

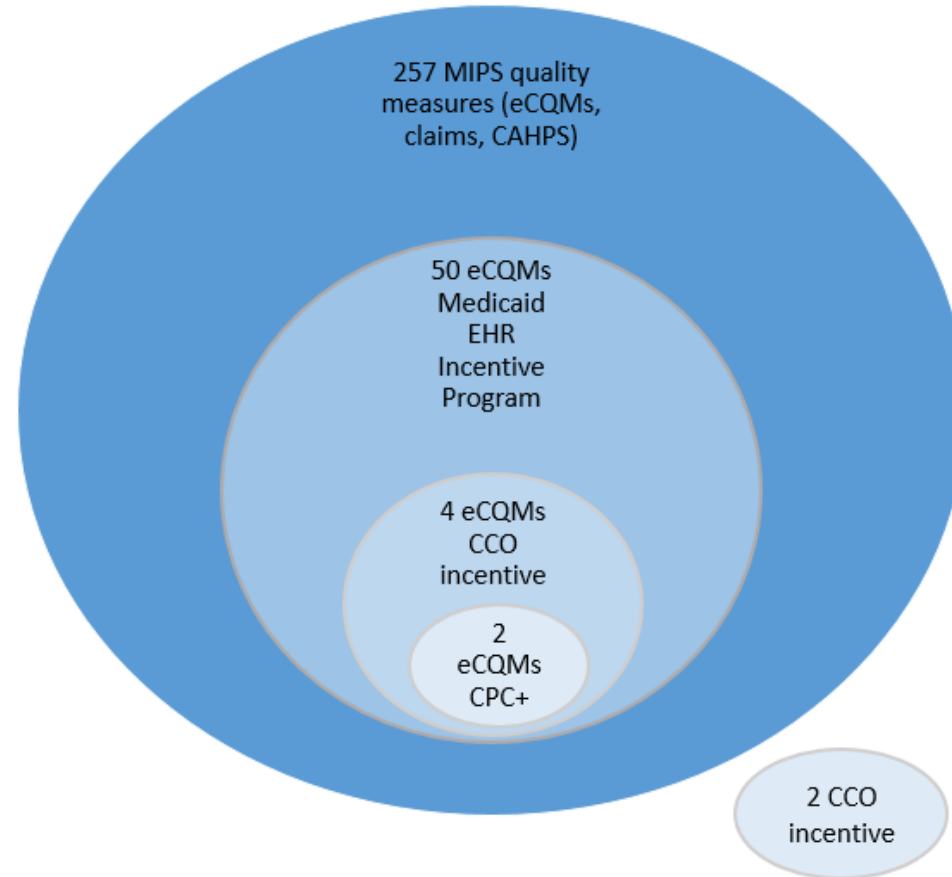
Context: Oregon's Care Delivery System

- 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)

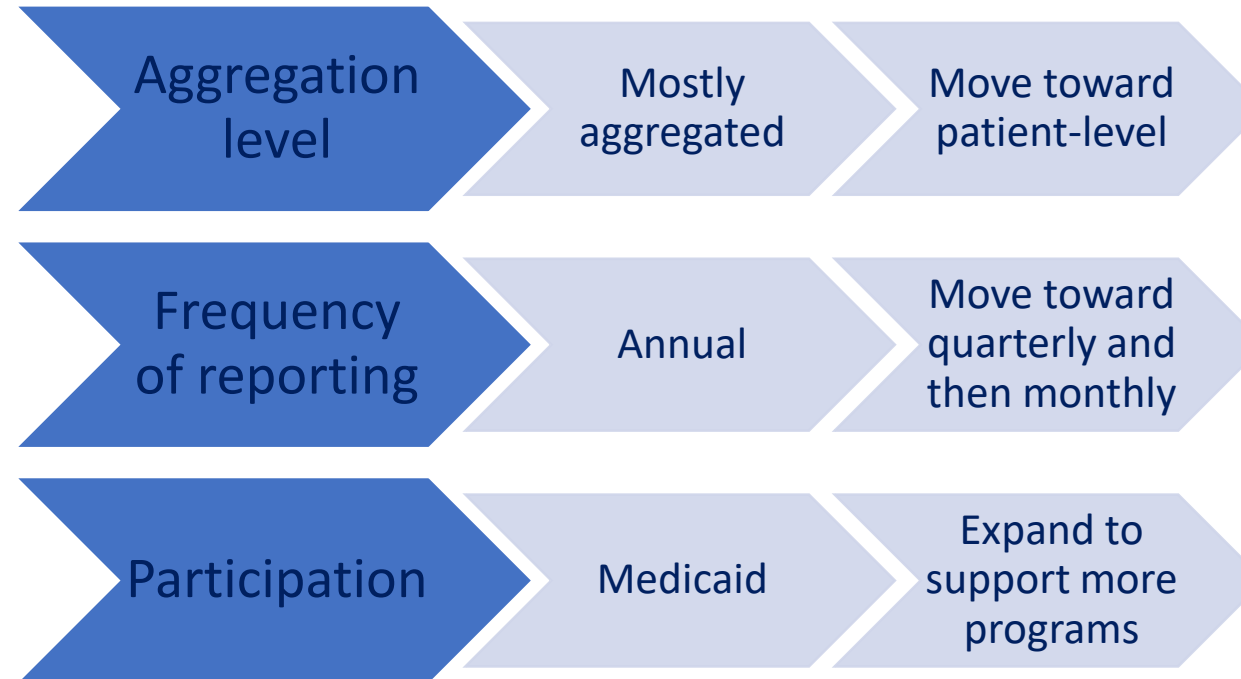
- Reporting solution for EHR-sourced measures
 - Collects [electronic Clinical Quality Measures](#) (eCQMs) specified for CMS programs
 - Collects aggregated data for state-specific measures
- Consolidates reporting across programs:
 - Required for Oregon Medicaid
 - Medicaid Promoting Interoperability (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



CQMR Roadmap

Today and desired future state



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