

# Incentive Metrics

## Oregon Health Authority

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“In God we trust, all others  
must bring data.”

W. Edwards Deming



# Oregon Health Authority Accountability

## State Performance Measures

- Annual assessment of statewide performance on 33 measures.
- Financial penalties to the state if quality goals are not achieved.

## CCO Incentive Measures

- Annual assessment of CCO performance on 17 measures.
- Quality pool paid to CCOs for performance.
- Compare 2013 performance to 2011 baseline in first year.



# CCO Incentive Metrics

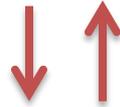
- Annual assessment of CCOs performance on 17 measures tied to incentive funding (“quality pool”).
- Measures selected by the Metrics & Scoring Committee.
- Measures are the same for 2013 and 2014; revisions to measure set for 2015.

Measure Specifications + Methodology online at  
[www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx)

# Measure Selection: A Public Process

**Metrics & Scoring  
Committee**

9 member committee, public process, select measures and set benchmarks



**Metrics Technical  
Advisory Workgroup**

Ad hoc workgroup with CCO representatives, operationalize metric specifications, make recommendations to Committee

# Health System Transformation: Achieving the Triple Aim



# Quality Pool

- A bridge strategy in moving from capitation to paying for outcomes
- Pool size increases each year – 2% 2013 (~\$47M), 3% 2014 (~\$120M)
- 17 metrics in the 7 quality improvement focus areas
- All money in the pool is distributed every year
- Potential pool award determined by plan size
- Must meet *either* performance benchmarks or improvement targets

Quality Pool methodology (reference instructions) online at:

[www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx)

# Quality Pool: distribution

To earn their full quality pool payment, CCOs had to:

- Meet the benchmark or improvement target on at least 12 of the 17 measures; and
- Have at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

Money left over from quality pool went to the challenge pool.

To earn challenge pool payments, CCOs had to:

- Meet the benchmark or improvement target on the four challenge pool measures: depression screening, diabetes HbA1c control, SBIRT, and PCPCH enrollment.

# How did CCOs do in first year?

## Incentive metrics

- 11 out of 15 CCOs met earned 100% of the quality pool  
One CCO earned 70% and three earned 80%
- Incentive metrics: we saw statewide improvement on all 14 of the incentive measures included in the report

## Statewide metrics – for reporting to CMS

- Of the 17 other metrics, we saw statewide improvement on 9 measures.
- There were just two measures where we didn't see any improvement statewide or at the CCO level.

# Oregon's Health System Transformation 2013 Performance Report



## Oregon's Health System Transformation 2013 Performance Report

**Across Oregon, coordinated care organizations (CCOs) are working on a local level to transform the health care delivery system to bring better health, better care and lower costs to Oregonians.** To provide status updates on the state's progress towards these goals, the Oregon Health Authority (OHA) is publishing quarterly reports showing quality and access data, financial data, and progress toward reaching benchmarks.

The state is tracking 17 CCO incentive metrics and 16 additional state performance metrics. It is also tracking financial data, displayed both by cost and by utilization. By using quality, access and financial metrics together, the state can determine whether CCOs are effectively and adequately improving care, making quality care accessible, eliminating

health disparities, and controlling costs for the populations that they serve.

This report lays out how Oregon's CCOs performed on quality measures in 2013. This report is the first to show a full year of data compared to the 2011 baseline. The report also shows the quality measures broken out by race and ethnicity for 2011 and 2013.

To view quality and access data or financial data, click on links to the right.

[Health System Transformation 2013 Performance Report, Executive Summary](#)

### QUALITY AND ACCESS

By CCO

By Metric

### FINANCIAL DATA

By Cost

By Utilization

### QUICK LINKS

[2013 Performance Report Executive Summary](#)

[February 2014 Report](#)

[November 2013 Report](#)

[August 2013 Report](#)

<http://www.oregon.gov/oha/metrics>

# Overall, all CCOs improved on...

## **Ambulatory care: emergency department utilization**

- ✓ All CCOs met their improvement targets.

## **Developmental screening**

- ✓ All CCOs met their improvement targets and four met benchmark.

## **Early elective delivery**

- ✓ All CCOs were below the benchmark (lower is better).

## **Electronic Health Record (EHR) adoption**

- ✓ All CCOs met their improvement target or surpassed benchmark.

## **Patient Centered Primary Care Home enrollment**

# Mixed results / progress on...

- **Adolescent well – care visits** (7 CCOs met targets)
- **Colorectal cancer screening** (6 CCOs met targets)
- **Follow up after hospitalization for mental illness** (10 CCOs)
- **Follow up care for children prescribed ADHD meds** (13 CCOs)
- **Assessments for children in DHS custody** (12 CCOs)
- **Prenatal and postpartum care** (11 CCOs made improvements)
- **Satisfaction with care** (12 CCOs made improvements)

# Decreased ED utilization

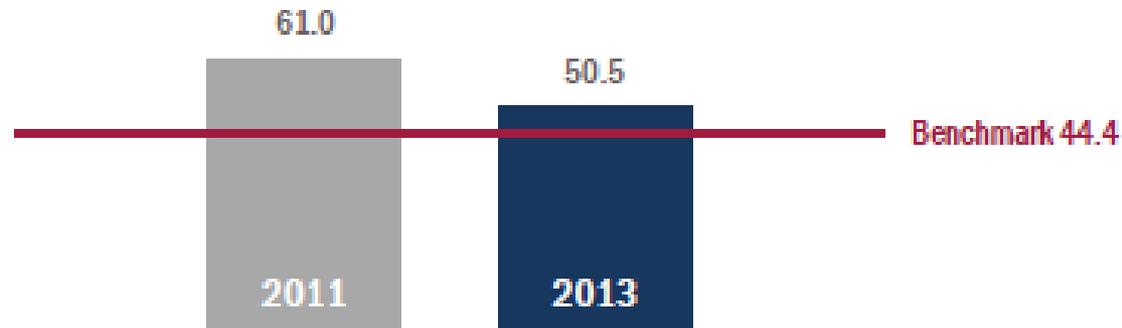
- ED visits decreased 17 percent since 2011.
- The cost of providing services in EDs decreased by 19 percent.

## Statewide

(Lower scores are better)

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile



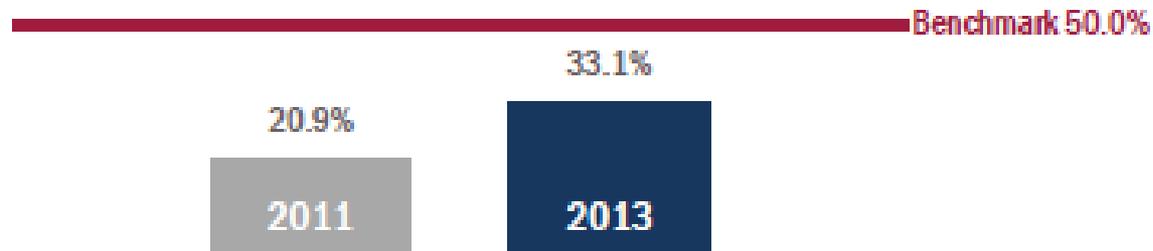
# Increased developmental screening

- Developmental screening increased by 58 percent since 2011.

## Statewide

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus



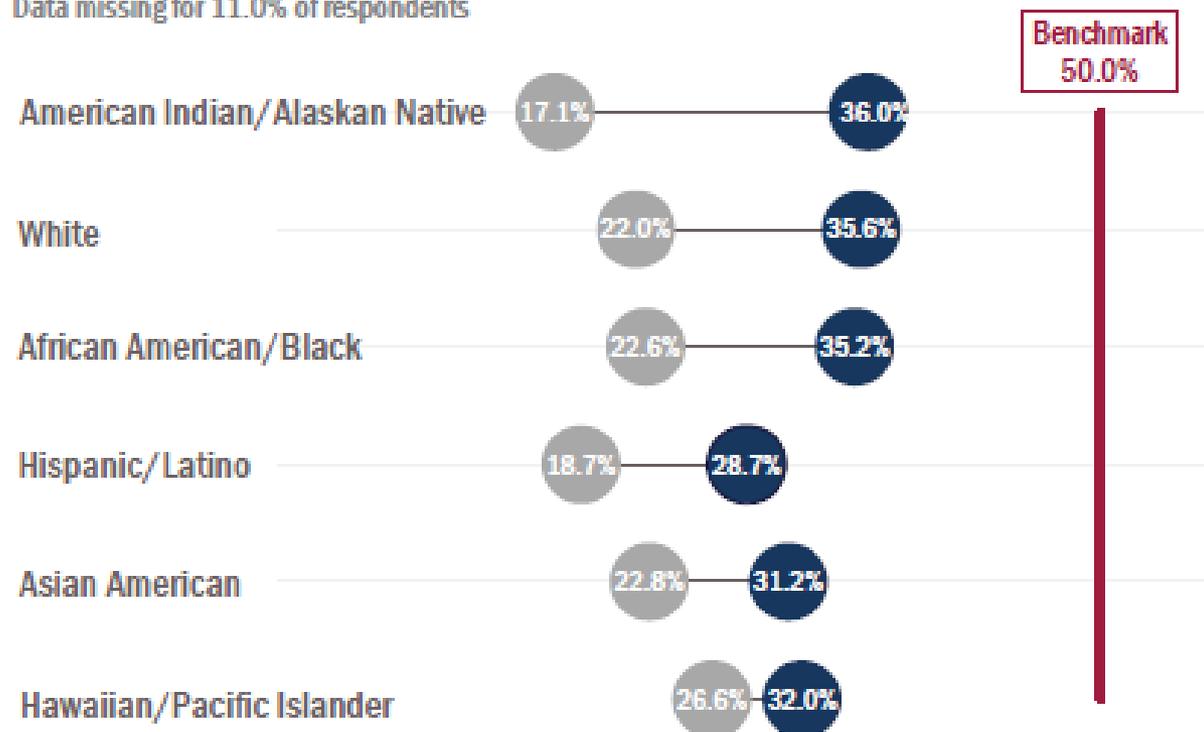


“What gets measured, gets managed.”  
Peter Drucker

# Developmental screening by race & ethnicity

## Race and ethnicity data between 2011 & 2013

Data missing for 11.0% of respondents

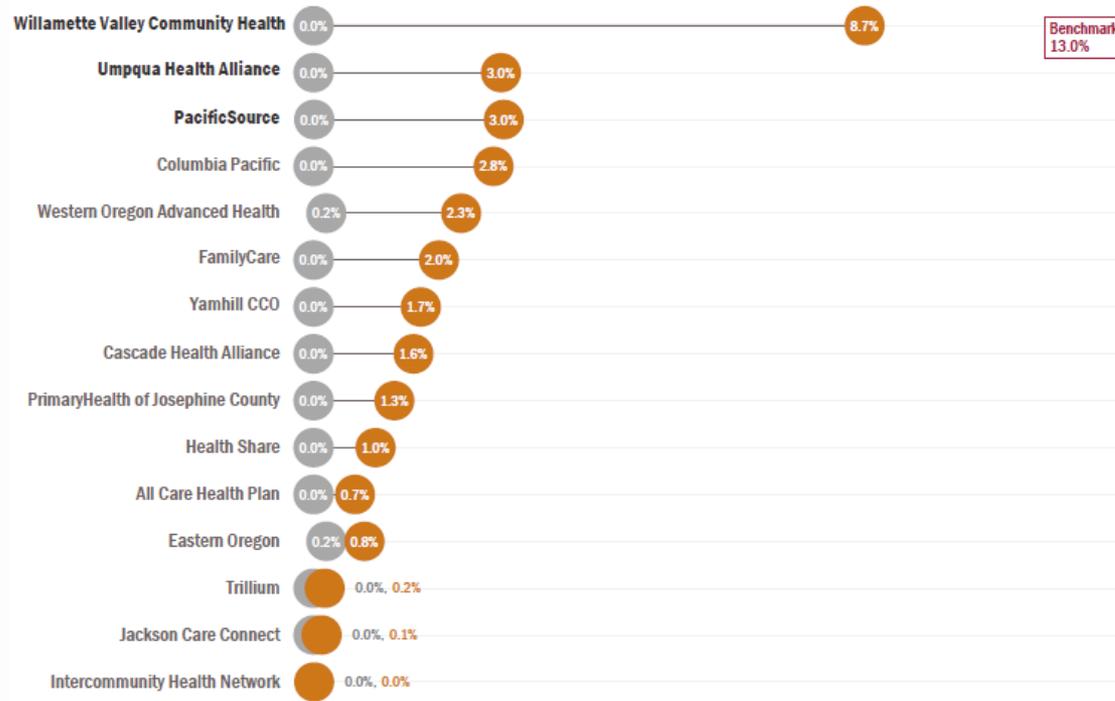


# Areas for improvement: SBIRT

- Statewide improvement (0.0% → 2.0%)
- Nearly all CCOs made some improvement, but work still needed.

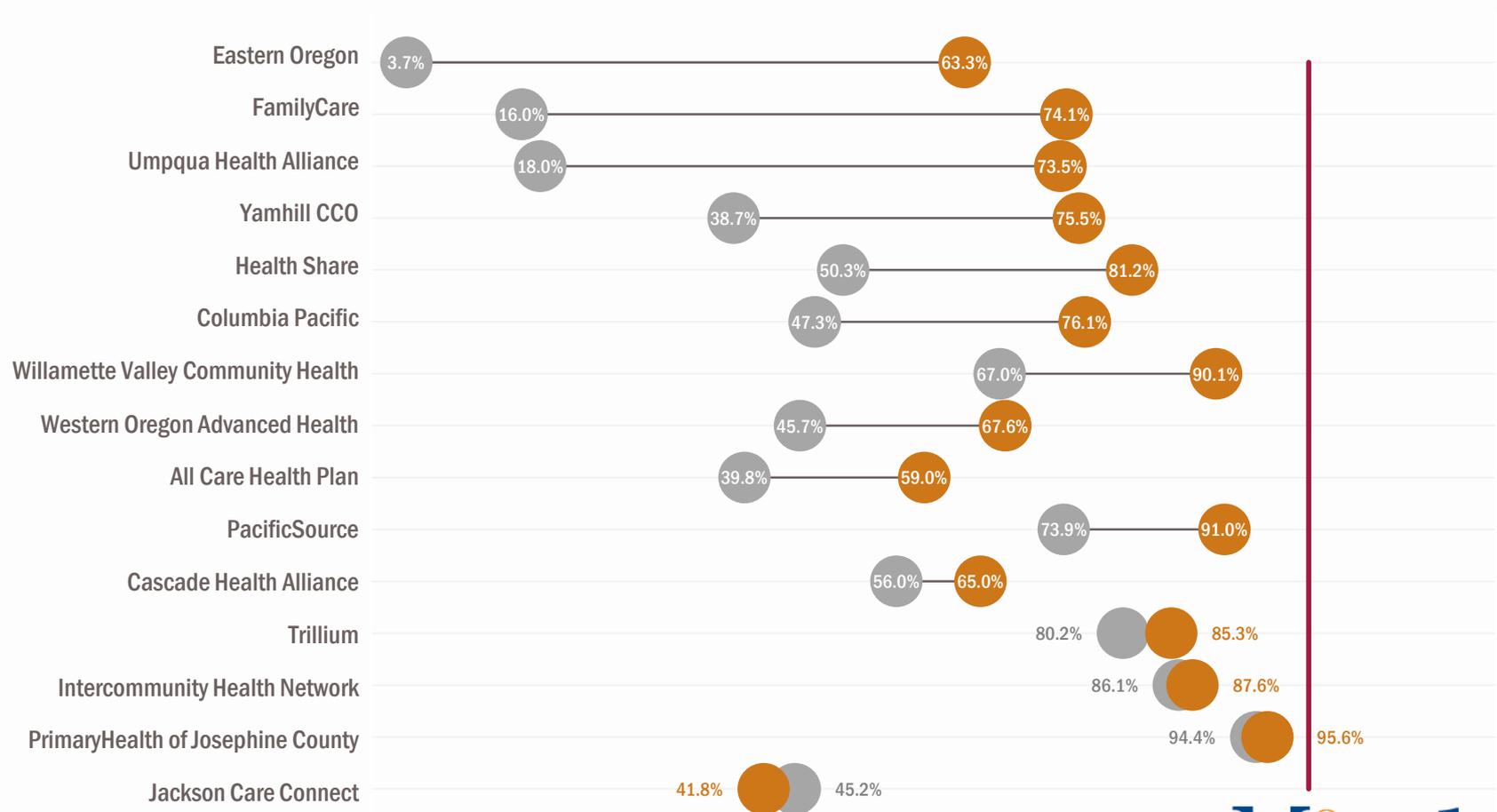
Percentage of adult patients who had appropriate screening and intervention for alcohol or substance abuse (SBIRT) in 2011 & 2013

Bolded names met benchmark or improvement target



# PCPCH enrollment by CCO

Percentage of patients who were enrolled in a recognized patient-centered primary care home in 2012 & 2013



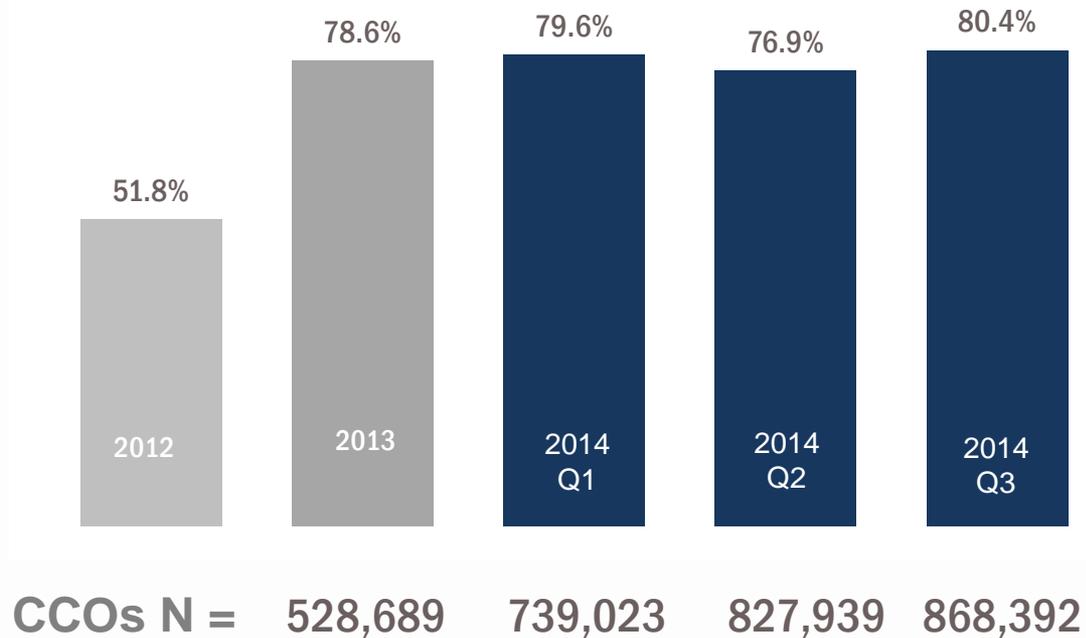


# PCPCH enrollment across 2014

## Statewide

Data source: CCO quarterly report

Benchmark source: n/a



# CCO Incentive Metrics 2015

Retired:            Early elective delivery  
                         Follow-after medication for ADHD

Added:             Dental sealants for children  
                         Effective contraceptive use

Challenge pool metrics: SBIRT  
                         Depression screening and follow-up  
                         Diabetes HbA1c poor control  
                         Developmental screening

# Expanding Metrics

- Establish incentive metrics program among state employees and Oregon teachers payers through contracting. New contracts with metrics for 2015.
- Establish hospital quality pool program that includes CCO-hospital coordination metrics – aligning 3 metrics with CCOs.
- Work with CCOs to develop alternate payment methodologies and distribution of incentive dollars.



**"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."**

# Metrics Lessons Learned in first year

- Transformational concepts are hard to measure – standard/national measures are limited.
- Modifying measures is challenging. Creating own measures more so!
- Involve stakeholders as partners and problem solvers
- *Transparency* in everything: specifications, data validation, reporting
- Incentive measures get all the attention -- \$\$ drives improvements
- Set attainable and meaningful performance goals – improvement targets keep everyone in the game

# Next Progress Report

- Mid to late January 2015
- Metrics calculated using rolling 12 months (July 2013 – June 2014)
- Will have expanded cost and utilization information
- Will have information on the 2014 ACA expansion population (first 6 months)

“If you really **care**  
about starting a  
movement, have the  
**courage** to *follow*  
and show others how to  
*follow.*” – Derek Sivers