

Measurement Framework for Coordinated Care in Medicaid in Oregon

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Institute of Medicine: Core Metrics for Better
Care, Lower Costs and Better Outcomes

Oregon Medicaid: Framework for Measurement

1. The context: Oregon's health system transformation
2. Metrics for financial incentives and monitoring progress
3. The quality pool
4. Challenges and learnings

1. Context: Oregon's Health System Transformation

50% of babies born in Oregon

16% of Oregonians

85% of Oregon providers

11% percent of total state budget

Fastest growing portion of state budget

Achieving Oregon's Triple Aim

- Lower **cost** *increases* (the cost curve) by 2 percentage points over a 5 year demonstration
- Ensure that **quality of care** is not degraded, or improves
- Ensure that **population health** is not degraded/improves

Transforming the health care delivery system

Benefits and services are integrated and coordinated

One global budget that grows at a fixed rate

Metrics: standards for safe and effective care

Local accountability for health and budget

Local flexibility

Key Levers for System Transformation

- Care coordination throughout the system
- Alternative payment methodologies
- Integration of physical, behavioral, oral health
- Community-based focus
- Flexible services
- Testing, accelerating and spreading innovations

Supports for Transformation

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

2. Metrics for financial incentives and monitoring progress

Principles for Metrics Selection:

- Transformative potential
- Consumer engagement
- Relevance
- Consistency with existing state and national quality measures, with room for innovation when needed
- Attainability
- Accuracy
- Feasibility of measurement
- Reasonable accountability
- Range/diversity of measures

Measurement Strategy

5 important sets of metrics comprising more than 80 measures that Oregon is tracking:

- Core CCO performance metrics
- Metrics and Scoring Committee: incentives*
- CHIPRA*
- Medicaid Adult Core Set*
- Seriously and persistently mentally ill special focus

* Are subject to change

3. The Quality Pool: Metrics and Scoring Committee

- Committee established by 2012 legislature to provide stakeholder involvement
- Nine members serve two-year terms
- Committee uses public process to identify objective outcome and quality measures and benchmarks for quality pool

Quality Pool: Metrics under review by CMS

17 metrics in areas critical for
transformation:

- Behavioral health
- Maternal child health
- Chronic conditions
- Access
- Patient experience of care
- EHR adoption

4. Challenges and learnings

- Aligning with other purchasers' metrics, e.g., Oregon's exchange, public employee benefits, Oregon's high risk pool, commercial employers
- Setting attainable and meaningful performance goals
- Narrowing the list to a reasonable set that covers critical aspects of the Triple Aim

Challenges (cont.)

- Collecting data at a reasonable cost
- Establishing a baseline for new metrics
- Avoiding unintended consequences in selection of metrics
- Getting to outcomes measures

Learnings: Beyond Metrics

- Metrics cannot stand alone: multiple levers are critical
- Stakeholder involvement is critical
- Align around a model (Coordinated Care model)

More information:

More details on metrics at

<http://www.oregon.gov/oha/pages/matrix.aspx>