

Health System Transformation Baseline Metrics Update

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Health System Transformation: Oregon's Commitment 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 quality incentive pool that increases every year as a percentage of the global budget
- Commitment to measurement
- Public reporting of metrics by CCO

First Quarterly Progress Report

- First Health System Transformation Quarterly Progress Report, May 2013
 - Starting point for measuring access and quality of care
 - Transparent reporting
- Baseline data: snapshot of care provided in 2011
- Predecessor organizations, before CCOs began
- Report includes financial, utilization, access and quality metrics
- Shows individual CCO performance against benchmark values as well as statewide average

CCO Incentive Measures

- Annual assessment of CCO performance on 17 measures
- Will compare performance in CY 2013 to CY 2011 baseline
- Quality pool funds available to CCOs based on performance; up to 2% of their global budget in first year

State Performance Measures

- Annual assessment of statewide performance on CCO measures and an additional 16 metrics
- Financial penalties to the state if quality goals are not achieved.

Statewide Quality and Access Metrics

Report includes Oregon's statewide performance on 29 of 33 metrics, across 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
- ✓ Reducing preventable and unnecessarily costly utilization by super-users
- ✓ Addressing discrete health issues (such as asthma, diabetes, high blood pressure)
- ✓ Improving primary care for all populations

CCO Incentive Measures

- Measures selected by the Metrics & Scoring Committee in October 2012, revised and approved by CMS in December 2012
- The report shows 11 of the 17 CCO incentive measures across the 7 quality improvement focus areas.
- Remaining 6 currently under review by CCOs

Metrics & 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 set benchmarks.

Technical Advisory Group

- Group of technical and clinical experts from CCOs
- Ad hoc committee working to make recommendations to Metrics and Scoring Committee on detailed measure specifications

PERFORMANCE METRICS

Statewide Metrics

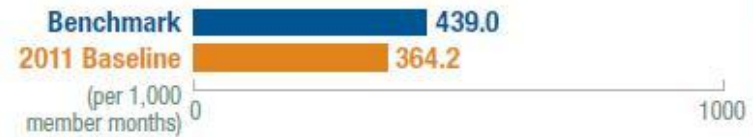
Reducing preventable and unnecessarily costly utilization

Getting the right care at the right time and in the right setting is important for delivering high-quality, cost-effective care.

Ambulatory care: Outpatient utilization

Rate of patient visits to a clinic or urgent care.

(CCO Incentive Measure)



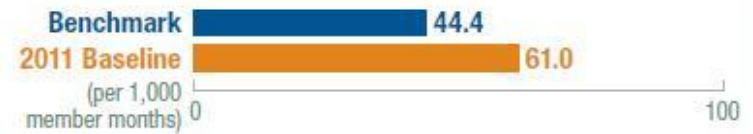
Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 90th percentile

Ambulatory care: Emergency department utilization

Rate of patient visits to an emergency department.

(Lower scores are better.)

(CCO Incentive Measure)

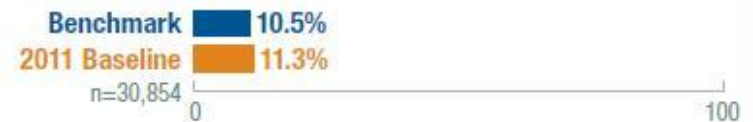


Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 90th percentile

Plan all-cause readmission

Percentage of adult patients (ages 18 and older) who had a hospital stay and had to go back into the hospital again for any reason within 30 days of discharge.

(Lower scores are better.)



Data source: Administrative (billing) claims
Benchmark source: Average of 2012 Commercial and Medicare 75th percentiles

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

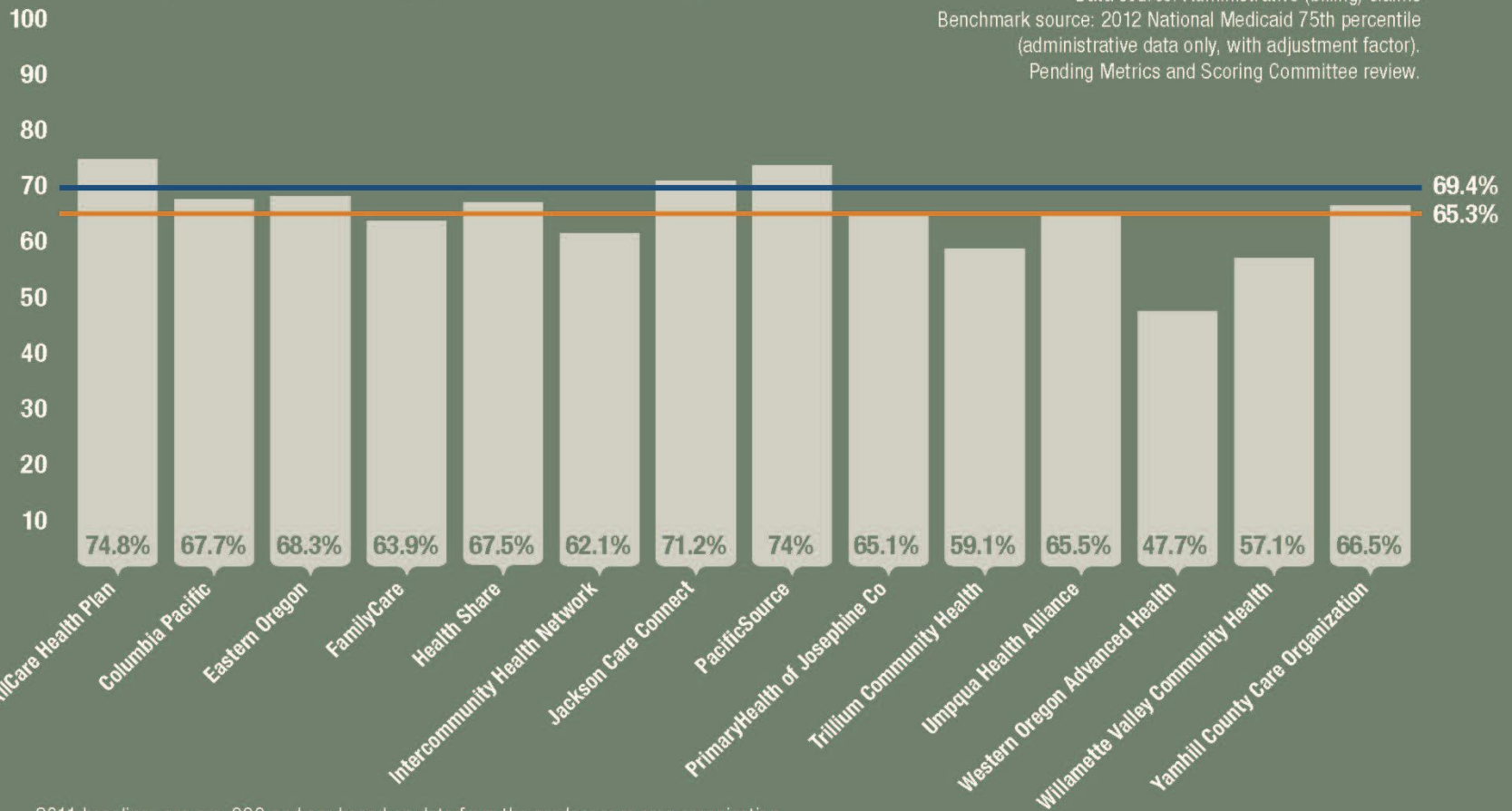
CCO Baselines

Timeliness of prenatal care

Care during a pregnancy (prenatal care) supports the delivery of a healthy baby and helps a woman prepare to become a mother. These data show the percentage of pregnant women who received a prenatal care visit within the first trimester (or within 42 days of CCO enrollment). (CCO Incentive Measure)

State Benchmark 69.4%
2011 State Baseline 65.3%
 n = 15,128

Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 75th percentile (administrative data only, with adjustment factor).
 Pending Metrics and Scoring Committee review.



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Baselines

Follow-up after hospitalization for mental illness

Percentage of patients (ages 6 and older) who received appropriate follow-up care within 7 days of being discharged from the hospital for mental illness.

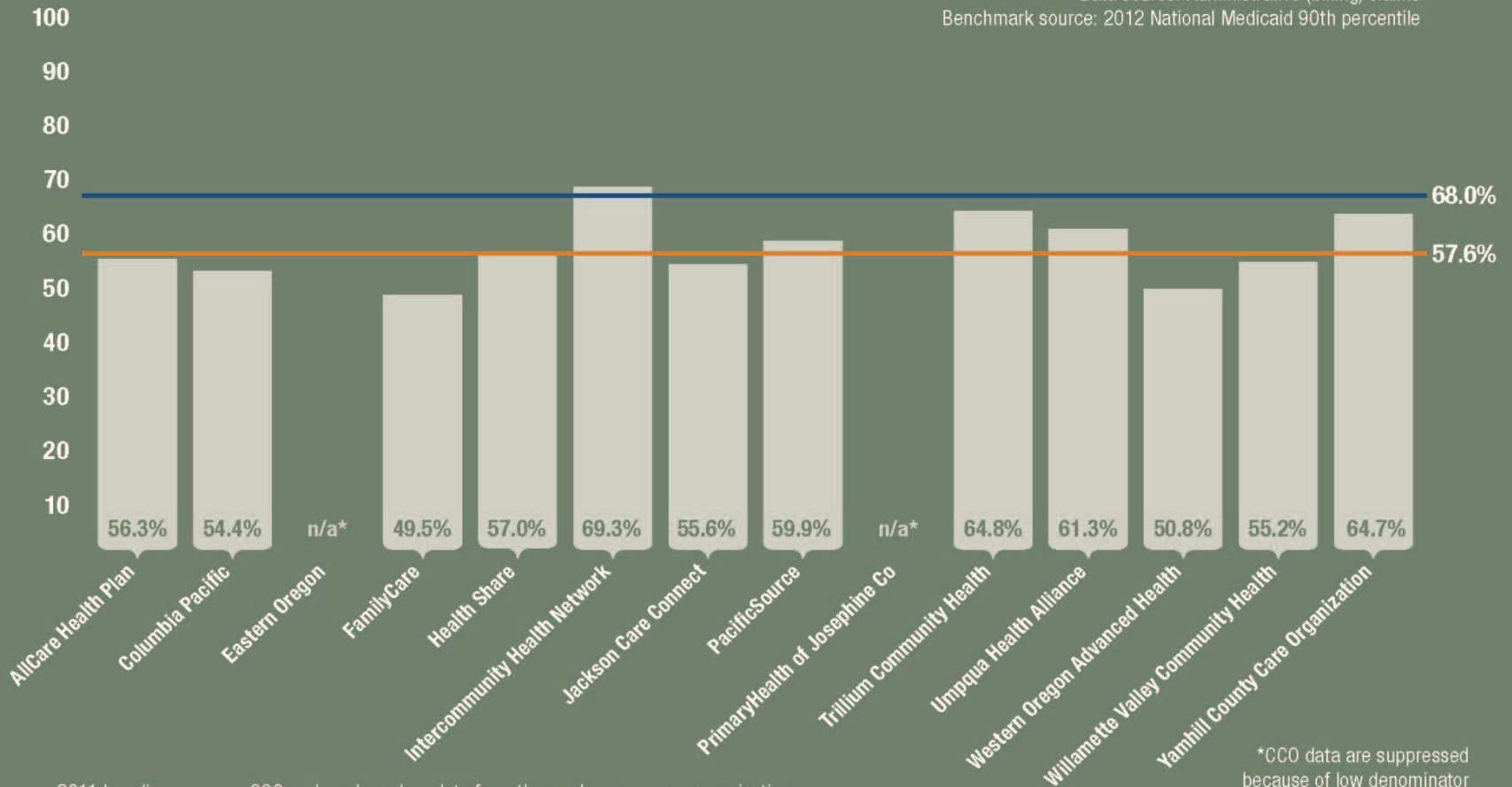
(CCO Incentive Measure)

State Benchmark 68.0%

2011 State Baseline 57.6%

n = 2,284

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

*CCO data are suppressed because of low denominator (fewer than 30 instances).

PERFORMANCE METRICS

CCO Baselines

Ambulatory care: Emergency department utilization

Rate of patient visits to an emergency department.
(CCO Incentive Measure)

State Benchmark 44.4/1,000 member months
2011 State Baseline 61.0/1,000 member months
(A lower score is better.)

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 90th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

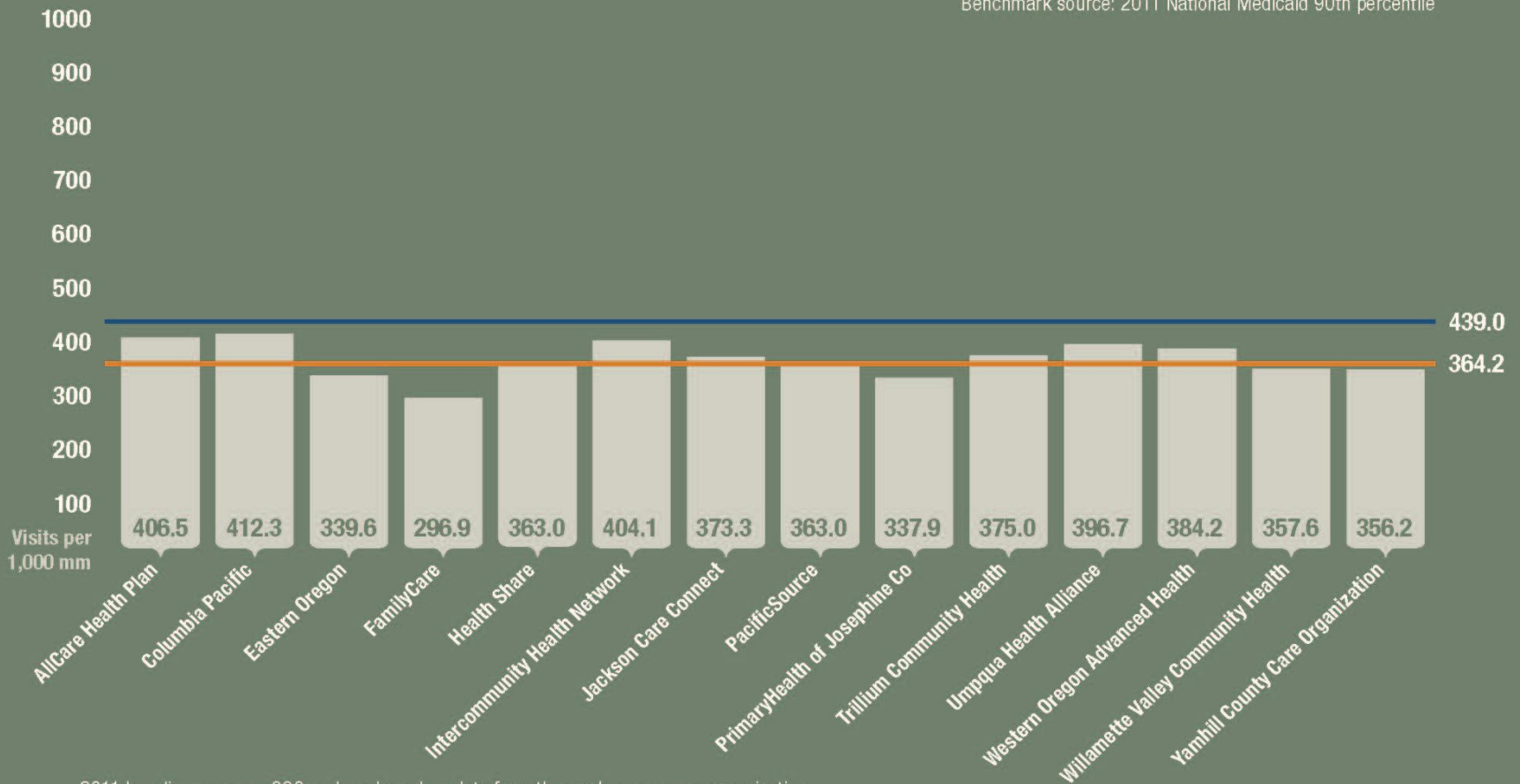
CCO Baselines

Ambulatory care: Outpatient utilization

Rate of patient visits to a clinic or urgent care.
(CCO Incentive Measure)

State Benchmark 439.0/1,000 member months
2011 State Baseline 364.2/1,000 member months

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 90th percentile



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

Bending the Cost Curve

Preliminary Financial Data

- Current report
 - Includes preliminary utilization and expenditure data for:
 - calendar year 2011, before CCOs were formed
 - 4th quarter 2012, the first quarter of CCO data
 - Includes data received and processed through April 26, 2013 so may be incomplete
- Future reports
 - Values will be recalculated and reported to reflect more complete data
 - Data will be tracked at both statewide and CCO levels
 - Financial benchmarks will be added as reference points to track the progress made in meeting Oregon's overarching goals

PRELIMINARY FINANCIAL DATA

Quarterly Data

UTILIZATION DATA

CATEGORIES	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 PRELIMINARY DATA*
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)			
Inpatient - Medical /Surgical Patient Days	252.6	In Development	218.3
Inpatient - Maternity Patient Days	73.8	In Development	60.0
Inpatient - Newborn Patient Days	88.8	In Development	66.7
Inpatient - Mental Health Patient Days	55.7	In Development	53.9
Outpatient - Primary Care Medical Visits (Includes Immun/Inject)	2,800.3	In Development	2,927.5
Outpatient - Specialty Care Visits	3,917.8	In Development	3,514.3
Outpatient - Mental Health Visits	912.6	In Development	953.2
Outpatient - Dental Visits (Preventive)	532.9	In Development	Data Pending
Outpatient - Emergency Department Visits	See emergency department utilization quality data on page 32.		
Outpatient - Pharmacy Prescriptions Filled	9,297.7	In Development	7,947.3
Outpatient - Labs and Radiology (Service Units)	4,739.3	In Development	4,300.0
Outpatient - Freestanding Ambulatory Surgical Center Procedures	24.6	In Development	20.1

May 2013

* Includes claim data received and processed through 4/26/13. At this point, there is no data on services that have happened, but have yet to be recorded or invoiced.

This initial dashboard is also incomplete due to lags in submitting data to OHA.

As a result, this data is very preliminary. The values will be recalculated and reported as additional data are made available.

This is the first step in collecting and sharing data, and future dashboards will be updated when more complete data is submitted.

** Oregon baseline measures are statewide values from CY 2011 and are based upon predecessor managed care organization (MCOs).

PRELIMINARY FINANCIAL DATA

Quarterly Data

COST DATA

CATEGORIES	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 PRELIMINARY DATA*
	Cost PMPM	Cost PMPM	Cost PMPM
Inpatient - Medical / Surgical	\$35.64	In Development	\$36.98
Inpatient - Maternity	\$7.28	In Development	\$8.12
Inpatient - Newborn	\$6.71	In Development	\$6.02
Inpatient - Mental Health	\$3.12	In Development	\$3.06
Outpatient - Primary Care	\$19.99	In Development	\$20.61
Outpatient - Specialty Care	\$24.88	In Development	\$22.14
Outpatient - Mental Health	\$18.86	In Development	\$17.65
Outpatient - Dental	\$9.52	In Development	Data Pending
Outpatient - Emergency Department	\$8.73	In Development	\$6.60
Outpatient - Pharmacy Prescriptions	\$30.80	In Development	\$27.91
Outpatient - Labs and Radiology	\$19.25	In Development	\$16.44
Outpatient - Freestanding Ambulatory Surgical Center Procedures	\$1.52	In Development	\$1.44
Outpatient - Health Related Services	\$0.00	In Development	\$0.00
Outpatient - Other Hospital Services	\$32.24	In Development	\$26.80

May 2013

PMPM- Per Member Per Month

* Includes claim data received and processed through 4/26/13. At this point, there is no data on services that have happened, but have yet to be recorded or invoiced.

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Next Steps

- Next quarterly progress report: August 2013
- Add remaining state performance and CCO Incentive measures to next report.

Questions

For more information:

- OHA has posted the full Accountability Plan at www.health.oregon.gov
- Metrics & Scoring Committee www.oregon.gov/oha/pages/metrix.aspx/
- Measure Specifications + Methodology www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx
- Baseline Data and Report <http://www.oregon.gov/oha/Metrics/Pages/index.aspx>

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