

EXECUTIVE SUMMARY

Incentives for better services

This report lays out the progress of Oregon's coordinated care organizations (CCOs) on quality measures from July 1, 2013 through June 30, 2014. This is the fifth such report since coordinated care organizations were launched in 2012. It is also the first report to include data on some key measures for the more than 380,000 additional Oregonians who have enrolled in the Oregon Health Plan since the Affordable Care Act (ACA) took effect January 1, 2014. The Oregon Health Plan (OHP) is now open to more adults as allowed under the Affordable Care Act. Today, approximately 990,000, Oregonians are enrolled in the Oregon Health Plan.

The coordinated care model is progressing beyond the first year and continues to show improvements in a number of areas of care such as reductions in emergency department visits; and increases in developmental screening, follow-up after hospitalization for mental illness, and hospital readmissions -- even with the significant addition of new Oregon Health Plan members. These areas of care represent positive changes toward better care coordination and integration of services. Additionally, new and existing members continue to be connected with health care teams that are part of patient centered primary care homes (PCPCHs).

The coordinated care model continues to show large improvements in the following areas for the state's Oregon Health Plan members:

Decreased emergency department visits. Emergency department visits by people served by CCOs have decreased 21 percent since 2011 baseline data.

Decreased hospital admissions for short-term complications from diabetes. The rate of adult patients (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease dropped by 9.3 percent since 2011 baseline data.

Decreased rate of hospital admissions for chronic obstructive pulmonary disease. The rate of adult patients (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma decreased by 48 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 a patient-centered primary care homes -- indicating continued momentum even with the new members added since January 1. PCPCH enrollment has increased 55 percent since 2011. Additionally, primary care costs continue to increase, which means more health care services are happening within primary care rather than other settings such as emergency departments.

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We're also continuing to see improvement in the Screening, Brief Intervention, and Referral to Treatment measure, also referred to as "SBIRT." This measures the percentage of adult patients (ages 18 and older) who had appropriate screening and intervention for alcohol or other substance abuse. One coordinated care organization has -- for the first time -- exceeded the benchmark, and another is close to achieving it. While there is still much progress to be made, the data point to progress across all CCOs. Initiation of alcohol and drug treatment has also increased. However, engagement of treatment has room to improve.

For the first time, core metrics are reported. The core performance metrics are a third set of metrics included in Oregon's 1115 demonstration waiver. OHA reports these measures to CMS (Center for Medicare and Medicaid Services) each year. There are no financial incentives or penalties associated with them. The core performance measures have more focus on population health, including the prevalence of obesity and tobacco use among Oregon Health Plan members. Both of these metrics show areas where improvements can be made.

With the significant increase in new Oregon Health Plan members through the Affordable Care Act, this report also includes a special section on these new enrollees. This section highlights emergency department usage of those newly enrolled through the Affordable Care Act compared to those who were enrolled in the Oregon Health Plan prior to January 1, 2014, and compared to those who had been enrolled in the Oregon Health Plan in recent years. Statewide, newly enrolled ACA members use emergency rooms less frequently than other members. Newly enrolled Affordable Care Act members also have fewer avoidable emergency room visits than other members.

Additionally, financial data indicates coordinated care organizations are continuing to hold down costs. Oregon is staying within the budget that meets its commitment to the Centers for Medicare and Medicaid Services to reduce the growth in spending by two percentage points per member, per year.

Oregon is continuing its efforts to transform the health delivery system. By measuring our progress, sharing it publicly and learning from our successes and challenges, we can see clearly where we started, where we are, and where we need to go next.