Leveraging health system transformation to improve population health

ASTHO Webinar
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Oregon’s recent history

- **2009 legislative session: House Bill 2009**
  - Consolidated state health care purchasing into one agency
  - Created Oregon Health Policy Board
- **2011 legislative session: House Bill 3650**
  - Created framework for Medicaid coordinated care organizations (CCOs)
  - Oregon Health Policy Board developed CCO Implementation Proposal
- **2012 legislative session: Senate Bill 1580**
  - Approved CCO Implementation Proposal
  - 1115 Waiver submitted and approved
  - CCO procurement, certification and Medicaid member enrollment
Requirements of Oregon’s 1115 Waiver

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that health and quality of care improves
- Establish a 1 percent withhold for timely and accurate reporting of data
- Establish a quality pool
- Establish a primary care provider loan repayment program
- Train at least 300 Traditional Health Workers
SIM Model Testing award

- 42-month, $45 million award to spread elements of Oregon’s coordinated care model and support health system transformation

- ~$4 million to the Public Health Division to:
  - Enhance population health surveillance efforts (Medicaid Behavioral Risk Factor Surveillance System Survey (BRFSS); BRFSS race/ethnic oversample; Oregon Healthy Teens survey/Youth Risk Behavior Survey)
  - Further develop and enhance a web-based public health assessment tool
  - Support local public health authorities and CCOs to implement evidence-based population health practices
Oregon’s coordinated care model

- Integrated and Coordinated Care
- Global Budget with Fixed Rate of Growth
- Metrics (with Incentives)
- Flexibility
- Local Accountability & Governance
Coordinated care organizations

- 16 CCOs serve the majority of Medicaid members
- Provide coordinated physical, mental and dental health care benefits to Medicaid members
- Receive funds through a global budget that grows at a fixed rate
- Responsible for health outcomes and paid for performance on 17 quality measures
- Required to develop agreements with local public health authorities
Community Advisory Councils

• Each CCO required to establish a Community Advisory Council
• Must consist of at least 51% consumer membership
• Seat for Community Advisory Council member on the CCO Board of Directors
• Responsible for overseeing the development of a community health assessment and community health improvement plan
Community health assessments and Community health improvement plans

- Each CCO required to work with public health and other partners to develop a community health assessment and community health improvement plan (CHA/CHIP)

- Local partners worked collaboratively to meet shared CHA/CHIP requirements
  - CCOs
  - Local mental health
  - Local public health
  - Nonprofit hospitals
Organization

• Public Health Division organized within the Oregon Health Authority (OHA)

• Public Health Director serves on executive leadership committees with the OHA Director, Medicaid Director, Mental Health Director, Director of Health Policy and Research, etc.

• Policy Officer serves on a cross-OHA Health System Transformation 2.0 initiative team

• Health System Transformation Lead serves as a central point of contact to connect between OHA’s Public Health Division programs, other OHA programs and local public health authorities
Key levers for advancing population health

• Data and metrics
• Primary care transformation
• Workforce development
• Community health assessments and community health improvement plans
Data and metrics

• Provide timely access to data on the health status of the population
  – Survey data
  – Surveillance data

• Monitor and provide support to improve upon population health metrics
Primary care transformation

• Provide a population health perspective in health care quality improvement efforts
  – Coordinated care for individuals with complex health care needs
  – Community/clinic linkages
  – Patient-centered primary care homes
Workforce development

• Traditional health worker training and support
  – Community Health Workers
  – Health Navigators
  – Peer Wellness Specialists
  – Doulas

• Supporting the public health workforce
  – Build expertise in policies, systems and environmental change; communications
Support for local innovation and partnership

• SIM-funded community prevention grant program
  – Required participation from at least one CCO and at least one local public health authority
  – Implement evidence-based strategies in both health system and community settings
  – Align with CCO metrics, community health improvement plan priorities, etc.

• Framework for new funding opportunities
  – Tobacco Master Settlement Agreement funds
  – School-Based Health Center Innovation grants
SIM Community Prevention Grantees

- **Multnomah County**: opioid overdose
- **IHN CCO**: tobacco
- **Center for Human Development**: developmental screening
- **Jackson County**: preconception health
CHIP implementation

• Support local communities in:
  – Identifying evidence-based interventions
  – Identifying measurable outcomes and data sources
  – Developing coalitions
  – Evaluating CHIP implementation

• Align and leverage State Health Improvement Plan implementation
Medicaid tobacco cessation initiative

- Modeled after work in Massachusetts
- Cross-agency effort to improve the quality of CCO tobacco cessation benefits to help more Medicaid members quit
  - Medicaid
  - Transformation Center
  - Mental Health
  - Office of Equity and Inclusion
Lessons learned

• Communicate, communicate, communicate
• Align with your state’s strategic vision
• Recognize the amount of change going on in the health care delivery system and offer solutions to help
• Remember that change is a process, and it’s happening all the time
Oregon Health Authority Accountability

State Performance Measures
• Annual assessment of statewide performance on 33 measures.
• Ensure quality and access do not degrade during transformation.
• Financial penalties to the state if quality goals are not achieved.

CCO Incentive Measures
• Annual assessment of CCO performance on 17 measures.
• Quality pool (incentive) funds paid to CCOs for performance.
• Compare performance in 2013 to 2011 baseline.
• Regular reporting to CCOs so progress can be monitored.
Quality Pool

- Incentives reward CCOs for improving quality, access, and health outcomes.

- Quality pool = 2 percent of actual CCO paid amounts in 2013.

- CCOs must meet either the benchmark or an improvement target for each of the 17 measures to earn quality pool.
Quality Pool distribution

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

✓ Meet the benchmark or improvement target on at least 12 of the 17 measures; and

✓ Have at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

To earn challenge pool payments, CCOs had to:

✓ Meet the benchmark or improvement target on the four challenge pool measures: depression screening, diabetes HbA1c control, SBIRT, and PCPCH enrollment.
2013 Performance Report: June 2014

• Summary of state and CCO performance on metrics for first year of health system transformation.

• 2013 compared to 2011 baseline.

• State level data by race and ethnicity and by CCO.

• Key utilization and financial measures.

www.oregon.gov/oha/metrics/
Measuring Success
Percent of 2013 Quality Pool: Phase One Distribution Earned

Does not include Challenge Pool funds

- All Care Health Plan: 80%
- Cascade Health Alliance: 100%
- Columbia Pacific: 100%
- Eastern Oregon: 80%
- FamilyCare: 100%
- Health Share: 100%
- Intercommunity Health Network: 80%
- Jackson Care Connect: 70%
- PacificSource: 100%
- PrimaryHealth of Josephine County: 100%
- Trillium: 100%
- Umpqua Health Alliance: 100%
- Western Oregon Advanced Health: 100%
- Willamette Valley Community Health: 100%
- Yamhill CCO: 100%
<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Percent of 2013 Quality Pool Earned in Total</th>
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<tbody>
<tr>
<td>All Care Health Plan</td>
<td>84%</td>
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<tr>
<td>Cascade Health Alliance</td>
<td>100%</td>
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<tr>
<td>Columbia Pacific</td>
<td>104%</td>
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<tr>
<td>Eastern Oregon</td>
<td>83%</td>
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<tr>
<td>FamilyCare</td>
<td>105%</td>
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<tr>
<td>Health Share</td>
<td>104%</td>
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<tr>
<td>Intercommunity Health Network</td>
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<tr>
<td>Jackson Care Connect</td>
<td>74%</td>
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<tr>
<td>PacificSource</td>
<td>106%</td>
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<tr>
<td>PrimaryHealth of Josephine County</td>
<td>102%</td>
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<tr>
<td>Trillium</td>
<td>104%</td>
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<td>Umpqua Health Alliance</td>
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<tr>
<td>Willamette Valley Community Health</td>
<td>107%</td>
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<tr>
<td>Yamhill CCO</td>
<td>105%</td>
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^ Reflects prorated quality pool for partial year as CCO.
Coordinated care model showed large improvements in:

- Emergency department visits
- Hospitalizations for chronic conditions
- Developmental screening
- Primary care
- and more…
Mixed results / progress on…

- Adolescent well – care visits (7 CCOs met targets)
- Colorectal cancer screening (6 CCOs met targets)
- Follow up after hospitalization for mental illness (10 CCOs)
- Follow up care for children prescribed ADHD meds (13 CCOs)
- Assessments for children in DHS custody (12 CCOs)
- Patient Centered Primary Care Home enrollment (14 CCOs)
- Prenatal and postpartum care (11 CCOs made improvements)
- Satisfaction with care (12 CCOs made improvements)
Decreased emergency department visits

Statewide
(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile

Benchmark 44.4

2011: 61.0
2013: 50.5
Decreased emergency department visits

Race and ethnicity data between 2011 & 2013
(Lower scores are better)
Data missing for 7.4% of respondents
Each race category excludes Hispanic/Latino

- White: Benchmark 44.4
- American Indian/Alaskan Native: 54.9
- African American/Black: 62.0
- Hawaiian/Pacific Islander: 41.1
- Hispanic/Latino: 36.6
- Asian American: 22.3
Rate of patient visits to an emergency department in 2011 & 2013

(Lower scores are better)

Bolded names met benchmark or improvement target

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

Benchmark
44.4

77.7
58.9

41.3
40.5

55.4
57.2

56.9
52.8

64.6
61.6

74.6
86.4

59.7
58.2

49.7
49.9

48.0
31.6

41.4
45.0

Office of Health Analytics
Decreased hospitalizations for chronic conditions: congestive heart failure

Statewide
(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend

336.9
2011
247.0
2013

Benchmark: 10% reduction from baseline
Decreased hospitalizations for chronic conditions: COPD

Statewide
(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend

Benchmark: 10% reduction from baseline

2011: 454.6
2013: 308.1
Decreased hospitalizations for chronic conditions: adult asthma

Statewide
(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend

Benchmark 10% reduction from baseline

2011: 53.4
2013: 43.6
Increased developmental screening

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

20.9%  
2011

33.1%  
2013

Benchmark 50.0%
Increased developmental screening

Race and ethnicity data between 2011 & 2013

Data missing for 11.0% of respondents

- American Indian/Alaskan Native: 17.1% - 36.0%
- White: 22.0% - 35.6%
- African American/Black: 22.6% - 35.2%
- Hispanic/Latino: 18.7% - 28.7%
- Asian American: 22.8% - 31.2%
- Hawaiian/Pacific Islander: 26.6% - 32.0%

Benchmark 50.0%
Percentage of children up to three-years-old screened for developmental delays in 2011 & 2013

Bolded names met benchmark or improvement target

Western Oregon Advanced Health 21.2% 57.1%
Umpqua Health Alliance 1.2% 27.2%
Eastern Oregon 6.7% 30.0%
Jackson Care Connect 2.0% 23.5%
Health Share 19.3% 33.9%
Intercommunity Health Network 12.1% 24.9%
Trillium 16.3% 28.3%
FamilyCare 39.5% 50.7%
Columbia Pacific 22.2% 33.1%
All Care Health Plan 19.6% 30.0%
PacificSource 21.0% 30.8%
Yamhill CCO 9.4% 16.8%
Willamette Valley Community Health 19.4% 23.9%
Cascade Health Alliance
Primary Health of Josephine County

Benchmark 50.0%
Increased primary care: enrollment in patient centered primary care homes

Statewide
Data source: CCO quarterly report
Benchmark source: n/a

Goal: 100% of members are enrolled in a Tier 3 PCPCH

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<tr>
<th>Year</th>
<th>Enrollment</th>
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<tr>
<td>2012</td>
<td>51.8%</td>
</tr>
<tr>
<td>2013</td>
<td>78.6%</td>
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Areas for improvement: SBIRT

- Statewide improvement (0.0% → 2.0%)
- Nearly all CCOs made some improvement, but work still needed.
Areas for improvement: Access to care

- Statewide improvement (83% → 84%)
- Seven CCOs met the benchmark or improvement target
Next steps

• Continue to report at state and CCO level.

• Roll in 2014 data to monitor expansion population.

• Provide CCOs with CY 2013 data by race and ethnicity at CCO level (August learning collaborative).

• Continue subpopulation analysis of 2013 data (measures by language, by disability, etc)
To learn more…

www.health.oregon.gov

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