



Health system transformation quarterly report, February 2014

The fourth Health System Transformation Quarterly Report highlights statewide performance on key measurements, rates of health care utilization, and costs through the coordinated care organizations (CCOs) that serve Oregon's Medicaid population. These measurements are designed to show how the state is doing in meeting the triple aim of better health, better care and lower costs. Public reporting of this sort is a key element in Oregon's transformation of the state Medicaid system to be more transparent to members, stakeholders and the public.

This report includes data from the first nine months of 2013, an update from the November 2013 report, which included six months of data. The report shows where we started, where we are, and where we want to go in improving our health delivery system. It shows early progress as CCOs work toward targeted improvements. It also shows which are falling short. It will also help us in determining the readiness of the coordinated care model to serve thousands of new Medicaid enrollees over the next few years. In 2013, more than 600,000 Oregonians were enrolled in Medicaid; more than 180,000 have joined since January 1, 2014.

The report includes baseline race and ethnicity data from 2011 for most performance measures. Future reports will show 2013 progress data by race and ethnicity.

Summary

Data from the first nine months of coordinated care point to trends of improved care and a shifting of resources toward primary care. While this is not yet a full year of data, this is the first report showing 2013 CCO-level progress data for most measures. Benchmarks are goals for our state. CCOs also have performance targets they can meet to show improvement.

In this report, we are reporting 14 of the 17 incentive measures. The remaining three come from electronic medical record data and will be included in a future report. We are reporting 30 of the statewide performance measures.

Data continue to show reduced emergency department visits and spending. This shows we are reducing unnecessary hospitalizations for conditions that can better be treated elsewhere, such as in a primary care office. It also indicates improvements in hospital readmissions, largely due to community efforts to achieve the highest quality care.

At the same time there is an increase in primary care enrollment and use, suggesting that as hospitalizations are decreasing in key areas, OHP members are receiving better and more appropriate care. Patient-centered primary care enrollment, key to coordinated care, is also continuing to improve. These are all good trends.

This report also shows an increase in the percentage of young children who were screened for the risk of developmental, behavioral and social delays. This measure increased to 32 percent in the first nine months of 2013, up from a 2011 baseline of 21 percent. Connecting health and early learning provides timely opportunities for improving children's outcomes. By identifying and addressing needs early, this transformational work leads to better health outcomes and reduced costs, and improves learning in these critical early years.

More than 150,000 Oregonians became Oregon Health Plan members on January 1, 2014. And over the next several years, more Oregonians will continue to join the Oregon Health Plan. By using the coordinated care model, focused on improved quality and lower costs, we can ensure a more sustainable system.

Highlighted findings

- ✓ **Decreased emergency department visits** – Nine months of reporting shows that emergency department visits by people served by CCOs have decreased 13 percent since 2011 baseline data.
- ✓ **Decreased hospitalization for chronic conditions** – CCOs reduced hospital admissions for congestive heart failure by 32 percent, chronic obstructive pulmonary disease by 36 percent and adult asthma by 18 percent.

- ✓ **Increased primary care** – Spending for primary care is up by more than 18 percent. Enrollment in patient-centered primary care homes also increased by 51 percent since 2012, the baseline year for that program.
- ✓ **Increased adoption of electronic health records** – Adoption of electronic health records has doubled among measured providers. In 2011, 28 percent of eligible providers had adopted certified EHRs. By September of 2013, 58 percent of eligible providers had adopted EHRs.
- ✓ **Developmental screening during the first 36 months of life** – The percentage of children who were screened for the risk of developmental, behavioral and social delays increased from a 2011 baseline of 21 percent to 32 percent in the first nine months of 2013.
- ✓ **All-cause readmission** – The percentage of adults who had a hospital stay and were readmitted for any reason within 30 days of discharge dropped from a 2011 baseline of 12.3 percent to 11.3 percent in the first nine months of 2013, a reduction of 8 percent.

We expect continued movement in the right direction as well as occasional possible setbacks. We are encouraged by the first nine months of progress data and favorably impressed with the innovative work the CCOs are doing to improve health and lower costs.

Over time, our understanding of what’s happening in the health system will grow richer. Each quarterly report tells us more than we knew before. Each report shows us more than has ever before been gathered and reported publicly. The metrics are a tool for not only understanding where we are, but for improvement, and we can use them as standards to guide improvement in other types of health plans.