
OHA Key Performance Measures

Oregon Health Authority

Presented to the Legislative Subcommittee on Ways and
Means

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2013-2015 Proposed OHA KPMs

- Intended to represent key quality and access metrics for healthcare related services for individuals across the state
- Framed around the triple aim of better care, better health and lower cost and OHA's Quality Improvement Focus Areas as defined in Oregon's Medicaid 1115 waiver agreement with the Centers for Medicare and Medicaid Services (CMS)
- Goal is to align KPMs closely with Health System Transformation metrics, both statewide and Coordinated Care Organization (CCO) metrics
- Integrate into internal performance management system

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 incentive pool

OHA's 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

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)

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

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

CCO Incentive 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

Quality Pool

CCO Incentive Metrics

Metrics addressing chronic conditions which drive cost:

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

Quality Pool

CCO Incentive Metrics

Metrics to ensure appropriate access:

13. Emergency department and ambulatory care utilization
14. Rate of enrollment in Patient-Centered Primary Care Homes (PCPCH)
15. Access to care: getting care quickly (consumer survey, adult and child)

Quality Pool Metrics

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

2013-2015 Proposed OHA KPMs

- Six population-based KPMs being carried forward from 2011-2013. They will be reported for Medicaid and statewide population
 - Prenatal care
 - Tobacco use
 - Obesity rate
 - Flu shots (ages 50-64)
 - Child immunization rate
 - Intended pregnancy
 - 30 day alcohol and illicit drug use among 8th graders. Proposing to add 6th and 11th graders in 2013-2015

2013-2015 Proposed OHA KPMs

#	Short Title	Measure Description	Baseline	Rationale							2011 Actual	2014 Target	2015 Target	Data Cycle
				OHA Goals for Health Systems			Quality Improvement Focus Areas							
				Better Care / Access	Lower Cost	Better Health	Reducing preventable hospitalizations	Addressing discrete health issues	Integrate primary care and behavioral health	Improving access to effective and timely care				
CCO incentive measures				Statewide Accountability Measures (CMS)										
1	Initiation and engagement of alcohol and other drug dependence treatment - Medicaid population	Percentage of members with a new episode of alcohol or other drug dependence who received the following: a) initiation of AOD treatment within 14 days of diagnosis; and b) received two or more services within 30 days of initiation visit		√	√	√		√	√					
	a) initiation of AOD treatment within 14 days of diagnosis		TBD	√	√	√						Preliminary 27%		CY 2011
	b) received two or more services within 30 days of initiation visit		TBD	√	√	√						Preliminary 9%		CY 2011
2	Follow-up after hospitalization for mental illness - Medicaid population	Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge	57.6% (2011)		√	√	√	√				Preliminary 57.6%		CY 2011
3	Mental and physical health assessment for children in DHS custody	Percentage of children in DHS custody who receive a mental and physical health assessment within 60 days of initial custody date				√		√	√					
	a) mental health assessment		TBD									58%		CY 2011
	b) physical health assessment		TBD									TBD		
4	Follow-up care for children prescribed with ADHD medication - Medicaid population	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication dispensed. Two rates: a) initiation, b) continuation and maintenance				√		√	√					
	a) initiation		52.3% (2011)									Preliminary 52.3%		CY 2011
	b) continuation and maintenance		61% (2011)									Preliminary 61%		CY 2011
5	30 day substance use (illicit drugs and alcohol) among 6th, 8th and 11th graders - Population	Percentage of 6th, 8th and 11th graders who have used illicit drugs or alcohol in the past 30 days				√		√						
	Alcohol use:											a) 6.7%		
	a) 6th graders											b) 19.6%		
	b) 8th graders											c) 35.9%		CY
	c) 11th graders													
	Illicit drug use:											a) 1.8%		
	a) 6th graders											b) 9.0%		
	b) 8th graders											c) 22.2%		CY
	c) 11th graders													

2013-2015 Proposed OHA KPMs

#	Short Title	Measure Description	Baseline	Rationale							2011 Actual	2014 Target	2015 Target	Data Cycle	
				OHA Goals for Health Systems			Quality Improvement Focus Areas								
				Better Care / Access	Lower Cost	Better Health	Reducing preventable rehospitalizations	Addressing discrete health issues	Integrate primary care and behavioral health	Improving access to effective and timely care					Improving perinatal and maternity care
CCO Incentive measures				Statewide Accountability Measures (CMS)											
6	Prenatal care - Population and Medicaid population	Percentage of women who initiated prenatal care in the first 3 months of pregnancy or within 42 days of enrollment		√	√	√				√	√				
	a) Population														
	b) Medicaid population		65.3% (2011)								√		75.1%	Preliminary	CY 2011
7	Primary care sensitive hospital admissions/inpatient stays - Medicaid population	Percentage of admissions (for 12 diagnoses) that are more appropriately treated in an outpatient setting			√	√	√						Preliminary	2,091/100,000 client years	CY
8	Patient Centered Primary Care Home (PCPCH) enrollment - Medicaid population	Number of members enrolled in patient-centered primary care homes (PCPCH) by tier	TBD				√	√	√				TBD		CY
9	Access to care - Medicaid population	Percentage of members who responded "always" or "usually" to getting care quickly (composite for adult and child)	74%	√		√			√				Child: 74%, Average: 74%		CY 2011
10	Member experience of care - Medicaid population	Composite measurement areas for adults and children: how well doctors communicate; health plan information and customer service	78% (2011)	√					√				Adult: 76%, Child: 80%, Average 78%		CY 2011
11	Member health status - Medicaid population	Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (Excellent, very good, and good).				√							58%		CY 2011
12	Rate of tobacco use - Population and Medicaid population	Population: Tobacco use. Medicaid: Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days				√									
	a) Population (adult)														
	b) Medicaid population			√	√		√						22%		CY 2011
													31%		CY 2011
13	Rate of obesity - Population and Medicaid population	Percentage of people who are obese among Oregonians				√									
	a) Population (adult)														
	b) Medicaid population					√							27%		CY 2011
						√		√					37%		CY 2011

2013-2015 Proposed OHA KPMs

#	Short Title	Measure Description	Baseline	Rationale						2011 Actual	2014 Target	2015 Target	Data Cycle
				OHA Goals for Health Systems			Quality Improvement Focus Areas						
				Better Care / Access	Lower Cost	Better Health	Reducing preventable hospitalizations	Addressing discrete health issues	Integrate primary care and behavioral health				
CCO Incentive measures				Statewide Accountability Measures (CMS)									
14	All cause readmissions - Medicaid population	Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older		√		√					Preliminary 12.8%		CY 2011
15	Effective contraceptive use - Population and Medicaid population	Percentage of reproductive age women who do not desire pregnancy using an effective method of contraception			√					√			CY
	a) Population									√	53.2%		
	b) Medicaid population									√	58.6%		
16	Flu shots - ages 50-64 - Population and Medicaid population	Percentage of adults ages 50-64 who receive a flu vaccine			√					√			CY
	a) Population									√	37.4%		
	b) Medicaid population									√	42.2%		
17	Child immunization rates - Population and Medicaid population	Children who turned 2 in 2011 who are adequately immunized, immunization series 4:3:1:3:3:1:4			√					√			CY
	a) Population									√	66.6%		
	b) Medicaid population									√	66.4%		CY
18	OHA customer satisfaction	Percentage of OHA customers rating their satisfaction as "good" or "excellent"											CY

OHA Management System

- Agency-wide management system
 - Defines and articulates agency processes
 - Measures and targets drive healthy processes
 - Enables strategic application of continuous improvement methodologies such as Lean
 - Cascades throughout the agency to engage all staff
 - Creates a line of sight from vision, mission, goals to outcomes

OHA Fundamentals Map



FOUNDATIONS

MISSION
Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.

VISION
A healthy Oregon

VALUES
Service Excellence, Leadership, Integrity
Health Equity, Partnership, Innovation

KEY GOALS

- Improve the lifelong health of all Oregonians
- Improve the quality, reliability and availability of care for all Oregonians
- Lower or contain the cost of care so it is affordable to everyone
- Prevent the leading causes of death, injury and disease
- Community engagement and collaboration
- Operational excellence (efficient and effective)
- Workforce reflects the values of the agency
- Enterprise leadership

CORE PROCESSES



SUB PROCESSES

Health Monitoring and Analytics OP1	Policy and Program Development OP2	Program Implementation and Management OP3	Prevention and Healthcare Purchasing OP4	Program Integrity OP5	Regulating OP6	Quality & Continuous Improvement OP7	Leading the Enterprise SP1	Managing Operations SP2	Developing and Supporting the OHA Workforce SP3
<ol style="list-style-type: none"> 1. Defining data needs 2. Identifying data sources 3. Establishing standard methods, tools and techniques for monitoring and analyzing data 4. Collecting or generating data 5. Analyzing data 6. Interpreting data 7. Reporting data 8. Troubleshooting data integrity 	<ol style="list-style-type: none"> 1. Assessing policies 2. Identifying, consulting and engaging government and community stakeholders 3. Developing policy 4. Developing health and health care guidelines 5. Troubleshooting policy and program development and design 6. Establishing metrics and sub-metrics 7. Identifying and addressing priority health gaps 8. Assessing options for delivering or purchasing services or care 9. Designing programs 10. Program evaluation 11. Developing rules 12. Developing and maintaining payment systems and methodologies 	<ol style="list-style-type: none"> 1. Assessing program needs for implementation 2. Consulting and engaging government and community stakeholders 3. Planning and goal setting of programs 4. Coordinating policies and rules 5. Providing outreach, communication and advocacy to clients 6. Determining program eligibility and enrollment 7. Providing direct care 8. Administering contracts 9. Paying claims, premiums, subsidies and incentives 10. Developing culturally diverse prevention and treatment strategies 11. Troubleshooting quality in program delivery 12. Addressing priority health gaps to eliminate 13. Applying emergency response interventions 	<ol style="list-style-type: none"> 1. Identifying prevention and health care purchasing needs 2. Contacting or procuring goods and services 3. Monitoring providers, contracts and grants 4. Providing or assessing suitability specific interventions 5. Addressing and retaining plans and providers 	<ol style="list-style-type: none"> 1. Developing, assessing and reporting on performance standards 2. Establishing and implementing quality control mechanisms 3. Consulting and engaging government and community stakeholders 4. Collecting and interpreting program and financial data 5. Monitoring and reviewing programs 6. Monitoring protection and safety 7. Providing subject matter expertise and decisions 	<ol style="list-style-type: none"> 1. Troubleshooting safety and standards in publicly-funded programs 2. Certifying, licensing, credentialing and enrolling people, providers, programs and facilities 3. Developing, assessing and reporting on compliance requirements 4. Enforcing regulatory compliance/corrective action 5. Consulting and engaging government and community stakeholders 6. Troubleshooting conflict resolution processes for customers, members, clients and participants 	<ol style="list-style-type: none"> 1. Providing technical assistance and support 2. Assessing quality and return on investment 3. Conducting research and analysis on the effectiveness of quality improvement strategies 4. Consulting and engaging government and community stakeholders 5. Infusing continuous improvement 6. Troubleshooting conflict resolution processes for customers, members, clients and participants 7. Evaluating/assessing programs 	<ol style="list-style-type: none"> 1. Advancing shared vision 2. Leading strategic planning 3. Leading people 4. Leading change 5. Overseeing diverse and inclusive leadership capacity investments and work 6. Troubleshooting accountability for results 7. Building and strengthening culturally diverse community relationships 8. Seeking alternative resources 9. Developing professional partnerships 10. Establishing and using diverse communication 11. Maintaining the Management System 	<ol style="list-style-type: none"> 1. Managing change 2. Managing finances 3. Managing facilities 4. Managing HR processes 5. Managing information 6. Managing technology 7. Managing contracts 8. Managing use of legal services 9. Governing shared business services 10. Troubleshooting business continuity 11. Streamlining and prioritizing resources 12. Managing legislative activities 	<ol style="list-style-type: none"> 1. Increasing the diversity and cultural competency of the workforce 2. Coaching, training and developing staff 3. Troubleshooting a healthy and safe work environment 4. Resolving, planning and succession planning 5. Implementing affirmative action plan strategies 6. Managing employee performance 7. Assessing and improving employee satisfaction 8. Troubleshooting rights and conflict resolution processes for employees

PROCESS MEASURES

<ol style="list-style-type: none"> a. Accurate and accessible data b. Producing meaningful information c. Timely information 	<ol style="list-style-type: none"> a. Consistent use of Standard Development Tool (SDT) b. Timely development of policy, rule or program c. Engaging the right people at right time d. Adherence to culturally appropriate best practices 	<ol style="list-style-type: none"> a. Timely and responsive services b. Suitable program delivery c. Delivery of quality services 	<ol style="list-style-type: none"> a. Provider participation b. Contractor performance c. Cost of care d. Funding of prevention 	<ol style="list-style-type: none"> a. Consistent/standard compliance reviews b. Audits/reviews 	<ol style="list-style-type: none"> a. Timeliness b. Compliance c. Protection d. Sustainability e. Innovation 	<ol style="list-style-type: none"> a. Return on investment (ROI) b. Timely provision of TA/program improvement c. Timely and quality assessment d. Benefits attained through continuous improvement 	<ol style="list-style-type: none"> a. Clear messages delivered b. Quarterly target reviews c. Leadership collaboration 	<ol style="list-style-type: none"> a. Resource alignment b. Financial performance c. Effectiveness of shared services SLAs 	<ol style="list-style-type: none"> a. Attracting talent b. Developing workforce c. Ensuring diversity and inclusion
Katrine Hedberg Carolyn Lawson Gretchen Morley	Jeanene Smith Cindy Bowman	Leann Johnson Rhonda Busek	Mel Kohn Judy Mohr Peterson	Suzanne Hoffman Joan Kapowich	Suzanne Hoffman TBD	Tina Edlund Suzanne Hoffman	Lise Harmsch Bobby Green	Linde Hammond Bill Coulombe	Leann Johnson Cheryl Miller

OUTCOME MEASURES

<ol style="list-style-type: none"> a. Health insurance coverage below 100% of poverty b. Avoidable ED utilization c. Ambulatory care sensitive admissions d. Hospital readmissions 	<ol style="list-style-type: none"> a. Quality of life b. Prevalence of chronic disease c. Healthy behaviors 	<ol style="list-style-type: none"> a. Eliminate disparities 	<ol style="list-style-type: none"> a. Satisfaction with services b. Burden of care 	<ol style="list-style-type: none"> a. Education and awareness b. Opportunities to contribute and innovate c. 	<ol style="list-style-type: none"> a. Breakthroughs b. Collaboration c. Transparency 	<ol style="list-style-type: none"> a. Management system maturity b. Effective budget system c. Culture of continuous improvement 	<ol style="list-style-type: none"> a. Cost of care b. Budget to actual 	<ol style="list-style-type: none"> a. Employee parity b. Promotion and succession c. Performance d. Inclusive environment 	<ol style="list-style-type: none"> a. Clear expectations b. Opportunities to grow and be successful c. Opportunities to contribute and innovate
Tina Edlund	Mel Kohn	Tricia Tillman	Judy Mohr Peterson	TBD	Bobby Green	Suzanne Hoffman	Kelly Bailis	Leann Johnson	Cheryl Miller

MEASURE OWNER

KEY PERFORMANCE MEASURES

Proposed 2013-15 Key Performance Measures (KPMs)

<ol style="list-style-type: none"> 1. Initiation and engagement of alcohol and other drug dependence treatment – Medicaid population 2. Follow-up after hospitalization for mental illness – Medicaid population 3. Mental and physical health assessment for children in DHS custody 4. Follow-up care for children prescribed with ADHD medication – Medicaid population 5. 30 day substance use (illicit drugs & alcohol) among 8th, 9th, 11th graders – population 6. Prenatal care – Population & Medicaid population 	<ol style="list-style-type: none"> 7. Primary care sensitive hospital admissions/inpatient stays – Medicaid population 8. Patient Centered Primary Care Home (PCPCH) enrollment – Medicaid population 9. Access to care – Medicaid population 10. Member experience of care – Medicaid population 11. Member health status – Medicaid population 12. Rate of tobacco use – Population & Medicaid population 	<ol style="list-style-type: none"> 13. Rate of obesity – Population and Medicaid population 14. All cause readmissions – Medicaid population 15. Effective contraceptive use – Population & Medicaid population 16. Flu shots – ages 60-64 – Population & Medicaid population 17. Child immunization rates – Population & Medicaid population 18. OHA customer satisfaction
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Questions and Next Steps

- Continue to implement and develop the Transformation Center
- Continue to develop quality feedback loops
- Continue to implement management system for internal performance management
- Continue to collect and analyze data to be able to report back
- Questions? Contacts:
 - Suzanne Hoffman, Chief Operating Officer
 - Tina Edlund, Chief of Policy
 - Cathy Iles, KPM and Management System Coordinator