

EXECUTIVE SUMMARY

Incentives for better services

This report lays out the progress of Oregon's coordinated care organizations (CCOs) on quality measures in 2014. This is the sixth such report since coordinated care organizations were launched in 2012. In addition, this is the second report to show a full calendar year of data, as well as results from the second year of Oregon's pay for performance program.

New to this report are results from the three clinical quality measures. The three clinical quality measures include control of diabetes, control of high blood pressure, and depression screenings. CCOs are beginning to build their capacity to report on these measures from electronic health records and the 2014 results are promising.

Under Oregon's pay for performance program, the Oregon Health Authority held back three percent of the monthly payments to CCOs, which were put into a common 'quality pool'. To earn their full incentive payment, CCOs had to meet benchmarks or improvement targets on at least 12 of the 17 incentive measures and have at least 60 percent of their members enrolled in a patient-centered primary care home.

All CCOs showed improvements in some number of measures and 13 out of 16 CCOs earned 100 percent of their quality pool payments in 2014.

Overall, and for the second straight calendar year, the coordinated care model continues to show improvements in a number of areas of care, even with the inclusion of the more than 434,000 additional Oregonians who have enrolled in the Oregon Health Plan since January 1, 2014. New rules took effect Jan. 1 opening the Oregon Health Plan to more low-income adults as allowed under the Affordable Care Act (ACA). Today, approximately 1.1 million Oregonians are enrolled in OHP.

With the significant increase in new Oregon Health Plan members since January 1, this report includes a special section on these 2014 enrollees. This section highlights emergency department usage of those who newly enrolled in 2014 compared to those who were enrolled in the Oregon Health Plan prior to January 1, 2014, and compared to those who had been enrolled in the Oregon Health Plan in recent years. Statewide, newly enrolled members with no prior Medicaid experience, use emergency rooms less frequently than other members with prior Medicaid experience. Newly enrolled members with no prior Medicaid experience also have fewer avoidable emergency room visits than other members.

Other improvements include continued reductions in emergency department visits and hospital readmissions, increases in developmental screening, and increases in screening for alcohol and other substance use.

These improvements are attributable to positive changes toward better care coordination and integration of services. For example, to increase developmental screening rates, many CCOs implemented a number of best practices such as provider training, alternate payment methodologies, policy or clinical guideline changes and working with early learning hubs to promote and incentivize screenings within the community.

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The coordinated care model continues to show large improvements in the following areas for the state's Oregon Health Plan members:

- **Decreased emergency department visits.** Emergency department (ED) rates for people served by CCOs have decreased 22 percent since 2011 baseline data. While some of the improvements seen may be due to national trends, CCOs have implemented a number of best practices for reducing emergency department utilization rates, such as the use of emergency department navigators. One such program now includes referrals to a patient-centered primary care home for members who do not have a primary care provider, as well as referrals to dental services, drug and alcohol services, and intensive management for members that have had 3 or more ED visits in the last 6 months.
- **Decreased hospital admissions for short-term complications from diabetes.** The rate of adult members (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease dropped by 26.9 percent since 2011 baseline data.
Decreased rate of hospital admissions for chronic obstructive pulmonary disease. The rate of adult members (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma decreased by 60 percent since 2011 baseline data.
- **Patient-centered primary care home (PCPCH) enrollment continues to increase.** Coordinated care organizations continue to increase the proportion of members enrolled in a patient-centered primary care home – indicating continued momentum even with the new members added since January 1, 2014. PCPCH enrollment has increased 56 percent since 2011. Additionally, primary care costs continue to increase, which means more health care services are happening within primary care rather than other settings such as emergency departments.
- **Strong improvement to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) measure.** This measures the percentage of adult patients (ages 18 and older) who had appropriate screening and intervention for alcohol or other substance abuse. Two coordinated care organization have exceeded the benchmark, a great accomplishment given the statewide baseline of almost zero. Initiation of alcohol and drug treatment has also increased. However, engagement of treatment has held steady, indicating room for improvement.

Other measures in this report that highlight room for improvement include cervical cancer and chlamydia screenings for women. The reduction in these screening rates may be due to changes in national guidelines reported in 2012, which recommended women wait 3 to 5 years between Pap tests and do not have their first Pap test until age 21.

Finally, financial data indicate coordinated care organizations are continuing to hold down costs. Oregon is staying within the budget that meets its commitment to the Centers for Medicare and Medicaid Services to reduce the growth in spending by two percentage points per member, per year.

Oregon is continuing its efforts to transform the health delivery system. By measuring our progress, sharing it publicly and learning from our successes and challenges, we can see clearly where we started, where we are, and where we need to go next.