



**Oregon's State Innovation Model Project
Progress Report
April 1, 2016 - June 30, 2016**

**Oregon State Innovation Model Project
Quarterly Report
April - June 2016**

Overview

This period includes several key reports and achievements; highlights include quality gains and performance improvements by Oregon's coordinated care organizations (CCOs) and the second Hospital Transformation Performance Program (HTPP) report.

Oregon's Health System Transformation CCO Metrics 2015 Performance Report lays out the progress of Oregon's CCOs on quality measures in 2015. This is the third year of Oregon's pay for performance program, under which the Oregon Health Authority held back 4 percent of the monthly payments to CCOs, which were put into a '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.

The report indicates that through the coordinated care model, there have been continued improvements in a number of areas, such as reductions in emergency department visits and increases in depression screening and enrollment in patient-centered primary care homes.

Report available at:

http://www.oregon.gov/oha/Metrics/Documents/2015_Performance_Report.pdf

The second Hospital Transformation Performance Program (HTPP) report, released this quarter, details how hospitals are doing on key quality metrics. The 11 outcome metrics included in this report, covering six domains, were developed through a transparent process by the Hospital Performance Metrics Advisory Committee, Oregon Association for Hospitals and Healthcare Systems (OAHHS), and in coordination with CMS. These metrics indicate how well hospitals are advancing health system transformation by improving quality of care, reducing costs, and improving patient safety. The report provides data for the second year of the program, October 2014 through September 2015, compared to the baseline year (October 2013 through September 2014).

Report available at:

http://www.oregon.gov/oha/Metrics/Documents/HTPP_Year_2_Report.pdf

Success Story/Best Practice

The CCO Metrics 2015 Performance Report mentioned above shows improvements in the following areas:

- Hospital readmissions have decreased: The percent of adults who had a hospital stay and were readmitted for any reason within 30 days has improved by 33 percent since 2011. Fifteen of 16 CCOs have met or exceeded the benchmark.

- Decreased hospital admissions for short-term complications from diabetes: decreased 29 percent since 2011. Admissions for chronic obstructive pulmonary disease, congestive heart failure, and asthma have all also decreased from 2011 baseline. Lower is better for these measures.
- Increased access to primary care for children and adolescents: The percent of children and adolescents who had a visit with their primary care provider in the past year has increased from 2014. Adolescent well-care visits have also increased 38 percent since 2011.
- Increased rate of dental sealants: The percent of children ages 6-14 who received a dental sealant on a permanent molar in the past year increased 65 percent since 2014.
- Increased use of effective contraceptives: The percent of women ages 15-50 who are using an effective contraceptive increased almost 9 percent since 2014, even with the addition of thousands of new OHP members in 2014.
- Increased blood sugar testing for adults with diabetes: The percent of adults with diabetes who received at least one blood sugar test during the year has increased 6 percent since 2011.
- Increased member satisfaction: The percent of CCO members who report they received needed information or help and thought they were treated with courtesy and respect by customer service staff has increased almost 10 percent since 2011 baseline.
- CCOs have also demonstrated promising improvements in providing health assessments for children in foster care. The rate of assessments has increased 107 percent since 2014, when dental health assessments were added to the measure.

Challenges Encountered and Plan to Address

Oregon will continue its transformation of the delivery system and gains it has made. Sustainability planning has been occurring with each program area and will help OHA prioritize transformation activities and identify alternate funding models and /or partnerships, post SIM.

While significant progress has been made, there have been challenges. In the past 18 months, 11 SIM-funded staff, out of 49 funded positions, have left OHA. The staff changes have occurred smoothly, thanks to a great deal of collaboration amongst staff, but significant time was lost while hiring and on-boarding new staff as well as providing coverage for vacant positions.

To date, Oregon has executed over 300 individual contracting actions for SIM-related activities and work. Each contracting action can take anywhere from 30 days for a simple small procurement to 365 days for an IT-related contract. Delays obtaining approval to

release funds have also contributed to delays in executing contracts and beginning planned work on time.

OHA is exploring ways to encourage the spread of the coordinated care model beyond public insurance programs and into the commercial health care market. One of the audiences it is interested in engaging is health care providers, who are important both as implementers of coordinated care and also as influencers with their patients and in their communities. Helping them see that they are already using and benefiting from elements of coordinated care and encouraging them to champion ongoing health system transformation are valuable strategies in spreading the model.

OHA engaged DHM Research to conduct a survey and in-depth interviews with an array of health care professionals to understand what they know and believe about coordinated care. Metropolitan Group (MG) applied the insights from DHM's research into a set of messages and engagement strategies for this audience.

Payer Engagement Activities

The Hospital Transformation Performance Program report details how hospitals are doing on key quality metrics. For the second year, a total of \$150 million in funds from a quality pool are being awarded based on performance data. A two-phase distribution method determines awards:

- In Phase 1, all participating hospitals are eligible for a \$500,000 “floor” payment if they achieve the benchmark or demonstrate improvement over their own baseline (“improvement target”) for at least 75 percent of the measures for which they are eligible. For most hospitals this equates to meeting nine out of the 11 measures. Only three hospitals met this standard, resulting in \$1.5 million in payments from Phase 1.
- In Phase 2, a hospital receives quality pool funds based on the number of measures for which it achieves an absolute benchmark or improvement target.

Hospitals demonstrated progress toward achieving the metrics. Key findings include:

- Hospitals are doing very well in the area of increased medication safety.
- Adverse drug events due to opioids: all hospitals achieved the benchmark.
- Excessive anticoagulation with Warfarin: all hospitals achieved the benchmark.
- Hypoglycemia in inpatients receiving insulin: 26 of 28 hospitals achieved the benchmark.
- Hospitals did well in the area of hospital/CCO coordination.
- Follow-up after hospitalization for mental illness: 23 of 28 hospitals met the benchmark.
- Emergency Department Information Exchange (EDIE): 24 of 28 hospitals met the benchmark or improvement target.
- Screening, brief intervention, and referral to treatment (SBIRT) in the emergency department: 22 of 28 hospitals met the benchmark or improvement target.

Key areas needing improvement include readmissions, central-line associated bloodstream infection rates, and patient experience measures reported through the Hospital Consumer Assessment of Healthcare Providers and Systems survey.

Policy Activities

Oregon's Medicaid Demonstration with the Centers for Medicare and Medicaid Services (CMS), which allows for Oregon's health system transformation, is in the early stages of the renewal process. Oregon's current waiver with CMS expires June 30, 2017. The renewal would be effective beginning in July 2017.

Oregon recently posted the application for public input and review, accepting comments through June 1, 2016. A draft of the waiver is available at:

<http://www.oregon.gov/oha/OHPB/Documents/Oregon%27s%20Draft%20Waiver%20Application.pdf>

Oregon's vision is to build on the foundation of Oregon's health system transformation. This will include:

- Expanded focus on integration of physical, behavioral, and oral health care through a performance-driven system that makes continual improvements to health outcomes and continues to bend the cost curve.
- Focus on social determinants of health and health equity across all low-income, vulnerable Oregonians with the goal of improving population health outcomes.
- Commit to continuing to hold down costs through an integrated budget that grows at a sustainable rate and promotes improved value and outcomes, with additional federal investments at risk for not hitting the target for bending the cost curve.
- Continue to expand the coordinated care model, including innovative strategies for ensuring better outcomes for Medicaid and Medicare dual eligible members.

Input from a wide range of health stakeholders and the public was collected in writing via email, via an online survey and through public meetings.

- April 5: Input was taken at the Oregon Health Policy Board meeting in Portland and available via Web stream and telephone conference line
- April 27: Input was taken at the Medicaid Advisory Committee meeting in Salem and telephone conference line
- May 3: Input was taken at the Oregon Health Policy Board meeting in Portland and available via Web stream and telephone conference line
- May 25: Input was taken at the Medicaid Advisory Committee meeting in Salem and telephone conference line

Coordination with Other Efforts

The health authority's Transformation Center has begun providing targeted technical assistance on specific measures to CCOs, including a focus on colorectal cancer screening, adolescent well care visits, childhood immunizations, and reducing tobacco use. This assistance includes trainings, consultation with experts and coordination of support across OHA to support workforce development and quality improvement.

Highlights include:

- Consultation with Oregon Rural Practice-based Research Network and the Kaiser Permanente Center for Health Research to improve colorectal cancer screenings. Nine CCOs are participating.
- Upcoming trainings for CCOs and providers on how to provide youth-centered care from the Oregon-School Based Health Alliance.
- Upcoming community meetings with public health, providers, and stakeholders to develop strategies to improve childhood immunization rates.
- Developing culturally-responsive and population-specific training for providers to support tobacco cessation strategies

In addition, the Transformation Center recently released a public service announcement to support CCOs in recruiting Oregon Health Plan members to their local community advisory councils, which ensure that the health care needs of their communities are being addressed. The member voice is integral to understanding what people need and how CCOs can help them. This short video invites OHP members to contact their local community advisory councils so they can join the conversations to help improve their community's health.

An English version and a Spanish version of the video were customized with contact information for each community advisory council. Source files will be provided to each council and each CCO can decide how to use the video to recruit members in its community.

Please scroll down to the bottom of the page to view this video
<http://www.oregon.gov/oha/OHPB/Pages/cac.aspx>

Self-Evaluation

The following evaluation progress occurred this reporting period: Providence Center for Outcomes Research and Education (CORE) completed the second round of surveys to assess health system transformation among CCOs, insurance carriers, and health care providers. CORE administered surveys to the 103 organizations that responded to the first round of surveys in early 2015. CORE also completed 30 in-depth interviews with select organizations about their experience with health system transformation. These include organizations that exhibited substantial changes in specific areas; changes in a large number of areas; or changes in areas of special interest to OHA.

Oregon Health & Science University's Center for Health Systems Effectiveness (CHSE) continued its analysis of health care claims and encounters data to determine whether Medicaid transformation may have "spilled over" to non-Medicaid patients. Spillover may occur if clinics that improve care management and coordination for Medicaid patients also adopt improvements for other patients. In this reporting period, CHSE provided an initial draft for OHA review. The integrated, final report of these two evaluation efforts is due September 30, 2016.

Portland State University is conducting a case study analysis of 20 high-functioning PCPCHs. PCPCH Program staffs are conducting a parallel evaluation on high functioning clinics that were not selected for the PSU evaluation.

Also in this reporting period, OHA contracted with CHSE to provide early information about the extent to which dental integration in Oregon's Medicaid program has improved access to and utilization of dental and related services for Oregon's Medicaid population.

Q1 2016 metrics notes have been included in the *Additional Information* section of this report. Please see Metrics Reference Guide on Salesforce for all other data notes.

Additional Information

All percentages are rounded to the nearest tenth of 1%.

Beneficiaries Impacted, State Employees and Statewide Population: Q4 2015 PEBB enrollment was used to calculate these metrics because updated PEBB enrollment was not received in time to report.

CORE BMI 64 and Over; CORE BMI under 65; CORE HRQL; CORE Smoking Rate: All measures are based on annual reporting; therefore, results haven't changed.

CORE cost of care commercial; Core cost of care state-employees: Reporting from payers now more accurate. Data no longer includes self-insured information.

CORE HbA1c, Core; HbA2c Testing Medicaid/CHIP; Core HbA1c Testing Medicare: Calculation updated to the 2016 HEDIS specifications.

CORE LDL-C Screening Commercial; CORE LDL-C Screening Medicaid/CHIP; Core LDL-C Screening Medicare: HEDIS retired this measure in 2015; therefore, 2014 HEDIS specifications are being used.

Number of learning collaboratives established by transformation center: Number decreased due to new strategic direction.

LTSS Accountability Tasks: Not all MOUS were completed between CCOs and AAAs/APDs at the time of reporting. MOUs will be completed by August 1, 2016.

Proportion of CCO payments that are non-FFS: In 2015, OHA held a Financial Reporting Workgroup meeting to standardize reporting; therefore, decrease is a result of more accurate reporting by the CCOs.

Proportion of PEBB payments that are non-FFS: Work on a reporting mechanism to capture non-FFS payments by PEBB plans continued to be on hold. The metric from the Q4 2015 report has been carried forward for this report.

Sustainable health care growth methodology: OHSU revised the January 2016 SHEW report to include OHA's feedback. Final report was submitted to OHA on June 30, 2016, and details overall health spending, categorizes spending by place and type of service, analyzes per-member-per-month spending across payers and types of service, and displays spending trends from 2011 to 2014.