

# Oregon

## Advancing the Medical Home Model for Children and Youth Created in Collaboration with the National Academy for State Health Policy

*The National Center for Medical Home Implementation (NCMHI) and the National Academy for State Health Policy (NASHP) are collaborating on the development of state profiles designed to highlight public programs implementing and advancing the medical home model in pediatric populations. These updates are part of a formal partnership between NASHP and the NCMHI that focuses on exchanging information to improve medical home access for children and youth in medically underserved populations. If you have any questions about the information included in the updates, contact [medical\\_home@aap.org](mailto:medical_home@aap.org).*

*The NCMHI is a cooperative agreement between the American Academy of Pediatrics and the Maternal and Child Health Bureau of the Health Resources and Services Administration.*

Oregon established the Oregon Integrated and Coordinated Health Care Delivery System in 2011 to enhance health care services for children and adult Oregon Health Plan enrollees. This new accountable care model is comprised of a statewide network of Coordinated Care Organizations (CCOs) that provide integrated and coordinated care to the state's Medicaid beneficiaries. Currently, 16 CCOs are in place across the state, working closely with the existing Patient-Centered Primary Care Home (PCPCH) program to serve over 90% of the state's Medicaid beneficiaries. The implementation of CCOs includes many opportunities for support of primary care practices and improving the health of children through innovative projects and pediatric-specific performance measures.

### PROGRAM COMPONENTS

Oregon has implemented a statewide accountable care model with the 2012 launch of CCOs. CCOs are partnerships of payers, providers, and community organizations that work at the community level to provide coordinated health care for children and adult Oregon Health Plan Enrollees. CCOs build on pre-existing initiatives in the state including the Patient-Centered Primary Care Home (PCPCH) Program created in 2009 to enhance primary care across the state by encouraging practices to adopt the medical home model.

A PCPCH Pediatric Standards Advisory Committee was involved in the creation of the program to ensure the use of appropriate measures for children. Participating practices are required to uphold medical home standards related to areas such as access to care, accountability, and coordination and integration. Oregon also has an approved state plan amendment to implement Health Homes that build on the PCPCH program and provide services to Medicaid enrollees with chronic conditions.

Currently, there are 6,618 primary care practitioners participating in CCOs. Of those, 3,823 (58%) are pediatric clinicians. Over 400,000 clients under the age of 19 have had an encounter with a CCO during 2013.

Sixteen CCOs operate across Oregon and each is provided with a fixed global budget from the state. This financing strategy gives CCOs the flexibility to create alternative payment methodologies for providers and to explore innovative strategies to support transformation based on the needs within their specific communities. CCOs are required to implement the requirements for the Patient-Centered Primary Care Home program as much as possible, and, in addition to providing physical health care, CCOs also deliver mental health, alcohol/substance abuse, and dental care services. Furthermore, CCOs are expected to coordinate with their local Early Learning Hub, newly launched community entities charged with supporting efforts for education and early childhood development.

Oregon received a State Innovation Model (SIM) testing grant from the Center for Medicare and Medicaid Innovation in 2013. A key focus of the SIM grant, is to support the improvement and spread of the payment model used by CCOs to other payers beyond Medicaid and to create a Transformation Center to support the improvement and testing of the CCOs. The Center provides technical assistance and offers CCOs the opportunity to participate in learning collaboratives focusing on a variety of issues such as CCO incentive measures and complex care initiatives.



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### PAYMENT MODEL

CCOs receive a fixed global budget from the state and are eligible for additional incentive payments by meeting certain performance metrics. CCOs are currently required to report on 17 incentive measures including developmental screening, follow-up care for children prescribed ADHD medications, and adolescent well-care visits. Oregon is exploring the idea of adding an additional pediatric metric for kindergarten readiness as a shared metric with the Early Learning Hubs. In addition to the global budget, Oregon legislature made an additional \$27 million investment in CCOs in 2013 to jumpstart transformation efforts. This Transformation Fund supports CCOs' abilities to innovate and specifically develop projects that improve health outcomes for target populations, enhance the PCPCPH, and invest in health information technology.

CCOs are required to compensate providers with alternative payment methodologies that encourage improved quality of care and health outcomes. Some of the payment methodologies used are shared savings payments, bundled payments, payments based on episodes of care, and payments based on a global budgeting system.

### OUTCOMES

Early Quarterly Progress Reports on CCO Incentive and State Performance Measures released by The Oregon Health Authority, indicate positive high-level findings for CCOs including decreased emergency department utilization, decreased hospitalization for chronic conditions such as congestive heart failure, increased primary care visits, and increased utilization of electronic health records by providers. The most recent quarterly report, released in February 2014, also shows an increase in the percentage of children receiving a developmental screening.

#### FAST FACTS:

**521,785:** Children enrolled in Medicaid and CHIP in Oregon in FY 2012  
(399,823 Medicaid; 121,962 CHIP)

**87.6% :** The participation rate for those eligible for the Oregon CHIP program

**87.2%:** The national participation rate for those eligible for the CHIP program