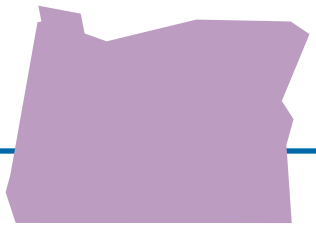


Spotlight on Oregon

January 2018

This brief highlights the major strategies, lessons learned, and outcomes from Oregon's experience during the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) from February 2010 to August 2015. For this demonstration, CMS awarded 10 grants that supported efforts in 18 States to identify effective, replicable strategies for enhancing the quality of health care for children. With funding from CMS, the Agency for Healthcare Research and Quality (AHRQ) led the evaluation of the program.

Oregon's Goals: Improve the quality of care for children by—
- Reporting on child-focused quality measures.
- Implementing the patient-centered medical home model.
- Improving the use of electronic health records.

Partner States: Alaska and West Virginia implemented similar projects and met quarterly with Oregon to share lessons learned.

Oregon identified ways to improve child-focused quality measures

Before the CHIPRA quality demonstration began, Oregon had already been reporting several of the measures from the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set).[1] Using CHIPRA quality demonstration funds, Oregon—

- **Suggested improvements to the Child Core Set.** The State continued to report the Child Core Set measures each year and assessed the set's feasibility for guiding the quality improvement (QI) activities of practices. Based on this assessment, Oregon suggested that CMS include additional measures in the set and adjust the specifications for some measures to make the set more useful.
- **Incorporated child-focused quality measures into its health system transformation efforts.** Oregon incorporated 13 of the 24 Child Core Set measures into its Public Health and Health System Transformation effort and used the measures to monitor and evaluate services provided through its 16 managed care organizations, known locally as coordinated care organizations (CCOs).[2] Oregon also provided each CCO with reports on quality measures.

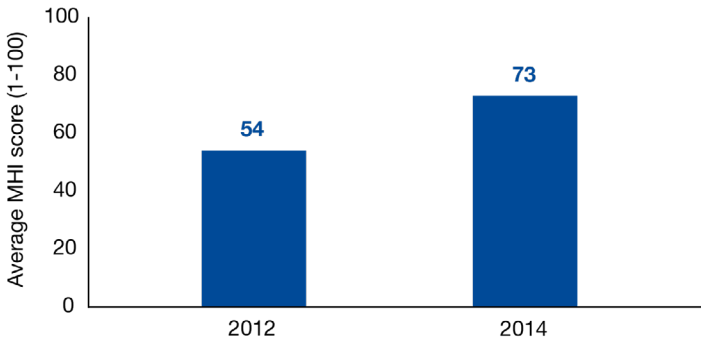
Oregon helped child-serving practices to enhance medical home features

Oregon hired facilitators to help eight pediatric and family medicine practices in both rural and urban areas to implement components of the patient-centered medical home model (PCMH)—a primary care model intended to improve care coordination, access to services, and patient engagement. The facilitators worked individually with practices to guide QI activities. Through a learning collaborative, the State also educated practices on the PCMH model and provided a structure and process through which they could learn from each other. Each practice received a yearly stipend of $7,000 to support its work under the CHIPRA quality demonstration. With this assistance, the practices:

- **Implemented new screening tools to identify children with special health care needs.** Most practices implemented new screening tools to better identify developmental delays and behavioral health issues in children. For example, all eight practices implemented tools to screen for factors, such as depression and substance abuse, that could put adolescents at risk for poor health outcomes. Although most members of the care teams found the tools to be valuable, some did not adopt the tools because they did not know how to use them; nor did they appreciate the usefulness of the tools.

- **Improved care coordination for children with special health care needs.** Practice facilitators and CHIPRA quality demonstration staff educated practices on the goals and key components of care coordination. Practices pursued a range of strategies to coordinate care, including developing care plans specifically for certain conditions such as asthma or attention deficit disorder, connecting caregivers to community resources such as speech therapy and nutrition assistance, and educating caregivers on how to manage chronic conditions at home. Practices also worked to improve population management by developing strategies to identify children due for follow-up care and tracking whether children referred to specialty care received such services. To achieve these goals, four practices hired and, using their own funds, paid for care coordinators; the remaining four practices made existing staff responsible for new care coordination activities. Many practices viewed care coordinators as a promising source of support, and some offered anecdotal evidence that the care coordinators' work enhanced quality of care. Several practices reported that the staff responsible for care coordination had large caseloads. However, because care coordination services for children were not reimbursed, practices indicated that they could neither hire additional staff nor be certain about sustaining existing care coordinators and care coordination functions.
- **Implemented new caregiver engagement and education strategies.** The practices collected and analyzed data on the care experiences of families using a modified version of the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey—Patient Centered Medical Home (CG-CAHPS-PCMH).[3] Most practices also formed parent advisory groups or expanded existing advisory groups to include caregivers for the first time; five practices planned to continue to use these groups after the CHIPRA quality demonstration ends. In addition, practices developed new materials to help educate caregivers on a range of conditions.
- **Achieved the highest level of recognition in the State's medical home program.** Oregon's Patient-Centered Primary Care Home (PCPCH) program recognized all eight practices for achieving the highest status as a primary care home.[4] A few practices also sought to be recognized as a PCMH by the National Committee for Quality Assurance (NCQA). In addition, as a result of their efforts related to medical home transformation, the practices reported an overall increase in their Medical Home Index scores (Figure 1).

Figure 1. Increase in the average Medical Home Index score for participating practices in Oregon



Note: Data were reported by Oregon and not independently validated.
MHI = Medical Home Index

Continuing Efforts in Oregon

After Oregon's CHIPRA quality demonstration grant ended in August 2015—

- Practices planned to continue monitoring Child Core Set measures and to use a subset of the measures to monitor and evaluate services provided through Oregon's Public Health and Health System Transformation efforts.
- Oregon continued to provide feedback to CMS through the National Quality Forum's Measure Applications Partnership on the feasibility and value of the Child Core Set for guiding the QI activities of practices.
- Practices hoped to maintain new care coordination and caregiver engagement strategies. However, several practices were concerned about retaining their care coordinators in the absence of reimbursement for the services they provide.
- CHIPRA quality demonstration staff planned to extend the work of the demonstration by participating in the State's Adult Medicaid Quality Grant and in its Maternity and Infant Initiative. The State also continued to regularly monitor and report on the quality of care in other State-financed health care programs.

Key demonstration takeaways

- To help the participating practices transform themselves into medical homes, Oregon identified ways to improve quality reporting and QI strategies, such as hosting a learning collaborative and employing practice facilitators. The State planned to apply these strategies in future initiatives. For example, Oregon developed a guidebook for practices on how to run a learning cycle focused on patient and family engagement.
- Oregon helped practices to identify and implement family engagement strategies and care coordination functions to improve care for children with special health care needs. However, practices were concerned about sustaining the care coordinators and care coordination

functions after the CHIPRA quality demonstration for two reasons: State priorities may change, and reimbursement for care coordination services for children was not available.

- Practices adapted their electronic health records to support care coordination, though doing so was both challenging and resource-intensive for practices that did not have an internal health information technology infrastructure.

Endnotes

1. For more information on the Child Core Set, visit https://www.medicaid.gov/medicaid/quality-of-care/downloads/2016-child-core-set.pdf.
2. For more information on the measures tracked in Oregon's Public Health and Health System Transformation efforts, visit https://public.health.oregon.gov/ProviderPartnerResources/HealthSystemTransformation/Pages/index.aspx.
3. Practices in Oregon used a modified version of the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey—Patient Centered Medical Home (CG-CAHPS-PCMH). For more information, visit http://www.ahrq.gov/cahps/surveys-guidance/item-sets/PCMH/index.html and https://cahps.ahrq.gov/.
4. For more information on PCPCH, visit http://www.oregon.gov/oha/pcpch/Pages/index.aspx.

LEARN MORE

Oregon's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site available at **http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/or.html.**

The following products highlight Oregon's experiences—

- *Evaluation Highlight No. 2:* How are States and evaluators measuring medical homeness in the CHIPRA Quality Demonstration Grant Program?
- *Evaluation Highlight No. 4:* How the CHIPRA quality demonstration elevated children on State health policy agendas.
- *Evaluation Highlight No. 6:* How are CHIPRA quality demonstration States working together to improve the quality of health care for children?
- *Evaluation Highlight No. 9:* How are CHIPRA quality demonstration States supporting the use of care coordinators?
- *Evaluation Highlight No. 13:* How did CHIPRA quality demonstration States employ learning collaboratives to improve children's health care quality?
- *Article:* Devers K, Foster L, Brach C. Nine states' use of collaboratives to improve children's health care quality in Medicaid and CHIP. Acad Pediatr 2013;13(6):S95-102. PMID: 24268093.

The information in this brief comes from interviews conducted with staff at Oregon agencies and at the participating health care organizations and a review of project reports submitted by Oregon to CMS.

The following staff from Mathematica Policy Research and the Urban Institute contributed to data collection or to the development of this summary: Grace Anglin, Mynti Hossain, Christal Ramos, Amanda Napoles, and Amy Philips.