

Transformation Center: 2024 Work and Impact

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Executive summary

The Transformation Center supports innovation and quality improvement in Oregon's health care system, with the goals of better health, better care and lower costs. We work at the system, community and practice levels.

We build capacity for health system partners by providing learning opportunities like webinars, learning collaboratives and trainings. We also work across the Oregon Health Authority (OHA) to develop and implement innovative health system policies. This includes reviewing and providing feedback on multiple plans and reports that coordinated care organizations (CCOs) submit to OHA as part of their contracts.

During 2024, the Transformation Center prioritized topic areas based on:

- Legislative requirements
- Direction from the Oregon Health Policy Board on CCO 2020–2024 contract goals
- CCO contract deliverables assigned to the Transformation Center
- CCO incentive metrics (developed by the OHA Metrics and Scoring Committee)
- Alignment with the 1115 Medicaid waiver's new health-related social needs services

The Transformation Center continued to advance innovative payment strategies, CCO spending programs, population health, system transformation and quality improvement, and oral health. Key successes included:

- Hosting 78 multiple-partner learning sessions, including events, trainings and webinars.

- Staffing 28 Oregon Health Policy Board and legislatively required committee and work group meetings.
- Facilitating 10 trainings to prepare health-related social needs (HRSN) providers to deliver HRSN services.
- Managing guidance and review for 10 CCO contract deliverables focused on community health, quality improvement, social determinants of health spending and value-based payment.
- Providing technical assistance to support CCOs' health-related services programs, in lieu of services, SHARE, incentive metrics, community advisory councils, community health assessments and community health improvement plans.
- Supporting Oregon health systems to transition to value-based payment models by implementing CCO contract requirements and facilitating the Value-Based Payment Compact Work Group and Primary Care Payment Reform Collaborative.

This report briefly describes our work and outcomes. More information is available on the [Transformation Center website](#).

Background

The Transformation Center supports innovation and quality improvement in Oregon's health care system, with the goals of better health, better care and lower costs. We work at the system, community and practice levels.

We build capacity for health system partners by providing learning opportunities like webinars, collaboratives and trainings. These learning opportunities focus on innovative services and programs like health-related services and value-based payment. We collaborate across OHA to develop and implement innovative health system policies. This includes reviewing and providing feedback on multiple plans and reports that coordinated care organizations (CCOs) submit to OHA as part of their contracts.

We Support



Innovative payment strategy



CCO community spending programs



Population health



System transformation and quality improvement



Oral health

Innovative payment strategy

Currently, most health care in Oregon and nationally is paid based on quantity, or fee for service. In contrast, value-based payment (VBP) supports providers in delivering whole-person care and holds them accountable for improving quality, costs, patient experience and — increasingly — equity. CCOs have extensive requirements to transition from fee-for-service to VBP models and have made great progress, increasing VBP implementation from 49% in 2019 to 70% in 2022.

The Transformation Center manages the following areas of work to support health systems in containing cost growth and advancing payment reform.

The Transformation Center also manages evaluation of CCOs' VBP reporting.

CCO VBP roadmap

CCOs met the VBP Roadmap goal of at least 70% of CCO payments to providers being in the form of a VBP. Most CCOs implemented VBP models in all five care delivery areas (hospital, maternity, behavioral health, children's health and oral health). All but one CCO increased payments to Patient-Centered Primary Care Homes by tier year over year.

Value-based payment model development

The Transformation Center helps develop primary care and specialty care VBP models. In 2024, we focused on payment models for palliative care and traditional health workers.

- With an external consultant, the Transformation Center developed a [Traditional Health Worker Payment Model Guide](#). This guide includes findings from interviews with CCOs.
- The Transformation Center published [Payment for Community-Based Palliative Care in Oregon: Environmental Scan](#). Staff interviewed CCO medical directors, palliative care providers, and members of the Palliative Care and Quality of Life Advisory Council. The goals were to better understand palliative care service delivery and payment structures, identify payment challenges and assess CCOs' interest in collaboratively developing a payment model.

Multi-payer VBP alignment and advancement

Primary Care Payment Reform Collaborative

The Transformation Center convenes the Primary Care Payment Reform Collaborative, a legislatively required advisory group that helps OHA

develop and implement a Primary Care Transformation Initiative. The goal is to develop and share best practices in reimbursement methods that direct more health care dollars toward primary care innovation and improvement.

The [Oregon Primary Care Transformation Initiative 2023 Progress Report](#) reviewed the collaborative's work in 2023 and outlined next steps for 2024.

In 2024, the full collaborative met five times. Work included:

- Publishing recommendations for the multi-payer [primary care VBP model](#). The recommendations are intended to facilitate discussion between payers and providers to maximize the benefits of multi-payer alignment while recognizing payers and providers may agree on different terms than those identified.
- Including the Patient-centered Primary Care Home equity designation as an option for infrastructure payment in the primary care VBP model.
- Discussing measuring and reporting primary care spending, the process of health care providers becoming owned or controlled by for-profit corporations, prior authorization, primary care provider challenges and possible solutions.

The collaborative's Social Risk Adjustment Work Group met four times and selected the Social Vulnerability Index as its recommended geographic-level data source. Eastern Oregon CCO and Moda Health are implementing the index and will share their experience over time.

The collaborative's steering committee developed a legislative document outlining the key challenges to primary care access (workforce, payment, infrastructure and regulation). This document was presented to the collaborative members for voluntary sign-on.

VBP compact

The Transformation Center staffs the Oregon VBP Compact Work Group, which held its final meeting in December 2024. The [Oregon VBP Compact](#) is a voluntary commitment by payers and providers to participate in and spread VBPs, meeting specified targets and timelines over 2021–2024. The compact, jointly sponsored by OHA and the Oregon Health Leadership Council, is signed by 63 organizations and covers 73 percent of people in Oregon. Signers include commercial, Medicaid and Medicare Advantage payers. Spreading VBP across Oregon was the first strategy identified by the Sustainable Health Care Cost Growth Target Implementation Committee to lower the growth of health care spending.

In 2024, the work group met three times and explored VBP models for hospitals and rural areas. The work group finalized documents describing strategies to increase opportunities for small primary care practices to participate in VBP and principles for risk adjustment.

While the work group has ended, its work will continue through activities by payers and providers. OHA will continue to report annually on VBP performance against the Compact targets. OHA also launched two VBP pilots to continue the work.

- Primary care VBP pilot – OHA will build on the experience of one CCO that implemented the primary care VBP model by piloting it with at least one more CCO and one of its contracted primary care provider organizations.
- Hospital global budget pilot – OHA began work with a consultant and national experts to simulate hospital global budget models. The goal is to measure how the global budget affects the hospital's revenue when utilization is unpredictable.

VBP technical assistance

The Transformation Center provided the following VBP technical assistance:

- Five OHA/CCO VBP work group sessions focused on using REALD data to address health disparities through VBP, paying for and supporting palliative care, supporting provider success in VBPs through robust data sharing, and reviewing CCO progress in implementing and expanding VBPs from 2020 through 2024.
- A Certified Community Behavioral Health Clinic (CCBHC) payment environmental scan, which included interviewing 12 of the 15 CCBHCs in Oregon and six of the 11 CCOs that contract with them.
- A data sharing environmental scan to assess CCO and provider needs for technical assistance. This included interviewing all CCOs, 18 provider organizations and one independent practice association. As a result, the Transformation Center worked with an external consultant to deliver technical assistance around data sharing best practices.
- A summary and recommendations for OHA leadership about how specific hospital and primary care VBP models could be piloted by CCOs and providers to improve access to care in rural areas.

The Transformation Center also evaluated CCOs' VBP contract deliverables, which included a data template and a questionnaire. These materials help OHA monitor CCOs' progress toward VBP goals and assess their needs for technical assistance.

CCO community spending programs

The Transformation Center managed multiple CCO spending programs including policy and contract updates, guidance updates, deliverable review and approval, and technical assistance.

Health-related services

Health-related services (HRS) are non-covered services that CCOs may offer as a supplement to Oregon Health Plan benefits to improve care delivery and overall member and community health and well-being. Health-related services include:

- **Flexible services**, which are cost-effective services offered to an individual member to supplement covered benefits, and
- **Community benefit initiatives**, which are community-level interventions focused on improving population health and health care quality.

Annual CCO HRS reviews

The Transformation Center leads OHA's work on reviewing CCOs' HRS policies and spending data. Findings from the [2023 HRS spending summary](#) include the following:

- HRS spending for 2023 was \$121.6 million, more than double the amount from 2022.
- The top four areas of 2023 CCO HRS spending were housing (\$30.3 million), health information technology (\$26.2 million), economic stability (\$17.9 million) and food access (\$12.5 million).

The Transformation Center also began piloting a process for CCOs to get OHA approval on multiyear HRS projects. This new process should help reduce CCO and OHA administrative burden.

HRS capacity building

The Transformation Center supported CCOs to build capacity in delivering HRS. The Transformation Center worked with a consultant to provide:

- Four office hours for CCOs on HRS spending criteria and reporting
- Webinar on 2023 CCO HRS spending highlights; 45 people attended and 96% of respondents found it valuable or very valuable (26)
- Individual CCO technical assistance (8 of 16 CCOs participated)
- Updated HRS and health information technology guidance
- Talking points on flexible services and housing for OHA and CCO staff working with Oregon Health Plan members
- HRS and 1115 waiver impact document

Supporting Health for All through Reinvestment (SHARE)

The Transformation Center managed and reviewed spending plans and reporting for SHARE, which requires CCOs to reinvest a portion of their profit into their communities to address health inequities and social determinants of health.

In 2024, all 16 CCOs were required to participate in SHARE based on their 2023 profits or reserves. CCOs contributed \$23.8 million to SHARE in 2024, ranging from \$320K to \$2.8 million per CCO.

To help CCOs meet SHARE requirements, the Transformation Center worked with an external consultant to provide:

- A webinar on guidance updates: 32 people attended and 100% of respondents found it valuable or very valuable (12)
- Five office hour sessions for CCOs on SHARE planning and reporting
- Updated SHARE guidance documents and reporting templates
- Individual CCO technical assistance (6 of 16 CCOs participated)
- [2023 SHARE Spending Plan Summary](#), with corresponding webinar

In lieu of services

In lieu of services (ILOS) allows CCOs to offer Oregon Health Plan members certain pre-approved, medically appropriate and cost-effective services as an alternative to a covered service, in a different setting or by non-traditional providers. ILOS is intended to increase access to services. The Transformation Center partnered with the OHA Medicaid Division and an external consultant to provide the following technical assistance for ILOS:

- Individual CCO technical assistance (12 of 16 CCOs participated)
- Sixteen work group sessions, including traditional health worker ILOS supervision work group; programmatic crosswalk CCO advisory work group; and CCO peer sessions
- Two ILOS design sessions
- Nine guidance documents
- Three webinars

HRS, SHARE and ILOS cross-program support

The Transformation Center also supported alignment across CCO spending programs. In collaboration with an external consultant, the Transformation Center provided the following combined support for HRS, SHARE and ILOS:

- Guidance documents on housing and program overviews for CCO staff and OHA staff.
- Spending programs overview guidance and webinar for community partners: 61 people attended and 90% of respondents found it valuable or very valuable (20).
- Braided funding for Medicaid spending programs guidance and webinar: 61 people attended and 86% of respondents found it valuable or very valuable (18).
- In-person convening on investing in the social determinants of health and equity with alignment across HRS, SHARE and ILOS. CCOs presented 12 community investment projects for improving health for Medicaid members. About 85 CCO staff and partners attended, and 88% of respondents (15) found the event valuable or very valuable.

“I appreciated all the opportunities to learn about the different funding models and share successes and challenges with CCOs and partners.”

– 2024 HRS, SHARE and ILOS convening attendee

Transformation Center staff participated in a CCO work group convened by the Governor’s Office and OHA to review current financial policies including SHARE, HRS and ILOS. The goals were to make recommendations to encourage more reinvestment in community, align with the Governor’s key priorities, reduce community recipient burden, improve flexibility and increase cohesion across financial policies. Transformation Center staff will implement the [work group’s recommendations](#) in 2025.

Population health

Community health assessments and improvement plans

The Transformation Center leads policy development for and review of [CCOs’ community health assessments and community health improvement](#)

[plans](#) (CHAs/CHPs). CCO contracts for 2020–2024 focused on more CHA/CHP collaboration among local public health authorities, hospitals, the Nine Federally Recognized Tribes of Oregon, and CCOs sharing a service area.

In 2024, OHA moved to an attestation model for CCOs' CHAs. OHA received 13 updated CHPs and 18 CHP progress reports. Preliminary findings include:

- Some CCOs decreased their number of focus areas and strengthened their metrics by aligning them with specific, measurable, action-oriented, relevant, time-bound, inclusive and equitable (SMARTIE) goals to be more attainable.
- Housing and homelessness, children's health and access to health care are still major focus areas.

Technical assistance for CHA and CHP deliverables included:

- Guidance and updated FAQ for conducting a shared CHA/CHP
- CHP self-assessment form and evaluation criteria
- Guidance and a presentation about developing CHP priority metrics
- Resource guide for data sources for developing CHAs and CHPs
- Seven CCO office hour sessions

The Transformation Center published the [2024 Senate Bill 902 report](#), which describes CCO collaboration with providers serving children and adolescents through CHPs.

Community advisory councils

Community advisory councils (CACs) are an important community engagement component of the CCO model. In 2024, the Transformation Center's support for CACs included:

- **Reviewing CAC demographic reports:** In 2024, 18 of 20 CACs met the requirement for at least 51% of CAC members to be Oregon Health Plan consumers. Fourteen of 16 CCOs met the requirement to appoint two CAC members to their governing board. Total OHP CAC members (154) represented 62% of CAC membership statewide (247). For more details, see the [2024 CCO CAC Demographic Report Summary](#).
- **Hosting quarterly CAC coordinator meetings**
- **Hosting a CAC best practices workshop:** Transformation Center staff led a hybrid CAC best practices workshop for CAC coordinators and chairs. Thirty-two people attended and 94% of respondents (16) said it was valuable or very valuable. Topics included creating trauma-informed meetings, CAC member onboarding, identifying and addressing micro-aggressions, and accessibility considerations.
- **Hosting two Medicaid waiver evaluation feedback sessions:** Ninety people attended across the two sessions.
- **Updating the CAC recruitment flyers, CAC member handbook and FAQ**

Medicaid Advisory Committee

The Transformation Center staffed the Medicaid Advisory Committee (MAC), which met 10 times in 2024. The MAC advises OHA, the Oregon Department of Human Services, the Oregon Health Policy Board and the Oregon Legislature on Oregon Health Plan operations and policies from a consumer and community perspective. MAC priorities for 2024 included:

- 2022–2027 Medicaid 1115 waiver implementation
- Network adequacy
- SHARE, health-related social needs, and other social determinants of health spending

- Durable Medical Equipment, Prosthetics, Orthotics & Supplies Program
- CCO procurement (how OHA chooses which CCOs to contract with)
- OHP and other medical assistance program eligibility

The Transformation Center also staffed the MAC's Advancing Consumer Experience Subcommittee, which met nine times in 2024¹. The Center for Health Care Strategies accepted OHA's application to receive technical assistance and regranting dollars for transitioning the subcommittee to a Beneficiary Advisory Council, which is a federal requirement beginning in 2025.

In 2024, the MAC's key activities included:

- Elevating OHA's Ombuds Program work through reviewing reports, providing recommendations and requesting OHA response.
- Supporting OHA's application to receive technical assistance for developing the Beneficiary Advisory Council.
- Learning about Oregon Health Plan members' concerns through the Advancing Consumer Experience Subcommittee.
- Holding a learning session on the Oregon Eligibility (ONE) system.

¹ Staffing of the MAC and its subcommittee will move to the Medicaid Division in 2025.

Health-related social needs (HRSN) provider training

Transformation Center staff coordinated and facilitated 10 trainings for individuals and organizations to become HRSN providers and prepare HRSN providers to deliver HRSN services. An average of 129 people attended each training, with 80% respondents (50) rating the training as valuable or very valuable.

Staff also created two pre-recorded training modules on enrolling as an HRSN service provider with OHP Open Card/fee-for-service and eligibility for HRSN housing benefits.

“All the information has been helpful. I appreciate the openness and time commitment this has been from OHA.”

“Thank you for creating this training – it was good to connect with several CCOs and colleagues from CBOs.”

– HRSN provider training attendees

System transformation and quality improvement

CCO incentive metric support

The Oregon Health Authority uses incentive measures to set goals and reward CCOs for improving health care quality and outcomes. In 2024, the Transformation Center provided technical assistance to CCOs and clinics on four measures. For more details, see the [CCO Incentive Metrics TA webpage](#) and [CCO Performance Metrics Dashboard](#).

- **Assessments for children in Oregon Department of Human Services (ODHS) custody**

The Transformation Center worked with a consultant to begin a needs assessment to seek CCO, provider and resource family input on how best to ensure children in ODHS custody receive timely physical,

mental and dental health assessments. The results will inform future technical assistance.

- **Meaningful access to health care services for persons who prefer a language other than English and persons who are Deaf and hard of hearing**

Transformation Center and Equity & Inclusion staff interviewed all CCOs and 18 Oregon clinics about meaningful language access and compiled [summaries of results](#). The goal was to better understand CCOs' and providers' needs as OHA plans technical assistance to support the metric.

- **System-level social-emotional health**

This metric focuses on improving the system and services for children ages one to five. With an external consultant, the Transformation Center provided two CCO learning collaborative sessions, three CCO peer sessions, three webinars, a CCO feedback session and guidance. Topics included understanding and improving the social-emotional health system; engaging partners; coding and billing; developing workforce; increasing screening and addressing access barriers.

The Transformation Center also convened a small cross-division team to create guidance on billing and coding, Certificate of Approval requirements, traditional health worker supervision and ILOS use cases. This guidance will support CCOs implementing the new 2025 quality incentive metric: Young children receiving social-emotional issue-focused intervention/treatment services.

- **Social determinants of health: social needs screening and referral**

OHA offered technical assistance through an external consultant, including 11 CCO learning sessions; one office hour; updated FAQs and an updated playbook with tools and templates. Topics included screening and referral practices, data collection and sharing,

community information exchange, alignment with other initiatives and payment arrangements. Nine CCOs also participated in one-on-one technical assistance for this metric. The Transformation Center also worked with the quality metrics team to create guidance on transportation screening, data collection, and coding and value sets.

Transformation and quality strategies (TQS)

The TQS is an annual CCO plan for advancing health system transformation and ensuring high-quality care for members. Each CCO's TQS includes improvement projects focusing on health equity, integration, special health care needs and more.

The Transformation Center provided guidance documents, four webinars, four office hours and a peer learning session to support CCOs in developing their TQS. The Transformation Center also coordinated OHA's cross-division review of TQS submissions and hosted individual CCO feedback calls.

In 2024, CCOs scored an average of 92.9% (with a range of 77.2–100%) on their TQS. That was an increase of 2.5 percentage points over 2023.

TQS continued to advance health equity by requiring CCOs to use gender identity data — along with previously required race, ethnicity, language and disability (REALD) data — for identifying and addressing disparities. Eighty-three percent of projects met the new REALD and gender identity data requirements, up from 69% in 2023.

Oregon ECHO programs

Transformation Center staff participated on the Oregon ECHO Network Advisory Board and provided legislatively directed grant funding for ECHO programs. ECHO is a case-based telementoring model. The goal is to give

Oregon's primary care clinicians and their teams the knowledge and tools to manage health conditions they typically refer to specialists.

Oral health

Oregon's health system transformation efforts have focused on preventive care, treating the whole person and care coordination among providers, including oral health providers. This year Transformation Center staff supported oral health through the following:

- Co-coordinating OHA's internal oral health team meetings, elevating Health Policy and Analytics Division oral health projects and initiatives with agency leadership, and collaborating with the Medicaid and Public Health Divisions to ensure adequate technical assistance for agency-wide oral health initiatives.
- Participating in and representing Oregon in a monthly technical assistance Oral Health Technical Advisory Group hosted by the Centers for Medicare and Medicare Services.
- Coordinating with Medicaid oral health team members to develop a webinar and a guidance document on dental directed payments for CCOs and providers.



HEALTH POLICY AND ANALYTICS

Transformation Center

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