

Oregon's Health System Transformation

 Quarterly Progress Report

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EXECUTIVE SUMMARY

Improving health

Oregon's first coordinated care organizations (CCOs) were launched one year ago in August of 2012. Key to the success of CCOs is measuring, tracking and publishing information about how the state and CCOs are doing on our most important goal: improving the health of the people we serve.

To that end, every quarter, the Oregon Health Authority is publishing performance data and financial data for each of our state's 15 coordinated care organizations. Over time, these reports will also show progress the state and the CCOs are making towards meeting the benchmarks set for key measurements.

In this second quarterly report, OHA continues to build the baseline data that is the starting point for that progress.

The measures reported in this update – 12 CCO incentive measures and 16 state performance measures – were chosen in an open and public process to represent the health care needs and challenges of Oregon's Medicaid population.

Financial data – Bending the cost curve

One promise of Oregon's health system transformation is our state's commitment to reduce the trend of Medicaid spending by two percentage points by the end of 2014. This report includes important financial data that allow us to examine how we are doing in achieving that goal. When combined with quality reporting, financial cost and utilization data for services like hospital stays, prescription drugs, and primary care services allow us to measure if our goals of better health, better care and lower costs are being met.

This report expands on last quarter's financial data. It includes cost and utilization data in more defined categories and adds data from the first quarter of 2013. Future quarterly reports will contain more complete data, which will allow us to track our progress.

EXECUTIVE SUMMARY

New information since last quarter

This report expands on the baseline and benchmark data introduced in last quarter's report. It includes state baseline, state benchmark, and CCO-specific baseline data for 28 of the 34 measures. This report includes the addition of a new coordinated care organization, Cascade Health Alliance, which begins serving members September 1, 2013. It also reports PacificSource Community Solutions' two regions – one in the Columbia Gorge and one in Central Oregon – each with its own baselines.

Another addition to the second report is an emphasis on how each measure helps Oregon achieve its health goals. From improving the timeliness of prenatal care to cutting down on unnecessary emergency department use, each measure helps lead to better health and better care at lower costs. Each measure is also categorized by one of OHA's seven focus areas to help CCOs and OHA stay on track by concentrating on large, critical aspects of the health care delivery system:

- Improving behavioral and physical health coordination
- Improving perinatal and maternity care
- Reducing preventable re-hospitalizations
- Ensuring appropriate care is delivered in appropriate settings
- Reducing preventable and unnecessarily costly utilization by super-users
- Addressing discrete health issues (such as asthma, diabetes, high blood pressure)
- Improving primary care for all populations

Unchanged since the first quarter is that this report describes where we are starting — the baseline. This is the beginning of what will be a long journey toward a transformed health care system in Oregon. Subsequent reports will show movement on each measure by displaying data on a quarter by quarter basis, measured against baselines. Trends in the data will help show how coordinated care is impacting the delivery of care, the health of Oregonians, and the cost of the health care system.

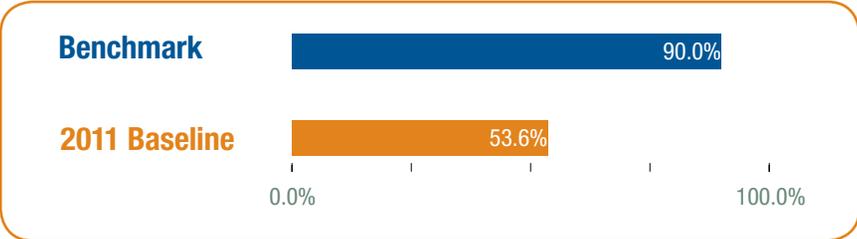
PERFORMANCE METRICS

CCO Incentive Measures

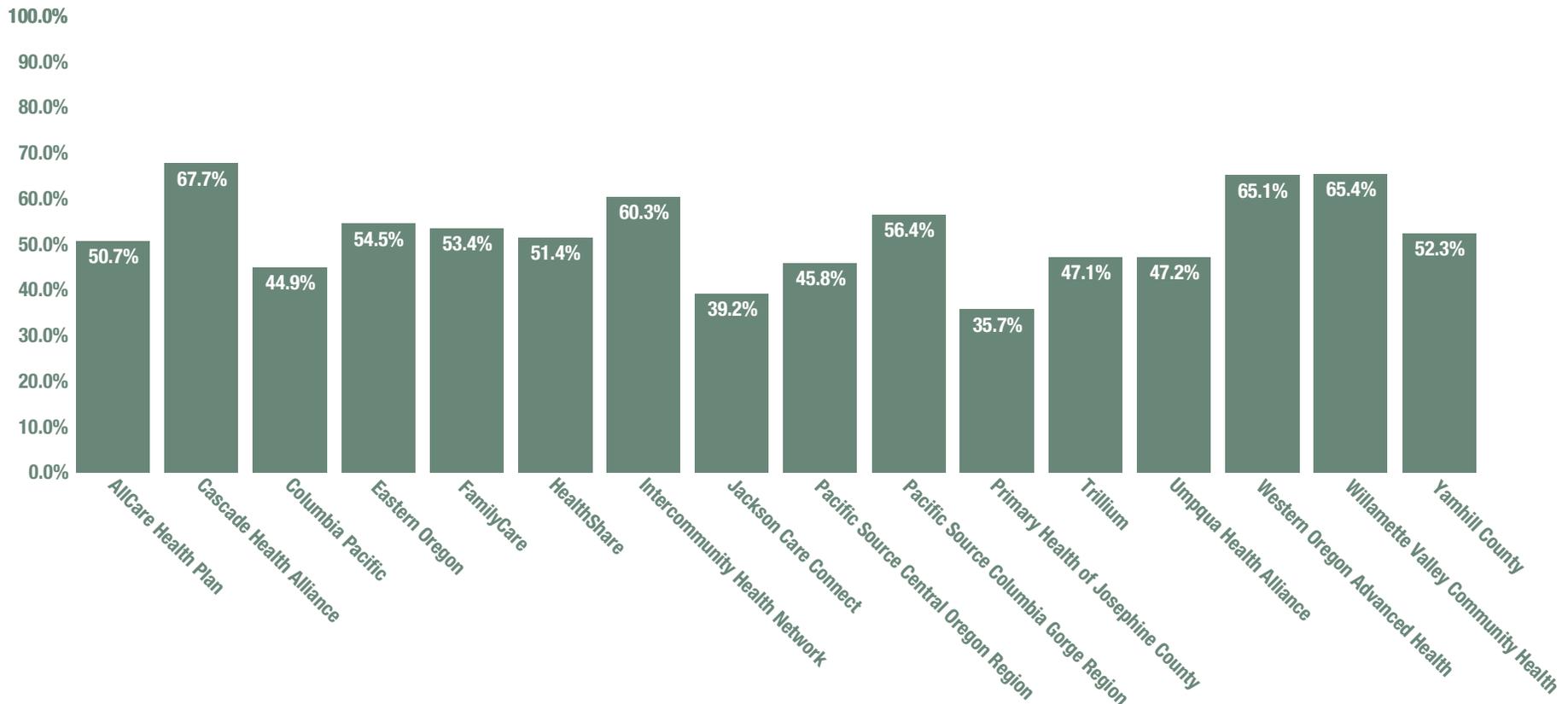
Mental and physical health assessment within 60 days for children in DHS custody

Percentage of children age 4+ who receive a mental health assessment and physical health assessment within 60 days of being placed into custody with the Department of Human Services. Children under 4 are only required to have a physical health assessment.

Focus areas: improving access to effective and timely care and improving behavioral and physical health coordination. Children who have been placed in foster care should have their mental and physical health checked so that an appropriate care plan can be developed. Mental and physical health assessments are a requirement for the foster program because of their importance to improving the health and well-being of a child in a trying situation.



Data source: Administrative (billing) claims + ORKids
 Benchmark source: Metrics and Scoring Committee consensus



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

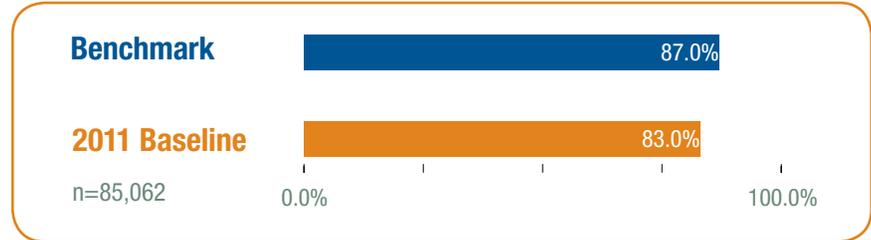
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

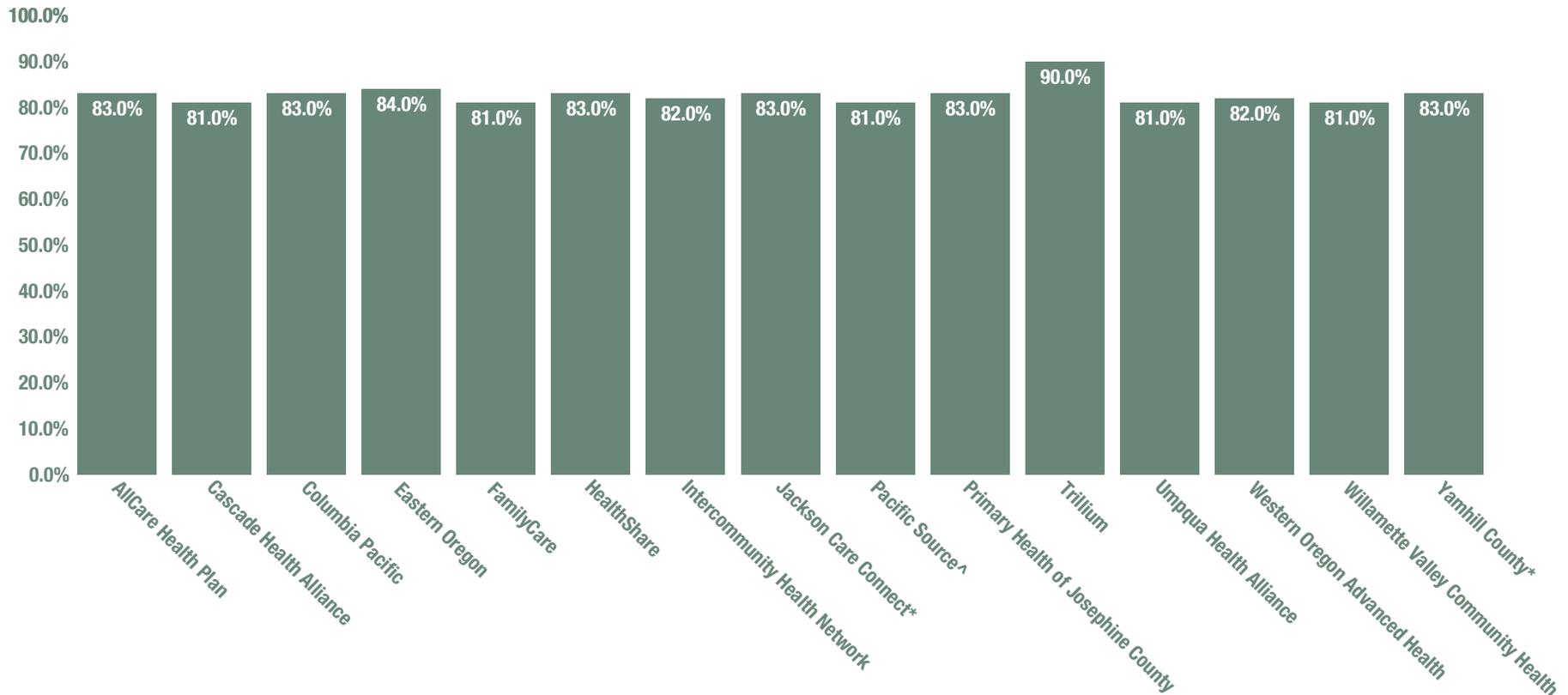
Access to care (CAHPS)

Percentage of patients (adults and children) who thought they received appointments and care when they needed them.

Focus area: improving access to effective and timely care. Improving access to timely care and information helps increase the quality of care and reduce costs. Measuring access to care is also an important part of identifying disparities in health care and barriers to quality care, including a shortage of providers, lack of transportation, or long waits to get an appointment.



Data Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 Benchmark Source: 2012 National Medicaid 75th percentile



*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Adolescent well-care visits

Percentage of adolescents (ages 12-21) who had at least one well-care visit.

Focus area: improving primary care for all populations. Youth who can easily access preventive health services are more likely to be healthy and able to reach milestones such as high school graduation and entry into the work force, higher education or military service. In 2011, just over half of Oregon's eighth and 11th graders had a well-visit in the past year.

Benchmark

53.2%

2011 Baseline

27.1%

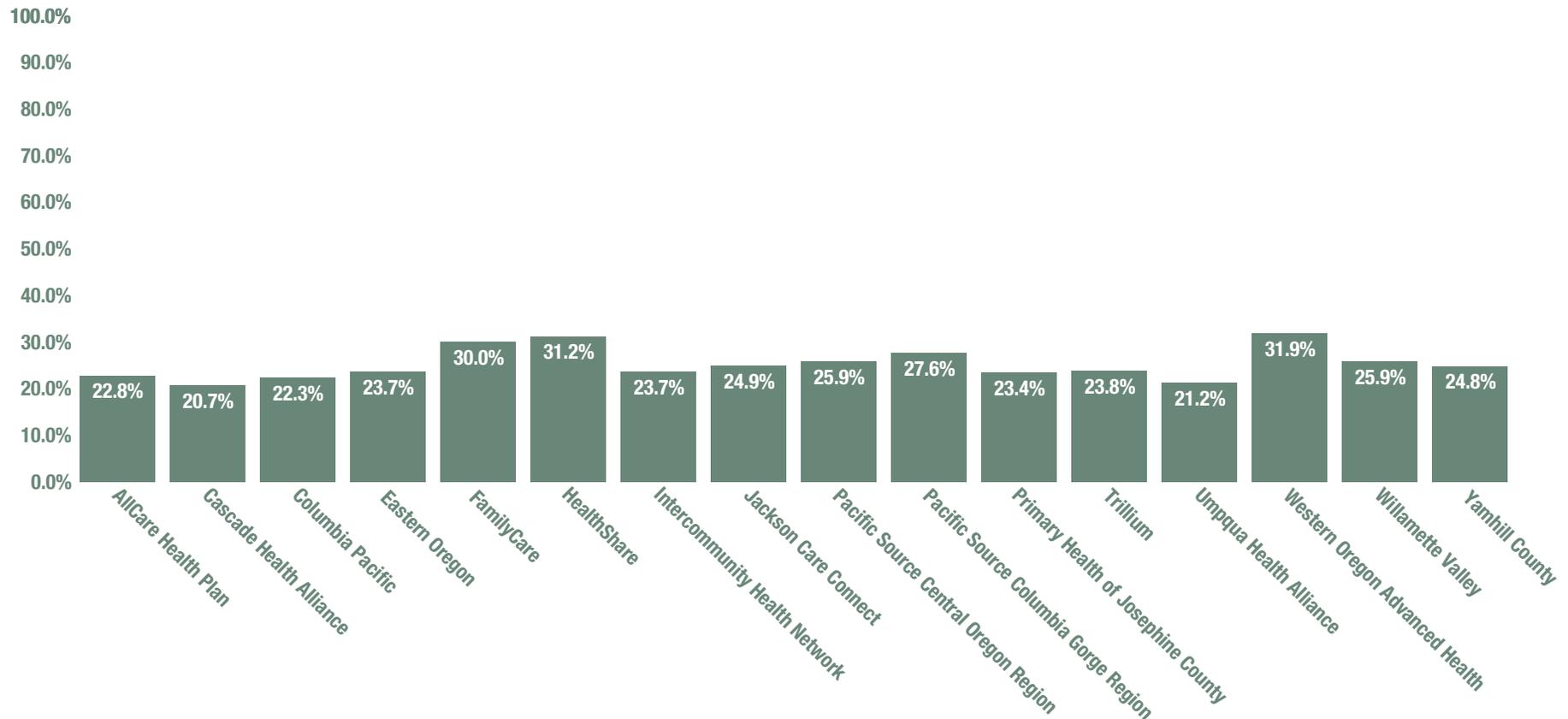
n=108,390

0.0%

100.0%

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile (administrative data only)



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

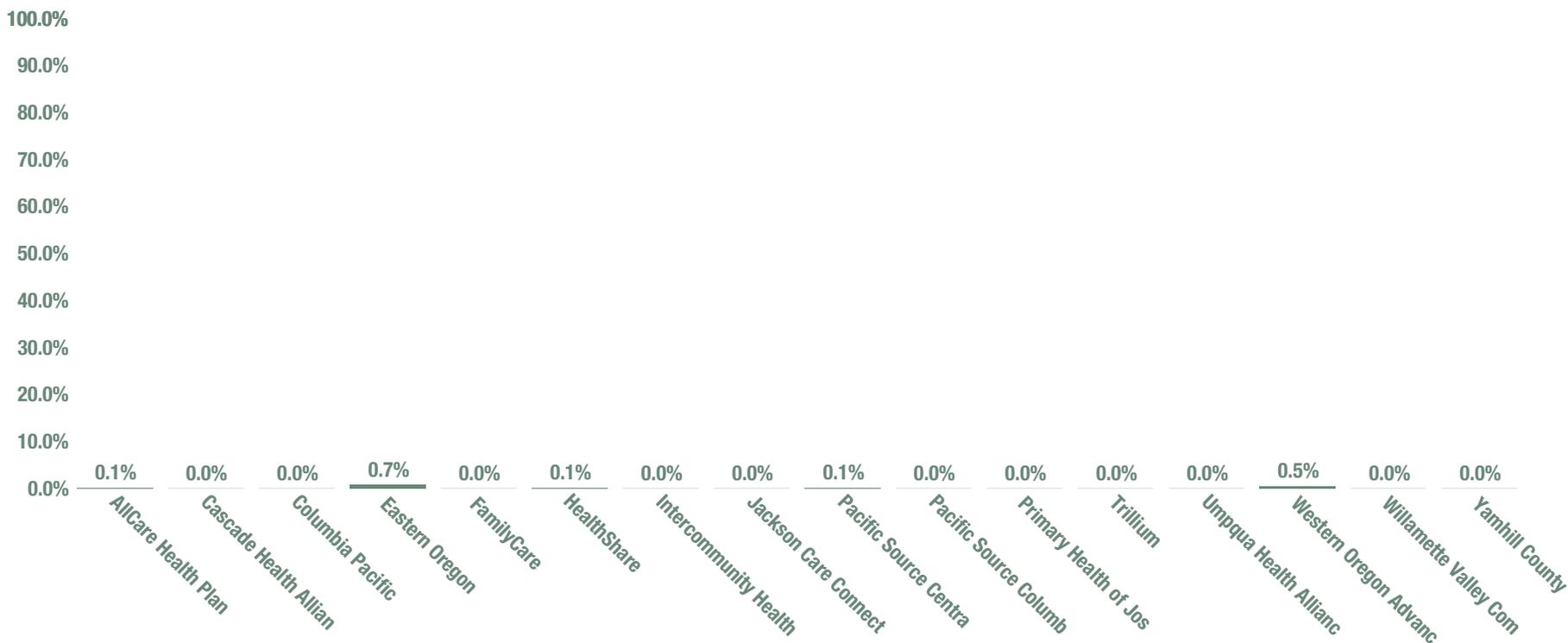
Alcohol or other substance misuse (SBIRT*)

Percentage of adult patients (ages 18 and older) who had appropriate screening and intervention for alcohol or other substance abuse.

Focus area: improving behavioral and physical health coordination. By offering a simple but effective screening for alcohol or drug abuse during an office visit, providers can help patients get the care and information they need to stay healthy. If risky drinking or drug use is detected, a brief intervention, and in some cases referral, helps the patient recover more quickly and avoid serious health problems



*Screening, Brief Intervention, and Referral to Treatment
Data source: Administrative (billing) claims



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

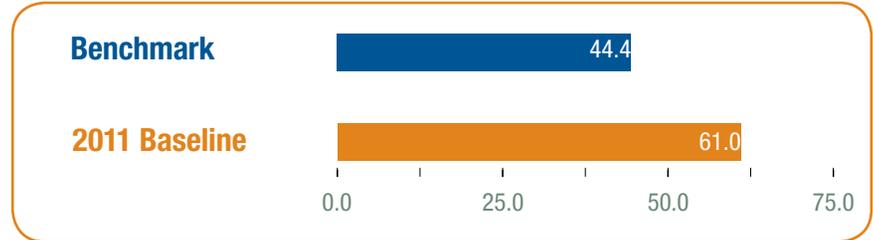
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Ambulatory care: emergency department utilization*

Rate of patient visits to an emergency department (a lower number suggests more appropriate use of this care).

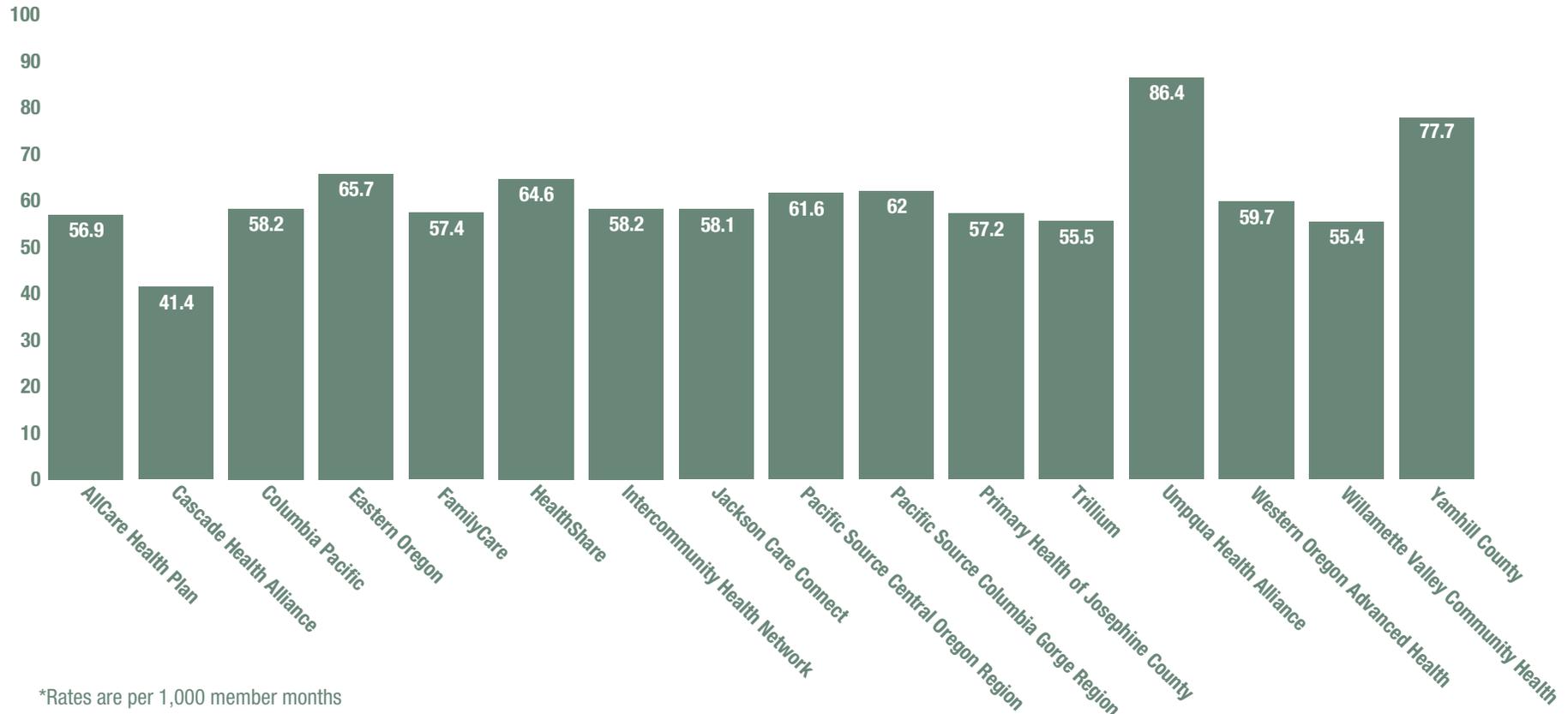
Focus areas: reducing preventable re-hospitalizations, ensuring appropriate care is delivered in appropriate settings and reducing preventable and unnecessarily costly utilization by super-users. Emergency departments are sometimes used for problems that could have been treated at a doctor's office or urgent care clinic. Research shows that children covered by the Oregon Health Plan have twice as many preventable emergency department visits as children covered by commercial insurance. Reducing inappropriate emergency department use can help to save costs and improve the health care experience for patients.



(Lower scores are better.)

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile



*Rates are per 1,000 member months

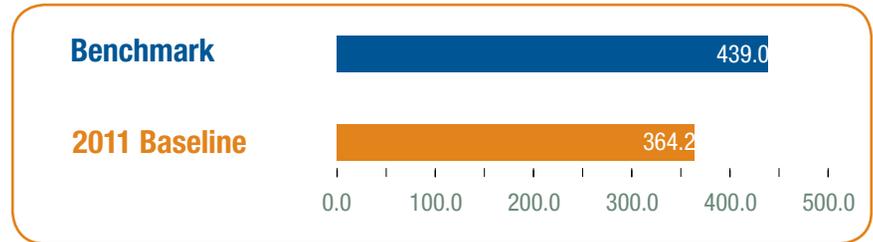
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

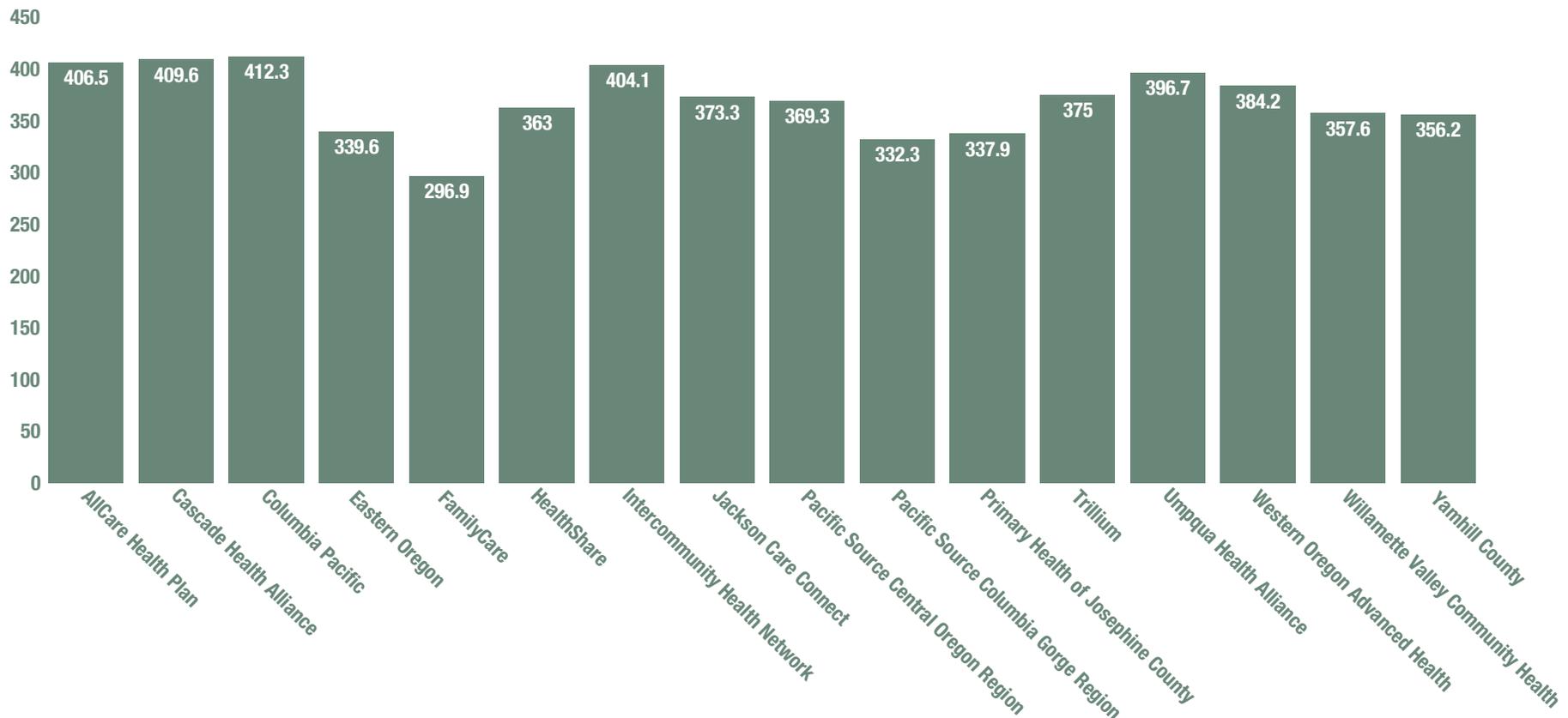
Ambulatory Care: Outpatient Utilization*

Rate of patient visits to a doctor's office or urgent care.

Focus areas: reducing preventable re-hospitalizations, ensuring appropriate care is delivered in appropriate settings and reducing preventable and unnecessarily costly utilization by super-users. Emergency departments (ED) are sometimes used for problems that could have been treated at a doctor's office or urgent care clinic. Research shows that children covered by the Oregon Health Plan have twice as many preventable emergency department visits as children covered by commercial insurance. Reducing inappropriate emergency department use can help to save costs and improve the health care experience for patients.



Data source: Administrative (billing) claims
 Benchmark: per 1,000mm. Source: 2012 National Medicaid 90th percentile



*Rates are per 1,000 member months

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Colorectal cancer screening*

Adult patients (ages 50-75) who had appropriate screenings for colorectal cancer.

Focus areas: Improving primary care for all populations, Ensuring appropriate care is delivered in appropriate settings and Improving access to effective and timely care. Colorectal cancer is Oregon's second leading cause of cancer deaths. With appropriate screening, abnormal growths in the colon can be found and removed before they turn into cancer. Colorectal cancer screening saves lives, while also keeping overall health care costs down.

Benchmark

N/A[^]

2011 Baseline

15.8

n=19,142

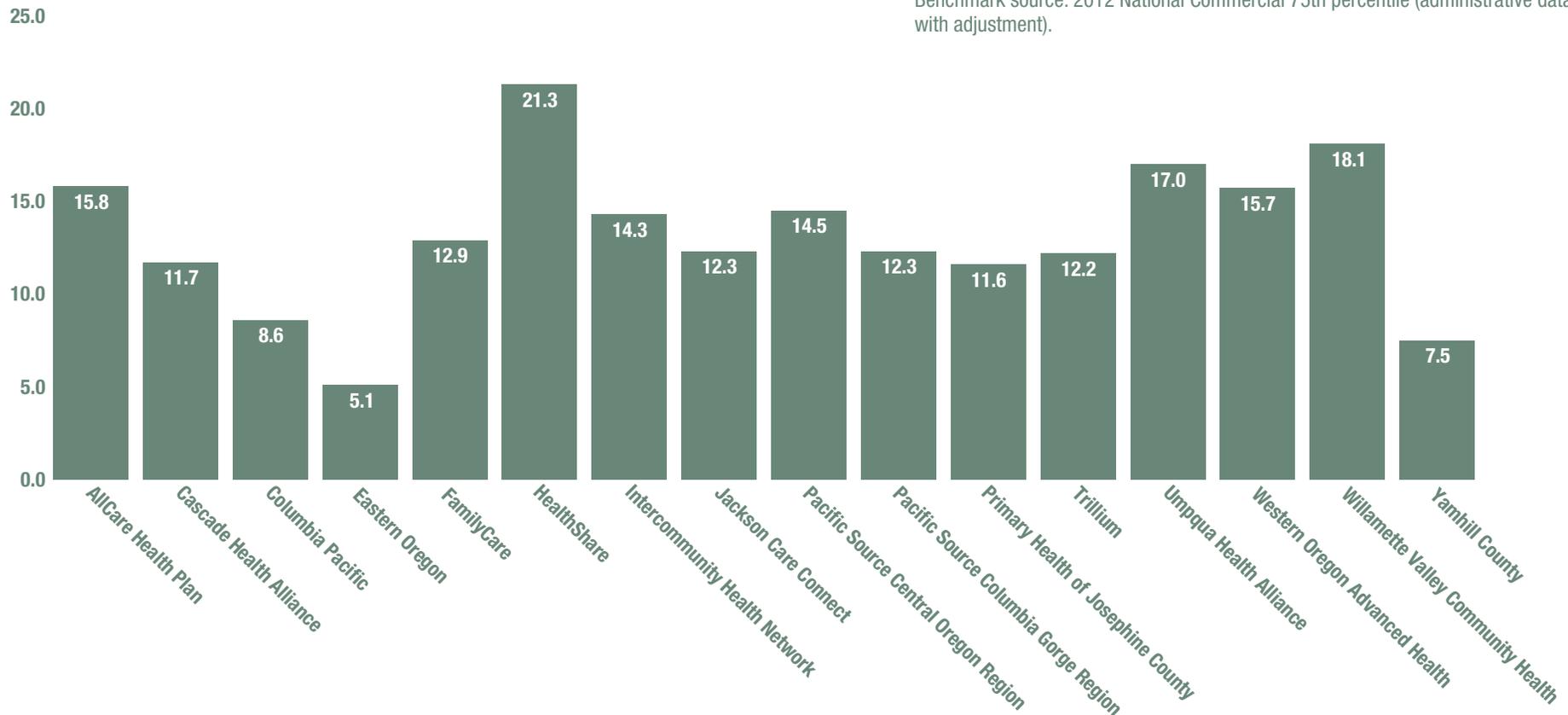
0.0

100.0

[^]Benchmark is 3% improvement target from baseline.

Data source: Administrative (billing) claims

Benchmark source: 2012 National Commercial 75th percentile (administrative data only, with adjustment).



*Reported per 1,000 member months.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Developmental screening

Percentage of children up to three years old who had at least three age-specific screenings for delays in development, behavior and social skills.

Focus areas: improving primary care for all populations, ensuring appropriate care is delivered in appropriate settings and improving access to effective and timely care. Early childhood screening help find delays in development as early as possible, which leads to better health outcomes and reduced costs. Early developmental screening provides an opportunity to refer children to the appropriate specialty care before problems worsen. Often, developmental delays are not found until kindergarten or later – well beyond the time when treatments are most helpful.

Benchmark



2011 Baseline



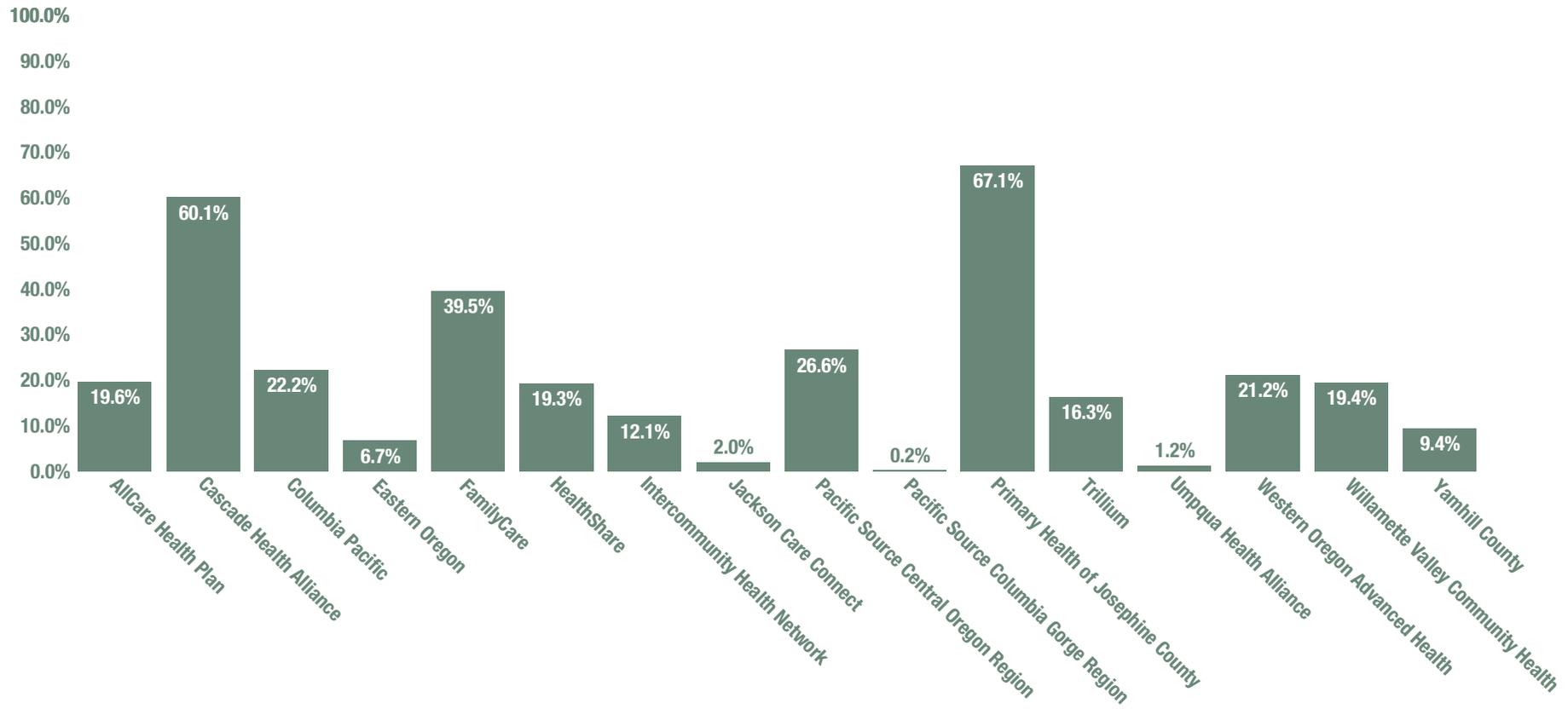
n=54,826

0.0%

100.0%

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

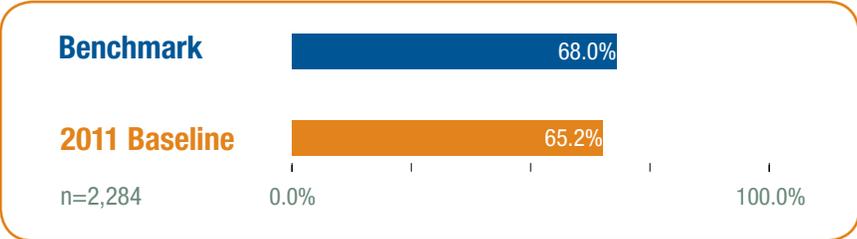
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

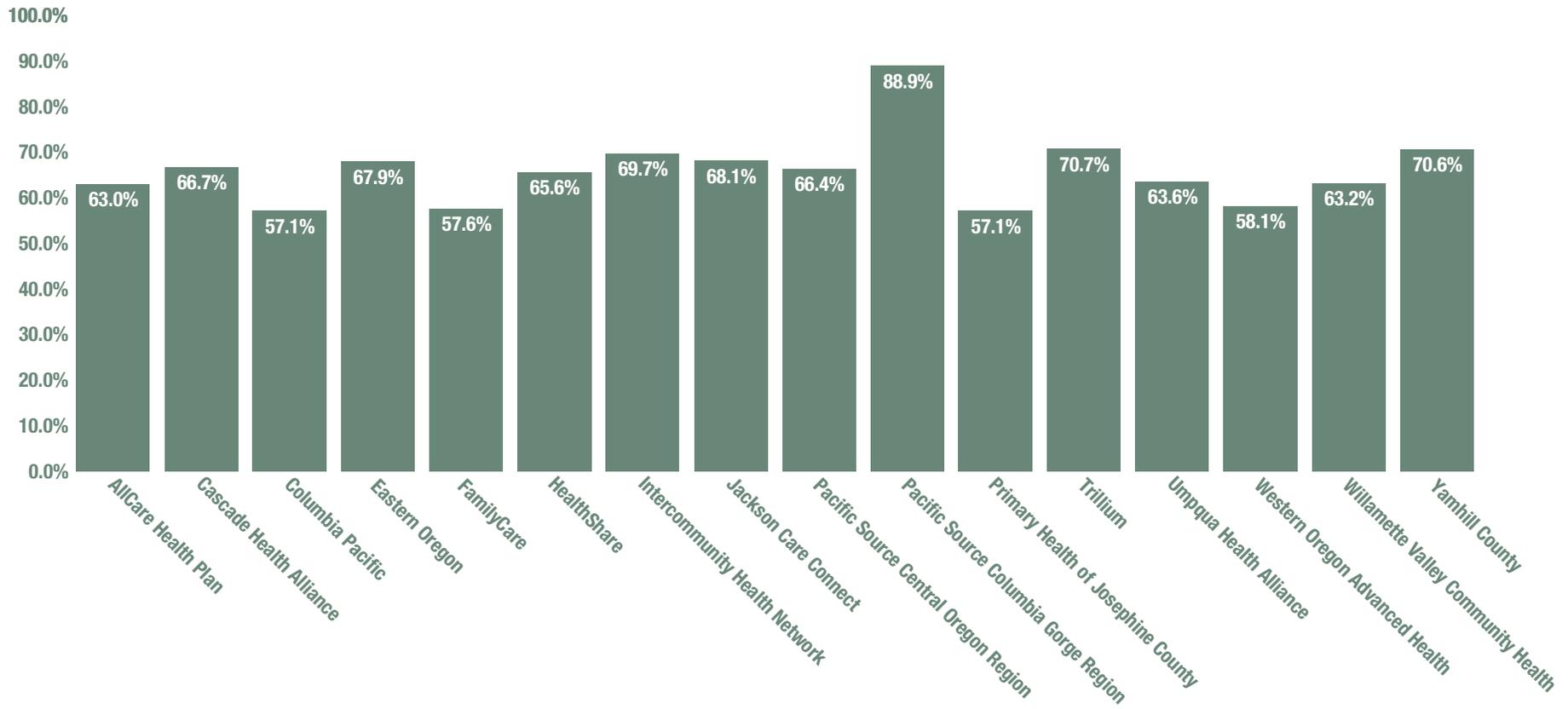
Follow-up after hospitalization for mental illness

Percentage of patients (ages 6 and older) who received a follow-up with a health care provider within 7 days of being discharged from the hospital for mental illness.

Focus areas: improving behavioral and physical health coordination and reducing preventable re-hospitalizations. Follow-up care is important to help patients make progress and feel better after being in the hospital for mental illness. This measure addresses an emerging issue for children by suggesting follow up for patients ages 6 and up. Additionally, research shows that follow-up care helps keep patients from returning to the hospital, providing an important opportunity to reduce health care costs and improve health.



Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

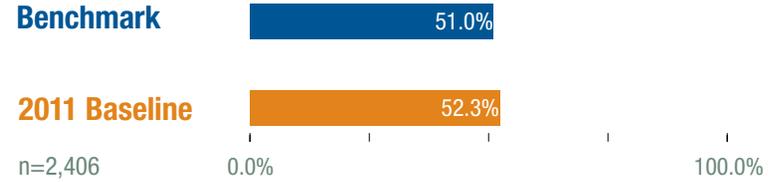
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

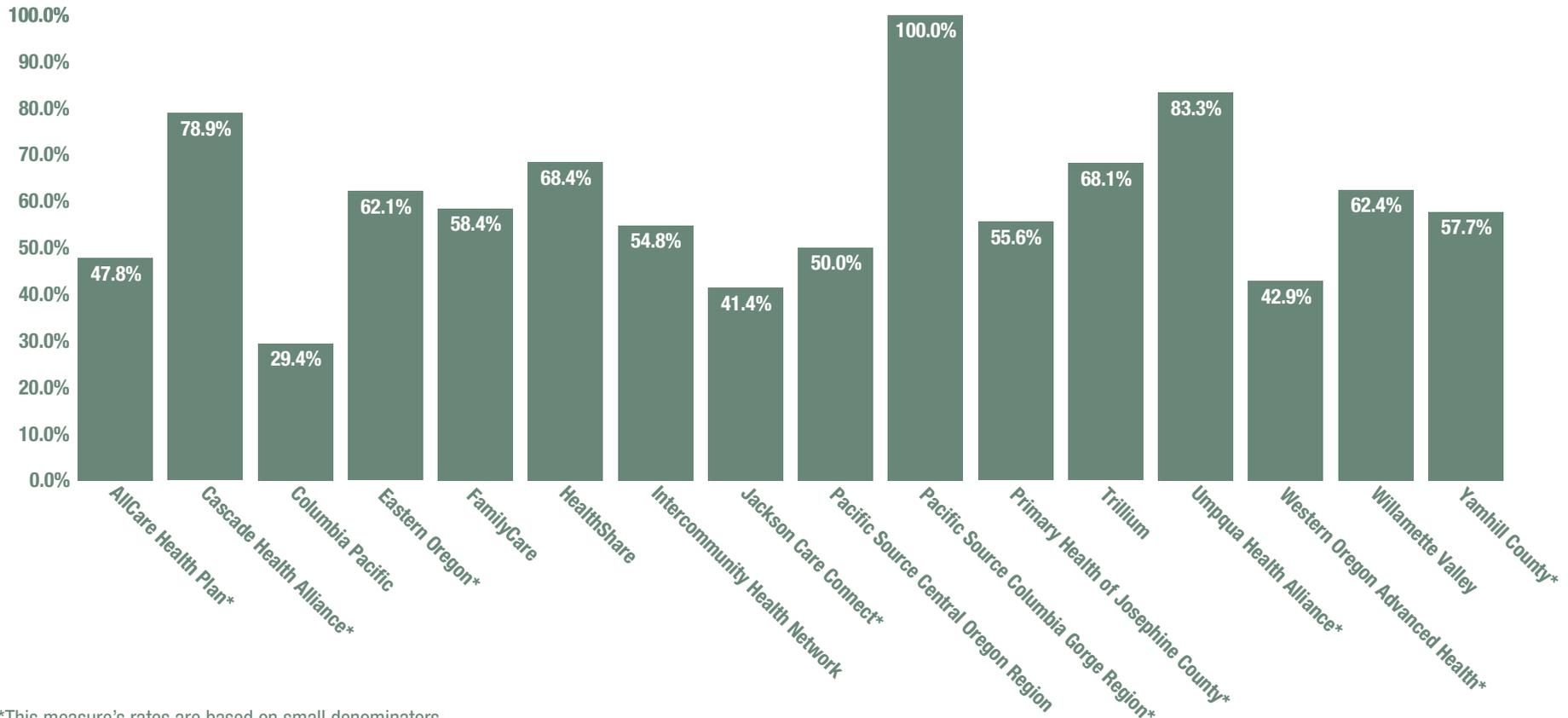
Follow-up care for children prescribed ADHD medication (initiation phase)

Percentage of children (ages 6-12) who had one follow-up visit with a provider during the 30 days after receiving a new prescription for ADHD medication.

Focus areas: improving behavioral and physical health coordination and improving access to effective and timely care. Children with attention deficit hyperactivity disorder (ADHD) can be greatly helped by ADHD medication. One critical component of care is for that child to have follow-up visits once they are on the medication. After a child receives ADHD medication, a primary care provider should continue to assess learning and behavior and help manage the condition. ADHD treatment is an important emerging issue for children.



Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



*This measure's rates are based on small denominators.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

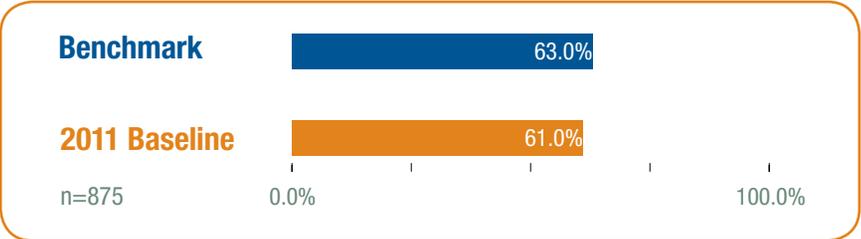
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

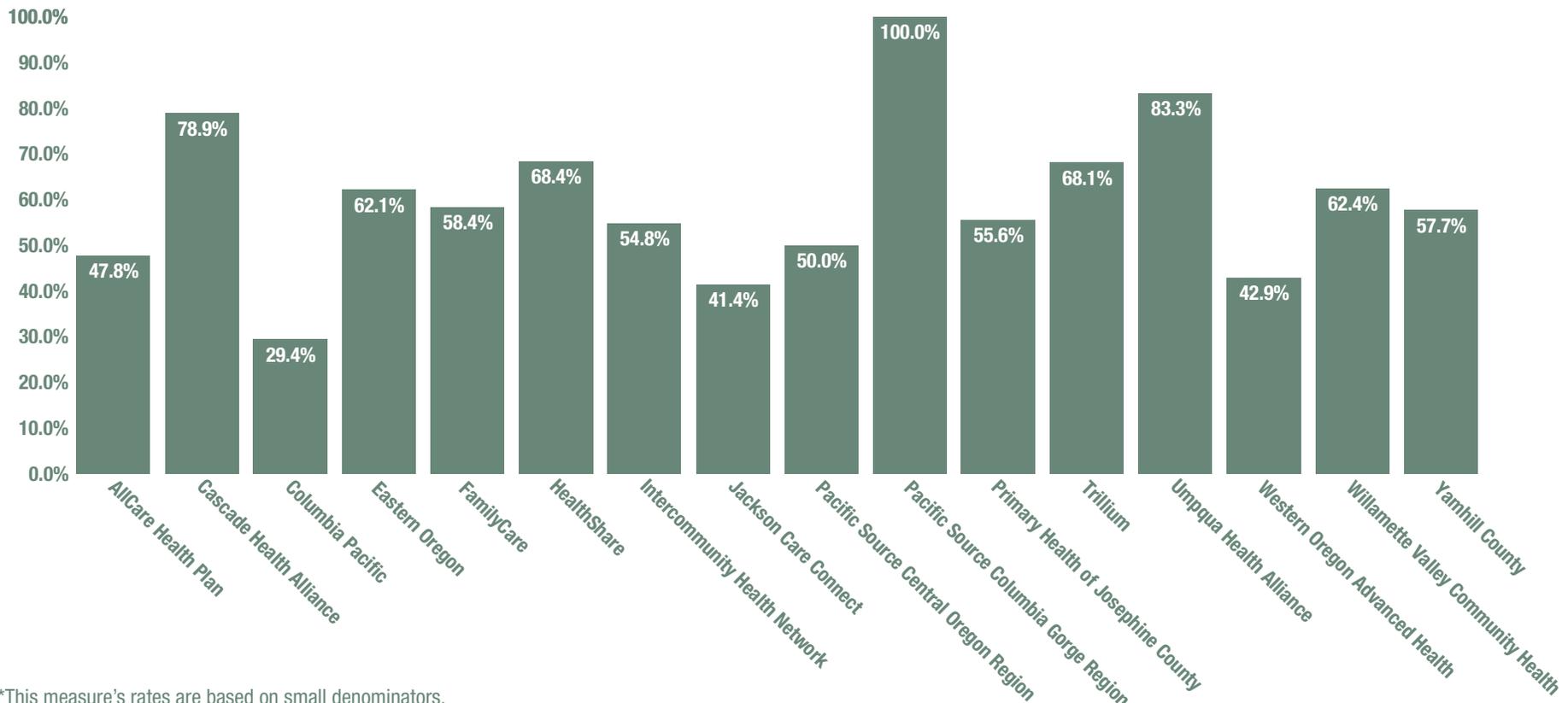
Follow-up care for children prescribed ADHD medication (continuation and maintenance phase)

Percentage of children (ages 6-12) who remained on ADHD medication for 210 days after receiving a new prescription and who had at least two follow-up visits with a provider within 270 days after the Initiation Phase.

Focus areas: improving behavioral and physical health coordination and improving access to effective and timely care. Children with attention deficit hyperactivity disorder (ADHD) can be greatly helped by ADHD medication. One critical component of care is for that child to have follow-up visits once they are on the medication. After a child receives ADHD medication, a primary care provider should continue to assess learning and behavior and help manage the condition. ADHD treatment is an important emerging issue for children.



Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



*This measure's rates are based on small denominators.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Patient-centered primary care home enrollment*

Percentage of patients who were enrolled in a recognized patient-centered primary care home.

Focus areas: improving primary care for all populations, ensuring appropriate care is delivered in appropriate settings and improving access to effective and timely care. Patient-centered primary care homes are clinics that have been recognized for their commitment to quality, patient-centered, coordinated care. Patient-centered primary care homes help improve a patient's health care experience and overall health. They also save the system a lot of money: The Oregon Health Policy Board estimates that up to \$44 million in 3 years, and up to \$190 million in 10 years, can be saved when Oregon Health Plan members with one or more chronic conditions receive care through a PCPCH.

Benchmark

N/A

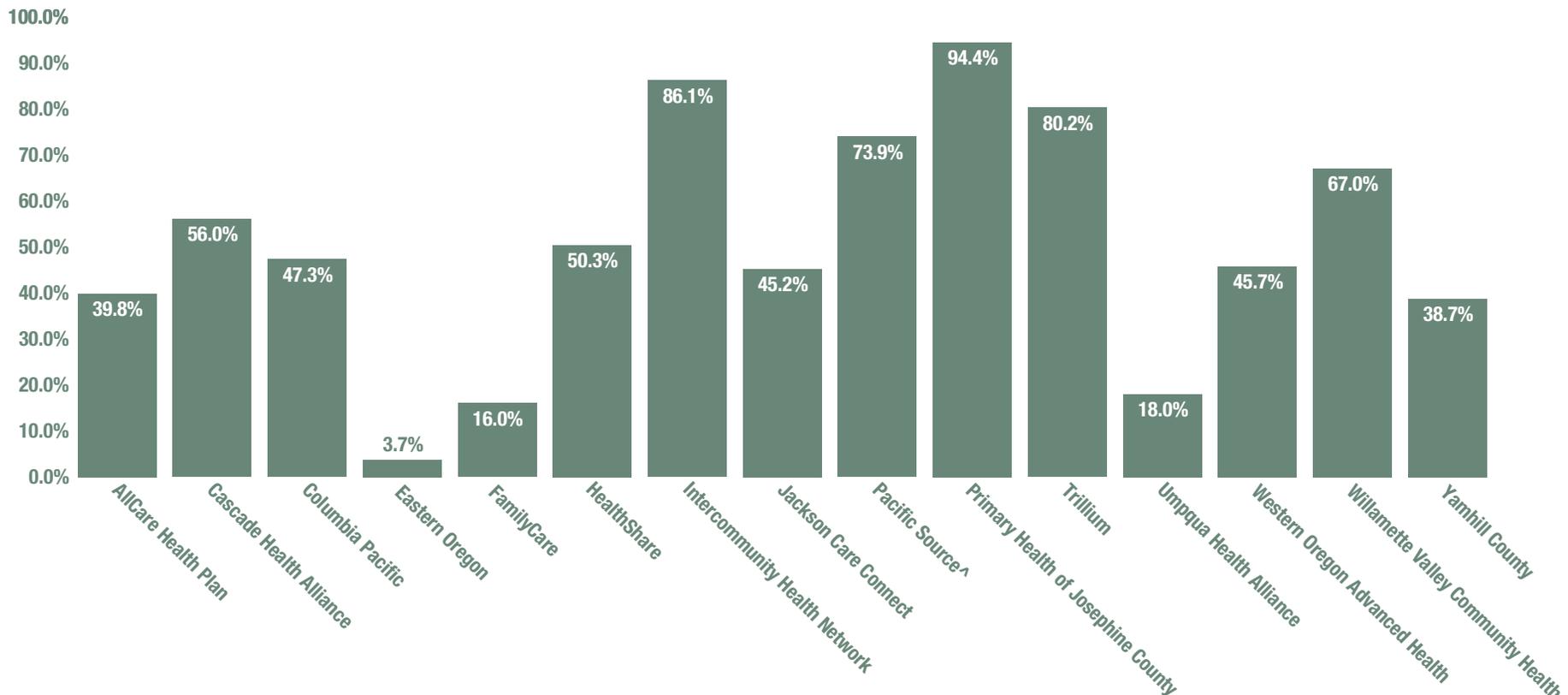
2012 Baseline

51.8%

0.0%

100.0%

Data source: CCO quarterly report



*Patient-centered primary care home measurement is based on February 2013 data.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

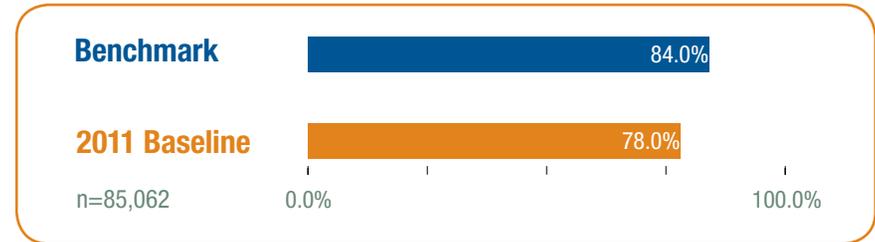
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

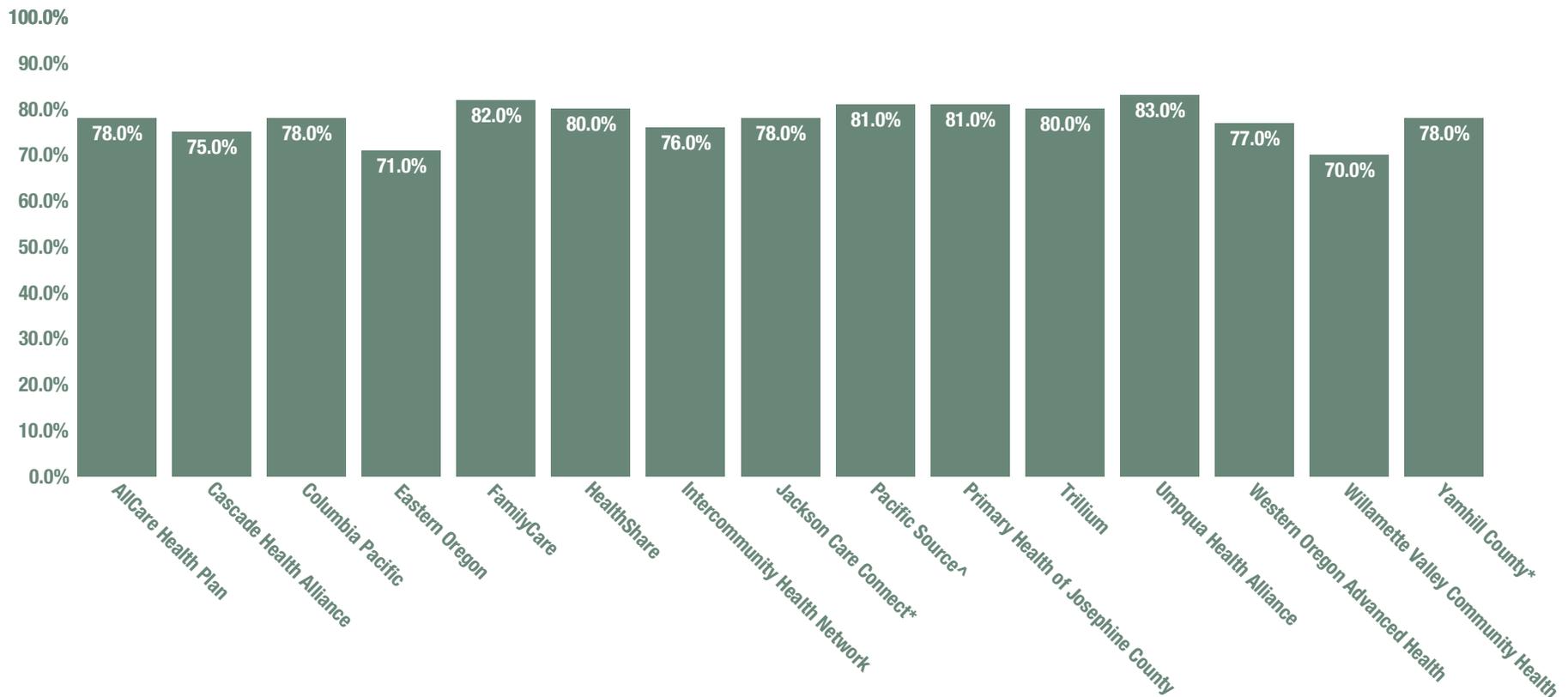
Satisfaction with care

Percentage of patients (adults and children) who received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Focus area: addressing patient satisfaction with health care. Satisfaction with care is a critical component of quality health care – data shows that healthier patients tend to report being more satisfied with their care. Patients who are not satisfied with their care may miss appointments.



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile



*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

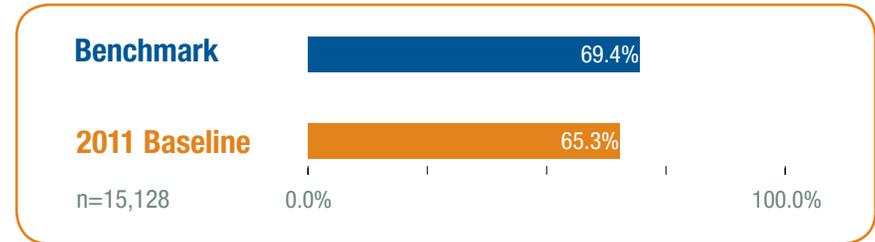
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Timeliness of prenatal care

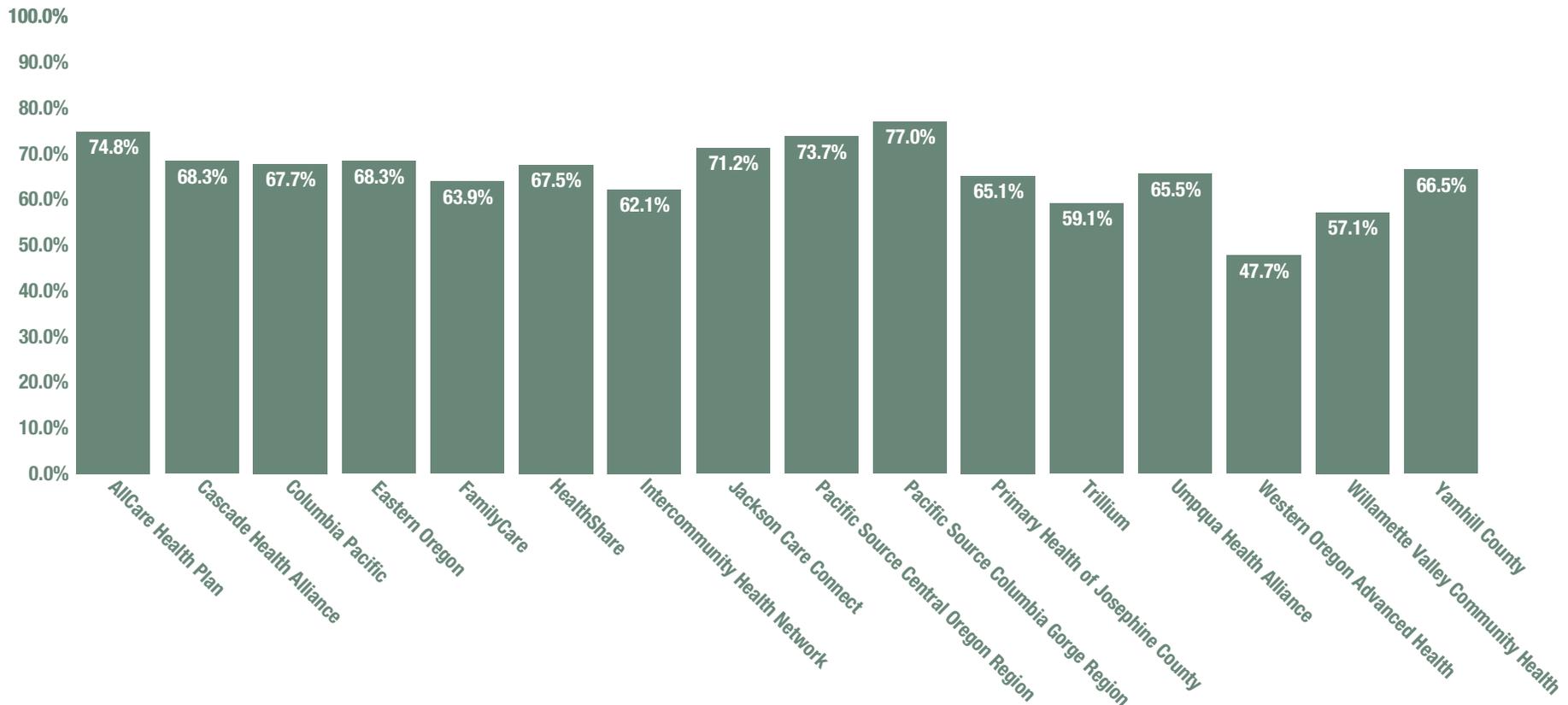
Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid.

Focus areas: improving overall perinatal and maternity care and improving access to effective and timely care. Care during a pregnancy, prenatal care, is widely considered the most productive and cost-effective way to support the delivery of a healthy baby. The timeliness of that care is a critical and sometimes overlooked component. This measure helps ensure timeliness by tracking the percentage of women who receive an early prenatal care visit (in the first trimester). Improving the timeliness of prenatal care can lead to significantly better health outcomes and cost savings – as more than 40% of all babies born in Oregon are covered by Medicaid.



Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile (administrative data only)



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Appropriate testing for children with pharyngitis

Percentage of children with a sore throat (pharyngitis) who were given a strep test before getting an antibiotic.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. A strep test helps determine whether or not a child will benefit from antibiotics for a sore throat (pharyngitis). This test can help reduce the overuse of antibiotics, which can improve care quality and ensure that antibiotics continue to work when they are needed.

Benchmark

76.0%

2011 Baseline

73.7%

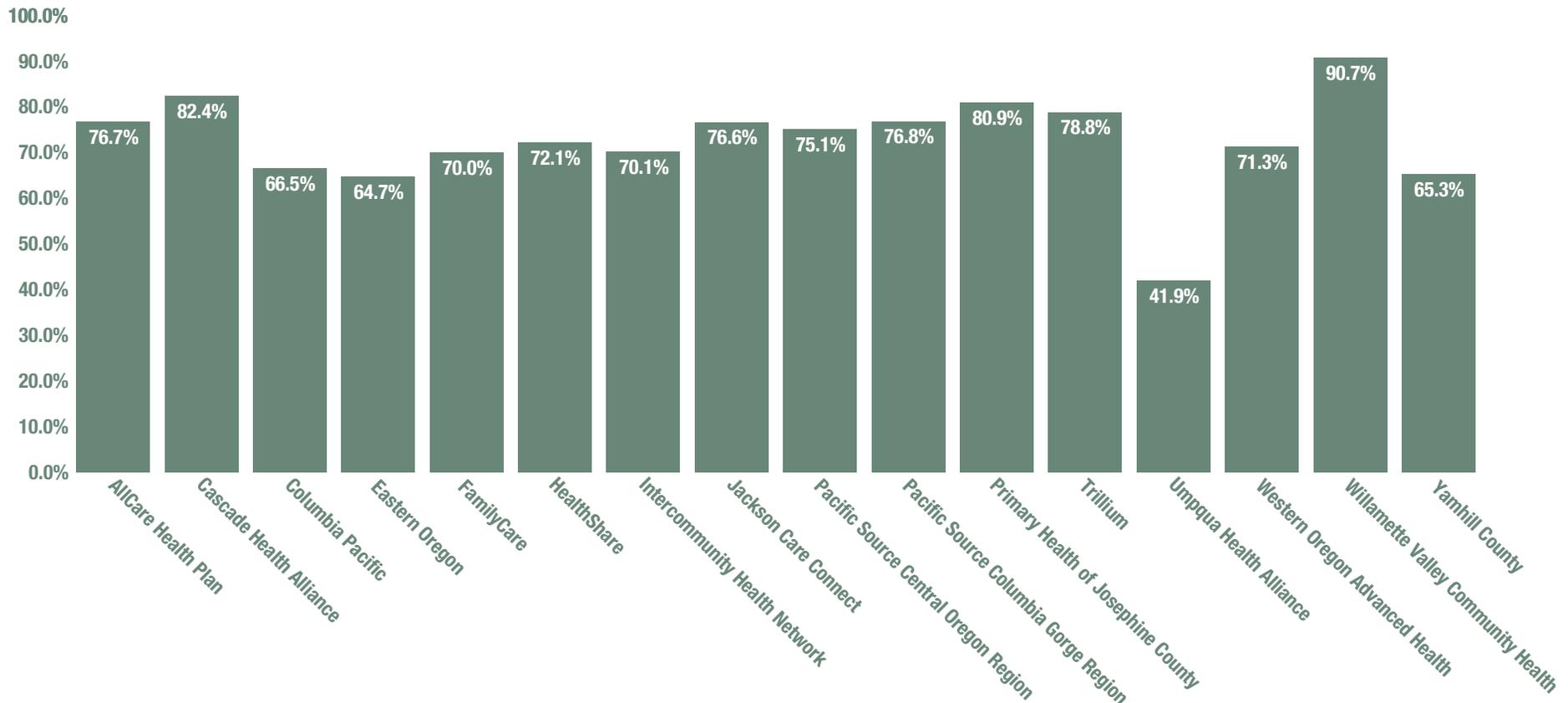
n=11,438

0.0%

100.0%

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

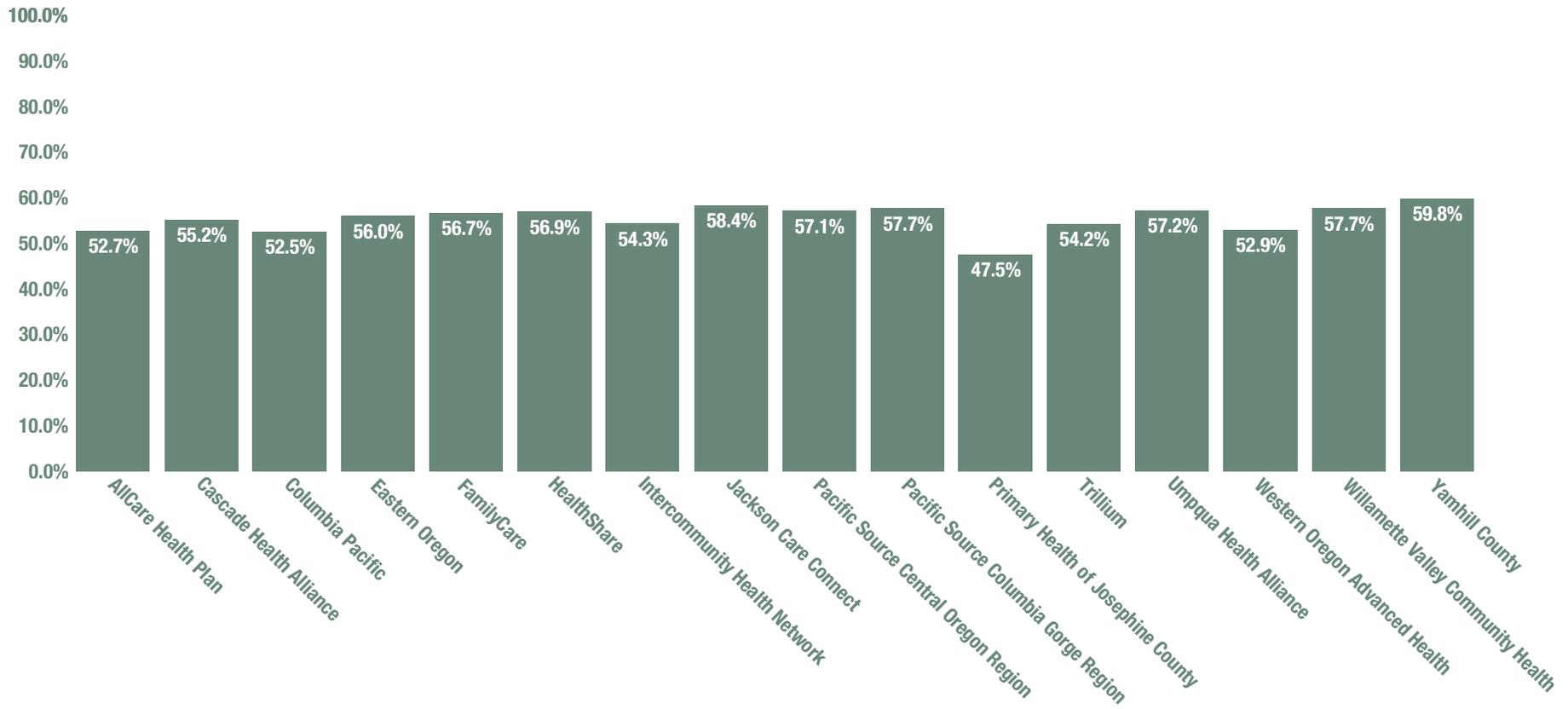
Cervical cancer screening

Percentage of women patients (ages 21 to 64) who got one or more Pap tests for cervical cancer in the past three years.

Focus area: improving access to effective and timely care. A Pap test helps find early signs of cancer in the cervix when the disease is easier and less costly to treat. Treating cervical cancer in its earliest stages also increases the five-year survival rate to 92 percent, according to the American Cancer Society.



Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care practitioners, all ages

Percentage of children (ages 12 months – 19 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and Improving primary care for all populations. Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

Benchmark

N/A

2011 Baseline

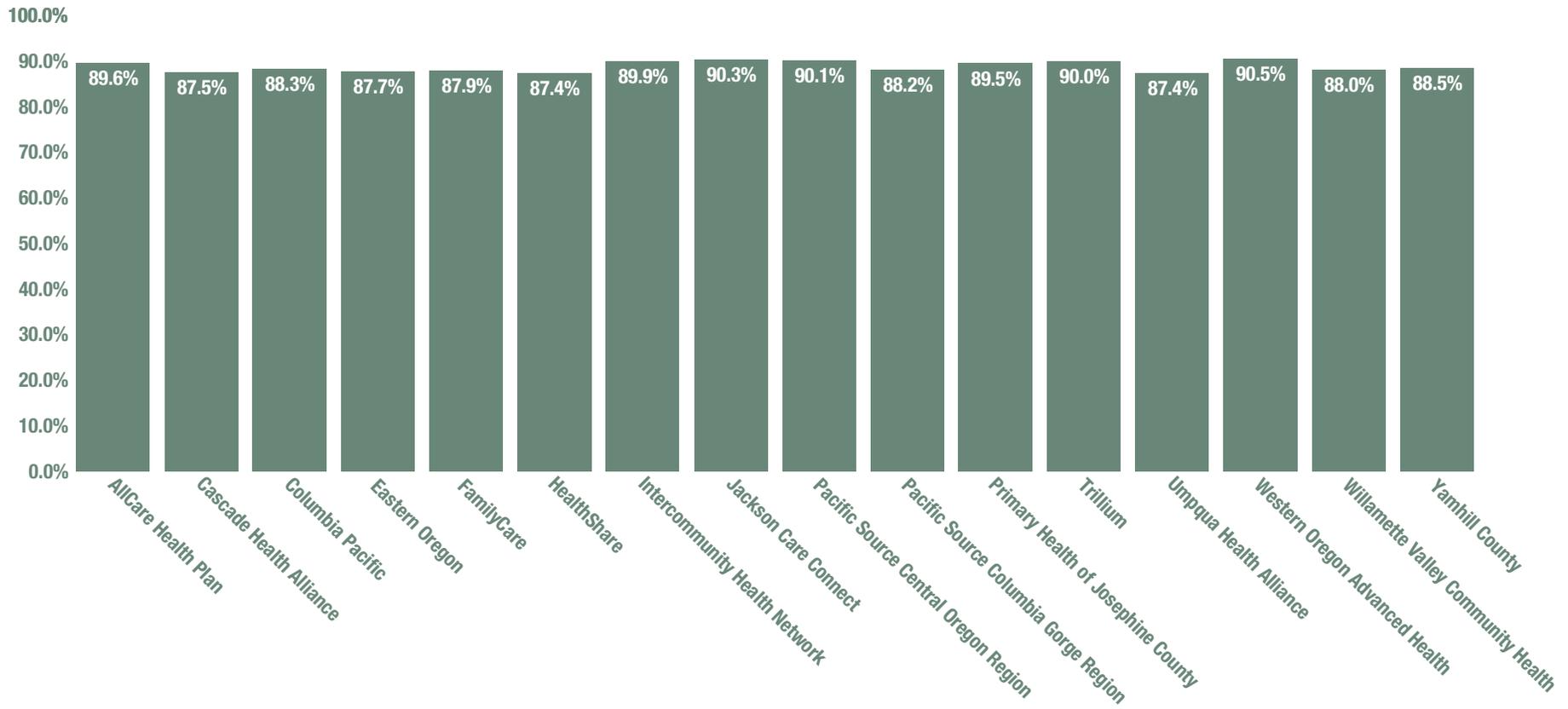
88.5%

n=233,182

0.0%

100.0%

Data source: Administrative (billing) claims



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care practitioners, 12-24 months

Percentage of toddlers (ages 12–24 months) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and Improving primary care for all populations. Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

Benchmark

98.2%

2011 Baseline

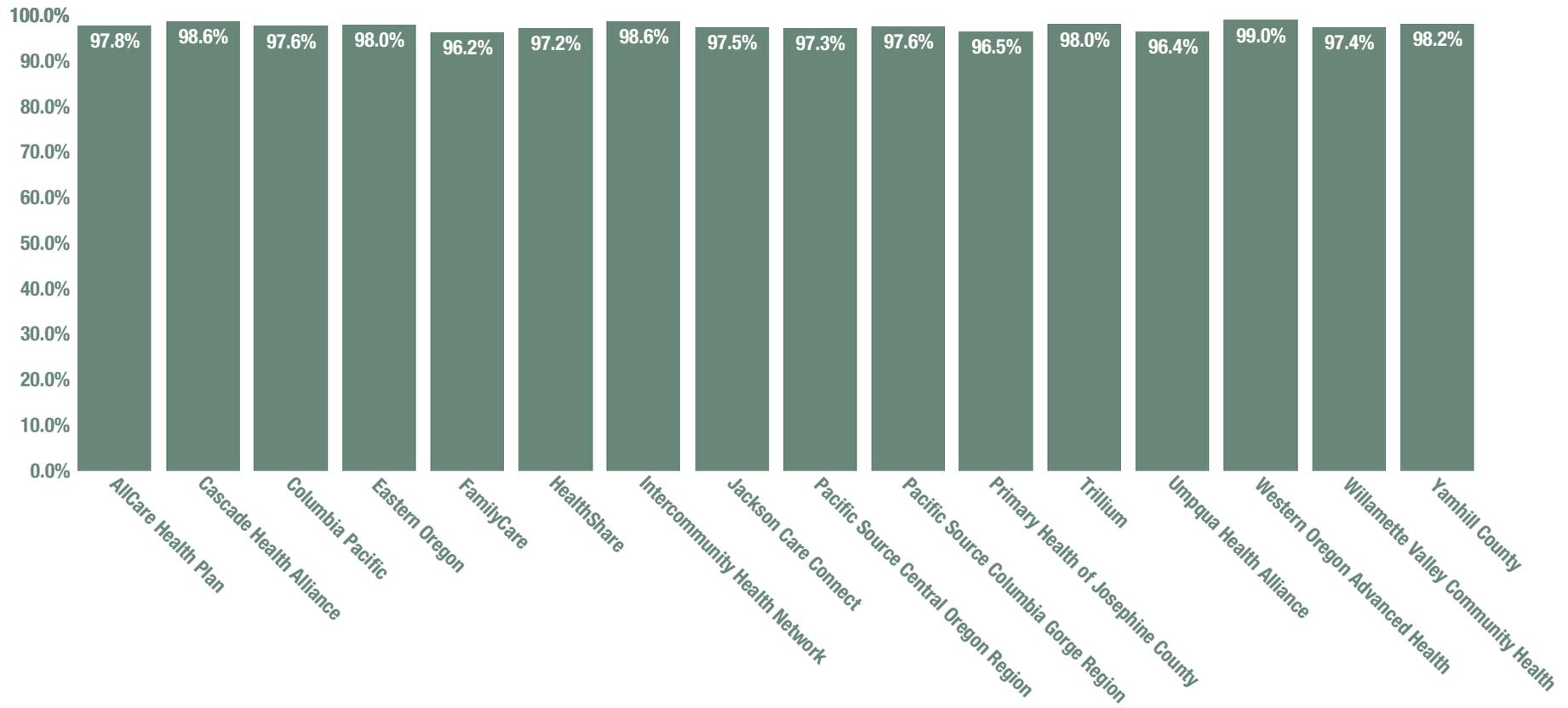
97.4%

0.0%

100.0%

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

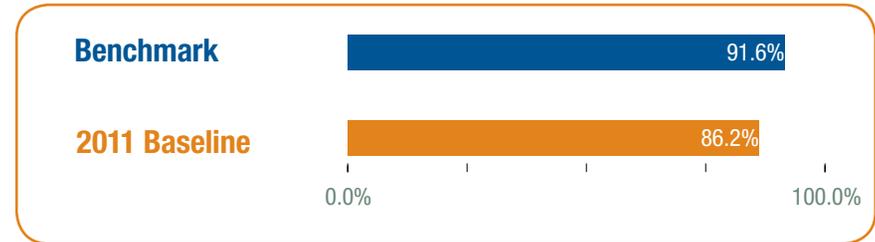
PERFORMANCE METRICS

State Performance Measures

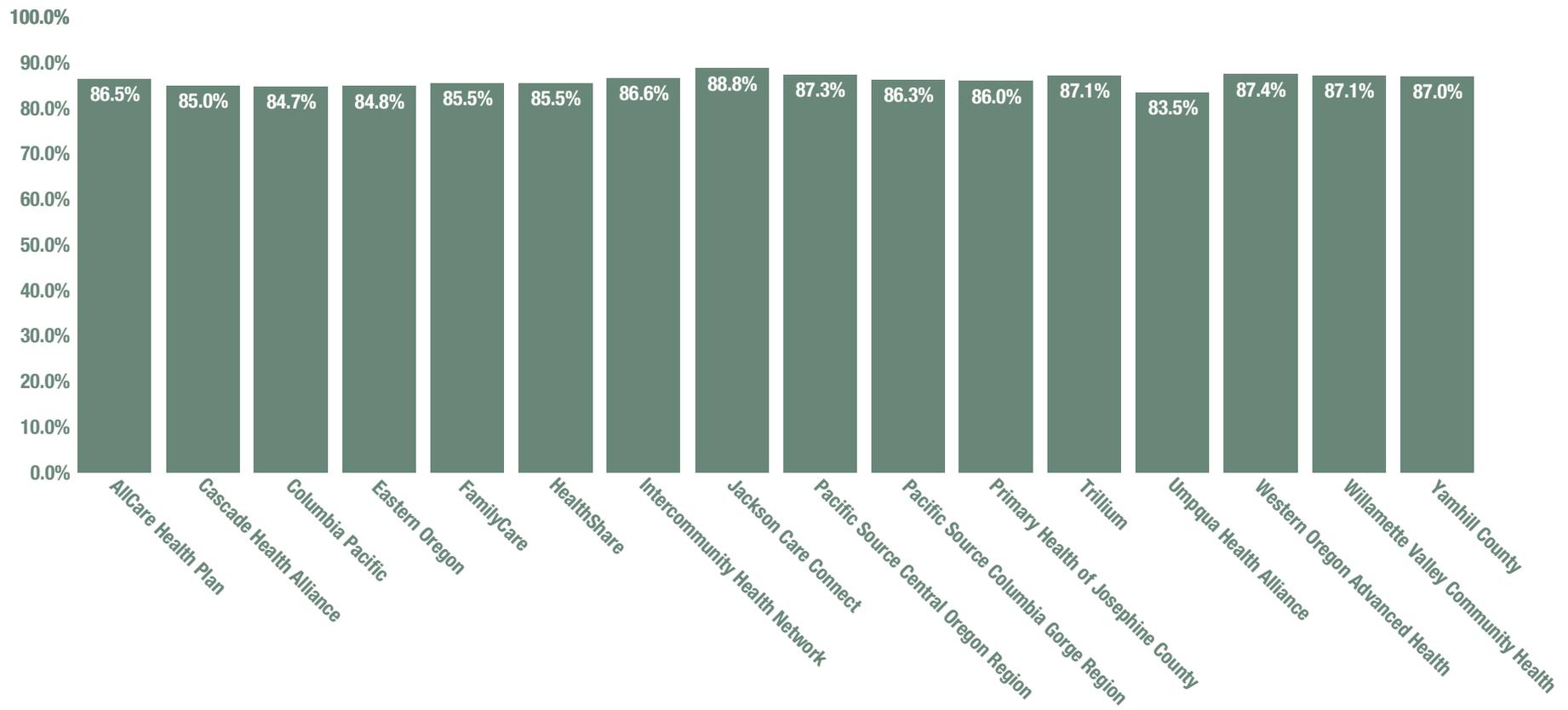
Child and adolescent access to primary care practitioners, 25 months – 6 years

Percentage of children (ages 25 months – 6 years years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and Improving primary care for all populations. Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.



Data source: Administrative (billing) claims
 Benchmark source: 2011 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

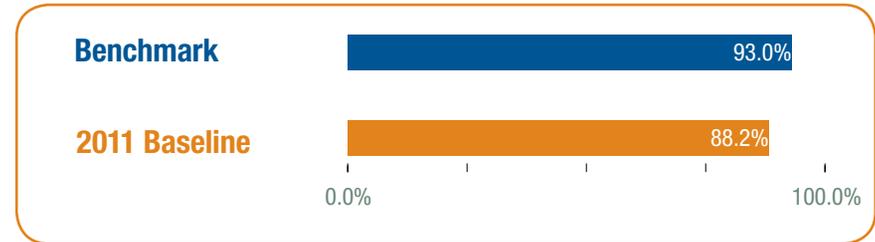
PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care practitioners, 7-11 years

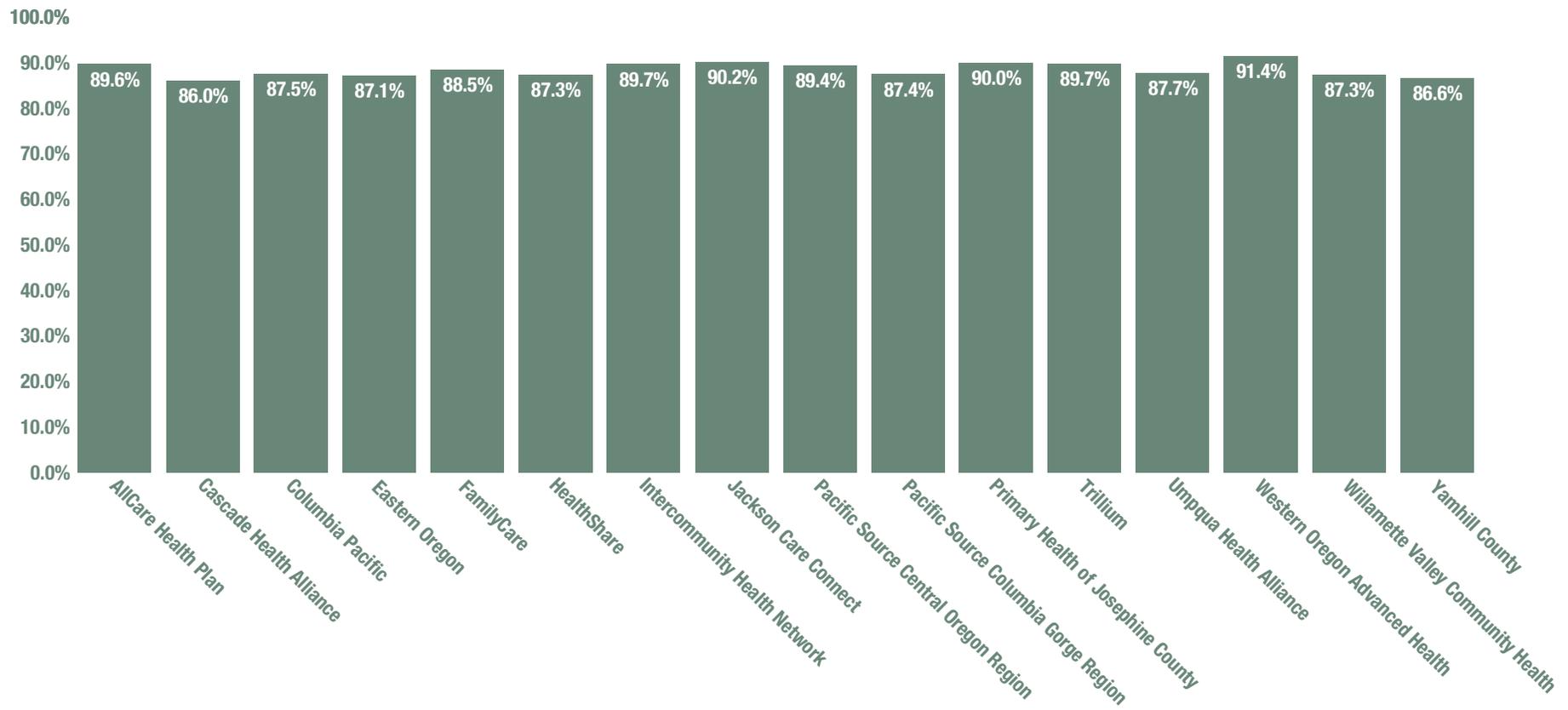
Percentage of children and adolescents (ages 7–11 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and Improving primary care for all populations. Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.



Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

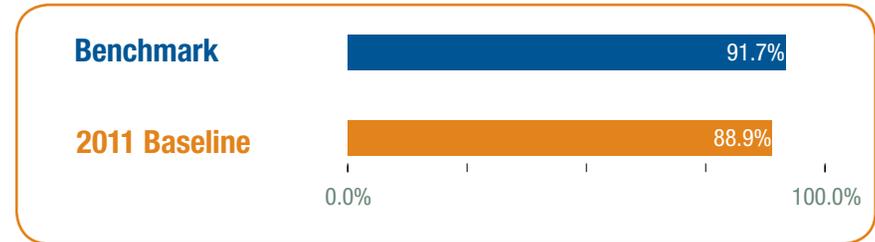
PERFORMANCE METRICS

State Performance Measures

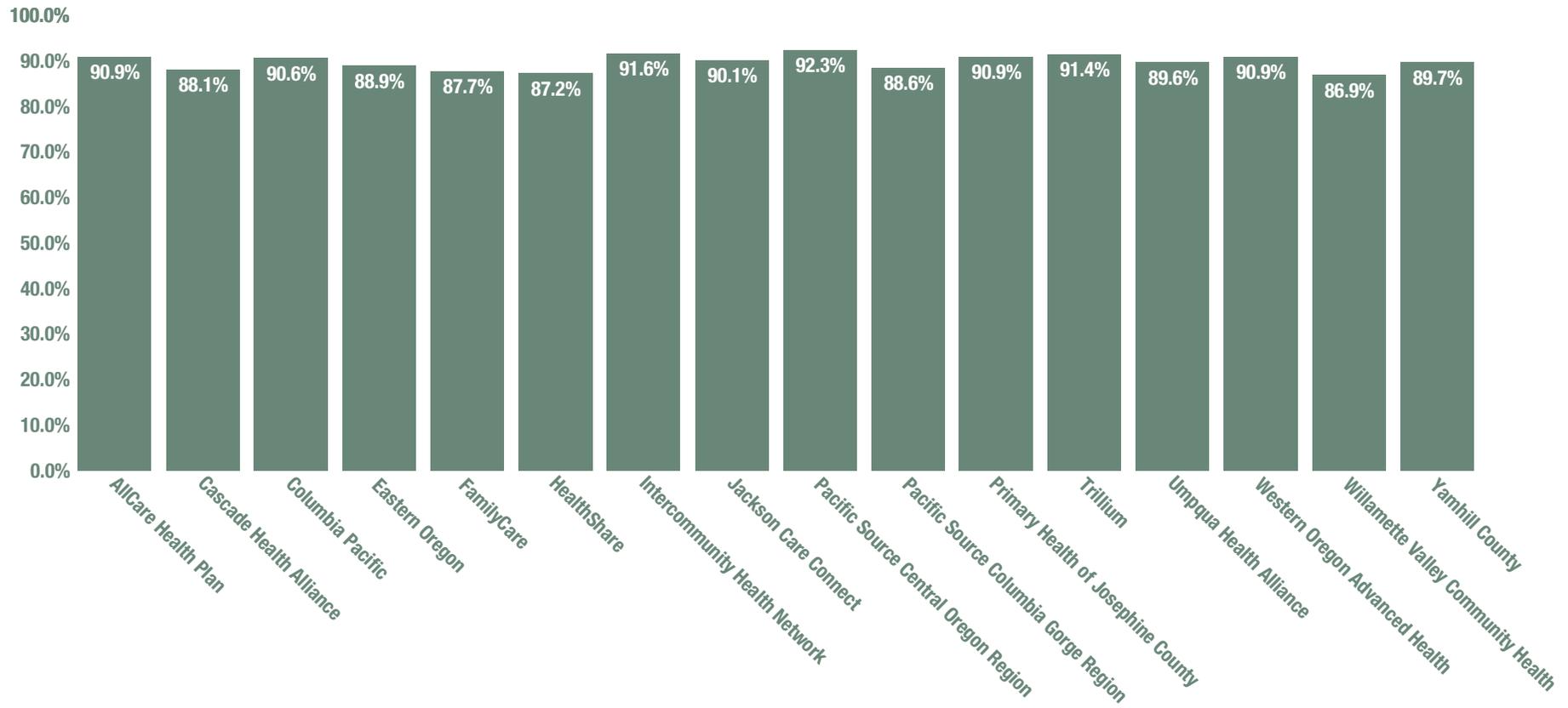
Child and adolescent access to primary care practitioners, 12-19 years

Percentage of adolescents (ages 12–19 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and Improving primary care for all populations. Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.



Data source: Administrative (billing) claims
 Benchmark source: 2011 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

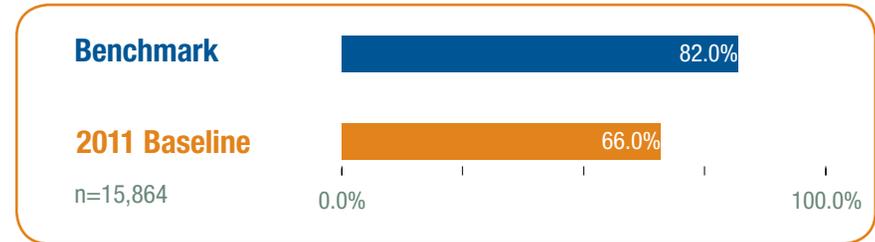
PERFORMANCE METRICS

State Performance Measures

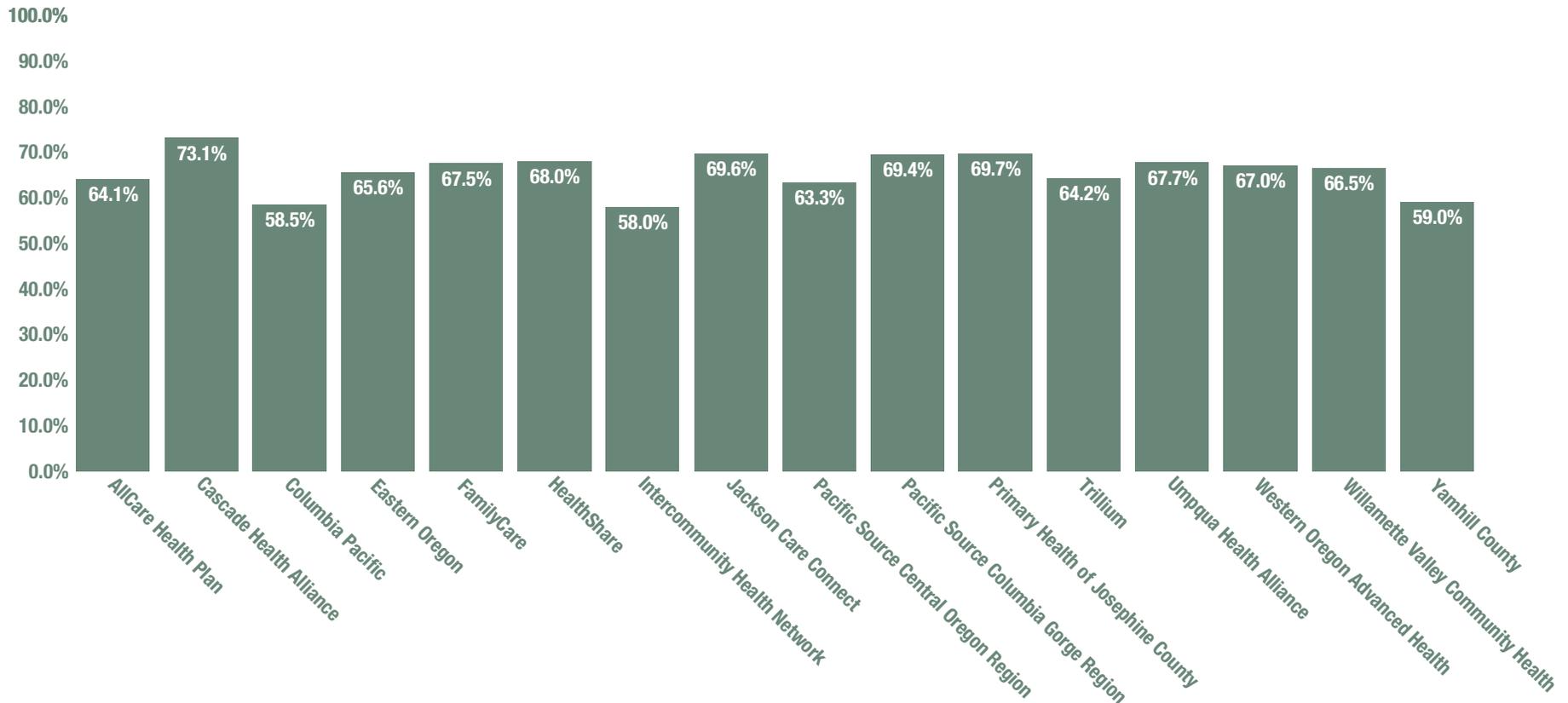
Childhood immunization status

Percentage of children who got recommended vaccines before their 2nd birthday.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Vaccines are one of the safest, easiest and most effective ways to protect children from potentially serious diseases. Vaccines are also cost-effective tools that help to prevent the spread of serious diseases which can sometimes lead to widespread public health threats.



Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

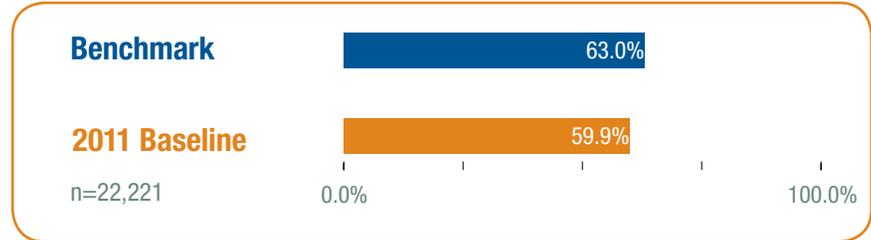
PERFORMANCE METRICS

State Performance Measures

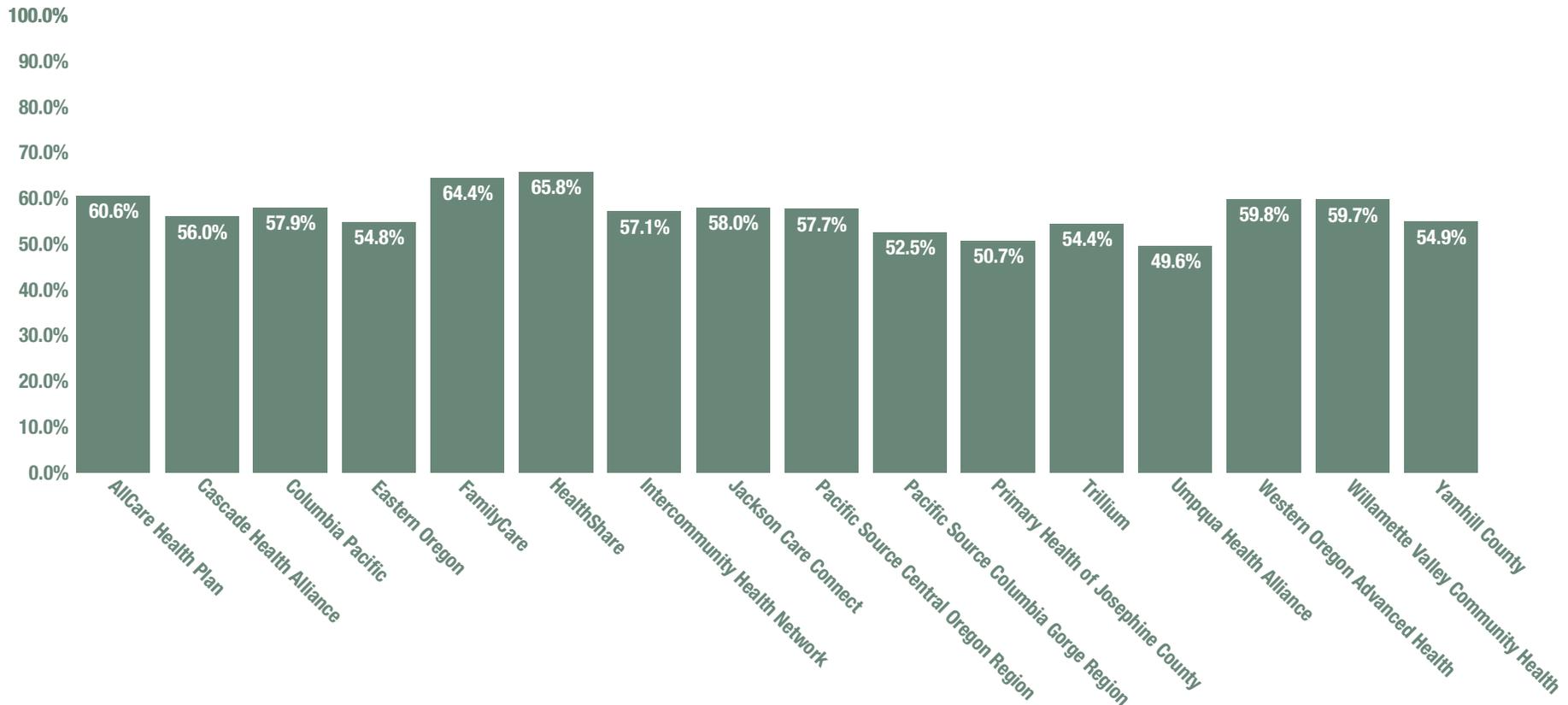
Chlamydia screening

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection.

Focus area: improving access to effective and timely care. Chlamydia is the most common reportable illness in Oregon. Since there are usually no symptoms, routine screening is important to find the disease early so that it can be treated and cured with antibiotics. If Chlamydia is not found and treated, it can lead to pelvic inflammatory disease, which can cause infertility.



Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

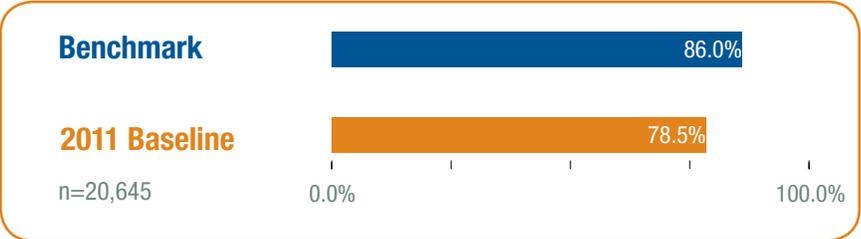
PERFORMANCE METRICS

State Performance Measures

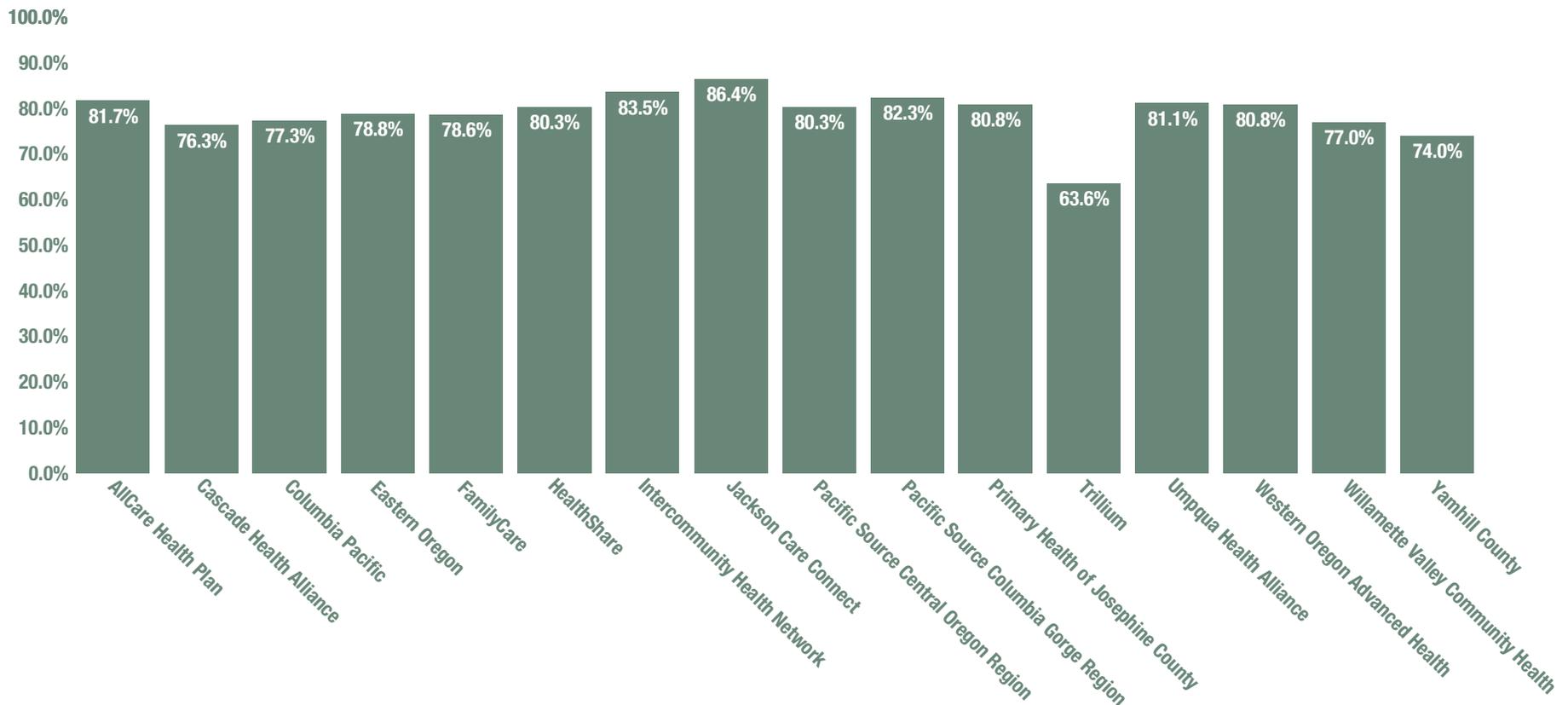
Comprehensive diabetes care: Hemoglobin A1c testing

Percentage of adult patients (ages 18-75) with diabetes who got at least one A1c blood sugar test.

Focus area: addressing discrete health issues. Controlling blood sugar levels is important to help people with diabetes manage their disease. It is also a key away to assess the overall effectiveness of diabetes care in Oregon. By improving the quality of care for diabetes, Oregon can help patients avoid complications and hospitalizations that lead to poor health and high costs.



Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

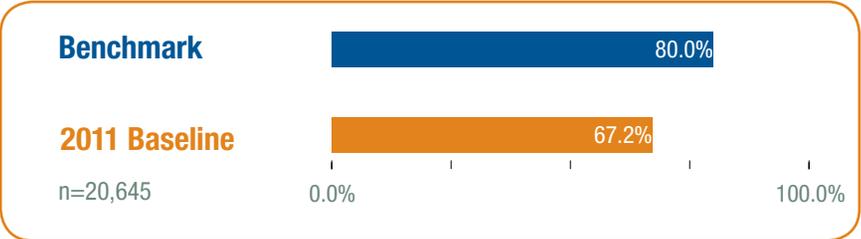
PERFORMANCE METRICS

State Performance Measures

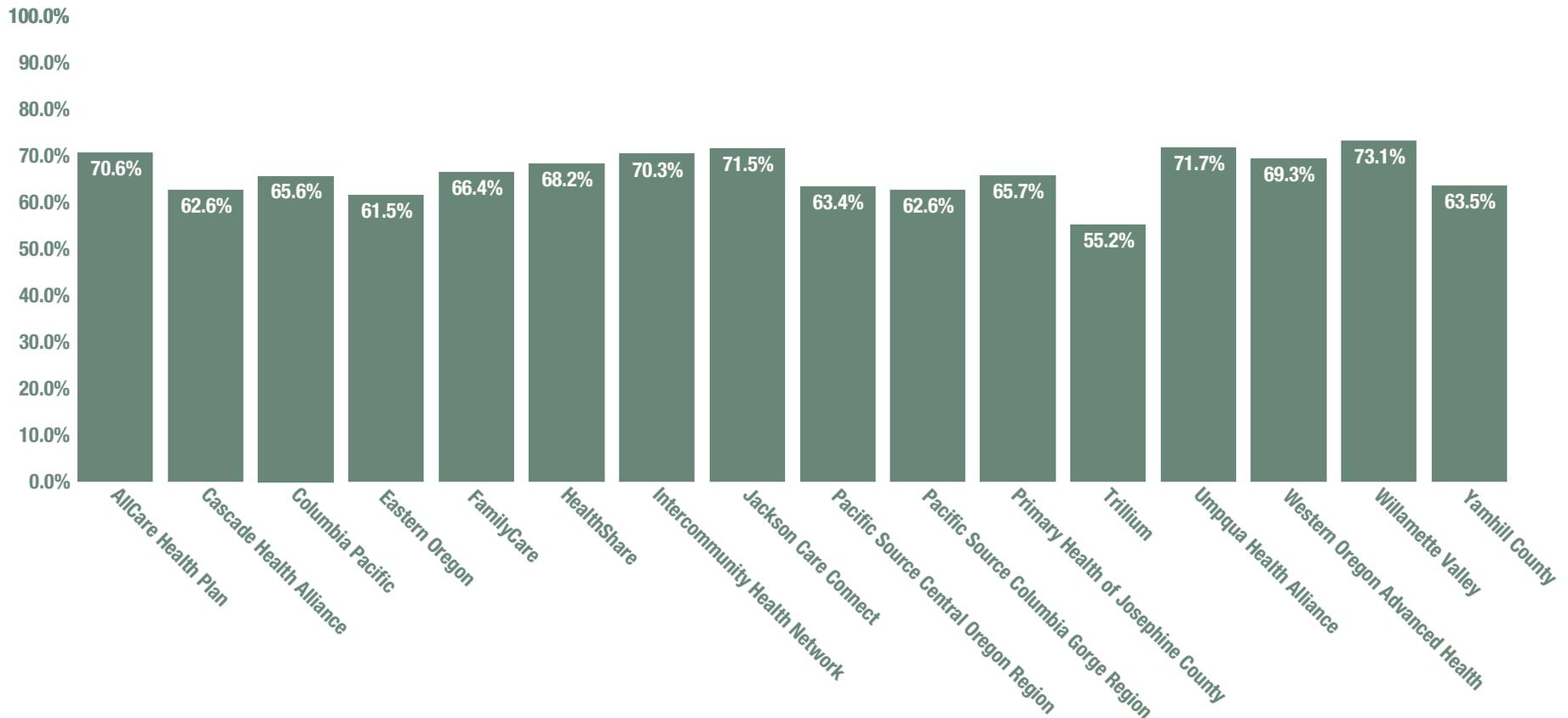
Comprehensive diabetes care: LDL-C screening

Percentage of adult patients (ages 18-75) with diabetes who got a LDL-C (cholesterol) test.

Focus area: addressing discrete health issues. This test helps people with diabetes manage their condition by measuring the level of 'bad cholesterol' (LDL-C) in the blood. Managing cholesterol levels can help people with diabetes avoid problems such as heart disease and stroke.



Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Immunizations for adolescents

Percentage of adolescents who got recommended vaccines before their 13th birthday.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Like young children, adolescents also benefit from immunizations. Vaccines are a safe, easy and cost-effective way to prevent serious disease. Vaccines are also cost-effective tools that help to prevent the spread of serious and sometimes fatal diseases.

Benchmark

70.8%

2011 Baseline

49.2%

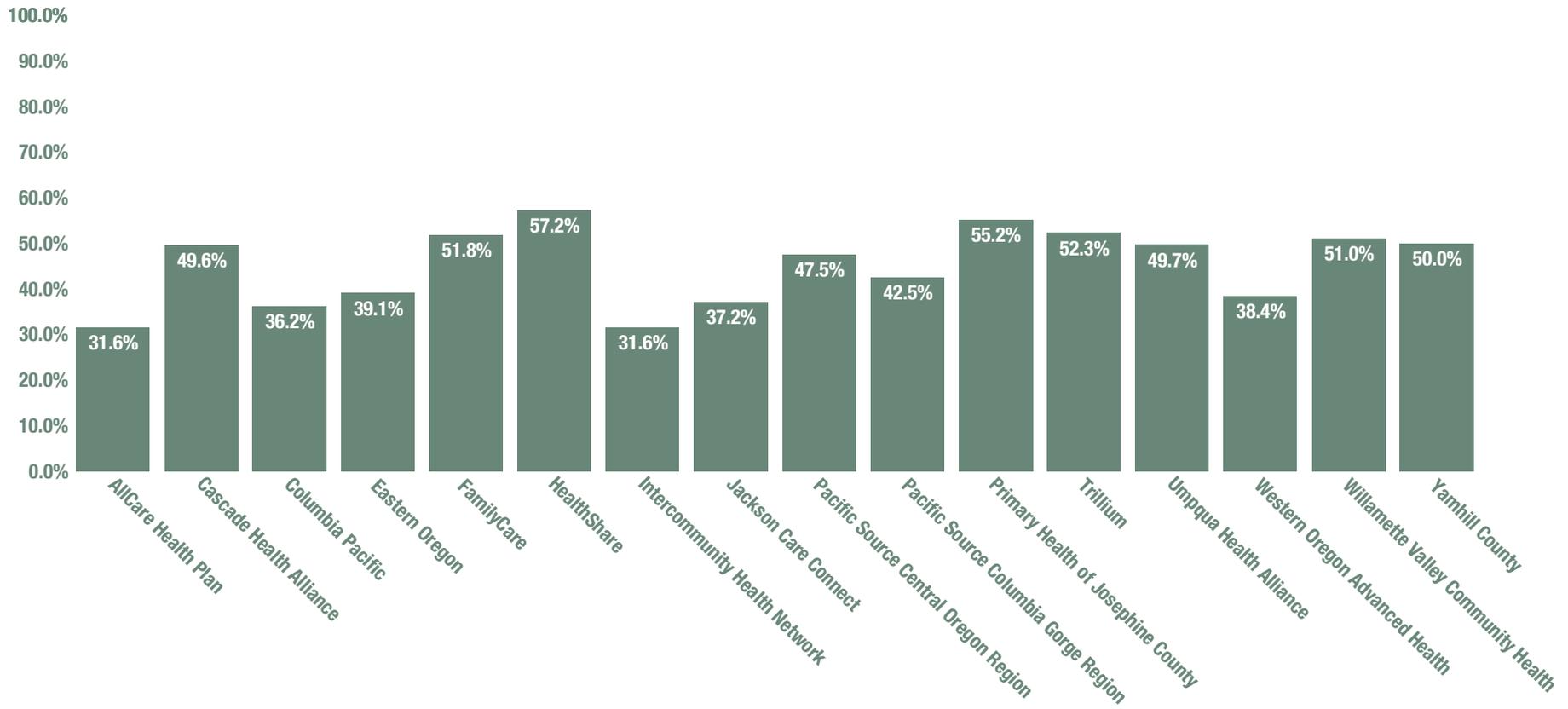
n=10,888

0.0%

100.0%

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

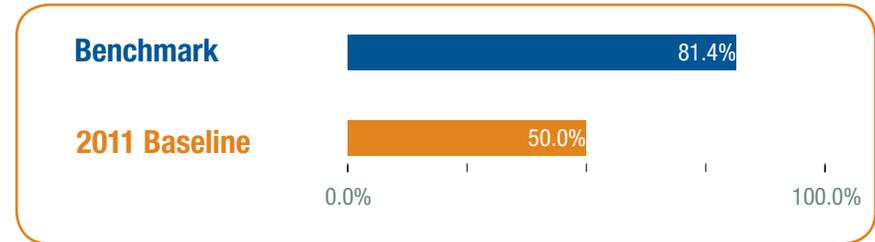
PERFORMANCE METRICS

State Performance Measures

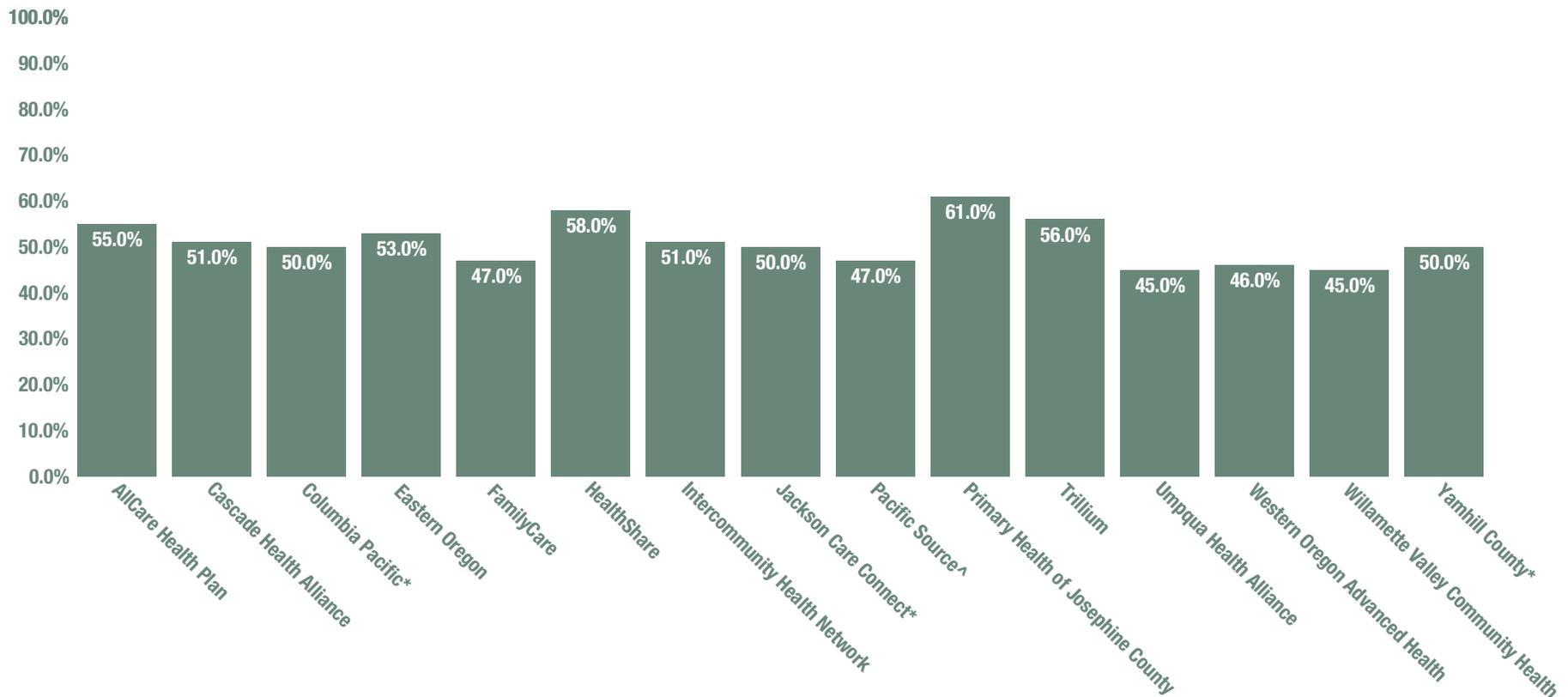
Medical assistance with smoking and tobacco use cessation

Component 1: Adult tobacco users advised to quit by their doctor.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 Benchmark source: 2012 National Medicaid 90th percentile



*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

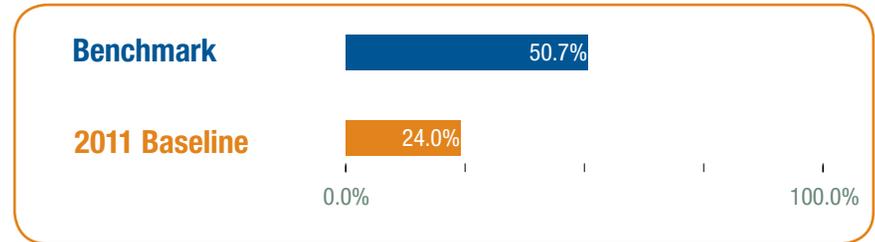
PERFORMANCE METRICS

State Performance Measures

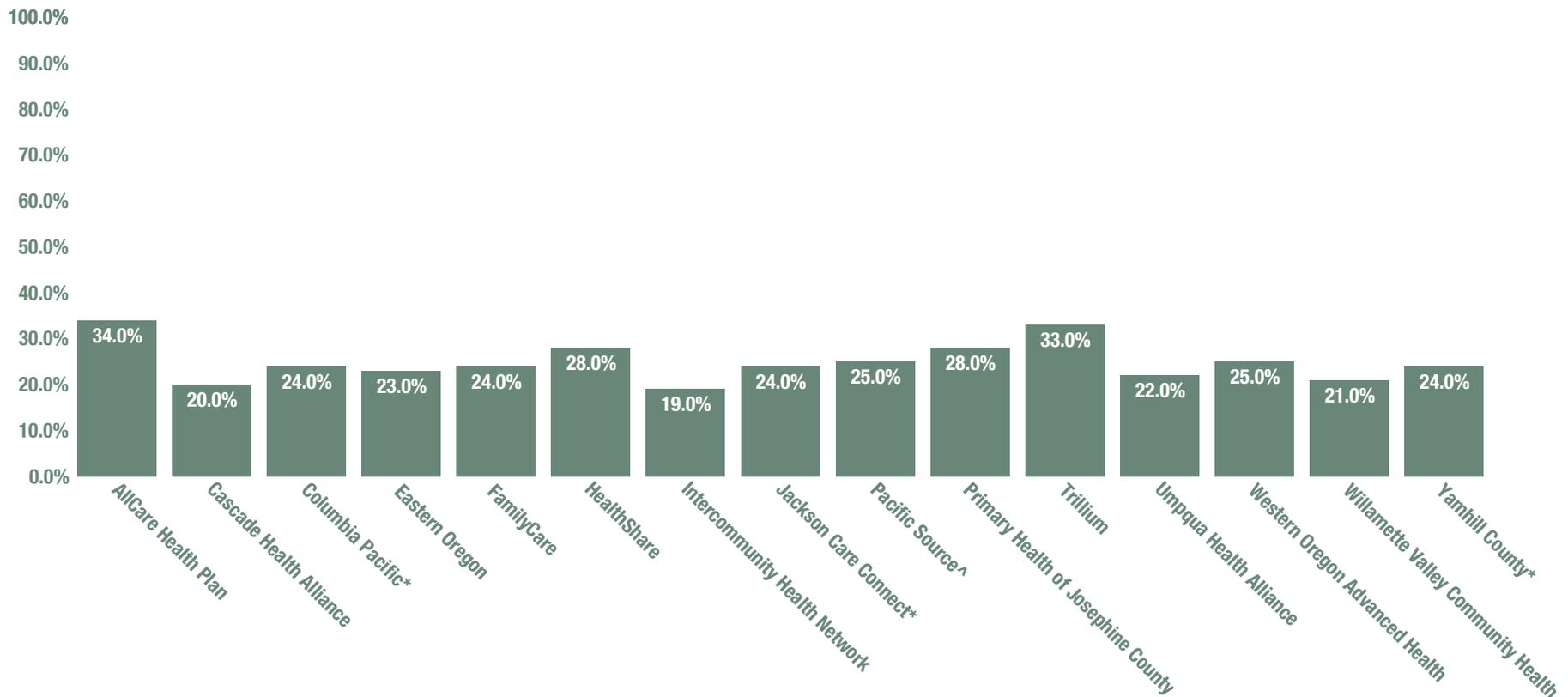
Medical assistance with smoking and tobacco use cessation

Component 2: Adult tobacco users whose doctor discussed or recommended medications to quit smoking.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 Benchmark source: 2012 National Medicaid 90th percentile



*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

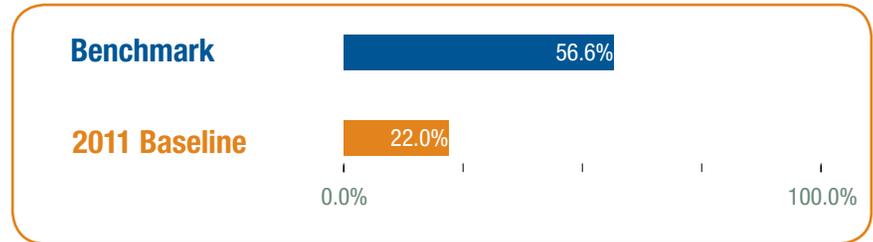
PERFORMANCE METRICS

State Performance Measures

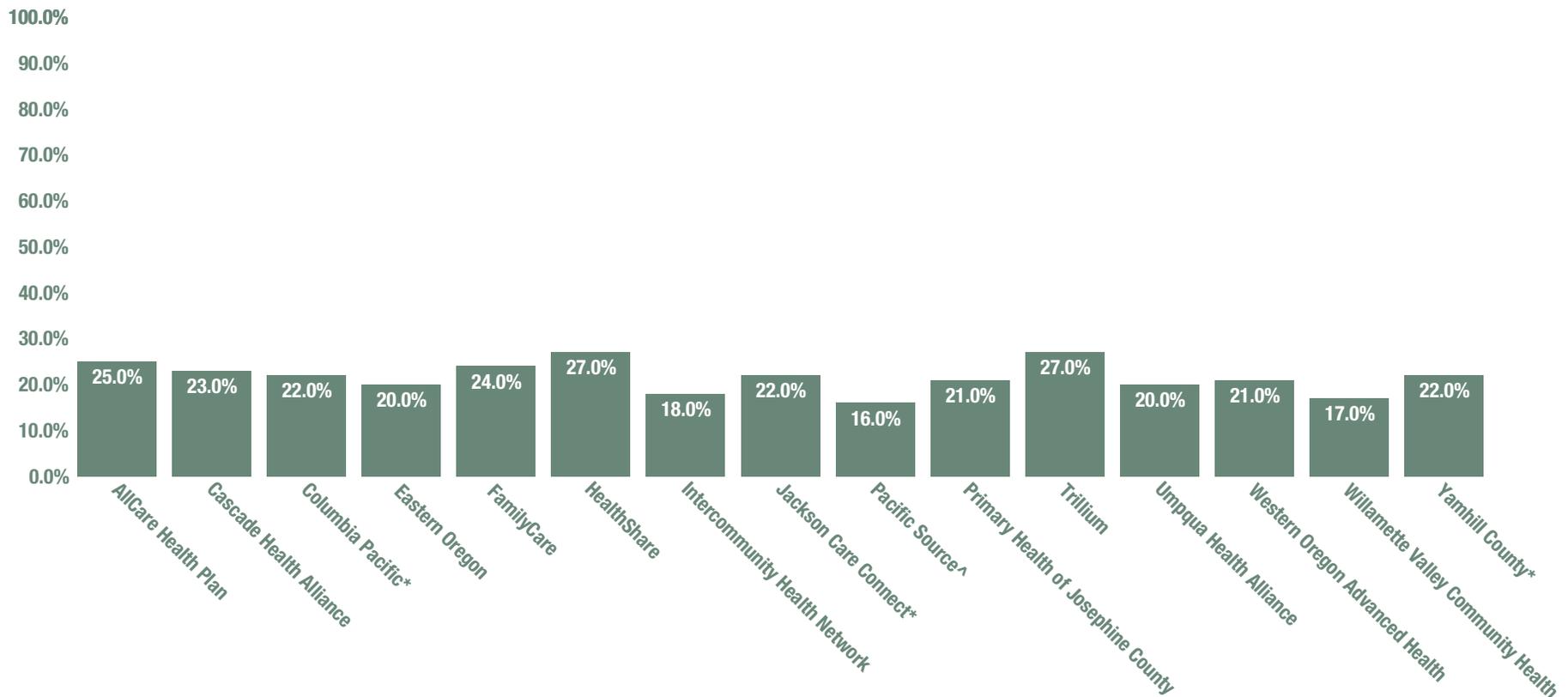
Medical assistance with smoking and tobacco use cessation

Component 3: Adult tobacco users whose doctor discussed or recommended strategies to quit smoking.

Focus areas: improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile



*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

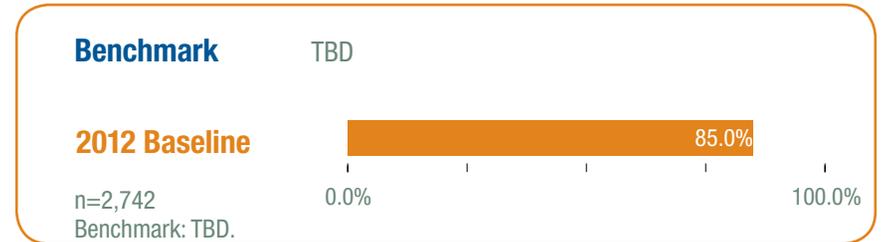
PERFORMANCE METRICS

State Performance Measures

Extent to which primary care providers are accepting new Medicaid patients*

Percentage of primary care providers that are accepting new Medicaid/Oregon Health Plan patients.

Focus area: improving access to effective and timely care. Access to primary care leads to better health outcomes and more affordable health care. Improving primary care access for low-income Oregonians can also help reduce health disparities and overall health care costs.



Data source: Physician Workforce Survey

*Accepting new Medicaid/OHP patients with both no limitations and some restrictions

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

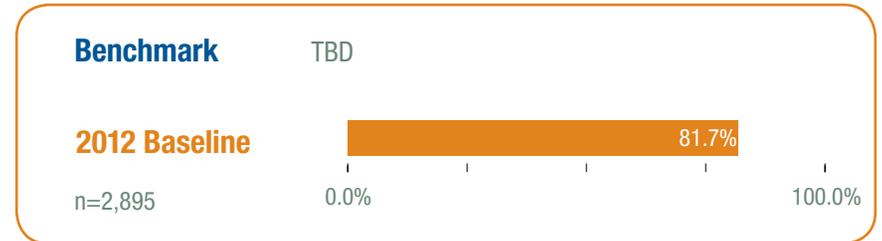
PERFORMANCE METRICS

State Performance Measures

Extent to which primary care providers currently see Medicaid patients*

Percentage of primary care providers that currently care for Medicaid/Oregon Health Plan patients.

Focus area: improving access to effective and timely care. Access to primary care leads to better health outcomes and more affordable health care. Improving primary care access for low-income Oregonians can also help reduce health disparities and overall health care costs.



*Excludes 'don't know' and missing
Data source: Physician Workforce Survey
n=2,895

*Excludes 'don't know' and missing

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

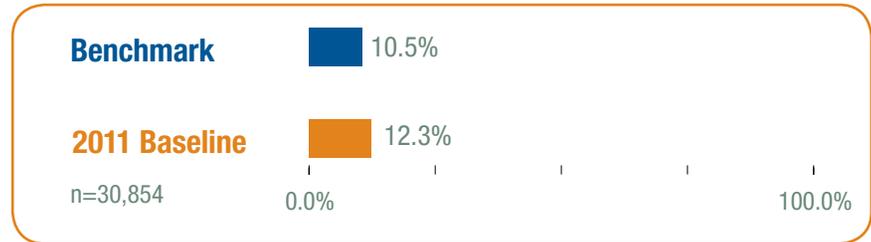
PERFORMANCE METRICS

State Performance Measures

Plan all-cause readmission

Percentage of adult patients (ages 18 and older) who had a hospital stay and had to go back into the hospital again for any reason within 30 days of discharge.

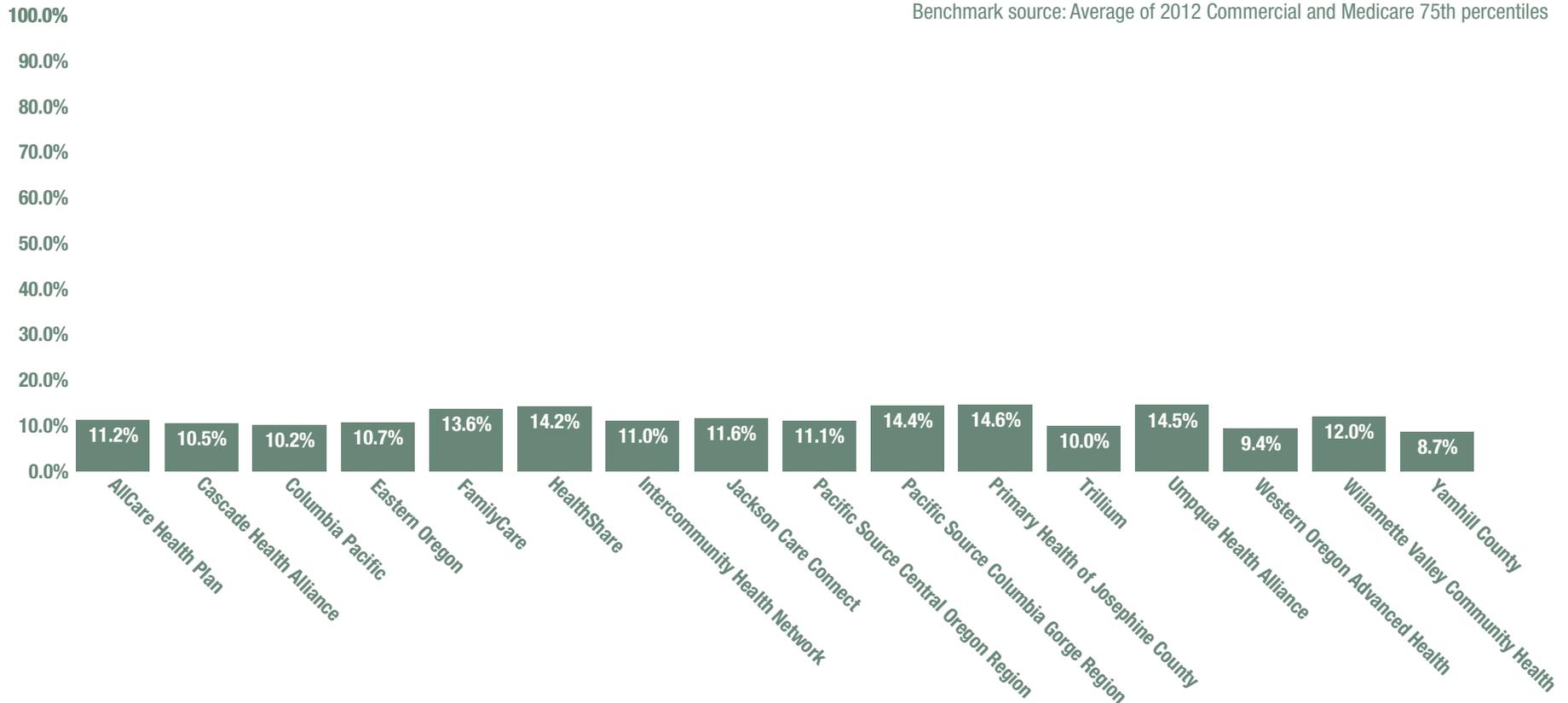
Focus area: reducing preventable re-hospitalizations. Some patients who leave the hospital end up being admitted again shortly thereafter. Often times, these costly and burdensome “readmissions” are avoidable. Reducing the preventable problems that send patients back to the hospital is the best way to keep patients at home and healthy.



(Lower score is better.)

Data source: Administrative (billing) claims

Benchmark source: Average of 2012 Commercial and Medicare 75th percentiles



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

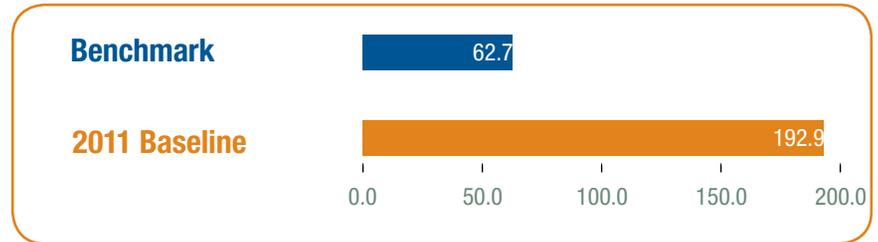
PERFORMANCE METRICS

State Performance Measures

Diabetes short term complications admission rate (PQI 1)*

Percentage of adult patients (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease.

Focus area: addressing discrete health issues. Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

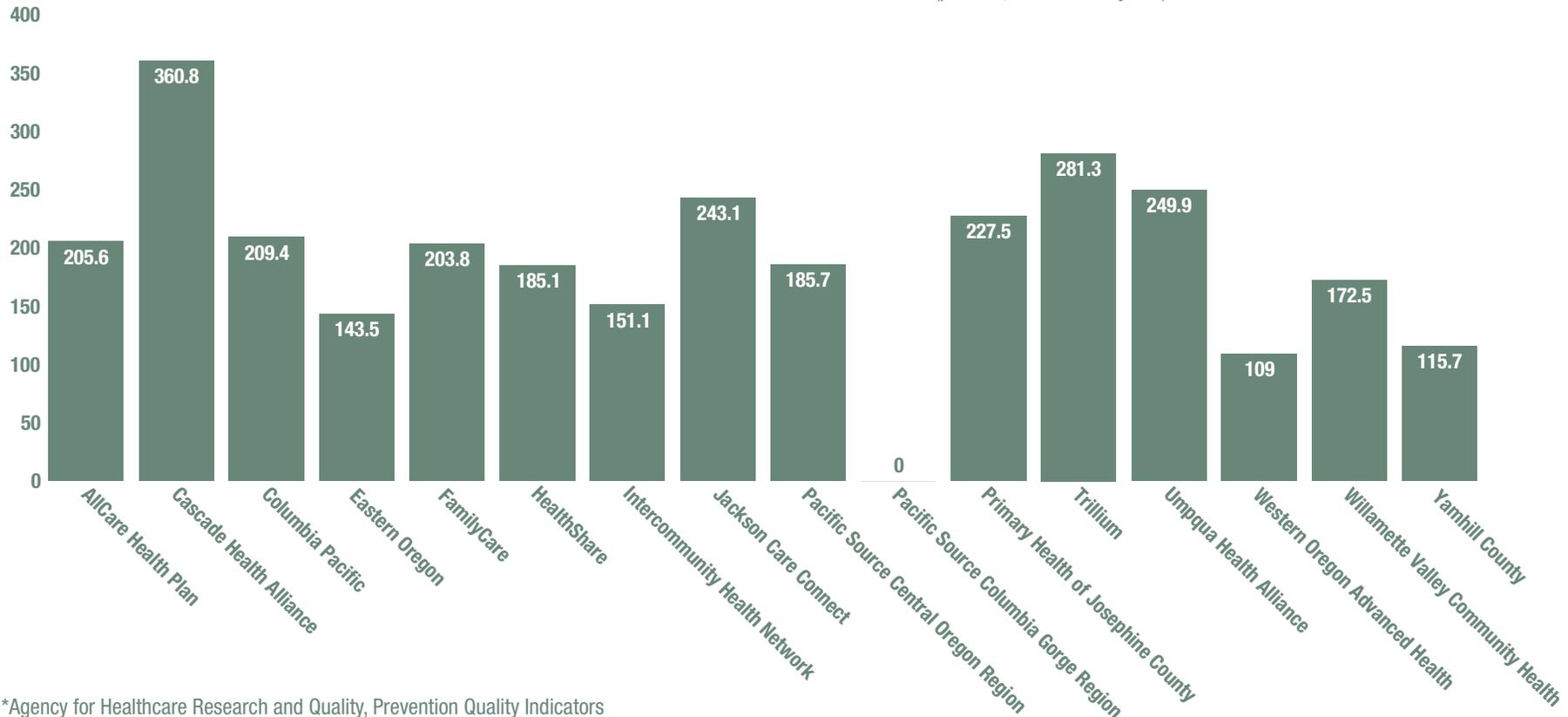


(Lower score is better.)

Data source: Administrative (billing) claims

Benchmark source: AHRQ 2009 National Inpatient Sample (NIS)

(per 100,000 member years)



*Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Chronic obstructive pulmonary disease or asthma admission rate (PQI 5)*

Percentage of adult patients (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma.

Focus area: addressing discrete health issues. Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Benchmark

559.0

2011 Baseline

454.6

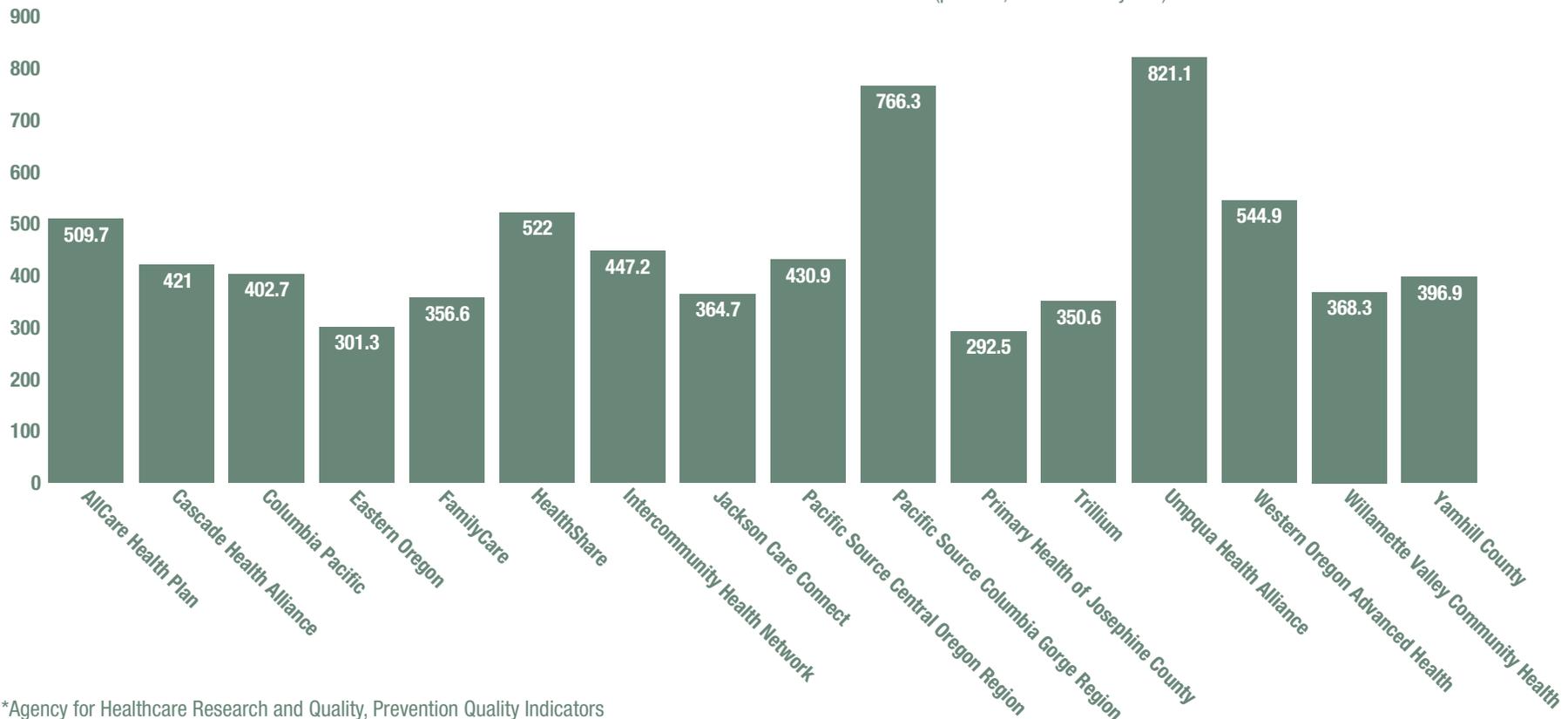
0.0 200.0 400.0 600.0

(Lower score is better.)

Data source: Administrative (billing) claims

Benchmark source: AHRQ 2009 National Inpatient Sample (NIS)

(per 100,000 member years)



*Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Congestive heart failure admission rate (PQI 8)*

Percentage of adult patients (ages 18 and older) who had a hospital stay because of congestive heart failure.

Focus area: addressing discrete health issues. Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Benchmark

380.7

2011 Baseline

336.9

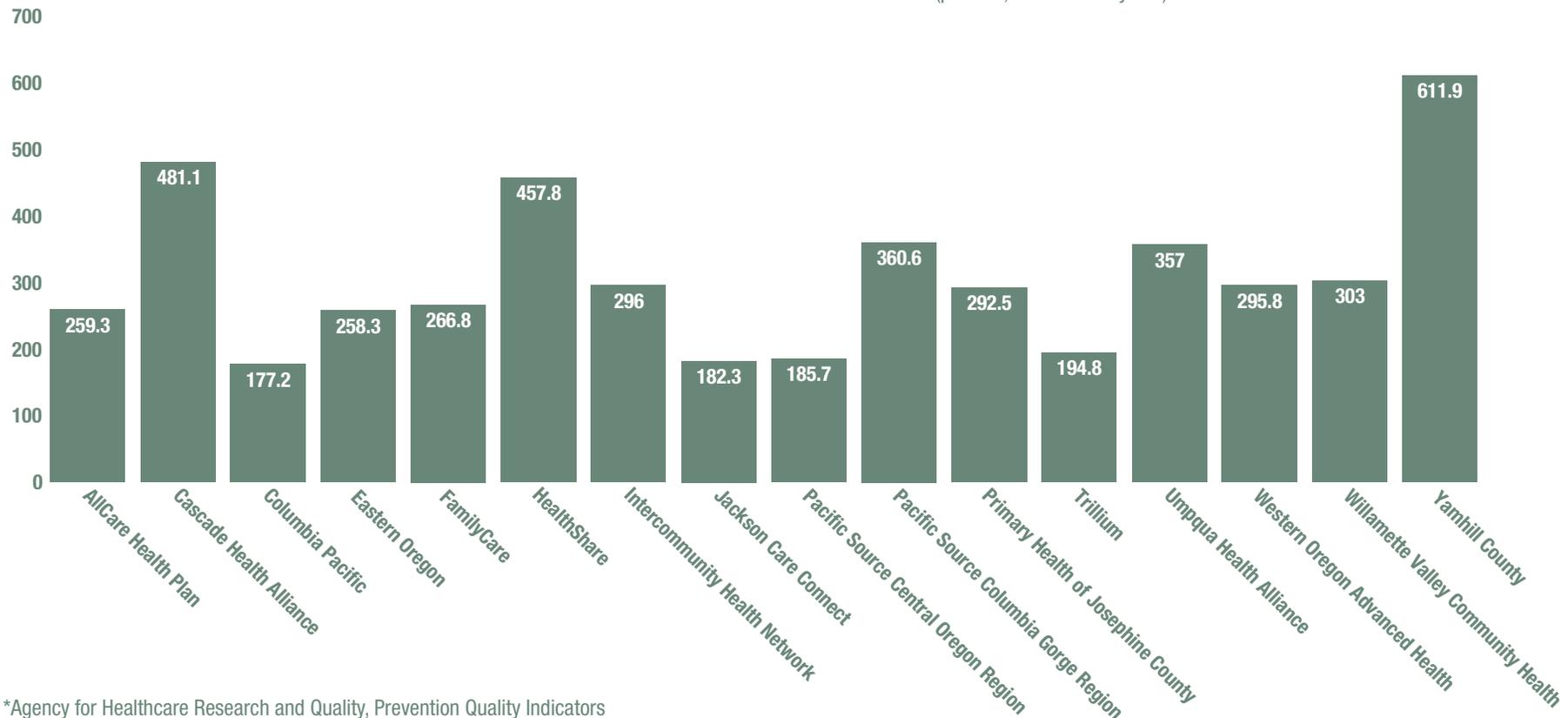
0.0 100.0 200.0 300.0 400.0

(Lower score is better.)

Data source: Administrative (billing) claims

Benchmark source: AHRQ 2009 National Inpatient Sample (NIS)

(per 100,000 member years)



*Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Adult asthma admission rate (PQI 15)*

Percentage of adult patients (ages 18-39) who had a hospital stay because of asthma.

Focus area: addressing discrete health issues. Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Benchmark

63.4

2011 Baseline

53.4

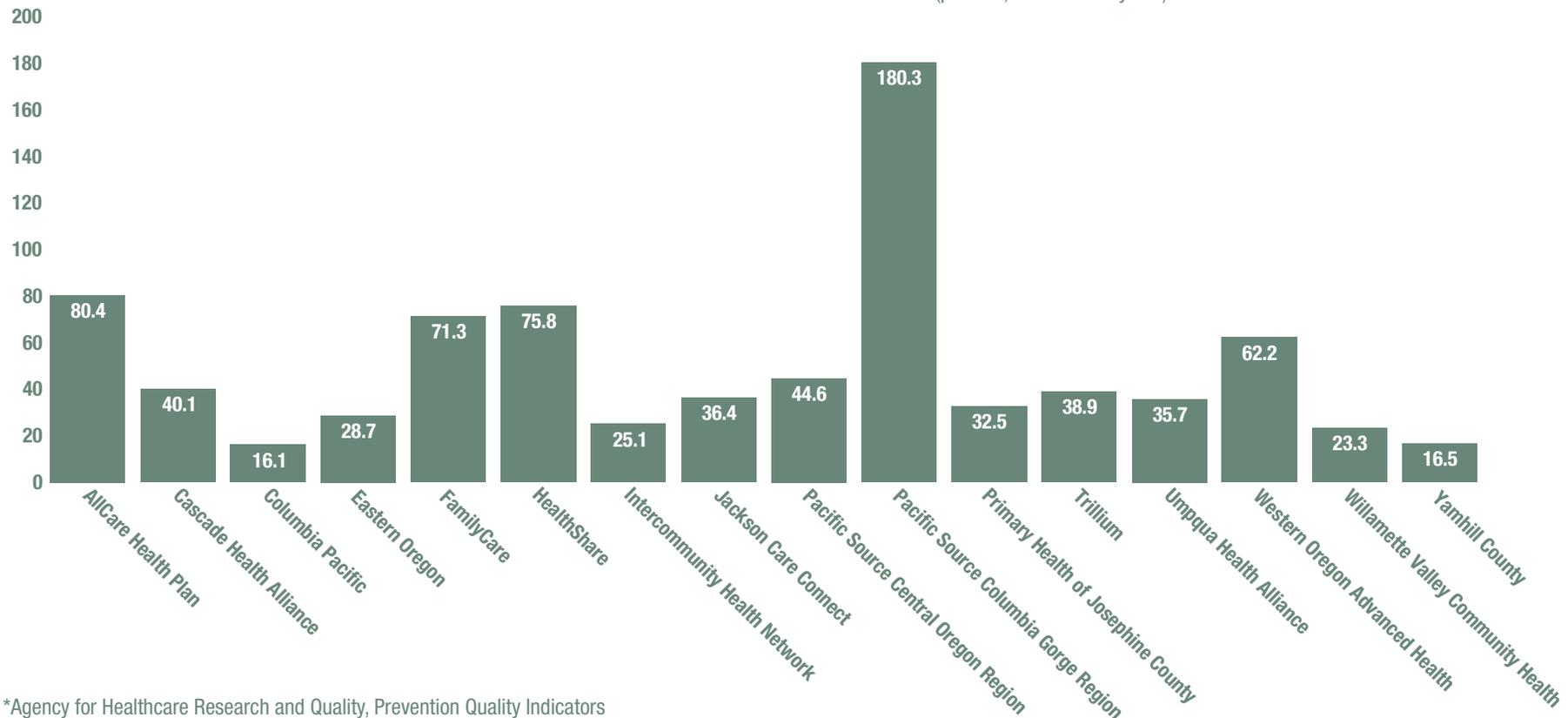
0.0

100.0

(Lower score is better.)

Data source: Administrative (billing) claims

Benchmark source: AHRQ 2009 National Inpatient Sample (NIS)
(per 100,000 member years)



*Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Well-child visits in the first 15 months of life

Percentage of children up to 15 months old who had at least six well-child visits with a health care provider.

Focus areas: improving access to effective and timely care, improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings. Regular well-child visits are one of the best ways to detect physical, developmental, behavioral and emotional problems in infants. They are also an opportunity for providers to offer guidance and counseling to parents.

Benchmark

77.3%

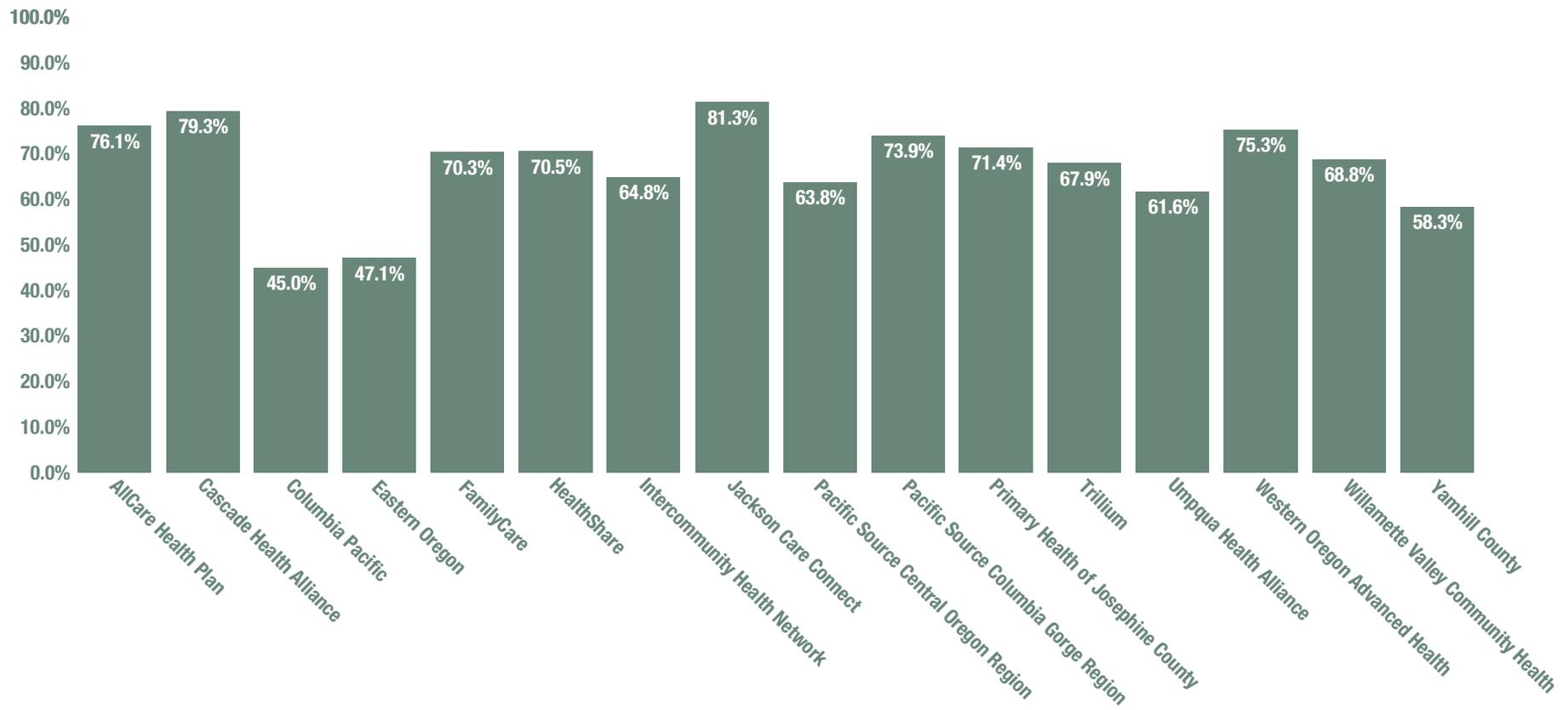
2011 Baseline

68.3%

n=20,278

0.0%

100.0%



Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile

PERFORMANCE METRICS

Preliminary Quarterly Data

AMBULATORY CARE

AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION	OREGON PRE-CCO BASELINE*	OCT-DEC 2012*	JAN-MARCH 2013*
BENCHMARK	44.4/1,000MM**		
AllCare Health Plan	56.9	37.2	44.2
Cascade Health Alliance	41.4	38.2	35.9
Columbia Pacific	58.2	52.0	56.4
Eastern Oregon	65.7	61.4	69.1
FamilyCare	57.4	49.8	47.3
HealthShare	64.6	56.6	60.9
Intercommunity Health Network	58.2	51.6	53.6
Jackson Care Connect	58.1	53.6	55.7
PacificSource^	61.6	51.9	58.0
Primary Health of Josephine Co	57.2	46.1	48.7
Trillium	55.5	51.4	55.1
Umpqua Health Alliance	86.4	74.4	59.1
Western Oregon Advanced Health	59.7	57.7	58.9
Willamette Valley Community Health	55.4	44.5	44.2
Yamhill County	77.7	54.0	65.9
STATEWIDE	61.0	52.5	55.2

* Rates per 1,000 member months. Lower scores are better.

^ Cannot report PacificSource regions separately for this measure.

** Benchmark source: 2011 National Medicaid 90th percentile

Note: Quarterly data were extracted in April 2013, very close to the end of the quarter. Rates will fluctuate as additional claims are submitted.

PERFORMANCE METRICS

Preliminary Quarterly Data

AMBULATORY CARE

AMBULATORY CARE: OUTPATIENT UTILIZATION	OREGON PRE-CCO BASELINE*	OCT-DEC 2012*	JAN-MARCH 2013*
BENCHMARK	439.0/1,000MM**		
AllCare Health Plan	406.5	230.5	286.5
Cascade Health Alliance	409.6	409.1	409.1
Columbia Pacific	412.3	342.9	366.0
Eastern Oregon	339.6	288.3	323.9
FamilyCare	296.9	290.9	325.2
HealthShare	363.0	333.0	361.5
Intercommunity Health Network	404.1	310.1	309.0
Jackson Care Connect	373.3	337.6	364.5
PacificSource^	363.0	322.1	387.8
Primary Health of Josephine Co	337.9	167.3	325.2
Trillium	375.0	343.0	364.1
Umpqua Health Alliance	396.7	356.6	366.5
Western Oregon Advanced Health	384.2	300.5	327.2
Willamette Valley Community Health	357.6	351.9	386.4
Yamhill County	356.2	273.8	331.8
STATEWIDE	364.2	322.3	353.5

* Rates per 1,000 member months

^ Cannot report PacificSource regions separately for this measure.

** Benchmark source: 2011 National Medicaid 90th percentile

Note: Quarterly data were extracted in April 2013, very close to the end of the quarter. Rates will fluctuate as additional claims are submitted.

PERFORMANCE METRICS

Preliminary Quarterly Data

PREVENTION QUALITY INDICATORS

PREVENTION QUALITY INDICATORS (RATES PER 100,000 MEMBER YEARS)	OREGON PRE-CCO BASELINE	STATE BENCHMARK*	OCT-DEC 2012	JAN-MARCH 2013
PQI 1: Diabetes short term complications admission rate	62.7	192.9	242.4	206.7
PQI 5: COPD admission rate	559.0	454.6	334.2	355.7
PQI 8: Congestive heart failure admission rate	380.7	336.9	254.1	242.1
PQI 15: Adult asthma admission rate	63.4	53.4	62.5	42.8

(Lower scores are better.)

* Benchmark source: Agency for Healthcare Research and Quality 2009 National Inpatient Sample (NIS)

FINANCIAL DATA

Quarterly Data

UTILIZATION DATA

CATEGORY	OREGONPRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012*	JAN-MARCH 2013*
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)				
Inpatient – Medical / General – Patient Days	1157.9	In Development	157.4	167.4
Inpatient – Medical / Rehabilitation – Patient Days	2.8	In Development	3.0	2.3
Inpatient – Surgical – Patient Days	81.9	In Development	71.1	60.4
Inpatient – Maternity / Normal Delivery – Patient Days	47.8	In Development	42.5	42.8
Inpatient – Maternity / C-Section Delivery – Patient Days	23.8	In Development	16.6	17.8
Inpatient – Maternity / Non-Delivery – Patient Days	8.9	In Development	6.4	6.7
Inpatient – Newborn / Well – Patient Days	39.9	In Development	34.7	35.9
Inpatient – Newborn / With Complications – Patient Days	51.0	In Development	40.9	27.7
Inpatient – Mental Health / Psychiatric – Patient Days	53.2	In Development	49.4	36.2
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	5.7	In Development	5.9	4.1
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	2,644.6	In Development	3,038.0	3,279.4
Outpatient – Specialty Care Visits	4,168.3	In Development	3,915.0	3,799.0
Outpatient – Mental Health Visits	885.4	In Development	962.2	601.2
Outpatient – Dental Visits (preventative)	505.3	In Development	Data Pending	Data Pending
Outpatient – Emergency Dept Visits	See focus area under quality and access			
Outpatient – Pharmacy Prescriptions Filled	9,299.1	In Development	8,804.9	8,760.2
Outpatient – Labs and Radiology (Service Units)	4,856.0	In Development	4,510.7	4,803.2
Outpatient – Freestanding ASC Procedures	25.3	In Development	21.2	23.8

* Includes claim data received and processed through 6/28/13. At this point, there is no data on services that have happened, but have yet to be recorded or invoiced. This dashboard is also incomplete due to lags in submitting data to OHA. As a result, this data is very preliminary. The values will be recalculated and reported as additional data becomes available. This is the first step in collecting and sharing data, and future dashboards will be updated when more complete data is submitted.

**Oregon baseline measures are state-wide values from CY 2011 and are based on data before health transformation began and CCOs were formed.

FINANCIAL DATA

Quarterly Data

COST DATA

CATEGORY	OREGONPRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012*	JAN-MARCH 2013*
COST PER MEMBER PER MONTH				
Inpatient – Medical / General	\$22.08	In Development	\$24.72	\$25.88
Inpatient – Medical / Rehabilitation	\$0.24	In Development	\$0.24	\$0.18
Inpatient – Surgical	\$17.59	In Development	\$17.50	\$14.83
Inpatient – Maternity / Normal Delivery	\$5.58	In Development	\$6.27	\$5.94
Inpatient – Maternity / C-Section Delivery	\$2.82	In Development	\$2.62	\$2.86
Inpatient – Maternity / Non-Delivery	\$0.99	In Development	\$0.81	\$0.87
Inpatient – Newborn / Well	\$1.76	In Development	\$2.12	\$2.25
Inpatient – Newborn / With Complications	\$6.16	In Development	\$5.24	\$4.13
Inpatient – Mental Health / Psychiatric	\$3.90	In Development	\$3.16	\$2.45
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.41	In Development	\$0.49	\$0.35
Outpatient – Primary Care	\$34.36	In Development	\$35.44	\$37.14
Outpatient – Specialty Care	\$25.48	In Development	\$23.75	\$23.90
Outpatient – Mental Health	\$23.64	In Development	\$21.60	\$19.59
Outpatient – Dental	\$12.80	In Development	Data Pending	Data Pending
Outpatient – Emergency Department	\$9.73	In Development	\$7.76	\$7.90
Outpatient – Pharmacy Prescriptions	\$30.81	In Development	\$30.84	\$31.14
Outpatient – Labs and Radiology	\$21.70	In Development	\$18.56	\$19.30
Outpatient – Freestanding ASC Procedures	\$1.59	In Development	\$1.52	\$1.72
Outpatient – Health Related Services	\$0.00	In Development	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$28.80	In Development	\$23.65	\$25.07
Outpatient – All Other	\$20.87	In Development	\$20.50	\$21.04

* Includes claim data received and processed through 6/28/13. At this point, there is no data on services that have happened, but have yet to be recorded or invoiced. This dashboard is also incomplete due to lags in submitting data to OHA. As a result, this data is very preliminary. The values will be recalculated and reported as additional data becomes available. This is the first step in collecting and sharing data, and future dashboards will be updated when more complete data is submitted.

** Oregon baseline measures are state-wide values from CY 2011 and are based on data before health transformation began and CCOs were formed.

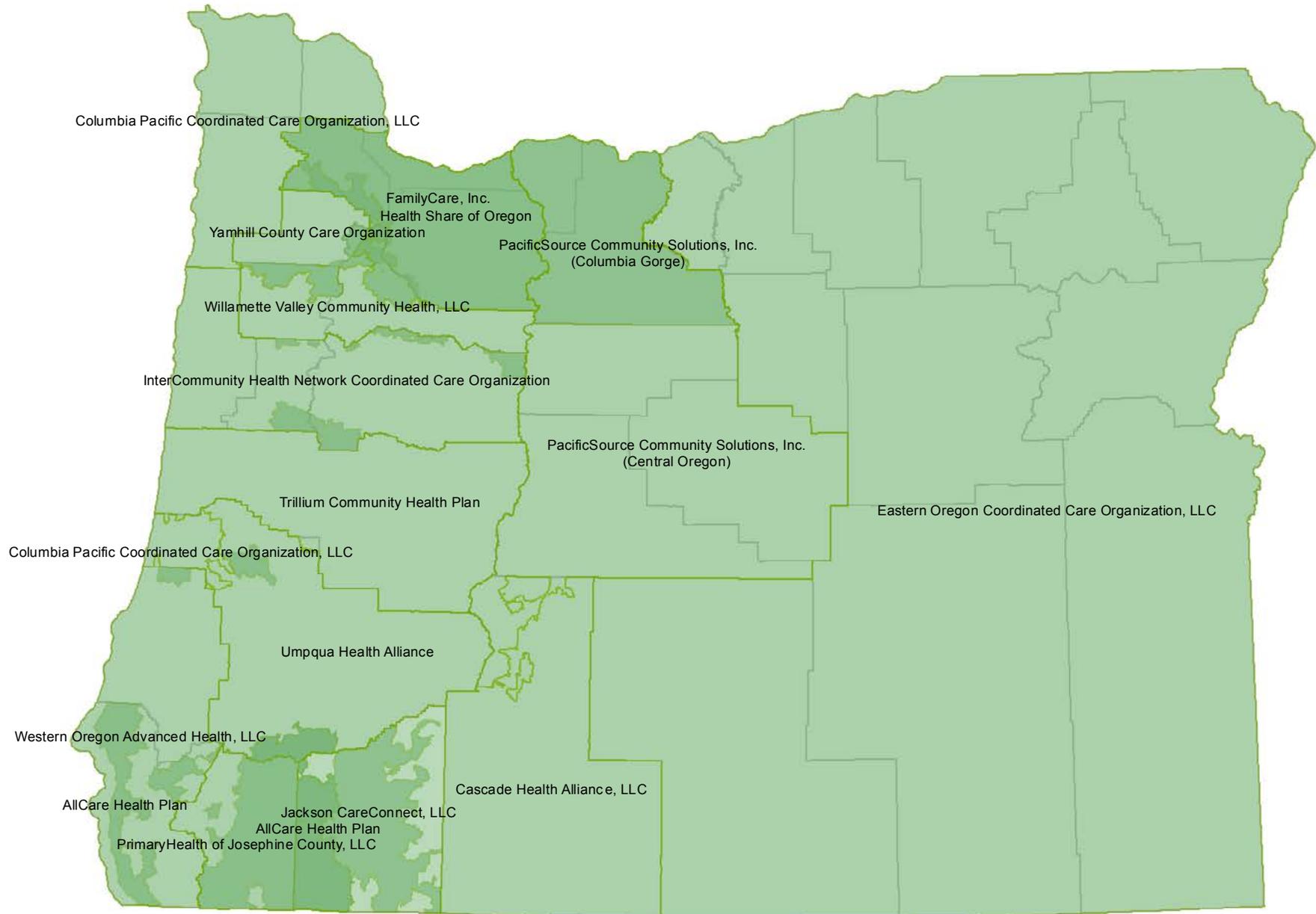
APPENDICES

Coordinated Care Organizations Service Areas

CCO Name	Service Area by County
AllCare Health Plan	Curry, Josephine, Jackson, Douglas (partial)
Cascade Health Alliance	Klamath County (partial)
Columbia Pacific Coordinated Care Organization	Clatsop, Columbia, Coos (partial), Douglas (partial), Tillamook
Eastern Oregon Coordinated Care Organization	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
FamilyCare	Clackamas, Marion (partial), Multnomah, Washington
Health Share of Oregon	Clackamas, Multnomah, Washington
Intercommunity Health Network CCO	Benton, Lincoln, Linn
Jackson Care Connect	Jackson
PacificSource Community Solutions (Central Oregon Region)	Crook, Deschutes, Jefferson, Klamath (partial)
PacificSource Community Solutions (Columbia Gorge Region)	Hood River, Wasco
PrimaryHealth of Josephine County	Douglas (partial), Jackson (partial), Josephine
Trillium Community Health Plan	Lane
Umpqua Health Alliance	Douglas (most)
Western Oregon Advanced Health	Coos, Curry
Willamette Valley Community Health	Marion, Polk (most)
Yamhill County CCO	Clackamas (partial), Marion (partial), Polk (partial), Yamhill

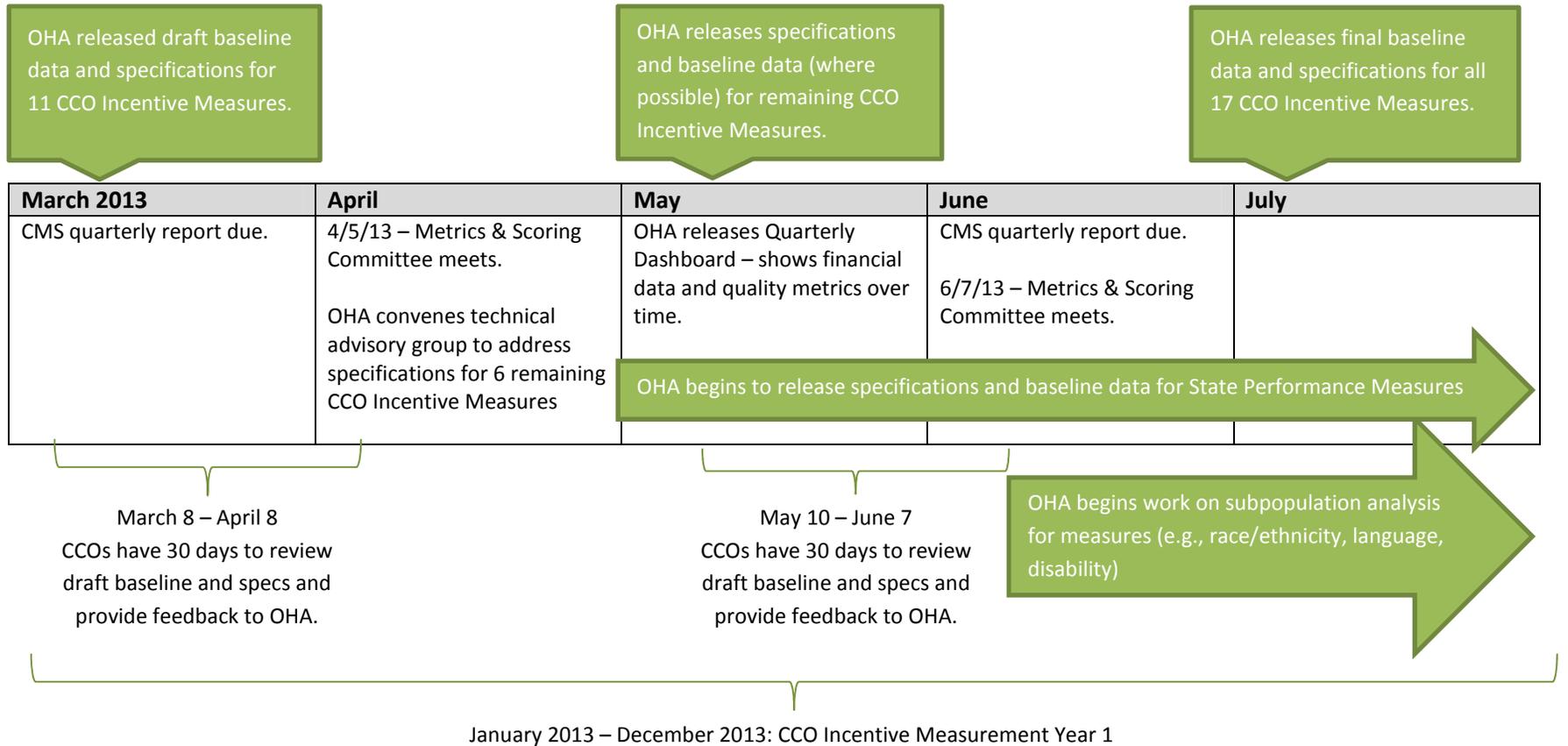
APPENDICES

Coordinated Care Organizations Service Areas



APPENDICES

Timeline: CCO Incentive Measures and Quality Pool Year 1



APPENDICES

Timeline: CCO Incentive Measures and Quality Pool Year 1

August 2013	September	October	November	December
OHA Quarterly Dashboard released.	CMS quarterly report due.		OHA Quarterly Dashboard released.	CMS quarterly report due.

OHA continues work on subpopulation analysis for measures. Releases analysis for CY 2011 baseline.

January 2013 – December 2013: CCO Incentive Measurement Year 1

OHA releases CY 2013 results for 17 CCO Incentive Measures.
Quality Pool funding is disbursed.

January 2014	February	March	April	May	June
	OHA Quarterly Dashboard released.	CMS quarterly report due.		OHA Quarterly Dashboard released.	CMS quarterly report due.

Critical period for CY 2013 claims submission. If claims are not submitted by March, OHA cannot include them in analysis to meet the June deadline.

OHA analyzes CY 2013 data for CCO Incentive Measurement Year 1.

January 2014 – December 2014: CCO Incentive Measurement Year 2

APPENDICES

OHA Contacts and Online Information

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For more information about baseline data and technical specifications for measures, visit:

<http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

For more information about coordinated care organizations, visit:

www.health.oregon.gov



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