Oregon's State Innovation Model Project
Progress Report
January 1, 2016 - March 31, 2016

Oregon State Innovation Model Project
Quarterly Report
January - March 2016

Overview

This period includes several key reports and achievements – highlights include quality gains and performance improvements by Oregon's coordinated care organizations (CCOs), the legislative report detailing the percentage of medical spending allocated to primary care by Oregon's prominent carriers, both detailed more in following sections, and survey results of the Medicaid Behavioral Risk Factor Surveillance System (MBRFSS).

The MBRFSS survey is an opportunity to obtain important health information that isn't available in administrative data or even medical records. The survey was sampled at the CCO level and oversampled for racial and ethnic groups, allowing comparison to state and national data, as well as interpretation at a local level.

Analysis of survey results showed some notable differences between the adult Medicaid population and the general adult population in Oregon as well as differences within the Medicaid population, including:

- Adult Medicaid members have higher rates of select chronic conditions such as asthma, depression, and a disability than the general adult population. Nearly 65% of adult Medicaid members have a chronic disease, while about 55% of the general adult population does.
- More than 50% of adult Medicaid members report poor mental health, while just under 39% of the general adult population does.
- Almost 15% of the general adult population reports binge drinking. Just over 12% of adult Medicaid members report binge drinking.
- Fewer adult Medicaid members report being up-to-date on recommended preventive health screening and services than the general adult population. While 67% of the general adult population reports having a dental visit within the past year, just under 52% of Medicaid members do.
- Statewide, more than 66% of adult Medicaid members report being overweight or obese, while just over 62% of all Oregon adults report this.

Report is available at
http://www.oregon.gov/oha/analytics/MBRFFS%20Docs/2014%20MBRFSS%20Report.pdf

Success Story/Best Practice

Oregon's mid-year Health System Transformation report covers July 1, 2014 through June 30, 2015, and continues to show improvements for Oregon Health Plan (OHP) members in areas such as enrollment in patient-centered primary care homes (PCPCHs), decreased emergency department visits and hospital admissions from chronic diseases:

- Statewide, all-cause readmissions met the benchmark for the first time in mid-2015. Oregon's CCOs started at a baseline of 12.9 percent in 2011. Today, readmissions are at 9.9 percent, surpassing the benchmark of 10.5 percent.
- Decreased emergency department visits by people served by CCOs has decreased 23 percent since 2011 baseline data.
- 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 (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.
- PCPCH enrollment continues to increase. CCOs continue to increase the proportion of members enrolled in patient-centered primary care homes. PCPCH enrollment has increased 61 percent since 2012.

The report includes two new measures - effective contraceptive use and dental sealants.

- Effective contraceptive use among women at risk of unintended pregnancy, of all ages, remained fairly steady between 2014 and mid-2015, with rates hovering around 33 percent.
- Statewide, the percentage of children ages 6-9 who received dental sealants increased by 25 percent between 2014 and mid-2015

Full report is available at http://www.oregon.gov/oha/Metrics/Documents/2015%20Mid-Year%20Report%20-%20Jan%202016.pdf

Challenges Encountered and Plan to Address

Oregon has made significant progress toward achieving goals and milestones over the past two demonstration years. In addition, we have continually shared information and good ideas and made peer-to-peer links to spread lessons learned through our SIM grant period.

To date, Oregon has executed over 300 individual contracting actions for SIM-related activities and work. These are comprised of full solicitations, intermediate procurements, amendments to existing contracts, issuing work orders off of master agreements and small procurements. Each contracting action can take anywhere from 30 days for a simple small procurement to 365 days for an IT-related contract, from the time it reaches Oregon's Office of Contracts and Procurement.

In the past 12 months, 11 SIM-funded staff, out of 49 funded positions, have left OHA. Three of these positions have been vacant for the last 12 months, due to hiring difficulties, and several non-SIM-funded individuals who were integral to moving SIM work along departed. The staff changes have occurred smoothly, thanks to a great deal of supportive guidance and collaboration amongst staff, current and previous leadership.

As we enter the third and final year, time lines are critical and efficient contracting and administrative processes are important. Oregon has begun to shift staff time and focus toward sustainability planning of SIM activities and 2017 waiver renewal planning. Oregon is committed not only to continuing on course with the gains it has made, but also progressing to the next level through targeted modifications. Oregon will expand the coordinated care model in key areas—such as the integration of behavioral health and a deeper focus on improving social determinants of health (such as housing)—all while maintaining a sustainable growth rate for health care costs. Oregon will build on the lessons learned and take transformation to the next level.

Payer Engagement Activities
Senate Bill 231 requires OHA and the Department of Consumer and Business Services (DCBS) to report on the percentage of medical spending allocated to primary care by prominent carriers, defined as carriers with annual premium income of $200 million or more, health insurance plans contracted by PEBB and OEBB and Medicaid CCOs.

Presented to the Legislature in February 2016, the report included information about primary care spending in 2014 and excludes prescription drug claims, health care payers not covered by SB 231 and health care spending by people who pay out of pocket. Key findings include:

- CCOs and commercial, Medicare Advantage, PEBB and OEBB plans offered by prominent carriers spent $1.0 billion on primary care in 2014. Prominent carriers spent $644 million (9%) of total medical spending on primary care. CCOs spent $382 million (13%) of total medical spending on primary care.

- On average, CCOs allocated a greater percentage (13%) of total medical spending to primary care than any other type of healthcare payer (10% or less).

- The percentage of total medical spending allocated to primary care varied substantially among payers. Spending allocated to primary care ranged from 7% to 31% among CCOs, 3% to 16% among commercial plans, 5% to 16% among PEBB and OEBB plans, and 4% to 14% among Medicare Advantage plans.

On average, non-claims-based payments comprised a greater percentage of primary care spending by CCOs than by other payer types. Non-claims-based payments are payments to a health care provider intended to incentivize efficient care delivery, reward achievement of quality or cost-savings goals, and build health care infrastructure and capacity. On average, 61% of primary care spending by CCOs was non-claims-based. By contrast, one-third of primary care spending by Medicare Advantage plans was non-claims-based. Across PEBB and OEBB plans and commercial plans, non-claims-based payments comprised only 6% and 3% of primary care spending, respectively.

Policy Activities
The PCPCH Program is Oregon's version of the "medical home" which is a model of primary care organization and delivery that is patient-centered, comprehensive, team-based, coordinated, accessible and focused on quality and safety.

OHA convenes a Standards Advisory Committee of Oregon stakeholders including patients, clinicians, health plans and payers to assist in developing and refining the PCPCH model to further guide primary care delivery. Over the course of 10 meetings in 2015, the committee developed modifications to the current PCPCH model. These recommendations and feedback from other stakeholders have been incorporated into a revised PCPCH model.

The proposed revisions are designed to incrementally adapt the model to the changing health care needs of the state, align the model with the best evidence where it is available, and also to improve the effectiveness of the standards and measures overall.

Twelve standards have been revised in the PCPCH model – to be implemented in January 2017. If all are adopted, the total available points will increase from 380 to 390 and there will be 11 "must pass" measures instead of 10.

Notable revisions include:

- An improved framework for behavioral and physical health care through more robust mental health, substance use and developmental screenings and clearer definitions of integration, co-location and coordination
- Greater engagement with patients by requiring PCPCHs to survey their patient population at least once every two years about their experience of care
- Enhanced quality of care through a greater emphasis on a PCPCH's use of data to identify areas of improvement and implement quality improvement processes.

The proposed revisions are available at http://www.oregon.gov/oha/OHPR/rulemaking/notices/409-055%20Text-Web-3-14-2015.pdf

The 2015 PCPCH Standards Advisory Committee Report is available at http://www.oregon.gov/oha/pcpch/SACdocs/2015-Standards-Advisory-Committee-Report.pdf

Coordination with Other Efforts

Community Prevention grantee updates this period:

- The Center for Human Development is working in collaboration with Eastern Oregon CCO and 11 other Local Public Health Agencies (LPHAs) on developmental screening for children within the first 36 months of life. They are in the process of moving the administration of the community prevention grant

activities to Greater Oregon Behavioral Health, Inc. (GOBHI), who has hired a new regional public health coordinator for their community prevention grant-funded work and has committed funds to that position after the SIM grant ends.

- Intercommunity Health Network CCO is working in collaboration with Benton, Lincoln and Linn county LPHAs on tobacco prevention. The Regional Healthy Community Steering Committee continues to meet quarterly and is building cross-sector membership. The project team is working with Samaritan Health Services to develop a plan for project sustainability.

- Jackson County LPHA is working in collaboration with Josephine County LPHA, AllCare CCO, Jackson Care Connect CCO and PrimaryHealth of Josephine County CCO on preconception health. Recent data from the Public Health Division demonstrates a dramatic increase in the use of long-acting reversible contraceptives (LARCs) at Title X and Oregon Contraception Care (CCARE) clinics in the project area. Use of LARCs is a key metric for decreasing unintended pregnancy. Title X and CCare clinics in the project area have been targeted for LARC training throughout the project period.

- Multnomah County LPHA is working in collaboration with Health Share of Oregon CCO and Clackamas and Washington county LPHAs on the prevention of opioid overdose. Multnomah County is preparing for two regional opiate summits this spring. Health Department staff will participate in a panel discussion with speakers from other regional organizations working to establish naloxone access and overdose prevention.

Self Evaluation

The following evaluation progress occurred this reporting period: Providence Center for Outcomes Research and Education (CORE) administered a 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 and OHA also selected organizations that will be invited to participate in in-depth interviews 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 analyzed the association between the percentage of a clinic's patients that are covered by Medicaid and its score on a variety of health care quality measures. As a next step, CHSE

will analyze the association between changes in quality for Medicaid and non-Medicaid patients over time.

Also in this reporting period, OHA contracted with CHSE for an independent evaluation of Oregon's Hospital Transformation Performance Program (HTPP), which provides incentive payments to hospitals that meet performance goals. The evaluation will assess performance trends among participating hospitals and identify changes in hospital practice that resulted from the HTPP. CHSE is partnering with CORE to conduct interviews and surveys for the evaluation. In this reporting period, the contractors also finalized a survey to collect information about hospitals' HTPP activities.

Additional Information

The following data notes pertain to Q1 2016 metrics. Please see Metrics Reference Guide on Salesforce for all other data notes.

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.

ED Visits: Due to data issues, this metric excludes data from one prominent insurance carrier. As with prior reports, this metric also excludes Medicare FFS data. Medicare FFS data for Q2 2015 were not available by the deadline for this report.

Proportion of CCO payments that are non-FFS: CCO financial reports for Q4 2015 will not be due until March 31, and some CCOs have requested extensions. As a result, Q4 2015 data are not available for this report. The metric from the Q4 2015 report has been carried forward for this report.

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.

Sustainable health care growth methodology: Oregon Health & Science University submitted its final report on health care spending in Oregon in January 2016. The report is under review by OHA.