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STATE HEALTH ACCESS REFORM EVALUATION

Oregon's Coordinated Care Organizations: Governance & Impacts

FEBRUARY 17, 2015

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Coordinated Care Organizations

Oregon's Vision for Health System Transformation

What is a CCO?

Early effects of CCOs – is there a difference overall?

Are there differential effects among CCOs?

Understanding Oregon:
Key Elements of Health System Transformation

- Local flexibility and accountability
- Global budget that grows at a fixed rate
- Integration and coordination
- Metrics for safe and effective care
- Ongoing support for transformation

SHARE:
A Four-Part Approach to Understanding CCOs

Qualitative Assessment: Assess how CCOs are implemented and what they are actually doing differently.	→	Do CCOs Differ with regard to structure, operational processes and other factors; and do those differences influence outcomes of care?
APAC Data Analysis: Tie claims data to survey panel, assess utilization & cost changes post CCO implementation.	→	Do CCOs Change utilization of different types of care; expense distribution across care settings; and the overall cost of care?
Surveys: Follow a panel of Medicaid members, assess at baseline and one-year post CCO-implementation.	→	Do CCOs Improve access to different types of care; quality of care; engagement of members in managing their health; and outcomes of care?
Integration: Analyze the relationships among organizational structure, functions, and outcomes.	→	If there are differences in organizational structure and functions among CCOs, do those differences influence outcomes of care and, if so, in what ways?

Defining Characteristics, Similarities, and Differences Among CCOs

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Analytic Framework

Governance	• Board of Directors • Community Advisory Council • Clinical Advisory Panel
Organizational Structure	• Corporate Status • Predecessor Organizations • Culture & Communication
Finance & Risk	• Risk-Bearing Entities • Shared Savings • Capitation & Shared Risk
Operational Integration	• HIT, Other Systems • Physical, Behavioral & Oral Health • Quality Metrics
External Factors	• Geographic Service Area • Population Density • Health System Capacity

Substantial Variation among CCOs

Corporate Form	Total Partners (Organization Core)	Board Engagement	Community Engagement
Private IPA/MCO	1	Basic	High
Private/LLC	3	High	Moderate
Nonprofit/MCO	1	Basic	Basic
Nonprofit/MCO	10	Moderate	Moderate
Nonprofit/LLC	2	High	High
Nonprofit/LLC	2	High	Moderate
Nonprofit/LLC	2	High	Basic
Nonprofit/LLC	4	Moderate	Basic
Nonprofit/LLC	9	Moderate	High
Nonprofit/LLC	18	Moderate	Basic
Nonprofit/LLC	13	Moderate	Basic
Nonprofit/PBC	11	High	Moderate
Nonprofit/PBC	13	High	Basic

Summary of Preliminary Findings

- Substantial variation in the composition and functions of Boards of Directors and Community Advisory Councils.
- Various proprietary and other organizational interests also exert a substantial degree of influence over the governance decisions of many CCOs.
- CCO organizational configurations vary extensively, reflecting the diverse range of predecessor organizations and complex partnership arrangements.

Summary of Preliminary Findings

- Financial strategies, including risk-sharing arrangements, are the least developed aspect of CCO implementation.
- Care coordination efforts among clinic, hospitals, health plans, and CCOs frequently overlap.
- A strong initial focus on persons with high ED and inpatient utilization has been followed by more gradual attention to managing the care of other patient groups.

Early CCO Effects on Utilization and Cost

Analysis of APAC Administrative Data:

Are There Early Signs of System Transformation?

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Design Overview

- Natural experimental design comparing cost and use for a sample of OHP members pre- and post-CCO implementation compared to a matched cohort of privately insured individuals.
- Repeat analysis for sample split up by index of CCO characteristics reflecting Community Advisory Councils, Boards of Directors, and organizational composition.

Study Data and Sample

- Oregon All Payers All Claims database for periods July 2011-June 2012 (pre) and October 2012 – September 2013 (post).
- 4,743 continuously enrolled adult OHP members and 80,511 continuously enrolled privately insured.
- OHP members represent randomly selected sample across 13 CCOs.
- Privately insured matched on age, gender, geographic location and presence of eight chronic conditions.

Analysis

- Service categories: Total, primary care, specialty care, mental health, pharmacy, ED, and inpatient.
- Expenditures adjusted by service category for estimated "market basket" price inflation based on OHP or private insurance claims, respectively.
- Estimate relative change for probability of use, cost per user (%) and cost per person (%).
- Logistic and GLM regressions with probability weights to adjust privately insured sample to OHP characteristics.

Results: Rate of Change in Probability of Use

Service Category	All CCOs	CCO Score "2"	CCO Score "1"	CCO Score "0"
Total	-0.008	0.014	-0.006	**-0.017***
Primary care services	**0.022***	-0.050	**0.050***	0.016
Specialty care services	**-0.090***	-0.025	**-0.101***	**-0.101***
MH services	0.024	-0.057	0.086	-0.076
Pharmacy	**-0.035***	0.004	**-0.031***	**-0.057***
ED	-0.010	-0.085	-0.049	0.037
Inpatient	0.024	0.036	-0.114	0.206

Results: Rate of Change in Cost per User

Service Category	All CCOs	CCO Score "2"	CCO Score "1"	CCO Score "0"
Total	0.031	0.063	-0.005	0.060
Primary care services	0.042	0.006	0.032	**0.082***
Specialty care services	-0.030	0.117	-0.095	-0.009
MH services	0.069	**0.317***	-0.022	0.214
Pharmacy	**0.140***	**0.152***	0.077	**0.235***
ED	0.004	**0.257***	0.050	**-0.314***
Inpatient	0.011	**-0.358***	0.110	0.115

Results: Rate of Change in Cost per Person

Service Category	All CCOs	CCO Score "2"	CCO Score "1"	CCO Score "0"
Total	0.023	0.077	-0.011	0.042
Primary care services	**0.064***	-0.044	**0.081***	**0.099***
Specialty care services	**-0.119***	-0.044	-0.110	**-0.196***
MH services	0.092	0.064	0.138	0.096
Pharmacy	**0.106***	**0.155***	0.046	**0.179***
ED	-0.007	0.171	0.002	**-0.276***
Inpatient	0.035	-0.322	-0.004	0.321

Summary of Preliminary Results: All CCOS

- Use and expense for primary care services increased.
- Use and expense for specialty care services decreased.
- Pharmacy use decreased but expense increased.
- No significant changes for MH, ED or IP.

Summary of Preliminary Results: By CCO "Type"

- Results by CCO "type" were mixed but may suggest some strategic targeting.
- Increased pharmacy expenditures appears to be only consistent change.
- CCOs with higher governance scores ("2"):
  - increased expenditures per user for MH services;
  - decreased IP expenditures per user;
  - but, also had increase in ED expenditures per user.
- CCOs with lower governance score ("0"):
  - showed greatest change in primary versus specialty care;
  - appeared to target ED expenditures;
  - but, also had overall reduction in any use.

Limitations

- Early and preliminary results – sensitivity analyses not complete.
- Results reflect sample cohort and may not fully represent CCO activity in this period.
- APAC does not contain any substance abuse related claims as well as some sensitive conditions (e.g. HIV).
- Sample does not include children.
- Race/ethnicity, primary language, disability are only available for OHP members, not for privately insured.

Discussion & Conclusions

- CCO implementation appears to have had some impact on treatment patterns in the short-term.
- Shift in primary vs. specialty services is consistent with findings for primary care home implementation in Oregon.
- Reduced use of ED or inpatient care was not consistently evident during this time period.
- Mixed findings by type of CCO.
- More work to be done!!