AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

October 13, 2017
1:00-3:00 pm
Portland State Office Building, room 618

Conference line: (877) 873-8017
Access code: 767068#
Webinar link: https://attendee.gotowebinar.com/register/5150607625475124481

Meeting Objectives

- Approve September meeting minutes
- Approve local public health process measures for the eight public health accountability metrics

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

1:00-1:05 pm	**Welcome and introductions** • Review and approve September minutes	Sara Beaudrault, Oregon Health Authority
1:05-1:10 pm	**Subcommittee updates**	All
1:10-2:40 pm	**Local public health process measures** • Review local public health process measure recommendations • Provide approval to take recommended measures to PHAB for a vote in October	Sara Beaudrault, Oregon Health Authority Myde Boles, Program Design and Evaluation Services
2:40-2:50 pm	**Subcommittee business** • PHAB will review and adopt process measures at October meeting. No separate subcommittee update will be provided. • Next subcommittee meeting is scheduled for Nov. 22 from 1:00-2:00	All
2:50-3:00 pm	**Public comment**	
3:00 pm	**Adjourn**	

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics subcommittee meeting minutes

September 26, 2017

PHAB Subcommittee members in attendance: Eva Rippeteau, Eli Schwarz, and Teri Thalhofer

Oregon Health Authority staff: Sara Beaudrault, Cara Biddlecom, Myde Boles, Steve Fiala, Angela Rowland, Amy Umphlett, Suzanne Zane

Members of the public: Jody Daniels, Karen Douglas, Jen Lewis-Goff, Cassandra Leone, and Laura McKeane

Welcome and introductions

The August 23rd, 2017 meeting minutes were approved.

Subcommittee updates

- Eli recently presented at the Metrics and Scoring committee meeting regarding the public health accountability metrics. More than half of the public health accountability metrics align with priorities for CCOs or early learning hubs. Eli highlighted Columbia Pacific CCO's collaborative process with local public health around childhood immunizations. Sara will send the presentation out to the subcommittee.
- OHA will present the public health accountability metrics at the Health Plan Quality Metrics Committee in November.
- OHA will share information about obesity metrics at the October Metrics and Scoring Committee meeting and the November Health Plan Quality Metrics Committee meeting.

Dental visits for 0-5 year olds

Amy Umphlett and Suzanne Zane presented on the *dental visits for 0-5 year olds* public health accountability metric. Child dental visits are measured in various ways, all of which have limitations and none of which meet the selection criteria established by PHAB. The OHA Public Health Division's Oral health Program compiled available measures and recommended two measures for the PHAB Accountability Metrics subcommittee to consider. Whatever measure is selected will be used to begin reporting on *dental visits for 0-5 year olds* in 2018.

1. “Children aged 0-5 with a dental visit in the previous year”. The data source is Medicaid claims data. Data for this measure can be updated annually and may allow for breakdowns by county and by race and ethnicity. However, the existing data source only includes the Medicaid population; therefore this is not a true population measure.
2. “Has your two year-old ever been to a dentist or a dental clinic? The data source is the PRAMS-2 survey. PRAMS-2 is not limited to the Medicaid population. There are limitations to being about to report data by county or by race/ethnicity due to sample size. Also it is limited to 0-2 year olds.

Eli mentioned the tension around total population and Medicaid population. The Metrics and Scoring committee looks at Medicaid data and PHAB looks at population data. He recommends talking with public health colleagues to get feedback on using a measure that only looks at a portion of the population.

Eva inquired if PRAMS includes socio-economic data or what type of insurance they have. To offer a comparison, she asked if there’s a possibility to ask dental insurance companies to offer data for privately insured 0-5 year olds.

OHA has a cross-agency oral health team that is developing a dashboard. The measure is selected by PHAB will be included on the dashboard.

Eventually there may be an opportunity to pull information from the All Payer/All Claims system, which would not be limited to Medicaid claims. But that is at least a few years away.

PHAB members discussed looking at dental sealants instead of dental visits.

Although we are limited in measures that are available now, Amy requested feedback on whether PHAB members are most interested in measuring dental visits, preventive dental visits, or preventive oral health services in medical or dental settings.

Teri stated we should be explicit when taking a recommendation forward that this is the best measure we have currently.

OHA staff will add this to the November subcommittee agenda and will bring data using the two recommended measures to inform the discussion.

Local Public Health Process measures

Steve Fiala presented the local public health process measures developed by Public Health Division and local public health staff. These measures are intended to show the core work of local public health to meet the accountability metrics.

Recommended immunization measure: *% of clinics [that serve populations experiencing disparities] that participate in the Assessment, Feedback, Incentives and*

eXchange (AFIX) program. AFIX is a quality improvement tool for clinics that are enrolled in the Vaccines for Children Program.

- Evidence-based intervention for increasing childhood immunization rates
- Has the potential to build or enhance partnerships
- Aligns with CCO strategies
- Expand state and local partnerships

Teri stated that the CCOs need to participate and be held accountable for working with public health on this shared priority.

OHA provides technical assistance with CCOs on the AFIX intervention.

LPHAs could approach this measure a number of ways, including partnership with CCOs or the PHA Immunization Program to increase local clinics participation. Eli stated we need to have ways to show where success is happening.

All local public health departments receive immunization funding through a program element, although there are no required activities connected to promoting AFIX within the local health care provider community.

Recommended gonorrhea measures:

1. *% of gonorrhea cases that had at least one contact that received treatment*
2. *% of gonorrhea case reports with complete 'priority' fields*
3. *Number of community-based organizations/partners engaged by LPHA to decrease gonorrhea rates*

These three recommended measures should be narrowed down to one or two.

Eva asked if #1 is chosen will it set up LPHAs up for failure since many LPHAs don't have adequate resources. Jen said that Multnomah County is unable to follow through on all gonorrhea cases.

Sara stated that we should focus on what the "right" work is to achieve improved outcomes, even if health departments don't have adequate resources now. This will highlight where to direct the resources we have now and new resources coming into the system.

Jen recommended *FTEs per # of gonorrhea cases* that could reflect burden and infrastructure.

Eva mentioned that #3 could be hard to accomplish since public health departments do not have control over what community-based organizations do.

Teri noted that OHA has eliminated Disease Investigation Specialist positions that had provided support to local public health.

Recommended tobacco measure: *% of community members reached by local policies that restrict tobacco industry influence in retail environment.*

Teri stated this is difficult to do in some communities.

Eli suggests that the measure be simplified.

Cara reminded the subcommittee that all of these measures offer a starting place based on where each LPHAs are today; each LPHA can make incremental improvements toward benchmarks set for each individual county.

CLHO will review and provide feedback on these local public health process measures next week.

Sara asked that this subcommittee meet again before the October 19 PHAB meeting to continue reviewing local public health process measures. PHAB is set to vote on local public health process measures on October 19.

Public comment

Public comment was not requested.

Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

October 13, 2017 from 1-3pm.

Public health accountability metrics: Local public health process measure recommendations

PHAB Accountability Metrics Subcommittee

October 13, 2017

Oregon Health Authority

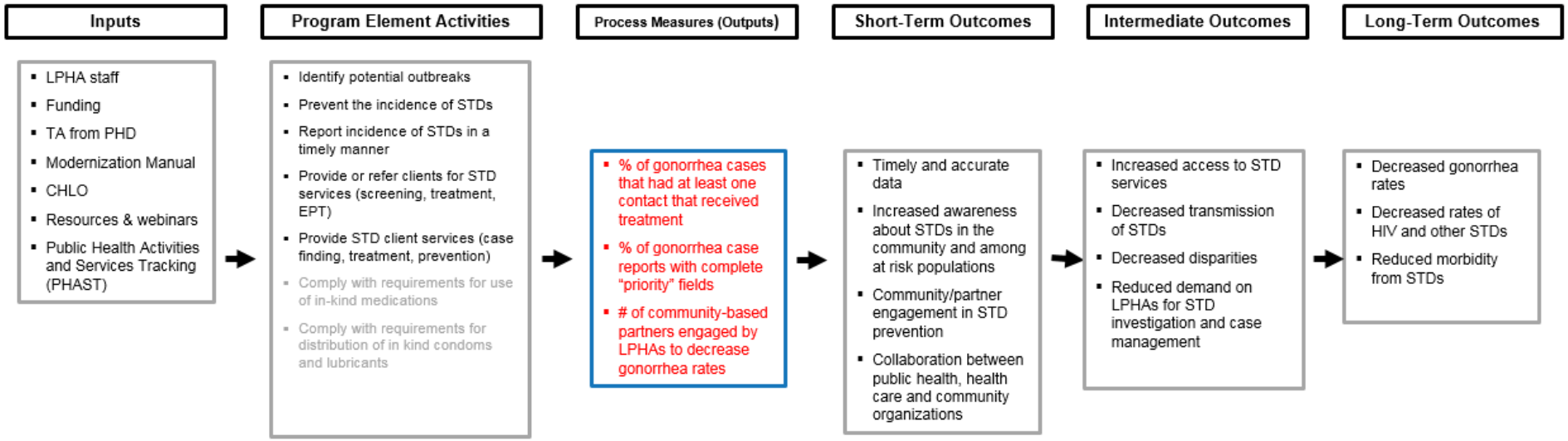
PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Purpose for today's discussion

- Review process measures that are recommended by state and local public health staff
- Provide feedback on recommended process measures
- Provide approval to take recommendations to PHAB for a vote in October

Logic model - example

Gonorrhea rates



Public Health Advisory Board Accountability Metrics subcommittee
Summary of local public health process measure recommendations
October 13, 2017

	Public Health Accountability Metric	Local public health process measures
Communicable disease control	Two-year-old vaccination rates	**OHA Recommendation:** 1. Percent of clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.
	Gonorrhea rates	**OHA Recommendation:** 1. Percent of gonorrhea cases that had at least one contact that received treatment **Additional measures for consideration** 2. Percent of gonorrhea case reports with complete "priority" fields 3. Number of community-based organizations (CBOs) / partners engaged by LPHA to decrease gonorrhea rates 4. # of FTE trained and employed to conduct gonorrhea case management
Prevention and Health Promotion	Adults who smoke cigarettes	**OHA recommendation:** 1. Percent of community members reached by local [tobacco retail/smoke free] policies
	Opioid overdose deaths	**OHA recommendation:** 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) **Additional measure for consideration:** 2. Percent of top prescribers who completed opioid overdose prevention trainings
Environmental Health	Active transportation	**OHA recommendation:** 1. Number of active transportation partner governing or leadership boards with LPHA representation **Additional measure for consideration:** 2. Number of presentations to local decision makers on active transportation barriers and evidence-based ore promising transportation policies
	Drinking water standards	**OHA recommendations:** 1. Number of water systems surveys completed 2. Number of water quality alert responses 3. Number of priority non-compliers (PNCs) resolved
Acces s to	Effective contraceptive use	**OHA recommendation:** 1. Number of local policy strategies for increasing access to effective contraceptives

		Additional measure for consideration: 2. Number of local assessments conducted to identify barriers to accessing effective contraceptives.
	Dental visits among children ages 0-5 years	**OHA recommendation:** 1. Percent of dental referrals made for LPHA 0-5 year old clients **Additional measures for consideration:** 2. Percent of WIC, home visiting and health department medical staff (if applicable) who have completed the "First Tooth" and/or "Maternity Teeth for Two" trainings 3. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers

Public Health Advisory Board Accountability Metrics subcommittee
Local public health process measure recommendations
October 13, 2017

From July-September 2017 CLHO committees developed recommendations for local public health process measures for each public health accountability metric.

The committees, which include state and local subject matter experts, reviewed existing measure sets and the Public Health Modernization Manual to inform these recommendations.

Local public health process measures will be used to bring attention to the core work that each health department must do to make improvements for each accountability metric. These recommendations are those that are believed to be most likely to move the public health system forward toward achieving the public health accountability metrics. Work will be ongoing to ensure LPHAs have funding to conduct the activities that will allow each health department to meet these process measures.

Outcome Metric	Process Measure	Rationale	Data Source	Existing Funding	What activities could be used to meet the process measure?	Local health administrator and health officer feedback
Communicable Disease Control						
Two-year-old vaccination rates	**OHA recommendation:** 1. Percent of clinics [that serve populations experiencing vaccination disparities] that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program.	• An evidence-based intervention for increasing childhood immunization rates • Has the potential to build or enhance partnerships with health care providers and the local CCO(s) • Aligns with strategies used by some CCOs to increase childhood immunization rates • Requires collaboration between state and local public health • There is an established mechanism for data collection and reporting	CDC's Provider Education Assessment and Reporting (PEAR) system **Example data:** To date in 2017, 9% of VFC clinics have participated in AFIX.	Al LPHAs receive funding through Program Element (PE) 43, Immunization Services. There is no specific Procedural and Operational Requirement to implement an AFIX program with local health care providers, but LPHAs are required to design and implement two educational or outreach activities	LPHAs could increase the % of clinics that participate in AFIX by: • Promoting AFIX to local clinics and facilitating contact with the OHA Immunization Program • Partnering with the CCO to promote AFIX • Attending AFIX visits with OHA Immunization Program staff • Conducting AFIX visits and reporting	Clarified that this measure is for AFIX with health care clinics in the county, not LHD clinics. Suggestion to measure that LHD offers or encourages participation, rather than measuring participation. Not an easy sell with health care providers.

					information to OHA Immunization Program	No direct control over health care provider participation. One administrator stated that her county and surrounding counties have been doing AFIX visits with local providers. They now have champions, and there is a lot of enthusiasm among the provider community. One administrator expressed support for using AFIX as the measure. She stated she would like to do this and suggests a corresponding state measure on technical assistance offered to counties.
Gonorrhea rates	**OHA recommendation:** 1. Percent of gonorrhea cases that had at least one contact that received treatment	• Treating cases is evidence-based intervention for stopping the chain of gonorrhea transmission. • Consistent with existing activities under the Program Element, but in most counties capacity for case finding and treatment is limited • There is an established mechanism for data collection and reporting	Oregon Public Health Epi User System (ORPHEUS)	All LPHAs receive funding through PE 10 for Sexually Transmitted Disease (STD) Case Management Services. The LPHA bears primary responsibility for identifying outbreaks and reporting the incidence of reportable STDs in a timely manner. The LPHA must provide STD client	Provide education and follow up to health care providers for areas like expedited partner therapy. Expand capacity within the health department for contact tracing.	How would we put meaning to #3 and #4? Suggestion to expand #3 beyond CBOs to include medical providers, and non-traditional and other partners besides PCP (corrections, tribes, urgent cares). #4 intended to reflect huge differences in
	2. Percent of gonorrhea case reports with complete “priority” fields	• Measures quality of data collection/systems			Provide education to health care providers for areas like collecting information for priority	

	(Currently these fields are: pregnancy status, HIV status/date of most recent test, gender of sex partners, proper treatment of gonorrhea)	• Ensures complete data to identify where disparities exist and to inform targeted interventions • Consistent with existing activities under the Program Element, but in most counties capacity to complete priority fields is limited • There is an established mechanism for data collection and reporting		services including case finding, treatment and prevention activities to the extent that local resources permit.	fields or proper treatment of gonorrhea. Expand capacity within the health department for collecting and entering priority field data.	disease rates among counties, in terms of case load. One health administrator supports #1 and thinks it could influence #3 and #4.
	3. Number of community-based organizations (CBOs) / partners engaged by LPHA to decrease gonorrhea rates	• Represents new approach in most areas of the state to reduce gonorrhea rates	LPHA reporting[1]	None	Use PHAB *Guiding Principles for Public Health and Health Care Collaboration* document to build robust partnerships	
	4. # of FTE trained and employed to conduct gonorrhea case management	• Indication of local capacity to protect health and prevent the spread of disease • There may be national standards for number of case management FTE for population size	LPHA reporting	None	Work with Board to meet standards for case management FTE.	
Prevention and Health Promotion						
Adults who smoke cigarettes	**OHA recommendation:** 1. Percent of community members reached by local [tobacco retail/smoke free] policies	• Aligns with CDC tobacco prevention best practices • Policy change is one of the strongest levers for reducing tobacco consumption • There is an established mechanism for data collection and reporting	Local Tobacco Prevention and Education Program grantee reporting HPCDP Policy Database **Example data:** Tobacco retail license policy in County X – 2016: 29% (only unincorporated county)	All LPHAs receive funding through PE 13 for Tobacco Prevention and Education, which includes creating tobacco-free environments and countering pro-tobacco influences.	Implement Procedural and Operational Requirements in Program Element. Apply communications and community partnership development to make progress toward policy change.	Why adult focus for accountability metric? Suggestion for % of multi-family housing units that have adopted smoke free policies or % of incorporated jurisdictions that have adopted at least one smoke free policy

[1] For areas where no established data collection system exists, each LPHA would be responsible for creating and supporting an internal mechanism to collect the data.

			2017: 93% (unincorporated county + city that is a population center)			beyond the 10' requirement.
Opioid overdose deaths	**OHA recommendation** 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)	• Consistent with existing activities under the Program Element; however, only some regions of the state are currently funded through the Program Element • PDMP is a tool used by almost all states to promote safer prescribing practices • Represents area for state and local partnership. The Public Health Division collects data and makes data available, and LPHAs are responsible for increasing enrollment among local provider communities. • Existing mechanism for data collection and reporting.	OHA Prescription Drug Monitoring Program (PDMP) **Example data:** Q1 2017: The percent of top prescribers enrolled in PDMP by county ranged from 50-100%	Some LPHAs receive funding through PE 27 for Prescription Drug Overdose Prevention. The PE includes requirements to promote prescriber enrollment in the PDMP.	Implement requirements in the Program Element. Promote awareness about the PDMP and share regional data about local prescribing practices.	One administrator stated that just because a provider has registered for PDMP doesn't mean they use it. There was agreement from a second health administrator who also stated she is fine with the measure. What will help clinics is helping them implement internal procedures around refills.
	2. Percent of top prescribers who completed opioid overdose prevention trainings	• LPHAs would work with providers and other stakeholders to understand local training needs and make trainings available	LPHA reporting	Some LPHAs receive funding through PE 27 for Prescription Drug Overdose Prevention. The PE includes requirements to build or strengthen community partnerships and strengthen local prescription drug overdose networks and systems, which may include training	Assess local training needs, coordinate to provide training or bring trainers to the region.	No feedback on #2.
Environmental Health						

Active transportation	**OHA recommendation:** 1. Number of active transportation partner governing or leadership boards with LPHA representation	• For many health departments, partnerships with local transportation or planning is an emerging area. These proposed process measures document progress toward establishing partnerships • Aligns with PHAB *Guiding Principles for Public Health and Health Care Collaboration* document	LPHA reporting	None	Use PHAB *Guiding Principles for Public Health and Health Care Collaboration* document to build partnerships with local transportation or planning departments	Would state provide TA for giving presentations? Governing boards are often elected officials or others above health administrators or directors. Would a LPHA get credit if a commissioner is on a board? #2- difficult to get in the door. No funding, no capacity or knowledge about this work.
	2. Number of presentations to local decision makers on active transportation barriers and evidence-based or promising transportation policies	• For many health departments, partnerships with local transportation or planning is an emerging area. These proposed process measures document progress toward establishing partnerships	LPHA reporting	None	Seek opportunities to raise awareness about the connections between transportation policy and health.	
Drinking water standards	**OHA recommendation (adopt all 3 measures)** 1. Number of water systems surveys completed 2. Number of water quality alert responses 3. Number of priority non-compliers (PNCs) resolved	• These three process measures are included in the existing Program Element, but capacity to make improvements in these areas is limited. • Existing mechanism for data collection and reporting	Public Water System database, OHA Drinking Water Services Program	All LPHAs funded through PE 50 for Safe Drinking Water Programs	Implement Procedural and Operational Requirements in the Program Element	Health administrator who sits on the SDW workgroup stated that these measures capture the work that's being done and covers a host of nuances under each of the three measures. Why not a %?
Access to Clinical Preventive Services						
Effective contraceptive use	**OHA recommendation:** 1. Number of local policy strategies for increasing access to effective contraceptives.	• Aligns with Public Health Modernization Manual core system functions for assuring access to clinical preventive services	LPHA reporting	All LPHAs funded through PE 41 for Reproductive Health Programs. Program Element under revision.	Convene partners and stakeholders to develop a local plan or local strategies for increasing access.	Are more assessments better? One health admin expressed preference for #2. Can do a lot of

		• Requires LPHA to serve as convener of community partners and stakeholders • Strong equity component			Policies will address disparities in access, and involve community partners in planning and implementation A policy strategy is a document that identifies and guides the strategic policy priorities and policy goals for the LPHA and can align with other local public health plans (e.g., CHIP) Work with partners and stakeholders to implement strategies, develop shared governance or secure funding for implementation.	assessments and do nothing. A plan is moving in the direction of doing something. Should include "at least every 5 years" to align with accreditation standards. Not sure why there would be multiple assessments.
	2. Number of local assessments conducted to identify barriers to accessing effective contraceptives.	• Aligns with Public Health Modernization Manual core system functions for assuring access to clinical preventive services • Requires LPHA to serve as convener of community partners and stakeholders • Strong equity component	LPHA reporting	All LPHAs funded through PE 41 for Reproductive Health Programs. Program Element under revision.	Convene partners and stakeholders to assess access barriers. Local assessments will identify populations experiencing disparities and involve community partners in planning and implementation.	
Dental visits among children ages 0-5 years	**OHA recommendation** 1. Percent of dental referrals made for LPHA 0-5 year old clients	• Creating and implementing referral systems is likely to get children in for dental visit • Some LPHAs are developing referral systems with existing Title	LPHA reporting	All LPHAs funded through PE 42 for Title V Maternal, Child and Adolescent Health (MCAH) Services.	LPHA could use different mechanisms to increase referrals by partnering with WIC, home visiting	#2- virtually impossible to get in the door, a really big hurdle. (A second admin agrees- often get five minutes,

		V funding; this could be expanded to other counties • However, this process measure may only capture clients who receive services at the health department		LPHAs select an area of focus with Title V funds. Currently some have selected oral health.	programs, FQHCs or schools. LPHAs could work toward closed loop referral systems	have to prioritize what is discussed) Referrals are good but consumers get frustrated when referrals are made with no ability to follow through. A local early learning hub is developing a child health referral system, and there has been a lot of resistance. Creation of a referral system is a tough sell. #1 Since public health is moving away from direct services, we'd expect the number to decrease. Makes the most sense to attach this to WIC or home visiting; CCOs should capture the % of kids who received a dental referral from those service providers #2 This is a service provided by a DCO, so public health measure should be to get them to do it. E.g., at least one meeting with the DCO about provision of this
	2. Percent of WIC, home visiting and health department medical staff (if applicable) who have completed the "First Tooth" and/or "Maternity Teeth for Two" trainings	• Recommended by local public health administrator • Ensures LPHA staff who have contact with mothers and children have basic oral health training	LPHA reporting		LPHA could convene these groups to make trainings available	
	3. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers	• Integrates oral health into medical community • Increases likelihood that providers (medical and dental) will conduct assessments and screenings, provide preventive care and anticipatory guidance, and make referrals • These trainings are available through the Oregon Oral Health Coalition	LPHA reporting		Partner with CCO or DCO to assess local need for trainings Partner with CCO or DCO to provide trainings	

						training to providers if it is not already happening. Suggestions: % of WIC and home visiting direct services staff who have completed the First Tooth and/or Maternity Teeth for Two training