

EXECUTIVE SUMMARY

This mid-year report lays out the progress of Oregon's coordinated care organizations (CCOs) on quality measures from July 1, 2014 through June 30, 2015.

This report indicates that through the coordinated care model, there have been improvements in a number of areas, such as reductions in emergency department visits, and increases in developmental screening, screening for alcohol and other substance use, and enrollment in patient-centered primary care homes (PCPCHs). This is also the first report to show results on a subset of measures for Oregonians enrolled in the Oregon Health Plan with disabilities, or with severe and persistent mental illness.

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

- **Decreased emergency department visits.** Emergency department visits by people served by CCOs have decreased 23 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.
- **Decreased hospital admissions for short-term complications from diabetes.** The rate of adult patients (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease dropped by 32 percent since 2011 baseline data.
- **Decreased rate of hospital admissions for chronic obstructive pulmonary disease.** The rate of adult patients (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma decreased by 68 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 patient-centered primary care homes – indicating continued momentum even with the increase in members added since January 1, 2014. PCPCH enrollment has increased 61 percent since 2011.

This report includes new measures that were added as CCO incentive measures for 2015:

1. Effective contraceptive use – this incentive measure looks at the percentage of women ages 18-50 who are using one of the most or moderately effective forms of contraception. Mid-year results are promising compared to CY 2014 baseline.
2. Dental sealants on permanent molars for children – this is the first oral health incentive measure, looking at the percentage of children ages 6-9 and 10-14 who received a sealant on a permanent molar. While the benchmark is low (20 percent), there is still room for improvement.

Another measure in this report that highlights room for improvement is assessments for children in foster care. This measure now includes mental, physical, and dental health assessments for children entering foster care (previous reports only included mental and physical health assessments).

EXECUTIVE SUMMARY

The addition of dental health assessments resulted in lower rates of children receiving all three assessments within 60 days.

In addition to the modification to the assessments for children in foster care measure, this report also provides new data for the Screening, Brief Intervention, and Referral to Treatment (SBIRT) measure, which now includes adolescents ages 12-17. Early results show promising improvement as pediatric and family practices focus on providing these alcohol and substance use screenings to their patients.

This report does not include detailed cost and utilization data, as OHA is in the process of implementing new software to support this reporting. Cost and utilization data will be available in the June 2016 Health System Transformation Performance Report. However, financial data indicate that 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.

New in This Report

This report includes information on several new measures, as well as modifications to several existing measures.

New Measures

- Dental sealants on permanent molars for children – this measure is reported for children ages 6-9, 10-14, and combined (ages 6-14).
- Effective contraceptive use – this measure is reported for adolescents (ages 15-17), adults (ages 18-50), and combined (ages 15-50).
- Prevention Quality Indicator (PQI) 90 - Prevention quality overall composite
- PQI 91—Prevention quality acute composite
- PQI 92: Prevention quality chronic composite

Modified Measures

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is now reported for adolescents (ages 12-17), adults (ages 18+), and combined (the combined age range is incentivized).
- Assessments for children in DHS custody. Previously, this measure only looked for mental and physical health assessments within 60 days for children in foster care. With the incorporation of dental services into CCOs in July 2014, the measure now looks for mental, physical, and dental

EXECUTIVE SUMMARY

health assessments to occur within 60 days. CY 2014 data have been recalculated to include dental health assessments and data in this report differ from results previously published.

- Follow-up after hospitalization for mental illness. Previously, this measure did not include follow-up services that occurred on the same day as the hospital discharge. The measure specifications have been adjusted and the data presented in this report now incorporate same-day follow up. Because of this measure's modification, data in this report cannot be compared to prior years.

Additional Measure Stratification

This report provides a subset of measures reported for Oregon Health Plan members with disability, and with severe and persistent mental illness (adults) or broad mental health conditions (children / adolescents). A new section of the report (pages 92-104) provides more details on these definitions and presents measure results for these members.

Reporting Period

This report lays out the progress of Oregon's CCOs from July 1, 2014 through June 30, 2015. New data included in this report reflects a full 12-month measurement period and most measures are directly comparable to previous years. Future reports will continue to include a full twelve months of data.