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EOCCO Quality Measure Update

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Disclosure Statement

- We do have a relevant financial relationship with commercial interest whose products or services relate to the content of the educational presentation.
 - Company: Moda Health, Inc./EOCCO
 - Relationship: Supervisor & Sr. Manager of Quality and Operations for EOCCO at Moda Health
 - To ensure independence and balance of content, current conflicts of interest were resolved by basing recommendations on structured review for best evidence.

Learning Objectives

- Summarize EOCCO's overall quality measure performance
- Identify one success and one challenge that EOCCO experienced in 2019 related to quality measures
- List the health promotion initiatives that EOCCO has implemented for 2020 and 2021

Overview of CCO Quality Program and EOCCO Performance

Incentive Measure Background

- Oregon Health Authority (OHA) uses quality health metrics to show how well CCOs:
 - Improve care
 - Make quality care accessible
 - Eliminate health disparities
 - Curb the cost of health care
- Funds from the quality metric performance are awarded to each CCO
- EOCCO uses their awarded funds for:
 - Quality bonus payments
 - Enhanced PCPCH payments
 - Dental Care Organizations
 - Behavioral Health Support
 - Community Benefit Initiative Reinvestments (CBIRs)
 - Local Community Advisory Councils
 - Transformation/Opt-in
 - New Ideas

2019 Statewide Quality Pool Distribution

- 2019 quality pool funding available statewide:
 - \$166 Million
 - \$46 Million in challenge pool funding
- 2019 Statewide CCO Performance

Number of quality measure targets met	Number of CCOs	Percent of quality pool funds earned
15+	5	100%
14	6	80%
11	4	60%

Met Y/N?					Incentive Measure	Rates as of 4/30/2020	
2016	2017	2018	2019	2019 Rate		2019 Target	
Claims Based Measures							
1	Y	Y	Y	■	Adolescent Well Care Visits	44.7%	43.9%
2	N	Y	N	■	Child Immunization Status Combo 2	79.6%	79.0%
3	Y	Y	Y	■	Dental Sealants on Permanent Molars for Children	25.9%	26.3%
4	Y	Y	Y	■	Developmental Screening in the First 36 Months of Life	70.1%	69.9%
5	Y	Y	Y	■	Effective Contraceptive Use	54.2%	53.9%
6	N	N	Y	■	Emergency Department Utilization	54.1	50.1
7	Y	-	Y	■	Emergency Department Utilization for Patients experiencing Mental Illness	113.9	109.2
8	Y	Y	N	■	Dental, Mental, Physical Health Assessment for Children in DHS Custody	86.7%	84.7%
9	-	-	-	■	Oral Evaluation for Adults with Diabetes	25.1%	26.1%
Chart Review Measures							
10	Y	Y	Y	■	Colorectal Cancer Screening	51.1%	50.3%
11	Y	Y	Y	■	Timeliness of Postpartum Care	65.5%	61.4%
Clinical Quality Measures							
12	Y	-	-	■	Alcohol and Drug Misuse Screening (SBIRT)	Report only	Report only
13	Y	Y	Y	■	Cigarette Smoking Prevalence	22.0%	25.0%
14	Y	Y	N	■	Controlling High Blood Pressure	64.8%	60.1%
15	Y	Y	Y	■	Depression Screening and Follow Up Plan	Report only	Report only
16	N	N	Y	■	Diabetes HbA1c Poor Control	22.0%	25.0%
17	-	-	Y	■	Weight Assessment and Counseling for Children and Adolescents	57.7%	32.7%
Primary Care Enrollment Measure							
18	Y	Y	Y	■	Patient-Centered Primary Care Home (PCPCH) Enrollment	74.4%	68.0%
State CAHPS Survey Measures							
19a	N	N	Y	■	CAHPS Access to Care Adults	80.7%	84.3%
19b	N	-	Y		CAHPS Access to Care Children	86.8%	91.2%

KEY ■ Met
■ Missed

2019 Incentive Measures by County		Targets	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
1	Adolescent Well Care Visits	43.9%	30.5%	40.7%	40.8%	52.2%	28.3%	45.9%	50.3%	50.0%	45.4%	50.2%	60.2%	54.8%
			178/583	22/54	89/218	130/249	70/247	834/1816	261/519	26/52	1359/2992	518/1031	142/236	17/31
2	Assessments for Children in DHS Custody	84.7%	100.0%	N/A	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	75.0%	100.0%	N/A	N/A
			4/4		4/4	2/2	7/7	23/24	8/8	1/1	36/48	11/11		
3	Childhood Immunization Status Combo 2	79.0%	69.2%	100.0%	65.4%	74.2%	62.5%	86.7%	79.3%	75.0%	74.1%	70.7%	61.9%	100.0%
			45/65	4/4	17/26	23/31	15/24	163/188	46/58	3/4	237/320	82/116	13/21	4/4
4	Colorectal Cancer Screening	50.3%	51.4%	34.6%	34.5%	47.3%	44.3%	45.8%	55.3%	59.3%	45.9%	45.9%	58.4%	69.2%
			204/397	9/26	58/168	105/222	94/212	338/738	99/179	16/27	556/1212	216/471		36/52
5	Dental Sealants	26.3%	5.3%	39.7%	41.7%	23.3%	24.0%	25.3%	34.0%	39.6%	30.1%	24.2%	12.4%	38.2%
			39/730	29/73	78/187	79/339	70/292	549/2166	193/567	21/53	1108/3683	292/1206	36/290	13/34
6	Developmental Screening in the First 36 Months of Life	69.9%	62.8%	86.7%	81.4%	67.6%	52.2%	81.7%	61.2%	75.0%	62.3%	85.3%	84.5%	61.1%
			135/215	13/15	57/70	71/105	35/67	557/682	131/214	6/8	741/1189	297/348	60/71	11/18
7	Effective Contraceptive Use	53.9%	56.1%	39.2%	62.0%	63.9%	57.1%	47.9%	45.2%	42.4%	51.5%	63.3%	61.1%	68.3%
			335/597	20/51	142/229	175/274	157/275	785/1638	180/398	25/59	1416/2752	670/1059	162/265	28/41
8	Emergency Department Utilization*	50.1	48.1	26.7	65.9	48.5	40.8	57.8	50.0	50.0	53.9	53.0	30.9	27.3
			2432/50575	119/4452	1206/18313	1259/25982	953/23361	7465/129210	1715/34327	218/4360	12215/226665	4180/78828	672/21718	107/3920
9	Emergency Department Utilization for Patients Experiencing Mental Illness*	109.2	95.5	64.6	127.8	110.3	89.4	147.8	124	111.8	121.1	100.9	71.5	51.3
			757/7928	31/480	244/1909	400/3628	245/2741	2508/16968	379/3056	53/474	2757/22762	1176/11653	266/3720	28/546
10	Oral Evaluation for Adults with Diabetes	26.1%	13.30%	33.30%	33.3%	22.5%	21.2%	30.4%	30.4%	11.8%	25.0%	17.9%	23.0%	12.5%
			22/166	5/15	24/72	18/80	14/66	165/543	45/148	2/17	225/899	47/263	17/74	2/16
11	Alcohol and Drug Misuse: SBIRT	Report Only	91.2%/61.5%	N/A	74.7%/7.7%	35.2%/25.8%	71.4%/8.3%	77.3%/66.66%	90.7%/60.9%	N/A	65.5%/21.9%	N/A	36.1%/1.3%	94.2%/0.0%
			384/474 & 236/384		417/566 & 3/39	144/409 & 8/31	374/527 & 7/84	2801/3623 & 370/555	466/514 & 14/23		2940/4485 & 7/32		596/1650 & 1/75	226/240 & 0/17
12	Depression Screening and Follow Up Plan	Report Only	79.4%	N/A	59.2%	28.1%	53.9%	83.7%	50.0%	N/A	56.4%	66.7%	50.1%	84.0%
			1074/1352		345/583	224/796	219/406	2939/3513	321/698		2243/3979	7308/10955	539/1076	168/200
13	Controlling High Blood Pressure	60.1%	64.1%	N/A	68.3%	66.0%	48.8%	61.2%	80.8%	N/A	62.1%	66.6%	64.3%	61.2%
			298/465		140/205	140/212	59/121	500/817	215/266		2518/4056	4217/6331	196/305	41/67
14	Diabetes HbA1c Poor Control*	25.0%	26.3%	N/A	26.0%	28.1%	35.2%	25.4%	35.0%	N/A	30.2%	20.8%	26.3%	26.7%
			46/175		19/73	25/89	19/54	117/460	49/140		497/1646	479/2299	25/95	4/15
15	Cigarette Smoking Prevalence*	25.0%	24.7%	N/A	27.5%	24.9%	46.8%	24.2%	28.3%	N/A	22.1%	15.0%	24.5%	24.4%
			541/2187		144/524	198/796	223/477	909/3750	238/842		952/4307	366/2437	239/977	38/156
16	Weight Assessment and Counseling for Children/Adolescents	32.7%	24.50%	N/A	39.7%	44.9%	39.6%	56.43%	55.7%	N/A	62.1%	54.0%	60.5%	62.4%
			22/91		119/300	211/470	67/170	2539/4499	294/528		3865/6226	2231/4129	316/522	49/78
17	Timeliness of Prenatal/Portpartum Care	61.4%	74.1%	0.0%	0.0%	73.3%	63.6%	60.9%	70.4%	100.0%	63.9%	76.6%	76.5%	100.0%
			20/27	0/3	0/8	11/15	7/11	53/87	19/27	1/1	106/166	36/47	13/17	2/2

*Lower is better

2013-2019 Quality Measure Funding

- 2013 \$2.4 Million (2% of premium)
 - Received \$1.9 Million-80% of available funding
- 2014 \$6 Million (3% of premium)
 - Received \$6.8 Million-100% of available funding
- 2015 \$10 Million (4% of premium)
 - Received \$10.2 Million-100% of available funding
- 2016 \$11.5 Million (4.25% of premium)
 - Received \$10.1 Million-91% of available funding
- 2017 \$12.5 Million (5% of premium)
 - Received \$12.1 Million-101% of available funding
- 2018 \$12 Million (4.25% of premium)
 - Received \$12.4 Million-103% of available funding
- 2019 \$10.5 Million (3.5% of premium)
 - Received \$12.8 Million- 125% of available funding

Final 2019 Quality Pool Distribution

- Total quality pool funding earned:
 - 125% earned
 - \$13,064,656 total earned
 - (\$261,293) provider tax
 - **\$12,803,363 available for distribution**
- Met 14 of 19 measures
 - 80% of available funding earned
 - \$8,195,384 in quality pool funds earned (3.5% of premium)
- Met 4 of 4 challenge pool measures
 - Assessments for Children in DHS custody
 - Childhood Immunization Status
 - Developmental Screening
 - Timeliness of Post Partum Care
 - \$4,607,979 in challenge pool funding earned

2019 Successes and Challenges

- Successes
 - Childhood Immunization Status Combo 2
 - Assessments for Children in DHS Custody
 - Developmental Screening
 - Effective Contraceptive Use
 - Colorectal Cancer Screening
 - All clinical quality measures
- Challenges
 - Dental Sealants
 - Oral Evaluation for Adults with Diabetes
 - ED Utilization
 - ED Utilization for Members Experiencing Mental Illness
 - CAHPS Access to Care

2020/2021 Metrics and Scoring Committee Updates

Metrics and Scoring Committee Background

- Part of Oregon's 1115 waiver with CMS
- Metrics and Scoring Committee established by Senate Bill 1580
 - Nine-member committee
 - Three CCO
 - Three measurement experts
 - Three members at large
- The committee is responsible for identifying outcome and quality measures for the CCOs
 - Annual vote
 - Metrics
 - Benchmarks and improvement targets

2020 Incentive Measure Program Update

- The Metrics and Scoring Committee voted on decisions for the 2020 incentive measure program at their July 17th meeting
 - Only at risk for January-March
 - 2020 will be a report only year
 - Reporting still required on chart review and clinical quality measures

2021 Incentive Measures

Claims Based Measures

1. Child Immunization Status Combo 2
2. ED Utilization for Members Experiencing Mental Illness
3. Health Assessments for Children in DHS custody
4. Immunizations for Adolescents
5. Initiation and Engagement in Drug and Alcohol Treatment
6. Oral Evaluation for Adults with Diabetes
7. Preventive Dental Visits Ages 1-14
8. Well-child Visits Ages 3-6
9. Meaningful language access to culturally responsive health care services

Chart Review Measure

10. Timeliness of Postpartum Care

Clinical Quality Measures

11. Depression Screening and Follow-up
12. Diabetes HbA1c Poor Control
13. Cigarette Smoking Prevalence
14. SBIRT

Quality measure in blue is new for 2021

Benchmarking

- The Metrics and Scoring Committee will select benchmarks and improvement targets at the September 18th meeting
- The Delphi method was used for committee members to deliberate
- Pandemic disruption will impact the committee decisions
- OHA recommends:
 - Rolling 2020 benchmarks over to 2021
 - Using 2019 as a baseline for 2021 improvement targets

2020/2021 EOCCO Quality Initiatives

Inter-Organizational Workgroups


- Assessments for Children in DHS Custody
- Childhood Metrics
- Initiation & Engagement in Drug & Alcohol Treatment
- Emergency Department Utilization for Individuals Experiencing Mental Illness

DHS Metric Workgroup

GOBHI, Moda, ODS, and Advantage Dental representatives sit on the DHS Metric Workgroup.

The workgroup representatives help ensure EOCCO children in DHS custody are seen for their physical, mental, and dental assessments within 60 days of foster care placement.

Foster Parent Incentive Program: incentivizes foster parents to complete their child's necessary health assessments within 30 days of placement.



The flyer is titled "Complete the necessary health assessments for your child in foster care." and features a graphic of a gift card with a dollar sign and a bow. The main headline is "Get a \$25 gift card!". Below this, it lists three steps: 1. Schedule appointments, 2. Complete the flyer, and 3. Enjoy your gift card. At the bottom, it states that the program is a way of thanking foster parents for putting their child's health first, and includes the EOCCO logo and a disclaimer: "* Exclusions may apply."

Complete the necessary health assessments for your child in foster care.

Get a \$25 gift card!

Here's what you need to do:

- 1 Schedule appointments.** Based on the child's age, call their providers to schedule all of their necessary DHS assessments within 30 days of the child being placed in your care.
- 2 Complete the flyer.** When your child has completed their assessments within 30 days of placement, complete this flyer. See back for details.
- 3 Enjoy your gift card.** Thank you for keeping your child in foster care healthy.

Have your child in foster care see their providers for Department of Human Services (DHS) health assessments within 30 days of placement and we will send you a \$25 Amazon.com Gift Card.* It's our way of thanking you for putting their health first.

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* Exclusions may apply.

Childhood Metrics Workgroup


GOBHI, Moda, ODS, and Advantage Dental representatives sit on the Childhood Metrics Workgroup. The workgroup also collaborates with Local Community Advisory Councils (LCACs).

The workgroup focuses on the five childhood incentive measures and includes a strong focus on the prenatal and postpartum care metric.

Baby Care Kit: provides parents with resources and supplies they would not typically receive when leaving the hospital after giving birth. These resources will help parents make informed decisions for their babies and themselves.

Child Wellness Campaign

- Parent education initiative on pediatric health guidelines for members ages 0 to 12
- Age-specific mailings to 5 age cohorts
- Addresses physical and oral health incentive measures



Childhood wellness eocco.com

Help your child build healthy habits

Make sure your child is up to date on all of their vaccines. Schedule a well-care visit today.

Your guide to keeping your child up to date and healthy
As your child grows, annual well-care visits can help you keep up with their vaccines to protect them from diseases.

What your child needs from ages 3 to 6

- Annual well-care visits
- At least one dental exam per year
- Some or all doses of these vaccines:
 - Diphtheria, tetanus, and pertussis (DTaP)
 - Inactivated poliovirus (IPV)
 - Measles, mumps, rubella (MMR)
 - Varicella (VAR)
 - Annual flu shots

Know that: It's just as important to finish a vaccine series as it is to start it – make sure your child gets all recommended doses of their vaccines.


What to discuss with your child's provider

- Growth and development
- Creating healthy habits such as healthy eating, consistent sleep and staying physically active

To learn more about your child's health plan benefits, visit eocco.com/members/benefits-overview/ages-under-12.

Schedule a well-care visit with your child's provider today. Talk to them about how to keep your child healthy.

Questions?
We're here to help. Please call our customer service team at 888-788-9821 (TTY users, please dial 711) or email us at EOCCOMedical@eocco.com.



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Immunization Projects

Stay vaccinated, stay healthy!

Make sure your child is up to date on their
vaccines*

Child's name: _____

☐ **HPV**

1st shot between 9th & 13th birthdays

Date ____/____/____

☐ **HPV**

2nd shot between 9th & 13th birthdays,
at least 5 months after 1st shot

Date ____/____/____

☐ **Tdap**

Between 10th & 13th birthdays

Date ____/____/____

☐ **Meningococcal**

Between 11th & 13th birthdays

Date ____/____/____

Doctor's name: _____

Doctor's phone: _____

Questions?

We're here to help. Please call our customer
service team toll-free at 888-788-9821
(TTY users, please dial 711) or email us at
EOCCOmedical@eoocco.com.

*This schedule is for children ages 9-13. Please talk to your child's doctor
if you have questions.




eoocco.com
(503) 377-2020

- Childhood and adolescent immunization reminder magnets
- Partnerships with external organizations to educate providers and members
 - Boost Oregon, Merck, Pfizer, American Cancer Society

Cigarette Smoking Prevalence

Pilot project with Valley Family Health Care

- Member facing materials regarding the harms of secondhand smoke
- Provider facing materials to help gauge when a patient is ready to be referred to a health coach for smoking cessation (readiness ruler)
- Texting campaign
- Website materials for members to help gauge readiness for smoking cessation and explain the resources available to them



Smoking cessation eocco.com

Be mindful of others, create a smoke-free home

When it comes to secondhand smoke exposure, there is no safe amount. Did you know the biggest risk of secondhand smoke exposure is at home? Studies have found that the home is where most children and adults breathe in secondhand smoke.

What is secondhand smoke?
Secondhand smoke comes from the burning end of a cigarette, cigar or pipe that is exhaled by someone who is smoking nearby. This secondhand smoke can stay in the air for hours and travel up to 20 feet.

Help reduce secondhand smoke exposure
You can help reduce secondhand smoke exposure to loved ones by not smoking in your home. Making the inside of your home a smoke-free zone is one way to protect others from secondhand smoke exposure.

How secondhand smoke affects our health
Secondhand smoke exposure among babies and children can cause:



- Sudden Infant Death Syndrome (SIDS)
- Lung problems
- Ear infections
- Asthma attacks

For adults, secondhand smoke exposure can cause:

- Heart disease
- Stroke
- Lung cancer

Call a health coach today
EOCCO members: Please call us at **877-277-7281** or email careprograms@modahealth.com to talk to a health coach for support.
Non-EOCCO members: Learn about other quitting tobacco programs online at quitnow.net/oregon or call **800-784-8669**. TTY users, please dial 711.




Draft

Diabetes Prevention Program

EOCCO selected the Diabetes A1c Poor Control measure as a new performance improvement project (PIP).

Implementation of online DPP and Diabetes Self-Management within the Eastern Oregon service area is a main goal for the PIP.

 Who is Covered? Eligibility Criteria	 What is Covered? The Covered Benefit	 How is coverage provided? DPP Service Provision
Screening and Diagnosis <ul style="list-style-type: none">• Prediabetes (R73.03) when confirmed via blood test within past year• Previous gestational diabetes (Z86.32)• As a high intensity intervention for obesity or overweight (E66.01-E66.9)	Funding, Billing & Referral <ul style="list-style-type: none">• Two years of the national DPP program• Up to 52 sessions over two years• All CDC recognized National DPP curriculums; including Native Lifestyle Balance• Multiple modalities covered: in-person, distance learning, online programs	Provider Requirements <ul style="list-style-type: none">• National DPP must be provided by a CDC-recognized organization• National DPP provider or supplier must collect and report data to CDC• Two types of payment sources: Medicaid/Medicare reimbursement, Health-related services funds.

Note: Up to 52 sessions or 24 months over two years is based on two separate billing processes.

HRS Funding Request Form

- Health related services (HRS): Noncovered services that are intended to improve care delivery and overall member and community health and well-being
- Quality + Operations teams streamlined HRS flexible funding request process
- Form can be accessed on EOCCO website:
<https://www.eocco.com/providers/forms>



QUESTIONS?

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