Lessons Learned Report

Health Plan Quality Metrics Committee

December 16, 2022

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Acknowledgments

This report compiles reflections of members of the Health Plan Quality Metrics Committee (HPQMC). Aside from the introductory section drafted by OHA staff, the report is entirely in the voice of the individual committee members, with acknowledgement after each comment. This approach is meant to give space for each committee member to share thoughts about HPQMC's work and advice for other committees.

For questions to OHA staff about this report, please contact: Metrics Questions at Metrics.Questions@odhsoha.oregon.gov

Purpose and Goals

The Health Plan Quality Metrics Committee (HPQMC) created this Lessons Learned Report to share thoughts with the new Health Equity Quality Metrics Committee (HEQMC) that was planned as part of Oregon's Medicaid waiver renewal.

The Lessons Learned Report is meant to provide information, experiences, and resources for the HEQMC and may also provide insight to OHPB committees working on metrics. The HPQMC has learned many valuable lessons through their work that they wish to impart on future committees. The following report lays out these lessons learned, organized by key themes.

Introduction to HPQMC

Charge and Scope of Work

The HPQMC, established by Senate Bill 440 in 2015, is the single body aligning health outcome and quality measures for publicly funded health insurance. HPQMC determines which quality measures can be used by the Coordinated Care Organization (CCO) Quality Incentive Program, the Public Employee's Benefit Board (PEBB), and the Oregon Educators Benefit Board (OEBB) to incentivize higher quality health care[1]. Per legislation, the HPQMC has two primary operational functions:

- To identify health outcome and quality measures that may be applied to publicly funded Oregon insurance groups.
- To evaluate on a regular and ongoing basis the health outcome and quality measures adopted by these plans.

Structure and Operations

The Committee has 15 members with designated roles, appointed by the Oregon Health Policy Board (OHPB). HPQMC works collaboratively by considering recommendations and seeking input from the Metrics and Scoring Committee, OEBB, PEBB, and the Department of Consumer and Business Services (DCBS). Additionally, HPQMC uses a public process with opportunities for public input. Measures are prioritized using criteria set out in statute, including considerations such as measures that have been adopted or endorsed by a national body and can be meaningfully used for at least three years at the health plan level. Users of the HPQMC aligned measures menu are not required to adopt all the menu measures but may not adopt incentive measures that are not on the menu.

[1] Although originally under the purview of HPQMC, the Oregon Health Insurance Marketplace (OHIM) quality reporting fell under federal reporting requirements. OHIM measures are currently selected by the Centers for Medicare & Medicaid Services (CMS) and not from the HPQMC menu. More information on the Health Plan Quality Metrics Committee can be found here: https://www.oregon.gov/oha/HPA/ANALYTICS/Quality%20Metrics%20Committee%20Docs/HPQMC-Legislative-Report.pdf

Committee Members

Throughout the report, committee members identify their reflections on lessons learned by their initials. The table below displays committee members by name, organization, committee seat represented, and years served along with the members' initials.

Member Name	Initials	Member Organization	Committee Seat Represented	Years Served
Maggie Bennington-Davis	MBD	Health Share of Oregon	CCO Representative	2017-present
Bhavesh Rajani	BR	PacificSource	CCO Representative	2017-present
Ana Quiñones	AQ	OSHU-PSU Public Health	Health care consumer	2017-present
Erik Carlstrom	EC	Carlstrom Consulting	Health care consumer	2019-present
Ann Tseng	AT	Neighborhood Health Center	Health care provider	2019-present
Colleen Reuland	CR	Oregon Pediatric Improvement Partnership	Health care quality measurement	2017-present
Jeff Luck	JL	Oregon State University	Health care researcher	2017-present
Melinda Muller	MM	Legacy Health	Hospital representative	2017-present
Lynnea Lindsey	LL	PeaceHealth	Behavioral health and addiction services	2017-present
Tom Syltebo	TS	Oregon Educators Benefit Board	OEBB representative	2017-present
Jon Collins	JC	Oregon Health Authority	OHA representative	2017-present
Shaun Parkman	SP	Public Employees Benefit Board	PEBB representative	2017-present
VACANT			Health care provider	
VACANT			Representing insurers, large employers or multiple employer welfare arrangements;	
VACANT			DCBS Representative	

Complexities of Metrics

Choosing a Metric

- Importance of equity issues and how in many ways it conflicts with these types of exercises, since most measures are inherently dictated by rules developed to preserved white supremacy/culture views (JC).
- Complexity: there is a whole field/science with a lot of background work on existing metrics, developing metrics, and different levels of evidence, adoption, and use (AQ).
- the importance of metrics experience and knowledge somewhere both in the committee itself and committee access to TA (MBD).
- Very helpful to seek out training/guidance/understanding on how to review/construct a metric to be able to do the work ahead. Benefit to knowing you are measuring what you are measuring (LL).
- Methodology guiding principles, sunset criteria (MBD).
- It will be helpful to understand what constitutes a good metric and how its implementation may improve the quality of work (BR).
- When there is not yet a national metric available, the committee should consider creating a new metric that could lead the way. These metrics would not have been previously and so could be initially piloted to see if they could be successfully implemented (BR).
- We never really understood how to think about qualitative metric as population-level metrics - this is an important hurdle to overcome (MBD).
- Explain early work that Bailitt did to help identify candidate measures from very large pool of possible measures (JL).
- The complexity of the work (MBD).
- A clear understanding of where the metrics are aimed - CCOs or the private market too? Clarification about boundaries and expectations around who is being measured (SP).
- Our scope was metrics that had been validated and tested at the health plan level. This let out needed metrics that are relevant at hospital level and provider level (CR).
- Yes - existing vs innovative measures always a difficult balance to strike (JL).
- How it is measured matters. If the purpose of the metric is guide and inform quality, the way the metric is operationalized in terms of the numerator and denominator matter significantly in what quality work will occur. Therefore, ensure that you examine not the topic of the metric, but how it is measured. (CR)
- To work towards balance and how only choosing certain measures can inadvertently exclude some folks (LL).
- It is important to consider a measurement framework and to examine the individual metrics within that framework to understand if there is parsimony in the set, if we are measuring the aspects of health that matter to consumers, and if we have a balance of metrics across the health system (CR).

Transformative Metrics

- Transformative measures: we made this an explicit criterion but struggled/deliberated with how to make this actionable. Be transparent about our process and our pinch points (AQ).
- The trickier and more transformative parts require more thought, discussion, and comment. More time could be devoted to assembling relevant materials (support from OHA for this?) for comment and using committee meeting time for navigating the issues (AQ).
- How we approached approving various metric and the role of "transformation" in our thinking (MBD).
- The tension/dynamic between using existing best practice metrics vs. new innovation. (And suggesting that this be clarified what the balance is for the new committee.) (SP).

Health Equity

- If possible, include a break down in the differences seen between diverse populations of the results of CCO metrics. This may give focus to realign efforts to improve the equitable access to healthcare (BR).
- An important way to address health equity is to use a measurement framework that ensure there are metrics for or stratified by the populations that have inequitable outcomes (CR).

Behavioral Health Metrics

- Need for metrics that access the behavioral health system at the health system level (not of behavioral health topics) given the public comment received of person with lived experience having insurance, but no access to specialty behavioral health services, and public comment about the need for metrics to measure and incentive transformation to ensure that behavioral health sector has network adequacy for the health plans that contract for them for the full population that they pay to have services for. The metrics in our current set are largely screening metrics of behavioral health topics (e.g., depression, substance use) and not focused on whether there are then services available to then address the topics (CR).
- BH metrics challenges (MBD).
- During the course of the work of HPQMC a shift occurred where metrics for Behavioral Health were shifted to another OHA committee, and therefore HPQMC was asked to not review or consider behavioral health metrics for which there was a gap and we had heard public comment about a need. This presented challenges in identifying metrics addressing gaps identified in the measurement framework, therefore impacting the continuity and content development for integrated and whole person health care measurement (LL and CR).

Aligned Measure Menu Framework

- The importance of a measurement framework to understand what the set covers and not covers, and where we have may have many metrics in one area of health care (e.g. primary care) and missing metrics on other parts of the health system (CR).
- Call out where gaps exist and outline why some exist due to scope of committee (EC).
- Highlight that metrics we put on the menu are at the health plan level. Provider-level measures (eg, for hospitals) were therefore not included. (JL).
- Metrics by the sector that receives payment and has accountability in our framework. So, when we noted the need to looks as physical, behavioral, and oral - we meant the three contracting entities that the metrics may apply. So, it wasn't if the metric covered a physical health topic - that is part of the measurement framework about what is measured. The sector conversation was meant to look at the entities. So, for example, in the current set, nearly all of the "behavioral health" metrics are done in the primary care and physical setting. So for the sector framework, that goes into physical and primary care (CR).

Collaboration and Input from Outside Bodies

Oregon Health Policy Board (OHPB) and Its Committees

- OHPB should help set expectations for the new committee. And help connect their work to other committees from the beginning (SP).
- Highly recommend regular meetings with OHPB liaison for planning (MBD).
- Important to coordinate with other committees. We had an official honorary position on our committee from Metrics and Scoring and I think that kind of overlap is essential (SP).

Patient Voice and Representation

- Though not mentioned but 1x I do want to make sure we highlight how we learned the consumer/patient voice needs adequate representation/centering in the work of the new committee. That is why we are in healthcare (AT).

Oregon Health Authority (OHA)

- The importance of the committee doing its own work and not relying on OHA staff for decisions (OHA staff are awesome and essential supports, but the committee itself needs to do their work) (MBD).

Health Care Professionals

- Metrics should not "strain" patient care in terms of creating a heavy burden on clinics that takes away from clinical work. Providers have requested reducing measurement burden that resulted in a cut back on the number of CCO metrics, for example (BR).
- Keep in mind how service level goals can differ between primary care/ dental (minimize the number of visits to keep costs down) vs behavioral health (addressing and providing

as much support as needed – high needs lead to high amount of services and costs of service) with respect to the desired amount of interactions (EC).

- I noted several themes about impact on provider workflows. Seeing the process from both the provider end when the metrics go live and listening to the expertise of particularly those with expertise on metrics on this committee, there still remains a significant gap between those spaces (AT).

Coordinated Care Organizations (CCOs)

- The financial impact of these decisions for CCOs (MBD).

Other Advice

- Can summarize our thought process (and development of criteria). Might be important to note what we struggled with (ie, development of a "parking lot") and how we worked around that (AQ).
- The importance of understanding where the committee is in the overall scheme of things (MBD).
- Scope and tasks may be in legislation but a lot is left to interpretation - important to get everyone aligned before starting the work (MBD).
- A new committee may not be ready to make decisions right away - the storming-forming-performing of this group is more complex and time-consuming than many -- (MBD).
- Highly recommend both chair and co-chair and a mechanism for establishing agenda and process that happens in pep for meetings; also highly recommend debriefing; (MBD).
- I personally struggled with pre-review of materials. My suggestion would be to continue with our method of presentations and Q&A and use committee time to have clarifying discussions (AQ).
- The forward path. Next steps. Work that we wish we could have done but weren't able to or didn't have time to (AQ).

Appendix 1: Aligned Measure Menu

The HPQMC aligned measure menu established in ORS 413.017(4) provides the collection of quality and outcome measures that may be applied to:

- Services provided by coordinated care organizations (CCOs), or
- Health benefit plans sold through the health insurance exchange or offered by the Oregon Educators Benefit Board or the Public Employees' Benefit Board

Appendix 2: Second Legislative Report

Health Plan Quality Metrics Committee (SB 440-2015) Report to the Legislature was published in June 2022. The report summarizes the measures selected for use each year, and appendices 5 through 8 of the report present more detailed information on measures selection by state-funded health plans for 2019 through 2022 measurement years.

Appendix 3: Committee Timeline

Timeline of activities and accomplishments (2017-2022) are:

- May 2018: Approved initial (2019) aligned measure menu, which was published to HPQMC website.
- November 2018: Developed criteria for the review and evaluation of measures.
- January 2019: Developed guidelines for measure governance.
- January 2019: Inaugural implementation of measures selected by state-funded health plan.
- April 2019: Approved aligned measure menu for 2020, which was published to HPQMC website.
- September 2019: OHPB provided guidance to HPQMC on scope of work.
- December 2019 and January 2020: Worked with Bailit Health to develop criteria for measurement framework to identify gaps and priority areas.
- February 2020: Adopted selection criteria for priority measures that address state priorities and gaps in existing metrics to further Oregon's health system transformation goals.
- March 2020: Approved aligned measure menu for 2021, which was published to HPQMC website. Menu included two Oregon-specific transformative measures adopted under the priority measure criteria.

Committee meetings were suspended for April – November 2020 because of the COVID-19 pandemic's impact on the health care system; many members of the committee were directly involved in the pandemic response.

- December 2020: Resumed regular monthly meetings.

- April 2021: Approved updates to the aligned measure menu, which was published to HPQMC website. Menu update included adding a transformative measure adopted under priority measure criteria.

- May 2021: Recommended measures for Cost Growth Target Program to accompany annual reporting.

- March 2022: Approved updates to the aligned measure menu for 2022, adding a transformative measure adopted under priority measure criteria and new dental sealant measures.

More timeline detail with additional reference materials are available in the Health Plan Quality Metrics Committee (SB 440-2015) Report to the Legislature.

Appendix 4: Measure Selection Criteria and Governance

The following documents represent the HPQMC guiding methodology and criteria for quality measures:

- Measure Selection Criteria

- Selection Criteria for Priority Measures

- Guidelines for measure governance

Appendix 5: Measure Framework

The aligned measures menu is meant to cover a variety of domains, healthcare sectors and age groups. The menu includes 57 measures across six major domains:

- Acute, Episodic and Procedural Care (includes Maternity and Hospital)
- Chronic Diseases and Special Health Needs
- Cost Efficacy
- Patient Access and Experience
- Prevention/ Early Detection
- System Integration and Transformation

The following tables include information on the current aligned measures menu by domain and sector as well as by domain and population age.

2023 Aligned Measures Menu by Domain

Domain	Subdomain	Count of Measures
Acute, Episodic and Procedural Care (Includes Maternity and Hospital		5

Chronic Disease and Special Health Needs	All Conditions	2
	Behavioral Health Conditions	5
	Physical Health Conditions	7
	Substance Use Disorder (SUD) Conditions	2
Cost/Efficiency		2
Patient Access and Experience		5
Prevention/Early Detection	All Conditions	1
	Behavioral Health Conditions	3
	Oral Health Conditions	4
	Physical Health Conditions	16
	Substance Use Disorder (SUD) Conditions	4
System Integration and Transformation		4
Grand Total		**57**

2023 Aligned Measure Menu by Sector

Domain	Subdomain	Dental Health	Behavioral Health	Primary Care	Specialty Physical Health	Hospital	Public Health
Acute, Episodic and Procedural Care (Includes Maternity and Hospital)		0	1	4	0	4	0
Chronic Disease and Special Health Needs	All Conditions	0	0	2	2	0	0
	Behavioral Health Conditions	0	5	3	0	2	0
	Physical Health Conditions	0	0	7	6	0	0
	Substance Use Disorder (SUD) Conditions	0	2	2	0	2	0
Cost/Efficiency		2	2	2	2	2	0
Patient Access and Experience		2	2	2	2	2	0
Prevention/Early Detection	All Conditions	1	1	1	0	0	0
	Behavioral Health Conditions	0	1	2	0	0	0
	Oral Health Conditions	4	0	0	0	0	0
	Physical Health Conditions	0	2	16	0	0	7
	Substance Use	0	0	3	0	1	2

	Disorder (SUD) Conditions						
System Integration and Transformation		0	1	1	0	1	0
Grand Total		**9**	**15**	**45**	**12**	**14**	**9**

Please note that some measures fall into more than one domain, subdomain, and sector. The grand total in the last row represents the total number of measures, counting each measure once.

2023 Aligned Measure Menu by Population

Domain	Subdomain	Older Adults	Adults	Adolescent	Children
Acute, Episodic and Procedural Care (Includes Maternity and Hospital)		5	5	3	2
Chronic Disease and Special Health Needs	All Conditions	0	0	2	2
	Behavioral Health Conditions	4	4	3	3
	Physical Health Conditions	7	7	2	2
	Substance Use Disorder (SUD) Conditions	2	2	2	0
Cost/Efficiency		2	2	2	2
Patient Access and Experience		4	4	4	5
Prevention/Early Detection	All Conditions	0	0	1	1
	Behavioral Health Conditions	2	2	2	1
	Oral Health Conditions	2	2	3	3
	Physical Health Conditions	5	9	7	6
	Substance Use Disorder (SUD) Conditions	4	4	2	0
System Integration and Transformation		3	3	2	3
Grand Total		**40**	**44**	**35**	**28**

This information was taken from the Health Plan Quality Metrics Committee (SB 440-2015) Report to the Legislature Metric Set by Measurement Framework section.

Appendix 6: Priority Population and Gaps

In 2018, the HPQMC identified gaps in the aligned measures menu. The committee identified the following high priority areas which included both gaps and concepts:

- Suicide Prevention for Children, Adolescents and Adults
- Behavioral Health Conditions and Sector

- Substance Use Disorders (SUD) and Sector
- Equity and Addressing Disparities
- Children and Youth with Special Health Care Needs (CYSHCN)
- Access, including Dental, Behavioral Health, SUD, and Telehealth and Virtual Care

For Behavioral health conditions and substance use disorder, committee members concluded that these areas had large, multilevel gaps in the menu.

HPQMC also highlighted other priority measurement areas. Additional identified measure gaps were:

- Multiple Chronic Diseases
- Chronic Dental Disease - including Access and Care Coordination
- Patient-Reported Outcomes
- Pharmaceutical Care
- Social Determinants of Health
- Cost of Care/Efficiency

Other identified concept gaps:

- Topical Fluoride Varnish for Children
- Measures that address screens for pregnant women
- Survey for CYSHCN including questions from Family Experience with Coordination of Care (FECC), Pediatric Intensive Care Survey (PICS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H Item Sets
- Depression Remission and Progress Towards Response
- Patient-Reported Outcome Measure of Contraception Care
- Preventable Emergency Department Use

In later years, the HPQMC gap identification informed the metrics developed by OHA and others.

The HPQMC legislation specified that the committee create an aligned measure menu for health plans. Given the committee's scope, HPQMC recommended to the Oregon Health Policy Board that an existing or a new committee be charged with measuring hospital performance.

This section was pulled from the Health Plan Quality Metrics Committee (SB 440-2015) Report to the Legislature..

HEALTH POLICY AND ANALYTICS
Quality Metrics Survey and Evaluation
Email: Metrics.Questions@odhsoha.oregon.gov

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