

METRIC DISCUSSION AND DECISION NOTES

Population Health Metric Selection Workgroup: April 4, 2016 meeting

Attendees: Hailey Akah (HPIO), Traci Barry (Employers Health), Brian Fowler (Ohio Department of Health), Michelle Groux (Columbus Public Health), Larry Hollingshead (OwlCreek Consulting), Susan Sprigg (Interact for Health), Amy Bush Stevens (HPIO), Becky Sustersic (HPIO), Andrew Wapner (Ohio State University).

Follow-up notes from 3/11/16 meeting

Decision notes from 4/4/16 meeting

Subdomain	Metric	Metric description	Discussion/Decisions at 3/11/16 meeting	Follow-up and new information
Health behaviors	Adult binge drinking	Percent of adults who self-report having 4 or more (women) or 5 or more (men) alcoholic beverages on at least 1 occasion in the past 30 days Source: BRFSS	Decision: Change to excessive drinking metric to align with AHR and CHR Description of excessive drinking metric: Percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.	None
Health behaviors	Adult insufficient physical activity	Percent of adults 18 years and older not meeting physical activity guidelines for muscle strength and aerobic activity Source: BRFSS	Unclear if data for this metric is still available.	ODH response on data availability: This item was/will be included in the 2013, 2015, 2016, and 2017 editions of BRFSS. The 2015 data have not been released, and are typically not available until at least June of the following year (June 2016 for 2015 data). ... Thus, the most recent year currently available for the PA questions is 2013 (the same as what we included in the 2014 Dashboard). But, 2015 data will

				<p>hopefully be available in June 2016 in time to include in next Dashboard.</p> <p>Decision: Maintain this metric.</p>
Health behaviors	Youth all-tobacco use	Percent of high school students who smoked cigarettes, cigars, cigarillos, or little cigars, or used chewing tobacco, snuff or dip during past 30 days Source: YRBSS	Hesitate to replace this w/ vaping, but want to know if vaping is included. Ask ODH tobacco group if vaping or hookah is included in this metric	<p>ODH response on data availability: E-cig use was added to YRBSS for Ohio in 2015. However, YRBSS data for 2015 may not be released due to low survey response rates. In addition, because this was not a core/required YRBSS question, availability of e-cigarette data from other states for comparison is unknown.</p> <p>ODH recommends using a similar metric from one of the following sources:</p> <ul style="list-style-type: none"> • Ohio Youth Tobacco Survey (would not be able to rank Ohio, but would have trend data) • National Survey on Drug Use and Health. (all-tobacco use for ages 12-17; includes cigarettes, smokeless tobacco, cigars, or pipe tobacco) <p>Note that the OYTS survey also had low response rates that did not meet CDC's minimum thresholds, but is currently investigating options for a limited data release in summer or fall 2016.</p> <p>Decision: Use NSDUH youth all-tobacco metric (instead of YRBSS)</p>

Health behaviors	Adult smoking	Percent of population age 18 and older that are current smokers	None	None
Conditions and diseases	Infant mortality	Number of infant deaths per 1,000 live births (within 1 year)	None	None
Conditions and diseases	Cardiovascular disease mortality	Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population. Age adjusted.	None	None
Conditions and diseases	Youth obesity	Percent of high school students who are obese (grades 9-12) Source: YRBSS	None	<p>Given that the 2015 YRBSS data may not be released, we may not be able to include this metric. YRBSS is collected every 2 years; 2014 Dashboard included 2013 data.</p> <p>Options:</p> <ul style="list-style-type: none"> • Use Adult Obesity from BRFSS (rank and trend available) • Use Youth Obesity from OMAS (could not rank, but would have trend) • OYES Survey youth data (not sure if will be available in time) <p>Decision: Use OMAS (but check in w/ ODH by May to check on YRBSS data status). Have methodology committee consider if we can rank Ohio using OMAS for Ohio and YRBSS for other states (make sure epis heads don't explode)</p>

Conditions and diseases	Adult diabetes	Percent of adults who have been told by a health professional that they have diabetes	None	None
Conditions and diseases	Poor mental health	Average number of days in the previous 30 days when a person indicates their mental health was not good (includes stress, depression, and problems with emotions; adults only)	None	None
Conditions and diseases	Suicide deaths	Number of deaths due to suicide per 100,000 population	None	None
Conditions and diseases	Drug overdose deaths	Number of deaths due to drug overdoses per 100,000 population	None	Comment from ODH: Regarding the deaths- we can provide the deaths specific to all opioids (rate) for the state ... but CDC recommends to compare with other states to use all overdoses. Decision: Maintain same measure.
Conditions and diseases	Poor oral health	Percent of adults who have lost teeth due to decay, infection, or disease	None	None
Overall health and wellbeing	Overall health status	Percent of adults that report fair or poor health	Decision: Change to Positive (% good or excellent) Updated metric description: Percent of adults that report good or excellent health	None
Overall health and wellbeing	Limited activity due to health problems	Average number of days in the last 30 days in which a person reports limited activity due to	None	None

		mental or physical health difficulties (ages 18 and older)		
Overall health and wellbeing	Premature death	Years of Potential Life Lost before age 75 (YPLL-75)	None	None
Overall health and wellbeing	Life expectancy, total	Life expectancy at birth based upon current mortality rates-total Source: CDC Vital Statistics, via RWJF DataHub	None	<p style="color: red;">2014 Dashboard used 2009 data. We have not found updated data for a more recent year.</p> <p style="color: blue;">Decision: Call attention to need for more recent data. Maintain this metric and continue to look for more recent year. HPIO will follow up with ODH to request data of CDC.</p>
Equity	Life expectancy, White	Life expectancy at birth based upon current mortality rates-White	None	None
Equity	Life expectancy, Black	Life expectancy at birth based upon current mortality rates-Black/African American	None	None
Equity	Life expectancy, Hispanic	Life expectancy at birth based upon current mortality rates-Hispanic	None	None
Equity	Life expectancy, Asian	Life expectancy at birth based upon current mortality rates-Asian	None	None

Meeting 1 notes (3/11/16):

Other decision notes

- Decision: Recommend to the Public Health and Prevention domain group that they add Low birth weight
- Decision: Keep Fruit/veg on bike rack (we think it's very important but too many problems with methodology to recommend it at this time)

- Decision: Ask HIV experts at ODH (and other PH experts) what metric they would recommend that is available at state level for all states. Recommend that the Public Health and Prevention Domain consider adding HIV.

Discussion notes

The group felt it was important for there to be alignment among the metrics included in the Dashboard and those required for reporting to CMS, Ohio Medicaid or other healthcare entities. Jon Barley specifically mentioned the proposed CMS/AHIP core measures that were released several weeks ago; he added that ODM is trying to align its PCMH metrics as much as possible with the **ACO and PCMH/Primary Care set of metrics**. He provided the following link to these metric sets:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>. This will be revisited during the next workgroup call. (see below)

There was also discussion about infectious disease metrics. The Public Health and Prevention domain already contains a metric surrounding chlamydia. However, the group also discussed the following possibilities: syphilis, TB, hepatitis C and HIV. It was ultimately decided that HIV data would likely be the most comparable among states. Amy Bush Stevens plans to work with ODH to determine the availability of such data, and this will be brought up on the Public Health and Prevention workgroup call next Friday (3/18/16). Finally, the group discussed the drawbacks of using composite measures – specifically because they are often less actionable.

Post-meeting follow-up on CMS ACO and PCMH metrics:

The topics addressed in the CMS measures align with topics covered in the Population Health domain, with the following exceptions:

- Cancer
- Low back pain
- Asthma
- Acute bronchitis

During the last round, we had many conversations about including a cancer incidence or mortality metric in the Population Health domain. For a variety of reasons, including lack of space, we decided that the best metrics to include were the early stage diagnosis ones that are in the Healthcare System domain.

Low back pain and **asthma** are worth additional consideration, either for the Population Health domain, or for another domain. Jodi Mitchell, who was not able to participate in the call, emailed afterwards and mentioned interest in including low back pain.

- We cannot find a low back pain metric with data available at the population level. The Healthcare System domain will consider a clinical metric related to this.
- Adult asthma prevalence is available from BRFSS, but we think it makes more sense to have an asthma management metric in the Healthcare System domain. They are considering this.

NSDUH tobacco metric

State-level data exist for all states. I specifically found the data at this link: <http://www.samhsa.gov/data/population-data-nsduh/reports> and then by clicking on "2013-2014 NSDUH State Estimates – Individual Excel and CSV Files by Outcome" then "Table 13. Tobacco Product Use in the Past Month, by Age Group and State: Percentages, Annual Averages Based on 2013 and 2014 NSDUHs."

FYI - the following age group options are available:

- 12 or older
- 12-17
- 18-25
- 18 or older
- 26 or older

Meeting 2 notes (4/4/16):

Discussion notes

There was initial concern about the Adult Insufficient Physical Activity metric because the BRFSS data on this metric has not been updated since the last edition of the Dashboard. However, since the 2015 BRFSS data should be available in time for inclusion in the 2017 Dashboard, the group decided to maintain this metric.

The two metrics affected by the YRBSS response rate issue are Youth All-Tobacco Use and Youth Obesity. The Youth All-Tobacco Use measure is problematic for several reasons. Not only is the YRBSS data unlikely to be updated, but this metric could not be ranked in the last Dashboard because there were too many missing states. Of the two ODH recommended surveys to replace YRBSS (Ohio Youth Tobacco Survey and National Survey on Drug Use and Health (NSDUH)), the group selected NSDUH. The Ohio Youth Tobacco Survey also has concerns about response rate, and NSDUH can be ranked across states.

Among the options available for replacing the YRBSS Youth Obesity measure (Adult Obesity from BRFSS, Youth Obesity from OMAS, and height and weight data from OYES), the group selected OMAS Youth Obesity. There was concern about replacing Youth Obesity with Adult Obesity; not only does it miss the youth perspective, but it may be redundant with other adult measures like cardiovascular disease and diabetes. Since YRBSS Youth Obesity data is available for most states, Andy Wapner suggested using the OMAS data for Ohio and ranking it alongside YRBSS data for other states. Michelle Groux agreed with that approach, as long as the methodological workgroup made sure that the methodology for those two metrics is the same. Since there is a slight possibility that the CDC may release Ohio YRBSS data, HPIO will check with ODH in May to be sure that OMAS is still the best data source to use. The YRBSS data will only be reconsidered if (1) the CDC finds the response rate to be adequate and (2) enough states report YRBSS Youth Obesity data that the measure can be ranked in the Dashboard.

The group decided to follow the CDC recommendation and keep the Drug Overdose Deaths measure the same. The group also decided to maintain the Life Expectancy measure, while still continuing to search for updated life expectancy data. Michelle Groux thought that this could be a good opportunity to demonstrate an area where important data is missing. Additionally, because life expectancy does not change dramatically over the course of five years, the group is comfortable continuing to use the data from 2009.

Finally, the group approved recommendations to the Healthcare Systems workgroup to include clinical metrics related to low back pain and asthma.

Post-meeting follow-up on Life Expectancy for ODH:

- Brian Fowler mentioned having a connection in Vital Stats at CDC. He has agreed to ask them if they are planning to release updated life expectancy data at the state level, or if they are aware of another source where we can find this.
- Brian has also agreed to find out if it is possible for staff at ODH to calculate life expectancy (overall and by race/ethnicity) for Ohio for a more recent year. This could be useful for the Dashboard, but would also be useful for the State Health Assessment.