

State at a Glance: Oregon

Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the [Children's Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.¹

As one of the 10 grantees, Oregon is working with **West Virginia** and **Alaska** in a tri-State partnership to implement projects in three of the five grant categories:

- Showing how a core set of children's quality measures can be used to improve quality of care for children.
- Promoting the use of health information technology (IT) to enhance service quality and care coordination.
- Implementing a more comprehensive provider-based model of service delivery.

Oregon's Objectives

In Oregon, a large proportion of the child population lives in rural areas and in low-income families. Oregon is working with eight practice sites in a learning collaborative focused on identifying children with special health care needs using the State's definition of the [Patient-Centered Primary Care Home \(PCPCH\)](#). Oregon also will collect, report, and test the use of the initial core set of children's quality measures and improve the State's health IT infrastructure by connecting providers to health IT resources.

Working with the Initial Core Set of Children's Quality Measures

Oregon will collect, report, and test the initial core set of children's quality measures for the State's Medicaid and CHIP population by the end of the grant period. Oregon also will collect and assess an alternate set of measures that may include meaningful use measures and a group of measures operationalizing the State's definition of a medical home. The [Child and Adolescent Health Measurement Initiative \(CAHMI\)](#), a national initiative out of the Oregon Health Sciences University, will develop an Oregon-specific quality profile by using existing population-based measures that highlight the need for quality improvement based on data from the [2009–2010 National Survey of Children's Health](#) and the [2011 National Survey of Children with Special Healthcare Needs](#).

¹ The five categories are projects that (1) show how a core set of children's quality measures can be used to improve quality of care for children, (2) promote the use of health information technology to enhance service quality and care coordination, (3) implement new or more comprehensive provider-based models of service delivery, (4) demonstrate the impact of a model electronic health record format for children, and (5) test an approach to quality improvement of a State's own design.

Using Health IT to Improve Child Health Care Quality

Oregon will evaluate how the following health IT–related activities affect its ability to implement projects in the other two categories: collecting and reporting on the initial core set of children’s quality measures and implementing components of a medical home:

- Encourage meaningful use of EHRs and personal health records (PHRs) as a communication tool.
- Connect providers to health information exchange (HIE) resources and supports.

Assessing a Provider-Based Model of Care

Oregon is working with the [Oregon Pediatric Improvement Partnership](#) and the [Oregon Rural Practice-Based Research Network](#) to develop a multi-year learning collaborative around Oregon’s definition of Patient-Centered Primary Care Home. One key element of the learning collaborative framework will help practices identify children with special health care needs. The eight participating family and pediatric practices (five urban and three rural) will select two attributes of a medical home (out of the six included in Oregon’s definition) to focus on at a given time.

Evaluation Questions

The national evaluation team will gather information from Oregon to address a wide range of questions about the implementation and outcomes of its efforts, including:

- How did Oregon use the tri-State collaborative to implement best practices in quality measurement and health IT applications related to children’s health care?
- To what extent did Oregon’s medical home model succeed in improving the quality of health care for children?
- What are the key lessons from Oregon’s experience that would be useful for other States?

Learn More

This information is current as of March 2012, slightly more than 2 years after grant award. To learn more about projects that are being implemented in Oregon under the CHIPRA Quality Demonstration Grant Program, please contact:

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To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation’s Web page at <http://www.ahrq.gov/chipra/demoeval>.