



To the Members of the Health Equity Committee:

The Oregon Pediatric Improvement Partnership is an organization that supports efforts to improve the health of ALL children in Oregon.

The purpose our public comment is to request that the Health Equity Committee provide guidance and direction to other Oregon Health Authority committees, including the Metrics and Scoring Committee, on how to ensure a focus on vulnerable populations that are at risk to not meet health equity goals can be identified and focused on and to provide a specific suggestions for how to ensure a focus on at-risk children.

In efforts across OHA, we have observed that many requirements for Coordinated Care Organizations related to health equity and discussions within Metrics and Scoring focused on health equity have been narrowly focused on populations at risk for health inequities solely as identified by the [REAL-D](#) and SOGI categories.

Our data shows us that this leaves out an important population of children: those who experience **medical complexity**, who are therefore not included in the focus of health equity efforts.

A simple example: for children birth to five, [OHA data](#) showed that there were 24, 778 children having some level of medical complexity that meets national criterion of a child with a special health care need (as designated by the pediatric medical complexity algorithm – PMCA). However, when the same population is examined using the “Disability” definition (the “D” of REAL-D), which is anchored to physical limitation and disabilities, the vast majority of these children are not included. When looking at the REALD questionnaire, many of the questions will not identify children with medical complexity, and a subset of questions are not even used to assess for disability in children under 5 years of age.

Thankfully, we have a recommendation to offer to ensure that REAL-D be expanded to include children with medical complexity, which would be feasible for OHA to implement given existing data fields.

Medical Complexity:

- OHA currently runs the pediatric medical complexity algorithm (PMCA), provides CCOs a related PERC code, which could be added to data dashboards to ensure a focus on all children who meet the CYSHCN definition due to use of medical services aligned with a special health care need as defined as medical complexity.
- This would allow OHA to identify a very vulnerable population of children who would benefit from focused efforts in order to reach health equity goals.

We are more than happy to provide further information or partnership as you consider this request.