

## METRIC DISCUSSION AND DECISION NOTES

Access Metric Selection Workgroup  
Second meeting – April 14, 2016

**Attendees:** Reem Aly (HPIO), Amy Kaufholz (Commission on Minority Health), Kraig Knudsen (Ohio Department of Mental Health and Addiction Services), David Maywhoor (UHCAN Ohio), Lindsay Popa (Ohio Colleges of Medicine Government Resource Center), Heather Reed (Ohio Colleges of Medicine Government Resource Center), Becky Sustersic (HPIO), Ted Wymyslo (OACHC)

The goal of this meeting was to finalize the recommended metrics for the Access domain, keeping in mind the following workgroup objectives:

- Keep consistency in the metrics included in the *2014 Dashboard* and the new *2017 Dashboard* so that we are able to track and evaluate Ohio's progress for each metric over time.
- Improve on the Access domain's metrics as deemed appropriate using the [metric selection criteria](#) to "make the case" for adding a new metric.
- Maintain a set of concise metrics to track access in the *2017 Dashboard*. If the workgroup decides that a new metric should be included in the Access domain, the workgroup will need to identify an existing metric within the domain that this new metric will replace.

Note that Access workgroup recommendations will go to the full Health Measurement Advisory Group for discussion and approval.

### Access domain metrics:

Metric	Issue	Discussion	Decision/ Recommendation
<b>Unable to see doctor due to cost</b>	Data has been updated in the Commonwealth Fund State Scorecard, but breakouts by race and ethnicity are not available. However, data with race/ethnicity breakout is available through Kaiser State health Facts.	The group recommended switching to Kaiser State Health Facts as a new source for the data.	Switch to Kaiser State Health Facts as source for metric.

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<b>Medical home, children</b>	Data has not been updated since the <i>2014 Dashboard</i> .	<ul style="list-style-type: none"><li>• Lindsay Popa suggested “child health status” as a possible alternative metric. However, there were concerns about the sample size for this metric, and the team questioned whether this was an appropriate measure of access to care. It was also noted that the population health domain contains a health status metric.</li><li>• Heather Reed was fairly certain that OMAS contains a metric around access to a medical home. She will verify.</li><li>• The group agreed that since the original source (the National Survey on Children’s Health) will be updated in the future, we should continue using the same metric even if there is no updated data at this point. Updated data should be available for the next version of the Dashboard.</li><li>• The group also decided to provide a note referencing the OMAS data if a medical home metric does actually exist.</li></ul>	Keep this metric in the <i>2017 Dashboard</i>  <u>Follow up:</u> Heather Reed verified that there is <u>not a</u> similar metric in OMAS.
<b>Unmet need for mental health</b>	Data appears to be updated, but not able to locate at the state-level.	<ul style="list-style-type: none"><li>• Craig Knudsen said that he is fairly certain the 2013-2015 state-level NSDUH data will be available in time for the 2017 Dashboard. He will verify.</li></ul>	Keep this metric as long as updated data is available.

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<p><b>Received dental care in past year, children</b></p>	<p>Data has not been updated since the 2014 Dashboard.</p>	<ul style="list-style-type: none"> <li>• Lindsay Popa suggested the following alternative metric from OMAS: unmet need for dental care, children. Since this is an OMAS metric, we would not be able to rank against other states.</li> <li>• The group agreed that since the original source (the National Survey on Children’s Health) will be updated in the future, we should continue using the same metric even if there is no updated data at this point.</li> <li>• However, the group also decided to provide a note referencing the OMAS data for the “unmet need for dental care” metric since it is based on more recent data.</li> </ul>	<p>Keep this metric in the <i>2017 Dashboard</i> without updated data but include a reference to the more recent OMAS data for the “unmet dental care need (children)” metric</p>
<p><b>Underserved, primary care</b></p>	<p>Should we replace underserved metrics with other workforce metrics?</p>	<ul style="list-style-type: none"> <li>• Heather Reed noted that the HPSA data is the best data for underserved areas but mentioned that it does not give a comprehensive view of the state – only of those areas with shortages.</li> <li>• Heather explained that the licensing board data will be much more comprehensive, but it likely will not allow us to compare Ohio to other states.</li> <li>• Dr. Ted Wymyslo recommended that we keep using the HPSA data but consider using the licensing board data when it becomes available. He added that the licensing board data will not include providers who are not clinically active like some other sources do. This</li> </ul>	<p>Keep this metric but consider updating with licensing board data once available for the next <i>Dashboard</i></p>

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		<p>will allow us to know who is actually providing care to patients.</p> <ul style="list-style-type: none"> <li>• David Maywhoor agreed that it would be beneficial to only include those providers who are clinically active.</li> </ul>	
<b>Underserved, dental care</b>	Should we replace underserved metrics with other workforce metrics?	Same discussion as above	Keep this metric but consider updating with licensing board data once available for the next <i>Dashboard</i>
<b>Underserved, mental health care</b>	Should we replace underserved metrics with other workforce metrics?	<ul style="list-style-type: none"> <li>• Same discussion as above</li> <li>• Reem noted that the current underserved mental health metric only includes psychiatrists, not psychologists or counselors.</li> </ul>	Keep this metric but consider updating with licensing board data once available for the next <i>Dashboard</i> . Change metric name and description to denote focus on psychiatrists.
<b>Unable to see doctor due to cost, by race and ethnicity</b>	Data is no longer available in Commonwealth Fund State Scorecard. However, data is available through Kaiser State health Facts.	The group recommended switching to Kaiser State Health Facts as a new source for the data.	Switch to Kaiser State Health Facts as source for metric.