# OHA's implementation of the CCO incentive-based accountability system

Patrick Allen, OHA Director



OFFICE OF HEALTH ANALYTICS
Health Policy & Analytics

# **Establishing legislation**

# SB 1580 (2012)

- There is created a nine-member metrics and scoring committee appointed by the Director of the Oregon Health Authority...
- The committee shall use a **public process** to identify objective outcome and quality measures [and benchmarks], including **measures of outcome and quality** for...
- Quality measures adopted by the committee must be consistent with existing state and national quality measures.
- The committee must adopt...measures annually and adjust the measures to reflect:
  - (a) The amount of the global budget for a coordinated care organization;
  - (b) Changes in membership of the organization;
  - (c) The organization's costs for implementing outcome and quality measures; and
  - (d) The community health assessment and the costs of the community health assessment conducted by the organization under section 13 of this 2012 Act.
- The Authority shall evaluate on a regular and ongoing basis... and publish the information collected under this section at aggregate levels



# **Overall accountability**

- Metrics incentive program is just a piece of the accountability puzzle
- Multi-faceted transformation
- Other areas of accountability and opportunity:
  - Global budget and flexibility
  - Transformation and quality strategy plans
  - Transformation grants
  - Non-incentive based reporting
  - Technical assistance opportunities



# How are CCOs doing?

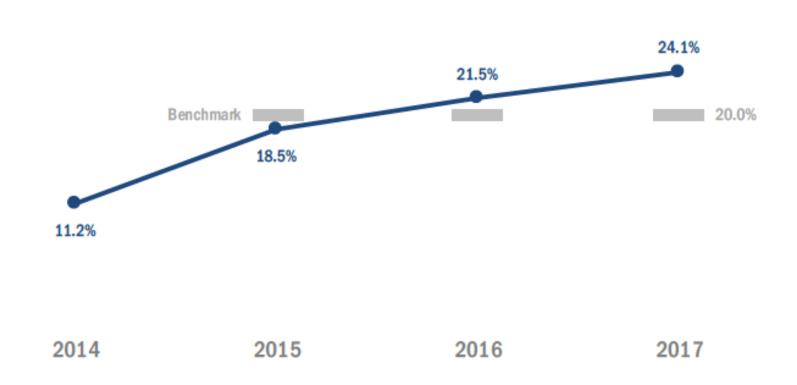


# **Initial results**

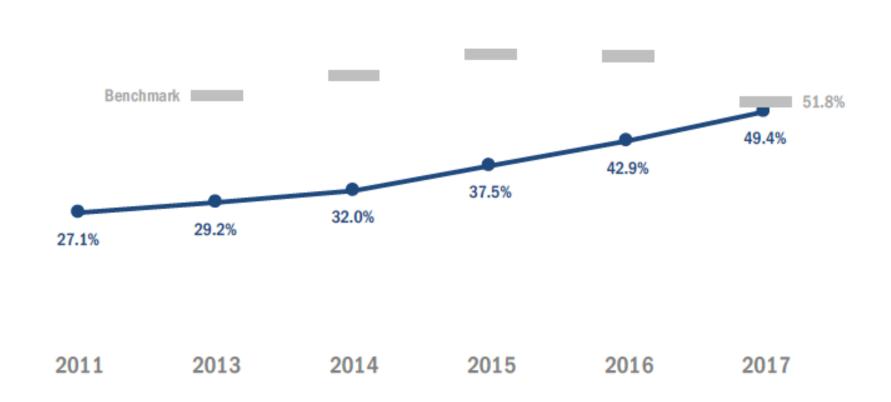
- Six years later, CCOs are considered a success
  - CCOs have reduced cost growth
  - CCOs are improving quality
  - CCOs are improving member health
- Metrics program is a clear driver of improvement



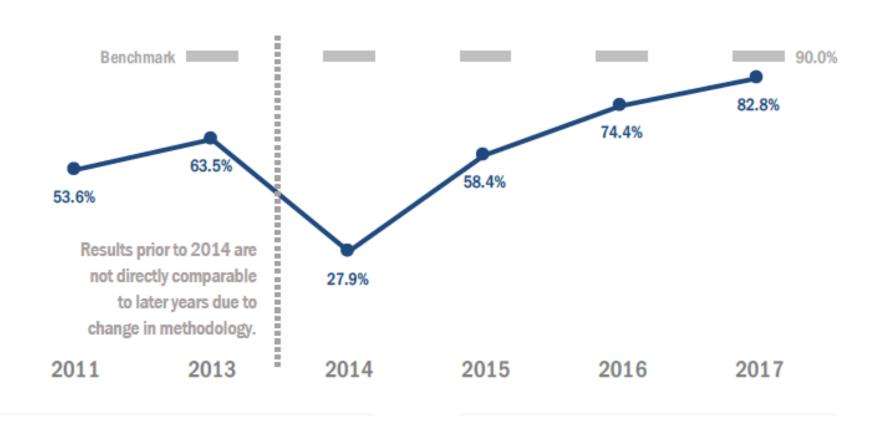
Statewide, dental sealants for children (all ages) continues to increase.



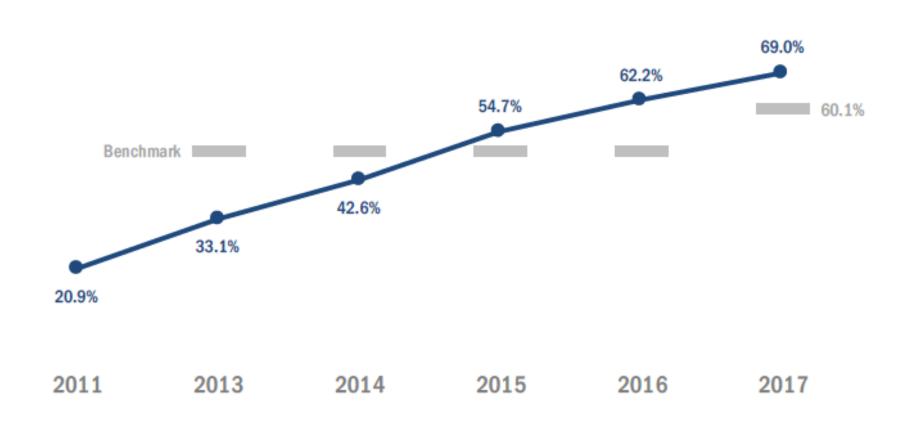
Statewide, adolescent well-care visits continue to increase.



Statewide, assessments for children in DHS custody continue to increase.



Statewide, developmental screenings continue to increase.



# **Quality Pool Distribution**

### To earn their full quality pool payment in 2017, CCOs had to:

- ✓ Meet the benchmark or improvement target on at least 12 of the 16 measures; and
- ✓ Have at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

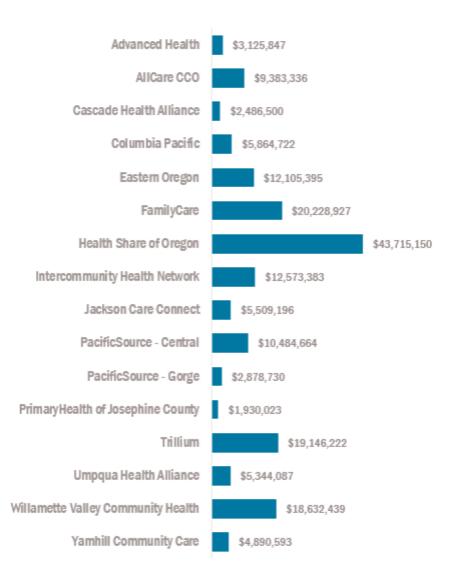
Money left over from the quality pool goes to a **challenge pool**. To earn the challenge pool payments, CCOs had to meet the benchmark or improvement target on the three challenge pool measures.

All money in the pool is distributed every year.



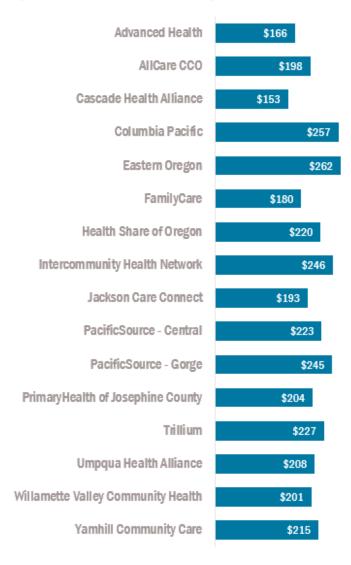
# 2017 QUALITY POOL DISTRIBUTION

### Total quality pool dollars earned, by CCO.



#### Quality pool earned per member.

(December 2017 enrollment)



# Incentive measures – what works?

### Growing incrementally and intentionally

- Program started with clear, straightforward process measures
- Just beginning to use and explore measures that:
  - Are outcomes based
  - Might not have a national benchmark
  - Go outside the "clinic walls"

### Allowing time to build:

- Trust in the measurement and implementation process
- Data/measurement literacy at the CCO level
- Analytic capacity at the CCO level and state level

### Consistent, transparent reporting

- Supports CCOs in being successful, creates clear expectations
- Engaging the CCOs in the process



## CCO Incentive Measures since 2013

This document summarizes the changes in the CCO incentive measure set since the first year of the program, 2013, including the challenge pool measures amajor specification changes. For more information about the CCO incentive measures and specifications, please visit: <a href="https://www.oregon.gov/oha/hpa/analytics/Pages/CCO-Baseline-Data.aspx">www.oregon.gov/oha/hpa/analytics/Pages/CCO-Baseline-Data.aspx</a>.

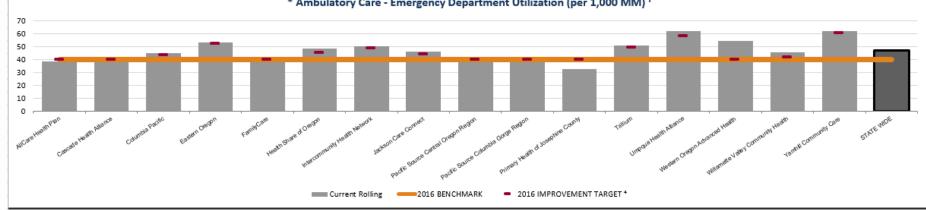
CCO Incentive Measures	2013	2014	2015	2016	2017	2018	2019
Adolescent well-care visits							
Alcohol or other substance misuse screening (SBIRT)					:	l	
Ambulatory care: Emergency department (ED) utilization							
CAHPS composite: Access to care							
CAHPS composite: Satisfaction with care							
Childhood immunization status							
Cigarette smoking prevalence							
Colorectal cancer screening							
Controlling high blood pressure							
Dental sealants on permanent molars for children							
Depression screening and follow-up plan							
Developmental screening in the first 36 months of life							
Diabetes: HbA1c poor control							
Disparity measure: ED visits among members with mental illness							
Early elective delivery							
Effective contraceptive use							
Electronic health record adoption							
Follow-up after hospitalization for mental illness							
Follow-up for children prescribed ADHD medication							
Health assessments for children in DHS custody							
Oral evaluation for adults with diabetes							
Patient centered primary care home enrollment							
Timeliness of prenatal care							
Timeliness of postpartum care							
Weight assessment and counseling for children and adolescents							
	Legend:	Incentive N	/leasure	Challenge	Pool Measur	е	

https://www.oregon.gov/oha/HPA/ANALYTICS/CCOData/incentive-measures-since-2013.pdf



# Monthly dashboards provided directly to CCOs for ongoing performance monitoring & validation.

Current Rolling: Jan 2016 - Dec 2016	* Ambulatory Care - Emergency Department Utilization (per 1,000 MM) <sup>1</sup>							2016 BENCHMARK 39,8	
Coordinated Care Organizations	2015 Final N/D	2015 Final Rate	Current Rolling N/D	Current Rolling Rate	Difference btw Current Rate and TARGET	Difference btw Current Rate and BENCHMARK	2016 IMPROVEMENT TARGET <sup>4</sup>	Definition  Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests m	
AllCare Health Plan	22467 / 586844	38.3	22426 / 577885	38.8	-1.0	-1.0	39.8	appropriate use of this care.	
Cascade Health Alliance	7529 / 196267	38.4	7990 / 194142	41.2	+1.4	+1.4	39.8		
Columbia Pacific	13822 / 307641	44.9	12959 / 289111	44.8	+1.2	+5.0	43.6		
Eastern Oregon	30604 / 567803	53.9	30181 / 564772	53.4	+1.1	+13.6	52.3	Focus Area	
FamilyCare	59115 / 1456589	40.6	58666 / 1430248	41.0	+1.2	+1.2	39.8	- Ensuring appropriate care is delivered in appropriate settings	
Health Share of Oregon	129915 / 2792382	46.5	126866 / 2615615	48.5	+3.4	+8.7	45.1	- Reducing preventable and unnecessarily costly utilization by super	
Intercommunity Health Network	33227 / 658544	50.5	32077 / 637430	50.3	+1.3	+10.5	49.0	- Reducing preventable re-hospitalizations	
Jackson Care Connect	15874 / 350191	45.3	15785 / 342323	46.1	+2.2	+6.3	43.9	- Reducing preventable re-nospitalizations	
Pacific Source Central Oregon Region	24144 / 632611	38.2	25501 / 604381	42.2	+2.2	+2.4	40.0	Purpose	
Pacific Source Columbia Gorge Region	6344 / 154122	41.2	6219 / 149784	41.5	+1.7	+1.7	39.8	Emergency departments are sometimes used for problems that cou	
Primary Health of Josephine County	4216 / 134816	31.3	4229 / 129123	32.8	-7.0	-7.0	39.8	have been treated at a doctor's office or urgent care clinic. Reducing	
Trillium	54253 / 1063647	51.0	54146 / 1062045	51.0	+1.5	+11.2	49.5	inappropriate emergency department use can help to save costs an improve the health care experience for patients.	
Umpqua Health Alliance	18894 / 313742	60.2	19266 / 311703	61.8	+3.6	+22.0	58.2	improve the health care experience for patients.	
Western Oregon Advanced Health	9604 / 240140	40.0	12695 / 233316	54.4	+14.6	+14.6	39.8		
Willamette Valley Community Health	50701 / 1172718	43.2	52167 / 1147355	45.5	+3.6	+5.7	41.9		
Yamhill Community Care	16772 / 267806	62.6	16887 / 271735	62.1	+1.8	+22.3	60.3		
STATE WIDE	497481 / 10895863	45.7	498060 / 10560968	47.2		+7.4			



# **External/public reports**

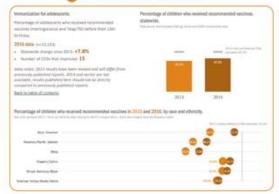
Oregon Health System Transformation: CCO Metrics 2016 Final Report

Health

REALUMENDE PERO Estendar year 201 Sülfested bein 27, 201

# CCO SERVICE AREAS

MMUNIZATION FOR ADOLESCENTS



#### EXECUTIVE SUMMARY

continued to an income. Software performance we provide the equivational resolution is 2004.

Sevelopmental accessing in the first three years of life. 2005; continue to more sinear criticis in the parameters of children who, are supervised to initiate of developmental, between it, and could desire, to 2015, only 12 present of young clinican reasonal as supervises accessing time them, the providing has area then injust to see Ed parameter 2016.

\*\*Machine contemplay used a monty women at initial or amounted programme, it is not in 2016.

\*\*Machine contemplay used a monty women at initial or amounted programme, it is not present.

agent of old who are storing as efforts or contemplation has increased 15 spectrum for they presen.

Health assessments for abblews in DHS custody. The percentage of children in factor care who received a mental, physical, and distill assessment has incremed 16th percent in two pears.

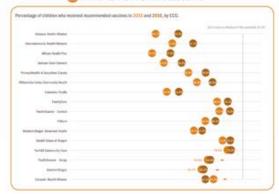


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previous relative Totalenskin, the less of public volume to emergency opportment or condition of the previous relative to a condition of the relative to the relative or the rela

#### (S @) ADOLESCENT WELL-CARE VISITS



#### MMUNIZATION FOR ADOLESCENTS



# 2016 INCENTIVE METRIC PERFORMANCE OVERVIEW \*\*\*COS) advanced PRESIDENCE (2016) \*\*\*Displayer (20

#### S ADOLESCENT WELL-CARE VISITS



#### HEALTH STATUS (CAHPS SURVEY)



# New in the 2017 report

### By race and ethnicity (2017)

African American/Black 76.5% (n=234)

Am. Indian/Al. Native 78.9% (n=161)

Asian American 84.6% (n=214)

Hawaiian/Pac. Islander 63.3% (n=60)

Hispanic/Latino 84.2% (n=1,401)

White 68.0% (n=4,286)

Other 70.7% (n=181)

Unknown/undetermined 73.7% (n=7,036)

n = subpopulation denominator Each race category excludes Hispanic/Latino

### By household language (2017)

Chinese languages \* 82.1% (n=39)

English 71.2% (n=11,543)

Russian 13.1% (n=61)

Spanish 91.0% (n=1,480)

Vietnamese 80.0% (n=45)

Other 78.6% (n=103)

Unknown/blank 72.2% (n=302)

n = subpopulation denominator



<sup>\*</sup>Cantonese, Mandarin, Other Chinese/Asian, TaoChiew



# **CCO 2.0**

- Focused on:
  - Behavioral health
  - Social determinants of health and health equity
  - Value-based payment
  - Reducing costs
- Moving upstream

Continued innovation



# **Questions?**



# For more information

All CCO measure specifications, guidance docs, quality pool etc.: <a href="http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx">http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx</a>

## Metrics reports:

http://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Pages/HST-Reports.aspx

# **CCO Metrics & Scoring Committee:**

http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx

# Health Plan Quality Metrics Committee:

http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Quality-Metrics-Committee.aspx

