient experience of care, better health, and lower medical costs in Oregon. By incorporating the recommended measures into their quality measurement activities, OHA, Cover Oregon, OEBB, and PEBB can focus the attention of health plans and CCOs on areas where improvement is needed most.

This report describes the extent to which the organizations already use the recommended measures and suggests opportunities to incorporate collection of these measures into their quality measurement activities. To make measures scores comparable across CCOs, QHPs, and OEBB's and PEBB's contracted health plans, the Work Group recommends additional effort to identify specifications and data sources that should be used by all organizations to collect the recommended measures. The Work Group supports flexibility for each organization to select and use additional measures outside the recommended measure set as needed to achieve its unique goals.

The Work Group recommended quality measures that are actionable for commercial carriers and CCOs. Many factors outside the influence of carriers and CCOs, such as social determinants of health, affect member health. Addressing these factors is beyond the Work Group's charge and not included in the recommendations presented in this report.

Need for Common Goals to Guide Quality Measurement Efforts

In the process of developing a framework for recommending quality measures, the Work Group identified the need for a common set of statewide health improvement priorities and goals to guide the diverse quality measurement efforts in Oregon. In addition to its measure recommendations, the Work Group recommends additional effort in this area and provides guidelines for this effort.

The next section of this report describes the measure selection framework and process used by the Work Group to select recommended quality measures.

II. MEASURE SELECTION PROCESS

Expert organizations have developed thousands of quality measures to assess health plans and providers. To select a core set of measures from the universe of available quality measures, the Work Group developed a measure selection framework consisting of:

1. **Triple Aim Drivers:** Goals for health care and population health needed to achieve better health care and better patient experience of care, better health, and lower costs in Oregon.
2. **Measure Evaluation Criteria:** Characteristics that all measures recommended by the Work Group should have.
3. **Alignment:** Prioritization of measures already used by OHA, Cover Oregon, OEBB, and PEBB, as well as measures in other important state and national measure sets.

The Work Group used this framework to select a draft set of recommended measures, including measures that can be reported immediately at the health plan and CCO level (Phase I measures) and measures that can be reported when needed data are more easily accessible and specifications for all measures are fully developed (proposed Phase II measures). The draft set was released for public comment, and public feedback was used to help inform the Work Group's final recommendations.

Triple Aim Drivers

The Work Group wanted its recommended quality measures to reflect statewide health improvement priorities and goals. These priorities and goals should be the primary "drivers" of better health care and better patient experience of care, better health, and lower medical costs in Oregon. A measure set that shows how well statewide priorities and goals are being achieved among people served by CCOs, QHPs, and OEBB's and PEBB's health plans will help focus attention on Oregon's most important health care challenges.

Reviewing measure selection frameworks used by Oregon's measurement efforts, the Work Group did not find an existing set of statewide priorities and goals that would adequately guide all measurement efforts. Considering members' experience with different measurement efforts, the Work Group determined that all measurement efforts should use a common set of statewide priorities and goals to select quality measures. Group members strongly believe that priority and goal alignment would help Oregon achieve the Triple Aim by ensuring measurement efforts aimed at diverse care settings and populations focus on the same drivers of better health care and better patient experience of care, better health, and lower medical costs.

Identifying a single set of common priorities and goals to guide Oregon's diverse quality measurement efforts was beyond the scope of the Work Group's charge. However, the Work Group recommends engaging Oregon's health system stakeholders to develop statewide priorities and goals for use by Oregon's measurement efforts (see Recommendations, page 11). This recommendation includes guidelines for developing goals that are relevant for all measurement efforts, and that help Oregon achieve the Triple Aim.

To develop goals for the House Bill 2118 measurement effort, the Work Group used a modified version of the CCO Quality Improvement Focus Areas.[2] The Work Group consolidated the Focus Areas and added additional statewide goals to increase their relevance to commercial health plans, resulting in seven "Drivers" of better health care and better patient experience of care, better health, and lower medical costs:

1. Addressing discrete health issues (e.g., diabetes, hypertension, asthma)
2. Optimizing health care utilization, including:
    - Promoting use of appropriate procedures and medications
    - Reducing re-hospitalizations
    - Managing care delivered to "super utilizers"
    - Improving care at the end of life
3. Integrating primary and behavioral health
4. Ensuring appropriate care is delivered in appropriate settings
5. Improving perinatal and maternity care
6. Improving health and wellness for all populations, including:
    - Across the age span
    - Across demographic groups (equity)
    - Promoting wellness
7. Providing patient-centered care

The Work Group also considered specific population health issues that represent challenges to achieving the Triple Aim in Oregon. Where available, the Work Group compared measure scores for Oregon's population to national benchmarks in order to identify measures with potential for improvement. Information from the Oregon Public Health Division's most recent *State Health Profile* report was also used to help identify measures that reflect screenings, treatments, or health outcomes related to salient population health issues in Oregon.

Measure Evaluation Criteria

To ensure measures selected for each Driver were relevant for health plans and CCOs and useful to consumers, payers, and other stakeholders, the Work Group identified four measure evaluation criteria each measure should meet:

1. **Actionable and linked to outcomes of interest (especially "hard" outcomes):** A carrier or CCO should be able to affect the measure by its actions. If possible, the measure should reflect health outcomes (such as rates of potentially avoidable health problems or hospitalization) rather than processes (such as rates at which members receive specific treatments or services).
2. **Reliable and valid, well specified, and feasible to report:** The measure should accurately reflect the process or outcome of interest and produce consistent results when calculated. In addition, data needed to calculate the measure for health plans and CCOs should be available at present so the measure can be reported immediately. In most cases, this means the measure can be calculated using insurance claims or CAHPS survey data.

[2] OHA developed the Focus Areas in the process of negotiating its Medicaid waiver with the federal Centers for Medicare and Medicaid Services. The OHA Metrics and Scoring Committee modified the Focus Areas to help guide selection of CCO Incentive Measures.

3. **Within the State Performance Measures set or CCO Incentive Measures set, Cover Oregon measure set, OEBB measure set, or PEBB measure set:** To reduce the burden of reporting new measures, the measure should be within the CCO, Cover Oregon, OEBB, or PEBB measure set (and preferably in more than one of these sets).
4. **Relevant for all lines of business:** Measures should be relevant for each organization's lines of business.

Alignment

The Work Group selected its draft measure set from measures already used by OHA, Cover Oregon, OEBB, and PEBB. Because OHA uses measures from the State Performance Measures and CCO Incentive Measures sets to evaluate CCOs and progress toward health system transformation as part of its Medicaid waiver agreement, selection of measures from these sets was prioritized. The Work Group considered measures outside those already used by the organizations as needed to round out the set.

To help select measures used by other state and national quality measurement efforts, the Work Group identified 13 important measurement efforts in Oregon and at the federal level. For each measure under consideration, the Work Group identified the number of measurement efforts that use the measure. This was referred to as the measure's alignment score.[3]

Public Comment

The draft measure set was distributed for public comment on April 18. A draft recommendations report was posted on Cover Oregon's website, and an invitation to comment on the report was distributed to Cover Oregon, OHA, OEBB, and PEBB stakeholders by email. In addition, Cover Oregon invited members of its Consumer Advisory Committee to comment on the report. Comments were accepted through April 30. The Work Group received comments from a variety of stakeholders, including an insurance agent, a carrier representative, a representative of organized labor, and a health care advocate. Public feedback was used to help inform the Work Group's final recommendations.

Phase I and Proposed Phase II Measures

The Work Group identified 13 measures that together reflect salient health care and population health issues in Oregon, fulfill most of its measure evaluation criteria, and can be reported immediately. All but one of these measures can be calculated using insurance claims data or data from the widely used Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.[4] The measures reflect five of the seven Triple Aim Drivers. (See Recommendations, page 12.)

The Work Group identified four measures appropriate for evaluating Integrating Primary and Behavioral Health and Improving Perinatal and Maternity Care, but determined that these measures cannot be reported immediately across commercial health plans due to coding issues or data that are not easily

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[3] Measure sets from important measurement efforts: State Performance Measures, CCO Incentive Measures, CCO Core Performance Measures, PCPCH Quality Measures, CMS Medicaid Adult Core Measures, CMS CHIPRA Core Measures, CMS Meaningful Use 2014 Clinical Quality Measures, CMS CPCI 2014 – 2015 Measures, Medicare 5-Star Rating 2014 Measures, PEBB and OEBB 2013 Measures, PEBB 2013 RFP measures, Cover Oregon 2013 – 2014 measures, and measures used in Oregon Health Care Quality Corporation's July 2013 medical group and statewide public reports.

[4] Colorectal Cancer Screening is difficult to calculate without data from patient medical records. However, many plans report this measure for the Medicare 5-Star Rating.

accessible.[5] The Work Group also identified 11 measures appropriate for evaluating Addressing Discrete Health Issues, Improving Health and Wellness for All Populations, and Providing Patient-Centered Care that cannot be reported immediately across commercial health plans.[6] (See Recommendations, page 13.)

The Work Group recommends reviewing the 15 measures that cannot be reported immediately across commercial health plans (proposed Phase II measures) and selecting measures from this set to update the Phase I measure set as soon as needed data can be collected and reported more easily, and as soon as coding and specification issues are resolved. Oregon will complete a statewide clinical quality database in 2016, making data from patient medical records needed to calculate many of these measures more easily accessible. Proposed Phase II measures could be used to update Phase I measures in three ways:

- Proposed Phase II measures for Primary and Behavioral Health and Improving Perinatal and Maternity Care could be added to eliminate gaps in the Phase I set.
- Some proposed Phase II measures could be added to reflect areas absent from the Phase I set. For example, Timely Transmission of Transition Record could be added to reflect an important administrative aspect of health care delivery.
- Some proposed Phase II measures could be used to replace measures in the Phase I set. For example, some process measures for Improving Health and Wellness for All Populations could be replaced with health outcomes measures for that Triple Aim Driver.

To ensure measure scores are comparable across CCOs, QHPs, and OEBB's and PEBB's contracted health plans, the Work Group recommends additional effort to identify specifications and data sources that should be used to calculate the recommended measures. The next section of this report details the Work Group's recommendations.

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[5] Among these measures, Alcohol and Other Substance Misuse (SBIRT) is difficult to calculate using medical claims data because billing and payment practices for component services are not standardized across payers. The remaining measures (Screening for Clinical Depression, PC-02: Cesarean Section, and Prenatal and Postpartum Care) are difficult to calculate without data from patient medical records. Currently, these data are not widely accessible and are expensive to collect.

[6] Among these measures, the Work Group proposed an appropriate opioid dose measure for further consideration. The Work Group believes this measure could be calculated using widely available data, but recognizes that the measure needs additional specification to be implemented. Three other measures (Effective Contraceptive Use Among Women Who are at Risk of Unintended Pregnancy, Rate of Overweight/Obesity Among Members, and Rate of Tobacco Use Among Members) are calculated using data from the Behavioral Risk Factor Surveillance Survey (BRFSS), which is not widely administered across commercial plans. Most of the remaining measures are difficult to calculate without data from patient medical records. As noted previously, these data are not widely accessible and are expensive to collect.

III. RECOMMENDATIONS

Cover Oregon, OHA, OEBB, and PEBB should incorporate collection of Phase I measures into their quality measurement activities at the next available opportunity. The Phase I measures cover five of the seven Triple Aim Drivers that are critical to achieving better care and better experience of care, better health, and lower costs in Oregon. They are highly aligned with measures used by existing quality measurement efforts in Oregon and at the national level. In addition, they have been specified and validated by expert organizations, and can be calculated with widely available data. The Phase I measures represent a solid foundation for building the quality measure set that should be used to evaluate CCOs, QHPs, and OEBB's and PEBB's contracted health plans.

Additional effort is needed to implement the recommended measures, update the measure set, and align quality measurement efforts across Oregon. This effort was beyond the scope of the Work Group's charge and could not be accomplished within its limited timeframe for providing final recommendations. It includes:

1. **Identifying specifications and data sources that Cover Oregon, OHA, OEBB, and PEBB should use to collect the recommended measures.**

   To ensure scores for the recommended measures are comparable across CCOs, QHPs, and OEBB's and PEBB's contracted health plans, scores must be calculated using the same specifications and data sources. These should be used by the organizations, if the organizations produce measure scores internally; by any vendors contracted to produce measure scores; and by carriers if required by the organizations to report measure scores.

2. **Updating the recommended measure set to close gaps, reflect additional areas of health care and public health, and account for a changing policy landscape and consumer perspectives.**

   In the proposed Phase II measures, the Work Group identified potential measures for eliminating gaps in the Phase I set and improving evaluation of the Triple Aim Drivers. The proposed Phase II measures should be reviewed, and measures from that set should be added to the Phase I measure set or used to or replace measures in the Phase I set, when the data needed to calculate proposed Phase II measures can be collected and reported more easily.

   In addition to updating the measure set with proposed Phase II measures, measures for additional areas of health care and public health that are critical to achieving the Triple Aim in Oregon should be specified, validated, and added to the measure set used to evaluate CCOs, QHPs, and OEBB's and PEBB's contracted health plans. The Work Group recommends adding measures for the following areas:

   - Kindergarten readiness. The Work Group notes that kindergarten readiness measures are under development, and should be reviewed and identified or further developed for inclusion in the measure set.
   - Working conditions and workplace policies affecting frontline health care workers with a demonstrated connection to health care quality. Potential examples include staff turnover, labor-management partnerships, and whistleblower protections.
   - End-of-life care, including access to and quality of hospice care or palliative care.

The measure set should be reviewed on a regular basis and updated to account for changes in the policy landscape. For example, it may be appropriate to incorporate some measures used by the federal Quality Rating System (QRS) for plans offered on health insurance exchanges into the measure set. Effort should also be made to assess the understandability and usefulness of the measure set to consumers, including health plan members and employers. Feedback on the measure set as a "consumer dashboard" could be assessed through user testing sessions and focus groups, and used to inform decisions to add or remove measures from the set.

3. **Identifying statewide health care and population health goals for use by Oregon's quality measurement efforts.**

   Oregon's diverse quality measurement efforts should be guided by a common set of statewide goals for health care and population health. The goals would be used to help a variety of groups select quality measures for their efforts while remaining in sync with state priorities. Goals in the set should help achieve the Triple Aim of better health care and better patient experience of care, better health, and lower medical costs in Oregon. Common goals will ensure that the quality measures selected for different measurement efforts show how well Oregon is addressing its most important challenges across different populations and care settings.

   Recommended goals should be relevant for different components of Oregon's health care delivery system and populations, including primary care clinics and hospitals, commercial health plans and CCOs, and the state as a whole. These may include goals for specific segments of Oregon's population or stages in the lifespan where additional attention is needed; prevalent physical or behavioral health conditions that should be addressed; and treatments, procedures, or care settings where utilization should be optimized.

Implementing and maintaining a measure set to evaluate CCOs, QHPs, and OEBB's and PEBB's should be an iterative process that engages stakeholders from across Oregon's health system, including representatives of Cover Oregon, OHA, OEBB, and PEBB; CCOs, carriers offering QHPs, and OEBB's and PEBB's contracted health plans; and individuals with expertise in health care quality measures. Other stakeholders, such as organizations representing frontline health care workers and Oregon's Early Learning Council, should also be engaged to help identify and specify quality measures for new areas of health care and public health. These stakeholders could be convened and the bodies of work supported by OHA, the organization with expertise in technical aspects of quality measurement and primary responsibility for driving Oregon's health system transformation.

Recommended Measures: Phase I

Measure[1]	Measure Steward[2]	State Performance or CCO Incentive Measure	Cover Oregon Measure	PEBB or OEBB Measure[3]	Triple Aim Driver[4]							Alignment Score[5]
					1	2	3	4	5	6	7	
Ambulatory Care: Emergency Department Utilization	NCQA	X		X		X		X				5
CAHPS: Access to Care, Getting Care Quickly	NCQA	X	X	X						X	X	6
CAHPS: Flu Vaccinations for Adults Ages 50 and Over[6]	NCQA		X							X		3
CAHPS: Medical Assistance with Smoking and Tobacco Use Cessation	NCAQ	X		X						X		3
CAHPS: Rating of Health Plan	NCQA			X							X	1
Childhood Immunization Status	NCQA	X		X						X		5
Chlamydia Screening in Women	NCQA	X		X						X		6
Colorectal Cancer Screening	NCQA	X		X						X		6
Developmental Screening in the First Three Years of Life	NCQA	X		X						X		6
Immunization for Adolescents	NCQA	X		X						X		4
Medication Management for People with Asthma	NCQA			X	X							2
Plan All-Cause Readmissions	NCQA	X		X		X		X				6
PQI-92: Prevention Quality Chronic Composite	AHRQ		X			X		X				2

[1] See Appendix B for Phase I measure definitions.

[2] AHRQ: Agency for Health Care Quality and Research; NCQA: National Committee for Quality Assurance.

[3] Includes OEBB and PEBB 2013 measures and measures in PEBB 2013 RFP for plans beginning in the 2015 plan year.

[4] Triple Aim Drivers: 1: Addressing discrete health issues; 2: Optimizing health care utilization; 3: Integrating primary and behavioral health; 4: Ensuring appropriate care is delivered in appropriate settings; 5: Improving perinatal and maternity care; 6: Improving health and wellness for all populations; 7: Providing patient-centered care.

[5] Number of key measure sets that include the measure. Key measure sets: State Performance Measures, CCO Incentive Measures, CCO Core Performance Measures, PCPCH Quality Measures, CMS Medicaid Adult Core Measures, CMS CHIPRA Core Measures, CMS Meaningful Use 2014 Clinical Quality Measures, CMS CPCI 2014 – 2015 Measures, Medicare 5-Star Rating 2014 Measures, PEBB and OEBB 2013 Measures, PEBB 2013 RFP measures, Cover Oregon 2013 – 2014 measures, and measures used in Oregon Health Care Quality Corporation's July 2013 medical group and statewide public reports.

[6] The National Quality Forum, which formally endorses measure specifications, recently endorsed the flu vaccination measure for adults age 18 and older. As part of the additional effort needed to implement the recommended measures, this measure should be reviewed and an age range that is appropriate for CCOs, QHPs, and OEBB's and PEBB's contracted health plans should be identified.

Recommended Measures: Proposed Phase II

Measure[1]	Measure Steward[2]	State Performance or CCO Incentive Measure	Cover Oregon Measure	PEBB or OEBB Measure[3]	Triple Aim Driver[4]							Alignment Score[5]
					1	2	3	4	5	6	7	
Alcohol or Other Substance Misuse (SBIRT)	OHA	X			X		X					4
Appropriate Opioid Dose[6]	NA				X							0
Comprehensive Diabetes Care: Eye Exam	NCQA		X	X	X							4
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control	NCQA	X		X	X							4
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	NCQA	X	X	X	X							6
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA		X	X	X							4
Controlling High Blood Pressure	NCQA	X		X	X							8
Effective Contraceptive Use Among Women Who are at Risk of Unintended Pregnancy	BRFSS										X	1
PC-02: Cesarean Section	JC			X					X			2
Prenatal and Postpartum Care	NCQA	X		X					X			7
Rate of Overweight/Obesity Among Members	BRFSS			X						X		2
Rate of Tobacco Use Among Members	BRFSS			X						X		2
Screening for Clinical Depression	CMS	X		X			X					8
Timely Transmission of Transition Record	AMA-PCPI									X		1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	NCQA			X						X		5

[1] See Appendix C for proposed Phase II measure definitions.

[2] AMA-PCPI: American Medical Association Physician Consortium for Performance Improvement; BRFSS: Behavioral Risk Factor Surveillance Survey (measure is calculated using data from BRFSS); CMS: Centers for Medicare and Medicaid Services; JC: Joint Commission; NCQA: National Committee for Quality Assurance.

[3] Includes PEBB and OEBB 2013 measures and measures in PEBB 2013 RFP for plans beginning in the 2015 plan year.

[4] Triple Aim Drivers: 1: Addressing discrete health issues; 2: Optimizing health care utilization; 3: Integrating primary and behavioral health; 4: Ensuring appropriate care is delivered in appropriate settings; 5: Improving perinatal and maternity care; 6: Improving health and wellness for all populations; 7: Providing patient-centered care.

[5] Number of key measure sets that include the measure. Key measure sets: State Performance Measures, CCO Incentive Measures, CCO Core Performance Measures, PCPCH Quality Measures, CMS Medicaid Adult Core Measures, CMS CHIPRA Core Measures, CMS Meaningful Use 2014 Clinical Quality Measures, CMS CPCI 2014 – 2015 Measures, Medicare 5-Star Rating 2014 Measures, PEBB and OEBB 2013 Measures, PEBB 2013 RFP measures, Cover Oregon 2013 – 2014 measures, and measures used in Oregon Health Care Quality Corporation's July 2013 medical group and statewide public reports.

[6] The Work Group proposes the definition: [Number of members age 18 and over with total opioid dose > 120mg MED]/[Total members age 18 and over] for further consideration. The Work Group believes this measure could be calculated using widely available data, but recognizes that the measure needs additional specification to be implemented. As part of the additional effort needed to implement the recommended measures, specifications needed for this measure should be developed.

IV. STEPS TAKEN TO IMPLEMENT RECOMMENDATIONS

The Work Group was tasked with reporting on any steps taken by Cover Oregon, OHA, OEBB, and PEBB to implement its recommendations. The table below shows that the four organizations already collect a substantial number of the recommended measures, although specifications and data sources used to collect specific measures may vary across organizations: OHA uses the majority of measures in the Phase I set to evaluate CCOs and health system transformation. OEBB and PEBB use or plan to use the majority of measures in the Phase I and II sets to evaluate contracted plans and inform purchasing decisions. To create QHP quality ratings, Cover Oregon used about one-fourth of the measures in the Phase I set and one-fifth of the measures in the proposed Phase II set.

Table 3: Number of Recommended Measures Already Used by Cover Oregon, OHA, OEBB, and PEBB[1]

Measure Set	Phase I		Phase II	
	Number	***Percentage***	***Number***	***Percentage***
Total Recommended Measures	13	100%	15	100%
Cover Oregon	3	23%	3	20%
OHA[2]	9	69%	6	40%
OEBB and PEBB[3]	11	85%	11	73%

[1] Specifications and data sources used to calculate specific measures may vary across organizations.

[2] State Performance Measures and CCO Incentive Measures.

[3] OEBB and PEBB 2013 measures and measures in PEBB 2013 RFP for plans beginning in the 2015 plan year.

The remainder of this section describes opportunities and timing for Cover Oregon, OHA, OEBB, and PEBB to implement recommended measures they do not already use by incorporating collection of the measures into their quality measurement activities.

OHA could include the recommended measures in one of the measure sets used to evaluate CCOs.

Current efforts: OHA's Metrics and Scoring Committee updates CCO measures annually. CCOs report payment and chart review data used to calculate measures. OHA publicly reports measure scores in aggregate and for each CCO in its *Oregon Health System Transformation Report*.

Opportunity for measure inclusion: The earliest opportunity for OHA to include recommended measures in one of the CCO measure sets will occur in fall 2014, when the Committee plans to finalize 2015 CCO Incentive Measures. The Committee could begin considering recommended measures in spring and summer 2014 in the process of updating CCO Incentive Measures for 2015. Any changes to the CCO Incentive Measures would require approval by the federal Centers for Medicare and Medicaid Services (State Performance Measures cannot be changed for the duration of the Medicaid waiver).

Cover Oregon could incorporate collection of the recommended measures into the process for creating QHP quality ratings.

Current efforts: Cover Oregon published QHP quality ratings at the beginning of its fall 2014 open enrollment period. Carriers provided data needed to calculate ratings in the spring before publication. Carrier data were used to calculate scores for each measure, and measures scores were aggregated into an overall rating for each carrier. Data from the 2012 calendar year were used to calculate quality measures. To incorporate collection of recommended measures into the process for creating and publishing QHP quality ratings, carriers could include data needed to calculate the recommended

measures in their data submissions, allowing the calculation of recommended measures along with those used to create quality ratings.

Opportunity for measure inclusion: For the fall 2014 open enrollment period, Oregonians will use technology from the federally facilitated exchange to shop for QHPs. Federal technology does not currently provide for display of quality ratings to consumers. In early 2015, Cover Oregon could begin discussions with carriers about collecting data for quality ratings for the fall 2015 open enrollment period depending on the technology options under consideration for that period.

While Cover Oregon could incorporate some or all recommended measures into its QHP quality ratings, federal rules may limit Cover Oregon's ability to determine how quality ratings displayed to consumers during the shopping experience are calculated. The Affordable Care Act requires the Department of Health and Human Services to develop a Quality Rating System (QRS) that rates QHPs on the basis of relative quality and price, and requires federally facilitated and state-based exchanges to provide rating information from this system to consumers starting in the fall 2015 open enrollment period. Unless the federal Centers for Medicare and Medicaid Services (CMS) provides exchanges with flexibility to select quality measures and calculate quality ratings, Cover Oregon will be required to display quality ratings based on measures specified in federal rules. In its comments on the proposed QRS measures, Cover Oregon urged CMS to grant states flexibility to use quality ratings reflecting their unique priorities for health care and population health. In the absence of such flexibility, Cover Oregon could supplement QRS ratings by displaying quality measures or ratings based on the Work Group's recommendations on a separate section of its website.

OEBB and PEBB could include the recommended measures in the set of measures they require contracted health plans to report.

Current efforts: OEBB and PEBB medical contracts have an annual renewal process that includes reviewing measures and determining whether to add or remove measures from contract requirements.

Opportunity for measure inclusion (OEBB): OEBB contracts are for October through September plan years. OEBB typically updates measures included in its contracts once a year, and sometimes updates measures more frequently. OEBB will work with its current carriers to incorporate Phase I measures for the next plan year that takes effect October 1, 2014. Newly incorporated measures would be reported by February 28, 2016 for the October 1, 2014 – September 30, 2015 plan year.

Opportunity for measure inclusion (PEBB): PEBB could incorporate recommended measures into contracts that take effect January 1, 2015. PEBB is currently completing negotiations with carriers it selected for the 2015 – 2017 contract, and could include the recommended measures in negotiations. Plans could report their internal estimates of recommended measures to PEBB in 2016 using 2015 data. Subsequent opportunities to incorporate recommended measures into contracts would occur in summer and fall of 2015 and 2016 during contract amendment periods.

APPENDIX A: Current Quality Measurement Efforts in Oregon

The Health Plan Quality Metrics Work Group is one of five major measurement efforts associated with Oregon's health system transformation:

- **OHA Metrics and Scoring Committee:** In 2012, the Legislature established the Metrics and Scoring Committee to select quality measures for CCOs. The Metrics and Scoring Committee selected quality measures used to pay CCOs for performance, and will regularly revise these measures.

- **Oregon Health Policy Board (OHPB) Response to the Governor's Letter:** In 2013, Governor Kitzhaber charged the Oregon Health Policy Board with recommending steps to promote coordinated care across Oregon and achieve sustainable rates of growth for health care spending. As part of its response, OHPB developed a quarterly dashboard to display indicators of health care access, utilization, quality, and cost across the state.

- **Oregon Insurance Division (OID) Rate Review Process:** OID reviews and approves health insurance rates in the individual and small group markets. To enhance its rate review process, OID required carriers to report a small number of quality measures with their spring 2014 rate filings (made for the 2015 calendar year).

- **Patient-Centered Primary Care Home (PCPCH) Program:** PCPCHs are teams of health care professionals who coordinate different types of care with special attention to preventive care and managing chronic conditions. Oregon's PCPCH program, which recognizes and supports PCPCHs, has convened a work group to select quality measures that will be used to pay PCPCHs for performance.

- **Health Plan Quality Metrics Work Group:** In 2013, the Legislature established the Health Plan Quality Metrics Work Group to recommend appropriate quality measures for use by OHA, Cover Oregon, OEBB, and PEBB. The Work Group has recommended a small set of quality measures for CCOs, QHPs available through Cover Oregon, and health plans OEBB and PEBB contract with.

APPENDIX B: Recommended Measure Definitions, Phase I

Measure	Measure Steward[1]	Definition
Ambulatory Care: Emergency Department Utilization	NCQA	Average number of emergency department visits per 1,000 member months (a lower score is better).
CAHPS: Access to Care, Getting Care Quickly	NCQA	Percentage of members age 18 and older who reported they "Usually" or "Always" got appointments and urgent care as soon as they thought they needed.[2]
CAHPS: Flu Vaccinations for Adults Ages 50 and Over	NCQA	Percentage of members age 50 and over who received a flu shot.[3]
CAHPS: Medical Assistance with Smoking and Tobacco Cessation	NCQA	Percentage of members age 18 and older who are current smokers or tobacco users and who 1) were advised to quit by a health provider, 2) discussed or were recommended medications to help them quit, and 3) discussed or were provided methods or strategies to help them quit.
CAHPS: Rating of Health Plan	NCQA	Percentage of members age 18 and older who rated their health plan an 8, 9, or 10, where 0 is the worst health plan possible and 10 is the best health plan possible.
Childhood Immunization Status	NCQA	Percentage of children 2 years of age who had recommended vaccinations by their second birthday.
Chlamydia Screening in Women	NCQA	Percentage of sexually active women age 16 – 24 who had a chlamydia test.
Colorectal Cancer Screening	NCQA	Percentage of members age 50 – 75 who had appropriate screening for colorectal cancer.
Developmental Screening in the First Three Years of Life	NCQA	Percentage of children age 1 – 3 who were screened for risk of developmental, behavioral, and social delays by their first, second, or third birthday.
Immunization for Adolescents	NCQA	Percentage of adolescents 13 years of age who had recommended vaccinations by their thirteenth birthday.
Medication Management for People with Asthma	NCQA	Percentage of members age 5 – 64 who had persistent asthma and received appropriate medications that they remained on during the treatment period.
Plan All-Cause Readmissions	NCQA	Percentage of members age 18 and older who had a hospital stay and were readmitted for any reason within 30 days of discharge (a lower score is better).
PQI-92: Prevention Quality Chronic Composite	AHRQ	Average number of hospital admissions per 100,000 members for nine chronic conditions (a lower score is better).[4]

[1] AHRQ: Agency for Health Care Quality and Research; NCQA: National Committee for Quality Assurance.
[2] The percentage of members who reported that they "Usually" or "Always" got urgent care as soon as they thought they needed and "Usually" or "Always" got an appointment at a doctor's office or clinic as soon as they thought they needed are averaged to calculate the measure.
[3] The National Quality Forum, which formally endorses measure specifications, recently endorsed the flu vaccination measure for adults age 18 and older. As part of the additional effort needed to implement the recommended measures, this measure should be reviewed and an age range that is appropriate for CCOs, QHPs, and OEBB's and PEBB's contracted health plans should be identified.
[4] Conditions include: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, and angina without a cardiac procedure.

APPENDIX C: Recommended Measure Definitions, Proposed Phase II

Measure	Measure Steward[1]	Definition
Alcohol or Other Substance Misuse (SBIRT)	OHA	Percentage of members age 18 and older who had appropriate screening, brief intervention, and referral to treatment for alcohol or other substance misuse.
Appropriate Opioid Dose	NA	Percentage of members age 18 and older who were prescribed an opioid medication above the widely used cutoff for appropriate opioid dose (a lower score is better).[2]
Comprehensive Diabetes Care: Eye Exam	NCQA	Percentage of members age 18 – 75 with diabetes who had an eye exam.
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control	NCQA	Percentage of members age 18 – 75 with diabetes whose blood sugar level was not under adequate control (a lower score is better).
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	NCQA	Percentage of members age 18 – 75 with diabetes who had a blood sugar test.
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	Percentage of members age 18 – 75 with diabetes who had appropriate kidney testing or care.
Controlling High Blood Pressure	NCQA	Percentage of members age 18 – 75 with high blood pressure whose blood pressure was under adequate control.
Effective Contraceptive Use Among Women Who are at Risk of Unintended Pregnancy	BRFSS	Percentage of women age 18 – 44 at risk of unintended pregnancy who use an effective method of contraception.[3]
PC-02: Cesarean Section	JC	Percentage of deliveries by caesarean section (a lower score is better).
Prenatal and Postpartum Care	NCQA	Percentage of pregnant women who 1) had a prenatal care visit within the first trimester or within 42 days of enrollment, and 2) had a postpartum visit on or between 21 and 56 days after delivery.
Rate of Overweight/Obesity Among Members	BRFSS	Percentage of members age 18 and older who are overweight (body mass index of 25 to 30) and obese (body mass index of 30 or more) (a lower score is better).[3]
Rate of Tobacco Use Among Members	BRFSS	Percentage of members age 18 and older who smoke cigarettes or use tobacco products (a lower score is better).[3]
Screening for Clinical Depression	CMS	Percentage of members age 12 and older who were screened for clinical depression.
Timely Transmission of Transition Record	AMA-PCPI	Percentage of members discharged from a hospital or other inpatient facility whose record was transmitted to a health care professional or facility within 24 hours of discharge.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	NCQA	Percentage of members age 3 – 17 who had their body mass index recorded, counseling for nutrition, or counseling for physical activity.

[1] AMA-PCPI: American Medical Association Physician Consortium for Performance Improvement; BRFSS: Behavioral Risk Factor Surveillance Survey (measure is calculated using data from BRFSS); CMS: Centers for Medicare and Medicaid Services; JC: Joint Commission; NCQA: National Committee for Quality Assurance.

[2] The Work Group proposes the definition: [Number of members age 18 and over with total opioid dose > 120mg MED]/[Total members age 18 and over] for further consideration. The Work Group believes this measure could be calculated using widely available data, but recognizes that the measure needs additional specification to be implemented. As part of the additional effort needed to implement the recommended measures, specifications needed for this measure should be developed.

[3] OHA is developing final specifications for measures calculated using data from BRFSS. The Work Group recommends that Cover Oregon, OHA, OEBB, and PEBB collect measure results consistent with OHA's final specifications.