
Oregon Health Authority Key Performance Measures 2017 – 2017 Biennium

**Presented to the Human Services Legislative
Subcommittee on Ways and Means**

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OHA's 2015 – 2017 Key Performance Measures: Focus on Alignment

- Framed around the Triple Aim: better care, better health, lower cost.
- Aligned with Health System Transformation metrics (both statewide and CCO), as defined in Oregon's Medicaid waiver.
- Aligned with Public Health priorities, as defined in Oregon's State Health Profile.



“What gets measured, gets managed.”
Peter Drucker

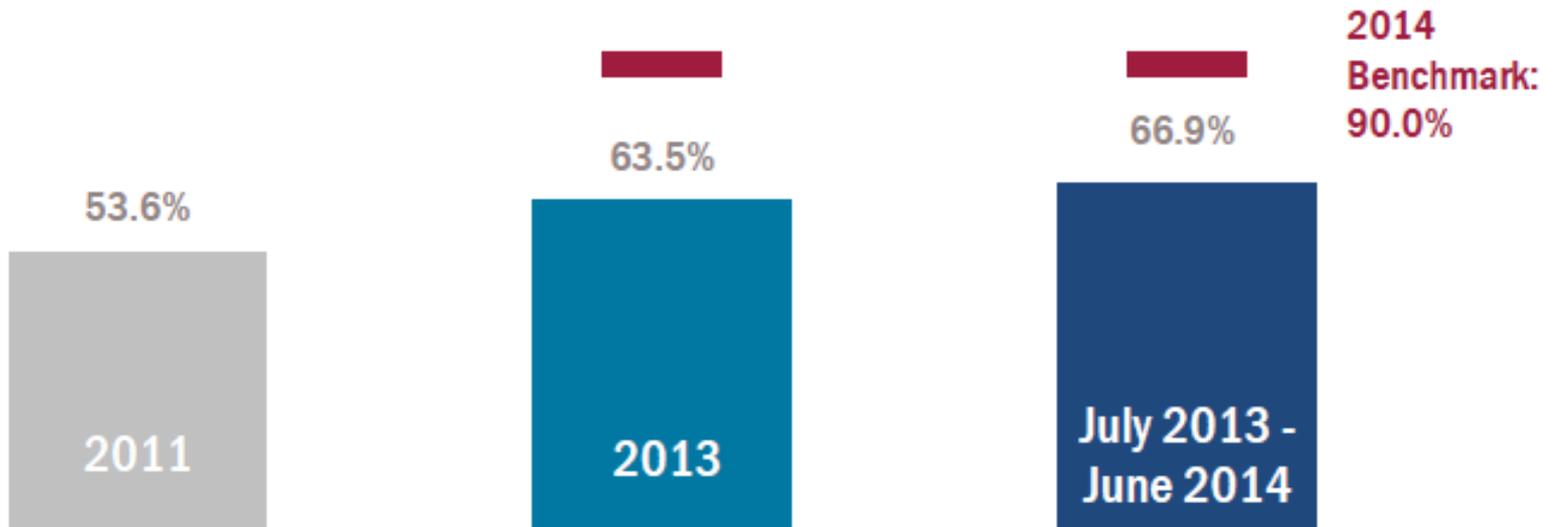
Metrics promote change

Oregon
Health
Authority

2015 – 2017 KPMs: CCO Incentive Measures

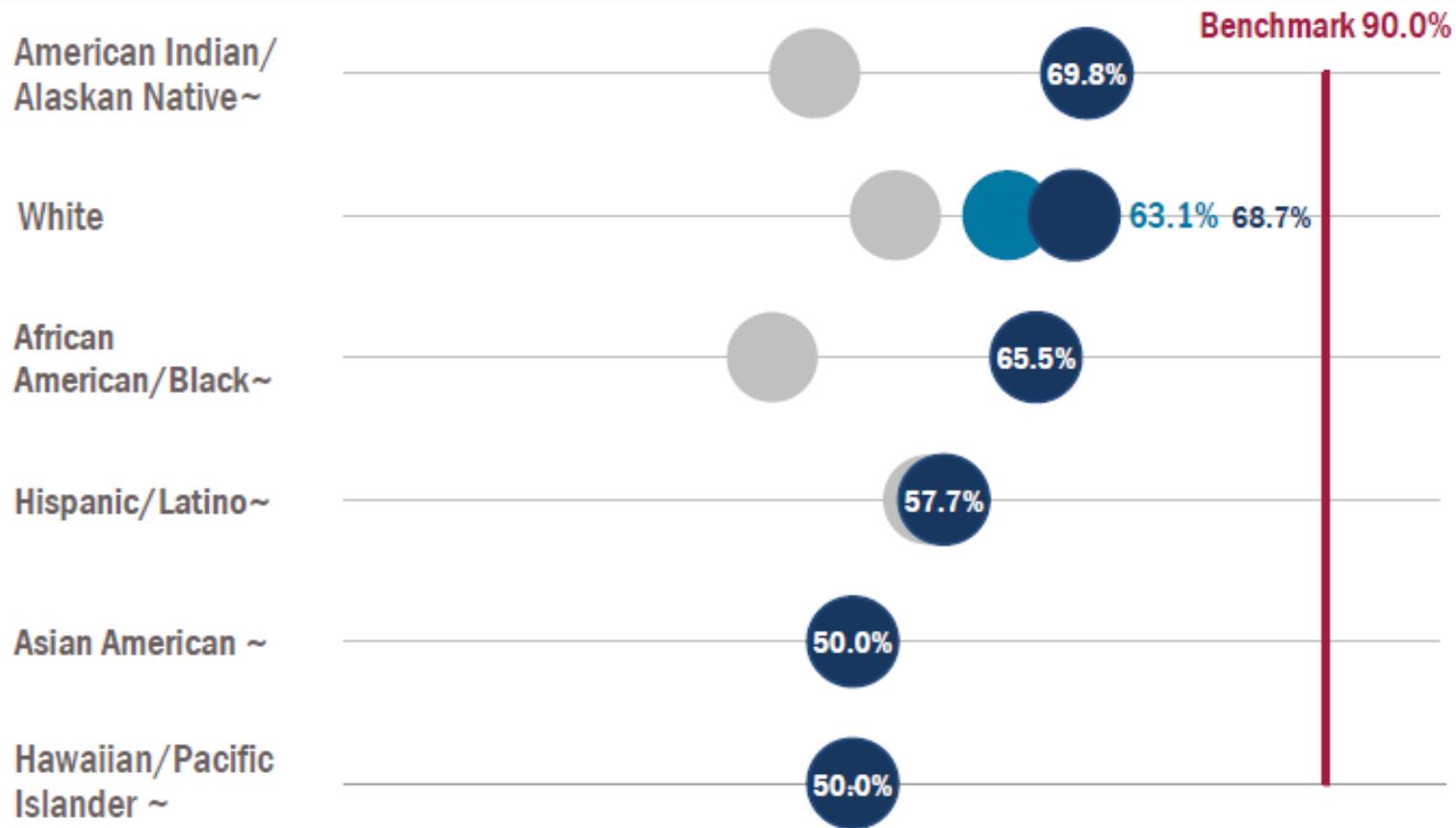
Measure Name	KPM #
Assessments for children in DHS custody	4
Effective contraceptive use (Medicaid and general pop.)	25, 26
Follow-up after hospitalization for mental illness	3
Follow up care for children prescribed ADHD medications	5,6
Member experience: Access to care	17
Member experience: Satisfaction with care	18
Patient-Centered Primary Care Home enrollment	16
Timeliness of prenatal care (Medicaid and general pop.)	13, 14

Statewide, health assessments for children in foster care are improving slightly



Data from Medicaid administrative claims and DHS ORKids system.
Benchmark: Metrics & Scoring Committee consensus

American Indian / Alaska Native children in foster care were mostly likely to receive health assessments

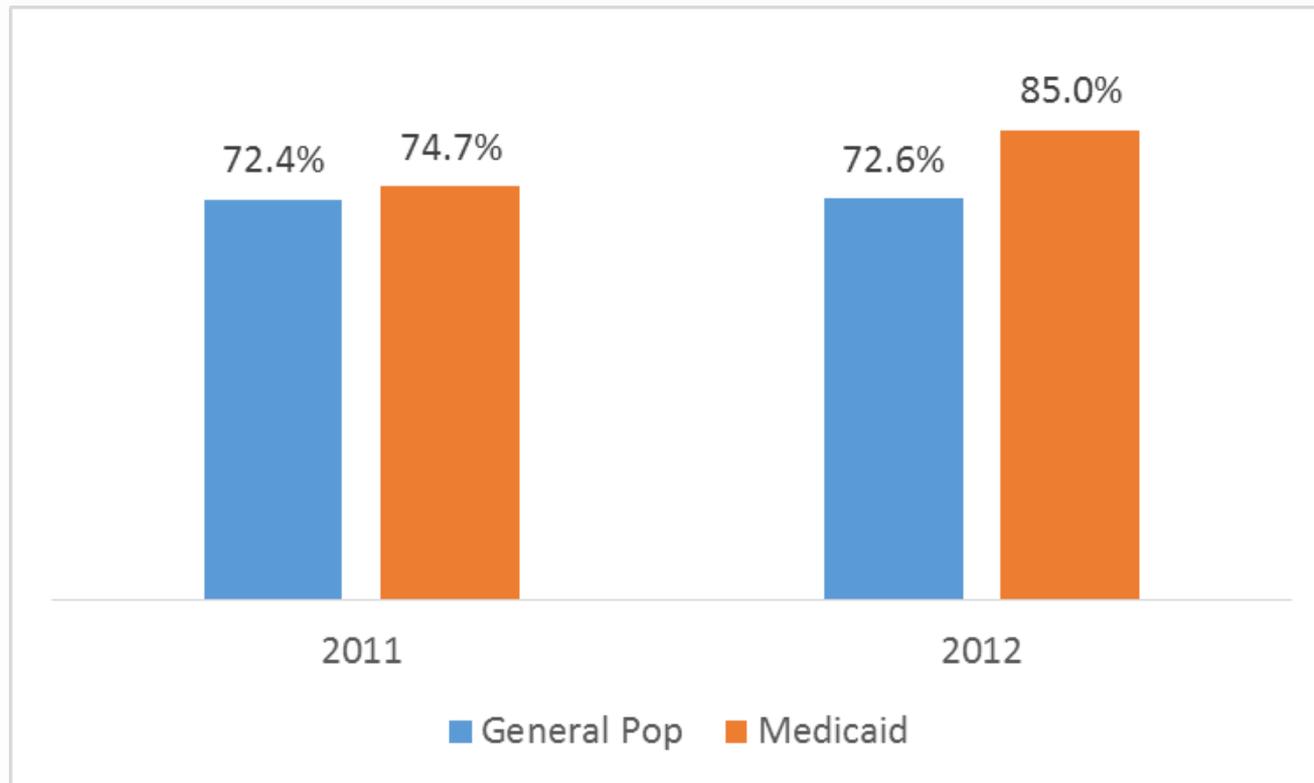


Data missing for 1.6% of respondents.

Each race category excludes Hispanic/Latino.

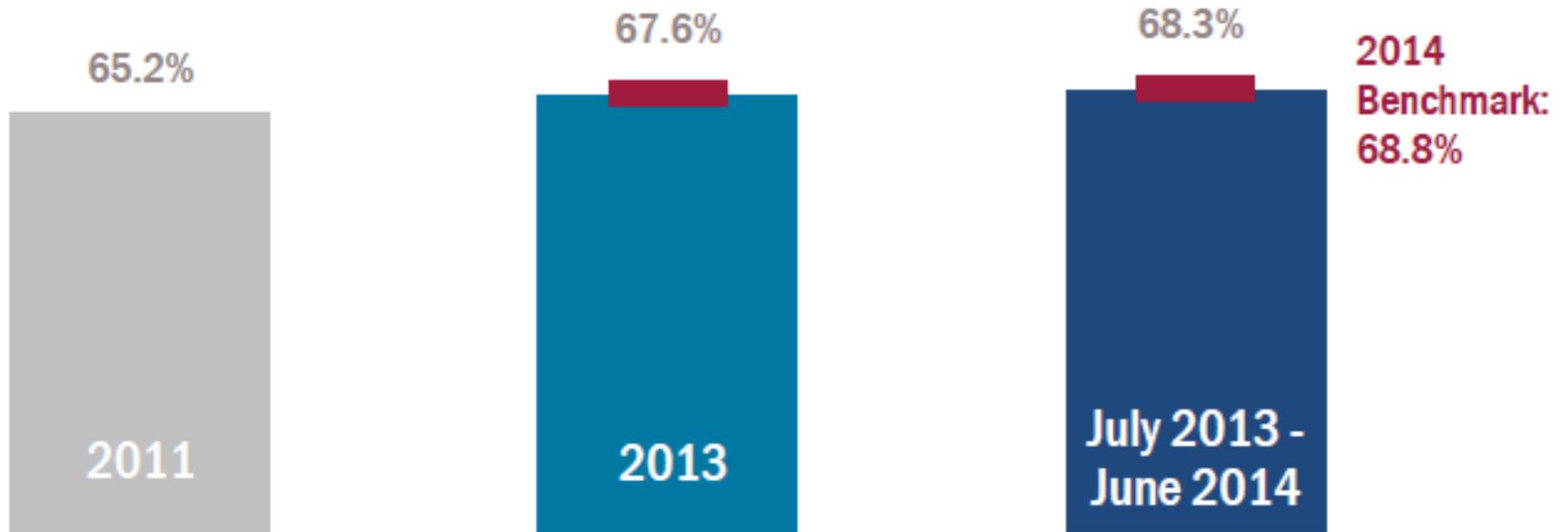
~ indicates data have been suppressed (n<30).

Medicaid members report slightly higher rates of using effective contraceptive methods



Note CCO incentive measure in 2015 will use claims data, not survey.
Data from Behavioral Risk Factor Surveillance System.

Statewide, follow-up care after hospitalizations for mental illness has improved



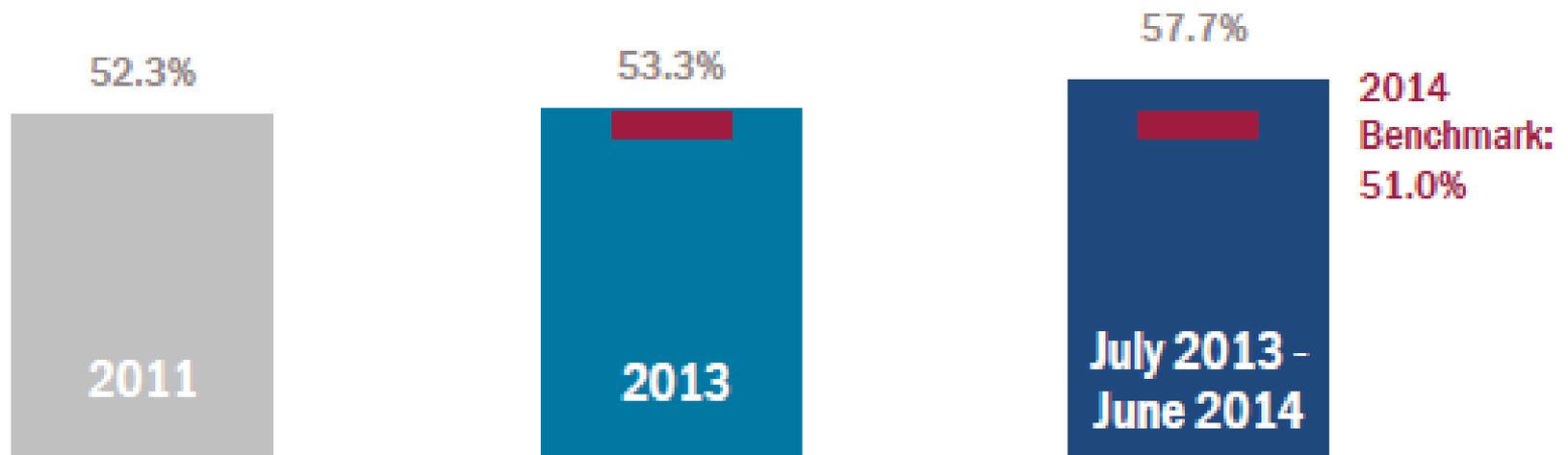
Data from Medicaid administrative claims.
Benchmark: 2013 national Medicaid 90th percentile.

Follow-up care after hospitalization for mental illness decreased for African-Americans and Asian Americans



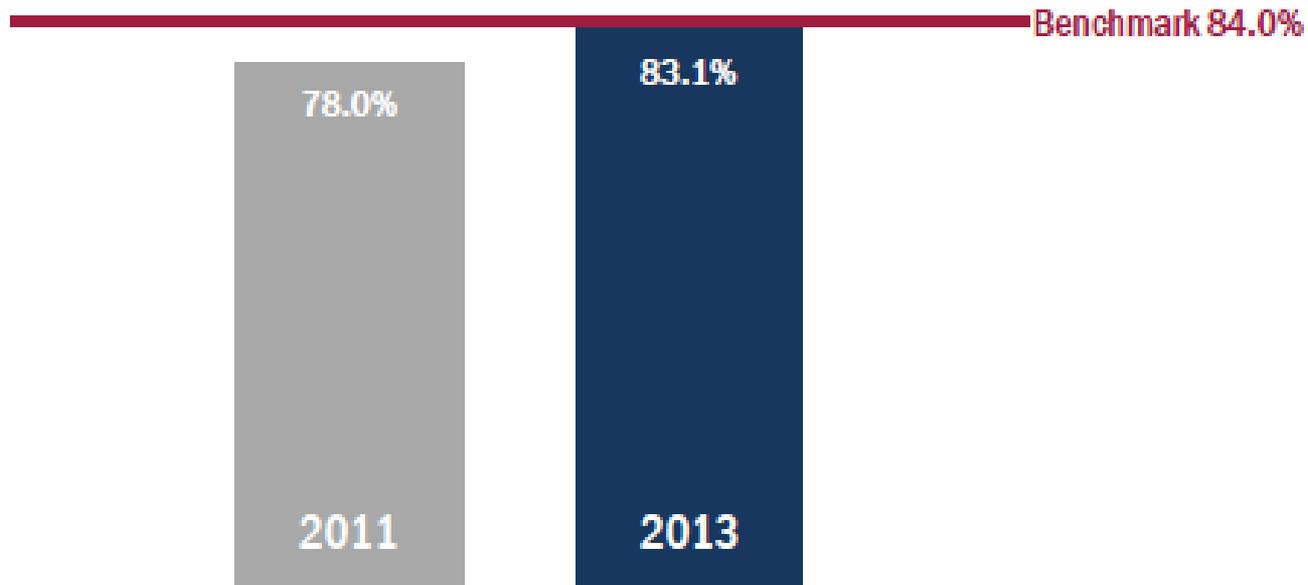
Data missing for 6.5% of respondents.
Each race category excludes Hispanic / Latino.

Oregon has surpassed the national Medicaid 90th percentile in initiating follow-up care for children prescribed ADHD medications



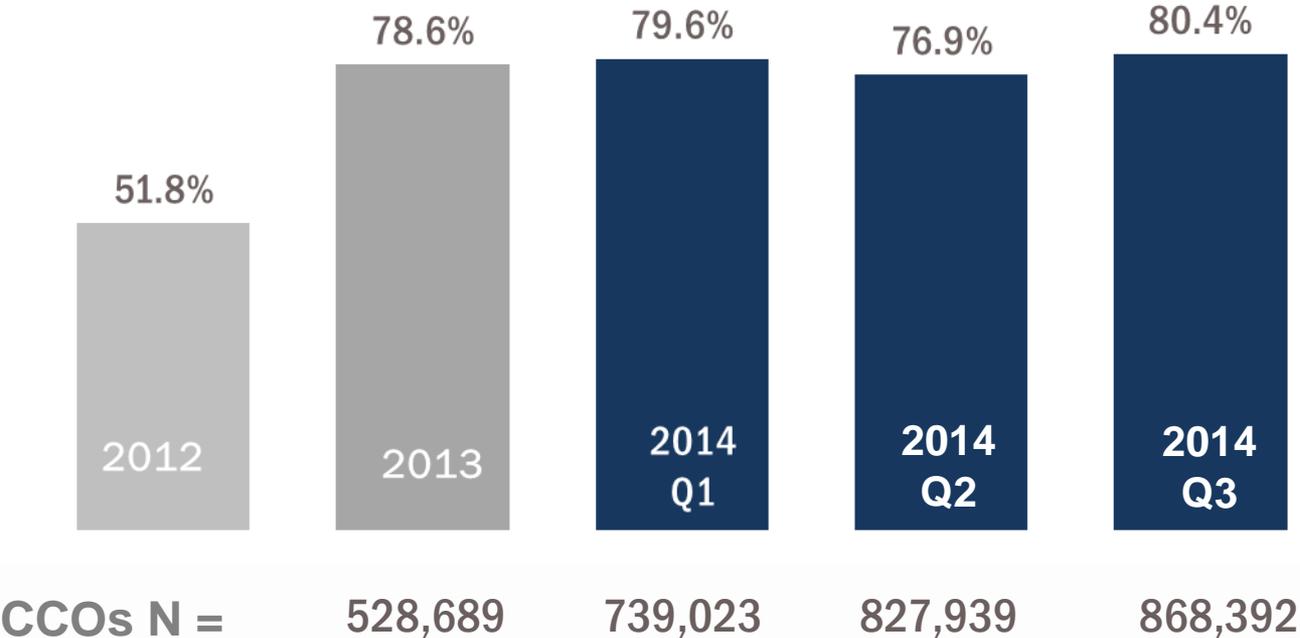
Data from Medicaid administrative claims.
Benchmark: 2013 national Medicaid 90th percentile.

Statewide, Medicaid members who reported they received needed information or help from their health plan and were treated with respect increased.

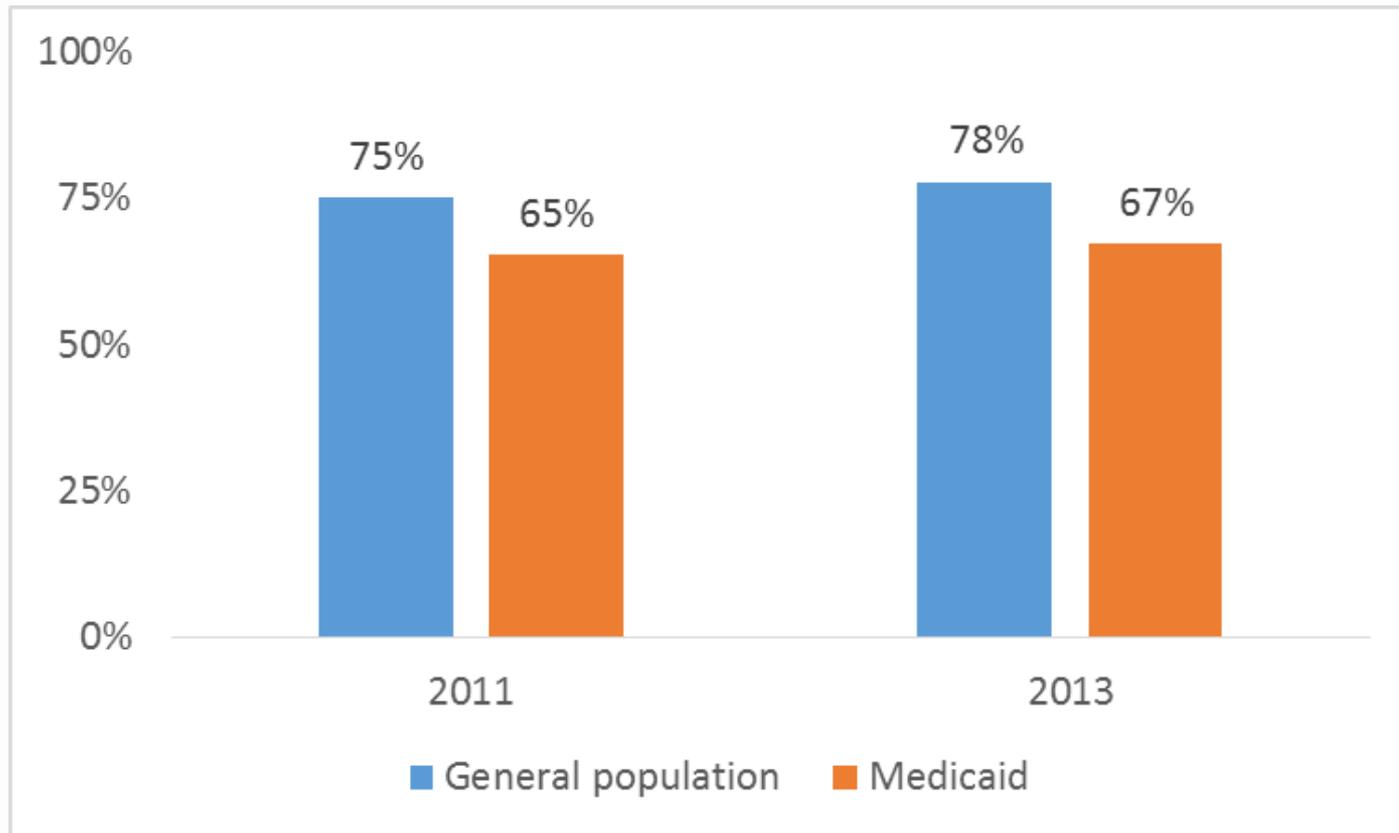


Data from Consumer Assessment of Healthcare Providers and Systems.
Benchmark: 2012 national Medicaid 90th percentile.

PCPCH Enrollment increased 55% since 2012, despite ACA Expansion



Medicaid members receive prenatal care in the first three months of pregnancy at lower rates

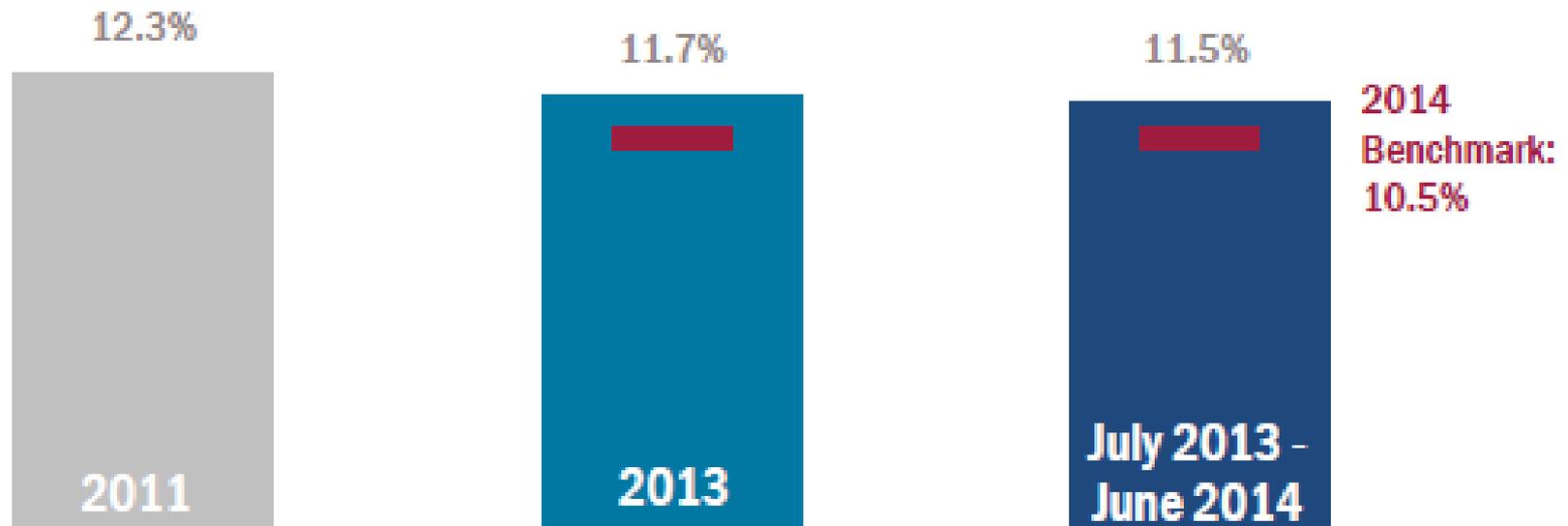


General population data from birth certificates;
Medicaid data from administrative claims.

2015 – 2017 KPMs: Health System Transformation Measures

Measure Name	KPM #
All cause readmissions	24
Child immunization rates (Medicaid and general pop.)	29, 30
Initiation and engagement of alcohol and other drug dependence treatment	1,2
Member health status	19
Primary care sensitive hospital admissions (PQIs)	15
OHA customer service	31

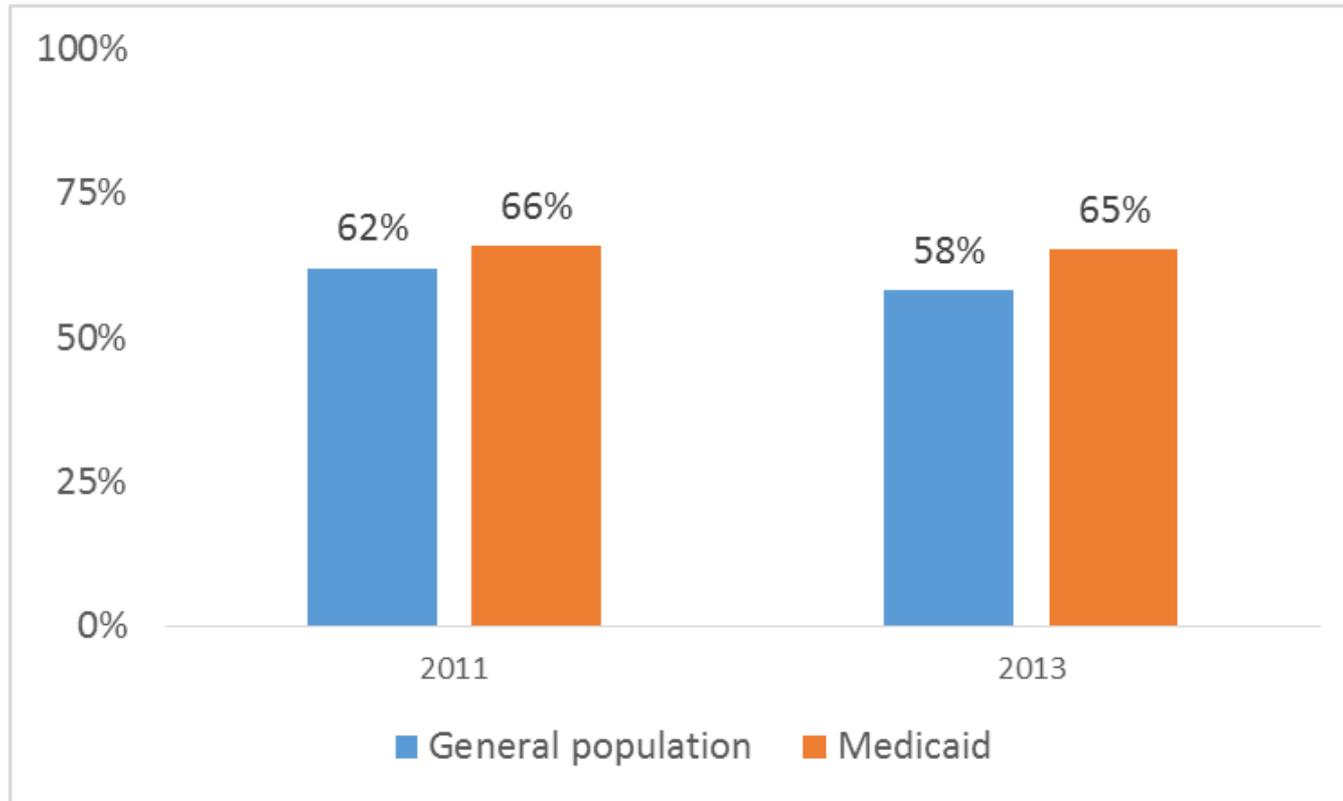
Statewide, hospital readmissions have improved slightly (lower is better)



Data from Medicaid administrative claims.

Benchmark: Average of 2012 Medicare and Commercial 75th percentiles

More children on Medicaid are adequately immunized by their 2nd birthday than the general population

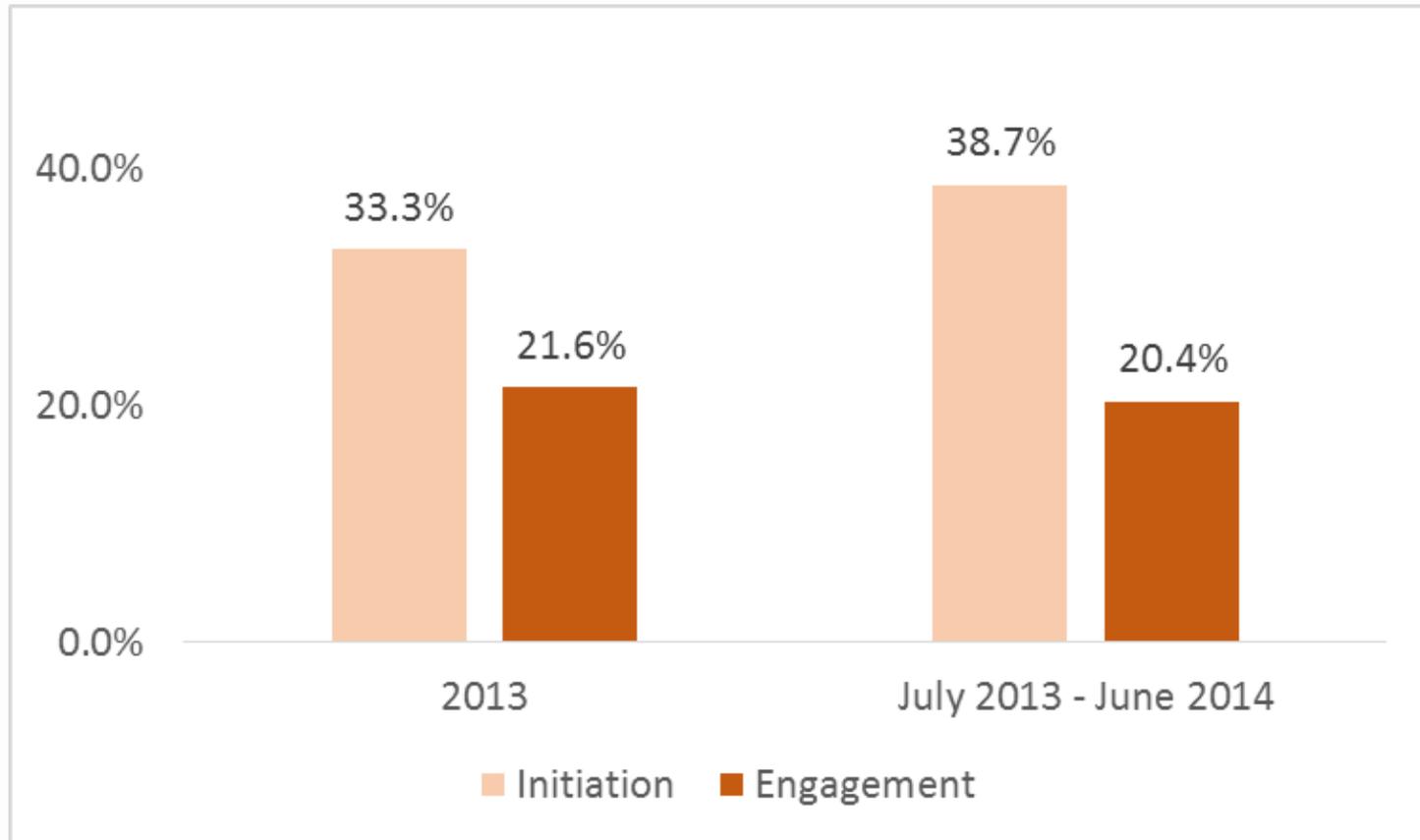


Data from Medicaid claims and the ALERT immunization database

Child immunization rates by CCO vary

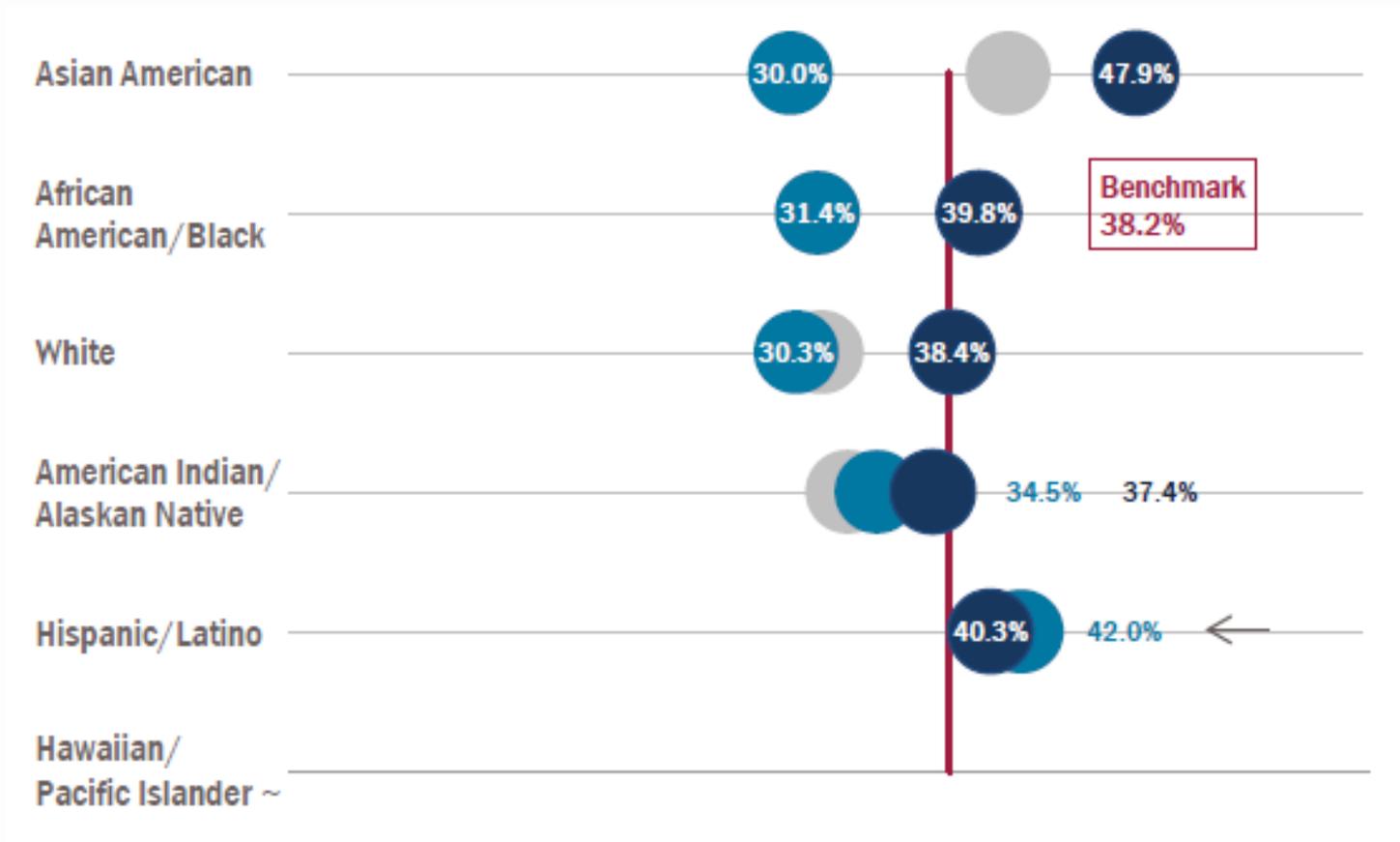


Statewide, initiation of alcohol or other drug treatment for Medicaid members has increased, but continuation of treatment has not.



Data from Medicaid administrative claims.
Benchmark: 2013 national Medicaid median.

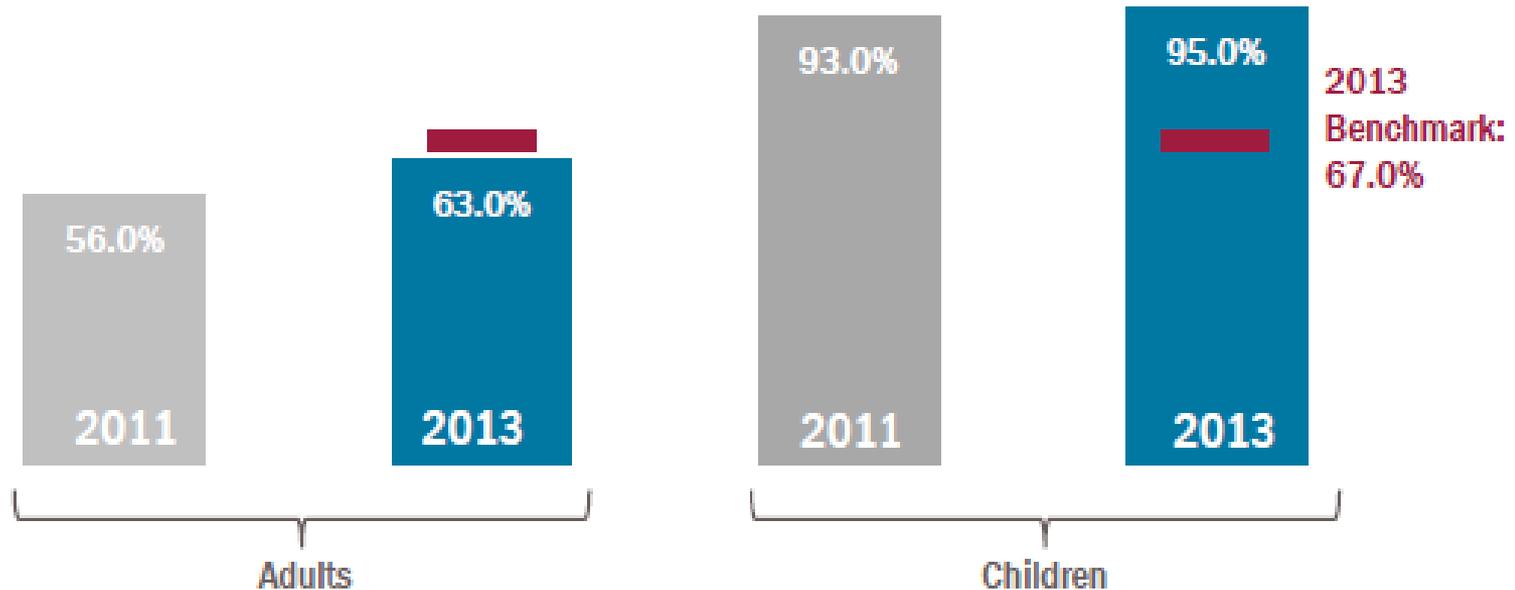
Initiation of alcohol or other drug treatment rates improved for all racial/ethnic groups except Hispanics.



Data missing for 8.0% of respondents.

~ indicates data was suppressed due to small denominators.

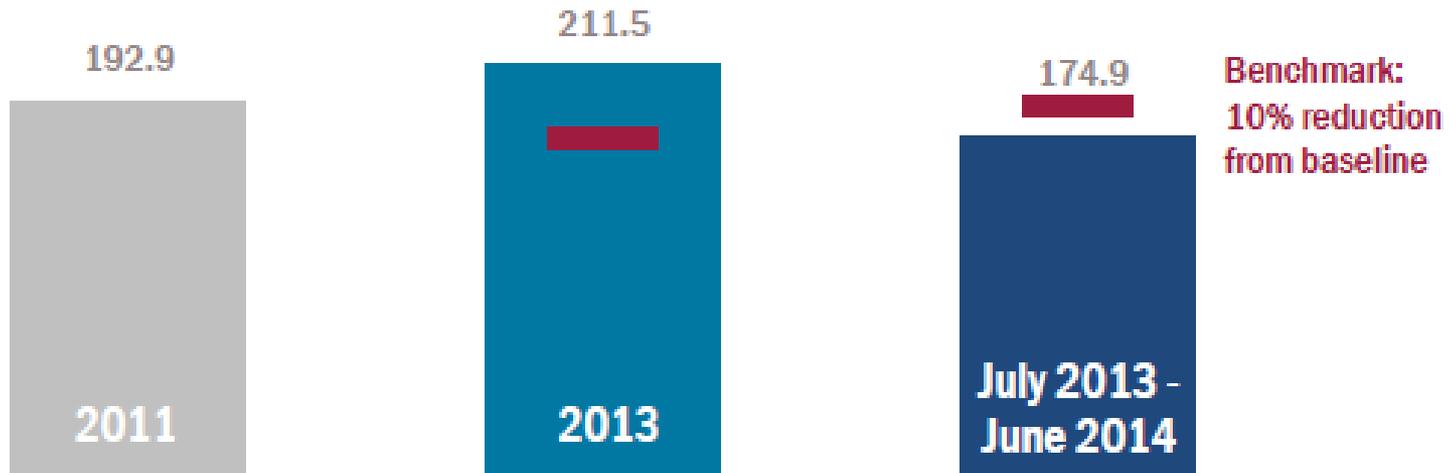
Statewide, the percentage of Medicaid members who feel healthy increased between 2011 and 2013.



Data from the Consumer Assessment of Healthcare Providers and Systems. Benchmark from national CAHPS comparative data.

Statewide, preventable hospital admission rates due to chronic conditions are declining (lower is better).

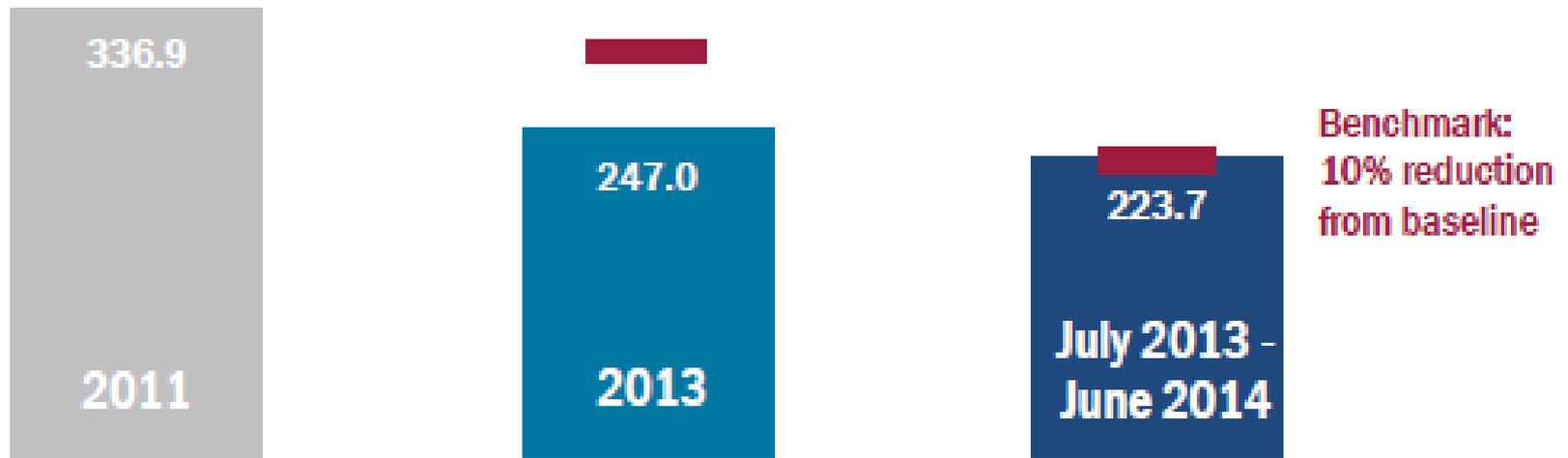
Diabetes short-term complications admission rate
(per 100,000 member years)



Data from Medicaid administrative claims.
Benchmark: 10 percent reduction from prior year.

Statewide, preventable hospital admission rates due to chronic conditions are declining (lower is better).

Congestive heart failure admission rate
(per 100,000 member years)

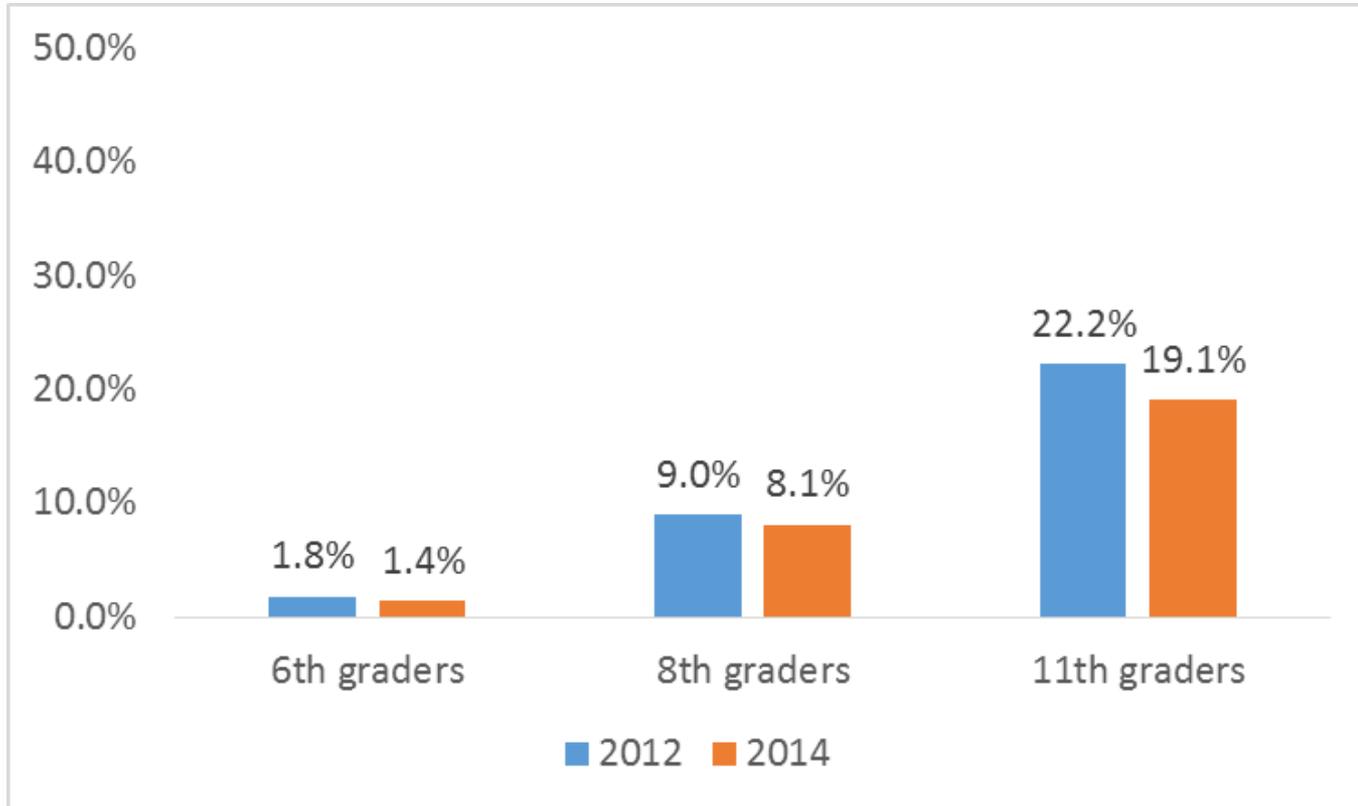


Data from Medicaid administrative claims.
Benchmark: 10 percent reduction from prior year.

2015 – 2017 KPMs: Population Health Measures

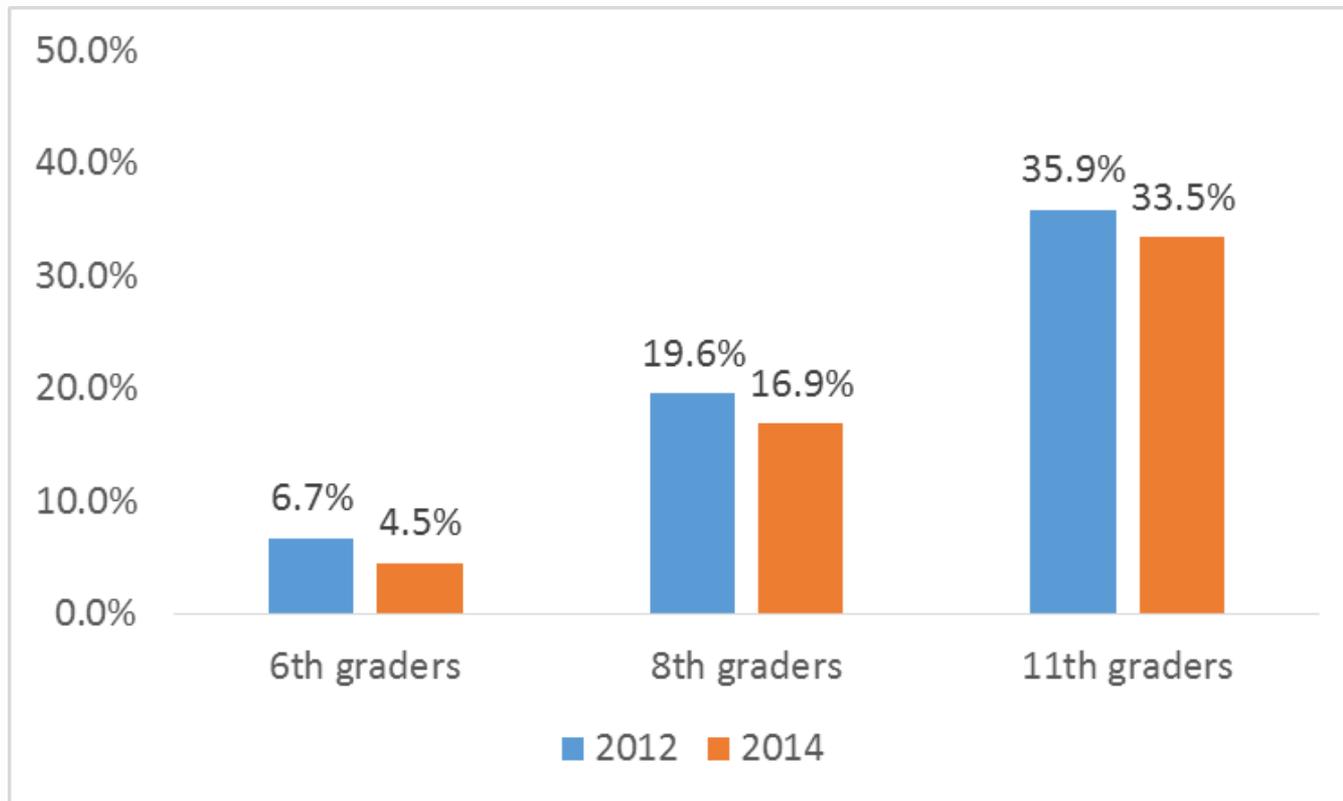
Measure Name	KPM #
30-day illicit drug use among 6 th , 8 th , and 11 th graders	7, 9, 11
30-day illicit alcohol use among 6 th , 8 th , and 11 th graders	8, 10, 12
Flu shots for older adults (Medicaid and general pop.)	27, 28
Rate of obesity (Medicaid and general pop.)	22, 23
Rate of tobacco use (Medicaid and general pop.)	20, 21

30-day illicit drug use decreased slightly between 2012 and 2014



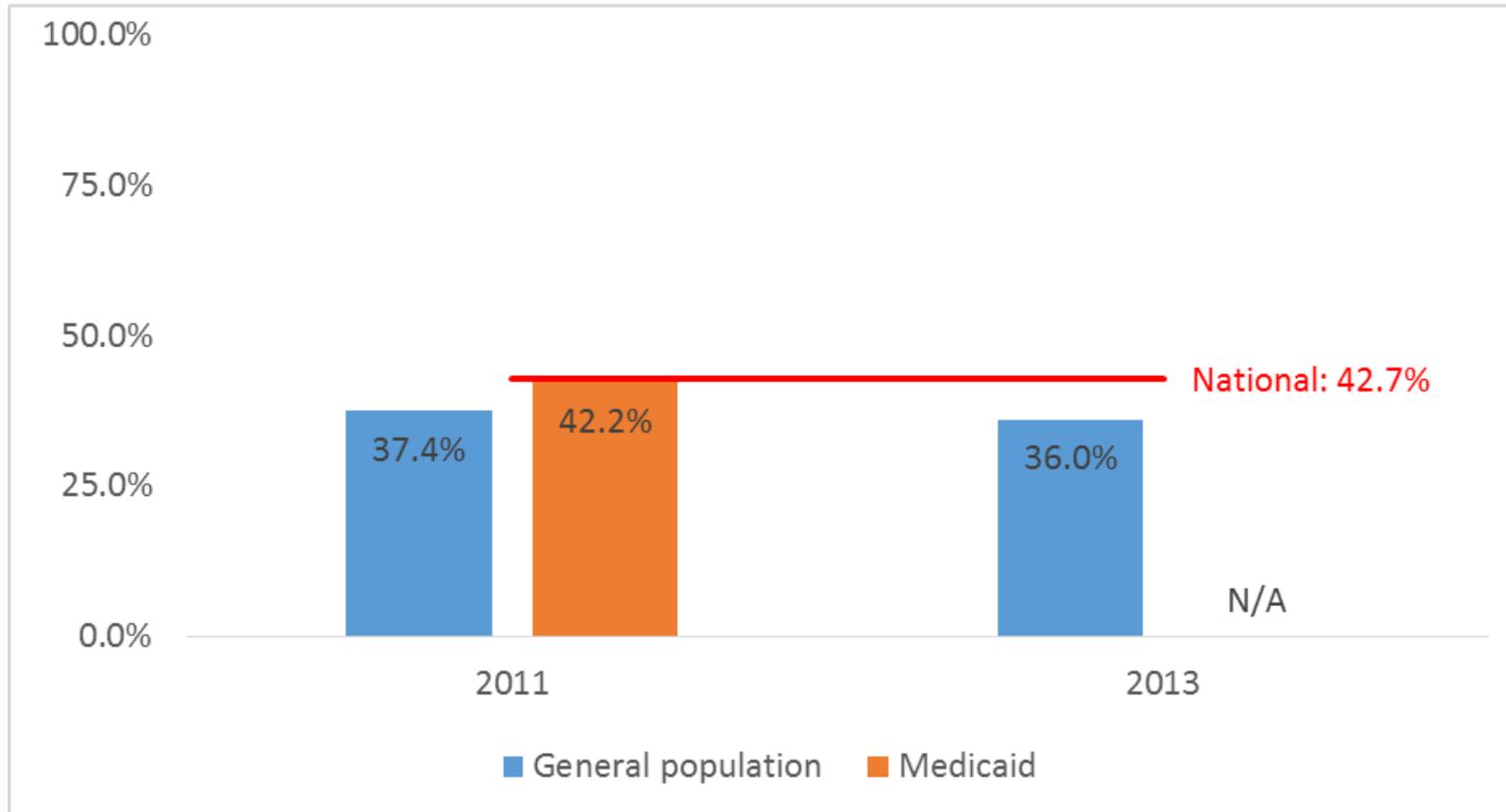
Data from Oregon Healthy Teens / Oregon Student Wellness Surveys

30-day illicit alcohol use also decreased slightly between 2012 and 2014



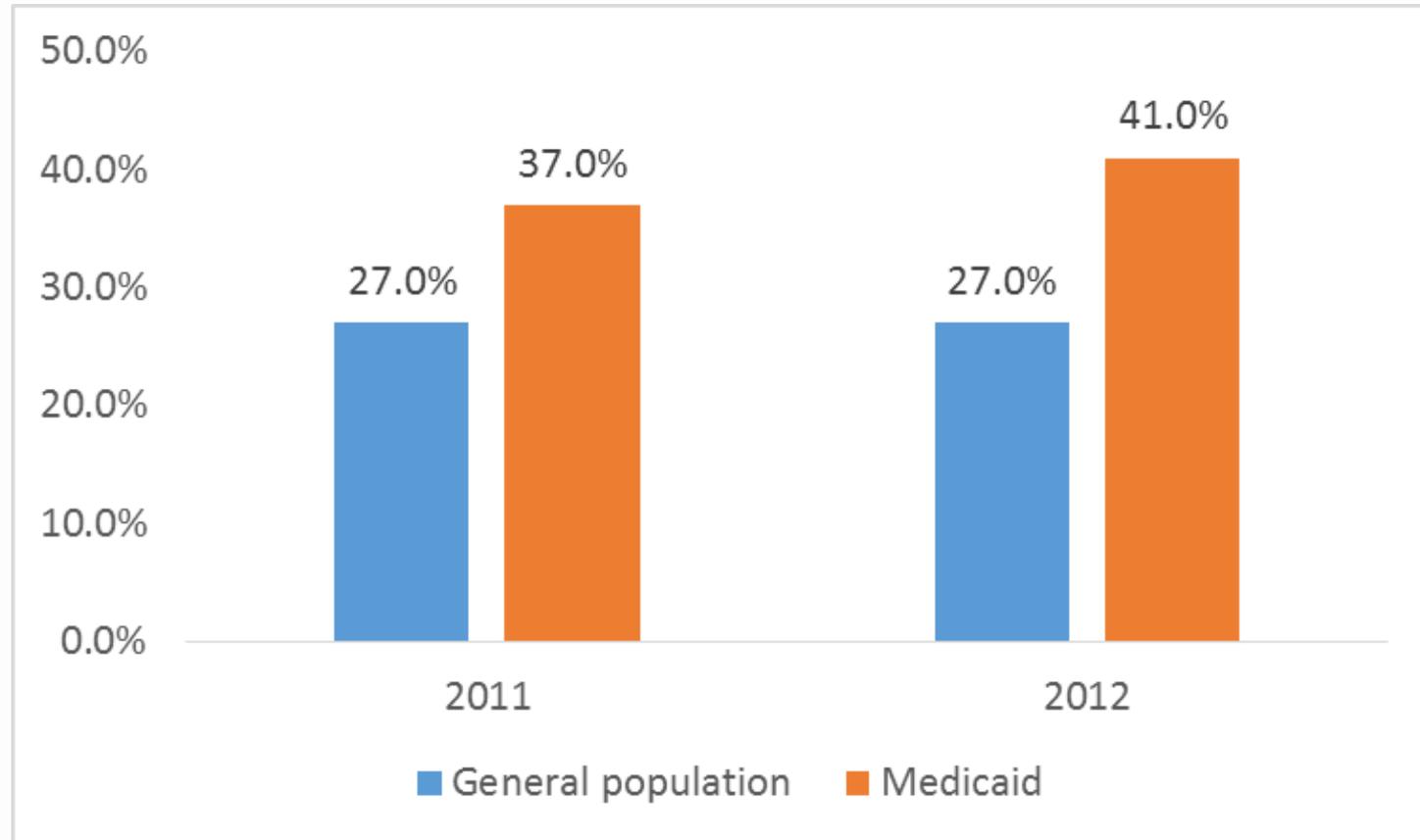
Data from Oregon Healthy Teens /
Oregon Student Wellness Surveys

Flu shots for adults ages 50-64 shows little improvement



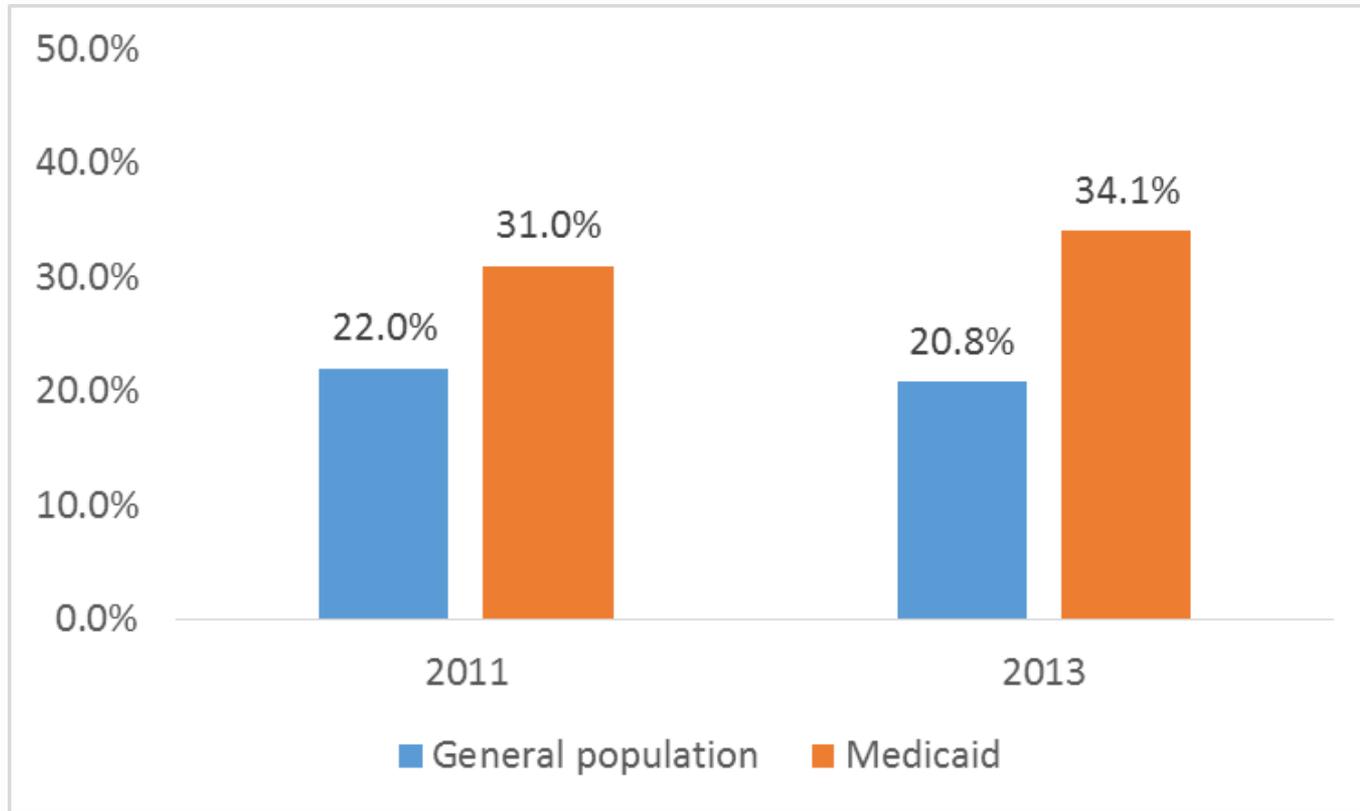
Data from Behavioral Risk Factor Surveillance System

In 2012, the proportion of Medicaid adults who are obese was 52% higher than the general population



Data from Behavioral Risk Factor Surveillance System

In 2013, the proportion of Medicaid adults who use tobacco was 64% higher than the general population



Data from Behavioral Risk Factor Surveillance System and Consumer Assessment of Healthcare Providers and Systems

Next Steps

OHA will continue to use data to:

- Inform policies and practices about health care disparities, access to integrated behavioral, oral, and physical health services, and key population data to drive public health strategies;
- Monitor the new ACA population to understand their needs and use of services; and
- Provide incentives to drive desired outcomes.

For More Information

The 2014 Mid Year Performance Report is available online at <http://www.oregon.gov/oha/metrics/>.

Oregon's State Health Profile is available online at healthoregon.org/healthprofile

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