Oregon SIM Initiative

Award
$45 million

Period of performance
October 1, 2013 – May 31, 2017

Pre-SIM Landscape

Coordinated Care Model
Implemented for Medicaid in 2012, with the launch of 16 statewide CCOs.

Patient-Centered Primary Care Home Program
Oregon's version of a medical home program launched in Medicaid in 2011.

Other Investments in Reform
Developed quality measurement, health IT infrastructure, and technical assistance to providers.

Favorable Stakeholder Environment
Health care reforms were widely supported by the former governor's office, state legislature, health care officials, and other key stakeholders.

Oregon Health Authority
Established to consolidate regulatory authority over Medicaid and the health plans of state employees and public educators.

Strategies

Symbols represent strategies that build on efforts that pre-date SIM.

Support CCM implementation and spread
Oregon launched the Transformation Center to faciliate learning and spread of best practices, provide technical assistance to CCOs, and engage key stakeholders.

Expand PCPCH program
Oregon invested SIM funds to further develop its PCPCH model and assist primary care providers in becoming recognized PCPCHs.

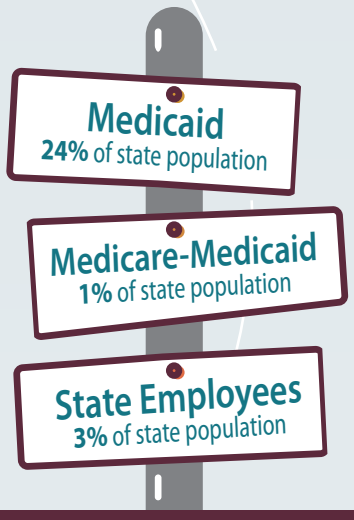
Develop health care infrastructure
SIM funds advanced many existing efforts (e.g., health IT, health equity) and funded new projects (e.g., population health, workforce development).

Use state authorities to promote change
Oregon used its purchasing power to spread CCM beyond Medicaid, enacted legislation, and secured state and federal funding to advance its health care reforms.

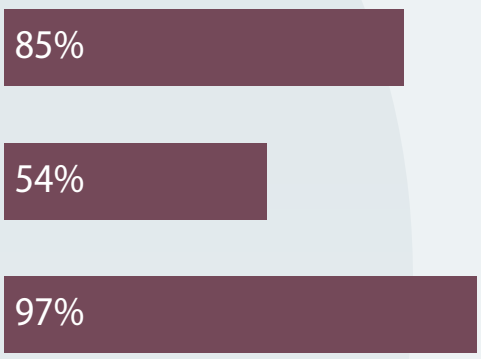
Reach

as of March 2017

Patient-Centered Primary Care Homes



Coordinated Care Model



A majority of Oregon's total Medicaid population was served by the state's PCPCH and CCM models (75% and 85%, respectively).

CCM = Coordinated Care Model; CCO = Coordinated Care Organization; PCPCH = Patient-Centered Primary Care Home; PPO = preferred provider organization

Impact on Select Populations

✓ = Relative improvement to CG
✗ = No improvement relative to CG
● = No statistically significant change

Goals	PCPCH Medicaid population	CCM State employees
Better Care Coordination	✓ Specialty provider visits ● Primary care provider visits An increase in specialty visits may indicate improved care coordination that connects patients to appropriate resources.	✓ Primary care provider visits ✓ Specialty provider visits
Increased Quality of Care	✓ Colorectal cancer screening ● Adolescent well-care visits ● HbA1c testing ● SBIRT for substance abuse	✓ Patient perception of overall quality* ✓ SBIRT for substance abuse ● Cervical cancer screening
Appropriate Utilization of Services	● ED visits ● Inpatient admissions	● ED visits ● Inpatient admissions ● 30-day readmissions
Lower Total Spending	● Total PBPM spending	✗ Total PMPM spending Increases in primary and specialty care are expected to decrease hospital care and ultimately lower total spending in the long term.

* This finding is based on analysis of consumer survey data.

Limitations

The way that patients were identified for the PCPCH analysis may have resulted in conservative estimates.

Only some CCOs were making incentive payments to PCPCH clinics during the study period, potentially limiting the impact of the model on actual practice patterns among clinicians.

Relatively few state employees opted for new, more coordinated plans in the first two years; the impact of CCM may improve if those plans gain subscribers.

Changes in the CCM comparison group's plan options during the study period to include lower cost options may imply that the findings for state employees are conservative.

Lessons Learned

- ☑ Broad support for health system change and use of existing infrastructure and resources helped to expand the reach of SIM-supported models.
- ☑ Technical assistance to health systems and providers that were hands-on and tailored were perceived as higher-value.
- ☑ Oregon advanced health system change using purchasing and legislative levers, but regulatory approaches may be needed to futher expand CCM.

CCM = Coordinated Care Model; CCO = Coordinated Care Organization; CG = comparison group; ED = emergency department; PBPM = per beneficiary per month; PCPCH = Patient-Centered Primary Care Home; PMPM = per member per month; SBIRT = screening, brief intervention, and referral to treatment