Oregon’s CCOs: what do we know so far?

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Center for Health Systems Effectiveness
Oregon Health & Science University
Overview

CCOs & health equity

Addressing SDOH through health related services
Our view of CCO progress
Summary of 1115 waiver evaluation

Reductions in spending

Access measures flat or slightly down relative to comparison groups

Quality mixed
Summary of 1115 waiver evaluation

- Reductions in spending
- Access measures flat or slightly down relative to comparison groups
- Quality mixed
- Successful infrastructure investments
- Slower progress on integration/SDOH
Areas of focus for CCO 2.0
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Maintain sustainable cost growth
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Increase value-based payments
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Improve behavioral health integration
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Social determinants of health
Areas of focus for CCO 2.0

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Social determinants of health
Equity?
How has the state addressed equity?
How has the state addressed equity?

CCO transformation plans
Regional Health Equity Coalitions
Community Health Workers
Our analysis:

Medicaid claims analysis (2010-11 vs. 2013-14)

Compare changes in existing disparities (access, utilization, quality) for

white vs. black enrollees

white vs. American Indian/Alaska Native enrollees
Findings

McConnell et al. Health Affairs, 2018
<table>
<thead>
<tr>
<th>Utilization measures (per 1,000 member months)</th>
<th>Pre-intervention period</th>
<th>Post-intervention period</th>
<th>Change over time</th>
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<tbody>
<tr>
<td>Primary care visits</td>
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<td>-25.4****</td>
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<tr>
<td>Other outpatient visits(^a)</td>
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</tr>
<tr>
<td>Potentially avoidable ED visits, ages 18 and older</td>
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<tr>
<td>Unplanned 30-day all-cause readmission rate</td>
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Notable feature CCO 1.0 was ability to use “flexible spending” on services not “medically necessary”
Social determinants of health

Major goal of CCOs was ability to use “flexible spending” on services not “medically necessary”

Now known as “health related spending”
Flexible Services

Cost-effective and health-related

Alternatives to Medicaid state plan services
Flexible Services

Cost-effective and health-related

Alternatives to Medicaid state plan services

Lack traditional billing or encounter codes

Provided to individuals or communities
Examples of Flexible Services Provided by CCOs
Examples of Flexible Services Provided by CCOs

**Individuals**

- Blood pressure cuffs
- Medication dispensers
- Gym memberships
- Small construction projects
## Examples of Flexible Services Provided by CCOs

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Flexible Services Spending was Low Overall

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Oregon Health Authority, CCO quarterly financial reports
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Challenge #1
Definitions and Guidance
Areas of Confusion
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Community-level services
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Care coordination and disease management
Areas of Confusion

Community-level services

Care coordination and disease management

Services provided outside capitation rates
Areas of Confusion

Community-level services

Care coordination and disease management

Services provided outside capitation rates

Services not tied to diagnoses or billing codes
Challenge #2
Funding
Funding Challenges

Treatment of flexible services in rate setting
Funding Challenges

Treatment of flexible services in rate setting

Confusion about *rate-setting* versus *MLR* rules
Funding Challenges

Treatment of flexible services in rate setting

Confusion about *rate-setting* versus *MLR* rules

Concern about funding community-level investments
Challenge #3
Data and Evaluation
Data and Evaluation Challenges

Variation in ability to track and report data
Data and Evaluation Challenges

Variation in ability to track and report data

Tying flexible services *use to outcomes*
Data and Evaluation Challenges

Variation in ability to track and report data

Tying flexible services *use* to *outcomes*

Small number of observations
Data and Evaluation Challenges

Variation in ability to track and report data

Tying flexible services *use* to *outcomes*

Small number of observations

Difficulty finding a good comparison group
Flexible services are now part of “health related services”

\[ \text{HRS} = \text{flexible services} + \text{community benefit initiatives} \]
Health related services
Health related services

1. Should improve health quality
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2. Directed toward individuals or populations
Health related services

1. Should improve health quality
2. Directed toward individuals or populations
3. Grounded in evidence
Health related services

1. Should improve health quality
2. Directed toward individuals or populations
3. Grounded in evidence
4. Should increase the likelihood of desired outcomes in ways that can be objectively measured and produce verifiable results
Lessons for Providers
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1. Advocate early for definitions and guidance
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2. Respect (but challenge) need for interventions that are “evidence-based” and “verifiable”

  *Example: shower guardrail*
Lessons for Providers

1. Advocate early for definitions and guidance

2. Respect (but challenge) need for interventions that are “evidence-based” and “verifiable”

   Example: shower guardrail

3. Look for alignment with Medicare Advantage
Getting from here to there:

Current state  Future state

Your experiences and lessons will guide the nation