Health care reforms were widely supported by the former governor’s office, state legislature, health care officials, and other key stakeholders.

**Coordinated Care Model**
- Implemented for Medicaid in 2012, with the launch of 16 statewide CCOs.

**Patient-Centered Primary Care Home Program**
- Oregon’s version of a medical home program launched in Medicaid in 2011.

**Other Investments in Reform**
- Developed quality measurement, health IT infrastructure, and technical assistance to providers.

**Favorable Stakeholder Environment**
- Health care reforms were widely supported by the former governor’s office, state legislature, health care officials, and other key stakeholders.

**Oregon Health Authority**
- Established to consolidate regulatory authority over Medicaid and the health plans of state employees and public educators.

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**Support CCM implementation and spread**
- Oregon launched the Transformation Center to facilitate learning and spread of best practices, provide technical assistance to CCOs, and engage key stakeholders.

**Expand PCPCH program**
- Oregon invested SIM funds to further develop its PCPCH model and assist primary care providers in becoming recognized PCPCHs.

**Use state authorities to promote change**
- Oregon used its purchasing power to spread CCM beyond Medicaid, enacted legislation, and secured state and federal funding to advance its health care reforms.

**Develop health care infrastructure**
- SIM funds advanced many existing efforts (e.g., health IT, health equity) and funded new projects (e.g., population health, workforce development).

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**Reach**

as of March 2017

A majority of Oregon’s total Medicaid population was served by the state’s PCPCH and CCM models (75% and 85%, respectively).

**Medicaid** 24% of state population

**Medicare-Medicaid** 1% of state population

**State Employees** 3% of state population

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CCM = Coordinated Care Model; CCO = Coordinated Care Organization; PCPCH = Patient-Centered Primary Care Home; PPO = preferred provider organization
Broad support for health system change and use of existing infrastructure and resources helped to expand the reach of SIM-supported models.

Technical assistance to health systems and providers that were hands-on and tailored were perceived as higher-value.

Oregon advanced health system change using purchasing and legislative levers, but regulatory approaches may be needed to further expand CCM.

Limitations

The way that patients were identified for the PCPCH analysis may have resulted in conservative estimates.

Only some CCOs were making incentive payments to PCPCH clinics during the study period, potentially limiting the impact of the model on actual practice patterns among clinicians.

Relatively few state employees opted for new, more coordinated plans in the first two years; the impact of CCM may improve if those plans gain subscribers.

Changes in the CCM comparison group’s plan options during the study period to include lower cost options may imply that the findings for state employees are conservative.

Lessons Learned

- Broad support for health system change and use of existing infrastructure and resources helped to expand the reach of SIM-supported models.
- Technical assistance to health systems and providers that were hands-on and tailored were perceived as higher-value.
- Oregon advanced health system change using purchasing and legislative levers, but regulatory approaches may be needed to further expand CCM.