Health System Transformation
2014 Mid-Year Performance Report

Oregon Health Policy Board
February 3, 2015

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Oregon Health Authority

Game Plan

1. What have we learned about the ACA population?
2. What are we learning about the Coordinated Care Model?
3. What can we learn about areas within Behavioral Health and Public Health?
4. Summary

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Oregon Health Authority accountability

Core Performance Measures

- Included in Oregon's 1115 demonstration waiver - some focus on population health
- There are no financial incentives or penalties associated with them

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.

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2014 Mid-Year Performance Report

- ✓ State and CCO progress is reported for July 1, 2013 through June 30, 2014; compared with calendar 2013 and baseline year 2011.
- ✓ No quality pool payments were made based on this data, or included in this report.

www.oregon.gov/oha/metrics/

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2014 Mid-Year Performance Report: What's New?

- ✓ **Core Performance Measures:** Population health measures reported to CMS each year as part of Oregon's 1115 waiver.
- ✓ **Expansion Population**: Data on key measures for the 380,000+ Oregonians who enrolled in the Oregon Health Plan since the ACA took effect January 1, 2014.
- ✓ **Enhanced Financial Data**: New visualizations and drill-downs for cost and utilization.

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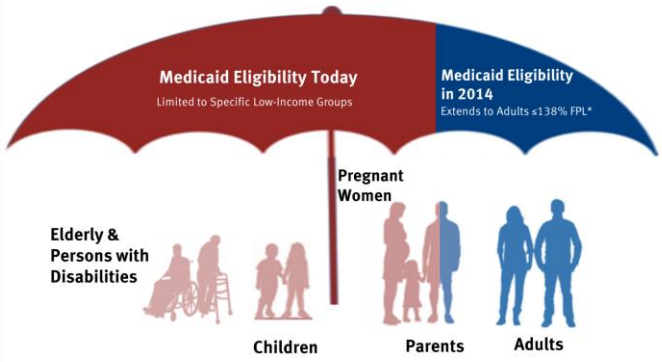
The ACA Medicaid Expansion Fills Current Gaps in Coverage



NOTE: The June 2012 Supreme Court decision in *National Federation of Independent Business v. Sebelius* maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = $15,856 for an individual and $26,951 for a family of three in 2013.

THE HENRY J. KAISER FAMILY FOUNDATION

ACA EXPANSION IN OREGON

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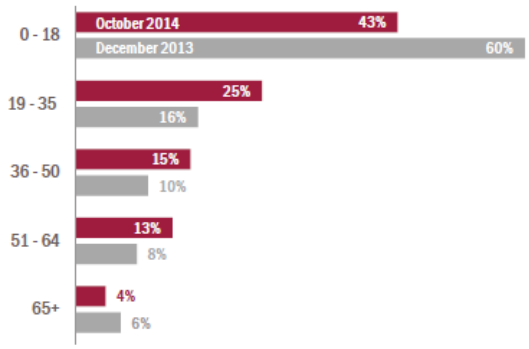
Oregon Health Plan: Changing Demographics

The proportion of members ages 19-35 enrolled in Medicaid has increased more than other age groups between December 2013 and October 2014



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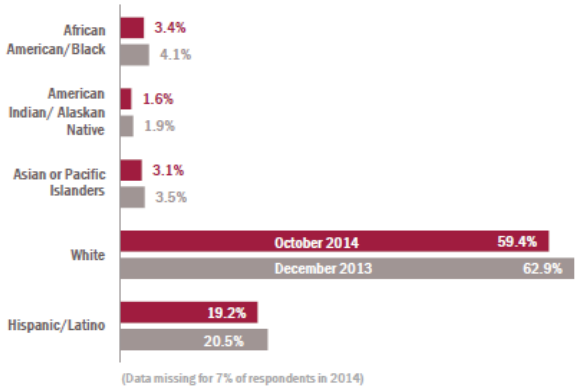
Oregon Health Plan: Changing Demographics

Despite the influx of new member, the racial/ethnic makeup of Medicaid enrollees has not changed much between December 2013 and October 2014 .



(Data missing for 7% of respondents in 2014)

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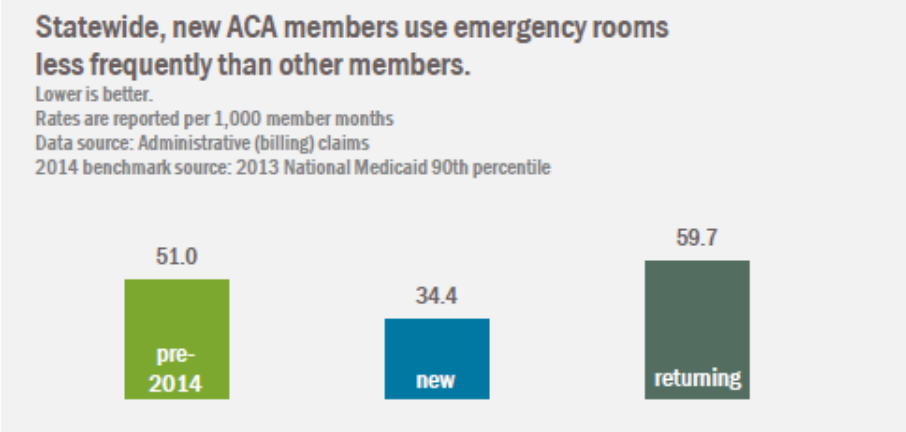
ED Utilization since January 1, 2014



See similar pattern for avoidable ED visits.

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What next?

- Monitor ED visit use and outpatient visits with a full year of data.
- Work to understand more about the new members – are they relatively healthy or is the decrease in ED use the result of a change in health care delivery?
- Examine access to care over time

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COORDINATED CARE MODEL

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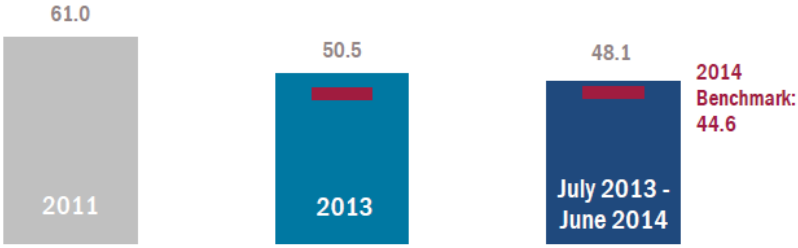
Statewide, emergency department utilization has continued to decline.

(Lower scores are better)
Data source: Administrative (billing) claims
2014 benchmark source: 2013 National Medicaid 90th percentile



- ED visits decreased 21 percent since 2011, despite an influx of 20 percent new enrollment from ACA expansion.

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Emergency Department Costs Decreased by 20%

Meanwhile, Emergency Department costs have declined, with no noticable increase due to the ACA expansion population.

Figures in U.S. dollars, per member per month

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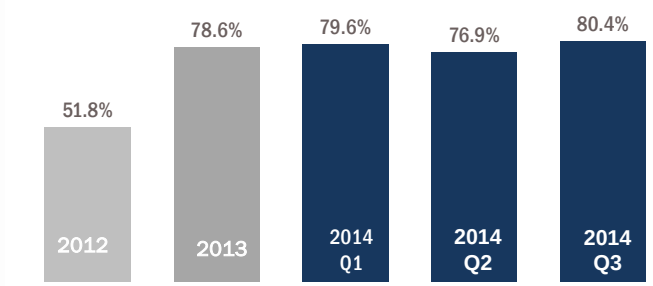
PCPCH Enrollment Increased by 55% since 2012



CCOs N =	528,689	739,023	827,939	868,392

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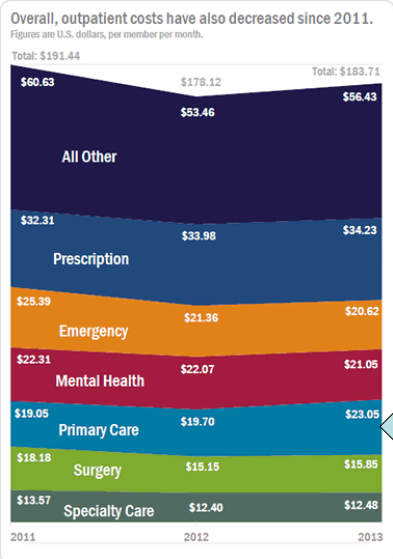
Outpatient Costs



- Overall PMPM outpatient costs have decreased.
- Primary care spending has increased

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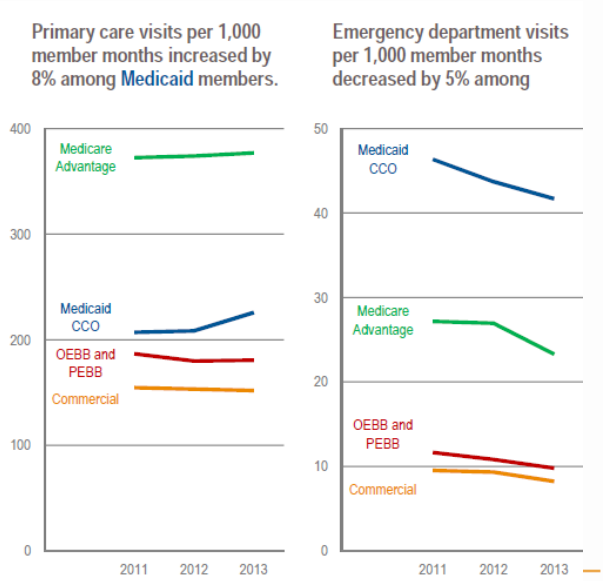
What are we learning about the Coordinated Care Model?



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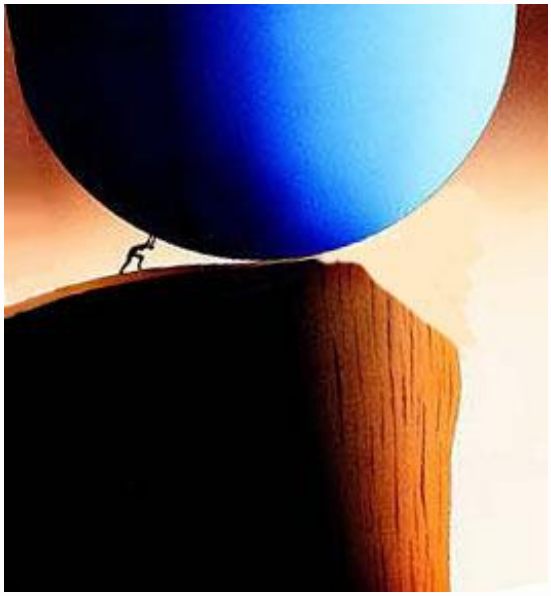

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Incentives promote change

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How Are We Doing?

- **Incentive Metrics:** Statewide improvement on all nine of the incentive metrics (compare 2011 to mid-year 2014)
- **State Performance Metrics**: statewide improvements on 10 of the 14 state performance metrics (compare 2011 to mid-year 2014)
- **Core Performance Metrics**: Statewide progress was mixed – first time reporting

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More work is needed…

Child and adolescent access to primary care providers

✓ Access declined for all age groups at the statewide level (results were not reported at the CCO level).

Initiation and engagement of alcohol or other drug treatment (engagement phase)

✓ Nine of 16 CCOs declined on this measure.

Tobacco use prevalence

✓ Nine of 16 CCOs declined on this measure, and none have reached the benchmark.

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BEHAVIORAL HEALTH – WHAT CAN WE LEARN

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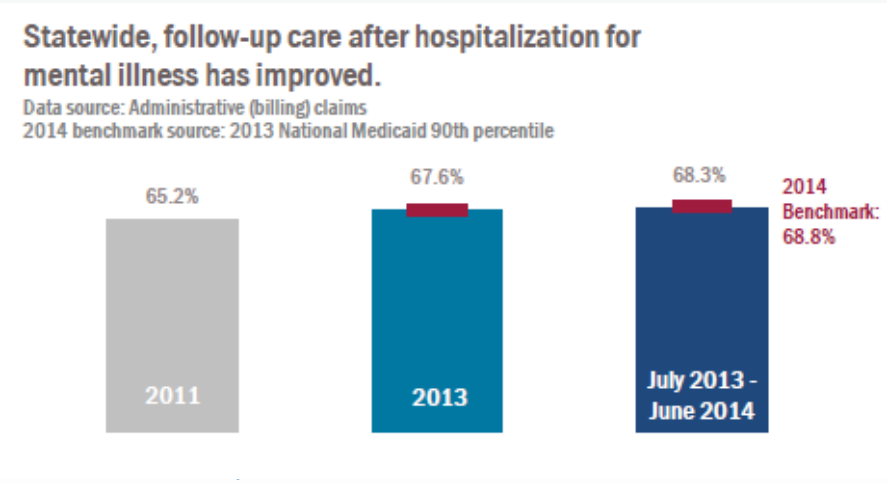

- Modified measure specifications allow community providers to complete follow-up, promoting behavioral and physical health care integration.

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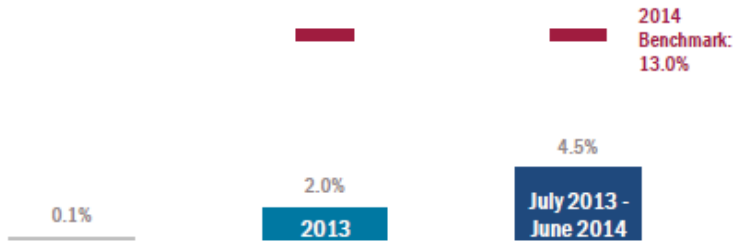
Progress on SBIRT

Statewide, appropriate screening and intervention for alcohol or substance abuse has increased steadily each year.

Data source: Administrative (billing) claims
2014 benchmark source: Metrics and Scoring Committee consensus



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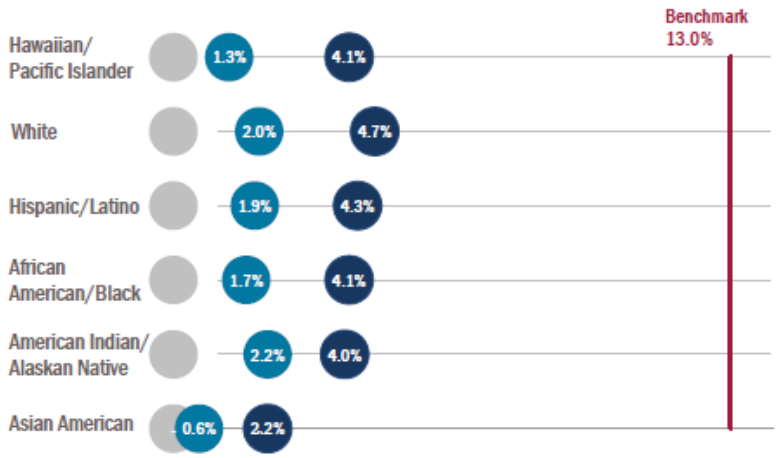
SBIRT rates improved for all racial/ethinic groups between 2013 & June 2014.

Gray dots represent 2011.
Data missing for 8.5% of respondents. Each race category excludes Hispanic/Latino.



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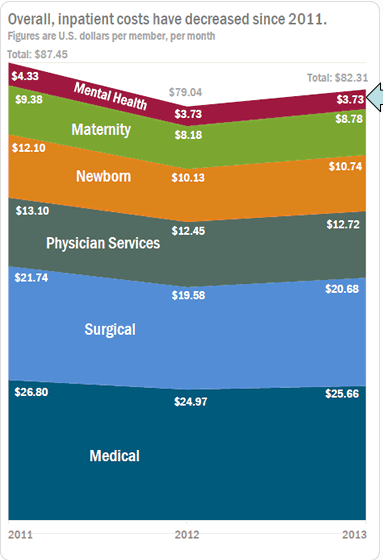
Inpatient Costs



- Inpatient PMPM costs have declined 5.7 percent since 2011.
- Greatest declines were in mental health and maternity.

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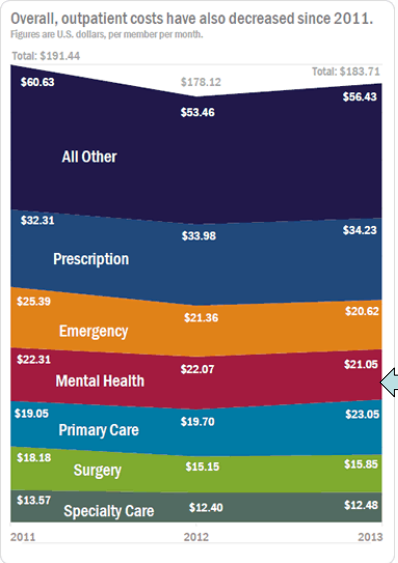
Outpatient Costs



- Overall PMPM outpatient costs have decreased.
- Spending for mental health ahs remained roughly the same

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"I have five dollars that says you won't give me a shot and we'll sweep this little matter under the rug."

PUBLIC HEALTH – WHAT CAN WE LEARN

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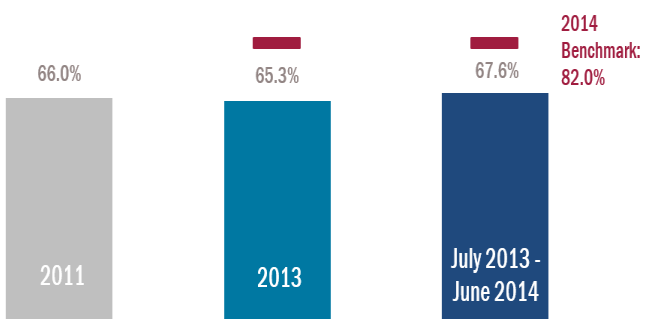
Statewide, childhood immunizations shows a slight increase.

Data source: Administrative (billing) claims and ALERT Immunization Information Sysytem
2014 benchmark source: 201 3 National Medicaid 75th percentile



Children on OHP have about the same proportion of completed immunizations as all children in Oregon

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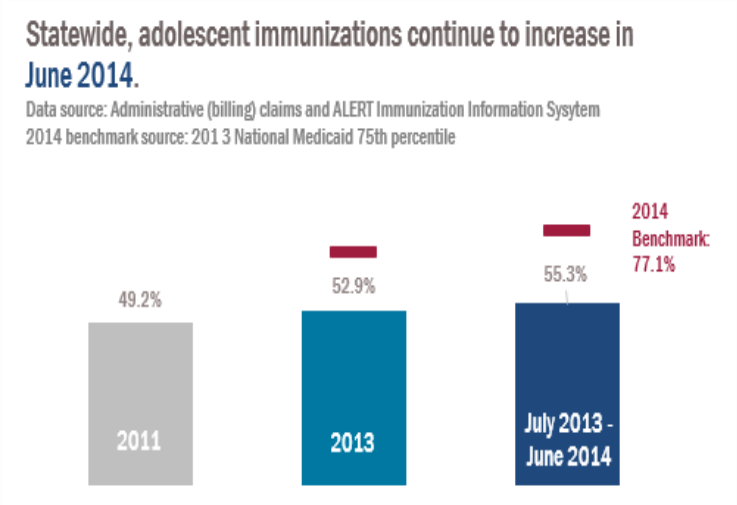

Lagging behind the benchmark

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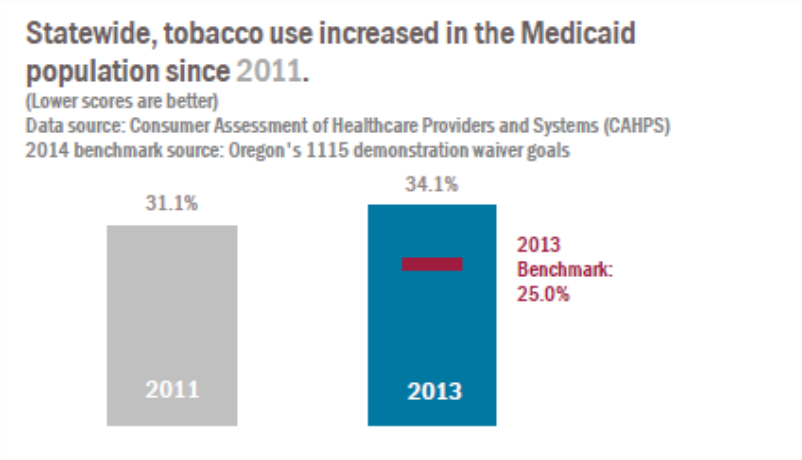
Core Performance: Tobacco Prevalence



Tobacco use among all Oregonians is 16%

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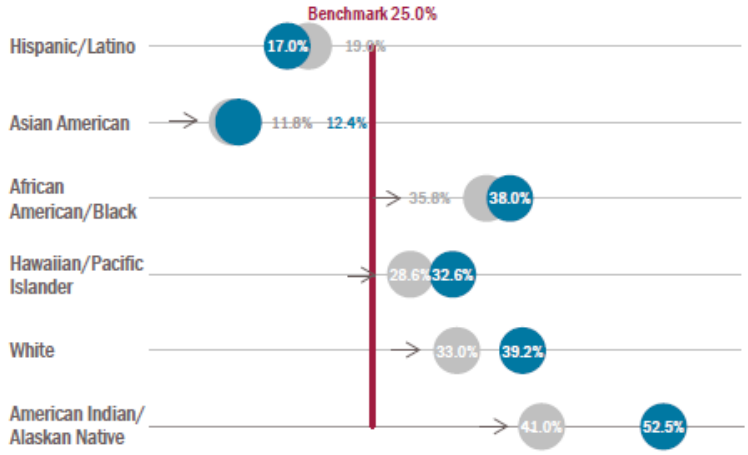
Tobacco use increased for all racial/ethnic groups except Hispanic/Latino between 2011 and 2013.

(Lower scores are better).
Each race category excludes Hispanic/Latino.



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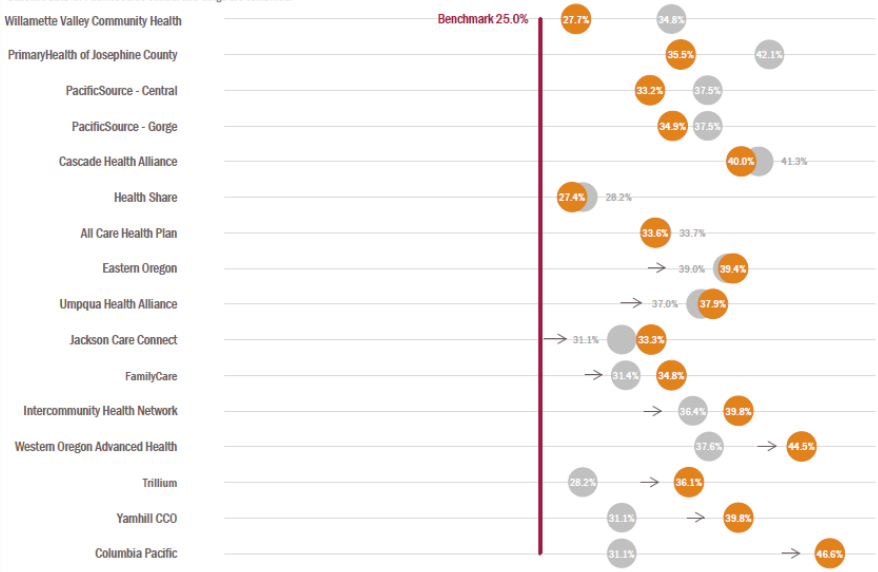
While tobacco use decreased in seven CCOs between 2011 and 2013, tobacco use increased in nine CCOs.

(Lower scores are better)
2011 baselines are pre-CCO and based on data from the predecessor care organization.
Baseline data for PacificSource Central and Gorge are combined.



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Main messages

- Incentive measures get the attention -- $$ drives improvements
- Progress in some areas appears to be accelerated for Medicaid when compared to other payers
- Measures show progress and some challenges for improving behavioral health and population health

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CCO Incentive Metrics for 2015

Retired:	Early elective delivery Follow-after medication for ADHD
Added:	Dental sealants for children Effective contraceptive use among women at risk of unintended pregnancy
Modified:	SBIRT for adolescents Dental health assessments for children in foster care
Challenge pool metrics:	SBIRT Depression screening and follow-up Diabetes HbA1c poor control Developmental screening

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Next Progress Report

- ✓ Will be published late June 2015.
- ✓ Metrics calculated for calendar year 2014.
- ✓ Will include CY 2014 quality pool distribution.
- ✓ Will have expanded cost and utilization information.

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For More Information

The 2014 Mid Year Performance Report and all technical specifications are posted online at health.oregon.gov

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