

OMAP Performance Measures

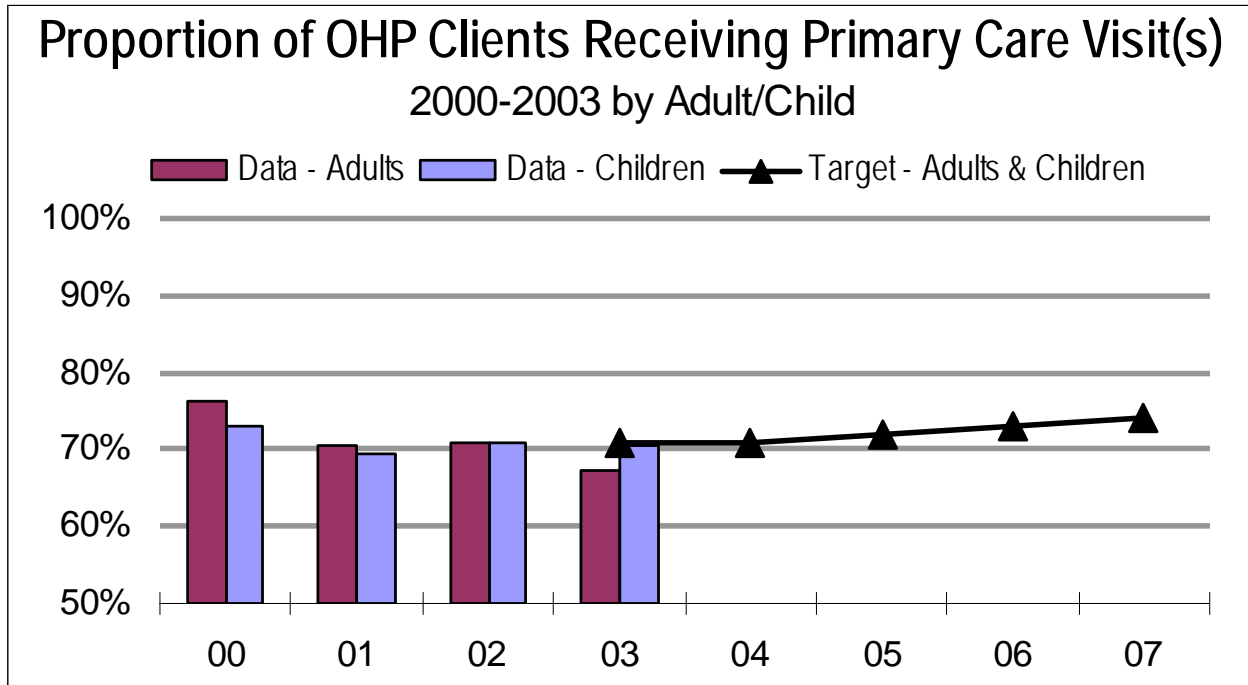
Lack of access to health care threatens both health and self-sufficiency, and imposes greater future costs for all Oregonians. Clients who delay receiving health care when they first need it risk developing more serious problems or health emergencies. In addition, people who receive primary care are less likely to require health care in more costly health care delivery systems.

Performance Measures

◆ **KPM #25 – Increase the proportion of OHP clients who receive primary health care services annually broken out by child and adult age groups.**

Primary care is associated with earlier detection of disease, prevention of disease, and improved health. In addition, health care is delivered in a more cost-effective manner. This measure has declined since 2000, the first measurement year, more for adults than for children. For adults, there was a nine percentage point drop from 2000 to 2003. For children there was a smaller 2.5 percentage point decline for the same period.

- The initiation of co-payments may have had a negative effect for clients seeking primary care that resulted in a drop in the measure for adults. The 2003 result may also reflect a slight undercount compared to previous years due to inherent claims lags and the time of the year that data was run. Specific targets for the proportion of OHP clients who receive primary services annually was 71 percent by 2003 for both adults and children.
- *(See Page 69 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*



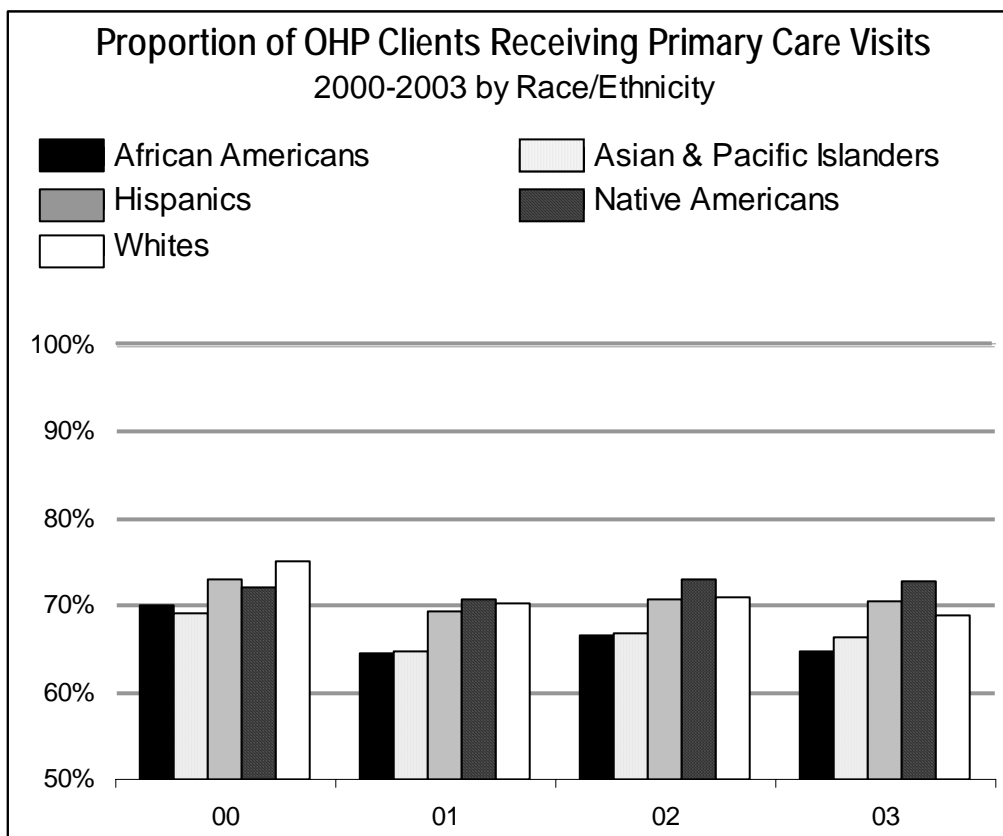
KPM #26 -- The reduction of health disparities as measured by the proportion of OHP clients who receive primary health care services annually broken out by racial/ethnic categories. Eliminating health disparities is one of the main goals of the Healthy People 2010 initiative of the U.S. Department of Health and Human Services. Reducing health disparities is also a priority of Oregon’s Department of Human Services. This measure examines access to primary care by racial/ethnic groups.

- Primary care is associated with earlier detection of disease, prevention of disease, and improved health. Except for Native Americans, this measure has declined from 2000 to 2003. The initiation of co-pays may have had a negative effect for clients seeking primary care, which resulted in drops for most racial/ethnic categories.
- The 2003 result may also reflect a slight undercount compared to previous years due to inherent claims lags and the time of the year that data was run. In 2003, the actual measure was lower than the targets for all five racial/ethnic groups. For Asian and Pacific Islanders, Hispanics

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and Native Americans, the difference was only a half of a percentage point or less. For African Americans the difference was 2 percentage points and for Whites the difference was 2.3 percentage points.

- OMAP is working with several community groups and managed care plans to target racial/ethnic health disparities, particularly in the area of chronic disease such as diabetes and asthma.
- **Specific targets** for 2007 are 70.0 for African Americans and Asian and Pacific Islanders, and 74.0 for Hispanics, Native Americans, and Whites.
- *(See Page 71 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

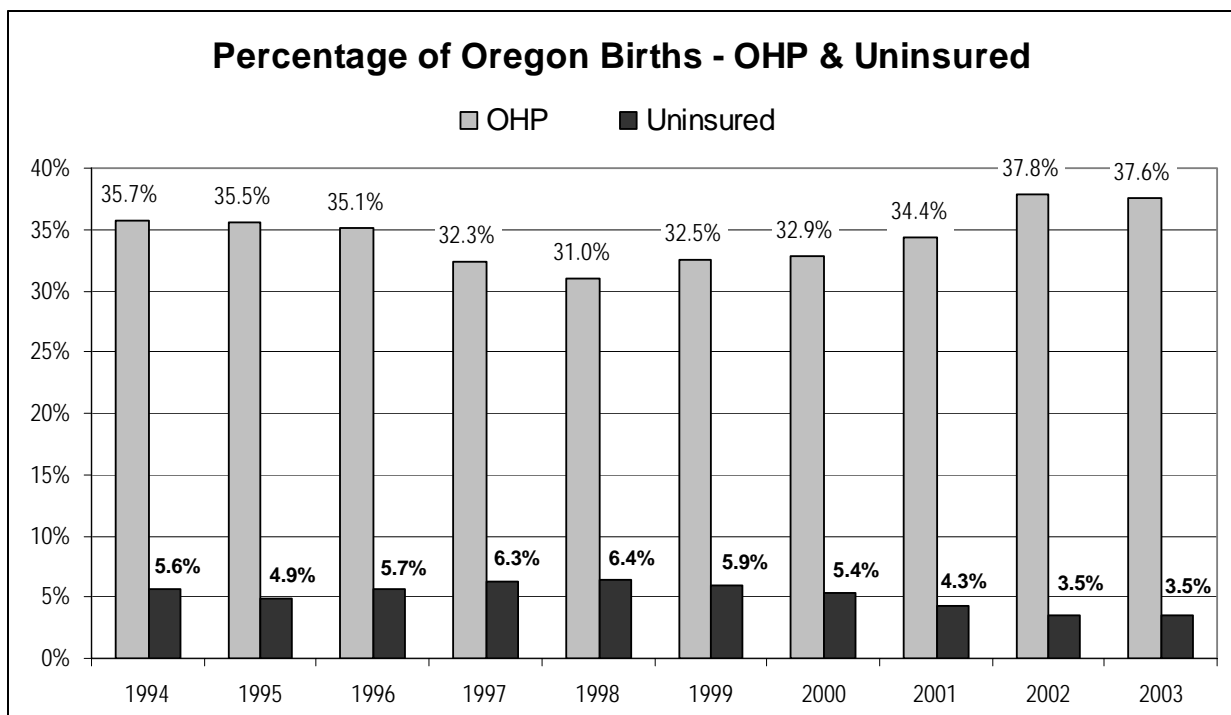


Note: Race/ethnicity is self-reported or reported by a client's caseworker. Currently, every client may only be in one of the five race/ethnic categories (African American, Native American, Asian American, Hispanic, or white) to be counted in this measure.

Other Outcome Measures

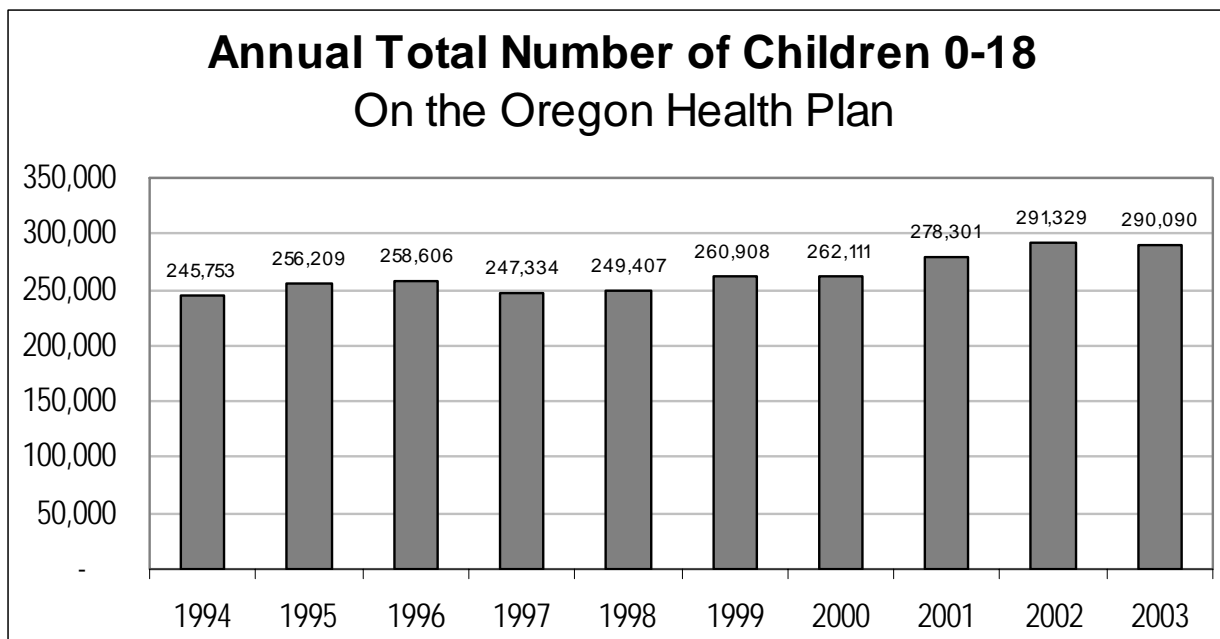
◆ **Increase the proportion of births covered by OHP as compared to uninsured births.** The following graph compares the percent of OHP births to the percent of uninsured (self-pay) births – these self-pay births are from across all income ranges. Since the inception of OHP in 1994, the share of births covered by OHP has ranged from a low of 31 percent in 1998 to a high of 37.8 percent in 2002. Since 1998 the percent of Oregon births covered by the OHP has risen to 37.6 percent in 2003 and the percent of uninsured births has decreased from 6.4 percent to 3.5 percent.

- From 1995 through 2003 there has been an expected inverse relationship between the percent of OHP births and uninsured births. Since 1998, OMAP has collaborated in active outreach to identify pregnant women eligible for OHP.
- **Specific targets** for share of Medicaid births to total births was 35 percent by 2005, and of uninsured to total births was no more than 5 percent by 2005. These targets were met in 2002 and 2003.



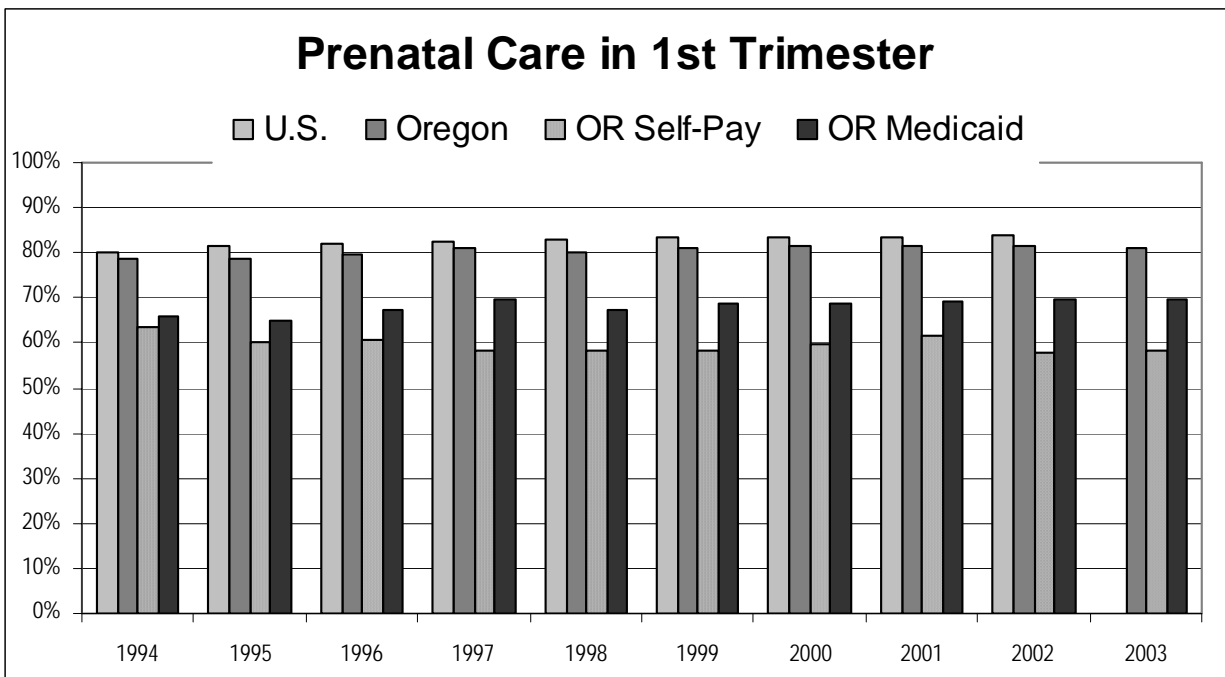
Increase the number of OHP covered children (birth through 18). This measure reflects Oregon’s efforts to identify and enroll low-income children in the Oregon Health Plan. This is the number of “unduplicated” children who were covered by OHP-Medicaid and OHP-CHIP programs during the calendar year. Approximately 20 percent of all children in Oregon are covered by OHP.

- The number of children covered by OHP-Medicaid and OHP-CHIP programs has increased from a low of 245,753 children in 1994 to a high of 291,000 children in 2002. There was a dip in 1997 and 1998 that may be attributed to an improved economy and changes in Temporary Assistance to Needy Families program of public assistance. Increases since 1999 may be due to implementation of the CHIP program, the continued slow economy and outreach efforts to enroll children onto the OHP.
- **Specific target:** OMAP’s target for children on OHP was 280,000 by 2005. This target was met in 2002.



◆ **Increase percentage of pregnant women on OHP receiving prenatal care in the first trimester.** Early, high quality prenatal care beginning in the first trimester is important to improving pregnancy and birth outcomes. In Oregon, first trimester prenatal care for pregnant women who had births paid by Medicaid has increased from a rate of 66.1 percent in 1994 to a high of 69.5 percent in 2003. In contrast, first trimester prenatal care for pregnant women who were uninsured (self-pay) decreased from a rate of 63.6 percent in 1994 to 58.1 percent in 2003.

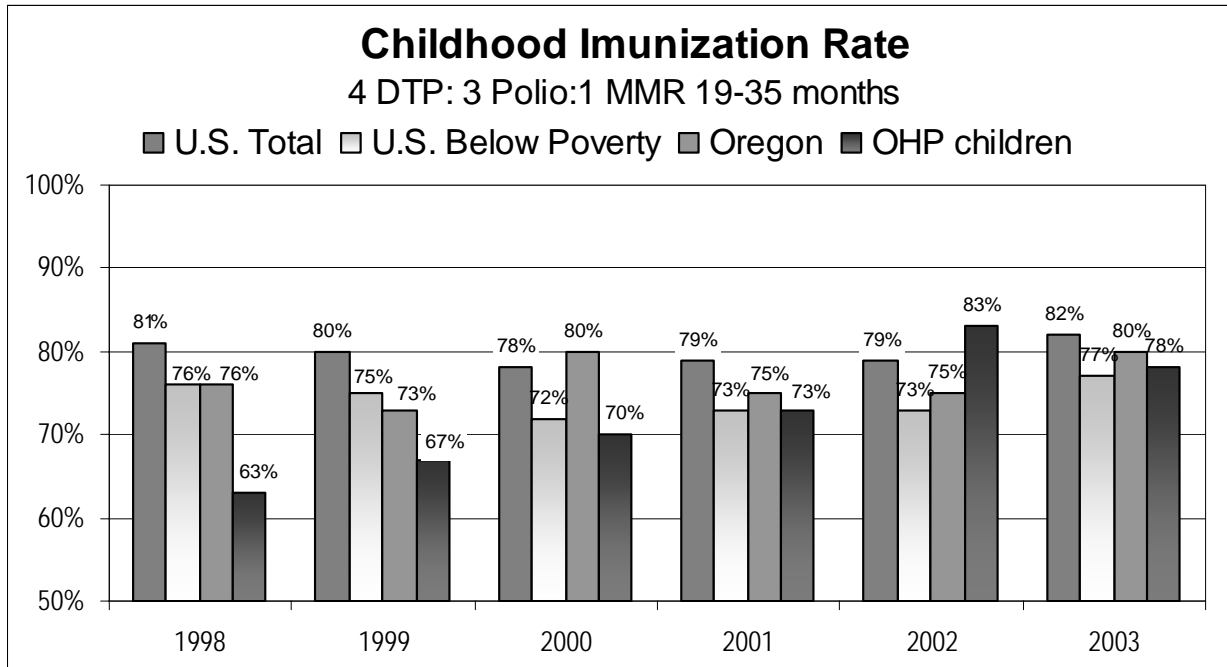
- Since 1999, OMAP has engaged in active outreach to enroll pregnant women eligible for OHP and begin their prenatal care early in collaboration with the Office of Family Health and the Oregon Mother’s Care project.
- **Specific target:** Increase the percentage of pregnant OHP clients who receive prenatal care in their first trimester to 71 percent by 2005.
- *Note: While this outcome measure is similar to the Department’s Key Performance Measure #17, it only measures women in OHP.*



- ◆ **Increase percentage of OHP clients age three and younger who have received adequate immunizations.** Immunizations are a basic preventive medical treatment that protect children from debilitating, serious, and life threatening contagious diseases. This measure requires receipt of four diphtheria-tetanus-pertussis (DTP), three polio, and one measles-mumps-rubella (MMR) immunizations by three years of age.
 - The first year measured was 1998 as part of Oregon’s participation in a national pilot child immunization program sponsored by the Centers for Medicare and Medicaid Services and required by the Government Performance and Results Act. The percentage of OHP clients age three and younger that received four DTP, three polio, and one MMR immunizations has increased from 63 percent in 1998 to a high of 83 percent in 2002 and down to 78 percent in 2003. The data for 2003 is preliminary, and while it is expected to increase when run at the regularly scheduled time (spring 2005), shortages of DTP shots may have contributed to lower immunization rates.
 - OMAP partners with its contracted fully capitated health plans, the DHS Public Health Immunization Program and others to identify and reduce barriers for keeping immunizations up-to-date for OHP children. One strategy is to encourage plans to participate in the exchange of electronic data with Oregon’s statewide immunization registry, ALERT. OMAP has also increased its data exchange with ALERT. As a result, measurement year 2002 results may also reflect more complete records than previous years. Also, in 2003, OMAP participated in the national initiative “Healthy Start, Grow Smart.” The federally funded initiative was aimed at getting developmental and health information on newborns through age 12 months to mothers on Medicaid. Approximately 1,500 sets of brochures were mailed each month, in English and Spanish, to new mothers. This initiative will continue into the 2005-07 biennium.

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- **Specific target:** The target for percent of OHP clients age 3 and younger who have received adequate (4 DTP: 3 polio: 1 MMR) immunizations was 75 percent by 2005. This target was reached in 2002 and 2003.
- *Note: While this outcome measure is similar to the Department’s Key Performance Measure #22, it only measures children in OHP.*



Notes: The data source for U.S., U.S. Below Poverty and Oregon data is the National Immunization Survey. Oregon data has a +/- 6 error. OHP data sources are the Oregon Immunization ALERT registry and the Office of Medical Assistance Programs databases. To be counted in the OHP measure children must have been enrolled in an OHP fully capitated health plan for 10 and a half months in the measurement year.

- ◆ **Increase preventive care in the Oregon Health Plan.** Preventive care improves long-term health and decreases the need for health services in more costly settings. OMAP measures the percentage of OHP clients covered at any point during the year who have received services defined as preventive in the Health Services Commission’s Prioritized List of Services and the American Dental Association Dental Preventive Codes. Preventive care continues to be a strong focus within all OMAP programs reflected in small and steady increases.
 - Preventive services for adults ranged from a low of 63 percent in 1996 to a high of 69 percent in 2000. 2001 and 2002 preventive services for adults stayed in the range of 67 and 68 percent, however, 2003 saw a decrease to 64 percent. This is most likely due to OHP Standard clients losing their dental benefit. Preventive services for children increased steadily from 67 percent in 1996 to 74 percent in 2002 and 2003.

