Oregon's Health System Transformation: CCO Metrics 2016 Mid-Year Report

January 2017

MEASUREMENT PERIOD:
July 2015 - June 2016
Version 1.1
January 2017
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</tr>
<tr>
<td>Assessments for children in DHS custody</td>
<td>33</td>
</tr>
<tr>
<td>Childhood immunization status</td>
<td>45</td>
</tr>
<tr>
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<td>53</td>
</tr>
<tr>
<td>Developmental screening in the first 36 months of life</td>
<td>59</td>
</tr>
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<td>Effective contraceptive use among women at risk of unintended pregnancy - ages 18-50</td>
<td>61</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness</td>
<td>67</td>
</tr>
<tr>
<td>Patient-centered primary care home (PCPCH) enrollment</td>
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</tbody>
</table>

### State Performance Metrics

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<tbody>
<tr>
<td>Adolescent well-care visits</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Ambulatory care: emergency department utilization</td>
<td>25</td>
</tr>
<tr>
<td>Ambulatory care: outpatient utilization</td>
<td>27</td>
</tr>
<tr>
<td>Appropriate testing for children with pharyngitis</td>
<td>31</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>35</td>
</tr>
<tr>
<td>Child and adolescent access to primary care providers</td>
<td>37</td>
</tr>
<tr>
<td>Childhood immunization status</td>
<td>45</td>
</tr>
<tr>
<td>Chlamydia screening</td>
<td>47</td>
</tr>
<tr>
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EXECUTIVE SUMMARY

This mid-year report lays out the progress of Oregon’s coordinated care organizations (CCOs) on quality measures from July 1, 2015 through June 30, 2016. Measuring quality and access to care are key to moving health system transformation forward, to ensure high quality care for Oregon Health Plan members.

The report indicates that through the coordinated care model, improvements continue in a number of areas, such as reductions in hospital admissions and avoidable emergency department utilization, and increases in developmental screening and enrollment in patient-centered primary care homes.

Key findings include:

- **Decreased hospital admissions for asthma and chronic obstructive pulmonary disease (COPD).** The rate of adult patients (ages 18 and older) who had a hospital stay because of COPD or asthma dropped 4.4 percent in mid-2016 compared with calendar year 2015, and by more than 60 percent since 2011 baseline data. In addition, the rate of younger adult members (ages 18-39) who had a hospital stay because of asthma dropped 13.6 percent since 2015, and by more than fifty percent since 2011 baseline data.

- **Patient-Centered Primary Care Home (PCPCH) enrollment continues to increase.** Coordinated care organizations continue to increase the proportion of members enrolled in patient-centered primary care homes. This increase suggests support for the PCPCH model. PCPCH enrollment has increased 60 percent since 2011.

- **Rate of developmental screening for young children continues to increase.** Fifty-eight percent of young children were screened for risks of developmental, behavioral, or social delays as of June 2016, indicating continuing improvement since 2011 baseline when only 1 in 5 children received the recommended screening.

- **Rate of dental sealants on permanent molars for children continues to increase.** Statewide, the percentage of children receiving dental sealants has increased 77 percent since 2014 baseline. Dental sealants was added to the CCO incentive program in 2015.

There are also areas where CCOs are making strides but room for improvement remains:

- CCOs continue to demonstrate improvements in providing timely health assessments for children in DHS custody (foster care), but all sixteen CCOs remain far below the benchmark.

- The percentage of adolescents and young adults (ages 12-21) receiving at least one well care visit during the measurement year (as recommended by clinical guidelines) continues to improve, but fewer than forty percent had a visit.
EXECUTIVE SUMMARY

Measures that require observation or improvement:

- For the first time since CCOs were established, there is a slight increase in emergency department visits by people served by CCOs. However, the rate of avoidable emergency department utilization (for conditions that could have been more appropriately managed in a primary care setting) continues to improve. OHA will continue to monitor and explore this trend as data become available.

- Effective contraceptive use among adult women at risk of unintended pregnancy declined slightly (2 percent) in mid-year compared with 2015, and has improved only modestly (6 percent) since 2014 baseline. Introduced to the CCO incentive program in 2015, CCOs are encountering barriers such as provider knowledge, access to care, and cultural views.

This is the third report to show statewide performance on selected measures for members with disabilities, and members with mental health conditions and severe and persistent mental illness, and the first to report trend over time (calendar year 2015 compared with mid-2016). Key findings include:

- Children and adolescents with disability or with mental health conditions have higher rates of adolescent well-care visits, developmental screenings, and well-child visits than children and adolescents statewide. These higher rates might indicate that conditions are being identified during the visits and screenings.

- Children in foster care with disability or with mental health conditions are less likely to receive health assessments than other children in foster care.

- Members with mental health diagnoses or severe and persistent mental illness use the emergency department at much higher rates than other members. Members with disability also use the emergency department more frequently; and the increase in ED utilization among members with disability was higher in the first six months of 2016 than statewide (10 percent compared with 5.8 percent, respectively).

A hallmark of Oregon’s health system transformation continues to be a commitment to transparency and accountability. By measuring Oregon’s progress and identifying both successes and challenges, the state can identify how we can continue to push for greater health transformation and ways that we can create better health outcomes for Oregon Health Plan members.
## 2016 Mid-Year Incentive Measure Summary

<table>
<thead>
<tr>
<th>Measure</th>
<th>2011 baseline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2015 revised</th>
<th>mid-2016</th>
<th>2016 benchmark</th>
<th>% change since 2015</th>
<th># of CCOs currently meeting benchmark or improvement target (as of mid-year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent well care visits</td>
<td>27.1%</td>
<td>29.2%</td>
<td>32.0%</td>
<td>37.5%</td>
<td>-</td>
<td>38.7%</td>
<td>61.9%</td>
<td>↑ 3.2%</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol and drug misuse screening (SBIRT) 12+</td>
<td>0.1%</td>
<td>2.0%</td>
<td>6.4%</td>
<td>12.7%</td>
<td>-</td>
<td>16.3%</td>
<td>12.0%</td>
<td>↑ 28.3%</td>
<td>14</td>
</tr>
<tr>
<td>Ambulatory care - ED utilization</td>
<td>61.0</td>
<td>50.5</td>
<td>47.3</td>
<td>43.1</td>
<td>-</td>
<td>45.6</td>
<td>39.8 (lower is better)</td>
<td>↑ 5.8%</td>
<td>6</td>
</tr>
<tr>
<td>Assessments for children in DHS custody</td>
<td>53.6%</td>
<td>63.5%</td>
<td>27.9%</td>
<td>58.4%</td>
<td>-</td>
<td>67.5%</td>
<td>90.0%</td>
<td>↑ 15.6%</td>
<td>11</td>
</tr>
<tr>
<td>Childhood immunization status</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>70.7%</td>
<td>67.7%</td>
<td>67.7%</td>
<td>82.0%</td>
<td>- 0.0%</td>
<td>7</td>
</tr>
<tr>
<td>Dental sealants for children</td>
<td>-</td>
<td>-</td>
<td>11.2%</td>
<td>18.5%</td>
<td>-</td>
<td>20.1%</td>
<td>20.0%</td>
<td>↑ 8.6%</td>
<td>8</td>
</tr>
<tr>
<td>Developmental screening</td>
<td>20.9%</td>
<td>33.1%</td>
<td>42.6%</td>
<td>54.7%</td>
<td>-</td>
<td>58.9%</td>
<td>50.0%</td>
<td>↑ 7.7%</td>
<td>15</td>
</tr>
<tr>
<td>Effective contraceptive use (ages 18-50)</td>
<td>-</td>
<td>-</td>
<td>33.4%</td>
<td>36.3%</td>
<td>-</td>
<td>35.5%</td>
<td>50.0%</td>
<td>↓ -2.2%</td>
<td>0</td>
</tr>
<tr>
<td>Follow up after hospitalization for mental illness</td>
<td>65.2%</td>
<td>67.6%</td>
<td>70.7%</td>
<td>75.3%</td>
<td>76.6%</td>
<td>76.0%</td>
<td>79.9%</td>
<td>↓ -0.8%</td>
<td>9</td>
</tr>
<tr>
<td>Patient-centered primary care home (PCPCH) enrollment</td>
<td>51.8%</td>
<td>78.6%</td>
<td>81.0%</td>
<td>87.5%</td>
<td>-</td>
<td>90.6%</td>
<td>60.0%</td>
<td>↑ 3.5%</td>
<td>16</td>
</tr>
</tbody>
</table>

This “dashboard” shows statewide results over time for the ten incentive measures for which mid-year data are available. The blue columns show the number of CCOs that are achieving the statewide benchmark or individual improvement target as of mid-year reporting. Incentive payments are based on final calendar year results; this snapshot is shown only to help illustrate mid-year progress. The right-most columns show the percent change at the statewide level compared with calendar year 2015. Green arrows indicate positive improvement, while red indicates change in the wrong direction.

The light grey column titled “2015 revised” shows updated results for measures that have been recalculated since 2015 final reporting. These revised results are the baseline against which 2016 performance is compared. Revised results should not be compared to earlier years.
A note about ICD-10:
In October 2015, the medical classification list of billing codes was revised. While this may have had a small effect on any measures in this report that are determined using administrative billing claims, Alcohol or other drug misuse screening (SBIRT) was particularly affected; calendar year 2015 and mid-2016 are not directly comparable for this measure, and trends should be interpreted with caution.

A note about missing race and ethnicity data:
Race and ethnicity data are missing for a large percentage of the population in this report (as high as 30 percent for some measures) due to changing enrollment information systems. This percentage is expected to decrease in future reports.

Mid-year data are not available for the following metrics:
- Access to care (CAHPS)*
- All-cause readmissions
- Colorectal cancer screening*
- Depression screening and follow-up plan*
- Diabetes HbA1c poor control*
- Early elective delivery
- Electronic health record adoption
- Health status (CAHPS)
- Medical assistance with smoking and tobacco use cessation (CAHPS)
- Obesity prevalence
- Prenatal and postpartum care: Timeliness of prenatal care*
- Prenatal and postpartum care: Postpartum care rate
- Provider access questions from the Physician Workforce Survey
- Satisfaction with care (CAHPS)*
- Tobacco use prevalence*
- Well-child visits in the first 15 months of life

*denotes CCO incentive measure

CY 2016 results for these measures will be published in June 2017

For more information and technical measure specifications, visit: www.oregon.gov/oha/analytics/pages/CCO-Baseline-Data.aspx

To view this report and previous metrics reports online, visit: www.oregon.gov/oha/metrics

For more information and coordinated care organizations, visit: www.health.oregon.gov

For questions about this report, contact:
Jon C. Collins, PhD
Director of Health Analytics
Health Policy and Analytics Division
Oregon Health Authority
Jon.C.Collins@state.or.us

Version control
2/15/2017 (Page 93) Measure description was corrected:
"Prevention quality chronic composite" (earlier version erroneously read 'acute' composite)
Medicaid demographics

With the Affordable Care Act (ACA) coverage expansion, 1 in 4 Oregonians receives health insurance through the Oregon Health Plan (Medicaid).

The racial and ethnic makeup of the Medicaid population has remained largely consistent. The age distribution has shifted: in 2013 and earlier, the majority of the population were children and adolescents; with the enrollment expansion in 2014, more adults were eligible for Medicaid and the proportion of members ages 19-64 increased, with the greatest increase being members ages 19-35.

This section of the report also includes racial/ethnic and age distribution at the CCO level, as well as enrollment stratified by members with disability.

**Total Medicaid enrollment has increased 68 percent since 2013.**
Counts exclude other medical assistance programs.
Racial and ethnic distribution of Oregon’s Medicaid population between 2013 and mid-2016
More members are categorized as "other/unknown" today.
Data missing for 8% of respondents in both 2013 and mid-2016

Age distribution of Oregon’s Medicaid population between 2013 and mid-2016.
Children make up a smaller share of Medicaid members in mid-2016
TOTAL CCO ENROLLMENT (JUNE 2016)

- AllCare Health Plan: 48,493
- Cascade Health Alliance: 16,360
- Columbia Pacific: 24,380
- Eastern Oregon: 47,627
- FamilyCare: 121,983
- Health Share of Oregon: 221,257
- Intercommunity Health Network: 53,996
- Jackson Care Connect: 28,928
- Pacific Source Central: 51,327
- Pacific Source Gorge: 12,638
- Primary Health of Josephine County: 10,952
- Trillium: 90,217
- Umpqua Health Alliance: 26,338
- Western Oregon Advanced Health: 19,567
- Willamette Valley Community Health: 96,467
- Yamhill County: 22,857
### RACE AND ETHNICITY DISTRIBUTION BY CCO (JUNE 2016)

<table>
<thead>
<tr>
<th>CCO</th>
<th>African American/Black</th>
<th>American Indian/Alaska Native</th>
<th>Asian</th>
<th>Hawaiian/Pacific Islander</th>
<th>Hispanic/Latino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare Health Plan</td>
<td>0.7%</td>
<td>1.1%</td>
<td>0.6%</td>
<td>0.3%</td>
<td>8.4%</td>
<td>63.7%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>1.1%</td>
<td>1.7%</td>
<td>0.6%</td>
<td>0.2%</td>
<td>12.8%</td>
<td>60.1%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>0.6%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>0.3%</td>
<td>8.0%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>0.7%</td>
<td>2.0%</td>
<td>0.4%</td>
<td>0.2%</td>
<td>19.9%</td>
<td>52.6%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>5.1%</td>
<td>0.8%</td>
<td>4.3%</td>
<td>0.6%</td>
<td>12.8%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>7.0%</td>
<td>0.8%</td>
<td>6.2%</td>
<td>0.5%</td>
<td>14.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>0.8%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>0.3%</td>
<td>8.6%</td>
<td>62.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>0.8%</td>
<td>1.0%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>12.6%</td>
<td>57.7%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>0.5%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>0.1%</td>
<td>9.5%</td>
<td>63.5%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>0.5%</td>
<td>1.4%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>25.3%</td>
<td>46.1%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.5%</td>
<td>0.3%</td>
<td>5.7%</td>
<td>66.8%</td>
</tr>
<tr>
<td>Trillium</td>
<td>1.6%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>0.2%</td>
<td>7.6%</td>
<td>63.1%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>0.6%</td>
<td>1.1%</td>
<td>0.6%</td>
<td>0.2%</td>
<td>4.9%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>0.5%</td>
<td>1.4%</td>
<td>0.6%</td>
<td>0.2%</td>
<td>5.8%</td>
<td>71.0%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>0.7%</td>
<td>23.2%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Yamhill CCO</td>
<td>0.7%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.1%</td>
<td>16.0%</td>
<td>54.4%</td>
</tr>
</tbody>
</table>

Values do not add to 100% because race and ethnicity data are missing for some members.
<table>
<thead>
<tr>
<th>CCO</th>
<th>0-18</th>
<th>19-35</th>
<th>36-50</th>
<th>51-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare Health Plan</td>
<td>38.7%</td>
<td>26.0%</td>
<td>16.4%</td>
<td>16.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>40.5%</td>
<td>26.3%</td>
<td>15.8%</td>
<td>15.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>39.8%</td>
<td>25.2%</td>
<td>16.6%</td>
<td>16.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>47.9%</td>
<td>23.2%</td>
<td>14.1%</td>
<td>13.0%</td>
<td>1.8%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>39.5%</td>
<td>30.3%</td>
<td>17.0%</td>
<td>11.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>40.0%</td>
<td>25.3%</td>
<td>16.3%</td>
<td>13.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>39.8%</td>
<td>26.8%</td>
<td>16.0%</td>
<td>15.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>42.6%</td>
<td>25.3%</td>
<td>15.8%</td>
<td>14.3%</td>
<td>2.0%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>41.8%</td>
<td>25.5%</td>
<td>16.4%</td>
<td>14.3%</td>
<td>2.1%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>47.9%</td>
<td>22.8%</td>
<td>14.1%</td>
<td>13.7%</td>
<td>1.5%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>33.7%</td>
<td>25.7%</td>
<td>18.2%</td>
<td>19.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Trillium</td>
<td>37.0%</td>
<td>28.2%</td>
<td>17.4%</td>
<td>15.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>37.3%</td>
<td>26.2%</td>
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<td>16.5%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>35.1%</td>
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<td>19.9%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>48.9%</td>
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<td>2.6%</td>
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<tr>
<td>Yamhill CCO</td>
<td>46.6%</td>
<td>25.0%</td>
<td>14.4%</td>
<td>12.5%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Although the total number of members with disability has remained fairly steady since 2013....

...members with disability now make up a smaller share of total enrollment.

With disability means people who qualify for Medicaid based on an impairment that has prevented them from performing substantial gainful activity for at least one year, or is expected to prevent them from performing substantial gainful activity for at least one year. This may include physical, mental, emotional, learning, developmental or other disabilities. These individuals may or may not also be qualified for Medicare. Eligibility codes include: 3, 4, B3, and D4.

See page 95 for a subset of incentive metrics stratified by members with disability.
HOW TO READ THESE GRAPHS

Icons
To help readers identify which metrics belong in which measure set, each metric is accompanied by up to three icons that denote the measure set:

- This icon indicates the measure is one of the 18 CCO incentive metrics. CCOs will earn quality pool funding in June 2017 based on their CY 2016 performance on these measures.

- This icon indicates the measure is one of the 33 state performance metrics (also known as quality and access metrics). OHA is accountable to the Centers for Medicare and Medicaid Services (CMS) for statewide performance on these metrics.

- This icon indicates the measure is one of the core performance metrics. There are no financial incentives or penalties for performance on these measures.


Categories are sorted by amount of change between 2015 and mid-2016. That is, the CCOs or racial/ethnic groups with the most improvement* in mid-2016 are listed first.

Arrows highlight negative change* (away from the benchmark)

* Please note that changes between years have not been tested for statistical significance.
Adolescent well-care visits
Percentage of adolescents and young adults (ages 12-21) who had at least one well-care visit during the measurement year.

**Mid-2016 Data** (n=111,696)
Statewide change since 2015: +3.2%
Number of CCOs that improved: 11
See page 96 for results stratified by member with disability and mental health diagnoses.

Adolescent well-care visits, statewide.
Data source: Administrative (billing) claims

Adolescent well-care visits in 2015 & mid-2016, by race and ethnicity.
Grey dots represent 2014 / Race and ethnicity data missing for 28.1% of respondents / Each race category excludes Hispanic/Latino

<table>
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<th>Race Category</th>
<th>2011 (%)</th>
<th>2013 (%)</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
<th>Mid-2016 (%)</th>
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<tr>
<td>African American/Black</td>
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</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
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<td>34.3</td>
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<td>White</td>
<td>35.3</td>
<td>35.8</td>
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</tr>
</tbody>
</table>

2015 National Medicaid 75th percentile: 61.9%
Alcohol or other substance misuse screening (SBIRT) (all ages)

The SBIRT measure, or Screening, Brief Intervention, and Referral to Treatment, measures the percentage of members (ages 12 and older) who had appropriate screening and intervention for alcohol or other substance abuse.

**mid-2016 data** (n=510,953)

Statewide change since 2015: **+28.3%**

Number of CCOs that improved: **15**

Calendar year 2015 and mid-2016 results for this measure are not directly comparable due to changes in the data source (ICD-10) which occurred in October 2015 (see page 9 for more information). Part of the increase that occurred in mid-2016 can be attributed to this code change and not actual performance. Specifically, the change to ICD-10 resulted in codes that are less specific to SBIRT. Thus, additional screening services (not just SBIRT) are likely being counted, artificially inflating performance.

See page 97 for results stratified by member with disability and mental health diagnoses.  

Back to table of contents.
Alcohol or other substance misuse screening (ages 12+) in 2015 & mid-2016, by CCO.

Grey dots represent 2014
Alcohol or other substance misuse screening (SBIRT) (ages 12-17)

The SBIRT measure, or Screening, Brief Intervention, and Referral to Treatment, measures the percentage of members (ages 12-17) who had appropriate screening and intervention for alcohol or other substance abuse.

**mid-2016 data**  (n=81,384)

Statewide change since 2015: **+60.6%**

Number of CCOs that improved: **all 16**

Calendar year 2015 and mid-2016 results for this measure are not directly comparable due to changes in the data source (ICD-10) which occurred in October 2015 (see page 9 for more information). Part of the increase that occurred in mid-2016 can be attributed to this code change and not actual performance. Specifically, the change to ICD-10 resulted in codes that are less specific to SBIRT. Thus, additional screening services (not just SBIRT) are likely being counted, artificially inflating performance.

See page 97 for results stratified by member with disability and mental health diagnoses.

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Alcohol or other substance misuse screening (ages 12-17) in 2015 & mid-2016, by CCO.

Grey dots represent 2014
Alcohol or other substance misuse screening (SBIRT) (ages 18+)

The SBIRT measure, or Screening, Brief Intervention, and Referral to Treatment, measures the percentage of members (ages 18 and older) who had appropriate screening and intervention for alcohol or other substance abuse.

**mid-2016 data** (n=429,569)

Statewide change since 2015: +22.2%

Number of CCOs that improved: 14

Calendar year 2015 and mid-2016 results for this measure are not directly comparable due to changes in the data source (ICD-10) which occurred in October 2015 (see page 9 for more information). Part of the increase that occurred in mid-2016 can be attributed to this code change and not actual performance. Specifically, the change to ICD-10 resulted in codes that are less specific to SBIRT. Thus, additional screening services (not just SBIRT) are likely being counted, artificially inflating performance.

See page 97 for results stratified by member with disability, mental health diagnoses, and severe and persistent mental illness.

Back to table of contents.
Ambulatory care: Emergency department utilization

Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests more appropriate use of care. (Per 1,000 member months means that in one month, XX visits occur per 1,000 members).

**mid-2016 data** *(n=10,885,196 member months)*

Statewide change since 2015: +5.8% (lower is better)

Number of CCOs that improved: 2

See page 98 for results stratified by member with disability and mental health diagnoses.

Back to table of contents.

---

**Emergency department utilization in 2015 & mid-2016, by race and ethnicity.**

Rates are per 1,000 member months / Grey dots represent 2014 / Race and ethnicity data missing for 26.9% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
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<tr>
<td>Hispanic/Latino</td>
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</tr>
<tr>
<td>Asian American</td>
<td>18.8</td>
<td>21.2</td>
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<tr>
<td>Hawaiian/Pacific Islander</td>
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<tr>
<td>African American/Black</td>
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</table>

2015 national Medicaid 90th percentile: 39.8 (Lower is better)
Emergency department utilization in **2015 & mid-2016**, by CCO.
Rates are per 1,000 member months / Grey dots represent 2014

2015 national Medicaid 90th percentile: 39.8

(Lower is better)
Avoidable emergency department utilization

Rate of patient visits to an emergency department for conditions that could have been appropriately managed by or referred to a primary care provider in an office or clinic setting.

Rates are derived from the ambulatory care: emergency department utilization measure and are reported per 1,000 member months. A lower number suggests more appropriate emergency department utilization.

**mid-2016 data** (n=10,880,603 member months)

Statewide change since 2015: **-5.6%** (lower is better)

Number of CCOs that improved: **15**

Avoidable emergency department utilization in 2015 & mid-2016, by race and ethnicity.

Rates are per 1,000 member months / Grey dots represent 2014 / Race and ethnicity data missing for 26.2% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
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</thead>
<tbody>
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<td>3.1</td>
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<tr>
<td>Hispanic/Latino</td>
<td>6.5</td>
<td>6.8</td>
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<tr>
<td>Hawaiian/Pacific Islander</td>
<td>7.6</td>
<td>7.8</td>
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<tr>
<td>African American/Black</td>
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<td>10.6</td>
<td>10.8</td>
</tr>
</tbody>
</table>
Avoidable emergency department utilization in 2015 & mid-2016, by CCO.
Rates are per 1,000 member months / Grey dots represent 2014

(Lower is better)
Outpatient utilization

Rate of outpatient services, such as office visits, home visits, nursing home care, urgent care and counseling or screening services. Rates are reported per 1,000 member months.

**mid-2016 data** (n=10,885,196 member months)

Statewide change since 2015: **-0.4%**

Number of CCOs that increased: **11**

Outpatient utilization, statewide.

Data source: Administrative (billing) claims

Rates are per 1,000 member months

Outpatient utilization in **2015 & mid-2016**, by race and ethnicity.

Rates are per 1,000 member months / Grey dots represent 2014 / Race and ethnicity data missing for 25.9% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>African American/Black</td>
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<td>277.7</td>
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<td>315.8</td>
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<td>248.4</td>
<td>252.1</td>
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</table>
Outpatient utilization in **2015 & mid-2016**, by CCO.
Rates are per 1,000 member months / Grey dots represent 2014

- Columbia Pacific: 311.5, 318.5
- FamilyCare: 250.3, 256.3
- Cascade Health Alliance: 288.4, 293.8
- Primary Health of Josephine County: 361.5, 367.0
- Umpqua Health Alliance: 255.9, 318.3
- PacificSource - Central: 255.9, 259.9
- Jackson Care Connect: 288.4, 293.8
- Intercommunity Health Network: 317.8, 318.8
- Yamhill Community Care: 301.5, 302.5
- AllCare Health Plan: 315.5, 315.7
- Health Share of Oregon: 292.1, 292.3
- PacificSource - Gorge: 230.3, 231.1
- Willamette Valley Community Health: 311.0, 313.1
- Western Oregon Advanced Health: 282.4, 282.6
- Eastern Oregon: 264.1, 271.6
- Trillium: 262.3, 282.6
Appropriate testing for children with pharyngitis

Percentage of children with a sore throat (pharyngitis) who were given a strep test before getting an antibiotic.

**mid-2016 data** (n=8,859)

Statewide change since 2015: **+0.9%**

Number of CCOs that improved: **11**

Appropriate testing for children with pharyngitis in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 30.2% of respondents / Each race category excludes Hispanic/Latino

~ Data suppressed (n<30)

<table>
<thead>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>73.7%</td>
<td>72.8%</td>
<td>74.2%</td>
<td>77.4%</td>
<td>78.1%</td>
</tr>
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<td>White</td>
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<tr>
<td>Hispanic/Latino</td>
<td></td>
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<tr>
<td>Asian American</td>
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<tr>
<td>African American/Black</td>
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</tr>
<tr>
<td>Hawaiian/Pacific Islander~</td>
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</tr>
</tbody>
</table>

2015 national Medicaid 75th percentile: 78.0%
Appropriate testing for children with pharyngitis in 2015 & mid-2016, by CCO.

Grey dots represent 2014.

2015 national Medicaid 75th percentile: 78.0%
Assessments for children in DHS custody

Percentage of children ages 4+ who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.

**mid-2016 data**  \(n=1,639\)

Statewide change since 2015: **+15.6%**

Number of CCOs that improved: **13**

See page 101 for results stratified by member with disability and mental health diagnoses.

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Percentage of children in DHS custody who received health assessments in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 7.1% of respondents / Each race category excludes Hispanic/Latino

~ Data suppressed (n<30)

<table>
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<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
<th>Benchmark: 90.0%</th>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
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<td>54.5%</td>
<td>79.1%</td>
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<tr>
<td>African American/Black</td>
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<td>57.9%</td>
<td>73.0%</td>
<td></td>
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<tr>
<td>White</td>
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<td>57.7%</td>
<td>67.4%</td>
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</tr>
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<td>64.8%</td>
<td>66.6%</td>
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<tr>
<td>Asian American~</td>
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<tr>
<td>Hawaiian/Pacific Islander~</td>
<td></td>
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</tr>
</tbody>
</table>
Percentage of children in DHS custody who received health assessments in 2015 & mid-2016, by CCO.

Grey dots represent 2014
~ Note small denominator (n<30)

Benchmark: 90.0%
Cervical cancer screening

Percentage of women (ages 21 to 64) who received one or more Pap tests for cervical cancer during the past three years.

**mid-2016 data**  (n=163,129)

Statewide change since 2015: **+4.4%**

Number of CCOs that improved: **all 16**

Back to table of contents.


Grey dots represent 2014 / Race and ethnicity data missing for 23.8% of respondents / Each race category excludes Hispanic/Latino

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<tbody>
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<td>Hispanic/Latino</td>
<td>56.1%</td>
<td>53.3%</td>
<td>44.3%</td>
<td>48.2%</td>
<td>50.3%</td>
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<td>Asian American</td>
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<tr>
<td>African American/Black</td>
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<tr>
<td>White</td>
<td>48.1%</td>
<td>49.1%</td>
<td>51.8%</td>
<td>54.7%</td>
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</tr>
<tr>
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<tr>
<td>Hawaiian/Pacific Islander</td>
<td>47.2%</td>
<td>48.7%</td>
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</table>
Cervical cancer screening in 2015 & mid-2016, by CCO.

Grey dots represent 2014

2015 national Medicaid 75th percentile: 68.0%

Columbia Pacific
PrimaryHealth of Josephine County
PacificSource - Gorge
PacificSource - Central
Intercommunity Health Network
AllCare Health Plan
Yamhill Community Care
Cascade Health Alliance
Health Share of Oregon
Jackson Care Connect
Western Oregon Advanced Health
Eastern Oregon
Willamette Valley Community Health
FamilyCare
Umpqua Health Alliance
Trillium
Percentage of children and adolescents (all ages) who had a visit with a primary care provider, statewide.

Data source: Administrative (billing) claims

2015 national Medicaid 75th percentile: 93.7%

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<th>Year</th>
<th>Percentage</th>
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</tr>
<tr>
<td>2013</td>
<td>87.0%</td>
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<tr>
<td>2014</td>
<td>86.0%</td>
</tr>
<tr>
<td>2015</td>
<td>89.5%</td>
</tr>
<tr>
<td>mid-2016</td>
<td>88.9%</td>
</tr>
</tbody>
</table>

Statewide change since 2015: **-0.4%**

Number of CCOs that improved: **3**

**mid-2016 data** (n=223,696)

Grey dots represent 2014 / Race and ethnicity data missing for 30.5% of respondents / Each race category excludes Hispanic/Latino

- **Asian American**: 88.9%
- **Hispanic/Latino**: 90.0%
- **White**: 88.9%
- **American Indian/Alaska Native**: 89.7%
- **African American/Black**: 87.9%
- **Hawaiian/Pacific Islander**: 79.7%

2015 national Medicaid 75th percentile: 93.7%
Percentage of children (ages 12-24 months) who had a visit with a primary care provider, statewide.

Data source: Administrative (billing) claims

**2015 national Medicaid 75th percentile: 97.4%**

<table>
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<th>Year</th>
<th>Percentage</th>
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<tr>
<td>2015</td>
<td>94.8%</td>
</tr>
<tr>
<td>mid-2016</td>
<td>93.5%</td>
</tr>
</tbody>
</table>

Statewide change since 2015: **-0.8%**

Number of CCOs that improved: **4**

**Back to table of contents.**

Percentage of children (ages 12-24 months) who had a visit with a primary care provider between **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 32.4% of respondents / Each race category excludes Hispanic/Latino

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<th>2015 Percentage</th>
<th>2015 National Medicaid 75th Percentile</th>
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<td>94.5%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
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<td>96.4%</td>
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</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>93.5%</td>
<td>98.3%</td>
</tr>
</tbody>
</table>
Childhood and adolescent access to primary care providers (24 months - 6 years)

Percentage of children and adolescents (ages 24 months - 6 years) who had a visit with a primary care provider.

**mid-2016 data** (n=71,393)

Statewide change since 2015: **-1.6%**

Number of CCOs that improved: **2**

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Percentage of children (ages 25 months - 6 years) who had a visit with a primary care provider in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 31.1% of respondents / Each race category excludes Hispanic/Latino

- **American Indian/Alaska Native:** 86.2% (2011), 84.3% (2013), 82.3% (2014), 86.7% (2015), 86.5% (mid-2016)
- **Hawaiian/Pacific Islander:** 76.4% (2011), 76.8% (2015)
- **Hispanic/Latino:** 87.4% (2011), 88.4% (2015), 87.4% (mid-2016)
- **Asian American:** 87.3% (2011), 88.5% (2015), 86.3% (mid-2016)
- **White:** 84.4% (2011), 86.6% (2015), 85.9% (mid-2016)
- **African American/Black:** 82.7% (2011), 85.9% (mid-2016)

2015 national Medicaid 75th percentile: 91.2%
Childhood and adolescent access to primary care providers (7-11 years)

Percentage of children and adolescents (ages 7-11 years) who had a visit with a primary care provider.

**mid-2016 data** (n=58,316)

- Statewide change since 2015: **0.4%**
- Number of CCOs that improved: **11**

**Percentage of children (ages 7-11 years) who had a visit with a primary care provider in 2015 & mid-2016, by race and ethnicity.**

Grey dots represent 2014 / Race and ethnicity data missing for 30.8% of respondents / Each race category excludes Hispanic/Latino

- **American Indian/Alaska Native**: 88.9% (89.6%)
- **White**: 89.6% (90.1%)
- **African American/Black**: 88.6% (88.9%)
- **Hispanic/Latino**: 90.8% (91.0%)
- **Asian American**: 88.5% (88.6%)
- **Hawaiian/Pacific Islander**: 76.6% (77.7%)
Childhood and adolescent access to primary care providers (12-19 years)

Percentage of children and adolescents (ages 12-19 years) who had a visit with a primary care provider.

**mid-2016 data** (n=75,215)

Statewide change since 2015: **0.1%**

Number of CCOs that improved: **10**

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### Percentage of adolescents (ages 12-19 years) who had a visit with a primary care provider, statewide.

Data source: Administrative (billing) claims

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>88.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>87.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>87.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>90.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mid-2016</td>
<td>90.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2015 national Medicaid 75th percentile: 92.4%

### Percentage of adolescents (ages 12-19 years) who had a visit with a primary care provider in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 29.1% of respondents / Each race category excludes Hispanic/Latino

- **Asian American**
  - 2015: 88.2%
  - mid-2016: 89.2%

- **White**
  - 2015: 90.8%
  - mid-2016: 90.9%

- **Hispanic/Latino**
  - 2015: 90.1%
  - mid-2016: 90.4%

- **African American/Black**
  - 2015: 89.8%
  - mid-2016: 90.8%

- **American Indian/Alaska Native**
  - 2015: 90.8%
  - mid-2016: 92.4%

- **Hawaiian/Pacific Islander**
  - 2015: 84.1%
  - mid-2016: 85.9%
Percentage of children and adolescents (all ages) who had a visit with a primary care provider in 2015 & mid-2016, by CCO.

2015 national Medicaid 75th percentile: 93.7%
Percentage of adolescents who had a visit with a primary care provider in 2015 & mid-2016, by CCO.

12-24 months
- Yamhill Community Care: 93.0% - 95.5%
- Jackson Care Connect: 95.4% - 95.6%
- Cascade Health Alliance: 93.2% - 93.4%
- FamilyCare: 93.1% - 93.3%
- Primary Health of Josephine County: 93.8% - 94.6%
- Intercommunity Health Network: 94.4% - 94.7%
- Western Oregon Advanced Health: 97.4% - 97.8%
- PacificSource - Central: 95.9% - 96.3%
- Health Share of Oregon: 93.9% - 94.6%
- Willamette Valley Community Health: 94.4% - 95.5%
- Umpqua Health Alliance: 94.9% - 96.1%
- Trillium: 94.4% - 95.6%
- Columbia Pacific: 91.1% - 92.8%
- AllCare Health Plan: 93.4% - 95.4%
- PacificSource - Gorge: 95.6% - 97.7%
- Eastern Oregon: 92.1% - 94.8%

25 months - 6 years
- Yamhill Community Care: 96.1% - 96.8%
- PacificSource - Gorge: 87.3% - 87.9%
- Columbia Pacific: 83.1% - 83.6%
- Willamette Valley Community Health: 87.1% - 87.6%
- PacificSource - Central: 86.2% - 87.3%
- Intercommunity Health Network: 84.3% - 85.5%
- Umpqua Health Alliance: 83.3% - 84.4%
- FamilyCare: 85.7% - 86.9%
- Trillium: 85.5% - 87.1%
- Health Share of Oregon: 85.7% - 87.3%
- Western Oregon Advanced Health: 82.4% - 84.2%
- Cascade Health Alliance: 85.3% - 87.3%
- AllCare Health Plan: 84.5% - 87.0%
- Primary Health of Josephine County: 85.5% - 88.1%
- Eastern Oregon: 80.9% - 83.6%
- Jackson Care Connect: 85.3% - 88.0%
### Percentage of children who had a visit with a primary care provider in 2015 & mid-2016, by CCO.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CCO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7-11 years</strong></td>
<td>Primary Health of Josephine County: 90.5% - 92.2%</td>
</tr>
<tr>
<td></td>
<td>AllCare Health Plan: 89.2% - 90.8%</td>
</tr>
<tr>
<td></td>
<td>Columbia Pacific: 88.5% - 90.0%</td>
</tr>
<tr>
<td></td>
<td>Umpqua Health Alliance: 87.7% - 89.2%</td>
</tr>
<tr>
<td></td>
<td>Yamhill Community Care: 89.7% - 90.3%</td>
</tr>
<tr>
<td></td>
<td>Cascade Health Alliance: 86.1% - 86.7%</td>
</tr>
<tr>
<td></td>
<td>Willamette Valley Community Health: 90.7% - 91.2%</td>
</tr>
<tr>
<td></td>
<td>Health Share of Oregon: 90.1% - 90.5%</td>
</tr>
<tr>
<td></td>
<td>Intercommunity Health Network: 89.4% - 89.7%</td>
</tr>
<tr>
<td></td>
<td>Western Oregon Advanced Health: 91.5% - 91.5%</td>
</tr>
<tr>
<td></td>
<td>Trillium: 91.2% - 91.2%</td>
</tr>
<tr>
<td></td>
<td>PacificSource - Central: 89.6% - 99.6%</td>
</tr>
<tr>
<td></td>
<td>PacificSource - Gorge: 90.0% - 90.1%</td>
</tr>
<tr>
<td></td>
<td>Jackson Care Connect: 90.6% - 90.8%</td>
</tr>
<tr>
<td></td>
<td>FamilyCare: 91.3% - 91.6%</td>
</tr>
<tr>
<td></td>
<td>Eastern Oregon: 87.6% - 87.9%</td>
</tr>
<tr>
<td><strong>12-19 years</strong></td>
<td>Primary Health of Josephine County: 92.0% - 93.4%</td>
</tr>
<tr>
<td></td>
<td>PacificSource - Central: 91.7% - 92.4%</td>
</tr>
<tr>
<td></td>
<td>Columbia Pacific: 89.7% - 90.3%</td>
</tr>
<tr>
<td></td>
<td>Jackson Care Connect: 90.6% - 91.0%</td>
</tr>
<tr>
<td></td>
<td>Yamhill Community Care: 91.8% - 92.2%</td>
</tr>
<tr>
<td></td>
<td>Health Share of Oregon: 90.6% - 90.8%</td>
</tr>
<tr>
<td></td>
<td>Umpqua Health Alliance: 90.3% - 90.5%</td>
</tr>
<tr>
<td></td>
<td>Intercommunity Health Network: 90.2% - 90.3%</td>
</tr>
<tr>
<td></td>
<td>Willamette Valley Community Health: 90.0% - 89.9%</td>
</tr>
<tr>
<td></td>
<td>Trillium: 92.0% - 92.0%</td>
</tr>
<tr>
<td></td>
<td>PacificSource - Gorge: 91.6% - 91.7%</td>
</tr>
<tr>
<td></td>
<td>AllCare Health Plan: 89.2% - 89.3%</td>
</tr>
<tr>
<td></td>
<td>Western Oregon Advanced Health: 91.4% - 91.7%</td>
</tr>
<tr>
<td></td>
<td>FamilyCare: 90.7% - 91.1%</td>
</tr>
<tr>
<td></td>
<td>Eastern Oregon: 88.7% - 89.2%</td>
</tr>
<tr>
<td></td>
<td>Cascade Health Alliance: 87.6% - 88.1%</td>
</tr>
</tbody>
</table>
Childhood immunization status

Percentage of children who received recommended vaccines (DTaP, IPV, MMR, HiB, Hepatitis B, VZV) before their second birthday.

**mid-2016 data** (n=14,481)

Statewide change since 2015: **0.0%**

Number of CCOs that improved: **8**

Childhood immunization status is a new incentive measure beginning in 2016.

Calendar year 2015 and mid-2016 results for this measure are not directly comparable due to changes in the data source (administrative billing claims) which occurred in October 2015. See page 9 for more information.

See page 103 for results stratified by member with disability and mental health diagnoses.

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Percentage of children who received recommended vaccines before their second birthday in **2015 & mid-2016**, by race and ethnicity.

These data should not be compared to previously-published reports / 2015 results have been updated / Race and ethnicity data missing for 32.6% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2016</th>
<th>2015 national Medicaid 75th percentile: 82.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>52.9%</td>
<td>64.8%</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>67.1%</td>
<td>68.4%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>63.6%</td>
<td>64.6%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>74.5%</td>
<td>74.8%</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>75.2%</td>
<td>79.0%</td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>66.3%</td>
<td>70.1%</td>
<td></td>
</tr>
<tr>
<td>Health Plan</td>
<td>2015 National Medicaid 75th Percentile: 82.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>53.5% - 61.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>66.2% - 72.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>61.1% - 64.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>61.3% - 63.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>68.3% - 70.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>63.1% - 65.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>71.8% - 72.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td>67.9% - 68.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FamilyCare</td>
<td>66.7% - 67.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>67.2% - 68.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>68.8% - 69.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>68.5% - 69.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>68.9% - 70.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>59.2% - 62.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>72.3% - 76.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>76.7% - 82.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chlamydia screening

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection.

mid-2016 data (n=25,291)

Statewide change since 2015: **-2.0%**

Number of CCOs that improved: **7**

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Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection, statewide.

Data source: Administrative (billing) claims

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>53.0%</td>
</tr>
<tr>
<td>2013</td>
<td>55.8%</td>
</tr>
<tr>
<td>2014</td>
<td>45.4%</td>
</tr>
<tr>
<td>2015</td>
<td>47.1%</td>
</tr>
<tr>
<td>mid-2016</td>
<td>46.1%</td>
</tr>
</tbody>
</table>

2015 national Medicaid 75th percentile: 64.0%

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 25.7% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45.2%</td>
<td>46.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>47.2%</td>
<td>48.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>39.4%</td>
<td>42.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>45.3%</td>
<td>48.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>39.7%</td>
<td>50.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection in 2015 & mid-2016, by CCO.

Grey dots represent 2014

- AllCare Health Plan
- Columbia Pacific
- Intercommunity Health Network
- Cascade Health Alliance
- Jackson Care Connect
- Umpqua Health Alliance
- Eastern Oregon
- Yamhill Community Care
- PacificSource - Gorge
- Willamette Valley Community Health
- PacificSource - Central
- Western Oregon Advanced Health
- PrimaryHealth of Josephine County
- Trillium
- Health Share of Oregon
- FamilyCare

2015 national Medicaid 75th percentile: 64.0%
Comprehensive diabetes care: HbA1c testing

Percentage of adult patients (ages 18-75) with diabetes who received at least one A1c blood sugar test.

**mid-2016 data** (n=34,222)

Statewide change since 2015: **-0.7%**

Number of CCOs that improved: **4**

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---

**Percentage of adults with diabetes who received an A1c blood sugar test, statewide.**

Data source: Administrative (billing) claims

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78.5%</td>
<td>79.3%</td>
<td>80.8%</td>
<td>83.2%</td>
<td>82.6%</td>
</tr>
</tbody>
</table>

2015 national Medicaid 75th percentile: 90.0%

---

**Percentage of adults with diabetes who received an A1c blood sugar test in 2015 & mid-2016, by race and ethnicity.**

Grey dots represent 2014 / Race and ethnicity data missing for 16.8% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race Category</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>82.4%</td>
<td>83.0%</td>
</tr>
<tr>
<td>White</td>
<td>81.5%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Asian American</td>
<td>85.1%</td>
<td>85.9%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>80.4%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>84.3%</td>
<td>85.5%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>76.2%</td>
<td>81.6%</td>
</tr>
</tbody>
</table>

2015 national Medicaid 75th percentile: 90.0%
Percentage of adults with diabetes who received an A1c blood sugar test in 2015 & mid-2016, by CCO.

Grey dots represent 2014

- PacificSource - Central: 83.2% - 84.6%
- Umpqua Health Alliance: 83.7% - 84.9%
- PacificSource - Gorge: 86.9% - 87.5%
- Columbia Pacific: 85.5% - 85.9%
- PrimaryHealth of Josephine County: 84.6% - 84.9%
- Health Share of Oregon: 83.9% - 84.1%
- Cascade Health Alliance: 83.8% - 84.1%
- Willamette Valley Community Health: 81.6% - 82.1%
- FamilyCare: 83.1% - 83.8%
- Yamhill Community Care: 82.2% - 82.9%
- AllCare Health Plan: 81.9% - 82.6%
- Jackson Care Connect: 82.9% - 83.7%
- Eastern Oregon: 79.8% - 80.8%
- Intercommunity Health Network: 84.3% - 86.2%
- Trillium: 79.6% - 81.7%
- Western Oregon Advanced Health: 71.1% - 73.4%
Comprehensive diabetes care: LDL-C screening

Percentage of adult patients (ages 18-75) with diabetes who received an LDL-C (cholesterol) test.

**mid-2016 data** (n=34,222)

Statewide change since 2015: **-3.7%**

Number of CCOs that improved: **5**

LDL-C (cholesterol) testing among members with diabetes has declined each year since 2013, while HbA1c blood sugar testing among the same population increased. This may be because the American College of Cardiology / American Heart Association released updated guidelines in 2013 which removed treatment targets for LDL-C for primary or secondary prevention of arteriosclerotic cardiovascular disease and recommended statin therapy instead. LDL-C screening and control measures were removed from the healthcare effectiveness data and information set (HEDIS) measures in 2015.

**Percentage of adults with diabetes who received an LDL-C (cholesterol) test in 2015 & mid-2016, by race and ethnicity.**

Grey dots represent 2014 / Race and ethnicity data missing for 16.8% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>56.6%</td>
<td>58.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>63.9%</td>
<td>66.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>68.5%</td>
<td>71.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>63.2%</td>
<td>66.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>59.0%</td>
<td>63.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>55.1%</td>
<td>60.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2013 national Medicaid 75th percentile: 80.0%
COMPREHENSIVE DIABETES CARE: LDL-C SCREENING

Percentage of adults with diabetes who received an LDL-C (cholesterol) test in 2015 & mid-2016, by CCO.

Grey dots represent 2014

<table>
<thead>
<tr>
<th>CCO</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource - Gorge</td>
<td>66.4%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>66.8%</td>
<td>68.9%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>61.0%</td>
<td>61.8%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>70.1%</td>
<td>70.7%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>67.0%</td>
<td>67.5%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>62.0%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>51.7%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>65.0%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>62.9%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>68.0%</td>
<td>69.7%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>67.9%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>64.4%</td>
<td>66.5%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>64.1%</td>
<td>66.6%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>65.1%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Trillium</td>
<td>65.6%</td>
<td>70.0%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>61.1%</td>
<td>65.7%</td>
</tr>
</tbody>
</table>

2013 national Medicaid 75th percentile: 80.0%
Dental sealants on permanent molars for children (all ages)

Percentage of children ages 6-14 who received a dental sealant during the measurement year.

**mid-2016 data** (n=127,455)

Statewide change since 2015: **+8.6%**

Number of CCOs that improved: **14**

See page 99 for results stratified by member with disability and mental health diagnoses.

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Dental sealants for children ages 6-14 in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 30.3% of respondents / Each race category excludes Hispanic/Latino
Dental sealants for children ages 6-14 in 2015 & mid-2016, by CCO.

Grey dots represent 2014

- Umpqua Health Alliance: 17.3% (2015), 21.9% (2016)
- Western Oregon Advanced Health: 17.8% (2015), 22.1% (2016)
- Trillium: 18.9% (2015), 23.1% (2016)
- Jackson Care Connect: 18.9% (2015), 23.8% (2016)
- Columbia Pacific: 16.1% (2015), 18.4% (2016)
- AllCare Health Plan: 20.7% (2015), 23.2% (2016)
- Willamette Valley Community Health: 11.3% (2015), 16.8% (2016)
- PacificSource - Central: 11.3% (2015), 13.2% (2016)
- Intercommunity Health Network: 12.6% (2015), 14.1% (2016)
- PacificSource - Gorge: 16.8% (2015), 18.7% (2016)
- Eastern Oregon: 14.4% (2015), 15.6% (2016)
- FamilyCare: 18.3% (2015), 19.3% (2016)
- Health Share of Oregon: 20.9% (2015), 21.4% (2016)
- Cascade Health Alliance: 13.3% (2015), 13.5% (2016)
- PrimaryHealth of Josephine County: 18.1% (2015), 19.5% (2016)
- Yamhill Community Care: 14.4% (2015), 17.5% (2016)

2016 Benchmark: 20.0%
Dental sealants on permanent molars for children (ages 6-9)

Percentage of children ages 6-9 who received a dental sealant during the measurement year.

**mid-2016 data** (n=60,571)

Statewide change since 2015: **+8.2%**

Number of CCOs that improved: **14**

See page 99 for results stratified by member with disability and mental health diagnoses.

Back to table of contents.

Dental sealants for children ages 6-9, statewide.

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

![Bar chart showing percentage of children receiving dental sealants from 2014 to mid-2016](chart.png)

Dental sealants for children ages 6-9 in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 30.7% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race Category</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>13.1%</td>
<td>17.9%</td>
<td>25.1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>15.6%</td>
<td>21.7%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td>23.8%</td>
<td>25.9%</td>
</tr>
<tr>
<td>White</td>
<td>18.9%</td>
<td>20.0%</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>20.5%</td>
<td>22.1%</td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>22.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2016 Benchmark: 20.0%
Dental sealants for children ages 6-9 in 2015 & mid-2016, by CCO.

Grey dots represent 2014

- 2016 Benchmark: 20.0%
- 20.4%
- 18.2%
- 20.3%
- 19.8%
- 21.1%
- 11.7%
- 22.4%
- 18.6%
- 22.5%
- 20.8%
- 14.5%
- 15.9%
- 15.9%
- 17.0%
- 15.3%
- 15.5%
- 20.5%
- 23.1%
- 26.8%
- 27.6%

Trillium
Umpqua Health Alliance
Western Oregon Advanced Health
Columbia Pacific
Willamette Valley Community Health
PacificSource - Central
PrimaryHealth of Josephine County
Intercommunity Health Network
AllCare Health Plan
FamilyCare
PacificSource - Gorge
Eastern Oregon
Health Share of Oregon
Cascade Health Alliance
Jackson Care Connect
Yamhill Community Care
Dental sealants on permanent molars for children (ages 10-14)

Percentage of children ages 10-14 who received a dental sealant during the measurement year.

**mid-2016 data** (n=66,884)

Statewide change since 2015: **+9.1%**

Number of CCOs that improved: **14**

See page 99 for results stratified by member with disability and mental health diagnoses.

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Dental sealants for children ages 10-14 in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 29.9% of respondents / Each race category excludes Hispanic/Latino

![Chart showing dental sealant rates by race and ethnicity for 2014, 2015, and mid-2016](chart.png)

- **American Indian/Alaska Native**
  - 2014: 13.0%
  - 2015: 18.4%
  - 2016 Benchmark: 20.0%

- **Hispanic/Latino**
  - 2014: 12.5%
  - 2015: 18.8%
  - 2016 Benchmark: 20.6%

- **African American/Black**
  - 2014: 13.0%
  - 2015: 16.2%
  - 2016 Benchmark: 17.7%

- **White**
  - 2014: 12.5%
  - 2015: 14.9%
  - 2016 Benchmark: 16.1%

- **Asian American**
  - 2014: 13.0%
  - 2015: 18.8%
  - 2016 Benchmark: 19.0%

- **Hawaiian/Pacific Islander**
  - 2014: 12.5%
  - 2015: 16.1%
  - 2016 Benchmark: 20.0%
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 10-14)

Dental sealants for children ages 10-14 between 2015 & mid-2016, by CCO.
Grey dots represent 2014

- Jackson Care Connect
- Western Oregon Advanced Health
- Umpqua Health Alliance
- Trillium
- AllCare Health Plan
- Columbia Pacific
- Intercommunity Health Network
- Willamette Valley Community Health
- PacificSource - Central
- PacificSource - Gorge
- Eastern Oregon
- FamilyCare
- Health Share of Oregon
- Cascade Health Alliance
- Yamhill Community Care
- PrimaryHealth of Josephine County

2016 Benchmark 20.0%

Jackson Care Connect: 25.8%
Western Oregon Advanced Health: 20.5%
Umpqua Health Alliance: 16.5%
Trillium: 20.8%
AllCare Health Plan: 21.6%
Columbia Pacific: 22.4%
Intercommunity Health Network: 19.7%
Willamette Valley Community Health: 18.3%
PacificSource - Central: 14.8%
PacificSource - Gorge: 12.8%
Eastern Oregon: 14.3%
FamilyCare: 16.4%
Health Share of Oregon: 18.4%
Cascade Health Alliance: 11.4%
Yamhill Community Care: 15.8%
PrimaryHealth of Josephine County: 25.9%
Developmental screening in the first 36 months of life

Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

**mid-2016 data** (n=48,229)

Statewide change since 2015: **+7.7%**

Number of CCOs that improved: **15**

See page 96 for results stratified by member with disability and mental health diagnoses.

Back to table of contents.

Developmental screening, statewide.

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

<table>
<thead>
<tr>
<th>Year</th>
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<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
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<tr>
<td></td>
<td>20.9%</td>
<td>33.1%</td>
<td>42.6%</td>
<td>54.7%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

2016 benchmark: 50.0%


Grey dots represent 2014 / Race and ethnicity data missing for 31.9% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
<td>42.5%</td>
<td>51.1%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
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<td>56.0%</td>
<td>60.2%</td>
</tr>
<tr>
<td>White</td>
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<td>55.0%</td>
<td>58.7%</td>
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<tr>
<td>Asian American</td>
<td></td>
<td></td>
<td></td>
<td>51.9%</td>
<td>55.6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td></td>
<td></td>
<td>48.6%</td>
<td>50.8%</td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td></td>
<td></td>
<td></td>
<td>54.8%</td>
<td>56.0%</td>
</tr>
</tbody>
</table>
Developmental screening in 2015 & mid-2016, by CCO.
Grey dots represent 2014

DEVELOPMENTAL SCREENING IN THE FIRST 36 MONTHS OF LIFE
Effective contraceptive use among women at risk of unintended pregnancy (ages 18-50)

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

**mid-2016 data** (n=131,421)

Statewide change since 2015: **-2.2%**

Number of CCOs that improved: **5**

See page 100 for results stratified by member with disability, mental health diagnoses, and severe and persistent mental illness.

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**Effective contraceptive use among adults, statewide.**

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

[Graph showing effective contraceptive use among adults, statewide, by year and race/ethnicity]

**Effective contraceptive use among adults in 2015 & mid-2016, by race and ethnicity.**

Grey dots represent 2014 / Race and ethnicity data missing for 24.8% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>30.3%</td>
<td>30.7%</td>
<td><strong>30.7%</strong></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>36.9%</td>
<td>37.3%</td>
<td><strong>37.3%</strong></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>36.8%</td>
<td>37.2%</td>
<td><strong>37.2%</strong></td>
</tr>
<tr>
<td>White</td>
<td>35.7%</td>
<td>36.6%</td>
<td><strong>36.6%</strong></td>
</tr>
<tr>
<td>Asian American</td>
<td>27.8%</td>
<td>29.0%</td>
<td><strong>29.0%</strong></td>
</tr>
<tr>
<td>African American/Black</td>
<td>34.5%</td>
<td>37.2%</td>
<td><strong>37.2%</strong></td>
</tr>
</tbody>
</table>
Effective contraceptive use among adults in **2015 & mid-2016**, by CCO.

Grey dots represent 2014

- **Willamette Valley Community Health**: 36.0% (2014), 37.7% (2016)
- **Trillium**: 38.6% (2014), 39.4% (2016)
- **Yamhill Community Care**: 38.7% (2014), 39.3% (2016)
- **Cascade Health Alliance**: 36.5% (2014), 36.6% (2016)
- **PacificSource - Gorge**: 40.3% (2014), 40.4% (2016)
- **Western Oregon Advanced Health**: 36.4% (2014), 36.6% (2016)
- **Columbia Pacific**: 31.5% (2014), 31.9% (2016)
- **Jackson Care Connect**: 36.7% (2014), 37.2% (2016)
- **PacificSource - Central**: 41.1% (2014), 41.7% (2016)
- **AllCare Health Plan**: 34.3% (2014), 35.1% (2016)
- **FamilyCare**: 31.8% (2014), 32.7% (2016)
- **Intercommunity Health Network**: 34.9% (2014), 35.8% (2016)
- **PrimaryHealth of Josephine County**: 35.5% (2014), 37.5% (2016)
- **Health Share of Oregon**: 32.8% (2014), 35.0% (2016)
- **Umpqua Health Alliance**: 42.8% (2014), 45.4% (2016)
- **Eastern Oregon**: 36.7% (2014), 39.7% (2016)

2016 benchmark: 50.0%
Effective contraceptive use among women at risk of unintended pregnancy (ages 15-17).

Percentage of adult women (ages 15-17) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

**Mid-2016 Data** (n=17,653)

Statewide change since 2015: **0.0%**

Number of CCOs that improved: **7**

See page 100 for results stratified by member with disability and mental health diagnoses.

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Effective contraceptive use among adolescents, statewide.

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

Effective contraceptive use among adolescents in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 29.3% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014</th>
<th>2015</th>
<th>Mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>8.6%</td>
<td>15.9%</td>
<td>15.9%</td>
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<tr>
<td>White</td>
<td></td>
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<td>35.7%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>18.6%</td>
<td>19.3%</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>11.8%</td>
<td>12.7%</td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>25.8%</td>
<td>27.2%</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>30.5%</td>
<td>37.1%</td>
<td></td>
</tr>
</tbody>
</table>

2016 benchmark: 50.0%
Effective contraceptive use among women at risk of unintended pregnancy (ages 15-50).

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

**mid-2016 data** (n=149,074)

Statewide change since 2015: **-2.0%**

Number of CCOs that improved: **5**

See page 100 for results stratified by member with disability and mental health diagnoses.

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Effective contraceptive use (all ages 15-50) in **2015 & mid-2016**, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 25.4% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th>Race Category</th>
<th>2014</th>
<th>2015</th>
<th>mid-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>27.4%</td>
<td>28.3%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>33.0%</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>35.8%</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>26.0%</td>
<td>26.9%</td>
<td></td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>36.0%</td>
<td>37.3%</td>
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<tr>
<td>African American/Black</td>
<td>33.4%</td>
<td>35.8%</td>
<td></td>
</tr>
</tbody>
</table>

2016 benchmark: 50.0%
Effective contraceptive use (all ages 15-50) between 2015 & mid-2016, by CCO.

Grey dots represent 2014.
Follow-up after hospitalization for mental illness

Percentage of members (ages 6 and older) who received a follow-up visit with a health care provider within seven days of being discharged from the hospital for mental illness.

**mid-2016 data** (n=3,276)

Statewide change since 2015: **-0.9%**

Number of CCOs that improved: **7**

See page 102 for results stratified by member with disability and mental health diagnoses.

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Follow-up after hospitalization for mental illness in **2015 & mid-2016**, by race and ethnicity.

2015 results have been recalculated according to updated measure specifications and differ from previously published reports; these results are not directly comparable to earlier years / Race and ethnicity data missing for 18.3% of respondents / Each race category excludes Hispanic/Latino

Follow-up after hospitalization for mental illness, statewide.

Data source: Administrative (billing) claims

2015 results have been recalculated according to updated measure specifications and differ from previously-published reports; these results are not directly comparable to earlier reports.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>mid-2016</th>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>69.7%</td>
<td>85.7%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>69.0%</td>
<td>79.5%</td>
</tr>
<tr>
<td>White</td>
<td>76.5%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Asian American</td>
<td>75.0%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>68.3%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander~</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2014 CCO 90th percentile: 79.9%
Follow-up after hospitalization for mental illness in 2015 & mid-2016, by CCO.

2015 results have been recalculated according to updated measure specifications and differ from previously published reports; these results are not directly comparable to earlier years.
~ Note small denominator (n<30)

Cascade Health Alliance
- Eastern Oregon
- Umpqua Health Alliance
- Willamette Valley Community Health
- Western Oregon Advanced Health
- PrimaryHealth of Josephine County
- PacificSource - Central
- Trillium
- Health Share of Oregon
- Yamhill Community Care
- PacificSource - Gorge
- FamilyCare
- AllCare Health Plan
- Columbia Pacific
- Intercommunity Health Network
- Jackson Care Connect

2014 CCO 90th percentile: 79.9%
Follow-up care for children prescribed ADHD medication (initiation phase)

Percentage of children (ages 6-12) who had one follow-up visit with a provider during the 30 days after receiving a new prescription for attention deficit and hyperactivity disorder (ADHD) medication.

**mid-2016 data** (n=2,365)

Statewide change since 2015: +3.6%

Number of CCOs that improved: 9

[Back to table of contents.](#)

Initiation of follow-up care for children prescribed ADHD medication in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 26.4% of respondents / Each race category excludes Hispanic/Latino ~ Data suppressed (n<30)
Initiation of follow-up care for children prescribed ADHD medication in 2015 & mid-2016, by CCO.

Grey dots represent 2014
~ Note small denominator (n<30)

2015 national Medicaid 90th percentile: 53.0%

Columbia Pacific
Willamette Valley Community Health
FamilyCare
Health Share of Oregon
Trillium
Cascade Health Alliance~
Jackson Care Connect
Intercommunity Health Network
Eastern Oregon
Western Oregon Advanced Health
PacificSource - Central
Yamhill Community Care
AllCare Health Plan
PrimaryHealth of Josephine County~
Umpqua Health Alliance
PacificSource - Gorge

~ Note small denominator (n<30)
Follow-up care for children prescribed ADHD medication (continuation and maintenance phase)

Percentage of children (ages 6-12) who remained on attention deficit hyperactivity disorder (ADHD) medication for 210 days after receiving a new prescription and who had at least two follow-up visits with a provider within 270 days after the initiation phase (see page 69).

mid-2016 data (n=719)

Statewide change since 2015: -2.0%

Number of CCOs that improved: 7

Ongoing follow-up care for children prescribed ADHD medication in 2015 & mid-2016, by race and ethnicity.

Grey dots represent 2014 / Race and ethnicity data missing for 24.6% of respondents / Each race category excludes Hispanic/Latino ~ Data suppressed (n<30)

2015 national Medicaid 90th percentile: 64.0%

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Ongoing follow-up care for children prescribed ADHD medication in **2015 & mid-2016**, by CCO.

~ Note small denominator (n<30)

<table>
<thead>
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<th>Plan Name</th>
<th>2015</th>
<th>2016</th>
<th>2016 Mid-Year Performance Report</th>
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<tr>
<td>Columbia Pacific</td>
<td>60.0%</td>
<td>61.1%</td>
<td>Published January 2017</td>
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<tr>
<td>Jackson Care Connect</td>
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<tr>
<td>AllCare Health Plan</td>
<td>56.8%</td>
<td>61.8%</td>
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<tr>
<td>PacificSource - Central</td>
<td>53.5%</td>
<td>54.5%</td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>60.9%</td>
<td>61.3%</td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td>68.5%</td>
<td>68.6%</td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>60.0%</td>
<td>60.7%</td>
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<tr>
<td>Cascade Health Alliance</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>63.5%</td>
<td>66.7%</td>
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</tr>
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<td>Eastern Oregon</td>
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<tr>
<td>Umpqua Health Alliance</td>
<td>66.7%</td>
<td>75.0%</td>
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<tr>
<td>FamilyCare</td>
<td>62.4%</td>
<td>72.4%</td>
<td></td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>66.7%</td>
<td>83.3%</td>
<td></td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td></td>
<td>72.7%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

2015 national Medicaid 90th percentile: 64.0%
Immunization for adolescents

Percentage of adolescents who received recommended vaccines (Meningococcal and Tdap/TD) before their 13th birthday.

**mid-2016 data** (n=13,686)

Statewide change since 2015: **+4.5%**

Number of CCOs that improved: **13**

Back to table of contents.

Percentage of children who received recommended vaccines, statewide.

Data source: Administrative (billing) claims and ALERT immunization data.

These data should not be compared to previously-published reports.

**2013 national Medicaid 75th percentile: 81.0%**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian American</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>White</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>62.3%</td>
<td>65.1%</td>
</tr>
</tbody>
</table>
Percentage of adolescents who received recommended vaccines in 2015 & mid-2016, by CCO.

These data should not be compared to previously-published reports / 2015 results have been updated

2013 national Medicaid 75th percentile: 81.0%

- Umpqua Health Alliance: 40.2% 46.5%
- PrimaryHealth of Josephine County: 54.9% 60.6%
- Intercommunity Health Network: 47.7% 53.1%
- AllCare Health Plan: 38.5% 43.7%
- Trillium: 63.4% 67.4%
- Willamette Valley Community Health: 59.2% 62.9%
- Western Oregon Advanced Health: 58.1% 61.6%
- Jackson Care Connect: 46.9%
- FamilyCare: 68.7% 71.9%
- Columbia Pacific: 45.2% 47.5%
- Yamhill Community Care: 73.6% 75.7%
- Health Share of Oregon: 71.2% 72.9%
- PacificSource - Central: 69.7% 71.1%
- PacificSource - Gorge: 62.9% 64.2%
- Eastern Oregon: 60.1% 61.7%
- Cascade Health Alliance: 63.9% 66.8%
Initiation and engagement of alcohol or other drug treatment (initiation phase)

Percentage of members (ages 13 and older) newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis.

**mid-2016 data** (n=1,919)

Statewide change since 2015: **-1.3%**

Number of CCOs that improved: **7**

Initiation of treatment for members diagnosed with alcohol or other drug dependence, statewide.

Data source: Administrative (billing) claims

![Graph showing initiation of treatment for members diagnosed with alcohol or other drug dependence in 2015 & mid-2016, by race and ethnicity.]

- **Hispanic/Latino**
  - 2011: 33.0%
  - 2013: 33.3%
  - 2014: 39.2%
  - 2015: 37.5%
  - mid-2016: 37.0%
  - 2014 national Medicaid median: 38.3%

- **African American/Black**
  - 2011: 35.6%
  - 2013: 36.3%
  - 2014: 36.3%
  - 2015: 36.3%
  - mid-2016: 35.6%
  - 2014 national Medicaid median: 38.3%

- **American Indian/Alaska Native**
  - 2011: 36.4%
  - 2013: 37.2%
  - 2014: 36.3%
  - 2015: 36.3%
  - mid-2016: 36.3%
  - 2014 national Medicaid median: 38.3%

- **White**
  - 2011: 35.9%
  - 2013: 43.5%
  - 2014: 37.0%
  - 2015: 36.4%
  - mid-2016: 37.2%
  - 2014 national Medicaid median: 38.3%

- **Asian American**
  - 2011: 37.5%
  - 2013: 37.0%
  - 2014: 39.2%
  - 2015: 37.5%
  - mid-2016: 37.0%
  - 2014 national Medicaid median: 38.3%

- **Hawaiian/Pacific Islander**
  - 2011: 35.9%
  - 2013: 43.5%
  - 2014: 37.0%
  - 2015: 36.4%
  - mid-2016: 37.2%
  - 2014 national Medicaid median: 38.3%

Back to table of contents.
Initiation of treatment for members diagnosed with alcohol or other drug dependence in 2015 & mid-2016, by CCO.

Grey dots represent 2014

- Willamette Valley Community Health: 36.8% (2014), 41.8% (2016)
- PrimaryHealth of Josephine County: 33.0% (2014), 36.7% (2016)
- Columbia Pacific: 34.7% (2014), 36.1% (2016)
- Yamhill Community Care: 31.8% (2014), 32.5% (2016)
- Umpqua Health Alliance: 36.0% (2014), 37.6% (2016)
- FamilyCare: 34.9% (2014), 35.8% (2016)
- Western Oregon Advanced Health: 42.5% (2014), 43.4% (2016)
- Cascade Health Alliance: 39.9% (2014), 40.3% (2016)
- AllCare Health Plan: 39.5% (2014), 39.7% (2016)
- PacificSource - Central: 33.7% (2014), 35.6% (2016)
- Health Share of Oregon: 35.2% (2014), 37.9% (2016)
- Trillium: 36.0% (2014), 37.6% (2016)
- PacificSource - Gorge: 35.2% (2014), 37.9% (2016)
- Jackson Care Connect: 39.2% (2014), 44.6% (2016)

2014 national Medicaid median 38.3%
Initiation and engagement of alcohol or other drug treatment (engagement) phase

Percentage of members (ages 13 and older) who had two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment.

**mid-2016 data** (n=1,919)

Statewide change since 2015: **-4.0%**

Number of CCOs that improved: **2**

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---

**Engagement of alcohol or other drug treatment in 2015 & mid-2016, by race and ethnicity.**

Grey dots represent data missing for 11.4% of respondents. Each race category excludes Hispanic/Latino. ~ Data suppressed (n<30)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>18.9%</td>
<td>21.6%</td>
<td>21.0%</td>
<td>18.4%</td>
<td>17.7%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>15.8%</td>
<td>18.4%</td>
<td>17.9%</td>
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<td></td>
</tr>
<tr>
<td>White</td>
<td>15.2%</td>
<td>17.9%</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td>15.4%</td>
<td>18.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>15.5%</td>
<td>23.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.7%</td>
</tr>
</tbody>
</table>
## Engagement of Alcohol or Other Drug Treatment in 2015 & Mid-2016, by CCO

Grey dots represent 2014

<table>
<thead>
<tr>
<th>CCO</th>
<th>Engagement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willamette Valley Community Health</td>
<td>14.7%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>15.5%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>15.5%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>17.2%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>17.2%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>17.2%</td>
</tr>
<tr>
<td>Western Oregon Advanced Health</td>
<td>17.2%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>17.1%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>17.1%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>17.1%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>17.1%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>17.1%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>17.1%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>17.1%</td>
</tr>
<tr>
<td>Trillium</td>
<td>17.1%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

2014 National Medicaid Median: 11.3%

### Notes
- Grey dots represent 2014 engagement rates.
- The chart shows the engagement of alcohol or other drug treatment in 2015 & mid-2016 by CCO.

---

**2016 Mid-Year Performance Report**  
**Published January 2017**  
**Oregon Health Authority**  
**Office of Health Analytics**
Patient-centered primary care home enrollment

Percentage of CCO members who were enrolled in a recognized patient-centered primary care home (PCPCH).

**mid-2016 data** (n=840,880)

Statewide change since 2015: **+3.5%**

Number of CCOs that improved: **14**

Enrollment in patient-centered primary care homes increased by 75 percent since 2012. This improvement is impressive considering that CCO enrollment has increased almost 60 percent due to Medicaid expansion (see graph at right).

Race and ethnicity data are not available for this measure.

Percentage of members enrolled in a patient-centered primary care home, statewide.

Data source: CCO quarterly reporting

Total CCO enrollment has increased almost 60 percent since 2013. 84.9% of Medicaid recipients were enrolled in a CCO in September 2016.
Percentage of members enrolled in a patient-centered primary care home in **2015 & September 2016**, by CCO.

Grey dots represent 2014
Diabetes short-term complications admission rate

Rate of adult members (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease. Rates are reported per 100,000 member years. A lower score is better.

PQI stands for Prevention Quality Indicators, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

**mid-2016 data** (n=6,674,167 member months)

Statewide change since 2015: **+3.5%** (lower is better)

Number of CCOs that improved: **9**

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Rates are reported per 100,000 member years / Grey dots represent 2014 / Race and ethnicity data missing for 22.8% of respondents / Each race category excludes Hispanic/Latino

### Admissions for diabetes short-term complications, statewide.

Data source: Administrative (billing) claims
Rates are reported per 100,000 member years

10 percent reduction from previous year's statewide rate: 138.7
Admissions for diabetes short-term complications in 2015 & mid-2016, by CCO.

Rates are reported per 100,000 member years / Grey dots represent 2014

10 percent reduction from previous year's statewide rate: 138.7 *(Lower is better)*

Umpqua Health Alliance
Eastern Oregon
Jackson Care Connect
Western Oregon Advanced Health
Columbia Pacific
Cascade Health Alliance
Trillium
Family Care
PacificSource - Gorge
Health Share of Oregon
AllCare Health Plan
Yamhill Community Care
Intercommunity Health Network
Willamette Valley Community Health
PacificSource - Central
PrimaryHealth of Josephine County

Oregon Health Authority
Office of Health Analytics

Published January 2017

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COPD or asthma in older adults admission rate

Rate of adult members (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma. Rates are reported per 100,000 member years. A lower score is better.

PQI stands for Prevention Quality Indicators, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

mid-2016 data (n=3,093,900 member months)

Statewide change since 2015: **-4.4%** (lower is better)

Number of CCOs that improved: **7**

Back to table of contents.

Admissions for COPD or asthma in older adults, statewide.

Data source: Administrative (billing) claims

Rates are reported per 100,000 member years

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (per 100,000 member years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1102.1</td>
</tr>
<tr>
<td>2013</td>
<td>801.0</td>
</tr>
<tr>
<td>2014</td>
<td>436.6</td>
</tr>
<tr>
<td>2015</td>
<td>432.9</td>
</tr>
<tr>
<td>mid-2016</td>
<td>413.8</td>
</tr>
</tbody>
</table>

10 percent reduction from previous year's statewide rate: 389.6

(Lower is better)

Admissions for COPD or asthma in older adults in **2015 & mid-2016**, by race and ethnicity.

Rates are reported per 100,000 member years / Grey dots represent 2014 / Race and ethnicity data missing for 20.1% of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>633.8</td>
<td>896.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>514.8</td>
<td>554.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>79.0</td>
<td>109.7</td>
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</tr>
<tr>
<td>Asian American</td>
<td>211.4</td>
<td>211.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American/Black</td>
<td></td>
<td></td>
<td>842.8</td>
<td>951.8</td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
<td>347.5</td>
<td>482.6</td>
<td></td>
</tr>
</tbody>
</table>
Admissions for COPD or asthma in older adults in 2015 & mid-2016, by CCO.
Rates are reported per 100,000 member years / Grey dots represent data from 2014 (Lower is better)
Congestive heart failure admission rate

Rate of adult members (ages 18 and older) who had a hospital stay because of congestive heart failure. Rates are reported per 100,000 member years. A lower score is better.

PQI stands for Prevention Quality Indicators, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

**mid-2016 data**  (n=6,674,167 member months)

Statewide change since 2015: **+3.2%** (lower is better)

Number of CCOs that improved: **11**


Rates are reported per 100,000 member years / Grey dots represent 2014 / Race and ethnicity data missing for 22.8% of respondents / Each race category excludes Hispanic/Latino

10 percent reduction from previous year’s statewide rate: 211.9
Admissions for congestive heart failure in 2015 & mid-2016, by CCO.
Rates are reported per 100,000 member years / Grey dots represent 2014

Western Oregon Advanced Health: 89.5, 149.4
AllCare Health Plan: 173.6, 219.8
Trillium: 211.7, 219.1
Columbia Pacific: 176.5, 191.4
FamilyCare: 211.7, 249.4
Health Share of Oregon: 173.6, 229.3
Cascade Health Alliance: 108.8, 199.3
PrimaryHealth of Josephine County: 90.8, 173.6
Umpqua Health Alliance: 212.8, 228.0
Intercommunity Health Network: 178.9, 198.4
Eastern Oregon: 144.2, 168.5
Jackson Care Connect: 250.2, 274.8
Willamette Valley Community: 199.3, 232.7
PacificSource - Central: 75.2, 141.4
Yamhill Community Care: 212.1, 211.7
PacificSource - Gorge: 99.8, 197.8

10 percent reduction from previous year’s statewide rate: 211.9
(Lower is better)
Asthma in younger adults admission rate

Rate of adult members (ages 18-39) who had a hospital stay because of asthma. Rates are reported per 100,000 member years. A lower score is better.

PQI stands for Prevention Quality Indicators, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

**mid-2016 data** (n=3,580,267 member months)

Statewide change since 2015: **−13.6%** (lower is better)

Number of CCOs that improved: **12**

Admissions for asthma in younger adults in **2015 & mid-2016**, by race and ethnicity.

Rates are reported per 100,000 member years / Grey dots represent 2014 / Race and ethnicity data missing for % of respondents / Each race category excludes Hispanic/Latino

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>67.6</td>
<td>64.1</td>
<td>45.8</td>
<td>45.2</td>
<td>45.6</td>
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<tr>
<td>White</td>
<td>0.0</td>
<td>0.0</td>
<td>15.2</td>
<td>30.8</td>
<td>99.7</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>0.0</td>
<td>0.0</td>
<td>8.5</td>
<td>30.8</td>
<td>99.7</td>
</tr>
<tr>
<td>Asian American</td>
<td>0.0</td>
<td>0.0</td>
<td>8.5</td>
<td>30.8</td>
<td>99.7</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.0</td>
<td>0.0</td>
<td>15.2</td>
<td>30.8</td>
<td>99.7</td>
</tr>
<tr>
<td>African American/Black</td>
<td>0.0</td>
<td>0.0</td>
<td>8.5</td>
<td>30.8</td>
<td>99.7</td>
</tr>
</tbody>
</table>

10 percent reduction from previous year’s statewide rate: 47.5 (Lower is better)
Admissions for asthma in younger adults in 2015 & mid-2016, by CCO.

Rates are reported per 100,000 member years / Grey dots represent 2014

10 percent reduction from previous year’s statewide rate: 47.5
(Lower is better)

Western Oregon Advanced Health
16.1
Umpqua Health Alliance
22.8
Columbia Pacific
25.1
Health Share of Oregon
45.0
Trillium
37.4
AllCare Health Plan
69.2
Yamhill Community Care
45.3
PacificSource - Gorge
112.8
Jackson Care Connect
107.5
FamilyCare
106.1
Eastern Oregon
54.3
Cascade Health Alliance
0.0
Willamette Valley Community Health
37.4
Intercommunity Health Network
30.9
Primary Health of Josephine County
55.0
PacificSource - Central
16.1
PQI 90: Prevention quality overall composite

Composite rate of adult members who were admitted to a hospital for any of the following preventable conditions:

- Diabetes with short-term complications (PQI 1, see page 81)
- Diabetes with long-term complications
- Uncontrolled diabetes without complications
- Diabetes with lower-extremity amputation
- COPD (PQI 5, see page 83)
- Asthma (PQI 15, see page 87)
- Hypertension
- Heart failure (PQI 8, see page 85)
- Angina
- Dehydration
- Bacterial pneumonia
- Urinary tract infection

Rates are reported per 100,000 member years and a lower score is better. PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality (AHRQ) to track avoidable hospital admissions.

**mid-2016 data** (n=6,689,912 member months)

Statewide change since 2015: **-13.2%** (lower is better)

Number of CCOs that improved: **13**

Back to table of contents.
Overall rate of hospitalizations for preventable conditions in 2015 & mid-2016, by CCO.

2015 results have been updated to include full twelve months of data and should not be compared to previously-published reports / Grey dots represent 2014
PQI 91: Prevention quality acute composite

Composite rate of adult members who were admitted to a hospital for any of the following acute conditions:

- Dehydration
- Bacterial pneumonia
- Urinary tract infection

Rates are reported per 100,000 member years and a lower score is better. PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality (AHRQ) to track avoidable hospital admissions.

**mid-2016 data** (n=6,689,912 member months)

Statewide change since 2015: **-8.2%** (lower is better)

Number of CCOs that improved: **12**

Back to table of contents.
Admissions for acute conditions in 2015 & mid-2016, by CCO.
2015 results have been updated to include full twelve months of data and should not be compared to previously-published reports / Grey dots represent 2014 statewide rate: 340.8 (Lower is better)

Jackson Care Connect
Columbia Pacific
AllCare Health Plan
Willamette Valley Community Health
Umpqua Health Alliance
PrimaryHealth of Josephine County
Eastern Oregon
Yamhill Community Care
Cascade Health Alliance
Health Share of Oregon
Western Oregon Advanced Health
FamilyCare
Trillium
Intercommunity Health Network
PacificSource - Central
PacificSource - Gorge

10 percent reduction from previous year's
PQI 92: Prevention quality chronic composite

Composite rate of adult members who were admitted to a hospital for any of the following chronic conditions:

- Diabetes with short-term complications (PQI 1, see page 81)
- Diabetes with long-term complications
- Uncontrolled diabetes without complications
- Diabetes with lower-extremity amputation
- COPD (PQI 5, see page 83)
- Asthma (PQI 15, see page 87)
- Hypertension
- Heart failure (PQI 8, see page 85)
- Angina

Rates are reported per 100,000 member years and a lower score is better. PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality (AHRQ) to track avoidable hospital admissions.

mid-2016 data (n=6,689,912 member months)

Statewide change since 2015: -15.3% (lower is better)

Number of CCOs that improved: 12

Back to table of contents.
Admissions for chronic conditions 2015 & mid-2016, by CCO.
2015 results have been updated to include full twelve months of data and should not be compared to previously-published reports / Grey dots represent 2014 state-wide rate: 809.3 (Lower is better)
ADDITIONAL MEASURE STRATIFICATION:
MEASURES BY DISABILITY, MENTAL HEALTH DIAGNOSES,
AND SEVERE AND PERSISTENT MENTAL ILLNESS

The Oregon Health Authority is committed to providing data on vulnerable or historically underserved members of our community. This section of the report provides a subset of CCO measures stratified by members with disability, with mental health diagnoses, and with severe and persistent mental illness (SPMI).

This is the third time these data have been included in a CCO metrics report, and the first time showing trend over time, comparing calendar year 2015 with measurement period July 2015—June 2016. Also included for the first time are three new measures: Outpatient utilization, childhood immunization status, and immunization for adolescents (mid-year data only; stratified calendar year 2015 results are not available for these measures).

Definitions used in this section:

- **With disability** means people who qualify for Medicaid based on an impairment that has prevented or is expected to prevent them from performing substantial gainful activity for at least one year. This may include physical, mental, emotional, learning, developmental or other disabilities. These individuals may or may not also be qualified for Medicare. Eligibility codes include: 2, 3, B3, and D4.

- **With mental health diagnoses** refers to people who have had two or more services in the past 36 months with any of the qualifying diagnoses for schizophrenia, bipolar, delusional, developmental, anxiety, personality, or depressive disorders, as well as other mental health disorders (see diagnosis code table on page 106).

- **With severe and persistent mental illness** refers to people 18 years and older who have had two or more services with qualifying diagnosis codes in the past 36 months (see diagnosis code table on page 106). This definition is also used for U.S. Department of Justice reporting (for more information visit www.oregon.gov/oha/bhp/Pages/USDOJ-Agreement.aspx).
Developmental screening in the first 36 months of life

2016 benchmark: 50.0%

<table>
<thead>
<tr>
<th>Year</th>
<th>Statewide</th>
<th>With disability</th>
<th>With mental health diagnoses (MHDx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>37.5%</td>
<td>42.2%</td>
<td>37.5%</td>
</tr>
<tr>
<td>mid-2016</td>
<td>38.7%</td>
<td>44.3%</td>
<td>39.9%</td>
</tr>
</tbody>
</table>

Disability mid-2016 n = 4,654
MHDX mid-2016 n = 31,467
More information on this measure: Page 17

Adolescent well-care visits

2016 benchmark: 61.9%

<table>
<thead>
<tr>
<th>Year</th>
<th>Statewide</th>
<th>With disability</th>
<th>With mental health diagnoses (MHDx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>42.2%</td>
<td>39.9%</td>
<td>42.4%</td>
</tr>
<tr>
<td>mid-2016</td>
<td>44.3%</td>
<td>42.4%</td>
<td>44.3%</td>
</tr>
</tbody>
</table>

Disability mid-2016 n = 179
MHDX mid-2016 n = 2,095
More information on this measure: Page 59
MEASURES BY DISABILITY AND MENTAL HEALTH DIAGNOSES

Screening, brief intervention, and referral to treatment (SBIRT)

All ages (12+)

Adolescents (ages 12-17)

Adults (ages 18+)

Statewide

With disability

With mental health diagnoses (MHDx)

With severe and persistent mental illness (SPMI)

Disability mid-2016 n = 50,631
MHDX mid-2016 n = 172,095
More information on this measure: Page 19

Disability mid-2016 n = 2,743
MHDX mid-2016 n = 27,260
More information on this measure: Page 21

Disability mid-2016 n = 47,888
MHDX mid-2016 n = 144,835
SPMI mid-2016 n = 58,618
More information on this measure: Page 23
Ambulatory care: Emergency department utilization

**All ages**
Rates are reported per 1,000 member months

- **2015**
  - Statewide: 81.0
  - With disability: 78.4
  - With mental health diagnoses (MHDx): 89.2
  - With severe and persistent mental illness (SPMI): 79.5

- **mid-2016**
  - Statewide: 43.1
  - With disability: 45.6

**Adults ages 18+**
Rates are reported per 1,000 member months

- **2015**
  - Statewide: 108.6
  - With disability: 94.5
  - With mental health diagnoses (MHDx): 94.9
  - With severe and persistent mental illness (SPMI): 86.1

- **mid-2016**
  - Statewide: 113.3
  - With disability: 98.1

**2016 benchmark:** 39.8

*Emergency department utilization is stratified by adults here in order to report members with severe and persistent mental illness (SPMI), which applies to adults only.*

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Disability mid-2016 n = 706,684
MHDX mid-2016 n = 2,514,139
More information on this measure: Page 25

Disability mid-2016 n = 630,384 mm
MHDX mid-2016 n = 1,918,605 mm
SPMI mid-2016 n = 711,648 mm
MEASURES BY DISABILITY AND MENTAL HEALTH DiAGNOSES

Dental sealants on permanent molars for children

<table>
<thead>
<tr>
<th>All ages (6-14)</th>
<th>Ages 6-9</th>
<th>Ages 10-14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015</strong></td>
<td><strong>mid-2016</strong></td>
<td><strong>2015</strong></td>
</tr>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>With disability</strong></td>
<td><strong>With mental health diagnoses (MHDx)</strong></td>
</tr>
<tr>
<td>18.5%</td>
<td>20.1%</td>
<td>22.4%</td>
</tr>
<tr>
<td>17.8%</td>
<td>19.2%</td>
<td>21.3%</td>
</tr>
<tr>
<td>13.3%</td>
<td>14.9%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Disability mid-2016 n = 3,649
MHDX mid-2016 n = 30,351
More information on this measure: Page 53

Disability mid-2016 n = 1,379
MHDX mid-2016 n = 13,079
More information on this measure: Page 55

Disability mid-2016 n = 2,270
MHDX mid-2016 n = 17,272
More information on this measure: Page 57
Effective contraceptive use among women at risk of unintended pregnancy

### Adults (ages 18-50)

- **2015**
  - Statewide: 36.3%
  - With disability: 41.8%
  - With mental health diagnoses (MHDx): 44.5%
  - With severe and persistent mental illness (SPMI): 33.7%

- **mid-2016**
  - Statewide: 29.1%
  - With disability: 40.7%
  - With mental health diagnoses (MHDx): 42.2%
  - With severe and persistent mental illness (SPMI): 33.7%

### Adolescents (ages 15-17)

- **2015**
  - Statewide: 40.7%
  - With disability: 44.5%
  - With mental health diagnoses (MHDx): 33.7%

- **mid-2016**
  - Statewide: 29.1%
  - With disability: 41.8%
  - With mental health diagnoses (MHDx): 31.1%

### All ages (15-50)

- **2016 benchmark: 50.0%**

- **2015**
  - Statewide: 33.7%
  - With disability: 39.4%
  - With mental health diagnoses (MHDx): 42.1%
  - With severe and persistent mental illness (SPMI): 29.4%

- **mid-2016**
  - Statewide: 29.1%
  - With disability: 35.4%
  - With mental health diagnoses (MHDx): 34.7%
  - With severe and persistent mental illness (SPMI): 29.7%

**More information on this measure:**
- Page 61
- Page 63
- Page 65
MEASURES BY DISABILITY AND MENTAL HEALTH DIAGNOSES

Mental, physical, and dental health assessments for children in DHS custody (foster care)

Follow-up care for children prescribed ADHD medication (initiation phase)

2016 benchmark: 90.0%

Statewide

With disability

With mental health diagnoses (MHDx)

Disability mid-2016 n = 33
MHDX mid-2016 n = 897
More information on this measure: Page 33

Disability mid-2016 n = 159
MHDX mid-2016 n = 2,212
More information on this measure: Page 69
MEASURES BY DISABILITY AND MENTAL HEALTH DIAGNOSES

Follow-up after hospitalization for mental illness

**All ages (6+)**
- Statewide: 2015 = 77.2%, mid-2016 = 77.4%
- With disability: 2015 = 76.7%, mid-2016 = 76.2%
- With mental health diagnoses (MHDx): 2015 = 80.6%, mid-2016 = 81.9%
- With severe and persistent mental illness (SPMI): 2015 = 2015 benchmark: 79.0%

**Children and adolescents (ages 6-17)**
- Statewide: 2015 = 82.0%, mid-2016 = 78.1%
- With mental health diagnoses (MHDx): 2015 = 78.2%, mid-2016 = 77.5%

**Adults (ages 18+)**
- Statewide: 2015 = 80.9%, mid-2016 = 78.0%
- With mental health diagnoses (MHDx): 2015 = 78.2%, mid-2016 = 77.5%
- With severe and persistent mental illness (SPMI): 2015 = 79.0%

Disability mid-2016 n = 997
MHDX mid-2016 n = 3,266
More information on this measure: Page 67

Disability mid-2016 n<30 (data suppressed)
MHDX mid-2016 n = 311

Disability 2016 = 971
MHDX 2016 n = 2,955
SMPI mid-2016 n = 2,258
### Childhood immunization status

**July 2015 - June 2016**

- **Statewide:** 67.7%
- **With disability:** 70.0%
- **With mental health diagnoses:** 77.5%

### Outpatient utilization

**July 2015 - June 2016**

- **Statewide:** 288.9
- **With disability:** 237.5
- **With mental health diagnoses:** 419.7
- **With SPMI:** 524.1

### Immunization for adolescents

**July 2015 - June 2016**

- **Statewide:** 65.1%
- **With disability:** 69.6%
- **With mental health diagnoses:** 72.4%

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**Childhood immunization status:**
Disability mid-2016 n = 60
MHDX mid-2016 n = 657
More information on this measure: [Page 45](#)

**Immunization for adolescents:**
Disability mid-2016 n = 484
MHDX mid-2016 n = 3,595
More information on this measure: [Page 73](#)

**Outpatient utilization:**
Disability mid-2016 n = 706,684
MHDX mid-2016 n = 2,514,139
SPMI mid-2016 n = 711,648
More information on this measure: [Page 29](#)
**Mental Health Diagnosis Codes:**

**Mental Disorders due to known physiological conditions:**
ICD10: F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.8, F07.0, F07.81, F07.89, F07.9, F09.

**Behavioral syndromes associated with physiological disturbance and physical factors:**
ICD10: F50.00, F50.01, F50.2, F50.8, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53, F54, F55.0, F55.1, F55.2, F55.3, F55.4, F59.

**Mood manic and Bipolar:**

**Mood Major Depression:**
ICD10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39.

**Schizophrenia and non-mood psychotic disorders:**

**Anxiety, Dissociative, stress-related nonpsychotic disorders:**
ICD10: F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.0, F42.3, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F45.25, F45.29, F45.3, F45.4, F45.5, F45.6, F45.7, F45.8, F45.9, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9.

**Personality disorder:**
ICD10: F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F69.

**Intellectual and Developmental disorders:**
ICD10: F70, F71, F72, F73, F78, F79, F80.0, F80.1, F80.2, F80.4, F80.81, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.4, F84.5, F84.8, F84.9, F88, F89.

**Severe and Persistent Mental Illness:**
Any SPMI disorder. To be flagged as "Any SPMI" members must have 2+ instances of any of the qualifying diagnosis codes in the past 36 months and be 18+ years of age:

**It is possible that a member may be flagged as "Any SPMI" but not flagged as one of the four SPMI categories. This is because a member may have 2 or more diagnoses that is a combination of the categories, but not 2 or more within any one of the SPMI categories.**

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