

---

# Health System Transformation Quarterly Progress Report

Tina Edlund

*Acting OHA Director*

December 5, 2013



# November 2013 HST Quarterly Report

- Highlights key measurements, health care utilization rates, and costs through CCOs
- Preliminary data indicates increasing primary care use, reduced ER visits – signs of innovative work from CCOs and providers
- Readiness of the coordinated care model to serve Oregonians newly enrolled in Medicaid



*The Thompson family will have OHP coverage Jan. 1*

# Quality Improvement Focus Areas

- Improving behavioral and physical health coordination
- Improving perinatal and maternity care
- Reducing preventable re-hospitalizations
- Ensuring appropriate care is delivered in appropriate settings
- Improving primary care for all populations
- Reducing preventable and unnecessarily costly utilization by super users
- Addressing discrete health issues (such as asthma, diabetes, hypertension)

# Meeting the triple aim: What we are seeing so far...

- ✓ Every CCO is living within their global budget.
- ✓ The state is meeting its commitment to reduce Medicaid spending trend on a per person basis by 2 percentage points.
- ✓ State-level progress on quality, utilization, and cost measures (for the first 6 months of 2013) show signs of improvements in quality and cost and a shifting of resources to primary care
- ✓ Progress will not be linear, but data are encouraging.

# Accountability

## State Performance Measures

- Annual assessment of statewide performance on 33 measures
- Financial penalties to the state if quality goals are not achieved

## CCO Incentive Measures

- Annual assessment of CCO performance on 17 measures
- Will compare performance in 2013 to 2011 baseline
- Monthly data shared with CCOs so data can be validated and progress can be monitored throughout the year
- 2013 quality pool funds allocated to CCOs based on performance in June 2014

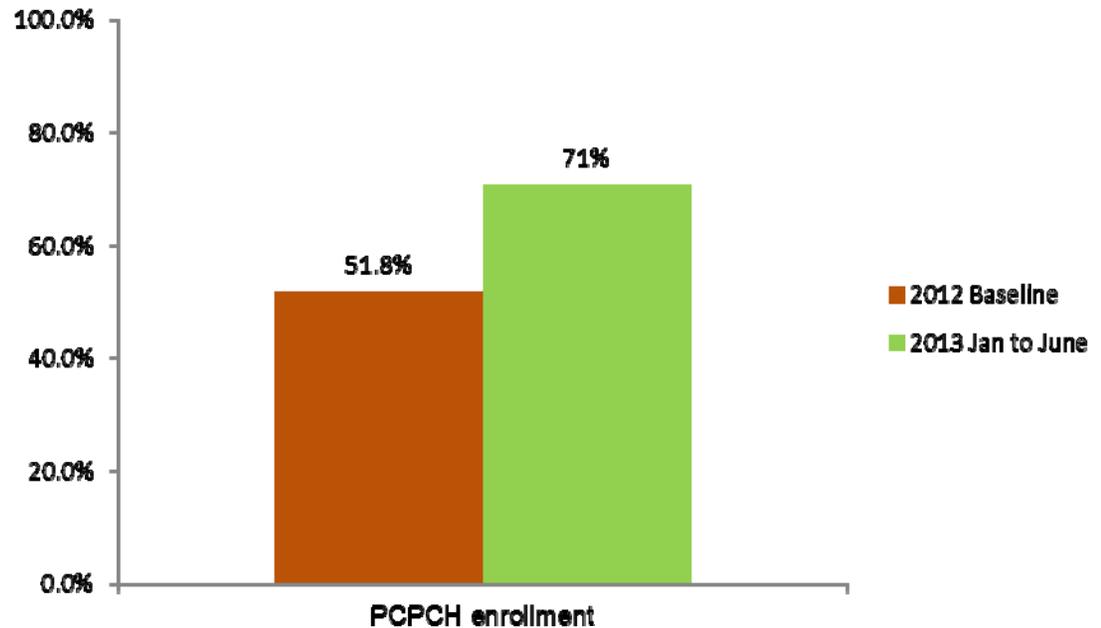
## Early data

- ✓ Decreased emergency department visits and expenditures
- ✓ Increased primary care visits and expenditures
- ✓ Increased enrollment in patient-centered primary care homes
- ✓ Decreased hospitalization for congestive heart failure, chronic obstructive pulmonary disease and adult asthma
- ✓ Increased adoption of electronic health records
- ✓ Decreased all-cause hospital readmissions

# What early data indicate

- ✓ Enrollment in Patient-Centered Primary Care Homes (PCPCH) has increased markedly.

Percentage of patients who were enrolled in a recognized patient-centered primary care home



# What early data indicate

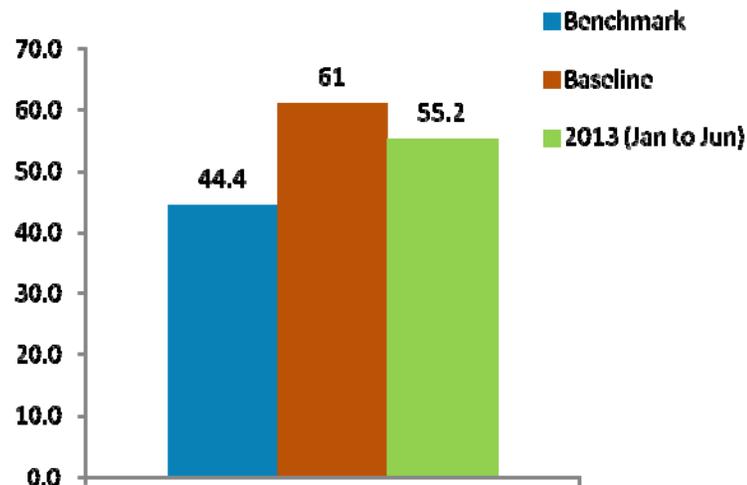
- ✓ **Emergency department (ED) utilization is down. First six months indicate that ED utilization is down 9% from rate in 2011.**

Ambulatory Care: ED utilization

Rate of patient visits to the ED per 1,000 member months

Lower is better

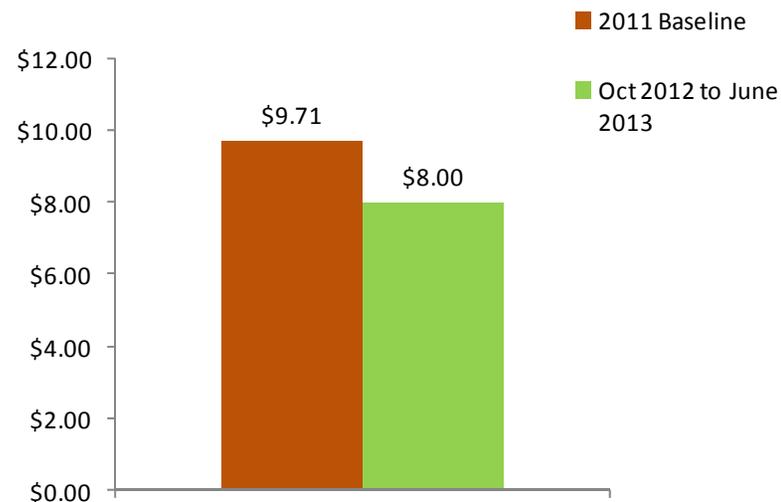
Benchmark: 2012 national Medicaid 90<sup>th</sup> percentile.



## What early data indicate

- ✓ **Emergency department (ED) cost per member, per month are down. Nine months of data indicate that ED pmpm cost is currently down 17.6% from rate in 2011.**

Emergency department (ED)  
cost per member per month

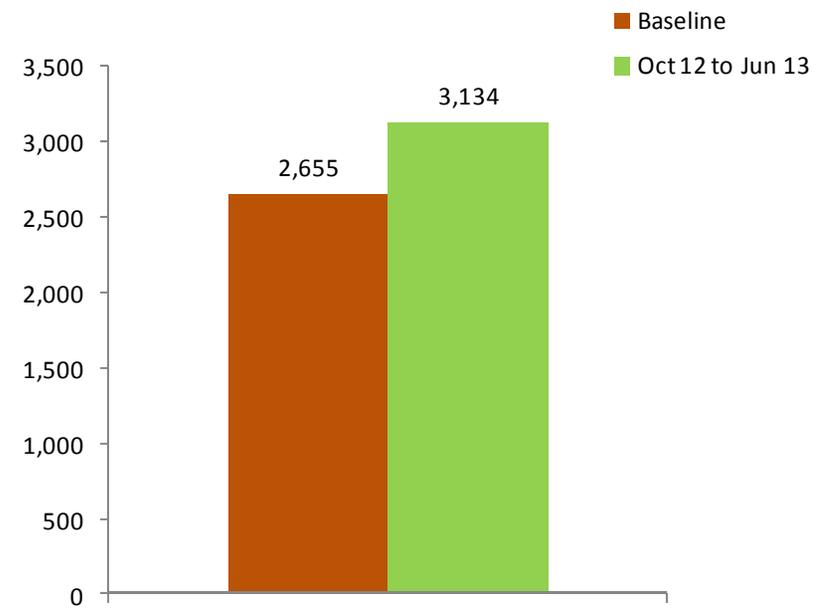


# What early data indicate

- ✓ CCO primary care visits are up 18% from 2011 baseline.

Ambulatory Care: Primary care visits (includes immunizations/injections)

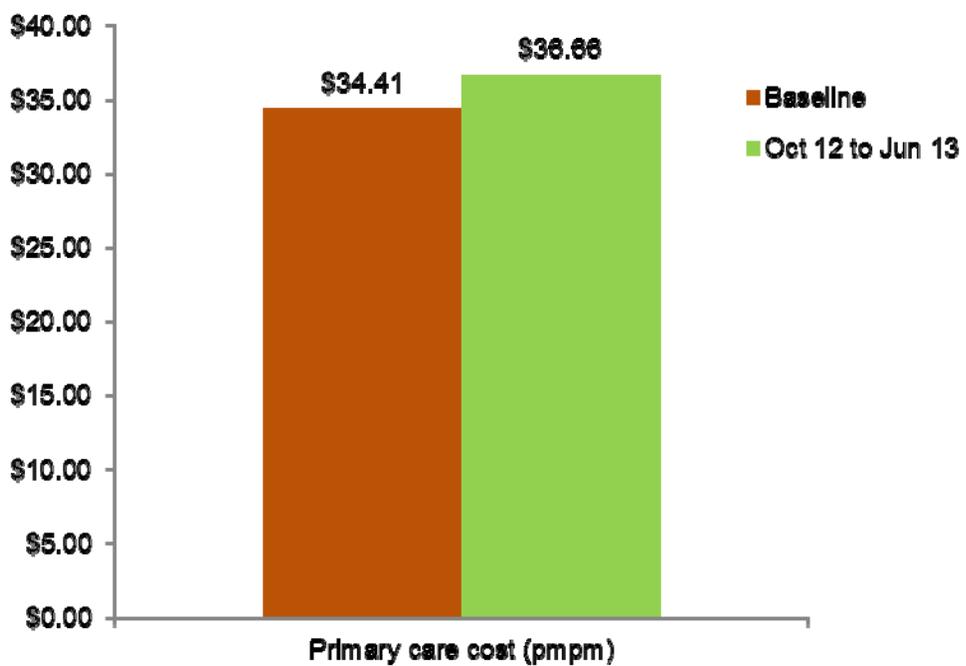
Rate primary care visits per 1,000 members



# What early data indicate

- ✓ CCO primary care costs are up 6.5% from 2011 baseline.

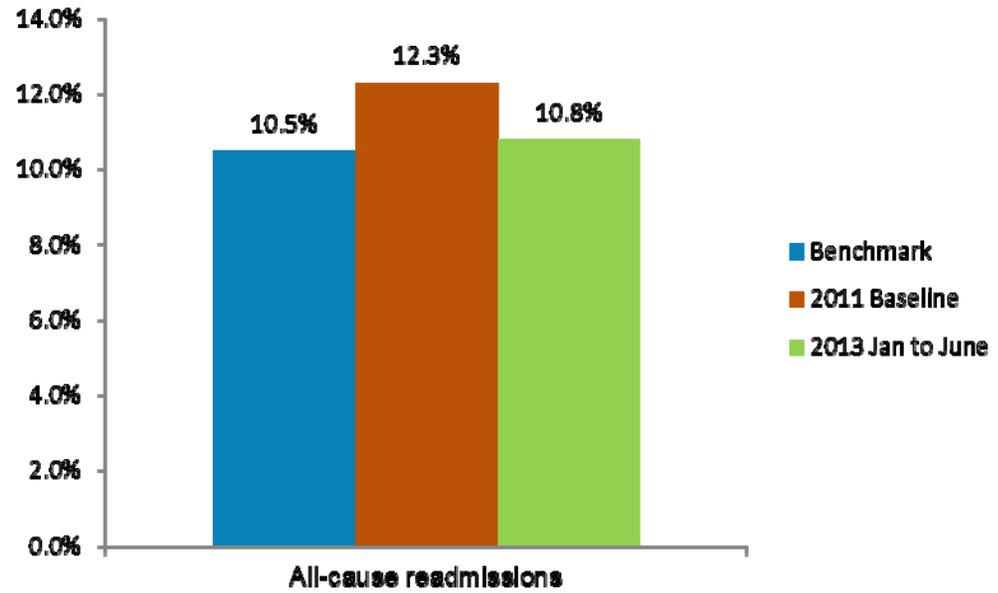
CCO primary care cost per member per month (pmpm)



# What early data indicate

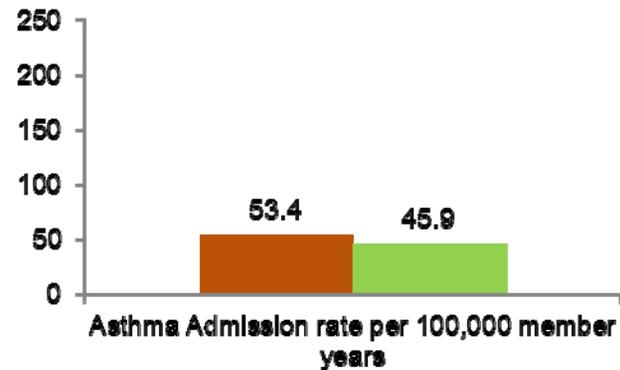
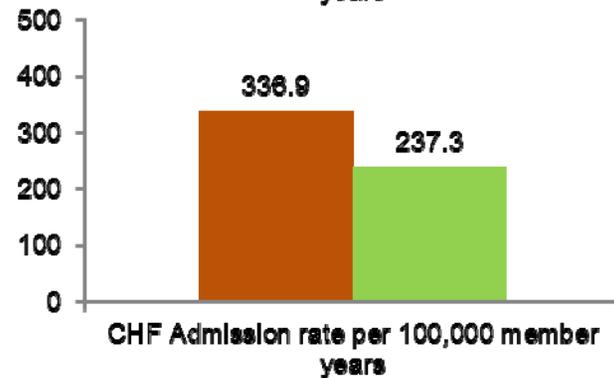
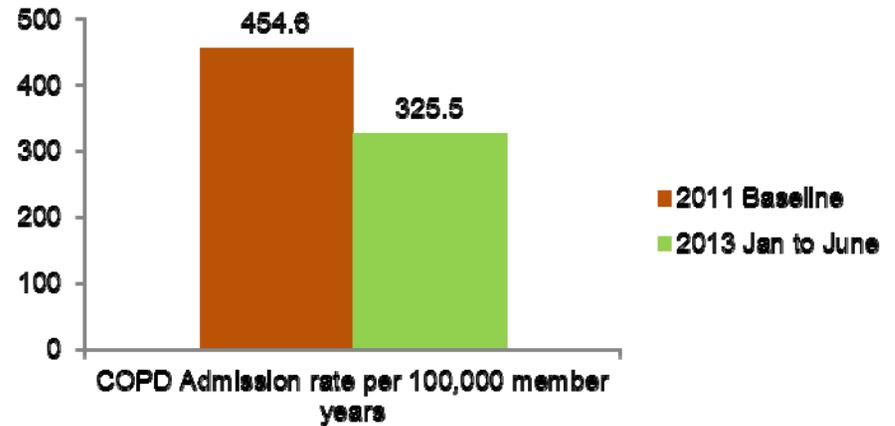
- ✓ All-cause readmissions are currently down by 12%.

Percentage of adults who had a hospital stay and were readmitted for any reason within 30 days of discharge.



# What early data indicate

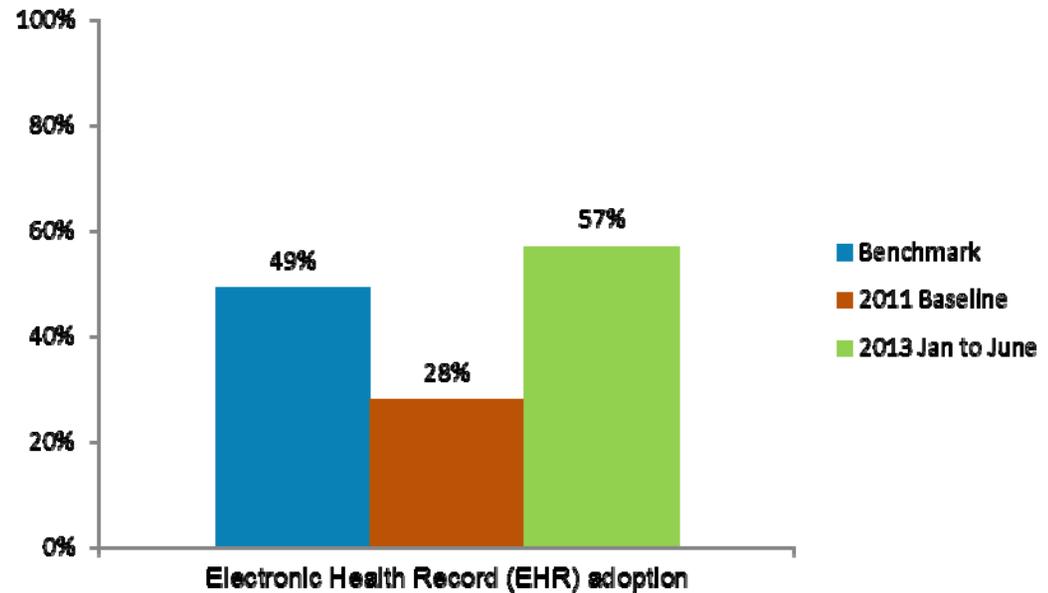
- ✓ Potentially avoidable hospitalizations for chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and adult asthma are currently down.



# What early data indicate

- ✓ **Adoption of electronic health records (EHR) has significantly increased since 2011.**

Percentage of eligible individual providers within a CCO's network and service area who qualify for an EHR incentive payment from Medicaid or Medicare.



## Race and ethnicity – 2011 baseline data

- ✓ Show broad disparities for most metrics – points to where efforts should be focused to achieve health equity
- ✓ Collecting these data is the beginning of understanding variation and disparity by race and ethnicity
- ✓ The handful of metrics where disparities are reduced may point to opportunities and best practices
- ✓ Progress data by race and ethnicity will begin to be reported in future reports.

## Caveats for selected metrics

- ✓ **Adolescent well-care visits:** Current data shows a lower rate than baseline, but data does not include the later summer months when many adolescent well-child visits occur. This data will become more indicative in the next quarterly report.
- ✓ **Screening, brief intervention and referral to treatment (SBIRT)** was effectively zero at baseline. Significant statewide activity in the first 6 months of the measurement year focused on incorporating SBIRT into the provider work flow and capturing the screening in administrative data. We expect to see notable changes in SBIRT data for the last 6 months of 2013.

# Caveats

Progress data includes dates up through June 2013 which is just the first 6 months of the measurement year. Progress will not be linear. Data can and will change due to:

- **Claims lag.** Much of this data comes from billing information and bills may be submitted long after the date on which the service was provided.
- **Seasonality.** Health conditions and health care-seeking behaviors are seasonal (e.g., cold and flu season impacts on COPD, CHF and asthma)
- **Start-up impacts.** These data are from the first 6 months of the year when CCOs were just beginning to impact the Medicaid delivery system. Some metrics (for example, SBIRT) represent changes in work flow and patterns that aren't likely to be reflected in the early months of implementation.

## Next Steps

- Continue to collect and produce state-level data for the state's 33 performance measures.
- Prepare and publicly report CCO-level progress reports all performance metrics, including quality, utilization and cost data.
- **Data will become more complete with each quarterly report.**
- Support the spread of innovations through CCOs and their providers for continued progress towards better health, better care and lower costs.

## For More Information

Current quarterly progress report and all data and technical specifications are posted online at [health.oregon.gov](http://health.oregon.gov)

### Contact

Lori Coyner, MA

Director of Accountability and Quality

[lori.a.coyner@state.or.us](mailto:lori.a.coyner@state.or.us)