
Lessons Learned from CCO Incentive Metrics

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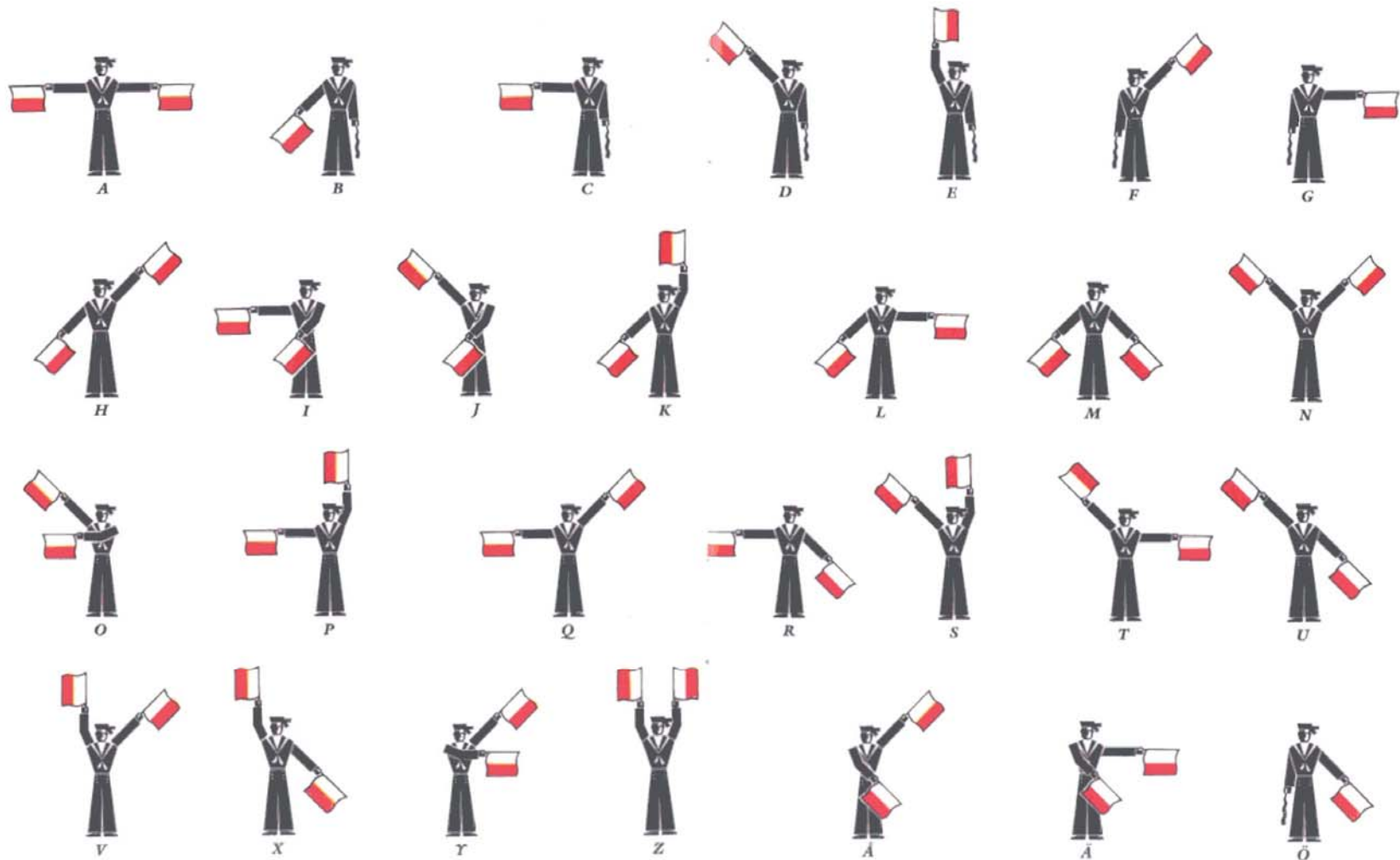
Oregon's Coordinated Care Model



CCO Incentive Measures

- Annual assessment of CCO performance on measures selected by public Committee.
- CCO performance tied to quality pool (bonus \$)
- Compare annual performance against prior year (baseline), to see if CCO met benchmark or demonstrated certain amount of improvement.

Incentive Measures Send Signals...



How do we know incentive measure are working?

- Performance monitoring
- Community engagement
- Enthusiasm
- Creative solutions
- Complaining



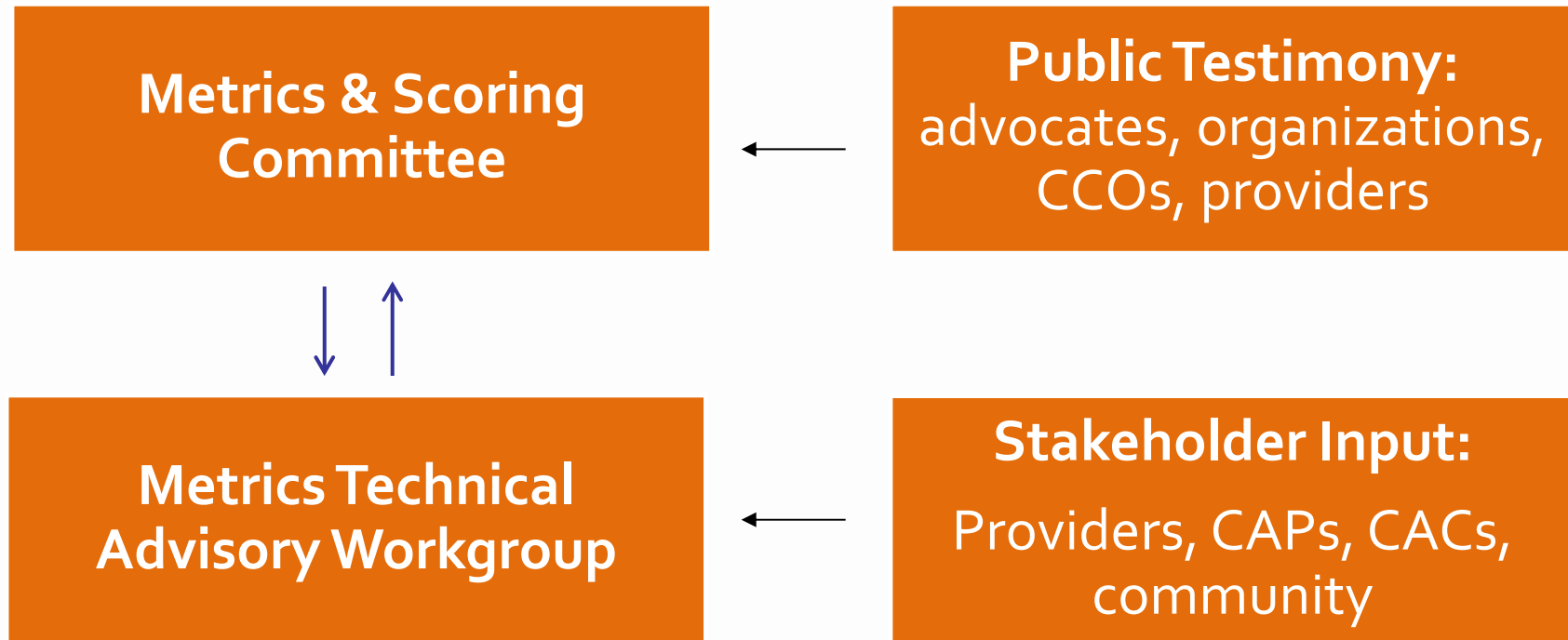
Or not working...



- Performance monitoring
- Community feedback
- Technical errors / flaws
- Complaining

Lessons Learned

Measure Selection: A Public Process



Measure Selection: Clear Parameters

- Selection criteria
- Retirement criteria
- Operational framework
- Balance
- Opportunities for input
- Decisions only at meetings



Measure Selection: Alignment is Hard

HOW STANDARDS PROLIFERATE:
(SEE: A/C CHARGERS, CHARACTER ENCODINGS, INSTANT MESSAGING, ETC.)



[HTTP://XKCD.COM/927/](http://xkcd.com/927/)

Measure Implementation: Pitfalls



- No data source
- No specifications
- Measure modifications
- Measure creation

Example: SBIRT

- Committee adopted conceptual measure in 2012.
- TAG and SBIRT workgroup convened to develop specifications (iterative).
- Required:
 - significant provider education
 - workflow modifications
 - coding / billing changes
- Still working on specifications (post ICD10)



Other Thoughts

- Transformational concepts are hard to measure.
- Measuring consistently at the state > each CCO measuring on their own (16x implementation)
- Transparency in everything: Committee meetings, decisions, specifications, results, payments, etc...
- Consider potential unintended consequences.
- Continuous quality improvement.

Quality Pool Funding

Quality Pool Source

- X percent of aggregate CCO payments made for the calendar year (i.e., X percent of the global budget).
- Increases in size each year:
 - 2% in 2013
 - 3% in 2014
 - 4% in 2015
 - TBD in 2016
- Will likely be capped at 5% / year under the new Medicaid waiver (2018-2022)

Quality Pool Distribution (Phase 1)

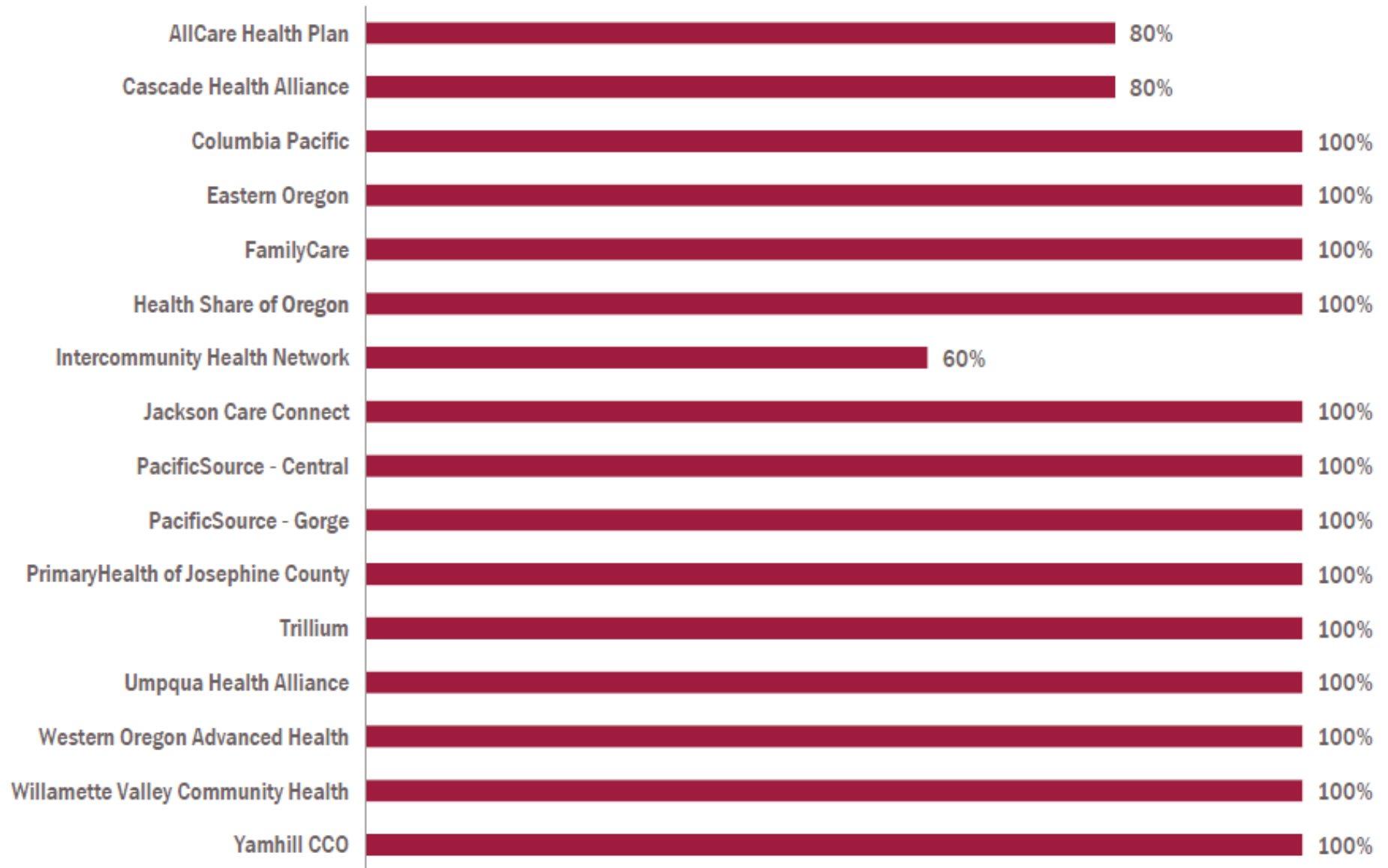
Number of targets met	Percent of quality pool payment
At least 12, including EHR adoption and at least 60% PCPCH enrollment	100%
At least 12, not including EHR adoption or less than 60% PCPCH enrollment	90%
At least 11.6	80%
At least 10.6	70%
At least 8.6	60%
At least 6.6	50%
At least 4.6	40%
At least 3.6	30%

Quality Pool Distribution (Phase 2)

- Remaining funds are re-pooled: “challenge pool”
- Challenge pool funds are then distributed to CCOs based on their performance on a subset of 4 measures:
 - Diabetes: HbA1c poor control
 - Depression screening and follow up
 - Developmental screening
 - SBIRT
- All funds are distributed each year.

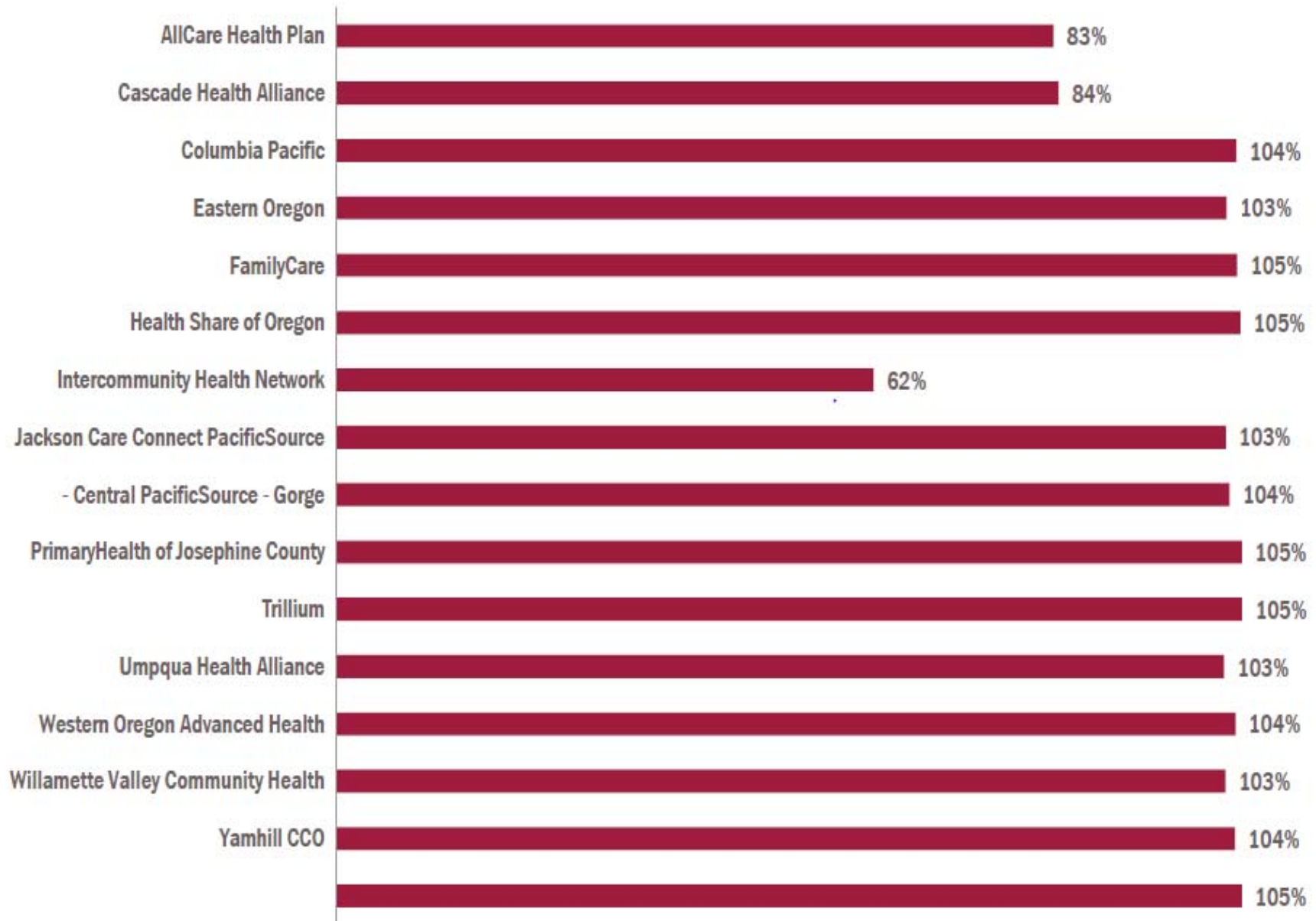
Percent of 2014 Quality Pool: Phase One Distribution Earned

Does not include Challenge Pool funds



Percent of 2014 Quality Pool Earned in Total

Includes both Phase One Distribution and Challenge Pool funds



For More Information

- Committee webpage
www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx
- Measure specifications and guidance
www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
- Reports
www.oregon.gov/oha/Metrics/

Questions?

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