Health System Transformation and CCO Quality and Accountability Metrics

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What is the Accountability Plan?

- Addresses the Special Terms and Conditions that were part of the $1.9 billion agreement with the Centers for Medicare and Medicaid Services (CMS).
- Describes accountability for reducing expenditures while improving health and health care in Oregon's Medicaid program, focusing on:
  - CCO reporting to state
  - State reporting to CMS
- Approved by CMS on December 18, 2012

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Oregon's Medicaid Program Commitments to CMS:

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Establish a 1% withhold for timely and accurate reporting of data
- Establish a quality pool

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Purpose of the Quality Strategy

- Address the Special Terms and conditions of the waiver and how Oregon proposes to meet them, including:
  - Transformation goals
  - Strategies for transformation
- Address how Oregon will meet federal requirements

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Elements of a Quality Strategy

Quality Assurance – Federal Guidelines for all states

- On-site reviews
- Quarterly and annual financial reporting
- Complaints, grievances and appeals reports
- Fraud and abuse reports

Quality Improvement

- Performance improvement projects
- Transformation plans
- Transparency
- Financial incentives - metrics

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Quality Strategy Includes Supports for Transformation

- Transformation Center and Innovator Agents
- Learning collaboratives
- Peer-to-peer and rapid-cycle learning systems
- Community Advisory Councils: Community health assessments and improvement plan
- Non-traditional healthcare workers
- Primary care home adoption

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State Commitment to CMS: Quality and Access Metrics

- State is accountable to CMS for 33 metrics –significant financial penalties for the state for not improving
- CCO's are accountable for 17 of the above – there are financial incentives for improvement or meeting a benchmark
- The 33 metrics are grouped into 7 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)

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Quality Pool: Metrics and Scoring Committee

- 2012 Senate Bill 1580 establishes committee
- Nine members serve two-year terms. Must include:
  - 3 members at large;
  - 3 members with expertise in health outcome measures
  - 3 representatives of CCOs
- Committee uses public process to identify objective outcome and quality measures and benchmarks
- Committee selected 17 CCO-level metrics for CMS consideration and approval

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Data Collection Strategy

- Most of the data collection to be borne by OHA
- Administrative (claims/billing) data;
- Hybrid measures (claims and charts)--OHA is responsible for collecting non-administrative data (e.g., chart review);
- Some measures will come from surveys (e.g., consumer satisfaction) which will be administered through OHA.

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Quality Pool

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Quality Pool

- A bridge strategy in moving from capitation to paying for outcomes
- Pool size will increase each year:

  Year 1 = 2% pmpm

- 17 metrics in the 7 quality improvement focus areas

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Quality Pool
CCO Incentive Metrics

Behavioral health metrics, addressing underlying morbidity and cost drivers

1. Screening for clinical depression and follow-up plan
2. Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT)
3. Mental health and physical health assessment for children in DHS custody
4. Follow-up after hospitalization for mental illness
5. Follow-up care for children on ADHD medication

Quality Pool Metrics

Maternal/child health metrics reflecting the large proportion of women and children in Medicaid:

6. Prenatal care initiated in the first trimester
7. Reducing elective delivery before 39 weeks
8. Developmental screening by 36 months
9. Adolescent well care visits

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Quality Pool Metrics

Metrics addressing chronic conditions which drive cost:

10. Optimal diabetes care
11. Controlling hypertension
12. Colorectal cancer screening

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Quality Pool Metrics

Metrics to ensure appropriate access:

13. Emergency department and ambulatory care utilization
14. Rate of PCPCH enrollment
15. Access to care: getting care quickly (CAHPS, adult and child)

Quality Pool Metrics

16. Patient experience of care: Health plan information and customer service (CAHPS, adult and child)
17. Electronic health record (EHR) adoption and meaningful use

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Quality Incentive Pool: How it will work

- All money in the pool is distributed every year
- Potential pool award determined by plan size (pmpm) with a minimum amount established as a floor for all CCOs
- CCOs can access $ by meeting performance or improvement benchmarks

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Quality Incentive Pool: How it will work

Two phases:

- Phase 1: Distribution by meeting improvement ***or*** performance target
- Phase 2: Challenge pool (remainder) distributed based on 4 metrics:
  - PCPCH enrollment
  - Screening for depression and FU plan
  - SBIRT
  - Optimal diabetes care

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US DOJ Metrics

- State agreed with US DOJ to monitor use of community mental health services
- Identified 111 monitoring and utilization metrics
- State responsibility; state has identified methods to collect 101
- Remaining 10 from CCOs – most available with minimal burden
- First reporting to US DOJ due April, 2013.

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Questions?

More information:

- OHA has posted the full Accountability Plan at www.health.oregon.gov
- More details on metrics at http://www.oregon.gov/oha/pages/metrix.aspx

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