

How can health systems incentivize health professionals to address smoking and recommend tobacco cessation treatments to patients? More than two out of three smokers want to quit but in 2015, only half received advice to quit from a health professional and made a quit attempt. Smokers want to quit but evidence-based tobacco cessation interventions are not offered consistently.

As healthcare payment is shifting from quantity to quality, quality measures for reimbursement are gaining traction as a method of influencing higher quality care. Health professionals and health systems are incentivized by reimbursement: what is measured gets done and what is paid for gets done. Oregon has integrated incentive metrics into its Medicaid program, tying payment to annual performance on 18 metrics, including tobacco. Since its implementation, the Medicaid program has been seeing improvements in the metrics measured. Integrating quality measures that assess tobacco cessation encourages providers to help smokers quit because reimbursement drives provider behavior.

#### What are performance quality measures?

- According to CMS, “quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.”<sup>i</sup>
- Quality measures compare performance among providers, healthcare systems and outcomes to meet goals of effectiveness, safety, efficiency, patient-centeredness, equity and timely care.
- The goal of health quality measures is consistent, timely and high-quality patient care.

#### Oregon’s Medicaid Program: The Coordinated Care Organization (CCO) Model<sup>ii</sup>

Oregon’s Medicaid program, the Oregon Health Plan is a coordinated care model that integrates best practices, measuring performance and paying for outcomes and health. The managed care program is modeled after Accountable Care Organizations (ACO) that coordinate high quality care by eliminating duplication of efforts and increasing the quality of services. The goal of the CCOs is to reach the Triple Aim of better care and better health at lower costs. The Oregon Health Authority (OHA), which oversees the Medicaid program, measures the state’s progress towards these goals annually, including quality and access data and progress toward reaching benchmarks.

#### CCOs and Quality Measures

- The Oregon CCO system utilizes incentive metrics that connect aggregated payments to annual CCO performance on 18 metrics. CCOs must meet benchmarks or improvements on 13 of 18 measures and have at least 60 percent enrollment in primary care homes to receive payments.
- There are several measures related to public health chronic disease priorities, including tobacco prevalence.
- The CCO cigarette smoking prevalence metric has three components that align with existing health guidelines:
  1. Meet minimum cessation benefit coverage requirements
  2. Submit EHR-based cigarette smoking and tobacco prevalence data
  3. Meet established benchmark or improvement target in reducing smoking prevalence

- The Health Evidence Review Commission (HERC) reviews medical evidence to prioritize health spending in the Oregon Health Plan and promote evidence-based practices.<sup>iii</sup> Tobacco cessation pharmacotherapy and counseling is high on the [prioritized list](#) of health services and is required by the commission for all Oregon Medicaid beneficiaries.
- The Health Promotion and Chronic Disease Prevention (HPCDP) Section focuses on evidence-based policy and systems change strategies for promoting and supporting optimal health for all Oregonians. HPCDP's health systems transformation work includes supporting CCOs quality improvement efforts for the leading chronic disease risk factors, one of which is tobacco.<sup>iv</sup>

#### What are the results and ongoing progress of utilizing quality measures?

- The cigarette smoking prevalence measure was established as an incentive measure to address both cessation benefits offered by CCOs and cigarette smoking prevalence. In 2016, 15 of the 16 CCOs earned the incentive payment.
- HPCDP's Tobacco Prevention and Education Program continues to provide guidance and technical assistance on evidence based-strategies that will help CCOs improve on their quality metrics, including multisector strategies outside of the health care setting, like cessation media campaigns and smoke-free campus policies.

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<sup>i</sup> [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html?redirect=/qualitymeasures/05\\_ehrincentiveprogramappeals.asp](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html?redirect=/qualitymeasures/05_ehrincentiveprogramappeals.asp)

<sup>ii</sup> <http://www.oregon.gov/oha/HPA/Pages/CCOs-Oregon.aspx>

<sup>iii</sup> <http://www.oregon.gov/oha/HPA/CSI-HERC/pages/index.aspx>

<sup>iv</sup> <http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/Pages/Program-Information.aspx>