



Give Them More
of the
Good Stuff!

Grape Basics



Shop and Save

- ✿ For eating fresh, choose table grapes. They have thinner skins and are sweet and juicy. Grapes grown for juice or wine have thicker skins and much more sugar.
- ✿ Look for firm, plump grapes that are firmly attached to green, flexible stems.
- ✿ Avoid grapes that are shriveled, sticky, have brown spots, or with dry, brittle stems.
- ✿ Grapes are commonly purple, red or pale green. They may be seedless or have seeds. Try different colors, sizes and textures by choosing the variety that is lowest in price.

All grapes – any color –
contain vitamins C and K
which help heal cuts.



Raisins

- ✿ Depending on the variety of grape, raisins (dried grapes) become dark brown or golden.
- ✿ Look for tightly-sealed containers or covered bulk bins. Raisins should feel soft and pliable.
- ✿ Store raisins in an airtight container in a cool, dry, dark place.
- ✿ Once opened, reseal the package tightly to help prevent hardening. For best quality use within 6 months.
- ✿ If raisins become hard, soak in hot liquid for 5 to 15 minutes. Drain and use.
- ✿ It takes 1 cup of grapes to make ¼ cup of raisins. They both have about 100 calories.

Store Well Waste Less

- Leave grapes on the stem but remove any grapes that are shriveled, brown, or moldy.
- Grapes can be kept on the countertop for a day or two, but last longer when refrigerated. Place them in an open container or



perforated plastic bag. For best quality, use within 7 to 10 days.

- Rinse under cool water just before eating. Extra moisture during storage speeds spoilage.

► Whole grapes are a serious choking hazard for children younger than four years old. Cut grapes in half lengthwise or even into quarters.

Enjoy Grapes

Grape and Cucumber Salad

Ingredients:

- 3 cups **grapes**, cut in half or quarters
- 3 cups sliced **cucumber**
- ¼ cup thinly sliced **green onion**

Dressing:

- ¼ cup **vinegar**
- 1 teaspoon **oil**
- 2 teaspoons **brown sugar**
- ¾ teaspoon **salt**
- ¼ teaspoon **hot sauce**, optional

Directions:

1. Place the grapes, cucumber and green onion in a medium bowl.
2. In a small bowl or jar with a tight lid, mix or shake together the dressing ingredients and hot sauce, if using.
3. Pour over grapes and cucumbers and stir until mixed.
4. Refrigerate leftovers within 2 hours.

Makes 6 cups

Prep time: 15 minutes

Visit
FoodHero.org
for more tasty
ways to use
grapes.

Fruited Tabbouleh

Ingredients:

- 1½ cups **broth**, chicken or vegetable
- 1 cup **bulgur wheat**
- 1 cup **grapes**, cut in half or quarters
- ⅓ cup minced **onion**
- 3 Tablespoons chopped fresh **mint leaves** or parsley
- 1 small **orange**, peeled and diced or ¾ cup (one 11-ounce can) **mandarin oranges**, drained

Dressing:

- 2 Tablespoons **oil**
- 2 Tablespoons **lemon juice** or **vinegar**
- 2 teaspoons **sugar**
- ¼ teaspoon **salt**
- ½ teaspoon **ground ginger**
- ½ teaspoon **ground cumin**
- ¼ teaspoon **black pepper**

Directions:

1. Heat broth to boiling, stir in bulgur and turn off heat. Cover and set aside for 25 minutes.
2. Remove the cover and fluff the bulgur with a fork. Let cool at least 5 minutes.
3. Stir in grapes, onion, mint or parsley, and orange.
4. In a small bowl or jar with a tight lid, mix or shake together the dressing ingredients. Pour over bulgur and toss well. Chill until ready to serve.
5. Refrigerate leftovers within 2 hours.

Makes 4 cups

Prep time: 25 minutes + cooling time

Grape Salsa

Ingredients:

- 2 cups **grapes**, cut in pieces
- ½ cup sliced **green onion**
- ½ cup diced **Anaheim chilies**, fresh or canned
- 2 Tablespoons chopped **cilantro**
- 2 Tablespoons **vinegar**
- ¼ teaspoon **garlic powder** or 1 clove **garlic**, minced
- ½ teaspoon **salt**
- ⅛ teaspoon **hot sauce**

Directions:

1. Combine all ingredients in medium bowl; mix well. Let stand at least 1 hour. Drain off excess liquid before serving.
2. Refrigerate leftovers within 2 hours.

Makes 2 cups

Prep time: 20 minutes + 1 hour standing time



When kids help make healthy food, they are more likely to try it. Show kids how to:

- ✿ **rinse grapes under cool running water.**
- ✿ **cut grapes in half or smaller to reduce the chance of choking.**



¡Deles Más
de las
Cosas Buenas!

Fundamentos de las Uvas

Comprar y Ahorrar

- ✿ Para comerlas frescas, selecciona uvas de mesa. Tienen la cáscara delgada y son dulces y jugosas. Uvas cultivadas para jugo o vino tienen cáscaras más gruesas y contienen mucho más azúcar.
- ✿ Busque uvas firmes y gordas que están firmemente sujetadas a tallos verdes y flexibles.
- ✿ Evite las uvas que estén arrugadas, pegajosas que tengan manchas marrones o tallos secos y quebradizos.
- ✿ Las uvas son comúnmente de un color púrpura, rojo o verde pálido. Pueden ser sin semillas o con semillas. Pruebe colores, tamaños y texturas diferentes eligiendo la variedad con el precio más bajo.

Todas las uvas—de cualquier color—
contienen vitaminas C y K,
que ayudan a curar cortaduras.



Pasas

- ✿ Dependiendo de que variedad sea la uva, las pasas (uvas secas) se vuelven marrones o doradas.
- ✿ Busque recipientes herméticamente cerrados o recipientes a granel cubiertos. Las pasas deben sentirse suaves y flexibles.
- ✿ Almacene las pasas en un recipiente hermético en un lugar fresco, seco y oscuro.
- ✿ Una vez abierto, vuelva a sellar el paquete herméticamente para ayudar a prevenir el endurecimiento. Para la mejor calidad, utilice dentro de 6 meses.
- ✿ Si las pasas se endurecen, remójelas en un líquido caliente por 5 a 15 minutos. Escorra y utilice.
- ✿ Se requiere 1 taza de uvas para hacer $\frac{1}{4}$ de taza de pasas. Ambos tienen aproximadamente 100 calorías.

Almacena Bien Desperdicia Menos

- Deje las uvas en el tallo, pero quite cualquier uva que esté marchita, marrón o mohosa.
- Las uvas se pueden guardar en el mostrador durante un día o dos, pero se conservan por más tiempo cuando se refrigeran. Colóquelas en un



recipiente abierto o bolsa de plástico perforada. Para la mejor calidad, utilice dentro de 7 a 10 días.

- Enjuague bajo agua fría justo antes de comerlas. Demasiada humedad extra durante el almacenamiento acelera el deterioro.

► Las uvas enteras son un grave peligro de asfixia para niños menores de cuatro años de edad. Corte las uvas por la mitad a lo largo o incluso corte en cuartos.

Disfrute las Uvas

Ensalada de Uvas y Pepino

Ingredientes:

- 3 tazas de **uvas**, cortadas a la mitad o en cuartos
- 3 tazas de rebanadas de **pepino**
- ¼ de taza de **cebollines** en rodajas finas

Aderezo:

- ¼ de taza de **vinagre**
- 1 cucharadita de **aceite**
- 2 cucharaditas de **azúcar morena**
- ¾ de cucharadita de **sal**
- ¼ de cucharadita de **salsa picante**, opcional

Preparación:

1. Ponga las uvas, el pepino y el cebollín en un tazón mediano.
2. En un tazón pequeño o un frasco con una tapadera hermética, mezcle o agite los ingredientes del aderezo.
3. Vierta sobre las uvas y pepinos y revuelva hasta que quede mezclado.
4. Refrigere lo que sobre dentro de las siguientes 2 horas.

Rinde 6 tazas

Tiempo de preparación: 15 minutos

Salsa de Uvas

Ingredientes:

- 2 tazas de **uvas**, cortadas en trozos
- ½ taza de rodajas de **cebollín**
- ½ taza de **chiles Anaheim** picados, frescos o enlatados
- 2 cucharadas de **cilantro** picado
- 2 cucharadas de **vinagre**
- ¼ cucharadita de **ajo en polvo** o 1 diente de **ajo**, finamente picado
- ½ cucharadita de **sal**
- ⅛ de cucharadita de **salsa picante**

Preparación:

1. Combine todos los ingredientes en un tazón mediano; mezcle bien. Deje reposar al menos 1 hora. Escorra el exceso de líquido antes de servir.
2. Refrigere lo que sobre dentro de las siguientes 2 horas.

Rinde 2 tazas

Tiempo de preparación: 20 minutos + 1 hora de reposo

Visite FoodHero.org/es para buscar más formas deliciosas de utilizar las uvas.

Tabulé con Frutas

Ingredientes:

- 1 ½ taza de **caldo** de pollo o vegetal
- 1 taza de **trigo quebrado**
- 1 taza de **uvas**, corte a la mitad o en cuartos
- ⅓ de taza de **cebolla** finamente picada
- 3 cucharadas de **hojas de menta** o **perejil**, fresca picadas
- 1 **naranja** pequeña, pelada y picada o ¾ de taza (una lata de 11 onzas) de **mandarinas enlatadas**, escurridas

Aderezo:

- 2 cucharadas de **aceite**
- 2 cucharadas de **jugo de limón** o **vinagre**
- 2 cucharaditas de **azúcar**
- ¼ de cucharadita de **sal**
- ½ cucharadita de **jengibre molido**
- ½ cucharadita de **comino molido**
- ¼ de cucharadita de **pimienta negra**

Preparación:

1. Caliente el caldo hasta que hierva. Incorpore el trigo quebrado y apague la llama. Cubra y ponga a un lado por 25 minutos.
2. Quite la tapa y esponje el trigo quebrado con un tenedor. Deje que se enfríe al menos 5 minutos.
3. Mezcle las uvas, la cebolla, las hojas de menta o perejil y la naranja.
4. En un tazón pequeño o un frasco con una tapadera hermética, mezcle o agite los ingredientes del aderezo. Vierta sobre el bulgur y revuelva bien. Enfríe hasta que esté lista para servirlo.
5. Refrigere lo que sobre dentro de las siguientes 2 horas.

Rinde 6 tazas

Tiempo de preparación: 15 minutos



- Cuando los niños ayudan a preparar los bocadillos, son más propensos a probarlos. Enséñeles a los niños a:
 - enjuagar las uvas bajo agua fría corriente.
 - cortar las uvas a la mitad o más pequeñas para reducir la posibilidad de atragantarse.



Creamy Fruit Salad



Ingredients

- 1 cup drained **pineapple** chunks
- 1 large **apple**, chopped (3 1/4" diameter)
- 1 **banana**, sliced
- 1 **orange**, chopped
- 3/4 cup low-fat **piña colada yogurt**

Directions

1. Put pineapple chunks in a medium mixing bowl.
2. Prepare apples, banana and orange as directed and add to bowl.
3. Add yogurt to bowl and mix gently with a spoon until fruit is well coated.
4. Refrigerate leftovers within 2 hours.

Notes

- For a different taste, try adding different fruits like grapes, blueberries or peach slices.
- Try other flavors of low-fat yogurt.

For tasty, healthy recipes that fit your budget, visit www.FoodHero.org!

This material was funded by USDA's Supplemental Nutrition Assistance Program (SNAP). SNAP provides nutrition assistance to people with low income. SNAP can help you buy nutritious foods for a better diet. To find out more, contact Oregon SafeNet at 211. USDA is an equal opportunity provider and employer. 2017 Oregon State University Extension Service offers educational programs, activities, and materials without discrimination based on age, color, disability, gender identity or expression, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran's status. Oregon State University Extension Service is an Equal Opportunity Employer.

Makes: 4 cups
Prep time: 10 minutes

Nutrition Facts

Serving Size 1/2 cup (99g)
Servings Per Container 8

Amount Per Serving

Calories 70 Calories from Fat 5

% Daily Value*

Total Fat 0g 0%

Saturated Fat 0g 0%

Trans Fat 0g

Cholesterol 0mg 0%

Sodium 15mg 1%

Total Carbohydrate 16g 5%

Dietary Fiber 2g 8%

Sugars 13g

Protein 1g

Vitamin A 4% • Vitamin C 30%

Calcium 4% • Iron 0%

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:

Fat 9 • Carbohydrate 4 • Protein 4



Ensalada de Fruta Cremosa



Ingredientes

- 1 taza de **piña** en trozos, escurrido
- 1 **manzana** grande, picada (3 1/4" de diámetro)
- 1 **plátano** en rodajas
- 1 **naranja** picada
- 3/4 de taza de **yogur de piña colada** bajo en grasa

Preparación

1. Ponga los pedazos de piña en un recipiente hondo mediano.
2. Prepare la manzana, el plátano, y la naranja como está indicado en la lista de ingredientes, y añádalas al recipiente.
3. Añada el yogur al recipiente y mezcle delicadamente con una cuchara, hasta que la fruta esté bien cubierta.
4. Refrigere lo que sobre dentro de las siguientes 2 horas.

Notas

- Para un sabor diferente para esta ensalada, pruebe añadiendo varias frutas, como uvas, arándanos o rebanadas de durazno.
- Pruebe con yogur de otros sabores, yogur bajo en grasa.

Rinde: 4 tazas
Tiempo de preparación: 10 minutos

Datos de Nutrición

Tamaño de la Porción 1/2 taza (99g)
 Porciones por Envase 8

Cantidad por Porción

Calorías 70 **Calorías de Grasa** 5

% Valor Diario*

Grasa Total 0g 0%

Grasa Saturada 0g 0%

Grasa Trans (transgénica) 0g

Colesterol 0mg 0%

Sodio 15mg 1%

Carbohidratos Total 16g 5%

Fibra Dietética 2g 8%

Azúcares 13g

Proteínas 1g

Vitamina A 4% • Vitamina C 30%

Calcio 4% • Hierro 0%

*Los Porcentajes de Valores Diarios están basados en una dieta de 2,000 calorías. Sus valores diarios pueden ser mayores o menores dependiendo de las calorías que usted necesita.

	Cantidades	2,000	2,500
Grasa Total	Menos de	115g	65g
Grasa Saturada	Menos de	20g	25g
Colesterol	Menos de	300mg	300mg
Sodio	Menos de	2,300mg	2,300mg
Carbohidrato Total		300g	375g
Fibra Dietética		25g	30g

Calorías por gramo:

Grasa 9 • Carbohidratos 4 • Proteínas 4

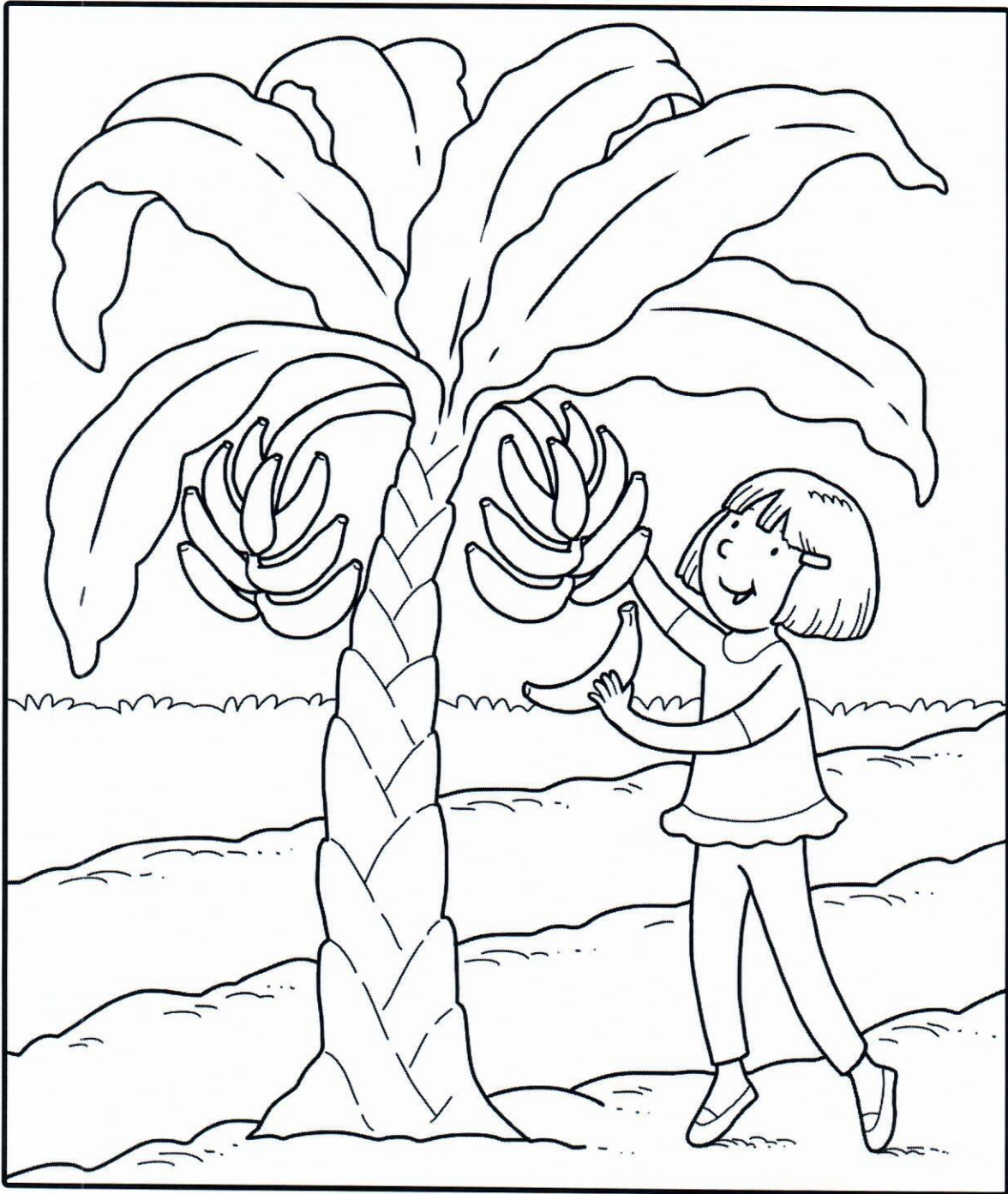
Este material se desarrolló en parte con fondos proporcionados por el Supplemental Nutrition Assistance Program (SNAP en inglés) del Departamento de Agricultura de los EE.UU. (USDA siglas en inglés). SNAP ofrece asistencia relacionada con la nutrición paragente con recursos limitados.

Estos beneficios le pueden ayudar a comprar comida nutritiva para una mejor dieta. Para obtener más información, llame a Oregon Safe Net al 211. USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

2017 Oregon State University, El Servicio de Extensión (Extension Service) de Oregon State University ofrece programas educativos, actividades, y materiales sin discriminación basada sobre edad, color, incapacidades, identidad o expresión de identidad sexual, información genética, estado matrimonial, origen nacional, raza, religión, sexo, orientación sexual, o estado de veterano. El Servicio de Extensión de Oregon State University es una institución que ofrece igualdad de oportunidades.

Name _____

Bananas



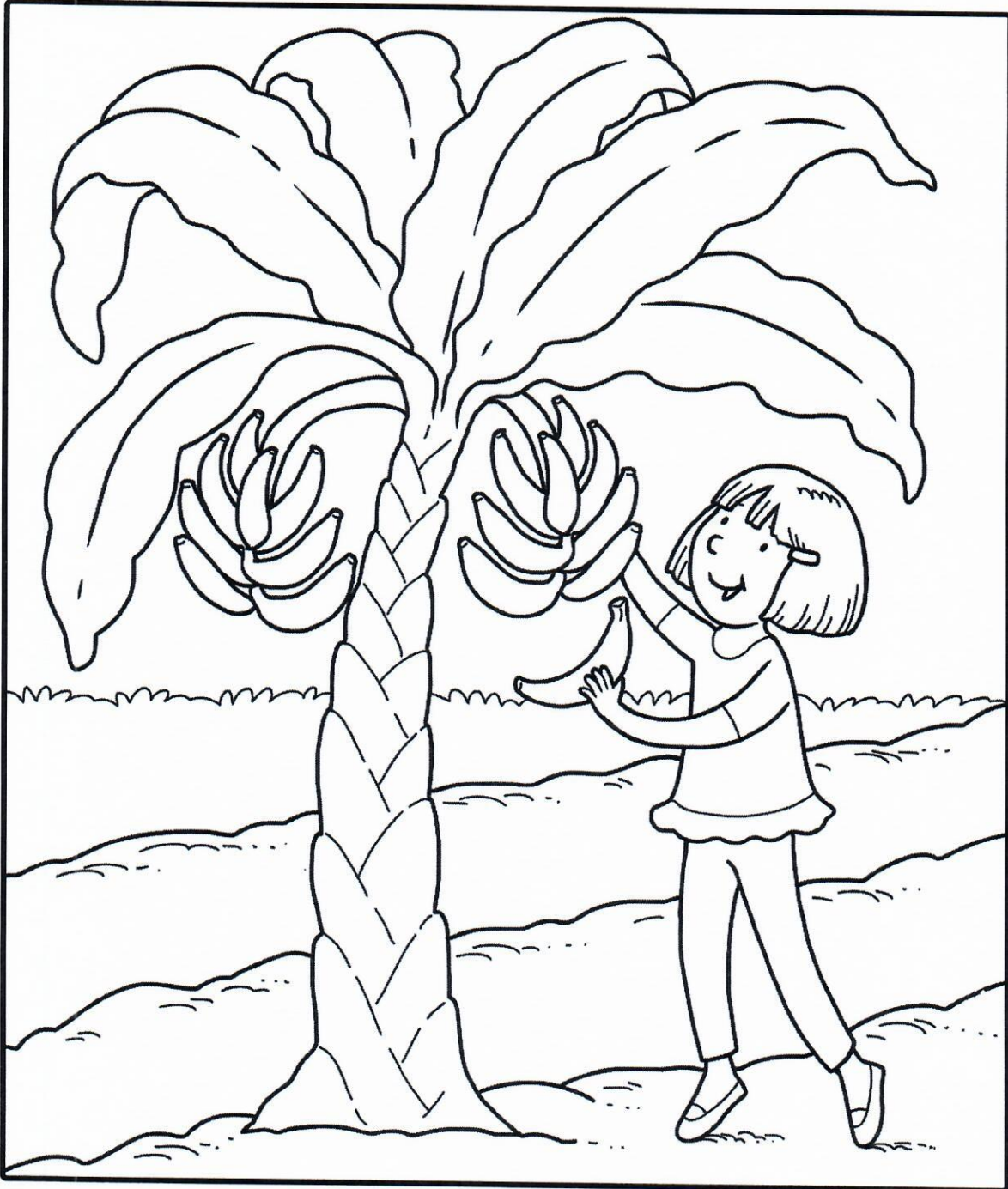
I like bananas because

_____.



Nombre _____

Plátanos



Me gustan los plátanos porque _____.



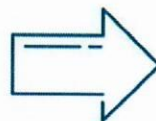
Food Hero in Your Community



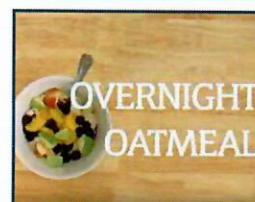
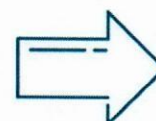
Ideas for promoting healthy messages with your community members!

Five Free Tools

- 1. Share Healthy Messages:** Follow and share Food Hero social media posts: foodhero.org/social-media.



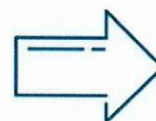
- 2. Show Healthy Videos:** Play and share “how-to” Food Hero recipe videos! Access a 21-minute montage video, or shorter videos here: foodhero.org/videos.



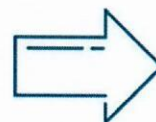
- 3. Model Healthy Eating:** Print out recipes or Food Hero Monthlies for community spaces. Serve a Food Hero quantity recipe at community events: foodhero.org/quantity-recipes.



- 4. Feature a Healthy Ingredient:** Food Hero has a suite of resources for over 50 common ingredients, such as recipes, monthly magazines, illustrations, coloring sheets, a Bulletin Board Kit and more. Use these resources creatively throughout your office and program: foodhero.org/ingredients.



- 5. Honor Champions:** Use the Food Hero Award to celebrate healthy successes and behaviors: foodhero.org/award-template. There are countless ways to use this. Be creative and have fun!



All of these resources are available in English and Spanish.

We would love to hear from you! Email ideas, questions or comments to food.hero@oregonstate.edu.



Paid for in part by Oregon SNAP. Oregon State University, Oregon State University Extension Service is an Equal Opportunity Provider and Employer. This publication will be made available in an accessible alternative format upon request. Please contact Food Hero 541-737-1017 or food.hero@oregonstate.edu

Food Hero (FH) Website Tour

Recipes: <https://foodhero.org/recipes/healthy-recipes>

- *Banana Pancakes*
- Has extra Notes, Magazine, and Video
- Prep time/makes/nutrition facts
- All recipes go through extensive testing, and meet USDA nutrition guidelines. 95% of our recipes have a fruit or veggie in them.

Ingredients: <https://foodhero.org/ingredients>

- *Apples*
- **Recipes** – You can print out
- **Quantity Recipes** – Making large recipes, perfect for CAFCP crediting
- **Coloring sheets** – You can print to give kiddos in waiting room, or have handy when you have an appointment with parent and kiddo needs something to do
- **Hand Stamp Image** – You can order
- **Illustration** – You can print in office or a shop
- **Joke** – You can print for display in waiting room
- **Monthly Magazine** – You can print these for our office/lobby/community
- **Posters** – These were printed in partnership with OR Harvest for Schools
- **Videos** – You can play in waiting room
- **Pinterest** – Has everything about ingredient per board
- **Infographic** – You can share on social media or post in office

Community toolkit <https://foodhero.org/community-toolkit>

- **Event Tools:**
 - **At Your Site** → Ways you can use FH where you work
 - **Award Template** → Use for clients, or co-workers. You can type in electronically & print, or print & hand write.
 - **Event Signs** → Use to display name of FH recipe
 - **Event tips/list** → Demo Checklist. May help when getting ready for a cooking class.
 - **Group Handwash** → May help to have students use during a cooking class
 - **Holiday Calendar** → Use as resource for social media
 - **Passports/Charts** → Use for little kiddos
- **Impacts:**
 - **Annual Updates** → FH Annual Update 2019.
- **Other Tools:**
 - **Bingo** → Can use during Spring Break
 - **Bulletin Boards** → in the future, can purchase through Printing and Mailing (approx. \$100 per kit)

Food Hero (FH) Website Tour

Kids: <https://foodhero.org/kids>

- **Kid Approved Recipes** → *At least 70% of the kids who tried them "Liked!" the taste.*
- **Coloring Sheets** → Have in lobby, office, community events, etc.
- **Activity Sheets** → Crossword Puzzles, Word Searches, Word Scrambles, Connect the Dots. Have in lobby, office, community events, etc.
- **Videos** → Perfect to learn new recipes, or display on TV in waiting room
- **Jokes** → Use on social media, or display in office

Social media for Food Hero

Facebook, Twitter, Instagram, YouTube and Pinterest

- You can post a FH recipe
- You can share a FH post (easiest for you!)

How can I get these resources for my program?

- For bulk Monthlies, Coloring Sheets, Activity Sheets, Bingo, Recipes and Passports: Simply find the file you want on the website, download/save, and send to your preferred printing shop. Files are already high resolution, and with bleed (if not, let me know).
 - We kindly ask that you do not print FH Monthlies in house to give to clients, as the quality is not as good, and it is not the image we want a FH resource to have.
- For Recipes or Coloring Sheets: Printing in house is okay!
- For Handstamps: Simply find the file you want on the website, and send it to your preferred shop. We use www.rubberstamps.net.
- Bulletin Board Kit: Hopefully ready for orders in Spring 2020.
- BEPA 2.0 Kits: Order from this link <https://extension.oregonstate.edu/bepa>

How do I share the www.FoodHero.org link in the Resources section of our website?

- Email brooke.jackson@oregonstate.edu for the logo, and tips of which resources to share! (maybe you want to link straight to recipes, or coloring sheets, or FH Monthlies)

How can I display FH videos on the TV in my lobby?

- Email brooke.jackson@oregonstate.edu

2020 CCO Incentive Measures

ID	Measure	NQF Number	Measure Description	Measure Steward	Data Source*	Patient Population	Sex	Population Characteristics				Sector			
								Dental Health	Behavioral Health	Primary Care	Specialty Physical Health**	Hospital	Public Health		
Prevention/Early Detection - Physical Health Conditions															
1	Childhood Immunization Status (Combo 2)	0038	Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, Hib, HepB, and VZV vaccines by their second birthday	NCQA	Claims/Clinical Data	Children	All			Y			Y		
2	*NEW* Immunizations for Adolescents (Combo 2)	1407	Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday	NCQA	Claims/Clinical Data	Adolescent	All			Y			Y		
3 ^A	*NEW* Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (Kindergarten readiness)	1516	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year	NCQA	Claims/Clinical Data	Children	All			Y					
4	Prenatal & Postpartum Care - Postpartum Care	1517	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery	NCQA	Claims/Clinical Data	Adolescent, Adult, Older Adult	Female			Y			Y		
Prevention/Early Detection - Mental Health Conditions															
5	Screening for Clinical Depression and Follow-Up Plan	0418	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen	CMS	Claims/Clinical Data (eCQM measure)	Adolescent, Adult, Older Adult	All			Y					
Prevention/Early Detection - Substance Use Disorder (SUD) Conditions															
6	Cigarette Smoking Prevalence	NA	Percentage of adult Medicaid members (ages 18 and older) who currently smoke cigarettes or use other tobacco products	OHA	Clinical Data	Adult, Older Adult	All			Y			Y		
7	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT)	NA	Percentage of patients ages 12 years and older who have had a qualifying outpatient visit or home visit during the measurement year with one or more screening, brief intervention, and referral to treatment services	OHA	Clinical Data	Adolescent, Adult, Older Adult	All			Y					
Prevention/Early Detection - Oral Health Conditions															
8	*NEW* Members Receiving Preventive Dental Services, ages 1-5 (Kindergarten readiness) and 6-14	NA	Percentage of enrolled children ages 1-5 (kindergarten readiness) and 6-14 who received a preventive dental service during the measurement year	OHA	Claims	Children, Adolescent	All	Y							
9 ^A	Oral Evaluation for Adults with Diabetes	NA	Percentage of adult CCO members identified as having diabetes who received at least one dental service within the reporting year	OHA (modified from DQA/ NCQA)	Claims	Adult, Older Adult	Adults	Y							
Prevention/Early Detection - All Conditions															
10	Mental and Physical Health and Oral Health Assessment Within 60 Days for Children in DHS Custody	NA	Percentage of children ages 0-17 who received a physical health assessment, children ages 1-17 who received a dental health assessment, and children ages 4-17 who received a mental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care)	OHA	Claims/Social Service Data	Children, Adolescent	All	Y	Y	Y					
Chronic Disease and Special Health Needs - Physical Health Conditions															
11	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0059	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	NCQA	Claims/Clinical Data (eCQM measure)	Adult, Older Adult	All			Y					
Chronic Disease and Special Health Needs - Substance Use Disorder (SUD) Conditions															
12	*NEW* Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	0004	Percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and (2) who initiated treatment and who had two or more additional services with a diagnosis of AOD within 34 days of the initiation visit	NCQA	Claims	Adolescent, Adult, Older Adult	All			Y	Y		Y		
Acute, Episodic and Procedural Care (Includes Maternity and Hospital)															
13 ^A	Disparity Measure: Emergency Department Utilization among Members with Mental Illness	NA	Number of ED visits per 1,000 member months for adult members enrolled within the organization who are identified as having experienced mental illness	Homegrown CCO	Claims	Adult, Older Adult	All			Y	Y		Y		

Notes

*Clinical data includes electronic health records, registry data, and paper medical records. Claims/clinical data includes measures that require claims and clinical data, and measures that require claims or claims and clinical data. eCQM measures are indicated using italic font.
^ADenotes measure included in Challenge Pool

Measure Steward Abbreviations

AHRQ: Agency for Healthcare Research and Quality
 AMA-PCPI: American Medical Association-convened Physician Consortium for Performance Improvement
 CMS: Centers for Medicare & Medicaid Services
 DQA: Dental Quality Alliance
 MNCM: Minnesota Community Measurement

NCQA: National Committee for Quality Assurance
 OHA: Oregon Health Authority
 OHSU: Oregon Health & Science University
 PQA: Pharmacy Quality Alliance
 TIC: The Joint Commission

CCO MEASURES MATRIX

The table below indicates measures tracked and publicly reported at the CCO level by the Metrics Program within OHA's Office of Health Analytics. **Incentive** measures are selected by the Metrics & Scoring Committee annually. CCOs can earn quality pool dollars based on performance on these metrics. **State Quality** measures are outlined in Oregon's 1115 waiver; OHA is accountable to report these metrics to the Centers for Medicaid & Medicare Services. State quality measures marked "new" are new to the 2017-2022 waiver and were reported for the first time in 2019; all other state quality measures have been previously reported as part of Oregon's 2012-2017 waiver. Finally, OHA reports select **CMS Core** measures, which promote alignment of measure use and collection across payers in both the public and private sectors.

2020 CCO Incentive	2019 CCO Incentive	Former (2013-18) Incentive	State Quality (waiver)	2019 Reported CMS Core	Measure name
X			X	X	Adolescent well-care visits
			X	X	All-cause readmissions
			X		Ambulatory care: Avoidable emergency department utilization
X			X	X	Ambulatory care: Emergency department utilization
					Ambulatory care: Outpatient utilization
			new		Any dental service
X	X		X		Assessments for children in DHS custody
	X		X	X	CAHPS: Access to care (getting care quickly composite)
			new	X	CAHPS: Access to dental care
			new	X	CAHPS: Getting needed care composite
			X	X	CAHPS: Health status
			new	X	CAHPS: How well doctors communicate composite
			X	X	CAHPS: Medical assistance with smoking and tobacco use cessation
			new	X	CAHPS: Overall ratings
	X		X	X	CAHPS: Satisfaction with care (customer care service composite)
				X	Cervical cancer screening
			X	X	Child and adolescent access to primary care providers
X	X		X	X	Childhood immunization status
				X	Chlamydia screening
X	X				Cigarette smoking prevalence (EHR)
	X		X		Colorectal cancer screening
X	X		X	X	Comprehensive diabetes care: HbA1c poor control (EHR)
			X	X	Comprehensive diabetes care: HbA1c testing
	X		X	X	Controlling high blood pressure (EHR)
	X		X	X	Dental sealants on permanent molars for children
X	X		X	X	Depression screening and follow-up plan (EHR)
	X		X	X	Developmental screening in the first 36 months of life
X	X				Disparity measure: ED utilization among members with mental illness
X	X				Drug or alcohol misuse screening (SBIRT) (EHR)
		X		X	Early elective delivery
	X		X		Effective contraceptive use among women at risk of unintended pregnancy
			new		Follow-up after ED visit for mental illness
			new		Follow-up after ED visit for non-traumatic dental reasons
		X	X	X	Follow-up after hospitalization for mental illness
		X		X	Follow-up care for children prescribed ADHD medication
X			X	X	Immunization for adolescents
X				X	Initiation and engagement of alcohol or other drug treatment
				X	Low birth weight
X	X				Oral evaluation for adults with diabetes
	X		X		Patient-centered primary care home (PCPCH) enrollment
			X	X	PQI 01: Diabetes short-term complication admission rate
			X	X	PQI 05: COPD or asthma in older adults admission rate
			X	X	PQI 08: Congestive heart failure admission rate
			X	X	PQI 15: Asthma in younger adults admission rate
X	X		X	X	Prenatal and postpartum care: Postpartum care
			X	X	Prenatal and postpartum care: Timeliness of prenatal care
X					Preventive dental visits, ages 1-5 (kindergarten readiness) & 6-14
			new		Topical fluoride varnish
	X			X	Weight assessment, nutrition and activity counseling for children/adolescents (EHR)
				X	Well-child visits in the first 15 months of life
X				X	Well-child visits in the 3rd, 4th, 5th, and 6th years of life

Timely Postpartum Care Guidance Document

Published March 21, 2019

This document is a resource to help Coordinated Care Organizations (CCOs), health systems, quality improvement professionals, and providers improve their approach to the Timely Postpartum Care measure. This document will be updated as appropriate to reflect any changes in policy, regulation, and measurement.

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Why Is This Measure Important?

The postpartum period is critical for creating a foundation of lifelong health for women and infants. Postpartum care visits provide important opportunities to assess the mother's physical and psychosocial well-being, and to connect the mother and infant to ongoing care and services.

Postpartum care is essential because, in the weeks after birth, a woman is at risk of serious and sometimes life-threatening complications and must adapt to multiple physical, social, and psychological changes. She must recover from childbirth, adjust to changing hormones, and learn to feed and care for her newborn. In addition to joy and excitement, new mothers face fatigue, stress, physical pain, depleted iron stores, depression, breastfeeding challenges, lack of sexual desire, and urinary incontinence. Some women experience a loss, such as a miscarriage or fetal or neonatal death, and have unique needs. Women may be working to maintain healthy prenatal behaviors (such as tobacco cessation), lose their postpartum weight, and address their reproductive health needs. Women may need to navigate preexisting health issues, such as diabetes, hypertension, obesity, substance use disorders, intimate partner violence, and other concerns.¹ Additionally, many women are returning to work in the early postpartum period. In the United States, 23% of employed women return to work within 10 days postpartum, and an additional 22% return to work between 10 days and 40 days.² Furthermore, during the postpartum period, medical care transitions and linkages to ongoing care and services are important.

Despite longstanding recommendations on postpartum care, in 2017, data reported by coordinated care organizations (CCOs) showed that statewide, only about half of women enrolled in a CCO received a postpartum care visit on or between 21 and 56 days after delivery.³ Attendance rates may be even lower among populations with limited resources⁴ and women with complicated pregnancies.⁵

Women report a number of barriers to receiving postpartum care. The Listening to Mothers survey, a national survey of mothers who gave birth in US hospitals, reports that the leading reasons why women did not have a postpartum office visit were that "I felt fine and didn't need

¹ American College of Obstetricians and Gynecologists' Presidential Task Force on Redefining the Postpartum Visit and the Committee on Obstetric Practice <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care?IsMobileSet=false>

² Abt Associates. Family and Medical Leave Technical Report, 2012. <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>

³ Oregon Health System Transformation: CCO Metrics 2017 Final Report <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/2017-CCO-Metrics-Report.pdf>

⁴ Bryant AS, Haas JS, McElrath TF, McCormick MC. Predictors of compliance with the postpartum visit among women living in healthy start project areas. *Maternal Child Health J* 2006; 10:511–6.

⁵ https://www.hopkinsmedicine.org/news/media/releases/fewer_than_half_of_women_attend_recommended_doctors_visits_after_childbirth_

to go” (42%), followed by “I felt that I had already completed all of my maternity care” (18%), “too hard to get to office” (12%), and “didn’t have insurance” (7%).⁶ In Oregon, five listening sessions were conducted with women of reproductive age to better understand their experiences of preventive care. Participants described the following barriers to receiving preventive care: Health care provider and staff attitudes; distrust/fear of health care providers; preventive care not being a priority for women; lack of culturally appropriate care; discomfort with pelvic examinations; transportation issues and lack of childcare.⁷ Postpartum care is often fragmented among health care providers, and communication between inpatient and outpatient settings is inconsistent.

The role of prenatal and postpartum care in achieving both improved maternal and child outcomes directs attention to the importance of a Life Course Perspective. The Life Course Perspective suggests that perinatal outcomes are determined by the entire life course of the woman prior to pregnancy, not just the nine months of pregnancy. Preconception, interconception, and well-woman care are important opportunities to assure that women are healthy before becoming pregnant, that pregnancies are intentional, and that pregnancies are spaced at intervals that promote healthy birth outcomes for babies and good health for mothers.

Timely postpartum care has been added to the CCO incentive measure set for 2019, evolving from previous work on timely prenatal care. Timely prenatal care was included in the CCO incentive measure set since the program began in 2013. However, given improvements in the rate of timely prenatal care among CCO members and data indicating postpartum care rates in the state were decreasing, the Metrics & Scoring Committee chose to incentivize timely postpartum care beginning in 2019.

The timely postpartum care measure is also a stepping stone to measuring the quality of postpartum care. The Health Plan Quality Metrics Committee (HPQMC)⁸ has indicated its intention to measure the quality of the postpartum visit, with a new metric in place as early as 2021. Unlike the current measure, which simply assesses whether women attend a postpartum visit within a certain timeframe, the future measure would assess whether the postpartum visit includes four key components: breastfeeding evaluation and education; post-partum depression screening; postpartum glucose screening for patients with gestational diabetes; and

⁶ <http://transform.childbirthconnection.org/reports/listeningtomothers/>

⁷ Oregon Health Authority. Well Woman Care. Listening to Women and Health Care Providers.

https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/MCHTITLEV/Documents/OHA8234_W_Report_Final.pdf

⁸ HPQMC creates a menu of health quality measures from which the Metrics & Scoring Committee chooses the incentive measures for CCOs.

family planning and contraception. Incentivizing timely postpartum care visits in 2019 helps to set CCOs up for success when assessment of the quality of the visit begins in the future.

Measurement Details

Overview: Percentage of live birth deliveries for which there is a subsequent, timely postpartum visit.

Data Source:

Denominator (deliveries): Administrative data (MMIS/DSSURS)

Numerator (visits): MMIS/DSSURS, medical records (hybrid: chart review and claims)

Equation:

A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery

=

All live birth deliveries with estimated delivery date (EDD) in the 'intake period': between November 6 of the year prior to the measurement year, and November 5 of the measurement year, and the members of the organization who meet the continuous enrollment criteria.

Continuous Enrollment Criteria: 43 days prior to the Estimated Date of Delivery (EDD) through 56 days after EDD with no gaps

Measurement Notes:

- OHA identifies the live birth deliveries from administrative data and provides CCOs with a random sample delivery list for the chart review (411 per CCO).
- Chart review criteria
 - ✓ A postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other primary care provider.
 - ✓ Documentation in the medical record must include a note indicating the date on which a postpartum visit occurred, and documentation of specific care provided (e.g., pelvic exam).

Detailed technical measure specifications, including information on codes, etc., can be found here: <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

How Can CCOs Improve on This Measure?

Optimal postpartum care calls for increased collaboration to provide the needed support for a successful transition to motherhood. Partners include wrap-around clinical, behavioral, and physical health services; public health services including home visiting and Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and, community organizations. Integrated services and seamless care transitions are necessary from preconception through well woman care.

The strategies presented here reflect information gathered from literature as well as reports from CCOs, health care providers, public health professionals and other partners. The strategies include a range of evidence-informed strategies, best practices, and innovations.

Legend

- * CCO strategy
- * Clinic strategy
- * Community strategy

Care Delivery Strategies

Provide patient education and outreach

- * Send educational mailings on the importance of postpartum care to members.
- * * * Partner with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to provide education on the importance of prenatal and postpartum care, postpartum nutrition, lactation services and supplemental foods.
- * * * Partner with Oregon MothersCare (OMC). OMC provides patient navigation to newly pregnant women, assisting with insurance enrollment, and referring them to prenatal care, WIC services, dental care, home visiting services, and other pregnancy resources. These services are currently provided at 29 sites serving 26 counties.
- * Provide anticipatory guidance about the postpartum period and importance of postpartum care during prenatal care visits.

Offer peer support

- * * * Partner with Traditional Health Workers who provide patient navigation, encourage self-advocacy for women, and help improve communication between patients and providers.

- * * * Establish a doula program so that doulas can provide perinatal women with physical and emotional support and assist women with scheduling and keeping appointments.

Offer enhanced Maternity Care models⁹ including:

- * * Offer Centering Pregnancy/group visits – group prenatal care that incorporates peer-to-peer interaction in a facilitated setting for health assessment, education and psychosocial support.
- * * Provide prenatal care at birth centers – comprehensive prenatal care facilitated by teams of health professionals including peer counselors. Services include collaborative practice, intensive case management, counseling and psychosocial support.
- * * Establish Maternal Medical Homes – enhanced prenatal care including psychosocial support, education and health promotion in addition to traditional prenatal care. Services provide expanded access to care, improved care coordination and provide a broader array of health services.

Provide comprehensive case management and care management

- * * * Offer activities such as: outreach; initial and ongoing assessments; interventions and educational activities; links to and recommendations for community services and resources; and, scheduling appointments.
- * * * Provide case management by phone, in the office or at home by CCO or clinic staff or by partnering with existing home visiting programs that provide case management services. These include Nurse-Family Partnership, Babies First! and Healthy Families Oregon.

Facilitate access to appointments

- * Provide women with transportation to their prenatal care and postpartum care visits. Proactively communicate and support women in accessing the non-emergency medical transportation available to all Oregon Health Plan members.
- * * * Offer home visits. Intervention could include CCO or clinic staff providing home visits or partnering with existing public health nurse home visiting programs including Babies First! and Nurse-Family Partnership.
- * * * Offer telehealth visits.

⁹ CMS Strong Start for Mothers and Newborns: Findings at a Glance
<https://innovation.cms.gov/Files/reports/strongstart-prenatal-fg-finalevalrpt.pdf>

- * * * Provide interpretation services as needed.
- * * Schedule postpartum visits during prenatal care, before hospital discharge, by phone after hospital discharge, or at early newborn care visits.
- * * Provide postpartum care at the newborn visit or schedule postpartum visits back-to-back with newborn visits if at same site.
- * * * Follow-up with women who miss appointments and identify and address barriers.
- * * * Provide childcare for prenatal and postpartum care visits.

Use technology and incentives

- * * Use email, texts, or apps to remind women to schedule postpartum follow-up. Text4baby is a free mobile information service that promotes maternal and child health through text messaging.
- * * Use incentives to motivate women to seek prenatal and postpartum care. Potential interventions could include direct financial incentives or items such as baby supplies.
- * * Use data to identify women who are due for care or have missed appointments.

Payment Strategies

- * Provide guidance to providers on documentation and billing codes for prenatal and postpartum care visits.
- * Develop mechanisms to encourage providers to prioritize postpartum care visits such as paying more for postpartum visits.
- * Provide bonuses for priority components of postpartum care that may not be incentivized, such as lactation support, or screening and treatment of maternal depression.
- * Consider reimbursement strategies that support mom-baby dyad visits.

Spotlights

Maternal Medical Homes

Yamhill Community Care

Yamhill County Health and Human Services and the Yamhill CCO have collaborated to create a Maternal Medical Home. Goals of the program include in-office behavioral health and public health case management and home visiting services, streamlining referral services, and strengthening relationships between patients and primary care providers. For more information, contact Lindsey Manfrin by email at manfrinl@co.yamhill.or.us

Primary Health of Josephine County

Primary Health has partnered with Women's Health Center of Southern Oregon to develop a maternal medical home. Efforts include population health monitoring, risk stratification, care management collaboration, warm hand-offs and integration of behavioral health services, and dental referrals.

Incentives

AllCare CCO

The Babe Store provides a store front where women can redeem vouchers they receive for attending medical appointments, classes, WIC appointments, and receiving home visits. Vouchers are given to women by community partners and health care providers and can be redeemed for supplies such as diapers, wipes, and breastfeeding supplies. The Babe Store model also incorporates telephone outreach to all pregnant AllCare members to engage them in the voucher program and in care coordination based on their risk level.

Jackson Care Connect

Starting Strong offers incentives for Jackson Care Connect members who are pregnant and/or parenting and children up to four years of age. Members can receive vouchers from community partners and providers for taking actions like: Attending prenatal, post-partum and dental appointments, well-child check-ups; attending childbirth preparation, parenting, nutrition and diabetes management classes; and, keeping appointments with social workers, counselors, and at WIC. A certified Community Health Worker/Certified Lactation Counselor/trained Peer Support Specialist provides guidance, support and case management services to members at the office location where vouchers for items like diapers, wipes, car seats, breastfeeding supplies, home safety items, and cooking supplies can be redeemed. For more information and current program materials, contact Riki Rosenthal by email at startingstrong@jacksoncareconnect.org or rosenthalr@careoregon.org.

Columbia Pacific CCO

The First Steps program provides Amazon.com gift cards to pregnant women for attending prenatal visits and reducing tobacco use. Reward activities include:

- \$10 for every prenatal (pregnancy) appointment (up to 15)
- \$25 for having your first prenatal appointment before your 12th week of pregnancy
- \$25 for reducing tobacco use
- \$50 for quitting tobacco use
- \$10 for every postpartum visit (up to 3)
- \$25 for dental visits
- And more!

For more information: <http://www.colpachealth.org/for-members/wellness-benefits/first-steps>

Case Management

Central Oregon Perinatal Care Coordinators

Crook, Deschutes, and Jefferson Counties, and the Central Oregon Health Council collaborated to develop and implement a regional approach to a perinatal continuum of care model. The system includes prenatal high-risk nurse home visiting services and linkage to community resources provided by a team of public health care coordinators embedded in specific obstetrics provider clinics throughout the community.

Trillium Community Health Plan Start Smart for Your Baby Program offers phone-based case management and support to pregnant members. Services are determined by an assessment of risk. The care coordinators and case managers exchange treatment plans with the members' providers. Postpartum support is offered to all members in addition to being given a postpartum and Edinburgh depression assessments.

For More Information

- Centers for Medicare and Medicaid Services. Maternal and Infant Health Initiative. Resources on Strategies to Improve Postpartum Care Among Medicaid and CHIP Populations <https://www.medicaid.gov/medicaid/quality-of-care/downloads/strategies-to-improve-postpartum-care.pdf>
- National Partnership for Women and Families. Transforming Maternity Care. <http://transform.childbirthconnection.org/blueprint/paymentreform/recommendations/>
- CCO Metrics & Scoring Committee. <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx>
- For questions about this document, please contact the OHA metrics team at metrics.questions@dhsoha.state.or.us

Oral Health Strategy



IHN-CCO DST 2019 Funding Summary

Type	Project	Amount
Expansion	Community Doula	\$74,750
Workgroups	Social Determinants of Health and Health Equity Workgroup	\$20,000
	Traditional Health Workers Workgroup	\$82,000
New Pilots	Bravery Center	\$150,075
	Hub City Village	\$67,477
	Navigation to Permanent Supportive Housing	\$124,516
	Skills and Connections to Support Housing	\$49,929
	Wellness in Neighborhood Stores	\$99,485
	Wellness to Smiles	\$100,214
Total Spent		\$768,446