

Oregon's Coordinated Care Organizations: Expenditure and utilization among patients with and without chronic conditions

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PRESENTATION FORMAT: Oral Presentation

TOPIC/TARGET AUDIENCE: Clinicians and public health professionals engaged in health system design and CCO administration.

ABSTRACT:

Purpose: Estimate changes in medical expenditures and utilization related to implementation of Coordinated Care Organizations (CCOs) in the Oregon Health Plan (OHP).

Methods: A sample of OHP members (n = 4,198) were matched with commercially insured Oregonians (n = 32,028) based on age, gender, location and chronic conditions. Utilization and expenditure data from the Oregon All Payers All Claims database were used to estimate two-part models for use and costs across health care service types. Separate models were estimated for population, chronic and non-chronic groups.

Results: Per person costs were not significantly different (-3.7%, p = .357). Among those with chronic conditions both costs (-6.3%, p = .031) and utilization (-3%, p < .018) increased. Per person specialty care expenditures declined across the board led by chronic patients (-16.8%, p < .001) driven by decreased use of specialty care among non-chronic patients (-18%, p < .001), and a combination of decreased use (-9.7%, p < .001) and costs (-6.8%, p = .139) among chronic patients. Per user inpatient costs declined among chronic patients (-40.8% p = .002).

Implications: Patterns observed in utilization and expenditures suggest that CCOs may have led to more appropriate use of health care services.

OBJECTIVE(S):

- Discuss substantive policy changes that comprised CCO implementation.
- Evaluate quantitative evidence for efficacy derived from patterns of health care expenditures and utilization.

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