Context: Oregon’s Care Delivery System

- Oregon created Coordinated Care Organizations (CCOs) in 2012 to improve care delivery for Medicaid members
- CCO performance metrics began in 2013
  - Annual assessment of CCO performance on ~17 measures
  - CCO performance tied to bonus $ (“Quality Pool”)
  - Compare annual performance against prior year (baseline), to see if CCO met benchmark or demonstrated certain amount of improvement
  - Most measures still claims-based, but proportion of EHR-based measures increasing
Clinical Quality Metrics Registry (CQMR)

• Reporting solution for EHR-sourced measures
  • Collects electronic Clinical Quality Measures (eCQMs) specified for CMS programs
  • Collects aggregated data for state-specific measures

• Consolidates reporting across programs:
  • Required for Oregon Medicaid
    • Medicaid Promoting Interoperability (EHR Incentive) Program
    • Coordinated Care Organization (CCO) incentive measures
  • Supported for CMS reporting – eCQMs for CPC+, MIPS
  • TBD – additional programs over time
2019 Measure Set Alignment

- 257 MIPS quality measures (eCOMs, claims, CAHPS)
- 50 eCOMs
  - Medicaid
  - EHR
  - Incentive Program
- 4 eCQMs
  - CPC
  - Incentive
- 2 eCQMs
- 2 CCO incentive
CQMR Roadmap

Today and desired future state

**Aggregation level**
- Mostly aggregated
- Move toward patient-level

**Frequency of reporting**
- Annual
- Move toward quarterly and then monthly

**Participation**
- Medicaid
- Expand to support more programs

Related areas of work:
- Metrics alignment – measures and reporting parameters
- Pilots to combine clinical and claims data
Challenges

• Alignment on measures and reporting parameters
• Expectations of EHRs and data availability v. reality
• Provider-level eCQMs v. plan-level – e.g., identifying payer
• Varying levels of readiness for reporting
• Lack of shared, well-defined vocabulary